

Risk Management & Long Term Care –

Understanding Your Options

PREPARED BY:



LONG-TERM CARE RESOURCES

Long Term Care Planning Kit



ABOUT THE **Sponsored LTC Program:**

Thank you for your interest in long-term care planning. As promised, your LTC Planning Kit was prepared just for you.

You made an excellent choice responding through your organization. In today's market, alumni organizations, like yours, are able to leverage the buying power of their group to offer quality insurance benefits with major advantages. Whether it is auto, life, home, long-term care or another type of insurance, checking with your organization first can result in finding a better value for you and your family.

Your organization has chosen to make a Long Term Care Program available because they understand the importance of long-term care planning. While insurance is not the right answer for everyone, understanding your options is critical.

WHO IS LTCR?

Long Term Care Resources (LTCR) is a national insurance agency and marketing company dedicated to Long Term Care Insurance and the senior market. LTCR represents the top insurance companies in the LTC market through a national network of LTC Specialists.

LTCR specializes in marketing LTC insurance through over 200 affinity partnerships such as alumni groups and professional associations. Through LTCR's marketing programs, members are able to compare multiple LTC plans from the top carriers in the LTC market. In addition, members are able to obtain certain plans at discounted rates.

RISK MANAGEMENT & LONG TERM CARE - UNDERSTANDING YOUR OPTIONS

The information contained in this LTC planning kit will help you understand the following:

- The risks associated with long-term care
- The cost of care in your area (see the back panel)
- How long-term care insurance works
- The basics of long-term care policy design
- Why and how people use this type of insurance for protection
- The advantages offered through the sponsored LTC program

We encourage you to read this information. After you have had a chance to review, please take the next critical step and obtain specific quotes on the plans available. As you can see from the case studies illustrated in this guide, plans can be designed for varying budgets.

If you have any questions, please feel free to call us toll free at 888-822-6841.

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For more information feel free to call us at 888-822-6841



What is long-term care?

Long-term care (LTC) is a variety of services and supports to meet health or personal care needs over an extended period of time. Most long-term care is non-skilled personal care assistance, such as help performing everyday Activities of Daily Living (ADLs), which are:

- Bathing
- Dressing
- Using the toilet
- Transferring (to or from bed or chair)
- Caring for incontinence
- Eating

The goal of long-term care services is to help you maximize your independence and function at a time when you are unable to be fully independent.

A brief look at the development of LTC insurance

Long-term care (LTC) insurance, a relatively new form of coverage by insurance industry standards, emerged in the early 1970s in response to three major issues that were creating new risks for all Americans:

1. Our aging population

Advances in medicine are allowing people to live longer, leading to the need for more frequent and longer periods of health care as longevity increases.

As the nation's huge cohort of Baby Boomers starts to move through their 60s, 70s, and 80s, the need for the kinds of long-term care associated with getting older will make assisted living and nursing home care a major growth industry for the foreseeable future.

2. Our changing family structure

In previous generations, when large, extended families lived together in the same community, there was an informal care giving structure. Nearby family members shared responsibility for the long-term care needs of aging parents and loved ones. But in today's mobile society, family caregivers have become scarce.

Climbing divorce rates, dual income families, and the trend of grown children moving far away have all led to a decline in informal care giving. And even when family caregivers are available, the increased emotional and financial strain of long-term caregiving has made family-based care less feasible.

3. Our lack of adequate protection

Long-term care is expensive. Home health care, care in an assisted living facility, or care in a nursing home costs thousands of dollars a year... possibly hundreds of thousands over the course of an extended period of care. Yet many people are under the false assumption that they are currently covered for long-term care.

It is only when they need care that they discover their current major medical insurance will not provide any coverage for home health care, a nursing home, or an assisted living facility. Even Medicare will provide only very limited coverage for such care.



Long-term care insurance is the only insurance specifically designed to help cover the costs of long-term care services. Without it, chances are good you'll be responsible for paying most, if not all, of the costs out of your own pocket.

Doesn't the government provide any help for long-term care needs?

The only government program that provides long-term care benefits is Medicaid, a means-tested welfare program that requires a spend-down of assets to a minimal level before its benefit payments begin. In other words, to obtain Medicaid benefits for one spouse, a couple would have to pay LTC expenses out of their own pocket until they have used up most of their savings — virtually impoverishing the other spouse and leaving no financial cushion for future family needs.

In addition to the asset spend-down requirement, Medicaid often limits freedom of choice for long-term care. Many of the most desirable LTC facilities will not accept Medicaid patients because of the reduced fees the government pays. Medicaid facilities may not be available in the most convenient location for family members, and there may be some sacrifice in the overall quality of care in such facilities.

These factors make Medicaid a less desirable choice for many families.

SECTION II – Long Term Care – A Risk Management Perspective

While the need for long-term care is a relatively new issue for today's generation, it should still be treated like other potential financial and health problems. The risks must be identified, assessed and a treatment plan put in place.

Risk Identification

The risks associated with long-term care can be both emotional and financial.

Emotional

The need for long-term care represents a loss of independence – a very emotional risk for both the person needing care and that person's family.

An accident or a sudden illness (mental or physical) can prevent you from performing some or all of the normal activities of daily living for yourself, including getting out of bed, bathing, dressing, eating, and going to the bathroom. When that happens, most people would prefer to have care that allows them to remain in their own home rather than move into a care facility.

If, however, the need for care is greater than family members or professional caregivers can provide in the home, a residential facility such as an assisted living or nursing home may become a necessity.

Financial

Financial risk comes from the fact that the high cost of long-term care isn't covered by typical health insurance – not even Medicare. Even with informal family-based care at home, there can be substantial out-of-pocket expenses. Those expenses increase even more when professional home caregivers are used, and skyrocket dramatically for care in any type of residential facility.

What makes this situation even worse is that your choice of assisted care facilities or nursing homes can potentially be affected by your ability to pay privately.

Risk Assessment

Once the risks of long-term care have been identified, an assessment can be made of the probability of their occurrence and the potential severity of the loss they might generate.

High Likelihood

About 70% of individuals over age 65 will require some type of long-term care services during their lifetime.* That's a much higher risk than being in an auto accident or having your house burglarized. And your personal risk factors can increase dramatically, depending on your age, health, gender and family history.

Cost

It's difficult to measure the emotional cost of long-term care in absolute terms. But the financial burden can be measured in dollars. The average annual cost can range from \$16,000 for a modest level of personal care in the home...to \$32,292 for care in an assisted living facility...to well over \$60,000 for a semi-private room in a nursing home.* That's almost \$200 a day, and the costs in many states are much higher than the average.

(Check the average cost of care for your area in the chart on the inside back cover of this guide).

Overall, the average duration for long-term care services is 3 years. However, this does vary by gender. Women need care longer (on average 3.7 years) than do men (on average 2.2 years).* The cost of an average stay in a long-term care facility costs hundreds of thousands of dollars.

It's easy to see that the costs of LTC can mount up quickly enough to drain the average family's assets in a very short period of time.

Future Costs

The most critical part of assessing LTC risk is to consider future costs.

The Government is estimating that costs may double every 15 years.

* Source: National Clearinghouse for Long Term Care Information, U.S. Dept. of Health and Human Services

Risk Treatment

Armed with an assessment of your long-term care risks, you can now decide how you are going to handle those risks. Here's a list of the choices you can make and some information to help you evaluate the suitability of each for your own situation:

Risk Avoidance

There are some of life's risks that you can simply choose to avoid. You can eliminate your risk of wrecking your car by choosing not to drive. You can eliminate your risk of losing money in the stock market by choosing not to invest. Unfortunately, this is not a viable option when it comes to long-term care.

You can't eliminate the risks that come with growing older: getting sick, developing a disease, or suffering a debilitating injury. In fact, all of these risks increase as you get older. You have to look elsewhere for an effective way to deal with your long-term care risks.

SECTION II – Long Term Care – A Risk Management Perspective

Risk Reduction

While you can't eliminate LTC risks, you can certainly mitigate your risks by living a healthier lifestyle. Eating a healthier diet, reducing stress, exercising regularly, and quitting smoking are the types of things you should be doing to reduce the chances that you'll ever need long-term care.

But even if you already do all of these things, the reduction in your physical risk is hardly great enough to consider yourself safe from the threat of long-term care expenses at some point in your lifetime.

We all know stories about friends or family members who exercised, ate right, never smoked, and yet still ended up in a nursing home or other LTC facility. So you must consider combining risk reduction with other risk treatment options in order to maintain your financial security.

Risk Retention

This is currently the most common risk treatment option – selected by default – because the majority of American consumers have not done any long-term care planning at all. They are assuming the full burden of financial risk them-

selves. But this option is really suitable work for just two types of people:

–The Very Rich, who can easily afford to pay tens of thousands of dollars in out-of-pocket expenses for long-term care, don't need to do any further planning.

However, many people with high net worth still choose to transfer the risk after analyzing the economic impact vs. the cost of insurance.

–The Poor, whose financial assets are already at or close to the spend-down levels required to qualify for Medicaid, don't need to plan because welfare benefits will be available to pay for LTC when it is needed.

For the rest of us in the economic middle, risk retention is not an attractive option. You can't afford to pay the total cost of LTC out of your own pocket. You also don't want to spend your assets down to the point where Medicaid would kick in, leaving yourself with no savings for other contingencies – and little to leave behind for children and other loved ones.

Warning!

If you're planning on giving away your assets to become eligible for your State's Medicaid program to pay for care, think again.

With medical costs soaring, most states are scrutinizing the finances of potential Medicaid recipients. The Federal government passed the Deficit Reduction Act in 2005. The DRA includes several provisions designed to discourage the use of such "Medicaid Planning" techniques and to impose penalties or transactions which are intended to protect wealth while enabling access to public benefits.

In the words of Terry Savage, nationally known expert on personal finance, "do you want to spend your final years in a state-funded nursing home, just as other baby boomers are crowding in? I thought not. So long-term care insurance is worth examining." *

*Source: www.thestreet.com
(10/1/2006)

Risk Transfer

The most practical risk management option for the average American family is transferring the risk to a third party. Just as an auto insurance policy transfers most of the financial risk of car damage to an insurance company, an LTC insurance policy transfers the financial risk of needing long-term care to an insurance company.

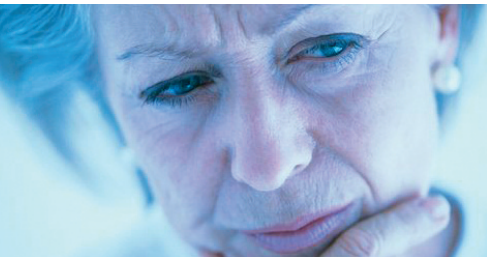
Of course, LTC insurance is not right for everyone. For some people, their health conditions may prevent them from obtaining coverage. For others, LTC premiums may not be affordable. While LTC insurance is more affordable than many people think —especially considering the costs of care without insurance — it is an asset protection product. Paying LTC premiums should not impact your normal lifestyle.

If you are currently on Medicaid, LTC insurance is not right for you. However, if you are in pretty good health and you do have assets (at least \$75,000) over and above your home and a comfortable income, it is important to consider long-term care insurance.

SECTION III – Transferring Risk – Key Elements to Designing an LTC Plan

What to look for when you decide to transfer your LTC risk to an insurance company

Once you've determined that the cost of an LTC insurance policy makes sense for your family's protection, you will face another



set of choices about the benefits and features you want your plan to include. Most LTC insurance companies offer a number of choices that let you tailor a policy to suit your own personal needs and preferences.

There are five key elements to designing a Long Term Care Policy.

1) What insurance Carrier?

When investigating which insurance company to transfer the risk to you want to be sure you select a top-rated financially secure carrier that is experienced in offering LTC insurance (10

years minimum). After all, the odds are that it will be 20 years or more before you need to access benefits.

2) Daily and Monthly Benefit?

Policies come with a choice of the maximum benefit amount that will be paid for each day or month LTC is needed. Policies allow you to buy a range of daily or monthly benefits. You should look for a benefit close to the actual average cost of LTC in your area. Co-insuring a portion of this cost can lower your premiums.

3) How long do I want coverage to last?

Policies come with a choice of benefit duration. Durations are typically purchased in year periods and range from 2 years up to unlimited or lifetime. The longer the policy pays, the more expensive it will be, so keep the national average LTC stay — three years — in mind.

4) When do I want benefit payments to start?

You can also keep your cost of coverage more affordable with a waiting period — similar to a deductible — before benefits start. A typical range of waiting periods is 20 to 100 days.

5) Do I want inflation protection?

The cost of everything goes up, and benefits selected today may not be adequate if you need them five or ten years from now. Inflation protection will increase the amount of your selected benefits at regularly scheduled intervals in order to make up for the effects of rising costs.

Keep in mind that the higher the benefits that a policy pays, the more expensive it will be. To keep your annual premium affordable, select reasonable benefit levels. The maximum benefit levels available may be higher than your actual coverage

needs, depending upon such factors as your age, health, and the area in which you live.

Is Transferring the Risk An Option? (Can you qualify for coverage?)

Unfortunately, LTC insurance is not something you can simply purchase when you need it. Like all insurance products, you must secure protection before the need arrives.

Good health can save you money with a preferred health rating. Poor health can prevent you from obtaining coverage. Below is a list of uninsurable conditions.

- Currently in a care facility or receiving home health care.
- Pending surgery (you may be able to apply after recovery)
- Parkinson' Disease
- Multiple Sclerosis
- Alzheimer's Disease (or Dementia)
- Muscular Dystrophy
- Organ transplants (except Cataracts)
- Active Cancer
- On Oxygen
- Use of a quad cane
- Diabetes with Neuropathy
- Recent Stroke or Multiple TIA's

SECTION IV – Long Term Care Insurance Advantages / Disadvantages

Consider Life With LTC Insurance

Purchasing LTC insurance will cost you money and there is a chance that you may pay for coverage you never need. However, investing in a policy will provide you with:



- Peace of mind knowing that you have a resource if care is needed.
- Plans that will provide reimbursement (or cash up front if you selected that option) to cover the enormous expenses associated with home health care or care in a facility.
- Access to quality care and private pay facilities that will be more secure rather than potentially having to depend on providers that accept Welfare reimbursement.

- Financial resources that will reduce the burden and emotional wear on family members.
- Preservation of assets to support the surviving spouse or to leave to heirs, a favorite church or charity.
- Policy options that will refund your premium should you never need care, are now available. (subject to state availability)

In the words of nationally known personal finance columnist Terry Savage, “You insure your home against fire and your car against an accident and never complain if that money is wasted. Why not insure against one of the most expensive realities of life, long-term care? As our lives lengthen and new treatments are developed, you or your parents are more likely to require some type of senior care.”*

*moneycentral.msn.com (2008)

Consider Life Without LTC Insurance

Not purchasing LTC insurance may save you money. In fact, you may save \$200 per month (based

on the cost of an average LTC plan purchased at 60) If you are fortunate enough not to need care, this money can accumulate for your heirs or you can spend it.

- You will depend on your own resources to arrange for care. A spouse or adult children or a friend will need to contact government agencies or use the “Yellow Pages” to coordinate and find the quality of care you desire.
- You will need to write personal checks for home health care in a facility. The money you saved not buying LTC insurance could quickly be spent on the expenses of home health care in a facility.
- If the need for care lasts for an extended period, your life savings could be depleted leaving one spouse impoverished or nothing to leave your heirs, church or favorite charity.
- If your life savings is spent caring for one spouse, the surviving spouse would need to depend on Medicaid (Welfare) for care.

In fifteen years, a 2-year nursing home stay is projected to cost over \$230,000 – How would these costs affect you? Would a policy help you stay at home longer?



SECTION V – Advantages of Your Sponsored Group Program



The Five Major Advantages of Your Sponsored Program

The buying power of your group was used to create a truly unique program.

1. A choice of top rated insurance carriers who are experienced in the LTC market
2. Wider and simplified underwriting criteria to provide more people coverage and lower premiums
3. Multiple products to design a plan based on your needs and desires
4. Special Discounts that are not available to the general public
5. Service for life of your policy**

**Buying through your group provides an advocate for the life of your policy. While insurance agents can come and go, your organization is here for the long-term. If any issues arise with your coverage, your group, and the insurance professionals behind it are there to help.

If you buy a plan outside this program and you need help, who will you turn to?



Join 8 Million other smart consumers by acting today

An LTC insurance plan can be a very smart investment. A small portion of your income today, can help provide significant future financial protection.

Future LTC Risk

Jim Smith (age 56)	\$618,009.81
Jane Doe (age 54)	\$681,355.75
Total Future LTC Risk	\$1,299,365.56

Based on needing Care at age 80, requiring 3 years of care, \$175.00/day today with 5% compound inflation

Protecting Your Risk with LTC Insurance

Jim Smith	\$1,475.00
Jane Doe	\$1,275.00
Total Annual Combined Premium	\$2,750.00

\$175.00/day, 3 year benefit period, 90 day elimination period, 5% compound inflation

SECTION VI –Case Studies – What Are Other Group Members Purchasing

How Are Other Members Managing Their Long-Term Care Risk?

With over a decade of experience, Long Term Care Resources has helped tens of thousands of members design and obtain long-term care insurance coverage. By leveraging our success and the buying power of the association, we are able to offer members special discounts and underwriting advantages that are not available to the general public.

Your financial situation, your health, your wants and your needs are all combined to build you a custom long-term care solution. To help you better understand the process and some of the options, we have listed examples of how other association members have designed policies to manage their long-term care risk.

Case #1

Client: D.W.

Age: 57

State: IL

Plan Purchased: June, 2005

Daily Benefit: \$120

Benefit Duration: 5 years

Benefit Pool: \$219,000

Inflation

Protection: 5% Compound

Elimination Period: 45 Days

Annual Premium: \$1,806.48

This single member purchased coverage in June of 2005 with an annual premium of \$1,806.48. With a five-year benefit period, this member has covered the vast majority of their length of claim risk as most claims average less than 3 years. With a 5% compound inflation rider, the daily benefit and benefit pool will increase each year. Should D.W. need care in 25 years, he will have over \$400 in daily benefits and a benefit pool of over \$740,000. Based on the estimated cost of care in 2025, D.W. would receive every premium dollar he paid for the policy by using as little as 4 months of care.

Case #2

Client: M.S. & J.S.

Ages: 54 & 58

State: CA

Plan Purchased: Nov, 2008

Monthly Benefit: \$4500

Benefit Duration: 2 years

Benefit Pool: \$219,000

Inflation

Protection: 5% Compound

Elimination Period: 90 Days

Annual Premium:

\$1,305.56 M.S.

\$1,762.41 J.S.

\$3,067.97 Total

Other: Shared Care Rider

This couple each purchased a policy with a monthly benefit of \$4500 and a benefit period of two years. Their plans include the compound inflation protection rider and shared care benefit rider. By adding these two features to their policy they have given themselves a great deal of flexibility in the future.

The shared care rider will allow one spouse to access the benefits of the other spouse if benefits are exhausted on their policy due to a long-term care event. This rider provides up to 4 years of coverage for one spouse which is great protection





from the rare instances of a very long claim period.

One of the clients were able to qualify for preferred underwriting due to a clean bill of health which can be a major advantage of purchasing a policy at a younger age. This preferred health rating saved them over \$450 per year.

If M.S. & J.S. had waited to age 65 to buy this coverage, the same coverage would cost over \$1,000 more per year. If their health changed and they each were rated up one health class, the plan coverage would cost over \$2000 more per year. If their health changed significantly, they could be uninsurable.

Case #3

Client: P.W.

Age: 53

State: MA

Plan Purchased: Aug, 2007

Daily Benefit: \$200

Benefit Duration: Lifetime

Inflation

Protection: 5% Compound

Elimination Period: 90 Days

Annual Premium: \$8,502.61
for 10 years

This member had accumulated significant assets and was still in his prime earning years. He purchased a comprehensive plan with unlimited or lifetime coverage, a daily benefit that covered more than the average cost of care in his area, and 5% compound inflation protection.

Rather than paying annually for the lifetime, this member selected an optional 10 Pay payment plan. After 10 annual payments of \$8,502.61 this member's premiums will be paid in full. This member felt that paying a bigger premium during his prime working years made more sense to him and that it would free up additional cash flow during retirement. After ten years, he will no longer pay premiums but his benefits will continue to increase for the rest of his life.



Reasons 8 Million People Own LTC Insurance

Asset Preservation

Most people prefer to leave their hard-earned assets to their children, grandchildren or favorite charity rather than spend it on long-term care services.

Family

People want to ensure they will never leave their spouse impoverished if they are faced with a long-term care stay. People do not want to become a physical or financial burden on their children.

Quality of Care

People want to ensure that they can choose where they receive care and who provides it. They do not want to rely on the government and the Medicaid/Welfare system to meet their care needs.

Financial Safety Net

People want to ensure their financial security no matter how long care is needed.

SECTION VII – Avoid Five Major Long Term Care Planning Mistakes

Mistake #1)

Procrastination

We all get busy. Thinking about the potential for needing and paying for care is a topic that is easy to avoid. However, don't let your fast paced life prevent you from taking time to plan.

Procrastination can have two negative effects:

- Waiting can result in higher premiums. Premiums typically go up 15% with each birthday.

When you apply you're freezing your age and locking in a lower premium, which can provide significant savings over the life of the policy.

- A health change can happen anytime and prevent you from obtaining coverage.

Diabetes, MS, Parkinson's, and other major uninsurable conditions can be diagnosed with little notice.

LTC insurance may not be right for you. However, we encourage you to evaluate coverage before your next birthday. There are now even low-cost plans that allow you to lock in your insurability and buy more coverage at a later date. Planning now will help you make a more informed decision.

Mistake #2)

Assuming you are already covered

If you have not had first hand experience paying for a loved one's care, assuming your major medical coverage or Medicare will pay for care can be a natural assumption. These plans do not cover any significant portion of long-term care expenses.

Mistake #3)

Assuming LTC insurance coverage is too expensive

While long-term care costs are expensive, an insurance policy to cover these expenses can be surprisingly affordable. Many financial experts recommend obtaining coverage if premiums can be designed below 7% of your monthly income. Many excellent long-term care plans can be designed for varying budgets.

Mistake #4)

Assuming self-insuring makes more sense

Many members we have worked with could have easily afforded to pay for their own care if necessary.

However, many decide to transfer the risk after closely looking at several factors including:

- Future costs - while the annual cost of one year in a semi-private nursing home is \$60,000 today, twenty five years from now is a different story. With an annual increase of 5% compounded, this same annual care would cost over \$190,000 per year.
- Tax Advantages – tax-free benefits and potential tax deductions for business owners often make transferring the risk more attractive.
- Liquidity – a care event can happen suddenly. An insurance plan can allow time to reposition assets and avoid liquidation expenses.

If you are considering self-insuring, LTCR has sophisticated LTC economic impact modeling software to help you evaluate your options.

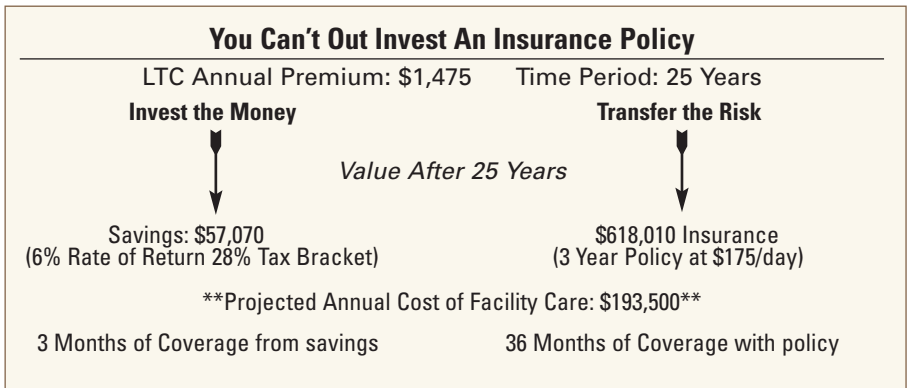
Ask a local LTC Specialist to prepare a report for you.

Mistake #5) Assuming you will never need care

Unfortunately we can't control our health. Many people receiving care today did not plan on needing care. To avoid this mistake, you will need to honestly assess your future and consider what could happen vs. what you want to happen.

- Will you get older? Yes.
- Will health improve or decline? It is fact of life that our health declines as we age.
- Will a decline in health require some type of extended care?

We can't predict whether or not this will happen but we can plan for it.



Obtaining Quotes from Your LTC Specialist

Once you have reviewed this planning kit, the next step in the process is to evaluate the cost of coverage by obtaining quotes from a local LTC Specialist.

Based on your area, one of LTCR's local LTC Specialists will be assigned to you. This Specialist will contact you via phone or email to answer questions and develop personalized quotes for you.

Affordability is obviously a major concern. LTC plans should be purchased to protect savings. Paying premiums should not be a major financial drain. We encourage you to please take the time to obtain quotes. Many people assume that LTC insurance is too expensive. Plans can be designed for varying budgets and are based on your age, health, and benefits you desire.

Do you have to meet with an LTC Specialist?

Our Specialist can work with you the way that you are most comfortable – via the phone, mail, or email. Most people we work with,

if they are serious about protecting their savings, prefer a face-to-face meeting. It not only allows for questions to be answered and simplifies the plan design process, but a meeting in person with a Specialist has advantages in underwriting. While you can work with a specialist via phone/mail, additional medical records may be required on applications taken without meeting an agent.

Over the last decade, LTCR's Specialists have worked with tens of thousands of interested individuals. Our Specialists understand that LTC is a personal decision and take a low pressure consultative and educational approach to working with interested customers.

Within the next 7-10 days you will be contacted by your local LTCR Specialist for further assistance. Your Specialist will be able to answer all of your questions as well as develop care options that best suit your needs.

If you have any questions, please call us toll free at (888) 822-6841

Thank you again for your interest in your sponsored Long Term Care Program.

Cost of Care Average by State for Year: 2008

*MetLife Mature Market
Institute in Conjunction
with LifePlans, Inc.*

		Nursing Home Semi-Private Room	Nursing Home Private Room	Assisted Living Base Rate	Home Health Aid	Homemaker
AL	State Average	\$ 58,765	\$ 60,955	\$ 29,100	\$ 14,976	\$ 13,312
AK	State Average	\$ 206,590	\$ 210,605	\$ 55,740	\$ 20,800	\$ 17,472
AZ	State Average	\$ 62,415	\$ 78,110	\$ 35,364	\$ 17,472	\$ 15,808
AR	State Average	\$ 47,085	\$ 55,480	\$ 27,468	\$ 13,312	\$ 12,480
CA	State Average	\$ 73,365	\$ 90,885	\$ 37,584	\$ 18,304	\$ 16,640
CO	State Average	\$ 65,700	\$ 73,000	\$ 37,452	\$ 19,968	\$ 15,808
CT	State Average	\$ 122,275	\$ 132,130	\$ 51,432	\$ 22,464	\$ 15,808
DC	State Average	\$ 98,185	\$ 107,675	\$ 52,968	\$ 15,808	\$ 14,976
DE	State Average	\$ 80,665	\$ 87,235	\$ 48,636	\$ 17,472	\$ 15,808
FL	State Average	\$ 69,715	\$ 79,570	\$ 32,976	\$ 14,144	\$ 13,312
GA	State Average	\$ 58,035	\$ 62,415	\$ 32,784	\$ 14,144	\$ 14,144
HI	State Average	\$ 109,135	\$ 111,690	\$ 42,792	\$ 19,136	\$ 17,472
ID	State Average	\$ 65,700	\$ 70,080	\$ 34,164	\$ 14,976	\$ 14,144
IL	State Average	\$ 58,035	\$ 73,730	\$ 41,328	\$ 16,640	\$ 15,808
IN	State Average	\$ 57,305	\$ 71,175	\$ 30,876	\$ 18,304	\$ 15,808
IA	State Average	\$ 48,180	\$ 56,940	\$ 29,088	\$ 19,136	\$ 16,640
KS	State Average	\$ 49,640	\$ 53,655	\$ 32,832	\$ 14,976	\$ 14,144
KY	State Average	\$ 61,320	\$ 67,160	\$ 33,972	\$ 16,640	\$ 15,808
LA	State Average	\$ 46,355	\$ 48,180	\$ 27,816	\$ 13,312	\$ 11,648
ME	State Average	\$ 84,315	\$ 93,075	\$ 54,852	\$ 17,472	\$ 16,640
MD	State Average	\$ 79,570	\$ 90,520	\$ 43,908	\$ 15,808	\$ 14,976
MA	State Average	\$ 104,390	\$ 110,230	\$ 50,304	\$ 20,800	\$ 18,304
MI	State Average	\$ 71,175	\$ 74,095	\$ 35,316	\$ 15,808	\$ 14,976
MN	State Average	\$ 46,355	\$ 54,385	\$ 30,288	\$ 23,296	\$ 18,304
MS	State Average	\$ 64,240	\$ 67,160	\$ 30,492	\$ 13,312	\$ 13,312
MO	State Average	\$ 47,815	\$ 53,655	\$ 31,536	\$ 14,976	\$ 14,976
MT	State Average	\$ 59,495	\$ 63,510	\$ 33,480	\$ 15,808	\$ 14,144
NE	State Average	\$ 52,560	\$ 57,670	\$ 28,884	\$ 18,304	\$ 14,144
NV	State Average	\$ 68,985	\$ 77,745	\$ 31,332	\$ 15,808	\$ 14,976
NH	State Average	\$ 90,155	\$ 97,090	\$ 44,784	\$ 21,632	\$ 18,304
NJ	State Average	\$ 94,535	\$ 104,755	\$ 48,108	\$ 17,472	\$ 14,976
NM	State Average	\$ 57,670	\$ 68,985	\$ 33,264	\$ 14,976	\$ 13,312
NY	State Average	\$ 111,690	\$ 114,610	\$ 40,344	\$ 17,472	\$ 14,976
NC	State Average	\$ 63,145	\$ 70,080	\$ 35,856	\$ 14,144	\$ 13,312
ND	State Average	\$ 48,180	\$ 54,750	\$ 23,760	\$ 16,640	\$ 16,640
OH	State Average	\$ 67,890	\$ 74,095	\$ 35,844	\$ 15,808	\$ 14,976
OK	State Average	\$ 45,625	\$ 55,845	\$ 28,152	\$ 14,976	\$ 13,312
OR	State Average	\$ 74,825	\$ 84,315	\$ 33,924	\$ 16,640	\$ 14,976
PA	State Average	\$ 83,220	\$ 88,695	\$ 34,152	\$ 16,640	\$ 14,976
RI	State Average	\$ 82,125	\$ 89,790	\$ 39,828	\$ 19,968	\$ 16,640
SC	State Average	\$ 59,860	\$ 66,795	\$ 32,712	\$ 14,144	\$ 13,312
SD	State Average	\$ 56,575	\$ 61,685	\$ 28,092	\$ 17,472	\$ 15,808
TN	State Average	\$ 57,670	\$ 62,780	\$ 33,684	\$ 16,640	\$ 14,144
TX	State Average	\$ 47,450	\$ 64,605	\$ 34,584	\$ 14,144	\$ 13,312
UT	State Average	\$ 54,385	\$ 70,080	\$ 29,100	\$ 19,968	\$ 18,304
VT	State Average	\$ 84,315	\$ 90,520	\$ 52,500	\$ 19,968	\$ 18,304
VA	State Average	\$ 66,430	\$ 73,730	\$ 43,812	\$ 14,144	\$ 13,312
WA	State Average	\$ 79,935	\$ 86,870	\$ 33,588	\$ 18,304	\$ 17,472
WV	State Average	\$ 70,445	\$ 74,095	\$ 35,196	\$ 14,144	\$ 13,312
WI	State Average	\$ 71,540	\$ 78,840	\$ 38,496	\$ 18,304	\$ 14,976
WY	State Average	\$ 63,510	\$ 68,255	\$ 32,892	\$ 17,472	\$ 17,472

Cost of Care Average by State for Year: 2023

*MetLife Mature Market
Institute in Conjunction
with LifePlans, Inc.*

		Nursing Home Semi-Private Room	Nursing Home Private Room	Assisted Living Base Rate	Home Health Aid	Homemaker
AL	State Average	\$ 117,530	\$ 121,910	\$ 58,200	\$ 29,952	\$ 26,624
AK	State Average	\$ 413,180	\$ 421,210	\$ 111,480	\$ 41,600	\$ 34,944
AZ	State Average	\$ 124,830	\$ 156,220	\$ 70,728	\$ 34,944	\$ 31,616
AR	State Average	\$ 94,170	\$ 110,960	\$ 54,936	\$ 26,624	\$ 24,960
CA	State Average	\$ 146,730	\$ 181,770	\$ 75,168	\$ 36,608	\$ 33,280
CO	State Average	\$ 131,400	\$ 146,000	\$ 74,904	\$ 39,936	\$ 31,616
CT	State Average	\$ 244,550	\$ 264,260	\$ 102,864	\$ 44,928	\$ 31,616
DC	State Average	\$ 196,370	\$ 215,350	\$ 105,936	\$ 31,616	\$ 29,952
DE	State Average	\$ 161,330	\$ 174,470	\$ 97,272	\$ 34,944	\$ 31,616
FL	State Average	\$ 139,430	\$ 159,140	\$ 65,952	\$ 28,288	\$ 26,624
GA	State Average	\$ 116,070	\$ 124,830	\$ 65,568	\$ 28,288	\$ 28,288
HI	State Average	\$ 218,270	\$ 223,380	\$ 85,584	\$ 38,272	\$ 34,944
ID	State Average	\$ 131,400	\$ 140,160	\$ 68,328	\$ 29,952	\$ 28,288
IL	State Average	\$ 116,070	\$ 147,460	\$ 82,656	\$ 33,280	\$ 31,616
IN	State Average	\$ 114,610	\$ 142,350	\$ 61,752	\$ 36,608	\$ 31,616
IA	State Average	\$ 96,360	\$ 113,880	\$ 58,176	\$ 38,272	\$ 33,280
KS	State Average	\$ 99,280	\$ 107,310	\$ 65,664	\$ 29,952	\$ 28,288
KY	State Average	\$ 122,640	\$ 134,320	\$ 67,944	\$ 33,280	\$ 31,616
LA	State Average	\$ 92,710	\$ 96,360	\$ 55,632	\$ 26,624	\$ 23,296
ME	State Average	\$ 168,630	\$ 186,150	\$ 109,704	\$ 34,944	\$ 33,280
MD	State Average	\$ 159,140	\$ 181,040	\$ 87,816	\$ 31,616	\$ 29,952
MA	State Average	\$ 208,780	\$ 220,460	\$ 100,608	\$ 41,600	\$ 36,608
MI	State Average	\$ 142,350	\$ 148,190	\$ 70,632	\$ 31,616	\$ 29,952
MN	State Average	\$ 92,710	\$ 108,770	\$ 60,576	\$ 46,592	\$ 36,608
MS	State Average	\$ 128,480	\$ 134,320	\$ 60,984	\$ 26,624	\$ 26,624
MO	State Average	\$ 95,630	\$ 107,310	\$ 63,072	\$ 29,952	\$ 29,952
MT	State Average	\$ 118,990	\$ 127,020	\$ 66,960	\$ 31,616	\$ 28,288
NE	State Average	\$ 105,120	\$ 115,340	\$ 57,768	\$ 36,608	\$ 28,288
NV	State Average	\$ 137,970	\$ 155,490	\$ 62,664	\$ 31,616	\$ 29,952
NH	State Average	\$ 180,310	\$ 194,180	\$ 89,568	\$ 43,264	\$ 36,608
NJ	State Average	\$ 189,070	\$ 209,510	\$ 96,216	\$ 34,944	\$ 29,952
NM	State Average	\$ 115,340	\$ 137,970	\$ 66,528	\$ 29,952	\$ 26,624
NY	State Average	\$ 223,380	\$ 229,220	\$ 80,688	\$ 34,944	\$ 29,952
NC	State Average	\$ 126,290	\$ 140,160	\$ 71,712	\$ 28,288	\$ 26,624
ND	State Average	\$ 96,360	\$ 109,500	\$ 47,520	\$ 33,280	\$ 33,280
OH	State Average	\$ 135,780	\$ 148,190	\$ 71,688	\$ 31,616	\$ 29,952
OK	State Average	\$ 91,250	\$ 111,690	\$ 56,304	\$ 29,952	\$ 26,624
OR	State Average	\$ 149,650	\$ 168,630	\$ 67,848	\$ 33,280	\$ 29,952
PA	State Average	\$ 166,440	\$ 177,390	\$ 68,304	\$ 33,280	\$ 29,952
RI	State Average	\$ 164,250	\$ 179,580	\$ 79,656	\$ 39,936	\$ 33,280
SC	State Average	\$ 119,720	\$ 133,590	\$ 65,424	\$ 28,288	\$ 26,624
SD	State Average	\$ 113,150	\$ 123,370	\$ 56,184	\$ 34,944	\$ 31,616
TN	State Average	\$ 115,340	\$ 125,560	\$ 67,368	\$ 33,280	\$ 28,288
TX	State Average	\$ 94,900	\$ 129,210	\$ 69,168	\$ 28,288	\$ 26,624
UT	State Average	\$ 108,770	\$ 140,160	\$ 58,200	\$ 39,936	\$ 36,608
VT	State Average	\$ 168,630	\$ 181,040	\$ 105,000	\$ 39,936	\$ 36,608
VA	State Average	\$ 132,860	\$ 147,460	\$ 87,624	\$ 28,288	\$ 26,624
WA	State Average	\$ 159,870	\$ 173,740	\$ 67,176	\$ 36,608	\$ 34,944
WV	State Average	\$ 140,890	\$ 148,190	\$ 70,392	\$ 28,288	\$ 26,624
WI	State Average	\$ 143,080	\$ 157,680	\$ 76,992	\$ 36,608	\$ 29,952
WY	State Average	\$ 127,020	\$ 136,510	\$ 65,784	\$ 34,944	\$ 34,944