# Solutions for Chronic Illness Care

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Today, life is good. You're healthy, active and living the life you've always wanted. But what if everything suddenly changed?

No one likes to think about becoming unhealthy or developing a chronic illness. But the fact is, a chronic illness could seriously impact your life and the lives of everyone around you. A chronic illness can take a serious physical, emotional and financial toll.

Because of that, it's important to be prepared and to know your options.

This brochure is designed to show you the options you have when it comes to paying for a potential chronic illness.

# The Truth About Chronic Illness

## WHAT IT MEANS TO BE CHRONICALLY ILL

A chronic illness can be defined as a condition, as certified by a licensed physician, that prevents a person from performing at least two of the six Activities of Daily Living or if they have a severe cognitive impairment.

| | |
|---|---|
| The Impact is Overwhelming | Americans spend 86% of health care dollars on the treatment of chronic diseases.[1] |
| The Cost is High | The national median cost for just one year of private room care in a nursing home is about $92,376.[2] |
| The Risk is Great | Chronic illnesses are responsible for 7 in 10 deaths among Americans each year. |



[1] National Center for Chronic Disease Prevention and Health Promotion, www.cdc.gov; January 2015

[2] Genworth 2016 Cost of Care Survey; April 2016

[3] CDC At A Glance 2016, National Center for Chronic Disease Prevention and Health Prevention

# The Traditional Solutions

There have traditionally been three primary ways to pay for chronic illness care.

1 Medicare and/or Medicaid

2 Long-Term Care Insurance

3 Self-insuring

## Meet Mark Jones

Mark is a 66 year-old grandfather with a wife, two adult children and two grandchildren. Mark might be very similar to you. He worries about covering his expenses if a chronic illness arises, but really isn't sure what solution might be best for him.

We'll follow Mark throughout this brochure and see how each traditional payment option may or may not work for him.

# Medicare and Medicaid

## WHAT IT IS

Medicare is a national social insurance program administered by the U.S. government since 1965, which guarantees access to health insurance for Americans ages 65 and older. Medicare spreads the financial risk associated with illness across society to protect everyone, and thus has a somewhat different social role from private insurers, who must manage their risk portfolio to guarantee their own profitability.

### How It Works

Medicare serves a large population of people who would be unable to afford health care otherwise. On average, Medicare covers about half (48%) of health care costs for enrollees. Medicare enrollees must cover the rest of the cost. These out-of-pocket costs vary depending on the amount of health care needed. They might include uncovered services—such as chronic illness, dental, hearing, vision care and supplemental insurance.

You might be thinking that Medicare will cover chronic illness care expenses. But actually, the circumstances in which Medicare will cover these costs is extremely limited.

After a hospitalization of at least three days and three nights, Medicare will cover a portion of the cost of care in a skilled nursing facility for up to 100 days. If your care is considered custodial (which 85% of nursing home care is) rather than skilled medical care, then your stay is not covered. No matter what, after 100 days, Medicare stops paying and it's up to you.

Similarly, Medicare will cover medically necessary home health visits by skilled medical workers, e.g. occupational or speech therapists. However, Medicare does not cover "custodial care" and typically you must be showing improvement, or demonstrating that the care is rehabilitative.

For more detailed information about Medicare and what it covers, visit www.medicare.gov.

**Medicaid** is the U.S. health program for certain people and families with low incomes and resources. It is jointly funded by the state and federal governments and is managed by the states. Unlike Medicare coverage, the main criterion for Medicaid eligibility is limited income and financial resources.

Medicaid will pay for both skilled and custodial care, but in most cases it is limited to care in a nursing home when beds are available.

To qualify for Medicaid, an individual must have limited income and few assets. Medicaid eligibility rules are complicated, and different states apply different rules.

One of the many disadvantages of relying on Medicaid is that you cannot choose your own facility. There are only a limited number of Medicaid beds available in a nursing home, provided they take Medicaid at all. And Medicaid typically pays only about half of the "market rate" for nursing care. As a result, there is a tendency for these facilities to have overworked and underpaid staff.

For more detailed information about Medicaid, visit www.medicaid.gov.

| PROS | VS. | CONS |
|---|---|---|
| Guaranteed health coverage | | Many conditions and circumstances not covered |
| Potentially lower in cost than individual health insurance at that age | | Coverage may stop after certain amount of time |
| | | Medicaid only covers certain people |

## MARK'S MEDICARE SCENARIO

One day, Mark drops to the floor with a back injury and is transported to the emergency room via ambulance. He stays in the hospital for six nights. These costs are covered by Medicare with out-of-pocket deductibles and co-pays. Without Medicare, Mark would have paid for everything himself.

Mark then heads home and receives skilled nursing services to manage his pain control and vital signs, and receives rehabilitation therapy three days each week for a few weeks, after being classified as "homebound" by Medicare.

But who took care of Mark while he was at home and how did they pay for it? Mark's wife provided help with his Activities of Daily Living (ADLs), but needed someone to visit their home and replace her as caregiver for five hours each day while she worked. This type of non-medical care, "custodial care", Medicare does not cover.

# Long-Term Care Insurance (LTCi)

## WHAT IT IS

LTCi is a form of medical insurance which really emerged in the late 1980's and early 1990's where the purchaser pays premiums in exchange for certain benefits related to long-term care.

### How It Works

The benefits and specifications vary from policy to policy. The average long-term care policy covers 2 – 5 years of nursing facility, assisted living, home care or day programs and the purchaser can use that time all at once or for short-term care as needed.

LTCi can provide policyholders some assurance that they will be able to afford the type of care that might previously have fallen on family members and friends.

Every long-term care policy is different so it's important to understand exactly how your policy works, if you're considering this option.

Once you qualify for benefits, there's a waiting period known as an "elimination period" before the policy kicks in—this period is typically 30 to 180 days. You need to pay for long-term care costs out of your own pocket during the elimination period. After that period ends, how much you'll receive depends on the type of policy and the specifics of the contract. There are different types of LTCi policies:

**Reimbursement policy:** This is the most common type and the least expensive. It pays you back for services based on the features you select, like the maximum amount of reimbursement per day (for example, $100 to $500), the number of years the policy will last (typically two to 10 years), and the lifetime maximum benefits (which might be, say, $200,000 or $1 million). So if you buy a $200-a-day policy and your approved expenses come to $150 a day, you'll receive $150. These policies usually won't reimburse a family member for caregiving.

**Indemnity policy:** These are more flexible if you pay someone for caregiving and want to get financial help for those costs. Indemnity policies typically cost more than reimbursement policies. With an indemnity policy, you receive a set amount per day for qualified services, regardless of the amount of your actual bill. So if you have a $100-a-day indemnity plan and spend $60 for an approved home-care visit, you'll receive $100 a day. The monthly payout could also be less than the actual bill. In that case, the policy will help defray costs, even if it won't totally cover them.

**Cash-benefit policy:** A cash-benefit policy (sometimes offered as a cash-benefit option for a reimbursement plan) is the most straightforward of all. Once the elimination period ends and you're eligible for benefits, you simply get a monthly check for the dollar amount listed in the policy.

The benefits of the policy will also affect the costs. The most significant policy provision affecting costs is an automatic inflation increase in the amount paid per day of care. Though this provision increases premiums, without it purchasers will often find that the policy amount isn't enough to cover the cost of care when they finally need it.

| PROS | VS. | CONS |
| --- | --- | --- |
| Security of knowing at least some of your future needs will be taken care of | | Cost can be very high |
| Can create comprehensive coverage options, covering most expenses | | Premiums might increase over time |
| Can be tailored to fit your specific needs | | Benefits might run out before your need for care is over |
| | | You might not qualify for coverage if not healthy |
| | | "Use it or lose it" scenario |

## MARK'S LTCi SCENARIO:

Mark sits down with his wife and financial professional and decides that he wants to purchase a long-term care insurance policy that uses the reimbursement method. It wasn't an easy decision though. Mark was skeptical because of the high premium cost, and the fact that he might never actually need care at all. He often adds up the premium amounts in his head and wonders if he made the right choice.

Fortunately for Mark and his family, both he and his wife remain healthy into their retirement years and beyond. He continues paying the $300 per-month LTCi policy premiums up until age 75, but never needs to use the benefit.

# Self-insuring

## WHAT IT IS

Self-insuring is exactly what it sounds like. If you need chronic illness care, you simply pay for it yourself using your own savings and assets. This might come from checking or savings accounts, stocks, bonds or other investments, a life insurance policy cash value, pension, or other sources of income you might have.

### How It Works

You might prefer the self-insuring option because it allows you to maintain control of your money and invest it according to your own plans and strategy. Additionally, the decisions for any care remain entirely in your hands. You are not at the mercy of a policy or program.

However, paying for chronic illness care can be very expensive and it is possible the costs might exceed your savings. When you also take inflation into account, it's easy to see how self-insuring might be an intimidating option.

Think about your savings and investment accounts right now. If something happened to you creating the need for chronic illness care, would you have enough to cover all costs, plus have enough left for retirement, plus enough for an inheritance for your children and grandchildren?

| PROS | VS. | CONS |
|---|---|---|
| Maintain control of your investments | | Care can be extremely expensive and you might not save enough to cover costs |
| Not paying for a policy you may never need | | Need a trust or executor to manage your funds in the event you cannot |
| Care decisions rest entirely in your hands | | Savings could erode very quickly, leaving nothing for your spouse or heirs |
| No policy limitations or health requirements | | |

## MARK'S SELF-INSURING SCENARIO:

Mark wants to be prepared in the event of an illness down the road, but just can't bring himself to pay for an expensive long-term care insurance policy that he may never use. So as an alternative, Mark decides to start putting a little extra money away each month into a separate savings account that he'll use for chronic illness care costs if the need ever arises.

When Mark suffers a stroke at age 69, he needs ongoing care. He's not able to dress or bathe himself and needs help eating. His wife is unable to help because she was recently diagnosed with Alzheimer's and needs assistance herself. One of Mark's daughters is even forced to work just part-time, so she can help her parents on a regular basis.

Since Medicare won't help, and Mark doesn't have a long-term care insurance policy, they have to dip into the savings set aside specifically for chronic illness care. This solution works well, but only for a while. Mark's "self-insuring" savings didn't grow at the pace he hoped, and can't keep up with the continually increasing cost of his care. Eventually, that account ran out and Mark was forced to borrow from his 401(k) account, and then even from the equity he and his wife had built in their home.

# Hybrid/Combo Solutions:
## A Chronic Illness Care Alternative

### WHAT IT IS

A hybrid or combo solution essentially combines the benefits of life insurance with the benefits of a separate LTCi policy. While these policies can cover the same types of expenses, they are usually used as supplemental coverage to the traditional payment options.

### How It Works

You select the hybrid/combo policy that fits your needs and then pay the scheduled premiums. If the need should arise, you'll have a specified amount of time to cover expenses related to your chronic illness care. With these types of policies, premium options can range from one to 10 years and benefit payment options are generally from two to eight years. Hybrid/combo products can also offer options for return of premium and inflation protection depending on the insurer's product offering. These policies are typically issued between the ages of 40 to 85.

Benefit payments are provided on a monthly basis and the death benefit is adjusted based on the amount you receive. Therefore, if benefit payments are never taken then the insured receives the full death benefit amount stated at policy issue. However, if a portion of the benefit is used the insured will receive an adjusted death benefit amount.

It's important to note that while hybrid/combo policies can include chronic illness protection riders or long-term care provisions, there are some differences when comparing these options. The chart to the right shows the differences between a life insurance policy with a chronic illness protection rider and a hybrid product with long-term care benefits.

| LIFE INSURANCE WITH CHRONIC ILLNESS RIDER | HYBRID PRODUCT |
|---|---|
| Flexibility in premium payments can be single pay to lifetime | If the long-term care benefits are not used, the death benefit will be lower when compared to a general life policy |
| Issued under 101g – Indemnity Benefit | Issued as 7702B – Reimbursement Benefit |
| Elimination period 90 to 365 days | Elimination period varies from zero to 90 days |
| Potential for cash accumulation | Products might offer an extension of long-term care benefits |

VS.

| PROS |
|---|
| Not a "use it or lose it" scenario |
| Typically less expensive than separate LTCi policy |
| No worries about self-insuring and depleting your savings |

| CONS |
|---|
| Expenses could exceed benefit amount |
| Some policies can be confusing with many different options and features |
| Death benefits may be eliminated/reduced |
| Couples are required to purchase separate policies |
| Could affect Medicaid eligibility |
| Not appropriate for everyone |

## Eligibility Requirements

In order to be eligible for LTCi or a hybrid/combo solution you must be insurable. This means an insurer has the ability to cover the risk associated with providing you with coverage. Risk is typically assessed during the underwriting process and standards differ based on the company.

With LTCi, a licensed physician must certify that you are unable to perform at least two of the six Activities of Daily Living (bathing, dressing, toileting, transferring, continence, eating) or ADLs without substantial assistance for a period that is expected to last at least 90 days; or that you need significant supervision to protect yourself due to severe impairment.

In order to qualify for a hybrid/combo policy, a licensed physician must diagnose you as chronically ill. This condition is defined as being unable to perform at least two of six ADLs without assistance for 90 days, or requiring supervision for protection against health and safety threats due to cognitive impairment. The major difference is that a chronic illness is likely to affect you for the rest of your life.

Claims eligibility will also differ between these two options. LTCi provides assistance for someone who needs care because they can't perform basic activities of daily living. It does not necessarily mean that this is a permanent condition. The insured can be eligible for temporary or permanent claims. An example of this would be an individual who has a broken hip and is unable to perform basic daily living activities but is able to recover from the injury with proper care. With hybrid/combo products, the need for assistance is something that will last the rest of your life. An individual with dementia or Alzheimer's that requires constant supervision or care is an example of a life-long condition.

# ExtendCare℠ –
## The Hybrid Solution from Protective Life

At Protective Life, we understand the traditional options for paying for chronic illness care might not work for everyone. Because of this, we are proud to offer a simple and affordable solution for your potential needs.

### WHAT IT IS

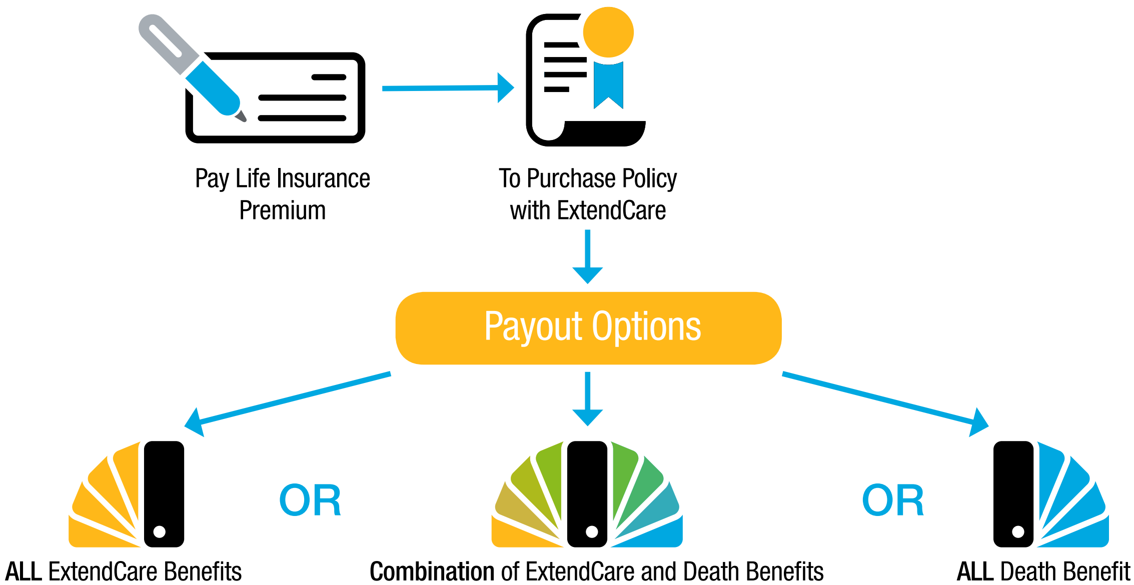
As an optional rider available with certain universal life insurance policies, ExtendCare can advance your policy's death benefit if you have been certified as chronically ill within the past 12 months. ExtendCare payments can be used to pay for things like home health care, nursing home and assisted living costs, home renovations, professional nursing care, hospice care, adult daycare, transportation and more.

### How It Works

- Purchase a universal life insurance policy from Protective Life and add ExtendCare
- If you ever become chronically ill as certified by a licensed physician, you can access the policy death benefit amount after a waiting period of 90 days[1]
- You can accelerate your death benefit to receive monthly benefits to help with chronic illness costs[2]
- With ExtendCare you are not required to submit bills or receipts
- In addition to typical chronic illness expenses, ExtendCare payments can really be used for anything else you need or want
- You are able to accelerate only the amount you need, when you need it
- Any unused death benefit amount remains available for your beneficiaries

ExtendCare can put your life insurance policy's death benefit to work for you in the event you need it for chronic illness care during your lifetime.

The combination of universal life insurance and ExtendCare can provide dual protection: Guaranteed death benefit coverage AND chronic illness care reassurance.




1 When you purchase a universal life policy, you will add ExtendCare at that time.

2 Pay your life insurance premiums as scheduled.

3 You have 100% of the policy's death benefit available either as a payout to your beneficiaries, as ExtendCare payments to help with your potential chronic illness costs, or a combination of both.

[1] Protective defines "chronically ill" as being unable to perform at least two of six Activities of Daily Living (bathing, dressing, toileting, transferring, continence, eating) without assistance for one year, or requiring supervision for protection against health and safety threats due to cognitive impairment.

[2] Monthly benefit amounts are subject to change.

## What you should know about ExtendCare

**ExtendCare** is available only at the time your policy is issued for applicants between the ages of 20 and 80. The minimum universal life policy face amount is $100,000 and maximum is $5 million. There is a 90-day waiting period that must pass between your chronic illness certification and the first accelerated death benefit payment.

Before each 12-month Benefit Period, you will select the amount to be paid for each month of that period. You may select a different payout amount before the next Benefit Period begins. The accelerated death benefit payment is made each month, or an annual lump-sum payout is also available. The lifetime maximum benefit that you can access via ExtendCare payments is 100% of your policy's available death benefit. At the time your policy is issued, you will select a maximum monthly benefit amount, not exceeding 5% of your base policy's death benefit amount or the current per diem equivalent (whichever is less). The minimum monthly benefit amount is $250. The lifetime maximum benefit is only reduced by the amount of benefit actually taken each month. Monthly benefit options are subject to change.

There is a monthly charge for ExtendCare which varies by sex, issue age, underwriting class, face amount, waiting period length, monthly benefit and policy year.

ExtendCare benefits are intended to be received on a tax-favored basis. The rider falls under IRS Sec. 101(g) Accelerated Death Benefits, not under health care regulations.

The tax treatment of life insurance is subject to change. Neither Protective Life nor its representatives offer legal or tax advice. Individuals should consult their attorney or tax advisor regarding their individual situation.

| PROS |
|---|
| Guaranteed benefit—any amount not used through ExtendCare still goes to beneficiaries |
| Not paying for a separate LTCi policy you may never need |
| No receipts or proof of care needed |
| Family and informal care allowed |
| Benefit can be used for medical or non-medical expenses |

VS.

| CONS |
|---|
| Expenses could exceed benefit amount |
| If the entire benefit amount is paid through ExtendCare, beneficiaries receive no payment at your death |
| Minimum requirement for chronic illness must be one year |
| May not offer same range of coverage as a standalone LTCi policy |
| Could affect Medicaid eligibility |
| Not appropriate for everyone |

## MARK'S EXTENDCARE SCENARIO

Mark previously had a term life insurance policy, but it expired a few years ago. Recently he's been thinking a lot about the financial protection of his family and worrying about the rising costs of chronic illness care. After talking to his wife and financial professional, Mark decides a universal life insurance policy from Protective Life can meet his needs.

Mark purchases a $1 million policy, and elects a maximum monthly ExtendCare benefit of $5,000, or $60,000 per year. With ExtendCare, Mark knows he can access the full $1 million if he experiences a chronic illness and if he doesn't the death benefit will be paid directly to his loved ones.

Mark pays the premium each month and remains in good health until he suffers from a stroke at age 69. Mark's doctor determines that care services are likely to be needed for the rest of his life. With the proper certification in place, Mark is able to qualify for the ExtendCare accelerated benefit payments. After completing the 90-day waiting period, Mark begins receiving monthly benefit payments of $5,000 for the next 12 months. Mark uses these payments to cover some of his expenses and supplement his daughter's income since she cut back to working part-time to help take care of him.

In order to continue receiving benefit payments, Mark will need to be re-certified by a licensed health care practitioner at least every 12 months. He also has the option to adjust his benefit payments for the next 12-month period.

# A Summary of the Options

| Features | Medicare/ Medicaid | LTCi Policy | Self-Insuring | Hybrid/Combo Policy |
|---|---|---|---|---|
| Potential cash-value accumulation | | | ● | ● |
| Use it or lose it | | ● | | |
| Underwriting process | | ● | | ● |
| Premium payment flexibility | | | ● | ● |
| Income tax-free benefits | ● | ● | | ● |
| Policy limitations or health requirements | ● | ● | | ● |
| Potential flexibility to fit your needs | | ● | ● | ● |

Learning and understanding your options is an important first step in being prepared for the unexpected.

And now that you've taken that step, stop and seriously consider the financial and emotional impact a chronic illness would have on you and your loved ones.

There is no better time than now to talk to your financial professional and start creating a plan.

This is only a summary of ExtendCare benefits. Actual terms and conditions contained in the rider govern all benefits provided. Please see the rider for more detailed information. Available only at issue and at an additional cost. Assumes medical and financial underwriting qualifications at time of initial application.

ExtendCare (Form L630 or Form ICC12-L630) is available only at issue and at an additional cost. Actual terms and conditions contained in the rider govern all benefits provided. Please see the rider for more detailed information. Assumes medical and financial underwriting qualifications at time of initial application.

ExtendCare falls under IRC Sec. 101(g) Accelerated Death Benefit guidelines and does not fall under health regulations. This differentiation could affect eligibility for public assistance programs such as Medicaid, Supplemental Income, or others. Purchasers should consult a qualified advisor along with legal or tax advisor to determine if the rider will affect their initial or continued eligibility for public assistance programs or other tax-related decisions.

This is a life insurance benefit that also gives you the option to accelerate some or all of the death benefit in the event that you meet the criteria for a qualifying event described in the policy. This policy or certificate does not provide long-term care insurance subject to California long-term care insurance law. This policy or certificate is not a California Partnership for Long-Term Care program policy. This policy or certificate is not a Medicare supplement (policy or certificate).

The ExtendCare benefits are intended to be received on a tax-favored basis under Section 101(g) of the Internal Revenue Code. Once eligible for the benefit, policyholders will receive a monthly payment (not exceeding 5% of the base policy's death benefit amount or the current per diem equivalent) accelerated from their policy's death benefit. The ExtendCare rider is intended as a non-medical supplement. While long-term care riders pay temporary and permanent claims, policyholders with the ExtendCare rider will qualify for accelerated monthly benefits after being certified by a licensed healthcare practitioner as chronically ill for a period that is expected to last one year. Additionally, if the benefits for a stand-alone long-term care policy are not used, the policy may end with no payment while the face amount of a life insurance policy with an accelerated death benefit rider will remain intact if the benefits are not used. Once you qualify for the benefit, payments continue every month during the benefit period regardless of whether expenses are actually incurred.

Insurance products issued by Protective Life Insurance Company ( PLICO), Birmingham, AL. Neither PLICO or its representatives render legal or tax advice. Information in this summary is based on current tax laws that are subject to change. Individuals should consult their attorney or tax advisor regarding their individual situation. All payments and all guarantees are subject to the claims-paying ability of Protective Life Insurance Company.

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|---|---|---|
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# Consider the Reasons

## —Offering ExtendCare℠ with New Universal Life Policies

At Protective Life, we take the long view and commit to delivering real value to clients. Those who purchase a Protective solution take an important step in creating a stable and protected future for their loved ones. By adding our ExtendCare rider to a universal life policy, your clients can rest assured knowing they can accelerate their death benefit for chronic illness needs.

### A Simple Payment Method

By using the indemnity model, no bills need to be submitted to receive the monthly benefit. Additionally,

- Proof of care is not needed
- Benefit may be used for medical or non-medical reasons
- Care may be given by a licensed caretaker or family member

### Charges Waived While on Claim

ExtendCare provides benefit payment protection and flexibility, meaning the policy owner will not need to pay premiums or policy expenses while on claim.

### No Health License or Additional CE Required

ExtendCare is not a health-based product. It does not require separate licensing or continuing education to sell it.

### Condition Does Not Have to be Permanent

To be eligible for benefits, there is an expectation that the condition will last one year.

### Permanent Waiver

Premiums and policy expenses are permanently waived with the third consecutive chronic illness certification. If a client recovers before exhausting the death benefit, the remainder will stay in force for the rest of the client's life[1].

### Custom Monthly Benefit

ExtendCare allows clients to choose a maximum monthly benefit up to 5% of the base policy's death benefit amount[2]. At time of claim, the client can specify the monthly benefit they wish to receive, up to the original specified amount.

[1] Subject to lapse caused by withdrawals or loans.
[2] Not to exceed the current per diem equivalent.

Protective®
Life Insurance Company

# Let's deliver on our promises. Together.

**Contact your BGA or the Protective Life Sales Desk** to request an illustration and learn more about ExtendCare.

**877.778.3500, option 1** **www.myprotective.com**

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ExtendCare (ICC12-L630 and L630) is issued by Protective Life Insurance Company (PLICO) ,located in Birmingham, AL. Subject to underwriting and up to a 2-year contestable and suicide period. Benefits adjusted for misstatements of age or sex. Consult policy for benefits, riders, limitations and exclusions. In Montana, unisex benefits and rates apply. Policy form numbers, product features and availability may vary by state.

ExtendCare falls under IRC Sec. 101(g) Accelerated Death Benefit guidelines and does not fall under health regulations. This differentiation could affect eligibility for public assistance programs such as Medicaid, Supplemental Income, or others. PLICO does not render legal or tax advice. Purchasers should consult a qualified advisor along with legal or tax advisor to determine if the rider will affect their initial or continued eligibility for public assistance programs or other tax-related decisions.

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