Many people mistakenly believe government programs, like Medicare and Medicaid, will provide all the long-term care services people need. But, it's not realistic to expect the government to pay for the long-term care expenses of every American. That's why many states encourage their residents to take accountability for their own long-term care needs by purchasing a long-term care insurance policy through a state-sponsored partnership program.

Medicare

Generally, Medicare does not pay for long-term care services. Instead, it provides limited coverage to help people recover from an illness or injury.

- Pays for "skilled care" in a nursing home only when medically necessary and only for a limited period of time
- Does not cover the "custodial care" many people need at home, like help with bathing, dressing or meal preparation

Medicaid

Medicaid provides long-term care assistance for people who have exhausted their personal resources and have no other means to pay for their care.

- Provides for both "skilled care" and "custodial care," but generally, only in a nursing home
- Requires assets to be spent down to meet eligibility requirements

Partnership-Qualified Long-Term Care Insurance

A partnership-qualified long-term care policy allows people to protect a portion of their assets in the event they need to apply for Medicaid.

- Covers both "skilled care" and "custodial care" in any setting – home, assisted living facility or nursing home
- Provides added protection should you use all the benefits of your policy and need to apply for Medicaid

Why Mutual of Omaha

Over 50 years of Mutual of Omaha's Wild Kingdom taught us that the animal kingdom and the human kingdom have something in common ... an instinct to protect what matters most. Through insurance and financial products, we help people protect their lives, protect their families, protect their kingdoms.

MutualofOmaha.com

Mutual of Omaha

LONG-TERM CARE PARTNERSHIP PROGRAM

You're in the Driver's Seat

Decide where the road will take you.

Mutual of Omaha | Underwritten by Mutual of Omaha Insurance Company

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Partnership Programs Explained

Many states and private insurance companies have partnered to help people plan for long-term care. The insurance companies offer long-term care policies that meet criteria specified by each state that participates in the program. In turn, the states agree to provide Medicaid asset protection to people who purchase a partnership-qualified policy.

The Benefits of a Partnership-Qualified Policy

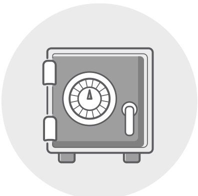
When you purchase a partnership-qualified long-term care policy, you're not only taking responsibility for your long-term care needs, you're taking control of what happens to you in the future. With a partnership-qualified policy, you're able to:

Get the Coverage You Need

Your long-term care policy provides the funds to help you pay for the care you need in the setting that's right for you.

Protect a Portion of Your Assets

Should you use all the benefits of your policy and still need long-term care services, you can apply for Medicaid and protect a portion of your assets from the "spend down" requirement, allowing you to have something to pass on to your heirs.



Have the Security of a Safety Net

Even if you never plan to apply for long-term care benefits under Medicaid, you'll still have peace of mind knowing you have this safety net.

How Asset Protection Works

When you own a partnership-qualified long-term care policy, you're able to protect one dollar of personal assets for each dollar your long-term care policy pays in benefits.

If your long-term care policy pays

$100,000* in benefits

You're able to protect

$100,000* in personal assets

This is above and beyond the assets you're allowed to keep in order to qualify for Medicaid.

Make Sure You're Getting a Partnership-Qualified Policy

You can be confident that the long-term care policies offered by Mutual of Omaha Insurance Company (Mutual of Omaha) have been certified to meet the guidelines of your state's partnership program.

Your Mutual of Omaha insurance agent/producer will help you determine if long-term care insurance is right for you and advise you on any state-specific requirements to ensure your policy is partnership-qualified.

What You Need to Know About Medicaid

Eligibility Requirements

To be eligible for long-term care benefits under Medicaid, you must meet income and asset requirements. This may require you to "spend down" your assets to a minimum level – typically around $2,000 for an individual. This includes savings accounts and investments, but excludes personal possessions, one car, a limited amount of life insurance and certain other items. Also, if your spouse remains at home, he or she may be able to avoid impoverishment by keeping a portion of the assets you own as a couple.

Transfer of Assets

There's a five-year "look-back" period to prevent people from transferring assets one day and qualifying for public benefits the next. Any transfer of assets that occurs within five years of the date you apply for Medicaid will trigger a period of ineligibility.

Home Equity Limits

In most states, Medicaid won't cover long-term care services for people with home equity in excess of $500,000 (states have the option to increase this to $750,000). In all states, the home may be kept with no equity limit if a spouse or dependent relative lives there while you receive Medicaid-provided long-term care services.

Estate Recovery

Medicaid should be considered a loan, not an entitlement. Following your death, your state may attempt to recover from your estate whatever it paid in benefits for your long-term care services under the Medicaid program.

[1] https://www.congress.gov/bill/109th-congress/senate-bill/1932
[2] https://longtermcare.acl.gov/medicare-medicaid-more/medicaid/medicaid-eligibility/financial-requirements.html 2017