



PROVIDES SIGNIFICANT ADDITIONAL VALUE FOR CONSUMERS

MEDICAID ASSET PROTECTION:

- **At no extra cost to the consumer, Partnership policyholders can protect \$1 of their assets for every \$1 their Partnership policy pays in benefits, if they need to access Medicaid after first using their private insurance or when they become eligible for Medicaid even while still using their private insurance. The Partnership requires quarterly asset protection reports be sent to each policyholder who is receiving insurance payments so that policyholders know how much asset protection they have accumulated.**

NURSING HOME DISCOUNT:

- **CT state law requires CT nursing homes to provide at least a 5% reduction in their private pay rate for Partnership policyholders at no additional premium cost. This discount is not required for non-Partnership policyholders.**

SPECIAL POLICY REVIEW PROCESS:

- **Partnership policies undergo a rigorous review process involving the Office of Policy and Management and the Insurance Department to assure that Partnership policies meet the required Partnership consumer protection standards and that the policy language is clear and understandable.**

CONSUMER PROTECTION STANDARDS:

- **All Partnership policies must include several very important consumer protection provisions designed to assure that the Partnership policy's benefits are meaningful. These provisions are available in non-Partnership policies, but are not required to be included. Non-Partnership and Partnership policies from the same insurance company that include identical benefits have the same premium.**
 - ♥ **AUTOMATIC 3.5% COMPOUND INFLATION PROTECTION:**
Insurance coverage increases yearly at no less than 3.5% compounded to keep up with inflation.
 - ♥ **MINIMUM INSURANCE DAILY BENEFIT AMOUNTS:**
Minimum daily benefits must be purchased with a Partnership policy to help assure the benefits are meaningful. The minimum Daily Benefit Amounts increase 3.5% each year.

♥ **DETAILED BENEFIT TRIGGER LANGUAGE:**
Partnership policies must include very specific language defining both the physical and cognitive impairment benefit triggers in the policy. The benefit trigger provision is one of the most important provisions since benefits cannot be accessed until the benefit trigger is met. Clear, concise language that is binding on the insurance company through the policy contract is essential in providing consumers protections and options if their claim is denied.

♥ **EXTENSIVE HOME & COMMUNITY-BASED SERVICES:**
In an effort to assure that the benefits for Home and Community-Based Services are extensive and meaningful, Partnership policies must offer not only skilled home care services, but also supportive services to help a policyholder remain at home for as long as possible.

The Home and Community-Based Benefits must include, at a minimum:

- Skilled Nursing Visits
- Physical, Speech, Occupational and Respiratory Therapies
- Extensive Case Management Services, including Plan of Care Development, Coordination and Monitoring of Services and Reassessments
- Homemaker Services without the requirement that other services must be provided as well
- Adult Day Care
- Home Health Aide Services
- Respite Care

♥ **ANCILLARY SERVICES COVERED IN NURSING HOMES:**
Ancillary services in nursing homes, such as laundry, physical, speech, occupational and respiratory therapy, must be covered above and beyond the “room and board” charge if there is enough benefit available within the policy

CONSUMER EDUCATION:

- The Partnership provides consumers with objective information on long-term care, Medicaid, Medicare, long-term care insurance and the Partnership through:

♥ **CONSUMER PUBLICATIONS**

♥ **WEBSITE – WWW.CTPARTNERSHIP.ORG**

♥ **STAFF AND TRAINED VOLUNTEERS ABLE TO ANSWER QUESTIONS IN PERSON, BY PHONE (1-800-547-3443) OR BY EMAIL (DAVID.GUTTCHEN@CT.GOV)**

♥ **PUBLIC PRESENTATIONS/SPECIAL INSURANCE AGENT TRAINING**