

Arctos Foundation / HCG Secure

2022
Long-Term Care
Perceptions & Preparation:
A Middle-Income Market Study

Research Report

January 19, 2022

Background and Research Objectives

- When it comes to long-term care coverage, the middle-income market often falls through the cracks:
 - These households make too much money to qualify for Medicaid.
 - They do not have the resources in place (and usually a limited capacity) to cover costs they would incur if they needed any substantial amount of long-term care, including assistance with daily living tasks.
- The goal of this project is to understand the degree to which the middle-income market is prepared or preparing for their own long-term care needs.
 - One hypothesis suggests there is a lack of understanding about what is and is not covered by personal insurance and/or Medicaid.
 - Another assumption is that fewer people assume they will need care than is likely to be the case, and most are not up-to-date on or prepared to cover the costs.

Research Approach

- In December of 2021, an online survey was conducted with n=402 respondents who met the following criteria:
 - Age 40-64 years of age,
 - With a household income of \$75,000-\$150,000, and
 - Living in a household where either they or their spouse are working full-time:
 - NOTE: A small percentage of respondents were working part-time or retired. This percentage was low in this segment and capped at < 50 respondents.
- The sample was adequately balanced to align age, gender, income, and geographic region with Census characteristics.
- All differences noted in this summary are significant at the 90% confidence level.

Highlights

Characteristics and Experiences:

- The focus of this study was on experiences and perceptions of individuals between the ages of 40-65, with a household income between \$75,000-\$150,000, living in households with an adult who is employed full-time. Over three-quarters have a spouse or partner, and two-thirds have children. Roughly six in ten have both.
- About one-quarter have had a first-hand experience with long-term care through a parent.

Health, Health Insurance, and Planning:

- Most of these individuals consider themselves (and their partner) to be *relatively* healthy today, although few classify themselves as “very healthy.” Over one in ten suffer from high blood pressure, sleep difficulty, back problems, arthritis, depression and diabetes. Logically, as the number of conditions increases, their average self-reported health rating decreases.
- Almost all have health insurance, mostly through an employer plan, and roughly two-thirds have life insurance. Only about one in ten have long-term care insurance. Financial plans, financial wills/trusts, and health care directives are in place for three-to-four in ten. Financial wills/trusts and health care directives are among the items people hope to set up soon. This leaves about one in ten with no plans in place or on the horizon. Those with partners and children are more likely to have life insurance but are no more likely to have long-term care insurance.
- Some have taken steps to convey their expectations and desires about how they would want to be cared for, if long-term care is needed, but over half have had no discussions with family/friends to-date. About one-third have talked to a spouse or partner and one-fifth plan to have conversations with family members in the next few years. This leaves slightly less than one-third with no discussions to-date or planned. Those without children are the most likely to have had no discussions and no plans to have discussions in the next few years. Those with current partners and children are much more likely to have discussed their plans with their children compared to those who have children but no current spouse/partner.

Highlights (continued)

Future Needs and Resources:

- Just over half feel there is a good chance they will personally need assistance with daily living tasks as they age, and almost two-thirds feel their household will be impacted (because they or their partner will need long-term care). The most common factors that contribute to the assumption they are unlikely to need long-term care are good habits and no negative family history; the most common factor suggesting they will need it is a current health condition.
- Not surprisingly, most (seven in ten) would prefer to receive care at home. Those with a partner are slightly more likely to state this, along with those who have had a parent who needed long-term care. About one in ten indicate at-home care is the only option they will consider; this is slightly more common among men than women.
- Others realize it may be necessary to live in a senior living community or facility. If physical support is needed, most assume it will be provided by their partner or children, if they have them, or a paid care-giver. The primary source of funds they assume they would use to cover ADL costs would be their own personal savings/retirement account, or government insurance. It is worth noting that one-fifth are not sure how they would cover these costs. Among those who expect physical support to be provided by a family member, over half expect a moderate-to-major amount will be provided through these family members.

Previous Experience with Parents who Needed Long-Term Care:

- About one-quarter of this segment have had a parent who needed long term care or assistance with daily living tasks. Roughly three-quarters of these parents received at least some of their long-term care in their home or the home of a family member or friend. A little less than half received at least some care in an assisted living facility, memory care unit, or a nursing home. Paid caregivers provided support for more than half, followed by adult children. Adult children were the ones predominantly responsible for navigating care options. The level of satisfaction with the care received is moderate.
- Costs were covered through personal savings/investments and then from government insurance/sources. About one-third feel their parents were not very or not at all prepared to cover the costs associated with their care. Half of these individuals feel the cost of their parent's care was about as expected. About one-quarter feel the costs were higher, driven more by those who experienced some care provided outside the home. The one-tenth who feel costs were less than expected were made up almost exclusively of those with parents receiving some care in their own home or the home of a family member or friend.

Highlights (continued)

Rates and Costs:

- Less than one-tenth of these individuals feel they are very aware of the costs associated with long-term care and nursing home costs, and about half are not at all aware. In addition, about half are unaware that Medicare does not cover costs associated with daily living assistance. If respondents could not rely on family/friends for financial help, about two-thirds would not be prepared to cover them.
- When asked to give top of mind estimates for rates and costs associated with long-term care, these individuals tend to list rates that are far below the actual rates and costs associated with this type of care in the U.S.
 - When asked to specify the percentage of the population likely to need some assistance with daily living after the age of 65, their average value is 43% when the actual rate is closer to 70%.
 - When asked to estimate the annual costs of such care, their average value is \$34,400 when the actual is closer to \$54,000.
- When shown actual costs, half feel the costs are higher than they expected and indicate they would not be at all prepared to cover them if they needed long-term care. Those who are younger (40-54) are more likely than those who are older (55-64) to feel “not at all prepared” to cover these costs, along with those without long-term care insurance today.

Thinking ahead:

- Three-quarters said that learning more about long-term care costs and reflecting on their own state may cause them to change what they do now to get more prepared. The most common thought is that they should be saving more to cover long term care services, and some want to revisit their overall plan and look into coverage options more thoroughly.
- When these individuals are made aware of the average likelihood a person will need some long-term care and see typical costs, over half say they would be interested in a hearing about a more affordable insurance option designed to cover assistance with daily living tasks.

More detail is provided in the body of the report that follows.

Respondents

Demographic Characteristics

In this market segment, over three-quarters have a partner and two-thirds have children. About one-quarter have some first-hand experience with long-term care through a parent who needed assistance.

Set-1	Total (n=402)	Set-2	Total (n=402)	Set-3	Total (n=402)
<u>Gender:</u>		<u>Education:</u>		<u>Race:</u>	
% Female	51%	High school or GED	7%	White	84%
% Male	49%	Some college or tech	19%	Black	5%
<u>Age:</u>		College degree	45%	Asian	8%
40-49	39%	Post grad work or degree	29%	Hispanic	6%
50-59	42%	<i>NET College Degree:</i>	74%	American Indian	1%
60-64	18%	<u>Work Status:</u>		<i>NET Not Only White</i>	20%
<u>Income:</u>		Respondent Full-time	87%	<u>Other Classifications:</u>	
\$75K-\$99.9K	43%	Spouse Full-time	75%	Vet status*	9%
\$100K-\$124.9K	34%	Full-time household (HH)	91%	Physical/mental disability	7%
\$125K-\$150K	23%	<u>Family Make-Up:</u>		<u>Parent(s) of Respondent:</u>	
<u>Marital Status</u>		Have children (any age)	67%	Parent needed LTC aid**	27%
Living with partner	77%	Have a partner & children	58%	>1 household needed aid	3%

*Current/past member of the U.S. Armed Forces, Reserves, or National Guard

**There is a section in the report on experiences with this situation

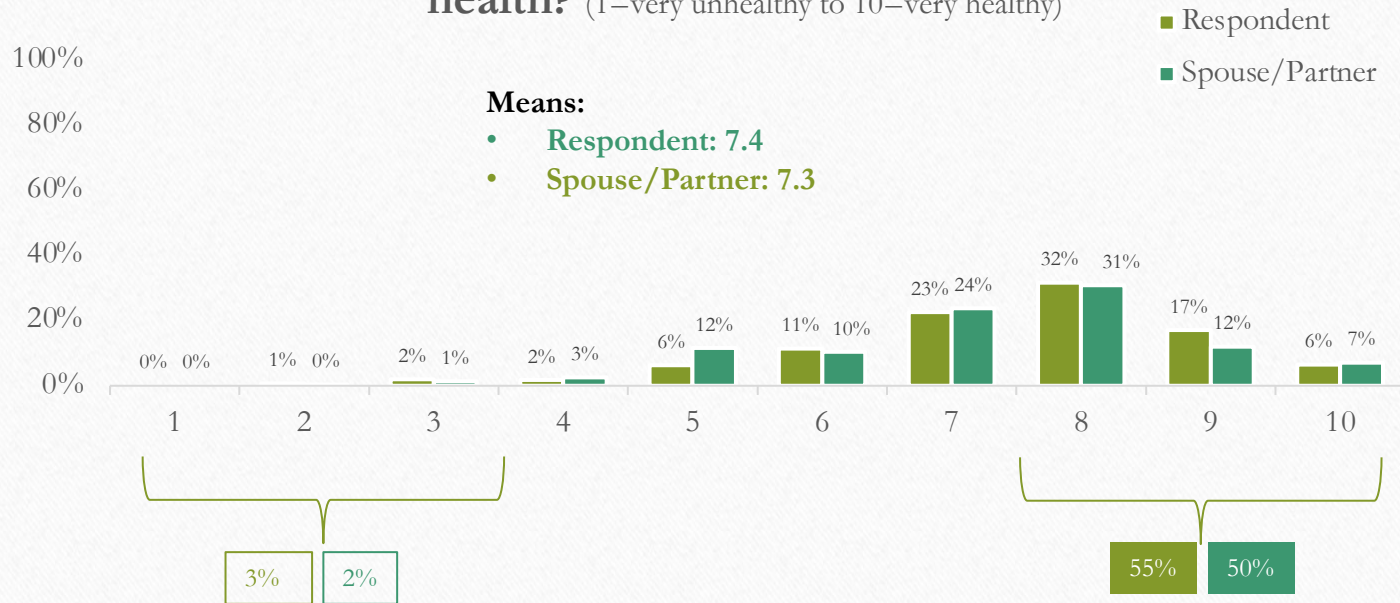
Health, Health Insurance, and Planning

Current State & Steps Taken

When asked to rate their overall health, most respondents consider themselves (and their partner) to be relatively healthy today; over half are in the top-3-box range. However, relatively few classify themselves as a 9 or 10.

- There are no substantive differences across demographic sub-groups within this target segment.

On a scale from 1-to-10, how would you rate your overall health? (1=very unhealthy to 10=very healthy)

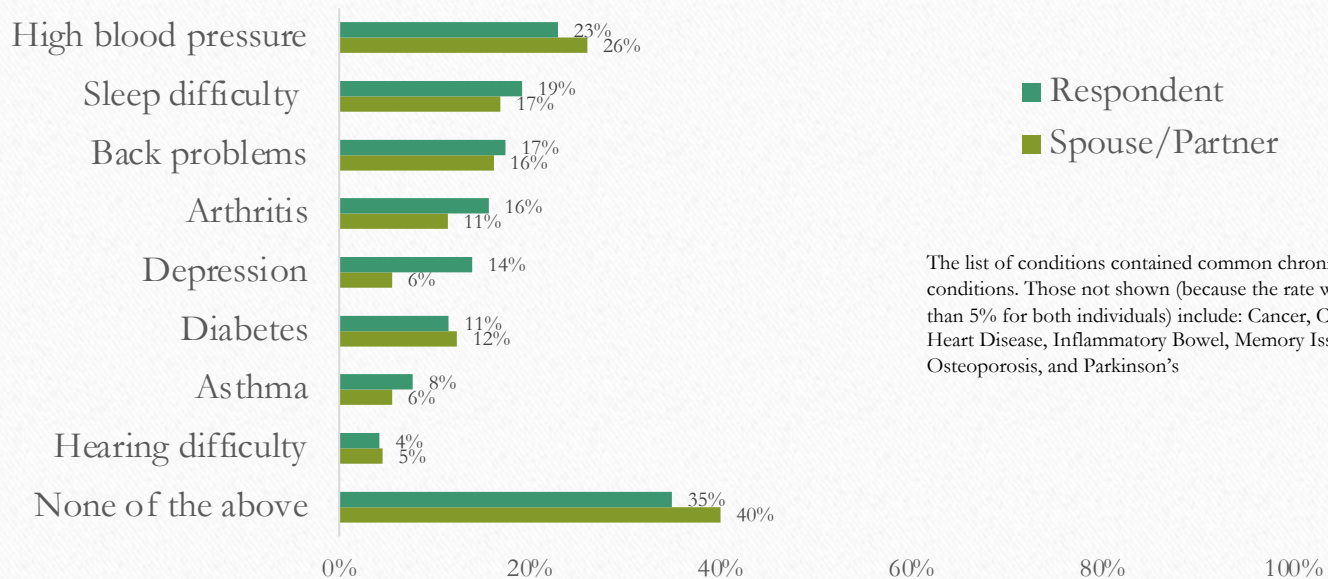


Regardless of self-reported health, respondents identified their own medical conditions from a list of the common ailments. The most common conditions are high blood pressure, sleep difficulty, and back problems.

- The biggest difference in condition rates is for depression, where respondents are over twice as likely to report it for themselves than their spouse. It is possible that actual rates are similar, but this condition is not being openly discussed.

Which of the following conditions [do you / does your spouse/partner] have, if any?

NOTE: Only those with at least 5% are shown



The list of conditions contained common chronic conditions. Those not shown (because the rate was less than 5% for both individuals) include: Cancer, COPD, Heart Disease, Inflammatory Bowel, Memory Issues, Osteoporosis, and Parkinson's

To explore what conditions correlate most to lower levels of self-reported health, the sample was split into 4 sub-groups based upon their ratings.

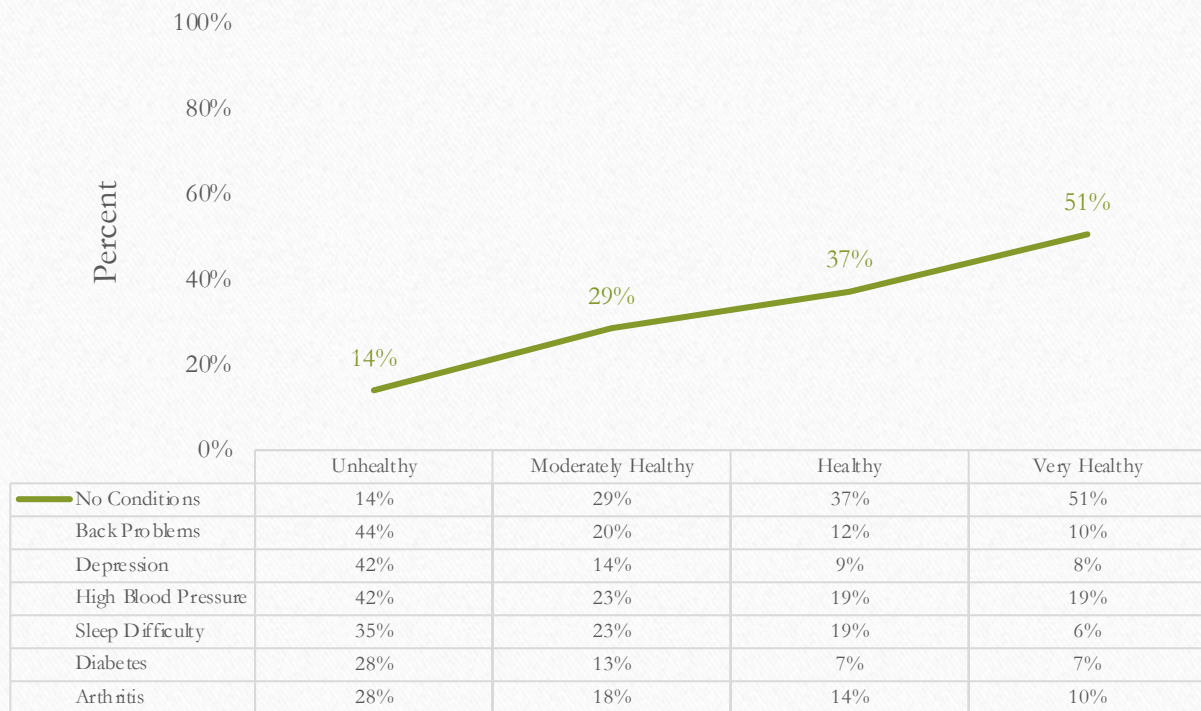
- Below are the sub-segments and their respective sample sizes.
- The scale was split up into logical sub-groups with relatively stable sample sizes.

Health Rating Sub-Groups (1-10 scale)					
Rating →	Unhealthy (1-5)	Moderately Healthy (6-7)	Healthy (8)	Very Healthy (9-10)	Total
Respondent	n=43	n=137	n=127	n=95	n=402
Partner	n=49	n=105	n=95	n=59	n=308

The majority of those who rate themselves as being “unhealthy” have at least one of the listed conditions. Half of those on the “very healthy” end of the scale report having none.

- The most substantial differences surface for the 6 conditions below.

Percentage of the “No Condition” Rate by Health Rating Sub-Group*



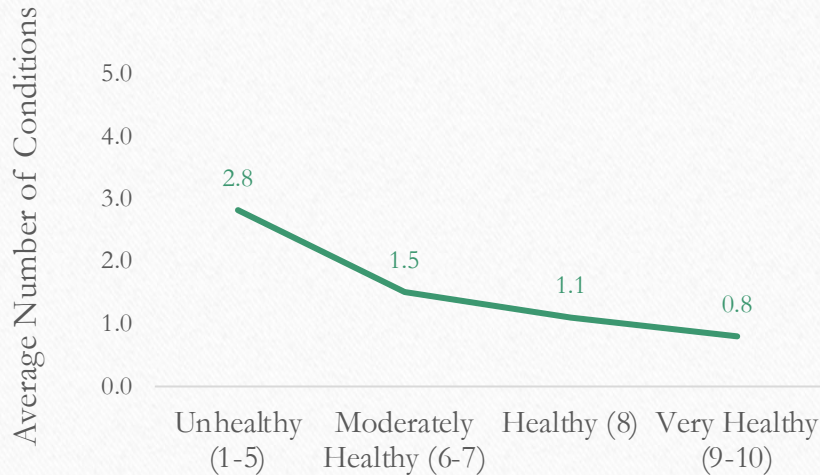
Other conditions not shown include: Asthma, Cancer, COPD, Hearing Difficulty, Heart Disease, Inflammatory Bowel, Memory Issues, Osteoporosis, Parkinson's

*This is for the respondent. The same relationships exist for the partner

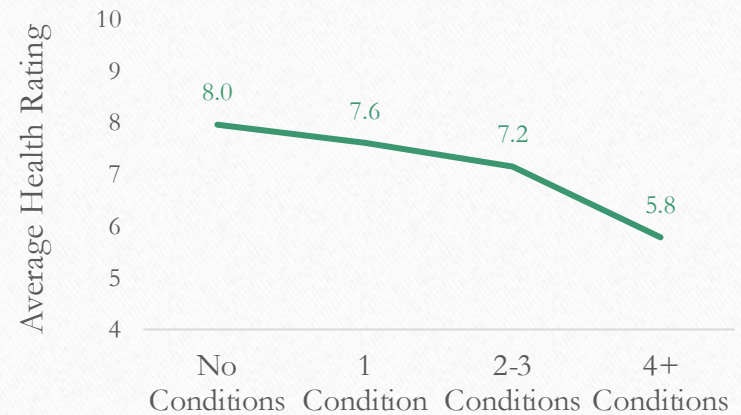
As the number of conditions increase, the average self-reported health rating decreases and vice versa.

- Below are the sub-segments and their respective sample sizes.

Average Number of Conditions by Health Rating



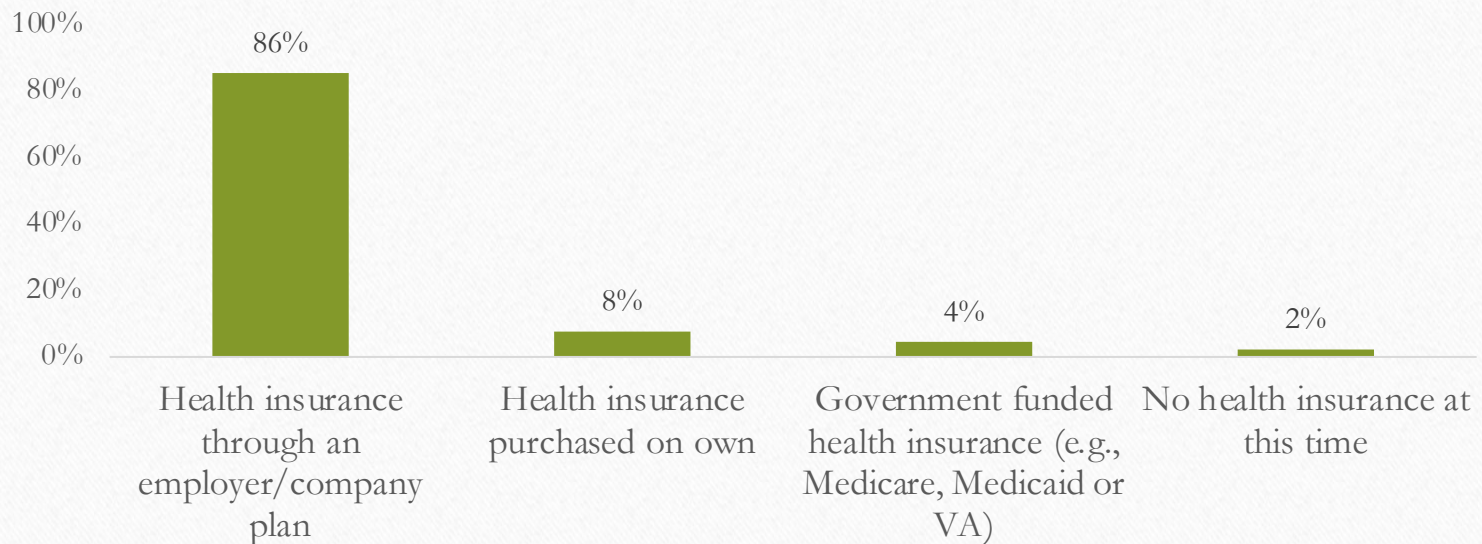
Average Health Rating by Number of Conditions



Next, respondents were asked about their current insurance. Almost all have health insurance, mostly through an employer plan.

- NOTE: 5 of the 9 respondents without health insurance classify themselves in the “unhealthy” range (1-5 rating on the 1-10 scale).

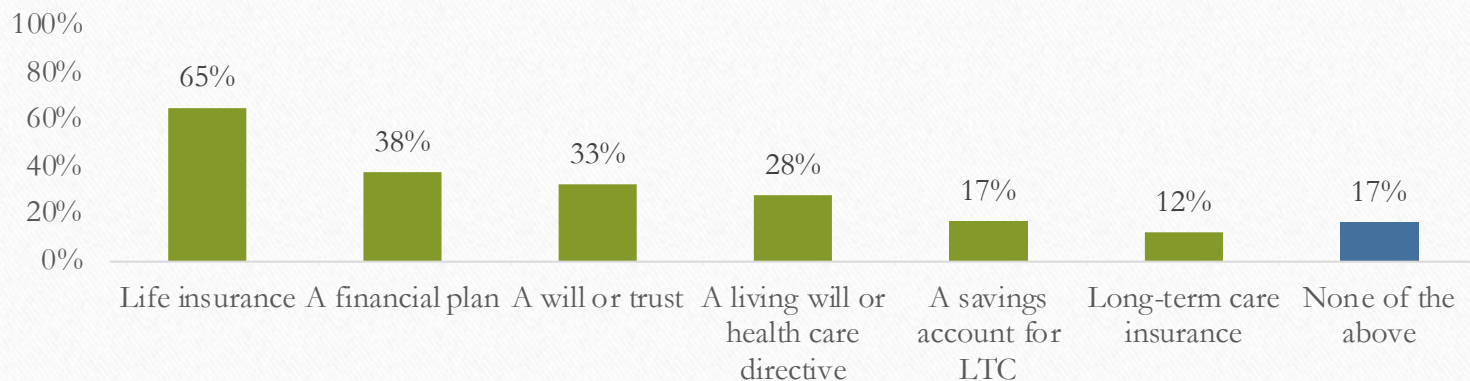
What type of health insurance, if any, do you currently have?



In terms of other plans and funds, almost two-thirds have life insurance and only about one in ten have long-term care insurance. Financial plans, financial wills/trusts, and health care directives are in place for three-to-four in ten.

- Men are more likely than women to currently have a LTC designated savings account/investment plan in place (22% vs. 13%).
- Those who are older (55-64) are more likely than those who are younger (40-54) to have a financial will and a health care directive in place (44% vs. 26% for a will/trust and 37% vs. 23% for a health care directive).
- Those with a partner are more likely to have life insurance (69% vs. 54%), along with those without a college degree (74% vs. 63%).
- Those who have children are more likely than those without to currently have life insurance (71% vs. 53%) and a LTC designated savings account/investment plan in place (20% vs. 11%).

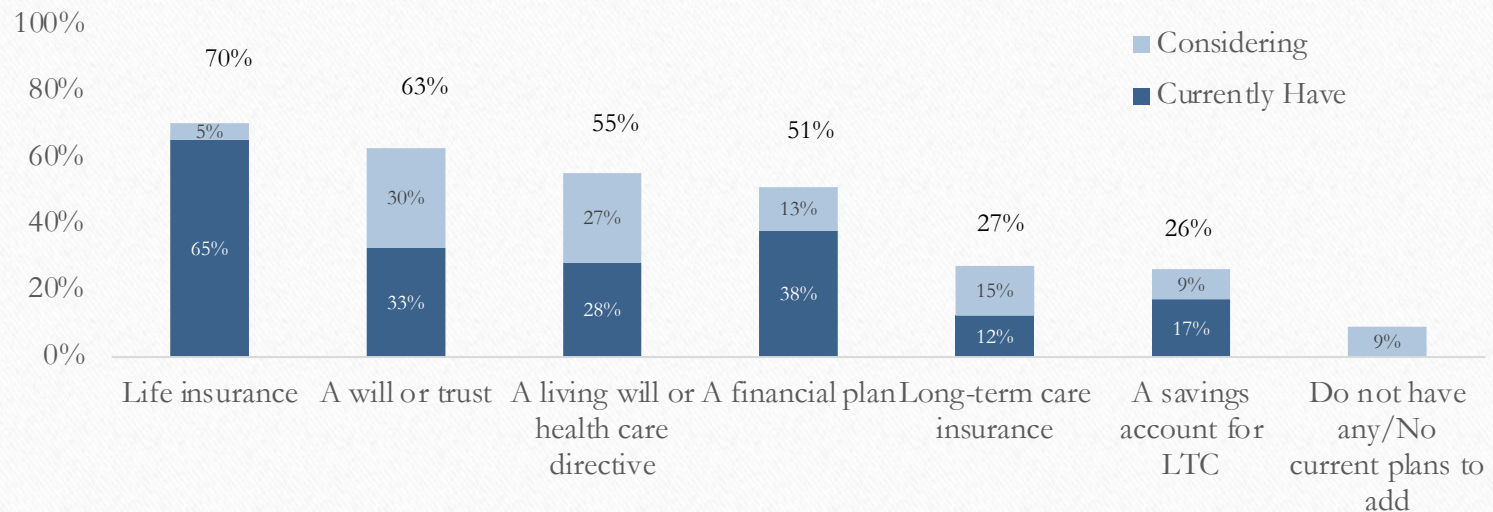
Which of the following, if any, do you have in place at this time?



Financial wills/trusts and health care directives are the items people hope to set up soon. About one in ten have no plans in place or on the horizon.

- Men are more likely than women to currently have or intend to have a financial plan (58% vs. 45%).
- Those who have children are more likely to have or intend to have life insurance (77% vs. 58%).
- Those with a partner are more likely to have or intend to have life insurance (74% vs. 61%).

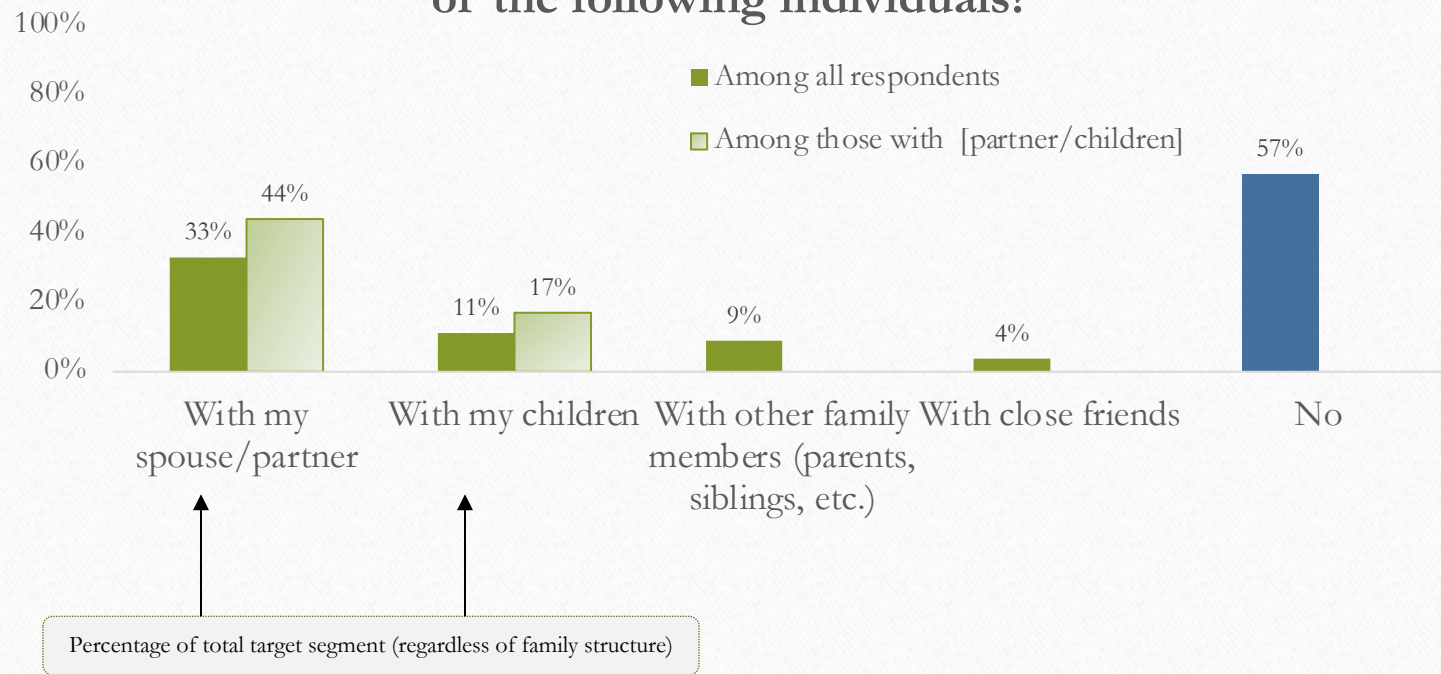
Which of the following, if any, are you seriously considering getting in the next few years?



Over half of the overall target segment have had no discussions with family/friends about LTC desires; about one-third have talked to a partner (which is over four in ten among those with a partner).

- There are no substantive differences by demographic sub-segments.

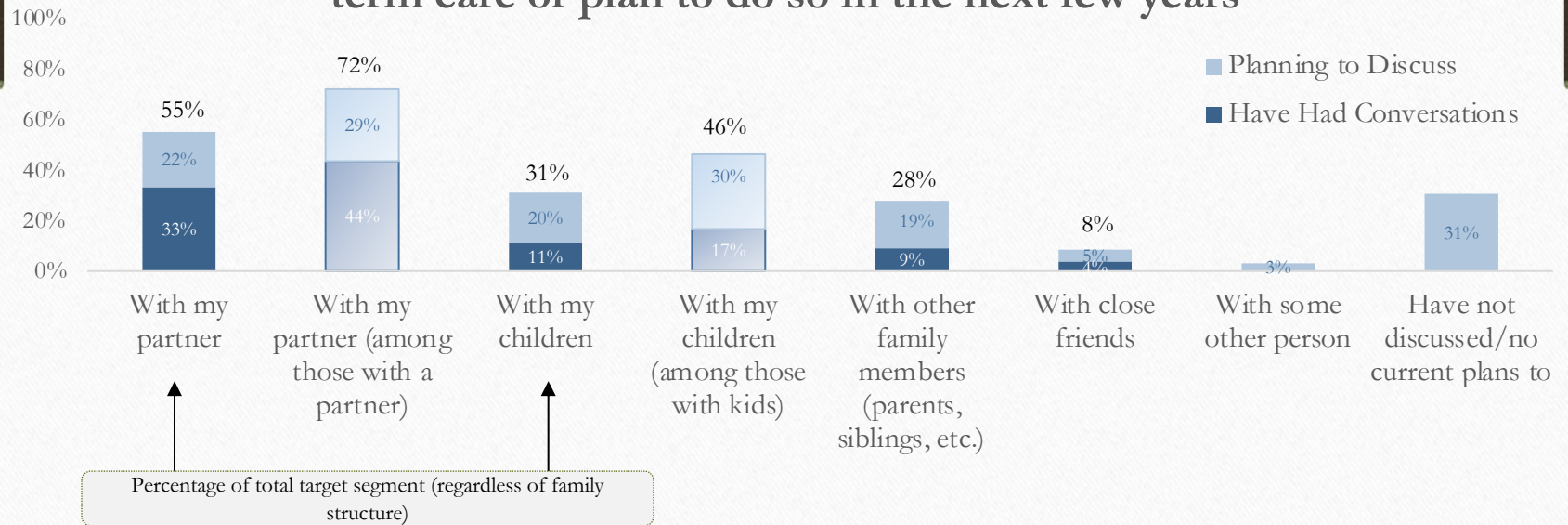
Have you had any conversations about your wishes and expectations for your potential long-term care with any of the following individuals?



About one-in-five plan to have near-term conversations with family members. This leaves slightly less than one-third who have no discussions completed or planned.

- Those without children are the most likely to have NOT had discussions and have no plans to have discussions in the near future (41% vs. 26%).
- Those with current partners and children are much more likely to have discussed their plans with their children compared to those who have children but no current spouse/partner (73% vs 31%).

Have discussed wishes and expectations for potential long-term care or plan to do so in the next few years



Future Needs and Resources

Expectations & Assumptions

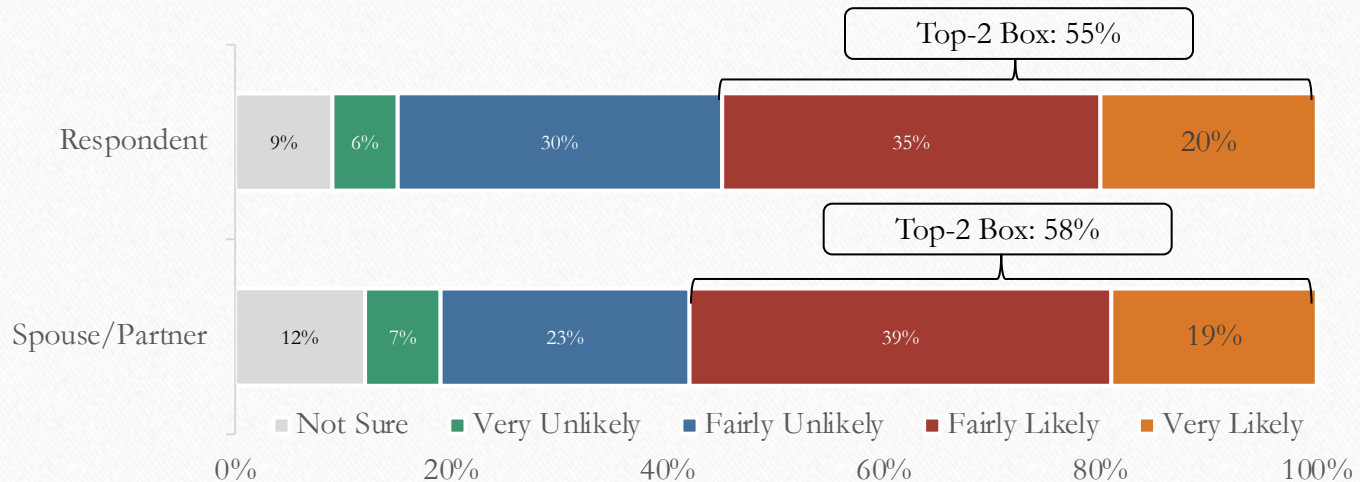
Definitions

- The following definitions were presented and referenced in specific questions:
 - **Long-term care (LTC)** refers to a variety of services which help meet both the medical and non-medical needs of people with a chronic illness or disability who cannot care for themselves for long periods.
 - **Assistance with daily living (ADL)** refers to everyday tasks that an individual would no longer be able to accomplish on their own. This includes assistance with things like bathing, dressing, toileting, transferring (moving to and from a bed or a chair), and eating.

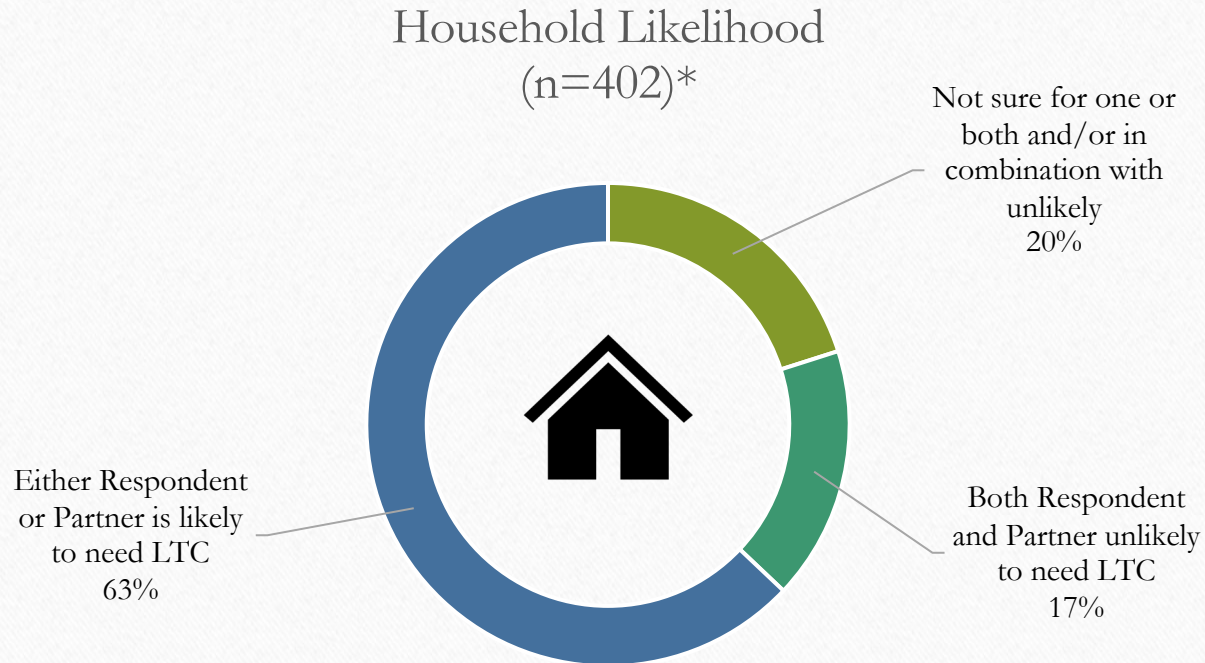
Just over half feel there is a fairly or very likely chance they may need daily living assistance in the future. Most of the rest think it is fairly unlikely.

- Over six in ten (63%) feel it is fairly or very likely either they or their spouse/partner will need daily living assistance at some point.
- Those more prone to expect LTC needs include: those with a parent who needed LTC (64% vs. 51%), those who have a partner (57% vs. 47%), and those with a college education (57% vs. 47%).

What do you think the likelihood is that [you/your spouse] will need some type of care to assist with daily living at some point in your senior years?



At the household level, the largest group (at 63%) are those who feel either they or their partner will need LTC. Less than one-fifth feel that their household will be fortunate enough not to need any LTC.



**This analysis looks across the respondent and partner likelihood ratings. If the respondent has no partner, then their rating is the one used.*

When explaining their likelihood of needing LTC, the most common factors suggesting a low likelihood to need LTC are good habits and no negative family history; the most common negative factor is a current health condition.

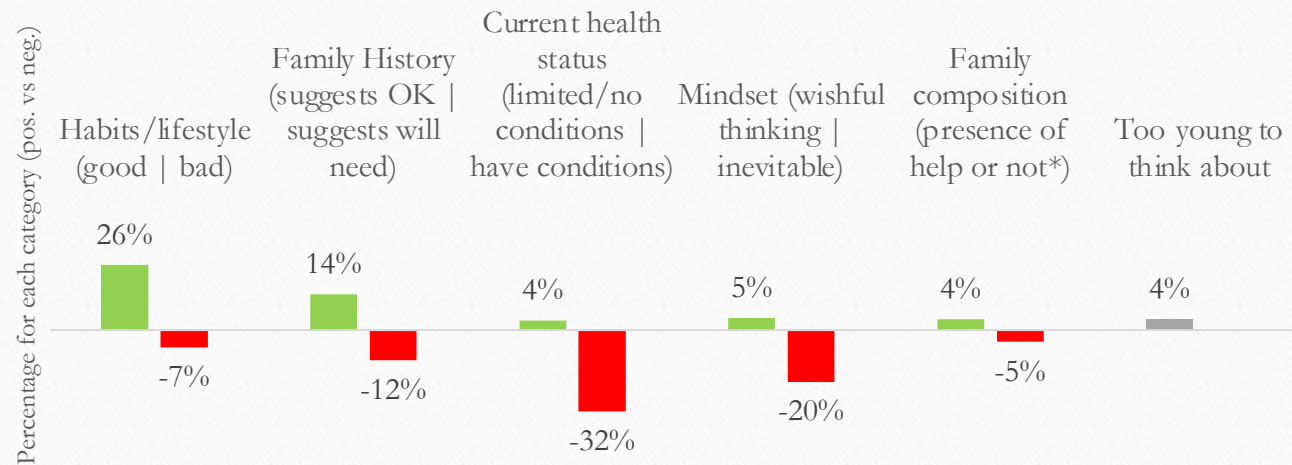
- On the negative side, other factors include feeling it is inevitable or that their family history suggests they will need it.

How does this information change how you might plan for your own future needs?

(n=344 who listed at least one factor | top codes shown)

■ Positive Factor (unlikely to need LTC)

■ Negative Factor (likely to need LTC)



*Some without children (or those not close by) assume they will need LTC. Others in the same situation assume, since they do not have any, they will have to do it alone (without LTC). Some comments about cost were the same way (e.g., I cannot afford to have LTC.)

A sampling of quotes about these factors are shown below.

• Why they are unlikely to need/plan for LTC:

- *I am 62 and in great health, I am hoping I will not have the need for long term care insurance.*
- *Good genes, healthy lifestyle, children to help me.*
- *My current health and previous medical history tend to make me believe that I probably won't need assistance with daily living. However, I do understand that anything can happen, and I may need assistance in the future.*
- *All my kids move away no one around to help as I get old.*
- *Current health and lifestyle choices.*
- *I haven't thought about it, and I don't want to.*

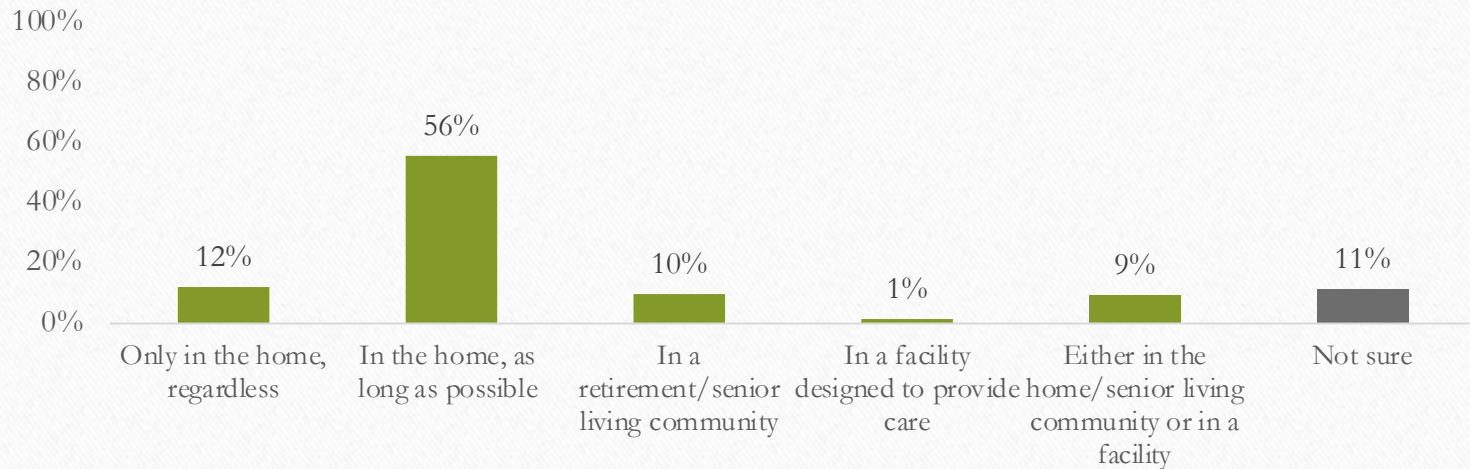
• Why they are likely to need/plan for LTC:

- *Genetics related to cancer & Alzheimer's.*
- *My cigarette smoking.*
- *I'm likely going to live long so it's inevitable that I will need care.*
- *Old age and already have many things wrong.*
- *Life is rough and you never know what factors come into play. Things can take a turn from one day to the next. My hope is that I can live a long and happy life into my senior years and not need assistance, but the plain fact is things get harder in senior years and people need help.*
- *Elderly family and friends who needed this type of care as they aged.*
- *I think most everyone that lives long enough will need long term care.*

Seven in ten want to receive care at home (and about one in ten will only consider this option). The others realize it may be necessary to live in a senior living community or facility. Some are not sure what will occur.

- Those with a partner are more likely to want to receive care in the home as long as possible (58% vs. 47%), along with those who have had a parent who needed long-term care (66% vs. 52%).
- Men are more likely than women to want to receive care only in the home, regardless (16% vs. 9%).

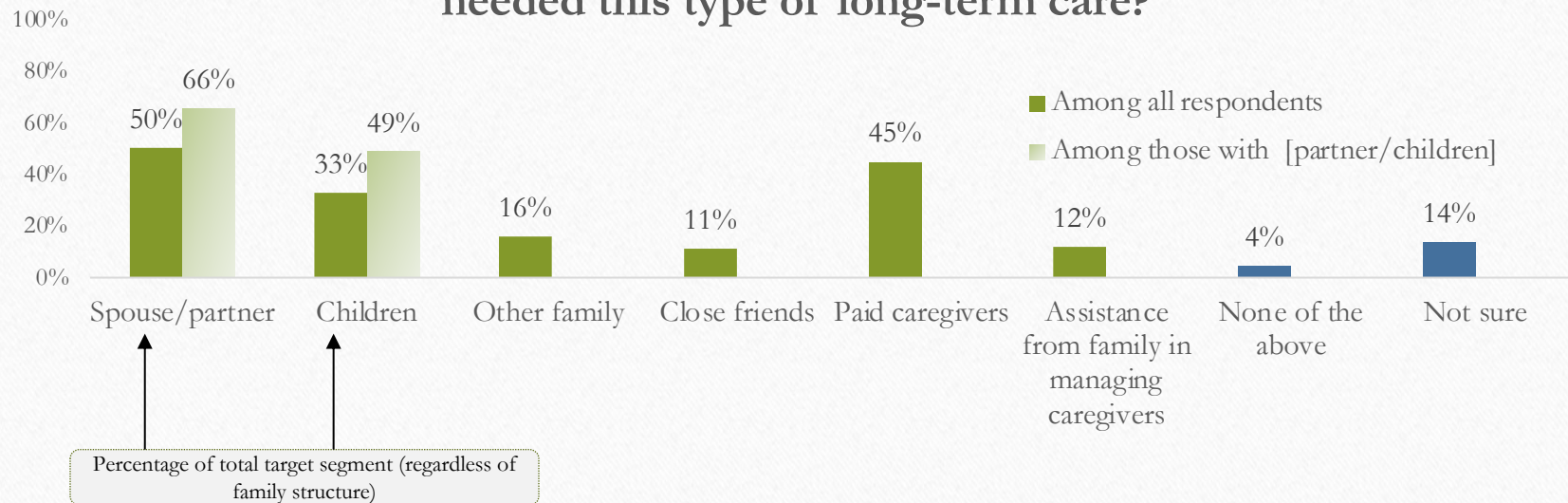
If you needed long-term care, which of the following is closest to what you wish or have conveyed in terms of where you would want to receive this care? (select one)



If physical support is needed, most assume it would be provided by their partner, their children, or a paid care-giver.

- Women are more likely than men to think paid caregivers would provide physical support (50% vs. 39%), along with those without a college degree (48% vs. 36%).
- Those with a partner are more likely to expect their children to provide physical support (37% vs. 20%). Those with children are more likely to think their partner will provide support (57% vs. 37%), while those without kids are more likely to rely on other family members (23% vs. 12%) or friends (20% vs. 7%).
- Those who have had a parent who needed long-term care are more likely to expect support from a partner (62% vs. 42%) or from paid caregivers (57% vs. 40%). Those without are more likely to be “unsure” (17% vs. 6%).

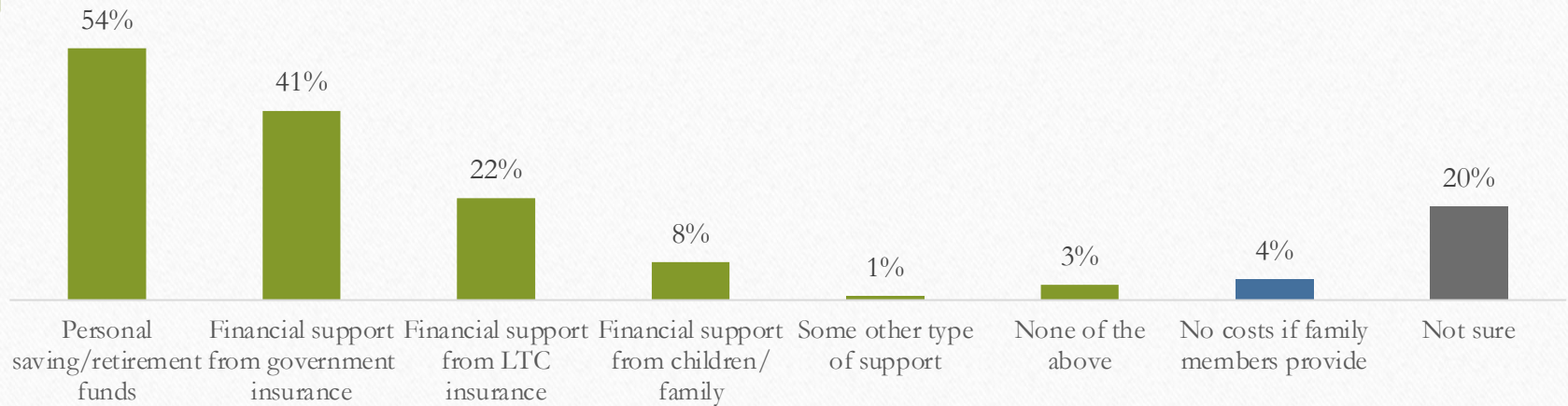
Who do you think would provide physical support if you needed this type of long-term care?



The primary source of funds used to cover long-term care costs would be their own personal savings/retirement account, or government insurance. It is worth noting that one-fifth are not sure how they would cover costs.

- Women are more likely than men to be unsure how they would cover costs (25% vs. 15%), while men are more likely to anticipate their children/other family members would cover costs (11% vs. 5%).
- Those without a college degree are more likely to think they will cover costs through their own personal accounts (59% vs. 42%) or government insurance (44% vs. 32%).
- Those who have had a parent who needed long-term care are more likely to expect government insurance to cover the costs (53% vs. 26%), even though they are also more likely to realize it won't be covered under Medicare (shown on a separate slide). NOTE: If their parent had low enough income, they may have had some care covered through Medicare.

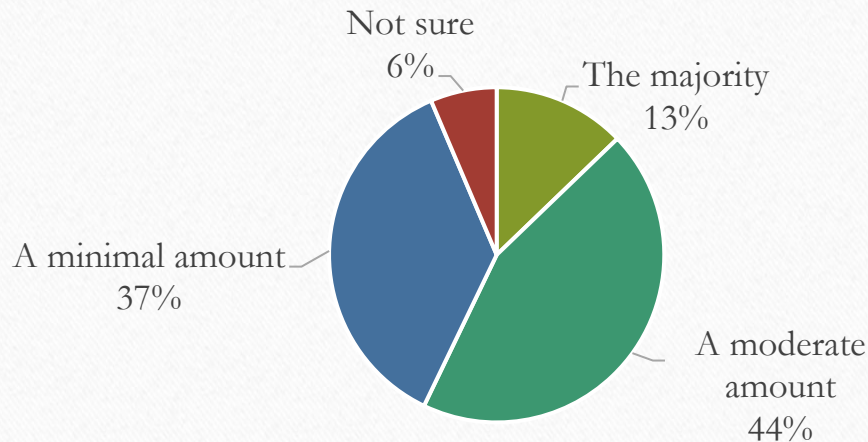
If you needed long-term care, how would you anticipate covering the costs associated with it?



Among those who expect physical support to be provided by a family member, over half expect a moderate-to-major amount will be provided.

- Men are more likely than women to expect a moderate+ level of family support (64% vs. 51%).

How would you classify the amount of physical support you would expect to be provided by family member, if needed?



Rates and Costs

Top of Mind Estimates & Perceptions

[These were asked across three different sections of the survey]

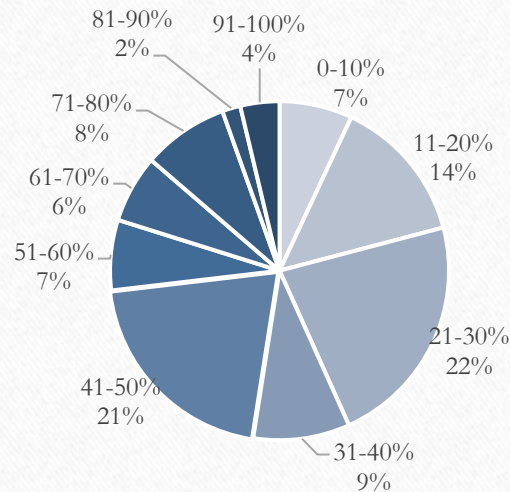
There is very little consistency in their “estimates” of what proportion of the population is likely to need assistance with daily living after the age of 65; their average is 43%

NOTE: This is their top-of-mind estimate.

- Those who gave higher than average estimates include:
 - Those who think they/their partner will need long term care (47% vs. 35%).
 - Those who have or are planning to get LTC insurance soon (49% vs. 40%).

What percentage of people need assistance with daily living after the age of 65?

[mean=43% | median=40%]

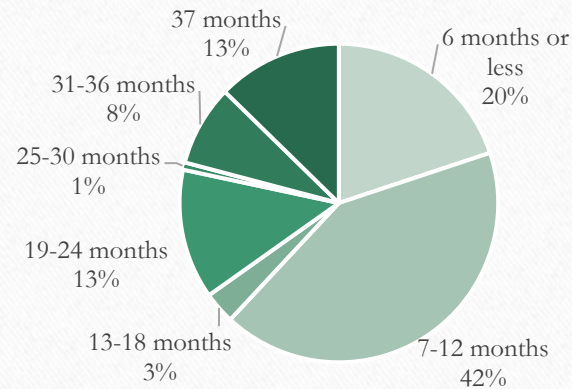


Over half “estimate” that individuals who receive assistance with daily living could probably stay in their home 7-24 months; the mean is 23 months, and the median is 12 months. NOTE: This is their top-of-mind estimate.

- Those who are 55-64 years of age think the average number of months will be longer than those 40-54 years of age (29 months vs. 19 months).
- There are no other substantive differences by demographics.

What is the average number of months an individual is able to stay in their home, when they require assistance with daily living?

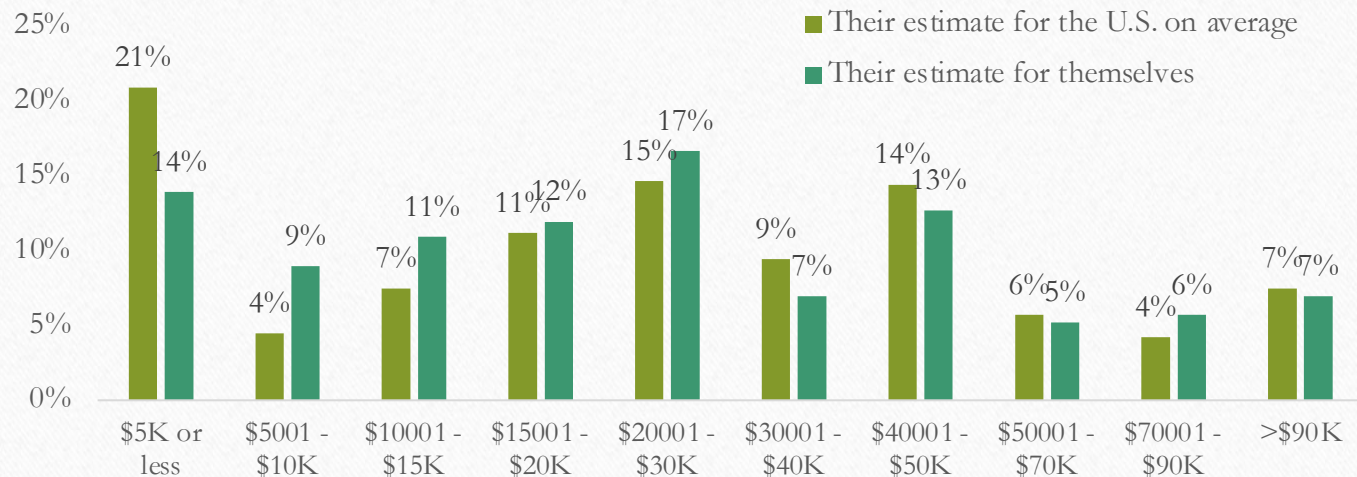
[mean=23 months | median=12 months]



Their “estimate” of the how much it would cost to cover assistance with daily living tasks varies widely. As shown below, however, respondents would expect their annual costs to be similar to an average U.S. household. NOTE: This is their top-of-mind estimate.

- The estimates vary considerably across the sample (from less than \$5K to more than \$90K). The average estimates, however, do not vary significantly from segment to segment based upon demographics or experience.
- The center of each distribution is similar when comparing their “best guesses” for their own estimated costs and those for the U.S. on average. The means are \$34.4K for themselves and \$36.2K for the U.S. The medians are \$25K and \$25.5K respectively.

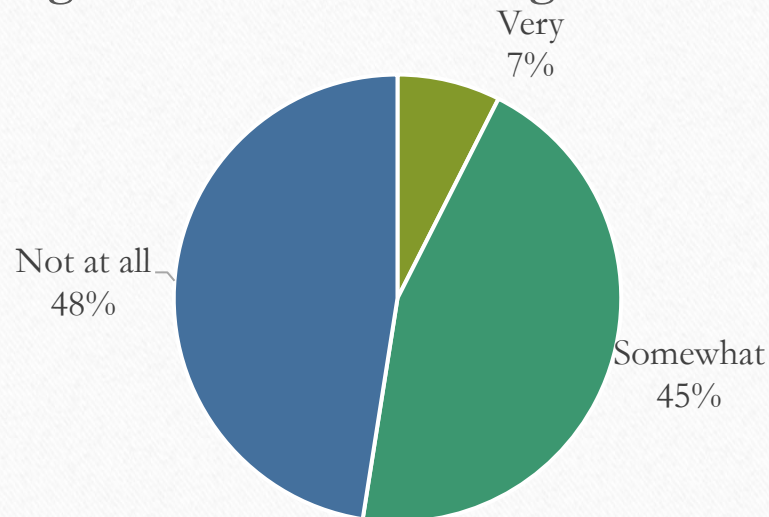
What do you think annual costs for daily living care (for one person) would be [for you | on average in the U.S.]? (Best Guess)



Less than one-tenth are very aware of the costs associated with long-term care and nursing home costs, and about half are not at all aware.

- Those who have had a parent who needed long-term care are more likely to be very/somewhat aware of these costs (77% vs. 43%). Those with long-term care insurance are also more likely to be very/somewhat aware of these costs (72% vs. 50%).
- The small segment (n=30) who said they are “very aware” of the costs gave higher average estimates of annual cost of care: an average of \$53.9 for themselves and an average of \$47.9 for the US on average.

How aware are you of the costs associated with long-term care and nursing home care?



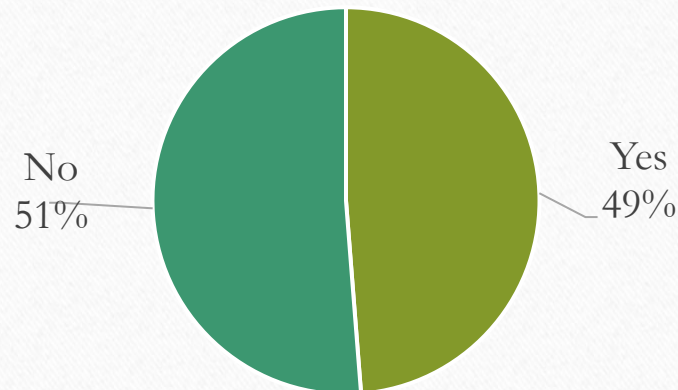
Toward the end of the survey, respondents were given the following information.

- Medicare is a national health insurance program in the United States which provides health insurance for Americans aged 65 and older, but also for some younger people with a disability. It covers health-related costs for things related to illnesses and injuries.
- Medicare does not cover costs associated with daily living assistance (like assistance bathing, dressing, toileting, transferring (moving to and from a bed or a chair), eating, and continence) or help around the house.

About half were unaware that Medicare does not cover costs associated with daily living assistance.

- Those who are 55-64 are more likely than those 40-54 to know the Medicare does not cover costs associated with assistance with daily living tasks (58% vs. 43%).
- Those who have had a parent who needed long-term care are also more aware (69% vs. 41%).

Were you aware that Medicare does not cover costs associated with daily living assistance before today?



Near the end of the survey (after getting their top-of-mind estimates), these actual rates and costs were presented.

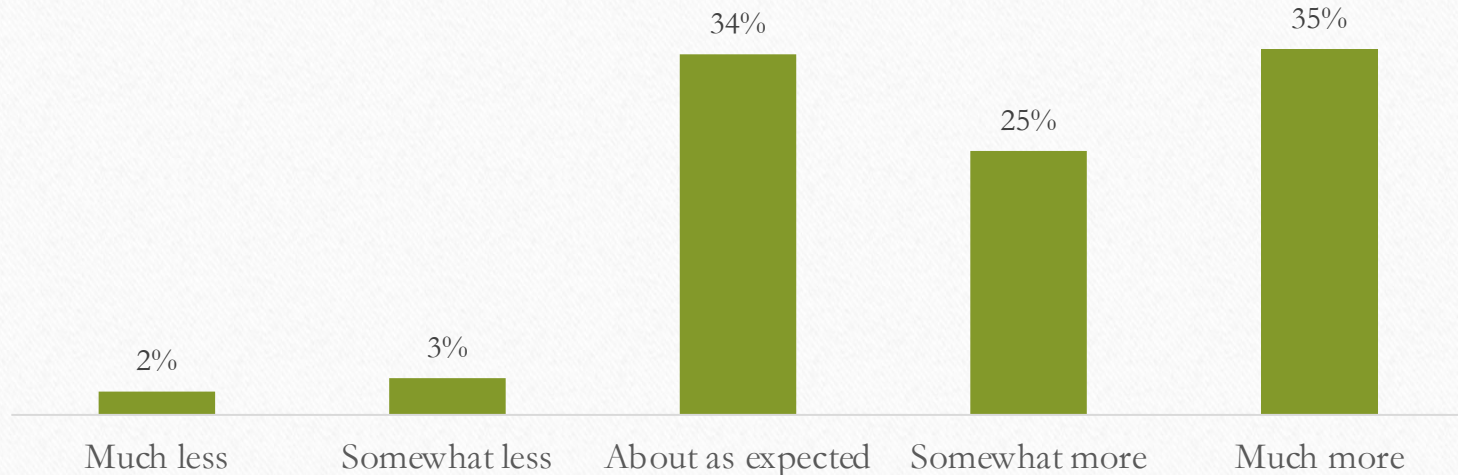
- Below are average rates of care and costs associated with long-term care for assistance with daily living. As noted, these costs would not be covered by Medicare.

RATE OR TYPE OF CARE	AVERAGE FOR THE U.S.
The percentage of individuals who require long-term care at some point in their life	70%
The average cost to cover daily living assistance in the home	\$54,000 per year (\$4,500 per month)
The average number of years this type of care is needed to stay in the home / apartment	9 months in the home (often with a transition to assisted living or nursing home after, if needed)
The average cost for a nursing home room	\$96,000 per year (\$8,000 per month)

When shown actual rates/costs for long-term care, one-third thought these costs were consistent with their expectations. When not aligned, most felt the actual costs were higher than expected.

- How actual costs compared to their expectations did not vary substantially by demographics or experience.
- NOTE: When comparing their estimates (shown earlier) with the actual costs, about eight in ten listed \$50K or less, which is lower than the actual of \$54K.

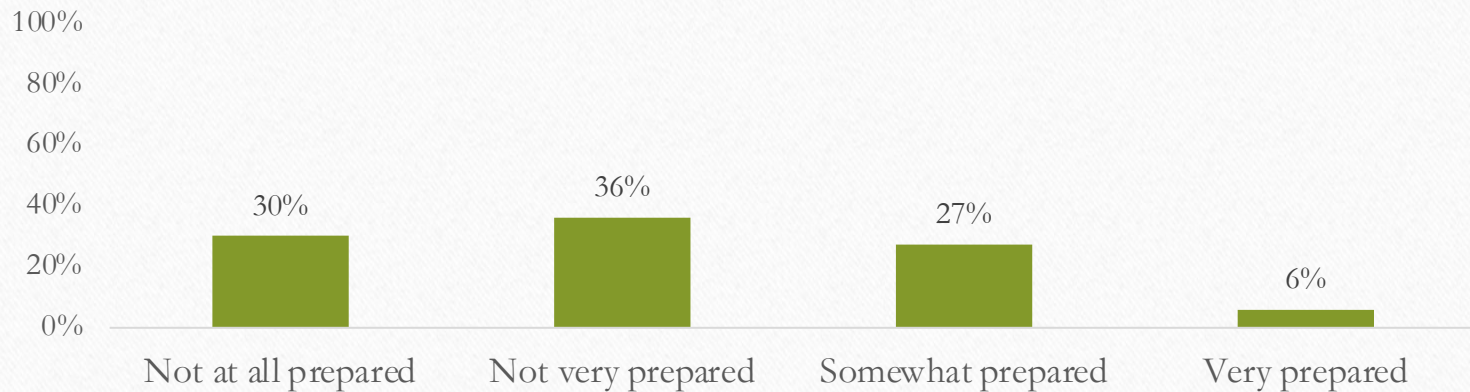
How do these average costs for this care compare to any expectations you may have had prior?



If respondents could not rely on family/friends for financial support, about two-thirds would not be prepared to cover costs associated with daily living assistance.

- Those who are 40-54 are more likely than those 55-64 to feel “not at all prepared” to cover these costs (35% vs. 24%).
- Those without long-term care insurance today are also more likely to feel this way (32% vs. 18%).

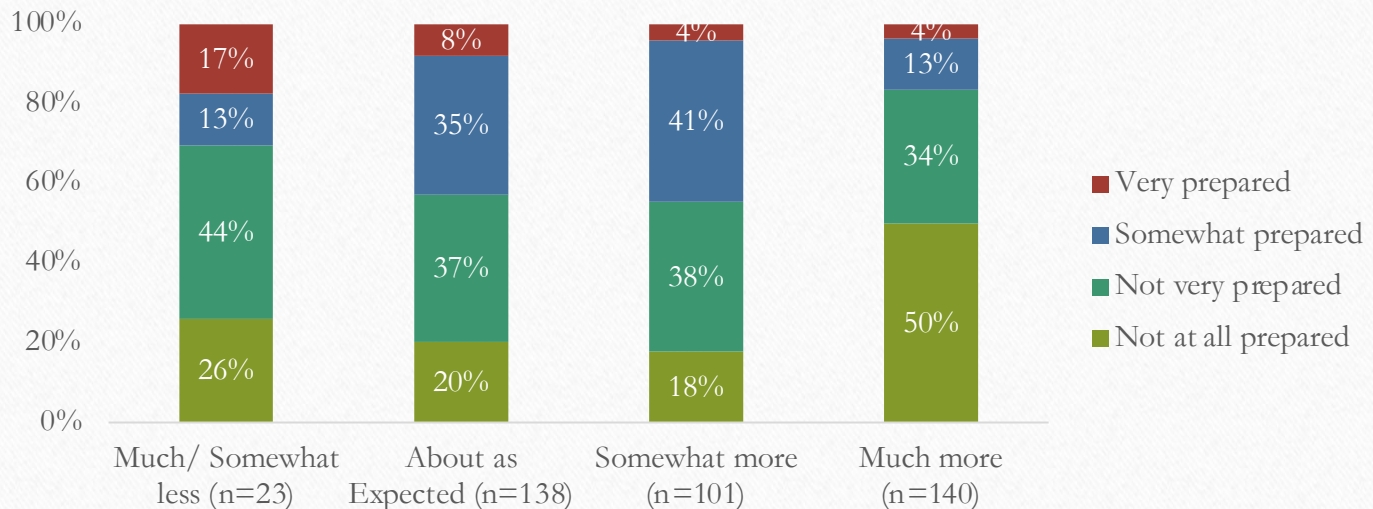
How prepared would you be to cover the cost of in home daily living assistance, without family financial support?



Half of those who feel the actual costs associated with daily living assistance are much higher than they expected are not at all prepared to cover them, along with approximately one-fifth of the others.

- As shown by the small red sections (at the top of each bar), even those who feel costs are about as/lower than expected do not feel very prepared to cover them.

How prepared they feel to cover costs by how actual costs compare to their expectations



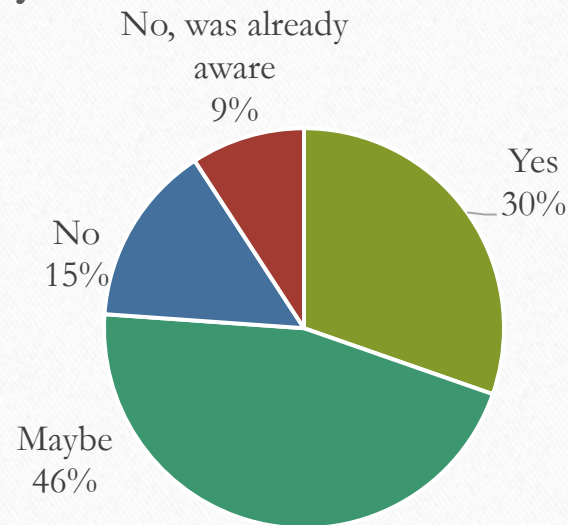
Thinking Ahead

Potential Changes & Intentions

Three-quarters said that learning this information and evaluating their current state may/would change their own level/type of planning. About one-tenth were already aware of the details associated with long-term care.

- Those who are 40-54 are more likely to say they will change their plans based upon the information presented in this survey (34% vs. 24%).
- Those who are married and those who have kids are more likely to say they will/might change their plans (78% vs. 69% and 79% vs. 70%, respectively).

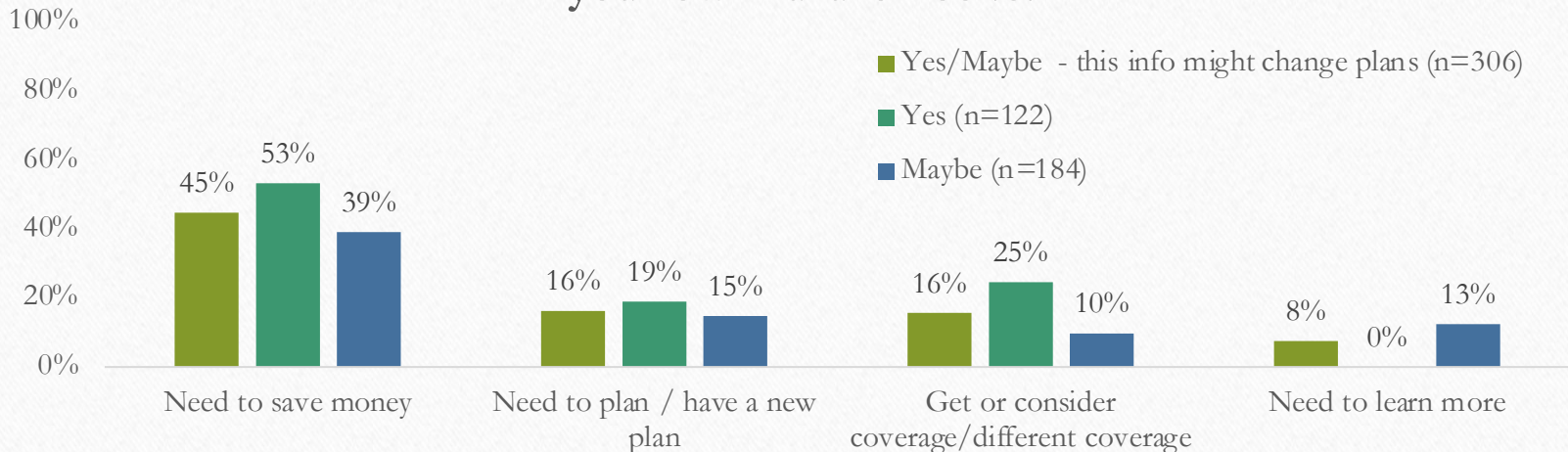
Does any of this information change how you might plan for your own future needs?



After becoming aware of average costs and rates and pondering their own plans/discussions, the most common thought is that they should be saving more money.

- As shown below, 45% of those who think they may change their course mentioned something about the need to save more; this equates to about one-third (34%) of the total target market.
- After saving money (or in combination with it) others are saying they need to have a plan (or a better one) and/or want to review their own coverage or consider getting it.

How does this information change how you might plan for your own future needs?



A sampling of quotes about how this information has changed their thinking are shown below.

- *I need to plan.*
- *I know it's something I need to prepare for, but I always put it off.*
- *That I need to create a plan for elderly care and a savings plan that can cover the cost.*
- *I am going to prioritize my retirement funds to care rather than travel.*
- *I don't want to bother any of my relatives for my living and I am getting old, so I need to complete preparation for my life in the future.*
- *I hadn't really thought about the need for in-home care at this time.*
- *Since the cost is much higher than I expected, we have to save more and spend less in order to increase the size of our nest egg.*
- *Looking into long term care options.*
- *I'm thinking more about long term care insurance as well as working towards changing our healthcare system.*
- *I would use all my money and then kill myself rather than go to long-term care.*
- *Have to invest more money for a bigger savings.*
- *Based on what I have read related to long term care insurance, I find it's not a very stable industry. There were MANY insurance companies offering it initially, but only a few remain. The fact that I cannot lock into a monthly premium rate is a no starter for me. I could end paying for years on a policy only to have the premiums raised to a limit that was unreasonable, resulting in the dropping of the policy. A policy I had paid into for years. It's just not a business model I would be interested in.*

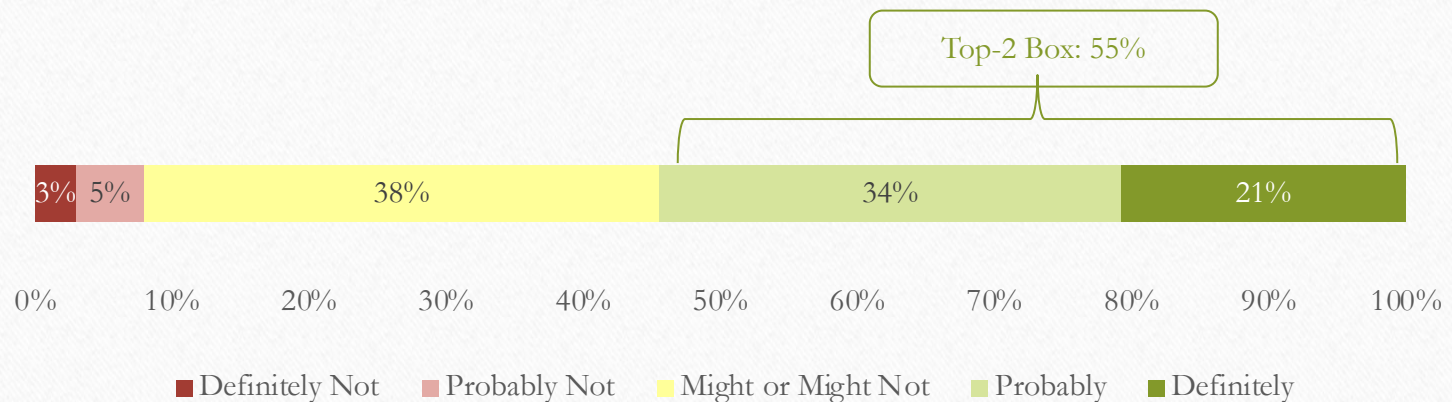
At the end of the survey, participants were presented with a high level “concept” for their evaluation.

- Today, long-term care insurance covers costs associated with assistance not covered by Medicare and is often designed to cover in-home or nursing home care. If there was a more affordable insurance plan designed to cover in-home care and help with the activities of daily living, how likely would you be to check into this option?

Once aware of the average likelihood of need and realistic costs, over half feel they would probably or definitely check into an insurance option designed to cover assistance with daily living tasks.

- Those most likely to check into this type of insurance include:
 - Those who have children (59% vs. 46% among those who do not).
 - Those with parents who needed long-term care (63% vs. 52% among those without this experience).
 - And, interesting enough, those who currently have long term care insurance (70% vs. 53% among those without it).

How likely would you be to check into this type of insurance?



Conclusions

- Many in this middle-income market are ill-prepared to handle their likely long-term care needs due to lack of awareness and/or lack of planning and funds.
 - Not surprisingly, many would prefer to stay at home as long as possible.
 - There seems to be an out of balance expectation that family members can and will be able to handle the burden of providing adequate assistance with daily living and household tasks.
- Upon knowing more (from information presented in this survey), many of these individuals realize they could / should do more to prepare for their potential long-term care, such as saving more money and evaluating insurance options. They would also have a strong interest in knowing more about an insurance offering designed to cover costs associated with ADL tasks if it were more affordable and could enable individuals to stay in their homes longer and more successfully.

Thank You



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