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## **Long-Term Care Survey**

This survey is sponsored by the U.S. Department of Health and Human Services. RTI International developed the questionnaire. The survey is administered by GfK Custom Research. This survey is about how people plan for their retirement, especially for their future long-term care needs.

Long-term care includes helping people with daily activities, such as bathing, dressing, taking medications, and preparing meals over a long period of time. Long-term care can be provided in nursing homes, assisted living facilities, in individual homes, or in the community. Most people receiving such care are elderly, but people of all ages may need long-term care.

This survey will take about 45 minutes to complete. Your name and e-mail address will never be linked to your answers. We will treat your answers as private to the extent permissible by law. You may also choose not to answer any questions. You will be provided \$X for your time.

If you have any technical questions about the study, you may call GfK Custom Research at 1-212-240-5300. If you have any questions about your rights as a study participant, you may contact RTI's Office of Research Protection at 1-866-214-2043 (a toll-free number).

I have read and understand the statements above. I consent to participate in this survey.

- O YES
- O NO

The first questions are about your health.

A1. Compared to people your age, would you say your current health is...?

- 1. Excellent
- 2. Very Good
- 3. Good
- 4. Fair
- 5. Poor

A2.	Have you ever been told by your doctor or other health professional that you have or had:	1. Yes	2. No
	a. A stroke	0	0
	b. Diabetes	0	0
	c. Parkinson's disease	0	0
	d. Congestive heart failure	0	0
	e. Cancer of any type	0	0
	f. Osteoarthritis or a hip fracture	0	0

We need to understand difficulties people may have with various activities because of a health or physical problem. Please indicate whether you have any difficulty doing each of the everyday activities listed below. Exclude any difficulties that you expect to last less than three months.

A3. I	Because of a health problem do you have any difficulty with?	1. Yes	2. No
	a. dressing, including putting on shoes and socks?	0	0
	b. walking across a room?	0	0
	c. bathing or showering?	0	0
(	d. getting in or out of bed?	0	0
	e. using the toilet, including getting up and down?	0	0
1	f. preparing a hot meal?	0	0
(	g. taking medications?	0	0

Nobody knows the future for sure, but people often can guess what will happen to them based on their background, medical history and other factors.

A4. What is the percent chance that you will live to be 85 or more?									
O 0% O 10%	0 20%	0 30%	0 40%	0 50%	O 60%	0 70%	O 80%	O 90%	0 100%
ABSOLUTELY NO CHANCE ABSOLUTELY CERTAIN									

A5. What is the percent chance that you will have to move to a <u>nursing home</u> sometime in the future?									
O 0% O 10%	0 20%	O 30%	O 40%	O 50%	O 60%	0 70%	0 80%	O 90%	0 100%
ABSOLUTELY ABSOLUTELY CERTAIN									

The next few questions are about your willingness to take risks.

B1. How would you describe yourself: Are you generally willing to take risks or do you try to avoid taking risks?

Please check a box on the scale of 0 to 10 where 0 represents "not at all willing" to take risks and 10 represents "very willing" to take risks.

## PLEASE SELECT THE APPROPRIATE NUMBER

00 01	0 2	03	0 4	0 5	06	0 7	0 8	09	0 10
Not at all willing									Very Willing

- B2. Which of the statements below comes closest to describing the amount of <u>financial</u> <u>risk</u> that you are willing to take when you save or make investments?
  - a. Substantial financial risks expecting to earn substantial returns.
  - b. Above-average financial risks expecting to earn above-average returns.
  - c. Average financial risks expecting to earn average returns.
  - d. Below average financial risk expecting to earn below average returns.

В3.	How strongly do you agree or disagree with the following statement: I am willing to take my chances that	1. Strongly agree	2. Agree	3. Disagree	4. Strongly disagree
	<ul> <li>a. My family or close friends will help pay for the long-term care that I might need.</li> </ul>	О	0	0	0
	<ul> <li>The government will pay for the long-term care that I might need.</li> </ul>	0	0	0	0

The next questions are about financial knowledge and the skills some people use to make financial decisions.

- B4. A stock mutual fund operates by bringing together money from many people and investing it in a variety of stocks. Do you think that the following statement is true or false: buying a single company stock usually provides a safer return than a stock mutual fund?
  - a. True
  - b. False
  - c. Don't know
- B5. Suppose you had \$100 in a savings account and the interest rate was 2% per year. After 5 years, how much do you think you would have in the account if you left the money to grow: more than \$102, exactly \$102, less than \$102?
  - a. More than \$102
  - b. Exactly \$102
  - c. Less than \$102
  - d. Don't know
- B6. Imagine that the interest rate on your savings account was 1% per year and inflation was 2% per year. After 1 year, would you be able to buy more than, exactly the same as, or less than today with the money in this account?
  - a. More than today
  - b. Exactly the same as today
  - c. Less than today
  - d. Don't know

The following questions ask about your knowledge of long-term care services and costs and your personal experiences with providing long-term care.

As a reminder, long-term care includes helping people with daily activities, such as bathing, dressing, taking medications, and preparing meals over a long period of time. Long-term care can be provided in nursing homes, assisted living facilities, in individual homes, or in the community. Most people receiving such care are elderly, but people of all ages may need long-term care.

- B7. Have you ever provided any long-term care for a family member or friend?
  - a. YES
  - b. NO SKIP TO B9
- B8. Are you currently providing any long-term care for a family member or friend?
  - a. YES
  - b. NO

В9.	Have you, your spouse or partner, a member of your immediate family such as parent or grandparent, or someone you know well ever	1. Yes	2. No
	a. Had a severe illness or disability requiring long-term care?	0	0
	<ul> <li>Received paid in-home care from an aide who regularly helped them with personal activities such as bathing, dressing, and taking medications?</li> </ul>	0	0
	c. Been a resident in a nursing home or in an assisted living residence?	0	0

Now, we are going to ask a few questions about the cost of long-term care.

- B10. On average, in {fill state} the price of a month's stay in a semi-private room in a nursing home is:
  - a. Under \$2,000
  - b. \$2,000 to \$4,999
  - c. \$5,000 to \$7,999
  - d. \$8,000 or more
  - e. Don't know
- B11. On average, in {fill state} the price of 1 hour of home care provided by a home health aide hired from a home care agency is:
  - a. Under \$15
  - b. \$15 to \$19.99
  - c. \$20 to \$24.99
  - d. \$25 or more
  - e. Don't know
- B12. What is the government program that pays the most for long-term care services in the United States?
  - a. Medicare
  - b. Medicaid
  - c. Department of Veterans Affairs

d. None of the above

B13. TRUE OR FALSE: The average length of stay in a nursing home is more than five years.	1. True	2. False	3. Don't Know
	0	0	0

How strongly do you agree or disagree with the following statement:

- C1. It is important to plan now for the possibility of needing long-term care services in the future.
  - a. Strongly agree
  - b. Agree
  - c. Disagree
  - d. Strongly disagree
- C2. Is the <u>primary</u> place where you live...
  - a. Owned by you with a mortgage or loan
  - b. Owned free and clear by you without a mortgage or loan
  - c. Rented GO TO C5c
  - d. Occupied without payment- GO TO C5c
- C2a. Do you or your spouse or partner have a home equity line of credit? A home equity line of credit is a line of credit obtained by using the equity in one's home as security.
  - a. YES
  - b. NO
  - c. DON'T KNOW
- C2b. **IF C2a = YES CONTINUE, ELSE GO TO C3:** Do you currently have a loan against this line of credit?
  - a. YES
  - b. NO
  - c. DON'T KNOW
- C2c. **IF C2b = YES CONTINUE, ELSE GO TO C3:** About how much do you currently owe on your home equity line of credit?

Amount: \$	
DON'T KNOW	

C3. **IF C2 = "A" CONTINUE, ELSE GO TO C4:** About how much do you still owe on your home mortgage?

Amount: \$	
DON'T KNOW	

C4.	What is the present value of your primary residence? That is, what would it bring if it was sold today?
	Amount: \$
	DON'T KNOW

The next questions are about your beliefs, concerns and attitudes about long-term care planning.

C5.		u became disabled, how willing ld you be to do the following:	1. Very willing	2. Somewha t willing	3. Not too willing	4. Not at all willing
	y i: i:	Make major modifications to your home. Modifications might nclude building a ramp, nstalling a stair glide, or remodeling a bathroom.	0	0	0	0
	r	Use your home equity to pay for nome modifications or long-term care services.	0	0	0	0
	a p c	Hire an aide or a person from an agency to help you with personal care such as bathing, dressing, and taking medications.	0	0	0	0
	r	Rely on a spouse, other family member or close friend to provide care.	0	0	0	0
	p S V r	Attend an adult day care program several days a week. Such programs provide help with personal care, as well as meals and recreational activities.	0	0	0	0
	f	Have a family member or close riend move into your home to be your caregiver.	0	0	0	0
	f	Move-in with your children, other amily members, or close friends to receive care in their home.	0	0	0	0
	h. F	Hire a live-in paid caregiver.	0	0	0	0
	r h	Move into an assisted living residence with meals, nousekeeping, and personal care assistance if you needed it.	0	0	0	0
	j. N	Move into a nursing home.	0	0	0	0

C6.	If you become disabled and need long-term care, how concerned are you about	1. Very concerned	2. Somewhat concerned	3. Not too concerned	4. Not at all concerned
	<ul> <li>Using up your savings or income to pay for nursing home or home care services</li> </ul>	0	0	0	0
	<ul> <li>Becoming poor due to long term care expenses and having to rely on Medicaid</li> </ul>	0	0	0	0
	c. Losing your independence	0	0	0	0
	<ul> <li>Being unable to depend on family or friends to take care of you</li> </ul>	0	0	0	0
	e. Being a burden on your family	0	0	0	О
	f. Being unable to afford high quality care	0	0	0	0
	g. Losing control and choice over the long-term care that you might need	0	0	0	0

C7.	How strongly do you agree or disagree with the following statements about responsibility for long-term care?	1. Strongly agree	2. Agree	3. Disagree	4. Strongly disagree
	<ul> <li>a. It is the responsibility of individuals to save and pay for <u>their own</u> long-term care.</li> </ul>	0	0	0	0
	b. It is the responsibility of children or other family members to provide unpaid care for elderly or disabled family members.	0	0	0	0
	c. If elderly or disabled family members can no longer pay for the nursing home or home care they need, relatives should help pay for their long-term care.	0	0	0	0
	d. It is the government's responsibility to help pay for the long-term care needs of <u>all</u> Americans.	0	0	0	0

C8.	to ter fol inc	ere are several possible ways help people pay for long- m care. Please read the lowing statements and dicate the extent to which you ree or disagree with each e.	1. Strongly agree	2. Agree	3. Disagree	4. Strongly disagree
	a.	The government should promote the purchase of private long-term care insurance through lower taxes for people who buy policies	0	0	0	0
	b.	The government should allow people to purchase long-term care insurance with tax deferred funds such as IRAs and 401(k)s	0	0	0	0
	C.	The government should require that all people purchase a basic private long-term care insurance policy	0	0	0	0
	d.	The government should pay the cost of care after private long-term care insurance benefits run out	0	0	0	0
	e.	The government should offer a public long-term care insurance program that people can voluntarily join	0	0	0	0
	f.	The government should establish a public long-term care insurance program that people are required to join	0	0	0	0

Employment and retirement are important issues for people as they age. The following questions ask about these topics.

- D1. Which statement <u>best describes</u> your current employment status? By working we mean working for an employer or being self-employed.
  - a. Currently working for pay SKIP TO D2
  - b. Not currently working

D1a. I	[IF D1=b]	Which of the followin	a best describes the I	reason vou are	not working?

- 1. Laid off from a job or looking for work SKIP TO D3
- 2. Retired SKIP TO D4
- 3. Not working because of a disability
- 4. Homemaker
- 5. Other reason
- D1b. During the past 10 years, have you worked for pay?
  - a. YES SKIP TO D3
  - b. NO SKIP TO D7
- D2. How many hours per week do you usually work for pay? Include ALL full and part time **paid** work hours.
  - a. 1 to 8 hours per week
  - b. 9 to 16 hours per week
  - c. 17 to 35 hours per week
  - d. 36 to 40 hours per week
  - e. More than 40 hours
- D3. IF D1a = 1 ADD TO STEM OF QUESTION: Assuming you return to the workforce, At what age do you plan to stop working for pay?

\_\_\_\_ AGE

#### [ ] NO PLANS TO RETIRE - SKIP TO D7

- D4. How confident are you that you will have enough money to live comfortably in retirement?
  - a. Very confident
  - b. Somewhat confident
  - c. Not very confident
  - d. Not at all confident

## IF D1a = "RETIRED," GO TO D5

D5.	Tell us about the ways you are preparing for retirement. Have you	1. Yes	2. No
a.	Talked seriously with family and relatives	0	0
b.	Talked seriously with co-workers and friends	0	0
c.	Read newspaper, Internet and magazine articles	0	0
d.	Taken inventory of your financial resources (for example, review your savings and pension contributions)	0	0
e.	Learned about the retirement income you can expect from Social Security and other sources	0	0
f.	Attended retirement seminars	0	0

D5.	Tell us about the ways you are preparing for retirement. Have you	1. Yes	2. No
	<ul> <li>Used retirement calculators or worksheets that are computer or Internet-based</li> </ul>	0	0
	n. Consulted with a financial planner, advisor or an accountant	0	0
i	Consulted with your employer's human resources department	0	0
j	. Changed jobs or explore part-time employment	0	0

IF D	la = "RETIRED":		
<b>D6</b> .	Did you engage in any of the following retirement planning activities?		
		1. Yes	2. No
	a. Developed a plan for retirement saving or investment	0	0
	b. Made contributions to 401K or other retirement saving plans	0	0
	c. Developed a plan for how to spend your time when you are not working for pay	0	0
	d. Developed a plan for changing your living arrangements (for example, modifying your existing home, moving to a retirement community or to a smaller home)	0	0
	e. Prepared a written document that provides information about how health care decisions should be made if you are too sick to make them yourself, such as an advance directive or living will.	0	0
	f. Developed a plan to minimize estate taxes	0	0
	g. Developed a will	0	0
	h. Developed a plan to address the risk of needing long- term care	0	0

D7. Have you had a detailed discussion with your spouse/partner or immediate family regarding:	1. Yes	2. No
a. the type of long-term care you would prefer	0	0
b. the ways you would pay for long-term care	0	0
c. the roles and responsibilities of different family members for arranging, paying or providing for your care	0	0

Now we would like to ask you about some of your insurance coverage.

E1.	Which types of personal insurance do you currently have?	1. Yes	2. No
	a. Health insurance	0	0
	<ul> <li>Disability insurance (income for when you cannot work). This includes either short-term or long-term disability insurance.</li> </ul>	0	0
	c. Life insurance (term or with cash value)	0	0

E2.	<b>IF E1a=YES, ELSE GO TO E3:</b> Which types of health care coverage do you use to help pay for y medical care?	our 1. Yes	2. No
	a. Private health insurance. This includes insurar you get through your employer or other group	1 ()	0
	b. Medicare	0	0
	c. Medicaid; {FILL STATE NAME FROM TABLE BELOW}	0	0
	d. Military, CHAMPUS, TRICARE, or the Veterans Administration	0	0

# FOR E2 - FILL THE STATE-SPECIFIC NAME FOR THE MEDICAID PROGRAM

STATE	STATE SPECIFIC NAME FOR MEDICAID PROGRAM
Arizona	Arizona Health Care Cost Containment System (AHCCCS) or Arizona Long-Term Care System (ALTCS)
California	Medi-Cal
Hawaii	Quest or Quest Expanded Access
Kentucky	KyHealth Choices
Maine	MaineCare
Massachusetts	Mass Health
Oklahoma	Oklahoma Health Care Authority
Oregon	Oregon Health Plan
Tennessee	TennCare
Wisconsin	ForwardHealth or Family Care
Wyoming	Equality Care
ALL OTHERS	Medicaid

- E3. **IF E2b = YES, ELSE GO TO E4:** Do you have supplemental private health insurance to Medicare such as Medi-gap?
  - a. Yes
  - b. No
- E4. Health insurance and disability insurance do not usually cover long term care. Long-term care insurance is a separate insurance policy that covers nursing home care, home care and assisted living facility services for at least one year.

Do you have a private long-term care insurance policy separate from your regular health or disability insurance?

- a. Yes
- b. No

E5. Please tell us whether you think the following statements are true or false	1. True	2. False	3. Don't Know
a. The monthly cost of a private long-term care insurance policy first purchased at age 45 will be the same as the monthly cost of a policy first purchased at age 65.	0	0	0
<ul> <li>In order to buy most private long-term care insurance policies, you usually need to be in good health.</li> </ul>	0	0	0

We would like to ask a few questions about you. This information will not be used in a way that identifies you personally.

- F1. How many children, if any, do you have, either living with you or living on their own?
  - a. No children SKIP TO F3
  - b. 1
  - c. 2
  - d. 3
  - e. 4
  - f. 5 or more children

### F2. IF F1= a - GO TO F3, ELSE CONTINUE

Please provide age and gender of your children.  Please include ALL children regardless of age or whether or not they live with you.	1. Age	2. Gender	3. Do they live within 10 miles of you?
ADD "CHILD 1" IF F1=>1		O MALE O FEMALE	O YES O NO
ADD "CHILD 2" IF F1=>2  CONTINUE LOOP TO ADD ROWS FOR EACH ADDITIONAL CHILD IN F1 - PROGRAM UP TO 10 CHILDREN		O MALE O FEMALE	O YES O NO
		O MALE O FEMALE	O YES O NO

F3. What is the approximate total amount of your **household's** savings and assets?

<u>Include</u>: Certificate of Deposits (CDs), stocks, bonds, mutual funds, cash, savings, IRAs, employer-sponsored retirement plan (e.g., 401k/403b) and all other liquid assets.

<u>Do not include</u>: Any investment in real estate, your home or investment properties, and business ventures.

a. No assets

b. \$1 to \$24,999

c. \$25,000 to \$74,999

d. \$75,000 to \$99,999

e. \$100,000 to \$249,999

f. \$250,000 to \$499,999

g. \$500,000 to \$1,000,000

h. More than \$1,000,000

F4. Was your total HOUSEHOLD income in the past 12 months?

- a. Below \$35,000
- b. \$35,000 or more
- c. Don't Know

### F5. **IF F4 = "a" CONTINUE, ELSE GO TO F6:**

We would like to get a better estimate of your total HOUSEHOLD income in the past 12 months before taxes. Was it...

- a. \$5,000 to \$9,999
- b. \$10,000 to \$14,999
- c. \$15,000 to \$24,999
- d. \$25,000 to \$34,999

## F6. IF F4 = "b" CONTINUE, ELSE GO TO SECTION G:

We would like to get a better estimate of your total HOUSEHOLD income in the past 12 months before taxes. Was it...

- a. 35,000 to \$49,999
- b. \$50,000 to \$74,999
- c. \$75,000 to \$99,999
- d. \$100,000 to \$149,999
- e. \$150,000 to \$175,000
- f. More than \$175,000

## **Choosing Policies**

So far we have asked about your opinions and your plans for retirement, long-term care, and insurance.

Now we would like to ask more detailed questions about long-term care insurance. Long-term care insurance is different from regular health insurance, Medicare and Medicaid. It generally covers nursing home, assisted living, and home care.

First, we will show you a series of features that could be offered in different insurance policies. Next, we will put the features together to describe different possible policies. We will ask you to compare policies and tell us which you prefer.

We will introduce the first policy feature on the next page.

## Policy Feature #1: Daily Benefit

Long-term care insurance policies help pay for long-term care services if you become disabled. Long-term care includes helping people with daily activities, such as bathing, dressing, and taking medications over a long period of time.

The daily benefit refers to how much the policy pays per day towards your long-term care costs.

• On this survey, we will show you policies with benefits ranging from **\$50 per day to \$300 per day.** 

Many people buy policies that cover some, but not all, of their long-term care expenses.

To account for the higher prices of services in the future (inflation), please assume that the daily benefit level is adjusted over time to account for those costs.

## Policy Feature #2: Benefit Period

If you become disabled, long-term care insurance policies provide benefits for a specific number of years, depending on the policy.

Consider four different policy options:

- **Lifetime** (You receive benefits as long as you need them. There is no time limit.)
- 5 year limit
- 3 year limit
- 1 year limit

If you need long-term care services for longer than the benefit period, insurance will not help cover those additional expenses.

## **Choosing Policies**

Now, we will take the features we have just talked about and use them to describe different long-term care insurance policies. We will show different policies side-by-side in a table.

For example, consider two policies, A and B, with the following features:

INSURANCE POLICY FEATURE
Daily Benefit
Benefit Period

POLICY A	
\$300 / day	
1 year	

POLICY B	
\$50 / day	
Lifetime	

G2.	If these were the only two long-term	care insurance	policies	available,	which	policy
	would you choose?					

- [ ] Policy A
- [ ] Policy B

## Policy Feature #3: Deductible Period

Some insurers require a deductible period before you are eligible to receive benefits. When you first become disabled, insurance will not pay for services until the deductible period has ended.

We will show you policies with four different deductible periods:

- **No deductible period.** If you become disabled, you can claim benefits as soon as you need care.
- 1 month after becoming disabled.
- 3 months after becoming disabled.
- 6 months after becoming disabled.

## **Policy Feature #4: Health Requirements**

Some long-term care insurance policies can only be purchased by people who are healthy and who are not disabled. Insurance companies often ask your doctor about your health status before selling you a policy.

Please consider two types of policies:

- **Must be healthy and not disabled.** Your doctor must sign a form stating that you are healthy and not disabled. You cannot buy a policy without this form.
- **No requirements.** You do not need to prove that you are healthy and not disabled before buying the policy.

Now consider two different policies, A and B, with the following features:

INSURANCE POLICY FEATURE
Daily Benefit
Benefit Period
Deductible Period
Health Requirements

POLICY A
\$200/ day
5 years
6 months after disability
None

POLICY B
\$50 / day
Lifetime
None
Healthy and not disabled

G3.	If these were the only two long	<sub>J</sub> -term care	insurance	policies	available,	which	policy
	would you choose?						

- [ ] Policy A
- [ ] Policy B

## **Policy Feature #5: Type of Insurer**

Long-term care insurance policies are currently sold by private insurance companies. Some people have suggested that the government should also sponsor a long-term care insurance policy.

We will show you policies offered by two different types of insurers:

- **Private company.** Commercial insurance companies sell the policy.
- **Federal government.** The federal government sells the policy.

#### Policy Feature #6: Premium

The cost of a long-term care insurance policy is called the premium. You must pay the premium each month to maintain insurance coverage.

Premiums vary based on some of the features we have described earlier, and on other factors, such as your age.

We will describe policies in terms of the **monthly premium**—the cost you pay each month to be covered.

We will show premiums which range from \$30 to \$400 per month.

In answering the questions, assume that once you select a policy, the monthly premiums do not change as long as you pay the bill on time. (If you choose a \$50 premium, for example, you will pay that for as long as you maintain the insurance coverage.) There is a chance, however, that the premium will need to be raised if benefit expenditures are higher than anticipated.

Please note: When choosing policies in the next several questions, please think of the premium as the out-of-pocket costs that you would have to pay <u>each month</u>. If you stop paying the bill in the future, you lose your coverage.

## **Choosing Policies**

Now we will show you a series of different policies side by side in a table. We will ask which you would choose to buy, if either, if you were given a choice. Your choice determines how much you pay in premiums and your benefit level.

On each page, the policies will be different. If you forget what a feature means, you can review the descriptions by moving your mouse over the name of each feature.

Now we will show you several different policies. On each page, please tell us which you would choose.

This is not a test. There are no right or wrong answers.

Suppose that you were offered a choice today to enroll in the following two long-term care insurance policies.

If you choose a policy, you would have to start paying the premiums next month.

If you chose neither policy, your next opportunity to buy insurance would be 1 year from today.

INSURANCE POLICY FEATURE
Daily Benefit
Benefit Period
Deductible Period
Health Requirements
Type of Insurer
Monthly Premium Cost

POLICY A
\$300 / day
5 years
None
None
Private company
\$400 / month

POLICY B
\$50 / day
3 years
6 months
Healthy and not disabled
Private company
\$30 / month

G4a. Which policy, if any, would you choose if these were the only options available?

[ ] Policy A

[ ] Policy B

#### G4b. Choice #2

Suppose that you were offered a choice today to enroll in the following two long-term care insurance policies.

If you choose a policy, you would have to start paying the premiums next month.

If you chose neither policy, your next opportunity to buy insurance would be 1 year from today.

INSURANCE POLICY FEATURE
Daily Benefit
Benefit Period
Deductible Period
Health Requirements
Type of Insurer
Monthly Premium Cost

POLICY A
\$100 /day
1 year
1 month
None
Private company
\$30 / month

POLICY B
\$175 / day
Lifetime
None
None
Private company
\$225 / month

G4b. Which policy, if any, would you choose if these were the only options available?

[ ] Policy A

[ ] Policy B

#### G4c. Choice #3

Suppose that you were offered a choice today to enroll in the following two long-term care insurance policies.

If you choose a policy, you would have to start paying the premiums next month.

If you chose neither policy, your next opportunity to buy insurance would be 1 year from today.

INSURANCE POLICY FEATURE
Daily Benefit
Benefit Period
Deductible Period
Health Requirements
Type of Insurer
Monthly Premium Cost

POLICY A
\$175 /day
5 years
None
None
Private company
\$225 / month

POLICY B
\$175 / day
5 years
6 months
None
Federal government
\$100 / month

G4c. Which policy, if any, would you choose if these were the only options available?

[ ] Policy A

[ ] Policy B

#### G4d. Choice #4

Suppose that you were offered a choice today to enroll in the following two long-term care insurance policies.

If you choose a policy, you would have to start paying the premiums next month.

If you chose neither policy, your next opportunity to buy insurance would be 1 year from today.

INSURANCE POLICY FEATURE
Daily Benefit
Benefit Period
Deductible Period
Health Requirements
Type of Insurer
Monthly Premium Cost

POLICY A
\$100 /day
3 years
1 month
Healthy and not disabled
Private company
\$100 / month

POLICY B
\$100 / day
5 years
3 months
None
Private company
\$200 / month

G4d. Which policy, if any, would you choose if these were the only options available?

[ ] Policy A [ ] Policy B

#### G4e. Choice #5

Suppose that you were offered a choice today to enroll in the following two long-term care insurance policies.

If you choose a policy, you would have to start paying the premiums next month.

If you chose neither policy, your next opportunity to buy insurance would be 1 year from today.

INSURANCE POLICY FEATURE
Daily Benefit
Benefit Period
Deductible Period
Health Requirements
Type of Insurer
Monthly Premium Cost

POLICY A
\$50 /day
1 year
None
None
Private company
\$100 / month

POLICY B
\$50 / day
3 years
None
None
Federal government
\$30 / month

G4e. Which policy, if any, would you choose if these were the only options available?

[ ] Policy A

[ ] Policy B

## Policy Feature #7: Required Enrollment

Some things you buy, like auto and health insurance, are required by law. In most cases, people still have a choice of how they meet the requirements. For instance, you can buy different types of car insurance and different levels of coverage.

Now we would like you to think about another "feature": requiring long-term care insurance. We will show you policies which reflect one or two different circumstances:

- **Voluntary.** You may buy long-term care insurance if you like, but you do not have to buy a plan No one is required to have insurance.
- **Mandatory.** Everyone is required by law to have long-term care insurance and to purchase the plan which is shown in the comparison.

Mandatory insurance may be cheaper than voluntary insurance in some cases. If more people buy policies, premiums can be lower.

Please note: No current law requires that you purchase long-term care insurance. As in the previous questions, we are interested in your opinions between different kinds of plans.

And it should be noted that for the remaining options, if you choose a policy, you would have to start paying the premiums next month. If you choose neither policy, your next opportunity to buy insurance would be 1 year from today.

Suppose that you were offered a choice today to enroll in the following two long-term care insurance policies.

INSURANCE POLICY FEATURE	POLICY A	POLICY B		
Daily Benefit	\$50 /day	\$50 /day		
Benefit Period	1 year	1 year		
Deductible Period	1 month	1 month		
Health Requirements	None	Healthy and not disabled		
Type of Insurer	Federal government	Federal government		
Monthly Premium Cost	\$30 / month	\$100 / month		
Voluntary or Required	Required plan. Everyone must buy this.	Voluntary. No one must buy insurance.		

G5a. If you could choose between these, or no insurance, which would you prefer?

[ ] Policy A
[ ] Policy B
[ ] Neither of these policies. I would prefer not to buy long-term care insurance during the next 12 months.

Suppose that you were offered a choice today to enroll in the following two long-term care insurance policies.

INSURANCE POLICY FEATURE	Policy A	Policy B		
Daily Benefit	\$100 /day	\$100 /day		
Benefit Period	3 years	3 years		
Deductible Period	3 months	3 months		
Health Requirements	None	None		
Type of Insurer	Federal government	Private company		
Monthly Premium Cost	\$100 / month	\$225 / month		
Voluntary or Required	Voluntary. No one must buy insurance.	Required plan. Everyone must buy this policy.		

G5b. If you could choose between these, or no insurance, which would you prefer?

[ ] Policy A
[ ] Policy B
[ ] Neither of these policies. I would prefer not buy long-term care insurance during the next 12 months.

Suppose that you were offered a choice today to enroll in the following two long-term care insurance policies.

INSURANCE POLICY FEATURE	Policy A	Policy B		
Daily Benefit	\$175 /day	\$175 /day		
Benefit Period	Lifetime	Lifetime		
Deductible Period	6 months	6 months		
Health Requirements	None	Healthy and not disabled		
Type of Insurer	Private company	Private company		
Monthly Premium Cost	\$100 / month	\$400 / month		
Voluntary or Required	Required plan. Everyone must buy this.	Voluntary. No one must buy insurance.		

G5c. If you could choose between these, or no insurance, which would you prefer?

[ ] Policy A
[ ] Policy B
[ ] Neither of these policies. I would not buy long-term care insurance during the next 12 months.

Suppose that you were offered a choice today to enroll in the following two long-term care insurance policies.

INSURANCE POLICY FEATURE	Policy A	Policy B		
Daily Benefit	\$300 /day	\$300 /day		
Benefit Period	5 years	5 years		
Deductible Period	None	None		
Health Requirements	None	None		
Type of Insurer	Federal government	Private company		
Monthly Premium Cost	\$100 / month	\$225 / month		
Voluntary or Required	Required plan. Everyone must buy this plan .	Voluntary. No one must buy insurance.		

G5d. If you could choose between these, or no insurance, which would you prefer?

[ ] Policy A
[ ] Policy B
[ ] Neither of these policies. I would not buy long-term care insurance during the next 12 months.

Now we would like to know a little more about your answers on the last few sections.

G7.	disa	v strongly do you agree or agree with the following ements?	1. Strongly agree	2. Agree	3. Disagree	4. Strongly disagree
	1	Everyone should have long-term care insurance and a mandatory, public program is the only way to accomplish that.	0	0	0	0
	(	Everyone should have long-term care insurance, but private companies should provide the insurance.	0	0	0	0
	t	Requiring people to buy long- term care insurance is OK, as long as the price is not too high.	0	0	0	0
	t	Knowing that I have some long- term care insurance will give me peace of mind	0	0	0	0
	i	Paying for long-term care is an individual responsibility, not the government's.	0	0	0	0
	1	The government should not tell me what to do about long-term care insurance.	0	0	0	0
	1	I have other priorities for my money than buying long-term care insurance.	0	0	0	0
		I do not trust the government to run the program.	0	0	0	0
	i. I	I do not trust private insurers.	0	0	0	0
	t	I don't think I will need long- term care so I don't need insurance.	0	0	0	0