

8 Reasons Why Your Group Long Term Care Insurance Policy Might Not Pay the Benefits You Are Expecting

It's natural to buy insurance from a company with the **lowest** price.

But in the long term care insurance industry, the lowest priced policy is often the policy you do **not** want to own.

The reason is simple – there are **no** bargains in long term care insurance. So, to lower the price, a policy often contains an impressive list of exclusions, limitations and benefit **restrictions**.

To **avoid** having these restrictions surprise you just when your insurance benefits are needed, you should ask your insurance company **eight** crucial questions. Here are three:

- **Will my benefits be reduced if I am taken care of at home?**
Let's hope not because **70%** of all long term health care is given at home.
- **My policy has a 90 day “service” day waiting period – does that mean I can begin collecting benefits 3 months after I start needing care?**
Don't count on it – “service” day elimination periods could make you wait up to **six** months – sometimes even longer - before receiving one penny of benefit dollars. Why? Because to receive benefits you have to prove 90 days of *receiving* services, not just *needing* care.
- **My policy has a “coordination of benefits” clause – what does that mean?**
It means that if you ever want to increase your long term care insurance protection, benefits from your new policy might **reduce** the benefits from your current policy.

To find out the other five questions you need to ask, just click here for our free report, [**Don't Lose Benefits: Avoiding 8 Common Long Term Care Insurance Mistakes**](#).