A CLIENT PLANNING GUIDE

Understanding *long-term care.*

What Medicare covers, what it does not, and the four ways families actually pay for care, so you can plan calmly and protect the people you love.

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IN THIS GUIDE

What's inside

HOW TO USE THIS GUIDE

Read it through once to understand the landscape, then use the questions on the final page to start a focused conversation. You do not need to decide everything at once; you only need to stop leaving the decision to chance.

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THE LANDSCAPE

WHY LONG-TERM CARE PLANNING MATTERS

Long-term care is help with the everyday activities of living, such as bathing, dressing, eating, and moving safely, when age, illness, or injury makes them hard to manage alone. It is mostly custodial care rather than medical treatment, and that distinction drives how it gets paid for.

It is also the single largest financial risk most retirement plans face. A multi-year need, unfunded, can consume decades of disciplined saving and shift heavy decisions onto a spouse or adult children at the worst possible moment.

THE MEDICARE GAP, IN 2026 NUMBERS

The most common and costly misunderstanding is assuming Medicare pays for long-term care. It does not pay for ongoing custodial care. It covers only short-term skilled care, under strict conditions.

SKILLED NURSING FACILITY (2026)	WHAT YOU PAY
Days 1–20	**$0 / day (after the $1,736 Part A deductible, if it applies)**
Days 21–100	**$217 / day**
Day 101 and beyond	**You pay all costs**

> **THE TAKEAWAY**
>
> After 100 days, Medicare's skilled coverage ends for that benefit period, and most long-term need is custodial care Medicare never covered in the first place.

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YOUR OPTIONS

THE FOUR WAYS FAMILIES PAY FOR CARE

1. **Out of pocket**
   Paying directly from savings and income. Workable for a short need, but a long one can erase a lifetime of saving and leave a surviving spouse exposed.

2. **Long-term care insurance**
   A dedicated policy that pays a daily or monthly benefit once you need help with daily activities. Premiums can rise over time, the trade-off for purpose-built coverage.

3. **Hybrid life or annuity policies**
   Coverage that combines a death benefit or annuity with a care benefit. If care is never needed, value still passes to your heirs.

4. **Medicaid**
   The nation's largest payer of long-term care, available only after strict income and asset limits are met. Planning ahead, within the rules, shapes the path.

SELF-INSURING AS A DELIBERATE STRATEGY

Some families are well positioned to self-fund from an earmarked portion of their portfolio. Done on purpose, with the cost range understood and assets set aside, that is a legitimate plan. Done by default, it is simply an unfunded liability waiting to surface.

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TAKING ACTION

YOUR NEXT STEPS

You do not have to solve everything today. A strong plan usually starts with three pieces of clarity:

1. The likely range of care costs in your area.
2. The specific assets or income you would use to pay for care.
3. Which of the four funding paths fits your situation and your values.

QUESTIONS TO BRING TO A PLANNING CONVERSATION

- If I needed care for several years, where would the money come from?
- Would insurance, a hybrid policy, or deliberate self-funding fit me best?
- How does this decision affect my spouse's security and my estate plan?
- Am I still young and healthy enough to qualify for coverage on good terms?
- How does a care plan fit with my income plan and my tax picture?

Timing is the quiet deciding factor. Coverage is cheaper and easier to qualify for while you are younger and healthier, and a plan made calmly today spares your family from rushed, costly decisions in a crisis.

2026 figures verified: Medicare Part A hospital deductible $1,736 per benefit period; skilled nursing facility coinsurance $217 per day for days 21–100. Figures change annually.

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