Always Best Care™ senior services

Long-Term Care Insurance Care Hours Worksheet

We realize that everyone's situation is unique so this worksheet is provided as a general guide for informational purposes only and should not be the only item used in this type of decision. We recommend individuals to please contact us directly to discuss your specific circumstances and obtain personalized guidance.

For personalized assistance or to set up a free in-house, no obligation assessment, please contact our office directly.

281-392-1222

10700 Richmond Ave, Ste 302, Houston, TX 77042 281-392-1222

Section 1 — Your Policy Information

Item	Amount
Daily Benefit Limit	$__________ per day
Weekly Benefit Limit (if applicable)	$__________per week
Monthly Benefit Limit	$__________per month
Elimination Period	______ days
Benefit Period	______ years
Lifetime Maximum	$__________
Inflation Protection	Yes / No

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Section 2 — Our Care Rates

(For demonstration purposes only and rates may vary depending on level of care and hours per week)

Type of Care	**Hourly Rate**
Level 1 – Supervision/Companionship	$_30_ / hour
Level 2 – Hands On/Standby Assist	$_32_ / hour
Level 3 – Max Assist	$_34_ / hour

Hours Per Day	What This May Cover*
4-6 Hours	Meals, medication reminders, light housekeeping
6–8 Hours	Morning and evening assistance, medical visits
8–12 Hours	Daytime supervision and personal care
12–24 Hours	Around-the-clock support

- Specific tasks are determined by the agreed upon care plan for the client and may deviate from the above.

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Section 3 — How Many Hours Can You Afford Per Day?

"Divide your insurance daily benefit by the hourly care rate."

Formula:

Hours of Care Per Day = Daily Insurance Benefit /Hourly Care Rate

______________________ = _______________________/____________________

Example Table

Daily Insurance Benefit	Hourly Rate	Approximate Hours of Care Per Day
$195/day	$32/hour	6 hours/day
$245/day	$32/hour	7.6 hours/day
$275/day	$32/hour	8.6 hours/day

Section 4 — Your Personalized Estimate

"Coverage Gap"

Item	Amount
Care Cost Requested Daily	$______
Insurance Pays Daily	$______
Family/Client Pays Out-of-Pocket Daily	$______

Formula:

Out-of-Pocket Cost = Daily Care Cost − Insurance Benefit