

MEDICARE AND ACTIVE AMERICANS

A MEDICARE SUPPLEMENT INSURANCE PROTECTION GUIDE FOR AMERICANS AGE 65 & OVER



**Information
on the
Prescription
Drug Plan**

How to save money on your Medicare Supplement Protection

What about Medicare and “Long-Term Care?”

You need service, too — See page 7



BANKERS

LIFE AND CASUALTY COMPANY

We specialize in seniors

Dear Friend:

Here at Bankers Life and Casualty Company (referred to as *Bankers*) we are very pleased to see you receive this valuable booklet about Medicare Supplement insurance.

We're sure you already know that Medicare does not cover all your health care expenses. That is why Medicare Supplement insurance from us is so important. It can help cover the health care expenses that Medicare requires you to pay.

On pages 2 through 5 you will find a very beneficial explanation of exactly what Medicare Part A and Medicare Part B are, including what services Medicare Part A and Part B will and will not cover.

On pages 6 and 7 you will find a chart of the expenses that Medicare will cover and the health care expenses that YOU are responsible for.

Also, a helpful chart outlining the different Medicare Supplement plans is included. You can find this chart on pages 8 and 9. This chart will help you decide how much coverage you should have.

Thank you for your interest in our Medicare Supplement Products. We have been serving the Medicare Supplement insurance needs of seniors since 1966!

Sincerely,

Your friends at Bankers



“Part D” for Prescription Drug Coverage is available

- You have the option to join
- You have a choice of plans
- You pay a monthly premium
- You pay deductibles and co-payments

Do you have Medicare Supplement insurance now? If so, be sure to read about changes for 2007 with the new drug coverage.

READ PAGES 11-12

Medicare's Been A Blessing... But It Has Its Limits!

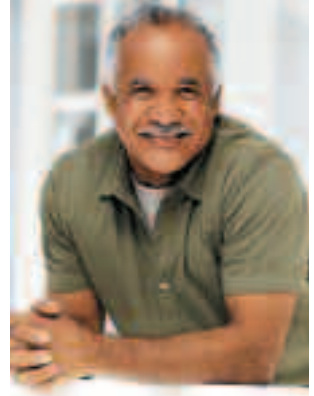
Medicare has been a blessing for men and women 65 and over. It has helped them afford the quality medical care they need at a time in life when they have less money and often, no group insurance to help.

Yet, it's no secret that Medicare was never intended to cover all expenses.



There are expenses that you have to pay, that can be expensive for senior Americans.

That's why health insurance has become so very important. Without such supplemental coverage, there's the risk that a sickness or injury could cost a significant amount of money out of your own pocket.



As one of America's leaders in quality insurance protection for Senior Americans, *Bankers* has produced this booklet to help you get a clear idea of your Medicare benefits. It can also help you make the right choice if you should decide to add Medicare Supplement insurance coverage, or change what you now have.



You can get more information about Medicare from your Social Security Office. For reliable information about private health insurance, contact:

1. Your state insurance department
2. A trustworthy insurance agent
3. A trusted advisor

Of course, if you have any questions or problems about your own insurance needs, please call on *Bankers*. We're always glad to help.

Your Medicare Benefits In A Nutshell

Description of Medicare Part A, Part B, and Part D.

Part A, also called Hospital Insurance, is subsidized by federal taxes and is, in most cases, available at no charge to you.

Part B, also called Doctor/Medical Insurance, is optional and is available for a monthly premium. You qualify for Part B when you become entitled to benefits under Part A.

Part D (“D” for “Drug”), Prescription Drug Coverage, is optional and is available for a monthly premium. You qualify for Part D if you have either Part A or Part B.

Almost everyone age 65 and older in the United States is eligible for Medicare (some exceptions may apply).

MEDICARE PART A

Medicare Part A pays certain benefits for three kinds of care:

1. When you are a bed patient in a hospital.
2. When you are a bed patient in a Medicare approved skilled nursing facility receiving skilled nursing care after a related hospital stay.
3. When you receive care at home by a home health agency.

Each of these different kinds of care has its own benefits and rules. But, first it’s important for you to know about “benefit periods.”

All Part A insurance is tied to benefit periods. A benefit period begins with the first day you enter a hospital or skilled nursing facility as a bed patient and ends after you have not been a patient in a hospital, skilled nursing facility or a nursing home that provides skilled nursing care for 60 days in a row.

A new benefit period will start after the

old one ends. It will happen automatically the next time you enter a hospital. There is no limit to the number of benefit periods you can have.

Medicare Part A is set up as a kind of partnership between you and the government. The government pays the biggest part of the expense. You pay a “deductible” and “co-payments.” These amounts are set by Medicare and typically increase each year. All amounts shown here are for 2006.

Hospital Benefits

You pay a deductible before Medicare pays any benefits. The deductible is \$952 which means you pay the first \$952 of hospital expenses in each of the first 60 days in the benefit period when you enter the hospital. Then the government pays all Medicare Eligible services for the next 60 days. From the 61st through the 90th day, you pay \$238 a day; Medicare Part A pays the balance of Medicare Eligible services.

From the 91st through the 150th day, Medicare Part A allows a one-time use “lifetime reserve days” in which you pay only \$476 a day of your hospital expenses for these 60 days. Once you have used up the reserve days, you pay all costs. The “lifetime reserve days” can be used only once.

Skilled Nursing Care

Medicare Part A skilled nursing care benefits are provided under the following conditions:

1. The level of care must meet Medicare’s requirements for skilled nursing care.
2. Your doctor says you need skilled nursing care.
3. You were in the hospital for at least three days in a row before going to the nursing home.
4. You started to receive the skilled nursing care within 30 days after your hospital stay for the same health condition.
5. Nursing Home needs to be certified by Medicare

Once these requirements are met, Medicare can help pay for benefits for up to 100 days in a skilled nursing facility for each benefit period. Part A pays for the first 20 days of Medicare Eligible expenses in full; you pay \$119 a day for the next 80 days while Medicare Part A pays the balance of Medicare Eligible expenses. After 100 days, you pay all costs.

Home Health Services

These benefits are to help you with part-time skilled nursing or physical or speech language therapy supplied by a home health agency. They’ll also help with occupational therapy; part-time services of home health aides; medical social services and medical supplies and appliances the agency furnishes.

Hospice Care

Part A pays for most palliative medical and support services as long as your doctor certifies the need.

The following illustrations give a general picture of Medicare Part A benefits.

Medicare Part A Hospital Coverage

Hospital & Skilled Nursing Facility usually includes:

- Semi-private room & board
- Operating & recovery room
- Intensive care unit
- General nursing service
- Lab tests, X-rays
- Drugs furnished by hospital
- Medical supplies
- Appliances (e.g., wheelchair)
- Rehabilitation services

Not included:

- Doctor fees
- Private duty nursing
- Private room unless medically necessary
- Personal convenience (e.g., radio, television, telephone)
- Long Term Care – such as custodial care

MEDICARE PART A *Continued...*

Home Health Care usually includes:

- Physical therapy
- Speech language therapy
- Part-time skilled nursing care
- Occupational therapy
- Medical social services
- Part-time services of home health aide



Not included:

- Full-time nursing care at home
- Drugs and biologicals
- Homemaker services
- Meals delivered to home

Psychiatric Hospital Care usually includes:

- Same costs as hospital confinement benefits
- Lifetime maximum of 190 days if in a psychiatric hospital

MEDICARE PART B *Help for your Medical Bills*

Medicare Part B, the Medical Insurance, is available to people 65 and over for a modest monthly premium. It helps pay “billed charges” for three different kinds of care:

1. When a doctor treats you.
2. When you have outpatient hospital expenses. This means you get services from a hospital, but do not stay as a bed patient.
3. Other medical services and supplies.

Medicare Part B pays a good portion of expenses. You pay a “deductible” and “co-insurance.” The deductible is set by Medicare and typically increases each year. All amounts shown here are for 2006.

In 2006, you must pay the first \$124 of “Medicare Eligible Expenses” (deductible) covered under Medicare Part B. Then, of your covered expenses over \$124, Medicare pays 80 percent of Medicare Eligible charges and you pay 20%. (This 20% is called “co-insurance.”)

And, of course, you also have to pay all of the charges that are in excess of what has been determined to be “Medicare Eligible Expenses.”

Be mindful, however, that there are certain charge limitations mandated by Federal law, and that some states also limit physician charges.

Keep in mind: there is only one \$124 deductible each calendar year. After this is paid, the 80%/20% ratio applies to all “Medicare Eligible Expenses.”

The illustrations following give a general picture of Medicare Part B benefits. Examine them to get a good understanding of what Medicare Part B covers.

Doctor Services usually includes:

- At home
- In the hospital or doctor’s office
- In any medical or nursing facility
- Diagnostic tests and treatments
- Immunosuppressive drugs
- Administered drugs
- Anesthetist fees
- Assistant surgeon fees

Not included:

- Dental care
- Routine examinations
- Routine foot care, eye or ear examinations
- Immunizations
- Most chiropractors’ services
- Oral or cosmetic surgery
- Health Care while traveling outside of the U.S.

Outpatient Hospital Services usually includes:

- Emergency room
- Hospital clinic service
- Physical and Occupational therapy
- Speech pathology
- Administered drugs, medical supplies
- X-rays, lab tests, radiology received as an outpatient

Not included:

- Services which are not medically necessary

Supplies and Other Services usually includes:

- Independent lab tests
- Ambulance
- Pacemakers, artificial limbs, braces, wheelchairs, and necessary equipment
- Corrective lenses after cataract operation
- Surgical dressings
- Cast and splints

Not included:

- Dental plates
- Orthopedic shoes
- First aid supplies
- Self-administered drugs, even with a doctor’s prescription
- Eyeglasses or hearing aids

Mental Illness Outpatient Care usually includes:

- 50% of outpatient hospital charges
- 80% of inpatient doctor charges

Here's a Brief Explanation of your Medicare Plan which will show you how *Bankers* can help

MEDICARE PART A		FOR COVERED SERVICES IN EACH
SERVICE	BENEFIT PERIOD	MEDICARE PAYS
HOSPITALIZATION Semiprivate room, ordinary nursing, drugs, blood, supplies and items of service you receive which are customarily furnished for the care of patients	First 60 days	Balance of allowable cost after you pay \$952.00
	61st to 90th day	Balance of allowable cost after you pay \$238.00 a day
	91st to 150th day (Lifetime Reserve Days)	Balance of allowable cost after you pay \$476.00 a day
	151st day and every hospital day thereafter (91st day if Lifetime Reserve is used up)	Nothing
POST-HOSPITAL-SKILLED NURSING HOME CARE* In a facility approved by Medicare, you must have been in a hospital for at least 3 days and enter the facility within 30 days after hospital discharge	First 20 days	Allowable costs
	Additional 80 days	Balance of allowable cost after you pay \$119.00 a day
	Beyond 100 days	Nothing
MEDICARE PART B		FOR COVERED SERVICES IN EACH
SERVICE	BENEFIT PERIOD	MEDICARE PAYS
MEDICAL EXPENSE	Physicians and surgeons, physical, speech, and occupational therapy, medical supplies and ambulance	80% of allowable cost after \$124.00 deductible
OUTPATIENT HOSPITAL TREATMENT	Unlimited as medically necessary	80% of allowable cost after first \$124.00 deductible shown above
MEDICARE PART D		SEE PAGES 13-15

Medicare Benefits. Your Bankers Agent can supplement your Medical Coverage.

BENEFIT PERIOD

WHAT YOU MUST PAY (per each benefit period)

\$952.00

\$238.00 A DAY

\$476.00 A DAY

All Expenses

Unallowable charges

\$119.00 A DAY plus costs
for any unallowable charges

All Expenses

BENEFIT PERIOD

YOUR SHARE TO PAY

\$124 (once per calendar year)
plus 20% of balance
of allowable costs plus
100% of unallowable costs

\$124 plus 20% of balance of
allowable cost plus 100% of
unallowable cost up to charge
limitations established by
Medicare and/or individual state

SAVINGS

SATISFACTION

SERVICE

You get all three with **Bankers**

Bankers is one of America's large providers of insurance that helps pay what Medicare doesn't cover. The reasons so many Senior American men and women have purchased their Medicare Supplement coverage from *Bankers* are simple:

We welcome premium comparisons.

Every company is free to offer different premium rates for the same coverage. That's why we urge folks to compare *Bankers* rates before they buy.

We offer satisfaction.

We've been in business over 125 years, because we know satisfying our policyholders' need for security and economy is the key to a successful business.

We offer service.

When you need help, when you have a claim, when there's a question about your coverage – we try to treat you like we'd like to be treated ourselves! It's just good business – but it's also the right way to treat our customer friends!

**Yes ... you can count on *Bankers*,
when you need help the most!**

The above is effective January, 2006.

Summary Of Medicare Supplement

Medicare supplement insurance can be sold in only standard plans. This chart shows the benefits included in each plan. Every company must make available

Basic Benefits for Plans A - J:

- Hospitalization: Part A co-insurance plus coverage for 365 additional days after Medicare benefits end.

A	B	C	D	E
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits
		Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible		
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency
			At-Home Recovery	
				Preventive Care NOT covered by Medicare

Basic Benefits for Plans K and L:

These plans include similar services as plans A-J, but cost-sharing for the basic benefits is

K**	
100%	of Part A Hospitalization Co-insurance plus coverage for 365 Days after Medicare Benefits End
50%	Hospice cost-sharing
50%	of Medicare-eligible expenses for the first three pints of blood
50%	Part B Coinsurance, except 100% Co-insurance for Part B Preventive Services
50%	Skilled Nursing Facility Co-insurance (21st - 100th day)
50%	Part A Deductible
You have an Out-of-Pocket Annual Limit***	

* Plans F and J also have an option called a high deductible plan F and a high deductible plan J. These high deductible plans pay the same benefits as Plans F and J after you have paid a calendar year deductible. Benefits from high deductible plans F and J will not begin until out-of-pocket expenses exceed the deductible. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

Coverage Benefit Plans A Through L

Plan “A.” Some states do not have these standardized plans as shown below. Bankers may not offer all plans shown below in your state.

- Medical Expenses: Part B co-insurance (generally 20% of Medicare-approved expenses) or co-payments for hospital outpatient services.
- Blood: First three pints of blood each year.

F	F*	G	H	I	J	J*
Basic Benefits		Basic Benefits	Basic Benefits	Basic Benefits		Basic Benefits
Skilled Nursing Facility Co-insurance		Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance		Skilled Nursing Facility Co-insurance
Part A Deductible		Part A Deductible	Part A Deductible	Part A Deductible		Part A Deductible
Part B Deductible						Part B Deductible
Part B Excess (100%)		Part B Excess (80%)		Part B Excess (100%)		Part B Excess (100%)
Foreign Travel Emergency		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency		Foreign Travel Emergency
		At-Home Recovery		At-Home Recovery		At-Home Recovery
						Preventive Care NOT covered by Medicare

s at different levels.

L**	
100%	of Part A Hospitalization Co-insurance plus coverage for 365 Days after Medicare Benefits End
75%	Hospice cost-sharing
75%	of Medicare-eligible expenses for the first three pints of blood
75%	Part B Co-insurance, except 100% Co-insurance for Part B Preventive Services
75%	Skilled Nursing Facility Co-insurance (21st - 100th day)
75%	Part A Deductible
You have an Out-of-Pocket Annual Limit***	

**Plans K and L provide for different cost-sharing for items and services than Plans A – J. Once you reach the annual limit, the plan pays 100% of the Medicare copayments, co-insurance, and deductibles for the rest of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare-approved amounts, called “Excess Charges.” You will be responsible for paying excess charges.

***The out-of-pocket annual limit will increase each year for inflation.



Why **Bankers** Could Save You A Lot Of Money On Your Medicare Supplement Insurance

Because insurance companies in most states offer at least some of the standardized Medicare Supplement insurance policies outlined on pages 8-9, some people may think that insurance companies must also charge the same premiums for these standard plans.

Nothing could be further from the truth! Premiums for the same basic Medicare Supplement policy can vary *widely* from company to company.

So, over a period of years, you could spend thousands of dollars more than you need to for your Medicare Supplement protection!

That's why it could save you a lot of money to compare costs *before* you buy any policy. Or, if you already have a Medicare Supplement policy, it can pay to find out what *Bankers* rates are for the same protection.

As one of America's pioneers in protecting Senior Americans, *Bankers* has the experience, the size, the financial strength *and* the stability to be there when you need us.

Also, *Bankers* offers you its famous "Creed for Caring." This is our pledge never to sell anyone more protection than he or she needs, or can afford.

Remember, too – no insurance policy is worth very much if it doesn't pay its full benefits promptly when there's a claim. Also keep in mind that policy benefits are limited to those approved by Medicare for payment. *Bankers* is famous for paying claims fairly *and* promptly – usually within days after we get the necessary claim information!

This *Bankers* insurance policy has certain exclusions and limitations. For costs and complete details of the coverage, please call your local agent or write the company at the address on the back cover.

MEDICARE PART D *Help for your Prescription Drugs*

Medicare Part D helps pay for prescription drugs when you are not hospitalized. (The drugs administered while you are an inpatient in a hospital are covered under Medicare Part A). Coverage is NOT automatic. You must have either Medicare Part A or Medicare Part B to be eligible to join any of the Medicare prescription drug plans. If you want coverage, you must enroll for it and you must pay an extra premium.

Medicare will provide information about Medicare prescription drug plans, including how to choose and join a drug plan that best meets your needs. The “Medicare & You 2006” handbook lists the Medicare prescription drug plans available in your area. The Social Security Administration will send to people with certain incomes information about how to apply for extra help paying their prescription drug costs.



When to enroll

Starting on November 15, 2006 anyone covered by Medicare can sign up for Part D prescription drug coverage. Your coverage will go into effect on January 1, 2007.

After December 31, 2006, you can still join a Medicare prescription drug plan, but you may be subject to a “penalty” – a higher premium.

You can join or change plans once each year – between November 15 and December 31 of that year. Your coverage and your premium could change based on the new plan you select.

What you pay

You pay a monthly premium. The premium is based on what each plan covers and where in the country it is offered. Some plans will charge more and other plans will charge less. If you already qualify for Medicare and you enroll after December 31, 2006, you will pay a higher monthly rate (“penalty”) UNLESS you are already a member of some other type of prescription drug plan (not Medicare) where your coverage is as good as or better than the Medicare Part D benefit. (Note: This “late penalty” does NOT apply to you if you are just joining Medicare. For example, if you turn 65 and are eligible for the first time.)

You pay an annual deductible (\$250) and co-payments (see chart). Only those drugs included in the plan you select count towards the co-payment. If the drug is NOT included, you pay 100% of the drug cost. Medicare prescription drug plans NEVER cover 100% of your drug cost.

If you have a Medicare prescription drug plan, here's what Medicare pays and what you pay:

	Medicare Pays	You Pay
\$0 up to \$265 in total covered drug costs (deductible)	0%	100%
\$265 up to \$2,400 in total covered drug costs (partial coverage)	75%	25%
\$2,400 up to \$5,451.25 in total covered drug costs (\$3,850 you have paid yourself)	0%	100%
After you have paid \$3,850 for covered drugs on your own (total of all drug out-of-pocket expenses)	95%	5% or a \$2 co-pay for covered generic drugs and \$5 for covered brand name drugs, whichever is greater
Drugs that are not "covered"	0%	100%

Important notes:

- "Total drug cost" means the actual price of the covered drugs.
- "Out-of-pocket expenses" means the amount of money you spend yourself for covered prescription drugs.
- These numbers are *per person*, not per married couple.
- The above amounts *do not include your monthly premium* for your Medicare prescription drug plan.
- You may be able to buy *enhanced drug coverage* from the same company who provides your Medicare prescription drug plan coverage.

As used in this booklet, "Prescription Drugs" means outpatient prescription drugs administered while you are not in a hospital as a patient. Prescription drugs provided while you are in the hospital are covered under Medicare Part B.

Long-Term Care Costs ... A Growing Problem for Senior Americans

Americans are living longer today. That also means the likelihood of serious medical problems increases. Conditions like stroke, Parkinson's disease, Alzheimer's Disease, and crippling arthritis, and more (even accidents or injuries) can require a lot of care for a lengthy period of time. This is called "long-term care" and it's the kind of care you would need if you were unable to care for yourself independently for important daily tasks like eating, dressing, bathing, going to the bathroom.

Long-Term care is provided in your own home by professional caregivers or others. OR in an assisted living facility or a nursing home. Either way, it's generally NOT covered by Medicare (or Medicare Supplement insurance) and it's very expensive. SEE PAGE 15.

FICTION:

Medicare will pay for Long-Term care costs.

FACT:

Generally, Medicare does NOT pay for long-term care. Medicare pays only for medically necessary skilled nursing facility or home health care – IF you meet certain very specific conditions. For example, in order for Medicare to pay for skilled nursing care in a facility, you must be sent there directly from a hospitalization that lasts a minimum of 3 days. But many times there is no

prior hospital stay. And most long-term care is to assist people with support services such as activities of daily living like dressing, bathing, and using the bathroom. Medicare never pays for this type of care called "custodial care."

FICTION:

Medicare Supplement insurance will pay what Medicare doesn't pay.

FACT:

Medicare Supplement insurance is designed to work hand-in-hand with Medicare, to help pay the portion of "covered expenses" Medicare doesn't. When long-term care services in your home or a facility are not a "covered expense" by Medicare, Medicare Supplement insurance will NOT pay for any expenses either.

FICTION:

I'm healthy – I won't need it.

FACT:

The reality is, 40% of those receiving long-term care services now are ages 18 to 64.² For every 1,000 people, nearly 600 will require some form of long-term care.¹

¹"*The Growing Need for Long-term Care Insurance*," Insurance Journal, 02/23/04

²"*A Federal Case for LTC*," Employee Benefit News, 02/01/03

Here's what Medicare pays – and what you pay!

Note that Medicare pays only towards “skilled” nursing care. It pays nothing towards “custodial” or “intermediate” care.

COVERAGE FOR ANY ONE PERIOD OF ILLNESS OR INJURY	MEDICARE PAYS:	YOU PAY:
Days 1-20 Skilled Nursing Care	All Medicare Eligible costs	ONLY NON-COVERED CHARGES IF MEDICARE REQUIREMENTS ARE MET
Custodial or Intermediate Nursing Care	\$0	YOU PAY THE ENTIRE BILL
Days 21-100 Skilled Nursing Care	All Medicare Eligible cost over your co-payment amount	YOU PAY UP TO \$119 PER DAY
Custodial or Intermediate Nursing Care	\$0	YOU PAY 100%
Days 101 and beyond Skilled Nursing Care	\$0	YOU PAY 100%
Custodial or Intermediate Nursing Care	\$0	YOU PAY 100%
Home Convalescent Benefits	Physician's visits as allowed under Part B	YOU PAY ALL ADDITIONAL COSTS UP TO CHARGE LIMITATIONS. SEE PAGES 8 & 9

- Skilled care generally refers to care given by a registered nurse or therapist – usually on a daily basis – under the direction of a doctor. Skilled care follows a plan of treatment and lasts for relatively short periods.
- Intermediate care refers to occasional nursing and rehabilitation under the supervision of skilled medical personnel. It's less specialized and comprehensive than skilled nursing care, and may last quite a bit longer.
- Custodial care – assistance with the activities of daily living such as bathing, eating and dressing – often involves non-medical personnel. Much of the care given in nursing homes, especially in extended stays, is custodial care.

At-Home and Nursing Home Facility Costs ...

And Your Retirement Security

Care in your own home

The national average hourly rate for Home Health Aides (HHAs) provided by a home care agency is \$19 per hour.¹

If you had 4 hours of care each day of the week, your annual cost would be \$27,740. The cost of 24/7 care would be \$166,440 annually.

Care in an assisted living facility

The national average monthly base rate for an individual residing in an assisted living facility is \$2,524 or \$30,288 yearly.²

Care in a nursing home

The national average daily rate for a private room in a nursing home is \$203 or \$74,095 annually.¹

The national average daily rate for a semiprivate room in a nursing home is \$176 or \$64,240 annually.¹



All costs shown here are nationwide averages. Costs vary and where you live might be higher or lower. Because these figures are annual costs, they do NOT tell you the total cost you might face. You may need care for an extended period of time – perhaps years. Also, these numbers represent costs as of 2004 and 2005 and do not reflect the cost of care in the future. Long-term care costs are projected to increase dramatically in the next 20-30 years.

¹*The MetLife Market Survey of Nursing Home and Home Care Costs*, September 2005, Mature Market Institute

²*The MetLife Market Survey of Assisted Living Costs*, October 2004, Mature Market Institute

Fortunately, There's A Sensible Solution To The Costly Problem Of Long-Term Care

Because of today's high long-term care costs, more and more men and women are turning to a sensible solution – they're buying Long-Term Care insurance!

Many insurance companies, including *Bankers*, now offer Long-Term Care insurance, because most such policies also pay benefits for medical and related care that's received in the policyholder's own home, in addition to an assisted living facility or nursing home.

The cost of such policies depends on many factors – your age when you purchase the policy, the size and kind of benefits you select, and so on.

Generally, once you own such a policy, your premiums may increase but not because you grow older. That means that the younger you are when you get your policy, the lower your premiums may be in future years. So, you may save money by buying a Long-Term Care policy *as soon as possible*, once you decide you have too much to lose by not protecting yourself.

Generally, today's Long-Term Care policies cover Skilled, Intermediate and Custodial care in state-licensed nursing homes. There are also options which cover Home Health services provided by state-licensed and/or Medicare-certified home health agencies.

Discuss the benefits of obtaining help with protecting yourself and your retirement assets with your *Bankers* agent when he calls.

Neither Bankers nor its agents are connected with or endorsed by the U.S. Government or the Federal Medicare Program. An insurance agent will contact you.

“More than eight million Americans now have long-term care coverage, ten times the number in 1987, according to the Health Insurance Association of America (HIAA).”

Kiplinger's Personal Finance. January 2004.

“Coming Soon: a Benefits Squeeze.”

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We specialize in seniors

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Chicago, IL 60654-2001



For over 125 years, *Bankers* has been helping make life better for Americans across the U.S. So you can be confident about the protection you receive from Bankers Life and Casualty Company.

Bankers policyholders find that our reputation for personal attention and courteous service is well deserved, and that their claims are paid promptly.

Under our nationally famous “Creed for Caring,” *Bankers* agents are trained to be sensitive to your special needs and concerns. Each *Bankers* agent is committed to seeing that you have only the protection you need and can afford. With *Bankers*, you never have to worry about being sold a product you don’t need, or that doesn’t fit your budget!

Once you have selected the best protection for your money, your *Bankers* agent will take time to fully explain how the benefits and limitations work. This way, you’ll be satisfied that your coverage will give you the help you want.

In addition, your *Bankers* agent can give you the facts about our other fine plans.

You Can trust *Bankers* and its “Creed for Caring” to bring you honest value and fine service...always! Don’t settle for anything less.

We Take Your Future Seriously.

This is a solicitation for Medicare Supplement and Long Term Care Insurance.