



New York State Partnership for Long-Term Care

<https://nyspltc.health.ny.gov/>

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As of January 1, 2021, there are no current insurance companies offering new policy purchases of Partnership qualified products in New York State. This means that there are no new Partnership policies available for purchase at this time. This does not affect current, active insureds who are Partnership qualified.

In the event a person has continuing long-term care needs beyond the minimum duration of a plan, he/she may apply for Medicaid Extended Coverage (MEC) which allows for the disregard of all or some of his/her assets. The last row of the table shows the level of asset disregard for each plan.

	Total Asset 50 2/4/50	Total Asset 50 3/6/50	Total Asset 100 4/4/100	Dollar for Dollar 50 1.5/3/50	Dollar for Dollar 100 2/2/100
<i>Nursing home coverage</i>	2 years at a minimum daily benefit amount of \$387 (2024)	3 years at a minimum daily benefit amount of \$387 (2024)	4 years at a minimum daily benefit amount of \$387 (2024)	1.5 years at a minimum daily benefit amount of \$387 (2024)	2 years at a minimum daily benefit amount of \$387 (2024)
	or				
<i>Home care coverage</i>	4 years at a minimum daily benefit amount of \$193 (2024)	6 years at a minimum daily benefit amount of \$193 (2024)	4 years at a minimum daily benefit amount of \$387 (2024)	3 years at a minimum daily benefit amount of \$193 (2024)	2 years at a minimum daily benefit amount of \$387 (2024)
	or				
<i>Assisted Living Facility coverage</i>	4 years at a minimum daily benefit amount of \$193 (2024)	6 years at minimum daily benefit amount of \$193 (2024) (at a minimum, includes home care services received in an assisted living residence)	4 years at a minimum daily benefit amount of \$387 (2024)	3 years at minimum daily benefit amount of \$193 (2024) (at a minimum, includes home care services received in an assisted living residence)	2 years at a minimum daily benefit amount of \$387 (2024)
	In the event both nursing home coverage & home care or assisted living facility coverage are used, 2 home care/assisted living facility days equal 1 nursing home day for the purpose of meeting Partnership utilization requirements.	In the event both nursing home coverage & home care coverage are used, 2 home care days equal 1 nursing home day for the purpose of meeting Partnership utilization requirements.		In the event both nursing home coverage & home care coverage are used, 2 home care days equal 1 nursing home day for the purpose of meeting Partnership utilization requirements.	
<i>Other basic coverage (shared by all plans)</i>	<ul style="list-style-type: none"> » 3.5% or 5% annual compounded inflation protection required at purchase ages 79 and younger » Care management services 	<ul style="list-style-type: none"> » 14 days of respite care per year » Nursing home bed reservation, 20 days per year 	<ul style="list-style-type: none"> » 60 day grace period to ensure the premium is paid if you have designated someone to be notified when you fail to pay your premium on time » Hospice care 	<ul style="list-style-type: none"> » Coverage of alternate level of care status in a hospital while awaiting nursing home placement or at-home services » Review of denied benefit authorization requests 	<ul style="list-style-type: none"> » Guaranteed renewable
<i>Optional coverage</i>	Optional coverage is available depending on the type of plan. Check with your insurance carrier for more options.				
<i>Asset protection if meet the minimum duration requirement of policy & apply for MEC</i>	Total	Total	Total	Partial depending on the amount of benefit paid	Partial depending on the amount of benefit paid

This chart illustrates the core benefits as well as the minimum daily benefit amounts associated with the each Partnership policy type.