

ADVANCED CARE PLANNING

*Planning for the Rewards and
Challenges of Aging*



Chevron Retirees Association



TABLE OF CONTENTS

SECTION	PAGE
• Preparing for Current and Future Needs	3
• Identifying Needs	4
• Tips for a Caregiver	7
• Considering Different Living Arrangements	10
• In-Home and Community Services	13
• Evaluating Facilities and In-Home Providers	16
• Tracking Down Community Resources	21
• Service Resources	23
• Health Care Coverage for Seniors	26
• Insurance Checklist	30
• Long-Term Care Insurance	32
• Checklist for Long-Term Care Insurance	34
• Types of Long-Term Care	36
• Chevron Benefits and CRA Dental Benefits	38
• Appendix:	
• Agencies on Aging	40
• Other Resources	45
• Information Assistance/Publications	46
• Suggested Reading List	47

PREPARING FOR CURRENT AND FUTURE NEEDS

Growing older offers many rewards. However, along with the rewards of aging come new challenges. At some time you'll most likely face a senior care situation, either as the person in need of care or as a caregiver. Thirteen percent of people over age 65 need assistance with one or more daily activities (for example, walking or eating). It is estimated that more than 9 million senior Americans need some type of long-term care. A majority of that care is presently provided by a child or a spouse.

Most individuals are unfamiliar with the issues involved with senior care. And when managing older adult care, the financial, legal, and emotional concerns can be overwhelming. This booklet examines some senior care issues to help you handle current needs and plan for future care for yourself or a family member including: identification of senior care needs; evaluation of different types of care; and highlights of government and private insurance opportunities. In addition to the topics discussed here, you'll find a list of references covering a broad spectrum of senior care issues to help you find answers to other questions.

At the time this booklet was written, all contact information was accurate. However, as agencies change the focus of their services, these numbers may change. The Chevron Retirees Association regrets any inconvenience this may cause.

The material presented in this booklet is for information purposes only. It is not the intent of the Chevron Retirees Association (CRA) to offer advice or make suggestions about long-term care or senior care decisions. CRA is not a subsidiary of the Chevron Corporation (Chevron) but an independent organization comprised of retired employees of Chevron or its predecessor companies.



IDENTIFYING NEEDS

The most important step in preparing for aging is to identify current and future needs. The success of any care program is dependent upon an accurate understanding of an individual's needs.

Senior Needs

Older adults' needs span across a broad spectrum. Health care creates significant requirements for older adults. A doctor's diagnosis is an important part of the deliberation process; but, don't forget to consider other areas such as domestic needs. Many times, day-to-day personal and social needs are the greatest challenge for older adults. The listings shown below illustrate some of the needs of aging adults. Generally, when an adult needs help with two or more of these items, it is time to consider some type of senior care.

Questions To Help Evaluate Needs

Matching a senior's needs with a care program involves careful thought and a lot of research. Every senior situation is as unique as the person receiving the care. There is no precise formula that determines the exact timing and type of care. In some situations, the senior may abruptly require intensive long-term medical care. In this case, it is clear that immediate and acute care is necessary. Other times, a senior may gradually require help with small, everyday tasks and minor medical care. His or her needs may increase in increments, slowly moving from one level of care to another, lacking a clear delineation of when additional care is necessary. To identify when (and at what level) care is necessary, you should consider a variety of factors. Questions on the following page may help you. (From *"Taking Care: A Handbook for Family Caregivers to Older Adults"*, Second Edition by Mildred O. Hogstel, PhD, RN, C.)

Routine Living/Social Needs

- Transportation
- Shopping
- Companionship
- Social Activities
- Worship Services
- Banking
- Paying Bills
- Managing Finances
- Managing Assets

Personal/Home Needs

- Nutritional Planning
- Cooking
- Dressing
- Bathing
- Laundry
- Home Security
- Home Cleaning
- Home Maintenance
- Home Repairs

Health Care Needs

- Regular Checkups
- Ongoing Treatment
- Filling Prescription
- Taking Medications Correctly
- Emergency Care



IDENTIFYING NEEDS

Physical/Health

- What conditions have been diagnosed and are being treated?
- What can you anticipate regarding future health status?
- How satisfied is the family with current health care providers?
- What do you know about the senior 's eating habits and use of alcohol, drugs, and tobacco?
- Are there changes due to aging, such as hearing or vision loss, that can be corrected or improved?
- Has the senior executed an advance health care plan (living will) and named a health care agent to act when the senior is too ill to make medical decisions?

Living Arrangements

- How manageable is the senior 's present living arrangement?
- How secure is the senior's home-both inside, in terms of features such as adequate lighting and safe access to bathrooms; and outside, in terms of safety in the neighborhood?

Support

- How well does the senior get along with other people?
- To what extent is contact with friends and neighbors being maintained?
- How much assistance are you, your family, and friends able to provide?

Functional

- How well does the senior handle the following activities of daily living?
 - Getting out of bed.
 - Toileting and bathing.
 - Preparing and eating meals.
 - Communicating needs.
 - Managing household chores.
 - Getting dressed and groomed.
 - Moving around the house.
 - Handling finances.
 - Shopping.



IDENTIFYING NEEDS

Emotional/Spiritual

- How does the senior feel about his or her living situation?
- How has the senior handled difficulties in the past? Does he or she tend to depend on others, keep his/her problems to oneself, or ask for appropriate help? (This should provide insight into how he/she will act in the future.)
- How is the senior's memory and judgment?
- What spiritual or religious beliefs have been important to the senior, and is he or she able to continue to meet those needs?

Financial

- What assets (e.g., savings, value of home) does the senior have? And, has he or she made his/her wishes clear for the disposition of those assets if it becomes necessary?
- What is the senior's regular income (e.g., monthly Social Security check, etc.)? Will that income continue in the future?
- What are the anticipated expenses for the senior's care?



TIPS FOR A CAREGIVER

Making decisions about the care of an older adult can be extremely taxing. The degree of worry and frustration is likely to be intensified by distance when parent and children live in separate cities, regions of the country, or abroad. Although care needs vary greatly depending on the person's situation, here are some general points to keep in mind when contemplating long-term care for an aging person:

- Recognize your responsibilities to yourself and the rest of your family. Ask "What am I willing to do for my parents?" "To what extent should my involvement affect my life?" "How do I feel about the type and amount of support I can give?" Resolving your feelings about caring for an aging person is a critical first step.
- Acknowledge the impending loss. Making the choice to live somewhere else often means a great sense of loss, because "home" is a symbol of personal control and independence. Even with limited help, an aging adult is frequently able to stay longer in his or her own home and remain happier.
- Involve the aging person to the fullest extent in decisions about care and living arrangements. Respect the aging person's "adulthood" and dignity.
- Involve other family members. Don't hesitate to ask other family members for help. However, be sure that your request is reasonable.
- Check out nursing homes and have one or two in mind in case home living arrangements don't work out. Having an aging person living with you just may not work. Be aware that many nursing homes (especially the better ones) have waiting lists of two or three years.
- Set up a file of personal information about the aging person.
 - Bank accounts, financial assets, and investments.
 - Credit cards.
 - Liabilities and debts.
 - Property.
 - Valuables.
 - Safety deposit boxes, email addresses, and computer passwords.



TIPS FOR A CAREGIVER

- Official certificates: birth; marriage; divorce; citizenship; death, if spouse is deceased; Social Security number, Medicare number, etc.
- Employment history.
- Insurance coverage and identification cards.
- Important names: relatives, friends, clergy, physicians, lawyers, financial advisers, etc.
- Medications and medical history.
- Location of the will and/or trust, advance care plan (living will), health care agent documents and any other powers-of-attorney documents.
- Requests.
- Preferences.
- Prearrangements for a funeral.
- Any other information that helps you administer the aging person's affairs.
- Consider what legal or financial assistance you may need to handle taxes (income, estate), trusts, guardianship of a parent, joint accounts of a parent, power-of-attorney, will, living will, etc.
- Actively search for information about community services for aging individuals and meeting a person's health needs.

TIPS FOR A CAREGIVER

Resources

- For a nearby agency on aging, call the U. S. Administration On Aging's Eldercare Locator at 800-677-1116 on weekdays or go to their web site at www.eldercare.gov.
(When calling, it will be required that one leave the zip code, city, and county for which one is needing information.)
- For information on a broad range of needs and provisions of care, there are often free brochures from:
 - American Association of Retired Persons (AARP)
601 E Street, NW
Washington, DC 20049
888-687-2277 or go to web site to print brochures at www.aarp.org.
- For geriatric care managers in your area, contact the following:
 - National Association of Professional Geriatric Care Managers
3275 West Ina Road, Suite 130
Tucson, Arizona 85741
520-881-8008 or go to web site to locate area managers at www.caremanager.org.
- To order other free related publications, contact the following:
 - Medicare at 800-633-4227 or go to the web site to print brochures at www.medicare.gov. (If ordering brochures by telephone, please allow 3 weeks for delivery.)

Words Of Caution:

- **Remain Vigilant!**
- **Do Your Homework—It Pays Off!**



CONSIDERING DIFFERENT LIVING ARRANGEMENTS

The type of living arrangement that is right for the situation depends on the individual's medical, financial, and day-to-day needs. Outlined below are the most common aging adult living arrangements, and general costs.

Staying at Home

Remaining in one's home is usually the senior's first choice. This option offers freedom, independence, and the security of a familiar setting; however, it also means the continuation of maintenance activities and expenses. Many times, seniors living at home are assisted by different support services such as skilled nursing care/physical therapy, homemaker assistance, home health aid, home delivered meals, and emergency response systems. These are described in more detail in the **In-Home and Community Services** section of this booklet. In addition to these services, modifications to the home may ease domestic annoyances—for example: attaching lever handles to doors instead of knobs; making the house wheelchair accessible; and rearranging closets and cupboards.

Home Matching

If a senior has extra space in a home or apartment and needs help with expenses and household tasks, a home matching program may offer the necessary financial and home care assistance. The program matches the homeowner with someone needing housing such as another older person or a student. Usually, no fee is charged for the matching service, and the senior and the renter work out a financial arrangement.

Federally Assisted "Subsidized" Housing

An older adult who meets low income rules may find subsidized housing to be an attractive living option. Generally, rent is a percentage of the older adult's income set by annual national standard if operated by the government. Subsidized apartments are also operated by private management companies; however, both usually have long waiting lists.

CONSIDERING DIFFERENT LIVING ARRANGEMENTS

Shared Housing

Some seniors may benefit from living in a housing arrangement in which three or more unrelated persons share a home or an apartment owned by an agency or an organization. Residents have private bedrooms, but share common areas such as living and dining rooms. This may be appealing to older adults who are capable of handling their personal needs, but may require help with support services such as transportation, housekeeping or preparing meals.

Congregate or "Retirement" Communities

Congregate communities are multi-unit rental apartments or homes planned to meet a wide range of interests and needs. Large communities such as Sun City and Leisure World not only have their own libraries, golf courses, and health clubs, but they also have facilities for lapidary, woodworking, sculpting, and painting. Some of the newer communities are more specialized and revolve around a theme, such as gourmet cooking or photography. Another approach to congregate communities is the "lifestyle town." For example, Worman's Mill in Maryland is organizing its community around an old-style farming village. Residents can raise their own animals or convert their downstairs into shops that face a town square. Byron Park, a 186-unit congregate living house in California, is reproducing an eighteenth century English country inn, including such finishing touches as a horseshoe-shaped courtyard with peacocks. (From "*Age Wave*", 1990, pages 134-142.) Most communities charge a monthly service fee. Support services may include housekeeping, meals, activities, and transportation. Additional support services are usually available for a fee.

Continuing Care or Life Care Communities

A life care community offers several levels of care so that residents do not have to relocate if their ability to function changes. The facility may include independent apartments and garden homes, assisted living, and nursing home care. This arrangement may provide a lifetime commitment to meet residents' housing needs. Costs can include a significant entrance or endowment fee in addition to monthly charges. Some also may sell a percentage of return of capital of the entrance fee to the resident or to one's estate.



CONSIDERING DIFFERENT LIVING ARRANGEMENTS

Assisted living offers housing alternatives for seniors who need assistance with dressing, bathing, eating, and toileting but do not require intensive medical or nursing care. The senior may have a private apartment or room but shares common areas such as dining, parlor, meeting, and recreation.

Nursing Homes

If a senior has difficulty caring for himself or herself and needs some degree of medical attention, a nursing home may be the answer. Nursing homes offer three different levels of care.

- **Sheltered Care:** Provides a safe environment for individuals who need minimal nursing care. Generally, they are frail and can no longer live on their own. The nursing home monitors their health, medications, and provides meals and social activities.
- **Intermediate Care:** Provides supervised 24-hour nursing care with the focus on personal care such as bathing, eating, dressing, and walking. This level provides care for people who have long-term disabilities or illnesses that have been stabilized. Rehabilitative services may also be provided.
- **Skilled Care:** Provides intensive medical treatment and monitoring by highly skilled medical personnel 24 hours a day. This level is also appropriate for seniors who need daily physical or occupational therapy.

Companionship of Adults Age 65 and Older

Based on data from the U.S. Bureau of the Census, 2012 individuals have the following living arrangements:

- 56.75% live with their spouse
- 28.50% live alone
- 1.74% unmarried living with a partner
- 13.00% other living arrangements (live with others or in institutions, senior housing or group quarters)

Note: The percentages do not add up to 100% because of rounding differences.



IN-HOME AND COMMUNITY SERVICES

In-home care provides assistance with day-to-day and minor medical care. These services may be temporary (help while recovering from an illness) or ongoing.

Skilled Health Care Services

Generally, the goal of skilled health care services is to assist in the senior person's recuperation or rehabilitation following an illness or injury. These services are prescribed by a physician and performed under the direction of a registered nurse. These services include physical therapy, speech therapy, and nursing care.

Homemaker/Home Health Aide

If a senior needs assistance with domestic activities (e.g., housekeeping, cooking, etc.), you may wish to consider employing a homemaker or home health aide. In addition to domestic duties, the aides can assist with personal needs like bathing, dressing, and getting out of bed. These services can be given alone or in combination with skilled health services.

Adult Day Care Centers

Adult day care provides structured weekday programs that include recreational activities, health and rehabilitation services, and meals during the day. The supervised group environment offers a chance to interact with peers and receive care and nourishment. In addition, some centers offer transportation and special programs for individuals with special needs, such as dementia.

Senior Centers

If a senior does not require supervised activity but wants a place to socialize, Senior Centers offer a variety of social, health, nutritional, educational, and recreational programs. Generally, they are community-based and operated by community agencies, park districts, and religious or ethnic organizations.



IN-HOME AND COMMUNITY SERVICES

Home Delivered Meals

Home delivered meals are available in most communities for older people who have difficulty shopping or cooking their own meals. Meals are either delivered hot and ready to eat or frozen so that they can be reheated.

Nutritional Sites

Older adults, who require a noon-time meal, may consider visiting a nutritional site. These sites include senior centers, housing developments, churches, synagogues, and other community locations. In addition to food, the sites provide companionship and possibly some social activities.

Emergency Response Systems

Emergency Response Systems (ERS) are devices which can help signal for assistance if an accident occurs when an individual is home alone. These devices vary in degree of sophistication and cost. They are often helpful in maintaining older persons in their homes.

Telephone Reassurance

Telephone reassurance is a support service provided by volunteers who make daily phone calls to older adults living alone to ensure that they are all right. This service is usually coordinated by your local Red Cross chapter, visiting nurse association, religious organization, or senior center.

Friendly Visitors

Non-profit organizations arrange for volunteers to regularly visit older adults to provide companionship. The visits may include activities, such as running errands, reading, writing letters and taking short walks. Friendly visits are usually provided by religious or voluntary organizations.

IN-HOME AND COMMUNITY SERVICES

Many adults over age 65 use some type of support service previously mentioned. Here is a breakdown of the most common services and the number of hours spent based on findings issued by the Administration On Aging in their Aging Network Program Reports in 2009:

- Personal Care and Chore Services: 28.7 million hours
- Transportation Rides: 27.5 million hours
- Day Care/Health Services: 8.0 million hours

Other Support Services in Your Area

Many community agencies, both public and private offer different in-home support services in your area. These services include:

- Social activities and outreach;
- Health promotion;
- Home Health Care;
- Hospice;
- Senior rights advocacy;
- Legal aid;
- Respite care;
- Public benefits and insurance counseling;
- Senior abuse prevention; and/or
- Special transportation.

For more information on how to track down resources, please refer to the section of this booklet entitled **Tracking Down Community Resources**.

Resources

*Turn to the section of this booklet entitled **Evaluating Facilities & In-Home Providers** for a checklist which you may wish to use to help evaluate in-home services.*

To learn more about helping the elderly live independent lives, call the National Rehabilitation Center and ABLEDATA at 301-608-8998. ABLEDATA is a federally funded project whose primary mission is to provide information on assistive technology and rehabilitation equipment available from domestic and international sources to consumers, organizations, professionals, and caregivers in the United States. Alternatively, you can obtain their publications by visiting www.abledata.com or by writing to 103 W. Broad St., Suite 400, Falls Church, VA 22046. There are 40,000 devices for impaired individuals.

EVALUATING FACILITIES AND IN-HOME PROVIDERS

After determining the best type of senior care assistance, it's important to set a standard to evaluate the providers that offer the services. The following checklists can help you evaluate home health care and nursing homes.

Home Health Care Agency Checklist

Here are some questions to ask:

- Is the homemaker/aide an employee of the agency? (If no, see "[Home Health Care Registry](#)" in this section.) What type of employee screening is conducted by the agency?
- Does the agency have a current operating license and how long has the agency been serving the community?
- Does the agency provide service in your geographic area?
- What type of ongoing training and skilled supervision are provided to the staff?
- Are supervisors and back-up staff available to provide on call assistance 24 hours per day?
- Are they certified by Medicare and/or Medicaid, if appropriate? Is the quality of care certified by a national accrediting body such as the Joint Commission for the Accreditation of Healthcare Organizations?
- Does the agency provide a full assessment or plan of care that the patient, physician and family have input in the formulation? Is this ongoing process continued?
- Does the agency offer seniors a "Patients' Bill of Rights" that describe the rights and responsibilities of both the agency and the senior patient?
- [Home Health Care Registry](#)
 - Does the agency allow you to interview the homemaker/aide?
 - Is there an interview fee?
 - Is there a placement fee paid to the agency for providing a homemaker/aide?
 - Does the homemaker/aide have proper insurance and bonding and a list of good references?

EVALUATING FACILITIES AND IN-HOME PROVIDERS

- Does the placement fee guarantee a supply of homemakers/aides for a reasonable length of time?
- How does the registry screen its workers?
- **Homemaker/Home Health Aide**
 - Does the homemaker/aide have related work experience?
 - Does the homemaker/aide have an educational background, certification, or training in home health care?
 - Does the homemaker/aide enjoy working with older people?
 - Is the homemaker/aide able to commit to the length of time needed to care for the person?
 - Does the homemaker/aide have reliable transportation?
 - Does the homemaker/aide show good judgment in emergencies?
 - Does the homemaker/aide have good references?

Nursing Home Checklist

Many seniors and caregivers are skeptical about nursing homes and the quality of their care. Selecting a nursing home that meets your standards is very important. Some of the same questions apply to retirement or life care communities. Following is a checklist of some items to look for when choosing living arrangements outside the home.

- **Legal and Financial**
 - Do the nursing home and its administrator have current state licenses? Is the licensing report available to read at the site? What are the state ratings for the home?
 - Is the home certified to receive reimbursement from Medicare and/or Medicaid, if applicable? What is the quality of care ratings the home has received?
 - Have you been provided with complete information on charges, applicable



EVALUATING FACILITIES AND IN-HOME PROVIDERS

insurance coverage, and a breakdown of monthly costs?

- Who owns the home?
 - Have you been provided with information on what circumstances will cause charges to be raised or lowered?
 - Do you know if a resident's space will be retained if one must be hospitalized?
- **Environment:** Making the transition to a new location can be stressful for a senior person. Here are some basic environmental attributes to look for to make the stay as comfortable as possible:
 - Does the location and setting meet with your requirements?
 - Are residents and guests invited to public spaces, such as lobbies, lounges and outdoor areas?
 - Is the home clean and free of persistent odors?
 - Is the environment safe; are traffic areas well-lit; and are there sufficient handrails, sturdy furnishings, adequate fire exits and sprinkler systems? (Ask to see a report of the last fire and safety inspection.)
 - Are residents permitted to smoke in their beds?
 - Are there procedures for reporting missing or stolen property?
 - Does the home respect the privacy of the resident — do staff members knock before entering a closed door; do shared rooms have drapery partitions; and is the modesty of the resident respected?
 - **Meals:** Visiting the home during a meal allows you to observe dining activities and taste

EVALUATING FACILITIES AND IN-HOME PROVIDERS

the food. Here are some things to look for:

- Is the dining room attractive and inviting?
- Can residents choose from a selection of foods and eating times? Is a dietitian involved in planning the meals if a special diet is ordered by a physician?
- Is food accessible between meals?
- Does the food smell, look, and taste good?
- Are slow eaters allowed to finish?
- **Care and Services:** Care is one of the most important factors in determining satisfaction with a nursing home. To understand the home's care style, try to observe the nurses, physicians, and other staff members interacting with residents. Here are some questions about qualities that may promote a positive care environment:
 - What type of employee screening is conducted by the home, including criminal background check? What ongoing training is available for the staff?
 - Does the staff treat the residents in a warm and caring manner — such as the tone of voice, attitude and physical handling?
 - Are the residents properly dressed and groomed?
 - Are the conditions acceptable under which residents are physically situated?
 - Are health and personal services (e.g., pharmacists, physicians, dentists, beauticians, podiatrists, social workers, and physical therapists) regularly available, and is a physician on call for emergencies?
 - Are residents able to retain their private physicians?
 - Are matters concerning a resident's health handled appropriately — for instance, if a resident refuses to take medication or presents physical or emotional complaints, is the family notified, and are specific issues recorded?
 - Does the home ensure that advance directive (e.g., living will, do not resuscitate,

EVALUATING FACILITIES AND IN-HOME PROVIDERS

and power-of-attorney for health care) documents are on file for each resident?

- What are the policies regarding telephone use, alcohol, smoking roommates, and physical intimacy?
- **Social Therapeutic and Recreational Activities:** Many nursing homes have a calendar listing their activities. You should view some of the publicized activities to see what actually occurs and the number of residents participating. The following are some things that may make a senior's stay more appealing:
 - Are there opportunities for religious services and practices?
 - Are activities geared toward assisting residents physically, psychologically, and socially?
 - Are there recreational trips outside of the home?
 - Does the home make available therapeutic group sessions such as "life review", art and music, memory improvement, and mild exercise?

Words Of Caution:

- **Ask For References—Be Sure To Check Them Out!**
- **Ask Questions!**

TRACKING DOWN COMMUNITY RESOURCES

Resources offering support and services for the elderly are available in almost every community. But tapping into them can be a challenge. With persistence and a number of well placed phone calls, you can begin to unravel an abundance of information and a wide variety of services. You may be surprised by the virtually hidden diversity of federal, state, and local government agencies, charities, and social and religious organizations that have been created specifically to serve aging people.

The following agencies sponsored by the U.S. Government and another organization will help you search for information and assistance.

- **U.S. Administration on Aging:** Coordinates funding and services of state and community agencies. Their address is 330 Independence Ave., SW, Washington, DC 20201; their phone number is 202-619-0724; and they can be found on the web at www.aoa.gov.
- **National Institute on Aging:** Provides printed materials on health, safety, and nutrition issues relating to the elderly. Their address is P.O. Box 8057, Gaithersburg, MD 20898; their phone number is 800-222-2225; and they can be found on the web at www.nia.nih.gov.
- **Social Security Administration:** Provides general information on Social Security benefits and specific information on personal accounts. Their address is 6401 Security Boulevard, Baltimore, MD 21235; their phone number is 800-772-1213; and they can be found on the web at www.ssa.gov.
- **National Association of Area Agencies on Aging:** Provides education about benefits and services for the elderly in local communities. Their address is 1730 Rhode Island, NW, Suite 1200, Washington, DC 20036; their phone number is 202-872-0888; and they can be found on the web at www.n4a.org.

The agencies listed above oversee a vast network of thousands of government offices and other groups that focus on in-home care services, community-based social services, and housing options other than nursing homes through:

- Informal caregivers.
- Homemaker services.
- Home-delivered meals (Meals-on-Wheels).
- Home health care.
- Hospice.
- Respite care services.
- Housing assistance.



TRACKING DOWN COMMUNITY RESOURCES

- Group housing (senior apartments, continuation care retirement communities, assisted living facilities).
- Counseling.
- Special transportation services.
- Senior centers.
- Social activities and outreach.
- Health promotion.
- Senior rights advocacy.
- Legal services.
- Public benefit and insurance counseling.
- Senior abuse prevention.

Words Of Caution:

- **Don't Get Frustrated—Stick With It!**
- **Be Persistent!**



SERVICE RESOURCES

The following are resources to consider in dealing with Advanced Care Planning:

- **American Association of Retired Persons (AARP):** National Office offers publications, information and resources to a broad range of issues for the over age 50 population. Their address is 601 E Street, NW, Washington, DC 20049; their phone number is 888-687-2277; and they can be found on the web at www.aarp.org.
- **National Council on Aging:** It provides advocacy, information and resources on disease, personal relationships and safety. It also offers Benefits-Check Up, which assists seniors in locating senior programs for medication, meals, health care and other essential services within your local community. Their address is 1901 L Street, NW, 4th Floor, Washington, DC 20036; their phone number is 800-424-9046; and they can be found on the web at www.ncoa.org.
- **Lawyer Referral and Information Service:** It provides referrals to legal services within your local community. Their address is American Bar Association, 321 North Clark Street, Chicago, IL 60654; their phone number is 800-285-2221; and they can be found on the web at www.findlegalhelp.org.
- **National Association for Home Care & Hospice:** It provides information and referrals on home health care and related services within your local community. Their address is 22287 7th Street, SE, Washington, DC 20003; their phone number is 202-547-7424; and they can be found on the web at www.nahcp.org.
- **National Center for Assisted Living:** It provides information and referrals on assisted living centers in your local community. Their address is 1201 L Street, NW, Washington, DC 20005; their phone number is 202-842-4444; and they can be found on the web at www.ncal.org.
- **Assisted Living Federation of America:** It provides information and referrals on assisted living centers in your local community. Their address is 1650 King Street, Suite 602, Alexandria, VA 22314; their phone number is 703-894-1805; and they can be found on the web at www.alfa.org.
- **National Adult Day Services Association:** It provides information and referrals on adult day services in your local community. Their address is 1421 East Broad Street, Suite 425, Fuquay Varina, NC 27526; their phone number is 877-745-1440; and they can be found on the web at www.nadsa.org.
- **Veteran's Administration:** For information on veteran's benefits and services call 800-827-1000, or visit their website at www.va.gov, or write to the U.S. Department of Veterans Affairs, 810 Vermont Avenue NW, Washington, DC 20420.

SERVICE RESOURCES

- **Specialized Disease Organizations:** The following are just a few of the specialized organizations that exist.
 - **Alzheimer’s Association:** For information and assistance call 800-272-3900 or visit their website at www.alz.org. Additional information may be obtained by calling 800-438-4380.
 - **American Cancer Association:** For information and assistance call 800-227-2345 or visit their website at www.cancer.org.
 - **American Diabetes Association:** For information and assistance call 800-342-2383 or visit their website at www.americandiabetesassociation.org.
 - **American Heart Association:** For information and assistance call 800-242-8721 or visit their website at www.americanheartassociation.org.
 - **American Lung Association:** For information and assistance call 800-586-4872 or visit their website at www.lungusa.org.
 - **American Parkinson’s Disease Foundation:** For information and assistance call 800-223-2732 or visit their website at www.apdaparkinson.org.
 - **Arthritis Foundation:** For information and assistance call 800-283-7800 or visit their website at www.arthritis.org.
 - **National Kidney Foundation:** For information and assistance call 800-622-9010 or visit their website at www.kidney.org.
 - **National Osteoporosis Foundation:** For information and assistance call 800-231-4222 or visit their website at www.nof.org.
- **Other Local Resources:** The following are just a few of the other resources that exist in most areas.
 - **Health and Social Services Departments:** Contact the local agency for your city or county.
 - **United Way**
 - **YMCA or YWCA**
 - **Salvation Army**
 - **Local Hospital:** Contact the Social Services Department for information and referrals for care services in your community.
 - **Bookstores and Libraries:** They generally have many excellent books and reference material about care giving and aging.
 - **AARP**



SERVICE RESOURCES

In addition to the above resources dealing with aging and medical conditions you should also remember that for daily living there are other resources that can afford you discounts on certain purchases. These include merchandise and services. Many older adult groups offer discounts to senior citizens. These discounts can be found on the following items:

- Apparel.
- Groceries.
- Hotels, car and truck rentals, cruises, tours and vacation packages.
- Health care (dental, hearing eyes, prescription medications, and health and beauty products).
- Financial services (credit cards and lifetime income options).
- Insurance (health, home, life, mobile home, motorcycle and automobile).
- Restaurants.
- Services (roadside assistance and legal help).
- Technology (cell phone service, internet access, computers, personal emergency response service and home security).
- Entertainment (games, leisure activities, flowers and other related items).

For more information about discounts that are available to seniors contact AARP by phone at 888-227-7669 or visit their website at www.aarp.org/discounts.

HEALTH CARE COVERAGE FOR SENIORS

Finding your way through the maze of public benefits and private health care insurance requires patience and perhaps the assistance of a knowledgeable advisor. Available benefit resources may vary, and selecting the proper coverage depends on health needs, financial resources, and other factors. Generally, no combination of coverage provides reimbursement for 100% of an aging person's expenses. Personal resources generally will be required.

The following list will acquaint you with various types of health insurance for the elderly. Keep in mind these are highlights; you should base any decisions about coverage on specific plan details.

- **Medicare:** It helps pay the health care expenses of persons age 65 and over, persons of any age with permanent kidney failure, and certain disabled persons under age 65. Deductibles, coinsurance, and other "gaps" in coverage can leave sizeable expenses for you to pay. Medicare consists of a few parts which help pay hospital, doctor and drug expenses.
 - **Part A (Hospital Expenses):** Covers Medicare-approved expenses for hospital, skilled nursing facility, hospice, home health and psychiatric care. Coverage is provided automatically to anyone who qualifies for Social Security or Railroad Retirement benefits; other people may be able to purchase coverage at a monthly premium. Check with Medicare for current premiums. Medicare generally does not cover nursing home care and prescription drugs (unless you have a Part D Prescription Drug Plan described below).
 - **Part B (Doctor Expenses):** Covers part of expenses (on average about 80% of Medicare-approved expenses) for physician's services, X-rays and testing, physical and other therapy, and outpatient services. Helps cover some preventative services. You may purchase coverage within six months of becoming eligible for Part A coverage. You must sign up for Medicare Part B coverage when you attain age 65 or become eligible for Part A coverage, if earlier.
 - **Part D (Drugs):** A prescription drug option run by private insurance companies approved by and under contract with Medicare. Helps cover the cost of prescription drugs. Each plan can vary in cost and drugs covered.
 - **Part C (HMO):** A health care coverage option run by private companies approved by and under contract with Medicare. Includes Part A, Part B and usually other benefits that Medicare does not cover. Most plans also provide prescription drug coverage. Before choosing any such plan (referred to as Medicare Advantage plans) make sure you understand the pros and cons of joining one of these plans.

An important note regarding Medicare: If you work beyond age 65 and ARE NOT covered by an



HEALTH CARE COVERAGE FOR SENIORS

employer-provided medical plan, you should sign up for Medicare when you first become eligible. If you fail to enroll within a year of your initial eligibility period, you will have to pay permanently increased premiums when you do enroll. If you work beyond age 65 and ARE covered by your employer-provided medical plan, you can apply for coverage up to eight full months after your employer-provided coverage ends or when employment ends (whichever comes first) without paying increased premiums.

- **Medicaid:** This is the only government program that covers long-term care in nursing homes. In some states, Medicaid covers long-term care through home services too. Coverage is available only to people with relatively low incomes and minimal assets. Benefits and rules vary by state. This program is funded through federal/state taxes. To receive benefits the aging person must “spend down” personal assets to “poverty level” and they must use virtually all their income on nursing home costs. However, a portion of their assets and income can be reserved for their spouse.
- **Medicare Supplement Insurance (“Medigap” or “Medsup”):** This is private insurance that fills in benefit gaps in Medicare by paying some or all of the amounts that Medicare does not pay in full or care that it does not cover. There are ten standard plans, regulated by federal law, that are currently offered in almost all states. Each plan includes a different combination of coverage and varying premiums. Since Medigap benefits must be the same by law, you are shopping for service, convenience, reliability and price; as well as the combination of benefit coverage that best meet your needs. You must purchase coverage when you first become eligible for Medicare Part B, otherwise conditions can be attached to your policy. Medigap does not pay for long-term care (nursing home) expenses.
- **Medicare Select Insurance:** It is the same as Medigap insurance, except you receive benefits (or the highest level of benefits) only if you receive benefits from a network of participating doctors and hospitals. Premiums often are lower than standard Medigap policies. Benefits are reduced or denied if you go outside the network for care. Also other similar limitations as a mentioned above for Medigap policies can apply.
- **Managed Care Plans:** This type of coverage is usually provided through Health Maintenance Organizations (HMO’s). For the cost of Medicare Part B monthly premiums plus an additional monthly premium that can range from roughly \$11.00 per person to \$85.00 per person (2010 calendar year rates) this type of plan can provide Medicare Part A and Part B services and Medigap benefits to Medicare beneficiaries through a network of doctors and hospitals. Also, this type of plan typically offers prescription drug coverage. For non-Medicare HMO’s, monthly premiums can range from roughly \$400 to \$425 for individuals; and family coverage can range from roughly \$1,100 to \$1,200 per month. (These are 2010 rates.) Note, depending upon the insurer, you may not receive benefits, including standard Medicare Part A and Part B benefits, if you go outside the network of providers for care. When considering a HMO, service, convenience, reliability, reputation and price should be taken into consideration. It should also be noted that managed care plans do not pay for long-term care (nursing home) expenses.

HEALTH CARE COVERAGE FOR SENIORS

- **Employer Group Insurance for Retirees:** Some people can continue their employer or union sponsored health insurance after retirement. The retiree should always check the price of the coverage and the benefits provided, including whether a spouse/ domestic partner and other dependants can be insured. When checking the benefits you may wish to consider if coverage is provided for prescription drugs or dental care and how the benefits are integrated with Medicare, if you are eligible. In the case of individuals eligible for Medicare you may wish to determine if the employer/union health insurance is equal to, less than or greater than the coverage and premiums under Medigap policies.

As a Chevron retiree you may be eligible for Chevron Medical coverage. Chevron Plans typically offer coverage for hospital, doctor, prescription and certain other services. In the case of Medicare eligible retirees typically the Plans only recognize expenses that are covered by Medicare. The Chevron Plans allow you to insure yourself, your eligible spouse/eligible domestic partner and your eligible children. Depending upon the Plan selected coverage may include: home nursing care; certain private duty nursing services (if medically necessary); second and additional surgical opinions; mental health/substance abuse treatment; hospice care; prescription drugs; and certain other treatments and procedures. For further details you should consult Chevron's Plan documents or contact their Service Center.

You should bear in mind that group plans can provide different coverage than Medigap insurance. This difference could include the amount of coverage that is provided for Medicare gaps, e.g., deductibles and coinsurance payments. Be sure to also check how the plan coordinates benefits with Medicare. Also, group plans, including the Chevron Medical Plans, usually do not cover long-term (nursing home) expenses. You should also remember that employers can terminate or change a plan, including your premium at any time.

- **Long-Term Care Insurance (for nursing home care or in-home care):** It covers some or all costs for nursing home care and it may include certain in-home care. Benefits are typically limited to a certain amount per day and/or lifetime (a set period of time or for specific health conditions). This type of insurance is sometimes referred to as "middle class coverage" since these are the type of individuals who generally consider purchasing coverage. It protects individuals from having to use up life savings and/or current income to pay for nursing home care or in-home care. Persons with limited savings and low current income may alternatively qualify for Medicaid coverage. Also, wealthy individuals may be better off paying for long-term care on their own. Likewise, if Medicaid is within reach, buying Long-Term Care Insurance may be wasteful. If you are considering purchasing Long-Term Care Insurance you should bear in mind that the older you are the most costly it will be. For example, the monthly premiums for \$100.00 per day coverage can vary dramatically; if purchased at age 40 it would be approximately \$5.00 per month; \$ 45.00 per month at age 65; and \$115.00 per month at age 75. (These are 2010 rates.) Also, the state of your health can play an important role in your ability to purchase coverage and its premium cost. If you are considering purchasing Long-Term Care Insurance you should remember that if you think you may qualify



HEALTH CARE COVERAGE FOR SENIORS

for Medicaid coverage it generally duplicates Medicaid benefits. Before you agree to purchase a policy check the benefits and limitations carefully since some policies do not provide complete coverage. *(For a more detailed discussion of Long-Term Care Insurance please refer to the section entitled **Long-Term Care Insurance.**)*

- **Hospital Indemnity Insurance:** It pays a fixed cash amount for each day you are hospitalized, up to a designated number of days. Some policies include benefits for surgery or skilled nursing home care. Most policies pay the daily amount regardless of any other health insurance you may have. Remember, some policies limit the number of days or the total payment amount. Also, these plans are not designed to fill gaps in Medicare coverage.
- **Specified Disease Insurance:** It pays a fixed amount of benefits for a single disease, such as cancer, or for a group of specified diseases. The value of the policy is predicated upon the insured becoming inflicted with the specified disease(s) and the amount of insurance carried. This type of insurance is not available in all states. Also this coverage is not designed to fill gaps in Medicare. Finally, policies limit the total amount payable.

INSURANCE CHECKLIST

The following is a partial list of points to consider when buying most types of private insurance, especially Medigap coverage. Additional points to consider when purchasing Long-Term Care Insurance are covered under the section entitled **Checklist for Long-Term Care Insurance**.

- **Consider Your Alternatives:** You'll typically have a number of coverage possibilities, so consider the aging person's health care needs, current coverage, and the potential cost/benefit of added coverage.
- **Shop Carefully Before You Buy:** After selecting the "right" type of coverage, remember that policies differ in coverage and cost. Companies differ in service. Check out different companies and compare premiums.
- **Don't Buy More Than You Need:** One comprehensive policy is better than several policies with overlapping coverage.
- **Beware of Replacing Existing Coverage:** Have a good reason for switching from one Medigap policy to another — different benefits, better service, lower price, etc. In setting pre-existing condition restrictions, the new policy must give credit for time spent under the old policy. You must sign a statement that you intend to cancel the old policy - but don't cancel it until you're sure you want to keep the new one.
- **Know the Benefit Maximums:** Most policies limit benefits in some way, either by dollar amount or number of days covered.
- **Check Your Right to Renew:** Medigap policies must be guaranteed renewable (unless you miss payments or falsify the application). Beware of older policies that let the company refuse to renew. Keep in mind that premiums can be raised even though coverage is renewable.
- **Know That Policies Aren't Government Sponsored:** State and federal agencies do not sell insurance or sponsor policies. You should report any person claiming otherwise to the State Board of Insurance.
- **Know With Whom You Are Dealing:** Check with the state insurance department to make sure the company and agent you are considering are licensed. Keep their name, address, and phone number.
- **Take Your Time:** Don't be pressured. Trustworthy salespeople will not rush you. (But remember, there is a time limit for Medicare Part B enrollees to buy a Medigap policy without restrictions being imposed.)
- **Don't Pay Cash:** Pay by check, money order, bank draft or credit card made out to the insurance company, not the agent or anyone else. Keep a receipt.



INSURANCE CHECKLIST

- **Expect Prompt Policy Delivery or a Refund:** If the policy isn't delivered in 30 days, write to the company. If 60 days go by without a response, contact the state insurance department.
- **Use the "Free-Look" Provision:** Insurance companies must give you at least 30 days to review a Medigap policy. If you decide you don't want it, send it back within 30 days.
- **Periodically Review Your Coverage:** After you purchase coverage you should periodically review your policy to be sure it still meets your needs. Also you should check the market to be sure that the protection and premium are still competitive.

Words Of Caution:

- **Read The Fine Print!**
- **Know What's Covered And What's Not Covered!**
- **Match Your Needs To The Policy!**
- **Don't Be Pressured Into Buying a Policy!**

LONG-TERM CARE INSURANCE

Long-Term Care Insurance is designed to pay for nursing home care, home health care and other services for individuals who are unable to care for themselves because of a disabling medical condition. Generally, Long-Term Care Insurance is purchased by individuals who wish to protect their assets from erosion caused by the cost of receiving nursing home or similar care. It should be noted that at least 70% of retirees will require some form of long-term care during their lives. Also, the average stay in a nursing home is approximately 2 1/2 years.

Most long-term care services are not covered by Medicare or Supplemental Medicare Insurance, like Chevron's Medical Plans. Medicare only covers a very small portion of nursing home costs, which focus on immediate care rather than long-term care. Supplemental Medicare Plans typically do not cover nursing home costs. Medicare coverage is limited to 100 days per benefit period following a three day hospital stay. Supplemental Medicare Insurance typically assists with paying Medicare deductibles and copayments, and providing additional coverage where Medicare benefits are limited.

Unlike Medicare, Medicaid does provide nursing home coverage. While Medicaid is the primary means of financing nursing home stays, coverage is limited to individuals who qualify for financial aid. To qualify for financial aid, an individual must be at or near the poverty level of income and have limited assets. In 2007 Medicaid paid about 50% of long-term care costs; Medicare paid about 20%; individuals paid about 18%; Long-Term Care Insurance about 7%; and the balance came from miscellaneous sources.

Is Long-Term Care Insurance Necessary?

This is an individual decision that should be based on your facts and circumstances. However, like any insurance, the main reason for purchasing Long-Term Care Insurance is to provide financial security. Generally, Long-Term Care Insurance is recommended for individuals who wish to protect their assets. Without insurance many long-term care recipients rely on Medicaid once they deplete their assets.

In considering whether to purchase Long-Term Care Insurance you may wish to first consider the cost of nursing home care in your area. Next, compare this cost to your current living expenses (food and shelter). If the cost of nursing home care is greater, you may wish to consider purchasing insurance for the difference. Alternatively, if you have minimum assets you may wish to determine if you qualify for Medicaid. You'll need to check your State's requirements for Medicaid.

Generally, financial planners recommend that individuals should consider purchasing Long-Term Care Insurance if they have assets greater than \$75,000, excluding the value of a house or a car; they have a retirement income of at least \$25,000 (\$35,000 for a couple); and they can afford to pay Long-Term Care Insurance premiums. (*Source: "Own Your Future," Issued by the Centers for Medicare & Medicaid Services, 2010*) Before deciding



LONG-TERM CARE INSURANCE

whether to purchase insurance you may wish to discuss your situation with your financial advisor or lawyer.

The Cost of Long-Term Care

The cost of living in a nursing home depends upon the type of home, its location, the services provided, and the quality and intensity of medical care. Nursing home costs for a private room in 2008 averaged \$75,000 nationally. Depending upon where you live this cost could be substantially different. We strongly encourage you to check nursing home costs in your area. Local costs can be found at www.ltcfeds.com. As mentioned earlier, Medicare only covers a very small part of nursing home costs. Most of the cost will be your responsibility or Medicaid, if you qualify.

CHECKLIST FOR LONG-TERM CARE INSURANCE

The following points which are in addition to the points already outlined in the section entitled **Insurance Checklist** should be considered when purchasing Long-Term Care Insurance.

- **Consider Your Age:** The premium cost for Long-Term Care Insurance is based on your age. The younger you are the less costly will be the insurance. In 2005, the average annual premium for Long-Term Insurance was approximately \$2,000 for individuals who were between ages 60 and 75. At age 60 the cost was about \$1,900 and at age 75 the cost was about \$2,600. (*Source: "America's Health Insurance Plans"*)
- **Consider Your Health:** The ability to purchase Long-Term Care Insurance, historically, has been directly correlated to the condition of the applicant's health. With the introduction of National Health Care Reform in 2010, we may see an easing of these restrictions. However, it's always wise to purchase coverage while you are in reasonably good health.
- **Individual Policy or Employer Sponsored Policy:** Generally, benefits and premium costs of individual and employer-sponsored policies are similar. However, the underwriting requirements for an Individual Policy can be more restrictive. When considering purchasing Long-Term Care Insurance two sources to consider are Chevron's coverage which is offered through MetLife and AARP's coverage. Also, beginning in 2011 the Federal Government will be offering Long-Term Care Insurance. Information on how to contact these sources may be found in the section entitled **Types of Long-Term Care**.
- **Amount of Insurance:** Typically, only a small percentage of people spend several years in a nursing home. To reduce the cost of the coverage, you may wish to consider a shorter benefit period. For example, there are some policies that cover a maximum of five years confinement to a nursing home for each covered person.
- **Consider What's Covered by the Policy:** Know what kind of care is covered (e.g., skilled nursing, intermediate nursing, custodial) and in what setting it can be provided (e.g., your home, nursing home, group setting/retirement community). Some policies also cover assistance with chores such as shopping and doing laundry. Read the policy's list of covered services as well as those that are not covered. Lastly, be sure to determine when benefits commence. Some policies start paying benefits when someone is considered dependent in two or more "activities of daily living" (e.g., eating, bathing, or dressing). Other policies may consider a person dependent only if he or she needs direct help every time an activity is performed; and still other policies may only require the person to need assistance or supervision. Also make sure the policy covers Alzheimer's disease.

CHECKLIST FOR LONG-TERM CARE INSURANCE

- **Know What the Policy Pays:** Long-Term Care Policies pay a per diem amount for nursing home care. The greater the per diem amount the more costly will be the insurance. Therefore, you should consider purchasing only the amount of coverage you will need. One way of assessing your need is to start with the cost of nursing home care in your area; and then determine the amount of your current living expenses. You should then consider purchasing Long-Term Care with a per diem amount equal to the difference between your current living expenses and the cost of nursing home care. Because of inflation and other factors, the cost of nursing home care may increase. Therefore, you should consider purchasing Long-Term Care coverage that has a built-in inflation protection clause. As an alternative to purchasing automatic inflation protection some insurance companies will periodically allow you to increase your coverage. Be sure to check what is offered by insurance companies before purchasing a policy.
- **Additional Points to Consider:** When shopping for Long-Term Care Insurance you may wish to keep in mind that the best policies:
 - Do not require prior hospitalization;
 - Cover both skilled and non-skilled nursing care;
 - Provide at least three to five years of coverage;
 - Pay for home care as well as institutionalized care;
 - Guarantee protection against inflation (higher benefits as costs increase); and
 - Include patients with Alzheimer's disease and other degenerative illnesses.

You should find out if the policy:

- Pays back part of your premiums if you cancel without using the benefit (and how much this feature may add to the normal premiums);
- Applies any unused benefits to the remaining spouse where both spouses are insured and where one spouse dies;
- Pays death benefits; and
- Is guaranteed renewable even if the covered person's health worsens.

Words Of Caution:

- **Know Your Financial Situation!**
- **Match Your Needs To The Policy—Don't Over Buy Or Under Buy!**
- **Seek Professional Advice!**

TYPES OF LONG-TERM CARE

When considering a policy, check to see if the following expenses (as defined below) are covered. (Note: Medicare and Medicaid definitions may vary.)

- **Skilled Nursing Care:** It is 24-hour-a-day care that is given by skilled medical personnel, such as registered nurses or professional therapists; ordered by a doctor; and it involves a treatment plan. It may be provided in-home and it must be needed for either a short or a long period of time.
- **Immediate Nursing Care:** It is care for a stable condition that requires daily, but not round-the-clock, nursing supervision. Also it is more oriented towards personal care; and it is generally needed for long periods of time.
- **Custodial Care:** It is care that helps a person perform activities of daily living, such as eating, dressing or bathing. The care is usually given by people without professional medical training. It can be provided in many settings, including nursing homes, adult day care centers or at home.

Resources:

You may wish to consult the following resources for further information about Long-Term Care Insurance.

- *Centers for Medicare & Medicaid Services*
Phone: 877-267-2323; Website: www.cms.gov
- *National Association of Insurance Commissioners*
Phone: 816-842-3600, 816-783-8300; Website: www.naic.org
- *AARP*
Phone: 888-687-2277; Website: www.aarp.org
- *NAIFA*
Phone: 703-770-8100; Website: www.naifa.org
- *The Federal Long-Term Care Insurance Program*
Phone: 800-582-3337; Website: www.ltcfeds.com
- *U.S. Department of Health and Human Services*
National Clearinghouse for Long-Term Care Information
Phone: 202-619-0724; Website: www.longtermcare.gov



TYPES OF LONG-TERM CARE

- *John Hancock Insurance Company*
Website: www.johnhancock.com
- *MetLife*
 - *General: Website: www.metlife.com*
 - *Chevron: Website: gltc.metlife.com*

CHEVRON BENEFITS AND CRA DENTAL BENEFITS

Chevron and CRA help by making available to eligible retirees and their dependents certain benefit plans.

Medical Coverage

To help handle the cost of health care Chevron offers eligible career employees the ability to continue into retirement Medical Plan coverage for themselves and their eligible dependents. Typically, they have the choice of different plans, including in some cases HMO coverage. These plans cover a variety of services, including office visits, hospital and surgical services and prescription drugs. Where retirees are also eligible for Medicare, the applicable Chevron Medical Plans are integrated with and are generally supplemental to Medicare coverage. The costs of the Chevron Medical Plans are shared by the retirees and the Company. In addition, benefits can continue for your spouse/domestic partner and other eligible dependents if you die, provided you and they were covered by a Chevron Medical Plan at the time of your death. For further information about the Chevron Medical Plans you should visit Chevron's benefits website or you should telephone their Service Center. Contact information is shown on the next page.

Dental Coverage

To assist with the cost of dental care Chevron offers eligible career Chevron legacy employees the ability to continue into retirement Dental Plan coverage for themselves and their eligible dependents. The cost of the Chevron Dental Plan is shared by the eligible retirees and the Company. For further information about the Plan you should visit Chevron's benefits website or you should phone their Service Center. Contact information is shown on the next page.

In addition CRA makes available to its dues-paying members a voluntary Dental Program. The Program consists of two Dental Plans – a Low Plan and a High Plan. Coverage can be elected for themselves and their eligible dependents. The cost of the coverage is determined by where the member lives; and the member pays the full cost. Note the main purpose of this Program is to make available dental coverage to non-Chevron legacy retirees. For further information about the Program you should visit CRA's dental website or you should phone their representative. Contact information is shown on the next page.

Long-Term Care Insurance

To assist with the expenses of long-term care Chevron makes available through MetLife Long-Term Care Insurance. Eligible retirees can cover themselves and their eligible dependents. The terms and conditions of coverage are governed by MetLife and the full cost of the coverage is paid by the retiree. For further information you should contact MetLife as shown on the next page.

CHEVRON BENEFITS AND CRA DENTAL BENEFITS

Group Life Insurance

To assist eligible career employees with financial security, certain legacy companies provide/ make available Life Insurance coverage during retirement. To determine if you qualify for continued Life Insurance you should refer to the documents that you received at retirement from your retiring company. For further information about your Life Insurance you should visit Chevron's benefits website or you should phone their Service Center. Contact information is shown below.

Retirement Benefits

Depending upon whether you were employed by Chevron or a legacy company you may be receiving a monthly pension benefit. You may also have residual benefits remaining under a savings plan. The terms and conditions of payment of these benefits are strictly governed by their plan rules. For further information you should consult the documents that you received at retirement from your retiring company. In addition, if you are receiving a pension supplementation payment from Chevron the terms and conditions of payment are set forth in documents you received from Chevron or a legacy company. For further information about these benefits you should visit Chevron's benefits website or you should phone their Service Center. Contact information is shown below.

Contact Information

- Chevron's Service Center:
 - Phone: 888-825-5247
 - Website: hr2.chevron.com
- CRA Dental:
 - Phone: 412-992-2820
 - Website: www.cradental.com
- Chevron Long-Term Care Insurance:
 - Phone: 800-438-6388
 - Website: chevron.metlife.com

APPENDIX

AGENCIES ON AGING

To find out about services offered in specific states and to obtain estimates of associated costs, please write directly to the state's agency on aging or call the U.S. Administration On Aging's Eldercare Locator at 800-677-1116, weekdays from 9:00 a.m. to 11:00 p.m. EST.

ALABAMA

Irene Collins, Commissioner
Alabama Department of Senior Services
P. O. Box 301851
770 Washington Avenue, RSA Suite 570
Montgomery, AL 36130-1851
Phone: 334-242-5743, 800-243-5463
Fax: 334-242-5594

ALASKA

Denise Daniello, Executive Director
Alaska Commission on Aging
Dept. of Health and Social Services
150 Third Street, No. 103
P.O. Box 110693
Juneau, AK 99811-0693
Phone: 907-465-3250
Fax: 907-465-1398

ARIZONA

Melanie Starns, Assistant Director
Division of Aging & Adult Services
Department of Economic Security
1789 W. Jefferson Street, No. 950A
Phoenix, AZ 85007
Phone: 602-542-4446
Fax: 602-542-6575

ARKANSAS

Krista Hughes, Assistant Director
Division of Aging and Adult Services
Dept. of Health & Human Services
P. O. Box 1437
700 Main Street, 5th Floor, S530 (72201)
Little Rock, AR 72203-1437
Phone: 501-682-2441
Fax: 501-682-8155

CALIFORNIA

Lynn Daucher, Director
Department of Aging (CDA)
1300 National Drive, Suite 200
Sacramento, CA 95834
Phone: 916-419-7500
Fax: 916-928-2268

COLORADO

Todd Coffey, SUA Director
Division of Aging and Adult Services
Department of Human Services
1575 Sherman Street, 10th Floor
Denver, CO 80203
Phone: 303-866-2800
Fax: 303-866-2696

CONNECTICUT

Pamela Giannini, Director
Department of Social Services
Aging Services Unit, State Unit on Aging
25 Sigourney Street
Hartford, CT 06106
Phone: 860-424-5274
Fax: 860-424-5301

DELAWARE

Guy Perrotti, Director
Division of Services for Aging and Adults with
Physical Disabilities
Department of Health and Social Services
1901 N. DuPont Highway
New Castle, DE 19720
Phone: 302-255-9390
Fax: 302-255-4445

DISTRICT OF COLUMBIA

Clarence Brown, Director
Office on Aging
One Judiciary Square
441 4th Street, NW, Suite 900 South
Washington, DC 20001
Phone: 202-724-5622
Fax: 202-724-4979

FLORIDA

Charles T. Corely, Interim Secretary
Department of Senior Affairs
4040 Esplanade Way, Suite 315
Tallahassee, FL 32399-7000
Phone: 850-414-2000
Fax: 850-414-2004

APPENDIX

GEORGIA

James Bulot, Director
Division of Aging Services
Department of Human Services
2 Peachtree Street, NW, 9th Floor
Atlanta, GA 30303
Phone: 404-657-5258
Fax: 404-657-5285

GUAM

Arthur U. San Agustin, Senior Citizens Admin
Division of Senior Citizens
Dept. of Public Health and Social Services
Government of Guam
130 University Drive, Suite 8,
University Castle Mall
Mangilao, Guam 96913-6304
Phone: 011-671-735-7011
Fax: 011-671-735-7316

HAWAII

Noemi Pendelton, Director
Executive Office on Aging
No. 1 Capitol District
250 South Hotel Street, Suite 406
Honolulu, HI 96813 -2831
Phone: 808-586-0100
Fax: 808-586-0185

IDAHO

Kim Toryanski, Administrator
Commission on Aging
3380 Americana Terrance, No. 120
PO Box 83720
Boise, ID 83720-0007
Phone: 208-334-3833
Fax: 208-334-3033

ILLINOIS

Charles D. Johnson, Director
Department on Aging
421 East Capitol Avenue
Springfield, IL 62701-1789
Phone: 217-785-3356
Fax: 217-785-4477

INDIANA

Faith Laird, Director Division of Aging
Family and Social Services Administration
402 W. Washington Street
P. O. Box 7083
Indianapolis, IN 46207-7083
Phone: 317-232-7020, Fax: 317-232-7867

IOWA

Ro Foege, Director
Department of Senior Affairs
Jessie Parker Building
510 East 12th St., Suite 2
Des Moines, IA 50319-9025
Phone: 515-725-3333
Fax: 515-725-3300

KANSAS

Martin Kennedy, Secretary
Department on Aging
New England Building
503 South Kansas Avenue
Topeka, KS 66603-3404
Phone: 785-296-5222
Fax: 785-296-0256

KENTUCKY

Deborah Anderson, Commissioner
Department For Aging & Independent Living
Cabinet for Health & Family Services
275 E. Main Street
Frankfort, KY 40621
Phone: 502-564-6930
Fax: 502-564-4595

LOUISIANA

Governor's Office of Elderly Affairs
525 Florida, 4th Floor
Baton Rouge, LA 70801
Phone: 225-342-7100
Fax: 225-342-7133

MAINE

Diana Scully, Director Office of Elder Services
Department of Health & Human Services
11 State House Station
Augusta, ME 04333-0011
Phone: 207-287-9200
Fax: 207-287-9230

MARIANA ISLANDS

Melvin Faiao, Acting Director
CNMI Office on Aging
Commonwealth of the Northern Mariana Islands
PO Box 502178
Saipan, MP 96950-2178
Phone: 607-233-1320 or 670-233-1321
Fax: 670-233-1327

APPENDIX

MARYLAND

Gloria Lawiah, Secretary
Department of Aging
301 W. Preston Street, Suite 1007
Baltimore, MD 21201
Phone: 410-767-1100
FAX: (410) 333-7943

MASSACHUSETTS

Ann Hartstein, Secretary
Executive Office of Elder Affairs
One Ashburton Place
Boston, MA 02108
Phone: 617-727-7750
Fax: 617-727-6944

MICHIGAN

Sharon Gire, Executive Director
Office of Services to the Aging
P. O. Box 30676
Lansing, MI 48909-8176
Phone: 517-373-8230
Fax: 517-373-4092

MINNESOTA

Jean Wood, Director
Board on Aging
Dept. of Human Services
PO Box 64976
St. Paul, MN 55164-0976
Phone: 651-431-2500 or 800-882-6262
Fax: 651-431-7453

MISSISSIPPI

Dan George, Director
Division of Aging & Adult Services
750 N. State Street
Jackson, MS 39202
Phone: 601-359-4929
Fax: 601-359-4370

MISSOURI

Connie Boeckman, Interim Division Director
Division of Senior Services
Department of Health & Senior Services
P. O. Box 570
Jefferson City, MO 65102-0570
Phone: 573-526-3626
Fax: 573-751-8687

MONTANA

Charles Rehbein, Aging Services Bureau Chief
Office on Aging
Senior and Long Term Care Division
Dept. of Public Health and Human Services
111 Sanders Street
P. O. Box 4210
Helena, MT 59604
Phone: 406-444-7788 or 800-551-3191
Fax: 406-444-7743

NEBRASKA

Sarah Briggs, Director
Health and Human Services – State Unit on Aging
P.O. Box 95044
301 Centennial Mall South
Lincoln, NE 68509
Phone: 402-471-2307
Fax: 402-471-4619

NEVADA

Carol Sala, Administrator
Aging and Disability Services Division
Dept. of Health & Human Services
3416 Goni Road, Building D-132
Carson City, NV 89706
Phone: 775-687-4210, Ext. 226
Fax: 775-687-4264

NEW HAMPSHIRE

Kathleen F. Otte, Administrator
Bureau of Elderly and Adult Services
Brown Building -129 Pleasant St.
Concord, NH 03301-3857
Phone: 603-271-4394
Fax: 603-271-4643

NEW JERSEY

Patricia A. Polansky, Assistant Commissioner
Division of Aging & Community Services
Dept. of Health & Senior Services
240 W. State Street (Fed Ex Zip 08608-1002)
PO Box 807
Trenton, NJ 08625-0807
Phone: 609-292-4027
Fax: 609-943-3343

APPENDIX

NEW MEXICO

Michael Spanier, Secretary
Aging and Long-Term Services Department
2550 Cerrillos Road
Santa Fe, NM 87505
Phone: 505-467-4799 (main)
Phone: 505-476-4755 (direct)
Dept. Fax: 505-476-4836
Office of the Secretary Fax: 505-476-4750

NEW YORK

Michael Burgess, Director
State Office for the Aging
Two Empire State Plaza
Albany, NY 12223-1251
Phone: 518-474-7012
Fax: 518-474-1398

NORTH CAROLINA

Dennis W. Streets, Director
Division of Aging & Adult Services
Dept of Health and Human Services
2101 Mail Service Center
693 Palmer Drive (Fed Ex Zip 27603)
Raleigh, NC 27699-2101
Phone: 919-733-3983
Fax: 919-733-0443

NORTH DAKOTA

Linda Wright, Director
Aging Services Division
Department of Human Services
1237 West Divide Avenue, Suite 6
Bismarck, ND 58501
Phone: 701-328-4601
Fax: 701-328-8744

OHIO

Barbara E. Riley, Director
Department of Aging
50 W. Broad Street -9th Floor
Columbus, OH 43215-5928
Phone: 614-466-5500
Fax: 614-466-5741

OKLAHOMA

Lance A. Robertson, Director
Aging Services Division
Department of Human Services
2401 N.W. 23rd Street, Suite 40
Oklahoma City, OK 73107-2442
Phone: 405-521-2281
Fax: 405-521-2086

OREGON

James Toews, Assistant Director
Seniors & People With Disabilities
Department of Human Resources
500 Summer Street, NE, E02
Salem, OR 97301-1073
Phone: 503-945-5811
Fax: 503-373-7823

PENNSYLVANIA

John Michael Hall, Secretary
Department of Aging
555 Walnut Street, 5th Floor
Harrisburg, PA 17101-1919
Phone: 717-783-1550
Fax: 717-772-3382

PUERTO RICO

Rossana Lopez Leon, Executive Director
Governor's Office of Elderly Affairs
P.O. Box 191179
San Juan, PR 00919-1179
Phone: 787-721-6121
Fax: (787) 721-2919

RHODE ISLAND

Corinne Calise Russo, Director
Department of Elderly Affairs
John O. Pastore Center
Hazard Building, No. 74
West Road
Cranston, RI 02920
Phone: 401-462-0501 or 401-462-0565
Fax: 401-462-0503

(AMERICAN) SOMOA

Faafiti P.T. Tauanu'u , Director
Territorial Administration on Aging
American Samoa Government
Pago Pago, AS 96799
Phone: 011-684-633-1251 or 633-1252
Fax: 011-684-633-2533

SOUTH CAROLINA

Tony Kester, Interium Director
Lt. Governor's Office on Aging
1301 Gervais Street, Suite 350
Columbia, SC 29201
Phone: 803-737-9900
Fax: 803-734-9886

APPENDIX

SOUTH DAKOTA

Marilyn Kinsman, Administrator
Office of Adult Services and Aging
Dept. of Social Services
700 Governors Drive
Pierre, SD 57501
Phone: 605-773-3656
Fax: 605-773-6834

TENNESSEE

Mike Hann, Executive Director
Commission on Aging and Disability
Andrew Jackson Building
500 Deaderick Street, No. 825
Nashville, TN 37243-0860
Phone: 615-741-2056
Fax: 615-741-3309

TEXAS

Chris Taylor, Commissioner
Department of Aging and Disability Services
(DADS)
John H. Winters Human Services Complex
P. O. Box 149030 (Zip 78714-9030)
701 W. 51st St.
Austin, TX 78751
Phone: 512-438-3011
Consumer Rights contact about DADS programs:
800-458-9858

U.S. VIRGIN ISLANDS

Eva Williams, Administrator
Senior Citizen Affairs Administration
Department of Human Services
3011 Golden Rock
Christiansted, St. Croix, VI 00820
Phone: 340-772-9811
Fax: 340-772-9849

UTAH

Nels Holmgren, Director
Division of Aging and Adult Services
195 North 1950 West
Salt Lake City, UT 84116
Phone: 801-538-3910
Toll free: 877-424-4640
Fax: 801-538-4395

VERMONT

Department of Disabilities, Aging and Independent
Living
Weeks Building
103 South Main Street
Waterbury, VT 05676
Phone: 802-241-2401, Fax: 802-241-2325

VIRGINIA

Linda Nablo, Commissioner
Department for the Aging
1610 Forest Avenue, Suite 100
Richmond, VA 23229
Phone: 804-662-9333
Fax: 804-662-9354

WASHINGTON

Kathy Leitch, Assistant Secretary
Aging & Disability Services
Dept. of Social & Health Services
640 Woodland Squire Loop SE
Lacey, WA 98503-1045 (Physical Address)
P.O. Box 45600 (Mailing Address)
Olympia, WA 98504-5600
Phone: 360-725-2260
Fax: 360-407-0304

WEST VIRGINIA

Sandra Vanin, Commissioner
Bureau of Senior Services
1900 Kanawha Blvd., East
3003 Town Center Mall (Fed Ex Zip 25389)
Charleston, WV 25305-0160
Phone: 304-558-3317
Fax: 304-558-5609

WISCONSIN

Donna McDowell, Director
Bureau of Aging and Disability Resources
Dept. of Health and Family Services
One West Wilson Street, Room 450 (Fed Ex Zip
53703)
P.O. Box 7851
Madison, WI 53707-7851
Phone: 608-266-3840
Fax: 608-267-3203

WYOMING

Ginney Mahoney, Administrator Aging Division
Dept. of Health
6101 Yellowstone Road, Suite 259B
Cheyenne, WY 82002
Phone: 307-777-7986 or 800-442-2766 (within
WY only)
Fax: 307-777-5340

APPENDIX

OTHER RESOURCES

CAREGIVER ACTION NETWORK
12000 M Street, NW, Suite 400
Washington, DC 20036
Phone: 202-772-5050
Website: www.cms.gov

CENTERS FOR MEDICARE AND MEDICAID SERVICES
U.S. Department of Health & Human Services
200 Independence Avenue, SW
Washington, DC 20201
Phone: 410-786-3000
Website: www.cms.gov

FAMILY CAREGIVER ALLIANCE
785 Market Street, Suite 750
San Francisco, CA 94103
Phone: 800-445-8106
Website: www.caregiver.org

HOSPICE FOUNDATION OF AMERICA
1710 Rhode Island Avenue, NW, Suite 400
Washington, DC 20036
Phone: 800-854-3402
Website: www.hospicefoundation.org

LONG TERM CARE PARTNERS, LLC
P.O. Box 797
Greenland, NH 03840-0797
Phone: 800-LTC-FEDS
Website: www.ltcfeds.com
*Long-term care insurance coverage for federal employees and annuitants, retired and active uniformed service members and their qualified relatives. For more information refer to the **Long-Term Care Insurance** section in this booklet.*

MEALS ON WHEELS ASSOCIATION OF AMERICA
413 North Lee Street
Alexandria, VA 22314
Phone: 888-998-6325
Website: www.mowaa.org

NATIONAL ASSOCIATION OF NUTRITION AND AGING SERVICES PROGRAM
1612 K Street, NW
Suite 400
Washington, DC 20006
Phone: 202-682-6899
Website: www.nanasp.org

NATIONAL ALLIANCE FOR CAREGIVERS
4720 Montgomery Lane, Second Floor
Bethesda, MD 20814
Website: www.caregiving.org

NATIONAL HOSPICE & PALLIATIVE CARE ORGANIZATION
1731 King Street
Alexandria, VA 22314
Phone: 800-338-8619
Website: www.nhpco.org

NATIONAL RESOURCE ON SUPPORTIVE HOUSING & HOME MODIFICATION
3715 McClintock Avenue
Los Angeles, CA 90089-0191
Phone: 213-740-1364
Website: www.homemods.org

NURSING HOME DATABASE CERTIFIED MEDICARE & MEDICAID
Phone: 800-633-4227
Website: www.medicare.gov (click on Nursing Home Compare)
Provides nursing home summary information about each facility.

APPENDIX

INFORMATION ASSISTANCE/PUBLICATIONS

The following is a list of organizations that provide assistance to find information and/or free or low-cost publications on insurance for seniors.

INSURANCE INFORMATION INSTITUTE

110 William Street
New York, NY 10038
Phone: 212-346-5500
Website: www.iii.org

NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS (NAIC)

1100 Walnut Street, Suite 1500
Kansas City, MO 64106
Phone: 816-842-3600
Website: www.naic.org

Click on NAIC Store for Publications:

NAIC Consumer Guides can be ordered free on such topics as : "A Shopper's Guide to Long-Term Care Insurance" and "Choosing a Medigap Policy." Guides are also available for Download on a variety of topics including: "Life Insurance Buyer's Guide."

NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS (NAIFA)

2901 Telestar Court
Falls Church, VA 22042
Phone: 877-866-2432
Website: www.naifa.org/consumer/health/articles.cfm

Publications: NAIFA provides free Consumer Articles and Guides on a wide variety of Health Insurance topics.

APPENDIX

SUGGESTED READING LIST

The following is a list of reading material dealing with different aspects of aging.

ON YOUR OWN: A WIDOW'S PASSAGE TO EMOTIONAL AND FINANCIAL WELL-BEING
Armstrong, Alexandra and Mary R. Donahue
Washington, DC: Dearborn, 2012

ELDER CARE 911: QUESTION AND ANSWER BOOK
Beerman, Susan and Judith Rappaport-Musson
Amherst, NY: Prometheus Books, 2005

AGING AND MENTAL HEALTH: POSITIVE PSYCHOSOCIAL AND BIOMEDICAL APPROACHES
Butler, R. N., Myrna M. Lewis, and Trey Sunderland
Austin, TX: Pro-Ed, Inc., 2005

THE LOSS OF SELF: A FAMILY RESOURCE FOR THE CARE OF ALZHEIMER'S DISEASE AND RELATED DISORDERS
Cohen, Donna, and Carl Eisdorfer
New York: Norton, 2002

INTEGRATED TEXTBOOK OF GERIATRIC MENTAL HEALTH
Cohen, Donna, and Carl Eisdorfer
Baltimore: Johns Hopkins University Press, 2011

RECENT ADVANCES IN PSYCHOLOGY AND AGING
Costa, Paul and Ilene Siegler
Boston: Elsevier, 2004

CARING FOR PARENTS: THE COMPLETE GUIDE
Delehanty, Hugh, Elinor Ginzler, Mary Bray Pipher and American Association of Retired Persons
New York: AARP/Sterling, 2008

A BETTER WAY OF DYING: HOW TO MAKE THE BEST CHOICES AT END OF LIFE
Fitzpatrick, Jeanne and Eileen M. Fitzpatrick
New York: Penguin Books, 2010

THE AGING NETWORKS: A GUIDE TO PROGRAMS AND SERVICES
Gelfand, Donald E., Kelly Niles-Yokum and Donna L. Wagner
New York: Springer, 2011

WIDOW TO WIDOW: THOUGHTFUL, PRACTICAL IDEAS FOR REBUILDING YOUR LIFE
Ginsburg, Genevieve
Cambridge, MA: Da Capo/Life Long Press, 2004

THE 36 HOUR DAY: A FAMILY GUIDE TO CARING FOR PEOPLE WHO HAVE ALZHEIMER DISEASE, DEMENTIAS AND MEMORY LOSS
Mace, Nancy and Peter V. Rabins
New York: Grand Central Life & Style, 2011

THE SAVVY SENIOR: THE ULTIMATE GUIDE TO HEALTH, FAMILY AND FINANCES FOR SENIOR CITIZENS
Miller, Jim
New York: Hyperion, 2004

LETTING GO WITH LOVE: THE GRIEVING PROCESS
O'Connor, Nancy
Tucson, AZ: La Mariposa Press, 2007

ALZHEIMER'S DISEASE: A GUIDE FOR FAMILIES AND CAREGIVERS
Powell, Lenore and Katie Courtice
Cambridge, MA: Perseus Publishers, 2002

YOU STAYING YOUNG: MAKING YOUR REL AGE YOUNGER AND LIVE UP TO 35% LONGER
Roizen, Michael F. and Mehmet Oz
London: Harper Thorsons, 2008

YOU THE SMART PATIENT: AN INSIDER'S HANDBOOK FOR GETTING THE BEST TREATMENT
Roizen, Michael F., Mehmet C. Oz and The Joint Commission on Accreditation of the Healthcare Organizations
New York: Free Press, 2006