

Long-term care event

What could one specified care event cost?

Who this applies to

One event with constant event-year monthly costs and a simplified monthly benefit schedule.

Why this matters

A specified event can be organized into care cost, replaced spending, confirmed benefits and uncovered cost.

Does this illustration fit the question?

Fictional responses: 4 of 4 Yes. This is a scope check, not an eligibility or suitability finding.

1. Are you illustrating one care event rather than predicting a diagnosis?	Yes - example
2. Can you estimate monthly cost, timing and duration?	Yes - example
3. Can you identify regular expenses replaced by care without double counting?	Yes - example
4. Have any included benefits, waiting period and benefit limit been confirmed?	Yes - example

Simple decision path

All answers Yes and inputs confirmed -> Run the limited illustration; review assumptions before interpreting it.

Any answer No -> Pause this illustration. Bring cost estimates and policy documents; verify benefit limits and waiting-period assumptions.

Any answer Unknown or a missing number -> Keep the item unknown; gather the relevant records. Do not replace an unknown with zero.

Fictional inputs used

Current monthly care cost	\$7,000
Care duration	24 months
Years until event	10 years
Annual care-cost inflation	3.00%
Monthly replaced expenses in event-year dollars	\$1,500
Confirmed monthly benefit	\$2,000
Whole waiting months with no benefits	3 months
Confirmed total benefit limit (0 means none)	\$100,000

Educational & illustrative purposes only.

Not tax, legal or investment advice.

YOUR ILLUSTRATION / FICTIONAL EXAMPLE

The numbers and what they could mean

Projected monthly care cost	\$9,407
Gross event cost	\$225,778
Replaced regular spending	\$36,000
Benefits used	\$42,000
Additional uncovered cost	\$147,778

Replaced spending	\$36,000
Benefits used	\$42,000
Uncovered	\$147,778

This is the cost of the event you specified, in nominal event-year dollars - not its probability.

Assumptions and boundaries

- All prefilled figures are fictional examples, not client facts.
- Care cost compounds annually until the event, then remains constant during it.
- Replaced expenses are entered in event-year dollars and capped at care cost.
- Benefits begin only after the entered whole waiting months and are capped by remaining cost and total limit.
- Actual daily elimination periods, benefit triggers, reimbursement rules, shared pools and benefit inflation need policy-specific review.
- No public-benefit eligibility, diagnosis, tax treatment or coverage recommendation is inferred.
- No benefits are used during the waiting period.
- Zero benefit limit means no benefits; it never means unlimited coverage.
- Within-event cost changes and policy-specific payment schedules are not modeled.

Your next step

- Bring cost estimates and policy documents; verify benefit limits and waiting-period assumptions.
- Review these results as part of a comprehensive review with a CEPA-credentialed, Q4-trained financial advisor, coordinating with relevant long-term-care insurance, care-planning and tax specialists.
- Figures are rounded for display only. All calculations use the unchanged original engine. Every input and response in this report is fictional.

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