ANSWERS TO QUESTIONS FROM
THE HEALTH CARE LAW WEBINARS ON
THINGS YOU NEED TO KNOW

FOR PEOPLE WITH HEALTH INSURANCE

PREVENTIVE SERVICES

Question: If you have Medicare, will the office co-pay still be required for preventive services?
Answer: Not if you have Original Medicare. However, if you have a Medicare Advantage plan check with your plan to see what preventive benefits are included with no co-payments.

Question: If you have insurance and not planning on joining a new plan, does the preventive care cost apply?
Answer: With most insurance plans, you have the option to renew your coverage or change your benefits each Fall during open season. Even if you have not changed insurance plans, you have a “new” insurance policy for the following year. In those new policies insurance companies will not be able to charge you out-of-pocket costs for preventive care such as mammograms, immunizations and screenings or cancer or diabetes.

Question: I have Medicare; can I get a colonoscopy with no cost to me?
Answer: Medicare currently covers several colorectal screening tests to help find pre-cancerous growths in the colon so they can be removed before they turn into cancer. The frequency that you can repeat the screening depends on the type of test your doctor recommends. Check with your doctor about the various types of screening tests and any costs in addition to the screening.

Question: Do you have to have Medicare Parts A and B to get preventive care covered under Medicare?
Answer: The preventive care coverage comes under Part B. However, if you have a Medicare Advantage plan check with your plan to see what preventive benefits are covered?

Question: If you’re on Medicare now, will the new law have provisions to cover annual checkups or is this just for new applicants?
Answer: People new to Medicare get a free “Welcome to Medicare” wellness visit and personalized prevention plan. Under the provisions of the new health care law, everyone on Medicare can now take advantage of a free wellness visit every year.

Question: In 2011 your fact sheet says that “Medicare benefits expand to include free coverage for wellness and preventive care.” Is this under Medicare part A or part B?
Answer: The preventive care coverage comes under Part B. However, if you have a Medicare Advantage plan, check with your plan to see what preventive benefits are covered.
INSURANCE IMPROVEMENTS

Question: When will insurance plans be required to cover adults with pre-existing conditions?
Answer: As of September 23, 2010, insurance companies can’t refuse to sell insurance to children with pre-existing condition. Then in 2014, all insurance plans will be required to provide coverage to adults with pre-existing conditions.

Question: Does the lifetime and annual limits law apply to existing insurance plans or only new plans?
Answer: Starting this year insurance companies can’t place lifetime limits on your health coverage. They are also restricted from using arbitrary annual limits. Check with your insurance company on the date these provisions go into effect on your policy. By 2014, they will not be able to put any annual limits on their coverage.

Question: When in 2010 does the life time limit take effect?
Answer: Starting this year insurance companies can’t place lifetime limits on your health coverage. They are also restricted from using arbitrary annual limits. Check with your insurance company on the date these provisions go into effect on your policy. By 2014, they will not be able to put any annual limits on their coverage.

COVERAGE FOR YOUNG ADULTS

Question: I have not been able to cover my child with my employer insurance policy since he turned 23. Will my insurance company notify me that he is now eligible to be included in my insurance?
Answer: Check with your employer or your insurance company about adding your young adult child to your policy.

Question: My 25 year old is on COBRA. Is it too late for me to add her to my policy?
Answer: Check with your employer or your insurance company about adding your young adult child to your policy.

Question: Can adult children be covered if they no longer live with you?
Answer: Your adult child does not need to live with you. However, check with your insurance company for the details about adding your young adult child to your policy.

Question: Can you add your grandchildren to your health insurance?
Answer: If you are their legal guardian you might be able to add them to your family policy. Check with your employer or your insurance company about adding your grandchildren to your policy.

Question: Our son, age 22, graduated in May 2010. He was covered on our family insurance plan when he graduated. Is he covered now or he has to wait until next year’s plan renewal date?
Answer: Check with your employer or your insurance company about adding your young adult child to your policy.
Question: I get my health coverage through a retiree health plan. Can children up to age 26 be added to these types of plans?

Answer: The provision for retiree health plans extending coverage for children until age 26 falls under a different law called ERISA. The amendments resulting from the new health care law does not override this ERISA provision. As a result, retiree-only plans are not required to make changes that apply to other employer group health plans, including allowing coverage of children up to age 26. However, if retirees are included in a plan with active employees that offers family coverage, then the provision to extend coverage to children up to age 26 does apply.

Question: If my adult child is in college and offered student health coverage at school, can I still add them to my family coverage through my job?

Answer: Between September 23, 2010 and January 1, 2014 qualified group plans, that offer family coverage, have to extend coverage to adult children under age 26 unless the adult child is eligible to enroll in “eligible employer-sponsored coverage”.

TAXES

Question: What defines "income" as far as health care limits are concerned? That is, are retirement funds considered income?

Answer: Individuals who have earnings (wages, salary, or self-employment income) over $200,000 will see an increase in the Medicare Part A tax rate from 1.45% to 2.35%. Investment returns are not considered to be earnings.

Question: What are the income tax implications of the new health care laws? I have heard that all premiums paid on my behalf will now be added to my taxable income. Is this true?

Answer: The most noticeable tax change for the vast majority of Americans under the new health law will be on your W-2 form. The law requires your employer to disclose the cost of health insurance benefits provided to you beginning in 2011. This new reporting requirement will not affect the taxes you pay. The value of health insurance benefits reported on your W-2 should not be included in your income when you file your taxes. You will also not have to pay any FICA taxes on this amount.

Question: I currently buy my own health insurance. Will I get a tax credit for the premiums I pay this year?

Answer: Starting in 2014, if you earn less than about $58,000 for a couple or about $43,000 for an individual, you will get tax credits to help you pay your premiums for health insurance purchased through an exchange. (Higher income levels apply in Alaska and Hawaii.)

Question: Can you shed some light on the statement that employer paid insurance premiums must be reported as additional income on our 2010 income tax filings. My concern is the clear possibility of moving to a higher tax bracket.

Answer: The most noticeable tax change for the vast majority of Americans under the new health law will be on your W-2 form. The law requires your employer to disclose the cost of health insurance benefits provided to you beginning in 2011. This new reporting requirement will not
affect the taxes you pay. The value of health insurance benefits reported on your W-2 should not be included in your income when you file your taxes. You will also not have to pay any FICA taxes on this amount.

FOR PEOPLE WHO ARE UNINSURED OR BUYING OWN COVERAGE

COBRA
Question: I currently have coverage through my employer under COBRA. My COBRA benefits will run out in a few months. I realize that the health insurance exchanges do not start until 2014. Where can I go to find out more about other options for coverage?
Answer: Your State Health Insurance Assistance Program (or SHIP) can direct you to other options for coverage in your state. To find the SHIP in your state visit www.shiptalk.org

HELP PAYING FOR COVERAGE/SUBSIDIES
Question: In 2014, will there be subsidies for people to get insurance in addition to or instead of tax credit -- for example, a couple with four children and an income of less than $60,000 annually.
Answer: The new health care law will have limits on annual out-of-pocket costs -- deductibles and co-payments -- of insurance purchased through an exchange for single people and families with moderate incomes. For example, a family of four now earning $60,000 would spend no more than $11,900 out-of-pocket for health care in a year.

TEMPORARY COVERAGE FOR PEOPLE WITH PRE-EXISTING CONDITIONS

Question: What is the Pre-Existing Condition Insurance Plan?
Answer: The Pre-Existing Condition Insurance Plan (PCIP) was created as part of the nation's new health insurance law, the Affordable Care Act. The PCIP program was designed to make health insurance available to you if you have been denied coverage by private insurance companies because of a pre-existing condition. PCIP provides a new health coverage option for you if you have been uninsured for at least six months, you have a pre-existing condition or have been denied health coverage because of your health condition, and are a U.S. citizen or are residing here legally. PCIP is a transitional program until 2014.

Question: Who is eligible for coverage through PCIP?
Answer: Eligible individuals must:
- Be a U.S. citizen or a legal resident
- Have a pre-existing medical condition
- Not have been covered under creditable health coverage (as defined by Section 201(c)(1) of the Public Health Service Act) for the previous six months before applying for coverage.

Persons currently covered by a health plan, including employer plans, COBRA, TRICARE, Medicare, Medicaid and existing high-risk pool programs, are not eligible for PCIP.
Question: Is the Pre-Existing Condition Insurance plan available now, or is that in 2014?
Answer: The Pre-Existing Condition Plan is available in most states now. Go to www.healthcare.gov to get details on this new coverage for people who have not been uninsured for at least 6 months and have a pre-existing condition.

Question: How do I find out about pre-existing conditions and what they are?
Answer: A wide variety of health conditions have been used by insurance companies as a reason to deny coverage. Different states may use different methods of determining whether you have a pre-existing condition and whether you have been denied insurance coverage. If you live in a state that guarantees insurance coverage, the state may consider you to have been denied coverage if you were offered coverage at an unreasonable price. Go to www.healthcare.gov to learn more about the eligibility requirements in your state.

Question: My COBRA coverage expires in October 2010 and I am unemployed with pre-existing health issues. Do I have to be uninsured for 6 months to qualify for the Federal plan? The only other option is the SC State High Risk Pool which is too expensive.
Answer: Yes, to qualify for the Pre-existing Condition Insurance Plan, you need to be without health insurance for at least six months. Check with your State Health Insurance Assistance Program (SHIP) to see if you have any other coverage options.

Question: The temporary Pre-Existing Condition Insurance Plan will be awarded on a "first come, first served" basis. What does that mean?
Answer: Congress appropriated $5 billion to fund the temporary Pre-Existing Condition Insurance Plan through December 2013. Approximately five to seven million Americans are estimated to lack health insurance and have a pre-existing condition. While only a fraction of those who need coverage are expected to enroll in the program, there are a range of estimates of how large that fraction will be. Therefore, the federal funding allotted for the new program may not be enough to help all individuals who are eligible for the program to get this temporary insurance coverage. However, those individuals who do get temporary coverage through the Pre-Existing Condition Insurance Plan in their state will be able to keep their coverage (as long as they pay their premiums) until 2014, when everyone with a pre-existing condition becomes able to get their coverage through state-based insurance exchanges.

Question: Does a catastrophic health insurance count when you are applying for insurance with a pre-existing condition or do you have to give that policy up for 6 months to apply for PCIP plans?
Answer: Generally, you are not eligible for the Pre-Existing Condition Plan if you have health coverage because you must be uninsured for at least 6 months. However, a wide variety of health conditions have been used by insurance companies as a reason to deny coverage. Different states may use different methods of determining whether you have a pre-existing condition and whether you have been denied insurance coverage. If you live in a state that guarantees insurance coverage, the state may consider you to have been denied coverage if you were offered coverage at an unreasonable price. Go to www.healthcare.gov to learn more about the eligibility requirements in your state.
Question: Where can a person learn more about PCIP in our states?
Answer: Go to www.healthcare.gov to get details on this new coverage for people who have not been uninsured for at least 6 months and have a pre-existing condition.

Question: I have recently become unemployed and am considering COBRA insurance. I have learned that government subsidies for this will no longer exist. I am sure I would be considered a high risk individual due to my health status. Is the new health care something I would be eligible for?
Answer: Generally, you are not eligible for the Pre-Existing Condition Plan if you have health coverage because you must be uninsured for at least 6 months. Go to www.healthcare.gov to get details on this new coverage for people who have not been uninsured for at least 6 months and have a pre-existing condition. Go to http://www.healthcare.gov/foryou/disabilities/losing/cobra/ for information about COBRA coverage.

Question: If you will become eligible for Medicaid June 2011, can I still apply for the Pre-Existing Condition Insurance Plan?
Answer: To qualify for the Pre-existing Condition Insurance Plan, you need to be without health insurance for at least six months. Go to www.healthcare.gov to get details on this new coverage for people who have not been uninsured for at least 6 months and have a pre-existing condition. You can also check with your State Health Insurance Assistance Program (SHIP) to see if you have any other coverage options. To find the SHIP in your state visit www.shiptalk.org.

WHAT SHOULD I DO NOW?

Question: I understand that state insurance exchanges will offer coverage for the uninsured in 2014. What about those of us who need insurance now?
Answer: To learn about your current options for insurance, contact your State Health Insurance Assistance Program. SHIP counselors can answer your question about obtaining insurance in your state. You can find your area SHIP office at www.shiptalk.org.

Question: I heard that low-income people would get some help on their premiums starting this year. Is that true? I can no longer afford my premiums, which just rose $80/month after my income dropped drastically.
Answer: If you earn less than about $43,000 a year you will get tax credits or subsidies to help you pay your premiums for insurance you purchase through an exchange. However, this help won’t be available until the exchanges begin offering insurance in 2014.

Question: What are the choices for the present situation: age 55, partial casual employment, have no insurance, or pre-existing conditions? How can I get insurance at a reasonable rate now or near future under new plan?
Answer: To learn about your current options for insurance, contact your State Health Insurance Assistance Program. SHIP counselors can answer your question about obtaining insurance in your state. You can find your area SHIP office at www.shiptalk.org.
Question: I am unemployed and had COBRA which just ran out. I applied for private insurance but was denied due to pre-existing conditions. So was my 19 yr old son. Both of us are currently uninsured. What are my options for obtaining insurance coverage?

Answer: If you have a pre-existing condition and have been uninsured for at least six months, you may be eligible for the Pre-existing Condition Insurance Plan in your state. In the meantime, to learn about your current options for insurance, contact your State Health Insurance Assistance Program. SHIP counselors can answer your question about obtaining insurance in your state. You can find your area SHIP office at www.shiptalk.org.

Question: Where can one buy health insurance before 2014?

Answer: Your State Health Insurance Assistance Program (or SHIP) can direct you to other options for coverage in your state. To find the SHIP in your state visit www.shiptalk.org.

Question: I have recently retired due to medical conditions. I have signed up for COBRA coverage beginning in September but have been told this coverage will only last for 12 months. What options will I have after this?

Answer: Your State Health Insurance Assistance Program (or SHIP) can direct you to other options for coverage in your state. To find the SHIP in your state visit www.shiptalk.org.

Question: Can a single low-income adult get affordable health insurance right now?

Answer: Your State Health Insurance Assistance Program (or SHIP) can direct you to other options for coverage in your state. To find the SHIP in your state visit www.shiptalk.org.

HEALTH INSURANCE EXCHANGES

Question: Please clarify the term "exchange."

Answer: An insurance exchange will be a way for people to buy coverage from private insurance companies at more affordable group rates. All health insurance plans in the exchanges must offer a standard set of comprehensive benefits, including medical, mental health, prescription drug, and rehabilitative services. You will be able to pick among several levels of coverage fit your needs when these plans become available through the exchanges in 2014. The standard benefit levels will make it easy to compare benefits and costs. Depending on your income, you will get subsidies or tax credits to help you pay your premiums for the insurance you purchase through an exchange.

MEDICAID

Question: I have a 33-year-old son with no job and no insurance. Will the new law help him get some free insurance if he is not working?

Answer: The new law greatly expands who will be eligible for Medicaid. An adult without children who has less than about $15,000 will be able to apply for Medicaid starting in 2014.

Question: Currently (meaning now, not 2014), what is the income limit to be eligible for Medicaid? I already have Medicaid (Medical in CA). Am I still eligible if I make under $15,000 annually? By the way, I am disabled.
Whether you will continue to be eligible for Medi-Cal will depend on the California program. States will be given more federal assistance to expand Medicaid coverage to more individuals starting in 2014. You’ll need to check with your local Medi-Cal on the current income eligibility requirements.

Question: I am on SSI and have Medicaid and Medicare. How will the new law affect me? I am unable to work due to pre-existing conditions.
Answer: Since you already are covered by Medicaid and Medicare you should be able to continue getting health care coverage just as you are now.

SMALL BUSINESS OWNERS

Question: As a small business owner, are there tax credits I can benefit from now in regards to health care coverage?
Answer: Yes, the small business tax credits are retroactive to January 1, 2010. The amount of the tax credit depends on how many employees you have and their average wage. To learn more about the guidelines for the small business tax credit, visit www.irs.gov.

Question: I have a small consulting corporation in which I am the only employee. I do not need insurance as I have it from the company from which I retired. Since I have fewer than 50 employees, am I ok to not offer (myself) health insurance under the new law?
Answer: To learn more about the guidelines for the small business tax credit, visit www.irs.gov.

Question: My company experiences high premiums because we are a small business with less than 15 employees. Will the new Health Care Reform provide a solution to this problem?
Answer: Businesses with up to 100 employees may be able to buy health insurance for their employees through state-based exchanges starting in 2014. Some states will offer insurance plans tailored to meet the needs of small businesses. The exchange plans will be called the Small Business Health Options Program (SHOP). Tax credits are available to business with 10-25 employees and average annual wages between $25,000 and $50,000, retroactively to January 1, 2010. The amount of the credit will be based on the number of employees and their wages. To learn more about the guidelines for the small business tax credit, visit www.irs.gov.
PEOPLE WITH MEDICARE

DOUGHNUT HOLE

Question: Is there an income limit for the $250 rebate when dropping into the donut hole?
Answer: No, anyone who falls into the doughnut hole in 2010 will receive a $250 rebate check. If you already receive help paying for your drugs through the Low Income Supplement, you won’t be eligible to receive a rebate.

Question: Is it just prescriptions that count towards the donut hole or all medical costs?
Answer: Just the amount you and your Part D plan have paid for your prescription drugs determine when you reach the coverage gap.

Question: My drugs are very costly. I will reach the doughnut hole fast, so does that mean that I will pay full cost of medication after I reach the hole?
Answer: Yes, while you are in the coverage gap, or doughnut hole, you pay 100% of the cost of your prescription drugs. Once you reach the catastrophic limit ($4,550 in 2010) you are responsible for only 5% of your drug costs for the rest of the year.

Question: Will there be a rebate check offered in 2011 if I fall into the doughnut hole?
Answer: No, this benefit is only available in 2010. Starting in 2011 if you reach the doughnut hole, you’ll get a 50% discount on brand name drugs and a 7% discount on generic prescription drugs while you are in the coverage gap.

Question: I reached the donut hole in June 2010. In 2011 at what figure in dollar amounts will the donut hole be?
Answer: The thresholds for the coverage gap have not been announced yet. However, people who do fall into the doughnut hole in 2011 will see a 50% discount on brand-name drugs and a 7% discount on generic prescription drugs.

Question: How is the Medicare drug cost tracked for individuals (to insure they get the $250 if they reach the 'doughnut hole')?
Answer: Your prescription drug plan tracks your drug costs.

MEDICARE GENERAL

Question: Will chiropractic services still be covered under Medicare?
Answer: Anything that was covered under Medicare will continue to be covered. Covered services are being expanded to include more preventive care screenings.

Question: Where one spouse who is retiring has continuing health insurance coverage for herself and her spouse for five years (as benefit of her employment), must the couple nevertheless enroll in Part B and pay the premiums for same throughout those five years? Even if the post-retirement health insurance coverage is as good as or better than would be available under Part B, must the couple enroll in Medicare Part B and pay?
**Answer:** If you currently have health coverage though your or your spouse’s employer, you can decline Medicare Part B. If you later decide that you do want Part B, you will need to enroll within 8 months of when your coverage or employment ends.

**Question:** Will Medicare supplements be guaranteed issue in 2014? Meaning if I want to switch insurance companies, will there be any health questions?

**Answer:** There is no change to the regulations on switching Medicare supplemental insurance plans.

**Question:** I will be signing up for Medicare when I turn 65 next spring. Is there anything special I need to do in regard to the new law?

**Answer:** No. There are no changes in what you need to know or do to sign up for Medicare. Be sure to take advantage of your “Welcome to Medicare” physical exam as soon are you are enrolled.

**Question:** Currently Medicare coverage starts at age 66. In 2014, does that minimum age change?

**Answer:** People are eligible for Medicare coverage at age 65. There is no change. On the other hand, to be eligible for full Social Security benefits this year you need to be 66.

**Question:** Will there be an increase in the surcharge for higher income persons for Medicare Part B?

**Answer:** There is no change to the surcharge for Medicare Part B. The change is that the same income levels will be used to surcharge the Medicare Part D premiums.

**Question:** I am currently enrolled in a health benefit program through my federal retirement. I also have as a secondary Champus (Tricare). My question is do both these coverages drop when I become eligible for Medicare?

**Answer:** Check with your insurance companies about how their benefits will be coordinated with Medicare.

**MEDICARE ADVANTAGE**

**Question:** Explain the Medicare Advantage plan.

**Answer:** Medicare Advantage Plans are alternatives to Original Medicare (Part A and Part B). They are offered by private insurance companies and pay for the same health care services as Original Medicare. However, they also might pay for additional health care services that aren’t covered by Original Medicare. In most Medicare Advantage Plans, you can only go to doctors, specialists and hospitals on the plan’s list. You chose one doctor to be your primary care doctor, who coordinates all of your care, sends you to a specialist when you need one, and admits you to the hospital if it becomes necessary.

**Question:** For those with Medicare Advantage coverage, is it true that they will be locked into one plan, not being allowed to switch to other plans?
Answer: The new health care law does not change the rules about switching Medicare Advantage Plans. You still will be able to stay with your current plan, switch to another plan, or select Original Medicare (Part A and Part B) during the annual open enrollment period.

Question: What about the Medicare advantage plans? What will happen to premiums?
Answer: Every year, even before the new health care law, Medicare Advantage plans made a decision about what they would charge and what they would cover. Under the new law, each plan will continue to make a business decision whether to change your benefit package and costs.

PEOPLE PLANNING FOR LONG-TERM CARE

CLASS BENEFITS

Question: Does CLASS have an age restriction of when you are enrolled?
Answer: As long as you are working, you can enroll at any age. In fact, the younger you are when you start, the lower your premiums will be.

Question: I’ve heard that there will be a National long-term care policy starting January 2011. Is this true? Do you have any information about this?
Answer: You will likely be able to enroll in 2012 or 2013 for CLASS--the new voluntary national insurance program to provide you a cash benefit to help pay for long-term services and supports.

Question: I have long-term disability insurance with my employer that I pay for. Does CLASS replace this kind of coverage?
Answer: No, CLASS provides different benefits than disability insurance. Disability insurance provides a source of some income if you must stop working because you become disabled. The CLASS insurance would give you a cash benefit to help you pay for non-medical services and supports such as home modification, assistive technology, transportation, and personal care. You must have a qualifying disability expected to last more than 90 days that your health care provider has certified.

Question: Can you be self-employed to enroll in the CLASS program?
Answer: Yes, people who are self-employed will be able to purchase CLASS insurance.

Question: What if I am retired when the CLASS act comes into effect and I’m not working? How can I join a long-term care plan?
Answer: You have to be employed to start participating in the new CLASS insurance. You must work and pay premiums for three of the first five years you participate. However, your employment can be part-time as long as you earn about $1,000 each year. And you can be self-employed.

Question: If I get CLASS benefits, what health care services can I receive in my own home? Must you be over the age of 65?
Answer: You can be any age to receive the CLASS benefits as long as you have paid your premiums for at least five years, worked at least 3 of the initial five years you are enrolled, have a
qualifying disability and meet other eligibility requirements to be eligible for benefits. You can use your CLASS benefits to help pay for non-medical services and supports you need to help you stay independent in your home. This could include home modification, assistive, technology, transportation, and personal care. You can also use CLASS to pay part of the cost of assisted living or nursing home care.

**Question:** Do I ask my employer about CLASS?
**Answer:** Yes, you will want to talk with your employer about making enrollment in the CLASS insurance program available to all employees. However, the details are still being worked out, with enrollment estimated to start the end of 2012 or early 2013. Even if your employer does not offer CLASS, you will be able to enroll.

**Question:** Do we know how much the long-term care insurance [CLASS] will cost?
**Answer:** The premiums for the CLASS insurance have not yet been announced. Visit [www.aarp.org/getthefacts](http://www.aarp.org/getthefacts) for more information.

**Question:** If you already have your own long-term policy, can you still participate in CLASS?
**Answer:** Yes, you can still participate in the CLASS program if you have your own long-term care insurance coverage.

**Question:** If you start contributing to CLASS at a young age, does your cash benefit payout increase over time?
**Answer:** The cash benefit for CLASS will be a fixed amount.

**Question:** What if you've had a long-term care policy since you were in your 30s & employed, but are now 60 & haven't worked for 6 years - how do you know if this policy that you've paid premiums on for over 25 years meets the new criteria?
**Answer:** You can still participate in the CLASS program if you have your own long-term care insurance coverage. CLASS provides different benefits and has different requirements than private long-term care insurance. The requirement that you had to have paid into the CLASS program for at least 5 years and worked at least three of the initial five years you are enrolled applies to the CLASS program and does not affect your long-term care policy.

**Question:** As I understand it, people who are currently on Medicare will not be eligible for the CLASS provisions. Is that true?
**Answer:** You can be any age to receive the CLASS benefits as long as you have paid your premiums for at least five years, worked at least 3 of the initial five years you are enrolled, have a qualifying disability and meet other eligibility requirements to be eligible for benefits. You can use your CLASS benefits to help pay for non-medical services and supports you need to help you stay independent in your home. This could include home modification, assistive, technology, transportation, and personal care. You can also use CLASS to pay part of the cost of assisted living or nursing home care.
Question: If you are retired, can you buy CLASS insurance?
Answer: You can be any age to receive the CLASS benefits as long as you have paid your premiums for at least five years, worked at least 3 of the initial five years you are enrolled, have a qualifying disability and meet other eligibility requirements to be eligible for benefits.

Question: Can people who are not employed enroll in CLASS?
Answer: To receive the CLASS benefits you must have paid your premiums for at least five years, worked at least 3 of the initial five years you are enrolled, have a qualifying disability and meet other eligibility requirements to be eligible for benefits.