

## Employee Perspectives on Long-Term Care

By Bridget Bearden, Ph.D., Employee Benefit Research Institute

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### AT A GLANCE

The Employee Long-Term Care (LTC) Survey, fielded in late 2024, examined employees' awareness of, access to, and perspectives on LTC financing. Findings from the survey of 2,445 workers ages 20–74 uncovered emerging insights while also reaffirming well-established trends in LTC awareness and preparedness.

Some of the key findings from the survey include:

- Four in 10 workers reported a belief that they will likely need long-term care as they age, but a substantial portion remained unsure (32 percent) or did not think they will need it (24 percent). Awareness of an employee's personal long-term care needs appeared to be concentrated among two groups:
  - Workers with personal experience receiving care, with a disability, or who have filed a short-term disability claim are significantly more likely to believe they will need LTC in the future.
  - Employees with higher incomes and education levels are more likely to anticipate needing LTC.
- There are gaps in knowledge about access to local long-term care, sometimes also referred to more broadly as long-term services and supports (LTSS). Thirty-seven percent of employees reported low or no knowledge of how to access LTC services in their community.
- Only 24 percent of benefits-eligible employees said their employer offers long-term care insurance, and just 9 percent of employees were enrolled. Even among those anticipating LTC needs, take-up remains low.
- Awareness and availability of caregiving support programs are limited. A majority of employees were unsure of what employee resource groups (ERGs) exist at their workplace, and only a minority reported access to key caregiving or end-of-life support services.
- A large share of workers were or said they expect to be caregivers. Nearly 60 percent of employees had provided care in the past or were doing so currently. Many said they expect to provide care in the future for aging parents, in-laws, or spouses — often both physically and financially.
- In consideration of a single, specific future care recipient:
  - A significant proportion of future caregivers had not estimated LTC costs. Among those who had estimated the cost of care for a specific individual, many underestimated the cost of LTC, with most expecting expenses to remain under \$50,000.
  - Many future caregivers reported an expectation that Medicare (43 percent) or Medicaid (29 percent) will cover LTC costs. A third (32 percent) said they themselves would pay for this care.
- Employees expressed support for their state government in the provision of long-term care insurance (LTCI). A majority supported increased taxes to fund LTC benefits, with 64 percent favoring a state payroll tax, and a plurality (27 percent) said "my state" was best positioned to provide personalized LTCI.

- Cost, benefits, access, and reliability were the most important features for employees if they were to consider purchasing an LTCI contract.
- As part of a series of tradeoffs between different coverage designs and tax implications for a potential LTCI program, employees were asked to choose between front-end and catastrophic coverage options. Fifty-eight percent of employees selected catastrophic coverage, while 42 percent chose front-end coverage.

A significant share of employees either said they expect to need long-term care or had caregiving experience, yet awareness, planning, and benefit take-up remained low, with many workers underestimating costs, unsure how to access services, and mistakenly expecting Medicare or Medicaid to cover future care. Employees' perceptions of their LTC needs are strongly influenced by personal experience and socioeconomic status, highlighting an opportunity for employer-informed, public-private solutions paired with targeted education efforts.

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Bridget Bearden is Research and Development Strategist at the Employee Benefit Research Institute (EBRI). This *Issue Brief* was written with assistance from the Institute’s research and editorial staffs. Any views expressed in this report are those of the author and should not be ascribed to the officers, trustees, or other sponsors of EBRI, Employee Benefit Research Institute-Education and Research Fund (EBRI-ERF), or their staffs. Neither EBRI nor EBRI-ERF lobbies or takes positions on specific policy proposals. EBRI invites comment on this research.

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## Introduction

As the population ages, the demand for long-term services and supports (LTSS) continues to rise. In 2022, it was estimated that over half (56 percent) of Americans turning 65 will develop a disability serious enough to require LTSS (Johnson and Dey, 2022). Yet, many Americans lack the necessary resources to cover the associated costs. Medicare does not provide comprehensive long-term care (LTC) coverage, leaving Medicaid as the primary payer for those who deplete their personal savings. The private long-term care insurance (LTCI) market's challenges of higher premiums and limited coverage result in it being an underutilized option, and many workers remain unaware of or unable to access comprehensive LTCI coverage available through their workplace. This has resulted in the growth of unpaid caregiving to fill the gap. In 2020, the National Alliance for Caregiving and AARP estimated that one in five Americans were providing unpaid care to an adult with health or functional needs.

The Employee Benefit Research Institute (EBRI) has extensively examined the intersection of caregiving, workplace benefits, and financial security (Copeland and Greenwald, 2023; Spiegel, Greenwald, and Hershberger, 2023; and Employee Benefit Research Institute, 2024). Prior research has highlighted the growing role of employees as caregivers, with many balancing work responsibilities alongside providing care for aging relatives or dependents with chronic illnesses. The 2023 EBRI/Greenwald Research Workplace Wellness Survey showed that caregivers face heightened financial stress, reduced workplace productivity, and a lack of preparedness for the high costs associated with long-term care.

In response to these LTC financing challenges, several states have introduced proposals aimed at creating sustainable public funding mechanisms. Washington state's WA Cares Fund is a payroll-tax-funded program designed to provide a modest LTC benefit to residents, while Hawaii's Kupuna Care program provides state-funded support to help non-Medicaid-eligible seniors age in place and to assist employed family caregivers in maintaining their jobs while providing unpaid care. Other states like California, New York, and Minnesota are exploring similar initiatives that would require workers to contribute to state-managed LTCI programs. While these efforts acknowledge the urgent need for LTC funding solutions, they have also generated debate over program costs, benefit adequacy, and the role of private insurance in supplementing public options.

At the federal level, the proposed Well-Being Insurance for Seniors to be at Home (WISH) Act represents an attempt to establish a nationwide LTC financing framework. Reintroduced in 2025, the WISH Act proposes to fund a federal public LTCI program that would provide a base level of coverage, allowing individuals to purchase supplemental private insurance if desired. The proposal aims to reduce Medicaid dependency while encouraging personal financial planning for LTC needs. However, concerns remain regarding tax burdens, program sustainability, and the coordination between public and private insurance markets.

The findings from EBRI's inaugural Employee Long-Term Care Survey are presented in this *Issue Brief*, delving into employees' perspectives on LTC needs, experiences and expectations around caregiving, and perspectives on LTC financing and policy ideas. Taken together, these data should help inform employers, benefits providers, and policymakers on potential LTC benefit design and policy.

## About This Survey

The Employee Long-Term Care (LTC) Survey examined employees' awareness of, access to, and perspectives on LTC financing. The survey sample accounted for 2,445 employees ages 20–74, including 970 employees residing in nine states with active long-term care insurance public policy proposals at the time of fielding (California, New York, Washington, Pennsylvania, Minnesota, Connecticut, Kentucky, Maryland, and Massachusetts). Quotas were used during data collection and weights were applied in analysis to ensure national representation. Data collection occurred via Qualtrics in late 2024. For a similarly sized random sample, the data represent a ±2.0 percent margin of error at a 95 percent confidence level.

## Demographics of Survey Participants

Twenty-three percent of the survey participants were ages 34 or younger, 49 percent were ages 35–54, and 28 percent indicated they were ages 55 or older (Figure 1). Forty-nine percent of the sample were male, and 51 percent were female. A similar split was present with respect to marital status, with 49 percent saying they were married and 51 percent saying they were not. Thirty percent reported a 2023 total household income of less than \$50,000, while 31 percent indicated a prior-year income of \$50,000–99,999. Twenty-three percent of case study participants reported a prior-year total household income of \$100,000–149,999, and 15 percent reported an income of \$150,000 or more. Thirty percent reported their education status as “high school graduate or less,” while 28 percent said they had some college. Twenty-five percent had a four-year degree, and 17 percent held a master’s degree or higher. Eighty-two percent of the sample were employed full-time, while 18 percent were employed part-time.

## Perspectives on Personal Long-Term Care Needs

To help assess whether employees have access to the long-term care programs that they would need, respondents were segmented by their perception of the likelihood of needing long-term care as they age. Overall, four in 10 workers said they will likely need LTC as they age (Figure 2)<sup>1</sup> Thirty-two percent of workers said they are neither likely nor unlikely to need long-term care as they age, and 24 percent said they are unlikely to need care.

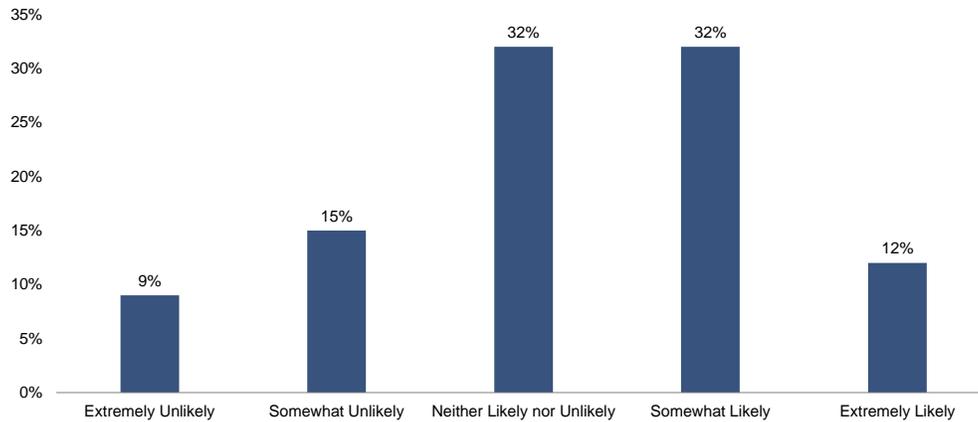
Different factors influence how workers view their future care needs, and awareness tended to be highest among those with direct experience or more socioeconomic resources. Specifically, employees who reported personal experience receiving care, had a disability, or had made a short-term disability claim were more likely to say they will need care as they age. Employees who had been a caregiving recipient were significantly more likely to rate their knowledge on long-term care and caregiving as “high” or “expert” (50 percent) compared with those without experience as a care recipient (27 percent).

Figure 1  
Survey Sample Demographics

<b>Age</b>	
20 to 24	5%
25 to 34	18%
35 to 44	27%
45 to 54	22%
55 to 64	20%
65 to 74	8%
<b>Gender</b>	
Male	49%
Female	51%
Other/prefer not to say	0.2%
<b>Marital Status</b>	
Married	49%
Not married	51%
<b>Household Income</b>	
Less than \$25,000	8%
\$25,000 to \$49,999	22%
\$50,000 to \$74,999	19%
\$75,000 to \$99,999	12%
\$100,000 to \$149,999	23%
\$150,000 or more	15%
<b>Education</b>	
High school graduate or less	30%
Some college/trade or business school	28%
College graduate (4-year degree)	25%
Master's or higher	17%
<b>Employment Status</b>	
Employed full time	82%
Employed part time	18%

Source: 2024 Employee Long-Term Care (LTC) Survey.

**Figure 2**  
**How Likely Is It That You Will Need Care as You Age?**

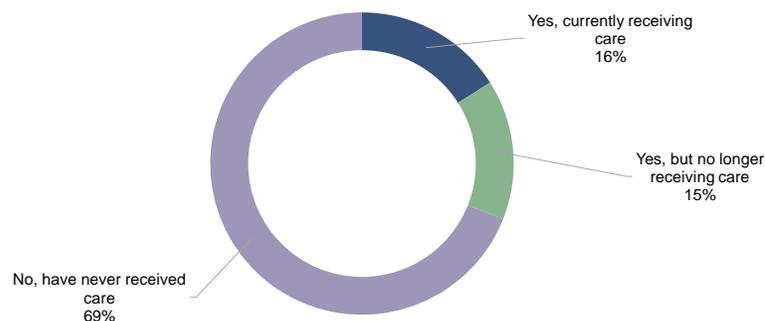


Source: 2024 Employee Long-Term Care (LTC) Survey.

At the same time, income and education also appear to play a role in workers’ expectations of needing care as they age and knowledge of long-term care. For example, individuals with household incomes greater than \$150,000 were the most likely to report having expert knowledge of long-term care or caregiving (17 percent compared with the overall 11 percent), whereas individuals with household incomes less than \$25,000 were the most likely to say they had no knowledge of long-term care or caregiving. These variables are explored a bit deeper later in the paper.

In prior work, EBRI has asked whether survey respondents have any experience caregiving for others.<sup>2</sup> In this study, we continue that tradition but also introduce a similar question on the worker’s experience in receiving care.<sup>3</sup> Overall, roughly three in 10 workers reported having received care (Figure 3). Sixteen percent of workers indicated they were currently receiving care, and 15 percent said they had received care in the past but did not currently. Workers with experience as care recipients were over four times more likely than workers who had not received care to say they were extremely likely to need long-term care as they age (27 percent as opposed to 6 percent).

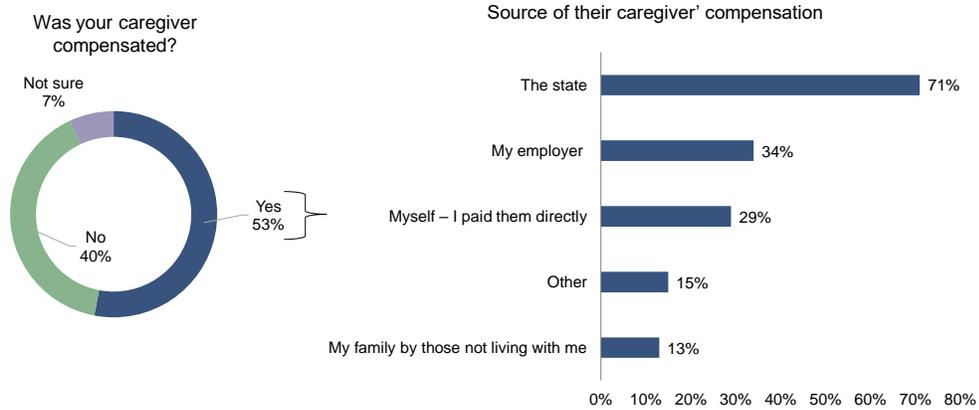
**Figure 3**  
**Have You Ever Received Care From Another Adult Relative or Friend (18 years or older) to Help You Take Care of Yourself?**



Source: 2024 Employee Long-Term Care (LTC) Survey.

Among the employees who received care, 53 percent indicated that their caregiver was compensated. Of those, survey respondents reported that their caregiver’s compensation most commonly came from the state, their employer, or themselves directly (Figure 4).

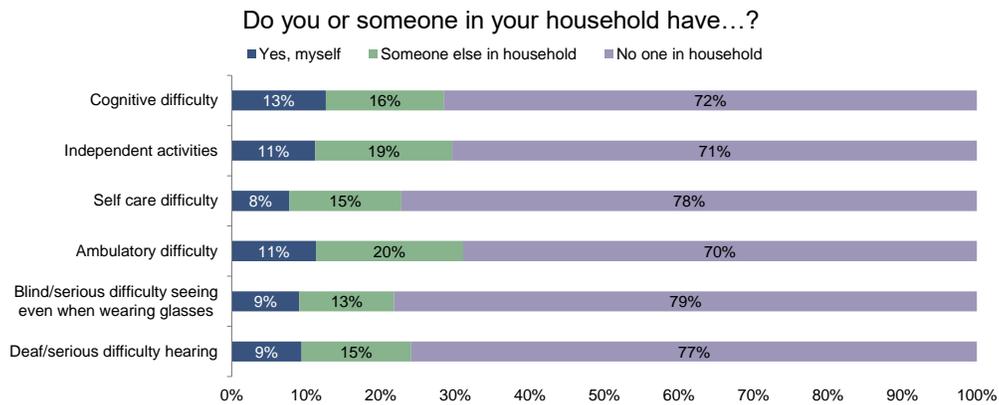
**Figure 4**  
**Employee as Care Recipient: Their Caregiver’s Compensation and Source**



Note: The weighted sample size for the question “Was the caregiver compensated?” was 755, reflecting the share of employees who received care in the past. The weighted sample size on question “Who was the source of compensation? (Select all that apply.)” was 396.  
 Source: 2024 Employee Long-Term Care (LTC) Survey.

The prevalence of a disability also helps to explain in part workers’ reported likelihood of needing care as they age. Overall, 24 percent of the sample reported they had one of six disabilities.<sup>4</sup> The most common disability reported by the employee sample was cognitive disability, with a prevalence of 13 percent.<sup>5</sup> When expanding to the household level, 47 percent of workers said they have a disability in their household, whether they had the disability or another person in the household did. Survey respondents were not probed further on the relation of the additional person in the household, e.g., spouse, parent, or child. The most common type of disability reported from an employee’s household was ambulatory in nature, followed by an independent living difficulty and a cognitive difficulty (Figure 5).

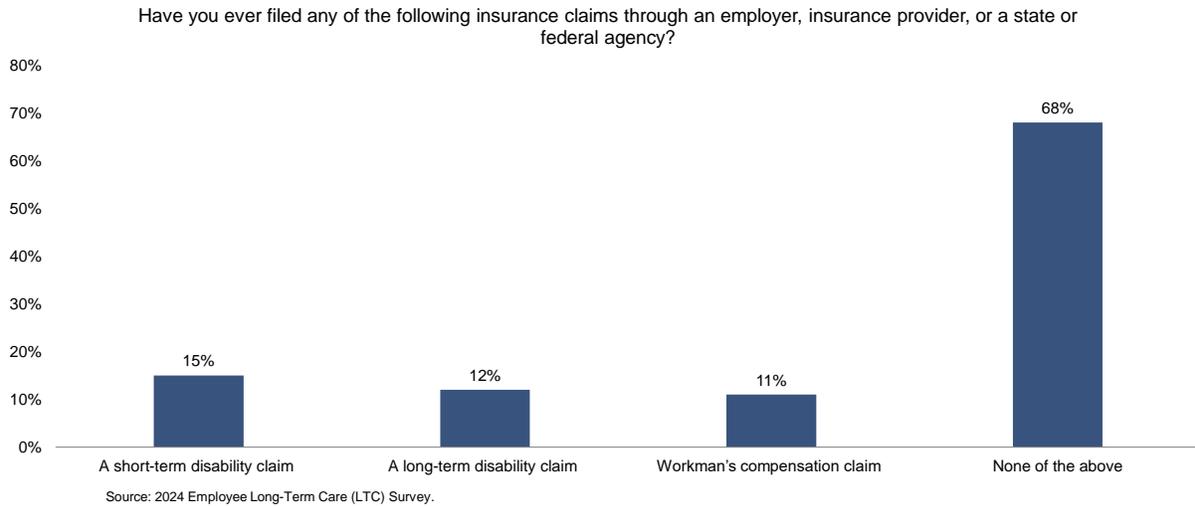
**Figure 5**  
**Disability in the Employee’s Household**



Source: 2024 Employee Long-Term Care (LTC) Survey.

Most employees (68 percent) had not filed disability or workers’ compensation claims, suggesting that the majority of workers have limited interaction with employer-provided or government-supported disability benefits (Figure 6). At the same time, approximately one in three (32 percent) had filed at least one claim. Specifically, 15 percent of those surveyed indicated they had filed a short-term disability claim, 12 percent had filed a long-term disability claim, and 11 percent had filed a workman’s compensation claim. Because employees could have filed claims under more than one category, some overlap likely exists across these percentages. Approximately 4 percent said they had filed at least two claims. Survey respondents were not probed further on their claims experience. Employees who said they had filed a short-term disability claim in the past were more prone to report needing care as they age.

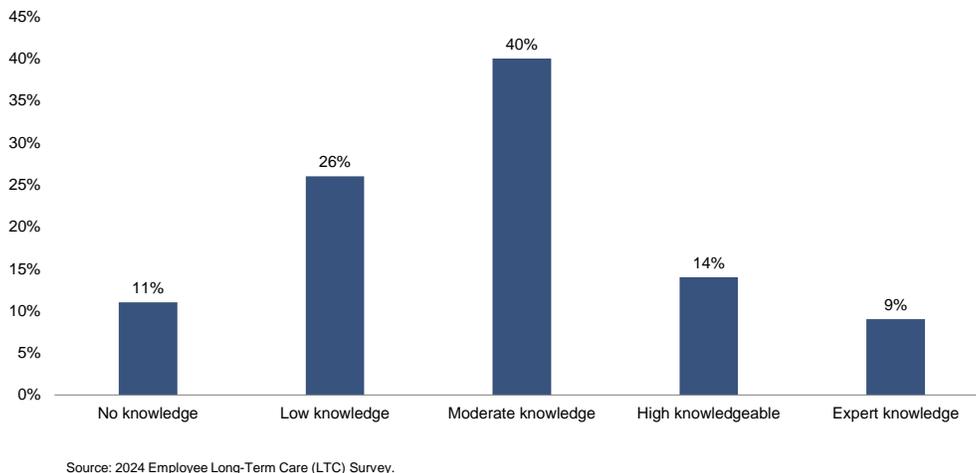
**Figure 6**  
**Experience Filing a Disability Claim**



At the same time, employees with higher incomes and education levels tend to have a better understanding or awareness of future care needs. Employees with greater than \$150,000 in 2023 annual household income were more likely to report that it was extremely likely that they would need care as they age, whereas employees with \$25,000 or less more commonly reported that they were unlikely to need care. Similarly, highly educated employees (those with more than four years of college, specifically) were more likely to say they are extremely likely to need care as they age, while respondents with some college or less were more likely to say they are unlikely to need care.

Overall, 37 percent of employees said they had low or no knowledge about how to access long-term care services in their community (Figure 7). Forty percent said they had moderate knowledge, while 23 percent said they had strong knowledge or higher. The importance of personal experience and socioeconomic resources is prevalent when looking at knowledge of local long-term services and supports. For example, employees with a high school diploma or less were more likely to say they have both no knowledge and expert knowledge on navigating their local resources than those with higher educational attainment. This polarization among those with less education, where they feel either very confident or not at all, is likely related to lived experience. Employees with educational attainment of high school or less and household incomes of less than \$25,000 are more likely to report having a disability, which may contribute to deeper familiarity with care systems.

**Figure 7**  
**Level of Knowledge in Accessing Long-Term Services and Supports in Community**

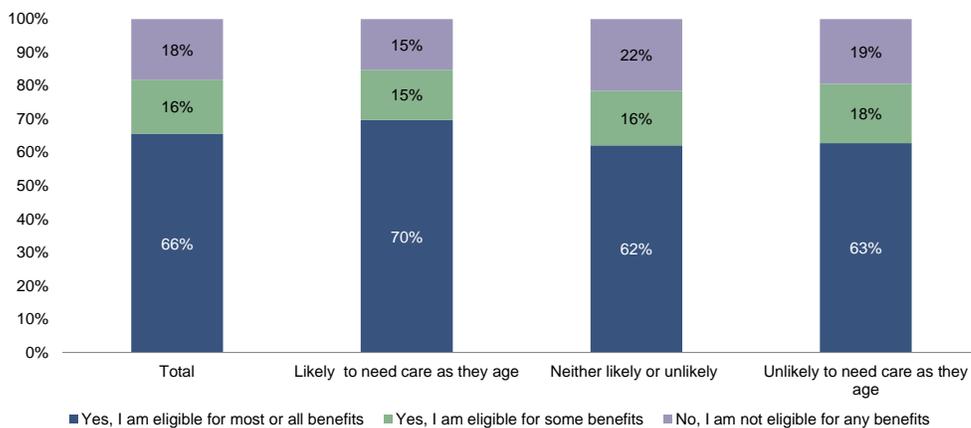


Overall, people with disabilities or personal experience in receiving care are very aware of care needs, as are employees with higher income and education. But employees in the middle, who haven't had personal experience and aren't highly educated or wealthy, appear to be less aware of their future care needs.

## Take-Up of Employer Benefits and Long-Term Care Insurance

Having established which employees believe they will need care as they age and some of the drivers of this perception, we turn to what employer benefits are available to them and are being used. Two-thirds of employees surveyed said they were eligible for most of their employer's benefits, and another 16 percent indicated they were eligible for some benefits (Figure 8). Employees who reported they were likely to need long-term care were more apt to say they were eligible for most benefits compared with other employees.

Figure 8  
Benefits Eligibility by Likelihood of Needing Care as They Age



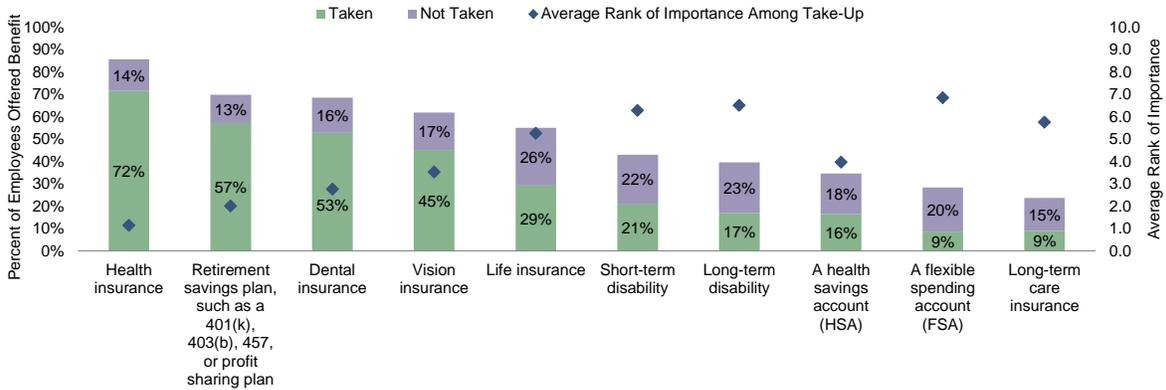
Source: 2024 Employee Long-Term Care (LTC) Survey.

Employees with benefits eligibility were presented with 21 common employer benefits to examine access to the benefit, take-up of (meaning participation or enrollment in) the benefit, and the importance of the benefit among those taking it. The 10 most commonly offered benefits are seen in Figure 9. Nine percent of eligible employees indicated they were enrolled in long-term care insurance offered by their employer, while 15 percent indicated they were not enrolled in the long-term care insurance. Taken together, about one in four employees with benefits eligibility (24 percent) said they were offered long-term care insurance.<sup>6</sup>

Employees expecting long-term care needs were more likely (11 percent) than those not expecting long-term care needs (6 percent) to enroll in employer-provided LTCI when it was offered. Employees expecting long-term care needs were also more likely to report enrolling in emergency savings, pet insurance, life insurance, and financial wellness programs when they were offered compared with employees not expecting to need long-term care.

After employees identified which benefits they were offered and used, they were then shown their current benefits selection and asked to rank the benefits, where 1 was the most important and 10 was the least. Insurance benefits typically only used in future or unexpected life or health events — such as life, disability, and long-term care insurance — were ranked lower in average importance than those that employees use more regularly.

Figure 9  
**Take-Up and Average Rank of Importance for the Top 10 Most Commonly Offered Benefits**

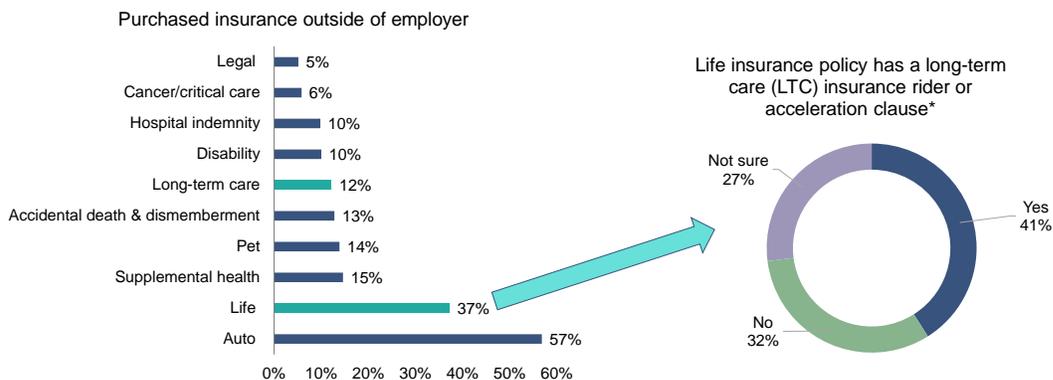


Example interpretation: Seventy-two percent of employees surveyed reported they are enrolling in their employer's health insurance, and 14 percent of employees said they are offered but not enrolling. Taken together, this translates to 86 percent of employees reporting they are offered health insurance by their employer. Among those using the health insurance benefit, the average rank of importance (where 1 is the most important and 10 is the least) was 1.1. The full list of 22 benefits is available upon request.  
 Note: The weighted sample size for the offer and take-up questions was 2,000, reflecting the share of employees who were eligible for most or some benefits.  
 Source: 2024 Employee Long-Term Care (LTC) Survey.

These findings suggest that employees may undervalue benefits intended to provide financial protection against high-risk, low-probability events, either because they do not perceive these risks as imminent or because they place greater value on benefits with more immediate or frequent utility. This raises the importance of employers and providers delivering targeted education or engagement strategies that promote risk-informed decision making.

Importantly, many savings and insurance products can be acquired outside of the employer channel. Employees were asked whether they purchased specific insurance benefits on their own and outside of their employer. Twelve percent said they purchased long-term care insurance, and 37 percent of employees said they purchased life insurance through the retail market. Among those who purchased retail life insurance, 41 percent said their policy has an LTCI rider or an acceleration clause (Figure 10).<sup>7</sup> Thirty-two percent of employees with independently purchased life insurance said they did not have an LTCI rider or acceleration clause, and 27 percent were unsure. Employees who said they are likely to need long-term care were more likely to have purchased insurance directly (outside the employer offerings) and were more likely to have purchased an LTCI rider for those with a life insurance policy.

Figure 10  
**Insurance Purchased Outside of Employer Channel**



\*Among the 37 percent of employees who have purchased life insurance on their own and outside of their employers, reflecting a weight sample size of 912.  
 Source: 2024 Employee Long-Term Care (LTC) Survey.

## Awareness and Availability of Additional Supportive Programs

In addition to traditional group benefits, employees were asked about other supportive programs offered through their employer. Overall, while some employers offer supportive programs, awareness and availability remain limited. One such program is employee resource groups (ERGs), which may also be referred to as business resource groups (BRGs) or affinity groups. The majority of employees (58 percent) were not sure what employee resource groups are available at their employer (Figure 11). About one in six employees knew of family/caregiving, Black/African American, and women ERGs at their employer.

Figure 11  
**Additional Supportive Programs**

***Are any of the following Employee Resource Groups (ERG), also known as affinity groups, at your employer? (Select all that apply.)***

Family / Caregiving	16%
Black/African American	16%
Women	15%
Disabilities	12%
LGBTQ+	9%
Asian/Pacific Islander	6%
Not sure	58%

***Does your employer offer any of the following programs for employees with chronic illnesses or individuals who may have 24 months or less to live?***

Bereavement/grief services	16%
Employee resource group (ERG)	16%
Benefits concierge	15%
Case manager	14%
Not sure	28%
None of the above	35%

***Does your employer offer any of the following?***

Paid maternity leave	47%
The ability to work from home/telework	32%
Paid paternity leave	28%
Childcare assistance/subsidy	16%
Paid caregiver leave (child or elder care)	13%
Eldercare assistance/subsidy	8%
None of the above	32%

Source: 2024 Employee Long-Term Care (LTC) Survey.

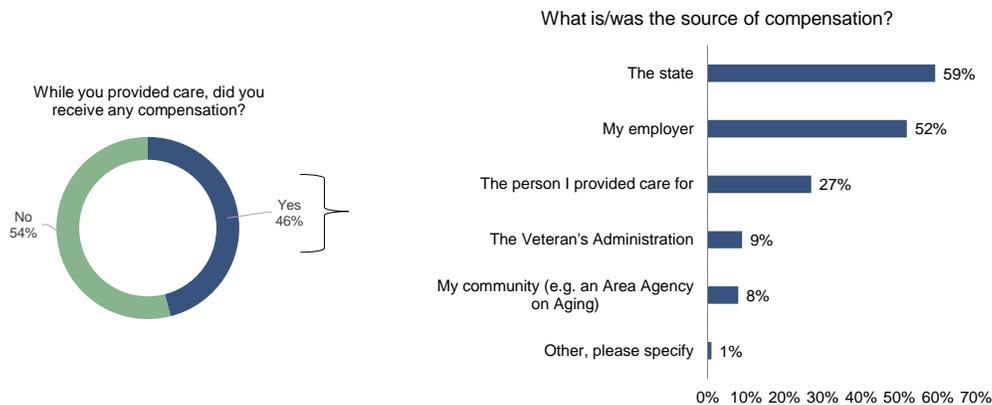
Employees were also asked whether their employers offered programs for individuals with chronic illnesses or those with 24 months or less to live. Similar to what was reported for ERGs, about one in six employees said they were offered a case manager, benefits concierge, or bereavement/grief services (Figure 11). When asked about additional caregiving programs, the most commonly reported one was paid maternity leave (47 percent), followed by the ability to work from home/telework (32 percent) and paid paternity leave (28 percent). At the same time, one in three employees indicated that none of the caregiving programs listed were offered.

## Caregiving Experiences and Expectations

In addition to understanding employees' perspectives on their own personal care needs, the survey sought to understand employees' expectations for providing care to others. This approach to understanding caregiving experiences is consistent with prior EBRI work.

Thirty percent of employees report they are currently providing care for someone who has a disability, chronic condition, special need, or cognitive impairment and needs help with activities of daily living. Another 28 percent indicate they have provided care in the past but not currently. Of this 58 percent of caregiving employees, less than half (46 percent) said they received compensation as a caregiver (Figure 12).

Figure 12  
Employee as Caregiver: Their Personal Compensation and Source

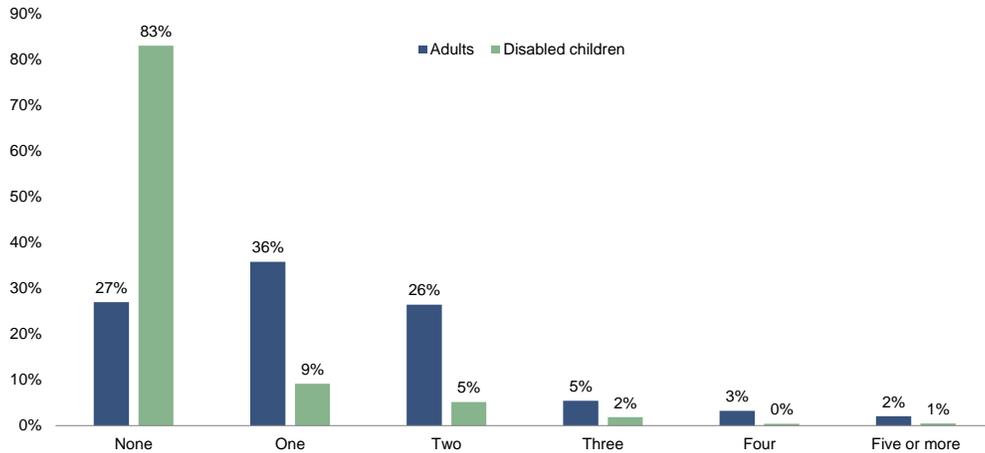


Note: The weighted sample size on question "While you provided care, did you receive any compensation?" was 1,413, reflecting the share of employees who have experience being a caregiver. The weighted sample size on question "What is/was the source of compensation? (Select all that apply.)" was 644.  
Source: 2024 Employee Long-Term Care (LTC) Survey.

When asked about sources of compensation, the most common responses were the state, the employee's current employer, or the care recipient themselves (Figure 12). When looking at workers in the health care industry to account for possible confusion among career caregivers, the sources of caregiver compensation were generally the same, potentially indicating some misunderstanding about the true source or mechanism of payment. Notably, when controlling for workers currently residing in a state with a mandatory paid family leave (PFL) program,<sup>8</sup> there was still a surprising proportion (56 percent) of employees living in a state *without* mandatory PFL who reported receiving compensation from the state.

Employees were asked how many adults and disabled children are in their immediate network<sup>9</sup> for whom they might need to care in the future. Twenty-seven percent of employees said they had no adults in their network, 36 percent said they had one adult, and 26 percent said they had two adults in their immediate network (Figure 13). Eleven percent of employees said they had three or more adults in their immediate network for whom they might need to care in the future. With respect to disabled children in their immediate network for whom they might need to care in the future, 83 percent of employees said that they did not have any, while 17 percent indicated that they had one or more.

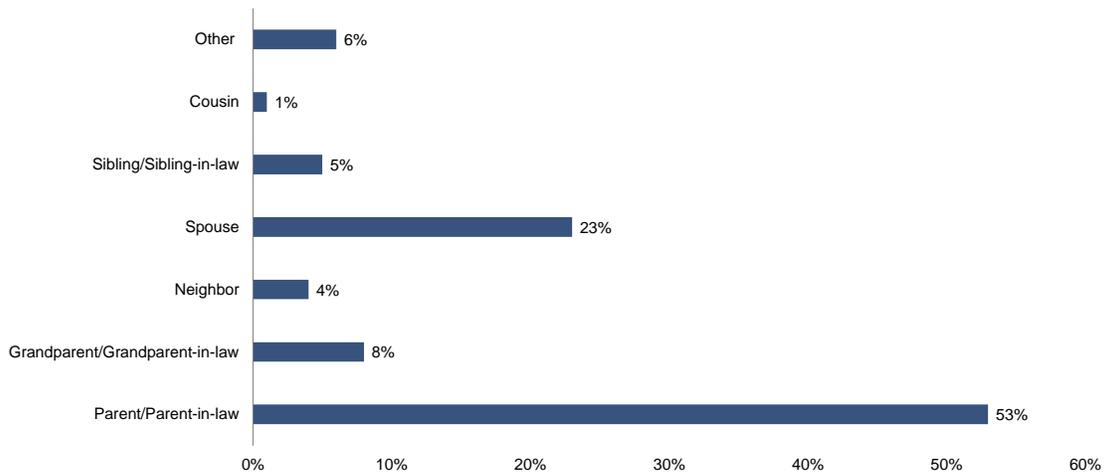
**Figure 13**  
**People in Employee’s Immediate Network Who Might Need Future Care**



Source: 2024 Employee Long-Term Care (LTC) Survey.

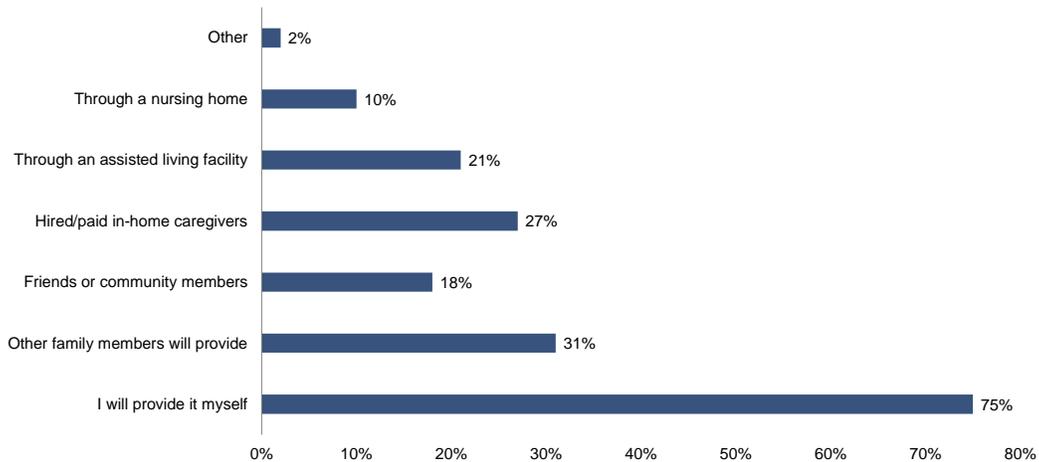
Employees who indicated that they had at least one adult in their immediate network for whom they might need to care in the future were asked to think about one specific adult they believe will need care or assistance with living. The most commonly reported relation in this vignette was a parent or parent-in-law at 53 percent, followed by a spouse with 23 percent (Figure 14). In thinking about these individuals, 40 percent of employees indicated that they expect the care to include financial support and direct, physical care. Forty-five percent of employees expecting to provide care indicated that it would only be direct, physical care, and 15 percent indicated that only financial support would be provided. Among the future caregivers who thought their individual would need financial support, the majority (75 percent) of them said they would provide direct assistance themselves, and 31 percent said other family members would provide the support (Figure 15).

**Figure 14**  
**The Relation of One Specific Adult Who Might Need Care**



Note: The weighted sample size on question “Think about one adult specifically that you believe will need care or assistance with living. What is their relation to you?” was 1,785, reflecting the share of employees who have at least one adult in their immediate network for whom they might need to care in the future.  
 Source: 2024 Employee Long-Term Care (LTC) Survey.

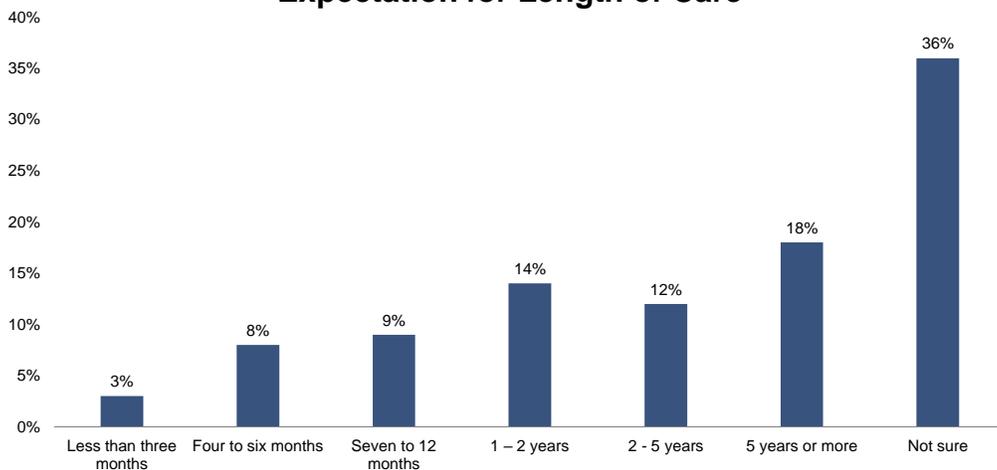
**Figure 15**  
**How Do You Expect This Care or Assistance in Living to Be Provided?**



Note: The weighted sample size on question "How do you expect this care or assistance in living to be provided? (Select all that apply.)?" was 979, reflecting the share of employees who said they would provide financial assistance to their care recipient.  
 Source: 2024 Employee Long-Term Care (LTC) Survey.

Thirty-six percent of employees who were expecting to provide caregiving in the future were not sure how long the care might last. One in five (20 percent) thought the care might last one year or less, while 26 percent expected the care to last between one and five years (Figure 16). Eighteen percent expected the care to last five years or more. For comparison, Johnson and Dey (2022) estimated that the average duration for which LTSS is fully needed is 3.1 years. Employees who identified as likely to need care in the future and those with household incomes above \$100,000 were more likely to estimate that the duration of care for their future recipient would exceed two years compared with employees who did not expect to need care or whose household incomes were below \$50,000.

**Figure 16**  
**Expectation for Length of Care**



Note: The weighted sample size on question "How long do you expect this care to last?" was 1,785, reflecting the share of employees who have at least one adult in their immediate network for whom they might need to care in the future.  
 Source: 2024 Employee Long-Term Care (LTC) Survey.

Three in 10 future caregivers had estimated the cost of their recipient’s care, with a wide range of annual estimates. Thirty-seven percent of those who estimated the cost thought the price tag would fall below \$25,000 yearly (Figure 17). Forty-three percent estimated the cost to be between \$25,000 and \$99,999, while 19 percent estimated it to be more than \$100,000. For comparison, in 2022, it was estimated that on average, an American turning 65 would incur \$120,900 in future LTSS costs (Johnson and Dey, 2022). This estimate reflects average public and private expenditures across all settings, with the two largest payers being Medicaid, at an average of \$51,800, and out-of-pocket payments, at an average of \$44,800. Strikingly, among those who receive unpaid care, Johnson and Dey estimated the average value to be \$204,000, more than the value of all paid LTSS. Employees who identified as likely to need care in the future, had previously received care, or had household incomes above \$100,000 were more likely to estimate the cost of care for their future recipient at \$100,000 or more compared with their counterparts.

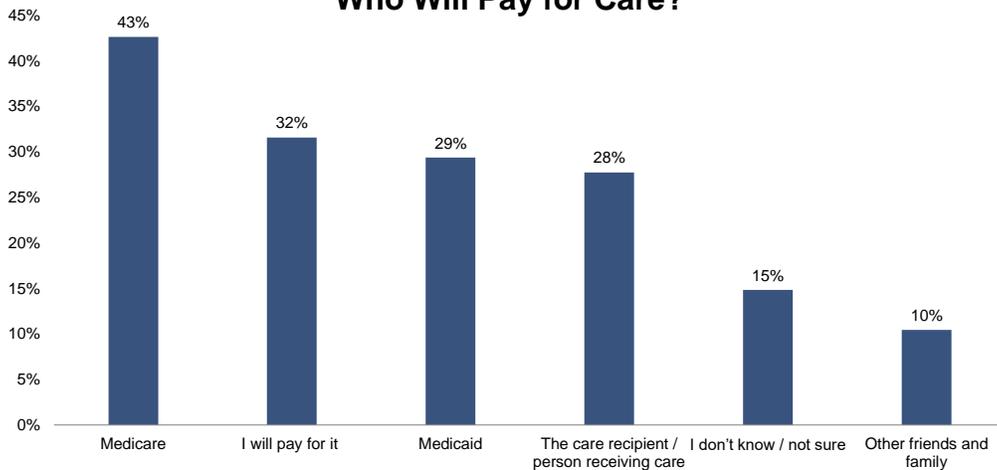
**Figure 17**  
**Estimated Cost of Care Each Year**



Note: The weighted sample size on question “Have you estimated the cost of care?” was 1,785, reflecting the share of employees who have at least one adult in their immediate network for whom they might need to care in the future. The weighted sample size on question “Across all types of care for your [individual], how much do you estimate this care will cost in total each year” was 522, reflecting the share of future caregivers who have estimated the cost of care.  
Source: 2024 Employee Long-Term Care (LTC) Survey.

Yet, when asked who will pay for their recipient’s care, in a select-all format, many responded that existing federal programs would cover the cost, with 43 percent indicating Medicare and 29 percent noting Medicaid (Figure 18). At the same time, 32 percent said that they, as future caregivers, would themselves pay for this care, and 28 percent said the care recipient would pay for the care. Fifteen percent were not sure who would pay for care.

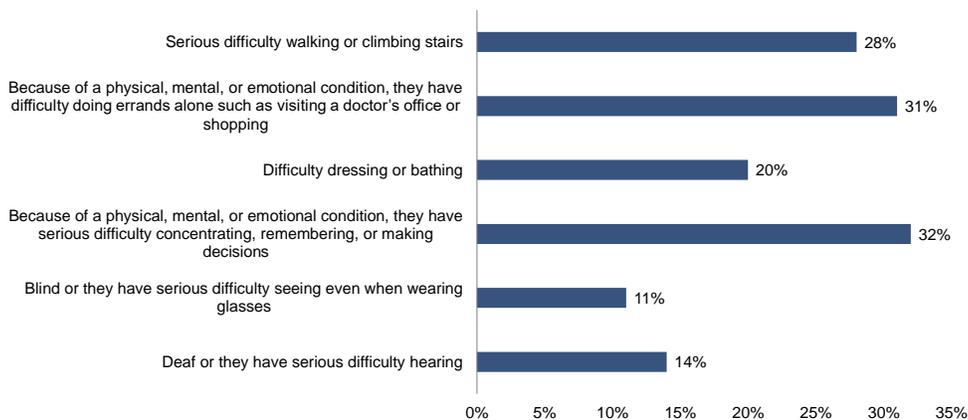
**Figure 18**  
**Who Will Pay for Care?**



Note: The weighted sample size on question "Who will pay for this care?" was 1,785, reflecting the share of employees who have at least one adult in their immediate network for whom they might need to care in the future.  
Source: 2024 Employee Long-Term Care (LTC) Survey.

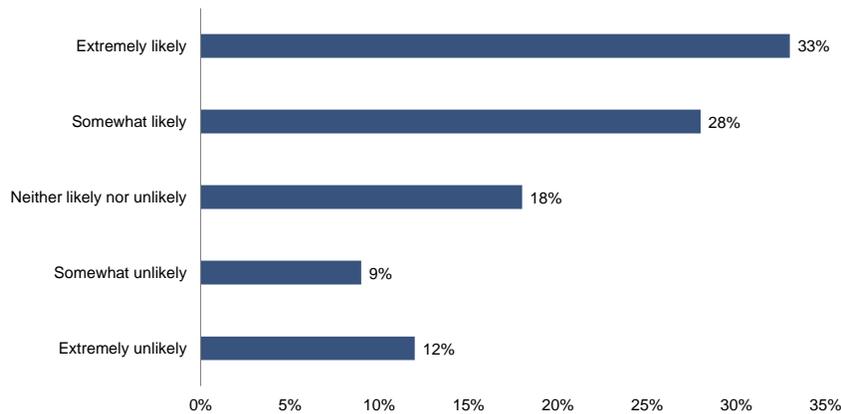
Similar to employees' reports of disability within their own households, future caregivers indicated a higher-than-average prevalence of disability among their anticipated care recipients. The perceived disability prevalence among these future recipients was 67 percent, higher than national estimates for all adults,<sup>10</sup> suggesting either a particularly vulnerable and aging network of individuals or expectations of poorer-than-average health among those likely to need care. Approximately three-quarters of future care recipients were thought to have two or more disabilities. The most common disabilities perceived were cognitive, independent living, and ambulatory difficulty (Figure 19). It is not surprising, then, that 60 percent of future caregivers thought that their future care recipients were likely to qualify for Medicaid (Figure 20).

**Figure 19**  
**Employee Perception of Disability Status of Future Care Recipient**



Note: The weighted sample size on question "Does your [individual] have any of the following disabilities?" was 1,785, reflecting the share of employees who have at least one adult in their immediate network for whom they might need to care in the future.  
Source: 2024 Employee Long-Term Care (LTC) Survey.

Figure 20  
**Employee Perception of Future Care Recipient's Likelihood of Qualifying for Medicaid**

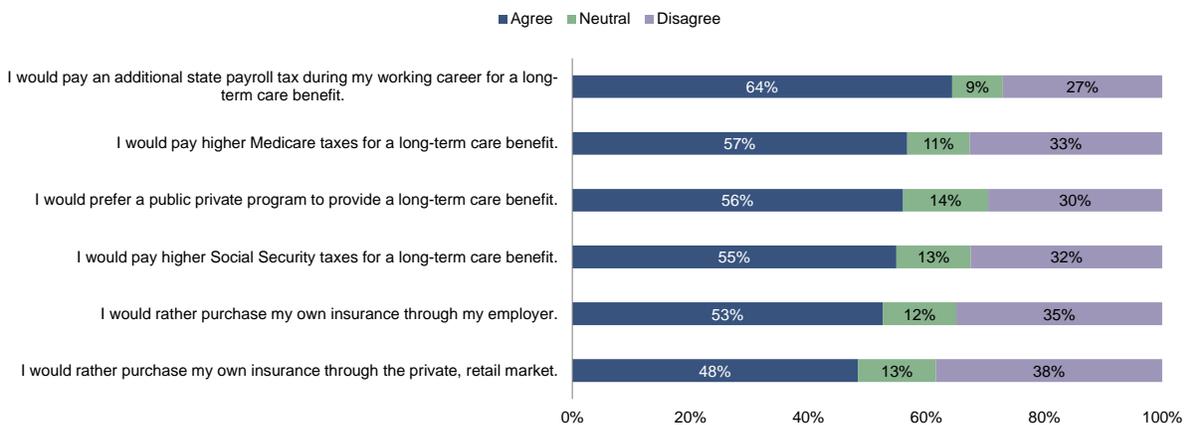


Note: The weighted sample size on question "How likely is it your [individual] will qualify for Medicaid?" was 1,785, reflecting the share of employees who have at least one adult in their immediate network for whom they might need to care in the future.  
 Source: 2024 Employee Long-Term Care (LTC) Survey.

## Policy and Product Preferences

Employees were presented with a series of LTC financing approaches and asked to indicate their level of agreement. Many employees agreed that they would pay higher taxes for a long-term care benefit, whether through a state payroll tax, a higher Medicare tax, or a higher Social Security tax (Figure 21). The state payroll tax saw the highest agreement, with 64 percent of employees agreeing that they would pay an additional state payroll tax during their career for a long-term care benefit. Employees were least likely to agree that they would rather purchase LTCI through the private, retail market.

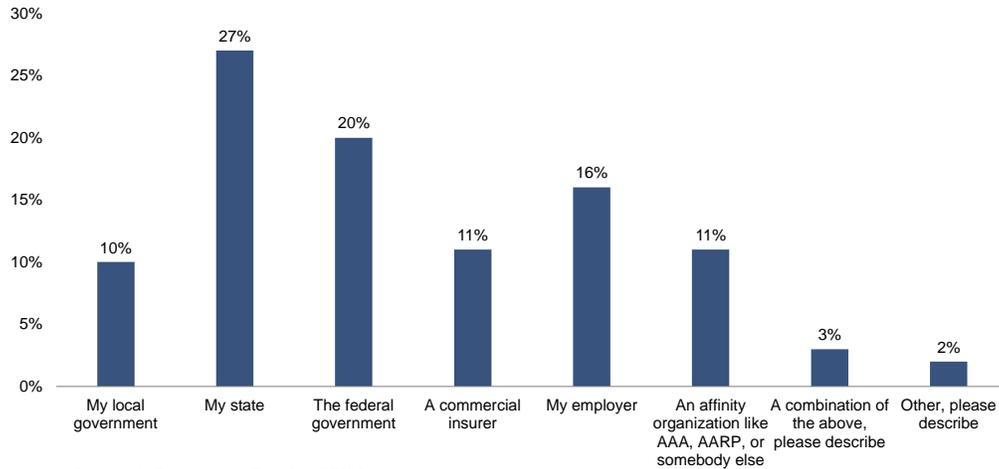
Figure 21  
**Level of Agreement With Long-Term Care Policy Ideas**



Source: 2024 Employee Long-Term Care (LTC) Survey.

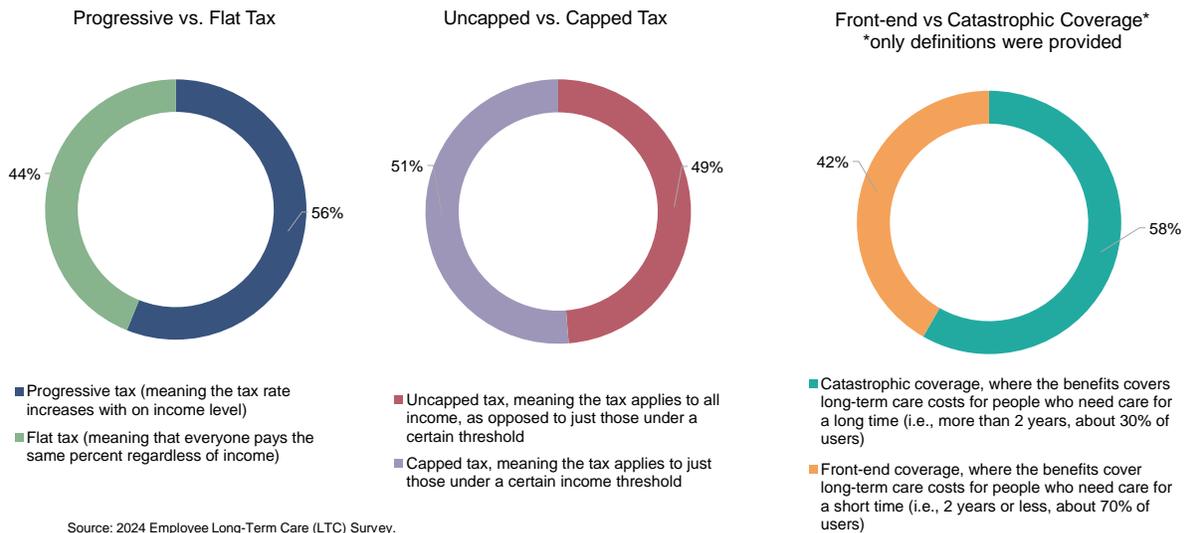
When evaluating which entity is best positioned to provide long-term care insurance coverage that is right for them, 27 percent of employees said their state and 20 percent said the federal government (Figure 22). Sixteen percent indicated their employer, followed by approximate ties among commercial insurer, affinity organizations, and local government, at about 10 percent each.

**Figure 22**  
**Entity Best Positioned to Provide Long-Term Care Insurance That Is Right for You**



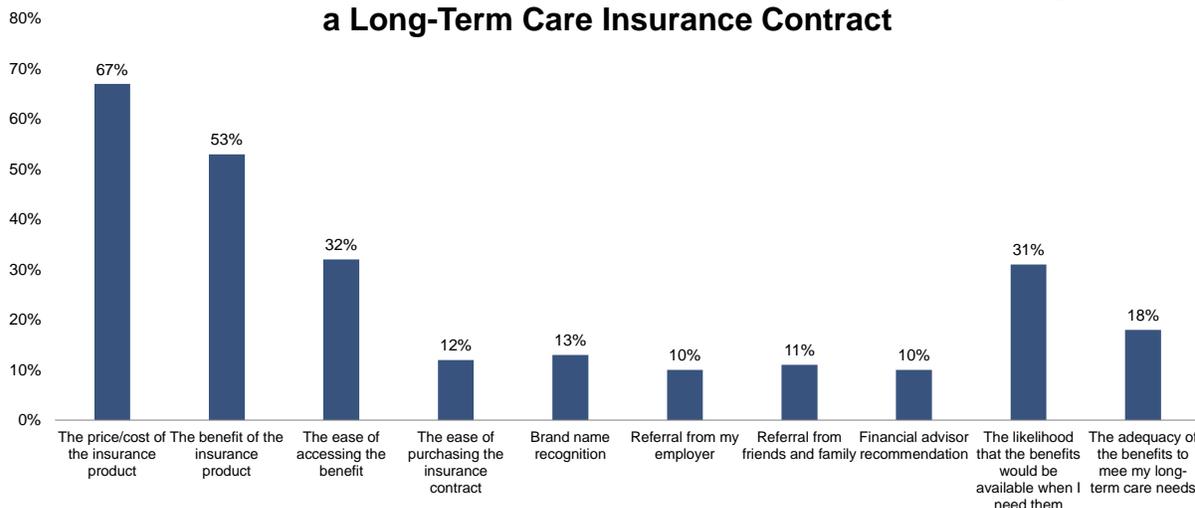
Employees were required to choose between two options in a set of questions related to taxes and coverage features for a state or national LTCI program (Figure 23). Fifty-six percent of employees selected to support a progressive tax (the tax rate increases with income level) to finance the program, compared with 44 percent who selected a flat tax (everyone pays the same percentage regardless of income level). When presented with a choice between capped and uncapped tax preferences, employees were virtually split. Employees were also asked to select a preference between catastrophic coverage and front-end coverage, where catastrophic coverage was defined as benefits that cover long-term care costs for people who need care for a long time (i.e., more than two years, about 30 percent of users), and front-end coverage was defined as benefits that cover long-term care costs for people who need care for a short time (i.e., two years or less, about 70 percent of users). Fifty-eight percent of employees selected to support catastrophic coverage, compared with 42 percent who chose front-end coverage.

**Figure 23**  
**Which Features of a State or National Long-Term Care Insurance Program Would You Support More?**



Cost, benefits, access, and reliability were the most important features for employees if they were to consider purchasing an LTCI contract (Figure 24). When asked to select their top three features, 67 percent of employees said the price/cost of the insurance product, while 53 percent indicated the benefit of the insurance product. Ease of accessing the benefits and the likelihood that benefits would be available to them when needed were selected by three in 10 employees.

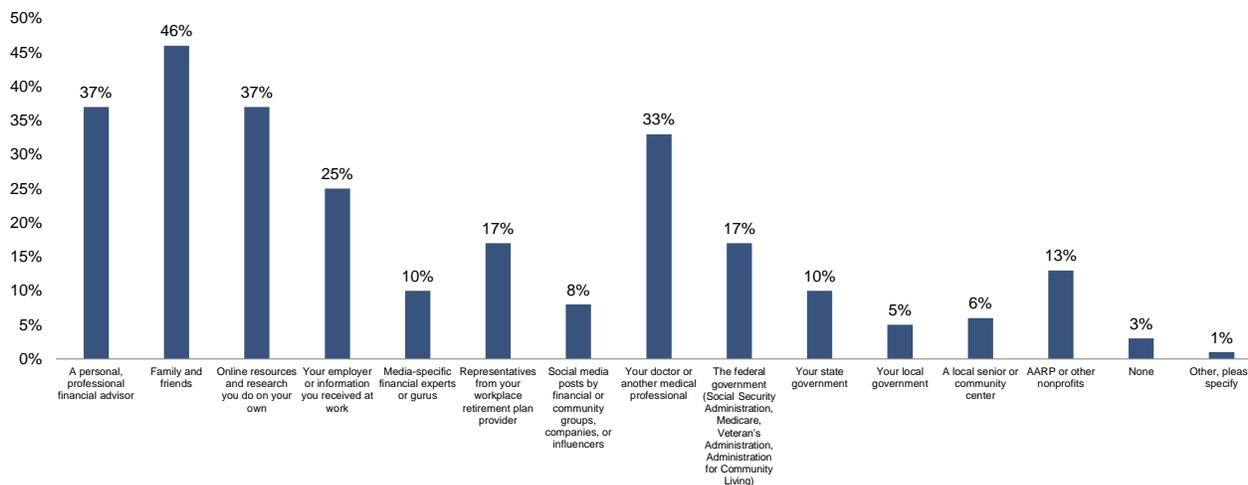
**Figure 24**  
**Most Important Features If You Were to Consider Purchasing a Long-Term Care Insurance Contract**



Source: 2024 Employee Long-Term Care (LTC) Survey.

Survey respondents were asked to select their top three most trusted sources of information on long-term care. Similar to retirement planning, family and friends led as the most trusted source (46 percent), followed by online research and a personal, professional financial advisor (each 37 percent) (Figure 25). Doctors and medical professionals were noted by one in three employees as a trusted source of information on long-term care, while employers were noted by one in four employees.

**Figure 25**  
**What Are Your Most Trusted Sources of Information on Long-Term Care?**



Source: 2024 Employee Long-Term Care (LTC) Survey.

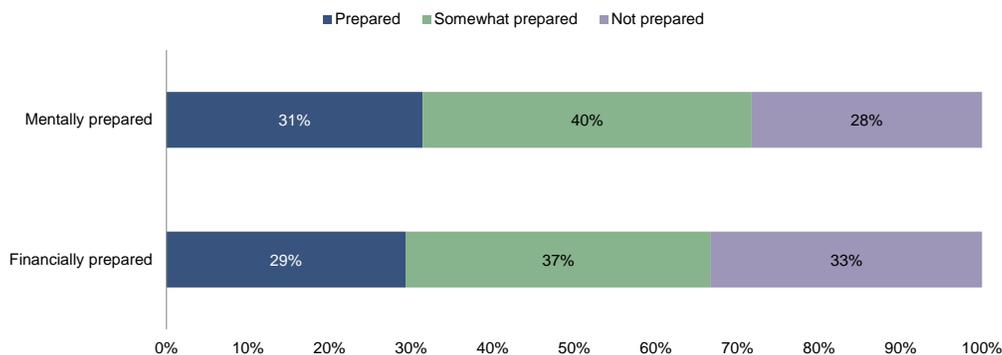
## Financial Wellbeing

The financial wellbeing results suggest that workers with caregiving expectations and experiences have a slightly more optimistic overall view of their financial situation but still grapple with daily financial stresses.

Respondents were asked to rate their wellbeing across financial, emotional, physical, workplace, and social dimensions on a 10-point scale, where 1 indicated poor wellbeing and 10 indicated strong wellbeing. Half (51 percent) of respondents rated their household financial wellbeing positively, giving themselves a score of 8, 9, or 10, while about one in 10 (11 percent) rated it negatively with a score of 1, 2, or 3. Interestingly, workers with caregiving experience — those likely to need care, having received care in the past, or currently providing care — were more likely to rate their household financial wellbeing positively compared with those without caregiving expectations or experience. However, the relationships between caregiving status and the other dimensions of wellbeing were less consistent.

While most workers overall felt at least somewhat financially and mentally prepared for an unexpected work disruption due to caregiving, approximately three in 10 said they were not (Figure 26). Workers who expected to need care in the future, those who had received care in the past, and those with incomes \$100,000 and over were more likely than their counterparts to say they were financially prepared to unexpectedly leave work or reduce working hours to care for a child or other loved one for six months. Workers with less than \$50,000 in household income were more likely to say they were not prepared financially for a break in work compared with those in higher income cohorts. Income did not appear to impact mental preparedness; instead, caregiving experience played a larger role. Workers who had received care in the past were more likely to be mentally prepared for a caregiving-related hiatus than those without such experience. Similarly, workers who were currently providing care to others were more likely to report being both financially and mentally prepared to take a six-month break from work.

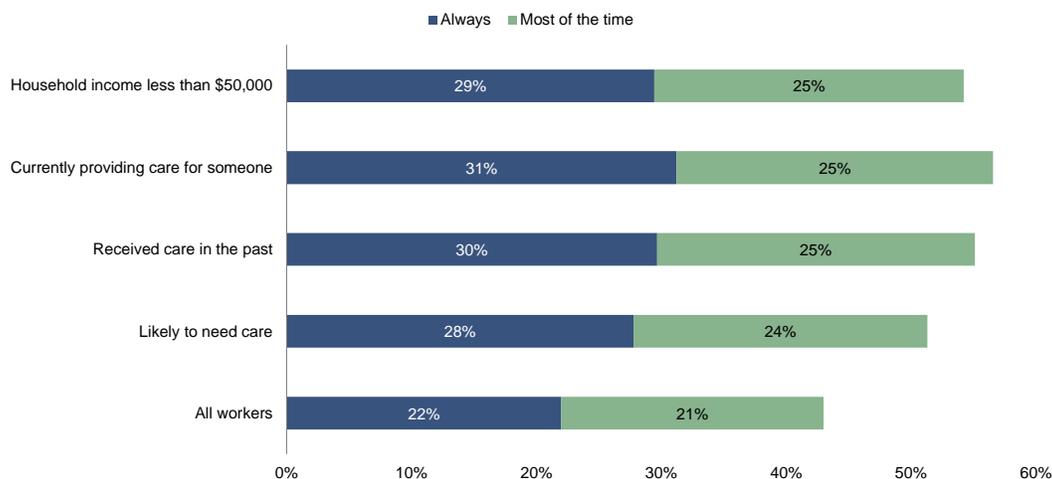
Figure 26  
**The Extent of Preparedness for an Unexpected Six-Month Job Pause/Reduction Due to Caregiving**



Source: 2024 Employee Long-Term Care (LTC) Survey.

Despite the relatively optimistic views about current financial wellbeing and preparedness, a less positive pattern emerges when looking at daily financial stress (Figure 27). While four in 10 workers overall said they worry about daily expenses “always” or “most of the time”, those expecting to need care in future, those who had received care in the past, and those currently providing care were 8 to 14 percentage points more likely than their counterparts to report frequent worry about daily expenses.

Figure 27  
**How Frequently Do You Worry About Your Daily Expenses?**



Source: 2024 Employee Long-Term Care (LTC) Survey.

Inflation and daily expenses, particularly grocery costs, were identified as key financial stressors across workers. Those with caregiving experiences — both receiving and providing care — were more likely to report that paying monthly bills was a source of financial stress compared with those without caregiving experiences. Workers who expected to need care in the future more frequently cited debt, medical and prescription costs, and long-term care expenses as financial stressors compared with those who did not anticipate needing care.

## Conclusion

This paper highlights where efforts could be most effectively directed, particularly by recognizing differences between employees with long-term care (LTC) experience and those without, as well as between higher- and lower-income workers. Despite relatively optimistic views about their overall financial picture, caregiving-experienced workers — whether receiving, providing, or anticipating the need for care — were more likely to anticipate financial strain and worry about daily expenses compared with those without caregiving experiences.

Over half of employees have provided or are currently providing unpaid care, most commonly to a parent or spouse, and many anticipate future caregiving responsibilities involving both financial and physical support. However, a large share of future caregivers remain uncertain about the duration, cost, and funding sources for care, with many mistakenly believing Medicare will cover a large share of long-term care expenses. As the demand for caregiving continues to rise, increasing awareness, planning, and support — particularly in the workplace — will be critical to ensuring both caregivers and care recipients are adequately prepared for the future.

Employers are uniquely positioned to increase awareness of long-term care needs and provide meaningful support to employees. By integrating LTC planning into financial wellness and retirement planning initiatives, offering workplace-based LTC insurance options, and expanding caregiver support benefits, employers can empower employees to prepare for future caregiving responsibilities. In addition, employer involvement in policy initiatives can potentially lead to collaborative public-private solutions that meet the evolving needs of caregivers and care recipients.

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## Endnotes

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<sup>1</sup> Before seeing this question, respondents were primed with the following information:

"Research suggests that most Americans turning 65 will need some form of assistance with everyday activities as they age, such as managing medications, housekeeping, and transportation. About half of Americans will need more intensive help with activities like eating, bathing, dressing, and using the toilet. These services are called Long Term Care (LTC) or Long Term Services and Support (LTSS).

The amount of care needed will depend on many things, including age, health status, and community and family support.

From a financial perspective, long-term care can be quite expensive. It is estimated that the annual amounts of care can range from \$25,000 to \$120,000 based on the type of care. Since long-term care can last several years, the average lifetime cost is around \$250,000.

While Medicaid may provide some financial support for long-term care, there are qualification requirements based on income and assets. Medicare does not provide long-term care coverage or custodial care unless acute medical care is needed."

<sup>2</sup> The EBRI Spending in Retirement Survey regularly inquires about survey respondents' experiences with caregiving. Additionally, the 2023 EBRI/Greenwald Research Retirement Confidence Survey and the 2023 EBRI/Greenwald Research Workplace Wellness Survey both included a special focus on caregiving.

<sup>3</sup> The question on providing care was, "Have you ever been a caregiver for someone (either in your household or outside your household) who has a disability, chronic condition, special need, or cognitive impairment — and needs help with activities of daily living? Activities of daily living are skills required to manage one's basic physical needs (like bathing, eating, or dressing) or more complex activities related to the ability to live independently in the community," whereas the question on personally receiving care was "As an adult, have you ever received care from an another adult relative or friend (18 years or older) to help you take care of yourself? This may include helping with personal needs or household chores. It might be managing finances, arranging for outside services, or visiting regularly. This adult does not need to live with you." Respondents were asked about experiences in caregiving before they were asked about personal experience receiving care, so the respondents were primed on the topic.

<sup>4</sup> The prevalence of self-reported disability in this online survey was higher than estimates from the U.S. Census Bureau's American Community Survey (ACS). For the year 2023, the ACS reported that 6.8 percent of the employed population (10.2 million) had at least one of the six disabilities. The 2023 estimate of the disabled employee population represents a 34 percent increase from the 2018 estimate of 7.6 million. Applying a five-year annual average growth rate of 8 percent to the 2023 ACS

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estimate to forecast the 2024 estimate would still indicate that the self-reported disability prevalence found in this online survey is higher than the federal survey estimates. Respondents who reported any one of the following six disability types were considered to have a disability:

- Hearing difficulty: deaf or having serious difficulty hearing.
- Vision difficulty: blind or having serious difficulty seeing, even when wearing glasses.
- Cognitive difficulty: because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions.
- Ambulatory difficulty: having serious difficulty walking or climbing stairs.
- Self-care difficulty: having difficulty bathing or dressing.
- Independent living difficulty: because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping.

<sup>5</sup> According to the ACS, cognitive difficulty is the most common among workers, representing an estimated 4.3 million (or 2.9 percent) of the employed population for the year 2023, a 72 percent increase since the 2018 estimate of 2.5 million. Again, the self-reported disability in this online survey is higher than federal survey estimates.

<sup>6</sup> According to the U.S. Bureau of Labor Statistics' National Compensation Survey, 16 percent of private industry workers had access to long-term care insurance in 2024. Access increased with establishment size.

<sup>7</sup> The specific question asked of those who purchased life insurance on their own was "Does your life insurance policy have a long-term care (LTC) insurance rider or acceleration clause? A long-term care rider/acceleration clause is an add-on to a life insurance policy that allows the policyholder to access some or all of their policy's death benefit to pay for long-term care services."

<sup>8</sup> Respondents were categorized as residing in a paid family leave state if they resided in one of the following 13 states or Washington, D.C., with a mandatory program in which employers and employees contribute to a state-run fund: California, Colorado, Connecticut, Delaware, Maine, Maryland, Massachusetts, Minnesota, New Jersey, New York, Oregon, Rhode Island, and Washington.

<sup>9</sup> Similar to family of choice, the social setting of "immediate network" was used to be more comprehensive of closest and direct connections, such as immediate and extended family, neighbors, and friends.

<sup>10</sup> For the year 2023, the ACS reported that 17 percent of civilian adults ages 18 and older had at least one of the six disabilities. However, disability prevalence rises with age. Approximately 33 percent of individuals ages 65 and over have at least one disability. With respect to the EBRI LTC survey, while the age of the future caregiving recipient was not asked, parents and parents-in-law were the most common future care recipients.