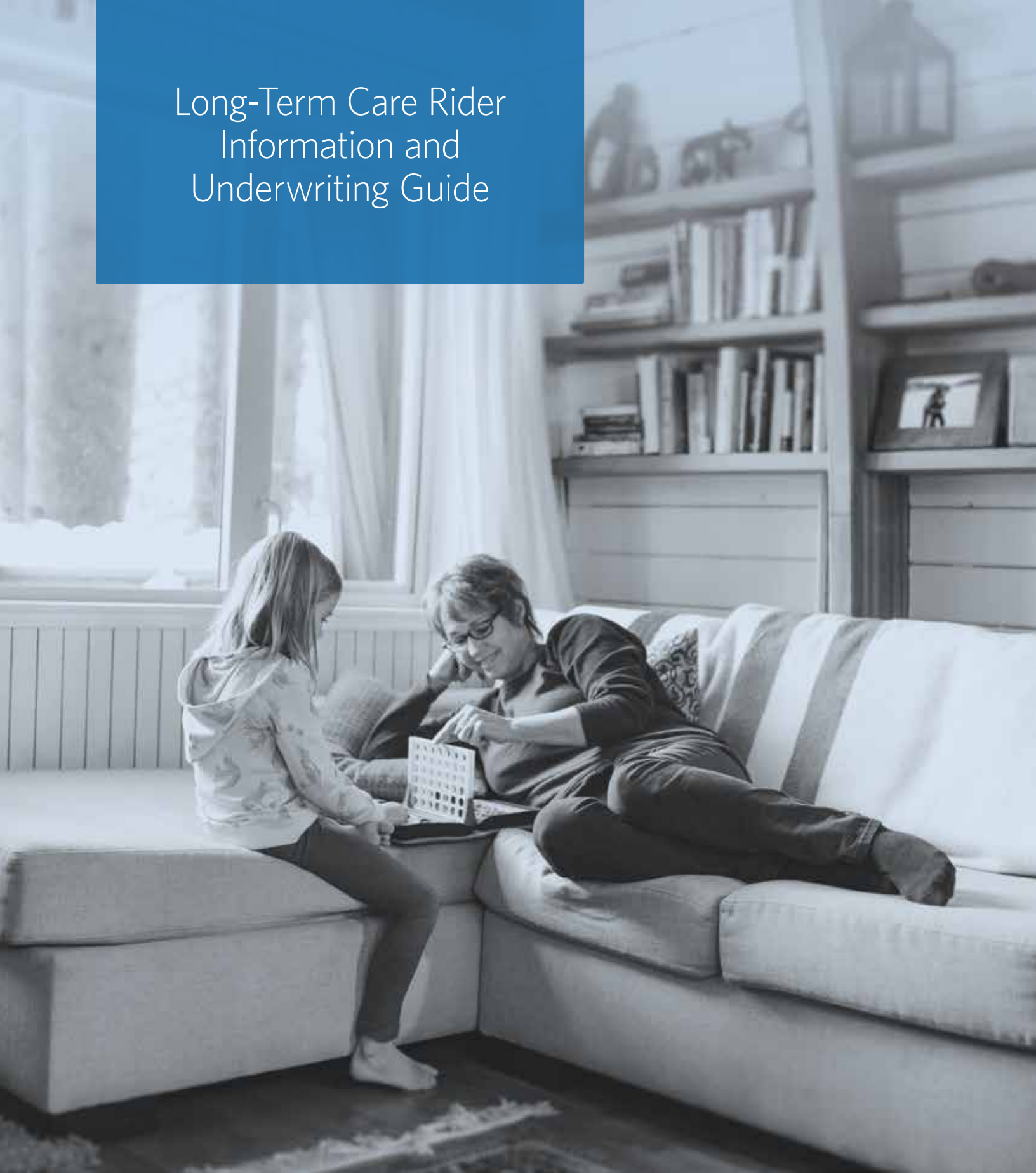


Long-Term Care Rider Information and Underwriting Guide



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Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

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Long-term care services can be expensive – and the costs are projected to continue to rise.

How are your clients planning to pay for their long-term care expenses?

One option your clients may want to consider is purchasing a life insurance policy with a long-term care (LTC) rider. This planning strategy offers multiple benefits for your clients:

- It provides a sum of money to the beneficiaries upon the insured's death; and
- If the insured becomes chronically ill, the policyowner can access all or a portion of the death benefit early to pay for long-term care services. The amount the policyowner can access will be based on the maximum LTC Rider benefit selected when the life insurance policy and LTC Rider are issued.

United of Omaha's Long-Term Care Rider is available on the following life insurance products:

- Income AdvantageSM IUL
- Life Protection AdvantageSM IUL

You can learn more about our Long-Term Care Rider, and access marketing materials and sales ideas, at MutualofOmaha.com/ltc-rider.

Throughout this Long-Term Care Rider Information and Underwriting Guide, you will find information that pertains to the Long-Term Care Rider. For information on the life insurance products this LTC Rider is attached to, please refer to the applicable product guide. For information on underwriting the base life insurance policy, please refer to the Life Insurance Underwriting Guidelines booklet.

Long-Term Care Rider Information

This chart gives you an overview of the features and benefits available under the long-term care rider.

| | |
|---|--|
| Issue Ages | 30-79 |
| Rate Classes | Preferred, Standard, Substandard Class 1, Substandard Class 2 The rate class for the LTC Rider will be determined separate from the life insurance policy rate class. In order to be eligible for the LTC Rider coverage, the insured: <ul style="list-style-type: none"> ▪ Must be a Table 4 risk or better ▪ Must have no flat extra ratings on their base life insurance policy |
| Long-Term Care Rider Benefit Limit | Up to 100% of the initial specified face amount for the life insurance policy. The Long-Term Care Rider limit is chosen at time of issue and does not need to equal the life insurance policy face amount. The LTC Rider benefit limit can be no less than: <ul style="list-style-type: none"> ▪ \$150,000 for the 1% option (may vary by state) ▪ \$100,000 for the 2% and 4% options (may vary by state) The LTC Rider benefit limit can be no more than: <ul style="list-style-type: none"> ▪ \$2 million for the 1% and 2% options ▪ \$1,250,000 for the 4% option |
| Monthly Acceleration Percentages | 1%, 2% or 4% |
| Maximum Monthly Benefit | Equals the monthly acceleration percentage multiplied by the Long-Term Care Rider benefit. For example, if the Long-Term Care Rider benefit amount chosen is \$500,000 and the monthly acceleration percentage is 2%, the maximum monthly benefit would be \$10,000. |
| Benefit Payout | Reimbursement method. |
| Qualification | Unable to perform two of six Activities of Daily Living (ADLs) for a period of at least 90 days; or, needs substantial supervision due to cognitive impairment |
| Calendar-Day Elimination Period | 90 calendar days |
| Cash Benefit | No; however, the policyowner can take a loan or withdrawal from their life insurance policy's cash value.* <i>*The amount that may be available through loans and withdrawals, as defined in the contract.</i> |
| Nursing Home Benefit | 100% |
| Assisted Living Facility Benefit | 100% |
| Home Health Care Benefit | 100% |
| Adult Day Care Benefit | 100% |
| Stay-at-Home Benefits | Benefits include: caregiver training, durable medical equipment, home modifications, and medical alert system. Stay-at-home benefits are only available when a care coordinator is used. The maximum payment for stay-at-home benefits is up to two times the maximum monthly benefit. |

| | |
|---|--|
| Bed Reservation Benefit for Nursing Home and Assisted Living Facility | 30 days per calendar year |
| Respite Care Benefit | One month per calendar year; no elimination period applies |
| Hospice Care Benefit | Pays maximum monthly benefit; no elimination period applies |
| International Benefit | Benefits will only be paid for services provided in the U.S., U.S. possessions or territories, Canada and the United Kingdom. No other international benefits will be paid. |
| Care Coordination Benefit | Included, but use of care coordinator is optional |
| Alternate Care Benefit | Available when a care coordinator is used |
| Inflation Protection Options | Not available |
| Waiver of LTC Rider Charges | <p>After the insured has satisfied the eligibility requirements, we will waive the monthly rider cost effective on the date we begin paying nursing home benefits, assisted living facility benefits, or at least eight days of home health care or adult day care benefits in any month. Monthly deductions for the life insurance policy and any other riders will continue.</p> <p>When the insured no longer meets eligibility requirements, the policyowner must resume paying the long-term care monthly rider cost.</p> |
| Effect of Life Insurance Policy Lapse on LTC Rider Benefits | <p>If the life insurance policy lapses while the policyowner is receiving benefits, the LTC Rider continues to pay claims until the insured is discharged or until the entire LTC Rider benefit has been accelerated for long-term care expenses.</p> <p>If the life insurance policy lapses while the LTC Rider benefits are still being paid, the death benefit will no longer be payable.</p> |
| Residual Minimum Death Benefit | <p>LTC Rider benefits paid will reduce the life insurance policy death benefit on a dollar-for-dollar basis.</p> <p>If the entire life insurance policy benefit is exhausted due to LTC Rider claims, no residual death benefit will be paid.</p> |
| Rider Charge Amount | <p>Rider charges are based on the insured's age, gender, LTC Rider maximum benefit limit, acceleration percentage and LTC Rider underwriting class. Once the policy is issued, the LTC Rider cost of insurance rates are guaranteed not to increase over the life of the policy.</p> <p>Note: The base life insurance policy must remain in force in order for the LTC Rider to remain active. Charges for the base life insurance policy may not be guaranteed.</p> |
| Impact of Surrendering a Policy with an LTC Rider | <p>If the life insurance policy is surrendered, the policyowner will receive the policy's surrender value. There is no return of LTC Rider charges.</p> <p>If the policy is surrendered during one of the seven Guaranteed Refund Option (GRO) Rider windows and the GRO refund amount is greater than the surrender value, the policyowner will receive a refund of premiums paid. This refund includes premiums that were used to pay for LTC Rider charges (Note: The cumulative GRO refund is limited to 50% of the initial specified face amount).</p> <p>If the policyowner has already taken LTC claims before surrendering the policy under the GRO Rider provision, the GRO refund amount will be reduced by the total amount of long-term care benefits paid.</p> |

| | |
|---------------------------------|---|
| Future LTC Rider Changes | <p>Once the LTC Rider is issued on a life insurance policy, the rider coverage amount can be decreased, but it cannot be increased.</p> <p>The policyowner can elect to terminate the LTC Rider coverage at any time. Once terminated, there will be no more monthly LTC Rider charges deducted from the life insurance policy. Because the base life insurance policy is a cash value life insurance policy, the planned premium amount will not be reduced automatically. If a policyowner wants to reduce the premium, he or she will need to contact United of Omaha and specify the new planned premium amount.</p> <p>If the policyowner terminates their LTC Rider coverage voluntarily, he or she will not be able to reinstate the LTC Rider. The policyowner will also not be eligible for the Accelerated Death Benefit Rider for Chronic Illness.</p> |
| Partnership Qualified | No |

Taxation of Rider Benefits

Section 7702B(b) of the Internal Revenue Code, as amended, provides that benefits received by a tax-qualified LTC Rider should have certain federal income-tax advantages. One of these advantages is that amounts received from a long-term care insurance rider are treated as reimbursements for expenses actually incurred for medical care, which means these amounts are not considered to be income.

This rider is intended to be a tax-qualified long-term care insurance rider under Section 7702B(b) of the Internal Revenue Code, as amended. This means that we have designed this rider, to the best of our knowledge, to meet certain criteria that qualify it for favorable federal income tax treatment. However, we do not warrant that this rider will always have tax-qualified status. Tax qualification is a matter of federal law and is not guaranteed.

The information provided should not be construed as tax or legal advice. Your client should consult with their tax or legal professional for details and guidelines specific to their situation.

Long-Term Care Rider Definitions

Activities of Daily Living

In order to receive long-term care rider benefits, the insured must be unable to perform two of six activities of daily living (ADLs), as defined in the rider. These activities of daily living include:

- Eating
- Toileting
- Transferring
- Bathing
- Dressing
- Continence

Alternate Care Benefit

We know there may be long-term care services or treatments that don't exist today yet may become standard practice in the future. This benefit provides coverage for qualified treatments or services not specifically listed in the rider when recommended by a care coordinator.

Note: The Alternate Care Benefit may cover the services of a Christian Science provider when the insured is eligible to receive Alternate Care benefits under the rider. Here's how it works:

- Services must be provided by an accredited Christian Science nurse as listed in the Christian Science Journal; and
- Services must be incurred while confined in a Christian Science nursing organization/facility currently recognized by the Commission for Accreditation of Christian Science Nursing Organizations/Facilities, Inc., or any comparable accrediting organization

Assisted Living Facility Benefit

The LTC Rider provides options for the insured to receive 100 percent of the maximum monthly benefit to help pay for services received in an assisted living facility.

Bed Reservation Benefit for Nursing Home and Assisted Living Facility

This benefit comes into play when the insured is confined to a nursing home or assisted living facility and requires hospitalization. Under this provision, the rider will pay up to

100 percent of the maximum monthly benefit for up to 30 days per calendar year to keep a bed available in the insured's facility until he or she returns.

Care Coordination Services

The LTC Rider offers the optional services of a care coordinator who will assess the needs of the insured, develop an individualized plan of care and help arrange for long-term care services. Here's how it works:

- There's no elimination period to satisfy, which gives the insured immediate access to the services of a care coordinator
- Care coordinators are licensed health care professionals – typically registered nurses
- The use of a care coordinator is not required; however, some rider benefits are available only when a care coordinator is used
- Upon the recommendation of a care coordinator, the rider will pay a maximum limit of up to two times the home health care maximum monthly benefit for the following stay-at-home services:
 - Caregiver training
 - Durable medical equipment
 - Home modifications
 - Medical alert system

Calendar-Day Elimination Period

This 90-day waiting period represents the initial number of calendar days the insured must be unable to perform two of six Activities of Daily Living (ADLs) before benefits are payable under the rider. Here's how it works:

- The elimination period begins on the first day the insured is unable to perform two of six ADLs and receives a covered long-term care service
- Subsequent days during which the insured is unable to perform two of six ADLs will be used to satisfy the elimination period, even if a covered service is not received on those days
- The elimination period is cumulative and needs to be satisfied only once during the life of the rider

Home Health Care Benefit

The LTC Rider allows the insured to receive up to 100 percent of the maximum monthly benefit to help pay for home health care services.

Hospice Care Benefit

People who are terminally ill and not expected to live beyond six months need special care. The LTC Rider provides up to the maximum monthly benefit for hospice care services with no elimination period to satisfy.

Long-Term Care Rider Benefit Limit

This is the maximum dollar amount payable over the life of the LTC Rider. All benefits paid, except for care coordination, will reduce the maximum cumulative benefit. The initial maximum cumulative benefit shown on the rider page of the life insurance policy may be adjusted if the base life insurance policy coverage or rider coverage amount is decreased or increased.

Maximum Monthly Benefit

This is the maximum dollar amount the rider will pay each month. Options include 1%, 2% or 4% of the LTC Rider benefit limit per month. The maximum monthly benefit is limited to \$50,000. Benefits are payable in increments of \$1.

LTC Rider benefits paid will reduce the life insurance policy death benefit on a dollar-for-dollar basis; and will reduce the policy cash value proportionately.

Nursing Home Benefit

The LTC Rider provides 100 percent of the maximum monthly benefit amount to help pay for covered services received in a nursing home.

Reimbursement Benefits

This LTC Rider uses a reimbursement method which means the benefits are paid to the policyowner based on the actual expenses incurred by the insured, up to the maximum monthly benefit allowed. The policyowner is required to provide proof of actual charges in order to be reimbursed for covered services incurred by the insured.

Respite Care Benefit

The LTC Rider pays for one month of respite care per calendar year. This benefit is intended to provide temporary services of another person or facility in order to give the insured's regular, unpaid caregiver a break from providing care.

Waiver of LTC Rider Charges

This benefit means no LTC Rider charges will be deducted from the base life insurance policy while the insured receives covered long-term care services.

Here's how it works:

- After the elimination period has been satisfied, no further LTC Rider charges are deducted from the life insurance policy effective on the date benefits are first paid for nursing home, assisted living or at least eight days of home health care or adult day care in any month
- If the insured is no longer receiving long-term care services and the LTC Rider benefit limit has not been exhausted, the LTC Rider charges will resume in order to keep the rider in force

Underwriting Guidelines

The Underwriting Team

We have a very experienced and knowledgeable underwriting team who reviews each case carefully to give your clients the best offer possible.

The underwriter who will be reviewing the LTC Rider will be the same underwriter that is reviewing the base life insurance policy. Our underwriters have been trained in both Life mortality risks and LTC morbidity risks. Using the same underwriter makes it easier if you need to contact an underwriter for information.

If you have any questions or need assistance determining how to quote a potential client, give us a call at 1-800-775-7896.

The Underwriting Process

We look at the total picture and evaluate applicants based on a number of criteria, including health history, cognitive status, daily activities and the ability to perform and maintain activities of daily living (ADLs) as well as instrumental activities of daily living (IADLs).

- ADLs include: eating, toileting, transferring, bathing, dressing and continence
- Instrumental ADLs include, but are not limited to: shopping, meal preparation, housework, laundry, managing money, taking medication, using the telephone, walking outdoors, climbing stairs, reading and writing, and transportation

Rate Classes

During the underwriting process, if your client receives an offer for rider coverage, they will be classified as Preferred, Standard, Substandard Class 1 or Substandard Class 2.

The rate class for the LTC Rider will be determined separate from the life insurance policy rate class; however, the insured must be a Table 4 or better and have no flat extra ratings on their base life insurance policy to be eligible for LTC Rider coverage. It is possible for the client to be approved for life insurance coverage, but not for the Long-Term Care Rider.

Please note:

- **Fit Underwriting Program credits cannot be applied to the risk class assessment for the LTC Rider**
- **Accelerated Underwriting is not available when the insured is applying for the LTC Rider**

The Medical Impairments section and the Build Chart will help you determine the appropriate LTC Rider rate class to quote. It is recommended that an applicant never be quoted better than Standard for the LTC Rider.

Suitability

A long-term care personal worksheet is included in the life insurance application packet and must be submitted with each application where the LTC Rider is being requested. You are responsible for verifying that coverage is affordable and appropriate for your client.

- Minimum financial guidelines for purchasing the rider include an annual household income of \$20,000 or \$50,000 in countable assets, not including the applicant's home
- This rider is not available to anyone who meets Medicaid eligibility guidelines

Maximum Benefits From All Sources

The underwriter may limit the maximum monthly benefit allowed based on other Long-Term Care Rider and individual Long-Term Care Insurance coverage already in force with any insurance company.

Eligibility

There are a number of impairments that make an applicant ineligible for coverage under the LTC Rider. You should NOT include the LTC Rider for anyone who:

- Is over or under the height and weight guidelines
- Requires assistance with any activities of daily living (ADLs)
- Requires assistance with any instrumental activities of daily living (IADLs)
- Receives Meals on Wheels

- Has previously been declined LTC coverage (rider or stand-alone policy)
- Is pregnant or receiving medical treatment to become pregnant
- Is disabled
- Uses a quad cane, crutches, walker, electric scooter, wheelchair, oxygen or respirator
- Is non-compliant with medications and/or treatment
- Has not pursued additional workups recommended by their physician
- Has a condition listed as a “decline” in the Medical Impairments section
- Has a living environment (as noted during the Senior Assessment) to be excessively cluttered, filthy, unsafe or with evidence of hoarding
- Has been confined to a nursing home or assisted living facility in the last six months
- Has received home health care services or adult day care in the last six months
- Has received occupational, physical or speech therapy in the last three months (prequalify the case with an underwriter if you believe the case may warrant review sooner than three months)
- Does not have a valid “Green Card” (Permanent Resident Card Form I-551)
- Is a temporary visa holder or a foreign resident

What if the client is ineligible or declined for LTC Rider coverage?

If the insured is ineligible or declined for LTC Rider coverage, their life insurance policy will still include the Accelerated Death Benefit Rider for Chronic Illness at no additional cost. While this rider does not provide tax-qualified long-term care coverage, it does allow the policyowner to access a portion of their death benefit early if the insured is diagnosed with a chronic illness. If the policyowner should need to exercise the rider, an actuarial discount will be deducted from the requested acceleration amount, as well as a \$100 processing fee. The actuarial discount is calculated based on the insured’s life expectancy and the Moody’s Corporate Bond Yield Average rate (capped at 6 percent).

Criteria for Preferred Underwriting

Important: In order to qualify for Preferred underwriting on the LTC Rider, applicants must qualify for Preferred Plus or Preferred Nonsmoker on the base life insurance policy.

The following criteria must also be met to qualify for the Preferred rate class on the LTC Rider.

| | |
|------------------------------|---|
| NICOTINE (Tobacco) | No nicotine x 24 months (Note: Preferred tobacco is not an available class) |
| MEDICAL HISTORY | No CAD, Diabetes, Cancer or other Cardiovascular/Cerebrovascular events (Atrial Fibrillation, Stroke/Mini-Stroke, etc.) |
| SUPPORT DEVICES | No Assistive Devices |
| MOBILITY RISK FACTORS | No mobility risk factors (i.e., fibromyalgia, spinal stenosis, joint replacement, etc.) |
| FAMILY HISTORY | No 1st Degree Relative diagnosed with Alzheimer’s or Dementia |
| MEDICAL TREATMENT | Demonstrate control of treated medical conditions |
| BUILD | Applicant must fall within the minimum and maximum range for Preferred on the build chart |

Build Chart - Unisex

| Height | Minimum Weight | Preferred Maximum | Standard Maximum | Substandard Class 1 Maximum | Substandard Class 2 Maximum |
|--------|----------------|-------------------|------------------|-----------------------------|-----------------------------|
| 4'8" | 80 | 144 | 169 | 184 | 197 |
| 4'9" | 83 | 150 | 175 | 189 | 202 |
| 4'10" | 86 | 155 | 181 | 194 | 208 |
| 4'11" | 89 | 160 | 186 | 199 | 214 |
| 5'0" | 92 | 166 | 192 | 205 | 220 |
| 5'1" | 95 | 173 | 198 | 211 | 226 |
| 5'2" | 98 | 179 | 204 | 215 | 232 |
| 5'3" | 101 | 184 | 212 | 220 | 238 |
| 5'4" | 104 | 189 | 220 | 225 | 245 |
| 5'5" | 107 | 194 | 225 | 231 | 251 |
| 5'6" | 111 | 200 | 231 | 239 | 258 |
| 5'7" | 114 | 205 | 238 | 245 | 265 |
| 5'8" | 118 | 209 | 245 | 251 | 274 |
| 5'9" | 122 | 215 | 253 | 258 | 282 |
| 5'10" | 125 | 221 | 261 | 266 | 289 |
| 5'11" | 129 | 227 | 268 | 274 | 298 |
| 6'0" | 133 | 232 | 274 | 281 | 305 |
| 6'1" | 136 | 239 | 281 | 289 | 313 |
| 6'2" | 140 | 244 | 288 | 296 | 321 |
| 6'3" | 144 | 250 | 295 | 303 | 329 |
| 6'4" | 148 | 255 | 300 | 311 | 338 |
| 6'5" | 152 | 261 | 306 | 319 | 347 |
| 6'6" | 156 | 268 | 312 | 328 | 358 |
| 6'7" | 160 | 274 | 319 | 336 | 367 |
| 6'8" | 164 | 280 | 326 | 345 | 376 |
| 6'9" | 168 | 287 | 334 | 352 | 385 |
| 6'10" | 172 | 294 | 342 | 359 | 395 |

- An applicant below the minimum weight is ineligible for coverage
- An applicant who is within the weight requirements but has other health conditions may be ineligible for coverage
- An applicant who exceeds the maximum Standard weight and has any condition listed on the impairment guide as a Substandard Class 1 or Substandard Class 2 will be declined
- An applicant above the Substandard Class 2 maximum weight is ineligible for coverage
- An applicant who has short stature due to a genetic condition or chronic medical condition is ineligible for coverage
- Build as documented on a paramedical examination

Underwriting Requirements

| Life Insurance Amount Being Underwritten: Effective 1-1-2019 | | | | | | | | |
|--|----------------------------------|--|---|---|---|--|---|---|
| Age | \$100,000-\$249,999 | \$250,000-\$499,999 | \$500,000-\$750,000 | \$750,001-\$1,000,000 | \$1,000,001-\$2,000,000 | \$2,000,001-\$5,000,000 | \$5,000,001-\$10,000,000 | Over \$10,000,000 |
| 30-35 | Paramed Blood & HOS MVR Rx | Paramed Blood & HOS MVR Rx | Paramed Blood & HOS MVR Rx | Paramed Blood & HOS MVR Rx | Paramed Blood & HOS MVR Rx | Paramed Blood & HOS EIR MVR Rx | Paramed Blood & HOS APS IR MVR Rx TT | Paramed Blood & HOS APS IR MVR Rx TT |
| 36-45 | Paramed Blood & HOS MVR Rx | Paramed Blood & HOS MVR Rx | Paramed Blood & HOS MVR Rx | Paramed Blood & HOS MVR Rx | Paramed Blood & HOS MVR Rx | Paramed Blood & HOS EIR MVR Rx | Paramed Blood & HOS APS IR MVR Rx TT | Paramed Blood & HOS APS IR MVR Rx TT |
| 46-55 | Paramed Blood & HOS Rx | Paramed Blood & HOS Rx | Paramed Blood & HOS Rx | Paramed Blood & HOS Rx | Paramed Blood & HOS EIR MVR Rx | Paramed Blood & HOS APS (> age 50) EIR MVR Rx | Paramed Blood & HOS APS IR MVR Rx TT | Paramed Blood & HOS APS IR MVR Rx TT |
| 56-60 | Paramed Blood & HOS Rx | Paramed Blood & HOS Rx | Paramed Blood & HOS Rx | Paramed Blood & HOS Rx | Paramed Blood & HOS EIR MVR Rx | Paramed Blood & HOS BNP EIR APS MVR Rx | Paramed Blood & HOS BNP APS IR MVR Rx TT | Paramed Blood & HOS BNP APS IR MVR Rx TT |
| 61-65 | Paramed Blood & HOS Rx | Paramed Blood & HOS Rx | Paramed Blood & HOS Rx | Paramed Blood & HOS BNP Rx | Paramed Blood & HOS BNP EIR MVR Rx | Paramed Blood & HOS BNP EIR APS MVR Rx | Paramed Blood & HOS EKG BNP APS IR MVR Rx TT | Paramed Blood & HOS EKG BNP APS IR MVR Rx TT |
| 66-70 | Paramed Blood & HOS APS Rx | Paramed Blood & HOS APS Rx | Paramed SA Blood & HOS APS Rx | Paramed SA Blood & HOS BNP APS Rx | Paramed SA Blood & HOS BNP APS PHI MVR Rx | Paramed SA Blood & HOS EKG BNP APS PHI MVR Rx | Paramed SA Blood & HOS EKG BNP APS IR MVR Rx TT | Paramed SA Blood & HOS EKG BNP APS IR MVR Rx TT |
| 71 and over | Paramed Blood & HOS APS Rx | Paramed Blood & HOS BNP APS PHI Rx | Paramed SA Blood & HOS BNP APS PHI MVR Rx | Paramed SA Blood & HOS BNP APS PHI MVR Rx | Paramed SA Blood & HOS BNP APS PHI MVR Rx | Paramed SA Blood & HOS EKG BNP APS PHI MVR Rx | Paramed SA Blood & HOS EKG BNP APS IR MVR Rx TT | Paramed SA Blood & HOS EKG BNP APS IR MVR Rx TT |

Medical Information Bureau (MIB), Pharmaceutical Check and Medical Records will be requested on all LTC rider applicants in order to assist the underwriter in making an informed decision regarding the applicant's insurability.

Key:

APS Attending Physician's Statement
Blood & HOS Blood & Urine collection
BNP NT-Pro BNP (Part of the blood profile)
EIR Electronic Inspection Report (Ordered by H.O.)
EKG Electrocardiogram (A Treadmill EKG may be ordered for cause)
IR Inspection Report
MVR Motor Vehicle Report (Ordered by H.O.)

Nonmedical A Fully Completed Application
Paramed Long Form Exam (form MLU21727)
PHI Personal History Interview taken over telephone (Ordered by H.O.)
Rx Pharmaceutical Check
SA Senior Assessment (Completed as a part of a paramedical exam)
TT Tax Transcripts (4506T-EZ)

Paramedical Vendors:
 American Para Professional Systems (APPS)
 1-800-635-1677
 ExamOne - 1-877-933-9261
 Examination Management Svcs, Inc. (EMS)
 1-800-872-3674

UNDERWRITING REQUIREMENTS ARE GOOD FOR UP TO ONE YEAR THROUGH AGE 65 WITH A FULLY COMPLETED APPLICATION PART 2 OR GOOD HEALTH STATEMENT. OVER AGE 65, UNDERWRITING REQUIREMENTS ARE GOOD FOR UP TO SIX MONTHS.

Uninsurable Health Conditions

Acoustic Neuroma, unoperated
Acromegaly
ADL deficit, current
Adult Day Care, within 6 months
Agoraphobia
AIDS/ARC
Alcohol use, >4 drinks daily or binge drinking
Alcoholism, with current alcohol use
ALS/Lou Gehrig's Disease
Amputation, due to disease other than cancer OR > 1 limb
Amyloidosis
Ankylosing Spondylitis
Anorexia or Bulimia, within 10 years
Aplastic Anemia
Arnold-Chiari Malformation
Arrhythmia, uncontrolled
Arteriovenous Malformation (AVM), unoperated
Assisted Living Facility, within 6 months
Ataxia, chronic
Autism or Asperger's Syndrome
Avascular Necrosis, unoperated
Benign Positional Vertigo, with falls
Bipolar Disorder, within 3 years of diagnosis
Blindness, with ADL/IADL limitations OR disabled
Bowel Incontinence
Buerger's Disease
Bullous Pemphigoid, active
Castleman's
Cerebral Aneurysm, unoperated OR > 1 event
Cerebral Palsy
Charcot Marie Tooth
Chronic Pain/Fibromyalgia, > 3 doses of opioid per week for > 14 days, TENS unit, OR implantable stimulator
Cirrhosis
Cognitive Impairment, without formal neuropsychiatric testing
Complex Regional Pain Syndrome/Reflex Sympathetic Dystrophy
Confusion
Connective Tissue Disease including Mixed, Undifferentiated
Cor Pulmonale
CREST Syndrome
Crohn's, complicated OR > 1 flare
Cushing's
Cystic Fibrosis
Defibrillator, implanted
Dementia, Alzheimer's
Dermatomyositis or Polymyositis
Diabetic Nephropathy or Gastropathy
Diabetic Retinopathy
Dialysis
DiGeorge Syndrome or Hoarding or Social Withdrawal
Dilated Cardiomyopathy
Disabled, any type other than VA disability OR VA disability benefit for mental/nervous impairment
Down's Syndrome or Mental Retardation
Dwarfism
Dystonia
Ehler's-Danlos
Epilepsy, > 2 seizures per year
Epstein-Barr Virus, within 2 years
Fibromuscular Dysplasia
Frailty
Friedrich's Ataxia
Gaucher's
Glomerulonephritis
Head Injury, within 6 months, > 1 event, OR residual impairment
Heart Transplant
Hemophilia
Hepatitis, chronic, active, alcohol related OR with residual liver damage
HIV Positive
Home Health Care, within 6 months
Huntington's

| | |
|--|--|
| Hydrocephalus | Post Polio Syndrome, within 2 years, progressive symptoms, OR with limitations |
| IADL deficit, current | Postherpetic Neuralgia |
| Immune Deficiency | Power of Attorney, active due to medical or cognitive impairment |
| Irritable Bowel Syndrome, uncontrolled OR with unintentional weight loss | Pregnant, current or receiving fertility treatment |
| Kidney Failure, chronic | Primary Biliary Cirrhosis |
| Kidney Transplant | Pseudotumor Cerebri |
| Liver Transplant | Psychiatric Hospitalization, > 1 event OR within 3 years |
| Lung Transplant | Psychosis |
| Lupus, systemic | Pulmonary Hypertension, symptomatic, RVSP > 40 mmHg |
| Marfan's Syndrome | Quad Cane Use |
| Medicaid recipient | Residential Care Facility Resident, within 6 months |
| Memory Loss, current OR within 1 year | Retinal Artery or Vein Occlusion, > 1 event |
| Multiple Myeloma | Schizophrenia |
| Multiple Sclerosis | Scleroderma |
| Muscular Dystrophy | Sclerosing Cholangitis |
| Myasthenia Gravis, generalized | Shingles, within 6 months |
| Myelodysplasia or Myelodysplastic Syndrome | Sickle Cell Anemia, active |
| Myelofibrosis | Sjogren's Syndrome, systemic |
| Narcotic Pain Medication Use, > 3 doses per week for > 14 days | Speech Therapy, within 3 months |
| Neurofibromatosis | Spina Bifida |
| Neurogenic Bowel or Bladder | Stroke or Lacunar Infarct, > 1 event |
| Neuropathy, diabetic, alcoholic, with history of falls OR with skin ulcers | Surgery, scheduled or planned with general anesthesia expected |
| Nursing Home Confinement, within 6 months | Thalassemia Major |
| Occupational Therapy, within 3 months | Three-Pronged Cane Use |
| Organic Brain Syndrome | Thrombocytosis, Platelet count > 650,000 |
| Osteoporosis, T-score -4.0 or worse | Transient Ischemic Attack (TIA), > 1 event |
| Pancreas Transplant | Tuberculosis, within 12 months OR with residuals |
| Pancreatitis, chronic, > 2 events, OR alcohol related | Unintentional Weight Loss |
| Paralysis, Hemiplegia, Paraplegia, Quadriplegia | Ventriculoperitoneal Shunt |
| Parkinson's | Von Willebrand's |
| Pemphigus Vulgaris | Walker Use |
| Physical Therapy, within 3 months | Wegener's Granulomatosis |
| Pick's Disease | Wheelchair Use |
| Polycystic Kidney Disease | |
| Polyneuropathy | |

Uninsurable Medications

This list is not all-inclusive. A supplemental rider application should not be submitted if a client is taking any of the following medications. Please consult the Life Underwriting Department if you have questions regarding the listed medications.

Medication

| | | | | |
|---------------|---------------------------------------|---------------------------|------------------------------|--------------------------------|
| 3TC | Cellcept | Entacapone | Interferon | Mycophenolate |
| Abacavir | Cerefolin* | Entecavir | Indinavir | Myerlan |
| Abilify | Chlorambucil | Epclusa | Intravenous | Naloxone |
| Acamprosate | Chlorpromazine | Epivir | Immunoglobulin | Naltrexone |
| Adefovir | Chlorprothixene | Epoetin | Invega | Namenda |
| Adriamycin | Cisplatin | Epogen | Invirase | Namzeric |
| Akinetin | Codeine | Epzicom | Isentress | Narcotics >3 doses per week |
| Alemtuzumab | Cogentin | Ergoloid | Isoxsuprine | Natalizumab |
| Alkeran | Cognex | Ethopropazine | IVIG | Natrecor |
| Amantadine | Combivir | Etoposide | Juluca | Navane |
| Ambrisentan | Comtan | Exelon | Kadian | Nelfinavir |
| Anastrozole | Copaxone | Fanapt | Kaletra | Neoral |
| Antabuse | Crixivan | Fentanyl | Kemadrin | Nesiritide |
| Apokyn | Cyclophosphamide | Fingolimod | Kemstro | Neulasta |
| Apomorphine | Cycloserine | Fluphenazine | Lamivudine | Neupro |
| Aptivus | Cyclosporine | Fosamprenavir | Lanzac | Nevirapine |
| Aricept | Cytoxan | Furosemide >60 mg/ day | Lasix >60 mg/day | Niloric |
| Arimidex* | D4T | Fuzeon | Latuda | Nivolumab |
| Aripiprazole | D-Cycloserine | Gablofen | L-Dopa | Norvir |
| Artane | Dantrium | Galantamine | L-Methylfolate* | Novatrone |
| Asenapine | Dantrolene | Geodon | Lemtrada | nPEP |
| Atazanavir | Darunavir | Gilenya | Lenalidomide | Nucynta |
| Atripla | DDC | Glatiramer | Letairis | Olanzapine |
| Aubagio | DDI | Gleevac | Lexiva | Oncovin |
| Avinza | Delavirdine | Gold | Leukeran | Opdivo |
| Avonex | Demerol | Haldol | Leuprolide | Oxycodone |
| Axona | Deprenyl | Haloperidol | Levodopa | Oxycontin |
| Azathioprine | DES | Harvoni | Lioresal | Palbociclib |
| Azilect | Didanosine | Hemlibra | Lomustine | Paliperidone |
| AZT | Diethylstilbestrol | Hepsera | Lopinavir/Ritonavir | Paraplatin |
| Baclofen* | Dilaudid | Herceptin | Lorcet | Parlodel |
| Baraclude | Dimethyl Fumarate | Hivid | Lortab | Parmipexole* |
| Benzatropine | Disulfiram | Hydergine | Lupron | Parsidol |
| Bendopa | Dolophine | Hydrea | Maraviroc | Pegasys |
| Betaseron | Donepezil | Hydrocodone | Marinol | Pegfilgrastim |
| Biperiden | Doxorubicin | Hydromorphone | Mavyret | Peg-Intron |
| Boceprevir | Dronabinol | Hydroxyurea* | Megace | Percocet |
| Buprenorphine | DuoNeb | Ibrance | Megestrol | Percodan |
| Busulfan | Duragesic | Idhifa | Mellaril | Pergolide |
| Butrans | Efavirenz | Iloperidone | Melphalan | Permax |
| Campral | Eldepryl | Imatinib | Memantine | Perphenazine |
| Caprylidene | Eligard | Imuran* | Meperidine | Platinol |
| Capaxone | Emtricitabine/ Tenofovir/Efavirenz | Incivek | Mercaptopurine* | Plegridy |
| Carbidopa* | Emtriva | Indinavir | Mesoridazine | Pramipexole |
| Carboplatin | Enfuvirtide | Insulin >50 units/day | Mestinon | Prednisone > 10 mg/day |
| Cee Nu | | | Metanx | Pregvisomant |
| | | | Methadone | PrEP |
| | | | Methotrexate > 25 mg/week | Prezista |
| | | | Mirapex* | Procrit |
| | | | Mitoxantrone | Procyclidine |
| | | | Morphine | Profenamine |
| | | | MS Contin | |

| | | | | |
|----------------|--------------|---------------|-------------------------|-------------|
| Prolixin | Risperdone | Symmetrel | Treprostinil | Victrellis |
| Pyridostigmine | Ritonavir | Tacrine | Trexall >25 mg/ week | Videx |
| Quetiapine | Rivastigmine | Tapentadol | Trihexyphenidyl | Vincristine |
| Raltegravir | Ropinirole* | Taractan | Trilafon | Viracept |
| Rasagiline | Rotigotine | Tasmar | Triptorelin | Viramune |
| Razadyne | Roxicet | Tecfidera | Trizivir | Viread |
| Rebetol | Sandimmune | Telaprevir | Truvada | Vivitrol |
| Rebif | Saphris | Telbivudine | Tylenol #3 | Vosevi |
| Recombinant | Saquinavir | Tenofovir | TYSABRI | Zalcitibine |
| Reminyl | Selegiline | Teriflunomide | Tyzeka | Zanosar |
| Remodulin | Selzentry | Teslac | Ultram | Zelapar |
| Requip* | Serentil | Testolactone | Urso* | Zelodox |
| Rescriptor | Seroquel* | Thioridazine | Ursodiol* | Zerit |
| Retrovir | Sinemet* | Thiotepa | Valycte | Ziagen |
| Revlimid | Somavert | Thiothixene | Valganciclovir | Zidovudine |
| Rexulti | Stalevo | Thorazine | Vasodilan | Ziprasidone |
| Reyataz | Stavudine | Tipranavir | Vayacog | Zyprexa |
| Ribavirin | Stelazine | Tolcapone | VePesid | |
| Rilutek | Streptozocin | Tramadol | Vertex | |
| Riluzole | Suboxone | Trastuzumab | Vicodin | |
| Risperdal | Sustiva | Trelstar-LA | | |

*Underwriter discretion

Note: Applicants considered insurable and taking Disease-Modifying Anti-rheumatic Drugs (DMARDS) will be rated as Substandard Class 1 or Substandard Class 2

| Alzheimer's Disease/Dementia | Multiple Sclerosis | Parkinson's Disease | |
|------------------------------|--------------------|---------------------|----------------|
| Aricept | Avonex | Akinetin | Permax |
| Artane | Baclofen* | Amantadine | Pramipexole |
| Axona | Betaseron | Apokyn | Procyclidine |
| Caprylidene | Copaxone | Artane | Profenamine |
| Cerefolin* | Dantrium | Azilect | Rasagiline |
| Cognex | Dantrolene | Biperiden | Requip* |
| D-Cyloserine | Glatiramer | Bendopa | Ropinirole* |
| Ergoloid | Kemstro | Benzatropine | Rotigotine |
| Exelon | Lioresal | Carbidopa* | Selegiline |
| Galantamine | Natalizumab | Cogentin | Sinemet* |
| Isoxsuprine | Novantrone | Comtan | Stalevo |
| L-Methylfolate* | Rebif | Deprenyl | Symmetrel |
| Razadyne | Recombinant | Entacapone | Tasmar |
| Reminyl | | Eldepryl | Tihexyphenidyl |
| Hydergine | | Ethopropazine | Tolcapone |
| Memantine | | Kemadrin | Zelapar |
| Metrifonate | | L-Dopa | |
| Namenda | | Levodopa | |
| Namzeric | | Mirapex* | |
| Niloric | | Neupro | |
| Rivastigmine | | Parlodel | |
| Tacrine | | Parsidol | |
| Vasodilan | | Pergolide | |
| Vayacog | | | |

*Underwriter discretion

Medical Impairments

Every attempt will be made to offer LTC Rider coverage. Multiple medical conditions may result in an offer of a Substandard rating or a Decline.

| | |
|------|--|
| S* | May qualify for Preferred if all requirements listed under the Preferred Rate Criteria are met |
| S | Standard coverage issued at Standard rates |
| Sub1 | Coverage issued at Substandard Class 1 rates |
| Sub2 | Coverage issued at Substandard Class 2 rates |
| IC | Individual Consideration |
| D | Decline |

Abdominal Aortic Aneurysm (AAA)

| | |
|--|---|
| Operated, after 6 months, fully recovered..... | S |
| Unoperated, stable for 2 years, diameter <5 cm, no change by serial CT/US within the past 2 years..... | S |
| Unoperated, enlarging, or diameter >5 cm, or not stable for 2 years..... | D |

| | |
|--|---|
| Acoustic Neuroma surgically removed, after 6 months, no residuals | S |
| Unoperated..... | D |

| | |
|-------------------------|---|
| Acromegaly | D |
|-------------------------|---|

| | |
|--|----|
| ADD/ADHD | S* |
| Stable 1 year, on one medication..... | S |
| Stable 1 year, on 2 or more medications..... | S |
| Not stable 1 year, or disabled..... | D |

| | |
|---|-----------|
| Addison's Disease , after 3 years, controlled..... | S |
| After 6 months, controlled..... | Sub1 - IC |

| | |
|--------------------------|---|
| ADL Deficit | D |
|--------------------------|---|

| | |
|-----------------------|---|
| AIDS/ARC | D |
|-----------------------|---|

| | |
|--|----|
| Adult Day Care within 6 months..... | D |
| After 6 months..... | IC |

| | |
|--------------------------|---|
| Agoraphobia | D |
|--------------------------|---|

| | |
|--|----|
| Alcohol regular consumption of 4 or more drinks per day | D |
| Advised by a physician to limit, or stop alcohol consumption due to alcohol induced health, social problems or DUI/DWI within the past 3 years..... | D |
| Binge drinking, 5 or more drinks in a day, 1 or more days per week | D |
| If advised to cut down on alcohol use due to health or social problems, there is evidence of reduced alcohol use with no ill effects, after 1 year | IC |

Alcohol Abuse/Alcoholism

| | |
|---|---|
| At least 3 years of sobriety, active in a support group | S |
| Less than 3 years of sobriety | D |

Alpha-1 Antitrypsin Deficiency D

ALS (Amyotrophic Lateral Sclerosis, Lou Gehrig’s Disease) D

Alzheimer’s Disease D

Amaurosis Fugax/Amnesia, Transient Global, after 6 months S
 1 episode S
 2 episodes Sub1
 >2 episodes D

Amputation due to trauma, after 12 months, 1 limb, no limitations S
 Due to cancer S - IC
 Due to disease other than cancer D
 2 or more limbs regardless of cause D

Amyloidosis D

Ankylosing Spondylitis D

Anemia cause identified, managed, stable lab work for 12 months,
 documented in medical records S* - IC
 Not fully evaluated, cause unknown, not adequately managed, or Aplastic D

Angina handle as CAD

Angioplasty handle as CAD

Aneurysm operated, after 6 months, fully recovered S
 Other than Cerebral or Thoracic, unoperated, stable for 2 years IC
 Cerebral, unoperated D
 Cerebral, with rupture or bleed handle as CVA
 Cerebral, more than 1 episode D
 Thoracic, present, operated or unoperated D

Anorexia Nervosa
 Current or within 10 years D
 Resolved at least 10 years S - IC

Antithrombin Deficiency handle as Blood Clotting Disorder

Anxiety
 <70 years of age, after 6 months, controlled with medication, fully
 functional, situational S*
 >70 years of age, after 2 years, controlled with medication, fully
 functional, no psychiatric hospitalizations in the past 3 years S - IC
 Regardless of age, 2 or more psychiatric hospitalizations, or disabled D

Aortic Regurgitation or Stenosis handle as Heart Valve Disorder

Antiphospholipid Syndrome handle as Blood Clotting Disorder

Arnold-Chiari Malformation D

Arrhythmia excluding Atrial Fibrillation
 Controlled S* - IC
 Uncontrolled D

Arteriovenous Malformation (AVM)

>1 year since surgical repair, no residuals.....Sub1
Unoperated, or operated with residual impairment D

Arthritis

Mild after 3 months, by X-ray findings and symptoms, controlled,
no ADL/IADL deficits managed with nonsteroidal medication S*
Moderate after 1 year, by X-ray findings and symptoms, stable,
controlled on nonsteroidal medication, no ADL/IADL deficits S - IC
>60 years of age, stable for 1 year S
<age 60, stable for 1 yearSub1
Advanced after 1 year, by X-ray findings and symptoms, stable for
6 months, not requiring >2 Synvisc, or taking fewer than 4 doses
of narcotic pain medication per week, no surgery recommended or plannedSub1
Severe, by symptoms or X-ray findings show bone on bone, or ADL/IADL deficits..... D
Any severity within 12 months of starting injections, or advised to have
surgery, therapy, or additional injections, or with significant joint deformities..... D

Rheumatoid Arthritis, mild, moderate, stable for 1 year, no limitations.....Sub1 - IC
In remission 10 years, asymptomatic, no treatment.....S
On Prednisone >10 mg/day, or Methotrexate >25 mg/week, or Gold D
Severe disease, or with ADL/IADL deficits..... D
Any, taking a medication indicated for severe arthritis on Uninsurable
Medication list, or requiring more than 3 doses of narcotic pain
medication per week, or with significant joint deformities D

Asbestosis..... handle as COPD

Asperger's Syndrome D

Asthma

Mild, 1-2 exacerbations per year S*
Moderate, 3-5 exacerbations per year S - Sub1
Severe, or with >5 exacerbations per year D
Moderate or severe, with tobacco useSub1 - D

Assisted Living Facility Resident within 6 months D

Ataxia or Muscular Incoordination, chronic..... D
Acute self-limiting, after 6 months..... IC

Atrial Fibrillation/Flutter, single episode, after 6 months, maintained in sinus rhythmS
Paroxysmal up to 6 episodes per year, no history of TIA,
CVA, or unoperated Heart Valve Disorder S - IC
>6 episodes per year, no history of TIA, CVA, or unoperated Heart Value DisorderSub1
Chronic, after 6 months, controlled on prescription blood thinner.....Sub1
Any atrial fibrillation with Coumadin, Warfarin, Eliquis, Pradaxa, Xarelto, Effient useSub1
Watchman Device, after 6 months IC
Diagnosed or hospitalized, or cardioverted within 6 months..... D
With history of TIA, CVA, Congestive Heart Failure or moderate
to severe unoperated Heart Valve Disorder D
Chronic, not on prescription blood thinner..... D
Average BP reading >159/89 D
Chronic, in combination with Diabetes.....Sub2

| | |
|---|------------------------------|
| Atrial Septal Defect , after 6 months, repaired, asymptomatic..... | S |
| All others..... | IC |
| Autism | D |
| Autoimmune Disorder | handle as specific condition |
| Autoimmune Hepatitis | D |
| Avascular Necrosis , after 6 months, treated no residual limitations | IC |
| After 6 months "no treatment" | S |
| Untreated or with any limitations..... | D |
| Surgically repaired, no limitations, no residuals after 6 months..... | S |
| Back Pain/Strain , single episode, not disabling | S* |
| Chronic, not disabling..... | S - IC |
| Chronic, disabling, or epidural steroid injections within 6 months, or advised to have epidural steroid injections, therapy, or surgery..... | D |
| Balance Disorder , after 6 months, resolved | S - IC |
| Less than 6 months, or currently present | D |
| Barrett's Esophagus | S |
| Behcet's Disease | D |
| Bell's Palsy resolved | S* |
| <1 year | D |
| >1 year stable, no functional limitations..... | S |
| Present..... | D |
| Benign Essential Tremor | handle as Tremor |
| Benign Positional Vertigo (BPV) | |
| Not associated with falls..... | S* |
| Associated with falls..... | D |
| Benign Prostatic Hypertrophy (BPH) | |
| Age <60 | |
| PSA 0-4.0 | S* |
| PSA 4.1-6.0 with negative biopsy & repeat PSA | S |
| PSA >6.0 with negative biopsy & repeat PSA..... | S - IC |
| Age 60-69 | |
| PSA 0-6..... | S* |
| PSA 6.1-10 with negative biopsy & repeat PSA..... | S |
| PSA >10.1-15 with negative biopsy & repeat PSA | Sub1 |
| PSA >15..... | D |
| Age >70 | |
| PSA 0-10 | S |
| PSA 10.1-15 with negative biopsy & repeat PSA | Sub1 |
| PSA >15..... | D |
| All others..... | IC |

Bipolar

After 3 years, controlled on medication, fully functional not disabled.....Sub1
<3 years duration, or psychiatric hospitalization within the past 5 years..... D
2 or more psychiatric hospitalizations..... D

Blindness

Fully adapted, independent with ADL/IADLs.....S
Not adapted or with ADL/IADL limitations D
Receiving disability benefits D

Blood Clotting Disorder

Diagnosed with hypercoagulable state, no history of blood clots.....S - Sub1
MFTHR gene mutation, after 6 months, stable, asymptomatic.....S
History of single blood clot, resolved >6 months, currently on
anticoagulation therapy.....Sub1
History of multiple clots, TIA, CVA, Greenfield/IVC (inferior vena cava) filter,
or history of clot while adequately anticoagulated or not on anticoagulation therapy D

Blood Pressure..... handle as High Blood Pressure

Bone Marrow Transplant..... D

Brain MRI, abnormal handle as Cerebrovascular Disease

Brain Stimulator D

Brain Tumor, benign, stable 2 years, no surgery planned, no limitations.....S - IC
With regrowth after surgery..... D

Broken Bones..... handle as Fracture

Bronchitis

Chronic handle as COPD

Bronchiectasis..... handle as COPD

Buerger's Disease D

Bulimia

Current or within 10 years..... D
Resolved at least 10 years S - IC

Bullous Pemphigoid in remission 2 years, not on steroids.....IC
Active disease D

Cancer/Carcinoma/Sarcoma

Any not specifically listed below, not Stage IV, single cancer,
2 years since date of last treatment, full recovery, no recurrence.....S - IC
Any site, tobacco use within 12 monthsSub1 - D
Any site, Stage IV, after 5 years cancer freeSub1
Any site, 2 or more cancers, other than non-melanoma skin cancer,
cancer free for 5 years after most recent occurrenceSub1 - D

| | |
|---|-----------|
| Any site, treated with bone marrow transplant, or stem cell transplant..... | D |
| Bladder , transitional/superficial/non-invasive, treated, fully recovered | S |
| With ongoing BCG treatment | D |
| With tobacco use within the past year | D |
| Invasive, after 3 years..... | IC |
| Recurrent..... | IC |
| Breast | |
| In situ, treatment completed, full recovery, no recurrence..... | S |
| Stage I, after 1 year | S |
| Stage II-III, after 2 years..... | S |
| Stage IV, after 5 years..... | Sub1 - IC |
| Colon , after 2 years..... | S - IC |
| Skin | |
| Basal cell..... | S* |
| Squamous cell, of the skin | S* |
| Squamous cell, other than skin, 2 years since date of last treatment, full recovery, no recurrence | S - IC |
| Melanoma | |
| Stage 0 or I or Clark's Level I-IV, after 3 months..... | S |
| Stage II or III, after 2 years | S |
| Stage IV, after 5 years..... | Sub1 - IC |
| Neuroendocrine Tumor | D |
| Pancreas , 5 years since date of last treatment, full recovery, no recurrence | S |
| Prostate | |
| Stage I or II, after 12 months, surgically removed, current PSA <0.1..... | S |
| Treated with radiation, after 12 months, current PSA <0.5..... | S |
| Stage III, after 2 years surgically removed, current PSA <0.1, or treated with radiation, current PSA <0.5..... | S |
| Stage IV, after 5 years cancer free..... | Sub1 |
| Any stage, age >70 receiving hormone treatment (Lupron, Casodex, Eulixin, Zoladex), Initial Gleason Score <6, and current PSA <0.5 | Sub1 - D |
| Age >70, Stage I or II, stable PSA, Gleason <6, watchful waiting..... | Sub1 |
| Cardiomyopathy , hypertrophic/ischemic, no CHF, no hospital stays, syncope, or palpitations | |
| Ejection fraction >45% and stable for 2 years..... | Sub1 - IC |
| Acute, self-limiting, resolved after 2 years..... | S |
| Dilated | D |
| Carotid Artery Disease/Stenosis , fully recovered, after 6 months, tobacco free 12 months..... | S |
| Operated, tobacco use within 12 months..... | D |
| Unoperated, <70% stenosis, no symptoms, tobacco free 12 months..... | S |
| Operated, in combination with heart disease, tobacco free 12 months | Sub1 |
| >50% stenosis in combination with other peripheral vascular disease | D |
| History of TIA or CVA, with unoperated valvular heart disease..... | D |
| Operated or unoperated in combination with Type I or Type II diabetes, <50% stenosis, no insulin use within 6 months, tobacco free 12 months | S |
| 50-70% stenosis, insulin use within 6 months, tobacco free 12 months | Sub1 |
| <50% stenosis, tobacco use within 12 months | Sub1 |
| 50-70% stenosis, tobacco use within 12 months | D |
| 50-70% stenosis with operated heart valve disorder, or mild, unoperated heart valve disorder..... | S |
| 50-70% stenosis with unoperated, moderate heart valve disorder | Sub2 |
| 50-70% stenosis with unoperated severe heart valve disorder | D |
| >70% stenosis..... | D |

Carpal Tunnel Syndrome

Unoperated.....S*
Operated, after 3 months, recovered.....S*

Castleman’s D

Catheter, urinary independently manages, not due to neurogenic bladder..... S

Celiac Disease after 1 year, controlled S

Cerebral Palsy D

Cerebrovascular Accident (CVA)..... handle as Stroke

Cerebrovascular Disease

Brain imaging findings of single lacunar infarct, tobacco free 12 months.....Sub1
Single lacunar infarct, tobacco use within 12 month D
2 or more lacunar infarcts D
Small vessel ischemia or white matter changes considered normal for age..... S - IC
Abnormal for age D
Brain atrophy/volume loss D

Chelation Therapy other than for hemochromatosis received within 6 months D

Cervical Spondylosis

Mild S
Moderate to severe.....Sub1 - IC

Charcot Marie Tooth..... D

Chronic Bronchitis..... handle as COPD

Chronic Fatigue, stable after 12 months, no functional limitations S - IC
Any functional limitations D

Chronic Hepatitis handle as Hepatitis

Chronic Pain

Requiring more than 3 doses of narcotic pain medication per week or
TENS Unit or implantable stimulator or with ADL/IADL limitations or
with epidural steroid injection within 6 months D
All others..... IC

Chronic Regional Pain Syndrome D

Cirrhosis D

Claudication..... handle as Peripheral Vascular Disease

Closed Head Injury..... handle as Head Injury

Clotting Disorder..... handle as Blood Clotting Disorder

Cognitive Impairment D
 Declined by another carrier due to cognitive screening or memory impairment and have not had favorable, complete Neuropsychological testing D
 Declined by another carrier due to failed cognitive screening and have undergone complete, favorable Neuropsychological testing prior to applying with us IC

Colitis, including infection or allergic reaction, single episode, resolved, after 6 months..... S*
 Ischemic Colitis, fully recovered, after 6 months..... S
 Ischemic Colitis, ongoing symptoms or hospitalization within the past 6 months..... D
 Ulcerative Colitis handle as Crohn's

Collagen Vascular Disease D

Colostomy/Ileostomy, cares for independently, handle as per cause S - IC
 Requires assistance to care for D

Compression Fractures due to osteoporosis, or with functional limitations..... D
 All others..... S* - IC

Concussion handle as Head Injury

Confusion D

Congestive Heart Failure (CHF), single episode, recovered, after 12 months..... S
 Chronic, mild, well controlled, Lasix <60 mg/day Sub1 - IC
 All others, or in combination with atrial fibrillation, diabetes, or heart valve disorder, or ejection fraction <45% D

Connective Tissue Disorder D

Continuing Care Retirement Community, within 6 months D

COPD (Chronic Obstructive Pulmonary Disease)
 Mild, tobacco free for 12 months S
 Mild, tobacco use within the last 1 year diagnosed by chest X-ray only, no treatment, no symptoms, stable Pulmonary Function Tests (PFT's) Sub1
 Mild or moderate, tobacco use in the past 12 months, on medication, or symptomatic D
 Moderate, tobacco free for 12 months, stable PFT's Sub1 - IC
 Moderate, tobacco use within the last 1 year, on medication, or symptomatic D
 Severe, using oxygen, or home nebulizer treatments D
 Any, hospitalized for an exacerbation in the past 6 months, or home nebulizer treatments within the past 6 months D
 Any, FEV1 <65% D

Cor Pulmonale D

Coronary Artery Disease (angina, heart attack, Angioplasty, stent, or Bypass)
 After 6 months, stable, no limitations, no significant residual heart damage, tobacco free 12 months..... S
 After 6 months, stable, no limitations, tobacco use within 12 months..... Sub1
 With PVD or Carotid Artery Disease, tobacco free 12 months..... Sub1 - IC
 With PVD or Carotid Artery Disease, tobacco use within 12 months D
 In combination with diabetes, tobacco use within 6 months D
 In combination with diabetes, tobacco free 12 months..... Sub1 - IC
 With poorly controlled hypertension (average BP >158/89), or chronic congestive heart failure, or ejection fraction <45% D

| | |
|--|---|
| Corneal Transplant | S* |
| CPAP | handle as Sleep Apnea |
| CREST Syndrome | D |
| Crohn's , in remission at least 2 years..... | S |
| After 2 years, 1-2 flares per year..... | Sub1 |
| With DMARDS..... | Sub1 |
| Multiple flares or with complications | D |
| Cushing's Syndrome | D |
| Cystic Fibrosis | D |
| Deep Brain Stimulator | D |
| Deep Venous Thrombosis , after 6 months, single episode, recovered, no Greenfield/ IVC (inferior vena cava) filter, no underlying clotting disorder..... | S* |
| Recurrent..... | S - IC |
| In combination with underlying clotting disorder | handle as Blood Clotting Disorder |
| Defibrillator/Automatic Implantable Cardiac Defibrillator | D |
| Degenerative Disc Disease | handle as Herniated Disc |
| Degenerative Joint Disease | handle as Arthritis |
| Dementia | D |
| Demyelinating Disease | D |
| Depression | |
| 2 or more psychiatric hospitalizations for any reason | D |
| Mild stable on medication 6 months | S* |
| Seasonal Affective Disorder | S* |
| Depression medication for menopause, no diagnosis of depression..... | S* |
| Situational recovered, no psychiatric hospitalizations in the past 3 years..... | S* |
| Major <70 years of age, after 6 months, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years..... | S |
| >70 years of age, after 2 years, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years..... | S - IC |
| >70 years of age, situational, no longer on medication, after 6 months, no psychiatric hospitalization within the past 3 years..... | S* |
| Any , with suicide attempt or suicidal ideation..... | handle as Suicide Attempt/Suicidal Ideation |
| Depression with Electroconvulsive Therapy (ECT) or Transcranial Magnetic Stimulation (TMS) | |
| ECT/TMS >10 years ago, fully functional, maintained on antidepressants, no psychiatric hospitalizations after ECT/TMS..... | S |
| With subsequent psychiatric hospitalization | D |
| Dermatomyositis | D |
| Diabetes Insipidus , controlled on medication | S |

Diabetes Type II, present <20 years, controlled and stable with diet and exercise or oral medications, no diabetic complications or comorbid conditions, no increase in dosages or additions of diabetic medications for at least 6 months, tobacco free 12 months.....S

Diabetes Type I or II, present <20 years, controlled and stable, no diabetic complications or comorbid conditions, no increase in dosages or additions of diabetic medications for at least 6 months

Tobacco use within 12 monthsSub1

Insulin <50 units/daySub1

Insulin >50 units/dayD

In combination with:

Carotid Artery Disease, operated or unoperated

<50% stenosis, no insulin use within 6 months, tobacco free 12 monthsS

50-70% stenosis, insulin use within 6 months, tobacco free 12 monthsSub1

<50% stenosis, tobacco use within 12 monthsSub1

50-70% stenosis, tobacco use within 12 monthsD

>70% stenosisD

Retinal artery occlusion, single episodeSub2

Retinal vein occlusion, single episodeSub1

Coronary Artery Disease or other heart disease or disorder, tobacco use within 12 monthsD

Coronary Artery Disease or other heart disease/disorder, tobacco free 12 monthsSub1 - IC

Diabetic macular edema, neuropathy, numbness or tingling of the extremities, regardless of cause, or nephropathy.....D

Retinopathy, mild non progressive.....Sub1

Skin ulcers or amputation.....D

Peripheral Vascular Disease, or history of TIA or Stroke.....D

Average BP reading >158/89D

Hemoglobin Alc>8.0, or noncompliant with treatmentD

Microalbumin >20 mg/dl or Microalbumin ratio >30D

Serum creatinine >1.3D

Chronic Atrial Fibrillation.....Sub2

Present ≥20 years.....D

DialysisD

DiGeorge SyndromeD

Difficulty Walking..... handle as Balance Disorder

Disabled, collecting any type of disability benefits, other than VA disabilityD

Aged out of disability benefits, or retired due to disability.....D

VA disability for mental nervous conditionD

DISH (Diffuse Idiopathic Skeletal Hyperostosis)D

Diverticulitis, medically managedS*

With bleeding, weight loss, or surgery recommendedD

Dizziness

Benign Positional Vertigo (BPV), not associated with fallsS*

BPV associated with falls.....D

Acute, viral, resolved after 3 monthsS*

All others, within 6 months.....D

After 6 months, evaluated, resolvedS*

After 2 years, not evaluated, stable with occasional episodes, not associated with fallsS - IC

Multiple episodes, or progressive, or associated with fallsD

| | |
|--|------------------------------------|
| Down's Syndrome | D |
| Drug Abuse , treated, active in support group, drug free for 3 years | Sub1 - IC |
| Within 3 years..... | D |
| Dwarfism | D |
| Dystonia | D |
| Echocardiography | |
| Left Atrium >5.0 cm | D |
| Ejection Fraction <45%..... | D |
| Edema | |
| If cardiac related..... | handle as Congestive Heart Failure |
| All others, after 6 months | S - IC |
| Ehlers-Danlos Syndrome | D |
| Ejection Fraction <45%..... | D |
| Electric Scooter Use | D |
| Emphysema | handle as COPD |
| Epilepsy , after 1 year, controlled with medication, no seizures for 1 year | S |
| 1 or 2 seizures per year | Sub1 |
| Poorly controlled | D |
| Epstein-Barr Virus , 2 years treatment free, full recovery, no residuals | S |
| <2 years since treatment, currently treated, or present | D |
| Factor II | Sub1 |
| Factor V Von Leiden | handle as Blood Clotting Disorder |
| Factor VII | D |
| Factor VIII | D |
| Factor IX | D |
| Factor X | D |
| Factor XI | D |
| Factor XII | D |
| Fainting | handle as Dizziness |
| Falls , single episode | S - IC |
| Multiple episodes, or with injuries | IC - D |
| Familial Tremor | handle as Tremor |

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|--|--------|
| Family History (mother, father, sibling) of any form of Dementia, including but not limited to Alzheimer's | S |
| >1 family member | D |
| Fatigue , after 12 months, resolved | S* |
| Within 12 months, or with functional limitations | IC - D |
| Fatty Liver , incidental finding, not diagnosed as NASH..... | S - IC |
| Feeding Tube | D |
| Fibromuscular Dysplasia | D |
| Fibromyalgia , after 1 year, well controlled, no ADL/IADL deficits | S - IC |
| Taking fewer than 4 doses of narcotic pain medication per week..... | IC |
| Poorly controlled, or disabling, or requiring more than 3 doses of narcotic pain medication per week | D |
| Foot Drop , unilateral, mild, non-progressive for at least 2 years | IC |
| All others..... | D |
| Fracture-Traumatic , 1 bone, non-spinal, no limitations | S* |
| Spine fracture, full recovery, after 6 months..... | S |
| In combination with mild osteoporosis T-score <-2.9 | S |
| In combination with moderate to severe osteoporosis T-score -3.9 or worse..... | D |
| Associated with multiple falls, chronic dizziness, or gait disorder..... | D |
| Fracture-Non Traumatic , in combination with any degree of osteoporosis, not on medication, or with functional impairment..... | D |
| Frailty | D |
| Friedrich's Ataxia | D |
| Fuch's Dystrophy | S* |
| Gastric Bypass/Banding/Sleeve , after 2 years, fully recovered, no complications..... | S |
| Gaucher's Disease | D |
| Glaucoma , stable vision, controlled eye pressures..... | S* |
| All others..... | IC |
| Glomerulonephritis | D |
| Grave's Disease , after 12 months | S |
| Guillain-Barre Syndrome , after 12 months, no residuals | S |
| Handicap Placard | Sub1 |
| Hashimoto's | S* |
| Head Injury , after 6 months, no residuals..... | S - IC |
| With residual functional or cognitive impairment, or multiple head injuries..... | D |

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| Heart Attack/Heart Disease | handle as Coronary Artery Disease |
| Heart Transplant | D |
| Heart Valve Disorder/Insufficiency/Murmur/Regurgitation/Stenosis | |
| Operated 1 or 2 valves, fully recovered, after 6 months | S |
| Unoperated, 1 or 2 valves, mild, no symptoms, no surgery planned..... | S |
| Unoperated, moderate 1 or 2 valves..... | Sub1 - IC |
| Unoperated, 1 or 2 valves, severe, or surgery recommended or planned..... | D |
| Moderate to severe, unoperated with Atrial Fibrillation, or history of TIA or CVA..... | D |
| Operated with mechanical valve, on Coumadin or warfarin..... | Sub1 |
| Operated with bioprosthetic valve | S |
| With shunt mild, minimal, after 6 months..... | S |
| Shunt with recent echocardiogram | IC |
| With Carotid Artery Disease | handle as Carotid Artery Disease |
| Hematuria , nontobacco, stable after 3 months | |
| Tobacco with negative work-up..... | S* |
| Tobacco with no work-up | S |
| Chronic, stable, after 2 years, with negative work up | D |
| Chronic, stable, after 2 years, with negative work up | S |
| Hemiplegia | D |
| Hemochromatosis , after 12 months, successfully treated with phlebotomy, or chelation, and stable ferritin level not more than 25% above normal, and with normal liver function tests | |
| | S - IC |
| Hemophilia | D |
| Hepatitis , any chronic, active, or alcohol related, or with residual liver damage..... | |
| After 2 years, successfully treated, or cleared spontaneously, with most recent 2 consecutive PCR lab work as undetectable | D |
| | S - IC |
| Autoimmune | D |
| Hepatitis A or B , after 6 months, fully recovered | S |
| Hepatitis C | |
| After 2 years, successfully treated with antiviral medication, or cleared spontaneously without treatment, virus undetectable by PCR..... | IC |
| Currently treated, or treated within 1 year..... | D |
| Unresponsive to antiviral medication, or never treated with antiviral medication, or virus not cleared spontaneously without treatment | D |
| Virus detectable by PCR – polymerase chain reaction..... | D |
| Hereditary Hemorrhagic Telangiectasia | D |
| Herniated Disc/Degenerative Disc Disease (DDD) | |
| Unoperated, epidural steroid injection within 6 months, or additional epidural steroid injections planned | D |
| Unoperated, mild or moderate, after 6 months..... | S - IC |
| Unoperated, severe..... | D |
| Operated, after 6 months, full recovery, no residuals or ongoing symptoms..... | S |
| Operated, after 6 months, full recovery, hardware with no ongoing problems (EXCLUDES Harrington Rods), no plans to remove hardware..... | S |

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| Operated or unoperated, requiring more than 3 doses of narcotic pain medication per week, or physical therapy within 6 months, or advised to have therapy, injections, surgery, or implantable stimulator for pain control | D |
| Epidural steroid injection, or trigger point injection, after 6 months mild to moderate disease | Sub1 - IC |
| Epidural steroid injection, or trigger point injection, after 6 months severe disease | D |
| More than 2 injection series per year | D |
| Operated or unoperated with ADL limitations | D |
| Presence of Harrington Rods | D |
| High Blood Pressure , after 3 months, compliant with treatment: | |
| Average BP <140/90 | S* |
| Average BP <160/90 | S |
| Average BP <170/94 | Sub1 |
| Average BP >170/94, or any, noncompliance with treatment | D |
| High Risk Sexual Behavior , or prescription for, or taking nPEP or PrEP, within 6 months | D |
| Hip Replacement | handle as Joint Replacement |
| HIV Positive | D |
| Hoarder | D |
| Hodgkin's Disease , stage I, after 3 years, fully recovered | S |
| All others, fully recovered, after 5 years | IC |
| Treated with bone marrow or stem cell transplant | D |
| Home Health Care , received within 6 months | D |
| Huntington's Chorea | D |
| Hydrocephalus , with or without shunt | D |
| Hypogammaglobulinemia | D |
| Hypoparathyroidism/Hyperparathyroidism | S* |
| Hypothyroidism/Hyperthyroidism | S* |
| IADL Impairment | D |
| Idiopathic Hypertrophic Subaortic Stenosis (IHSS) | handle as Cardiomyopathy |
| Idiopathic Thrombocytopenia Purpura (ITP) | |
| Platelet count >50,000 for 1 year | Sub1 |
| Imbalance | handle as Balance Disorder |
| Immune Deficiency | D |
| Impaired Glucose Tolerance/Elevated Blood Sugar/Elevated Hgb A1C | |
| Glucose <125, creatinine <1.3 | S* |
| A1c <6.0 | S |
| A1c 6.1-6.4 with no condition listed as a comorbid under diabetes section | S |
| A1c 6.1-6.4 with condition listed as comorbid under diabetes section | handle as Diabetes |
| A1c >6.4 | handle as Diabetes |
| Creatinine >1.3 | D |

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|--|---|
| Implantable Stimulator | D |
| Incontinence , urinary, stress, manages independently | S* |
| Urinary, uncontrolled, or requires assistance with management | D |
| Stool | D |
| Interstitial Cystitis | |
| Mild, well established diagnosis, OTC meds only | S |
| Moderate, tricyclic antidepressants, other neuropathic agents, Elmiron | Sub1 |
| Severe, bladder instillations, TENS, surgical cases..... | D |
| Interstitial Lung Disease | handle as COPD |
| Irritable Bowel Syndrome , controlled, weight stable..... | S* |
| Uncontrolled or with weight loss | D |
| Joint Injections/Stem Cell , mild to moderate disease, fully functional, no surgery recommended, 1-2 single injection(s) per year..... | S |
| Mild to moderate disease, fully functional, no surgery recommended, 3-4 single injections per year..... | IC - D |
| Mild to moderate disease, fully functional, no surgery recommended, 2 injection series per year..... | Sub1 |
| Mild to moderate disease, fully functional, no surgery recommended, >2 injection series per year | IC - D |
| Severe disease..... | D |
| Spinal injections..... | handle as Herniated Disc or Spinal Stenosis |
| Stem Cell, if for other than joint injections | D |
| Joint Replacement , 1 joint after 3 months, fully recovered, no use of assistive devices, no longer receiving physical therapy..... | S |
| 2 joints, build not ratable, fully recovered, no limitations | S - IC |
| 2 or more joints, ratable build | D |
| 3 joints, build not ratable..... | Sub1 - D |
| More than 3 joints..... | D |
| Surgery recommended or planned | D |
| Kidney Disorder , diagnosed with mild renal insufficiency, stable 2 years..... | S - IC |
| Creatinine \leq 1.5, no proteinuria, not diabetic, well controlled blood pressure | S - IC |
| Creatinine >1.5 | D |
| Isolated event, now resolved, after 1 year | S* |
| Kidney failure, single episode, fully recovered after 2 years..... | S - IC |
| Kidney Transplant | D |
| Kidney removal (1), after 1 year, with stable kidney function | S |
| Polycystic Kidney Disease..... | D |
| Dialysis | D |
| Chronic Kidney Failure | D |
| Kidney Transplant | D |
| Kidney Donor , after 6 months, normal function in remaining kidney | S |
| Knee Replacement | handle as Joint Replacement |
| Labrynthitis | handle as Dizziness |

Lacunar Infarct

Single.....handle as Stroke
 Single in combination with white matter or small vessel ischemia.....D
 Multiple.....D

Lap Band Surgery..... handle as Gastric Bypass

Latent Autoimmune Diabetes of Adult (LADA)handle as Diabetes, Type II

Left Atrial Enlargement/Left Atrial Volume, >5.0 cm.....D
 Left atrial volume >34 ml/m2D

Leukemia

AML, CML, Hairy CellD
 Acute, after 3 yearsIC
 CLL
 Stage 0 or I, WBC <15,000 for 2 yearsSub1
 Stage II-IV in remission 4 yearsS - IC
 Treated with bone marrow or stem cell transplant.....D

Leukopenia, stable 2 years, WBC >2.5S - IC

Liver Transplant.....D

Living Environment noted during face-to-face interview to be excessively cluttered, filthy, unsafe, or with evidence of hoarding.....D

Lou Gehrig's Disease.....D

Low Back Pain.....handle as Back Pain/Strain

Lung Transplant.....D

Lupus, discoid, after 12 monthsS
 SystemicD

Lyme Disease, after 12 months, fully recovered, no residualsS* - IC
 Undergoing treatment, or with residuals, or with chronic disease.....D

Lymphedema, medically managed, no limitations.....S
 With limitations or history of skin ulcers.....D

Lymphoma

Stage 0, after 1 year successful treatment.....S - IC
 Stage I or II, after 2 years, in complete remission.....S - IC
 Stage III after 4 years, in complete remission.....S - IC
 Stage IV after 5 years, in complete remissionSub1
 Low-grade, after 1 year, not requiring treatment.....Sub1
 Cutaneous T-Cell Stage I, stable 3 years.....Sub1
 Stage II or greater, or Stage I, not stable 3 yearsD
 Treated with bone marrow or stem cell transplant.....D

Macular Degeneration, 1 eye.....S
 Both eyes.....IC - D

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|---|-----------------------------------|
| Manic Depression | handle as Bipolar |
| Marfan's Syndrome | D |
| Medicaid Recipient | D |
| Medullary Sponge Kidney | IC |
| Melanoma | handle as Cancer |
| Memory Loss , present or within 1 year | D |
| Resolved for at least 1 year | IC |
| Meniere's Disease , after 6 months, symptoms controlled | S |
| Associated with falls | D |
| Meningioma , removed, after 12 months, no limitations | S - IC |
| Incompletely removed, stable imaging for 2 years, no residual neurological impairment | Sub1 |
| Surgery planned | D |
| Recurrs after surgery | D |
| Stable at least 3 years, surgery not planned | IC |
| Meningitis , after 12 months, fully recovered | S - IC |
| Present | D |
| Mental Retardation | D |
| MFTHR | handle as Blood Clotting Disorder |
| Microalbuminuria | |
| >20 | D |
| Microalbumin ratio >30 | D |
| Migraines | |
| With occasional use of oxygen (no respiratory condition noted), 1 medication | S |
| With occasional use of oxygen with any known respiratory condition or >1 medication | D |
| Mild Cognitive Impairment | D |
| Mitral Valve Prolapse | S* - IC |
| Mixed Connective Tissue Disease | D |
| Monoclonal Gammopathy , after 1 year | IC - D |
| After 3 years, stable labs | IC |
| Moyamoya | D |
| MRSA | |
| Single occurrence recovered after 1 year | S |
| 1 recurrence 18 months after recurrence | Sub1 |
| Multiple Myeloma | D |
| Multiple Personality Disorder | D |

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|--|---------------------------------------|
| Multiple Sclerosis | D |
| Muscular Dystrophy | D |
| Myasthenia Gravis , ocular, after 1 year | S |
| Generalized..... | D |
| Mycosis Fungoides | handle as Lymphoma Cutaneous T-Cell |
| Myelodysplastic Syndrome | D |
| Myelofibrosis | D |
| Myocardial Infarction | handle as Coronary Artery Disease |
| Narcolepsy , effectively treated..... | S - IC |
| Untreated or resulting in accidents or injury..... | D |
| Narcotic Pain Medication | |
| Reason for narcotic pain medication use | handle as specific medical impairment |
| All others, use of narcotic pain medication for acute (not to exceed 14 days) self-limiting condition or taking fewer than 4 doses of narcotic pain medication per week | IC |
| All others, requiring more than 3 doses of narcotic pain medication per week | D |
| NASH - Nonalcoholic Steatohepatitis , after 2 years, ALT <2x normal, weight within select maximum, well controlled diabetes (if applicable) and well controlled lipids, and <3 alcoholic drinks per week, no fibrosis by liver biopsy | Sub1 |
| Mild fibrosis..... | Sub2 - IC |
| Moderate to severe fibrosis or cirrhosis..... | D |
| Weight above Select maximum..... | D |
| Nebulizer use, within 6 months, other than for acute infection with no underlying respiratory disease..... | D |
| Neurofibromatosis | D |
| Neurogenic Bowel or Bladder | D |
| Neuropathy , mild, fully evaluated, no limitations..... | S - IC |
| Not fully evaluated, related to diabetes or alcohol, or with history of falls, imbalance, or gait disorder, or skin ulcers, or severe..... | D |
| Neutropenia , stable 2 years neutrophils >1,000 | S - IC |
| Non-Hodgkin's Lymphoma | handle as Lymphoma |
| Nursing Home Confinement , after 6 months, full recovery, no limitations..... | IC |
| Within 6 months..... | D |
| Obesity | handle as Build Chart |
| Obsessive Compulsive Disorder , after 3 years, controlled on medication | |
| Fully functional..... | S - IC |
| Limits functional ability..... | D |
| Psychiatric hospitalization within 5 years | D |

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| Occupational Therapy | handle as Physical Therapy |
| Optic Neuropathy or Neuritis , refer to specific cause..... | IC |
| Related to Multiple Sclerosis | D |
| Organic Brain Syndrome | D |
| Organ Transplant | D |
| Osler-Weber-Rendu Syndrome | D |
| Osteoarthritis | handle as Arthritis |
| Osteomyelitis | handle as Avascular Necrosis |
| Osteoporosis , T-score -2.5 to -2.9, no tobacco 1 year, no history of nontraumatic fractures, regular weight bearing exercise, tobacco free 1 year..... | S* |
| T-score -2.5 to -2.9, with tobacco use | Sub1 |
| T-score -3.0 to -3.9, no history of nontraumatic fractures, regular weight bearing exercise, tobacco free 1 year..... | Sub1 |
| T-score -3.0 to -3.9, tobacco use within 1 year | Sub2 |
| T-score -4.0 or worse..... | D |
| Any with history of nontraumatic fracture, or not on medication, or with functional limitations, or with balance disorder, abnormal gait, or 2 or more falls in the past year..... | D |
| Oxygen use, including lung condition, sleep apnea, etc..... | D |
| Intermittent use with migraine headaches | S |
| Pacemaker , after 3 months..... | S - IC |
| Recommended or surgery pending..... | D |
| Paget's Disease , no symptoms and no limitations | IC |
| With symptoms or history of fractures | D |
| Pancreas Transplant | D |
| Pancreatitis , after 12 months, single episode, fully recovered | S |
| Recurrent, resolved with Cholecystectomy | S |
| Related to alcohol use, or 2 or more episodes, or chronic | D |
| Panic Attack/Disorder | handle as Anxiety |
| Paralysis | D |
| Paraplegia | D |
| Parkinson's Disease | D |
| Parkinsonism | D |
| Patent Foramen Ovale , surgically corrected after 6 months..... | S |
| Surgically corrected, single TIA or CVA prior to surgery | Sub1 - IC |
| Surgically corrected, TIA or CVA after surgery | D |
| Not corrected, incidental finding, no history of clots, TIA, CVA, no underlying clotting disorder..... | S - IC |

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| Pemphigus Vulgaris | D |
| Periodic Limb Movement Disorder | S |
| Severe or with injuries..... | D |
| Peripheral Neuropathy | handle as Neuropathy |
| Peripheral Vascular/Arterial Disease | |
| Mild, ABI >.80, tobacco free 12 months, no symptoms, no limitations after 6 months | S |
| Moderate, ABI .40-.80 or in combination with coronary artery disease, after 6 months | Sub1 - IC |
| Severe, ABI <.40 or any with tobacco use within 12 months, operated or unoperated..... | D |
| Average BP reading >159/89 | D |
| Any, with limitations, history of leg ulcers, TIA, diabetes, carotid stenosis >50%, operated, or unoperated, pending surgery, or stent placement or surgery within the past 6 months, or progressive, or with more than 2 surgical procedures..... | D |
| Physical Therapy | |
| Acute, self-limiting..... | S* |
| Completed, after 3 months for knee and hip, recovered | S* - IC |
| Completed, after 6 months for back, recovered..... | S* - IC |
| Current..... | D |
| Age <65, within 3 months for an acute, self-limiting condition..... | IC |
| Pick's Disease | D |
| Pituitary Adenoma , removed, after 12 months, no limitations | S |
| Stable x3 years, no surgery planned | IC |
| Surgery planned..... | D |
| Plantar Fasciitis | S* |
| Platelet Abnormality | handle as specific condition |
| Pneumonia , after 3 months, single episode, fully recovered..... | S* |
| Associated with chronic lung disease..... | handle as COPD |
| Polio , fully recovered, no limitations, no assistive devices | S |
| Fully recovered, no limitations, leg brace..... | IC |
| With recurrence or limitations | D |
| Post Polio Syndrome after 2 years, non-progressive, no limitations, no assistive devices..... | IC |
| Progressive weakness or fatigue, or with limitations | D |
| Polycystic Kidney Disease | D |
| Polycythemia Vera , after 2 years, managed with medication or Phlebotomy, platelets <450,000..... | Sub2 |
| Polymyalgia Rheumatica , mild, after 1 year, no limitations | S |
| Moderate, no functional limitations..... | Sub1 - IC |
| Severe, or with limitations..... | D |
| Polymyositis/Dermatomyositis | D |
| Polyneuropathy | D |

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|--|-----------------------------------|
| Post Herpetic Neuralgia | D |
| Post Traumatic Stress Disorder (PTSD) , after 12 months, controlled, fully functional | S - IC |
| After 12 months, not adequately controlled or with functional impairment | D |
| Power of Attorney (POA) , active, due to applicant's medical or cognitive impairment..... | D |
| All others..... | IC |
| Pregnancy | D |
| Currently attempting and/or planning within the next year, or undergoing fertility treatment, or evaluation for same | D |
| Primary Biliary Cirrhosis | D |
| Prostate Specific Antigen (PSA) | handle as BPH |
| Prosthetic Limb | |
| 1 limb, loss due to trauma or cancer | S - IC |
| More than 1 limb loss due to disease other than cancer | D |
| Protein C or S Deficiency | handle as Blood Clotting Disorder |
| Proteinuria , with kidney disease or diabetes..... | D |
| Pseudotumor Cerebri | D |
| Psoriasis , mild to moderate, controlled with medication | S* |
| Severe | IC |
| With DMARD use | Sub1 |
| Psoriatic Arthritis | handle as Rheumatoid Arthritis |
| Psychosis | D |
| Pulmonary Edema | D |
| Pulmonary Embolism , after 6 months, single episode, fully recovered..... | S* - IC |
| Present, multiples, Greenfield/IVC (inferior vena cava) filter, or underlying coagulation disorder that is not treated with prescription blood thinner (other than aspirin) or occurred while adequately anticoagulated..... | D |
| Pulmonary Fibrosis , localized, non-progressive, normal PFT's, after 2 years | IC |
| Active, progressive disease, abnormal PFT's | D |
| Pulmonary Hypertension | |
| Incidental findings, no symptoms..... | S |
| Incidental finding < 40 RVSP, stable echocardiogram for 1 year | S |
| All others..... | D |
| Quad Cane Use | D |
| Quadriplegia | D |
| Raynaud's | S* |
| Reactive Airway Disease | S* - IC |

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| Reflex Sympathetic Dystrophy (RSD) | D |
| Renal Disease/Failure | handle as Kidney Disorder |
| Residential Care Facility Resident , within 6 months..... | D |
| Restless Leg Syndrome | S* |
| Retinal Artery Occlusion | |
| 1 occlusion..... | Sub1 |
| 1, in combination with Diabetes | Sub2 |
| 2 or more..... | D |
| Retinal Vein Occlusion | |
| 1 occlusion..... | S |
| 1, in combination with Diabetes | Sub1 |
| 2 or more..... | D |
| Retinitis Pigmentosa | handle as Blindness |
| Rheumatoid Arthritis | handle as Arthritis |
| Sarcoidosis | |
| In remission 10 or more years | S |
| In remission 3 years, treatment free | Sub1 |
| Currently treated | D |
| Disease present outside the lungs..... | D |
| Sciatica | S - IC |
| Schizophrenia | D |
| Scleroderma | D |
| Sclerosing Cholangitis | D |
| Scoliosis | |
| Mild, normal gait, no impairment of internal organ function, normal PFTS..... | S* |
| Moderate, no impairment of internal organ function, normal PFTS | IC |
| Severe (regardless of age or level of function), or with impaired gait, or abnormal PFTS | D |
| Any degree, with chronic pain or limitations | D |
| With surgical correction, including Harrington Rod | D |
| Scooter Use | D |
| Seizures | handle as Epilepsy |
| Shingles , after 6 months, fully recovered..... | S* |
| Present, or with residuals, or postherpetic neuralgia | D |
| Short Stature , due to chronic disease or genetic disorder..... | D |
| Shy-Drager Syndrome | D |
| SICCA | handle as Sjogren's Syndrome |

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|--|------------------------------|
| Sickle Cell Anemia | D |
| Trait only, no active disease | S* |
| Active disease | D |
| Sick Sinus Syndrome | |
| With pacemaker | S |
| Without pacemaker, no symptoms | IC |
| Without pacemaker, with dizziness or fainting, or pacemaker recommended but not done | D |
| Sjogren's Syndrome | |
| Mild, dryness of eyes and mouth only | S* |
| In combination with Rheumatoid Arthritis, Connective Tissue Disease, or with other organ involvement | D |
| Skin Cancer | handle as Cancer |
| Sleep Apnea , mild AHI <14.9 events per hour, after 3 months with or without treatment..... | |
| Moderate AHI 15 -29.9 events per hour, after 3 months, responsive to treatment..... | S - IC |
| Severe >30 events per hour, or noncompliant with treatment, unresponsive to treatment, or with supplemental oxygen | D |
| Pending workup or sleep study | D |
| <i>Treatment is considered as CPAP, BiPAP, or dental device.</i> | |
| Social Security Disability , receiving | D |
| Social Withdrawal | D |
| Small Bowel Transplant | D |
| Speech Therapy | handle as Physical Therapy |
| Spina Bifida | D |
| Spinal Stenosis , operated, fully recovered, no residuals or ongoing symptoms, after 6 months | |
| Unoperated, no ADL limitations, mild or moderate..... | S - IC |
| Unoperated, severe or surgery recommended | D |
| Operated or unoperated, within 6 months, or ADL/functional limitations, or chronic pain requiring more than 3 doses of narcotic pain medication per week, or advised to have therapy, injections, surgery, or implantable stimulator for pain control..... | D |
| Epidural Steroid injection, after 6 months, mild to moderate spinal stenosis..... | Sub1 - IC |
| Epidural steroid injection, after 6 months, severe spinal stenosis | D |
| More than 2 injection series per year | D |
| Operated, 2 or more prior back surgeries with ongoing chronic/recurrent back pain requiring treatment..... | D |
| Stem Cell Injections | handle as Joint Injections |
| Stem Cell Transplant | D |
| Stent | handle as specific condition |
| Stroke | |
| Single episode, fully recovered after 2 years, no limitations, tobacco free 12 months..... | Sub1 |
| 2 or more..... | D |
| In combination with any of the following: | |
| Atrial Fibrillation chronic, or PAF | D |

| | |
|---|--------------------------------|
| Unoperated carotid stenosis | D |
| Heart valve disorder..... | D |
| Average blood pressure reading >159/89 | D |
| Previous TIA(s) | D |
| Diabetes..... | D |
| Residual weakness or functional loss..... | D |
| Tobacco use within the past 12 months..... | D |
| Occurred while adequately anticoagulated..... | D |
| Peripheral Arterial/Vascular Disease, other than carotid artery disease | D |
| Patent Foramen Ovale (PFO) unoperated | D |
| Patent Foramen Ovale (PFO) operated, no stroke or TIA after surgery | Sub1 - IC |
| Patent Foramen Ovale (PFO) operated, stroke or TIA after surgery..... | D |
| Clotting Disorder | D |
| Subarachnoid Hemorrhage | handle as Stroke |
| Subdural Hematoma , after 6 months, recovered, no residuals..... | S |
| Suicide Attempt | |
| 1, after 5 years..... | S - IC |
| More than 1..... | D |
| Suicidal Ideation , within 2 years..... | D |
| Supraventricular Tachycardia (SVT) | S* - IC |
| Surgery , requiring general anesthesia, planned, not completed | D |
| Syncope , acute, negative workup, after 3 months, no residual..... | S* |
| Vasovagal with injury | D |
| Recurrent..... | D |
| Systemic Lupus | D |
| Temporal Arteritis , after 12 months, fully recovered | S - IC |
| TENS Unit | |
| Past use | IC |
| Current use..... | D |
| Thalassemia | |
| Minor | S |
| Major..... | D |
| Thrombocythemia | D |
| Thrombocytopenia , without splenectomy, platelet count >50,000 for 1 year..... | Sub1 |
| With splenectomy, platelet count normal for 1 year without medication or treatment..... | S |
| Thrombocytosis , platelet count >650,000..... | D |
| Platelet count <650,000, stable 2 years | Sub1 |
| Thrombosis | handle as DVT |
| Tic Douloureux | handle as Trigeminal Neuralgia |

| | |
|---|---------------|
| Tobacco Use , within 2 years..... | S |
| Tobacco use within 1 year in combination with comorbid condition..... | Sub1 - D |
| Celebratory cigar up to 1 per month | S* |
| Torticollis , resolved with Botox, after 6 months..... | S |
| Tourette's Syndrome , fully functional, no limitations | IC |
| Any functional limitations | D |
| Transgender/Transsexual | |
| Completed all gender reassignment surgeries, recovered, no additional surgery planned..... | S |
| Treated with hormones, psychotherapy, no gender reassignment surgery planned | S |
| Surgery planned, not completed | D |
| * Note: Premium rate will be based upon chromosomal makeup | |
| Transient Global Amnesia | handle as TIA |
| Transient Ischemic Attack (TIA) , single episode, fully recovered after 1 year | Sub1 |
| 2 or more..... | D |
| In combination with any of the following: | |
| Atrial Fibrillation, chronic or PAF | D |
| Unoperated carotid stenosis | D |
| Unoperated heart valve disorder, mild..... | Sub1 |
| Operated or unoperated heart valve disorder, moderate to severe..... | D |
| Previous stroke, moderate or severe | D |
| Diabetes..... | D |
| Average BP reading >159/89 | D |
| Residual weakness or functional loss..... | D |
| Tobacco use within the past 12 months..... | D |
| Occurred while adequately anticoagulated..... | D |
| Other peripheral vascular disease | D |
| Peripheral Arterial/Vascular Disease, other than carotid artery disease | D |
| Patent Foramen Ovale (PFO), unoperated | D |
| Patent Foramen Ovale (PFO), operated, no stroke or TIA after surgery | Sub1 - IC |
| Patent Foramen Ovale (PFO), operated, stroke or TIA after surgery..... | D |
| Clotting Disorder | D |
| Transplant , (except corneal), organ, bone marrow, stem cell | D |
| Transverse Myelitis | D |
| Tremor , fully evaluated, benign familial, no limitations, mild to moderate | S |
| Not fully evaluated, with limitations, or gait disturbance..... | D |
| Benign Essential Tremor age >65, present at least 10 years, not progressive..... | S* |
| Trigeminal Neuralgia | |
| After 12 months managed with antispasmodics or anticonvulsants..... | S |
| 6 months after surgery, resolved | S |
| Poorly controlled or disabling..... | D |
| Tuberculosis , after 12 months, treated, fully recovered, normal PFT's..... | S* |
| Present or with lung damage or other organ involvement | D |
| Turner's Syndrome | D |

| | |
|---|--------------------------------|
| Ulcerative Colitis | handle as Crohn's |
| Undifferentiated Connective Tissue Disease | D |
| Uveitis | S* |
| Valvular Heart Disease | handle as Heart Valve Disorder |
| Varicose Veins | S |
| With history of leg ulcers or pending surgery | D |
| Venous Insufficiency | S |
| With history of leg ulcers or pending surgery | D |
| Ventricular Tachycardia | |
| Controlled on medication 6 months..... | S |
| With implantable defibrillator | D |
| Ventriculoperitoneal Shunt | D |
| Vertigo | handle as Dizziness |
| Von Hippel-Lindau | D |
| Von Willebrand's Disease | D |
| Waldenstrom's Macroglobulinemia | D |
| Walker Use | D |
| Watchman Device | handle as Atrial Fibrillation |
| Weakness , other than related to acute, self-limiting condition..... | D |
| Wegener's Granulomatosis | D |
| Weight Loss , unexplained, or not fully evaluated..... | D |
| Weight Loss Surgery , after 2 years fully recovered, no complications, no revisions planned | S - IC |
| Wheelchair Use | D |
| Wilson's Disease | D |
| Wolff-Parkinson-White Syndrome , after 6 months, ablated, not present | S* |
| Uncontrolled, or with fainting, or low blood pressure, or ablation or surgery recommended, but not done..... | D |
| Present, not structural heart damage, no treatment required | S |
| Workers' Compensation , receiving | D |

Submitting a Supplemental Application for the LTC Rider

General Guidelines

The LTC Rider supplemental application packet contains all the forms you will need. The LTC Rider supplemental application packet must be completed in addition to the Life Insurance Policy application packet.

Follow these guidelines when submitting an LTC Rider supplemental application in addition to an application for a life insurance policy:

- **Use the correct supplemental application** - You will be required to submit the correct LTC Rider supplemental application before the LTC Rider can be issued. The supplemental application is based on the state where the life insurance policy application is signed
- **You must have the appropriate state license** - If the LTC Rider supplemental application is taken in person, you must be licensed in the state where the rider supplemental application is signed. For mail-in supplemental applications, you must be licensed in the state where the rider supplemental application is completed and mailed. (A special note about Kansas: If you take a rider supplemental application on a Kansas resident, you must be appointed both in Kansas and in the state where the rider supplemental application is signed)
- **White out is not allowed** - If a question is answered in error, draw a single line through the error and have the correction initialed and dated by the applicant
- **Don't use "N/A"** - "N/A" is not an acceptable answer. Instead, use "no" or "none" when answering a question on the rider supplemental application
- **Include an illustration** - An illustration including the LTC Rider benefit amount applied for must be included
- **Keep the check separate** - Do not attach the check to the application or the supplemental application
- **Submit the Authorization for Release of Information form** - This form, M28704, must be submitted in order for us to release any information to you. This form is included in the supplemental application packet

Important Information Regarding the Life Insurance Temporary Insurance Agreement (TIA)

The temporary insurance provided under the TIA agreement only covers the base life insurance application. The temporary insurance agreement **does not** include the LTC Rider benefits.

Preparing Your Client for the Next Steps

If your client is required to complete a Paramedical Examination, Senior Assessment, or a Personal History Interview (PHI) as a part of their underwriting requirements, we recommend providing the client with a copy of our What to Expect Next brochure.

Checking Case Status

Application and underwriting status is available on Sales Professional Access (SPA) - our secure agent website. Log in using your seven-digit production number. Select the "Reports" tab. Then select the link labeled "Life Products" to view your case status report.

Other Application-Related Questions

What if I have a non-English speaking applicant?

If you and the applicant are not fluent in the same language, an interpreter must be present to translate all questions and responses.

- It is the applicant's responsibility to have an interpreter available to meet with you when the application is completed. The applicant may choose an interpreter, but the interpreter cannot be a family member, beneficiary or someone who would benefit from the issuance of the life insurance policy or the LTC Rider. You may serve as an interpreter if you and the applicant are fluent in the same language
- In addition to questions on the application and the applicant's responses, the interpreter is required to translate all comments you make as well as information contained in marketing materials and forms
- With the assistance of an interpreter, you should ask the applicant to sign the application and the Producer or Witness Certification form (MLU25947)
- Be sure to include a note with the life insurance application that a translator will be needed for the personal history interview when required, and indicate what language

What about an applicant who is active duty military or traveling outside the United States?

All applicants must be in the United States to complete and sign the life insurance and LTC Rider applications, complete the paramedical examination, and accept delivery of the life insurance policy. This includes members of the military and U.S. citizens traveling abroad. Those traveling to an OFAC sanctioned country (Office of Foreign Assets Control) are ineligible for LTC Rider coverage.

Licensing and Training Information

Licensing and Appointments

You must be both life and health licensed in the state where the client is physically located at the time of sale. This requirement applies to all agents listed on the application.

CA & KS Exceptions: If the applicant is a resident of CA, you must be licensed in CA, regardless of where the sale is made. If the applicant is a resident of KS, you must be licensed in KS regardless of where the sale is made. For example, if the application is signed in NE for a client who is a resident of KS, you must be licensed in both NE and KS.

Non-appointment states (all states except MT & PA)

- If you are properly licensed in your state, you may solicit business containing the LTC Rider prior to becoming appointed with United of Omaha
- Applications must be submitted along with contracting paperwork
- Policies cannot be issued until the effective date of your appointment

Pre-appointment states (MT & PA)

- You must be properly licensed and appointed with United of Omaha BEFORE soliciting business containing the LTC Rider
- If a supplemental application for the LTC Rider is dated prior to your appointment effective date, it will be rejected and a letter will be mailed to the applicant

Note: Pre-appointment requirements do not apply to agents holding a broker license.

Training and Continuing Education

Training must be completed before taking an application. Most states require an initial 8 hour LTC training and refresher courses, either every 2 years or upon license expiration date. Please check with your state regarding the specific training and continuing education requirements. Proof of completion should be sent to Producer Services at contractsandappointments@mutualofomaha.com.

If you have not provided proof that you are up-to-date on your continuing education requirements, we will continue to underwrite the life insurance policy; however, the supplemental long-term care rider application will be

returned. You will need to resubmit a new supplemental application once you have provided proof that your licensing, training and continuing education requirements are complete.

HIPAA Privacy Rules

By adding a Long-Term Care Rider to a life insurance policy, the policy becomes subject to HIPAA Privacy Rules. All client information associated with the policy, including contact and demographic information, would also be considered Personal Health Information (PHI) and protected under the HIPAA Privacy Rules.

It is important to understand the use and disclosure limitations associated with the HIPAA Privacy Rules and make sure you are in compliance, as HIPAA can be enforced directly upon you. These rules can be found on the U.S. Department of Health & Human Services website, www.hhs.gov.

The Role of the Agent

If you become aware of a potential claim, be sure to notify us as soon as possible. Please use this checklist to provide the following information about your client:

- Name
- Phone number
- Mailing address (so we can send a claims packet)
- Email address
- Policy number
- Policyholder's representative/power of attorney
- Type of claim (i.e., home health care, assisted living, nursing home)

Remember...as an insurance agent, you may not act on behalf of your client unless you are authorized to do so. HIPAA regulations require that all claims dealings must be between United of Omaha and the insured or his or her representative/power of attorney.

Claims Department Contact Information

Phone: 877-894-2478

Hours: Monday-Friday, 7 a.m. - 5 p.m. CST

Understanding the Long-Term Care Rider Claims Process

When the need for long-term care services arises, the agent is often the first person a client contacts. That's why it's important for you to know how the claims process works in order to understand your role.

Step 1: Making initial contact

United of Omaha's Long-Term Care Claims Department wants to be notified as soon as possible when it's believed there may be a need for long-term care services. There are two ways the initial contact can be made:

1. The insured may contact you. If you are the first point of contact, please notify the claims department as soon as possible to let us know a claim is coming.
2. The insured can contact United of Omaha's claims department directly during normal business hours. The appropriate phone number is listed in the LTC Rider pages of their life insurance policy.

Step 2: Gathering information

Once we receive the initial notification, a representative from United of Omaha's claims department will talk with the insured to gather more information. We'll send the insured a claims packet that includes the claim form and a list of documentation needed to evaluate the claim and determine eligibility. This may include things like medical records and provider bills:

Medical Records

We may need to contact medical providers to collect additional information that can help us determine the need for long-term care services and eligibility for benefits under the rider.

Provider Bills

We'll ask the insured to submit bills for any expenses they may have already incurred to determine if those services are covered under the rider.

Step 3: Explaining how the LTC Rider benefits work

Not all long-term care insurance riders are the same, so a claims representative will explain the benefits of the rider to the insured. This may include:

- Elimination period
- Care coordination services
- Payment of benefits
- Waiver of rider charges

Step 4: Determining benefit eligibility

The LTC Rider page of the client's life insurance policy states how the insured is eligible for benefits. For example, the rider may state that a licensed health care practitioner must submit a plan of care certifying the insured is chronically ill. That means for a period of at least 90 days, he or she needs help with two or more activities of daily living (bathing, dressing, eating, transferring, toileting and continence) or requires continual supervision due to a severe cognitive impairment.

Typically, it takes approximately 10 business days to determine eligibility, providing we have access to all the information we need. Once eligibility has been confirmed, we'll notify the insured or their representative/power of attorney.

If it's determined the insured is not eligible for benefits at this time, we'll send a letter explaining the decision and detailing the options. Keep in mind that the insured's health situation and need for care may change quickly, which means that even if they're not eligible for benefits initially, they may become eligible at a later date. If their condition worsens, we ask that they contact the claims department to re-evaluate their claim.

Step 5: Paying the claim

After satisfying the 90-day elimination period, the insured will become eligible to receive benefit payments. Once an eligible expense is received, it takes approximately 10 business days to approve it and issue a check. Payment can be sent directly to the insured, to his or her representative/power of attorney or to any long-term care service provider designated by the insured (i.e., a nursing home).

Each time a bill is submitted for reimbursement and a claim is paid, the insured will receive an explanation of benefits (EOB) statement showing the amount of the maximum lifetime benefit paid to date. This allows the insured to track benefits that have been paid and to calculate the remaining LTC Rider benefit amount, as well as the remaining life insurance policy death benefit.

Why Mutual of Omaha

For more than a century, Mutual of Omaha has been committed to listening to our customers and helping them through life's transitions by providing an array of insurance, financial and banking products.

MutualofOmaha.com



Mutual of Omaha

Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company