

Long-Term Care

**Vista Care Choices
&
Vista Care**

Underwriting Guide

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Physicians Mutual

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I Tips to Speed Up the Underwriting Process

1. Make sure the application is complete. Double check to make sure *all* questions are fully answered, signatures obtained, and dates are completed.
2. Check your requirement list to ensure all required forms are sent with the application.
3. Be thorough with medical history. If they are taking medications, write down what conditions they are used for. Also, taking medication is considered treatment and the corresponding condition should be represented under the health questions. *Never leave the Underwriter guessing.*
4. Provide the doctor's full name, address, and phone number for accuracy in ordering medical records.
5. Activities? List them - they will give us a picture of the applicant's abilities.

II Applications and Underwriting Requirements

► *Application taken in Person*

Each question must be asked of the applicant, and his or her answers must be recorded on the application. An application cannot be mailed to an applicant for completion or signature. The applicant must personally sign the application in the Agent's presence. All new applications must be currently dated. This means the date the applicant actually signs the application. Do NOT use any other date. Power of attorney signatures will not be accepted. The agent must determine if this policy meets the applicant's needs and financial situation.

Generally, there will be a Long Term Care Assessment (telephone interview) or Attending Physicians Statement (APS) ordered on every applicant under age 59. Older age applicants can expect a combination of the following requirements ordered; APS for a specified health condition or if the applicant had a Check-up within last 3 years, or a Face-to-Face (F2F) interview.

1. ► If the applicant is between the ages of **18 - 64**, is in excellent health or has a health condition indicated in the Impairment Guide with a * , and qualifies as a Preferred or Standard Height/Weight risk, a Long Term Care Assessment Telephone Interview is required. If the applicant also has a health condition that requires an APS, an APS will be required instead of a telephone interview.
2. ► If the applicant is between the ages **65 – 69**, an APS is automatically required along with the Long Term Care Assessment Telephone Interview.
3. If the applicant is between the ages **70 – 84**, both an APS and an on-site F2F interview are required.
4. The Underwriter reserves the right to utilize any underwriting tools at his or her discretion.

► *Non-Witness Applications*

This is to be used in rare instances when the agent has already met with the client regarding Long Term Care or has worked with the client within the past 12 months. If an opportunity comes up to offer coverage and the agent is not able to meet with the applicant in person, we can allow a non-witnessed application as an exception. Power of attorney signatures will not be accepted. The agent must determine if this policy meets the applicant's needs and financial situation

The use of this Guideline is not intended for the “Mass Mailing” of this application. If this usage exceeds our expectations, Physicians Mutual reserves the right to suspend its availability for this purpose.

Non-Witness Underwriting Guidelines are:

1. ► If the applicant is between the ages of **18 - 49**, a Long Term Care Assessment is required. If the applicant also has a health condition that requires an APS, or has had a physical exam within the last 3 years, an APS will be required. If the applicant has not seen a doctor or not had a physical exam within the last 3 years, a paramedical will be required
2. ► If the applicant is between the ages of **50 - 59**, a Long Term Care Assessment and an APS will be required.
3. ► If the applicant is between the ages of **60 - 84**, an APS and an on-site F2F interview are required.
4. Underwriting reserves the right to utilize any underwriting tools at his or her discretion.

Non-Witness Application Guidelines:

1. The agent will cross out the word “Witness” at the bottom of Section I of the application, initialize and sign his/her name on the appropriate line.
2. The agent will verify his/her intentions by completing the questions in the “Agent Report”. This should include details of any contact with the applicant. *(If the Agent Report is not filled out, the administrator will return the application for completion before being accepted as new business.)*

Non-Witness Identification Guidelines:

A cover letter will accompany each Non-witness application to indicate:

1. This is a non-witness application
2. If associated with Franchise group, the name and assigned number of that group
3. Agent name

Underwriting Requirements - Witnessed Applications

►Circumstances	LTC Assessment	►APS	F2F Interview	►Paramedical Exam
18-64	Required if NO APS ordered or condition show a * in Impairment Guide	If Physical Exam within the last 3 years or APS'able Condition is not a * Condition		
65-69	Required	Required		
70-84		Required	Required	

Underwriting Requirement - Non-Witnessed Applications

►Circumstance	►LTC Assessment	►APS	►F2F Interview	Paramedical Exam
18-49	Required with APS or Paramed	APS'able Condition or if Physical Exam within the last 3 years		If NO APS'able Condition or NO Physical Exam within 3 years
50-59	Required	Required		
60-84		Required	Required	

► *Underwriting Process*

The LTC Assessment is a telephone conversation between a nurse and your applicant. The applicant should be prepared to receive a call to discuss their medical history, lifestyle, daily activities, physician information, prescription medications and the call may include memory exercises. The goal of the interview is to learn more about the applicant and make the most informed decision about his or her medical history. The phone interview takes approximately 20 minutes.

For applicant's ages 70 and older, Physicians Mutual will require a Face-to Face (F2F) Interview. The personal interview is done at the applicant's place of residences in the presence of a nurse and your applicant. The applicant should be prepared to discuss their medical history, lifestyle, daily activities, physicians information, prescription medication and will include memory exercises. The goal of the interview is to learn more about the applicant and make the most informed decision about his or her medical history. The Face-to-Face (F2F) interview will take approximately 45 to 60 minutes.

III Underwriting Risk Classification

Vista Care Choices: P145, P146, P147, P148

The application will be either approved or declined. No elimination riders. They will be underwritten according to the rate classes below:

PREFERRED: PEF (85%)

All available coverages

1. Minimal health conditions
2. No tobacco use in the past 12 months
3. Active driver
4. Working, volunteering, or participating in regular physical activity

STANDARD: STD (100%)

All available coverages

1. Minimal to moderate health conditions
2. Tobacco use OK
3. Has current driver's license
4. Participates in regular physical activity and/or hobby

RATED 1: RA1 (125%)

RATED 2: RA2 (150%)

All available coverages

1. Moderate health conditions
2. Tobacco use OK
3. May or may not drive
4. Participates in regular physical activity and/or hobby

*RATED 3: RA3 (175%)

*RATED 4: RA4 (200%)

Not Available with the P147

1. Moderate to moderately severe health conditions
2. Tobacco use OK
3. May or may not drive
4. No restrictions to ADL's

***Benefits NOT available with RATED 3 & 4 offers:**

Minimum 90 Elimination Period

4, 5, 8 years or Lifetime Benefit Multiplier

Joint Waiver of Premium Rider

Surviving Spouse Waiver of Premium Rider

Return of Premium Rider

Shared Care Benefit Rider

Vista Care: P103, P104, P105, P109

The application will be either approved or declined. No elimination riders or premium rate-ups will be added. They will be underwritten according to the rate classes below:

PREFERRED: PEF (85%)

All available coverages

1. Minimal health conditions
2. No tobacco use in the past 12 months
3. Active driver
4. Working, volunteering, or having regular physical activity

STANDARD: STD (100%)

All available coverages

1. Minimal to moderate health conditions
2. Tobacco use OK
3. Has current driver's license
4. Has regular physical activity and/or hobby

SUBSTANDARD: RA# (180%)

(Applicants are not to be submitted as substandard. Underwriting may, as an exception, issue an applicant in this rate class based on medical information.)

All available coverages

1. Moderate to moderately severe health conditions
2. Tobacco use OK
3. May or may not drive
4. No restrictions to ADL's
5. APS and/or LTC assessment on all

IV Combination Sales

Combinations sales of Long Term Facility Care and Home & Community Care: We will allow a maximum of \$4200 per month total in Home & Community Care coverage when combined with Long Term Care Facility coverage.

The Maximum number of Long Term Facility Care, and Facility Care Only policies a client may have in force is one policy from the same policy Kind (Example: P145, P146, P148) within a twelve month period. The client would only be allowed to replace one of their policies if they would like to add more coverage within this time period.

Under no circumstance will a client be allowed to have more than one Home and Community Care policy (P147/P105) in force. The client would only be allowed to replace one of their policies if they would like to add more coverage.

V Replacements

When it is necessary to discontinue coverage with another company in order to qualify for one of these policies, the other coverage must be discontinued within 90 days following the issue date of our policy. Replacements will be permitted as long as the replacement is in the client's best interest.

VI Persons not eligible for these policies include:

1. Residents of nursing homes or persons who are hospitalized;
2. Anyone who is currently eligible for Medicaid benefits (not Medicare);

3. Generally, any applicant who needs assistance or supervision of any kind to perform everyday living activities (eating, dressing, toilet needs, etc.) or who uses any aid for ambulation;
4. Receiving Social Security disability benefits;
5. Those who had not returned to their normal activity on the date of the application, following an accident or illness;
6. An applicant who has a health condition shown as a decline in the Impairment Guide;
7. Those who have a pending claim with our Company, or for whom surgery has been recommended or proposed, or for whom tests are pending, whether at the time of application or while the application is pending if for a health condition that existed prior to the date of application;
8. Anyone who has not resided in the United States for more than two years. This rule does not apply; however, to citizens with previously established residence in the United States, and if medical records can be obtained for underwriting purposes.

VII Lapse and Reinstatement Rules:

Once the policy has lapsed, we may put the policy back in force at our option. To reinstate a policy is to put the policy back in force without a lapse of coverage and accept late premium as timely.

1. If we accept a late premium, we will not require a new application.
2. If the policy lapse is due Cognitive Impairment or loss of functional capacity of the insured (for tax qualified plans), or Cognitive Impairment or inability to perform two or more of the Activities of Daily Living (for non-tax qualified plans), the policy will be reinstated upon receipt of the required proof within 5 months of the lapse date and required premium.
3. If the late premium is not accepted, the policy is lapse and no longer in force. We will advise the client in writing that the premium is not accepted and a new application would be required.

VIII Increasing or Decreasing Benefits on an Existing Policy:

1. To INCREASE coverage by raising the monthly or daily benefit, shortening the elimination period, or lengthening the maximum benefit period, a new application is required and will be underwritten.
- If the application is for an increase in monthly or daily benefit, a new policy will be issued as a second policy for the insured. ***(EXCEPT IF THE REQUEST IS MADE DURING THE 1ST POLICY YEAR, A REPLACEMENT WILL BE REQUIRED.)*** The amount of additional coverage must be for the \$900/\$1500 minimum stated General Product Information under Section “XVI” for the Vista Care Choices Series or “XVII” for the Vista Care Series. All benefits must still be in multiples of \$100 monthly (\$10 daily).

If the only change in coverage is a shorter elimination period and/or a longer maximum benefit period, a new policy will be issued as an internal replacement. Premium will have to be calculated at the applicant’s current age. Because the entire coverage will be at the higher premium rate, it is imperative that the agent fully explains the premium differences to the insured.

2. To DECREASE coverage by reducing the monthly or daily benefit, lengthening the elimination period, or shortening the maximum benefit period, we require a letter of instruction signed by the insured. We can then make the necessary changes on the existing coverage and send out a new schedule showing the new benefits, new premium, and the effective date of the decrease in coverage.

IX Upgrading LTC policies upon delivery or within 30 day Free-Look Period:

Occasionally there may be a request to upgrade or change coverage at time of delivery. As a service to our customers we have provided the following guidelines.

ANY UPGRADE HAS TO BE REQUESTED AT THE TIME OF DELIVERY OR WITHIN THE 30-DAY FREE-LOOK PERIOD. NO EXCEPTIONS.

1. Upgrades WITHOUT A NEW APPLICATION are permitted on a Standard or Preferred class (Counter Offers are not eligible) if:
 - a. Benefits do not exceed the maximum amount of coverage allowed.
 - b. There is only one step up in the Maximum Benefit (Lifetime Benefit excluded), or one step down for the Elimination period allowed.
 - c. The Home and Community Care benefit is no more than a one step (25%) increase.
 - d. The Facility Benefit change is no more than \$900/month in benefit amount.
 - ▶ e. P147 Home and Community Care Benefit change is no more than \$500/month in benefit amount. For the P105 the limit is \$600/month.
 - f. The applicant wishes to change the premium payment period.
 - ▶ g. The applicant wishes to upgrade an inflation rider already approved.

The Policyowner will need to sign and date a letter of instruction (the ALL-442 cover memorandum is acceptable) showing the changes they wish to make on their existing policy.

Generally there will be a new effective date. At the policyowner's option, the new effective date would be the date the ALL-442 is signed or an effective date to save original age. The applicant will have to pay any shortage of premium due.

There will be an AM-1 rider added for any change to the application. The AM-1 rider will need to be signed by the client when the agent delivers the new policy.

Since these policies are a change in benefits the customer will receive a new policy number. The premium collected will be transferred from their old policy number to their new policy number. The old policy will be handled as a Not Taken. Agent will need to collect the difference in premium at the time of the letter of instruction or the ALL-442 is signed.

2. Upgrades requiring A NEW APPLICATION are permitted on a Standard or Preferred class (Counter Offers are not eligible) if:
 - a. The applicant's health status has changed.
 - b. The applicant wishes to upgrade to a Lifetime Maximum.
 - c. The Facility Benefit change is more than \$900/month in benefit amount.
 - ▶ e. P147 Home and Community Care Benefit change is more than \$500/month in benefit amount. For the P105, if the amount is more than \$600/month.
 - d. The applicant wishes to lower the elimination period more than one step down.
 - e. The applicant wishes to add a benefit rider.

There will be an AM-1 rider added for any change to the application. The AM-1 rider will need to be signed by the client when the agent delivers the new policy.

There will be an AM-2 rider added for any preexisting conditions that are developed during the evaluation of the new application.

Since these policies are a change in benefits the customer will receive a new policy number. The premium collected will be transferred from their old policy number to their new policy number. The old policy will be handled as a Not Taken. Agent will need to collect the difference in premium at the time the new application is taken.

If a customer wishes to increase coverage after their Free Look period, a new application will be required. Please see the Section "VIII". regarding Increasing and Decreasing Coverage on an existing policy for details.

X Policy Dating

Applications must be dated with the date they are completed and signed. No other date will be accepted. If the application is approved, we will make the effective date the date indicated on the application. This can be the application date, the date approved, or a specified future effective date (within 60 days from the application date.)

If an applicant's birthday falls within 30 days of the application date, we can consider issuing a policy with an effective date within 30 days prior to the application date in order to save age.

- ▶ All applications must reach the Home Office of Physicians Mutual within twenty-five (25) calendar days of the application date. If the application is over 25 days old, it will be returned for a current application. All new applications must be currently dated. This means the date the applicant actually signs the application. Do NOT use any other date.

XI ▶ Premium Collection

Available premium modes are: Monthly Automatic Bank Withdrawal (ABW), Quarterly, Semi-Annual, or Annual. One full modal premium, if other than monthly ABW needs to be submitted with the application. If monthly ABW, a minimum of 2 months' premium must be submitted. (One month in California)

XII The following is a list of the common conditions you may see and their probable handling for underwriting purposes. Several of these conditions will depend on severity or length of time from the last treatment. Please consult your Impairment Guide for a more complete listing of health conditions.

The following conditions would be UNACCEPTABLE FOR COVERAGE:

- AIDS
- Alzheimer's Disease]
- ▶ Chronic or Recurrent Bronchitis with tobacco use
- Carotid Artery Disease
- ▶ Diabetes on insulin, with complications, or with history of cardiovascular or cerebrovascular disease
- Drug Abuse
- Emphysema/COPD, with tobacco use
- Multiple Sclerosis
- Osteoporosis with history of multiple fractures or compression fracture
- Oxygen Use
- Parkinson's Disease
- Senility or Dementia
- Surgery recommended that have not yet been performed
- Those who are currently receiving Physical Therapy
- Those who had not returned to their normal activity on the date of the application, following an accident or illness
- 2 or more episodes of stroke, or a stroke with residuals
- Use of a walker or wheelchair
- Uncontrolled atrial fibrillation
- Receiving disability income or any state or Social Security Disability Benefits.
(Few exceptions may exist, please contact an Underwriter before submit.)

These conditions would generally be ACCEPTABLE FOR COVERAGE:

- Angioplasty after 3 months with full recovery
- Arthritis, mild to moderate
- Asthma, mild to moderate
- Atrial Fibrillation, on medication and controlled
- BPH (Benign Prostatic Hypertrophy)
- Congestive Heart Failure, mild, compensated
- Diabetes controlled, no complications, not on insulin
- Emphysema/COPD, mild to moderate, with no tobacco use
- History of heart attack with complete recovery (after 6 months)
- Hypertension
- Osteoporosis, if stable, with no history of fractures
- Peripheral Vascular Disease, mild, stable
- ▶ Sleep apnea (compliant with recommended CPAP)

PHYSICIANS MUTUAL LTC QUICK REFERENCE DRUG LIST

AN APS IS REQUIRED IF AN APPLICANT IS TAKING ANY OF THE FOLLOWING MEDICATIONS:

<u>MEDICATION</u>	<u>CONDITION</u>	<u>MEDICATION</u>	<u>CONDITION</u>	<u>MEDICATION</u>	<u>CONDITION</u>
Acarbose	Diabetes	Duragesic	Chronic Pain Mgmt	Nitroglycerin	Circulatory
Actos	Diabetes	Fosamax	Osteoporosis	Nolvadex	Cancer
Accupril	Circulatory	Furosemide	Circulatory	Nortriptyline	Nervous Disorder
Adderall	Nervous Disorder	Glimepiride	Diabetes	Percocet	Chronic Pain Mgmt
Adenosine	Arrhythmia	Glipizide	Diabetes	Phenobarbital	Seizures
Aggrenox	Circulatory	Glucophage	Diabetes	Plaquenil	Rheumatoid Arthritis
Albuterol	Respiratory	Glucotrol	Diabetes	Plavix	Circulatory
Aldactone	Circulatory	Glyburide	Diabetes	Prednisone	Various
Amaryl	Diabetes	Glynase	Diabetes	Propranolol	Arrhythmia
Amitriptyline	Nervous Disorder	Gold	Musculoskeletal	Prozac	Depression
Arava	Rheumatoid Arthritis	Hyzaar	Circulatory	Quinidine	Circulatory
Avandia	Diabetes	Imdur	Circulatory	Remeron	Nervous Disorder
Captopril	Circulatory	Imuran	Rheumatoid Arthritis	Remular	Musculoskeletal
Cardizem	Circulatory	Isorbid	Circulatory	Rheumatrex	Rheumatoid Arthritis
Cardura	Various	Klonopin	Seizures	Rythmol	Arrhythmia
Catapres	Circulatory	Lanoxin	Circulatory	Serzone	Depression
Celebrex	Musculoskeletal	Lasix	Circulatory	Tamoxifen	Cancer
Celexa	Depression	Librium	Nervous Disorder	Tegretol	Seizures
Clonazepam	Seizures	Lithium	Depression	Toprol	Circulatory
Coumadin	Circulatory	Lorcet	Chronic Pain Mgmt	Trazodone	Depression
Cyclosporine	Musculoskeletal	Lorazepam	Nervous Disorder	Trental	Circulatory
Depakote	Seizures	Lortab	Chronic Pain Mgmt	Ultram	Musculoskeletal
DiaBeta	Diabetes	Medrol	Musculoskeletal	Verapamil	Circulatory
Diazepam	Nervous Disorder	Metformin	Diabetes	Vicodin	Chronic Pain Mgmt
Digitalis	Circulatory	Methotrexate	Rheumatoid Arthritis	Vioxx	Musculoskeletal
Digoxin	Circulatory	Micronase	Diabetes	Warafin	Circulatory
Dilantin	Seizures	Mysoline	Seizures	Wellbutrin	Depression
Flovent	Respiratory	Neurontin	Seizures	Wygesic	Chronic Pain Mgmt

THE APPLICANT IS NOT ELIGIBLE FOR THE LONG TERM CARE PRODUCTS IF TAKING ANY OF THE FOLLOWING MEDICATIONS:

<u>MEDICATION</u>	<u>CONDITION</u>	<u>MEDICATION</u>	<u>CONDITION</u>	<u>MEDICATION</u>	<u>CONDITION</u>
Abacavir	HIV/Aids	Enbrel	Rheumatoid Arthritis	Mestinon	Myasthenia Gravis
Antabuse	Alcoholism	Exelon	Alzheimer's	► Mirapex	Parkinson's
Aricept	Alzheimer's	Hydergine	Alzheimer's	► Morphine	Chronic Pain Mgmt
Artane	Parkinson's	Hydrea	Cancer	Naltrexone	Alcoholism
AZT	HIV/Aids	Hydrocodone	Chronic Pain Mgmt	OxyContin	Chronic Pain Mgmt
Cogentin	Parkinson's	Interferon	Various	Remicade	Rheumatoid Arthritis
Cognex	Alzheimer's	Larodopa	Parkinson's	Reminyl	Alzheimer's
Combivir	HIV/Aids	Levodopa	Parkinson's	Risperdal	Psychosis
Cyclosporine	Cancer	Leukeran	Cancer	Rivastigmine	Alzheimer's
Cytosan	Cancer	Kineret	Rheumatoid Arthritis	Ropinerole	Parkinson's
Donepezil	Alzheimer's	Thorazine	Psychosis	Sinemet	Parkinson's
Haldol	Psychosis	Lupron	Cancer	Tacrine	Alzheimer's
Dronabinol	Cancer	Megestrol	Cancer	Zyprexa	Psychosis

Impairment Guide

The following guide is a list of health conditions and their probable underwriting action. Underwriting decisions will depend on severity of the condition, along with all other factors considered. If an individual has multiple medical conditions, the long-term care risk for the primary disease may be compounded. The final underwriting determination will be based on the underwriting tools required for your applicant. All underwriting rules in this and other sections of this manual indicate probable underwriting action.

Subject to laws and insurance regulations of the state of jurisdiction, however, the Physicians Mutual Underwriter has full authority, on behalf of the Company, to issue coverage, modify coverage, or deny coverage based upon both medical and non-medical factors affecting the acceptability of the risk, irrespective of these suggested rules and guidelines. Any variation from these general underwriting rules necessitated by a particular state regulation will be addressed individually.

Vista Care Choices P145, P146, P147, and P148:

An applicant with two rated conditions (RA3 or RA4) would be uninsurable.

- | | | |
|--|------------------------|------------------------|
| PP = Postpone | PREF = Preferred (85%) | ▶ RA3 = Rated 3 (175%) |
| RFC = Rate for Cause | STD = Standard (100%) | ▶ RA4 = Rated 4 (200%) |
| ▶ IC = Individual Consideration
(Agent should quote at least RA1 minimum) | ▶ RA1 = Rated 1 (125%) | DEC = Decline |
| | ▶ RA2 = Rated 2 (150%) | |

Vista Care P103, P104, P105 and P109:

▶ Those conditions showing a RA# should be considered as SUB = 180%. An applicant with two substandard conditions would be uninsurable.

Underwriting Counter Offers: On occasion, the underwriter will consider a counter offer (changes to the original proposal) based on information obtained during the underwriting evaluation. When a SUB rating is part of the counter offer certain restrictions apply:

▶ **Benefits NOT available with SUB counter offers:**

- Lifetime Benefit Period
- Joint Waiver of Premium Rider
- Surviving Spouse Waiver of Premium Rider

On Witnessed applications only - Ages 64 or younger: if the health conditions described by your client has a * in front of the description, please order a LTC Assessment instead of an APS. This does not apply to Non-Witnessed applications.



Abscess – APS

- Brain or Abdominal
 - Present or surgery within 6 monthsPP
 - * Resolved or 6 months after surgery, full recovery STD

Adhesions – post surgery, full recovery PREF

Addison’s Disease DEC

Adult Day Care DEC

Assisted Living DEC

AIDS	DEC
Alcoholism - [APS]	
After treatment, symptom free, no alcohol use, no relapses, no COPD, emphysema, chronic bronchitis, depression, other substance abuse, no alcohol related problems, no antabuse use	
With in 3 years	PP
▶ Over 3 years.....	STD/RA1
Any alcohol use, history of any relapses, COPD, emphysema, pancreatitis, chronic bronchitis, depression, other substance abuse, alcoholic neuritis or neuralgia, alcohol related problems, antabuse use, heart disorders, or frequent falls	DEC
Allergies and Hay Fever	PREF
ALS (Lou Gehrig's Disease)	DEC
Alzheimer's Disease - (See LTC Quick Reference Drug List)	DEC
Amnesia	DEC
▶ Amputation - [APS]	
Due to trauma	
* Single limb, independent, no ADL limitations	STD
Multiple limbs	DEC
Due to disease, disease no longer present, independent, no ADL impairments	
Within 5 years	PP
Over 5 years.....	STD
Due to diabetes, or circulatory disorders, or other chronic disease	DEC
▶ Anemia - [APS]	
Aplastic, Cooley's, Fanconi's, Spherocytic	RA4
Chronic, Hyperchromic Macrocytic, Hypochromic, Megaloblastic, Hyperproliferative, Hypochromic, Normocytic, Pernicious, Thalessemia Major.....	STD
Hemolytic	
Unoperated or Operated within 1 year.....	RA4
Operated over 1 year, full recovery, no complications, treatment free.....	PREF
Hypoplastic, Mediterranean, Paroxysmal Nocturnal Hemoglobinuria, Severe, or with complications.....	DEC
Iron Deficiency, Thalessemia Minor	
Cause known.....	RFC
Cause unknown	
Within 3 months.....	PP
Over 3 months, stable	PREF
Sickle Cell.....	DEC
Sickle Cell Trait	
Definitive diagnosis, no history of complications	PREF
Otherwise	DEC

Aneurysm - APS

Abdominal Aortic

Operated

Within 1 yearPP

Over 1 year, full recovery..... PREF

Unoperated

Within 2 yearsPP

Stable, not progressive over 2 years

Up to 5 cm. STD

Over 5 cm. or progressive growth DEC

Aortic, Dissecting..... DEC

Cerebral, Neck or Thoracic

Operated

Within 1 yearPP

Over 1 year

Full recovery, no residual impairments STD

▶ With minimal residual impairments (no mobility or ADL problems) IC

With other impairments or mobility problems DEC

Unoperated..... DEC

Iliac, or limb artery - See Peripheral Vascular Disease

Angina Pectoris - APS

Controlled on medications STD

Occasional episodes..... STD

Not well controlled..... DEC

Angioplasty - APS

Within 3 monthsPP

Over 3 months, fully recovered with no complications STD

Anxiety disorder - See Psychiatric Disorders

Arrhythmias - APS..... STD

Arteriosclerosis - APS

Mild STD

Moderate..... STD

Severe DEC

Arteriovenous Malformations DEC

Arthritis (Osteoarthritis, degenerative joint disease) - APS - (See LTC Quick Reference Drug List)

* Asymptomatic (no spinal involvement) diagnosed by a physician,
no treatment or nonprescription medications only, shown on x-ray only PREF

Symptomatic

No spinal involvement, no surgery planned

Mild or Moderate treated with NSAIDS prescription medications,
occasional cortisone injections, controlled, no ADL, impairments
or ambulatory problems, no assistive device use STD

Assistive device use..... DEC

With spinal involvement (up to 5 year maximum benefit period)

Mild - Moderate, controlled stable STD

Severe, with mobility, ADL or ambulatory problems..... DEC

Continued on next page

▶ Indicates a revision has been made

Assistive device use.....	DEC
Surgery planned or anticipated.....	DEC
History of joint replacement	
Within 6 months	PP
Over 6 months	
With full recovery (not receiving physical therapy or occupational therapy)	STD
With physical limitations, or current ongoing physical therapy or occupational therapy	DEC

Arthroscopy - full recovery, no complications PREF

Asthma - APS

* Mild, infrequent attacks, with or without use of inhalers, non-tobacco use / tobacco use	PREF/STD
▶ Moderate, with daily use of medication (other than inhalers), occasional use of oral steroids, stable, non-tobacco use/tobacco use	STD/RA4
Severe with ongoing oral steroid use, or multiple medications, home respiratory therapy, or hospitalization within the past 6 months, or 2 or more ER visits within the past 1 year	DEC
In combination with other respiratory disorders	DEC

Ataxia..... DEC

Atrial Fibrillation - APS

New onset within 6 months.....	PP
Over 6 months (no cardiovascular or cerebrovascular history)	
Uncontrolled.....	DEC
Controlled, on oral meds, normal sinus rhythm, unrestricted activity	STD
Chronic, controlled requiring anticoagulant therapy (up to 5 years maximum benefit period)	STD
With pacemaker implant	
No complications.....	STD
▶ With complications.....	RA4/DEC
With cardiovascular risk factors (hypertension, CAD, CHF) or cerebrovascular risk factors (prior stroke, circulatory disorders) (Minimum 180 day elimination, up to 5 years maximum benefit period)	
Within 6 months	PP
Over 6 months	
Controlled, on oral meds, normal sinus rhythm, unrestricted activity	STD
▶ Chronic, controlled requiring anticoagulant therapy.....	RA4
Uncontrolled, Unstable, or complicated.....	DEC

▶ Attention Deficit Disorder - APS

Stable, compliant with 2 or fewer medications, active life style, no behavioral problems, or severe psychiatric problems	
Within 3 months.....	PP
Over 3 months.....	STD
With 3 or more medications, non-compliant, with behavioral or severe psychiatric problems or ADL limitations.....	DEC

► **Back Disorders- APS**

Arthritis – See Arthritis

Degenerative Disc Disease – Arthritis, Spinal

► **Herniated Disc, no other spinal disorder involved**

Unoperated or operated with in 6 months STD

Operated over 6 months, recovered, no recurrence or residuals PREF

► **Kyphosis**

Mild, non-disabling PREF

Severe or disabling DEC

► **Lordosis – See Scoliosis**

* **Osteopenia**

No treatment or treatment with medication PREF

Osteoporosis – (See LTC Quick Reference Drug List)

Mild - moderate, treatment with medications, no history of fracture/falls bone density consistent with age PREFER/STD

With history of traumatic fracture, fully recovered, no residuals, on medication, stable bone density, or improvement in bone density STD

Severe, or history of multiple fractures, compression fracture, spinal problems, joint replacement or hip replacement, bone density readings showing progress of disease, or abnormal for age, or progressive increase of medication DEC

Chronic pain or use of narcotics DEC

► **Scoliosis (Lordosis)**

Slight curvature, no complications or symptoms, non-progressive PREFER

Moderate STD

Severe or progressive DEC

Slipped Disc – See Herniated Disc

Spinal Fracture – See Fractures

Spinal Stenosis – (See LTC Quick Reference Drug List)

Mild, asymptomatic, incidental finding, not progressive, no nerve impingement PREFER

Symptomatic, no limitations with ADLs, no assistive device use, no ongoing physical therapy or occupational therapy, normal range of motion, with anti-inflammatory medication, no nerve impingement STD

With history of laminectomy, discectomy or spinal fusion excellent response, No residuals, or complications

Within 1 year PP

Over 1 year STD

With residuals, problems with ADLs, or neurological deficits, multiple steroid injections or multiple epidural injections DEC

With progressive symptoms or increase of severity of symptoms, problems with ADLs, neurological deficits, crippling or disabling, ongoing physical therapy or occupational therapy or use of chronic pain medication DEC

Spondylosis, Spondylolisthesis – See Spinal Stenosis

Vertebra Fracture – See Fractures

Bell’s Palsy PREFER

► * **Benign Prostatic Hypertrophy – APS** PREFER/STD

Bipolar – See Psychiatric Disorders; Depression

Blacked Out – See Syncope

Bladder Disease - **APS**

* History of infection, full recovery PREF
Chronic or recurrent PREF/STD

Blindness - **APS**

Congenital or traumatic
* One eye only PREF
Both eyes, completely independent, no ADL impairments
▶ (up to 50% HCC, P147/P105 not available)
 Within 12 months PP
 Over 12 months RA4
Other cause RFC

Blood Pressure – See Hypertension

▶ **Bronchiectasis** – See COPD (Chronic Obstructive Pulmonary Disease)

▶ **Bronchitis** - **APS**

Acute, single attack, fully recovered PREF
Chronic or recurrent
 Mild, well controlled, normal pulmonary function tests,
 rare short-term steroid use, with or without tobacco use STD
 Moderate, stable, intermittent steroid use, normal pulmonary
 function tests, or recent hospitalization
 Within 3 months PP
 Over 3 months STD/RA1
 With tobacco use DEC
Chronic, severe, uncontrolled, daily use of steroid, reduced
pulmonary function tests, or in combination with COPD,
or other respiratory disorders DEC

Buerger's Disease DEC

Bypass Surgery - **APS**

Within 6 months DEC
After 6 months, good recovery STD



Cancer - **APS**

Breast

 Within 3 years from last treatment PP
 Over 3 years from last treatment STD
 With lymph node involvement DEC
 Reoccurrence or with metastasis DEC

▶ Bladder

 Stage A or B

 Within 1 year from last treatment PP
 Over 1 year from last treatment STD
 With recurrence or metastasis DEC

Continued on next page

Stage B2	
Within 2 years from last treatment	PP
Over 2 years from last treatment	STD
With recurrence or metastasis	DEC
Stage C, D1, D2, or BCG treatment	DEC
Colon	
Within 2 year	PP
Over 2 years	
Dukes staging A-B	STD
With colostomy	DEC
Dukes staging C1, C2 or D	DEC
Internal	
Bone, Brain, Esophagus, Kidney, Stomach, or Testes, no metastasis	
Within 4 years from last treatment	PP
Over 4 years from last treatment	STD
▶With recurrence or metastasis	DEC
Liver or Pancreas	
Within 5 years.....	DEC
Over 5 years.....	RA4
▶With recurrence or metastasis.....	DEC
Lung	
Stage I	
Within 3 years from last treatment	PP
Over 3 years from last treatment	STD
Stage II, IIIA, IIIB or IV	DEC
With reoccurrence or metastasis, oxygen use, COPD, cardiomyopathy, emphysema, history of lung resection, or other complications	DEC
Melanoma, no reoccurrence or spread of lesion	
Within 3 years.....	PP
▶Over 3 years	STD
▶With recurrence or metastasis	DEC
Ovarian	
Stage I,	
Within 3 years from last treatment	PP
Over 3 years from last treatment	STD
Stage II	DEC
With history of recurrence or metastasis, weight loss, bowel problems, ongoing chemotherapy, radiation therapy, or radiation enteritis.....	DEC
Other (not listed elsewhere)	
With in 2 years.....	PP
After two years from last treatment, no recurrence	STD
▶With recurrence or metastasis.....	DEC
Pancreas - See Liver	
▶ Stomach	
Stage 0-I	
Within 5 years from last treatment	PP
Over 5 years from last treatment.....	STD
Stage II-IV.....	DEC
With recurrence or metastasis	DEC

Prostate

- No metastasis, surgically removed, no complications
 - Within 2 years from last date of treatmentPP
 - Over 2 years from date of last treatment STD
- No surgery, stable, or seed implants
 - Within 1 year from diagnosisPP
 - Over 1 year from diagnosis, no surgery anticipated, no progression STD
- ▶ With recurrence or metastasis DEC

Skin Cancer (not melanoma), removed, no spreading or reoccurrence
 Basil cell carcinoma PREF

- Squamous cell carcinoma
- Within 2 years
 - History of hospitalization for the treatment of SCC..... DEC
 - No history of hospitalization STD
 - ▶ Over 2 years..... PREF

▶ **Cardiomyopathy – APS**

- No congestive heart failure, pulmonary hypertension, arrhythmia, diabetes, no tobacco use, ejection fraction over 50%
 - Hypertrophic, idiopathic, subaortic hypertrophic stenosis
 - Within 1 yearPP
 - Over 1 year RA1
 - Dilated
 - Within 3 years.....PP
 - Over 3 years, stable RA3
 - Ischemic, or other IC
- With congestive heart failure, pulmonary hypertension, arrhythmia, diabetes, ejection fraction under 50%, or any reference to or suggestion of heart transplant DEC
- With tobacco use DEC

▶ **Carotid Artery Disease - APS**

- Stenosis less than 50%, asymptomatic, stable, unilateral or bilateral, no progression
 - Unoperated
 - Within 2 years.....PP
 - Over 2 years RA1/RA2
 - Stenosis over 50% or symptomatic
 - Unoperated..... DEC
 - Operated (carotid endarterectomy), no residuals
 - Within 6 months.....PP
 - Over 6 months..... STD
- With history of TIA or stroke - See Cerebrovascular Accident

Cataract PREF

Cerebral Palsy DEC

Cerebral Vascular Accident (CVA, Stroke, TIA (transient ischemic attack) - APS)

- Single event
 - Within 4 years.....PP
 - Over 4 years
 - Fully recovered, no residuals..... STD
 - ▶ Minimal residuals (no ADL impairment, ambulatory or mobility problems or assistive device use)STD/RA1
 - With other residual or ADL impairment, ambulatory or mobility problems or assistive device use, history of alcoholism or alcohol abuse DEC
- 2 or more events DEC

▶ **Cerebrovascular Disease- APS**

- Evidence of white matter changes, small vessel disease reference to diffuse changes, ischemic changes, microvascular changes or lacunar infarcts DEC

▶ **Chronic Fatigue Syndrome - APS**

(Also see any associated psychiatric conditions)

- Within 1 year.....PP
- Over 1 year
 - Mild, treated with anti-inflammatory medication, no narcotic or steroid use, no ADL limitations..... STD
 - Moderate, no current physical or occupational therapy, not associated with fibromyalgia, occasional narcotic use, no steroid use, no ADL limitations..... RA3
 - Severe, current physical or occupational therapy, associated with Fibromyalgia, chronic narcotic or steroid use, any ADL limitations DEC

Chronic Obstructive Pulmonary Disease (COPD, Emphysema) - APS

- No tobacco use
 - Hospitalization within the past 6 monthsPP
 - Mild – Moderate, stable, with or without inhalers, with or without daily use of medication..... STD
 - Severe with oral steroid use, or multiple medications, home respiratory therapy, IPPB, or oxygen use..... DEC
 - In combination with circulatory disorders, other respiratory disorders, cardiomyopathy, or congestive heart failure, alcoholism or alcohol abuse DEC
- With tobacco use DEC

▶ **Chronic Pain Syndrome - APS (See LTC Quick Reference Drug List)**

- Within 6 months..... DEC
- Over 6 months
 - Rate for cause..... IC
 - With chronic narcotic use DEC

▶ **Claudication – See Peripheral Vascular Disease**

▶ **Cognitive Disorder DEC**

Colitis (Spastic, or Irritable Bowel) - APS

- * Controlled with diet or medication, no surgery planned or anticipated PREF
- Surgery planned or anticipated..... DEC
- Severe, frequent flares, multiple surgeries, or weight loss..... DEC

Colitis, Ulcerative – See Crohn’s

▶ **Collagen Vascular Disease – APS** RA4/DEC

Colostomy RFC

Confusion DEC

▶ **Congestive Heart Failure - APS**

- One or two episodes, fully recovered, asymptotic, no complications
 - Within 2 years PP
 - Over 2 years STD
- Chronic, controlled with medication (ejection fraction over 50%)..... IC
- Symptomatic, severe, or recurrent DEC
- With any history of heart attack or angina, cardiomyopathy, diabetes, angioplasty or heart surgery, emphysema / COPD, tuberculosis, asthma or chronic bronchitis, alcoholism or alcohol abuse, (or ejection fraction under 50%)..... DEC

▶ **Connective Tissue Disease** (not listed elsewhere)..... DEC

Coronary Artery Disease – APS

- Mild, less than 75% stenosis, one artery, stable, unrestricted activity, With or without medication no physical restrictions or limitations PREF
- Moderate, more than one artery, less than 75% stenosis, no history of multiple heart attacks, atrial fibrillation, congestive heart failure, cardiomyopathy, heart valve disorders, TIA or stroke, diabetes, or continued angina, with unrestricted activity, no physical restrictions or limitations..... STD
- With angioplasty or stent placement, fully recovered, no complications
 - Within 3 months.PP
 - Over 3 months STD
- With bypass surgery, fully recovered, no complications
 - Within 6 month.....PP
 - Over 6 months STD
- Severe, over 75% stenosis, history of multiple heart attacks, or with history of atrial fibrillation, congestive heart failure, cardiomyopathy, heart valve disorders, TIA or stroke, diabetes, continued angina, restricted activity, any physical restrictions or limitations..... DEC
- Surgery planned or anticipated..... DEC

CREST syndrome DEC

Crohn's (Granulomatous or Ulcerative Colitis) - APS

- Controlled, no ongoing steroid use, chemotherapy drugs, or multiple surgeries, or complications (liver disease, malabsorption, megacolon, lung sclerosis, bowel perforations, or current persistent severe diarrhea), no fistula or abscesses

Continued on next page

Unoperated or operated, or colostomy present	
Within 1 year	PP
Over 1 year	STD
With occasional mild flares (no more than two flares per year)	
With in 1 year	DEC
▶ Over 1 year	RA2
With ongoing steroid use, chemotherapy, or with complications (liver disease, malabsorption, megacolon, lung sclerosis, bowel perforations, or current persistent severe diarrhea), without multiple surgeries, fistula or abscesses	DEC
Severe, end stage, frequent flares, multiple surgeries, weight loss	DEC

▶ **Cushing's Syndrome (Cushing's Disease, Pituitary Basophilism, Adrenocortical Hyperfunction, Hyperadrenalism, Hypercorticalism)** DEC

▶ **Cystitis** – See Bladder Disease

D

▶ Deep Vein Thrombosis	
Single event, no ADL limitations, resolved	
Within 6 months	PP
Over 6 months	STD
Recurrent events	
Within 12 months	PP
Over 12 months	STD/RA1

▶ **Defibrillator Implant** - See Pacemaker

▶ **Degenerative Disc Disease** – See Arthritis, Spinal

▶ **Degenerative Joint Disease** – See Arthritis

Dementia DEC

Depression — See Psychiatric Disorders

▶ Diabetes Mellitus – APS	
Non-Insulin Diabetes, Adult onset	
Controlled, no complications or hospitalizations for the treatment of diabetes	
With diet	STD
With 2 or fewer oral medications	STD
With 3 oral medications	RA1/RA2
Combination of stable and controlled hypertension, or stable non-vascular heart disorders	RA3/RA4
With 4 or more oral medications, or uncontrolled	DEC
Any history of diabetic complications, vascular heart disease, transient ischemic attack, stroke, amaurosis fugax, or hospitalizations for the treatment of diabetes, any history of skin complications, peripheral vascular disease, renal disease, neuropathy, claudication, retinopathy, history of unstable or uncontrolled hypertension or unstable non-vascular heart disorders, or any history of insulin use	DEC
Insulin dependent	DEC

Diverticulitis – APS

- * Controlled with diet or medication, no surgery planned or anticipated PREF
 - Colostomy, temporary, no complications
 - Within 1 year PP
 - Over 1 year STD
 - Surgery planned or anticipated DEC

Dizzy Spell - See Syncope

Drug Abuse DEC

E

Emphysema - APS - See Chronic Obstructive Pulmonary Disease

Epilepsy– APS Controlled STD

* **Esophageal Reflux - APS** PREF

F

Fainting – See Syncope

Fatty Liver - See Liver Disorders

► **Fibromyalgia - APS (See LTC Quick Reference Drug List)**

- New onset within 6 months PP
- Over 6 months
- Asymptomatic, treatment free PREF
- Asymptomatic, mild, treated with 1 medications STD
 - Symptomatic, Mild, stable, controlled, with 2 medications, no ADL limitations RA1
 - Moderate, stable, no pulmonary compromise, controlled with anti-inflammatory medication, occasional narcotic use, no limitations with ADLs, RA2
 - Severe, chronic narcotic use, steroid use, associated chronic fatigue syndrome, currently receiving physical or occupational therapy, or ADL limitations DEC

Fibromyositis - APS PREF

Fractures - APS

- Due to trauma- non-weight bearing, with our without internal fixation device complete recovery, no limitations, no history of falls, osteoarthritis, or osteoporosis
 - Within 3 months PP
 - *Over 3 months PREF
- Due to trauma - weight bearing
 - Hip, complete recovery, no limitations with our without hip replacement
 - Within 1year PP
 - Over 1year STD

Continued on next page

▶ Skull, due to trauma, with or without loss of consciousness, fully recovered, no residuals	
Within 1 year	PP
Over 1 year	STD
Vertebra or spine, complete recovery, no residuals or limitations	
Within 1 year	PP
Over 1 year	STD
Other, complete recovery, no limitations, no history of falls, osteoarthritis or osteoporosis	
Within 1 year from last date of treatment	PP
Over 1 year from last date of treatment	PREF
With internal fixation device	STD
Surgery recommended	PP
Multiple Fractures	DEC
Use of narcotics to control pain (See LTC Quick Reference Drug List).....	DEC
Current use of assistive devices (cane, walker, wheelchair, crutches, or other)	DEC
Not traumatic, Pathological fracture or compression fracture	DEC
History of joint replacement	
Within 6 months	PP
Over 6 months	
With full recovery (not receiving physical therapy or occupational therapy)	STD
With physical limitations or receiving physical therapy or occupational therapy	DEC

G

* **Gallbladder Impairments - [APS]**..... PREF

Gastric Bypass – See Obesity Surgery

Gilbert’s Disease - [APS]

 Definite diagnosis established by liver biopsy, within 3 years STD
 After three years, full recovery..... PREF

▶ **Glaucoma**

 *Mild to moderate visual impairment, not progressive, no
 ADL limitations PREF
 Severe, progressive, any ADL limitations DEC
 Resulting in unilateral or bilateral blindness (see Blindness)

Goiter PREF

Gout PREF

Granulomatous Colitis – See Crohn’s

Guillain-Barre Syndrome - [APS]

 Present, or within two yearsPP
 After two years, full recovery, no residuals STD



* Headache - APS	PREF
Heart Attack – See Myocardial Infarction	
Heart Murmur - APS	
Within 3 years of diagnosis, no complications.....	STD
Over 3 years, no complications	PREF
With mild regurgitation, insufficiency, or stenosis	STD
▶ With moderate to severe regurgitation, insufficiency, or stenosis	RA4
With significant complications, or surgery anticipated.....	DEC
Heart Valve Replacement, or Repair - APS	
▶ Within 3 years.....	RA2
Over 3 years, no complications	STD
Hemiblock - APS	STD
Hemiparesis	DEC
Hemiplegia	DEC
▶ Hemochromatosis – APS	
Controlled	
Within 6 months.....	PP
Over 6 months	
Mild, stable, normal blood studies, no organ or joint involvement.....	RA1
Mild, stable, normal blood studies, phlebotomy maintenance, no organ or joint involvement	RA3
With cirrhosis, esophageal or gastrointestinal bleeding, CHF or poorly controlled diabetes, or due to repeated transfusions or alcoholism	DEC
Hemophilia	DEC
Hepatitis - See Liver Disorders	
Hernia	PREF
▶ High cholesterol – See Hypercholesterolemia	
▶ High lipids – See Hypercholesterolemia	
Hip Replacement	
Complete recovery, no limitations	
Within 1year	PP
Over 1year	STD
Hodgkin’s Disease – See Lymphoma, Hodgkin’s	
Hydrocephalus	DEC
▶ Hypercholesterolemia (Hyperlipidemia Hypertriglyceridemia)	
Controlled	PREF
Not controlled.....	IC

► **Hyperlipidemia** – See Hypercholesterolemia

► **Hypertension** - **APS**

Controlled

1 medication or diet, readings up to 140/90, weight preferred..... PREF

2 or fewer medications, readings up to 160/99,
no other complications, no hospitalization within past
24 months for hypertension or cardiovascular disorders,
weight standard or below STD

3 to 5 medications, readings up to 170/100,
No history of diabetes, no other complications, multiple
medications without frequent medication changes, no hospitalization
in past 24 months for hypertension or cardiovascular disorders,
weight standard or below..... RA2-IC

History of diabetes with 3 oral medications (Also see Diabetes)..... RA3/RA4

Uncontrolled, or severe, or over 5 medications, readings over 170/100,
resistance to treatment, poor medical compliance, or frequent
medication changes, weight over standard DEC

Pulmonary Hypertension DEC

* **Hyperthyroidism**- **APS**..... PREF

► **Hypertriglyceridemia** – See Hypercholesterolemia

Hypoglycemia, functional PREF

* **Hypothyroidism**..... PREF

Hysterectomy, no malignancy..... PREF

I

Idiopathic Thrombocytopenia Purpura (ITP) - See Thrombocytopenia Purpura

Ileitis - **APS**..... STD

Incontinence - **APS** - Handle for cause STD/DEC

Irritable Bowel Syndrome – See Colitis

J

Jaundice - **APS** Recovered STD

K

Kidney Dialysis DEC

Kidney Inflammation – See Nephritis

Kidney or Renal Failure - **APS**

Acute, fully recovered, with or without temporary dialysis, no complications
or residuals, no diabetes, kidney function presently normal
Within 12 months PP

Continued on next page

Over 12 months PREF
 Chronic history of diabetes or hypertension, dialysis or kidney transplant
 recommended, indwelling urinary catheter, or creatinine level over 3.0 DEC

Kidney or Renal Insufficiency - [APS]

Acute, fully recovered, with or without temporary dialysis, no complications
 or residuals, no diabetes, kidney function presently normal
 Within 12 months PP
 Over 12 months PREF
 Chronic, no progression, blood creatinine less than 3.0, BUN, & potassium
 stable, creatinine clearance over 60%
 Within 2 years PP
 Over 2 years STD
 Chronic, history of diabetes or hypertension, dialysis or kidney transplant
 recommended, indwelling urinary catheter, or blood creatinine over 3.0,
 or creatinine clearance over 60% DEC

Kidney Stones PREF

Knee Replacement

Within 6 months PP
 Over 6 months
 With full recovery STD



* **Labyrinthitis, controlled** PREF

Leukemia - [APS]

Present, or treatment within two years PP
 ► In remission, after two years RA2

Liver Disorders - [APS]

Cirrhosis DEC
 Enlarged
 Cause known RFC
 ► Cause unknown, no associated signs, liver function tests normal RA4
 After two years, currently normal PREF
 ► Fatty Liver
 Asymptomatic, no treatment, weight in standard or preferred category
 Normal liver function tests, occasional use or no use of alcohol RA1
 Abnormal liver function tests or daily use of alcohol DEC
 Flukes
 Within two years STD
 After two years, no complications PREF
 Hepatitis
 Acute, Type A, within two years STD
 No treatment or recurrence in over two years, full recovery PREF
 Chronic, or Type B, or Type C DEC

Lou Gehrig's Disease – See ALS

Lupus Erythematosus - APS	
Disseminated or Systemic	DEC
▶ Discoid, controlled, firm diagnosis	
Within 6 months	PP
Over 6 months	STD

Lymphoma, Hodgkin's - APS	
Within 2 years	PP
▶ Over 2 years	RA3/DEC

Lymphoma, Non-Hodgkin's - APS	
Within five years	PP
▶ After five years, no further treatment	RA4/DEC

M

Macular Degeneration - APS	
Early or stable, with mild visual impairment, either bilateral or unilateral, completely independent, no ADL impairments	
▶ (up to 50% HCC, P147/P105 not available)	STD
Legally Blind, independent, no ADL impairments	
Within 12 months	PP
Over 12 months	RA4/DEC
Progressive or existing neurological symptoms, or ADL impairment	DEC

Manic Depression - See Psychiatric Disorders

Melanoma - See Cancer

Memory Loss..... DEC

Meniere's Disease- APS	
If controlled, no associated deafness	STD
All others	RA3

Meningitis - APS	
If recovered, after one year, no sequelae	STD
With sequelae	DEC

Mental Retardation - APS	
Mild to moderate, and capable of self-care or self-support	STD
Severe retardation, or not self-supporting, or not capable of self-care	DEC

Mitral Valve Prolapse – See Heart Murmur

Multiple Myeloma DEC

Multiple Sclerosis DEC

Muscular Dystrophy..... DEC

Myasthenia Gravis DEC

Myocardial Infarction - APS

Within six months.....PP
After six months, return to unrestricted activity..... STD



Narcolepsy..... DEC

Nephritis (Kidney Inflammation) – APS

Acute single episode, fully recovered, normal kidney function
 Within 3 monthsPP
 Over 3 months PREF
Chronic or frequent..... RFC
Lupus DEC

► **Nephrectomy**

Unilateral, not due to cancer (includes for donor purposes)
 Within 6 monthsPP
 Over 6 months, no residual impairment, normal blood work..... STD

Neuralgia, Neuritis – APS - (See LTC Quick Reference Drug List)

Alcoholic or Diabetic DEC
Mild or Trigeminal, Toxic, Facial, Tic Douloureux, or non-infectious
 Single occurrence, recovered
 Within 1 year STD
 Over 1 year PREF
Severe or recurrent
 Within 3 years..... RA4
 Over 3 years full recovery STD
 With chronic pain medication DEC
Spinal involvement - See Sciatica
Traumatic
 Within 6 monthsPP
 Over 6 months, full recovery..... PREF

► **Neurogenic Bladder - APS**

Present..... DEC
With recovery, within two years, no complications STD
After two years..... PREF

Neuropathy, Peripheral – APS - (See LTC Quick Reference Drug List)

Mild, sensory only, no motor involvement, no falls, no autoimmune disorder,
no alcoholism, no diabetes, minimal treatment, with no progression or
limitations, EMG negative
 With in 3 years.....PP
 Over 3 years..... STD
Other or requiring chronic pain medication DEC

Neuropathy, Poly-..... DEC

Non-Hodgkin’s Lymphoma – See Lymphoma, Non-Hodgkin’s

O

Obesity - See Height and Weight Chart	
Obesity Surgery (Jejunioileal Shunt, Gastric Bypass Surgery)	DEC
Organic Brain Syndrome	DEC
Organ Transplant	DEC
▶ Osteitis Deformans (Paget's Disease) - APS	RA4
▶ Osteoarthritis – See Arthritis	
Osteomyelitis – APS	
Mild, non-disabling, complete recovery within five years.....	STD
After five years	PREF
Severe or disabling (See LTC Quick Reference Drug List).....	DEC
Osteopenia – See Back Disorders	
Osteoporosis – See Back Disorders	

P

▶ Pacemaker/Defibrillator Implant - APS	
(Also see associated heart disorder)	
Stable, no complications.....	STD/RA1
Pancreatitis - APS	
Acute.....	PREF
Chronic	DEC
Paraparesis	DEC
Paraplegia	DEC
Parkinson's Disease (See LTC Quick Reference Drug List).....	DEC
Peripheral Vascular Disease - APS	
Mild, asymptomatic, stable, no claudication, no skin ulcers, no diabetes or other circulatory disorders, no history of surgery, no surgery anticipated, arterial dopplers favorable, no other complications	STD
Asymptomatic, with history of vascular by-pass or surgery of the lower extremities, no residuals, high activity level, no claudication, arterial dopplers favorable, no other complications	
Within 12 months	PP
▶ Over 12 months	RA2
Symptomatic, hospitalization within the past 12 months for PVD or complications, history of vascular by-pass or surgery of the lower extremities, skin ulcers or skin breakdown, or poor activity level.....	DEC
Phlebitis - APS	
Unoperated, or operated within two years.....	STD
Operated over two years.....	PREF

Poliomyelitis - APS

- * No residuals or mild residuals PREF
- Moderate residuals STD
- Crippling or disabling DEC
- Post-Polio Syndrome, if crippling or disabling, or with ADL impairment DEC

Polycythemia – APS STD/DEC

► **Polymyalgia Rheumatica (PMR) - APS**

- Resolved, full recovery, no residuals, no treatment
 - Within 6 months PP
 - Over 6 months PREF
- Present
 - Controlled with medication
 - Within 12 months PP
 - Over 12 months
 - Asymptomatic, no ADL limitations, no residuals,
5 mg or less prednisone daily RA1
 - Not well controlled, over 5 mg prednisone,

Prostate Enlargement - APS

- Benign, unoperated STD
- * Operated PREF

Prostatitis PREF

Psychiatric Disorders - APS - (See LTC Quick Reference Drug List)

- Anxiety disorder
 - * Mild, reactive, situational, life stresses (occasional medication) PREF
 - Moderate (regular medication) STD
 - Severe DEC
- Depression
 - Mild, reactive, situational, life crisis with or without medication,
full recovery PREF
 - Mild or Moderate, stable with low dose regular medication, with
no history of hospitalization, ER visits, or professional counseling STD
 - Moderate, stable with medication compliance, no suicide ideation,
With history of single hospitalization or ER visit, or professional
counseling
 - Within 2 years PP
 - Over 2 years STD
 - Multiple medications, hospitalizations, ER visits DEC
 - Severe, bipolar, chronic, manic, major, psychotic, dysthymic DEC
 - History of electro-convulsive shock therapy, suicide ideation or attempt,
drug or alcohol abuse DEC
- Post-Traumatic Stress Syndrome
 - Within 12 months PP
 - Over 12 months
 - Stable, no suicide ideation or attempt, controlled with
2-3 medications or fewer, no inpatient hospitalization, with
or without psychiatric counseling RA1

Continued next page

Poor control, over 3 medications, history of hospitalization, drug abuse or alcohol abuse	DEC
Other psychiatric disorders.....	DEC

► **Pulmonary Embolism**

Single occurrence, fully recovered	PREF
Recurrent, full recovery	
Within 1 year	PP
Over 1 year	STD
If associated with other health conditions	IC

R

► Raynaud’s Disease - APS	RA4
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► Reiter’s Syndrome (Reactive Arthritis) - See Arthritis	
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Renal Failure – See Kidney Failure

Renal Insufficiency – See Kidney Insufficiency

Rheumatism - APS

* Mild, single episode within one year.....	PREF
Moderate to severe or recurrent within five years.....	STD

Rheumatoid Arthritis – APS – (See LTC Quick Reference Drug List)

Mild, minimal involvement, no deformities or restrictions, controlled with non-steroid drugs.....	STD
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► Moderate, non-crippling, without general deformities, minimal use of prednisone or methotrexate with no other arthritis medication	RA4
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Severe- history of compression fracture, osteoarthritis or multiple joint replacements, infusion therapy, or use of methotrexate with other arthritis medication	DEC
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S

Sarcoidosis	DEC
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Schizophrenia	DEC
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Sciatica- APS

Unoperated or operated within 5 years.....	STD
Operated over 5 years, full recovery, no residuals or ADL impairments.....	PREF

Scleroderma	DEC
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Seizure Disorder - See Epilepsy

Sjogren’s Syndrome	DEC
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Sleep Apnea - APS

- * Mild, no treatment recommended..... PREF
- Moderate, compliance with C-PAP, no tobacco use (no history of COPD, emphysema, chronic bronchitis, bronchiectasis, or evidence of pulmonary hypertension, obesity, congestive heart failure, left ventricular hypertrophy severe cardiac arrhythmia or narcolepsy)
 - Within 6 monthsPP
 - Over 6 months STD
- Severe, on oxygen or oxygen recommended, tobacco use, or non-compliant with recommend C-PAP use, or with cardiac arrhythmia..... DEC

Spastic Colitis – See Colitis

▶ **Spinal Stenosis** – See Back Disorders

▶ **Stent** - See Angioplasty

Stroke - See Cerebral Vascular Accident

▶ **Syncope (Dizzy Spell, Fainting or Blackout)**

- Single episode
 - Cause known RFC
 - Cause unknown
 - Within 6 monthsPP
 - Over 6 months STD
- Multiple episodes
 - Within 1 yearPP
 - Over 1 year IC

T

▶ **Temporal Arteritis**

- Present or within 2 yearsPP
- Over 2 years, full recovery STD

▶ **Thrombocytopenic Purpura (ITP) - APS**

- Present or on steroid therapy
 - Within 2 years.....PP
 - Over 2 years..... RA4
- Single episode, complete remission, with splenectomy
 - Within 2 years.....PP
 - Over 2 years..... RA3
- Two to five years (no steroid therapy) STD
- After five years PREF

Transient Ischemic Attack - See Cerebrovascular Accident

Transplant..... DEC

Tremors – APS - (See LTC Quick Reference Drug List)

- Essential or benign familial STD
- Progressive DEC
- Assistive device use..... DEC

Tuberculosis - APS

Non-pulmonary.....	STD
Bone, with spinal involvement	DEC
Pulmonary	
▶ Within five years.....	RA3
Five to ten years	STD
Over ten years	PREF

U

Ulcer (Gastric, Duodenal, Jejunal, Stomach) - APS

Present or treated within five years	STD
* Over five years, no treatment or recurrence	PREF
▶ Partial or total gastrectomy, or 75% or more gastric resection, full recovery.....	RA3
Recurrent symptoms, or hemorrhage after two surgical procedures.....	DEC

Ulcerative Colitis – See Crohn’s

Urinary Infection – See Bladder Disease

V

Ventricular Fibrillation - APS..... STD

Ventricular Hypertrophy - APS..... STD

Ventricular Septal Defect - APS

▶ Unoperated, or operated within two years.....	RA4
Operated over two years, recovered, and returned to unrestricted activity	PREF

W

Wolff-Parkinson-White Syndrome - APS

Asymptomatic, not on cardiac medication	PREF
On medication, or with complications.....	STD

Height/Weight Chart Male

Height	Preferred	Standard	Decline
4'10"	100-174	175-222	over 222
4'11"	101-175	176-225	over 225
5'0"	102-178	179-229	over 229
5'1"	104-181	182-235	over 235
5'2"	106-185	186-241	over 241
5'3"	109-190	191-247	over 247
5'4"	112-195	196-254	over 254
5'5"	115-201	202-262	over 262
5'6"	119-207	208-270	over 270
5'7"	122-214	215-278	over 278
5'8"	126-220	221-286	over 286
5'9"	130-226	227-293	over 293
5'10"	134-231	232-300	over 300
5'11"	138-236	237-307	over 307
6'0"	142-242	243-315	over 315
6'1"	147-248	249-323	over 323
6'2"	152-254	255-332	over 332
6'3"	157-261	262-342	over 342
6'4"	162-268	269-352	over 352
6'5"	167-275	276-362	over 362
6'6"	172-282	283-372	over 372
6'7"	177-289	290-382	over 382
6'8"	182-296	297-392	over 392
6'9"	187-304	305-402	over 402
6'10"	192-311	312-413	over 413
6'11"	197-319	320-424	over 424
7'0"	202-327	328-435	over 435

Height/Weight Chart Female

Height	Preferred	Standard	Decline
4'10"	90-148	149-193	over 193
4'11"	91-151	152-197	over 197
5'0"	92-154	155-200	over 200
5'1"	94-157	158-204	over 204
5'2"	97-160	161-207	over 207
5'3"	99-163	164-211	over 211
5'4"	102-166	167-215	over 215
5'5"	105-170	171-220	over 220
5'6"	108-173	174-224	over 224
5'7"	112-177	178-230	over 230
5'8"	115-182	183-236	over 236
5'9"	118-188	189-244	over 244
5'10"	122-194	195-253	over 254
5'11"	125-201	202-262	over 262
6'0"	129-208	209-270	over 271
6'1"	132-215	216-280	over 280
6'2"	136-221	222-288	over 288
6'3"	139-228	229-297	over 297
6'4"	143-234	235-305	over 305
6'5"	146-240	241-312	over 312
6'6"	150-244	245-317	over 317
6'7"	154-250	251-325	over 325

XVI General Product Information

Vista Care Choices Series P145, P146, P147, P148

Any variation from these general underwriting rules necessitated by a particular state regulation will be addressed individually.

- A. The A-LTC-RF application will be the standard form for Vista products. Modes available are Monthly ABW, Quarterly, Semi-annual, and Annual. Premium payment periods are 10-Pay, 20-pay (available for ages 35 and over), and Paid-up-at-65 (only available for ages 35 to 55).

Issue ages: 18 through 84 for all benefit multipliers

- B. These policies are issued on an Individual basis only. However, if LTC or HCC policies are issued to both husband and wife, each of the policies will be eligible for the Spousal discount for that policy (30%). If the client is married and only the husband or only the wife has a policy with us, then the client is eligible for the Married discount (10%). If family members reside in the same household for 2 or more years and if LTC or HCC policies are issued to at least 2 family members, then each of the policies will be eligible for the Family Member Discount (10%).

- C. The premium payment periods 10-pay, 20-pay, and Paid-up-at-65 are not available with the:
1. P147;
 2. Surviving Spouse Waiver of Premium Rider;
 3. Joint Waiver of Premium Rider; or
 4. Guaranteed Purchase Option Rider

If any of these premium payment options are selected, and later dropped, there will be no refund of premium paid.

D. Form P145 Vista NTQ LTC

Benefit Amounts: \$1,500 minimum - \$12,000 maximum, per month in \$100 increments

Elimination Periods: 0, 30, 60, 90, 180, 365

Benefit Multiplier: 2, 3, 4, 5, 8 years, Lifetime

Please review your state guidelines for Benefit Amount limits for all policy kinds

Form P146 Vista TQ LTC

Benefit Amounts: \$1,500 minimum - \$12,000 maximum, per month in \$100 increments

Elimination Periods: 0, 30, 60, 90, 180, 365

Benefit Multiplier: 2, 3, 4, 5, 8 years, Lifetime

Please review your state guidelines for Benefit Amount limits for all policy kinds

Form P147 Vista Home Care

Benefit Amounts: \$900 minimum - \$6,000 maximum, per month, in \$100 increments

Elimination Periods: 0, 15, 30, 60, 90, 180, 365

Benefit Multiplier: 1, 2, 3, 4, 5 years

Please review your state guidelines for Benefit Amount limits for all policy kinds

Form P148 Vista Basic TQ LTC

Benefit amounts: \$900 minimum - \$9,000 maximum per month, in \$100 increments

Elimination Periods: 0, 30, 60, 90, 180, 365

Benefit Multiplier: 1, 2, 3, 4, 5, 8 years, Lifetime

Please review your state guidelines for Benefit Amount limits for all policy kinds

- E. Optional Riders can be added at time of issue only (with the exception of the Spouse Premium Discount, Married Premium Discount, or Family Member Discount Riders). They can not be added to an existing policy after its date of issue. Any request for additional benefits will require a new application and will be underwritten.

P145, P146 Vista Products Optional Riders:

1. Compound Inflation Protection Benefit Rider
2. Compound Inflation Protection Benefit Rider – 2X Maximum
3. Simple Inflation Protection Benefit Rider
4. Guaranteed Purchase Option Benefit Rider
5. Shortened Benefit Non-Forfeiture Rider
6. Surviving Spouse Waiver of Premium Rider
7. Joint Waiver of Premium Rider
8. Full Return of Premium Rider (Not available for ages 71 and older)
9. Return of Premium Rider (Not available for ages 71 and older)
10. Home Cash Benefit Rider
11. Waiver of the Elimination Period for the Home & Community Care Rider (not available with the “0” zero day elimination period)
12. Shared Care Benefit Rider (not available with Lifetime)
13. Spousal Discount Rider
14. Married Discount Rider
15. Family Member Discount Rider

P147 Vista Product Optional Riders:

1. Compound Inflation Protection Benefit Rider
2. Compound Inflation Protection Benefit Rider – 2X Maximum
3. Simple Inflation Protection Benefit Rider
4. Guaranteed Purchase Option Benefit Rider
5. Shortened Benefit Non-Forfeiture Rider
6. Surviving Spouse Waiver of Premium Rider
7. Joint Waiver of Premium Rider
8. Spousal Discount Rider
9. Married Discount Rider
10. Family Member Discount Rider

P148 Vista Product Optional Riders:

1. Daily Home and Community Care Benefit Rider
2. Monthly Home and Community Care Benefit Rider
3. Compound Inflation Protection Benefit Rider
4. Compound Inflation Protection Benefit Rider – 2X Maximum
5. Simple Inflation Protection Benefit Rider
6. Guaranteed Purchase Option Rider
7. Shortened Benefit Non-forfeiture Rider
8. Surviving Spouse Waiver of Premium Rider
9. Joint Waiver of Premium Rider
10. Full Return of Premium Rider (Not available for ages 71 and older)
11. Return of Premium Rider (Not available for ages 71 and older)
12. Shared Care Benefit Rider (not available with Lifetime)

13. Restoration of Benefits Rider (not available with Lifetime)
14. Calendar Day Elimination Period Rider (not available with the “0” zero day elimination period)
15. Spousal Discount Rider
16. Married Discount Rider
17. Family Member Discount Rider

Rider Rules:

1. The Joint Waiver of Premium Rider and the Surviving Spouse Waiver of Premium Rider require both husband and wife have the **same** effective date.
2. The Shared Care Benefit Rider requires both husband and wife have the **same** coverage **and** effective date
3. The Surviving Spouse Waiver of Premium is not to be sold with the Guaranteed Purchase Option Rider.

XVII General Product Information
Vista Care Series P103, P104, P105, P109

Any variation from these general underwriting rules necessitated by a particular state regulation will be addressed individually.

- A. The A-LTC-EZ application will be the standard form the for Vista Care and Vista Care Basic products. Modes available are ABW, Quarterly, Semi-annual, Annual, and 10-Pay. (10-Pay is only available for ages 40 and over.)
- B. Issue ages: 25 through 84 for all finite benefit periods (minimum age 18 in PA)
40 through 84 for Lifetime plans
Minimum age 45 through 84 in NJ for all plans P106, P107, P108
- C. These policies are issued on an Individual basis only. However, if LTC or HCC policies are issued to both husband and wife, each of the policies will be eligible for the appropriate discount for that policy (20%). (CT, NJ, SD do not require both spouses have a policy.)
- D. An insured may carry more than one Long Term Care/Home and Community Care policy, subject to the maximum benefits shown below.
- E. **Form P103 (P106 in NJ) Vista Care LTC ***
Benefit Amounts: \$1500 minimum - \$9000 maximum, per month in \$300 increments
Elimination Periods: 0, 30, 60, 90, 180, 365 (180 not available in CT, GA, KS, SD, VT), (365 not available in CT, GA, FL, KS, SD & VT)
Benefit Periods: 2, 3, 4, 5 years, Lifetime
(Not sold in MA, NY, ND, VA)
- Form P104 (P107 in NJ) Vista Care TQ LTC ***
Benefit Amounts: \$1500 minimum - \$9000 maximum, per month, in \$300 increments
Elimination Periods: 0, 30, 60, 90, 180, 365 (180 not available in CT, GA, KS, SD, VT), (365 not available in CT, GA, FL, KS, SD & VT)
Benefit Periods: 2, 3, 4, 5 years, Lifetime
(Not sold in MA, NY, ND, VA)
- Form P105 (P108 in NJ) Vista Home Care ***
Benefit Amounts: \$900 minimum - \$4500 maximum, per month, in \$300 increments
Elimination Periods: 0, 15, 30, 60, 90, 180, 365 (180 not available in CT, GA, KS, SD, VT)
(365 not available in CT, GA, KS, SD & VT)
Benefit Periods: 1, 2, 3, 4, 5 years (1 year not available on P108)
(Not sold in FL, MA, NY, ND, VA)
- Form P109 Vista Care Basic TQ LTC ***
Benefit amounts: \$30 per day minimum - \$300 per day maximum, in \$10 increments
Elimination Periods: 0, 30, 60, 90, 180, 365 (180 & 365 not available in GA, KS, SD, VT)
Benefit Periods: 2, 3, 4, 5 years, Lifetime
(Not sold in CA, CT, FL, MA, MD, MN, NJ, NY, ND, PA, TX. VA)
(MT available after 7/1/03)

***Please review your state guidelines for Benefit Amount limits for all policy kinds**

- F. When it is necessary to discontinue coverage with another company in order to qualify for one of these policies, the other coverage must be discontinued within 90 days following the issue date of our policy.
- G. Optional Riders can be added at time of issue only (with the exception of the Spouse Discount Rider.) They can not be added to an existing policy after its date of issue. Any request for additional benefits will require a new application and will be underwritten.

P103, P104, P105 Vista Care Products Optional Riders:

1. Inflation Protection Riders
2. Spousal Discount Rider
3. Shortened Benefit Non-forfeiture Rider
4. Security Rider
5. Joint Waiver of Premium Rider (not available on P105, P106, P107, P108)
6. Surviving Spouse Waiver of Premium Rider (not available on P105, P106, P107, P108)

P109 Vista Care Basic Product Optional Riders:

1. 50% Home and Community Care Benefit
2. 75% Home and Community Care Benefit
3. 100% Home and Community Care Benefit Rider (not available on plans with more than 120 per day benefits with the Compound Inflation Protection Benefit Rider)
4. Compound Inflation Protection Benefit Rider
5. Inflation Protection Benefit Option Rider
6. Simple Inflation Protection Benefit Rider
7. Shortened Benefit Non-forfeiture Rider
8. Surviving Spouse Waiver of Premium Rider
9. Joint Waiver of Premium Rider
10. Spousal Discount Rider

Rider Rules:

1. The 10-pay option is not available with the a) P105, b) Surviving Spouse Waiver of Premium Rider, c) Joint Waiver of Premium Rider, and d) Elective Inflation Protection Rider. If this option is selected, and the mode is changed after issue, there will be no refund of modal premium. (10-pay is not available in KS, MO, NJ, PA, TX, WA)
2. The Joint Waiver of Premium Rider and the Surviving Spouse Waiver of Premium Rider require both husband and wife have the **same** coverage and effective date.
3. The Surviving Spouse Waiver of Premium Rider and Joint Waiver of Premium Rider are not to be sold with the Elective Inflation Protection Riders and Shortened Benefit Non-forfeiture Riders.
4. We will allow the Lifetime benefit period option to be sold to applicants under age 40 if they are a part of a franchise group. (Not allowed in NJ)

