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Long-Term Care Underwriting Guide

- VISTA Care Choices (P145, P146, P147, P148)
- VISTA Care (P103, P104, P105, P109)

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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 – 59**, 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 of **60 – 64** a Long Term Care Assessment telephone interview is required. Also an APS will be ordered if the PI has had a physical exam within the last 3 years or the condition shown is not a * condition.
3. ► If the applicant is between the ages of **65 – 69**, an APS is automatically required along with the Long Term Care Assessment Telephone Interview.
4. If the applicant is between the ages **70 – 84**, both an APS and an on-site F2F interview are required.
5. 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

Age	LTC Assessment	APS	F2F Interview	Paramedical Exam
▶ 18-59	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		
▶ 60-64	Required	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

Age	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 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 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 1-2: RA1 (125%), 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 3-4: RA3 (175%), 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 RA3 & RA4 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

- ▶ Any other changes at the underwriter's discretion

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

► * Benefits NOT available with SUB rating or counter offers:

Lifetime Benefit Period

Joint Waiver of Premium Rider

Surviving Spouse Waiver of Premium Rider

Any other changes at the underwriter's discretion

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:

IF THE APPLICANT IS ON CLAIM, NO CHANGES MAY BE MADE TO THE POLICY COVERAGE.

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.

1. 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. Usually, 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, unoperated
Diabetes on insulin, with complications, or with history of cardiovascular or cerebrovascular disease
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 cane (includes one-prong), 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, controlled
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	► Oxycodone	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	► Hydrocodone	Chronic Pain Mgmt	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	Exelon	Alzheimer's	Morphine	Chronic Pain Mgmt
Antabuse	Alcoholism	► Geodon	Psychosis	Naltrexone	Alcoholism
Aricept	Alzheimer's	Hydergine	Alzheimer's	OxyContin	Chronic Pain Mgmt
Artane	Parkinson's	Hydrea	Alzheimer's	Remicade	Rheumatoid Arthritis
AZT	HIV/Aids	Interferon	Cancer	Reminyl	Alzheimer's
Cogentin	Parkinson's	Larodopa	Various	Risperdal	Psychosis
Cognex	Alzheimer's	Levodopa	Parkinson's	Rivastigmine	Alzheimer's
Combivir	HIV/Aids	Leukeran	Parkinson's	Ropinerole	Parkinson's
Cyclosporine	Cancer	Kineret	Cancer	► Seroquel	Psychosis
Cytosan	Cancer	Lupron	Rheumatoid Arthritis	Sinemet	Parkinson's
Donepezil	Alzheimer's	Mestinon	Cancer	► Thorazine	Psychosis
Dronabinol	Cancer	Megestrol	Myasthenia Gravis	Tacrine	Alzheimer's

LC003-0105

► Indicates a revision has been made

Enbrel

Rheumatoid Arthritis

Mirapex

Parkinson's

Zyprexa

Psychosis

LC003-0105

► Indicates a revision has been made

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 proposal (changes to the original proposal) based on information obtained during the underwriting evaluation. When a RA3 or RA4, or SUB (substandard) rating is part of the counter offer certain restrictions apply (Please see pages 6 and 7).
- ▶ **On Witnessed applications only - Ages 59 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 months	PP
* 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 yearsPP
 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

▶ **Amaurosis Fugax**
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 yearsPP
 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, Hypochromic, Hyperproliferative, Normocytic, Thalessemia Major, stable. STD
▶ Hemolytic... RFC
Hypoplastic, Mediterranean, Paroxysmal Nocturnal Hemoglobinuria, Severe, or with complications..... DEC
▶ Iron Deficiency, Hyperchromic Macrocytic, Hypochromic Megaloblastic, Pernicious, Thalessemia Minor, corrected
 Cause known RFC
 Cause unknown
 Within 3 monthsPP
 Over 3 months, stable PREF
 Not Corrected RFC
Sickle Cell..... DEC
Sickle Cell Trait
 Definitive diagnosis, no history of complications PREF

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**

Controlled, unrestricted activity STD

With cardiovascular risk factors (hypertension, CAD, CHF) or
cerebrovascular risk factors (prior stroke, circulatory disorders)..... IC

Uncontrolled DEC

Due to atrial fibrillation – See Atrial Fibrillation

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

Continued next page

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
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

B

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, progressive, or disabling..... DEC

▶ Lordosis

 Mild, non-disabling..... STD

 Severe, progressive, or disabling..... DEC

* 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..... PREF/STD

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

 ▶ Severe (T-score –3.5 or worse), 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

 Sciatica

 Unoperated or operated within 5 years..... STD

 Operated over 5 years, full recovery, no residuals or ADL impairments..... PREF

▶ Scoliosis

 Slight curvature, no complications or symptoms, non-progressive..... PREF

 Moderate, no complications or symptoms, non-progressive..... STD

 Severe, progressive or with respiratory complications..... 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..... PREF

 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

Continued next page

With history of laminectomy, disectomy or spinal fusion excellent response,
 No residuals, or complications
 Within 1 yearPP
 Over 1 year STD
 With residuals, problems with ADLs, or neurological deficits, multiple
 steroid injections or multiple epidural injections DEC
 ► Severe, or 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 PREF

* **Benign Prostatic Hypertrophy** – **APS** PREF/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

► **Brain Tumor**

Present DEC
 Benign (definitive diagnosis)
 Operated, no functional residuals, complete recovery
 Within 2 yearsPP
 Over 2 years STD
 With residuals or with shunt DEC
 Cancer (see Cancer, Internal)
 Acoustic Neuroma, no functional residuals
 Unoperated or operated within 2 yearsPP
 Operated over 2 years, complete recovery STD
 With residuals or with shunt DEC

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 us.....	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 – See Coronary Artery Disease**

**Cancer - APS**

Breast

Within 3 years from last treatment	PP
Over 3 years from last treatment	STD
► With lymph node involvement, no recurrence, adequate follow-up	
Within 10 years.....	DEC
Over 10 years.....	STD
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

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, or Testes, no metastasis

Within 4 years from last treatment	PP
Over 4 years from last treatment	STD
With recurrence or metastasis	DEC

Continued next page

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► Kidney	
Stage I or II, with nephrectomy (not radical), renal function within normal limits	
Within 4 years.....	PP
Over 4 years.....	STD
Stage III, IV or with radical nephrectomy.....	DEC
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	
► Prostate	
Stage A or B, no metastasis, surgically removed, treated with radiation, current PSA's < 0.5	
Within 1 year from last date of treatment.....	PP
Over 1 year from date of last treatment.....	STD
Stage C, no metastasis, surgically removed, stable current PSA's < 0.1	
Within 2 years from last treatment.....	PP
Over 2 years from last treatment.....	STD
Stage D.....	DEC
No surgery, stable, seed implant, current PSA's < 0.5	
Within 1 year from last date of treatment.....	PP
Over 1 year from date of last treatment.....	STD
Over age 70, no surgery, receiving hormone therapy, initial Gleason score < VI, current PSA's < 0.5.....	RA1
With recurrence or metastasis.....	DEC

Continued next page

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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
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

► **Cardiomyopathy – APS**

No congestive heart failure, pulmonary hypertension, arrhythmia, diabetes, no tobacco use, ejection fraction over 50%, no complications	
Hypertrophic, Subaortic Hypertrophic Stenosis	
Within 1 year	PP
Over 1 year	RA1
Dilated, Idiopathic	
Within 3 years.....	PP
Over 3 years, stable	RA3
Alcoholic	DEC
Ischemic, Restrictive or other.....	IC
With congestive heart failure, prior history of stroke or TIA, 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 cardiovascular risk factors (hypertension, CAD, CHF) or continued tobacco use.....	IC
► With history of TIA or stroke, diabetes, or valvular heart disease.....	DEC

Cataract..... PREF

Cerebral Palsy..... DEC

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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 history of atrial fibrillation (Minimum 180 day
elimination, up to 5 years maximum benefit period)..... RA4

With diabetes, or history of congestive heart failure, cardiomyopathy,
heart valve disorders, other residuals 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 PUF
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, prior stroke or TIA,
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 PUF
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
► With history of atrial fibrillation, congestive heart failure,
cardiomyopathy, heart valve disorders, TIA or stroke RA4
Severe, over 75% stenosis, history of multiple heart attacks,
diabetes, continued angina, restricted activity, any physical
restrictions or limitations DEC
Surgery planned or anticipated DEC

CREST syndrome DEC

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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	
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
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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
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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

Continued next page

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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/Addiction– APS**

Full recovery, no organ damage, no relapses, no other substance abuse or history of alcoholism
 Within 10 years PP
 Over 10 years STD
 Illicit drugs, any organ damage, or relapses
 other substance abuse, alcoholism DEC

E

Emphysema - APS - See Chronic Obstructive Pulmonary Disease

Epilepsy– APS Controlled STD

* **Esophageal Reflux - APS** PREF

F

Fainting – See Syncope

▶ **Falls– APS**

Single episode RFC
 Multiple episodes, with or without injuries IC/DEC

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 medication STD

Continued next page

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 RA3
- 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 1 year PP
 - Over 1 year STD
 - 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



* **Gallbladder Impairments - APS** PREF

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Gastric Bypass – See Obesity Surgery

▶ **Giant Cell Arteritis** DEC

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 years PP
After two years, full recovery, no residuals STD

H

* **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 cardiovascular risk factors (hypertension, CAD, CHF) or
cerebrovascular risk factors (prior stroke, circulatory disorders) IC
With significant complications, or surgery anticipated DEC

▶ **Heart Stent** – See Coronary artery disease

▶ **Heart Valve Disorders** – See Heart Murmur

Heart Valve Replacement, or Repair - [APS]

Within 3 years RA2
Over 3 years, no complications STD

Hemiblock - [APS] STD

Hemiparesis DEC

Hemiplegia DEC

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Hemochromatosis – APS

Controlled

Within 6 monthsPP

Over 6 months

▶ Mild, stable, normal blood studies, no organ or joint involvement, with/without phlebotomy treatment STD

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 1 yearPP

Over 1 year STD

Hodgkin’s Disease – See Lymphoma, Hodgkin’s

Hydrocephalus DEC

Hypercholesterolemia (Hyperlipidemia Hypertriglyceridemia)

* Controlled PREF

Not controlled IC

Hyperlipidemia – See Hypercholesterolemia

▶ **Hypertension - APS**

Note: For pills that have combination of medications, each medication is counted. For example Prinzide is an ACE inhibitor and thiazide diuretic combination used to treat high blood pressure. This would count as 2 medications.

Controlled (readings up to 140/90 to no higher than 170/100)

1 medication or diet, or 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, or readings no higher than 170/100, no history of diabetes with more than 2 oral medications, 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
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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
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

► Kidney Transplant	DEC
Knee Replacement	
Within 6 months	PP
Over 6 months	
With full recovery.....	STD

L

* Labyrinthitis, controlled	PREF
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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

► Transplant	DEC
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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

N

Narcolepsy..... DEC

Nephritis (Kidney Inflammation) – APS

Acute single episode, fully recovered, normal kidney function	
Within 3 months	PP
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 monthsPP

 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** (See LTC Quick Reference Drug List)

Resolved, full recovery, no residuals, no treatment

 Within 6 monthsPP

 Over 6 months..... PREF

Continued next page

Present

Controlled with medication

Within 12 monthsPP

▶ Over 12 months

Asymptomatic, no ADL limitations, no residuals,
10 mg or less prednisone daily RA1

▶ Not well controlled, over 10 mg prednisone, any ADL
limitations, or chronic narcotic use for pain DEC

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 STD

Moderate, stable with medication compliance, no suicide ideation,
With history of single hospitalization or ER visit
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 STD/RA1

Poor control, over 3 medications, history of hospitalization, or
drug abuse or alcohol abuse DEC

▶ Suicide ideation or attempt 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 or Raynaud’s Phenomenon - [APS]** IC

Reiter’s Syndrome (Reactive Arthritis) - See Arthritis

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

Moderate, non-crippling, without general deformities, minimal use of prednisone or methotrexate with no other arthritis medication RA4

Severe- history of compression fracture, osteoarthritis or multiple joint replacements, infusion therapy, or use of methotrexate with other arthritis medication DEC

S

Sarcoidosis..... DEC

Schizophrenia..... DEC

Sciatica – See Back Disorders

Scleroderma DEC

Seizure Disorder - See Epilepsy

Sjogren’s Syndrome DEC

Sleep Apnea - [APS]

- * Mild, no treatment recommended..... PREF

- Moderate, compliance with C-PAP or Bi-PAP, (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 monthsSTD/RA1

- Severe, on oxygen or oxygen recommended, non-compliant with recommend C-PAP or Bi-PAP use, or with cardiac arrhythmia DEC

Spastic Colitis – See Colitis

Spinal Stenosis – See Back Disorders

Stent - See Angioplasty

Stroke - See Cerebral Vascular Accident

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Syncope (Dizzy Spell, Fainting or Blackout)

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

T

► **Temporal Arteritis**

Present or within 1 years	PP
Over 1 years, full recovery	STD
With aortic insufficiency or if Giant Cell Arteritis	DEC

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 (organ)..... DEC

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

Essential or benign familial (firm diagnosis)	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

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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 the 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

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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.

Please review your state guidelines for limits for all policy kinds

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 is not to be sold with the Guaranteed Purchase Option Rider. Also this 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** 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)

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