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# Long Term Care Underwriting Guide

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- Vista Care Choices
- & Vista Care



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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 has 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
<b>18-59</b>	Required if <b>NO</b> 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		
<b>60-64</b>	Required	If Physical Exam within the last 3 years or APS'able Condition is not a * Condition		
<b>60-69</b>	Required	Required		
<b>70-84</b>		Required	Required	

### Underwriting Requirement - Non-Witnessed Applications

Age	LTC Assessment	APS	F2F Interview	Paramedical Exam
<b>18-49</b>	Required with APS or Paramed	APS'able Condition or if Physical Exam within the last 3 years		If <b>NO</b> APS'able Condition or <b>NO</b> Physical Exam within 3 years
<b>50-59</b>	Required	Required		
<b>60-84</b>		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 1<sup>ST</sup> 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)

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

### 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>
<b>Abacavir</b>	HIV/Aids	<b>Exelon</b>	Alzheimer's	<b>Morphine</b>	Chronic Pain Mgmt
<b>Antabuse</b>	Alcoholism	<b>Geodon</b>	Psychosis	<b>Naltrexone</b>	Alcoholism
<b>Aricept</b>	Alzheimer's	<b>Hydergine</b>	Alzheimer's	<b>OxyContin</b>	Chronic Pain Mgmt
<b>Artane</b>	Parkinson's	<b>Hydrea</b>	Alzheimer's	<b>Remicade</b>	Rheumatoid Arthritis
<b>AZT</b>	HIV/Aids	<b>Interferon</b>	Cancer	<b>Reminyl</b>	Alzheimer's
<b>Cogentin</b>	Parkinson's	<b>Larodopa</b>	Various	<b>Risperdal</b>	Psychosis
<b>Cognex</b>	Alzheimer's	<b>Levodopa</b>	Parkinson's	<b>Rivastigmine</b>	Alzheimer's
<b>Combivir</b>	HIV/Aids	<b>Leukeran</b>	Parkinson's	<b>Ropinerole</b>	Parkinson's Psychosis
<b>Cyclosporine</b>	Cancer	<b>Kineret</b>	Cancer	<b>Seroquel</b>	
<b>Cytoxan</b>	Cancer	<b>Lupron</b>	Rheumatoid Arthritis	<b>Sinemet</b>	Parkinson's Psychosis
<b>Donepezil</b>	Alzheimer's	<b>Mestinon</b>	Cancer	<b>Thorazine</b>	
<b>Dronabinol</b>	Cancer	<b>Megestrol</b>	Myasthenia Gravis	<b>Tacrine</b>	Alzheimer's

**Enbrel**

Rheumatoid Arthritis

**Mirapex**

Parkinson's

**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.**

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

**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 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

.....**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 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, 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 months .....PP  
            Over 3 months, stable ..... PREF  
    Not Corrected ..... RFC  
Sickle Cell ..... DEC  
Sickle Cell Trait  
    Definitive diagnosis, no history of complications ..... PREF  
    Otherwise ..... DEC

**Aneurysm - APS**

Abdominal Aortic

Operated

Within 1 year .....PP

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

Unoperated

Within 2 years .....PP

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 year .....PP

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 months .....PP

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, diskectomy 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  
 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 years ..... PP  
     Over 2 years ..... STD  
     With residuals or with shunt ..... DEC

Cancer (see Cancer, Internal)

Acoustic Neuroma, no functional residuals

Unoperated or operated within 2 years ..... PP  
 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**

**C**

**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 .....

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

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

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

**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 months .....PP

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

<b>Cognitive Disorder</b> .....	DEC
<b>Colitis (Spastic, or Irritable Bowel) - APS</b>	
* 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
<b>Colitis, Ulcerative</b> – See Crohn’s	
<b>Collagen Vascular Disease</b> – <b>APS</b> .....	RA4/DEC
<b>Colostomy</b> .....	RFC
<b>Confusion</b> .....	DEC
▶ <b>Congestive Heart Failure - APS</b>	
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
<b>Connective Tissue Disease</b> (not listed elsewhere).....	DEC
<b>Coronary Artery Disease</b> – <b>APS</b>	
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
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
<b>CREST syndrome</b> .....	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

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

Continued next page

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 medications ..... 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

**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 ..... PUF

**Glaucoma**

\*Mild to moderate visual impairment, not progressive, no

ADL limitations ..... PUF

Severe, progressive, any ADL limitations ..... DEC

Resulting in unilateral or bilateral blindness (see Blindness)

**Goiter** ..... PUF

**Gout** ..... PUF

**Granulomatous Colitis** – See Crohn's

**Guillain-Barre Syndrome** - **APS**

Present, or within two years ..... PP

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



\* **Headache** - **APS** ..... PUF

**Heart Attack** – See Myocardial Infarction

**Heart Murmur** - **APS**

Within 3 years of diagnosis, no complications ..... STD

Over 3 years, no complications ..... PUF

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

**Hemochromatosis – APS**

Controlled

Within 6 months.....PP

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 year .....PP

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

**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



\* **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  
Transplant ..... 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

**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 months .....PP
  - 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 months .....PP
  - 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** (See LTC Quick Reference Drug List)

Resolved, full recovery, no residuals, no treatment

    Within 6 months .....PP

    Over 6 months..... PREF

Continued next page

Present

- Controlled with medication
  - Within 12 months .....PP
  - 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..... PUF
- 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..... PUF

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 months ..... PP

Over 6 months ..... STD/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**

**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

**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

<b>Height</b>	<b>Preferred</b>	<b>Standard</b>	<b>Decline</b>
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

<b>Height</b>	<b>Preferred</b>	<b>Standard</b>	<b>Decline</b>
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.

**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)