The Prudential Insurance Company of America

Long-Term Care Insurance

Field Underwriting Manual July 2009

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Introduction to Underwriting

The purpose of this manual is to assist you in evaluating the potential impact on underwriting of diagnoses and conditions which you may encounter as you assist an Applicant in completing an application for Long-Term Care (LTC) Insurance. Your role as a field underwriter is to conduct an informed dialogue with your client and record all information so that the underwriting department can make an appropriate decision.

This manual is by no means intended to be all-inclusive. If you encounter a condition or situation that is not addressed in the manual, please call prior to writing the application:

LTC Underwriting Hotline (800) 800-8542, prompt #3 9:00 a.m. – 6:00 p.m. EST

The impairments in the Medical Conditions Guidelines are presented as single diagnoses or conditions followed by the Stability Indicator (Minimum Stability/ Calendar Day Elimination Period), presented in months. Complicating factors or multiple diagnoses should be considered as they may necessitate lengthening the Stability Period or may be Uninsurable.

Qualifying the Applicant Prior to Appointment

Your evaluation of a client's ability to meet the company's criteria for insurability is an important part of the underwriting process. Qualifying for health during the initial phone contact is key in helping conserve valuable time and expense. The following general questions are suggested for an overview of the client's health.

Based on the responses, additional information should be obtained as appropriate. A review of the Uninsurable Medical Conditions and Uninsurable Situations should be made to determine that none apply to the client.

In general, how has your health been?

Do you take any prescription medication?

Do you have any history of heart, lung, or circulatory problems?

Do you have any history of cancer, diabetes, stroke, Parkinson's disease, or other significant medical conditions?

Do you require any assistance with daily activities?

Have you been hospitalized, been confined to a nursing home, or needed home health care in the past 5 years?

Have you undergone any surgery recently, or is any surgery planned for the near future?

When was the last time you saw your physician?

If your CLIENT HAS NOT MET THE STABILITY INDICATOR (the minimum length of time that is required from completion of any/all treatment for a condition, or to get it successfully controlled if chronic, to the time an application can be submitted) for a given condition listed in the Medical Conditions Guide, **DO NOT WRITE AN APPLICATION.**

If your client has one of the UNINSURABLE CONDITIONS OR UNINSURABLE SITUATIONS, DO NOT WRITE AN APPLICATION.

Unique Factors in Long-Term Care Underwriting

The underwriting of long-term care insurance differs from the underwriting of other products (such as life insurance) in that one must consider many things for which another type of insurance might not seem important. A few of these unique factors are listed below.

- Cognitive status
- Functional capacity
- The ability to perform the Activities of Daily Living (ADLs) (e.g., dressing, transferring)
- The ability to perform the Instrumental Activities of Daily Living (IADLs) (e.g., shopping, meal preparation)
- Medical histories that may result in a loss of independence or need for care (e.g., osteoporosis, falls, and fractures)
- Multiple medical problems (comorbids) which, in combination, are more significant than each problem alone (e.g., diabetes is a comorbid of heart disease)
- Multiple medications which may have adverse or cumulative effects
- Treatment modalities (e.g., current physical therapy)
- Chronological age vs. physiological age—There may be a significant difference between the Applicant's chronological age and physiological age (e.g., the Applicant may appear much younger or older than his/her actual age)
- Frailty—Serious disabilities can result from relatively minor accidents and illnesses

Factors that play an important role in maintaining an Applicant's personal independence are:

- Working, either full or part-time
- A spouse in good health
- Family or friend(s) living in the household
- Participating in hobbies and outside activities
- The current ability to drive
- The ability to travel and visit independently



Applicant Independence Factors

In addition to evaluating the Applicant's medical conditions according to the Stability Indicators in the Medical Conditions Guidelines, it is also important to evaluate his/her functionality and cognitive status to be certain he/she is fully independent. The following Independence Factors should assist you with that process:

The Applicant should not have any functional limits, meaning he/she is independent in all Instrumental Activities of Daily Living and Activities of Daily Living. Applicant should not need assistance from another person or any supervision or prompting to perform the following tasks:

IADLsADLsUsing the TelephoneBathingManaging FinancesDressing

Taking Transportation Transferring out of Bed/Chair

Shopping Control of Bowel/Bladder (Continence)

Laundry Using the Toilet

Housework Eating

Taking All Medications
Preparing Meals/Cooking

The Applicant should be cognitively intact without any evidence of cognitive impairment, including Alzheimer's Disease, dementia, or other problems that interfere with the ability to think clearly and care for oneself independently. Applicants requiring prompting or cuing to perform IADLs or ADLs are not considered cognitively intact.

The Applicant should be able to walk around, both inside and outside, without physical or supervisory assistance of another person. The Applicant should not wander or get lost.

Because of the concern that any surgery might leave a person dependent for a period of time post-operatively, there should be no surgery or diagnostic testing that is planned or has been recommended for the Applicant. If there is any surgery pending, postpone taking the application for at least three months after recovery from surgery. If diagnostic testing is planned, postpone taking the application until testing is completed and the diagnosis is made.

Prudential's Underwriting Medical Requirements

Primary Underwriting Requirements*

| Age | Face-to-Face Interview | APS (Attending Physicians Statement) | Phone Health Interview |
|-------------------------------|---------------------------|--------------------------------------|---------------------------|
| 55 – 59 | NO | NO | YES |
| 60 – 71 | NO | YES | YES |
| 72+ | YES | YES | NO |
| Unlimited Lifetime Benefit | NO | YES | YES |

Lifetime Benefit or Any Cash Benefit

Florida Residents

| Age | Face-to-Face Interview | APS (Attending Physicians Statement) | Phone Health Interview |
|-----------|---------------------------|--------------------------------------|---------------------------|
| 51 – 54 | NO | YES | NO |
| 55 – 71 | NO | YES | YES |
| 72+ | YES | YES | NO |
| Unlimited | NO | YES | YES |

Lifetime Benefit or Any Cash Benefit

California Residents

| Age | Face-to-Face Interview | APS (Attending Physicians Statement) | Phone Health Interview |
|---|---------------------------|--------------------------------------|---------------------------|
| 50 and under All health questions answered "No" | NO | NO | YES |
| 50 and under Any health question answered "Yes" | NO | YES | NO |
| 51 – 54 | NO | YES | NO |
| 55 – 71 | NO | YES | YES |
| 72+ | YES | YES | NO |
| Cash Benefit | NO | YES | YES |

^{*}The three tables shown represent the requirements ordered routinely for Applicants. The underwriter may, at his/her discretion, order additional requirements as needed.

Prudential's issue ages are 18 to 79; however, to be eligible to apply, ALL APPLICANTS AGES 72 AND OLDER MUST HAVE BEEN SEEN BY A PHYSICIAN IN THE PAST TWO YEARS. If older Applicant has not seen a physician within two years, do not take the application. Once the Applicant has had a complete examination (at his/her own expense) by a physician, an application can be taken (except in Missouri). Applicants ages <72 who have not seen a physician in the past two years will be subject to either a phone health interview or a face-to-face interview.

Medical Requirements and Interview Process

Attending Physician's Statement (APS)

Prudential obtains pertinent medical records for all Applicants aged 60 and older. For Applicants aged 59 and younger, medical records will be ordered at the underwriter's discretion. Experience has shown that medical records provide the best evidence of an Applicant's state of health.

- An APS is required from the Primary Care Physician (PCP) if seen within the last two years.
- If there is more than one PCP, an APS may be ordered from each.
- An APS may also be requested from any specialist seen in the past two years for a significant medical condition (e.g., cardiac, diabetes, pulmonary, cancer, etc.).
- The underwriter will obtain the PCP records; however, based upon review of the medical history as obtained in the application, the underwriter may, at his or her discretion, opt to obtain another physician's records rather than the PCP.
- APSs are not generally required for dentists, optometrists, chiropractors, ophthalmologists, dermatologists, podiatrists, or allergists.

Phone Health Interview

- Call generally takes approximately 20 25 minutes and the Applicant will be asked to complete memory exercises
- Call will be conducted by a licensed health care professional
- Physician Information: name, address, and telephone number of the primary care physician(s) that Applicant has seen in the past 5 years
- Hospital Information: name, address, and telephone number of any hospital or health-related facility that Applicant has stayed in within the past 5 years
- Medications: name, dosage, and reason for any prescribed medications. An easy step is to have the Applicant place the containers within reach

Face-To-Face Interview

- Interview will be conducted by a licensed health care professional
- Applicant will be asked to complete memory exercises
- Applicant can choose convenient time for interview
- Interview conducted in Applicant's home, unless special arrangements have been agreed upon by the Prudential Underwriter
- Physician Information: name, address and telephone number of the primary care physician(s) that Applicant has seen in past 5 years
- Hospital Information: name, address and telephone number of any hospital or health-related facility that Applicant has stayed in within the past 5 years
- Medications: name, dosage and reason for any prescribed medications. An easy step is to have the Applicant place the containers within reach

Applications Not Personally Witnessed by Agent

Additional tools are more likely to be required for applications not witnessed by agent and/or taken by mail. If 65 or older, or applying for cash benefit, or where benefits exceed 5 years or \$300,000, a face-to-face interview will automatically be requested.

Rating/Classifications Categories

Prudential offers four underwriting rating/classification categories: Preferred, Standard I, Standard II, and Standard III.

Preferred Rate Class:

Good habits and good lifestyles should be rewarded. Prudential wants your client to receive that reward in the form of a special 15% Preferred Rating Class Discount available to those whose physical and health profiles are better than average.

Client Must Answer "Yes" to all of the Following Questions:

- Is the Applicant within the weight and height guidelines?
- Is the Applicant's blood pressure controlled to 140/90 or better as an average?
- Has the Applicant refrained from smoking or using tobacco products within the past 36 months (3 years)?
- Does the Applicant maintain a high level of activity outside the home? (This may include but is not limited to full- or part-time employment, regular exercise, regular social activities, or volunteer activities.)

Client Must Answer "No" to all of the Following Questions:

- Does the Applicant have a prior history of:
 - > Any Cardiac condition requiring medication
 - > Diabetes
 - > Leukemia
 - > Memory Loss
 - > Rheumatoid Arthritis
 - > Congestive Heart Failure
 - > Hodgkin's Disease
 - > Lymphoma
 - > Osteoporosis
 - > TIA (Transient Ischemic Attack)

- > Cancer (except skin cancer other than melanoma)
- > Joint Replacement
- > Chronic Pulmonary Disease (any respiratory condition that requires regular medication)
- > Circulatory Disease (Carotid Artery Disease, Coronary Artery Disease, or Peripheral Vascular Disease)
- > Any chronic condition that is progressing in severity with age
- > Comorbids or combination of conditions will be individually considered

Although applicants taking multiple medications will generally not qualify for the Preferred discount, if an applicant is otherwise in excellent health and falls *well within* the Preferred weight guidelines (not overweight or underweight according to established BMI guidelines), we will consider for the Preferred discount if medications are being taken for conditions such as high blood pressure, high cholesterol, or thyroid, assuming these conditions have been stable for 12 months and are under excellent control, without requiring medication adjustments.

All answers to the above questions must be as noted for discount consideration.

Preferred Rating Class Weight And Height Guidelines

There are separate height/weight charts for men and women. Both are shown below. Obesity can introduce problems when treating other conditions such as functional or mobility deficiencies, diabetes, cardiac insufficiencies, etc. Any Applicant possessing a functional or physical impairment complicated with the build configuration listed below is considered a high risk. This applies to overweight as well as underweight.

| Height Female | Minimum Preferred | Maximum Preferred | | Height Male | Minimum Preferred | Maximum Preferred |
|------------------|----------------------|----------------------|---|----------------|----------------------|----------------------|
| 4'11" | 92 | 156 | _ | 4'11" | 92 | 168 |
| 5'0" | 95 | 162 | | 5'0" | 95 | 174 |
| 5'1" | 98 | 167 | | 5'1" | 98 | 181 |
| 5'2" | 101 | 173 | | 5'2" | 101 | 187 |
| 5'3" | 105 | 178 | | 5'3" | 105 | 193 |
| 5'4" | 108 | 184 | | 5'4" | 108 | 199 |
| 5'5" | 111 | 190 | | 5'5" | 111 | 205 |
| 5'6" | 115 | 196 | | 5'6" | 115 | 211 |
| 5'7" | 118 | 203 | | 5'7" | 118 | 217 |
| 5'8" | 122 | 209 | | 5'8" | 122 | 224 |
| 5'9" | 125 | 215 | | 5'9" | 125 | 231 |
| 5'10" | 129 | 221 | | 5'10" | 129 | 238 |
| 5'11" | 133 | 227 | | 5'11" | 133 | 244 |
| 6'0" | 137 | 233 | | 6'0" | 137 | 251 |
| 6'1" | 140 | 240 | | 6'1" | 140 | 259 |
| 6'2" | 144 | 246 | | 6'2" | 144 | 266 |
| 6'3" | 148 | 254 | | 6'3" | 148 | 273 |
| 6'4" | 152 | 260 | | 6'4" | 152 | 281 |
| 6'5" | 156 | 265 | | 6'5" | 156 | 287 |
| 6'6" | 160 | 270 | | 6'6" | 160 | 293 |
| 6'7" | 164 | 275 | | 6'7" | 164 | 300 |
| | | | | | | |

In order to be eligible for coverage, those applicants whose weight is near the lower end of the weight chart must exhibit at least one year of weight stability, and the low weight cannot be due to lack of nourishment or due to any disease process. Those applicants near the upper end of the Preferred weight chart with other condition(s) such as hypertension, less than well controlled blood sugars, or arthritis, who may otherwise qualify for Preferred discount, will likely require the Standard I rate.

Standard I Rate Class:

If the Applicant meets the Stability Indicator* for his/her condition, he/she can qualify for a Standard I rate.

- Generally ALL medical conditions that meet stability indicators
- Diabetes controlled by diet and exercise only (please refer to Diabetes in the Medical Condition Stability Indicator section on page 34)
- Height to weight within guidelines
- Smoking less than one pack per day and have no associated cardiac, respiratory, or vascular/circulatory conditions

Standard II Rate Class:

The following are conditions generally rated Standard II.

- Congestive Heart Failure (CHF) requiring daily prescription medication
- Hodgkin's Disease
- Leukemia
- Lymphoma
- Diabetes requiring daily, oral, or injectable prescription medication would be considered for a Standard II rate (please refer to Diabetes in the Medical Condition Stability Indicator section on page 34)
- Chronic Obstructive Pulmonary Disease (COPD) requiring daily prescription medication
- Emphysema requiring daily prescription medication
- Smoking one or more packs per day and have no associated cardiac, respiratory, or vascular/circulatory conditions

Standard III Rate Class:

The Standard III rate class is for those who meet Standard III weight guidelines, have Type I diabetes, and more significant Type II diabetes (please refer to Diabetes in the Medical Condition Stability Indicator section on page 34). Underwriters will also consider the Standard III rate class, after reviewing medical records, for those applicants who are insurable but, due to more significant heart disease, Pulmonary Disease or Osteoporosis, have test scores which do not qualify for our Standard II rates. Consideration for Standard III rates does not need to be requested by producer, as Underwriting will consider automatically on higher risk cases which do not qualify for Standard II rate.

^{*}The minimum length of time that is required from completion of any/all treatment for a condition, or to get it successfully controlled if chronic, to the time an application can be submitted.

Standard I, Standard II and Standard III Weight And Height Guidelines

There are separate height/weight charts for men and women. Both are shown below. Obesity can introduce problems when treating other conditions such as functional or mobility deficiencies, diabetes, cardiac insufficiencies, etc. Any Applicant possessing a functional or physical impairment complicated with the build configuration listed below is considered a high risk. This applies to overweight as well as underweight.

| Height Female | Min All Classes | Max Standard 1 | Max Standard 2 | Max Standard 3 | | Height Male | Min All Classes | Max Standard 1 | Max Standard 2 | Max Standard 3 |
|------------------|-----------------------|----------------------|----------------------|----------------------|---|----------------|-----------------------|----------------------|----------------------|----------------------|
| 4'11" | 92 | 172 | 187 | 193 | , | 4'11" | 92 | 178 | 193 | 198 |
| 5'0" | 95 | 178 | 193 | 199 | | 5'0" | 95 | 184 | 199 | 204 |
| 5'1" | 98 | 184 | 200 | 206 | | 5'1" | 98 | 190 | 206 | 211 |
| 5'2" | 101 | 190 | 206 | 213 | | 5'2" | 101 | 196 | 213 | 218 |
| 5'3" | 105 | 196 | 213 | 220 | | 5'3" | 105 | 203 | 220 | 225 |
| 5'4" | 108 | 203 | 220 | 227 | | 5'4" | 108 | 209 | 227 | 232 |
| 5'5" | 111 | 209 | 227 | 234 | | 5'5" | 111 | 216 | 234 | 240 |
| 5'6" | 115 | 215 | 234 | 241 | | 5'6" | 115 | 223 | 241 | 247 |
| 5'7" | 118 | 222 | 241 | 249 | | 5'7" | 118 | 230 | 249 | 255 |
| 5'8" | 122 | 229 | 248 | 256 | | 5'8" | 122 | 236 | 256 | 262 |
| 5'9" | 125 | 235 | 256 | 263 | | 5'9" | 125 | 243 | 263 | 270 |
| 5'10" | 129 | 242 | 263 | 271 | | 5'10" | 129 | 250 | 271 | 278 |
| 5'11" | 133 | 249 | 271 | 279 | | 5'11" | 133 | 257 | 279 | 286 |
| 6'0" | 137 | 257 | 278 | 287 | | 6'0" | 137 | 265 | 287 | 294 |
| 6'1" | 140 | 264 | 287 | 295 | | 6'1" | 140 | 272 | 295 | 302 |
| 6'2" | 144 | 271 | 294 | 303 | | 6'2" | 144 | 280 | 303 | 311 |
| 6'3" | 148 | 278 | 302 | 311 | | 6'3" | 148 | 287 | 311 | 319 |
| 6'4" | 152 | 286 | 311 | 320 | | 6'4" | 152 | 295 | 320 | 328 |
| 6'5" | 156 | 295 | 320 | 329 | | 6'5" | 156 | 303 | 328 | 337 |
| 6'6" | 160 | 304 | 330 | 334 | | 6'6" | 160 | 312 | 337 | 343 |
| 6'7" | 164 | 313 | 340 | 339 | | 6'7" | 164 | 321 | 347 | 351 |

In order to be eligible for coverage, those applicants whose weight is near the lower end of the weight chart must exhibit at least one year of weight stability, and the low weight cannot be due to lack of nourishment or due to any disease process. Those applicants near the upper end of the Preferred weight chart with other condition(s) such as hypertension, less than well controlled blood sugars, or arthritis, who may otherwise qualify for Preferred discount, will likely require the Standard I rate.

Uninsurable Medical Conditions

These represent the most common uninsurable conditions you will encounter in taking an application. There are additional, less common, uninsurable conditions that are included in the Medical Conditions Guidelines.

- Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex
- ADL/IADL Limitation—Needing Assistance or Supervision in performing any of the following: Bathing, Bowel or Bladder Control, Dressing, Eating, Transferring, Taking Medication, Toileting
- Alzheimer's Disease, Chronic Memory Loss, Frequent or Persistent Forgetfulness, Senility, Dementia, or Organic Brain Syndrome
- Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease)
- Ataxia (any form)
- Autonomic Neuropathy
- Autonomic Insufficiency (Shy-Drager Syndrome)
- Cancer with Metastasis (Cancer that spread from the original site or location)
- Chronic Obstructive Pulmonary Disease (COPD) in combination with: current smoking; Congestive Heart Failure (CHF); Asthma; or Chronic Bronchitis
- Cirrhosis of the Liver
- Congestive Heart Failure (CHF) in combination with: Angina or Heart Attack; Angioplasty or Heart Surgery; Asthma or Chronic Bronchitis; Diabetes; Emphysema or Chronic Obstructive Pulmonary Disease; or Tuberculosis (TB)
- Congestive Heart Failure, diagnosed or symptomatic, within the past 12 months
- Current use of narcotics or use of narcotic medications for chronic condition within past 6 months
- Diabetes Mellitus treated with Insulin over 75 units, or Diabetes with significant co-morbid condition(s); please see pages 34 and 35 for specifics
- Dialysis (Hemodialysis or Peritoneal)

- Emphysema in combination with: current smoking; Congestive Heart Failure (CHF); Asthma; or Chronic Bronchitis
- Giant Cell Arteritis (active)
- Hepatitis (chronic, active)
- HIV Positive
- Hospitalization (currently or anticipated)
- Huntington's Chorea or Huntington's Disease
- Hydrocephalus
- Immune System Disorder
- Kaposi's Sarcoma
- Memory Loss
- Multiple Myeloma
- Multiple Sclerosis (MS)
- Muscular Dystrophy
- Pancreatitis (chronic)
- Paralysis (Hemiplegia, Paraplegia, Quadriplegia)
- Parkinson's Disease
- Phobias, Psychoneurosis (Treated with antipsychotic medication)
- Pulmonary Fibrosis
- Rheumatoid Arthritis in combination with major joint replacement
- Schizophrenia
- Scleroderma (active)
- Stroke or Cerebrovascular Accident (CVA)
- Transient Ischemic Attack (TIA) within the past 5 years; TIA in combination with Diabetes or any Heart Surgery; or multiple TIAs
- Within the past 6 months: Open Heart Surgery; Back or Spine Surgery
- Within the past 12 months: used Home Health Care or Adult Day Care; been medically advised to enter or has been confined to a Nursing Home or other Long-Term Care Facility
- Within the past 48 months: Cancer of the Bone, Brain, Esophagus, Liver, Lung, Ovary, Pancreas, Stomach, or Testes

Uninsurable Situations

The following situations, although sometimes difficult to discern at time of application, will preclude the Applicant from being issued long-term care insurance. These situations include, but are not limited to the following:

ADL Deficits: Anyone who requires the help of another person, for either physical or cognitive reasons, to perform any one of the following Activities of Daily Living (ADLs):

- Bathing
- Dressing
- Control of Bowel/Bladder (Continence)
- Using the Toilet
- Transferring out of Bed/Chair
- Eating

IADL Deficits: Anyone who requires the help of another person, for either physical or cognitive reasons, to perform two or more of the following Instrumental Activities of Daily Living (IADLs):

- Using the Telephone
- Managing Finances
- Taking Transportation
- Shopping
- Laundry
- Housework
- Taking all Medications*
- Preparing Meals/Cooking

^{*}If an individual needs assistance in taking medications, he/she is uninsurable, even if the Applicant is independent in all other ADLs and IADLs.

Currently using or used in past 12 months any Long-Term Care Services:

- Home Health Care
- Nursing Home Care
- Adult Day Care
- Assisted Living Facility Care

Medical Appliance Use (Durable Medical Equipment—DME)

- Hospital Bed
- Respirator/Oxygen Equipment
- Walker
- Wheelchair
- Four-Pronged Cane
- Hoyer Lift
- Stairlift
- Motorized Cart

Underwriting Decision Terminology

The following terms and definitions may be helpful in understanding underwriting decisions:

- 1. Approved: Coverage is approved as applied for.
- 2. Approved With Modifications: Coverage is approved with reduced benefits due to the significance of the risk. Modifications may include one or more of the following:
 - a) Reduced Daily Maximum
 - b) Reduced Policy Lifetime Maximum
 - c) Increased Benefit Calendar Day Elimination Period
 - d) Elimination of the Cash Benefit Rider
 - e) Change in the Rating Category

If a policy is Approved With Modifications no additional Benefit Increases should be requested for at least two years.

3. Declined: Coverage is denied. The risk is too great to approve, even with modifications. If an application is declined, a letter is sent to the Applicant with a copy to the producer. The reason for decline will be briefly explained if the medical history is provided on the application. If we are unable to give the reason for decline (because it was of a sensitive nature or the medical history was not provided) and the Applicant desires additional information regarding the reason for decline, he/she must write a letter to the underwriting department authorizing disclosure of the information to himself/herself, a physician of his/her choice, or to another third party. The letter must include the name and address of the person to whom this information should be sent, as well as the Applicant's signature and social security number.

- 4. Reconsideration Offer: An offer to review another application at some specified later date/time. Reconsideration Offers will be made, when appropriate, to Applicants age < 72. Applicants ages 72 79 will seldom be offered reconsideration because of greater possibility of rapid changes and deterioration of health.
- 5. No Reconsideration: This message is communicated to the producer only. There will not be an offer to review another application at a later date because the risk is ongoing or cannot be predicted. "No Reconsideration" will be indicated for progressive medical conditions, medical conditions with an unfavorable prognosis, and multiple medical conditions that combine poorly.
- 6. Approved As Applied For—No Increases Permitted: Coverage is issued with the maximum benefits acceptable for this risk. If a policy is Approved As Applied For—No Increases Permitted, no requests for additional Benefit Increases should be submitted for at least two years.
- 7. Appeals Process: There may be instances where the Applicant and/or his/ her physician have additional information that they believe may affect our decision. If so, the decision can be appealed by providing the additional information accompanied with appropriate supportive documentation such as tests results and other clinical findings. Underwriting will review and consider the information and respond accordingly. Appeals should be mailed to the following address:

Prudential

Attn: LTC Underwriting—Appeals 2101 Welsh Road Dresher, PA 19025 or fax all required information to (877) 773-9515.

Medical Condition Stability Indicator Minimum Stability/Calendar Day Elimination Period

| Medical Condition | Stability Indicator | Minimum Stability/ Calendar Day Elimination Period |
|--|---|--|
| Acoustic Neuroma | Benign tumor of the auditory nerve | |
| | • Post-surgical or radiation treatment, now resolved | 6 months |
| | • Surgery anticipated | Postpone |
| Acute Transverse Myelitis | | 12 months |
| Acquired Immune Deficiency Syndrome (AIDS) | | Uninsurable |
| Acromegaly | A chronic metabolic disorder that results in gradual enlargement of bones of face, jaw, hands, feet, and skull | Uninsurable |
| ADL Deficits | Anyone who requires the help of another person, for either physical or cognitive reasons, to perform any one of the following Activities of Daily Living (ADLs) Bathing, Dressing, Control of Bowel/Bladder (Continence), Using the Toilet, Transferring out of Bed/Chair, Eating, Ambulation/Mobility (inside and outside) | |

| Medical Condition | Stability Indicator | Minimum Stability/ Calendar Day Elimination Period |
|--|--|--|
| Alcohol and Other Chemical Dependency, Including Drug/Chemical Dependency | Current Use Dependency Treated with abstinence For alcohol only: Any Antabuse treatment | 36 months |
| Alzheimer's Disease | | Uninsurable |
| Amputation | Due to accident Independent in ADLs, IADLs Due to disease (such as diabetes or PVD) | |
| Amyotrophic Lateral Sclerosis (ALS) | | Uninsurable |
| Anemia | A blood disorder in which there is a decreased ability of the red blood cells to provide adequate oxygen supplies to body tissues • The average Hematocrit reading must be >33 and Hemoglobin > • Hospitalization or transfusions for anemia | 12 monthsUninsurableUninsurable12 months6 months |

| Medical Condition | Stability Indicator | Minimum Stability/ Calendar Day Elimination Period | | | |
|----------------------|---|--|--|--|--|
| Aneurysm | Abnormal dilation of a blood vessel—Abdominal, Thoracic, Aortic | | | | |
| | - Unoperated | 6 months | | | |
| | - Operated, complete recove | ery3 months | | | |
| | Cerebral | | | | |
| | - Any history of bleeding or rupture | Uninsurable | | | |
| | - Unoperated | Uninsurable | | | |
| | - Operated, complete recove | ery12 months | | | |
| Angina | Chest pain that results when not enough oxygen reaches the heart muscle | | | | |
| | • Asymptomatic, controlled with meds | 6 months | | | |
| | With history of Heart Attac or Diabetes | | | | |
| | • Intestinal | Uninsurable | | | |
| | • In combination with CHF. | Uninsurable | | | |
| | • Work-up in progress | Uninsurable | | | |
| Angioplasty, Cardiac | Dilating of a blood vessel with a (Balloon Angioplasty) balloon or surgical procedure | | | | |
| | • Any history of Diabetes | Uninsurable | | | |
| | • Any residual stenosis >75% major vessel | Uninsurable | | | |
| | No Heart Attack3 months | | | | |
| | History of Heart Attack | | | | |
| | - Asymptomatic | 6 months | | | |
| | - Symptoms continue | Uninsurable | | | |
| | - Treatment for Congestive Heart Failure | Uninsurable | | | |

| Medical Condition | Stability Indicator | Minimum Stability/ Calendar Day Elimination Period | | | |
|--|--|--|--|--|--|
| Ankylosing Spondylitis | Chronic inflammatory arthritis affecting the spine and large joints; joints fuse together | | | | |
| | Any history of falls | 12 months | | | |
| | Narcotic usage, ongoing steroid usage, or cortisone injections for pain management within 6 months | | | | |
| | • Functional limitations | Uninsurable | | | |
| | • Physical Therapy in past 6 months | Uninsurable | | | |
| | No pulmonary compromise6 months | | | | |
| | Major joint replacement | 12 months | | | |
| | • Frequent or reoccurring radiating pain, numbness, or weakness of extremities within the past 12 months | f | | | |
| Anxiety | Controlled with meds | | | | |
| | - No interference with activities | s6 months | | | |
| | • Panic Attacks | | | | |
| | - No ADL or IADL limitations | | | | |
| | - No cognitive impairment12 months | | | | |
| | • Chronic, severe anxiety disorde | rUninsurable | | | |
| Aortic Stenosis/ Aortic Insufficiency | (See Heart Valve Disease) | | | | |
| Arrhythmia | Variation in the normal rhythm of the heartbeat | | | | |
| | Hospitalized in the past 6 months for arrhythmia | Uninsurable | | | |
| | • Pacemaker inserted within past 3 months | Uninsurable | | | |
| | • Defibrillator implanted in the past 12 months | Uninsurable | | | |
| | | | | | |

| Medical Condition | Stability Indicator | Minimum Stability/ Calendar Day Elimination Period | | | |
|--|---|--|--|--|--|
| | • Treatment for shortness of breath, swelling in feet/ankles in the past 12 months | Uninsurable | | | |
| | • Mild | | | | |
| | - Controlled with meds | 3 months | | | |
| | Atrial fibrillation/flutter | | | | |
| | - Single episode | | | | |
| | - Controlled with meds | | | | |
| | No Transient Ischemic Attack (TIA) | | | | |
| | - No Cerebrovascular Accident (Stroke) | 6 months | | | |
| Arteritis | (Thromboangitis Obliterans, Buerger's Disease, Temporal, Giant Cell) Inflammation of an artery | | | | |
| | No ADL or IADL limitations | | | | |
| | • No active disease12 months | | | | |
| Arteriosclerotic Heart (ASHD) Disease | (See Coronary Heart Disease) | | | | |
| Arthritis | Inflammation of joints with degeneration of joint cartilage | | | | |
| | Remicade, Humira, Arava, Enbrel 12 months stability | Uninsurable | | | |

| Medical Condition | Stability Indicator | Minimum Stability/ Calendar Day Elimination Period | | | |
|-------------------|---|--|--|--|--|
| | Moderate Osteoarthritis or Mild – Moderate Rheumatoid Arthritis | | | | |
| | - No ADL or IADL limitation | 18 | | | |
| | - No joint deformities | | | | |
| | - History of Joint Replacemen | nt | | | |
| | - History of cortisone injections | 6 months | | | |
| | • Severe, Osteoarthritis or Rhen | umatoid | | | |
| | - Requires Durable Medical Equipment | | | | |
| | - ADL or IADL limitations | | | | |
| | - Continual steroidal use | | | | |
| | - Surgery recommended | Uninsurable | | | |
| Asthma | Reversible obstructive lung disease with narrowing of airways when in spasm | | | | |
| | • Use of >3 pulmonary mediations per day | 12 months w/ Indiv. Consideration | | | |
| | • Mild | | | | |
| | - Controlled with meds | | | | |
| | - No ADL or IADL limitations | | | | |
| | - Stable weight | | | | |
| | - No home oxygen | | | | |
| | - No hospitalization within six months | | | | |
| | - No evidence of Congestive Heart Failure12 months | | | | |
| | • Moderate | | | | |
| | - Same as above | | | | |
| | - Steroids at a dose less than 5 mg/dayUninsurable | | | | |
| | • SevereUninsurable | | | | |
| | Currently smoking | Uninsurable | | | |

| Medical Condition | Stability Indicator | Minimum Stability/ Calendar Day Elimination Period |
|------------------------|---|--|
| Ataxia (Unstable Gait) | | Uninsurable |
| Atrioventricular | • Complete Block (A-V) Heart Block | |
| | - Pacemaker inserted | 3 months |
| | - History Transient Ischemic Attack60 months | |
| Autonomic Neuropathy | | Uninsurable |
| Avascular Necrosis | Temporary or permanent loss of blood supply to the bones | ; |
| | No ADL or IADL limitations, No pending surgery, No chronic pain | |
| Azotemia | (See Renal Disease) | |
| Back or Spine Surgery | Narcotic usage, ongoing ste usage, or cortisone injection pain management within 6 months | ns for |
| | Any limitations to functionalityUninsurable | |
| | Post Surgery, completely recovered6 months | |
| | Frequent or reoccurring radiating pain, numbness, or weakness of extremities within the past 12 months | |
| Bell's Palsy | Unilateral paralysis of the muscles of the face | |
| | Any routine use of steroids or immunosuppressive medicationsUninsurable No ADL or IADL limitations3 months | |
| | - TO TAPE OF ITAPE IIIIII anolis IIIOIIIIIs | |

| Medical Condition | Stability Indicator | Minimum Stability/ Calendar Day Elimination Period |
|---------------------------------|---|--|
| Benign Prostatic Hypertrophy | Enlarged prostate • Most recent PSA >4 – 10 | Indiv. Consideration |
| | • If work-up in progressUninsurable | |
| | Unoperated | |
| | - Asymptomatic0 months | |
| | Surgical repair | |
| | - No urinary catheter | 6 months |
| Berger's Disease | | Uninsurable |
| Blindness | • Due to diabetes or with ADL loss | Uninsurable |
| | Successful adaptation to visual loss | 12 months |
| Bone Marrow Transplant | (See Transplant, Organ) | |
| Bronchiectasis | (See Emphysema) | |
| Bronchitis | (See Asthma) | |
| Cancer | • Any continuing therapy (exception for breast cancer) | Uninsurable |
| | • With Metastasis (spread from original site) | Uninsurable |
| | • Recurrent Cancer (same organ or site) | Indiv. Consideration |
| | • Cancer of the bone, brain, esophagus, liver, lung, ovary, pancreas, stomach, esophagus, or testes | |
| | • Cancer of other internal organ | S |
| | - Breast: stages 0 & I | 6 months |
| | stage II | 12 months |
| | stages III & IV | Uninsurable |
| | | |

| Medical Condition | Stability Indicator | Minimum Stability/ Calendar Day Elimination Period |
|-------------------|---|--|
| | - Colon and Rectum: stage A6 months | |
| | stage B | 12 months |
| | stage C | 60 months |
| | stage D | Uninsurable |
| | - Head and Neck: stages I & | II48 months |
| | stages III & IV | Uninsurable |
| | - Kidney: stages I & II | 12 months |
| | stages III & IV | Uninsurable |
| | - Lung: stages I & II | 48 months |
| | stages III & IV | |
| | - Prostate: stages I, II, A & B | |
| | stage III, C | |
| | stage D | |
| | - Bladder: stage 0 | |
| | stages A & B | |
| | stages B2 & greater | |
| | - Thyroid | |
| | - Skin Basal Cell | |
| | - Squamous Cell | |
| | - Melanoma in Situ, superfici | |
| | In situ-early stage | |
| | Clark's level I, II | 12 months |
| | Clark's level III | 24 months |
| | Clark's level IV | 48 months |
| | Clark's level V or Breslow > | 3.5Uninsurable |
| | - Recurrent Cancer | Indiv. Consideration |
| | Non-metastatic multiple Cance | ersIndiv. Consideration |
| | - Chronic Lymphocytic Leukemia (CLL) stage 0 | 6 months |
| | stage I | |
| | stage II | |
| | stage III, IV | |

| Medical Condition | Stability Indicator | Minimum Stability/ Calendar Day Elimination Period |
|-------------------------------------|---|--|
| Cardiomyopathy | Disease of heart muscle Hospitalized in past 12 months. History of CHF Symptomatic or progressive Ejection fraction (from most recent stress test) ≤40% No ADL or IADL limitations | 12 monthsUninsurableUninsurable |
| Carotid Artery Disease | A circulatory disease characterized by narrowing or stenosis of the carotid artery in the neck Operated, Endarterectomy Endarterectomy in combo with Diabetes Mellitus Unoperated ->75% Stenosis History of TIA | 3 months12 monthsUninsurable |
| Carpal Tunnel Syndrome | • No ADL or IADL limitations | 3 months |
| Cerebral Palsy* | Paralysis from developmental brain defects or trauma at birth • Any decrease in muscle strength or functioning | |
| Cerebral Vascular Accident (CVA) | (See Stroke) | |
| Chromosomal Abnormalities | (including XXY, XXXY, XXXX, Trisomy 21) | Uninsurable |

| Medical Condition | Stability Indicator | Minimum Stability/ Calendar Day Elimination Period |
|--|--|--|
| Chronic Organic Brain Syndrome (OBS) | | Uninsurable |
| Chronic Obstructive Lung Disease (COLD) | (See Emphysema) | |
| Chronic Obstructive Pulmonary Disease (COPD) | (See Emphysema) | |
| Cirrhosis of the Liver | | Uninsurable |
| Claudication | (See Peripheral Vascular Diseas | se) |
| Colitis | Inflammation of the colon - Any abnormal weight loss | |
| Colostomy or Ileostomy | • Independent in management. | Underwrite Cause |
| Concussion | • No ADL or IADL limitations - No cognitive impairment | |
| Confusion | | Uninsurable |

| Medical Condition | Stability Indicator | Minimum Stability/ Calendar Day Elimination Period |
|---|--|--|
| Congestive Heart Failure | | |
| - Requiring daily medication submit Standard II | Failure of the heart to pump causing increased fluid retention in lungs and lower parts of body | |
| | • If ejection fraction <40% | Uninsurable |
| | • If using Furosemide (Lasix) >80 mg a day | |
| | • If abnormal renal function studies BUN >30 and Creatinine >2.5 | Uninsurable |
| | • No ADL or IADL limitations, Controlled with meds | 12 months |
| | • Multiple episodes | Uninsurable |
| | • In combination with: Angina or Heart Attack; Angioplasty of Heart Surgery; Asthma or Chro Bronchitis; Diabetes; Emphysen or Chronic Obstructive Pulmon Disease; or Tuberculosis | nic na ary |
| COPD | (See Emphysema) | |
| Coronary Bypass Grafts | Taking section of vein to bypass an area of obstruction • Any history of TIA • If ejection faction <40% • If coronary stenosis >75% • Asymptomatic • With history of Heart Attack, during or after surgery • History of CHF post-operative. • With Diabetes | Uninsurable6 months12 monthsUninsurable |
| | | |

| Medical Condition | Stability Indicator | Minimum Stability/ Calendar Day Elimination Period |
|------------------------------------|---|--|
| Coronary Heart Disease (CAD, ASHD) | Narrowing of coronary arteries • If CABG or PTCA anticipated. | Uninsurable |
| | • With or without Heart Attack, No ADL or IADL limitations | |
| | • With Congestive Heart Failure Uninsurable | |
| | • With Unstable Angina | Uninsurable |
| Cor Pulmonale | | Uninsurable |
| Crohn's Disease | (See Colitis) | |
| Cystic Fibrosis | An inherited disease of the endocrine glands affecting the gastrointestinal and respiratory systems | Uninsurable |
| Decubitus Ulcer | Pressure sore | Uninsurable |
| Degenerative Joint Diseas | e (See Arthritis) | |
| Dementia | | Uninsurable |
| Demyelinating Disease | An inflammation process of nerves that destroys normal healthy myelin seen in neurological diseases | Uninsurable |
| Depression | • Use of anti-psychotic drugs | |
| | • History of ECT | 36 months |
| | • Situational | |
| | - No ADL or IADL limitations | |
| | - No cognitive impairment | 6 months |
| | Chronic History Stable medication dose | |
| | Stable medication doseNo ADL or IADL limitations. | 6 months |
| | - Any hospitalization | |
| | my nospitanzation | |

| Medical Condition | | Suggested Rate Class |
|--|---|----------------------|
| Diabetes Mellitus | Chronic disease of high blood sugar resulting from inadequate insulin production and/or insulin resistance | |
| Type I (Juvenile Diabetes | s) | |
| within Preferred we LDL < 140, BP < 14 | 3), < 60 units of insulin, weight eight range, stable for 24 months, 40/90 and none of the diabetic ions* listed on page 35. | Standard III |
| Type II (Adult Onset) | | |
| diet and exercise or stable for 12 month | 15 years (A1c < 8) controlled by aly, weight within Preferred range, as, LDL < 100, BP < 135/85, with a concerns/complications* listed | Standard I |
| oral medications or Standard I range, st BP < 140/90, with a | 15 years (A1c < 8) controlled by < 60 units of insulin, weight within table for 12 months, LDL < 140, none of the diabetic ions* listed on page 35. | Standard II |
| < 75 units, weight v for 24 months, LDI | 15 years (A1c < 9) if insulin within Standard II range, stable L < 140, BP < 140/90, with none terns/complications* listed | Standard III |
| < 60 units, weight v for 24 months, LDI | 5 years (A1c < 8) if insulin within Standard II range, stable L < 140, BP < 140/90 with none erns/complications* listed | Standard III |

Co-morbid conditions are extremely important with diabetes and may affect the ratings suggested above. Depending on overall health conditions, higher elimination periods may be warranted and benefit periods may be limited.

Those diabetics who do not meet the above criteria are ineligible for coverage.

*Diabetic Concerns/Complications:

- Frequent medication adjustments for lack of diabetes control or hospitalized within 12 months for diabetes-related condition
- Average fasting blood sugar > 200
- History of CHF, Cardiomyopathy, or Heart Attack (MI)
- Significant Coronary Artery Disease including bypass surgery, angioplasty or stent placement
- Atrial Fibrillation within past 5 years or history of Left Ventricular Hypertrophy
- Carotid Artery Disease > 50% blockage
- Peripheral Vascular Disease, claudication, or Peripheral Neuropathy
- TIA within the past 5 years
- Smoking within the past 2 years
- End organ disease (eyes, kidneys, skin breakdown), dialysis, or history of amputation
- Retinopathy, or treatment for glaucoma, or progressive or significant vision loss associated with diabetes
- Abnormal renal function with BUN > 30, and creatinine > 2.5 OR proteinurea/microalbuminurea
- History of Diabetic Ketoacidosis, Hemochromatosis or Bronze diabetes
- Chronic steroid usage

| Medical Condition | Stability Indicator | Minimum Stability/ Calendar Day Elimination Period |
|---|---|--|
| Diverticulitis | (See Colitis) | |
| Dizziness/Vertigo | Acute viral labrynthitis | |
| Drug/Chemical Dependency (including Drugs, Alcohol and Other Chemical Dependency) | Treated with current abstinence . Current Use | |
| Edema (Swelling) | | Underwrite Cause |
| Emphysema | | |
| - Requiring daily medication submit Standard II | Chronic irreversible obstruction to airflow Mild Controlled with meds No ADL or IADL limitations Stable weight No home oxygen No hospitalization within six months Moderate Same as above Severe Smoking within past two years Asthma or Chronic Bronchitis With Congestive Heart Failure | Uninsurable Uninsurable Indiv. Consideration |

| Medical Condition | Stability Indicator | Minimum Stability/ Calendar Day Elimination Period |
|--|--|--|
| Encephalitis | Acute inflammatory disease of the brain due to a virus | |
| | • No cognitive impairment | 12 months |
| Endarterectomy (Carotid or Femoral) | Removal of intra-arterial obstruction of artery • History of Diabetes | |
| Endocarditis | Infection of the inner lining of th Any history of hospitalization for CHF Single Episode— Resolved, stable More than one episode | 12 months |
| Enteritis | (See Colitis) | |
| Epilepsy, Seizure Disorder | No seizure activity Controlled with meds No ADL or IADL limitations No cognitive impairment Uncontrolled, unknown reason | 12 months |
| Esophageal Varices | | Uninsurable |
| Esophageal Stricture | | 3 months |

| Medical Condition | Stability Indicator | Minimum Stability/ Calendar Day Elimination Period |
|-----------------------------|---|--|
| Falls | | Underwrite Cause |
| Fibromyalgia | Disorder characterized by chronic pain, tenderness, and stiffness of muscles | l |
| | • With pulmonary compromi | iseUninsurable |
| | • Fatigue that limits daily fur | nctionUninsurable |
| | • Disease in remission | 12 months |
| Fractures | • Arms | |
| | - No ADL or IADL limitati | ions3 months |
| | • Compression (See Osteopo | rosis) |
| | • Legs | |
| | - No ADL or IADL limitati | ions6 months |
| | • Skull | |
| | - No ADL or IADL limitati | ions |
| | - No cognitive impairment | 12 months |
| | Vertabal | |
| | - Due to Osteoporosis or Paget's Disease; No ADL IADL limitations, no respiratory compromise | |
| | • Due to accident, No ADL of IADL limitations | |
| | • Pelvic Fracture | 12 months |
| | • Daily use of narcotics | Uninsurable |
| Gastric Balloon Surgery | | 12 months |
| Gaucher's Disease | | Uninsurable |
| Giant Cell Arteritis (Activ | e) | Uninsurable |

| Medical Condition | Stability Indicator | Minimum Stability/ Calendar Day Elimination Period |
|---|---|--|
| Glaucoma | Progressive loss of peripheral vision | |
| | • No visual loss in last two years | |
| | - Successful adaptation to visual loss | 0 months |
| | Visual loss over last year | |
| | - Successful adaptation to visual loss | 12 months |
| Gout | Painful inflammation of first great or elsewhere in the foot from uric | |
| | • Gouty Arthritis | |
| | - No ADL or IADL limitations | |
| | - No joint deformities | 3 months |
| Guillian Barre | Rapidly progressive disorder involving muscle weakness or par | alysis |
| | No residual neurological impairment | 6 months |
| Head Injury | • No ADL or IADL limitations | |
| | - Significant Trauma | |
| | (i.e., fracture) | 12 months |
| | • With residual impairment | Uninsurable |
| Hearing Loss | • Successful adaptation to hearing loss | 3 months |
| Heart Attack (Myocardial Infarction) | • No ADL or IADL limitations | |
| (1v1y Ocaruiai IIIIaictiOII) | | 2 months |
| | - No Angina | 3 months |
| | • Angina | |
| | - Controlled with meds | |
| | - In combination with CHF | Uninsurable |

| Medical Condition | Stability Indicator | Minimum Stability/ Calendar Day Elimination Period |
|--------------------------------------|--|--|
| Heart Valve Disease | Aortic stenosis/aortic insufficience | cy, unoperated |
| | No Congestive Heart Failure Stable | |
| | | |
| | | |
| | - No Congestive Heart Failure | |
| | - Stable | 6 months |
| Heart Valve Replacement | Single valve replacement | 6 months |
| | • Double valve replacement | Indiv. Consideration |
| Hemochromatosis (Bronze Diabetes) | A genetic disease that results in excess iron throughout the body No present need for phlebotomy or maintenance phlebotomy (≤6 per year) | |
| | History of CHFUninsurable In combination with DiabetesUninsurable | |
| | • In combination with Diabetes | Uninsurable |
| Hepatitis | Inflammation of the liver | |
| | • Resolved6 months | |
| | • Hepatitis A & B with normal liver function tests | 6 months |
| | Hepatitis C with normal liver function tests | 12 months |
| | • Chronic, active | Uninsurable |
| | • Liver function Tests > than 2.5 the normal | Uninsurable |
| | • HCV-RNA >600 | Uninsurable |

| Medical Condition | Stability Indicator | Minimum Stability/ Calendar Day Elimination Period |
|---|--|--|
| Herniated or Bulging Intervertebral Disc | Narcotic usage, ongoing steroid usage, or cortisone injections for pain management within 6 months Operated | |
| | - No ADL or IADL limitations | 3 months |
| | Unoperated No ADL or IADL limitations with normal range of motion and no chronic pain | |
| | Frequent or reoccurring radiating pain, numbness, or weakness of extremities within the past 12 months | Uninsurable |
| Herpes Zoster | Acute infection characterized by vesicles and associated neuralgic pai | n |
| | • Post-acute episode | |
| | Rehabilitation complete, no pain or neuralgia | 3 months |
| | • Neurological work-up | 12 months |
| Hiatal Hernia | Stable post-repair | 3 months |
| High Blood Pressure (Hypertension) | Controlled with medsUncontrolled readings >175/100 | |
| Hip Replacement | (See Joint Replacement) | |
| HIV Positive Status | | Uninsurable |
| Hodgkin's Disease • Standard II | Malignancy found in the lymph nodes, spleen, liver, and bone marrow • Disease free, treatment free | 36 months |

| Medical Condition | Stability Indicator | Minimum Stability/ Calendar Day Elimination Period |
|--|--|--|
| Hospitalization | Released fully recovered Currently in hospital or anticipated admission | |
| Huntington's Chorea | | Uninsurable |
| Hydrocephalus | | Uninsurable |
| IADL Deficits: | Anyone who requires the help of a person, for either physical or cogn reasons, to perform two or more of following Instrumental Activities of Living (IADLs): Using the Telepho Managing Finances, Taking Transf Shopping, Laundry, Housework, Taking all Medications, Preparing Meals/Cooking | itive of the of Daily one, bortation, |
| Idiopathic Pulmonary Fibrosis, Active | LocalizedWidespreadCurrently in hospital or anticipated admission | Uninsurable |
| Ileitis, Regional, end-stage | | Uninsurable |
| Immune System Disorders | | Indiv. Consideration |
| Irritable Bowel Syndrome | (See Colitis) | |
| Joint Replacement (Hip, Knee, Shoulder) | Physical Therapy completed No ADL or IADL limitations | 3 months |
| Kaposi's Sarcoma | Malignant increase in cells involving the skin associated with AIDS | Uninsurable |

| Medical Condition | Stability Indicator | Minimum Stability/ Calendar Day Elimination Period |
|--------------------------|--|--|
| Knee Disorder | • No ADL or IADL limitations | |
| | • No surgery recommended | 3 months |
| Knee Replacement | (See Joint Replacement) | |
| Leukemia | | |
| - Standard II | • CML | Uninsurable |
| | • Acute, any type | Uninsurable |
| | • Chronic Lymphocytic (CLL) | |
| | - stages 0-I | 12 months |
| | - stage II | 36 months |
| | - stages III and IV | |
| | • Hairy Cell | Uninsurable |
| Lues (Stage IV Syphilis) | | Uninsurable |
| Lupus | Chronic inflammatory disease of the connective tissues | |
| | Systemic Lupus | |
| | - Insurable Condition if free of medication for 12 months | |
| | - History of 3+ compression fractures | Uninsurable |
| | - Use of Imuran, Cytoxan, Leukeran, Cyclosporin, narcotics | Uninsurable |
| | Discoid, inactive | 6 months |

| Medical Condition | Stability Indicator | Minimum Stability/ Calendar Day Elimination Period |
|---|--|--|
| Lyme Disease | An inflammatory disease transmitted by deer ticks | |
| | Residual symptoms, decreased muscular strength, or limiting joint pain | Uninsurable |
| | • Chronic continuous | ** 11 |
| | steroid use | |
| | • Resolved | 6 months |
| | Hospitalization for complications | 12 months |
| Lymphoma, Non-Hodgk: - Standard II | in's • Disease and treatment free | 60 months |
| Macular Degeneration | No ADL or IADL limitations Stable with no further visual loss | Underwrite Cause |
| Manic Depression | • No psychiatric hospitalization in five years | |
| | - Controlled with medication | 24 months |
| | - History of electroconvulsive therapy | 36 months |
| Marfan's Syndrome | | Uninsurable |
| Melanoma | (See Cancer) | |
| Mental Retardation | | Uninsurable |
| Memory Loss | | Uninsurable |
| Mitral Valve Prolapse, Stenosis, Insufficiency | (See Heart Valve Disease) | |
| Mixed Connective Tissue Disease | | Uninsurable |

| Medical Condition | Stability Indicator | Minimum Stability/ Calendar Day Elimination Period |
|----------------------------|---|--|
| Mobility | • With ADL or IADL Limitation | sUninsurable |
| Multiple Myeloma | Malignant disease of plasma cells generally found in the pelvis, spine, ribs, and skullUninsurable | |
| Multiple Sclerosis | Demyelinating illness, cause unknown, affecting the central nervous system with eventual cognitive impairment | Uninsurable |
| Muscular Dystrophy | Atrophy of the muscle, spasms, inability to control and coordinate voluntary muscles | |
| Myasthenia Gravis | Progressive muscular weaknessOcular MyastheniaUse of Prednisone > than 20 mg per day | |
| | Use of Imuran or Mestinon Disease process unresponsive to treatment | |
| Myelofibrosis | Asymptomatic Abnormal Bone Marrow Exan Splenectomy | 124 months |
| Myocardial Infarction | (See Heart Attack) | |
| Narcolepsy | Recurrent and unpredictable attacks of sleep • Asymptomatic | |
| Nephrectomy, Unilateral | Surgical removal of a kidney • Stable renal function | 18 months |

| | Minimum Stability/ Calendar Day Elimination Period |
|--|--|
| | 12 months |
| Kidney stones | |
| Post-Lithotripsy | 3 months |
| • No psychiatric hospitalizatio past 36 months | ns |
| - No antipsychotic medications | s24 months |
| Inherited disorder characterized by pigmented skin lesions and tumors affecting multiple organ systems, "café-au-lait" spots | |
| Ability to self catheterize | |
| Compression or entrapment of a nerve with varying amoun of pain, weakness, and paresth Narcotic-containing pain management | pesia |
| Multiple changes in medsUninsurable | |
| • Non-progressive, mild6 months | |
| Autonomic NeuropathyUninsurable | |
| (See Transplant, Organ) | |
| Uninsurable | |
| | Uninsurable |
| Infection of the bone | |
| • Resolved12 months | |
| · Resolved | |
| | • Ability to self catheterize • Normal and stable renal function |

| Medical Condition | Stability Indicator | Minimum Stability/ Calendar Day Elimination Period |
|--|--|--|
| Osteoporosis | Generalized, progressive loss of bone density and thinning of bone tissue | |
| | • If T score exceeds -3.5 | Uninsurable |
| | Narcotic usage, ongoing steroid usage, or cortisone injections fo pain management within 6 months | r |
| | • Three or more compression fractures | Uninsurable |
| | Scoliosis or kyphosis with pulmonary compromise | |
| Frequent or reoccurring radiating pain, numbness, or weakness of extremities within the past 12 months | | f |
| Oxygen Use | | Uninsurable |
| Pacemaker | (See Atrioventricular Heart Block |) |
| Paget's Disease (Osteitis Deformans) | Chronic disorder of bones or carcinoma of the nipple - No ADL or IADL limitations stage 0, I | 6 months12 months |
| | - stage III, IV | Uninsurable |
| Pancreatitis | Acute inflammation of the pancre | |
| | Acute episode, now resolved Alcohol use in the past 36 months Current use of enzymatic supplements Vionase, Cotazym, or Pancrease Chronic | UninsurableUninsurable |

| Medical Condition | Stability Indicator | Minimum Stability/ Calendar Day Elimination Period |
|-------------------------|--|--|
| Paralysis/Paresis | • No ADL or IADL limitations | Underwrite Cause |
| | Hemiplegia | Uninsurable |
| | • Paraplegia | Uninsurable |
| | • Quadriplegia | Uninsurable |
| Parkinson's Disease | Slowly progressive degenerative neurological disorder characterize by resting tremor, muscular rigidity, gait impairment, and postural instability | |
| Peptic Ulcer Disease | Asymptomatic History of gastrointestinal bleed History of perforation | 6 months |
| Pericarditis | Inflammation of the lining that covers the heart muscle | 6 months |
| Peripheral | | |
| Vascular Disease | Occlusion of the blood supply to the extremities | |
| | No leg pain | |
| | Nonsmoker | |
| | • No ADL or IADL limitations | 6 months |
| | Hospitalization | 12 months |
| | History of leg pain at rest or walking few blocks | Uninsurable |
| | • Continued smoking | Uninsurable |
| Phobias, Psychoneurosis | Treated with antipsychotic medication | Uninsurable |

| Medical Condition | Stability Indicator | Minimum Stability/ Calendar Day Elimination Period |
|---------------------------|---|--|
| Polyarteritis Nodosa | Inflammation and necrosis of small and medium-sized muscular arteries | Uninsurable |
| Polycystic Kidney Disease | Disorder which creates multiple cysts on and enlarges the kidneys, thus interfering with their function | ı |
| | Any history of or recommendation for kidney dialysis | Uninsurable |
| | Asymptomatic | 6 months |
| | Hospitalizations for renal failure or surgery | 24 months |
| | • Transplant | 60 months |
| Polymyalgia Rheumatica | Severe pain and stiffness of the proximal muscle groups without weakness or atrophy | |
| | Asymptomatic | 12 months |
| | • History of 3 or more compression fractures | |
| | • Daily or regular use of narcotics for pain | Uninsurable |
| | • Unresolved or > 20 mg Prednisone per day | Uninsurable |
| Polyps—Benign | | 3 months |
| Portal Hypertension | | Underwrite Cause |

| Medical Condition | Stability Indicator | Minimum Stability/ Calendar Day Elimination Period |
|---------------------------------|--|--|
| Post Polio* Syndrome | Progressive paralysis and atrophy of leg muscles occurring years after onset of disease | |
| | Any change in muscle strength or evidence of increased fatigue. | Uninsurable |
| | • Any history of falls in the past 24 months | Uninsurable |
| | No history of paralysis | 0 months |
| | Any equipment usage or ADL/IADL limitations | Uninsurable |
| | * A face-to-face interview will be obtained for any history of polio regardless of ago | |
| Progressive Muscular Atrophy | | Uninsurable |
| Pulmonary Emboli | Sudden blockage of pulmonary are by a blood clot with resulting obst of blood to lung tissue | |
| | • Resolved | 6 months |
| | • Recurrent PE | 12 months |
| | • CHF | Uninsurable |
| Pulmonary Fibrosis | Scarring and thickening of deep lung tissue | Uninsurable |
| Pulmonary Hypertension | Unless incidental finding, asymptomatic, treatment free | Uninsurable |

| Medical Condition | Stability Indicator | Minimum Stability/ Calendar Day Elimination Period |
|---|--|--|
| Renal Disease | Decline in the ability of the kidneys to function properly | |
| | Hospitalization for complications | 24 months |
| | Any history or recommendation for dialysis | Uninsurable |
| | Mild renal insufficiency | 12 months |
| | • BUN >30, Creatinine >2.5 | Uninsurable |
| | • Moderate to severe | Uninsurable |
| Retinal Detachment and/or Hemorrhage | Asymptomatic, stable level of sight loss, independent With diabetes Evidence of progressive sight-loss, unarrested | Uninsurable |
| Sarcoidosis | A disease of unknown cause in inflammation occurs in the lymp lungs, liver, eyes, skin, or other t | ph nodes, |
| | • Stage 1 | 12 months |
| | • Stage 2 | 36 months |
| | • Stage 3 | Uninsurable |
| | Asymptomatic | 36 months |
| Schizophrenia | Psychotic disorder characterized by disturbances in thought, perception, affect, behavior | |

| Medical Condition | Stability Indicator | Minimum Stability/ Calendar Day Elimination Period |
|---------------------|--|--|
| Sciatica | Pain radiating along the sciatic nerve; most often in the buttocks and posterior aspects of the leg caused by compression of the sciatic nerve from a protruding d | |
| | Any history of surgery within the past 6 months | Uninsurable |
| | Narcotic usage, ongoing steroic or cortisone injections for pain management within 6 months. | |
| | Asymptomatic, no ADL or IADL limitations | 6 months |
| | Frequent or reoccurring radiati pain, numbness, or weakness o extremities within the past 12 months | f |
| Scleroderma, Active | A diffuse corrective tissue disease characterized by changes in the sblood vessels, skeletal muscles, an internal organs | kin, |
| | Any history of crest syndrome. | Indiv. Consideration |
| | • In remission, no limitations | 12 months |
| | Chronic continuous steroid use | Uninsurable |
| | History of compression fracture | esDecline |
| | • History of plasmapheresis | 24 months |
| Scoliolis | Abnormal spinal curvature | |
| | • No ADL or IADL limitations | 0 months |
| Seizure Disorder | (See Epilepsy) | |
| Senility, All Forms | | Uninsurable |

| Medical Condition | Stability Indicator | Minimum Stability/ Calendar Day Elimination Period |
|--|--|--|
| Sleep Apnea | Sleep related breathing disorder with pauses in respiration lasting 10 seconds or longer | |
| | More than 100 pounds over ideal weight | Uninsurable |
| | Asymptomatic | 3 months |
| | CPAP machine without bottled oxygen | 6 months |
| | Hospitalization | 12 months |
| Spinal Muscle Atrophy | Uninsurable | |
| Spinal Stenosis | No ADL or IADL limitations | |
| | - Narcotic usage, ongoing steroi usage, or cortisone injections for pain management within 6 months | or |
| | - Post surgery6 months | |
| | - History of a compression fracture | 12 months |
| | - Frequent or reoccurring radiate pain, numbness, or weakness of extremities within the past 12 months | f |
| Stroke (Cerebrovascular Accident—CVA) | | Uninsurable |
| Surgery | If surgery is recommended, planned or has been recently performed, do not take the application until after the surgery with full recovery. Ref to the specific medical condition and Stability Indicator for time from | o er |

| Medical Condition | Stability Indicator | Minimum Stability/ Calendar Day Elimination Period |
|-------------------|--|--|
| Thrombocytopenia | A decrease in the number of platelets in the blood; can result in spontaneous bruising or blee | |
| | • Platelets <60K not on NSAID | SUninsurable |
| | • Any current steroid use | Uninsurable |
| | • Unoperated, asymptomatic | 12 months |
| | Post-Splenectomy, asymptomatic, stable | 24 months |
| | • Reactive Thrombocytopenia | Underwrite Cause |
| Thrombophlebitis, | | |
| Superficial | Inflammation of a vein | |
| | Any history of anticoagulant use 6 months | |
| | Superficial phlebitis | 0 months |
| Thrombosis, | | |
| Deep Vein | Blood clot within a vein | |
| | No ADL or IADL limitations, Resolved | 6 months |
| | • Recurrent, 2 or more | 12 months |
| Transient | | |
| Ischemic Attack | Episode of temporary cerebral dysfunction (TIA or "mini-strope that has an onset within minute that has an onset within 15 minutes and 15 minutes and 15 minutes are also also are also | es, |
| | usually clearing within 15 minu but always resolving without permanent neurological impairs within 24 hours | |
| | Single Episode | |
| | - No ADL or IADL limitation | as |
| | - Nonsmoker | 60 months |
| | • More than one TIA | |
| | In combination with diabetes or heart surgery | Uninsurable |

| Medical Condition | Stability Indicator | Minimum Stability/ Calendar Day Elimination Period |
|----------------------|---|--|
| Transplant, Organ | Corneal Kidney All others | 60 months |
| Transverse Myelitis | | Uninsurable |
| Tremors | Involuntary movement disorder Benign, essential, or familial No ADL or IADL limitations6 months Work-up in progress | |
| Tuberculosis | • Resolved | |
| Tumors, Benign | Brain, Spinal cord No paralysis No ADL or IADL limitations No seizure disorder | |
| Ulcers of Skin | ResolvedActive or chronicResulting in Amputation | Uninsurable |
| Ulcers, Duodenal | Asymptomatic | |
| Urinary Incontinence | Independent in care Use of catheter if independent in use Complete incontinence, dependent in ADLs | 18 months |

| Medical Condition | Stability Indicator | Minimum Stability/ Calendar Day Elimination Period |
|--------------------------------------|--|--|
| Urolithiasis/Renal Calculus | Hospitalization or surgery. | 6 months |
| Varices, Esophageal | Uninsurable | |
| Varicose Veins (Legs) | No ADL or IADL limitation | ns0 months |
| | • History of vein stripping surgery | 6 months |
| Vasculitis | Inflammation of aorta which result in weakness of the aort | • |
| | Asymptomatic, well controlled hypertension | 6 months |
| | Any claudication (pain, cramping in legs while wall | king)Uninsurable |
| Vertebral or Spinal Disorder, Not | | |
| Otherwise Classified | • No ADL or IADL limitation | ns3 months |
| | No active ongoing therapy or recommendations for therapy or surgery | 3 months |
| | Narcotic usage, ongoing sterns usage, or cortisone injection pain management within 6 months | eroid ns for |
| | • Frequent or reoccurring rac pain, numbness, or weakne extremities within the past 12 months | ss of |
| Vertigo | (See Dizziness) | |
| Vision Loss | (See Blindness) | |
| Von Recklinghausen's | Genetic disorder | Uninsurable |

| Medical Condition | Stability Indicator | Minimum Stability/ Calendar Day Elimination PeVarices, |
|--------------------------|--|--|
| Waldenstrom's | Malignant disease of the B cells similar to Lymphoma | Uninsurable |
| Walker/Wheelchair Use | | Uninsurable |
| Wegener's Granulomatosis | A systemic form of vasculitis | Uninsurable |

Glossary Of Terms And Abbreviations Relating To Long-Term Care Insurance Guidelines And/Or Functionality

| ADL | Activity of Daily Living |
|----------------------|---|
| IADL | Instrumental Activity of Daily Living |
| DME | Durable Medical Equipment (e.g., walker, cane, wheelchair, oxygen, etc) |
| Comorbid | A secondary condition that affects the primary diagnosis (e.g., heart disease is a comorbid of diabetes) |
| Stability in Months | The specific, minimum length of time that is required from completion of any/all treatment of a condition until the time of an application can be submitted. If the disease is a chronic one, this refers to the number of months that the condition must be successfully controlled to the extent that the disease poses no threat to the Applicant's general health or need for long-term care services |
| Uninsurable | The condition is considered a high risk for long-term care service use, and therefore an Applicant should not take the application |
| Rule Out | The illness or injury of concern must be ruled out, or not found to be present before the application is taken |
| Underwrite for Cause | Identify the specific illness or injury causing the impairment, and use the guidelines for that condition to evaluate the risk |

Medical Abbreviations

The following is a list of some commonly used abbreviations for medical conditions:

| ABBREVIATION | MEDICAL CONDITION |
|--------------|---------------------------------------|
| AAA | Abdominal Aortic Aneurysm |
| Afib | Atrial Fibrillation |
| AIDS | Acquired Immune Deficiency Syndrome |
| ALS | Amyotrophic Lateral Sclerosis |
| ARC | AIDS Related Complex |
| ASHD | Arteriosclerotic Heart Disease |
| BCC | Basal Cell Carcinoma |
| ВРН | Benign Prostatic Hyperplasia |
| BUN | Lab Value—Blood Urea Nitrogen |
| CABG | Coronary Artery Bypass Graft |
| CAD | Coronary Artery Disease |
| CHF | Congestive Heart Failure |
| CLL | Chronic Lymphocytic Leukemia |
| CML | Chronic Myelogenous Leukemia |
| CNS | Central Nervous System |
| COLD | Chronic Obstructive Lung Disease |
| COPD | Chronic Obstructive Pulmonary Disease |
| CPAP | Continuous Positive Air Pressure |
| CTS | Carpal Tunnel Syndrome |
| CVA | Cerebral Vascular Accident (Stroke) |
| DDD | Degenerative Disc Disease |
| DJD | Degenerative Joint Disease |
| DM | Diabetes Mellitus |

| DVT | Deep Vein Thrombosis |
|-------|--|
| НВР | High Blood Pressure |
| HTN | Hypertension |
| IBS | Irritable Bowel Syndrome |
| IDDM | Insulin-Dependent Diabetes Mellitus |
| IMF | Idiopathic Myelofibrosis |
| MD | Muscular Dystrophy |
| MI | Myocardial Infarction |
| MS | Multiple Sclerosis |
| MVP | Mitral Valve Prolapse |
| NIDDM | Non-Insulin Dependent Diabetes Mellitus |
| NHL | Non-Hodgkins Lymphoma |
| OA | Osteoarthritis |
| OBS | Organic Brain Syndrome |
| OCD | Obsessive-Compulsive Disorder |
| PUD | Peptic Ulcer Disease |
| PTCA | Percutaneous Transluminal Coronary Angioplasty |
| PVD | Peripheral Vascular Disease |
| PMR | Polymyalgia Rheumatica |
| RA | Rheumatoid Arthritis |
| SCC | Squamous Cell Carcinoma |
| SLE | Systemic Lupus Erythematosus |
| ТВ | Tuberculosis |
| THR | Total Hip Replacement |
| TIA | Transient Ischemic Attack (mini stroke) |
| TKR | Total Knee Replacement |
| TMJ | Temporomandibular Joint Syndrome |
| UC | Ulcerative Colitis |

Medications List

Any medication taken by an Applicant is significant, and should be reported on the application. This guide provides you with names and descriptions of some of the medications that most often result in poor risk selection. The following medications, if currently taken, indicate fairly significant health problems, which are typically declined.

| DRUG | DESCRIPTION |
|------------------------|--|
| Adriamycin | Cancer |
| Abilify | Schizophrenia |
| Akineton | Parkinson's Disease |
| Aldesleukin | Cancer |
| Alkeran | Cancer |
| Antabuse | Alcoholism |
| Aricept | Cognitive Impairment |
| Artane | Parkinson's Disease |
| Asparaginase | Leukemia |
| Eldepryl | Parkinson's Disease |
| Azathioprine | Lupus/Scleroderma/Rheumatoid Arthritis |
| Baclofen | Multiple Sclerosis |
| Benztropine Mesylate | Parkinson's Disease/Tremor |
| Bethanechol | Neurogenic Bladder |
| BiCNU | Cancer |
| Blenoxane | Cancer |
| Bromocriptine Mesylate | Parkinson's Disease/Tremor |
| Busulfan | Leukemia |
| Carbidipa-levadopa | Parkinson's Disease |
| CeeNU | Hodgkin's Disease |
| Cellcept | Hepatitis |
| Cerubidine | Leukemia |
| Clozaril | Antipsychotic |
| Cogentin | Parkinson's Disease |
| Cognex | Memory Loss |
| Cyloserine | Alzheimer's Disease |

| Cytosar-U | Leukemia |
|-------------------|----------------------|
| Cytoxan | Cancer |
| Dacarbazine | Cancer |
| Dantrium | Multiple Sclerosis |
| Depo-Provera | Cancer |
| DES | Cancer |
| Destinex | Parkinson's Disease |
| Dilaudid | Pain |
| Ditropan | Neurogenic Bladder |
| Donepezil | Alzheimer's Disease |
| Dopar | Parkinson's Disease |
| Doxorubicin | Cancer |
| Eldepryl | Parkinson's Disease |
| Emcyt | Prostate Cancer |
| Epogen | Severe Anemia |
| Ergamisol | Cancer |
| Ergoloid | Memory Loss |
| Mesylate Eskalith | Bipolar Disorder |
| Estinyl | Cancer |
| Estrace | Cancer |
| Etoposide | Testicular Cancer |
| Eulexin | Cancer |
| Exelon | Alzheimer's Disease |
| Floxuridine | GI Cancer |
| Foscavir | HIV |
| Ganite | Cancer |
| Gold Therapy | Rheumatoid Arthritis |
| Haldol | Mental Disorder |
| Haloperidol | Mental Disorder |
| Hexalen | Cancer |
| Hycamtin | Ovarian Cancer |
| Hydergine | Memory Loss |
| Hydrea | Cancer |

| Hydrocodone | Pain |
|----------------|--|
| Idalycin | Leukemia |
| Ifex | Testicular Cancer |
| Interferon | Leukemia |
| Kemadrin | Parkinson's Disease |
| L-Dopa | Parkinson's Disease |
| Lanvis | Leukemia |
| Laradopa | Parkinson's Disease |
| Leukeran | Cancer |
| Leukine | Cancer |
| Levadopa | Parkinson's Disease |
| Levsin | Parkinson's Disease |
| Lithium | Bipolar Disorder |
| Loxitane | Antipsychotic |
| Lupron | Cancer |
| Lysodren | Cancer |
| Matulane | Hodgkin's Disease |
| Megace | Cancer |
| Mercaptopurine | Leukemia |
| Mestinon | Myasthenia Gravis |
| Methotrexate | Cancer (other reasons require further investigation) |
| Moban | Antipsychotic |
| Moditen | Antipsychotic |
| Morphine | Pain |
| Mutamycin | Cancer |
| Myleran | Cancer |
| Myochrysine | Arthritis |
| Myotrophin | ALS |
| Namenda | Alzheimer's Disease |
| Navane | Antipsychotic |
| Neosar | Cancer |
| Neupogen | Cancer |

| Niloric | Memory Loss |
|-------------|----------------------------|
| Nilutamide | Metastatic Prostate Cancer |
| Nipent | Hairy Cell Leukemia |
| Novantrone | Leukemia |
| Oncovin | Cancer |
| Oxycodone | Pain |
| Oxycontin | Pain |
| Paraplatin | Cancer |
| Parlodel | Parkinson's Disease |
| Pentam300 | HIV |
| Permax | Parkinson's Disease |
| Platinol | Cancer |
| Priftin | Tuberculosis |
| Primazine | Antipsychotic |
| Proleukin | Cancer |
| Prolixin | Antipsychotic |
| Prostigmin | Myasthenia Gravis |
| Razadyne | Alzheimer's Disease |
| Reminyl | Alzheimer's Disease |
| Retrovir | HIV |
| Ridaura | Arthritis |
| Rifapentine | Tuberculosis |
| Risperdal | Antipsychotic |
| Sandostatin | Cancer |
| Serentil | Antipsychotic |
| Seroquel | Antipsychotic |
| Sinemet | Parkinson's Disease |
| Solganal | Arthritis |
| Sparine | Antipsychotic |
| Stelazine | Antipsychotic |
| Symmetrel | Parkinson's Disease |
| Tace | Cancer |
| Tacrine | Memory Loss |

| Tensilon | Myasthenia Gravis |
|-------------|-------------------|
| Teslac | Cancer |
| Thioplex | Cancer |
| Thorazine | Antipsychotic |
| Velban | Cancer |
| Vicodin | Pain |
| Videx | HIV |
| Wellcovorin | Cancer |
| Zanosar | Cancer |
| Zofran | Cancer |
| Zoladex | Cancer |
| Zyprexa | Antipsychotic |

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Long-Term Care Insurance

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