



**Nationwide®**

# **Nationwide CareMatters® Product and Field Underwriting Guide**

**Nationwide CareMatters II, CareMatters Together®  
and Nationwide YourLife CareMatters®**

**Nationwide CareMatters® Underwriting**

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## Product highlights

# Nationwide CareMatters® II

<b>Product type</b>	Long-term care (LTC) coverage on a fixed-premium universal life chassis
<b>Benefit type</b>	Cash indemnity LTC benefits
<b>Target market</b>	Clients ages 40 to 65 looking for LTC coverage and flexibility of benefit use
<b>Issue ages</b>	Ages 30 to 75 (age at last birthday)  This is subject to the policy options selected. For a summary, refer to the “Maximum issue ages for CareMatters II” chart at the end of the document.
<b>Underwriting classes</b>	Nontobacco Single, Tobacco Single, Nontobacco Couple, Tobacco Couple
<b>Minimum monthly LTC benefit at issue</b>	<b>\$1,500</b> <b>States requiring a higher minimum:</b> California: \$1,550 South Dakota: \$3,100 Vermont: \$2,325 Wisconsin: \$1,860
<b>Maximum monthly LTC benefit at issue</b>	\$20,833
<b>Specified amount</b>	The specified amount represents the amount used to determine the long-term care benefit and is a factor in determining the death benefit. Consult the sales proposal for more details.  <b>Minimum:</b> \$36,000 <b>States requiring a higher minimum:</b> California: \$37,200 South Dakota: \$74,400 Vermont: \$55,000 Wisconsin: \$46,646 <b>Maximum:</b> \$500,000
<b>Residual death benefit</b>	20% of the specified amount
<b>Elimination period</b>	90 calendar days. Once the elimination period is met, it's met for life.  Upon completion, benefits for the first 90 days will be paid retroactively along with benefits for month 4.
<b>LTC benefit periods available</b>	2-year, 3-year, 4-year, 5-year, 6-year, 7-year  The first 2 years of each benefit period are an acceleration of the specified amount.
<b>Premium payment options</b>	<ul style="list-style-type: none"><li>• Pay one time (single-pay)</li><li>• Pay annually or monthly for 5 years (5-pay)</li><li>• Pay annually or monthly for 10 years (10-pay)</li><li>• Pay annually or monthly to attained age 65 (available for issue ages 30 – 54)</li><li>• Pay annually or monthly to attained age 100 (available for issue ages 30 – 65)</li></ul>

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**Premium payment flexibility (including 1035)**

The policyowner has the option to pay a larger lump-sum premium at the time the policy is issued, which could include funds from a 1035 transfer from another life insurance policy, along with a smaller recurring premium for a period of 5 years, 10 years, to attained age 65 or to attained age 100. The amount and timing of the recurring premium will be fixed and determined at policy issue.

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**Waiver of LTC premium**

If the policyowner has elected to pay a premium to attained age 100, then the premium for all long-term care riders will be waived while receiving long-term care benefits. This will not eliminate premium requirements, but it will result in a reduction of total premium due because premium for the death benefit associated with the base life insurance policy will continue to be due and payable.

As with all premium payment options, if receiving LTC benefits during the premium payment period, the policyowner may choose to continue paying the premium due, which will maintain the level of LTC benefits. They may also choose to stop paying the premium, which will convert the policy to reduced paid-up insurance and reduce the amount of the death benefit and LTC benefits received based on the amount of premium paid plus any premium waived (provided the reduced paid-up policy meets the minimum specified amount).

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**Using the LTC benefits**

Once the insured qualifies for benefits and satisfies the elimination period, the LTC benefits will be paid to the policyowner. Nationwide places no restrictions on how benefits can be used.<sup>1</sup>

**Typical uses for benefits might be:**

- Home care
- Adult day care
- Assisted living
- Nursing home care
- Alternative care services
- Care from immediate family members
- Any LTC service existing today or developed in the future

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**Informal and family caregivers**

LTC benefits can be used without restriction — including paying family members or less expensive unlicensed caregivers — as long as receiving informal care is appropriate and outlined in the plan of care prepared by a U.S.-licensed health care practitioner.

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**Exclusions****CareMatters II does not pay benefits for qualified LTC services that result from:**

- Intentionally self-inflicted injuries or attempts at suicide (either while sane or insane)
- Committing or attempting to commit a felony
- Alcoholism or drug addiction, unless addiction results from administration of drugs for treatment prescribed by a physician
- War or any act of war, whether declared or undeclared

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**Refund of premium**

The surrender value actually paid will be reduced by any outstanding loans, unpaid monthly deductions and LTC benefits paid.

The policy provides a cash surrender value — based in part on a guaranteed minimum cash value that grows steadily over the life of the policy — that represents a refund of some or all of the premium paid. In addition, you may choose between two options that guarantee the amount paid upon a full surrender will be at least based on a specified percentage of the net premium paid, if greater than the cash surrender value, or an option that maximizes your LTC benefit with no percent of premium guarantee.

**Minimum Refund of Premium with Maximum LTC Benefit option:**

The refund of premium value is equal to the cash surrender value. This option provides the lowest refund of premium value in the early policy years and the most LTC benefit for a given premium.

This option is available with all payment durations and is the only one available with premium payments to attained age 100. The maximum issue age is 70 unless limited by the premium payment option selected.

**Vested option:**

The refund of premium value is equivalent to all premium paid, minus any withdrawals, multiplied by the applicable percentage. This refund of premium option is not available with premium payments to attained age 100. The maximum issue age is 69 unless limited by the premium payment option selected.

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<sup>1</sup> Under certain circumstances, benefits could be taxable. Please consult a tax advisor.

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**Refund of premium  
(continued)**

Policy year	Single-pay	5-pay	10-pay	Pay to age 65	Pay to age 100
1	85%	85%	85%	85%	N/A
2	88%	88%	86.5%	86.5%	N/A
3	91%	91%	88%	88%	N/A
4	94%	94%	89.5%	89.5%	N/A
5	97%	97%	91%	91%	N/A
6	100%	100%	92.5%	92.5%	N/A
7	100%	100%	94%	94%	N/A
8	100%	100%	95.5%	95.5%	N/A
9	100%	100%	97%	97%	N/A
10	100%	100%	98.5%	98.5%	N/A
11+	100%	100%	100%	100%	N/A

**One Time Step-Up:**

The refund of premium value is equivalent to all premium paid, minus any withdrawals, multiplied by the applicable percentage. Starting day one of the policy, 80% of the refund of premium value is available. Starting day one of policy year 11, 100% of the refund of premium value is available.

This refund of premium option is not available with premium payments to attained age 100. The maximum issue age is 69 unless limited by the premium payment option selected.

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**Charges and costs****Monthly administrative charge:**

- Current: \$0 per month
- Guaranteed: \$20 per month
- Per-thousand of specified amount charge; the per-thousand charge applies to the initial specified amount and is deducted monthly; if the specified amount is reduced due to partial surrenders during the charge period, then the charge continues to be calculated based on the initial specified amount

**Premium expense charge:**

- Current and guaranteed: Varies by refund of premium option selected:
  - Vested: 5% of each premium
  - One Time Step-Up: 10% of each premium
  - No refund of premium: 25% of each premium

**Cost of insurance charge (COI):**

- The base life insurance policy has a COI charge rate, which applies to each \$1,000 of the net amount at risk and is deducted monthly
- The guaranteed COI applicable for a particular policy can be found in the Policy Specifications pages under Premium Expense Charge

**Rider charges:**

- There is no separate monthly charge for each rider; each rider has its own premium amount
- Available riders are:
  - LTC Rider
  - LTC Extension of Benefits Rider
  - LTC Fixed Rate Inflation Protection Rider

<b>Surrender charges</b>	<p>10-year surrender charge period</p> <p>Year 1 – 8%</p> <p>Year 2 – 7.5%</p> <p>Year 3 – 7%</p> <p>Year 4 – 6.5%</p> <p>Year 5 – 6%</p> <p>Year 6 – 5.5%</p> <p>Year 7 – 5%</p> <p>Year 8 – 4%</p> <p>Year 9 – 3%</p> <p>Year 10 – 2%</p> <p>Year 11 – 0%</p>
<b>Partial surrenders</b>	<p>A partial surrender will result in a reduction of benefit amounts available for both LTC benefits and death benefits and will reduce the cash surrender value.</p> <p>The maximum transaction fee is \$25 per partial surrender.</p>
<b>Loans</b>	<p>Policy loans are available from issue, as long as the policy has a cash value. The minimum amount of any policy loan is \$200.</p> <p><b>Interest rate charged:</b> 4%</p> <p><b>Repayments</b></p> <p>Loan repayments may be made at anytime; the minimum loan repayment amount is \$25.</p> <p><b>Maximum loan</b></p> <p>The maximum total loan amount is equal to the current net surrender value less 3 months of deductions, the first of which will come due on the next monthly anniversary.</p> <p><b>Impact on policy values</b></p> <p>Outstanding loans at the time of benefit payments reduce the maximum monthly LTC benefit, along with the total pool of LTC benefits and any associated inflation protection benefits, the death benefit and the cash surrender value.</p>
<b>Qualifications for benefits</b>	<p>To qualify for benefits, the insured must be certified by a U.S.-licensed health care practitioner to have a severe cognitive impairment or not be able to perform 2 of 6 activities of daily living for at least 90 days.</p> <p>Activities of Daily Living are bathing, continence, dressing, eating, toileting and transferring.</p> <p>The required plan of care prepared by a U.S.-licensed health care practitioner will be created at time of claim. The 90-calendar-day elimination period must be met.</p> <p>The LTC claim must be recertified at least every 12 months. This means a U.S.-licensed health care practitioner must recertify the insured’s qualifications for claim. An updated plan of care must also be created.</p>
<b>Inflation protection options</b>	<p>If elected, a separate monthly benefit is provided based on the monthly maximum LTC rider benefit amount. The monthly benefit amount will increase whether or not claims are being paid.</p> <p>These riders have their own premium amounts.</p> <p><b>LTC Fixed Rate Inflation Protection Rider</b></p> <ul style="list-style-type: none"> <li>• 3% simple interest</li> <li>• 3% compound interest</li> <li>• 5% compound interest</li> </ul>
<b>LTC Acceleration Rider</b>	<p>This rider is part of the policy and provides for acceleration of the base policy specified amount. A monthly benefit is paid to the policyowner over the acceleration period. This rider has its own premium amount.</p>

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**LTC Extension of Benefits Rider**

This rider provides a monthly benefit to the policyowner once the acceleration benefit has been exhausted. It is a part of any policy with a benefit period of 3 years or more. This rider has its own premium amount.

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**Critical Illness Rider**

This rider permits a request for an elected portion of the base policy's specified amount when the insured is diagnosed with a critical illness as described in the rider, including any required period of survival or treatment.

Benefits paid under this rider will result in a reduction of the benefit amounts available for both LTC benefits and death benefits and will reduce the cash surrender value. This rider is automatically issued with the policy. No charges are deducted for the rider until it is invoked.

The Critical Illness Rider is not available in California.

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**Terminal Illness Rider**

This rider provides for an accelerated death benefit paid to the policyowner when the insured has a terminal illness with a life expectancy of 12 months or less (24 months in Illinois).

Benefits paid under this rider will result in a reduction of the benefit amounts available for both LTC benefits and death benefits and will reduce the cash surrender value. This rider is automatically issued with the policy. No charges are deducted for the rider until it is invoked.

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**Caregiver Advocate**

Insureds, policyowners and their immediate family members will have access to this free service, which provides information and references for LTC service providers and community services in their area.

There is no obligation to use these services, which are currently provided through a nonaffiliated third party. There is no separate additional charge for this service. This service is subject to availability.

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**International benefits**

100% of the maximum monthly benefit amount from the LTC Acceleration Rider and 100% of any LTC Inflation Protection Rider benefit are available while benefits are paid under the LTC Acceleration Rider. This is available while the insured is living outside of the U.S.; no international benefits are available under the LTC Extension of Benefits Rider or any LTC Inflation Protection Rider benefit associated with it.

Extension of Benefits availability will resume if the insured returns to the U.S. and the maximum lifetime benefit amount is not exhausted.

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**Maximum issue ages for CareMatters II**

		No Inflation or Fixed Inflation		
Premium Schedule	Return of Premium	Min ROP/ Max LTC	Vested ROP	Step-Up ROP
	Single-pay	75	69	69
	5-pay	75	69	69
	10-pay	75	69	69
	Pay to age 65	54	54	54
	Pay to age 100	65	N/A	N/A
		Age last birthday		



To learn more about the benefits **Nationwide CareMatters II** offers to your clients, please call us at:

**Life Insurance Solutions Center**

1-800-321-6064

**Brokerage General Agents Solutions Center**

1-888-767-7373

**Producer Group Solutions Center**

1-844-867-8159

**World Financial Group Solutions Center**

1-855-455-4139



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• Not a deposit • Not FDIC or NCUSIF insured • Not guaranteed by the institution • Not insured by any federal government agency • May lose value

This material is not a recommendation to buy or sell a financial product or to adopt an investment strategy. Investors should discuss their specific situation with their financial professional.

When choosing a product, make sure that life insurance and long-term care insurance needs are met. Nationwide CareMatters II is not intended to be a primary source of life insurance protection, so make sure that life insurance needs are covered by appropriate products. Be sure to choose a product that meets long-term life insurance needs, especially if personal situations change — for example, marriage, birth of a child or job promotion. Weigh the costs of the policy, and understand that life insurance, and long-term care coverage linked to life insurance, has fees and charges that vary with sex, health, age and tobacco use. Riders that customize a policy to fit individual needs usually carry an additional charge.

Nationwide CareMatters II is a cash indemnity product that pays LTC benefits when the insured person is certified to have a qualifying condition and a need for LTC services. Bills and receipts showing actual expenses do not have to be submitted for payment of benefits once a claim has been approved. Each year, the policyowner can receive, tax free, the greater of the HIPAA per diem amount or actual LTC costs incurred. However, benefits may be taxable under certain circumstances. Taxpayers should consult with their tax and legal advisors about their specific situation.

Benefits under the LTC Rider are an advance payment of the policy's death benefit while the insured is still living. Accelerating the death benefit, along with taking loans and withdrawals, reduces both the death benefit and cash surrender value of the policy. Care should be taken to make sure that life insurance needs continue to be met even if the entire death benefit is accelerated or if money is taken from the policy.

Individual care needs and costs will vary, and there is no guarantee that the policy will cover the entire cost of the insured's long-term care. Nationwide pays benefits to the policyowner. If the policy is owned by someone other than the insured, there is no guarantee that the policyowner will use the benefits to pay for LTC services.

Approval for coverage under the policy and attached riders is subject to underwriting and may require a medical exam.

Nationwide CareMatters II might not be available in some states. Please contact Nationwide to determine product availability in your state.

All guarantees and benefits of the insurance policy are backed by the claims-paying ability of the issuing insurance company. Policy guarantees and benefits are not backed by the broker/dealer and/or insurance agency selling the policy, nor by any of their affiliates, and none of them makes any representations or guarantees regarding the claims-paying ability of the issuing insurance company.

Caregiver Advocate is available at no additional cost. Caregiver Advocate is administered by illumifin. Nationwide is not affiliated with illumifin. Caregiver Advocate is subject to availability and may be modified, suspended or terminated at any time. Access to the services available through Caregiver Advocate will terminate if the owner terminates or surrenders their contract with Nationwide. Caregiver Advocate is a third-party vendor site that is not hosted by or affiliated with Nationwide, and Nationwide is not responsible for the content or the accuracy of any information or materials located on the site.

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LAM-3120AO.10 (08/24)



Product highlights

# Nationwide CareMatters Together<sup>®</sup>

<b>Product type</b>	Long-term care (LTC) coverage for two people on a fixed-premium, last-survivor universal life chassis. This means long-term care benefits are available for both people, but any remaining death benefit is paid at the death of the second insured.										
<b>Benefit type</b>	Cash indemnity LTC benefit. Nationwide places no restrictions on how benefits are used.										
<b>How CareMatters Together<sup>®</sup> benefits are paid</b>	<p><b>LTC benefit</b> Long-term care benefits can be paid for each insured who is eligible for an LTC claim up to the available maximum monthly LTC benefit per insured, until the available total LTC benefit has been exhausted.</p> <p><b>Note: It is possible for one insured to use the entire benefit.</b></p> <p><b>Death benefit</b> The death benefit is paid at the death of the second insured (second to die).</p>										
<b>Tax-free benefits</b>	Each year, the policyowner(s) can receive, tax free, the greater of the HIPAA per diem amount or actual LTC costs incurred. Clients should consult their tax advisor. Any applicable death benefit is paid tax free to the beneficiaries.										
<b>Target market</b>	Two people (married or not) ages 40 - 65 looking for LTC coverage and flexibility of benefit use.										
<b>Underwriting classes</b>	<p>Each individual insured can have a separate rate class from the options listed below:</p> <ul style="list-style-type: none"> <li>• Preferred Nontobacco</li> <li>• Preferred Tobacco</li> <li>• Standard Nontobacco</li> <li>• Standard Tobacco</li> </ul> <p>Only one insured may be in the Standard rate class. A policy will not be issued where both insureds are rated Standard.</p>										
<b>Minimum issue age</b>	30										
<b>Maximum issue ages</b> <i>(oldest insured)</i>	<table border="1"> <tr> <td><b>Single-pay</b></td> <td>70</td> </tr> <tr> <td><b>5-pay</b></td> <td>70</td> </tr> <tr> <td><b>10-pay</b></td> <td>70</td> </tr> <tr> <td><b>20-pay</b></td> <td>65</td> </tr> <tr> <td><b>Pay to age 100</b></td> <td>65</td> </tr> </table>	<b>Single-pay</b>	70	<b>5-pay</b>	70	<b>10-pay</b>	70	<b>20-pay</b>	65	<b>Pay to age 100</b>	65
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<b>5-pay</b>	70										
<b>10-pay</b>	70										
<b>20-pay</b>	65										
<b>Pay to age 100</b>	65										

<b>Maximum age difference</b>	<ul style="list-style-type: none"> <li>Preferred: 25 years</li> <li>Standard: 10 years</li> </ul>																		
<b>Backdating</b>	Age is based on the signed date on the application. Backdating is not permitted.																		
<b>Minimum monthly LTC benefit at issue</b>	\$1,500 CA: \$1,550 SD: \$3,100 VT: \$2,325 WI: \$1,860																		
<b>Maximum monthly LTC benefit at issue</b>	\$20,833																		
<b>Minimum specified amount</b>	<table border="1"> <thead> <tr> <th></th> <th><b>Both insureds Preferred</b></th> <th><b>Either insured Standard</b></th> </tr> </thead> <tbody> <tr> <td></td> <td>\$54,000</td> <td>\$72,000</td> </tr> <tr> <td><b>CA</b></td> <td>\$55,800</td> <td>\$74,400</td> </tr> <tr> <td><b>SD</b></td> <td>\$111,600</td> <td>\$148,800</td> </tr> <tr> <td><b>VT</b></td> <td>\$83,700</td> <td>\$111,600</td> </tr> <tr> <td><b>WI</b></td> <td>\$66,960</td> <td>\$89,280</td> </tr> </tbody> </table>		<b>Both insureds Preferred</b>	<b>Either insured Standard</b>		\$54,000	\$72,000	<b>CA</b>	\$55,800	\$74,400	<b>SD</b>	\$111,600	\$148,800	<b>VT</b>	\$83,700	\$111,600	<b>WI</b>	\$66,960	\$89,280
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<b>WI</b>	\$66,960	\$89,280																	
<b>Maximum number of full monthly LTC benefit payments</b>	<ul style="list-style-type: none"> <li>48 payments</li> <li>72 payments</li> <li>96 payments</li> </ul> <p>If both insureds are Preferred</p> <ul style="list-style-type: none"> <li>LTC Rider acceleration payments: 36, plus</li> <li>LTC Extension of Benefits Rider payments: 12, 36 or 60</li> </ul> <p>If either insured is Standard</p> <ul style="list-style-type: none"> <li>LTC Rider acceleration payments: 48, plus</li> <li>LTC Extension of Benefits Rider payments: 0, 24 or 48</li> </ul>																		
<b>LTC Rider</b>	This rider is part of the policy and provides for acceleration of the base policy specified amount.																		
<b>LTC Extension of Benefits Rider</b>	This rider provides a monthly benefit to the policyowner once the acceleration benefit has been exhausted.																		
<b>Premium payment options</b>	<ul style="list-style-type: none"> <li>Pay one time (single-pay)</li> <li>Pay annually or monthly for 5 years (5-pay)</li> <li>Pay annually or monthly for 10 years (10-pay)</li> <li>Pay annually or monthly for 20 years (20-pay)</li> <li>Pay annually or monthly to the older insured's attained age 100</li> </ul>																		
<b>1035/lump-sum flexibility</b>	The policyowner has the option to pay a lump-sum premium and/or 1035 exchange at the time the policy is issued.																		
<b>LTC inflation options</b>	LTC benefits will grow based upon the inflation option selected. <ul style="list-style-type: none"> <li>3% compound for life</li> <li>3% compound for 20 years</li> <li>5% compound for life</li> </ul> <p>The monthly benefit amount will increase whether or not claims are being paid.</p>																		

<b>Underwriting requirements</b>	<ul style="list-style-type: none"> <li>• Simplified underwriting</li> <li>• Interview</li> <li>• A cognitive screen for applicants 60 and older or for cause</li> <li>• Attending physician's statement for cause</li> </ul>
<b>Elimination period</b>	<p>90 calendar days for each insured. Once the elimination period is met, it's met for life.</p> <p>Upon completion, benefits for the first 90 days will be paid retroactively along with benefits for month 4.</p>
<b>Guaranteed reduced paid-up benefit option</b>	<p>In the event that the policyowner no longer wishes to continue paying the scheduled premium, the policyowner may choose to accept a reduced paid-up policy. Benefits will be reduced based on the pro rata amount of premiums already paid.</p> <p>The minimum monthly LTC benefit must continue to be at least \$250.</p>
<b>Waiver of premium</b>	<p>For all payment options, life and LTC premiums will be waived while LTC benefits are being paid.</p>
<b>Residual death benefit</b>	<p>If total LTC benefits are exhausted, the policy will not lapse, and a residual death benefit equaling <b>10% of the base specified amount</b> will be paid upon the death of the second insured, reduced by any indebtedness and unpaid monthly deductions.</p>
<b>Total received upon surrender</b>	<p>The greater of:</p> <ol style="list-style-type: none"> <li>1. The guaranteed cash value OR</li> <li>2. The accumulated value minus surrender charges</li> </ol> <p>Minus any policy indebtedness, unpaid charges and LTC benefits paid.</p>
<b>Potential tax advantages</b>	<p>Total premium will be divided into two categories:</p> <ol style="list-style-type: none"> <li>1. Life insurance premium</li> <li>2. LTC premium — includes LTC Rider, LTC Extension of Benefits Rider and inflation option, if elected</li> </ol> <p>The LTC premium portion may be eligible for a tax deduction or reimbursement from a Health Savings Account (HSA) (subject to applicable requirements and aged-based limitations). The life insurance portion of the premium is not tax deductible or HSA eligible.</p>
<b>Qualification for benefits</b>	<p>To qualify for benefits, the insured(s) must be certified by a U.S.-licensed health care practitioner to have a severe cognitive impairment or not be able to perform 2 of 6 activities of daily living for a period of at least 90 days within a 2-year period. The required plan of care prepared by a U.S.-licensed health care practitioner will be created at time of claim.</p> <p>Activities of Daily Living are bathing, continence, dressing, eating, toileting and transferring.</p> <p>Each insured's 90-calendar-day elimination period must be met.</p> <p>The LTC claim must be recertified at least every 12 months. This means a U.S.-licensed health care practitioner must recertify the insured's qualifications for claim. An updated plan of care must also be created.</p>
<b>Unlicensed informal caregiver</b>	<p>Nationwide places no restrictions on how benefit payments are used — including paying family members or less expensive unlicensed caregivers. The Plan of Care prepared by a U.S.-licensed health care practitioner must outline that informal care is appropriate if such care is desired.</p>
<b>International benefits</b>	<p>For international claims, 100% of the maximum monthly LTC Rider benefit and 100% of any LTC Inflation Protection Rider benefit are available while benefits are paid under the LTC Rider. No LTC benefits are payable under the LTC Extension of Benefits Rider or any LTC Inflation Protection Rider benefit associated with it.</p> <p>LTC Extension of Benefits Rider payment availability will resume if the insured returns to the U.S. and the available total LTC benefit has not been exhausted.</p>

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**Surrender charges**

10-year surrender charge period. The surrender charge is a percentage of the total life insurance premium paid to date minus partial surrenders.

Year 1 — 8.0%  
Year 2 — 7.5%  
Year 3 — 7.0%  
Year 4 — 6.5%  
Year 5 — 6.0%  
Year 6 — 5.5%  
Year 7 — 5.0%  
Year 8 — 4.0%  
Year 9 — 3.0%  
Year 10 — 2.0%  
Year 11 — 0.0%

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**Partial surrenders**

A partial surrender will result in a reduction of benefit amounts available for both LTC benefits and the death benefit and will reduce the cash surrender value.

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**Loans**

Policy loans are available from issue, as long as the policy has a cash value. The minimum amount of any policy loan is \$200.

**Impact on policy values**

Outstanding loans at the time of benefit payments reduce the maximum monthly LTC Rider benefit, along with the total pool of LTC benefits, the death benefit and the cash surrender value.

**Interest rates:**

Charged rate: 4%

**Repayments**

Loan repayments may be made at any time; the minimum loan repayment amount is \$25.

**Maximum loan**

The maximum total loan amount is equal to the current net surrender value, less 3 months of monthly deductions, the first of which will come due on the next monthly anniversary.

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**Charges and costs****Monthly administrative charge:**

- \$20 per month
- Per-thousand of specified amount charge; the per-thousand charge applies to the initial specified amount and is deducted monthly; if the specified amount is reduced due to partial surrenders during the charge period, then the charge continues to be calculated based on the initial specified amount

**Cost of insurance charge (COI):**

- The base life insurance policy has a COI charge rate, which applies to each \$1,000 of the net amount at risk and is deducted monthly
- The COI applicable for a particular policy can be found in the Policy Specifications Pages under premium expense charge

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**Caregiver Advocate**

Insureds, policyowners and their immediate family members will have access to this free service, which provides information and references for LTC service providers and community services in their area.

There is no obligation to use these services, which are currently provided through a nonaffiliated third party. There is no separate additional charge for this service. This service is subject to availability.

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To learn more about the benefits that **CareMatters Together** offers your clients, please call us at:

**Life Insurance  
Solutions Center**

1-800-321-6064

**Brokerage  
General Agents  
Solutions Center**

1-888-767-7373

**Producer Group  
Solutions Center**

1-844-867-8159

**World Financial  
Group Solutions  
Center**

1-855-455-4139



FOR FINANCIAL PROFESSIONAL USE – NOT FOR DISTRIBUTION TO THE PUBLIC

• Not a deposit • Not FDIC or NCUSIF insured • Not guaranteed by the institution • Not insured by any federal government agency • May lose value

All guarantees and benefits of the insurance policy are backed by the claims-paying ability of the issuing insurance company. Policy guarantees and benefits are not backed by the broker/dealer and/or insurance agency selling the policy, nor by any of their affiliates, and none of them makes any representations or guarantees regarding the claims-paying ability of the issuing insurance company.

Nationwide CareMatters Together is a cash indemnity product that pays LTC benefits when one or both of the insured persons are certified to have a qualifying condition and a need for LTC services. Bills and receipts showing actual expenses do not have to be submitted for payment of benefits once a claim has been approved. Each year, the policyowner can receive, tax free, the greater of the HIPAA per diem amount or actual LTC costs incurred. However, benefits may be taxable under certain circumstances. Clients should consult with their tax and legal advisors about their specific situation.

Keep in mind that the payment of Long-Term Care Rider benefits, as an acceleration of the death benefit, will reduce both the death benefit and net surrender value of the policy. Additionally, loans and withdrawals will also reduce both the net surrender value and the death benefit. Care should be taken to make sure that life insurance needs continue to be met even if the rider pays out in full or after money is taken from the policy. There is no guarantee that the rider will cover the entire cost for all of the insureds' long-term care, as this may vary with the needs of each insured. One of the insureds may exhaust the entire long-term care benefit. Nationwide pays the long-term care benefit to the policyowner; there is no guarantee that the policyowner will use the benefit for long-term care expenses if the policy is owned by someone other than the insured.

The policy that this rider is attached to is noncancelable. This means that the policyowner has the right, subject to the terms of their policy, to continue their policy, provided they pay the scheduled premium on time. Nationwide cannot change any of the terms of their policy on its own and cannot change the scheduled premium.

When choosing a product, make sure that life insurance and long-term care insurance needs are met. CareMatters Together is not intended to be a primary source of life insurance protection, so make sure that life insurance needs have been covered by appropriate products. Because personal situations may change (e.g., marriage, birth of a child or job promotion), so can life insurance and long-term care insurance needs. Care should be taken to ensure that these strategies and products are suitable. Associated costs, as well as personal and financial objectives, time horizons and risk tolerance, should all be weighed before purchasing CareMatters Together. Life insurance, and long-term care coverage linked to life insurance, may have fees and charges associated with it that include the costs of insurance, which vary based on characteristics of each insured such as sex, health, age and tobacco use. Riders that customize a policy to fit individual needs usually carry an additional charge.

CareMatters Together has exclusions, limitations, reductions of benefits and terms under which the product may be continued in force or discontinued. For more details on cost and coverage options, contact Nationwide.

Approval for coverage under the policy and riders is subject to underwriting and may require a medical exam.

CareMatters Together may not be available in some states. Please contact Nationwide to determine product availability in your state.

The information contained herein was prepared to support the promotion, marketing and/or sale of life insurance contracts, annuity contracts and/or other products and services provided by Nationwide Life and Annuity Insurance Company.

Products are issued by Nationwide Life and Annuity Insurance Company, Columbus, Ohio.

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FLM-1482AO.1 (01/25)



Product highlights: New York

# Nationwide YourLife CareMatters®

Nationwide YourLife CareMatters® offers a flexible way to plan for the future. It's long-term care (LTC) coverage that also provides a death benefit by linking to a universal life policy, giving the insured choice, control and flexibility as their care needs unfold.

The product may be a good fit for those between ages 50 and 69 (available for ages 40 to 75) who have assets or income that can be repositioned for LTC coverage.

All details presented here were effective June 12, 2023.

**Product type** A fixed-premium universal life chassis with long-term care (LTC) coverage

**Underwriting classes, issue ages and premium schedules** Ages 40 to 75 (age at last birthday), risk classes: Nontobacco Preferred and Tobacco Preferred

Single-pay		5- and 10-pay	
Benefit period	Maximum issue age	Benefit period	Maximum issue age
2 years	70	2 years	75
3 years	70	3 years	75
4 years	70	4 years	75
5 years	70	5 years	75
6 years	70	6 years	75
7 years	70	7 years	75

**Specified amount** Minimum: \$74,400 for 2-, 4- and 6-year benefit periods; \$111,600 for 3-, 5- and 7-year benefit periods  
 Maximum: \$500,000 for 2-, 4- and 6-year benefit periods; \$750,000 for 3-, 5- and 7-year benefit periods  
 Maximum monthly benefits at time of issue range from \$3,100 to \$20,833. At time of claim, the minimum monthly benefit is \$775. Benefits received under the ADBQS<sup>1</sup> Rider are capped at HIPAA per diem amounts.

LTC-specified benefit period	Minimum specified amount	Maximum specified amount	Maximum LTC benefit pool
2 years	\$74,400	\$500,000	\$500,000
3 years	\$111,600	\$750,000	\$750,000
4 years	\$74,400	\$500,000	\$1,000,000
5 years	\$111,600	\$750,000	\$1,250,000
6 years	\$74,400	\$500,000	\$1,500,000
7 years	\$111,600	\$750,000	\$1,750,000

## LTC specified benefit periods

2-year, 3-year, 4-year, 5-year, 6-year, 7-year

Total benefit duration	Acceleration/extension period
2 years	2-year ADBQS Rider <sup>1</sup> specified acceleration period
3 years	3-year ADBQS Rider specified acceleration period
4 years	2-year ADBQS Rider specified acceleration period 2-year LTCEB Rider <sup>1</sup> specified extension period
5 years	3-year ADBQS Rider specified acceleration period 2-year LTCEB Rider specified extension period
6 years	2-year ADBQS Rider specified acceleration period 4-year LTCEB Rider specified extension period
7 years	3-year ADBQS Rider specified acceleration period 4-year LTCEB Rider specified extension period

## Premium payment options

- Pay one time (single-pay)
- Pay annually or monthly for 5 years (5-pay)
- Pay annually or monthly for 10 years (10-pay)

## Benefit type

Cash indemnity — Once the insured qualifies, a check is mailed to the policyowner each month for the full amount of the monthly LTC benefit.

## Qualifications for benefits

To qualify for benefits, the insured must be certified by a U.S.-licensed health care practitioner to have a severe cognitive impairment or not be able to perform 2 of 6 activities of daily living for at least 90 days.

The licensed health care practitioner must also provide a plan of care, and the eligibility period must be met.

While receiving benefits, an annual recertification check will be performed to ensure that the insured still qualifies for benefits.

## Eligibility period

The 90-calendar-day eligibility (or waiting) period begins immediately after the date the insured is certified as meeting the qualification for benefits and starts receiving qualified LTC services under the plan of care provided by a U.S.-licensed health care practitioner. Days of care or service don't need to be consecutive, though they do need to be accumulated within a continuous period of 730 days.

No LTC benefits will be paid until the eligibility period has been satisfied. However, LTC benefits will be paid retroactively in month 4 for qualified LTC services received during the eligibility period.

## Informal and family caregivers

Benefits can be used to pay a family member or anyone the policyowner chooses to provide care for the insured as long as informal care is deemed appropriate in the plan of care by a U.S.-licensed health care practitioner. Tax implications may apply.

## LTC services covered

Once the insured qualifies for benefits and satisfies the eligibility period, the benefits will help cover some of the costs of qualified care, such as:

- **Home health care**, including adult day care and a home health aide to assist with activities of daily living or provide support for cognitive impairment
- **Assisted living** for the purpose of assisting with activities of daily living or providing support for cognitive impairment
- **Qualified LTC facilities**, including 24-hour-a-day care and medical services to support the needs of patients
- **Nursing home care**, including 24-hour-a-day skilled, intermediate or custodial care under the supervision of a physician
- **Adult day care**
- **Any state-qualified LTC service** existing today or in the future

<sup>1</sup> ADBQS Rider = Acceleration of Life Insurance Death Benefit for Qualified Long-Term Care Services Rider; LTCEB Rider = Long-Term Care Extension of Benefits Rider.

## Exclusions

Does not pay benefits for qualified LTC services that result from:

- Attempted suicide or intentionally self-inflicted injury
- Committing or attempting to commit a felony
- Alcoholism or drug addiction, unless addiction results from administration of drugs for treatment prescribed by a physician
- War or any act of war, whether declared or undeclared

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## Charges and costs

Monthly administrative charge

- Current: \$0 per month
- Guaranteed: \$20 per month maximum
- Per-thousand of specified amount charge; the per-thousand charge applies to the initial specified amount and is deducted monthly; if the specified amount is reduced due to partial surrenders during the charge period, then the charge continues to be calculated based on the initial specified amount

Premium expense charge

- Current: 10% of each premium
- Guaranteed: 10% of each premium
- Cost of insurance charge (COI)
- The base life insurance policy has a COI charge rate, which applies to each \$1,000 of the net amount at risk and is deducted monthly
- The guaranteed COI applicable for a particular policy can be found in the Policy Specifications pages under premium expense charge

Rider charges

- There will be a separate monthly charge for each rider included in the policy
- Available riders are:
  - Acceleration of Life Insurance Death Benefit for Qualified Long-Term Care Services (ADBQS) Rider
  - Long-Term Care Extension of Benefits (LTCEB) Rider
  - Long-Term Care Inflation Protection Rider

Monthly charges for these riders apply to each \$1,000 of the specified amount.

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## Guaranteed return of premium

The return of premium value is equal to all premium paid, minus any withdrawals, multiplied by the applicable percentage. Starting day one, 80% of the return of premium value is available. Starting day one of year 11, 95% of the return of premium value is available. The surrender value actually paid will be reduced by any outstanding loans, unpaid monthly deductions and LTC benefits paid.

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## Residual death benefit

The lesser of 10% of the specified amount or \$25,000

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## Surrender charges

There will be a surrender charge associated with the total premium paid. Surrender charges will apply to full or partial surrenders during the first 10 years following the first premium payment.

Surrender charges are a percentage of the actual premium paid in the first 10 policy years, as shown below:

Year	1	2	3	4	5	6	7	8	9	10+
Percentage of premium	3%	3%	2%	2%	2%	2%	2%	2%	1%	0%

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## Partial surrenders

A partial surrender may be taken after the first policy year while the policy is in force.

A partial surrender will result in a reduction of benefit amounts available for the ADBQS Rider, LTCEB Rider and death benefit, and it will reduce the cash surrender value.

The maximum transaction fee is \$25 per partial surrender.

## Loans

Policy loans are available from issue, as long as the policy has a cash value. The minimum amount of any policy loan is \$200.

### Interest rates

- On a current and guaranteed basis, the loan charged rate will be equal to 4% in all policy years
- The loan credited rate will be equal to 2% in all policy years on a current and guaranteed basis

### Repayments

- Loan repayments may be made at any time; the minimum loan repayment is \$25

### Maximum loan

- The maximum total loan amount is equal to the current net surrender value less 3 months of deductions, the first of which will come due on the next monthly anniversary

### Impact on benefits

- Outstanding loans at the time of benefit payments reduce the maximum monthly benefit along with the total pool of benefits and the death benefit

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### Acceleration of Life Insurance Death Benefit for Qualified Long-Term Care Services (ADBQS) Rider

This rider is part of the policy and provides for acceleration of the base policy specified amount. A monthly benefit is paid to the policyowner over the elected period.

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### Long-Term Care Extension of Benefits (LTCEB) Rider

Benefits under this rider begin once the total benefits available under the ADBQS Rider have been exhausted. This rider provides a monthly benefit to the policyowner for the insured for the LTCEB Rider benefit duration. This rider is part of any policy with benefit periods of 4 years or more.

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### Inflation Protection Rider

This rider will help provide protection against the rising costs of LTC services. If elected, a separate monthly benefit is provided based on the monthly maximum rider benefit amount. The monthly benefit will increase annually at the beginning of each policy year starting on the first anniversary. The monthly benefit amount will increase whether or not claims are being paid.

If the policyowner elects the Inflation Protection Rider, these options are available:

- 3% simple interest
- 5% compound interest

This rider is optional, has an additional charge and is available only if the LTCEB Rider has also been elected.

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### Accelerated Death Benefit Rider (terminal illness)

This rider provides for an accelerated death benefit paid to the policyowner when the insured has a life expectancy of 12 months or less resulting from a noncorrectable terminal illness.

Benefits paid under this rider will result in a reduction of benefit amounts available for both LTC benefits and death benefits, and it will also reduce the cash surrender value. This rider is a part of the policy.

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### Waiver of LTC charges

While receiving rider benefits, the monthly ADBQS Rider charge and the monthly LTCEB charge (if the LTCEB Rider is elected) will be waived for the LTC Rider benefit duration. However, other monthly deductions under the base policy will continue to be charged until the net surrender value runs out.

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### International benefits

Only 50% of the maximum monthly benefit amount of the ADBQS Rider and 50% of any LTC Inflation Protection Rider are available while the insured is living outside of the U.S.; no international benefits are available under the LTCEB Rider.

- The maximum lifetime benefit is not reduced, so it will extend the period that the maximum lifetime benefit is paid out
- If the insured returns to the U.S., the amount available each month will return to 100% of the maximum monthly benefit
- Extension of benefits availability will resume if the insured returns to the U.S. and the maximum lifetime benefit amount is not exhausted

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Nationwide YourLife CareMatters is not a Partnership Qualified product. For more information on Partnership Qualified products, please contact your state's Department of Insurance.



Please contact your financial professional if you have questions about Nationwide YourLife CareMatters.



• Not a deposit • Not FDIC or NCUSIF insured • Not guaranteed by the institution • Not insured by any federal government agency • May lose value

All individuals selling this product must be licensed insurance agents.

This material is not a recommendation to buy or sell a financial product or to adopt an investment strategy. Investors should discuss their specific situation with their financial professional.

Products include features that may be changed at the discretion of the insurer. You will be notified prior to any of these changes that affect your contract or policy.

All policy and rider guarantees, including optional benefits and any fixed subaccount crediting rates, are subject to the claims-paying ability of the issuing insurance company. They are not backed by the broker/dealer from which this policy is purchased, by the insurance agency from which this policy is purchased or any affiliates of those entities, and none make any representations or guarantees regarding the claims-paying ability of the issuing insurance company.

When choosing a product, make sure that life insurance and long-term care insurance needs are met. Nationwide YourLife CareMatters is not intended to be a primary source of life insurance protection, so make sure that life insurance needs are covered by appropriate products. Be sure to choose a product that meets long-term life insurance needs, especially if personal situations change — for example, marriage, birth of a child or job promotion. Weigh the costs of the policy, and understand that life insurance, and long-term care coverage linked to life insurance, has fees and charges that vary with sex, health, age and tobacco use. Riders that customize a policy to fit individual needs usually carry additional charges.

Nationwide YourLife CareMatters is a cash indemnity product that pays LTC benefits when the insured is certified to have a qualifying condition and a need for LTC services. Bills and receipts showing actual expenses do not have to be submitted for payment of benefits once a claim has been approved. Each year, the policyowner can receive, tax free, the greater of the HIPAA per diem amount or actual LTC costs incurred. However, benefits may be taxable under certain circumstances. Taxpayers should consult with their tax and legal advisors about their specific situation.

Benefits under the Acceleration of Life Insurance Death Benefit for Qualified Long-Term Care Services Rider are an advance payment of the policy's death benefit while the insured is still living. Accelerating the death benefit, along with loans and withdrawals, reduces both the death benefit and cash surrender value of the policy. Care should be taken to make sure that life insurance needs continue to be met, even if the entire death benefit is accelerated or if money is taken from the policy.

**This is a life insurance policy with a rider that accelerates the death benefit for qualified long-term care services. This is not a health insurance policy and is not subject to the minimum requirements of New York Law pertaining to Long-Term Care Insurance, does not qualify for the New York State Long Term Care Partnership Program and is not a Medicare supplement policy. The policy is intended to be a qualified long-term care insurance contract for federal tax law only. Receipt of the accelerated benefits may affect eligibility for public assistance programs and may be taxable.**

Individual care needs and costs will vary, and there is no guarantee that the policy will cover the entire cost of the insured's long-term care. Nationwide pays benefits to the policyowner. If the policy is owned by someone other than the insured, there is no guarantee the policyowner will use the benefits to pay for LTC services.

Approval for coverage under the policy and attached riders is subject to underwriting and may require a medical exam.

Guarantees are subject to the claims-paying ability of Nationwide Life Insurance Company.

Products are issued by Nationwide Life Insurance Company, Columbus, Ohio.

Nationwide, the Nationwide N and Eagle, Nationwide is on your side and Nationwide YourLife CareMatters are service marks of Nationwide Mutual Insurance Company.  
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LAM-1939NY.11 (08/24)

# Medical requirements

At Nationwide®, we're focused on helping you meet your clients' financial and retirement planning needs, including offering long-term care (LTC) coverage. The following guide is a comprehensive resource containing common and specific medical concerns to consider when applying for any of our CareMatters LTC solutions.

Age	Requirements
30 to 59 <sup>1</sup>	<ul style="list-style-type: none"><li>• Interview, IRIX® and Medical Information Bureau (MIB) reviews</li></ul>
60 to 64	<ul style="list-style-type: none"><li>• Interview with a cognitive screening is conducted</li><li>• Client must have been seen by a physician within the past 5 years</li></ul>
65 to 70	<ul style="list-style-type: none"><li>• Interview with a cognitive screening is conducted</li><li>• Client must have been seen by a physician in the past 2 years</li></ul>
71 to 75	<ul style="list-style-type: none"><li>• Interview with a cognitive screening is conducted</li><li>• Client must have been seen by physician in the past year</li></ul>

## Attending physician statement (APS)

CareMatters® solutions offer a streamlined underwriting process. Medical records are not routinely secured unless it's a California application or consideration is being given for the Standard class on CareMatters Together. However, it may be determined after review that medical records may be needed for possible further consideration, and the medical records may need to be provided at no expense to Nationwide. The underwriter may reach out for additional information in an effort to avoid the need for medical records.

## Reapplication

If an application is submitted and formally postponed for not meeting the above requirement, the proposed insured will be required to establish care with a primary physician with more than 1 visit and any labs and/or age-appropriate testing completed, and copies of the records will need to be submitted at no expense to Nationwide at the time of reapplication. Please note, these are the minimum care guidelines, and specific medical histories could warrant shorter interval follow-up times, regardless of age.

## Interpreters

- **Tele-interview applications:** Interviewers can secure an interpreter from a language line for completion of the telephonic CareMatters interview for Part B of the application and/or for the telephonic cognitive screen. If any other paperwork utilized an interpreter for completion, Nationwide's Interpreter Amendment would need to be completed.
- **Online application:** If an interpreter is used in conjunction with the online application process for completion of the CareMatters interview for Part B of the application and required forms, Nationwide's Interpreter Amendment will be presented for completion. An interpreter cannot be utilized to complete a digital cognitive screen.

*Per New York regulation, people who do not understand English cannot be required to certify that a translator has assisted them. Therefore, the proposed insured must be able to read, speak and understand English to apply for CareMatters in New York.*

<sup>1</sup> The minimum issue age is 40 in New York. Maximum issue ages vary by product and the product features elected. The maximum age may be lower than 75. Refer to individual product highlights on Pages 3-18 for additional details.

## General guidelines

### Ownership:

- Owners of a CareMatters II or YourLife CareMatters (NY) policy include:
  - Insured
  - Spouse
  - Trust
- Owners of a CareMatters Together policy include:
  - Both insureds
  - Trust
  - 1 of the insureds (often a spouse or adult child of the insured)

### Completing the application:

- All applications must be signed in the United States, in the state where owner resides or where the trust is domiciled
- The agent/broker must be licensed in that state
- The application must be signed by the proposed insured or a trustee of a trust; if a trust, the application would need to be signed in the state the trust is domiciled in

### Additional details and requirements:

- Premiums may be paid by someone other than the owner
- Backdating is not allowed
- Replacement coverage:
  - Provide details of in-force coverage
  - If Nationwide will replace, the necessary state replacement form must accompany the application
  - Replacement forms must be signed on or before the application signature date
- 1035 paperwork must have a wet signature (most relinquishing carriers do not allow e-signatures)
- Long-Term Care Personal Worksheet is required for suitability review; if the client chooses not to complete this information, an additional suitability letter will need to be signed by the owner/applicant to proceed with underwriting; this cannot be collected on delivery
- Health insurability:
  - Refer to the Eligibility Requirements section on Pages 22-28 for automatically uninsurable situations
  - If any health is of question or has previously been declined by Nationwide or other carriers, please prescreen your client(s) using [CareMattersScreen@nationwide.com](mailto:CareMattersScreen@nationwide.com)
- Military insurability:
  - Inactive military or individuals in military occupations are insurable provided foreign travel guidelines are acceptable
  - Active military will not be considered if traveling to an area of possible conflict, political instability, or if they've been alerted or received orders for deployment to a combat zone; reconsideration may be given upon return to the U.S. on a permanent basis
- International claims:
  - 100% of the maximum monthly LTC Rider benefit and 100% of any LTC Inflation Protection Rider benefit are available while benefits are paid under the LTC Rider
  - No LTC benefits are payable under the LTC Extension of Benefits Rider or any LTC Inflation Protection Rider benefit associated with it; LTC Extension of Benefits Rider payment availability will resume if the insured returns to the U.S. and the available total LTC benefit has not been exhausted

# Application and paperwork submission

- May be completed electronically or by fax, email or postal mail
- Provide the following during the application submission process:

## To Nationwide

- Application Part A
- Projection of values
- LTC personal worksheet
- NAIC states — replacement of life insurance or annuities form, if applicable
- Temporary insurance agreement, if applicable
- 1035 policy exchange agreement and documentation, if applicable
- Long-term care replacement form, if applicable
- Other state-specific forms

## To the proposed insured

- Outline of coverage (included with the sales proposal)
- LTC insurance personal worksheet
- “Things you should know before you buy long-term care insurance”
- NAIC’s “A Shopper’s Guide to Long-Term Care Insurance,” also called “Taking Care of Tomorrow: A Consumer’s Guide to Long-Term Care” in California and “Consumer’s Guide to Long-Term Care” in Wisconsin
- “Interview guide: How to prepare for your personal history interview”
- State-specific forms, if applicable

### Regular mailing address:

Nationwide Financial  
P.O. Box 182835  
Columbus, OH 43218

### Overnight mailing address:

Nationwide Insurance  
One Nationwide Plaza  
1-LC-D4  
Columbus, Ohio 43215-2239

**Fax:** 1-888-677-7393

**Email:** [LIFEAPPS@nationwide.com](mailto:LIFEAPPS@nationwide.com)

### Checking the case status

You can check the case status through Nationwide’s Life Pending Tracker or call Nationwide’s New Business Support Team at 1-866-678-5433, Monday through Thursday, 8 a.m. to 8 p.m. ET and Friday, 8 a.m. to 6 p.m.

### Guidelines for travel outside the United States

- The proposed insured must be a U.S. citizen or permanent green card holder (issued for 10 years or more)
- Policy solicitation, application, underwriting requirements, amendments and delivery must occur in the U.S.
  - A power of attorney (POA) may be accepted on policy delivery receipt
- Interpreter amendment may be required (not required for Part B or cognitive screen by interviewer with interpreter from an approved translation service)
- If an APS from outside of the U.S. is required, the producer is responsible for ordering, obtaining and paying for the APS with no reimbursement for the APS or translation fee (must be in English or translated at no expense to Nationwide)
- The policy must be paid for in U.S. dollars and funded from a U.S.-domiciled bank
- Premium financing is generally not permitted

### Unacceptable occupations for foreign travel (not exhaustive):

- Missionaries, foreign aid workers, relief workers
- Judges, politicians, union leaders or foreign government leaders/employees, diplomats
- Journalists
- Military/police/security/bodyguards of a foreign country
- Private pilots that will be flying outside of the U.S.

- Trade union officials
- Arms dealers

### **Administrative handling**

- Post-issue changes: Nationwide does not allow for changes in coverage, rate or tobacco class after policy issue
- Licensing and appointments/background checks:
  - Broker/agent LTC training and/or certification must be up to date and in effect the date of the application signature
  - Nonresident producers must meet the training requirement in their home state; if their home state does not have a requirement, they must complete the requirements of the state they are writing business in

### **Appealing an underwriting decision**

- Nationwide will require medical records, imaging, exams and/or lab results relating to the medical impairments outlined in the declination letter at no expense to Nationwide; a physician letter/statement is typically not sufficient
- Cognitive declines will require a full neuropsychological evaluation conducted by a licensed neuropsychologist at no expense to Nationwide

### **Incomplete cases**

If a CareMatters case is closed incomplete and is being reopened, the policy will be dated at current age, even if the age on the CareMatters application (Part I/Part A) being used for reopening the case was signed at a previous age.

## **Eligibility requirements**

The proposed insured must be a U.S. citizen or permanent green card holder (issued for 10 years or more) and be able to provide a copy of their green card and Social Security/Taxpayer Identification Number card.

**Automatic uninsurable situations:** Some situations will automatically lead to the proposed insured being declared uninsurable for CareMatters, including but not limited to:

- Being outside the height/weight (build) chart
- Deficits in activities of daily living (ADLs) — For either physical or cognitive reasons, the individual requires help from another person to perform any 1 of the following ADLs:
  - Bathing
  - Dressing
  - Bowel or bladder control (continence)
  - Toileting
  - Moving into or out of a chair or bed (transferring)
  - Eating
  - Ambulating/mobility (inside and outside)
- Deficits in instrumental activities of daily living (IADLs) — For either physical or cognitive reasons, the individual requires help from another person to perform any 1 of the following IADLs:
  - Using the telephone
  - Managing finances
  - Handling transportation
  - Shopping
  - Doing laundry
  - Doing housework

- Taking all medications (including someone setting up medication)
- Preparing meals/cooking
  
- Currently using any type of long-term care (LTC) services:
  - Assisted living
  - Home health care
  - Nursing care
  - Adult day care
  
- Currently receiving any of these payment types:
  - Long-term disability
  - Social Security disability
  - Medicaid benefits
  - Worker's compensation
  
- Currently granting power of attorney (POA) to another individual or POA is currently in effect and/or being used
  
- Currently using durable medical equipment (DME):
  - Walker
  - Hospital bed
  - Stair or chair lift
  - Wheelchair
  - Hoyer lift
  - Ventilator/respirator/oxygen/adaptive servo ventilation (ASV) equipment (does not include CPAP — continuous positive airway pressure)
  - 4-pronged (quad) cane
  - Motorized car

**Height and weight guidelines: Build charts**

- The proposed insured's body mass index (BMI), which is determined by height and weight, will be evaluated during underwriting
- If height and weight exceed the minimum or maximum parameters on Page 24, an application should not be submitted
- If height and weight fall within a marginal range on Page 24, please complete a prescreen to discuss the details of chronic medical conditions, surgeries, treatments and medications, as some builds within these ranges might not be insurable in combination with other health concerns

### Height and weight guidelines (Single life policies: CareMatters II, YourLife CareMatters)

Height	Minimum weight in pounds		Marginal weight range in pounds with other health concerns	Marginal weight range in pounds with other health concerns	Maximum weight in pounds
	Standard	Preferred			
4'10"	82		<91	>156	191
4'11"	84		<94	>162	197
5'0"	87		<98	>167	204
5'1"	90		<101	>173	211
5'2"	93		<104	>179	218
5'3"	96		<107	>185	225
5'4"	99		<111	>190	232
5'5"	102		<114	>197	240
5'6"	106		<118	>203	247
5'7"	109		<122	>209	255
5'8"	112		<125	>215	262
5'9"	115		<129	>222	270
5'10"	119		<133	>228	278
5'11"	122		<136	>235	286
6'0"	125		<140	>241	294
6'1"	129		<144	>248	302
6'2"	133		<148	>255	311
6'3"	136		<152	>262	319
6'4"	140		<156	>269	328
6'5"	143		<160	>276	336
6'6"	147		<164	>284	345
6'7"	151		<169	>291	354
6'8"	155		<173	>298	363

### Height and weight guidelines (Joint life policies: Nationwide CareMatters Together)

At least 1 of the proposed insureds must meet preferred limits below, while the other proposed insured must be Standard or better.

Height	Minimum weight in pounds		Marginal weight range in pounds with other health concerns	Marginal weight range in pounds with other health concerns	Maximum weight in pounds	
	Standard	Preferred			Preferred	Standard
4'10"	77	82	<91	>156	191	195
4'11"	79	84	<94	>162	197	202
5'0"	82	87	<98	>167	204	209
5'1"	85	90	<101	>173	211	216
5'2"	88	93	<104	>179	218	223
5'3"	90	96	<107	>185	225	231
5'4"	92	99	<111	>190	232	238
5'5"	96	102	<114	>197	240	246
5'6"	99	106	<118	>203	247	253
5'7"	102	109	<122	>209	255	261
5'8"	105	112	<125	>215	262	269
5'9"	108	115	<129	>222	270	277
5'10"	112	119	<133	>228	278	285
5'11"	115	122	<136	>235	286	293
6'0"	118	125	<140	>241	294	301
6'1"	121	129	<144	>248	302	310
6'2"	125	133	<148	>255	311	318
6'3"	128	136	<152	>262	319	327
6'4"	131	140	<156	>269	328	336
6'5"	135	143	<160	>276	336	345
6'6"	138	147	<164	>284	345	354
6'7"	142	151	<169	>291	354	363
6'8"	145	155	<173	>298	363	372

# Field underwriting guide

## Uninsurable health conditions (not exhaustive)

Acoustic neuroma (unoperated)	Disability (excluding VA disability)	Neurogenic bowel or bladder
Acromegaly	Down syndrome	Nursing home resident
ADL deficits	Dwarfism	Organic brain syndrome
AIDS	Dystonia	Oxygen use
Agoraphobia	Ehlers-Danlos syndrome	Pancreas transplant
Amyotrophic lateral sclerosis (ALS)/ Lou Gehrig's disease	Fibromuscular dysplasia	Paralysis
Alzheimer's disease	Frailty	Paraplegia
Amputation due to disease	Friedreich's ataxia	Parkinson's disease
Amyloidosis	Gaucher disease	Pemphigus vulgaris
Aneurysm (cerebral unoperated)	Heart transplant	Pick's disease
Arrhythmia (uncontrolled)	Hemiplegia	Polycystic kidney disease
Arteriovenous malformation (AVM, unoperated)	Hemophilia	Polymyositis
Asperger's syndrome	HIV positive	Primary biliary cirrhosis
Bipolar disorder (dx < 3 years or with hospitalization)	Hoarding	Pseudotumor cerebri
Blindness (not adapted or with ADL/ IADL limitations)	Huntington's chorea	Psychosis
Bowel incontinence	Hydrocephalus	Quad cane use
Buerger's disease	Immune deficiency	Quadriplegia
Castleman disease	Implantable stimulator	Reflex sympathetic dystrophy
Charcot-Marie-Tooth disease	Intellectual disability	Schizophrenia
Cirrhosis	Kidney transplant	Scleroderma (crest or diffuse)
Complex regional pain syndrome	Liver transplant	Sclerosing cholangitis
Connective tissue disease	Lou Gehrig's disease	Spina bifida
Crest syndrome	Marfan syndrome	Thalassemia major
Cushing's syndrome	Mixed connective tissue disease	Ventriculoperitoneal shunt
Cystic fibrosis	Multiple myeloma	Von Willebrand disease (Type III)
Dementia	Multiple sclerosis	Walker use — current
Dermatomyositis	Muscular dystrophy	Wegener's granulomatosis
Dialysis	Myelofibrosis	Wheelchair use (current)
	Myasthenia gravis — systemic or generalized	Xeroderma pigmentosum
	Neurofibromatosis	Zellweger syndrome
		Zollinger-Ellison syndrome

**Uninsurable medications** (applies to charts on Pages 26-29)

Any medication used for the treatment of AIDS/ARC/HIV, any cancer or chemotherapy medications (all forms), treatment for memory loss, current or chronic medications for the management of pain and medical marijuana will result in a decision to decline, even if not individually listed in the table below. Also, this medication list might represent only the brand-name medications. If the proposed insured is taking a generic medication, the brand name should be verified. If the proposed insured is taking any of the medications below, it probably disqualifies them for CareMatters solutions, as it could reveal an underlying condition that is not insurable. This list is not all-inclusive.

If a proposed insured is on a medication listed below and you feel that the history could develop favorably to meet the CareMatters guidelines, a prescreen should be completed before an application is submitted. If, upon a prescreen, the underwriter feels that possible consideration can be given even with the prescribed medication, the application can be submitted. However, the prescreen confirmation number needs to be indicated in the special instructions on the CareMatters application, or the full prescreen submission details and a reply email should accompany the application for insurance to avoid a possible immediate decision to decline upon pharmacy check review.

Medication	Condition/category
Abilify	Mental disorder
Actemra	Immune disorder
Acthar	Multiple sclerosis
Adriamycin	Cancer
Agrylin	Blood disorder
AIDS/ARC/HIV meds— any/all prescriptions	AIDS
Akineton	Parkinson's disease
Antabuse	Alcohol/drug abuse
Apokyn	Parkinson's disease
Aranesp	Blood disorder
Arava	Rheumatological disorder <sup>1</sup>
Aricept (donepezil)	Dementia/Alzheimer's
Aristada	Mental disorder
Artane	Parkinson's disease
Atgam	Immune disorder
Aubagio	Multiple sclerosis
Avonex	Multiple sclerosis
Axura (memantine)	Dementia/Alzheimer's
Azilect	Parkinson's disease
Baraclude	Hepatitis
Benlysta	Immune disorder
Betaferon	Multiple sclerosis
Betaseron	Multiple sclerosis
Buprenex	Pain
Campral	Alcohol/drug abuse
Cancer, chemotherapy— all forms, any/all prescriptions	Cancer
Carbex	Parkinson's disease
Carbidopa	Parkinson's disease
Casodex	Prostate cancer
CellCept	Immune disorder
Cerefolin	Dementia/Alzheimer's
Cimzia	Rheumatological disorder <sup>1</sup>
Clozapine	Mental disorder
Clozaril	Mental disorder
Cogentin	Parkinson's disease

Medication	Condition/category
Cognex (tacrine)	Dementia/Alzheimer's
Comtan	Parkinson's disease
Copaxone	Multiple sclerosis
Copegus	Hepatitis
Cuprimine (D-penicillamine)	Rheumatological disorder <sup>1</sup>
Dantrium	Multiple sclerosis
Demerol	Pain
Depade	Alcohol/drug abuse
Dilaudid (hydromorphone)	Pain
Dolophine (methadone)	Pain
Dopar	Parkinson's disease
Dostinex	Parkinson's disease
Duragesic (fentanyl)	Pain
Duramorph (morphine)	Pain
Ebixa (memantine)	Dementia/Alzheimer's
Eldepryl	Parkinson's disease
Eligard	Prostate cancer
Enbrel	Rheumatological disorder <sup>1</sup>
Epogen	Blood disorder
Equetro	Mental disorder
Eulexin (flutamide)	Prostate cancer
Exalgo	Pain
Exelon	Dementia/Alzheimer's
Extavia	Multiple sclerosis
Fanapt	Mental disorder
FazaClo	Mental disorder
Fentora	Pain
Galantamine	Dementia/Alzheimer's
Gengraf	Immune disorder
Geodon	Mental disorder
Gerimal	Dementia/Alzheimer's
Gilenya	Multiple sclerosis
Glatopa	Multiple sclerosis
Haldol	Mental disorder
Harvoni	Hepatitis

<sup>1</sup> Rheumatological medications are given individual underwriting consideration.

Medication	Condition/category
Hepsera	Hepatitis
Humira	Rheumatological disorder <sup>1</sup>
Hydergine (ergoloid)	Dementia/Alzheimer's
Hydrea	Blood disorder
Ilaris	Rheumatological disorder <sup>1</sup>
Immune globulin	Immune disorder
Imuran (azathioprine)	Rheumatological disorder <sup>1</sup>
Incivek (telaprevir)	Hepatitis
Infergen	Hepatitis
Interferon	Hepatitis
Invega	Mental disorder
Kadian (morphine)	Pain
Kemadrin	Parkinson's disease
Kineret	Rheumatological disorder <sup>1</sup>
Larodopa	Parkinson's disease
Latuda	Mental disorder
Lemtrada	Multiple sclerosis
Lioresal (baclofen)	Multiple sclerosis
Lithium	Mental disorder
Loxitane	Mental disorder
Lucemyra	Alcohol/drug abuse
Lupron	Prostate cancer
Medical marijuana by doctor recommendation	Multiple impairments
Megace	AIDS
Mellaril	Mental disorder
Memory or cognitive medications	Memory or cognitive concerns
Mestinon	Immune disorder
Mirapex	Parkinson's disease
Moban	Mental disorder
Moditen	Mental disorder
MorphaBond (morphine)	Pain
MS Contin (morphine)	Pain
Mutamycin (mitomycin)	Cancer
Myfortic	Immune disorder
Mytelase	Immune disorder
Namenda (memantine)	Dementia/Alzheimer's
Namzaric	Dementia/Alzheimer's
Navane	Mental disorder
Neoral (cyclosporine)	Rheumatological disorder <sup>1</sup>
Neupro	Parkinson's disease
Nilandron	Prostate cancer
Niloric	Dementia/Alzheimer's
Novantrone	Multiple sclerosis
Nplate	Blood disorder
Numorphan	Pain
Olysio	Hepatitis
Onsolis (fentanyl)	Pain
Opana	Pain
Orencia	Rheumatological disorder <sup>1</sup>
Orthoclone	Immune disorder

Medication	Condition/category
Otezla	Rheumatological disorder <sup>1</sup>
OxyContin (oxycodone)	Pain
Pain (current or chronic medication for pain)	Pain
Parcopa (levodopa)	Parkinson's disease
Parlodel	Parkinson's disease
Pegasys	Hepatitis
Pegatron	Hepatitis
Percocet	Pain
Percodan	Pain
Permax	Parkinson's disease
Permitil	Mental disorder
Plegridy	Multiple sclerosis
Plenaxis	Prostate cancer
Procrit	Blood disorder
Prograf	Immune disorder
Prolixin (fluphenazine)	Mental disorder
Promacta	Blood disorder
Prostigmin	Immune disorder
Rapamune	Immune disorder
Razadyne	Dementia/Alzheimer's
Rebetron	Hepatitis
Rebif	Multiple sclerosis
Regonol	Immune disorder
Remicade	Rheumatological disorder <sup>1</sup>
Reminyl	Dementia/Alzheimer's
Revia (naltrexone)	Alcohol/drug abuse
RibaPak	Alcohol/drug abuse
Ribasphere	Hepatitis
RibaTab	Hepatitis
Ribavirin	Hepatitis
Risperdal	Mental disorder
Risperidone	Mental disorder
Rituxan	Rheumatological disorder <sup>1</sup>
Rivastigmine	Dementia/Alzheimer's
Roferon	Hepatitis
Sandimmune	Immune disorder
Saphris	Mental disorder
Serentil	Mental disorder
Simponi	Rheumatological disorder <sup>1</sup>
Simulect	Immune disorder
Sinemet (carbidopa)	Parkinson's disease
Sovaldi	Hepatitis
Stalevo	Parkinson's disease
Stelara	Immune disorder
Stelazine	Mental disorder
Suboxone	Alcohol/drug abuse
Subsys (fentanyl)	Pain
Subutex	Alcohol/drug abuse
Symadine	Parkinson's disease
Symbyax	Mental disorder
Symmetrel	Parkinson's disease

<sup>1</sup> Rheumatological medications are individual underwriting consideration.

<b>Medication</b>	<b>Condition/category</b>
Syprine	Parkinson's disease
Taractan	Mental disorder
Targiniq ER	Pain
Tasmar	Parkinson's disease
Tecfidera	Multiple sclerosis
Thioridazine	Mental disorder
Thymoglobulin	Immune disorder
Timespan	Immune disorder
Toposar (etoposide)	Cancer
Trelstar	Prostate cancer
Trihexane	Parkinson's disease
Trilafon (perphenazine)	Mental disorder
Tysabri	Multiple sclerosis
Tyzeka	Hepatitis

<b>Medication</b>	<b>Condition/category</b>
Vantas	Prostate cancer
Vesprin	Mental disorder
Viadur	Prostate cancer
Victrelis	Hepatitis
Viekira Pak	Hepatitis
Vivitrol	Alcohol/drug abuse
Vraylar	Mental disorder
Wellcovorin	Cancer
Xeljanz	Rheumatological disorder <sup>1</sup>
Zelapar	Parkinson's disease
Zenapax	Immune disorder
Zubsolv	Alcohol/drug abuse
Zyprexa	Mental disorder

<sup>1</sup> Rheumatological medications are individual underwriting consideration.

<b>AIDS</b>	<b>Hepatitis</b>	<b>Mental disorder</b>	<b>Multiple sclerosis (cont'd)</b>	<b>Parkinson's disease (cont'd)</b>
AIDS/ARC/HIV meds- any/all prescriptions	Baraclude Copegus	Abilify Aristada	Gilenya Glatopa	Mirapex Neupro
Megace	Harvoni	Clozapine	Lemtrada	Parcopa (levodopa)
<b>Alcohol/drug abuse</b>	Hepsera	Clozaril	Lioresal (baclofen)	Parlodel
Antabuse	Incivek (telaprevir)	Equetro	Lithium	Permax
Campral	Infergen	Fanapt	Novantrone	Sinemet (carbidopa)
Depade	Interferon	FazaClo	Plegridy	Stalevo
Lucemyra	Olysio	Geodon	Rebif	Symadine
Revia (naltrexone)	Pegasys	Haldol	Tecfidera	Symmetrel
RibaPak	Pegatron	Invega	Tysabri	Syprine
Suboxone	Rebetron	Latuda	<b>Pain</b>	Tasmar
Subutex	Ribasphere	Lithium	Buprenex	Trihexane
Vivitrol	RibaTab	Loxitane	Demerol	Zelapar
Zubsolv	Ribavirin	Mellaril	Dilaudid (hydromorphone)	<b>Prostate cancer</b>
<b>Blood disorder</b>	Roferon	Moban	Dolophine (methadone)	Casodex
Agrylin	Sovaldi	Moditen	Duragesic (fentanyl)	Eligard
Aranesp	Tyzeke	Navane	Duramorph (morphine)	Eulexin (flutamide)
Epogen	Victrelis	Permitil	Exalgo	Lupron
Hydrea	Viekira Pak	Prolixin (fluphenazine)	Fentora	Nilandron
Nplate	<b>Immune disorder</b>	Risperdal	Kadian (morphine)	Plenaxis
Procrit	Actemra	Risperidone	MorphaBond (morphine)	Trelstar
Promacta	Atgam	Saphris	MS Contin (morphine)	Vantas
<b>Cancer</b>	Benlysta	Serentil	Numorphan	Viadur
Adriamycin	CellCept	Stelazine	Onsolis (fentanyl)	<b>Rheumatological disorder<sup>1</sup></b>
Cancer, Chemotherapy – all forms, any/all prescriptions	Gengraf	Symbyax	Opana	Arava
	Immune globulin	Taractan	OxyContin (oxycodone)	Cimzia
	Mestinon	Thioridazine	Pain (current or chronic medication for pain)	Cuprimine (D-penicillamine)
	Myfortic	Trilafon (perphenazine)		Enbrel
Mutamycin (mitomycin)	Mytelase	Vesprin	Percodan	Humira
Toposar (etoposide)	Orthoclone	Vraylar	Subsys (fentanyl)	Ilaris
Wellcovorin	Prograf	Zyprexa	Targiniq ER	Imuran (azathioprine)
<b>Dementia/Alzheimer's</b>	Prostigmin	<b>Multiple impairments</b>	<b>Pain management</b>	Kineret
Aricept (donepezil)	Rapamune	Medical marijuana prescribed for any condition	Current or chronic medication for management of pain	Neoral (cyclosporine)
Axura (memantine)	Regonol			Orencia
Cerefolin	Sandimmune			Otezla
Cognex	Simulect	<b>Multiple sclerosis</b>	<b>Parkinson's disease</b>	Remicade
Ebixa (memantine)	Stelara	Acthar	Akineton	Rituxan
Exelon	Thymoglobulin	Aubagio	Apokyn	Simponi
Galantamine	Timespan	Avonex	Artane	Xeljanz
Gerimal	Zenapax	Betaferon	Azilect	
Hydergine (ergoloid)	<b>Memory or cognitive concerns</b>	Betaseron	Carbex	
Namenda (memantine)	Memory or cognitive medications	Copaxone	Carbidopa	
Namzaric		Dantrium	Cogentin	
Niloric		Extavia	Comtan	
Razadyne			Dopar	
Reminyl			Dostinex	
Rivastigmine			Eldepryl	
			Kemadrin	
			Larodopa	

<sup>1</sup> Rheumatological medications are individual underwriting consideration.

# Medical impairments

The following guide will help you determine our potential underwriting decision based on some common impairments. If the client is currently being evaluated for an undiagnosed medical condition or has any outstanding tests, lab work, follow-ups or referral pending, postpone submission until all evaluations have been completed and a firm diagnosis has been made. It may be appropriate to complete a prescreen at that time.

Impairment	CareMatters II	CareMatters Together
<b>Abscess</b>		
<i>Brain</i>		
Full recovery for more than 24 months, no residuals	Couples/single	Preferred
Less than 24 months, or not fully recovered, or with residuals, or surgery discussed/recommended	Postpone/decline	Postpone/decline
<i>Liver</i>		
Single episode, acute, no surgery, full recovery more than 6 months	Couples/single	Preferred
Multiple episodes or chronic, stable without treatment needed x 12 months	Couples/single	Preferred
Surgery recommended (not yet done), or chronic/multiple episodes needing treatment within 12 months	Postpone/decline	Postpone/decline
If the underlying cause is known	Rate for cause	Rate for cause
<i>Pulmonary/lung or empyema</i>		
Single, asymptomatic, stable > 6 months, or surgery/pneumothorax/drainage > 6 months ago, recovered, no tobacco within 24 months	Couples/single	Preferred
Recurrent, asymptomatic, stable > 12 months or surgery/pneumothorax/drainage >12 months ago, recovered, no tobacco within 24 months	Couples/single	Preferred
Recurrent, not resolved or tobacco use within 24 months, or oxygen recommended or discussed	Decline	Decline
<b>Achalasia</b>	Refer to dysphagia	Refer to dysphagia
<b>Achilles</b>		
Tendonitis, or tendon repair, full recovery, no physical therapy	Couples/single	Preferred
With potential need for surgery or not fully recovered	Decline	Decline
<b>Acoustic neuroma</b>		
Post-surgical or radiation treatment, fully excised, > 6 months follow up MRI showing no regrowth, no residuals	Couples/single	Preferred
Unoperated, or with symptoms, tumor recurrence or functional limitations, or gait disturbance, imbalance, seizures, or residuals	Decline	Decline
<b>Acute transverse myelitis</b>	Decline	Decline
<b>Addison's disease</b>		
Stable at least 2 years, well controlled on steroid therapy	Couples/single	Preferred
<b>Attention deficit hyperactivity disorder (ADHD/ADD)</b>		
Mild, asymptomatic, without medication	Couples/single	Preferred
Mild, on medication, stable and prescription compliant > 3 months	Couples/single	Preferred
Moderate, on medication, stable and prescription compliant > 6 months	Couples/single	Preferred
Severe or not compliant with medication	Decline	Decline

Impairment	CareMatters II	CareMatters Together
<b>Adult day care services</b>		
Within the past 6 months	Decline	Decline
Greater than 6 months ago, fully recovered and independent with all activities of daily living (ADL)	Couples/single	Preferred
<b>Adult respiratory distress syndrome</b>		
Resolved > 6 months, FEV1 > 65%, no active rehabilitation, no active congestive heart failure (CHF) or chronic obstructive pulmonary disease (COPD)	Couples/single	Preferred
ER visit/hospitalization within 12 months, or aspiration pneumonia within 24 months	Decline	Decline
Otherwise	Decline	Decline
<b>AIDS/ARC</b>	Decline	Decline
<b>Alcoholism</b>		
Alcohol-free and no multisubstance use disorder, minimum of 60 months, with normal current blood studies	Couples/single	Preferred
Alcohol use or use of other substances of abuse within 60 months	Decline	Decline
<b>Alpha-1 antitrypsin deficiency (and heterozygous carrier)</b>	Decline	Decline
<b>Amaurosis fugax</b>		
Single episode > 12 months, no comorbidity or residuals	Couples/single	Preferred
Single episode > 24 months, mild comorbidity (e.g., mild peripheral vascular disease, mild valvular heart disease)	Couples/single	Preferred
Multiple events	Decline	Decline
Episode prior to age 60	Individual consideration	Individual consideration
Tobacco/nicotine use in the last 12 months	Decline	Decline
With significant comorbidity condition (e.g., A-fib, carotid disease, diabetes, blood clotting d/o)	Decline	Decline
<b>Amputation</b>		
<i>Large joint/bone (hand, arm, foot, leg)</i>		
Due to disease	Decline	Decline
Due to trauma: single amputation, > 24 months ago, fully recovered and adapted, no complications including ulcer/inflammation, no use of walker or wheelchair, independently performs all activities of daily living (ADLs)/ instrumental activities of daily living (IADLs) > 24 months, no history of Social Security Disability (SSDI)	Couples/single	Preferred
<i>Small joint/bone (finger or toe)</i>		
Due to disease	Decline	Decline
Due to trauma: > 1 amputation at the same time, trauma related > 12 months ago, fully recovered and adapted, no complications including inflammation or ulcers, independently performs all ADLs and IADLs > 12 months, no history of Social Security Disability (SSDI)	Couples/single	Preferred

Impairment	CareMatters II	CareMatters Together
<b>Anemia — aplastic</b>		
At least 3-year full recovery, no residuals from toxin/infection, normal hemoglobin, hematocrit and platelet count	Couples/single	Preferred
<i>Idiopathic aplastic anemia</i>		
At least 2 years of stability, no bleeding or infection, near-normal complete blood count (CBC) (may be on medication)	Decline	Standard
Treated with bone marrow transplant	Decline	Decline
<b>Aneurysm</b>		
<i>Cerebral or carotid</i>		
Post successful surgical treatment for a single aneurysm > 12 months with full recovery without seizure, no residuals, no tobacco use > 24 months	Couples/single	Preferred
Unoperated, asymptomatic, single small (< 7 mm), documented stability on serial studies > 48 months, no tobacco > 36 months, well-controlled blood pressure	Decline	Standard
Post-surgical seizures, neurological deficits, or other residuals	Decline	Decline
In conjunction with a subarachnoid hemorrhage	Decline	Decline
Multiple aneurysms	Decline	Decline
<i>Aortic arch, aortic root or thoracic aorta</i>		
Unoperated, ≤ 4.0 cm, stable > 3 years on serial test (same study, CT or echo), no smoking/vaping > 36 months	Couples/single	Preferred
Unoperated, ≤ to 4.0 cm, stable < 3 years	Decline	Decline
Unoperated, 4.0 cm – 4.5 cm, stable > 3 years, no smoking/vaping for 36 months	Decline	Standard
Unoperated > 4.5 cm	Decline	Individual consideration
Multiple aneurysms	Decline	Decline
<i>Iliac or limb arteries</i>		
Not operated, < 2 times upper limit of normal, good follow up	Individual consideration	Individual consideration
Successful repair with minimum 6-month recovery, no tobacco use	Couples/single	Preferred
Not operated, ≥ 2 times upper limit of normal	Decline	Decline
Surgery recommended or symptomatic	Decline	Decline
<i>Visceral aneurysms or pseudoaneurysm (these encompass splenic, hepatic, renal, celiac, mesenteric, etc.)</i>		
Repaired, stable at least 6 months	Couples/single	Preferred
Unrepaired, under 2 cm and stable > 3 years	Decline	Standard
<b>Angina</b>		
Complete workup, not heart-related, musculoskeletal only	Couples/single	Preferred
Angina > 6 months ago, stable, related to coronary artery disease (CAD)	Rate as angioplasty	Rate as angioplasty
Angina, new onset within 6 months or requiring medication changes within 6 months, or workup in process, or workup in progress	Postpone	Postpone
Cardiac rehab within past 12 months	Postpone	Postpone
Uncontrolled hypertension or significant A-fib, or significant premature ventricular contractions (PVCs) or tachycardia, or with CHF within past 36 months	Decline	Decline
Tobacco use < 24 months	Decline	Decline

Impairment	CareMatters II	CareMatters Together
<b>Angioplasty (PTCA or CABG)</b>		
Less than 6 months ago	Decline	Decline
Single vessel 6 or more months ago, full recovery, normal ejection fraction	Couples/single	Preferred
2 vessels, 12 or more months ago, full recovery, normal ejection fraction	Couples/single	Preferred
Multiple interventions within the past 5 years	Decline	Decline
Current smoker or quit < 36 months ago (including vaping)	Decline	Decline
<b>Ankylosing spondylitis</b>		
In remission at least 2 years, asymptomatic, no limitations on activity level, treated with occasional anti-inflammatory, no significant spinal deformity	Couples/single	Preferred
If any within past 24 months: Any symptoms or surgery related to ankylosing spondylitis, or pain clinic, or TENS unit	Decline	Decline
Any history of kyphosis, or spinal fracture, or falls or respiratory compromise	Decline	Decline
<b>Anorexia nervosa</b>		
In remission more than 4 years, BMI stable (>18.5), any depression or anxiety is mild, no history of alcohol or substance abuse, no history of electroconvulsive therapy (ECT), vagal nerve stimulation, or transcranial magnetic stimulation, no history of COPD, cardiac disease, or osteoporosis	Couples/single	Preferred
Otherwise	Decline	Decline
<b>Anticardiolipin antibodies</b>		
Not associated with systemic lupus, no history of thrombosis	Couples/single	Preferred
Single thrombotic event	Rate for cause	Rate for cause
Multiple thrombotic events	Decline	Decline
<b>Antithrombin protein C or S deficiency</b>	Refer to protein C or S	Refer to protein C or S
<b>Anxiety</b>		
• Situational, no medical treatment		
• No ADL or IADL limitations		
• Mild symptoms, stable on medication(s) at least 12 months	Couples/single	Preferred
• Single ER visit over 12 months ago for acute anxiety		
• Stable, on medications(s) for 6 months		
• Current outpatient psychiatric therapy		
• Outpatient day treatment programs completed > 24 months	Couples/single	Preferred
• Single ER visit within 12 months, currently stable		
• History of alcohol or substance abuse within 36 months		
• Related inpatient hospitalization within 36 months		
• Severe interference with ADLs		
• Any indication of cognitive impairment or memory complaints	Decline	Decline
• Recent medication changes or increase in dosage in past 6 months (reconsideration after stability for 12 months), or history of ECT		

Impairment	CareMatters II	CareMatters Together
<b>Aphasia</b>		
Resolved, full recovery > 12 months	Rate for cause	Rate for cause
Ongoing, or resolved < 12 months	Decline	Decline
Primary progressive aphasia	Decline	Decline
<b>Arnold-Chiari malformation</b>	Decline	Decline
<b>Arrhythmia, cardiac</b>		
Palpitations or supraventricular, favorable workup, controlled with medications, minimum 3 month recovery/control period	Couples/single	Preferred
> 6 months post successful ablation or pacemaker	Couples/single	Preferred
History of stroke or transient ischemic attack (TIA) — refer to stroke/TIA	Decline	Standard
Ventricular defibrillator implanted, or with cardiovascular disorders (e.g., CAD or heart valve replacements)	Decline	Decline
Uncontrolled, potential need for future ablation or implant, or greater than 2 ablations to date	Decline	Decline
Cardiac rehab within the past 12 months	Decline	Decline
<b>Arteriosclerosis</b>	Refer to angina/ angioplasty	Refer to angina/ angioplasty
<b>Arthritis (also refer to specific types below)</b>		
Mild to moderate without limitations	Couples/single	Preferred
Severe, or with limitations, or surgery recommended	Decline	Decline
<i>Osteoarthritis (OA)</i>		
Mild by imaging or symptoms, treated with nonsteroidal medication, stable 3 months, no ADL limitations (Note: Age 65+ requires 1 year stability)	Couples/single	Preferred
Moderate by imaging or symptoms, no ADL limitations, stable 6 months (note: age 65+ requires 1 year stability)	Couples/single	Preferred
Severe by diagnosis, imaging, symptoms or ADL limitations	Decline	Decline
<i>Single joint replacement</i>		
Knee replacement, fully recovered/released from care > 3 months, no assistive devices and meeting above OA requirements	Couples/Single	Preferred
Hip replacement, fully recovered/released from care > 3 months, no assistive devices and meeting OA requirements	Couples/single	Preferred
Shoulder replacement, fully recovered/released from care > 6 months, no assistive devices, meeting OA requirements	Couples/single	Preferred
<i>Multiple joints replaced</i>	Refer to joint replacement	Refer to joint replacement
Steroid injections (e.g., corticosteroid, cortisone, lidocaine) greater than 6 months ago, with resolution of symptoms	Couples/single	Preferred
Physical therapy completed, released from care, full recovery, no residuals, no limits	Couples/single	Preferred
Handicap placard or plate	Decline	Decline
<i>Rheumatoid arthritis</i>		
Mild by imaging, labs or symptoms, treated with nonsteroidal medication, disease-modifying antirheumatic drugs (DMARDs), biologics, stable 6 months, no ADL limitations	Couples/single	Preferred
Moderate by exam, imaging, labs or symptoms, no limitations, treated with nonsteroidal medication, DMARDs, biologics, stable 12 months, no ADL limitations	Couples/single	Preferred

Impairment	CareMatters II	CareMatters Together
<b>Arthritis (also refer to specific types below)</b>		
<i>Rheumatoid arthritis</i>		
Severe by imaging, labs, or symptoms with progression or with ADL limitations	Decline	Decline
Juvenile rheumatoid arthritis	Individual consideration	Individual consideration
Joint replacement for rheumatoid arthritis	Decline	Standard to Decline
Erosive or joint deformities	Decline	Decline
If labs (e.g., RF, ANA, CCP, ESR, etc.) are elevated, but no diagnosis, postpone for confirmed diagnosis	Decline	Decline
Steroid injections (e.g., corticosteroid, cortisone, lidocaine) greater than 6 months ago with resolution of symptoms	Couples/single	Preferred
Targeted synthetic DMARDS (baricitinib — Olumiant, tofacitinib — Xeljanz, upadacitinib — Rinvoq)	Decline	Decline
Handicap plate or placard	Decline	Decline
<i>Psoriatic arthritis</i>		
Mild joint pain, stiffness, rashes, by exam, imaging, labs or symptoms, stable 6 months, no ADL limitations	Couples/single	Preferred
Moderate by exam, imaging, labs or symptoms, no limitations, treated with nonsteroidal medication, DMARDS, biologics, stable 12 months, no ADL limitations	Couples/single	Preferred
Severe by imaging, labs, or symptoms with progression or with ADL limitations	Decline	Decline
Joint deformity, symmetric polyarthritis or arthritis mutilans	Decline	Decline
Targeted synthetic DMARDS (baricitinib — Olumiant, tofacitinib — Xeljanz, upadacitinib — Rinvoq)	Decline	Decline
Joint replacement due to psoriatic arthritis	Decline	Decline
Steroid injections (e.g., corticosteroid, cortisone, lidocaine) greater than 6 months ago with resolution of symptoms	Couples/single	Preferred
Use of an adaptive device(s) (e.g., cane, walker, etc.)	Decline	Decline
Handicap placard or plate	Decline	Decline
<i>Gouty arthritis</i>	Rate as gout	Rate as gout
<b>Ascites</b>	Decline	Decline
<b>Asperger's or autism</b>	Decline	Decline
<b>Asthma</b>		
Mild disease, no tobacco within past 24 months	Couples/single	Preferred
Moderate disease (FEV1 > 60%), no tobacco last 36 months	Couples/single	Preferred
Moderate disease (FEV1 > 60%) with tobacco use < 36 months	Decline	Individual consideration
Severe disease (FEV1 less than 60%)	Decline	Decline
Any severity with oxygen use, chronic nebulizer use or frequent hospitalization	Decline	Decline
<b>Ataxia (unstable gait or decreased muscle coordination)</b>		
Acute episode, self-limiting, fully resolved, no episodes within 6 months, no use of assistive devices	Couples/single	Preferred
If fully recovered > 6 months, consider etiology and rate for cause if known	Rate for cause	Rate for cause
Chronic, or within past 6 months, or Friedreich's ataxia, or ataxia-telangiectasia	Decline	Decline

Impairment	CareMatters II	CareMatters Together
<b>Atherosclerosis</b>		
Cardiovascular	Rate as angina/ angioplasty	Rate as angina/ angioplasty
Peripheral	Rate as peripheral vascular disease	Rate as peripheral vascular disease
<b>Atrial fibrillation (A-fib) or flutter</b>		
Single episode: <ul style="list-style-type: none"> <li>Resolved and minimum 6 months since episode</li> <li>No ongoing medication/treatment</li> <li>Idiopathic or related to acute illness</li> <li>No comorbidity conditions, including cardiomyopathy, structural heart disease (valvular or uncorrected congenital), ischemic heart disease, pacemaker, peripheral vascular disease, diabetes mellitus, COPD, stroke or transient ischemic attach (TIA)</li> </ul>	Couples/single	Preferred
If any of the below apply: <ul style="list-style-type: none"> <li>2 or more of the above referenced comorbidities or if comorbidities are uncontrolled</li> <li>Not meeting above referenced stability periods</li> <li>Tobacco within 24 months (unless single episode of A-fib resolved without comorbidity)</li> <li>History of hypertrophic cardiomyopathy or COPD</li> </ul>	Decline	Decline
Any otherwise insurable A-fib according to above guidelines with 1 of the following: diabetes (non-insulin, stable, A1C < 7 without complications), dilated CHF resolved > 24 months, single MI > 24 months, CABG or PTCA > 24 months, pacemaker or < 3 ablations or cardioversion within 12-24 months and no complications	Decline	Standard
<i>Watchman device:</i>		
12 or more months after implant	Couples/single	Preferred
With history of a blood clot	Decline	Decline
<i>Chronic atrial fibrillation</i>		
Asymptomatic with or without single ablation, cardioversion or pacemaker, controlled 6 or more months, no tobacco within 24 months, none of the above comorbidities (under single)	Couples/single	Preferred
<i>Paroxysmal atrial fibrillation</i>		
Asymptomatic, with or without single ablation, cardioversion or pacemaker, controlled 6 or more months, no tobacco within 24 months, none of the above comorbidities (under single)	Couples/single	Preferred
<b>Atrophy of the brain</b>	Decline	Decline
<b>Autonomic neuropathy</b>	Decline	Decline
<b>Autonomic insufficiency (Shy-Drager syndrome)</b>	Decline	Decline
<b>Avascular necrosis (osteonecrosis)</b>		
12 months after completion of treatment or surgery, no alcohol use, complete recovery, asymptomatic, no limits	Couples/single	Preferred
Active or untreated, or bone damage, or residuals, or history of a fracture, or chronic pain	Decline	Decline
2 or more bones affected	Decline	Decline

Impairment	CareMatters II	CareMatters Together
<b>Arteriovenous malformation (AVM)</b>		
Congenital or cause known, repaired, 2 years from surgery, no residuals	Couples/single	Preferred
Cause known	Underwrite for cause	Underwrite for cause
Unoperated or operated with residual impairment	Decline	Decline
Abnormal MRI	Refer to stroke	Refer to stroke
<b>Back disorders</b>		
<i>Sciatica</i>		
Over 3 months since diagnosis, resolved with no limitations	Couples/single	Preferred
Steroid injections in last 6 months	Decline	Decline
Surgery planned, scheduled, or not completed	Decline	Decline
Otherwise or workup not complete	Decline	Decline
<i>Scoliosis</i>		
Mild, asymptomatic, normal gait, asymptomatic	Couples/single	Preferred
Moderate, normal gait, over-the-counter (OTC) medications	Couples/single	Preferred
Severe or with impaired gait or respiratory condition	Decline	Decline
Use of a brace	Decline	Decline
Ongoing steroid injections (cortisone, corticosteroid, lidocaine)	Decline	Decline
Any degree with chronic pain, muscle weakness, cardiorespiratory compromise or limitations	Decline	Decline
Surgery requiring hardware (rods, screws, braces, etc)	Decline	Decline
<i>Cervical/thoracic/lumbar strain/pinched nerve</i>		
No treatment, full recovery, no residuals, no ADL/IADL limits	Couples/single	Preferred
> 3 months since treatment completion, full recovery, no limitations	Couples/single	Preferred
Symptomatic, receiving ongoing care, not controlled or limitations	Decline	Decline
<b>Back disorders</b>		
<i>Degenerative disc disease/herniated disc</i>		
Mild, no limits, treated with over-the-counter or mild prescription drugs (NSAIDs, topicals or muscle relaxers)	Couples/single	Preferred
Moderate, unoperated, no functional impairment, 6 months control period (NSAIDs, topicals, muscle relaxers)	Couples/single	Preferred
Severe disease noted in medical records or on imaging, ADL impacted or assistive devices, narcotic use past 12 months	Decline	Decline
Radiculopathies, nonprogressive, stable without symptoms 3 months	Couples/single	Preferred
Muscle weakness or wasting	Decline	Decline
Resolved with acupuncture, chiropractic, massage or physical therapy	Couples/single	Preferred
Steroid injections (corticosteroid, cortisone, lidocaine) > 6 months ago with resolution of symptoms	Couples/single	Preferred
Radiofrequency neurotomy, after 6 months, stable with resolution of symptoms	Couples/single	Preferred
Surgery completed at least 12 months ago, full recovery, no hardware, normal gait	Couples/single	Preferred
Surgery planned, scheduled or not completed	Decline	Decline
Surgery with hardware (e.g., rods, screws, braces, etc.)	Decline	Decline

Impairment	CareMatters II	CareMatters Together
<b>Back disorders</b>		
<i>Spinal stenosis, spondylolisthesis, spondylitis, spondylosis or fractures</i>		
Mild, stable, no limitations, treated with-over-the counter or mild prescription drugs (e.g., NSAIDs, topicals, muscle relaxers)	Couples/single	Preferred
Moderate, unoperated with no functional impairment, no ADL or IADL limitations, 6 month control period, treated with OTC or mild prescription drugs (NSAIDs, topicals, muscle relaxer use)	Couples/single	Preferred
Severe disease noted in medical records or on imaging, impact to ADLs, assistive devices, narcotic painkillers in last 12 months	Decline	Decline
Steroid injections (e.g., corticosteroid, cortisone, lidocaine) greater than 6 months ago with resolution of symptoms	Couples/single	Preferred
Surgery planned, scheduled or not completed	Decline	Decline
Surgery requiring hardware (e.g., rods, screws, braces, etc.)	Decline	Decline
Surgery completed at least 6 months ago, full recovery, asymptomatic, no hardware, no limits to ADLs or gait	Couples/single	Preferred
Single fracture, traumatic, full recovery, no osteoporosis	Couples/single	Preferred
Single fracture due to disease	Couples/single	Preferred
Multiple fractures, traumatic, full recovery, no osteoporosis	Individual consideration	Individual consideration
<i>Miscellaneous treatment guidance (additional considerations for back disorders only)</i>		
Use of assistive devices (e.g., cane, walker, brace) within last 6 months	Decline	Decline
Use of assistive devices (e.g., cane, walker, brace) greater than 6 months	Couples/single	Preferred
Platelet rich plasma (PRP) — botox, hyaluronic (within 3 months)	Postpone	postpone
Platelet rich plasma (PRP) — botox hyaluronic (> 3 months)	Couples/single	Preferred
<b>Baker's cyst</b>	Refer to cyst	Refer to cyst
<b>Balance disorder</b>		
Fully resolved for 12 months, underlying disorder (if any, is insurable)	Couples/single	Preferred
Not fully resolved, or less than 12 months, or if the cause is uninsurable	Decline	Decline
Abnormal brain imaging (e.g., MRI, angiogram, CT)	Decline	Decline
<b>Bariatric surgery/gastric bypass/Roux-en-Y/lap-banding</b>		
24 months since single surgery, current BMI <35	Couples/single	Preferred
2nd surgery 24-36 months, BMI 35 or under	Decline	standard
2nd surgery > 36 months, BMI < 35	Couples/single	Preferred
Gastric band readjustment > 12 months	Couples/single	Preferred
All other, or with complications, BMI > 35, or diabetes mellitus with A1C > 7	Decline	Decline
<b>Barrett's esophagus</b>		
Evaluated, low grade dysplasia, no tobacco use	Couples/single	Preferred
Surgically treated after 6 months	Couples/single	Preferred
Tobacco use in the past 36 months	Decline	Decline
High-grade dysplasia	Decline	Decline
Otherwise	Individual consideration	Individual consideration

Impairment	CareMatters II	CareMatters Together
<b>Bedsores (decubitus ulcer)</b>		
> 48 months, fully recovered, underlying cause no longer present, not immunocompromised, no diabetes	Couples/single	Preferred
< 48 months, or underlying condition present, or immunocompromised or with diabetes	Decline	Decline
<b>Behcet's disease</b>		
Active	Decline	Decline
<i>In remission without residuals, stable, symptoms, no progressive vision loss, no history of blood clots, not affecting nervous system</i>		
< 2 years since remission	Decline	Decline
2-5 years since remission	Decline	Standard
5 years or longer in remission	Couples/single	Preferred
<b>Bell's palsy</b>		
Confirmed diagnosis, 3+ months resolved, full recovery	Couples/single	Preferred
With mild residuals	Decline	Standard
<b>Benign positional vertigo</b>	Refer to vertigo	Refer to vertigo
<b>Berger's disease</b>	Decline	Decline
<b>Bifascicular heart block</b>		
> 6 months since onset, cause known	Rate for cause	Rate for cause
> 6 months since onset, unknown cause		
Duration less than 3 years and age < 50	Decline	Standard
Duration less than 3 years and age > 50	Couples/single	Preferred
Duration 3 years or longer	Couples/single	Preferred
<b>Bipolar disorder</b>	Refer to depression	Refer to depression
<b>Blindness</b>		
1 eye, partial or full, fully adapted, independently performs ADLs, stable at least 12 months	Couples/single	Preferred
Bilateral	Decline	Decline
Progressive or receiving disability	Decline	Decline
If due to disease, refer to underlying disease	Refer to specific disease	Refer to specific disease
<b>Bone marrow transplant (any history of)</b>	Decline	Decline
<b>Bowel incontinence</b>	Decline	Decline
<b>Benign prostatic hypertrophy</b>		
<i>Under age 60, firm diagnosis, stable psa, under treatment 6 months:</i>		
PSA 4.0 or under	Couples/single	Preferred
PSA 4.1 to 6.0, normal MRI or negative biopsy	Couples/single	Preferred
<i>Ages 60 through 70</i>		
PSA 0-6	Couples/single	Preferred
PSA 6.1 to 10, normal MRI or negative biopsy	Couples/single	Preferred

Impairment	CareMatters II	CareMatters Together
<b>Benign prostatic hypertrophy</b>		
<i>Ages 71 and up</i>		
PSA 0-10	Couples/single	Preferred
PSA 10.1 to 15.0, normal MRI or negative biopsy	Couples/single	Preferred
Any history of significant symptoms, or frequent catheterization	Individual consideration	Individual consideration
Ongoing Incontinence, transurethral resection of the prostate (TURP) < 3 months, or prostate cancer not yet ruled out	Decline	Decline
<b>Brain tumors (benign)</b>		
Single occurrence, surgically removed > 36 months, no regrowth, on serial MRI, no history of stroke or TIA	Couples/single	Preferred
Single tumor, not surgically removed, or partial resection, serial MRI, indicate stability > 60 months, no stroke or TIA or neurological deficits	Couples/single	Preferred
Single tumor, not surgically removed, stable on serial MRIs 48-60 months, no neurological deficits	Decline	Standard
Any regrowth, multiple tumors, past TIA or stroke, or workup in progress or planned	Decline	Decline
<b>Brain or head injury</b>		
Single injury, no loss of consciousness > 6 months	Couples/single	Preferred
Single injury with loss of consciousness for more than a few minutes, no hospitalization or treatment needed > 24 months	Couples/single	Preferred
2 or more concussions or brain injuries fully recovered > 36 months ago (requires an in-person cognitive screen)	Individual consideration	Individual consideration
Any injury (1 or more) with residual impairment or borderline cognitive issues/screening	Decline	Decline
<b>Subdural hematoma</b>		
Treated > 24 months ago, no residuals, full recovery, no residuals	Couples/single	Preferred
Minor or no treatment needed, > 12 months ago, full recovery, no residuals	Couples/single	Preferred
<b>Bronchiectasis</b>		
Mild, FEV1 > 60%, over 30 years old, stable 24 months, no tobacco within 3 years	Couples/single	Preferred
Moderate, FEV1 50% to 64%, no tobacco use	Couples/single	Preferred
Symptoms or use of steroids < 12 months, or recurrent lung infections, or history of lung surgery, or FEV1 < 60% , or tobacco use < 36 months	Decline	Decline
<b>Bronchitis</b>		
Acute bronchitis, resolved	Couples/single	Preferred
<b>Long-standing bronchitis</b>		
Confirmed dx, mild intermittent symptoms or asymptomatic, stable > 6 months, short-term oral steroid use only (1 or 2 steroid tapers in past 12 months), no tobacco > 36 months, FEV1 > 65%	Couples/single	Preferred
Chronic oral steroid use within past year ( $\leq$ 10 mg/day) or up to 3 steroid tapers in past 12 months, must have FEV1 > 60% with mild symptoms not impacting activity level, no tobacco > 24 months	Couples/single	Preferred
Uncontrolled, or ongoing oral steroid > 10 mg/day or parenteral steroids, or > 3 steroid tapers within 12 months, if FEV1 < 60% , or if tobacco use within 24 months, or chronic use of antibiotics within 24 months	Decline	Decline

Impairment	CareMatters II	CareMatters Together
<b>Buerger's disease (thromboangiitis obliterans)</b>		
Diagnosed > 4 yrs ago, no nicotine use x 5 years, no comorbidities, cardiac or vascular disease, no diabetes, well controlled	Couples/single	Preferred
Diagnosed 2-4 years ago, all above criteria same	Decline	Standard
All others	Decline	Decline
<b>Bulimia nervosa</b>		
<ul style="list-style-type: none"> <li>In remission more than 4 years, BMI stable (&gt; 18.5)</li> <li>Any depression or anxiety is mild</li> <li>No history of alcohol or substance abuse</li> <li>No history of ECT, vagal nerve stimulation, or transcranial magnetic stimulation</li> </ul>	Couples/single	Preferred
All others	Decline	Decline
<b>Bursitis</b>		
Mild symptoms, no surgery recommended, no impact on activity, no joint injection within 3 months	Couples/single	Preferred
Otherwise	Postpone for recovery	Postpone for recovery
<b>Calculi</b>		
Kidney	Refer to kidney disorder	Refer to kidney disorder
Biliary	Refer to gallstones	Refer to gallstones
<b>Cancer</b>		
Need stage, organ, any metastasis, types and dates of treatment/surgery, date of last treatment	Prescreen for all cancers	Prescreen for all cancers
<b>Cardiac bypass (CABG)</b>		
> 6 months with or without myocardial infarction, 1-3 vessels, no tobacco in the past 24 months	Couples/Single	Preferred
<b>Cardiomyopathy (must be NYHA Class I to be considered)</b>		
Hypertrophic, diagnosed > 2 years ago, > age 50, EF > 45%, no comorbidity conditions (e.g., diabetes, A-fib, MI, COPD), no tobacco use or hospitalization in the past 24 months, no CHF, no history of alcohol abuse	Couples/single	Preferred
Hypertrophic, diagnosed > 2 years ago, > age 50, EF > 40%-45%, no comorbidity conditions (e.g., diabetes, A-fib, MI, COPD), no tobacco use or hospitalization in the past 24 months, no CHF, no history of alcohol abuse	Decline	Standard
Restrictive or arrhythmogenic cardiomyopathy	Decline	Decline
Dilated (congestive)		
Peripartum (single incident), fully recovered 6 or more months, no residuals	Couples/single	Preferred
Takotsubo (full recovery > 6 months, no residuals)	Couples/single	Preferred
Others: Diagnosed > 3 years ago, > age 50, no symptoms, EF over 45%, no comorbidities, no tobacco or hospitalization in past 24 months, no CHF, and no history of alcohol abuse	Decline	Possible standard

Impairment	CareMatters II	CareMatters Together
<b>Carotid stenosis</b>		
< 50% – mild	Couples/single	Preferred
50%-70% – moderate	Decline	Standard
> 70% – severe	Decline	Decline
> 50% with peripheral vascular disease	Decline	Decline
Endarterectomy, all follow-up complete with full recovery, > 12 months, no tobacco, normal lipids, asymptomatic	Couples/single	Preferred
<b>Carpal tunnel syndrome</b>		
Unoperated, no ongoing treatment/injections, no surgery recommended and no impact to ADLs	Couples/single	Preferred
Operated, full recovery, no need for injections or further surgery	Couples/single	Preferred
Ongoing injections, or surgery likely, or not fully recovered from surgery	Postpone	Postpone
<b>Cataracts</b>		
Not associated with other disease, no severe vision loss	Couples/single	Preferred
Any surgery, fully recovered with normal corrected vision	Couples/single	Preferred
Bilateral surgery anticipated	Postpone	Postpone
Severe vision loss or blindness	Refer to blindness	Refer to blindness
<b>Continued care retirement community living (CCRC)</b>	Individual consideration	Individual consideration
<b>Central nervous system tumors</b>	Refer to brain tumors	Refer to brain tumors
<b>Cerebral palsy</b>	Decline	Decline
<b>Cerebral vascular accident (CVA)</b>	Refer to stroke	Refer to stroke
<b>Cervical strain</b>	Refer to back disorders	Refer to back disorders
<b>Cervicitis</b>		
Successful treatment of underlying cause, asymptomatic	Couples/single	Preferred
<b>Chiropractor</b>		
Preventive	Couples/single	Preferred
Due to injury, trauma, or medical condition, released from care	Couples/single	Preferred
Due to injury, trauma, or medical condition, ongoing care	Rate for specific cause	Rate for specific cause
<b>Choroidal nevus</b>		
No melanoma detected on biopsy, or suspected	Couples/single	Preferred
With melanoma	Refer to melanoma	Refer to melanoma
<b>Chronic fatigue syndrome (CFS)</b>		
Diagnosed > 12 months ago, no significant pain or fatigue in 36 months, no TENS, or implanted stimulator, no injections, no narcotics, no disability	Couples/single	Preferred
Diagnosed > 12 months, no significant pain or fatigue 24-36 months, no TENS, no implanted stimulator, no injections, narcotics 12-24 months ago, no disability	Decline	Standard
All others	Decline	Decline

<b>Impairment</b>	<b>CareMatters II</b>	<b>CareMatters Together</b>
<b>Chronic kidney disease</b>	Refer to kidney/ureter	Refer to kidney/ureter
<b>Chronic organic brain syndrome</b>	Decline	Decline
<b>Chronic pain</b>		
Responsive to conservative treatment (e.g., chiro, dry needling, acupuncture, hyaluronic acid or similar injections), no narcotic pain medication use	Couples/single	Preferred
All of the above but with narcotic pain medication use 3x a month or less	Individual consideration	Individual consideration
All others	Decline	Decline
<b>Churg-Strauss syndrome</b>	Decline	Decline
<b>Cognitive impairment</b>	Decline	Decline
<b>Colitis</b>		
IBS, spastic colon, diverticulitis, controlled for 3 or more months, no surgery anticipated, or surgery completed	Couples/single	Preferred
Crohn's disease	Refer to Crohn's	Refer to Crohn's
Ulcerative colitis	Refer to ulcerative colitis	Refer to ulcerative colitis
<b>Colostomy or ileostomy</b>		
Temporary, after 2 years, full recovery without complications	Couples/single	Preferred
Permanent, after 3 years, compliant with self-care and no current complications	Decline	Standard
<b>Concussion(s)</b>	Refer to brain injury	Refer to brain injury
<b>Confusion</b>	Refer to memory concerns	Refer to memory concerns
<b>Connective tissue disease</b>		
Churg-Strauss, dermatomyositis, granulomatosis, SLE (lupus), Marfan syndrome, microscopic polyangiitis, polymyositis	Decline	Decline
Rheumatoid arthritis, scleroderma, Sjogren's, vasculitis	Refer to specific disease	Refer to specific disease
All other	Individual consideration to decline	Individual consideration to decline
<b>Chronic obstructive pulmonary disease (COPD) (bronchiectasis, emphysema, interstitial lung disease)</b>		
Mild (FEV1 > 65%), no tobacco last 36 months, no oxygen use	Couples/single	Preferred
Moderate (FEV1 50%-64%), no tobacco > 36 months, no oxygen use, no more than 1 acute lung infection a year	Couples/single	Preferred
Severe (FEV1 40%-50%), no tobacco > 36 months, no oxygen use	Decline	Standard
Symptomatic, oxygen use, recurrent lung infections, history of lung surgery, or tobacco < 36 months	Decline	Decline
<b>Cor pulmonale</b>	Decline	Decline

<b>Impairment</b>	<b>CareMatters II</b>	<b>CareMatters Together</b>
<b>Coronary artery disease</b>	Refer to angioplasty	Refer to angioplasty
<b>COVID-19 virus</b>	Prescreen all cases	Prescreen all cases
<b>Crohn's disease</b>		
Mild disease, stable 24 months, normal build, no surgery, no tobacco < 36 months	Couples/single	Preferred
Moderate disease, 2 years since diagnosis, 2 or fewer flares per year, no tobacco < 36 months	Decline	Standard
Severe, end-stage, or with dysplasia, progressive weight loss, use of NSAIDs, tobacco use < 36 months, currently < age 30	Decline	Decline
<b>Deafness</b>	Refer to hearing loss	Refer to hearing loss
<b>Deep venous thrombosis (DVT)</b>	Refer to thrombotic disorder	Refer to thrombotic disorder
<b>Defibrillator</b>	Decline	Decline
<b>Degenerative disc disease</b>		
Mild	Couples/single	Preferred
Moderate, no ADL or IADL limitations, treated with OTC or mild prescription drugs	Couples/single	Preferred
Steroid injections or radiofrequency ablation > 6 months, resolved	Couples/single	Preferred
Severe, or narcotic pain medications, impact on ADL or IADL, or muscle weakness/wasting	Decline	Decline
Surgery planned, or with hardware	Decline	Decline
<b>Degenerative joint disease (any joint other than the spine)</b>		
Mild or moderate by imaging, stable 3 months, age ≤ 64 or age > 65 with stable symptoms for 1 year	Couples/single	Preferred
Severe by diagnosis, imaging or symptoms, or ADL impacted	Decline	Decline
Single joint replacement	Refer to joint replacement	Refer to joint replacement
Multiple joint replacements	Refer to joint replacement	Refer to joint replacement
Steroid injection (e.g., cortisone, lidocaine) > 6 months with full resolution	Couples/single	Preferred
Physical therapy completed, full recovery, no limits or residuals	Couples/single	Preferred
Handicap plate or placard	Decline	Decline
<b>Demyelinating disease</b>	Decline	Decline
<b>Depression</b>		
<i>Ages 18-69</i>		
Situational, seasonal affective disorder, mild, stable 3 months or more	Couples/single	Preferred
Moderate, stable 6 months or more, no changes in prescription	Couples/single	Preferred
Major or severe, stable on medications 9 months or more, fully functional	Couples/single	Preferred
All other	Decline	Decline

Impairment	CareMatters II	CareMatters Together
<b>Depression</b>		
<i>Ages 70+</i>		
Situational, stable 6 months, no longer on prescription, favorable follow-up	Couples/single	Preferred
Mild or moderate, stable 12 months, controlled on medications, favorable follow-up	Couples/single	Preferred
Major or severe, decreasing in severity, stable 24 months on same medications, favorable follow-up	Couples/single	Preferred
All other	Decline	Decline
<i>All ages</i>		
Any history of suicide ideation > 3 years ago	Couples/single	Preferred
Any history of suicide attempt within 10 years	Decline	Decline
Any history of suicide attempt 10 or more years ago	Couples/single	Preferred
Multiple suicide attempts	Decline	Decline
Electroconvulsive therapy (ECT) or transcranial magnetic stimulation (TMS) > 5 years ago	Couples/single	Preferred
Any emergency room visits past 24 months, psychiatric hospitalizations within past 3 years, or 2 or more psychiatric hospitalizations	Decline	Decline
<i>Bipolar disorder (manic depression/mania)</i>		
Stable for 2 years since diagnosis, no changes in medications, fully functional	Couples/single	Preferred
History of hospitalization after 5 years, stable on medications, no changes in medications or dosage, and no history of ECT or TMS	Decline	Decline
<b>Diabetes mellitus type I</b>		
<ul style="list-style-type: none"> <li>Stable for at least 12 months, A1C <math>\leq</math> 7.5, &lt; 50 units of insulin, BMI &lt; 38.0</li> <li>No diabetic complications (e.g., nephropathy, neuropathy, visual problems, amputation, neuropathic ulcer)</li> <li>No other significant health concerns</li> <li>No tobacco usage in the past 36 months</li> </ul>	Decline	Standard
<b>Diabetes mellitus type II</b>		
Stable at least 12 months, duration < 20 years ago, A1C < 7.5, no insulin, BMI $\leq$ 38, older than age 30 at time of diagnosis with no diabetic complications (e.g., nephropathy, neuropathy, visual problems, amputation, neuropathic ulcer) or other significant comorbidities	Couples/single	Preferred
Stable at least 12 months, duration $\leq$ 20 years ago, A1C 7.6-8.5, no insulin, BMI < 40, older than age 30 at time of diagnosis, no diabetic complications (e.g., nephropathy, neuropathy, visual problems, amputation, neuropathic ulcer) or other significant comorbidities	Decline	Standard
<i>Gestational diabetes</i>		
Now with normal A1C, fully resolved	Couples/single	Preferred
With continued elevated blood sugar	Rate as diabetes mellitus II	Rate as diabetes mellitus II
<i>Impaired fasting glucose (IFG)/prediabetes/hyperglycemia</i>		
Hemoglobin A1C 5.7-6.4	Couples/single	Preferred
Hemoglobin A1C 6.5 and above	Rate as diabetes mellitus II	Rate as diabetes mellitus II

Impairment	CareMatters II	CareMatters Together
<b>Diverticulitis or diverticulosis</b>		
Acute mild episode only; treated with rest, diet changes, antibiotics	Couples/single	Preferred
Mild/uncomplicated, treated, resolved	Couples/single	Preferred
With history of abscess, blockage, fistula, peritonitis; after 12 months full recovery	Couples/single	Preferred
Hospitalized, surgery, resolved or with minimal medication; after 12 months full recovery	Couples/single	Preferred
Frequent episodes, chronic inflammation	Decline	Decline
With bleeding, weight loss, or surgery recommended	Decline	Decline
<b>Dizziness</b>	Refer to vertigo	Refer to vertigo
<b>Drug abuse or dependency</b>		
Drug-free for 60 or more months, no complications	Couples/single	Preferred
Ongoing, or with cognitive impairment or residuals from abuse, or with ongoing alcohol concerns	Decline	Decline
<b>Drug trial or study participant</b>	Decline	Decline
<b>Dupuytren's contracture</b>		
Mild or moderate contracture treated with surgery, physical therapy (PT), occupational therapy (OT) or with injections, fully recovered, no ADL/IADL limitations	Couples/single	Preferred
Potential surgery with general anesthesia planned	Postpone	Postpone
<b>Dysphagia/achalasia</b>		
Definite diagnosis, mild, stable at least 3 months, no surgery advised	Couples/single	Preferred
Dilation/surgery, stable 6 or more months, no complications	Couples/single	Preferred
Unevaluated or with neurological concerns	Decline	Decline
<b>Dystonia</b>		
Cervical (spasmodic torticollis), mild or moderate, stable (not progressive), history of Botox injections are acceptable	Couples/single	Preferred
Cervical – severe, progressive, or not stable, or with deep brain stimulation	Decline	Decline
All others besides cervical	Decline	Decline
<b>Emphysema</b>	Refer to COPD	Refer to COPD
<b>Epilepsy (seizure disorder)</b>		
<i>Grand mal, petit mal, partial, focal, complex, generalized, temporal lobe (not related to brain tumor)</i>		
Good control (< 2 seizures within past 12 months) with up to 2 medications, no ADL or IADL limitations, no cognitive impairments, no other neurological disorder, without driving restrictions and without status epilepticus within 2 years	Couples/single	Preferred
Adequate control (3-4 seizures within past 12 months) with up to 2 medications, no ADL or IADL limitations, no cognitive impairments, no other neurological disorder, without driving restrictions or status epilepticus within 2 years	Decline	Standard
Poorly controlled (> 4 seizures per year), or refractory, or with any other neurological disorder	Decline	Decline
Due to benign brain tumor and meets the above referenced criteria	Refer to brain tumor	Refer to brain tumor
Due to malignant brain tumor	Decline	Decline

Impairment	CareMatters II	CareMatters Together
<b>Epilepsy (seizure disorder)</b>		
<i>All types</i>		
Implanted device due to seizures, or laser therapy, or brain resection, status epilepticus within 2 years, or driving restrictions, surgery recommended or discussed with health care professional	Decline	Decline
<b>Epstein-Barr virus</b>		
All treatment completed > 6 months ago, full recovery, no residuals	Couples/single	Preferred
<b>Factor V Leiden</b>		
<i>Heterozygous – no history of stroke/TIA</i>		
Asymptomatic, complete workup	Couples/single	Preferred
If superficial phlebitis/superficial vein thrombosis > 12 months, resolved, uncomplicated single deep vein thrombosis (DVT) pulmonary embolism (PE) > 24 months	Couples/single	Preferred
Multiple DVTs or PEs > 36 months ago	Decline	Standard
Venous filter placed > 60 months or removed > 12 months ago	Couples/single	Preferred
Venous filter placed 36-60 months or removed within 12 months	Decline	Standard
Superficial phlebitis/thrombosis within 12 months or DVT/PE within 24 months, or multiple DVTs within 36 months, or venous filter placed < 36 months or history of stroke or TIA	Decline	Decline
<i>Homozygous</i>	Decline	Decline
<b>Falls or falling</b>		
Single episode > 3 months ago, related to accident, no major fractures, not underweight, no history of dizziness, active, no indication fall was due to underlying condition	Couples/single	Preferred
Multiple falls, or any degree of osteoporosis, unexplained, underweight, history of dizziness, not fully resolved	Decline	Decline
All others	Individual consideration	Individual consideration
<b>Familial tremor</b>	Refer to tremor	Refer to tremor
<b>Fibrocystic breast disease</b>		
All cases, with malignancy ruled out	Couples/single	Preferred
<b>Fibromyalgia</b>		
Diagnosed > 12 months ago, no significant pain or fatigue within past 36 months limiting activity level, no pain clinic, hospital or ER past 36 months, no TENS unit, implanted stimulator or trigger point injections within past 24 months, no steroid or use of narcotics within 24 months, no work related disability or SSDI	Couples/single	Preferred
Diagnosed > 12 months ago, significant pain or fatigue within past 24-36 months limiting activity level, pain clinic, hospital or ER within past 24-36 months, no TENS unit, implanted stimulator or trigger point injections within 24 months, steroid or use of narcotics 12-24 months, no work-related disability or SSDI	Decline	Standard
All other, or receiving related disability or SSDI	Decline	Decline
<b>Fissure or fistula</b>		
Anal, resolved	Couples/single	Preferred

Impairment	CareMatters II	CareMatters Together
<b>Foot drop</b>		
Fully resolved, no underlying chronic or progressive neurological disorder	Couples/single	Preferred
Unilateral, mild, nonprogressive at least 24 months, fully evaluated with no neurological disease, no ADL/IADL limitations	Couples/single	Preferred
Bilateral, or related to underlying neurological condition, falls, or unexplained	Decline	Decline
<b>Forgetfulness</b>	Refer to memory concerns	Refer to memory concerns
<b>Fractures</b>		
<i>Traumatic</i>		
1 bone, nonspinal, recovered at least 3-6 months, refer to specific bone	Couples/single	Preferred
Spinal	Refer to back disorder	Refer to back disorder
In association with osteopenia (T > -2.5 or better), completely healed, no limitations	Couples/single	Preferred
In association with osteoporosis (T -2.6 to -3.9), completely healed	Decline	Individual consideration to standard
Multiple falls or fractures, or with chronic dizziness or gait disorder	Decline	Decline
<i>Nontraumatic</i>		
In association with any degree of osteopenia, osteoporosis, or with functional impairment	Decline	Decline
<b>Gait abnormality</b>		
Depending on severity, single cane use only, not at risk for falls	Rate the underlying impairment	Rate the underlying impairment
If advised to consult a neurologist, not yet completed, or if walker, wheelchair, multiprong cane use, or if unstable/progressive	Decline	Decline
<b>Gallstones</b>	Couples/single	Preferred
<b>Gastric bypass or other surgery</b>	Refer to bariatric	Refer to bariatric
<b>Gastritis (nonspecific)</b>		
Controlled with medication	Couples/single	Preferred
Hospitalized or bleed, after 6 months with full recovery	Couples/single	Preferred
<b>Gastric esophageal reflux disorder (GERD)</b>		
Controlled	Couples/single	Preferred
<b>Glaucoma</b>		
New onset, surgery completed, or no surgery needed, stable vision, or adapted to vision loss	Couples/single	Preferred
Progressive vision loss, unstable, or hospitalized for complications of blindness	Decline	Decline
<b>Gout</b>		
Mild or moderate, fewer than 4 episodes a year, 12 months since diagnosis, and no limitations	Couples/single	Preferred
Severe, progressive, ADL limitations, or joint deformity	Decline	Decline
Elevated uric acid lab values	Individual consideration	Individual consideration

Impairment	CareMatters II	CareMatters Together
<b>Guillain-Barre syndrome</b>		
Single episode, complete recovery for 12 full months, no residuals	Couples/single	Preferred
Single episode with very mild residual	Decline	Standard
All others with residuals, or multiple episodes, or recurrence	Decline	Decline
<b>Handicap placard or plate</b>	Individual consideration to standard	Individual consideration to standard
<b>Head injury</b>	Refer to brain injury	Refer to brain injury
<b>Headaches and migraines</b>		
Occasional (<5 or fewer per week), nonrestrictive, nondebilitating, stable on Botox or OTC prescription, controlled at least 12 months	Couples/single	Preferred
TENS unit use > 6 months out, stable	Couples/single	Preferred
New onset, pain management with oxygen as needed	Individual consideration	Individual consideration
Severe, past head injury, debilitating, and all others	Decline	Decline
<b>Hearing loss</b>		
Hearing loss stable at least 12 months, nonprogressive	Couples/single	Preferred
Recent (< 12 months), or progressive, or not fully evaluated	Postpone	Postpone
Due to underlying cause	Rate for cause	Rate for cause
Projected surgery	Decline/postpone	Decline/postpone
<b>Heart failure</b>	Refer to congestive heart failure	Refer to congestive heart failure
<b>Hematoma (subdural)</b>	Refer to brain injury	Refer to brain injury
<b>Hemochromatosis</b>		
Hemochromatosis > 1 year stability, liver functional tests (LFT) < 1.5 times normal, serum ferritin < 300, no diabetes or cardiac concerns (successfully treated with phlebotomy or chelation)	Couples/single	Preferred
Hemochromatosis diagnosed, or unstable < 1 year, or LFTs > 1.5 times normal, or serum ferritin > 300, or diabetes, or cardiac concerns	Decline	Decline
<b>Hepatitis</b>		
Hepatitis A	Couples/single	Preferred
<i>Hepatitis B</i>		
3 months after successfully treated, normal comprehensive studies to include blood work, imaging and/or biopsy, HBsAg negative, negative viral load	Couples/single	Preferred
Hepatitis B without treatment, negative labs	Couples/single	Preferred
Hepatitis B carrier, normal LFTs	Couples/single	Preferred
Hepatitis B, currently on treatment	Decline	Decline
Hepatitis B, without treatment, positive labs	Decline	Decline
Hepatitis C at least 2 years after successfully treated, viral load shown to be undetectable, normal comprehensive studies to include blood work, imaging and/or biopsy	Individual consideration	Individual consideration
Chronic hepatitis C	Decline	Decline
Hepatitis D and E	Decline	Decline

<b>Impairment</b>	<b>CareMatters II</b>	<b>CareMatters Together</b>
<b>Herniated disc</b>	Refer to back disorder	Refer to back disorder
<b>High blood pressure</b>	Refer to hypertension	Refer to hypertension
<b>Hip fracture</b>		
1 hip, trauma-related, fully recovered > 12 months, all PT completed	Couples/single	Preferred
Bilateral, trauma-related, fully recovered > 24 months, no assistive devices	Couples/single	Preferred
Nontraumatic or in combination with osteoporosis, or with functional impairment	Refer to osteoporosis	Refer to osteoporosis
<b>Hodgkin lymphoma</b>	Refer to lymphoma	Refer to lymphoma
<b>Home health care</b>		
Related to surgery or acute condition, fully recovered > 6 months	Rate for impairment	Rate for impairment
Over 24 months ago or lengthy services	Individual consideration	Individual consideration
Current receiving	Decline	Decline
<b>Hospitalization</b>		
Released, full recovery	Rate for impairment	Rate for impairment
Current or anticipated admission	Decline	Decline
<b>Hypercholesterolemia</b>		
Well-controlled total between 100 and 300	Couples/single	Preferred
Evidence of physician follow-up and therapeutic targets met	Couples/single	Preferred
Familial hyperlipidemia, well controlled, no complications, good compliance with treatment and monitoring	Couples/single	Preferred
Poor compliance, treatment-resistant hyperlipidemia, total cholesterol at or above 301, or low cholesterol less than 100	Decline	Decline
<b>Hyperglycemia</b>	Refer to diabetes	Refer to diabetes
<b>Hypertension</b>		
Blood pressure reading not to exceed 160/95, stable on medication	Couples/single	Preferred
Significant, now controlled under 170/100, stable, diagnosed 6 to 12 months ago	Couples/single	Preferred
Noncompliant with recommended treatment or evidence of end organ damage, poor control	Decline	Decline
<i>Pulmonary hypertension</i>		
Incidental finding, no treatment, no symptoms, mild, stable at least 12 months	Couples/single	Preferred
All other	Decline	Decline
<b>Hyper- or hypothyroidism</b>	Refer to thyroid disorders	Refer to thyroid disorders
<b>Hysterectomy</b>		
Due to cancer	Refer to cancer	Refer to cancer
Other reasons, fully recovered, no limitations	Couples/single	Preferred
<b>Idiopathic hypertrophic subaortic stenosis (IHSS)</b>	Rate as cardiomyopathy	Rate as cardiomyopathy

Impairment	CareMatters II	CareMatters Together
<b>Idiopathic or immune thrombocytopenia</b>	Refer to thrombocytopenia	Refer to thrombocytopenia
<b>Ileitis, regional, end stage</b>	Decline	Decline
<b>Ileostomy</b>	Refer to colostomy	Refer to colostomy
<b>Inflammatory bowel disease</b>	Refer to Crohn's or ulcerative colitis	Refer to Crohn's or ulcerative colitis
<b>Insomnia</b>		
Acute	Couples/single	Preferred
Chronic, treated and asymptomatic for 6 months	Couples/single	Preferred
<b>Joint replacement</b>		
<i>Knee replacement</i>		
> 3 months, treatment completed, released from care, full recovery, no use of assistive devices (e.g., cane, walker, etc.)	Couples/single	Preferred
<i>Hip replacement</i>		
> 3 months, treatment completed, released from care, full recovery, no use of assistive devices (e.g., cane, walker, etc.)	Couples/single	Preferred
<i>Shoulder replacement</i>		
> 6 months, treatment completed, released from care, full recovery, no use of assistive devices (e.g., cane, walker, etc.)	Couples/single	Preferred
<i>Any revision of a past joint replacement</i>		
> 12 months, treatment completed, released from care, full recovery, no use of assistive devices (e.g., cane, walker, etc.)	Couples/single	Preferred
<i>&gt; 2 joint replacements</i>		
> 12-month waiting period from last replacement, treatment completed, released from care, full recovery, no use of assistive devices (e.g., cane, walker, etc.)	Couples/single	Preferred
<i>3-4 joint replacements</i>		
> 12-month waiting period from last replacement, treatment completed, released from care, full recovery, no use of assistive devices (e.g., cane, walker, etc.)	Individual consideration	Individual consideration
> 4 joint replacements	Decline	Decline
Surgery planned or recommended, ongoing evaluation	Decline	Decline
Any joint replacement with a history of rheumatoid arthritis or psoriatic arthritis	Decline	Decline
All other joint replacement not otherwise mentioned	Individual consideration	Individual consideration
<b>Korsakoff syndrome</b>	Decline	Decline
<b>Labyrinthitis (Meniere's disease)</b>		
Treated, stable, minimal side effects, no limitations, no falls, no use of assistive devices (e.g., cane, walker, etc.)	Couples/single	Preferred
Otherwise	Individual consideration	Individual consideration
<b>Lacunar infarction</b>	Refer to stroke/TIA	Refer to stroke/TIA

<b>Impairment</b>	<b>CareMatters II</b>	<b>CareMatters Together</b>
<b>Long-term care services</b>		
Related to surgery, or acute condition, fully recovered > 6 months	Individual consideration	Individual consideration
More than 24 months ago, rate for the underlying impairment	Individual consideration	Individual consideration
Current	Decline	Decline
<b>Lordosis</b>		
Depending on severity, symptoms, or underlying condition	Refer to back/scoliosis	Refer to back/scoliosis
<b>Lupus</b>		
Discoid and systemic	Refer to systemic lupus	Refer to systemic lupus
<b>Lyme disease</b>		
Completely resolved at least 6 months, no hospitalization	Couples/single	Preferred
Hospitalized or with complications, at least 24 months fully recovered, no limitations	Couples/single	Preferred
Current symptoms/disease, or ongoing complications, or residuals	Decline	Decline
<b>Lymphedema</b>		
Resolved, treatment complete, no limitations or comorbidities	Couples/single	Preferred
Current treatment, or unresolved, current symptoms or limitations, or skin ulcers	Decline	Decline
<b>Lymphoma</b>		
Hodgkin or non-Hodgkin	Prescreen client	Prescreen client
<b>Macular degeneration</b>		
<i>Dry</i>		
1 or both eyes, stable without vision loss in past 12 months, no assistance needed, still driving	Couples/single	Preferred
With falls, injuries, or complications, or progressive in past 12 months	Decline	Decline
<i>Wet</i>		
Unilateral, still driving, no assistance needed	Decline	Individual consideration to standard
Bilateral, or with falls, injuries, or progressive	Decline	Decline
Legally blind	Refer to blindness	Refer to blindness
<b>Malignant melanoma</b>	Prescreen client	Prescreen client
<b>Mallory-Weiss syndrome</b>		
Fully recovered, not due to alcohol or bulimia	Couples/single	Preferred
Uninvestigated, or due to alcohol or bulimia	Decline	Decline
<b>Manic depression</b>	Rate as bipolar depression	Rate as bipolar depression

Impairment	CareMatters II	CareMatters Together
<b>Marijuana use</b>		
<i>Recreational</i>		
6 or fewer times per week	Couples/single	Preferred
7-14 times per week	Decline	Standard
More than 14 times per week	Decline	Decline
<i>Medical</i>		
Used to treat menopause, insomnia, anxiety, 6 or fewer times per week	Couples/single	Preferred
Used to treat menopause, insomnia, anxiety, 7-14 times per week	Decline	Standard
Used to treat any other condition, or over 14 times per week	Decline	Decline
<b>Medicaid recipient</b>	Decline	Decline
<b>Medullary sponge kidney</b>		
Found incidentally, no history of stones or multiple urinary tract infections, normal kidney function studies	Couples/single	Preferred
Suspicious for polycystic kidney disease	Decline	Decline
All others	Individual consideration	Individual consideration
<b>Memory concerns</b>	Refer to mild cognitive impairment	Refer to mild cognitive impairment
<b>Meniere's disease</b>	Refer to labyrinthitis	Refer to labyrinthitis
<b>Meningioma</b>		
<i>Brain</i>	Refer to benign brain tumor	Refer to benign brain tumor
<i>Spine</i>		
Benign pathology, single occurrence, surgically removed with full resection, serial MRIs > 36 months show no regrowth, no residuals	Couples/single	Preferred
Benign pathology, no surgically removed, serial MRIs show stability or no evidence of growth > 60 months, no symptoms or neurological deficits	Couples/single	Preferred
Benign pathology, not surgically removed, serial MRIs show stability or no evidence of growth > 48-60 months, no neurological symptoms or deficits	Decline	Standard
Multiple occurrences, or post-surgical symptoms, or history of TIA or stroke, or neurological workup in process or planned	Decline	Decline
<b>Meningitis</b>		
Minimal symptoms, completely recovered > 24 months, no residuals	Couples/single	Preferred
Within 24 months, or active, or chronic, or recurrent with residuals	Decline	Decline
<b>Monoclonal gammopathy (MGUS)</b>		
Diagnosed 2 or more years ago, asymptomatic, normal complete blood counts, normal bone marrow exam (if done), < 3 g/dl IgG monoclonal protein, < 2g/dl IgA monoclonal protein, Bence Jones proteinuria < 1 g per 24 hours, normal immunoglobulins, stable (not increasing) M protein	Couples/single	Preferred

Impairment	CareMatters II	CareMatters Together
<b>Mild cognitive impairment</b>		
Diagnosed with mild cognitive impairment	Decline	Decline
Memory concerns expressed by patient or other (within past 3 years) without formal diagnosis, related to menopause, hormone imbalance, or other acute illness fully resolved at least 12 months	Rate for cause	Rate for cause
Previously failed cognitive screen or exam	Decline	Decline
<b>MRSA</b>		
1 occurrence, > 12 months fully recovered	Couples/single	Preferred
1 recurrence > 24 months ago, now fully resolved	Couples/single	Preferred
2 recurrences, > 48 months since last recurrence, now fully resolved	Decline	Standard
More than 2 recurrences or chronic	Decline	Decline
<b>Multiple impairments</b>		
<i>Combination of 2 or more of the following:</i>		
Atrial fibrillation, cardiomyopathy, diabetes mellitus, ischemic heart disease, peripheral vascular disease, stroke, or TIA	Decline	Decline
<b>Myasthenia gravis</b>		
Ocular only, stable at least 36 months	Couples/single	Preferred
Systemic or generalized	Decline	Decline
<b>Narcolepsy</b>		
Treated, asymptomatic, no amnesia, no forgetfulness, no muscle weakness, not due to concussion, traumatic brain injury, stroke or tumor	Couples/single	Preferred
Due to concussion, traumatic brain injury, stroke, or tumor	Rate for cause	Rate for cause
<b>Occupational therapy (OT)</b>	Refer to physical therapy	Refer to physical therapy
<b>Obsessive-compulsive disorder (OCD)</b>		
Mild, after 6 months control, no functional impairment, no inpatient treatment, stable work history, no ADL limitations, no history of substance abuse or antisocial behavior	Couples/single	Preferred
Moderate to severe functional impairment, at least 3 years controlled on medication, fully functional, no ADL limitations, no antisocial behavior, no ER visits	Couples/single	Preferred
History of psychiatric hospitalizations, controlled on medication for at least 5 years, fully functional, no ADL limitations, no antisocial behavior, no interim ER visits	Couples/single	Preferred
In combination with other mental/nervous disorder	Individual consideration	Individual consideration
Symptomatic, experimental treatment (ketamine, psilocybin, transcranial stimulation)	Decline	Decline
<b>Osteoarthritis</b>	Refer to arthritis	Refer to arthritis
<b>Osteomyelitis</b>		
1 bone, > 12 months after completion of treatment, complete recovery, asymptomatic, no limitations	Couples/single	Preferred
Chronic, active, or with bone damage, or residuals, or history of fracture	Decline	Decline
2 or more bones	Decline	Decline

<b>Impairment</b>	<b>CareMatters II</b>	<b>CareMatters Together</b>
<b>Osteonecrosis</b>	Refer to avascular necrosis	Refer to avascular necrosis
<b>Osteoporosis</b>		
<i>Dual-energy X-ray absorptiometry (DEXA) T-2.5 to T-3.5</i>		
BMI > 20, with current treatment, stable at least 2 years, no history of nontraumatic fractures, no balance issues, no history of falls, no functional limitations	Couples/single	Preferred
With history of large-joint nontraumatic fractures, or other risk factors	Decline	Individual consideration to standard
With history of falls	Decline	Decline
<i>DEXA T-3.6 to T-3.9</i>		
Currently treated with prescription, bone density stable at least 2 years, no fractures or falls	Decline	Individual consideration to standard
With fragility, fracture or fall(s)	Decline	Decline
<b>Peripheral neuropathy</b>		
Mild or moderate, fully evaluated, no limitations, stable more than 12 months, no use of assistive devices (e.g., cane, walker, etc.), and without comorbidity conditions	Couples/single	Preferred
Mild to moderate, fully evaluated, stable more than 12 months, with use of single prong cane, and without comorbidity conditions	Decline	Standard
Severe, or not fully evaluated, or related to disease such as diabetes, alcohol, or falls, imbalance, gait disorder, skin ulcers	Decline	Decline
Autonomic, progressive, or cause unknown	Decline	Decline
<b>Periodic limb movement disorder</b>		
Nonlimiting, fully evaluated, no Parkinson's or other significant neurological disorder suspected	Couples/single	Preferred
<b>Plantar fasciitis</b>		
All ages, stable, nonprogressive, no current PT, no surgery needed	Couples/single	Preferred
Progressive, debilitating, or difficulty with mobility	Decline	Decline
<b>Polio</b>		
Complete recovery, no residuals	Couples/single	Preferred
With mild residuals, no wheelchair confinement, no functional limitations, no ADL or IADL limitations	Decline	Standard
<b>Post-polio syndrome</b>		
2 years from diagnosis, nonprogressive, mild, no limitations and no use of assistive devices (e.g., cane, walker, etc.), no treatment within 24 months, no gait or balance disorder	Decline	Standard
Progressive, weakness or fatigue, or with limitations/gait or balance disorder	Decline	Decline
<b>Polymyalgia rheumatica</b>		
Single episode, in remission > 24 months, no limits, fully functional	Couples/single	Preferred
Multiple episodes, > 48 months since last, no limits, fully functional	Couples/single	Preferred
Severe or with limitations, or with past history of temporal arteritis	Decline	Decline

<b>Impairment</b>	<b>CareMatters II</b>	<b>CareMatters Together</b>
<b>Post-traumatic stress disorder (PTSD)</b>		
At least 12 months post-diagnosis, fully functional, no substance abuse diagnosis, not receiving any disability payments including VA benefits	Couples/single	Preferred
Under 12 months since diagnosis, or not adequately controlled, or with functional impairment, or collecting any type of disability	Decline	Decline
<b>Pregnancy (current)</b>		
No complications	Couples/single	Preferred
Complications or uncontrolled hypertension	Postpone	Postpone
Complications by preeclampsia or eclampsia, or diabetes, or proteinuria	Postpone	Postpone
<b>Protein C or S deficiency</b>		
No history of blood clot(s)	Couples/single	Preferred
With history of blood clot(s) or with tobacco use	Decline	Decline
<b>Psoriatic arthritis</b>	Refer to arthritis	Refer to arthritis
<b>Pulmonary hypertension</b>	Refer to hypertension	Refer to hypertension
<b>Restless leg syndrome (RLS)</b>		
Diagnosed as RLS, onset > 12 months ago, stable, nonprogressive, with or without treatment	Couples/single	Preferred
Onset < 12 months ago	Postpone	Postpone
Without full evaluation, Parkinson's not ruled out, or unstable, or progressive	Decline	Decline
<b>Rheumatoid arthritis</b>	Refer to arthritis	Refer to arthritis
<b>Sciatica</b>		
More than 3 months post-diagnosis, no limitations, resolved with strength training/stretching/acupuncture, or chiropractic/massage therapy/PT; if studies completed, all normal findings	Couples/single	Preferred
Steroid injections (e.g., corticosteroid, cortisone, lidocaine) in past 6 months	Decline	Decline
Surgery planned, scheduled, or not completed	Decline	Decline
Otherwise, or workup not completed	Decline	Decline
<b>Scoliosis</b>	Refer to back disorder	Refer to back disorder
<b>Senility (all forms)</b>	Decline	Decline
<b>Sjogren's syndrome</b>		
Sicca syndrome only (dry eyes and mouth only), or in remission > 12 months with minimal and stable symptoms, not impacting lifestyle, no significant arthritis or interstitial lung disease	Couples/single	Preferred
Otherwise	Decline	Decline

Impairment	CareMatters II	CareMatters Together
<b>Sleep apnea (obstructive or central)</b>		
<i>Treatment may include CPAP, BiPAP, APAP, EPAP, dental device, Inspire system or uvuloplasty (UPPP)</i>		
Mild (AHI 14 or fewer events per hour), treated or untreated	Couples/single	Preferred
Moderate (AHI 15-29 events per hour), compliant with treatment at least 3 months	Couples/single	Preferred
Severe (30+ events per hour) and must be compliant with treatment for 6 months	Individual consideration	Individual consideration
Pending workup or sleep study	Postpone	Postpone
Use of oxygen or unresponsive to treatment	Decline	Decline
<b>Spinal cord atrophy (acute transverse myelitis)</b>	Decline	Decline
<b>Spinal stenosis</b>	Refer to back disorder	Refer to back disorder
<b>Stroke (cerebral vascular accident, cerebral infarction, lacunar infarction)</b>		
Single event more than 36 months ago, no residuals, blood pressure controlled, no tobacco in the past 36 months	Couples/single	Preferred
Single event between 24-36 months ago, blood pressure controlled, no tobacco in past 36 months	Decline	Standard
2 or more strokes, or with any residuals	Decline	Decline
<i>Additional stroke considerations</i>		
Stroke prior to age 60	Individual consideration	Individual consideration
Tobacco or nicotine used in past 12 months	Decline	Decline
With significant comorbidity conditions (e.g., A-fib, carotid stenosis, diabetes, or blood clotting disorder, or abnormal brain MRI)	Decline	Decline
<b>Suicide attempt or ideation</b>	Refer to depression	Refer to depression
<b>Syncope</b>		
Neurogenic (neurocardiogenic, vasovagal, vasodepressor, orthostatic), treated, 2 or fewer episodes per year, without injury	Couples/single	Preferred
Neurogenic (neurocardiogenic, vasovagal, vasodepressor, orthostatic), treated 3 or more episodes per year	Decline	Decline
Vasovagal with injury	Decline	Decline
Cardiogenic with pacemaker after 6 months	Individual consideration	Individual consideration
Cardiogenic, untreated, or not investigated, cause unknown	Decline	Decline
<b>Systemic lupus erythematosus (SLE)</b>		
Discoid lupus, diagnosis > 12 months ago, not on steroids, no major organ involvement	Couples/single	Preferred
Active SLE within 2 years, definite diagnosis	Decline	Decline
SLE, definite diagnosis, in remission 2-3 years, negative antinuclear antibody (ANA), normal kidney function, no proteinuria, no corticosteroids in 2 years	Decline	Standard
SLE, definite diagnosis, in remission 3 years, negative antinuclear antibody (ANA), normal kidney functions, no proteinuria, no corticosteroids in 2 years	Couples/single	Preferred
Diagnosis suspected, worked up but all criteria for SLE not fulfilled after 2 years	Couples/single	Preferred

Impairment	CareMatters II	CareMatters Together
<b>Systemic sclerosis</b>	Decline	Decline
<b>Temporal arteritis (giant cell arteritis)</b>		
After 12 months, full recovery, no current treatment	Couples/single	Preferred
Any associated loss of vision	Refer to blindness	Refer to blindness
Ongoing glucocorticoids or immunosuppressant	Decline	Decline
With dissection, aneurysm, coronary artery disease (CAD), carotid artery disease, stroke, TIA, or diabetes	Decline	Decline
With history of polymyalgia rheumatica	Decline	Decline
<b>Thalassemia</b>		
Alpha thalassemia trait (carrier)	Couples/single	Preferred
<i>Alpha thalassemia disease</i>		
HCT > 30, Hgb > 9.0	Couples/single	Preferred
HCT < 30, Hgb < 9.0	Decline	Decline
Beta thalassemia trait	Couples/single	Preferred
Thalassemia major (beta thalassemia major or Cooley's anemia)	Decline	Decline
<i>Beta thalassemia intermedia</i>		
HCT > 30, no transfusion or plasmapheresis within 24 months	Decline	Standard
Others	Decline	Decline
Any transfusion, plasmapheresis, or active hepatitis within 24 months	Decline	Decline
Workup planned or in progress	Decline	Decline
<b>Thyroid disorders</b>		
Goiter, benign, normal thyroid function	Couples/single	Preferred
<i>Hashimoto's thyroiditis</i>		
Treated, normal thyroid function after 3 months	Couples/single	Preferred
Untreated or lack of routine care, or abnormal thyroid function test	Decline	Decline
<i>Hyperthyroidism (Plummer disease)</i>		
Normal thyroid function, treated, stable 6 months	Couples/single	Preferred
Untreated or lack of routine care, or abnormal thyroid function test	Decline	Decline
<i>Hypothyroidism</i>		
Normal thyroid function, treated, stable at least 6 months	Couples/single	Preferred
Untreated or lack of routine care, or abnormal thyroid function test	Decline	Decline
<b>Transglobal amnesia</b>		
Single episode > 1 year ago, full recovery, no ongoing memory issues, no history of TIA or stroke, no cause identified	Couples/single	Preferred
2 episodes > 3 years ago, fully resolved, no ongoing memory issues, no history of TIA or stroke (may require cognitive screen at younger ages)	Decline	Standard
All others	Decline	Decline
<b>Transient ischemic attack (TIA)</b>		
Single TIA more than 24 months ago, no comorbidity or residuals (age 60 or over at time of TIA)	Couples/single	Preferred
Single TIA, more than 24 months since event, mild comorbidity (e.g., mild peripheral vascular disease, mild valvular heart disease)	Couples/single	Preferred

Impairment	CareMatters II	CareMatters Together
<b>Transient ischemic attack (TIA)</b>		
2 TIAs more than 5 years since last event, no damage on imaging	Decline	Standard
3 or more TIAs	Decline	Decline
<i>Additional TIA considerations</i>		
TIA prior to age 60	Individual consideration	Individual consideration
Tobacco/nicotine use in the last 12 months	Decline	Decline
With significant comorbidity conditions (e.g., A-fib, carotid stenosis, diabetes, blood clotting disorder)	Decline	Decline
<b>Transplant</b>		
Cornea only	Couples/single	Preferred
Any other organ	Decline	Decline
<b>Tremor</b>		
Full neurological workup completed, diagnosed as essential tremor (benign, familial, idiopathic), stable without progression, for at least 6 months, no ADL/IADL limitations	Couples/single	Preferred
Neurological workup: not done, incomplete or ongoing	Decline	Decline
Severe (impacting ADLs or IADLs) or evidence of progression within the past 6 months	Decline	Decline
Gait disturbance, ataxia, ambulation concerns, use of adaptive devices or attributed to any underlying progressive neurological disorder (e.g., Parkinson's)	Decline	Decline
<b>Trigeminal neuralgia</b>		
Medically managed/treated (e.g., medication, injections), stable at least 12 months	Couples/single	Preferred
Mild, no treatment required, worked up, and multiple sclerosis (MS), aneurysm, and acoustic neuroma have been ruled out	Couples/single	Preferred
Treated with surgery, resolved after 6 months	Couples/single	Preferred
Secondary to another neurological disease (e.g., MS, aneurysm, acoustic neuroma not ruled out)	Decline	Decline
<b>Tuberculosis, pulmonary only</b>		
Latent (positive skin test — PPD), with normal chest X-ray, no symptoms or recommended treatment	Couples/single	Preferred
Active or latent, normal pulmonary function tests, mild residual damage only, treatment completed at least 12 months ago	Couples/single	Preferred
Active disease, ongoing treatment, abnormal pulmonary function	Decline	Decline
Extrapulmonary or other forms of tuberculosis (TB)	Decline	Decline
<b>Ulcerative colitis</b>		
Ulcerative proctitis, stable after 12 months, or single flare in past 24 months, normal bowel habits, no ongoing treatment	Couples/single	Preferred
Mild ulcerative colitis, stable 12 months, medically managed, stable weight, no history of bowel obstructions, or fistula, surgery, or liver involvement	Couples/single	Preferred
Moderate ulcerative colitis, 2 years since diagnosis, 1-2 flares per year, treated and stable, stable build, no mild anemia, bowel obstructions, fistula or no more than 2 surgeries	Decline	Standard

Impairment	CareMatters II	CareMatters Together
<b>Ulcerative colitis</b>		
Unstable, chronic ongoing treatment with frequent flares, severe or end stage, or with recommended surgical treatment	Decline	Decline
Dysplasia noted on colonoscopy	Decline	Decline
<b>Ulcer disease (gastric, peptic, duodenal, esophageal)</b>		
After 3 months since diagnosis, good response to treatment, and asymptomatic	Couples/single	Preferred
History of gastrointestinal bleeding or poor response to treatment, or frequent relapses	Decline	Decline
<b>Ulcer(s) of the skin</b>		
Fully healed at least 6 months, not due to diabetes or venous insufficiency	Couples/single	Preferred
Active, or unresolved, or resulting in amputation, or due to diabetes mellitus or venous insufficiency	Decline	Decline
<b>Underweight</b>	Refer to build chart	Refer to build chart
<b>Uveitis</b>		
Due to infection or injury of the eye; resolved	Couples/single	Preferred
Due to an underlying systemic disorder	Rate for cause	Rate for cause
<b>Varicose veins (venous insufficiency)</b>		
No underlying vascular disease, vein stripping with complete recovery	Couples/single	Preferred
Ulcer (skin) history, fully recovered at least 3 months	Couples/single	Preferred
Nonhealing skin ulcers, or recurrent ulcers, or claudication	Decline	Decline
<b>Vasculitis</b>		
Henoch-Schönlein purpura (cutaneous vasculitis), without skin ulcers, no internal organ involvement more than 24 months, no other comorbidity conditions, no nicotine/vape for at least 36 months	Couples/single	Preferred
Hypersensitivity vasculitis	Rate as Henock-Schonlein	Rate as Henock-Schonlein
<i>Polyarteritis nodosa</i>		
In remission 5 or more years, no complications, no nicotine use	Couples/single	Preferred
Active disease or with impaired renal function, or hepatitis B	Decline	Decline
<b>Ventricular septal defect (VSD)</b>		
<i>Not surgically repaired</i>		
Resolved with spontaneous closure	Couples/single	Preferred
Mild ventricular septal defect (VSD), no symptoms other than heart murmur, no indication of pulmonary hypertension	Couples/single	Preferred
Moderate ventricular septal defect (VSD), no symptoms, mild pulmonary hypertension, with pulmonary artery pressure < 40mmHg, and older than age 40	Couples/single	Preferred
Severe, or any indication of symptoms associated with congestive heart failure or pulmonary hypertension other than incidental finding or with treatment	Decline	Decline

Impairment	CareMatters II	CareMatters Together
<b>Ventricular septal defect (VSD)</b>		
<i>Surgically repaired</i>		
Repaired with no functional impairment, 12-month recovery period has been satisfied, no residuals	Couples/single	Preferred
Repaired with persistent shunt or with residuals	Decline	Decline
<b>Ventricular tachycardia or fibrillation/flutter</b>		
Full recovery, no history of complications, no symptoms or treatment within 12 months, no cardioversion/pacing within 24 months, no tobacco within 24 months, or most recent NYHA Class 1	Couples/single	Preferred
Current, treatment, symptoms or complications or stable < 12 months or requiring cardioversion/heart pacing within 24 months or tobacco use within 24 months, or NYHA Class > 1	Decline	Decline
EF < 40%, or defibrillator, or active cardiac rehabilitation within 12 months, or diagnosis of arrhythmogenic R ventricular cardiomyopathy, Brugada syndrome, catecholaminergic polymorphic VT, heart dysplasia or long QT syndrome	Decline	Decline
<b>Vertebrobasilar insufficiency</b>		
Acute, isolated episodes with complete resolution, no underlying cardiac or neurological disorder, treatment and tobacco free at least 12 months	Couples/single	Preferred
Due to disease (e.g., atherosclerosis, TIA, stroke etc)	Rate for underlying disease	Rate for underlying disease
Symptomatic, ongoing nicotine or tobacco use, recurrent falls, or etiology unknown	Decline	Decline
<b>Vertigo and benign positional vertigo (BPV)</b>		
Acute or viral, resolved after 30 days	Couples/single	Preferred
Vertigo treated and stable at least 3 months	Couples/single	Preferred
Vertigo not evaluated or treated, less than 12 months, or suspicion of a neurological disease	Decline	Decline
Multiple episodes, not evaluated/treated, or suspicion of a neurological disease	Decline	Decline
Associated with multiple falls or disability	Decline	Decline
Ongoing evaluation	Postpone	Postpone
BPV not associated with or without 1 fall, more than 6 months ago	Couples/single	Preferred
BPV with ongoing symptoms, or 1 fall less than 6 months ago, or with multiple falls	Decline	Decline
<b>Vestibular neuritis/vestibular hypofunction</b>		
New symptoms under 6 months	Postpone	Postpone
> 6 months resolved with PT or balance training, no ongoing symptoms	Couples/single	Preferred
With past brain injury, stroke, or TIA, or chronic symptoms	Decline	Decline
<b>Vision loss</b>	Refer to blindness	Refer to blindness
<b>Von Recklinghausen disease</b>	Decline	Decline

Impairment	CareMatters II	CareMatters Together
<b>Von Willebrand disease</b>		
<i>Type I or II</i>		
Minor bleed (gastric, hematoma, dental, nose, menorrhagia) after 24 months	Couples/single	Preferred
Major bleeding episode after 60 months	Couples/single	Preferred
Any history of TIA or stroke	Decline	Decline
<b>Von Willebrand disease</b>		
<i>Type III</i>	Decline	Decline
<b>Waldenstrom macroglobulinemia</b>	Decline	Decline
<b>Walker use</b>		
Used within past 3 months	Decline	Decline
Used more than 3 months ago, due to acute or limited event (e.g., surgery, PT), fully recovered, no history of Social Security Disability (SSDI)	Couples/single	Preferred
<b>Watchman device</b>	Refer to atrial fibrillation	Refer to atrial fibrillation
<b>Wernicke-Korsakoff syndrome</b>	Decline	Decline
<b>Wheelchair use</b>		
Used within past 6 months	Decline	Decline
Used more than 6 months ago, due to an acute or limiting event (e.g., surgery, PT), fully recovered, no history of Social Security Disability (SSDI)	Couples/single	Preferred
<b>Whipple disease</b>	Decline	Decline
<b>Wilson disease</b>	Decline	Decline
<b>Wolff-Parkinson-White syndrome</b>		
Present, no structural heart damage, no treatment required	Couples/single	Preferred
Ablated, after 6 months, resolved, controlled	Couples/single	Preferred
Uncontrolled, surgery or ablation recommended not yet completed, or with fainting or low blood pressure	Decline	Decline

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LAM-5905AO (07/25)