Long Term Care Forms and Rates
Missouri Department of Commerce and Insurance
Insurance Market Regulation Division
Life & Healthcare Section

COMPANY NAME: _____

Lead Form # as it appears in SERFF: _____

> **LongTerm Care Insurance**: Coverage that includes long term care, nursing home, home care and contracts that provide reimbursement for these services (more than one year).

All filings and payments must be through SERFF. A filing fee of $150 applies to each filing, pursuant to 374.230 RSMo.

For appropriate use of TOIs, please see the NAIC CDS Coding Matrix at: NAIC.org

To expedite filings and ensure an efficient use of resources, the L&H Section offers the following tips:

1. Please complete this form by listing the location of the provision in the forms. Please attach to the Supporting Documentation tab.
2. Please ensure the Form Type under the Form Schedule tab matches the attached form. For example, if the Form Type is an application, make sure the attached form is an application.
3. The Form Number:
   A. Cannot be reused, except when original filing rejected or withdrawn.
   B. Provided under the Form Schedule tab must match the form number that is provided on the lower left hand corner of the first page.
4. Provide an explanation of variability for all bracketed alpha and numeric text.
5. If filing a rider, endorsement or application, please provide the SERFF tracking number or copy of TD1 and approved policy forms.
6. If the company wishes to mark a form confidential, please provide an explanation of how the request complies with 374.070 RSMo and 20 CSR 10-2.400.
7. If providing a red line version, please attach to the Supporting Documentation tab; the forms for approval should be in final format.

As of May 1, 2019, DCI will be implementing a new review process for LTC Rate filings. The guidelines will allow for streamlining the reviews and will allow MO to base their final disposition on the majority state's final disposition on specific filings.

If the following criteria are met on both pre and post rate stabilization, MO will rely on the actuarial determination for rate justification of the state with the majority of policyholders:

1. If under 100 MO insured lives
2. If under 75% overall rate increase

If the filing exceeds the number of insured lives and the rate threshold, then the analyst should determine if the carrier's premium written in MO is less than 5%. If so, then the filing would still fall under the peer review.

If the majority state does not have an actuary or rate approval authority, the filing will be referred to our internal actuaries. If a carrier disagrees with MO's acceptance of a peer review, the filing will be sent to our internal actuaries for review.

#	Citation	Policy Approval Criteria	Form and Page Number
General Policy Provisions/ Requirements			
1	375.995 RSMo	Sex or marital status discrimination as to benefits or coverage prohibited	
2	376.1100.2 RSMo See also 20 CSR 400-4.100	Definitions	
3	376.1103 RSMo See also 20 CSR 400-4.100(19)	Policies issued in another state may be issued to Missouri residents if another state has statutory and regulatory requirements substantially similar to MO.	
4	376.1109 RSMo	Content requirements**,** prohibited provisions 3. (1) Pre-Existing: required definition; not more restrictive than the following language 11. Right to return policy within 30 days 12. Refund of unearned premium requirement	
5	376.1127 RSMo See also 20 CSR 400-4.100(24)	Nonforfeiture Benefit Option; offer; Does not apply to life policies or riders containing accelerated LTC benefits	
6	20 CSR 400-4.100 (1) and (2)	(1) Applicability and scope (2) The following terms shall have meaning set forth under 376.1100.2 RSMo: 1. Applicant 2. Certificate 3. Director 4. Group long-term care insurance 5. Long-term care insurance 6. Policy 7. Qualified long-term care insurance (2) Also states these additional definitions apply: (A) Exceptional increase (B) Incidental (C) Qualified actuary (D) Similar policy forms	
7	20 CSR 400-4.100 (3)	Terms defined when used in policy (A) Activities of daily living (B) Acute condition (C) Adult day care (D) Bathing (E) Cognitive impairment (F) Continence	

		(G) Dressing (H) Eating (I) Hands-on assistance (J) Home health care services (K) Medicare (L) Mental or nervous disorder (M) Personal care (N) Skilled nursing care (O) Toileting (P) Transferring All providers of service defined in relation to the services and facilities required to be available and the licensure or degree status of those providing or supervising the services; may require appropriate licensure or certification	
8	20 CSR 400-4.100 (4)	(A) Policy Practices and Provisions 1. Renewability 2. Guaranteed reviewable 3. Non-cancellable 4. Level premium 5. Guaranteed renewable within meaning of IRC, Section 7702B(b)(1)(C) (B) Limitations & Exclusion except as follows: 1. Pre-existing conditions and diseases 2. Mental or nervous disorders; except for Alzheimer's disease 3. Alcoholism or drug addiction 4. Illness, treatment or medical condition arising out of: A. War or act of war B. Participation in felony, riot, or insurrection C. Service in armed forces or units auxiliary thereto D. Suicide or attempted suicide while sane or intentionally self-inflicted injury E. Aviation 5. Treatment in government facility 6. Expenses or items available or paid under another long term care or health policy 7. Expenses reimbursable under Medicare 8. For claim from state other than the state of issue (C) Extension of benefits (D) Continuation or conversion policy provision 1. Provide basis for continuation or conversion 2. "A basis for continuation of coverage" means 3. "A basis for conversion" means 4. "Converted policy" mean 5. Written application for conversion and premium paid within 31 days of termination 6. Premium calculation for converted policy 7. Continuation or conversion mandatory, except; A. Failure to pay premiums/contributions B. Coverage not replaced within 31 days 8. Converted policy may include reduction of benefits	

		payable provision 9. Benefits payable under converted policy; not to those payable under group policy if remained in force 10. Death of insured individual; continuation 11. "Managed care plan" (E) Discontinuance & Replacement: coverage provided/ offered and premiums 1. Prohibited on pre-existing exclusion if covered under group policy 2. Vary or depend on health or disability status, claims experience, LTC services (F) Premium, requirements and prohibitions	
9	20 CSR 400-4.100(5)	Unintentional Lapse (A) Notice before lapse/termination' written designation form; failure to designate; lapse for nonpayment notice (B) Reinstatement provision required	
10	20 CSR 400-4.100(6)	(A) Required Disclosure Provisions: 1. Renewability-to appear clearly on first page "guaranteed renewable"; "non-cancellable"; exceptions 2. Statement that premium may change (B) Riders/endorsements that reduce or eliminate benefits or coverage; requirements; exceptions (C) Payment of Benefits: terms denied, explanation in outline of coverage (D) Any pre-existing conditions shall be clearly stated in separate paragraph; "Pre-existing Condition Limitation" (E) Other Limitations or Conditions on Eligibility for Benefits: description, limitation and conditions; Shall be labeled "Limitations or Conditions on Eligibility for Benefits (F) Disclosure of Tax Consequence must be disclosed on FIRST page (G) Benefit triggers: ADL and cognitive impairment used to measure need; shall be described in separate paragraph labeled: "Eligibility for the Payment of Benefits" (H) If Qualified LTC-required disclosure statement (I) If Nonqualified LTC: disclosure statement in policy and outline of coverage required; not intended to be qualified LTC contact	

11	20 CSR 400-4.100(7)	Required Disclosure of Rating Practices to Consumers (B) Insurer shall provide: 1. Statement that may be subject to future rate increases 2. Explanation of potential premium revisions and options 3. Statement that premium rates or schedules will be in effect until an increase request 4. Explanation for applying adjustments; when effective;	

		right to revise 5. Information pertaining to increase; use the Long Term Care Personal Worksheet (Form LTC-B) and Potential Rate Increase Disclosure Form (LTC-F) to comply	
12	20 CSR 400-4.100(8)	Initial Filing Requirements: (B) Shall provide to director 30 days prior to sale: 1. Disclosure documents 2. Actuarial certification, required contents	
13	20 CSR 400-4.100 (9)	Prohibition against post claims underwriting: (A) Clear and unambiguous questions to ascertain health condition (B) Medication (C) Language set out conspicuously and in close conjunction to signature block on application and in policy/ certificate at time of delivery	
14	20 CSR 400-4.100 (10)	Minimum standards for home health and community care benefits (A) Prohibitions (B) Requirements (C) Illusionary Benefits prohibited	
15	20 CSR 400-4.100 (11)	Inflation Protection: (A) and (B): Required offer of inflation protection; no less favorable requirements (D) Outline of Coverage required information: 1.A. Graphic comparison of benefit levels 1.B. Expected premium increases for automatic or optional benefits increase (F) Offer shall conspicuously disclose that premium may change; when (G) Rejection of Inflation Protection, required when part of application or separate form; required language	
16	20 CSR 400-4.100 (12)	Required Applications: (A) Required questions shall be included on application; replacement question; 1. Do you have another LTC policy/certificate in force? 2. Did you have another LTC policy/certificate in force during last 12 months? Company name and lapse date 3. Are you covered by Medicaid 4. Intent to replace medical or health insurance (B) Producers to list other coverage on application	

Reports			
17	20 CSR 400-4.100 (13)	Annual Reporting Requirements (D) to (F): by June 30th each year, the 10% of producers with greatest lapses and replacements; (G) by June 30th each year; denied claims;	
Rates, Reserves and Loss Ratio:			
18	20 CSR 400-4.100 (16)	Reserve requirements	

19	20 CSR 400-4.100 (17)	Loss Ratio: requirements (B) Benefits deemed reasonable in relation to premium, when; 60%, Factors to consider (C) 5. Actuarial memorandum to include: A. Basis rates were determined B. Basis for the reserves C. Summary of type of policy, benefits, renewability, marketing, and age limits D. Description and table for each assumption used E. Description and table for anticipated policy reserves and additional reserves; each future year F. Average annual premium G. Statement regarding underwriting H. Description of effects	