Illinois Department of Insurance

320 West Washington Street
Springfield, IL 62767-0001

Long Term Care Traditional & Partnership Program Checklist

TO BE COMPLETED BY COMPANY

Company Name:

SERFF TOI:

SERFF SUB TOI:

SERFF Tracking #:

Traditional or Partnership Program (check one)	
☐	Traditional Long Term Care (Group / Individual)
☐	Long Term Care Partnership Program

ELECTRONIC REFERENCES - FEDERAL

Code of Federal Regulations

United States Code

U.S. Preventive Services Task Force

ELECTRONIC REFERENCES - ILLINOIS

Illinois Insurance Code

Administrative Rules

Illinois Company Bulletins

Illinois is providing health insurance issuers a Web Portal through which rate filings and actuarial memorandum may be electronically reported. This reporting process does not replace existing requirements for the submission of these materials through SERFF.	Web Portal 2.1 - User Guide

Checklist Directions

- The checklist must be completed to indicate where in the filing the General Filing requirements appear, must acknowledge each General Form Requirement and must indicate where, in the policy form, each required provision appears (e.g. form number, page number and section number).
- For requirements marked as "Affirmed," companies are to acknowledge, by checking the appropriate box: 1) their compliance with prohibited language; or 2) their understanding of the informational nature of the requirement.
- This document is to be downloaded and submitted with this filing in SERFF. Alteration of this document will result in rejection of the filing.

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Index Directions

Traditional Long Term Care filings must include the requirements listed in "Part 1"

Long Term Care Partnership Program filings must include the requirements listed in "Part 1" and "Part 2"

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PART 1 - ALL POLICIES

SECTION A - GENERAL FILING REQUIREMENTS

Line	Review Requirement	Reference	Items that must be included with Filing	Location/Affirmed
1.A.1	Review Requirements Checklist	Review Requirements Checklists	Each filing must include a completed Review Requirements Checklist that must contain a completed "Location of Standard in Filing" column for each required element of the filing. Please indicate the proper page # and form # for each entry.	Affirmed ☐
1.A.2	Filing of Policy Forms	50 IAC 916.40(b)	Each company shall file through SERFF a detailed description of: The purpose for the policy form and the manner in which it will be marketed; and a cross-reference SERFF tracking number for identical submissions made by affiliated companies. The text of each policy form shall be made out in "John Doe" fashion, bracketing any appropriate variable material. The form number shall appear in the lower left-hand corner of the policy form to be approved.	
1.A.3	Rate Filing	50 IAC 916.40(e)	Individual and group long-term care policy form filings shall be accompanied by rates providing a description of the classification of risks and the premium rates. Data demonstrating the calculation of the rates shall accompany each individual accident and health policy form. The rate data must be submitted in a separate SERFF filing.	SERFF Tracking #
1.A.4	Certificate of Compliance	50 IAC 916.50 50 IAC 916.Exhibit A	Each filing shall contain a Certificate of Compliance that the filing complies with all applicable Illinois statutes. The Certificate of Compliance must carry a readable, authentic and visible signature of an officer of the company.	SERFF Tracking #

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SECTION B - STATUTORY PROVISIONS

Line	Review Requirement	Reference	Items that must be included with Filing	Location/Affirmed
1.B.1	Limitations: Cancellation/ Non-renewal	215 ILCS 5/351A-4	A policy may not be non-renewed or terminated due to age or deterioration of the mental or physical health of the insured. A policy may not contain a provision establishing a new waiting period in the event existing coverage is converted or replaced by a new or other form unless the insured individual or policyholder voluntarily chooses an increase in benefits. A policy may not provide coverage for skilled nursing care only or provide significantly more coverage for skilled care in a facility than coverage for lower levels of care.	
1.B.2	Pre-Existing Conditions	215 ILCS 5/351A-5 50 IAC 2012.60(d)	No policy issued on other than a group basis may use a definition of "pre-existing condition" which is more restrictive than: Preexisting condition means the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment, or a condition for which medical advice or treatment was recommended by, or received from a provider of health care services, within 6 months preceding the effective date of coverage for an insured person. The provision must appear as a separate paragraph in the policy or certificate and be captioned as "Preexisting Condition Limitations".	
1.B.3	No Prior Hospitalization	215 ILCS 5/351A-6	No policy may require a prior hospitalization confinement as a condition for eligibility for benefits, nor require a higher level of institutional care as a condition for eligibility for benefits in another institutional care setting. This provision is also applicable to home health care.	
1.B.4	Free Look *INDIVIDUAL ONLY*	215 ILCS 5/351A-7	An individual policyholder will have the right to return the policy with full refund of premium within 30 days of its delivery.	
1.B.5	Outline of Coverage *INDIVIDUAL ONLY*	215 ILCS 5/351A-8 50 IAC 2012.130 50 IAC Exhibit C	No policy shall be delivered or issued for delivery in this State unless an outline of coverage either accompanies the policy, or is delivered to the applicant at the time the application is made, and an acknowledgment signed by the insured, of receipt of such outline, is provided to the insurer	
1.B.6	Group Disclosure *GROUP ONLY*	215 ILCS 5/351A-9	A certificate issued pursuant to a group long-term care insurance policy shall include: A description of the principal benefits and coverage provided in the policy; a statement of the principal exclusions, reductions and limitations contained in the policy; and a statement that the group master policy determines governing contractual provisions.	
1.B.7	Policy Summary for Individual Life Insurance with Long Term Care Benefits Rider	215 ILCS 5/351A-9.1 50 IAC 2012.60(f)	There must be a disclosure for an accelerated life policy. It must include an explanation of how the LTC benefit interacts with other components of the policy (amount, length, and guaranteed lifetime benefits for each person covered; any exclusions, reductions, and limitations on long term care; and current and projected max lifetime benefits), as well as an illustration regarding benefits. The disclosure must appear on the policy summary and outline of coverage.	
1.B.8	Claim Denial / Explanation	215 ILCS 5/351A-9.3	If a claim is denied and the insured provides a written inquiry, the insurer is required to respond within 60 days and provide the reasons for denial as well as make available all information directly related to it.	Affirmed ☐

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SECTION C - ADMINISTRATIVE CODE PROVISIONS

Line	Review Requirement	Reference	Items that must be included with Filing	Location/Affirmed
1.C.1	Policy Definitions	50 IAC 2012.40	No long-term care insurance policy shall use the terms set forth 50 IAC 2012.40, unless the terms are defined in the policy.	
1.C.2	Renewability	50 IAC 2012.50(a) 50 IAC 2012.60(a)	The terms "guaranteed renewable" and "noncancellable" shall not be used in any group and individual direct response or individual long-term care policy or certificate without explanatory language. ***Individual policies must contain a renewability provision on the first page of the policy and must state that the policy is guaranteed renewable or noncancellable.***	
1.C.3	Allowable Exclusions	50 IAC 2012.50(b)	Allowable limitations and exclusions: (1). Preexisting conditions or diseases; (2). Mental or nervous disorders (Alzheimer's Disease and senile dementia must be covered); (3). Alcoholism and drug addiction; (4). Illness, treatment or medical condition arising out of: a). war or act of war (whether declared or undeclared); b). participation in a felony, riot or insurrection; c). service in the armed forces or units auxiliary thereto; d). suicide (sane or insane), attempted suicide or intentionally self-inflicted injury; e). or aviation (this exclusion applies only to non-fare paying passengers); (5). Treatment provided in a government facility (unless otherwise required by law), services for which benefits are available under Medicare or other governmental program (except Medicaid), any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law, services provided by a member of the covered person's immediate family and services for which no charge is normally made in the absence of insurance; (6). Expenses for services or items available or paid under another traditional long-term care insurance or health insurance policy; (7). In the case of a tax qualified long-term care insurance contract, expenses for services or items to the extent that the expenses are reimbursable under Title XVIII of the Social Security Act or would be so reimbursable but for the application of a deductible or coinsurance amount.	
1.C.4	Alzheimer's/Dementia	50 IAC 2012.50(b)(2)	A policy shall not permit exclusion or limitation of benefits on the basis of Alzheimer's Disease or senile dementia.	
1.C.5	Extension of Benefits	50 IAC 2012.50(c)	Extension of benefits must be provided up to the duration of the benefit period, if any, or to payment of the maximum benefits.	
1.C.6	Continuation/ Conversion ***GROUP ONLY***	50 IAC 2012.50(d)(1-5)	Group Long Term Care insurance must provide insureds with a basis for continuation or conversion of coverage. An application for a converted policy must be made within 31 days after termination of the group policy and must be effective on the day after termination. It must be issued on a guaranteed renewable basis.	
1.C.7	Discontinuance/ Replacement ***GROUP ONLY***	50 IAC 2012.50(e)	If a group LTC policy is replaced by another group plan the succeeding insurer must offer coverage to all covered persons under the previous group policy on its date of termination.	Affirmed ☐

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SECTION C - ADMINISTRATIVE CODE PROVISIONS - *CONTINUED*				
Line	**Review Requirement**	**Reference**	**Items that must be included with Filing**	**Location/Affirmed**
1.C.8	Prohibition on Premium Increases	50 IAC 2012.50(f)	The premiums charged to an insured shall not increase due to either the increasing age of the insured at ages beyond 65 or the duration the insured has been covered under the policy.	
1.C.9	Skilled Nursing Care	50 IAC 2012.50(g)	A policy may not provide coverage for skilled nursing care only, or contain a provision providing significantly more coverage for skilled care in a facility than for coverage at lower levels of care.	
1.C.10	Deterioration of Physical or Mental Health	50 IAC 2012.50(j)(3)(A)	No LTC policy may be cancelled, nonrenewed or otherwise terminated on the grounds of the age or the deterioration of the mental or physical health of the insured individual or certificate holder.	
1.C.11	Unintentional Lapse	50 IAC 2012.55	No individual long-term care policy shall be issued until the insurer receives from the applicant a written designation of at least one other individual who is to receive notice of termination of the policy for nonpayment of premium. A written waiver of this provision is permissible. The policy shall contain a provision that provides for reinstatement of coverage, in the event of lapse if the insurer is provided proof that the policyholder or certificateholder was cognitively impaired or had a loss of functional capacity before the grace period contained in the policy expired.	
1.C.12	Renewability *INDIVIDUAL ONLY*	50 IAC 2012.60(a)	Individual long-term care insurance policies shall contain a renewability provision. The provision shall be appropriately captioned, shall appear on the first page of the policy, and shall clearly state that the coverage is guaranteed renewable or noncancellable.	
1.C.13	Benefit Reduction or Elimination Riders and Endorsements	50 IAC 2012.60(b)	Any riders or endorsements added to an individual long-term care policy after the date of issue that reduce or eliminate benefits or coverage require signed acceptance by the insured.	
1.C.14	Payment of Benefits/ Usual and Customary	50 IAC 2012.60(c)	Terms such as "usual and customary" or "reasonable and customary" must be defined in the policy.	
1.C.15	Disclosure for Accelerated Life Insurance - Policy Summary *NON-QUALIFIED LTC POLICIES*	50 IAC 2012.60(f)	Any individual life insurance policy that contains a rider for LTC benefits must include a policy summary that includes: (1). an explanation of how the long-term care benefit interacts with other components of the policy, including deductions from death benefits; (2). an illustration of the amount of benefits, the length of benefit, and the guaranteed lifetime benefits if any, for each covered person; (3). any exclusion, reductions and limitations on benefits of long-term care; and (4). if applicable to the policy type: a). disclosure of the effects of exercising other rights under the policy; b). disclosure of guarantees related to long-term care costs of insurance charges; and c). current and projected maximum lifetime benefits. *This requirement does not apply to qualified long-term care contracts.*	

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SECTION C - ADMINISTRATIVE CODE PROVISIONS - *CONTINUED*				
Line	**Review Requirement**	**Reference**	**Items that must be included with Filing**	**Location/Affirmed**
1.C.16	Disclosure of Tax Consequences *NON-QUALIFIED LTC POLICIES*	50 IAC 2012.60(g)	For policies that provide an accelerated benefit for long-term care, a disclosure statement is required at the time of application for the policy or rider and at the time the accelerated benefit payment request is submitted, that receipt of these accelerated benefits may be taxable, and that assistance should be sought from a personal tax advisor. This disclosure statement shall be prominently displayed on the first page of the policy or rider and any other related documents. *This requirement does not apply to qualified long-term care contracts.*	
1.C.17	Benefit Triggers	50 IAC 2012.60(h)	Activities of daily living and cognitive impairment shall be described in the policy or certificate in a separate paragraph and shall be labeled "Eligibility for the Payment of Benefits".	
1.C.18	Tax Qualified Disclosure	50 IAC 2012.60(i) & (j) 50 IAC 2012.Exhibit C (3)	A qualified long-term care insurance contract shall include a disclosure statement in the policy and in the outline of coverage that indicates that the policy is intended to be a qualified long-term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended (26 USC 7702B(b)).	
1.C.19	Required Disclosure of Rating Practices to Consumers	50 IAC 2012.62 50 IAC 2012.Exhibit F 50 IAC 2012.Exhibit J	Each policy must contain the disclosures required in the Exhibits. An insurer must provide at least 45 days notice to all policyholders or certificate holders prior to implementing a premium rate increase. The notification must include the information required by the Exhibits.	
1.C.20	Actuarial Certification	50 IAC 2012.64(b)	An insurer shall provide to the Director 30 days prior to making a long-term care insurance form available for sale an actuarial certification consisting of: (1). A statement that the initial premium rate schedule is sufficient to cover anticipated costs under moderately adverse experience and that the premium rate schedule is reasonably expected to be sustainable over the life of the form with no future premium increases anticipated; (2). A statement that the policy design and coverage provided have been reviewed and taken into consideration; (3). A statement that the underwriting and claims adjudication processes have been reviewed and taken into consideration; (4). A complete description of the basis for contract reserves that are anticipated to be held under the form; (5). A statement that the premium rate schedule is not less than the premium rate schedule for existing similar policy forms also available from the insurer except for reasonable differences attributable to benefits; or a comparison of the premium schedules for similar policy forms that are currently available from the insurer with an explanation of the differences.	
1.C.21	Post Claims Underwriting	50 IAC 2012.65(a)(1) & (2)	If the application contains a question asking whether a physician has prescribed medication(s) it must also ask the applicant to list the medications. If the medications were known to the insurer or were included in the insurer's underwriting standards at the time of the application, and are directly related to a condition for which coverage would otherwise have been denied, the policy may not be rescinded for that condition.	

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SECTION C - ADMINISTRATIVE CODE PROVISIONS - *CONTINUED*				
Line	**Review Requirement**	**Reference**	**Items that must be included with Filing**	**Location/Affirmed**
1.C.22	Minimum Standards for Home Health and Community Care Benefits	50 IAC 2012.70	A long-term care insurance policy or certificate may not, if it provides benefits for home health care or community care services, limit or exclude benefits: (1). By requiring that the insured/claimant would need skilled care in a skilled nursing facility if home health care services were not provided; (2). By requiring that the insured/claimant first or simultaneously receive nursing and/or therapeutic services in a home or community or institutional setting before home health care services are covered; (3). By limiting eligible services to services provided by registered nurses or licensed practical nurses; (4). By requiring that a nurse or therapist provide services covered by the policy that can be provided by a home health aide, or other licensed or certified home care worker acting within the scope of his or her licensure or certification; (5). By requiring that the insured/claimant have an acute condition before home health care services are covered; (6). By excluding coverage for personal care services provided by a home health aide; (7). By requiring that the provision of home health care services be at a level of certification or licensure greater than that required by the eligible service; (8). By limiting benefits to services provided by Medicare-certified agencies or providers; (9). By excluding coverage for adult day care services. *Policies shall provide total home health or community care coverage that is a dollar amount equivalent to at least one-half of one year's coverage available for nursing home benefits under the policy or certificate, at the time covered home health or community care services are being received.*	
1.C.23	Inflation Protection	50 IAC 2012.80	Insurers must offer to each policyholder, at the time of purchase, the option to purchase a policy with an inflation protection feature no less favorable than one of the following: (1). Increases benefit levels annually in a manner so that the increases are compounded annually at a rate not less than 5%; (2). Guarantees the insured individual the right to periodically increase benefit levels without providing evidence of insurability or health status so long as the option for the previous period has not been declined. The amount of the additional benefit shall be no less than the difference between the existing policy benefit and that benefit compounded annually at a rate of at least 5% for the period beginning with the purchase of the existing benefit and extending until the year in which the offer is made; or (3). Covers a specified percentage of actual or reasonable charges and does not include a maximum specified indemnity amount or limit. *Any rejection of the offer must be received in writing and signed by the policyholder.*	
1.C.24	Requirement to Offer Nonforfeiture Benefit	50 IAC 2012.86 50 IAC 2012.127	An insurer may not issue a policy unless it includes a written offer to include nonforfeiture benefits to the defaulting policyholder or certificate holder. *This section does not apply to life insurance policies or riders containing accelerated LTC benefits.*	

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SECTION C - ADMINISTRATIVE CODE PROVISIONS - *CONTINUED*				
Line	**Review Requirement**	**Reference**	**Items that must be included with Filing**	**Location/Affirmed**
1.C.25	Application Forms and Replacement Coverage	50 IAC 2012.90 50 IAC 2012.Exhibit A 50 IAC 2012.Exhibit B	Forms shall include the following questions designed to elicit information as to whether, as of the date of the application, the applicant has another long-term care policy or certificate in force or whether a long-term care policy or certificate is intended to replace any other accident and sickness or long-term care policy or certificate presently in force: (1). Do you have another long-term care policy or certificate in force (including health care service contract, HMO contract)? (2). Did you have another long-term care insurance policy or certificate in force during the last 12 months? a). If so, with which company? b). If that policy lapsed, when did it lapse? (3). Are you covered by Medicaid? (4). Do you intend to replace any of your medical or health insurance coverage with this policy (certificate)? The required notice shall be provided as set forth in Exhibit A and Exhibit B.	
1.C.26	Standards for Marketing	50 IAC 2012.122	Each outline of coverage for a LTC policy must contain by type or stamp on the first page: "Notice to buyer: this policy may not cover all the costs associated with long-term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all policy limitations."	
1.C.27	Suitability	50 IAC 2012.123 50 IAC 2012.Exhibit G 50 IAC 2012.Exhibit H	Insurers of long-term care policies to develop and use suitable standards for determining whether the purchase or replacement of coverage is appropriate and provide the consumer a copy of Exhibits G and Exhibit H. *This requirement does not apply to life insurance policies that accelerate benefits for long-term care.* This section also provides additional details regarding the personal worksheet.	
1.C.28	Right to Reduce Coverage and Lower Premiums	50 IAC 2012.126	Every long-term care insurance policy and certificate shall include a provision that allows the policyholder or certificateholder to reduce coverage and lower the policy or certificate premium in at least one of the following ways Reducing the maximum benefit; or Reducing the daily, weekly or monthly benefit amount. The provision shall include a description of the ways in which coverage may be reduced and the process for requesting and implementing a reduction in coverage. *This requirement does not apply to life insurance policies that accelerate benefits for long-term care.*	
1.C.29	Standards for Benefit Triggers	50 IAC 2012.128	LTC policies must condition the payment of benefits based on a determination of the insured's ability to perform activities of daily living and on cognitive impairment. Eligibility for the payment of benefits shall not be more restrictive than requiring either a deficiency in the ability to perform not more than 3 of the activities of daily living or the presence of cognitive impairment. Activities of daily living shall include: Bathing; Continence; Dressing; Eating; Toileting; and Transferring.	
1.C.30	Standards for Benefit Triggers for Qualified LTC Policies	50 IAC 2012.129	A qualified LTC policy shall only pay for services received by a chronically ill insured provided according to a plan of care prescribed by a licensed health care practitioner. The policy must base payment of benefits on a determination of the insured's inability to perform activities of daily living for an expected period of at least 90 days due to loss of functional capacity or to severe cognitive impairment. *Non-tax-qualified long-term care contracts may not condition benefits on this provision.*	

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SECTION C - ADMINISTRATIVE CODE PROVISIONS - *CONTINUED*				
Line	**Review Requirement**	**Reference**	**Items that must be included with Filing**	**Location/Affirmed**
1.C.31	Standard Format Outline of Coverage Requirements	50 IAC 2012.130 50 IAC 2012.Exhibit C	The standard format, including style, arrangement and overall appearance, and the content of an outline of coverage appears in Exhibit C.	
1.C.32	Shopper's Guide (and requirements for delivery)	50 IAC 2012.140	The Shopper's Guide in the format developed by the National Association of Insurance Commissioners shall be provided to all prospective applicants of a long-term care insurance policy or certificate. The Shopper's Guide may be submitted with the Outline of Coverage under one informational transmittal sheet.	

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SECTION D - OTHER REQUIREMENTS				
Line	Review Requirement	Reference	Items that must be included with Filing	Location/Affirmed
1.D.1	Care Coordination Services	215 ILCS 5/143(1)	Care Coordination Services are optional and must be so stated in bold within the policy form.	
1.D.2	Alternative Benefits	215 ILCS 5/143(1)	Long-term care policies may offer alternative benefits such as building ramps for wheelchairs or modifying kitchens or bathrooms. However, these benefits must be stated within the policy.	
1.D.3	Electronic Notices and Devices	215 ILCS 5/143.34	Policy must provide clear notice if documents are going to be delivered electronically, receive consent from the insured for electronic delivery, and advise that consent can be withdrawn at any time.	
1.D.4	Use of SSN on ID Cards	815 ILCS 505 2QQ	1) Publicly posting or displaying an individual's SSN; 2) Printing an individual's SSN on any card required for the individual to access products or services, however, an entity providing an insurance card must print on the card a unique ID number as required by 215 ILCS 138/15. 3) Being required to transmit an SSN over the Internet to access a web site unless the connection is secure or the SSN is encrypted; 4) Requiring the individual to use his/her SSN to access a web site unless a PIN number or other authentication device is also used; and, 5) Printing an individual's SSN on any materials mailed to an individual unless required by state or federal law. ***Insurers are required to comply with both provisions***	

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PART 2 - LONG TERM CARE INSURANCE - PARTNERSHIP PROGRAM

SECTION A - LONG-TERM CARE INSURANCE PARTNERSHIP PROGRAM REQUIREMENTS

Line	Review Requirement	Reference	Items that must be included with Filing	Location/Affirmed
2.A.1	Inflation Protection	50 IAC 2012.145(b)	The policy shall provide compound annual inflation protection at a rate of at least 3% if the policy is sold to an individual who has not attained age 61. The policy shall provide inflation protection expressed in simple or compound interest annually at a rate of at least 3% if the policy is sold to an individual who has attained age 61 but has not attained age 76. The policy may, but is not required to, provide some level of inflation protection if the policy is sold to an individual who has attained age 76	
2.A.2	Partnership Certification Form	50 IAC 2012.145(d)(1) 50 IAC 2012.Exhibit M	Any policy submitted for approval as a partnership policy shall be accompanied by a properly executed Partnership Certification Form (Exhibit M).	
2.A.3	Previously Approved Forms	50 IAC 2012.145(d)(2) 50 IAC 2012.Exhibit M	Insurers requesting to make use of a previously approved policy form as a qualified State LTC partnership policy shall submit to the Director a Partnership Certification Form signed by an officer of the company. The Partnership Certification Form shall be accompanied by a copy of the policy or certificate form listed, the approval date, and a bookmark for each of the requirements listed in sections II and III of the form. A Partnership Certification Form shall be required for each policy form submitted for partnership qualification.	
2.A.4	Partnership Disclosure Notice	50 IAC 2012.145(e) 50 IAC 2012.Exhibit L	A partnership policy issued or issued for delivery in this State shall include a Partnership Disclosure Notice (Exhibit L) explaining the benefits associated with a partnership policy and indicating that, at the time issued, the policy is a qualified State LTC insurance partnership policy.	

IMPORTANT NOTICE: This Checklist does not include all of the requirements of Illinois laws, regulations or bulletins. Companies are responsible for reviewing Illinois laws, regulations and bulletins to ensure that forms are fully compliant before filing the forms.

Contact Person: Sandra Ross — Assistant Deputy Director of Health Products
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