

2018

Wyoming Buyer's Guide

to

Long Term Care Insurance



Presented by
The Wyoming Department of Insurance
and the
Wyoming State Health Insurance Information Program
under contract to
Wyoming Senior Citizens, Inc.
www.wyomingseniors.com

Matthew H. Mead Governor

> Tom Glause Commissioner

Insurance Department

106 East 6th Avenue ◆ Cheyenne, Wyoming 82002

February 22, 2018

Dear Fellow Citizens of Wyoming:

I am pleased to provide to you the 2018 Wyoming Buyer's Guide to Long-Term Care Insurance. It is a part of my commitment to ensure that Wyoming consumers have the information they need to make informed decisions.

The Buyer's Guide was developed with financial assistance, in whole or in part, through a grant from the Centers for Medicare & Medicaid Services (CMS), the Federal Medicare agency. It was prepared with the cooperation of the Wyoming Insurance Department and the Wyoming State Health Insurance Information Program (WSHIIP) contractor, Wyoming Senior Citizens, Inc., in Riverton, Wyoming.

The Buyer's Guide is in compliance with the provisions of the federal law that addresses long-term care insurance contracts and the tax treatment of federally qualified long-term care contracts.

In addition, the Guide discusses the public-private venture designed to encourage and reward the Wyoming consumer who takes an active role in planning for future long-term care needs, the Wyoming Long-Term Care Partnership program.

Used in conjunction with A Shopper's Guide to Long-Term Care Insurance, published by the National Association of Insurance Commissioners (NAIC), the Buyer's Guide will assist you with your purchasing decisions. It provides you with the names and toll-free numbers of the companies who sell long-term care insurance, the companies' financial strength ratings and the features to look for when purchasing long-term care insurance.

As the Buyer's Guide may not answer all of your questions, you may obtain additional information by contacting the Wyoming State Health Insurance Information Program (WSHIIP) at 1-800-856-4398, or the Wyoming Insurance Department at 1-800-438-5768.

I am confident that the Buyer's Guide will be extremely helpful to you and assist you in your purchasing decisions.

Best regards,

Tom Glause

Insurance Commissioner

TG/jjs

2018 Wyoming Buyer's Guide to Long-Term Care Insurance

Table of Contents

Introduction	1
Long-Term Care	2
Skilled Nursing	2
Intermediate Nursing Care	2
Custodial Care	2
Paying for Long-term Care	2
Medicaid	3
Long-Term Care Insurance	3
Life Insurance or Annuity	4
Qualified Long-Term Care	4
Long-Term Care Partnership Policies	5
Benefits	
Deductibles or Elimination Periods	5
Covered Facilities	6
Length of Benefits	6
Inflation Protection	6
Free-Look Period	7
Pre-Existing Conditions	7
Eligibility for Coverage	7
Unintentional Lapse Protection	8
Non-forfeiture Provisions	8
Renewing Your Policy	8
Conditions Not Covered	9
Waiver of Premium	9
A.M. Best Rating	9
Shopping Tips	10-11
Questions to Ask Companies or Agents	12
, m, a, i, a, b,	40.45
Long-Term Care Insurance Company Ratings	13-15
Long-Term Care Partnership Plans	15
Long Term Garer armerally rians	

<u>INTRODUCTION</u>

The 2018 Buyer's Guide to Long-Term Care Insurance is provided by the Wyoming Department of Insurance and the Wyoming State Health Insurance Information Program (WSHIIP), administered by Wyoming Senior Citizens, Inc. This publication provides general information about Long-Term Care and Long-Term Care Insurance and offers shopping tips. This publication was made possible with financial assistance, in whole or in part, through a grant from the Centers for Medicare and Medicaid Services (CMS), the federal Medicare agency.

Many consumers see Long-Term Care Insurance as just providing coverage for nursing home care. In truth, these policies may offer a much larger range of services, such as home health care, adult day care, respite care, and intermediate and custodial care. Consumers must decide which coverage they want, and then shop for a policy that fits their needs.

This Buyer's Guide was developed to help you decide which policy best fits your needs. Please keep in mind when reviewing this guide that additional companies may now have entered the marketplace, and some may have withdrawn since the publication of this booklet.

This booklet is designed to answer basic questions you may have, and to identify questions that should be asked of the agent before a decision is made. In choosing a policy, there are other factors that need to be considered other than price and benefits. These items include claims handling, the company's financial strength, and reputation for service. Get comfortable with the agent. Talk to friends and family members about their experience with various companies. Consult with your local Wyoming State Health Insurance Information Program (WSHIIP) volunteer, or contact WSHIIP at 1-800-856-4398 or at (307) 856-6880 or visit our administrator's web site, www.wyomingseniors.com.

Finally, **read and understand your policy**. The policy has a 30-day free-look period. If you decide the policy is not acceptable as it is written, you are entitled to return that policy during those 30 days and receive a full refund of your premium.

Long-Term Care

Long-Term Care is the type of assistance you need if you are unable to care for yourself because of a long illness or disability. It can range from assistance with activities of daily living (such as bathing, eating or dressing) to skilled nursing care in nursing homes, home health care agencies, adult day care centers, respite care providers and others.

There are three levels of institutionalized Long-Term Care. They are:

<u>Skilled Nursing Care</u> is needed for medical conditions that require care by skilled medical personnel such as registered nurses and physical therapists. This type of care is available on a 24-hour a day basis, is ordered by a physician, and usually involves a treatment plan;

<u>Intermediate Nursing Care</u> is care that is needed for conditions that require daily, but not 24-hour nursing supervision by a registered nurse and is ordered by a physician. Intermediate nursing care is less specialized and requires fewer procedures than skilled care. It is generally needed for a longer period; and

<u>Custodial Care</u> helps a person with the activities of daily living, without specialized medical care. Custodial care includes assistance with eating, bathing, and other routine activities. It is the least complicated of the three types of care. Custodial Care may be given in the home, or in an adult day care center.

An estimated 13 million Americans needed Long-Term Care in 2014. ¹ At least 70% of people over 65 will need long-term care services and support at some point in their lives. ², and approximately 68% of nursing home residents and 72% of assisted living residents are women. ³

Long-Term Care can be very expensive, depending upon the type and amount of care received and the setting in which it is received. In 2015, a stay in a nursing home private room in Wyoming cost an average \$263 per day or about \$96,000 per year. ⁴

¹(AARP – Fact Sheet Long Term Support and Services, March 2017)

² (Source: 2015 Medicare & You, Centers for Medicare & Medicaid Services)

³ (Source: Long-Term Care Services in the United States: 2013 Overview, National Center for Health Statistics)

⁴ (Source: Genworth 2017 Cost of Care Survey, June 2017)

Paying for Long-Term Care

Fifty percent of those who are receiving Long-Term Care pay for it themselves or have it paid by their families. The federal government and the states pay for about 42 percent of the costs of care through Medicaid programs. The remaining 8 percent is paid for by either Long-Term Care Insurance or by other means. Medicare, Medicare Supplement insurance, or your health insurance will probably not pay for significant Long-Term Care expenses.

Medicare Supplement or Medigap insurance policies generally do not cover Long-Term Care expenses. They are designed to pay other costs Medicare does not cover. These expenses may include deductibles, excess physician charges and some limited prescription drugs. (For a complete review of Medicare Supplement insurance, contact WSHIIP at (1-800-856-4398, or at (307) 856-6880).

Medicaid

Medicaid pays for almost half of all nursing home care. You must meet state income and asset requirements in order to receive Medicaid assistance. You may have to "spend down" your assets to meet eligibility requirements. "Spend down" refers to the act of liquidating the assets you own to pay for your Long-Term Care. This means selling your stocks, bonds and other assets. Many people who begin paying for nursing home care out of their own pockets "spend down" their financial resources until they become eligible for Medicaid. They then turn to Medicaid to pay their nursing home expenses. Please note the "spend down" period is effective the date of application for Medicaid.

The "spend down" of your assets need not place your spouse in dire financial situations. Spouses are generally allowed to exempt part of their combined income and are not required to sell the home or their automobile. The amounts and exemptions to the "spend down" requirements can be found by contacting the State of Wyoming Medicaid office at 1-800-251-1269.

Some people transfer assets from their ownership to spouses and/or children. If you are thinking of doing so in order to qualify for Medicaid, you should know that this action may disqualify you for Medicaid assistance. Medicaid has a "look-back" period of 60 months, which allows Medicaid to generally disallow benefits if the transfer of assets took place within that time period.

Long-Term Care Insurance

Long-Term Care Insurance was developed in the mid-1980's. It was designed to prevent the spend-down of the insured's estate, preserving that estate for his or her loved ones.

Long-Term Care Insurance may pay for skilled, intermediate, custodial, home health, or adult day care. Each policy defines these terms differently. Some policies make no distinction among the levels of care; they pay regardless of the level of care received.

Life Insurance or Annuity

Some life insurance and deferred annuity policies have a built-in benefit to pay for long-term care expenses such as home health care, assisted living, or nursing home care. Also, some companies let you buy more long-term care coverage than the amount of your death benefit or annuity value in the form of a rider. A rider is a separate benefit that's attached to the basic policy.

A life insurance death benefit you use while you're alive is an accelerated death benefit. A life insurance policy that uses an accelerated death benefit to pay for long-term care expenses also may be called a "life/long-term care" policy. It may be an individual or a group life insurance policy. The company pays you the actual charges for the long-term care you receive, but no more than a certain percent of the policy's death benefit each day or month. Policies may pay part or all of the death benefit for qualified long-term care expenses.

If your life insurance policy has a cash value, some companies offer another way to pay for long-term care. You might be able to withdraw some or all of your policy's cash value to pay long-term care expenses.

A deferred annuity often will let you withdraw some of the value to pay long-term care expenses without paying a surrender charge. Another type of built-in benefit pays for your long-term care expenses after you've spent the value of the annuity on them. For example, suppose you have \$100,000 in a deferred annuity with this benefit. After you have spent the \$100,000 on long-term care, the annuity would pay a fixed amount toward any future long-term care expenses.

With either option, it's important to remember that using money from your life insurance policy or annuity to pay for long-term care will have other effects. For example, if you use a deferred annuity to cover long-term care expenses, you'll have less money in the annuity. If you use money from your life insurance policy to pay for long-term care, your beneficiary will get a smaller death benefit. For example, suppose your policy has a \$100,000 death benefit and you use \$60,000 for long-term care. Then your beneficiary will get a \$40,000 death benefit, not \$100,000. The cash value of your policy also could be lower

Qualified Long-Term Care Insurance and Expenses

As a result of federal law (P.L. 104-191), qualified Long-Term Care Insurance contracts issued after January 1, 1997 are generally to be treated the same as other health and accident insurance contracts. Amounts received by a chronically ill

individual under such contracts, up to IRS-defined limits will be excludable from taxable income. Amounts received in excess of those limits will be excludable only to the extent used to cover actual Long-Term Care services.

In general, a chronically ill individual is one who has been certified by a licensed health care practitioner (doctor, nurse, social worker) as being unable to perform at least two out of five activities of daily living for a period of at least 90 days.

Long-Term Care expenses and a limited amount of premiums for Long-Term Care Insurance will be eligible for the medical expenses itemized deduction allowed under federal income tax provisions, for aggregate medical expenses in excess of 7.5 percent of adjusted gross income (AGI) for the taxable year. The eligible Long-Term Care Insurance premiums deductible for any tax year vary based on the individual's attained age at the end of the tax year.

Long-Term Care Partnership Policies

With the passage of the Deficit Reduction Act (DRA) of 2005, the state of Wyoming now has a public-private venture designed to encourage and reward the Wyoming consumer who takes an active role in planning ahead for future Long-Term Care needs. The Partnership allows the consumer to maintain some level of asset protection. For every dollar that a Partnership-qualified policy pays out in benefits, one dollar of personal assets can be protected should the consumer qualify and apply for Long-Term Care covered-services under the state's Medicaid program. These policies generally must contain Inflation Protection benefits, depending on the age at which you purchase the policy. Changing or dropping the Inflation Protection on your policy can result in losing Partnership status.

Several companies have approved Long Term Care Partnership-Certified plans available for sale. See the listing on page 15 of this guide.

Benefits

Benefits are generally stated in a dollar amount per day. The typical policy states that it will pay the usual and customary rate for care up to a maximum amount per day. You may choose the amount of coverage, usually \$40 to \$200 per day. Most policies provide a smaller benefit for custodial care and home health care, normally one half of the benefit for skilled care. Much of the care in nursing homes is of the custodial type.

Deductibles or Elimination Periods

The deductible, or *elimination period*, is a period of time at the beginning of a nursing home stay when the insured is required to pay for the cost of Long-Term Care before the policy begins to pay. This period, called the "elimination period,"

varies from policy to policy. It can be from zero days to a year, with 30, 60 and 90 days being the most common.

In most cases you will be able to choose the length of the elimination period. The longer the period you choose, the less expensive the policy will be. In selecting the deductible, or elimination period, keep in mind how much expense you can afford before the policy begins to pay. For example, if the cost of a day in a nursing home is \$205, a 90-day elimination period means that you will pay a \$18,450 (90 days times \$205 per day) deductible before the policy pays anything.

Covered Facilities

Most policies will pay only for care provided by facilities that are licensed by the State of Wyoming Health Department, participate in, or are approved by Medicare and Medicaid, and meet the policy's definition of a nursing home. You need to check the nursing homes, home health care agencies and adult day care centers to make sure that your policy would pay benefits should you need them. Assisted living or other non-skilled nursing facilities are generally not covered.

Length of Benefits

Benefits can be either a maximum dollar amount, or a maximum amount of time. For home health care, the benefit may be a certain number of visits.

You may choose the maximum dollar amount of benefits available. These dollar amounts usually correspond to a period of time using the daily benefit. For example, a \$36,000 maximum benefit corresponds to a daily benefit of \$100 payable for 360 days. Keep in mind when shopping for a policy that the higher the lifetime maximum amount, the more expensive the premium will be.

You may choose the length of time benefits are payable. This period of time may range from a few months to your lifetime. Most benefit periods run from one to five years. The longer the benefit period you choose, the higher the premium will be.

Inflation Protection

Inflation protection is offered as an option by the insurance company with every policy.

Normally, this provision states that the benefit amount will increase by a specified percentage per year, compounded annually. An example would be a benefit which increases 5 percent per year. For example, if the original benefit were \$100 per day, in the second year it would be \$105 per day, the third year \$110.25,

the fourth year \$115.75, the fifth year \$121.50 and in the 20th year it would be \$265.

A variation of the inflation protection provision is that the benefit amount will increase a specified amount based on the original amount selected. Using the same example, a 5 percent increase would result in a \$5 increase each year, so that in the fifth year the benefit would be \$120 per day, and in the 20th year it would be \$200. Should you decide not to buy this option, the 20th year benefit would still be only \$100 per day.

Free-Look Period

If you decide you do not want to keep your policy after you purchase it, you may cancel it and get your money back if you notify the company within 30 days after you have had the policy delivered. This is called the "free-look period." Should you decide to cancel, you must:

- 1. Place the policy in the envelope in which it was delivered, or get a signed delivery receipt from the agent when he or she hands you the policy;
- 2. Send the policy back to the company by certified mail (get a mailing receipt), with a brief note asking for a refund; and,
- 3. Keep a copy of all correspondence.

The refund process should not exceed 10 days, excluding weekends and legal holidays. If you have questions about the process, contact your agent, the company, or WSHIIP at 1-800-856-4398 or at (307) 856-6880.

Pre-Existing Conditions

You may be asked questions about your health when you apply for a policy. Companies generally require that a certain period of time elapse before the policy pays for care related to a pre-existing condition. "Pre-existing Conditions" are defined in the Wyoming Insurance Code as a condition for which medical advice, diagnosis, care or treatment was recommended by, or received from a provider of health care services, within six (6) months preceding the effective date of coverage of an insured person.

Eligibility for Coverage

As long as you can take care of yourself and are not in failing health, you are probably eligible for coverage. Companies generally sell Long-Term Care Insurance policies to people between the ages of 50 and 79, although some companies will sell to individuals older or younger than this range.

Every company can "underwrite," or examine each applicant, to decide if it wants to insure them. If you have a poor health history, the insurance company may refuse to issue you a policy.

If you have purchased a policy, you may not be automatically eligible for benefits. Companies have different standards, or "triggers," in determining when they will pay benefits. This can be: (1) the inability to perform Activities of Daily Living (ADLs), such as clothing, feeding, toileting or bathing yourself; (2) if the care is medically necessary; (3) cognitive impairment; or (4) if you are disabled and need care.

Unintentional Lapse Protection

The 1993 Wyoming Legislature passed an amendment protecting you from unintentionally allowing your policy to lapse. This amendment will let applicants name a third party who would be notified in the event the premiums have not been paid. This amendment would assure that your best interest is served by not allowing these types of lapses. Premium notices are sometimes misplaced or lost; this amendment will allow a third party to be notified and late payment to be made. This amendment also allows for a longer reinstatement period if the insurance company is provided proof that the lapse was due to cognitive impairment or loss of functional capacity of the person who was insured. Give careful consideration to who you select as a third party. A close friend or relative is generally better than an individual that who lives away some distance.

Non-Forfeiture Provisions

Another part of the amendment passed by the 1993 Wyoming Legislature requires your insurance company to provide the option to have non-forfeiture benefits included in your policy. "Non-forfeiture benefits" allow you to receive some benefits if you allow your policy to lapse. These benefits can be in the form of a paid-up policy with a decreased daily benefit, or a paid-up policy with a shortened benefit period (in the case of a qualified Long-Term Care Insurance policy). Some policies will allow you to pay a higher premium until you reach a certain age or have the policy for a certain period of time. At this point, the policy would be considered "paid-up" and you would not have to make further payments.

Renewing Your Policy

Most policies you can purchase now are "guaranteed renewable," which means they cannot be canceled by the company as long as the premium is paid on time. This provision is normally found near the front of the policy. It tells under what conditions the policy can be canceled and explains how and when the premiums can be raised. Your policy can be canceled by the company, however, if the company finds misrepresentations on your application.

Conditions not Covered

There are a number of reasons that an insurance company may refuse to pay benefits. They may exclude Long-Term Care benefits if the services are for:

- * Pre-existing conditions within the past six months;
- * Mental or nervous disorders, other than Alzheimer's Disease;
- * Alcoholism and drug addiction:
- * Treatment already paid for by the government; * Attempted suicide or services as a result of an intentionally self-inflicted injury; or
- * Level of care has not reached the medical necessity level for which long-term care is needed.

Waiver of Premium

Waiver of Premium is a common benefit in the field of life and disability insurance. This benefit provision allows you to stop paying premiums during the time you are receiving Long-Term Care benefits. Some policies require you to be in a nursing home or otherwise receiving benefits for a certain period of time before the provision takes effect. This benefit should be included in any Long-Term Care policy you buy.

A.M. Best Ratings

Financial strength ratings of companies are available. The A.M. Best Company, Inc., provides in-depth reports on many insurance companies. The ratings are a basis for comparing an insurance company's ability to meet its financial liabilities. The rating is based upon the risk involved with the financial commitments of a company due to the types of insurance sold, the quality of a company's investments, and other factors that may affect the financial standing of a company. A.M. Best Company, Inc. does not rate all companies. If a company does not having a rating, you shouldn't assume that the company is financially unstable. However, whenever you are shopping for insurance, whether it is for your home, car, or health care, many insurance professionals recommend using the rating organizations such as A.M. Best Company, Inc., as one area for comparison. Since 1992, the ratings have ranged from "A++" and "A+" (Superior) to "F" (In Liquidation). You may contact the Wyoming Insurance Department at 1-800-438-5768 to acquire ratings of specific companies not shown in this Guide.

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not be reproduced or distributed without the express written permission of A.M. Best Company.

Shopping Tips

Keep these tips in mind when shopping for Long-Term Care Insurance:

1. Check with several companies and agents.

It is beneficial to check with several companies and agents before you buy. Be sure to compare benefits, limitations and definitions, the exclusions and the premiums.

2. Don't buy more than one policy.

It is not necessary to buy more than one policy. One policy should provide enough coverage.

3. Take your time and compare outlines of coverage.

Never let anyone pressure or scare you into making a quick decision. Don't buy a policy the first time an agent comes calling. Obtain from him or her an outline of coverage that summarizes the policy's benefits. Compare outlines of coverage from several companies.

4. Understand the policies.

Make sure you know what the policy covers and what it does not. If you have any questions, ask the agent before you buy. Some companies may sell their policies through the mail without using agents. If you decide to shop this way, do not hesitate to contact the company if you don't understand the policy.

5. Don't be misled by advertising.

Don't be misled by celebrity endorsements. Most of these people are professional actors who are paid to advertise. They are not insurance experts. These insurance policies are not associated with the federal government or Medicare. Be skeptical if you are asked over the phone about Medicare or your insurance.

6. Don't be misled by agents who say your health history is not important.

Make sure you fill out the application completely and accurately. If an agent fills out the application for you, don't sign it unless you have read it and made sure that all the medical information is correct. Revealing your medical history is very important. If the information about your health is wrong, the company can refuse to pay your claims and can even cancel your policy.

7. Never pay the agent in cash.

Write a check and make it payable to the insurance company.

8. Be sure to get the name, address and phone number of the agent and the company.

Obtain a local or toll-free phone number (if the company has one) so you can contact the company.

9. If you don't receive your policy within 30 days, contact the company or the agent.

When you do receive your policy, keep it with your important documents in a convenient place where you can find it. Tell a friend or relative where it is located.

10. Reread your policy and make sure it provides the coverage you want.

In addition, reread the application you signed and make sure the answers are correct. If it is not filled out correctly, notify the insurance company right away.

- 11. Designate a contact person or secondary payer if you should forget to pay your premium in order to avoid unnecessary cancellation of your policy.
- 12. You may use the following list of questions when talking to an insurance agent or company. They should answer all of them, be sure to compare with other agents and companies.
- 13. The insurance companies listed on pages 13 through 15 of this booklet offer approved Long-Term Care Insurance policies, which are available to Wyoming residents.

Questions to Ask Companies or Agents About Long-Term Care Policies

1.	What is your company's A.M. Best Rating?
2.	I am interested in Long-Term Care Insurance. Can you tell me what the annual cost of a typical policy is for a:
	Male \$?
	Female \$?
3.	What is the daily benefit?
4.	How long is the waiting period?
5.	How long is the benefit period?
6.	Does it have inflation protection?
7.	At what point does coverage start?
8.	How does a facility qualify?
9.	What are your waiting period options?
10.	Is home health care available?
11.	What are your benefit period options?
12.	What are your non-forfeiture options?
13.	Would there be a discount for a spouse?
14.	Is the policy tax qualified?
15.	Is the policy a Partnership-qualified policy?
16.	Does the policy cover care that is provided in an assisted living or other non
	skilled nursing facility?
17	Does the policy cover a swing bed?

COMPANY/NAIC#	A.M. BEST	@ 03/18	COMPANY/NAIC #	A.M. BEST	@ 03/18
Ability Insurance Co. (former Medico Life) #71471 P.O. Box 3735 Omaha, NE 68103	rly	NR	Combined Insurance Co. 6 #62146 1000 Milwaukee Avenue Glenview, IL 60025	of America	A+
877-795-8493			847-953-8000		
AARP (Genworth Life) #7002 1 Madison Avenue New York, NY 10010 800-565-0895	25	B-	Continental General Insur # 71404 8901 Indian Hills Drive P.O. Box 247007 Omaha, NE 68124-7007	rance	A+
Allianz Life Insurance Co. NA P.O. Box 1292	#90611	A+	402-397-3200		
Minneapolis, MN 55440-12 800-814-8841	92		Country Life Insurance Co #62553 1711 G. E. Road	ompany	A+
American Family Life Assura (AFLAC) # 60380 1932 Wynntron Road Columbus, GA 31999	nce	A	P.O. Box 2000 Bloomington, IL 61702-2 309-821-3494	000	
800-992-3522			Equitable Life and Casual 3 Triad Center Suite	ty #62952	В
American Republic Insurance P.O. Box 1 Des Moines, IA 50301 800-247-2190	e #60836	A-	P.O. Box 2460 Salt Lake City, UT 84110 800-352-5150		
Assurity Life Insurance Co. #P.O. Box 82533 Lincoln, NE 68501 800-869-0355	‡71439	A-	Genworth Life Insurance #70025 1650 Los Gamos Drive San Rafael, CA 94903-189 800-284-5568		В-
Bankers Life and Casualty #6 222 Merchandise Mart Plaza Chicago, IL 60654-2001 312-396-6000 (307-234-774		A-	Globe Life and Accident # Oklahoma City, OK 73184 800-654-5433		A+
Berkshire Life Insurance Co. P.O. Box 4243 Woodland Hills, CA 91365-4 888-505-8743	# 71714	A++	Lincoln Benefit Life #655 P.O. Box 4243 Woodland Hills, CA 91365 800-366-5463		A-
Celtic Insurance Company P.O. Box 368 Bedford Park, IL 60499-0368 800-477-7990	#80799 3	NR	Lincoln National Life #65 1801 South Meyers Road Oakbrook Terrace, IL 603 800-323-1746		A+

COMPANY/NAIC # A.M. BE	ST @ 03/18	COMPANY/NAIC # A.M. BEST @	03/18
Loyal American Life Ins. Co. #65722 P.O. Box 5590004 Austin, TX 78755-9004 800-633-6752	A-	Physicians Mutual Insurance #80578 2600 Dodge Street Omaha, NE 68131 800-228-9100	A
Massachusetts Mutual Life #65935 P.O. Box 4243 Woodland Hills, CA 91365-4243 888-505-8952	A++	Prudential Ins. Co of America #68241 2101 Welsh Road Dresher, PA 19025 800-723-0416	A+
MedAmerica Insurance Company #69515 150 East Main Street Rochester, NY 14647 800-544-0327	NR	Pyramid Life Insurance Company #68284 6201 Johnson Drive Shawnee Mission, KS 66202 800-777-1126	В
MEGA Life & Health Insurance #97055 P.O. Box 821893 North Richland Hills, TX 76182-189 888-228-5534	B++	Riversource Life Ins. Company #65005 227 Ameriprise Financial Center Minneapolis, MN 55474 612-671-3131	A+
MetLife Individual LTC Insurance #65978 P.O. Box 937 Westport, CT 06880 800-308-0179	A	State Farm Mutual Auto Insurance #25178 One State Farm Plaza Bloomington, IL 61710-0001 309-766-2311	A++
Monumental Life Insurance #66283 P.O. Box 93005 Hurst, TX 76053-93005 800-553-7600	1 A+	Teachers Insurance and Annuity Association #69345 730 3rd Avenue New York, NY 10017 800-842-2733	A++
Mutual of Omaha #71412 Mutual of Omaha Plaza Omaha, NE 68175 800-775-6000	A+	Thrivent Financial #56014 4321 N. Ballard Road Appleton, WI 54919-0001 800-847-4836	A++
New York Life Ins Co #66915 51 Madison Avenue New York, NY 10010 800-244-4582	A++	Time Insurance Company #69477 501 West Michigan Street Milwaukee, WI 53203 800-800-8463	NR
Northwestern Long Term Care Ins. C #69000 720 East Wisconsin Avenue Milwaukee, WI 53202 800-748-9493	о А++	Transamerica Life Insurance Co. #86231 P.O. Box 93005 Hurst, TX 76053-3005 855-288-4181	A+

COMPANY/NAIC # A.M. BEST @ 03/18 COMPANY/NAIC # A.M. BEST @ 03/18

United American Insurance #92916 A+P.O .Box 8080 McKinney, TX 75070 800-331-2512 USAA Life Insurance Company #69663 A++ USAA Building San Antonio, TX 78288 800-531-8000 800-553-7600

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A Best's Financial Strength Rating opinion addresses the relative ability of an insurer to meet its ongoing insurance obligations. It is not a warranty of a company's financial strength and ability to meet its obligations to policyholders. View our *Important Notice: Best's Credit Ratings* for a disclaimer notice and complete details at http://www.ambest.com/ratings/notice.

Long Term Care Partnership-Certified Plans available from:

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