



EssentialLTC PRODUCT FEATURE AVAILABILITY (STATE VARIATION LISTING)

State	State Variation Details	Partnership	ER Group - Min. Issued EEs
AK		N/A	5
AL		YES	3
AR		YES	5
AZ	Employer Group rate class (unisex) not available. 5% Employer Group premium discount is available on gender-specific pricing.	YES	5
CA	Only one month's premium may be submitted with application. "Home and Community Based Services" known as "Home Care and Community Based Services." "Assisted Living Facility" known as "Residential Care Facility." Separate policy forms issued for Comprehensive and for Nursing Facility and Residential Care Facility Only insurance.	NO	3
CO		YES	2
CT	Waiver of Premium Rider not available, as it is included in Comprehensive policies where the 10-Year or Lifetime Premium Payment option is selected. Unique premium rates for Comprehensive coverage. 180 day Elimination Period not available.	NO	2
DC		N/A	2
DE		YES	3
FL	E-APP, Facility Care Services Only coverage, Single & 10-Year Premium Payment options, Step-Rated Compound Inflation Protection Rider, and Employer Group rate class (unisex) not available. Franchise policy for 5% Employer or Association Group premium discount on gender-specific pricing is available under a separate policy form. "Waiver of Premium Rider" is called "Home and Community Care Services Waiver of Premium Rider."	YES	2
GA		YES	2
HI		N/A	5
IA		YES	2
ID		YES	4
IL		YES	2
IN		NO	2
KS		YES	3
KY		YES	3
LA		YES	2
MA		N/A	2
MD		YES	3
ME	Employer and Association Groups not available.	YES	N/A
MI		YES	2
MN		YES	2
MO		YES	2
MS		N/A	2

Monthly Modal premium factor is .0875 in all states.

Employer Group minimum participation is based on issued employees and is determined by the address provided for the employer.

State	State Variation Details	Partnership	ER Group - Min. Issued EEs
MT	EssentialLTC not currently approved for sale in Montana.		
NC		YES	5
ND	The Return of Premium Riders are called Death Benefit Riders.	YES	2
NE		YES	5
NH		YES	3
NJ	Single Premium Payment option not available. Shortened Benefit Period Nonforfeiture Rider not available with 10-Year Premium Payment option. Second insured referred to as "Additional Insured" - no references should be made to "joint" coverage.	YES	2
NM		YES	5
NV		YES	2
NY	EssentialLTC not currently approved for sale in New York.		
OH		YES	2
OK		YES	5
OR		YES	2
PA		YES	5
RI		YES	2
SC		YES	3
SD	Daily Benefit Amount minimum \$100, 180 day Elimination Period not available.	YES	3
TN		YES	3
TX		YES	2
UT		N/A	2
VA		YES	2
VT	Daily Benefit Amount minimum \$80, 180 day Elimination Period not available.	N/A	2
WA		YES	5
WI	Daily Benefit Amount minimum \$60.	YES	2
WV		YES	5
WY		YES	4

Monthly Modal premium factor is .0875 in all states.

Employer Group minimum participation is based on issued employees and is determined by the address provided for the employer.