

SERFF Tracking Number: PNTX-126085826 State: Arkansas
Filing Company: Penn Treaty Network America Insurance Company State Tracking Number: 41967
Company Tracking Number: LTCAR0007010F01
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Medicare Exclusion Amendatory Rider
Project Name/Number: Medicare Exclusion Amendatory Rider/LTCAR0007010F01

Filing at a Glance

Company: Penn Treaty Network America Insurance Company

Product Name: Medicare Exclusion Amendatory Rider SERFF Tr Num: PNTX-126085826 State: ArkansasLH

TOI: LTC03I Individual Long Term Care

SERFF Status: Closed

State Tr Num: 41967

Sub-TOI: LTC03I.001 Qualified

Co Tr Num: LTCAR0007010F01

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Marie Bennett

Author: SPI PennTreatyNetwork

Disposition Date: 05/20/2009

Date Submitted: 03/24/2009

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Medicare Exclusion Amendatory Rider

Status of Filing in Domicile: Pending

Project Number: LTCAR0007010F01

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type:

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/20/2009

Explanation for Other Group Market Type:

State Status Changed: 05/20/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

RE: NAIC NUMBER 63282/Penn Treaty Network America Insurance Company

AMENDATORY RIDER SUBMISSION

AMEND-MEDEXC

SERFF Tracking Number: PNTX-126085826 State: Arkansas
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 Project Name/Number: Medicare Exclusion Amendatory Rider/LTCAR0007010F01

Our Company appreciates the Department's time and consideration in this matter. Should you have any questions or concerns, please feel free to contact me directly.

Company and Contact

Filing Contact Information

Cindy Callahan, Analyst ccallahan@penntreaty.com
 3440 Lehigh St (610) 965-2222 [Phone]
 Allentown, PA 18103 (484) 232-6638[FAX]

Filing Company Information

Penn Treaty Network America Insurance CoCode: 63282 State of Domicile: Pennsylvania
 Company
 3440 Lehigh St Group Code: 810 Company Type:
 Allentown, PA 18103 Group Name: Penn Treaty State ID Number:
 (610) 965-2222 ext. [Phone] FEIN Number: 23-2603386

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Penn Treaty Network America Insurance Company	\$20.00	03/24/2009	26635570

SERFF Tracking Number: PNTX-126085826 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Marie Bennett	05/20/2009	05/20/2009

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Requested Information	Note To Reviewer	SPI PennTreatyNetw ork	05/12/2009	05/12/2009
Exclusions	Note To Filer	Marie Bennett	04/20/2009	04/20/2009
Follow up on PNTX-126085826	Note To Reviewer	SPI PennTreatyNetw ork	04/14/2009	04/14/2009

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Disposition

Disposition Date: 05/20/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Flesch Certification		Yes
Form	Medicare Exclusion Amendatory Rider		Yes

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Company Tracking Number: LTCAR0007010F01
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Product Name: Medicare Exclusion Amendatory Rider
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Note To Reviewer

Created By:

SPI PennTreatyNetwork on 05/12/2009 10:16 AM

Last Edited By:

Marie Bennett

Submitted On:

05/20/2009 10:36 AM

Subject:

Requested Information

Comments:

Attached are the Medicare Exclusion sections from our affected Tax Qualified Policy Form Series.

Our Company appreciates the Department's time and consideration. Should you have any questions, please do not hesitate to contact me directly.

**REINSTATEMENT FOR ALZHEIMER'S DISEASE
AND OTHER FORMS OF COGNITIVE IMPAIRMENT**

If Your Policy lapses, We will provide a retroactive continuation of coverage if We receive the following within five (5) months of the lapse:

- 1.) Satisfactory proof that You had **Cognitive Impairment** on the renewal date (including but not limited to Alzheimer's Disease); and
- 2.) Payment of all past-due premiums for this Policy and any riders attached to this Policy that were in force on the date of lapse.

This continuation will provide uninterrupted coverage to the same extent that the policy would have provided had it not lapsed.

EXTENSION OF BENEFITS

Upon termination of Your Policy benefits will continue to be payable for a claim if such claim began while the Policy was in force and continues without interruption after termination. This extension of benefits beyond the period the Policy is in force is limited to the benefits remaining in the **Maximum Lifetime Benefit**.

SECTION VI: EXCLUSIONS: WHAT'S NOT COVERED

This section sets forth the conditions under which payment will not be made, even if You otherwise qualify for benefits.

Exclusions: The Policy will not pay benefits for:

- 1.) Charges for care or services that are provided while this coverage is not in force.
- 2.) Charges for care or services provided by a **Family Member**, unless pre-approved by Us.
- 3.) Charges for rest care, hotel or retirement home expense or other expenses which are related to Your residence and not Your health.
- 4.) Charges for a confinement, use of a facility, services, supplies and care that You would not be legally obligated to pay in the absence of this insurance.
- 5.) Charges for care or services provided outside of the United States or its possessions.
- 6.) Charges for care or services that are payable under any Worker's Compensation or Occupational Disease Law.
- 7.) Charges for care or services that are required as a result of war, or an act of war, whether declared or not.
- 8.) Charges for care or services for mental, nervous or emotional disorders without demonstrable organic origin. **(NOTE: ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN SYNDROMES ARE COVERED BY THE POLICY AS ANY OTHER SICKNESS).**
- 9.) Charges for care or services that are required as a result of attempted suicide or intentionally self-inflicted injuries.
- 10.) Charges for care or services that are required as a result of Your being intoxicated or under the influence of a non-**Physician** prescribed narcotic.
- 11.) Charges for care or services that are required as a result of Your commission of a felony or Your being engaged in an illegal occupation.
- 12.) Charges for care or services that are paid by Medicare. Any portion of such charges not paid by Medicare will be considered, subject to the terms of this policy.

**REINSTATEMENT FOR ALZHEIMER'S DISEASE
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This continuation will provide uninterrupted coverage to the same extent that the policy would have provided had it not lapsed.

EXTENSION OF BENEFITS

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SECTION VI: EXCLUSIONS: WHAT'S NOT COVERED

This section sets forth the conditions under which payment will not be made, even if You otherwise qualify for benefits.

Exclusions: The Policy will not pay benefits for:

- 1.) Charges for care or services that are provided while this coverage is not in force.
- 2.) Charges for care or services provided by a **Family Member**, unless pre-approved by Us.
- 3.) Charges for rest care, hotel or retirement home expense or other expenses which are related to Your residence and not Your health.
- 4.) Charges for a confinement, use of a facility, services, supplies and care that You would not be legally obligated to pay in the absence of this insurance.
- 5.) Charges for care or services provided outside of the United States or its possessions.
- 6.) Charges for care or services that are payable under any Worker's Compensation or Occupational Disease Law.
- 7.) Charges for care or services that are required as a result of war, or an act of war, whether declared or not.
- 8.) Charges for care or services for mental, nervous or emotional disorders without demonstrable organic origin. **(NOTE: ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN SYNDROMES ARE COVERED BY THE POLICY AS ANY OTHER SICKNESS).**
- 9.) Charges for care or services that are required as a result of attempted suicide or intentionally self-inflicted injuries.
- 10.) Charges for care or services that are required as a result of Your being intoxicated or under the influence of a non-**Physician** prescribed narcotic.
- 11.) Charges for care or services that are required as a result of Your commission of a felony or Your being engaged in an illegal occupation.
- 12.) Charges for care or services that are paid by Medicare. Any portion of such charges not paid by Medicare will be considered, subject to the terms of this policy.

SECTION VI: EXCLUSIONS

This section explains the circumstances under which benefits will not be payable even if You have satisfied all of the other terms of the Policy.

Exclusions: The Policy will not pay benefits for:

- 1) Care/assistance provided while this Policy is not in force.
- 2) Care/assistance provided by a **Family Member**, unless pre-approved by Us, or in a facility owned or operated by a **Family Member**.
- 3) Care/assistance You would not be legally obligated to pay for in the absence of this insurance.
- 4) Care/assistance provided outside of the United States or its possessions.
- 5) Care/assistance payable under any Worker's Compensation or Occupational Disease Law.
- 6) Care/assistance for mental, nervous or emotional disorders without demonstrable organic origin. **(NOTE: ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN SYNDROMES ARE COVERED BY THE POLICY AS ANY OTHER SICKNESS.)**
- 7) Care/assistance required as a result of war, or an act of war, whether declared or not.
- 8) Care/assistance required as a result of attempted suicide or intentionally self-inflicted injury.
- 9) Care/assistance required as a result of Your being intoxicated or under the influence of a non-**Physician** prescribed narcotic.
- 10) Care/assistance required as a result of alcoholism and drug abuse.
- 11) Care/assistance required as a result of Your commission of a felony or Your being engaged in an illegal occupation.
- 12) Care/assistance paid by Medicare. Any portion of the charges not paid by Medicare, will be covered, subject to the terms of this Policy.
- 13) Care/assistance required as a result of cosmetic surgery.

"Care/assistance" refers to confinement in an **Assisted Living Facility** and/or **Nursing Facility, Adult Day Care, Hospice Care, Respite Care, Home Health Care, and Homemaker Care.** (**Home Health Care** and **Homemaker Care** benefits are available only if the optional **Home Health Care Rider** is attached to this Policy. If attached, the **Home Health Care Rider** will be listed in the Policy Schedule.)

EXCLUSIONS CONTINUED

- 8.) Charges for care or services for mental, nervous or emotional disorders without demonstrable organic origin. **(NOTE: ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN SYNDROMES ARE COVERED BY THE POLICY AS ANY OTHER SICKNESS).**
- 9.) Charges for care or services that are required as a result of attempted suicide or intentionally self-inflicted injuries.
- 10.) Charges for care or services that are required as a result of Your being intoxicated or under the influence of a non-**Physician** prescribed narcotic.
- 11.) Charges for care or services that are required as a result of Your commission of a felony or Your being engaged in an illegal occupation.
- 12.) Charges for care or services that are paid by Medicare. Any portion of such charges not paid by Medicare will be considered, subject to the terms of this policy.
- 13.) Charges for care or services that are required as a result of cosmetic surgery.

If you have other policies with Penn Treaty Network America Insurance CompanySM . . .

Should benefits for care/services covered by this policy on a charge-incurred basis also be payable under any other policy and/or rider issued by Penn Treaty Network America Insurance CompanySM, the benefits to be paid under this policy shall not, when combined with the benefits payable under said other policies/riders, exceed the actual charge incurred or the reasonable and customary fee for similar care/services rendered in the same geographic region, whichever is less. **Benefits will be paid under this policy without regard to any coverage maintained with, or benefits paid by, any private insurer other than Penn Treaty Network America Insurance CompanySM.**

SECTION VI: GENERAL CONTRACT PROVISIONS

This section provides You with information about the General Provisions included in Your Policy.

Entire Contract; Changes: This Policy, including any attached papers, constitutes the entire contract. No change is valid until:

- 1.) approved by one of Our executive officers; and
- 2.) endorsed hereon or attached hereto.

No agent has authority to change this Policy or to waive any of its provisions.

Time Limit on Certain Defenses:

- 1.) No claim for loss incurred starting after six (6) months from the Effective Date of coverage will be reduced or denied because a physical condition had existed before the Effective Date of coverage, unless the coverage is voided due to a material misstatement made in the application;
- 2.) After two (2) years from the Effective Date of coverage, no misstatements, except fraudulent ones, made in the application may be used to void this Policy.

Grace Period: A grace period of thirty-one (31) days is granted for the payment of each premium due after the first premium, during which time Your Policy continues in force.

SECTION VI: EXCLUSIONS

This section explains the circumstances under which benefits will not be payable even if You have satisfied all of the other terms of the Policy.

Exclusions: The Policy will not pay benefits for:

- 1) Care/assistance provided while this Policy is not in force.
- 2) Care/assistance provided by a **Family Member**, unless pre-approved by Us, or in a facility owned or operated by a **Family Member**.
- 3) Care/assistance that You would not be legally obligated to pay for in the absence of this insurance.
- 4) Care/assistance provided outside of the United States or its possessions.
- 5) Care/assistance payable under any Worker's Compensation or Occupational Disease Law.
- 6) Care/assistance for mental, nervous or emotional disorders without demonstrable organic origin. **(NOTE: ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN SYNDROMES ARE COVERED BY THE POLICY AS ANY OTHER SICKNESS).**
- 7) Care/assistance required as a result of war, or an act of war, whether declared or not.
- 8) Care/assistance required as a result of attempted suicide or intentionally self-inflicted injuries.
- 9) Care/assistance required as a result of Your being intoxicated or under the influence of a non-**Physician** prescribed narcotic.
- 10) Care/assistance required as a result of alcoholism and/or drug abuse.
- 11) Care/assistance required as a result of Your commission of a felony or Your being engaged in an illegal occupation.
- 12) Care/assistance paid for by Medicare. If any portion of the charges for such care/assistance is not paid by Medicare, they will be covered, subject to the terms of this Policy.
- 13) Care/assistance required as a result of cosmetic surgery.

"Care/assistance" refers to **Homemaker Care, Personal Care, Home Health Care, Adult Day Care, Hospice Care, Respite Care** and confinement in an **Assisted Living Facility** and/or **Nursing Facility**. (**Assisted Living Facility** and/or **Nursing Facility** benefits are available only if the optional **Assisted Living Facility/Nursing Facility Rider** is attached to this Policy. If attached, the **Assisted Living Facility/Nursing Facility Rider** will be listed in the Policy Schedule.)

Section 6: Exclusions

This section explains the circumstances under which benefits will not be payable even if you have satisfied all of the other terms of the Policy.

The Policy will not pay benefits for:

- 1) Care/assistance that begins before this Policy is in force or is received while this Policy is not in force.
- 2) Care/assistance provided by a **Family Member**, unless pre-approved by us, or by a **Home Health Care Agency** or **Long Term Care Facility** owned or operated by a **Family Member**.
- 3) Care/assistance that you would not be legally obligated to pay for in the absence of this insurance.
- 4) Care/assistance provided outside of the 50 United States or the District of Columbia.
- 5) Care/assistance payable under any Worker's Compensation or Occupational Disease Law.
- 6) Care/assistance required as a result of war, or an act of war, whether declared or not.
- 7) Care/assistance required as a result of attempted suicide or intentionally self-inflicted injuries.
- 8) Care/assistance required as a result of your being intoxicated or under the influence of a non-Physician prescribed narcotic.
- 9) Care/assistance required as a result of alcoholism and/or drug abuse. Drug abuse does not include a condition brought about by your use of drugs prescribed by and taken in accordance with the directions of a **Physician**.
- 10) Care/assistance required as a result of your commission of a felony or your being engaged in an illegal occupation.
- 11) Care/assistance paid by Medicare or eligible to be paid by Medicare. If any portion of the charges for such care/assistance is not paid by Medicare, they will be covered, subject to the terms of this Policy.
- 12) Care/assistance required as a result of cosmetic surgery.

"Care/assistance" refers to the long term care services this Policy otherwise provides benefits for.

SECTION VII: EXCLUSIONS

This section explains the circumstances under which benefits will not be payable even if You have satisfied all of the other terms of the Policy.

Exclusions: The Policy will not pay benefits for:

- 1) Care/assistance provided while this Policy is not in force.
- 2) Care/assistance provided by a **Family Member**, unless pre-approved by Us, or in a facility owned or operated by a **Family Member**.
- 3) Care/assistance that You would not be legally obligated to pay for in the absence of this insurance.
- 4) Care/assistance provided outside of the United States or its possessions.
- 5) Care/assistance payable under any Worker's Compensation or Occupational Disease Law.
- 6) Care/assistance for mental, nervous or emotional disorders without demonstrable organic origin. **(NOTE: ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN SYNDROMES ARE COVERED BY THE POLICY AS ANY OTHER SICKNESS).**
- 7) Care/assistance required as a result of war, or an act of war, whether declared or not.
- 8) Care/assistance required as a result of attempted suicide or intentionally self-inflicted injuries.
- 9) Care/assistance required as a result of Your being intoxicated or under the influence of a non-**Physician** prescribed narcotic.
- 10) Care/assistance required as a result of alcoholism and/or drug abuse.
- 11) Care/assistance required as a result of Your commission of a felony or Your being engaged in an illegal occupation.
- 12) Care/assistance paid for by Medicare. Any portion of the charges not paid by Medicare, will be covered, subject to the terms of this Policy.
- 13) Care/assistance required as a result of cosmetic surgery.

"Care/assistance" refers to **Homemaker Care, Personal Care, Home Health Care, Adult Day Care, Hospice Care, Respite Care** and confinement in an **Assisted Living Facility** and/or **Nursing Facility**.

Section 7: *Exclusions*

This section explains the circumstances under which benefits will not be payable even if you have satisfied all of the other terms of the Policy.

The Policy will not pay benefits for:

- 1) Care/assistance that begins before this Policy is in force or is received while this Policy is not in force.
- 2) Care/assistance provided by a **Family Member**, unless pre-approved by us, or by a **Home Health Care Agency** or **Long Term Care Facility** owned or operated by a **Family Member**.
- 3) Care/assistance that you would not be legally obligated to pay for in the absence of this insurance.
- 4) Care/assistance provided outside of the 50 United States or the District of Columbia, unless covered under the **International Coverage Benefit**.
- 5) Care/assistance payable under any Worker's Compensation or Occupational Disease Law.
- 6) Care/assistance required as a result of war, or an act of war, whether declared or not.
- 7) Care/assistance required as a result of attempted suicide or intentionally self-inflicted injuries.
- 8) Care/assistance required as a result of your being intoxicated or under the influence of a non-Physician prescribed narcotic.
- 9) Care/assistance required as a result of alcoholism and/or drug abuse. Drug abuse does not include a condition brought about by your use of drugs prescribed by and taken in accordance with the directions of a **Physician**.
- 10) Care/assistance required as a result of your commission of a felony or your being engaged in an illegal occupation.
- 11) Care/assistance paid by Medicare or eligible to be paid by Medicare. If any portion of the charges for such care/assistance is not paid by Medicare, they will be covered, subject to the terms of this Policy.
- 12) Care/assistance required as a result of cosmetic surgery.

"Care/assistance" refers to the long term care services this Policy otherwise provides benefits for.

EXTENSION OF BENEFITS

Termination of Your Policy shall be without prejudice to any benefits payable for institutionalization if such institutionalization began while the Policy was in force and continues without interruption after termination. The extension of benefits beyond the period the Policy is in force is limited to the duration of the benefit period.

SECTION V: EXCLUSIONS: WHAT'S NOT COVERED

This section sets forth the conditions under which payment will not be made, even if You otherwise qualify for benefits.

Exclusions: The Policy will not pay benefits for:

- 1.) Charges for care or services that are provided while this coverage is not in force.
- 2.) Charges for care or services provided by a **Family Member**
- 3.) Charges for rest care, hotel or retirement home expense or other expenses which are related to Your residence and not Your health.
- 4.) Charges for care/services that You would not be legally obligated to pay in the absence of this insurance.
- 5.) Charges for care or services provided outside of the United States or its possessions.
- 6.) Charges for care or services that are payable under any Worker's Compensation or Occupational Disease Law.
- 7.) Charges for care or services for mental, nervous or emotional disorders without demonstrable organic origin. **(NOTE: ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN SYNDROMES ARE COVERED BY THE POLICY AS ANY OTHER SICKNESS).**
- 8.) Charges for care or services that are paid by Medicare. Any portion of such charges not paid by Medicare will be considered, subject to the terms of this Policy.

If you have other policies with Penn Treaty Network America

Should benefits for care/services covered by this policy on a charge-incurred basis also be payable under any other policy and/or rider issued by Penn Treaty Network America Insurance CompanySM, the benefits to be paid under this policy shall not, when combined with the benefits payable under said other policies/riders, exceed the actual charge incurred or the reasonable and customary fee for similar care/services rendered in the same geographic region, whichever is less. **Benefits will be paid under this policy without regard to any coverage maintained with, or benefits paid by, any private insurer other than Penn Treaty Network America Insurance CompanySM.**

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- 1.) approved by one of Our executive officers; and
- 2.) endorsed hereon or attached hereto.

No agent has authority to change this Policy or to waive any of its provisions.

Section 6: Exclusions

This section explains the circumstances under which benefits will not be payable even if you have satisfied all of the other terms of this Policy.

This Policy will not pay benefits for care/assistance:

- 1) That begins before this Policy is in force or is received while this Policy is not in force.
- 2) Provided by a **Family Member**, or by a **Nursing Facility, Assisted Living Facility or Home Health Care Agency** owned or operated by a **Family Member**.
- 3) That you would not be legally obligated to pay for in the absence of this insurance.
- 4) Provided outside of the 50 United States or the District of Columbia.
- 5) Payable under any Worker's Compensation or Occupational Disease Law.
- 6) Required as a result of war, or an act of war, whether declared or not.
- 7) Required as a result of attempted suicide or intentionally self-inflicted injuries.
- 8) Required as a result of your being intoxicated or under the influence of a non-Physician prescribed narcotic.
- 9) Required as a result of alcoholism and/or drug abuse. Drug abuse does not include a condition brought about by your use of drugs prescribed by and taken in accordance with the directions of a **Physician**.
- 10) Required as a result of your commission of a felony or your being engaged in an illegal occupation.
- 11) Paid by Medicare or eligible to be paid by Medicare. If any portion of the charges for such care/assistance is not paid by Medicare, it will be covered, subject to the terms of this Policy.
- 12) Required as a result of cosmetic surgery, except for that which is due to disease or accident.

"Care/assistance" refers to the long term care services this Policy otherwise provides benefits for.

SPECIMEN

SERFF Tracking Number: PNTX-126085826 *State:* Arkansas
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Note To Filer

Created By:

Marie Bennett on 04/20/2009 10:32 AM

Last Edited By:

Marie Bennett

Submitted On:

05/20/2009 10:36 AM

Subject:

Exclusions

Comments:

Please furnish a copy of the Exclusion page in question. Thanks,

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Note To Reviewer

Created By:

SPI PennTreatyNetwork on 04/14/2009 01:19 PM

Last Edited By:

Marie Bennett

Submitted On:

05/20/2009 10:36 AM

Subject:

Follow up on PNTX-126085826

Comments:

We are respectfully requesting a status on the above referenced file.

Thank you for your assistance in this matter.

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Form Schedule

Lead Form Number: AMEND-MEDEXC

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AMEND-MEDEXC	Other	Medicare Exclusion Amendatory Rider	Initial		46	AMEND-MEDEXC.PDF

AMENDATORY RIDER

This Amendatory Rider shall amend the EXCLUSIONS section of your Tax Qualified Policy by replacing the exclusion regarding Medicare with the following:

Charges for care or services that are reimbursable by Medicare, including amounts that would otherwise be reimbursable by Medicare but for the application of a deductible, co-payment or coinsurance amount. This exclusion will not apply to expenses that are reimbursable by Medicare where Medicare is the secondary payor.

Signed for Us at Allentown, Pennsylvania.



President

Penn Treaty Network America Insurance Company
(Penn Treaty Network America Life Insurance Company in California)

3440 Lehigh Street :: Allentown, PA 18103

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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PNTX-126085826 State: Arkansas
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 Company
 Company Tracking Number: LTCAR0007010F01
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
 Product Name: Medicare Exclusion Amendatory Rider
 Project Name/Number: Medicare Exclusion Amendatory Rider/LTCAR0007010F01

Supporting Document Schedules

Review Status:

Bypassed -Name: Application 03/24/2009
Bypass Reason: Please see the NAIC Filing Description Tab for this information
Comments:

Review Status:

Bypassed -Name: Health - Actuarial Justification 03/24/2009
Bypass Reason: NA for this filing
Comments:

Review Status:

Bypassed -Name: Outline of Coverage 03/24/2009
Bypass Reason: NA to this filing
Comments:

Review Status:

Satisfied -Name: Flesch Certification 03/24/2009
Comments:
Attachment:
 Readability Doc.PDF

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Penn Treaty Network America Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
AMEND-MEDEXC	45.9

Signed: 

Name: Karen A. McCloskey
Assistant Vice President, Product & Regulatory
Title: Compliance

Date: 2/5/2009