

SERFF Tracking Number: SFCM-127078812 State: Arkansas  
Filing Company: State Farm Mutual Automobile Insurance Company State Tracking Number: 48241  
Company Tracking Number: LTC 5.2  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other  
Product Name: LTC-5.2-Long Term Care Insurance Benefit page (97060/97061 series)  
Project Name/Number: LTC-5.2-Long Term Care Insurance Benefit page (97060/97061 series)/LTC-5.2

## Filing at a Glance

Company: State Farm Mutual Automobile Insurance Company

Product Name: LTC-5.2-Long Term Care SERFF Tr Num: SFCM-127078812 State: Arkansas

Insurance Benefit page (97060/97061 series)

TOI: LTC03I Individual Long Term Care SERFF Status: Closed-Approved- State Tr Num: 48241  
Closed

Sub-TOI: LTC03I.003 Other

Co Tr Num: LTC 5.2

State Status: Filed-Closed

Filing Type: Form/Rate/Advertisement

Reviewer(s): Harris Shearer,  
Stephanie Fowler

Authors: Tammie Mills, Gerald  
Younge

Disposition Date: 03/16/2011

Date Submitted: 03/14/2011

Disposition Status: Approved-  
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: LTC-5.2-Long Term Care Insurance Benefit page  
(97060/97061 series)

Status of Filing in Domicile: Not Filed

Project Number: LTC-5.2

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: We are not  
required to file Long Term Car in our Domicile  
State of Illinois

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 03/16/2011

Deemer Date:

State Status Changed: 03/16/2011

Submitted By: Gerald Younge

Created By: Gerald Younge

Filing Description:

Corresponding Filing Tracking Number:

Re: Individual Health Insurance

NAIC #176-25178

Long Term Care Insurance

SERFF Tracking Number: SFCM-127078812 State: Arkansas  
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SF Filing #: LTC-5.2

Form:

LTC-5.2-Long Term Care Insurance Benefit page (97060/97061 series)

Enclosed for filing on behalf of the State Farm Mutual Automobile Insurance Companies of Bloomington, Illinois are the above referenced internet pages.

We filed the original version of this form, LTC-5.1, in AR under SERFF #: SFCM-126649773. We received approval on 6/22/2010.

The following changes have been made:

- Under the section Medical Help System-we added a better explanation to the first bullet point.
- Under the "Is there a maximum benefit?"-we removed the reference to Indiana in the first paragraph. We have also removed the sentence: You may also choose an unlimited lifetime benefit. Effective 5/1/2011-State Farm will no longer offer this benefit.
- Under the section Waiver of Premium-we removed the reference of CT.
- Under the section What Types of Care are Covered-we added the word unpaid in front of caregiver in the first and third bullets & we removed the reference to CA in the ninth and tenth bullets because CA has their own state specific page.
- Form number has been updated to LTC-5.2 from the original LTC-5.1.

These pages will be available on Statefarm.com. Once someone selects the state they reside in, the policy benefits page for their state will be available.

We are not required to file Long Term Care advertising in Illinois.

## Company and Contact

### Filing Contact Information

Gerald Younge, Tech - Contracts & Compliance gerald.younge.jbnp@statefarm.com

1 State Farm Plaza 309-766-0406 [Phone]

Bloomington, IL 61710-0001 309-766-8483 [FAX]

### Filing Company Information

State Farm Mutual Automobile Insurance CoCode: 25178 State of Domicile: Illinois  
Company

One State Farm Plaza Group Code: 176 Company Type:

Laura Walters / Marketing D-3 Group Name: State ID Number:

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Bloomington, IL 61710 FEIN Number: 37-0533100  
(309) 763-8104 ext. [Phone]  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: \$50.00 filing fee per form, filing one form at this time = \$50.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Farm Mutual Automobile Insurance Company	\$50.00	03/14/2011	45550191

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	03/16/2011	03/16/2011

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Long Term Care Insurance Benefit page (97060/97061 series)	Gerald Younge	03/16/2011	03/16/2011

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## Disposition

Disposition Date: 03/16/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	LTC Partnership Certification	Approved-Closed	Yes
Form (revised)	Long Term Care Insurance Benefit page (97060/97061 series)	Approved-Closed	Yes
Form	Long Term Care Insurance Benefit page (97060/97061 series)	Replaced	No

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**Amendment Letter**

Submitted Date: 03/16/2011

**Comments:**

We have been advised that an update has been made to the disclaimer section of this form. Please note that we have attached the updated PDF. The update is one sentence which we have bracketed below for your information. We apologize for any confusion. Thank you.

The quotes generated by this program are illustrative only and not a contract, binder or agreement to extend insurance coverage and are based on information you have supplied. If the information used to generate this example changes, or different rates are effective at the time of policy issuance, this rate quote may be revised. {Premium rates are subject to change and may be increased, and any rate changes would apply to all policies in the same class in the state where the policy is issued}. No money should be sent to State Farm in response to this advertisement. To obtain coverage you must submit an application to State Farm. All applications for coverage are subject to underwriting approval and subject to applicable state and federal law. Upon application approval, coverage can only be effective after payment and receipt of the initial policy-required premium. All policies may not be available in all states. Benefits, exclusions and limitations will apply. Please contact a State Farm Agent/producer for further details.

**Changed Items:**

**Form Schedule Item Changes:**

**Form Schedule Item Changes:**

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
LTC-5.2	Advertising	Long Term Care Insurance Benefit page (97060/97061 series)	Revised		SFCM-126649773	LTC-5.1		ltc_cw2-LTC-5.2.pdf

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## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 03/16/2011	LTC-5.2	Advertising Long Term Care Insurance Benefit page (97060/97061 series)	Revised	Replaced Form #: LTC-5.1 Previous Filing #: SFCM-126649773		ltc_cw2-LTC-5.2.pdf

# Long-Term Care Insurance

## Long-Term Care Insurance (97060 & 97061) Series

### Partnership Program

Partnership policies are designed to allow you to protect a portion of your assets after you apply for Medicaid.

### Policy Benefits

#### Home Health Care / Adult Day Care

- Paid on a calendar week basis.
- Pays the lesser of seven (7) times the maximum daily benefit or the actual expense incurred during a Calendar Week

#### Respite Care

- Pays the lesser of the maximum daily benefit or the actual expense incurred for up to thirty (30) days per calendar year

#### Medical Help System

- Pays for rental or lease of the system while your policy is in force and you are residing in your home.

- Pays the expense incurred, up to 25% of the maximum daily benefit
- Payable for a maximum of twelve (12) months

### **Caregiver Training**

- Pays expenses incurred, up to five (5) times the maximum daily benefit

### **Alternate Care Facility (such as Assisted Living)**

- Pays the expense incurred for each day, up to the maximum daily benefit

### **Long-Term Care Facility (such as a Nursing Home)**

- Pays the expense incurred for each day, up to the maximum daily benefit

### **Bed Reservation**

- Pays the lesser of the maximum daily benefit or the expense you incur if charged while temporarily absent from a facility
- Thirty (30) day limit per calendar year

### **Waiver of Premium**

- Premiums are waived after ninety (90) days of covered care, not separated by more than fifteen (15) days

### **Alternate Plan of Care**

- Arrangements for care in a setting other than a Long-Term Care Facility
- May allow you to remain in your home
- Pays the lesser of the maximum daily benefit or the expense you incur

### **Home Modification and Durable Medical Equipment**

- Physical changes to your home
- Use of Durable Medical Equipment
- Allows you to remain in your home
- Pays a maximum of fifty (50) times the maximum daily benefit

### **Inflation Protection**

- Your benefits can be increased in one of the following ways:

- Future Purchase Option
- Simple Automatic Increase
- Compound Automatic Increase

## **General Description of Benefits**

To be eligible for benefits, you must first be “chronically ill” as certified by a licensed health care practitioner (a physician i.e., M.D. or D.O., registered nurse, or licensed social worker).

Certification means that you are unable to perform at least two Activities of Daily Living for an expected period of at least 90 days without substantial assistance from another person. You must also satisfy an Elimination Period before benefits are paid.

### **What are Activities of Daily Living?**

- Eating (feeding yourself; not meal preparation)
- Bathing (washing yourself)
- Toileting (using the bathroom)
- Dressing (putting on and taking off clothing)
- Continence (controlling bladder and bowel function or the ability to perform hygienic tasks if control is lacking)
- Transferring (moving into or out of a bed, a chair or a wheelchair)

You could also be certified as chronically ill if your health and safety are threatened and you need substantial supervision because of a severe cognitive impairment (such as Alzheimer’s disease).

### **What is an Elimination Period?**

The Elimination Period is similar to a deductible under other types of insurance policies. It is the number of days you receive and pay for eligible care before you begin receiving policy benefits. In most states you can choose 30, 90 or 180 days. After satisfaction of the Elimination Period, benefits will be paid for each day of care, for charges incurred up to the daily benefit amount in your policy.

## **Is there a maximum benefit?**

Yes. Daily benefit amounts range from \$100/day up to \$500/day; in \$25 increments.

The maximum lifetime benefit is equal to the daily benefit; multiplied by 365 days, multiplied by the benefit factor (in years) you choose when you apply for the policy. The benefit factor can be 2, 3, 5, or 10 years. (The benefit factor for Indiana includes a 1 year benefit.) For example, a \$100/day policy with a 5 year benefit factor has a lifetime maximum of  $\$100 \times 365 \text{ days} \times 5 \text{ years} = \$182,500.00$ .

The maximum lifetime benefit can be restored if you are no longer chronically ill and do not need otherwise covered care for 180 consecutive days.

## **Waiver of Premium**

After 90 days of covered care, not separated by more than a 15 day period, your premiums will be waived. You will not be responsible for premium payment unless you recover or are no longer receiving covered care, or if your policy's lifetime maximum has been met.

## **What types of care are covered?**

Eligible care can be received in your home, the community or in a facility. These include:

- Respite Care (temporary relief for an informal, non-licensed unpaid caregiver)
- Medical Help System (a communication system used to summon attention in a medical emergency)
- Caregiver Training for informal unpaid caregivers in your home
- Home Health Care, including Hospice
- Community-based care, including Adult Day Care
- Alternate Care Facilities, such as Assisted Living
- Long-Term Care Facilities, such as Nursing Homes
- Bed Reservation, to hold your room if you are temporarily absent from a covered facility
- Alternate Plan of Care (possible alternative care options when you would normally require care in a

- covered Long-Term Care Facility)
  - Home Modification and Durable Medical Equipment (possible physical modification to your home and/or certain pieces of Durable Medical Equipment when you normally would require care in a covered Long-Term Care Facility)
- 

The quotes generated by this program are illustrative only and not a contract, binder or agreement to extend insurance coverage and are based on information you have supplied. If the information used to generate this example changes, or different rates are effective at the time of policy issuance, this rate quote may be revised. Premium rates are subject to change and may be increased, and any rate changes would apply to all policies in the same class in the state where the policy is issued. No money should be sent to State Farm in response to this advertisement. To obtain coverage you must submit an application to State Farm. All applications for coverage are subject to underwriting approval and subject to applicable state and federal law. Upon application approval, coverage can only be effective after payment and receipt of the initial policy-required premium. All policies may not be available in all states. Benefits, exclusions and limitations will apply. Please contact a State Farm Agent/producer for further details.

**Note:** This is a Marketing tool intended for use in the sale of insurance. Completion of an application for a State Farm insurance policy will require contact with a State Farm insurance agent/producer.

The information provides a brief, general description of the coverage provided by these policies. It is not a contract and certain exclusions and limitations apply. A complete statement of the coverage provided is found only in the policy itself. Policy coverage's, exclusions and limitations may vary in some states.

For exact terms and conditions see: Long Term Care policy series 97060 or 97061.

LTC-5.2

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## Supporting Document Schedules

		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Flesch Certification		
<b>Bypass Reason:</b>	n/a		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Application		
<b>Bypass Reason:</b>	n/a		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Health - Actuarial Justification		
<b>Bypass Reason:</b>	n/a		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Outline of Coverage		
<b>Bypass Reason:</b>	n/a		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	LTC Partnership Certification	Approved-Closed	03/16/2011
<b>Bypass Reason:</b>	n/a		
<b>Comments:</b>			