

## Limitations for Convalescent Care Benefit Rider – New York Residents

Provided the conditions for payment are met, and upon certification from a Licensed Health Care Practitioner, benefits are payable after you have received services while confined in a long-term care or assisted living facility or received home health care or adult day care services for 90 days, and benefits are payable retroactive to the first day of service. This 90-day period need not be continuous. It must, however, be entirely within one Benefit Period.

### The following conditions must be met to qualify for benefits:

- You are chronically ill.
- The licensed health care practitioner must approve a plan of care in writing prescribing services that are to be provided to you. You must receive the services prescribed under the approved plan of care while this rider is in force.
- At least once every 12 months following a prior certification of chronic illness, and for as long as you continue to be ill, the licensed health care practitioner:
  1. Must again certify that your chronic illness is expected to continue for at least 90 days; and
  2. Either approve a new plan of care, or reconfirm the existing plan of care in writing.

Chronically ill or chronic illness means that you have been certified, within the preceding 12 months, by a licensed health care practitioner as:

- being unable to perform without substantial assistance from another individual at least two activities of daily living for a period of at least 90 days as a result of loss of functional capacity; or
- requiring substantial supervision to protect you from threats to health and safety caused by severe cognitive impairment

### This rider does not pay benefits for loss:

- Due to mental, psychoneurotic or personality disorders without clinically diagnosed organic disease. However, nervous or mental disorders which are caused by clinically diagnosed organic disease, such as Alzheimer's Disease and related degenerative and dementing illnesses are covered.
- Due to treatment or care received while outside the United States and its possessions.
- Due to alcoholism or drug addiction, unless the addiction results from administration of drugs for treatment prescribed by a licensed health care practitioner.
- In any facility contracted for or operated by the United States government when there is no cost to you.
- In any facility for which no charge is made to you.
- Due to illness, treatment or medical conditions arising out of:
  - war or act of war (whether declared or undeclared);
  - participation in a felony, riot or insurrection;
  - service in the armed forces or units auxiliary thereto; or
  - suicide, attempted suicide or intentionally self-inflicted Injury.
- Which does not satisfy all the conditions stated in the provision captioned conditions on eligibility for benefits.

### Premium

We have the right to adjust the premium rates with notice to the department of insurance. Any increase in premium rates will be done on a class basis. Your maximum premium rate for this rider is shown on your schedule.

This rider is intended to be a qualified long-term care insurance contract under Section 7702B(b) of the Internal Revenue Code. This is not a health insurance rider and is not subject to the minimum requirements of New York Law pertaining to long-term care insurance. This rider does not qualify for the New York Long-Term Care Partnership Program, and is not a Medicare Supplement Policy. This rider is intended to be a qualified long-term care insurance contract for federal tax law only.

See Rider HH/LTC.205 (I) NY for exact terms, provisions, exclusions and limitations.

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