Insurance Compact Member State Information for Individual Long-Term Care Insurance Uniform Standards

The information that is provided below has been supplied to the Insurance Compact by the member states with regard to the individual Long-Term Care Insurance Uniform Standards. This information will be updated as necessary.

		Daily Policy Minimum Benefit					
		NOT Partnership (other than					
		home/health care dollar equivalent				Minimum Policy Benefit Period	Minimum Policy Benefit Period
		to 1/2 of nursing home & min.				NOT Partnership (other than 12	NOT Partnership (other than 12
	Modified Rate	inflation protection required by	Daily Policy Minimum Benefit	Maximum Policy Elimination	Maximum Policy Elimination	consecutive months required by	consecutive months required by
Member	Schedules	Uniform Standards)?	NOT Partnership?	Period NOT Partnership?	Period NOT Partnership?	the Uniform Standards)?	the Uniform Standards)?
		Offered	Issued	Offered	Issued	Offered	Issued
Alabama	PERMITTED	NO	NO	NO	NO	NO	NO
Alaska	PERMITTED	NO	NO	NO	NO	NO	NO
Arizona OPT OUT							
Arkansas	NOT PERMITTED	NO	NO	NO	NO	NO	NO
Colorado	NOT PERMITTED	NO	NO	NO	NO	NO	NO
Connecticut OPT OUT							
Delaware OPT OUT District of Columbia OPT							
OUT							
Georgia	PERMITTED	NO	NO	NO	NO	NO	NO
Georgia	TERMITTED	110	110	110	110	110	110
Hawaii	NOT PERMITTED	NO	NO	NO	NO	NO	NO
Idaho	PERMITTED	NO	NO	NO	NO	NO	NO
Illinois	NOT PERMITTED	NO	NO	NO	NO	NO	NO
Indiana OPT OUT							
Iowa	PERMITTED	NO	NO	NO	NO	NO	NO
Kansas	PERMITTED	NO	NO	NO	NO	NO	NO
Kentucky	PERMITTED	NO	NO	NO	NO	NO	NO
Louisiana	PERMITTED	NO	NO	NO	NO	NO	NO
Maine	PERMITTED	NO	NO	NO	NO	NO NO	NO NO
						24 months (Insurance Article, §18-	24 months (Insurance Article, §18-
Maryland	NOT PERMITTED	NO	NO	NO	NO	101(f)(1), Annotated Code of Maryland)	101(f)(1), Annotated Code of Maryland)
iviaryiand	NOTFERMITTED	NO	NO	NO	NO	iviai yiaiiu)	iviai yiaiid)
	nnn	\$125 / day (130 CMR 515.014(A)(2)					
Massachusetts	PERMITTED	and 211 CMR 65.06(4)(a))	NO	365 days (211 CMR 65.05(2)(a))	365 days (211 CMR 65.05(2)(a))	730 days (211 CMR 65.05(2)(b))	730 days (211 CMR 65.05(2)(b))
Michigan	PERMITTED	NO	NO	NO	NO	NO	NO
			Non Tax-Qualified Plans: must be				Non Tax-Qualified Plans: not less
			lesser of \$40 or actual charges		Non Tax-Qualified Plans: waiting	Non Tax-Qualified Plans: 62A.48,	than 1 year (nursing facility); Tax-
			(nursing facility); lesser of \$25 or		period of up to 180 days [nursing	Subd. 1;	Qualified Plans: not less than 12
NC .	DEDIMETER	NO	actual charges (home services)	NO	facility]; 90 days [home services]	Tax-Qualified Plans: 62S.01, Subd.	consecutive months {Minn. Stat. §
Minnesota	PERMITTED	NO	[Minn. Stat. § 62A.48, Subd. 2]	NO	[Minn. Stat. § 62A.48, Subd. 2]	18.	62A.48, Subd. 2}

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	Modified Rate	inflation protection required by	Daily Policy Minimum Benefit	Maximum Policy Elimination	Maximum Policy Elimination	consecutive months required by	consecutive months required by
Member	Schedules	Uniform Standards)?	NOT Partnership?	Period NOT Partnership?	Period NOT Partnership?	the Uniform Standards)?	the Uniform Standards)?
Missiouri	PERMITTED	NO	NO	NO	NO	NO	NO

Member	Modified Rate Schedules	Daily Policy Minimum Benefit NOT Partnership (other than home/health care dollar equivalent to 1/2 of nursing home & min. inflation protection required by Uniform Standards)?	Daily Policy Minimum Benefit NOT Partnership?	Maximum Policy Elimination Period NOT Partnership?	Maximum Policy Elimination Period NOT Partnership?	Minimum Policy Benefit Period NOT Partnership (other than 12 consecutive months required by the Uniform Standards)?	Minimum Policy Benefit Period NOT Partnership (other than 12 consecutive months required by the Uniform Standards)?
Mississippi	PERMITTED	NO	NO	NO	NO	NO	NO
Montana OPT OUT							
Nebraska	PERMITTED	NO	NO	NO	NO	NO	NO
Nevada	PERMITTED	NO	NO	NO	NO	NO	NO
New Hampshire	PERMITTED	NO	NO	NO	NO	NO	NO
New Jersey OPT OUT							
New Mexico	PERMITTED	NO	NO	NO	NO	NO	NO
North Carolina	PERMITTED	NO	NO	NO	NO	NO	NO
Ohio	PERMITTED	NO	NO	NO	NO	NO	NO
Oklahoma	NOT PERMITTED	NO	NO	NO	NO	NO	NO
Oregon	NOT PERMITTED	NO	NO	NO	NO	24 months (ORS 743.655(2)(f))	24 months (ORS 743.655(2)(f))
Pennsylvania	PERMITTED	NO	NO	NO	NO	NO	NO
Puerto Rico	PERMITTED	NO	NO	NO	NO	NO	NO
Rhode Island	PERMITTED	NO	NO	NO	NO	NO	NO
Tennessee	PERMITTED	NO	NO	NO	NO	NO	NO
Texas	PERMITTED	NO	NO	NO	NO	NO	NO
Utah	PERMITTED	NO Offer 3 benefit options: \$100 max per day/90 or 100 day elimination period/2 yr benefit period AND \$150 max per day/90 or 100 day	NO	NO Offer 3 benefit options: \$100 max per day/90 or 100 day elimination period/2 yr benefit period AND \$150	NO	NO Offer 3 benefit options: \$100 max per day/90 or 100 day elimination period/2 yr benefit period AND \$150 max per day/90 or 100 day	NO
		elimination period/3 yr beneft period AND \$200 max per day/90 or 100		max per day/90 or 100 day elimination period/3 yr beneft period AND \$200 max per day/90 or 100 day elimination period/5 yr benefit period. (DFR) Rule H-2009-01 Long-Term Insurance	Not greater than 100 days (DFR	elimination period/3 yr beneft period AND \$200 max per day/90 or 100 day elimination period/5 yr benefit period. (DFR) Rule H-2009-01 Long Term Insurance Regulation, Section	
Vermont	PERMITTED	6 (K)(1)(a-c))	(J)(5))	Regulation, Section 6 (K)(1)(a-c))	Regulation, Section 6(I)(2))	6 (K)(1)(a-c))	(J)(5).)
Virginia	PERMITTED	NO	NO	NO	NO	NO	NO
Washington		\$25 / day for home health care services(WAC 284-83-050 (3) (b))	\$25 / day for home health care services (WAC 284-83-050 (3) (b))		NO NO	365 days for home health care services (WAC 284-83-050 (3) (b))	365 days for home health care services (WAC 284-83-050 (3) (b))
West Virginia	PERMITTED	NO	NO NO	NO	NO	NO	NO
Wisconsin	PERMITTED	\$60 (Ins 3.46(4)(b), Wis. Adm. Code)	\$60 (Ins 3.46(4)(b), Wis. Adm. Code)	180 days (Ins 3.46(12)(a), Wis. Adm. Code)	180 days (Ins 3.46(4)(d), Wis. Adm. Code)	365 days (Ins 3.46(4)(e), Wis. Adm. Code)	366 days (Ins 3.46(4)(e), Wis. Adm. Code)

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Member	Schedules	Uniform Standards)?	NOT Partnership?	Period NOT Partnership?	Period NOT Partnership?	the Uniform Standards)?	the Uniform Standards)?
Wyoming	PERMITTED	NO	NO	NO	NO	NO	NO