



EssentialLTC

Long Term Care
Insurance Coverage

Major Depression, Anxiety, and Long Term Care Underwriting

Depression is a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life. Commonly, “depression” is not the diagnosis used in the medical records for billing purposes. Once you review the records, you will more commonly see “clinical depression” or “major depression/major depressive disorder” used, which is categorized as having five or more depressive symptoms for greater than two weeks.

Symptoms include:

- Depressed mood
- Markedly diminished interest or pleasure in most or all activities
- Significant weight loss (or poor appetite) or weight gain
- Insomnia or hypersomnia
- Psychomotor retardation
- Fatigue or loss of energy
- Feelings of worthlessness or excessive inappropriate guilt
- Diminished ability to think or concentrate, or indecisiveness
- Recurrent thoughts of death (not just fear of dying), or suicidal ideation, plan, or attempt

Anxiety is a disorder characterized by a state of excessive uneasiness, fear, and apprehension, that is often accompanied by compulsive behavior or panic attacks.

Risks of depression and anxiety include disruptions in ability for self-care and independent functioning; a person’s job and personal life; prolonged recovery from injury; and cognitive concerns. Each case is unique and needs to be looked at carefully. Underwriters rely on progress notes that depict the history as well as screening tools completed by the doctor (PHQ-9 & GAD-7 tests).



Underwriting Tips

Just because your client has anxiety and/or depression does not mean they are ineligible for Long Term Care insurance. Each case will be considered based on the documented medical information including prescription history.

Some insights for prescreening include getting a list of all medications that are currently being prescribed. You should also ask if there have been any dosage or medication changes in the last 3 years and provide details on those changes as well as a reason. It is also important to know of any specialists who have been seen such as a psychiatrist or psychologist.

Many times, a client may say, "I have a little depression/anxiety," but the medical records show a very different picture. If your client is unsure of what diagnosis is actually being used in their records, we would recommend you ask your client to call their doctor to find out.

Often your client may be hesitant to provide this information, but any information received up front will help provide a better understanding of the severity of their condition and the prognosis for recovery. Below are some examples of what would be acceptable versus unacceptable. It should be said again this is not comprehensive, or a guarantee of coverage, and each case is reviewed individually.

Acceptable

- Depression/Anxiety that is long standing with stable medication dosage
- Known history that is documented in the medical records
- Known trigger event such as a loss of job or family member
- Full time work with no periods of disability

Unacceptable

- Recent onset (less than 3 years)
- Multiple medications and/or dosage/medication changes
- Periods of disability
- New onset later in life
- Ongoing chronic pain
- History of substance abuse
- Need for hospitalization
- Noncompliance with recommended treatment

Uninsurable Medications (Do not submit)

- Lamictal (Lamotrigine)
- Lithium
- Zyprexa (Olanzapine)
- Abilify (Aripiprazole)
- Seroquel (Quetiapine)
- Latuda (Lurasidone)
- Trintellix (Vortioxetine)

What Happens Before an Underwriting Decision is Made

Given the extent that we have seen Major Depression rise in our review of medical records, we are changing the way we approach our final decision. Before a case is declined for any psychiatric reason, the case will be reviewed by an underwriting committee. Each case will be evaluated on the available information.

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