Uniform Life, Accident & Health, Annuity and Credit Product Coding Matrix

FOR USE WITH THE UNIFORM LIFE, ACCIDENT & HEALTH, ANNUITY CREDIT TRANSMITTAL DOCUMENT: Item 8, Type of Insurance, on the Uniform Life, Accident & Health, Annuity, Credit Transmittal Document is completed by listing all appropriate Filing Codes from this matrix. Please read the descriptions carefully as the policy reviewers will be looking at these filing codes when deciding what review standards/checklists are appropriate for this filing.

TOI	Sub-TOI	Description
Annuities		An arrangement whereby an annuitant is guaranteed to receive a series of payments commencing either immediately or at some future date.
A01 Annuities - Assumption Agreement	A01.000 Annuities - Assumption Agreement	An insurance certificate issued on an existing insurance contract indicating that another insurer has assumed all of the risk under the contract from the ceding insurance company.
A02G Group Annuities - Deferred Non-Variable		An annuity contract that provides an accumulation based on funds that accumulate based on a guaranteed crediting interest rate or additional interest rate. This annuity contract provides for the initiation of payments at some designated future date.
	A02G.001 Fixed Premium	An annuity where premium payments are fixed.
	A02G.002 Flexible Premium	The premium payments are flexible.
	A02G.003 Single Premium	Purchase by the payment of one lump sum.
	A02G.004 Modified Single Premium	Purchased by payment of a lump sum and additional payments during the first 12 months.
	A02G.005 Limited Flexible Premium	The premium payments are specified for a designated time frame, i.e. 5 years.
A02I Individual Annuities - Deferred Non-Variable		An annuity contract that provides an accumulation based on funds that accumulate based on a guaranteed crediting interest rate or additional interest rate. This annuity contract provides for the initiation of payments at some designated future date.
	A02I.001 Fixed Premium	An annuity where premium payments are fixed.
	A02I.002 Flexible Premium	The premium payments are flexible.
	A02I.003 Single Premium	Purchase by the payment of one lump sum.
	A02I.004 Modified Single Premium	Purchased by payment of a lump sum and additional payments during the first 12 months.
	A021.005 Limited Flexible Premium	The premium payment are specified for a designated time frame, i.e. 5 years.

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A02.1G Group Annuities - Deferred Non-Variable and Variable		An annuity contract that provides an accumulation based on both (1) funds that accumulate based on a guaranteed crediting interest rates or additional interest rate applied to designated considerations, and (2) funds where the accumulation vary in accordance with the rate of return of the underlying investment portfolio selected by the policyholder. The contract provides for the initiation of payments at some designated future date.
	A02.1G.001 Fixed Premium	An annuity where premium payments are fixed.
	A02.1G.002 Flexible Premium	The premium payments are flexible.
	A02.1G.003 Single Premium	Purchase by the payment of one lump sum.
	A02.1G.004 Modified Single Premium	Purchased by payment of a lump sum and additional payments during the first 12 months.
	A02.1G.005 Limited Flexible Premium	The premium payments are specified for a designated time frame, i.e. 5 years.
A02.1I Individual Annuities - Deferred Non-Variable and Variable		An annuity contract that provides an accumulation based on both (1) funds that accumulate based on a guaranteed crediting interest rates or additional interest rate applied to designated considerations, and (2) funds where the accumulation vary in accordance with the rate of return of the underlying investment portfolio selected by the policyholder. The contract provides for the initiation of payments at some designated future date.
	A02.1I.001 Fixed Premium	An annuity where premium payments are fixed.
	A02.1I.002 Flexible Premium	The premium payments are flexible.
	A02.1I.003 Single Premium	Purchase by the payment of one lump sum.
	A02.1I.004 Modified Single Premium	Purchased by payment of a lump sum and additional payments during the first 12 months.
	A02.1I.005 Limited Flexible Premium	The premium payments are specified for a designated time frame, i.e. 5 years.
A03G Group Annuities - Deferred Variable		An annuity contract that provides an accumulation based fund where the accumulation varies in accordance with the rate of return of the underlying investment portfolio selected by the policyholder. Must include at least one option to have the accumulation vary in accordance with the rate of return of the underlying investment portfolio selected by the policyholder and may include at least one option to have the series of payments vary in accordance with the rate of return of the underlying investment portfolio selected by the policyholder. This annuity contract provides for the initiation of payments at some designated future date.
	A03G.001 Fixed Premium	An annuity where premium payments are fixed.
	A03G.002 Flexible Premium	Premium payments are flexible.
	A03G.003 Single Premium	Purchase by the payment of one lump sum.

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	A03G.004 Modified Single Premium	Purchased by payment of a lump sum and additional payments during the first 12 months.
	A03G.005 Limited Flexible Premium	The premium payment are specified for a designated time frame, i.e. 5 years.
A03I Individual Annuities - Deferred Variable		An annuity contract that provides an accumulation based fund where the accumulation varies in accordance with the rate of return of the underlying investment portfolio selected by the policyholder. Must include at least one option to have the accumulation vary in accordance with the rate of return of the underlying investment portfolio selected by the policyholder and may include at least one option to have the series of payments vary in accordance with the rate of return of the underlying investment portfolio selected by the policyholder. This annuity contract provides for the initiation of payments at some designated future date.
	A03I.001 Fixed Premium	An annuity where premium payments are fixed.
	A03I.002 Flexible Premium	Premium payments are flexible.
	A03I.003 Single Premium	Purchase by the payment of one lump sum.
	A03I.004 Modified Single Premium	Purchased by payment of a lump sum and additional payments during the first 12 months.
	A03I.005 Limited Flexible Premium	The premium payment are specified for a designated time frame, i.e. 5 years.
A05G Group Annuities - Immediate Non-Variable	A05G.000 Annuities - Immediate Non-Variable	An annuity contract that provides for the fixed payment of the annuity at the end of the first interval of payment after purchase. The interval may vary, however the annuity payouts must begin within 13 months.
A05I Individual Annuities - Immediate Non-Variable	A05I.000 Annuities - Immediate Non-Variable	An annuity contract that provides for the fixed payment of the annuity at the end of the first interval of payment after purchase. The interval may vary, however the annuity payouts must begin within 13 months.
A06G Group Annuities - Immediate Variable	A06G.000 Annuities - Immediate Variable	An annuity contract that provides for the first payment of the annuity at the end of the fixed interval of payment after purchase. The interval may vary, however the annuity payouts must begin within 13 months. The amount varies with the value of equities (separate account) purchased as investments by the insurance companies.
A06I Individual Annuities - Immediate Variable	A06I.000 Annuities - Immediate Variable	An annuity contract that provides for the first payment of the annuity at the end of the fixed interval of payment after purchase. The interval may vary, however the annuity payouts must begin within 13 months. The amount varies with the value of equities (separate account) purchased as investments by the insurance companies.

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A06.1G Group Annuities - Immediate Non-Variable and Variable	A06.1G.000 Annuities - Immediate Non-Variable and Variable	An annuity contract that provides an accumulation based on both (1) funds that accumulate based on a guaranteed crediting interest rates or additional interest rate applied to designated considerations, and (2) funds where the accumulation vary in accordance with the rate of return of the underlying investment portfolio selected by the policyholder. The contract provides for the initiation of payments at some interval that may vary, however the annuity payouts must begin within 13 months
A06.1I Individual Annuities- Immediate Non-Variable and Variable	A06.1I.000 Annuities – Immediate Variable and Non-Variable	An annuity contract that provides an accumulation based on both (1) funds that accumulate based on a guaranteed crediting interest rates or additional interest rate applied to designated considerations, and (2) funds where the accumulation vary in accordance with the rate of return of the underlying investment portfolio selected by the policyholder. The contract provides for the initiation of payments at some interval that may vary, however the annuity payouts must begin within 13 months.
A07G Group Annuities - Special		Contracts with certain noteworthy attributes.
	A07G.001 Equity Indexed	A fixed annuity that earns interest or provides benefits that are linked to an external reference or equity index, subject to a minimum guarantee.
	A07G.002 Modified Guaranteed	An annuity that contains a provision that adjusts the value of withdrawn funds based on a formula in the contract. The formula reflects market value adjustments.
	A07G.003 Contingent Deferred	An annuity contract that establishes a life insurer’s obligation to make periodic payments for the annuitant’s lifetime at the time designated investments, which are not owned or held by the insurer, are depleted to a contractually-defined amount due to contractually-permitted withdrawals, market performance, fees and/or other charges.
A07I Individual Annuities - Special		Contracts with certain noteworthy attributes.
	A07I.001 Equity Indexed	A fixed annuity that earns interest or provides benefits that are linked to an external reference or equity index, subject to a minimum guarantee.
	A07I.002 Modified Guaranteed	An annuity that contains a provision that adjusts the value of withdrawn funds based on a formula in the contract. The formula reflects market value adjustments.
	A07I.003 Contingent Deferred	An annuity contract that establishes a life insurer’s obligation to make periodic payments for the annuitant’s lifetime at the time designated investments, which are not owned or held by the insurer, are depleted to a contractually-defined amount due to contractually-permitted withdrawals, market performance, fees and/or other charges.

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A08G Group Annuities - Unallocated		Annuity contracts or portions thereof where the Insurer purchases an annuity for the retirees.
	A08G.001 Funding Agreement	Contracts that guarantee principal and interest for a specified period of time and do not include the option to purchase immediate annuities that depend on the survival of the annuitant.
	A08G.002 GIC	Contracts that guarantee principal and interest for a specified period of time and include the option to purchase immediate annuities that depend on the survival of the annuitant.
	A08G.003 Deposit Administration	Annuity contracts that typically provide for an unallocated fund accumulation for active lives out of which immediate annuities are purchased for individuals at retirement and deferred annuities are purchased for terminated employees with vested benefits.
A10 Annuities - Other	A10.000 Annuities - Other	Not specifically described above.
A11 Reversionary Annuity	A11.000 Reversionary Annuity	A policy that combines an insurance policy with an immediate annuity to provide for a surviving spouse. Upon the insured's death, the beneficiary receives a guaranteed lifetime income instead of a lump sum payment.
Continuing Care Retirement Communities		
CC01G Group Continuing Care Retirement Communities		Continuing Care Retirement Communities are senior housing arrangements that in addition to housing include some provision for skilled nursing care.
	CC01G.000 CCRC - Type A	Type A communities are also referred to as Life Care Communities. There is no increase in the required monthly fee when the resident enters the skilled nursing facility.
	CC02G.000 CCRC - Type B	Type B communities are those that don't meet the definition of Type A or Type C. They may involve some combination of full skilled nursing home benefits, but only for a limited period of time and/or an increase in the monthly fee when the resident enters the skilled nursing facility but not up to full market rates.
	CC03G.000 CCRC - Type C	Type C communities guarantee access to a skilled nursing home bed but the residents pays the full market rate.
	CC04G.000 CCRC - Other	Not specifically described above.
CC01I Individual Continuing Care Retirement Communities	CC01I.000 CCRC - Type A	Type A communities are also referred to as Life Care Communities. There is no increase in the required monthly fee when the resident enters the skilled nursing facility.

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	CC02I.000 CCRC - Type B	Type B communities are those that don't meet the definition of Type A or Type C. They may involve some combination of full skilled nursing home benefits, but only for a limited period of time and/or an increase in the monthly fee when the resident enters the skilled nursing facility but not up to full market rates.
	CC03I.000 CCRC - Type C	Type C communities guarantee access to a skilled nursing home bed but the residents pays the full market rate.
	CC04I.000 CCRC - Other	Not specifically described above.
Credit		Coverage on a debtor in favor of a creditor to pay off or reduce the balance due on a loan/credit transaction in the event of a covered loss.
CR01 Credit - Assumption Agreement	CR01.000 Credit - Assumption Agreement	An insurance certificate issued on an existing insurance contract indicating that another insurer has assumed all of the risk under the contract from the ceding insurance company.
CR02G Group Credit - Credit Disability		Makes monthly loan/credit transaction payments to the creditor upon the disablement of an insured debtor.
	CR02G.001 Monthly Premium - Open-End	A fixed rate is applied each month to the declining outstanding balance owed on an open-end loan/credit transaction or revolving charge account (i. e. the loan/credit transaction does not have a fixed termination date). Actual premium amounts decline along with the declining outstanding balance from month to month. Premium charges track accordingly. The outstanding balance may increase from time to time when an additional advance is taken on a line of credit or additional credit card charges are made by the insured; monthly premium charges will track accordingly. The debtor is charged monthly for coverage on a loan/credit transaction that allows for the debtor (subject to credit limits) to increase the indebtedness upon demand.
	CR02G.002 Monthly Premium - Closed-End	A fixed rate is applied each month to the declining outstanding balance owed on a closed-end loan/credit transaction (i.e. the loan/credit transaction has a fixed termination date). Premium amounts are determined based on the declining outstanding balance. Premiums can be charged on a declining monthly basis or level monthly basis. The debtor is charged monthly for coverage on a loan/credit transaction that does not allows for the debtor (subject to credit limits) to increase the indebtedness upon demand.
	CR02G.003 Single Premium	The debtor is charged by a single premium for this insurance protection.
	CR02G.004 Full Term	Coverage for the entire term of the loan/credit transaction.
	CR02G.005 Critical Period	Disability benefits are limited to a specific number of months or for the remaining term of the loan/credit transaction, if less.
	CR02G.006 Truncated	Coverage for a term less than the term of the loan/credit transaction.
	CR02G.007 Other	Not specifically described above.

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CR02I Individual Credit - Credit Disability		Makes monthly loan/credit transaction payments to the creditor upon the disablement of an insured debtor.
	CR02I.001 Monthly Premium - Open-End	A fixed rate is applied each month to the declining outstanding balance owed on an open-end loan/credit transaction or revolving charge account (i. e. the loan/credit transaction does not have a fixed termination date). Actual premium amounts decline along with the declining outstanding balance from month to month. Premium charges track accordingly. The outstanding balance may increase from time to time when an additional advance is taken on a line of credit or additional credit card charges are made by the insured; monthly premium charges will track accordingly. The debtor is charged monthly for coverage on a loan/credit transaction that allows for the debtor (subject to credit limits) to increase the indebtedness upon demand.
	CR02I.002 Monthly Premium - Closed-End	A fixed rate is applied each month to the declining outstanding balance owed on a closed-end loan/credit transaction (i.e. the loan/credit transaction has a fixed termination date). Premium amounts are determined based on the declining outstanding balance. Premiums can be charged on a declining monthly basis or level monthly basis. The debtor is charged monthly for coverage on a loan/credit transaction that does not allows for the debtor (subject to credit limits) to increase the indebtedness upon demand.
	CR02I.003 Single Premium	The debtor is charged by a single premium for this insurance protection.
	CR02I.004 Full Term	Coverage for the entire term of the loan/credit transaction.
	CR02I.005 Critical Period	Disability benefits are limited to a specific number of months or for the remaining term of the loan/credit transaction, if less.
	CR02I.006 Truncated	Coverage for a term less than the term of the loan/credit transaction.
	CR02I.007 Other	Not specifically described above.
CR03G Group Credit - FMLA		Makes loan/credit transaction payments to the creditor when the debtor is on unpaid leave from his/her job under the Family and Medical Leave Act (FMLA)
	CR03G.001 Monthly Premium - Open-End	A fixed rate is applied each month to the declining outstanding balance owed on an open-end loan/credit transaction or revolving charge account (i. e. the loan/credit transaction does not have a fixed termination date). Actual premium amounts decline along with the declining outstanding balance from month to month. Premium charges track accordingly. The outstanding balance may increase from time to time when an additional advance is taken on a line of credit or additional credit card charges are made by the insured; monthly premium charges will track accordingly. The debtor is charged monthly for coverage on a loan/credit transaction that allows for the debtor (subject to credit limits) to increase the indebtedness upon demand.

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	CR03G.002 Monthly Premium - Closed-End	A fixed rate is applied each month to the declining outstanding balance owed on a closed-end loan/credit transaction (i.e. the loan/credit transaction has a fixed termination date). Premium amounts are determined based on the declining outstanding balance. Premiums can be charged on a declining monthly basis or level monthly basis. The debtor is charged monthly for coverage on a loan/credit transaction that does not allows for the debtor (subject to credit limits) to increase the indebtedness upon demand.
	CR03G.003 Single Premium	The debtor is charged by a single premium for this insurance protection.
CR03I Individual Credit - FMLA		Makes loan/credit transaction payments to the creditor when the debtor is on unpaid leave from his/her job under the Family and Medical Leave Act (FMLA)
	CR03I.001 Monthly Premium - Open-End	A fixed rate is applied each month to the declining outstanding balance owed on an open-end loan/credit transaction or revolving charge account (i. e. the loan/credit transaction does not have a fixed termination date). Actual premium amounts decline along with the declining outstanding balance from month to month. Premium charges track accordingly. The outstanding balance may increase from time to time when an additional advance is taken on a line of credit or additional credit card charges are made by the insured; monthly premium charges will track accordingly. The debtor is charged monthly for coverage on a loan/credit transaction that allows for the debtor (subject to credit limits) to increase the indebtedness upon demand.
	CR03I.002 Monthly Premium - Closed-End	A fixed rate is applied each month to the declining outstanding balance owed on a closed-end loan/credit transaction (i.e. the loan/credit transaction has a fixed termination date). Premium amounts are determined based on the declining outstanding balance. Premiums can be charged on a declining monthly basis or level monthly basis. The debtor is charged monthly for coverage on a loan/credit transaction that does not allows for the debtor (subject to credit limits) to increase the indebtedness upon demand.
	CR03I.003 Single Premium	The debtor is charged by a single premium for this insurance protection.
CR04G Group Credit - Life		Contracts sold in connection with loan/credit transactions or other credit transactions, which do not exceed a stated duration and/or amount and provide insurance protection against death.

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	CR04G.001 Monthly Premium - Open-End	A fixed rate is applied each month to the declining outstanding balance owed on an open-end loan/credit transaction or revolving charge account (i. e. the loan/credit transaction does not have a fixed termination date). Actual premium amounts decline along with the declining outstanding balance from month to month. Premium charges track accordingly. The outstanding balance may increase from time to time when an additional advance is taken on a line of credit or additional credit card charges are made by the insured; monthly premium charges will track accordingly. The debtor is charged monthly for coverage on a loan/credit transaction that allows for the debtor (subject to credit limits) to increase the indebtedness upon demand.
	CR04G.002 Monthly Premium - Closed-End	A fixed rate is applied each month to the declining outstanding balance owed on a closed-end loan/credit transaction (i.e. the loan/credit transaction has a fixed termination date). Premium amounts are determined based on the declining outstanding balance. Premiums can be charged on a declining monthly basis or level monthly basis. The debtor is charged monthly for coverage on a loan/credit transaction that does not allows for the debtor (subject to credit limits) to increase the indebtedness upon demand.
	CR04G.003 Single Premium	The debtor is charged by a single premium for this insurance protection.
	CR04G.004 Gross	Coverage for the total amount payable on the loan/credit transaction (the net indebtedness plus the scheduled interest charges).
	CR04G.005 Net	Coverage for the scheduled or actual unpaid principal amount of the loan/credit transaction.
	CR04G.006 Truncated	Coverage for a term less than the term of the loan/credit transaction.
CR04I Individual Credit - Life		Contracts sold in connection with loan/credit transactions or other credit transactions, which do not exceed a stated duration and/or amount and provide insurance protection against death.
	CR04I.001 Monthly Premium - Open-End	A fixed rate is applied each month to the declining outstanding balance owed on an open-end loan/credit transaction or revolving charge account (i. e. the loan/credit transaction does not have a fixed termination date). Actual premium amounts decline along with the declining outstanding balance from month to month. Premium charges track accordingly. The outstanding balance may increase from time to time when an additional advance is taken on a line of credit or additional credit card charges are made by the insured; monthly premium charges will track accordingly. The debtor is charged monthly for coverage on a loan/credit transaction that allows for the debtor (subject to credit limits) to increase the indebtedness upon demand.

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	CR04I.002 Monthly Premium - Closed-End	A fixed rate is applied each month to the declining outstanding balance owed on a closed-end loan/credit transaction (i.e. the loan/credit transaction has a fixed termination date). Premium amounts are determined based on the declining outstanding balance. Premiums can be charged on a declining monthly basis or level monthly basis. The debtor is charged monthly for coverage on a loan/credit transaction that does not allows for the debtor (subject to credit limits) to increase the indebtedness upon demand.
	CR04I.003 Single Premium	The debtor is charged by a single premium for this insurance protection.
	CR04I.004 Gross	Coverage for the total amount payable on the loan/credit transaction (the net indebtedness plus the scheduled interest charges).
	CR04I.005 Net	Coverage for the scheduled or actual unpaid principal amount of the loan/credit transaction.
	CR04I.006 Truncated	Coverage for a term less than the term of the loan/credit transaction.
CR05 Credit - Property		This section is for use where credit personal property is handled by the life and/or health section of the state insurance department. Under CR05.002 through CR05.004 credit insurance may be either “single interest” or “dual interest”. Single interest means insurance that protects only the creditor’s interest in the collateral securing a debtor’s credit transaction. Dual interest (also commonly referred to as “limited dual interest”) means insurance that protects the creditor’s and the debtor’s interest in the collateral securing the debtor’s credit transaction.
	CR05.002 Creditor - Placed Home	Single interest or dual interest credit insurance purchased unilaterally by the creditor, who is the named insured, subsequent to the date of the credit transaction, providing coverage against loss to property that would either impair a creditor’s interest or adversely affect the value of collateral on homes, mobile homes, and other real estate.
	CR05.003 Creditor - Placed Auto	Single interest or dual interest credit insurance that is purchased unilaterally by the creditor, who is the named insured, subsequent to the date of the credit transaction, providing coverage against loss to property that would either impair a creditor’s interest or adversely affect the value of collateral on automobiles, boats, or other vehicles.
	CR05.004 Personal Property	Single interest or dual interest credit insurance (where collateral is not a motor vehicle, mobile home, or real estate) that covers perils to goods purchased or used as collateral and that concerns a creditor’s interest in the purchased goods or pledged collateral either in whole or in part; or covers perils to goods purchased in connection with an open-end credit transaction.
	CR05.005 Credit Family Leave	Credit insurance that provides a monthly or lump sum benefit during an unpaid leave of absence from employment resulting from specified causes, such as illness of a close relative, adoption or birth of a child.

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	CR05.006 Personal Gap Insurance	Credit insurance that insures the excess of the outstanding indebtedness over the primary property insurance benefits in the event of a total loss to a collateral asset.
	CR05.007 Other	Not specifically described above.
CR06 Credit - Involuntary Unemployment		This section is for use where credit unemployment is handled by the life and/or health section of the state insurance department. This coverage makes loan/credit transaction payments to the creditor when the debtor becomes involuntarily unemployed.
	CR06.001 Monthly Premium - Open-End	“Open-end credit” means credit extended by a creditor by an agreement that is a line of credit loan/credit transaction, a revolving charge plan, or any other open-end self-replenishing credit arrangement between the creditor and a customer that may be drawn upon from time to time by the customer without renegotiating the lending agreement. The customer may repay the full outstanding balance at any time, or a specified minimum portion of the indebtedness.
	CR06.002 Monthly Premium - Closed-End	"Closed-end credit" means a credit agreement on which payments are due in equal monthly installments for a fixed term.
	CR06.003 Single Premium	“Single premium” means the purchase of insurance by the payment of one lump sum on the date coverage begins.
CR07 Credit - Other	CR07.000 Credit - Other	Not specifically described above.

Health		Accident & health contracts provide benefits for losses resulting from accident, sickness or medical condition.
H01 Health - Assumption Agreement	H01.000 Health - Assumption Agreement	An insurance certificate issued on an existing insurance contract indicating that another insurer has assumed all of the risk under the contract from the ceding insurance company.
H02G Group Health - Accident Only	H02G.000 Health - Accident Only	An insurance contract that provides coverage, singly or in combination, for death, dismemberment, disability, or hospital and medical care caused by or necessitated as a result of accident or specified kinds of accident.
H02I Individual Health - Accident Only	H02I.000 Health - Accident Only	An insurance contract that provides coverage, singly or in combination, for death, dismemberment, disability, or hospital and medical care caused by or necessitated as a result of accident or specified kinds of accident.
H03G Group Health - Accidental Death & Dismemberment	H03G.000 Health - Accidental Death & Dismemberment	An insurance contract that pays a stated benefit in the event of death and/or dismemberment caused by accident or specified kinds of accidents.
H03I Individual Health - Accidental Death & Dismemberment	H03I.000 Health - Accidental Death & Dismemberment	An insurance contract that pays a stated benefit in the event of death and/or dismemberment caused by accident or specified kinds of accidents.

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H04 Health - Blanket Accident/Sickness	H04.000 Health - Blanket Accident/Sickness	A health insurance contract that covers all of a class of persons not individually identified in the contract.
	H04.001 Student	A health insurance contract that covers a class of students not individually identified in the contract. If student health insurance is contemplated under the ACA use the TOI of H22 Student Health Insurance.
	H04.002 Health - Blanket Sickness Only	A health insurance contact that covers sickness only of a class of persons not individually identified in the contract.
	H04.003 Health - Blanket Accident Only	A health insurance contract that covers accident only of a class of persons not individually identified in the contract.
H05 Health - Champus/Tricare Supplement	H05.000 Health - Champus/Tricare Supplement	Civilian Health and Medical Program of the Uniformed Services (Champus). A private health plan that provides beneficiaries eligible for Champus with supplemental health care coverage.
H06 Health - Conversion	H06.000 Health - Conversion	Guarantees an insured whose coverage is ending for specified reasons a right to purchase a policy without presenting evidence of insurability.
H07G Group Health - Specified Disease - Limited Benefit		Pays benefits for the diagnosis and treatment of a specifically named disease or diseases. Benefits can be paid as expense incurred, per diem, or a principle sum.
	H07G.001 Critical Illness	Benefits can be paid as expense incurred, per diem, or as a principle sum.
	H07G.002 Dread Disease	Pays benefits for the diagnosis and treatment of a specifically named disease or diseases. Benefits can be paid on as expense incurred, per diem, or a principle sum.
	H07G.002A Dread Disease - Cancer Only	Provides benefits for losses resulting from cancer and its associated diagnosis and treatments. Pays benefits for the diagnosis and treatment of a specifically named disease or diseases. Benefits can be paid as expense incurred, per diem, or a principle sum.
	H07G.003 HIV Indemnity	Provides benefits for losses resulting from occupational exposure and infection of the Human Immunodeficiency Virus. Benefits often include some form of occupational income replacement. Benefits can be paid as expense incurred, per diem, or a principle sum.
H07I Individual Health - Specified Disease - Limited Benefit		Pays benefits for the diagnosis and treatment of a specifically named disease or diseases. Benefits can be paid as expense incurred, per diem, or a principle sum.
	H07I.001 Critical Illness	Benefits can be paid as expense incurred, per diem, or as a principle sum.
	H07I.002 Dread Disease	Pays benefits for the diagnosis and treatment of a specifically named disease or diseases. Benefits can be paid on as expense incurred, per diem, or a principle sum.

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	H07I.002A Dread Disease - Cancer Only	Provides benefits for losses resulting from cancer and its associated diagnosis and treatments. Pays benefits for the diagnosis and treatment of a specifically named disease or diseases. Benefits can be paid as expense incurred, per diem, or a principle sum.
	H07I.003 HIV Indemnity	Provides benefits for losses resulting from occupational exposure and infection of the Human Immunodeficiency Virus. Benefits often include some form of occupational income replacement. Benefits can be paid as expense incurred, per diem, or a principle sum.
H08G Group Health - Intensive Care - Limited Benefit	H08G.000 Health - Intensive Care - Limited Benefit	Provides a daily benefit for confinement in a qualified intensive care unit of a certified hospital. Benefits are specific to services delivered by the staff of a hospital intensive care unit. Benefits not to exceed a stated dollar amount per day.
H08I Individual Health - Intensive Care - Limited Benefit	H08I.000 Health - Intensive Care - Limited Benefit	Provides a daily benefit for confinement in a qualified intensive care unit of a certified hospital. Benefits are specific to services delivered by the staff of a hospital intensive care unit. Benefits not to exceed a stated dollar amount per day.
H09G Group Health - Organ & Tissue Transplant - Limited Benefit	H09G.000 Health - Organ & Tissue Transplant - Limited Benefit	Provides benefits for services incurred as a result of human and/or non-human organ transplant. Benefits are specific to the delivery of care associated with the covered organ or tissue transplant. Benefits not to exceed a stated dollar amount per day.
H09I Individual Health - Organ & Tissue Transplant - Limited Benefit	H09I.000 Health - Organ & Tissue Transplant - Limited Benefit	Provides benefits for services incurred as a result of human and/or non-human organ transplant. Benefits are specific to the delivery of care associated with the covered organ or tissue transplant. Benefits not to exceed a stated dollar amount per day.
H10G Group Health - Dental	H10G.000 Health - Dental	Insurance that provides benefits for routine dental examinations, preventive dental work and dental procedures needed to treat tooth decay and diseases of the teeth and jaw.
	H10G.001 Health - Pediatric Dental	Pediatric dental as contemplated under the ACA.
H10I Individual Health - Dental	H10I.000 Health - Dental	Insurance that provides benefits for routine dental examinations, preventive dental work and dental procedures needed to treat tooth decay and diseases of the teeth and jaw.
	H10I.001 Health - Pediatric Dental	Pediatric dental as contemplated under the ACA.
H11G Group Health - Disability Income		A policy designed to compensate insured individuals for a portion of the income they lose because of a disabling injury or illness.
	H11G.001 Business Overhead Expense	A policy designed to compensate insured individuals by paying a benefit to replace income/revenue lost because of a disabling injury or sickness where the lost income/revenue paid business overhead expenses.

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	H11G.002 Short-Term	Disability income insurance that provides a benefit for a short disability. Group short-term disability usually specifies a maximum benefit period of less than one year.
	H11G.003 Long-Term	The group disability maximum benefit period commonly extends to retirement or age 70.Group long-term disability usually specifies a maximum benefit period of at least one year.
	H11G.004 Other	Not specifically described above.
	H11G.005 Combined Short-Term and Long-Term	Disability income insurance that provides a benefit for both short term and long term disability.
	H11G.006 Paid Family Leave – Group	Coverage designed to compensate for a portion of income loss due to family related events such as birth, adoption, and/or care of another family member as permitted by state law.
H11I Individual Health - Disability Income		A policy designed to compensate insured individuals for a portion of the income they lose because of a disabling injury or illness.
	H11I.001 Business Overhead Expense - Unrelated to marketing with employer or association groups	A policy designed to compensate insured individuals by paying a benefit to replace income/revenue lost because of a disabling injury or illness where the lost income/revenue paid business overhead expenses.
	H11I.002 Short-Term - Unrelated to marketing with employer or association groups	Disability income insurance that provides a benefit for a short disability. Individual short-term disability insurance features a maximum benefit period of from six months to 5 years.
	H11I.003 Long-Term - Unrelated to marketing with employer or association groups	In individual long term disability income insurance, the maximum benefit period is always greater than 5 years, commonly extending to age 65 or for the insured's lifetime.
	H11I.004 Other	Not specifically described in other H11I categories.
	H11I.005 Business Overhead Expense - Related to marketing with employer or association groups	A policy designed to compensate insured individuals by paying a benefit to replace income/revenue lost because of a disabling injury or illness where the lost income/revenue paid business overhead expenses. The coverage is issued based upon some type of employer or association involvement.
	H11I.006 Short-Term - Related to marketing with employer or association groups	Disability income insurance that provides a benefit for a short disability. Individual short-term disability insurance features a maximum benefit period of from six months to 5 years. The coverage is issued based upon some type of employer or association involvement.
	H11I.007 Long-Term - Related to marketing with employer or association groups	In individual long term disability income insurance, the maximum benefit period is always greater than 5 years, commonly extending to age 65 or for the insured's lifetime. The coverage is issued based upon some type of employer or association involvement.

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	H11I.008 Combined Short-Term and Long-Term - Unrelated to marketing with employer or association groups	Individual disability income insurance that provides for a maximum benefit period as short as six months up to the insured's lifetime, depending on the option chosen by the insured, but all maximum benefit periods are offered through the same policy.
	H11I.009 Combined Short-Term and Long-Term - Related to marketing with employer or association groups	Individual disability income insurance that provides for a maximum benefit period as short as six months up to the insured's lifetime, depending on the option chosen by the insured, but all maximum benefit periods are offered through the same policy. The coverage is issued based upon some type of employer or association involvement.
	H11I.010 Paid Family Leave – Individual	Coverage designed to compensate for a portion of income loss due to family related events such as birth, adoption, and/or care of another family member as permitted by state law.
H12 Health - Excess/Stop Loss		This type of insurance may be extended to either a health plan or a self-insured employer plan. Its purpose is to insure against the risk that any one claim will exceed a specific dollar amount or that an entire plan's losses will exceed a specific amount.
	H12.001 Accident & Sickness	Accident is a form of insurance against loss from an unforeseen mishap that results in bodily injury to the insured. Sickness refers to those insurance contracts that guard against losses associated with the illness and disease of the insured.
	H12.002 Managed Care	A system of health care delivery where the primary goal is to deliver value by giving people access to high quality, cost-effective health care through monitoring and recommending utilization of services, and overseeing costs of services.
	H12.003 Provider	Any individual or group of individuals that provides a health care services. A provider may be, but is not limited to, a physician, hospital, group medical practice, nurse, nursing home or a pharmacy.
	H12.004 Self-Funded Health Plan	An insurance contract that covers an employer's exposure to losses incurred under a self-funded health plan.
H13G Group Health - Short-Term Care		Coverage that provides medical and other services to insured's who need constant care in their own home or in a nursing facility for periods of less than one year.
	H13G.001 Home Health Care	Coverage that provides medical and non--medical services provided to ill, disabled or infirm persons in their residences.

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	H13G.002 Nursing Home	Coverage provided in a facility setting for health related services for the purpose of supporting frail, impaired elderly or other disabled adults who require continued care and attention.
	H13G.003 Adult Day Care	Coverage provided for individuals of social and health related services provided during the day in a community group setting for the purpose of supporting frail, impaired elderly or other disabled adults who benefit from care in a group setting outside the home.
H13I Individual Health - Short-Term Care		Coverage that provides medical and other services to insured's who need constant care in their own home or in a nursing facility for periods of less than one year.
	H13I.001 Home Health Care	Coverage that provides medical and non--medical services provided to ill, disabled or infirm persons in their residences.
	H13I.002 Nursing Home	Coverage provided in a facility setting for health related services for the purpose of supporting frail, impaired elderly or other disabled adults who require continued care and attention.
	H13I.003 Adult Day Care	Coverage provided for individuals of social and health related services provided during the day in a community group setting for the purpose of supporting frail, impaired elderly or other disabled adults who benefit from care in a group setting outside the home.
H14G Group Health - Hospital Indemnity	H14G.000 Health - Hospital Indemnity	An insurance contract that pays a fixed dollar amount without regard to the actual expenses incurred for each day the covered person is confined to the hospital as a result of injury, sickness, and/or medical condition. If other than hospital indemnity, use the TOI of H23G Group Indemnity Other than Hospital.
H14I Individual Health - Hospital Indemnity	H14I.000 Health - Hospital Indemnity	An insurance contract that pays a fixed dollar amount without regard to the actual expenses incurred for each day the covered person is confined to the hospital as a result of injury, sickness, and/or medical condition. If other than hospital indemnity, use the TOI of H23I Individual Indemnity Other than Hospital.
H15G Group Health - Hospital/Surgical/Medical Expense		An insurance contract that provides coverage to or reimburses the covered person for hospital, surgical, and/or medical expense incurred as a result of injury, sickness, and/or medical condition.
	H15G.001 Any Size Group	A hospital/surgical/medical expense contract that may be issued to any size group.
	H15G.002 Large Group Only	A hospital/surgical/medical expense contract that may be issued only to "large groups" as that term is defined in the state in which the contract will be delivered.

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	H15G.003 Small Group Only	A hospital/surgical/medical expense contract that may be issued only to “small groups” as that term is defined in the state in which the contract will be delivered.
	H15G.004 Short Term	Short term limited duration medical plans that are not required to comply with all state or federal mandates for health benefits. Prior to January 1, 2019, these plans were reported under H16G.004 Short Term.
	H15G.005 Expatriate Plans	Expatriate plans that are not required to comply with all state or federal mandates for health benefits.
H15I Individual Health - Hospital/Surgical/Medical Expense	H15I.001 Health - Hospital/Surgical/Medical Expense	An insurance contract that provides coverage to or reimburses the covered person for hospital, surgical, and/or medical expense incurred as a result of injury, sickness, and/or medical condition.
	H15I.002 Short Term	Short term limited duration medical plans that are not required to comply with all state or federal mandates for health benefits. Prior to January 1, 2019, these plans were reported under H16I.004 Short Term.
	H15I.003 Expatriate Plans	Expatriate plans that are not required to comply with all state or federal mandates for health benefits.
H16G Group Health - Major Medical		A hospital/surgical/medical expense contract that provides comprehensive benefits as defined in the state in which the contract will be delivered.
	H16G.001A Any Size Group - PPO	A major medical contract that may be issued to any size group. A plan that provides incentives to enrollees to use plan providers, but still provides lesser coverage if the enrollee chooses a non-plan provider.
	H16G.001B Any Size Group - POS	A major medical contract that may be issued to any size group. A combination of traditional indemnity health insurance and an HMO under which an enrollee is able to select the type of coverage at the time a service is needed.
	H16G.001C Any Size Group - Other	A major medical contract that may be issued to any size group. Not specifically described above.
	H16G.001D Any Size Group - EPO	A major medical contract that may be issued to any size group. A plan that requires enrollees to use plan providers.
	H16G.002A Large Group Only - PPO	A major medical contract that may be issued only to “large groups” as that term is defined in the state in which the contract will be delivered. A plan that provides incentives to enrollees to use plan providers, but still provides lesser coverage if the enrollee chooses a non-plan provider.

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	H16G.002B Large Group Only - POS	A major medical contract that may be issued only to “large groups” as that term is defined in the state in which the contract will be delivered. A combination of traditional indemnity health insurance and an HMO under which an enrollee is able to select the type of coverage at the time a service is needed.
	H16G.002C Large Group Only - Other	A major medical contract that may be issued only to “large groups” as that term is defined in the state in which the contract will be delivered. Not specifically described above.
	H16G.002D Large Group Only - EPO	A major medical contract that may be issued only to “large groups” as that term is defined in the state in which the contract will be delivered. A plan that requires enrollees to use plan providers.
	H16G.003A Small Group Only - PPO	A major medical contract that may be issued only to “small groups” as that term is defined in the state in which the contract will be delivered. A combination of traditional indemnity health insurance and an HMO under which an enrollee is able to select the type of coverage at the time a service is needed.
	H16G.003B Small Group Only - PPO Basic	A major medical contract that may be issued only to “small groups” as that term is defined in the state in which the contract will be delivered. A basic plan that provides incentives to enrollees to use plan providers, but still provides lesser coverage if the enrollee chooses a non-plan provider.
	H16G.003C Small Group Only - PPO Standard	A major medical contract that may be issued only to “small groups” as that term is defined in the state in which the contract will be delivered. A standard plan that provides incentives to enrollees to use plan providers, but still provides lesser coverage if the enrollee chooses a non-plan provider.
	H16G.003D Small Group Only - POS	A major medical contract that may be issued only to “small groups” as that term is defined in the state in which the contract will be delivered. A combination of traditional indemnity heath insurance and an HMO under which an enrollee is able to select the type of coverage at the time a service is needed.
	H16G.003E Small Group Only - POS Basic	A major medical contract that may be issued only to “small groups” as that term is defined in the state in which the contract will be delivered. One of the benefit plans that must be offered in most states in the small group market. The specifications vary from state to state but the basic plan generally has lower benefits than the other state mandated plan: the standard benefit plan.

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	H16G.003F Small Group Only - POS Standard	A major medical contract that may be issued only to “small groups” as that term is defined in the state in which the contract will be delivered. One of the benefit plans that must be offered in most states in the small group market. The specifications vary from state to state but the standard plan generally has higher benefits than the other state mandated plan: the basic benefit plan.
	H16G.003G Small Group Only - Other	A major medical contract that may be issued only to “small groups” as that term is defined in the state in which the contract will be delivered. Not specifically described above.
	H16G.003H Small Group Only - EPO	A major medical contract that may be issued only to “small groups” as that term is defined in the state in which the contract will be delivered. A plan that requires enrollees to use plan providers.
	H16G.004 Short Term	A major medical policy or plan designed to provide coverage during a "gap" in coverage. Short term policies generally have pre-existing condition exclusions and are not renewable. Effective January 1, 2019, this product should be filed under H15G.004 Short Term.
H16I Individual Health - Major Medical		A major medical contract that may be issued only to “individuals” as that term is defined in the state in which the contract will be delivered.
	H16I.004 Short Term	A major medical policy or plan designed to provide coverage during a "gap" in coverage. Short term policies generally have pre-existing condition exclusions and are not renewable. Effective January 1, 2019, this product should be filed under H15I.004 Short Term.
	H16I.005A Individual - Preferred Provider (PPO)	A plan that provides incentives to enrollees to use plan providers, but still provides lesser coverage if the enrollee chooses a non-plan provider.
	H16I.005B Individual - Point-of-Service (POS)	A combination of traditional indemnity health insurance and an HMO under which an enrollee is able to select the type of coverage at the time a service is needed.
	H16I.005C Individual - Other	Not specifically described above.
	H16I.005D Individual - EPO	A plan that requires enrollees to use plan providers.
H17G Group Health - Prescription Drug	H17G.000 Health - Prescription Drug	Prescription drug plan that covers the cost of drugs (except those dispensed in a hospital or in an extended care facility) that are required by either state or federal law to be dispensed by prescription. Drugs for which prescriptions are not required by law may be covered.

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H17I Individual Health - Prescription Drug	H17I.000 Health - Prescription Drug	Prescription drug plan that covers the cost of drugs (except those dispensed in a hospital or in an extended care facility) that are required by either state or federal law to be dispensed by prescription. Drugs for which prescriptions are not required by law may be covered.
H18G Group Health - Sickness	H18G.000 Health - Sickness	Limited benefit expense policies. Provides benefits for sickness only. Benefits not to exceed a stated dollar amount per day.
H18I Individual Health - Sickness	H18I.000 Health - Sickness	Limited benefit expense policies. Provides benefits for sickness only. Benefits not to exceed a stated dollar amount per day.
H19G Group Health - Travel	H19G.000 Health - Travel	Limited benefit expense policies. Provides benefits for loss incurred while traveling generally outside a 100-mile radius of the US borders. *May extend to domestic as well as foreign travel. May provide both sickness and injury benefits. May include loss of baggage benefits. May include air transportation services for emergencies. Benefits not to exceed a stated dollar amount per day, per month or trip duration. (*Subject to applicable state limitations.)
H19I Individual Health - Travel	H19I.000 Health - Travel	Limited benefit expense policies. Provides benefits for loss incurred while traveling generally outside a 100-mile radius of the US borders. *May extend to domestic as well as foreign travel. May provide both sickness and injury benefits. May include loss of baggage benefits. May include air transportation services for emergencies. Benefits not to exceed a stated dollar amount per day, per month or trip duration. (*Subject to applicable state limitations.)
H20G Group Health - Vision	H20G.000 Health - Vision	Limited benefit expense policies. Provides benefits for eye care and eye care accessories. Generally provides a stated dollar amount per annual eye examination. Benefits often include a stated dollar amount for glasses and contacts. May include surgical benefits for injury or sickness associated with the eye.
H20I Individual Health - Vision	H20I.000 Health - Vision	Limited benefit expense policies. Provides benefits for eye care and eye care accessories. Generally provides a stated dollar amount per annual eye examination. Benefits often include a stated dollar amount for glasses and contacts. May include surgical benefits for injury or sickness associated with the eye.
H21 Health - Other	H21.000 Health - Other	Not specifically described above.
H22 Student Health Insurance	H22.000 Student Health Insurance	A health insurance contract that covers a class of students as contemplated under ACA.

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H23G Group Health - Indemnity Other than Hospital		An insurance contract that pays a fixed dollar amount without regard to the actual expenses incurred as a result of injury, sickness, and/or medical condition. If hospital indemnity, use the TOI of H14G Group Health – Hospital Indemnity.
	H23G.000 Accident Only Indemnity	An insurance contract that pays a fixed dollar amount without regard to the actual expenses incurred as a result of an accident only.
	H23G.001 Sickness Only Indemnity	An insurance contract that pays a fixed dollar amount without regard to the actual expenses incurred as a result of sickness only.
	H23G.002 Accident/Sickness Indemnity	An insurance contract that pays a fixed dollar amount without regard to the actual expenses incurred as a result of an accident or sickness only.
	H23G.003 Other Indemnity	An insurance contract that pays a fixed dollar amount without regard to the actual expenses incurred as a result of injury, sickness, and/or medical condition, not specifically described above.
H23I Individual Health - Indemnity Other than Hospital		An insurance contract that pays a fixed dollar amount without regard to the actual expenses incurred as a result of injury, sickness, and/or medical condition. If hospital indemnity, use the TOI of H14I Individual Health – Hospital Indemnity.
	H23I.000 Accident Only Indemnity	An insurance contract that pays a fixed dollar amount without regard to the actual expenses incurred as a result of an accident only.
	H23I.001 Sickness Only Indemnity	An insurance contract that pays a fixed dollar amount without regard to the actual expenses incurred as a result of sickness only.
	H23I.002 Accident/Sickness Indemnity	An insurance contract that pays a fixed dollar amount without regard to the actual expenses incurred as a result of an accident or sickness only.
	H23I.003 Other Indemnity	An insurance contract that pays a fixed dollar amount without regard to the actual expenses incurred as a result of injury, sickness, and/or medical condition, not specifically described above.
H24G Group Health - Limited Wraparound Coverage		Coverage designed/intended to comply with federal regulations defining excepted limited wraparound coverage such as 45 CFR 146.145, or as permitted by the state.
	H24G.001 Any Size Group	Coverage designed/intended to comply with federal regulations defining excepted limited wraparound coverage such as 45 CFR 146.145, or as permitted by the state that may be issued to any size group.
	H24G.002 Large Group Only	Coverage designed/intended to comply with federal regulations defining excepted limited wraparound coverage such as 45 CFR 146.145, or as permitted by the state that may be issued to “large groups” as that term is defined in the state in which the contract will be delivered.

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	H24G.003 Small Group Only	Coverage designed/intended to comply with federal regulations defining excepted limited wraparound coverage such as 45 CFR 146.145, or as permitted by the state that may be issued to “small groups” as that term is defined in the state in which the contract will be delivered.
H24I Individual Health - Limited Wraparound Coverage	H24I.000 Individual Health - Limited Wraparound Coverage	Coverage designed/intended to comply with federal regulations defining excepted limited wraparound coverage such as 45 CFR 146.145, or as permitted by the state.
H25G Group Health - Similar Supplemental Coverage		Coverage as designed/intended to comply with federal regulations of similar supplemental coverage such as 45 CFR 146.145 (b)(5)(i)(C), or as permitted by the state
	H25G.001 Any Size Group	Coverage as designed/intended to comply with federal regulations of similar supplemental coverage such as 45 CFR 146.145 (b)(5)(i)(C), or as permitted by the state that may be issued to any size group.
	H25G.002 Large Group Only	Coverage as designed/intended to comply with federal regulations of similar supplemental coverage such as 45 CFR 146.145 (b)(5)(i)(C), or as permitted by the state that may be issued to “large groups” as that term is defined in the state in which the contract will be delivered.
	H25G.003 Small Group Only	Coverage as designed/intended to comply with federal regulations of similar supplemental coverage such as 45 CFR 146.145 (b)(5)(i)(C), or as permitted by the state that may be issued to “small groups” as that term is defined in the state in which the contract will be delivered.
H26G Group Health - Hearing	H26G.000 Group Health - Hearing	Limited benefit expense policy. Provides benefits for hearing and auditory related costs, services and supplies.
H26I Individual Health - Hearing	H26G.000 Individual Health - Hearing	Limited benefit expense policy. Provides benefits for hearing and auditory related costs, services and supplies.
Health Maintenance (HMO)		A form of health insurance combining a range of coverages in a group basis. These coverages are offered on a prepaid basis to plan members. Members generally must use contracted medical service providers.
HOrg01 Health Organizations -Assumption Agreement	HOrg01.000 Health Organizations - Assumption Agreement	An insurance certificate issued on an existing insurance contract indicating that another insurer has assumed all of the risk under the contract from the ceding insurance company.
HOrg02G Group Health Organizations - Health Maintenance (HMO)		A plan under which an enrollee pays a membership fixed fee in advance in return for a wide range of comprehensive health care services with the HMO’s approved providers in a designated service area.
	HOrg02G.001 Conversion	Guarantees an insured whose coverage is ending for specified reasons a right to purchase a policy without presenting evidence of insurability.

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	HOrg02G.002A Any Size Group - PPO	Coverage may be issued to any size group. A plan that provides incentives to enrollees to use plan providers, but still provides lesser coverage if the enrollee chooses a non-plan provider.
	HOrg02G.002B Any Size Group - POS	Coverage may be issued to any size group. A combination of traditional indemnity health insurance and an HMO under which an enrollee is able to select the type of coverage at the time a service is needed.
	HOrg02G.002C Any Size Group - HMO	Coverage may be issued to "any size" group as that term is defined in the state in which the contract will be delivered. A HMO plan that requires enrollees to use plan providers. Coverage for non-plan provider is only paid in emergency situations.
	HOrg02G.002D Any Size Group - Other	Coverage may be issued only to "any size groups" as that term is defined in the state in which the contract will be delivered. Not specifically described above.
	HOrg02G.003A Large Group Only - PPO	Coverage may be issued only to "large groups" as that term is defined in the state in which the contract will be delivered. A plan that provides incentives to enrollees to use plan providers, but still provides lesser coverage if the enrollee chooses a non-plan provider.
	HOrg02G.003B Large Group Only - POS	Coverage may be issued only to "large groups" as that term is defined in the state in which the contract will be delivered. A combination of traditional indemnity health insurance and an HMO under which an enrollee is able to select the type of coverage at the time a service is needed.
	HOrg02G.003C Large Group Only - HMO	Coverage may be issued to "large groups" as that term is defined in the state in which the contract will be delivered. A HMO plan that requires enrollees to use plan providers. Coverage for non-plan provider is only paid in emergency situations.
	HOrg02G.003D Large Group Only - Other	Coverage may be issued only to "large groups" as that term is defined in the state in which the contract will be delivered. Not specifically described above.
	HOrg02G.004A Small Group Only - PPO Basic	Coverage may be issued only to "small groups" as that term is defined in the state in which the contract will be delivered. A PPO basic plan that provides incentives to enrollees to use plan providers, but still provides lesser coverage if the enrollee chooses a non-plan provider.
	HOrg02G.004B Small Group Only - PPO Standard	Coverage may be issued only to "small groups" as that term is defined in the state in which the contract will be delivered. A PPO standard plan that provides incentives to enrollees to use plan providers, but still provides lesser coverage if the enrollee chooses a non-plan provider.

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	HOrg02G.004C Small Group Only - POS Basic	Coverage may be issued only to “small groups” as that term is defined in the state in which the contract will be delivered. A POS basic plan that provides incentives to enrollees to use plan providers, but still provides lesser coverage if the enrollee chooses a non-plan provider.
	HOrg02G.004D Small Group Only - POS Standard	Coverage may be issued only to “small groups” as that term is defined in the state in which the contract will be delivered. A POS standard plan which would provide incentives to enrollees to use plan providers, but still provides lesser coverage if the enrollee chooses a non-plan provider.
	HOrg02G.004E Small Group Only - Other	Coverage may be issued only to “small groups” as that term is defined in the state in which the contract will be delivered. Not specifically described above.
	HOrg02G.004F Small Group Only - HMO	Coverage may be issued to “small groups” as that term is defined in the state in which the contract will be delivered. A HMO plan that requires enrollees to use plan providers. Coverage for non-plan provider is only paid in emergency situations.
HOrg02I Individual Health Organizations - Health Maintenance (HMO)		Coverage may be issued only to “individuals” as that term is defined in the state in which the contract will be delivered.
	HOrg02I.005A Individual - Preferred Provider (PPO)	A plan that provides incentives to enrollees to use plan providers, but still provides lesser coverage if the enrollee chooses a non-plan provider.
	HOrg02I.005B Individual - Point-of-Service (POS)	A combination of traditional indemnity health insurance and an HMO under which an enrollee is able to select the type of coverage at the time a service is needed.
	HOrg02I.005C Individual - Other	Not specifically described above.
	Horg02I.005D Individual - HMO	A HMO plan that requires enrollees to use plan providers. Coverage for non-plan provider is only paid in emergency situations.
HOrg03 Health - Other	HOrg03.000 Health - Other	Not specifically described above.
HOrg04G Group Health - Single Service Dental	HOrg04G.000 Group Health - Single Service Dental	Coverage for routine dental examinations, preventive dental work and dental procedures needed to treat tooth decay and diseases of the teeth and jaw.
	HOrg04G.001 Health - Pediatric Dental	Pediatric dental as contemplated under the ACA.
HOrg04I Individual Health - Single Service Dental	HOrg04I.000 Health - Single Service Dental	Coverage for routine dental examinations, preventive dental work and dental procedures needed to treat tooth decay and diseases of the teeth and jaw.
HOrg05G Group Health - Single Service Vision	HOrg05G.000 Health - Single Service Vision	Provides benefits for eye care and eye care accessories. May include surgical benefits for injury or sickness associated with the eye.
HOrg05I Individual Health - Single Service Vision	HOrg05I.000 Health - Single Service Vision	Provides benefits for eye care and eye care accessories. May include surgical benefits for injury or sickness associated with the eye.

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HOrg06G Group Health - Hearing	HOrg06G.000 Group Health - Hearing	Limited benefit expense policy. Provides benefits for hearing and auditory related costs, services and supplies.
HOrg06I Individual Health - Hearing	HOrg06I.000 Individual Health - Hearing	Limited benefit expense policy. Provides benefits for hearing and auditory related costs, services and supplies.
Life		An insurance contract that provides a specified benefit amount to a named beneficiary upon the death of the insured.
L01 Life - Assumption Agreement	L01.000 Life - Assumption Agreement	An insurance certificate issued on an existing insurance contract indicating that another insurer has assumed all of the risk under the contract from the ceding insurance company.
L02G Group Life - Endowment	L02G.000 Life - Endowment	Insurance that pays the same benefit amount should the insured die during the term of the contract, or if the insured survives to the end of the specified coverage term or age regardless of whether the group policyholder, the insured, or both pay the premium.
	L02G.001 Single Life - Fixed/Indeterminate Premium	Endowment on a single insured that requires payment of a specified modal premium of a fixed amount or where the premium is dependent on factors that may be changed by the insurer but not to go beyond a guaranteed maximum for the certificate to remain in force.
	L02G.002 Single Life - Single Premium	Endowment on a single insured where the insured pays only one specified premium amount at the time the certificate is issued.
	L02G.101 Joint (First to Die) - Fixed/Indeterminate Premium	Endowment on more than one insured where the benefit is payable on first death that requires a premium to be paid by a specified modal premium of a fixed amount or where the premium is dependent on factors that may be changed by the insurer, but not to go beyond a guaranteed maximum for the certificate to remain in force.
	L02G.102 Joint (First to Die) - Single Premium	Endowment on more than one insured where the benefit is payable on the first death and the insured pays only one specified premium amount at the time the certificate is issued.
	L02G.201 Joint (Last Survivor) - Fixed/Indeterminate Premium	Endowment on more than one insured where the benefit is payable on the last death that requires payment of a specified modal premium of a fixed amount or where the premium is dependent on factors that may be changed by the insurer, but not to go beyond a guaranteed maximum for the certificate to remain in force.
	L02G.202 Joint (Last Survivor) - Single Premium	Endowment on more than one insured where the benefit is payable on the last death and the insured pays only one specified premium amount at the time the certificate is issued.

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L02I Individual Life - Endowment	L02I.000 Life - Endowment	An insurance contract that pays the same benefit amount should the insured die during the term of the contract or if the insured survives to the end of the specified policy term or age.
	L02I.001 Single Life - Fixed/Indeterminate Premium	Endowment on a single insured that requires payment of a specified modal of premium of a fixed amount or where the premium is dependent on factors that may be changed by the insurer, but not to go beyond a guaranteed maximum for the policy to remain in force.
	L02I.002 Single Life - Single Premium	Endowment on a single insured where the insured pays only one specified premium amount at the time the policy is issued.
	L02I.101 Joint (First to Die) - Fixed/Indeterminate Premium	Endowment on more than one insured where the benefit is payable on the first death that requires payment of a specified modal premium of a fixed amount or where the premium is dependent on factors that may be changed by the insurer, but not to go beyond a guaranteed maximum for the policy to remain in force.
	L02I.102 Joint (First to Die) - Single Premium	Endowment on a single insured where the insured pays only one specified premium amount at the time the policy is issued.
	L02I.201 Joint (Last Survivor) - Fixed/Indeterminate Premium	Endowment on more than one insured where the benefit is payable on the last death that requires payment of a specified modal premium of a fixed amount or where the premium is dependent on factors that may be changed by the insurer, but not to go beyond a guaranteed maximum for the policy to remain in force.
	L02I.202 Joint (Last Survivor) - Single Premium	Endowment on more than one insured where benefit is payable on last death where the insured pays only one specified premium amount at the time the policy is issued.
L03G Group Life - Special	L03G.000 Group Life - Special	Contracts with certain noteworthy attributes (not otherwise covered).
L03I Individual Life - Special	L03I.000 Individual Life - Special	Contracts with certain noteworthy attributes (not otherwise covered).
L04G Group Life - Term		Life insurance where the policy provides protection only for a specified period of time regardless of whether the group policyholder, the insured, or both pay the premium.
	L04G.003 Single Life - Single Premium	Term on a single insured where the insured pays only one specified premium amount at the time the coverage is issued.
	L04G.004 Joint (First to Die) - Single Premium	Term on more than one insured where the benefit is payable on the first death and there is only one specified premium amount paid at the time the coverage is issued.
	L04G.005 Joint (Last Survivor) - Single Premium	Term on more than one insured where the benefit is payable on last death and the insured pays only one specified premium amount at the time the coverage is issued.

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	L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium	Term on a single insured that requires the insured to pay a specified modal premium where the premium is either a fixed amount or dependent on factors that may be changed by the insurer, but not to go beyond a guaranteed maximum for the coverage to remain in force.
	L04G.104 Renewable - Joint (First to Die) - Fixed/Indeterminate Premium	Term on more than one insured where the benefit is payable on first death and the insured pays a specified modal premium that is a fixed amount or where the premium is dependent on factors that may be changed by the insurer, but not to go beyond a guaranteed maximum for the coverage to remain in force.
	L04G.105 Renewable - Joint (Last Survivor) - Fixed/Indeterminate Premium	Term on more than one insured where the benefit is payable on last death and the insured pays a specified modal premium that is a fixed amount or where the premium is dependent on factors that may be changed by the insurer, but not to go beyond a guaranteed maximum for the coverage to remain in force.
	L04G.203 Specified Age or Duration - Single Premium - Single Life	Term on a single insured that requires the payment of a specified single premium where the coverage remains in force to a specified age or for a specified duration.
	L04G.204 Specified Age or Duration - Single Premium - Joint (First to Die)	Term on more than one life that requires the payment of a specified single premium where the death benefit is paid on the first death and the coverage remains in force to a specified age or for a specified duration.
	L04G.205 Specified Age or Duration - Single Premium - Joint (Last Survivor)	Term on more than one life that requires the payment of a specified single premium where the death benefit is paid on the last death and the coverage remains in force to a specified age or for a specified duration.
	L04G.213 Specified Age or Duration – Fixed/Indeterminate Premium – Single Life	Term on a single insured that requires the payment of a specified modal premium where the premium is either a fixed amount or dependent on factors that may be changed by the policy owner, but not to go beyond a guaranteed maximum for the policy to remain in force. The coverage remains in force to a specified age or for a specified duration.
	L04G.214 Specified Age or Duration - Fixed/Indeterminate Premium - Joint (First to Die)	Term on more than one life that requires the payment of a specified modal premium where the premium is either a fixed amount or dependent on factors that may be changed by the policy owner, but not to go beyond a guaranteed maximum for the policy to remain in force. The death benefit is paid on the first death and the coverage remains in force to a specified age or for a specified duration.

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	L04G.215 Specified Age or Duration - Fixed/Indeterminate Premium - Joint (Last Survivor)	Term on more than one life that requires the payment of a specified modal premium where the premium is either a fixed amount or dependent on factors that may be changed by the policy owner, but not to go beyond a guaranteed maximum for the policy to remain in force. The death benefit is paid on the last death and the coverage remains in force to a specified age or for a specified duration.
	L04G.303 Decreasing - Single Life - Single Premium	Term on a single insured in which the death benefit reduces monthly or annually similar to a mortgage schedule, and only one specified premium amount is paid at the time the coverage is issued.
	L04G.304 Decreasing - Joint (First to Die) - Single Premium	Term on more than one insured where the benefit is payable on first death and the death benefit reduces monthly or annually similar to a mortgage schedule and only one specified premium amount is paid at the time the coverage is issued.
	L04G.305 Decreasing - Joint (Last Survivor) - Single Premium	Term on more than one insured where the benefit is payable on last death and the death benefit reduces monthly or annually similar to a mortgage schedule and only one specified premium amount is paid at the time the coverage is issued.
	L04G.313 Decreasing - Single Life - Fixed/Indeterminate Premium	Term on a single insured that requires the insured to pay a specified modal premium where the premium is either a fixed amount or dependent on factors that may be changed by the insurer, but not to go beyond a guaranteed maximum for the coverage to remain in force. The death benefit reduces monthly or annually similar to a mortgage schedule
	L04G.314 Decreasing - Joint (First to Die) - Fixed/Indeterminate Premium	Term on more than one insured where the benefit is payable on the first death and the insured pays a specified modal premium of a fixed amount or where the premium is dependent on factors that may be changed by the insurer, but not to go beyond a guaranteed maximum for the coverage to remain in force. The death benefit reduces monthly or annually similar to a mortgage schedule.
	L04G.315 Decreasing - Joint (Last Survivor) - Fixed/Indeterminate Premium	Term on more than one insured where the benefit is payable on last death and the insured pays a specified modal premium of a fixed amount or where the premium is dependent on factors that may be changed by the insurer, but not to go beyond a guaranteed maximum for the coverage to remain in force. The death benefit reduces monthly or annually similar to a mortgage schedule.
	L04G.403 Deposit Term - Single Life	Term on a single insured where there is an additional premium paid at issue that provides an endowment at the end of the initial term period.
	L04G.404 Deposit Term - Joint (First to Die)	Term on more than one insured where the death benefit is payable on the first death, and where there is an additional premium paid at issue that provides an endowment at the end of the initial term period.

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	L04G.405 Deposit Term - Joint (Last to Die)	Term on more than one insured where the death benefit is payable on the last death, and where there is an additional premium paid at issue that provides an endowment at the end of the initial term period.
	L04G.500 Other	This sub-TOI should only be used if the product is not identified under any other sub-TOI listed in H04G Group Life - Term.
L04I Individual Life - Term		Life insurance where the policy provides protection only for a specified period of time.
	L04I.003 Single Life - Single Premium	Term on a single insured in which the insured pays only one specified premium amount at the time the policy is issued.
	L04I.004 Joint (First to Die) - Single Premium	Term on more than one insured where the benefit is payable on first death where only one specified premium amount is paid at the time the policy is issued.
	L04I.005 Joint (Last Survivor) - Single Premium	Term on more than one insured where the benefit is payable on the last death and the insured pays only one specified premium amount at the time the policy is issued.
	L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium	Term on a single insured that requires the insured to pay a specified modal premium where the premium is either a fixed amount or dependent on factors that may be changed by the insurer, but not to go beyond a guaranteed maximum for the policy to remain in force.
	L04I.104 Renewable - Joint (First to Die) - Fixed Premium/Indeterminate Premium	Term on more than one insured where the benefit is payable on first death and the insured pays a specified modal premium of a fixed amount or where the premium is dependent on factors that may be changed by the insurer, but not to go beyond a guaranteed maximum for the policy to remain in force.
	L04I.105 Renewable – Joint (Last Survivor) – Fixed Premium/Indeterminate Premium	Term on more than one insured where the benefit is payable on the last death and the insured pays a specified modal premium of a fixed amount or where the premium is dependent on factors that may be changed by the insurer, but not to go beyond a guaranteed maximum for the policy to remain in force.
	L04I.203 Specified Age or Duration - Single Premium - Single Life	Term on a single insured that requires the payment of a specified single premium where the policy remains in force to a specified age or for a specified duration.
	L04I.204 Specified Age or Duration - Single Premium - Joint (First to Die)	Term on more than one life that requires the payment of a specified single premium where the death benefit is paid on the first death and the policy remains in force to a specified age or for a specified duration.
	L04I.205 Specified Age or Duration - Single Premium - Joint (Last Survivor)	Term on more than one life that requires the payment of a specified single premium where the death benefit is paid on the last death and the policy remains in force to a specified age or for a specified duration.

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	L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life	Term on a single insured that requires the payment of a specified modal premium where the premium is either a fixed amount or dependent on factors that may be changed by the policy owner, but not to go beyond a guaranteed maximum for the policy to remain in force. The policy remains in force to a specified age or for a specified duration.
	L04I.214 Specified Age or Duration - Fixed/Indeterminate Premium - Joint (First to Die)	Term on more than one life that requires the payment of a specified modal premium where the premium is either a fixed amount or dependent on factors that may be changed by the policy owner, but not to go beyond a guaranteed maximum for the policy to remain in force. The death benefit is paid on the first death and the policy remains in force to a specified age or for a specified duration.
	L04I.215 Specified Age or Duration - Fixed/Indeterminate Premium - Joint (Last Survivor)	Term on more than one life that requires the payment of a specified modal premium where the premium is either a fixed amount or dependent on factors that may be changed by the policy owner, but not to go beyond a guaranteed maximum for the policy to remain in force. The death benefit is paid on the last death and the policy remains in force to a specified age or for a specified duration.
	L04I.303 Decreasing - Single Life - Single Premium	Term on a single insured where the death benefit reduces monthly or annually similar to a mortgage schedule and only one specified premium amount is paid at the time the policy is issued.
	L04I.304 Decreasing - Joint (First to Die) - Single Premium	Term on more than one insured where the benefit is payable on the first death and the death benefit reduces monthly or annually similar to a mortgage schedule and only one specified premium amount is paid at the time the policy is issued.
	L04I.305 Decreasing - Joint (Last Survivor) - Single Premium	Term on more than one insured where the benefit is payable on the last death and the death benefit reduces monthly or annually similar to a mortgage schedule and only one specified premium amount is paid at the time the policy is issued.
	L04I.313 Decreasing - Single Life - Fixed/Indeterminate Premium	Term on a single insured that requires the insured to pay a specified modal premium where the premium is either a fixed amount or dependent on factors that may be changed by the insurer, but not to go beyond a guaranteed maximum for the policy to remain in force. Death benefit reduces monthly or annually similar to a mortgage schedule.

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	L04I.314 Decreasing - Joint (First to Die) - Fixed/Indeterminate Premium	Term on more than one insured where the benefit is payable on the first death and the insured pays a specified modal premium of a fixed amount or where the premium is dependent on factors that may be changed by the insurer, but not to go beyond a guaranteed maximum for the policy to remain in force. The death benefit reduces monthly or annually similar to a mortgage schedule.
	L04I.315 Decreasing - Joint (Last Survivor) - Fixed/Indeterminate Premium	Term on more than one insured where the benefit is payable on the last death where the insured pays a specified modal premium of a fixed amount or where the premium is dependent on factors that may be changed by the insurer, but not to go beyond a guaranteed maximum for the policy to remain in force. The death benefit reduces monthly or annually similar to a mortgage schedule.
	L04I.403 Deposit Term - Single Life	Term on a single insured where there is an additional premium paid at issue that provides an endowment at the end of the initial term period.
	L04I.404 Deposit Term - Joint (First to Die)	Term on more than one insured where the death benefit is payable on the first death and where there is an additional premium paid at issue that provides an endowment at the end of the initial term period.
	L04I.405 Deposit Term - Joint (Last to Die)	Term on more than one insured where the death benefit is payable on the last death and where there is an additional premium paid at issue that provides an endowment at the end of the initial term period.
	L04I.500 Other	Not specifically described above.
L06G Group Life - Variable		Life insurance whose face value and/or duration varies depending upon the value of underlying securities regardless of whether the group policyholder, the insured, or both pay the premium.
	L06G.001 Single Life - Fixed Premium	Variable life insurance on a single insured requiring the insured to pay a specified modal premium for the coverage to remain in force.
	L06G.002 Single Life - Flexible Premium	Variable life insurance on a single insured that allows the insured to vary the modal premium that is paid or to skip a payment, so long as the account value is sufficient to keep the coverage in force.
	L06G.003 Single Life - Single Premium	Variable life insurance on a single insured in which the insurer pays only one specified premium amount at the time the coverage is issued.
	L06G.004 Single Life - Modified Single Premium	Variable life insurance on a single insured that allows the insured to pay one specified premium amount at the time the coverage is issued and optional subsequent premiums subject to the federal guideline premium limits.
	L06G.101 Joint (First to Die) - Fixed Premium	Variable life insurance on more than one insured where the benefit is payable on the first death and that requires the insured to pay a specified modal premium for the coverage to remain in force.

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	L06G.102 Joint (First to Die) - Flexible Premium	Variable life insurance on more than one insured where the benefit is payable on the first death that allows the insured to vary the modal premium that is paid or to skip a payment, so long as the account value is sufficient to keep the coverage in force.
	L06G.103 Joint (First to Die) - Single Premium	Variable life insurance on more than one insured where the benefit is payable on the first death and the insured pays only one specified premium amount at the time the coverage is issued.
	L06G.104 Joint (First to Die) - Modified Single Premium	Variable life insurance on more than one insured where the benefit is payable on the first death that allows the insured to pay one specified premium amount at the time the coverage is issued and optional subsequent premiums subject to the federal guideline premium limits.
	L06G.201 Joint (Last Survivor) - Fixed Premium	Variable life insurance on more than one insured where the benefit is payable on the last death that requires the insured to pay a specified modal premium for the coverage to remain in force.
	L06G.202 Joint (Last Survivor) - Flexible Premium	Variable life insurance on more than one insured where the benefit is payable on the last death that allows the insured to vary the modal premium that is paid or to skip a payment, so long as the account value is sufficient to keep the coverage in force.
	L06G.203 Joint (Last Survivor) - Single Premium	Variable life insurance on more than one insured where the benefit is payable on the last death where the insured pays only one specified premium amount at the time the coverage is issued.
	L06G.204 Joint (Last Survivor) - Modified Single Premium	Variable life insurance on more than one insured where the benefit is payable on the last death that allows the insured to pay one specified premium amount at the time the coverage is issued and optional subsequent premiums subject to the federal guideline premium limits.
L06I Individual Life - Variable		Life insurance whose face value and/or duration varies depending upon the value of underlying securities.
	L06I.001 Single Life - Fixed Premium	Life insurance requiring the insured to pay a specified modal premium for the policy to remain in force.
	L06I.002 Single Life - Flexible Premium	Life insurance that allows the insured to vary the modal premium that is paid or to skip a payment, so long as the policy value is sufficient to keep the policy in force.
	L06I.003 Single Life - Single Premium	Life insurance in which the insured would pay only one specified premium amount at the time the policy is issued.
	L06I.004 Single Life - Modified Single Premium	Variable life insurance on a single insured that allows the insured to pay one specified premium amount at the time the policy is issued and optional subsequent premiums subject to the federal guideline premium limits.

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	L06I.101 Joint (First to Die) - Fixed Premium	Variable life insurance on more than one insured where the benefit is payable on the first death that requires the insured to pay a specified modal premium for the policy to remain in force.
	L06I.102 Joint (First to Die) - Flexible Premium	Variable life insurance on more than one insured where the benefit is payable on the first death that allows the insured to vary the modal premium that is paid or to skip a payment, so long as the policy value is sufficient to keep the policy in force.
	L06I.103 Joint (First to Die) - Single Premium	Variable life insurance on more than one insured where the benefit is payable on the first death where the insured pays only one specified premium amount at the time the policy is issued.
	L06I.104 Joint (First to Die) - Modified Single Premium	Variable life insurance on more than one insured where the benefit is payable on the first death that allows the insured to pay one specified premium amount at the time the policy is issued and optional subsequent premiums subject to the federal guideline premium limits.
	L06I.201 Joint (Last Survivor) - Fixed Premium	Variable life insurance on more than one insured where the benefit is payable on the last death that requires the insured to pay a specified modal premium for the policy to remain in force.
	L06I.202 Joint (Last Survivor) - Flexible Premium	Variable life insurance on more than one insured where the benefit is payable on the last death that allows the insured to vary the modal premium that is paid or to skip a payment, so long as the policy value is sufficient to keep the policy in force.
	L06I.203 Joint (Last Survivor) - Single Premium	Variable life insurance on more than one insured where the benefit is payable on the last death where the insured pays only one specified premium amount at the time the policy is issued.
	L06I.204 Joint (Last Survivor) - Modified Single Premium	Variable life insurance on more than one insured where the benefit is payable on the last death that allows the insured to pay one specified premium amount at the time the policy is issued and optional subsequent premiums subject to the federal guideline premium limits.
L07G Group Life - Whole		Life insurance that may be kept in force for a person’s entire life and that pays a benefit upon the person’s death, whenever that may be regardless of whether the group policyholder, the insured, or both pay the premium.
	L07G.101 Fixed/Indeterminate Premium - Single Life	Whole life on a single insured that requires a premium to be paid by a specified modal premium of a fixed amount or where the premium is dependent on factors that may be changed by the insurer, but not to go beyond a guaranteed maximum for the certificate to remain in force.

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	L07G.102 Fixed/Indeterminate Premium - Joint (First to Die)	Whole life on more than one insured where the benefit is payable on first death that requires payment of a specified modal premium of a fixed amount or where the premium is dependent on factors that may be changed by the insurer, but not to go beyond a guaranteed maximum for the certificate to remain in force.
	L07G.103 Fixed/Indeterminate Premium - Joint (Last Survivor)	Whole life on more than one insured where the benefit is payable on last death that requires payment of a specified modal premium of a fixed amount or where the premium is dependent on factors that may be changed by the insurer, but not to go beyond a guaranteed maximum for the certificate to remain in force.
	L07G.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense	Whole life on a single insured used to fund funeral expense or preneed funeral coverage that requires payment of a specified modal premium of a fixed amount or where the premium is dependent on factors that may be changed by the insurer, but not to go beyond a guaranteed maximum for the certificate to remain in force.
	L07G.111 Single Premium - Single Life	Whole life insurance with a guaranteed single premium and benefits on one insured.
	L07G.112 Single Premium - Joint (First to Die)	Whole life insurance on more than one insured with a guaranteed single premium and benefits, with the death benefit payable upon the first death.
	L07G.113 Single Premium - Joint (Last Survivor)	Whole life insurance on more than one insured with a guaranteed single premium and benefits, with the death benefit payable upon the last death.
	L07G.114 Single Premium - Single Life - Funeral Expense	Whole life insurance on more than one insured with a guaranteed single premium and benefits, used to fund funeral expense or a preneed funeral contract.
	L07G.121 Graded Premium - Single Life	Whole life insurance on more than one insured with a guaranteed graded premium and benefits.
	L07G.122 Graded Premium - Joint (First to Die)	Whole life insurance on more than one insured with a guaranteed graded premium and benefits, with the death benefit payable upon the first death.
	L07G.123 Graded Premium - Joint (Last Survivor)	Whole life insurance on more than one insured with a guaranteed graded premium and benefits, with the death benefit payable upon the last death.
	L07G.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design	Whole life insurance with a guaranteed level premium and benefits reduced during the early durations.
	L07G.202 Early Duration Reduced Benefit - Level Premium - Any Policy Design – Funeral Expense	Whole life insurance with a guaranteed level premium and benefits reduced during the early durations and used to fund funeral expense or preneed funeral contracts.
	L07G.211 Early Duration Reduced Benefit - Single Premium - Any Policy Design	Whole life insurance with a single premium and benefits reduced during the early durations.
	L07G.212 Early Duration Reduced Benefit - Single Premium - Any Policy Design – Funeral Expense	Whole life insurance with a single premium and benefits reduced during the early durations used to fund funeral expense or preneed funeral contracts.

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	L07G.301 Current Assumption - Fixed Premium - Single Life	Whole life insurance on a single insured with a fixed premium where the certificate value is not guaranteed due to the company's right to change interest, expense and/or mortality assumptions. The policy or certificate holder may pay additional premiums.
	L07G.302 Current Assumption - Fixed Premium - Joint (First to Die)	Whole life insurance on more than one insured with a fixed premium where the certificate value is dependent on the company's right to change interest, expense and/or mortality assumptions, with the death benefit payable upon the first death. The policy or certificate holder may pay additional premiums.
	L07G.303 Current Assumption - Fixed Premium - Joint (Last Survivor)	Whole life insurance on more than one insured with a fixed premium where the certificate value is dependent on the company's right to change interest, expense and/or mortality assumptions, with the death benefit payable upon the last death. The policy or certificate holder may pay additional premiums.
	L07G.311 Current Assumption - Single Premium - Single Life	Whole life insurance on a single insured with a single premium where the certificate value is dependent on the company's right to change interest, expense and/or mortality assumptions.
	L07G.312 Current Assumption - Single Premium - Joint (First to Die)	Whole life insurance on more than one insured with a single premium where the certificate value is dependent on the company's right to change interest, expense and/or mortality assumptions, with the death benefit payable upon first death.
	L07G.313 Current Assumption - Single Premium - Joint (Last Survivor)	Whole life insurance on more than one insured with a single premium where the certificate value is dependent on the company's right to change interest, expense and/or mortality assumptions, with the death benefit payable upon the last death.
	L07G.321 Current Assumption - Indeterminate Premium - Single Life	Whole life insurance on a single insured where premium and certificate value are dependent on the company's right to change interest, expense and/or mortality assumptions. The policy or certificate holder may pay additional premiums.
	L07G.322 Current Assumption - Indeterminate Premium - Joint (First to Die)	Whole life insurance on more than one insured where premium and certificate value are dependent on the company's right to change interest, expense and/or mortality assumptions, with the death benefit payable upon the first death. The policy or certificate holder may pay additional premiums.
	L07G.323 Current Assumption - Indeterminate Premium -Joint (Last Survivor)	Whole life insurance on more than one insured where premium and certificate value are dependent on the company's right to change interest, expense and/or mortality assumptions, with the death benefit payable upon the last death. The policy or certificate holder may pay additional premiums.

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	L07G.401 Adjustable - Current Assumption - Indeterminate Premium - Single Life	Whole life insurance on a single insured where the insured may change the plan of insurance or the death benefit and where premium and certificate value are dependent on the company's right to change interest, expense and/or mortality assumptions. The policy or certificate holder may pay additional premiums.
	L07G.402 Adjustable - Current Assumption - Indeterminate Premium - Joint (First to Die)	Whole life insurance on a single insured where the insured may change the plan of insurance or the death benefit and where premium and certificate value are dependent on the company's right to change interest, expense and/or mortality assumptions, with the death benefit payable upon the first death. The policy or certificate holder may pay additional premiums.
	L07G.403 Adjustable - Current Assumption - Indeterminate Premium - Joint (Last Survivor)	Whole life insurance on a single insured where the insured may change the plan of insurance or the death benefit and where premium and certificate value are dependent on the company's right to change interest, expense and/or mortality assumptions, with the death benefit payable upon the last death. The policy or certificate holder may pay additional premiums.
	L07G.501 External Index - Level Premium - Single Life	Whole life insurance on a single insured with level premium where certificate values are linked to an external or equity index.
	L07G.502 External Index - Level Premium - Joint (First to Die)	Whole life insurance on more than one insured with level premium where certificate values are linked to an external or equity index, with the death benefit payable upon the first death.
	L07G.503 External Index - Level Premium - Joint (Last Survivor)	Whole life insurance on more than one insured with level premium where certificate values are linked to an external or equity index, with the death benefit payable upon the last death.
	L07G.511 External Index - Single Premium - Single Life	Whole life insurance on one insured with a single premium where certificate values are linked to an external or equity index.
	L07G.512 External Index - Single Premium - Joint (First to Die)	Whole life insurance on more than one insured with level premium and where certificate values are linked to an external or equity index, with the death benefit payable upon the first death.
	L07G.513 External Index - Single Premium - Joint (Last Survivor)	Whole life insurance on more than one insured with level premium and where certificate values are linked to an external or equity index, with the death benefit payable upon the last death.
L07I Individual Life - Whole		Life insurance that may be kept in force for a person's entire life and that pays a benefit upon the person's death, whenever that may be.
	L07I.101 Fixed/Indeterminate Premium - Single Life	Whole life on a single insured that requires payment of a specified modal premium that is a fixed amount or where the premium is dependent on factors that may be changed by the insurer, but not to go beyond a guaranteed maximum for the policy to remain in force.

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	L07I.102 Fixed/Indeterminate Premium - Joint (First to Die)	Whole life on more than one insured where the benefit is payable on first death that requires payment of a specified modal premium that is a fixed amount or where the premium is dependent on factors that may be changed by the insurer, but not to go beyond a guaranteed maximum for the certificate to remain in force.
	L07I.103 Fixed/Indeterminate Premium - Joint (Last Survivor)	Whole life on more than one insured where the benefit is payable on last death that requires payment of a specified modal premium that is a fixed amount or where the premium is dependent on factors that may be changed by the insurer, but not to go beyond a guaranteed maximum for the certificate to remain in force.
	L07I.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense	Whole life insurance on one insured with guaranteed level premium and benefits used to fund funeral expense or preneed funeral contract.
	L07I.111 Single Premium - Single Life	Whole life insurance on one insured with guaranteed single premium and benefits.
	L07I.112 Single Premium - Joint (First to Die)	Whole life insurance on more than one insured with guaranteed single premium and benefits, with the death benefit payable upon the first death.
	L07I.113 Single Premium - Joint (Last Survivor)	Whole life insurance on more than one insured with guaranteed single premium and benefits, with the death benefit payable upon the last death.
	L07I.114 Single Premium - Single Life - Funeral Expense	Whole life insurance on one insured with guaranteed single premium and benefits used to fund funeral expense or preneed funeral contract.
	L07I.121 Graded Premium - Single Life	Whole life insurance on one insured with guaranteed graded premium and benefits.
	L07I.122 Graded Premium - Joint (First to Die)	Whole life insurance on more than one insured with guaranteed graded premium and benefits, with the death benefit payable upon the first death.
	L07I.123 Graded Premium - Joint (Last Survivor)	Whole life insurance on more than one insured with guaranteed graded premium and benefits, with the death benefit payable upon the last death.
	L07I.124 Graded Premium - Jumping Juvenile (Term to Age X, Whole Life Thereafter)	Life insurance that is term to age X and then converts to whole life.
	L07I.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design	Whole life insurance with guaranteed level premium and benefits reduced during the early durations.
	L07I.202 Early Duration Reduced Benefit - Level Premium - Any Policy Design - Funeral Expense	Whole life insurance with guaranteed level premium and benefits reduced during the early durations, used to fund funeral expense or a preneed funeral contract.
	L07I.211 Early Duration Reduced Benefit - Single Premium - Any Policy Design	Whole life insurance with single premium and benefits reduced during the early durations.
	L07I.212 Early Duration Reduced Benefit - Single Premium - Any Policy Design - Funeral Expense	Whole life insurance with single premium and benefits reduced during the early durations used to fund funeral expense or a preneed funeral contract.

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	L07I.301 Current Assumption - Fixed Premium - Single Life	Whole life insurance on a single insured with a fixed premium where policy value is not guaranteed due to company's right to change interest, expense and/or mortality assumptions. The policy owner may pay additional premiums.
	L07I.302 Current Assumption - Fixed Premium - Joint (First to Die)	Whole life insurance on more than one insured with a fixed premium where the policy value is dependent on the company's right to change interest, expense and/or mortality assumptions, with the death benefit payable upon the first death. The policy owner may pay additional premiums.
	L07I.303 Current Assumption - Fixed Premium - Joint (Last Survivor)	Whole life insurance on more than one insured with a fixed premium where the policy value is dependent on the company's right to change interest, expense and/or mortality assumptions, with the death benefit payable upon the last death. The policy owner may pay additional premiums.
	L07I.311 Current Assumption - Single Premium - Single Life	Whole life insurance on a single insured with a single premium where the policy value is dependent on the company's right to change interest, expense and/or mortality assumptions.
	L07I.312 Current Assumption - Single Premium - Joint (First to Die)	Whole life insurance on more than one insured with a single premium where the policy value is dependent on the company's right to change interest, expense and/or mortality assumptions, with the death benefit payable upon the first death.
	L07I.313 Current Assumption - Single Premium - Joint (Last Survivor)	Whole life insurance on more than one insured with a single premium where the policy value is dependent on the company's right to change interest, expense and/or mortality assumptions, with the death benefit payable upon the last death.
	L07I.321 Current Assumption - Indeterminate Premium - Single Life	Whole life insurance on a single insured where premium and policy value are dependent on the company's right to change interest, expense and/or mortality assumptions. The policy owner may pay additional premiums.
	L07I.322 Current Assumption - Indeterminate Premium - Joint (First to Die)	Whole life insurance on more than one insured where premium and policy value are dependent upon the company's right to change interest, expense and/or mortality assumptions, with the death benefit payable upon the first death. The policy owner may pay additional premiums.
	L07I.323 Current Assumption - Indeterminate Premium - Joint (Last Survivor)	Whole life insurance on more than one insured where premium and policy value are dependent upon the company's right to change interest, expense and/or mortality assumptions, with the death benefit payable upon the last death. The policy owner may pay additional premiums.
	L07I.401 Adjustable - Current Assumption - Indeterminate Premium - Single Life	Whole life insurance on a single insured where the insured may change the plan of insurance or the death benefit and where premium and policy value are dependent on the company's right to change interest, expense and/or mortality assumptions. The policy owner may pay additional premiums.

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	L07I.402 Adjustable - Current Assumption - Indeterminate Premium - Joint (First to Die)	Whole life insurance on more than one insured where the insured may change the plan of insurance or the death benefit and where premium and policy value are dependent on the company's right to change interest, expense and/or mortality assumptions, with the death benefit payable upon the first death. The policy owner may pay additional premiums.
	L07I.403 Adjustable - Current Assumption - Indeterminate Premium - Joint (Last Survivor)	Whole life insurance on more than one insured where the insured may change the plan of insurance or the death benefit and where premium and policy value are dependent on the company's right to change interest, expense and/or mortality assumptions, with the death benefit payable upon the last death. The policy owner may pay additional premiums.
	L07I.501 External Index - Level Premium	Whole life insurance with level premium where policy values are linked to an external or equity index.
	L07I.502 External Index - Level Premium - Joint (First to Die)	Whole life insurance on more than one insured with level premium where policy values are linked to an external or equity index, with the death benefit payable upon the first death.
	L07I.503 External Index - Level Premium - Joint (Last Survivor)	Whole life insurance on more than one insured with level premium where policy values are linked to an external or equity index, with the death benefit payable upon the last death.
	L07I.511 External Index - Single Premium	Whole life insurance with a single premium where policy values are linked to an external or equity index.
	L07I.512 External Index - Single Premium - Joint (First to Die)	Whole life insurance on more than one insured with level premium where policy values are linked to an external or equity index, with the death benefit payable upon the first death.
	L07I.513 External Index - Single Premium - Joint (Last Survivor)	Whole life insurance on more than one insured with level premium where policy values are linked to an external or equity index, with the death benefit payable upon the last death.
L08 Life - Other	L08.000 Life - Other	Not specifically described above.
L09G Group Life - Flexible Premium Adjustable Life		A group life insurance that provides a face amount that is adjustable to the certificate holder and allows the certificate holder to vary the modal premium that is paid or to skip a payment so long as the certificate value is sufficient to keep the certificate in force, and under which separately identified interest credits (other than in connection with dividend accumulation, premium deposit funds or other supplementary accounts) and mortality and expense charges are made to individual certificates while providing minimum guaranteed values regardless of whether the group policyholder, the insured, or both pay the premium. Universal life products should be placed under the best matching sub-TOI.
	L09G.001 Single Life	A flexible premium adjustable life policy where the certificate insures one life.

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	L09G.002 Joint (Last to Die)	A flexible premium adjustable life policy where the certificate insures more than one life and will pay the specified death benefit upon the last death.
	L09G.003 Joint (First to Die)	A flexible premium adjustable life policy where the certificate insures more than one life and will pay the specified death benefit upon the first death.
	L09G.101 External Indexed - Single Life	A flexible premium adjustable life policy where the certificate insures one life and earns interest or provides benefits that are linked to an external or equity index.
	L09G.102 External Indexed - Joint (First to Die)	A flexible premium adjustable life policy where the certificate earns interest or provides benefits that are linked to an external or equity index. The certificate insures more than one life and will pay the specified death benefit upon the first death.
	L09G.103 External Indexed - Joint (Last to Die)	A flexible premium adjustable life policy where the certificate earns interest or provides benefits that are linked to an external or equity index. The certificate insures more than one life and will pay the specified death benefit upon the last death.
L09I Individual Life - Flexible Premium Adjustable Life		Life insurance that provides a face amount that is adjustable to the policyholder and allows the policyholder to vary the modal premium that is paid or to skip a payment so long as the account value is sufficient to keep the coverage in force, and under which separately identified interest credits (other than in connection with dividend accumulation, premium deposit funds or other supplementary accounts) and mortality and expense charges are made to a policy that provides minimum nonforfeiture values. Universal life products should be placed under the best matching sub-TOI.
	L09I.001 Single Life	A flexible premium adjustable life policy where the policy insures one life.
	L09I.002 Joint (Last to Die)	A flexible premium adjustable life policy where the policy insures more than one life and will pay the specified death benefit upon the last death.
	L09I.003 Joint (First to Die)	A flexible premium adjustable life policy where the policy insures more than one life and will pay the specified death benefit upon the first death.
	L09I.101 External Indexed - Single Life	A flexible premium adjustable life policy that insures one life and earns interest or provides benefits that are linked to an external or equity index.
	L09I.102 External Indexed - Joint (First to Die)	A flexible premium adjustable life policy that earns interest or provides benefits that are linked to an external or equity index. The policy insures more than one life and will pay the specified death benefit upon the first death.
	L09I.103 External Indexed - Joint (Last to Die)	A flexible premium adjustable life policy that earns interest or provides benefits that are linked to an external or equity index. The policy insures more than one life and will pay the specified death benefit upon the last death.
Life Settlements		

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LS01 Life Settlements	LS01.000 Life Settlements	A contract or agreement in which a policyholder agrees to sell or transfer ownership in all or part of a life insurance policy to a third party for compensation that is less than the expected death benefit of a policy.
Long-Term Care		Coverage that includes long term care, nursing home, and home care contracts that provide reimbursement for these services.
LTC01 Long-Term Care - Assumption Agreement	LTC01.000 Long-Term Care - Assumption Agreement	An insurance certificate issued on an existing insurance contract indicating that another insurer has assumed all of the risk under the contract from the ceding insurance company.
LTC02G Group Long-Term Care - Home Health Care Only		Coverage that provides coverage for non-institutional care provided in a person's own home or in an adult day care setting.
	LTC02G.001 Qualified	A home health care only policy that meets the federal IRS requirements to qualify for a tax deduction.
	LTC02G.002 Non Qualified	A home health care only policy that does not meet the federal IRS requirements.
	LTC02G.003 Other	Not specifically described above.
	LTC02G.004 Partnership	A home health care policy that complies with federal requirements as a Partnership policy allowing a state to disregard certain resources when determining Medicaid eligibility.
LTC02I Individual Long-Term Care - Home Health Care Only		Coverage that provides coverage for non-institutional care provided in a person's own home or in an adult day care setting.
	LTC02I.001 Qualified	A home health care only policy that meets the federal IRS requirements to qualify for a tax deduction.
	LTC02I.002 Non Qualified	A home health care only policy that does not meet the federal IRS requirements.
	LTC02I.003 Other	Not specifically described above.
	LTC02I.004 Partnership	A home health care policy that complies with federal requirements as a Partnership policy allowing a state to disregard certain resources when determining Medicaid eligibility.
LTC03G Group Long-Term Care		Coverage that provides reimbursement for the following long term care services: nursing home care, assisted living care, home health care and adult day care.
	LTC03G.001 Qualified	A long term care policy that meets the federal IRS requirements to qualify for a tax deduction.
	LTC03G.002 Non Qualified	A long term care policy that does not meet the federal IRS requirements to qualify for a tax deduction.
	LTC03G.003 Other	Not specifically described above.

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	LTC03G.004 Partnership	A long term care policy that complies with federal requirements as a Partnership policy allowing a state to disregard certain resources when determining Medicaid eligibility.
LTC03I Individual Long-Term Care		Coverage that provides reimbursement for the following long term care services: nursing home care, assisted living care, home health care and adult day care.
	LTC03I.001 Qualified	A long term care policy that meets the federal IRS requirements to qualify for a tax deduction.
	LTC03I.002 Non Qualified	A long term care policy that does not meet the federal IRS requirements to qualify for a tax deduction.
	LTC03I.003 Other	Not specifically described above.
	LTC03I.004 Partnership	A long term care policy that complies with federal requirements as a Partnership policy allowing a state to disregard certain resources when determining Medicaid eligibility.
LTC04G Group Long-Term Care - Nursing Home		A policy or rider that provides coverage only while a policyholder is confined to a nursing home and meets the policy requirements for coverage.
	LTC04G.001 Qualified	Nursing home policies that would meet the federal IRS requirements to qualify for a tax deduction.
	LTC04G.002 Non Qualified	Nursing home policies that do not meet the federal IRS requirements to qualify for a tax deduction.
	LTC04G.003 Other	Not specifically described above.
	LTC04G.004 Partnership	A nursing home policy that complies with federal requirements as a Partnership policy allowing a state to disregard certain resources when determining Medicaid eligibility.
LTC04I Individual Long-Term Care - Nursing Home		A policy or rider that provides coverage only while a policyholder is confined to a nursing home and meets the policy requirements for coverage.
	LTC04I.001 Qualified	Nursing home policies that would meet the federal IRS requirements to qualify for a tax deduction.
	LTC04I.002 Non Qualified	Nursing home policies that do not meet the federal IRS requirements to qualify for a tax deduction.
	LTC04I.003 Other	Not specifically described above.
	LTC04I.004 Partnership	A nursing home policy that complies with federal requirements as a Partnership policy allowing a state to disregard certain resources when determining Medicaid eligibility.
LTC05G Group Long-Term Care - Nursing Home & Home Health Care		A policy or rider that would includes coverage for both institutional nursing home and home health care.
	LTC05G.001 Qualified	Nursing home and home health care policies that would meet the federal IRS requirements to qualify for a tax deduction.

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	LTC05G.002 Non Qualified	Nursing home and home health care policies that do not meet the federal IRS requirements to qualify for a tax deduction.
	LTC05G.003 Other	Not specifically described above.
	LTC05G.004 Partnership	A nursing home and home health care policy that complies with federal requirements as a Partnership policy allowing a state to disregard certain resources when determining Medicaid eligibility.
LTC05I Individual Long-Term Care - Nursing Home & Home Health Care		A policy or rider that would includes coverage for both institutional nursing home and home health care.
	LTC05I.001 Qualified	Nursing home and home health care policies that would meet the federal IRS requirements to qualify for a tax deduction.
	LTC05I.002 Non Qualified	Nursing home and home health care policies that do not meet the federal IRS requirements to qualify for a tax deduction.
	LTC05I.003 Other	Not specifically described above.
	LTC05I.004 Partnership	A nursing home and home health care policy that complies with federal requirements as a Partnership policy allowing a state to disregard certain resources when determining Medicaid eligibility.
LTC05.1G Group Assisted Living Care		A policy or rider that provides coverage only while a policyholder is confined to an assisted living facility and meets the policy requirements for coverage.
	LTC05.1G.001 Qualified	Assisted living policies that would meet the federal IRS requirements to qualify for a tax deduction.
	LTC05.1G.002 Non Qualified	Assisted living policies that do not meet the federal IRS requirements to qualify for a tax deduction.
	LTC05.1G.003 Other	Not specifically described above.
	LTC05.1G.004 Partnership	An assisted living care policy that complies with federal requirements as a Partnership policy allowing a state to disregard certain resources when determining Medicaid eligibility.
LTC05.1I Individual Assisted Living Care		A policy or rider that provides coverage only while a policyholder is confined to an assisted living facility and meets the policy requirements for coverage.
	LTC05.1I.001 Qualified	Assisted living policies that would meet the federal IRS requirements to qualify for a tax deduction.
	LTC05.1I.002 Non Qualified	Assisted living policies that do not meet the federal IRS requirements to qualify for a tax deduction.
	LTC05.1I.003 Other	Not specifically described above.
	LTC05.1I.004 Partnership	An assisted living care policy that complies with federal requirements as a Partnership policy allowing a state to disregard certain resources when determining Medicaid eligibility.
LTC05.2G Group Adult Day Care		A policy or rider that provides coverage only for adult day care for an individual who meets the policy requirements for coverage.

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	LTC05.2G.001 Qualified	Adult day care policies that would meet the federal IRS requirements to qualify for a tax deduction.
	LTC05.2G.002 Non Qualified	Adult day care policies that do not meet the federal IRS requirements to qualify for a tax deduction.
	LTC05.2G.003 Other	Not specifically described above.
	LTC05.2G.004 Partnership	An adult day care policy that complies with federal requirements as a Partnership policy allowing a state to disregard certain resources when determining Medicaid eligibility.
LTC05.2I Individual Adult Day Care		A policy or rider that provides coverage only for adult day care for an individual who meets the policy requirements for coverage.
	LTC05.2I.001 Qualified	Adult day care policies that would meet the federal IRS requirements to qualify for a tax deduction.
	LTC05.2I.002 Non Qualified	Adult day care policies that do not meet the federal IRS requirements to qualify for a tax deduction.
	LTC05.2I.003 Other	Not specifically described above.
	LTC05.2I.004 Partnership	An adult day care policy that complies with federal requirements as a Partnership policy allowing a state to disregard certain resources when determining Medicaid eligibility.
LTC06 Long-Term Care - Other	LTC06.000 Long-Term Care - Other	Not specifically described above or a combination of two or more, but less than four products.
Multi-Line		Filings that may be submitted for both life and health insurance in one form such as an application.
ML01 Multi-Line - Assumption Agreement	ML01.000 Multi-Line - Assumption Agreement	An insurance certificate issued on an existing insurance contract indicating that another insurer has assumed all of the risk under the contract from the ceding insurance company. For example, companies assuming both life and health lines.
ML02 Multi-Line - Other	ML02.000 Multi-Line - Other	Not specifically described above.
Medicare Supplement		Insurance coverage sold on an individual or group basis to help fill the "gaps" in the protections granted by the federal Medicare program. This is strictly supplemental coverage and cannot duplicate any benefits provided by Medicare. It is structured to pay part or all of Medicare's deductibles and co-payments. It may also cover some services and expenses not covered by Medicare. Also known as "Medigap" insurance.
MS01 Medicare Supplement - Assumption Agreement	MS01.000 Medicare Supplement - Assumption Agreement	An insurance certificate issued on an existing insurance contract indicating that another insurer has assumed all of the risk under the contract from the ceding insurance company.

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MS02G Group Medicare Supplement - Pre-Standardized	MS02G.000 Medicare Supplement - Pre-Standardized	A plan issued prior to required federal standardization of Medicare supplement policy forms and rates.
MS02I Individual Medicare Supplement - Pre-Standardized	MS02I.000 Medicare Supplement - Pre-Standardized	A plan issued prior to required federal standardization of Medicare supplement policy forms and rates.
MS03G Group Medicare Supplement - Medicare Advantage	MS03G.000 Medicare Supplement - Medicare Advantage	A contract between a Medicare beneficiary and an insurer that has contracted with the federal government to provide both Medicare and Medigap type services to beneficiaries.
MS03I Individual Medicare Supplement - Medicare Advantage	MS03I.000 Medicare Supplement - Medicare Advantage	A contract between a Medicare beneficiary and an insurer that has contracted with the federal government to provide both Medicare and Medigap type services to beneficiaries.
MS04G Group Medicare Supplement - Medicare Select		A type of Medigap plan under which a policyholder generally must use specific hospitals and, in some cases, doctors to receive full Medigap benefits. **Effective 6/1/2010 no new policies may be issued. Refer to MS07G Group Medicare Supplement – Medicare Select 2010 to file policies for new plans.**
	MS04G.001 Plan A	Basic benefits: blood after first 3 pints; Part A hospital coinsurance; Part B medical expense coinsurance.
	MS04G.002 Plan B	Basic benefits plus Part A deductible.
	MS04G.003 Plan C	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B deductible, and also Foreign Travel Emergency. Plan may not be issued to those newly eligible after December 31, 2019.
	MS04G.004 Plan D	Basic benefits plus skilled nursing coinsurance, Part A deductible, Foreign Travel Emergency, and also At-home Recovery.
	MS04G.005 Plan E	Basic benefits plus skilled nursing coinsurance, Part A deductible, preventative Care, and also Foreign Travel Emergency. Effective 6/1/2010 plan is eliminated.
	MS04G.006 Plan F (Basic)	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B deductible, Part B Excess¾100%, and also Foreign Travel Emergency. Plan may not be issued to those newly eligible after December 31, 2019.
	MS04G.007 Plan F (High)	High deductible option. Plan may not be issued to those newly eligible after December 31, 2019.
	MS04G.008 Plan G	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B Excess¾80%, At-home Recovery, Foreign Travel Emergency, and At-home Recovery.
	MS04G.009 Plan H	Basic benefits plus skilled nursing coinsurance, Part A deductible, Foreign Travel Emergency, and also Basic Drugs.

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		Effective 6/1/2010 plan is eliminated.
	MS04G.010 Plan I	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B Excess¾100%, Foreign Travel Emergency, At-home Recovery, and also Basic Drugs. Effective 6/1/2010 plan is eliminated.
	MS04G.011 Plan J (Basic)	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B deductible, Extended Drugs, Part B Excess¾100%, Foreign Travel Emergency, Preventive Care, and also At-home Recovery. Effective 6/1/2010 plan is eliminated.
	MS04G.012 Plan J (High)	High deductible option. Effective 6/1/2010 plan is eliminated.
	MS04G.013 Plan K	Basic Benefits plus 50% Skilled Nursing Facility Coinsurance, 50% Part A deductible
	MS04G.014 Plan L	Basic Benefits plus 75% Skilled Nursing Facility Coinsurance, 75% Part A deductible
	MS04G.015 Other	Not specifically described above.
	MS04G.016 Multi-Plan	A package filing containing more than one Select Group Medicare Supplement plan in the filing submission.
MS04I Individual Medicare Supplement - Medicare Select		A type of Medigap plan under which a policyholder generally must use specific hospitals and, in some cases, doctors to receive full Medigap benefits. Effective 6/1/2010 no new policies may be issued. Refer to MS07I Group Medicare Supplement – Medicare Select 2010 to file policies for new plans.
	MS04I.001 Plan A	Basic benefits: blood after first 3 pints; Part A hospital coinsurance; Part B medical expense coinsurance.
	MS04I.002 Plan B	Basic benefits plus Part A deductible.
	MS04I.003 Plan C	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B deductible, and also Foreign Travel Emergency. Plan may not be issued to those newly eligible after December 31, 2019.
	MS04I.004 Plan D	Basic benefits plus skilled nursing coinsurance, Part A deductible, Foreign Travel Emergency, and also At-home Recovery.
	MS04I.005 Plan E	Basic benefits plus skilled nursing coinsurance, Part A deductible, preventative Care, and also Foreign Travel Emergency. Effective 6/1/2010 plan is eliminated.
	MS04I.006 Plan F (Basic)	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B deductible, Part B Excess¾100%, and also Foreign Travel Emergency. Plan may not be issued to those newly eligible after December 31, 2019.

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	MS04I.007 Plan F (High)	High deductible option. Plan may not be issued to those newly eligible after December 31, 2019.
	MS04I.008 Plan G	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B Excess¾80%, At-home Recovery, Foreign Travel Emergency, and At-home Recovery.
	MS04I.009 Plan H	Basic benefits plus skilled nursing coinsurance, Part A deductible, Foreign Travel Emergency, and also Basic Drugs. Effective 6/1/2010 plan is eliminated.
	MS04I.010 Plan I	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B Excess¾100%, Foreign Travel Emergency, At-home Recovery, and also Basic Drugs. Effective 6/1/2010 plan is eliminated.
	MS04I.011 Plan J (Basic)	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B deductible, Extended Drugs, Part B Excess¾100%, Foreign Travel Emergency, Preventive Care, and also At-home Recovery. Effective 6/1/2010 plan is eliminated.
	MS04I.012 Plan J (High)	High deductible option. Effective 6/1/2010 plan is eliminated.
	MS04I.013 Plan K	Basic Benefits plus 50% Skilled Nursing Facility Coinsurance, 50% Part A deductible
	MS04I.014 Plan L	Basic Benefits plus 75% Skilled Nursing Facility Coinsurance, 75% Part A deductible
	MS04I.015 Other	Not specifically described above.
	MS04I.016 Multi-Plan	A package filing containing more than one Select Individual Medicare Supplement plan in the filing submission.
MS05G Group Medicare Supplement - Standard Plans		A Medigap policy under which a policyholder may obtain services from any provider of care. Effective 6/1/2010 no new policies may be issued. Refer to MS08G Group Medicare Supplement – Standard Plans – 2010 to file policies for new plans.
	MS05G.001 Plan A	Basic benefits: blood after first 3 pints; Part A hospital coinsurance; Part B medical expense coinsurance.
	MS05G.002 Plan B	Basic benefits plus Part A deductible.
	MS05G.003 Plan C	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B deductible, and also Foreign Travel Emergency. Plan may not be issued to those newly eligible after December 31, 2019.

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	MS05G.004 Plan D	Basic benefits plus skilled nursing coinsurance, Part A deductible, Foreign Travel Emergency, and also At-home Recovery.
	MS05G.005 Plan E	Basic benefits plus skilled nursing coinsurance, Part A deductible, Preventive Care, and also Foreign Travel Emergency. Effective 6/1/2010 plan is eliminated.
	MS05G.006 Plan F (Basic)	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B deductible, Part B Excess¾100%, & Foreign Travel Emergency. Plan may not be issued to those newly eligible after December 31, 2019.
	MS05G.007 Plan F (High)	High deductible option. Plan may not be issued to those newly eligible after December 31, 2019.
	MS05G.008 Plan G	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B Excess¾80%; At-home Recovery, and also Foreign Travel Emergency.
	MS05G.009 Plan H	Basic benefits plus skilled nursing coinsurance, Part A deductible, Foreign Travel Emergency, and also Basic Drugs. Effective 6/1/2010 plan is eliminated.
	MS05G.010 Plan I	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B Excess¾100%, Foreign Travel Emergency, At-home Recovery, and also Basic Drugs. Effective 6/1/2010 plan is eliminated.
	MS05G.011 Plan J (Basic)	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B deductible, Part B Excess¾100%, Foreign Travel Emergency, Preventive Care, At-home Recovery, and also Extended Drugs. Effective 6/1/2010 plan is eliminated.
	MS05G.012 Plan J (High)	High deductible option. Effective 6/1/2010 plan is eliminated.
	MS05G.013 Plan K	Basic Benefits plus 50% Skilled Nursing Facility Coinsurance, 50% Part A deductible
	MS05G.014Plan L	Basic Benefits plus 75% Skilled Nursing Facility Coinsurance, 75% Part A deductible
	MS05G.015 Multi-Plan	A package filing containing more than one Standard Group Medicare Supplement plan in the filing submission.
MS05I Individual Medicare Supplement - Standard Plans		A Medigap policy under which a policyholder may obtain services from any provider of care. Effective 6/1/2010 no new policies may be issued. Refer to MS08I Individual Medicare Supplement – Standard Plans 2010 to file policies for new plans.

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	MS05I.001 Plan A	Basic benefits: blood after first 3 pints; Part A hospital coinsurance; Part B medical expense coinsurance.
	MS05I.002 Plan B	Basic benefits plus Part A deductible.
	MS05I.003 Plan C	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B deductible, and also Foreign Travel Emergency. Plan may not be issued to those newly eligible after December 31, 2019.
	MS05I.004 Plan D	Basic benefits plus skilled nursing coinsurance, Part A deductible, Foreign Travel Emergency, and also At-home Recovery.

	MS05I.005 Plan E	Basic benefits plus skilled nursing coinsurance, Part A deductible, Preventive Care, and also Foreign Travel Emergency. Effective 6/1/2010 plan is eliminated.
	MS05I.006 Plan F (Basic)	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B deductible, Part B Excess¾100%, & Foreign Travel Emergency. Plan may not be issued to those newly eligible after December 31, 2019.
	MS05I.007 Plan F (High)	High deductible option. Plan may not be issued to those newly eligible after December 31, 2019.
	MS05I.008 Plan G	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B Excess¾80%; At-home Recovery, and also Foreign Travel Emergency.
	MS05I.009 Plan H	Basic benefits plus skilled nursing coinsurance, Part A deductible, Foreign Travel Emergency, and also Basic Drugs. Effective 6/1/2010 plan is eliminated.
	MS05I.010 Plan I	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B Excess¾100%, Foreign Travel Emergency, At-home Recovery, and also Basic Drugs. Effective 6/1/2010 plan is eliminated.
	MS05I.011 Plan J (Basic)	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B deductible, Part B Excess¾100%, Foreign Travel Emergency, Preventive Care, At-home Recovery, and also Extended Drugs. Effective 6/1/2010 plan is eliminated.
	MS05I.012 Plan J (High)	High deductible option. Effective 6/1/2010 plan is eliminated.
	MS05I.013 Plan K	Basic Benefits plus 50% Skilled Nursing Facility Coinsurance, 50% Part A deductible

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	MS05I.014Plan L	Basic Benefits plus 75%, Skilled Nursing Facility Coinsurance 75% Part A deductible
	MS05I.015 Multi-Plan	A package filing containing more than one Standard Individual Medicare Supplement plan in the filing submission.
MS06 Medicare Supplement - Other	MS06.000 Medicare Supplement - Other	Not specifically described above.

MS07G Group Medicare Supplement - Medicare Select 2010		A type of Medigap plan under which a policyholder generally must use specific hospitals and, in some cases, doctors to receive full Medigap benefits.
	MS07G.001 Plan A 2010	Basic benefits: blood after first 3 pints; Part A hospital coinsurance; Part B medical expense coinsurance. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses.
	MS07G.002 Plan B 2010	Basic benefits plus Part A deductible. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses.
	MS07G.003 Plan C 2010	Basic benefits plus Skilled Nursing coinsurance, Part A deductible, Part B deductible, and Foreign Travel Emergency. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses. Plan may not be issued to those newly eligible after December 31, 2019.
	MS07G.004 Plan D 2010	Basic benefits plus Skilled Nursing coinsurance, Part A deductible, and Foreign Travel Emergency. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses.
	MS07G.005 Plan F (Basic) 2010	Basic benefits plus Skilled Nursing coinsurance, Part A deductible, Part B deductible, Part B Excess¾100%, and Foreign Travel Emergency. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses. Plan may not be issued to those newly eligible after December 31, 2019.
	MS07G.006 Plan F (High) 2010	High deductible option. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses. Plan may not be issued to those newly eligible after December 31, 2019.
	MS07G.007 Plan G 2010	Basic benefits plus Skilled Nursing coinsurance, Part A deductible, Part B Excess¾100%, and Foreign Travel Emergency. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses. Effective 1/1/19, file under MS07G.014 for the high deductible option.

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	MS07G.008 Plan K 2010	Basic Benefits plus 50% Skilled Nursing coinsurance, 50% Part A deductible. Hospitalization and Preventive Care paid at 100% - other basic benefits paid at 50%, out of pocket [$4,620]. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses.
	MS07G.009 Plan L 2010	Basic Benefits plus 75% Skilled Nursing coinsurance, 75% Part A deductible. Hospitalization and Preventive Care paid at 100% - other basic benefits paid at 75%, out of pocket [$2,310]. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses.
	MS07G.010 Plan M 2010	50% Part A deductible, Skilled Nursing coinsurance, and Foreign Travel Emergency. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses.
	MS07G.011 Plan N 2010	100% Part A deductible, Skilled Nursing coinsurance, and Foreign Travel Emergency. In addition, coverage for the Part B coinsurance (as part of the Basic benefits) is subject to a new copay structure. The copay is (a) the lesser of twenty dollars ($20) or the Medicare Part B coinsurance or copayment for each covered health care provider office visit (including visits to medical specialists); and (b) the lesser of fifty dollars ($50) or the Medicare Part B coinsurance or copayment for each covered emergency room visit, however, this copayment shall be waived if the insured is admitted to any hospital and the emergency visit is subsequently covered as a Medicare Part A expense. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses.
	MS07G.012 Other 2010	Not specifically described above.
	MS07G.013 Multi-Plan 2010	A package filing containing more than one Select Group Medicare Supplement plan in the filing submission.
	MS07G.014 Plan G (High) 2020	High deductible option. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses. File under MS07G.007 for the standard deductible option.
MS07I Individual Medicare Supplement - Medicare Select 2010		A type of Medigap plan under which a policyholder generally must use specific hospitals and, in some cases, doctors to receive full Medigap benefits.
	MS07I.001 Plan A 2010	Basic benefits: blood after first 3 pints; Part A hospital coinsurance; Part B medical expense coinsurance. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses.
	MS07I.002 Plan B 2010	Basic benefits plus Part A deductible. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses.
	MS07I.003 Plan C 2010	Basic benefits plus Skilled Nursing coinsurance, Part A deductible, Part B deductible, and Foreign Travel Emergency. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses.

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		Plan may not be issued to those newly eligible after December 31, 2019.
	MS07I.004 Plan D 2010	Basic benefits plus Skilled Nursing coinsurance, Part A deductible, and Foreign Travel Emergency. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses.
	MS07I.005 Plan F (Basic) 2010	Basic benefits plus Skilled Nursing coinsurance, Part A deductible, Part B deductible, Part B Excess¾100%, and Foreign Travel Emergency. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses. Plan may not be issued to those newly eligible after December 31, 2019.
	MS07I.006 Plan F (High) 2010	High deductible option. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses. Plan may not be issued to those newly eligible after December 31, 2019.
	MS07I.007 Plan G 2010	Basic benefits plus Skilled Nursing coinsurance, Part A deductible, Part B Excess ¾ 100%, and Foreign Travel Emergency. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses. Effective 1/1/19, file under MS07I.014 for the high deductible option.
	MS07I.008 Plan K 2010	Basic Benefits plus 50% Skilled Nursing coinsurance, 50% Part A deductible. Hospitalization and Preventive Care paid at 100% - other basic benefits paid at 50%, out of pocket [$4,620]. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses.
	MS07I.009 Plan L 2010	Basic Benefits plus 75% Skilled Nursing coinsurance, 75% Part A deductible. Hospitalization and Preventive Care paid at 100% - other basic benefits paid at 75%, out of pocket [$2,310]. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses.
	MS07I.010 Plan M 2010	50% Part A deductible, Skilled Nursing coinsurance, and Foreign Travel Emergency. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses.
	MS07I.011 Plan N 2010	100% Part A deductible, Skilled Nursing coinsurance, and Foreign Travel Emergency. In addition, coverage for the Part B coinsurance (as part of the Basic benefits) is subject to a new copay structure. The copay is (a) the lesser of twenty dollars ($20) or the Medicare Part B coinsurance or copayment for each covered health care provider office visit (including visits to medical specialists); and (b) the lesser of fifty dollars ($50) or the Medicare Part B coinsurance or copayment for each covered emergency room visit, however, this copayment shall be waived if the insured is admitted to any hospital and the emergency visit is subsequently covered as a Medicare Part A expense. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses.

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	MS07I.012 Other 2010	Not specifically described above.
	MS07I.013 Multi-Plan 2010	A package filing containing more than one Select Individual Medicare Supplement plan in the filing submission.
	MS07I.014 Plan G (High) 2020	High deductible option. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses. File under MS07I.007 for the standard deductible option.
MS08G Group Medicare Supplement - Standard Plans 2010		A Medigap policy under which a policyholder may obtain services from any provider of care.
	MS08G.001 Plan A 2010	Basic benefits: blood after first 3 pints; Part A hospital coinsurance; Part B medical expense coinsurance. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses.
	MS08G.002 Plan B 2010	Basic benefits plus Part A deductible. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses.
	MS08G.003 Plan C 2010	Basic benefits plus Skilled Nursing coinsurance, Part A deductible, Part B deductible, and Foreign Travel Emergency. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses. Plan may not be issued to those newly eligible after December 31, 2019.
	MS08G.004 Plan D 2010	Basic benefits plus Skilled Nursing coinsurance, Part A deductible, and Foreign Travel Emergency. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses.
	MS08G.005 Plan F (Basic) 2010	Basic benefits plus Skilled Nursing coinsurance, Part A deductible, Part B deductible, Part B Excess¾100%, and Foreign Travel Emergency. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses. Plan may not be issued to those newly eligible after December 31, 2019.
	MS08G.006 Plan F (High) 2010	High deductible option. Includes hospice care cost sharing for all Part A Medicare eligible hospice care and respite care expenses. Plan may not be issued to those newly eligible after December 31, 2019.
	MS08G.007 Plan G 2010	Basic benefits plus Skilled Nursing coinsurance, Part A deductible, Part B Excess¾100%, and Foreign Travel Emergency. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses. Effective 1/1/19, file under MS08G.013 for the high deductible option.
	MS08G.008 Plan K 2010	Hospitalization and Preventive Care paid at 100% - other basic benefits paid at 50%, 50% Skilled Nursing coinsurance, 50% Part A deductible, subject to out of pocket [$4,620]. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses.

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	MS08G.009 Plan L 2010	Hospitalization and Preventive Care paid at 100% - other basic benefits paid at 75%, 75% Skilled Nursing coinsurance, 75% Part A deductible, out of pocket [$2,310]. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses.
	MS08G.010 Plan M 2010	50% coverage of the Part A deductible, Skilled Nursing coinsurance, and Foreign Travel Emergency. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses.
	MS08G.011 Plan N 2010	100% Part A deductible, Skilled Nursing coinsurance, and Foreign Travel Emergency. In addition, coverage for the Part B coinsurance (as part of the Basic benefits) is subject to a new copay structure. The copay is (a) the lesser of twenty dollars ($20) or the Medicare Part B coinsurance or copayment for each covered health care provider office visit (including visits to medical specialists); and (b) the lesser of fifty dollars ($50) or the Medicare Part B coinsurance or copayment for each covered emergency room visit, however, this copayment shall be waived if the insured is admitted to any hospital and the emergency visit is subsequently covered as a Medicare Part A expense. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses.
	MS08G.012 Multi-Plan 2010	A package filing containing more than one Standard Group Medicare Supplement plan in the filing submission.
	MS08G.013 Plan G (High) 2020	High deductible option. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses. File under MS08G.007 for the standard deductible option.
MS08I Individual Medicare Supplement - Standard Plans 2010		A Medigap policy under which a policyholder may obtain services from any provider of care.
	MS08I.001 Plan A 2010	Basic benefits: blood after first 3 pints; Part A hospital coinsurance; Part B medical expense coinsurance. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses.
	MS08I.002 Plan B 2010	Basic benefits plus Part A deductible. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses.
	MS08I.003 Plan C 2010	Basic benefits plus Skilled Nursing coinsurance, Part A deductible, Part B deductible, and Foreign Travel Emergency. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses. Plan may not be issued to those newly eligible after December 31, 2019.
	MS08I.004 Plan D 2010	Basic benefits plus Skilled Nursing coinsurance, Part A deductible, and Foreign Travel Emergency. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses.

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	MS08I.005 Plan F (Basic) 2010	Basic benefits plus Skilled Nursing coinsurance, Part A deductible, Part B deductible, Part B Excess¾100%, and Foreign Travel Emergency. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses. Plan may not be issued to those newly eligible after December 31, 2019.
	MS08I.006 Plan F (High) 2010	High deductible option. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses. Plan may not be issued to those newly eligible after December 31, 2019.
	MS08I.007 Plan G 2010	Basic benefits plus Skilled Nursing coinsurance, Part A deductible, Part B Excess¾100%, and Foreign Travel Emergency. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses. Effective 1/1/19, file under MS08I.013 for the high deductible option.
	MS08I.008 Plan K 2010	Hospitalization and Preventive Care paid at 100% - other basic benefits paid at 50%, 50% Skilled Nursing coinsurance, 50% Part A deductible, out of pocket [$4,620]. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses.
	MS08I.009 Plan L 2010	Hospitalization and Preventive Care paid at 100% - other basic benefits paid at 75%, 75% Skilled Nursing coinsurance, 75% Part A deductible, out of pocket [$2,310]. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses.
	MS08I.010 Plan M 2010	50% Part A deductible, Skilled Nursing coinsurance, and Foreign Travel Emergency. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses.
	MS08I.011 Plan N 2010	100% Part A deductible, Skilled Nursing facility care, and Foreign Travel Emergency. In addition, coverage for the Part B coinsurance (as part of the Basic benefits) is subject to a new copay structure. The copay is the lesser of (a) twenty dollars ($20) or the Medicare Part B coinsurance or copayment for each covered health care provider office visit (including visits to medical specialists); and (b) the lesser of fifty dollars ($50) or the Medicare Part B coinsurance or copayment for each covered emergency room visit, however, this copayment shall be waived if the insured is admitted to any hospital and the emergency visit is subsequently covered as a Medicare Part A expense. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses.
	MS08I.012 Multi-Plan 2010	A package filing containing more than one Standard Individual Medicare Supplement plan in the filing submission.
	MS08I.013 Plan G (High) 2020	High deductible option. Includes cost sharing for all Part A Medicare eligible hospice care and respite care expenses. File under MS08I.007 for the standard deductible option.

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MS09 Medicare Supplement - Other 2010	MS09.000 Medicare Supplement Other 2010	Not specifically described above.
Network Access		
NA01 Network Access Provider Contract		An arrangement whereby a carrier and provider guarantee access to the provider to receive covered services at in-network cost share without being balanced billed.
	NA01.000 Network Access Provider Contract	A written contract between a carrier and a provider for any health care service rendered to an enrollee.
	NA01.001 Provider Contract Addendum	A contract form attached to a provider contract that adds, deletes, or changes the terms of the core contract.
	NA01.002 Provider Directory	The master list of participating providers who are contracted with a carrier to deliver services to enrollees.
	NA01.003 Provider Leasing Agreement	A written contract between a carrier and a intermediary that has agreed to provide access to providers under contractual obligation to the intermediary to render covered services to enrollees of the contracting carrier.
	NA01.004 Other	Not specifically described above.
Viatical Settlements		
VS01 Viatical Settlements	VS01.000 Viatical Settlements	Contracts or agreements in which a buyer agrees to purchase all or a part of a life insurance policy.

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