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Nationwide CareMatters® II

Prequalification guide

See if you may qualify before you apply

Will you qualify for a Nationwide CareMatters® II policy? Or should you wait to apply once you have a specific situation or medical condition under control? Get a better idea with the following list of conditions and considerations.

While this list is not exhaustive, it is meant to capture the most common significant health concerns that can come up during the underwriting process. As you review the list, please keep in mind that individual medical histories can be complex, and multiple health conditions and/or multiple prescription medications used to treat them may result in a decision to decline your application. Ultimately, our underwriting team will make a decision about your eligibility after reviewing all of your information.

You must be a U.S. citizen or permanent green card holder (issued for 10 years or more) and be able to provide a copy of your green card and your Social Security/tax identification number card when you apply.

Your presubmission checklist

- ☐ Review the presubmission considerations
- ☐ Review the medication guidelines
- ☐ Review the height and weight guidelines

After you apply, complete the preinterview guide to assist you in gathering details that may be requested during the interview.

Consider postponing if you:

- Are age 65 or older and the date of your last medical exam is more than five years ago; postpone until you've had a medical exam, including routine diagnostic laboratory studies, consistent with an annual physical
- Are being evaluated for an undiagnosed medical condition; postpone possible submission until all evaluations have been completed and a diagnosis has been made
- Have any outstanding tests, lab work, follow-ups or referrals pending; postpone possible submission until all evaluations have been completed
- Have had a surgery completed, have a surgery scheduled within the next six months or have been advised to have surgery; postpone possible submission until you're at least three months postoperative, fully recovered, back to 100% activity and released from all medical and doctor's care
  - Spinal and back surgeries should not be submitted prior to 12 months from completion of treatment, including physical therapy
  - Surgeries and/or injection treatment for joint disorders should not be submitted if completed in the past six months; if completed within the past six to 12 months, or if multiple joints were involved, please discuss it with your insurance professional
- Have had physical therapy, if completed within the past six months
  - Physical therapy completed for back conditions should not be submitted prior to 12 months from completion of the physical therapy, with your symptoms resolved, back to 100% activity and released from your doctor's care
- Currently collecting any type of disability or workers' compensation payments

Disqualifying conditions

You may not qualify for coverage if you've ever had, been diagnosed as having or received medical advice or medical care from a physician or health care provider for any of the following conditions:

- Alcohol abuse or dependency
- Alzheimer's, dementia, senility, mild cognitive impairment (MCI), organic brain syndrome, memory loss or other cognitive impairment
- ALS (Lou Gehrig's disease)
- Bariatric surgery with a BMI of 33.0 or greater
- Bipolar disease, schizophrenia, paranoia or any psychiatric disorders with psychosis
- Bone marrow disorder, Hodgkin's disease, leukemia or lymphoma
- Cancer of the blood, bone, brain, esophagus, head/neck, liver, lung, kidney, ovary, pancreas or stomach; recurrent cancers (any type excluding basal cell carcinoma) or cancer that has spread to other organs or lymph nodes[1]
- Cardiomyopathy
- Cerebral palsy
- Cirrhosis of the liver
- Cystic fibrosis
- Diabetes Type 1
- Down syndrome
- Drug abuse or dependency; controlled substance, illegal or prescription drugs
- Emphysema or other lung disorder requiring regular or intermittent use of oxygen
- History of falls due to gait disturbance or dizziness, or two or more falls in the past 36 months
- HIV positive, AIDS, AIDS-related complex (ARC), severe combined immunodeficiency or common variable immune deficiency
- Huntington's disease or has/had immediate family member with Huntington's disease
- Hydrocephalus with or without shunt placement
- Imbalance, unsteady gait or ataxia
- Joint replacement history
  - With a BMI of 38.0 or greater
  - One knee or hip is replaced — minimum six-month waiting period[2]
  - Both knees or hips are replaced — minimum 18-month waiting period
  - Shoulder replacement — minimum 12-month waiting period
  - Both shoulders are replaced — minimum 18-month waiting period; however, please discuss it with your insurance professional before submitting a CareMatters II application
  - Any revision of a past joint replacement — minimum 12-month waiting period; however, please discuss it with your insurance professional before submitting a CareMatters II application
  - Any joint replacement with a history of rheumatoid arthritis
- Mental retardation
- Multiple sclerosis, including relapsing-remitting disease
- Muscular dystrophy
- Paralysis, hemiplegia, paraplegia or quadriplegia (excluding Bell's palsy)
- Parkinson's disease
- Post-polio syndrome
- Organ transplant (other than cornea)
- Osteoporosis with a BMI of 20 or less or any previous fragility fracture
- Renal failure or chronic kidney disease (excludes kidney stones)
- Rheumatoid arthritis taking prednisone or a biologic agent (Enbrel, Humira, Remicade, Rituxan, Kineret, Actemra, Orencia, Cimzia, etc.)
- Steroid-dependent condition (six months or longer)
- Stroke/cerebrovascular accident (CVA)
- Suicide attempt or ideation
- Tobacco usage (cigarettes, pipe, cigar, vape) in the past 36 months and a history of any of the following:
  - Cardiac disease, including angina, atrial fibrillation, congestive heart failure, coronary artery bypass or stent, mitral valve disease, tachycardia, aneurysm, heart attack (myocardial infarction), valvular heart disease excluding mitral valve prolapse (MVP), sick sinus syndrome or premature ventricular contractions (PVCs)
  - Osteoporosis
  - Deep venous thrombosis (DVT) or pulmonary emboli (PE), history of
  - Carotid artery disease, cerebrovascular accident (stroke) or TIA
  - Peripheral vascular disease
  - Diabetes
  - Thrombotic disorder or clotting disorder
  - Respiratory conditions, including asthma, chronic emphysema, chronic obstructive pulmonary disease, obstructive sleep apnea or pulmonary embolism
- Transient ischemic attack (TIA) in the last five years
- Use of any narcotic drug or prescription pain medication currently or within the past three months (dental work narcotic pain prescription medications are excluded)

[1] If the type of cancer is not listed above, consideration may be possible, provided the cancer is not recurrent. Cancer history greater than five years that is high risk and/or advanced stage could also result in a decision to decline. Your insurance professional should complete a formal prescreening with details of the cancer history, including the location, stage, treatment and date of last treatment.

[2] The joint replacement "waiting period" in the joint replacement guidance starts from the date of any postoperative physical therapy (PT and any other treatment has ended, and you're considered fully recovered and have been released from care with no further symptoms, treatment or limitations). Multiple joint replacements may not prompt an automatic decision to decline; however, your insurance professional should complete a formal prescreening with details of joint replacements and any other medical history before submitting a CareMatters application.

Medication guidelines

Your medical information and health history are important factors in our ability to make an informed decision. That information includes a check on the medications you take, whether by prescription or over the counter.

Please note that this medication list may represent only the brand-name medication. If a generic medication is being taken, the brand name should be verified. Taking any of the medications below probably will disqualify an application for CareMatters II, as these medications are typically used to treat a variety of health issues that would not be eligible. This list is not all-inclusive.

Also, any medication used for the treatment of AIDS/ARC/HIV, any chemotherapy medications (all forms), treatment for memory loss or the use of medical marijuana will result in a decision to decline, even if not individually listed in the table below.

Ineligible prescription list

Actemra
Acthar
Adriamycin
Agrylin
AIDS/ARC/HIV meds: any/all prescriptions
Akineton
Antabuse
Apokyn
Arava
Aricept (donepezil)
Artane
Atgam
Avonex
Axura (memantine)
Azilect
Baraclude
Benlysta
Betaferon
Campral
Carbex
Carbidopa
Casodex
CellCept
Chemotherapy all forms, all prescriptions
Cimzia
Clozapine
Clozaril
Cogentin
Cognex
Comtan
Copaxone
Copegus
Cuprimine (D-penicillamine)
Dantrium
Demerol
Depade
Dilaudid (hydromorphone)
Dolophine (methadone)
Dopar
Duragesic (fentanyl)
Duramorph (morphine)
Ebixa (memantine)
Eldepryl
Eligard
Enbrel
Eskalith (lithium)
Eulexin (flutamide)
Exelon
Fazaclo
Galantamine
Gengraf
Geodon
Haldol
Hepsera
Humira
Hydergine (ergoloid)
Hydrea
Ilaris
Imuran (azathioprine)
Incivek (telaprevir)
Infergen
Interferon
Kemadrin
Kineret
Larodopa
Lemtrada
Lioresal (baclofen)
Loxitane
Lucemyra
Lupron
Medical marijuana by doctor recommendation
Megace
Mellaril
Mestinon
Mirapex
Moban
Moditen
MorphaBond (morphine)
MS Contin (morphine)
Mutamycin (mitomycin)
Myfortic
Mytelase
Namenda (memantine)
Namzaric
Navane
Neoral (cyclosporine)
Neupro
Nilandron
Novantrone
Olysio
Orencia
Orthoclone
Otezla
OxyContin (oxycodone)
Parcopa (levodopa)
Parlodel
Percocet
Percodan
Permax
Permitil
Plenaxis
Prograf
Prolixin (fluphenazine)
Prostigmin
Rapamune
Razadyne
Rebetron
Rebif
Regonol
Remicade
Reminyl
Revia (naltrexone)
RibaPak
Ribasphere
RibaTab
Ribavirin
Risperdal
Risperidone
Rituxan
Rivastigmine
Roferon
Sandimmune
Serentil
Simponi
Simulect
Sinemet (carbidopa)
Sovaldi
Stalevo
Stelara
Stelazine
Suboxone
Symadine
Symmetrel
Taractan
Tasmar
Thioridazine
Timespan
Toposar (etoposide)
Trelstar
Trihexane
Trilafon (perphenazine)
Tysabri
Tyzeka
Vantas
Vesprin
Viadur
Victrelis
Vivitrol
Wellcovorin
Xeljanz
Zelapar
Zenapax
Zyprexa

Height and weight guidelines

Your body mass index (BMI), which is determined by your height and weight, will also be evaluated during underwriting. If your height and weight exceed the minimum or maximum parameters below, an application should not be submitted. If your height and weight fall within a marginal range below, please discuss the details of chronic medical conditions, surgeries, treatments and medications with your insurance professional as some builds within these ranges may not be insurable in combination with other health concerns (for example, back disorders, bariatric surgery, diabetes, high blood pressure, osteoporosis, sleep apnea, weight-bearing joint, etc.)

Height and weight guidelines				
Height	Minimum weight in lbs.	Marginal weight range in lbs. with other health concerns	Marginal weight range in lbs. with other health concerns	Maximum weight in lbs.
4’10”	85	< 91	> 156	191
4’11”	88	< 94	> 162	197
5’0”	91	< 98	>167	204
5’1”	95	<101	>174	211
5’2”	98	<104	>179	218
5’3”	101	<107	>185	225
5’4”	104	<111	>190	232
5’5”	108	<114	>197	240
5’6”	111	<118	>203	247
5’7”	114	<122	>209	255
5’8”	118	<125	>215	262
5’9”	121	<129	>222	270
5’10”	125	<133	>228	278
5’11”	128	<136	>235	286
6’0”	132	<140	>241	294
6’1”	136	<144	>248	302
6’2”	139	<148	>255	311
6’3”	143	<152	>262	319
6’4”	147	<156	>269	328
6’5”	151	<160	>276	336
6’6”	155	<164	>284	345
6’7”	159	<169	>291	354
6’8”	163	<173	>298	363

Next steps

Work with your insurance or financial professional to determine whether it's a good time to apply for Nationwide CareMatters II. They can submit a prescreen request to us to help with the decision.

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The information contained herein was prepared to support the promotion, marketing and/or sale of life insurance contracts, annuity contracts and/or other products and services provided by Nationwide Life and Annuity Insurance Company.

Be sure to choose a product that meets long-term life insurance needs, especially if personal situations change — for example, marriage, birth of a child or job promotion. Weigh the costs of the policy, and understand that life insurance has fees and charges that vary with sex, health, age and tobacco use. Riders that customize a policy to fit individual needs usually carry an additional charge.

Nationwide CareMatters® II is a cash indemnity product that pays LTC benefits when the insured person is certified to have a qualifying condition and a need for LTC services. Bills and receipts showing actual expenses do not have to be submitted for payment of benefits once a claim has been approved. Each year, the policyowner can receive, tax free, the greater of the HIPAA per diem amount or actual LTC costs incurred. However, benefits may be taxable under certain circumstances. You may receive, tax free, the greater of the HIPAA per diem in the year of your claim or your actual qualified LTC expenses incurred. Taxpayers should consult with their tax and legal advisors about their specific situation.

Individual care needs and costs will vary, and there is no guarantee the policy will cover the entire cost of the insured's long-term care. Nationwide pays benefits to the policyowner. If the policy is owned by someone other than the insured, there is no guarantee the policyowner will use the benefits to pay for LTC services.

All guarantees and benefits of the insurance policy are backed by the claims-paying ability of the issuing insurance company. Policy guarantees and benefits are not backed by the broker/dealer and/or insurance agency selling the policy, nor by any of their affiliates, and none of them makes any representations or guarantees regarding the claims-paying ability of the issuing insurance company.

Products are issued by Nationwide Life and Annuity Insurance Company, Columbus, Ohio.

FLM-1345AO.1 (09/20)