

Medico® Insurance Company

Recovery Care Platinum Policy – Form A30

PER INDIVIDUAL

DIRECT BILL

Annual Premium per \$10 Daily Benefit																		
Recovery Care Platinum									Recovery Care Platinum with Simple Inflation									
360 Day Ben Period			240 Day Ben Period			120 Day Ben Period			360 Day Ben Period			240 Day Ben Period			120 Day Ben Period			
Issue Age	Elimination Period Days									Elimination Period Days								
	0	15	30	0	15	30	0	15	30	0	15	30	0	15	30	0	15	30
18-54	\$35.48	\$32.64	\$31.22	\$25.77	\$23.19	\$22.16	\$16.82	\$14.80	\$14.13	\$70.03	\$64.43	\$61.63	\$44.13	\$39.72	\$37.96	\$27.27	\$23.99	\$22.90
55	37.19	34.22	32.73	26.88	24.19	23.12	17.65	15.53	14.82	72.55	66.75	63.84	51.06	45.96	43.91	32.06	28.21	26.93
56	39.43	36.28	34.70	28.42	25.58	24.44	18.53	16.31	15.57	76.79	70.64	67.57	53.92	48.53	46.37	33.65	29.61	28.27
57	41.95	38.60	36.92	30.17	27.16	25.95	19.46	17.12	16.35	81.81	75.26	71.99	57.33	51.60	49.30	35.42	31.17	29.75
58	44.83	41.24	39.45	32.20	28.98	27.69	20.46	18.00	17.18	87.75	80.73	77.22	61.39	55.25	52.80	37.39	32.90	31.41
59	48.15	44.30	42.37	34.56	31.10	29.72	21.60	19.01	18.14	94.54	86.98	83.20	66.07	59.46	56.82	39.60	34.85	33.26
60	52.01	47.85	45.77	37.33	33.59	32.10	22.97	20.22	19.30	102.03	93.86	89.78	71.27	64.14	61.29	42.07	37.03	35.34
61	56.50	51.98	49.72	40.56	36.51	34.88	24.67	21.71	20.72	110.07	101.26	96.86	76.91	69.22	66.14	44.84	39.46	37.67
62	61.73	56.79	54.32	44.34	39.90	38.13	26.77	23.56	22.49	118.52	109.03	104.29	82.91	74.62	71.30	47.92	42.17	40.26
63	67.73	62.31	59.60	48.68	43.81	41.87	29.34	25.82	24.64	127.25	117.07	111.98	89.19	80.27	76.70	51.33	45.17	43.12
64	74.37	68.42	65.45	53.52	48.17	46.03	32.25	28.38	27.09	136.21	125.31	119.86	95.70	86.13	82.30	54.96	48.36	46.17
65	81.49	74.97	71.71	58.75	52.87	50.52	35.35	31.11	29.70	145.33	133.71	127.89	102.38	92.14	88.04	58.70	51.66	49.31
66	88.89	81.78	78.22	64.24	57.82	55.25	38.50	33.88	32.34	154.58	142.21	136.03	109.18	98.26	93.89	62.44	54.95	52.45
67	96.41	88.69	84.84	69.90	62.91	60.12	41.55	36.56	34.90	163.89	150.78	144.23	116.04	104.44	99.80	66.06	58.13	55.49
68	103.98	95.66	91.50	75.70	68.13	65.10	44.41	39.08	37.30	173.34	159.47	152.54	123.01	110.71	105.79	69.51	61.17	58.39
69	112.06	103.10	98.61	81.96	73.76	70.49	47.33	41.65	39.75	183.41	168.73	161.40	130.45	117.41	112.19	73.03	64.26	61.34
70	121.22	111.52	106.67	89.08	80.18	76.61	50.61	44.54	42.51	194.70	179.13	171.34	138.83	124.95	119.40	76.90	67.67	64.60
71	132.03	121.47	116.18	97.48	87.73	83.83	54.58	48.03	45.84	207.83	191.20	182.89	148.62	133.75	127.81	81.43	71.66	68.40
72	145.06	133.45	127.65	107.56	96.80	92.50	59.54	52.39	50.01	223.39	205.52	196.58	160.26	144.24	137.83	86.92	76.49	73.01
73	160.70	147.84	141.41	119.58	107.63	102.84	65.71	57.82	55.19	241.79	222.45	212.78	174.08	156.67	149.71	93.57	82.34	78.60
74	178.57	164.28	157.14	133.28	119.95	114.62	72.92	64.17	61.25	262.62	241.61	231.11	189.75	170.78	163.19	101.23	89.08	85.03
75	198.12	182.27	174.34	148.23	133.41	127.48	80.92	71.21	67.97	285.27	262.45	251.04	206.82	186.14	177.87	109.63	96.48	92.09
76	218.79	201.28	192.53	164.01	147.61	141.05	89.44	78.71	75.13	309.14	284.41	272.04	224.82	202.34	193.35	118.54	104.31	99.57
77	240.01	220.81	211.21	180.21	162.19	154.98	98.23	86.44	82.51	333.62	306.93	293.58	243.29	218.96	209.23	127.70	112.37	107.27
78	263.30	242.23	231.70	198.01	178.21	170.29	107.87	94.93	90.61	360.03	331.23	316.83	263.27	236.94	226.41	137.56	121.05	115.55
79	288.84	265.73	254.18	217.57	195.82	187.11	118.47	104.25	99.51	388.54	357.45	341.91	284.89	256.40	245.01	148.19	130.41	124.48

Survivorship Benefit Rider Multiple: 1.17

Direct Bill Modal Factors:
Semi-Annual: 0.52
Quarterly: 0.27

Refer to the application for premium calculation.

Ins-Special, Inc
7505 State Hwy 37 / PO Box 218
Purdy, MO 65734
service@insspecial.com
800-789-0182

HOUSEHOLD (PER INDIVIDUAL)

DIRECT BILL

Annual Premium per \$10 Daily Benefit																		
Issue Age	Recovery Care Platinum									Recovery Care Platinum with Simple Inflation								
	360 Day Ben Period			240 Day Ben Period			120 Day Ben Period			360 Day Ben Period			240 Day Ben Period			120 Day Ben Period		
	Elimination Period Days									Elimination Period Days								
	0	15	30	0	15	30	0	15	30	0	15	30	0	15	30	0	15	30
18-54	\$31.93	\$29.38	\$28.10	\$23.19	\$20.87	\$19.94	\$15.14	\$13.32	\$12.72	\$63.03	\$57.99	\$55.47	\$39.71	\$35.75	\$34.16	\$24.55	\$21.59	\$20.61
55	33.47	30.80	29.46	24.19	21.77	20.81	15.89	13.98	13.34	65.29	60.08	57.46	45.95	41.36	39.52	28.86	25.39	24.24
56	35.49	32.65	31.23	25.58	23.02	22.00	16.68	14.68	14.01	69.11	63.57	60.81	48.53	43.68	41.74	30.29	26.65	25.44
57	37.76	34.74	33.23	27.15	24.44	23.36	17.51	15.41	14.72	73.63	67.73	64.79	51.59	46.44	44.38	31.87	28.06	26.78
58	40.35	37.12	35.51	28.98	26.08	24.92	18.41	16.20	15.46	78.98	72.66	69.50	55.25	49.72	47.52	33.65	29.61	28.27
59	43.34	39.87	38.13	31.10	27.99	26.75	19.44	17.11	16.33	85.09	78.28	74.88	59.46	53.51	51.14	35.64	31.37	29.94
60	46.81	43.07	41.19	33.60	30.23	28.89	20.67	18.20	17.37	91.83	84.48	80.80	64.15	57.73	55.16	37.86	33.33	31.81
61	50.85	46.78	44.75	36.50	32.86	31.39	22.20	19.54	18.65	99.06	91.13	87.18	69.22	62.30	59.52	40.35	35.52	33.91
62	55.56	51.11	48.89	39.91	35.91	34.32	24.09	21.20	20.24	106.67	98.13	93.86	74.62	67.16	64.17	43.13	37.95	36.23
63	60.96	56.08	53.64	43.81	39.43	37.68	26.41	23.24	22.18	114.53	105.36	100.78	80.27	72.24	69.03	46.20	40.66	38.81
64	66.93	61.58	58.91	48.17	43.35	41.43	29.03	25.54	24.38	122.59	112.78	107.88	86.13	77.51	74.07	49.47	43.52	41.55
65	73.34	67.47	64.54	52.88	47.58	45.47	31.82	28.00	26.73	130.80	120.34	115.10	92.15	82.92	79.24	52.84	46.50	44.38
66	80.00	73.60	70.40	57.82	52.04	49.73	34.65	30.49	29.11	139.12	127.99	122.43	98.27	88.44	84.51	56.20	49.45	47.21
67	86.77	79.82	76.36	62.91	56.62	54.11	37.40	32.90	31.41	147.50	135.70	129.81	104.44	94.00	89.82	59.46	52.31	49.94
68	93.58	86.09	82.35	68.13	61.32	58.59	39.97	35.17	33.57	156.00	143.52	137.29	110.71	99.64	95.21	62.56	55.05	52.55
69	100.85	92.79	88.75	73.76	66.38	63.44	42.60	37.49	35.78	165.07	151.86	145.26	117.40	105.67	100.97	65.73	57.84	55.21
70	109.10	100.37	96.00	80.17	72.16	68.95	45.55	40.09	38.26	175.23	161.22	154.20	124.95	112.45	107.46	69.21	60.91	58.14
71	118.83	109.32	104.56	87.73	78.96	75.45	49.12	43.23	41.26	187.05	172.08	164.60	133.76	120.38	115.03	73.29	64.50	61.56
72	130.55	120.11	114.89	96.80	87.12	83.25	53.59	47.15	45.01	201.05	184.97	176.93	144.23	129.82	124.05	78.23	68.84	65.71
73	144.63	133.06	127.27	107.62	96.87	92.56	59.14	52.04	49.67	217.61	200.21	191.50	156.67	141.01	134.74	84.21	74.11	70.74
74	160.71	147.85	141.43	119.95	107.96	103.16	65.63	57.75	55.13	236.36	217.45	208.00	170.77	153.71	146.87	91.11	80.17	76.53
75	178.31	164.04	156.91	133.41	120.07	114.73	72.83	64.09	61.17	256.75	236.20	225.94	186.14	167.53	160.08	98.67	86.83	82.88
76	196.91	181.15	173.28	147.61	132.85	126.95	80.50	70.84	67.62	278.23	255.97	244.84	202.34	182.11	174.02	106.69	93.88	89.62
77	216.01	198.73	190.09	162.19	145.97	139.48	88.41	77.80	74.26	300.26	276.24	264.22	218.96	197.06	188.31	114.93	101.14	96.54
78	236.97	218.01	208.53	178.21	160.39	153.26	97.08	85.44	81.55	324.03	298.11	285.15	236.94	213.25	203.77	123.80	108.95	104.00
79	259.96	239.16	228.76	195.81	176.24	168.40	106.62	93.83	89.56	349.69	321.71	307.72	256.40	230.76	220.51	133.37	117.37	112.03

Survivorship Benefit Rider Multiple: 1.17

Direct Bill Modal Factors:
Semi-Annual: 0.52
Quarterly: 0.27

Refer to the application for premium calculation.

Ins-Special, Inc
7505 State Hwy 37 / PO Box 218
Purdy, MO 65734
service@insspecial.com
800-789-0182

PER INDIVIDUAL

AUTOMATIC BANK WITHDRAWAL

Monthly Premium per \$10 Daily Benefit																		
Recovery Care Platinum									Recovery Care Platinum with Simple Inflation									
360 Day Ben Period			240 Day Ben Period			120 Day Ben Period			360 Day Ben Period			240 Day Ben Period			120 Day Ben Period			
Issue Age	Elimination Period Days									Elimination Period Days								
	0	15	30	0	15	30	0	15	30	0	15	30	0	15	30	0	15	30
18-54	\$2.96	\$2.72	\$2.60	\$2.15	\$1.93	\$1.85	\$1.40	\$1.23	\$1.18	\$5.84	\$5.37	\$5.13	\$3.68	\$3.31	\$3.17	\$2.27	\$2.00	\$1.91
55	3.10	2.85	2.73	2.24	2.02	1.93	1.47	1.29	1.24	6.05	5.56	5.32	4.26	3.83	3.66	2.67	2.35	2.25
56	3.29	3.02	2.89	2.37	2.13	2.04	1.54	1.36	1.30	6.40	5.88	5.63	4.50	4.04	3.87	2.80	2.47	2.36
57	3.50	3.22	3.08	2.51	2.26	2.16	1.62	1.43	1.36	6.82	6.28	6.00	4.77	4.30	4.11	2.95	2.60	2.48
58	3.74	3.44	3.29	2.68	2.42	2.31	1.71	1.50	1.43	7.32	6.73	6.44	5.11	4.61	4.40	3.12	2.74	2.62
59	4.01	3.69	3.53	2.88	2.59	2.48	1.80	1.58	1.51	7.88	7.25	6.93	5.51	4.95	4.74	3.30	2.90	2.77
60	4.33	3.99	3.81	3.11	2.80	2.68	1.91	1.69	1.61	8.50	7.82	7.48	5.94	5.35	5.11	3.50	3.09	2.95
61	4.71	4.33	4.14	3.38	3.04	2.91	2.06	1.81	1.73	9.17	8.44	8.07	6.41	5.77	5.52	3.74	3.29	3.14
62	5.14	4.73	4.53	3.70	3.33	3.18	2.23	1.96	1.87	9.87	9.08	8.69	6.91	6.22	5.94	3.99	3.51	3.35
63	5.64	5.19	4.97	4.06	3.65	3.49	2.45	2.15	2.05	10.60	9.75	9.34	7.44	6.69	6.39	4.28	3.76	3.59
64	6.20	5.70	5.45	4.46	4.01	3.84	2.69	2.37	2.26	11.35	10.44	9.98	7.98	7.17	6.86	4.58	4.04	3.85
65	6.79	6.25	5.98	4.90	4.41	4.21	2.95	2.59	2.48	12.11	11.15	10.66	8.54	7.68	7.34	4.90	4.30	4.11
66	7.41	6.82	6.52	5.35	4.82	4.60	3.21	2.82	2.70	12.88	11.86	11.34	9.10	8.19	7.82	5.21	4.58	4.38
67	8.03	7.39	7.07	5.83	5.24	5.01	3.46	3.05	2.91	13.65	12.56	12.02	9.68	8.70	8.32	5.50	4.85	4.63
68	8.67	7.97	7.63	6.31	5.68	5.43	3.70	3.26	3.11	14.45	13.29	12.72	10.25	9.23	8.82	5.79	5.10	4.87
69	9.34	8.59	8.22	6.83	6.15	5.87	3.94	3.47	3.31	15.29	14.06	13.45	10.87	9.79	9.35	6.08	5.35	5.11
70	10.10	9.29	8.89	7.42	6.68	6.38	4.22	3.71	3.54	16.22	14.92	14.28	11.57	10.41	9.95	6.41	5.64	5.38
71	11.00	10.12	9.68	8.12	7.31	6.99	4.55	4.00	3.82	17.32	15.93	15.24	12.38	11.15	10.66	6.79	5.97	5.70
72	12.09	11.12	10.64	8.96	8.07	7.71	4.96	4.37	4.17	18.62	17.13	16.38	13.35	12.02	11.49	7.24	6.38	6.09
73	13.39	12.32	11.78	9.97	8.97	8.57	5.48	4.82	4.60	20.15	18.54	17.73	14.51	13.06	12.48	7.80	6.86	6.55
74	14.88	13.69	13.10	11.11	10.00	9.55	6.08	5.35	5.10	21.88	20.13	19.26	15.82	14.24	13.60	8.44	7.43	7.08
75	16.51	15.19	14.53	12.35	11.12	10.62	6.74	5.93	5.66	23.77	21.87	20.92	17.23	15.51	14.82	9.13	8.04	7.67
76	18.23	16.77	16.04	13.67	12.30	11.75	7.45	6.56	6.26	25.76	23.70	22.67	18.74	16.86	16.11	9.88	8.69	8.30
77	20.00	18.40	17.60	15.02	13.52	12.92	8.19	7.20	6.88	27.80	25.58	24.46	20.28	18.25	17.44	10.65	9.36	8.94
78	21.94	20.19	19.31	16.50	14.85	14.19	8.99	7.91	7.55	30.00	27.61	26.40	21.94	19.74	18.87	11.46	10.09	9.63
79	24.07	22.14	21.18	18.13	16.32	15.59	9.87	8.69	8.29	32.38	29.78	28.49	23.74	21.37	20.42	12.35	10.87	10.37

Survivorship Benefit Rider Multiple: 1.17

Automatic Bank Withdrawal Modal Factors:
Quarterly: 3

Refer to the application for premium calculation.

Ins-Special, Inc
7505 State Hwy 37 / PO Box 218
Purdy, MO 65734
service@insspecial.com
800-789-0182

HOUSEHOLD (PER INDIVIDUAL)

AUTOMATIC BANK WITHDRAWAL

Monthly Premium per \$10 Daily Benefit																		
Recovery Care Platinum									Recovery Care Platinum with Simple Inflation									
360 Day Ben Period			240 Day Ben Period			120 Day Ben Period			360 Day Ben Period			240 Day Ben Period			120 Day Ben Period			
Issue Age	Elimination Period Days									Elimination Period Days								
	0	15	30	0	15	30	0	15	30	0	15	30	0	15	30	0	15	30
18-54	\$2.66	\$2.45	\$2.34	\$1.93	\$1.74	\$1.66	\$1.26	\$1.11	\$1.06	\$5.25	\$4.83	\$4.62	\$3.31	\$2.98	\$2.85	\$2.04	\$1.80	\$1.72
55	2.79	2.57	2.46	2.02	1.81	1.73	1.32	1.17	1.11	5.44	5.01	4.79	3.83	3.44	3.29	2.40	2.12	2.02
56	2.96	2.72	2.60	2.13	1.92	1.83	1.39	1.22	1.17	5.76	5.30	5.07	4.04	3.64	3.48	2.52	2.22	2.12
57	3.15	2.90	2.77	2.26	2.04	1.95	1.46	1.28	1.23	6.14	5.65	5.40	4.30	3.87	3.70	2.66	2.33	2.24
58	3.36	3.09	2.96	2.42	2.17	2.08	1.53	1.35	1.29	6.58	6.05	5.79	4.61	4.14	3.96	2.80	2.47	2.36
59	3.61	3.32	3.18	2.59	2.33	2.23	1.62	1.43	1.36	7.09	6.52	6.24	4.95	4.46	4.26	2.97	2.62	2.49
60	3.90	3.59	3.43	2.80	2.52	2.41	1.72	1.52	1.45	7.65	7.04	6.73	5.35	4.81	4.60	3.15	2.78	2.65
61	4.24	3.90	3.73	3.04	2.74	2.62	1.85	1.63	1.55	8.26	7.60	7.27	5.77	5.19	4.96	3.36	2.96	2.82
62	4.63	4.26	4.07	3.33	2.99	2.86	2.01	1.77	1.69	8.89	8.18	7.82	6.22	5.59	5.35	3.60	3.17	3.02
63	5.08	4.67	4.47	3.65	3.29	3.14	2.20	1.94	1.85	9.54	8.78	8.40	6.69	6.02	5.75	3.85	3.39	3.24
64	5.58	5.13	4.91	4.01	3.61	3.45	2.42	2.13	2.03	10.22	9.40	8.99	7.17	6.46	6.17	4.12	3.63	3.46
65	6.11	5.62	5.38	4.41	3.97	3.79	2.65	2.33	2.23	10.90	10.03	9.59	7.68	6.92	6.60	4.40	3.87	3.70
66	6.67	6.13	5.87	4.82	4.34	4.14	2.89	2.54	2.43	11.60	10.66	10.21	8.19	7.37	7.04	4.69	4.12	3.94
67	7.23	6.65	6.36	5.24	4.72	4.51	3.12	2.74	2.62	12.29	11.31	10.81	8.70	7.84	7.49	4.96	4.36	4.16
68	7.80	7.17	6.86	5.68	5.11	4.88	3.33	2.93	2.80	13.00	11.96	11.44	9.23	8.30	7.93	5.21	4.59	4.38
69	8.40	7.73	7.40	6.15	5.53	5.29	3.55	3.12	2.98	13.75	12.65	12.11	9.79	8.80	8.42	5.48	4.82	4.60
70	9.09	8.36	8.00	6.68	6.01	5.75	3.80	3.34	3.19	14.60	13.43	12.85	10.41	9.37	8.96	5.77	5.08	4.85
71	9.90	9.11	8.71	7.31	6.58	6.29	4.09	3.60	3.44	15.59	14.34	13.71	11.15	10.03	9.59	6.10	5.37	5.13
72	10.88	10.01	9.57	8.07	7.26	6.94	4.47	3.93	3.75	16.76	15.42	14.74	12.02	10.82	10.34	6.52	5.74	5.48
73	12.05	11.09	10.61	8.97	8.07	7.71	4.93	4.34	4.14	18.13	16.69	15.96	13.06	11.75	11.23	7.02	6.18	5.90
74	13.39	12.32	11.79	10.00	9.00	8.60	5.47	4.81	4.59	19.69	18.12	17.34	14.24	12.81	12.24	7.59	6.68	6.37
75	14.86	13.67	13.08	11.12	10.01	9.56	6.07	5.34	5.10	21.40	19.68	18.83	15.51	13.97	13.34	8.22	7.24	6.91
76	16.41	15.10	14.44	12.30	11.07	10.58	6.71	5.90	5.64	23.19	21.34	20.40	16.86	15.18	14.50	8.89	7.82	7.47
77	18.00	16.56	15.84	13.52	12.16	11.62	7.37	6.48	6.19	25.02	23.02	22.02	18.25	16.42	15.69	9.58	8.43	8.05
78	19.75	18.17	17.38	14.85	13.37	12.77	8.09	7.12	6.80	27.01	24.85	23.77	19.74	17.78	16.98	10.32	9.08	8.67
79	21.66	19.93	19.06	16.32	14.69	14.03	8.89	7.82	7.46	29.14	26.81	25.64	21.37	19.23	18.37	11.12	9.78	9.33

Survivorship Benefit Rider Multiple: 1.17

Automatic Back Withdrawal Modal Factors:
Quarterly: 3

Refer to the application for premium calculation.

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A30 Recovery Care Platinum

Underwriting Guidelines: The Underwriting Guidelines were developed with an emphasis on predictability. We want the agent to have a 90%-95% idea of the applicant's eligibility for coverage when he leaves their home.

Applicants with "yes" responses to questions 1-11 in Part B of the application (questions 1-12 for Montana) and those whose weight exceeds the maximum according to the chart on the second page would **not** be eligible for this coverage. If the applicant answers all the questions 1-11 "no," but we determine from the Personal Health Interview (PHI) or any other source that one of the questions should have been answered "yes," they would not be eligible for coverage.

The A30 plan can be issued in addition to another Short-Term Care or Long-Term Care policy, as long as the total daily benefit from all policies does not exceed \$300.

The A30 plan can be issued as a replacement from another Short-Term Care policy as long as the underwriter determines the replacement is suitable for the applicant.

The A30 plan **cannot** be issued as a replacement from a Long-Term Care policy.

Underwriting Requirements:

- A Personal Health Interview (PHI) will be required for all applicants.
- Mid-America Agency Services (MAAS) can conduct the Personal Health Interview.
 - You can call from the applicant's home for the interview.
 - You can have the applicant call MAAS at their convenience.
 - We can request the interview when we receive the application, but this adds unnecessary delays to the processing time.
 - Call Toll-Free 1-888-318-9436 Monday through Thursday, 8:00 a.m. to 9:00 p.m. (Central Time) and Friday, 8:00 a.m. to 5:00 p.m. (Central Time).
- A Prescription Drug screen will be required for all applicants. This screen is requested by the Underwriting Department through Milliman Intelliscript. This has proven to be a very effective underwriting tool used by many life and health insurance companies.

We will not routinely request an Attending Physician's Statement (APS). An APS could be requested:

- to clarify conflicting information between the application and another source.
- to clarify the diagnosis for a high-risk medication.
- to determine the reason the applicant was declined for coverage in the past.

Male	
Height Feet-Inches	Maximum Weight
4-10	216
4-11	220
5-0	224
5-1	228
5-2	232
5-3	238
5-4	244
5-5	250
5-6	256
5-7	262
5-8	267
5-9	273
5-10	280
5-11	286
6-0	293
6-1	299
6-2	305
6-3	314
6-4	322
6-5	330
6-6	339
6-7	347
6-8	354
6-9	360
6-10	368

Female	
Height Feet-Inches	Maximum Weight
4-8	195
4-9	198
4-10	201
4-11	203
5-0	208
5-1	212
5-2	217
5-3	221
5-4	225
5-5	230
5-6	235
5-7	240
5-8	246
5-9	252
5-10	257
5-11	265
6-0	272
6-1	279
6-2	286
6-3	293

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Uninsurable Medications

Individuals that take any of the following prescription medications would be uninsurable for the Recovery Care Plan.

Medication	Medical Condition	Medication	Medical Condition
Alkeran	Cancer	Parcopa	Parkinson's Disease
Aricept	Alzheimer's / Memory Loss	Pergolide	Parkinson's Disease
Avonex	Multiple Sclerosis	Procrit	Cancer
Betaseron	Multiple Sclerosis	Razadyne	Alzheimer's / Memory Loss
Carbidopa	Parkinson's Disease	Rebif	Multiple Sclerosis
Carboplatin Injection	Cancer	Requip	Parkinson's Disease
Cerefolin	Alzheimer's / Memory Loss	Risperidone	Psychotic Disorders
Cogentin	Parkinson's Disease	Rivastigmine	Alzheimer's / Memory Loss
Cognex	Alzheimer's / Memory Loss	Selegiline	Parkinson's Disease
Comtan	Parkinson's Disease	Sinemet	Parkinson's Disease
Cytosan	Cancer	Stalevo	Parkinson's Disease
Donepezil	Alzheimer's / Memory Loss	Tacrine	Alzheimer's / Memory Loss
Entacapone	Parkinson's Disease	Tasmar	Parkinson's Disease
Ergoloid	Alzheimer's / Memory Loss	Thioridazine	Psychotic Disorders
Exelon	Alzheimer's / Memory Loss	Thiotepa	Cancer
Galantamine	Alzheimer's / Memory Loss	Tolcapone	Parkinson's Disease
Haloperidol	Psychotic Disorders	Trihexyphenidyl	Parkinson's Disease
Hydrea	Cancer	Vincristine	Cancer
Humalog (insulin)	Diabetes		
Interleuken	Cancer		
Lantus (insulin)	Diabetes		
Leukeran	Cancer		
Levemir (insulin)	Diabetes		
Levodopa	Parkinson's Disease		
Lodosyn	Parkinson's Disease		
Lysodren	Cancer		
Mirapex	Parkinson's Disease		
Mitomycin	Cancer		
Myleran	Cancer		
Namenda	Alzheimer's / Memory Loss		
Navane	Psychotic Disorders		
Novantrone	Multiple Sclerosis		
Novolog (insulin)	Diabetes		

This list is not all-inclusive. There may be other medications that are used for the treatment of diseases that would make an applicant uninsurable.

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