



Web Eagle

February 2018

Welcome to the Web Eagle, your monthly source for the latest product and industry news from United Security Assurance. For producer use only.

Quote of the Month

"The road back may not be as short as we wish,.. But there are solid reasons to feel confident about the future."

Richard Parson,
Former Chairman of Citigroup
and Former Chairman and CEO
of Time Warner

e-Applications

You can access state-specific e-Apps for our **SecureHorizons** STC plan and LSS series of LTCi products at our [Agent Portal](#)*.

Faxing Applications

We can accept faxed applications with voided checks at this toll-free number
888-976-5969.

Download your copy of the [fax cover sheet](#).

Quoting Software

Our quoting software can be downloaded from our [website](#)*. Contact us if you are unable to download the quoting software, or if you would like to have an illustration done for you.

An HHC Plan That Eases Financial Worries

Millions of older Americans who will require care may not be financially prepared to pay for the professional service cost associated with in-home care. Our short-term home health care insurance plan, **SecureHorizons**, is designed to help bridge the financial gap for individuals who may suffer an injury or medical condition and want to recover at home. The plan's benefit features include:

- One Rate Class
- 0-Day Elimination Period
- Same Rates for both Men and Women
- Optional Facility Care Rider¹
- Optional Inflation Protection Riders¹
- Easy Application Process - No medical records required

For more information about this plan or any of our other plans, call our Marketing Department at 800-872-3044.

¹Not offered in Pennsylvania.

LTCI Claim Payments Rise

United States long term care insurance companies paid out \$9.2 billion in benefits to 295,000 recipients last year, up 6 percent from \$8.65 billion a year earlier. Industry experts believe these numbers reflect the growing importance of long term care insurance. Read the [complete article](#).

Underwriting Corner¹

By: Jennifer Howlett
Underwriting Supervisor

Our LSS and LSS Select LTCi products, and *SecureHorizons* short-term home health care plan are featured on [StrateCision quoting platform](#).

Ordering Supplies

USA licensed producers can order directly from our Marketing Team, at 800-872-3044.

*This is a secured section of our site that requires [registration](#).

Contact Us

673 East Cherry Lane
P.O. Box 64477
Phone: 800-872-3044
Fax: 215-723-8036
www.usaofpa.com

The Underwriting Corner topic for this month is **Arrhythmia** (irregular heartbeat). Arrhythmia is a general term and has several types, all of which are important to discuss. Therefore, I divided this article into two parts, the first to be discussed this month with the second part (Bradycardia and Tachycardia) to be discussed next month.

According to the American Heart Association, "**Arrhythmia**" refers to any change from the normal sequence of electrical impulses. The electrical impulses may happen too fast, too slowly, or erratically - causing the heart to beat too fast, too slowly, or erratically. When the heart doesn't beat properly, it can't pump blood effectively. When the heart doesn't pump blood effectively, the lungs, brain and all other organs can't work properly and may shut down or be damaged.

The following are some types of arrhythmia:

- **Atrial Fibrillation (A-fib)** - The upper chambers of the heart (the atria) beat irregularly (quiver), instead of beating effectively, to move blood into the ventricles. If a clot breaks off, enters the bloodstream and lodges in an artery leading to the brain, a stroke results. About 15-20 percent of people who have strokes have this heart arrhythmia. A-fib can also cause heart failure and other heart-related complications. *Symptoms of A-fib* include general fatigue, rapid and irregular heartbeat, fluttering or "thumping" in the chest, dizziness, shortness of breath and anxiety, weakness, faintness or confusion, fatigue when exercising, sweating, chest pain or pressure. *Treatments: Medications given for A-fib* include blood thinners (ex. Plavix/Clopidogrel, Coumadin/Warfarin, Eliquis, full strength aspirin), to reduce risk of blood clots and strokes, calcium channel blockers (ex. Amlodipine, Valsartan, Diltiazem, Verapamil) or beta blockers (ex. Atenolol, Metoprolol, Propanolol, Carvedilol) which help regulate the AV node and slow the heart rate. *Cardioversion* is also a common treatment, in which the heart is "shocked" with an electrical current to get it back into normal rhythm. Finally, *Cardiac ablation* is a procedure to scar or destroy tissue in your heart that's allowing incorrect electrical signals to cause an abnormal heart rhythm.
- **Conduction Disorders** - The heart does not beat normally due to a bundle branch block, when the electrical impulses travel down the right and left side unevenly; heart block, which slows the electrical impulses from the upper chambers (Atria) to the lower chambers (Ventricles) in 1st degree block, or

some of the impulses don't reach the ventricles from the atria in 2nd degree block, or impulses don't reach the ventricles at all in 3rd degree/complete heart block; Long Q-T wave, which indicates a longer than average time for electrical activation and inactivation of the ventricles, the lower chambers of the heart. *Symptoms associated with 2nd degree heart block* are chest pain, faintness (syncope), palpitations, shortness of breath with exertion, rapid breathing, nausea, and fatigue. *Symptoms of 3rd degree/complete heart block* are slow heart rate, fainting, dizziness, fatigue, shortness of breath, and chest pain. *Symptoms of Long Q-T wave disorder* are typically syncope and arrhythmia. *Treatment* often can include Pacemaker implantation for 2nd & 3rd degree/complete heart block and/or defibrillator implantation for Long Q-T wave disorder.

- **Ventricular Fibrillation (V-fib)** - A disorganized contraction of the lower chambers of the heart. This is the most serious cardiac rhythm disturbance; the lower chambers quiver and the heart can't pump any blood, causing cardiac arrest. *Causes of V-fib* include lack of proper blood flow to the heart muscle or damage to the heart muscle from a heart attack, cardiomyopathy, problems with the aorta, drug toxicity, sepsis or (severe body infection). Signs of cardiac arrest include sudden loss of responsiveness and abnormal breathing - only able to gasp. Treatments: Arrhythmia medications can help control rhythm disturbances, and an implantable cardiac defibrillator can correct life-threatening rhythm disturbances in high-risk patients.

If your client has an arrhythmia or irregular heartbeat, please ask the following questions:

1. What is the diagnosis given for your arrhythmia/irregular heartbeat?
2. What symptoms did you have that led to the testing that diagnosed your condition?
3. Do you experience fatigue, shortness of breath, palpitations, syncope (fainting) or chest pain? When did you last experience one of more of these symptoms?
4. When were you diagnosed, and how many episodes of arrhythmia are you aware of?
5. What treatment have you received, or are you receiving? Medications? Ablation? Cardioversion? Defibrillation? Pacemaker? If you had surgical procedures, what were they and when did they occur?
6. How often do you follow with your cardiologist?
7. Has your cardiologist recommended any surgical procedures within the upcoming months?

As always, our Underwriters are available to help you with any questions you may have.

¹All information is intended as general knowledge only and is not a substitute for medical advice for specific medical conditions. We cannot and do not give medical advice. Individuals are always encouraged to seek medical advice for any specific health issues.

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Information for this article was obtained from the following sources:

http://www.heart.org/HEARTORG/Conditions/Arrhythmia/AboutArrhythmia/About-Arrhythmia_UCM_002010_Article.jsp#.Wd94o1u3zct

<https://www.mayoclinic.org/tests-procedures/cardiac-ablation/home/ovc-20268855>

https://www.medicinenet.com/calcium_channel_blockers/article.htm

https://www.medicinenet.com/beta_blockers/article.htm

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United Security Assurance
Company of Pennsylvania
673 East Cherry Lane
Souderton, PA 18964

