



PRODUCER & UNDERWRITING GUIDE

MEDAmerica
An Excellus Company

GENERAL INFORMATION

BENEFIT LIMITS

FlexCare		
Age	*Daily Benefit Limits	Maximum Benefit Period
18-79	\$50 to \$500	3,650 Days
80-85	\$50 to \$500	2,555 Days

The Daily Benefit options for Assisted Living Facility and Home Health Care are available only within these limits.

* Daily minimums and maximums vary in some states.

ISSUE AGES & EFFECTIVE DATES

- ▶ Issue ages are 18 through 85. Issue age is determined by the date the application is signed, even if there is an age change before the Policy's Effective Date.
- ▶ Applications may not be back-dated for any reason.
- ▶ The policy provides you with maximum flexibility in selecting the Policy Effective Date. The applicant may select:
 1. date of application,
 2. date of underwriting approval,
 3. postdate of up to 90 days from the date of application, or
 4. date selected by MedAmerica Insurance Company for a List Bill (refer to the Employer Group Program Producer Guide for details).
- ▶ Only expenses incurred on or after the Effective Date (as shown in the policy schedule) are eligible for benefits and application of the Elimination Period.

SIGNATURE ON APPLICATION

- ▶ Each person applying for coverage must answer the underwriting questions and sign the application. A signature consists of first name, middle initial (if applicable), and last name. Wives should not sign their name as "Mrs." followed by their husband's name on the application.
- ▶ MedAmerica Insurance Company will not accept Power of Attorney (POA) signatures.

SUBMISSION OF NEW BUSINESS

- ▶ Applications must be received **within 21 calendar days** of date signed. (Special rules apply to the Employer Group Program.)
- ▶ New business may **not** be processed C.O.D. (Special rules apply to the Employer Group Program.)
- ▶ All premiums should be submitted gross using the customer's check made payable to **MedAmerica Insurance Company**. Do not submit an agency check. In the event a customer pays cash, submit a cashier's check for the gross premium payable to MedAmerica Insurance Company.
- ▶ The application used must be signed and the policy delivered in the state where the application is approved.

- ▶ Producers should call Underwriting to pre-screen an applicant that has questionable health history or has been previously declined for LTCi. If the producer is advised to submit an application, the conversation should be referenced in the **Pre-Screen Comments** section on the application cover, along with the **Underwriting Call ID#**.
- ▶ **Federal Partnership policies are available only to residents of the partnership state.**

COMPLIANCE POLICY & APPLICATION CHANGES

- ▶ Before taking an application, the agent must be in compliance with all mandated licensing and training requirements. This includes both regulatory and administrative compliance.
- ▶ Applications with white outs or similar write overs, ink eradicators, erasures, etc. will not be accepted. Proper documentation alteration involves crossing out and initialing the change.
- ▶ If the application signature date needs to be changed, new application pages should be submitted at the minimum; a new application is preferred. Applications with signature dates that are crossed out and initialed will not be accepted.
- ▶ Changes on the agent page need to be initialed by the agent or a new agent page must be submitted.
- ▶ Benefit changes on an application must be initialed by both the agent **and** the applicant. Benefit Change Forms should not be used until after a policy is issued.
- ▶ Any other application changes must be initialed by the applicant or by both the applicant and the agent.

SPECIAL INFORMATION FOR SPOUSES/DOMESTIC PARTNERS

- ▶ For the Shared Waiver of Premium and the Shared Extended Benefit options: The benefits selected must be identical for both spouses/domestic partners.
- ▶ If an application is submitted for a couple using the Spouses/Domestic Partners Discount, and then one spouse/domestic partner is declined due to underwriting, the remaining premium will be adjusted to the One Spouse/Domestic Partner Discount. See the Rate Class Section of this guide.
- ▶ If one spouse's policy terminates in the first year, the other spouse loses the discount. If one spouse's policy terminates after the first year, the spouse remaining issued keeps the discount.

ELECTRONIC FUNDS TRANSFER (BANK DRAFT)

These applications require:

1. **Two months' premium** (one month's premium for CA)
2. Voided check or copy of premium check.
3. A completed Electronic Funds Transfer Authorization Form. If one bank account is going to be used to pay for more than one policy, the bank draft form on each application must be signed by the person whose name is on the account being drafted.

Special rules may apply for some Association or Employer Group Program accounts.

COMMISSIONS

- ▶ An Advance Commission Program is available. The Advance Commission Program requires additional contracting paperwork. Contact your managing agent for details.

CHANGES TO AN EXISTING POLICY

UPGRADES (BENEFIT INCREASES) DURING THE 30 DAY RIGHT TO EXAMINE

- ▶ Policy change form (#15830) is to be submitted to underwriting for the change requested.

UPGRADES AFTER THE 30 DAY RIGHT TO EXAMINE

- ▶ The producer should submit a new application and mark the box indicating "Upgrade." The producer and the insured should complete the entire application.
- ▶ All benefit increases are at attained age rates and subject to full underwriting review and approval.
- ▶ Do not submit a premium payment with an upgrade request.
- ▶ **FlexCare** may be written for existing MedAmerica Insurance Company LTC policyholders as a separate policy. The combined benefits of the old and new policies cannot exceed a monthly maximum benefit of over \$16,000.

REQUESTS FOR BENEFIT DECREASES

Typically, no underwriting is required to decrease coverage and these requests can be considered at any time during the life of the policy. (Form #15831)

SUITABILITY & THE PERSONAL WORKSHEET

MedAmerica Insurance Company requires each producer to offer clients LTCi coverage which is suitable for their needs, taking into consideration the product's values, benefits, costs, and the clients' financial resources. The "Personal Worksheet" form (required in most states and found in the application booklet) is designed to help determine suitability. Generally, coverage is not suitable if the premiums are greater than 7% of the client's income, or if the client has less than \$30,000 in assets.

- **Applications are processed without delay when the personal worksheet is completed**, indicating that premiums do not exceed 7% of the client's income.
- Applications can be delayed if the Personal Worksheet

indicates that premiums do exceed 7% of the clients income or the assets are <\$30,000. MedAmerica Insurance Company is then required to acknowledge this fact with your client and re-verify their desire for coverage.

- Applications can be delayed if the Personal Worksheet is incomplete (when the client declines to provide the requested financial information). Generally this is handled with an Authorization form for Financial Non-Disclosure (Form 200A - included in the enrollment book). If this form is completed there will be no delay and the application is processed.

Therefore, in order to expedite the review of your LTCi applications and avoid the possibility of losing a case, **we strongly recommend that all applicants complete the Long Term Care Insurance Personal Worksheet and the Authorization form for Financial Non-Disclosure if applicable in order to avoid a delay in processing.**

UNDERWRITING

At MedAmerica Insurance Company, our underwriting goal is to issue your business in a timely manner. Underwriting Long Term Care Insurance products requires attention to an applicant's:

- current functional and cognitive ability
- past medical history
- current medical conditions

MedAmerica Insurance Company is dedicated to providing **underwriting with predictability!** If you review this guide carefully, you will be able to predict the underwriting results of most applications.

UNDERWRITING PROCEDURES

Age	Telephone Interview	Rx Screen	Face-to-Face Interview	Medical Records
18 to 71	Yes. EMST* is included for Ages 50+	Yes	For cause per guide	For cause per guide
72 to 85	No	Yes	Yes	Yes

*EMST - the Enhanced Mental Skills Test is effective in identifying the earliest stage of cognitive decline. This test is age/gender/education specific with no single cut-off score.

- ▶ Medical records and FTF assessments will be ordered on all applicants purchasing more than \$300 maximum daily benefit, or for cause if indicated in the underwriting guide.
- ▶ MedAmerica Insurance Company reserves the right to request any underwriting procedure, if deemed necessary, on a case-by-case basis to properly evaluate the applicant for coverage.
- ▶ Special rules may apply for some approved Association or Employer Group Program accounts.

PHONE HISTORY INTERVIEW (PHI)

- ▶ Applicants age 18 - 71 will receive a verification telephone call from MedAmerica Insurance Company to complete a medical history interview. Calls will be scheduled with the applicant within 72 hours of receipt of a fully completed application. This process lasts at least 30 minutes.
- ▶ Please complete the “Best Time to Call” question on the application. This informs MedAmerica Insurance Company of the most convenient time to contact the applicant.
- ▶ Producers will be notified if there is a problem completing the telephone interview. If your client(s) will be unavailable or difficult to contact, please notify MedAmerica Insurance Company.
- ▶ If your client is hearing impaired, requires an interpreter, or may have difficulty completing a telephone interview, please note this in the Comments Section of the application. Underwriting will make other arrangements.

FACE-TO-FACE INTERVIEW (FTF)

- ▶ All applicants age 72 and over will require a FTF Interview.
- ▶ All FTF Interviews include an EMST and last about 45 minutes.
- ▶ The FTF Interview must be completed in the applicant’s home.

RX SCREENING

- ▶ Prescription drug screening will be ordered on all applications.

MEDICAL RECORDS / ATTENDING PHYSICIAN STATEMENT (APS)

- ▶ Medical Records may be ordered on fully underwritten business.
- ▶ When Medical Records are ordered, we require copies of the last 3 years, including office notes, laboratory/test results, and any specialist consultations.
- ▶ Medical Records will be ordered on all Florida applications.

MARITAL STATUS

- Married/Domestic Partner Discount** Both the insured and the spouse/domestic partner apply at the same time, and both are issued.
- One Spouse/ Domestic Partner Discount** Only one spouse/domestic partner is applying for or issued coverage.
- Individual** Applicant is not married.

RATE CLASSES

- Preferred** Applicant is within Preferred Height/Weight guidelines; and medical conditions meet the Preferred rating in the underwriting guidelines.
- Standard** Applicant is within Standard Height/Weight guidelines; and medical conditions meet the standard rating in the underwriting guidelines.

- If it is unclear whether an applicant qualifies for the Preferred rate, collect the Standard rate. The premium difference will be refunded if Underwriting determines the applicant qualifies for the Preferred rate.

CHANGES IN AN APPLICANT’S HEALTH STATUS

As stated on the Conditional Premium Receipt: If MedAmerica Insurance Company, after receiving the **Initial Application Requirements** and satisfactory evidence of insurability in accordance with the Company’s normal rules and standards, determines that on the date of the application the applicant was insurable based on the Company’s normal underwriting criteria for the plan and amount applied for, an LTCi policy will be issued to the applicant.

The **Initial Application Requirements** are:

1. Completion of the application and any required forms;
2. If requested by the Company, completion of acceptable underwriting assessment, personal history interview or any other test;

3. If requested by the Company, receipt of medical records and/or any questionnaire or other medical documents; and
4. Submission of an advance premium of the following amount:
 - (a) Full modal premium; or
 - (b) Two months’ premium if a monthly payment mode is selected. (one month for CA applicants)

For some Association and Employer Group business, the Initial Application Requirements are satisfied without advance premium.

POLICY BENEFIT AVAILABILITY CHART

The rate software will not allow any benefits that are not available. This section is merely for your convenience.

Restoration of Benefits Rider	<ul style="list-style-type: none"> • Not available with Shared Extended Benefit Rider. • Not available with 365 days (1yr) Benefit <u>Duration</u>. • <u>Not available with Elimination Periods greater than 100 days.</u>
Return of Premium Upon Death Rider	<ul style="list-style-type: none"> • Not available with Graded Return of Premium Upon Death Rider. • Not available to applicants <u>age 76 and over</u>.
Graded Return of Premium Upon Death Rider	<ul style="list-style-type: none"> • Not available with Return of Premium Upon Death Rider. • Not available to applicants <u>age 66 and over</u>.
Monthly Assisted Living Facility, Home Health Care & Adult Day Care Benefit Rider	<ul style="list-style-type: none"> • Not available with Monthly Cash Benefit Rider. • Not available with the Facilities Only Policy.
20 Calendar Day Elimination Period for Assisted Living Facility, Home Health Care, & Adult Day Care Rider	<ul style="list-style-type: none"> • Not available with Monthly Cash Benefit Rider. • Not available with the Facilities Only Policy. • Not available with 20 or 30 day Elimination Period.
Monthly Cash Benefit Rider	<ul style="list-style-type: none"> • Not available with Monthly Assisted Living Facility, Home Health Care, or Adult Day Care Benefit Rider. • Not available with 20 Calendar day Elimination Period for Assisted Living Facility, Home Health Care, & Adult Day Care Rider. • Not available with the Facilities Only Policy. • Not available with 50% or 125% options for Maximum Assisted Living Facility, Home Health Care & Adult Day Care Benefit. • Not available with 20 Day Elimination Period. • Not available with Extended Benefit Rider.
Extended Benefit Rider	<ul style="list-style-type: none"> • Not available with Shared Extended Benefit Rider. • Not available with No Inflation. • Not available with Combination Benefit Increase. • 730 Days only available with benefit durations of 730, 1,095 and 1,460 Days • 1,095 Days only available with benefit durations of 1,095, 1,460, and 1,825 Days • Not available with Guaranteed Purchase Option. • Not available with Daily Benefit Increase. • Not available with Monthly Cash Benefit Rider.
Shared Extended Benefit Rider^{1, 2}	<ul style="list-style-type: none"> • <u>Both Spouses/Domestic Partners must purchase and maintain identical coverage.</u> • Not available with the Restoration of Benefits Rider. • The Shared Extended Benefit cannot be greater than the base benefit, and the sum of the base and the Shared Extended base cannot exceed 10 years. • Not available with the Extended Benefit Rider. • Not available with Guaranteed Purchase Option. • Not available with Daily Benefit Increase Rider • Not available with Combination Benefit Increase.
Survivor Benefit Rider²	<ul style="list-style-type: none"> • Not available with 10 Pay Premium Payment Period.
Shared Waiver Rider^{1, 2}	<ul style="list-style-type: none"> • <u>Both Spouses/Domestic Partners must purchase and maintain identical coverage.</u>
Benefit Duration	<ul style="list-style-type: none"> • 2920 & 3650 days are not available to applicants over age 79.
Inflation Riders	<ul style="list-style-type: none"> • Combination Benefit Increase is not available after age 69. • GPO is only available with Lifetime Payment Period. • GPO not available after age 72.
Daily Benefit	50% and 125% not available with Monthly Cash Benefit Rider

¹ Both spouses/domestic partners must purchase and maintain the rider, and the riders must have the same effective date. If one spouse/domestic partner is not eligible or does not apply, they must apply within six months of the original spouse/domestic partner, and the original spouse/domestic partner cannot be eligible for benefits at the time the rider is requested.

² Not available if spouse/domestic partner's issue age difference is more than 15 years.

Producer Pre-Qualification Worksheet

Direct Access to Medical Underwriters (MU) Hotline

877-233-5435 (Toll Free)

Partners in **Underwriting**SM
program

Pre-qualify your client today! Utilize this form to gather as much information on your client as possible before calling the Partners in Underwriting hotline. Our underwriters will use this information to pre-qualify your client and provide you with a hotline ID and report to attach to your client's application.

Producer and Client General Information

Producer Name:	Agent ID #:	Date/Time of Call:	State Soliciting Application:
Client Name:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	MU Hotline Call ID#:
Height:	Weight:	Smoker:	If yes, amount:
			Your Fax #: () -

Client Health Information

Medication	Condition Treating	Type of MD Prescribing (i.e. cardiologist, oncologist, etc.)
1.		
2.		
3.		
4.		
5.		
6.		

1. Have you been prescribed any medications you are not taking? Yes No If yes, provide details: _____
2. Do you have any surgeries pending or recommended? Yes No If yes, indicate type of surgery: _____ When Scheduled? _____
3. Date last time seen by primary doctor: mm/yyyy: _____
4. Have you ever been on disability? Yes No When? _____ Why? _____
5. Have you been hospitalized or had any ER visits in the last year? Yes No When? _____ Why? _____
6. List any specialist physicians you have seen in the last 5 years.

Type of Specialist Physician	Month/Year Last Seen	Reason for Visit
1.		
2.		
3.		

Additional Questions to Ask When The Following Situations Exist

Bone, Joint, or Muscular Problem Additional Questions:

1. Surgery/joint replacements or recommended surgery in the last 5 years? Yes No
2. Any history of joint injections in the last 5 years? Yes No
3. Do you have any joint deformities? Yes No
4. Are you currently in physical therapy or using any medical equipment (i.e. cane, walker, crutches)? Yes No

Diabetes Additional Questions:

1. Age at diagnosis? _____ 2. Any history of stroke, TIA or CHF? Yes No
3. What are your fasting blood sugars usually? _____
4. Do you know your glycosolated hemoglobin (A1C)? _____
5. Do you have any neuropathy - tingling, numbness, pain in arms or legs? Yes No
Describe symptoms: How long? Any change to lifestyle? Any increase? _____
6. Do you have a history of skin ulcers, kidney, vascular, circulation or vision problems? Yes No

Cancer Additional Questions:

1. What type of cancer & what stage? _____
2. Do you have any positive lymph nodes? Yes No
3. How was your cancer treated? Chemotherapy? Radiation? Surgery? Seed Implants? _____
4. When did treatment end? _____

Call 877-233-5435 to Pre-Qualify Your Client

The Underwriter will fax a copy of the MU Hotline Report to the Producer or their Agency.

SUBMIT THE HOTLINE REPORT WITH THE APPLICATION

Email UWPreQual@MedAmericaLTC.com with any questions.

MEDAmerica
An Excellus Company

For Agent Use Only
GEN-UW-900

MedAmerica Insurance Company of Florida
Home Office: Orlando, FL

MedAmerica Insurance Company of New York
Home Office: Rochester, NY

MedAmerica Insurance Company
Home Office: Pittsburgh, PA

HEALTH INQUIRY FORM

Please complete the following information:

	____ / ____ / ____ MM / DD / YYYY
Client Name	Date of Birth

<input type="checkbox"/> Male <input type="checkbox"/> Female	Ft. In.	Lbs.	
Sex	Ht.	Wt.	

1. Have you ever been diagnosed with one of these conditions? (check all that apply)

<input type="checkbox"/> Diabetes requiring Insulin <input type="checkbox"/> Peripheral Vascular Disease <input type="checkbox"/> Carotid Artery Disease <input type="checkbox"/> Skin Ulcers <input type="checkbox"/> Stroke or Transient Ischemic Attack (TIA) <input type="checkbox"/> Alzheimer's Disease, Lewy Body Disease, or Dementia <input type="checkbox"/> Psychosis or Schizophrenia <input type="checkbox"/> Mental Retardation <input type="checkbox"/> Amyotrophic Lateral Sclerosis (ALS) or Myasthenia Gravis <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Parkinson's Disease or Parkinsonism <input type="checkbox"/> Post-Polio Syndrome <input type="checkbox"/> Demyelinating Disease <input type="checkbox"/> Lupus (SLE) <input type="checkbox"/> Mixed Connective Tissue Disease	<input type="checkbox"/> Scleroderma <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Amputation-Due to Disease <input type="checkbox"/> Double Heart Valve Replacement <input type="checkbox"/> Organ or Bone Marrow Transplants <input type="checkbox"/> Kidney Disease or Polycystic Kidney Disease <input type="checkbox"/> Cirrhosis of the Liver <input type="checkbox"/> Hepatitis B, C, D, or E <input type="checkbox"/> Hemachromatosis <input type="checkbox"/> Metastatic Cancer <input type="checkbox"/> Multiple Myeloma <input type="checkbox"/> Brain or Spinal Cord Tumors <input type="checkbox"/> AIDS <input type="checkbox"/> Neurological Conditions affecting the brain or spinal cord <input type="checkbox"/> Muscular Conditions Causing Functional Limits
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2. Do you have any surgeries planned or recommended? Yes No

Provide details of Type of Surgery and When is it scheduled:

3. Have you been hospitalized or had any ER visits in the last year? Yes No

Provide the Dates and Reasons:

4. Have you ever been on disability? Yes No

Provide details:

5. Any Special tests or x-rays scheduled? Yes No

Provide details:

6. Do you have a handicapped parking tag? Yes No

If yes, why?

7. Have you ever been turned down for any insurance coverage? Yes No

If Yes—Give Type of Insurance, Date, and Reason:

8. List all other medications you are taking Check here if You DO NOT TAKE ANY MEDICATIONS

Name of Medication	What type of MD prescribed? <i>(i.e. cardiologist, oncologist etc.)</i>	For What Condition	How long Taking

9. Have you been prescribed any medications you are not taking? Yes No

If Yes—Provide Details (i.e. name of medication, who prescribed, for what condition, why not taking it):

10. When was the last time you saw your primary physician and why?

Date Last Seen: Reason:

11. List any specialists you have seen in the last 5 years.

Type of Specialist	Month/Year last seen	Reason for Visit
1.		
2.		
3.		



MedAmerica Insurance Company
Home Office: Pittsburgh, PA

MedAmerica Insurance Company of New York
Home Office: Rochester, NY

MedAmerica Insurance Company of Florida
Home Office: Orlando, FL

HOURS OF OPERATION

Monday-Thursday 8:30am - 7:00pm (EST)
Friday 8:30am - 6:00pm (EST)

Web Address

www.MedAmericaLTC.com

- ▶ Open 24 hours a day
- ▶ Obtain Commission Reports
- ▶ Order Supplies
- ▶ Download Software
- ▶ Check Application Status

Agent Services

Answered by Agent Services Representatives
Phone: 800.724.1582
Fax: 800.963.4038

UW Pre-Qualification Hotline and E-mail Address

Answered by an Underwriting Technician
877.233.5435
Voice Mail (After Hours) 800.724.1582
UWPreQual@MedAmericaLTC.com

LTC Customer Service

For Insured and Applicants Only
800.544.0327
Fax: 800.963.4038

Mailing Address

MedAmerica Insurance Company
165 Court Street
Rochester, NY 14647

HEIGHT - WEIGHT - BODY MASS INDEX

If the applicant's weight does not fall within the range noted below, they are NOT ELIGIBLE TO APPLY.

BMI Categories for Medical Underwriting:

- ▶ Underweight = < 19.0
- ▶ Normal weight = 19-24.9
- ▶ Overweight = 25-29.9

Obesity = BMI of 30 - 39.9

Extreme Obesity = BMI \geq 40.0

Individuals are considered at significantly (very high) increased risk of HTN, Diabetes, and Cardiovascular disease when the BMI is >35 and extremely high risk when the BMI is \geq 40

Body Mass Index (BMI) between 19 and 39 - Applicant is Eligible to Apply

Height Feet/Inches	Height in Inches	Submit Preferred or Standard (Based on Conditions) Weight In Pounds BMI = 19-34	Submit at Standard All Conditions, All Ages Weight In Pounds BMI = 35-39	Not Insurable Weight In Pounds BMI \geq 40
4'8"	56	85-155	156-178	179
4'9"	57	88-161	162-184	185
4'10"	58	91-166	167-190	191
4'11"	59	94-172	173-197	198
5'0"	60	97-178	179-203	204
5'1"	61	100-184	185-210	211
5'2"	62	104-190	191-217	218
5'3"	63	107-196	197-224	225
5'4"	64	110-203	204-231	232
5'5"	65	114-209	210-239	240
5'6"	66	118-215	216-246	247
5'7"	67	121-222	223-254	255
5'8"	68	125-229	230-261	262
5'9"	69	128-235	236-269	270
5'10"	70	132-242	243-277	278
5'11"	71	136-249	250-285	286
6'0"	72	140-257	258-293	294
6'1"	73	144-264	265-301	302
6'2"	74	148-271	272-310	311
6'3"	75	152-278	279-318	319
6'4"	76	156-286	287-327	328
6'5"	77	160-294	295-337	338
6'6"	78	164-302	303-345	346
6'7"	79	168-310	311-354	355
6'8"	80	172-318	319-363	364

The score is valid for both men and women but it does have some limits. The limits are:

It may overestimate body fat in athletes and others who have a muscular build.

It may underestimate body fat in older persons and others who have lost muscle mass.

MEDICAL CONDITIONS

Abbreviations

<p><i>APS = Attending Physicians Statement</i></p> <p><i>FTF = Face to Face Interview</i></p> <p><i>EMST= Enhanced Mental Skills Test</i></p>	<p><i>PHI = Phone Health History</i></p> <p><i>NI = Not Insurable</i></p>
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Diagnosis (alphabetical)	Underwriting Tool	Stability in MONTHS	Rate to Submit Single Condition
<p>ACHILLES TENDONITIS: Achilles Tendonitis: Inflammation of the achilles tendon (the tendon that connects the muscles of the calf to the heel)</p> <ul style="list-style-type: none"> • Treated conservatively with rest and no cortisone injections, independent: normal activities of daily living and no adverse lifestyle changes..... PHI.....>3..... Preferred • Treated with joint injections in the last 12 months, independent: normal activities of daily living and no adverse lifestyle changes..... PHI/APS.....3..... Standard 			
<p>ACOUSTIC NEUROMA: An intracranial benign tumor of the internal auditory canal. Symptoms include loss of hearing on one side, continuous dysequilibrium</p> <ul style="list-style-type: none"> • Surgically removed, No residual other than hearing loss, No seizures..... FTF/APS..... > 24 but < 60..... Standard • Surgically removed, No residual other than hearing loss, No seizures..... PHI.....>60..... Preferred • Unoperated OR current seizure activity OR balance disturbance or falls OR Functional Limits..... NI..... NI..... Decline 			
<p>ACROMEGALY: A chronic metabolic disorder that results in gradual enlargement of body tissues including the bones of the face, jaw, hands, feet and skull..... NI..... NI..... Decline</p>			
<p>ADDISON'S DISEASE: Chronic Adrenocortical Insufficiency caused by destruction or dysfunction of the adrenal cortices</p> <ul style="list-style-type: none"> • Well controlled, No complications, on < 5 mg prednisone or 20 mg hydrocortisone per day, no signs/sx infection, no planned surgery..... PHI/APS.....24..... Standard 			
<p>ADL'S (ACTIVITIES OF DAILY LIVING) DEFICIENT: ADL's (Activities of Daily Living) Deficient: Functional limitations in walking, dressing, eating, taking meds, getting in and out of bed, bathing, toileting, or bowel and bladder control..... NI..... NI..... Decline</p>			
<p>ADULT DAY CARE: Adult Day Care in the Past 12 months..... NI..... NI..... Decline</p> <ul style="list-style-type: none"> • Last visit > 12 months..... FTF/APS.....12.....Standard and Underwrite Cause 			
<p>AIDS: Acquired Immune Deficiency Syndrome: A disease of the immune system which fights infection..... NI..... NI..... Decline</p>			
<p>ALCOHOLISM/HX ALCOHOL ABUSE: A chronic illness marked by consumption of alcohol at a level that interferes with physical or mental health, social, family or occupational responsibilities: Hx Alcohol Abuse, "problem drinking", detoxification, OR admission to a rehab for alcohol</p> <ul style="list-style-type: none"> • Abstinence, Normal blood studies, Normal liver function tests, no fatty liver, no cirrhosis, No other complications, Normal Activities of Daily Living, Active Lifestyle, No cognitive impairment..... PHI with EMST/APS.....24..... Standard • Abstinence >60 mos, Normal blood studies, Normal liver function tests, no fatty liver, no cirrhosis, No other complications, Normal Activities of Daily Living, Active Lifestyle, No cognitive impairment..... PHI.....60..... Preferred • With cirrhosis of the liver OR current fatty liver OR abnormal Liver Function Tests OR continued drinking..... NI..... NI..... Decline • With current fatty liver or abnormal Liver Function Tests..... NI..... NI..... Decline 			
<p>ALLERGIC RHINITIS: Inflammation, predominantly in the nose and eyes, that occur after exposure to airborne particles..... PHI.....0..... Preferred</p>			
<p>ALLERGIES: An acquired, abnormal immune response to a substance that does not normally cause a reaction in most people..... PHI.....0..... Preferred</p>			
<p>ALZHEIMER'S DISEASE: Alzheimer's Disease: A slowly progressive form of dementia..... NI..... NI..... Decline</p>			

Diagnosis (alphabetical)	Underwriting Tool	Stability in MONTHS	Rate to Submit Single Condition
AMAUROSIS FUGAX: Amaurosis Fugax: Transient monocular blindness: sudden loss of vision in one eye: ocular equivalent of a transient ischemic attack: Diagnosed by History/Physical, Carotid Studies may be normal. (See Stroke, etc on App)			
• Single episode, No functional limits, No cognitive impairment, Nonsmoker, No Hx of Diabetes, Heart failure, or Atrial Fibrillation	FTF/APS	12	Standard
• Single Event and also has Diabetes, Smoke or Quit Smoking in last 12 months or History of Heart Failure OR More than One (1) Event in the last 5 years	NI.....	NI.....	Decline
AMPUTATION: Removal of a limb, part or organ			
• Due to trauma or congenital: Finger/Fingers, independent: normal activities of daily living and no adverse lifestyle changes	FTF/APS	6	Preferred
• Due to trauma or congenital, single limb or part of a limb, independent with or without assistive device/brace, normal activities of daily living and no adverse lifestyle changes	FTF/APS	> 12	Standard
• Due to trauma or congenital, 2 or more limbs or parts of a limb (except fingers)	NI.....	NI.....	Decline
• Due to disease	NI.....	NI.....	Decline
AMYOTROPHIC LATERAL SCLEROSIS (ALS): Also known as Lou Gehrig's Disease: A disorder causing progressive loss of control of voluntary muscles due to the destruction of nerves in the brain and spinal cord	NI.....	NI.....	Decline
AMYLOIDOSIS: Amyloidosis is a disorder where protein fibers are deposited in tissues and organs, impairing their function: symptoms are dependent on the organ affected.....	NI.....	NI.....	Decline
ANEMIA: A blood disorder characterized by the decreased ability of the red blood cells to provide adequate oxygen supplies to body tissue			
• No Cause determined, Chronically abnormal blood studies.....			Postpone- Need Diagnosis
ANEMIA, HEMOLYTIC: Cause Unknown, No Surgery like a splenectomy.....	PHI/APS	12	Standard
ANEMIA, IRON DEFICIENCY: Lab values demonstrate problem corrected with/without Rx	PHI	6	Preferred
ANEMIA, PERNICIOUS, B12 DEFICIENCY: Pernicious Anemia, Vitamin B12 deficiency, receives B12 injections, No neurological deficits.....	PHI/APS	6	Standard
ANEMIA-APLASTIC OR SIDEROBLASTIC	NI.....	NI.....	Decline
ANEURYSMS: A bulge in the wall of an artery			
ANEURYSM, ABDOMINAL AORTIC OR THORACIC AORTIC: Operated, Repaired, complete recovery, Nonsmoker x 12 months	PHI/APS	3	Preferred
• Unoperated, No symptoms, monitored regularly documenting stable size <5cm-(monitored regularly means requires a minimum of 2 Cat Scans, MRI, or Ultrasounds that have been done at least 6 months apart), Nonsmoker x 12 months	PHI/APS	12	Standard
• Unoperated and >5CM	NI.....	NI.....	Decline
• Smoker or Quit Smoking in Last 12 months or Current Symptoms like dizziness, vertigo	NI.....	NI.....	Decline
ANEURYSM, CEREBRAL: Surgically repaired, fully recovered, No neurological deficit	FTF/APS	12	Standard
• Smoker or Quit Smoking in Last 12 months or Ongoing symptoms: dizziness, vertigo	NI.....	NI.....	Decline
ANGINA: Pain: heaviness, pressure or discomfort in the chest			
• Hx of Angina -No current medications prescribed, Functional Class I confirmed by exercise tolerance test performed in the last 6 months, Nonsmoker x 12 months	PHI/APS	> 6 but < 12	Standard
• Hx of Angina -No current medications prescribed, Functional Class I confirmed by exercise tolerance test performed in the last 6-12 months, Nonsmoker x 12 months.....	PHI	>12	Preferred

Diagnosis (alphabetical)	Underwriting Tool	Stability in MONTHS	Rate to Submit Single Condition
<ul style="list-style-type: none"> Hx of Angina-Treated and Controlled with 1 daily medication, Functional Class I confirmed by exercise tolerance test performed in the last 12 months, Nonsmoker x 12 months 	PHI	6	Standard
<ul style="list-style-type: none"> Hx of Angina-Treated and Controlled with 2 or more daily medications, Functional Class I or II confirmed by exercise tolerance test performed in the last 12 months, Nonsmoker x 12 months 	PHI/APS	6	Standard
<ul style="list-style-type: none"> Hx of Angina and also has Any Other Respiratory Disease, Vascular Disease, Diabetes, Smoker or Quit Smoking in last 12 months 	FTF/APS	6	Standard
<ul style="list-style-type: none"> Functional Class III or Functional Class IV means Angina causes functional limits 	NI	NI	Decline
ANGIOPLASTY, CARDIAC: Angioplasty, Cardiac and Coronary Artery Bypass Grafts (Balloon Angioplasty, PCTA, PTA, Stents, CABG): A Stent can be described as a "straw" placed in the coronary arteries to hold them open. (See CORONARY ARTERY DISEASE)			
ANKYLOSING SPONDYLITIS: Ankylosing Spondylitis (Marie Strumpell Arthritis): A chronic, inflammatory disease of the joints of the spine and pelvis causing pain and progressive stiffening; also common to have transient acute arthritis in the hips, shoulders, and knee.			
<ul style="list-style-type: none"> No functional limits, No Immunesuppressant Medications, No pulmonary compromise or limits, symptoms controlled with NSAID - 2 meds, No hip involvement 	FTF/APS	6	Standard
<ul style="list-style-type: none"> Current Hip Disease OR Hx of Hip or Knee Replacements OR Spinal Fusion: surgically or spontaneous OR Functional Limits OR Immunosuppressant Therapy OR Concurrent Respiratory Disease OR Pain requiring narcotics of any kind 	NI	NI	Decline
ANOREXIA NERVOSA: An eating disorder associated with a distorted body image and marked fasting	NI	NI	Decline
ANTICIPATED SURGERY: Anticipated Surgery in next 12 months (Not listed elsewhere) (See HOSPITALIZATION/ SURGERY)			
ANTIPSYCHOTIC MEDICATIONS (See Sample Listing in Medications)	NI	NI	Decline
ANXIETY: A feeling of apprehension or fear that lingers. Can be Situational or Chronic. For purposes of Underwriting, Anxiety lasting greater than 24 months will never be considered situational.			
<ul style="list-style-type: none"> Situational or Mild, Past History but now completely recovered, controlled with 1 prescription med or no medications, no counseling needed for 6 months, No hospitalization, Normal Activities of Daily Living, Active Lifestyle 	PHI or PHI/APS	6	Preferred
<ul style="list-style-type: none"> 2 or more meds, No hospitalization, Normal Activities of Daily Living, Active Lifestyle, No Cognitive Impairment, Controlled with same meds x 6 months 	FTF/APS	6	Standard
<ul style="list-style-type: none"> History of Panic Attacks, No more than 1 hospitalization in 5 years, Normal Activities of Daily Living, Active Lifestyle, No cognitive impairment, Controlled with same meds x 12 months, Psychotherapy not greater than every 3 months for past 12 months 	FTF/APS	12	Standard
<ul style="list-style-type: none"> History of more than 1 hospitalization in 5 years, Cause for decreased activity or limits to normal activities for age, more than 2 daily medications to control symptoms OR Need for a Controlled Substance, OR Medication adjustments in last 6 months OR Chronic Phobias 	NI	NI	Decline
AORTIC STENOSIS/AORTIC INSUFFICIENCY (See HEART VALVE DISEASE)			
APPENDECTOMY: Surgical removal of the appendix, Complete Recovery	PHI/APS	3	Preferred
ARRHYTHMIA: An irregular heart beat			
ARRHYTHMIA, ATRIAL: Not diagnosed as Atrial Fibrillation, Stable with or without a single prescription medication, no evidence of Congestive Heart Failure, No evidence of Heart Valve Disease: Note: With evidence of Heart Valve Disease or other Cardiac Diagnosis: both conditions must be stable for the months noted in the stability			
	PHI	6	Preferred
ARRHYTHMIA, VENTRICULAR: Ectopic Ventricular Beats: extra beats or skipped beats (PVC, VT)			
<ul style="list-style-type: none"> History of recurrent cardioversion >6 months, No underlying heart disease, normal sinus rhythm 	PHI/APS	6	Standard
<ul style="list-style-type: none"> Defibrillator, 12 months after defibrillator implanted with no post-operative complications, no History of TIA/CVA, Heart Failure 	PHI/APS	12	Standard

Diagnosis (alphabetical)	Underwriting Tool	Stability in MONTHS	Rate to Submit Single Condition
• History of Stroke, TIA, Heart Failure or Syncope	FTF/APS	24	Standard
• Untreated Ventricular Tachycardia	NI	NI	Decline
ARTERIOVENOUS MALFORMATION (AVM): A tangle of blood vessels in the brain	NI	NI	Decline
ARTERITIS: Inflammation of the arterial system (See TEMPORAL ARTERITIS)			
ARTHRITIS, OSTEOARTHRITIS, DJD (Degenerative Joint Disease): A chronic musculoskeletal disease causing deterioration of the joint cartilage and the formation of new bone at the margins of the joints			
• Intermittent use of over the counter medications and BMI < 35 (see Body Mass Index Chart)	PHI	0	Preferred
• Daily use of NSAID whether over-the-counter or prescription, normal activities of daily living and no adverse lifestyle changes and BMI < 35	PHI	6	Standard
• Need for a cane, normal activities of daily living and no adverse lifestyle changes and BMI < 35	FTF/APS	6	Standard
• Joint Injections in the last 5 years but not in the last 12 months, normal activities of daily living and no adverse lifestyle changes and BMI < 35	PHI/APS	6	Standard
• Joint Injections in the last 12 months, normal activities of daily living and no adverse lifestyle changes and BMI < 35	FTF/APS	6	Standard
• BMI > 35 and < 40	FTF/APS	6	Standard
• Multiple Joint Replacements OR Joint Deformities OR Uncontrolled chronic pain that requires narcotics or more than 3 medications OR Any neurological complications OR Any functional limitations OR Surgery planned, scheduled or recommended whether or not the client is choosing to have the surgery OR Any need for assistive devices other than a straight cane OR Immunosuppressant Therapy	NI	NI	Decline
• Joint Replacement (See JOINT REPLACEMENT)			
ARTHROSCOPIC SURGERY: A surgical procedure used to visualize, diagnose and treat joint problems. Common problems arthroscopy is used for is synovitis, shoulder: rotator cuff tears, impingement syndrome, recurrent dislocations; knee: meniscal tears, chondromalacia, anterior cruciate ligament tears; Wrist: carpal tunnel syndrome.			
• Complete recovery, No Functional Limits, Problem Resolved, No Surgery Recommended	FTF/APS	> 3 but < 12	Underwrite Cause
	PHI	12	Underwrite Cause
ASBESTOSIS: A lung disease characterized by a nodular, interstitial fibrosis occurring in asbestos workers and miners (See CHRONIC OBSTRUCTIVE PULMONARY DISEASE/EMPHYSEMA)			
ASEPTIC NECROSIS: (See AVASCULAR NECROSIS)			
ASSISTANCE WITH ADL'S: Assistance with ADL's, including Medication Administration	NI	NI	Decline
ASSISTED LIVING RESIDENCE: Resides in any facility or boarding care home where community meals are prepared and personal assistance is available, even if the person is not currently using additional services than are provided by the Resident Agreement- Must be out of the "facility for a minimum of 24 months before they are eligible to apply.			
	NI	NI	Decline
ASTHMA: A respiratory disease marked by attacks of breathing difficulty, wheezing and coughing			
• Seasonal, short-term steroid inhaler use, mild, controlled or Variant Asthma, triggered by Viral URI	PHI	3	Preferred
• Nonsmoker x 12 months, controlled with 2 or less inhalers/oral medications, Normal documented pulmonary function tests, No oral steroids or hospitalizations/flare in 6 months, limit 2 hospitalizations or Flares in last year, No Congestive Heart Failure	PHI/APS	6	Standard
• Smoker or Quit Smoking last 12 months, controlled with 2 or less inhalers/oral medications, Normal documented pulmonary function tests, No oral steroids or hospitalizations/flare in 6 months, limit 2 hospitalizations or Flares in last year, No Congestive Heart Failure	PHI/APS	12	Standard
• Severe asthma with chronic shortness of breath OR decreasing pulmonary function tests OR frequent hospitalizations OR oxygen use OR > 2 Flares in past 12 months, OR More than 3 inhalers OR more than 3 oral medications, OR history of heart failure OR weight loss OR Oral Steroids > 5mg. per day, OR NO Documented PFTs	NI	NI	Decline

Diagnosis (alphabetical)	Underwriting Tool	Stability in MONTHS	Rate to Submit Single Condition
ATRIAL FIBRILLATION: a rapid, irregular heart rhythm			
• Single Episode, single successful cardioversion, Normal sinus rhythm, No History of TIA, CVA, Congestive Heart Failure, or Coronary Artery Disease (CAD), or Heart Valve Disease.....	PHI/APS	6	Standard
• Single Episode, single successful cardioversion, Normal sinus rhythm, with Any history of single episode TIA or CVA or Coronary Artery Disease (CAD), BUT NO History Congestive Heart Failure or Heart Valve Disease.....	FTF/APS	24	Standard
• Single Episode WITH Any history of Congestive Heart Failure or Heart Valve Disease.....	NI	NI	Decline
• Recurrent, chronic episodes, infrequent, short duration, No complications, under treatment with anticoagulation, stable protimes >6 months and No History of TIA, CVA, Congestive Heart Failure, or Coronary Artery Disease (CAD), or Heart Valve Disease.....	PHI/APS	6	Standard
• Recurrent, chronic episodes WITH No Anticoagulation Therapy OR History of TIA/CVA, OR Congestive Heart Failure OR Diabetes OR Heart Valve Disease.....	NI	NI	Decline
ATRIOVENTRICULAR (AV) HEART BLOCK			
• 1st or 2nd degree, No surgery needed, no medication therapy.....	PHI	0	Preferred
• Complete Heart Block, Pacemaker inserted, No complications, No symptoms >6 months.....	FTF/APS	6	Standard
• Complete Heart Block, Pacemaker inserted, No complications, history of CVA, TIA, No Symptoms for 24 months.....	FTF/APS	24	Standard
• Complete Heart Block, No Pacemaker Inserted.....	NI	NI	Decline
ATROPHIC VAGINITIS: Inflammation of the vagina following menopause.....	PHI	0	Preferred
ATTENTION DEFICIT DISORDER (ADD): A condition characterized by a developmentally inappropriate level of attention, concentration, activity and distractibility			
• Compliant with 1 or 2 medications, Active lifestyle, No behavioral changes, No functional limits.....	FTF/APS	6	Standard
AVASCULAR NECROSIS: (Aseptic) A condition resulting from the temporary or permanent loss of blood supply to the bones			
• Surgically repaired, No limitations, No progression of any underlying contributing disease, No ongoing immunosuppressant therapy.....	FTF/APS	12	Standard
AZOTEMIA: (See RENAL DISEASE)			
BEHCET'S SYNDROME: a disease of unknown cause characterized by systemic vasculitis, arthritis, oral and genital ulcers, uveities, and central nervous system abnormalities.....	NI	NI	Decline
BELLS PALSY: A disorder involving sudden facial drooping and decreased ability to move the face			
• No functional limitations, Complete Recovery.....	PHI/APS	3	Preferred
• Ongoing Symptoms, Any functional limitations.....	NI	NI	Decline
BILIARY CIRRHOSIS (See CIRRHOSIS for explanation).....	NI	NI	Decline
BLADDER INCONTINENCE: Complete Loss of Bladder Control (Also See URINARY INCONTINENCE)	NI	NI	Decline
BLADDER INFECTION: An infection of the urinary bladder.....	PHI	0	Preferred
BLINDNESS: Blindness-Congenital, lifelong			
• No functional limitations, successful adaptation to visual loss, No Hands-On Physical Assistance with any IADLS/ADLS.....	FTF/APS	6	Standard
• Functional limitations, Requires Hands-On Physical Assistance to pay bills, med management or perform any activities of Daily living.....	NI	NI	Decline
• Due to Disease.....	NI	NI	Decline
BLOOD PRESSURE (HIGH) (See HYPERTENSION)			
BOWEL INCONTINENCE: Loss of Bowel Control.....	NI	NI	Decline

Diagnosis (alphabetical)	Underwriting Tool	Stability in MONTHS	Rate to Submit Single Condition
BRAIN TUMOR: Any abnormal growth of tissue, malignant or benign, in the brain	NI.....	NI.....	Decline
BRONCHIECTASIS: A congenital or acquired disorder of the large bronchi causing permanent, abnormal dilation and destruction of the bronchial walls			
• Controlled with 2 or less inhalers/oral medications, Normal documented pulmonary function tests, No oral steroids or hospitalizations/flare in 6 months, limit 2 hospitalizations or Flares in last year, No Congestive Heart Failure, Smoker or Nonsmoker	PHI/APS	6	Standard
• Severe, chronic, daily steroid use, hospitalizations, or oxygen use, associated history of stroke, TIA, heart failure, or blood disorders requiring treatment	NI.....	NI.....	Decline
BRONCHITIS: A respiratory disorder with inflammation of the bronchi the main air passages to the lungs			
• Acute: <1 episode per year, Nonsmoker x 12 months.....	PHI	0	Preferred
• Acute: >1 episode per year or Smoker or Quit Smoking in last 12 months.....	PHI	3	Standard
• Chronic Bronchitis and a Smoker or Nonsmoker, controlled with 2 or less inhalers/oral medications, Normal documented pulmonary function tests, No oral steroids or hospitalizations/flare in 6 months, limit 2 hospitalizations or Flares in last year, No Congestive Heart Failure.....	PHI/APS	6	Standard
BUERGER'S DISEASE: (Thromboangitis Obliterans): An episodic inflammatory and thrombotic process of the arteries and veins, primarily in the limbs. (Commonly occurs in men under 40 that smoke)			
• Good Pulses, Intermittent Claudication, No Rest Pain, Regular Exercise Program, Nonsmoker x 24 months.....	FTF/APS	12	Standard
• SMOKER or Quit Smoking in the last 24 months, History of Skin Ulcers, Pain in legs at rest, Regular Claudication, OR Diabetes, OR TIA/CVA	NI.....	NI.....	Decline
BULEMIA: An illness of uncontrolled episodes of overeating, usually followed by self-induced vomiting	NI.....	NI.....	Decline
BUNIONECTOMY: Removal or realignment of soft tissue and bone in the foot in order to relieve pain and restore normal alignment to the joint			
• Complete Recovery, No functional limits.....	FTF/APS	>3 but < 12	Standard
• Complete Recovery, No functional limits.....	PHI	> 12.....	Preferred
• Surgery Recommended.....			Postpone after surgery
BUNIONS: Defined when the big toe angles towards the second toe resulting in inflammation and pain			
• No treatment, No symptoms, No functional limits, No surgery recommended	PHI	0	Preferred
BURSITIS: An acute or chronic inflammation of the fluid filled sac (bursa) that lies between tendon and skin or between tendon and bone			
• History of or present condition, History of Joint Injections in last 12 months	PHI/APS	0	Standard
• History of present condition, History of Joint Injections > 12 months ago, No evidence of chronic disease.....	PHI	12	Preferred
BYPASS SURGERY, CARDIAC (See CORONARY ARTERY DISEASE)			
BYPASS SURGERY, LEGS (See FEMORAL/POPLITEAL BYPASS GRAFTS)			
CABG (Coronary Artery Bypass Grafts) (See CORONARY ARTERY DISEASE)			
CANCER: An uncontrolled growth of abnormal cells which have mutated from normal tissue. All internal cancers are underwritten based on stage at initial diagnosis.			
CANCER, METASTATIC DISEASE: Any history of metastatic disease (including positive lymph nodes).....	NI.....	NI.....	Decline
• Breast:			
- TNM Staging at diagnosis = T1-3, N0 (no nodes), M0 (no metastasis), treatment completed for 12 months, must document no evidence of disease for 12 months and no treatment for 12 months EXCEPT oral chemotherapies like Nolvadex, Tamoxifen, Additional Chemotherapies that will be considered are Femara, Arimedes, Aromasin (see Medication List)	PHI/APS	12	Standard

Diagnosis (alphabetical)	Underwriting Tool	Stability in MONTHS	Rate to Submit Single Condition
- 5 years after last treatment-including oral chemotherapies like Nolvadex, Tamoxifen, Additional Chemotherapies that will be considered are Femara, Arimedes, Aromastin (see Medication List), No metastases, No recurrence, No symptoms, No functional limits	PHI	>60	Preferred
• Colon:			
- Duke's Classification A or B, no positive nodes, no metastasis, treatment completed, no evidence of disease for 12 months	PHI/APS	12	Standard
- 5 years after last treatment, No metastases, No recurrence, No symptoms, No functional limits	PHI	>60	Preferred
• Hodgkins: A malignancy found in the lymph nodes, spleen, liver and bone marrow			
- Must document no evidence of disease for 36 months and no treatment for 36 months	PHI/APS	36	Standard
• Prostate: Treatments are varied and controversial. They range from Radical Prostatectomy, Surgery and then Radiation, Radiation alone, Seed Implants, Seed Implants with External Beam Radiation, Hormonal Therapy, Watch and Wait. We underwrite this based on the stage of the cancer at diagnosis and the treatment done. The only treatment options we choose to insure are Radical Prostatectomy and Seed Implants with External Beam Radiation.			
- With Radical Prostatectomy, Stage T0-T2, N0 (No nodes), M0 (no metastasis), treatment completed x 12 months with no ongoing hormonal therapy, PSA < 0.5ng/ml and decreasing, No urinary/neurological complications, No functional limits	PHI/APS	> 12	Standard
- With Seed Implants AND External Beam Radiation (Brachytherapy) done concurrently, Stage T0-T2, N0 (No nodes), M0 (no metastasis), treatment completed x 12 months with no ongoing hormonal therapy, PSA < 0.5ng/ml and decreasing, No urinary/neurological complications, No functional limits	PHI/APS	> 12	Standard
- 5 years after last treatment, No metastases, No recurrence, No symptoms, No functional limits	PHI	>60	Preferred
- Stage T3, T4, or positive nodes at time of diagnosis	NI	NI	Decline
- Treatment with Lupron injections or other ongoing hormonal therapy	NI	NI	Decline
- Treatment with Seed implants Alone OR Radiation Alone	NI	NI	Decline
• Skin:			
- Basal Cell Skin Cancer: completely excised	PHI	0	Preferred
- Squamous Cell Carcinoma Skin: completely excised	PHI	0	Preferred
- Melanoma-in-situ, Completely Excised with no evidence of internal disease	PHI/APS	6	Standard
• Uterine:			
- Stage I-II with no positive nodes and no metastasis, surgery done and complete recovery with no evidence of disease and no ongoing treatment	PHI/APS	12	Standard
- 5 years after last treatment, No metastases, No recurrence, No symptoms, No functional limits	PHI	>60	Preferred
• All Not otherwise listed: Not otherwise listed: for example: Bladder, Kidney or Renal, Thyroid, Non-Hodgkin's Lymphoma, Liver, Lung, Melanoma, Pancreatic, Stomach			
- The person must be treatment-free with no evidence of disease for 36 months and no treatment for 36 months before consideration by underwriting. No metastasis or positive lymph nodes	PHI/APS	36	Standard
- All Cancers-Unless Otherwise Specified: 5 years after last treatment, No metastases, No recurrence, No symptoms, No functional limits	PHI	>60	Preferred
CARDIAC ARRHYTHMIA: An abnormal heart rhythm (See ARRHYTHMIA)			
CARDIOMYOPATHY, DILATED: Enlargement of the heart related to pressure or volume overloads-generally begins with signs/symptoms of congestive heart failure.			
• Mild, Ejection Fraction >40%, No symptoms, No functional limits, No Hospitalizations	PHI/APS	24	Standard
• With symptoms, progressive, episodes of Congestive Heart Failure	NI	NI	Decline
• With Diabetes or COPD/Emphysema, Sleep Apnea	NI	NI	Decline
CARDIOMYOPATHY, HYPERTROPHIC: Enlargement of the heart not related to pressure of volume overloads, associated with IHSS; Idiopathic Hypertrophic Subaortic Stenosis.			
• Asymptomatic, Arrhythmias controlled with Medications, No syncope episodes	PHI/APS	24	Standard
• HX: Ventricular Arrhythmias, Defibrillator, Any Symptoms of Shortness of Breath or chest pain or Heart Failure, Hx of Syncope in 24 months, Sleep Apnea	NI	NI	Decline

Diagnosis (alphabetical)	Underwriting Tool	Stability in MONTHS	Rate to Submit Single Condition
CAROTID ARTERY DISEASE: A circulatory condition characterized by narrowing or Stenosis of the carotid artery in the neck.....	NI.....	NI.....	Decline
CARPAL TUNNEL SYNDROME			
• Unoperated, No treatment, No functional limits	PHI	3	Preferred
• Operated, Complete Recovery, No functional limits, Active Lifestyle.....	FTF/APS for 6 months.....	3	Preferred
• Pending Surgery or Recommended Surgery whether or not client decides to have surgery, Functional Limits, Workup Underway	NI.....	NI.....	Decline
CATARACTS: A cloudy or opaque area in the lens of the eye			
• No visual impairment altering lifestyle	PHI	0	Preferred
• Surgery anticipated/recommended, No functional limits, No Underlying Eye Disease	PHI/APS	0	Preferred
• Surgery anticipated/recommended AND Have another underlying Eye Disease: Surgery must be done and client completely recovered.	FTF/APS for 6 months.....	3	Preferred
CELIAC SPRUE: Also called Gluten Eneteropathy characterized by diffuse damage to the small intestine causing malabsorption of most nutrients			
• Controlled with gluten free diet, No weight loss.....	PHI/APS	12	Standard
• Weight loss, pain, malabsorption.....	NI.....	NI.....	Decline
CEREBRAL ANEURYSM: Unoperated or Inoperable.....	NI.....	NI.....	Decline
CEREBRAL ATROPHY: A decrease in size or wasting of the brain.....	NI.....	NI.....	Decline
CEREBRAL PALSY: A group of disorders characterized by loss of movement or loss of other nerve functions			
• No muscle weakness, No neurological decline, No respiratory distress, No assistive devices, No functional limitations, No Hands-On Physical Assistance with any IADLS/ADLS.....	PHI/APS	12	Standard
• With symptoms , decrease in muscle strength or functioning, or current treatment, Functional limitations, Requires Hands-On Physical Assistance to pay bills, med management or perform any activities of Daily living.....	NI.....	NI.....	Decline
CEREBROVASCULAR ACCIDENT: (See STROKE)			
CHARCOT JOINT: Neurogenic Arthropathy of a joint from loss of feeling or pain causing joint destruction. Charcot joint is seen in patients that are diabetics with neuropathy, have pernicious anemia with neuropathy, or have received prolonged administration of cortisone injections in a joint.....	NI.....	NI.....	Decline
CHARCOT-MARIE-TOOTH DISEASE: A slowly progressive disorder that results in wasting of muscles.....	NI.....	NI.....	Decline
CHOLECYSTECTOMY: Surgical removal of the gallbladder			
• Complete Recovery with no complications.....	PHI/APS for 6 months.....	0	Preferred
• Surgery pending, scheduled in next 12 months or recommended-Must be 3 months after surgery with complete recovery			Postpone
CHOLELITHIASIS: The presence of gallstones in the gallbladder			
• Medically Managed, No surgery scheduled or planned.....	PHI	0	Preferred
• Surgery pending, scheduled in next 12 months or recommended-Must be 3 months after surgery with complete recovery			Postpone
CHRONIC FATIGUE SYNDROME: A condition of prolonged and severe tiredness persisting or relapsing for a period of > 6 months and four or more of the following symptoms are present for > 6 months: (1) impaired memory or concentration; (2) sore throat; (3) tender cervical or axillary lymph nodes; (4) muscle pain; (5) multi-joint pain; (6) new headaches; (7) unrefreshing sleep; and (8) postexertion malaise.			
• No changes to medication or behavior therapy regime in 12 months, No activity limits or restrictions.....	FTF/APS	12	Standard
• With symptoms, chronic narcotics or steroid treatment, limited activities, medication changes.....	NI.....	NI.....	Decline

Diagnosis (alphabetical)	Underwriting Tool	Stability in MONTHS	Rate to Submit Single Condition
CHRONIC MEMORY LOSS	NI.....	NI.....	Decline
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)/EMPHYSEMA: A respiratory disease process that decreases the ability of the lungs to perform ventilation			
• Nonsmoker or Smoker, controlled with 2 or less inhalers/oral medications, Normal documented pulmonary function tests, No oral steroids or hospitalizations/flare in 6 months, limit 2 hospitalizations or Flares in last year, No Congestive Heart Failure.....	PHI/APS.....	6.....	Standard
• Severe, chronic, daily steroid use, hospitalizations, or oxygen use, associated history of stroke, TIA, heart failure, or blood disorders requiring treatment.....	NI.....	NI.....	Decline
CIRRHOSIS-LIVER: A chronic liver disease where the liver is scarred and no longer functions properly (4 major types: Alcoholic Cirrhosis, Biliary Cirrhosis, Postnecrotic (toxin-induced) Cirrhosis, Cardiac Cirrhosis).....	NI.....	NI.....	Decline
COLITIS: Inflammation of the large intestine (See IRRITABLE BOWEL, ULCERATIVE COLITIS, CROHN'S DISEASE)			
COLLAGEN VASCULAR DISEASE: (No specific diagnosis): (See Also MIXED CONNECTIVE TISSUE DISEASE (MCTD)).....	NI.....	NI.....	Decline
COLON POLYPS: Surgically Excised-rule out Cancer.....	PHI/APS to R/O Cancer.....	3.....	Preferred
COLOSTOMY OR ILEOSTOMY: Independent in management.....			Underwrite Cause
COMPRESSION FRACTURE: 1 or 2 Vertebrae.....	FTF/APS.....	24.....	Standard and Also Underwrite Cause
• More than 2 Vertebrae, Functional Limits or changes to lifestyle to accommodate pain and/or limits.....	NI.....	NI.....	Decline
CONCUSSION: Transient loss of consciousness (See HEAD INJURY)			
CONFUSION: Not being aware of or oriented to time, place or person.....	NI.....	NI.....	Decline
CONGESTIVE HEART FAILURE: Congestive Heart Failure The heart loses the ability to pump blood efficiently: UW needs an Echocardiogram done in the last 12 months to evaluate stability.			
• No symptoms, single event post-operatively, well controlled with/without medications, Ejection Fraction \geq 40%, No functional limits.....	PHI/APS.....	6.....	Standard
• No symptoms, chronic, controlled with medication, Ejection Fraction \geq 40%.....	FTF/APS.....	12.....	Standard
• Right-Sided Heart Failure as evidenced by symptoms or on Echocardiogram.....	NI.....	NI.....	Decline
• Functional Class III or IV by stress testing, History of TIA OR CVA OR Diabetes OR Sleep Apnea.....	NI.....	NI.....	Decline
CONJUNCTIVITIS: Inflammation or infection of the membrane lining the eyelids.....			Preferred
COR PULMONALE: Enlargement of failure of the right ventricle due to pulmonary hypertension.....	NI.....	NI.....	Decline
CORNEAL IMPAIRMENTS: An impairment affecting the cornea, the curved transparent covering at the front of the eye			
• No visual loss.....	PHI.....	0.....	Preferred
• Transplants, No functional limits, successful adaptation.....	FTF/APS.....	24.....	Preferred
CORONARY ARTERY DISEASE: Narrowing of the coronary arteries that supply blood to the heart			
• Unoperated, <75% stenosis of 1 or 2 coronary arteries, controlled with 2 meds or less, Exercise Tolerance Test with normal results in past 12 months.....	PHI/APS.....	6.....	Standard
• Hx of Angioplasty/CABG -No current cardiac medications prescribed, Functional Class I confirmed by exercise tolerance test performed in the last 6-12 months, Nonsmoker x 12 months, NO other Respiratory Disease, Vascular Disease, Atrial Fibrillation, Diabetes.....	PHI/APS.....	12.....	Preferred

Diagnosis (alphabetical)	Underwriting Tool	Stability in MONTHS	Rate to Submit Single Condition
<ul style="list-style-type: none"> Hx of Angioplasty/CABG-Treated and Controlled with 1 or more daily medications, Functional Class I or II confirmed by exercise tolerance test performed in the last 12 months, Heart Failure treatment Post-Op but then recovered with no signs/symptoms of Heart Failure, Nonsmoker x 12 months (Comorbids that require additional UW requirements are any Respiratory Disease, Vascular Disease, History of Atrial Fibrillation, or Diabetes) 	PHI/APS: FTF If Comorbids	6	Standard
<ul style="list-style-type: none"> History of Heart Attack(s): (See HEART ATTACK) History of Angioplasty and Ongoing Treatment for Congestive Heart Failure Unoperated 3 vessel disease OR Stenosis >75% OR Ejection Fraction <40% >3 Cardiac meds OR Ongoing Cardiac Rehab OR Noncompliance with prescribed treatment Multiple Heart Attacks (three or more) 	NI	NI	Decline
CREST SYNDROME: Scleroderma or hardening of the skin is limited to the face and hands.	NI	NI	Decline
CROHN'S DISEASE: A recurrent inflammatory disease characterized by inflammation of any part of the gastrointestinal tract			
<ul style="list-style-type: none"> Medically managed with No more than 1 flare per year and No symptoms in 12 months Operated, With or Without a colostomy, No functional limits, Normal weight Flares > than 1x in last 12 months OR Ongoing Steroid therapy OR multiple surgeries OR weight loss OR bowel incontinence OR Current treatment for abscesses or fistulas OR Hospitalization OR Surgery < 12 months. 	PHI/APS PHI/APS	12 12	Standard Standard
	NI	NI	Decline
CUSHING'S SYNDROME: An endocrine disorder caused by prolonged exposure of the body's tissues to the hormone cortisol, or by excessive use of cortisol or other steroid hormones	NI	NI	Decline
CYSTIC FIBROSIS: An inherited disease that affects the respiratory and digestive systems	NI	NI	Decline
CYSTITIS: An infection or inflammation of the urinary bladder or urethra			
<ul style="list-style-type: none"> Acute: 1 infection In 12 months, No recurrence, No Urinary Incontinence or Retention Chronic: 2 or more in the last 12 months OR Urinary Retention OR Urinary Incontinence 	PHI NI	0 NI	Preferred Decline
D&C: Dilaton and Curettage: A surgical procedure that expands the cervical canal of the uterus so the surface lining of the uterine wall can be scraped-Cancer ruled out			
<ul style="list-style-type: none"> 3 months out and cancer ruled out Surgery Pending 	PHI/APS to R/O Cancer	3	Preferred Postpone
DEEP VEIN THROMBOSIS: A condition where there is a blood clot in a deep vein			
<ul style="list-style-type: none"> Single event, Complete Recovery, No ongoing anticoagulation Single event occurring while on anticoagulation for some other diagnosis OR need for Greenfield Filter OR need for chronic anticoagulation therapy as treatment OR history of blood clotting disorder. Recurrent events with or without Greenfield Filter in last 5 years 	PHI/APS for 12 months NI NI	6 NI NI	Standard Decline Decline
DEGENERATIVE DISC DISEASE: The gradual deterioration of the disc between the vertebrae			
<ul style="list-style-type: none"> Mild, no daily meds Mild, pain controlled with 1 or 2 daily NSAID, No History of PT or Vertebral Injections in last 5 years, No functional limits, Active Lifestyle Moderate, pain controlled with 1 or 2 daily NSAID, History of PT or Vertebral Injections in last 5 years but not in last 12 months, No functional limits, Active Lifestyle. Uncontrolled chronic pain that requires narcotics or more than 3 medications OR Any neurological complications OR Any respiratory complications OR Any functional limitations OR Surgery planned, scheduled or recommended whether or not the client is choosing to have the surgery OR Any need for assistive devices other than a straight cane 	PHI PHI FTF/APS NI	0 6 12 NI	Preferred Standard Standard Decline
DEMENTIA (INCLUDING ALZHEIMER'S): A cognitive deficit, including memory impairment	NI	NI	Decline

Diagnosis (alphabetical)	Underwriting Tool	Stability in MONTHS	Rate to Submit Single Condition
DEMYELINATING DISEASE: Polyneuropathy caused by decreased ability of the nerves to conduct signals.	NI	NI	Decline
DEPRESSION: Depression/Major Depression: An emotional state characterized by feelings of persistent sadness, worthlessness, rejection, loss of hope, and loss of interest in usual activities. For purposes of Underwriting, Depression lasting greater than 24 months will never be considered situational.			
• Situational, Past History but now completely recovered, No medication or counseling needed for 6 months, No hospitalization, Normal Activities of Daily Living, Active Lifestyle	PHI with EMST/APS	6	Preferred
• Situational, Treated with single medication, Normal Activities of Daily Living, Active Lifestyle, Not under care of psychiatrist and no psychotherapy	PHI with EMST/APS	6	Standard
• Chronic History, Actively-At-Work outside the home, Controlled with 1 or more medications, No psychotherapy or not under care of psychiatrist, No hospitalizations x 24 months, No electroconvulsive therapy (ECT) or "Shock Treatment" in 5 years, Normal Activities of Daily Living, Active Lifestyle, No cognitive impairment.	PHI with EMST/APS	3	Standard
• Chronic History, With Psychotherapy OR under care of psychiatrist, Normal Activities of Daily Living, Active Lifestyle, No cognitive impairment, Controlled with same meds x 6 months, Psychotherapy not greater than every 3 months for past 12 months, No hospitalizations x 24 months, No electroconvulsive therapy (ECT) or "Shock Treatment" in 5 years	FTF/APS	6	Standard
• Chronic History, History of more than 1 hospitalization in 5 years or hospitalization in last 24 months, Cause for Lifestyle Changes or Changes to Normal Activities for age, more than 2 daily medications to control symptoms OR Medication adjustments in last 6 months OR Chronic Phobias OR Electroconvulsive therapy (ECT) or "Shock Treatment" in last 5 years, changes in medication or dosage in last 12 months.	NI	NI	Decline
DERMATOMYOSITIS: (See POLYMYOSITIS)			
DETACHED RETINA: (See RETINAL DETACHMENT)			
DIABETES: A life-long disease of high blood sugar caused by too little insulin, resistance to insulin or both. Glycohemoglobin A1C measures the control of the blood sugar over the last 8-12 weeks. Medical Underwriting needs the results of at least 2 Glycohemoglobin-Hemoglobin A1C blood tests 3 months apart in the last 12 months to adequately underwrite diabetes. If the diabetic is not seen by their doctor regularly or had regular lab work drawn, we can not insure them.			
• Diet or oral medication controlled, Glycohemoglobin-Hemoglobin A1C < 8.5, no retinopathy, no neuropathy, no nephropathy	PHI/APS	6	Standard
• Treated with Insulin	NI	NI	Decline
• With mild retinopathy or neuropathy, No functional limits	FTF/APS	12	Standard
• Any type of treatment with a Glycohemoglobin-Hemoglobin A1C > 8.5%	NI	NI	Decline
• Onset before age 25	NI	NI	Decline
• Nephropathy (renal disease) OR progressive or moderate-severe neuropathy OR progressive retinopathy OR blindness OR amputation OR or skin ulcers OR circulatory/vascular disease (PVD, Carotid Disease) OR History of stroke, TIA or Amaurosis Fugax OR Uncontrolled Hypertension OR History of Congestive Heart Failure OR Treated for any condition with Chronic Steroid Therapy	NI	NI	Decline
DIABETIC RETINOPATHY: Characterized by dilation of veins, retinal edema, retinal hemorrhage			
• Non-progressive with diabetes documented insurable control by UW guidelines (see Diabetes)	FTF/APS	12	Standard
• Progressive retinopathy	NI	NI	Decline
DISABILITY-WORKER'S COMPENSATION: Disability Income, Worker's Compensation, Social Security Disability Benefits (SSDI)	FTF/APS		Underwrite Cause
DIVERTICULITIS: An inflammation of an abnormal pouch in the intestinal wall usually found in the colon (See IRRITABLE BOWEL)			
DIVERTICULOSIS: An abnormal pouch in the intestinal wall that is not causing symptoms (SEE IRRITABLE BOWEL)			

Diagnosis (alphabetical)	Underwriting Tool	Stability in MONTHS	Rate to Submit Single Condition
DIZZINESS-VERTIGO-SYNCOPE: Acute Viral Labyrinthitis, No functional limits, No ongoing medication	PHI	6	Preferred
• Meniere's Disease, controlled with medications, No functional limits	PHI/APS	6	Standard
• Cause Unknown-No symptoms for 12 months, No neurological impairment, No functional limits, Controlled with Meds.....	FTF/APS	12	Standard
• Ongoing problem, Cause Unknown and symptoms in last 12 months	NI.....	NI.....	Decline
• With History of Falls	NI.....	NI.....	Decline
DOWN'S SYNDROME: A chromosome abnormality resulting in moderate to severe mental retardation and other abnormalities	NI.....	NI.....	Decline
DRUG ABUSE: Use of any habit forming drug for purposes other than those for which it is normally intended, or in a manner or quantities other than directed (may include illegal or prescription drugs)			
• Abstinence from drugs, including alcohol, Normal Activities of Daily Living, Active Lifestyle, No cognitive impairment	PHI with EMST/APS.....	24	Standard
• Abstinence from drugs, including alcohol, Normal Activities of Daily Living, Active Lifestyle, No cognitive impairment	PHI	60	Preferred
• On-going drug or alcohol use, untreated or cognitive impairment	NI.....	NI.....	Decline
DUPUYTREN'S CONTRACTURE: A painless thickening and contracture of tissue beneath the skin on the palm of the hand			
• Operated, Complete Recovery, No functional limits.....	PHI/APS for 6 months.....	3	Preferred
• Unoperated, single joint, No functional limits	PHI/APS	0	Preferred
• Multiple joints, Advanced contracture, Functional limits.....	NI.....	NI.....	Decline
EDEMA: Excessive build-up of fluid in the tissues, or an increase in tissue mass.....			Underwrite Cause
EHLERS-DANLOS SYNDROME: An inherited disorder of the elastic connective tissue.....	NI.....	NI.....	Decline
ENCEPHALITIS: An infection which causes inflammation of the membranes covering the brain			
• Complete recovery-No functional limits and No Cognitive Impairment, treatment-free for 12 months	FTF/APS for 24 months.....	12	Preferred
• Active, chronic, or current treatment	NI.....	NI.....	Decline
ENDOCARDITIS: Inflammation of the lining membrane of the heart			
• Single episode, treatment free, Complete Recovery, stable >12 months.....	PHI/APS	12	Standard
• More than one episode in last 5 years.....	NI.....	NI.....	Decline
EPILEPSY/SEIZURE DISORDER: Epilepsy is any disorder characterized by recurrent seizures.			
• Idiopathic OR Onset before age 60, Controlled with meds-seizure-free for 12 months with no medication changes, No functional limits, No cognitive impairment.....	FTF/APS	12	Standard
• Onset after age 60, Cause determined, Controlled with meds-seizure-free for 12 months with no medication changes, No functional limits, No cognitive impairment.....	FTF/APS	24	Standard
• Uncontrolled OR Unknown Cause OR Functional Limits OR Cognitive Impairment	NI.....	NI.....	Decline
EPSTEIN-BARR VIRUS: The virus responsible for infectious mononucleosis and is associated with the development of cancers and other autoimmune disorders.			
• Complete recovery, No residuals, No other work-ups in Progress	PHI/APS	24	Standard
• Workup in Progress to rule out other conditions	NI.....	NI.....	Decline
ESOPHAGEAL STRICTURE: A narrowing of the esophagus causing difficulty swallowing.			
• No symptoms, dilatations with good results (1 or 2 dilatations within a 12 month period), stable weight, No dysphagia.....	PHI/APS for 12 months.....	3	Standard
• Multiple or frequent need for dilation (> 3 dilatations within a 12 month period).....	NI.....	NI.....	Decline
ESOPHAGEAL VARICIES: A dilation of an esophageal vein	NI.....	NI.....	Decline
ESOPHAGITIS: inflammation of the esophagus.....			Underwrite Cause

Diagnosis (alphabetical)	Underwriting Tool	Stability in MONTHS	Rate to Submit Single Condition
FACTOR V LEIDEN: An inherited blood disorder causing resistance to Activated Protein C: increases risk of idiopathic venous thrombosis			
• Heterozygous Trait, No Symptoms, Nonsmoker x 24 months with or without anticoagulation, No history of a thrombotic event (Ex. DVT, CVA, TIA) OR Diabetes	PHI/APS	24	Standard
• Homozygous Trait on Anticoagulation and Nonsmoker x 24 months, No history of a thrombotic event (Ex. DVT, CVA, TIA) OR Diabetes	PHI/APS	24	Standard
• Homozygous Trait present and not on anticoagulants (blood thinner)	NI	NI	Decline
• Heterozygous or Homozygous Trait present and any history of a thrombotic event (Ex. DVT, CVA, TIA) OR Diabetes OR Smoker or Quit smoking in last 24 months	NI	NI	Decline
FALL, ACCIDENTAL, SINGLE			
• Accidental, Caused by tripping over object, (ex. Toys, animals), Single Episode in 5 years, No Fracture, Complete Recovery, No history of syncope or dizziness, no gait disturbance, no neurological diagnosis	PHI/APS	3	Preferred
FALLS, ACCIDENTAL, 2 FALLS			
• Caused by tripping over object, (ex. Toys, animals), 2 falls in 5 years, No fracture, Complete Recovery, No history of syncope or dizziness, no gait disturbance, no neurological diagnosis	FTF/APS	6	Standard
FALL, CAUSE UNKNOWN			
• Single Episode in 5 years, No fracture, Complete Recovery, No history of syncope or dizziness, no gait disturbance, no neurological diagnosis (If yes to fracture: must refer to fracture guideline)	PHI/APS	12	Preferred
• 2 falls in 5 years (< 2), No fracture, Complete Recovery, No history of syncope or dizziness, no gait disturbance, no neurological diagnosis (If yes to fracture: must refer to fracture guideline)	FTF/APS	24	Standard
FALLS, > 2			
• 3 or More falls in 5 years, accidental or unknown cause, with or without fracture	NI	NI	Decline
FALLS WITH A FRACTURE: UW needs to evaluate both why the person fell AND recovery from the Fracture: Refer to Fracture guideline and Fall guideline. (See FRACTURES)			
FATTY LIVER: An accumulation of fat within the liver cells			
• No symptoms, No treatment, Normal liver function test, Minimal or No alcohol use	PHI/APS	6	Standard
• Abnormal liver function tests or daily alcohol use	NI	NI	Decline
FEMORAL/POPLITEAL BYPASS GRAFT (FEM-POP): Bypass surgery done in lower extremities to treat peripheral vascular disease and restore circulation			
• Nonsmoker, Complete Recovery from surgery, Resume normal activities, No functional limits	FTF/APS	6	Standard
• History of Diabetes OR Smoking or Quit smoking in last 24 months OR History of TIA/CVA	NI	NI	Decline
FIBROMYALGIA: Chronic pain in muscles and soft tissues surrounding joints			
• Controlled with minimal medication (common meds are amitriptyline or chlorpromazine), NSAID generally not effective, No functional limits, Active lifestyle with no changes to daily activities due to pain or fatigue	FTF/APS	6	Standard
• Chronic fatigue or weakness, limits daily function or cause for lifestyle changes to adapt to fatigue, Any prescription for narcotics	NI	NI	Decline
FISSURE/FISTULA (ANAL): A linear ulcer on the margin of the anus			Underwrite Cause
FRACTURE, ARM			
• Arm, Single limb, due to accident, single occurrence in 5 years, Cast off, PT/OT completed, Normal Range of Motion, Normal Activities of Daily Living	FTF/APS	> 3 but < 6	Standard
• Arm, Single limb, due to accident, single occurrence in 5 years, Cast off, PT/OT completed, Normal Range of Motion, Normal Activities of Daily Living	FTF/APS	> 6	Preferred
• Arm, Spontaneous fracture due to disease	NI	NI	Decline
• Both Arms fractured at some time in last 5 years for any reason	NI	NI	Decline

Diagnosis (alphabetical)	Underwriting Tool	Stability in MONTHS	Rate to Submit Single Condition
FRACTURE, LEG			
• Leg, Single Limb, Closed Reduction or Open-Reduction, due to accident, single occurrence in 5 years, Cast off, PT/OT completed, Normal Range of Motion, Normal Activities of Daily Living, No history of osteoporosis or underlying disease	FTF/APS	> 6 but < 12	Standard
• Leg, Single Limb, Closed Reduction or Open-Reduction: due to accident, single occurrence in 5 years, Cast off, PT/OT completed, Normal Range of Motion, Normal Activities of Daily Living, No history of osteoporosis or underlying disease	FTF/APS	> 12	Preferred
• Spontaneous fracture due to disease	NI	NI	Decline
• Both Legs fractured at some time in last 5 years for any reason	NI	NI	Decline
FRACTURE, PELVIS			
• Due to Accident, single occurrence in 5 years, PT/OT completed, Normal Range of Motion, Normal Activities of Daily Living, No history of osteoporosis or underlying disease	FTF/APS	6	Standard
• Due to Disease, ex. Osteoporosis, Paget's Disease	NI	NI	Decline
FRACTURE, SKULL			
- Accidental, Complete Recovery with no brain injury, no neurological symptoms, No functional limits, No cognitive impairment	FTF/APS	6	Standard
FRACTURE, VERTEBRAL			
• Accidental, No more than 2 vertebrae involved, single occurrence in 5 years, PT/OT completed, Normal Range of Motion, Normal Activities of Daily Living, No history of osteoporosis or underlying disease, No residual neurological impairment, no braces, no assistive devices	FTF/APS	6	Standard
• Spontaneous, Stress Fracture, Compression Fracture, incidental finding on xray, asymptomatic, Must be no more than 2 vertebrae involved that are sequential to each other, No functional limits, No respiratory compromise, Underlying Disease is treated if applicable	FTF/APS	24	Standard
• Spontaneous, Stress Fracture, Compression Fracture, 2 or more	NI	NI	Decline
FRIEDRICH'S ATAXIA: An autosomal recessive disorder causing ataxic gait, weakness of the legs, and sensory disturbances.	NI	NI	Decline
GALLBLADDER DISEASE (See CHOLELITHIASIS)			
GALLSTONES: Calculus formed in the gallbladder or bile ducts (See CHOLELITHIASIS)			
GASTRITIS: An inflammation of the lining of the stomach (See ULCER DISEASE, GASTROINTESTINAL)			
GASTRIC BYPASS: A surgical procedure used to treat morbid obesity -makes the stomach smaller			
• Complete Recovery with Normal GI function and electrolytes, Normal Activities of Daily Living, BMI < 40	FTF/APS	24	Standard
• Any complications or BMI > 40	NI	NI	NI
GASTROESOPHAGEAL REFLUX: Reflux of acid from stomach into esophagus; Primary symptom is heartburn			
• Medically Managed with diet and medications	PHI	0	See Ulcer Disease, Gastrointestinal
• Complications OR Gastrointestinal Bleeding OR Work-up in progress OR Surgery Planned	NI	NI	Decline
GASTROINTESTINAL BLEEDING (GI): Internal bleeding in the digestive system.....	PHI/APS for 12 months.....	6	Underwrite Cause
GIANT CELL ARTERITIS (See TEMPORAL ARTERITIS)			
GLAUCOMA: Open Angle glaucoma is a condition of the eye causing increased intraocular pressure and gradual loss of peripheral vision over a period of years			

Diagnosis (alphabetical)	Underwriting Tool	Stability in MONTHS	Rate to Submit Single Condition
<ul style="list-style-type: none"> Treated and eye pressure controlled at 10-24 mm Hg, No visual loss, Normal Activities of Daily Living, No change in lifestyle due to vision..... 	PHI/APS	>6 but <24	Standard
<ul style="list-style-type: none"> Treated and eye pressure controlled at 10-24 mm Hg, No visual loss, Normal Activities of Daily Living, No change in lifestyle due to vision..... 	PHI/APS	> 24	Preferred
<ul style="list-style-type: none"> Untreated, Eye pressure elevated, Progressive visual loss, Change to Activities of Daily Living or Lifestyle 	NI	NI	Decline
GLOMERULONEPHRITIS: Inflammation of the internal kidney structures			
<ul style="list-style-type: none"> Acute Episode: Complete Recovery, No kidney damage, BUN < 30, Creatinine < 2.0, as measured by 2 consecutive tests 6-12 months apart 	PHI/APS	12	Standard
<ul style="list-style-type: none"> Abnormal kidney function tests BUN > 30, Creatinine > 2.0 as measured by 2 consecutive tests 6-12 months apart 	NI	NI	Decline
<ul style="list-style-type: none"> With Diabetes..... 	NI	NI	Decline
GOITER: Enlargement of the thyroid gland that is not associated with inflammation or cancer.....	PHI	0	Preferred
GOUT: A disease marked by uric acid deposits in the joints causing painful arthritis especially in the joints of the feet and legs			
<ul style="list-style-type: none"> History of Elevated Uric Acid only with No symptoms of joint flares, controlled with 1 med 	PHI	3	Preferred
<ul style="list-style-type: none"> Infrequent episodes, controlled with 1 or 2 meds..... 	PHI/APS	6	Standard
<ul style="list-style-type: none"> Two or more flares/year, symptoms controlled with meds, No functional limits; No joint deformities 	FTF/APS	6	Standard
<ul style="list-style-type: none"> With Joint deformities, functional limits or frequent flares 	NI	NI	Decline
GRAVE'S DISEASE: Overactivity of the thyroid gland.....	PHI	0	Preferred
GUILLIAN-BARRE SYNDROME: A disorder involving progressive muscle weakness or paralysis			
<ul style="list-style-type: none"> No residuals; No functional limits..... 	FTF/APS	6	Standard
<ul style="list-style-type: none"> Chronic, recurrent or relapsing symptoms, residual weakness, muscle atrophy, functional impairment..... 	NI	NI	Decline
HAYFEVER: Inflammation of the nasal mucosa due to an allergic reaction	PHI	0	Preferred
HEAD INJURY: Trauma to head: Cerebral Problems resulting and prognosis are predicted by length of time unconscious, degree of amnesia, and site of injury. Cerebral Problems are Concussion, Cerebral Contusion or laceration, acute epidural hemorrhage, acute subdural hemorrhage, cerebral hemorrhage.			
<ul style="list-style-type: none"> Concussion: transient loss of consciousness-No functional limits and No Cognitive Impairment 	FTF/APS for 12 months	6	Preferred
<ul style="list-style-type: none"> Cerebral Contusion or laceration, acute epidural hemorrhage, acute subdural hemorrhage, cerebral hemorrhage With Complete Recovery-No functional limits and No Cognitive Impairment..... 	FTF/APS for 36 months	12	Standard
<ul style="list-style-type: none"> Acute epidural hemorrhage, acute subdural hemorrhage, cerebral hemorrhage With Diabetes OR Ongoing Smoking 	NI	NI	Decline
<ul style="list-style-type: none"> Functional limits OR Cognitive Impairment 	NI	NI	Decline
HEART ATTACK: (Myocardial Infarction): A condition when an area of heart muscle dies or is damaged because of an inadequate supply of oxygen to the area. Refer to Coronary Artery Disease			
<ul style="list-style-type: none"> 1 or 2 Heart Attacks, Complete Recovery, 1 or 2 cardiac meds to control symptoms/blood pressure, No limitations on physical activity, no symptoms of fatigue or Shortness of Breath with activity, No changes to lifestyle to limit activities..... 	PHI/APS for 12 months	> 6	Standard
<ul style="list-style-type: none"> More than 3 Heart Attacks in last 5 years OR Functional Class III or IV Heart Disease on stress testing..... 	NI	NI	Decline
HEART FAILURE (See CONGESTIVE HEART FAILURE)			
HEART VALVE DISEASE, UNOPERATED			
<ul style="list-style-type: none"> Aortic Stenosis/Aortic Insufficiency; monitored regularly, No progression, No arrhythmia, No heart failure, No functional limits stable> 6 months 	PHI/APS	6	Standard
<ul style="list-style-type: none"> Mitral Valve Prolapse, No symptoms, No functional limits, may or may not take antibiotic prophylaxis for invasive procedures..... 	PHI	0	Preferred
<ul style="list-style-type: none"> Mitral Stenosis/ Mitral Insufficiency; monitored regularly, No progression, No arrhythmia, No heart failure, No functional limits 	PHI/APS	6	Standard

Diagnosis (alphabetical)	Underwriting Tool	Stability in MONTHS	Rate to Submit Single Condition
HEART VALVE REPLACEMENT: Heart Valve Replacement: Surgery to replace a disease heart valve			
• Single valve replaced, repaired, reconstructed, No symptoms	PHI/APS	6	Standard
• Single valve replacement with restenosis	NI	NI	Decline
• Unstable OR With symptoms OR More than 1 valve.....	NI	NI	Decline
HEART VALVE REPLACEMENT -DOUBLE			
• More than one Heart Valve Replaced.....	NI.....	NI.....	Decline
HEMATURIA: Blood in the urine	PHI/APS		Underwrite Cause
HEMOCHROMATOSIS: A genetic disease that results in excess iron deposits throughout the body.....	NI.....	NI.....	Decline
HEMOPHILIA: A hereditary bleeding disorder in which it takes a long time for the blood to clot and abnormal bleeding occurs.....	NI.....	NI.....	Decline
HEMORRHOIDS: Enlarged veins in the lower portion of the rectum or anus			
• No chronic bleeding, no surgery planned or scheduled	PHI	0	Preferred
• Surgery planned or scheduled			Postpone
HEPATITIS: An inflammation of the liver. Hepatitis can only be undewritten if UW has documented proof that the liver biopsy is negative for cirrhosis and the liver function tests are normal. Liver function tests must demonstrate no abnormalities: must have at least 2 sets of labs at least 3 months apart.			
• Acute: Type A, Normal liver function tests, No complications	PHI/APS	6	Preferred
• Type B, C, D, E.....	NI.....	NI.....	Decline
HERNIA: The protrusion of an organ or a part of an organ through the wall of the cavity that normally contains it			
• Unoperated, no functional problems, no complications	PHI	0	Preferred
• Surgical Repair	PHI	3	Preferred
• Surgery recommended or scheduled sometime in the next 12 months	NI.....	NI.....	Postpone
HERNIATED DISC: Bulging of intervertebral disc resulting in pressing on nerves in the spinal column			
• Operated with Complete Recovery, No chronic pain, No functional limits	FTF/APS for 12 months	3	Standard
• Unoperated (See DEGENERATIVE DISC DISEASE)			
HERPES ZOSTER: An acute, localized infection, causing painful blistering eruptions			
• Rash resolved, No residual chronic pain	PHI/APS for 6 months	6	Preferred
• Chronic pain requiring more than 1 medication OR narcotic pain medication OR Functional limits.....	NI.....	NI.....	Decline
HIATAL HERNIA: Outpouching of the lower end of the esophagus, Symptoms resulting are usually mild, like heartburn	PHI	0	Preferred
HOME HEALTH CARE SERVICE: Home Health Care Service-any health care worker that visits you in your home for health care services: INCLUDES Nursing Visit, Physical, Speech, or Occupational Therapy, Home Health Aide-within last year			
• Last visit from any discipline < 12 months ago			Postpone
• Last visit from any discipline > 12 months ago	FTF/APS	12	Standard and Underwrite Cause
HORMONE REPLACEMENT THERAPY: Hormone Replacement Therapy	PHI	0	Preferred
HOSPITALIZATION/SURGERY			
• Anticipated, Recommended, or Scheduled in next 12 months.....			Postpone
• Requiring an overnight hospital stay < 3 months ago			Postpone
• Hospitalization/Surgery > 3 months ago	PHI/APS for 12 months		Underwrite Cause
HUNTER'S SYNDROME: A hereditary disease which causes a characteristic facial appearance and abnormal function of multiple organs.....	NI.....	NI.....	Decline

Diagnosis (alphabetical)	Underwriting Tool	Stability in MONTHS	Rate to Submit Single Condition
HUNTINGTON'S CHOREA: An inherited condition characterized by abnormal body movements, dementia and psychiatric problems.....	NI.....	NI.....	Decline
HYDROCEPHALUS: A disorder associated with excessive fluid in the brain.....	NI.....	NI.....	Decline
HYPERCHOLESTEROLEMIA			
• An excessive amount of cholesterol in the blood- well-controlled on prescription med or diet.....	PHI.....	0.....	Preferred
HYPERPARATHYROIDISM: A disease caused by hypersecretion of parathyroid hormone, usually by a parathyroid adenoma causing excessive excretion of calcium and phosphate by the kidneys with associated increase in serum and urine calcium, increase in urine phosphate, elevated parathyroid hormone which can cause renal stones, hypertension, fatigue, constipation and mental changes.			
• Operated (Parathyroidectomy), No functional limits, Normal blood calcium.....	PHI/APS.....	6.....	Standard
• Unoperated.....	NI.....	NI.....	Decline
HYPERTENSION / HIGH BLOOD PRESSURE: A condition in which a person has a higher than normal blood pressure			
• Well-controlled on 1 or 2 medications, average reading for 6 months <135/85, Nonsmoker, BMI < 34.....	PHI.....	3.....	Preferred
• Well-controlled on 1 or 2 medications, average reading for 6 months <135/85, Smoker, BMI < 34.....	PHI.....	6.....	Standard
• Well-controlled on 3 or more medications, average reading for 6 months <135/85, Nonsmoker.....	PHI/APS.....	6.....	Standard
• BMI > 35 and < 40.....	PHI/APS.....	6.....	Standard
• Smoker and BMI > 35.....	NI.....	NI.....	Decline
• Poor medical compliance.....	NI.....	NI.....	Decline
• Pulmonary hypertension.....	NI.....	NI.....	Decline
• Uncontrolled readings>135/85, treated or untreated.....	NI.....	NI.....	Decline
HYPERTHYROIDISM: An imbalance in metabolism that occurs from overproduction of thyroid hormone.....	PHI.....	0.....	Preferred
HYPOTHYROIDISM: An imbalance in metabolism that occurs from underproduction of thyroid hormone.....	PHI.....	0.....	Preferred
HYSTERECTOMY: Hysterectomy (Non-cancerous): Surgical removal of the uterus: Must be 3 months post-op.....	PHI/APS to R/O Cancer.....	3.....	Preferred
• Surgery Pending or scheduled in the next 12 months.....	NI.....	NI.....	Decline
INCONTINENCE, BOWEL: Feces leaks involuntarily from rectum			
• Surgically Corrected-Cured.....	PHI/APS.....	24.....	Preferred
• Any history of in last 5 years AND NOT surgically corrected.....	NI.....	NI.....	Decline
INCONTINENCE, URINARY: Urine leaks involuntarily: Classified into 4 categories: Total Incontinence, Stress Incontinence, Urge Incontinence, Overflow Incontinence			
• Stress Incontinence-No Medication or as needed medication (prn), No pending surgery, self-care.....	PHI.....	0.....	Preferred
• Stress Incontinence with 1 daily medication, No pending surgery, self-care.....	PHI/APS.....	3.....	Standard
• Urge Incontinence, Rule-Out Urinary Tract Infection, Treated with 1 medication only, No sacral nerve stimulations required, Self-care.....	FTF/APS.....	12.....	Standard
• Overflow Incontinence.....			Underwrite Cause
• Total Incontinence irrespective of treatment.....	NI.....	NI.....	Decline
• Any type urinary incontinence with need for straight-catheterization, indwelling catheterization, continual incontinence pads, surgery recommended, planned or scheduled in the next 12 months, recurrent urinary tract infections.....	NI.....	NI.....	Decline
IRRITABLE BOWEL DISEASE: A condition of abnormally increased spontaneous movement of the small and large intestine			
• Diet or medically managed, no weight loss, no inflammation, no workup in progress.....	PHI.....	0.....	Preferred
• Weight Loss OR Gastrointestinal Bleeding OR Pain requiring narcotic management OR Surgery Pending OR Work-up in Progress.....	NI.....	NI.....	Decline

Diagnosis (alphabetical)	Underwriting Tool	Stability in MONTHS	Rate to Submit Single Condition
JOINT REPLACEMENT: Surgical replacement of a joint (hip, knee, shoulder)			
• Surgery recommended or scheduled sometime in the next 12 months			Postpone
• Surgery within the last 12 months, PT completed, No functional limits, No complications and BMI < 40	FTF/APS	3	Standard
• Surgery > 12 months ago, PT completed, no functional limits, No symptoms or complications	PHI/APS	3	Standard
• Multiple Joint Replacements, OR ongoing PT OR Uncontrolled chronic pain that requires narcotics or more than 3 medications OR Any neurological complications OR Any functional limitations OR Surgery planned, scheduled or recommended whether or not the client is choosing to have the surgery OR Any need for assistive devices other than a straight cane OR Immunosuppressant Therapy	NI	NI	Decline
KIDNEY FAILURE: Failure of the kidney to perform its essential functions	NI	NI	Decline
KIDNEY STONE: A condition in which one or more stones are present in the kidney or the urethra			
• No Current Treatment, > 12 months out from laser surgery (lithotripsy) or surgery	PHI	>12	Preferred
• No Current Treatment, < 12 months out from laser surgery	PHI/APS	>3 but < 12	Standard
• Chronic: >3 episodes in last 5 years, complete recovery each time	PHI/APS	12	Standard
KIDNEY TRANSPLANT: A surgical procedure where a healthy kidney is implanted into a person with kidney disease or failure	NI	NI	Decline
KNEE DISORDER, NO SPECIFIC DIAGNOSIS OR CAUSE			
• Daily medication use, non-steroidal prescription or Over-the-Counter	FTF/APS	3	Standard
• Need for joint injections	FTF/APS	12	Standard
• Any type of invasive surgery done on the knee (See ARTHROSCOPIC SURGERY)			
• Surgery recommended or scheduled sometime in the next 12 months	NI	NI	Postpone
• Functional Limits	NI	NI	Decline
KYPHOSIS: Curvature of the spine causing one to bend forward: No respiratory or neurological problem, No functional limits	PHI	0	Preferred
LABYRINTHITIS: An ear disorder involving inflammation of the canals of the inner ear, resulting in dizziness (See DIZZINESS/VERTIGO)	PHI/APS for 6 months	6	Preferred
LAMINECTOMY: The surgical process of removing the lamina (the bony roof on the spinal cord) (See HERNIATED DISC-OPERATED)			
LARYNGITIS: Inflammation of the larynx	PHI	0	Preferred
LEUKEMIA: A malignancy of the blood cells.			
• Acute			
- Acute lymphocytic (ALL) or Acute/Chronic myelogenous (AML, CML), complete remission, No clinical evidence of disease, stable blood studies, treatment free	PHI/APS	> 36	Standard
• Chronic Lymphocytic: Stage 0,I,II new onset or abnormal blood studies from 0-48 months, No symptoms, No treatment	PHI/APS	< 48	Standard
- Diagnosed > 48 months ago irrespective of Staging	NI	NI	Decline
• Hairy Cell	NI	NI	Decline
LEWY BODY DISEASE: "Lewy Body Disease is a dementia caused by damage in the brain. It is similar to Alzheimer's disease, but symptoms are typically different on close examination, with different signs found in the brain after death. The cause is unknown."	NI	NI	Decline
LOSS OF APPETITE:	PHI/APS		Underwrite Cause
LOU GEHRIG'S DISEASE: Also known as Amyotrophic Lateral Sclerosis: A disorder causing progressive loss of control of muscles due to destruction of nerve cells in the brain and spinal cord	NI	NI	Decline

Diagnosis (alphabetical)	Underwriting Tool	Stability in MONTHS	Rate to Submit Single Condition
LUMBAR STRAIN/SPRAIN: A sudden stressful injury to the lower back, causing stretching or tearing of the muscle, tendons, or ligaments of the lower back			
• Stable with Non-steroidal anti-inflammatories, No history of PT or OT	PHI/APS	3	Preferred
• Symptoms of paresthesias, weakness, or wasting, or currently undergoing PT or OT	NI	NI	Decline
LUPUS (SYSTEMIC LUPUS ERYTHEMATOSUS)- INTERNAL (SLE): A chronic, inflammatory auto immune disorder that may affect organ systems including the skin, joints, and internal organs.....	NI.....	NI.....	Decline
LYME DISEASE: A multi-system disorder caused by a bacteria transmitted by a tick			
• No symptoms, independent, treatment free, No neurological or cardiac involvement, stable>12 months	FTF/APS	> 12	Standard
• With symptoms, neurological or cardiac impairment, + antibody test	NI.....	NI.....	Decline
LYMPHEDEMA: Swelling that occurs due to a lymphatic obstruction (a blockage of the lymph vessels, which drain fluid from tissues throughout the body)			
• Primary lymphedema, No ulcerations, No limitations	PHI/APS	6	Standard
• Current or recurrent ulcerations, multiple prescriptions (>2), limited mobility	NI.....	NI.....	Decline
MACULAR DEGENERATION: Gradual, progressive visual loss causing decreased visual acuity and loss of central vision only. Peripheral vision is maintained.			
• No functional limits, successful adaptation to any visual loss, peripheral vision not impaired by cataracts.....	PHI	6	Standard
• No functional limits, successful adaptation to any visual loss, peripheral vision impaired by cataracts but stable x12 months, no cataract surgery planned in next 12 months, Normal Activities of Daily Living.....	FTF/APS	12	Standard
• Progressive visual loss, Change to Lifestyle to accommodate vision loss, Cataract surgery planned in the next 12 months	NI.....	NI.....	Decline
MANIC-DEPRESSION/BIPOLAR: A mood disorder characterized by mood swings from mania (exaggerated feeling of well-being) to depression.....	NI.....	NI.....	Decline
MARFAN'S SYNDROME: An inherited, degenerative, generalized disease of the connective tissues that affects the skeletal system, cardiovascular system, eyes and skin.	NI.....	NI.....	Decline
MEDICAL EQUIPMENT/SUPPLIES			
• Catheter-Indwelling in Bladder to remove urine	NI.....	NI.....	Decline
• Feeding Tubes or Parenteral Lines (TPN).....	NI.....	NI.....	Decline
• Dialysis-Hemodialysis or Peritoneal	NI.....	NI.....	Decline
• Motorized Scooter.....	NI.....	NI.....	Decline
• Oxygen Use.....	NI.....	NI.....	Decline
• Quad Cane	NI.....	NI.....	Decline
• Ventilator.....	NI.....	NI.....	Decline
• Walker Use.....	NI.....	NI.....	Decline
• Wheelchair use	NI.....	NI.....	Decline
MELANOMA: Cancer of the skin-staged on thickness of lesion and histologic type-See Cancer, All other for UW guidelines UNLESS the person specifically knows the skin lesion was staged as Melanoma-in-situ (See Cancer, All Other)			
MEMORY PROBLEMS: The state in which an individual experiences the inability to remember or recall bits of information or behavioral skills-Any mention of a problem in the last 5 years that has not cleared completely for at least 24 months	NI.....	NI.....	Decline
MENIERE'S DISEASE: Meniere's Syndrome: A disorder of the inner ear resulting from distention of the lymph system in the ear. The syndrome consists of episodic vertigo lasting 1-8 hours, fluctuating hearing loss, ringing in the ears, ear pressure			
• Treated and controlled with diet and/or medications, Normal Activities of Daily Living, No Falls related to symptoms.....	PHI/APS	> 6 but < 24	Standard

Diagnosis (alphabetical)	Underwriting Tool	Stability in MONTHS	Rate to Submit Single Condition
• Treated and controlled with diet and/or medications, Normal Activities of Daily Living, No Falls related to symptoms.....	PHI/APS	> 24	Preferred
• Uncontrolled with ongoing symptoms, Falls related to symptoms, Change in Lifestyle or dependency in ADLs	NI.....	NI.....	Decline
MENINGIOMA: A slow growing tumor that originates in the tissue of the brain	NI.....	NI.....	Decline
MENINGITIS: An infection which causes inflammation of the membranes covering the brain and spinal cord			
• Complete recovery-No functional limits and No Cognitive Impairment, treatment-free for 12 months	FTF/APS for 24 months.....	12	Standard
• Active, chronic, or current treatment	NI.....	NI.....	Decline
MENTAL CONDITION TREATED WITH ANTIPSYCHOTIC MEDS: Mental Condition Treated With Antipsychotic Meds (See Medication List)	NI.....	NI.....	Decline
MENTAL RETARDATION: Below average general intellectual function with associated deficits in adaptive behavior that occurs before age 18.....	NI.....	NI.....	Decline
METASTATIC CARCINOMA	NI.....	NI.....	Decline
MIGRAINES: (infrequent, non-debilitating, single medication): A disorder involving repeated or recurrent headaches, associated with temporary changes in the diameter of the blood vessels in the head			
• Diagnosis confirmed, treated with non-narcotic medications, No functional limits	PHI	3	Preferred
• Uncontrolled, Chronic Pain, functional limits	NI.....	NI.....	Decline
MITRAL VALVE PROLAPSE: A heart disorder in which the mitral heart valve does not close properly, allowing blood to leak into the left atrium (See HEART VALVE DISEASE)			
MIXED CONNECTIVE TISSUE DISEASE (MCTD): A condition where overlapping features of more than one autoimmune disease appear such as a combination of systemic lupus erythematosus, systemic sclerosis, and polymyositis. In time one disease will generally predominate.	NI.....	NI.....	Decline
MONOCLONAL GAMMOPATHY: A blood disorder where there is a presence of abnormal protein in the blood	NI.....	NI.....	Decline
MULTIPLE MYELOMA: A cancer of the bone marrow	NI.....	NI.....	Decline
MULTIPLE PERSONALITIES: A state in which two or more personalities alternate in the same individual usually with each personality unaware of the other	NI.....	NI.....	Decline
MULTIPLE SCLEROSIS: A disorder of the central nervous system involving decreased nerve function associated with the formation of scars on the covering of nerve cells.....	NI.....	NI.....	Decline
MULTIPLE STROKES (See STROKES-MULTIPLE)	NI.....	NI.....	Decline
MULTIPLE TRANSIENT ISCHEMIC ATTACKS (TIAS) (See TRANSIENT ISCHEMIC ATTACKS (TIAS)-MULTIPLE)	NI.....	NI.....	Decline
MUSCULAR DYSTROPHY: A group of disorders characterized by progressive weakness and loss of muscle tissue	NI.....	NI.....	Decline
MYASTHENIA GRAVIS: A disorder characterized by chronic muscle weakness of voluntary muscles	NI.....	NI.....	Decline
MYELOFIBROSIS: A myeloproliferative disorder characterized by fibrosis of bone marrow and splenomegaly.....	NI.....	NI.....	Decline

Diagnosis (alphabetical)	Underwriting Tool	Stability in MONTHS	Rate to Submit Single Condition
NARCOLEPSY: A sleep disorder associated with uncontrollable sleepiness and frequent daytime sleeping			
• Controlled with meds, No functional limits, No cognitive impairment.....	FTF/APS	12	Standard
• Hospitalization OR Injury OR Disability	NI	NI	Decline
NEPHRECTOMY: Nephrectomy-Unilateral (Removal of one kidney) Rule out Cancer			
• To be Insurable laboratory results must be: Bun< 30 and Creatinine < 2.0 as measured by 2 consecutive tests 6-12 months apart.....	PHI/APS	12	Standard
• With Diabetes.....	NI	NI	Decline
NEPHRITIS (See GLOMERULONEPHRITIS)			
NEUROFIBROMATOSIS (Von Recklinghausen's Disease): An inherited developmental disorder of the nervous system, muscles, bones, and skin causing soft tumors (neurofibromas).....	NI	NI	Decline
NEUROGENIC BLADDER: A urinary bladder problem in which there is abnormal emptying of the bladder. It may empty spontaneously or may not empty at all.....	NI	NI	Decline
NEUROPATHY: A disease of the nerves			
• Idiopathic (No known cause), Mild, Nonprogressive, No functional limits, No history of falls.....	FTF/APS	6	Standard
• Due to Alcoholism OR Polio OR Vitamin B12 deficiency.....	NI	NI	Decline
• Progressive symptoms OR Requires adaptive devices or assistance with Activities, OR History of Falls OR Balance problem when walking OR Work-Up in Progress.....	NI	NI	Decline
NURSING HOME			
• Inpatient in Nursing Home only for Rehabilitative Services but in the last 12 months.....			Postpone
• Inpatient in Nursing Home only for Rehabilitative Services > 12 months ago	FTF/APS	>12	Standard and Underwrite Cause
OBESITY: Defined as a Body Mass Index (BMI) of 30-39.9			
• BMI > 35 and < 40	FTF/APS	0	Standard
• BMI > 40.....	NI	NI	Decline
OBSESSIVE COMPULSIVE DISORDER: An anxiety disorder characterized by the presence of obsessions or compulsions			
• Normal Activities of Daily Living and Normal Lifestyle, 1 or 2 medications to control, psychotherapy visits not greater than once every 3 months.....	FTF/APS	6	Standard
• Chronic, uncontrolled, limited activities.....	NI	NI	Decline
OCULAR MYASTHENIA GRAVIS: Myasthenia Gravis (Ocular): A disorder characterized by chronic muscle weakness that affects the eye muscles in particular			
• Symptom and treatment free, No deterioration in vision, No functional limits.....	FTF/APS	24	Standard
ORGAN TRANSPLANTS: A surgical procedure where a healthy organ is implanted into a person with organ disease or failure	NI	NI	Decline
ORGANIC BRAIN SYNDROME: Any of a large group of acute and chronic mental disorders associated with brain damage or impaired cerebral function.....	NI	NI	Decline
OSTEOARTHRITIS: A chronic musculoskeletal disease causing deterioration of the joint cartilage and the formation of new bone at the margins of the joints (See ARTHRITIS)			
OSTEOMYELITIS: An acute or chronic bone infection			
• Acute, Complete recovery, No functional limits	FTF/APS	> 12	Standard
• Chronic OR Active history of fracture OR Functional limits OR Diabetes.....	NI	NI	Decline
OSTEOPENIA: A thinning of the bones, typically the stage before true osteoporosis			
• On preventative treatment including meds, No symptoms, No functional limits.....	PHI/APS	0	Preferred

Diagnosis (alphabetical)	Underwriting Tool	Stability in MONTHS	Rate to Submit Single Condition
OSTEOPOROSIS: The progressive loss of bone density and thinning of bone tissue: Diagnosis Confirmed by Bone Marrow Density (BMD) of >2.5 but < 4.0, (Note: Must have 2 BMD tests done 12 months apart: one for diagnosis and the second one for follow-up)			
• On 1 prescription medication and/or vitamin supplements, No history of Fracture	PHI/APS	6	Standard
• Medication treatment suggested but refused or noncompliant, No history of fracture	FTF/APS	6	Standard
• History of Compression fractures or stress fractures, Must be no more than 2 vertebrae involved that are sequential to each other, No current symptoms, No functional limits, No respiratory compromise, Must be on medication with BMD documenting stability or improvement	FTF/APS	> 24	Standard
• Associated with condition requiring steroid therapy.....	NI.....	NI.....	Decline
• History of multiple vertebral fractures or rib fractures, multiple locations, spontaneous fractures of limbs or parts of limbs	NI.....	NI.....	Decline
• Progressive bone loss as documented on BMD, score worsened over time and no treatment OR score is > 4.0	NI.....	NI.....	Decline
PACEMAKER (See ATRIOVENTRICULAR BLOCK)			
PAGET'S DISEASE: A bone disease that involves bone destruction and re-growth that results in deformity			
• Found on xray, No symptoms, No fractures	PHI/APS	6	Standard
• Hx of fracture with complete recovery, No symptoms, No functional limits	FTF/APS	24	Standard
• Active, evidence of fractures with bone pain, elevated Alk Phos levels.....	NI.....	NI.....	Decline
• Severe joint deformity OR Chronic pain that requires narcotics or more than 3 medications OR Any neurological complications OR Any respiratory complications OR Any functional limitations OR Surgery planned, scheduled or recommended whether or not the client is choosing to have the surgery OR Any need for assistive devices other than a straight cane OR Spinal Fusion: surgically or spontaneous OR Immunosuppressant Therapy.....	NI.....	NI.....	Decline
PAIN IN ANY JOINTS: Any pain in any joint	FTF/APS	6	Underwrite Cause
PANCREATITIS: An inflammation or infection of the pancreas			
• Single episode, complete recovery, No symptoms	PHI/APS	> 6 but < 60	Standard
• Single episode, complete recovery, No symptoms	PHI	> 60	Preferred
• Chronic OR More than one episode in 5 years OR with history of alcoholism OR diabetes OR ongoing pancreatic enzymes therapy	NI.....	NI.....	Decline
PARALYSIS/PAREISIS: Temporary suspension or permanent loss of function, especially loss of sensation or voluntary motion			
• No functional limitations, Single brace or no brace, no assistive devices except straight cane, Normal Exercise Program	FTF/APS	12	Standard
• Functional limitations	NI.....	NI.....	Decline
PARAPLEGIA: Paralysis of the lower portion of the body and of both legs	NI.....	NI.....	Decline
PARKINSON'S DISEASE/PARKINSONISM: A chronic nervous disease characterized by a fine, slowly spreading tremor and difficulty with walking, movement, and coordination	NI.....	NI.....	Decline
PERICARDITIS: Inflammation of the pericardium, the sac covering of the heart			
• Single episode, complete recovery, No functional limits	PHI/APS for 12 months.....	> 6 but < 24	Standard
• Single episode, complete recovery, No functional limits	PHI	24	Preferred
• Recurrent episodes	NI.....	NI.....	Decline
PERIPHERAL VASCULAR DISEASE (PVD): A circulatory disease of the peripheral blood vessels that is characterized by narrowing and hardening of the arteries that supply blood to the legs and feet	NI.....	NI.....	Decline
PHLEBITIS: Superficial	PHI	0	Preferred
PHOBIAS, PSYCHONEUROSIS:	NI.....	NI.....	Decline

Diagnosis (alphabetical)	Underwriting Tool	Stability in MONTHS	Rate to Submit Single Condition
PICK'S DISEASE: A neurological disease that causes chronic brain syndrome.....	NI.....	NI.....	Decline
PITUITARY TUMOR: A growth that arises in the pituitary gland.....	NI.....	NI.....	Decline
PLANTAR FASCITIS: inflammation of the bottom of the foot			
• New Onset-rule out functional limits, Treated with NSAID or arch supports.....	FTF/APS.....	< 3.....	Preferred
• No functional limits, Treated with NSAID or arch supports.....	PHI.....	> 3.....	Preferred
• Hx of Requiring injections for relief, No functional limits, Treated with NSAID or arch supports.....	PHI.....	> 3.....	Standard
PNEUMONIA: An inflammation of the lungs caused by an infection			
• Complete recovery , No hospitalization, no chronic cardiac/respiratory disease.....	PHI/APS.....	3.....	Preferred
• Complete recovery but hospitalization or chronic cardiac/respiratory disease.....	PHI/APS.....	3.....	Standard
POLIO: An enterovirus that causes disease characterized by muscle weakness, headache, stiff neck, fever, flaccid paralysis, decreased deep tendon reflexes, muscle wasting/atrophy			
• History of Nonparalytic Disease.....	PHI.....	0.....	Preferred
• History Paralytic Disease, No functional limits, No fatigue or change in muscle strength, No pulmonary compromise, No permanent neurological impairment, No braces or crutches needed.....	FTF/APS.....	24.....	Standard
• History Paralytic Disease, Post-Polio Syndrome OR Functional limits OR Workup in progress OR Change in muscle strength OR Pulmonary compromise OR Neurological Workup in Progress OR Permanent neurological impairment OR Need for braces or crutches.....	NI.....	NI.....	Decline
POLYARTERITIS NODOSA: A vasculitis syndrome characterized by inflammation and necrosis of the medium-sized arteries.....	NI.....	NI.....	Decline
POLYCYSTIC KIDNEY DISEASE: An inherited kidney disorder which enlarges the kidneys and interferes with their function because of multiple cysts on the kidneys.....	NI.....	NI.....	Decline
POLYCYTHEMIA VERA, PRIMARY: An acquired myeloproliferative blood disorder characterized by abnormal increase in red blood cells resulting from increased blood cell production by the bone marrow. Hallmarks are markedly elevated hematocrit, enlarged spleen, and usually elevated white count and platelet count. Some symptoms may be headache, dizziness, blurred vision, fatigue, generalized itching, fatigue.			
• Nonsmoker, No phlebotomies in 24 months, No functional limits or neurological problems, No GI Bleeding in 24 months.....	FTF/APS.....	24.....	Standard
• History of TIA OR CVA OR Diabetes OR Congestive Heart Failure/Cardiomyopathy OR Smoker or Quit Smoking in Last 12 months OR COPD/Emphysema OR Requires regular phlebotomies for control.....	NI.....	NI.....	Decline
POLYCYTHEMIA, SECONDARY: Polycythemia which is secondary to some other underlying condition like cardiac or pulmonary disease, tumors, smoking.....			Underwrite Cause
POLYMYALGIA RHEUMATICA: A disorder of unknown cause, usually afflicting persons over the age of 50, involving pain and stiffness in the hip and shoulder area			
• No symptoms, in remission, No ongoing steroid use, No functional limits.....	FTF/APS.....	6.....	Standard
• No symptoms, controlled on chronic low dose steroids (< 5 mg per day) No functional limits.....	FTF/APS.....	6.....	Standard
• Active, with symptoms, daily narcotic use, muscle weakness or wasting.....	NI.....	NI.....	Decline
POLYMYOSITIS/DERMATOMYOSITIS: A systemic connective tissue disease, characterized by inflammation and degeneration of the muscles			
• No symptoms, in complete remission-not requiring ongoing steroid therapy or any other immune suppressants like methotrexate, imuran(azathioprine), Normal muscle enzymes, No internal organ involvement, No muscle weakness or wasting.....	FTF/APS.....	12.....	Standard
• Active symptoms OR Chronic steroid or immunosuppressant therapy OR ongoing intermittent PT or OT OR Evidence of muscle weakness or wasting.....	NI.....	NI.....	Decline
POLYNEUROPATHY: A pattern of nerve damage that generally begins in the feet and may progress up the legs to the hands. It may or may not be symptomatic (See DEMYELINATING DISEASE)			

Diagnosis (alphabetical)	Underwriting Tool	Stability in MONTHS	Rate to Submit Single Condition
POLYPS (benign): A growth that projects, usually on a stalk; commonly found in vascular organs such as the Nose, uterus, colon and rectum.....	PHI/APS for 12 months to R/O Cancer	3	Preferred
POST TRAUMATIC STRESS SYNDROME (PTSD): A psychiatric illness that can occur following a psychologically traumatic event that is generally outside the range of usual human experience			
• No symptoms, 1 or 2 medications, Normal Activities of Daily Living	FTF/APS	6	Standard
• >2 medications, psychotherapy visits more frequently than once every 3 months.....	NI.....	NI.....	Decline
POST-POLIO SYNDROME: A variety of musculoskeletal symptoms and muscular atrophy that create new difficulties with activities of daily living 25 to 30 years after the original attack of acute paralytic poliomyelitis.....	NI.....	NI.....	Decline
PREGNANCY			(Postpone until 6 weeks after delivery)
PROLAPSED BLADDER: Falling or sliding of the bladder from its normal position: May require pessary, may require incontinence pads.....			Underwrite Based on Symptoms
• No Urinary Incontinence, No more than 1 acute urinary infection in 12 months.....	PHI/APS	0	Preferred
• Operated, no residual incontinence.....	PHI/APS	6	Preferred
• Urinary Incontinence OR Recurrent Urinary Tract Infections.....	NI.....	NI.....	Decline
PROSTATE ENLARGEMENT- PROSTATIC HYPERTROPHY: A non-malignant enlargement of the prostate due to excessive growth of prostatic tissue			
• No urinary incontinence, No catheterization required, No obstructive symptoms, PSA WNL for age, Symptoms controlled with one med, One or no infections in 12 months, No surgery planned.....	PHI	3	Preferred
• No urinary incontinence, No catheterization required, No obstructive symptoms, PSA WNL for age, > 1 infection in 12 months, No Surgery Planned.....	PHI	3	Standard
• Operated-Transurethral Resection of the Prostate (TURP), No ongoing urinary incontinence or complications	PHI/APS for 6 months - R/O Cancer	3	Standard
• Urinary Incontinence or Obstruction causing straight catheterization OR Surgery scheduled or planned OR Rising PSA	NI.....	NI.....	Decline
PROSTATE SPECIFIC ANTIGEN: Screening Test for Cancer of the Prostate: Results of PSA should be considered over at least 2 tests with both Age Specific guidelines dependent on timing in relation to prostate exam. Medical Underwriting considers all to evaluate insurability: General Age-Related Guidelines are Age 40-49 < 2.5, 50-59 < 3.5, 60-69 < 4.5, 70-79 < 6.5.			
• Elevated, Proven benign by biopsy, BPH treated with one medication or no medications	PHI/APS	0	Preferred
• Rising PSA with watch and wait OR Work-Up in Progress			Postpone
• Elevated, No biopsy: Watch and Wait			Postpone
PSORIATIC ARTHRITIS: No functional limits, No joint deformities, No joint replacement, No assistive device, No chronic steroids, 1 NSAID medication.....	FTF/APS	6	Standard
• Severe joint deformity OR Chronic pain that requires narcotics or more than 3 medications OR Any neurological complications OR Any respiratory complications OR Any functional limitations OR Surgery planned, scheduled or recommended whether or not the client is choosing to have the surgery OR Any need for assistive devices other than a straight cane OR More than 3 joint replacements in 10 years OR Spinal Fusion: surgically or spontaneous OR Immunosuppressant Therapy	NI.....	NI.....	Decline
PSYCHOSIS: A general term referring to a loss of contact with reality.....	NI.....	NI.....	Decline
PULMONARY EDEMA (See CONGESTIVE HEART FAILURE)			

Diagnosis (alphabetical)	Underwriting Tool	Stability in MONTHS	Rate to Submit Single Condition
PULMONARY EMBOLISM: A blockage of an artery in the lungs by a blood clot or an unknown substance.....	NI.....	NI.....	Decline
PULMONARY FIBROSIS: A respiratory condition characterized by scarring, thickening and inflammation of the deep lung tissues of unknown case			
• Smoker or Nonsmoker: Localized, incidental finding on chest x-ray, Normal Pulmonary Function Tests, No underlying chronic lung disease.....	PHI/APS.....	6.....	Standard
• Nonsmoker x 12 months, Hospitalization or respiratory problems, with Normal Pulmonary Function Tests.....	PHI/APS.....	12.....	Standard
• Smoker or Quit Smoking in last 12 months, Hospitalization or respiratory problems, with Normal Pulmonary Function Tests.....	NI.....	NI.....	Decline
• Active pulmonary disease, abnormal pulmonary function tests, oxygen use or heart failure.....	NI.....	NI.....	Decline
PULMONARY HYPERTENSION: A prolonged elevation of the mean pulmonary artery pressure above 25mmHg at rest (normal is 10-20mmHg).....	NI.....	NI.....	Decline
QUAD CANE: 4-pronged or 3-pronged cane.....	NI.....	NI.....	Decline
QUADRIPLÉGIA: Paralysis of all four extremities and usually the trunk caused by injury to the spinal cord.....	NI.....	NI.....	Decline
RAYNAUD'S DISEASE: Attacks of pallor and cyanosis generally in the fingers caused by constriction of the arteries precipitated by exposure to cold or emotional upset and generally relieved by warmth. Distinguished from Raynaud's phenomenon when the symptoms are present for a period of 3 years without an underlying disease. This is generally a disease of young women.			
• Nonsmoker x 12 months, No underlying disease, No medications.....	PHI.....	0.....	Preferred
• Nonsmoker x 12 months, Controlled with Medication, Rule Out underlying disease, No functional limits.....	PHI/APS.....	6.....	Standard
• Smoker or Quit Smoking in last 12 months, No underlying disease, No functional limits.....	PHI/APS.....	12.....	Standard
• Requiring Surgery, No other underlying disease, No functional limits.....	FTF/APS.....	12.....	Standard
RAYNAUD'S PHENOMENON: Attacks of pallor and cyanosis generally in the fingers caused by constriction of the arteries precipitated by exposure to cold or emotional upset and generally relieved by warmth—often an early sign of some other underlying disease which needs to be ruled out; for example, Rheumatoid Arthritis, SLE, or Mixed Connective Tissue Disease.....			Underwrite Cause
REFLEX SYMPATHETIC DYSTROPHY SYNDROME (RSDS): A rare disorder of the sympathetic nervous system that is characterized by chronic, severe pain.			
• Treated AND Complete Recovery with No ongoing chronic pain symptoms.....	FTF/APS for 24 months.....	12.....	Standard
• Chronic pain with need for ongoing Narcotic Pain Medications OR Need for pain clinic visits in last 12 months OR need for epidurals, nerve blocks or acupuncture in the last 12 months.....	NI.....	NI.....	Decline
RENAL CALCULI: Kidney Stones			
• No Current Treatment, < 12 months out from laser surgery.....	PHI/APS.....	>3 but < 12.....	Standard
• No Current Treatment, > 12 months out from laser surgery.....	PHI.....	>12.....	Preferred
RENAL DISEASE: End Stage with or without dialysis.....	NI.....	NI.....	Decline
• Azotemia (Early Renal Insufficiency) BUN < 30 and Creatinine < 2.0: Requires 2 sets of lab values at least 6 months apart.....	PHI/APS.....	12.....	Standard
• Chronic, BUN > 30 and Creatinine > 2.0: Requires 2 sets of lab values at least 6 months apart OR Dialysis.....	NI.....	NI.....	Decline
RESTLESS LEG SYNDROME: A condition characterized by uncontrollable urges to move the legs and sometimes arms with symptoms such as tingling, twitching, prickly, aching. Symptoms tend to progress with age and the symptoms and severity are variable. Underwriting needs to be able to confirm the diagnosis and evaluate the client's ability to function.			
• Must Rule Out Parkinson's Disease: If treated with Parkinsonian drugs like Levodopa, Sinemet,			

Diagnosis (alphabetical)	Underwriting Tool	Stability in MONTHS	Rate to Submit Single Condition
Requip, Bromocriptine, Mirapex which are listed as NI drugs : Must have had a work-up and medical evaluation that adequately rules out Parkinson's Disease or chronic neurological problems and must be stable 12 months on the same medication and treatment regime to be considered, No Functional limits, Active Lifestyle	FTF/APS	12	Standard
• Lack of Medical Follow-up, Change in medication in last 12 months, no diagnosis: work-up in progress, watching and waiting for response to therapy/medications	NI.....	NI.....	Decline
RETINAL DETACHMENT: A tear in the retina allowing fluid to pass through and lodge behind the sensory retina which results in visual loss: requires immediate medical attention by ophthalmology.			
• Requires one operation, Complete recovery with no permanent visual loss, No functional limits	FTF/APS for 12 months.....	3	Preferred
• Requires more than one operation, Complete recovery with no permanent visual loss, No functional limits.....	FTF/APS for 12 months.....	6	Standard
• Permanent Detachment and resulting loss of vision.....	NI.....	NI.....	Decline
RETINAL HEMORRHAGE: Can be due to diabetic retinopathy, retinal tears, retinal vein occlusions, macular degeneration, trauma.....	PHI/APS	3	Preferred and Underwrite Cause
RHEUMATOID ARTHRITIS: An autoimmune disease of unknown cause that causes widespread systemic immunologic and inflammatory changes of connective tissue, chiefly affecting synovial membranes of multiple joints.			
• A. No functional limits, No joint deformities, joint replacement in past 10 years, No assistive devices, on 2 or less nonsteroidal antiinflammatory medications with adequate pain control to function normally for age, no current steroids and no steroid treatment in the last 12 months, no systemic symptoms, for example renal or pulmonary symptoms.....	FTF/APS	6	Standard
• All of A. are true EXCEPT takes Methotrexate or Plaquenil at stable doses.....	FTF/APS	12	Standard
• 2 or more joint replacements	NI.....	NI.....	Decline
• Joint deformity, for example, ulnar deviation on xray, nodules on large joints like knees, elbows	NI.....	NI.....	Decline
• Ongoing steroid or immunosuppressant therapy EXCEPT FOR Plaquenil or Methotrexate	NI.....	NI.....	Decline
• Chronic pain that requires narcotics or more than 3 medications OR Any neurological or renal complications OR Any respiratory complications OR Any functional limitations OR Surgery planned, scheduled or recommended whether or not the client is choosing to have the surgery OR Any need for assistive devices other than a straight cane OR More than 3 Joint Replacements in last 10 years	NI.....	NI.....	Decline
• Juvenile Onset	NI.....	NI.....	Decline
ROTATOR CUFF TEAR:			
• Arthroscopic surgery, Complete Recovery with Full Range of Motion, No functional limits, No Ongoing PT/OT	FTF/APS	>3 but <12	Standard
• Arthroscopic surgery, Complete Recovery with Full Range of Motion, No functional limits, No Ongoing PT/OT	PHI	12	Preferred
• Unoperated, No surgery recommended, No current symptoms, Complete Recovery with Full Range of Motion, No functional limits, No PT/OT or Joint Injections 12 months	FTF/APS	>3 but <12	Standard
• Unoperated, No surgery recommended, No current symptoms, Complete Recovery with Full Range of Motion, No functional limits, No PT/OT or Joint Injections 12 months	PHI	12	Preferred
• Surgery recommended in last 5 years and not performed, Ongoing PT or Joint Injections	NI.....	NI.....	Decline
SARCOIDOSIS: A disease of unknown cause in which inflammation consisting of granulomas occurs in lymph nodes, lungs, liver, eyes, skin and other tissues			
• No symptoms, No functional limits, Normal pulmonary function	PHI/APS	24	Standard
SCHIZOPHRENIA: A group of psychotic disorders characterized by disturbances in thought, perception, affect behavior, and communication lasting longer than 6 months.....	NI.....	NI.....	Decline
SCHWANNOMA (See ACOUSTIC NEUROMA)			
SCIATICA: A condition involving impaired movement and/or sensation in the leg, caused by damage to the sciatic nerve			
• Controlled with rest and non-narcotic pain meds, No functional limits and no changes to lifestyle			

Diagnosis (alphabetical)	Underwriting Tool	Stability in MONTHS	Rate to Submit Single Condition
due to pain.....	FTF/APS	6	Standard
• Chronic Pain, need chronic narcotics, epidural for pain control.....	NI	NI	Decline
SCLERODERMA: A diffuse connective tissue disease characterized by changes in the skin, blood vessels, skeletal muscles, and internal organs.....	NI	NI	Decline
SCOLIOSIS: S-type curvature of the spine: No Symptoms, No functional limits, No neurological or respiratory impairment.....	PHI	0	Preferred
SEIZURE DISORDER (See EPILEPSY)			
SHORTNESS OF BREATH: Persistent symptom must be stable for 12 months with no progression, normal PFTs.....	PHI/APS	12	Underwrite Cause
SHUNT: An internal catheter is surgically placed to drain fluid from a part of the body where fluid is causing symptoms.....	NI	NI	Decline
SHY-DRAGER SYNDROME: A degenerative disorder characterized by progressive damage to the autonomic nervous system, muscle tremor and rigidity, and other widespread neurologic losses.....	NI	NI	Decline
SICKLE CELL ANEMIA: An inherited chronic blood disease in which the red blood cells function abnormally and break down causing recurrent painful episodes.....	NI	NI	Decline
SINUSITIS: Inflammation of the sinus.....	PHI	0	Preferred
SJOGREN'S SYNDROME: An autoimmune disorder resulting in chronic dysfunction of the exocrine glands frequently associated with a rheumatic disease like rheumatoid arthritis, SLE, primary biliary cirrhosis, scleroderma, Hashimoto's thyroiditis. Common symptoms include dry eyes, dry mouth			
• Dry Eyes, Dry Mouth, Positive antibodies, No systemic symptoms.....	PHI/APS	6	Preferred
• Associated Autoimmune Disorder.....			Underwrite Cause
SKIN ULCERS AND DIABETES: Impaired blood supply causes tissue necrosis and ulceration of the skin in a Diabetic.....	NI	NI	Decline
SLEEP APNEA: Repeated, prolonged episodes of cessation of breathing during sleep			
• Operated, Complete Recovery, No cardiac disease, Nonsmoker, BMI < 35.....	FTF/APS	6	Preferred
• Operated, Complete Recovery, No cardiac disease, Smoker or Quit Smoking in last 12 months, BMI < 35.....	FTF/APS	6	Standard
• Unoperated, treatment compliance, with nasal CPAP, with no oxygen, No cardiac disease, Smoker or Nonsmoker, BMI < 40.....	FTF/APS	12	Standard
Non-compliance with therapy, oxygen use, cardiac disease, workup underway, BMI > 40.....	NI	NI	Decline
SPASTIC COLON: A condition of abnormally increased spontaneous movement of the small and large intestine, generally exacerbated by emotional stress (See IRRITABLE BOWEL)			
SPINA BIFIDA: A congenital disorder where the backbone and spinal cord do not close before birth.....	NI	NI	Decline
SPINAL CORD INJURY/ SPINAL MUSCLE ATROPHY	NI	NI	Decline
SPINAL STENOSIS: A narrowing of the lumbar or cervical spine canal, which causes compression on nerve roots			
• Operated, No functional limits.....	FTF/APS	3	Standard
• Unoperated, No chronic pain, w/wo history of spinal cortisone injections, No functional limits.....	FTF/APS	6	Standard
• Operated or Unoperated with ongoing Functional limits, residual pain OR neurologic deficits.....	NI	NI	Decline
STROKE (CEREBROVASCULAR ACCIDENT-CVA): Occurs when the blood supply to any part of the brain is interrupted, resulting in the death and loss of brain function and tissue.....	NI	NI	Decline

Diagnosis (alphabetical)	Underwriting Tool	Stability in MONTHS	Rate to Submit Single Condition
SYSTEMIC LUPUS (SLE): (See LUPUS (SLE)- INTERNAL)	NI.....	NI.....	Decline
TACHYCARDIA: Fast heart rate (See ARRHYTHMIA)			
TEMPORAL ARTERITIS: Temporal/Cranial Arteritis, Giant Cell Arteritis: A systemic inflammation of medium and large arteries. Polymyalgia Rheumatica and Giant Cell Arteritis are most likely a continuum of the same disease: Symptoms are Headache, Scalp Tenderness, Visual Symptoms, Jaw Claudication, Throat Pain			
• In Remission, No functional limitations, No Symptoms, Normal Lab Values (Sed Rate (ESR)), No visual loss, maintained on <5 mg Prednisone/day	FTF/APS	12	Standard
TENDONITIS: Inflammation of a tendon			
• Treated conservatively with rest and no cortisone injections, independent: normal activities of daily living and no adverse lifestyle changes	PHI	0	Preferred
• Treated with joint injections and/or Physical Therapy in the last 12 months, independent: normal activities of daily living and no adverse lifestyle changes.....	FTF/APS	3	Standard
TENNIS ELBOW: Inflammation of the muscles of the forearm, or their tendons near the origin on the humerus (bone of the upper arm).....	PHI	0	Preferred
• Treated conservatively with rest and no cortisone injections, independent: normal activities of daily living and no adverse lifestyle changes.....	PHI	0	Preferred
• Treated with joint injections in the last 12 months, independent: normal activities of daily living and no adverse lifestyle changes	PHI/APS	3	Standard
THROMBOCYTOPENIC PURPURA, IDIOPATHIC (ITP): A bleeding disorder characterized by low platelet counts resulting from platelet destruction by the immune system			
• Operated: Splenectomy, complete recovery- Platelet count no lower than 75,000 (normal range is 150,000-450,000), No symptoms, No functional limits, Nonsmoker x 24 months.....	PHI/APS	24	Standard
• Unoperated -No Splenectomy, Controlled with Prednisone at a dose not greater than 5 mg./day: same dose must be present with a stable platelet count > 75,000 for a period of 24 months. Nonsmoker x 24 months. No functional limits.	FTF/APS	24	Standard
• History of TIA OR CVA OR Diabetes OR Smoker or Quit smoking in last 24 months OR Requires > 5 mg. prednisone/day or some other immunosuppressant.	NI.....	NI.....	Decline
THROMBOCYTOPENIC PURPURA, THROMBOTIC: An uncommon syndrome with hemolytic anemia, thrombocytopenia, and elevated LDH treated with blood transfusions.	NI.....	NI.....	Decline
THROMBOCYTOSIS, ESSENTIAL: Uncommon myeloproliferative disorder of unknown cause characterized by an elevated platelet count.....	NI.....	NI.....	Decline
THROMBOSIS, DEEP VEIN (See DEEP VENOUS THROMBOSIS)			
THYROID PROBLEM: (See HYPOTHYROIDISM/HYPERTHYROIDISM)			
TOURETTE'S SYNDROME: A disorder characterized by repetitive muscle movements and vocal outbursts.....	NI.....	NI.....	Decline
TRANSIENT ISCHEMIC ATTACK (TIA): A brain disorder caused by temporary disturbance of blood supply to an area of the brain, resulting in a sudden, brief decrease in brain functions.....	NI.....	NI.....	Decline
TRANSVERSE MYELITIS: A neurological disorder caused by inflammation across both sides of one level, or segment, of the spinal cord.....	NI.....	NI.....	Decline
TREMORS: An involuntary type of shaking movement			
• Benign, Essential, Intention or Familial-Tremor often requires no treatment. Must be stable for 6 months with no progression and normal neurological exam otherwise. Parkinsonism/Parkinson's			

Diagnosis (alphabetical)	Underwriting Tool	Stability in MONTHS	Rate to Submit Single Condition
must be convincingly ruled out to be insurable.....	PHI/APS	6	Preferred
• Cause Unknown OR Neurological workup in progress OR neurological exam reveals other abnormalities			Decline
TUBERCULOSIS: A contagious bacterial infection. The lungs are primarily involved, but the infection can spread to other organs			
• Acute episode, Normal Pulmonary Function and X-ray tests, clinically cured, full course of compliant treatment completed	PHI/APS	6	Standard
• Underlying chronic cardiac or respiratory disease, currently active disease, reduced Pulmonary Function test or oxygen use	NI	NI	Decline
TUMOR (BENIGN): Other than Brain or Spinal Cord			
• Operated, Cancer Ruled Out, Complete recovery.....	PHI/APS for 12 months	6	Preferred
• Unoperated			Postpone
TUMOR -SPINAL CORD: Any abnormal growth of tissue, malignant or benign, on the spinal cord: Operated or Unoperated	NI	NI	Decline
ULCER DISEASE, GASTROINTESTINAL: An erosion or open sore in the lining of the duodenum, the stomach or the esophagus			
• No history of gastrointestinal bleeding, No weight loss, No functional limits, Controlled with medications	PHI	3	Preferred
• < 2 episodes of hospitalization or GI bleed in last 24 months, No weight loss, No functional limits, Controlled with medications	PHI/APS	6	Standard
• Recurrent symptoms unable to medically manage OR > 2 episodes of gastrointestinal bleeding or hospitalization in last 24 months OR Weight loss OR Workup in progress.....	NI	NI	Decline
ULCERATIVE COLITIS: A chronic, episodic, inflammatory disease of the large intestine and rectum characterized by bloody diarrhea			
• Medically managed with No more than 1 flare per year and No symptoms in 12 months	PHI/APS	12	Standard
• Operated, With or Without a colostomy, No functional limits, Normal weight	PHI/APS	12	Standard
• Flares > than 1x in last 12 months OR Ongoing Steroid therapy OR multiple surgeries OR weight loss OR bowel incontinence OR Current treatment for abscesses or fistulas OR Hospitalization OR Surgery < 12 months.....	NI	NI	Decline
UNDERWEIGHT: Defined as BMI <19	NI	NI	Decline
UNINTENTIONAL WEIGHT LOSS			Underwrite Cause
UNSTEADINESS OR LOSS OF BALANCE: Must be 12 months from single episode	FTF/APS	12	Underwrite Cause
URINARY TRACT INFECTION: An infection of the urinary tract			
• Acute: 1 Urinary Tract Infection in 12 months, No recurrence, No Urinary Incontinence or Retention	PHI	0	Preferred
• Chronic: 2 or more in the last 12 months OR Urinary Retention OR Urinary Incontinence	NI	NI	Decline
VARICOSE VEINS: Enlarged, twisted, painful superficial veins resulting from poorly functioning valves			
• No skin ulcer, No edema, No functional limits, No underlying vascular disease	PHI	0	Preferred
• Edema, No skin ulcers, No functional limits, controlled with low dose diuretics like Lasix 20 mg/day	PHI	0	Standard
• Venous stasis ulcer, completely healed, No symptoms, Normal, active lifestyle, no decreased activity due to diagnosis	FTF/APS	24	Standard
• Nonhealing, Recurrent ulcer.....	NI	NI	Decline
VERTIGO: A feeling of faintness or lightheadedness, making it difficult to maintain balance while standing or sitting (See DIZZINESS/VERTIGO)			
VON RECKLINGHAUSEN'S DISEASE (NEUROFIBROMATOSIS) (See NEUROFIBROMATOSIS)	NI	NI	Decline

Diagnosis (alphabetical)	Underwriting Tool	Stability in MONTHS	Rate to Submit Single Condition
VON WILLEBRAND'S DISEASE: A congenital bleeding disorder			
• Normal bleeding time, may need dental or surgical prophylaxis, No factor replacement therapy required	PHI/APS	6	Standard
• Factor replacement therapy needed OR any history of Gastrointestinal bleeding OR Any other internal bleeding problems	NI	NI	Decline
VON-HIPPEL-LINDAU: A rare, genetic multi-system disorder characterized by the abnormal growth of tumors in certain parts of the body	NI	NI	Decline
WALDENSTROM'S MACROGLOBULINEMIA: A cancer of white blood cells known as B lymphocytes	NI	NI	Decline
WEGENER'S GRANULOMATOSIS: A rare disorder which causes inflammation of blood vessels in the upper respiratory tract, lungs and kidneys	NI	NI	Decline
WERNICKE-KORSAKOFF SYNDROME: A brain disorder involving loss of specific brain functions, due to a thiamine deficiency which commonly accompanies habitual alcohol use	NI	NI	Decline
WHIPPLE'S DISEASE: A rare disorder with widespread symptoms that causes malabsorption (inadequate absorption of nutrients from the intestinal tract)	NI	NI	Decline
WILSON DISEASE: An inherited disorder where there is excessive amounts of copper in the body, which causes a variety of effects including liver disease and damage to the nervous system	NI	NI	Decline
WISCOTT-ALDRICH SYNDROME: An immunodeficiency disorder of both T- and B- cells characterized by thrombocytopenia, eczema, and recurrent infections	NI	NI	Decline
WOLFF-PARKINSON-WHITE SYNDROME (WPW): Sudden attacks of very rapid supraventricular dysrhythmias	PHI/APS	6	Standard
XERODERMA PIGMENTOSA: An inherited inability to repair DNA damage from ultraviolet light	NI	NI	Decline

MEDICATIONS / ACTIONS

Drug Trade Names	Generic Name	Description/Conditions Treated	Action
A.Z.T.	Azidothymidine	HIV Infection	NI
ABILIFY	Aripiprazole	Schizophrenia	NI
ACTIQ	Fentanyl	Narcotic Pain Medication	NI
ADRIAMYCIN	Doxorubicin Hydrochloride	Cancer	NI
A-HYDRROCORT	Hydrocortisone	Steroid	Call
AKINETON	Biperiden	Parkinson's	NI
ALKERAN		Cancer	NI
AMANTADINE	Amantadine	Parkinson's, Viral Infections	Call
AMCORT	Triamcinolone	Steroid	Call
A-METHAPRED	Methylprednisolone	Steroid	Call
AMETHOPTERIN	Methotrexate	Rheumatoid Arthritis	Call
ANAKINRA	Anakinra	Rheumatoid Arthritis	NI
ANASTRAZOLE	Anastrozole	Breast Cancer	NI
APO-SELEGILINE	Selegiline	Parkinson's	NI
ARAVA	Leflunomide	Rheumatoid Arthritis	NI
AREDIA	Pamidronate	Hypercalcemia, Paget's	Call
ARICEPT	Donepezil	Memory Loss	NI
ARIMEDEX	Anastrozole	Breast Cancer	Call
ARISTOCORT	Triamcinolone	Steroid	Call
ARISTOSPAN	Triamcinolone	Steroid	Call
AROMASIN	Exemestane	Cancer	Call
ARTANE	Trihexyphenidyl	Parkinson's	NI
ARTICULOSE	Prednisolone	Steroid	Call
ATOLONE	Triamcinolone	Steroid	Call
AZATHOPRINE	Azathoprine	Transplant Rejection, Rheumatoid Arthritis, Crohn's	NI
AZIDOTHYIMIDINE	Azidothymidine	HIV Infection	NI
AZULFIDINE	Sulfasalazine	Rheumatoid Arthritis, Crohn's	Call
BACLOFEN	Baclofen	Multiple Sclerosis, Spinal Cord Lesions	NI
BASILIXIMAB	Basiliximab	Transplant Rejection	NI
BENZTROPINE	Benzotropine	Parkinson's	NI
BETAMETHASONE	Betamethasone	Steroid	Call
BIPERIDEN	Biperiden	Parkinson's	NI
BLENOXANE		Cancer	NI
BOSENTAN	Bosentan	Cardiac	NI
BROMOCRIPTINE	Bromocriptine	Parkinson's, Amenorrhea-Used for Fertility	Call
BUDESONIDE	Budesonide	Steroid	Call
CALCIMAR INJECTION	Calcitonin	Osteoporosis, Paget's	NI
CALCITONIN	Calcitonin	Osteoporosis, Paget's	NI
CARBEX	Selegiline	Parkinson's	NI
CASODEX		Cancer	NI
CELESTONE	Betamethasone	Steroid	Call
CELLCEPT	Mycophenolate	Transplant Rejection	NI
CHLORAMBUCIL	Chlorambucil	Cancer	NI
CHLORPROMAZINE	Chlorpromazine	Psychoses	NI
CLINACORT	Triamcinolone	Steroid	Call

Drug Trade Names	Generic Name	Description/Conditions Treated	Action
CLOZAPINE	Clozapine	Schizophrenia	NI
CLOZARIL	Clozapine	Schizophrenia	NI
COGENTIN	Benzotropine	Parkinson's	NI
COGNEX	Tacrine	Memory Loss	NI
COMTAN	Entacapone	Parkinson's	NI
CORDROL	Prednisone	Steroid	Call
CORTASTAT	Dexamethasone	Steroid	Call
CORTEF	Hydrocortisone	Steroid	Call
CORTISONE	Cortisone	Steroid	Call
CORTONE	Cortisone	Steroid	Call
COTOLONE	Prednisolone	Steroid	Call
CREON	Lipase/Amylase/Protease/Pan-creatin Combo	Digestive Enzymes	NI
CUPRIMINE	Penicillamine	Rheumatoid Arthritis	NI
CYCLOPHOSPHAMIDE	Cyclophosphamide	Cancer, Rheumatoid Arthritis	NI
CYCLOSPORINE	Cyclosporine	Transplant Rejection, Rheumatoid Arthritis, Ulcerative Colitis	NI
CYTOXAN	Cyclophosphamide	Cancer, Rheumatoid Arthritis	NI
DACLIZUMAB	Daclizumab	Transplant Rejection	NI
DALALONE	Dexamethasone	Steroid	Call
DANTRIUM	Dantrolene	Multiple Sclerosis, Spinal Cord Lesions, Cerebral Palsy	NI
DANTROLENE	Dantrolene	Multiple Sclerosis, Spinal Cord Lesions, Cerebral Palsy	NI
DECADROL	Dexamethasone	Steroid	Call
DECADRON	Dexamethasone	Steroid	Call
DECA-DURABOLIN-INJECTABLE	Nandrolone Decanoate	Anemia of Renal Failure	NI
DELAVIRDINE	Delavirdine	HIV Infection	NI
DELTASONE	Prednisone	Steroid	Call
DEPEN	Penicillamine	Rheumatoid Arthritis	Call
DEPMEDALONE	Methylprednisolone	Steroid	Call
DEPOJECT	Methylprednisolone	Steroid	Call
DEPOMEDROL	Methylprednisolone	Steroid	Call
DEPOPRED	Methylprednisolone	Steroid	Call
DEXACORTEN	Dexamethasone	Steroid	Call
DEXAMETH	Dexamethasone	Steroid	Call
DEXAMETHASONE	Dexamethasone	Steroid	Call
DEXASONE	Dexamethasone	Steroid	Call
DEXONE	Dexamethasone	Steroid	Call
DONEPEZIL	Donepezil	Memory Loss	NI
DOPAR	Levodopa	Parkinson's	NI
DOXORUBICIN HYDROCHLORIDE	Doxorubicin Hydrochloride	Cancer	NI
DROXIA	Hydroxyurea	Cancer	NI
DURAGESIC	Fentanyl	Narcotic pain medication-Transdermal	NI
DURALONE	Methylprednisolone	Steroid	Call
ELDEPRYL	Selegiline	Parkinson's	NI
EMCYT		Cancer	NI
ENBREL	Etanercept	Rheumatoid Arthritis	NI
ENTACAPONE	Entacapone	Parkinson's	NI

Drug Trade Names	Generic Name	Description/Conditions Treated	Action
ENTOCORT EC	Budesonide	Steroid	Call
EPOETIN	Epoetin	Anemia of Chronic Renal Failure	NI
EPOGEN-INJECTABLE	Epoetin	Anemia of Chronic Renal Failure	NI
EPO-INJECTABLE	Epoetin	Anemia of Chronic Renal Failure	NI
EPREX-INJECTABLE	Epoetin	Anemia of Chronic Renal Failure	NI
ERYTHROPOIETIN-INJECTABLE	Epoetin	Anemia of Chronic Renal Failure	NI
ETANERCEPT	Etanercept	Rheumatoid Arthritis	NI
EULEXIN	Flutamide	Cancer	NI
EXELON	Rivastigmine	Alzheimers/Memory	NI
FEMARA	Letrozole	Cancer	Call
FENTANYL	Fentanyl	Narcotic Pain Medication	NI
FLUPHENAZINE	Fluphenazine	Psychoses	NI
FLUTAMIDE	Flutamide	Cancer	NI
FOLEX	Methotrexate	Rheumatoid Arthritis	Call
GALANTAMINE	Galantamine	Alzheimers/Memory	NI
GENGRAF	Cyclosporine	Transplant Rejection, Rheumatoid Arthritis, Ulcerative Colitis	NI
GEN-SELEGILINE	Selegiline	Parkinson's	NI
GEODON	Ziprasidone	Schizophrenia	NI
GOSERELIN	Goserelin	Cancer, Prostate and Breast	NI
HALDOL	Haloperidol	Psychoses	NI
HALOPERIDOL	Haloperidol	Psychoses	NI
HEPARIN INJECTABLE	Heparin Injectable	Blood Thinner	NI
HEXADROL	Dexamethasone	Steroid	Call
HEXALEN		Cancer	NI
HYBOLIN DECANOATE-INJECTABLE	Nandrolone Decanoate	Anemia of Renal Failure	NI
HYDORMORPHONE	Hydormorphone	Narcotic Pain Medication	Call
HYDREA	Hydroxyurea	Cancer	NI
HYDROCODONE	Hydrocodone	Narcotic pain medication	Call
HYDROCORTISONE	Hydrocortisone	Steroid	Call
HYDROXYUREA	Hydroxyurea	Cancer	NI
IMURAN	Azathoprine	Transplant Rejection, Rheumatoid Arthritis, Crohn's	NI
INFLIXIMAB	Infliximab	Rheumatoid Arthritis, Crohn's	NI
INFUMORPH	Morphine	Narcotic Pain Medication	Call
INSULIN, HUMULIN 50/50	NPH/Regular Insulin Mixtures	Diabetes, Insulin-Dependent (IDDM)	NI
INSULIN, HUMULIN 70/30	NPH/Regular Insulin Mixtures	Diabetes, Insulin-Dependent (IDDM)	NI
INSULIN, HUMULIN L	Lente Insulin	Diabetes, Insulin-Dependent (IDDM)	NI
INSULIN, HUMULIN N	NPH Insulin	Diabetes, Insulin-Dependent (IDDM)	NI
INSULIN, HUMULIN U ULTRA-LENTE	Insulin, Extended	Diabetes, Insulin-Dependent (IDDM)	NI
INSULIN, HUMULIN-R	Regular Insulin	Diabetes, Insulin-Dependent (IDDM)	NI
INSULIN, ILETIN II R	Regular Insulin	Diabetes, Insulin-Dependent (IDDM)	NI
INSULIN, LENTE ILETIN II	Lente Insulin	Diabetes, Insulin-Dependent (IDDM)	NI
INSULIN, NOVOLIN 70/30	NPH/Regular Insulin Mixtures	Diabetes, Insulin-Dependent (IDDM)	NI
INSULIN, NOVOLIN L	Lente Insulin	Diabetes, Insulin-Dependent (IDDM)	NI
INSULIN, NOVOLIN N	NPH Insulin	Diabetes, Insulin-Dependent (IDDM)	NI

Drug Trade Names	Generic Name	Description/Conditions Treated	Action
INSULIN, NOVOLIN R	Regular Insulin	Diabetes, Insulin-Dependent (IDDM)	NI
INSULIN, NOVOLIN U	Insulin, Extended	Diabetes, Insulin-Dependent (IDDM)	NI
INSULIN, NPH ILETIN II	NPH Insulin	Diabetes, Insulin-Dependent (IDDM)	NI
INSULIN, ULTRALENTE U	Insulin, Extended	Diabetes, Insulin-Dependent (IDDM)	NI
INSULIN, VELOSULIN BR	Regular Insulin	Diabetes, Insulin-Dependent (IDDM)	NI
INSULIN; HUMALOG	Insulin Lispro	Diabetes, Insulin-Dependent (IDDM)	NI
INSULIN; HUMALOG 50/50	Insulin Lispro/Protamine Mixture	Diabetes, Insulin-Dependent (IDDM)	NI
INSULIN; HUMALOG 75/25	Insulin Lispro/Protamine Mixture	Diabetes, Insulin-Dependent (IDDM)	NI
INSULIN; NOVOLOG	Insulin Aspart	Diabetes, Insulin-Dependent (IDDM)	NI
INSULIN; LANTUS	Insulin Glargine	Diabetes, Insulin-Dependent (IDDM)	NI
INTERFERON		Cancer	NI
KABOLIN-INJECTABLE	Nandrolone Decanoate	Anemia of Renal Failure	NI
KADIAN	Morphine	Narcotic Pain Medication	Call
KENACORT	Triamcinolone	Steroid	Call
KEY-PRED	Prednisolone	Steroid	Call
KINERET	Anakinra	Rheumatoid Arthritis	NI
LARGACTIL	Chlorpromazine	Psychoses	NI
LARODOPA	Levodopa	Parkinson's	NI
L-DOPA	Levodopa	Parkinson's	NI
LEFLUNOMIDE	Leflunomide	Rheumatoid Arthritis	NI
LETROZOLE	Femara	Cancer	Call
LEUCOVORIN		Cancer	NI
LEUKERAN	Chlorambucil	Cancer	NI
LEVODOPA	Levodopa	Parkinson's	NI
LIORESAL	Baclofen	Multiple Sclerosis, Spinal Cord Lesions	NI
LIQUID PRED	Prednisone	Steroid	Call
LORCET	Hydrocodone/Acetaminophen	Narcotic Pain Medication	Call
LORTAB	Hydrocodone/Acetaminophen	Narcotic Pain Medication	Call
LUPRON		Cancer	NI
MEDRALONE	Methylprednisolone	Steroid	Call
MEDROL	Methylprednisolone	Steroid	Call
MEGACE		Cancer	NI
MEGESTROL		Cancer	NI
MELLARIL	Thioridazine	Schizophrenia	NI
MELPHALAN		Cancer	NI
MESTINON		Myasthenia Gravis	NI
METHADONE	Methodone	Narcotic Pain Medication	Call
METHADOSE	Methodone	Narcotic Pain Medication	Call
METHOTREXATE	Methotrexate	Rheumatoid Arthritis	Call
METHYLPREDNISOLONE	Methylprednisolone	Steroid	Call
METICORTEN	Prednisone	Steroid	Call
MEXILETINE	Mexiletine	Cardiac, Pain	Call
MEXITIL	Mexiletine	Cardiac, Pain	Call
MIACALCIN INJECTION	Calcitonin	Osteoporosis, Paget's	NI
MIRAPEX	Pramipexole	Parkinsons/Restless Leg Syndrome	Call
MORPHINE	Morphine	Narcotic Pain Medication	Call

Drug Trade Names	Generic Name	Description/Conditions Treated	Action
MUROMONAB-CD3	Muromonab-CD3	Transplant Rejection	NI
MUTAMYCIN		Cancer	NI
MYCOPHENOLATE	Mycophenolate	Transplant Rejection	NI
MYLERAN		Cancer	NI
MYROCHRYSINE (GOLD)		Arthritis	NI
NALBUPHINE	Nalbuphine	Narcotic Pain Medication	Call
NANDROLONE DECANOATE	Nandrolone Decanoate	Anemia of Renal Failure	NI
NEMBUTAL	Pentobarbital	Sedation, Seizures	Call
NEORAL	Cyclosporine	Transplant Rejection, Rheumatoid Arthritis, Ulcerative Colitis	NI
NEOSAR	Cyclophosphamide	Cancer, Rheumatoid Arthritis	NI
NEOSTIGMINE		Myasthenia Gravis	NI
NEUPOGEN		Cancer	NI
NOR-PRED	Prednisolone	Steroid	Call
NPH INSULIN	NPH Insulin	Diabetes, Insulin-Dependent (IDDM)	NI
NUBAIN	Nalbuphine	Narcotic Pain Medication	Call
NU-SELEGILINE	Selegiline	Parkinson's	NI
OLANZAPINE	Olanzapine	Schizophrenia, Anorexia Nervosa	NI
ORASONE	Prednisone	Steroid	Call
ORTHOCLONE OKT3	Muromonab-CD3	Transplant Rejection	NI
OXYCODONE	Oxycodone	Narcotic Pain Medication	Call
OXYCONTIN	Oxycodone	Narcotic Pain Medication	Call
PAMIDRONATE	Pamidronate	Hypercalcemia, Paget's	Call
PANASOL-S	Prednisone	Steroid	Call
PANCREASE	Pancrease	Pancreatic Enzyme	NI
PARLODEL	Bromocriptine	Parkinson's, Amenorrhea-Used for Fertility	Call
PENICILLAMINE	Penicillamine	Rheumatoid Arthritis	NI
PENTAMIDINE		AIDS	NI
PENTOBARBITAL	Pentobarbital	Sedation, Seizures	Call
PERCOCET	Oxycodone/Acetaminophen	Narcotic Pain Medication	Call
PERCODAN	Oxycodone/Aspirin	Narcotic Pain Medication	Call
PERCOLONE	Oxycodone	Narcotic Pain Medication	Call
PERGOLIDE	Pergolide	Parkinson's	NI
PERMAX	Pergolide	Parkinson's	NI
PETHIDINE	Meperidine	Narcotic Pain Medication	Call
PLAQUENIL	Hydroxychloroquine	Rheumatoid Arthritis, SLE	Call
PLATINOL		Cancer	NI
PRAMIPEXOLE	Pramipexole	Parkinsons	NI
PREDACORT	Prednisolone	Steroid	Call
PREDATE	Prednisolone	Steroid	Call
PREDNICEN-M	Prednisone	Steroid	Call
PREDNICOT	Prednisone	Steroid	Call
PREDNISOL	Prednisolone	Steroid	Call
PREDNISOLONE	Prednisolone	Steroid	Call
PREDNISONE	Prednisone	Steroid	Call
PRED-PAK	Prednisone	Steroid	Call
PRELONE	Prednisolone	Steroid	Call

Drug Trade Names	Generic Name	Description/Conditions Treated	Action
PRIMETHASONE	Dexamethasone	Steroid	Call
PROCRIT	Epoetin	Anemia of Chronic Renal Failure	NI
PROGRAF	Tacrolimus	Transplant Rejection, Autoimmune Diseases	NI
PROLIXIN	Fluphenazine	Psychoses	NI
PROPACET	Propoxyphene/Acetaminophen	Narcotic Pain Medication	Call
PROSTIGMIN		Myasthenia Gravis	NI
PURINETHOL /MP6		Cancer	NI
QUETIAPINE	Quetiapine	Schizophrenia	NI
RAPAMUNE	Sirolimus	Transplant Rejection	NI
REGULAR INSULIN	Regular Insulin	Diabetes, Insulin-Dependent (IDDM)	NI
REMINYL	Galantamine	Alzheimers/Memory	NI
REQUIP	Ropinirole	Parkinsons	NI
RESCRIPTOR	Delavirdine	HIV Infection	NI
RESPERIDONE	Risperidone	Psychotic Disorders	NI
RETROVIR	Azidothymidine	HIV Infection	NI
RHEUMATREX	Methotrexate	Rheumatoid Arthritis	Call
RIDAURA (GOLD)		Arthritis	NI
RISPERDAL	Risperidone	Psychotic Disorders	NI
RISPERIDONE	Risperidone	Psychotic Disorders	NI
RIVASTIGMINE	Rivastigmine	Alzheimers/Memory	NI
ROFERON		Cancer	NI
ROPINIROLE	Ropinirole	Parkinsons	NI
ROXANOL	Morphine	Narcotic Pain Medication	Call
ROXICET	Oxycodone/Acetaminophen	Narcotic Pain Medication	Call
ROXICODONE	Oxycodone	Narcotic Pain Medication	Call
ROXILOX	Oxycodone/Acetaminophen	Narcotic Pain Medication	Call
ROXIPRIN	Oxycodone/Aspirin	Narcotic Pain Medication	Call
RUBEX	Doxorubicin Hydrochloride	Cancer	NI
SANDIMMUNE	Cyclosporine	Transplant Rejection, Rheumatoid Arthritis, Ulcerative Colitis	NI
SD-DEPRENYL	Selegiline	Parkinson's	NI
SELEGILINE	Selegiline	Parkinson's	NI
SEROQUEL	Quetiapine	Schizophrenia	NI
SIMULECT	Basiliximab	Transplant Rejection	NI
SINEMET	Carbidopa/Levodopa	Parkinson's, Used for Restless Leg	Call
SIROLIMUS	Sirolimus	Transplant Rejection	NI
SOLAZINE	Trifluoperazine	Antipsychotics	NI
SOLGANAL (GOLD)		Arthritis,	NI
SOLU-CORTEF	Hydrocortisone	Steroid	Call
SOLUMEDROL	Methylprednisolone	Steroid	Call
SOLUREX	Dexamethasone	Steroid	Call
STELAZINE	Trifluoperazine	Antipsychotics	NI
STERAPRED	Prednisone	Steroid	Call
SULFASALAZINE	Sulfasalazine	Rheumatoid Arthritis, Crohn's	Call
SYMMETREL	Amantadine	Parkinson's, Viral Infections	Call
TACE		Cancer	NI
TACRINE	Tacrine	Memory Loss	NI

Drug Trade Names	Generic Name	Description/Conditions Treated	Action
TACROLIMUS	Tacrolimus	Transplant Rejection, Autoimmune Diseases	NI
TALACEN	Pentazocine/Acetaminophen Combo	Narcotic Pain Medication	Call
TALWIN	Pentazocine	Narcotic Pain Medication	Call
TARACTAN		Antipsychotics	NI
TERFLUZINE	Trifluoperazine	Antipsychotics	NI
THALIDOMIDE	Thalidomide	Bechet's, HIV-associated wasting, Crohns	NI
THALOMID	Thalidomide	Bechet's, HIV-associated wasting, Crohns	NI
THIORIDAZINE	Thioridazine	Schizophrenia	NI
THORAZINE	Chlorpromazine	Psychoses	NI
TRACLEER	Bosentan	Cardiac	NI
TREXALL	Methotrexate	Rheumatoid Arthritis	Call
TRIAMOLONE	Triamcinolone	Steroid	Call
TRIAMONIDE	Triamcinolone	Steroid	Call
TRIFLUOPERAZINE	Trifluoperazine	Antipsychotics	NI
TRIHEXANE	Trihexyphenidyl	Parkinson's	NI
TRIHEXYPHENIDYL	Trihexyphenidyl	Parkinson's	NI
TRIKORT	Triamcinolone	Steroid	Call
TRILAFON		Antipsychotics	NI
TRILONE	Triamcinolone	Steroid	Call
TYLOX	Oxycodone/Acetaminophen	Narcotic Pain Medication	Call
ULTRAM		Narcotic pain medication	NI
VICODIN	Hydrocodone/Acetaminophen	Narcotic Pain Medication	Call
WYGESIC	Propoxyphene/Acetaminophen	Narcotic Pain Medication	Call
ZENAPEX	Daclizumab	Transplant Rejection	NI
ZIPRASIDONE	Ziprasidone	Schizophrenia	NI
ZOLADEX	Goserelin	Cancer, Prostate and Breast	NI
ZOLEDRONIC ACID	Zoledronic Acid	Hypercalcemia of Malignancy, Multiple Myeloma	NI
ZOMETA	Zoledronic Acid	Hypercalcemia of Malignancy, Multiple Myeloma	NI
ZYPREXA	Olanzapine	Schizophrenia, Anorexia Nervosa	NI

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