

Philadelphia American Life Insurance

Underwriting Guide

(Rated A- by AM Best)

- **HSP SERIES/GOLD, PREMIER, HCS, GAP**
- **ENHANCED 24 HOUR ACCIDENT**
- **CRITICAL ILLNESS POLICY/RIDER**
- **FLEX Plan offered with ACA plans**
- **Notes and suggestions from the Policyholder Service Department**



Philadelphia American Insurance Company is a subsidiary of the New Era Life Insurance Companies (A- rated AM BEST)

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Welcome to Philadelphia American Insurance Company!

This manual is designed to assist you in determining your clients' insurability as well as give you options that you can use to help you place those hard to issue cases. In some cases applicants may not be eligible for coverage at the present time and have to be postponed. Other applicants may be eligible but require a rate up. While using this guide, it is important to remember that it is intended only as a general reference that outlines the probable course of action or decision which will govern if the applicant has a certain health impairment or medical condition. In all cases, the decision to issue as applied for, to modify coverage, or to decline, rests solely with the Home Office underwriting staff.

Introduction

Included in this Underwriting Guidelines is an [Impairment Chart](#) showing those conditions which may be eligible for a field or Home Office rate-up, as well as those which are considered Risk Not Acceptable (DEC). Please do not write any applicant with any of the DEC conditions or have an underwriting action showing PP (Postpone). We also included a chart showing certain occupations that are not eligible for coverage. We ask that you use this guideline in order to increase your issued business and reduce the number of declines and cancellations. **Any one applicant that requires more than 10 points (150%) will not be eligible for coverage. Each Point=15% rate up.** Rate-ups are not commissionable.

Applicants who have never had any of the medical conditions or diseases shown will generally be within our standard medical underwriting guidelines. Whenever agents encounter a situation that has not been addressed, they should contact their Manager. **Agents should not get involved in the claims processing but should refer their clients to call the Claim CS line in the home office at (888-748-3040) or email claimscustomerservice@neweralife.com**

You can download any product forms by logging in and clicking on **sales forms**. You can also download the EAPP by clicking on **underage health**. Visit www.neweralife.com to see any sales contest.

AGENT'S RESPONSIBILITY

The agent represents the eyes and ears of the Home Office underwriter and he or she is encouraged to exercise good judgment and common sense before submitting applicants with impaired risks. Complete information is **critical** in building proper case history. Taking an application on an individual with severe, recurrent and/or a combination of several impairments results in unnecessary expenses and will be declined. Remember, the primary reason **cases are** declined by the Home Office is not due to one health impairment; rather, it is combinations of disorders which adversely impact the applicant's insurability. If there is any doubt when writing a substandard risk or if there are any questions about conditions, the agent can contact UW at: healthunderwriting@neweralife.com for instructions. Working together, the Home Office team and the agent can save considerable time.

AGENT COMMISSIONS

When we issue the policy, the commissions will be paid on the scheduled days which are twice a week. If the case is issued on Wednesday-Friday night, we will direct deposit on Tuesday. If the case is issued between Saturday and Tuesday night, we will pay on Thursday. If the applicant asks us to wait until the effective date to issue it we will pay on either the Tuesday or Thursday after it's issued. You may log in to www.neweralife.com to view your commission statements on Monday evening and

your check on Tuesday with the exception of a holiday week. Remember when we collect premium that triggers the payment of commission. Credit Cards are drafted on the effective date

REPLACEMENT RULES FOR COMMISSIONS

- Conversion policy written while the original policy is still in-force
 - Renewal commission will apply to the conversion policy
 - The conversion policy will receive 50% Credit towards the Leaders Conference
- Replacement policy written 0-6 months after the original policy's termination date
 - Agent will receive renewal commission
 - No Leaders Conference credit
- Replacement policy written 6-12 months after the original policy's termination date
 - Agent will receive first year commission
 - No Leaders Conference credit
- Replacement policy written 12+ months after the original policy's termination date
 - Agent will receive first year commission
 - 100% Leaders Conference credit
- If replacing any existing business with like coverage, we will not pay a 1st year commission on any business that was in force. So if someone has \$20,000 of CI inforce and you add more CI and keep the old plan in force we will pay a 1st year commission on the new amount. If you replace the old plan with a new plan we will pay renewal commissions on the new plan.

SOCIAL SECURITY, TAX ID, and RESIDENCY

Are Social Security Numbers required?

In order to qualify for coverage our eAPPLication software will require a valid Social Security number or an ITIN (Individual Taxpayer Identification number). Our eAPP will test to see if it is valid format and if not the platform will not allow the agent to proceed.

► **If someone has not been in the US for two years, we cannot offer coverage**

AGE LIMITS

Newborn children- For coverage under a new policy, newborns must be at least 30 days old and in good health at the time of application submission. To add a newborn to an existing policy, see guidelines under [policyholder service suggestions and tips](#).

Dependent children- Dependent children must not exceed the age of 24 or 25 (depending on the state or product). If they are within 60 days from their 24th or 25th birthday at the time of underwriting review, they will be removed from the policy. For information about children rates or guardianship, refer to [dependent children guidelines](#).

Applicants over the age of 64- Applicants up to 64 years can apply for coverage. An applicant who is 90 days from their 65th birthday will not be eligible for coverage under the health, specified disease, and critical illness plan and should apply for a Medicare supplement.

PRE-EXISTING CONDITION RULES and CONTESTABILITY

A pre-existing condition is defined as a condition for which medical treatment was rendered or recommended by a Physician or for which drugs or medicine was prescribed within 12 months prior to a Covered Person's Effective Date.

Even if a condition is admitted and or rated on the application or in the telephone interview it will be considered pre-existing and subject to the pre-existing condition limitation clause, **except in Maryland** ([see state specific rules](#)). The condition will not be covered for 12 months from the effective date

A condition shall no longer be considered a Pre-Existing Condition after a person has been covered under this policy for 12 consecutive months. If a condition is rated it is still a pre-existing condition.

After 2 years from the effective date, no misstatement, except fraudulent misstatements, made by the applicant in the application for such policy shall be used to void this policy or to deny a claim for loss incurred commencing after the expiration of such 2 year period.

DEPENDENT CHILDREN GUIDELINES

- If the child is under 25 and listed as a dependent to a primary insured, they will pay the Dependent Child Rate (0-25).
- If it is a child only application, they will pay the (25 and under) rate no matter how old the child is. If a (child only) application has more than one child listed, the first child will pay the (25 and under) rate and any additional children will be at the dependent child (0-25) rate. Child only plans are not allowed to purchase a Dental policy.

PROOF OF GUARDIANSHIP

For minor children applying for coverage with an aunt, brother, sister, grandparents, or relative indicating they are the guardian, we need to obtain a copy of the guardianship paperwork at the time of the underwriting process. The telephone interview department does ask the question "are you the legal guardian or court-appointed guardian for the minor". Regardless of the response, the underwriter is responsible for obtaining a copy of the guardianship document at the time of underwriting. If we cannot obtain guardianship/court-appointed document, we cannot offer coverage.

POLICY EFFECTIVE and DRAFT DATES

- **The effective date will be assigned by underwriting and is the latter of the requested date or underwriter approval.**
- **We draft any fees upon Underwriting approval and the first months premium UNLESS the applicant ask to delay the first months premium withdrawal. But we always draft the fees upon UW approval.**

EFFECTIVE DATE REQUEST- An applicant can request a future effective date up to 60 days from the application date on the Health plan **HSP or HCS**. When the **HSP or HCS** is sold in conjunction with the Enhanced Accident Plan (combo sale), the earliest an effective date may be is the underwriting

approval date. However, if the **Enhanced Accident plan** is sold as a stand-alone product, the following applies: if the application is received in the home office between the 1st thru 15th, the earliest effective date the plan can have is the 1st of the following month. If the application is received in the home office between the 16th-end of the month, the earliest effective date will be on the 15th of the following month.

POLICY PAYMENTS

All bank draft requests from an employer or business account will require that Form 7812 be completed unless the insured is a family member of the account owner.

Cash with Applications and the Fee's- Application's submitted via an electronic application system will have their non-refundable fee and their first month's premium drafted from their account at the time of underwriting approval. Applicants who are applying by paper application must pay their first month's premium instead of having it drafted. For list bills we do not bill for the fee. We do not accept an agents/agency check and will accept an applicant's personal check, money order, or cashier's check. Please check your state to verify the amount of the non-refundable fee. Some states do vary such as Mississippi which is \$6.

► Paper applications do not require the first month's premium be paid with the app-only the policy fee is required.

For credit cards, the credit card owner needs to be the same as the insured. Unless it is a parent/child we see no reason to make an exception. This client will need to make alternate payment arrangements. For parent/child situation, the credit card authorization needs to be physically signed by cc owner or TI department can obtain an electronic signature.

COUNTER OFFERS AND MODIFICATIONS

Should you encounter a case that might require more information concerning a possible rate up or if the coverage can be offered, please email: healthunderwriting@neweralife.com.

We reserve the right to make any changes as needed. The agent will need to contact the customer to discuss any changes and to make sure they agree if an underwriting counter-offer is necessary. We will need the applicant to sign the conditional or counter-offer form. Certain questions on the app are automatically rated based on the condition and time parameters. Please review the app as well.

A modification is a method of issuing coverage differently than applied for or a "counteroffer" and is used to provide coverage with a rate up for specified pre-existing conditions.

In the event that a modification becomes necessary, the agent and/or the manager are encouraged to work with the Home Office to facilitate the acceptance process. An applicant is more likely to accept a modification when the agent and the Home Office can work together. The final underwriting decision must remain the sole responsibility of the Home Office underwriter. In order to reconsider a decision, any additional information may be supplied at the applicant's expense. Each Point = 15% rate up with a max of 150% on any one person.

► **COUNTER OFFERS MUST BE SIGNED BY THE APPLICANT, NOT THE AGENT!**

► We do not offer condition specific riders only rate ups.

► If medical records are required the applicant must request and obtain the records. We do not pay for medical records.

After the policy is issued and additional pertinent medical information is discovered, Underwriting may offer additional ratings based on the information. This may include the Health, the Critical Illness plan and the Specified Disease plan. The additional offer will be offered when the information is disclosed

GUARANTEE ISSUE (APPLYING WITHOUT ACA COVERAGE)

To qualify using medically underwritten guidelines, you may write that person and not answer any of the medical questions, and offer HSP GOLD 1 Unit, \$250,000 CYM plan with a \$2,500 deductible. If you offer the HCS, you can only offer the 20% first day reduction, \$100,000, 1 Unit plan. On the GI plan you **MUST** rate it 8 points (120%) and the Pre-Existing condition clause is still applicable. You **must** write another person in the household on a separate HSP or HCS plan that meets medical underwriting. **If you offer an HSP plan you can only offer the other person an HSP, and if you offer an HCS you can only offer the other person an HCS. For the HCS plan, offer a 1 unit with \$250,000 and a \$2,500 deductible and the rate up of 8 (120%) points. For PA-TENN, offer the HCS with a 120% rate up. If the Accident (plans) are offered the questions must be answered to qualify. WE ONLY OFFER GI ONE TIME SO IF THEY CANCEL THEY CANNOT PURCHASE ANOTHER GI PLAN. We do not offer coverage to anyone on Medicaid or Medicare, regardless of the state's program.**

KEEPING OTHER MEDICAL COVERAGE WHEN APPLYING

- **In the event someone has catastrophic medical coverage that they are not going to cancel, the maximum number of units on our health plan that we can issue will be 1 unit with a maximum of \$20,000 Critical Illness or 2 units with a deductible of at least \$5,000 and CI up to \$20,000.**
- We do not offer coverage to anyone on Medicaid or Medicare, regardless of the state's program.

HSP Gold/HCS/ Premier/Flex	Guarantee Issue Rate Up =120%	Fully Underwritten
	OTHER SUPPLEMENTAL PLANS	
24-Hour Enhanced Accident Expense	One or Two	One or Two
Critical Illness Rider or Policy	None	Up to \$20,000
Specified Disease	Not offered with the ACA plans	Not offered with the ACA plans
Individual Catastrophic Accident Expense plan	Not offered with the ACA plans	Not offered with the ACA plans
Dental	Yes	Yes
If the ACA ded is < \$5000 the 1 unit plan is ok.	If the deductible is \$5000 or > you may offer 1 or 2 units.	

The **guarantee issue option** is available if the plan is written through the **New Horizon agency** and only on the Flex Choice plan or the GAP plan with an **8 (120%)** point rate up. The Premier Plan will not be offered on a guarantee issue basis as an ACA supplement. The Gap plan can only supplement someone else's Major Medical, STM, ACA, or group plan and it cannot be sold to supplement our health plans. Our GAP premium cannot be more than 25% of the TOTAL ACA premium, both the subsidy AND the non-subsidized combined. **See the chart below.**

Calendar Year Maximum Benefit	Number of Units per Policy	Calendar Year Confinement Deductible Options	CI Rdr Bft Options	GI Allowed	CI Rdr - GI
\$250,000	1	\$100, \$500, \$1,000 or \$2,500	\$10,000, \$15,000 or \$20,000	Y - New Horizon only	N
\$250,000	2	\$100, \$500, \$1,000, \$2,500 or \$5,000	\$10,000, \$15,000 or \$20,000	N	NA

PREMIER BENEFIT OPTIONS – ACA SALES: CI Rdr Max is \$20,000 each- insured/spouse, \$10,000 child(ren);

Calendar Year Maximum Benefit	Number of Units per Policy	Calendar Year Confinement Deductible Options	CI Rdr	CI Rdr Bft Options
\$250,000	1	\$100, \$500, \$1,000 or \$2,500	Y	\$10,000, \$15,000 or \$20,000
\$250,000	2	\$100, \$500, \$1,000, \$2,500, \$5,000, \$7,500 or \$10,000	Y	\$10,000, \$15,000 or \$20,000

OBTAINING ACA/MM COVERAGE AFTER POLICY IS ACTIVE

If a PALIC policyholder purchases an ACA plan **AFTER** they purchase our plan and wants to reduce their PAL premium to make their program affordable, they may put their request in writing and we will allow them to reduce coverage to 1 unit on a guarantee issue basis. This applies to all Agents regardless of whether they write the ACA plan through New Horizon or not. If they have had coverage for more than 12 months, the Pre Existing clause will be waived.

TELEPHONE INTERVIEW OR ELECTRONIC VERIFICATION

This is to ensure the applicant has an opportunity to add any information that they may have forgotten during the initial solicitation of the application. The Application process plays an important role in getting their verbal signature and allows the company the authorization to gather certain RX information. It is critical that the information received during the call mirrors what is on the application! Please make sure the client knows this isn't a major medical and how it differs. **We advise them on the call that our product is not a major medical plan. The toll free number is: 855.430.3656 between 8a-5p Central Time. If an applicant is 20 years old or older they must do their own interview.**

PLAN SPECIFIC GUIDELINES

► Enhanced 24 Hour Accident Plan (H-0089):

- If you are writing the Enhanced Accident Plan on athletes or other people involved in hazardous sports, please limit the # of units to 1 on these applicants.
- This plan will NOT be offered on a GI basis

► Accident Expense Policy (H-0228):

- This plan can only be sold with an HCS and will not be offered on a GI basis.

► Accident Medical Expense Benefit rider:

- The new Accident rider offering up to \$26,000 additional benefits to the base if they are admitted to the hospital is available only on the 2-unit Enhanced Accident plan, and they must have a health plan (HSP or HCS) as well.

► **Accident Disability Income Benefit rider:**

- The units must be equal to or lower than the base accident plan.

► **Enhanced Outpatient rider:**

- This rider is only available on the HCS at this time
- This rider cannot be sold with the ER/UR rider
- An insured may have only 1 of these optional riders. It doubles the OP benefits and increases the OP surgery by 50%. It may be added to existing policies. You must submit a paper application by downloading it from the agent portal.

► **GAP Plans:**

- The GAP plan can only supplement someone else's major medical, STM, ACA, or group plan, and it cannot be sold to supplement our health plans.
- The applicant cannot have the GAP and an HCS in force at the same time.
- ***The GAP plan premium cannot be more than 25% of the other plans premium unless that plan is a Short Term plan. If it's an ACA plan, you need to look at the TOTAL premium of that plan, not just the subsidized portion. On the GI Gap plan, you MUST rate it 8 pts (120%), and the Pre-Existing condition clause is still applicable, and you **must** write another person in the household on a separate GAP application that meets medical underwriting***

► **Specified Disease Plans:**

- This plan must be sold with an HCS plan.
- We will not offer the Specified Disease and Health plan if they are keeping other coverage or have an ACA plan.
- When choosing a Specified disease plan, the Critical Illness plan is available but there must be a gap of benefits between that plan and the Specified disease deductible. For example, a person purchases the HCS with a \$2,500 deductible, a Specified disease plan with a \$25,000 deductible, the most Critical Illness benefits that can be offered is \$20,000. We cannot allow the CI benefits to be equal to or more than the Specified Disease deductible. All medical questions must be answered to qualify for this plan.

► **Critical Illness Coverage:**

- The maximum benefit for **Critical Illness** with the HCS is \$50,000. A telephone interview is required for CI/CI riders face amounts of \$40,000 and \$50,000. We may ask for a phone interview on lower CI amounts at the underwriter's discretion. See [state-specific](#) rules for exceptions. The max age for critical illness for new applications is 64 years.
- A critical illness product without a health plan is limited to \$10,000 or \$20,000 benefit and the Underwriter may ask for a telephone interview.
- **The individual applicant must be at least 21 on the Critical Illness plans. If it's a family app, then the adults (parents) have to choose CI in order for the kids to get CI. **This may change due to state variations.**

► **Dental Coverage:**

- The Dental plan cannot be sold to children without an adult.
- ***This may change due to state variations. The individual applicant must be at least 19 on the Dental Policy.**

GROUP UNDERWRITING and LIST BILLS

- *On all groups there will a 1 point (15%) on all employees. (Please see the UW group guide for more information concerning groups and underwriting.*
- We will list bill a group of at least 5 people or more.
- *There are special forms that must be completed upfront to get a GBN= Group Billing number.*
- *That number will allow us to bill the group together. **We do NOT waive the Pre X clause. We do not advance on list bills. For more information contact your manager. The Enhanced Benefit Rider is available for groups of 10 or > and all applicant must purchase the rider to be available on a GI basis.***

STATE SPECIFIC UNDERWRITING

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► TEXAS:

- Starr, Hidalgo, Zapata, and Cameron Counties- You can write a Health plan up to 2 units with a CI up to \$20,000. The CI will require a phone interview.

► MISSISSIPPI:

- Enhanced Accident Plan- If the Accident plan is sold as a stand-alone with no other plans with PALIC and it's not written in a group, the maximum allowed benefit is 1 unit with No Accident Disability Rider allowed.

► WASHINGTON:

- The approved health plan is the Health Choice Select. You can offer:
 - One or two Units with a \$250,000 Calendar Year Maximum
 - Choose from A First Day Hospital Confinement Benefit options of either 20% or 50%.

► MARYLAND:

- If the applicant has Hypertension and Cholesterol, we will add a 1 point (15%) rate up and it will NOT be considered as a pre-existing condition.

PRESCRIPTION AND MEDICAL HISTORY

Please advise the applicant that Underwriting may order prescription and medical history on any applicant with proper authorization. The data will provide prescribing physicians, medications, and conditions. We use this information to verify that the application illustrates the correct medical information. ***The agent should make every effort to provide medical documentation.***



POLICYHOLDER SERVICE SUGGESTIONS AND TIPS

IMPORTANT PHONE NUMBERS AND EMAIL ADDRESSES:

Department	Phone number	Email address Back to Table of Contents
Claims Customer Service	888-748-3040 Ext 1319	claimscustomerservice@neweralife.com
Policyholder Services	888-748-3040 Ext 7445	policyholderservice@neweralife.com
Underwriting/New Business	888-748-3040 Ext 1199	healthunderwriting@neweralife.com
Group/List Bill	888-748-3040 Ext 1453	listbill@neweralife.com

Mailing Address: P. O. Box 4884, Houston, TX 77210-4884

Fax Number: (281) 368-7144

Steps on HOW TO:

Add a dependent to an existing policy

- The insured has to complete a paper application for each policy. Indicate at the top of the application that this is an add-on. List the policy number on each application. The application(s) can be emailed or faxed to policyholder services. Upon receipt it will be forwarded to our underwriting department to request a telephone interview. (No EAV'S are sent for dependent additions). Upon completion of the telephone interview – it then goes through underwriting review. After underwriting review is completed – Underwriting provides back to Policyholder Services for processing. Policyholder Services sends the Insured an approval letter & requests the monies needed to add the dependent(s) to each policy requested. Additions are processed/made effective the next premium due date following the approval date from Underwriting. (Example if Underwriting approves on 11/10th – next premium due date is 12/1 – addition is effective 12/1). Policy Holder Services does not back date additions.
- If a policy has only children covered under a plan we cannot allow any future additions to that plan. So a newborn after a child only policy is in force must go on their own policy.

Add a newborn baby

- If Policyholder Services is notified within 31 days from birth, the baby can be added to the policy effective the date of birth. Primary Policyholder can notify Policyholder Services by phone, email, or fax. The request will need to include the name, DOB, and gender of the baby. Policyholder Services will then send a form for the policyholder to complete & return along with the amount of prorated premium required to add the baby to the policy. Upon receipt of the prorated premium, the baby will then be added to the policy. The letter will also indicate a deadline to send the payment. If no payment is received within the allotted time the file is closed.
- If Policyholder Services is notified after 31 days from birth, the baby will have to be added via paper application subject to underwriting approval (same procedure as adding a dependent).

Remove a dependent from an active policy

- Policyholder Services needs a written request or email from the Primary Insured with the name of person(s) to be deleted, reason for the deletion & all policy numbers they are requesting to be deleted from. Please note that the removal is subject to approval by underwriting and if approved, the deletion

will be processed/effective the next premium due date after receipt of the request. (Example if we received request on 11/10 – next premium due date is 12/1 – removal is effective 12/1). Removal requests can be emailed to policyholder services via email, phone or fax. Policyholder Services does not back date deletions.

Cancel a policy

- Primary Policyholder can call Policyholder Services and request cancellation over a recorded line. Also, the primary policyholder can email, fax, or mail the cancellation request to policyholder services. If emailing, faxing or mailing – Primary Policyholder needs to include all policy numbers wanting cancelled. Indicate any policy numbers keeping, reason for cancellation & date wished for the cancellation to be effective (Example as of the paid-to-date or a specific date). Signature of Primary Policyholder if faxing or mailing. If emailing to Policyholder Services – must come from the Primary Policyholder's email address that we have in the system.
- **Agents cannot cancel policies on behalf of their policyholders.** If policyholder emails cancellation request to their agent, the agent can forward the cancellation to the policyholder services email address in a timely manner. If policyholder calls agent to request cancellation – easiest for agent to have the policyholder call Policyholder Services. Only Primary Policyholder can cancel.

Cancel one member's policy from a group or list bill?

- If a policyholder is on a "True List Bill/GBN #" and the Company/Employer wants a [Policyholder Removed](#) from Employer Bank Draft or List Bill, Employer should send an email to Listbill@neweralife.com. Our Group/List Bill team will reach out to policyholder and offer to pay directly to continue their coverage with us.
 - If the policyholder is not on a "True List Bill/GBN #" – employer is paying for employees coverage and the Company/Employer wants a policyholder removed from their bank draft, Employer needs to send an email to Policyholderservice@neweralife.com and we will remove the employee from the bank draft. Policyholder Services will reach out to policyholder and offer for policyholder to pay directly to continue their coverage with us.
- Important to note an Employer cannot cancel a policyholder's policy. Only primary policyholder can cancel coverage.
- **Who should be included on this communication?**
If unsure if it is a "True List Bill/GBN #" or an employer paying for employee's coverage, it is safest to send to both Policyholderservice@neweralife.com and Listbill@neweralife.com. These two areas can determine who should handle accordingly. Both teams work very closely together.

Update address, email, phone number, etc.

- Primary Policyholder can submit change request to policyholder services via email, phone, or mail. If agent receives email with requested changes, email can be forwarded to policyholder services.

Change checking accounts for drafts (and rest)

- If it's a different bank, the Primary Policyholder will need to complete a new Bank Draft Authorization form and return to us with a voided check. Form & copy of voided check can be faxed or mailed to Policyholder Services (contact detail above). A lot of policyholders email their new Bank Draft Authorization form & voided check to policyholderservice@neweralife.com. This is not recommended because of the sensitive information, but we do accept.
- If it's the same bank, but, different account number, the Primary Policyholder can call to give us the information over a recorded call. We do not accept updated banking information from agents. If agent receives a new Bank Draft Authorization form from policyholder, the agent can fax this information to policyholder services.
- When Policyholder Services receives new Bank Draft Authorization forms or updating of the account number only, Policyholder Services in turn forwards the request/information to our Premium Accounting Department for updating accordingly in our system. Normally takes 2 to 3 days.

FREQUENTLY ASKED QUESTIONS:

What should agents do in escalated situations, such as upset policyholder who are wanting to cancel?

- The policyholder should be directed to call Policyholder Customer Service team at (888) 748-3040 Ext. #7445 – they are happy to assist with de-escalation. Typically it is a misunderstanding that can be explained, rectified & resolved. This team knows that if management involvement is needed they are ready to step right in at any time.

How can policyholders services help talk them through the escalated situation in an effort to retain the business?

- 90% of cancellations are due to Policyholder obtaining “Employer Coverage,” “Turning age 65,” “Other Coverage New Era” – (when it is the right fit to upgrade their coverage to our newer products) or “Different Company” – which we know that Policyholders shop around for the best price/coverage. The amount of cancellations that are due to “Not Sufficient for Needs,” “Claim Denied,” or “Did Not Pay As Expected” has greatly decreased over the year since Agents are more educated on our products and the Claims Customer Team is explaining how the product works to each policyholder when they call in and are educating Policyholders on how to best use the plan to their benefit, where to go and to self-pay where there is the least out-of-pocket expenses for our policyholders. Once a policyholder has shopped around and purchased other insurance – it is hard for Policyholder Services to turn that situation around as they have already made up their mind and they are just calling Policyholder Services as a courtesy because we are drafting their bank account. If they are on direct bill, they just let the policy lapse. Marketing has incorporated where they look for trends of agents moving business based on information we collect with every cancellation call.

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How do we handle this? “You can’t have my checking account. I want to pay with a check.”

- Policyholder Services gets involved for servicing after the “initial premium” has been paid. After the “initial premium” has been paid primary policyholder can call policyholder services on a recorded line to request to be removed from bank draft or credit card and placed on direct monthly billing. Primary Policyholder can also email us their request to be removed from bank draft & placed on direct monthly billing.
- Keep in mind – with the HCS, Specified Disease & Catastrophic Accident policies – policyholder gets a premium break for being on Bank Draft. If they request to be placed on direct monthly billing for these products – the premium is higher for direct billing. Policyholder also gets charged an additional fee over the premium for paying by credit card. Credit Card payments can only be done by the Primary Policyholder and only on the website/Policyholder Portal. We cannot take credit card payments over the phone.

“I want to pay yearly, semi-yearly or quarterly by check.” What’s the process for this and is there a savings for paying this way?”

- After the “initial” premium has been paid, Primary Policyholder can call or email Policyholder Services to request a modal change. The modal change requested has to sync up with the policyholder’s anniversary date (example: policy Issued for 11/1/2021 – initial premium Paid to 12/1/21. Policyholder wants to go on quarterly – request can be effective 2/1/2022. Policyholder wants to go on semi-annual – request can be effective 5/1/2022. Policyholder wants to pay annual – would need to pay “11” months – to sync up with anniversary of 11/1/22). Policyholders do get a premium break by paying direct quarterly, semi-annually or annually on the HCS, Specified Disease & Catastrophic Accident. There is no savings on the HCS, Specified Disease or Catastrophic Accident – direct monthly premiums are higher than paying by Bank Draft on these new plans. With older plans there is no difference in premium whether you pay by bank draft or direct.

How can agents help your Policyholder Services avoid issues?

- Understanding what area/department handles what requests.
- Anything to do with “pending” applications, Status of “pending” applications, needing e-verifications resent, corrections to e-apps submitted – these request need to be emailed to: Healthunderwriting@neweralife.com
- Policyholder Services handles everything after the “initial premium” has been paid, except for the claims.

Height / Weight Tables*

MALE	
Weight	
<u>Height</u>	<u>Decline</u>
5'0"	235
5'1"	237
5'2"	243
5'3"	247
5'4"	256
5'5"	262
5'6"	270
5'7"	276
5'8"	286
5'9"	296
5'10"	299
5'11"	308
6'0"	312
6'1"	323
6'2"	328
6'3"	339
6'4"	360
6'5"	370
6'6"	375
6'7"	379

FEMALE	
Weight	
<u>Height</u>	<u>Decline</u>
4'10"	198
4'11"	201
5'0"	204
5'1"	210
5'2"	213
5'3"	216
5'4"	224
5'5"	226
5'6"	229
5'7"	236
5'8"	241
5'9"	248
5'10"	255
5'11"	263
6'0"	278
6'1"	280
6'2"	282
6'3"	285
6'4"	290
6'5"	295

*All products use the above chart except the Dental plan uses the above Height and Weight Charts. That includes the HCS SERIES, HCS, 24-Hour Enhanced Accident, GAP and Critical Illness.

Need to know what conditions may be rated or are acceptable, continue to the next page



UNACCEPTABLE MEDICAL CONDITIONS
Health Saver's Plus/Health Choice Select

Addison's Disease
Advised to have a surgical procedure that hasn't been performed
Aids, HIV positive, ARC
Alcohol/Substance abuse-(Within the last 4 years) ALS-Lou Gehrig's Disease
Alzheimer's Disease
Angioplasty/ Bypass
Ankylosing Spondylitis
Aplastic Anemia
Autism
Bedridden
Brain Disorder
Brain Tumor Malignant
Brain Tumor Benign-Within 2 years not fully recovered
Breast Cancer-Within 5 Years
Buerger's Disease
Cancer-Internal within 5 years
Cardiomyopathy
Cerebral Palsy
Cirrhosis of the liver
Colostomy
COPD
Coronary Bypass
Congestive Heart Failure
Crohn's Disease
CVA
Cystic Fibrosis
Dementia
Diabetes-Insulin or Juvenile onset-
Down's Syndrome
Drug Addiction-(Recovery within the last 4 years)
Heart Attack (MI)
Hemophilia
Hemochromatosis
Hospitalized more than 3 times in the last 12 months
Kidney Failure
Leukemia
Hodgkin's Lymphoma & Non-Hodgkin's Lymphoma
Melanoma (Within 5 years) Mental Retardation
Mitral Regurgitation
Mitral Stenosis
Muscular Dystrophy
Multiple Sclerosis
Neuropathy
Organ Transplant (Recipient only)
Paralysis
Parkinson's
Peripheral Vascular Disease
Prostate Cancer (Within 5 years) Renal Failure
Rheumatoid Arthritis
Sickle Cell Anemia
Shunt
Stent Placement- Cardio or Vein
Stroke
Suicide Attempt
Systemic Lupus
Transient Ischemic Attack
Tetralogy of Fallot
Valve Replacement

UNACCEPTABLE OCCUPATIONS-AVOCATIONS*
Health Saver's Plus/ Health Choice Select/GAP

(Please refer to the Enhanced Accident application for specific Avocations)

Adult Entertainers/Dancers
Armed Services (Active Duty)
Asbestos/Toxic Chemical Workers
Athletes-Professional or Semi-Professional (who participate in a contact sport such as (Football, Soccer, Basketball, Baseball, Wrestling)
Bartenders or Tavern Workers
Crop Dusters
Explosive Workers
Gambling and Racing related workers (Las Vegas Casino employees are accepted
Government Workers
High Rise Steel workers
***Legal Professionals** -All benefits are available.
Underwriting will send out a document that they must sign acknowledging they understand it is a limited benefit plan.
Physicians-At least a \$5,000 deductible (HCS) or a 20% first day benefit on the (HCS)
Pilots- Private pilots are not eligible
Rodeo and Circus
Sawmill workers are not acceptable
Skydivers
Stuntmen
Underground Workers
Unemployed due to disability
Window washers above 3 stories

Legal Professionals -There are no limitations on HCS or accident coverage applied for, however we will require an Indemnity Insurance Coverage affidavit be signed by the applicant prior to approving and issuing coverage. This affidavit will be sent to the applicant by the New Business Department at the time of underwriting.

* This is a change to the Occupational rules.
Some of these occupations may be eligible with exceptions as shown.

HEALTH IMPAIRMENT CHART

The following is an explanation of the symbols shown in this guide.

- **“Recovered”**: means fully released from medical care without ongoing symptoms or treatment or additional anticipated surgery or therapy.
- **IC-Individual Consideration**: The potential seriousness of the condition/impairment is such that consideration can be given only after all pertinent facts have been accumulated and evaluated.
- **PP-Postpone**: Any applicant that has a temporary condition that will not allow them to be covered now but may be eligible at a later date once the condition is fully resolved.
- **DEC-Decline**
- **STD-Standard**

If any ONE person requires more than 10 points, that person is ineligible for cover- age. Each point =15%

<p>Acoustic Neuroma (Unilateral) A tumor of the Schwann cells (shwannoma) which provide a covering for the acoustic nerve. These slow growing, benign tumors may occur as isolated tumors or may be seen in association with VON RICKLIGHAUSEN'S disease. Symptoms include loss of hearing, tinnitus, dizziness, and disturbances in gait, facial weakness, and pain. If left untreated, hydrocephalus develops because of compression on the brain- stem. Surgery is recommended in all cases.</p> <p>Bilateral acoustic neuroma-Always DEC</p>	<p>0-1 Years= PP Between 1-4 Years= 1 Point More than 4 Years= STD Present= DEC</p>
<p>Addison's Disease: Impaired function of the adrenal cortex may be due to causes such as trauma, vascular disease, infection and tumors but in many cases it is idiopathic. It results in weakness, fatigue, anorexia, and weight loss, increased pigmentation of the skin, hypotension, hypo metabolism, syncope and dehydration. Long term management of adrenal failure is by the daily administration of corticosteroids.</p>	<p>DEC</p>
<p>AIDS-ARC Positive (Acquired Immune Deficiency Syndrome, AIDS Related Complex, Human Immunodeficiency Virus) If ever had, been told they have by a health care professional, been treated, or tested HIV positive (Residents of WI are not required to answer this question). Notice: California law prohibits an HIV test from being required or used by health insurance companies as condition of obtaining health insurance.)</p>	<p>DEC</p>
<p>Alcohol- Alcohol Abuse, Alcoholism</p>	<p>Within 4 Years = DEC</p> <p>Over 4 Years with no alcohol use and gainfully employed with normal liver function test= STD</p>
<p>Allergies- Are characterized by rhinorrhea, nasal obstruction, sneezing, conjunctivitis, lacrimation and nasal and pharyngeal itching. It is usually seasonal with tree pollens being the allergies in the spring and grass pollen in the summer. The perennial form occurs in those applicants sensitive to allergens such as house dust which are in the air year round.</p>	<p>STD</p>
<p>Alzheimer's Disease</p>	<p>DEC</p>
<p>Amputations</p>	<p>Due to accident with prosthesis or due to accident and fully recovered= STD</p> <p>Due to disease longer than 10 years ago and fully recovered=STD</p> <p>Otherwise= DEC</p>
<p>Amyotrophic Lateral Sclerosis (ALS) or Lou Gehrig's Disease: is a progressive disease of the nervous system characterized by diffuse</p>	<p>DEC</p>

muscle weakness and wasting. Changes most often occur distally and progress eventually to involve the proximal muscle groups. The average duration of the disease from onset to death is approximately 4 years.	
Anal or Rectal Fissure- An abnormal cleft or groove or abnormal passage in the anal area	STD
<p>Anemia Pernicious, Aplastic: Is an anemia characterized by total failure of the bone marrow to produce red blood cells.</p> <p>Sickle cell anemia is a severe hereditary anemia in which only sickle hemoglobin is produced. Affected individuals are highly susceptible to infection, chronic leg ulcerations, and diffuse organ damage due to multiple infarctions.</p>	<p>Within 2 Years since recovery= 2 Points Between 2-5 Years since recovery= 1 Point More than 5 Years= STD Primary or Congenital (Fanconi's) /Still present= DEC</p> <p>There are many forms of Anemia so check with underwriting if the applicants condition isn't listed</p> <p>Aplastic or Sickle Cell Anemia= DEC</p>
Aneurysm A true aneurysm is a widening of a vessel. A false aneurysm represents a localized rupture of an artery with sealing over by clot formation. The natural history of true aneurysms is to enlarge: La- place's theory that the tension in the wall of a spherical chamber enclosing a fluid under pressure is related to the pressure under which the fluid is kept, and the radius of the curvature of the containing vessel, describes the nature of aneurysms. As the radius increases, so does wall tension, and enlargement of the vessel begets more enlargement. The most common sites of aneurysms of the aorta are ascending aorta, the aortic arch, the descending aorta and the abdominal aorta. The most common cause of aneurysm's is atherosclerosis followed by trauma, infection, and diseases such as Marfan's, Ehlers-Danlos and Takayasu's syndrome	<p>Operated, recovered, and no residuals 0-1 Year= DEC Between 1-3 Years= 2 Point More than 3 Years= STD</p>
<p>Angina Pectoris The most common manifestation of myocardial ischemia is chest pain. Angina Pectoris is a discomfort in the chest or adjacent areas caused by lack of oxygen to the heart muscle and associated with a disturbance of myocardial function but without myocardial necrosis (infarction). The pain is typically described as tight, heavy, constricting, squeezing or a tight band around the chest. It is located in the central chest area (retrosternal) and often radiates into the neck or arms. Other signs are dyspnea, weakness, profuse sweating, nausea and response to nitroglycerin</p>	DEC
Angioplasty-Stent Placement: A procedure where a balloon catheter is inflated inside an artery to stretch the artery usually done for coronary artery disease.	DEC
Ankylosing Spondylitis: a chronic inflammatory disease of the spine beginning in the sacroiliac joints and slowly spreading up the spine to involve the costovertebral joints and, in approximately 30% of cases, the large joints, in particular the hips and shoulders.	DEC
Anorexia: An eating disorder, marked by an extreme fear of becoming overweight that leads to excessive dieting to the point of serious ill health and sometimes death.	<p>Applicant must be at least 20 Years old and fully recovered, normal weight, no psychotherapy, normal menses:</p> <p>0-3 Years= DEC Between 3-5 Years since recovery= 1 Point More than 5 Years= STD If present or less than 20 Years old= DEC</p>
<p>Arthritis RHEUMATOID ARTHRITIS (RA): Is the most common chronic inflammatory disease of the joints. In addition to inflicting disability and increased mortality, it inflicts a serious economic toll on healthcare systems.</p> <p>PSORIATIC ARTHRITIS: Arthritis occurs in approximately 10% of individuals with psoriasis, particularly in those with nail involvement. It affects both sexes equally and usually results after a long history of psoriasis.</p> <p>OSTEOARTHRITIS: In older men, OA is most common in the hips while in older women the fingers are most often affected. Pain is the</p>	<p>Psoriatic or Rheumatoid= DEC</p> <p>Minimal, no interference with function, one non-weight bearing joint only= 2 Points</p> <p>Moderate, some interference with function, on Rx or more than one non-weight bearing joint= 2 Point</p> <p>Severe, debilitating or surgery anticipated= DEC If affecting hips= 2 Points If affecting knees= 2 Points</p>

<p>predominant symptom that prompts the diagnosis of OA, initially involving only one joint, with other joints following suit. In the early stages of the disease, the pain can be relieved by rest.</p>																									
<p>Asthma: This is a disease characterized by airway inflammation and bronchospasm which results in airflow obstruction, causing dyspnea. Early and continued treatment with inhaled anti-inflammatory agents is the norm for most individuals with asthma. Asthma used to be classified as being extrinsic (due to outside factors) or intrinsic (etiology unknown). It is now felt that all asthma is extrinsic in nature even though a cause may not be readily apparent. The causes of asthma are often discussed in terms of <i>triggers</i> or <i>inducers</i>. Inducers are those substances that cause airway inflammation, such as allergens, exposure to noxious gases such as chlorine and viral infections.</p> <p>TYPE 1: Bronchodilator use no more than once per week, no inhaled or oral steroids, no hospitalizations or ER visits</p> <p>TYPE 2: Bronchodilator or inhaled steroid use 1 – 2 times per day on a seasonal basis (4 times per year with durations not over one month), no hospitalizations or ER visits in the past 5 years, no oral steroid use</p> <p>TYPE3: Bronchodilator use no more than 4 times per day, or inhaled steroid use no more than 2 times per day, no oral steroids, no hospitalizations or ER visits in past 2 years</p> <p>TYPE 4: Bronchodilator or inhaled steroid use up to 4 times per day on a year round basis, no hospitalizations, ER visits or oral steroid use in past 2 years</p> <p>TYPE 5: Oral or inhaled steroids more than above, hospitalizations or ER visits or oral steroid use in past 2 years</p> <p><u>If seeing a physician more than 2 times within the past 12 months-apply the table below:</u></p> <table><tr><th>Type</th><th>Ages 2-12</th><th>Ages 13-14</th><th>Ages 45 and older</th></tr><tr><td>1</td><td>1 Point</td><td>1 Point</td><td>1 Point</td></tr><tr><td>2</td><td>1 Point</td><td>1 Point</td><td>1 Point</td></tr><tr><td>3</td><td>1 Point</td><td>1 Point</td><td>1 Point</td></tr><tr><td>4</td><td>2 Points</td><td>2 Points</td><td>2 Points</td></tr><tr><td>5</td><td>2 Points</td><td>2 Points</td><td>2 Points</td></tr></table> <p>Smokers: Add 1 Point for Type 3 and 4; DEC Type 5 Children under 2 = DECLINE</p>	Type	Ages 2-12	Ages 13-14	Ages 45 and older	1	1 Point	1 Point	1 Point	2	1 Point	1 Point	1 Point	3	1 Point	1 Point	1 Point	4	2 Points	2 Points	2 Points	5	2 Points	2 Points	2 Points	<p>CHILDREN UNDER 2= DEC TYPE 5 = DEC</p>
Type	Ages 2-12	Ages 13-14	Ages 45 and older																						
1	1 Point	1 Point	1 Point																						
2	1 Point	1 Point	1 Point																						
3	1 Point	1 Point	1 Point																						
4	2 Points	2 Points	2 Points																						
5	2 Points	2 Points	2 Points																						
<p>Attention Deficit Hyperactive Disorder (ADHD): Is characterized by poor ability to attend to a task, over activity, and impulsivity. Oppositional and aggressive behaviors are often seen in conjunction with ADHD or ADD. Tic disorders may be present. Some ADHD children are also afflicted with learning disabilities. ADHD frequently occurs in conjunction with at least one other disorder.</p>	<p>Mild, not affecting school or activities or under 17 Years old= STD</p> <p>With 4 or more Dr. Visits annually=1 Point</p>																								
<p>Atrial (Auricular) Fibrillation: a common disorder occurring in constant or paroxysmal (recurrent) forms. It can be seen in normal individuals during emotional stress, following surgery, exercise or acute alcoholic intoxication. Persistent AF usually occurs in individuals with cardiovascular disease, especially mitral valve disease, hypertensive cardiovascular disease, chronic lung disease, atrial septal defect and cardiomyopathy. It is also frequently seen in thyroid disorders.</p>	<p>See Cardiovascular Disorders</p>																								
<p>Atrial Septal Defect: Defects of the atrial septum are among the most common of the congenital heart disorders. It is an opening in the septum of the atria which allows blood to be shunted from the left atrium to the right atrium. Because more blood ends up in the right atrium, there is increased blood flow through the lungs, causing increased pulmonary artery pressure. Murmurs of septal defects tend to be systolic in timing and heard best along the left sternal border. The most common atrial septal defect is Ostium Secundum. Ostium Primum is less prevalent but carries a poorer prognosis because the mitral valve is usually also damaged. Most ostium secundum ASDs close spontaneously during the first years of life. Surgery is by direct suture or by graft material, the type of procedure dependent on the size of the opening.</p>	<p>DEC</p>																								

Autism: A severe mental disorder with onset in infancy characterized by qualitative impairment in reciprocal social interaction and in verbal and nonverbal communication and restricted sphere of activities or interests.	DEC
Back Sprain / Sprain-Other Back problems Occurs most often in the lumbar-sacral area of the back but can also occur in the cervical and thoracic regions. If the muscles are involved or the spine is misaligned and there is no disc herniation, recovery is usually complete after conservative treatment such as bed rest and spinal manipulation.	<u>Back Sprain</u> STD <u>Intervertebral Disc Disease, Disc Herniation Spondylitis, Spondylosis, Spondylolithesis</u> Unoperated= 1 Point Operated : Full Recovery= STD Seeing a Dr. >2 a year=1 PT
Barrett's Esophagus is a complication of longstanding gastro esophageal reflux whereby a portion of the lower esophagus is lined by meta- plastic columnar epithelium instead of normal squamous epithelium. It is thought to be a pre- malignant condition sometimes giving rise to Aden carcinoma. The disorder requires regular endoscopic evaluation. Long term treatment with pro- ton pump inhibitors can heal the lesion with result- ant regression of the columnar-lined changes.	Present, untreated or no endoscopic follow-up within the last 2 years= 1 Point Partial response to treatment, erratic endoscopic follow-up= 1 Point Good response to treatment / adequate endoscopic follow-up= STD Recovered, Endoscopy showing reversal to squamous epithelium=STD
Bell's Palsy- A facial muscle paralysis due to an inflammatory reaction causing nerve compression. The onset is acute with paralysis often occurring with- in a few hours. Surgical procedures such as nerve grafts are sometimes necessary when permanent residuals are found. Most cases recover completely within a few weeks or months. The diagnosis should be definite before considering because strokes or tumors can mimic the symptoms of Bell's Palsy.	Complete Recovery = STD
Blindness	<u>Due to Trauma</u> Blind in one eye, recovered from trauma= STD Both eyes, recovered from trauma= STD Surgery contemplated or recommended or still in recovery= DEC Due to Disease= DEC
High Blood Pressure / Hypertension NOTE: <u>IN MARYLAND IF THEY HAVE HYPERTENSION AND CHOLESTEROL TOGETHER, THERE WILL BE A 1 PT RATE UP = (15%)</u>	Non Hospitalized= STD except in Maryland Hospitalized= DEC
Bone Spur	No symptoms, incidental finding= STD Symptoms, Unoperated= 1 Point Operated, Full recovery= STD
Bowel Obstruction- Surgically corrected, No residuals.	Normally STD
Brain Tumor Must be Benign to be considered....Any malignant brain tumor is a Decline	<u>Benign:</u> Within 2 Years= DEC Operated, at least 2 Years with full recovery, no residuals= STD
Breast Including: FIBROCYSTIC BREAST DIS- EASE, BREAST ABSCESS, MASTITIS, CYSTIC HYPERPLASIA,MILD MAMMARYDYSPLASIA, MICRO CALCIFICATIONS are a group of disorders which are the most common impairments in the female breast and represent an exaggerated physiological response to a changing hormonal environment. This does NOT included Breast Cancer. For Breast cancer, please see cancer.	Confirmed by mammogram or biopsy, asymptomatic, NO Family History of breast cancer-Biopsy within 1 year= 1 Point Over 1 year and not more than 1 Surgery= STD Confirmed by mammogram or biopsy, asymptomatic, family History of breast cancer= 1 Point

	Otherwise= STD
Breast Implants Silicone or saline filled pouches are inserted in the breast to augment it or as cosmetic surgery after a mastectomy. At times, leakage will occur and the implant has to be either removed or replaced.	Cosmetic only, Having no symptoms= STD Complications and implants due to history of Breast Cancer over 5 years ago= 1 Point
Bronchitis (ACUTE) is defined as an inflammation of the bronchial air passages caused by infection. Attacks are of short duration and are infrequent in nature. If there are multiple attacks within a short period of time or incomplete recovery between attacks it should be rated as chronic bronchitis (CHRONIC) can be defined clinically as the presence of a chronic productive cough on most days of the week for 3 months in each year for 2 consecutive years in an individual in whom other causes of cough have been excluded. Most cases of chronic bronchitis are due to inhalation of tobacco smoke. Mild cases consist of a productive early morning cough (smoker's cough) but no other symptoms.	<u>Bronchitis:</u> 3 or more Doctor's visit in the last 12 months= 1 Point <u>Emphysema:</u> Mild, Non-Smoker, treated in the last 12 months= 2 Points Emphysema and a Smoker= DEC
Buerger's Disease- Is an inflammatory type of obliterative vascular disease affecting both arteries and veins. Buerger's typically follows a chronic relapsing course with inflammation involving small segments of a vessel. It is a disease of young people seldom starting after the age of 45. Smoking is the principal cause of Buerger's disease and if stopped, providing there is no residual damage, the disease does not recur.	DEC
Bundle Branch Block	see Cardiovascular Disorders
Bunion-HALLUX VALGUS, BUNION, HAMMERTOE is lateral angulations of the great toe at its metatarso-phalangeal joint. When the medial head of the first metatarsal enlarges and forms a bursa and callus over the area, the bony prominence and bursa are called a bunion. Early cases may respond to use of pads and supports, but advanced cases require surgery.	Un-operated= 1 point Operated no residuals= STD Operated with residuals= 1 Point
Gastric Bypass By-Pass-GASTROPLASTY, GASTRIC PARTITION- ING, GASTRIC STAPLING, GASTRIC EXCLUSION, INTESTINAL BYPASS (ILEAL OR JEJUNOILEAL), GASTRIC BALLOON Are surgical procedures used in the treatment of morbid obesity. Significant weight loss is usually the rule with any of these procedures; however, the long term effects are mixed with some individuals gradually re-gaining their former weight. This does <u>not</u> include Heart Bypass	Within the last 12 months= 2 Points More than 1 year, full recovery= STD With Complications= DEC
Caesarian Section	Without a tubal-ligation and in child bearing years= 2 Points
Cancer -see specific type such as Leukemia, Brain Tumor, Melanoma, Hodgkin's Disease, etc. Most malignant cancers are DEC for <5 Years. Some more serious types are DEC regardless of time frame. (If you cannot locate a specific type in this guide, contact underwriting for assistance).	<u>Internal Cancer</u> within 5 Years = DEC <u>Squamous Cell Skin Cancer or Basil Cell Skin Cancer:</u> Removed= STD Present = PP <u>Breast Cancer</u> History of breast cancer with use of Tamoxifen = We will offer coverage under the HCS for women who are cancer free for past 5 year time frame but are still taking Tamoxifen under the supervision of their doctor. However, we will not offer coverage under the CI standalone policy or the CI rider if they are on Tamoxifen. (For other specific cancer's please look for the specific organ effected)
Carcinoma in situ- A pre-invasive stage of malignancy confined to a certain site.	Bladder: 0-5 Years= DEC

	<p>Between 5-10 Years= 2 Points More than 10 Years= STD</p> <p>Uterine: 0-2 Years= DEC Between 2-5 Years= 1 Point More than 5 Years= STD</p> <p>Other's: Within 2 Years= DEC Between 2-5 Years= 1 Point More than 5 Years= Usually STD</p>
Cardiomyopathy: a weakening of the heart muscle or changes in the myocardial structure. It can be caused by viral infections, a previous infarct, alcoholism, severe hypertension, nutritional deficiencies, SLE, Celiac disease and end-stage kidney disease.	DEC
<p><u>Cardiovascular Disorders</u></p> <p><u>PATENT DUCTUS ARTERIOSUS</u> A channel between the aorta and the pulmonary artery.</p> <p><u>AORTIC STENOSIS / INSUFFICIENCY</u> A narrowing of the aortic orifice of the heart or of the aorta itself.</p> <p>(Cardiovascular Disorders continued)</p> <p><u>PACEMAKER /SICK SINUS SYNDROME BUNDLE BRANCH BLOCKS</u> A disturbance in the electrical conduction of the ventricles of the heart.</p>	<p><u>Patent Ductus Arteriosus</u> Present= DEC Operated and complete recovery after 1 Year= STD</p> <p><u>MURMURS</u> Systolic= IC Diastolic= DEC Aortic Stenosis/ Insufficiency= DEC</p> <p><u>Mitral Regurgitation/Insufficiency= DEC</u></p> <p><u>Atrial Fibrillation/Flutter</u> Single attack, within 1 Year= PP Single attack, Between 1-3 Years= 1 Point More than 3 Years, full recovery= STD</p> <p><u>Cardiovascular Disorders</u> Pacemaker/Sick Sinus Syndrome Bundle Branch Blocks= DEC Angina (Coronary Insufficiency)= DEC Coronary Artery Disease= DEC Myocardial Infarction, Thrombosis, Occlusion, Congestive Heart Failure= DEC Arteriosclerosis/Atherosclerosis, Carotid Artery Disease = DEC Stroke, Cerebrovascular Disease/Accident, Transient Ischemic Attack= DEC</p>
<p>Cardio-Vascular Bypass Surgery: An angioplasty is a procedure for the elimination of areas of narrowing in blood vessels. A balloon angioplasty involves inserting a balloon catheter inside an occluded artery, stretching the vessel and leaving a rough interior surface after deflation which triggers a healing response and the breaking up of plaque. A coronary stent is used after balloon angioplasty in order to keep the artery open after it has been expanded. The stent prevents restenosis of the coronary artery by providing a rigid support. Balloon angioplasty is used in single vessel disease and for Coarctation of the aorta.</p> <p>ANYONE ON BLOOD THINNERS IS NOT INSURABLE</p>	DEC
Cataracts -Clouding of the lens of the eye.	<p>Removed= STD Present= 2 points</p>
Carpal Tunnel Syndrome: a complex of symptoms resulting from compression of the median nerve.	1 Point
Cerebral Palsy- A motor function disorder caused by a brain defect or lesion present at birth (or shortly thereafter).	DEC

Cerebral Vascular Accident (CVA) A stroke or CVA is an acute or sub-acute event in which a neurological deficit develops over minutes or hours, persists at least 24 hours and is caused by a vascular disturbance in the brain. The most important risk factors for stroke are hypertension, tobacco and alcohol use. Most strokes are caused by cerebral thrombosis causing arterial occlusion and consequent ischemic focal infarction of the brain. A cerebral embolism is a fragment which breaks off from a thrombus (clot) and obstructs a cerebral artery. This includes a TIA	DEC
Chiropractic Massage Therapy-Treatment Treatment using chiropractic methods, heat, massage, or stimulation.	<u>All serious conditions including surgery ruled out:</u> 1-3 Treatments per Year= STD More than 3 treatments per Year= 1 Point
CHOLESTEROL-HYPERLIPIDEMIA	
Cholecystitis-Cholelithiasis-Gallbladder Disease Inflammation of the gall bladder- Stone within the gallbladder	Un-operated or still having symptoms= 1 Point Operated with a full recovery= STD
Chorea, Huntington's: A chronic, convulsive, nervous disorder.	DEC
Choroiditis, Iritis, Keratitis, Uveitis, or Retinitis An inflammation of the Iris or retina part of the eye.	Up to age 55= 1 Point Greater than 55 Years old and no symptoms= STD
Chronic Fatigue Syndrome: CFS is a prolonged and frequently disabling condition marked by extreme fatigue and, in some cases, joint pain, dizziness and headaches. CFS is usually diagnosed after all other causes are ruled out and no physical or psychological reason can be attributed to the symptoms.	0-2 Years or recurrent attacks= 1 Point Less than 2 Years with no symptoms= STD
Chronic Obstructive Pulmonary Disease (COPD) is a term used to describe a variety of diseases that cause chronic or frequent airway obstruction. Two of the most frequently encountered are Chronic Bronchitis and Emphysema.	DEC
Cirrhosis is defined as a chronic diffuse process in the liver with fibrosis and nodule formation and subsequent necrosis (cell death). The major causes of cirrhosis are chronic alcohol consumption and chronic hepatitis B and C	DEC
Claudication, intermittent Absence of pain or discomfort when walking begins caused by circulatory disorder.	DEC
Cleft Palate/Lip A congenital defect of the upper mouth	Un-operated= PP Corrected, no further treatment required= STD
Club Foot -A congenital deformity of the foot	Un-operated= PP Corrected, no further treatment required= STD
Coarctation of Aorta	DEC
Colitis Inflammation of the colon. Crohn's Disease, or Ileitis is a chronic inflammatory disease which may occur anywhere in the GI tract but is most common in the small bowel and colon (where it is sometimes called Crohn's, Colitis or Granulomatous Colitis)	<u>COLITIS</u> Smokers, underweight, more than 3 attacks or poor response to treatment= DEC <u>Non Ulcerative, Irritable Bowel Syndrome</u> 0-5 Years, Non Hospitalized= 2 Points If been hospitalized for this condition in the past 12 months= DEC <u>Ulcerative Colitis-Crohn's-Colostomy</u> = DEC
Collagen Diseases	Lupus= DEC Polymyalgia Rheumatica= DEC

	Scleroderma= DEC Vasculitis= DEC
Colon Polyps (Stomach, Rectal, or Intestinal) Polyps: A colon polyp is a tumor that protrudes from the mucosa into the lumen of the gut. Multiple polyps are called POLYPOSIS. Most colon polyps are benign; however a certain group tends to be pre-malignant, or having a tendency to change into a cancerous lesion. For that reason, a biopsy report, if available, should be reviewed prior to acceptance	Benign Polyps-Anal, Rectal, Bladder or Colon Present= 2 Points Operated complete recovery, single occurrence, no cancer= STD Multiple occurrences, no cancer= 2 Points
Colostomy/Ileostomy Surgical creation of an artificial opening from the colon.	DEC
Concussion/Post-Concussion Syndrome A condition caused by a violent blow on the head.	Recent-6 Months, not fully recovered= PP No residuals= STD
Condyloma Acuminata are caused by the Human Papilloma Virus which is the most common sexually transmitted disease in the United States, second only to Chlamydia. The risk to health is not as great in men. In women, there is increased incidence of cervical cancer.	Most recent pap clean= STD If present Pap still is not normal= PP
Congenital Heart Defect Un-corrected	DEC
Congestive Heart Failure Chronic inability of the heart to provide an adequate flow of blood.	DEC
Convulsions	see Seizure Disorders
Coronary Artery Disease	DEC
Coronary Bypass Surgery	DEC
Coronary Insufficiency	DEC
Cross-Eye (Strabismus)	Present= PP Surgery, Fully recovered= STD
Crohn's Disease/Ulcerative/Colostomy	DEC
Cystic Fibrosis An abnormality of body secretions manifested mainly as a respiratory disorder.	DEC
Cystitis/UTIs Inflammation of the urinary bladder / urinary tract infections.	Acute mild attacks, short duration, complete recovery= STD Frequent attacks (more than 3 per year) or frequent medical attention required= 1 Point
Cystocele: Hernial protrusion of the bladder through the vaginal wall.	Un-operated= PP Operated= STD
Cytomegalovirus (CMV) This virus is a member of the herpes group. It can stay alive for years in vitro and is present in body secretions and therefore can be transmitted sexually. The disease can be very mild but also severe, particularly in an individual with a compromised immune system. The antibody test for CMV can stay positive for years after the infection is no longer symptomatic	Present-HIV negative= DEC Recovered, HIV Negative= STD
Deafness Partial deafness should be considered as a stage in the development of total hearing loss unless there is evidence to the contrary. Otosclerosis, Meniere's disease, acoustic neuroma, and severe otitis media are the most common causes of deafness.	No surgery planned= STD Surgery planned= PP
Depression See Mental-Nervous	See Mental-Nervous

Dermatitis Inflammation of the skin	Usually STD
Detached Retina- Separation of the retina from the choroid is most commonly seen in elderly people but may occur at any age with or without trauma. The most common result is blindness in the affected area. This usually progresses and leads to total blindness of the affected eye unless the retina can be reattached. Causes include trauma, tumors, severe myopia, and retinal degeneration. Surgical treatment can successfully restore vision in many cases	Un-operated= PP Operated, Fully Recovered= STD
Deviated Septum- A defect in the partition which separates the nasal cavities.	Present, incidental finding, no sinusitis or breathing problems= STD Present, symptomatic or surgery recommended= PP Surgically corrected= STD
Diabetes Mellitus- A metabolic disorder causing excess sugar in the blood	Insulin Dependent or Juvenile onset= DEC Non-insulin and diagnosed after age 35= 2 Points
Disc Disease Herniation, rupture or slipped disc.	Present= 1 Point Single Occurrence, completely recovered, no symptoms or surgery completed= STD Within 1Year of surgery= 1 Point More than 1 Year after surgery and no symptoms= STD
Diverticulitis/ Diverticulosis Inflammation of the colon. The most common site is the sigmoid colon, but diverticula's of the colon may occur throughout the large bowel and can be very numerous. Diverticula occur because of a weakness in the bowel wall and increased intracolonic pressure. The former is associated with an age-related reduction in strength of colonic connective tissue. The latter is thought to be due to reduced colonic contents as a result of a low fiber intake. The formation and inflammation of small pouches along the colon.	DIVERTICULOSIS found incidentally, asymptomatic= STD DIVERTICULITIS- Un-operated: Present= 1 Point 1 attack, recovered= STD 2 attacks within a 2 year period of the app= 1 Point Operated Full Recovery= STD
Down's Syndrome	DEC
Drug Addiction or Abuse	Current use with-in 4 Years= DEC
Ears, Otitis Media- inflammation of the middle ear. Children with an upper respiratory infection often develop acute otitis media. Antimicrobial are usually curative.	Otitis Media 1-2 episodes per year, full recovery each time= STD More than 1 Year with no symptoms= STD
Emphysema- A serious and usually progressive lung disease with destruction of the air sacs and obstruction of airways / chronic obstructive pulmonary disease. MILD: Dyspnea only on strenuous exercise; FEV1 65% - 74% and FEV1/FVC ratio 64% - 69% MODERATE: Dyspnea on moderate exertion; FEV1 55- 64% and FEV1/FVC ratio 55 % - 63% SEVERE: Dyspnea on slight exertion; FEV1 < 55% and FEV1/FVC ratio < 55%	Mild or moderate, non-smoker= 2 Points Severe= DEC If Smoking= DEC
Encephalitis- is an inflammation of the brain which is usually viral in origin.	Present= DEC History of, complete recovery= STD
Endometriosis- A condition resulting in the implementation of endometrial tissue on various organs in the female pelvis.	Un-operated= 2 Points <u>Operated:</u> Bilateral oophorectomy, recovered= STD Laser surgery-Recovered=STD
Epilepsy is a syndrome of multiple etiologies characterized by repeated disturbances of motor, sensory or mental function and physiologically by repeated discharges of cerebral neurones. It is characterized by seizures or lapses in consciousness and was formerly categorized as <u>GRAND MAL</u> , <u>PETIT MAL</u> and <u>JACKSONIAN</u> . The current method is to classify epilepsy by type of seizure.	<u>Generalized Tonic – Clonic Seizures (Grand Mal)</u> If hospitalized in the past 12 months= 2 Points Otherwise= 2 Points <u>Generalized Absence Seizures (Petit Mal)</u>

	Seizure free for 2 years= 2 Points Seizure free for 5 years= STD
Epstein-Barr Virus EBV: a herpes virus which is transmitted by close oral contact. Infection in individuals usually causes mononucleosis (glandular fever). Other disease related to EBV infection are nasopharyngeal carcinoma, Burkitt's lymphoma and lymphoid interstitial pneumonitis in children with AIDS. EBV is sometimes confused with Chronic Fatigue Syndrome although there is no known association.	Present= 1 Point Totally resolved= STD
Esophageal Stricture: usually occur as a result of persistent gastro-esophageal reflux. Individuals regurgitate food, develop increasing pain and become apprehensive to eat. As a result, they may become anorexic. Treatment is by passage of dilators with the aid of an endoscope. Some individuals need to have the procedure repeated as often as once per year; however, in others, no further dilatations are required. Surgery is usually indicated in younger individuals who require frequent dilatations.	Present or requiring repeat dilations= 1 Point History of Total Recovery= STD
Esophageal Varices: are associated with any condition which causes portal hypertension (elevated pressure within the portal vein – the large vein which carries blood from the intestine to the liver), but most of the time, they are caused by cirrhosis of the liver. Individuals with esophageal varices are at high risk of massive and uncontrollable hemorrhage.	DEC
Esophagitis, also Reflux. (GERD) Normally the esophageal sphincter, aided by the diaphragm, prevents gastroesophageal reflux. However, if the sphincter loses its tone and there is peristalsis in the lower esophagus, significant amounts of acid, bile and food can regurgitate into the lower esophagus leading to reflux esophagitis. The presence of a hiatal hernia is not necessary for reflux to exist, but it is often an associated finding. The typical symptoms of GERD are heartburn, regurgitation and, at times, chest pain. If reflux is complicated by esophagitis or stricture formation, vomiting, hemorrhage, anemia, dysphagia and pulmonary aspiration may occur.	Mild attacks treated by non-prescription medication taken no more than 1 time weekly=STD Frequent or chronic attacks or treated with medication: 0-1 Year=1 Point No attacks for more than 1 Year=STD
EYE CONDITIONS: Iritis, choroiditis, retinitis, and uveitis: These are all variations of uveitis which is inflammation of the uveal tract which includes the iris, the ciliary body and the choroid. They are primarily a disease of the young and middle age group of applicants. In most cases, the etiology is unknown and the term "non-specific" is used. Occasionally, it can be a manifestation of associated systemic diseases such as rheumatoid arthritis, sarcoidosis, histoplasmosis or other infectious disease such as tuberculosis. This is especially true in cases that are recurrent or associated with other non-specific abnormalities. Strabismus, esotropia, exotropia, hypertropia, hypotropia: Under ordinary conditions, the image of an object is in the same position on the fovea of the retina of each eye. When the eyes are positioned so that the image falls in the correct position in only one eye, the second eye tends to squint, and strabismus is present. The deviation can be inward (esotropia), outward (exotropia), or vertical (hypertropia or hypotropia). GLAUCOMA: is an increase in ocular pressure above normal which if unrelieved can lead to blindness. It may be primary, congenital or related to other eye disorders. Topical medications are usually successful in reducing the intraocular pressure; however, surgery may be required in some cases. The primary hazard relates to any underlying cause and degree of control. In children or young adults, glaucoma can be a sign of more serious disease such as Sturge-Weber syndrome or other congenital or developmental problems.	<u>Iritis, Choroiditis, Retinitis, Uveitis</u> Present-6 Months= 1 Point 6 Months-2 Years= STD After surgery= STD <u>Strabismus, Esotropia, exotropia, hypertropia, hypotropia</u> Present= 2 Points 6 Months-2 Years= 1 Point More than 2 Years= STD <u>Glaucoma</u> Evidence of good control, stable, controlled with medications= 2 Points
Fibrocystic Breast Disease	See Listing for Breast
Fibromyalgia- is a syndrome of widespread pain characterized by poor sleep patterns, multiple painful sites affecting every area of the body, easy fatigability, lethargy and a strong association with other "functional syndromes" such as CFS (chronic fatigue syndrome), TMJ	If severe= DEC within 3 Years Otherwise= DEC Mild: no more than 2 Doctor visits annually:

(temporomandibular joint disease) and irritable bowel syndrome. Myositis is inflammation of muscle tissues. Fibrositis is inflammation of the fibrous connective tissue of muscles, joints, tendons, ligaments and other connective tissues. Fibromyalgia usually affects women in their joints. At times it is found as a complication of rheumatoid disease.	No more than 1 medication= 1 Point Otherwise= DEC <u>Mild defined as:</u> Other serious disorders ruled out (definitive diagnosis), 1. not disabling (no work interference), 2. appropriate dosages of antidepressants or NSAID's or Cox-2 inhibitors 3.No more than 2 visits to PCP with complaints of pain in any 1 Year
Gastric Bypass Surgery	See Bypass above
GERD	See Esophagitis
Glomerulonephritis or Bright's Disease Refers to disease processes in glomerular injury and inflammation. The glomeruli are only able to respond to damage in a finite number of ways which lend themselves to clinical entities such as acute glomerulonephritis, the nephrotic syndrome, rapidly progressive glomerulonephritis or asymptomatic urinary abnormalities.	1 Attack: 0-1 Year= PP Between 1-3 Years= 2 Points More than 3 Years= STD 2 Attacks: 0-3 Years= PP Between 3-5 Years= 3 Points More than 5 Years= STD More than 2 Attacks: Within 10 Years=DEC Over 10 Years, since last attack= STD
Goiter is enlargement of the thyroid gland.	Hyperthyroid (Toxic Goiter, Plummer's, Basedow's or Grave's) Present, no surgery= 1 Point With surgery, fully recovered= STD
Gonorrhea A sexually transmitted disease.	No other Sexually Transmitted Disease and Fully recovered=STD
Gout / Gouty Arthritis- Graves' Disease: Is a disorder of purine metabolism characterized by elevated uric acid levels in the blood (hyperuricemia) and deposition of monosodium urate crystals in a joint and occasionally in the soft tissue around the joint followed by acute arthritis. Elevated uric acid levels are not necessarily a precursor to gout, but gout does not exist without high uric acid levels. Gout can be treated effectively with Allopurinol, and it is typically a life-long treatment. Poor factors are uncontrolled uric acid levels, the presence of renal stones, hypertension, obesity and impaired renal function.	Infrequent attacks, normal build and blood pressure, compliant with medication= STD With ratable build or Hypertension on medication = 1 Point
Guillain-Barre Syndrome	STD
Hammer Toe -A distortion of the toes causing a claw-like appearance.	Un-operated= DEC After surgery, complete recovery= STD
Hashimoto's Disease: Inflammation of the Thyroid.	Present, not controlled= DEC Otherwise= STD
Headaches: Vascular headaches are caused by alterations in the diameter of blood vessels within the skull. The 3 major types are classic migraine, common migraine and cluster headaches. Classic migraine is characterized by transient neurologic symptoms that occur prior to the onset of the headaches	Mild, occasional attacks= STD Migraine or Cluster= 1 Point
Heel Spurs and plantar fasciitis: inflammation of the plantar fascia- the tissue that forms on the arch of the foot	Un-operated= 1 Point Full Recovery= STD
Heart Attack including heart stent or valve replacement	

	DEC
Heart Murmur: An unnatural sound heard over the area of the heart (see Cardiovascular Disorder).	Aortic Regurgitation or Stenosis= DEC Systolic Murmurs= IC Diastolic= DEC
Hemophilia: Excessive hemorrhage and bleeding due to defective blood clotting mechanism.	DEC
Hemorrhoids are varicose veins in the anal canal. This common impairment is usually associated with conditions that increase the local venous pressure, such as straining at stool, pregnancy or disorders causing portal hypertension (cirrhosis).	Un-operated, mild, treated with suppositories or minimal symptoms= STD Un-operated, bleeding, medical attention required= 1 Point Operated, recovered= STD
Hepatitis Inflammation of the liver. Applicant must provide a Negative SVR blood test that is 3 to 6 months prior to the application date at the applicant expense.	<u>HEPATITIS A</u> 0-6 Months= PP More than 6 Months, fully recovered, normal liver enzymes= STD <u>HEPATITIS B</u> 0-1 Year= DEC More than 1 Year since diagnosis and liver function normal= DEC Either HBsAG or HBeAG positive= DEC <u>HEPATITIS C</u> SVR test Negative/ Not detectable = STD Current or currently being treated= DEC
Hepatomegaly (enlargement of the liver) A liver palpable on deep inspiration more than 3 cm (1 to 2 fingerbreadths) below the right costal margin is likely to be abnormal. A hard nodular irregular liver is almost certainly abnormal, whereas a soft smooth liver is probably normal. Failure to palpate the liver does not necessarily mean that it is normal. In cirrhosis, the liver may be shrunken and impalpable.	Cause known= IC <u>Cause unknown, normal liver enzymes, no alcohol criticism</u> 1-2 fingerbreadths, 3 cm or less= STD 3 fingerbreadths or more than 3 cm= DEC
Hernia: A rupture or bulging of an organ through all or part of its retaining structure.	<u>Hiatal Hernia:</u> Unoperated= 1 Point Operated: Fully Recovered, no further attacks of GERD= STD Fully recovered, continuing attacks of GERD= 1 Point
Herpes, Genital: An inflammatory disease of the genitals caused by the herpes virus.	If HIV is Negative= STD Otherwise= DEC
Hirschprung's Disease (Megacolon): A congenital condition causing an abnormally large colon.	Un-operated= DEC Operated, fully recovered, symptomatic= STD
Hip Replacement	Un-operated= DEC Operated, fully recovered, symptomatic= STD
Histoplasmosis: A systemic fungal infection. Can involve skin, lungs, spleen, and liver.	Present= PP History of, fully recovered= STD <u>Progressive Disseminated Histoplasmosis:</u> 0-3 Years= DEC Between 3-5 Years= 1 Point More than 5 Years= STD
HIV Virus	DEC

Hodgkin's Disease: A malignant disease of the lymph node.	DEC
Huntington's Chorea Present in parent, no evidence in applicant age 56 or older is usually issued standard.	Huntington's chorea (HC)= DEC HC present in parent no evidence in applicant <56= DEC HC present in parent no evidence in applicant 56 and older= STD
Hydrocele- A cyst on the covering of the testes	Not operated= PP Surgery, complete recovery= STD
Hydrocephalus- A condition marked by abnormal accumulation of fluid in the cranial vault, enlarged head, and prominent forehead.	DEC
Hydronephrosis: Prolonged presence may lead to atrophy of the kidney. Congenital hydronephrosis is usually bilateral.	Present= DEC History of, Unilateral, Cause Corrected, Normal Urine: 0-6 Months= PP Between 6 Months-2 Years= 2 Points More than 2 Years= STD Bilateral or Congenital Hydronephrosis= DEC
Hyper-Cholesterol (High) - Lipid levels are important to measure because of the increased risks of coronary heart disease, cerebrovascular disease and peripheral vascular disease. NOTE: For Triglycerides please look under the T's.	STD
Hyperthyroidism- Hyperthyroidism is a condition in which the thyroid gland is overactive and makes excessive amounts of thyroid hormone. The thyroid gland is an organ located in the front of your neck and releases hormones that control your metabolism (the way your body uses energy), breathing, heart rate, nervous system, weight, body temperature, and many other functions in the body.	Single nodule (Hot) = 1 Point Single nodule (Cold) = 1 Point Single nodule without scan = PP
Hypoglycemia- Low blood sugar.	Fasting or non-fasting => 45 mg/dL= STD Fasting < 45 mg/dL= PP
Hypothyroidism- Hypothyroidism is a condition in which the body lacks sufficient <u>thyroid</u> hormone. Since the main purpose of thyroid hormone is to "run the body's metabolism," it is understandable that people with this condition will have symptoms associated with a slow metabolism.	STD
Immunodeficiency Disorder (other than AIDS or ARC).	DEC
Infertility	Treatment and still of child-bearing age= 2 Points
INFLAMMATORY HEART DISEASE Endocarditis: describes infection of the endocardium (inner lining) of the heart caused by micro-organisms, most frequently bacterial but also fungi, rickettsiae, mycoplasma and viruses. Relapse may occur usually within 2 months of discontinuing antibiotic treatment. Pericarditis: inflammation of the pericardium, the fibrous sac that surrounds the heart and great vessels. The base of the pericardium is attached to the central tendon of the diaphragm. The most common form of pericarditis is viral or bacterial, and it typically occurs 1 or 2 weeks after an upper respiratory infection. Recurrences occur in about 1% of cases. CV=Cardiovascular	Endocarditis: Present= DEC No residual murmurs or other signs of heart disease: 0-1 Year= PP Between 1-3 Years= 1 Point More than 3 Years= STD With residual heart murmur or other signs of heart disease= DEC Pericarditis: Single episode, no CV impairment, EKG normal= DEC 0-6 Months= PP Between 6 Months-2 Years= 2 Points More than 2 Years= STD Recurrent attacks: 0-5 Years= PP More than 5 Years since last attack= STD
Irregular Heartbeat- Arrhythmia	Reducing or unaltered by exercise: 1-11 irregular beats per minute= 2 Points Reducing or unaltered by exercise: >12 irregular beats per minute= DEC

	Increasing with exercise: 1-6irregular beats per minute= 2 Points Increasing with exercise:> 6 irregular beats per minute= DEC
Jaw Disorders/TMJ	Present, no surgery anticipated, conservative treatment= 1 Point Present, surgery recommended= PP History of surgery and recovered within 1 Year= STD
Kawasaki Disease -It is significant because of the risk of heart disease and aneurysms of the coronary arteries.	0-2 Years= DEC More than 2 Years, No heart disease, full recovery= STD
Kidney Disease (see Glomerulonephritis).	See Glomerulonephritis
Kidney Infections including urinary tract infections (UTI) Not including Kidney Diseases	Single Attack= Male or Female, No Chronic kidney involvement urinalysis now normal with Full Recovery: 2 attacks or less within a year= STD More than 2 attacks within the last year= 1 Point Otherwise= STD
Kidney Stones - abnormal mineral collections (mainly calcium) that form in the kidney, ureter or bladder. Kidney stones are caused by infection, defective drainage, partial obstruction, congenital malformation or a metabolic or endocrine abnormality such as gout or hypercalcemia.	2 attacks or less within a year= STD More than 2 attacks within the last year= 1 Point
Knee Disorders (sprains, strains, torn ligaments, water on the knee)	Other injuries, ACL tear, meniscus tear, Fractures: Un-operated= 1 Point Operated= STD
Leukemia: A serious disease of the blood-forming organs, resulting in an excessive number of white blood cells. Cancer of blood-forming tissue such as bone marrow	DEC
Lipoma or Cyst A growth of fat cells in a thin, fibrous capsule, usually found just below the skin.	Present= 1 Point Removed and Recovered= STD
Liver Abscess Is an infrequent finding in which an external bacterial organism invades the liver and causes an abscess.	Present to 6 Months= PP After 6 Months, total recovery= STD
Lung Abscess - is a lesion of the lung accompanied by necrosis of lung tissue. It can result from aspiration of foreign material, carcinoma, or pneumonia, can occur as single lesions or may be multiple, unilateral or bilateral. Epileptics and alcoholics are especially prone to lung abscesses resulting from aspiration of vomitus. Complications include rupture into the pleural space, pulmonary hemorrhage and the spread of infection via the blood stream to other organs. Anti- biotic therapy is usually curative with surgical treatment of the obstruction performed when possible.	Cause known, complete recovery: Present to 6 Months= PP Over 6 Months, total recovery= STD Pulmonary function impaired= PP
Lupus Erythematosus - is a disease of unknown etiology predominantly affecting young women and has a marked tendency to exacerbation and remission. Antinuclear antibodies (ANA) are a constant feature of SLE. The clinical features are extremely variable both in nature and severity. An exacerbation may be precipitated by exposure to sunlight, an infection, drugs or pregnancy. SLE is a multisystem dis- ease which can affect the respiratory, musculoskeletal, cardiovascular, renal, and nervous systems as well as the skin	DEC
Lyme Disease - Symptoms include a recurrent symmetrical arthritis involving a few large joints. The cause is a wood tick carrying spirochete (a spiral bacterium). Lyme disease usually begins in the summer with erythema accompanied by fever, headache, regional lymphadenopathy and migratory muscular pain and arthritis.	Present= DEC History of, full recovery= STD
Lymphadenitis - is inflammation of a lymph node	<u>Cause Known</u> Single node diagnosed as reactive= STD

	<p>Others= IC</p> <p>Multiple nodes involved= PP until fully recovered and cancer ruled out</p>
<p>Marijuana—is probably the most used illicit drug. Its use as adversely affecting mortality or morbidity, there are some patterns of marijuana use that indicate a potential for excess risk.</p>	<p><u>Medical Marijuana</u> Rx from doctor...Medical records to indicate what condition is being treated Approved in state where the applicant reside.</p> <p><u>Recreational/Current use</u> DEC (Regardless if it's state approved)</p>
<p>Melanoma—This tumor accounts for approximately 3% of all new cancers in the United States. The primary risk factor is sun exposure in fair skinned individuals who have a propensity to burn rather than tan. A prior history of melanoma, the presence of multiple <u>dysplastic nevi</u> and a family history of dysplastic nevi or malignant melanoma are all additional risk factors.</p> <p>CLARK LEVEL 1 = confined to the epidermis CLARK LEVEL 2 = invades the upper dermis CLARK LEVEL 3 = invades the dermis but not the reticular (lower dermis) CLARK LEVEL 4 = invades the reticular dermis CLARK LEVEL 5 = invades the subcutaneous fat</p>	<p>Single Tumor Normal Blood studies, no metastasis or organs effected: 0-5 Years= DEC More than 5 Years, no lymph nodes effected and fully recovered= 1 Point</p> <p>Multiple Tumors or Occurrences= DEC</p>
<p>Meniere's Disease- results from increased pressure in the membranous labyrinth and is of unknown cause. It is characterized by attacks of severe vertigo tinnitus and hearing loss occurring several times in a few weeks.</p>	<p>Present= 1 Point History of, complete recovery, definite diagnosis= STD</p>
<p>Mental /Nervous- Anxiety - Obsessive Compulsive Disorder (OCD) Panic Attacks - Reactive Depression -</p> <p>Bipolar - Post Traumatic Stress Disorder and Manic Depression=Will consider based on control and able to work or handle daily activities.</p> <p>Mild– Well controlled, handle normal daily activities, able to work. Counseling-No more than 2 times a year.</p> <p>Severe- More than 2 Meds and Hospitalized at least once for the condition.</p> <p>ADD=Attention Deficit Disorder= Normally STD</p>	<p><u>Mild</u> STD</p> <p><u>Severe</u> Within 1 Year after being Diagnosed and stable and working= 2 Points Between than 2-5 Years; Not hospitalized in the past 5 years= STD Diagnosed more than 5 Years and not hospitalized in the past 2 years or under any treatment including meds and controlled= STD</p>
<p>Miscarriage: a spontaneous abortion. Single episodes of abortion can usually be disregarded. Multiple abortions should be investigated to determine whether a diagnosis of incompetent cervix has been made</p>	<p><u>Abortion or Miscarriage in women capable of child bearing:</u> Single episode= STD Two or more episodes, cause known and the last episode is within 2 years= 2 Points Due to incompetent cervix= 2 Points</p>
<p>Mitral Valve Prolapse- Varies in severity from a trivial abnormality found incidentally on echocardiogram to severe mitral regurgitation. Most often, primary MVP is asymptomatic and is usually found after the age of 20 during a routine physical examination. The physical findings of MVP are a high frequency mid-systolic click followed at times by a late systolic murmur. Echocardiography defines more precisely the degree of prolapse and whether there is associated mitral valve regurgitation. The risks of morbidity, including valve replacement, are greatest in men over 45 and in those who have associated mitral regurgitation. The symptoms that are sometimes associated with MVP are chest pain, palpitations, dyspnea or syncope.</p>	<p>DIAGNOSED AGE 45: Asymptomatic, incidental finding, MVP confirmed by echo, trivial mitral insufficiency, no cardiac hypertrophy= 2 Points Asymptomatic, incidental finding, MVP confirmed by physical exam only= 2 Points no other murmurs on auscultation= STD With symptoms of arrhythmia or chest pain, MVP confirmed by echo, trivial mitral insufficiency= DEC With other abnormalities other than trivial mitral insufficiency= DEC</p> <p>DIAGNOSED AGE 45 and OLDER: Asymptomatic, incidental finding, MVP confirmed by echo, trivial mitral insufficiency, no cardiac hypertrophy= 2 Points Asymptomatic, incidental finding, MVP confirmed by physical exam only, no other murmurs on auscultation=STD With symptoms of arrhythmia or chest pain, MVP confirmed by echo, Dec trivial mitral insufficiency= DEC With other abnormalities other than trivial mitral insufficiency= DEC</p>
Multiple Sclerosis	

A chronic disease characterized by hardened patches of brain or spinal cord.	DEC
Muscular Atrophy, Progressive; Muscular Dystrophy Progressive wasting of muscle.	DEC
Myasthenia Gravis- Muscular fatigue and weakness of unknown cause.	DEC
Myocardial Infarction (Heart Attack)	DEC
Myocarditis / Pericarditis- Inflammatory Heart Disease.	DEC
Myxedema- The most severe form of hypothyroid-ism, characterized by swelling of the hands, face and feet.	See Thyroid Disorders
Narcolepsy- Episodes of sleep occur during the day because of an irresistible urge characterizes narcolepsy. The attacks occur in inappropriate circumstances and are distinguished from normal post-prandial drowsiness. Narcolepsy is associated with an abnormal EEG pattern of rapid eye movement (REM) sleep.	Mild attacks, good response to medication- no hazardous avocations or driving history criticism Within 1 Year= PP 1-5 Years= 2 Points More than 5 Years= 1 Point
Nephrectomy- Surgical removal of a kidney.	Due to trauma, congenital abnormality, benign tumor or donor kidney= STD Due to disease other than cancer and the other kidney is normal: 0-3 years= Dec More than 3 years= 1 Point
Nephritis, Bright's Disease Glomerulonephritis refers to disease processes in glomerular injury and inflammation. The glomeruli are only able to respond to damage in a finite number of ways which lend themselves to clinical entities such as acute glomerulonephritis, the nephrotic syndrome, rapidly progressive glomerulonephritis or asymptomatic urinary abnormalities.	<u>Glomerulonephritis, Acute, complete recovery</u> 1 Attack 0-1 Year= PP Between 1-3 Years= 2 Points More than 3 Years= STD 2 Attacks 0 -3 Years= PP Between 3-5 Years= 3 Points More than 5 Years= STD More than 2 Attacks- Within 10 Years= DEC More than 2 Attacks and over 10 Years since last attack= STD All others-Berger's, minimal change disease, IgA Nephropathy, etc.= DEC
Nephroptosis The downward displacement of one or both kidneys.	Unoperated, without symptoms and no surgery needed= STD Operated fully recovered: 0-1 Year= 1 Point More than 1 Year= STD
Nephrotic Syndrome is usually caused by glomerulonephritis and is characterized by heavy proteinuria, hypoalbuminemia, edema and hyperlipidemia.	<u>Glomerulonephritis, Acute, complete recovery</u> <u>1 Attack</u> 0-1 Year= PP Between 1-3 Years= 2 Points More than 3 Years= STD <u>2 Attacks</u> 0-3 Years= PP Between 3-5 Years= 2 Points More than 5 Years= STD More than 2 Attacks= DEC
Neuritis-Neuralgia- Refers to benign uncomplicated neuritis or neuralgia characterized by pain and paresthesia in a localized area of the body due to trauma or minor infectious process. Symptoms last for a few days to a few weeks.	Present= PP Recovered: Cause known=RFC Recurrent episodes, fully recovered:

	Up to 2 Years= PP More than 2 Years= STD
Neurofibromatosis- (Von Recklinghausen's Disease). A condition marked by various size tumors on peripheral nerves, muscles, bones and skin.	DEC
Neuropathy (Peripheral): Diseases of the peripheral nerves produce muscular weakness and atrophy of the muscles supplied by the affected nerves and loss of sensation. The causes of peripheral neuropathy and polyneuritis are many and varied.	DEC
Obsessive Compulsive Disorder	See Mental Nervous
Organ Transplant	Recipient - Major organs such as heart, kidney, lungs, etc.= DEC Recipient - Cornea= STD Donor - Fully recovered= STD
Osteoarthritis	See Arthritis
Osteomyelitis- Inflammation of the bone.	Present= PP Recovered but within 1 year-3 years of diagnosis= 1 Point After 3 years and full recovery= STD Recurrent attacks= 1 Point Single bone involvement, within 3 years of diagnosis= 2 Points After 3 years, full recovery= 1 Point Multiple bone involvement= 2 Points
Osteoporosis- A loss of calcium in the bones.	<u>Due to menopause or age:</u> Osteopenia= 1 Point Osteoporosis= 1 Point Severe, with crippling or with pathologic fracture(s)= DEC
Osteosarcoma	Within 10 Years= DEC After 10 Years full recovery: Between 10-15 Years= 1Point More than 15 Years= STD
Otitis Media	See Ears
Ovarian Cyst- Cysts of every type may cause pelvic pain, menstrual dysfunction and infertility or be totally asymptomatic. All ovarian cysts are problematic until pathologically diagnosed. In women over age 50, 50% of ovarian masses are malignant. Follicular, luteal, chocolate or pseudo cysts are common and always benign; however, if they persist longer than 2 months, the diagnosis should be questioned until further evaluation is performed. Most cysts are small, and if they don't disappear or are very large, they need to be surgically removed and histologically examined.	<u>Luteal, Chocolate, Follicular or Pseudo cysts:</u> Present= PP History of with spontaneous disappearance= STD Operated: Unilateral oophorectomy or removal of cyst, benign= STD Bilateral oophorectomy, benign= STD Malignant= DEC <u>Polycystic Ovarian Disease:</u> Present, Diabetes ruled out= DEC Present, Diabetic= DEC Bilateral Oophorectomy= STD
Paget's Disease: PAGET'S DISEASE OF BONE: a bone disease that is common, and its frequency increases with age. It is a chronic focal disease which can affect any bone in the body with anywhere from 1 to 20 bones being affected. The etiology is believed to be viral. Affected bones are weakened greatly and become expanded and bent, particularly for the long bones such as the tibia, femur, humerus and radius which may develop partial fractures.	Asymptomatic, localized to one bone or joint=1 Point All others=DEC
Pancreatic Abscess, Cyst or Tumor Pancreatitis Inflammatory disease of the pancreas can be divided into acute and chronic forms based on clinical, biochemical and morphologic criteria. Gallstones and alcohol either together or separately account for 80% of the cases.	<u>Acute, not due to alcohol:</u> 1 Attack: 0-1 Year= PP

Other causes are viral infections, major trauma and surgery, hypertriglyceridemia, hypercalcemia and various drugs. ACUTE PANCREATITIS is characterized by abdominal pain and, in severe cases, hypovolemic shock. Frequent complications include abscess and pseudo cyst formation. CHRONIC PANCREATITIS is characterized by fat malabsorption, impaired glucose tolerance and intraductal glandular infiltration.	Between 1-3 Years= 1 Point More than 3 Years= STD <u>More than 1 Acute Attack:</u> 0-5 Years= DEC Between 5-8 Years= 1 Point More than 8 Years= STD
Panic Attacks	see Mental/Nervous Disorders
Pap Smear- IS A ROUTINE DIAGNOSTIC PROCEDURE PERFORMED TO DETECT CERVICAL CANCER OR THE EXTENT OF DYSPLASIA (ABNORMAL CELLS). <u>The result of the PAP smear is expressed in grades:</u> Grade 1: No abnormal cells can be detected. Grade 2: Atypical cells but no cancer cells present or CIN 1. Grade 3: Cytology suggestive of, but not conclusive for, malignancy. Consistent with cervical dysplasia, moderate. Grade 4: Cytology is strongly suggestive of carcinoma in situ or severe dysplasia. Grade 5: Cytology is conclusive for malignancy, specifically invasive carcinoma in situ.	<u>TEST Results</u> PAP Grade 1= STD PAP Grade 2 or 3 or 4 = PP until a subsequent normal PAP PAP class 5 within 3 years= DEC
Paralysis- Is loss or impairment of motor function in a part of the body due to a lesion of the neural or muscular systems.	Hemiplegia= DEC Paralysis, Paresis= DEC Paraplegia= DEC
Parkinson's Disease- Is a chronic, slowly progressive organic disease characterized by muscular rigidity, tremor, and slowness of movement and impairment of automatic movements. Its etiology is unknown.	DEC
Paroxysmal Atrial Tachycardia- Is rapid rhythm with beats between 160 and 190 per minute originating from a locus in the atria other than the SA node or from the SA node or the AV node. It is commonly due to excessive alcohol intake, emotional disorders, hyperthyroidism or acute infectious disorders. It's sometimes due to an underlying heart disease or pulmonary disease.	<u>2 Attacks or less per year, no other Cardiovascular Disorder:</u> 0-1 Year= 2 Points Between 1-5 Years= 2 Points More than 5 Years= STD Others= DEC
Patent Ductus Arteriosus- A congenital heart defect that leaves a channel between the aorta and the pulmonary artery.	Present= DEC Operated, no other cardiac complications: 0-1 Year= DEC More than 1 Year= STD Catheter closure with coil embolization= DEC With murmur or evidence of hypertrophy= DEC
Pelvic Inflammatory Disease- refers to any pelvic infection involving the upper female genital tract excluding the cervix. Recurrent episodes are associated with infertility and can be due to reinfection, adhesions or scarring of pelvic tissue. Hysterectomy is curative.	<u>Un-operated, single episode:</u> Present-2 Years= STD More than 2 Episodes within the last 12 months= 1 Point More than 1 Year= STD Operated and recovered= STD
Peptic Ulcer- can occur on the esophagus, (usually as a result of GERD), the stomach, the pyloric canal and the duodenum. Peptic refers to pepsin or gastric juice enzymes. An erosion occurs when the mucosal surface is broken and ulcers are formed when the mucosa is penetrated. The bacterium <i>Helicobacter pylori</i> is present in the gastric antrum of more than 90% of individuals with duodenal ulcer (pyloric ulcer) and in 75% of individuals with gastric ulcer. Non-steroidal anti-inflammatory drugs (NSAIDs), corticosteroids, and aspirin are associated with an increased incidence of peptic ulcers and of the complications of bleeding and perforation. Duodenal ulcers are approximately four times more common than gastric ulcers.	<u>Un-operated:</u> Present= 1 Point <u>History of, single episode, recovered= STD</u> <u>History of multiple episodes, recovered:</u> 0-1 Year= 1 Point Between 2-5 Years= STD <u>Operated: Recovered after pyloroplasty or vagotomy:</u> 0-1 Year= 2 Points Between 1-3 Years= 1 Point More than 3 Years= STD <u>Recovered after partial gastrectomy:</u>

	0-2 Years= 2 Points Between 2-5 Years= 1 Point More than 5 Years= STD <u>Recovered after total gastrectomy:</u> Between 0-5 Years= 2 Points More than 5 Years= STD
PERIPHERAL NEUROPATHY, POLYNEURITIS (POLYNEUROPATHY): Diseases of the peripheral nerves produce muscular weakness and atrophy of the muscles supplied by the affected nerves and loss of sensation. The causes of peripheral neuropathy and polyneuritis are many and varied. They range from mechanical causes producing pressure on nerves to toxic agents such as heavy metals and organic compounds to metabolic disturbances such as diabetes mellitus and nutritional deficiencies and alcoholism to malignant neoplasms and infectious diseases.	<u>Peripheral Neuropathy</u> Cause Known= IC Cause Unknown, recovered, no residuals, single episode: Between 0-2 Years= PP More than 2 Years= 1 Point With any recurrence= DEC <u>Polyneuritis, Polyneuropathy= DEC</u>
Peripheral Vascular Disease- Vascular disease of the extremities involving arteries, veins, and lymphatic: Including Arteriosclerosis Obliterans, Tromboangitis, Obliterans (Buerger's Disease), Intermittent Claudication, Raynaud's Disease / Phenomenon, and Venous Insufficiency, Phlebitis, Inflammation of a vein.	DEC
Pilonidal Cyst <u>CYST</u> is an enclosed cavity or sac which is lined by epithelium and that contains a liquid or semi-solid material. <u>APILONIDAL CYST</u> is one that has a tuft of hairs. <u>ASEBACEOUS CYST</u> secretes a greasy lubricating substance.	Present= 1 Point Removed= STD
Pneumonia / Pneumonitis- Infected or inflamed lungs.	Present= PP Full recovery with no residuals= STD
Pneumothorax (Collapsed Lung): the presence of air in the pleural cavity causing the lung to collapse. It may be spontaneous as a result of a bleb on the surface of the lung or secondary to trauma, emphysema, or a lung abscess. Once the pleural space regains its vacuum, there is very little additional risk except for the possibility of recurrence.	Traumatic or Spontaneous, recovered, 1 episode= STD Recurrence within 2 Years: 0-1 Year since last occurrence= 1 Point More than 1 Year since last occurrence= STD Due to disease= DEC
Poliomyelitis- an acute viral infectious disease occurring sporadically or in epidemics. It is characterized by fever, sore throat, headache, and vomiting often with stiffness of the neck and back.	Present= DEC Recovered, definite limp, atrophy or shortening of one extremity: only, no spine involvement, no further treatment= STD Recovered, more than one limb involved marked deformity, or spine involvement= DEC
Polycystic Kidney Disease- A kidney composed of numerous cysts.	DEC
Polycythemia- An excess of red blood cells.	DEC
Polymyalgia Rheumatica- is an inflammatory disorder that causes widespread muscle aching and stiffness, primarily in the shoulders, upper arms, neck, thighs and hips.	Present, currently on corticosteroids= DEC History of, recovered, temporal arteritis ruled out= STD
Porphyria- is a group of inherited disorders that is characterized by an abnormality of porphyrin metabolism. The symptoms include: liver impairments such as cirrhosis and hepatitis, photosensitivity, and neurological disorders. There are many different kinds such as Gunther's disease, porphyria cutanea tarda, hepatic, variegate and coproporphyria.	DEC
Pott's Disease	DEC
Pregnancy Please do not submit other family members until after the newborn has its 6 week check-up. If anyone in the household is pregnant whether applying for coverage or not.	If anyone In the household is pregnant, even if they are not on the policy cannot be offered coverage. For instance, if a mother is

	pregnant and not on the plan, we cannot offer anyone in the household coverage.
Prostatic Hypertrophy- is a very common disorder in men over the age of 50 and is characterized by the presence of discrete nodules in the para-urethral region of the prostate. When sufficiently large, these nodules compress and narrow the urethra, causing partial and sometimes complete obstruction of urinary flow. Symptoms of obstruction include frequency of urination, nocturia, difficulty starting and stopping the urinary stream, diminished force of the urinary stream and painful urination (dysuria). Only 5 – 10% of men require surgical relief, and those who don't require surgery have few symptoms other than having to use pharmacological agents to shrink the prostate. Surgery, if needed, requires removal of part or all of the prostate by transurethral prostatic resection (TURP).	<p><u>Present, Adequately Investigated, Unoperated:</u> Slight enlargement, normal PSA- no symptoms= STD</p> <p><u>Moderate enlargement or with symptoms:</u> Normal PSA= PP until Normal PSA PSA not known= PP until a normal test is completed PSA elevated= DEC BPH with elevated serum creatinine= DEC</p> <p><u>Operated, Complete Recovery:</u> Prostatectomy, no evidence of cancer= STD</p> <p><u>Partial resection:</u> Complete recovery, no symptoms= STD Continuing symptoms= DEC</p>
Proteinuria: the "spilling" of abnormal amounts of protein (albuminuria is specifically albumin protein only) in the urine. Proteinuria may be found in the urine as a result of postural changes such as vigorous exercise or feverish conditions.	Depends on result of the urinalysis.
PSA Abnormalities (Prostatic Specific Antigen: PSA tests are used to screen for prostate cancer. PSA is the most widely used screening tumor marker in current use in clinical medicine.	PSA Elevated= PP PSA Normal= STD
Psoriatic Arthritis	See Arthritis
Psychosis	DEC
Pulmonary Embolism or Infarction: Blood clot lodging in the pulmonary artery.	0-1 Year= DEC At least 1 Year and a full recovery= STD
Pulmonary Stenosis is the backflow of blood from the left ventricle into the left atrium due to insufficiency of the mitral valve. It is characterized by a systolic (holosystolic or pansystolic) murmur which is loudest at the apex (apical murmur or mitral area) and is transmitted widely but most often to the axilla. The causes of mitral insufficiency are mitral valve pro- lapse, rheumatic fever and endocarditis.	Incidental finding on echo-cardiogram, asymptomatic, mild: Under Age 1= DEC Between Ages 1-50= 1 Point More than Age 50= STD All others= DEC
Pyelitis or Pyelonephritis- Inflammation of the renal pelvis, or kidney and renal pelvis.	DEC
Pyloric Stenosis- A narrowing of the pylorus (located between the stomach and duodenum)	Present= DEC History of and fully recovered= STD
Quadriplegia is paralysis of all four limbs.	DEC
Raynaud's Disease-Syndrome-(Raynaud's Phenomenon) is characterized by bilateral pallor and numbness of the extremities induced by cold or excitement, usually of the upper limbs, and occurring in various degrees of severity. The condition occurs predominantly in young females and is due to an idiopathic sensitivity of the digital arteries to cold and is a benign condition with no other complications.	Mild, few consults or incidental finding= STD More severe or more frequent consults with complaints underlying reasons developed= 2 Points
Rectocele- commonly occur together and are al- most always the result of trauma at childbirth. A cystocele is the protrusion of the urinary bladder into the vagina. A rectocele is a herniation of the rectum	Present= 1 Point Operated, recovered= STD
Regional Ileitis: a chronic inflammatory disease which may occur anywhere in the GI tract but is most common in the small bowel and colon (where it is sometimes called Crohn colitis or Granulomatous Colitis).	1 Attack, Medical or Surgical Treatment: <u>History of, recovered, non-smoker, not underweight</u> 0-3 Years since recovery= DEC Between 3-10 Years= 2 Points More than 10 Years= STD

	<p>2-3 Attacks within 7 Years, Medical or Surgical Treatment: <u>History of, recovered, non-smoker, not underweight</u> 0-10 Years since last attack= DEC More than 10 Years= 2 Points Smokers, underweight, more than 3 attacks or poor response to treatment= DEC</p>
<p>Reiter's Syndrome- This multisystem disease was once defined by the three disorders of seronegative polyarthritis, conjunctivitis and non-specific urethritis. It is now defined as a peripheral arthritis lasting longer than one month associated with urethritis, cervicitis or diarrhea</p>	<p><u>1Attack, fully recovered:</u> 0-1 Years since recovery= PP Between 1-5 Years since recovery= 1 Point More than 5 Years since recovery= STD Others= DEC</p>
<p>Renal Abscess- are usually multiple and are due to lodgment of infected emboli due to septicemia. In those instances where a single abscess is found (<i>renal carbuncle</i>), there may be no involvement of the tubules and pelvis, which would account for the lack of WBCs in a urinalysis.</p>	<p>Present-6 months after=PP Over 6 Months, total recovery=STD Urinalysis abnormal=PP until it is normal</p>
<p>Renal Dialysis-Renal Failure/Renal Insufficiency</p>	<p>DEC</p>
<p>Respiratory Distress Syndrome</p>	<p>DEC</p>
<p>Retinopathy Cause- is associated with essential or malignant hypertension, diabetes mellitus and atherosclerosis. The extent of the eye ground changes are categorized as Grade 1 (mild), Grade 2 (moderate) and Grade 3 (severe).</p>	<p>Cause Known= IC Cause Unknown= DEC</p>
<p>Retinitis</p>	<p>See Eye disorders</p>
<p>Rheumatic Fever Acute fever and joint discomfort sometimes resulting in cardiac involvement</p>	<p>Present= DEC</p> <p><u>History of full recovery, no evidence of heart damage:</u> 0-1 Year= PP Between 1-5 Years= 2 Points More than 5 Years= STD With heart, brain or spinal cord damage= DEC</p>
<p>Rheumatoid Arthritis</p>	<p>DEC- See Arthritis for more information</p>
<p>Sarcoidosis or Boeck's Sarcoid A chronic inflammation of lung, liver, or other organs, usually with involvement of the lymph glands.</p>	<p>Present= DEC</p> <p><u>History of, current chest x-ray negative:</u> Between 0-1 Year= PP More than 1 Year= STD</p> <p><u>Chest x-ray showing hilar lymph node enlargement:</u> Symptomatic, lesion not stable= DEC</p> <p>Asymptomatic, lesion stable: 0-2 Years= PP Between 2-5 Years= 2 Points More than 5 Years= STD</p>

	With systemic involvement, still on steroids or with hypercalcemia= DEC
Sciatica: Inflammation of the sciatic nerve, usually marked by pain and tenderness along the course of the nerve through the thigh and leg.	Unoperated= 1 Point Otherwise, fully recovered= STD
Scleroderma- is a severe form that may become so extensive as to involve the entire skin which may lead to contractures of the limbs, progressive atrophy and progressive disability.	Systematic= DEC Localized= DEC Full Recovery= STD
Scoliosis: an appreciable lateral deviation in the normally straight vertical line of the spine.	No noticeable deformity, incidental finding, asymptomatic, no treatment recommended= STD Noticeable posture abnormality otherwise asymptomatic= 2 Points Harrington rods present= 2 Points <u>Post-surgery(spinal fusion), removal of rods, full recovery:</u> 0-6 Months= PP Between 6 Months-3 Years= 2 Points More than 3 Years, Full Recovery, no symptoms= STD Others= DEC
Seizure Disorders	See Epilepsy
Shunt-Any kind	DEC
Sleep Apnea: no air flow at the nose or mouth for 10 seconds, and <u>Sleep Apnea</u> is arbitrarily diagnosed if more than 30 such episodes occur during the night. Apnea may be <i>central</i> when there is no airflow and no chest wall movement or <i>obstructive</i> when there is no air flow despite chest wall movement because of airway obstruction, or it can be a combination of both.	<u>Unoperated:</u> Using N-CPAP or C-PAP, no co-morbid factors= 1 Point <u>Operated:</u> Full recovery, no on-going treatment= STD Still undergoing treatment using a C Pap machine= 1 Point
Spina Bifida: A congenital failure of the bony spinal canal to close behind the cord.	Spina Bifida Cystica= DEC Spina Bifida Occulta: Asymptomatic, incidental finding= STD Symptomatic= DEC
Spinal Curvature (Kyphosis, Lordosis, and Scoliosis): Kyphosis is a backward curve, Lordosis is a forward curve, and Scoliosis is a lateral curvature.	No noticeable deformity, incidental finding, asymptomatic, no treatment recommended= STD Noticeable posture abnormality otherwise asymptomatic= 1 Point Harrington rods present= 2 Points <u>Post-surgery(spinal fusion), removal of rods, full recovery:</u> 0-6 Months=1 Point Between 6 Months-3 Years= 2 Points More than 3 Years, Full Recovery, no symptoms= STD Others= DEC
Spine-Spondylitis (Intervertebral disc disease, Disc Herniation, Spondylitis, Spondylosis, Spondylolisthesis, Fractures)	Cervical= 1 Point Dorsal (Thoracic)= 1 Point Lumbar= 1 Point Sciatica= 1 Point Coccyx= 1 Point <u>Operated</u> Fully Recovered= STD

Stroke: A stroke or CVA is an acute or sub-acute event in which a neurological deficit develops over minutes or hours, persists at least 24 hours and is caused by a vascular disturbance in the brain. The most important risk factors for stroke are hypertension, tobacco and alcohol use	DEC
Suicide Attempt	DEC
Systemic Lupus Erythematosus (SLE): a disease of unknown etiology predominantly affecting young women and has a marked tendency to exacerbation and remission. Antinuclear antibodies (ANA) are a constant feature of SLE. The clinical features are extremely variable both in nature and severity.	DEC
Testicle (Un Descended)	Undescended or Unoperated= 1 Point Operated, full recovery= STD
Tetralogy of Fallot- is a series of congenital defects which include pulmonary stenosis, inter- ventricular septal defect, dextraposition of the aorta, so that it overrides the septum and receives both venous and arterial blood with resultant right ventricular hypertrophy.	DEC
Thalassemia: The thalassemia syndromes are a heterogeneous group of disorders characterized by reduced synthesis of hemoglobin. They are characterized by chronic progressive anemia beginning in early life.	Beta Thalassemia Minor= STD Beta Thalassemia Major= DEC Beta Thalassemia Intermediate= DEC Alpha Thalassemia Silent or Trait= STD
Thoracic Outlet Syndrome: Cervical rib is either a bony rib or fibrous band arising from the seventh cervical vertebra and attached anteriorly to the first rib. The C8 and T1 roots and the subclavian artery may be distorted as they pass over the cervical rib. Symptoms include pain in the arm and weakness of grip. Vascular symptoms comprise of ischemia in the hand mimicking Raynaud's disease. Treatment is surgical resection of the rib or fibrous band.	Unoperated= 1 Point Operated, recovered: 0-1 Year= 1 Point More than 1 Year= STD
Thrombophlebitis- Is inflammation of a vein associated with thrombus formation.	Present=DEC <u>1 episode, recovered, no varicose veins, no edema:</u> 0-3 Months= PP Between 3 Months-2 Years= <u>Recurrent attacks:</u> 0-2 Years= PP Between 2-5 Years= 1 Point More than 5 Years= STD On anti-coagulant therapy such as Coumadin= DEC
Thyroid Disorders GOITER-Enlargement of the thyroid gland HYPERTHYROIDISM-(GRAVES) Overactive Thyroid HYPOTHYROIDISM-(MYXEDEMA) An under-active thyroid	<u>Hyperthyroid(Toxic Goiter, Plummer's, Basedow's or Grave's)</u> 0-12 months from diagnosis= 1 Point More than 12 months- adequately treated= STD Treated with radioactive iodine or surgery, controlled= STD

	<p><u>Hyperthyroidism (Non-Toxic Goiter):</u> Single nodule =1 Point</p> <p><u>Thyroiditis:</u> Present untreated=1 Point Adequately treated, hypothyroid or euthyroid= STD</p> <p><u>Hypothyroidism:</u> Adequately treated or controlled= STD Not adequately treated or controlled=1 Point</p> <p><u>Myxedema:</u> Recently diagnosed= PP History of, no residuals, adequately treated= STD</p>
Tic Douloureux: A form of facial neuralgia.	<p>Drug Therapy only, good control= 1 Point <u>Operated, recovered</u>= STD</p>
Torticollis: Wryneck -Torsion (twisting) of the neck.	<p>Acute, recovered=STD Otherwise=1 Point</p>
Tourette's Syndrome -An abnormal condition characterized by facial grimaces, ties, and involuntary arm and shoulder.	<p>Ages 0-20 Years=DEC</p> <p><u>Age21Yearsandover:</u> Simple tics, no coprolalia, employed, normal social functioning no developmental or psychological disorder=1 Point Others=DEC</p>
Trans Ischemic Attack (TIA) CAROTID, VERTE- BROBASILAR, OR BASILAR ARTERY INSUFFI- CIENCY) are generally considered to be due to embolism. In the carotid artery, transient ischemia causes a hemiparesis and dysphasia (impairment of speech).Attacks last from a few minutes to several hours and, by definition, have resolved within 24 hours. In the vertebrobasilar artery, TIA may cause vertigo, diplopia, visual blurring or loss, facial paresthesia, and there is frequently dizziness or loss of consciousness.	<p>DEC</p>
Triglycerides -Elevation in triglyceride values are associated with an increased risk of heart disease. When very high (>1000 mg/dL), they may also play a role in pancreatitis and gallstone formation.	<p>STD</p>
Ulcer-Stomach-Duodenal -Peptic ulcers can occur on the esophagus, (usually as a result of GERD), the stomach, the pyloric canal and the duodenum. Peptic refers to pepsin or gastric juice enzymes. An erosion occurs when the mucosal surface is broken and ulcers are formed when the mucosa is penetrated.	<p><u>Unoperated:</u> Present= 1 Point History of, single episode, recovered= STD</p> <p><u>History of multiple episodes, recovered:</u> 0-1 Year= 1 Point > 1Year= STD</p> <p><u>Operated: Recovered after pyloroplasty or vagotomy:</u> 0-1 Year since surgery= 1 Point More than 1 Year since surgery= STD</p> <p><u>Recovered after partial gastrectomy:</u> 0-1 Years= DEC Between 1-5 Years=1 Point >5 Years= STD</p> <p><u>Recovered after total gastrectomy:</u> 0-1 Year= DEC 1-5 Years= 2 Points > 5 Years= STD</p>
Ulcerative Colitis	<p>See Colitis</p>
Ureteral or Urethral Stricture: Narrowing of the ureter or urethra.	<p><u>Ureteral Stricture:</u> Present or treated by dilation or endoureterotomy within 1 Year= PP</p>

	<p>Recovered over 1 Year= STD Treated with ureteral meatal stents= DEC</p> <p><u>Urethral Stricture:</u> Present or treated by dilation within 1 Year= PP Recovered over 1 Year= STD Treated with stents or urethroplasty within 1 Year= PP Treated with stents or urethroplasty over 1 Year= STD Treated with appendicovesicostomy= DEC</p>
Ureteritis or Urethritis: Inflammation of the ureter or urethra.	<p><u>Acute Cystitis, Trigontis, Urethritis, Ureteritis or Hemorrhagic Cystitis:</u> Acute mild attacks, short duration, complete recovery each time= STD Frequent attacks (more than 3 per year) or frequent medical attention required= DEC</p> <p><u>Cystitis, Cystica, Hunner's Ulcer, Chronic or recurrent Cystitis or Urethritis:</u> 1-5 Years fully recovered= 1 Point More than 5 Years= STD</p>
Uterine Disorders: Abnormal uterine bleeding.	<p><u>Enlarged Uterus:</u> Due to fibroids= 1 Point Due to pregnancy= DEC</p> <p><u>Displacement of Uterus:</u> Mild, asymptomatic, no treatment, ability to conceive not in question= 1 Point Others= DEC Uterine Prolapse, procidentia= DEC Leiomyomas, Myomas= DEC Uterine Fibroids Present=1 Point</p>
Varicose Veins: Ulcerated or swollen veins.	<p>Present, no edema or ulcer, asymptomatic= STD Present, no edema or ulcer, requiring support hose or treatment=1 Point Present with edema or ulcer= PP</p> <p><u>History of with edema or ulcer, recovered:</u> 0-6 Months= PP Between 6 Months-2 Years= 1 Point More than 2 Years= STD Abdominal or esophageal varices= DEC</p>
Venereal Warts: (Condyloma Accuminata).	<p>Single Episode, Most recent pap clean= STD Multiple Episodes: 2 or less Years since last episode= 1 Point More than 2 Years since last episode= STD If present Pap still is not normal= PP</p>
Ventricular Septal Defect As with ASD, VSDs tend to close spontaneously and, for underwriting purposes, can be handled in the same manner. Because the hole is in the ventricular septum, the aortic valve (rather than the mitral valve) may be involved but, if there are no other cardiac abnormalities, the morbidity parallels that for atrial septal defect.	<p><u>Un-operated:</u> Closed spontaneously Fully recovered= STD Still open= DEC</p> <p><u>Operated:</u> Closed by direct suture: 0-1 Year= PP More than 1 Year= STD Operated, closed with graft material</p>

<p>Vertigo: Sensation of rotation or movement of one's self or one's surroundings ("dizziness").</p>	<p><u>Under 45 Years old</u> Single episode, recovered= STD</p> <p>Recurrent episodes: 0-2 Years since last episode= PP More than 2 Years since last episode= STD</p> <p><u>More than 45 Years old</u> Single episode= STD 0-2 Years since last episode= 1 Point More than 2 Years since last episode= STD</p>
<p>Von Reckingenhausen's Disease/Tumor: an inherited disorder characterized by the development of multiple neurofibromas combined with cafe au lait spots. The tumors are slow growing and do not destroy normal tissues. Severe cases may be associated with disfigurement due to the size of the tumors. The only treatment is removal of the tumors.</p>	<p>DEC</p>
<p>Urinary Incontinence: Bladder symptoms affect women of all ages. However, bladder problems are most prevalent among older women. Up to 35% of the total population over the age of 60 years is estimated to be incontinent, with women twice as likely as men to experience incontinence. 1 in 4 over the age of 60 years are estimated to have bladder control problems. Bladder control problems have been found to be associated with higher incidence of many other health problems such as obesity and diabetes. Difficulty with bladder control results in higher rates of depression and limited activity levels.</p> <p>Incontinence is expensive both to individuals in the form of bladder control products and to the health care system and nursing home industry. Injury related to incontinence is a leading cause of admission to assisted living and nursing care facilities. More than 50% of nursing facility admissions are related to incontinence</p>	<p>If diagnosed and have had symptoms in the past 12 months of Incontinence= 1 point if no symptoms or anticipated surgery = STD</p>
<p>Whiplash</p>	<p>See Back Sprain</p>