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# MUTUALCARE<sup>®</sup> SOLUTIONS UNDERWRITING GUIDE



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# Underwriting Guidelines

## Our Underwriting Philosophy

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We look at the total picture and evaluate applicants based on a number of criteria, including health history, cognitive status, daily activities and the ability to perform and maintain activities of daily living (ADLs) as well as instrumental activities of daily living (IADLs).

| Activities of Daily Living  | Instrumental Activities of Daily Living  |
|---|--|
| <ul style="list-style-type: none"><li>▪ Eating</li><li>▪ Toileting</li><li>▪ Transferring</li><li>▪ Bathing</li><li>▪ Dressing</li><li>▪ Continence</li></ul> | <ul style="list-style-type: none"><li>▪ Shopping</li><li>▪ Meal preparation</li><li>▪ Housework</li><li>▪ Laundry</li><li>▪ Managing money</li><li>▪ Taking medication</li><li>▪ Using the telephone</li><li>▪ Walking outdoors</li><li>▪ Climbing stairs</li><li>▪ Reading/writing</li><li>▪ Transportation</li></ul> |

## Issue Ages

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Applicants between the ages of 30 and 79\* will be considered for coverage. There may be age limitations for some policy options.

## Save Age

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Premium will be based on the applicant's age at the time the application is signed. If the applicant's date of birth is within 30 days of the application signing date, premium will be based on the younger age.

\*New York issue age 30-75.

## Suitability

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A long-term care personal worksheet is included in the application packet and must be submitted with each application. You are responsible for verifying that coverage is affordable and appropriate for your client.

- Minimum financial guidelines include an annual household income of \$20,000 or \$50,000 in countable assets, not including the applicant's home
- This policy is not available to anyone who meets Medicaid eligibility guidelines
- If the applicant does not disclose financial information or if the disclosed information indicates the policy is not suitable, the applicant will receive a letter asking them if they want to continue with the application

## Eligibility

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The application clearly identifies impairments that make an applicant ineligible for coverage. You should NOT submit an application for anyone who:

- Answers "yes" to any question in the Health Insurability Questions section of the application
- Is over or under the height and weight guidelines
- Requires assistance with any activities of daily living (ADLs)
- Requires assistance with any instrumental activities of daily living (IADLs)
- Receives Meals on Wheels
- Has previously been declined LTC coverage
- Is pregnant or receiving medical treatment to become pregnant
- Is disabled
- Uses a quad cane, crutches, walker, electric scooter, wheelchair, oxygen or respirator
- Is non-compliant with medications and/or treatment
- Has not pursued additional workups recommended by their physician
- Has a condition listed as a "decline" in the Medical Impairment section
- Has a living environment (as noted during the face-to-face interview) to be excessively cluttered, filthy, unsafe or with evidence of hoarding
- Has been confined to a nursing home or assisted living facility in the last six months

- Has received home health care services or adult day care in the last six months
- Has received occupational, physical or speech therapy in the last three months (prequalify the case with an underwriter if you believe the case may warrant review sooner than three months)

**Note:** Higher-risk applicants may receive an adjusted offer or reduced benefits and/or higher premium. You will be notified if the approved policy is different than applied for.

## Underwriting Rules

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All available options may be added to the policy selected unless a specific combination of options is not allowed by underwriting rules.

- Underwriting will be the same for the base policy and selected optional benefits
- Additional premium will be required for optional benefits
- Optional benefits still being marketed may be added at the time of sale or within 60 days of policy issue with underwriter approval
- The total long-term care coverage, including coverage from other companies, cannot exceed:
  - A Maximum Monthly Benefit of \$15,000 and/or Maximum Benefit Limit of \$500,000 for all traditional long-term care policy benefits combined; **and**
  - A Maximum Monthly Benefit of \$50,000 and/or Maximum Benefit Limit of \$2,000,000 for traditional long-term care and long-term care rider coverage benefits combined

## Rate Classes

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The Medical Impairments section and the Build Chart will help you determine the appropriate rate class to quote.

- Applications should not be submitted for anyone who is over or under the weight guidelines, has an uninsurable health condition or is taking a medication associated with an uninsurable health condition
- It's recommended that an applicant never be quoted better than Select (the underwriter will add a Preferred allowance to the policy, if appropriate)

- Certain policy limits are placed on Class I and Class II health risks, including:
  - Maximum 48-month benefit multiplier
  - Maximum \$300,000 policy limit
  - Maximum \$5,000 monthly benefit
  - Minimum 90-day elimination period
- In addition, not all policy benefits are available for Class I and Class II health risks, including:
  - Security Benefit
  - Joint Waiver of Premium Benefit
  - Survivorship Benefit
  - Shared Care Benefit (available for Class I health risks with a maximum 36-month benefit multiplier, \$180,000 policy limit and/or \$5,000 maximum monthly benefit)
  - Waiver of Elimination Period for Home Health Care

| Preferred   | Select   | Class I  | Class II  |
|---|--|--|---|
| 15% allowance at underwriter discretion   | 100%   | 125%   | 150%  |
| Applicant is considered a preferred risk and is eligible for all policy benefit options | Applicant is considered a standard risk and is eligible for all policy benefit options | Applicant is considered to be a higher risk for utilization of long-term care services | Applicant is considered to be a significantly higher risk for utilization of long-term care services<br><br>Reserved for use at underwriter discretion. Do not quote Class II unless prequalified by an underwriter |

**Remember...** Quote the applicant based on their health as it is listed in the Underwriting Guidelines or how you have been advised to quote by underwriting, if applicable.

## Criteria for Preferred Underwriting

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In order to qualify for preferred underwriting and the 15 percent preferred premium allowance, applicants must meet ALL of the following criteria:

1. An applicant must have seen a physician for a head-to-toe physical exam and complete metabolic profile within the past two years
2. The applicant must have been tobacco free for the past two years
3. He or she must fall within the minimum and preferred maximum range on the build chart
4. An applicant must not use a cane
5. He or she must not take any prescription medications other than:
  - Allergy medications (excluding steroids)
  - Female hormone replacement
  - Thyroid hormone replacement
  - Antacids and heartburn medication
  - Medication for controlled high blood pressure (readings of 140/90 or less for the past six months)
  - Medication for controlled cholesterol (cholesterol less than 250)
  - Medication for temporary, acute conditions
6. The applicant must not be diagnosed with or treated for any of the following:
  - Asthma
  - Atrial fibrillation
  - Blood disease or disorder (excluding treated iron deficiency anemia)
  - Blood clotting disorder
  - Cancer (excluding basal cell or squamous cell skin cancer)
  - Carotid artery disease
  - Chronic fatigue syndrome
  - Chronic obstructive pulmonary disease (COPD)
  - Chronic pain
  - Degenerative disc disease
  - Diabetes
  - Emphysema
  - Fibromyalgia
  - First degree relative diagnosed with Alzheimer's or dementia
  - Heart disease, including coronary artery disease and heart valve disorder (excluding mitral valve prolapse or controlled high blood pressure average reading less than 140/90 for the past six months)

- Hepatitis
- Herniated disc
- Joint replacement
- Moderate osteoarthritis
- Neurological disease or disorder
- Peripheral arterial/vascular disease
- Polymyalgia rheumatica
- Psychiatric disease or disorder (excluding seasonal affective disorder or mild or resolved situational depression)
- Respiratory disease or disorder, excluding acute bronchitis, pneumonia, or exercise induced, reactive or extrinsic asthma
- Rheumatoid arthritis
- Sleep apnea
- Spinal stenosis
- Stroke
- TIA (transient ischemic attack)
- Tremor

## Build Chart - Unisex

|                    | Minimum | Preferred Maximum | Select Maximum | Class           |
|--------------------|---------|-------------------|----------------|-----------------|
| <b>Maximum BMI</b> | 18.5    | 29                | 35             | 40.0            |
| Height             | Minimum | Preferred Maximum | Select Maximum | Class I Maximum |
| 4'8"               | 80      | 129               | 156            | 178             |
| 4'9"               | 83      | 134               | 161            | 185             |
| 4'10"              | 86      | 139               | 167            | 191             |
| 4'11"              | 89      | 143               | 173            | 198             |
| 5'0"               | 92      | 148               | 179            | 205             |
| 5'1"               | 95      | 153               | 185            | 211             |
| 5'2"               | 98      | 158               | 191            | 218             |
| 5'3"               | 101     | 164               | 197            | 226             |
| 5'4"               | 104     | 169               | 204            | 233             |
| 5'5"               | 107     | 174               | 210            | 240             |
| 5'6"               | 111     | 180               | 217            | 248             |
| 5'7"               | 114     | 185               | 223            | 255             |
| 5'8"               | 118     | 191               | 230            | 263             |
| 5'9"               | 122     | 196               | 237            | 271             |
| 5'10"              | 125     | 202               | 244            | 279             |
| 5'11"              | 129     | 207               | 251            | 287             |
| 6'0"               | 133     | 214               | 258            | 295             |
| 6'1"               | 136     | 220               | 265            | 303             |
| 6'2"               | 140     | 226               | 273            | 311             |
| 6'3"               | 144     | 232               | 280            | 320             |
| 6'4"               | 148     | 238               | 287            | 329             |
| 6'5"               | 152     | 245               | 295            | 337             |
| 6'6"               | 156     | 251               | 303            | 346             |

- An applicant below the minimum weight is ineligible for coverage
- An applicant who is within the weight requirements but has other health conditions may be ineligible for coverage
- An applicant who exceeds the maximum Select weight and has any condition listed on the impairment guide as a Class I or Class II will be declined
- An applicant above the Class I maximum weight is ineligible for coverage
- An applicant who has short stature due to a genetic condition or chronic medical condition is ineligible for coverage
- Build as documented in medical records or obtained during a face-to-face interview
- BMI
 

|               |           |              |         |
|---------------|-----------|--------------|---------|
| 18.4 or under | Decline   | 35.1 to 40   | Class I |
| 18.5 to 29.0  | Preferred | 40.1 or over | Decline |
| 29.1 to 35    | Select    |              |         |

# Uninsurable Health Conditions

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Acoustic Neuroma (unoperated)  
Acromegaly  
ADL Deficit  
AIDS/ARC  
Adult Day Care within 6 months  
Agoraphobia  
Alcohol 4 or more drinks daily  
Alcoholism with any current alcohol use  
ALS  
Alzheimer's Disease  
Amputation due to disease, other than cancer  
Amputation 2 or more limbs  
Amyloidosis  
Ankylosing Spondylitis  
Anorexia  
Aplastic Anemia  
Arnold-Chiari Malformation  
Arrhythmia (uncontrolled)  
Arteriovenous Malformation (AVM) (unoperated)  
Arthritis requiring narcotic pain medication  
Asperger's Syndrome  
Assisted Living Facility (resident within 6 months)  
Ataxia  
Avascular Necrosis (unoperated)  
  
Back Pain (disabling or requiring narcotic pain medication)  
Bell's Palsy (present)  
Benign Positional Vertigo (BPV) (with falls)  
Berger's Disease  
Bipolar (diagnosed within 3 years, psychiatric hospitalization within 2 years, 2 or more psychiatric hospitalizations)

Blindness (not adapted or with ADL/IADL limitations)  
Bowel Incontinence  
Buerger's Disease  
Bulimia  
Bullous Pemphigoid (active)  
  
Cardiomyopathy (dilated)  
Castleman's  
Cerebral Aneurysm (unoperated)  
Cerebral Palsy  
Cerebrovascular Accident (CVA) (2 or more)  
Charcot Marie Tooth  
Chronic Pain (requiring narcotics, TENS unit, implantable stimulator, ADL/IADL deficit)  
Cirrhosis  
Complex Regional Pain Syndrome  
Confusion  
Congenital Rubella Syndrome (CRS)  
Connective Tissue Disease  
Cor Pulmonale  
CREST Syndrome  
Crohn's (multiple flares or with complications)  
Cushing's Syndrome  
Cystic Fibrosis  
  
Defibrillator (implanted)  
Dementia  
Dermatomyositis  
Diabetic Complications (neuropathy, nephropathy, retinopathy, gastropathy)  
Dialysis  
Dilated Cardiomyopathy  
Disabled, except VA disability  
Down's Syndrome  
Dwarfism  
Dystonia

## Uninsurable Health Conditions (continued)

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|  |   |
|--|---|
| Ehlers-Danlos  | Marfan's Syndrome   |
| Epilepsy (>2 seizures/year)  | Medicaid Recipient  |
| Epstein-Barr Virus (within 2 years)                                    | Memory Loss   |
| Fibromuscular Dysplasia  | Mental Retardation  |
| Fibromyalgia (disabling)   | Mixed Connective Tissue Disease   |
| Focused Ultrasound Thalamotomy   | Multiple Chemical Sensitivity and<br>Electromagnetic Hypersensitivity                                   |
| Frailty  | Multiple Myeloma  |
| Friedrich's Ataxia   | Multiple Sclerosis  |
| Gaucher's  | Muscular Dystrophy  |
| Glomerulonephritis   | Myelodysplasia  |
| Head Injury (residual functional or<br>cognitive impairment)           | Myelodysplastic Syndrome  |
| Heart Transplant   | Myelofibrosis   |
| Hemiplegia   | Myasthenia Gravis (generalized)   |
| Hemophilia   | Neurofibromatosis   |
| Hepatitis (chronic, active, alcohol<br>related, residual liver damage) | Neurogenic Bowel or Bladder   |
| HIV Positive   | Neuropathy (related to diabetes or<br>alcohol, or with history of falls or skin<br>ulcers), or severe   |
| Hoarding   | Nursing Home resident<br>(within 6 months)  |
| Home Health Care (within 6 months)                                     | Occupational Therapy<br>(within 3 months*)<br>*contact Underwriting to prequalify if<br>within 3 months |
| Huntington's Chorea  | Organ Transplant  |
| Hydrocephalus  | Organic Brain Syndrome  |
| IADL Deficit   | Osteoporosis (T score -4.0 or worse)  |
| Iga Nephropathy  | Oxygen use  |
| Immune Deficiency  | Pancreas Transplant   |
| Implantable Stimulator   | Pancreatitis (alcohol related, or<br>>2 episodes)   |
| Irritable Bowel Syndrome<br>(uncontrolled or with weight loss)         | Paralysis   |
| Kidney Failure   | Paraplegia  |
| Kidney Transplant  | Parkinson's Disease   |
| Lacunar Infarct (2 or more)  | Pemphigus Vulgaris  |
| Liver Transplant   |   |
| Lou Gehrig's Disease   |   |
| Lupus (systemic)   |   |

Physical Therapy (within 3 months\*)  
\*contact Underwriting to prequalify if within 3 months

Physician applicant is self-treating, or applicant's personal physician is a family member

Pick's Disease

Polycystic Kidney Disease

Polymyositis

Polyneuropathy

Post Herpetic Neuralgia

Post Polio Syndrome (with progressive weakness, fatigue, or limitations)

Power of Attorney - Active

Pregnancy (Is pregnant or receiving medical treatment to become pregnant)

Primary Biliary Cirrhosis

Pseudotumor Cerebri

Psychiatric Hospitalization (within 3 years, or 2 or more)

Psychosis

Pulmonary Hypertension

Quad Cane use

Quadriplegia

Reflex Sympathetic Dystrophy

Retinal Vein Occlusion (2 or more)

Schizophrenia

Scleroderma

Sclerosing Cholangitis

Shingles (within 6 months)

Sjogren's Syndrome (systemic)

Social Withdrawal

Speech Therapy (within 3 months\*)  
\*contact Underwriting to prequalify if within 3 months

Spina Bifida

Stroke (2 or more)

Surgery (requiring general anesthesia

scheduled or planned)

Systemic Lupus

Thalassemia Major

Transient Ischemic Attack (TIA) (2 or more)

Tuberculosis

Tuberous Sclerosis

Underweight

Ventriculoperitoneal shunt

Von Willebrand's Disease

Walker use

Wegener's Granulomatosis

Weight loss (unintentional or unexplained)

Wheelchair use

## Uninsurable Medications

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This list is not all-inclusive. An application should not be submitted if a client is taking any of the following medications. Please consult the Underwriting Department if you have questions regarding the listed medications.

|                          |                  |                                       |
|--------------------------|------------------|---------------------------------------|
| <b>Medication</b>        | AZT              | Cyclosporine                          |
| 3TC                      |                  | Cytoxan                               |
| Abacavir                 | Baclofen*        |                                       |
| Abilify                  | Baraclude        | D4T                                   |
| Acamprosate              | Benzatropine     | D-Cycloserine                         |
| Adefovir                 | Bendopa          | Dantrium                              |
| Adriamycin               | Betaseron        | Dantrolene                            |
| Aduhelm<br>(Alzheimer's) | Biperiden        | Darunavir                             |
| Akinetin                 | Boceprevir       | DDC                                   |
| Alemtuzumab              | Buprenorphine    | DDI                                   |
| Alkeran                  | Busulfan         | Delavirdine                           |
| Amantadine               | Butrans          | Demerol                               |
| Ambrisentan              |                  | Deprenyl                              |
| Anastrozole*             | Campral          | Didanosine                            |
| Antabuse                 | Caprylidene      | Diethylstilbestrol                    |
| Apokyn                   | Capaxone         | Dilaudid                              |
| Apomorphine              | Carbidopa*       | Dimethyl Fumarate                     |
| Aptivus                  | Carboplatin      | Disulfiram                            |
| Aricept                  | Cee Nu           | Dolophine                             |
| Arimidex*                | Cellcept         | Donepezil                             |
| Aripiprazole             | Cerefolin*       | Doxorubicin                           |
| Artane                   | Chlorambucil     | Dronabinol                            |
| Asenapine                | Chlorpromazine   | DuoNeb                                |
| Asutedo                  | Chlorprothixene  | Duragesic                             |
| Atazanavir               | Cisplatin        |                                       |
| Atripla                  | Codeine          | Efavirenz                             |
| Aubagio                  | Cogentin         | Eldepryl                              |
| Avinza                   | Cognex           | Eligard                               |
| Avonex                   | Combivir         | Emtricitabine/<br>Tenofovir/Efavirenz |
| Axona                    | Comtan           | Emtriva                               |
| Azathioprine*            | Copaxone         | Enfuvirtide                           |
| Azilect                  | Crixivan         | Entacapone                            |
|                          | Cyclophosphamide |                                       |

|                |  |                             |
|----------------|--|-----------------------------|
| Entecavir      | Hydroxyurea*   | Letairis                    |
| Epclusa        |  | Lexiva                      |
| Epivir         | Ibrance  | Leukeran                    |
| Epoetin        | Idhifa   | Leuprolide                  |
| Epogen         | Ilaris   | Levodopa                    |
| Epzicom        | Iloperidone  | Lioresal                    |
| Ergoloid       | Imatinib   | Lomustine                   |
| Ethoproopazine | Imuran*  | Lopinavir/Ritonavir         |
| Etoposide      | Incivek  | Lorcet                      |
| Exelon         | Indinavir  | Lortab                      |
|                | Ingrezza   | Loxitane                    |
| Fanapt         | Insulin  | Loxapine                    |
| Fentanyl       | >50 units/day  | Lupron                      |
| Fingolimod     | Interferon   |                             |
| Fluphenazine   | Intravenous  | Maraviroc                   |
| Fosamprenavir  | Immunoglobulin   | Marinol                     |
| Furosemide     | Invega   | Mavyret                     |
| >60 mg/day     | Invirase   | Mayzent                     |
| Fuzeon         | Isentress  | Megace                      |
|                | Isoxsuprine  | Megestrol                   |
|                | IVIg   | Mellaril                    |
| Gablofen       |  | Melphalan                   |
| Galantamine    | Juluca   | Memantine                   |
| Geodon         |  | Meperidine                  |
| Gilenya        | Kadian   | Mercaptopurine*             |
| Glatiramer     | Kaletra  | Mesoridazine                |
| Gleevac        | Kemadrin   | Mestinon                    |
| Gold           | Kemstro  | Metanx                      |
|                | Ketamine (refractory<br>depression, or self-<br>harm ideation) | Methadone                   |
| Haldol         |  | Methotrexate >25<br>mg/week |
| Haloperidol    |  | Mirapex*                    |
| Harvoni        | Lamivudine   | Mitoxantrone                |
| Hemlibra       | Lanzac   | Moban                       |
| Hepsera        | Lasix >60 mg/day   | Morphine                    |
| Herceptin      | Latuda   | MS Contin                   |
| HIV Meds       | L-Dopa   | Mycophenolate               |
| Hivid          | L-Methylfolate*  | Myerlan                     |
| Hydergine      | Lemtrada   |                             |
| Hydrea         | Lenalidomide   |                             |
| Hydrocodone    |  |                             |
| Hydromorphone  |  |                             |

Naloxone\*  
Namenda  
Namzeric  
Narcotics  
    >3 doses per week  
Natalizumab  
Natrecor  
Navane  
Nelfinavir  
Neoral  
Nesiritide  
Neudexta  
Neulasta  
Neupro  
Nevirapine  
Niloric  
Nivolumab  
Norvir  
Novatrone  
nPEP  
Nucynta  
  
Olanzapine  
Oncovin  
Opdivo  
Oxycodone  
Oxycontin  
  
Palbociclib  
Paliperidone  
Paraplatin  
Parlodel  
Parsidol  
Pegasys  
Pegfilgrastim  
Peg-Intron  
Percocet  
Percodan  
Pergolide  
Permax

Perphenazine  
Platinol  
Plegridy  
Pramipexole\*  
Prednisone >10 mg/  
    day  
Pregvisomant  
Prezista  
Procrit  
Procyclidine  
Profenamine  
Prolixin  
Pyridostigmine  
  
Quetiapine\*  
Raltegravir  
Rasagiline  
Razadyne  
Rebetol  
Rebif  
Recombinant  
Reminyl  
Remodulin  
Requip\*  
Rescriptor  
Retrovir  
Revcovi  
Revlimid  
Rexulti  
Reyataz  
Ribavirin  
Rilutek  
Riluzole  
Risperdal  
Risperdone  
Ritonavir  
Rivastigmine  
Ropinirole\*  
Rotigotine  
Roxicet

Sandimmune  
Saphris  
Saquinavir  
Selegiline  
Selzentry  
Serentil  
Seroquel\*  
Sinemet\*  
Somavert  
Spinraza  
Spravato  
Stalevo  
Stavudine  
Stelazine  
Streptozocin  
Suboxone  
Sustiva  
Symmetrel  
  
Tacrine  
Tapentadol  
Taractan  
Tasmar  
Tecfidera  
Tegsedi  
Telaprevir  
Telbivudine  
Tenofovir  
Teriflunomide  
Teslac  
Testolactone  
Thioridazine  
Thiotepa  
Thiothixene  
Thorazine  
Tipranavir  
Tolcapone  
Tramadol  
Trastuzumab  
Trelstar-LA

|                 |                |             |
|-----------------|----------------|-------------|
| Treprostinil    | Ursodiol*      | Vivitrol    |
| Trexall         | Valycte        | Vosevi      |
| >25 Mg/Week     | Valganciclovir | Vraylar     |
| Trihexyphenidyl | Vasodilan      |             |
| Trilafon        | Vayacog        | Zalcitibine |
| Triptorelin     | VePesid        | Zanosar     |
| Trizivir        | Vertex         | Zelapar     |
| Tylenol #3      | Vicodin        | Zelodox     |
| Tylenol #4      | Victrellis     | Zerit       |
| TYSABRI         | Videx          | Ziagen      |
| Tyzeka          | Vincristine    | Zidovudine  |
|                 | Viracept       | Ziprasidone |
| Ultram          | Viramune       | Zyprexa     |
| Urso*           | Viread         |             |

\*Underwriter discretion

**Note:** Applicants considered insurable and taking Disease-Modifying Anti-rheumatic Drugs (DMARDs) and Biologics will be rated as Class I or Class II.

**Alzheimer's Disease/Dementia**

Aduhelm  
Aricept  
Artane  
Axona  
Caprylidene  
Cerefolin\*  
Cognex  
D-Cyloserine  
Ergoloid  
Exelon  
Galantamine  
Isoxsuprine  
L-Methylfolate\*  
Razadyne  
Reminyl  
Hydergine  
Lecanemab  
Memantine  
Metrifonate  
Namenda  
Namzeric  
Niloric  
Rivastigmine  
Tacrine  
Vasodilan  
Vayacog

**Multiple Sclerosis**

Ampyra  
Avonex  
Baclofen\*  
Betaseron  
Copaxone  
Dantrium  
Dantrolene  
Glatiramer  
Kemstro  
Lemtrada  
Lioresal  
Mavenclab  
Mayzent  
Natalizumab  
Novantrone  
Ocrevus  
Rebif  
Recombinant  
Tecfidera  
Zinbryta

**Parkinson's Disease**

Akinetin  
Amantadine  
Apokyn  
Artane  
Azilect  
Biperiden  
Bendopa  
Benzatropine  
Carbidopa\*  
Cogentin  
Comtan  
Deprenyl  
Entacapone  
Eldepryl  
Ethopropazine  
Kemadrin  
L-Dopa  
Levodopa  
Mirapex\*  
Neupro  
Parlodel  
Parsidol  
Pergolide  
Permax  
Pramipexole  
Procyclidine  
Profenamine  
Rasagiline  
Requip\*  
Ropinirole\*  
Rotigotine  
Selegiline  
Sinemet\*  
Stalevo  
Symmetrel  
Tasmar  
Tihexyphenidyl  
Tolcapone  
Zelapar

## Uninsurable Health Combinations

All shaded health condition combinations are ineligible for coverage. Refer to the Medical Impairments section for handling of unshaded health condition combinations.

|                                   | Atrial Fibrillation | Stroke | TIA | VHD | Diabetes | PVD | Carotid Stenosis | Tobacco use in the past 12 months |
|-----------------------------------|---------------------|--------|-----|-----|----------|-----|------------------|-----------------------------------|
| Atrial Fibrillation               |                     |        |     |     |          |     |                  |                                   |
| Stroke                            |                     |        |     |     |          |     |                  |                                   |
| Transient Ischemic Attack (TIA)   |                     |        |     |     |          |     |                  |                                   |
| Valvular Heart Disease (VHD)      |                     |        |     |     |          |     |                  |                                   |
| Diabetes                          |                     |        |     |     |          |     |                  |                                   |
| Peripheral Vascular Disease (PVD) |                     |        |     |     |          |     |                  |                                   |
| Carotid Stenosis                  |                     |        |     |     |          |     |                  |                                   |
| Average BP reading >159/89        |                     |        |     |     |          |     |                  |                                   |
| Tobacco use in the past 12 months |                     |        |     |     |          |     |                  |                                   |
| Coronary Artery Disease           |                     |        |     |     |          |     |                  |                                   |

## Medical Impairments

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Every attempt will be made to offer coverage. Multiple medical conditions may result in an offer of reduced benefits, a substandard rating, or a decline.

**S\*** May qualify for Preferred if all requirements listed under the Preferred Rate Criteria are met

**S** Select coverage issued at select rates

**Class I** 25 percent rating, maximum 48-month benefit multiplier, maximum \$300,000 policy limit, maximum \$5,000 monthly benefit, minimum 90-day elimination period

**Class II** 50 percent rating may be offered by underwriting when multiple medical impairments are present, maximum 48-month benefit multiplier, maximum \$300,000 policy limit, maximum \$5,000 monthly benefit, minimum 90-day elimination period

**IC** Individual Consideration

**RMD** Refer to Medical Doctor

**D** Decline

### Abdominal Aortic Aneurysm (AAA)

Operated, after 6 months, fully recovered .....S

Unoperated, stable for 2 years, diameter <5 cm no change by serial CT/US within the past 2 years. ....S

Unoperated, enlarging, or diameter >5 cm, or not stable for 2 years .....D

**Acoustic Neuroma** surgically removed, after 6 months, no residuals .....S

Unoperated. ....D

**Acromegaly** .....D

### ADD/ADHD

Stable 1 year, on one medication .....S\*

Stable 1 year, on two or more medications .....S

Not stable 1 year, or disabled. ....D

**Addison's Disease**, after 3 years, controlled .....S

After 6 months, controlled. ....Class I-IC

**ADL Deficit** .....D

**AIDS/ARC** .....D

|   |               |
|---|---------------|
| <b>Adult Day Care</b> within 6 months . . . . .   | D             |
| After 6 months . . . . .  | IC            |
| <b>Agoraphobia</b> . . . . .  | D             |
| <b>Alcohol</b> regular consumption of 4 or more drinks per day . . . . .  | D             |
| Advised by a physician to limit, or stop alcohol consumption due to alcohol induced health . . . . .  | D             |
| Social Problems . . . . .   | D             |
| DUI/DWI within the past 3 years . . . . .   | D             |
| Binge drinking, 5 or more drinks in a day, 1 or more days per week . . . . .  | D             |
| If advised to cut down on alcohol use due to health or social problems, there is evidence of reduced alcohol use with no ill effects, after 1 year. . . . . | IC            |
| <b>Alcohol Abuse/Alcoholism</b>   |               |
| At least 3 years of sobriety, active in a support group . . . . .   | S             |
| Less than 3 years of sobriety . . . . .   | D             |
| <b>Alpha-1 Antitrypsin Deficiency</b> Disease or Heterozgous Carrier . . . . .  | D             |
| Never-smoker individuals who have the MZ heterozygous Alpha I Antitrypsin pattern . . . . .   | RMD-S         |
| Alpha I Antitrypsin deficiency . . . . .  | D             |
| <b>ALS</b> (Amyotrophic Lateral Sclerosis, Lou Gehrig's Disease) . . . . .  | D             |
| <b>Alzheimer's Disease</b> . . . . .  | D             |
| <b>Amaurosis Fugax/Amnesia, Transient Global</b> After 6 months, full recovery . . . . .  | S             |
| One episode . . . . .   | S             |
| Two episodes . . . . .  | Class I       |
| > 2 episodes . . . . .  | D             |
| <b>Amputation</b> due to trauma, after 12 months, one limb, no limitations . . . . .  | S             |
| Due to Cancer . . . . .   | S-IC          |
| Due to disease other than cancer . . . . .  | D             |
| Two or more limbs regardless of cause . . . . .   | D             |
| <b>Amyloidosis</b> . . . . .  | D             |
| <b>Ankylosing Spondylitis</b> . . . . .   | D             |
| <b>Anemia</b> cause identified, managed, stable lab work for 12 months, documented in medical records . . . . .   | S*-IC         |
| Not fully evaluated, cause unknown, not adequately managed, or Aplastic . . . . .   | D             |
| <b>Angina</b> . . . . .   | handle as CAD |

**Angioplasty** ..... handle as CAD

**Aneurysm**

Abdominal

- Repaired, stable 6 months, full recovery .....S-IC
- Unoperated, <5cm, stable 2 years .....IC
- 5cm or larger ..... D

Cerebral

- Repaired, stable 6 months, f/u imaging acceptable,  
Fully recovered .....S
- Unoperated ..... D
- Rupture or bleed, no residual aneurysm ..... (Handle as stroke)
- More than one aneurysm ..... D

Peripheral (arms or legs)

- Repaired, stable 6 months, full recovery .....S
- Not repaired, review med records .....RMD

Thoracic

- Repaired, or unrepaired ..... D

Visceral Aneurysm or pseudoaneurysm

- (Splenic, hepatic, renal, celiac, mesenteric, etc.)
- Repaired, stable 6 months .....S
- Unrepaired, > 2cm ..... D
- Unrepaired, < 2cm .....RMD

Multiple aneurysms, any combination of locations ..... D

With tobacco use within 24 months ..... D

**Anorexia Nervosa**

Current or within 10 years ..... D

Resolved at least 10 years .....S-IC

**Antithrombin Deficiency** ..... handle as Blood Clotting Disorder

**Anxiety**

<70 years of age, after 6 months, controlled with medication,  
fully functional, situational .....S\*

>70 years of age, after 2 years, controlled with medication, fully  
functional, no psychiatric hospitalizations in the past 3 years .....S-IC

Regardless of age, two or more psychiatric hospitalizations,  
or disabled ..... D

**Aortic Regurgitation or Stenosis** ..... handle as Heart Valve Disorder

**Antiphospholipid Syndrome** .....handle as Blood Clotting Disorder

**Arnold-Chiari Malformation**

Type I asymptomatic .....S\*

Type I with symptoms .....IC

All others (Type II and III) ..... D

**Arachnoid/Subarachnoid Cyst**

Spine

- Unoperated, no neurological symptoms, stable on serial imaging  
2 years . . . . .S-IC
- Unoperated with neurological symptom . . . . . D
- Operated after 12 months, no recurrence, no residual symptoms. . . . .S

Brain

- Unoperated, no neurological symptoms, no seizure, dizziness, vertigo,  
balance/gait disorder, stable on serial imaging 3 years. . . . .S-IC
- Unoperated with neurological symptom . . . . . D
- Operated after 24 months, no recurrence . . . . .S
- With hydrocephalus, or treated with shunt . . . . . D

**Arrhythmia** excluding Atrial Fibrillation

- Controlled . . . . .S\*-IC
- Uncontrolled. . . . . D

**Arteriovenous Malformation (AVM)**

- >1 year since surgical repair, no residuals . . . . . Class I
- Unoperated, or operated with residual impairment . . . . . D
- AVM other than brain. . . . .RMD

**Arthritis/Osteo/Degenerative Joint Disease (for spine see herniated disc)**

- Mild, by X-ray findings and symptoms, controlled, stable for 3 months(add  
no ADL/IADL deficits managed with nonsteroidal medication . . . . . S\*
- Moderate by X-ray findings and symptoms, stable for 3-months controlled  
on nonsteroidal medication, no ADL/IADL deficits . . . . .S-IC
- Single joint, severe in any area, stable for 12 months requiring Synvisc or  
PRP, or taking fewer than 4 doses of narcotic pain medication per week, no  
surgery or further treatment recommended or planned, no limitations, no  
handicap placard not requiring ongoing steroid injections. . . . . IC/C1/C2\*\*
- Synvisc/Platelet Rich Plasma (PRP) injections stable for 3 mos. . . . .S-IC
- Following completion of injection series with no further treatment  
planned . . . . .S-IC\*
- Steroid Injection, single injection or series completed stable 3 months no  
further treatment planned . . . . . S-IC\*
- Severe, by symptoms or X-ray/MRI findings and with limitations, use  
of assistive devises including straight cane, handicap placard, surgery,  
injections or additional treatment planned or ADL/IADL deficits . . . . . D
- Any severity advised to have surgery, therapy, or injections which has not  
been completed or with significant joint deformities or limitations. . . . . D

\* In addition to a rating, plan modifications may be required

The form M28871 may be used as a prescreen tool for clients with  
arthritis/degenerative joint disease.

**Rheumatoid Arthritis** mild, moderate, stable for 1 year,  
no limitations . . . . . Class I-IC  
In remission 10 years, asymptomatic, no treatment. . . . . S  
On Prednisone >10mg/day, or Methotrexate >25mgs week, or Gold . . . . D  
Severe disease, or with ADL/IADL deficits. . . . . D  
Any, taking a medication indicated for severe arthritis on Uninsurable  
Medication list, or requiring more than 3 doses of narcotic pain  
medication per week, or with significant joint deformities. . . . . D  
With Joint replacement for RA. . . . . D

**Asbestosis** . . . . . handle as COPD

**Asperger's Syndrome**. . . . . D

**Asthma**

Intermittent (PRN medication use, symptoms 2 or fewer days/week, oral  
steroid use ≤2/year) . . . . . S\*  
Mild Persistent (symptoms >2 days/week but less than daily, daily ICS use  
only, occasional rescue inhaler use, oral steroid use >2/year). . . . . S  
Moderate Persistent ( daily symptoms with rescue inhaler use ≤1use/  
day, daily ICS-LABA use, mild activity restriction, abnormal PFT between  
attacks) . . . . . Class I  
Moderate Persistent with tobacco use. . . . . D  
Severe Persistent (daily symptoms with use of rescue inhaler >1 use/day,  
daily medication, activity restriction, abnormal PFTs between attacks) . . D  
ICS= inhaled corticosteroid  
LABA=long-acting beta agonist

**Assisted Living Facility Resident** within 6 months . . . . . D

**Ataxia or Muscular Incoordination**, chronic . . . . . D  
Acute self-limiting, after 6 months . . . . . IC

**Atrial Fibrillation/Flutter** single episode, after 6 months,  
maintained in sinus rhythm . . . . . S  
Single episode 10 or more years ago. . . . . S\*  
Paroxysmal up to 6 episodes per year, no history of TIA, CVA, or  
unoperated Heart Valve Disorder . . . . . S-IC  
>6 episodes per year, no history of TIA, CVA, or unoperated  
Heart Value Disorder. . . . . Class I  
Chronic, after 6 months, controlled on prescription blood thinner . . Class I  
Any atrial fibrillation with Coumadin, Warfarin, Eliquis, Pradaxa,  
Xarelto, Effient use . . . . . Class I  
Watchman Device, after 6 months . . . . . IC  
Diagnosed or hospitalized, or cardioverted within 6 months . . . . . D  
With history of TIA, CVA, Congestive Heart Failure or moderate  
to severe unoperated Heart Valve Disorder . . . . . D

Chronic, not on prescription blood thinner . . . . . D  
 Average BP reading >159/89. . . . . D  
 Chronic, in combination with Diabetes . . . . . Class II

**Atrial Septal Defect (ASD)**

Surgically corrected after 6 months . . . . . S  
 Surgically corrected, single TIA or CVA prior to surgery . . . . . IC-Class I  
 Surgically corrected, TIA OR CVA after surgery . . . . . D  
 Not corrected, incidental finding, no history of clots, TIA, CVA, no  
 underlying clotting disorder. . . . . S-IC

**Autism** . . . . . D

**Autoimmune Disorder** . . . . . handle as specific condition

**Autoimmune Hepatitis** . . . . . D

**Avascular Necrosis**, after 6 months, treated no residual limitations . . . . IC  
 After 6 months mild "no treatment" . . . . . S  
 Untreated moderate or severe . . . . . D  
 With limitations. . . . . D  
 Tobacco use with past 24 months . . . . . D  
 Surgically repaired, no limitations, no residuals after 6 months . . . . . S

**Back Pain/Strain** single episode, not disabling . . . . . S\*  
 Chronic, not disabling . . . . . S-IC  
 Chronic, disabling, or epidural steroid injections within 6 months, or  
 advised to have epidural steroid injections, therapy, or surgery . . . . . D

**Balance Disorder**, after 12 months, resolved . . . . . S-IC  
 Less than 12 months, or currently present. . . . . D

**Barrett's Esophagus** . . . . . S

**Behcet's Disease** . . . . . D

**Bell's Palsy** resolved . . . . . S\*  
 < 1 year. . . . . D  
 > 1 year stable, no functional limitations . . . . . S\*

**Benign Essential Tremor** . . . . . handle as Tremor

**Benign Positional Vertigo (BPV)**

Not associated with falls. . . . . S\*  
 Associated with falls . . . . . D

**Benign Prostatic Hypertrophy (BPH)**

MRI of the prostate normal with stable follow up psa, after six months . . IC

|  |         |
|--|---------|
| Age <60  |         |
| PSA 0-4.0  | S*      |
| PSA 4.1-6.0 with recommended evaluation and follow up  | S       |
| PSA >6.0 with recommended evaluation and follow up     | S-IC    |
| Age 60-69  |         |
| PSA 0-6  | S*      |
| PSA 6.1-10 with recommended evaluation and follow up   | S       |
| PSA >10.1-15 with recommended evaluation and follow up | Class I |
| PSA >15  | D       |
| Age >70  |         |
| PSA 0-10   | S       |
| PSA 10.1-15 with recommended evaluation and follow up  | Class I |
| PSA >15  | D       |
| All others   | IC      |

**Binge Eating**

|   |      |
|---|------|
| Without evidence of bulimia, 12 months of stability | S-IC |
| With evidence of bulimia                            | D    |

**Bipolar**

|   |         |
|---|---------|
| After 3 years, controlled on medication, fully functional not disabled    | Class I |
| <3 years duration, or psychiatric hospitalization within the past 5 years | D       |
| 2 or more psychiatric hospitalizations                                    | D       |

**Blindness**

|   |   |
|---|---|
| Fully adapted, independent with ADL/IADLs | S |
| Not adapted or with ADL/IADL limitations  | D |
| Receiving disability benefits             | D |

**Blood Clotting Disorder (excludes brain and/or lung)**

|  |    |
|--|----|
| Hypercoagulable state present, no history of blood clot, no anticoagulation therapy, on asa only   | S  |
| Hypercoagulable state present, on anticoagulation, Previous blood clots (3 or less), none since starting anticoagulation (at least 6 months) | C1 |
| Blood clot while anticoagulated  | D  |
| With TIA, CVA, or Greenfield IVC filter  | D  |
| Smoking/nicotine   | D  |
| Multiple blood clots, diagnosed as blood clotting, not on anticoagulation  | D  |

**Blood Pressure**

(Handle as High Blood Pressure)

|                               |   |
|-------------------------------|---|
| <b>Bone Marrow Transplant</b> | D |
|-------------------------------|---|

**BRCA gene**, no personal history of cancer, compliant with routine screening.....S

**Brain Cancer** ..... D

**Brain MRI, abnormal**..... handle as Cerebrovascular Disease

**Brain Stimulator** ..... D

**Brain Tumor**, not cancer and see specific type (acoustic, pituitary, meningioma) .....S-IC  
 Regrowth after surgery or history of more than 1 brain tumor ..... D  
 Malignant, with or without surgery..... D

**Broken Bones**..... handle as Fracture

**Bronchitis**  
 Acute 2, or fewer episodes per year .....S\*  
 Chronic..... handle as COPD

**Bronchiectasis**..... handle as COPD

**Buerger’s Disease** ..... D

**Bulimia**  
 Current or within 10 years ..... D  
 Resolved at least 10 years .....S-IC

**Bullous Pemphigoid** in remission 2 years, not on steroids .....IC  
 Active disease ..... D

**Cancer/Carcinoma/Sarcoma**  
 Any not specifically listed below, not Stage IV, single cancer, 2 years since date of last treatment, full recovery, no recurrence.....S-IC  
 Any site, tobacco use within 12 months..... Class I-D  
 Any site, Stage IV, after 5 years cancer free .....Class I  
 Any site, 2 or more cancers, other than non-melanoma skin cancer, cancer free for 5 years after most recent occurrence ..... Class I-D  
 Any site, treated with bone marrow transplant, or stem cell transplant or cyrotherapy ..... D  
     **Bladder**, transitional/superficial/non-invasive, treated, fully recovered.....S  
     With on going BCG treatment ..... D  
     With tobacco use within the past year..... D  
     Invasive, after 3 years .....IC  
     Recurrent .....IC  
     **Brain**..... D

**Breast**

- In situ, treatment completed, full recovery, no recurrence. . . . .S
- Stage I, after 1 year. . . . .S
- Stage II-III, after 2 years . . . . .S
- Stage IV, after 5 years . . . . .Class I-IC

**Colon**, after 2 years . . . . .S-IC

**Skin**

- Basal cell . . . . .S\*
- Squamous cell, of the skin . . . . .S\*
- Squamous cell, other than skin, 2 years since date of last treatment, full recovery, no recurrence . . . . .S-IC

**Melanoma**

- Stage 0 or I or Clark’s Level I-IV, after 3 months. . . . .S
- Stage II or III, after 2 years . . . . .S
- Stage IV, after 5 years . . . . .Class I-IC

**Neuroendocrine Tumor** includes carcinoid, islet cell tumors, medullary thyroid cancer, pheochromocytomas,neuroendocrine carcinoma of the skin (Merkel cell cancer), Multiple endocrineneoplasia (MEN) I or II, small cell lung cancer, and large cell neuroendocrine carcinoma. . . . . D

**Pancreas**, 5 years since date of last treatment, full recovery, no recurrence. . . . .S

**Prostate**

- Stage I or II, after 12 months, surgically removed, current PSA <0.1 . . . .S
- Treated with radiation, after 12 months, current PSA <0.5 . . . . .S
- Stage III, after 2 years surgically removed, current PSA <0.1, or treated with radiation, current PSA <0.5. . . . .S
- Stage IV, after 5 years cancer free . . . . .Class I
- Any stage, age >70 receiving hormone treatment (Lupron, Casodex, Eulixin, Zoladex), Initial Gleason Score <6, and current PSA <0.5 . . . . . Class I-D
- Age 65 or older, Stage I or II, demonstrated regular urology f/u, PSA <10 for 2 y or more and not rising, initial and most recent Gleason ≤6, any MRI ≤ to PIRADS2 . . . . .Class I

**HIFU treatment** . . . . . D

**Cardiomyopathy** hypertrophic/ischemic, no CHF, no hospital stays, syncope, or palpitations

- Ejection fraction ≥45% and stable for 2 years . . . . .Class I-IC
- Acute, self-limiting, resolved after 2 years . . . . .S
- Dilated . . . . . D

**Carotid Artery Disease/Stenosis**, fully recovered, after stable, 6 months, tobacco free 12 months . . . . .S

- Operated, tobacco use within 12 months . . . . . D
- Unoperated, <70% stenosis no symptoms, tobacco free 12 months . . . . .S
- Operated in combination with heart disease (myocardial infarction or coronary artery disease), tobacco free 12 months . . . . .Class I

History of TIA or CVA . . . . . Handle as TIA or Stroke  
 ≥51% stenosis in combination with coronary artery or peripheral vascular  
 disease. . . . . D  
 History of TIA or CVA, with coronary artery or unoperated valvular heart  
 disease. . . . . D  
 Operated or unoperated in combination with Type I or Type II diabetes,  
 see Diabetes guidelines

**Carpal Tunnel Syndrome**

Unoperated. . . . . S\*  
 Operated, after 3 months, recovered . . . . . S\*

**Castleman’s** . . . . . D

**Catheter**, urinary independently manages, not due to  
 neurogenic bladder. . . . . S

**CBD Oils**

(handle per specific health condition) . . . . . S\*- IC

**Celiac Disease** after 1 year, controlled . . . . . S

**Cerebral Palsy** . . . . . D

**Cerebrovascular Accident (CVA)** . . . . . handle as Stroke

**Cerebrovascular Disease**

Two or more lacunar infarcts, small vessel disease (any age), brain  
 atrophy, volume loss or any atherosclerotic changes . . . . . D  
 Single Lacunar infarct, stable after 24 months, tobacco free. . . . . Class I  
 White matter changes on MRI . . . . . RMD

**Cervical Dystonia**

Treated with Botox . . . . . S

**Cervical Spondylosis**

Mild. . . . . S  
 Moderate to severe . . . . . Class I-IC

**Charcot Marie Tooth**. . . . . D

**Chelation Therapy** other than for hemochromatosis received  
 within 6 months . . . . . D

**Chronic Bronchitis** . . . . . handle as COPD

**Chronic Fatigue**, stable after 12 months, no functional limitations . . . . S-IC  
 5 year maximum benefit period,  
 \$5,000 maximum monthly benefit,  
 minimum 90-day elimination period

|   |                                       |
|---|---------------------------------------|
| Any functional limitations .....  | D                                     |
| With any mental/nervous disorder .....  | IC-D                                  |
| <b>Chronic Hepatitis</b> .....  | handle as Hepatitis                   |
| <b>Chronic Pain</b> .....   | D                                     |
| <b>Chronic Regional Pain Syndrome</b> .....   | D                                     |
| <b>Cirrhosis</b> .....  | D                                     |
| <b>Claudication</b> .....   | handle as Peripheral Vascular Disease |
| <b>Closed Head Injury</b> .....   | handle as Head Injury                 |
| <b>Clotting Disorder</b> .....  | handle as Blood Clotting Disorder     |
| <b>Coarctation of the aorta</b>   |                                       |
| Surgically repaired .....   | IC                                    |
| All other .....   | D                                     |
| <b>Cognitive Impairment</b> (including personality disorder, dementia, impaired reasoning, any memory issues) .....   |                                       |
| Declined by another carrier due to cognitive screening or memory impairment and have not had favorable, complete Neuropsychological testing .....   | D                                     |
| Declined by another carrier due to failed cognitive screening and have undergone complete, favorable Neuropsychological testing prior to applying with us (repeated testing 24 months after first, indicating no impairments in any function) ..... | IC                                    |
| <b>Colitis</b> , including infection or allergic reaction, single episode, resolved, after 6 months .....   |                                       |
| Ischemic Colitis, fully recovered, after 6 months .....   | S*                                    |
| Ischemic Colitis, ongoing symptoms or hospitalization within the past 6 months .....  | D                                     |
| Ulcerative Colitis .....  | handle as Crohn's                     |
| <b>Collagen Vascular Disease</b> .....  | D                                     |
| <b>Colostomy/Ileostomy</b> , cares for independently, handle as per cause .....   |                                       |
| Requires assistance to care for .....   | D                                     |
| <b>Compression Fractures</b> due to osteoporosis, or with functional limitations .....  |                                       |
| All others .....  | S*-IC                                 |
| <b>Concussion</b> .....   | handle as Head Injury                 |

**Confusion** ..... D

**Congestive Heart Failure (CHF)** single episode, recovered,  
 after 12 months .....S  
 Tobacco free 24 months .....S  
 Chronic, mild, well controlled, Lasix <60mg/day .....Class I-IC  
 All others, or in combination with atrial fibrillation, diabetes,  
 or heart valve disorder, or ejection fraction <45% ..... D  
 Tobacco use within 24 months ..... D

**Connective Tissue Disorder** ..... D

**Continuing Care Retirement Community**, within 6 months ..... D

**COPD (Chronic Obstructive Pulmonary Disease)**

Mild, tobacco free for 12 months .....S  
 Mild, tobacco use within the last one year diagnosed by chest X-ray  
 only, no treatment, no symptoms, stable Pulmonary Function  
 Tests (PFT's) .....Class I  
 Mild or moderate, tobacco use in the past 12 months, on  
 medication, or symptomatic ..... D  
 Moderate, tobacco free for 12 months, stable PFT's .....Class I-IC  
 Moderate, tobacco use within the last one year, on medication,  
 or symptomatic ..... D  
 Severe, using oxygen, or home nebulizer treatments ..... D  
 Any, hospitalized for an exacerbation in the past 6 months, or home  
 nebulizer treatments within the past 6 months ..... D  
 FEV1>80% .....S  
 FEV1 = 65-80%..... C1  
 ≤64% ..... D

The form M28872 may be used as a prescreen tool for clients with  
 Chronic Obstructive Pulmonary Disease (COPD).

**Cor Pulmonale** ..... D

**Coronary Artery Disease**

(angina, heart attack, Angioplasty, stent, or Bypass)  
 After 6 months, stable, no limitations, no significant residual heart  
 damage, tobacco free 12 months .....S  
 After 6 months, stable, no limitations, tobacco use within  
 12 months .....Class I  
 With PVD or Carotid Artery Disease, tobacco free 12 months...Class I-IC  
 With PVD or Carotid Artery Disease, tobacco use within 12 months..... D  
 In combination with diabetes, tobacco use within 6 months..... D  
 In combination with diabetes, tobacco free 12 months .....Class I-IC

With poorly controlled hypertension (average BP >158/89),  
 or chronic congestive heart failure, or ejection fraction <45% . . . . . D  
 In combination with TIA or Stroke . . . . . D

**Corneal Transplant** . . . . . S\*

**COVID-19 OR COVID Variant**

Hospitalization (does not apply to outpatient services) . . Postpone 12 months  
 Long Covid - resolved with 1 year of stability, without residuals

**CPAP** . . . . . handle as Sleep Apnea

**CREST Syndrome.** . . . . . D

**Crohn's** in remission at least 2 years . . . . . S  
 After 2 years from diagnosis, 1-2 flares per year . . . . . Class I  
 With DMARDS . . . . . Class I  
 Multiple flares or with complications . . . . . D

**Cushing's Syndrome** . . . . . D

**Cystic Fibrosis** . . . . . D

**Deep Brain Stimulator** . . . . . D

**Deep Venous Thrombosis**, after 6 months, single episode, recovered,  
 no Greenfield/IVC (inferior vena cava) filter, no underlying  
 clotting disorder . . . . . S\*  
 Recurrent . . . . . S-IC  
 In combination with underlying  
 clotting disorder . . . . . handle as Blood Clotting Disorder

**Defibrillator/Automatic Implantable Cardiac Defibrillator** . . . . . D

**Degenerative Disc Disease.** . . . . . handle as Herniated Disc

**Degenerative Joint Disease** . . . . . handle as Arthritis

**Dementia** (including cognitive decline, personality disorder, impaired  
 reasoning, memory issues) . . . . . D

**Demyelinating Disease** . . . . . D

**Depression**

2 or more psychiatric hospitalizations for any reason . . . . . D  
 Mild stable on medication 6 months . . . . . S\*  
 Seasonal Affective Disorder . . . . . S\*  
 Depression medication for menopause, no diagnosis of depression . . . . S\*

**Situational** recovered, no psychiatric hospitalizations in the past 3 years .....S\*

**Major** <70 years of age, after 6 months, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years. ....S

≥70 years of age, after 2 years, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years. ....S-IC

≥70 years of age, situational, no longer on medication, after six months, no psychiatric hospitalization within the past 3 years. ....S\*

**Any**, with suicide attempt or suicidal ideation .....handle as Suicide Attempt/Suicidal Ideation

**Depression with Electroconvulsive Therapy (ECT) or Transcranial Magnetic Stimulation (TMS)**

ECT/TMS >10 years ago, fully functional, maintained on antidepressants, no psychiatric hospitalizations after ECT/TMS .....S

With subsequent psychiatric hospitalization ..... D

**Dermatomyositis** ..... D

**Diabetes Insipidus**, controlled on medication. ....S

**Diabetes Type II**, Controlled and stable with diet and exercise or oral medications, no diabetic complications or comorbid conditions, no increase in dosages or additions of diabetic medications for at least 6 months, tobacco free 12 months. ....S

**Diabetes Type I or II**, (Present <20 years Type 1 only) controlled and stable with diet and exercise or oral medications, no diabetic complications or comorbid conditions, no increase in dosages or additions of diabetic medications for at least 6 months, tobacco free 12 months. ....S

Insulin ≤50 units/day .....Class I

Insulin >50 units/day ..... D

In combination with:

Carotid Artery Disease, operated or unoperated  
<50% stenosis, no insulin use within 6 months, tobacco free  
12 months ..... Class 1

≥51% stenosis, insulin use within 6 months, tobacco free  
12 months ..... D

<50% stenosis, tobacco use within 12 months .....Class I  
In combination with tobacco use ..... D

Retinal artery occlusion, single episode ..... Class II, 2 years

Retinal vein occlusion, single episode .....Class I

Coronary Artery Disease or other heart disease or disorder,  
tobacco use within 12 months. .... D

Coronary Artery Disease or other heart disease/disorder,  
tobacco free 12 months. ....Class I-IC

|  |          |
|--|----------|
| Diabetic macular edema, neuropathy, numbness or tingling of the extremities, regardless of cause, or nephropathy . . . . . | D        |
| Retinopathy, mild non progressive. . . . .   | Class I  |
| Skin ulcers or amputation . . . . .  | D        |
| Peripheral Vascular Disease, or history of TIA or Stroke . . . . .   | D        |
| Average BP reading >158/89 . . . . .   | D        |
| Hemoglobin A1c>8.0, or noncompliant with treatment . . . . .   | D        |
| Microalbumin >20mg/dl or Microalbumin ratio >30 . . . . .  | D        |
| Serum creatinine > 1.3. . . . .  | D        |
| Chronic Atrial Fibrillation . . . . .  | Class II |
| Type 1 diabetes present ≥ 20 years . . . . .   | D        |

The form M28851 may be used as a prescreen tool for clients with Diabetes.

**Dialysis** . . . . . D

**DiGeorge Syndrome** . . . . . D

**Difficulty walking.** . . . . .handle as Balance Disorder

**Disabled**, collecting any type of disability benefits,  
other than VA disability . . . . . D  
Aged out of disability benefits, or retired due to disability . . . . . D  
VA Disability for mental nervous condition . . . . . D

**Disease Modifying Drugs (DMARDS) and Biologics**  
Use of any disease modifying drugs/biologics . . . . . C1-IC

**DISH** (Diffuse Idiopathic Skeletal Hyperostosis) . . . . . D

**Diverticulitis** medically managed . . . . .S\*  
With bleeding, weight loss, or surgery recommended . . . . . D

**Dizziness**  
Benign Positional Vertigo (BPV), not associated with falls . . . . .S\*  
BPV associated with falls . . . . . D  
Acute, viral, resolved after 3 months . . . . .S\*  
All others, within 6 months . . . . . D  
After 6 months, evaluated, resolved . . . . .S\*  
After 2 years, not evaluated, stable with occasional episodes,  
not associated with falls . . . . .S-IC  
Multiple episodes, or progressive, or associated with falls . . . . . D

**Down's Syndrome** . . . . . D

**Drug Abuse** treated, active in support group, drug free  
for >3 years. . . . .Class I-IC  
Within 3 years . . . . . D

**Dwarfism** ..... D

**Dysautonomia** ..... D

**Dystonia** ..... D

**Echocardiography**

Left Atrium >5.0 cm ..... D

Ejection Fraction <45% ..... D

Left Atrial Index over 34 ..... D

**Edema**

If cardiac related ..... handle as Congestive Heart Failure

All others, after six months ..... S to IC

**Ehlers-Danlos Syndrome** ..... D

**Ejection Fraction <45%** ..... D

**Electric Scooter Use** ..... D

**Emphysema** ..... handle as COPD

**Encephalomalacia**

Stable on MRI imaging 5 years, and clinically stable ..... IC, RMD

**Epilepsy** Diagnosed > 1 year ago, controlled with medication,

no seizures for 1 year ..... S

1 or 2 seizures per year ..... Class I

Poorly controlled ..... D

Treated with brain surgery ..... D

**Epstein-Barr Virus** 2 years treatment free, full recovery, no residuals. .... S

<2 years since treatment, currently treated, or present ..... D

**Errors in Medical records** with proof from the physician of correction, one year after the correction. Additional testing may be required ..... IC

**Factor II** ..... Class I

**Factor V Von Leiden** ..... handle as Blood Clotting Disorder

**Factor VII** ..... D

**Factor VIII** ..... D

**Factor IX** ..... D

**Factor X** ..... D

**Factor XI** ..... D

|  |                                   |
|--|-----------------------------------|
| <b>Factor XII</b> .....  | S                                 |
| <b>Fainting</b> .....  | handle as Dizziness               |
| <b>Falls</b> , single episode .....  | S-IC                              |
| Multiple episodes, or with injuries .....  | IC-D                              |
| <b>Familial Tremor</b> .....   | handle as Tremor                  |
| <b>Family History of Dementia</b>  |                                   |
| Single direct family member with familial dementia/Alzheimer's .....                                       | S                                 |
|  | Policy limit capped at \$300,000  |
| Single direct family member with non familial dementia .....   | S*                                |
|  | No benefit limits                 |
| Single direct family member with non familial dementia diagnosed at age 80+ .....                          | S*                                |
|  | No benefit limits                 |
| Two direct family members with Familial dementia/Alzheimer's .....   | D                                 |
| Two direct family members with non-familial dementia diagnosed at age 80 + .....                           | S                                 |
|  | No benefit limits                 |
| <b>Fatigue</b> , after 12 months, resolved .....   | S*                                |
| Within 12 months, or with functional limitations .....   | IC-D                              |
| <b>Fatty Liver</b> incidental finding, not diagnosed as NASH .....   | S-IC                              |
| <b>Feeding tube</b> .....  | D                                 |
| <b>Fibromuscular Dysplasia</b> .....   | D                                 |
| <b>Fibromyalgia</b> after 1 year, well controlled, no ADL/IADL deficits .....                              | S-IC                              |
|  | 5 years maximum benefit period,   |
|  | \$5,000 maximum monthly benefit,  |
|  | minimum 90-day elimination period |
| Taking 3 or less doses of narcotic pain medication per week .....  | IC                                |
| Poorly controlled, or disabling, or requiring more than 3 doses of narcotic pain medication per week ..... | D                                 |
| <b>Foot Drop</b> unilateral, mild, nonprogressive for at least 2 years .....                               | IC                                |
| All others .....   | D                                 |
| <b>Fracture-Traumatic</b> , one bone, non-spinal, no limitations .....                                     | S*                                |
| Spine Fracture, full recovery, after 6 months .....  | S                                 |
| In combination with mild osteoporosis T-score <-2.9 .....  | S                                 |
| In combination with moderate to severe osteoporosis T-score -3.9 or worse .....                            | D                                 |
| Associated with multiple falls, chronic dizziness, or gait disorder .....                                  | D                                 |

|   |                                   |
|---|-----------------------------------|
| <b>Fracture-Non Traumatic</b> , in combination with any degree of osteoporosis, not on Medication, or with functional impairment. . . . .   | D                                 |
| <b>Frailty</b> . . . . .  | D                                 |
| <b>Friedrich's Ataxia</b> . . . . .   | D                                 |
| <b>Fuch's Dystrophy</b> . . . . .   | S*                                |
| <b>Gastric Bypass/Banding/Sleeve</b> , after 2 years, fully recovered, no complications. . . . .  | S                                 |
| <b>Gaucher's Disease</b> . . . . .  | D                                 |
| <b>Glaucoma</b> , stable vision, controlled eye pressures. . . . .  | S*                                |
| All others. . . . .   | IC                                |
| <b>Glomerulonephritis</b> . . . . .   | D                                 |
| <b>Grave's Disease</b> , after 12 months . . . . .  | S                                 |
| <b>Guillain-Barre Syndrome</b> , after 12 months, no residuals . . . . .  | S                                 |
| <b>Handicap Placard</b> . . . . .   | Class I                           |
| <b>Hashimoto's</b> . . . . .  | S*                                |
| <b>Head Injury</b> , after 12 months, no residuals . . . . .  | S-IC                              |
| With residual functional or cognitive impairment, or multiple head injuries . . . . .   | D                                 |
| <b>Heart Attack/Heart Disease</b> . . . . .   | handle as Coronary Artery Disease |
| <b>Heart Transplant</b> . . . . .   | D                                 |
| <b>Heart Valve Disorder/Insufficiency/Murmur/Regurgitation/Stenosis</b> , operated 1 or 2 valves, fully recovered, after 6 months . . . . . | S                                 |
| Unoperated, 1 or 2 valves, mild, no symptoms, no surgery planned . . . . .  | S                                 |
| Unoperated, moderate 1 or 2 valves . . . . .  | Class I-IC                        |
| Unoperated, 1 or 2 valves, severe, or surgery recommended or planned. . . . .   | D                                 |
| Moderate to severe, unoperated with Atrial Fibrillation, or history of TIA or CVA. . . . .  | D                                 |
| Operated with mechanical valve, on Coumadin or warfarin . . . . .   | Class I                           |
| Operated with bioprosthetic valve. . . . .  | S                                 |
| With shunt mild, minimal, after 6 months. . . . .   | S                                 |
| Shunt with recent echocardiogram . . . . .  | IC                                |
| With Carotid Artery Disease. . . . .  | handle as Carotid Artery Disease  |

|  |                  |
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| <b>Hematuria</b> , Nontobacco, stable after 3 months   | S*               |
| Tobacco with negative work up  | S                |
| Tobacco with no work-up  | D                |
| Chronic, stable, after 2 years, negative work up   | S                |
| <b>Hemiplegia</b>  | D                |
| <b>Hemochromatosis</b> , after 12 months, successfully treated with phlebotomy, or chelation, and stable ferritin level not more than 25% above normal, and with normal liver function tests                               | S-IC             |
| <b>Hemophilia</b>  | D                |
| <b>Hepatitis</b> , any chronic, active, or alcohol related, or with residual liver damage  | D                |
| After 2 years, successfully treated, or cleared spontaneously, with most recent 2 consecutive PCR lab work as undetectable   | S-IC             |
| <b>Autoimmune Hepatitis A or B</b> , after 6 months, fully recovered   | S                |
| <b>Hepatitis C</b>   |                  |
| After 2 years, successfully treated with antiviral medication, or cleared spontaneously without treatment, virus undetectable by PCR   | IC               |
| Currently treated, or treated within 2 years   | D                |
| Unresponsive to antiviral medication, or never treated with antiviral medication, or virus not cleared spontaneously without treatment   | D                |
| Virus detectable by PCR – polymerase chain reaction  | D                |
| <b>Hereditary Hemorrhagic Telangiectasia</b>   | D                |
| <b>Herniated Disc/Degenerative Disc Disease (DDD)</b>  |                  |
| Unoperated, epidural steroid injection within 6 months, or additional epidural steroid injections planned  | D                |
| Unoperated, mild or moderate, after 6 months   | S-IC             |
| Unoperated, severe   | D                |
| Operated, after 6 months, full recovery, no residuals or ongoing symptoms  | S                |
| Operated, after 6 months, full recovery, hardware (EXCLUDES Harrington Rods) no ongoing problems, no plans to remove hardware  | S                |
| Operated or unoperated, requiring more than 3 doses of narcotic pain medication per week, or physical therapy within 6 months, or advised to have therapy, injections, surgery, or implantable stimulator for pain control | D                |
| Epidural steroid injection, or trigger point injection, after 12 months mild to moderate disease (one ESI only)  | Select - Class 1 |
| 2 injections > one year...mild or moderate disease   | Class 1          |
| Epidural steroid injection, or trigger point injection, (one only) after 12 months   | D                |

|   |                             |
|---|-----------------------------|
| Trigger point injection (only one) after 6 months .....                 | D                           |
| More than 2 injection series per year .....                             | D                           |
| Operated or unoperated with ADL limitations. ....                       | D                           |
| Presence of Harrington Rods. ....                                       | D                           |
| <b>High Blood Pressure</b> , after 3 months, compliant with treatment:  |                             |
| Average BP <140/90. ....  | S*                          |
| Average BP <160/90. ....  | S                           |
| Average BP <170/94. ....  | Class I                     |
| Average BP >170/94, or any, noncompliance with treatment. ....          | D                           |
| <b>Hip Replacement</b> .....  | handle as Joint Replacement |
| <b>HIV Positive</b> .....   | D                           |
| <b>Hoarder</b> .....  | D                           |
| <b>Hodgkin's Disease</b> stage I, after 3 years, fully recovered. ....  | S                           |
| All others, fully recovered, after 5 years. ....                        | IC                          |
| Treated with bone marrow or stem cell transplant. ....                  | D                           |
| <b>Home Health Care</b> received within 6 months .....                  | D                           |
| <b>Huntington's Chorea</b> .....  | D                           |
| <b>Hydrocephalus</b> with or without shunt .....                        | D                           |
| <b>Hypogammaglobulinemia</b> .....                                      | D                           |
| <b>Hypoparathyroidism/Hyperparathyroidism</b> .....                     | S*                          |
| <b>Hypothyroidism/Hyperthyroidism</b> .....                             | S*                          |
| <b>IADL Impairment</b> .....  | D                           |
| <b>Idiopathic Hypertrophic Subaortic Stenosis (IHSS)</b> .....          |                             |
| .....   | handle as Cardiomyopathy    |
| <b>Idiopathic Thrombocytopenia Purpura (ITP)</b> (see Thrombocytopenia) |                             |
| Platelet count >50,000 for 1 year .....                                 | Class I 3 years             |
| <b>IgG4 Deficiency (or related diseases)</b> .....                      | D                           |
| <b>Imbalance</b> .....  | handle as Balance Disorder  |
| <b>Immune Deficiency</b> .....  | D                           |
| <b>Impaired Glucose Tolerance/Elevated Blood Sugar/Elevated Hgb A1C</b> |                             |
| Glucose $\leq$ 125, creatinine $\leq$ 1.3 .....                         | S*                          |

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|--|---|
| A1c $\leq$ 6.0.....  | S*  |
| A1c 6.1-6.4 with no condition listed as a comorbid under diabetes section .....  | S   |
| A1c 6.1-6.4 with condition listed as comorbid under diabetes section .....   | handle as Diabetes                          |
| A1c >6.4.....  | handle as Diabetes                          |
| Creatinine >1.3.....   | D   |
| <b>Implantable Stimulator</b> .....  | D   |
| <b>Incontinence</b> , urinary, stress, manages independently.....  | S*  |
| Urinary, uncontrolled, or requires assistance with management.....   | D   |
| Stool .....  | D   |
| <b>Interstitial Cystitis</b>   |   |
| Mild, well established diagnosis, OTC meds only.....   | S   |
| Moderate, tricyclic antidepressants, other neuropathic agents, Elmiron .....   | Class I                                     |
| Severe, bladder instillations, TENS, surgical cases .....  | D   |
| <b>Interstitial Lung Disease</b> .....   | handle as COPD                              |
| <b>Irritable Bowel Syndrome</b> , controlled, weight stable.....   | S*  |
| Uncontrolled or with weight loss .....   | D   |
| <b>Joint Injections/Stem Cell</b> , mild to moderate disease, fully functional, no surgery recommended, 1-2 single injection(s) per year ..... | S   |
| Mild to moderate disease, fully functional, no surgery recommended, 3-4 single injection(s) per year.....                                      | IC-D  |
| Mild to moderate disease, fully functional, no surgery recommended, 2 injection series per year .....  | Class I                                     |
| Mild to moderate disease, fully functional, no surgery recommended, >2 injection series per year .....   | IC-D  |
| Severe disease .....   | D   |
| Spinal injections .....  | handle as Herniated Disc or Spinal Stenosis |
| Stem Cell, if for other than Joint injections .....  | D   |
| <b>Joint Replacement</b> , one joint after 3 months, fully recovered, no use of assistive devices, no longer receiving physical therapy .....  | S   |
| Two joints build not ratable, fully recovered, no limitations.....   | S-IC  |
| Two or more joints, ratable build .....  | D   |
| Three joints, build not ratable .....  | Class I-D                                   |
| More than 3 joints .....   | D   |
| Surgery recommended or planned .....   | D   |
| Kaposi Sarcoma.....  | D   |

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| <b>Kidney Disorder</b> , diagnosed with mild renal insufficiency,<br>stable 2 years . . . . .  | S-IC                        |
| Creatinine $\leq 1.5$ , no proteinuria, not diabetic, well controlled<br>blood pressure . . . . .  | S-IC                        |
| Creatinine $> 1.5$ . . . . .   | D                           |
| Isolated event, now resolved, after 1 year . . . . .   | S*                          |
| Kidney failure, single episode, fully recovered after 2 years. . . . .   | S-IC                        |
| Kidney Transplant . . . . .  | D                           |
| Kidney removal (1), after 1 year, with stable kidney function . . . . .  | S                           |
| Polycystic Kidney Disease . . . . .  | D                           |
| Dialysis . . . . .   | D                           |
| Chronic Kidney Failure. . . . .  | D                           |
| Glomerulonephritis . . . . .   | D                           |
| <b>Kidney Transplant</b> . . . . .   | D                           |
| <b>Kidney Donor</b> after six months, normal function in remaining kidney . . . . .  | S                           |
| <b>Knee Replacement</b> . . . . .  | handle as Joint Replacement |
| <b>Labrynthitis</b> . . . . .  | handle as Dizziness         |
| <b>Lacunar Infarct</b>   |                             |
| Single . . . . .   | handle as Stroke            |
| Single in combination with white matter or small vessel ischemia . . . . .   | D                           |
| Multiple . . . . .   | D                           |
| <b>Lap Band Surgery</b> . . . . .  | handle as Gastric Bypass    |
| <b>Latent Autoimmune Diabetes of<br/>Adult (LADA)</b> . . . . .  | Handle as Diabetes, type II |
| <b>Left Atrial Enlargement/Left Atrial Volume</b> , $\geq 5.0$ cm. . . . .   | D                           |
| Left atrial volume $\geq 34$ ml/m <sup>2</sup> . . . . .   | D                           |
| <b>Leukemia</b>  |                             |
| AML, CML, Hairy Cell . . . . .   | D                           |
| Acute, after 3 years . . . . .   | IC                          |
| CLL  |                             |
| not on medication for stage 0 or I, WBC $< 15,000$ for 2 years. . . . .  | Class I                     |
| Stage II-IV in remission 4 years . . . . .   | S-IC                        |
| Treated with bone marrow or stem cell transplant. . . . .  | D                           |
| <b>Leukopenia</b> , stable 2 years WBC $> 2.5$ . . . . .   | S-IC                        |
| <b>Liver Transplant</b> . . . . .  | D                           |
| <b>Living Environment</b> noted during face-to-face interview to be excessively<br>cluttered, filthy, unsafe, or with evidence of hoarding . . . . . | D                           |

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|--|----------------------------|
| <b>Lou Gehrig's Disease</b> .....  | D                          |
| <b>Low Back Pain</b> .....   | handle as Back Pain/Strain |
| <b>Lung Transplant</b> .....   | D                          |
| <b>Lupus</b> , discoid, after 12 months .....  | S                          |
| Systemic .....   | D                          |
| <b>Lyme Disease</b> , after 6 months, fully recovered, no residuals .....  | S*-IC                      |
| Undergoing treatment, or with residuals, or with chronic disease .....   | D                          |
| <b>Lymphedema</b> , medically managed, no limitations .....  | S                          |
| With limitations or history of skin ulcers .....   | D                          |
| <b>Lymphoma</b>  |                            |
| Stage 0, after 1 year successful treatment .....   | S-IC                       |
| Stage I or II, after 2 years, in complete remission .....  | S-IC                       |
| Stage III after 4 years, in complete remission .....   | S-IC                       |
| Stage IV after 5 years, in complete remission .....  | Class I                    |
| Low-grade, after 1 year, not requiring treatment .....   | Class I                    |
| Cutaneous T Cell Stage I, stable 3 years .....   | Class I                    |
| Stage II or greater, or Stage I not stable 3 years .....   | D                          |
| Treated with bone marrow or stem cell transplant .....   | D                          |
| <b>Macular Degeneration</b> , one eye .....  | S                          |
| Both eyes .....  | IC-D                       |
| <b>Manic Depression</b> .....  | handle as Bipolar          |
| <b>Marfan's Syndrome</b> .....   | D                          |
| <b>Marijuana Recreational</b>  |                            |
| Current use 3 times per week or less, no DUI within 3 years,<br>no drug abuse or memory loss/forgetfulness ..... | S                          |
| > 3 times per week .....   | D                          |
| CBC abnormal with polycythemia or hypoxia .....  | D                          |
| Inhalation use with co-morbid per UW Guide .....   | Class I-D                  |
| Medicinal .....  | D                          |
| Use 1 time per day only, for mild anxiety or insomnia as documented in<br>medical records .....                  | S                          |
| 1 year out from last use .....   | S*                         |
| <b>Medicaid Recipient</b> .....  | D                          |
| <b>Medullary Sponge Kidney</b> .....   | IC                         |
| <b>Melanoma</b> .....  | handle as Cancer           |

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|---|-----------------------------------|
| <b>Memory Loss</b> , (refer to cognitive impairment)  |                                   |
| <b>Meniere's Disease</b> , after 6 months, symptoms controlled,<br>no limitations                               | S                                 |
| Associated with falls   | D                                 |
| <b>Meningioma</b> removed, benign pathology after 24 months, no limitations<br>(serial imaging need)            | S                                 |
| Incomplete Removal  | D                                 |
| Surgery planned   | D                                 |
| Recurrs after surgery   | D                                 |
| Stable at least 3 years (documented by serial MRI, most recent within the<br>last 3 years), surgery not planned | S-IC                              |
| <b>Meningitis</b> , after 12 months, fully recovered  | S-IC                              |
| Present   | D                                 |
| <b>Mental Retardation</b>   | D                                 |
| <b>MTHFR</b>  | handle as Blood Clotting Disorder |
| <b>Microalbuminuria</b><br>with diabetes mellitus or impaired fasting glucose, >30<br>refer to Diabetes         | D                                 |
| Microalbumin ratio > 30   | D                                 |
| <b>Migraines</b> , not daily, controlled with medication, no restrictions<br>or limitations                     | S*                                |
| With occasional use of oxygen (no respiratory conditions noted),<br>one medication                              | S                                 |
| With occasional use of oxygen with any known respiratory condition<br>or more than one medication               | D                                 |
| With abnormal Brain imaging   | D                                 |
| <b>Mild Cognitive Impairment</b>  | D                                 |
| <b>Mitral Valve Prolapse</b>  | S*-IC                             |
| <b>Mixed Connective Tissue Disease</b>  | D                                 |
| <b>Monoclonal Gammopathy</b><br><3 years  | D                                 |
| ≥3 years, asymptomatic  | Class I                           |
| <b>Moyamoya</b>   | D                                 |

|   |  |
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| <b>MRSA</b>   |  |
| Single occurrence recovered after 1 year . . . . .  | S  |
| 1 recurrence 18 months after recurrence . . . . .   | Class I                                  |
| <b>Multiple Myeloma</b> . . . . .   | D  |
| <b>Multiple Personality Disorder</b> . . . . .  | D  |
| <b>Multiple Sclerosis</b> . . . . .   | D  |
| <b>Muscular Dystrophy</b> . . . . .   | D  |
| <b>Myasthenia Gravis</b> , ocular, after 3 year . . . . .   | S  |
| Generalized . . . . .   | D  |
| <b>Mycosis Fungoides</b> . . . . .  | handle as Lymphoma Cutaneous T Cell      |
| <b>Myelodysplastic Syndrome</b> . . . . .   | D  |
| <b>Myelofibrosis</b> . . . . .  | D  |
| <b>Myocardial Infarction</b> . . . . .  | handle as Coronary Artery Disease        |
| <b>Narcolepsy</b> effectively treated . . . . .   | S-IC                                     |
| Untreated or resulting in accidents or injury . . . . .   | D  |
| <b>Narcotic Pain Medication</b>   |  |
| Reason for narcotic pain medication use . . . . .   | handle as specific<br>medical impairment |
| All others, use of narcotic pain medication for acute<br>(not to exceed 14 days) self-limiting condition or taking fewer<br>than 4 doses of narcotic pain medication per week . . . . .   | IC                                       |
| All others, requiring more than 3 doses of narcotic pain<br>medication per week . . . . .   | D  |
| <b>NASH</b> - Nonalcoholic Steatohepatitis, after 2 years, ALT <2x normal,<br>weight within<br>Select maximum, well controlled diabetes (if applicable) and<br>well controlled lipids, and <3 alcoholic drinks per week,<br>no fibrosis by liver biopsy . . . . . | Class I                                  |
| Mild fibrosis . . . . .   | 3 years, 90-day elimination, Class II-IC |
| Moderate to severe fibrosis or cirrhosis . . . . .  | D  |
| Weight above Select maximum . . . . .   | D  |
| <b>Nebulizer</b> use, within 6 months, other than for acute infection<br>with no underlying respiratory disease . . . . .   | D  |
| <b>Neurofibromatosis</b> . . . . .  | D  |

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| <b>Neurogenic Bowel or Bladder</b> .....  | D                            |
| <b>Neuropathy</b> , mild, fully evaluated, no limitations, stable for<br>12 or more months .....  | S-IC                         |
| Not fully evaluated, related to diabetes or alcohol, or with history<br>of falls, imbalance, or gait disorder, or skin ulcers, or severe .....                        | D                            |
| <b>Neutropenia</b> , stable 2 years neutrophils >1,000 .....  | S-IC                         |
| <b>Nicotine</b> , (vape, ecigarette, patch) Underwritten as use of tobacco<br>Current use .....   | S                            |
| Within 1 year in combination with a comorbid condition .....  | class I to D                 |
| <b>Non Hodgkin's Lymphoma</b> .....   | handle as Lymphoma           |
| <b>Nursing Home Confinement</b> , after 6 months, full recovery,<br>no limitations .....  | IC                           |
| Within 6 months .....   | D                            |
| <b>Obesity</b> .....  | handle as Build chart        |
| <b>Obsessive Compulsive Disorder</b> , after 3 years, controlled on medication<br>Fully functional .....  | S-IC                         |
| Limits functional ability .....   | D                            |
| Psychiatric hospitalization within 5 years .....  | D                            |
| <b>Occupational Therapy</b> .....   | handle as Physical Therapy   |
| <b>Optic Neuropathy or Neuritis</b> , refer to specific cause .....   | IC                           |
| Related to Multiple Sclerosis .....   | D                            |
| <b>Organic Brain Syndrome</b> .....   | D                            |
| <b>Organ Transplant</b> .....   | D                            |
| <b>Osler-Weber-Rendu Syndrome</b> .....   | D                            |
| <b>Osteoarthritis</b> .....   | handle as Arthritis          |
| <b>Osteomyelitis</b> .....  | handle as Avascular Necrosis |
| <b>Osteoporosis</b> , T score -2.5 to -2.9, no tobacco 1 year, no history<br>of nontraumatic fractures, regular weight bearing exercise,<br>tobacco free 1 year ..... | S                            |
| T score -2.5 to -2.9, with tobacco use .....  | Class I                      |
| T score -3.0 to -3.9, no history of nontraumatic fractures, regular<br>weight bearing exercise, tobacco free 1 year .....   | Class I                      |
| T score -3.0 to -3.9, tobacco use within 1 year .....   | Class II                     |

|   |                   |
|---|-------------------|
| T score -4.0 or worse   | D                 |
| Any with history of nontraumatic fracture, or not on medication,<br>or with functional limitations, or with balance disorder, abnormal gait,<br>or 2 or more falls in the past year | D                 |
| <b>Oxygen</b> including lung condition, sleep apnea, etc or used within 6 months<br>due to acute illness such as COVID  | D                 |
| Intermittent use with migraine headaches  | S                 |
| <b>Pacemaker</b> , after 3 months   | S-IC              |
| Recommended or surgery pending  | D                 |
| With defibrillator  | D                 |
| <b>Paget's Disease</b> , no symptoms and no limitations   | IC                |
| With symptoms or history of fractures   | D                 |
| <b>Pancreas Transplant</b>  | D                 |
| <b>Pancreatitis</b> , after 12 months, single episode, fully recovered  | S                 |
| Recurrent, resolved with Cholecystectomy  | S                 |
| Related to alcohol use, or 2 or more episodes   | D                 |
| Chronic Pancreatitis  | RMD               |
| <b>Panic Attack/Disorder</b>  | handle as Anxiety |
| <b>Paralysis</b>  | D                 |
| <b>Paraplegia</b>   | D                 |
| <b>Parkinson's Disease</b>  | D                 |
| Current diagnosis   | D                 |
| Positive genetic screening (if GINA allows)   | D                 |
| New onset symptoms concerning for possible PD   | D                 |
| <b>Parkinsonism</b>   | D                 |
| <b>Patent Foramen Ovale</b> surgically corrected after 6 months   | S                 |
| Surgically corrected, single TIA or CVA prior to surgery  | Class I-IC        |
| Surgically corrected, TIA or CVA after surgery  | D                 |
| Not corrected, incidental finding, no history of clots, TIA, CVA,<br>no underlying clotting disorder  | S-IC              |
| Unrepaired with paroxysmal or chronic Afib  | D                 |
| <b>Pemphigus Vulgaris</b>   | D                 |
| <b>Pericarditis</b>   |                   |
| Acute, full recovery for 3 months (underwrite for cause)  | S                 |
| Chronic or recurrent  | D                 |

|  |                              |
|--|------------------------------|
| <b>Periodic Limb Movement Disorder</b> .....   | S                            |
| Severe or with injuries. ....  | D                            |
| <b>Peripheral Neuropathy</b> .....   | handle as Neuropathy         |
| <b>Peripheral Vascular/Arterial Disease</b>  |                              |
| Current tobacco use or use within last 12 months .....   | D                            |
| Must be tobacco free for 12 months to be considered with the following guidelines listed below:  |                              |
| Mild, ABI>.80, no symptoms, no limitations after 6 months.....   | S                            |
| Moderate, ABI .40-.80 or in combination with coronary artery disease, after 6 months .....   | Class I-IC                   |
| Severe, ABI <.40, operated or unoperated .....   | D                            |
| Average BP reading >159/89 .....   | D                            |
| Any, with limitations, history of leg ulcers, TIA, diabetes, operated or unoperated carotid stenosis >50%, pending surgery, or stent placement or surgery within the past 6 months, or progressive, or with more than 2 surgical procedures..... | D                            |
| <b>Physical Therapy</b>  |                              |
| Acute, self-limiting .....   | S*                           |
| Completed, after 3 months for knee and hip, recovered .....  | S*-IC                        |
| Completed, after 6 months for back, recovered .....  | S*-IC                        |
| Current.....   | D                            |
| Age <65, within 3 months for an acute, self-limiting condition.....  | IC                           |
| <b>Pick's Disease</b> .....  | D                            |
| <b>Pituitary Adenoma</b> removed, after 12 months, no limitations .....  | S                            |
| Stable x3 years, no surgery planned .....  | IC                           |
| Surgery planned .....  | D                            |
| <b>Plantar Fasciitis</b> .....   | S*                           |
| <b>Platelet Abnormality</b> .....  | handle as specific condition |
| <b>Pneumonia</b> , after 3 months, single episode, fully recovered .....   | S*                           |
| Associated with chronic lung disease.....  | handle as COPD               |
| <b>Polio</b> fully recovered, no limitations, no assistive devices.....  | S                            |
| Fully recovered, no limitations, leg brace.....  | IC                           |
| With recurrence or limitations .....   | D                            |
| <b>Post Polio Syndrome</b> after 2 years, nonprogressive, no limitations, no assistive devices .....   | IC                           |
| Progressive weakness or fatigue, or with limitations .....   | D                            |
| <b>Polycystic Kidney Disease</b> .....   | D                            |

|  |   |
|--|---|
| <b>Polycythemia</b> , unknown etiology, not resolved . . . . .   | D                                       |
| Cause known and benign, labs normal. . . . .   | handle as specific condition            |
| Secondary due to Testosterone use in Males, after 1 year, well followed<br>with serial labs showing stability and HCT <56 in Males. . . . .  | Class I-IC                              |
| Secondary due to Tobacco or Marijuana use . . . . .  | D                                       |
| <b>Polycythemia Vera</b> after 2 years, managed with medication or<br>Phlebotomy, platelets <450,000. . . . .  | Class II, 2 years<br>90-day elimination |
| <b>Polymyalgia Rheumatica</b> mild, after 1 year, no limitations. . . . .  | S                                       |
| Moderate, no functional limitations . . . . .  | Class I-IC                              |
| Severe, or with limitations . . . . .  | D                                       |
| <b>Polymyositis/Dermatomyositis</b> . . . . .  | D                                       |
| <b>Polyneuropathy</b> . . . . .  | D                                       |
| <b>Post Herpetic Neuralgia</b> . . . . .   | D                                       |
| <b>Post Traumatic Stress Disorder (PTSD)</b> , after 12 months,<br>controlled, fully functional . . . . .  | S-IC                                    |
| After 12 months, not adequately controlled or with<br>functional impairment or eligible for/recovering any VA or other disability<br>benefits . . . . .  | D                                       |
| <b>Power of Attorney (POA)</b> active (or anyone making decisions<br>on your behalf) . . . . .   | D                                       |
| Inactive . . . . .   | IC                                      |
| <b>Pregnancy</b> . . . . .   | D                                       |
| Currently attempting and/or planning within the next year,<br>or undergoing fertility treatment, or evaluation for same. . . . .   | D                                       |
| <b>PrEP Medication</b> , used to prevent HIV*<br>Use of pre-exposure prophylaxis with FDA approved PrEP regime:<br>Documented regular medication use, follow up testing, HIV negative. . . . . | S                                       |
| (state variations will apply)<br>Irregular medication use, or irregular follow up and/or testing. . . . .  | RMD                                     |
| < 3 months since PrEP started, planned use or medication discontinued . . .  |   |
| Postpone (state variations will apply)   |   |
| <i>*Medical impairment does not apply to New York applicants.</i>  |   |
| <b>Primary Biliary Cirrhosis</b> . . . . .   | D                                       |
| <b>Prostate Specific Antigen (PSA)</b> . . . . .   | handle as BPH                           |

**Prosthetic Limb**

One, limb loss due to trauma or cancer . . . . .S-IC  
More than one, or limb loss due to disease other than cancer . . . . . D

**Protein C or S Deficiency** . . . . . handle as Blood Clotting Disorder

**Proteinuria**, with kidney disease or diabetes . . . . . D

**Pseudotumor Cerebri** . . . . . D

**Psoriasis**, mild to moderate, controlled with medication . . . . . S\*  
Severe. . . . . IC  
With DMARD use . . . . . Class I

**Psoriatic Arthritis** . . . . . handle as Rheumatoid Arthritis

**Psychosis** . . . . . D

**Pulmonary Edema** . . . . . D

**Pulmonary Embolism**, after 6 months, single episode,  
fully recovered . . . . . S\*-IC  
Present, multiples, Greenfield/IVC (inferior vena cava) filter, or underlying  
coagulation disorder that is not treated with prescription blood thinner  
(other than aspirin) or occurred while adequately anticoagulated. . . . . D

**Pulmonary Fibrosis**, localized, nonprogressive, normal PFT's,  
after 2 years . . . . . IC  
Active, progressive disease, abnormal PFT's . . . . . D

**Pulmonary Hypertension**

Incidental findings, no symptoms . . . . . S  
Incidental finding <40 RVSP, stable echocardiogram for 1 year . . . . . S  
All others. . . . . D

**Quad Cane Use** . . . . . D

**Quadriplegia** . . . . . D

**Raynaud's** . . . . . S\*

**Reactive Airway Disease** . . . . . S\*-IC

**Reflex Sympathetic Dystrophy (RSD)** . . . . . D

**Renal Disease/Failure** . . . . . handle as Kidney Disorder

**Residential Care Facility Resident** within 6 months . . . . . D

**Restless Leg Syndrome** Fully evaluated by neurologist,  
stable 12 months . . . . . S

**Retinal Artery Occlusion**

- One .....Class I
- One, in combination with Diabetes ..... Class II, 2 years
- Two or more ..... D
- With tobacco use within 24 months ..... D

**Retinal Vein Occlusion**

- One .....S
- One, in combination with Diabetes .....Class I
- Two or more ..... D
- With tobacco use within 24 months ..... D

**Retinitis Pigmentosa** ..... handle as Blindness

**Rheumatoid Arthritis** ..... handle as Arthritis

**Sarcoidosis**

- In remission 10 or more years .....S
- In remission 3 years, treatment free .....Class I
- Currently treated ..... D
- Disease present outside the lungs ..... D

**Sciatica**

- Not disc related resolved ..... S\*
- Disc related (see herniated disc ..... S-IC

**Schizophrenia** ..... D

**Scleroderma** ..... D

**Sclerosing Cholangitis** ..... D

**Scoliosis**

- Mild, normal gait, no impairment of internal organ function, normal PFTS ..... S\*
- Moderate, no impairment of internal organ function, normal PFTS .....IC
- Severe, (regardless of age or level of function) or with impaired gait, or abnormal PFTS ..... D
- Any degree, with chronic pain or limitations ..... D
- With surgical correction, including Harrington Rod ..... D

**Scooter Use** ..... D

- Sepsis** ..... D
- within 6 months ..... D
- after 6 months no residulas .....S-IC
- with residuals ..... D

**Seizures** ..... handle as Epilepsy

|   |                              |
|---|------------------------------|
| <b>Shingles</b> , after 6 months, fully recovered .....   | S*                           |
| Present, or with residuals, or postherpetic neuralgia .....   | D                            |
| <b>Short Stature</b> , due to chronic disease or genetic disorder .....   | D                            |
| <b>Shy-Drager Syndrome</b> .....  | D                            |
| <b>SICCA</b> .....  | handle as Sjogren's Syndrome |
| <b>Sickle Cell Anemia</b> .....   | D                            |
| Trait only, no active disease .....   | S*                           |
| Active disease .....  | D                            |
| <b>Sick Sinus Syndrome</b>  |                              |
| With pacemaker .....  | S                            |
| Without pacemaker, no symptoms .....  | IC                           |
| Without pacemaker, with dizziness or fainting, or pacemaker<br>recommended but not done .....   | D                            |
| <b>Sjogren's Syndrome</b>   |                              |
| Mild, dryness of eyes and mouth only .....  | S*                           |
| In combination with Rheumatoid Arthritis, Connective Tissue<br>Disease, or with other organ involvement .....   | D                            |
| <b>Skin Cancer</b> .....  | handle as Cancer             |
| <b>Sleep Apnea</b> Mild AHI < 14.9 events per hour, after 3 months<br>with or without treatment .....   |                              |
|   | S*                           |
| Moderate AHI 15 -29.9 events per hour, after 3 months,<br>responsive to treatment .....   | S-IC                         |
| Severe ≥30 events per hour, and noncompliant with treatment,<br>unresponsive to treatment, or with supplemental oxygen .....  | D                            |
| Severe, in compliance with treatment .....  | IC                           |
| Pending workup or sleep study .....   | D                            |
| <i>Treatment is considered as CPAP, BiPAP, or dental device.</i>  |                              |
| Inspire Device present (implanted) 1 or more years ago with no<br>complications, electronic downloadable data shows regular use, f/u sleep<br>study acceptable, no supplemental oxygen (O2) . . . . | S to IC                      |
| Otherwise   | D                            |
| <b>Social Security Disability</b> receiving .....   | D                            |
| <b>Social Withdrawal</b> .....  | D                            |
| <b>Small Bowel Transplant</b> .....   | D                            |
| <b>Speech Therapy</b> .....   | handle as Physical Therapy   |
| <b>Spina Bifida</b> Incidental finding, asymptomatic, occulta .....   | S                            |
| Resolved with surgery .....   | IC                           |

**Spinal Stenosis** operated, fully recovered, no residuals or ongoing symptoms, after 6 months. . . . .S  
 Unoperated, no ADL limitations, mild or moderate . . . . .S-IC  
 Unoperated, severe or surgery recommended . . . . . D  
 Operated or unoperated, within 6 months, or ADL/functional limitations, or chronic pain requiring more than 3 doses of narcotic pain medication per week, or advised to have therapy, injections, surgery, or implantable stimulator for pain control. . . . . D  
 Epidural steroid injection, after 12 months, mild to moderate spinal stenosis . . . . . S-C1  
 Severe spinal stenosis . . . . . D

Only one injection, full recovery. . . . . S-Class 1  
 More than 2 injection series per year . . . . . D  
 Operated, 2 or more prior back surgeries with ongoing chronic/recurrent back pain requiring treatment . . . . . D

**Stem Cell Injections.** . . . . . handle as Joint Injections

**Stem Cell Transplant.** . . . . . D

**Stent.** . . . . . handle as specific condition

**Strain/Sprain**

Acute issue, fully resolved, no underlying arthritis or other chronic issues . . . . .S\*  
 Acute issue fully resolved post PT . . . . .S\*  
 Recurrent, currently stable. . . . .S  
 Secondary to chronic issue, currently stable . . . . .S (or rate for underlying issue)  
 Secondary to chronic issue post PT, stable 3 months . . . . .S (or rate for underlying issue)

**Stroke**

Single episode, fully recovered after 2 years, no limitations, tobacco free 12 months. . . . .Class I  
 Two or more . . . . . D

In combination with any of the following:

- Atrial Fibrillation chronic, or PAF . . . . . D
- Unoperated carotid stenosis . . . . . D
- Heart valve disorder . . . . . D
- Average blood pressure reading >159/89 . . . . . D
- Previous TIA(s) . . . . . D
- Diabetes . . . . . D
- Residual weakness or functional loss . . . . . D
- Tobacco use within the past 12 months . . . . . D

|  |                  |
|--|------------------|
| Occurred while adequately anticoagulated .....   | D                |
| Peripheral Arterial/Vascular Disease, other than carotid artery disease .....            | D                |
| Patent Foramen Ovale (PFO) unoperated .....  | D                |
| Patent Foramen Ovale (PFO) operated, no stroke or TIA after surgery .....                | Class I-IC       |
| Patent Foramen Ovale (PFO) operated, stroke or TIA after surgery .....                   | D                |
| Clotting Disorder .....  | D                |
| <b>Subarachnoid Hemorrhage</b> .....   | handle as Stroke |
| <b>Subdural Hematoma</b> , after 6 months, recovered, no residuals .....                 | S                |
| <b>Suicide Attempt</b>   |                  |
| One, after 5 years .....   | S-IC             |
| More than one .....  | D                |
| <b>Suicidal Ideation</b> within 2 years .....  | D                |
| <b>Supraventricular Tachycardia (SVT)</b> .....  | S*-IC            |
| <b>Surgery</b> , requiring general anesthesia, planned, not completed .....              | D                |
| <b>Syncope</b> , acute, negative workup, after 3 months, no residual .....               | S*               |
| Vasovagal with injury .....  | D                |
| Recurrent .....  | D                |
| <b>Systemic Lupus</b> .....  | D                |
| <b>Temporal Arteritis</b> , after 12 months, fully recovered .....                       | S-IC             |
| <b>TENS Unit</b>   |                  |
| Current use, rate for specific health condition .....                                    | IC               |
| Implantable .....  | D                |
| <b>Thalassemia</b>   |                  |
| Minor .....  | S                |
| Major .....  | D                |
| <b>Thrombocytopenia</b> .....  | D                |
| <b>Thrombocytopenia</b> , without splenectomy, platelet count >50,000 for 1 year .....   |                  |
| Class I 3 years  |                  |
| With splenectomy, platelet count normal for 1 year without medication or treatment ..... | S                |
| <b>Thrombocytosis</b> , platelet count >650,000 .....                                    |                  |
| D  |                  |
| Platelet count <650,000, stable 2 years .....  | Class I          |

**Thrombosis** .....handle as DVT

**Timed Get Up and Go (TGUG)**

<11 seconds.....S\*  
12-20 seconds .....IC  
>20 seconds.....D

**Tic Douloureux** ..... handle as Trigeminal Neuralgia

**Tobacco Use** within 2 years.....S

Tobacco use within 1 year in combination with  
comorbid condition ..... Class I-D

Celebratory cigar up to 1 per month .....S\*

CBC abnormal with polycythemia or hypoxia ..... D

**Torticollis** resolved with Botox, after 6 months.....S

**Tourette’s Syndrome** fully functional, no limitations.....IC

Any functional limitations ..... D

**Transgender/Transsexual**

Completed all gender reassignment surgeries, recovered,  
no additional surgery planned.....S

Treated with hormones, psychotherapy, no gender reassignment  
surgery planned.....S

Surgery planned, not completed ..... D

\*Note: premium rate will be based upon chromosomal makeup

**Transient Global Amnesia**.....handle as Amaurosis Fugax

**Transient Ischemic Attack (TIA)** single episode,  
fully recovered after 1 year.....Class I

Two or more ..... D

In combination with any of the following:

Atrial Fibrillation, chronic or PAF ..... D

Unoperated carotid stenosis..... D

Unoperated heart valve disorder, mild.....Class I

Operated or unoperated heart valve disorder moderate to severe ..... D

Previous stroke, moderate or severe..... D

Diabetes ..... D

Average BP reading >159/89 ..... D

Residual weakness or functional loss ..... D

Tobacco use within the past 12 months ..... D

Occurred while adequately anticoagulated ..... D

Other peripheral vascular disease..... D

Peripheral Arterial/Vascular Disease, other than carotid  
artery disease ..... D

|   |                                |
|---|--------------------------------|
| Patent Foramen Ovale (PFO) unoperated . . . . .   | D                              |
| Patent Foramen Ovale (PFO) operated, no stroke or TIA<br>after surgery. . . . .                         | Class I-IC                     |
| Patent Foramen Ovale (PFO) operated, stroke or TIA after surgery. . . .                                 | D                              |
| Clotting Disorder . . . . .   | D                              |
| <b>Transplant</b> (except corneal) organ, bone marrow, stem cell. . . . .                               | D                              |
| <b>Transverse Myelitis</b> . . . . .  | D                              |
| <b>Tremor</b> fully evaluated, benign familial, no limitations,<br>mild to moderate. . . . .            | S                              |
| Not fully evaluated, with limitations, or gait disturbance . . . . .                                    | D                              |
| Benign Essential Tremor age >65, present at least 10 years, not<br>progressive, no limitations. . . . . | S*                             |
| <b>Trigeminal Neuralgia</b>   |                                |
| After 12 months managed with antispasmodics or anticonvulsants,<br>no limitations . . . . .             | S                              |
| 6 months after surgery, resolved . . . . .  | S                              |
| Poorly controlled or disabling . . . . .  | D                              |
| <b>Tuberculosis</b> after 12 months, treated, fully recovered, normal PFT's . . . .                     | S*                             |
| Present or with lung damage or other organ involvement . . . . .  | D                              |
| <b>Turner's Syndrome</b> . . . . .  | D                              |
| <b>Ulcerative Colitis</b> . . . . .   | handle as Crohn's              |
| <b>Undifferentiated Connective Tissue Disease</b> . . . . .   | D                              |
| <b>Uveitis</b> resolved without residulas. . . . .  | S*                             |
| <b>Valvular Heart Disease</b> . . . . .   | handle as Heart Valve Disorder |
| <b>Varicose Veins</b> . . . . .   | S                              |
| With history of leg ulcers or pending surgery . . . . .   | D                              |
| <b>Venous Insufficiency</b> . . . . .   | S                              |
| With history of leg ulcers or pending surgery . . . . .   | D                              |
| <b>Ventricular Tachycardia</b>  |                                |
| Controlled on medication 6 months . . . . .   | S                              |
| With implantable defibrillator. . . . .   | D                              |
| <b>Ventriculoperitoneal Shunt</b> . . . . .   | D                              |
| <b>Vertigo</b> . . . . .  | handle as Dizziness            |
| <b>Von Hippel-Lindau</b> . . . . .  | D                              |

**Von Willebrand's Disease** ..... D  
 Type I or II, no history of bleeding with surgery ..... Class I-IC  
 Type III ..... D

**Waldenstrom's Macroglobulinemia** ..... D

**Walker Use** ..... D

**Watchman Device** ..... handle as Atrial Fibrillation

**Weakness**, other than related to acute, self-limiting condition. .... D

**Wegener's Granulomatosis** ..... D

**Weight Loss**, unexplained, or not fully evaluated ..... D

**Weight Loss Surgery**, after 2 years fully recovered, no complications, no revisions planned .....S-IC

**Wheelchair Use** ..... D

**Wilson's Disease** ..... D

**Wolff-Parkinson-White Syndrome**, after 6 months, ablated,  
 not present .....S\*  
 Uncontrolled, or with fainting, or low blood pressure, or ablation  
 or surgery recommended, but not done ..... D  
 Present, not structural heart damage, no treatment required .....S

**Workers' Compensation** receiving ..... D

# Completing the Application

## Requirements

In order to determine an applicant's eligibility, additional information may be requested following submission of the application. This chart provides a quick overview.

| MIB                      | Med Data   | Pharmaceutical Check  |
|--------------------------|--|---|
| All applicants           | All applicants   | All applicants  |
| Medical Records          | Personal Health Interview  | Cognitive Assessment  |
| Underwriter's Discretion | <p><b>Telephone</b></p> <ul style="list-style-type: none"> <li>Ages 30-59 Underwriter Discretion</li> <li>Ages 60-64 All Applicants</li> </ul> <p><b>Face-to-Face</b></p> <ul style="list-style-type: none"> <li>Ages 65-79</li> <li>Younger ages at underwriter discretion</li> </ul> | <p><b>Included with telephone and face-to-face interview</b></p> <ul style="list-style-type: none"> <li>Age 60-79</li> <li>Younger ages if history requires cognitive assessment</li> </ul> |

**Ages 60-79:** A complete head-to-toe physical examination and complete metabolic profile (CMP)\* chemistry lab panel is required within the past 24 months.

**Age 59 and below:** A favorable complete physical assessment — an examination routinely completed during a visit for a specific concern (e.g. migraine or sinusitis appointment). Vital signs, build, and a brief review of systems must be recorded during the assessment to qualify. If the client has not seen a physician within the last 24 months, at underwriter discretion, we may offer a paramedical/lab at Mutual of Omaha expense. NOTE: Paramed/lab will not be offered at Mutual of Omaha expense, if application, pharmacy check, or MIB indicates the client has a health condition(s) that would normally require regular follow up with a physician. If this is the case, the exam would need to be with a physician and at the client's expense.

**All ages:** For preferred, a benefit period > 5 years, or maximum monthly benefit >\$8000, a favorable CMP is mandatory. Mutual of Omaha will not pay for a CMP in this instance, it would be at the client's expense.

\*A Comprehensive Metabolic Panel (CMP) is a group of blood tests that provide an overall picture of your body's chemical balance and includes the following; albumin, alkaline phosphatase, ALT, AST, BUN, calcium, chloride, CO<sub>2</sub>, creatinine, glucose, potassium, sodium, total bilirubin and total protein.

**Lab/Testing/Paramed\*:** - Any additional lab or testing may be requested by the UW at their discretion. This may include, but is not limited to, a CMP, a prostate specific antigen (PSA), Hgb A1C, mammogram, bone density scan, or radiology studies. These would be at the client's expense if the lab/testing should have been followed up as part of a Dr. order or recommendation, but not yet completed. In some circumstances, we may offer at our expense.\*

\*If Mutual of Omaha is offering to pay for additional Lab/Testing/Paramed at their expense, the process will be handled by Mutual of Omaha and followed up by Case Management as any other Underwriting Requirement. Agents should not request Lab/Testing/Paramed without talking to underwriting first.

## Preparing Your Client for the Personal Health Interview

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- Explain what comes next in the underwriting process using the Next Steps brochure
- Let the applicant know he or she will be required to complete a personal health interview and help him or her compile a list of doctors' names and medications
- Recommend your client set aside one hour for the interview and explain the importance of giving the interview his or her full attention
- Give the applicant a heads up that a cognitive interview also may be conducted
- Indicate on the application the best time to contact the applicant for a telephone or face-to-face interview. A representative will call your client to schedule an interview after the application is received
  - For a telephone interview: the scheduler will set up a convenient time with your client. It may be possible to do the interview at the time of the initial call if both your client and the interviewer are available
  - For an in-person interview: the interviewer will schedule a convenient time with your client
- If hearing loss prevents an applicant from completing a telephone interview, include a note with the application that a face-to-face interview is needed. For deaf applicants, please indicate if they are able to read lips or communicate using sign language
- If an interpreter is needed, please notify us as soon as possible prior to the interview date
- A face-to-face interview must be conducted in the applicant's home where he or she resides. It cannot be completed at their place of work, a relative's home or in a public place, such as a restaurant (Home includes: Primary residence, owned vacation home or owned 2nd residence. It does not include a recreational vehicle (RV) even if it is the applicant's residence).

## Contact Information

### Sales Support:

**Agency:**

**1-877-617-5589**

**Brokerage:**

**1-800-693-6083**

**sales.support@mutualofomaha.com**

Hours: 8 a.m. to 4:30 p.m. CST

- Appointments
- Contracting
- Licensing
- Proposals
- Sales and product support
- Marketing material

### New Business:

**Mutual of Omaha Insurance  
Company**

**Mail Processing Center  
3300 Mutual of Omaha Plaza  
Omaha, NE 68175**

**Fax:**

**1-402-550-1926**

**New application submissions:  
healthapps@mutualofomaha.com**

**All other requests:  
healthrequirements@  
mutualofomaha.com**

- New application submissions
- Missing application requirements
- Case Manager requests
- Authorizations
- Delivery receipt/PDAs
- Change form requests
- Amendments

### Case Management:

**1-800-275-5528**

Hours: 8 a.m. to 4:30 p.m. CST

- To identify CM Team, refer to welcome email
- New business service and status

### Underwriting:

**1-800-551-2059**

**ltcunderwriting@mutualofomaha.com**

Hours: 8 a.m. to 4:30 p.m. CST

- Underwriting risk selection
- Pre-screen health conditions not available in our underwriting guide

### Claims:

**Individual Long-term Care  
Claims**

**3300 Mutual of Omaha Plaza  
Omaha, NE 68175-3110**

**1-888-232-4597**

**INDLTC@mutualofomaha.com**

### Long-Term Care Policyowner Services:

**1-833-367-6180**

**mycustomerserviceltc@  
mutualofomaha.com**

Hours: Monday through Thursday  
7 a.m. to 5:30 p.m. CST, Friday 7 a.m.  
to 5 p.m. CST

- Policy issue
- Customer service
- Billing and collection