

Independence Blue Cross Individual HMO Underwriting Guidelines



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Broker Field Underwriting Guidelines

We are pleased to provide you with the underwriting guidelines for the Independence Blue Cross (IBC) Individual Medically Underwritten Products.

The Guide is a reference tool designed to assist you with the individual application process. It is not intended to be used to determine final underwriting decisions, which rest solely with the IBC underwriter. This Guide is the property of IBC and is not to be shared with, or provided to, applicants, other insurers, or brokers and producers not authorized to sell the Individual HMO plans.

The Guide provides you with a range of potential decisions based on the presence or history of the more common medical conditions seen in underwriting. It is not a comprehensive list of all medical conditions or histories that applicants may have. Numerous factors can influence the final underwriting decision, and IBC reserves the right to request additional information, assign the final Contract Risk Category, or decline coverage.

You have been provided with the premium rate for the five Contract Risk Categories (CRC). This Guide provides you with the possible underwriting outcomes for the following categories:

- Contract Risk Category 1 (Standard risk)
- Contract Risk Category 3 (Substandard 1)
- Contract Risk Category 5 (Substandard 2)

These categories represent the possible final risk assessment for an individual. If you are applying for a family contract, a husband/wife contract, or a parent/child contract, the final category may fall anywhere within the five Contract Risk Categories. For example, a husband/wife application may be issued with a final Contract Risk Category 2 if the primary applicant is a Standard Risk (CRC 1) and the spouse is a Substandard 1 (CRC 3). Underwriting cannot provide advance assessment of the final Contract Risk Category when an application is made for a family, husband/wife, or parent/child contract.

IMPORTANT NOTE ABOUT RX: Medications are an important rating factor in the insurability evaluation and determination of the individual and contract risk category. This Guide does not include additional ratings that may be required for medications, but they will be added as required and they may affect the final risk classification.

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Field Underwriting Guidelines

| NOTE: MEDICATIONS MAY INCREASE RATINGS AND FINAL RISK CLASSIFICATIONS | | |
|---|---|---|
| CONDITION | UNDERWRITING CONSIDERATIONS | RISK CATEGORIES |
| ABNORMAL PAP SMEAR | Single episode > 6 months ago, mild epithelial cell abnormality, subsequent Pap normal | Standard |
| | Squamous intraepithelial lesion (SIL) or glandular cell abnormality, present or treated | Individual Consideration |
| ABNORMAL UTERINE BLEEDING | Pre- or post-menopause, any underlying cause, treatment received or recommended, Pap smear results, single or multiple episodes, any history of anemia, transfusions, pathology reports (for any surgery) | Individual Consideration |
| ACNE | MILD, on prescription medications other than Accutane or retinoids | Standard to CRC 3 |
| | MODERATE: No treatment | < 1 year - CRC 3 |
| | | > 1 year - Standard |
| | On medications including retinoids | CRC 3 |
| | SEVERE: No treatment | < 1 year - Decline |
| | | 1-5 years - CRC 3 |
| | | > 5 years - Standard |
| | On Accutane | < 2 years - CRC 5 |
| > 2 years - CRC 3 | | |
| Additional ratings will apply with history of dermabrasion, cryotherapy, or intra-lesions injections | | |
| ACQUIRED IMMUNE DEFICIENCY SYNDROME | | All Cases - Decline |
| ALLERGIES | If currently being tested or testing has been recommended | Decline |
| | All others, rating will depend on frequency of shots (weekly shots will require a decline) | Ratings will range from a Standard risk to possible Decline |
| | Seasonal allergies with no history of immunotherapy | Usually Standard. If on prescription drugs, may be rated |
| | Perennial allergies on daily medication or history of anaphylaxis or asthma | Individual Consideration |
| ALZHEIMER'S DISEASE | | Decline |
| AMENORRHEA | Underlying cause must be determined and then rated accordingly | Individual Consideration |
| ANEMIA | Ratings will depend on onset date, type of anemia, cause, whether currently being treated, or successful past treatment (evidenced by current normal labs where appropriate to the type) | Individual Consideration |
| ANEURYSM | Aortic, abdominal, thoracic, cardiac, or ventricular | Decline |
| | All others, unoperated | Decline |
| | All others, operated | Individual Consideration |

Field Underwriting Guidelines *(continued)*

| NOTE: MEDICATIONS MAY INCREASE RATINGS AND FINAL RISK CLASSIFICATIONS | | |
|--|--|---|
| CONDITION | UNDERWRITING CONSIDERATIONS | RISK CATEGORIES |
| ANOREXIA NERVOSA | Active treatment | Decline |
| | Recovered, no further treatment | < 1 year - Decline |
| | | 1-7 years - CRC 3 (some cases may be rated higher) |
| | > 7 years - Standard | |
| ANXIETY | | Refer to Psychiatric Disorders |
| ARTHRITIS | See specific type (juvenile rheumatoid, osteoarthritis, psoriatic arthritis, adult rheumatoid) | |
| ASTHMA | MILD (no ER or hospitalization, occasional episode and occasional use of inhaler, no daily medications, normal FEV-1) | < 2 years - CRC 3 |
| | | 2-4 years - Standard to CRC 3 |
| | | > 4 years - Standard |
| | MODERATE (no more than one ER visit >1 year ago, on one medication daily, rescue inhaler no more than twice a week, no smoking history, normal pulmonary function) | < 2 years - Decline |
| | | 2-4 years - CRC 3 (if not on multiple medications) |
| | | > 4 years - Standard. Possible CRC 3 if on daily medication |
| SEVERE (ongoing symptoms, multiple medications including steroids, frequent ER visits or hospitalization, abnormal pulmonary function tests) | Decline | |
| ATRIAL FIBRILLATION OR FLUTTER | Within 2 years | Decline |
| | More than 2 years | Individual Consideration |
| ATTENTION DEFICIT - HYPERACTIVITY DISORDER | Present and on maintenance medications, no other psychiatric disorders | Standard to CRC 3 |
| | History of ADD/ADHD, no medications | Standard |
| AUTISM | Rating will depend on time since diagnosis and any medications taken | < 2 years - CRC 3 to 5 |
| | | > 2 years - Standard to CRC 3 |
| BACK PROBLEMS Excluding scoliosis, spinal stenosis, fractures | Single episode of back strain, short duration, no disability, fully recovered | Standard |
| | Single episode with disability | < 1 year - Decline |
| | | 1-2 years - CRC 3 |
| | | > 2 years - Standard |
| | Multiple episodes of strain, pain, spasm | < 2 years - CRC 5 |
| | | 2-5 years - CRC 3 |
| | | > 5 years - Standard |
| | Present or history of chronic back pain, strain | Decline |
| | Herniated or slipped disc within a year and conservative treatment | Decline |
| History within 1-2 years | CRC 5 | |
| > 2 years | Individual Consideration | |
| Degenerative disc disease, arthritis of spine, subluxation | Individual Consideration | |

Field Underwriting Guidelines *(continued)*

| NOTE: MEDICATIONS MAY INCREASE RATINGS AND FINAL RISK CLASSIFICATIONS | | |
|--|--|--|
| CONDITION | UNDERWRITING CONSIDERATIONS | RISK CATEGORIES |
| BREAST DISORDERS Fibrocystic breast disease, chronic cystic mastitis | Mild, incidental finding on mammogram, no treatment required | Usually Standard |
| | Need for excisions/biopsies, with or without family history of breast cancer | Individual Consideration |
| | Undiagnosed lump or mass, further work up required or surgery pending | Decline |
| BREAST REDUCTION SURGERY, OR PLACEMENT OR REMOVAL OF IMPLANTS | Surgery pending | Decline |
| | Breast reduction surgery, fully recovered without complications | < 1 year - CRC 3 |
| | | > 1 year - Standard |
| | Saline breast implants without complications | Less than 2 years - CRC 3 |
| | | > 2 years - Standard |
| | Saline breast implants with complications | Decline |
| | Silicone breast implants | Decline |
| Silicone breast implants successfully removed with no complications | < 1 year - CRC 3 | |
| | > 1 year - Individual Consideration | |
| Any history of connective tissue disease or suspicion of connective tissue disease | Decline | |
| BRONCHITIS (CHRONIC) | | See Chronic Obstructive Pulmonary Disease |
| CANCER Skin: Basal or Squamous Cell | Present and untreated | Decline |
| | One occurrence, successfully removed | Standard |
| | Two or more occurrences | Individual Consideration. Rating will depend on number and dates of occurrences |
| Skin: Melanoma | If other than localized lesion | Decline |
| | If localized lesion, will consider the depth of invasion, date of history, if excision was complete, or if further surgery is required, any past history of melanoma or other cancer | < 1 year - Decline |
| | | > 1 year - Individual Consideration |
| CANCER All other types | Underwriting will consider the specific type of cancer, the date of occurrence, treatment, pathology report, any evidence of metastasis, any recurrence | Individual Consideration Contact Medical Underwriting for pre-qualifying consideration |
| CARDIAC ARRHYTHMIA | Rating will depend on type of arrhythmia, date of onset, any underlying heart disease, any surgery, frequency of episodes, results of EKG, stress test, or other diagnostic testing, treatment received or recommended | If arrhythmia present or within one year of application - Decline All others - Individual Consideration |
| CARDIOMYOPATHY | | Decline |
| CARPAL TUNNEL SYNDROME | Single episode, no surgery | < 3 years - CRC 3 |
| | | > 3 years - Individual Consideration |
| | Single episode, successful surgery | Standard |
| | Multiple episodes with no surgery | < 5 years - Decline |
| | | > 5 years - CRC 3 |
| Successful surgery after multiple episodes | Standard to CRC 3 | |
| Surgery contemplated or recommended | Decline | |

Field Underwriting Guidelines *(continued)*

| NOTE: MEDICATIONS MAY INCREASE RATINGS AND FINAL RISK CLASSIFICATIONS | | |
|--|---|---|
| CONDITION | UNDERWRITING CONSIDERATIONS | RISK CATEGORIES |
| CATARACTS | Unoperated | Decline |
| | Operated (with or without intraocular lens) | < 6 months - CRC 5 |
| | | 6 months to 2 years - CRC 3 |
| | | > 2 years - Standard |
| Any underlying systemic or retinal disease will affect final rating | | |
| CELLULITIS | Underwriting will consider date of onset, location, underlying disease, any surgery, residuals or recurrences | Individual Consideration |
| CEREBRAL PALSY | Younger than age 5 | Decline |
| | Ages 5 and older with no significant speech or motor function impairment | Individual Consideration. Contact Medical Underwriting for pre-qualifying consideration |
| CHRONIC FATIGUE SYNDROME | History within 5 years | Decline |
| | History > 5 years, fully recovered, no meds | Individual Consideration |
| CIRRHOSIS OF LIVER | | Decline |
| COPD Chronic Obstructive Pulmonary Disease, Emphysema, Chronic Bronchitis | | Decline |
| COLITIS, ULCERATIVE | Unoperated or with history of partial colectomy | Decline |
| | Total colectomy/ileostomy | Within one year - Decline > 1 year - Individual Consideration |
| CYSTITIS | Females, < four bladder infections per year, brief courses of treatment, no complications | Standard |
| | Females, four or more per year, but not diagnosed as chronic, no underlying cause | Within 2 years - CRC 3 |
| | | > 2 years since last episode - Standard |
| | Male, one episode, treated, no recurrence | Standard |
| | Male, more than one episode | Individual Consideration |
| | Chronic, male or female | < 2 years - Decline |
| > 2 years - CRC 3 | | |
| Interstitial cystitis | Decline | |
| CYSTOCELE | Unoperated | Decline |
| | Operated | < 1 year - CRC 5 |
| | | > 1 year - CRC 3 |
| DEPRESSION | | Refer to Psychiatric Disorders |
| D&C (DILATION AND CURRETAGE) | All cases will be rated for cause | Individual Consideration |
| DETACHED RETINA | Present | Decline |
| | Caused by injury, surgically corrected, no visual impairment | < 1 year - Decline |
| | | 1-2 years - CRC 5 |
| | | > 2 years - Standard |
| All other cases will consider cause, any other disease present, and success of treatment | Individual Consideration | |

Field Underwriting Guidelines *(continued)*

| NOTE: MEDICATIONS MAY INCREASE RATINGS AND FINAL RISK CLASSIFICATIONS | | |
|--|---|--|
| CONDITION | UNDERWRITING CONSIDERATIONS | RISK CATEGORIES |
| DEVIATED SEPTUM | Surgery anticipated or recommended | Decline |
| | No surgery anticipated or recommended Symptomatic | < 1 year - Decline |
| | | 1-2 years - CRC 3 |
| | | > 2 years - Standard |
| | Asymptomatic | < 1 year - Decline |
| | | > 1 year - Standard |
| Operated | < 1 year - CRC 3 | |
| | > 1 year - Standard | |
| DIABETES | Type I diabetes | Decline |
| | Type II diabetes | Most cases will be Declined based on the diagnosis and prescribed treatment. Contact Medical Underwriting for pre-qualifying consideration. If any other medical conditions exist, consideration is unlikely |
| DISLOCATION | If shoulder, elbow, wrist, or ankle One episode | < 1 year - CRC 3 |
| | | > 1 year - Standard |
| | Recurrent or chronic | < 5 years - Decline |
| | | > 5 years - Standard |
| | If hip or knee Congenital and surgically corrected without residual deformity | Standard |
| | | Otherwise |
| | Traumatic One episode | < 6 months - Decline |
| | | 6 mos to 1 year - CRC 3 |
| | | > 1 year - Standard |
| | Recurrent episodes | < 2 years - Decline |
| | | 2-5 years - CRC 3 |
| | | > 5 years - Standard |
| Dislocations surgically repaired | < 1 year - Decline | |
| | > 1 year - Standard | |
| Surgery planned or recommended is a Decline for any dislocation | | |
| DIVERTICULOSIS | If incidental finding on colonoscopy of diverticulosis with no history of symptoms | Standard |
| DIVERTICULITIS | Currently under treatment or history of first attack within one year of application | Decline |
| | History of single attack, fully recovered | > 1 year - Standard |
| | Multiple episodes, successfully treated without complications | < 2 years - Decline |
| | | > 2 years - Individual Consideration |
| | If unsatisfactory response to treatment or surgery planned or recommended | Decline |
| Operated with uncomplicated recovery | Standard | |

Field Underwriting Guidelines *(continued)*

| NOTE: MEDICATIONS MAY INCREASE RATINGS AND FINAL RISK CLASSIFICATIONS | | |
|---|---|---|
| CONDITION | UNDERWRITING CONSIDERATIONS | RISK CATEGORIES |
| DRUG ADDICTION OR USE (SUBSTANCE ABUSE) | Underwriting will consider specific drugs used, treatment history, any alcohol use or abuse, history of DUI, any mental/nervous/emotional problems, length of time since abstinence | < 5 years - Decline |
| | | > 5 years - Individual Consideration |
| | | If past cannabis use only, Individual Consideration |
| EAR INFECTIONS Otitis Media | Single episode, acute, fully recovered | Standard |
| | 2-3 episodes, no surgery planned | CRC 3 |
| | 4 episodes, no surgery planned | CRC 5 |
| | Surgically corrected with no subsequent infections | Standard |
| | Chronic, despite surgery or multiple courses of antibiotics | Decline |
| EMPHYSEMA | Refer to COPD (Chronic Obstructive Pulmonary Disease) | |
| ENDOMETRIOSIS | Prior to menopause, mild, not requiring medications other than occasional use of NSAIDs | < 5 years - CRC 3 > 5 years - Standard |
| | Moderate to severe cases (extensive endometrial implants, disabling, and/or treatment or surgery planned or advised) | Decline |
| | After menopause and asymptomatic | Standard |
| | After menopause but symptomatic | Individual Consideration |
| | Operated with no recurrence or complications | Standard |
| | Otherwise | Decline |
| EPILEPSY | For all seizure types (excluding febrile), if not seizure-free a minimum of two years | Decline |
| | Partial or generalized seizures, EEG normal, not requiring any medication, no underlying conditions as cause of seizures | < 2 years since last seizure - Decline |
| | | 2-3 years since last seizure - CRC 3 |
| | | > 3 years since last seizure - Standard |
| | Partial or generalized seizures, on one antiepileptic medication | < 2 years since last seizure - Decline |
| | | 2-5 years since last seizure - CRC 5 |
| | | > 5 years since last seizure - CRC 3 |
| | Partial or generalized seizures requiring two or more antiepileptic medications | Decline |
| | Febrile seizures | < 1 year old - Decline |
| | | > 1 year old - Individual Consideration |
| Antiepileptic medications by themselves may require substantial ratings depending on the drugs taken. This is in addition to the ratings noted above. The underwriter should be consulted for specific case questions. | | |
| ESOPHAGEAL REFLUX | See GERD (Gastroesophageal Reflux Disease) | |

Field Underwriting Guidelines *(continued)*

| NOTE: MEDICATIONS MAY INCREASE RATINGS AND FINAL RISK CLASSIFICATIONS | | | |
|--|--|--|----------|
| CONDITION | UNDERWRITING CONSIDERATIONS | RISK CATEGORIES | |
| FAINTING Syncope | Ratings will depend on age, etiology, and all diagnostic testing completed with negative results | | |
| | Vasovagal Syncope (common faint) < 3 episodes | < 1 year - CRC 3 > 1 year - Standard | |
| | More than 3 episodes | Individual Consideration | |
| FIBROID TUMORS Uterus | Unoperated and > 5 cms | Decline | |
| | Unoperated, asymptomatic, and < 5 cms | < 2 years - Decline > 2 years - CRC 3 | |
| | Unoperated, symptomatic, regardless of size | Decline | |
| | Operated (myomectomy or hysterectomy), complete recovery, follow-up care completed | Standard | |
| FIBROMYALGIA | Within one year of diagnosis | Decline | |
| | > 1 year | Individual Consideration | |
| FRACTURES | Ratings will depend on date and location of fracture, how treated, if internal fixations, cause, any complications, any residual impairment or limitations | | |
| | Hip fracture, complete recovery, no internal fixations, no residual impairment | < 3 years - Decline > 3 years - CRC 3 | |
| | Hip fracture with internal fixations but otherwise complete recovery with no residuals | < 3 years - Decline > 3 years - Individual Consideration | |
| | Spinal Compression Fracture | Within 2 years - Decline > 2 years - Individual Consideration | |
| | Other Fractures Simple, no surgery, fully recovered | Standard | |
| | Operated, no pins or hardware | < 1 year - Decline 1-2 years - CRC 3 > 2 years - Standard | |
| | Operated with pins or hardware | < 1 year - Decline > 1 year - CRC 3 | |
| | Pins or hardware removed | Individual Consideration | |
| | GALLBLADDER DISORDERS Cholecystitis, Cholelithiasis | Gallbladder removed, complete recovery, released from care, no complications | Standard |
| | | Gallstones present and symptomatic | Decline |
| Cholecystitis episodes | | Individual Consideration | |

Field Underwriting Guidelines (continued)

| NOTE: MEDICATIONS MAY INCREASE RATINGS AND FINAL RISK CLASSIFICATIONS | | |
|--|---|---|
| CONDITION | UNDERWRITING CONSIDERATIONS | RISK CATEGORIES |
| GERD Gastroesophageal Reflux Disorder, Esophagitis | Considered will be the date of onset of symptoms, type and results of diagnostic tests performed or, if diagnostic testing is pending or has been recommended, frequency and severity of symptoms, frequency of medication use and specific medications prescribed, any history of esophageal ulceration or history of stricture, any biopsy results. | |
| | Rare episode, requiring anti-reflux medication no more than 1-4 weeks per year | Usually Standard |
| | One prescription anti-reflux medication 4-8 weeks per year | CRC 3 |
| | Requiring the use of two or more prescription anti-reflux drugs 1-8 weeks per year | CRC 5 |
| | Requiring the daily use of one or more anti-reflux drugs to control symptoms | Decline in most cases |
| | History of ulceration or stricture | Decline |
| GLAUCOMA | Surgery or laser treatment planned, anticipated, or recommended | Decline |
| | Controlled with medication, no surgery | < 1 year - CRC 3 |
| | | > 1 year - Depending on medications, rating will range from Standard to CRC 3 |
| Uncontrolled or without regular follow-up | Decline | |
| GENITAL WARTS | Rating considers if anal/rectal or other location. History of recurrences will rate higher. For females, will not consider if a Pap smear has not been done post-diagnosis of genital warts. If Pap smear done, results will be required. | Single episode, within 2 years, no complications - CRC 3 |
| | | > 2 years - Standard |
| | | 2 or more episodes - Individual Consideration |
| GOITER, GRAVES DISEASE | See Thyroid Disorders | |
| GOUT | Mild, occasional attacks (< 2 years) | Standard |
| | Multiple attacks | Individual Consideration |
| | Any kidney involvement or other complications | Individual Consideration |
| GUILLAIN-BARRE SYNDROME | Present | Decline |
| | Recovered, no residuals | < 6 months - CRC 3 |
| | | > 6 months - Standard |
| Residuals or other complications | Individual Consideration | |
| HEADACHES Includes tension, migraine | Recent onset, unknown cause | Decline |
| | Tension headaches treated with OTC meds | Standard |
| | Migraine headaches will be rated based on severity, frequency of episodes, any ER visits, results of tests, treatment, and any complications | Occasional mild attacks, not on daily medication, no ER visits - Standard |
| | | 3 or more moderate attacks per year, no ER visits in 2 years - CRC 3 |
| | | Any ER visits in last 2 years - Decline |
| | | History of severe and/or disabling migraines - Decline |
| NOTE: Migraine medications will increase above ratings | | |

Field Underwriting Guidelines *(continued)*

| NOTE: MEDICATIONS MAY INCREASE RATINGS AND FINAL RISK CLASSIFICATIONS | | |
|---|---|--|
| CONDITION | UNDERWRITING CONSIDERATIONS | RISK CATEGORIES |
| HEART DISEASE Includes angina, coronary artery disease, coronary insufficiency, ischemic heart disease, myocardial infarction | | Decline |
| HEART ENLARGEMENT | | Within 2 years of diagnosis - Decline |
| | | >2 years - Individual Consideration |
| HEART MURMUR | Functional heart murmur | Standard |
| | Organic heart murmur, rating will depend on specific type, results of diagnostic tests, treatment, and any complications | Individual Consideration |
| HEMATURIA | Rating will depend on cause. If cause determined, rating will be for the underlying condition. If cause is still being investigated or has not yet been investigated, no consideration will be possible. If diagnosed as benign or essential hematuria, rating will be based on elapsed time since onset. The more recent the finding, the higher the rating. | Diagnosed as benign or essential < 1 year - Decline |
| | | 1-2 years - CRC 3 |
| | | > 2 years - Standard |
| HEMORRHOIDS | Asymptomatic | < 1 year - CRC 3 > 1 year - Standard |
| | Severe or recurrent | CRC 5 |
| | Surgery planned or recommended | Decline |
| HEPATITIS | Hepatitis A, fully recovered 6 months, normal liver function tests | Standard |
| | Hepatitis B, acute, fully recovered with negative HBsAg and normal liver function tests | < 1 year - CRC 3 > 1 year - Standard |
| | Chronic Hepatitis B | Decline |
| | Hepatitis, all other types | Decline |
| HERNIA | Hiatal or Diaphragmatic , unoperated | See GERD (Esophagitis) |
| | Hiatal or Diaphragmatic , operated, fully recovered, no complications, released from follow-up care | Standard |
| | Inguinal*, Femoral, Umbilical Symptomatic | Decline |
| | | Asymptomatic |
| | Surgically corrected and fully recovered | Standard |

*If bilateral, a higher rating will apply

Field Underwriting Guidelines *(continued)*

| NOTE: MEDICATIONS MAY INCREASE RATINGS AND FINAL RISK CLASSIFICATIONS | | |
|---|--|--------------------------------------|
| CONDITION | UNDERWRITING CONSIDERATIONS | RISK CATEGORIES |
| HERPES | Genital Herpes | See Genital Herpes |
| | Herpes keratitis (herpes ocular) | Individual Consideration |
| | Herpes zoster (shingles) | Standard upon recovery |
| | If no eye or ear involvement | |
| | Same as above but multiple episodes | < 3 years - Decline |
| | If postherpetic neuralgia | > 3 years - Standard |
| With eye or ear involvement | Individual Consideration | |
| HIGH BLOOD PRESSURE | In determining rating, underwriting will require the three most recent blood pressure readings and will factor in degree of control, height and weight, medications, if a current smoker, if any history of hospitalization for blood pressure | Individual Consideration |
| | If diagnosed with malignant hypertension | Decline |
| | Any history of stroke or heart attack | Decline |
| | Any evidence of kidney disease | Decline |
| | Any circulatory problems | Decline |
| | Portal hypertension | Decline |
| HIGH CHOLESTEROL Includes elevated LDL, elevated triglycerides, low HDL | Underwriting will consider full lipid panel findings, age at onset and current age, degree of control, length of time controlled, coronary artery disease or other risk factors, medications taken and any Rx complications | Individual Consideration |
| HYOGAMMA-GLOBULINEMIA | | Decline |
| HYOSPADIAS | Unoperated | Decline |
| | Operated and asymptomatic | < 2 years - CRC 3 |
| | | > 2 years - Standard |
| ILEITIS Regional Ileitis, Crohn's Disease | Unoperated | Decline |
| | Ileectomy | Within 4 years - Decline |
| | | > 4 years - Individual Consideration |
| INSOMNIA | Infrequent episodes, no organic cause, no sedatives needed | Standard |
| | Otherwise | CRC 3 |
| IRITIS OR IRIDOCYCLITIS | Single episode, cause unknown, fully recovered | < 6 months - Decline |
| | | > 6 months - Standard |
| | Multiple episodes, underlying disease investigated and ruled out, fully recovered | < 1 year - Decline |
| | | > 1 year - Individual Consideration |
| | Caused by underlying disease or disorder | Individual Consideration |

Field Underwriting Guidelines *(continued)*

| NOTE: MEDICATIONS MAY INCREASE RATINGS AND FINAL RISK CLASSIFICATIONS | | |
|--|---|---------------------------------------|
| CONDITION | UNDERWRITING CONSIDERATIONS | RISK CATEGORIES |
| IRRITABLE BOWEL SYNDROME | Mild, infrequent attacks (1-4 times per month, no medication or only OTC medications required) | Standard |
| | Moderate, frequent attacks (> 4 per month and/or prescription medications required periodically) | CRC 3 |
| | Severe attacks with or without disability | < 5 years - Decline |
| | Severe attacks with or without disability | > 5 years - CRC 3 |
| JOINT REPLACEMENT | Shoulder, elbow, wrist, or ankle | Decline |
| | Finger/hand | Individual Consideration |
| | Knee | Decline |
| | Hip | < 1 year - Decline |
| | | 1-2 years - CRC 5 |
| | | 2-8 years - CRC 3 |
| | | > 8 years - Decline |
| For any joint replacement, if any impairment of mobility or pain medication needed, or additional surgery or replacement anticipated, the risk is declined. | | |
| JUVENILE RHEUMATOID ARTHRITIS (JRA) | Younger than age 19 | Decline |
| | Age 19 and older with history of JRA, in complete remission, with no deformities and no medication required | Individual Consideration |
| KIDNEY STONES | Stone(s) present and surgery or lithotripsy planned or recommended | Decline |
| | Stone(s) present and no surgery planned or recommended and no complications | < 1 year - Decline |
| | | > 1 year - CRC 5 |
| | History of one stone, passed spontaneously | < 1 year - CRC 5 |
| | | > 1 year - Standard |
| | History of more than one stone and all passed spontaneously | < 1 year since last episode - Decline |
| > 1 year - Individual Consideration | | |
| Prior surgery for removal or lithotripsy | < 1 year - Decline | |
| | > 1 year - Individual Consideration | |
| KNEE INJURY | Underwriting will consider the nature of the injury, date of occurrence, recurrent problems, any surgical correction, any disability, degree of impairment, any residuals, including limitations placed on activities, ongoing use of brace | |
| | Internal damage, unoperated and symptomatic | Decline |
| | Internal damage, unoperated and currently asymptomatic | < 1 year - Decline |
| | | 1-5 years - CRC 3 |
| | | > 5 years - Standard |
| | One surgery, fully recovered, no residuals | < 1 year - Decline |
| | | 1-3 years - CRC 3 |
| | | > 3 years - Standard |
| | History of multiple surgeries | Decline |
| Knee injury limited to a strain or sprain, no internal damage, no treatment required, fully recovered | < 6 months - Decline | |
| | > 6 months - Standard | |
| Strain or sprain, requiring some physical therapy, but fully recovered with no residuals | < 1 year - Decline | |
| | > 1 year - Standard to CRC 3 | |

Field Underwriting Guidelines *(continued)*

| NOTE: MEDICATIONS MAY INCREASE RATINGS AND FINAL RISK CLASSIFICATIONS | | |
|--|---|---|
| CONDITION | UNDERWRITING CONSIDERATIONS | RISK CATEGORIES |
| LUPUS ERYTHEMATOSIS Discoid (skin type), Systemic Lupus | Diagnosis of discoid lupus confirmed, systemic lupus ruled out, no complications | < 1 year - Decline > 1 year - Individual Consideration |
| | Systemic lupus | Decline |
| | | |
| MULTIPLE SCLEROSIS | | Decline |
| MUSCULAR DYSTROPHY | | Decline |
| NARCOLEPSY | | Decline |
| OSTEOARTHRITIS | Rating will depend on age at onset, severity, affected joints, spinal involvement, any deformity, disability, limitations, any surgery, complications, and treatment | |
| | Asymptomatic, or classified as mild, no treatment, or treatment with OTC medications only | Standard |
| | Moderate, symptomatic, requiring prescription medications | CRC 5 |
| | Multiple joint involvement and/or severe symptoms or spinal involvement, history of surgery, or surgical correction planned or advised | Decline |
| OSTEOPOROSIS AND OSTEOPENIA | Ratings will consider age at onset (diagnosed before age 50, likely decline), bone density results, any history of fractures, current treatment, and cause (if not menopause) | |
| | Osteopenia or mild osteoporosis, no fractures | CRC 3 |
| | Moderate or severe osteoporosis or fractures | Decline |
| OTITIS MEDIA | | Refer to Ear Infections |
| OTOSCLEROSIS | Inner ear disease rated based on whether unilateral or bilateral, degree of hearing loss, if operated or not | Individual Consideration |
| OVARIAN CYST Does not include cases of Polycystic Ovarian Syndrome | If resolved spontaneously | Standard |
| | Operated | < 1 year - Decline |
| | | 1-5 years - CRC 3 |
| | | > 5 years - Standard |
| History of, and now on birth control pills as preventative | Standard | |
| PANCREATITIS | With unoperated gallstones, or recurrent episodes, diagnosed as chronic, or secondary to alcoholism history | Decline |
| | With operated gallstones and fully recovered | < 2 years - Decline |
| | | > 2 years - CRC 3 |
| PARALYSIS Hemiplegia, Paraplegia, Quadriplegia | | Decline |
| POLYCYSTIC OVARIAN SYNDROME | | Individual Consideration |

Field Underwriting Guidelines *(continued)*

| NOTE: MEDICATIONS MAY INCREASE RATINGS AND FINAL RISK CLASSIFICATIONS | | | |
|--|--|---|---|
| CONDITION | UNDERWRITING CONSIDERATIONS | RISK CATEGORIES | |
| PREGNANCY | Any applicant currently pregnant, an expectant parent, or in the process of adoption or surrogacy | Decline | |
| PROSTATE DISORDERS Benign Prostate Hypertrophy (BPH) | Rating will depend on age, degree of enlargement, PSA results, biopsy results, symptoms, and any medications | | |
| | Asymptomatic, normal PSA, no medications | Individual Consideration | |
| | Elevated PSA, with or without negative ultrasound and biopsy | Decline | |
| | Operated with no symptoms or complications from surgery | < 1 year - Decline > 1 year - Standard | |
| PROSTATITIS | Current episode | CRC 3 | |
| | Single episode, fully recovered | < 1 year - CRC 3 > 1 year - Standard | |
| | Chronic or recurrent, no enlargement, and normal PSA | CRC 3 to CRC 5 | |
| | With enlargement and/or elevated PSA | Decline | |
| PSORIASIS Including Psoriatic Arthritis | Psoriatic arthritis | Decline | |
| | If treated with systemic corticosteroids or methotrexate | Decline | |
| | Less than 10% of skin area affected and treated with topical drugs only | Standard | |
| | All other cases | Individual Consideration | |
| PSYCHIATRIC DISORDERS | Ratings will depend on diagnosis (neurosis vs. depression vs. psychosis), date of onset, if single or multiple episodes, severity, date of most recent occurrence, and treatment. Medications will be a significant component of the final rating determination. | | |
| | Bipolar disorder (manic depression) or schizophrenia | Decline | |
| | Major depression, single episode | < 5 years - Decline > 5 years - Individual Consideration | |
| | Major depression, multiple episodes | Decline | |
| | Depression (all others) | | |
| | Single episode, fully recovered | < 1 year - Decline > 1 year - CRC 3 | |
| | Multiple episodes | < 3 years - Decline > 3 years - Individual Consideration | |
| | Neurotic disorders, including anxiety, panic attacks, adjustment disorders, stress, obsessive-compulsive disorder, PTSD, no history of hospitalization including ER visits | Depending on date of occurrence, if single or multiple episodes, if currently taking one or more medications, ratings will range from Standard to CRC 5 | |
| | RAYNAUD'S DISEASE, RAYNAUD'S PHENOMENON | Mild cases with no progression or complications, no other vascular disease | < 2 years - CRC 3 > 2 years - Standard |
| | | All other cases of greater severity or with complications or other vascular disease | Decline |

Field Underwriting Guidelines *(continued)*

| NOTE: MEDICATIONS MAY INCREASE RATINGS AND FINAL RISK CLASSIFICATIONS | | |
|---|---|--|
| CONDITION | UNDERWRITING CONSIDERATIONS | RISK CATEGORIES |
| RECTOCELE | | Refer to Cystocele |
| RESTLESS LEG SYNDROME | If evaluated and proven not to be related to any other conditions | < 3 years - CRC 3 > 3 years - Individual Consideration |
| | If related to other conditions | Individual Consideration |
| RETINAL DETACHMENT | Unoperated or surgery planned and due to injury | Decline |
| | Operated, fully recovered, normal vision, and detachment due to injury | < 1 year - Decline |
| | | 1-2 years - CRC 5 > 2 years - Standard |
| Retinal detachment due to other cause or disease | Individual Consideration as additional ratings may apply for any other cause for the detachment | |
| RETINAL HEMORRHAGE | | Individual Consideration |
| RHEUMATOID ARTHRITIS | History within 5 years | Decline |
| | History of, and asymptomatic greater than 5 years, no medications or history of surgery | Individual Consideration |
| SHOULDER INJURIES | Shoulder Sprain | |
| | Present, no evidence of tear | CRC 5 |
| | Single episode, no tear, resolved, no symptoms or medication | < 1 year - CRC 5 > 1 year - Standard |
| | Recurrent episodes | CRC 5 to Decline |
| | Rotator cuff tear or impingement or adhesive capsulitis (frozen shoulder) | |
| | Current | Decline |
| | Surgery planned or recommended | Decline |
| | Single episode, fully recovered, no further treatment, no symptoms | < 1 year - Decline 1-2 years - CRC 3 > 2 years - Standard |
| Recurrent episodes | Decline | |
| Operated and fully recovered | Standard | |
| SKIN CONDITIONS Includes conditions such as dermatitis, eczema, rosacea. Excludes any skin cancers. For keratosis, see below. | Rating will consider the specific type of condition, any underlying cause, severity, treatment, and prognosis. Pathology report required for all mole removals. | |
| | Mild, treated only with OTC medications or infrequent prescription medications | Standard |
| | Condition is ongoing and requiring regular oral or topical prescription treatment | Rating will be based on specific diagnosis, extent and severity of condition, and treatment required |

Field Underwriting Guidelines *(continued)*

| NOTE: MEDICATIONS MAY INCREASE RATINGS AND FINAL RISK CLASSIFICATIONS | | |
|--|---|--|
| CONDITION | UNDERWRITING CONSIDERATIONS | RISK CATEGORIES |
| SKIN CONDITIONS Seborrheic keratosis, actinic keratosis | One or two lesions present, OTC medication only, no cryosurgery | Standard |
| | History of recurrent, multiple growths, with ongoing history of treatment with medications and/or cryosurgery. No history of basal or squamous cell carcinoma | CRC 3 or CRC 5 |
| SLEEP APNEA OR APNEA OF NEWBORN | Apnea of newborn | Decline under age 1 and until off monitor for one full year |
| | Obstructive, central, or mixed apnea, unoperated with or without CPAP | Decline |
| | Successful surgical correction and no CPAP needed. Normal postoperative sleep study | < 1 year - CRC 3 |
| | | > 1 year - Standard |
| Operated and apnea still present | Decline | |
| STRABISMUS | Congenital, unoperated, and age 20 and younger | Decline |
| | Congenital, unoperated, ages 21-30 | CRC 3 |
| | Due to injury and unoperated | < 1 year - Decline |
| | | 1-3 years - CRC 5 |
| | | > 3 years - Standard |
| Operated successfully, no residuals | Standard | |
| STROKE | | Decline |
| THYROID DISORDERS | Hypothyroid, stable, on medication for one year or longer | Standard |
| | Hypothyroid diagnosed < 1 year, thyroid levels not stable, medication adjustments | CRC 3 or CRC 5 |
| | Simple enlargement, no nodules, nontoxic, no complications | < 1 year - Decline |
| | | > 1 year - CRC 3 |
| | Thyroid nodule(s), unoperated, negative biopsy | < 1 year - Decline |
| | | 1-2 years - CRC 5 |
| | | > 2 years - CRC 3 |
| | Thyroid nodules(s), operated, benign pathology, fully recovered | Standard |
| Hyperthyroidism or Graves' disease Treated medically or surgically | If Present - Decline | |
| | < 1 year - CRC 3 | |
| | > 1 year - Standard | |
| TRANSPLANTS | | Decline |

Field Underwriting Guidelines *(continued)*

| NOTE: MEDICATIONS MAY INCREASE RATINGS AND FINAL RISK CLASSIFICATIONS | | |
|--|--|------------------------|
| CONDITION | UNDERWRITING CONSIDERATIONS | RISK CATEGORIES |
| ULCERS (STOMACH) | Active and under treatment | Decline |
| | One episode, recovered, no surgery | < 1 year - Decline |
| | | > 1 year - CRC 3 |
| | Multiple episodes, treated medically, no surgery | < 2 years - Decline |
| | | > 2 years - CRC 3 |
| | Operated with no recurrent symptoms | < 1 year - Decline |
| 1-4 years - CRC 3 | | |
| > 4 years - Standard | | |
| Recurrent, h. pylori positive | Decline | |
| VARICOSE VEINS, VARICOSE ULCER | Rating will depend on location, how extensive, symptoms, complications, treatment | |
| | Unoperated, a few varicose veins or spider veins, no treatment required or planned, asymptomatic | Standard |
| | Unoperated, requiring use of support hose, extensive, symptomatic, and/or surgery planned or recommended | Decline |
| | Operated, no complications with full recovery | < 1 year - CRC 3 |
| > 1 year - Standard | | |