

Long-Term Care Insurance

MutualCare[®] Solutions Underwriting Guide



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Mutual of Omaha

the \mathbb{R}^2 plane. The \mathbb{R}^2 plane is divided into four regions by the two lines $y = x$ and $y = -x$. The regions are labeled as follows:

Region I: $y > x$ and $y > -x$ (top-right region)
Region II: $y < x$ and $y > -x$ (top-left region)
Region III: $y < x$ and $y < -x$ (bottom-left region)
Region IV: $y > x$ and $y < -x$ (bottom-right region)

The regions are labeled as follows: Region I is the top-right region, Region II is the top-left region, Region III is the bottom-left region, and Region IV is the bottom-right region.

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Underwriting Guidelines

Our Underwriting Philosophy

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

Issue Ages

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

Save Age

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

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

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 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

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
- Addition 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 \$10,000 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

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 60-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 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

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

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

Uninsurable Health Conditions

Acoustic Neuroma (unoperated)	Blindness (not adapted or with ADL/IADL limitations)
Acromegaly	Bowel Incontinence
ADL Deficit	Buerger's Disease
AIDS/ARC	Bulimia
Adult Day Care within 6 months	Bullous Pemphigoid (active)
Agoraphobia	
Alcohol 4 or more drinks daily	Cardiomyopathy (dilated)
Alcoholism with any current alcohol use	Castleman's
ALS	Cerebral Aneurysm (unoperated)
Alzheimer's Disease	Cerebral Palsy
Amputation due to disease, other than cancer	Cerebrovascular Accident (CVA) (2 or more)
Amputation 2 or more limbs	Charcot Marie Tooth
Amyloidosis	Chronic Pain (requiring narcotics, TENS unit, implantable stimulator, ADL/IADL deficit)
Ankylosing Spondylitis	Cirrhosis
Anorexia	Complex Regional Pain Syndrome
Aplastic Anemia	Confusion
Arnold-Chiari Malformation	Connective Tissue Disease
Arrhythmia (uncontrolled)	Cor Pulmonale
Arteriovenous Malformation (AVM) (unoperated)	CREST Syndrome
Arthritis requiring narcotic pain medication	Crohn's (multiple flares or with complications)
Asperger's Syndrome	Cushing's Syndrome
Assisted Living Facility (resident within 6 months)	Cystic Fibrosis
Ataxia	
Avascular Necrosis (unoperated)	Defibrillator (implanted)
	Dementia
Back Pain (disabling or requiring narcotic pain medication)	Dermatomyositis
Bell's Palsy (present)	Diabetic Complications (neuropathy, nephropathy, retinopathy, gastropathy)
Benign Positional Vertigo (BPV) (with falls)	Dialysis
Bipolar (diagnosed within 3 years, psychiatric hospitalization within 2 years, 2 or more psychiatric hospitalizations)	Dilated Cardiomyopathy
	Disabled, except VA disability
	Down's Syndrome
	Dwarfism
	Dystonia

Uninsurable Health Conditions (continued)

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
Frailty	Multiple Myeloma
Friedrich's Ataxia	Multiple Sclerosis
Gaucher's	Muscular Dystrophy
Glomerulonephritis	Myelodysplasia
Head Injury (residual functional or cognitive impairment)	Myelodysplastic Syndrome
Heart Transplant	Myelofibrosis
Hemiplegia	Myasthenia Gravis (generalized)
Hemophilia	Neurofibromatosis
Hepatitis (chronic, active, alcohol related, residual liver damage)	Neurogenic Bowel or Bladder
HIV Positive	Neuropathy (related to diabetes or alcohol, or with history of falls or skin ulcers), or severe
Hoarding	Nursing Home resident (within 6 months)
Home Health Care (within 6 months)	Occupational Therapy (within 3 months*)
Huntington's Chorea	*contact Underwriting to prequalify if within 3 months
Hydrocephalus	Organ Transplant
IADL Deficit	Organic Brain Syndrome
Immune Deficiency	Osteoporosis (T score -4.0 or worse)
Implantable Stimulator	Oxygen use
Irritable Bowel Syndrome (uncontrolled or with weight loss)	Pancreas Transplant
Kidney Failure	Pancreatitis (alcohol related, or >2 episodes)
Kidney Transplant	Paralysis
Lacunar Infarct (2 or more)	Paraplegia
Liver Transplant	Parkinson's Disease
Lou Gehrig's Disease	Pemphigus Vulgaris
Lupus (systemic)	

Physical Therapy (within 3 months*) *contact Underwriting to prequalify if within 3 months	Surgery (requiring general anesthesia scheduled or planned)
Pick's Disease	Systemic Lupus
Polycystic Kidney Disease	Thalassemia Major
Polymyositis	Transient Ischemic Attack (TIA) (2 or more)
Polyneuropathy	Tuberculosis
Post Herpetic Neuralgia	Underweight
Post Polio Syndrome (with progressive weakness, fatigue, or limitations)	Ventriculoperitoneal shunt
Pregnancy (Is pregnant or receiving medical treatment to become pregnant)	Von Willebrand's Disease
Primary Biliary Cirrhosis	Walker use
Pseudotumor Cerebri	Wegener's Granulomatosis
Psychiatric Hospitalization (within 3 years, or 2 or more)	Weight loss (unintentional or unexplained)
Psychosis	Wheelchair use
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)	

Uninsurable Medications

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.

Medication

3TC

Abacavir

Abilify

Acamprosate

Adefovir

Adriamycin

Akinetin

Alemtuzumab

Alkeran

Amantadine

Ambrisentan

Anastrozole

Antabuse

Apokyn

Apomorphine

Aptivus

Aricept

Arimidex*

Aripiprazole

Artane

Asenapine

Atazanavir

Atripla

Aubagio

Avinza

Avonex

Axona

Azathioprine

Azilect

AZT

Baclofen*

Baraclude

Benzatropine

Bendopa

Betaseron

Biperiden

Boceprevir

Bupresnorphine

Busulfan

Butrans

Campral

Caprylidene

Capaxone

Carbidopa*

Carboplatin

Cee Nu

Cellcept

Cerefolin*

Chlorambucil

Chlorpromazine

Chlorprothixene

Cisplatin

Codeine

Cogentin

Cognex

Combivir

Comtan

Copaxone

Crixivan

Cyclophosphamide

Cycloserine

Cyclosporine

Cytoxan

D4T

D-Cycloserine

Dantrium

Dantrolene

Darunavir

DDC

DDI

Delavirdine

Demerol

Deprenyl

DES

Didanosine

Diethylstilbestrol

Dilaudid

Dimethyl Fumarate

Disulfiram

Dolophine

Donepezil

Doxorubicin

Dronabinol

DuoNeb

Duragesic

Efavirenz

Eldepryl

Eligard

Emtricitabine/
Tenofovir/Efavirenz

Emtriva

Enfuvirtide

Entacapone

Entecavir

Epclusa

Epivir

Epoetin

Epogen

Epzicom

Ergoloid

Ethoproopazine

Etoposide

Exelon

Fanapt

Fentanyl

Fingolimod

Fluphenazine

Fosamprenavir

Furosemide >60 mg/day

Fuzeon

Gablofen

Galantamine

Geodon

Gilenya

Glatiramer

Gleevac

Gold

Haldol

Haloperidol

Harvoni

Hemlibra

Hepsera

Herceptin

Hivid

Hydergine

Hydrea

Hydrocodone

Hydromorphone

Hydroxyurea*

Ibrance

Idhifa

Iloperidone

Imatinib

Imuran*

Incivek

Uninsurable Medications (continued)

Indinavir	Maraviroc
Insulin >50 units/day	Marinol
Interferon	Mavyret
Intravenous Immunoglobulin	Megace
Invega	Megestrol
Invirase	Mellaril
Isentress	Melphalan
Isoxsuprine	Memantine
IVIg	Meperidine
	Mercaptopurine*
Juluca	Mesoridazine
	Mestinson
Kadian	Metanx
Kaletra	Methadone
Kemadrin	Methotrexate >25 mg/week
Kemstro	Mirapex*
	Mitoxantrone
Lamivudine	Morphine
Lanzac	MS Contin
Lasix >60 mg/day	Mycophenolate
Latuda	Myerlan
L-Dopa	
L-Methylfolate*	Naloxone
Lemtrada	Naltrexone
Lenalidomide	Namenda
Letairis	Namzeric
Lexiva	Narcotics >3 doses per week
Leukeran	Natalizumab
Leuprolide	Natrecor
Levodopa	Navane
Lioresal	Nelfinavir
Lomustine	Neoral
Lopinavir/Ritonavir	Nesiritide
Lorcet	Neulasta
Lortab	Neupro
Lupron	Nevirapine
	Niloric

Nivolumab	Raltegravir
Norvir	Rasagiline
Novatrone	Razadyne
nPEP	Rebetol
Nucynta	Rebif
	Recombinant
Olanzapine	Reminyl
Oncovin	Remodulin
Opdivo	Requip*
Oxycodone	Rescriptor
Oxycontin	Retrovir
	Revlimid
Palbociclib	Rexulti
Paliperidone	Reyataz
Paraplatin	Ribavirin
Parlodel	Rilutek
Parsidol	Riluzole
Pegasys	Risperdal
Pegfilgrastim	Risperdone
Peg-Intron	Ritonavir
Percocet	Rivastigmine
Percodan	Ropinirole*
Pergolide	Rotigotine
Permax	Roxicet
Perphenazine	
Platinol	Sandimmune
Plegridy	Saphris
Pramipexole*	Saquinavir
Prednisone >10 mg/day	Selegiline
Pregvisomant	Selzentry
Prezista	Serentil
Procrit	Seroquel*
Procyclidine	Sinemet*
Profenamine	Somavert
Prolixin	Stalevo
Pyridostigmine	Stavudine
	Stelazine
Quetiapine	Streptozocin

Uninsurable Medications (continued)

Suboxone	Ultram
Sustiva	Urso*
Symmetrel	Ursodiol*
Tacrine	Valycte
Tapentadol	Valganciclovir
Taractan	Vasodilan
Tasmar	Vayacog
Tecfidera	VePesid
Telaprevir	Vertex
Telbivudine	Vicodin
Tenofovir	Victrellis
Teriflunomide	Videx
Teslac	Vincristine
Testolactone	Viracept
Thioridazine	Viramune
Thiotepa	Viread
Thiothixene	Vivitrol
Thorazine	Vosevi
Tipranavir	Zalcitibine
Tolcapone	Zanosar
Tramadol	Zelapar
Trastuzumab	Zelodox
Trelstar-LA	Zerit
Treprostinil	Ziagen
Trexall >25 Mg/Week	Zidovudine
Trihexyphenidyl	Ziprasidone
Trilafon	Zyprexa
Triptorelin	
Trizivir	
Tylenol #3	
TYSABRI	
Tyzeka	

*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**

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

Multiple Sclerosis

Avonex
Baclofen*
Betaseron
Copaxone
Dantrium
Dantrolene
Glatiramer
Kemstro
Lioresal
Natalizumab
Novantrone
Rebif
Recombinant

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

*Underwriter discretion

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								

Medical Impairments

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 60-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 60-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 recoveredS

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 residualsS

Unoperated. D

Acromegaly D

ADD/ADHDS*

Stable 1 year, on one medicationS

Stable 1 year, on two or more medicationsS

Not stable 1 year, or disabled. D

Addison's Disease, after 3 years, controlledS

After 6 months, controlled.Class I-IC

ADL Deficit D

AIDS/ARC D

Medical Impairments (continued)

Adult Day Care within 6 months	D
After 6 months	IC
Agoraphobia	D
Alcohol 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, social problems or 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
Alcohol Abuse/Alcoholism	
At least 3 years of sobriety, active in a support group	S
Less than 3 years of sobriety	D
Alpha-1 Antitrypsin Deficiency	D
ALS (Amyotrophic Lateral Sclerosis, Lou Gehrig's Disease)	D
Alzheimer's Disease	D
Amaurosis Fugax/Amnesia, Transient Global After 6 months, full recovery	S
One episode	S
Two episodes	Class I
> 2 episodes	D
Amputation 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
Amyloidosis	D
Ankylosing Spondylitis	D
Anemia 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
Angina	handle as CAD
Angioplasty	handle as CAD

Aneurysm

Abdominal

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

Cerebral

- Repaired, stable 6 months, f/u imaging acceptable,
 - Fully recoveredS
 - 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 recoveryS
- Not repaired, review med recordsRMD

Thoracic

- Repaired, or unrepaired D

Visceral Aneurysm or pseudoaneurysm

(Splenic, hepatic, renal, celiac, mesenteric, etc.)

- Repaired, stable 6 months.S
- Unrepaired, > 2cm D
- Unrepaired, < 2cmRMD

Multiple aneurysms, any combination of locations D

Anorexia Nervosa

- Current or within 10 years D
- Resolved at least 10 yearsS-IC
- Antithrombin Deficiency. handle as Blood Clotting Disorder

Anxiety

- <70 years of age, after 6 months, controlled with medication,
 - fully functional, situationalS*
- >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 Syndromehandle as Blood Clotting Disorder

Arnold-Chiari Malformation. D

Arrhythmia excluding Atrial Fibrillation

- ControlledS*-IC
- Uncontrolled. D

Medical Impairments (continued)

Arteriovenous Malformation (AVM)

>1 year since surgical repair, no residuals Class I
Unoperated, or operated with residual impairment D

Arthritis

Mild after 3 months, by X-ray findings and symptoms, controlled,
no ADL/IADL deficits managed with nonsteroidal medicationS*
Moderate after 1 year, by X-ray findings and symptoms, stable,
controlled on nonsteroidal medication, no ADL/IADL deficits.S-IC
> 60 years of age stable for 1 yearS
< age 60 stable for 1 yearClass I
Advanced after 1 year, by X-ray findings and symptoms, stable for
6 months, not requiring >2 Synvisc, or taking fewer than 4 doses of
narcotic pain medication per week, no surgery recommended
or planned.Class I
Severe, by symptoms or X-ray findings show bone on bone,
or ADL/IADL deficits D
Any severity within 12 months of starting injections, or advised
to have surgery, therapy, or additional injections, or with
significant joint deformities D

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 limitationsClass 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

Asbestosis handle as COPD

Asperger's Syndrome D

Asthma

Mild, 1-2 exacerbations per year.S*
Moderate, 3-5 exacerbations per year S-Class I
Severe, or with ≥ 5 exacerbations per year D
Moderate or severe, with tobacco use Class I-D

Assisted Living Facility Resident within 6 months D

Ataxia or Muscular Incoordination, chronic D
Acute self-limiting, after 6 monthsIC

Atrial Fibrillation/Flutter single episode, after 6 months,
maintained in sinus rhythmS
Paroxysmal up to 6 episodes per year, no history of TIA, CVA, or
unoperated Heart Valve DisorderS-IC
>6 episodes per year, no history of TIA, CVA, or unoperated
Heart Valve Disorder.....Class I
Chronic, after 6 months, controlled on prescription blood thinner ...Class I
Any atrial fibrillation with Coumadin, Warfarin, Eliquis, Pradaxa,
Xarelto, Effient useClass I
Watchman Device, after 6 monthsIC
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 after 6 months, repaired, asymptomaticS
All others.....IC

Autism D

Autoimmune Disorder handle as specific condition

Autoimmune Hepatitis D

Avascular Necrosis, after 6 months, treated no residual limitationsIC
After 6 months “no treatment”.....S
Untreated or with any limitations..... D
Surgically repaired, no limitations, no residuals after 6 monthsS

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

Balance Disorder, after 6 months, resolvedS-IC
Less than 6 months, or currently present D

Barrett’s EsophagusS

Behcet’s Disease D

Bell’s Palsy resolvedS*
< 1 year..... D
> 1 year stable, no functional limitationsS*

Medical Impairments (continued)

Benign Essential Tremor handle as Tremor

Benign Positional Vertigo (BPV)

Not associated with falls.....S*

Associated with falls D

Benign Prostatic Hypertrophy (BPH)

Age <60

PSA 0-4.0.....S*

PSA 4.1-6.0 with negative biopsy & repeat PSAS

PSA >6.0 with negative biopsy & repeat PSAS-IC

Age 60-69

PSA 0-6.....S*

PSA 6.1-10 with negative biopsy & repeat PSAS

PSA >10.1-15 with negative biopsy & repeat PSAClass I

PSA >15 D

Age >70

PSA 0-10S

PSA 10.1-15 with negative biopsy & repeat PSAClass I

PSA >15 D

All others.....IC

Bipolar

After 3 years, controlled on medication, fully functional

not disabledClass 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/IADLsS

Not adapted or with ADL/IADL limitations D

Receiving disability benefits D

Blood Clotting Disorder

Diagnosed with hypercoagulable state, no history of

blood clots S-Class I

MFTHR gene mutation, after six months, stable, asymptomatic.....S

History of single blood clot, resolved >6 months, currently on

anticoagulation therapyClass I

History of multiple clots, TIA, CVA, Greenfield/IVC (inferior

vena cava) filter, or history of clot while adequately anticoagulated

or not on anticoagulation therapy D

Blood Pressure

(Handle as High Blood Pressure)

Bone Marrow Transplant D

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

Brain Stimulator D

Brain Tumor, biopsy benign, stable 2 years, no surgery planned,
no limitationsS-IC

Regrowth after surgery D

Malignant, with or without surgery D

Broken Bones..... handle as Fracture

Bronchitis

Acute 2, or fewer episodes per yearS*

Chronic..... handle as COPD

Bronchiectasis..... handle as COPD

Buerger’s Disease D

Bulimia

Current or within 10 years D

Resolved at least 10 yearsS-IC

Bullous Pemphigoid in remission 2 years, not on steroidsIC

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 recurrenceS-IC

Any site, tobacco use within 12 months Class I-D

Any site, Stage IV, after 5 years cancer freeClass 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 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 yearsIC

RecurrentIC

Medical Impairments (continued)

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 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 >70, Stage I or II, stable PSA, Gleason <6,
watchful waiting Class I

Cardiomyopathy hypertrophic/ischemic, no CHF, no hospital stays,
syncope, or palpitations
Ejection fraction $\geq 45\%$ 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 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, tobacco free
12 months Class I
>50% stenosis in combination with other peripheral vascular disease . . . D
History of TIA or CVA, with unoperated valvular heart disease. D

Operated or unoperated in combination with Type I or Type II diabetes,
 <50% stenosis, no insulin use within 6 months, tobacco free
 12 monthsS
 50-70% stenosis, insulin use within 6 months, tobacco free
 12 monthsClass I
 <50% stenosis, tobacco use within 12 monthsClass I
 50-70% stenosis, tobacco use within 12 months D
 50-70% stenosis with operated heart valve disorder, or mild,
 unoperated heart valve disorderS
 50-70% stenosis with unoperated, moderate heart
 valve disorder Class II
 50-70% stenosis with unoperated severe heart valve disorder D
 >70% stenosis..... D

Carpal Tunnel Syndrome

Unoperated.....S*
 Operated, after 3 months, recoveredS*

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

Brain imaging findings of single lacunar infarct, tobacco free
 12 monthsClass I
 Single lacunar infarct, tobacco use within 12 month..... D
 Two or more lacunar infarcts. D
 Small vessel ischemia or white matter changes considered
 normal for ageS-IC
 Abnormal for age D
 Brain atrophy/volume loss..... D

Chelation Therapy other than for hemochromatosis received
 within 6 months D

Cervical Spondylosis

Mild.....S
 Moderate to severeClass I-IC

Medical Impairments (continued)

Charcot Marie Tooth	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
Chronic Hepatitis	handle as Hepatitis
Chronic Pain	
Requiring more than 3 doses of narcotic pain medication per week or	
TENS Unit or implantable stimulator or with ADL/IADL limitations	
or with epidural steroid injection within 6 months	D
All others	IC
5 year maximum benefit period,	
\$5,000 maximum monthly benefit	
Chronic Regional Pain Syndrome	D
Cirrhosis	D
Claudication	handle as Peripheral Vascular Disease
Closed Head Injury	handle as Head Injury
Clotting Disorder	handle as Blood Clotting Disorder
Cognitive Impairment	D
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	IC
Colitis , including infection or allergic reaction, single episode,	
resolved, after 6 months	S*
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
Collagen Vascular Disease	D

Colostomy/Ileostomy, cares for independently, handle as
 per cause. S-IC
 Requires assistance to care for. D

Compression Fractures due to osteoporosis, or with
 functional limitations. D
 All others. S*-IC

Concussion. handle as Head Injury

Confusion D

Congestive Heart Failure (CHF) single episode, recovered,
 after 12 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

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
 Any, FEV1 <65% 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

Medical Impairments (continued)

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
Corneal Transplant	S*
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	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 yearsS*

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 ideationhandle 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/TMSS

With subsequent psychiatric hospitalizationD

DermatomyositisD

Diabetes Insipidus, controlled on medicationS

Diabetes Type II, Present < 20 years, 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, controlled and stable, no diabetic complications or comorbid conditions, no increase in dosages or additions of diabetic medications for at least 6 months

Tobacco use within 12 monthsClass I

Insulin ≤50 units/dayClass I

Insulin >50 units/dayD

In combination with:

Carotid Artery Disease, operated or unoperated

<50% stenosis, no insulin use within 6 months, tobacco free 12 monthsS

50-70% stenosis, insulin use within 6 months, tobacco free 12 monthsClass I

<50% stenosis, tobacco use within 12 monthsClass I

50-70% stenosis, tobacco use within 12 monthsD

>70% stenosisD

Retinal artery occlusion, single episodeClass II, 2 years

Retinal vein occlusion, single episodeClass I

Coronary Artery Disease or other heart disease or disorder, tobacco use within 12 monthsD

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

Medical Impairments (continued)

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 Alc>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
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
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
Dystonia	D
Echocardiography	
Left Atrium >5.0 cm	D
Ejection Fraction <45%	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	
<2 years since treatment, currently treated, or present	D
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
Factor XII	D
Fainting	handle as Dizziness

Medical Impairments (continued)

Falls , single episode	S-IC
Multiple episodes, or with injuries	IC-D
Familial Tremor	handle as Tremor
Family History (biological parents or siblings) of any form of Dementia, including but not limited to Alzheimer's	S
maximum benefit period 5 years, \$5,000 maximum monthly benefit	
2 or more relatives (biological parents or siblings) with any type of dementia	D
Fatigue , after 12 months, resolved	S*
Within 12 months, or with functional limitations	IC-D
Fatty Liver incidental finding, not diagnosed as NASH	S-IC
Feeding tube	D
Fibromuscular Dysplasia	D
Fibromyalgia 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 fewer than 4 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
Foot Drop unilateral, mild, nonprogressive for at least 2 years	IC
All others	D
Fracture-Traumatic , 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
Fracture-Non Traumatic , in combination with any degree of osteoporosis, not on Medication, or with functional impairment	D
Frailty	D
Friedrich's Ataxia	D
Fuch's Dystrophy	S*

Gastric Bypass/Banding/Sleeve , after 2 years, fully recovered, no complications.	S
Gaucher's Disease	D
Glaucoma , stable vision, controlled eye pressures.	S*
All others.	IC
Glomerulonephritis	D
Grave's Disease , after 12 months	S
Guillain-Barre Syndrome , after 12 months, no residuals	S
Handicap Placard	Class I
Hashimoto's	S*
Head Injury , after 6 months, no residuals	S-IC
With residual functional or cognitive impairment, or multiple head injuries.	D
Heart Attack/Heart Disease	handle as Coronary Artery Disease
Heart Transplant	D
Heart Valve Disorder/Insufficiency/Murmur/Regurgitation/Stenosis , 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
Hematuria , 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
Hemiplegia	D

Medical Impairments (continued)

Hemochromatosis , 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
Hemophilia	D
Hepatitis , 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
Autoimmune	D
Hepatitis A or B , after 6 months, fully recovered	S
Hepatitis C	
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
Hereditary Hemorrhagic Telangiectasia	D
Herniated Disc/Degenerative Disc Disease (DDD)	
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 6 months mild to moderate disease	Class I-IC
Epidural steroid injection, or trigger point injection, after 6 months severe disease	D
More than 2 injection series per year	D
Operated or unoperated with ADL limitations	D
Presence of Harrington Rods	D

High Blood Pressure , 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
Hip Replacement	handle as Joint Replacement
HIV Positive	D
Hoarder	D
Hodgkin's Disease 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
Home Health Care received within 6 months	D
Huntington's Chorea	D
Hydrocephalus with or without shunt	D
Hypogammaglobulinemia	D
Hypoparathyroidism/Hyperparathyroidism	S*
Hypothyroidism/Hyperthyroidism	S*
IADL Impairment	D
Idiopathic Hypertrophic Subaortic Stenosis (IHSS)	handle as Cardiomyopathy
Idiopathic Thrombocytopenia Purpura (ITP)	
Platelet count >50,000 for 1 year	Class I 3 years
Imbalance	handle as Balance Disorder
Immune Deficiency	D

Medical Impairments (continued)

Impaired Glucose Tolerance/Elevated Blood Sugar/Elevated Hgb A1C

Glucose \leq 125, creatinine \leq 1.3	S*
A1c $<$ 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

Implantable Stimulator D

Incontinence, urinary, stress, manages independently S*

Urinary, uncontrolled, or requires assistance with management D

Stool D

Interstitial Cystitis

Mild, well established diagnosis, OTC meds only S

Moderate, tricyclic antidepressants, other neuropathic agents, Elmiron Class I

Severe, bladder instillations, TENS, surgical cases D

Interstitial Lung Disease handle as COPD

Irritable Bowel Syndrome, controlled, weight stable S*

Uncontrolled or with weight loss D

Joint Injections/Stem Cell, 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

Joint Replacement, one joint after 3 months, fully recovered, no use of assistive devices, no longer receiving physical therapy S

Two joints build not rateable, fully recovered, no limitations S-IC

Two or more joints, rateable build D

Three joints, build not rateable Class I-D

More than 3 joints	D
Surgery recommended or planned	D
Kidney Disorder , diagnosed with mild renal insufficiency, stable 2 years.....	S-IC
Creatinine ≤ 1.5 , no proteinuria, not diabetic, well controlled 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
Kidney Transplant	D
Kidney Donor after six months, normal function in remaining kidney	S
Knee Replacement	handle as Joint Replacement
Labrynthitis	handle as Dizziness
Lacunar Infarct	
Single	handle as Stroke
Single in combination with white matter or small vessel ischemia	D
Multiple.....	D
Lap Band Surgery	handle as Gastric Bypass
Latent Autoimmune Diabetes of Adult (LADA)	Handle as Diabetes, type II
Left Atrial Enlargement/Left Atrial Volume, ≥ 5.0 cm.....	D
Left atrial volume ≥ 34 ml/m ²	D
Leukemia	
AML, CML, Hairy Cell	D
Acute, after 3 years	IC
CLL	
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
Leukopenia , stable 2 years WBC >2.5	S-IC
Liver Transplant	D

Medical Impairments (continued)

Living Environment noted during face-to-face interview to be excessively cluttered, filthy, unsafe, or with evidence of hoarding	D
Lou Gehrig's Disease	D
Low Back Pain	handle as Back Pain/Strain
Lung Transplant	D
Lupus , discoid, after 12 months	S
Systemic	D
Lyme Disease , after 12 months, fully recovered, no residuals	S*-IC
Undergoing treatment, or with residuals, or with chronic disease	D
Lymphedema , medically managed, no limitations	S
With limitations or history of skin ulcers	D
Lymphoma	
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
Macular Degeneration , one eye	S
Both eyes	IC-D
Manic Depression	handle as Bipolar
Marfan's Syndrome	D
Marijuana Recreational	
Current use 3 times per week or less, no DUI within 3 years, 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
1 year out from last use	S*
Medicaid Recipient	D

Medullary Sponge KidneyIC

Melanoma handle as Cancer

Memory Loss, present or within 1 year D
Resolved for at least 1 yearIC

Meniere's Disease, after 6 months, symptoms controlled,
no limitationsS
Associated with falls D

Meningioma removed, after 12 months, no limitations..... S-IC
Incompletely removed, stable imaging for 2 years, no residual
neurological impairment..... Class I
Surgery planned D
Recur after surgery.....D
Stable at least 3 years, surgery not planned IC

Meningitis, after 12 months, fully recoveredS-IC
Present..... D

Mental Retardation D

MTHFR handle as Blood Clotting Disorder

Microalbuminuria
>20 D
Microalbumin ratio > 30..... D

Migraines, not daily, controlled with medication, no restrictions
or limitationsS*
With occasional use of oxygen (no respiratory conditions noted),
one medicationS
With occasional use of oxygen with any known respiratory condition
or more than one medication D

Mild Cognitive Impairment D

Mitral Valve Prolapse.....S*-IC

Mixed Connective Tissue Disease D

Monoclonal Gammopathy
<3 years D
≥3 years, asymptomaticClass I

Moyamoya D

Medical Impairments (continued)

MRSA

Single occurrence recovered after 1 year S
 1 recurrence 18 months after recurrence Class I

Multiple Myeloma D

Multiple Personality Disorder D

Multiple Sclerosis D

Muscular Dystrophy D

Myasthenia Gravis, ocular, after 1 year S
 Generalized. D

Mycosis Fungoides handle as Lymphoma Cutaneous T Cell

Myelodysplastic Syndrome D

Myelofibrosis D

Myocardial Infarction. handle as Coronary Artery Disease

Narcolepsy effectively treated S-IC
 Untreated or resulting in accidents or injury. D

Narcotic Pain Medication

Reason for narcotic pain medication use handle as specific
 medical impairment

All others, use of narcotic pain medication for acute
 (not to exceed 14 days) self-limiting condition or taking fewer
 than 4 doses of narcotic pain medication per week IC

All others, requiring more than 3 doses of narcotic pain
 medication per week D

NASH - Nonalcoholic Steatohepatitis, after 2 years, ALT <2x normal,
 weight within

Select maximum, well controlled diabetes (if applicable) and
 well controlled lipids, and <3 alcoholic drinks per week,
 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

Nebulizer use, within 6 months, other than for acute infection
 with no underlying respiratory disease. D

Neurofibromatosis	D
Neurogenic Bowel or Bladder	D
Neuropathy , mild, fully evaluated, no limitations	S-IC
Not fully evaluated, related to diabetes or alcohol, or with history of falls, imbalance, or gait disorder, or skin ulcers, or severe	D
Neutropenia , stable 2 years neutrophils >1,000	S-IC
Non Hodgkin's Lymphoma	handle as Lymphoma
Nursing Home Confinement , after 6 months, full recovery, no limitations	IC
Within 6 months	D
Obesity	handle as Build chart
Obsessive Compulsive Disorder , after 3 years, controlled on medication Fully functional	S-IC
Limits functional ability	D
Psychiatric hospitalization within 5 years	D
Occupational Therapy	handle as Physical Therapy
Optic Neuropathy or Neuritis , refer to specific cause	IC
Related to Multiple Sclerosis	D
Organic Brain Syndrome	D
Organ Transplant	D
Osler-Weber-Rendu Syndrome	D
Osteoarthritis	handle as Arthritis
Osteomyelitis	handle as Avascular Necrosis
Osteoporosis , T score -2.5 to -2.9, no tobacco 1 year, no history of nontraumatic fractures, regular weight bearing exercise, 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 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, or with functional limitations, or with balance disorder, abnormal gait, or 2 or more falls in the past year	D

Medical Impairments (continued)

Oxygen use, including lung condition, sleep apnea, etc.	D
Intermittent use with migraine headaches	S
Pacemaker , after 3 months	S-IC
Recommended or surgery pending	D
Paget's Disease , no symptoms and no limitations.	IC
With symptoms or history of fractures	D
Pancreas Transplant	D
Pancreatitis , after 12 months, single episode, fully recovered	S
Recurrent, resolved with Cholecystectomy	S
Related to alcohol use, or 2 or more episodes, or chronic	D
Panic Attack/Disorder	handle as Anxiety
Paralysis	D
Paraplegia	D
Parkinson's Disease	D
Current diagnosis	D
Positive genetic screening (if GINA allows)	D
New onset symptoms concerning for possible PD	D
Parkinsonism	D
Patent Foramen Ovale 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, no underlying clotting disorder	S-IC
Pemphigus Vulgaris	D
Periodic Limb Movement Disorder	S
Severe or with injuries	D
Peripheral Neuropathy	handle as Neuropathy

Peripheral Vascular/Arterial Disease

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

Physical Therapy

- 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

Pick’s Disease D

- Pituitary Adenoma** removed, after 12 months, no limitations S
- Stable x3 years, no surgery planned IC
- Surgery planned D

Plantar Fasciitis S*

Platelet Abnormality. handle as specific condition

- Pneumonia**, after 3 months, single episode, fully recovered S*
- Associated with chronic lung disease. handle as COPD

- Polio** fully recovered, no limitations, no assistive devices. S
- Fully recovered, no limitations, leg brace. IC
- With recurrence or limitations D

- Post Polio Syndrome** after 2 years, nonprogressive, no limitations, no assistive devices IC
- Progressive weakness or fatigue, or with limitations D

Polycystic Kidney Disease D

Medical Impairments (continued)

Polycythemia , 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 with serial labs showing stability and HCT <56 in Males	Class I-IC
Secondary due to Tobacco or Marijuana use	D
Polycythemia Vera after 2 years, managed with medication or Phlebotomy, platelets <450,000.	Class II, 2 years 90-day elimination
Polymyalgia Rheumatica mild, after 1 year, no limitations.	S
Moderate, no functional limitations	Class I-IC
Severe, or with limitations	D
Polymyositis/Dematomyositis	D
Polyneuropathy	D
Post Herpetic Neuralgia	D
Post Traumatic Stress Disorder (PTSD) , after 12 months, controlled, fully functional	S-IC
After 12 months, not adequately controlled or with functional impairment.	D
Power of Attorney (POA) , active, due to applicant's medical or cognitive impairment	D
All others.	IC
Pregnancy	D
Currently attempting and/or planning within the next year, or undergoing fertility treatment, or evaluation for same.	D
Prep Medication , used to prevent HIV* <6 months PrEP started or planned use.	D
≥6 months since PrEP started, non-compliant with CDC guidelines, abnormal lab results (HIV, renal function, Hepatitis B & C, liver function tests, sexually transmitted infection testing).	D
≥6 months, if compliant with CDC guidelines, no complications, normal lab results (HIV, renal function, Hepatitis B & C, liver function tests, sexually transmitted infection testing)	S
Treatment discontinued ≥6 months, no complications, normal lab results (HIV, renal function, Hepatitis B & C, liver function tests, sexually transmitted infection testing).	S
With substance abuse or major depression.	D

*Medical impairment does not apply to New York applicants.

Primary Biliary Cirrhosis	D
Prostate Specific Antigen (PSA)	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	
Severe	S*
With DMARD use	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

Medical Impairments (continued)

Residential Care Facility Resident within 6 months	D
Restless Leg Syndrome	S*
Retinal Artery Occlusion	
One	Class I
One, in combination with Diabetes	Class II, 2 years
Two or more	D
Retinal Vein Occlusion	
One	S
One, in combination with Diabetes	Class I
Two or more	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	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
Seizures	handle as Epilepsy

Shingles, after 6 months, fully recoveredS*
Present, or with residuals, or postherpetic neuralgia D

Short Stature, due to chronic disease or genetic disorder D

Shy-Drager Syndrome D

SICCA handle as Sjogren’s Syndrome

Sickle Cell Anemia D
Trait only, no active diseaseS*
Active disease D

Sick Sinus Syndrome
With pacemakerS
Without pacemaker, no symptomsIC
Without pacemaker, with dizziness or fainting, or pacemaker
recommended but not done D

Sjogren’s Syndrome
Mild, dryness of eyes and mouth onlyS*
In combination with Rheumatoid Arthritis, Connective Tissue
Disease, or with other organ involvement D

Skin Cancer handle as Cancer

Sleep Apnea Mild AHI< 14.9 events per hour, after 3 months
with or without treatmentS*
Moderate AHI 15 -29.9 events per hour, after 3 months,
responsive to treatmentS-IC
Severe ≥30 events per hour, and noncompliant with treatment,
unresponsive to treatment, or with supplemental oxygen D
Severe, in compliance with treatmentIC
Pending workup or sleep study D
Treatment is considered as CPAP, BiPAP, or dental device.

Social Security Disability receiving D

Social Withdrawal D

Small Bowel Transplant D

Speech Therapy handle as Physical Therapy

Spina Bifida D

Medical Impairments (continued)

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 6 months, mild to moderate spinal stenosis Class I-IC
 Epidural steroid injection, after 6 months, severe spinal stenosis D
 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

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

Subarachnoid Hemorrhage	handle as Stroke
Subdural Hematoma , after 6 months, recovered, no residuals	S
Suicide Attempt	
One, after 5 years	S-IC
More than one	D
Suicidal Ideation within 2 years	D
Supraventricular Tachycardia (SVT)	S*-IC
Surgery , requiring general anesthesia, planned, not completed	D
Syncope , acute, negative workup, after 3 months, no residual	S*
Vasovagal with injury.....	D
Recurrent	D
Systemic Lupus	D
Temporal Arteritis , after 12 months, fully recovered.	S-IC
TENS Unit	
Past use	IC
Current use	D
Thalassemia	
Minor	S
Major	D
Thrombocythemia	D
Thrombocytopenia , 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
Thrombocytosis , 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

Medical Impairments (continued)

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 after surgery.....	Class I-IC
Patent Foramen Ovale (PFO) operated, stroke or TIA after surgery.....	D
Clotting Disorder	D

Transplant (except corneal) organ, bone marrow, stem cell	D
Transverse Myelitis	D
Tremor fully evaluated, benign familial, no limitations, mild to moderate.	S
Not fully evaluated, with limitations, or gait disturbance	D
Benign Essential Tremor age >65, present at least 10 years, not progressive, no limitations	S*
Trigeminal Neuralgia After 12 months managed with antispasmodics or anticonvulsants, no limitations	S
6 months after surgery, resolved	S
Poorly controlled or disabling	D
Tuberculosis after 12 months, treated, fully recovered, normal PFT's	S*
Present or with lung damage or other organ involvement	D
Turner's Syndrome	D
Ulcerative Colitis	handle as Crohn's
Undifferentiated Connective Tissue Disease	D
Uveitis	S*
Valvular Heart Disease	handle as Heart Valve Disorder
Varicose Veins	S
With history of leg ulcers or pending surgery	D
Venous Insufficiency	S
With history of leg ulcers or pending surgery	D
Ventricular Tachycardia Controlled on medication 6 months	S
With implantable defibrillator	D
Ventriculoperitoneal Shunt	D
Vertigo	handle as Dizziness
Von Hippel-Lindau	D
Von Willebrand's Disease	D
Waldenstrom's Macroglobulinemia	D
Walker Use	D

Medical Impairments (continued)

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	Pharmaceutical Check	Medical Records	Personal Health Interview	Cognitive Assessment
All applicants	All applicants	UW discretion	Telephone <ul style="list-style-type: none"> Ages 30-64 Face-to-Face <ul style="list-style-type: none"> Ages 65-79 Younger ages at underwriter discretion 	Included with telephone and face-to-face interview <ul style="list-style-type: none"> Age 60-79 Younger ages if history of CVA, TIA, memory loss or depression

NOTE: Medical Information Bureau (MIB), Pharmaceutical Check and Medical Records may be requested on all applicants in order to assist the underwriter in making an informed decision regarding the applicant’s insurability.

Ages 65-79: A complete head-to-toe physical examination and complete metabolic profile (CMP)* chemistry lab panel is required within the past 24 months.

Ages 30-64: A complete physical assessment – an examination routinely completed during a visit for a specific concern (e.g., migraine or sinusitis appointment) – is required within the past 24 months. Any additional lab and testing will be requested at the discretion of the underwriter. This may include, but is not limited to: complete metabolic profile (CMP), specific labs, such as a prostate specific antigen (PSA), or radiology studies, such as mammogram or bone density scan.

All ages: A complete head-to-toe physical examination and complete metabolic profile (CMP) chemistry lab panel is required within the past

24 months to qualify for preferred rates, a benefit period greater than five years, or a maximum monthly benefit greater than \$8,000.

*A CMP is required ages 65+ and may be required for ages 30-64 at the underwriters discretion. We will then offer two options.

A Comprehensive Metabolic Panel 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, CO2, creatinine, glucose, potassium, sodium, total billrubin and total protein.

Option #1 – Have the CMP completed by the applicant with their physician and at their expense. The CMP can be:

1. Sent directly to us
2. Or upon notification of completion we can request the results directly from the physician

If the client has completed this medical requirement with a different physician, please provide us with the full name, address and phone number of that provider so medical records can be obtained.

Option #2 – Have the CMP completed by a paramedical vendor at our expense. Should this option be chosen the following should be noted:

(For insurability purposes only) Allow us to pay the expense of the CMP, by completing it with one of our approved paramedical vendor's listed below. You will need to order and request a "complete blood profile only":

APPS (American Para Professional Systems, Inc.) –

<http://www.appslive.com/>

EMSI (Examination Management Services, Inc.) –

<http://www.emsinet.com/>

Exam One – <http://examone.com/>

SMM (Superior Mobile Medics) –

<http://www.superiormobilemedics.com/>

If you decide to utilize Option 2, your client will be provided with a lab slip/reference number. We will need this reference number and sample taken date to be submitted via email to ltc_new_business@mutualofomaha.com, ATTN: (Case Manager Name). Lab completion will take approximately 7 days.

Preparing Your Client for the Personal Health Interview

- 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

Fax Numbers & Email:

1-888-539-4672

epsupport@ltcg.com

- New application submissions

1-402-550-1926

- Missing application requirements
- Case Manager requests
- Authorizations

1-952-833-5410

- Delivery receipt/PDAs
- Change form requests
- Amendments

1-888-441-5824

- Claims

Mailing Addresses:

Long-Term Care Service Office
P.O. Box 64901
St. Paul, MN 55164-0901

- Application submission with initial premium
- Post-issue requirements (amendments, delivery receipts)
- Coverage changes
- Cancellation requests

Long-Term Care Service Office
7805 Hudson Road, Ste. 180
Woodbury, MN 55125-1591

- Overnight application submission only

Sales Support

Agency:

1-877-617-5589

Brokerage:

1-800-693-6083

sales.support@mutualofomaha.com

Hours: 7:30 a.m. to 5:30 p.m. CT

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

Case Management

1-800-275-5528

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

- To identify, 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. CT

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

Long-Term Care Customer Service

1-877-894-2478

Hours: 7 a.m. to 5 p.m. CT

- Policy issue
- Customer service
- Billing and collection
- Claims



Why Mutual of Omaha

For more than a century, Mutual of Omaha has been committed to listening to our customers and helping them through life's transitions by providing an array of insurance, financial and banking products.

[MutualofOmaha.com](https://www.MutualofOmaha.com)