

# Application and Underwriting Process Guide

For Individual and Family Plans, Medicare Supplement Plans  
and Short-term Health Plans



*Blue Shield proudly acknowledges Barry Sikov  
IFP Broker Advisory Council Member and MVP producer*

## What you'll find inside:

- Application processing information
- Underwriting tips
- Probable action guide
- Producer resources
- Key contact information

Effective August 2006

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## Speed dial

*For fast answers to application/  
underwriting questions*

## IFP and Medicare Supplement

(800) 559-5905

*ProducerServices@blueshieldca.com*

## Short-term health insurance

(800) 443-8284

*shorttermhealth@bscalife.com*

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# Introduction

We are pleased to present the latest edition of the Blue Shield Application and Underwriting Process Guide – one of the many tools we provide every year to make it easier for you to sell Blue Shield of California and Blue Shield of California Life & Health Insurance Company (Blue Shield Life) products.

## BLUE SHIELD'S UNDERWRITING PHILOSOPHY

The guidelines detailed in this booklet represent Blue Shield's general approach to underwriting new and existing business, and our application processing procedures.

We utilize the Milliman Inc. *Health Cost Guidelines for Individual Medical Underwriting*, a guide developed cooperatively by actuarial and clinical consultants representing a combination of research, experience and judgment. These guidelines provide a consistent basis for a Blue Shield underwriter's determination of the relative risks associated with an individual's medical characteristics.

Underwriting decisions are based on underwriting guidelines, an applicant's medical history as disclosed on the application, and the overall underwriting risk the applicant poses; lifestyle and/or behavioral preferences are not considered unless related to an applicant's medical history. Depending on the information provided on each application, the underwriter might request and consider additional medical information in the underwriting process.

Blue Shield may use any medical information in reviewing an individual's application, including any medical condition that occurs after the signature and submission of the application and before an underwriting decision is made (or before the effective date of coverage).

Only a Blue Shield underwriter may make the final decision to accept or decline an application, or to determine the rate level or an effective date of coverage. Producers are **not** authorized to bind or guarantee coverage, or establish a specific rate or an effective date. Please advise all prospective members to maintain their current coverage until Blue Shield notifies them in writing of our decision regarding coverage.

Blue Shield will not refuse to enter into any contract or cancel or decline to renew or reinstate any contract because of the race, color, national origin, ancestry, religion, sex, marital status, sexual orientation or age of any individual applicant or member. Blue Shield will also not modify the benefits or coverage of any contract because of race, color, national origin, ancestry, religion, sex, marital status, sexual orientation or age; except for premium, price or charge differentials because of sex or age of any individual when based on objective, valid, and up-to-date statistical and actuarial data.

THANK YOU FOR YOUR SUPPORT IN MAKING  
BLUE SHIELD A POPULAR CHOICE AMONG CALIFORNIANS

This booklet provides a general description of Blue Shield's individual underwriting process and examples of the most common underwriting guidelines. It is meant for information purposes only and is not intended to be inclusive. Other underwriting criteria and guidelines not contained in this booklet may apply.

The guidelines provided in this booklet are the proprietary business information of Blue Shield. No part of this document may be copied, reproduced or redistributed in any form or by any means, without the express prior written permission of a Blue Shield officer or a Blue Shield sales director. Contact Producer Services at (800) 559-5905 with any questions.

## UPDATES

In general, the information provided in this Application and Underwriting Process Guide booklet is updated and published annually. We make every effort to keep you updated on any interim changes to this information.

## APPLICATION PROCESS

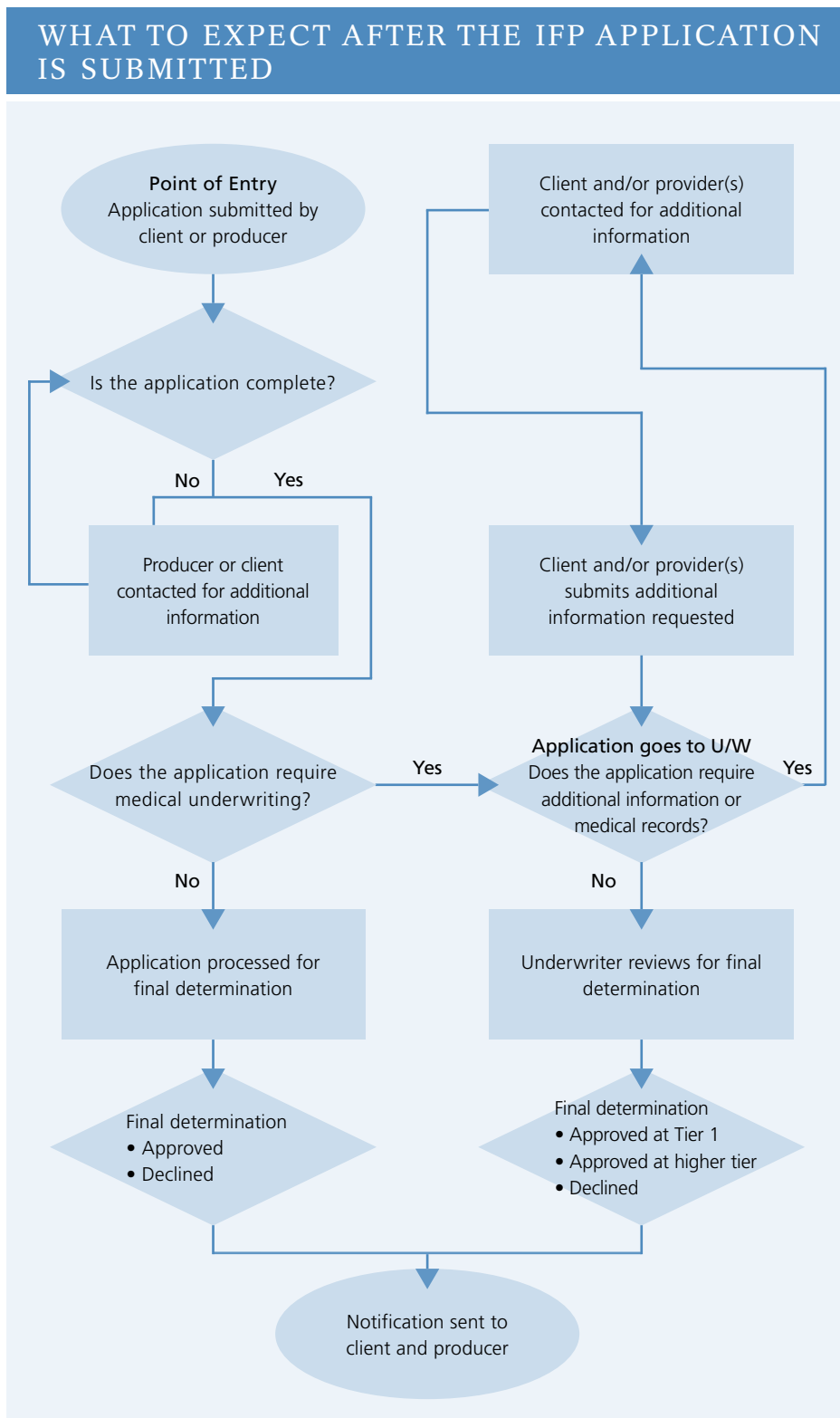
### The Basics

Our internal tracking system monitors applications at each stage of the underwriting process – from receipt to determination. The diagrams at the right and on the next page give you a visual representation of the path an application follows through our Underwriting System.

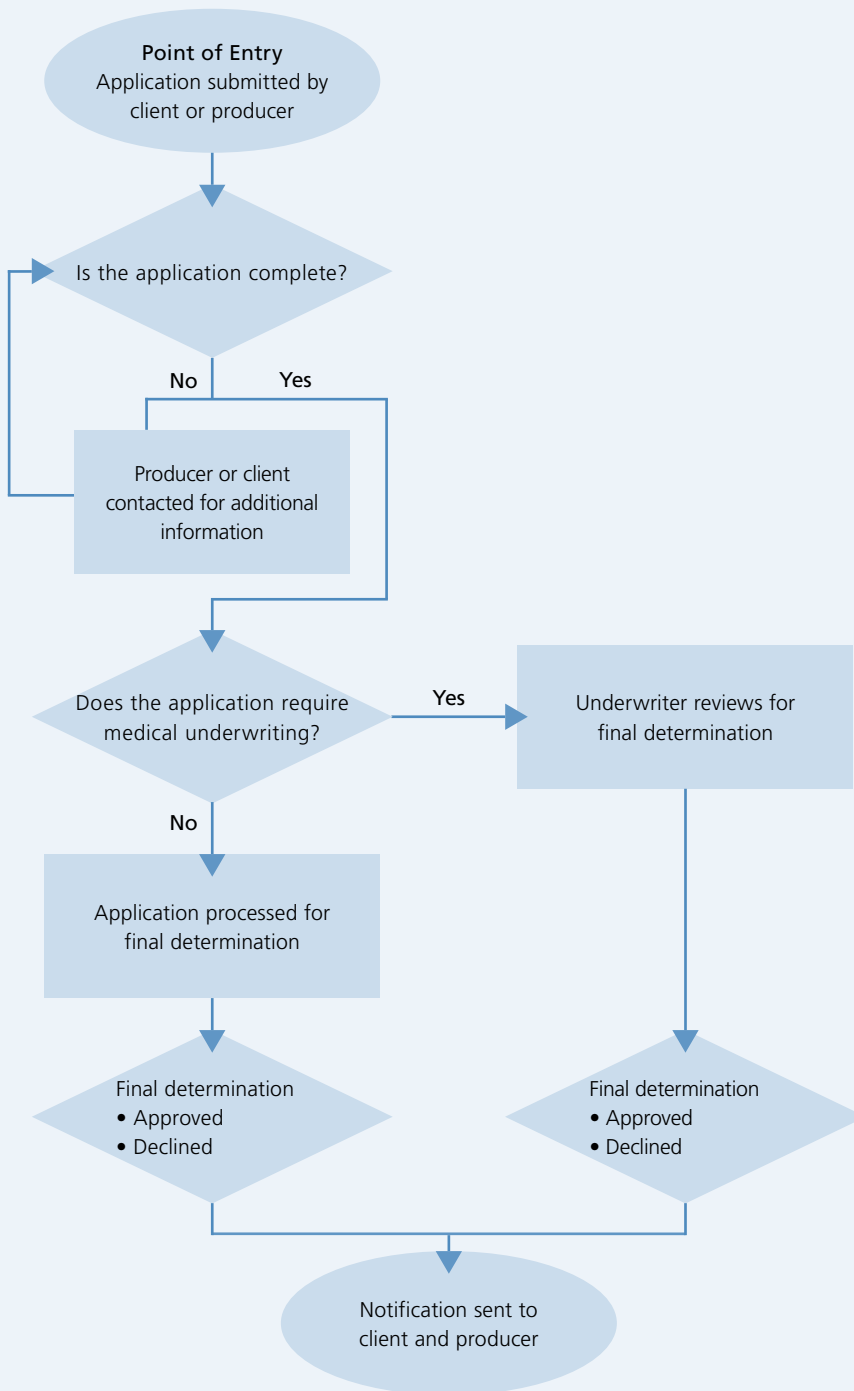
We notify you and your client in writing when a final determination is made on the application. In most cases, you and your client should receive notice of our final determination within 10 days of submission of a **complete** application.

Delays may occur when we need to request an attending physician statement (APS) or additional information from the applicant. In such cases, we can't estimate the length of time necessary to complete the application process, as it will depend on several factors, including how long it takes for us to receive the requested information.

**Important for replacement of other coverage!** If your clients are replacing other health plan coverage, please advise them not to cancel their existing coverage until they have received written notification that their application has met Blue Shield underwriting criteria, and they are accepted for coverage.



## WHAT TO EXPECT AFTER THE MEDICARE SUPPLEMENT PLAN APPLICATION IS SUBMITTED



## Payment Options

Blue Shield requires payment of the first month's dues/premiums with all applications submitted for underwriting. If an applicant is declined, we will refund the advance payment.

**Note! Acceptance of payment by Blue Shield does not constitute an approval of or a declaration of coverage.**

Once coverage is approved, we offer three convenient payment options:

### Automatic Payment Choices

#### 1. Credit card

Clients can use Visa or MasterCard to pay their ongoing Blue Shield premiums/dues. They can set up automated recurring payments for their monthly or quarterly dues. Credit cards are charged on the first of the month in which a payment is due.

#### 2. Easy\$Pay<sup>SM</sup>

This option lets your clients have their IFP or Medicare Supplement Plan premiums/dues automatically deducted from their checking or savings account. Easy\$Pay isn't available for short-term health insurance.

Medicare Supplement Plan members who choose Easy\$Pay will save \$2 per month on their Medicare Supplement plan dues if they are enrolled in Plan A, B, C, D or F. The savings do not apply to Plan K.

Note: Savings due to increased efficiencies from administering Medicare Supplement plans under this program/service are passed on to the subscriber.

Just have your clients complete the automatic payment form that applies to their plan type (IFP or Medicare Supplement Plan).

You can download the forms from [blueshieldca.com/producer](http://blueshieldca.com/producer) or you can order a supply.

- IFP Automatic Payment Options A10578 (4/06)
- Medicare Supplement Automatic Payment Options A10578-MS (4/06)

#### 3. Monthly and quarterly billing by mail

For clients who prefer monthly or quarterly billing by mail, the payment due dates will be included on each bill they receive. All monthly and quarterly payments made after the initial application payment should be sent to:

Blue Shield of California  
P. O. Box 51827  
Los Angeles, CA 90051-6127

## Policies

### Termination/cancellation/ reinstatement of the *Evidence of Coverage and Plan Contract/ Policy after cancellation*

Blue Shield may terminate the Evidence of Coverage (EOC) and Plan Contract/Policy together with all like EOCs and Plan Contracts/Policies by giving 90 days' written notice. Members who want to terminate the EOC and Plan Contract/Policy shall give Blue Shield 30 days' written notice.

The EOC and Plan Contract/Policy may be cancelled by Blue Shield for false representations to, or concealment of material facts from, Blue Shield in any health statement, application, or any written instruction furnished to Blue Shield by the member at any time before or after issuance of the EOC and Plan Contract/Policy, or for fraud or deception in enrollment. The EOC and Plan Contract/Policy may also be cancelled if the subscriber and/or dependent(s) fail or refuse to provide access to documents and other information that was provided in the application for coverage. Cancellation in such instances shall be effective as of the original effective date of coverage, without prior notice to the subscriber.

Blue Shield may terminate the EOC and Plan Contract/Policy for cause immediately upon written notice for the following:

- a. Material information that is false or misrepresented information

- provided on the enrollment application or given to Blue Shield;
- b. Permitting use of a member identification card by someone other than the cardholder or his/her dependents to obtain covered services;
- c. Obtaining or attempting to obtain covered services under the EOC and Plan Contract/Policy by means of false, materially misleading, or fraudulent information, acts or omissions; or
- d. Abusive or disruptive behavior which: (1) threatens the life or well-being of Blue Shield personnel and providers of covered services; or (2) substantially impairs the ability of Blue Shield to arrange for covered services to the member; or (3) substantially impairs the ability of providers of service to furnish covered services to the member or to other patients.
- e. Blue Shield may terminate the EOC and Plan Contract/Policy for cause upon thirty (30) days' written notice if the subscriber moves out of California.

Blue Shield shall, within 31 days of the notice of termination or cancellation, return to the subscriber the amount of prepaid premiums, if any, minus any monies paid by Blue Shield for incurred claims that Blue Shield determines will not have been earned as of such terminating date. However, Blue Shield reserves the right to recoup all payments from the subscriber for incurred

charges that exceed the premiums, paid by the subscriber if the EOC and Plan Contract/Policy is cancelled for fraud or deception.

### Cancellation of the EOC and Plan Contract/Policy for Nonpayment of dues/premiums

If the EOC and Plan Contract/Policy is being cancelled due to nonpayment of the required dues/premiums when due, then coverage will end retroactively back to the last day of the month for which dues/premiums were paid. This retroactive period will not exceed 60 days from the date of mailing of the Notice Confirming Termination of Coverage. Blue Shield will send a Prospective Notice of Cancellation if dues/premiums have not been received that states:

- a. Dues/premiums have not been paid, and that the EOC and Plan Contract/Policy will be cancelled if the required dues/premiums are not paid within 15 days from the date the Prospective Notice of Cancellation is mailed;
- b. The specific date coverage will end if dues/premiums are not paid; and
- c. Information regarding the consequences of any failure to pay the dues/premiums within 15 days.

Within five (5) business days of canceling or not renewing the EOC and Plan Contract/Policy, Blue Shield will mail a Notice Confirming Termination of Coverage, which will inform the subscriber of the following:



## Policies, continued

- a. That the EOC and Plan Contract/Policy has been cancelled, and the reasons for cancellation;
- b. The specific date coverage ended; and
- c. Information regarding the availability of reinstatement of coverage under the EOC and Plan Contract/Policy.

### Grace period for payment of premium of Blue Shield Life plans

After payment of the first premium, the subscriber is entitled to a 28-day grace period for payment of any premium due. During the grace period, the Policy remains in force. However, the subscriber is responsible for payment of premiums that accrue during the period the Policy continues in force.

Note that this grace period applies only to IFP products underwritten by Blue Shield Life. However, notices will be mailed within the timeframes as described above.

### Reinstatement of the EOC and Plan Contract/Policy after Cancellation

If the EOC and Plan Contract/Policy is cancelled for nonpayment of dues/premiums, Blue Shield will permit reinstatement of the EOC and Plan Contract/Policy or coverage twice during any 12-month period, without a change in dues/premiums, and without consideration of the medical condition of the subscriber or any dependent, if the amounts owed are

paid within 15 days of the Notice Confirming Termination of Coverage mail date. If request for reinstatement and payment of all outstanding amounts is not received within the required 15 days, or if the EOC and Plan Contract/Policy is cancelled for nonpayment of dues/premiums more than twice during the preceding 12-month period, then Blue Shield is not required to reinstate, and the subscriber will need to re-apply for coverage. In this case, Blue Shield may impose different dues/premiums and consider the medical condition(s) of the subscriber and any dependents in deciding whether to offer coverage.

### Policy on fraud, misrepresentation and omission of material facts

Blue Shield reserves the right to cancel or rescind coverage if information on an application is falsely represented. If an applicant misrepresents or omits any material information, including medical history, at the time their original application was completed, we may rescind coverage under the contract as of the original effective date. Monthly dues/premiums will be refunded, less any expenses incurred that are unrecoverable from providers.

### Utilization review process

State law requires that health plans disclose to plan members and health plan providers the process used to authorize or deny health care services under the plan. Blue Shield has docu-

mented this process (“Utilization Review”). Please call the appropriate IFP Member Customer Service Department toll-free at the number listed below to request a copy of this document:

- Blue Shield of California IFP HMO and Healthy Family plans:  
**(800) 424-6521**
- Blue Shield of California IFP PPO plans:  
**(800) 200-3242**
- Blue Shield of California Life & Health Insurance Company IFP plans:  
**(888) 852-5345**
- Blue Shield of California Medicare Supplement plans:  
**(800) 248-2341**



## IFP Applications

### Eligibility

#### Conditions of eligibility

For your clients to be eligible for a Blue Shield Individual and Family Plan, they must be:

- California residents
- Younger than age 65

Dependent coverage is available for:

- Spouses younger than age 65
- Domestic partners younger than age 65
- Dependent children who are not married or part of a domestic partner relationship and are younger than age 19, or younger than age 23 if enrolled as a full-time student

In this case, “full-time student” means enrolled in a college, university or vocational or technical school, and for a minimum of 12 units as an undergraduate.

#### Service area requirements

Clients and their eligible dependents applying for an Access+ HMO<sup>®</sup> plan, Access+ Value HMO<sup>SM</sup> plan and/or a Dental HMO must each live or work in our HMO plan service area. Each family member covered by the plan will need to select a Personal Physician located sufficiently close to home or work to ensure reasonable access to care, as determined by Blue Shield.

To determine the service area or to find a personal physician, you or your clients can:

- Go to **blueshieldca.com** and search for a provider using their home or work ZIP code
- Call Customer Service
- Review the consumer rate book – page 2 lists the HMO-eligible ZIP codes

#### Guaranteed issue (GI) plans

California residents who are not eligible for other coverage including Medicare but who meet certain other conditions under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) may be eligible for our Shield Spectrum PPO<sup>SM</sup> Plan 1500, Shield Spectrum PPO<sup>SM</sup> Plan 2000, Blue Shield Life PPO 1500,\* and Blue Shield Life PPO 2000\* guaranteed issue plans. Our guaranteed issue plans are an alternative for a person who may not be eligible for underwritten plans because of a pre-existing condition.

#### Qualifying for guaranteed issue plans

Generally, people apply for guaranteed issue plans if they know or suspect that they are not eligible for an underwritten plan. Clients applying for just a guaranteed issue IFP plan should complete parts 1 through 3 and 8 through 11 of the IFP application.

If you are not sure whether your clients are eligible for an underwritten plan, you can recommend that they apply for both a guaranteed issue plan and an underwritten plan

at the same time by completing the entire IFP application. We will examine the entire application to see if they (and any applying dependents) are eligible for either plan. We will notify you and your clients of the plan(s) and rates for which they qualify. (Completing the entire IFP application will not affect your client’s eligibility for a guaranteed issue plan.)

#### Applying for guaranteed issue plans

**Step 1: Clients use the IFP application** to apply for a guaranteed issue plan, selecting from these GI plans:

- Shield Spectrum PPO Plan 1500
- Shield Spectrum PPO Plan 2000
- Blue Shield Life PPO Plan 1500\*
- Blue Shield Life PPO Plan 2000\*

Applicants who do not specify a plan will be assigned the Blue Shield Life PPO Plan 2000 guaranteed issue plan.

**Step 2: Applicants complete a *Statement of Guaranteed Issue Eligibility*** for themselves, as well as for each dependent applying for a guaranteed issue plan.

Guaranteed issue plan rates may be higher than a rate for a Blue Shield underwritten plan. If your clients also wish to be considered for non-guaranteed issue coverage (an underwritten plan) at the time of their application, they should complete the entire application.

\* Blue Shield of California Life & Health Insurance Company underwrites these plans.

## IFP Applications, continued

### **Step 3: Certificate(s) of Creditable Coverage is/are required from all GI applicants.**

The certificate is from their previous health plan(s) and must indicate that they were covered for 18 months or more. This timeframe can include the number of months they were covered under COBRA or CalCOBRA continuation coverage as part of their most recent group coverage.

#### **Differences with GI plans**

- Network: the Blue Shield Life provider network differs slightly from the Blue Shield of California provider network. The most up-to-date provider network information is available at **blueshieldca.com**.
- Term life insurance is not available with GI plans

If you would like more information about eligibility for guaranteed issue plans, please call Producer Services at **(800) 559-5905**.

#### **Dependent coverage**

##### **Adding dependents**

If your clients would like to add dependents to their existing coverage, they:

1. Fill out the IFP general application;
2. Mark the box, “add family member to existing coverage”; and
3. Submit it to the Underwriting Department.

Dependent applicants will be reviewed by Underwriting before a final determination is made.

Exception: newborns younger than 30 days of age, or an adopted child. In this case, Blue Shield must receive the request to add dependents within 30 days of birth, or within 30 days from the day the child was placed for adoption with the adoptive parents or the adoption papers are final.

Tell your clients that rates will be re-adjusted to reflect the changes made to their plan contract or policy. If higher monthly dues/premiums are assessed, Blue Shield will send your clients a bill for the difference along with their monthly Blue Shield statement.

Dependent coverage is not available for the following subscriber-only plans: Active Start<sup>SM</sup> Plan 25, Active Start<sup>SM</sup> Plan 35, Essential<sup>SM</sup> Plan 3000 and Essential<sup>SM</sup> Plan 4500. Blue Shield of California Life & Health Insurance Company underwrites all of these plans.

##### **Deleting dependents**

Requests to cancel dependents from a family plan or from an application that is in process may be made by calling Producer Services at **(800) 559-5905**.

##### **Bundling/unbundling policy**

If the dependent is currently covered under a separate plan and is applying to be bundled under the parent’s current Blue Shield plan, or if there is a request to unbundle a dependent from the parent’s plan to his/her own plan, a completed Subscriber Change Request Form must be submitted for medical review.

Exception: family members who each have coverage under the same plan and tier may be bundled with the same plan and tier without underwriting review. These requests can be made by phone or mail (see the contact section in the back of this guide).

Occasionally after a family application is approved, Blue Shield may receive a request to unbundle one or more family members to their own coverage(s), usually to reduce the overall monthly dues/premiums amount. This request to unbundle from a family contract to individual contracts can represent an underwriting risk and an underwriting review is required to make this type of change to the contract for coverage.

To make an unbundling request:

- 1) If within 90 days of the original effective date of coverage, the member can send a letter to Blue Shield with the request.
- 2) If after 90 days of the original effective date of coverage, you or the member must submit a Subscriber IFP Plan Change Request Form, clearly describing the unbundling details.

##### **Rate guarantee**

An initial six-month rate guarantee based on the member’s original effective date is available for most Blue Shield IFP contracts.

The exceptions are:

- HIPAA guaranteed issue, individual conversion, MRMIP and Post-MRMIP Graduate plans

- Rate actions based on age-band adjustments
- Plan transfers within the first six months of enrollment
- Rate actions based on region change

This rolling rate guarantee ensures that your clients will not be charged increases to IFP rates until the first billing cycle after the six-month rate guarantee period expires. Any changes to the members' coverage (adding new members, transferring plans, etc.) will affect their eligibility for a rate guarantee.

**Example 1:** Blue Shield's IFP rates changed February 1, 2006. If your clients applied for PPO coverage in October 2005 and were approved with a November 1, 2005 effective date, they would be guaranteed coverage under the previous rates until May 1, 2006 (six months from the original effective date). This rate guarantee applies even though the PPO plan rates changed in February 2006.

**Example 2:** In the previous example, if a new member gets married and wants to add his or her spouse after February 1, 2006 but before the rate guarantee period is over, all members on the contract will be subject to the new rates effective immediately, pending underwriting approval. In this example, the members no longer qualify for a rate guarantee because of the change to the original contract.

## IFP effective dates

### HMO

The earliest effective date for coverage under an HMO plan or medical plan with HMO Dental is as follows:

Underwriting Decision Date	Effective Date
1 <sup>st</sup> –26 <sup>th</sup> day of month 1	1 <sup>st</sup> day of month 2
27 <sup>th</sup> –31 <sup>st</sup> day of month 1	1 <sup>st</sup> day of month 3

Examples: Coverage for an application approved on or before December 26 will take effect January 1.

Coverage for an application approved on December 28 will begin on February 1.

### PPO

Clients applying for a PPO plan can select an effective date for any day of the month between the 1<sup>st</sup> and the 28<sup>th</sup>. If a specific date isn't chosen, the effective date of coverage is the day after underwriting approves the application.

*Example:* A PPO application approved on May 16 will have a May 17 effective date, unless a later date is requested.

Exceptions:

- Effective dates cannot be on the 29<sup>th</sup>, 30<sup>th</sup> or 31<sup>st</sup> of any month. An application approved on these dates will have an effective date of the first day of the following month. This means that a PPO application approved on May 29 will have a June 1 effective date.

- PPO plan applicants can choose a later effective date if they prefer, which helps with coordination of any current health coverage expiration. For example, PPO plan applicants can choose an effective date on day 1 through 28 to coordinate with termination of a Blue Shield Life short-term health insurance plan.

However, the requested effective date cannot be later than 90 days after the applicant's signature date on the application.

- PPO plan applicants also purchasing HMO dental coverage are only eligible for a first of the month effective date for both medical and dental coverage (see rule under HMO above).

Example: A client applying for a PPO medical plan also applies for an HMO dental plan. In this case, the HMO plan coverage date rules apply. So coverage will begin the first of the month following acceptance.

- All effective dates will be later than the application receipt date; retroactive dates are not an option.

The bill date for new clients is the first of the month. If clients select a mid-month effective date, the bill for the first month will be prorated. The first of the month bill date is for new clients only; bill dates for existing members remain as is.

## IFP Applications, continued

### IFP transfer policy

#### Downgrade transfers within plan type (PPO to PPO and PPO Savings to PPO Savings)

Members may automatically downgrade within a plan type with no tier change.

All plan transfer requests meeting the above criteria will be approved upon receipt of a *Subscriber IFP Plan Change Request Form* **signed by the subscriber**, and will not require medical underwriting review. All other plan transfer requests will continue to require medical underwriting review as outlined in the following chart.

Please note: HIPAA guaranteed issue (GI) plan members may not transfer plans, but they may apply for coverage in another plan by filling out a new IFP application (the full application, as opposed to the change request form.)

To apply for any IFP plan transfer, please instruct members to fill out a Subscriber IFP Plan Change Request Form and return it to Blue Shield by mail or fax. You and your clients will receive a confirmation letter upon approval of plan transfer.

Members may choose to continue their IFP coverage after their 65th birthday; however, they do **not** have transfer options to another IFP plan. IFP members over age 65 can transfer to a Blue Shield Medicare Supplement Plan. Underwriting is not required when the member meets Medicare Supplement guaranteed acceptance requirements; this is most common within the six months of turning 65.

## IFP TRANSFER RULES MATRIX AND KEY

Free = Members can transfer between these plans in the same tier without going through underwriting.

Note: Requests for tier consideration, besides a plan transfer, must go through underwriting.

Apply = Member's application must go through underwriting to apply for transfer between these plans.

**Conditional-Free Transfer** = Members in plans that do not offer maternity coverage and whom become pregnant may transfer to the Shield Spectrum PPO 5000 plan in the same tier without going through underwriting. Otherwise, this is an underwritten transfer. **Applies only to the pregnant member.**

Blue Shield Plans Available for Transfer															
TO READ CHART: START WITH FIRST COLUMN	Access+ HMO®	Access+ Value HMO <sup>SM</sup>	Active Start <sup>SM</sup> 25	Active Start <sup>SM</sup> 35	Shield Spectrum PPO <sup>SM</sup> 5000	Essential <sup>SM</sup> Plan 4500	Essential <sup>SM</sup> Plan 3000	Shield Spectrum PPO <sup>SM</sup> 2000	Blue Shield Life Shield Spectrum PPO <sup>SM</sup> 2000	Shield Spectrum PPO <sup>SM</sup> 1500	Blue Shield Life Shield Spectrum PPO <sup>SM</sup> 1500	Shield Spectrum PPO <sup>SM</sup> 750	Shield Spectrum PPO <sup>SM</sup> 500	Shield Spectrum PPO <sup>SM</sup> Savings Plan 2400/4800	Shield Spectrum PPO <sup>SM</sup> Savings Plan 4000/8000
Access+ HMO®		Apply	Apply	Apply	Apply	Apply	Apply	Apply	Apply	Apply	Apply	Apply	Apply	Apply	Apply
Access+ Value HMO <sup>SM</sup>	Apply		Apply	Apply	Apply	Apply	Apply	Apply	Apply	Apply	Apply	Apply	Apply	Apply	Apply
Active Start <sup>SM</sup> 25	Apply	Apply		FREE	Conditional Free Transfer	Apply	Apply	Apply	Apply	Apply	Apply	Apply	Apply	Apply	Apply
Active Start <sup>SM</sup> 35	Apply	Apply	Apply		Conditional Free Transfer	Apply	Apply	Apply	Apply	Apply	Apply	Apply	Apply	Apply	Apply
Shield Spectrum PPO <sup>SM</sup> 5000	Apply	Apply	Apply	Apply		Apply	Apply	Apply	Apply	Apply	Apply	Apply	Apply	Apply	Apply
Essential <sup>SM</sup> Plan 4500	Apply	Apply	Apply	Apply	Conditional Free Transfer		Apply	Apply	Apply	Apply	Apply	Apply	Apply	Apply	Apply
Essential <sup>SM</sup> Plan 3000	Apply	Apply	Apply	Apply	Conditional Free Transfer	Apply		Apply	Apply	Apply	Apply	Apply	Apply	Apply	Apply
Shield Spectrum PPO <sup>SM</sup> 2000	Apply	Apply	Apply	Apply	FREE	Apply	Apply		Apply	Apply	Apply	Apply	Apply	Apply	Apply
Blue Shield Life Shield Spectrum PPO <sup>SM</sup> 2000	Apply	Apply	Apply	Apply	FREE	Apply	Apply	FREE		Apply	Apply	Apply	Apply	Apply	Apply
Shield Spectrum PPO <sup>SM</sup> 1500	Apply	Apply	Apply	Apply	FREE	Apply	Apply	FREE	FREE		Apply	Apply	Apply	Apply	Apply
Blue Shield Life Shield Spectrum PPO <sup>SM</sup> 1500	Apply	Apply	Apply	Apply	FREE	Apply	Apply	FREE	FREE	FREE		Apply	Apply	Apply	Apply
Shield Spectrum PPO <sup>SM</sup> 750	Apply	Apply	Apply	Apply	FREE	Apply	Apply	FREE	FREE	FREE	FREE		Apply	Apply	Apply
Shield Spectrum PPO <sup>SM</sup> 500	Apply	Apply	Apply	Apply	FREE	Apply	Apply	FREE	FREE	FREE	FREE	FREE		Apply	Apply
Shield Spectrum PPO <sup>SM</sup> Savings Plan 2400/4800	Apply	Apply	Apply	Apply	Apply	Apply	Apply	Apply	Apply	Apply	Apply	Apply	Apply		FREE
Shield Spectrum PPO <sup>SM</sup> Savings Plan 4000/8000	Apply	Apply	Apply	Apply	Conditional Free Transfer	Apply	Apply	Apply	Apply	Apply	Apply	Apply	Apply	Apply	

Most current IFP members can use the Subscriber IFP Plan Change Request Form, C12278, to apply for a plan transfer. Members in Guaranteed Issue, Blue Shield Conversion Plans or Blue Shield Group plans are required to fill out the IFP application, C12900-AE, for underwriting purposes.

The plans listed in the transfer matrix that are underwritten by Blue Shield of California Life & Health Insurance Company are: Shield Life PPO Plan 1500, Blue Shield Life PPO Plan 2000, Shield Spectrum PPO Plan 5000, Shield Spectrum PPO Savings Plans 4000/8000, Active Start Plan 25, Active Start Plan 35, Essential Plan 3000 and Essential Plan 4500.

This transfer matrix is subject to change at Blue Shield's discretion. You can always call Producer Services at (800) 559-5905 to confirm..

## IFP Applications, continued

### Final determination client conversations

When your clients and their dependents receive a final underwriting determination from Blue Shield, you may need to communicate some or all of the following information, depending on the circumstances:

#### Accepted at a higher tier

If your clients are accepted into a Blue Shield plan in a higher tier than originally quoted, they will need to submit payment for the difference in monthly dues/premiums as explained in their letter of acceptance.

*Example:* If your client was originally quoted a Tier 1 rate of \$91 a month, but was approved for the plan at a Tier 2 monthly rate of \$114, your client will need to submit payment for the \$23 difference. We will generate a bill and mail it to the new member within seven to 10 days of our final determination if the member is accepted under a higher-risk tier. Please advise your client to remit any additional payment due as soon as possible. Full payment for the first month of coverage must be received before your client can be covered.

### Denied coverage

If your client is denied coverage for an IFP plan, we will automatically refund any payment submitted with the application. Refunds will be mailed within 7 to 10 business days.

On family applications, if any of the applicant's family members are not accepted for Blue Shield coverage, the applicable portion of the initial payment will be applied toward future monthly dues/premiums for the approved member(s) on the application. If your client prefers to receive a refund of these dues/premiums, they must request it by calling Blue Shield Customer Service at **(800) 431-2809**.

### Right to return policy

If your clients finds that they're not satisfied with their contract, they may return it to:

Blue Shield of California  
P.O. Box 7168  
San Francisco, CA 94120

If your client sends the contract back to us within 30 days of receiving it, we will treat the contract as if it had never been issued and return all of your client's payments.

### Appeal of an underwriting decision

Clients can appeal an underwriting decision by writing to the Underwriting Department contact listed on the underwriting decision letter. Any additional medical information should be included with the letter, and mailed or faxed to Blue Shield:

Blue Shield of California  
P.O. Box 3008  
Lodi, CA 95242-1912  
**Fax: (209) 367-6490**

Your clients may write to us directly. Or they can provide you with the information to submit to us on their behalf.

If clients have questions about appealing an underwriting decision, they may call us.

- Blue Shield IFP HMO and Health Family plans:  
**(800) 424-6521**
- Blue Shield IFP PPO plans:  
**(800) 200-3242**



## Medicare Supplement Applications

### Eligibility

Clients may apply to enroll in any of Blue Shield's Medicare Supplement plans (A, B, C, D, F or K) if they are:

- 65 years of age or older
- A resident of the state of California
- Enrolled in Medicare Parts A and B, Title 18, Public Law 89-97, at the time of application

Two-party contracts are available for all Medicare Supplement plans except Plan K when the following conditions are met:

- Spouses/domestic partners are both 65 years of age or older
- Both the subscriber and spouse/ domestic partner enroll in the same plan type.
- Your clients will qualify for additional monthly savings. Savings are due to increased efficiencies in administrative savings, which are passed on to the subscriber.

Clients who are 64 years of age or younger may be able to enroll in a Blue Shield Medicare Supplement plan (A, B, C, D, F or K) when they:

- Are a resident of the state of California
- Are enrolled in Medicare Parts A and B, Title 18, Public Law 89-97, at the time of application
- Qualify for guaranteed acceptance in a Blue Shield Medicare Supplement plan according to Blue Shield's guidelines
- Do not have end-stage renal disease

Regardless of your client's age at the time of application, we ask that your client complete a Health Statement. However, if you think your client qualifies for guaranteed acceptance, completion of the Health Statement is neither required nor requested.

### Guaranteed acceptance (GA) plans

To qualify for guaranteed acceptance, your client must meet specific criteria as outlined in Blue Shield's Guaranteed Acceptance Guide. For additional information about qualifying for guaranteed acceptance in a Blue Shield Medicare Supplement plan, please refer to the Guaranteed Acceptance Guide (T7928). You'll find a copy at Producer Connection on [blueshieldca.com](http://blueshieldca.com). Or contact Producer Services at (800) 559-5905.

### Rate guarantee policy

Medicare Supplement Plan rates may change from time to time in response to the rising cost of health care. However, new members are eligible for a six-month rate guarantee should Blue Shield change rates within 90 days of the individual's effective date. Any changes requested by the member to their coverage will affect their eligibility for a rate guarantee.

### Effective date of coverage

Your client can expect to receive notice of approval or declination within approximately two weeks after Blue Shield receives the application. Coverage will be effective at 12:01 a.m. PST on the effective date.

Just like IFP clients enrolling in a PPO plan, Medicare Supplement clients can select an effective date for any day of the month between the 1<sup>st</sup> and the 28<sup>th</sup>. However, the effective date can't be earlier than the date the client becomes entitled to Medicare.

If a specific date isn't chosen, the effective date of coverage is the day after the application is approved by underwriting – again, as long as the client has already become entitled to Medicare.

*Example:* A Medicare Supplement application approved on May 16 will have a May 17 effective date, unless a later date is requested.

Exceptions:

- Effective dates cannot be on the 29<sup>th</sup>, 30<sup>th</sup> or 31<sup>st</sup> of any month. An application approved on these dates will have an effective date of the first day of the following month. This means that a Medicare Supplement application approved on May 29 will have a June 1 effective date.
- Medicare Supplement plan applicants can choose a later effective date if they prefer, which helps with coordination of any current health coverage expiration. However, the requested effective date cannot be later than 90 days after the applicant's signature date on the application.
- All effective dates will be later than the application receipt date; retroactive dates are not an option.



## Medicare Supplement Applications, continued

The bill date is always the first of the month. If clients select a mid-month effective date, the bill for the first month will be prorated.

### Switching from another plan to a Blue Shield Medicare Supplement plan

Applicants should never disenroll from current coverage until coverage with Blue Shield has been approved.

### If your client has a Medicare Advantage plan

An individual may not be enrolled in a Medicare Supplement plan if they are currently enrolled in a Medicare Advantage plan, unless the effective date of coverage is after the termination date of the individual's coverage under Medicare Advantage.

Clients who are members of a Medicare Advantage plan, and who decide to join a Blue Shield Medicare Supplement Plan, must choose one of the following options to disenroll from the Medicare Advantage plan. This will help ensure that the current Medicare Advantage coverage is terminated and the client's Original Medicare coverage, which works in conjunction with Medicare Supplement coverage, is in place. For that reason, we will work with your clients to coordinate the effective date of any Medicare Supplement coverage we approve with the date they disenroll from their current Medicare Advantage plan.

### Options for disenrollment in Medicare Advantage

#### Option 1

Your clients can contact their current Medicare Advantage plan and ask for a disenrollment form that they then complete and return to the Medicare Advantage plan. (Advise your clients to keep a copy for their records.)

Or, they can send the Medicare Advantage plan a letter that requests disenrollment, including their name and member ID number. (Advise your clients to keep a photocopy of the letter for their records.)

Your client's request to disenroll will be processed the same month it's received, with an effective date the first of the following month. Blue Shield will be happy to accept a verbal confirmation from your clients that they have disenrolled from their plan by calling us at **(800) 837-4206, TTY (800) 241-1823.**

#### Option 2

Your clients can disenroll at a local Social Security office. If your clients choose this option, please advise them to get a copy of the disenrollment form for their records. Please fax or mail a copy of the form to Blue Shield.

#### Option 3

Your clients can call the Centers for Medicare and Medicaid Services (CMS), the federal agency that administers Medicare, at

**1-800-MEDICARE**, and ask to be disenrolled from their current Medicare Advantage plan. CMS will either mail or fax your client a Confirmation of Termination from the Medicare Advantage plan. Please fax or mail a copy of the Confirmation of Termination to Blue Shield at:

Fax: **(209) 367-6391**

Blue Shield of California  
P.O. Box 3008  
Lodi, CA 95241-1912

### If your client has other health coverage

Blue Shield may not enroll clients in a Medicare Supplement plan if they already have coverage, such as an existing Medicare Supplement or employer group plan, that the Blue Shield Medicare Supplement plan would duplicate. To help ensure that this doesn't happen, we will coordinate your client's effective date of coverage under his or her new Blue Shield Medicare Supplement plan to coincide with disenrollment from his or her previous health plan. First, we will notify your client of his or her acceptance in a Blue Shield Medicare Supplement plan. Then your client can cancel his or her other coverage. Your client may either let us know as soon as he or she has disenrolled, or we will contact your client to confirm that he or she has disenrolled.

Important: Your client should not disenroll from current coverage until coverage with Blue Shield has been approved.

### Retroactive coverage

Clients may request that their effective date coincides with the date they received Medicare Part B if they have applied and been approved for coverage under Blue Shield's guaranteed acceptance guidelines, and are either (1) 65 years old or older and have received Medicare Part B within the previous six months, or (2) eligible by reason of disability and have received or were notified of eligibility to receive Medicare Part B within the previous six months.

Once your client pays plan dues/premiums for the period elapsed since the month of his or her entitlement to Medicare Part B, he or she will receive retroactive coverage.

### Suspension

a) If a subscriber becomes entitled to Medi-Cal assistance, the benefits of this Agreement will be suspended for up to 24 months. The subscriber must make a request for suspension of coverage within 90 days of Medi-Cal entitlement. Blue Shield shall return to the subscriber the amount of prepaid dues, if any, minus any monies paid by Blue Shield for claims after such date of suspension. If the subscriber loses entitlement to Medi-Cal, the benefits of this Agreement will be automatically reinstated as of the date of the loss of entitlement, provided the subscriber gives notice within 90 days of that date and pays the dues amount attributable to the retroactive period.

b) Blue Shield shall suspend the benefits and dues of this Agreement for a subscriber when that subscriber:

- Is totally disabled as defined herein and entitled to Medicare Benefits by reason of that disability;
- Is covered under a group health plan as defined in section 42 U.S.C. 1395y(b)(1)(A)(v); and
- Submits a request to Blue Shield for such suspension.

After all of the above criteria have been satisfied, benefits and dues of this Agreement for the totally disabled subscriber will be suspended for any period that may be provided by federal law. For subscribers who have suspended their benefits under this Agreement as specified above, and who subsequently lose coverage under their group health plan, the benefits and dues of this Agreement will be reinstated only when the subscriber:

- Has notified Blue Shield of such loss of group coverage within 90 days after the date of such loss; and
- Pays the dues attributable to the period, effective as of the date of loss of group coverage.

If the above criteria have been satisfied, the effective date of the reinstatement will be the date of the loss of group coverage. Blue Shield shall:

- Provide coverage substantially equivalent to coverage in effect before the date of suspension;
- Provide dues classification terms no less favorable than those which would have been applied had coverage not been suspended; and
- Not impose any waiting period with respect to treatment of pre-existing conditions.

### Transfer policy

#### Switching from a Blue Shield plan to a Blue Shield Medicare Supplement plan

*Applicants should never disenroll from current coverage until coverage on the new plan has been approved.*

Members can always apply to transfer plans with one exception: transfers from open plans to closed plans are not available.

- If it is during their annual open enrollment guaranteed acceptance period, members can transfer between open plans of equal or lesser value without going through underwriting. Clients fill out a Medicare Supplement Transfer Application, MSP15571-LO, and send it to Blue Shield by mail or fax.
- If it is not during their annual open enrollment guaranteed acceptance period, members must go through underwriting to transfer to an open plan. Clients must fill out an Application for Blue Shield of California Medicare Supplement Plans, C12687, and submit it to Blue Shield by mail or fax.

# Medicare Supplement Applications, continued

## MEDICARE SUPPLEMENT TRANSFER RULES MATRIX (AS OF JANUARY 2006)

Transfer Rules Matrix and Key  
 Free = Members can transfer between these open plans without going through underwriting if it is during the annual open enrollment guaranteed acceptance period.  
 Apply = Member's application must go through underwriting again to apply for transfer between these plans.

Chart reads from left to right.

Member's current plan	Member can transfer to:					
	Medicare Supplement Plan A	Medicare Supplement Plan B	Medicare Supplement Plan C	Medicare Supplement Plan D	Medicare Supplement Plan F	Medicare Supplement Plan K
Medicare Supplement Plan A		Apply	Apply	Apply	Apply	FREE
Medicare Supplement Plan B	FREE		Apply	Apply	Apply	FREE
Medicare Supplement Plan C	FREE	FREE		Apply	Apply	FREE
Medicare Supplement Plan D	FREE	FREE	FREE		Apply	FREE
Medicare Supplement Plan F	FREE	FREE	FREE	FREE		FREE
Medicare Supplement Plan K	FREE*	Apply	Apply	Apply	Apply	

\* For Medicare Supplement Plan K, there is no plan that is of equal or lesser value. As a result, we are not required to allow members guaranteed acceptance into any of the other BSC Medicare Supplement plans during the annual open enrollment period (the period starting with member's birthday). Blue Shield, however, will allow Plan K members guaranteed acceptance into Plan A only during the annual open enrollment period.

Members enrolled in Blue Shield 65 Plus may apply for a Medicare Supplement plan. Please refer to the Guaranteed Acceptance Guide for specifics about transfers, applications, etc.

### Final determination client conversations

When your clients receive a final determination from Blue Shield, you may need to communicate some or all of the following information, depending on the circumstances:

#### Right to return policy

If your client finds that he or she is not satisfied with his or her contract, he or she may return it to:

Blue Shield of California  
 P.O. Box 7168  
 San Francisco, CA 94120

Providing clients send the contract back to us within 30 days of receipt, we will treat the contract as if it had never been issued and return all of your client's payments.

#### Denied coverage

If your client is denied coverage for a Medicare Supplement plan, we will automatically refund any payment submitted with the application. Refunds will be mailed within 7 to 10 business days.

#### Appeal of an underwriting decision

If your clients would like to appeal an underwriting decision, they may write to:

Medicare Supplement Plan Member Customer Service Department  
 P.O. Box 3008  
 Lodi, CA 92541-1912

Or call (800) 248-2341.

## Short-Term Health Insurance Applications\*

Application processing typically takes two-to-three business days from the time we receive a complete application. You can check an application's status 24 hours a day by calling **(800) 443-8284**. When we have made a decision regarding your client's application, we will provide notice to the client. If accepted, we will send a policy and identification card(s) to your client. We will also send confirmation of our decision to you.

The most common issues leading to declination or rejection of a short-term health insurance plan application are the following:

- No payment or only partial payment included
- Answering "yes" to one of the eligibility or health questions on the application
- Invalid credit card number
- Social Security number not included
- No signature or date on the application

### Eligibility

#### Conditions of eligibility

All applicants and their dependents must meet the following eligibility requirements:

- Age:
  - Option One: must be younger than age 65
  - Option Twelve: must be younger than age 64-and-a-half

- Dependent children must be at least 15 days old, but younger than age 25 (unless disabled). A dependent child is an applicant's – or domestic partner's – child (natural, stepchild, foster or legally adopted) who is unmarried or not in a domestic partnership, who relies on the primary applicant for support and maintenance.
- Must have resided in the U.S. for the past six consecutive months or be U.S. citizens or permanent residents.
- Must be in California at the time they sign the application for coverage.
- Must meet all health and eligibility requirements as indicated on the application.

#### Short-term health insurance plan policy information

##### Effective dates

If the application is approved, the earliest date coverage could begin is at 12:01 a.m. on the day following the U.S. postmark date on the envelope received by Blue Shield Life with the application.

If the application is faxed, the earliest date coverage could begin is at 12:01 a.m. the day after the fax is received by Blue Shield Life. Future effective dates within 45 days of submitting an application can also be specified. If there is a delay in approving an application, the effective date will be retroactive to the

day after the receipt of the application. A requested effective date prior to the postmark date of the application will not be approved. Exceptions are not permitted.

Note: Dates on envelopes or dates on faxes sent to a producer's office will not be used to determine the policy effective date.

##### Premium refunds

If the application is approved and a policy is issued, we will not refund any premium, except as specified under the 10-day "free look provision" for the Option Twelve short-term health insurance plan.

##### Policy changes

Once a policy has been issued, changes are not allowed, specifically:

- Dropping or adding dependents
- Changing deductible amounts or the duration of coverage

If the total days of coverage for all plans combined have reached 365 days, there is a mandatory six-month waiting period before participants may re-apply for any short-term health insurance plan offered by Blue Shield Life.

\* Underwritten by Blue Shield of California Life & Health Insurance Company.

## Individual Term Life Insurance\*

New health plan applicants do not need to complete a separate application for life insurance. While completing their health plan application, they can simply check a box to indicate the amount of life insurance coverage desired and list their beneficiary. Application for health and life insurance will be considered concurrently and, if approved, coverage effective dates will be the same as the effective dates of health plan coverage.

If an applicant has already been enrolled in a Blue Shield health plan for 31 days or more, and would like to apply for individual term life insurance, an Evidence of Insurability Form (also referred to as the “Evidence of Good Health Form”) is required. You can download the form from [bscalife.com](http://bscalife.com), or request a copy by calling Producer Services at **(800) 559-5905**.

### Eligibility

Coverage is available to the primary applicant (ages 1 to 64) of any of Blue Shield’s individual and family health plans. YouthCare<sup>SM</sup> members are also eligible.

\* Underwritten by Blue Shield of California Life & Health Insurance Company.

# Medical Underwriting Guidelines

## Overview

In this section, we give you four resources that will help you assess your clients' eligibility for our health plans:

1. Height and weight tables
2. Declinable conditions
3. Probable Action guideline
4. Short-term health insurance plan declinable conditions

## How-to use this section

We recommend that you cross-reference the four resources in this section as needed to compile a complete picture for your clients. For example, while some forms of aneurysm are listed in the declinable conditions table, there are two scenarios that qualify for possible eligibility at the tier 1 rate or at a higher tier rate.

### 1. Height and weight tables

The height & weight guidelines are for IFP only, and apply to applicants who do not qualify for guaranteed issue coverage.

### 2. Declinable conditions

IFP and Medicare Supplement applications with any of the conditions listed in this table may be automatically declined.

In this case, clients may qualify for acceptance in a guaranteed issue IFP or Medicare Supplement Plan. Find out more by referring to:

- Individual and Family Plan Combined Summary of Benefits; or
- Guaranteed Acceptance Guide for Medicare Supplement plans

### 3. Probable action guide

This section applies to IFP and Medicare Supplement plan (non-GA) applicants. It lists Blue Shield's probable actions guideline for a single applicant who has a listed condition as the only health condition. The guideline identifies medical conditions and the three possible underwriting determinations:

1. Possible eligibility for coverage at the Tier 1 rate
2. Possible eligibility for coverage at a higher tier rate (this possibility applies to IFP rates; it does not apply to Medicare Supplement)
3. Possible or probable decline

Multiple conditions, treatment type (including medication) and multiple family members with health conditions may affect the probable action and final determination for an applicant.

### Guideline scope

This guideline covers the more common disorders. Of course, not all conditions in existence can be captured in this type of list. Any conditions not on this list would require underwriting and some conditions on this list might require

**NEW Feature!** To help you assess probable underwriting decisions, we now offer the *IFP Probable Underwriting Decision Request*. See the *Producer Resources* section for all the details.

underwriting upon further review of an individual's application.

This chart is **not** a guarantee of a specific medical underwriting decision.

- Only Blue Shield underwriters may make the final decision to accept or decline an application, or to determine the rate level or an effective date.
- Decisions are based on an applicant's medical history, the overall risk the applicant poses and current underwriting guidelines, which may change throughout the year.
- Blue Shield may use any medical information in reviewing an application, including any medical condition that occurs after the signature and submission of the application and before an underwriting decision is made (or before the effective date of coverage).
- Producers are not authorized to bind or guarantee coverage for a specific rate or an effective date.



## Medical Underwriting Guidelines, continued

### Condition timeframes

- Any timeframes specified refer to a continuous time period before applicants applied for coverage, during which they were symptom-free and did not require any treatment for the condition.
- If no timeframes are indicated, the applicant must be fully recovered without further treatment anticipated or recommended to qualify for possible eligibility.

Coverage consideration cannot be made if:

- Symptoms are undiagnosed or untreated
- Recovery from recent treatment or procedures is not complete
- Further evaluation or treatment for symptoms or conditions is recommended, anticipated or pending

### Surrogate pregnancies and coverage

Coverage will be postponed until after the delivery of a child, or for two years after the surrogacy process has been discontinued, for applicants who:

- Plans to serve as a surrogate for a pregnancy; or
- Has applied to a surrogate agency; or
- Surrogacy workup or treatment has begun; or
- Intends to contract or have contracted for a surrogate pregnancy; or
- Plans to adopt a baby or babies resulting from a surrogate pregnancy.

### 4. Short-term health insurance plan declinable conditions

This page lists all the conditions under which Blue Shield will not approve a short-term health insurance plan application.



## 1. Height and weight table

**GENERAL:** These height and weight guidelines apply to all IFP applicants who do not qualify for guaranteed issue coverage. These guidelines do NOT apply to Medicare Supplement plan or Short-Term Health Insurance plan applicants.

**OVERWEIGHT:** All IFP applicants whose weight falls between the maximum and overweight categories require underwriting review, and must provide results from a physical examination performed within the last 12 months. However, applicants whose weights exceed the values in the overweight column will be declined.

**UNDERWEIGHT:** All IFP applicants whose weight is at or below the minimum weight category require underwriting review.

IFP ADULT HEIGHT AND WEIGHT TABLE							
Male			Height		Female		
Overweight	Maximum	Minimum	Ft	In	Minimum	Maximum	Overweight
181	164	95	4	8	94	160	180
185	167	99	4	9	96	163	184
190	170	103	4	10	98	167	188
194	173	107	4	11	99	171	192
199	177	111	5	0	102	175	197
203	181	114	5	1	105	179	202
208	185	116	5	2	107	183	207
213	190	120	5	3	110	187	212
218	195	123	5	4	112	192	217
224	199	127	5	5	115	196	222
230	205	130	5	6	118	201	227
236	210	133	5	7	121	206	232
243	216	137	5	8	124	211	238
249	222	140	5	9	128	217	244
255	228	144	5	10	131	224	251
262	232	148	5	11	135	232	259
269	238	152	6	0	139	240	268
276	246	156	6	1	143	248	275
283	251	160	6	2	147	256	281
290	258	164	6	3	151	264	288
298	265	169	6	4	153	272	296
306	272	173	6	5	156	280	304
314	279	178	6	6	160	288	312
322	286	182	6	7	164	296	320
330	294	186	6	8	171	304	328

### Child height and weight tables

Specific minimum or maximum weights are not solely used when evaluating a child's application for coverage. All applicants are encouraged to apply.

# Medical Underwriting Guidelines, continued

## 2. Declinable conditions

IFP and Medicare Supplement plan applicants who have any of the conditions listed below may be declined without medical record review.

### DECLINABLE CONDITIONS

Acromegaly	Arteritis, Necrotizing	Carotid Bruit	Dermatomyositis
Adoption In Progress	Arthritis,	Cellulitis, Chronic	Diabetes with Hypertension
AIDS	Osteoarthritis severe	Cerebral Palsy: under age	or over weight guidelines
AIDS-related complex (ARC)	Arthritis, Psoriatic	five or moderate to severe	or on insulin pump
Alzheimer's	Arthritis, Rheumatoid:	Chorea, Huntington's	Diabetic Neuropathy
ALS, Lou Gehrig's	chronic, severe or	Chronic Obstructive	Diabetic Retinopathy
Amputation, Single or	under treatment	Pulmonary Disease	Dialysis
Bilateral Foot or Leg	Atrial Fibrillation on	(COPD): moderate to	Dysplastic Nevus Syndrome
Anaplastic Carcinoma	blood thinners	severe or smoking	Endometriosis: symptomatic
Anemia, Aplastic	Atrial Tachycardia	Christmas Disease	before or after surgical or
Anemia, Cooley's/	Asbestosis	Cirrhosis	natural menopause
Mediterranean/Major	Back sprain/strain, chronic	Cleft Lip/Palate:	Esophageal Ulcerations
Thalassemia	Banti's Disease	unoperated under age 19	or Varicosities
Anemia, Cooley's/	Barrett's Esophageal	Coagulation Defects	Factor VIII, IX or XI
Mediterranean/Minor	Ulceration	Colitis, Ulcerative:	Disorders/Deficiencies
Thalassemia with symptoms	Basal Cell Skin Cancer,	unoperated or with	Fallot's Tetralogy
Anemia, Hemolytic,	multiple removals in one site	partial colectomy	Fanconi's Syndrome
Auto-Immune	Behcet's Syndrome	Colitis, Ulcerative with or	Fasciitis: chronic
Aneurysm – Aortic,	Bicuspid Aortic Valve	ileostomy or colostomy	or recurrent
Abdominal, Thoracic	Bipolar Disease	Congestive Heart Failure	Fatty Liver
Aneurysm, Cerebral Artery	Bladder Stones, present	Connective Tissue Disease	Fibromyalgia
(Brain) with Stint/Shunt	Bradycardia with pacemaker	Cor Pulmonale	Flexion Contracture
Angina	Breast Implants, silicone	Corneal Degeneration	Friedrich's Ataxia
Angioplasty	Breast Microcalcifications	Corneal Ulcer: chronic	Gallstones, unoperated
Aortic Obstruction	– severe after biopsy or	and unoperated	Gangrene, Diabetic/
Aortic Valve Stenosis	present without biopsy	Coronary Artery/Heart	Arteriosclerotic
Apnea (see Sleep Apnea)	Bypass Surgery – all cases	Disease	Glomerulonephritis:
Arnold-Chiari Syndrome	Cancer, all non-localized	Cretinism	Nephritis, chronic
Arteriosclerosis	Cancer, Liver	Cystic Fibrosis	Glomerulosclerosis
Arteriovenous	Cancer, Ovarian	Cytomegalovirus	Goodpasture's Syndrome
Malformation, unoperated	Cancer, Pancreas	Dandy Walker Syndrome	Gout: Tophaceous or with
Arteriovenous	Cardiomyopathy	(see Hydrocephalus)	renal involvement
Malformation, operated	Carotid Artery Disease	Delirium Tremens	Guillain-Barre Syndrome:
but shunt in place or	Carotid Endarterectomy	Demyelinating Disease	present or with residuals
with residuals			

## DECLINABLE CONDITIONS

Hamman-Rich Disease	Interstitial Cystitis	Muscular Dystrophy	Polyp, anal or rectal: more than 4 and/or unoperated
Hansen's Disease (Leprosy)	Ischemic Attack, transient	Myasthenia Gravis	Polyp, bladder: present or recurrent
Heart Attack, Myocardial Infarction within 10 years	Ischemic Heart Disease	Myocardial Infarction within 10 years	Polyp, gastrointestinal: unoperated
Heart Enlargement	Joint Replacements: both knees or hips	Nephrectomy: persistent renal or cardiovascular abnormalities	Pott's Disease
Heart Pacemaker	Joint Replacements: multiple surgeries or shoulder, elbow, wrist, ankle	Neuroblastoma	Pregnancy of self, spouse or significant other
Heart Valve Replacement	Kaposi's Sarcoma	Neurofibromatosis	Progeria
Heart Valve Stenosis	Kidney Dialysis	Nevus: Dysplastic Syndrome or Giant Melanocytic	Prostate Stones with Prostatitis
Hemangioendothelioma	Kidney Stones, present	Non-Hodgkin's Lymphoma	Psoriasis, Severe
Hemochromatosis	Kimmelstiel-Wilson Syndrome	Obesity with Prior Surgery	Psoriatic Arthritis
Hemoglobinuria	Kleinfelter's Syndrome	Osler-Weber-Rendu Disease	Psychopathic Personalities
Hemophilia	Leprosy (Hansen's Disease)	Otosclerosis, unoperated	Psychotic Disorders
Hepatitis: all those other than A, B or E	Leriche Syndrome	Pacemaker	Pulmonary Embolism: present
Hepatitis: any type – present, chronic or persistent	Leukemia	Pancreatitis: recurrent or chronic or secondary to alcoholism	Pulmonary Fibrosis
Herpes Zoster: eye or ear involvement	Lou Gehrig's Disease	Paralysis: Quadraplegia, Paraplegia	Pulmonary Hypertension
Hirschsprung's, unoperated	Lupus Erythematosus: discoid – chronic	Parkinson's Disease	Pulmonary Osteoarthropathy
Hodgkin's Lymphoma	Lupus Erythematosus: systemic	Pelvic Inflammatory Disease (PID): present	Pulmonic Stenosis
Huntington's Chorea	Lyme's Disease: chronic or symptomatic	Pemphigus	Quadriplegic Paralysis
Hyaline Membrane Disease within 2 years	Lymphedema	Pericarditis: constrictive	Reiter's Syndrome: within 6 months of diagnosis
Hydrocephalus	Macular Degeneration: exudative	Peripheral Vascular Disease	Renal Failure: chronic or end stage
Hyperprolactinemia with tumor	Major Depression	Phlebitis, Deep Vein: present or on anti-coagulants	Retinoblastoma
Hypertension with Diabetes or Renal Disease or History of Stroke	Manic Depression	Pleurisy, unresolved	Rett's Syndrome
Hypertension over weight guidelines or uncontrolled or hospitalized within 1 year	Marfan's Syndrome	Pneumocystis Carinii	Rheumatic Heart Disease
Hypogammaglobulinemia	Mitral Valve Prolapse: more than trace regurgitation or not on prophylactic antibiotics	Polio with bladder or bowel residuals	Rotator Cuff: unoperated, symptomatic
Immunodeficiency Disorder, except HIV infection	Mitral Valve Stenosis	Polycystic Kidney	Sarcoidosis
Infertility treatment within past 2 years	Multiple Myeloma	Polycystic Ovaries (Stein Levinthal Syndrome) without removal of ovaries	Schizophrenia
	Multiple Sclerosis	Polycythemia Vera	Scleroderma: recurrent, extensive or diagnosed within 1 year

## Medical Underwriting Guidelines, continued

### DECLINABLE CONDITIONS

Sezary's Syndrome	Stroke within 10 years	Thalassemia Major	Upper Airway Resistance Syndrome
Shingles: eye or ear involvement	Subdural Hematoma: unoperated	Thrombocytosis	Urethral Stricture: chronic, recurrent
Shunts or Stints	Superior Vena Cava Syndrome	Tonsillitis: chronic, recurrent (3 or more attacks per year)	Uterine Fibroid Tumor: unoperated, moderate-to-large size
Sick Sinus Syndrome	Surrogacy Planned within 2 years with surrogate mother or applicant as surrogate	Toxoplasmosis	Valve Disease, Valve Replacement
Sickle Cell Anemia	Syphilis: tertiary	Tracheotomy present	Varicose Veins: moderate to severe
Sjogrens Syndrome	Syringomyelia	Transient Ischemic Attack (TIA)	Ventricular Fibrillation
Sleep Apnea: obstructive or poorly controlled or requiring CPAP (continuous positive airway pressure)	Systemic Lupus Erythematous	Transplants: all except corneal	Ventricular Tachycardia
Spina Bifida, Cystica: unoperated or operated with residuals	Tabes Dorsalis	Transposition of the great vessels: unoperated	Von Recklinghausen's Disease
Spina Bifida, Occulta: unoperated under age 20	Tay-Sachs Disease	Treatment with AZT, HIVID or Pentamidine	Von Willebrand's Disease
Spinal Curvature: Kyphosis, Scoliosis or Kyphoscoliosis, unoperated	Temporal Arteritis	Trigeminal Pulse	Wegener's Granulomatosis
Stein-Leventhal Syndrome (polycystic ovaries)	Temporomandibular Joint Syndrome (TMJ): operated with residuals	Tuberculosis, Epididymus	Wolff-Parkinson-White Syndrome: without cardiac ablation
	Tetrology of Fallot	Turner's Syndrome	
		Ulcer, Peptic: active within 2 years or H. Pylori Positive	

### 3. Probable action guidelines

For IFP and Medicare Supplement plan applicants.

PROBABLE ACTION GUIDELINE				
CONDITION	SPECIFICS	POSSIBLE ELIGIBILITY AT TIER 1 RATE	POSSIBLE ELIGIBILITY AT HIGHER TIER RATE (IFP ONLY)	POSSIBLE OR PROBABLE DECLINE
<b>A</b>				
Abnormal Pap smear	See Cervical Dysplasia			
Abnormal uterine bleeding	After 1 year, resolved	X	X	
<b>Abscess</b>				
Brain	After 2 years, fully recovered		X	
Liver	Fully recovered		X	
Lung	After 1 year, fully recovered		X	
Peritonsillar	Unoperated, fully recovered		X	
	Operated	X		
Pilonidal	Fully recovered	X	X	
Acid Indigestion	See Esophagitis			
Acne	Dependent on severity and treatment	X	X	X
Acoustic neuroma	Operated, after 2 years, fully recovered		X	
Addison's	Within 5 years or chronic			X
	After 5 years, fully recovered		X	X
Agorophobia	No episodes or medications	X	X	X
Alcoholism	After 2 years of abstinence		X	X
Allergies	Testing in progress		X	
	Most cases	X	X	
<b>Anemia</b>				
Aplastic	All cases			Auto decline
Iron Deficiency	Most cases	X		
<b>Hemolytic</b>				
Auto-immune	Without splenectomy			Auto decline
	After splenectomy, asymptomatic, fully recovered	X	X	
Cooley's (Thalassemia, Mediterranean)	Major or Minor with symptoms			Auto decline
	Minor, asymptomatic	X		
Macrocytic	After 1 year, recovered, no treatment	X	X	
Pernicious	Normal blood count and hemoglobin after treatment	X	X	X

## Medical Underwriting Guidelines, continued

PROBABLE ACTION GUIDELINE, CONTINUED				
CONDITION	SPECIFICS	POSSIBLE ELIGIBILITY AT TIER 1 RATE	POSSIBLE ELIGIBILITY AT HIGHER TIER RATE (IFP ONLY)	POSSIBLE OR PROBABLE DECLINE
<b>Anemia, continued</b>				
Sickle Cell	Sickle Cell trait only	X		
	Sickle Cell anemia			Auto decline
<b>Aneurysm</b>	Unoperated or any of the following: Aortic, Abdominal, Thoracic			Auto decline
Cerebral	With stint/shunt			Auto decline
	Operated, fully recovered, after 2 years		X	X
Peripheral artery	Operated, fully recovered, after 1 year		X	
<b>Anorexia Nervosa</b>	Recovered, no further treatment, after 1 year	X	X	
<b>Aortic Coarctation</b>	See Congenital Heart Defects			
<b>Apnea</b>				
Apnea of the Newborn	After 6 months, completely resolved, no meds, treatment or apnea monitors	X	X	
Sleep Apnea	Obstructive, poorly controlled or requiring CPAP			Auto decline
	Operated, after 6 months, asymptomatic, fully recovered, no CPAP, without tracheotomy		X	
	Tracheotomy present			Auto decline
<b>Arteriovenous Malformation</b>				
All cases	Unoperated			Auto decline
Brain	Operated, with shunt			Auto decline
	Operated, no shunt, but residuals			Auto decline
	Operated, no shunt, no residuals, after 1 year	X	X	
Extremity	Operated, no residuals, after 6 months	X	X	
Lung, Aorta, Gastrointestinal	Operated, no residuals, after 6 months		X	X
<b>Arthritis</b>				
Osteoarthritis	Mild to moderate	X	X	
	Severe			Auto decline
Rheumatoid, Juvenile	After 6 months, no medication, asymptomatic		X	X
Rheumatoid, Adult	After 2 years, no medication, asymptomatic		X	X
	Chronic, severe or under treatment			Auto decline
<b>Asthma</b>	Mild, occasional episodes, never in emergency room or hospital	X	X	
	Moderate to severe, frequent episodes, history of emergency room visits and hospitalizations		X	X
<b>Atrial Fibrillation or Flutter</b>	Resolved, after 4 years		X	X

## PROBABLE ACTION GUIDELINE, CONTINUED

CONDITION	SPECIFICS	POSSIBLE ELIGIBILITY AT TIER 1 RATE	POSSIBLE ELIGIBILITY AT HIGHER TIER RATE (IFP ONLY)	POSSIBLE OR PROBABLE DECLINE
Atrial Septal Defect (ASD)	See Congenital Heart Defects			
Attention Deficit Hyperactive Disorder	Counseling and/or medication treatment		X	X
	Controlled, asymptomatic, no meds, no psychotherapy	X		
Autism	Testing complete, depending on treatment		X	
<b>B</b>				
Back sprain/strain	Single episode, no restrictions, fully recovered	X	X	
	Multiple episodes, fully recovered, no restrictions, after 6 months		X	X
	Chronic or present			Auto decline
Bell's Palsy	If severe residuals		X	
Bladder Infection	Single episode, fully recovered	X	X	
	Multiple episodes, fully recovered, within 1 year		X	X
	Chronic, within 2 years		X	X
	Interstitial			X
Bladder, Neurogenic	Fully recovered, within 2 years		X	X
Bladder Stones	See Kidney Stones			
Bradycardia	No cardiac disease, normal EKG	X		
	Due to complete heart block, resolved, no pacemaker, after 1 year		X	
	Due to Sick Sinus Syndrome			X
	With pacemaker			Auto decline
Brain concussion	Severe or with residuals			X
	Mild without residuals, fully recovered	X	X	
<b>Breast implants</b>				
Saline	After 6 months, no complications		X	
Silicone	All cases			X
Breast reduction	After 6 months, fully recovered	X	X	
Breast microcalcifications	Mild to moderate after benign biopsy		X	
	Severe after benign biopsy or present without biopsy			X
Bulimia	Recovered, no further treatment, after 1 year	X	X	
Burns	1 <sup>st</sup> or 2 <sup>nd</sup> degree, treatment concluded	X	X	
	3 <sup>rd</sup> degree, treatment concluded		X	X



## Medical Underwriting Guidelines, continued

PROBABLE ACTION GUIDELINE, CONTINUED				
CONDITION	SPECIFICS	POSSIBLE ELIGIBILITY AT TIER 1 RATE	POSSIBLE ELIGIBILITY AT HIGHER TIER RATE (IFP ONLY)	POSSIBLE OR PROBABLE DECLINE
Bursitis	Asymptomatic, resolved, no residuals	X	X	
	Chronic, recurrent, after 2 years		X	

### C

Cancer	Localized or Stage 0 or 1 can be considered. All others must be Best Cases or will be declined.			
Bladder, urinary	Recovered, no further treatment, after 3 years		X	X
Bone	Recovered, no further treatment, after 5 years		X	X
Brain/Nervous	Recovered, no further treatment, after 9 years		X	X
Breast	Recovered, no further treatment, after 5 years		X	X
Cervix	Recovered, no further treatment, after 3 years		X	X
Colon/Rectum	Recovered, no further treatment, after 7 years		X	X
Esophagus	Recovered, no further treatment, after 7 years		X	X
Eye (Retinoblastosis)	Recovered, no further treatment, after 3 years		X	
Gallbladder	Recovered, no further treatment, after 3 years		X	X
Kidney	Recovered, no further treatment, after 3 years		X	X
Larynx	Recovered, no further treatment, after 8 years		X	X
Liver	All cases			Auto decline
Lung, bronchi	Recovered, no further treatment, after 5 years		X	X
Melanoma	Recovered, no further treatment, after 1 year		X	X
Nasal Sinus	Recovered, no further treatment, after 3 years		X	X
Oral cavity, pharynx	Recovered, no further treatment, after 3 years		X	X
Ovary	All cases			Auto decline
Pancreas	All cases			Auto decline
Peritoneum	Recovered, no further treatment, after 4 years		X	X
Prostate	Recovered, no further treatment, after 2 years		X	X
Skin	Basal, treated		X	
	Squamous, treated, after 2 years		X	
Stomach	Recovered, no further treatment, after 4 years		X	X
Testicular	Recovered, no further treatment, after 1 year		X	X
Thyroid	Recovered, no further treatment, after 3 years		X	X
Uterine	Recovered, no further treatment, after 3 years		X	X
Cardiac arrhythmia	Present or on long-term blood thinners			X
Carpal tunnel syndrome	Unoperated		X	X
	Operated, recovered, no further treatment	X	X	

PROBABLE ACTION GUIDELINE, CONTINUED				
CONDITION	SPECIFICS	POSSIBLE ELIGIBILITY AT TIER 1 RATE	POSSIBLE ELIGIBILITY AT HIGHER TIER RATE (IFP ONLY)	POSSIBLE OR PROBABLE DECLINE
Cataracts	Unoperated		X	X
	Operated, recovered, no further treatment	X	X	
Cerebral Palsy	After age 5, mild only	X	X	
Cervical dysplasia	Abnormal Pap smear			X
	Two (2) normal Pap smears 6 months apart following the abnormal Pap		X	X
Cholesterol	See Hypercholesterolemia			
Chronic Fatigue Syndrome	Fully functional without restrictions, no symptoms or medications, after 2 years	X	X	
Chronic Obstructive Pulmonary Disease (COPD)	Consider pulmonary function tests, smoking history			
	Mild, after 5 years smoking cessation, no treatment		X	
	Moderate to severe or smoking			Auto decline
Chronic Pain	Within 1 year			X
	No further treatment/medications, no symptoms	X	X	
Cleft lip/palate	Operated, within 2 years			Auto decline
	Operated, correction complete, after 2 years	X	X	
	Unoperated, under age 19			Auto decline
	Unoperated, over age 19		X	
Club foot	No treatment anticipated/recommended	X	X	X
Coarctation of the Aorta	See Congenital Heart Defects			
Coccidioidomycosis	See Valley Fever			
Colitis				
Ulcerative	Total colectomy, after 3 years		X	X
	Partial colectomy or ileostomy or colostomy			Auto decline
	Unoperated			Auto decline
Non-ulcerative	Mild or moderate, fully recovered	X	X	
	Severe after 5 years, fully recovered		X	
Congenital Familial Polyposis	Operated, after 5 years		X	X
Congenital Heart Defects				
ASD – Atrial Septal Defect PDA – Patent Ductus Arteriosus VSD – Ventricular Septal Defect	Operated or spontaneous closure, after 1 year		X	X

## Medical Underwriting Guidelines, continued

PROBABLE ACTION GUIDELINE, CONTINUED				
CONDITION	SPECIFICS	POSSIBLE ELIGIBILITY AT TIER 1 RATE	POSSIBLE ELIGIBILITY AT HIGHER TIER RATE (IFP ONLY)	POSSIBLE OR PROBABLE DECLINE
<b>Congenital Heart Defects, <i>continued</i></b>				
Coarctation of Aorta	Operated, fully recovered, after 6 months	X	X	
Dextrocardia	No symptoms or abnormalities	X	X	
<b>Convulsive Disorder</b>				
Febrile	After 1 year, seizure free		X	X
Others	After 2 years, seizure free		X	X
Corneal Ulcer	Acute	X	X	
	Chronic and unoperated			Auto decline
	Operated, fully recovered	X	X	
Craniosynostosis	Operated, fully recovered, after 6 months		X	X
Crohn's Disease	No symptoms, after 3 years		X	X
	Operated, after 6 months, no ileostomy or colostomy		X	X
Cystocele	Operated, fully recovered	X	X	
<b>D</b>				
Depression	See Mental/Emotional Disorders			
De Quervain's Disease (Stenosing Tenosynovitis)	Successful surgery or medical treatment, released from care	X	X	
Detached retina	Operated, fully recovered, after 1 year		X	X
Deviated septum	Unoperated		X	X
	Operated, fully recovered, asymptomatic	X	X	
<b>Diabetes</b>				
Gestational	Normal GTT, after delivery	X	X	
Insipidus	Before 30 years of age, after 2 years from onset		X	X
	After 30 years of age, after 5 years from onset		X	X
Mellitus • Type I – treated with oral medications • Type II – insulin dependent	Controlled, no complications, within weight guidelines, normal lab work		X	X
	Other than above (i.e., with hypertension, neuropathy, retinopathy, abnormal lab work, over weight guidelines, etc.)			Auto decline
	Requiring insulin pump			Auto decline
Diaphragmatic Hernia	Unoperated: See Esophagitis			
	Operated, fully recovered	X	X	

PROBABLE ACTION GUIDELINE, CONTINUED				
CONDITION	SPECIFICS	POSSIBLE ELIGIBILITY AT TIER 1 RATE	POSSIBLE ELIGIBILITY AT HIGHER TIER RATE (IFP ONLY)	POSSIBLE OR PROBABLE DECLINE
Disc Disease, Herniated	Unoperated, asymptomatic, after 1 year		X	
	Unoperated, symptomatic			X
	Operated, asymptomatic, no treatment, after 6 months		X	
Dislocation – shoulder, elbow, wrist, ankle	Single episode, symptom/treatment free	X	X	
	Multiple episodes, after 3 years, no residuals	X	X	
Diverticulitis	Resolved, responsive to treatment	X	X	
	Operated, recovered	X	X	
	All others			X
Down's Syndrome	After 5 years of age, no cardiac or other complications		X	
	Cardiac involvement, operated, asymptomatic, after 1 year		X	X
Drug Addiction, history of	After 2 years of abstinence, no residuals	X	X	
Dumping Syndrome	Most cases		X	X
Dupuytren's Contracture	Operated, after 1 year	X		
	Unoperated, no surgery anticipated		X	X
<b>Dwarfism</b>				
Achondroplastic	Over age 25, no significant physical or mental impairment		X	
Pituitary	Over age 20, max growth achieved, no further treatment	X	X	
Dysfunctional Uterine Bleeding	Asymptomatic, after 1 year, no surgery recommended	X	X	
Dyspepsia	See Esophagitis			
<b>E</b>				
Ear infections	Infrequent episodes, responsive to medication, even after surgery	X	X	
	Frequent or recurrent episodes, within 6 months, even after surgery		X	X
	After 6 months, asymptomatic, no recurrence, even after surgery	X		
	Chronic		X	X
Emphysema, pulmonary	See Chronic Obstructive Pulmonary Disease (COPD)			
Endocarditis	Complete recovery, without residuals, after 3 years	X	X	

## Medical Underwriting Guidelines, continued

PROBABLE ACTION GUIDELINE, CONTINUED				
CONDITION	SPECIFICS	POSSIBLE ELIGIBILITY AT TIER 1 RATE	POSSIBLE ELIGIBILITY AT HIGHER TIER RATE (IFP ONLY)	POSSIBLE OR PROBABLE DECLINE
Endometriosis	Before menopause, minimal symptoms, within 5 years, only on NSAIDS		X	X
	Before menopause, moderate to severe symptoms			Auto decline
	After hysterectomy or menopause, asymptomatic	X	X	
	After menopause, symptomatic			Auto decline
Enuresis	Testing complete, consider medications	X	X	
Epicondylitis	No therapy, no cortisone shots	X	X	
Epilepsy	See Convulsive Disorder			
Epstein-Barr virus	See Chronic Fatigue Syndrome or Mononucleosis			
Erectile Dysfunction	Testing complete, consider medications, possible further treatment/surgery		X	X
Erythema Multiforme	Single attack, recovered	X		
	Recurrent, severe or chronic	X	X	X
Esophageal stricture	No symptoms or treatment, after 6 months	X	X	X
	Severe symptoms			X
Esophagitis	Infrequent episodes, occasional short course of medications		X	
	Frequent episodes or those requiring long term or ongoing drug therapy		X	X
Exostosis	Ear involvement, symptomatic			X
	Ear involvement but asymptomatic	X	X	
	Otherwise, recovered	X	X	

### F

Failure to thrive	Symptom/treatment free, recovered, mild to moderate	X	X	
	Severe			Auto decline
Familial polyposis	See Congenital Familial Polyposis			
Fasciitis	Acute, no steroid injections, within 1 year		X	
	Recovered, symptom/treatment free, after 1 year	X		
	Chronic/recurrent or steroid injections, within 3 years			Auto decline
	History chronic/recurrent, fully recovered, symptom/treatment free, after 3 years	X		
Fetal Alcoholism Syndrome	After 1 year, no residuals	X	X	

## PROBABLE ACTION GUIDELINE, CONTINUED

CONDITION	SPECIFICS	POSSIBLE ELIGIBILITY AT TIER 1 RATE	POSSIBLE ELIGIBILITY AT HIGHER TIER RATE (IFP ONLY)	POSSIBLE OR PROBABLE DECLINE
Fibrocystic breast disease	Current, no biopsy		X	X
	Operated, benign biopsy	X	X	
	Asymptomatic, no treatment required	X	X	
Fissure, Anal	Recovered, no residuals or further treatment	X	X	
	Chronic			X
Fistula – Anal, Rectal, Vaginal, Tracheoesophageal	Unoperated, all cases			X
	Operated, recovered, no residuals	X	X	
<b>Fractures</b>				
Spine	Minor			
	Without spinal cord damage, after 1 year	X	X	
	Compression			
	Asymptomatic, no treatment	X	X	
	Symptomatic, recovered, after 2 years		X	X
Hip	Recovered, no limitations or residuals, after 3 years		X	
Simple	No hardware	X	X	
	Hardware after 1 year		X	

## G

Gallstones	Present			Auto decline
	After surgery, no complications	X		
Ganglion cyst	All cases unless surgery anticipated/ recommended	X	X	
Gastric bypass	See Obesity with Priory Surgery (in Declinable Conditions list)			
Gastritis	Single attack	X	X	
	All others		X	X
Genital warts	Most cases, resolved, normal Pap smear	X	X	
GERD (gastroesophageal reflux disease)	See Esophagitis			
Glaucoma	Most cases	X	X	
Glomerulonephritis, Nephritis	Single attack after 1 year	X	X	
	Chronic			Auto decline
Gonorrhea	Single attack, treated	X	X	
	Multiple attacks, treated		X	X
Gout	Mild, occasional attacks	X	X	
	Tophaceous or with renal involvement			Auto decline

## Medical Underwriting Guidelines, continued

PROBABLE ACTION GUIDELINE, CONTINUED				
CONDITION	SPECIFICS	POSSIBLE ELIGIBILITY AT TIER 1 RATE	POSSIBLE ELIGIBILITY AT HIGHER TIER RATE (IFP ONLY)	POSSIBLE OR PROBABLE DECLINE
Guillain-Barre Syndrome	Present or with residuals			Auto decline
	After recovery, no residuals	X	X	

### H

Hammer toe	Unoperated		X	X
	Operated, released from care, asymptomatic	X	X	
Hashimoto's Disease	Most cases, asymptomatic	X	X	
Headaches	Migraines – See separate guideline			
	Otherwise	X	X	
Hearing loss	Traumatic, no treatment, released from care	X		
	Otherwise	X	X	
Heart Murmur	Functional, no heart disease	X		
	Otherwise, consider cause of murmur		X	X
Hemorrhoids	Unoperated or severe		X	X
	Asymptomatic or mild/moderate	X	X	
<b>Hepatitis</b>				
Any type	Present, chronic or persistent			Auto decline
A, B, E or alcohol-related	Recovered after 6 months	X	X	
C and all other types	All cases			Auto decline
<b>Hernia</b>				
Femoral, inguinal, umbilical	Unoperated		X	X
	Operated	X		
Hiatal or diaphragmatic	Unoperated: See Esophagitis			
	Operated, asymptomatic, no medication	X	X	
Herpes	Genital	X	X	
	Ocular (Keratitis)			
	• Recovered, normal vision, no residuals	X	X	
	• Recovered with residuals or active, in treatment			X
	Oral	X	X	
	Zoster (Shingles)			
	• Skin, single attack, no residuals	X		
	• Skin, multiple attacks, after 3 years	X	X	
• Eye or ear involvement			Auto decline	



## PROBABLE ACTION GUIDELINE, CONTINUED

CONDITION	SPECIFICS	POSSIBLE ELIGIBILITY AT TIER 1 RATE	POSSIBLE ELIGIBILITY AT HIGHER TIER RATE (IFP ONLY)	POSSIBLE OR PROBABLE DECLINE
Hip dysplasia	Of the newborn, underwritten based on severity and treatment type	X	X	X
	Otherwise, see Legg-Calve-Perthes Disease			
Hirschsprung's	Unoperated, or operated with symptoms			Auto decline
	Operated, asymptomatic	X	X	
Huntington's Chorea	All cases			Auto decline
Hyaline Membrane Disease	After 2 years, recovered, symptom and treatment free, no residuals	X	X	
Hydrocele	Unoperated		X	X
Hydronephrosis	Recovered	X	X	
Hypercholesterolemia	Controlled, within normal range	X	X	
Hypertension	Controlled, no medication	X	X	
	Controlled on medication		X	
	Uncontrolled or hospital within 1 year			Auto decline
	Complications, i.e., diabetes, overweight, etc.			Auto decline
Hyperthyroidism	See Thyroid diseases			
Hypoglycemia	Infrequent, mild attacks, no diabetes	X	X	
Hypospadias	Operated, within 2 years	X	X	
Hypotension	Underwritten based on cause	X	X	X
Hypothyroidism	See Thyroid diseases			
<b>I</b>				
Impotence	Testing complete, consider medications, possible further treatment/surgery		X	X
Incontinence, stress	Underwritten based on cause or pending surgery	X	X	X
Infertility	Current treatment and/or within 2 years			Auto decline
	No further tests, attempts, meds, etc. after 2 years	X		
Intestinal Obstruction	Single attack, unoperated, after 1 year		X	
	Multiple attacks, after 5 years		X	X
Intussusception	Operated, recovered	X	X	
Iritis	Single occurrence, after 6 months, no residuals	X	X	
	Multiple occurrences, after 1 year, no residuals	X	X	

## Medical Underwriting Guidelines, continued

PROBABLE ACTION GUIDELINE, CONTINUED				
CONDITION	SPECIFICS	POSSIBLE ELIGIBILITY AT TIER 1 RATE	POSSIBLE ELIGIBILITY AT HIGHER TIER RATE (IFP ONLY)	POSSIBLE OR PROBABLE DECLINE
Irritable Bowel Syndrome	Mild, infrequent attacks, OTC meds	X		
	Moderate, more frequent attacks, occasional prescription meds		X	X
	Frequent or prolonged attacks, after 5 years, prescription meds		X	

### J

Joint Replacement	Single surgery, minimal mobility impairment, asymptomatic			
Hip	One hip, after 1 year		X	X
	Both hips			Auto decline
Knee	One knee, after 5 years		X	X
	Both knees			Auto decline
Shoulder, elbow, wrist or ankle	All cases			Auto decline
All types of replacement	More than one surgery or persistent pain or significant mobility impairment			Auto decline
Juvenile Rheumatoid Arthritis	After 6 months, asymptomatic, no meds, no deformities		X	

### K

Keloids	Most cases	X	X	
Keratosis	Most cases	X		
Kidney cyst	Simple, operated or no surgery anticipated, asymptomatic	X	X	
	Polycystic			X
Kidney infection	Single episode, recovered	X		
	Multiple attacks, after 5 years	X	X	
	Multiple attacks, within 5 years or chronic			X
Kidney stones	Present			Auto decline
	Single attack or single stone passed	X	X	
	Multiple attacks or multiple stones passed		X	X
Knee injury	Symptomatic			X
	Asymptomatic, mobility not impaired, operated or unoperated, after 1 year		X	
	Multiple surgeries, same site, asymptomatic, mobility not impaired, after 2 years		X	
	Sprains, strains	X	X	

## PROBABLE ACTION GUIDELINE, CONTINUED

CONDITION	SPECIFICS	POSSIBLE ELIGIBILITY AT TIER 1 RATE	POSSIBLE ELIGIBILITY AT HIGHER TIER RATE (IFP ONLY)	POSSIBLE OR PROBABLE DECLINE
<b>L</b>				
Legg-Calve-Perthes Disease	Unoperated, see Osteoarthritis			
	Operated, see Joint Replacement			
Ligament injuries	Recovered/repared, no pain, swelling or instability	X	X	
Lupus Erythematosus	Systemic			Auto decline
	Discoid, after 2 years	X	X	
Lyme Disease	Asymptomatic, no residuals	X	X	
	Chronic			X
<b>M</b>				
Meniere's Disease	Asymptomatic	X	X	
Meningitis	Recovered, no residuals			
	Single attack	X	X	
	Multiple attacks, after 1 year		X	
<b>Mental/Emotional Disorders</b>				
Neurotic disorders or non-psychotic depression (phobias, obsessive-compulsive disorders, post-traumatic stress syndrome) or anxiety adjustments, reactions, or situational problems	Category 1: Single episode			
	<b>Mild to moderate</b>			
	No medication, no counseling, no hospitalization	X	X	
	With counseling		X	
	<b>Severe</b>			
	Prior hospitalization and/or treatment episode, recovered, no current medication, counseling or psychotherapy, after 1 year	X	X	
With psychotherapy or counseling		X	X	
	Category 2: Multiple episodes			X
Psychotic disorders – schizophrenia, bipolar (manic depression), etc.	All cases			Auto decline
Suicide attempt	Within 3 years or multiple attempts			Auto decline
Migraines	Mild, infrequent, no emergency room visits	X	X	
	Severe or frequent or seen in ER within 2 years		X	X

## Medical Underwriting Guidelines, continued

PROBABLE ACTION GUIDELINE, CONTINUED				
CONDITION	SPECIFICS	POSSIBLE ELIGIBILITY AT TIER 1 RATE	POSSIBLE ELIGIBILITY AT HIGHER TIER RATE (IFP ONLY)	POSSIBLE OR PROBABLE DECLINE
Mitral Valve Prolapse	Diagnosed by echocardiogram, normal or non-classic thickness/displacement	X		
	Classic, trace regurgitation or less, uses antibiotics prophylactically		X	
	More than trace regurgitation or not using antibiotics prophylactically			Auto decline
Moles	Benign pathology report	X		
Mononucleosis	No symptoms	X	X	
Myofibrositis, myositis	Single attack, mild case, recovered		X	
	Severe or multiple attacks		X	X

### N

Narcolepsy	All cases		X	X
<b>Nephrectomy</b>				
(Nonmalignant cause)	No residuals, normal kidney function, after 6 months	X	X	
	Persistent renal or cardiovascular abnormalities			Auto decline
<b>Nephritis, Nephrotic Syndrome</b>	See Glomerulonephritis			
<b>Nevus</b>				
Single dysplastic nevus	All cases	X	X	
Congenital melanocytic	Small to medium, removed, benign	X	X	
	Giant			Auto decline
Dysplastic syndrome	All cases			Auto decline

### O

<b>Osgood-Schlatter Disease</b>	See Osteochondrosis			
<b>Osteoarthritis</b>	See Arthritis			
<b>Osteochondrosis</b>	Recovered		X	X
<b>Osteomyelitis</b>	One bone involved, after 3 years	X	X	
	Multiple bones or recurrent after 5 years	X	X	
<b>Osteopenia</b>	Mild		X	
<b>Osteoporosis</b>	Mild		X	
	Moderate to Severe			Auto decline
<b>Otitis Media</b>	See Ear Infections			
<b>Otosclerosis</b>	Unoperated			Auto decline
	Operated	X	X	

## PROBABLE ACTION GUIDELINE, CONTINUED

CONDITION	SPECIFICS	POSSIBLE ELIGIBILITY AT TIER 1 RATE	POSSIBLE ELIGIBILITY AT HIGHER TIER RATE (IFP ONLY)	POSSIBLE OR PROBABLE DECLINE
Ovarian cyst	Spontaneously resolved	X		
	Operated or controlled by birth control pills	X	X	
	Polycystic ovary disease, after ovaries removed	X	X	
	Polycystic ovary disease, before ovaries removed			Auto decline

## P

Pancreatitis	Acute, single attack, unoperated gallstones			X
	Acute, single attack, gallstones removed	X	X	
	Recurrent/chronic, or secondary to alcoholism			Auto decline
Pap smears, abnormal	See Cervical Dysplasia			
PDA (Patent Ductus Arteriosus)	See Congenital Heart Defects			
Pelvic Inflammatory Disease (PID)	Present			Auto decline
	Single episode or operated after tube removal	X	X	
	Multiple episodes within 1 year		X	X
Pericarditis	Non-constrictive, no residuals			
	Due to viral infection or unknown cause, after 3 years	X	X	
	Due to bacterial infection, after 1 year	X		
Peyronie's disease	All cases	X	X	
Phlebitis	Superficial	X	X	
	Deep vein, present or on anticoagulants			Auto decline
	Deep vein, resolved			
	Single attack		X	
	Multiple attacks, after 2 years		X	
Pleurisy	Unresolved			Auto decline
	Resolved, without effusion	X	X	
	Resolved, with effusion, after 5 years	X	X	
Pneumothorax	Most cases	X	X	
Poliomyelitis	With bladder or sphincter function involvement			Auto decline
	With limb weakness		X	
Polymyositis	After 1 year		X	

## Medical Underwriting Guidelines, continued

PROBABLE ACTION GUIDELINE, CONTINUED				
CONDITION	SPECIFICS	POSSIBLE ELIGIBILITY AT TIER 1 RATE	POSSIBLE ELIGIBILITY AT HIGHER TIER RATE (IFP ONLY)	POSSIBLE OR PROBABLE DECLINE
<b>Polyp</b>				
Anal or Rectal	Unoperated, more than 4 polyps			Auto decline
	Unoperated, less than 4 polyps		X	
	Operated, benign, less than 4 polyps		X	
	Operated, benign, multiple polyposis or adenomatosis, after 5 years	X	X	
Bladder	Single, benign, after 6 months	X	X	
	Multiple, after 3 years	X	X	
	Present or recurrences within 5 years			Auto decline
Cervical	Pathology negative, no symptoms or recurrence	X	X	
Endometrial	Pathology negative, no symptoms or recurrence, after 6 months	X	X	
Gastrointestinal	Unoperated			Auto decline
	Operated, benign, less than 4 polyps		X	
	Operated, benign, multiple polyposis or adenomatosis, after 5 years	X	X	
Nasal or Vocal cord	Benign, single	X	X	
	Benign, two or more recurrences, after 3 years		X	
<b>Premature birth</b>				
Good weight gain, normal development, no residuals or complications	33-37 week gestation	X	X	
	29-32 weeks gestation, after 2 years	X	X	
<b>Proctitis</b>	Single episode	X	X	
	Multiple or recurrent, after 1 year	X	X	
<b>Prostate stones</b>	Most cases	X	X	
	With prostatitis			Auto decline
<b>Prostatic Hypertrophy, Benign</b>	Unoperated, PSA normal			
	Asymptomatic or minimal symptoms, no medications, recent ultrasound/ biopsy negative		X	
	Unoperated, PSA elevated but stable for 2 years			
	Asymptomatic or minimal symptoms, no medications, recent ultrasound/ biopsy negative		X	X

## PROBABLE ACTION GUIDELINE, CONTINUED

CONDITION	SPECIFICS	POSSIBLE ELIGIBILITY AT TIER 1 RATE	POSSIBLE ELIGIBILITY AT HIGHER TIER RATE (IFP ONLY)	POSSIBLE OR PROBABLE DECLINE
Prostatic Hypertrophy, Benign, <i>continued</i>	Operated			
	Asymptomatic, no residual operative complications	X	X	
	Otherwise			X
Prostatitis	Single episode, resolved	X	X	
	Chronic, recurrent, after 6 months		X	X
<b>Prosthesis</b>				
Eye	Substitution complete, after 3 months	X	X	
Penile	All cases	X	X	
Limb	Due to traumatic amputation, after age 18		X	
Psoriasis	Mild to moderate	X	X	
	Severe			Auto decline
Psychosis	See Mental/Emotional Disorders			
Pulmonary Embolism	No residuals, after 3 months	X	X	
Purpura	See Thrombocytopenia Purpura			
Pyloric stenosis	Operated	X	X	
<b>R</b>				
Raynaud's Disease	Operated or unoperated, mild, non progressive, no complications, asymptomatic	X	X	
	Otherwise			X
Rectocele	Otherwise	X	X	
Reiter's Syndrome	Occasional mild symptoms		X	
	Within 6 months of diagnosis			Auto decline
Renal failure/insufficiency	Complete recovery, normal kidney function, after 1 year	X	X	
	End stage renal failure or dialysis			Auto decline
Retinitis Pigmentosa	All cases	X	X	
Rheumatic Fever	Single attack, after 6 months, no complications	X	X	
	Multiple attacks, after 1 year, no complications	X	X	
Rotator Cuff	Operated, recovered, released from care	X	X	
	Unoperated, asymptomatic		X	
	Unoperated, symptomatic			X

## Medical Underwriting Guidelines, continued

PROBABLE ACTION GUIDELINE, CONTINUED				
CONDITION	SPECIFICS	POSSIBLE ELIGIBILITY AT TIER 1 RATE	POSSIBLE ELIGIBILITY AT HIGHER TIER RATE (IFP ONLY)	POSSIBLE OR PROBABLE DECLINE
<b>S</b>				
Sarcoidosis (Boeck's)	Stable, non-progressive, no pulmonary impairment, after 2 years		X	
Scarlet Fever	Recovered without residuals	X	X	
Schizophrenia	See Mental/Emotional Disorders			
Scleroderma	Minimal, localized, superficial, after 1 year		X	
	Recurrent, extensive or within 1 year			Auto decline
Seizures	See Convulsive Disorder			
Shingles	See Herpes Zoster			
<b>Sinusitis</b>				
Smoker	Within 6 months, acute, no ENT abnormality, less than 3 episodes	X	X	
	Chronic		X	X
	Operated within 1 year		X	
Non-Smoker	Within 6 months, acute, no ENT abnormality	X		
	Recurrent within 6 months single episode		X	
Sleep Apnea	See Apnea			
Spermatocele	All cases	X	X	
<b>Spina bifida</b>				
Cystica	Unoperated or operated with residuals			Auto decline
	Operated, asymptomatic	X	X	
Occulta	Unoperated under age 20			Auto decline
	Operated or over age 20 years	X	X	
<b>Spinal Curvature</b>				
All cases	Operated, recovered, after 1 year	X		
Lordosis	All cases	X		
Kyphosis	Unoperated			Auto decline
Scoliosis/Kyphoscoliosis	Unoperated, more than 30 degree curvature			Auto decline
Spondylolisthesis or Spondylosis	Best cases, after 1 year		X	
Sponge Kidney	No history of infections, stones or renal insufficiencies		X	
Sprains – knee, shoulder	See Back Sprain/Strain			



## PROBABLE ACTION GUIDELINE, CONTINUED

CONDITION	SPECIFICS	POSSIBLE ELIGIBILITY AT TIER 1 RATE	POSSIBLE ELIGIBILITY AT HIGHER TIER RATE (IFP ONLY)	POSSIBLE OR PROBABLE DECLINE
Stasis Dermatitis	No history of ulcerations/cellulitis: mild, nonprogressive		X	
	History of ulcerations/cellulitis			
	Single episode, fully recovered		X	
	Present or recurrent, after 3 years		X	
Strabismus	Unoperated, congenital or traumatic, within 6 months		X	X
	Operated, recovered, after 6 months	X	X	
Stroke	No residuals, no underlying disease, after 10 years		X	
Subdural hematoma	Unoperated			Auto decline
	Operated after 1 year, no residuals	X	X	
Substance abuse	See Alcoholism or Drug Addiction			
Surrogacy	2 Years with no plan with Surrogate Mother or Applicant as Surrogate	X		
Synovitis	Single attack	X	X	
	Multiple attacks		X	X

## T

Temporomandibular Joint Syndrome (TMJ)	Unoperated, asymptomatic, no treatment	X	X	
	Operated	X	X	
	Surgery anticipated or operated with residuals			Auto decline
Tennis elbow	See Epicondylitis			
Tetrology of Fallot	See the Declinable Conditions list			
Thoracic Outlet Syndrome	Best cases	X	X	
Thrombocytopenia, purpura	After 3 years without splenectomy	X	X	
	After 6 months with splenectomy	X	X	
Thymoma	Benign, after 5 years		X	
	Malignant, after 10 years		X	
Thyroid diseases				
Hypothyroidism	All cases	X	X	
Hyperthyroidism, Grave's Disease	Surgically or medically controlled, after 6 months	X	X	
Thyroiditis	Recovered	X	X	

## Medical Underwriting Guidelines, continued

PROBABLE ACTION GUIDELINE, CONTINUED				
CONDITION	SPECIFICS	POSSIBLE ELIGIBILITY AT TIER 1 RATE	POSSIBLE ELIGIBILITY AT HIGHER TIER RATE (IFP ONLY)	POSSIBLE OR PROBABLE DECLINE
TIC Douloureux	Unoperated, or treated with injections after 1 year		X	
	Operated	X	X	
Tonsillitis	1-2 acute attacks per year, recovered	X		
	Chronic, recurrent, 3 or more attacks per year			Auto decline
Tourette's Syndrome	Best cases		X	
Tracheo-esophageal Fistula	See Fistula			
Transplants	All EXCEPT Corneal			Auto decline
	Corneal, recovered, no residuals		X	
Transposition of the Great Vessels	Operated, fully recovered, after 3 years		X	
<b>Tuberculosis</b>				
Positive skin test, negative chest X-ray	After release from drug therapy	X	X	
Pulmonary	Arrested, after 2 years		X	
Skin	After 2 years		X	
Epididymus	All cases			Auto decline
<b>U</b>				
Ulcer, Peptic	Currently active or unoperated, single attack within 2 years			Auto decline
	Recovered without surgery, single attack, after 2 years	X	X	
	Operated, no recurrence	X	X	
	Unoperated, multiple attacks after 2 years		X	
	Recurrent ulcer, H Pylori positive			Auto decline
Undescended testicle	Operated	X	X	
Ureteral stricture	Recovered or operated after 2 years	X	X	
Urethral stricture	Full recovery, after 6 months	X	X	
	Chronic, recurrent			Auto decline

## PROBABLE ACTION GUIDELINE, CONTINUED

CONDITION	SPECIFICS	POSSIBLE ELIGIBILITY AT TIER 1 RATE	POSSIBLE ELIGIBILITY AT HIGHER TIER RATE (IFP ONLY)	POSSIBLE OR PROBABLE DECLINE
Uterine Fibroid Tumor	Unoperated, moderate to large or multiple tumors			Auto decline
	Unoperated, single, small, no size change, after 1 year		X	
	Operated by myomectomy		X	X
	Operated by hysterectomy	X	X	
Urinary tract reflux (VUR Vesico-ureteral Reflux)	Unoperated, after 1 year, no symptoms/ medication, or evidence of infection or renal impairment	X	X	
	Operated, no symptoms/medication, normal renal function	X	X	

## V

Valley Fever	Treated and recovered	X	X	
Varicocele	Unoperated after 2 years	X	X	
	Operated, recovered	X	X	
Varicose veins	Operated	X	X	
	Unoperated			
	Mild	X		
	Moderate to severe			Auto decline
VSD (Ventricular Septal Defect)	See Congenital Heart Defects			
Volvulus	Operated, no complications or residuals	X	X	

## W

Wolf-Parkinson-White Syndrome	With cardiac ablation, asymptomatic, after 1 year		X	
	Without cardiac ablation			Auto decline

## Medical Underwriting Guidelines, continued

### 4. Short-term health insurance plan declinable conditions\*

All applicants and their dependents must meet the eligibility requirements noted under Conditions of Eligibility on page 17.

Applicants and their dependents will be denied coverage if they:

- Are currently pregnant, expecting a child or in the process of adoption. Dependent children who are not pregnant or in the process of adoption may apply for their own coverage.
- In the past 30 days, have been seen by a member of the medical profession or been hospital confined.
- Within the past 12 months, have been recommended by a health-care professional to have or be scheduled for diagnostic testing, treatment or surgery, including elective surgery, that has not been completed.
- Have received medical or surgical consultation, advice or treatment, including medication, within the last five years for: heart or circulatory system disorders, including heart attack or chest pain; stroke; disorders of the blood, including hemophilia and leukemia; diabetes; cancer, skin cancer or tumor; chronic obstructive pulmonary disease; emphysema; alcoholism or alcohol abuse; drug abuse or chemical dependency; auto-immune diseases including lupus; or non-AIDS related immune system disorders.
- Have received medical or surgical consultation, advice or treatment,

including medication, within the last five years for any organ transplant, kidney disease or liver disorder.

- Have been treated for or diagnosed with acquired immune deficiency syndrome (AIDS).
- During the policy term, will train for or participate in a:
  1. Team or individual sports activity as a professional
  2. National or international competition as an amateur
  3. Collegiate sports activity
- Have any hospital, major medical, group health, or medical insurance coverage in force that will not terminate prior to the effective date of this coverage.
- Have had one or more of the following symptoms:
  1. Within the last 3 months, unplanned weight loss greater than 10 pounds
  2. Within the last 6 months, a persistent fever or fatigue of unknown cause for 2 weeks or more; change in the size, shape or color of a mole; persistent pain lasting for 2 weeks or more, including but not limited to back, neck, joint, pelvic or abdominal pain
  3. Within the last month, a change in bowel or bladder function such as, but not limited to chronic constipation, or diarrhea, or increase or decrease in frequency of urination
- Have enrolled in training for or engaged in an occupation involv-

ing unusual hazards without being covered by workers' compensation insurance. Examples of industries involving unusual hazards include but are not limited to:

- Heavy construction
- Iron or steel
- Building, raising, moving
- Roofing
- Telecommunications installation
- Concrete or asphalt
- Sandblasting
- Tunneling
- Asbestos removal
- Heavy equipment operators
- Mining or quarrying
- Transportation and aviation
- Tree climbers
- Chemical/rubber manufacturing
- Oil wells and refineries
- Public utilities
- Explosives manufacturing
- Furniture and fixtures manufacturing
- Carnival or circus employees
- Steeplejacks
- Truss or building components manufacturing
- Lumbering, wood chopping, tie making, timber cutting, including sawing and saw mills
- Stock yards, with or without butchering
- Stables – all employees

\* Underwritten by Blue Shield of California Life & Health Insurance Company

## Producer Resources

The 2006 edition of our Application and Underwriting Guidelines makes selling Blue Shield easier than ever with these handy tools:

1. Application how-to tips
2. IFP probable underwriting decision request form
3. Key contacts

### Application how-to tips

#### Forms to use

- Individual and Family Plan general application – C12900-AE
- Medicare Supplement plan application – C12687
- Short-Term health plan Option One application – ABU5286
- Short-Term health plan Option 12 application – ABU5287

#### Check list for completeness

You can help speed client applications through processing by doing a quick check to make sure each application is complete before you send it in.

Make it easy with this check list:

- Print clearly in blue or black ink  
Do not use pencil.
- List the younger spouse as the applicant if applying as a married couple or domestic partners. Doing so may result in lower monthly dues/premiums for your clients.
- Select a plan type.
- Provide all medical information  
Gender-specific questions need only be answered as applicable.
- Complete height, weight and date of birth.

- Include information for all family members to be covered.
- Fill in all address information
- Answer all information requested for last physician visit.
- Sign the application All applicants age 18 or older must sign the application.
- Write the date next to the signature.
- Submit applications within 30 days of the applicant's signature date.

Once complete, have your clients submit the application to Blue Shield along with a personal check or money order, payable to Blue Shield, equal to one month's dues/premiums.

*Note: Cashing the dues/premiums check does not constitute approval for a health plan. We will notify the producer in writing if the application is approved. Final approved rate may vary.*

#### IFP-specific tips

##### Individual-subscriber plans

- Only one application is needed even for multiple applicants within a family.
- We'll split the applicants out during processing.

##### One application for families

Your family clients who want to be on the same IFP plan just need to complete one application.

#### Save time with fill-in and online applications

- Try our IFP Quote & Apply Online System and see how much easier it is to close sales fast and smoothly.
- Enjoy our timesaving fill-in PDF IFP application. It's easy to use. Get a copy at [blueshieldca.com/producer](http://blueshieldca.com/producer).

#### Where to submit

##### New IFP applications

Attn: I&M – Applications  
Blue Shield of California  
P.O. Box 3008  
Lodi, CA 95241-9969  
Fax: (209) 367-6490  
E-mail:

[IFPapplications@blueshieldca.com](mailto:IFPapplications@blueshieldca.com)

##### IFP Transfer applications

Attn: IFP Plan Transfer Team  
Blue Shield of California  
P.O. Box 629013  
El Dorado Hills, CA 95762-9989  
Fax: (916) 350-7500

## Producer Resources, continued

### Medicare Supplement Plan-specific tips

These tips apply to applications for any of the following plans: A, B, C, D, F and K.

#### Advice to clients

Please advise your clients to truthfully and completely answer all questions about their medical and health history. They should carefully review their completed applications before signing to be certain that each section has been properly recorded.

In addition to the general tips provided in this section, be sure to have clients who are applying for a Medicare Supplement plan do the following:

- Read all the instructions carefully.
- Print clearly in blue or black ink – do not use pencil.
- Retain the yellow copy of each page of the application for their files.

#### Completeness check

Additional items to check for Medicare Supplement plan applications:

- Health coverage information
- Subscriber number and prior health care company name
- Replacement form for applicants with current Medicare Supplement plan coverage
- Statement of health (except if Guaranteed Acceptance)

#### Where to submit

Submit new enrollment and transfer Medicare Supplement plan applications to:

Attn: Medicare – Applications  
Blue Shield of California  
P.O. Box 3008  
Lodi, CA 95241-1912

Fax: **(209) 367-6391**

E-mail: [mininstall@blueshieldca.com](mailto:mininstall@blueshieldca.com)

#### Short-term health insurance tips

These tips apply to applications for either Option One or Option Twelve Plan, both of which are underwritten by Blue Shield of California Life & Health Insurance Company.

#### Advice to clients

In addition to the general tips provided in this section, be sure to have clients who are applying for a short-term health plan do the following:

- Read all the instructions, including the Authorization for Release of Information and the Terms & Conditions sections of the application carefully before signing the application.
- Print clearly in blue or black ink – do not use pencil.
- Indicate payment preference and include either a personal check or money order made out to Blue Shield or a credit card number with authorization.

#### Customized applications

Customized applications make it even easier for your clients to apply. You can get a customized application by e-mailing your request to: **shorttermhealth@bscalife.com**.

Then just e-mail your clients the link to your customized short-term health plan application. They can enter the information directly onto the application, print it out, sign it and submit it by mail or fax.

#### Where to submit

Attn: Blue Shield Life  
P.O. Box 750309  
Petaluma, CA 94975-0309

Fax: **(707) 778-0425** – Use fax *only* if applicant is paying by credit card.

# IFP Probable Underwriting Decision Request



**Blue Shield can help you evaluate applicant eligibility for IFP coverage.**

- Complete this form. Probable underwriting decisions require a complete health picture for each person listed on the application. If you need more room to provide details on conditions and/or medications, please attach an additional sheet of paper with the name of the applicant or dependent clearly marked.
- Fax the form with any additional pages to Blue Shield Underwriting at (209) 367-6648.
- Expect a response by fax:
  - Requests received before 12 p.m., Monday through Friday, will have a response by end of the same day.
  - Requests received after 12 p.m., Monday through Friday, will have a response by noon of the next business day.

## REQUIRED INFORMATION

Name of Applicant	# Family members	County of Residence
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<b>Individual Subscriber Plans</b> <input type="checkbox"/> Active Start <sup>SM</sup> Plan 35* <input type="checkbox"/> Active Start <sup>SM</sup> Plan 25* <input type="checkbox"/> Essential <sup>SM</sup> Plan 3000* <input type="checkbox"/> Essential <sup>SM</sup> Plan 4500*	<b>Shield Spectrum PPO<sup>SM</sup> Plans</b> <input type="checkbox"/> PPO Plan 500 <input type="checkbox"/> PPO Plan 1500 <input type="checkbox"/> PPO Plan 750 <input type="checkbox"/> PPO Plan 2000 <input type="checkbox"/> PPO Plan 5000* <input type="checkbox"/> Blue Shield Life PPO Plan 1500* <input type="checkbox"/> Blue Shield Life PPO Plan 2000*	<b>Shield Spectrum PPO<sup>SM</sup> Savings Plans</b> <input type="checkbox"/> PPO Savings Plan 2400 (Individual) <input type="checkbox"/> PPO Savings Plan 4800 (Family) <input type="checkbox"/> PPO Savings Plan 4000 (Individual)* <input type="checkbox"/> PPO Savings Plan 8000 (Family)*	<b>Blue Shield HMO Plans</b> <input type="checkbox"/> Access+ HMO <sup>®</sup> Plan <input type="checkbox"/> Access+ Value <sup>SM</sup> HMO Plan
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Other plan name: \_\_\_\_\_

## MEDICAL CONDITIONS

Applicant Data					Dependent #1 Data				
<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Height	Weight	Smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Height	Weight	Smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Diagnosis			Hospitalized <input type="checkbox"/> Yes <input type="checkbox"/> No		Specific Diagnosis			Hospitalized <input type="checkbox"/> Yes <input type="checkbox"/> No	
Complete Details of Condition, Including Current Status					Complete Details of Condition, Including Current Status				
Treatment Date(s)		Recovery Date(s) if Applicable			Treatment Date(s)		Recovery Date(s) if Applicable		
Current Medications/Dosages					Current Medications/Dosages				

## GENERAL CONCERNS/QUESTIONS Remember: you can attach additional pages as needed

\_\_\_\_\_

\_\_\_\_\_

## PRODUCER INFORMATION

BSC Producer Name	Producer ID#	Phone #	Fax #	E-mail
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## FOR UNDERWRITING USE ONLY - Underwriting Response

<input type="checkbox"/> Possible Tier 1 <input type="checkbox"/> Possible Tier 2 <input type="checkbox"/> Possible Tier 3 <input type="checkbox"/> Possible Tier 4 <input type="checkbox"/> Possible Tier 5	Notes
	Underwriter
Date	

**THIS IS NOT A FINAL UNDERWRITING DECISION OR ACCEPTANCE OF COVERAGE.** Underwriting provides this probable action response as a courtesy to help you evaluate possible eligibility for coverage, and this response is based on the information provided on this form. Blue Shield makes final decisions for coverage based on the signed, complete application only. Please attach this form to the application. Thank you.

\* These plans are underwritten by Blue Shield of California Life & Health Insurance Company.



## Key contacts and resources list

On these pages you'll find all the ways you can contact us, and whom to ask for what. For fastest service, be sure to use the phone or fax number, address or e-mail address specific to your question.

INDIVIDUAL AND FAMILY PLANS			
	E-mail	Phone	Fax
New applications – submissions	IFPapplications@blueshieldca.com		(888) 386-3420
Pend information – submissions	Pend.Updates@blueshieldca.com	(800) 559-5905	(209) 367-6395
Transfer applications – submissions			(916) 350-7500
Transfer applications – pends			(916) 350-8695
Application status	ProducerServices@blueshieldca.com	(800) 559-5905 Monday – Thursday, 8 a.m. – 7 p.m., Friday, 9 a.m. – 5 p.m.  Automated informa- tion available after business hours.	(209) 367-6489
Information Sources	ProducerServices@blueshieldca.com	(800) 559-5905	(209) 367-6489
<ul style="list-style-type: none"> <li>Dues/premiums payment information</li> <li>Delinquent report fax back requests</li> <li>Underwriting Guidelines</li> <li>Commissions information/issues</li> <li>Product Information</li> <li>Supply Orders</li> <li>Producer Correspondence</li> </ul>			
Electronic Claims Submission Help Desk		(800) 480-1221	
Dental Member Services		(888) 679-8928	
IFP ADDRESSES			
<ul style="list-style-type: none"> <li>IFP applications – new submissions</li> <li>Application updates</li> <li>Transfer requests</li> <li>Medical records</li> <li>Underwriting requests</li> <li>Letters from members/subscribers</li> </ul>	Attn: I&M – Applications Blue Shield of California P.O. Box 3008 Lodi, CA 95241-9969		
IFP transfer applications	Attn: IFP Plan Transfer Team Blue Shield of California P.O. Box 629013 El Dorado Hills, CA 95762-9989		

MEDICARE SUPPLEMENT PLANS			
	E-mail	Phone	Fax
New and pend applications – submissions	msinstall@blueshieldca.com	(800) 559-5905	(209) 367-6391
Transfer applications – submissions			(209) 367-6391
Application status	ProducerServices@blueshieldca.com	(800) 559-5905 Monday – Thursday, 8 a.m. – 7 p.m., Friday, 9 a.m. – 5 p.m.  Automated informa- tion available after business hours.	(209) 367-6489
Information Sources	ProducerServices@blueshieldca.com	(800) 559-5905	(209) 367-6489
Dues/premiums payment information			
Underwriting Guidelines			
Commissions information/issues			
Product Information			
Supply Orders			
Producer Correspondence			
Electronic Claims Submission Help Desk		(800) 480-1221	
ADDRESSES			
Medicare Supplement plan applications	Medicare Supplement Dept.		
Correspondence about Medicare Supplement plans	P.O. Box 3008 Lodi, CA 95241-1912		

SHORT-TERM HEALTH PLANS			
	E-mail	Phone	Fax
Application and dues resource	shorttermhealth@bscalife.com	(800) 559-5905 or (800) 443-8284	
Application status			
Dues/premiums payment information			
General information	ProducerServices@blueshieldca.com	(800) 559-5905	(209) 367-6489
Commissions information/issues			
Product Information			
Supply Orders			
Addresses			
Short-term health plan Option 1 and Option 12 applications	Blue Shield Life P.O. Box 750309 Petaluma CA 94975-0309		

## Key contacts and resources list, continued

### GENERAL ADDRESSES

License updates	Blue Shield of California Producer Services P.O. Box 2630 Lodi, CA 95241-12630
Errors & Omissions License updates	
New appointment paperwork	
Producer of record changes	
Commissions issues	
New group quotes	
Producer information updates	

### ONLINE RESOURCES

Plans and rates	<a href="http://blueshieldca.com/producer">blueshieldca.com/producer</a>
<ul style="list-style-type: none"><li>• Product information including plan summaries</li></ul>	
<ul style="list-style-type: none"><li>• Underwriting guidelines</li></ul>	
<ul style="list-style-type: none"><li>• Applications and other forms</li></ul>	
<ul style="list-style-type: none"><li>• Client support tools</li></ul>	
Tools	
<ul style="list-style-type: none"><li>• Quoting</li></ul>	
<ul style="list-style-type: none"><li>• Online application</li></ul>	
<ul style="list-style-type: none"><li>• Supply ordering system</li></ul>	
<ul style="list-style-type: none"><li>• Advertising resources to help promote your business</li></ul>	
Rewards	
<ul style="list-style-type: none"><li>• Commission structures</li></ul>	
<ul style="list-style-type: none"><li>• Bonus programs</li></ul>	
<ul style="list-style-type: none"><li>• Producer Rewards Club and MVP</li></ul>	
News	
<ul style="list-style-type: none"><li>• Product and company information</li></ul>	
<ul style="list-style-type: none"><li>• Policy announcements</li></ul>	
<ul style="list-style-type: none"><li>• Press releases</li></ul>	

FOR MEMBERS	
Blue Shield of California network provider directory	<a href="http://blueshieldca.com">blueshieldca.com</a>
Blue Shield Life network provider directory	<a href="http://bscalife.com">bscalife.com</a>
Health Insurance Counseling and Advocacy Program (HICAP): provides health insurance counseling for California senior citizens. Call the HICAP toll-free telephone number for a referral to the local HICAP office. HICAP is a service provided free of charge by the State of California.	<b>(800) 434-0222</b>
Medicare Supplement plan member customer service	<b>(800) 248-2341</b> <b>TTY (800) 241-1823</b> (hearing impaired)
IFP and Medicare Supplement member premiums/dues payment address	Blue Shield of California P.O. Box 51827 Lodi, CA 90051-6127
Short-term health plan member customer service	<b>(866) 510-8778</b>
Short-term health claims address	Blue Shield of California P.O. Box 1812 Beattyville, KY 41311
Dental Member Services	HMO <b>(800) 585-8111</b> PPO <b>(888) 679-8928</b>
Dental PPO claims address	Blue Shield of California P.O. Box 272590 Chico, CA 95927-2590
Enhanced dental services for pregnant women	Blue Shield of California Periodontal Coverage for Women During Pregnancy 425 Market Street, 12 <sup>th</sup> Floor San Francisco, CA 94105

## Northern California

### Sacramento

11249 Gold Country Blvd.  
Suite 160  
Gold River, CA 95670  
Phone: (916) 851-3400  
Fax: (916) 851-3450

### Fresno

5250 N. Palm Ave.  
Suite 120  
Fresno, CA 93704  
Phone: (559) 440-4000  
Fax: (559) 436-0371

### San Jose

1735 Technology Drive  
Bldg. 4, Suite 100  
San Jose, CA 95110-1058  
Phone: (408) 452-6900  
Fax: (408) 452-6910

### Walnut Creek

1331 N. California Blvd.  
Suite 110  
Walnut Creek, CA 94596  
Phone: (925) 927-7400  
Fax: (925) 927-7410

## Southern California

### Los Angeles

6701 Center Drive West  
Suite 800  
Los Angeles, CA 90045  
Phone: (310) 670-4040  
Fax: (310) 670-5122

### Orange

770 The City Drive South  
Suite 3500  
Orange, CA 92868-6925  
Phone: (714) 663-4200  
Fax: (714) 663-4249

### San Diego

591 Camino De La Reina  
Suite 100  
San Diego, CA 92108  
Phone: (619) 686-4200  
Fax: (619) 686-4250

### Ontario

3401 Centre Lake Drive  
Suite 400  
Ontario, CA 91761  
Phone: (909) 974-5200  
Fax: (909) 974-5220

### Woodland Hills

6300 Canoga Ave.  
13th Floor  
Woodland Hills, CA 91367  
Phone: (818) 598-8000  
Fax: (818) 228-5249