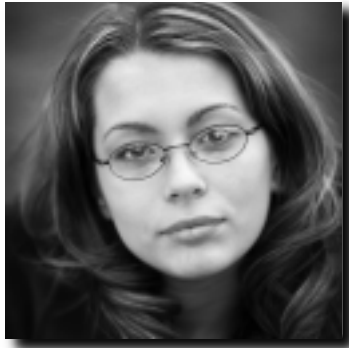


PacifiCare®

A UnitedHealthcare Company



California Individual Plan—HMO
Broker Guide

Welcome to PacifiCare!

This broker guide has been developed to help you market PacifiCare of California HMO products for individuals and families.

In this guide you'll find valuable information about eligibility, application procedures, and changes to in-force business. Also available are field-underwriting procedures and ways to help give your customers a fair assessment of their coverage options.

Table of Contents

■ Risk Assessment	3	■ Common Medical Terms and Definitions	12
■ Eligibility	4	■ Effective Date	14
Applicants	4	■ Application & Underwriting Process	14
Dependents	4	Application	14
Children-Only Coverage	4	Tips to Avoid Application Delays	14
Current Pregnancy/Expectant Parent	4	Rates	14
Foreign Travel	4	Underwriting	14
Ineligible Occupations	4		
■ Medical Underwriting Guidelines	4	■ Changes to In-Force Business	15
Insurability	4	Upgrading	15
Male Build Chart	5	Downgrading	15
Female Build Chart	5	Adding a Dependent	15
Declined Condition List	6	Adding a Newborn or Adoptee	15
		Portability	15
		Rescission	15
■ Suggested Questions for Frequently Encountered Medical Conditions	7		
■ Commonly Used Drugs	10		

Risk Assessment

Assisting you in field underwriting PacifiCare products and presenting a plan that meets your clients' needs is one of our primary goals.

The following information outlines the practices usually used by the Underwriting staff when making risk-assessment decisions. **Please remember this material is only to be used as a guide. Our final decisions may change based on findings obtained from the underwriting process.**

Please make sure your clients are aware that a member of the Underwriting staff may be phoning them to conduct a verification of their information on the application and health histories. Attending physician statements (medical records) may be required. Final action regarding an application is the ultimate decision of the underwriter based upon the complete medical facts. For this reason, field underwriting risk assessments should never be interpreted as a guarantee of underwriting action in any particular situation.

The applicant's failure to record complete and accurate information may result in denial of claims and/or rescission of coverage. You are not authorized to disregard an applicant's answer or to impose his or her own judgment as to what is or is not important to record. To further protect you, always instruct applicants to complete their own applications, including the medical history section. You must be licensed and appointed to represent us in the state where the applicant resides.

The following are some suggestions that will help you and proposed applicant(s) avoid misunderstanding over type and scope of coverage that the customer is requesting:

1. Furnish accurate and complete information on medical history including date, type of treatment, diagnosis, and physician, if appropriate.
2. **Only the Underwriting department can make a final decision of whether coverage will be issued after completion of the underwriting process; therefore, never suggest or promise coverage will be issued. Never promise an effective date. Likewise, everyone has the right to apply for coverage, regardless of occupation or health condition. The information in this booklet, along with your experience, can assist you in providing professional advice to your clients, but you are not authorized to decline coverage.**
3. The exclusions, limitations, provisions, and benefits provided under the plan should be clearly and accurately described to the proposed applicant.

The application is the most critical piece of information in the underwriting process. In addition to being part of the contract, it provides a place for applicants to explain aspects of their medical histories that may not always be clear in the medical records. Therefore, the application should be completed as thoroughly as possible, including details such as the type and duration of treatment given for a condition, medications taken, when and if completely recovered, any residual symptoms, and the names and addresses of the relevant physician(s). If an applicant has seen more than one physician, it's important to indicate which physician would have the relevant records.

Eligibility

Applicants

All applicants must be age 18 or over and under age 65, and not eligible for Medicare. All applicants must meet the health plan's underwriting requirements and be U.S. citizens or be in the U.S. by a permanent resident card.

Dependents

Eligible dependents must be a legal spouse, domestic partner, and/or unmarried children under age 19, or through age 24 if a full-time student at an accredited school, college, or university.

"Children" means a child by birth, legal adoption, or marriage (stepchild). The applicant must provide at least 50% support and maintenance for each child.

An unmarried child who is age 19 or older may be eligible for coverage if mentally or physically handicapped, not capable of self-sustaining employment, and chiefly dependent on the applicant for support and maintenance.

Children-Only Coverage

Children alone can be covered. Each child must apply separately.

Current Pregnancy/Expectant Parent

We will not accept a family member who is currently pregnant, is the father of an unborn child, or in the process of adoption or surrogacy.

Foreign Travel

An applicant who lives in a foreign country is not eligible for coverage. An applicant who is contemplating imminent or extended travel is also not eligible.

Ineligible Occupations

- Air traffic controllers/pilots/crop dusters.
- Armed forces personnel.
- Asbestos/toxic chemical/toxic disposal workers.
- Athletes (professional, excluding bowlers and golfers).
- Bar owners and employees.
- Commercial fishers.
- Divers.
- Drivers (professional racing, testing).
- Explosives workers.
- Government employees.
- Jockeys (horse trainers/breakers).
- Miners.
- Oil rig workers/off-shore drillers/pipeline and natural gas workers.
- Rodeo participants.
- Ski instructors.
- Steel/iron workers.
- Truckers (long-haul).

Note: This list applies to any applicant and/or dependent spouse or domestic partner working in an occupation listed above. This list does not apply to HIPAA-eligible individuals. We reserve the right to decline other occupations that may not be listed.

Medical Underwriting Guidelines for Individual Plans

Insurability

Because of the potential additional risk associated with certain medical conditions, some applicants will be declined for all coverages.

Any body build not meeting the standard build range will be subject to a medical review, which may result in a decline.

Male Build Chart

BUILD CHART—MALES	
Ages 15 and over	
HEIGHT Ft. In.	STANDARD WEIGHT IN LBS.
5-0	91-174
1	94-180
2	98-187
3	101-193
4	104-199
5	107-204
6	110-211
7	113-217
8	117-223
9	120-230
10	123-236
11	126-242
6-0	130-249
1	134-257
2	138-264
3	142-272
4	145-279
5	149-286
6	153-294
7	157-302
8	161-309

Female Build Chart

BUILD CHART—FEMALES	
Ages 15 and over	
HEIGHT Ft. In.	STANDARD WEIGHT IN LBS.
4-8	76-155
9	78-160
10	80-164
11	82-167
5-0	84-171
1	86-176
2	88-180
3	91-186
4	93-190
5	95-195
6	97-199
7	100-205
8	103-211
9	106-218
10	108-222
11	112-231
6-0	116-238
1	119-244
2	121-250
3	124-256
4	128-263

Declined Condition List

We do our best to offer coverage to as many applicants as possible. Unfortunately, some medical risks are too substandard, based on the amount of the incoming premium.

To save time and effort, we are publishing a list of declined conditions (where allowed by law). ***This is not an all-inclusive list.*** See detailed medical risk section to follow.

(Some information may vary by product. Please refer to the sales materials.)

- AIDS, or AIDS-Related Complex (ARC)
- Addison's Disease
- Adrenal Gland Disorders
- Alcoholism
- Alzheimer's Disease
- Aneurysm
- Angina
- Ascites
- Autism
- Barrett's Esophagus
- Biliary Atresia
- Bipolar Disorder (manic depressive)
- Bone Marrow Transplantation
- Brain Tumor
- Cancer/Melanoma
- Cardiomyopathy
- Cerebral Palsy (moderate/severe)
- Chronic Interstitial Cystitis
- Chronic Obstructive Pulmonary Disease (COPD)
- Cirrhosis of the Liver
- Clotting Deficiency
- Congenital Heart Disease
- Congestive Heart Failure/Cardiomegaly
- Coronary Congenital Defects (tetralogy of fallot, transposition of the great vessels)
- Coronary Artery Disease/angina (angioplasty, bypass, and MI)
- Cushing's Disease
- Cystic Fibrosis
- Diabetes (oral or injectable medications)
- Down's Syndrome
- Driving while intoxicated (multiple offenses)
- Drug Abuse or Substance Abuse
- Eating Disorders
- Emphysema
- Encephalitis (with residuals)
- Enteritis
- Glomerulonephritis (chronic)
- Growth Deficiencies (requiring growth hormone treatment)
- Heart Disease (mitral or aortic stenosis, angina, cardiomyopathy, congestive heart failure, endocarditis, Kawasaki disease, fibrillation, atherosclerosis, valve replacement)
- Hemochromatosis
- Hemolytic Anemia
- Hemophilia/Thrombocytopenia
- Hodgkin's Disease
- Huntington's Chorea
- Hyperthyroidism
- Idiopathic Thrombocytopenia Purpura (ITP)
- Infertility (if under age 50)
- Intestinal Bypass
- Intracranial Hemorrhage/Stroke/TIA
- Kaposi's Sarcoma
- Kidney Dialysis/Renal Failure/Polycystic Kidney Disease
- Leukemia
- Lou Gehrig's Disease/ALS
- Lymphoma
- Macular Degeneration
- Major Depressive Disorder/Manic Depressive
- Marfan's Syndrome
- Melanoma
- Meniere's Disease (flare-up within 5 yrs)
- Mental Retardation
- Multiple Sclerosis
- Muscular Dystrophy
- Myasthenia Gravis
- Narcolepsy
- Nephrotic Syndrome
- Obesity (morbid)/Gastric Stapling/Bariatric Surgery
- Optic Neuritis
- Organ & Bone Marrow Transplant (pre & post)
- Pacemaker/Implantable Cardioverter Defibrillator
- Paget's Disease
- Pancreatitis (acute within 5 yrs)
- Pancreatitis (chronic)
- Paralysis
- Parkinson's Disease
- Pending Inpatient Surgery
- Peripheral Neuropathy/Peripheral Vascular Disease
- Pituitary Gland Disorders
- Polycystic Kidney Disease
- Polycythemia
- Polymyositis
- Pregnancy (current)
- Primary Pulmonary Hypertension
- Psychotic Disorders/Major Depression/Bipolar/Schizo-affective Disorders/Paranoid
- Rheumatoid Arthritis (crest syndrome, scleroderma)
- Sarcoidosis
- Septal Defect (heart)
- Sickle Cell Anemia
- Spina Bifida
- Stroke/CVA
- Suicide Attempt
- Systemic Lupus Erythematosus
- Thrombocytopenia/Thrombocytosis
- Transient Ischemic Attack (TIA)
- Tuberous Sclerosis
- Vasculitis
- Ventricular Septal Defect
- Wegener's Granulomatosis

Suggested Questions for Frequently Encountered Medical Conditions

When applicants are completing the medical history section of an application, you can assist the underwriting process by asking additional questions and having the applicant record this information on the application. The underwriters' decisions can be more timely if the applicant supplies additional information, including the name(s) and address(es) of the consulting physician(s). Suggested questions are listed below.

Checkup

1. What was the date of and the reason for the checkup?
2. What symptoms prompted the checkup? Document even if symptoms appear minor.
3. What tests were done and what were the results of each?
4. Was any medication prescribed? What is the dosage?
5. Were any further studies recommended or planned by the physician?

Allergies, Asthma, Emphysema, Bronchitis, and other Respiratory Conditions

1. How many attacks occur per year? What was the date of the last attack?
2. Any days lost from work or school?
3. What medication was used to control the attack?
4. Between attacks, what medications are used and how frequently?
5. Are any nebulizers required? How often?
6. Did the applicant have to go to the emergency room or acute care facility? Was any hospitalization required? When and how many days?
7. Does the applicant smoke?

Arthritis

1. Type (e.g., rheumatoid, osteo, gouty, etc.)?
2. What joints are involved?
3. Date initially diagnosed?
4. Any restricted activities?
5. Past or present Gold Therapy? Steroids?
6. Current medication and/or treatment?
7. Any surgeries completed or anticipated?

Back and Neck

1. What areas of the back or neck were affected?
2. How long did the symptoms last?
3. How was the ailment treated? For how long? Still taking medication?
4. Any days lost from work or school?
5. When was the last doctor visit?
6. Was there any radiation of pain or numbness to the legs or arms?
7. Any residuals or limitations?

Blood Pressure

1. Is medication being taken? How often? How long has the applicant been under treatment?
2. How often is the blood pressure checked? Last seen by a physician?

Suggested Questions for Frequently Encountered Medical Conditions (Continued)

Blood Pressure (Continued)

3. What were the last three blood pressure readings?
4. Has the applicant had an Echocardiogram (ECG or EKG)? If so, results.

Chest Pain

1. Give date of last episode.
2. Was the cause of the pain diagnosed? If yes, what was the diagnosis?
3. Was a bypass operation or coronary angiogram (catheterization) done or recommended?
4. Any ECG (EKG) and the results (list stress tests also). When was last ECG?
5. What other studies were done and what were the results of each?
6. Has the applicant ever been hospitalized for the condition?
7. What is the current treatment?
8. Are activities restricted?

Epilepsy, Seizures, or Fainting Spells

1. Describe the type of seizure (grand mal/petit mal).
2. What were the dates of the first episode and latest episode?
3. How frequent are the seizures?
4. What studies have been done? MRI/CT scan confirming diagnosis?
5. How treated? What medications are taken? Date the physician was last seen?

Heart Murmur

1. When was it first diagnosed?
2. Name of the type of murmur (if known). Was it called "functional," "innocent," or "organic"?
3. How was it diagnosed? What tests were done and dates? (e.g., Echocardiogram)
4. Is there any restriction of activities?
5. Any treatment given or recommended? Further studies planned?

Hypoglycemia, Hyperglycemia, or Glucose Intolerance

1. When was the disorder first diagnosed?
2. Is it controlled by diet or medication? If by medication, provide the name of medications and amounts taken each day (oral or injected). How often is the sugar level checked? Is the sugar level checked with urine or blood tests? Results?
3. What were the date and results of the latest blood sugar test? Had he/she fasted?
4. Is there any history of diabetic coma or hospitalizations?
5. Are there any associated complications such as eye problems or circulatory/kidney problems?

Kidney, Bladder, or other Urinary Tract Disorders

1. Give the name of the disorder.
2. How many episodes in the past two years?
3. What tests were done and what were the results? Any surgery recommended?
4. How was the disorder treated? Give name of any medications.
5. Is the applicant still taking medication?
6. If a kidney stone (urinary stone) was present, was it passed on own, removed, or still present?

Suggested Questions for Frequently Encountered Medical Conditions (Continued)

Mental and Emotional Histories, including Anxiety, Depression and any form of Counseling

1. What was the diagnosis?
2. How was the ailment treated and by whom? Any hospitalization? When, where, how long?
3. What were the dates and types of counseling, psychotherapy, etc.?
4. What medications were taken and are any medications being taken currently? If none, when was medication discontinued?
5. Is the applicant still under medical care? Name of doctor/therapist?
6. Was the illness triggered by a situational event?

Stomach, Intestine, Colon

1. What was the diagnosis? Was an ulcer found? What type?
2. What type of treatment and for how long?
3. When was medication last taken? Name of the medication? On any special diet?
4. Was there any bleeding?
5. Was any hospitalization required? When and for how many days?
6. Was any abdominal surgery performed? When? What type?

Thyroid

1. Is the applicant hyperthyroid (overactive) or hypothyroid (underactive)? Are nodules present?
2. How was the ailment treated (medication, surgery)?
3. What medication is taken and the amounts?

Tumor, Polyp, Cyst

1. Where was the growth located?
2. When was it removed and how (surgery, burned off, radiation)?
3. Was the growth benign, premalignant or malignant?
4. Was any treatment or follow-up needed after it was removed?

Other Conditions (Not listed)

Include the complete name, address, zip code, and telephone number of the attending physician (and specialty, if known).

1. When was the doctor visit? (Give dates and reason for visit.)
2. What tests were done?
3. What did the doctor call the ailment or disorder?
4. Was medication prescribed? If yes, include the name of the medication.
5. Is medication still being taken? If not, when was it stopped and why?
6. Are there any symptoms or episodes? How often? Include dates.
7. Is there any residual impairment?
8. Were any other doctors seen?
9. Is the applicant having any kind of routine medical follow-up or special test for any disorder?
(e.g., cancer screening, PSAs, lab tests, EKGs, CAT Scans, MRIs)

Commonly Used Drugs

Accutane.....	Acne	Feldene.....	Nonsteroidal Anti-inflammatory Drug
Aciphex.....	Gastrointestinal	Fiorinal.....	Headaches
Aldomet.....	High Blood Pressure	Fosamax.....	Osteoporosis
Aldoril.....	High Blood Pressure	Gleevec.....	Cancer
Allopurinol.....	Gout	Glucophage.....	Diabetes Mellitus
Alupent.....	Asthma	Glucotrol.....	Diabetes Mellitus
Ambien.....	Sedative	Glyburide.....	Diabetes Mellitus
Amitriptyline.....	Anxiety/Fibromyalgia	Gold Shots.....	Rheumatoid Arthritis
Amoxicillin.....	Antibiotic	Halcion.....	Sedative
Anaprox.....	Nonsteroidal Anti-inflammatory Drug	Haldol.....	Psychosis
Antabuse.....	Alcohol Abuse	Hydrochlorothiazide (HCTZ).....	Diuretic
Antivert.....	Dizziness	Hydrodiuril.....	Diuretic
Apresoline.....	High Blood Pressure	Hygroton.....	Diuretic
A.S.A.....	Aspirin	Imipramine.....	Depression
Atarax.....	Antihistamine	Imitrex.....	Migraines
Atenolol.....	Cardiovascular	Inderal.....	Cardiovascular
Atromid.....	Cholesterol	Indocin.....	Nonsteroidal Anti-inflammatory Drug
Augmentin.....	Antibiotic	Insulin.....	Diabetes Mellitus
Azulfidine.....	Gastrointestinal/Crohn's Disease	Isoptin.....	Cardiovascular
Bactrim.....	Urinary Tract Infection	Isordil.....	Cardiovascular
Beclovent.....	Asthma	Keflex.....	Antibiotic
Beconase Inhaler.....	Asthma	Lanoxin.....	Cardiovascular, Congestive Heart Failure
Biaxin.....	Antibiotic	Lasix.....	Diuretic
Brethine.....	Asthma	Levaquin.....	Antibiotic
Calan.....	Cardiovascular	Levodopa.....	Parkinson's Disease
Capoten.....	High Blood Pressure	Levoxy.....	Thyroid
Carafate.....	Ulcer	Librium.....	Anxiety
Cardizem.....	Cardiovascular	Lipitor.....	Cholesterol
Catapres.....	High Blood Pressure	Lithium.....	Psychosis
Ceftin.....	Antibiotic	Lopid.....	Cholesterol
Celebrex.....	Nonsteroidal pain	Lopressor.....	Cardiovascular
Chlorothiazide.....	Diuretic	Lorazepam.....	Tranquilizer
Cipro.....	Bladder Infection	Lozol.....	Diuretic
Claritin.....	Allergies	Luvox.....	Depression
Clinoril.....	Nonsteroidal Anti-inflammatory Drug	Maxzide.....	High Blood Pressure
Clonidine.....	High Blood Pressure	Mecizine.....	Dizziness
Compazine.....	Anxiety or Gastrointestinal	Mellaril.....	Psychosis
Corgard.....	Cardiovascular	Methotrexate.....	Cancer, Rheumatoid Arthritis
Coumadin.....	Blood Thinner	Mevacor.....	Cholesterol
Cylert.....	Attention Deficit Disorder	Micronase.....	Diabetes Mellitus
Darvocet.....	Tranquilizer/Pain Killer	Minipress.....	High Blood Pressure
Decadron.....	Steroid/Arthritis	Moduretic.....	Diuretic
Demerol.....	Pain	Nadolol.....	Cardiovascular
Dexedrine.....	Stimulant/Diet Pill	Naldecon.....	Antihistamine
Diabinese.....	Diabetes Mellitus	Naprosyn.....	Nonsteroidal Anti-inflammatory Drug
Diazepam.....	Tranquilizer	Nasalide.....	Allergies
Digoxin.....	Cardiovascular, Congestive Heart Failure	Neurontin.....	Pain, Nerve Involvement
Dilantin.....	Convulsion/Seizure	Nitro-bid.....	Chest Pain
Donnatal.....	Gastrointestinal	Nitro-dur.....	Chest Pain
Elavil.....	Anxiety	Nitroglycerin.....	Chest Pain
Enduron.....	Diuretic	Norpace.....	Antiarrhythmic
Entex.....	Decongestant	Nortriptyline.....	Anxiety

Commonly Used Drugs (Continued)

Ortho-novum.....	Hormones	Tagamet.....	Gastrointestinal
Pamelor.....	Anxiety	Tamoxifen.....	Cancer
Paxil.....	Anxiety	Tegretol.....	Convulsions
Pepcid.....	Gastrointestinal	Tenormin.....	Cardiovascular
Percodan.....	Pain	Theobid.....	Asthma
Persantine.....	Angina	Theo-dur.....	Asthma
Phenobarbital.....	Convulsions/Seizures	Thorazine.....	Psychosis
Prednisone.....	Steroid	Timoptic.....	Glaucoma
Prevacid.....	Gastrointestinal	Tofranil.....	Depression
Prilosec.....	Gastrointestinal	Tolectin.....	Nonsteroidal Anti-inflammatory Drug
Procan-SR.....	Antiarrhythmic	Tolinase.....	Diabetes Mellitus
Procardia.....	Cardiovascular	Tranxene.....	Anxiety
Propranolol.....	Cardiovascular	Unipres.....	High Blood Pressure
Proventil.....	Asthma	Valium.....	Anxiety
Provera.....	Hormone	Vanceril.....	Asthma
Prozac.....	Depression	Vasotec.....	Cardiovascular
Questran.....	Cholesterol	Ventolin.....	Asthma
Quinidine.....	Antiarrhythmic	Verapamil.....	Cardiovascular
Reglan.....	Gastrointestinal	Viagra.....	Impotence
Regroton.....	High Blood Pressure	Visken.....	Cardiovascular
Relafen.....	Nonsteroidal Anti-inflammatory Drug	Vistaril.....	Antihistamine
Remeron.....	Depression	Wellbutrin.....	Anxiety/Depression
Rescriptor.....	AIDS/HIV	Xanax.....	Anxiety
Restoril.....	Sedative	Zantac.....	Gastrointestinal
Retrovir (Formally known as AZT).....	HIV/AIDS	Zestril.....	High Blood Pressure
Ritalin.....	Attention Deficit Disorder	Zithromax.....	Antibiotic
Rufen.....	Nonsteroidal Anti-inflammatory Drug	Zocor.....	Cholesterol
Sinequan.....	Depression	Zoloft.....	Anxiety
Singulair.....	Asthma	Zovirax.....	Herpes
Slo-bid.....	Asthma	Zyloprim.....	Gout
Synthroid.....	Thyroid	Zyrtec.....	Allergies

Common Medical Terms and Definitions

Amenorrhea

Absence of menstruation.

Anemia

A reduction in hemoglobin or in the volume of packed red blood cells.

Angina

Severe pain and constriction about the heart, caused by an insufficient supply of blood to the heart.

Anorexia

Lack or loss of appetite for food.

Aphasia

Loss of ability to communicate orally or in writing and to understand spoken or written language.

Apnea

Cessation of breathing.

Atrophy

Wasting away of an organ, muscle, or other tissue.

Bradycardia

A slow heart rate, less than 60 beats per minute.

Calculus

A stone-like mass.

Cancer

Any malignant growth or tumor.

Cellulitis

An inflammation of the skin and subcutaneous tissues.

Cephalgia

A general term referring to headache from any cause.

Claudication

Characterized by severe pain in the legs during walking and relieved by rest (usually referred to as intermittent claudication).

Congenital

Disorders or defects existing at birth and originating during the gestation period.

Cretinism

Arrested physical and mental development with wasting of bones and soft tissues; due to lack of thyroid function.

Cyst

A thin-walled sac in which there is retention of blood, other fluid, or semisolid secretions.

Diplopia

Double vision.

Diverticulum

A small pouch or sac in the muscular wall of a tubular organ.

Dysmenorrhea

Painful menstruation.

Dysphagia

Pain or difficulty in swallowing.

Dyspnea

Difficult or labored breathing.

Dysuria

Painful or difficult urination.

Ectopic

Located away from the normal position; tubal or ovarian pregnancy.

Edema

Presence of abnormally large amounts of fluid in the tissues of the body.

Enuresis

Involuntary voiding of urine, especially during sleep.

Epistaxis

Nosebleed.

Euthyroid

Normally functioning thyroid gland or normal thyroid hormone levels.

Febrile

Having a fever.

Flaccid

Weak or soft.

Hematoma

A mass or collection of blood that has escaped from the vascular system into the soft tissues.

Hemiplegia

Paralysis limited to one side of the body.

Hemoptysis

Coughing up blood.

Hypertrophy

Abnormal enlargement of a tissue or organ.

Common Medical Terms and Definitions (Continued)

Idiopathic

Of unknown cause.

Infarct

An area of tissue death due to deprivation of blood.

Ischemia

A deficiency of oxygen to a tissue or organ due to inadequate blood supply.

Lymphadenopathy

Disease of the lymph nodes characterized by enlargement.

Lysis

A loosening, releasing, or dissolving.

Malaise

A vague feeling of generalized bodily aching or discomfort.

Malignant Melanoma

The deadliest of the skin cancers.

Metastasis

The spread of malignancy or transfer of disease from one organ to another or another part of the same organ.

Metrorrhagia

Uterine bleeding occurring at irregular intervals and sometimes prolonged.

Morbidity

The condition of being sick or affected with disease.

Necrosis

Death of tissue.

Nocturia

Excessive urination at night.

Nystagmus

Involuntary, rhythmic, rapid oscillation of the eyeball.

Orthopnea

Inability to breathe with comfort except in the upright position.

Paranoia

A mental disorder characterized by delusions of persecution.

Paraplegia

Paralysis of both legs and the lower part of the body.

Paresthesia

Abnormal sensation on the skin surface.

Paroxysmal

Characterized by sudden recurrences of pain, spasm, or other attacks.

Pes Planus

Flat foot.

Plantar

Pertaining to the sole of the foot.

Polycythemia

Excessive number of circulating red blood cells.

Polyuria

Passage of a large quantity of urine.

Postprandial

The time after a meal.

Prognosis

Forecast concerning the probable course and severity of an illness, injury, or operation.

Pruritus

Marked itching of the body's surface.

Purulent

Characterized by the formation of or presence of pus.

Quadriplegia

Paralysis of all four extremities.

Remission

A lessening of manifestations of disease which often have recurrences.

Stenosis

A narrowing or contraction of a duct, canal, vessel, or heart valve.

Syncope

A sudden temporary loss of consciousness.

Thrombosis

The formation or presence of a blood clot in the circulatory system.

Effective Date

Applicants should not cancel their present plan until they receive written confirmation from underwriting. We will not backdate any effective date prior to the date of the application. Applications are valid for only 60 days following signature date.

Application and Underwriting Process

Application

- There is no application fee.
- To complete the application, follow the steps outlined on the How to Apply for PacifiCare Individual Plans page on the application.
- The effective date will be the 1st of the month.
- Select the initial and ongoing method of payment. The first month's premium must accompany the application. The initial premium check will be deposited once the application has been approved. Should the application not be approved, the initial premium check is returned to the applicant. If the initial charge is by credit card, the debit or charge will not be processed until approved for coverage.
- Once the coverage is in force, the insured's account will be debited on the 6th of each month, or the next business day if it falls on a weekend or holiday.
- Mail completed application and payment authorization form, including the first month's premium, to the following address:

PacifiCare Individual Plan Underwriting
P.O. Box 3069
Mail Stop CA120-0155
Cypress, CA 90630

Tips to Avoid Application Delays

You can expedite the underwriting process by making sure the application is completed in its entirety, including:

- All signatures and dates.
- Doctors' and hospitals' names, addresses, and phone numbers.
- Medical history information, including diagnoses and treatments (types and dates).
- Prescription information, including names of drugs, dosage, and frequency.
- Other coverage information, including names of carriers, effective dates, and termination dates.

Note: White-out or correction liquid/tape is not permitted on the application.

Rates

- Rates are based on the age of the younger spouse or domestic partner as of the effective date, age band, ZIP code and county of residence, coverage of dependents, and the benefit plan selected.
- When a member has a birthday that moves them to a new age category, the new rate will be effective the first of the month following the birthday month.
- PacifiCare provides a notice of rate changes at least 30 days prior to the effective date.

Underwriting

- PacifiCare may need to review the applicant's medical records.
- Processing applications can take as long as three to four weeks. You may check on your pending business by calling (888) 272-0389.
- Upon approval of coverage, a welcome letter is mailed to the primary member. Coverage documents are mailed within 72 hours after enrollment is completed.

Changes to In-Force Business

Changes to in-force business, such as a change of address, etc., require written notice by the primary member, including signature. Requests must be sent in at least 30 days prior to desired effective date. Notification can be made either by mail to:

PacifiCare of California
P.O. Box 6006
Mail Stop CA120-0597
Cypress, CA 90630

or by fax at
(866) 220-0855.

Upgrading

Members will need to fill out an application and go through the underwriting process in order to upgrade their plan, including moving to a PPO plan. There is no guarantee they will be allowed to upgrade their coverage.

Downgrading

Members can downgrade at any time. However, if they decide to upgrade later, they will need to fill out an application and complete the underwriting process (please see Upgrading).

Adding a Dependent

A new application needs to be completed for adding a dependent to an in-force policy. Most dependents will be medically underwritten (please see Adding a Newborn or Adoptee).

Adding a Newborn or Adoptee

A newborn or adoptee can be enrolled within 31 days of birth or adoption without being subject to medical underwriting. The primary member should contact Membership Accounting at (800) 861-6611 in order to add a newborn or adopted child.

Portability

- ***Move within the PacifiCare service area.***

If a current PacifiCare member moves from one service area to a different PacifiCare service area, that member will be required to notify PacifiCare of the change of address. PacifiCare will start billing that member based on the new area's rates for the 1st of the following month after the change.

- ***Move to a nonPacifiCare service area.***

If a PacifiCare member moves into a nonPacifiCare service area, the member would be nonrenewed at the next rate change. A 30-day notification will be sent.

Rescission

- If it is determined that an applicant intentionally misrepresents or omits material information on any portion of medical history when the application was completed, the coverage will be rescinded as of the original effective date and premiums will be refunded, net of any unrecoverable expenses. Broker commissions are adversely affected by any retroactive cancellations. Any commissions paid on a coverage that is rescinded will be charged back and collected from the broker.

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