



California Individual Plan—PPO/HDHP
Broker Guide

Welcome to PacifiCare!

This broker guide has been developed to help you market PacifiCare PPO health insurance products for individuals and families. These products are underwritten by PacifiCare Life and Health Insurance Company and are administered by American Medical Security Life Insurance Company.

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.

When you need additional support, our Broker Service Center is available to answer your questions by calling (800) 232-5432, then selecting option 3.

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Risk Assessment

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

This 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. If applicable, explain the anticipated rating at the time of application to avoid misunderstanding and possible withdrawal of the application by the applicant at the time of offer. Make it clear to the applicant that the final decision as to the amount of any rating that may be attached to the contract is made by the insurance company. Where the alternative of a higher deductible is feasible, an offer for coverage with this option may be made as well.
4. 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 or policy, 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 insurer'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, marriage (stepchild), or by foster care. 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 insured. 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. However, based on the underwriting evaluation, plan applicants may be offered coverage with additional premium required.

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

Abbreviations and Terms in Underwriting

ADC: Action Depends on Cause. When this abbreviation appears, the disorder is usually secondary to another disorder or an acute event such as an accident. The underwriting action for the listed disorder will depend upon the primary cause.

APS: Attending Physician's Statement required. Underwriting will request medical records from the attending physician (or current physician) having relevant information about the disorder. Underwriting reserves the right to order medical records if the applicant's medical history needs further clarification, even if the condition is not noted as such.

DEC: Decline. When this abbreviation appears, the listed disorder carries a financial risk that cannot be effectively created without creating a contract with questionable value for the applicant.

Individual Consideration: Contact the Broker Service Center.

PP: Postpone consideration. When this abbreviation appears, the listed disorder carries a temporary financial risk that cannot be effectively determined until some change (surgery, passage of time in recovery) has taken place.

RATE: When the action is noted as rate, a premium increase is likely to be offered for the condition referenced. The combined risk presented by multiple coexisting conditions is often greater than the sum of the risks presented by each disorder individually. For example, a hypertensive may be eligible, but an obese hypertensive may not be.

Rx: Prescribed medications.

Standard: Coverage may be offered without a premium increase for the condition referenced.

UW: Underwriter.

Individual Medical Risk Manual

Please note that this material is a guide only. Final decisions may change based on findings obtained during the underwriting process.

A

Abnormal Uterine Bleeding

Unoperated (2+ episodes)

Present to 2 years.....Rate/Decline
More than 2 years.....Standard

Hysterectomy (non-malignant cause)

Present to 3 months.....PP
More than 3 months.....Standard

Acne

Mild, uncomplicated.....Standard
Others, treated with Accutane.....Rating

Adjustment disorders

Mild.....Rate
Moderate to severe.....Decline

Adrenal Gland Disorders.....Decline

Affective Disorder.....Decline

* Age 60+

If seen by a physician in
past 12 months.....Standard/Rate/Decline
If not seen by a physician
in past 12 months.....PP

Alcoholism

Present to 8 years.....Decline
More than 8 years with no
recurrence and current liver
function tests normal.....Standard to Decline
DWI/DUI.....Rate/Decline

Allergies

Present, testing in progress.....Rate
Seasonal, over the counter meds.....Standard
Nonseasonal, Immunotherapy,
Steroids.....Rate/Decline

Amputation.....ADC

Anal Fissure

Unoperated.....Rate/Decline
Operated, complete recovery.....Standard

Individual Medical Risk Manual (Continued)

Anemia

Aplastic.....Decline

Hemolytic.....Decline

Iron Deficiency

Mild.....Standard

Moderate.....Rate/Decline

Severe.....Decline

Pernicious

Mild.....Rate

Moderate to severe.....Decline

Others.....Decline

Ankylosing Rheumatoid Spondylitis

Spine

Operated, complete recovery.....Rate/Decline

Unoperated.....Decline

Other Joints

Symptomatic.....Decline

Asymptomatic

0-5 years.....Rate/Decline

More than 5 years.....Rate

Anorexia Nervosa

Present to 7 years.....Decline

History of, recovered, normal weight maintained, psychotherapy discontinued

More than 7 years.....Standard

Anxiety/Adjustment Disorders

Mild.....Standard/Rate for Rx

Moderate to severe.....Decline

Appendicitis

Unoperated or operated less than 6 months.....PP

Operated, complete recovery more than 6 months.....Standard

Others.....Individual Consideration

Arrhythmia, Irregular Heart Beats.....Decline

Arteriosclerotic Heart Disease.....Decline

Arthritis

Mild, on Rx.....Rate

Moderate.....Decline

Severe.....Decline

Asthma

Mild.....Rate

Moderate.....Decline

Severe.....Decline

Athlete's Foot

Mild, infrequent attacks.....Standard

Severe or frequent attacks.....Rate/Decline

B

Bartholin's Cyst

Present.....Rate/PP

History of, recovered.....Standard

Basal Cell Carcinoma

Present.....Decline

Operated, complete removal, confined to epidermis, no metastasis.....Standard/Rate

Others.....Individual Consideration

Bell's Palsy

Present.....Decline

History of, recovered.....Standard

Recovered with residuals.....Decline

Bleeding from GI Tract/Rectum.....ADC

Blindness.....ADC

Bone Spur.....Rate/Decline

Breast Augmentation/Implants

With silicone implants.....Decline

With saline implants, after 6 months.....Rate

If any leakage or surgery suggested.....Decline

Individual Medical Risk Manual (Continued)

Bronchitis

Acute.....Standard
Severe.....Rate/Decline
Chronic.....Decline

Bulimia

Present to 7 years.....Decline
History of, recovered, normal weight maintained, psych treatment discontinued more than 7 years.....Standard

Bursitis

Acute, single attack

Present to 6 months.....Rate
More than 6 months.....Standard

Recurrent/chronic

Present to 2 years.....Decline
More than 2 years.....Standard

Bypass, Intestinal (Ileal Bypass).....Decline

C

Caesarean Section

History of.....Standard

Cancer

Testicular, local more than 8 years.....Rate
Thyroid, local more than 7 years.....Rate/Standard
Lymph Node Involvement.....Decline
Remission more than 7 years.....Individual Consideration
All others.....Decline

Candidiasis

Present.....Decline
History of, recovered, (genitourinary)
1-2 episodes.....Standard
More than 2 episodes, or chronic within 2 years.....Rate
More than 2 years.....Standard

Carcinoma in Situ

Anus, oral cavity, pharynx, penis, scrotum, vulva

Present.....Decline

Operated, complete removal with no recurrence or residuals

Within 3 years.....Decline
More than 3 years.....Rate/Decline
Others.....Decline

Carpal Tunnel Syndrome

Present.....Decline
Surgically corrected.....Standard

Cataracts

Congenital or Traumatic

Unoperated.....Decline
Operated, complete recovery.....Standard/Rate

Senile, not due to disease

Unoperated.....Decline

Operated

Less than 3 years.....Decline
More than 3 years.....Standard/Rate
With lens implant.....Rate

Cerebral-Vascular Accident (CVA or Stroke).....Decline

Cervicitis

Present.....Decline
History of, recovered, single episode.....Standard

Recurrent episodes

Less than 2 years.....Decline
More than 2 years.....Standard

Chest Pain

Cause known.....ADC
Cause unknown, symptoms/treatment suggestive of coronary artery disease.....Decline

Chiropractic Care (Subluxation).....Rate/Decline

Note: If specific diagnosis/condition is disclosed, refer to that disorder

Cholesterol, elevated lipids.....Rate/Decline

Cleft Lip/Cleft Palate

Present, no other congenital defects.....PP
Surgically corrected, no residuals, all stages complete
Less than 3 years.....Decline
More than 3 years.....Standard

Colitis

Spastic or irritable bowel, present.....Rate
History of, or one attack in past 24 months.....Standard

Recurrent attacks

Less than 2 years since last attack.....Rate/Decline
More than 2 years.....Standard
Ulcerative.....Decline

Individual Medical Risk Manual (Continued)

Collagen Diseases (Connective Tissue Disease)

History of localized scleroderma, no
subcutaneous involvement.....Decline

Concussion.....ADC

Convulsions

Grand mal, generalized, myoclonic,
clonic-tonic, atonic.....Decline

More than 5 years since last seizure.....Rate

Jacksonian, focal, partial, petit mal, absence

0-5 years since last seizure.....Decline

5 years since last seizure.....Standard

Coronary Congenital Defects.....Decline

Costochondritis

Present.....Rate

Resolved.....Standard

Crohn's Disease (Regional Enteritis)

Present.....Decline

Cushing's Disease

Present.....Decline

*Benign cause, history of, recovered, unilateral involvement.
Tumor excised, treated with radiation, no evidence of
hypertension, adrenal function normal*

More than 7 years.....Standard/Rate

Cyst, except Ovarian

Baker's

Unoperated.....Decline

Operated, recovered.....Standard

Breast, biopsied, no family history of
breast cancer.....Standard

Chocolate/Follicular

Present, Benign.....Decline

History of, spontaneous
disappearance.....Standard/Rate

Operated, unilateral oophorectomy or
removal of cyst.....Standard

Epithelial.....Standard/Rate

Liver, present.....Decline

Lung, present.....Decline

Operated, complete recovery, no
residual pulmonary impairment
of function.....Standard

Nabothian, present.....Rate

History of, recovered single episode.....Standard

Recurrent episodes

Less than 2 years.....Rate

More than 2 years.....Standard

Pancreatic

Unoperated.....Decline

Operated

Less than 2 years.....Decline

More than 2 years.....Standard/Rate

Pilonidal

Present or recurrent.....Decline

Removed.....Standard

Renal, 1 cyst

Unoperated.....Decline

Operated, recovered, urinalysis normal.....Standard

Sebaceous/Sublingual/Branchial

Present, no critical organs.....Rate

Removed.....Standard

Involvement of critical organs.....Decline

Others.....Individual Consideration

Cystitis

Single episode, mild, current
urinalysis normal.....Standard/Rate

Recurrent episodes.....Rate/Decline

Chronic Interstitial.....Decline

Cystocele, Rectocele, Urethrocele

Present.....Decline

History of, operated, complete recovery

Less than 6 months.....Rate

More than 6 months.....Standard

D

Deafness

Unilateral, slight to moderate.....Standard

All Others.....Rate/Decline

Dementia.....Decline

Dermatitis

Mild, infrequent attacks.....Standard

Frequent or severe attacks.....Rate/Decline

Deviated Nasal Septum

Unoperated.....Decline

Operated, complete recovery.....Standard

Individual Medical Risk Manual (Continued)

Diabetes

Oral or injectable medications.....Decline
Diet Controlled.....Rate/Decline

Discoid Lupus Erythematosus

Present to 3 years.....Decline
History of, complete recovery
More than 3 years.....Standard

Diverticulitis (colon)

Unoperated
One attack Present to 2 years.....Decline
More than 2 years.....Rate
Multiple attacks
Less than 1 year.....Decline
More than 1 year.....Rate/Decline

Drug Abuse/Drug Use

Present to 7 years.....Decline
More than 7 years.....Rate/Decline

Dysmenorrhea

Present to 2 years.....Decline
More than 2 years.....Rate

E

Earaches.....See Otitis

Eczema

Mild, infrequent attacks.....Standard
Frequent or severe attacks.....Rate/Decline

Edema.....ADC

F

Fatty Liver

Cause known.....ADC
Cause unknown, present.....Decline
History of, recovered, no residuals,
liver function tests normal, no
alcohol or toxic substance
exposure more than 1 year.....Standard

Fibrillation, Atrial or Ventricular.....Decline

Fibrocystic Disease of the Breast

Malignancy ruled out,
mammography completed,
mild no treatment.....Standard/Rate
Mammography not done.....PP

Fibroids, Uterine (Leiomyomas, Myomas, Tumors)

Present, no surgery anticipated.....Decline
Surgery anticipated or completed
Less than 3 months.....PP
Operated
More than 3 months.....Standard

Fibromyalgia

Within 3 years.....Decline
More than 3 years.....Rate/Decline

Fracture

Multiple fracture present.....PP
Spinal cord damage.....Decline

Others

Present to 3 years.....Rate/Standard
More than 3 years.....Standard
With pins or hardware.....Decline

G

Gallbladder Conditions

Cholecystitis, one attack, complete recovery
Less than 2 years.....Rate/Decline
More than 2 years.....Standard

Multiple attacks

Present to 5 years.....Decline
More than 5 years.....Standard/Rate

Cholelithiasis (stones)

Present.....Decline
Operated, no stones remaining
Less than 3 months.....PP
More than 3 months.....Standard

Gastric Stapling

Surgery complete to 1 year, weight stable.....PP
More than 1 year, weight stable.....Rate

Note: Ratings in addition to rating for current build.

Gastritis/Gastroenteritis

Present.....PP
History of, recoveredStandard
Occasional mild attacks.....Standard
Frequent or chronic
1-3 years since last attack.....Rate/Decline
More than 3 years since last attack.....Standard

Individual Medical Risk Manual (Continued)

Gastroesophageal Reflux (GERD)

No surgery anticipated, controlled with or without Rx.....Rate/Decline

Gastrointestinal Bleeding (depending on the cause).....Decline

Glaucoma/adequately controlled

Simple, controlled with Rx.....Rate
Operated less than 3 years.....Rate
Operated more than 3 years.....Standard
Secondary glaucoma.....ADC

Glomerulonephritis

Operated by nephrectomy.....See Nephrectomy

Unoperated

Acute, complete recovery, urinalysis and blood pressure normal, no complications

One attack present to 3 years since attack.....Decline
More than 3 years.....Rate/Standard
Two attacks present to 5 years since last attack.....Decline
More than 5 years.....Standard/Rate/Decline
Chronic.....Decline

Goiter

Present and Toxic (hyperthyroid).....Decline

Nontoxic (Euthyroid)

Solitary nodule, malignancy ruled out.....Rate/Decline
Solitary nodule, malignancy not ruled out.....Decline

Gout, Gouty Arthritis

Infrequent attacks, uncomplicated, no other cardiovascular impairments.....Standard/Rate
Others.....Decline

Growth Disorder

If growth hormone treatment.....Decline

Gynecomastia

Unoperated.....Decline
Operated, complete recovery.....Standard

H

Hay Fever

Present, testing in progress.....Rate
Seasonal, over the counter meds.....Standard/Rate
Nonseasonal, Immunotherapy, or on steroids.....Rate/Decline

Headache

Mild, occasional, no Imitrex or other similarly priced medication.....Standard
Severe or frequent.....Decline

Head Injuries

Complete recovery, no residuals Unconscious less than 1 hour
Less than 6 months ago.....PP
More than 6 months ago.....Standard
With residuals and all others.....Decline

Hearing Loss

Unilateral slight to moderate.....Standard
Others.....Rate/Decline

Heart Attack/Myocardial Infarction.....Decline

Heartburn.....ADC

Heart Murmur

Functional/Innocent without underlying heart disorders.....Rate
Others.....Decline
Hemochromatosis.....Decline

Hemorrhoids

Unoperated, asymptomatic.....Standard
Unoperated with recurrence, surgery anticipated.....PP
Operated, complete recovery.....Standard

Hepatitis A, B, C

Hepatitis A

Present to 6 months.....Decline
More than 6 months.....Standard/Rate
Hepatitis B, C, & Alcoholic.....Decline

Hernia

Operated, complete recovery

Less than 1 year.....Rate/Decline
More than 1 year.....Standard/Rate
Unoperated.....Decline

Herniated Disc/Ruptured Disc

Present to 5 years.....Decline
More than 5 years.....Standard/Rate

Herpes (Genital)

Single episode.....Rate
If on Rx.....Rate

Multiple episodes

Present to 3 years.....Rate/Decline
More than 3 years.....Rate

Individual Medical Risk Manual (Continued)

Hip Replacement

Present to 5 years.....	Rate/Decline
5-10 years.....	Standard
More than 10 years.....	Decline

Hives

Mild, infrequent attacks.....	Standard
Frequent or severe attacks.....	Rate/Decline

Hydrocele

Unoperated.....	PP
Operated, complete recovery.....	Standard

Hydronephrosis

Present to 1 year.....	Decline
<i>Unoperated, recovered, all tests normal</i>	
More than 1 year.....	Standard
<i>Operated</i>	
Present to 2 years.....	Decline
More than 2 years.....	Standard

Hyperactivity

Mild, on Rx.....	Rate
Moderate to severe.....	Decline
History of, no residuals.....	Standard

Hyperglycemia.....

Hypertropia, Strabismus (lazy eye) Esotropia (cross eye), Exotropia (wall eye)

Unoperated.....	Decline
<i>Operated, complete recovery</i>	
Less than 2 years.....	Rate/Decline
More than 2 years.....	Standard

Hypertension/High Blood Pressure

All applicants

APS for average readings.....	ADC
12 month average readings less than 150/90, one Rx or diet controlled.....	Rate
12 month average reading more than 151/91 or on multiple Rx.....	Rate/Decline

Hypoglycemia

Mild, infrequent, stable.....	Standard
Severe or frequent.....	Decline

Hypothyroidism

All cases with adequate control.....	Standard
Cretinism.....	Decline

I

Idiopathic Thrombocytopenia

Purpura (ITP).....	Decline
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Impetigo

Mild, infrequent attacks.....	Standard
Frequent or severe attacks.....	Rate/Decline

Immune System Disorder

Selective Immunoglobulin A Deficiency

Mild, infrequent, no associated impairments.....	Rate/Decline
All others.....	Decline

Infertility

Current treatment.....	Decline
History of, if under age 50.....	Decline
History of, if over age 50.....	Standard
Intermittent Claudication.....	Decline

Intestinal Bypass (Ileal Bypass).....

Iron Deficiency

Mild.....	Standard
Moderate.....	Rate/Decline
Severe.....	Decline

Irregular Heartbeats, Arrhythmia.....

Irritable Bowel Syndrome

Present.....	Rate
History of, or one attack in past 24 months.....	Standard
Recurrent attacks within 2 years since last attack.....	Rate/Decline
More than 2 years since last attack.....	Standard

J

Joint Replacement

Anticipated surgery.....	Decline
Replacement due to injury, physical therapy completed, no other joint problems.....	Rate/Decline

Hip Replacement

Present to 5 years.....	Rate/Decline
5-10 years.....	Standard
More than 10 years.....	Decline

Individual Medical Risk Manual (Continued)

K

Kidney Stones

Present

Unilateral.....	Decline
Bilateral.....	Decline
History of.....	Rate
More than 5 years one episode.....	Standard

Knee Disorders

Sprain/Strain

Single episode within 1 year.....	Rate
More than 1 year.....	Standard

Chondromalacia

Unoperated or operated

Within 1 year.....	Decline
Operated more than 1 year.....	Standard

Fracture

Recovered, good mobility.....	Standard
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Operated, no pins or hardware

Within 1 year.....	Rate/Decline
More than 1 year.....	Standard
Operated, with pins or hardware.....	Decline

L

Labyrinthitis

Present.....	PP
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History of, complete recovery

Single episode.....	Standard
Recurrent episodes.....	Rate/Decline

Liver Disorders.....See specific disorder

Lordosis

Unoperated or those treated by back brace only

Mild to Moderate.....	Rate/Decline
Severe.....	Decline

Operated with insertion of Harrington rods, hooks or spinal fusion

Complete recovery, no complications

Less than 1 year.....	PP
1-3 year.....	Rate
More than 3 years.....	Standard

Lyme Disease

Present.....	PP
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History of, recovered, treated with Antibiotics

Less than 6 months.....	PP
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More than 6 months.....	Standard/Rate/Decline
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With neurologic, cardiac manifestation

Less than 2 years.....	PP
More than 2 years.....	Standard

Lymphadenopathy

Cause known, single node, serious condition ruled out.....	Standard
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Multiple nodes, no systemic involvement

Less than 1 year.....	PP
More than 1 year.....	Standard

Cause unknown

Present.....	Decline
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History of, recovered

Single node

Less than 6 months.....	PP
More than 6 months.....	Standard

Multiple nodes

Less than 2 years.....	PP
More than 2 years.....	Individual Consideration

M

Macular Degeneration.....Decline

Mastitis

Malignancy ruled out, mammography

Completed, mild, no treatment.....	Standard
Mammography not done.....	Rate/Decline

Meniere's Disease

With flare up within 5 years.....	Decline
More than 5 years.....	Rate/Decline

Meningitis

Present.....	Decline
History of mycotic or tuberculosis.....	Decline

History of, recovered, bacterial or viral

Less than 6 months.....	PP
More than 6 months.....	Standard/Rate

Individual Medical Risk Manual (Continued)

Menorrhagia, Metrorrhagia, Dysfunctional Uterine Bleeding

Unoperated (2+ episodes)

Present to 4 years.....Rate/Decline

More than 4 years.....Standard

Hysterectomy (non-malignant cause)

Present to 3 months.....Decline

More than 3 months.....Standard

Menstrual Disorder.....See specific disorder

Mental Retardation.....Decline

Migraine

Mild, occasional, no Imitrex or other similar priced Rx.....Standard

Severe or frequent.....Decline

Mitral Valve Prolapse

Best cases: functional murmur, no cardiovascular symptoms, normal ECG, controlled with Rx.....Rate/Decline

Mononucleosis

Definite diagnosis, uncomplicated, prompt recovery.....Standard

Multiple Sclerosis.....Decline

Muscle Spasms

Currently symptomatic.....Rate/Decline

Asymptomatic

Less than 3 years.....Rate

More than 3 years.....Standard

Myocarditis

With influenza or other acute infection, recovered.....Standard

With acute Rheumatic Fever, single attack

Less than 2 years.....Decline

More than 2 years.....Standard

N

Nephrectomy (Unilateral)

No urinary abnormality since operation, other kidney normal, urinalysis normal; due to trauma, congenital abnormality, benign tumor or solitary cyst

Present to 1 year.....Decline

More than 1 year.....Standard/Rate/Decline

Due to nephritis, hydronephrosis, abscess, or stone

Present to 2 years.....Decline

More than 2 years.....Rate/Decline

Due to malignancy.....Decline

Due to polycystic kidney disease or Tuberculosis.....Decline

Nephritis (Glomerulonephritis)

Operated by nephrectomy.....See Nephrectomy

Unoperated

Acute, complete recovery, urinalysis and blood pressure normal, no complications

One attack present to 3 years.....Decline

More than 3 years.....Standard/Rate

Two attacks present to 5 years since last attack.....Decline

More than 5 years.....Standard/Rate

Chronic.....Decline

Nephrotic Syndrome.....Decline

Neuralgia/Trigeminal Neuralgia

Unoperated

Present.....Decline

History of, or operated, recovered

Present to 2 years.....Rate/Decline

More than 2 years.....Standard

Neuritis

Nonspecific neuritis, simple neuritis

Present.....Rate/Decline

History of, recovered

Cause known.....ADC

Cause unknown, single mild episode

Less than 3 months.....PP

More than 3 months.....Standard

Cause unknown, recurrent or severe

Less than 2 years.....Decline

More than 2 years.....Standard

Optic neuritis.....Decline

Neuropathy

Autonomic.....Decline

Guillain-Barre syndrome

Present.....Decline

History of, complete recovery, no residuals, physical and occupational therapy complete

Present to 6 months.....PP

More than 6 months.....Standard

Individual Medical Risk Manual (Continued)

O

Obesity/Build.....Standard/Rate/Decline

Obsessive Compulsive

Mild.....Rate/Standard

Moderate Present.....Decline

History of, complete recovery, no continuing psychotherapy or Rx.....Standard

Severe.....Decline

History of, complete recovery, no continuing psychotherapy, medication only

Present to 6 years.....Decline

More than 6 years.....Standard/Rate to Decline

Osteoarthritis

Mild, on Rx.....Rate

Moderate.....Rate/Decline

Severe.....Decline

Osteopenia/Osteoporosis

Mild, asymptomatic, incidental finding on X-ray.....Standard/Rate/Decline

Moderate and Severe/Disabling.....Decline

Due to Cushing's disease, hyperthyroidism, or long-term steroid usage.....Decline

Otitis Externa/Media

Acute

Single episode, recovered.....Standard

Multiple episodes, recovered

Less than 5 per year, clears with Rx.....Standard

More than 5 per year.....Decline

Acute with fluid or hearing loss.....Decline

Chronic

Present with tubes or buttons, recurrent infection.....Rate/Decline

Asymptomatic, history of surgical correction

Present to 3 years.....Rate/Decline

More than 3 years.....Standard

Symptomatic, possibility of tubes.....Decline

Ovarian Cyst

Present

Benign, malignancy ruled out.....Rate/Decline

Others.....Decline

History of, complete recovery, no residuals Spontaneous

disappearance.....Standard/Rate

Operated

Benign

Unilateral oophorectomy or removal of cyst only.....Standard

Bilateral oophorectomy

Present to 6 months.....Rate/PP

More than 6 months.....Rate/Decline

Malignant.....Decline

P

Palpitations.....ADC

Panic Disorder

Mild

Present.....Rate

History of, complete recovery, no continuing psychotherapy or medication.....Standard

Moderate

Present.....Decline

History of, complete recovery, no continuing psychotherapy or medication.....Standard

Severe.....Decline

Pap Smears

Normal Standard

Mild squamous atypia.....Standard/Rate

Mild dysplasia, moderate and severe dysplasia, Carcinoma-in-situ.....Decline

Positive for malignancy, squamous cell carcinoma.....Decline

Pelvic Inflammatory Disease (PID)

Present.....Decline

History of, complete recovery, no residuals

Unoperated

Single acute episode

Less than 1 year.....Rate/Decline

More than 1 year.....Standard

Recurrent episodes

Less than 3 years since last episode.....Rate/Decline

More than 3 years.....Standard

Operated, no recurrence.....Standard

Individual Medical Risk Manual (Continued)

Phlebitis, Thrombophlebitis, Thrombosis

Present to 1 year.....	Decline
Superficial phlebitis, complete recovery.....	Standard
<i>Deep thrombosis, single site</i>	
<i>Single acute attack, complete recovery, no Rx currently</i>	
1-2 years.....	Rate
More than 2 years.....	Standard
<i>Multiple attacks, complete recovery, no Rx currently</i>	
1-2 years.....	Decline
2-4 years.....	Rate
More than 4 years.....	Standard

Phobias

Mild

Present.....	Rate
History of, complete recovery, no continuing psychotherapy or Rx.....	Standard

Moderate

Present.....	Decline
History of, complete recovery, no continuing psychotherapy or Rx.....	Standard
Severe.....	Decline

Pilonidal Cyst

Present on exam, or incised only, or recurrent.....	Rate
Operated, complete recovery.....	Standard

Pink Eye.....Standard

Pituitary Adenoma.....Decline

Pituitary Gland Disorders.....Decline

Plagiocephaly

Present.....	Decline
History of, surgically corrected.....	Standard

Plantar Fasciitis

Unoperated

Over the counter Rx.....	Standard
Other treatment.....	Rate

Operated, complete recovery

Less than 3 months.....	Rate
More than 3 months.....	Standard

Pleurisy.....ADC

Pneumonia, Pneumonitis

Present.....	Decline
<i>History of, complete recovery</i>	
Single episode.....	Standard
<i>Multiple episodes, no predisposing pulmonary or systemic disease</i>	
Less than 2 years.....	Decline
More than 2 years.....	Standard

Pneumocystis Pneumonia/Pneumocystis

Carinii.....Decline

Pneumothorax

Traumatic

Complete recovery.....Standard

Spontaneous Unilateral, complete recovery

1 or 2 episodes.....	Standard
3 or more episodes or bilateral.....	Decline

Poliomyelitis

Present.....Decline

History of, recovered

Mild/Moderate.....	Rate/Decline
Severe.....	Decline

Polycystic Ovarian Disease.....Decline

Polyp, Papilloma

Cervix/Endometrial

Present.....	Decline
Operated, complete recovery.....	Standard

Colon

Present.....Decline

Operated, complete recovery

1-3 years.....	Rate
More than 3 years.....	Standard

If more than 3 polyps

Less than 5 years.....	Decline
More than 5 years.....	Rate

R

Radiculitis/Sciatica

Cause known.....ADC

Cause unknown, Single episode

Present to 2 years.....	Rate/Decline
More than 2 years.....	Standard/Rate

Individual Medical Risk Manual (Continued)

Cause unknown, Recurrent episodes, recovered

0-4 years since last episode.....Rate/Decline
More than 4 years.....Standard

Raynaud's Disease

Mild, not progressive or disabling, no atrophic changes

Present to 2 years since diagnosis.....Rate/Decline
More than 2 years.....Standard/Rate

With sympathectomy, complete recovery

0-2 years.....PP
More than 2 years.....Rate/Decline
Others or Severe.....Decline

Reactive Airway Disease

Mild.....Rate
Moderate.....Rate/Decline
Severe.....Decline

Rectocele

Present.....PP

History of, operated, no residual urinary problems

Less than 6 months.....Rate
More than 6 months.....Standard

Reflux

Please see Gastroesophageal Reflux (GERD)

Regional Enteritis

Present.....Decline

Respiratory (Syncytial) Virus (RSV)

No respiratory problems since RSV,
single episode more than 6 months
ago, no hospitalizations anticipated.....Rate
Others.....Decline
Retinal Detachment.....Rate
Retinal Hemorrhage.....ADC

Rhinitis

Present, testing in progress.....Rate
Seasonal, over the counter meds.....Standard/Rate
Nonseasonal, with immunotherapy, steroids.....Rate

Rosacea

Mild, infrequent attacks.....Standard
Frequent or severe attacks.....Rate/Decline

Rotator Cuff Syndrome

Surgery anticipated.....Decline
No Surgery anticipated
Present to 1 year.....Decline
1-3 years.....Rate
3 years and up.....Standard
Surgery completed, no ongoing therapy.....Standard
Surgery completed, ongoing therapy.....PP

Ruptured Appendix.....see Appendicitis

Ruptured Disc

Present to 5 years.....Rate/Decline
More than 5 years, complete
recovery, no Rx.....Standard

S

Sciatica/Radiculitis

Cause known.....ADC

Cause unknown, Single episode

Present to 2 years.....Rate
More than 2 years.....Standard/Rate

Cause unknown, recurrent episodes, Recovered

0-4 years since last episode.....Rate
More than 4 years.....Standard

Scoliosis

Unoperated or those treated by back brace only

Mild-Moderate.....Rate/Decline
Severe.....Decline

*Operated with insertion of Harrington rods, hooks or
spinal fusion*

Complete recovery, no complications

Less than 1 year.....PP
1-3 years.....Rate
More than 3 years.....Standard
With herniated disc treatment
by fusion.....Rate/Decline

Individual Medical Risk Manual (Continued)

Sinusitis

Infrequent acute attacks,
recovered.....Standard/Rate

Chronic

Unoperated.....Rate/Decline

Operated

Less than 3 years.....Rate

More than 3 years.....Standard

Skin Disorders

Mild, infrequent attacks.....Standard

Severe or frequent attacks.....Rate/Decline

Seborrhea

Mild, infrequent attacks.....Standard

Frequent or severe attacks.....Rate/Decline

Seizures

Febrile seizures, workup done, epilepsy ruled out

Ages 0-10.....Standard

Grand mal, generalized, myoclonic,
clonic-tonic, atonic.....Decline

More than 5 years since last seizure.....Rate

Jacksonian, focal, partial, petit mal,
absence 0-5 years since last seizure.....Decline

More than 5 years since last seizure.....Standard

Sexually Transmitted Disease

Condyloma.....Rate

Herpes.....Rate

Others.....Individual Consideration

Shingles

Mild, infrequent attacks.....Standard

Frequent or severe attacks.....Rate/Decline

Sleep Apnea.....Rate/Decline

Spermatocele

Unoperated.....PP

Operated, complete recovery.....Standard

Sprain or Strain (whiplash, muscle spasms)/Subluxation

Currently symptomatic.....Rate

Asymptomatic

0-3 years.....Rate

More than 3 years.....Standard

Squamous Cell Carcinoma

Present.....Rate/Decline

Operated, complete removal, confined
to epidermis, no metastasis.....Standard

Others.....Individual Consideration

Stones, Kidney or Ureter

Present.....Decline

Bilateral or unilateral.....PP/Decline

History of.....Rate/Decline

Strabismus (lazy eye), Esotropia (cross eye), Exotropia (wall eye), Hypertropia

Unoperated.....PP

Surgery complete, recovered

Less than 2 years.....Rate

More than 2 years.....Standard

Surgery anticipated.....Decline

(See Herniated Disc)

Suicide Attempt.....Decline

Syncope (fainting)

Cause known.....ADC

Cause unknown, one or two episodes, adequate neurological workup

Less than 5 years since last episode.....Decline

More than 5 years.....Standard

More than two episodes in 5 years.....Decline

Systemic Lupus Erythematosus (SLE).....Decline

T

Temporomandibular Joint Syndrome (TMJ)

Present.....Decline

History of, complete recovery

Less than 5 years since last symptoms.....Rate

More than 5 years.....Standard

Tendinitis

Acute

Single attack, uncomplicated

Less than 6 months.....Rate

More than 6 months.....Standard

Recurrent attacks/Chronic

Less than 2 years.....Rate

More than 2 years.....Standard

Individual Medical Risk Manual (Continued)

Thrombophlebitis, Thrombosis, Phlebitis

Present to 1 year.....Decline
Superficial phlebitis,
complete recovery.....Standard

Deep thrombosis, single site

Single acute attack, complete recovery, No medication currently

1-2 years.....Rate
More than 2 years.....Standard

Multiple attacks, complete recovery, no medication currently

1-2 years.....Decline
2-4 years.....Rate
More than 4 years.....Standard

Thyroid Gland Disorders Goiter (enlargement)/Hyperthyroidism

Present.....Decline

History of, Removal/Adequate control with Rx

Less than 1 year.....Rate/Decline
More than 1 year.....Standard

Cretinism.....Decline

Hypothyroidism, all cases with adequate control.....Standard

TIC Doloureux/Trigeminal Neuralgia

Unoperated, Present.....Decline

History of, recovered

Less than 2 years.....Rate
More than 2 years.....Standard

Tonsillitis

Unoperated

Chronic episodes.....PP
Acute or infrequent attacks.....Standard
Tonsillectomy, recovered.....Standard

Transient Ischemic Attack (TIA).....Decline

Transplants.....Decline

Tremor

Benign essential tremor.....Rate
Others.....Decline

Trichomoniasis

Present.....Decline

History of, complete recovery, no residuals

Less than 6 months.....Rate
More than 6 months.....Standard

Tubal Pregnancy

History of, recovered.....Standard

Tuberous Sclerosis.....Decline

Tumor

Malignant.....Decline

U

Ulcerative Colitis.....Decline

Ulcerative Proctitis

Less than 3 Months.....Decline
3 Months to 3 years.....Rate/Decline
More than 3 years.....Rate

Ulcers, (Duodenal, Gastric, Peptic)

Unoperated, Present.....Decline

History of, complete recovery

Single episode, without bleeding

Less than 2 years.....Decline
More than 2 years.....Rate
Operated/Multiple episodes.....Decline

Undescended Testicle

Unoperated.....PP

Operated, complete recovery.....Standard

Urethral Stricture

Present.....Rate/Decline

Single episode, corrected by dilatation, urinalysis normal

Less than 2 years.....Rate
More than 2 years.....Standard

Recurrent episodes, corrected by dilatation, urinalysis normal, no kidney or bladder involvement

Less than 3 years since last episode.....Rate
More than 3 years.....Standard/Rate

Individual Medical Risk Manual (Continued)

Urethritis

Single episode, urinalysis normal

Less than 1 year.....Rate

Urethrocele

Present.....PP

Operated, complete recovery.....Standard

Urticaria

Mild, infrequent attacks.....Standard

Frequent or severe attacks.....Rate

V

Vaginitis

Present.....Rate

History of, recovered

Acute episodes.....Standard

More than 1 year.....Standard

Recurrent episodes.....ADC

Varicocele

Unoperated.....PP

Operated, complete recovery.....Standard

Varicose Veins/Chronic Venous Insufficiency

Varicose Veins.....Rate/Decline

Vertigo.....ADC

Vitreous Floaters

All cases.....Standard

W

Warts (not genital)

Infrequent attacks, mild.....Standard

Frequent or severe attacks.....Rate

Wolff-Parkinson-White Syndrome (WPW)

If successfully treated by radio
frequency catheterablation.....Standard

Others.....Decline

Effective Date

Applicants should not cancel their present plan until they receive written confirmation from the home office. If the coverage is approved, the underwriter may contact you to determine if your client would like the effective date to be the first or fifteenth of the month following the approval date. We will not backdate any effective date prior to the date of the application. Applications are valid for only 90 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 can be the 1st or the 15th of the month.
- Select the initial and ongoing method of payment. The first month's premium must accompany the application. If the initial premium is by check, the check will be cashed upon receipt of the application. Should the application not be approved, a refund will be issued 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 2nd 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:

American Medical Security
Individual Underwriting
P.O. Box 19032
Green Bay, WI 54307-9032

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. Health status, as determined by underwriting at the time the policy is initially underwritten, may also affect the rate.
- 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 (800) 232-5432, and then selecting option 3.
- Upon approval of coverage, a welcome letter is mailed to the primary insured. Coverage documents are mailed within 72 hours.

PPO Networks

- All plans are quoted with the UnitedHealthcare Choice Plus network, with the exception of the Major Risk Medical Insurance Program (MRMIP) standard plan. The MRMIP standard plan is quoted with the UnitedHealthcare Options PPO network.
- Please refer to the policy and schedule of benefits for out-of-network coverages and penalties.

Changes to In-Force Business

Changes to in-force business, such as a change of address, etc., require written notice by the primary insured, including signature. Changes received will become effective the 1st of the following month. For example: If notification is received January 14th, the change will be effective February 1st. Notification can be made either by mail to:

American Medical Security
Attn: Policy Administration
P.O. Box 19032,
Green Bay, WI 54307-9032

or by fax at
(920) 661-3681.

Customers can reach Policy Administration by calling (800) 232-5432 and selecting option 2.

Upgrading

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

Downgrading

Insureds 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 insured should contact Policy Administration at (800) 232-5432, then option 2.

Portability

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

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

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

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

Rescission

- PacifiCare reviews all claims submitted to identify medical conditions that may not have been accurately disclosed at the time of application. While a review is being conducted, the original claim and all subsequent claims from all providers will be pended until the review is completed.
- If it is determined that an applicant materially misrepresented 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.

PacifiCare[®]

A UnitedHealthcare Company

American Medical Security Life Insurance Company provides administrative services for insurance products underwritten by PacifiCare Life and Health Insurance Company.