



Why Mutual of Omaha

Over 50 years of Mutual of Omaha's Wild Kingdom taught us that the animal kingdom and the human kingdom have something in common ... an instinct to protect what matters most. Through insurance and financial products, we help people protect their lives, protect their families, protect their kingdoms.

MutualofOmaha.com



MUTUALCARE[®] SOLUTIONS UNDERWRITING GUIDE



For producer use only. Not for use with the general public.
453999

Updated May 2024

Table of Contents

Underwriting Guidelines page 2

- Our Underwriting Philosophy
- Issue Ages
- Save Age
- Suitability
- Eligibility
- Underwriting Rules
- Rate Classes
- Criteria for Preferred Underwriting
- Build Chart
- Uninsurable Health Conditions
- Medications Associated with Uninsurable Health Conditions
- Uninsurable Health Combinations
- Medical Impairments

Completing the Application page 53

- Requirements
- Preparing Your Client for the Personal Health Interview

Contact Information page 56

Underwriting Guidelines

Our Underwriting Philosophy

We look at the total picture and evaluate applicants based on a number of criteria, including health history, cognitive status, daily activities and the ability to perform and maintain activities of daily living (ADLs) as well as instrumental activities of daily living (IADLs).

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

Issue Ages

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

Save Age

Premium will be based on the applicant's age at the time the application is signed. If the applicant's date of birth is within 30 days of the application signing date, premium will be based on the younger age.

*New York issue age 30-75.

Suitability

A long-term care personal worksheet is included in the application packet and must be submitted with each application. You are responsible for verifying that coverage is affordable and appropriate for your client.

- Minimum financial guidelines include an annual household income of \$20,000 or \$50,000 in countable assets, not including the applicant's home
- This policy is not available to anyone who meets Medicaid eligibility guidelines
- If the applicant does not disclose financial information or if the disclosed information indicates the policy is not suitable, the applicant will receive a letter asking them if they want to continue with the application

Eligibility

The application clearly identifies impairments that make an applicant ineligible for coverage. You should NOT submit an application for anyone who:

- Answers "yes" to any question in the Health Insurability Questions section of the application
- Is over or under the height and weight guidelines
- Requires assistance with any activities of daily living (ADLs)
- Requires assistance with any instrumental activities of daily living (IADLs)
- Receives Meals on Wheels
- Has previously been declined LTC coverage
- Is pregnant or receiving medical treatment to become pregnant
- Is disabled
- Uses a quad cane, crutches, walker, electric scooter, wheelchair, oxygen or respirator
- Is non-compliant with medications and/or treatment
- Has not pursued additional workups recommended by their physician
- Has a condition listed as a "decline" in the Medical Impairment section
- Has a living environment (as noted during the face-to-face interview) to be excessively cluttered, filthy, unsafe or with evidence of hoarding
- Has been confined to a nursing home or assisted living facility in the last six months

- Has received home health care services or adult day care in the last six months
- Has received occupational, physical or speech therapy in the last three months (prequalify the case with an underwriter if you believe the case may warrant review sooner than three months)

Note: Higher-risk applicants may receive an adjusted offer or reduced benefits and/or higher premium. You will be notified if the approved policy is different than applied for.

Underwriting Rules

All available options may be added to the policy selected unless a specific combination of options is not allowed by underwriting rules.

- Underwriting will be the same for the base policy and selected optional benefits
- Additional premium will be required for optional benefits
- Optional benefits still being marketed may be added at the time of sale or within 60 days of policy issue with underwriter approval
- The total long-term care coverage, including coverage from other companies, cannot exceed:
 - A Maximum Monthly Benefit of \$15,000 and/or Maximum Benefit Limit of \$500,000 for all traditional long-term care policy benefits combined; **and**
 - A Maximum Monthly Benefit of \$50,000 and/or Maximum Benefit Limit of \$2,000,000 for traditional long-term care and long-term care rider coverage benefits combined

Rate Classes

The Medical Impairments section and the Build Chart will help you determine the appropriate rate class to quote.

- Applications should not be submitted for anyone who is over or under the weight guidelines, has an uninsurable health condition or is taking a medication associated with an uninsurable health condition
- It's recommended that an applicant never be quoted better than Select (the underwriter will add a Preferred allowance to the policy, if appropriate)

- Certain policy limits are placed on Class I and Class II health risks, including:
 - Maximum 48-month benefit multiplier
 - Maximum \$300,000 policy limit
 - Maximum \$5,000 monthly benefit
 - Minimum 90-day elimination period
- In addition, not all policy benefits are available for Class I and Class II health risks, including:
 - Security Benefit
 - Joint Waiver of Premium Benefit
 - Survivorship Benefit
 - Shared Care Benefit (available for Class I health risks with a maximum 36-month benefit multiplier, \$180,000 policy limit and/or \$5,000 maximum monthly benefit)
 - Waiver of Elimination Period for Home Health Care

Preferred	Select	Class I	Class II
15% allowance at underwriter discretion	100%	125%	150%
Applicant is considered a preferred risk and is eligible for all policy benefit options	Applicant is considered a standard risk and is eligible for all policy benefit options	Applicant is considered to be a higher risk for utilization of long-term care services	Applicant is considered to be a significantly higher risk for utilization of long-term care services Reserved for use at underwriter discretion. Do not quote Class II unless prequalified by an underwriter

Remember... Quote the applicant based on their health as it is listed in the Underwriting Guidelines or how you have been advised to quote by underwriting, if applicable.

Criteria for Preferred Underwriting

In order to qualify for preferred underwriting and the 15 percent preferred premium allowance, applicants must meet ALL of the following criteria:

1. An applicant must have seen a physician for a head-to-toe physical exam and complete metabolic profile within the past two years
2. The applicant must have been tobacco free for the past two years
3. He or she must fall within the minimum and preferred maximum range on the build chart
4. An applicant must not use a cane
5. He or she must not take any prescription medications other than:
 - Allergy medications (excluding steroids)
 - Female hormone replacement
 - Thyroid hormone replacement
 - Antacids and heartburn medication
 - Medication for controlled high blood pressure (readings of 140/90 or less for the past six months)
 - Medication for controlled cholesterol (cholesterol less than 250)
 - Medication for temporary, acute conditions
6. The applicant must not be diagnosed with or treated for any of the following:
 - Asthma
 - Atrial fibrillation
 - Blood disease or disorder (excluding treated iron deficiency anemia)
 - Blood clotting disorder
 - Cancer (excluding basal cell or squamous cell skin cancer)
 - Carotid artery disease
 - Chronic fatigue syndrome
 - Chronic obstructive pulmonary disease (COPD)
 - Chronic pain
 - Degenerative disc disease
 - Diabetes
 - Emphysema
 - Fibromyalgia
 - First degree relative diagnosed with Alzheimer's or dementia
 - Heart disease, including coronary artery disease and heart valve disorder (excluding mitral valve prolapse or controlled high blood pressure average reading less than 140/90 for the past six months)

- Hepatitis
- Herniated disc
- Joint replacement
- Moderate osteoarthritis
- Neurological disease or disorder
- Peripheral arterial/vascular disease
- Polymyalgia rheumatica
- Psychiatric disease or disorder (excluding seasonal affective disorder or mild or resolved situational depression)
- Respiratory disease or disorder, excluding acute bronchitis, pneumonia, or exercise induced, reactive or extrinsic asthma
- Rheumatoid arthritis
- Sleep apnea
- Spinal stenosis
- Stroke
- TIA (transient ischemic attack)
- Tremor

Build Chart – Unisex

	Minimum	Preferred Maximum	Select Maximum	Class
Maximum BMI	18.5	29	35	40.0
Height	Minimum	Preferred Maximum	Select Maximum	Class I Maximum
4'8"	80	129	156	178
4'9"	83	134	161	185
4'10"	86	139	167	191
4'11"	89	143	173	198
5'0"	92	148	179	205
5'1"	95	153	185	211
5'2"	98	158	191	218
5'3"	101	164	197	226
5'4"	104	169	204	233
5'5"	107	174	210	240
5'6"	111	180	217	248
5'7"	114	185	223	255
5'8"	118	191	230	263
5'9"	122	196	237	271
5'10"	125	202	244	279

Height	Minimum	Preferred Maximum	Select Maximum	Class I Maximum
5'11"	129	207	251	287
6'0"	133	214	258	295
6'1"	136	220	265	303
6'2"	140	226	273	311
6'3"	144	232	280	320
6'4"	148	238	287	329
6'5"	152	245	295	337
6'6"	156	251	303	346

- An applicant below the minimum weight is ineligible for coverage
- An applicant who is within the weight requirements but has other health conditions may be ineligible for coverage
- An applicant who exceeds the maximum Select weight and has any condition listed on the impairment guide as a Class I or Class II will be declined
- An applicant above the Class I maximum weight is ineligible for coverage
- An applicant who has short stature due to a genetic condition or chronic medical condition is ineligible for coverage
- Build as documented in medical records or obtained during a face-to-face interview
- BMI
 - 18.4 or under Decline
 - 18.5 to 29.0 Preferred
 - 29.1 to 35 Select
 - 35.1 to 40 Class I
 - 40.1 or over Decline

Uninsurable Health Conditions

Acoustic Neuroma (unoperated)
Acromegaly
ADL Deficit
AIDS/ARC
Adult Day Care within 6 months
Agoraphobia
Alcohol 4 or more drinks daily
Alcoholism with any current alcohol use
ALS
Alzheimer's Disease
Amputation due to disease, other than cancer
Amputation 2 or more limbs
Amyloidosis
Ankylosing Spondylitis
Anorexia
Aplastic Anemia
Arnold-Chiari Malformation
Arrhythmia (uncontrolled)
Arteriovenous Malformation (AVM) (unoperated)
Arthritis requiring narcotic pain medication
Asperger's Syndrome
Assisted Living Facility (resident within 6 months)
Ataxia
Avascular Necrosis (unoperated)

Back Pain (disabling or requiring narcotic pain medication)
Bell's Palsy (present)
Benign Positional Vertigo (BPV) (with falls)
Berger's Disease
Bipolar (diagnosed within 3 years, psychiatric hospitalization within 2 years, 2 or more psychiatric hospitalizations)

Blindness (not adapted or with ADL/IADL limitations)
Bowel Incontinence
Buerger's Disease
Bulimia
Bullous Pemphigoid (active)

Cardiomyopathy (dilated)
Castleman's
Cerebral Aneurysm (unoperated)
Cerebral Palsy
Cerebrovascular Accident (CVA) (2 or more)
Charcot Marie Tooth
Chronic Pain (requiring narcotics, TENS unit, implantable stimulator, ADL/IADL deficit)
Cirrhosis
Complex Regional Pain Syndrome
Confusion
Congenital Rubella Syndrome (CRS)
Connective Tissue Disease
Cor Pulmonale
CREST Syndrome
Crohn's (multiple flares or with complications)
Cushing's Syndrome
Cystic Fibrosis

Defibrillator (implanted)
Dementia
Dermatomyositis
Diabetic Complications (neuropathy, nephropathy, retinopathy, gastropathy)
Dialysis
Dilated Cardiomyopathy
Disabled, except VA disability
Down's Syndrome
Dwarfism
Dystonia

Uninsurable Health Conditions (continued)

Ehlers-Danlos	Marfan's Syndrome
Epilepsy (>2 seizures/year)	Medicaid Recipient
Epstein-Barr Virus (within 2 years)	Memory Loss
Fibromuscular Dysplasia	Mental Retardation
Fibromyalgia (disabling)	Mixed Connective Tissue Disease
Focused Ultrasound Thalamotomy	Multiple Chemical Sensitivity and Electromagnetic Hypersensitivity
Frailty	Multiple Myeloma
Friedrich's Ataxia	Multiple Sclerosis
Gaucher's	Muscular Dystrophy
Glomerulonephritis	Myelodysplasia
Head Injury (residual functional or cognitive impairment)	Myelodysplastic Syndrome
Heart Transplant	Myelofibrosis
Hemiplegia	Myasthenia Gravis (generalized)
Hemophilia	Neurofibromatosis
Hepatitis (chronic, active, alcohol related, residual liver damage)	Neurogenic Bowel or Bladder
HIV Positive	Neuropathy (related to diabetes or alcohol, or with history of falls or skin ulcers), or severe
Hoarding	Nursing Home resident (within 6 months)
Home Health Care (within 6 months)	Occupational Therapy (within 3 months*)
Huntington's Chorea	*contact Underwriting to prequalify if within 3 months
Hydrocephalus	Organ Transplant
IADL Deficit	Organic Brain Syndrome
Iga Nephropathy	Osteoporosis (T score -4.0 or worse)
Immune Deficiency	Oxygen use
Implantable Stimulator	Pancreas Transplant
Irritable Bowel Syndrome (uncontrolled or with weight loss)	Pancreatitis (alcohol related, or >2 episodes)
Kidney Failure	Paralysis
Kidney Transplant	Paraplegia
Lacunar Infarct (2 or more)	Parkinson's Disease
Liver Transplant	Pemphigus Vulgaris
Lou Gehrig's Disease	
Lupus (systemic)	

Physical Therapy (within 3 months*)
*contact Underwriting to prequalify if within 3 months

Physician applicant is self-treating, or applicant's personal physician is a family member

Pick's Disease

Polycystic Kidney Disease

Polymyositis

Polyneuropathy

Post Herpetic Neuralgia

Post Polio Syndrome (with progressive weakness, fatigue, or limitations)

Power of Attorney - Active

Pregnancy (Is pregnant or receiving medical treatment to become pregnant)

Primary Biliary Cirrhosis

Pseudotumor Cerebri

Psychiatric Hospitalization (within 3 years, or 2 or more)

Psychosis

Pulmonary Hypertension

Quad Cane use

Quadriplegia

Reflex Sympathetic Dystrophy

Retinal Vein Occlusion (2 or more)

Schizophrenia

Scleroderma

Sclerosing Cholangitis

Shingles (within 6 months)

Sjogren's Syndrome (systemic)

Social Withdrawal

Speech Therapy (within 3 months*)
*contact Underwriting to prequalify if within 3 months

Spina Bifida

Stroke (2 or more)

Surgery (requiring general anesthesia

scheduled or planned)

Systemic Lupus

Thalassemia Major

Transient Ischemic Attack (TIA) (2 or more)

Tuberculosis

Tuberous Sclerosis

Underweight

Ventriculoperitoneal shunt

Von Willebrand's Disease

Walker use

Wegener's Granulomatosis

Weight loss (unintentional or unexplained)

Wheelchair use

Uninsurable Medications

This list is not all-inclusive. An application should not be submitted if a client is taking any of the following medications. Please consult the Underwriting Department if you have questions regarding the listed medications.

Medication	AZT	Cyclosporine
3TC		Cytoxan
Abacavir	Baclofen*	
Abilify	Baraclude	D4T
Acamprosate	Benzatropine	D-Cycloserine
Adefovir	Bendopa	Dantrium
Adriamycin	Betaseron	Dantrolene
Aduhelm (Alzheimer's)	Biperiden	Darunavir
Akinetin	Boceprevir	DDC
Alemtuzumab	Buprenorphine	DDI
Alkeran	Busulfan	Delavirdine
Amantadine	Butrans	Demerol
Ambrisentan		Deprenyl
Anastrozole*	Campral	Didanosine
Antabuse	Caprylidene	Diethylstilbestrol
Apokyn	Capaxone	Dilaudid
Apomorphine	Carbidopa*	Dimethyl Fumarate
Aptivus	Carboplatin	Disulfiram
Aricept	Cee Nu	Dolophine
Arimidex*	Cellcept	Donepezil
Aripiprazole	Cerefolin*	Doxorubicin
Artane	Chlorambucil	Dronabinol
Asenapine	Chlorpromazine	DuoNeb
Asutedo	Chlorprothixene	Duragesic
Atazanavir	Cisplatin	
Atripla	Codeine	Efavirenz
Aubagio	Cogentin	Eldepryl
Avinza	Cognex	Eligard
Avonex	Combivir	Emtricitabine/ Tenofovir/Efavirenz
Axona	Comtan	Emtriva
Azathioprine*	Copaxone	Enfuvirtide
Azilect	Crixivan	Entacapone
	Cyclophosphamide	

Entecavir
Epclusa
Epivir
Epoetin
Epogen
Epzicom
Ergoloid
Ethoproopazine
Etoposide
Exelon

Fanapt
Fentanyl
Fingolimod
Fluphenazine
Fosamprenavir
Furosemide
>60 mg/day
Fuzeon

Gablofen
Galantamine
Geodon
Gilenya
Glatiramer
Gleevac
Gold

Haldol
Haloperidol
Harvoni
Hemlibra
Hepsera
Herceptin
HIV Meds
Hivid
Hydergine
Hydrea
Hydrocodone

Hydromorphone
Hydroxyurea*

Ibrance
Idhifa
Ilaris
Iloperidone
Imatinib
Imuran*
Incivek
Indinavir
Ingrezza
Insulin
>50 units/day
Interferon
Intravenous
Immunoglobulin
Invega
Invirase
Isentress
Isoxsuprine
IVIG

Juluca

Kadian
Kaletra
Kemadrin
Kemstro
Ketamine (refractory
depression, or self-
harm ideation)

Lamivudine
Lanzac
Lasix >60 mg/day
Latuda
L-Dopa
L-Methylfolate*

Lemtrada
Lenalidomide
Letairis
Lexiva
Leukeran
Leuprolide
Levodopa
Lioresal
Lomustine
Lopinavir/Ritonavir
Lorcet
Lortab
Loxitane
Loxapine
Lupron

Maraviroc
Marinol
Mavyret
Mayzent
Megace
Megestrol
Mellaril
Melphalan
Memantine
Meperidine
Mercaptopurine*
Mesoridazine
Mestinon
Metanx
Methadone
Methotrexate >25
mg/week
Mirapex*
Mitoxantrone
Moban
Morphine
MS Contin
Mycophenolate

Myerlan
Naloxone*
Naltrexone*
Namenda
Namzeric
Narcotics
 >3 doses per week
Natalizumab
Natreacor
Navane
Nelfinavir
Neoral
Nesiritide
Neudexta
Neulasta
Neupro
Nevirapine
Niloric
Nivolumab
Norvir
Novatrone
nPEP
Nucynta

Olanzapine
Oncovin
Opdivo
Oxycodone
Oxycontin

Palbociclib
Paliperidone
Paraplatin
Parlodel
Parsidol
Pegasys
Pegfilgrastim

Peg-Intron
Percocet
Percodan
Pergolide
Permax
Perphenazine
Platinol
Plegridy
Pramipexole*
Prednisone >10 mg/
 day
Pregvisomant
Prezista
Procrit
Procyclidine
Profenamine
Prolixin
Pyridostigmine

Quetiapine*
Raltegravir
Rasagiline
Razadyne
Rebetol
Rebif
Recombinant
Reminyl
Remodulin
Requip*
Rescriptor
Retrovir
Revcovi
Revlimid
Rexulti
Reyataz
Ribavirin
Rilutek
Riluzole

Risperdal
Risperdone
Ritonavir
Rivastigmine
Ropinirole*
Rotigotine
Roxicet

Sandimmune
Saphris
Saquinavir
Selegiline
Selzentry
Serentil
Seroquel*
Sinemet*
Somavert
Spinraza
Spravato
Stalevo
Stavudine
Stelazine
Streptozocin
Suboxone
Sustiva
Symmetrel

Tacrine
Tapentadol
Taractan
Tasmar
Tecfidera
Tegsedi
Telaprevir
Telbivudine
Tenofovir
Teriflunomide
Teslac

Testolactone	Tylenol #4	Vincristine
Thioridazine	TYSABRI	Viracept
Thiotepa	Tyzeka	Viramune
Thiothixene		Viread
Thorazine	Ultram	Vivitrol
Tipranavir	Urso*	Vosevi
Tolcapone	Ursodiol*	Vraylar
Tramadol		
Trastuzumab	Valycte	Zalcitibine
Trelstar-LA	Valganciclovir	Zanosar
Treprostinil	Vasodilan	Zelapar
Trexall	Vayacog	Zelodox
>25 Mg/Week	VePesid	Zerit
Trihexyphenidyl	Vertex	Ziagen
Trilafon	Vicodin	Zidovudine
Triptorelin	Victrellis	Ziprasidone
Trizivir	Videx	Zyprexa
Tylenol #3		

*Underwriter discretion

Note: Applicants considered insurable and taking Disease-Modifying Anti-rheumatic Drugs (DMARDS) and Biologics will be rated as Class I or Class II.

Alzheimer's Disease/Dementia

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

Multiple Sclerosis

Ampyra
Avonex
Baclofen*
Betaseron
Copaxone
Dantrium
Dantrolene
Glatiramer
Kemstro
Lemtrada
Lioresal
Mavenclab
Mayzent
Natalizumab
Novantrone
Ocrevus
Rebif
Recombinant
Tecfidera
Zinbryta

Parkinson's Disease

Akinetin
Amantadine
Apokyn
Artane
Azilect
Biperiden
Bendopa
Benzatropine
Carbidopa*
Cogentin
Comtan
Deprenyl
Entacapone
Eldepryl
Ethopropazine
Kemadrin
L-Dopa
Levodopa
Mirapex*
Neupro
Parlodel
Parsidol
Pergolide
Permax
Pramipexole
Procyclidine
Profenamine
Rasagiline
Requip*
Ropinirole*
Rotigotine
Selegiline
Sinemet*
Stalevo
Symmetrel
Tasmar
Tihexyphenidyl
Tolcapone
Zelapar

Uninsurable Health Combinations

All shaded health condition combinations are ineligible for coverage. Refer to the Medical Impairments section for handling of unshaded health condition combinations.

	Atrial Fibrillation	Stroke	TIA	VHD	Diabetes	PVD	Carotid Stenosis	Tobacco use in the past 12 months
Atrial Fibrillation								
Stroke								
Transient Ischemic Attack (TIA)								
Valvular Heart Disease (VHD)								
Diabetes								
Peripheral Vascular Disease (PVD)								
Carotid Stenosis								
Average BP reading >159/89								
Tobacco use in the past 12 months								
Coronary Artery Disease								

Medical Impairments

Every attempt will be made to offer coverage. Multiple medical conditions may result in an offer of reduced benefits, a substandard rating, or a decline.

S* May qualify for Preferred if all requirements listed under the Preferred Rate Criteria are met

S Select coverage issued at select rates

Class I 25 percent rating, maximum 48-month benefit multiplier, maximum \$300,000 policy limit, maximum \$5,000 monthly benefit, minimum 90-day elimination period

Class II 50 percent rating may be offered by underwriting when multiple medical impairments are present, maximum 48-month benefit multiplier, maximum \$300,000 policy limit, maximum \$5,000 monthly benefit, minimum 90-day elimination period

IC Individual Consideration

RMD Refer to Medical Doctor

D Decline

Abdominal Aortic Aneurysm (AAA)

Operated, after 6 months, fully recoveredS

Unoperated, stable for 2 years, diameter <5 cm no change by serial CT/US within the past 2 years.S

Unoperated, enlarging, or diameter >5 cm, or not stable for 2 yearsD

Acoustic Neuroma surgically removed, after 6 months, no residualsS

Unoperated.D

AcromegalyD

ADD/ADHD

Stable 1 year, on one medicationS*

Stable 1 year, on two or more medicationsS

Not stable 1 year, or disabled.D

Addison's Disease, after 3 years, controlledS

After 6 months, controlled.Class I-IC

ADL DeficitD

AIDS/ARCD

Adult Day Care within 6 months	D
After 6 months	IC
Agoraphobia	D
Alcohol regular consumption of 4 or more drinks per day	D
Advised by a physician to limit, or stop alcohol consumption due to alcohol induced health	D
Social Problems	D
DUI/DWI within the past 3 years	D
Binge drinking, 5 or more drinks in a day, 1 or more days per week	D
If advised to cut down on alcohol use due to health or social problems, there is evidence of reduced alcohol use with no ill effects, after 1 year.	IC
Alcohol Abuse/Alcoholism	
At least 3 years of sobriety, active in a support group	S
Less than 3 years of sobriety	D
Alpha-1 Antitrypsin Deficiency Disease or Heterozgous Carrier	D
Never-smoker individuals who have the MZ heterozygous Alpha I Antitrypsin pattern	RMD-S
Alpha I Antitrypsin deficiency	D
ALS (Amyotrophic Lateral Sclerosis, Lou Gehrig's Disease)	D
Alzheimer's Disease	D
Amaurosis Fugax/Amnesia, Transient Global After 6 months, full recovery	S
One episode	S
Two episodes	Class I
> 2 episodes	D
Amputation due to trauma, after 12 months, one limb, no limitations	S
Due to Cancer	S-IC
Due to disease other than cancer	D
Two or more limbs regardless of cause	D
Amyloidosis	D
Ankylosing Spondylitis	D
Anemia cause identified, managed, stable lab work for 12 months, documented in medical records	S*-IC
Not fully evaluated, cause unknown, not adequately managed, or Aplastic	D
Angina	handle as CAD

Angioplasty handle as CAD

Aneurysm

Abdominal

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

Cerebral

- Repaired, stable 6 months, f/u imaging acceptable,
Fully recoveredS
- Unoperated D
- Rupture or bleed, no residual aneurysm (Handle as stroke)
- More than one aneurysm D

Peripheral (arms or legs)

- Repaired, stable 6 months, full recoveryS
- Not repaired, review med recordsRMD

Thoracic

- Repaired, or unrepaired D

Visceral Aneurysm or pseudoaneurysm

- (Splenic, hepatic, renal, celiac, mesenteric, etc.)
- Repaired, stable 6 monthsS
- Unrepaired, > 2cm D
- Unrepaired, < 2cmRMD

Multiple aneurysms, any combination of locations D

With tobacco use within 24 months D

Anorexia Nervosa

Current or within 10 years D

Resolved at least 10 yearsS-IC

Antithrombin Deficiency handle as Blood Clotting Disorder

Anxiety

<70 years of age, after 6 months, controlled with medication,
fully functional, situationalS*

>70 years of age, after 2 years, controlled with medication, fully
functional, no psychiatric hospitalizations in the past 3 yearsS-IC

Regardless of age, two or more psychiatric hospitalizations,
or disabled D

Aortic Regurgitation or Stenosis handle as Heart Valve Disorder

Antiphospholipid Syndromehandle as Blood Clotting Disorder

Arnold-Chiari Malformation

Type I asymptomaticS*

Type I with symptomsIC

All others (Type II and III) D

Arachnoid/Subarachnoid Cyst

Spine

- Unoperated, no neurological symptoms, stable on serial imaging
2 yearsS-IC
- Unoperated with neurological symptom..... D
- Operated after 12 months, no recurrence, no residual symptoms.....S

Brain

- Unoperated, no neurological symptoms, no seizure, dizziness, vertigo,
balance/gait disorder, stable on serial imaging 3 years.....S-IC
- Unoperated with neurological symptom..... D
- Operated after 24 months, no recurrenceS
- With hydrocephalus, or treated with shunt D

Arrhythmia excluding Atrial Fibrillation

- Controlled.....S*-IC
- Uncontrolled..... D

Arteriovenous Malformation (AVM)

- >1 year since surgical repair, no residuals Class I
- Unoperated, or operated with residual impairment D
- AVM other than brain.....RMD

Arthritis

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

The form M28871 may be used as a prescreen tool for clients with arthritis/degenerative joint disease.

Rheumatoid Arthritis mild, moderate, stable for 1 year,

- no limitations.....Class I-IC
- In remission 10 years, asymptomatic, no treatment.....S
- On Prednisone >10mg/day, or Methotrexate >25mgs week, or Gold D

Severe disease, or with ADL/IADL deficits. D
 Any, taking a medication indicated for severe arthritis on Uninsurable
 Medication list, or requiring more than 3 doses of narcotic pain
 medication per week, or with significant joint deformities. D
 With Joint replacement for RA. D

Asbestosis handle as COPD

Asperger's Syndrome D

Asthma

Intermittent (PRN medication use, symptoms 2 or fewer days/week, oral
 steroid use ≤ 2 /year) S*
 Mild Persistent (symptoms >2 days/week but less than daily, daily ICS use
 only, occasional rescue inhaler use, oral steroid use >2/year) S
 Moderate Persistent (daily symptoms with rescue inhaler use ≤ 1 use/
 day, daily ICS-LABA use, mild activity restriction, abnormal PFT between
 attacks) Class I
 Moderate Persistent with tobacco use. D
 Severe Persistent (daily symptoms with use of rescue inhaler >1 use/day,
 daily medication, activity restriction, abnormal PFTs between attacks) . . D
 ICS= inhaled corticosteroid
 LABA=long-acting beta agonist

Assisted Living Facility Resident within 6 months D

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

Atrial Fibrillation/Flutter single episode, after 6 months,
 maintained in sinus rhythm S
 Single episode 10 or more years ago. S*
 Paroxysmal up to 6 episodes per year, no history of TIA, CVA, or
 unoperated Heart Valve Disorder S-IC
 >6 episodes per year, no history of TIA, CVA, or unoperated
 Heart Valve Disorder. Class I
 Chronic, after 6 months, controlled on prescription blood thinner . . . Class I
 Any atrial fibrillation with Coumadin, Warfarin, Eliquis, Pradaxa,
 Xarelto, Effient use Class I
 Watchman Device, after 6 months IC
 Diagnosed or hospitalized, or cardioverted within 6 months D
 With history of TIA, CVA, Congestive Heart Failure or moderate
 to severe unoperated Heart Valve Disorder D
 Chronic, not on prescription blood thinner D
 Average BP reading >159/89. D
 Chronic, in combination with Diabetes Class II

Atrial Septal Defect (ASD)

- Surgically corrected after 6 monthsS
- Surgically corrected, single TIA or CVA prior to surgeryIC-Class I
- Surgically corrected, TIA OR CVA after surgery D
- Not corrected, incidental finding, no history of clots, TIA, CVA, no underlying clotting disorder.....S-IC

Autism D

Autoimmune Disorder handle as specific condition

Autoimmune Hepatitis D

- Avascular Necrosis**, after 6 months, treated no residual limitationsIC
- After 6 months mild “no treatment”S
- Untreated moderate or severe D
- With limitations..... D
- Tobacco use with past 24 months..... D
- Surgically repaired, no limitations, no residuals after 6 monthsS

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

- Balance Disorder**, after 12 months, resolvedS-IC
- Less than 12 months, or currently present..... D

Barrett’s EsophagusS

Behcet’s Disease D

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

Benign Essential Tremor handle as Tremor

Benign Positional Vertigo (BPV)

- Not associated with falls.....S*
- Associated with falls D

Benign Prostatic Hypertrophy (BPH)

- MRI of the prostate normal with stable follow up psa, after six months ..IC
- Age <60
 - PSA 0-4.0.....S*
 - PSA 4.1-6.0 with recommended evaluation and follow upS
 - PSA >6.0 with recommended evaluation and follow up.....S-IC
- Age 60-69

PSA 0-6.....	S*
PSA 6.1-10 with recommended evaluation and follow up.....	S
PSA >10.1-15 with recommended evaluation and follow up.....	Class I
PSA >15.....	D
Age >70	
PSA 0-10.....	S
PSA 10.1-15 with recommended evaluation and follow up.....	Class I
PSA >15.....	D
All others.....	IC

Binge Eating

Without evidence of bulimia, 12 months of stability.....	S-IC
With evidence of bulimia.....	D

Bipolar

After 3 years, controlled on medication, fully functional not disabled.....	Class I
<3 years duration, or psychiatric hospitalization within the past 5 years.....	D
2 or more psychiatric hospitalizations.....	D

Blindness

Fully adapted, independent with ADL/IADLs.....	S
Not adapted or with ADL/IADL limitations.....	D
Receiving disability benefits.....	D

Blood Clotting Disorder (excludes brain and/or lung)

Hypercoagulable state present, no history of blood clot, no anticoagulation therapy, on asa only.....	S
Hypercoagulable state present, on anticoagulation, Previous blood clots (3 or less), none since starting anticoagulation (at least 6 months).....	C1
Blood clot while anticoagulated.....	D
With TIA, CVA, or Greenfield IVC filter.....	D
Smoking/nicotine.....	D
Multiple blood clots, diagnosed as blood clotting, not on anticoagulation.....	D

Blood Pressure

(Handle as High Blood Pressure)

Bone Marrow Transplant..... D

BRCA gene, no personal history of cancer, compliant with routine
screening..... S

Brain Cancer..... D

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

Brain Stimulator	D
Brain Tumor , not cancer and see specific type (acoustic, pituitary, meningioma)	S-IC
Regrowth after surgery or history of more than 1 brain tumor	D
Malignant, with or without surgery	D
Broken Bones	handle as Fracture
Bronchitis	
Acute 2, or fewer episodes per year	S*
Chronic	handle as COPD
Bronchiectasis	handle as COPD
Buerger's Disease	D
Bulimia	
Current or within 10 years	D
Resolved at least 10 years	S-IC
Bullous Pemphigoid in remission 2 years, not on steroids	IC
Active disease	D
Cancer/Carcinoma/Sarcoma	
Any not specifically listed below, not Stage IV, single cancer, 2 years since date of last treatment, full recovery, no recurrence	S-IC
Any site, tobacco use within 12 months	Class I-D
Any site, Stage IV, after 5 years cancer free	Class I
Any site, 2 or more cancers, other than non-melanoma skin cancer, cancer free for 5 years after most recent occurrence	Class I-D
Any site, treated with bone marrow transplant, or stem cell transplant or cyrotherapy	D
Bladder , transitional/superficial/non-invasive, treated, fully recovered	S
With on going BCG treatment	D
With tobacco use within the past year	D
Invasive, after 3 years	IC
Recurrent	IC
Brain	D
Breast	
In situ, treatment completed, full recovery, no recurrence	S
Stage I, after 1 year	S
Stage II-III, after 2 years	S
Stage IV, after 5 years	Class I-IC
Colon , after 2 years	S-IC
Skin	
Basal cell	S*

Squamous cell, of the skinS*
 Squamous cell, other than skin, 2 years since date of last
 treatment, full recovery, no recurrenceS-IC

Melanoma

Stage 0 or I or Clark’s Level I-IV, after 3 months.S
 Stage II or III, after 2 yearsS
 Stage IV, after 5 yearsClass I-IC

Neuroendocrine Tumor includes carcinoid, islet cell tumors, medullary
 thyroid cancer, pheochromocytomas,neuroendocrine carcinoma of the
 skin (Merkel cell cancer), Multiple endocrineneoplasia (MEN) I or II,
 small cell lung cancer, and large cell neuroendocrine carcinoma. D

Pancreas, 5 years since date of last treatment, full recovery,
 no recurrence.S

Prostate

Stage I or II, after 12 months, surgically removed, current PSA <0.1S
 Treated with radiation, after 12 months, current PSA <0.5S
 Stage III, after 2 years surgically removed, current PSA <0.1, or
 treated with radiation, current PSA <0.5.S
 Stage IV, after 5 years cancer freeClass I

Any stage, age >70 receiving hormone treatment
 (Lupron, Casodex, Eulixin, Zoladex),
 Initial Gleason Score <6, and current PSA <0.5 Class I-D
 Age 65 or older, Stage I or II, demonstrated regular urology f/u, PSA <10
 for 2 y or more and not rising, initial and most recent Gleason ≤6, any
 MRI ≤ to PIRADS2Class I

HIFU treatment D

Cardiomyopathy hypertrophic/ischemic, no CHF, no hospital stays,
 syncope, or palpitations

Ejection fraction ≥45% and stable for 2 yearsClass I-IC
 Acute, self-limiting, resolved after 2 yearsS
 Dilated D

Carotid Artery Disease/Stenosis, fully recovered, after stable, 6 months,
 tobacco free 12 monthsS

Operated, tobacco use within 12 months D

Unoperated, <70% stenosis no symptoms, tobacco free 12 monthsS

Operated in combination with heart disease (myocardial infarction or
 coronary artery disease), tobacco free 12 monthsClass I

History of TIA or CVA Handle as TIA or Stroke

≥51% stenosis in combination with coronary artery or peripheral vascular
 disease. D

History of TIA or CVA, with coronary artery or unoperated valvular heart
 disease. D

Operated or unoperated in combination with Type I or Type II diabetes,
 see Diabetes guidelines

Carpal Tunnel Syndrome	
Unoperated.	S*
Operated, after 3 months, recovered	S*
Castleman's	D
Catheter , urinary independently manages, not due to neurogenic bladder.	S
CBD Oils (handle per specific health condition)	S*- IC
Celiac Disease after 1 year, controlled	S
Cerebral Palsy	D
Cerebrovascular Accident (CVA)	handle as Stroke
Cerebrovascular Disease Two or more lacunar infarcts, small vessel disease (any age), brain atrophy, volume white matter changes loss or any atherosclerotic changes	D
Single Lacunar infarct, stable after 24 months, tobacco free.	Class I
Cervical Dystonia Treated with Botox	S
Cervical Spondylosis Mild.	S
Moderate to severe	Class I-IC
Charcot Marie Tooth	D
Chelation Therapy other than for hemochromatosis received within 6 months	D
Chronic Bronchitis	handle as COPD
Chronic Fatigue , stable after 12 months, no functional limitations	S-IC
5 year maximum benefit period, \$5,000 maximum monthly benefit, minimum 90-day elimination period	
Any functional limitations	D
With any mentalnervous disorder.	IC-D
Chronic Hepatitis	handle as Hepatitis
Chronic Pain	D
Chronic Regional Pain Syndrome	D

Cirrhosis	D
Claudication	handle as Peripheral Vascular Disease
Closed Head Injury	handle as Head Injury
Clotting Disorder	handle as Blood Clotting Disorder
Coarctation of the aorta	
Surgically repaired	IC
All other	D
Cognitive Impairment (including personality disorder, dementia, impaired reasoning, any memory issues)	
Declined by another carrier due to cognitive screening or memory impairment and have not had favorable, complete Neuropsychological testing	D
Declined by another carrier due to failed cognitive screening and have undergone complete, favorable Neuropsychological testing prior to applying with us (repeated testing 24 months after first, indicating no impairments in any function)	IC
Colitis , including infection or allergic reaction, single episode, resolved, after 6 months	
Ischemic Colitis, fully recovered, after 6 months	S*
Ischemic Colitis, ongoing symptoms or hospitalization within the past 6 months	D
Ulcerative Colitis	handle as Crohn's
Collagen Vascular Disease	D
Colostomy/Ileostomy , cares for independently, handle as per cause	
Requires assistance to care for	D
Compression Fractures due to osteoporosis, or with functional limitations	
All others	S*-IC
Concussion	handle as Head Injury
Confusion	D
Congestive Heart Failure (CHF) single episode, recovered, after 12 months	
Tobacco free 24 months	S
Chronic, mild, well controlled, Lasix <60mg/day	Class I-IC
All others, or in combination with atrial fibrillation, diabetes,	

or heart valve disorder, or ejection fraction <45% D
 Tobacco use within 24 months..... D

Connective Tissue Disorder D

Continuing Care Retirement Community, within 6 months D

COPD (Chronic Obstructive Pulmonary Disease)

Mild, tobacco free for 12 monthsS

Mild, tobacco use within the last one year diagnosed by chest X-ray only, no treatment, no symptoms, stable Pulmonary Function Tests (PFT's)Class I

Mild or moderate, tobacco use in the past 12 months, on medication, or symptomatic D

Moderate, tobacco free for 12 months, stable PFT'sClass I-IC

Moderate, tobacco use within the last one year, on medication, or symptomatic D

Severe, using oxygen, or home nebulizer treatments..... D

Any, hospitalized for an exacerbation in the past 6 months, or home nebulizer treatments within the past 6 months D

FEV1>80%S

FEV1 = 65-80%..... C1

≤64% D

The form M28872 may be used as a prescreen tool for clients with Chronic Obstructive Pulmonary Disease (COPD).

Cor Pulmonale D

Coronary Artery Disease

(angina, heart attack, Angioplasty, stent, or Bypass)

After 6 months, stable, no limitations, no significant residual heart damage, tobacco free 12 months.....S

After 6 months, stable, no limitations, tobacco use within 12 monthsClass I

With PVD or Carotid Artery Disease, tobacco free 12 months... Class I-IC

With PVD or Carotid Artery Disease, tobacco use within 12 months..... D

In combination with diabetes, tobacco use within 6 months..... D

In combination with diabetes, tobacco free 12 monthsClass I-IC

With poorly controlled hypertension (average BP >158/89), or chronic congestive heart failure, or ejection fraction <45%..... D

In combination with TIA or Stroke..... D

Corneal TransplantS*

COVID-19 OR COVID Variant

Hospitalization (does not apply to outpatient services) . . Postpone 12 months

CPAP	handle as Sleep Apnea
CREST Syndrome	D
Crohn's in remission at least 2 years	S
After 2 years from diagnosis, 1-2 flares per year	Class I
With DMARDS	Class I
Multiple flares or with complications	D
Cushing's Syndrome	D
Cystic Fibrosis	D
Deep Brain Stimulator	D
Deep Venous Thrombosis , after 6 months, single episode, recovered, no Greenfield/IVC (inferior vena cava) filter, no underlying clotting disorder	S*
Recurrent	S-IC
In combination with underlying clotting disorder	handle as Blood Clotting Disorder
Defibrillator/Automatic Implantable Cardiac Defibrillator	D
Degenerative Disc Disease	handle as Herniated Disc
Degenerative Joint Disease	handle as Arthritis
Dementia (including cognitive decline, personality disorder, impaired reasoning, memory issues)	D
Demyelinating Disease	D
Depression	
2 or more psychiatric hospitalizations for any reason	D
Mild stable on medication 6 months	S*
Seasonal Affective Disorder	S*
Depression medication for menopause, no diagnosis of depression	S*
Situational recovered, no psychiatric hospitalizations in the past 3 years	S*
Major <70 years of age, after 6 months, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years	S
≥70 years of age, after 2 years, controlled with medication, fully functional, no psychiatric hospitalizations in the past 3 years	S-IC
≥70 years of age, situational, no longer on medication, after six months, no psychiatric hospitalization within the past 3 years	S*

Any, with suicide attempt
 or suicidal ideationhandle as Suicide Attempt/Suicidal Ideation

**Depression with Electroconvulsive Therapy (ECT) or Transcranial
 Magnetic Stimulation (TMS)**

ECT/TMS >10 years ago, fully functional, maintained on
 antidepressants, no psychiatric hospitalizations after ECT/TMSS
 With subsequent psychiatric hospitalization D

Dermatomyositis D

Diabetes Insipidus, controlled on medication.S

Diabetes Type II, Present < 20 years, controlled and stable with diet
 and exercise or oral medications, no diabetic complications or
 comorbid conditions, no increase in dosages or additions of diabetic
 medications for at least 6 months, tobacco free 12 months.S

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

Tobacco use within 12 monthsClass I

Insulin ≤50 units/dayClass I

Insulin >50 units/day D

In combination with:

Carotid Artery Disease, operated or unoperated

<50% stenosis, no insulin use within 6 months, tobacco free
 12 months Class 1

≥51% stenosis, insulin use within 6 months, tobacco free
 12 months D

<50% stenosis, tobacco use within 12 monthsClass I

In combination with tobacco use. D

Retinal artery occlusion, single episode. Class II, 2 years

Retinal vein occlusion, single episode.Class I

Coronary Artery Disease or other heart disease or disorder,
 tobacco use within 12 months. D

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

Diabetic macular edema, neuropathy, numbness or tingling of the
 extremities, regardless of cause, or nephropathy D

Retinopathy, mild non progressive.Class I

Skin ulcers or amputation D

Peripheral Vascular Disease, or history of TIA or Stroke D

Average BP reading >158/89 D

Hemoglobin Alc>8.0, or noncompliant with treatment D

Microalbumin >20mg/dl or Microalbumin ratio >30 D

Serum creatinine > 1.3. D

Chronic Atrial FibrillationClass II

Present ≥ 20 years	D
The form M28851 may be used as a prescreen tool for clients with Diabetes.	
Dialysis	D
DiGeorge Syndrome	D
Difficulty walking	handle as Balance Disorder
Disabled , collecting any type of disability benefits, other than VA disability	D
Aged out of disability benefits, or retired due to disability	D
VA Disability for mental nervous condition	D
DISH (Diffuse Idiopathic Skeletal Hyperostosis)	D
Diverticulitis medically managed	S*
With bleeding, weight loss, or surgery recommended	D
Dizziness	
Benign Positional Vertigo (BPV), not associated with falls	S*
BPV associated with falls	D
Acute, viral, resolved after 3 months	S*
All others, within 6 months	D
After 6 months, evaluated, resolved	S*
After 2 years, not evaluated, stable with occasional episodes, not associated with falls	S-IC
Multiple episodes, or progressive, or associated with falls	D
Down's Syndrome	D
Drug Abuse treated, active in support group, drug free for >3 years	
Within 3 years	Class I-IC D
Dwarfism	D
Dysautonomia	D
Dystonia	D
Echocardiography	
Left Atrium >5.0 cm	D
Ejection Fraction <45%	D
Left Atrial Index over 34	D

Edema

If cardiac related handle as Congestive Heart Failure
All others, after six months. S to IC

Ehlers-Danlos Syndrome D

Ejection Fraction <45% D

Electric Scooter Use D

Emphysema handle as COPD

Encephalomalacia

Stable on MRI imaging 5 years, and clinically stable IC, RMD

Epilepsy Diagnosed > 1 year ago, controlled with medication,

no seizures for 1 year S

1 or 2 seizures per year Class I

Poorly controlled. D

Treated with brain surgery D

Epstein-Barr Virus 2 years treatment free, full recovery, no residuals. . . . S

<2 years since treatment, currently treated, or present D

Errors in Medical records with proof from the physician of correction, one year after the correction. Additional testing may be required IC

Factor II Class I

Factor V Von Leiden handle as Blood Clotting Disorder

Factor VII D

Factor VIII D

Factor IX D

Factor X D

Factor XI D

Factor XII D

Fainting handle as Dizziness

Falls, single episode S-IC

Multiple episodes, or with injuries. IC-D

Familial Tremor. handle as Tremor

Family History 1 parent/sibling (biological parents or siblings) of any form

of Dementia, including but not limited to Alzheimer's (cognitive disorder, impaired reasoning, memory issues)	S
with maximum benefit of \$300,000	
2 or more relatives (biological parents or siblings) with any type of dementia.	D
Fatigue , after 12 months, resolved.	S*
Within 12 months, or with functional limitations.	IC-D
Fatty Liver incidental finding, not diagnosed as NASH.	S-IC
Feeding tube	D
Fibromuscular Dysplasia	D
Fibromyalgia after 1 year, well controlled, no ADL/IADL deficits	S-IC
5 years maximum benefit period,	
\$5,000 maximum monthly benefit,	
minimum 90-day elimination period	
Taking 3 or less doses of narcotic pain medication per week	IC
Poorly controlled, or disabling, or requiring more than 3 doses of narcotic pain medication per week.	D
Foot Drop unilateral, mild, nonprogressive for at least 2 years	IC
All others.	D
Fracture-Traumatic , one bone, non-spinal, no limitations.	S*
Spine Fracture, full recovery, after 6 months	S
In combination with mild osteoporosis T-score <-2.9	S
In combination with moderate to severe osteoporosis T-score -3.9 or worse.	D
Associated with multiple falls, chronic dizziness, or gait disorder.	D
Fracture-Non Traumatic , in combination with any degree of osteoporosis, not on Medication, or with functional impairment.	D
Frailty	D
Friedrich's Ataxia	D
Fuch's Dystrophy	S*
Gastric Bypass/Banding/Sleeve , after 2 years, fully recovered, no complications.	S
Gaucher's Disease	D
Glaucoma , stable vision, controlled eye pressures.	S*
All others.	IC

Glomerulonephritis	D
Grave's Disease , after 12 months	S
Guillain-Barre Syndrome , after 12 months, no residuals	S
Handicap Placard	Class I
Hashimoto's	S*
Head Injury , after 12 months, no residuals	S-IC
With residual functional or cognitive impairment, or multiple head injuries	D
Heart Attack/Heart Disease	handle as Coronary Artery Disease
Heart Transplant	D
Heart Valve Disorder/Insufficiency/Murmur/Regurgitation/Stenosis , operated 1 or 2 valves, fully recovered, after 6 months	S
Unoperated, 1 or 2 valves, mild, no symptoms, no surgery planned	S
Unoperated, moderate 1 or 2 valves	Class I-IC
Unoperated, 1 or 2 valves, severe, or surgery recommended or planned	D
Moderate to severe, unoperated with Atrial Fibrillation, or history of TIA or CVA	D
Operated with mechanical valve, on Coumadin or warfarin	Class I
Operated with bioprosthetic valve	S
With shunt mild, minimal, after 6 months	S
Shunt with recent echocardiogram	IC
With Carotid Artery Disease	handle as Carotid Artery Disease
Hematuria , Nontobacco, stable after 3 months	S*
Tobacco with negative work up	S
Tobacco with no work-up	D
Chronic, stable, after 2 years, negative work up	S
Hemiplegia	D
Hemochromatosis , after 12 months, successfully treated with phlebotomy, or chelation, and stable ferritin level not more than 25% above normal, and with normal liver function tests	S-IC
Hemophilia	D
Hepatitis , any chronic, active, or alcohol related, or with residual liver damage	D
After 2 years, successfully treated, or cleared spontaneously, with most recent 2 consecutive PCR lab work as undetectable	S-IC

Autoimmune	D
Hepatitis A or B , after 6 months, fully recovered	S
Hepatitis C	
After 2 years, successfully treated with antiviral medication, or cleared spontaneously without treatment, virus undetectable by PCR	IC
Currently treated, or treated within 2 years	D
Unresponsive to antiviral medication, or never treated with antiviral medication, or virus not cleared spontaneously without treatment	D
Virus detectable by PCR - polymerase chain reaction	D
Hereditary Hemorrhagic Telangiectasia	D
Herniated Disc/Degenerative Disc Disease (DDD)	
Unoperated, epidural steroid injection	
within 6 months, or additional epidural steroid injections planned	D
Unoperated, mild or moderate, after 6 months	S-IC
Unoperated, severe	D
Operated, after 6 months, full recovery, no residuals or ongoing symptoms	S
Operated, after 6 months, full recovery, hardware (EXCLUDES Harrington Rods) no ongoing problems, no plans to remove hardware	S
Operated or unoperated, requiring more than 3 doses of narcotic pain medication per week, or physical therapy within 6 months, or advised to have therapy, injections, surgery, or implantable stimulator for pain control	D
Epidural steroid injection, or trigger point injection, after 12 months mild to moderate disease (one ESI only)	Select - Class 1
2 injections > one year...mild or moderate disease	Class 1
Epidural steroid injection, or trigger point injection, (one only) after 12 months	D
Trigger point injection (only one) after 6 months	D
More than 2 injection series per year	D
Operated or unoperated with ADL limitations	D
Presence of Harrington Rods	D
High Blood Pressure , after 3 months, compliant with treatment:	
Average BP <140/90	S*
Average BP <160/90	S
Average BP <170/94	Class I
Average BP >170/94, or any, noncompliance with treatment	D
Hip Replacement	handle as Joint Replacement
HIV Positive	D
Hoarder	D

Hodgkin's Disease stage I, after 3 years, fully recoveredS
All others, fully recovered, after 5 years.IC
Treated with bone marrow or stem cell transplant. D

Home Health Care received within 6 months D

Huntington's Chorea. D

Hydrocephalus with or without shunt D

Hypogammaglobulinemia. D

Hypoparathyroidism/HyperparathyroidismS*

Hypothyroidism/HyperthyroidismS*

IADL Impairment D

Idiopathic Hypertrophic Subaortic Stenosis (IHSS). handle as Cardiomyopathy

Idiopathic Thrombocytopenia Purpura (ITP) (see Thrombocytopenia)
Platelet count >50,000 for 1 year Class I 3 years

IgG4 Deficiency (or related diseases) D

Imbalance. handle as Balance Disorder

Immune Deficiency D

Impaired Glucose Tolerance/Elevated Blood Sugar/Elevated Hgb A1C
Glucose \leq 125, creatinine \leq 1.3S*
A1c \leq 6.0.S*
A1c 6.1-6.4 with no condition listed as a comorbid under
diabetes sectionS
A1c 6.1-6.4 with condition listed as comorbid
under diabetes section handle as Diabetes
A1c >6.4. handle as Diabetes
Creatinine >1.3. D

Implantable Stimulator D

Incontinence, urinary, stress, manages independently.S*
Urinary, uncontrolled, or requires assistance with management D
Stool D

Interstitial Cystitis
Mild, well established diagnosis, OTC meds onlyS
Moderate, tricyclic antidepressants, other neuropathic
agents, Elmiron Class I

Severe, bladder instillations, TENS, surgical cases D

Interstitial Lung Disease handle as COPD

Irritable Bowel Syndrome, controlled, weight stable..... S*

Uncontrolled or with weight loss D

Joint Injections/Stem Cell, mild to moderate disease,
fully functional, no surgery recommended, S

1-2 single injection(s) per year S

Mild to moderate disease, fully functional, no surgery
recommended, 3-4 single injection(s) per year IC-D

Mild to moderate disease, fully functional, no surgery
recommended, 2 injection series per year Class I

Mild to moderate disease, fully functional, no surgery
recommended, >2 injection series per year IC-D

Severe disease D

Spinal injections handle as Herniated Disc or Spinal Stenosis

Stem Cell, if for other than Joint injections D

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

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

Two or more joints, ratable build D

Three joints, build not ratable Class I-D

More than 3 joints D

Surgery recommended or planned D

Kaposi Sarcoma D

Kidney Disorder, diagnosed with mild renal insufficiency,
stable 2 years S-IC

Creatinine ≤ 1.5 , no proteinuria, not diabetic, well controlled
blood pressure S-IC

Creatinine >1.5 D

Isolated event, now resolved, after 1 year S*

Kidney failure, single episode, fully recovered after 2 years S-IC

Kidney Transplant D

Kidney removal (1), after 1 year, with stable kidney function S

Polycystic Kidney Disease D

Dialysis D

Chronic Kidney Failure D

Glomerulonephritis D

Kidney Transplant D

Kidney Donor after six months, normal function in remaining kidney S

Knee Replacement handle as Joint Replacement

Labrynthitis	handle as Dizziness
Lacunar Infarct	
Single	handle as Stroke
Single in combination with white matter or small vessel ischemia	D
Multiple	D
Lap Band Surgery	handle as Gastric Bypass
Latent Autoimmune Diabetes of Adult (LADA)	
	Handle as Diabetes, type II
Left Atrial Enlargement/Left Atrial Volume, ≥ 5.0 cm.	D
Left atrial volume ≥ 34 ml/m ²	D
Leukemia	
AML, CML, Hairy Cell	D
Acute, after 3 years	IC
CLL	
not on medication for stage 0 or I, WBC <15,000 for 2 years.	Class I
Stage II-IV in remission 4 years	S-IC
Treated with bone marrow or stem cell transplant	D
Leukopenia, stable 2 years WBC >2.5	S-IC
Liver Transplant	D
Living Environment noted during face-to-face interview to be excessively cluttered, filthy, unsafe, or with evidence of hoarding	D
Lou Gehrig's Disease	D
Low Back Pain	handle as Back Pain/Strain
Lung Transplant	D
Lupus, discoid, after 12 months	S
Systemic	D
Lyme Disease, after 6 months, fully recovered, no residuals	S*-IC
Undergoing treatment, or with residuals, or with chronic disease	D
Lymphedema, medically managed, no limitations	S
With limitations or history of skin ulcers	D
Lymphoma	
Stage 0, after 1 year successful treatment	S-IC
Stage I or II, after 2 years, in complete remission	S-IC
Stage III after 4 years, in complete remission	S-IC
Stage IV after 5 years, in complete remission	Class I

Low-grade, after 1 year, not requiring treatment	Class I
Cutaneous T Cell Stage I, stable 3 years	Class I
Stage II or greater, or Stage I not stable 3 years	D
Treated with bone marrow or stem cell transplant	D
Macular Degeneration, one eye	S
Both eyes	IC-D
Manic Depression	handle as Bipolar
Marfan's Syndrome	D
Marijuana Recreational	
Current use 3 times per week or less, no DUI within 3 years,	
no drug abuse or memory loss/forgetfulness	S
> 3 times per week	D
CBC abnormal with polycythemia or hypoxia	D
Inhalation use with co-morbid per UW Guide	Class I-D
Medicinal	D
Use 1 time per day only, for mild anxiety or insomnia as documented in	
medical records	S
1 year out from last use	S*
Medicaid Recipient	D
Medullary Sponge Kidney	IC
Melanoma	handle as Cancer
Memory Loss, (refer to cognitive impairment)	
Meniere's Disease, after 6 months, symptoms controlled,	
no limitations	S
Associated with falls	D
Meningioma removed, benign pathology after 24 months, no limitations	
(serial imaging need)	S
Incomplete Removal	D
Surgery planned	D
Recurrs after surgery	D
Stable at least 3 years (documented by serial MRI, most recent within the	
last 3 years), surgery not planned	S-IC
Meningitis, after 12 months, fully recovered	S-IC
Present	D
Mental Retardation	D
MTHFR	handle as Blood Clotting Disorder

Microalbuminuria

with diabetes mellitus or impaired fasting glucose, >30

refer to Diabetes D

Microalbumin ratio > 30..... D

Migraines, not daily, controlled with medication, no restrictions

or limitationsS*

With occasional use of oxygen (no respiratory conditions noted),
one medicationS

With occasional use of oxygen with any known respiratory condition
or more than one medication D

With abnormal Brain imaging..... D

Mild Cognitive Impairment D

Mitral Valve ProlapseS*-IC

Mixed Connective Tissue Disease D

Monoclonal Gammopathy

<3 years..... D

≥3 years, asymptomaticClass I

Moyamoya D

MRSA

Single occurrence recovered after 1 yearS

1 recurrence 18 months after recurrenceClass I

Multiple Myeloma D

Multiple Personality Disorder D

Multiple Sclerosis D

Muscular Dystrophy D

Myasthenia Gravis, ocular, after 3 yearS

Generalized..... D

Mycosis Fungoides handle as Lymphoma Cutaneous T Cell

Myelodysplastic Syndrome D

Myelofibrosis D

Myocardial Infarction handle as Coronary Artery Disease

Narcolepsy effectively treatedS-IC

Untreated or resulting in accidents or injury..... D

Narcotic Pain Medication

Reason for narcotic pain medication use handle as specific medical impairment

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

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

NASH - Nonalcoholic Steatohepatitis, after 2 years, ALT <2x normal, weight within
Select maximum, well controlled diabetes (if applicable) and well controlled lipids, and <3 alcoholic drinks per week, no fibrosis by liver biopsy Class I
Mild fibrosis 3 years, 90-day elimination, Class II-IC
Moderate to severe fibrosis or cirrhosis D
Weight above Select maximum D

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

Neurofibromatosis D

Neurogenic Bowel or Bladder D

Neuropathy, mild, fully evaluated, no limitations, stable for 12 or more months S-IC
Not fully evaluated, related to diabetes or alcohol, or with history of falls, imbalance, or gait disorder, or skin ulcers, or severe D

Neutropenia, stable 2 years neutrophils >1,000 S-IC

Nicotine,(vape, ecigarette, patch) Underwritten as use of tobacco
Current use S
Within 1 year in combination with a comorbid condition class I to D

Non Hodgkin’s Lymphoma handle as Lymphoma

Nursing Home Confinement, after 6 months, full recovery, no limitations IC
Within 6 months D

Obesity handle as Build chart

Obsessive Compulsive Disorder, after 3 years, controlled on medication
Fully functional S-IC
Limits functional ability D
Psychiatric hospitalization within 5 years D

Occupational Therapy handle as Physical Therapy

Optic Neuropathy or Neuritis, refer to specific causeIC
 Related to Multiple Sclerosis..... D

Organic Brain Syndrome D

Organ Transplant..... D

Osler-Weber-Rendu Syndrome D

Osteoarthritis handle as Arthritis

Osteomyelitis handle as Avascular Necrosis

Osteoporosis, T score -2.5 to -2.9, no tobacco 1 year, no history of nontraumatic fractures, regular weight bearing exercise, tobacco free 1 yearS
 T score -2.5 to -2.9, with tobacco useClass I
 T score -3.0 to -3.9, no history of nontraumatic fractures, regular weight bearing exercise, tobacco free 1 year.Class I
 T score -3.0 to -3.9, tobacco use within 1 year Class II
 T score -4.0 or worse D
 Any with history of nontraumatic fracture, or not on medication, or with functional limitations, or with balance disorder, abnormal gait, or 2 or more falls in the past year. D

Oxygen including lung condition, sleep apnea, etc or used within 6 months due to acute illness such as COVID. D
 Intermittent use with migraine headachesS

Pacemaker, after 3 monthsS-IC
 Recommended or surgery pending D
 With defibrillator..... D

Paget’s Disease, no symptoms and no limitations.....IC
 With symptoms or history of fractures D

Pancreas Transplant D

Pancreatitis, after 12 months, single episode, fully recoveredS
 Recurrent, resolved with CholecystectomyS
 Related to alcohol use, or 2 or more episodes D
 Chronic Pancreatitis.....RMD

Panic Attack/Disorder.....handle as Anxiety

Paralysis D

Paraplegia..... D

Parkinson's Disease D
 Current diagnosis D
 Positive genetic screening (if GINA allows) D
 New onset symptoms concerning for possible PD D

Parkinsonism D

Patent Foramen Ovale surgically corrected after 6 months S
 Surgically corrected, single TIA or CVA prior to surgery Class I-IC
 Surgically corrected, TIA or CVA after surgery D
 Not corrected, incidental finding, no history of clots, TIA, CVA,
 no underlying clotting disorder S-IC
 Unrepaired with paroxysmal or chronic Afib D

Pemphigus Vulgaris D

Pericarditis
 Acute, full recovery for 3 months (underwrite for cause) S
 Chronic or recurrent D

Periodic Limb Movement Disorder S
 Severe or with injuries D

Peripheral Neuropathy handle as Neuropathy

Peripheral Vascular/Arterial Disease
 Current tobacco use or use within last 12 months D
 Must be tobacco free for 12 months to be considered with the
 following guidelines listed below:
 Mild, ABI >.80, no symptoms, no limitations after 6 months S
 Moderate, ABI .40-.80 or in combination with coronary
 artery disease, after 6 months Class I-IC
 Severe, ABI <.40, operated or unoperated D
 Average BP reading >159/89 D
 Any, with limitations, history of leg ulcers, TIA, diabetes, operated or
 unoperated carotid stenosis >50%, pending surgery, or stent
 placement or surgery within the past 6 months, or progressive,
 or with more than 2 surgical procedures D

Physical Therapy
 Acute, self-limiting S*
 Completed, after 3 months for knee and hip, recovered S*-IC
 Completed, after 6 months for back, recovered S*-IC
 Current D
 Age <65, within 3 months for an acute, self-limiting condition IC

Pick's Disease D

Pituitary Adenoma removed, after 12 months, no limitations	S
Stable x3 years, no surgery planned	IC
Surgery planned	D
Plantar Fasciitis	S*
Platelet Abnormality.	handle as specific condition
Pneumonia , after 3 months, single episode, fully recovered	S*
Associated with chronic lung disease.	handle as COPD
Polio fully recovered, no limitations, no assistive devices.	S
Fully recovered, no limitations, leg brace.	IC
With recurrence or limitations	D
Post Polio Syndrome after 2 years, nonprogressive, no limitations, no assistive devices	IC
Progressive weakness or fatigue, or with limitations	D
Polycystic Kidney Disease	D
Polycythemia , unknown etiology, not resolved	D
Cause known and benign, labs normal.	handle as specific condition
Secondary due to Testosterone use in Males, after 1 year, well followed with serial labs showing stability and HCT <56 in Males.	Class I-IC
Secondary due to Tobacco or Marijuana use	D
Polycythemia Vera after 2 years, managed with medication or Phlebotomy, platelets <450,000.	Class II, 2 years 90-day elimination
Polymyalgia Rheumatica mild, after 1 year, no limitations.	S
Moderate, no functional limitations	Class I-IC
Severe, or with limitations	D
Polymyositis/Dermatomyositis	D
Polyneuropathy	D
Post Herpetic Neuralgia.	D
Post Traumatic Stress Disorder (PTSD) , after 12 months, controlled, fully functional	S-IC
After 12 months, not adequately controlled or with functional impairment or eligible for/recovering any VA or other disability benefits	D
Power of Attorney (POA) active (or anyone making decisions on your behalf)	D
Inactive	IC

Pregnancy	D
Currently attempting and/or planning within the next year, or undergoing fertility treatment, or evaluation for same.	D
PrEP Medication , used to prevent HIV*	
Use of pre-exposure prophylaxis with FDA approved PrEP regime:	
Documented regular medication use, follow up testing, HIV negative.	S
(state variations will apply)	
Irregular medication use, or irregular follow up and/or testing.	RMD
< 3 months since PrEP started, planned use or medication discontinued . . .	
Postpone (state variations will apply)	
<i>*Medical impairment does not apply to New York applicants.</i>	
Primary Biliary Cirrhosis	D
Prostate Specific Antigen (PSA)	handle as BPH
Prosthetic Limb	
One, limb loss due to trauma or cancer	S-IC
More than one, or limb loss due to disease other than cancer	D
Protein C or S Deficiency	handle as Blood Clotting Disorder
Proteinuria , with kidney disease or diabetes	D
Pseudotumor Cerebri	D
Psoriasis , mild to moderate, controlled with medication.	S*
Severe.	IC
With DMARD use	Class I
Psoriatic Arthritis	handle as Rheumatoid Arthritis
Psychosis	D
Pulmonary Edema	D
Pulmonary Embolism , after 6 months, single episode, fully recovered	S*-IC
Present, multiples, Greenfield/IVC (inferior vena cava) filter, or underlying coagulation disorder that is not treated with prescription blood thinner (other than aspirin) or occurred while adequately anticoagulated.	D
Pulmonary Fibrosis , localized, nonprogressive, normal PFT's, after 2 years	IC
Active, progressive disease, abnormal PFT's	D
Pulmonary Hypertension	
Incidental findings, no symptoms	S

Incidental finding <40 RVSP, stable echocardiogram for 1 year	S
All others	D
Quad Cane Use	D
Quadriplegia	D
Raynaud's	S*
Reactive Airway Disease	S*-IC
Reflex Sympathetic Dystrophy (RSD)	D
Renal Disease/Failure	handle as Kidney Disorder
Residential Care Facility Resident within 6 months	D
Restless Leg Syndrome Fully evaluated by neurologist, stable 12 months	S
Retinal Artery Occlusion	
One	Class I
One, in combination with Diabetes	Class II, 2 years
Two or more	D
With tobacco use within 24 months	D
Retinal Vein Occlusion	
One	S
One, in combination with Diabetes	Class I
Two or more	D
With tobacco use within 24 months	D
Retinitis Pigmentosa	handle as Blindness
Rheumatoid Arthritis	handle as Arthritis
Sarcoidosis	
In remission 10 or more years	S
In remission 3 years, treatment free	Class I
Currently treated	D
Disease present outside the lungs	D
Sciatica	
If not disc related resolved 3 months	D
If disc related refer to Herniated Disc	
Schizophrenia	D
Scleroderma	D
Sclerosing Cholangitis	D

Scoliosis

Mild, normal gait, no impairment of internal organ function, normal PFTS S*
Moderate, no impairment of internal organ function, normal PFTS IC
Severe, (regardless of age or level of function) or with impaired gait, or abnormal PFTS D
Any degree, with chronic pain or limitations D
With surgical correction, including Harrington Rod D

Scooter Use D

Sepsis D
within 6 months D
after 6 months no residulas S-IC
with residuals D

Seizures handle as Epilepsy

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

Short Stature, due to chronic disease or genetic disorder D

Shy-Drager Syndrome D

SICCA handle as Sjogren’s Syndrome

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

Sick Sinus Syndrome

With pacemaker S
Without pacemaker, no symptoms IC
Without pacemaker, with dizziness or fainting, or pacemaker recommended but not done D

Sjogren’s Syndrome

Mild, dryness of eyes and mouth only S*
In combination with Rheumatoid Arthritis, Connective Tissue Disease, or with other organ involvement D

Skin Cancer handle as Cancer

Sleep Apnea Mild AHI < 14.9 events per hour, after 3 months with or without treatment S*
Moderate AHI 15 -29.9 events per hour, after 3 months, responsive to treatment S-IC
Severe ≥30 events per hour, and noncompliant with treatment,

unresponsive to treatment, or with supplemental oxygen	D
Severe, in compliance with treatment	IC
Pending workup or sleep study.	D
<i>Treatment is considered as CPAP, BiPAP, or dental device.</i>	
Inspire Device present (implanted) 1 or more years ago with no complications, electronic downloadable data shows regular use, f/u sleep study acceptable, no supplemental oxygen (O2)	S to IC Otherwise D
Social Security Disability receiving	D
Social Withdrawal	D
Small Bowel Transplant	D
Speech Therapy	handle as Physical Therapy
Spina Bifida Incidental finding, asymptomatic, occulta	S
Resolved with surgery	IC
Spinal Stenosis operated, fully recovered, no residuals or ongoing symptoms, after 6 months.	S
Unoperated, no ADL limitations, mild or moderate	S-IC
Unoperated, severe or surgery recommended	D
Operated or unoperated, within 6 months, or ADL/functional limitations, or chronic pain requiring more than 3 doses of narcotic pain medication per week, or advised to have therapy, injections, surgery, or implantable stimulator for pain control.	D
Epidural steroid injection, after 12 months, mild to moderate spinal stenosis	S-C1
Severe spinal stenosis	D
Only one injection, full recovery.	S-Class 1
More than 2 injection series per year	D
Operated, 2 or more prior back surgeries with ongoing chronic/recurrent back pain requiring treatment	D
Stem Cell Injections.	handle as Joint Injections
Stem Cell Transplant.	D
Stent.	handle as specific condition
Stroke	
Single episode, fully recovered after 2 years, no limitations, tobacco free 12 months.	Class I
Two or more	D
In combination with any of the following:	
Atrial Fibrillation chronic, or PAF	D
Unoperated carotid stenosis	D

Heart valve disorder	D
Average blood pressure reading >159/89	D
Previous TIA(s)	D
Diabetes	D
Residual weakness or functional loss	D
Tobacco use within the past 12 months	D
Occurred while adequately anticoagulated	D
Peripheral Arterial/Vascular Disease, other than carotid artery disease	D
Patent Foramen Ovale (PFO) unoperated	D
Patent Foramen Ovale (PFO) operated, no stroke or TIA after surgery	Class I-IC
Patent Foramen Ovale (PFO) operated, stroke or TIA after surgery	D
Clotting Disorder	D
Subarachnoid Hemorrhage	handle as Stroke
Subdural Hematoma , after 6 months, recovered, no residuals	S
Suicide Attempt	
One, after 5 years	S-IC
More than one	D
Suicidal Ideation within 2 years	D
Supraventricular Tachycardia (SVT)	S*-IC
Surgery , requiring general anesthesia, planned, not completed	D
Syncope , acute, negative workup, after 3 months, no residual	S*
Vasovagal with injury	D
Recurrent	D
Systemic Lupus	D
Temporal Arteritis , after 12 months, fully recovered	S-IC
TENS Unit	
Current use, rate for specific health condition	IC
Implantable	D
Thalassemia	
Minor	S
Major	D
Thrombocythemia	D

Thrombocytopenia, without splenectomy, platelet count >50,000 for 1 yearClass I 3 years
 With splenectomy, platelet count normal for 1 year without medication or treatment.S

Thrombocytosis, platelet count >650,000 D
 Platelet count <650,000, stable 2 yearsClass I

Thrombosishandle as DVT

Timed Get Up and Go (TGUG)

<11 secondsS*
 12-20 secondsIC
 >20 seconds D

Tic Douloureux handle as Trigeminal Neuralgia

Tobacco Use within 2 years.S
 Tobacco use within 1 year in combination with comorbid condition Class I-D
 Celebratory cigar up to 1 per monthS*
 CBC abnormal with polycythemia or hypoxia D

Torticollis resolved with Botox, after 6 months.S

Tourette’s Syndrome fully functional, no limitations.IC
 Any functional limitations D

Transgender/Transsexual

Completed all gender reassignment surgeries, recovered, no additional surgery planned.S
 Treated with hormones, psychotherapy, no gender reassignment surgery planned.S
 Surgery planned, not completed D
 *Note: premium rate will be based upon chromosomal makeup

Transient Global Amnesia.handle as Amaurosis Fugax

Transient Ischemic Attack (TIA) single episode, fully recovered after 1 yearClass I
 Two or more D

In combination with any of the following:

- Atrial Fibrillation, chronic or PAF D
- Unoperated carotid stenosis D
- Unoperated heart valve disorder, mildClass I
- Operated or unoperated heart valve disorder moderate to severe D
- Previous stroke, moderate or severe. D
- Diabetes D

Average BP reading >159/89	D
Residual weakness or functional loss	D
Tobacco use within the past 12 months	D
Occurred while adequately anticoagulated	D
Other peripheral vascular disease	D
Peripheral Arterial/Vascular Disease, other than carotid artery disease	D
Patent Foramen Ovale (PFO) unoperated	D
Patent Foramen Ovale (PFO) operated, no stroke or TIA after surgery	Class I-IC
Patent Foramen Ovale (PFO) operated, stroke or TIA after surgery	D
Clotting Disorder	D
Transplant (except corneal) organ, bone marrow, stem cell	D
Transverse Myelitis	D
Tremor fully evaluated, benign familial, no limitations, mild to moderate	S
Not fully evaluated, with limitations, or gait disturbance	D
Benign Essential Tremor age >65, present at least 10 years, not progressive, no limitations	S*
Trigeminal Neuralgia	
After 12 months managed with antispasmodics or anticonvulsants, no limitations	S
6 months after surgery, resolved	S
Poorly controlled or disabling	D
Tuberculosis after 12 months, treated, fully recovered, normal PFT's	S*
Present or with lung damage or other organ involvement	D
Turner's Syndrome	D
Ulcerative Colitis	handle as Crohn's
Undifferentiated Connective Tissue Disease	D
Uveitis resolved without residulas	S*
Valvular Heart Disease	handle as Heart Valve Disorder
Varicose Veins	S
With history of leg ulcers or pending surgery	D
Venous Insufficiency	S
With history of leg ulcers or pending surgery	D

Ventricular Tachycardia
 Controlled on medication 6 monthsS
 With implantable defibrillator..... D

Ventriculoperitoneal Shunt D

Vertigo..... handle as Dizziness

Von Hippel-Lindau..... D

Von Willebrand’s Disease..... D
 Type I or II, no history of bleeding with surgeryClass I-IC
 Type III D

Waldenstrom’s Macroglobulinemia D

Walker Use..... D

Watchman Device..... handle as Atrial Fibrillation

Weakness, other than related to acute, self-limiting condition..... D

Wegener’s Granulomatosis D

Weight Loss, unexplained, or not fully evaluated D

Weight Loss Surgery, after 2 years fully recovered, no complications, no revisions plannedS-IC

Wheelchair Use D

Wilson’s Disease D

Wolff-Parkinson-White Syndrome, after 6 months, ablated,
 not presentS*
 Uncontrolled, or with fainting, or low blood pressure, or ablation
 or surgery recommended, but not done D
 Present, not structural heart damage, no treatment required.....S

Workers’ Compensation receiving D

Completing the Application

Requirements

In order to determine an applicant's eligibility, additional information may be requested following submission of the application. This chart provides a quick overview.

MIB	Med Data	Pharmaceutical Check
All applicants	All applicants	All applicants
Medical Records	Personal Health Interview	Cognitive Assessment
Underwriter's Discretion	<p>Telephone</p> <ul style="list-style-type: none"> Ages 30-59 Underwriter Discretion Ages 60-64 All Applicants <p>Face-to-Face</p> <ul style="list-style-type: none"> Ages 65-79 Younger ages at underwriter discretion 	<p>Included with telephone and face-to-face interview</p> <ul style="list-style-type: none"> Age 60-79 Younger ages if history requires cognitive assessment

Ages 60-79: A complete head-to-toe physical examination and complete metabolic profile (CMP)* chemistry lab panel is required within the past 24 months.

Age 59 and below: A favorable complete physical assessment — an examination routinely completed during a visit for a specific concern (e.g. migraine or sinusitis appointment). Vital signs, build, and a brief review of systems must be recorded during the assessment to qualify. If the client has not seen a physician within the last 24 months, at underwriter discretion, we may offer a paramedical/lab at Mutual of Omaha expense. NOTE: Paramed/lab will not be offered at Mutual of Omaha expense, if application, pharmacy check, or MIB indicates the client has a health condition(s) that would normally require regular follow up with a physician. If this is the case, the exam would need to be with a physician and at the client's expense.

All ages: For preferred, a benefit period > 5 years, or maximum monthly benefit >\$8000, a favorable CMP is mandatory. Mutual of Omaha will not pay for a CMP in this instance, it would be at the client's expense.

*A Comprehensive Metabolic Panel (CMP) is a group of blood tests that provide an overall picture of your body's chemical balance and includes the following; albumin, alkaline phosphatase, ALT, AST, BUN, calcium, chloride, CO₂, creatinine, glucose, potassium, sodium, total bilirubin and total protein.

Lab/Testing/Paramed*: - Any additional lab or testing may be requested by the UW at their discretion. This may include, but is not limited to, a CMP, a prostate specific antigen (PSA), Hgb A1C, mammogram, bone density scan, or radiology studies. These would be at the client's expense if the lab/testing should have been followed up as part of a Dr. order or recommendation, but not yet completed. In some circumstances, we may offer at our expense.*

*If Mutual of Omaha is offering to pay for additional Lab/Testing/Paramed at their expense, the process will be handled by Mutual of Omaha and followed up by Case Management as any other Underwriting Requirement. Agents should not request Lab/Testing/Paramed without talking to underwriting first.

Preparing Your Client for the Personal Health Interview

- Explain what comes next in the underwriting process using the Next Steps brochure
- Let the applicant know he or she will be required to complete a personal health interview and help him or her compile a list of doctors' names and medications
- Recommend your client set aside one hour for the interview and explain the importance of giving the interview his or her full attention
- Give the applicant a heads up that a cognitive interview also may be conducted
- Indicate on the application the best time to contact the applicant for a telephone or face-to-face interview. A representative will call your client to schedule an interview after the application is received
 - For a telephone interview: the scheduler will set up a convenient time with your client. It may be possible to do the interview at the time of the initial call if both your client and the interviewer are available
 - For an in-person interview: the interviewer will schedule a convenient time with your client
- If hearing loss prevents an applicant from completing a telephone interview, include a note with the application that a face-to-face interview is needed. For deaf applicants, please indicate if they are able to read lips or communicate using sign language
- If an interpreter is needed, please notify us as soon as possible prior to the interview date
- A face-to-face interview must be conducted in the applicant's home where he or she resides. It cannot be completed at their place of work, a relative's home or in a public place, such as a restaurant (Home includes: Primary residence, owned vacation home or owned 2nd residence. It does not include a recreational vehicle (RV) even if it is the applicant's residence).

Contact Information

Fax Numbers & Email:

1-888-539-4672

epsupport@illumifin.com

- New application submissions

1-402-550-1926

- Missing application requirements
- Case Manager requests
- Authorizations

1-952-833-5410

- Delivery receipt/PDAs
- Change form requests
- Amendments

1-888-441-5824

- Claims

Mailing Addresses:

Long-Term Care Service Office

P.O. Box 64901

St. Paul, MN 55164-0901

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

Illumifin

7805 Hudson Road, Ste. 180

Woodbury, MN 55125-1591

- Overnight application submission only

Sales Support

Agency:

1-877-617-5589

Brokerage:

1-800-693-6083

sales.support@mutualofomaha.com

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

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

Case Management

1-800-275-5528

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

- To identify, refer to welcome email
- New business service and status

Underwriting

1-800-551-2059

ltcunderwriting@mutualofomaha.com

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

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

Long-Term Care

Customer Service

1-877-894-2478

mutualofomahaltc@illumifin.com

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

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