



Generation Protector[®]
Long Term Care Insurance Policy
from Allianz Life[®]

**Underwriting
guide**

Underwriting mission statement

To approve as many applications as possible while protecting the risk pool of the business.

Underwriting philosophy

Underwriting focuses on three main elements in the process of evaluating risk:

- Health status: What are the health impairments?
- Functionality: How well does the client get around, how active is she/he?
- Cognition: Is there evidence of memory problems?

An important aspect of underwriting is to recognize the impact of social support, social activities, and exercise tolerance on LTCi risk.

Underwriting strategies are directed at ascertaining the degree of severity, control and stability of medical conditions and the impact of those conditions to the individual's health status, functionality, and cognitive abilities.

Information hotline: 800/950-7372 (press 2 for New Business, then 2 for LTC)

When to use the Information hotline:

- Prequalifying a client relative to health status and/or functionality.
- Clarification of this underwriting guide with respect to individual client's health.

Hotline information

7:00 a.m. – 6:00 p.m. Central time (Monday – Thursday)

7:00 a.m. – 5:00 p.m. Central time (Friday)

Table of Contents

Prequalifying an applicant.....	1
Premium rate class descriptions.....	1
Previously-declined cases.....	2
Underwriting requirements.....	2
Policy dating.....	2
Field selection.....	3
Outcomes other than applied for, what to expect.....	3
Build chart.....	4
Automatic decline list, uninsurable health conditions.....	5
Prescription drug guide, for uninsurable conditions.....	8
Impairment guide.....	11

Prequalifying questions to ask the applicant:

The answers to these questions are helpful in calling the hotline for a prequalifying question.

- Age?
- Height and weight?
- Smoker?
- Medications taken currently or in the past 6 months?
- Non-prescription medications used currently or in the past 6 months?
- Health conditions for which medications are taken?
- How long has the applicant had these health conditions, and how long have these conditions been stable?
- When was the last time the applicant was seen by a physician?
- What other physicians have been seen, and for what reason?
- Has the applicant been declined previously for LTCi? For what reason?

Premium rate classes

Long term care insurance from Allianz Life® offers five premium rate classes, noted below. To avoid difficulty in placing a policy with a higher premium than was originally quoted, pay special attention to health impairments and functionality when quoting the rate class. Should your client qualify for a better rate than quoted, the appropriate (better risk) class will be issued.

Preferred Plus (very healthy, nonsmoking applicants)

One or more of the following may apply:

- Nonsmoker for the last 24 months (other tobacco use acceptable)
- Weight is within Preferred Plus/Preferred range on build chart on page 4
- Consultation with a physician within the last 18 months
- No history of treatment for serious health conditions
- Applicant may be receiving regular treatment of a preventative nature only, for example:
 - High blood pressure that is kept in normal range (140/90) for at least two years with one medication is acceptable, but cannot be in combination with heart disorders

Preferred (smoking or nonsmoking applicants with stable health history)

One or more of the following may apply:

- Smoker in otherwise good health
- Weight is within Preferred Plus/Preferred range on the build chart
- Medical history of health conditions which are well controlled and have an excellent prognosis; some examples include: mild cardiac or circulatory disorders, mild arthritis, some early stage cancers, well controlled diabetes (no insulin use accepted; refer to impairment guide on page 11 for additional details on diabetes)

Standard (for applicants with moderate health problems that are well controlled, well managed, and stable)

- Under treatment for a serious health condition which requires close medical supervision
- Some examples may be moderate arthritis or moderate non-insulin dependent diabetes; a period of stability is to be expected
- History of a combination of serious conditions (aka co-morbid); some examples of co-morbid are diabetes with high blood pressure, build with high blood pressure, chronic obstructive pulmonary disease (COPD) with asthma, osteoporosis with back pain, build with arthritis of the knees

Select I and Select II (for applicants with well managed multiple health conditions, complex medical history, or very recent changes in health status)

- Medical conditions in combination with mild functional involvement
- Multiple medical conditions of a moderate nature

Premium rate classes (continued)

- Some examples include history of multiple heart valve replacements, moderate stage cancer after appropriate waiting period
- Includes cases listed in impairment guide as IC (individual consideration)

Previously declined cases

We encourage you to call the Information Hotline at 800/950-7372 prior to submitting an application, to discuss if a previously declined case or any case that involves complex medical histories. As a general rule, we do not accept applications from individuals who have been declined by other LTCi companies.

Underwriting requirement chart

The underwriting requirement chart below indicates the requirements needed based on age and benefits. The Home Office will always take care of ordering all requirements, including the face-to-face interviews. The Home Office does all phone history interviews (PHIs). The Home Office will obtain medical records.

Ages	18-69	70-84
PHI	Required	N/A
F/F	For specific conditions	Required
APS	Required	Required

Underwriting specifics

NOTE: Any applicant age 65 through 71, who has not been seen by a physician within the last two years will not be considered for coverage until they have completed a physical at their own expense or completed a face-to-face assessment along with a complete blood profile (BLDPF) and a Home Office urine specimen (HOS). **Any applicant age 72 through 84, who has not been seen by a physician within the last two years will not be considered for coverage until they have completed a physical at their own expense.** The extent of the exam is minimally a “screening physical exam” although the physician may have other requirements for someone not current on health maintenance. Allianz Life® does not have a form for this purpose; documentation of clinical information is the responsibility of the physician. Additional requirements may be ordered at the underwriter’s discretion, based on individual health history.

Phone history interview (PHI)

Telephone interviews will be ordered on all applicants age 69 and younger. Medical questions such as height, weight, or blood pressure would be examples of questions asked during telephone interviews. Specific questions related to Activities of Daily Living (ADLs), such as “Does the applicant have difficulty dressing?” will be asked on every interview. The interview may also include some cognitive test questions.

Face-to-face assessments (F/F)

Face-to-face assessments will be ordered through the Home Office on all applicants age 70 and older. On spousal applications where one applicant is age 70 or older and the second applicant is younger, this assessment will be done on both applicants. The interview will include a detailed health history, blood pressure, height and weight, and a memory test. The Home Office pays for these assessments.

Attending physician’s statement (APS)

The Home Office will order medical records on each applicant. Primary care physician records are the most commonly required ones; occasionally specialist records are necessary for clinical detail on a particular condition.

Policy dating

- When applicants are approved for coverage, a policy will be issued with an effective date that may range from 60 days prior to the application date (back-dating to save age) to 30 days after the underwriting approval date (post-dating to match the renewal date of the policy being replaced).
- Back-dating and post-dating must be requested on the application and will be accommodated if there are no reservations regarding the applicant’s health status.
- Monthly and quarterly billing is done with current effective date (unless otherwise requested).
- Annual and semiannual billing mode is done with effective date of the application signed date.

Field selection

- Eligible issue ages for Generation Protector® are 18-84, based on age at last birthday.
- Use the build chart to help determine the proper rating class based on build.
- Review the prescription drug guide. Certain medications indicate that your client has an uninsurable condition. This guide will assist you in determining your client's impairments.
- Review the impairment guide to determine your client's risk class and insurability. If your client qualifies for a better risk class than applied for, we will issue the better risk class.
 - Does the applicant function independently? How does she/he get around?
 - Can the applicant perform, without assistance, the Activities of Daily Living (ADLs)?
 - Does the applicant have any difficulty with the Instrumental Activities of Daily Living (IADLs)? Any inability to perform ADLs or IADLs may indicate a functional or cognitive limitation, which is not acceptable.
 - ADLs include bathing, eating, dressing, toileting, continence, and transferring.
 - IADLs include housekeeping, laundry, shopping, cooking and meal preparation, handling personal finances, and using the telephone.
 - Is the applicant currently receiving disability or worker's compensation payments? This may indicate a current or recent history that typically excludes the applicant from insurability at the present time.

An inability to perform ADLs or IADLs may indicate a functional or cognitive limitation, which is not an acceptable risk.

What to expect when the underwriting decision is other-than-applied-for:

- 1) The underwriter will put a note on the Web site when the decision has been made.
- 2) The underwriter will include a clinical reason for a decision other-than-applied-for, when possible, within the data privacy guidelines of HIPAA.
- 3) The underwriter will send a letter to the applicant with the decision other-than-applied-for, with a copy to the agent. The wording of this letter must also comply with data privacy regulations. We cannot, by law, release any information that the applicant did not disclose to us.
- 4) The underwriter will place a phone call to the agent with the decisions other-than-applied-for; a message will be left, if voicemail is available; a message will include the name, telephone number, and extension of the underwriter.
- 5) After receiving and reviewing the underwriting information, and referencing the guidelines printed in this document, the agent may call the underwriter for information to clarify the decision, if the wording of the above-mentioned communication is not clear.
- 6) The underwriter will reference the information that was disclosed by the applicant together with the underwriting guides on which the decision was made.
- 7) The underwriter will tell the agent if this is a permanent decision, or when a re-application would be appropriate.
(NOTE: reapplication is subject to full underwriting, and premium will be based on attained age)
(NOTE: a permanent decision stops any further underwriting processing at this point)
- 8) For the most positive outcome of ongoing discussions about the decision, it is recommended that the agent discuss the letter with the client. In many cases the client is aware of the clinical information in the medical records.
- 9) The client is encouraged to speak to his/her physician about health conditions that are unknown to the client, or about dates of clinic visits mentioned in the letter without an associated health condition.
- 10) The underwriter can submit a letter to the physician within 21 days, citing the clinical reason for the decision; in order to do that, we must receive a written request from the client to do so (see #12 and #13 below).
- 11) If the physician has additional information that is substantially different from what is in the medical records, that information may be submitted in writing to Allianz Life Insurance Company of North America within 30 days from the date on the letter of risk class change or declination.
- 12) Be sure to include the application number on all correspondence.
- 13) The fax number to receive such communication is 763/582-6002.
- 14) The underwriter will consider the additional information relative to the extent of risk, and will send written response reporting the outcome of that additional information within 21 days.
- 15) Remember that insurance medicine differs from clinical medicine in the implications of particular health conditions. The element of risk to the insurance company may not present exactly the same concern in the clinical setting.
- 16) If the review of additional information results in a change in coverage, the new business department will issue new coverage pages for the contract.

Build chart

Weight in pounds				
Height	Select I-II	Preferred' Preferred Plus	Standard	Select I-II
4' 7"	76 – 92	93 – 172	173 – 202	203 – 216
4' 8"	78 – 93	94 – 173	174 – 205	206 – 220
4' 9"	79 – 95	96 – 174	175 – 206	207 – 225
4' 10"	86 – 97	98 – 176	177 – 207	208 – 231
4' 11"	88 – 100	101 – 182	183 – 209	210 – 239
5' 0"	93 – 105	106 – 191	192 – 210	211 – 247
5' 1"	95 – 108	109 – 196	197 – 213	214 – 253
5' 2"	97 – 110	111 – 199	200 – 218	219 – 257
5' 3"	99 – 112	113 – 203	204 – 224	225 – 260
5' 4"	101 – 115	116 – 208	209 – 229	230 – 263
5' 5"	103 – 117	118 – 212	213 – 233	234 – 268
5' 6"	105 – 120	121 – 215	216 – 239	240 – 272
5' 7"	108 – 123	124 – 219	220 – 243	244 – 277
5' 8"	110 – 125	126 – 223	224 – 251	252 – 284
5' 9"	112 – 128	129 – 225	226 – 257	258 – 289
5' 10"	115 – 131	132 – 228	229 – 261	262 – 295
5' 11"	117 – 133	134 – 231	232 – 263	264 – 301
6' 0"	119 – 136	137 – 240	241 – 269	270 – 306
6' 1"	125 – 142	143 – 251	252 – 276	277 – 311
6' 2"	129 – 145	146 – 259	260 – 280	281 – 316
6' 3"	132 – 149	150 – 267	268 – 286	287 – 320
6' 4"	135 – 153	154 – 269	270 – 292	293 – 325
6' 5"	138 – 157	158 – 273	274 – 298	299 – 329
6' 6"	147 – 177	178 – 294	295 – 306	307 – 335
6' 7"	156 – 199	200 – 295	296 – 313	314 – 338
6' 8"	166 – 205	206 – 300	301 – 319	320 – 341

¹ Determination of risk class will include SMOKING STATUS, all other medical conditions, and all co-morbid conditions.

Automatic decline list

Conditions listed below are uninsurable. An application should not be submitted if an applicant has any of the following conditions:

ADL (activity of daily living) deficits
Adult day care services, current
AIDS, acquired immune deficiency syndrome
Alzheimer's disease, memory loss, dementia
Ambulation difficulty (i.e. unsteadiness, instability, shuffling gait, use of assistive devices)
Amyotrophic lateral sclerosis (ALS, Lou Gehrig's disease), progressive neurological disease
Aplastic anemia, bone marrow failure syndrome
Arteriosclerosis obliterans, plaque formation of vessels to the extent of closure of blood vessels
Assisted living residence, current
Ataxia, lack of muscle coordination, due to a disorder in the brain
AV malformation, cerebral; congenital malformation of arteries and veins in the brain
Avascular necrosis, current; collapse of bones or joints due to loss of blood supply

Brain impairments, disorders not identified elsewhere in this guide, most commonly damage as a result of trauma
Buerger's disease; inflammation of the blood vessels, with subsequent clotting disorder

Cardiomyopathy, disease of heart muscle – see impairment guide
Catheter use, urinary; a tube passed into the urinary bladder to allow the withdrawal of urine
CCRC living, current; Continuous Care Retirement Community
Cerebral palsy, congenital neurologic disorder – see impairment guide
Charcot-Marie-Tooth disease, disorder of nerves of feet, legs, hands
Cirrhosis of the liver, gradual destruction of the ability of the liver to function
Claudication, pain in legs associated with poor circulation
Collagen disease, an autoimmune rheumatic disorder affecting tendons, bones, and tissues
Confusion, mental disorientation
Creutzfeld-Jakob syndrome, a disease of the nervous system that causes dementia
CREST syndrome, slowly progressive systemic sclerosis
Cystic fibrosis, congenital disease of the lungs

Dementia, memory impairment or loss, all types of cognitive deficits
Dermatomyositis, chronic weakness and inflammation of muscles
Dialysis, kidney/renal, the process of mechanically removing metabolic wastes from the blood
Disabled, and/or collecting disability or workers compensation benefits

Esophageal varices, chronic obstruction of blood flow of the esophagus related to liver function

Falls (multiple, or with dizziness, syncope, cerebrovascular or neurological disorders, or gait disturbance)
– see impairment guide

Automatic decline list (continued)

Hemiplegia, paralysis of one side of the body

Hemophilia, blood clotting disorder

Hepatitis, chronic, active; inflammation of the liver

HIV positive; a blood test has indicated infection from the AIDS virus

Home care services, current or within the past 12 months

Hydrocephalus, abnormal accumulation of fluid in the brain

Huntington's chorea, inherited disease of the nervous system

Intestinal angina, abdominal pain caused by narrowed blood vessels to the intestines

Kidney transplant, surgical implantation of donor kidney to replace one removed from a person

Lambert-Eaton myasthenia syndrome, a neurological disorder that causes weakened muscles

Lupus, systemic lupus erythematosus (SLE), chronic inflammation caused by auto immune disease

Medicaid recipient

Memory loss, cognitive deficit, dementia

Mental retardation

Multiple myeloma, cancer of white blood cells

Multiple sclerosis, inflammatory disease of central nervous system (brain and spinal cord)

Muscular dystrophy, congenital disease with progressive weakness and degeneration of muscle

Myasthenia gravis, neurological disorder with progressive muscle weakness

Myelodysplasia, myelodysplastic syndrome, bone marrow dysfunction

Nephrosclerosis, hardening of kidney tissue

Nephrotic syndrome, progressive kidney damage with kidney failure

Nursing home confinement, current or recent

Obesity (as defined in build chart) – frequently a co-morbid with other conditions such as diabetes, high blood pressure, heart disease or arthritis

Organ transplant (except cornea –see impairment guide)

Organic brain syndrome (OBS), chronic disease or injury that interferes with brain function

Osteomyelitis, current; infection involving bone tissue

Osteoporosis with compression fractures, falls; osteoporosis involves loss of bone mass

Oxygen use

Paralysis, loss of function

Parkinson's disease, chronic progressive neurologic disease with progressive muscle weakness

Peripheral vascular disease, disease of the blood vessels outside of the heart and brain – see impairment guide

Pick's disease, dementia that begins at a young age

Polycystic kidney disease, genetic disorder causing numerous cysts in kidneys leading to reduced kidney function and failure

Automatic decline list (continued)

Polycythemia vera, p. vera, excess of red blood cells involving bone marrow elements

Psychosis, mental illness in which the person loses touch with reality

Pulmonary hypertension, high blood pressure in the arteries that supply the lungs

Quadriplegia – paralysis, all 4 limbs

Renal failure, renal insufficiency, kidney insufficiency or failure, gradual progressive loss of kidney function

Retinitis pigmentosa, gradual disintegration of eye function and progressive loss of vision

Retinopathy, diabetic – disturbance of vision secondary to the effects of diabetes

Schizophrenia, chronic, often debilitating mental illness

Scleroderma, progressive hardening and tightening of skin and connective tissues

Sclerosing cholangitis, narrowing and hardening of bile ducts resulting in liver damage

Shunt (heart, brain, kidney), an artificial passage to divert fluids within the body – see impairment guide

Shy-Drager syndrome, progressive disorder of nervous system

Social Security disability recipient

Thromboangiitis obliterans (Buerger's disease), inflammation of blood vessels with clotting

Transplant (except cornea – see impairment guide)

Waldenstrom's disease or syndrome, bone marrow and blood disease

Walker use

Wheelchair use

Major surgeries, as a general rule, must wait 6 months before the individual can be considered for this product except for those conditions specified otherwise in the impairment section of this guide

Prescription drug guide

Drugs prescribed for uninsurable conditions

If the applicant is taking one of these drugs for the reason stated, he/she is not eligible for coverage. This list is a reference guide for prequalifying cases; it is not intended to be an exhaustive, all-inclusive list.

Drug name	Alternate name for same drug	Condition for which drug is most commonly used
Actimmune	Interferon gamma 1-b	Chronic granulomatous disease
Abilify	Aripiprazole	Schizophrenia
Akineton	Biperiden	Parkinson's disease
Aldazine	Mellaril, Thioridazine	Mental health
Amantadine	Symmetrel	Parkinson's disease
Anexsia	Hydrocodone	Narcotic
Antabuse	Disulfiram	Alcoholism
Aranesp	Darepeotinalfa	Chronic anemia; renal failure
Aricept	Donepezil	Dementia
Artane	Novohexidyl	Parkinson's disease
Auranofin	Ridaura	Gold therapy/rheumatoid arthritis
Avonex	Interferon, Rebif	Multiple sclerosis
Azathioprine	Imuran	Multiple sclerosis
AZT	Retrovir, Apo-zidovudine	HIV
Baclofen	Lioresal	Multiple sclerosis
Bendopa	Levodopa	Parkinson's disease
Benztropine mesylate	Cogentin	Parkinson's disease
Betaseron	Interferon, recombinant	Multiple sclerosis
Bromocriptine	Parlodel	Parkinson's disease
Carbidopa	Sinemet	Parkinson's disease
Chlorpormazine	Thorazine	Mental health
Cladribine	Leustatin	Luekemia, multiple sclerosis
Clorazil	Clozapine	Mental health
Clozapine	Clozapil	Mental health
Codeine	N/A	Pain control
Cogentin	Apo-benzotropine	Parkinson's disease
Cognex	Tacrine HCl	Dementia
Combivir	Zidovudine, Lamivudine	HIV
Comtan	Entacapone	Parkinson's disease
Copaxone	Glatiramer acetate	Multiple sclerosis
Dantrium	Dantrolene	Multiple sclerosis
Dantrolene	Dantrium	Cerebral palsy, multiple sclerosis
Darvocet	N/A	Pain control
Demerol	N/A	Pain control
Deprynel	Eldepryl	Dementia, parkinson's disease
Dilaudid	N/A	Pain control
Donepezil	Aricept	Dementia
Dopar	Levodopa	Parkinson's disease
Duragesic	N/A	Pain control
Edrophonium Chloride	Tensilon	Myasthenia gravis
Eldepryl	Selegiline	Parkinson's disease
Endocet	Percocet	Narcotic pain medication
Epogen	Erythropoietin	Renal failure, anemia of chronic disease
Eulexin	Flutamide	If for recurrent prostate cancer
Exelan	N/A	Dementia
Fluphenazine	Prolixin	Mental health
Flutamide	Eulexin	Cancer
Glatiramer acetate	Copaxone	Multiple sclerosis
Gold compound	Ridaura	Rheumatoid arthritis

Prescription drug guide (continued)

Drugs prescribed for uninsurable conditions

If the applicant is taking one of these drugs for the reason stated, he/she is not eligible for coverage. This list is a reference guide for prequalifying cases; it is not intended to be an exhaustive, all-inclusive list.

Drug name	Alternate name for same drug	Condition for which drug is most commonly used
Haldol	Haloperidol	Mental health
Hydergine	DHE45	Dementia
Hydrea	Hydroxyurea	Cancer
Hydrocodone	N/A	Narcotic
Imuran	Azathioprine	Myasthenia gravis, multiple sclerosis
Infergen	Interferon alfacon-1	Hepatitis, other liver disease
Insulin	N/A	Diabetes
Interferon	Betaserone	Multiple sclerosis
Intron-A	Interferon	If used for recurrent cancer
Invirase	N/A	HIV
Larodopa	Levodopa	Parkinson's disease
Leukine	Sargramostim, GM-CSF	Bone marrow transplants
Leuprolide	Lupron	If used for recurrent cancer
Levodopa	Carbidopa, Sinemet	Parkinson's disease
Lioresal	Baclofen	Multiple sclerosis
Lorcet, Lortab	Hydrocodone	Pain control
Loxapine	Loxitane	Mental health
Lupron	Leuprolide	If for recurrent prostate cancer
Mellaril	Thioridazine	Mental health
Mestinon	Edrophonium	Myasthenia gravis
Methadone	Dolophine	Pain control
Mirapex	Pramipexide	Parkinson's disease
Moban	Molindone	Mental health
Morphine	N/A	Pain control
MS-Contin	N/A	Pain control
Naltrexone	N/A	Alcohol abuse
Namenda	Memantine	Dementia
Narcotics, regular use	N/A	Pain control
Navane	Thiothixene	Mental health
Neostigmine	Prostigmin	Myasthenia gravis
Neumega	Oprelvekin	Severe blood disease
Neupogen	G-CSF, filgrastim	Blood cell enhancer in advanced disease
Niloric	N/A	Dementia
Norgesic	N/A	Pain control
Nubain	N/A	Pain control
Olanzapine	Zyprexa	Mental health
Orap	Pimozide	Mental health
Oxycodone	Oxycontin, Proladone	Pain control
Parlodel	Bromocriptine	Parkinson's disease
Pegasys	Peginterferon alfa-2a	Chronic hepatitis C
PEG-Intron	Peginterferon alfa-2a	Chronic hepatitis C
Percocet	Endocet	Pain control
Percodan	N/A	Pain control
Pergolide	Permax, Celance	Parkinson's disease
Permitil	Prolixin	Mental health
Perphenazine	Trilafon	Mental health
Pimozide	Orap	Mental health
Procrit	Erythropoietin	Renal failure; anemia of chronic disease
Prolixin	Fluphenazine	Mental health

Prescription drug guide (continued)

Drugs prescribed for uninsurable conditions

If the applicant is taking one of these drugs for the reason stated, he/she is not eligible for coverage. This list is a reference guide for prequalifying cases; it is not intended to be an exhaustive, all-inclusive list.

Drug name	Alternate name for same drug	Condition for which drug is most commonly used
Prostigmin	Neostigmine	Myasthenia gravis
Rebetron	N/A	Hepatitis C
Regonol	N/A	Myasthenia gravis
Revia	N/A	Alcohol abuse
Requip	N/A	Parkinson's disease
Retrovir	N/A	HIV
Ridaura	Auranofin	Rheumatoid arthritis
Rilutek	Riluzole	ALS
Risperdal	Risperidone	Mental health
Roferon-A	Recombinant, rIFN-A	AIDS, cancer, hepatitis, leukemia
Roxicet	N/A	Pain control
Saquinavir	N/A	HIV
Selegiline	Eldepryl	Dementia, Parkinson's disease
Serentil	Mesoridazine	Mental health
Seroquel	Quetiapine	Mental health
Sinemet	Carbidopa, Levodopa	Parkinson's disease
Solganal	Gold therapy	Rheumatoid arthritis
Sparine	N/A	Mental health
Stadol	N/A	Pain control
Stelazine	Trifluoperazine HCl	Mental health
Symmetrel	Amantadine	Parkinson's disease
Synapton	N/A	Dementia
Tacrine	N/A	Dementia
Talwin	Pentazocine	Pain control
Taractan	N/A	Mental health
Tasmar	Tolcapone	Parkinson's disease
Tensilon	Edrophonium	Myasthenia gravis
Thioridazine	Mellaril	Mental health
Thiothixene	Navane	Mental health
Thorazine	Chlorpromazine	Mental health
Tindal	N/A	Mental health
Tolcapone	Tasmar	Parkinson's disease
Tramadol	Ultram	Narcotic pain control
Trichlorfon	N/A	Dementia
Trifluoperazine	Stelazine	Mental health
Trilafon	Perphenazine	Mental health
Ultracet	Tramadol	Pain control
Ultram	Tramadol	Narcotic pain control
Vicodin	N/A	Narcotic pain control
Zeldoz	N/A	Mental health
Zidovudine	N/A	HIV
Ziprasidone	N/A	Mental health
Zyprexa	Olanzapine	Mental health

Impairment guide

- The following is a list of medical conditions intended to provide a general idea of whether a client is insurable, and, if so, whether they qualify as Preferred Plus, Preferred, Standard, Select I, or Select II risk.
- In general, we will decline coverage if surgery has recently been completed or is pending.
- The waiting period for the specific condition needs to be met in order for coverage to be considered.
- **Call the Information Hotline at 800/950-7372 if you have any questions regarding your client's insurability. (see the section on prequalifying questions in this guide)**

P+ = Preferred Plus

P = Preferred

S = Standard

SI = Select I

SII = Select II

NI = Not Insurable

IC = Individual Consideration (Field selection should be at Select I or Select II to submit the application)

A

Abscess, localized collection of pus surrounded by inflammatory tissue

P+ Those involving body tissues other than brain and spinal cord, resolved, with 6 months' stability after treatment/surgery

P Involving brain and spinal cord; resolved, 6 months' stability

NI Unresolved or < 6 months after treatment

Acoustic neuroma, a benign growth on the nerve from the brain to the inner ear

P Stable 12 months after treatment

S Present, unoperated, stable 60 months

SI Present, unoperated, stable 36 months

NI With cognitive or functional impairments, use of any assistive device

Addison's disease, disease of the adrenal glands

P Controlled on medications, no complications, after 24 months' stability

IC With any other clinical conditions, any hospitalizations, after 24 months' stability

NI All others

ADL deficits/Activities of Daily Living deficits

NI Any mental or physical limitations in performing ADLs such as eating, transferring, bathing, dressing, toileting, continence

Adult day care

NI Attends adult day care facility

AIDS/HIV infection, acquired immune deficiency syndrome, human immunodeficiency virus

NI

Alcoholism, chronic dependence on alcohol

P In recovery > five years, good health, stable

S In recovery > three years, good health, stable

SI In recovery > three years, one related health conditions well controlled, stable

SII In recovery > three years, more than one health condition all well controlled and stable

NI Recovery < three years or any relapses in recovery period, or continued drinking

Alzheimer's disease, a type of dementia, cognitive impairment

NI

Amaurosis fugax, temporary loss of vision caused by lack of blood flow to the retina

P Single episode, after 36 months' stability; no co-morbid (see NI)

S Single episode, 24 months' stability, no co-morbid conditions

SI Single episode, after 12 months' stability, no co-morbid conditions

IC Others

NI With smoking, or with atrial fibrillation, or with current carotid stenosis > 50 %

Ambulation difficulty, unsteadiness, instability, imbalance, shuffling gait, need for assistive devices to walk or move around

NI

Amnesia, transient global amnesia, episode of memory loss

- P** Single episode, after 24 months' stability; no co-morbid (see NI)
 - S** Single episode, after 12 months' stability, no co-morbid
 - SI** Multiple episodes, after 36 months' stability
 - SII** Single episode within past 24 months
 - NI** With smoking, or with atrial fibrillation, or with current carotid stenosis > 50 %, or with any cognitive or functional impairment
-

Amputation, surgical removal of a limb, organ, or part of the body; a face to face interview is likely to be required

- P** Trauma cause, single extremity, independent in ADLs, stable 12 months
 - S** Trauma cause, two extremities, independent in ADLs, stable 12 months
 - IC** Others
 - NI** Any amputation necessitated by or resulting from disease (e.g. diabetes, neurological or peripheral vascular disease)
Any amputations that result in residual impairment of independent function, significant clinical depression, and/or inability to perform any ADLs or IADLs; amputation of more than two extremities; evidence of osteomyelitis or of non-healing stump; narcotics required for phantom limb pain on a regular (daily) basis
-

Amyotrophic lateral sclerosis, ALS, Lou Gehrig's Disease, progressive neurological disease

- NI**
-

Anemia, abnormally low red blood cell count

- P+** Cause known, condition treated, resolved, mild, and stable 12 months; hemoglobin (Hgb) \geq 13
 - P** Cause known, condition treated, resolved, stable 6 months, Hgb \geq 12
 - S** Cause known, condition treated, resolved, stable 6 months, Hgb 10 – 11.9
 - SI, SII** Cause known, current treatment, Hgb 9 – 9.9, stable 18 months
 - IC** Others
 - NI** Anemia that is severe, or unstable, or specific diagnosis of aplastic anemia; anemia that is poorly controlled due to conditions of stomach or colon, or poorly controlled gynecological bleeding, or blood loss due to active malignancy
-

Aneurysm, abdominal aortic (weakening of the major blood vessel in the abdomen below the diaphragm)

- P** Surgically corrected, stable one year
 - S** Present, < 4 cm size, well-controlled blood pressure, size monitored, stable 24 months
 - NI** Present, > 4 cm size
-

Aneurysm, thoracic aortic (weakening of the major blood vessel in the chest between the heart and diaphragm)

- P** Surgically repaired, stable 12 months, no residual cognitive or functional limitations
 - S** Surgically repaired, stable 12 months, no cognitive impairment, mild functional residuals, fully independent
 - NI** Present, un-operated, or with any residual cognitive impairment, or any need for assistance with ADLs/IADLs, any moderate or severe functional impairment
-

Aneurysm, cerebral (weakening of blood vessel(s) within the brain)

- S** Surgically treated, no residual effects, normal cognitive function, no other vascular diseases, stable 12 months
 - NI** Present, or untreated, or with residual effects, cognitive loss, other vascular disorders
-

Angina pectoris, chest pain related to the heart

- P** Well controlled with medications, with bypass surgery, or with angioplasty, or with stent, stable 6 months; no elevated blood pressure, nonsmoker
 - S** Well-controlled with medications, well-controlled mild hypertension (see criteria for high blood pressure), stable 6 months, nonsmoker
 - SI, SII** Controlled with medications, controlled mild hypertension, former smoker
 - IC** Occasional symptoms or with history of myocardial infarction, heart attack; nonsmoker
 - NI** Poorly controlled symptoms, or with poor exercise tolerance, or smoker; with history of poorly controlled hypertension, heart attack, TIA, stroke, diabetes, atrial fibrillation, heart failure
-

Angioplasty, revascularization, repair of coronary arteries

- P** Stable 6 months, successful procedure, no complications, nonsmoker, no elevated blood pressure, no heart attack, stable angina
 - S** Stable 6 months, well controlled angina, nonsmoker, heart attack greater than 18 months ago, no other coronary surgeries
 - NI** Poorly controlled symptoms, or with poor exercise tolerance, or smoker; with history of poorly controlled hypertension, heart attack, TIA, stroke, diabetes, atrial fibrillation, heart failure
-

Anxiety disorder, excessive worry, may interfere with daily activities (any that is categorized by MD as anxiety and depression will be underwritten as depression)

- P+** Mild, no hospitalizations for this condition, no social or functional impairment; stable, no flare up of symptoms or medication changes in past 3 years; occasional medication, i.e. once/week or less
 - P** Mild symptoms, use of one medication on a regular basis ($\leq 3/\text{week}$), stable 12 months
 - S** Mild – moderate symptoms, daily medications, no functional or social impairment
 - SI** Moderate symptoms, regular use of multiple medications
 - SII** Moderate symptoms, regular use of single or multiple medications, past history of hospitalization > 10 years ago
 - NI** Any degree of anxiety that impairs social or functional activity; hospitalization or ER visit(s) for this condition within past 10 yrs; symptoms unstable, poorly controlled
-

Aplastic anemia

NI

Arnold Chiari malformation, (a disorder in which a portion of brain protrudes into the spinal canal)

- P+** Asymptomatic, incidental finding, no cognitive limitations, no functional limitations
 - P** Surgically treated, no residual cognitive or functional impairments, stable 12 months
 - S** Surgically treated, no residual cognitive or functional impairments, stable 6 months
 - SI** Current with mild, infrequent symptoms, occasional medications
 - SII** Current with mild, occasional symptoms, regular medications
 - NI** Currently symptomatic, surgery recommended or pending, and/or with any neurological or cognitive impairments
-

Arteriosclerosis, thickening, hardening, or plaque formation in the arteries

- P** Stable 6 months, without symptoms, diagnosed on examination; no co-morbid conditions (see NI, below), nonsmoker.
 - SI** Stable 12 months, without symptoms, without complications, no co-morbid conditions, nonsmoker.
 - NI** With smoking, or if post operative complications; with diabetes, heart disease, atrial fibrillation, current skin ulcers, gangrene, other vascular disease, history of TIA, stroke, cognitive or functional limitations.
-

Arteriosclerosis obliterans, progressive plaque formation within arteries to the extent that the vessels are entirely blocked

NI

Arteriovenous malformation, AV malformation, congenital malformation of arteries and veins

- NI** Located in the brain, cerebral
 - IC** All others
-

Arthritis, degenerative arthritis, osteoarthritis, inflammation of joint(s)

- P+** Mild or minimal symptoms, seen only on x-ray as an incidental finding, no medications for this for the past 36 months, no prednisone or cortisone treatment at any time, no surgery performed or recommended; no functional limitations, no joint injections
 - P** Mild to moderate symptoms, regular use of non-prescription medications; no joint replacements, no functional limitations, no joint injections
 - S** Moderate symptoms, regular use of prescription medications, no functional limitations, joint replacement stable 6 months acceptable
 - SI** Moderate symptoms, no physical limitations, no use of narcotics, treatment with ≤ 3 injections per year acceptable prescription medications acceptable, acceptable; multiple weight-bearing joint replacements (hips, knees, ankles), full recovery from surgery
 - SII** Moderate symptoms, mild physical limitations, occasional ($< 3/\text{week}$) use of narcotics, multiple joint replacements (any type joint, i.e. hands, fingers, feet, toes, shoulders, elbows), full recovery from surgery after 6 months' stability; prescription medications acceptable
 - NI** With physical limitations, surgery anticipated, surgery completed within the past 6 months, regular narcotic use, ($\geq 3/\text{week}$), need for assistive devices
-

Arthritis, Rheumatoid arthritis, chronic inflammatory autoimmune disease, primarily of joints, but can involve internal organs and tissues

- P** Mild, controlled with non-prescription medications, stable 12 months, no functional limitations, no assistive devices
 - S** Moderate, controlled with one medication, no steroid use, stable 12 months; no functional limitations, no assistive devices
 - SI** Moderate, controlled with multiple medications, stable 36 months, one joint replacement acceptable, no functional limitations, no assistive devices
 - SII** Moderate, controlled with multiple medications, history of one joint replacement, stable 12 months; no functional limitations, no assistive devices
 - NI** Any physical limitations, history of multiple joint replacements, or anticipated surgery, any functional limitations or assistive devices
-

Assisted living, includes CCRC (continuous care retirement community)

- NI** Assisted living facilities offer help with ADLs and IADLs such as eating, bathing, dressing, laundry, housekeeping, and assistance with medications. Many facilities also have centers for medical care; however, the care offered may not be as intensive or available to residents as the care offered at a nursing home. Assisted living is not an alternative to a nursing home, but an intermediate level of long term care.

Asthma, inflammation of air passages of lungs, and bronchial tubes

- P+** Mild, occasional medication use only, no steroid/Prednisone use, nonsmoker for 10 yrs or more, FEV1 > 65 %
- P** Mild, controlled with medications, no hospitalizations or ER visits, inhaled steroids acceptable, stable 24 months without flare ups, past smoker > 24 months ago, FEV1 > 65%
- S** Mild – moderate, with or without smoking ≤ 4 attacks/year, controlled with occasional medication use only, no oral steroids (inhaled acceptable), no hospital or ER visits, stable 24 months, FEV1 50 – 65%
- SI** Mild – Moderate, with or without smoking, controlled with medications, no oral steroids; inhaled steroids acceptable, no hospitalizations or ER visits, stable 24 months, FEV1 50 – 65%
- SII** Moderate, with or without smoking, controlled with medication, oral steroids acceptable if within guidelines under ‘steroid use’ in this guide, with associated respiratory diseases if FEV1 50 – 65%, no hospitalizations or ER visits in past 24 months, overall stability of symptoms for 24 months
- NI** Severe disease, FEV1 < 50%, chronic daily use of steroids, associated respiratory disease, history of multiple hospitalizations, history of any hospitalizations within past 60 months

Ataxia, lack of muscle coordination, due to a disorder in the brain

- NI**

Atrial fibrillation (episodic or paroxysmal), recurrent, rapid irregular heartbeat

- P+** Well controlled with no episodes within the past 12 months, no co-morbid conditions as noted below as “NI,” no hospitalizations or ER visits
- P** One or two episodes in past year, successfully treated with medication, stable 12 months, no hospitalizations or ER visits, no co-morbid conditions
- S** Stable 12 months, < 3 episodes/year, treated with ablation, no syncope, hospitalization or ER visits since ablation procedure
- SI** Stable 12 months, treated with MAZE surgical procedure, no co-morbid conditions, no syncope since surgical correction
- NI** Poorly controlled, not treated with anticoagulant medication, or with > 2 episodes/year, or with diabetes, heart attack, TIA, stroke, CVA, with disease of heart valves

Atrial fibrillation (chronic), on-going, rapid irregular heart beat

- S** Fibrillation controlled, with anticoagulant medications, without symptoms, syncope, other cardiovascular disease, stable 12 months, no hospitalizations or ER visits
- IC** Others
- NI** Poorly controlled, or with diabetes, TIA, stroke, coronary artery disease, or additional heart disease

Avascular necrosis, loss of blood supply to bones resulting in the collapse of bone tissue

- P** Single bone, fully resolved with no functional limitations, stable 12 months
- S** Recurrent episodes, single bone involvement, no functional limitations, stable 12 months
- NI** Single or multiple episodes, or due to chronic illness, or with residual deficits

AV malformation, arteriovenous malformation, congenital malformation of arteries and veins

- NI** Located in the brain, cerebral
- IC** All others

B

Back disorder, symptoms relative to bones and associated structures of the spine

- P+** No symptoms or medications for the past 36 months; no current physical therapy; no functional limitations (if symptoms diagnosed as only muscle strain, see next impairment listing)
 - P** Mild symptoms resolved and stable for 6 months, or resolved by surgery; no functional limitations, no disability, no assistive devices; regular use non-prescription medications
 - S** Current symptoms, or symptoms relative to herniated disc; no functional limitations, regular use of prescription medications, no current narcotic use, 6 months’ stability (see physical therapy guidelines)
 - SI** Compression fracture(s) on imaging study, no osteoporosis, mild to moderate symptoms, no narcotic use, minimal functional limitations, stable 3 months
 - SII** Mild to moderate symptoms, multiple medications, occasional narcotic use (≤ 3 pills/wk), minimal functional limitations, 3 months’ stability
 - NI** Severe symptoms or disabling symptoms; functional limitations; regular narcotic use; surgery recommended or planned, receiving worker’s compensation or disability reimbursement
-

Back pain, muscle strain, symptoms of the back that do not involve bones and spinal structures. The underwriter will take into account the circumstance of the onset of symptoms, the intensity and duration of the pain. If symptoms are related to a fall, it cannot be as a result of dizziness, imbalance, vertigo, or syncope; those conditions will be underwritten separately

- P+** Stable 18 months, no symptoms currently; after onset of muscle strain only, with no neuro-skeletal involvement, not related to falling; no functional limitations; no current treatment
 - P** Mild symptoms, stable 6 months; moderate symptoms, stable 12 months; onset of muscle strain only with no neuro-skeletal involvement; not related to falls, no functional limitations, current treatment with OTC remedies only
 - S** Mild or moderate symptoms, stable 6 months; use of only one prescription medication for this condition; onset of muscle strain only with no neuro-skeletal involvement, not related to falls, no functional limitations
 - SI** Mild or moderate symptoms, stable 3 months, no functional limitation, no neuro-skeletal involvement
 - SII** Mild or moderate symptoms, stable 3 months; mild functional limitations, no need for assistive devices; no neuro-skeletal involvement; if on multiple medications, use criteria for 'Back Disorder'
 - NI** Severe symptoms or disabling symptoms; functional limitations; regular narcotic use; receiving worker's compensation or disability reimbursement
-

Barrett's esophagus, changes in the cells of the lining of the esophagus due to chronic gastric reflux disease

- P** Good response to treatment, with stable followup endoscopies
 - S** Stable, followup endoscopies, recurrent flares of symptoms controlled w/oral medication, stable 12 months
 - SI** As above for 'standard', stable 6 months
 - SII** Chronic mild symptoms controlled with medication, negative biopsies, stable endoscopies
 - NI** Poorly controlled, or any dysplasia on biopsy
-

Bell's palsy, partial paralysis of facial nerve

- P+** Past history with complete recovery
 - P** Residual facial weakness not disabling
-

Benign prostatic hypertrophy, BPH, benign enlargement of the prostate gland which may or may not interfere with urine flow

- P+** BPH present, minimal or no symptoms, normal PSA, unoperated, or good results from surgery, stable 3 months from surgery
 - P** Stable 6 months, mild to moderate symptoms, no surgery recommended or pending, past surgery more than 6 months ago, normal PSA
 - NI** BPH, severe symptoms, or surgery recommended or pending, abnormal prostate exam, not worked up, or work up in progress, pending results of exam (see guidelines for PSA readings in this guide)
-

Bipolar, manic depression, mental illness with extreme swings between depression and euphoria

- S** Stable 48 months, well controlled on medication; a single hospitalization > 10 yrs ago acceptable, fully independent, no cognitive limitations
 - SI** Stable 36 months, well controlled on medication, a single hospitalization > 10 yrs ago acceptable, fully independent, no cognitive or functional limitations
 - SII** Stable 24 months, well-controlled on medication, a single hospitalization > 10 yrs ago acceptable, fully independent, no cognitive or functional limitations
 - NI** With multiple psychiatric hospitalizations, with any cognitive or functional impairment, multiple medication adjustments in past 48 months
-

Bladder diseases, infections, infections of urinary bladder

- P+** < 4 per year, with complete recovery
 - P, S** Chronic infections without incontinence
 - NI** Chronic infections, with chronic incontinence
-

Bladder prolapse, urinary bladder disorder

- P+** No symptoms or post surgery until released from surgeon's care, no incontinence
-

Blood pressure, high or elevated, hypertension

- P+** Mild, stable 24 months, average reading no greater than 140/90, without heart disease, without diabetes.
 - P** Mild, stable 12 months, average readings no greater than 140/90, no heart disease, no diabetes.
 - S** Moderate, stable 12 months, without heart disease, without diabetes, average readings \leq 145/95.
 - S** Mild, stable 12 months, average readings no greater than 140/90, with stable coronary artery disease.
 - SI** Moderate, stable 6 months, average readings \leq 145/95, may be in combination with other cardiac conditions or diabetes if all conditions are well controlled.
 - SI** Moderate, stable 6 months, controlled with average readings \leq 160/95, no other conditions, nonsmoker.
 - SII** Moderate, stable 6 months, average readings \leq 160/95, with any other conditions if all are well controlled.
 - NI** Poorly controlled, average readings greater than 160/95; or any hypertension if present with any poorly controlled cardiovascular conditions and/or poorly controlled diabetes.
-

Braces, face to face assessment may be required

SI, SII Without ADL limitations

NI With ADL limitations

Brain impairments, abnormal brain function, not otherwise described or diagnosed

NI Most commonly a result of trauma

Brain tumors, benign, includes meningiomas, (for acoustic neuromas and pituitary adenomas, see individual listing of these conditions)

S Stable 60 months after treatment, no functional or cognitive limitations, follow-up imaging studies stable

SI Stable 60 months after treatment, follow-up imaging stable, no cognitive impairment, mild functional impairment, no use of assistive devices

SII Stable 36 months after treatment, follow-up imaging stable, mild functional impairment, no cognitive impairment, no use of assistive devices

NI Present, unoperated, with cognitive or functional impairments, use of any assistive devices, and all others

Breast disorders

P+ Fibrocystic disease, no surgery recommended or planned

NI Cancer present without treatment; cancer with treatment (see cancer)

Bronchiectasis, bronchial tubes of the lungs enlarged and at times infected

P, S Mild disease, nonsmoker, 24 months without symptoms, no periods of disability, no respiratory therapy, FEV1 > 65%, controlled with non-steroidal medication

SI, SII Moderate disease, nonsmoker, controlled with medications, no history of respiratory therapy or steroids in past 12 months, FEV1 50 – 65%

NI Severe disease, frequent exacerbations, current steroid use, FEV1 < 50 %, or with smoking

Bronchitis, infection of tubes of the lungs

P+ Acute attacks only, < 4 x year, resolved without complications

P ≥ 4 attacks per year, without complications, mild well controlled asthma

S Acute attacks only, resolved without complications, with moderate asthma, no chronic steroid use

IC Chronic symptoms, all others

Buerger's disease thromboangiitis obliterans (inflammation of blood vessels with clotting)

NI

Bypass surgery (coronary artery bypass grafting, CABG)

P Stable 6 months, blood pressure well controlled without medication, no chest pain, no angina, diabetes, heart attack, stroke, TIA, atrial fibrillation; nonsmoker

S Stable 6 months, well-controlled with medications, well-controlled mild hypertension, nonsmoker, no heart attack, diabetes, stroke, TIA, atrial fibrillation; angina stable

SI Stable 6 months, former smoker, well-controlled with medications, well-controlled hypertension; no diabetes, stroke, TIA, atrial fibrillation; angina stable, heart attack > 24 months ago

NI Poorly controlled symptoms, or with poor exercise tolerance, or with smoking, poorly controlled hypertension, recent heart attack, any TIA, stroke, diabetes, atrial fibrillation, or other heart condition

C

Cancer

P Most commonly a 90-day elimination period. Early stage of many cancer diagnoses, including melanoma, 6 months after completion of treatment

S Most commonly a 90-day elimination period. Moderate stage many cancers, 24 months after completion of treatment, no metastasis or recurrence

SI With 90-day elimination period. Many cancer diagnoses with lymphatic spread or recurrence stable 36 months

SII, IC With 90- or 180-day elimination period. Multiple cancers, Hodgkin's disease, lymphomas, carcinoid tumors, gastrinomas, malignant salivary gland tumors, or any cancer treated with bone marrow transplant, 48 months after completion of treatment

NI Any described as stage T4, stage IV, stage D, grade 4, or Gleason > 9.0

Cancer of the prostate, treated with radiation seed implants (special consideration detail)

P 90-day elimination period. 6 months after seed implant; applicant over age 60 at time of diagnosis; Gleason score ≤ 6; No extension of tumor beyond the gland; PSA trending back downward toward normal; PSA to < 1.0 may take 2 years; PSAs that stabilize at 1.0 to 1.5 and remain there for 2 years can be considered

S 90-day elimination period. 24 months of stability required; Applicant age 51-59 at time of diagnosis; Gleason score 7; may be tumor in both lobes; PSA must be < 1.0

SI 90-day elimination period. Stable 36 – 48 months; PSA < 1.0

SII 90-day elimination period. Stable 60 months; applicant age at time of onset ≤ 50; Gleason 8 – 10; PSA < 1.0

Cane use (will underwrite the condition for which cane is used)

IC Single-point, straight cane; face-to-face interview may be required; no falls; over the age of 60 when cane use began

NI Quad-cane, or four-point cane use, including occasional use; any falls or fractures

Cardiomyopathy, disease of heart muscle

IC Mild with minimal symptoms, stable 12 months

NI All others

Carotid artery disease, thickening, narrowing, or plaque formation in arteries of the neck

P Mild, < 50% stenosis, no stroke or TIAs, without symptoms, nonsmoker

S Moderate, 51–60% stenosis, nonsmoker, without stroke or TIA, stable

SI Moderate, 61 – 69% stenosis, nonsmoker, if corrected with endarterectomy, no stroke or TIA, stable 24 months from time of diagnosis;

SII Moderate, < 69 % stenosis, nonsmoker, with any other health conditions that are well controlled (see “NI” section for co-morbid conditions not acceptable), stable 24 months

- NI**
- Severe, >70% stenosis
 - Symptomatic with any degree stenosis
 - With TIA if > 50% carotid stenosis
 - With stroke
 - Smoker currently or in the past 24 months
 - Diabetes
 - Atrial fibrillation
 - Heart valve disease
 - Heart attack
 - Angina
 - Thrombosis
 - Embolism
 - Peripheral vascular disease
 - Claudication
 - Poorly controlled blood pressure
-

Carpal tunnel syndrome, repetitive stress injury of the wrist

P+ Mild symptoms, no functional limitations, no medication use in the past 6 months, no brace or joint support device

P Mild symptoms, non-prescription medication use, no regular narcotic use, no functional limitations, no brace or wrist support

S Mild – moderate symptoms, minimal functional limitations, prescription medication use, no regular narcotic use, nighttime wrist support only

SI Moderate symptoms, minimal functional limitations, prescription medication use, no regular narcotic use, daytime wrist support.

SII Severe current symptoms, increasing functional limitations

NI Any symptoms that cause functional limitations, current regular narcotic use, surgery recommended and not done, or surgery scheduled

Cataracts, clouding of the lens of the eye

P+ Surgery not necessary, or with surgery completed without complications

Catheter use, tube passed into the urinary bladder to allow withdrawal of urine

NI

CCRC (continuous care retirement community) living

NI Assisted living facilities offer help with ADLs and IADLs such as eating, bathing, dressing, laundry, housekeeping, and assistance with medications. Many facilities also have centers for medical care; however, the care offered may not be as intensive or available to residents as the care offered at a nursing home. Assisted living is not an alternative to a nursing home, but an intermediate level of long term care.

Cerebral palsy, congenital neurological disorder

IC Mild, minimal ambulatory difficulty without braces; orthotics acceptable, no functional impairment, lives independently

NI All others

Cerebrovascular accident, stroke, CVA, or “brain attack”

P No neurologic residuals, stable 60 months

S No neurological residuals, stable 36 months

SI No neurological residuals, stable 24 months

SII Minor neurological residuals, no functional limitations or assistive devices, no cognitive impairment, blood pressure controlled ≤ 140/80

NI Any history of stroke with ADL or other limitations, multiple strokes, or any CVA with high blood pressure, or with atrial fibrillation, or with diabetes, or smoking

Charcot-Marie-Tooth disease, disorder of nerves of feet, legs, hands

IC Mild, stable > 60 months, involvement of feet and legs only

NI Others

Cholecystitis/cholelithiasis, gall bladder disease, stones

P+ Stones present, incidental finding, no symptoms; or after surgery with no complications, and stable 3 months

IC All others

Chronic fatigue syndrome, ongoing, strong fatigue to the extent that it interferes with daily activities

P+, P History of condition, fully recovered 24 months, no limitations, no treatment

S Mild symptoms, stable 24 months, treated with non-prescription medications

SI, SII Moderate symptoms, stable 24 months, use of prescription medications, no functional limitations, no narcotic use

NI described as severe, or with associated memory loss, recent onset < 24 months, or regular use of narcotics, any functional limitations

Chronic obstructive pulmonary disease (COPD), emphysema

P Mild, (may disregard COPD as an incidental finding on x-ray), FEV1 > 65%

S Moderate, FEV1 50 – 65%

NI Severe, FEV1 < 50%; or with continued smoking

Cirrhosis, liver, gradual destruction of the ability of the liver to function

NI

Claudication, pain in legs associated with poor circulation

NI

Colitis, ulcerative, inflammatory bowel disease

P+ Asymptomatic, or minimal symptoms x 24 months, no treatment, no medication, acceptable medical follow-up (including colonoscopies), 24 months since last flare, weight stable within guidelines for P+

P Status post total colectomy, no complications, no problems with ileostomy management, stable since surgery, no treatment or medication, stable 24 months

S Minimal to moderate symptoms, controlled with one medication, acceptable medical follow-up (including colonoscopies), weight stable, overall condition stable 24 months

SI as in Std requirements, stable 24 months

SII Moderate symptoms, acceptable medical follow-up including colonoscopies, multiple medications, no flares in past 24 months, weight stable

NI All others

Collagen-vascular disease/mixed connective tissue diseases

NI (auto-immune rheumatic disorder with features similar to, and overlapping with lupus, polymyositis, and scleroderma)

Colostomy, an opening of a portion of the bowel through the abdominal wall; reason for surgery will be underwritten, as well

SI Stable 24 months post surgery

NI Complications, or lack of stability period

Complex regional pain syndrome, reflex sympathetic dystrophy, causalgia (chronic pain due to traumatic nerve injury)

P Stable 12 months, fully resolved, no residuals

S Stable 12 months, with non-prescription medications, no current physical therapy

SI, SII Currently symptomatic, may be controlled with prescription medications, without functional limitations;

NI Currently symptomatic or with current functional limitations, current physical therapy, current regular narcotic pain control

Confusion, mental disorientation

NI

Congestive heart failure, CHF, condition in which the heart can't pump blood to the other parts of the body

P History of congestive heart failure, resolved for > 12 months, off heart medication

S History of congestive heart failure, stable for > 12 months, underlying heart problem thoroughly investigated and treated successfully

SI, SII Chronic or multiple episodes of congestive heart failure, stable 24 months, underlying heart problem stable with ejection fraction > 45%

NI Others

COPD, chronic obstructive pulmonary disease

P Mild, (may disregard if an incidental finding on x-ray), FEV1 > 65%

S Moderate, FEV1 50 – 65%

NI Severe, FEV1 < 50%, or with continued smoking

Corneal transplant

- P** One eye only, stable 24 months, other eye with normal cornea, no significant visual impairment
 - SI** Both eyes involved, stable 24 months, without rejection, no complications
 - NI** Others
-

Coronary artery disease, coronary artery bypass graft surgery (CABG)

- P** Well controlled with medications, with bypass surgery, or with angioplasty, or with stent, stable 6 months; blood pressure well controlled, no chest pain, angina, diabetes, heart attack, stroke, TIA, atrial fibrillation; nonsmoker
 - S** Stable 6 months, well-controlled with medications, well-controlled mild hypertension, nonsmoker, no heart attack, diabetes, stroke, TIA, atrial fibrillation; angina stable
 - SI** Stable 6 months, former smoker, well-controlled with medications, well-controlled hypertension; no diabetes, stroke, TIA, atrial fibrillation; angina stable, heart attack > 24 months ago
 - SII** Stable 6 months, former smoker
 - NI** Poorly controlled symptoms, or with poor exercise tolerance, or with smoking, poorly controlled hypertension, recent heart attack, any TIA, stroke, diabetes, atrial fibrillation, or other heart condition
-

CREST syndrome, slowly progressive systemic sclerosis

- NI**
-

Creutzfeldt-Jakob syndrome, a form of dementia

- NI**
-

Crohn's disease, inflammatory disease of small bowel

- P** Stable 12 months, minimal or no symptoms, unoperated, no associated complications, no steroid treatment, weight stable
 - S** Stable 12 months or more since last flare, or since surgery, no symptoms, no medications
 - SI** Mild symptoms, no corticosteroid treatment
 - SII** Moderate symptoms, whether or not surgically treated previously, steroid treatment
 - NI** Less than 12 months since last flare, any complications, including fistula, malabsorption, weight loss, bowel obstruction, significant abdominal pain, hospitalization in past year
-

Cushing's syndrome, disorder of the adrenal glands

- NI** Result of steroid use
 - IC** Others, including if caused by pituitary tumors, with use of Parlodel, corrected by surgery provided there is no hypertension, diabetes, or osteoporosis
-

CVA, cerebrovascular accident, stroke, sometimes called "brain attack"

- P** No neurologic residuals, stable 60 months
 - S** No neurological residuals, stable 36 months
 - SI** No neurological residuals, stable 24 months
 - SII** Minor neurological residuals, no functional limitations or assistive devices, no cognitive impairment, blood pressure controlled \leq 140/80
 - NI** Any history of stroke with ADL or other limitations, multiple strokes, or any CVA with high blood pressure, or with atrial fibrillation, or with diabetes, or smoking
-

Cystic fibrosis, congenital disease of the lungs

- NI**

D**Degenerative arthritis, inflammation of joint(s)**

- P+** Mild or minimal symptoms, see only on x-ray, no prescription medications for this for the past 36 months, no prednisone or cortisone treatment at any time, no surgery performed or recommended; no functional limitations, no joint injections
 - P** Mild to moderate symptoms, regular use of non-prescription medications; no joint replacements, no functional limitations, no joint injections
 - S** Moderate symptoms, regular use of prescription medications, no functional limitations, joint replacement stable 6 months acceptable
 - SI** Moderate symptoms, no physical limitations, no use of narcotics, treatment with injections acceptable after 6 months' stability, prescription medications acceptable; multiple weight-bearing joint replacements (hips, knees, ankles), full recovery from surgery after 6 months' stability
 - SII** Moderate symptoms, mild physical limitations, occasional use of narcotics (< 3/week), multiple joint replacements (any type joint, i.e. hands, fingers, feet, toes, shoulders, elbows), full recovery from surgery after 6 months' stability; prescription medications acceptable
 - NI** With physical limitations, surgery anticipated, surgery completed within the past 6 months, regular narcotic use (\geq 3/week), need for assistive devices
-

Dementia, all forms, mental confusion, memory loss, cognitive impairment

- NI**
-

Depression, mental disorder of altered mood

- P+** Stable for 24 months controlled with one medication, may be situational or chronic; no bipolar disorder, no functional impairment, no hospitalizations or ER visits, no history of ECT (electro convulsive therapy, shock therapy), does not interfere with daily activities or work
 - P** Stable for 12 months controlled with one medication; may be situational or chronic, no bipolar disorder, no functional impairment, no hospitalizations or ER visits, no history of ECT, does not interfere with daily activities or work
 - S, SI, SII** Stable 12 months, multiple medications acceptable, no hospitalizations or ER visits in the past 48 months, no history of ECT, mild degree of decreased activities, but must not interfere with ADLs/IADLs, no cognitive impairment, condition may be chronic or acute; may be well-controlled bipolar or manic depressive disease, stable 48 months
 - NI** Severe disease, multiple hospitalizations, multiple medication adjustments in the most recent 24 months, any history of ECT, any cognitive or functional impairment
-

Dermatomyositis, chronic weakness and inflammation of muscles

NI

Diabetes mellitus, chronic disorder of carbohydrate metabolism

- P** Mild, including the isolated diagnosis “hyperglycemia”; average Hgb A1C ≤ 7.0 , controlled with diet only otherwise good health, stable 12 months, nonsmoker, none of the co-morbid conditions listed under “NI”
 - S** Mild, average Hgb A1C < 7.5 , controlled with diet or one oral medication, otherwise good health, stable 6 months, nonsmoker, none of the co-morbid conditions listed under “NI”
 - SI** Mild, average Hgb A1C 7.5 – 8.0, none of the co-morbid conditions listed under “NI” controlled with oral medications; with blood pressure that is mild and well-controlled (see blood pressure guidelines for actual numbers)
 - SII** Mild-moderate, stable 12 months; average A1C 8.1 – 9.0, use of oral anti-diabetic medications; with blood pressure that is mild and well-controlled
 - NI**
 - insulin use; average Hgb A1C ≥ 9.1
 - coronary artery disease
 - cerebrovascular disease, CVA, TIA
 - hypertension (unless very mild, and well controlled)
 - atrial fibrillation
 - current smoker
 - peripheral vascular disease (PVD)
 - peripheral neuropathy
 - nephropathy, kidney damage
 - albuminuria, serum protein in urine
 - retinopathy, eye damage
 - any osteomyelitis
-

Dialysis, kidney, or renal dialysis, process of mechanically removing metabolic wastes from the blood

NI

Disabled, collecting disability benefits, worker’s compensation, or Social Security disability payments

NI

Diverticulitis, diverticulosis, bulging pouches in the bowel, may be infected

- P+** Incidental imaging diagnosis; or mild, recovered, no hospitalizations
 - P, S** Mild – moderate symptoms, controlled, stable 6 months
 - SI, SII** Moderate, fully controlled, stable, any past hospitalizations
 - NI** Severe, frequently recurrent (≥ 4 flares/year), or surgery anticipated
-

Drug dependency or abuse

- P** In recovery > 60 months, good health, stable
 - S** In recovery > 36 months, good health, stable
 - SI** In recovery > 36 months, one related health conditions well controlled, stable
 - SII** In recovery > 36 months, more than one health condition all well controlled and stable
 - NI** Recovery < 36 months or any relapses in recovery period, or continued use
-

E – G

Emphysema, COPD, chronic obstructive pulmonary disease

- P** Mild, (may disregard COPD as an incidental finding on x-ray), FEV1 $> 65\%$
 - S** Moderate, FEV1 50 – 65 %
 - NI** Severe, FEV1 $< 50\%$; or with continued smoking
-

Endarterectomy, surgical treatment of carotid artery disease

- SI** Stable 12 months, no TIA prior to surgery, no stroke, nonsmoker, endarterectomy on one side only
 - SI** Stable 36 months, if TIA occurred prior to surgery, surgery on one side only, nonsmoker, no stroke
 - SII** Stable 24 months, nonsmoker, with any other health conditions that are well controlled
 - NI** Stenosis recurrent or remaining, or symptomatic with any degree stenosis, or with TIA following surgery, endarterectomy on both sides, or with diabetes, stroke, smoker, atrial fibrillation, heart valve disease, heart attack, angina, thrombosis, embolism, peripheral vascular disease, claudication, or poorly controlled blood pressure
-

Endocarditis, inflammation of lining of the heart

- S, SI, SII** Recovered without complications, no residual heart damage, full exercise tolerance, stable 12 months
 - NI** Related to prosthetic device, multiple episodes, cardiac symptoms, or with residual heart damage
-

Epilepsy, seizure disorder, chronic disorder of the brain causing a tendency to have seizures

- P, S** Well controlled on medications, no seizure for 24 months
 - S** Well controlled on medications, no seizure for 12 months
 - NI** Seizure within past 12 months, poor control, seizure of unknown cause, and/or any associated cognitive or functional limitations
-

Epstein-Barr syndrome, infectious mononucleosis, chronic viral infection

- P, S** Full recovery, stable 6 months, no hospitalization, no spleen involvement
 - SI, SII** Full recovery, hospitalization more than 6 months ago, spleen involvement resolved
 - NI** Recent infection within past 6 months, or ongoing symptoms or residual effects
-

Esophageal varices, chronic obstruction of blood flow of the esophagus related to liver function

- NI**
-

Esophagitis, GERD, or gastro-esophageal reflux disease, inflammation of the passage from the throat to the stomach

- P+, P** Symptoms controlled with diet and/or medication, no stricture of esophagus
-

Falls (reason for the fall(s) will be underwritten)

- P** Single fall without injury not associated with dizziness, or gait disturbance, or TIA; no assistive devices
 - S** Single fall, minor injury, no fracture(s), no imbalance, no dizziness or vertigo, no syncope or fainting; no assistive devices
 - SI** Single fall, minor injury, no fractures, cause of fall has been treated and resolved, stable 12 months; no assistive devices
 - SII** Multiple falls without injury, more than 12 months ago, cause identified, treated, resolved; no assistive devices
 - NI** Multiple falls within the past 12 months, with fractures, or need for assistive devices
-

Fibromyalgia, chronic condition of fatigue and widespread pain in muscles, ligaments, tendons

- P+** Fully recovered, stable 48 months
 - P** Mild symptoms, stable 48 months, no limitations, no treatment
 - S** Mild symptoms, stable 24 months, treated with non-prescription medications
 - SI** Moderate symptoms, stable 48 months, use of prescription medications, no functional limitations, no narcotic use
 - SII** Moderate symptoms, stable 24 months, use of prescription medications, no functional limitations, no narcotic use
 - NI** Recent onset < 24 months, or use of narcotics, or limited activities, or described as severe
-

Fuch's corneal dystrophy, congenital condition of the eye

- SI** With corneal transplant, stable 24 months, no visual impairment
 - SII** With corneal transplant, stable 12 months, no visual impairment
 - IC** No corneal transplant
 - NI** Both eyes involved, and/or corneal transplant being considered
-

Gastric bypass surgery, surgical procedure for decreasing absorption of nutrients from the small intestine; used to treat obesity

- S** Stable 24 months, no complications including no liver problems, vitamin deficiencies or malabsorption; weight stable and within standard guidelines of build chart in this manual, no diabetes, no cardiac disease, no joint disease of hips, knees, back
 - SI** Stable 24 months, no complications from surgery, weight within guidelines of SI-SII in the build chart, no diabetes, no cardiac disease, no joint disease, any hypertension that is well-controlled
 - SII** Stable 24 months, any complications have resolved and remained stable, no diabetes, minimal joint symptoms, well controlled hypertension, build within guidelines
 - NI** Any complications including liver problems/abnormalities, vitamin deficiencies or malabsorption. Any obesity treatment procedure resulting in malabsorption, dumping syndrome, anemia, vitamin deficiency, or liver problems (including severe fatty liver, abnormal liver tests, liver fibrosis or cirrhosis); with diabetes, cardiac disease, moderate to severe joint disease of hips, knees, or back; poorly controlled blood pressure
-

GERD (gastro-esophageal reflux disease, esophagitis)

- P+** Symptoms well controlled, not described as Barrett's esophagus, no esophageal stricture
-

Gallbladder, cholecystitis, cholelithiasis, disease and/or stones of the gall bladder

- P+** Stones present, incidental finding, no symptoms; or after surgery with no complications, and stable 3 months
 - IC** All others
-

Gilles de la Tourette syndrome, Tourette's syndrome, an inherited neurological disorder, characterized by unusual, repetitious, unintentional behaviors

- P** Controlled, fully functional, no added psychiatric diagnosis, stable 24 months
 - S, SI, SII** Controlled symptoms, additional neurological conditions
 - IC** Controlled, fully functional, with any additional diagnoses
 - NI** Poorly controlled, untreated, functional or cognitive impairments
-

Gastro-intestinal (GI) polyps, growth on a 'stem' occurring in the stomach or intestines; may be benign or malignant

- P+** Surgically removed, no further disease, no active bleeding
 - IC** Malignant, (see criteria for cancer)
-

Glaucoma, disorder of regulation of pressure within the eye, may cause loss of vision

- P+** Mild to moderate without visual impairment
 - NI** Severe or if visual impairment that affects ADLs
-

Goiter, enlarged thyroid gland, infections, tumor, or disorders of thyroid gland

- P+** Stable with treatment
-

Gout, joint inflammation due to excess production of uric acid

- P+** Infrequent symptoms, mild disease
 - P** Mild disease, preventive medications, infrequent flares of symptoms
 - S** Moderate disease
 - SI** Moderate disease with multiple joints involved
 - SII** Moderate disease, with mild joint deformity
 - NI** Regular narcotic use, or with functional limitation or assistive devices
-

Guillain-Barre syndrome (GBS), inflammatory disorder of nerves outside the brain and spinal cord, with loss of feeling and movement

- P+** Fully recovered, no residuals, stable 24 months
 - P** Fully recovered, no residuals, stable 12 months
 - S** Recovered with mild residuals, stable 24 months, no functional limitations
 - NI** Less than 24 months' recovery, or with relapses, or with neurological residuals
-

H

Hashimoto's thyroiditis, inflammation of thyroid gland

- P+, P** Treated and controlled
 - NI** Untreated, or poorly controlled
-

Headaches, migraine

- P+, P** Mild syndrome, preventive medication acceptable
 - S, SI, SII** Moderate to severe, occasional narcotic use (< 3/week)
 - NI** Regular narcotic use (> 3/week, ongoing)
-

Heart attack, myocardial infarction

- P** Mild, stable 36 months, nonsmoker, no functional limitations, no diabetes, no stroke, no TIA, no atrial fibrillation.
 - S** Mild, stable 12 months, nonsmoker, no functional limitations, no diabetes, no stroke, no TIA, no atrial fibrillation.
 - SI** Moderate, stable 36 months, nonsmoker, all other conditions well controlled, no diabetes, no stroke, no TIA, no atrial fibrillation.
 - SII** Moderate, stable 12 months, nonsmoker, all other conditions well controlled, no diabetes, no stroke, no TIA, no atrial fibrillation.
 - NI** With chronic angina, chronic chest pain, poorly controlled blood pressure, or a smoker, or with diabetes, with stroke, with TIA, with atrial fibrillation.
-

Heart murmur, abnormal sounds caused by the valves in the heart

- P+** Functional, no symptoms, no treatment required
 - P, S** Well controlled with medication
 - IC** Others, if involving mitral valve, see criteria for mitral valve
-

Heart valve disease, dysfunction or malformation of the flow-regulators of the heart

- P** Stable 12 months, well controlled, full recovery if surgically corrected, good exercise tolerance, single valve, no other heart disorders
 - S, SI, SII, IC** With other cardiac disorder, or multiple valve disease
 - NI** Surgery recommended or planned, atrial fibrillation
-

Hemiplegia, hemiparesis, paralysis of half of the body

- NI**
-

Hemochromatosis, blood disorder

- P** Stable 36 months, no organ involvement, regular treatment with phlebotomies, lab results normal after treatment
 - S** Stable 24 months, no organ involvement, regular treatment, normal lab results
 - SI** Stable 12 months, no organ involvement, regular treatment, normal lab results
-

Hemophilia, blood clotting disorder

NI

Hepatitis, disorder of liver

- P+** Hepatitis A or Hepatitis E: full recovery, no complications, stable 12 months, normal labs
 - P** Hepatitis B: full recovery, no complications, normal labs, stable 12 months
 - P** History of Hepatitis C, chronic, treated, recovered, normal labs, stable 24 months
 - S** Chronic carriers of hepatitis: history of Hepatitis B, chronic, normal labs, stable 24 months, or hepatitis C with no fibrosis on recent biopsy, and normal liver function test results (LFTs)
 - NI** Any type that is current, or any described as alcoholic, auto-immune, or other active Hepatitis C, Hepatitis D, or any type with cirrhosis or fibrosis of the liver
 - IC** Others
-

Herniated disk, bulge or rupture of the disk(s) between vertebrae of the spine

- P+** No symptoms or medications for the past 36 months; if symptoms diagnosed as only muscle strain, 6 months stability; no current physical therapy; no functional limitations
 - P** Mild symptoms resolved and stable for 6 months, or resolved by surgery; no functional limitations, disability, no assistive devices; regular use non-prescription medications
 - S** Current symptoms, stable 6 months; no functional limitations, regular use of prescription medication, no current narcotic use, physical therapy acceptable
 - SI** Mild current symptoms, stable 3 months; no functional limitations, regular use of prescription medication, no current narcotic use, physical therapy acceptable
 - SII** Mild to moderate symptoms, stable 3 months; multiple medications, occasional narcotic use (≤ 3 pills per wk)
 - NI** Severe symptoms; disabling symptoms; functional limitations; regular narcotic use, surgery recommended or planned; receiving workers compensation, or disability reimbursement
-

Hiatal hernia, protrusion of the stomach upward into the esophagus

- P+** Asymptomatic, or mild symptoms
 - P** Mild to moderate with good control
 - NI** Severe, or surgery anticipated
-

High blood pressure

- P+** Mild, stable 24 months, average reading no greater than 140/90, without heart disease, without diabetes.
 - P** Mild, stable 12 months, average readings no greater than 140/90, no heart disease, no diabetes.
 - S** Moderate, stable 12 months, without heart disease, without diabetes, average readings $\leq 145/95$.
 - S** Mild, stable 12 months, average readings no greater than 140/90, with stable mild coronary artery disease.
 - S1** Moderate, stable 6 months, average readings $\leq 145/95$, may be in combination with cardiac conditions or diabetes if all conditions are well controlled.
 - S1** Moderate, stable 6 months, controlled with average readings $\leq 160/95$, no other conditions, nonsmoker.
 - SII** Moderate, stable 6 months, average readings $\leq 160/95$, with any other conditions if all are well controlled.
 - NI** Poorly controlled, average readings greater than 160/95; or any hypertension if present with any poorly controlled cardiovascular conditions and/or poorly controlled diabetes.
-

Hip replacement (we will underwrite the condition for which procedure was required)

- P+, P** Total hip joint replacement, fully recovered, no functional limitations, stable 6 months following completion of rehabilitation, no other joints involved
 - P, S** Total hip joint replacement, stable 6 months from time of surgery, no complications, no functional limitations, mild arthritis other joints, no pain with walking
 - S** Total hip replacement completed, stable 6 months from time of surgery, mild to moderate arthritis of one or more other joints, no functional limitations
 - SI, SII** Total hip replacement completed, stable 6 months from time of surgery, moderate arthritis, mild functional limitations
 - NI** Hip replacement anticipated, or regular use of narcotics (≥ 3 /week)
-

HIV positive, infection with the human immuno-deficiency virus

NI

Hodgkin's lymphoma, cancer of blood cells (see cancer criteria)

Home Health Care service, within previous year

NI

Huntington's chorea, inherited disease of the nervous system

NI

Hydrocephalus, abnormal accumulation of fluid in the brain, with or without VP (ventriculo-peritoneal) shunt

NI

Hyperparathyroidism, over-production of hormones from the parathyroid gland

P+ Surgically corrected, full function, stable 12 months

IC Others

Hypertension, HTN, high blood pressure

P+ Mild, stable 24 months, average reading no greater than 140/90, without heart disease, without diabetes.

P Mild, stable 12 months, average readings no greater than 140/90, no heart disease, no diabetes.

S Moderate, stable 12 months, without heart disease, without diabetes, average readings \leq 145/95.

S Mild, stable 12 months, average readings no greater than 140/90, with stable mild coronary artery disease.

S1 Moderate, stable 6 months, average readings \leq 145/95, may be in combination with cardiac conditions or diabetes if all conditions are well controlled.

S1 Moderate, stable 6 months, controlled with average readings \leq 160/95, no other conditions, nonsmoker.

SII Moderate, stable 6 months, average readings \leq 160/95, with any other conditions if all are well controlled.

NI Poorly controlled, average readings greater than 160/95; or any hypertension if present with any poorly controlled cardiovascular conditions and/or poorly controlled diabetes.

Hyperthyroidism, over-production of hormone from the thyroid gland

P+ Without symptoms, controlled with medication, stable 12 months

S Well controlled, no organ damage, stable 12 months

NI Untreated, or poorly controlled, ongoing symptoms

Hypothyroidism, under-production of hormone from the thyroid gland

P+ Controlled with medications, stable 6 months

IC Others

NI Untreated or poorly controlled

Hysterectomy, surgical removal of uterus

P+ For non-malignant reasons, stable 3 months without complications. All others will be underwritten for the condition for which the surgery was done

I – K

Ileostomy, surgically created opening in which a part of the bowel is brought through the abdominal wall, where waste is expelled; reason for which surgery was done will be underwritten

S 24 months after surgery, stable without complications

SI < 24 months post-surgery, without complications

NI Complications from surgery, or from condition for which the surgery was done

Incontinence, inability to control urine or bowel function

P+ Urinary stress or urge type, minimal leakage, easily managed, symptoms not progressive, no medications required

P Urinary stress or urge type, with leakage, requires medications or devices to manage, non-progressive, completely independent in care

S Urinary stress or urge type, history of corrective surgery or history of skin breakdown due to incontinence with stable 6 months use of medications or devices acceptable, independent in managing care

SI, SII Urinary incontinence any type, requires medications and/or devices to manage; history of hospitalization due to bladder dysfunction if fully resolved and stable 12 months; independent in managing care

IC With neurogenic bladder

NI Catheter use, indwelling or intermittent; poorly managed incontinence. Impacts functional abilities; progressive symptoms; fecal (bowel) incontinence.

Inner ear disorder

P+, P Mild, occasional medication use

S Moderate, regular medication use, no associated neurological symptoms

SI, SII Moderate, with intermittent dizziness, no falls

NI Severe, with any neurological disorders, or with multiple falls

Intestinal angina, abdominal pain caused by narrowed blood vessels to the intestines

Intestinal obstruction

P+ One episode only, surgically corrected, no malignancy, stable 48 months

P More than one episode, surgically corrected, no malignancy, stable 48 months

S More than one episode, or if no surgery done, no malignancy, stable 24 months

SI More than one episode, hospitalization required, with or without surgery, no malignancy, stable 48 months

SII More than one episode, hospitalization required, with or without surgery, no malignancy, stable 24 months

NI Surgery anticipated, or regular use of narcotics

Irritable bowel syndrome, IBS, spastic bowel or colon symptoms

- P+** Mild
 - P** Moderate
 - SI** Moderate with history of surgery, stable 12 months
 - NI** Severe, or surgery anticipated, poorly controlled, or with fecal incontinence
-

ITP, idiopathic thrombocytopenia purpura, blood clotting disorder

- P+** Fully recovered without current therapy, without splenectomy, stable 24 months
 - P** Treated with splenectomy, fully recovered, no current therapy, stable 24 months
 - S** Chronic, asymptomatic ITP with or without a history of splenectomy, average platelet count over previous 24 months at > 90,000, currently receiving no treatment
 - IC** Intermittent use of low dose steroid therapy
 - NI** Need for chronic, continuous steroids, or with history of CVA, TIA, or with neurological deficits, hospitalization or complications due to ITP
-

Kidney dialysis process of mechanically removing metabolic wastes from the blood

- NI**
-

Kidney infection, pyelonephritis, infection of the collecting portion of the kidney

- P+** Single episode, recovered and stable 24 months, normal kidney function
 - P** Single episode, recovered and stable 12 months, normal kidney function
 - IC** Chronic
-

Kidney infection, glomerulonephritis, infection of the filtering portion of the kidney

- P+** Post-streptococcal, normal renal function, normal urine test, stable 60 months
 - P** Post-streptococcal, normal renal function, normal urine test, stable 36 months
 - S** Post-streptococcal or other causes, normal renal function and urine test, stable 36 months
 - NI** Abnormal renal function, abnormal lab results, or any renal failure or insufficiency
 - IC** Others
-

Kidney stones (calculi), nephrolithiasis

- P+** Single episode, resolved, without current symptoms, stable 3 months
 - P** Multiple episodes, treated and resolved, without current symptoms, stable 3 months
 - IC** All others
-

Kidney transplant

- NI**
-

Knee replacement

- P+, P** Total or partial knee joint replacement, no post operative complications, stable 6 months after rehabilitation complete, no functional limitations, no other joints involved
 - P, S** Total or partial knee joint replacement, stable 6 months from time of surgery, no complications, no functional limitations, mild arthritis other joints
 - SI, SII** Total or partial knee replacement completed, stable 6 months from time of surgery, moderate arthritis, mild functional limitations
 - NI** Total or partial knee joint replacement, more than one surgery per knee joint; or, if after 6 months from time of surgery, there are complications, functional limitations or pain with ambulating, or if surgery recommended or pending, or current narcotic use
 - IC** All others
-

L – M

Lacunar infarction, a type of cerebrovascular accident or stroke

- P** No neurologic residuals, stable 60 months
 - S** No neurological residuals, stable 36 months
 - SI** No neurological residuals, stable 24 months
 - SII** Minor neurological residuals, no functional limitations or assistive devices, no cognitive impairment, blood pressure controlled < 140/80
 - NI** Any history of stroke with ADL or other limitations, multiple strokes, or any CVA with high blood pressure, or with atrial fibrillation, or with diabetes, or smoking
-

Lambert-Eaton syndrome, myasthenia syndrome, a neurological disorder

- NI**
-

Leukemia (see cancer)

Lung cancer (see cancer)

Lupus, discoid, inflammatory skin disorder which can affect internal organs
P Limited to the skin, no other lupus symptoms, stable 60 months
S Limited to skin, no other lupus symptoms, stable less than 60 months
NI If diagnosed as lupus erythematosus, or systemic lupus erythematosus

Lupus erythematosus, systemic, SLE, systemic lupus erythematosus, chronic inflammatory autoimmune disease
NI

Lyme disease, infectious disease spread by deer tick, may affect joints
P+ Stable 6 months after full recovery
P Stable 6 months after recovery, with minimal residual effects that are well controlled
IC < 6 months' recovery, with current treatment, no ADL limitations
NI Poorly-controlled, with residual effects on ADLs, and current treatment

Lymphoma (see cancer)

Macular degeneration, chronic eye disease with gradual loss of vision
P+ Stable without vision impairment
P Stable 60 months with mild vision impairment
S Stable 36 months with mild vision impairment
NI Progressive or moderate visual impairment or ADL dependency

Malignant melanoma, serious type of skin cancer
P Stable 6 months, early stage, 90-day elimination period
S Stable 24 months, moderate stage, 90-day elimination period
IC Any others

Manic depression, bipolar disorder, mental illness with extreme swings between depression and euphoria
S Stable 48 months, well controlled on medication; a single hospitalization > 10 yrs ago acceptable, fully independent, no cognitive limitations
SI Stable 36 months, well controlled on medication, a single hospitalization > 10 yrs ago acceptable, fully independent, no cognitive or functional limitations
SII Stable 24 months, well-controlled on medication, a single hospitalization > 10 yrs ago acceptable, fully independent, no cognitive or functional limitations
NI With multiple psychiatric hospitalizations, with any cognitive or functional impairment, multiple medication adjustments in past 48 months

Medicaid recipient
NI

Memory loss, confusion, cognitive disorder, may be dementia
NI

Meniere's disease, sudden severe attacks of dizziness or vertigo
P Stable 24 months, not progressive, no falls, no functional limitations, controlled with medications
S Stable 24 months, not progressive, rare falls, no functional limitations, controlled with medications
NI With evidence of coexisting neurological problems, vascular disorder, strokes, hospitalizations, or frequent falls
IC Other

Meningioma, benign tumor in the brain or spinal cord
S Stable 60 months after treatment, no functional or cognitive limitations, follow-up imaging studies stable
SI Stable 60 months after treatment, follow-up imaging stable, no cognitive impairment, mild functional impairment, no use of assistive devices
SII Stable 36 months after treatment, follow-up imaging stable, mild functional impairment, no cognitive impairment, no use of assistive devices
NI Present, unoperated, with cognitive or functional impairments, use of any assistive devices, and all others

Mental retardation
NI

Mitral valve prolapse, ineffective closure of the valve between the two left-side chambers of the heart
P+ Mild, no other cardiac conditions
P Moderate, no other cardiac conditions
S Stable 24 months with surgically replaced valve, no other cardiac conditions
IC Others
NI With other cardiac conditions including atrial fibrillation, CVA, stroke, TIA, or other valve disease

Multiple myeloma, cancer of white blood cells

NI

Multiple sclerosis, all types, chronic disabling disease of brain and spinal cord

NI

Muscular dystrophy, inherited progressive muscle disorder

NI

Myasthenia gravis, neurological disorder with muscle weakness

NI

Myelodysplasia, myelodysplastic syndrome, bone marrow disorder

NI

Myocarditis, inflammation of heart muscle

P+ Stable 36 months, single episode, complete recovery, no other heart disease, no arrhythmia, no congestive heart failure

P Stable 24 months, single episode, complete recovery, no other heart disease, no arrhythmia, no congestive heart failure

S Stable 12 months, complete recovery, no other heart disease, no arrhythmia, no congestive heart failure

IC Stable 24 months, more than one episode, complete recovery, no underlying heart disease, no arrhythmia, no CHF, no heart-related symptoms

NI With heart failure, or arrhythmia, or functional impairment

Myocardial infarction, MI, heart attack, injury to heart muscle caused by blockage in blood flow

P Mild, stable 36 months, nonsmoker, no functional limitations, no diabetes, no stroke, no TIA, no atrial fibrillation.

S Mild, stable 12 months, nonsmoker, no functional limitations, no diabetes, no stroke, no TIA, no atrial fibrillation.

SI Moderate, stable 36 months, nonsmoker, all other conditions well controlled, no diabetes, no stroke, no TIA, no atrial fibrillation.

SII Moderate, stable 12 months, nonsmoker, all other conditions well controlled, no diabetes, no stroke, no TIA, no atrial fibrillation.

NI With chronic angina, chronic chest pain, poorly controlled blood pressure, or a smoker, or with diabetes, with stroke, with TIA, with atrial fibrillation.

N – Q

Narcolepsy, disabling neurological disorder of sleep regulation

P Stable 36 months, well controlled, no falls or accidents, independent in ADLs, no functional or cognitive impairment

S Well controlled, independent in ADLs, no functional or cognitive impairment

IC Other

NI Poorly controlled, functional or cognitive impairment

Narcotic use, use of a category of drugs that depress the function of the central nervous system; condition for which this is used will also be underwritten

IC occasional use for any condition; "occasional" is < 3/week

NI regular use for any condition; "regular" is > 3/week

Nephrolithiasis, kidney stones

P+ Single episode, resolved, without current symptoms, stable 3 months

P Multiple episodes, treated and resolved, without current symptoms, stable 3 months

IC All others

Nephrosclerosis, hardening of kidney tissue

NI

Nephrotic syndrome, progressive kidney damage

NI

Neurogenic bladder, loss of normal urinary bladder function due to a disorder of the nerves that affect the bladder

IC

Neuropathy, peripheral neuropathy, disease of the nerves

P Stable 36 months, mild numbness of fingers or feet, fully functional, stable or improved, non-progressive

S Stable 12 months, mild numbness of fingers or feet, fully functional, stable or improved, non-progressive

S 24 months' stability when due to peripheral nerve entrapment or injury, minimal or no residual functional impairment, no surgery recommended or planned

NI Major symptoms, or use of narcotics, or with impaired function, or if due to diabetes

IC, usually NI Any peripheral neuropathy demonstrating a progressive clinical course single extremity neuropathy stable 24 months, or others

Nursing home confinement, current or in past 12 months

NI

Organ transplant, except cornea
NI

Organic brain syndrome (OBS) chronic disease or injury that interferes with brain function
NI

Osteomyelitis, infection involving bone tissue

- P+** Stable 24 months, single bone involvement, fully resolved, no functional Limitations, no diabetes
 - P** Stable 12 months, single bone, fully resolved with no functional limitations, no diabetes
 - S** Stable 24 months, recurrent episodes, fully resolved, single bone involvement, no functional limitations, no diabetes
 - NI** Any active infection, any history of single or multiple episodes due to chronic illness, including diabetes, or with residual deficits
-

Osteoarthritis, OA, arthritis, inflammation of joints

- P+** Mild or minimal symptoms, see only on x-ray, no prescription medications for this for the past 36 months, no prednisone or cortisone treatment at any time, no surgery performed or recommended; no functional limitations, no joint injections
 - P** Mild to moderate symptoms, regular use of non-prescription medications no joint replacements, no functional limitations, no joint injections
 - S** Moderate symptoms, regular use of prescription medications, no functional limitations, joint replacement stable 6 months acceptable
 - SI** Moderate symptoms, no physical limitations, no use of narcotics, treatment with injections acceptable after 6 months' stability, prescription medications acceptable; multiple weight-bearing joint replacements (hips, knees, ankles), full recovery from surgery after 6 months' stability
 - SII** Moderate symptoms, mild physical limitations, occasional use of narcotics, multiple joint replacements (any type joint, i.e. hands, fingers, feet, toes, shoulders, elbows), full recovery from surgery after 6 months' stability; prescription medications acceptable
 - NI** With physical limitations, surgery anticipated, surgery completed within the past 6 months, regular narcotic use, need for assistive devices
-

Osteoporosis, condition of thin, brittle bones

(NOTE: Sequential Bone Mineral Density (BMD) results must not indicate worsening T scores)

- P** Mild disease, stable 24 months, asymptomatic, no history of falls, no fractures, using at least one corrective medication or supplement, bone mineral density (BMD) results in T scores average better than -3.0, nonsmoker, no falls or fractures
 - S** Moderate disease, stable 24 months, asymptomatic, no history of falls, no fractures, treated with medication or supplements, average BMD scores better than -3.5 nonsmoker, no falls or fractures
 - SI** Mild to moderate disease, treated with medication or supplements, smoker, no falls or fractures, average BMD T scores better than -3.5
 - SII** Moderate disease, treated with medication or supplements, smoker, a single BMD T score of -4.0 with overall T score average better than -3.5
 - NI** Severe symptoms, with or without functional limitations, use of assistive devices, underweight, untreated, any history of falls or fractures, BMD T scores less favorable than -4.0
-

Oxygen use, supplemental therapy to increase oxygen availability to the body
NI

Pacemakers, implanted defibrillators, successful ablation treatment (Pacemakers and defibrillators are devices implanted in the body, attached to the heart to regulate the heart rhythm; ablation is a radiofrequency treatment to the heart via a catheter inserted into a blood vessel for the purpose of correcting a heart rhythm abnormality. The condition for which these procedures are necessary will also be underwritten.)

- S** Stable 36 months, clinical conditions stable, asymptomatic
 - SI** Stable 24 months, asymptomatic, clinical conditions stable
 - SII** Stable 12 months, asymptomatic, clinical conditions stable
 - IC** Stable 24 months; with any other heart condition that is well controlled, no functional limitations, unsuccessful ablation, no cognitive impairment
 - NI** Any ongoing cardiac arrhythmia if after placement or procedure, any symptoms of syncope (fainting) or pre-syncope (near-fainting)
-

Paget's disease of bone, bones become enlarged, weakened and deformed

- P** Localized, no symptoms, no bone pain, no fracture, no neurological symptoms, no limitations, stable 24 months
 - IC** Localized, minimal skeletal or neurological symptoms, well controlled on treatment, stable, non-progressive clinical course, no functional limitation, no fractures, stable 24 months
 - NI** More than local skeletal involvement, greater than minimal bone discomfort, bone deformity, any pathological fracture, neurological involvement, any functional limitation
-

Pancreatitis, inflammation of pancreas

- P** No history of excessive alcohol use, one or two episodes, stable 36 months if idiopathic (unknown cause) stable 9 months if due to gallbladder disease
 - S** No history of excessive alcohol use, one or two episodes, stable 6 months if resulting from gallstone disease, stable 24 months if idiopathic (cause unknown)
 - SI** Resulting from alcohol abuse when there is no current alcohol use, one or two episodes, stable 60 months
 - NI** More than two episodes or chronic pancreatitis
-

Paralysis, loss of function and sensation

NI

Parkinson's disease, progressive condition affecting balance, coordination, ability to walk and ability to swallow

NI

Pericarditis, inflammation of the sac around the heart

- P+** Stable 24 months, single episode, no other heart disease, completely resolved
 - P** Stable 12 months, single episode, no other heart disease, completely resolved
 - IC** All others; rating will depend on extent and severity of episode
-

Peripheral vascular disease, PVD, disease of blood vessels of arms and legs

- S** Mild, stable 6 months, asymptomatic, not surgically treated, see below, NI for other clinical detail
 - SI** Moderate, stable 6 months, not surgically treated; see NI below for other clinical detail
 - SII** Present on exam, without symptoms, not surgically treated, see NI below for other clinical detail
 - NI** Current symptoms, or any surgical treatment, or with smoking, diabetes, heart disease, CVA, stroke, TIA, additional vascular disease, skin ulcers, or with current or past gangrene, or with amputations
-

Pleuritis, DVT deep vein thrombosis, venous stasis, venous stenosis, blockage of blood flow due to plaque or clot; cause will be underwritten as well

- P+** Stable 24 months, single episode, identifiable cause, successfully treated, complete recovery
 - P** Stable 6 months, single episode, identifiable cause, successfully treated, complete recovery
 - S** Stable 36 months, more than one episode, cause known, successfully treated, complete recovery
 - SI** Stable 24 months, more than one episode, cause known, successfully treated, complete recovery
 - IC** Stable 24 months without complications, or if inferior vena caval filter or umbrella surgically placed
-

Physical therapy, program of guided movements to restore and improve function and relieve pain. Refer to the primary impairment for which the physical therapy is given; if no primary impairment detail is available, use the following guidelines:

- P+** No physical therapy in the past 6 months; no functional impairment
 - P** Less than 6 months' stability; physical therapy within the past 6 months for upper back, and/or upper extremities; no functional impairment
 - S** Less than 6 months' stability; physical therapy within the past 6 months for lower extremities, neck or cervical spine; no functional impairments
 - SI** Therapy for upper extremities and/or upper back, stable 6 months, minimal functional impairment
 - SII** Therapy for lower extremities, neck or cervical spine; stable 6 months, minimal functional impairment
 - NI** Moderate to severe functional impairment
-

Pick's disease, a form of dementia with onset of symptoms prior to age 60

NI

Pituitary adenoma, benign tumor of pituitary gland, located in the brain

- P** Micro-adenoma, stable 36 months, asymptomatic
 - P** Macro-adenoma, surgically treated, complete recovery, stable 60 months, no recurrence
 - S** Micro-adenoma stable 24 months
 - S** Macro-adenoma, stable 36 months after treatment, no recurrence
 - SI** Micro-adenoma stable 12 months
 - SI** Macro-adenoma stable 24 months
 - NI** Residual macro-adenomas
-

Polycystic kidney disease, genetic disorder with progressive kidney failure

NI

Polycythemia vera, p. vera, disorder of bone marrow

IC, usually NI

Polymyalgia rheumatica, PMR, disorder of muscles of shoulders and hips

- P** Stable 12 months, controlled without steroids, no functional limitations
 - S** Stable 12 months, controlled with low dose steroids (refer to dose guidelines under "steroid use" in this guide), symptoms improving, no functional limitations
 - NI** Onset, or stability less than 12 months, or any functional limitations, or complications from steroid use, or any ADL or IADL dependencies or need for assistive devices
-

Post-polio syndrome

(Muscle wasting and weakness that occurs 20+ years after acute paralytic poliomyelitis)

- NI** Post-polio symptoms, or history of poliomyelitis with recent increasing fatigue, or history of shortness of breath, stable < 36 months after resolution of symptoms
 - IC** Other
-

Pregnancy

If currently pregnant, consider at appropriate rate class using pre-pregnancy weight and a 90-day elimination period, if without complications

Prostate cancer, treated with radiation seed implants (special consideration detail)

- P** 90-day elimination period, 6 months after seed implant applicant over age 60 at time of diagnosis Gleason score ≤ 6 ; No extension of tumor beyond the gland; PSA trending back downward toward normal; PSA to < 1.0 may take 2 years; PSAs that stabilize at 1.0 to 1.5 and remain there for 2 years can be considered
 - S** 90-day elimination period, 24 months of stability required; applicant age 51 – 59 at time of diagnosis; Gleason score 7; May be tumor in both lobes; PSA must be < 1.0
 - SI** 90-day elimination period, stable 36 – 48 months; PSA < 1.0
 - SII** 90-day elimination period, stable 60 months; applicant age at time of onset ≤ 50 ; Gleason 8 – 10; PSA < 1.0
-

Prostate disorders, prostatism, benign prostatic hypertrophy, BPH, benign enlargement of the prostate gland which may or may not interfere with urine flow

- P+** BPH present, minimal or no symptoms, normal PSA, unoperated, or good results from surgery with 3 months' stability from surgery
 - P** Stable 6 months, mild to moderate symptoms, no surgery recommended or pending, past surgery more than 6 months ago, normal PSA
 - NI** BPH, severe symptoms, or surgery recommended or pending, abnormal prostate exam, not worked up, or work up in progress, pending results of exam. (See guidelines for PSA readings in this guide)
-

PSA, elevated, elevated blood level of prostate-specific antigen, which measures problems related to the prostate, including cancer and other disorders

- P+** Biopsy negative, PSA stable < 6 or trending downward
 - P** Abnormal PSA < 6, stable 12 months, no nodule on exam
 - S** Abnormal PSA < 10, stable 12 months
 - IC** abnormal PSA > 6, without biopsy, no prostate nodule on exam, stable 24 months
 - NI** PSA > 10, without biopsy or stable less than 36 months
-

Psychosis, mental disorder that generally impairs behavior

- NI**
-

Pulmonary embolism, blood clot in the lung(s)

- P+** Cause known, off all treatment, fully recovered, no complications or residual impairment, stable 36 months
 - P** Cause unknown, fully investigated, no complications and completely recovered with no residual impairment, off all anticoagulant therapy, stable 24 months
 - S** Cause known or unknown, fully investigated, complete clinical recovery, currently stable but continuing anticoagulant therapy (coumadin or heparin) required, stable 24 months
 - IC** Pulmonary embolus due to blood clotting disorder
 - NI** Pulmonary embolus occurring together with respiratory disease, or multiple episodes of emboli
-

Pulmonary fibrosis, scarring of the lung

- P** Incidental diagnosis on chest x-ray only, not described as "diffuse"
 - S** Inactive disease, no treatment required, nonsmoker, not "diffuse," or former smoker
 - SI** Inactive disease, no treatment, current smoker, not "diffuse"
 - NI** "Idiopathic" or "diffuse" pulmonary fibrosis
-

Pulmonary hypertension, high blood pressure in the arteries that supply the lungs

- NI**
-

Quadriplegia, paralysis, all 4 limbs

- NI**
-

R – Z

Restless legs syndrome, movement disorder involving painful sensations in legs during periods of inactivity or rest

- P+** Mild symptoms controlled on medication(s), no functional impairment
 - P** Moderate symptoms, controlled on medication(s), no functional impairment
 - NI** Severe symptoms, or with any functional limitations
-

Retinitis pigmentosa, progressive degeneration of the retina of the eye

NI

Retinopathy, disorder of the retina of the eye

- NI** Due to diabetes
 - IC** Due to causes other than diabetes (cause will also be underwritten)
-

Rheumatoid arthritis chronic inflammatory autoimmune disease, primarily of joints, but can involve internal organs and tissues

- P** Mild, controlled with mild anti-inflammatories, stable 12 months, no functional limitations, no assistive devices.
 - S** Moderate, controlled with one medication, no steroid use, stable 12 months; no functional limitations, no assistive devices
 - SI** Moderate, controlled with multiple medications, stable 36 months, one joint replacement acceptable, no functional limitations, no assistive devices
 - SII** Moderate, controlled with multiple medications, history of one joint replacement, stable 12 months; no functional limitations, no assistive devices
 - NI** Any physical limitations, history of multiple joint replacements, or anticipated surgery, any functional limitations or assistive devices
-

Sarcoidosis, disease that causes inflammation of body tissues

- P+** Stable 6 months documented by chest x-ray, no residual disease
 - P** Stable 6 months, full recovery presumed but without x-ray, no residual disease
 - S** Stable 12 months, Stage I, no limitations, normal pulmonary function tests (PFTs), active lifestyle, occasional use inhaled steroids
 - SI** Stable 12 months, Stage II, no limitations, occasional use of inhaled steroids, active lifestyle, no abnormal pulmonary function tests (PFTs)
 - NI** Persistent, diffuse disease, or progressive disease, or with multiple organ involvement and/or involvement of heart or central nervous system, or with any hospitalization required, or treatment with oral steroids required
-

Schizophrenia, disabling brain disorder

NI

Scleroderma, auto-immune disorder of connective tissue

NI

Sclerosing cholangitis, progressive disorder of gall bladder, liver, and bile ducts

NI

Seizure disorder, epilepsy, chronic disorder of the brain causing a tendency to have seizures

- P** Well controlled on medications, no seizure for 24 months
 - S** Well controlled on medications, no seizure for 12 months
 - NI** Seizure within past 12 months, poor control, seizure of unknown cause, and/or any associated cognitive or functional limitations
-

Shunts in brain, heart, or kidney, an artificial passage to divert fluids within the body, (not the same as “stent”)

NI

Shy-Drager syndrome, progressive disorder of nervous system

NI

Sjogren’s syndrome, auto-immune disorder, may be associated with rheumatoid arthritis

- P** Mild symptoms of eyes and mouth, no steroid or immunosuppressive treatment, no functional limits, no organ involvement, stable 12 months
 - S** Moderate symptoms require regular attention, no functional limits, no organ involvement, no evidence of progression, stable 12 months
 - NI** Severe or progressive, or any organ involvement
-

Skin cancer, malignant growth of skin

- P+** Basal cell or squamous cell cancers, early stage, without complications
 - P** Recurrent basal cell or recurrent squamous cell cancer, or moderate stage, stable 48 months
 - S** Recurrent basal cell or recurrent squamous cell cancer, or moderate stage, stable 24 months
-

Malignant melanoma, very serious type of skin cancer

- P** Stable 6 months, early stage, 90-day elimination period
 - S** Stable 24 months, moderate stage, 90-day elimination
 - IC** Any others
-

SLE, systemic lupus erythematosus, chronic inflammatory autoimmune disease

NI

Sleep apnea, brief cessation of breathing during sleep; may result in heart damage, or affect blood pressure

P Mild or moderate, controlled with medications or C-PAP

S Associated with hypertension or heart disease

NI Severe, poorly controlled, or affects daytime functioning

Smoking cigarettes

P Without medical problems

S With history of chronic respiratory infections, chronic bronchitis, bronchiectasis (see specific conditions for periods of stability, ratings and/or co-morbid concerns)

SI Significant COPD specifically ruled out; ("significant" refers to other than an incidental finding on x-ray, not requiring treatment)

SII Exercise intolerance, inactive pulmonary fibrosis

NI With diabetes, coronary artery disease, heart attack, MI, atrial fibrillation, stroke, CVA, TIA, COPD, emphysema, severe asthma, abnormal pulmonary function test results

Social Security disability recipient

NI

Spinal stenosis, narrowing of the spinal canal

P Mild or by imaging only, stable 24 months, no functional impairments or neuropathy

S Successfully treated surgically, with full recovery, no residual deficits, no functional impairment, stable 12 months

SI Mild-moderate symptoms, no functional impairment, no assistive devices for ambulation, no neuropathy

SII Moderate symptoms, mild stable neuropathy, no functional impairment, no surgery planned or recommended

NI Moderate to severe degree, functional limitations present, surgery recommended or planned

IC All others

Stents, cardiovascular, neural, or renal (not the same as "shunt"), a device implanted into a part of the body to hold tissue in place or provide support; the condition for which the stent is placed will be underwritten

Steroid use, chronic (will underwrite the condition for which the medication is used). The concern with chronic steroid use is the damage to bones, and to the heart. "Steroid" also known as cortisone or Prednisone.

IC < 7.5 mg/day orally, or ≥ 4 joint injections/year, or ≥ 4 taper dose "bursts" orally/year

NI ≥ 7.5 mg/day

Stroke, cerebrovascular accident, CVA, "brain attack," interruption of blood supply to the brain and ultimately adversely affecting the part of the body regulated by the damaged brain tissue

P No neurologic residuals, stable 60 months

S No neurological residuals, stable 36 months

SI No neurological residuals, stable 24 months

SII Minor neurological residuals, no functional limitations or assistive devices, no cognitive impairment, blood pressure controlled ≤ 140/80

NI Any history of stroke with ADL or other limitations, multiple strokes, or any CVA with high blood pressure, or with atrial fibrillation, or with diabetes, or smoking

Subarachnoid hemorrhage, bleeding between the membranes covering the brain

SII Successful surgical treatment, no residual effect, no cognitive deficit, no other vascular or neurological diseases, nonsmoker, stable 12 months

IC Present, unoperated, stable 48 months

NI Within 12 months, or untreated, or with other cardiovascular or neurological disorders, or cognitive impairment

IC Any others

Subclavian steal syndrome, stenosis or obstruction of the blood vessel under the collarbone

P+ If caused by bony compression and relieved, stable 6 months; no functional impairment

P Caused by bony compression which has been relieved and stable 6 months, with minimal current symptoms, no functional impairment

S If due to bony compression, not resolved, mild symptoms, no functional impairment

NI If due to cardiovascular or neurological disorder(s), or with any functional impairment regardless of cause, or surgery recommended or pending

Subdural hematoma, blood clot under the membranes of the brain

SII Successful surgical treatment, no residual effect, no cognitive deficit, no other vascular or neurological diseases, nonsmoker, stable 12 months

IC Present, unoperated, stable 48 months

NI Within 12 months, or untreated, or with other cardiovascular or neurological disorders, or cognitive impairment

IC Any others

Surgery planned, will be underwritten for condition for which procedure is done

NI Until 6 months' stability after released from surgeon's care, except in those surgeries listed in the impairment guide with specific time lines

Syncope, fainting, transient loss of consciousness caused by inadequate blood flow to the brain

P+ Stable 18 months after an incident of syncope, work up demonstrates no significant clinical cause, condition stable

P Stable 12 months after an incident of syncope, work up demonstrates no significant clinical cause

S Stable 6 months after an incident of syncope, work up demonstrates no significant clinical cause, condition stable

SI Stable 6 months after more than a single incident of vasovagal syncope workup demonstrates no significant clinical cause

SII Syncope due to cardiac arrhythmia, successfully treated with pacemaker, stable 6 months; syncope due to non-cardiac clinical condition, successfully treated, resolved and stable 6 months (will underwrite the cause)

IC All others

Systemic lupus erythematosus, SLE, chronic inflammatory autoimmune disease

NI

Temporal arteritis, inflammation of blood vessels, specifically of the head (with polymyalgia, will underwrite as polymyalgia rheumatica)

P Stable 12 months, resolved, no symptoms, off steroids, no visual effects

S Stable 6 months, resolved, no symptoms, off steroids, no visual impairment

SI Improved symptoms, no visual effects, steroids tapered to low dose < 5 mg. daily, stable 12 months

IC Other

Thromboangiitis obliterans, Buerger's disease, inflammation of blood vessels with clotting disorder

NI

Thrombocytopenia, blood clotting disorder

NI

Thrombocytopenia, idiopathic thrombocytopenia purpura, ITP, blood clotting disorder

P+ Fully recovered without current therapy, without splenectomy, stable 24 months

P Treated with splenectomy, fully recovered, no current therapy, stable 24 months

S Chronic, asymptomatic ITP with or without a history of splenectomy, average platelet count over previous 24 months at > 90,000, currently receiving no treatment

IC Intermittent use of low dose steroid therapy, IC

NI Need for chronic, continuous steroids, or with history of CVA, TIA, or with neurological deficits, hospitalization or complications due to ITP

TIA, transient ischemic attack, "mini-stroke" – see below, "transient ischemic attack"

Tourette's syndrome, Gilles de la Tourette syndrome, inherited neurological disorder, characterized by unusual, repetitious, unintentional behaviors

P Controlled, fully functional, no added psychiatric diagnosis, stable 24 months

S, SI, SII Controlled symptoms, additional neurological conditions

IC Controlled, fully functional, with any additional diagnoses

NI Poorly controlled, untreated, functional or cognitive impairments

Transient ischemic attack, TIA, "mini stroke," temporary blockage of blood flow within the brain with no permanent residual effects

P Single episode, mild symptoms, without stroke, nonsmoker, no carotid stenosis, stable 24 months, no co-morbid conditions as listed below in "NI"

S Multiple episodes, without stroke, nonsmoker, carotid stenosis ≤ 50%, stable 60 months

SI, SII TIA by history, treated with endarterectomy, mild residual carotid artery stenosis ≤ 50%, nonsmoker, stable 36 months

NI TIAs with carotid stenosis > 50%, any that are due to vertebral-basilar artery disease, or that result from vascular surgery; any TIA with history of stroke, smoker, diabetes, atrial fibrillation, disease of heart valve(s), coronary artery disease, heart attack, angina, thrombosis, embolism, peripheral vascular disease, claudication, or poorly controlled blood pressure

Transplants, organ transplants

IC Stable 24 months, corneal transplant, no rejection, no complications

IC, usually NI Bone marrow transplant, or stem cell transplant 60 months after procedure

NI Any other organ transplant

Tremor, familial, benign essential tremor, benign tic disorder, "habit spasms," uncontrollable shaking of any part of the body, most often the hands or head

P+ Any of above conditions, fully investigated and no underlying disorder found, no impairment of function

P Cause of tremor fully investigated with no underlying disorder diagnosed; mild impairment, fully independent

IC, usually NI Other tremor disorders

Ulcers, duodenal and peptic, open sores that develop on the inside lining of the stomach or intestines

- P+** Resolved without residual affects, on medications
 - P** Recurrent or chronic, treated with medications
 - S** Acute episode associated with bleeding, or anemia, stable 24 months
 - SI, SII** Chronic, associated with bleeding, or with anemia, stable 12 months; treated with medication
 - NI** Severe, chronic symptoms untreated, or surgery anticipated
-

Urinary incontinence, inability to control urine, loss of bladder control

- P+** Urinary stress or urge type, minimal leakage, easily managed, symptoms not progressive, no medications required
 - P** Urinary stress or urge type, with leakage, requires medications or devices to manage, non-progressive, completely independent in care
 - S** Urinary stress of urge type, history of corrective surgery or history of skin breakdown due to incontinence with 6 months' stability, use of medications or devices acceptable, independent in managing care
 - SI, SII** Urinary incontinence any type, requires medications and/or devices to manage; history of hospitalization due to bladder dysfunction if fully resolved and stable 12 months; independent in managing care
 - IC** With neurogenic bladder
 - NI** Catheter use, indwelling or intermittent; poorly managed incontinence; Impacts functional abilities; progressive symptoms; fecal (bowel) incontinence
-

Varicose veins, enlarged blood vessels, usually of legs

- P+** Uncomplicated without medications or treatment, no skin ulcers, no significant edema, no functional limitations
 - P** Chronic venous insufficiency, successfully treated with surgery, stable 18 months; no functional limitations, nonsmoker
 - S** Symptoms resolved without surgery, stable 18 months, no history of skin breakdown, no functional limitations
 - SI** Chronic venous insufficiency, no surgical treatment, nonsmoker, no functional limitations, stable 18 months
 - SII** Successful surgical treatment, stable 18 months, smoker, no functional limitations
 - NI** Chronic varicose veins, skin ulcers present, or severe ankle edema present, chronic venous insufficiency, or cellulitis, diabetes, or symptomatic peripheral arterial vascular disease or claudication
-

Vertigo, dizziness, a sensation of spinning, lightheadedness, weakness, unsteadiness, loss of balance

- P+** Episodic, stable 6 months, fully investigated, serious condition ruled out, benign cause, no functional limitations; no related falls
 - P** Occasional insignificant dizziness only, no functional limitations, no related falls, 3 months' stability; serious condition ruled out
 - S** Stable 6 months; Meniere's disease, labyrinthitis, vestibulitis, diagnosis firmly established, brain MRI or CAT scan negative for central nervous system disease, not progressive, no functional limitation, no related falls
 - SI** Stable 6 months, Meniere's disease as above except no brain MRI or CAT scan done
 - SII** Stable 12 months of symptoms, associated single fall without injury, without coexisting neurological or vascular symptoms
 - NI** Current dizziness cause unknown, labyrinthitis, vestibulitis, Meniere's disease present and an ongoing problem or with associated neurological problems, or with evidence of coexisting neurological symptoms vascular insufficiency, strokes, hospitalizations or frequent falls
-

Von Willebrand's disease, blood clotting disorder

- P** Stable 12 months with no serious bleeding episodes
 - IC** All others
-

Waldenstrom's disease, bone marrow and blood disease

- NI**
-

Walker use

- NI**
-

Wegener's granulomatosis, inflammation of blood vessels

- P** Confined to lungs, clinically cured, no limitations, stable 36 months
 - IC** All others
-

Wheelchair use

- NI**
-

Wilson's disease, disorder of mineral metabolism

- SI, SII** Stable 12 months with treatment, and normal lab results
 - NI** Untreated, or with any liver or neurologic complications
-

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