

Medicare Supplement Underwriting Guidelines

CONTACT INFORMATION

New Era Life Insurance Company/ Philadelphia American Life Insurance Company

PO Box 4884

Houston, TX 77210-4884

Physical address (for Overnight Mail)

11720 Katy Freeway

Suite 1700

Houston, TX 77079

Phone Numbers

New Business (Senior Division): 1 (877) 417-7555 Ext. 1122

New Business Fax: 1 (281) 368-7148

Telephone Interviews: 1 (877) 417-7555 Ext. 1050

Marketing: 1 (877) 368-4692 Ext. 7150

Fax for Applications: 1 (281) 368-7344

Table of Contents

<u>Introduction</u>	1
<u>Authority of Agents</u>	1
<u>Basic Application Guidelines</u>	2
<u>Premium Information</u>	3
<u>Special Forms</u>	3
<u>Annual Open Enrollment “Birthday Rule”</u>	4
<u>E-Verification Process</u>	4
<u>Pre-Existing Condition Limitations</u>	4
<u>Spousal Discount Instructions</u>	5
<u>Tabacco Usage</u>	5
<u>Height and Weight Limits</u>	6
<u>MACRA Guidelines for Newly Eligible</u>	7
<u>Declinable Illnesses and Conditions</u>	7 - 9
<u>Decline Reasons and Appeals</u>	9
<u>High Deductible Plans F and G Underwriting Concessions</u>	10
<u>Guaranteed Issue for Eligible Persons</u>	11
<u>Reinstatements</u>	11
<u>Declinable Drug List</u>	12 - 14
<u>Declinable Conditions Quick Guide</u>	15

Introduction

The purpose of this document is to assist producers in determining eligibility for your clients for a Medicare Supplement policy.

You will find information on how to complete an application and our company policies and procedures to assist in expediting the underwriting process. This Underwriting Guideline also gives you a guide to follow for conditions and prescriptions which may not be acceptable.

These guidelines are not all inclusive. There may be conditions, and prescriptions, that are not listed in this guide, that are declinable.

Our telephone interview, and/or e-Verification, is an integral part of the underwriting process, and is required for each underwritten application.

Authority of Agents

Agents are authorized by the Company to solicit applications, collect initial premiums and deliver policies. No agent is authorized to determine acceptance of risk, alter policies, or in any way waive or modify any of the Company's rights.

Basic Application Guidelines

The following are basic guidelines for writing our Medicare Supplement. Please note: these are only guidelines and are subject to change at any time.

1. We do not accept any applicant on Medicaid.
2. A policy will not be issued to an applicant who is not covered under both Medicare Part A and Part B and has not been assigned an MBI (Medicare Beneficiary ID) number.
3. Applicants should be aware that misstatements of medical information and/or tobacco use could result in denial of a claim, or rescission of the policy. With the exception of Open Enrollment and Guaranteed Issue, all policies are contestable for 2 years, including replacement policies.
4. We will not accept an application more than ninety (90) days prior to the requested effective date. Also, applications are only valid for 90 days from the date they are signed and are considered "stale-dated" and void after 90 days.
5. We do not backdate policies.
6. We will accept applications by mail, fax, or E-application. E-Applications can be submitted through your secure login at www.neweralife.com, and the Quick Request upload feature on the agent portal.
7. Requests to change policy effective dates must be submitted in writing by the applicant and are subject to underwriting approval. A change in effective date may result in a rate change and request for additional premium.
8. Every underwritten application will require a telephone interview, **with the applicant only**, unless the applicant qualifies and completes an e-Verification through our secure program. Please make sure we have the correct phone number. **We will not allow a POA to complete the interview or the e-Verification for underwritten applications.**
9. Applications are considered to be in underwriting review until a policy has been issued to the policyholder. If a condition should arise after the application is taken but before the policy is issued, the applicant should notify the company for further consideration.
10. The applicant has a 30 day free look period. The policy must be mailed back to us or a written request or phone call must be made to us within 30 days of receiving the policy, to get a refund for the initial premium.
11. The applicant must reside in the United States to get a policy.
12. Faxed or mailed applications must be complete and **SIGNED IN PERSON** by the applicant, to avoid any delays. **No electronic signatures of any kind will be accepted, unless the application is sent via our secure e-Application platform.**
13. Most states require a one-time application fee that is part of the initial premium. The amount may vary by state.
14. Please mention any prior coverage that the applicant had, in the past 6 months, in Section 6 of the application. Failure to mention this information may result in a pre-existing waiting period or a requirement of proof of creditable coverage.

Premium Information

1. Please make sure all banking information is filled out correctly on the automatic bank deduction form.
2. All e-Applications must be set up for automatic bank deduction or credit card payment.
3. Credit card payments will not be accepted on paper applications. For security reasons we do not retain any credit card data in our system. Therefore, home office personnel cannot make credit card information changes.
4. Policies that are set up on credit card payment will be processed on the effective date and the policy will not be mailed until the payment has processed. An approval letter will be sent in lieu of the policy packet when and if policy is approved.
5. Applicants may request a monthly bank draft date and/or effective date on any day except the 29th, 30th and 31st. The requested draft date must be within 15 days of the renewal date of the policy to avoid unnecessary lapses in coverage.
6. **The company will draft the initial premium plus the application fee upon approval on all applications, unless otherwise instructed. Please inform your applicant of this before you submit the application. The policy will not be in force until the initial premium has been received and applied. Once premium has been applied, the policy and ID cards will be mailed.**
7. There is a \$2.00 administration fee for any monthly direct bill premiums.
8. We will not accept an agent's check or any third party checks for the premium.

Special Forms

Special forms are required by many states. These forms are necessary for both the agent and the Home Office to comply with specific state regulations. These forms must be submitted with the applications. Following is a list of forms and the states in which each is required:

Replacement Form (If replacing a Med Supp or MA plan) - All States

Authorization to Obtain or Release Medical Information - All States

State Specific Guaranteed Association Documents - Various States

Annual Open Enrollment “Birthday Rule”

Some states are now requiring carriers to offer an annual open enrollment period every year on a policyholder’s birthday. The regulations are state specific but basically state that an individual who has an existing policy with us can apply with the same carrier for a change of plan with equal or lesser benefits, during a specified period of time, with no underwriting.

State	Effective Date	Must apply within:
MD	July 1, 2023	30 days following birthday
LA	August 1, 2022	63 days following birthday
IL	January 1, 2022	45 days following birthday ¹

¹IL Only: Ages 65 - 75 years old.

E-Verification Process

In an effort to simplify the verification of the electronic applications, we have started using an e-verification process for those applicants who qualify. The applicant may qualify if they have given a valid email address and signed the e-consent agreement. A link will be emailed to the applicant and they will be required to review the content of the application and electronically sign e-verification form. In some instances a telephone interview might still be requested by the underwriter.

Pre-Existing Condition Limitations

Pre-existing conditions are those conditions for which medical advice or treatment was recommended by a physician within a six month² period preceding the effective date of coverage.

There is a six month² pre-existing waiting period on open enrollment applicants if the applicant does NOT have creditable coverage. The six month pre-existing waiting period will be reduced by any creditable coverage; therefore, be sure to include the applicant’s prior coverage information on the application.

²Plans in FL and some plans in TX, KS, OH, and TN only require 3 month waiting period.

Spousal Discount Instructions

Excludes the following states: FL, WV

Spouses who both apply for a Medicare Supplement policy are eligible for the Spousal Discount **subject to underwriting approval** if the discount is available in their state. Our Spousal Discount Coverage Form must be completed. If one spouse does not qualify for coverage based on our underwriting guidelines, neither applicant will receive the discount. If both spouses apply during their Open Enrollment period, they will both receive the spousal discount.

If one spouse is an existing policyholder, and their spouse applies for coverage at a later date:

Both spouses are eligible to apply for the Spousal Discount **subject to underwriting approval**. (Applying during Open Enrollment is not subject to underwriting)

Underwriting approval of the existing policyholder is not required if the policy was issued within the last 90 days.

For policyholders who have been issued over 90 days, we will use claim history to determine eligibility. No signature is required. If one spouse does not qualify, neither applicant will receive the discount.

Policyholders who qualify for the discount will keep the same policy number and will receive an Endorsement to attach to their policy.

In order for the company to remain in compliance, both policies must be in force in order to be eligible for the discount. **If one of the policies is terminated the discount will be removed from the remaining in force policy.** A written notice will be mailed to the remaining insured.

Tobacco Usage

If the applicant has used any form of tobacco in the last 5 years they will be given tobacco user rates. (The tobacco question is not required to be answered for OE or GI situations in specific states. Please refer to page one of the state specific application for instructions.)

Height and Weight Limits

Please see the attached Height and Weight chart on this page. Anyone that is at, or over, the declinable weight will not pass our underwriting guidelines.

HEIGHT AND WEIGHT CHART

Max Weight		
Height	Male	Female
4'10"	N/A	198
4'11"	N/A	201
5'0"	235	204
5'1"	237	210
5'2"	243	213
5'3"	247	216
5'4"	256	224
5'5"	262	226
5'6"	270	229
5'7"	276	236
5'8"	286	241
5'9"	296	248
5'10"	299	255
5'11"	308	263
6'0"	312	278
6'1"	323	280
6'2"	328	282
6'3"	339	285
6'4"	360	290
6'5"	370	295
6'6"	375	N/A
6'7"	379	N/A

Anyone that is at or over the weight listed, in respect to their height, will not pass our underwriting guidelines. For Open Enrollment and GI applications in **AR, FL, LA, MI, MS, TN, PA, NC, NM**, and **OH** we do not require the height and weight information to be answered.

MACRA Guidelines for Newly Eligible

Definition of Newly Eligible — Person(s) who:

a.) attains the age of 65 on or after January 1, 2020 or b.) first becomes eligible for Medicare due to age, disability, or end-stage renal disease, on or after January 1, 2020.

- Plans C, F, or High deductible F will no longer be available to the newly eligible.
- Applicants who are newly eligible and also qualify as a Guaranteed Issue (No underwriting) may apply for plans A, G, or High deductible G. **(Plan availability may vary by state)**

The Following List of Illnesses and Conditions Are Declinable:

Any “yes” answers to health questions may result in a declined application

Please see the end of this document for a [Declinable Conditions Quick Guide](#)

1. Applicants who must use a walker, wheelchair or motorized scooter for ambulation. Cane usage might be acceptable depending on circumstances.
2. Individuals who are confined to a skilled nursing facility or hospital or receiving Home Health Care.
3. Individuals currently undergoing physical therapy, diagnostic testing, or currently under doctor's care for an unresolved issue (excludes routine doctor visits).
4. Applicants who have been confined in a hospital two (2) or more times within the last 2 years.
5. Applicants who have been confined in the past 2 years for drug/alcohol abuse or mental/nervous conditions.
6. Individuals who have been advised to have any type of surgery within the last 2 years that has not been performed, including a pending biopsy (even if the applicant does not intend to have it performed). For example, knee surgery, hip replacement, cataract surgery, prostate biopsy, etc.
7. Placement of a pacemaker within the last 12 months. Battery replacements will be considered.
8. Joint replacement was done within the last 12 months (knee, hip, or shoulder).

(Continued)

The Following List of Illnesses and Conditions Are Declinable:

If the applicant has a history of and/or treatment within the last five (5) years for:

9. Individuals requiring dialysis or diagnosed with renal failure, chronic kidney disease stage 3, 4, or 5, or has had or needs an organ transplant (except cornea).
10. Placement of a stent or defibrillator.
11. Any form of cancer (except basal cell and squamous cell skin cancer), leukemia or malignant melanoma.
12. Alzheimer's disease, senile dementia, Hodgkin's disease, Parkinson's disease, ALS, spinal stenosis, any organic brain disorder or neurological disorder, including, but not limited to, treatment for seizures or spinal stenosis. Autoimmune disorders, including multiple sclerosis or rheumatoid arthritis, Crohn's or ulcerative colitis, lupus, myasthenia gravis, or chronic hepatitis B or C.
13. Any Amputations.
14. Heart and vascular conditions including, but not limited to, heart attack, stroke, TIA (ministroke), coronary artery bypass, angioplasty, open heart surgery, coronary insufficiency (unstable angina), congestive heart failure, coronary atherosclerosis, mitral/aortic valve replacement, irregular heartbeat with meds under 5 years, cardiomyopathy, stents, heart palpitations, blood transfusions, venous thrombotic disease, surgery of the carotid artery, peripheral vascular disease, defibrillator, any aneurysm (will be considered after 2 years if it has been repaired). **Some conditions may be acceptable if condition has been stable for at least 5 years. Pacemakers are considered if it has been over 12 months.**
15. If a heart catheterization was done in the past five years we will require a copy of the results before we can make an underwriting decision **(at the applicant's expense if there is a fee. We do not request medical records directly from the provider).**
16. COPD (Chronic Obstructive Pulmonary Disease), asbestosis, or emphysema.
17. Injections or infusions done by a medical professional. (except for vitamins and allergies).
18. Insulin use (Byetta and Victoza are not considered insulin and are acceptable).
19. Permanent ostomy bag (colostomy or ileostomy) or ongoing catheter use.
20. AIDS or AIDS related complex.
21. Cirrhosis of the liver.

(Continued)

The Following List of Illnesses and Conditions Are Declinable:

If the applicant has a history of and/or treatment within the last two (2) years for:

- 22. Asthma or any chronic respiratory disorder not mentioned above with the use of inhalers, nebulizers, or oxygen. Any use of tobacco within the last five (5) years in combination with chronic respiratory condition or treatments may be a decline. C-pap machine for sleep apnea is considered as long as bottled oxygen or concentrator is not used with it. Seasonal asthma/allergies may be acceptable depending on circumstances.
- 23. Degenerative Disc disease.

If the applicant has Diabetes with:

- 24. Complications including retinopathy, neuropathy, peripheral vascular or arterial disease, or heart artery blockage, including heart attack, stroke, TIA, or stent.
- 25. Treated with medication that has been changed or adjusted in the past 12 months because of uncontrolled blood sugar.
- 26. With uncontrolled high blood pressure in the past 2 years.
- 27. With the use of insulin in past five years.

Decline Reasons and Appeals

Any applicant wishing to know the reason for their declined application may request the information by sending in a written request to our Underwriting Department. They may also send in a written request to appeal our decision along with any supporting medical records (at the applicant's expense). Due to HIPPA we will not discuss decline reasons with the agent. The company reserves the right to obtain medical and prescription data from a third party, with a signed release of information form. If an applicant wishes to obtain a copy of the information they can request it from Milliman Intelliscript at PO Box 2223 Brookfield, WI 53008.

These guidelines are not all inclusive. There may be conditions that are not listed in this guide that are declinable. Please contact our Underwriting department if you have additional questions or specific health scenarios to go over.

High Deductible Plans F and G

Underwriting Concessions

The following is a list of conditions/treatments with reduced stability periods for applicants applying for high deductible plans. Question numbers refer to Section 4 of our application.

Question 4(A):

If the following conditions are stable for a least two (2) years (including on maintenance medications), we will consider accepting the application.

- Peripheral Vascular Disease
 - Coronary Artery Disease
 - Irregular Heartbeat/Atrial Fibrillation
 - Angioplasty
 - Stent placement
 - Congestive Heart Disease
 - Aneurysm (only if repaired over two (2) years ago)
 - TIA (if occurred over two (2) years ago)
-

Question 4(D):

If the following conditions have been treated over 2 years ago and have remained stable, we will consider accepting the application. For any cancer listed below, the applicant must be cancer and treatment free for at least two (2) years.

- Breast cancer
 - Prostate cancer
 - Melanoma
 - Hepatitis C
-

Question 5(D):

- If the applicant has been stable for two (2) years on less than 50 units of insulin per day, we will consider accepting the application.
-

Question 6:

- If the applicant has had a joint replacement (knee, hip, or shoulder) in the last 12 months, but has completed all necessary physical therapy and has been released from the care of their doctor, we will consider accepting the application.

Guaranteed Issue for Eligible Persons

(Please see MACRA guidelines if Part A effective date is 1/1/2020 or later)

The following are the most common guidelines for determining applicants who qualify as guaranteed issue in accordance with state and federal regulations. Certain regulations may vary by state. These guidelines are not all-inclusive. Guaranteed Issue plans are plans A, B, C, F, including High Deductible F, if these plans are offered in your state. An eligible person is an individual described in any of the following:

1. The individual is enrolled under an employee welfare benefit plan that provides health benefits that supplement Medicare, and the plan terminates, or the plan ceases to provide all supplemental benefits. Documentation with the termination date of the group coverage for the applicant is required.
2. The individual is enrolled under an employee welfare benefit plan that is primary to Medicare and the plan terminates or the plan ceases to provide all health benefits because the individual leaves the plan. Documentation with the termination date of the group coverage for the applicant is required.
3. The individual is enrolled in a Medicare Advantage Plan under Part C (MA) and the certification of the organization or plan has been terminated. Documentation is required.
4. The MA plan has discontinued providing the plan in the area in which the individual resides. Documentation is required.
5. The individual moves out of the area serviced by the MA plan. Documentation is required.
6. The individual had a Medicare Supplement policy, terminates that coverage and enrolls for the first time in a MA plan, and decides to disenroll from the plan within the first 12 months. Disenrollment must be verified.
7. An individual, upon first becoming enrolled in Medicare Part B at age 65, enrolls in a MA plan, and decides to disenroll from the plan no later than 12 months after the effective date of enrollment. (In this case, the applicant is eligible for ANY plan we offer in your state.) Disenrollment must be verified.

If an applicant fulfills any of the above guaranteed issue requirements, and they have applied for a Plan A, B, C, F, or High Deductible F, the policy will be guaranteed issue. The home office will not conduct a telephone interview for applicants who qualify for a guaranteed issued policy.

Reinstatements

Policyholders have six months to apply for reinstatement when a policy has lapsed and 30 days when a policy has been cancelled by the policyholder. The applicant must send in a reinstatement application and go through the underwriting process. Health questions for reinstatements will be the same as the original New Business application.

Declinable Drug List

Below is our declinable drug list. Because medications may have multiple uses, please verify any applicable diagnoses and how long the applicant has been on the drug. This list does not include all declinable drugs due to the numerous brands and types. Some drugs may be acceptable based on stability of usage and are indicated with *** after name of drug. **Please note that the underwriter will make the final determination in all cases.**

Brand Name	Generic Name	Use
Aduhelm	Aducanumab	Dementia, Alzheimer's
Advair Diskus 250/50		COPD
Agenerase	Amprenavir	AIDS
Aggrastat	Tirofiban	Angina
Agrylin	Anagrelide	Blood Disorders
Akineton	Biperiden	Parkinson's
Alkeran	Melphalan	Cancer
Amantadine		Parkinson's
Anoro Ellipta		COPD
Apokyn	Apomorphine	Parkinson's
Arava	Leflunomide	Autoimmune Disorders
Aranesp	Darbepoetin Alfa	Chronic Renal Failure
Aricept	Donepezil	Dementia, Alzheimer's
Artane	Trihexyphenidyl	Parkinson's
Avastin	Bevacizumab	Cancer
Avonex	Betaseron	Multiple Sclerosis
Axona		Dementia, Alzheimer's
Azilect	Rasagiline	Parkinson's
AZT		AIDS
Bendopa	Levodopa	Parkinson's
Bevespi Aerosphere		COPD
Biktarvy		AIDS
Breo Ellipta		COPD
Brovana	Arformoterol	COPD
Carbex	Selegiline	Parkinson's
Cogentin	Benzatropine	Parkinson's
Cognex	Tacrine	Dementia, Alzheimer's
Copaxone	Glatopa	Multiple Sclerosis
Consentyx		Autoimmune Disorders
Cytosan		Cancer
D4T		AIDS
Deapril-ST		Dementia, Alzheimer's
DuoNeb		COPD

(Continued)

Declinable Drug List

Brand Name	Generic Name	Use
Eliquis ***	Apaxiban	Blood Thinner
Enfolast		Dementia, Alzheimer's
Eulexin	Flutamide	Cancer
Exelon	Rivastigmine	Dementia, Alzheimer's
Eylea	Aflibercept	Diabetic Retinopathy
Femara	Letrozole	Cancer
Ferrous Sulfate		Chronic Kidney Disease
Foscavir	Foscarnet	AIDS
Hexalen	Altretamine	Cancer
Hivid	Zalcitabine	AIDS
Humira	Adalimumab	Autoimmune Disorders
Hydrea	Hydroxyurea	Blood Disorders
Imdur***	Isosorbide	Angina
Incruse Ellipta		COPD
Insulin (all brands/forms)		Diabetes
Intelence	Etravirine	Dementia, Alzheimer's
Intron A	Interferon alfa-2b	Cancer
Invirase	Saquinavir	AIDS
Jakafi	Ruxolitinib	Autoimmune Disorders
Lemtrada	Alemtuzamab	Multiple Sclerosis
Lodosyn	Carbidopa	Parkinson's
Lucentis	Ranibizumab	Diabetic Retinopathy
Lupron	Leuporelin	Cancer
Mylotarg		Cancer
Namenda	Memantine	Dementia, Alzheimer's
Nitroglycerin (any form)***		Angina
Orencia	Abatacept	Autoimmune Disease
Pacerone	Amiodarone	Irregular Heartbeat
Pagitane	Cycrimine	Parkinson's
Parcopa	Carbidopa/Levodopa	Parkinson's
Plavix	Clopidigrel	Blood Thinner
Procrit	Epoetin alfa	Renal Failure
Ranexa***	Ranolazine	Angina
Rebif		Multiple Sclerosis
Remicade	Infliximab	Autoimmune Disorder
Renvela	Sevelamer	Renal Failure
Rilutek	Riluzole	ALS

(Continued)

Declinable Drug List

Brand Name	Generic Name	Use
Rituxan	Rituximab	Autoimmune Disorders
Roferon-A		Cancer
Spiriva Respimat		COPD
Stelara		Autoimmune Disorders
Symax	Hyoscyamine	Parkinson's
Tambocor	Flecainide	Irregular Heartbeat
Thalomid	Thalidomide	Cancer, AIDS
Tremin	Trihexyphenidyl	Parkinson's
Trexall	Methotrexate	Autoimmune Disorders
Trisenox	Arsenic Trioxide	Leukemia
Turdorza		COPD
Viracept	Nelfinavir	AIDS
Warfarin***	Coumadin	Blood Thinner
Wellferon		AIDS
Xarelto***	Rivaroxaban	Blood Thinner
Xeljanz	Tofacitinib Citrate	Autoimmune Disorders
Xeloda	Capecitabine	Cancer
Xolair		Asthma
Zerit	Stavudine	AIDS
Ziagen	Abacavir	AIDS
Zimbryta		Multiple Sclerosis
Zoladex	Goserelin	Cancer

Declinable Conditions Quick Guide

General Conditions and Treatments

- Currently confined or recommended to be
- Currently undergoing physical therapy
- Hospitalized 2 or more times in past 2 years
- Have been advised to have surgery, therapy, biopsy, testing, or treatment in past 2 years that hasn't been done
- Degenerative Disc Disease treatment in past 2 years
- Confined in past 2 years for drug/alcohol abuse or mental/nervous
- Cancer in past 5 years
- Chronic Kidney Disease stage 3-5
- Blood transfusions in past 5 years
- Chronic hepatitis B or C
- Organ transplant (except cornea)
- Amputation
- Use of wheelchair, cane, or walker
- Pacemaker or joint replacement (knee, hip, or shoulder) in past 12 months
- Ongoing Injections (more than 1)

Heart or Vascular Conditions in Past 5 Years Including but Not Limited To:

- Heart attack
- Open heart surgery, Angioplasty, heart valve replacement
- Aneurysm (unless surgically repaired)
- Stent
- Cardiac defibrillator
- Stroke or TIA
- Congestive Heart Failure
- Enlarged heart
- Irregular heartbeat - *if meds were started in past five years*
- Peripheral Vascular Disease - *unless stable on meds for 5 years*
- Coronary or carotid artery disease - *unless stable on med for 5 years*
- Heart catheterization in past five years - *we will require the results to be sent in by applicant*

Neurological Conditions/Disorders

- Alzheimer's
- Senile dementia
- Parkinson's Disease
- MS or ALS
- Spinal stenosis
- Seizure disorders (not controlled)
- Radiculopathy
- Spinal surgery or treatments
- Huntington's disease

Auto Immune Disorders

- Systemic Lupus
- Rheumatoid Arthritis
- Vasculitis
- Scleroderma
- Myasthenia Gravis
- Ulcerative Colitis
- Polymyalgia Rheumatic

Chronic Pulmonary Conditions *

Any lung condition in combination with nebulizer, oxygen, or tobacco use is a decline.

- COPD
- Asthma *
- Allergies*
- Pulmonary fibrosis
- Interstitial pulmonary disease
- Cystic fibrosis
- Emphysema

**May be acceptable if stable for at least 2 years and no tobacco*

Diabetes

- Along with retinopathy, neuropathy, peripheral vascular disease, artery disease, or artery blockage
- With medications changed due to uncontrolled blood sugar in past 12 months
- With uncontrolled blood pressure in past years
- With the use of insulin in past 5 years