

# Express Life Products

## Prescription Drug Exclusions

### Term Life Express (TLE) and Indexed Universal Life Express (IUL Express)

Proposed insureds currently taking any of the following medications are not eligible for TLE or IUL Express coverage. This is not an all-inclusive drug list. Additional medications or combinations of medications may be added to this list at the discretion of United of Omaha at any time.

Abacavir	Copaxone	Haloperidol	Naltrexone Hcl	Symbyax
Adcirca	Crixivan	Hepsera	Namenda	Tamoxifen
Aggrenox	Cyclosporine	Humira	Neupogen	Targretin
Alkeran	Cytosan	Hydrea	Opdivo	Teslac
Amiodarone	Daliresp	Hydroxyurea	Panretin	Tudorza
Ampyra	Digitex	Infergen	Pegasys	Tysabri
Anoro Ellipta	Digoxin	Invega	Peg-Intron	Viracept
Antabuse	Dobutamine Hcl	Invirase	Perphenazine	Viramune
Aricept	Donepezil	Isentress	Prograf	Viread
Arimidex	Droxia	Kalydeco	Ranexa	Xarelto
Atripla	Eligard	Keytruda	Razadyne	Xeljanz
Avonex	Eliquis	Lanoxin	Rebif	Zenapax
Azilect	Enbrel	Latuda	Retrovir	Zerit
Baraclude	Epivir Hbv	Leucovorin Calcium	Revia	Ziagen
Betaseron	Ergoloid Mesylates	Lexiva	Revlimid	Zidovudine
Calcium Acetate	Exelon	Lithium	Ribavirin	Zoladex
Campath	Femara	Megestrol Acetate	Risperdal	Zyprexa
Campral	Floxuridine	(Megace)	Rituxan	
Caprelsa	Fluorouracil	Methadone	Sandimmune	
Carbidopa/Levodopa	Galantamine	Methotrexate	Saphris	
Casodex	Hydrobromide	Mitomycin	Sinemet	
Cellcept	Gammagard	Morphine Sulfate	Spiriva	
Chlorpromazine Hcl	Gamunex	Mycophenolate Mofetil	Stalevo	
Clozapine	Gengraf	Myfortic	Stribild	
Cognex	Geodon	Nabi-Hb	Suboxone	
Combivir	Haldol	Naloxone Hcl	Sustiva	

### Additional Information Required

If the proposed insured currently takes any of the following medications listed below, please include the reason(s) for the medication(s) on the application. If this information is not included with the application, it will be obtained during the underwriting process in a pharmaceutical report, MIB reporting or, if needed, phone interview to help determine eligibility for coverage.

Abilify	Coreg	Lovenox	Seroquel
Carvedilol	Coumadin	Plavix	Truvada
Clopidogrel	Enoxaparin Sodium	Pradaxa	Warfarin

## Living Promise

Proposed insureds currently taking any of the following medications are not eligible for Living Promise coverage. This is not an all-inclusive drug list. Additional medications or combinations of medications may be added to this list at the discretion of United of Omaha at any time.

**Note: Proposed insureds taking medications marked with an asterisk (\*) may qualify for the graded benefit product.**

Abacavir	Crixivan	Invirase	Razadyne	Zenapax
Alkeran	Cyclosporine	Isentress	Rebif*	Zerit
Amiodarone*	Cytosan	Keytruda	Retrovir	Ziagen
Ampyra*	Daliresp*	Latuda*	Revia*	Zidovudine
Anoro Ellipta*	Donepezil	Leucovorin Calcium	Revlimid	Zoladex
Antabuse*	Droxia	Lexiva	Ribavirin*	Zyprexa*
Aricept	Eligard	Lithium*	Risperdal*	
Atripla	Epivir Hbv	Megace	Rituxan	
Avonex*	Ergoloid Mesylates	Megestrol Acetate	Sandimmune	
Azilect*	Exelon	(Megace)	Saphris*	
Betaseron*	Floxuridine	Mitomycin	Sinemet*	
Calcium Acetate*	Fluorouracil	Mycophenolate	Spiriva*	
Campath	Galantamine	Mofetil	Stalevo*	
Campral*	Hydrobromide	Myfortic	Stribild	
Caprelsa	Gammagard	Naloxone Hcl*	Suboxone*	
Carbidopa/Levodopa*	Gamunex	Naltrexone Hcl*	Sustiva	
Casodex	Gengraf	Namenda	Symbyax*	
Cellcept	Geodon*	Neupogen	Targretin	
Chlorpromazine Hcl*	Haldol*	Opdivo	Teslac	
Clozapine*	Haloperidol*	Panretin	Tudorza*	
Cognex	Hydrea	Perphenazine*	Viracept	
Combivir	Hydroxyurea	Prograf	Viramune	
Copaxone*	Invega*	Ranexa*	Viread	

## Additional Information Required

**If the proposed insured currently takes any of the following medications listed below, please include the reason(s) for the medication(s) on the application.** If this information is not included with the application, it will be obtained during the underwriting process in a pharmaceutical report, MIB reporting or, if needed, phone interview to help determine eligibility for coverage.

Abilify	Coumadin	Lanoxin	Tamoxifen
Aggrenox	Digitek	Lovenox	Truvada
Arimidex	Digoxin	Pegasys	Warfarin
Baraclude	Eliquis	Peg-Intron	Xarelto
Carvedilol	Enoxaparin Sodium	Plavix	
Clopidogrel	Femara	Pradaxa	
Coreg	Infergen	Seroquel	

# Express Life Products Reference Guide

## Simplified Underwriting

Term Life Express (TLE) and IUL Express (IULE)			Living Promise Level Benefit Plan
Issue Ages 18-50	Issue Ages 51-60	Issue Ages 61-75	Issue Ages 45-85* Face Amounts \$2,000-\$50,000*
Face Amounts \$25,000-\$300,000	Face Amounts \$25,000-\$250,000	Face Amounts \$25,000-\$150,000	Living Promise Graded Benefit Plan
<b>Requirements:</b> Build Chart MIB Pharmaceutical Check Medical Data Check MVR (mandatory for ages 18-35; as needed for ages 36-50) Phone Interview (as needed)	<b>Requirements:</b> Build Chart MIB Pharmaceutical Check Medical Data Check MVR (as needed) Phone Interview (as needed)	<b>Requirements:</b> Build Chart MIB Pharmaceutical Check Medical Data Check MVR (as needed) Phone Interview (as needed)	Issue Ages 45-80* Face Amounts \$2,000-\$20,000*  <b>Requirements:</b> Build Chart MIB Pharmaceutical Check and Medical Data Check Random Phone Interview  *May vary by state

## Height & Weight Chart

Height	TLE, IULE, Living Promise Minimum Weight	TLE, IULE, Maximum Weight	DI Rider Maximum Weight	Table Maximum Weight (Multiple Impairments)	Living Promise Level Benefit Maximum Weight	Living Promise Graded Benefit Maximum Weight
<b>4 feet</b>						
8"	74	197	170	184	204	221
9"	77	202	176	189	209	225
10"	79	208	182	194	214	231
11"	82	214	187	199	220	237
<b>5 feet</b>	85	220	193	205	226	244
1"	88	226	199	211	233	250
2"	91	232	205	215	239	257
3"	94	238	213	220	246	264
4"	97	245	221	225	252	270
5"	100	251	226	231	259	277
6"	103	258	232	239	268	285
7"	106	265	239	245	275	293
8"	109	274	246	251	283	300
9"	112	282	254	258	291	309
10"	115	289	262	266	300	316
11"	119	298	269	274	307	325
<b>6 feet</b>	122	305	275	281	315	333
1"	126	313	282	289	322	340
2"	129	321	289	296	331	349
3"	133	329	296	303	339	358
4"	136	338	301	311	348	367
5"	140	347	307	319	357	376
6"	143	358	313	328	366	385
7"	147	367	320	336	375	394
8"	151	376	327	345	385	405
9"	154	385	335	352	395	415
10"	158	395	343	359	407	427

## Ineligible Conditions for Term Life Express and IUL Express

Multiple impairments resulting in a rating greater than Table 4 will be declined for our Express products. Below are some examples of multiple impairments that would result in a decline.

Multiple Impairments	Offer
<b>Diabetes Examples</b>	
Diabetes > age 45* with Table 2 or higher build	Decline
Diabetes > age 45* with tobacco risk	Decline
Diabetes > age 45* with Peripheral Vascular Disease (PVD)	Decline
Diabetes with any complications	Decline
<b>Table 2 Build Chart Examples</b> Refer to the Life Insurance Underwriting Guidelines for the Table 2 Build Chart	
Table 2 or higher build with rateable hypertension	Decline
Table 2 or higher build with asthma and tobacco risk	Decline
Table 2 or higher build with Peripheral Vascular Disease (PVD)	Decline

\*For CA and VI age 50

**Note:** This is not a complete list. Please refer to the Life Insurance Underwriting Guidelines for additional impairments.

The following single impairments are automatic declines.

<b>Automatic Declined Impairments</b>	
Diabetes diagnosed < age 45*	Decline
Amputation caused by disease	Decline
Chronic or Alcohol related Pancreatitis	Decline
Chronic Severe Asthma	Decline
Hodgkin's Disease	Decline
Moderate/Severe rheumatoid arthritis treated with medications such as Humira, Enbrel, Methotrexate or Xeljanz	Decline
Muscular Dystrophy	Decline
Sickle Cell Anemia	Decline
Pacemaker	Decline

\*For CA and VI age 50

**Note:** This is not a complete list. Please refer to the Life Insurance Underwriting Guidelines for additional impairments.

## Important Numbers

Underwriting Support: 1-800-775-7896

iGO e-App Support: 1-800-641-6557

Sales Support: 1-800-693-6083

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