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# Long Term Care Underwriting Guide

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## Vista Care Choices



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## I ► Tips to Speed Up the Underwriting Process

Producers are encouraged to make use of our underwriting prescreening email service or fax service. You may email us at [underwritinghotline@physiciansmutual.com](mailto:underwritinghotline@physiciansmutual.com). Or you may fax a completed **Pre-LTC/HHC Underwriting Questionnaire** located on the Physicians Mutual producer website. If your inquiry is received by 2 pm cst., we will respond the same day. If not, response will be the next morning by noon. Then you can submit the business along with a copy of our response to make your underwriting experience more productive and profitable.

- Also make sure the application is complete. Double check to make sure *all* questions are fully answered, signatures obtained, and dates are completed.
- Check your requirement list to ensure all required forms are sent with the application.
- Be thorough with medical history. If they are taking medications, document for what conditions they are used. Also, taking medication is considered treatment and the corresponding condition should always be represented under the health questions. *Never leave the Underwriter guessing.*
- Provide the doctor's full name, address, and phone number for accuracy in ordering medical records.
- Activities? List them - they will give us a better picture of the applicant's abilities. A cover letter could be helpful in giving the underwriter an overall view of the applicant's eligibility.

## II Applications and Underwriting Requirements

### ► *Application taken in Person*

Each question must be asked of the applicant, and his or her answer must be recorded on the application. An application cannot be mailed to an applicant for completion or signature. The applicant must personally sign the application in the Agent's presence. All new applications must be currently dated. This means the date the applicant actually signs the application. Do NOT use any other date. Power of attorney signatures will not be accepted. The agent must determine if this policy meets the applicant's needs and financial situation (see Suitability Guidelines on page 11).

Generally, there will be a Long Term Care Telephone Interview (**TI**) or Attending Physicians Statement (**APS**) ordered on every applicant 59 and under. Older age applicants can expect a combination of the following requirements ordered; Long Term Care Telephone Interview (**TI**); Attending Physicians Statement (**APS**) for a specified health condition and a Face-to-Face (**F2F**) interview.

1. If the applicant is between the ages of **18 – 59**, either a TI or an APS will be required. Order an APS, instead of a TI, when the applicant has a health condition requiring an APS according to the Impairment Guide.
2. If the applicant is between the ages of **60 – 64** a TI is required. Also an APS will be required if the applicant either has had a physical exam within the last 3 years or has a health condition requiring an APS according to the Impairment Guide.
3. If the applicant is between the ages of **65 – 69**, both an APS from a current doctor and a TI are required. If the applicant has not seen a doctor within the past 3 years, do not submit the application.
4. If the applicant is between the ages **70 – 84**, both an APS from a current doctor and a F2F are required. If the applicant has not seen a doctor within the past 3 years, do not submit the application.

5. The Underwriter reserves the right to utilize any underwriting tools at his or her discretion.

### ***Non-Witness Applications***

This is to be used in rare instances when the agent has already met with the client regarding Long Term Care or has worked with the client within the past 12 months. If an opportunity comes up to offer coverage and the agent is not able to meet with the applicant in person, we can allow a non-witnessed application as an exception. A cover letter explaining the situation is required. Power of attorney signatures will not be accepted. The agent must determine if this policy meets the applicant's needs and financial situation (see Suitability Guidelines on page 11).

**The use of this Guideline is not intended for the “Mass Mailing” of this application. If this usage exceeds our expectations, Physicians Mutual reserves the right to suspend its availability for this purpose.**

### **► *Non-Witness Underwriting Guidelines are:***

1. If the applicant is between the ages of **18 - 49**, a TI is required. Also an APS will be required if the applicant either has had physical exam within the last 3 years or has had a health condition requiring an APS according to the Impairment Guide.
2. If the applicant is between the ages of **50 - 59**, both an APS from a current doctor and a TI are required for consideration of Preferred rates. If the applicant has not seen a doctor within the past 3 years, the Preferred rate is not available.
3. If the applicant is between the ages of **60 - 84**, both an APS from a current doctor and a F2F are required. If the applicant has not seen a doctor within the past 3 years, do not submit the application
4. The Underwriter reserves the right to utilize any underwriting tools at his or her discretion.

### ***Non-Witness Application Guidelines:***

1. The agent will cross out the word “Witness” at the bottom of Section I of the application, initial and sign his/her name on the appropriate line.
2. The agent will verify his/her intentions by completing the questions in the “Agent Report”. This should include details of any contact with the applicant. *(If the Agent Report is not filled out, the Company will return the application for completion before being accepted as new business.)*

### ***Non-Witness Identification Guidelines:***

A **cover letter** will accompany each Non-witness application to indicate:

1. This is a non-witness application
2. If associated with Franchise group, the name and assigned number of that group
3. Agent name

### LTC Underwriting Requirements - Witnessed Applications

Age	Telephone interview (TI)	Attending Physician's Statement (APS)	Face-to Face Interview (F2F)
► 18-59	<b>Required</b> (if <b>NO</b> APS ordered)	<b>IF</b> APS'able Condition * (order in lieu of TI)	
► 60-64	<b>Required</b>	<b>IF</b> Physical Exam within the last 3 years or APS'able Condition *	
65-69	<b>Required</b>	<b>Required</b> (If no doctor seen within the past 3 years <b>do not</b> submit application)	
70-84		<b>Required</b> (If no doctor seen within the last 3 years <b>do not</b> submit application )	<b>Required</b> (with APS)

\*APS'able Condition: A health condition requiring an APS according to the Impairment Guide.

### LTC Underwriting Requirement - Non-Witnessed Applications

Age	LTC Telephone interview	APS	F2F Interview
► 18-49	<b>Required</b>	<b>IF</b> Physical Exam within the last 3 years or APS'able Condition *	
► 50-59	<b>Required</b>	<b>Required for Preferred Rates</b> (If no doctor seen within the past 3 years, Preferred rate is not available)	
60-84		<b>Required</b> (If no doctor seen within the past 3 years <b>do not</b> submit application)	<b>Required</b> (with APS)

\*APS'able Condition: A health condition requiring an APS according to the Impairment Guide.

### ► *Underwriting Process*

The TI (telephone interview) is a telephone conversation between a nurse and your applicant. The applicant should be prepared to receive a phone call to discuss his or her medical history, lifestyle, daily activities, physician information, prescription medications and to perform memory exercises. The goal of the interview is to learn more about the applicant and make the most informed decision about his or her medical history. The TI lasts about 20 minutes.

An APS (attending physician's statement) is a request for copies of medical records from your applicant's doctor. We usually request copies from the primary care physician or a specialist at our expense. It generally takes two to three weeks to receive medical records, although occasional delays in the process may occur (up to a month or longer).

For applicant ages 70 and older, Physicians Mutual will require a F2F (face-to-face interview). The personal interview is done at the applicant's place of residences in the presence of a nurse. The applicant should be prepared to discuss his or her medical history, lifestyle, daily activities, physician's information, prescription medication and to perform memory exercises. Also, the nurse will take height / weight measurements and blood pressure readings. The goal of the interview is to learn more about the applicant and make the most informed decision about his or her medical history. The F2F will take approximately 45 to 60 minutes.

The application will be either approved or declined. No elimination riders. These policies will be underwritten according to the rate classes on page 7.

The agent must complete and sign the Agent Training Statement PM2146 (to indicate they have completed the Physicians Mutual LTC Product and Suitability Training) for each submitted application.

### III Underwriting Risk Classification

#### Vista Care Choices: P145, P146, P147, P148

The application will be either approved or declined. No elimination riders will be added. These policies will be underwritten according to the rate classes below:

PREFERRED: PREF (85% of standard rate)

All available coverages

1. Minimal health conditions
2. No tobacco use in the past 12 months
3. Working, volunteering, or participating in regular physical activity and/or hobby.

STANDARD: STD (100%)

All available coverages

1. Minimal to moderate health conditions
2. Tobacco use OK if no resulting health issues
3. Working, volunteering, or participating in regular physical activity and/or hobby.

RATED 1-2: RA1 (125%), RA2 (150%)

All available coverages

1. Moderate health conditions
2. Tobacco use will be considered on a case by case basis
3. Working, volunteering, or participating in regular physical activity and/or hobby.
4. No restrictions to IADL's (independent activities of daily living)

\* RATED 3-4: RA3 (175%), RA4 (200%)

Not Available with the P147

1. Moderate to moderately severe health conditions
2. Tobacco use will be considered on a case by case basis
3. No restrictions to IADL's (independent activities of daily living)

#### \*Benefits NOT available with RA3 & RA4 offers:

- 0, 30, 60 Elimination Periods
- 4, 5, 8 years or Lifetime Benefit Multiplier
- Joint Waiver of Premium Rider
- Surviving Spouse Waiver of Premium Rider
- Return of Premium Rider
- Shared Care Benefit Rider
- Any other changes at the underwriter's discretion

#### ► IV **Combination Sales**

1. We will allow a maximum of \$4200 per month total in (stand-alone) Home & Community Care Only coverage when combined with Long Term Care comprehensive coverage.
2. During the first 12-month period, we will allow only one Long Term Care Comprehensive policy (P145/P103; P146/P104) and Facility Care Only policy (P148/P109) be in force. However, an insured may replace the policy if he or she would like to add more coverage within this time period.
3. Under no circumstance will a client be allowed to have more than one Home and Community Care policy (P147/P105) in force. However, an insured may replace the policy if he or she would like to add more coverage.

#### V **Replacements**

When it is necessary to discontinue coverage with another company in order to qualify for one of these policies, the other coverage must be discontinued within 90 days following the issue date of our policy. Replacements will be permitted as long as the replacement is in the client's best interest.

#### VI **Persons not eligible for these policies include:**

1. Residents of nursing homes or persons who are hospitalized;
2. Anyone who is currently eligible for Medicaid benefits (not Medicare);
3. Generally, any applicant who needs assistance or supervision of any kind to perform everyday living activities (eating, dressing, toilet needs, etc...) or who uses any aid for ambulation.
4. Those who have not returned to their normal activity on the date of the application, following an accident, illness or surgery;
5. An applicant who has a health condition shown as a decline in the Impairment Guide;
6. Those who have a pending claim with our Company, or for whom surgery has been recommended or proposed, or for whom tests are pending, whether at the time of application or while the application is pending if for a health condition that existed prior to the date of application;
- 7. Anyone who has not resided in the United States for more than two years. This rule does not apply, however, to citizens with previously established residence in the United States and those individuals who have a permanent visa and as long as medical records can be obtained for underwriting purposes.

#### VII **Lapse and Reinstatement Rules:**

Once the policy has lapsed, we may put the policy back in force at our option. To reinstate a policy, we put the policy back in force without a lapse of coverage and accept late premium as timely.

1. If we accept a late premium, we will not require a new application.
2. If the policy lapse is due to Cognitive Impairment or loss of functional capacity of the insured (for tax qualified plans), or Cognitive Impairment or inability to perform two or more of the Activities of Daily Living (for non-tax qualified plans), the policy will be reinstated upon receipt of the required proof within 5 months of the lapse date and required premium.



3. If the late premium is not accepted, the policy is lapsed and no longer in force. We will advise the client in writing that the premium is not accepted and a new application would be required.

## **VIII Increasing or Decreasing Benefits on an Existing Policy:**

**IF THE APPLICANT IS ON CLAIM, NO CHANGES MAY BE MADE TO THE POLICY COVERAGE.**

1. To INCREASE coverage by raising the monthly or daily benefit, shortening the elimination period, or lengthening the maximum benefit period, a new application is required and will be underwritten.

If the application is for an increase in monthly or daily benefit, a new policy will be issued as a second policy for the insured. ***(EXCEPT IF THE REQUEST IS MADE DURING THE 1<sup>ST</sup> POLICY YEAR, A REPLACEMENT WILL BE REQUIRED.)*** The amount of additional coverage must be for the \$900/\$1500 minimum stated General Product Information under Section “XVI” for the Vista Care Choices Series or “XVII” for the Vista Care Series. All benefits must still be in multiples of \$100 monthly (\$10 daily).

If the only change in coverage is a shorter elimination period and/or a longer maximum benefit period, a new policy will be issued as an internal replacement. Premium will have to be calculated at the applicant’s current age. Because the entire coverage will be at the higher premium rate, it is imperative that the agent fully explains the premium differences to the insured.

1. To DECREASE coverage by reducing the monthly or daily benefit, lengthening the elimination period, or shortening the maximum benefit period, we require a letter of instruction signed by the insured. Usually, we can then make the necessary changes on the existing coverage and send out a new schedule showing the new benefits, new premium, and the effective date of the decrease in coverage.

## **► IX Upgrading LTC policies upon delivery or within 30 day Free-Look Period:**

Occasionally there may be a request to upgrade or change coverage at time of delivery. As a service to our customers we have provided the following guidelines.

**ANY UPGRADE HAS TO BE REQUESTED AT THE TIME OF DELIVERY  
OR WITHIN THE 30-DAY FREE-LOOK PERIOD.**

**IF THE APPLICANT’S HEALTH HAS CHANGED SINCE THE ORIGINAL APPLICATION DATE, A NEW APPLICATION WILL BE REQUIRED. NO EXCEPTIONS**

Upgrades **WITHOUT A NEW APPLICATION** are permitted on a Standard or Preferred rate class if benefits do not exceed the maximum amount of coverage allowed or contradict other policy or rider limitations. All requests will be reviewed by the Underwriter for approval.

1. The Policyowner will need to sign and date a letter of instruction (the ALL-442 cover memorandum is acceptable) showing the changes they wish to make on their existing policy.
2. It may be necessary to have the applicant sign a Statement of Good Health (A-LTC-SGH) verifying there is no change in health since the original application date. Underwriter’s discretion.

3. Generally there will be a new effective date. At the policyowner's option, the new effective date would be the date the ALL-442 is signed or an effective date to save original age. The applicant will have to pay any shortage of premium due.
4. There will be an AM-1 rider added for any change to the application. The AM-1 rider will need to be signed by the client when the agent delivers the new policy.
5. A new policy number will be assigned. The premium collected will be transferred from the old policy number to new policy number. The old policy will be handled as a Not Taken. The Agent will need to collect the balance of premium due, if any, when the letter of instruction or the ALL-442 is signed. A new policy contract will be printed to replace the old policy (Destroy the old policy contract).

***If a customer wishes to increase coverage after their Free Look period, a new application will be required. Please see the Section "VIII". regarding Increasing and Decreasing Coverage on an existing policy for details.***

## ► X **Application and Policy Dating**

Applications must be dated with the date they are completed and signed. No other date will be accepted. If the application is approved, we will make the effective date the date requested on the application. This can be the application date, the date approved, or a specified future effective date (within 60 days from the application date.)

If an applicant's birthday falls within 30 days of the application date, we *will* issue the policy with an effective date within 30 days prior to the application date in order to save age.

All applications must reach the Home Office of Physicians Mutual within thirty (30) calendar days (except for Missouri which is twenty-five (25) calendar days) of the application date. If the application is over 30 days old, it will be returned for a current application. All new applications must be currently dated. This means the date the applicant actually signs the application. Do NOT use any other date.

## XI **Premium Collection**

Available premium modes are: Monthly Automatic Bank Withdrawal (ABW), Quarterly, Semi-Annual, or Annual. One full modal premium, if other than monthly ABW needs to be submitted with the application. If monthly ABW, a minimum of 2 months' premium must be submitted. (One month in California)

## XII **Suitability Guidelines (NAIC Suitability Requirements)**

The consumer protections provisions found in the NAIC Model LTC Act and Regulation provide consumers with valuable information so that they may make informed decisions regarding their long-term care insurance purchase. These provisions require us to develop and use suitability standards to assure that the purchase or replacement of long-term care insurance is appropriate for the needs of the applicant. Appropriateness of sale is based upon the applicant's financial situation, goals and needs with respect to long-term care. In addition, in a replacement situation, an analysis of the benefits and costs of an applicant's existing coverage as compared to the proposed coverage is required.

In order to assure that a particular long-term care insurance product is suitable, we expect our agents to take into consideration the following questions:

- What are the applicant's goals and needs with respect to long-term care and what are the advantages and disadvantages of long term care insurance toward meeting these goals and needs?
- Does the applicant have the ability to pay the premium on the proposed coverage (or rely on someone else to pay the premium)? Would the applicant have the ability to pay the premium if the premium rates were increased in the future? In addition, will the applicant be paying for the premium with their income, savings, or investments?
- If the applicant has chosen a guaranteed purchase option rider, has the applicant considered how they will pay the higher premium amounts when they elect to increase their benefits?
- What are the actual costs of care in the area where the applicant lives, or expects to be living during their retirement years?
- Does the applicant expect to have family or friends available to assist in care if needed?
- Are the benefit levels chosen appropriate to meet the goals and needs of the applicant? This would include monthly benefit levels, inflation protection, elimination period, benefit period multiplier and other optional benefits.
- If the applicant has chosen home and community care stand alone coverage, has the applicant considered how they will pay for care costs if the care is provided in a facility?
- If the applicant has chosen facility only coverage, has the applicant considered how they will pay for care costs if the care is provided at home?
- If the applicant has chosen an elimination period, has the applicant considered how they will pay for care costs during this elimination period?
- Does the applicant understand the impact that inflation could have to the actual cost of care? Has the applicant considered how they will pay for the difference between the future care costs and their monthly benefit amount?

### **Minimum Financial Suitability Standards**

If it is determined that an applicant does not meet both our income and asset minimum standards, shown below, we have the right to decline the application as being an unsuitable purchase.

- An applicant must have an annual income of \$20,000 or greater.
- An applicant must have assets (savings and investments) which equal at least \$30,000. (Note: assets do not include the applicant's house.)
- If an applicant expects their assets to decrease over the next 10 years, the applicant's current assets must equal at least \$50,000.
- The premium needed for the purchase of the policy should not exceed 7% of the applicant's income.

The above minimums apply to the individual's financial situation. If the individual is married, it is highly recommended that the combined assets and income are greater than the amounts shown above.

These standards may be waived in appropriate situations (such as a child is paying for the parent's premium). It is important to have the applicant explain such circumstances on the personal worksheet for our review.

If the applicant's assets and income do not meet our standards, we recommend that the applicant consider other options for financing their long-term care needs.

### **Delivery of Forms**

Prior to completing the application, all applicants must receive the "Long-Term Care Personal Worksheet" which is completed and signed by both the consumer and the agent, "Things You Should Know Before You Buy Long-Term Care Insurance" and "Long Term Care Insurance Potential Rate Increase Disclosure Form".

The agent must complete and sign the Agent Training Statement PM2146 (to indicate they have completed the Physicians Mutual LTC products and suitability requirement training) for each submitted application.

### **Filling out the Personal Worksheet**

The agent must review with the applicant income, assets, goals and needs information on the Personal Worksheet. The applicant and agent will be required to sign and date the Personal Worksheet and choose one of the following:

1. Complete all the financial information on the Personal Worksheet; or
2. Check the option on the Personal Worksheet indicating that the applicant chooses not to provide financial information.

If the applicant declines to provide the financial information they must then sign and date an "Authorization to Process Application" (PM1760) and submit that with the application.

Underwriting will suspend the application and mail the applicant the suitability letter (PM1761) if:

1. the information on the Personal Worksheet indicates that the applicant does not meet our suitability standards; or
2. the applicant has chosen not to provide us with their financial information and not submitted a signed and dated "Authorization to Process Application" (PM1760)

The applicant will have 60 days to return the suitability letter (PM1761), signed and dated, stating that they still wish to for the company to consider their application and or the underwriting process to be resumed. Otherwise their application will be declined.

Signed copies of the Personal Worksheet and "Authorization to Process Application" (PM1760) or suitability letter (PM1761), if applicable, become part of the permanent application file.

► **XIII Appeal Process**  
**Declination**

When an applicant is declined, he or she will receive a declination letter. The letter will generally indicate detailed medical reasons for the decision. The agent can suggest that the applicant review the letter with his or her doctor. After the doctor reviews the reasons with the applicant, the doctor can submit new supportive medical information (such as test results or other clinical findings), and request that the Underwriter review the information to reconsider the client's application. The agent will be notified of the Underwriter's decision. If the original decision is upheld, then the case is closed.

**Counteroffer**

When there is a counteroffer, the applicant will receive a letter with the policy listing the reasons for a rate other than originally quoted or for coverage changes due to health. The same process should be followed if the applicant wishes to appeal this underwriting decision.

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**XIV** The following is a list of the common conditions you may see and their probable handling for underwriting purposes. Several of these conditions will depend on severity or length of time from the last treatment. Please consult your Impairment Guide for a more complete listing of health conditions.

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***The following conditions would be UNACCEPTABLE FOR COVERAGE:***

- AIDS /HIV Positive
- Alzheimer's Disease
- ▶ Cerebrovascular Accident with history of atrial fibrillation
- Chronic or Recurrent Bronchitis with tobacco use
- Carotid Artery Disease, more than 70% occluded or with tobacco use
- ▶ Uncontrolled Diabetes, A1C greater than 8.0, with or without complications, or with history of cardiovascular or cerebrovascular disease
- ▶ Emphysema/COPD, with tobacco use within the previous 12 months
- Multiple Sclerosis
- Osteoporosis with history of multiple fractures or compression fracture
- Oxygen Use
- ▶ Peripheral Vascular disease with tobacco use
- Parkinson's disease
- Senility or Dementia
- Those who have a pending claim with our Company, or for whom surgery has been recommended or proposed, or for whom tests are pending, whether at the time of application or while the application is pending if for a health condition that existed prior to the date of application
- Those who are currently receiving Physical Therapy
- Those who had not returned to their normal activity on the date of the application, following an accident, illness or surgery
- ▶ TIA (transient ischemic attack) with history of atrial fibrillation
- 2 or more episodes of stroke, or a stroke with residuals
- Use of a cane (quad cane or one-prong cane if used for balance problems), walker or wheelchair
- Receiving disability income or any state or Social Security Disability Benefits.  
(Few exceptions may exist, please contact an Underwriter before submit.)

***These conditions would generally be ACCEPTABLE FOR COVERAGE:***

- Angioplasty after 3 months with full recovery
- Congestive Heart Failure, mild, compensated
- Diabetes controlled, no complications
- Emphysema/COPD, mild to moderate, with no tobacco use
- History of heart attack with complete recovery (after 6 months)
- Osteoporosis, if stable, with no history of compression fractures
- ▶ Peripheral Vascular Disease, mild, stable, no tobacco use
- Sleep apnea (compliant with recommended CPAP)

# PHYSICIANS MUTUAL LTC QUICK REFERENCE DRUG LIST

**AN APS IS REQUIRED IF AN APPLICANT IS TAKING ANY OF THE FOLLOWING  
MEDICATIONS:**

<u>MEDICATION</u>	<u>CONDITION</u>	<u>MEDICATION</u>	<u>CONDITION</u>
<b>Acarbose</b>	Diabetes	<b>Lasix</b>	Circulatory
<b>Actos</b>	Diabetes	<b>Librium</b>	Nervous Disorder
<b>Accupril</b>	Circulatory	<b>Lisinopril</b>	Circulatory
<b>Adderall</b>	Nervous Disorder	<b>Lithium</b>	Depression
<b>Adenosine</b>	Arrhythmia	<b>Lorcet</b>	Chronic Pain Mgmt
<b>Aggrenox</b>	Circulatory	<b>Lorazepam</b>	Nervous Disorder
<b>Albuterol</b>	Respiratory	<b>Lortab</b>	Chronic Pain Mgmt
<b>Aldactone</b>	Circulatory	<b>Lotensin</b>	Circulatory
<b>Amaryl</b>	Diabetes	<b>Medrol</b>	Musculoskeletal
<b>Amitriptyline</b>	Nervous Disorder	<b>Metformin</b>	Diabetes
<b>Arava</b>	Rheumatoid Arthritis	<b>Methotrexate</b>	Rheumatoid Arthritis
<b>Avandia</b>	Diabetes	<b>Micronase</b>	Diabetes
<b>Captopril</b>	Circulatory	<b>Mysoline</b>	Seizures
<b>Cardizem</b>	Circulatory	<b>Neurontin</b>	Seizures
<b>Cardura</b>	Various	<b>Nitroglycerin</b>	Circulatory
<b>Catapres</b>	Circulatory	<b>Nolvadex</b>	Cancer
<b>Celebrex</b>	Musculoskeletal	<b>Norpace</b>	Arrhythmia
<b>Celexa</b>	Depression	<b>Norvasc</b>	Circulatory
<b>Clonazepam</b>	Seizures	<b>Nortriptyline</b>	Nervous Disorder
<b>Coumadin</b>	Circulatory	<b>Oxycodone</b>	Chronic Pain Mgmt
<b>Cyclosporine</b>	Musculoskeletal	<b>Phenobarbital</b>	Seizures
<b>Cymbalta</b>	Depression	<b>Plaquenil</b>	Rheumatoid Arthritis
<b>Depakote</b>	Seizures	<b>Plavix</b>	Circulatory
<b>DiaBeta</b>	Diabetes	<b>Prednisone</b>	Various
<b>Diazepam</b>	Nervous Disorder	<b>Propranolol</b>	Arrhythmia
<b>Digitalis</b>	Circulatory	<b>Prozac</b>	Depression
<b>Digoxin</b>	Circulatory	<b>Quinidine</b>	Circulatory
<b>Dilantin</b>	Seizures	<b>Remeron</b>	Nervous Disorder
<b>Duragesic</b>	Chronic Pain Mgmt	<b>Remular</b>	Musculoskeletal
<b>Fosamax</b>	Osteoporosis	<b>Rheumatrex</b>	Rheumatoid Arthritis
<b>Furosemide</b>	Circulatory	<b>Rythmol</b>	Arrhythmia
<b>Glimepiride</b>	Diabetes	<b>Serzone</b>	Depression
<b>Glipizide</b>	Diabetes	<b>Tamoxifen</b>	Cancer
<b>Glucophage</b>	Diabetes	<b>Tegretol</b>	Seizures
<b>Glucotrol</b>	Diabetes	<b>Toprol</b>	Circulatory
<b>Glyburide</b>	Diabetes	<b>Trazodone</b>	Depression
<b>Glynase</b>	Diabetes	<b>Trental</b>	Circulatory
<b>Hydrocodone</b>	Chronic Pain Mgmt	<b>Ultram</b>	Musculoskeletal
<b>Hyzaar</b>	Circulatory	<b>Verapamil</b>	Circulatory
<b>Imdur</b>	Circulatory	<b>Vicodin</b>	Chronic Pain Mgmt
<b>Imuran</b>	Rheumatoid Arthritis	<b>Vioxx</b>	Musculoskeletal
<b>Isorbid</b>	Circulatory	<b>Warafin</b>	Circulatory
<b>Klonopin</b>	Seizures	<b>Wellbutrin</b>	Depression
<b>Lanoxin</b>	Circulatory	<b>Wygesic</b>	Chronic Pain Mgmt
		<b>Zoloft</b>	Depression



# PHYSICIANS MUTUAL LTC QUICK REFERENCE DRUG LIST

**THE APPLICANT IS NOT ELIGIBLE FOR THE LONG TERM CARE PRODUCTS IF  
TAKING ANY OF THE FOLLOWING MEDICATIONS:**

<u>MEDICATION</u>	<u>CONDITION</u>	<u>MEDICATION</u>	<u>CONDITION</u>
<b>Abacavir</b>	HIV/Aids	<b>Megace</b>	Cancer
<b>Abilify</b>	Psychosis	<b>Megestrol</b>	Myasthenia Gravis
<b>Adriamycin</b>	Cancer	<b>Mellaril</b>	Psychosis
<b>Akineton</b>	Cancer	<b>Mestinon</b>	Cancer
<b>Alkeran</b>	Multiple Myeloma	<b>Methadone</b>	Chronic Pain Mgmt
<b>Amantadine</b>	Alcoholism	<b>Mirapex</b>	Parkinson's
<b>Antabuse</b>	Parkinson's	<b>Morphine</b>	Chronic Pain Mgmt
<b>Aricept</b>	Alzheimer's	<b>Myleran</b>	Cancer
<b>Artane</b>	Parkinson's	<b>Naltrexone</b>	Alcoholism
<b>Avonex</b>	Multiple Sclerosis	<b>Namenda</b>	Alzheimer's
<b>AZT</b>	HIV/Aids	<b>Levodopa</b>	Parkinson's
<b>Baclofen</b>	Multiple Sclerosis	<b>Lupron</b>	Cancer
<b>Betaseron</b>	Multiple Sclerosis	<b>Megace</b>	Cancer
<b>Clozaril</b>	Psychosis	<b>Megestrol</b>	Myasthenia Gravis
<b>Cogentin</b>	Parkinson's	<b>Mellaril</b>	Psychosis
<b>Cognex</b>	Alzheimer's	<b>Navane</b>	Psychosis
<b>Combivir</b>	HIV/AIDS	<b>Neupogen</b>	Cancer
<b>Cyclosporine</b>	Cancer	<b>OxyContin</b>	Chronic Pain Mgmt
<b>Cytosan</b>	Cancer	<b>Parlodel</b>	Parkinson's
<b>Dantrium</b>	Multiple Sclerosis	<b>Permax</b>	Parkinson's
<b>Donepezil</b>	Alzheimer's	<b>Procrit</b>	Anemia
<b>Dronabinol</b>	Cancer	<b>Prolixin</b>	Psychosis
<b>Eldepryl</b>	Parkinson's	<b>Reminyl</b>	Alzheimer's
<b>Enbrel</b>	Rheumatoid Arthritis	<b>Retrovir</b>	HIV/AIDS
<b>Epogen</b>	Kidney Failure	<b>ReVia</b>	Substance Addiction
<b>Erbix</b>	Cancer	<b>Riluzole</b>	ALS
<b>Ergoloid Mesylates</b>	Memory Loss	<b>Risperdal</b>	Psychosis
<b>Eulexin</b>	Cancer	<b>Rivastigmine</b>	Alzheimer's
<b>Exelon</b>	Alzheimer's	<b>Roferon</b>	HIV/AIDS
<b>Geodon</b>	Psychosis	<b>Ropinrole</b>	Parkinson's
<b>Gold Therapy</b>	Arthritis	<b>Seroquel</b>	Psychosis
<b>Haldol</b>	Psychosis	<b>Sinemet</b>	Parkinson's
<b>Humira</b>	Rheumatoid Arthritis	<b>Stelazine</b>	Psychosis
<b>Hydergine</b>	Alzheimer's	<b>Symbax</b>	Bipolar depression
<b>Hydrea</b>	Alzheimer's	<b>Symmetrel</b>	Parkinson's
<b>Interferon</b>	Cancer	<b>Thorazine</b>	Psychosis
<b>Kineret</b>	Cancer	<b>Tacrine</b>	Alzheimer's
<b>Larodopa</b>	Various	<b>Teslac</b>	Cancer
<b>Leukeran</b>	Parkinson's	<b>Zolodex</b>	Cancer
<b>Levodopa</b>	Parkinson's	<b>Zyprexa</b>	Psychosis
<b>Lupron</b>	Cancer		



## Impairment Guide

The following guide is a list of health conditions and the probable underwriting action. Underwriting decisions will depend on severity of the condition, along with all other factors considered. If an individual has multiple medical conditions, the long-term care risk for the primary disease may be compounded. The final underwriting determination will be based on the underwriting tools required for your applicant. All underwriting rules in this and other sections of this manual indicate probable underwriting action.

Subject to laws and insurance regulations of the state of jurisdiction, however, the Physicians Mutual Underwriter has full authority, on behalf of the Company, to issue coverage, modify coverage, or deny coverage based upon both medical and non-medical factors affecting the acceptability of the risk, irrespective of these suggested rules and guidelines. Any variation from these general underwriting rules necessitated by a particular state regulation will be addressed individually.

### **Vista Care Choices P145, P146, P147, and P148:**

**An applicant with two rated conditions (in the RA3 and/or RA4 categories) would be uninsurable.**

**PP = Postpone**

**RFC = Rate for Cause**

**IC = Individual Consideration**

(Agent should quote at least RA1 minimum)

**PREF = Preferred (85%)**

**STD = Standard (100%)**

**RA1 = Rated 1 (125%)**

**RA2 = Rated 2 (150%)**

**RA3 = Rated 3 (175%)**

**RA4 = Rated 4 (200%)**

**DEC = Decline**



### ► Abscess

Brain or Abdominal

Present or surgery within 6 months .....PP

Resolved or 6 months after surgery, full recovery ..... STD

**Adhesions – post surgery, full recovery ..... PREF**

**Addison's Disease ..... DEC**

**Adult Day Care..... DEC**

**Assisted Living ..... DEC**

**AIDS ..... DEC**

## **Alcoholism - [APS]**

After treatment, symptom free, no alcohol use, no relapses, no COPD,  
emphysema, chronic bronchitis, other substance abuse, no alcohol related problems, no  
Antabuse use  
    Within 3 years .....PP  
    Over 3 years.....STD/RA1  
Any alcohol use, history of any relapses, COPD, emphysema, pancreatitis,  
chronic bronchitis, other substance abuse, alcoholic neuritis or neuralgia, alcohol  
related problems, Antabuse use, heart disorders, or frequent falls .....DEC

**Allergies and Hay Fever**..... PREF

**ALS (Lou Gehrig's Disease)**..... DEC

**Alzheimer's Disease - (See LTC Quick Reference Drug List)**..... DEC

**Amaurosis Fugax** – See TIA, Transient Ischemic Attack

**Amnesia** ..... DEC

## **► Amputation**

Due to trauma  
    Single limb, independent, no ADL limitations ..... STD  
    Multiple limbs ..... DEC  
Due to disease, disease no longer present, independent, no ADL  
impairments  
    Within 5 years .....PP  
    Over 5 years..... STD  
Due to diabetes, or circulatory disorders, or other chronic  
disease ..... DEC

## **Anemia – [APS]**

Aplastic, Cooley's, Fanconi's, Spherocytic (P147 not available) ..... RA4  
Chronic, Hypochromic, Hyperproliferative,  
Normocytic, Thalassemia Major, stable. .... STD  
Hemolytic..... RFC  
Hypoplastic, Mediterranean, Paroxysmal Nocturnal  
Hemoglobinuria, Severe, or with complications..... DEC  
Iron Deficiency, Hyperchromic Macrocytic,  
Hypochromic Megaloblastic, Pernicious,  
Thalassemia Minor, corrected  
    Cause known ..... RFC  
    Cause unknown  
        Within 3 months .....PP  
        Over 3 months, stable ..... PREF  
Not Corrected ..... RFC  
Sickle Cell ..... DEC  
Sickle Cell Trait  
    Definitive diagnosis, no history of complications ..... PREF  
    Otherwise ..... DEC

**Aneurysm - APS**

## Abdominal Aortic

## Operated

Within 1 year .....PP

Over 1 year, full recovery ..... PREF

## Unoperated

Within 2 years .....PP

Stable, not progressive over 2 years

Up to 5 cm. .... STD

Over 5 cm. or progressive growth ..... DEC

Aortic, Dissecting ..... DEC

## Cerebral, Neck or Thoracic

## Operated

Within 1 year .....PP

## Over 1 year

Full recovery, no residual impairments ..... STD

With minimal residual impairments (no mobility or ADL problems) ..... IC

With other impairments or mobility problems ..... DEC

Unoperated ..... DEC

Iliac, or limb artery - See Peripheral Vascular Disease

**Angina Pectoris - APS**

Controlled on medications ..... STD

Occasional episodes ..... STD

Not well controlled ..... DEC

**Angioplasty – See Coronary Artery Disease****► Ankylosing Spondylitis – APS**

No functional limits, no chronic steroid use, no narcotic use  
 within past 12 months, no PT last 6 months, no joint replacement  
 surgery done or recommended within the last 12 months,  
 no h/o multiple falls +/- or single fall with fracture within past  
 2 years, no IP for complications of AS within past 12 months

With no tobacco use ..... STD

With continued tobacco use ..... RA1

Otherwise ..... DEC

**Anxiety disorder - See Psychiatric Disorders****Aortic Valve Disorder – See Heart Murmurs****Arrhythmias – APS**

Controlled, unrestricted activity ..... STD

With cardiovascular risk factors (hypertension, CAD, CHF) or  
 cerebrovascular risk factors (prior stroke, circulatory disorders) ..... IC

Uncontrolled ..... DEC

Due to atrial fibrillation – See Atrial Fibrillation

**Arteriosclerosis - APS**

Mild ..... STD

Moderate ..... STD

Severe ..... DEC

► **Arteriovenous Malformations**

Present, Unoperated.....	DEC
Excision/Operated, full recovery, no residuals .....	IC

**Arthritis** (Osteoarthritis, degenerative joint disease) – **APS** - (See LTC Quick Reference Drug List)

Asymptomatic (no spinal involvement) diagnosed by a physician, no treatment or nonprescription medications only, shown on x-ray only .....	PREF
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Symptomatic

No spinal involvement, no surgery planned

Mild or Moderate treated with NSAIDS prescription medications, occasional cortisone injections, controlled, no ADL, impairments or ambulatory problems, no assistive device use .....	STD
Assistive device use.....	DEC

With spinal involvement (up to 5 year maximum benefit multiplier)

Mild – Moderate, controlled stable ..... STD

With history of laminectomy, disectomy or spinal fusion

excellent response, No residuals, or complications Within 1 year .....	PP
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Over 1 year ..... STD

Severe, with mobility, ADL or ambulatory problems..... DEC

Assistive device use..... DEC

Surgery planned or anticipated..... DEC

History of joint replacement

Within 6 months .....PP

Over 6 months

With full recovery (not receiving physical therapy or occupational therapy) .....	STD
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With physical limitations, or current ongoing physical therapy or occupational therapy .....	DEC
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**Arthroscopy** - full recovery, no complications ..... PREF

**Asthma** - **APS**

Mild, infrequent attacks,

No tobacco use / tobacco use .....	PREF/STD
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Moderate, with daily use of medication (other than inhalers),

occasional use of oral steroids, stable,

No tobacco use .....	STD/RA1
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Tobacco use (P147 not available) ..... RA4

Severe with ongoing oral steroid use, or multiple medications, or hospitalization within  
the past 6 months or 2 or more ER visits within the past 1 year.....DEC

In combination with other respiratory disorders ..... DEC

**Ataxia**..... DEC

► **Atrial Fibrillation – APS**

New onset within 6 months .....	PP
Over 6 months, no anticoagulant therapy, controlled, oral meds, normal sinus rhythm, unrestricted activity	
No tobacco use .....	STD
With tobacco use .....	RA1
History of heart disease or vascular risk factors, or diabetes	
No tobacco use .....	RA1
With tobacco use .....	RA2
Over 6 months requiring anticoagulant therapy, controlled, controlled, normal sinus rhythm, unrestricted activity	
No tobacco use .....	RA1
With tobacco use .....	RA2
History of heart disease or vascular risk factors or diabetes (maximum 3 year benefit multiplier)	
No tobacco use (P147 not available) .....	RA4
With tobacco use .....	DEC
With pacemaker, defibrillator, Maze surgery, or ablation .....	IC
With history of left ventricular hypertrophy, poorly controlled, ejection fraction less than 40%, TIA, stroke or other complications .....	DEC

**Attention Deficit Disorder - APS**

Stable, compliant with 2 or fewer medications, active life style, no behavioral problems, or severe psychiatric problems	
Within 3 months .....	PP
Over 3 months .....	STD
With 3 or more medications, non-compliant, with behavioral or severe psychiatric problems or ADL limitations .....	DEC

**B**

**Back Disorders- APS**

Arthritis – See Arthritis	
Back pain, chronic .....	RFC
Degenerative Disc Disease – Arthritis, Spinal	
Herniated Disc, no other spinal disorder involved	
Unoperated or operated with in 6 months and recovered .....	STD
Operated over 6 months, recovered, no recurrence or residuals .....	PREF
Kyphosis	
Mild, non-disabling .....	PREF
Severe, progressive, or disabling .....	DEC
Lordosis	
Mild, non-disabling .....	STD
Severe, progressive, or disabling .....	DEC
Osteopenia	
No treatment or treatment with medication .....	PREF
Osteoporosis – (See LTC Quick Reference Drug List)	
Mild - moderate, treatment with medications, no history of fracture/falls bone density consistent with age .....	PREF/STD
With history of traumatic fracture, fully recovered, no residuals, on medication, stable bone density, or improvement in bone density .....	STD

► Indicates a revision has been made

Physician Mutual

Severe (T-score –3.5 or worse), or history of multiple fractures, compression fracture, spinal problems, joint replacement or hip replacement, bone density readings showing progress of disease, or abnormal for age, or progressive increase of medication .....	DEC
Chronic pain or use of narcotics .....	DEC
Sciatica	
Unoperated or operated within 5 years .....	STD
Operated over 5 years, full recovery, no residuals or ADL impairments .....	PREF
Scoliosis	
Slight curvature, no complications or symptoms, non-progressive .....	PREF
Moderate, no complications or symptoms, non-progressive .....	STD
Severe, progressive or with respiratory complications .....	DEC
Slipped Disc – See Herniated Disc	
Spinal Fracture – See Fractures	
Spinal Stenosis – (See LTC Quick Reference Drug List)	
Mild, asymptomatic, incidental finding, not progressive, no nerve impingement .....	PREF
Symptomatic, no limitations with ADL's, no assistive device use, no ongoing physical therapy or occupational therapy, normal range of motion, with anti-inflammatory medication, no nerve impingement .....	STD
With history of laminectomy, disectomy or spinal fusion excellent response, No residuals, or complications	
Within 1 year .....	PP
Over 1 year .....	STD
With residuals, problems with ADL's, or neurological deficits, multiple steroid injections or multiple epidural injections .....	DEC
Severe, or with progressive symptoms or increase of severity of symptoms, problems with ADL's, neurological deficits, crippling or disabling, ongoing physical therapy or occupational therapy or .....	DEC
Spondylosis, Spondylolisthesis – See Spinal Stenosis	
Vertebra Fracture – See Fractures	

**Barrett's Esophagus** – See Esophageal Reflux

**Bell's Palsy** ..... PREF

**Benign Prostatic Hypertrophy** – See Prostatic Hypertrophy, Benign

**Bipolar** – See Psychiatric Disorders; Depression

**Blacked Out** – See Syncope

► **Bladder Disease**

History of infection, full recovery .....	PREF
Chronic or recurrent .....	PREF/STD

► **Blindness**

Congenital or traumatic	
One eye only .....	PREF
Both eyes, completely independent, no ADL impairments (up to 50% HCC, P147/P105 not available)	
Within 12 months .....	PP
Over 12 months (P147 not available) .....	RA4
Other cause .....	RFC

**Blood Pressure** – See Hypertension

**BPH** –Prostatic Hypertrophy, Benign

**Brain Tumor - [APS]**

Acoustic Neuroma, no functional residuals	
Unoperated or operated within 2 years .....	PP
Operated over 2 years, complete recovery .....	STD
With residuals or with shunt .....	DEC
Benign (definitive diagnosis)	
Unoperated .....	DEC
Operated, no functional residuals, complete recovery	
Within 2 years .....	PP
Over 2 years .....	STD
With residuals or with shunt .....	DEC
Cancer (see Cancer, Brain)	
► Meningioma,	
Present	
Symptomatic .....	PP
Symptoms resolved over 3 months .....	IC
Asymptomatic, MRI/MRA shows no change,	
progression or growth .....	PREF
Operated, no functional residuals, complete recovery .....	PREF
Other brain tumor, present .....	DEC

**Bronchiectasis** – See COPD (Chronic Obstructive Pulmonary Disease)

**Bronchitis - [APS]**

Acute, single attack, fully recovered .....	PREF
Chronic or recurrent	
Mild, well controlled, normal pulmonary function tests,	
rare short-term steroid use, with or without tobacco us .....	STD
Moderate, stable, intermittent steroid use, normal pulmonary	
function tests, or recent hospitalization	
Within 3 months .....	PP
Over 3 months .....	STD/RA1
With tobacco use .....	DEC
Chronic, severe, uncontrolled , daily use of steroid, reduced	
pulmonary function tests, or in combination with COPD,	
or other respiratory disorders .....	DEC

**Buerger's Disease**..... DEC

**Bypass Surgery** – See Coronary Artery Disease

## Cancer – APS

## ► Bladder

Stage 0 (in situ), 1 year from last treatment .....	PREF/STD
Stages A, B1, B2, 2 years from last treatment.....	STD
All other stages or distant metastasis or recurrence .....	DEC

## Bone

Stages IA, IB, IIA, 4 years from last treatment.....	STD
All other stages or distant metastasis or recurrence .....	DEC

## ► Brain (not Acoustic Neuroma)

Operated over 2 years, full recovery .....	STD
Unoperated, neurological damage/functional residuals, shunt, distant metastasis, or recurrence.....	DEC

## ► Breast

Stage 0, DCIS (ductal carcinoma in situ), Paget's Disease 1 year from last treatment* .....	PREF
Stage I, 1 year from last treatment* .....	STD
Stage II, over 2 years from last treatment* .....	STD
Stage IIIA, over 3 years from last treatment* .....	IC
Stages IIIB, IIIC, IV or distant metastasis or recurrence .....	DEC
*current hormonal treatment use can be considered	

## ► Colon

Stages 0, I (Dukes A) 2 years from last treatment.....	PREF/STD
Stages IIA, IIB (Dukes B) 3 years from last treatment .....	STD
Stage IIIA (Dukes C) 4 years from last treatment.....	RA1
All other stages or distant metastasis or recurrence .....	DEC
Colostomy present within 1 year.....	DEC

## Esophagus

Stage 0 (in situ), 4 years from last treatment.....	STD
All other stages or distant metastasis or recurrence .....	DEC

## Internal

Not otherwise listed.....	IC
Distant metastasis or recurrence.....	DEC

## ► Kidney

Stage I, 2 years from last treatment.....	STD
Stage II, 4 years from last treatment.....	RA1
All other stages or distant metastasis or recurrence .....	DEC



► Liver	
All stages within 5 years.....	DEC
Stage I, localized, resected over 5 years from last treatment .....	RA4
Distant metastasis or recurrence or chronic liver disorder/disease .....	DEC
► Lung	
Stages IA, IB, 5 years from last treatment.....	RA4
All other stages or distant metastasis or recurrence .....	DEC
Oxygen use, COPD, cardiomyopathy, emphysema, tobacco use.....	DEC
► Lymphoma, Hodgkin's	
Stages I, II, 2 years from last treatment.....	STD
Stage III, 3 years from last treatment .....	RA1
Stage IV or recurrence.....	DEC
► Lymphoma, Non-Hodgkin's	
Stages I, II, 4 years from last treatment.....	RA4/DEC
All other stages or recurrence.....	DEC
► Melanoma	
Stage 0 (in situ), 1 year from last treatment .....	PREF
Stages IA, IB, IIA, IIB, 2 years from last treatment.....	STD
Stage IIIA, 4 years from last treatment .....	RA1
All other stages or distant metastasis or recurrence .....	DEC
► Ovarian	
Stages IA, IB, IC, 3 years from last treatment.....	STD
Stage IIA, 4 years from last treatment.....	RA1
All other stages or distant metastasis or recurrence .....	DEC
With radiation complications (enteritis/bowel problems/weight loss).....	DEC
Other (not Internal)	
Not otherwise listed.....	IC
Distant metastasis or recurrence.....	DEC
Paget's Disease, Bone (see Osteitis Deformans)	
Pancreas	
All Stages .....	DEC
► Prostate	
Stages A, B, 1 year from last treatment	
(surgically removed-current PSA <0.1) or	
(radiation treatment-current PSA <0.5).....	PREF
Stage C, 2 years from last treatment, current PSA <0.1 .....	STD
Stage D or distant metastasis or recurrence.....	DEC
No surgery & over age 70 at diagnosis, receiving hormone	
therapy, initial Gleason score <VI, current PSA <0.5 .....	RA2

► Skin Cancer (Non-Melanoma)	
Basal Cell Carcinoma	
Removed .....	PREF
Distant metastasis .....	DEC
Squamous Cell Carcinoma	
Stages 0, I, II, removed.....	PREF
Stage III, 3 years from last treatment .....	RA1
Stage IV or distant metastasis.....	DEC

► Stomach	
Stages 0, IA, 4 years from last treatment.....	STD
Stage IB, 4 years from last treatment .....	RA1
All other stages or distant metastasis or recurrence .....	DEC

► Testicle	
Stage 0 over 2 years from last treatment .....	PREF
Stage I over 4 years from last treatment.....	STD
All other stages or distant metastasis or recurrence .....	DEC

#### ► Cardiomyopathy – **APS**

No congestive heart failure, pulmonary hypertension, arrhythmia, diabetes, no tobacco use, ejection fraction over 40%, no complications	
Hypertrophic, Subaortic Hypertrophic Stenosis	
Within 1 year .....	PP
Over 1 year .....	RA1
Dilated, Idiopathic	
Within 3 years.....	PP
Over 3 years, stable (P147 not available).....	RA3
Alcoholic .....	DEC
Ischemic, Restrictive or other.....	IC
With congestive heart failure, prior history of stroke or TIA, pulmonary hypertension, arrhythmia, diabetes, ejection fraction under 40%, or any reference to or suggestion of heart transplant .....	
	DEC
With tobacco use .....	DEC

#### ► Carotid Artery Disease - **APS**

Asymptomatic	
Stenosis less than or equal to 50%, stable, Unilateral or bilateral, no progression .....	
	STD
Stenosis over 50% and less than or equal to 70%, stable.....	RA2
With cardiovascular risk factors (hypertension, CAD, CHF) .....	IC
Symptomatic, or stenosis over 70%, or with history of TIA or stroke, diabetes, or valvular heart disease.....	
	DEC
Operated (carotid endarterectomy), no residuals	
Within 6 months .....	PP
Over 6 months.. .....	STD
Tobacco use.....	DEC

**Cataract**..... PREF

**Cerebral Palsy**..... DEC

► **Cerebral Vascular Accident (CVA, Stroke) - APS**

Single event

Within 4 years.....PP

Over 4 years

Fully recovered, no residuals..... STD

Minimal residuals (no ADL impairment, ambulatory or

Mobility problems or assistive device use) .....STD/RA1

With history of atrial fibrillation with chronic

anti-coagulant therapy (up to 3 years maximum  
benefit multiplier)

No tobacco use (P147 not available)..... RA4

With diabetes, or history of chronic congestive heart failure, cardiomyopathy,  
other residuals or ADL impairment, ambulatory or mobility problems or  
assistive device use, history of alcoholism, alcohol abuse,

carotid stenosis or atrial fibrillation..... DEC

2 or more events ..... DEC

**Cerebrovascular Disease- APS**

Evidence of white matter changes, small vessel disease

reference to diffuse changes, ischemic changes,

microvascular changes or lacunar infarcts ..... DEC

**Chronic Fatigue Syndrome - APS**

(Also see any associated psychiatric conditions)

Within 1 year.....PP

Over 1 year

Mild, treated with anti-inflammatory medication, no narcotic

or steroid use, no ADL limitations..... STD

Moderate, no current physical or occupational therapy,

not associated with fibromyalgia, occasional narcotic

use, no steroid use, no ADL limitations (P147 not available) ..... RA3

Severe, current physical or occupational therapy, associated

with Fibromyalgia, chronic narcotic or steroid use,

any ADL limitations ..... DEC

► **Chronic Obstructive Pulmonary Disease (COPD, Emphysema, Bronchiectasis) - APS**

No tobacco use previous 12 months or hospitalization within the past 6 months.....PP

Mild – Moderate, stable, with or without inhalers, with or without

daily use of medication,..... STD

Severe with oral steroid use, or multiple medications,

IPPB, or oxygen use, ..... DEC

In combination with circulatory disorders, other respiratory disorders,

cardiomyopathy, or congestive heart failure, alcoholism or alcohol

abuse ..... DEC

With tobacco use within previous 12 months..... DEC

**Chronic Pain Syndrome - APS (See LTC Quick Reference Drug List) ..... RFC**

**Claudication** – See Peripheral Vascular Disease

**Cognitive Disorder** ..... DEC

► **Colitis (Spastic, or Irritable Bowel)**

Controlled with diet or medication, no surgery planned or anticipated ..... PREF

Surgery planned or anticipated ..... DEC

Severe, frequent flares, multiple surgeries, or weight loss ..... DEC

**Colitis, Ulcerative** – See Crohn's

**Collagen Vascular Disease** – **APS** (P147 not available) ..... RA4/DEC

**Colostomy** ..... RFC

**Confusion** ..... DEC

► **Congestive Heart Failure** - **APS**

One or two episodes, fully recovered, asymptotic, no complications

Within 2 years ..... PP

Over 2 years ..... STD

Chronic, controlled with medication (ejection fraction over 40%) ..... IC

With any history of heart attack or angina, prior stroke or TIA,  
cardiomyopathy, diabetes, angioplasty or heart surgery,  
emphysema / COPD, tuberculosis, asthma or chronic  
bronchitis, alcoholism or alcohol abuse, or ejection fraction  
under 40% ..... DEC

Symptomatic, severe, or recurrent ..... DEC

**Connective Tissue Disease** (not listed elsewhere) ..... DEC

► **Coronary Artery Disease** – **APS**

Mild, less than 75% stenosis, one artery, stable, unrestricted activity,

With or without medication no physical restrictions or limitations ..... PREF

More than one artery, less than 75% stenosis, no history of

multiple heart attacks, atrial fibrillation, congestive heart failure,  
cardiomyopathy, heart valve disorders, TIA, stroke, or diabetes,  
with no restricted activity, physical restrictions

or limitations no tobacco use ..... STD

With tobacco use ..... RA1

Severe, over 75% stenosis ..... DEC

With history of atrial fibrillation with chronic anti-coagulant therapy,  
chronic congestive heart failure, cardiomyopathy,  
heart valve disorders, TIA or stroke,

No tobacco use (P147 not available) ..... RA4

With tobacco use ..... DEC

With history of multiple heart attacks, diabetes,

restricted activity, or any physical restrictions or limitations ..... DEC

With angioplasty or stent placement, fully recovered, no complications,  
(Also rate for coronary artery disease)

Within 3 months ..... PP

Over 3 months ..... STD

With bypass surgery, fully recovered, no complications  
 (Also rate for coronary artery disease)  
     Within 6 month.....PP  
     Over 6 months ..... STD  
 Surgery planned or anticipated..... DEC

► **Corneal Transplant** – no complications, fully recovered ..... PREF

**Crest Syndrome** ..... DEC

**Crohn's (Granulomatous or Ulcerative Colitis) - APS**

Controlled, no ongoing steroid use, chemotherapy drugs, or multiple  
 surgeries, or complications (liver disease, malabsorption, megacolon,  
 lung sclerosis, bowel perforations, or current persistent severe diarrhea),  
 no fistula or abscesses  
 Unoperated or operated, or colostomy present  
     Within 1 year .....PP  
     Over 1 year ..... STD  
 With occasional mild flares (no more than two flares per year)  
     With in 1 year .....PP  
     Over 1 year..... RA2  
 With ongoing steroid use, chemotherapy, or with complications (liver  
 disease, malabsorption, megacolon, lung sclerosis, bowel perforations,  
 or current persistent severe diarrhea), with fistula or abscesses..... DEC  
 Severe, end stage, frequent flares, multiple surgeries, weight loss ..... DEC

**Cushing's Syndrome** (Cushing's Disease, Pituitary Basophilism,  
 Adrenocortical Hyperfunction, Hyperadrenalism,  
 Hypercorticalism) ..... DEC

**Cystitis** – See Bladder Disease

**D**

**Deep Vein Thrombosis**

Single event, no ADL limitations, resolved  
     Within 6 months.....PP  
     Over 6 months ..... STD  
 Recurrent events  
     Within 12 months.....PP  
     Over 12 months .....STD/RA1

**Defibrillator Implant** - See Pacemaker

**Degenerative Disc Disease** – See Arthritis, Spinal

**Degenerative Joint Disease** – See Arthritis

**Dementia**..... DEC

**Depression** — See Psychiatric Disorders

► **Diabetes Mellitus – Type II only** **APS**

New onset, or uncontrolled, or change in treatment

Within 12 months ..... PP

Over 12 months, no complications or combination of uninsurable conditions

Diet controlled, A1C 6.5 or less..... STD

Well controlled on 1-2 meds, A1C 6.6 through 7.0..... STD/RA1

Controlled on 3 meds, A1C 7.0 to 8.0 ..... IC

Insulin, well controlled, 50 units or less daily, A1C 7.0 or less ..... STD/RA1

Insulin, controlled, 50 units or less daily, A1C 7.0 to 8.0..... IC

A1C > 8.0.....DEC

In combination with controlled hypertension, elevated weight, tobacco use.....STD/IC

Any history of diabetic complications, including retinopathy, PVD, nephropathy

neuropathic ulcers or in combination with heart attack, CAD, CHF, TIA, Stroke,

CVA, Carotid Stenosis, Valvular Heart Disease, amaurosis fugax, or hospitalizations

for the treatment of diabetes, history of unstable or uncontrolled hypertension or

unstable non-vascular heart disorders ..... DEC

► **Diverticulitis**

Controlled with diet or medication, no surgery planned or anticipated ..... PREF

Colostomy, temporary, no complications

Within 1 year .....PP

Over 1 year ..... STD

Surgery planned or anticipated.....DEC

**Dizzy Spell** - See Syncope

**Drug Abuse/Addiction–** **APS**

Full recovery, no organ damage, no relapses, no other  
substance abuse or history of alcoholism

Within 10 years.....PP

Over 10 years..... STD

Illicit drugs, any organ damage, or relapses

other substance abuse, alcoholism.....DEC

**E**

**Endarterectomy (Carotid)** – See Carotid Artery Disease

**Enlarged Prostate** – See Prostatic Hypertrophy, Benign

**Emphysema** - **APS** - See Chronic Obstructive Pulmonary Disease

**Epilepsy–** **APS** Controlled ..... STD

► **Esophageal Reflux** – (Barrett’s Esophagus)..... PREF

**F**

**Factor V Leiden Syndrome** ..... DEC

**Fainting** – See Syncope

**Falls– APS**

Single episode ..... RFC

Multiple episodes, with or without injuries ..... IC/DEC

**Fatty Liver** - See Liver Disorders

**Fibromyalgia** - APS (See LTC Quick Reference Drug List)

New onset within 6 months ..... PP

Over 6 months

Asymptomatic, treatment free ..... PREF

Asymptomatic, mild, treated with 1 medication ..... STD

Symptomatic

Mild, stable, controlled, with no more than 2 medications,  
no ADL limitations ..... RA1

Moderate, stable, no pulmonary compromise, controlled  
with anti-inflammatory medication, occasional narcotic  
use, no limitations with ADL's (P147 not available) ..... RA3

Severe, chronic narcotic use, steroid use, associated chronic  
fatigue syndrome, currently receiving physical or  
occupational therapy, or ADL limitations ..... DEC

**Fibromyositis** - APS ..... PREF

► **Fractures – APS – weight bearing only**

Due to trauma- non-weight bearing, with without internal fixation device  
complete recovery, no limitations, no history of falls, osteoarthritis,  
or osteoporosis

Within 3 months ..... PP

Over 3 months ..... PREF

Due to trauma - weight bearing

Hip, complete recovery, no limitations with our without hip replacement

Within 1 year ..... PP

Over 1 year ..... STD

Skull, due to trauma, with or without loss of consciousness,  
fully recovered, no residuals

Within 1 year ..... PP

Over 1 year ..... STD

Vertebra or spine, complete recovery, no residuals or limitations

Within 1 year ..... PP

Over 1 year ..... STD

Other, complete recovery, no limitations, no history of falls, osteoarthritis  
or osteoporosis

Within 1 year from last date of treatment ..... PP

Over 1 year from last date of treatment ..... PREF

With internal fixation device ..... STD

Surgery recommended ..... PP

Multiple Fractures ..... DEC

Use of narcotics to control pain (See LTC Quick Reference Drug List) ..... DEC

Current use of assistive devices (cane, walker, wheelchair, crutches,

or other) .....	DEC
Not traumatic, Pathological fracture or compression fracture.....	DEC
History of joint replacement	
Within 6 months .....	PP
Over 6 months	
With full recovery (not receiving physical therapy or occupational therapy) .....	STD
With physical limitations or receiving physical therapy or occupational therapy .....	DEC

## G

► **Gallbladder Impairments** ..... PREF

**Gastric Bypass** – See Obesity Surgery

**Giant Cell Arteritis** ..... DEC

**Gilbert's Disease** - **APS**

Definite diagnosis established by liver biopsy, within 3 years .....	STD
After three years, full recovery.....	PREF

► **Glaucoma**

Mild to moderate visual impairment, not progressive, no ADL limitations .....	PREF
Severe, progressive, any ADL limitations .....	DEC
Resulting in unilateral or bilateral blindness (see Blindness)	

**Goiter** ..... PREF

**Gout** ..... PREF

**Granulomatous Colitis** – See Crohn's

**Guillain-Barre Syndrome** - **APS**

Present, or within two years .....	PP
After two years, full recovery, no residuals .....	STD

## H

**Heart Attack** – See Myocardial Infarction

► **Heart Murmur (Valvular Heart Disease)** - **APS**

Mitral valve prolapse (MVP), mild – moderate.....	PREF/STD
Valve regurgitation, insufficiency, or stenosis	
Mild, controlled.....	STD
Moderate, controlled.....	RA2
Severe .....	RA4/DEC
Unstable, with complications, or surgery anticipated.....	DEC
Valve repair or replacement, full recovery, no complications after 6 months.....	STD
With additional heart disease, vascular risk factors, or diabetes .....	IC
With Carotid Stenosis.....	DEC



**Heart Stent** – See Coronary artery disease

**Heart Valve Disorders** – See Heart Murmur

**Heart Valve Replacement, or Repair - APS**

    Within 3 years..... RA2  
    Over 3 years, no complications ..... STD

**Hemiblock** ..... STD

**Hemiparesis**..... DEC

**Hemiplegia**..... DEC

**Hemochromatosis – APS**

    Controlled

        Within 6 months..... PP

        Over 6 months

            Mild, stable, normal blood studies, no organ or joint  
            involvement, with/without phlebotomy treatment ..... STD

    With cirrhosis, esophageal or gastrointestinal bleeding, CHF  
    or poorly controlled diabetes, or due to repeated  
    transfusions or alcoholism ..... DEC

**Hemophilia** ..... DEC

**Hepatitis - See Liver Disorders**

**Hernia** ..... PREF

**Herniated Disc** – See Back Disorders

**High cholesterol** – See Hypercholesterolemia

**High lipids** – See Hypercholesterolemia

**Hip Replacement**

    Complete recovery, no limitations

        Within 1 year ..... PP

        Over 1 year ..... STD

► **HIV Positive**..... DEC

**Hodgkin's Disease** – See Cancer, Lymphoma, Hodgkin's

**Hydrocephalus** ..... DEC

► **Hypercholesterolemia (Hyperlipidemia Hypertriglyceridemia)**

    Controlled ..... PREF

    Not controlled..... IC

**Hyperlipidemia** – See Hypercholesterolemia

► **Hypertension - APS**

**Note: For pills that have combination of medications, each medication is counted. For example Prinzipide is an ACE inhibitor and thiazide diuretic combination used to treat high blood pressure. This would count as 2 medications.**

Controlled (Average reading 140/90 is considered to be well controlled)	
2 or fewer medications, or diet controlled, no complications .....	PREF/STD
Average reading < 160/90.....	STD
Average reading < 170/94 .....	IC
with Diabetes (Controlled).....	STD/IC
with Coronary Artery Disease (Controlled),	
No Tobacco use.....	STD
Tobacco use.....	RA1
With Carotid Artery Disease or Peripheral Vascular Disease, (Controlled)	
No Tobacco use.....	IC
Tobacco use.....	DEC
with Diabetes and Coronary Artery Disease or Peripheral Vascular Disease or Carotid	
Artery Disease.....	DEC
Uncontrolled, or severe, readings over 170/94, resistance to treatment, poor medical	
compliance, frequent medication changes, or other complications.....	DEC
Pulmonary Hypertension .....	DEC

► **Hyperthyroidism** ..... PREF

**Hypertriglyceridemia** – See Hypercholesterolemia

**Hypertrophy, Prostate** – See Prostatic Hypertrophy, Benign

**Hypoglycemia, functional** ..... PREF

► **Hypothyroidism** ..... PREF

**Hysterectomy, no malignancy**..... PREF

**I**

**Idiopathic Thrombocytopenia Purpura (ITP)** - See Thrombocytopenia Purpura

**Ileitis - APS** ..... STD

**Incontinence - APS** - Handle for cause ..... STD/DEC

**Irritable Bowel Syndrome** – See Colitis

**J**

**Jaundice – Recovered**..... STD



## Kidney Disorders

**Kidney Dialysis** ..... DEC

### **Kidney or Renal Failure - [APS]**

Acute, fully recovered, with or without temporary dialysis, no complications  
or residuals, no diabetes, kidney function presently normal

Within 12 months ..... PP

Over 12 months ..... PREF

Chronic, history of diabetes or hypertension, dialysis or kidney transplant

recommended, indwelling urinary catheter, or creatinine level over 3.0 ..... DEC

### **Kidney or Renal Insufficiency - [APS]**

Acute, fully recovered, with or without temporary dialysis, no complications  
or residuals, no diabetes, kidney function presently normal

Within 12 months ..... PP

Over 12 months ..... PREF

Chronic, no progression, blood creatinine less than 3.0, BUN, & potassium  
stable, creatinine clearance over 60%

Within 2 years ..... PP

Over 2 years ..... STD

Chronic, history of diabetes or hypertension, dialysis or kidney transplant

recommended, indwelling urinary catheter, or blood creatinine over 3.0,

or creatinine clearance under 60% ..... DEC

**Kidney Stones** ..... PREF

**Kidney Transplant** ..... DEC

### ► **Medullary Sponge Kidney**

Unilateral, no stones, obstruction, or infection, good renal function ..... PREF/STD

### **Nephritis (Kidney Inflammation) – [APS]**

Acute single episode, fully recovered, normal kidney function

Within 3 months ..... PP

Over 3 months ..... PREF

Chronic or frequent ..... RFC

Lupus ..... DEC

### **Nephrectomy - [APS]**

Unilateral, not due to cancer or disease (includes for donor purposes)

Upon full recovery and return to normal activities,

no residual impairment, no diabetes, normal blood work ..... STD

With diagnosis of diabetes ..... DEC

► **Polycystic Kidney Disease** ..... DEC

## Knee Replacement

Within 6 months .....	PP
Over 6 months	
With full recovery.....	STD

## Kyphosis – See Back Disorders

## L

<b>Labyrinthitis</b> , controlled .....	PREF
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## Leukemia - **APS**

Present, or treatment within two years .....	PP
In remission, after two years .....	RA2

## Liver Disorders - **APS**

Cirrhosis.....	DEC
Enlarged	
Cause known .....	RFC
Cause unknown, no associated signs, liver function tests normal (147 not available) .....	RA4
After two years, currently normal .....	PREF
Fatty Liver	
Asymptomatic, no treatment, weight in standard or preferred category	
Normal liver function tests, occasional use or no use of alcohol .....	STD
Abnormal liver function tests or daily use of alcohol .....	DEC
Flukes	
Within two years .....	STD
After two years, no complications.....	PREF

## ► Hepatitis

Type A	
Within 1 year.....	PP
After 1 year, full recovery .....	PREF
Type B	
Within 1 year.....	PP
Acute, after 1 year, full recovery, normal liver functions tests negative HBsAg.....	STD
Chronic, after 1 year, normal liver functions tests,	
over age 50 at diagnosis .....	STD
under age 50 at diagnosis.....	IC
With Alcohol use or substance abuse.....	DEC
Type C	
If unresponsive to Interferon (or Ribavirin if used) or no treatment given .....	DEC
Chronic, active, alcohol related, fibrosis, cirrhosis .....	DEC
Successfully treated with Interferon	
Within 1 years.....	PP
Over 1 years, neg RNA, normal LFT's .....	STD
Transplant Liver .....	DEC

**Lordosis** – See Back Disorders

**Lou Gehrig's Disease** – See ALS

► **Lupus Erythematosus - [APS]**

Disseminated or Systemic (SLE)..... DEC  
Discoid, controlled, firm diagnosis  
    Within 6 months ..... PP  
    Over 6 months ..... STD

**Lymphoma, Hodgkin's** - See Cancer

**Lymphoma, Non-Hodgkin's** - See Cancer

**M**

► **Macular Degeneration - [APS]**

Early or stable, with mild visual impairment, either bilateral or unilateral,  
completely independent, no ADL impairments  
(P147/P105 not available) ..... STD  
Legally Blind, independent, no ADL impairments  
    Within 12 months ..... PP  
    Over 12 months ..... RA2/DEC  
Progressive or existing neurological symptoms, or ADL impairment DEC

**Manic Depression** - See Psychiatric Disorders

**Melanoma** - See Cancer

**Memory Loss**..... DEC

**Meniere's Disease**

If controlled, no associated deafness ..... STD  
All others (P147 not available) ..... RA3

**Meningioma, Brain** – See Brain Tumors

**Meningitis - [APS]**

If recovered, after one year, no sequelae ..... STD  
With sequelae ..... DEC

► **Mental Retardation - [APS] – Also Rate for cause**

No Social Security Disability benefits, not on Medicaid, no active POA  
Mild, capable of self-care or self-support ..... RA1  
Moderate to Severe retardation, or not self-supporting, or not capable of self-care .... DEC

**Mitral Valve Disorder** – See Heart Murmur

**Multiple Myeloma** ..... DEC

**Multiple Sclerosis**..... DEC

**Muscular Dystrophy**..... DEC

**Myasthenia Gravis**..... DEC

**Myocardial Infarction - APS**

Within six months.....PP  
 After six months, return to unrestricted activity..... STD

**N**

**Narcolepsy**.....DEC

**Nephrectomy - See Kidney Disorders****Neuralgia, Neuritis – APS - (See LTC Quick Reference Drug List)**

Alcoholic or Diabetic .....DEC  
 Mild or Trigeminal, Toxic, Facial, Tic Douloureux, or non-infectious  
   Single occurrence, recovered  
     Within 1 year ..... STD  
     Over 1 year ..... PREF  
 Severe or recurrent  
   Within 3 years (P147 not available) ..... RA4  
   Over 3 years full recovery ..... STD  
   With chronic pain medication .....DEC  
 Spinal involvement - See Sciatica  
 Traumatic  
   Within 6 months .....PP  
   Over 6 months, full recovery ..... PREF

**Neurogenic Bladder**

Present.....DEC  
 With recovery, within two years, no complications ..... STD  
 After two years..... PREF

**► Neuropathy, Peripheral – APS - (See LTC Quick Reference Drug List)**

Also Rate for Any Cause  
 Mild, sensory only, no motor involvement, no falls, no autoimmune disorder,  
   no alcoholism, no diabetes, minimal treatment, with no progression or  
   limitations..... STD  
 Other, with complications, motor involvement, progression or limitations.....DEC

**Neuropathy, Poly-**.....DEC

**Non-Hodgkin's Lymphoma – See Cancer****O****Obesity - See Height and Weight Chart**

**Obesity Surgery** (Jejunioileal Shunt, Gastric Bypass Surgery,  
 Vertical Banded Gastroplasty, Gastric Banding) .....DEC

**Organic Brain Syndrome**.....DEC

**Organ Transplant**.....DEC

**Osteitis Deformans (Paget's Disease, Bone) – APS** (P147 not available)..... RA4

**Osteoarthritis – See Arthritis**

► Indicates a revision has been made

**Osteomyelitis – APS**

Mild, non-disabling, complete recovery within five years..... STD  
 After five years..... PREF  
 Severe or disabling (See LTC Quick Reference Drug List)..... DEC

**Osteopenia** – See Back Disorders**Osteoporosis** – See Back Disorders**P****Paget’s Disease, Bone** – See Osteitis Deformans**Paget’s Disease, Breast** – See Cancer, Breast**Pacemaker/Defibrillator Implant - APS**

(Also see associated heart disorder)

Stable, no complications.....STD/RA1

**Pancreatitis - APS**

Acute..... PREF

Chronic ..... DEC

**Paraparesis**..... DEC**Paraplegia**..... DEC**Parkinson’s Disease** (See LTC Quick Reference Drug List)..... DEC**Peripheral Neuropathy** – See Neuropathy, Peripheral**► Peripheral Vascular Disease - APS**

Mild, asymptomatic, stable, no claudication, no skin ulcers, no diabetes or  
 other circulatory disorders, no history of surgery, no surgery anticipated,  
 arterial dopplers favorable, no other complications ..... STD

Asymptomatic, with history of vascular by-pass or surgery of the lower  
 extremities, no residuals, high activity level, no claudication,  
 arterial dopplers favorable, no other complications

Within 12 months .....PP

Over 12 months ..... RA2

Symptomatic, or hospitalization within the past 12 months for PVD  
 or complications, history of diabetes, history of vascular by-pass or surgery  
 of the lower extremities, skin ulcers or skin breakdown, or poor activity level..... DEC

With tobacco use ..... DEC

**Phlebitis - APS**

Unoperated, or operated within two years..... STD

Operated over two years..... PREF

**Polio, Poliomyelitis - APS**

No residuals or mild residuals ..... PREF

► Indicates a revision has been made

Physician Mutual

Moderate residuals.....	STD
Crippling or disabling.....	DEC
Post-Polio Syndrome, if crippling or disabling, or with ADL impairment.....	DEC

**Polycystic Kidney Disease** – See Kidney Disorders

**Polycythemia** – **APS**..... STD/DEC

**Polymyalgia Rheumatica (PMR)** – **APS** (See LTC Quick Reference Drug List)

Resolved, full recovery, no residuals, no treatment	
Within 6 months .....	PP
Over 6 months.....	PREF
Present	
Controlled with medication	
Within 12 months .....	PP
Over 12 months	
Asymptomatic, no ADL limitations, no residuals,	
10 mg or less prednisone daily .....	RA1
Not well controlled, over 10 mg prednisone, any ADL	
limitations, or chronic narcotic use for pain.....	DEC

**Polyneuropathy**..... DEC

**Prostatic Enlargement** – See Prostatic Hypertrophy, Benign

**Prostatic Hypertrophy, Benign (BPH, Prostate Enlargement)**

PSA levels normal for age, no surgery planned or recommended,	
no surgery within past 3 months.....	PREF/STD

**Prostatitis**..... PREF

► **Psychiatric Disorders - APS** - (See LTC Quick Reference Drug List)

Depression / Anxiety disorder	
Situational, temporary life crisis with or without medication,	
full recovery for 6 months .....	PREF
Mild, stable with low dose regular medication, symptoms lasting longer than	
6 months.....	STD
Moderate, stable with medication compliance, no suicide ideation, no hospitalization or	
ER visits.....	STD/RA1
With history of single hospitalization or ER visit	
Within 2 years.....	PP
Over 2 years.....	RA1/RA2
Poor control, multiple medications, multiple hospitalizations or ER visits, history of	
electro-convulsive shock therapy, suicide ideation or attempt, drug and	
alcohol abuse.....	DEC
Severe, bipolar, manic, major, psychotic, dysthymic, schizophrenia.....	DEC
Post-Traumatic Stress Syndrome	
Within 12 months .....	PP
Over 12 months	
Stable, no suicide ideation or attempt, controlled with	
3 or fewer medications, no hospitalization .....	RA1/RA2
Poor control, over 3 medications, history of hospitalization, suicide ideation or	



attempt, drug abuse or alcohol abuse..... DEC

Other psychiatric disorders..... IC/DEC

**Pulmonary Embolism – APS**

Single occurrence, fully recovered..... PREF

Recurrent, full recovery

Within 1 year..... PP

Over 1 year..... STD

If associated with other health conditions..... IC

**Pulmonary Valve Disorders – See Heart Murmurs**

**R**

**Raynaud's Disease or Raynaud's Phenomenon - APS**..... IC

**Reiter's Syndrome (Reactive Arthritis) - See Arthritis**

**Renal Failure – See (Kidney Disorders) Kidney Failure**

**Renal Insufficiency – See (Kidney Disorders) Kidney Insufficiency**

► **Rheumatism**

Mild, single episode within one year..... PREF

Moderate to severe or recurrent within five years..... STD

**Rheumatoid Arthritis – APS – (See LTC Quick Reference Drug List)**

Mild, minimal involvement, no deformities or restrictions, controlled  
with non-steroid drugs..... STD

Moderate, non-crippling, without general deformities,  
minimal use of Prednisone or Methotrexate with  
no other arthritis medication..... RA2/IC

Severe- history of compression fracture, osteoarthritis or multiple joint  
replacements, infusion therapy, or use of Methotrexate with other arthritis  
medication..... DEC

**S**

**Sarcoidosis**..... DEC

**Schizophrenia – See Psychiatric Disorders**

**Sciatica – See Back Disorders**

**Scleroderma**..... DEC

**Scoliosis – See Back Disorders**

**Seizure Disorder - See Epilepsy**

**Sjogren's Syndrome (SICCA Syndrome)** ..... DEC

**Sleep Apnea - APS**

Mild, no treatment recommended ..... PREF

Moderate, compliance with C-PAP or Bi-PAP, (no history of COPD, emphysema, chronic bronchitis, bronchiectasis, or evidence of pulmonary hypertension, obesity, congestive heart failure, left ventricular hypertrophy severe cardiac arrhythmia or narcolepsy) .....

Within 6 months ..... PP

Over 6 months ..... STD/RA1

Surgically corrected, full recovery, no complications or further treatment ..... PREF

Severe, on oxygen, oxygen concentrator or oxygen recommended, non-compliant with recommend C-PAP or Bi-PAP use, or with cardiac arrhythmia ..... DEC

**Spastic Colitis** – See Colitis

**Spinal Stenosis** – See Back Disorders

**Stent** - See Angioplasty

**Stroke** - See Cerebral Vascular Accident

**Syncope** (Dizzy Spell, Fainting or Blackout)

Single episode

Cause known ..... RFC

Cause unknown

Within 6 months ..... PP

Over 6 months ..... STD

Multiple episodes

Within 1 year ..... PP

Over 1 year ..... IC

**T**

**Temporal Arteritis**

Present or within 1 years ..... PP

Over 1 years, full recovery ..... STD

With aortic insufficiency or if Giant Cell Arteritis ..... DEC

**Thrombocytopenic Purpura (ITP) - APS**

Present or on steroid therapy

Within 2 years ..... PP

Over 2 years (P147 not available) ..... RA4

Single episode, complete remission, with splenectomy

Within 2 years ..... PP

Over 2 years (P147 not available) ..... RA3

Two to five years (no steroid therapy) ..... STD

After five years ..... PREF

► **Tobacco Use**

No Use within 12 months ..... PREF

Use within 12 months ..... STD

With Peripheral Vascular Disease, Carotid Stenosis, COPD, Emphysema, Bronchiectasis, Chronic Bronchitis, History of Lung Cancer ..... DEC

► **Transient Ischemic Attack, TIA, or Amaurosis Fugax - APS**

Single event

Within 2 years .....PP

Over 2 years

Fully recovered, no residuals ..... STD

Minimal residuals (no ADL impairment, ambulatory or

Mobility problems or assistive device use) .....STD/RA1

With history of atrial fibrillation with chronic

anti-coagulant therapy, up to years maximum benefit multiplier)

No tobacco use (P147 not available) ..... RA4

With tobacco use .....DEC

With diabetes, or history of chronic congestive heart failure, cardiomyopathy,

heart valve disorders, other residuals or ADL impairment,

ambulatory or mobility problems or assistive device use,

history of alcoholism or alcohol abuse .....DEC

2 or more events .....DEC

**Transplant (organ) .....DEC**

**Tremors – APS - (See LTC Quick Reference Drug List )**

Essential or benign familial (firm diagnosis) ..... STD

Progressive .....DEC

Assistive device use.....DEC

**Tricuspid Valve Disorder – See Heart Murmur**



► **Ulcer (Gastric, Duodenal, Jejunal, Stomach)**

Present or treated within five years ..... STD

Over five years, no treatment or recurrence ..... PREF

Partial or total gastrectomy, or 75% or more gastric resection,

full recovery (P147 not available) – APS ..... RA3

Recurrent symptoms, or hemorrhage after two surgical procedures .....DEC

**Ulcerative Colitis – See Crohn's**

**Urinary Infection – See Bladder Disease**



**Valvular Heart Disease – See Heart Murmurs**

**Ventricular Fibrillation - APS ..... STD**

**Ventricular Hypertrophy - APS ..... STD/IC**

**Ventricular Septal Defect - APS**

Unoperated, or operated within two years (P147 not available) ..... RA4

Operated over two years, recovered, and returned to unrestricted activity ..... PREF



**Wolff-Parkinson-White Syndrome - APS**

Asymptomatic, not on cardiac medication .....	PREF
On medication, or with complications.....	STD



## Height/Weight Chart Male

<b>Height</b>	<b>Preferred</b>	<b>Standard</b>	<b>Decline</b>
4'10"	100-174	175-222	over 222
4'11"	101-175	176-225	over 225
5'0"	102-178	179-229	over 229
5'1"	104-181	182-235	over 235
5'2"	106-185	186-241	over 241
5'3"	109-190	191-247	over 247
5'4"	112-195	196-254	over 254
5'5"	115-201	202-262	over 262
5'6"	119-207	208-270	over 270
5'7"	122-214	215-278	over 278
5'8"	126-220	221-286	over 286
5'9"	130-226	227-293	over 293
5'10"	134-231	232-300	over 300
5'11"	138-236	237-307	over 307
6'0"	142-242	243-315	over 315
6'1"	147-248	249-323	over 323
6'2"	152-254	255-332	over 332
6'3"	157-261	262-342	over 342
6'4"	162-268	269-352	over 352
6'5"	167-275	276-362	over 362
6'6"	172-282	283-372	over 372
6'7"	177-289	290-382	over 382
6'8"	182-296	297-392	over 392
6'9"	187-304	305-402	over 402
6'10"	192-311	312-413	over 413
6'11"	197-319	320-424	over 424
7'0"	202-327	328-435	over 435

## Height/Weight Chart Female

Height	Preferred	Standard	Decline
4'10"	90-148	149-193	over 193
4'11"	91-151	152-197	over 197
5'0"	92-154	155-200	over 200
5'1"	94-157	158-204	over 204
5'2"	97-160	161-207	over 207
5'3"	99-163	164-211	over 211
5'4"	102-166	167-215	over 215
5'5"	105-170	171-220	over 220
5'6"	108-173	174-224	over 224
5'7"	112-177	178-230	over 230
5'8"	115-182	183-236	over 236
5'9"	118-188	189-244	over 244
5'10"	122-194	195-253	over 254
5'11"	125-201	202-262	over 262
6'0"	129-208	209-270	over 271
6'1"	132-215	216-280	over 280
6'2"	136-221	222-288	over 288
6'3"	139-228	229-297	over 297
6'4"	143-234	235-305	over 305
6'5"	146-240	241-312	over 312
6'6"	150-244	245-317	over 317
6'7"	154-250	251-325	over 325

## XVIII Long Term Care Combined Medical Conditions Quick Reference Chart

	Atrial Fib. . >6 mos	Stroke >4 yrs ago	TIA >4 yrs ago	Valvular Heart Disease	Type 2 DM Under Control	PVD >12 mo	Carotid Stenosis <70% occl.	Coronary Artery Disease	Smoker in past 12 mos.	CHF (EF>40%)
<b><u>Atrial Fibrillation</u></b> <i>diagnosed over 6 months Ago *</i>	<b>X</b>	DEC	DEC	IC	IC	IC	IC	IC	IC	IC
<b><u>Stroke</u></b> <i>Over 4 years ago *</i>	DEC	<b>X</b>	DEC	IC	DEC	IC	DEC	IC	IC	DEC
<b><u>Transient Ischemic Attack</u></b> <i>Over 4 years ago*</i>	DEC	DEC	<b>X</b>	IC	DEC	IC	DEC	IC	IC	DEC
<b><u>Valvular Heart Disease *</u></b>	IC	IC	IC	<b>X</b>	IC	IC	DEC	IC	IC	IC
Type 2 <b><u>Diabetes *</u></b> Controlled	IC	DEC	DEC	IC	<b>X</b>	DEC	DEC	DEC	IC	DEC
<b><u>Peripheral Vascular Disease</u></b> <i>&gt;12 mos ago *</i>	IC	IC	IC	IC	DEC	<b>X</b>	IC	IC	DEC	IC
<b><u>Carotid Stenosis</u></b> <i>Less than 70% occluded*</i>	IC	DEC	DEC	DEC	DEC	IC	<b>X</b>	IC	DEC	IC
<b><u>Coronary Artery Disease *</u></b>	IC	IC	IC	IC	DEC	IC	IC	<b>X</b>	IC	IC
<b><u>Smoker</u></b> <i>within the past 12 months *</i>	IC	IC	IC	IC	IC	DEC	DEC	IC	<b>X</b>	IC
<b><u>Congestive Heart Failure</u></b> <i>(with Ejection Fraction over 40%) *</i>	IC	DEC	DEC	IC	DEC	IC	IC	IC	IC	<b>X</b>

DEC=Decline. Do not submit an application.

IC=Individual Consideration. An application will be entertained. (File development may result in an offer of reduced benefits, a substandard rating or a decline.)

**\*See page below for questions you should ask your client regarding above conditions.**

To find out if your client has uninsurable complications/symptoms, ask questions below.

**ATRIAL FIBRILLATION:**

1. "Diagnosed less than 3 months ago?" **If "yes" do not submit application.**
2. If diagnosed over 3 months ago, ask: "Have you within the past 3 months new symptoms of...  
...fatigue or shortness of breath or been unable to exercise?"  
...weakness, dizziness, or fainting?"  
...chest pain or racing heart not evaluated by your doctor?" **If "yes" do not submit application.**

**CAROTID STENOSIS:**

1. "Is the carotid blockage more than 70%?" **If "yes" do not submit application.**
2. If blockage is less than 70%, ask: "Have you had within the past 3 months new symptoms of...  
...vision loss in one eye that comes and goes?"  
...weakness &/or numbness on one side of the body?"  
...difficulty talking or difficulty understanding spoken words?" **If "yes" do not submit application.**

**CONGESTIVE HEART FAILURE (CHF):**

1. "Is your heart ejection fraction less than 40%?" **If "yes" do not submit application.**
2. If the ejection fraction is over 40%, ask: "Have you had within the past 3 months new symptoms of...  
...fatigue or shortness of breath or been unable to exercise?"  
...a dry cough that won't go away not evaluated by your doctor?"  
...swelling in the stomach or swelling in the legs or non-healing sores on the legs?"  
**If "yes" do not submit an application.**

**CORONARY ARTERY DISEASE (CAD):**

1. "Diagnosed less than 3 months ago?" **If "yes" do not submit application.**
2. If diagnosed over 3 months ago, ask: "Have you had within the past 3 months new symptoms of...  
...pain, heaviness, tightness, burning, or pressure in the chest not evaluated by your doctor?"  
...weakness, dizziness, shortness of breath or been unable to exercise?"  
...a racing heart sensation not evaluated by your doctor?" **If "yes" do not submit application.**

**DIABETES, TYPE 2:**

1. "Is your diabetes not controlled very well?" **If "yes" do not submit application.**
2. If diabetes is controlled, ask: "Do you have...  
...a history of recurrent or non-healing foot sores or numbness of the feet &/or legs?"  
...vision problems associated with being a diabetic?"  
...kidney problems or have you been told you have too much protein in the urine?"  
**If "yes" do not submit application.**

**PERIPHERAL VASCULAR DISEASE (PVD):**

1. "Diagnosed less than 12 months ago?" **If "yes" do not submit application.**
2. If diagnosed over 12 months ago, ask: "Have you had within the past 3 months new symptoms of...  
...increasing leg pain, leg fatigue, or leg cramps?"  
...skin color changes of the legs or non-healing sores of the legs?"  
**If "yes" do not submit application.**

**HISTORY OF SMOKING:**

1. "Have you had within the past 3 months new symptoms of...  
...fatigue or shortness of breath or been unable to exercise?"  
...pain with breathing or a chronic cough or coughing up blood?"  
**If "yes" do not submit application.**

**HISTORY OF STROKE:**

1. "Was your stroke less than 4 years ago?" **If "yes" do not submit application.**
2. If over 4 years ago, ask: "Have you had within the past 3 months new symptoms of...  
...sudden numbness or tingling or facial paralysis?"  
...sudden vision changes or eye pain or speech difficulty or confusion?"  
...sudden weakness or dizziness or loss of balance or falling?" **If "yes" do not submit application.**

**HISTORY OF TIA (TRANSIENT ISCHEMIC ATTACK):**

1. "Was your TIA less than 4 years ago?" **If "yes" do not submit application.**
2. If over 4 years ago, ask: "Have you had within the past 3 months new symptoms of...  
...sudden numbness or tingling or facial paralysis?"  
...sudden vision changes or eye pain or speech difficulty or confusion?"  
...sudden weakness or dizziness or loss of balance or falling?" **If "yes" do not submit application.**

**VALVULAR HEART DISEASE (VHD):**

1. "Have you had within the past 3 months new symptoms of...  
...racing heart or chest pain not evaluated by your doctor?"  
...cough that won't go away or shortness of breath or been unable to exercise?"  
...fatigue or dizziness or fainting or leg swelling?"  
**If "yes" do not submit application.**



## **XIX General Product Information**

### **Vista Care Choices Series P145, P146, P147, P148**

*Any variation from these general underwriting rules necessitated by a particular state regulation will be addressed individually.*

- A. The A-LTC-RF application will be the standard form for Vista products. Modes available are Monthly ABW, Quarterly, Semi-annual, and Annual. Premium payment periods are 10-Pay & 20-Pay (available for ages 35 and over), and Paid-up-at-65 (only available for ages 35 to 55).

Issue ages: 18 through 84 for all benefit multipliers

- B. These policies are issued on an Individual basis only. However, if LTC or HCC policies are issued to both husband and wife, each of the policies will be eligible for the Spousal discount for that policy (30%). If the client is married and only the husband or only the wife has a policy with us, then the client is eligible for the Married discount (10%). If family members reside in the same household for 2 or more years and if LTC or HCC policies are issued to at least 2 family members, then each of the policies will be eligible for the Family Member Discount (10%).

- C. The premium payment periods 10-pay, 20-pay, and Paid-up-at-65 are not available with the:

1. P147;
2. Surviving Spouse Waiver of Premium Rider;
3. Joint Waiver of Premium Rider; or
4. Guaranteed Purchase Option Rider

If any of these premium payment options are selected, and later dropped, there will be no refund of premium paid.

**D. Form P145 Vista NTQ LTC**

Benefit Amounts: \$1,500 minimum - \$12,000 maximum, per month in \$100 increments

Elimination Periods: 0, 30, 60, 90, 180, 365

Benefit Multiplier: 2, 3, 4, 5, 8 years, Lifetime

**Please review your state guidelines for Benefit Amount limits for all policy kinds**

**Form P146 Vista TQ LTC**

Benefit Amounts: \$1,500 minimum - \$12,000 maximum, per month in \$100 increments

Elimination Periods: 0, 30, 60, 90, 180, 365

Benefit Multiplier: 2, 3, 4, 5, 8 years, Lifetime

**Please review your state guidelines for Benefit Amount limits for all policy kinds**

**Form P147 Vista Home Care**

Benefit Amounts: \$900 minimum - \$6,000 maximum, per month, in \$100 increments

Elimination Periods: 0, 15, 30, 60, 90, 180, 365

Benefit Multiplier: 1, 2, 3, 4, 5 years

**Please review your state guidelines for Benefit Amount limits for all policy kinds**

**Form P148 Vista Basic TQ LTC**

Benefit amounts: \$900 minimum - \$9,000 maximum per month, in \$100 increments

Elimination Periods: 0, 30, 60, 90, 180, 365

Benefit Multiplier: 1, 2, 3, 4, 5, 8 years, Lifetime

**Please review your state guidelines for Benefit Amount limits for all policy kinds**

- E. When it is necessary to discontinue coverage with another company in order to qualify for one of these policies, the other coverage must be discontinued within 90 days following the issue date of our policy.
- F. Optional Riders can be added at time of issue only (with the exception of the Spouse Premium Discount, Married Premium Discount, or Family Member Discount Riders). They can not be added to an existing policy after its date of issue. Any request for additional benefits will require a new application and will be underwritten.

**Please review your state guidelines for limits for all policy kinds**

**P145, P146 Vista Products Optional Riders:**

1. Compound Inflation Protection Benefit Rider
2. Compound Inflation Protection Benefit Rider – 2X Maximum
3. Simple Inflation Protection Benefit Rider
4. Guaranteed Purchase Option Benefit Rider
5. Shortened Benefit Non-Forfeiture Rider
6. Surviving Spouse Waiver of Premium Rider
7. Joint Waiver of Premium Rider
8. Full Return of Premium Rider (Not available for ages 71 and older)
9. Return of Premium Rider (Not available for ages 71 and older)
10. Home Cash Benefit Rider
11. Waiver of the Elimination Period for the Home & Community Care Rider (not available with the “0” zero day elimination period)
12. Shared Care Benefit Rider (not available with Lifetime)
13. Spousal Discount Rider
14. Married Discount Rider
15. Family Member Discount Rider

**P147 Vista Product Optional Riders:**

1. Compound Inflation Protection Benefit Rider
2. Compound Inflation Protection Benefit Rider – 2X Maximum
3. Simple Inflation Protection Benefit Rider
4. Guaranteed Purchase Option Benefit Rider
5. Shortened Benefit Non-Forfeiture Rider
6. Surviving Spouse Waiver of Premium Rider
7. Joint Waiver of Premium Rider
8. Spousal Discount Rider
9. Married Discount Rider
10. Family Member Discount Rider

**P148 Vista Product Optional Riders:**

1. Daily Home and Community Care Benefit Rider
2. Monthly Home and Community Care Benefit Rider
3. Compound Inflation Protection Benefit Rider
4. Compound Inflation Protection Benefit Rider – 2X Maximum
5. Simple Inflation Protection Benefit Rider
6. Guaranteed Purchase Option Rider
7. Shortened Benefit Non-forfeiture Rider

8. Surviving Spouse Waiver of Premium Rider
9. Joint Waiver of Premium Rider
10. Full Return of Premium Rider (Not available for ages 71 and older)
11. Return of Premium Rider (Not available for ages 71 and older)
12. Shared Care Benefit Rider (not available with Lifetime)
13. Restoration of Benefits Rider (not available with Lifetime)
14. Calendar Day Elimination Period Rider (not available with the "0" zero day elimination period)
15. Spousal Discount Rider
16. Married Discount Rider
17. Family Member Discount Rider

**Rider Rules:**

1. The Joint Waiver of Premium Rider and the Surviving Spouse Waiver of Premium Rider require both husband and wife have the **same** policy form and effective date.
2. The Shared Care Benefit Rider is not to be sold with the Guaranteed Purchase Option Rider. Also this rider requires both husband and wife have the **same** coverage **and** effective date.
3. The Surviving Spouse Waiver of Premium is not to be sold with the Guaranteed Purchase Option Rider.

**XX Franchise Group Underwriting Requirements**

1. Qualifications for simplified or modified guaranteed acceptance underwriting will only be accepted with prior Home Office approval. Please note this request on the PM1935 (PM1935-CO for Colorado, PM1935-LA for Louisiana).

- Groups submitting less than 25 applications will receive regular underwriting.
- Groups submitting 25 or more applications may qualify for simplified underwriting (See #10).
- Groups submitting 100 or more applications may qualify for modified guaranteed acceptance (See #11).

2. Groups submitting 25 or more applications may qualify for simplified underwriting under the following conditions:

- with prior home office approval,
- Spouses, retirees and parents will be fully underwritten.

Every effort will be made to underwrite based on the information presented on the application and in a telephone Interview. That is, if the applicant is in excellent health, their weight falls within the preferred and standard category, is not taking any medications for APS'able conditions (see "\*" conditions and Drug List in the Underwriting Guidelines), and is working or is very active.

An APS will be required if the applicant has any of these following conditions (This list is not all-inclusive, so other conditions may result in an APS):

- Blood disorders (except for compensated anemia)
- Heart Conditions
- Cancer with last treatment within past 5 years
- Rheumatoid or Psoriatic Arthritis
- Depression or anxiety history
- Stroke/TIA history
- Diabetes

- Vascular Disease (i.e. CAD, Carotid artery)
- Emphysema/COPD Disease)

At his/her discretion, the Underwriter reserves the right to order any additional information needed including but not limited to an APS, PHI, cognitive phone interview, or face-to-face interview.

Simplified Underwriting applies only to Long Term Care. If the client applies for multiple policies (i.e. Cancer, Disability, HIP, HMS, Life, or PPO) at the same time, the Underwriter will utilize all medical information required for the other coverage's to determine insurability for the Long Term Care coverage.

3. Groups submitting 100 or more applications may qualify for modified guaranteed acceptance with prior home office approval under the following conditions:

- All eligible employees/ members must be covered (eligible means employees/ members ages 18-65, who work at least 30 hours per week),
- The common entity must pay at least 50% of premium,
- All employees/ members must have identical coverage (If needed, upgrades can be made available with underwriting),
- Standard premium rates apply,
- Spouses, retirees and parents will be fully underwritten,
- Base plan offering will be established by the home office (P246 or P248 only),
- Groups requesting underwriting concessions may require more than 24 hours for group approval.

Groups requesting a modified guaranteed acceptance concession will be required to submit the following information for home office consideration before any underwriting concessions are granted:

- A census of all eligible employees (including employee hire date),
- A breakdown of the total number of participants for each age,
- A breakdown of the occupations within the group and a description of their activities,
- New employees are eligible to apply 6 months after their hire date.

Physicians Mutual will review group participation levels. We reserve the right to re-evaluate, and potentially change, the underwriting requirements of any group whose participation falls below 100 lives.

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