



American National Life Insurance Company of Texas

THE UNDERWRITING MANUAL Catastrophic H.S.A. Non H.S.A Plans

FOR STATES THAT ALLOW WAIVERS

EFFECTIVE MARCH 1, 2009

It is the responsibility of the Underwriting Department to properly evaluate all applicants for health insurance coverage. This requires sound, modern underwriting practices consistent with the Company's general philosophy for the selection of health risks. In order to provide the best possible service, the Home Office Underwriting Team must also rely on the field underwriters to develop complete and accurate information at the point of sale.

This manual is a guide for the field underwriter. It is intended to help the agent understand the probable underwriting action for commonly encountered medical histories. Naturally, the final action on an application is the decision of the Underwriter, based upon the varying circumstances that each particular case may present. It is important to recognize that the underwriting guide is meant as a basis for decision making, and that other factors, including the Home Office Underwriter's judgment, may affect the final decision.

This document was prepared for the exclusive use of appointed agents.
It is not intended for public distribution, nor is it to be used in any solicitation or marketing
of an ANTEX health insurance product.

**American National Life Insurance Company of Texas
P.O. Box 1991
Galveston, Texas 77553-1991**

Table of Contents

Subject	Page
Build (height and weight chart).....	21 – 24
Field Underwriting	4
HIPAA.....	16 – 17
Impairment Guide.....	25 – 73
New Business Procedures.....	9 – 12
Occupations	7 – 8
Policy / Certificate / Coverage Changes.....	74 – 77
Privacy & Legal Information.....	13 – 14
Privacy Notice	15
Unacceptable Health Conditions / Medications.....	18 – 20
Underwriting Requirements	4 – 6

INTRODUCTION

You are an important part of the underwriting process. The guidelines in this manual are designed to assist you in understanding the action of our Underwriting Staff. Attention to these guidelines will help speed up the underwriting process and solve placement problems.

The most important step in the underwriting process is accurate and detailed answers to **all questions** on the application, especially the medical questions. If you are using the short application form, complete all questions and advise client that more extensive history will be developed by Home Office personnel. It is important that the application show the health history that is requested on each application for all applicants to assure that it may be underwritten in an accurate and timely manner whether it is developed by the agent or Home Office personnel. Make sure telephone numbers (home, office and cell) are correctly recorded on the application. Failure to properly record complete and accurate information could result in either unnecessary delays at time of application or serious problems at time of claim.

Production Information

Individual and family health insurance coverage is provided by American National Life Insurance Company of Texas. This protection is needed in today's environment of soaring health costs by providing access to the health care delivery system and protection against financial catastrophe.

Underwriting guidelines, procedures and forms vary among plans. *Be sure to consult the marketing materials relative to your specific product and state.* By following the procedures outlined in this manual and the marketing guidelines, you will maximize your percentage of issued health insurance applications. For more resource material consult the Agent Resource Guide on the agent website.

Traditional Catastrophic Hospital Insurance Coverage

This coverage provides benefits to offset hospital, surgical and physician's expenses resulting from treatment for sickness or injury, and especially in the event of a large, catastrophic expense. In as much as the policy and/or certificate contain a high maximum benefit amount for each Covered Insured, it also contains expense participation (deductible and coinsurance) to help keep the medical expenses and premium to a minimum. The clauses for pre-existing conditions, contestability and time limit of certain defenses are state specific and approved. This plan is a traditional fee-for-service contract based on reasonable and customary charges.

Managed Care Catastrophic Hospital Insurance Coverage

It is an alternative to the traditional fee-for-service program with the intent of controlling health care costs and improving utilization of services. This coverage provides major medical expense insurance with a preferred provider component. Expense participation is shared through co-payments, deductibles and coinsurance with high maximum benefits per Insured.

Like the traditional medical plan, it also has the state approved clauses for pre-existing conditions, contestability, and time limit on certain defenses. The Managed Care Program is designed to integrate the financing and delivery of appropriate health care services to policy / certificate holders with the following elements: arrangements with selected providers to furnish a comprehensive set of health care services to members; explicit standards for the selection of health care providers; a benefit management program which includes an authorization process and utilization review; and financial incentives for members to use providers and procedures covered by the plan.

In areas that have no preferred providers, an indemnity plan may be available – An indemnity plan is the traditional fee for service contract based on reasonable and customary charges.

Health Savings Account and High Deductible Plans

The Health Savings Account (H.S.A.) is a tax-sheltered savings account established to receive tax-favored contributions for medical expenses. Withdrawal can be made to pay for qualified medical expenses, which include prescriptions and over-the-counter drugs, dental, vision, and long term care, but exclude premiums on the high deductible contract. What is not used from the account each year stays in the account and continues to grow on a tax-favored basis. Larger medical bills are covered by a high deductible health insurance policy. The high deductible policy must have a minimum annual deductible of \$1500 for an individual and a \$4500 cap on out-of-pocket expenses. A family must have a minimum annual deductible of \$3000 with a \$10,000 cap on out-of-pocket expenses.

This plan has been designed to co-ordinate with the Health Savings Account. It is a traditional catastrophic medical plan with one deductible for an individual or family with a specific rate of payment (shared expense). The plan has the state approved clauses for pre-existing conditions, contestability, and time limit on certain defenses.

Decreasing Term Life Insurance

The decreasing term coverage is available for ages 1 through 69 years with the Death Benefit decreasing incrementally by age down to \$5000 at attained ages 60 – 69 years. A Spouse Death Benefit is available from \$10,000 decreasing to \$2500 at attained ages 60 – 69 years. A Child Death Benefit is available at age 15 days. The certificate/policy contains the usual clauses for reinstatement, pre-existing conditions, and entire contract provision.

Field Underwriting

The agent is authorized to solicit, write applications and otherwise transact the business of insurance in any state where he/she is both properly licensed by the state and authorized by American National Life Insurance Company of Texas to conduct business.

The agent can not solicit applications in any manner prohibited by or inconsistent with the provisions of the Company's rules, regulations, or policy. If you have any questions regarding any type of solicitation transaction contact Moody Insurance Group.

ANTEX adheres to state laws and regulations with regard to licensing and appointment of agents. In observance of these laws, the following practices are not acceptable:

1. Applications completed and signed by an agent who is not licensed or appointed in the state where the application was written or resident state for the applicant.
2. Applications completed prior to the effective date of the agent's license / appointment date or after the license / appointment expires.
3. Applications completed by two agents unless both agents are licensed and appointed.
4. Applications submitted with a new agent appointment in a state that prohibits this practice.
5. Applications completed by an employee of the agent and signed by the licensed / appointed agent of the Company, unless the employee is licensed and appointed.
6. Applications altered or corrected with regard to the signature of the proposed insured, the date signed, the city and state of the applicant, or the licensed resident agent's signature altered.
7. Stamped signature rather than handwritten ink signatures on application where signatures are required.
8. Applications completed in pencil.

Good Field Underwriting is critical to the success of Individual Health Operations, and consists of more than just careful questioning of the proposed insured.

Recommendations

The following suggestions should help you and your clients in obtaining coverage quickly and on the most equitable basis:

1. Select good risks.
2. Furnish complete information on past medical history to include dates, name of condition or diagnosis, type of treatment, and physician information when completing the long traditional application.
3. If medical history is involved, identify the disease or condition for which treatment was obtained. Do not underestimate the applicant's knowledge of the diagnosed condition or treatment. The required information may vary by application; however, it is important to provide all information requested.
4. When "IC" (Individual Consideration) is shown for a condition, the following information should always be provided when completing the long traditional application:
 - Full name, and correct / complete address(es) of doctor(s), including specialists;
 - Name of the condition, symptoms, treatment and results;
 - Has any special testing been performed or recommended? If so, fully explain.
 - Always answer the five W's – Who? What? When? Where? Why?
5. The writing agent is never authorized to disregard an applicant's answers, or to impose his or her judgment as to what is or is not important to record. The writing agent is never authorized to accept or alter an application for the proposed insured.
6. Only the Underwriting Department can make the final decision; therefore, never suggest or promise that a policy / certificate will be issued without change.
7. "Pre-Sell" premium rate-ups / increases and medical exclusions for certain conditions when an applicant has a medical impairment.
8. When the spouse is applying for coverage, he/she must also sign the application. This will facilitate ordering an Attending Physicians Statement, if necessary.

Additional Information

Additional information related to drug uses, various conditions, cogent medical questions and a glossary can be found on the agent website in the Agent Resource Guide.

Issue Age

CAT NON-H.S.A. Ages 0 – 63.5 years

CAT H.S.A. Plan Ages 0 – 63.5 years

Dependent maximum issue age is 24 years with the exception of the following states:

MO, NM, TX	25
TN	23
UT	26

In certain circumstances, individuals 30 days old may qualify for Child-Only coverage.

The custodial parent or legal guardian should be the applicant and able to attest to the health history of the minor child(ren). Proof of ability to contract on behalf of the child should accompany the application. All such applications must be submitted with the signature of the custodial parent or legal guardian with sufficient knowledge of the health of the minor dependent. Write in the name of the parent or guardian in question 3.1 and include “not to be covered” immediately after his or her name. Also, write in the age and date of birth. The custodial parent or guardian will need to sign the application as the applicant. Write the name of the child(ren) beginning with question 3.3. If the EZ Enrollment Application is used, the name of the parent or guardian should be input in Part 4.1 and include name and date of birth along with “not to be covered. The child(ren) name should be entered beginning on Line 3.3 along with place of birth, date of birth, height and weight.

A non-custodial divorced parent may apply for coverage for his/her child. The custodial parent should sign the application verifying the health status of the child and the non –custodial parent should sign as the owner.

The application may be written for a newborn child at the age of 30 days provided the child has had the routine four-week examination. The discharge exam done at age 2-3 weeks is not sufficient. The mother will be considered, if applying, with medical records and verification of good health. Foster children are not eligible for coverage unless required by state law. Grandchildren will be considered under the statutes of the relevant resident state.

One or more members of the immediate family are eligible for coverage under the same certificate/policy. The family includes husband, wife, and their unmarried dependent children prior to age 19 (24 if a full-time student, may vary by state). Legally adopted children and step-children of the applicant or spouse will also be considered part of the family group. Children must be dependent on the insured or spouse and living in the same household.

ANTEX will not accept an application on a pregnant female, an expectant father, nor the siblings of the unborn child.

Rating Classes

Tobacco User – Applicants who have used tobacco products, including smokeless tobacco, chewing tobacco or smoking cessation products within the past 12 months prior to the application. The Home Office will randomly test applicants for the use of these products. This random test will be initiated and authorized by the Home Office.

Standard – Applicants who have not used tobacco or cessation products within 12 months preceding the application date, but who are not eligible or do not qualify for the Preferred Rates.

Substandard – Applicants who would require an extra premium or exclusion waiver(s) for certain health conditions that are otherwise not insurable.

Preferred – The applicant must be 19 years or older, applying as a primary insured or spouse, generally healthy and lead a healthy lifestyle. Applicant must be able to qualify according to criteria listed below.

Preferred Tobacco User –The applicant must be 19 years or older and applying as the primary insured or spouse and must have used tobacco (less than 1.5 packs of cigarettes per day) within the past year and qualifies medically for Preferred Rates.

Preferred Rating Questionnaire

If any of the following apply, preferred rates are not available.

- Medical Exclusions/Rider for certain conditions
 - Special Class Rating
 - Answering ‘yes’ to any questions in the Preferred Rating Questionnaire as indicated below except question #8. The response to this question 8 must be “yes”.
1. Have you used tobacco in any form in the past 12 months prior to the application date?
 2. Does your weight fall outside the standard weight range listed in the build chart provided in the Field Underwriting Manual?
 3. Have you had blood pressure readings in excess of 140/85 (for the age of 25 – 49) or 150/90 (for ages over 50) and/or been treated for hypertension in the past 2 years?
 4. Have you had cholesterol reading in excess of 250 and/or been treated for elevated cholesterol or triglycerides in the past 2 years?
 5. Have you had any convictions for DUI or DWI within the past 2 years or more than 3 moving violations in the past 2 years?
 6. Have you taken any prescription medication in the past 2 years for a recurrent or chronic condition? (e.g., Reflux, Arthritis, or Asthma, etc.)

7. Have you recently applied for coverage and been turned down, rated, or offered modified coverage within the past 12 months?
8. Have you had a physical examination by your attending physician within the past year to include a blood profile and urinalysis?

Eligibility Requirements

Income

Financial stability is essential to good persistency. Premiums generally should not exceed 5% of disposable income.

Residence / Citizenship

The applicant's primary residence must be in a state where the product is approved for sale. Check your product availability/ approval chart.

If applicant is not a citizen of the United States, he or she must be a legal resident of the United States for 2 years and have a current physician in the United States.

Occupation

The occupation of a proposed insured is a major factor in his eligibility for major medical insurance or catastrophic insurance. Applicants with occupations that are exceptionally hazardous will be declined. Please review the guidelines on page 7 and non-medical guidelines on page 6.

OCCUPATIONAL GUIDELINES

INELIGIBLE OCCUPATIONS

Professional athletes (exception for bowlers, golfers and tennis players)
Asbestos workers
Atomic or nuclear energy personnel
Crop dusters
Hazardous chemical exposure environment
Toxic waste handlers
Underground miners
Explosive workers (dynamite, TNT, etc.)
Pyrotechnic workers

ELIGIBLE OCCUPATIONS *(Accident Rider will not be available if offered on product)*

Drillers and roughnecks (oil field workers)
Jockeys
Horse or animal trainers
Racing (any form)
Rodeo performers, for profit or otherwise
Commercial fishermen
Offshore workers (oil well/drilling & operating personnel)
Quarry workers
Fire fighters/firemen
Police and Law enforcement personnel
Security guards
Divers
Construction and high elevation workers

Any injury or sickness related to the above occupations will be excluded from coverage.

OCCUPATIONS WITH INDIVIDUAL CONSIDERATION

Bar, tavern, or billiard hall employee or owner
Liquor store employee or owner
Long haul truck drivers
Entertainers
Casino, horse or dog track employee or owner

The above occupations (except Long haul truck drivers) will be accepted at standard rates subject to the completion of examination, with blood profile and urine screen.

NOTE: Individuals working in some environments will require special investigative underwriting procedures. The above list is not all inclusive of what might and might not be acceptable to ANTEX, but is to act as a barometer to express Company philosophy related to occupations and avocations.

NON-MEDICAL UNDERWRITING

AUTOMOBILE / MOTORCYCLE / VEHICLE RACING PROFESSIONAL and RECREATIONAL	WAIVER
UNDERWATER DIVING – Non-Professional 99' OR FEWER	STANDARD
100' OR MORE	WAIVER
0 – 3 years	STANDARD
After 3 years, no participation	
AVIATION	
STUNT FLYING, CROP DUSTING or HAZARDOUS FLYING	DECLINE
FLYING OUTSIDE CONTIGUOUS USA	DECLINE
COMMERCIAL PILOTS or CREW MEMBERS	STANDARD
PRIVATE, STUDENT or INSTRUCTOR PILOTS	WAIVER

AVOCATIONS

Policies / Certificates are not designed to cover avocations where a significant risk of injury occurs.

SKYDIVING, HANG GLIDING, PARACHUTING BUNGEE JUMPING, RODEO, MOUNTAIN CLIMBING, SPELUNKING AND RAFTING, ETC.	
0 – 3 years	WAIVER
After 3 years, no participation	STANDARD

MILITARY

All active members of the military (except reserves and national guard) are ineligible as they have adequate coverage through the armed forces. However, **members of the Reserve Corps and National Guard** will be underwritten in the usual manner.

CERTIFICATE/POLICY SUSPENSION

A current policy/certificate holder who is a member of the military reserve or the National Guard and called to active duty will need to notify the Company in writing of his/her activation and include a copy of the orders. Upon termination from active duty status, it will be necessary to notify ANTEX in writing within 90 days of return to civilian life to request reinstatement of coverage. No underwriting will be required, but any increases in premium will apply to the contract. This may vary by state law.

*****Residents of Hawaii may designate a third party to receive bills and other notices related to coverage and the third party agrees by a signed and dated instrument. Underwriting will be waived if a policy/certificate holder can show proof of the overseas service was the reason for the lapse. If military personnel can show proof they were in good standing with another insurer prior to leave for active duty, the coverage will be considered continuous.***

FOREIGN TRAVEL OR RESIDENCE

Any applicant who is contemplating foreign travel or residency in a foreign country may be subject to unsatisfactory living conditions, increased risk of infectious disease and accident hazards. It may be difficult to obtain medical records in the event of a claim.

An applicant will not be accepted if he/she is planning to reside in a foreign country indefinitely. Any travel in the course of business or pleasure will be considered if it is no longer than three months. Consideration will be given to applicants taking infrequent pleasure trips up to three months. If the trips are longer than three months or frequent (4 or more), then coverage will not be considered.

EACH APPLICATION MUST BE CONSIDERED ON A INDIVIDUAL BASIS DUE TO THE EVER CHANGING POLITICAL CLIMATE IN FOREIGN COUNTRIES.

NEW BUSINESS PROCEDURES

Application

The application becomes an important part of your applicant's insurance contract. It is necessary that all statements be complete and accurate whether completing the long traditional application, short EZ application or phone sale. Use black ink when filling out the application and date the application the date it is completed. The application is the foundation of the "Policy / Certificate" which is a legal contract between the insured and the insuring company. All applications must be signed by the primary applicant, spouse if applying and the writing agent. A verbal signature confirmation must be obtained when completing an application taken via the telephone. The term "application" will refer to either an application or an enrollment application depending upon the type of coverage.

You must use an application and other forms approved and required in the state where the application will be signed. Ask each applicant each question in person, making sure the answers are recorded exactly as given. If medical history is non-existent or appears incomplete, re-question the applicant. All health conditions and treatment must be fully documented; no spaces are to be left blank. If the answer is "none", the client should write the word "none". The phrase "not applicable" or "N/A" is not acceptable. Do not allow the client to use dashes or ditto marks. The applicant must initial all alterations. Never allow the use of liquid paper or white out. **Applications must be submitted to the Home Office within 5 working days after completion.**

Status on Pending Applications:

You may obtain status on pending applications through the Company's web-site. This new policy status inquiry system is designed for up-to-date status checks via the Internet. It is user friendly and will allow you to not only check the status of a pending application, but to communicate directly with the underwriter working on a particular case.

To use the Internet services, follow the simple instructions below:

Access the **Moody Insurance Group** home page at <https://access.anico.com>

1. Click on Agent Access
2. Type in User ID: assigned by Home Office upon submission of 1st application
3. Type in Password: 6 digits of your SSN

You may also contact the Customer Service Department @ 1.800.899.6805

Initial Premium

The initial modal premium must be submitted with the application unless the initial premium is to be drafted. However, if any Proposed Insured has certain medical conditions, is anticipating treatment of a medical condition, or in your best judgment may be a poor risk, call ANTEX to determine whether or not to submit payment.

Pre-Authorized Check Drafting

If premium is to be paid by monthly electronic bank draft, the initial premium may be submitted with the application. A copy of a voided check or deposit slip from the account to be drafted monthly must also be submitted. Funds will be drawn from the account shown on the voided check or deposit slip. If premium is to be drafted from an account other than the one used to pay initial premium, a voided check or deposit slip with transmittal or routing number must be submitted and instructions given as to which account should be drafted on a monthly basis. If monthly electronic bank draft is selected as the mode of payment and the initial premium is to be paid by bank draft, the application should indicate such and a check or deposit slip with a transmittal number or routing number for the initial draft must accompany the application.

The initial premium only may be paid by credit card. There are three credit card services available for initial premium payment. These are VISA, MASTERCARD, and DISCOVER.

Underwriting Requirements

Underwriting will order requirements after reviewing the application. These will be requested if it is deemed necessary by the Home Office Underwriter. For applicants age 55 and above, medical records may be requested by the Home Office or an examination may be required if a doctor has not been seen within the last two years. Certain medical history, regardless of age, may require a review of medical records.

Dating of Policies / Certificates

ANTEX requires evidence of insurability before coverage can be provided. For consideration of coverage, a fully completed application, long or short application or phone sale, along with the full initial premium if initial premium is not to be drafted, plus any applicable fees must be submitted to the Home Office within 5 days after completion. The applicant and all dependents listed on the application must meet the ANTEX underwriting requirements. If approved, coverage will begin on the effective date as indicated on the Certificate Schedule Page. The Effective Date will be either the date requested on the application, if no more than 45 days in the future, or the date approved by the Home Office Underwriter. At the time of contract delivery, if there has been a change in health status, do not deliver the policy / certificate and contact the Home Office Underwriting Department immediately.

Replacement Procedures

The questions concerning replacement of existing insurance coverage must be answered in all cases. If replacing existing coverage, be sure to indicate if the applicant is porting COBRA or had 18 months of continuous group coverage to assist in determining HIPAA eligibility, if applicable. When replacing existing insurance, the desired effective date should be 30 to 45 day beyond the application date.

Existing coverage should never be terminated until the new contract has been received and accepted. It is important to list all existing insurance coverage on the application for each applicant.

Signed Amendment Forms

The Company currently endorses changes to certificates and policies on the Face Page of the certificate or policy. However, there are some states that require a "wet signature" on the modification document indicating the Insured has accept a change to the coverage. These states currently include Colorado, Utah, Louisiana, West Virginia, Maryland, and Indiana. West Virginia and Louisiana also required signed Delivery Receipts.

When there is modification to a certificate or policy in a state that requires the wet signature, the underwriter handling the file will fax the document to the agent or specified individual. This individual will obtain the required

signature and fax or e-mail it back to the underwriting department. Upon receipt of the signed and dated document, the respective file will be made active the same day.

List Bill

To establish a List Bill, there must be a minimum of two employees and a maximum of ten is preferable. List Bill applications are available in the following states: AZ, AR, HI, IL, IN, IA, KS, LA, MI, MO, MS, NE, NM, NV, OH, OK, PA, SC, TX.. WV and WY. List Bill policies / certificates will be dated on the 1st of the month. The required salary deduction forms, ANL-3100 and ANL-3100LBA must accompany the application. List Bill applications will be underwritten together and policies / certificates generated as each file is approved. Please review list bill requirements for states that have unique rules related to list bills and business checks.

Association Form (NCAA)

The Catastrophic Complete Hospital Plan is available through the National Consumer's Advantage Association (NCAA) in most states. The NCAA offers two levels of benefits: Silver for \$2.50 per month and Gold for \$4.50 per month. Association membership is not available in Texas, Colorado, Georgia, Kansas, or New Mexico.

Special State Issues

Georgia – An optional rider is available for the Treatment of Mental Illness. If this rider is not applied for initially and approved, it cannot be added later.

Indiana – An optional rider is available for Chemical/Substance Dependence. If this rider is not applied for and approved initially, it cannot be added later.

Colorado – Voice signatures are not approved in this state. Any approval or signature needed will be done via e-mail or fax and a "wet" signature obtained.

Kansas – A rider is available to cover maternity benefits as any other illness. There must be proof that no one applying is pregnant or that there is an expectant father to obtain this rider.

Fax-A-Quote

Under this program, the agent can Fax a completed application with evidence of insurability to the Underwriting Department. The evidence should be in the form of medical records or a copy of an examination and laboratory results, which were done for life and/or health insurance, provided these requirements were within 180 days of the application date. No money should be taken with the application. Acceptance or denial will be communicated within 24 to 48 hours of receipt and valid for 15 days. If the applicant is interested in the offer, the policy will be issued on a C.O.D. (cash on demand) basis. The agent must be properly licensed and appointed with American National Life Insurance Company of Texas (ANTEX).

Internet or Phone Sales

Review the sales brochure, legal notices, application form and supplemental forms with the applicant(s).

This form of solicitation is only available with monthly pre-authorized checking billing mode. A voided check or deposit slip must accompany the application for coverage.

Submit the application for a policy or certificate immediately using the fax cover sheet (available on the Agent website). Do not hold this document for any reason.

After submitting the proper application form to the Company, immediately deliver a copy of the completed enrollment application, sales brochure, supplemental forms, and legal notices to the applicant via U. S. mail, facsimile, or deliver in person.

Personal History Interview Tips

The interview is dialogue between the client and the Company representative following submission of an application. It is to gather information related to an applicant's insurability and may expedite the underwriting process and eliminate the need for certain requirements. The applicant should listen to each question carefully.

The interview may take from 15 to 20 minutes depending on the number of individuals applying and the scope or extent of their health history. To assure an early and successful contact, one of the following should occur:

*A Home Office representative will contact the client for an interview. The client should indicate on the application the best time and number(s) to call.

- If the client is difficult to reach he should initiate the call by calling 1.866.214.6973 between 8 a.m. CST and 4:30 p.m. CST within 10 days after the application is taken.

The client should have the following information available for all applicants: (1) name of primary care physician, (2) date and reason last seen, (3) list of current medications, dosage amount, and prescribing physician.

Warm Transfers -- occurs one of two ways.

*The agent, after contacting the client will transfer the applicant to an interviewer and the personal history interview will be completed. The applicant must be able to provide medical, occupational, and avocational history at this time. Medical history must include the names of primary care physicians, date and reason last seen, and list of current medications, dosage amounts and prescribing physicians.

*The agent may contact the client and if the applicant prefers to complete the person history interview later, he

will provide the applicant a file number to reference at the beginning of the call along with the agent name and writing number. The following numbers are available for warm transfers:

8:00 to 5 PM CST – 1-866-214-6973

5 PM – 11PM CST – 1-886-433-5246

In no case is the agent to transfer an applicant for a warm transfer personal history interview without first completing an application approved for the state of the applicant(s) residence. The application should be faxed to the Home Office immediately to 1.800.660.7948.

Submitting The Application

Before submitting the application to the Home Office, please be sure that:

1. The application, check for the full modal premium (or voided check or deposit slip if first premium is to be drafted) and all other necessary forms are filled out completely, signed and attached together;
2. Within 5 days after completion, mail applications directly to:
ANTEX – Issue Department
P. O. Box 1998
Galveston, Texas 77553-1998
3. You may fax the application directly to the Home Office at:
MIG Health Underwriting Department
1.800.660.7948

A return confirmation fax will be sent to the fax / e-mail address indicated on your Fax Cover Sheet. The return fax will include the assigned certificate number and instructions concerning any missing documents or requirements.

Underwriting The Application

Underwriting is necessary to determine the degree of risk an applicant for health insurance represents. The risk appraisal is based on information obtained from the following sources:

Attending Physician Statement
Para Medical Examination
Blood Profile
Urinalysis
Personal History Interview
Inspection Report
Medical Information Bureau
Special Questionnaires
Pharmaceutical Records
Department of Motor Vehicles

Modified Coverage

It may be necessary to issue coverage with an increase in premium or a restriction or waiver based on some medical conditions or deny coverage to an applicant due to health history. A rate-up in premium or exclusion waiver may be available for certain health conditions that would otherwise not be insurable. A substandard extra premium is used for heights and weights in accordance with the build chart in this manual and for hypertension and elevated lipids with certain benefits. **(Please refer to Underwriting Impairment Guide for this information).**

Final disposition regarding an application is the decision of the Home Office Underwriter. It is possible that two applicants with similar conditions could result in significantly different final action based on other factors.

Files Incompleted or Postponed

Incompletion occurs when the requested qualifying information is not received within 45 days after the application date. However, once received, the file can be reopened and a policy issued if the applicant is insurable and the file is less than 90 days old.

Postponements generally occur on risks that are currently highly questionable, but whose history indicates a definite possibility that a satisfactory judgment can be made at a later date.

Reconsideration of Underwriting Action

Premium increase or medical waivers based on health conditions and certain deletions may be reconsidered when there has been an improvement in health status.

These may be reviewed after the first policy anniversary with a written request from the Insured **and a current copy of medical records from the attending physician** without cost to the Company. An example would be elevated blood pressure condition which has remained within normal limits for one year. (Note: Some conditions remain unacceptable. Refer to the Impairment Guide in this manual).

A reconsideration date can be offered in some situations at the time of initial underwriting. You will be advised when this is possible.

Counteroffers

Counteroffers may be available when a waiver has been attached for the following conditions: allergy, ulcer / peptic disease, irritable bowel / simple colitis, condyloma, primary hypothyroidism, esophageal reflux disease, otitis media, prostatitis without enlarged prostate, cystitis excluding interstitial, herpes, sinusitis, gastritis excluding alcoholic and erosive, acne, gout, attention deficit hyperactivity disorder, simple bronchitis in non-tobacco user, osteoarthritis excluding large joint involvement, mild asthma in a non-smoker, and pharyngitis. A counteroffer, when available, may range between 20% and 100% increase of premium for the individual. The individual will be underwritten in the usual manner. It is the agent's responsibility, after conferring with the client, to request a counteroffer. No counteroffer is available if the rating would exceed 100%.

Comorbidity Factors

Comorbidity represents concomitant but unrelated disorders that together impact a person's insurability.

This manual does not lay out specific underwriting guidelines for dealing with all comorbid scenarios. Comorbidity is addressed under certain conditions in the manual which include hypertension, hyperlipidemia, obesity and gout. It is up to the individual underwriter to determine which conditions when combined represent an unacceptable risk on a case-by-case basis.

The issue of comorbidity is one of the most difficult for a health underwriter to assess. One or two controlled conditions may represent an acceptable risk but as age and/or tobacco use is factored in to the equation, an applicant may be deemed uninsurable. An applicant may have frequent bouts of asthma which could be acceptable in most cases with a waiver attached for asthma, but if the applicant is also a tobacco user, he may be uninsurable as this would be an unacceptable combination of comorbidity factors.

Underwriting will consider the combined conditions, age, severity, etc., to make the best offer possible in the face of comorbid situations.

PRIVACY AND LEGAL INFORMATION

AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

If you have any questions about this Notice, please contact:

**Will Hogan, Esq.
Privacy Officer
One Moody Plaza,
Galveston, Texas 77550
409.763.6089**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required by law to protect the privacy of your information, provide this notice about our information practices, and abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. You can request a copy of our notice at any time.

1. Uses and Disclosures of Protected Health Information

We use protected health information about you for health care operations, underwriting, claims processing and policyholder service. For example, we would use or disclose protected health information to MIB, a non-profit membership organization of life and health insurance companies, which operates an information exchange on behalf of its members.

Any other uses or disclosures of your protected health information will be made only with your written authorization. You may revoke this authorization at any time, in writing, except to the extent that we have taken an action

in reliance on the use or disclosure indicated in the authorization.

We may use or disclose identifiable information about you without your authorization for other reasons. Subject to certain requirements, we may disclose protected health information without your consent or authorization as for public health purposes, for auditing purposes, for research studies, and for emergencies. We also provide protected health information when otherwise required by law, or for law enforcement purposes, legal proceeding, military activity and national security, to a coroner, funeral director or medical examiner, and when required by the Secretary of the Department of Health and Human services.

2. Your Rights

Although your health record is the physical property of American National Life Insurance Company of Texas, the information belongs to you. You have the right to:

- * Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522*
- * Obtain a paper copy of the notice of privacy practices upon request, inspect and obtain a copy of your health record as provided for in 45 CFR 164.524*
- * Amend your health record as provided for in 45 CFR 164.528*
- * Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528*
- * Request communications of your health information by alternative means or at alternative locations*
- * Revoke your authorization to use or disclose protected health information except to the extent that action has already been taken*

You have the right to inspect and copy your protected health information for as long as we maintain the protected health information. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. Please contact our Privacy Contact if you have questions about your access to your records.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health-care operations. We are not required to agree to a re-

striction that you may request. If we agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction. You may request a restriction by submitting a letter to the Health Underwriting Department, P.O. Box 1991, Galveston, Texas 77550.

You have the right to amend your protected health information. This means you may request an amendment of protected health information about you in a record for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact if you have questions about amending your records.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have a right to request receipt of confidential communications by alternative means or at alternative locations if you clearly state that disclosure could endanger you. You have the right to have this request reasonably accommodated.

You have the right to obtain a paper copy of this notice from us.

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint. You may contact our Privacy Contact, Will Hogan, Assistant Vice President, HIPAA Privacy Officer, American National Life Insurance Company of Texas, 1 Moody Plaza, Galveston, Texas 77550, 409.766.6420 for further information about the complaint process.

This notice was published and became effective on April 14, 2003.

NOTICE OF PRIVACY POLICY
American National Life Insurance Company of Texas
One Moody Plaza
Galveston, Texas 77550

American National Life Insurance Company of Texas is committed to providing insurance and annuity products and services designed to meet your needs. We are equally committed to respecting your privacy and protecting the information.

WHAT INFORMATION WE COLLECT

As an essential part of our business, we obtain certain personal information about you in order to provide a financial product or service to you. Some of the information we receive comes directly from you on applications or other forms, and may include information you provide during visits to our Web site. We may also receive information from physicians, testing laboratories and other health providers, and from consumer reporting agencies. The types of information we receive may include addresses, social security numbers, family information, current and past medical history and financial information, including information about transactions with other financial institutions.

WHAT INFORMATION WE DISCLOSE

We do not disclose nonpublic personal information about our current or former customers to any non-affiliated entity, except as permitted by law. Examples of the disclosures which we are permitted by law to make include: disclosures necessary to service or administer an insurance or annuity product that you requested or authorized; disclosures made with your consent or at your direction; disclosures made to your legal representative; disclosures made in response to a subpoena or an inquiry from an insurance or other regulatory authority; disclosures made to comply with federal, state or local laws and to protect against fraud.

OUR PRIVACY PROTECTION PROCEDURES

We protect information about you from unauthorized access. Our employees and agents receive training regarding our privacy policies, and access to information about you is restricted to those individuals that need such information in order to provide products and services to you. Examples of activities requiring access to personal information include: underwriting; claims processing; reinsurance and policyholder service. Finally, we employ secure technologies in order to safeguard transmission of information about you through our web sites, and we have established and maintain procedures to comply with all state and federal laws and regulations regarding the security of personal information.

OPT OUT PROVISION

American National recognizes an individual's desire to restrict the sharing of information about himself. The Company will comply with a request to "Opt-out" except when necessary to share information in the administration of an insurance contract as permitted by law. American National does not share information with other entities for marketing purposes. We may, however, need to share information with nonaffiliated third parties that provide essential services such as underwriting, policy and claim administration and reinsurance. Such entities are required to agree to maintain the confidentiality of such information. The foregoing types of information sharing are specifically permitted by the federal and state privacy laws and regulations as exceptions to opt-out requirements.

FAIR CREDIT REPORTING ACT -PRE-NOTIFICATION

Federal law requires that a notice be given to each applicant that an inspection report may be completed as part of the underwriting process.

NOTIFICATION REGARDING MEDICAL INFORMATION BUREAU (MIB)

The general rules of the Medical Information Bureau of which American National Life Insurance Company of Texas is a member require that each applicant for insurance be given pre-notification regarding the MIB and specifically that the Bureau, upon request, will supply American National Life Insurance Company of Texas with information in its file. American National Life Insurance Company of Texas may also release information to the Bureau.

State Health Plans

In those states with Catastrophic Health Insurance Plans (CHIP), we are obligated by law in selected states to advise residents who have been declined or issued coverage that has been modified of their eligibility for the state plan. This notification will either be sent with the policy / certificate or the declination letter,

HIPAA (Health Insurance Portability & Accountability Act) INFORMATION

HEALTH INSURANCE PORTABILITY ACCOUNTABILITY ACT (HIPAA) & ELIGIBILITY REQUIREMENTS

The Health Insurance Portability and Accountability Act was passed by Congress in August of 1996 and it became effective July 1, 1997. HIPAA provides certain Americans guaranteed access to health insurance coverage regardless of existing health conditions and individual health plans are guaranteed renewable except for non-payment of premiums, fraud and discontinuance of a plan for all covered. A health insurer offering individual health coverage must offer coverage on a guaranteed issue basis to an eligible individual, unless a state has implemented any acceptable alternative mechanism (High Risk Pool, Mandatory Group Conversion or Risk Spreading).

Agents Responsibility

The agent is responsible for explaining the coverage options that are available to applicants who are considered "HIPAA Eligible".

Eligibility Criteria

In general, an "Eligible Individual" (a person guaranteed access to coverage) if the following criteria are met:

1. Have prior creditable coverage for a period in the aggregate of 18 or more months and the most recent prior Creditable Coverage was under a group health plan, governmental plan, or church plan (or health insurance coverage offered in connection with any such plan) or any plan specifically designated by a state law; with no greater than a 63 day break in coverage.
2. Not be eligible for coverage under a group health plan, part A or part B of Medicare, or Medicaid (or any successor program) and do not have other health insurance coverage.

3. Have elected and exhausted any applicable COBRA (or similar state law) continuation. **Creditable Coverage** means, with respect to an individual, coverage of the individual under any of the following:

1. A group health plan
2. Individual Health insurance plan by specific state law
3. Medicare
4. Medicaid
5. Health insurance plans for members of the U.S. Armed Forces and their dependents
6. A medical care program of the Indian Health Service or of a tribal organization
7. A State health benefit pool
8. Health insurance plans for employees of the U.S. Government and their dependents
9. A public health plan (as defined in regulations)
10. A health benefit plan under section 5(e) of the Peace Corps Act (22-2504e)

A period of Creditable Coverage shall not be counted if there was more than a 63-day period (may vary by state) during all of which the individual was not covered under any creditable coverage.

Guaranteed Access Mechanisms

The following describes the Individual Access Methods for “HIPAA Eligible Individuals”.

The following states have High Risk Insurance Pools. “HIPAA Eligible Individuals” will be referred to the High Risk Pools in their respective states:

Alabama, Alaska, Arkansas, California, Colorado, Connecticut, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Montana, Nebraska, New Hampshire, New Mexico, North Dakota, Oklahoma, Oregon, South Carolina, South Dakota, Texas, Washington, Wisconsin, and Wyoming

The following states are “Federal Fallback” states with no High Risk Insurance Pool, also referred to as Guaranteed Access Mechanism:

Arizona, Delaware, Florida, Georgia, Hawaii, Maine, Massachusetts, North Carolina, Pennsylvania, Rhode Island, Tennessee, Vermont and Virginia

**If a HIPAA eligible applicant resides in a “Federal Fallback” state, ANTEX is required to provide a guaranteed access to health insurance. Application for coverage can be made through the appropriate form of any available product. No optional benefits will be available.

Please not the following:

Missouri and Utah resident must be allowed to choose coverage between a High Risk Insurance Pool and a Guaranteed Access Mechanism.

HIPAA eligible applicants in the states of Ohio and Nevada choose between a Basic or Standard Plan.

UNACCEPTABLE HEALTH CONDITIONS

There are a number of reasons why the Company would have to decline coverage on an individual:

1. If the applicant requires in excess of 3 medical exclusions including tobacco use;
2. If the applicant is receiving medical benefits;
3. If any family member is pregnant or there is an expectant father at the time of application (whether on the application or not). In this case, no coverage is issued to any family member. We will consider an application taken 30 days or more after delivery;
4. If weight exceeds maximum allowable as indicated on the height and weight tables or does not meet the maximum required;
5. United States residency is less than two years or the applicant does not anticipate permanent residence in the United States;
6. Driving Criticism
 - a. Careless or reckless driving, speeding tickets, at fault accident, other moving violations;
3 or more within 12 months
5 or more within 24 months
 - b. DUI or DWI, or arrest within 2 years;
7. Felony, conviction or imprisonment within 5 years;
8. Premium rating exceeds the maximum allowable by Company;
9. The occupation falls outside Company guidelines
10. All applicants combined would require more than five exclusion riders including tobacco use.

PRE-QUALIFYING THE APPLICANT

Pre-qualify the applicant by asking the pre-qualifying questions. Review the sales brochure, privacy notices, the application form, and supplemental forms with the applicant.

Submit the application immediately to ANTEX. Do not hold or delay sending the application to the Home Office.

Pre-Qualifying Questions:

1. Does any proposed insured have a diagnosis of or treatment for AIDS/ARC/HIV, internal cancer (last treatment within 10 years of application date), COPD, emphysema, connective tissue disorder, Crohn's/ulcerative colitis (diagnosis and treatment within 5 years of application date), diabetes, elevated blood sugar, heart attack, heart surgery, heart disease, angioplasty, hepatitis, organ transplant (except cornea), stroke/TIA, stent placement, bipolar/manic disorder?
2. Does any proposed insured have surgery or medical tests pending but not yet performed?
3. Does any proposed insured engage in a hazardous occupation? Examples are professional athletes (except bowlers, tennis players, and golfers), asbestos exposure, atomic or nuclear energy industries, crop dusting, hazardous chemical and toxic waste exposure, underground mining, or explosives or pyrotechnic industries.
4. Does any proposed insured have a history of drug abuse or treatment within the last 10 years or alcohol abuse or treatment within the last 5 years?
5. Is any proposed insured or household family member including students away at school whether applying or not applying for coverage, currently pregnant or is an expectant father applying?
6. Have all proposed insureds resided in the United States 2 years or more?

The answers to the first 5 questions should be NO and the answer to question 6 should be YES to qualify the applicant.

UNINSURABLE MEDICATIONS

Applicants on the following medications are not insurable:
(This is not a completed list but is offered as example of what would not be acceptable).

DRUG	USES
Adriamycin	Cancer
Akineton	Parkinson's Disease
Alkeran	Cancer, blood disorders
Antabuse	Alcoholism
Aricept/Donepezil	Dementia, brain syndromes
Artane	Parkinson's Disease
AZT	AIDS/ARC/HIV
Betaseron	Multiple sclerosis
Campral	Alcoholism
Casodex	Cancer
CeeNU	Cancer, Hodgkin's Disease
Cerespan	Dementia
Cogentin	Parkinson's Disease
Copegus	Hepatitis C
Cosmegen	Cancer
Cyclospasmol	Dementia, TIA, Raynaud's
Cytosan/Cyclophosphamide	Cancer
Dantrium	Multiple sclerosis
Depen/Cuprimen	Scleroderma, lupus, arthritis
Digitalis/Digoxin/all derivatives	Heart disease, heart disorders
Dipyridamole/Persantine	Stroke, TIA, PVD, circulatory
Disopyramide	Heart disease/disorders
Eldepryl	Tremor, Parkinson's Disease
Epogen	Kidney disease, anemia
Ergoloid	Dementia
Eskalith/Lithium derivatives	Bipolar, euphoria, mania
Eulexin	Cancer
Etoposide	Cancer
Exelon/Rivastigmine	Dementia
Fludara	Cancer
Foscamet/Foscavir	AIDS/ARC/HIV
Galantamine/Razadyne	Dementia
Geodon	Psychoses, schizophrenia
Haldol	Psychoses, schizophrenia
Heparin	Stroke, TIA, blood clots, heart disease
Hydergine	Dementia
Imdur/Isosorbide Mononitrate	CAD, heart disease, angina
Insulin/Oral Diabetic Medication	Diabetes, impaired glucose, glucose intolerance
Levo-Dopa/all derivatives	Parkinson's Disease

Lysodren	Cancer
Matulane	Cancer, Hodgkin's Disease
Mestinin/Regonol	Myasthenia gravis
Mithramycin	Paget's Disease
Moban/Molindone	Psychoses
Mustargen	Cancer, leukemia
Mycobutin/Rifabutin	AIDS/ARC/HIV
Myleran	Leukemia, blood disorders
Mytelase	Myasthenia gravis
Naltrexone/Vivitrol/Depade	Alcoholism
Namenda	Dementia
Nitroglycerin/Nitro-Bid/all derivatives	Heart disease/disorders, angina
Norpace	Arrhythmias, heart disease
Orap	Psychoses, Tourette's Syndrome
Pancrease	Chronic pancreatitis
Papaverine	Circulatory disorders/disease
Parlodel	Parkinson's Disease
Pentamidine/Pentum	AIDS/ARC/HIV
Permax	Parkinson's Disease
Plaquenil	Scleroderma, lupus erythematosus
Plavix	Heart attack, CVA, TIA, PVD, blood clots
Prostigmin	Myasthenia gravis
Purinethol	Leukemia, blood disorders
Quinidine/all derivatives	Arrhythmia, heart disorders
Referon-A	Hepatitis, liver disease, leukemia
Reminyl	Dementia
Retrovir	AIDS/ARC/HIV
Sandinimmune/Cyclosporin	Lupus, transplants, cancer
Serentil	Psychoses, schizophrenia
Tacrine/Cognex	Dementia
Taxol/Paclitaxel	Cancer
Ticlid	Stroke, TIA, circulatory disorders
Trental	PVD, stroke, CVA, gangrene
Vasodilan	PVD, cerebral vascular disease
Viadur/Elgard/Lupron	Cancer
Warfarin/Coumadin	Heart attack, CVA, TIA, blood clots

UNACCEPTABLE MEDICAL CONDITIONS

Addison's Disease
AIDS / ARC
Alcoholism or Abuse 0 – 5 years
Aortic Stenosis
Arteriosclerosis
Bi-Polar Disorder
Black Lung
Blood Pressure – Uncontrolled
Buerger's Disease
Bundle Branch Block – Complete
Bypass Surgery – Cardiac
Cancer
 Internal – 10 years
 Melanoma – 10 years
 Skin – 1 – 3 years
Cardiomyopathy / Myocardiopathy
Cardiovascular – Renal Disease
Carotid Artery Disease
Cerebral Embolism / Thrombosis / Hemorrhage
Cerebrovascular Accident (CVA)
Chorea, Huntington's
Cirrhosis, Liver
Congestive Heart Failure
Cor Pulmonale
Coronary Insufficiency
Cretinism
Cystic Fibrosis
Diabetes
Emphysema
Epilepsy 0 – 5 years
Esophageal Varices
Heart Attack
Hemophilia
Hepatitis (Type B) 0 – 2 years
Hepatitis – C

Hodgkin's Drug Addiction / Abuse 0 – 10 years
Disease
Hydrocephalus
Leukemia
Locomotor Ataxia
Lupus Erythematosus (Systemic or Disseminated)
Multiple Sclerosis
Muscular Dystrophy
Myxedema
Nephrotic Syndrome
Neurofibroma, multiple
Pacemaker
Paget's Disease of Breast
Paraplegia
Parkinson's Disease
Peripheral Vascular Disease
Polycystic Kidney Disease
Polycythemia, Primary
Pneumoconiosis
Pott's Disease
Pregnancy
Pulmonary Embolism 0 – 1 year
Quadriplegia
Raynaud's Disease / Syndrome – 5 years
Scleroderma
Sleep Apnea (Central
Stent Placement
Stroke
Thromboangiitis Obliterans (Buerger's Disease)
Transient Ischemic Attack (TIA) / Stroke
Varicose Veins (Abdominal/Esophageal/Arms)

NOTE: There are many conditions for which a person may be declined. The above list is some of the more prevalent unacceptable disorders.

BUILD

Overweight

Significant importance in evaluating one's insurability is the satisfactory relationship of an individual's height and weight. An overweight individual has an increased incidence of cardiovascular disease and renal disease. In addition, there is added stress to the weight bearing joints and bones. Obesity may also be associated with other disorders such as diabetes, psychological disorder or a malfunctioning thyroid and/or pituitary gland.

In addition, obesity usually complicated numerous other diseases / conditions and surgical procedures. Recovery time may also be prolonged.

Underweight

Underweight generally is of less significance than overweight concerning long term disabilities and illnesses. However, abnormally thin individuals may have difficulty gaining weight because of nutritional deficiencies, a chronic illness, nervous problems or alcoholism. Frequently, thin individuals have a low resistance to acute illnesses, especially respiratory infections.

Weight Reduction

When weight reduction has been accomplished by voluntary diet, and the weight has been stable for six months or more, full credit will be given for the weight loss if less than 25 lbs. You may enter the height and weight table by using the current weight.

If there has been a weight loss of 25 lbs. or more and the weight has not been stable for a period of 12 months, half credit will be given. To enter the height and weight table, add half of the weight loss to the current weight level.

Ex: Female 5'7" ...231 lbs., lost 36 lbs. within two months. Current weight is 195 lbs. allow ½ credit by adding 18 lbs. to 195. Enter height and weight table at 5'7" ...213 lbs. A rating of 40% or a 40% increase in premium would be required.

HEIGHT / WEIGHT TABLES AGES 0 THROUGH 15 YEARS

**AGES
0 - 2**

**AGES
3 - 9
AGES**

10 - 15

HT in.
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40

WT lbs.
5 - 14
6 - 19
7 - 23
8 - 26
8 - 32
9 - 32
10 - 34
12 - 35
13 - 35
14 - 36
15 - 38
16 - 40
18 - 42
20 - 44
21 - 46
22 - 47
24 - 48
25 - 50
26 - 52
27 - 54
29 - 56

HT in.
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62

WT lbs.
18 - 36
19 - 39
20 - 40
21 - 41
22 - 42
23 - 45
24 - 47
25 - 50
26 - 52
27 - 55
29 - 57
30 - 60
32 - 62
33 - 66
35 - 69
36 - 73
38 - 76
40 - 80
43 - 84
45 - 88
48 - 92
50 - 97
52 - 101
54 - 105
56 - 109
58 - 113
61 - 117
63 - 121
66 - 126
67 - 129
69 - 131
70 - 139
72 - 143

HT in.
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76

WT lbs.
42 - 90
47 - 94
52 - 98
54 - 103
56 - 107
57 - 111
59 - 114
60 - 118
62 - 122
64 - 125
66 - 129
70 - 134
73 - 139
76 - 142
78 - 144
79 - 150
81 - 155
83 - 162
85 - 168
87 - 172
90 - 176
92 - 181
68 - 186
99 - 191
104 - 196
108 - 201
113 - 206
117 - 211
120 - 216
123 - 220
126 - 228

****Any juvenile in one of the above age brackets that falls outside the values by age will be declined. Special consideration can be given if additional information is provided by the applicant for Home Office review.**

HEIGHT / WEIGHT TABLE FEMALE AGE 16 AND OVER

HEIGHT FT/IN	NORMAL BUILD	PREMIUM RATE-UP 20%	PREMIUM RATE-UP 40%	PREMIUM RATE-UP 50%	DECLINE
4'08	78 – 128	129 – 152	153 – 169	170 – 184	185+
4'09	82 – 137	138 – 157	158 – 175	176 – 190	191+
4'10	90 – 148	149 – 163	164 – 178	179 – 193	194+
4'11	92 – 151	152 – 166	167 – 181	182 – 196	197+
5'00	94 – 154	155 – 169	170 – 184	185 – 199	200+
5'01	97 – 157	158 – 173	174 – 189	190 – 205	206+
5'02	98 – 160	161 – 176	177 – 192	193 – 208	209+
5'03	99 – 163	164 – 179	180 – 195	196 – 211	212+
5'04	102 – 168	169 – 185	186 – 202	203 – 219	220+
5'05	105 – 170	171 – 187	188 – 204	205 – 221	222+
5'06	108 – 173	174 – 190	191 – 207	208 – 224	225+
5'07	111 – 177	178 – 195	196 – 213	214 – 231	232+
5'08	115 – 182	183 – 200	201 – 218	219 – 236	237+
5'09	118 – 186	187 – 205	206 – 224	225 – 243	244+
5'10	122 – 193	194 – 212	213 – 231	232 – 250	251+
5'11	125 – 198	199 – 218	219 – 238	239 – 258	259+
6'00	129 – 210	211 – 231	232 – 252	253 – 273	274+
6'01	135 – 222	223 – 243	244 – 264	265 – 285	286+
6'02	141 – 234	235 – 255	256 – 276	277 – 297	298+
BMI	17.5 – 28	29 – 33	34 – 35	36 – 38	38+

HEIGHT / WEIGHT TABLE MALE AGE 16 AND OVER

HEIGHT FT/IN	NORMAL BUILD	PREMIUM RATE-UP 20%	PREMIUM RATE-UP 40%	PREMIUM RATE-UP 50%	DECLINE
4'08	85 - 138	139 - 152	153 - 165	166 - 174	175+
4'09	88 - 143	144 - 157	158 - 171	172 - 180	181+
4'10	91 - 148	149 - 163	164 - 177	178 - 187	188+
4'11	94 - 153	154 - 168	169 - 183	184 - 193	194+
5'00	97 - 159	160 - 174	175 - 189	190 - 200	207+
5'01	101 - 164	165 - 180	181 - 196	197 - 206	238+
5'02	104 - 169	170 - 186	187 - 202	203 - 213	214+
5'03	107 - 175	176 - 192	193 - 209	210 - 220	221+
5'04	111 - 181	182 - 198	199 - 216	217 - 227	228+
5'05	114 - 186	187 - 204	205 - 222	223 - 234	235+
5'06	118 - 192	193 - 211	212 - 229	230 - 242	243+
5'07	121 - 198	199 - 217	218 - 236	237 - 249	250+
5'08	125 - 204	205 - 224	225 - 243	244 - 256	257+
5'09	129 - 210	211 - 230	231 - 251	252 - 264	265+
5'10	132 - 216	217 - 237	238 - 258	259 - 272	273+
5'11	136 - 222	223 - 244	245 - 265	266 - 280	281+
6'00	140 - 229	230 - 251	252 - 273	274 - 288	289+
6'01	144 - 235	236 - 258	259 - 280	281 - 296	297+
6'02	148 - 241	242 - 265	266 - 288	289 - 304	305+
6'03	152 - 248	249 - 272	273 - 296	297 - 312	313+
6'04	156 - 255	256 - 279	280 - 304	305 - 320	321+
6'05	160 - 261	262 - 287	288 - 312	313 - 329	330+
6'06	164 - 268	269 - 294	295 - 320	321 - 337	338+
6'07	169 - 275	276 - 302	303 - 328	329 - 346	347+
6'08	173 - 282	283 - 309	310 - 337	338 - 355	356+
BMI	19 - 31	31.1 - 34	34.1 - 37	37.1 - 39	39.1

MIG UNDERWRITING GUIDE

FOR STATES THAT ALLOW WAIVERS

There are four columns of information to be concerned with in the underwriting guide. The first column lists alphabetically the most common health conditions encountered in underwriting. Where appropriate, specific recovery periods are referred to, such as “within 5 years”. This period refers to the time since occurrence of the diagnosis in the case of an acute condition, or the time since the last episode in a recurrent condition. Reference is also made to “recovered” or “no residuals”, which is self-explanatory. Underwriting action for some conditions depends on severity. Where possible, we have included specific references to symptoms and / or treatments which may help clarify the severity level. In all cases, however, **the underwriter’s judgment after reviewing all of the facts will determine the appropriate action.**

The next three columns list the most likely underwriting action for (1) H.S.A. / CAT, Non-H.S.A. / CAT with no riders, (2) Non-H.S.A. CAT with ODR (Out Patient Doctor Rider), and (3) Non-H.S.A. / CAT with Outpatient Doctor Rider (ODR) and Prescription Drug (RX) Rider.

The abbreviations used in the underwriting action column are defined as follows:

S	=	Standard
D	=	Decline
IC	=	Individual Consideration
W	=	Waiver for limited period for certain condition
R	=	Rating
RFC	=	Refer for Cause
TUR/PTUR	=	Tobacco User Rates / Preferred Tobacco User Rates

IMPAIRMENT GUIDE

HEALTH CONDITION	H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
ADDISON'S DISEASE – <i>A disease of the adrenal glands</i>	D	D	D
ADHESIONS – <i>The abnormal adhering or uniting of two surfaces</i>			
Present – no symptoms, treatment or surgery scheduled or recommended			
0 – 2 years.....	W	W	W
After 2 years – none of above.....	S	S	S
Operated – no residuals or recurrence.....	S	S	S
Recurrent	W	W	W
AIDS / ARC – <i>Acquired Immune Deficiency Syndrome and generally a fatal disorder which attacks the body's immune system. AIDS related complex, a constellation of chronic signs and symptoms with an increased incidence of AIDS, without the typical manifestations characterized by full blown AIDS</i>	D	D	D
ALBUMINURIA – <i>Presence of protein called albumin in the urine</i>	RFC	RFC	RFC
ALCOHOL ABUSE / ALCOHOLISM – <i>More than 24 drinks per week (one drink = 1 oz. liquor, 4 oz. wine, 12 oz. beer) – The use of alcohol to the extent that it causes impairment in interpersonal, social or professional functioning (See Substance Abuse)</i>			
ALLERGY – <i>A state of hypersensitivity induced by exposure to a particular antigen resulting in an immune reaction</i>			
MILD – seasonal allergy / hay fever treated with over the counter medications	S	S	S
MODERATE – requires physician visits up to 3 episodes per year, short course medication required, none lasting more than 1 – 2 weeks.....	S	S	W
SEVERE – chronic condition requiring continuous medication for 4 weeks or longer	S	W	W
Desensitization program / allergy shots	S	W	W
AMPUTATION – <i>Loss of an extremity or digit & may be congenital or caused by disease or accident</i>			
Traumatic			
1 – 3 fingers – fully recovered.....	S	S	S
More than 3 digits or one hand, one arm, one foot, one leg, no prosthesis, healthy stump			
0 – 2 years	S	W	W
After 2 years	S	S	S
Prosthesis present – healed stump, no symptoms, no treatment, good fit of prosthesis.....	W	W	W
More than 1 extremity – self sufficient, can handle all activities of daily living, no stump or prosthesis abnormalities, replacement or treatment needed.....	IC	IC	IC
Due to disease	D	D	D
ANAL OR COLON POLYP (See Polyps)			

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

HEALTH CONDITION	H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
ANAL OR RECTAL FISSURE / FISTULA – <i>An abnormal cleft / groove / passage or communication in the anus or rectum</i>			
Present	W	W	W
Cured / resolved – Ileitis & Crohn’s Disease ruled out			
0 – 2 years.....	W	W	W
After 2 years – no treatment, symptoms	S	S	S
Recurrent – symptomatic, requires treatment.....	W	W	W
Ileitis / Colitis disease not ruled out.....	D	D	D
ANEMIA – <i>An abnormal reduction of erythrocytes in the hemoglobin</i>			
Aplastic, Sickle Cell Disease, Thalassemia Major, Cooley’s Mediterranean.....	D	D	D
Thalassemia / Sickle cell trait only	S (Usually)	S (Usually)	S (Usually)
Pernicious anemia			
Normal blood values with treatment.....	S	S	S
Abnormal blood values.....	D	D	D
Congenital Hemolytic anemia			
Unoperated – no splenectomy	D	D	D
Operated			
0 – 1 year	W	W	W
After 1 year – no complications, normal blood values.....	S	S	S
With complications, abnormal blood values	D	D	D
Iron deficiency – no history of blood loss.....	S	S	S
With history of blood loss	RFC	RFC	RFC
Other non-malignant anemias	IC	IC	IC
ANEURYSM – <i>A sac formed by the dilation of a wall of an artery, vein or in the heart</i>			
Intracranial – operated or unoperated			
Aortic (thoracic or abdominal) – operated or unoperated	D	D	D
Traumatic			
Present	D	D	D
Operated – simple ligation			
0 – 1 year.....	W	W	W
After 1 year – no complications	S	S	S
Arteriovenous (malformation) / congenital			
Present	D	D	D
Operated			
Within 1 year.....	D	D	D
After 1 year – no complications, symptoms or treatments	S	S	S
Malformation of brain or spinal column	D	D	D
ANGINA PECTORIS (See Cardiovascular Disorders) – <i>Thoracic pain radiating to the arms with a feeling of suffocation and impending death, most often due to ischemia of myocardium.</i>			
ANGIOPLASTY / STENT PLACEMENT (See Cardiovascular Disorders) – <i>A procedure where a balloon catheter is inflated inside an artery to stretch the artery usually done for coronary artery disease.</i>			
ANOREXIA NERVOSA – BULIMIA – <i>A mental disorder characterized by refusal to maintain a normal minimal body weight along with intense fear of being obese.</i>			
	D	D	D
AORTIC COARCTATION (See Cardiovascular Disorders) – <i>A form of constriction or diffuse involvement of the aortic isthmus which causes narrowing and may be associated with other anomalies.</i>			
AORTIC STENOSIS (See Cardiovascular Disorders) – <i>A narrowing of the orifice of the aortic valve and associated regions.</i>			
APPENDICITIS – <i>An inflammatory or infectious process in the appendix.</i>			
Present	W	W	W
Operated.....	S	S	S

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
---	---------------------------------	---

ARTHRITIS (See Musculoskeletal Disorders) – *An inflammation of the joints marked by pain, heat, redness and swelling*

ASCITES – *The accumulation of serous fluid in the peritoneal cavity*

Present	D	D	D
Recovered			
Cause known	RFC	RFC	RFC
Cause unknown	IC	IC	IC

ASTHMA (See Respiratory Disorders) – *A condition marked by dyspnea and wheezing due to spasmodic contraction of the bronchi*

ATRIAL (AURICULAR) FIBRILLATION (See Cardiovascular Disorders) – *An arrhythmia in which areas of the myocardium are in uncoordinated stages of depolarization and repolarization due to multiple re-entry circuits*

ATRIAL SEPTAL DEFECT (See Cardiovascular Disorders) – *A congenital anomaly with persistent potency of atrial septum causing an opening in tissue that divides upper chambers of the heart*

AUTISM/APERT SYNDROME – *Preoccupation with inner thoughts, daydreaming, fantasies, delusions and hallucinations, ego-centric subjective thinking with lack of objectivity and connection and reality*

Mild – No behavior problems	S	W	W
Otherwise.....	D	D	D

BACK STRAIN / SPRAIN / PAIN – *1) Damage of fibers to supporting ligament, 2) over exertion of muscles and ligament and 3) discomfort of muscles and joints in the back*

Acute single episode, no hospitalization, full recovery, no disability, not over 3 months in duration			
0 – 1 year	W	W	W
After 1 year – no residuals, treatment, symptoms, released from care.....	S	S	S
Multiple episodes			
0 – 3 years.....	W	W	W
After 3 years – no treatment, symptoms, residuals, or limitations, released from care	S	S	S
With disability			
0 – 5 years.....	W	W	W
After 5 years – full recovery, full time employment.....	S	S	S
Otherwise.....	IC	IC	IC
Sciatica (See Musculoskeletal Disorders)			

BARRETT'S ESOPHAGUS – *Abnormal epithelium that has replaced normal tissue in the esophagus*

	W	W	W
--	---	---	---

BELL'S PALSY – *A unilateral facial paralysis due to a lesion of the facial nerve*

Acute – recovered, no residuals	S	S	S
Chronic or residuals, ocular involvement	W	W	W

BLINDNESS – *Lack or loss of, inability to see*

Not due to disease – self sufficient	S	S	S
Due to disease	RFC	RFC	RFC

BLURRED VISION – *Indistinctness, clouding or fogging of vision*

Within 1 year – no work up – diagnosis not established.....	D	D	D
After 1 year – diagnosed confirmed	RFC	RFC	RFC
After 1 year – cause unknown	IC	IC	IC

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

	H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
BLOOD PRESSURE – <i>The pressure of blood on walls of arteries dependent on energy of heart action, elasticity of artery walls and volume of blood (REFER TO FRAMINGHAM SCORE FOR MARGINAL & COMPLICATED CASES)</i>			
High blood pressure			
Controlled 140/90 for past 12 months			
Controlled – no medication	S	S	S
Controlled – with medication	S	25%	25% w/1000 RX ded – otherwise W
Uncontrolled – average over 140/90 for past 12 months	D	D	D
History of two additional risk factors including gout, elevated lipids, obesity or tobacco use	D	D	D
History of albuminuria, retinopathy, kidney disease (excluding kidney stones) or left ventricular hypertrophy	D	D	D
Low blood pressure – 85/60 or less			
No history of syncope or associated disease, no treatment needed	S	S	S
Otherwise	RFC	RFC	RFC
BRAIN TUMOR – <i>An abnormal growth in the brain or cranial cavity</i>			
Malignant (See Cancer, Internal)			
Benign			
Unoperated	D	D	D
Operated –			
0 – 1 year – no treatment, seizures or symptoms, headaches	W	W	W
After 1 year – no residuals, treatment, limitations, released from care	S	S	S
With symptoms, treatment, not released from care	D	D	D
BREAST AUGMENTATION – <i>Plastic reconstruction of the breasts to increase the size</i>			
	S	S	S
BREAST REDUCTION OR PARTIAL MASTECTOMY – <i>Procedure done to decrease the size of the breasts</i>			
No cancer	S	S	S
Cancer present (See Cancer, Internal)			
BREAST TUMOR OR CYST – <i>An abnormal growth or closed sac in the breast</i>			
Benign cystic mastopathy and benign calcifications			
0 – 2 years – no treatment recommended	W	W	W
After 2 years – no additional symptoms, cysts, benign or micro-calcifications or fluid filled cysts formation, adenosis	S	S	S
With any of the above or treatment or surgery recommended	W	W	W
Malignant (See Cancer, Internal)			
BRONCHIECTASIS (See Respiratory Disorders) – <i>Chronic dilation of the bronchi marked by fetid breath and paroxysmal coughing with expectoration of mucopurulent matter</i>			
BRONCHITIS (See Respiratory Disorders) – <i>An inflammation of one or more bronchi</i>			
BUERGER'S DISEASE – <i>An occlusive disorder of the peripheral blood vessels, also known as Thromboangiitis obliterans</i>			
	D	D	D
BUNION (See Foot Disorders) – <i>An abnormal prominence of the first metatarsal head causing bursal formation</i>			
BURNS – <i>A lesions caused by heat, caustic agent, electricity, or electromagnetic energy</i>			
Burns – heat and fire related			
First degree			
Healed, no keloid formation, no limitations	S	S	S
With keloid formation, limitations, treatment needed	W	W	W

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

HEALTH CONDITION	H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
Second and third degree burns			
Under treatment, need for future surgery, limitations, complications	D	D	D
All areas healed, no future surgery or treatment needed, no limitations, no keloid formations, no loss of time from job or school.....	S	S	S
Future surgery needed or not ruled out.....	D	D	D
With treatment other than surgery, keloid formation, limitations	IC	IC	IC
Caustic burns			
Internal (See Esophageal Stricture)			
External (See Burns /Heat Related)			
Electrical burns	IC	IC	IC
BURSITIS (See Musculoskeletal Disorders) – Inflammation of a bursa frequently accompanied by calcium deposits			
BYPASS OPERATIONS – Procedures done to decrease or increase an auxiliary passage or shunt			
Coronary artery bypass (See Cardiovascular Disease)			
Gastric Bypass			
Roux en Y gastric bypass			
0 – 5 years.....	D	D	D
After 5 years – no symptoms, treatment, maintains normal weight, normal liver function tests.....	S	S	S
Symptomatic, requires treatment, does not maintain normal weight, or has abnormal liver function tests.....	D	D	D
Laparoscopic stapling / banding or other procedure			
0 – 2 years.....	D	D	D
After 2 years – no gastrointestinal symptoms, erosion, esophagitis, gastritis, pain, malnutrition.....	S	S	S
With gastrointestinal symptoms, erosion, esophagitis, gastritis, pain, malnutrition, does not maintain normal weight.....	D	D	D
CANCER, INTERNAL (including Hodgkin’s Disease, Lymphoma and Melanoma) – A disease causing an abnormal proliferation of cells, a malignant growth or tumor			
Any malignant growth of the internal organs including melanoma of the skin or squamous cell carcinoma and basal cell carcinoma of the internal organs			
0 – 10 years.....	D	D	D
After 10 years – no treatment, recurrence, initial lymph node involvement / metastasis	S	S	S
After 15 years – with lymph node involvement or metastasis	IC	IC	IC
CANCER IN SITU – Abnormal cells confined to their site of origin			
Uterine cervix			
0 – 2 years after treatment	W	W	W
After 2 years – no recurrence, margins clear of inflammation and malignant cells, last 3 PAP smears normal with no other abnormal pathology present.....	S	S	S
PAP smears not done or status of PAP smears and biopsy margins unknown	D	D	D
Other organs			
0 – 2 years.....	D	D	D
After 2 years	IC	IC	IC
CANCER, SKIN – Abnormal cells invading the dermis and epidermis or skin layers			
Basal Cell or Squamous Cell			
Present	W	W	W
Removed – margins free of disease	S	S	S
More than 3 occurrences.....	W	W	W
Melanoma (See Cancer, Internal)			
CARDIOMYOPATHY/MYOCARDIOPATHY (See Cardiovascular Disorder) – A weakness of the heart muscle			

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
---	---------------------------------	---

CARDIOVASCULAR DISORDERS – Disorders of the heart and blood vessels – see specific disorder

Abnormal heart rhythm (cardiovascular disease / disorder ruled out)			
Arrhythmia	RFC	RFC	RFC
Bradycardia	RFC	RFC	RFC
Tachycardia	RFC	RFC	RFC
Irregular heart beat			
Cause unknown			
0 – 2 years	D	D	D
After 2 years – cause not found but workup is complete, cardiovascular disorders ruled out by EKG and other heart related tests, no treatment, no symptoms			
	S	S	S
Cause known	RFC	RFC	RFC
Related to cardiovascular disorder	D	D	D
Angina Pectoris / Coronary Insufficiency	D	D	D
Angioplasty – with or without stent	D	D	D
Aortic stenosis	D	D	D
Arteriosclerosis	D	D	D
Atherosclerosis			
Incidental finding on x-ray, no symptoms, no treatment			
	S	S	S
Other than incidental finding			
	D	D	D
Atrial septal / Ventricular septal defect			
Unoperated			
	D	D	D
Operated			
Primary closure or graft			
0 – 1 year			
	D	D	D
After 1 year – no symptoms, treatment, murmur, released from care			
	S	S	S
With symptoms, treatment, murmur, not released from care			
	D	D	D
Spontaneous closure			
No symptoms, treatment or murmur			
	S	S	S
With residual symptoms, treatment, murmur, not released from care			
	D	D	D
Auricular (Atrial) – Fibrillation			
Under age 40 – 1 brief attack – heart disease ruled out			
0 – 2 years			
	D	D	D
After 2 years – no treatment, symptoms, normal cardiac studies, no recurrence			
	S	S	S
With treatment, symptoms, abnormal cardiac studies or results unknown			
	D	D	D
Over age 40			
	IC	IC	IC
Any age under treatment			
	D	D	D
Bicuspid aortic valve	D	D	D
Cardiomegaly			
MILD – incidental finding on x-ray, no symptoms, heart disease ruled out			
	S	S	S
Other than incidental finding with or without symptoms or heart disease			
	D	D	D
Cardiomyopathy / Myocardiopathy	D	D	D
Carotid Artery Disease	D	D	D
Claudication / Peripheral Vascular Diseases	D	D	D
Coarctation of the aorta			
Present			
	D	D	D
Operated			
0 – 1 year			
	D	D	D
After 1 year – released from care, no symptoms or treatment			
	S	S	S
With residual symptoms, treatment, not released from care			
	D	D	D
Cor Pulmonale / Pulmonary Hypertension	D	D	D
Coronary artery by-pass surgery	D	D	D
Coronary Artery Disease, Myocardia Infarction, Coronary Thrombosis, Coronary Occlusion, Heart Attack	D	D	D

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

	H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
Heart Blocks			
Bundle branch blocks			
Right incomplete – no other heart disorder	S	S	S
Right complete – heart disease ruled out	IC	IC	IC
Left incomplete – otherwise normal EKG, heart disease ruled out	IC	IC	IC
Left complete	D	D	D
Fascicular, hemiblock or bilateral block			
	D	D	D
Atrioventricular blocks			
1st degree – incidental finding – PR interval < .24, no symptoms or history of heart disease	S	S	S
2nd degree	IC	IC	IC
3rd degree	D	D	D
Mitral insufficiency / regurgitation			
Incidental finding on echo study – minimal, slight or trace only	S	S	S
Otherwise	D	D	D
Mitral stenosis			
	D	D	D
Mitral valve prolapse			
Incidental finding – no symptoms, treatment or history of heart disorder, fully worked up	S	S	S
Symptomatic, under treatment, chest pain, shortness of breath or not fully worked up	D	D	D
Under treatment – controlled, diagnosis confirmed			
0 – 2 years	S	W	W
After 2 years	S	S	S
Murmurs			
Systolic			
Grade I / VI, II / VI – no abnormal cardiac findings or history of heart disorder	S	S	S
Grade III / VI or greater	D	D	D
Diastolic			
	D	D	D
Myocarditis			
Single attack			
0 – 2 years	D	D	D
After 2 years – no residuals, no treatment, no symptoms, normal car- diac studies	S	S	S
Multiple episodes			
	D	D	D
Pacemaker – any type			
	D	D	D
Pericarditis			
Viral			
Present	D	D	D
Resolved			
0 – 6 months	D	D	D
After 6 months – no symptoms, treatment or residuals, released from care	S	S	S
All other forms			
	D	D	D
Pulmonary stenosis			
	D	D	D
Tetralogy of Fallot			
	D	D	D
Transposition of the great vessels			
	D	D	D
Wolf – Parkinson – White Syndrome			
Operated / ablated – normal heart rhythm, no treatment or symptoms			
0 – 2 years	D	D	D
After 2 years – full recovery	S	S	S
Unoperated, abnormal heart rhythm, symptomatic or requires treatment			
	D	D	D
CARPAL TUNNEL SYNDROME – <i>Symptoms that result in compression of the median nerve in the carpal tunnel resulting in pain, burning and tingling</i>			
Present			
0 – 2 years	W	W	W
After 2 years – no treatment, symptoms, full use of wrist and hand	S	S	S
Operated – no treatment, no symptoms, full use of hand and wrist present			
	S	S	S

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
---	---------------------------------	---

CATARACTS (See Eye Disorder) – *An opacity in lens of one or both eyes impairing vision and causing blindness*

CELIAC DISEASE / SPRUE – *A malabsorption syndrome caused by intolerance to gluten foods and damaging the mucosa of the intestines*

Onset 0 – 18 years of age.....	D	D	D
Onset 18 years or older			
0 – 3 years.....	D	D	D
After 3 years – no history of other gastrointestinal disorders, no bone loss, osteopenia, osteoporosis, malnutrition, malabsorption, vitamin deficiency and is diet controlled.....	W	Not available	Not available

CELLULITIS – *An acute, diffuse, spreading edematous suppurative inflammation of subcutaneous tissues*

Present	W	W	W
Complete recovery	S	S	S

CEPHALOPLEGIA – *Congenital abnormal shape of the head*

	IC	IC	IC
--	----	----	----

CEREBRAL PALSY – *A group of persisting motor disorders resulting from brain damage at birth*.....

	IC	IC	IC
--	----	----	----

CEREBRAL EMBOLISM, THROMBOSIS, HEMORRHAGE, STROKE, CVA – (1) *An embolism or clot of the cerebral artery or (2) bleeding from the artery*

0 – 5 years.....	D	D	D
After 5 years – secondary to injury or medication, no vessel stenosis, normal EEG, MRI and circulatory studies, no blood thinners or anti-platelet medication required, no paralysis or speech impairment, full employment	IC	IC	IC
Secondary to vascular stenosis, carotid or cardiovascular disorder, tumor or anything other than listed above, has limitations or symptoms or requires treatment	D	D	D

CERVICITIS (See Uterine Disorder) – *An inflammation of the uterine cervix also known as trachelitis*

CESAREAN SECTION – *An incision through the abdominal and uterine walls to deliver a fetus*

Under 45 years of age, no subsequent normal delivery or sterilization.....	W	W	W
Over 45 years of age, subsequent normal delivery or sterilization.....	S	S	S

CHIROPRACTIC / MASSAGE THERAPY – *Treatment using chiropractic methods, heat, massage, stimulation, etc.*

Back, spinal, joint disorders and disease ruled out			
Treatment for maintenance only			
1 – 6 treatments per year	S	S	S
Over 6 treatments per year			
Back or musculoskeletal disorders ruled out, no history of disc disease, arthritis, sciatica, spondylosis, spondylolisthesis, subluxation, no limitations or history or rehabilitation.....	S	W	W
Otherwise or carries medical diagnosis related to a musculoskeletal disorder – no pending surgery.....	W	W	W
With pending surgery.....	D	D	D

CHLAMYDIA – *A sexually transmitted disease*

0 – 1 year	S	W	W
After 1 year – negative test for Chlamydia, normal PAP smear and no other sexually transmitted disease.....	S	S	S

***Starred** conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible*

HEALTH CONDITION

H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
---	---------------------------------	---

CHOLECYSTITIS – CHOLELITHIASIS – GALL BLADDER

DISEASE – (1) An inflammation of the gall bladder, (2) stone of the gall bladder, (3) stone within the gall bladder, (4) inflammation, stones or any disease of the gall bladder

1 attack – no stone present	W	W	W
0 – 3 years	S	S	S
After 3 years.....	W	W	W
Recurrent attacks.....	S	S	S
Operated, gall bladder removed	W	W	W
Stones present, chronically distended gallbladder.....	W	W	W

CHOLESTEROL ELEVATION (See Hypercholesteremia)

CHOREA, HUNTINGTON’S – A genetic disease characterized by progressive mental deterioration

D	D	D
---	---	---

CHOROIDITIS, IRITIS, UVEITIS or RETINITIS (See Eye Disorder) – Eye inflammation affecting the (1) uveal tract, (2) iris and (3) retina

CHRONIC FATIGUE SYNDROME – Persistent debilitating fatigue, muscle weakness, headache, enlarged nodes and depression and may be caused by Epstein-Barr Virus

S	D	D
---	---	---

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) (See Respiratory Disorder) – Any disorder such as asthma, bronchitis and emphysema marked by persistent obstruction of bronchial air flow

CIRRHOSIS, LIVER – A chronic disease characterized by destruction of liver cells and fibrosis

D	D	D
---	---	---

CLAUDICATION, INTERMITTENT (See Cardiovascular Disorders) – Absence of pain or discomfort in a limb when at rest with onset of pain and discomfort when walking begins, caused by circulatory disorder (See Peripheral Vascular Disease)

CLEFT PALATE / LIP – A fissure in palate or lip caused by failure of parts of the anatomy to fuse in embryo

Unoperated	W	W	W
Operated			
No residuals, no further treatment needed or planned, no eating or speech problems or therapy	S	S	S
With any of above or incomplete closure	W	W	W

COLITIS / IRRITABLE BOWEL SYNDROME, MUCOUS OR SIMPLE COLITIS – A disorder of the colon caused by inflammation, organism infection, ischemia, ulcerative process, collagen deposits, etc. and exists in multiple forms.

Simple/mucous colitis, irritable bowel syndrome - diagnosis established, no complications, asymptomatic with medication

0 – 3 years	S	S	*W*
After 3 years – fully recovered, no medication, no symptoms	S	S	S

Ulcerative colitis, Crohn’s Disease, ileitis or proctitis

Single attack – no residuals, treatment or surgery			
0 – 5 years	D	D	D
6 – 10 years from last treatment or symptom	W	W	W
After 10 years – fully recovered.....	S	S	S
Recurrent attacks, under treatment, ileostomy or colostomy present	D	D	D

COLLAGEN DISEASES / DISORDERS – Diseases caused by pathological changes in connective tissue such as lupus erythematosus, dermatomyositis, scleroderma, polyarteritis nodosa, rheumatoid disorder and thrombotic purpura

D	D	D
---	---	---

COLLAPSED LUNG (See Pneumothorax) – An accumulation of air or gas in the plural space which may occur spontaneously or by trauma

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

	H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
COLOSTOMY – ILEOSTOMY – <i>A surgical creation of an opening between the colon or ileum and the surface of the body</i>	D	D	D
CONCUSSION, BRAIN or CLOSED HEAD INJURY – <i>Loss of consciousness, complete or transient, as the result of a blow to the head</i>			
0 – 6 months.....	D	D	D
After 6 months, no residuals, released from care	S	S	S
With subdural hematoma	IC	IC	IC
CONDYLOMA ACUMINATA (See Venereal Warts) – <i>A papilloma of connective tissue covered with epithelium usually found in the genital area and caused by the Human Papilloma Virus</i>			
CONGESTIVE HEART FAILURE (See Cardiovascular Disorders) – <i>A syndrome caused by heart disease resulting in edema and retention of water and sodium that causes difficult breathing and congestion</i>			
CONNECTIVE TISSUE DISORDERS – <i>A group of disorders whereby the membranes and linings of organs is disrupted and consists of the collagen, rheumatoid and cartilaginous disorders</i>	D	D	D
CONVULSIONS (See Seizure Disorders) – <i>A violent, involuntary contraction or series of contractions of voluntary muscle</i>			
COR PULMONALE (See Cardiovascular Disorders) – <i>Heart disease characterized by hypertrophy / dilatation of left ventricle due to pulmonary hypertension or pulmonary disease</i>			
CORNEAL ULCER (See Eye Disorder) – <i>Inflammatory process on the cornea known as ulcerative keratitis</i>			
CORONARY INSUFFICIENCY (See Cardiovascular Disorders) – <i>A decrease of blood flow through the coronary blood vessels</i>			
CORONARY OCCLUSION, THROMBOSIS (See Cardiovascular Disorders) – <i>A complete obstruction of an artery of the heart caused by Atherosclerosis, a clot or arteritis</i>			
COSTOCHONDRITIS – <i>Inflammation of the costal cartilages</i>			
Present	S	S	*W*
Recovered – no treatment or symptoms, full recovery.....	S	S	S
CROSS-EYE (See Strabismus under Eye Disorders) – <i>A lack of coordination of the eye muscles causing the eyes to cross</i>			
CUSHING’S DISEASE – <i>Adrenal hyperplasia caused by an adenoma of the pituitary gland</i>			
Present	D	D	D
0 – 2 years after complete recovery	D	D	D
After 2 years – normal adrenal function – no medications or hormone replacement needed	S	S	S
CYSTIC FIBROSIS – <i>A genetic disorder caused by dysfunction of exocrine glands causing pulmonary disease, pancreatic disease, etc.</i>	D	D	D
CYSTITIS / BLADDER INFECTION (See Urinary Tract Disorders) – <i>Inflammation of the urinary bladder</i>			
CYSTOCELE (See Uterine Displacement under Uterine Disorders) – <i>Hernial protrusion of urinary bladder through or into the vaginal wall</i>			

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

	H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
CYST - An abnormal sac with a membranous lining containing gas, fluid, or a semi-solid material.			
Bone cyst			
Single cyst –			
Less than 1 centimeter in size	S	S	S
Multiple cysts –neurofibromatosis ruled out	W	W	W
Brain cyst			
Present or recurrent	D	D	D
Operated			
0 – 1 year.....	D	D	D
After 1 year – no recurrence, normal brain studies, no neurological deficits or limitations or residuals	S	S	S
With residuals, not released from care, under treatment	D	D	D
Breast cysts (See Breast, Tumor, or Cyst)			
Ganglion cyst (See Ganglion Cyst)			
Kidney cyst			
Solitary cyst			
Less than 3 centimeters – normal renal function studies	S	S	D
Multiple cysts.....	D	D	D
Liver cyst			
4 centimeters or less in size limit of 1	W	W	W
Over 4 centimeters in size or multiple.....	D	D	D
Malignant cyst (See Cancer, Internal)			
Ovarian cyst (See Ovarian Cyst)			
Pancreatic cyst (See Pancreatic Cyst)			
Sinus cyst.....	W	W	W
DEAFNESS – Hearing Loss – A lack of sense of hearing			
High frequency hearing loss	S	S	S
Other or secondary to disease	RFC	RFC	RFC
DEPRESSION (See Mental / Nervous Disorders) – A mental state of depressed mood characterized by feelings of sadness, despair and discouragement			
DETACHED RETINA (See Eye Disorder) – A separation of the inner layers of retina from the epithelium			
DEVELOPMENTAL DELAY – Cessation of growth and differentiation development process at some stage prior to its normal completion			
Self sufficient, no physical abnormalities, educable, can achieve all activities of daily living for age, employable	IC	IC	IC
Is not self sufficient, has physical abnormalities, not educable for age, not capable of performing all activities of daily living, not employable	D	D	D
DEVIATED NASAL SEPTUM – A turning away from the course the nasal cartilage should follow			
Operated / corrected, no symptoms, treatment, residual obstruction	S	S	S
With residuals, polyps, ongoing treatment, obstruction.....	W	W	W
No ongoing treatment, additional surgery not indicated, full recovery	S	S	S
Unoperated			
Incidental finding – no symptoms, no treatment.....	S	S	S
Symptomatic with sinusitis, polyps or surgical correction anticipated	W	W	W
DIABETES MELLITUS / HYPERGLYCEMIA / ELEVATED BLOOD GLUCOSE / IMPAIRED GLUCOSE FUNCTION / INTOLERANCE/ INSULIN RESISTANCE – A chronic syndrome of impaired carbohydrate, protein and fat metabolism due to insufficient secretion of insulin.....			
	D	D	D
DIABETES INSIPIDUS – Chronic excretion of large amounts of urine with low specific gravity, causing dehydration and thirst, usually caused by inadequate amount of pituitary anti-diuretic hormone			
	D	D	D

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
---	---------------------------------	---

DISC DISEASE – SPINAL STENOSIS – SUBLUXATION – (1) Abnormal protrusion of a spinal disc, (2) a narrowing of the vertebral canal and (3) incomplete or partial dislocation of a disc

Single occurrence, fully recovered, no symptoms, no treatment	W	W	W
0 – 2 years.....	W	W	W
After 2 years – no residuals, pain, weakness, symptoms, treatment, limitations, released from care.....	S	S	S
More than 1 occurrence or required 1 surgery			
0 – 5 years.....	W	W	W
After 5 years – no residuals, pain, weakness, symptoms, treatment, limitations, released from care.....	S	S	S
Continued symptom or treatment, multiple surgeries or additional surgery anticipated.....	W	W	W

DISLOCATION, STRAIN OR SPRAIN OF JOINT

Knee, shoulder, elbow, ankle, wrist			
Single occurrence			
0 – 2 years.....	S	W	W
After 2 years – no treatment, no symptoms or limitations, full recovery.....	S	S	S
Hip – congenital, traumatic			
Unoperated			
0 – 3 years.....	W	W	W
After 3 years – no treatment, symptoms or limitations, full recovery.....	S	S	S
With symptoms, treatment, not fully recovered or not released from care.....	W	W	W
Operated			
0 – 2 years.....	W	W	W
After 2 years – no symptoms, treatment, limitations.....	S	S	S
With treatment, symptoms, limitations, not released from care.....	W	W	W
Recurrent / chronic – more than 1 time.....	W	W	W
Continued symptoms, treatment.....	W	W	W
Prosthesis in place.....	W	W	W

DIVERTICULITIS – Inflammation of a diverticulum related to colonic diverticula

Unoperated			
Single attack			
0 – 2 years – no symptoms, treatment, fully worked up.....	W	W	W
After 2 years – no symptoms, treatment, fully worked up.....	S	S	S
Recurrent attacks.....	W	W	W
Operated – no symptoms, treatment, obstruction			
0 – 3 years.....	W	W	W
After 3 years – no symptoms, no treatments, full recovery.....	S	S	S

DIVERTICULOSIS – Pouch formations in the intestinal tract without evidence of infection

Unoperated			
0 – 2 years – medically controlled.....	S	W	W
After 2 years – no infection, no symptoms or treatment, fully worked up.....	S	S	S
Operated			
0 – 3 years – no symptoms, no treatment.....	W	W	W
After 3 years – no symptoms, no treatments, full recovery.....	S	S	S
With colostomy, ileostomy.....	D	D	D

DIZZINESS (See Vertigo) – A disturbed sense of relationship to space with a sensation of light-headedness, unsteadiness, giddiness and disequilibrium

DOWN SYNDROME – A genetic disorder characterized by certain anatomical features and various degrees of mental retardation, also known as Mongolism and Trisomy 21.....	IC	IC	IC
---	----	----	----

DRUG ABUSE / ADDICTION (See Substance Abuse) – A compulsion to take or continually use a drug to the point of physical, psychological and emotional dependence

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
---	---------------------------------	---

DUODENAL ULCER (See Ulcer, Stomach/Duodenal/Peptic/Esophageal) – *An erosive and inflammatory process of the duodenum*

DUODENTITIS – *Inflammation of the duodenum*

Ulcer disease ruled out

1 episode, fully recovered

0 – 1 year	S	W	W
------------------	---	---	---

After 1 year – fully recovered	S	S	S
--------------------------------------	---	---	---

Multiple attacks (more than one)

0 – 3 years – no symptoms, treatment, pain or follow up needed	S	W	W
--	---	---	---

After 3 years – dismissed from care, no symptoms, no treatment.....	S	S	S
---	---	---	---

DUPUYTREN'S CONTRACTURE – *A shortening, thickening and fibrosis of the palmar fascia producing a flexion deformity of the fingers most commonly, may affect other areas*

Present	W	W	W
---------------	---	---	---

Operated/corrected, no further treatment required, full mobility of hand or affected area	S	S	S
---	---	---	---

History of alcoholism or alcohol abuse	D	D	D
--	---	---	---

ECZEMA (See Skin Disorder) – *A pruritic and papulovesicular skin disorder with multiple etiologies*

EMOTIONAL DISORDERS (ANXIETY / DEPRESSION) (See Mental / Nervous Disorders) – *A mental disorder but not usually applied to organic disorders or mental retardation*

EMPHYSEMA (See Respiratory Disorders) – *A pathological accumulation of air in the tissues usually referring to the lungs*

ENCEPHALITIS – *An inflammation of the brain*

0 – 1 year.....	D	D	D
-----------------	---	---	---

After 1 year, fully recovered, no residuals.....	S	S	S
--	---	---	---

With residuals.....	D	D	D
---------------------	---	---	---

ENDOMETRIOSIS (See Uterine Disorders) – *Tissue of endometrial and stomal elements occurring aberrantly in various locations in the pelvic cavity and beyond*

ENDOMETRITIS – *An inflammation of the endometrium (must rule out sexually transmitted disease)*

Present – no surgery anticipated, medically controlled	S	W	W
--	---	---	---

Fully recovered, no residuals, symptoms or treatment	S	S	S
--	---	---	---

With symptoms or treatment or residuals	W	W	W
---	---	---	---

ENURESIS – *Involuntary discharge of urine after the age at which control should have been achieved*

Nocturnal Enuresis – urinary tract disorder ruled out	S	S	S
---	---	---	---

Enuresis secondary to urinary tract disorder.....	RFC	RFC	RFC
---	-----	-----	-----

Neurogenic bladder.....	D	D	D
-------------------------	---	---	---

EPIDIDYMITIS (See Testicular Disorder) – *An inflammation of the epididymis*

EPSTEIN-BARR / CHRONIC FATIGUE SYNDROME (See Chronic Fatigue Syndrome) – *A debilitating fatigue accompanied by muscle weakness, sore throat, headache, enlarged lymph nodes and depression caused by Epstein-Barr Virus*

EPILEPSY (See Seizure Disorder) – *Syndromes characterized by transient disturbances in brain function that may manifest loss of consciousness, abnormal motor activity, psychic and sensory disturbances*

***Starred** conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible*

HEALTH CONDITION

HEALTH CONDITION	H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
ERECTILE DYSFUNCTION – IMPOTENCE			
Vascular	S	S	S
Psychogenic	RFC	RFC	RFC
Secondary to another disorder	RFC	RFC	RFC
ESOPHAGEAL STRICTURE – <i>A physical condition that causes a decrease in the caliber of the esophagus by abnormal tissue</i>			
0 – 2 years	W	W	W
After 2 years			
No residuals, symptoms, treatment or dilatations required	S	S	S
With residuals, treatment, symptoms, dilatations required	W	W	W
ESOPHAGEAL REFLUX (GERD) ESOPHAGITIS – <i>Reflux of the stomach and duodenal contents into the esophagus, a chronic pathological condition and an inflammation of the esophagus</i>			
0 – 3 years of age – normal weight, no eating disorder, diagnosis established	IC	IC	IC
Over 3 years of age			
0 – 3 years	S	S	*W*
After 3 years			
No symptoms, treatment, stable condition, no more than 1 physician visit per year	S	S	S
With symptoms, treatment required, more than 1 physician visit per year	S	W	W
Barrett's Esophagus / metaplasia (See Barrett's Esophagus)			
Stretta Procedure			
0 – 2 years – no further treatment needed	W	W	W
After 2 years – no treatment or symptoms, fully recovered	S	S	S
Nissen fundoplication procedure			
No residuals, symptoms or treatment	S	S	S
With residuals, symptoms, treatment	W	W	W
ESOPHAGEAL VARICES – <i>Varicosities in the azygos and portal veins in lower esophagus causing portal hypertension and bleeding</i>			
.....	D	D	D
EYE CONDITIONS / DISORDERS – <i>Multiple disorders of the eyes are listed (See Specific Condition)</i>			
Cataracts			
Traumatic / congenital / senile			
Present	W	W	W
Operated			
No artificial lens	S	S	S
With artificial lens	W	W	W
Secondary to disease	RFC	RFC	RFC
Choroiditis, Iritis, Uveitis or Retinitis	W	W	W
Corneal ulcer			
Present	W	W	W
Resolved			
Viral infection			
0 – 6 months	W	W	W
After 6 months – no treatment, symptoms, no recurrence or scarring	S	S	S
With any of the above	W	W	W
Traumatic – caused by injury			
0 – 2 years	W	W	W
After 2 years – full recovery, no symptoms, no treatment	S	S	S
Corneal transplant	W	W	W

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

	H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
Detached Retina			
Present – 1 occurrence	W	W	W
Fully recovered – no residuals, no underlying cause.....	S	S	S
More than 1 occurrence in same eye.....	W	W	W
Recurrent symptoms, treatment or visual problems	W	W	W
Exophthalmos			
Primary			
Present – no treatment, surgery not indicated	S	W	W
Corrected – fully resolved.....	S	S	S
Secondary to another disease	RFC	RFC	RFC
Glaucoma			
Infantile / congenital – no other eye disorder, well controlled.....	W	W	W
Close angle, primary open angle, narrow angle			
Intraocular pressure < 20mm HG	S	S	S
Intraocular pressure 20mm HG or over	W	W	W
With visual loss > 200	W	W	W
Intraocular pressure unknown.....	W	W	W
Secondary to other disorder.....	RFC	RFC	RFC
Pending surgery or work up.....	D	D	D
Surgically corrected.....	S	S	S
Increased intraocular pressure (See Glaucoma)			
Macular degeneration – self-sufficient	S	S	S
Ocular herpes			
0 – 3 years.....	S	IC	IC
After 3 years – no visual loss, recurrence or scarring	S	S	S
With any of the above.....	S	IC	IC
Ocular histoplasmosis	S	IC	IC
Ocular neuritis	D	D	D
Optic nerve disorders.....	D	D	D
Strabismus/Esotropia			
Unoperated	W	W	W
Operated			
0 – 2 years	W	W	W
After 2 years –no further treatment or additional surgery required.....	S	S	S
With any of the above.....	W	W	W
EUSTACHIAN TUBE DYSFUNCTION/DISORDER –A popping in the ears			
<i>associated with hearing loss, many times secondary to ear, nose and throat disorders</i>			
0 – 1 year			
Controlled with medication, Meniere’s disease, labyrinthitis, vestibular disorders ruled.....	S	S	W
With Meniere’s Disease, labyrinthitis, vestibular disorders not ruled out	IC	IC	IC
After 1 year			
No treatment, residuals, symptoms	S	S	S
With continued symptoms, treatment, residuals	W	W	W
With history of sinus infections, ear infections, allergies, upper respiratory infections			
0 – 2 years.....	W	W	W
After 2 years – no treatment, symptoms, residuals	S	S	S
Chronic condition / Vestibular involvement.....	IC	IC	IC
FIBROCYSTIC BREAST DISEASE – A form of mammary dysplasia with formation of multiple cysts of various sizes			
Incidental finding – no treatment, symptoms, calcifications or adenosis present	S	S	S
Requires medical treatment or monitoring – no surgery anticipated.....	S	W	W
Mammogram, biopsy or surgery pending	D	D	D
Calcifications or adenosis (See Breast Tumor, Cyst)			
Diagnosis inconclusive – cancer not ruled out.....	D	D	D

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
---	---------------------------------	---

FIBROMYALGIA—*A syndrome of chronic pain of musculoskeletal origin of uncertain cause*

Present – diagnosis confirmed, over 18 years of age			
Mild – no more than 2 physician visits per year (specialists and primary care physician combined), no time missed from work, no more than 2 medications, no limitations			
0 – 2 years	S	S	W
After 2 years – complete recovery, no physician visits or medication required, no limitations	S	S	S
Moderate – 2 – 4 physician visits per year (specialists and primary care physician combined), no more than 3 medications, no time lost from work, no limitations, active lifestyle			
0 – 3 years	S	W	W
After 3 years – full recovery, no medication required, no symptoms, no limitations, active lifestyle	S	S	S
Severe – more than 4 physician visits per year (specialists and primary care physician combined), more than 3 medications or frequent change in medications, limitations, inactive lifestyle, time lost from work	D	D	D

FIXATION DEVICES/HARDWARE IMPLANTATION

DEVICE	KNEE / HIP	ANKLE	WRIST	ELBOW	TOES / FINGERS	SHOULDER	SPINE	LONG BONES – TIBIA, FIBULA, HUMERUS, ULNA, RADIUS, ILIAC
PLATE	P	5	5	5		5	P	5
ROD	P	5	5	5			P	5
SCREW/BOLT	P	5	5	5	5	5	P	5
NAIL/STAPLE	P	5	5	5	5	5	P	5
JOINT PROSTHESIS	P	P				P	P	

The above chart reflects the length of time a waiver will remain in place after the insertion or implantation of an artificial device or piece of hardware. The site of the device should be without disease, limitations, arthritis or other disorders. Applicant may not currently be using anti-inflammatory drugs or pain medication or other type of treatment related to the health condition that caused the need for the hardware.

5 = Waiver X 5 years from date of insertion or placement with evidence of complete recovery
P = Permanent waiver

FOOT DISORDERS—*Multiple disorders of the feet listed—see specific condition*

Bunion			
Present			
Incidental finding – no symptoms, treatment, no surgery required	S	S	S
With any of the above	W	W	W
Club foot.....	W	W	W
Flat feet (pes planus)			
Symptomatic.....	W	W	W
Asymptomatic	S	S	S
Hammer toe			
Present – no symptoms, no treatment, incidental finding, no surgery required	S	S	S
With treatment, symptoms or possible surgery.....	W	W	W
Operated – no residuals	S	S	S
Heel spur – condition resolved, no treatment required			
0 – 1 year.....	W	W	W
After 1 year – fully recovered, no symptoms, no treatments	S	S	S
With continued symptoms or treatment.....	W	W	W

***Starred** conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible*

HEALTH CONDITION

	H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
Ingrown toe nail.....	S	S	S
Plantar fasciitis – operated or unoperated, condition resolved, no further treatment required			
0 – 2 years.....	W	W	W
After 2 years – fully recovered, no symptoms, no treatments.....	S	S	S
Otherwise	W	W	W
FRACTURE – A break, especially in a bone or cartilage composed of multiple types of breaks			
Hip			
Without prosthesis or hardware			
0 – 2 year	W	W	W
After 2 year – complete recovery, full use of joint, no residuals or complications	S	S	S
With prosthesis or hardware	W	W	W
Secondary to osteoporosis or other disorders	D	D	D
Long bones – simple fracture, no complications or hardware in place, complete recovery	S	S	S
Skull			
0 – 6 months	D	D	D
After 6 months, no seizures, symptoms, medication, complications	S	S	S
With subdural hematoma.....	IC	IC	IC
Spine			
0 – 1 year.....	W	W	W
After 1 year – complete recovery, full range of motion, no residuals or limitations, no treatment, symptoms.....	S	S	S
Lacking full range of motion, has residuals or complications, symptoms or requires treatment.....	W	W	W
With hardware in place.....	W	W	W
Secondary to osteoporosis or other disease.....	D	D	D
FUNGUS DISEASE – Any disease or disorder caused by a fungus organism	IC	IC	IC
GANGLION CYSTS – An abnormal sac containing liquid or semisolid material with a membranous lining located in a ganglion			
Present	S	W	W
Operated / removed	S	S	S
GASTRITIS – Inflammation of the stomach with multiple etiologies			
Atrophic gastritis	W	W	W
Erosive or H. pylori gastritis			
0 – 1 year.....	S	W	W
After 1 year – full recovery, no residuals, complications, symptoms or treatment.....	S	S	S
History of cancer or alcohol abuse.....	D	D	D
Viral gastritis	S	S	S
GLAUCOMA (See Eye Disorders) – Increased Intraocular pressure, excavation and atrophy of the optic nerve			
GLOMERULONEPHRITIS, NEPHRITIS OR BRIGHT’S DISEASE (See Urinary Tract Disorders) – Renal disease characterized by diffuse inflammatory changes that may be acute or chronic			
GLUCOSE VALUES (Blood Sugar readings)			
Fasting blood sugar (No caloric intake X 8 hrs.) Any age			
< 126 MG/DL.....	S	S	S
> 126 MG/DL.....	D	D	D
Any blood sugar – fasting or non-fasting > 140 MG/DL.....	D	D	D
A _{1c} Hgb >7.0	D	D	D
Fructosamine > 2.1	D	D	D

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

	H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
GLUCOSURIA – <i>The abnormal presence of sugar in the urine</i>	RFC	RFC	RFC
GOITER (See Thyroid Disorders) – <i>A chronic enlargement of the thyroid gland not due to a neoplasm</i>			
GONORRHEA – <i>A contagious inflammation of the genital mucous membrane caused by Neisseria gonorrhoea transmitted chiefly through sex and may under rare circumstances invade other parts of the body</i>			
1 acute episode – cured, no relapses, complications, joint or other organ involvement	S	S	S
Chronic, recurrent, relapse – no other organ or joint involvement.....	S	IC	IC
History of other sexually transmitted diseases such as pelvic inflammatory disease, herpes virus, syphilis, Chlamydia, urethritis, arthritis cholangitis or any other complications	W	W	W
History of joint involvement (See Infectious Arthritis / Musculoskeletal Disorders)			
GOUT / TOPHACEOUS GOUT – <i>A metabolic disorder characterized by a rise in uric acid level and severe recurrent acute arthritis with deposit of urate crystal in connective tissue and articular cartilage</i>			
Gout			
Stable – 1 physician visit per year, no limitations, full range of motion of affected joints	S	S	W
Requires more than 1 physician per year, has limitations or lacks full range of motion of affected joints	W	W	W
With history of kidney stones	W	W	W
With history of any two of the following: hypertension, elevated lipids, obesity, tobacco use.....	D	D	D
Pseudogout (See Pseudogout)			
HAMMER TOE (See Foot Disorders) – <i>A permanent flexion at the mid phalangeal joint of one or more toes</i>			
HEADACHES – <i>Pain in various parts of the head</i>			
Muscular, contraction, tension, histamine, migraine, vascular, cluster and requires prescription medication			
0 – 2 years – no neurological problems, no depression or hospitalization	S	W	W
After 2 years – no medication required.....	S	S	S
Requires drugs such as Lorcet, Lortab, Codeine compounds, Vicodin, Imitrex, Maxalt, Amerge, Relpax, Zomig and Axert – no drug abuse or hospitalization	W	W	W
Complicated with mild depression, stabilized, under control, no emergency room visits or hospitalizations.....	S	W	W
With major depression, emergency room visits, hospitalizations and otherwise insurable	W	W	W
HEARING LOSS (See Deafness) – <i>Inability to hear or reduction in ability to perceive sound</i>			
HEART ATTACK (See Cardiovascular Disorders) – <i>Injury of a segment of heart muscle usually secondary to occlusion of a coronary artery</i>			
HEART MURMURS (See Cardiovascular Disorders) – <i>A sound made by a forcible expiration and heard on auscultation of the heart, lungs and blood vessels and may vary in degree and severity</i>			
HEAVY METAL POISENING – <i>Ingestion or absorption of heavy metals such as lead, zinc, copper, and mercury</i>	D	D	D

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

	H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
HEMANGIOMA – <i>A congenital anomaly where a proliferation of blood vessels form a mass resembling a neoplasm</i>			
Skin			
Superficial indurations (depending on size and location) no treatment required	S	W	W
Deep induration	W	W	W
Cavernous.....	W	W	W
Port wine stain.....	W	W	W
Liver			
Incidental finding - < 4cm in size	S	S	S
Otherwise.....	IC	IC	IC
Brain			
Unoperated	D	D	D
Operated			
0 – 3 years	D	D	D
After 3 years – no seizures, treatment, symptoms, full recovery.....	S	S	S
HEMATURIA <i>A presence of blood in the urine</i>			
Cause known	RFC	RFC	RFC
Cause unknown	D	D	D
HEMIPLEGIA – <i>Paralysis of one-half of the body</i>			
	D	D	D
HEMOCHROMATOSIS – <i>A disease of iron metabolism in which iron accumulates in body tissue</i>			
	D	D	D
HEMOPHILIA – FACTOR VIII – <i>An inherited disorder of blood coagulation characterized by a permanent tendency to hemorrhage</i>			
	D	D	D
HEMORRHOIDS – <i>A varicose condition of external veins around the anus causing pain and swelling</i>			
Present			
Symptomatic, protruding, bleeding, painful, bulging	W	W	W
Asymptomatic, incidental finding.....	S	S	S
Operated / banded – no complications, recurrence to residuals	S	S	S
HEMOSIDEROSIS – <i>An iron storage disease</i>			
	D	D	D
HEPATITIS – <i>Inflammation of the liver with multiple etiologies</i>			
Hepatitis A – acute, infectious			
0 – 6 months.....	D	D	D
After 6 months – normal liver function tests.....	S	S	S
Hepatitis B			
0 – 2 years.....	D	D	D
After 2 years – full recovery – normal liver function tests.....	S	S	S
Hepatitis C, D or any other form	D	D	D
Nonalcoholic steatohepatitis (NASH).....	D	D	D
HERNIA (Umbilical, Inguinal, Incisional, Ventral etc.) – <i>A protrusion of a part or whole structure through the tissues normally containing it</i>			
Present	W	W	W
Operated – no recurrence, released from care.....	S	S	S
HERNIATED DISC (See Disc Disease) – <i>A protrusion of the nucleus pulposus of the disc which may impinge on nerve roots also called ruptured disc</i>			
HERPES – <i>A spreading cutaneous eruption of an inflammatory skin disease caused by the herpes virus characterized by clusters of small vesicles</i>			
Ocular (See Eye Disorders)			
Oral / lip lesions.....	S	S	W
Genital			
0 – 3 years – responds to treatment.....	S	W	W
After 3 years – no symptoms, treatment or recurrence	S	S	S

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
---	---------------------------------	---

HERPES ZOSTER (See Shingles) – *An infectious, usually self limited disease caused by a virus that follows the pathway of nerves*

HIATAL HERNIA – *A part of the stomach pushes through the esophageal hiatus of the diaphragm*

Asymptomatic – no surgery contemplated, no treatment			
0 – 3 years	S	W	W
After 3 years – no symptoms, treatment, eating discomfort	S	S	S
Symptomatic – work up complete, diagnosis confirmed, requires medical treatment, surgery ruled out.....	W	W	W
Work up incomplete or surgery not ruled out	D	D	D
Treated with surgery			
0 – 6 months – full recovery, no symptoms, no treatment.....	W	W	W
After 6 months – no symptoms, no treatment or follow up required.....	S	S	S

HIP DISORDERS *Any disorder of the hip – see specific condition*

Aseptic necrosis.....	IC	IC	IC
Dislocation – traumatic or congenital			
Unoperated			
0 – 3 years.....	D	D	D
After 3 years – no residuals, treatment, limitations, released from care	S	S	S
With treatment, residuals, limitations, not released from care	W	W	W
Operated			
0 – 2 years.....	W	W	W
After 2 years – no residuals, treatment, symptoms, released from care	S	S	S
With residuals, treatment, symptoms, not released from care	W	W	W
Fracture			
Without prosthesis or hardware			
0 – 2 years.....	W	W	W
After 2 years – no residuals, treatment, full use of joint, full recovery	S	S	S
With treatment, limitations, not released from care	W	W	W
Secondary to osteoporosis or other bone disorder	D	D	D
Strain or sprain			
0 – 1 year	W	W	W
After 1 year – full recovery, no limitations.....	S	S	S
Osteoarthritis of hip joints	W	W	W
Prosthesis or hardware in place.....	W	W	W
Recurring hip pain	W	W	W

HIRSCHSPRUNG’S DISEASE (MEGACOLON) – *A congenital enlargement of the colon*

Present	W	W	W
Operated / Surgically corrected			
0 – 1 year	W	W	W
After 1 year – no residuals, symptoms, treatment, released from care.....	S	S	S

HISTOPLASMOSIS – *A fungus infection resulting from inhalation or sometimes ingestion of spores of Histoplasma capsulatum most often found in the lungs and eyes*

Systemic, cavity, immune mediated, generalized, pulmonary			
0 – 2 years.....	D	D	D
After 2 years – no residuals, symptoms or treatment.....	IC	IC	IC
Eye / ocular (See Eye Disorders)			

HIVES (URTICARIA) (See Skin Disorders) – *A vascular reaction involving the skin causing edema and wheals in various parts of the body*

HODGKIN’S DISEASE / LYMPHOMA (See Cancer, Internal) – *A form of malignant lymphoma characterized by painless, progressive enlargement of lymph nodes, spleen and lymphoid tissue*

***Starred** conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible*

HEALTH CONDITION

	H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
HUMAN GROWTH HORMONE DEFICIENCY	W	W	W
HUMAN PAPILOMA VIRUS /HPV (See Cervicitis under Uterine Disorders)			
HYDROCELE (See Testicular Disorders) – A collection of fluid in the testicle or along the spermatic cord			
HYDROCEPHALUS – A dilatation of the cerebral ventricles most often secondary to obstruction of the cerebrospinal fluid pathways	D	D	D
HYDRONEPHROSIS (See Urinary Tract Disorders) – Distention of the pelvis and calices of the kidney with urine secondary to obstruction			
HYPERACTIVITY / ATTENTION DEFICIT DISORDER – <i>A disorder manifest in school, social setting and employment by developmentally inappropriate degrees of inattention, impulsiveness and hyperactivity</i>			
Controlled with 1 medication such as Ritalin, Adderall, Concerta or Strattera, no learning or mental disorder such as depression, behavior problem's, educable or employable.....	S	S	S (subject to state mandate)
Co-existing with another mental / nervous disorder if otherwise insurable, educable and employable	S	W	W
HYPERCHOLESTEREMIA – HYPERLIPIDEMIA – An excess of cholesterol of multiple forms in the blood			
Serum cholesterol < 251 – without medication.....	S	S	S
Serum cholesterol < 251 – with medication.....	S	S	25% with 1000 RX rider – Otherwise W
Serum cholesterol 251 to 275 – with or without medication.....	25%	25%	25% with 1000 RX rider – Otherwise W
Serum cholesterol 276 to 299 – with or without medication.....	50%	50%	25% with 1000 RX rider – Otherwise W
Serum cholesterol 300 and over.....	D	D	D
With three risk factors including elevated cholesterol: hypertension, gout, obesity or tobacco use	D	D	D
Total cholesterol / HDL ratio > 8.0.....	D	D	D
HYPEREMESIS GRAVIDARUM (See Pregnancy)			
HYPERTENSION (See Blood Pressure)			
HYPERTHYROIDISM (See Thyroid Disorders) – A condition caused by excessive production of thyroid hormones marked by goiter, cardiac irregularities, weight loss, muscle weakness, etc.			
HYPERTRIGLYCERIDEMIA – Increased triglycerides in the blood			
Triglyceride level up to 500mg / dl.....	S	S	S
Triglyceride level > 500mg / dl	D	D	D
HYPOGLYCEMIA / LOW BLOOD SUGAR – An abnormally diminished concentration of glucose in the blood (look for cause)			
Under control by diet, no secondary cause	S	S	S
Uncontrolled by diet	D	D	D
HYPOSPADIUS / EPISPADIUS (See Urinary Tract Disorders) – An anomaly in the male urethra where it opens on the (1) underside or (2) upper side of the penis			
IMMUNE DISORDERS – Disease caused by the formation of immune complexes in tissues	D	D	D

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

	H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
INFERTILITY – Diminished or absent capacity to produce offspring			
History of treatment within 5 years, no birth or sterilization	D	D	D
After 5 years – no history of multiple births	S	S	S
Sterilization after treatment for infertility	S	S	S
INSOMNIA (See Sleep Disorders) – Inability to sleep or abnormal wakefulness			
INSULIN RESISTANCE – Subnormal response to both endogenous and exogenous insulin) (See Diabetes Mellitus)			
INTESTINAL OBSTRUCTION – Any hindrance to the passage of intestinal contents			
Single episode – cause identified & non-cancerous, no ostomy			
0 – 1 year	D	D	D
After 1 year – no complications, treatment, symptoms, recurrence	S	S	S
Multiple episodes.....	D	D	D
Intestinal Cancer (See Internal Cancer)			
Colostomy or ileostomy present	D	D	D
IRITIS (See Choroiditis under Eye Disorders) – Inflammation of the iris in the eye			
JAUNDICE – Hyperbilirubinemia and deposition of bile pigment in the skin, mucous membranes and sclera also called icterus			
Due to liver disease.....	D	D	D
Cause undetermined	D	D	D
Physiological jaundice of the newborn			
Bilirubin up to 18 mg.....	S	S	S
Bilirubin over 18 mg			
0 – 3 months of age	D	D	D
After 3 months – full recovery with no residuals.....	S	S	S
With continued elevation.....	D	D	D
JAW DISORDERS – TMJ – Disorders of the mandible and maxilla and temporal joint			
TMJ (Temporomandibular Joint Syndrome)			
Unoperated			
Treated with appliances only, no surgery planned or advised, no medical treatment required	S	W	W
Treated with appliances, medication, symptoms remain, surgery not ruled out.....	W	W	W
Operated – symptom free, no treatment, full recovery	S	S	S
With symptoms, treatment, appliances after surgery	W	W	W
Malocclusion, micrognathia and any other disorder of the jaw other than TMJ (Benefits excluded by contract language).....	S	S	S
KAWASAKI – A systemic vasculitis of unknown origin			
	IC	IC	IC
JUVENILE MYXEDEMA (See Thyroid Disorders) – Hypothyroidism that develops at birth or soon thereafter, known as cretinism			
KELOID (See Skin Disorders) – An enlarging scar that develops due to large amounts of collagen in the tissue			
KIDNEY STONE OR COLIC (See Urinary Tract Disorder) – A stone formed in the urinary tract usually composed of oxalate or urate substances			

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

	H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
KNEE DISORDERS			
Sprains or strains – (See Dislocation, Sprain, Strain)			
Ligament, cartilage or tendon damage, chondromalacia,			
Unoperated – 1 episode			
0 – 3 year	W	W	W
After 3 years – no swelling, fluid collection, pain, limitation, no treatment, no symptoms	S	S	S
With any of above	W	W	W
More than 1 episode			
0 – 5 years	W	W	W
After 5 years – no swelling, fluid collection, pain, limitation, no treatment, no symptoms	S	S	S
With any of above	W	W	W
Operated			
0 – 3 years	W	W	W
After 3 years – no swelling, fluid collection, pain, limitations, no treatment or symptoms	S	S	S
With any of above	W	W	W
Strenuous occupation, avocation or hobby such as mountain climbing, carpet laying, etc. or anything that exerts or stretches the knee	W	W	W
Knee replacement	W	W	W
LABYRINTHITIS – Inflammation of the inner ear			
Single attack – not secondary to other disorder, fully recovered	S	S	S
Chronic or recurrent.....	W	W	W
Secondary to other disorder.....	RFC	RFC	RFC
LEUKOPLAKIA- White plaques formed on mucous membranes			
Unoperated	D	D	D
Operated			
0 – 3 years – benign pathology, no tobacco usage	W	W	W
After 3 years – no residuals or tobacco usage.....	S	S	S
Malignant pathology (See Internal Cancer)			
LIPOMA – A benign tumor composed of adipose tissue			
Present	S	W	W
Operated – no residuals, fully recovered	S	S	S
LIVER ABSCESS – A collection of purulent exudate within the liver			
0 – 1 year	D	D	D
After 1 year			
No residuals, symptoms, treatment, normal blood tests, liver function tests.....	S	S	S
With residuals, symptoms, treatment, abnormal blood test, or liver func- tion tests	D	D	D
More than 1 episode	D	D	D
LIVER PANEL VALUES (Liver function tests)			
AST/SGOT > 1.5 X normal for lab	D	D	D
ALT/SGPT > 1.5 X normal for lab.....	D	D	D
AST & ALT both over normal for lab regardless of values.....	D	D	D
GGT/GGPT > 2 X normal for lab.....	D	D	D
GGT w/AST or ALT – combination of any two over normal for lab	D	D	D
AP (alkaline phosphatase) > 150	D	D	D
LUNG ABSCESS – A collection of purulent exudate within the lungs			
0 -1 year	D	D	D
After 1 year			
No residuals, symptoms, treatment, normal tests / x-rays.....	S	S	S
With residuals, symptoms, treatment, abnormal tests or x-rays.....	D	D	D
More than 1 episode	D	D	D

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

HEALTH CONDITION	H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
LUPUS ERYTHEMATOSUS (SYSTEMIC & DISCOID) – (1) A chronic or subacute or acute illness characterized initially by skin lesion that contain antinuclear antibodies that eventually invade vital organs and (2) cutaneous lesions with atropic plaques with erythema, hyperkeratosis and telangiectasia that may become systemic	D	D	D
LYME DISEASE – A recurrent, multisystem disorder spread by ticks causing various manifestations including myalgias, large joint arthritis and involvement of the nervous and cardiovascular systems	IC	IC	IC
LYMPHADENOPATHY – A disease of the lymph nodes, a systemic disorder.....	RFC	RFC	RFC
LYMPHOMA (See Internal Cancer) – A disease of the lymph system			
MACULAR DEGENERATION – OPTICAL ATROPHY (See Eye Disorders)			
MALARIA – An infectious disease of protozoan origin and causing prostration, chills, anemia, splenomegaly and may be chronic or relapsing, may affect multiple or single organs			
Single episode – fully recovered			
0 – 1 year	D	D	D
After 1 year – no residuals, treatment, symptoms, normal tests and x-rays	S	S	S
Recurrent episodes.....	D	D	D
Multiple organ involvement.....	D	D	D
MAMMOPLASTY (See Breast Augmentation) – Reconstruction of the breast to resize or reconfigure			
MANIC DEPRESSION (See Mental / Nervous Disorders) – A manic depressive psychosis also known as bipolar disorder			
MARFAN’S SYNDROME – A connective tissue multisystemic disorder characterized by skeletal changes, long limbs, cardiovascular defects and ectopia lentis	D	D	D
MASTITIS – Inflammation of the mammary glands			
Acute episode, full recovery, no residual.....	S	S	S
Chronic or recurrent.....	W	W	W
Operated – no residuals	S	S	S
MASTOIDITIS – Inflammation of the mastoid atrium and cells			
Acute single episode, full recovery, no residuals.....	S	S	S
Chronic or recurrent			
0 – 2 years.....	W	W	W
After 2 years – no residuals, symptoms, treatment or recurrence	S	S	S
With residuals, treatment, symptoms.....	W	W	W
Operated – full recovery, no residuals, released from care	S	S	S
MEATAL STENOSIS (See Urinary Tract Disorders) – Abnormal stricture of the urinary means			
MELANOMA, MALIGNANT (See Internal Cancer) – A highly aggressive skin and internal cancer			
MENIERE’S DISEASE/SYNDROME – A syndrome characterized by vertigo, nausea, vomiting, tinnitus and progressive hearing loss due to an inner ear disorder			
0 – 2 years – controlled with medication, no surgery indicated.....	S	W	W
After 2 year – no residuals, complications, treatment or symptoms, fully recovered	S	S	S
Recurrent episodes, vertigo, incapacitating, interruption of activities of daily living	W	W	W

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

	H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
MENINGITIS – Inflammation of the lining of the brain and spinal cord			
0 – 6 months	D	D	D
After 6 months – no residuals, fully recovered	S	S	S
With residuals, treatment, or limitations	D	D	D
MENOPAUSE – Permanent cessation of menses			
Asymptomatic.....	S	S	S
Symptomatic – no gynecological abnormalities, no treatment or surgery indicated, no surgical conditions present	S	W	W
MENORRHAGIA (See Uterine Disorders) Hypermenorrhea, excessive menstruation			
MENTAL NERVOUS DISORDERS – Psychological and behavioral disorders (See specific disorder)			
Agoraphobia			
0 – 5 years.....	S	W	W
After 5 years – no treatment, symptoms, phobias, all activities daily living present (ADLs), socially compliant.....	S	S	S
Amnesia			
Cause known	RFC	RFC	RFC
Cause unknown – fully investigated, no neurological deficits			
Single episode			
0 – 3 years.....	D	D	D
After 3 years – fully recovered	S	S	S
Multiple episodes	D	D	D
Over age 50 years.....	D	D	D
Anxiety, adjustment disorder, mild & moderate depression, dissociation disorder, hysteria, phobias (excluding agoraphobia), social anxiety disorder, post-traumatic stress syndrome, reactive depression, mild insomnia			
MILD – 1 medication, no interference with daily activities, no psychiatric co-morbidities, no recurring insomnia	S	S	S (Subject to state mandate)
MODERATE – received counseling within 2 years, 1 medication, no psychiatric co-morbidities, no recurring insomnia			
0 – 3 years.....	S	S (Subject to state mandates)	S (Subject to state mandates)
After 3 years – fully recovered	S	S	S
SEVERE – more than 1 medication, use of antipsychotic drugs or MAO inhibitors, hospitalized in last 10 years for mental disorder, counseling more that 2 times per month, psychiatric co-morbidities present			
0 – 5 years.....	D	D	D
After 5 years- no treatment, no symptoms, fully recovered	S	S	S
Bipolar – Manic Depressive Disorder	D	D	D
Dementia, Alzheimer’s Disease, Organic Brain Syndrome, Pick’s Disease, Huntington’s Chorea, Korsakoff’s Syndrome	D	D	D
Major Depression/Dysthymia			
0 – 3 years.....	W	W	W
After 3 years – educable, employable, socially compliant.....	S	W	W
Mild or moderate depression complicated by insomnia			
Use of hypnotics	S	S	S (subject to state mandates)
Obsessive Compulsive Disorder (OCD)			
0 – 3 years – controlled with medication	S	W	W
After 3 years – no treatment or symptoms, no history of ADD or ADHD, Tourette’s Syndrome, Oppositional Defiant Disorder or other psychiatric illness	S	S	S

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

	H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
Oppositional Defiant Disorder			
0 – 3 years.....	S	W	W
After 3 years – no treatment, or symptoms, socially compliant, all activities of daily living (ADLs) present.....	S	S	S
Panic Disorder			
0 – 5 years – Cardiac disease/disorders ruled out.....	IC	IC	IC
After 5 years – cardiac disorders ruled out, socially compliant.....	S	S	S
Psychoneurosis.....	D	D	D
Psychosis.....	D	D	D
Schizophrenia, Paranoia, antisocial and sociopathic personalities.....	D	D	D
Sleep disorder (See Sleep Disorders)			
Transient Global Amnesia			
1 episode, diagnosis confirmed			
0 – 1 year.....	D	D	D
After 1 year – no treatment, no symptoms, full recovery.....	S	S	S
Multiple episodes or diagnosis uncertain or not confirmed.....	D	D	D
MENTAL IMPAIRMENT (See Developmental Delay)			
Metabolic Syndrome – <i>A generalized metabolic disorder closely related to insulin Resistance or Syndrome X)</i>			
MIGRAINE HEADACHES/DISORDERS (See Headaches) <i>Complex periodic attacks of vascular headache associated with nausea, vomiting, and photophobia</i>			
MOBILITY LIMITATIONS	RFC	RFC	RFC
MONOCUCLEOSIS – <i>A usually acute, self limited disease caused by the EB virus characterized by fever, pharyngitis, lymph node and spleen enlargement – The chronic form is known as chronic fatigue syndrome</i>			
Present	D	D	D
Recovered – no residuals, no treatment, normal blood tests.....	S	S	S
Chronic/recurring condition (See Chronic Fatigue Syndrome)			
MULTIPLE SCLEROSIS/DEMYELINATING DISORDERS - <i>/Diseases affecting the central nervous system creating weakness, incoordination, speech difficulties and visual impairments</i>			
.....	D	D	D
MUSCULAR DYSTROPHY – <i>A genetic disorder which causes weakness and atrophy of the muscles</i>			
.....	D	D	D
MUSCULOSKELETAL DISORDERS – <i>A myriad of disorders affecting the joints, bones, ligaments, tendons, bursa – see specific condition</i>			
Arthritis			
Osteoarthritis			
MILD – no treatment, limitations or physician visits needed	S	S	S
MODERATE - no limitations, 1 physician visit per year			
Only fingers and toes affected.....	S	S	*W*
Larger joints (hips, knees, shoulders, spine, ankles, elbows) affected – stable, no pain, no surgery anticipated, full range of motion, responds to treatment	S	W	W
SEVERE – requires treatment, physician visits, pain or limitations present or recent, possibility of joint replacement or other surgery.....	W	W	W
Rheumatoid arthritis			
Onset 0 – 18 years of age (juvenile arthritis).....	D	D	D
Onset over 18 year of age			
0 – 3 years after diagnosis.....	D	D	D
After 3 years – no joint deformities, limitations, time lost from work or school, retains full mobility of all joints, no on-going therapy, controlled with 2 medications or less – no gold compounds used.....	W	Not available	Not available

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

HEALTH CONDITION	H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
Infective arthritis – (psoriatic, gonococcal, viral, septic)			
0 – 3 years.....	W	W	W
After 3 years – complete recovery, no treatment, symptoms, no joint limitations.....	S	S	S
With any of the above.....	W	W	W
Bursitis			
0 – 1 year – no limitations, full range of motion.....	S	S	W
After 1 year – fully recovered, no symptoms or joint limitations	S	S	S
With continued treatment or symptoms	W	W	W
Fibromyalgia (See Fibromyalgia)			
Fibrositis/Myositis			
Single attack			
0 – 1 year - no limitations, no time lost from job.....	S	W	W
After 1 year – completed recovery, no symptoms or treatment	S	S	S
More than 1 attack, ongoing treatment or symptoms (See Fi- bromyalgia)			
Sciatica			
Single occurrence, fully recovered, no symptoms or treatment			
0 – 3 years.....	W	W	W
After 3 years – no residuals, treatment, symptoms, pain or weakness or limitations.....	S	S	S
With any of the above.....	W	W	W
More than one occurrence, operated, one surgery only			
0 – 5 years.....	W	W	W
After 5 years – no residuals, symptoms, treatment, pain, weakness or limitations.....	S	S	S
With any of the above, multiple surgeries or surgery anticipated	W	W	W
Spinal stenosis	W	W	W
Spondylitis			
Unoperated	W	W	W
Operated			
0 – 2 years	W	W	W
After 2 years – no residuals, symptoms or treatment.....	S	S	S
With any of the above	W	W	W
Spondylolisthesis			
Unoperated	W	W	W
Operated - no additional surgery required			
0 – 2 years	W	W	W
After 2 years – no symptoms, treatment, limitations and released from care.....	S	S	S
With any of the above or not released from care.....	W	W	W
Spondylosis			
0 – 2 years.....	W	W	W
After 2 years – no symptoms, treatment or residuals	S	S	S
With any of the above.....	W	W	W
Synovitis/Tendonitis/Tenosynovitis			
Single episode – recovered, no residuals or limitations	S	S	S
Multiple attacks - controlled with medication, no limitations.....	S	W	W
With limitations	W	W	W
MYASTHENIA GRAVIS - A disease characterized by muscular weakness and progressive fatigue.....	D	D	D
NARCOLEPSY (See Sleep Disorder) Recurrent, uncontrollable, brief episodes of sleep often associated with hallucinations, cataplexy and sleep paralysis			
NEPHRECTOMY (See Urinary Tract Disorders) Surgical removal of a kidney			
NEPHROPTOSIS (See Urinary Tract Disorders) Downward displace- ment of a kidney			

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
---	---------------------------------	---

NEPHROTIC SYNDROME (See Urinary Tract Disorders) – *A group of diseases/disorders involving defective glomeruli characterized by massive proteinuria, edema, and hypo-albuminuria*

NEURALGIA/NEURITIS – *Pain or inflammation extending along the path of a nerve*

Present	S	W	W
Resolved – no symptoms, treatment or residuals	S	S	S
Post neuralgia syndrome – medically controlled	S	W	W
Post neuralgia syndrome – treated with injections/ epidural injections	S	W	W

NEUROFIBROMA/NEUROMA

Operated – fully recovered, no lesions present	S	S	S
Unoperated			
Asymptomatic, no treatment or surgery required, single lesion.....	S	S	S
Symptomatic – requires treatment or surgical removal or multiple lesions	W	W	W
Multiple generalized lesions or internal lesions (See Neurofibromatosis)			

NEUROFIBROMATOSIS – *A condition marked by developmental changes in the nervous system, muscles, bones and skin with the formation of multiple tumors*

	D	D	D
--	---	---	---

NEUROPATHY *A disorder affecting any segment of the nervous system*

Mononeuropathy	RFC	RFC	RFC
Polyneuropathy	D	D	D
Peripheral neuropathy	D	D	D

OPTIC ATROPHY – (See Eye Disorders) – *Atrophy or deterioration of the optic disc*

ORCHITIS (See Testicular Disorders) *Inflammation of the testicles*

ORGAN TRANSPLANT

Lung, liver, stem cell, bone marrow, heart, kidney, pancreas, intestine, or other major organ	D	D	D
Cornea (See Eye Disorders)			

OSTEOARTHRITIS (See Musculoskeletal Disorders)- Noninflammatory *degenerative joint disease accompanied by pain, stiffness and wasting of the joint*

OSTEOCHONDRITIS – *Inflammation of both bone and cartilage*

Osgood Schlatter Disease (Knee)	W	W	W
Legg-Clave-Perthes Disease (Hip)			
0 – 2 years.....	W	W	W
After 2 years - full recovery, no symptoms, treatment, limitations, or residuals	S	S	S
With symptoms, treatment, limitations or residuals.....	W	W	W
Scheuermann’s Disease (Spine).....	S	W	W

OSTEOMYELITIS - *Inflammation or infection of a bone*

Present	W	W	W
Recovered			
0 -5 years	W	W	W
After 5 years – full use of affected area, no symptoms, treatment, or residuals, released from care	S	S	S
Chronic, recurrent.....	W	W	W

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
---	---------------------------------	---

OSTEOPOROSIS/OSTEOPENIA – *A reduction in the amount of bone mass leading to fractures with little trauma*

Bone Mass Density - -1 to -2.5 (osteopenia)	S	S	S
No treatment	S	S	W
With treatment.....	S	W	W
Bone Mass Density -2.6 to -3.0	S	W	W
Bone Mass Density <-3.0 (osteoporosis)	D	D	D
Complications or bone fractures	D	D	D

OSTEOSARCOMA – (See Internal Cancer) *A malignant neoplasm of the bone*

OTITIS –EXTERNAL..... S S S

OTITIS MEDIA – *Inflammation of the middle ear*

Infrequent			
No more than 2 episodes per year treated with antibiotics only.....	S	S	S
Frequent			
3 – 4 episodes per year treated with antibiotics, nasal sprays, antihistamines, no surgery or tube placement indicated			
0 – 2 years.....	S	W	W
After 2 years – no recurrence, symptoms, treatment.....	S	S	S
Complicated			
5 or more episodes per year or complicated by tonsil/adenoid hypertrophy, allergies, sinusitis, persistent drainage from ears, possible surgical intervention			
0 – 3 years.....	W	W	W
After 3 years – no recurrence, symptoms, treatment.....	S	S	S
Tubes present – no symptoms or treatment.....	S	W	W
Hearing test or other test pending, tube placement or work up pending	W	W	W
Currently under treatment for acute episodes	W	W	W
Ongoing treatment for chronic or recurrent condition	W	W	W

OTOSCLEROSIS – *A disorder of the bones of the inner ear resulting in a conductive hearing loss*

Unoperated	W	W	W
Operated – normal hearing, no residuals.....	S	S	S
With hearing deficit or residuals.....	W	W	W

OVARIAN CYST – *An abnormal sac of fluid or semisolid material within an ovary*

Benign			
Present	W	W	W
Resolved – aspirated, surgically removed, absorbed, no recurrence.....	S	S	S
Malignant (See Internal Cancer)			
Polycystic Ovarian Disease (Stein-Leventhal Syndrome)	D	D	D

PACEMAKER (See Cardiovascular Disorders)

PAGET’S DISEASE ((1) *A rare disease of the bone* (2) *An aggressive cancer of the breast*)..... D D D

PANCREATIC CYST/TUMOR – *A tumor or cyst within the pancreas*

Unoperated	D	D	D
Operated – all test normal, no residuals, benign			
0 – 5 years.....	D	D	D
After 5 years – no residuals, no diabetes, all test normal.....	S	S	S
Malignant – (See Internal Cancer)			

***Starred** conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible*

HEALTH CONDITION

	H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
PANCREATITIS – Inflammation or infection of the pancreas			
Cause known.....	RFC	RFC	RFC
Cause unknown			
0 – 2 year.....	D	D	D
After 2 years – full recovery, no symptoms, treatment or residuals.....	S	S	S
Chronic, recurrent, requiring surgery, abnormal laboratory tests.....	D	D	D
History of alcohol abuse.....	D	D	D
PAPILLOMA/POLYP OF VOCAL CORDS (See Polyps) – A growth on the vocal cords or larynx			
PARALYSIS – Loss or impairment of motor function to a body part.....			
	D	D	D
PARAPLEGIA – Paralysis or impairment of a part of the body, usually the lower body.....			
	D	D	D
PARATHYROID DISEASE/DISORDERS – A disorder of the parathyroid Gland			
Primary parathyroid Disease.....	IC	IC	IC
Parathyroid disorder and urinary tract stones.....	D	D	D
PARKINSON’S DISEASE – A chronic nervous system disease characterized by a fine, slowly spreading tremor, muscular weakness, and rigidity and peculiar gait.....			
	D	D	D
PATENT DUCTUS ARTERIOSUS – (See Cardiovascular Disorders) – An open lumen in the ductus arteriosus, the direction of being from the aorta to the pulmonary artery, resulting in recirculation of arterial blood through the lungs			
PECTUS EXCAVATUM/CARINATUM –(1)A hollow in the lower part of the chest caused by backward placement of the breast bone (2) A flattening of the chest with a forward projection of the sternum			
Small deformity – no limitations, no symptoms, no surgical repair needed, normal pulmonary function tests and exercise tolerance, Marfan’s Syndrome ruled out.....	S	S	S
Large deformity – surgical repair needed or done, poor exercise tolerance, abnormal pulmonary function studies.....	W	W	W
Marfan’s Syndrome not ruled out.....	D	D	D
PELVIC INFLAMMATORY DISEASE (PID) – A pelvic infection involving the upper female genital tract beyond the cervix			
Single occurrence – full recovery.....	S	S	S
Recurrent or chronic.....	W	W	W
PEPTIC ULCER DISEASE (See Ulcers) – Inflammatory erosive tissue in the stomach and/or duodenum			
PERICARDITIS (See Cardiovascular Disorders) – Inflammation of the pericardium of the heart			
PEYRONIE’S DISEASE – An induration in the penis causing a fibrous chord to form			
Present.....	W	W	W
Surgically corrected – no residuals or symptoms.....	S	S	S
PERIPHERAL VASCULAR DISEASE – Disorders of the peripheral circulation associated with arterial and cardiovascular disease.....			
	D	D	D
PERNICIOUS ANEMIA (See Anemia) – Anemia caused by impaired intestinal absorption of vitamin B12 characterized by glossitis, gastric mucosal atrophy, weakness, etc.			

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

HEALTH CONDITION	H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
PHARYNGITIS/STREP THROAT – Inflammation of the pharynx and throat			
Infrequent			
2 episodes per year treated with antibiotics only	S	S	S
Frequent			
3 -4 episodes per year – treated with antibiotics, antihistamines, humidifiers, nebulizers.....	S	W	W
Complicated – 5 or more episodes per year – complicated by tonsil and/or adenoid hypertrophy	W	W	W
Surgery recommended or discussed, work up or testing pending	W	W	W
PHLEBITIS/THROMBOPHLEBITIS/PHLEBOTHROMBOSIS – (1) Inflammation within a vein (2) Inflammation and clot within a vein(3) Blood clot within a vein			
1 attack or episode			
0 – 1 year – no treatment or blood thinners, symptoms, required hose or leg wraps	S	W	W
After 1 year – none of the above	S	S	S
Multiple episodes/chronic – edema present, special hose or leg wrap required, no history of blood clots.....	W	W	W
Stasis ulcers or dermatitis, broken or weeping skin with edema, history of blood clots.....	D	D	D
PILONIDAL CYST – A suppurating sinus containing a tuft of hair, occurring primarily in the coccygeal region			
Present	W	W	W
Operated – no recurrence, no drainage, no infection, recovered.....	S	S	S
Recurrence/chronic/more than 1 occurrence.....	W	W	W
PITUITARY ADENOMA – Benign tumor on the pituitary gland			
	D	D	D
PLEURISY – Inflammation of the lung pleura, also known as pleuritis			
Cause known	RFC	RFC	RFC
Cause unknown or unable to determine			
Single attack – full recovery, benign findings, work up complete			
0 – 6 months.....	W	W	W
After 6 months – no residuals, normal chest x-ray.....	S	S	S
Multiple attacks	IC	IC	IC
PNEUMONIA/PNEUMONITIS – (1) Inflammation of the lungs with consolidation (2) Inflammation of the lungs only			
Single episode – fully recovered, no residuals, normal chest x-ray	S	S	S
Multiple episodes.....	RFC	RFC	RFC
PNEUMOTHORAX/COLLAPSED LUNG – Accumulation of air in the pleural space caused by trauma, disease or spontaneous event			
Due to trauma – fully recovered without residuals	S	S	S
Spontaneous event			
Single episode – recovered, normal chest x-ray, lung disorder ruled out			
0 – 1 year	S	W	W
After 1 year – no residuals, no lung or pulmonary disease	S	S	S
Multiple episodes.....	RFC	RFC	RFC
Due to lung disease	D	D	D
POLIOMYELITIS – A viral infection characterized by general body discomfort and may ultimately cause paraplegia and paralysis			
Acute episode	D	D	D
Post polio syndrome	IC	IC	IC
With residuals of the disease (underwrite specific residuals)	IC	IC	IC
POLYCYSTIC KIDNEY DISEASE (See Urinary Tract Disorders) – An inherited disorder with cysts throughout both kidneys			

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

	H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
POLYCYSTIC OVARIAN SYNDROME(See Ovarian Cyst) –Multiple ovarian cysts associated with endocrine and menstrual disorders			
POLYCYTHEMIA - Multiple form disorder caused by increase of red cell mass in the blood	D	D	D
POLYMYALGIA RHEUMATICA A collagen disease affecting the entire musculoskeletal system	D	D	D
POLYPS – A protruding growth from a mucous membrane that may be benign or malignant			
Benign polyps			
Anal/Rectal/Colonic/Intestinal/Bladder			
Present	D	D	D
Removed			
0 – 3 years.....	W	W	W
After 3 years – no recurrence, no symptoms.....	S	S	S
Endocervical			
Present	W	W	W
Operated – no recurrence, normal cervix	S	S	S
Nasal/Sinus			
Present			
Incidental finding – no symptoms.....	S	S	S
Symptomatic – history of allergy, sinusitis, obstruction, deviated septum	W	W	W
Operated			
0 – 2 years.....	W	W	W
After 2 years – no recurrence, treatment or symptoms	S	S	S
Vocal cord/Larynx			
Present	D	D	D
Operated			
0 – 1 year	W	W	W
After 1 year – no symptoms, treatment, cord paralysis or speech therapy required.....	S	S	S
Recurrent benign polyps	W	W	W
Malignant Polyps (See Internal Cancer)			
POTT’S DISEASE – Tuberculosis of the spine	D	D	D
PREGNANCY – Having a developing embryo or fetus within the body			
Current – Any family member.....	D	D	D
Eclampsia/Preeclampsia			
Current elevated blood pressure or albuminuria or treatment (See Blood Pressure)	IC	IC	IC
Sustained normal blood pressure without treatment, no albumin in urine, not over 20% on build chart	S	S	S
Ectopic pregnancy			
No residuals – subsequent normal delivery	S	S	S
With residuals or no normal or subsequent pregnancy	W	W	W
Gestational diabetes			
Not currently pregnant – no glycosuria, normal blood sugars, no treatment.....	S	S	S
Abnormal blood sugar, sugar in urine, under observation	D	D	D
History of premature births			
0 – 3 years			
Age 45 and under – conception possible	D	D	D
Over age 45 – no recent or current fertility treatment	S	S	S
After 3 years	S	S	S
History of Cesarean section (See Cesarean Section)			
Miscarriage			
1 spontaneous abortion – no complications	S	S	S
Multiple abortions or habitual condition.....	W	W	W

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

	H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
Placenta Previa/Partial Placenta Previa			
With history of Cesarean Section (See Cesarean Section)			
Only vaginal deliveries – no complications, no required bed rest, no abnormal blood loss – subsequent normal deliveries	S	S	S
Otherwise.....	W	W	W
PREMATURITY – An under developed infant with gestation age usually between 20 and 32 weeks			
Less than 32 weeks gestation			
0 – 2 years of age.....	D	D	D
Over 2 years of age	IC	IC	IC
Gestation age 32 through 35 weeks	IC	IC	IC
Gestation age over 35 weeks – no history of breathing problems, reflux or eating disorders, maintains normal weight for age, no current treatment, no pending tests, no developmental delay or history of failure to thrive			
With any of the above.....	S	S	S
With any of the above.....	D	D	D
PROCTITIS (See Colitis, Ulcerative) Inflammation of the rectum			
PROSTATE HYPERTROPHY – An enlargement or overgrowth of the prostate gland			
Benign			
Unoperated			
Asymptomatic – Incidental finding, mildly enlarged(1-2+), no treatment, no urinary problems, no surgery indicated	S	S	S
Symptomatic –requires treatment, nocturia, incontinent of urine, weak stream, urinary frequency or urgency	W	W	W
Over 2+ in size – with or without current symptoms.....	W	W	W
Operated			
0 - 1 year – no symptoms, treatment, normal size	S	W	W
After 1 year – no symptoms, treatment, normal size	S	S	S
With continued symptoms	W	W	W
Malignant (See Internal Cancer)			
PROSTATE SPECIFIC ANTIGEN – Tumor marker for prostate cancer			
0 – 4 ng/dl.....	S	S	S
4 – 6 ng/dl – recent prostate work up.....	IC	IC	IC
Over 6 ng/dl.....	D	D	D
PROSTATITIS – Inflammation of the prostate gland			
Single episode – fully recovered.....	S	S	S
Recurrent (2 or 3 episodes) – fully recovered, no gland enlargement			
0 – 2 years.....	S	W	W
After 2 years – no recurrence, no symptoms or treatment, normal urination	S	S	S
Chronic (over 3 episodes)			
0 – 2 years.....	W	W	W
After 2 years – no gland enlargement, normal PSA, normal urination, no treatment.....	S	S	S
PROTEINURIA – The presence of excessive proteins in the urine			
Cause known.....	RFC	RFC	RFC
Cause unknown or not determined.....	D	D	D
PSEUDOGOUT – Calcium pyrophosphate deposition disease, may be acute or chronic and favors bit joints			
No co-morbidity factors, no limitations, full range of motion of affected, no treatment required.....			
With limitations, lack of mobility or full range of motion, requires treatment	S	S	S
History of thyroid or parathyroid disorders	W	W	W
History of thyroid or parathyroid disorders	IC	IC	IC

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
---	---------------------------------	---

PSORIASIS (See Skin Disorders)-*A chronic skin disorder with infected and dry scaly patches, may be localized or generalized and may involve the joints*

PSYCHONEUROSIS (See Mental/Nervous Disorders) – *A term used to describe neuroses such as hysteria, obsessions, and phobias*

PSYCHOSIS – (See Mental/Nervous Disorders)*A mental disorder where there is loss of contact with reality evidenced by incoherent speech, delusions, agitation, and, hallucinations*

PTOSIS OF THE EYELID –*Drooping of the upper eyelid from a paralysis of a nerve*

Unoperated			
No visual obstruction, secondary disease ruled out, no surgery indicated	S	S	S
With visual obstruction, decreased vision, surgery considered or not ruled out	W	W	W
Secondary to disease (consider disease separately)	RFC	RFC	RFC

PULMONARY EMBOLISM OR INFARCTION –*Blood clot or closure within the pulmonary artery*

Single episode			
0 – 1 year	D	D	D
After 1 year – recovered, no restricted activity, no underlying disease, no blood thinner or other treatment needed, no vena caval ligation or sieve in place	IC	IC	IC
More than 1 occurrence	D	D	D

PULMONARY FIBROISIS – (See Respiratory Disorders)*A relentless fibrotic disorder of the lungs with pulmonary scarring and ultimately loss of pulmonary function*

PURPURA – Hemorrhage into the skin, mucous membranes or serosal surfaces and has many etiologies

Thrombocytopenia purpura			
Spleen not removed	D	D	D
Spleen removed – no complications, normal blood values, no treatment required	S	S	D
Other purpura conditions, bleeding complications, other bleeding disorder	D	D	D

PYELITIS/PYELONEPHRITIS(See Urinary Tract Disorders) –
(1)Inflammation of the kidney pylorus (2) Inflammation of the kidney parenchyma, calyces and pelvis

PYLORIC STENOSIS –*A stricture or narrowing of the stomach pylorus*

Infants			
Unoperated	D	D	D
Operated- normal weight gain, no residuals, feeding problems, full recovery	S	S	S
Without weight gain or feeding problems present	D	D	D
Adults			
Unoperated	D	D	D
Operated			
0 – 2 years	D	D	D
After 2 years – no symptoms, no treatment, normal gastrointestinal function	S	S	S
Malignant (See Internal Cancer)			

QUADRIPLEGIA <i>Paralysis of all four limbs</i>	D	D	D
--	---	---	---

***Starred** conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible*

HEALTH CONDITION

H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
---	---------------------------------	---

RAYNAUD'S DISEASE/PHENOMENON – *A primary or idiopathic vascular disorder characterized by ischemia of fingers and toes, pallor, paresthesias, pain, and cold sensitivity impacted by emotional stimuli*

0 – 5 years.....	D	D	D
After 5 years			
No vascular disease, cardiovascular disease, hypertension or connective tissue disorder, normal erythrocyte sedimentation rate and ANA test, no symptoms, treatment, or limitations.....	S	IC	IC
With history or symptoms of vascular disease, cardiovascular disease, hypertension, connective tissue disorder, or abnormal erythrocyte sedimentation rate or ANA test.....	D	D	D

RECTAL ABSCESS – *A collection of pus in the tissues around the rectum*

1 episode			
Unoperated			
0 – 1 year.....	W	W	W
After 1 year – full recovery	S	S	S
More than 1 episode - symptomatic, requires treatment	W	W	W
History of rectal or anal fissure or fistula.....	W	W	W
Operated			
No recurrence, full recovery.....	S	S	S
Recurrent, chronic, requires treatment	W	W	W
History of ulcerative colitis/ileitis (See Colitis, Ulcerative)			

RECTAL POLYP (See Polyps) *A protruding growth in the rectal area*

RECTOCELE (See Uterine Displacement) – *A displacement of the rectum into the vaginal area*

REGIONAL ILEITIS (See Colitis, Ulcerative) – *A chronic inflammatory disease involving the intestinal tract and terminal ileum*

REITER'S SYNDROME (See Musculoskeletal Disorders/Infective Arthritis)

A group of symptoms (urethritis, conjunctivitis, arthritis) related to infections, two of which are Chlamydia and Gonorrhea

RENAL ABSCESS -*A collection of pus and purulent material in the kidney*

Present	D	D	D
Recovered			
0 – 1 year.....	D	D	D
After 1 year – no symptoms, normal urinalysis, released from care.....	S	S	S
With history of pyelitis, pyelonephritis, urinary tract infections (See Urinary Tract Disorders)			

RENAL CALCULUS/URINARY TRACT STONE/RENAL COLIC

(See Urinary Tract Disorders) *Stone formation within the urinary tract*

***Starred** conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible*

HEALTH CONDITION

H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
---	---------------------------------	---

RESPIRATORY DISORDERS – *Multiple disorders affecting the respiratory tract.*

See specific disorder.

Asthma

Under age 50 years

Mild – no doctor visits, no wheezing, no time lost from work or school, treated with over the counter medication only, non-smoker	S	S	S
---	---	---	---

Moderate – no hospitalizations, no time lost from work or school, no more than 3 doctor visits per year, no more than 3 attacks per year lasting less than 1 week, nonsmoker	S	W	W
--	---	---	---

Severe – requires frequent medication, treatment in excess of 1 week per attack, more than 2 maintenance medications, frequent doctor visits, oral and injectable medication including steroids, requires breathing treatments, oxygen therapy, is complicated by sinusitis, allergies, ear infections, bronchitis, eczema, history of abnormal pulmonary function studies, nonsmoker.....	W	W	W
--	---	---	---

Asthma with tobacco use.....	D	D	D
------------------------------	---	---	---

Over 50 years of age – nonsmoker, with or without hospital and emergency room visits	W	W	W
--	---	---	---

Desensitization program, allergy shots (**See Allergy**)

Bronchiectasis.....	D	D	D
---------------------	---	---	---

Bronchitis

Mild – no doctor visits, no rales or rhonchi, no time lost from or school, treated with over the counter medications only, 1 episode per year, nonsmoker	S	S	S
--	---	---	---

Moderate – no hospitalizations, no time lost from work or school, no more than 2 episodes per year lasting less than 1 week, short term of treatment with antibiotics, decongestants, or inhalation therapy, no oxygen or breathing treatments needed, nonsmoker.....	S	W	W
---	---	---	---

Severe – over 2 episodes per year, continuous or frequent medication required including oral and injectable steroids, treated with oxygen or breathing treatments, nonsmoker	W	W	W
--	---	---	---

Bronchitis with tobacco use.....	D	D	D
----------------------------------	---	---	---

Desensitization program, allergy shots (**See Allergy**)

Chronic Obstructive Pulmonary Disease

Less than 50 years of age.....	IC	IC	IC
--------------------------------	----	----	----

Over 50 years of age

Mild – asymptomatic, incidental find on x-ray showing mild hyper-ventilation of lungs and minimum flattening of diaphragm, non-smoker, no history of recurrent pneumonia, bronchitis, asthma, exposure to toxic elements	S	S	S
--	---	---	---

Moderate – no productive cough, mild wheezing, not more than 2 respiratory disorders per year, limited to 2 physician visits per year, treatment periods limited to 1 or 2 week separate sessions which include antibiotics, inhalers, nebulizers, steroids, no oxygen therapy required, no time lost from work or school, no weight loss, nonsmoker.....	W	W	W
---	---	---	---

Severe – dyspnea present, productive cough, weight loss, frequent or intermittent use of bronchodilators, oxygen therapy, nebulizer or inhalation therapy, systemic steroid medication required, 3 or more physician visits per year, time lost from work or school.....	D	D	D
--	---	---	---

Tobacco use.....	D	D	D
------------------	---	---	---

Emphysema (**See Respiratory Disorders/Chronic Obstructive Pulmonary Disease**)

Pulmonary Fibrosis.....	D	D	D
-------------------------	---	---	---

RESTLESS LEG SYNDROME/PERIODIC LIMB MOVEMENT

DISORDER – *Night time discomfort in the lower extremities that interrupts sleep*

Primary diagnosis – no other sleep disorder, Parkinson’s Disease ruled out	S	W	W
--	---	---	---

With insomnia or other sleep disorder (**See Sleep Disorders or Specific Disorder**)

***Starred** conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible*

HEALTH CONDITION

H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
---	---------------------------------	---

RETINAL DETACHMENT (See Eye Disorders) – *Separation of the retina from the eye epithelium*

RETINITIS – (See Eye Disorders) – *Inflammation of the retina*

RHEUMATOID ARTHRITIS (See Musculoskeletal Disorders) *A generalized disease affecting primarily connective tissue*

RHEUMATIC FEVER – *A febrile infectious disease caused by certain organisms that affect connective tissue, heart, blood vessels and joints*

0 – 2 years	D	D	D
After 2 years			
No treatment, no symptoms, treatment, cardiac damage ruled out	S	S	S
With cardiac involvement or other residuals	D	D	D

SARCOIDOSIS/BOECK’S SARCOID – *A chronic disorder of unknown etiology involving multiple organs*

Present	D	D	D
Resolved – generalized or chronic	IC	IC	IC

SALPINGITIS/SALPINGO-OOPHORITIS (See Pelvic Inflammatory Disease) – *(1) Inflammation of the fallopian tubes (2) Inflammation of the fallopian tubes and ovaries*

SCHIZOPHRENIA (See Mental/Nervous Disorders) – *Mental disorders in the psychotic category characterized by disturbances in form and content of thought, mood and behavior*

SCIATICA (See Musculoskeletal Disorders) – *A pain syndrome involving the back, buttocks, and legs commonly caused by a protruding disc*

SCOLIOSIS (See Spinal Curvature) – *An appreciable lateral deviation of the spine*

SCLERODERMA – *A connective tissue disorder characterized by hardening and thickening of the skin and involves both large and small vessels*

Systemic	D	D	D
Localized – progressive involvement ruled out	W	W	W

SEIZURE/EPILEPSY/CONVULSIVE DISORDER *A break in or loss of consciousness of multiple etiologies*

Absence, partial, simple, complex, Jacksonian seizures			
0 – 2 years since last seizure	D	D	D
2 – 5 years since last seizure			
Less than 18 years of age	IC	IC	IC
Over 18 years of age			
No history of status epilepticus, no mental deficits, compliant with treatment, controlled with 1 medication, no hazardous occupations or avocations	S	W	W
With mental deficits, not compliant with treatment, requires multiple medications	D	D	D
Febrile seizures – no status epilepticus, no mental deficits, no more than 3 seizures, no medication required			
0 – 6 years of age	S	S	S
Over 6 years of age	IC	IC	IC

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

	H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
Generalized clonic/tonic seizures, grand mal seizures			
0 – 18 year of age	D	D	D
Over 18 years of age			
0 – 5 years	D	D	D
After 5 years			
Less than 18 years of age	D	D	D
Over 18 years of age			
No history of status epilepticus, no deficits, compliant with treatment, controlled with 1 medication, no haz- ardous occupation or avocations	S	W	W
With deficits, requires more than 1 medication, not com- pliant with treatment, dangerous occupation.....	D	D	D
SHINGLES/HERPES ZOSTER – <i>A disorder caused by certain viruses that in- flame a nerve pathway</i>			
1 acute attack, fully recovered	S	S	S
Recurrent attacks, chronic condition.....	S	W	W
Post herpetic neuralgia.....	S	W	W
SINUSITIS – <i>Inflammation/infection within the sinus cavities</i>			
Infrequent – no more than 3 episodes per year, treated with antibiotics only	S	S	S
Frequent – 4 episodes per year, treated with antibiotics, nebulizer, humidifier, nasal sprays	S	W	W
Complicated – 5 or more episodes a year	W	W	W
Surgery recommend or discussed	W	W	W
Complicated or co-existing with allergy, less than 5 episodes per year	S	W	W
SJOGREN’S SYNDROME – <i>A group of defects including conjunctivitis, dry mu- cous membranes and eyes, parotid enlargement and often associated with arthritis and Ray- naud’s Syndrome</i>	D	D	D
SKIN DISORDERS – <i>Any disease of the skin, see specific disorder</i>			
Acne			
Treated with special washes and gels	S	W	W
Treated with antibiotics only	S	S	*W*
Requires office procedures to remove cysts, scars, come domes.....	S	W	W
Actino keratosis	S	W	W
Dermatitis	S	S	*W*
Eczema			
No steroid treatment required, no secondary to other disorder	S	S	W
Associated with asthma or treated with steroids	S	W	*W*
Hemangioma – (See Hemangioma)			
Hives			
Acute, single attack	S	S	S
Chronic, recurring, breathing difficulties, frequent office or emergency room visits, Epi Pen required	W	W	W
Keloid			
Present	W	W	W
Released, removed, no recurrence			
0 – 2 years	W	W	W
After 2 years	S	S	S
Lentigo.....	S	S	S
Moles			
Pathology undetermined	W	W	W
Benign – present but surgical intervention not needed	S	S	S
Benign – surgical intervention a possibility.....	W	W	W
Malignant (See Internal Cancer and Skin Cancer)			
Psoriasis			
No joint or systemic involvement.....	S	W	W
With joint or systemic involvement (See Musculoskeletal Disorders)			

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

	H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
Rosacea.....	S	S	*W*
Seborrheic Keratosis.....	S	S	S
Warts – non-venereal, non- plantar.....	S	S	S
SKULL FRACTURE (See Fracture, Skull) – A break or rupture of a cranial bone			
SLEEP APNEA – Failure to control respiration primarily during sleep resulting in hypoventilation			
0 – 18 years of age (See Tonsillar/Adenoid Hypertrophy)			
Over 18 years of age			
Central or mixed apnea.....	D	D	D
Obstructive sleep apnea			
Unoperated – with or without C-PAP or N-PAP machine.....	W	W	W
Operated – full recovery.....	S	S	S
Operated – with treatment or symptoms.....	W	W	S
SLEEP DISORDERS – Inability to sleep, abnormal wakefulness, insomnia			
Insomnia			
Uses 1 hypnotic medication, no mental or nervous disorders.....	S	S	S (subject to state man- date)
Associated with mild depression, anxiety, uses hypnotic plus antidepressant (See Mental/Nervous Disorders)			
Associated with restless leg syndrome.....	S	W	W
Narcolepsy/Cataplexy			
Untreated.....	D	D	D
Treated			
0 – 1 year.....	D	D	D
After 1 year – condition controlled, no limitations.....	S	W	W
Unable to function, work or drive.....	D	D	D
Sleep Apnea (See Sleep Apnea)			
SPASTIC COLITIS – (See Colitis, Spastic) Inflammation of the colon referred to as irritable bowel syndrome			
SPERMATOCELE (See Testicular Disorders) – A cystic swelling in the epididymis or testis			
SPINA BIFIDA – A developmental anomaly characterized by a defective closure of the bone encasement of the spinal cord causing a protrusion in the cord			
Unoperated.....	D	D	D
Operated			
0 – 1 year.....	D	D	D
After 1 year – no residuals, symptoms, treatment, limitations.....	S	S	S
With residuals, symptoms, treatment, limitations.....	D	D	D
With multiple spinal cord or brain defects.....	D	D	D
SPINA BIFIDA OCCULTA			
Present			
Asymptomatic, incidental finding on x-ray.....	S	S	S
Symptomatic.....	D	D	D
Operated			
No residuals, limitations, released from care.....	S	S	S
With residuals, limitations, not released from care.....	D	D	D

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
---	---------------------------------	---

SPINAL CURVATURE (KYPHOSIS/LORDOSIS/SCOLIOSIS) (1)

Abnormal backward and lateral curve in the spine (2) abnormal anterior curve in the spine

(3) abnormal lateral curve in the spine

Asymptomatic			
Mild degree of abnormal curve, no treatment, no pain	S	S	S
Symptomatic			
Mild curvature, episodic back pain only , no limitations, no braces or treatment required			
0 – 1 year	W	W	W
After 1 year – no symptoms, treatment, full range of motion	S	S	S
Severe curvature – frequent pain, lack of mobility, limitations, treatment	W	W	W
Surgery or work up pending	W	W	W
Pulmonary and/or cardiac compromise.....	D	D	D

SPINAL STENOISIS (See Musculoskeletal Disorders) *A narrowing of the intraspinal canal*

SPONDYLITIS (See Musculoskeletal Disorders) *Inflammation of the vertebra*

SPONDYLOLISTHESIS (See Musculoskeletal Disorders) *Forward protrusion of 1 vertebra over another*

STRABISMUS (See Eye Disorders) *A deviation of the eye which cannot be overcome*

STRESS URINARY INCONTINENCE *Involuntary discharge of urine due to anatomic displacement or urological disorder.*

Present	W	W	W
Surgically corrected - no residuals, treatments, fully recovered	S	S	S
Neurogenic bladder.....	D	D	D

STROKE/CEREBRAL EMBOLISM/ TIA (See Cerebral Embolism) *A hemorrhage or clot of some form into the brain*

SUBSTANCE ABUSE *Habitual use of a drug not for therapeutic purposes to alter one's mood, affect a state of consciousness or to modify the body's function unnecessarily*

Alcohol abuse (more than 24 drinks per week,(1 drink = 1 oz liquor, 4 oz Wine, or 12 oz of beer)

Current.....	D	D	D
0 – 5 years since last use or treatment.....	D	D	D
After 5 years			
Total abstinence, normal liver function studies, compliant with support program, no mental or nervous disorders, gainfully employed	S	S	S
Abnormal liver function studies, not compliant with support program, ongoing mental or nervous disorder, not gainfully employed	D	D	D
Anabolic Steroid Use or Abuse.....	D	D	D
Drug Abuse/Addition			
Illegal Drugs excluding Marijuana			
0 – 10 years.....	D	D	D
After 10 years			
Total abstinence, no treatment, no drug use, no Methadone treatment required, functions well in society	S	S	S
Requires treatment, ongoing mental or nervous disorder or symptoms present, does not function well in society	D	D	D
Marijuana Use			
Current	D	D	D
0 – 3 years after last use.....	D	D	D
After 3 years – total abstinence, no type of illicit drug use or alcohol abuse	S	S	S

***Starred** conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible*

HEALTH CONDITION

	H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
Methadone Treatment			
0 – 10 years	D	D	D
After 10 years from last treatment – no drug use or abuse, complete re- covery, no mental nervous disorders	S	S	S
Prescription Medication Abuse			
0 – 5 years since last abuse	D	D	D
After 5 years			
Total abstinence from all drugs and alcohol.....	S	S	S
Continued abuse.....	D	D	D
Tobacco Abuse			
Cigarette smoker			
0 – 1 year			
Up to 1.5 pack a day.....	TUR/PTUR	TUR/PTUR	TUR/PTUR
Cigar smoker (regardless of results of cotinine test).....	TUR/PTUR	TUR/PTUR	TUR/PTUR
Snuff dippers	TUR/PTUR	TUR/PTUR	TUR/PTUR
Anti smoking treatment (gum, patch, etc.)	TUR/PTUR	TUR/PTUR	TUR/PTUR
SUICIDE ATTEMPT/THREAT/IDEATION – (1) Try to take one’s own life			
(2) To act as though one is taking his life (3) Consider taking one’s own life			
Suicide Ideation			
0 – 3 years.....	D	D	D
After 3 years – no treatment or counseling for mental or nervous disor- ders, stable condition.....	S	S	S
Suicide Threat			
0 – 5 years.....	D	D	D
After 5 years – no treatment or counseling for mental or nervous disor- ders, stable condition.....	S	S	S
Suicide Attempt			
0 – 10 years.....	D	D	D
After 10 years – no treatment or counseling for mental or nervous disor- der, condition stable	S	S	S
SYNOVITIS/TENOSYNOVITIS (See Musculoskeletal Disorders) –			
<i>Inflammation of the synovial membrane</i>			
SYNCOPE/FAINTING – A temporary loss of consciousness.....	RFC	RFC	RFC
SYPHILIS – An infectious, sexually transmitted disease that affects the body in 3 stages.			
Untreated	D	D	D
Treated			
No residuals, no other sexually transmitted disorders, no neurological damage, serological tests negative	S	S	S
History of other sexually transmitted diseases, positive serological tests, evidence of neurological damage	D	D	D
With neurological damage or complications, serological tests positive.....	D	D	D
TENDONITIS (See Musculoskeletal Disorders) <i>Inflammation of a tendon</i>			
TENNIS ELBOW/EPICONDYLITIS – <i>Inflammation of the tissues adjoining the humerus bone</i>			
Single attack – fully recovered	S	S	S
Recurrent or multiple attacks or chronic disorder			
0 – 2 years.....	S	W	W
After 2 years – fully recovered, no treatment, symptoms or residuals.....	S	S	S
TESTICULAR DISORDERS – <i>Disorder of the testicles ,see specific disorder</i>			
Enlarged testicle			
Cause proven to be benign.....	S	W	W
Cause and pathology undetermined, cancer not ruled out.....	D	D	D
Epididymitis			
1 uncomplicated attack – fully recovered	S	S	S
Recurrent attacks	S	W	W

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

	H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
Hydrocele			
Present	W	W	W
Operated – no recurrence, residuals, fully recovered.....	S	S	S
Orchitis			
Present	S	W	W
Recovered – no residuals	S	S	S
Chronic or recurring	S	W	W
Spermatocele			
Present	W	W	W
Operated – no residuals, fully recovered	S	S	S
Undescended testicle			
Present	W	W	W
Operated – no residuals, fully recovered	S	S	S
Varicocele			
Present	W	W	W
Operated – no residuals, fully recovered	S	S	S
THROMBOPHLEBITIS (See Phlebitis) – Inflammation of a vein associated with thrombus or clot formation			
THYROID DISORDERS – Disorders of the thyroid gland – see specific disorder			
Goiter			
Present	W	W	W
Operated – normal thyroid function, no gland enlargement	S	S	S
With residual gland enlargement	W	W	W
Hyperthyroidism/Grave’s Disease			
Present	D	D	D
Medically or surgically corrected – no residuals or cardiac symptoms			
0 – 2 years.....	W	W	W
After 2 years – normal thyroid function tests and gland size, only medication required is thyroid hormone replacement.....	S	S	S
Hypothyroidism			
Primary disorder – controlled with 1 thyroid hormone replacement, no gland enlargement	S	S	S
Secondary to another disorder	RFC	RFC	RFC
Myxedema			
Adult			
Present	D	D	D
Recovered – no residuals, no symptoms, gland remains normal with thyroid hormone replacement therapy	S	S	S
With residuals, symptoms, abnormal gland size, treatment other than thyroid hormone replacement therapy	D	D	D
Thyroid nodule			
Operated – benign pathology report, no other thyroid disorder.....	S	S	S
Unoperated – biopsy or aspiration pathology indicated benign.....	W	W	W
Pathology unknown or undetermined	D	D	D
Malignant (See Internal Cancer)			
Thyroiditis/Infectious/Hashimoto’s Disease			
Present – controlled with medication.....	W	W	W
Recovered – no residuals, treatment, or symptoms.....	S	S	S
TIC DOULOUREUX – Very painful area supplied by the trigeminal nerve			
Present	S	W	W
Surgically corrected			
0 – 2 years.....	S	W	W
After 2 years - fully recovered, no symptoms, treatment or residuals.....	S	S	S
Not surgically corrected			
0 – 5 years.....	W	W	W
After 5 years – no treatment, symptoms, or residuals.....	S	S	S

***Starred** conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible*

HEALTH CONDITION

	H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
TINNITUS <i>An abnormal ringing, buzzing or clicking in the ears</i>			
Cause known.....	RFC	RFC	RFC
Cause unknown.....	IC	IC	IC
TOBACCO ABUSE (See Substance Abuse) <i>Use and overuse of cotinine products</i>			
TONSIL/ADENOID HYPERTROPHY <i>–Enlargement of the tonsils and/or adenoids</i>			
0 – 18 years of age.....	W	W	W
Over 18 years of age			
No breathing problems, obstruction, treatment, infections, sleep disturbance, snoring	S	S	S
Symptomatic, airway obstruction, treatment, infections, snoring, sleep disturbance, surgery advised	W	W	W
Use of C-PAP or N-PAP machine or other breathing device (See Sleep Apnea)			
TONSILLITIS <i>– Inflammation of the tonsils</i>			
Infrequent – no more than 3 episodes per year	S	S	S
Frequent – 4 episodes per year, treated with antibiotics, antihistamines, nebulizers, humidifiers, no tonsil or adenoid enlargement, no surgery indicated	S	W	W
Complicated/chronic – 5 or more episodes per year or condition complicated with sinusitis, otitis, allergies, tonsil or adenoid enlargement	W	W	W
Surgery recommended or discussed, work up or tests pending.....	W	W	W
TORTICOLLIS/WRYNECK <i>– Contracted cervical neck muscles producing a twisting of the neck and an unnatural position of the head</i>			
Acute – fully recovered, no limitations or residuals	S	S	S
Congenital, chronic, or recurrent	W	W	W
TOURETTE’S SYNDROME <i>– A syndrome of facial and verbal tics with onset in childhood progressing to generalized jerking movements of the body</i>			
	IC	IC	IC
TRANSIENT ESCHEMIC ATTACK/TIA <i>– (See Cerebral embolism) – Loss of neurological function with early recovery caused by inadequate perfusion of the carotid and basilar arteries</i>			
TREMOR <i>– Involuntary trembling and quivering</i>			
Cause unknown – Parkinson Disease ruled out	IC	IC	IC
Cause known.....	RFC	RFC	RFC
Essential tremor or familial tremor – diagnosis confirmed.....	S	W	W
TUBERCULOSIS <i>– An infectious disease characterized by formation of tubercles and caseous necrosis in the tissues, usually found in the lungs but may affect other organs</i>			
Non pulmonary disease – kidney, joint, bone, lymph gland			
0 – 5 years.....	D	D	D
After 5 years - full recovery, released from care, all tests negative including chest x-ray	IC	IC	IC
Pott’s Disease/tuberculosis of the spine.....	D	D	D
Pulmonary disease			
0 – 3 years.....	D	D	D
After 3 years – negative chest x-ray, treatment completed, no symptoms, no evidence of other organ involvement	S	S	S
Tuberculosis exposure only			
INH therapy only			
0 – 6 months.....	D	D	D
After 6 months – negative chest x-ray, no evidence of disease, no further treatment required	S	S	S
With abnormal chest x-ray or continuing treatment.....	D	D	D

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

	H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
TURNER'S SYNDROME – <i>A genetic disorders affecting females presenting with multiple abnormalities</i>	S	W	W
ULCER(STOMACH/DUODENAL/PEPTIC/ESOPHAGUS/SKIN)			
Esophageal ulcer			
0 – 3 years.....	D	D	D
After 3 years – no symptoms, treatment, history of bulimia, full recovery, released from care	S	S	S
With treatment, symptoms, not released from care, history of bulimia	D	D	D
Skin ulcer.....	D	D	D
Stomach and duodenal ulcer			
Single occurrence			
0 – 1 year	W	W	W
After 1 year – no complications, bleeding, recurrence, or treatment required.....	S	S	S
History of bleeding, ongoing treatment	W	W	W
Multiple occurrences			
0 – 5 years.....	W	W	W
After 5 years – no complications, recurrence, treatment, bleeding, full recovery, released from care	S	S	S
With ongoing treatment, bleeding, not released from care.....	W	W	W
Treated with surgery			
0 – 1 year	W	W	W
After 1 year – no complications, fully recovered, released from care, no bleeding, no ongoing treatment.....	S	S	S
With history of Dumping syndrome	IC	IC	IC
With history of alcohol abuse	D	D	D
ULCERATIVE COLITIS (See Colitis, Ulcerative) – <i>A chronic and recurrent ulceration of the colon of immune origin</i>			
UREMIA – <i>An excess of urea, creatinine and nitrogenous products in the blood and urine</i>			
Acute			
0 – 1 year	D	D	D
After 1 year			
Full recovery, normal tests, no symptoms, no treatment, released from care	S	S	S
With ongoing treatment, abnormal blood and urine tests, not released from care.....	D	D	D
Chronic or history of renal disease	D	D	D
URETERAL/URETHRAL STRICTURE (See Urinary Tract Disorders) – <i>A decrease in the caliber of the ureter or urethra caused by formation of abnormal tissue</i>			
URETERITIS/URETHRITIS (See Urinary Tract Disorders) <i>Inflammation or infection involving the ureters and urethra</i>			
URINARY TRACT DISORDERS			
Glomerulonephritis/Nephritis/Bright's Disease			
1 occurrence			
0 – 3 years – normal urinalysis, renal function	W	W	W
After 3 years – no residuals, no proteinuria, no hematuria, normal renal function, no symptoms, treatment or complications	S	S	S
Multiple occurrences, abnormal urinalysis or renal functions,	D	D	D
Hematuria	RFC	RFC	RFC

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

	H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
Hydronephrosis			
Present	D	D	D
Operated – no residuals, normal renal functions tests, full recovery, re- leased from care	S	S	S
With residuals, cause not corrected	IC	IC	IC
Hypospadias/Epispadias			
Present	W	W	W
Surgically corrected – fully recovered, other genitourinary anomalies ruled out	S	S	S
Impaired renal function	D	D	D
Interstitial cystitis			
0 – 5 years.....	W	W	W
After 5 years – no symptoms, treatment, recurrence, normal urinalysis and renal function.....	S	S	S
Requiring treatment, follow up or abnormal studies	W	W	W
Meatal Stenosis			
Present	W	W	W
Surgery or treatment by dilation			
0 – 1 year	S	W	W
After 1 year – no recurrence or additional treatment needed	S	S	S
Nephrectomy			
Kidney donor – normal function in remaining kidney no hypertension or chronic disease	S	S	S
Traumatic loss of kidney – normal function in remaining kidney, no hy- pertension or chronic disease	S	S	S
Other causes of kidney loss – non-cancerous	IC	IC	IC
Kidney transplant recipient.....	D	D	D
Malignancy of kidney (See Internal Cancer)			
Nephroptosis			
Incidental finding – no symptoms, treatment or complications, no other urinary tract disorder	S	S	S
Present – symptomatic, history of other urinary tract disorders.....	W	W	W
Surgically repaired			
0 – 6 months.....	W	W	W
After 6 months – normal renal function, no symptoms, no treatment	S	S	S
Nephrotic Syndrome.....	D	D	D
Polycystic Kidney Disease.....	D	D	D
Proteinuria			
Cause know	RFC	RFC	RFC
Cause unknown	D	D	D
Ureteral/Urethral Stricture			
Present – no other urinary disorders	W	W	W
Corrected			
0 – 2 years.....	W	W	W
After 2 years- no other urinary tract disorders, full recovery, no symptoms or treatment, released from care	S	S	S
Ureteral/Vesicoureteral reflux			
Present	W	W	W
0 – 2 years.....	W	W	W
After 2 years – no symptoms, treatment, residuals, full recovery	S	S	S
With history of urinary tract infections, ongoing treatment, abnormal uri- nalyses, stent in place	W	W	W
Urethritis/Urethritis			
Present	S	W	W
1 attack – acute disorder, fully recovered	S	S	S
Recurrent attacks			
0 – 2 years.....	W	W	W
After 2 years – full recovery, no symptoms, released from care	S	S	S

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

HEALTH CONDITION	H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
Urinary Tract Infections (Cystitis, Pyelitis, Pyelonephritis)			
Single attack - male and female			
no chronic kidney involvement, normal urinalysis, no history of previous infections, full recovery	S	S	S
Recurrent attacks – Male no more than 2 attacks , Female not more than 4 attacks			
0 – 2 years.....	S	W	W
After 2 years – no symptoms, treatment, residuals, complications, normal urinalysis and renal function.....	S	S	S
More than 2 attacks male or 4 attacks female			
0 – 5 years.....	W	W	W
After 5 years – full recovery, released from care, no treatment, symptoms, complications, normal urinalysis and renal function	S	S	S
Urinary tract stone or renal colic			
Stone present			
One side	W	W	W
Both sides – evidence of normal function.....	W	W	W
No stone present			
Single attack			
0 – 3 years.....	W	W	W
After 3 years - no recurrence, treatment, residuals.....	S	S	S
Multiple attacks			
0 – 5 years.....	W	W	W
After 5 years, no recurrence, treatment, residuals.....	S	S	S
Treatment to prevent urinary tract stone formation	W	W	W
With gout, elevated uric acid	W	W	W
Stone formation secondary to systemic disorder/parathyroid disorder	RFC	RFC	RFC
UTERINE DISORDERS – Any disorder of the uterus – see specific condition			
Abnormal uterine bleeding/menometrorrhagia/metorrhagia			
Cause known – cancer ruled out			
0 – 2 years.....	W	W	W
After 2 year – no abnormal or irregular bleeding, no treatment re- quired, uterus not enlarged.....	S	S	S
With any of the above.....	W	W	W
Cause unknown	D	D	D
Cancer in situ – (See Cancer In Situ)			
Cervicitis/Abnormal PAP Smear (ASCUS, CIN I, CIN II, CIN III, LGSIL, HGSIL – (1)atypical cells of undetermined significance (2,3,4) cervical intraepithelial neoplasia – low, moderate, high grade, (5) low grade squamous intraepithelial lesion (6) high grade intraepithelial lesion/carcinoma in situ			
Abnormal PAP smear/ASCUS/CIN I/LGSIL, atypia			
0 – 1 year	W	W	W
After 1 year – normal PAP smear, no other abnormal pathology, clear margins if biopsy done.....	S	S	S
PAP smear not done or status of PAP smear or biopsy unknown	W	W	W
Abnormal PAP smear/CIN II/CIN III/HGSIL			
0 – 2 years.....	W	W	W
After 2 years – no treatment required, specimen margins clear if bi- opsy done, all tests including PAP smears normal	S	S	S
Specimen margins not clear, PAP smears not done or status of PAP smears and biopsy unknown.....	W	W	W
Chronic pelvic pain			
Cause identified.....	RFC	RFC	RFC
Cause not identified			
0 – 3 years.....	W	W	W
After 3 years – no symptoms, treatment, full recovery	S	S	S
With continuing symptoms, treatment	W	W	W
Congenital malformations			
Corrected – full recovery, no remaining abnormalities.....	S	S	S
Untreated/uncorrected	W	W	W

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

	H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
Dilatation and curettage (D&C)			
Done for miscarriage	S	S	S
Done for other causes (See Uterine Disorders, Abnormal Bleeding)			
Cancer not ruled out	D	D	D
Dysfunctional uterine bleeding			
Cause known	RFC	RFC	RFC
Cause unknown – cancer ruled out			
0 – 2 year	W	W	W
After 2 years – no bleeding, symptoms, treatment.....	S	S	S
Cancer not ruled out.....	D	D	D
Dysmenorrhea			
Cause undetermined			
Minor pain – normal pelvic organs, fully worked up, treated with ANSAIDs and oral contraceptives.....	S	W	W
Major or significant pain.....	W	W	W
Cause determined	RFC	RFC	RFC
Endocervical polyps (See Polyps, Endocervical)			
Endometriosis			
Confined to pelvic area			
Present	W	W	W
Ablated or controlled with medication			
0 – 1 year	W	W	W
After 1 year – no treatment or symptoms.....	S	S	S
With continued treatment, symptoms.....	W	W	W
With total hysterectomy	S	S	S
After menopause – no symptoms, no treatment.....	S	S	S
Multiple organ/extra-pelvic organ involvement.....	IC	IC	IC
Enlarged uterus.....	W	W	W
Fibroid tumor/cyst			
Present – cancer ruled out.....	W	W	W
Removed			
Hysterectomy, myomectomy – no complications	S	S	S
Uterine artery ligation/arterial embolization			
0 – 3 years.....	W	W	W
After 3 years – evidence of fibroid absence	S	S	S
Human Papilloma Virus (HPV)			
Medically monitored/no surgery			
0 – 3 years.....	S	W	W
After 3 years – no recurrence, normal PAP smears.....	S	S	S
Surgically corrected			
0 – 6 months.....	S	W	W
After 6 months – no complications, recurrence, normal PAP smear, no treatment	S	S	S
Hysterectomy – no cancer.....	S	S	S
Menorrhagia (See Uterine Disorders, Abnormal Uterine Bleeding)			
Premenstrual Syndrome/PMS/PMDD			
No gynecological disorders	S	S	W
Uterine displacements/pelvic relaxation/urethrocele, cystocele, enterocele, uterine prolapse, rectocele			
Present	W	W	W
Corrected by surgery			
0 – 1 year	W	W	W
After 1 year – no symptoms, treatment, complications, full recovery.....	S	S	S
With continued symptoms or treatment	W	W	W
VAGINITIS <i>Inflammation of the vagina and vaginal area</i>			
Acute episode – recovered.....	S	S	S
Recurrent or chronic condition	S	W	W
VITAMIN DEFICIENCY – <i>A lack or deficiency in any specific vitamin or vitamin substance</i>	RFC	RFC	RFC

Starred conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible

HEALTH CONDITION

H.S.A. CAT, NON-H.S.A. CAT W/NO RIDERS	NON-H.S.A. CAT W/OD RIDER	NON-H.S.A. CAT W/OD RIDER & RX RIDER
---	--	---

VARICOCELE (See Testicular Disorders) – A varicose condition of the veins of the scrotum

VARICOSE VEINS / SPIDER VEINS – Unnaturally and permanently distended veins

Veins of lower extremities			
Present	W	W	W
Operated/injected			
0 – 2 years – no recurrence, swelling, symptoms, treatment	S	W	W
After 2 years – no recurrence, swelling, symptoms, treatment	S	S	S
With any of the above	W	W	W
Stasis ulcers, dermatitis, swelling, weeping skin, una boot, special hose or leg wrapping required	D	D	D
Veins elsewhere such as the abdomen, arms, esophagus, etc	D	D	D

VASCULITIS – Inflammation of the blood vessel that may affect other parts of the body

D	D	D
---	---	---

VENERAL WARTS/CONDYLOMA ACUMINATA – A papilloma occurring on mucous membrane caused by the Human Papilloma Virus

0 – 3 years	S	W	W
After 3 years – no recurrence, no abnormal pathology, normal PAP smear	S	S	S

VENTRICULAR SEPTAL DEFECT (See Cardiovascular Disorders) A opening in the ventricular septum created when the foramen does not close

VERTIGO/DIZZINESS An illusory sense that either the environment or one’s own body is revolving

Fully worked up - no cause found	IC	IC	IC
Idiopathic vertigo	IC	IC	IC
Benign positional vertigo			
0 – 1 year	D	D	D
After 1 year – controlled, fully functional	S	W	W
With loss of any function	D	D	D

WHIPLASH (See Back Strain) – Injury of the spine and spinal cord at the junction of the 4th and 5th cervical vertebra

WOLF-PARKINSON-WHITE SYNDROME (See Cardiovascular Disorders) Tachycardia and atrial fibrillation caused by an aberrant conduction defect

ZOSTER/HERPES ZOSTER (See Shingles) A disease caused by a group of viruses that usually follow a nerve pathway

***Starred** conditions representing CAT with RX – NO ODR – will be considered standard with \$1000 RX deductible*

POLICY CHANGE INFORMATION

OVERVIEW

These types of changes include requests from the Insured or agent to change the coverage either by increasing or decreasing benefits, adding or deleting benefits, adding or deleting family members or reinstating coverage that has lapsed.

Changes that increase liability of the Company require underwriting approval. This would include request to decrease deductible or stop loss amounts, increase co-insurance, add or increase benefits or add family members. Benefits not affecting the liability of the Company do not require underwriting approval. Some of these requests can be requested by telephone.

Refer to the chart titled Health Policy Change Requirements for procedures on various policy service requests.

BENEFIT CHANGE AND ADDING A FAMILY MEMBER

An application is required to be completed in full for a change that increases liability of the Company and for all requests for reinstatement. The application must be signed and dated by the insured, spouse, (if applying) and agent (if involved).

GRACE PERIOD

Premium payments under the Certificate or Policy are subject to a 31 day Grace Period. During the Grace Period, coverage under the Certificate or Policy will remain in effect. If a premium is not paid on or before the date it is due, it may be paid during the following 31 days referenced above. The Grace Period will not apply if, at least 30 days before the premium due date, ANTEX has delivered to you or mailed to your last address as shown in ANTEX's records written notice of ANTEX's intent to terminate coverage under the Certificate or Policy.

COVERAGE FOR NEWBORNS AND ADOPTED CHILDREN (Subject to State Law and Product)

If coverage is provided under the Certificate or Policy for Covered Persons other than you, a child is born or adopted by you and living with you will also be a Covered Person. This coverage will be free, without action by you, but it will last only through the 31st day following the child's date of birth or date of Adoption. To add the child permanently after the 31 days of free coverage we must receive a written or oral request from the insured. This request must be within 31 days of the date of birth or adoption.

COMPLETING THE APPLICATION

The "Special Requests" box on the application should indicate what is being requested, (i.e. decrease deductible to \$1500; add spouse; reinstate coverage).

Complete the section entitled Schedule of Family Members or Proposed Insureds on all applicable family members.

All questions on the application must be answered and details provided when indicated. The primary insured must sign the application in all instances and spouse, if applying.

UNDERWRITING POLICY CHANGES AND REINSTATEMENTS

All medical history is reviewed including claims information on the file. Current underwriting guidelines are followed and insurability requirements must be met.

As with new business applications, the underwriting review process may include requests for information through a Personal History Interview, Attending Physicians Statement, Exam, Pharmaceutical Records, Blood Profile, Inspection Report, Motor Vehicle Report, or the Medical Information Bureau.

Benefit Changes – If current guidelines would require modification to coverage with a rating or rider, it is normal underwriting procedure to deny a benefit change to avoid compromising current benefits.

Reinstatement – If a reinstatement of coverage can be approved with modifications of coverage, this offer is made and must be accepted by the primary insured in writing before coverage is reinstated.

PLAN CHANGE – PPO vs. INDEMNITY

Changes from PPO to Indemnity or Indemnity to PPO do not require underwriting approval as long as no change in the basic benefit structure is requested (i.e. deductible, stop-loss, co-insurance or addition of a benefit). To facilitate such a change, it is imperative that the insured understand the change being requested and how it affects the coverage. The request must be provided in writing. If a request is received by telephone from the insured, the Policy Service Department will send a letter to the insured outlining the differences in the present coverage and the requested coverage.

In addition, an application can be submitted with completion of questions 1 through 4. The form must be signed and dated by the primary insured and the agent (if involved). Submit the request to the Policy Service Department for handling. The Policy Service Department can be contacted by direct mail:

Health Policy Service Department
P. O. Box 1990
Galveston, Texas 77550

Any requests not requiring written confirmation may be submitted via e-mail to American National Life Insurance Company of Texas at health_pos@antex.com.

REINSTATEMENT PROVISION

NO REQUEST FOR REINSTATEMENT WILL BE CONSIDERED BY ANTEX IF IT IS MORE THAN 180 DAYS AFTER A CERTIFICATE OR POLICY HAS LAPSED

If a periodic premium is not paid before the Grace Period ends, coverage under the Certificate Policy will lapse. Later acceptance of premium by ANTEX, or by an agent authorized to accept payment, without requiring an application for reinstatement will reinstate coverage under the Certificate or Policy.

ANTEX will require an application for reinstatement. All representations made in the application will be subject to all the provisions of the Certificate or Policy, including TIME LIMIT ON CERTAIN DEFENSES. If the application for reinstatement is approved by ANTEX, coverage under the Certificate or policy will be reinstated as of the approval date of the reinstatement Application or Enrollment Application. Lacking such approval, the coverage on the Certificate or Policy will be reinstated on the 45th day unless ANTEX has previously notified the insured in writing of its disapproval.

The reinstated coverage under the Certificate or Policy will only cover loss which results from an injury sustained after the date of reinstatement or sickness that begins ten days or more after the date of the reinstatement. In all other respects, the insured's rights and the rights of ANTEX will remain the same as they were immediately before the due date of the defaulted premium, subject to any provisions noted on or attached to the certificate or policy outlining the reinstated Coverage under the Certificate or Policy.

Any premium ANTEX accepts for a reinstatement will be applied to a period for which premiums have not been paid. No premium will be applied to any period more than 60 days prior to the reinstatement date.

COMPLETING THE APPLICATION FOR REINSTATEMENT

Any health certificate or policy that has been lapsed for 45 days, but no longer than 180 days, will be considered for reinstatement with completion of an application that was approved for the initial issuance of the contract and collection of the current modal premium. If the reinstatement is approved, coverage will be reinstated with a current date and a lapse in coverage.

Certificates and policies lapsed for more than 180 days will not be eligible for reinstatement. In these situations, the individual will have to reapply for coverage under one of the currently offered health insurance plans. There may be circumstances, which necessitate an exception to these guidelines. The Health Underwriting Department must approve any exception.

Utilizing the original application form for reinstatement assures the Company is in compliance with use of approved forms and the Insured is provided a valid contract. To verify the correct application form please call the Customer Service Department at 1-800-899-6805. Follow the instructions below:

- Complete the special Request section by writing "Reinstatement Request for Policy/Certificate #XXXXXX"
- Complete Benefit and Premium Payable section only if there is a requested change in coverage or billing.
- Complete all other questions and be sure to record the names of all covered insureds including their medical history.
- Sign the application and authorization.
- Complete Modification of Health Insurance Form.
- Collect the current modal premium

HEALTH POLICY CHANGE REQUIREMENTS

<u>Type of Change</u>	<u>Requirements</u>	<u>Via Phone Call?</u>	<u>Underwriting Required</u>	<u>Premium Due</u>
Name Correction	Notification from Primary Insured	Yes	No	None
Name Change/Legal Address	Legal Documentation Notification from Primary Insured	No Yes	No No	None None
Age Correction	Proof of Age	No	No	See C
Add New Born 0 – 31 days	Notification by Primary Insured	Yes	No	See A
Add New Born Over 31 days	Health Application Completed	No	Yes	First Modal
Add Family Members	Health Application – Note: Primary Insured must sign (see B)	No	Yes	None
Delete Family Members	Notification from Primary Insured	Yes	No	None
Add Benefits	Health Application	No	Yes	See A
Increase Benefits	Health Application – Exception; <i>Increase deductible</i>	No <i>Yes for increasing deductible</i>	Yes <i>No for increasing deductible</i>	See A See A
Decrease Benefits	Notification from Primary Insured –	Yes	No	See A
	Exception: <i>decrease deductible – Health Application Required</i>	<i>No for decreasing deductible</i>	<i>Yes for decreasing deductible</i>	See A
Delete Benefits	Notification from Primary Insured	Yes	No	None
Beneficiary Change	Memo or Letter and Form ANL-2703	No	No	None
Change Mode of Payment	Notification from Primary Insured	Yes	No	If Applicable
Effective Date Change	Notification from Primary Insured	No – in writing	No	None
Conversions, Divorce, Maximum Age	Notification from Primary Insured	No – in writing	<i>No if no additional benefits are added at time of conversion – Yes if additional benefits are added</i>	None
Change PPO to non-PPO) or non-PPO PPO	Notification from Primary Insured	No – in writing	<i>No if there is no upgrade in benefits or address change</i>	None
Change H.S.A to non-H.S.A or non-H.S.A to H.S.A	Notification from Primary Insured	No – in writing	<i>No if there is no upgrade in benefits or address change</i>	None

LEGEND (See Chart of Previous Page)

- A. The premiums must be collected for add-ons or increase in benefits. If the change is for a quarterly, semi-annual or annual mode, a pro-rated premium may be collected.
- B. Evidence of insurability is required for assessment of the risk. Requests for medical information will be generated by the Underwriting Department.
- C. If the premium increases due to the age correction, back premiums will not be required. The policy/Certificate will be adjusted to reflect the age correction and the Insured will be notified of the new rate prior to the premium due date.

Customer Service: 1.800.899.6805

Note: On those changes that do not require written notification, the Insureds can, if they wish, use the Health Service Request Form provided in the All-Inclusive- Brochure to document the request for change

CLAIM SUBMISSION

*All Claims should be submitted to the
address on the back of the
Insurance Identification Card.*

Provide the Company written notice of claim within 30 days after the occurrence of any loss covered by the policy or certificate.

When the Company is notified, the necessary instructions and claim forms will be mailed promptly to the Insured. When policy and certificate holders notify the agent, give the proper forms to these insureds. Instruct them to show the policy or certificate number on all items submitted.

Claim forms, along with bills, must be submitted within 90 days after the date of loss.

A separate claim form should be furnished for each illness or accident.

If possible, all forms should be sent to the Health Claims Department at the same time, rather than sending them in one at a time.

At no time should you verify or confirm benefits. The Insured's identification card provides instructions to the hospital or doctor to call the Home Office for verification of benefits.