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Central Reserve Life Insurance Company and Continental General Insurance Company Individual and Association Major Medical Products Field Underwriting Guidelines



INTRODUCTION

It is important to read entire reference material prior to using the guidelines.

We are pleased to offer you the attached guidelines as a reference tool to the probable underwriting outcome for a number of conditions. These guidelines cover the most commonly seen conditions but do not include every condition. Each application is considered on its own merits based on its particular medical and non-medical risk characteristics. As a result, the underwriting outcome may be more or less favorable than the guideline shown.

Due to the constant changes in federal and state mandates on health insurance, it is important for you to keep current on laws enacted within your state and on a federal level that affect the life and health insurance industry.

In addition to the important responsibility you have in resolving your clients' insurance needs, you have an equally important responsibility in the Company's risk selection process. The Home Office Underwriter is dependent on the writing agent for the accurate and complete transcription to the application of answers to all questions and information asked of the applicant(s). It is the care and effort on the part of the agent in successfully and fully completing an application that will later save time, expense, misunderstanding and litigation.

- These guidelines are intended for use by all agents appointed with Central Reserve Life or Continental General Insurance Companies.
- No coverage is in force, or rating final, until written Home Office approval is given after review of the complete application.

Field Underwriting Responsibilities

Good Field Underwriting procedures by agents are essential in serving both the needs of the applicant as well as assuring the terms of the policy shall be carried out in an appropriate and timely manner. It is important that the field underwriter makes every effort to fully review the completeness of the application and to accurately represent the answers provided by the applicant(s).

- Coverage cannot be guaranteed at the time the application is completed. When an applicant asks when coverage becomes effective, the agent should explain that issue is dependent upon written approval by the Home Office underwriters.
- When the agent completes an application, each question on the application needs to be specifically asked of the applicant(s) and the answers recorded as given.
- When an application is not taken in person, the agent of record must review each question on the application and the answers given by the applicant(s). This may require a telephone interview between the agent and the applicant.
- It is never permissible for the writing agent to ask a general question with reference to health history, and then on receiving a negative reply, answer all questions on the application "No".
- When receiving or noting a "No" answer to any health questions on the application, the writing agent must make an effort to carefully question the applicant(s) and fully develop any related information that could indicate medical history.
- Under no circumstances should answers to the application health questions be obtained from a third party.
- Where an application is required to be signed by the agent, the appointed writing agent must sign the application in ink. In signing an application an agent not only shows representation as the writing agent, but also affirms that he has followed the Field Underwriting Responsibilities set out by the Company.
- It is not acceptable to answer questions with "dashes" or "ditto" marks.
- If a mistake is made on the application, draw one line through the error and have the applicant initial the correction. We cannot accept applications with "whited out" or "scratched out" information or altered signing of dates.
- All affirmative ("Yes") answers to the application health questions must be explained in detail on the application along with the name and address of the treating or consulting physician(s). Answers on the application are considered to have been given by the applicant. The Underwriters accept the given answers as being full and complete and that the answers have not been only partially recorded or edited by the writing agent.
- Any special dating request for the policy should be included with the application with an explanation. Under no circumstances will a health policy ever be backdated.
- When a child(ren) considered for coverage does not live with the applicant the health history must be verified with the custodial parent as well as from the parent applying for coverage. Please provide an accurate telephone number for the custodial parent.
- Once the writing agent completes an application, the agent cannot disclose any confidential information except to the Home Office Underwriting Department.
- Carelessness by the agent in completing an application or disregard of an applicant's answer is never acceptable.

- The writing agent should advise applicants that prior health history can result in a counter-offer to their application and that the policy may be issued with exclusions and/or rated premiums. This is also noted in the AGREEMENT section of the application. **That section also notes the company's right to void or rescind coverage after issue if there has been non-disclosure of material health history.** Some states have different requirements for the manner in which the Company handles material health history disclosed at application time. It is the writing agent's responsibility to become familiar with related state law or to seek guidance from the agent's upline Manager.
- Only the policy provisions will determine the responsibilities or liabilities of the Company. An agent cannot and must not make any representations or promises regarding claims processing or interpretation of the policy.

The Underwriting Process

During the underwriting process, the underwriter evaluates each individual's medical conditions and assigns appropriate rating based on the severity and prognosis of the condition(s).

The underwriting process will be expedited if the enrollment materials are completed and all medical disclosures on the enrollment application indicate the specific diagnosis, dates of treatment, medications prescribed and the results of treatment. Underwriting outcome will also vary in accordance with state requirements.

In an effort to provide better up-front risk selection, an underwriter may request medical records or a paramedical exam on an applicant. This will enable us to determine at the time of application, if the applicant has a pre-existing condition or any other medical condition that we should rate or rider appropriately.

Medical Records/Attending Physician Statement

The underwriter will initiate the request for medical records when applicable. Medical records may be requested as required on a particular guideline, for a guideline noted as "IC", when no prior coverage has been in force or at underwriters discretion. CRL/CGI will handle costs associated for obtaining these records up to a predetermined amount of \$70.00. You will be notified of this request through the underwriting status report.

ParaMedical Exam with Lab

We currently have agreements with paramedical companies, and will pay for charges for examinations requested during underwriting. These companies, which are national companies with the ability to service remote areas, are listed on our websites.

Driving Records

Driving records may be obtained as determined by the underwriter.

Telephone Verification

We use a Verification Process to confirm the health information contained on an application. A verifier will attempt to contact an applicant by phone within 48 hours of when the application is received at the home office. Coverage cannot be considered until this call is completed. The verification call will take approximately 10 to 20 minutes per applicant. The verifier will confirm the accuracy of the application, obtain any additional details that are needed and clarify any incomplete information. **Important: Make sure you explain this process to your client and provide a copy of the application for your client to refer to during the verification call.**

Medical Underwriting Review

A load represents a percentage rating on a single premium. Therefore, a condition representing a load of 10, may result in a 10% premium increase on a single applicant.

An applicant may have more than one ratable disorder. In these cases, the underwriter will sum the percentage of load and evaluate the risk based on the total. Multiple conditions may result in the underwriter adding an additional load due to the compounding impact one condition may have on the another. An individual is considered an unacceptable risk if the combined load value is greater than 100%.

Any maintenance medication will be rated based on the pharmacy benefit selected, cost of the medication and the Underwriter's assessment of the probable risk. The applicant(s) may be considered ineligible for the copay prescription drug program. The underwriter may offer an exclusion rider or an alternative plan as an option.

Exclusion riders may be used, where allowed by state law, to exclude benefits for a specified condition or an individual member of the family. When a specified condition is excluded, all major medical services including prescription benefits associated with the identified condition will be excluded. The duration of the exclusion rider will be determined by the underwriter based on their assessment of the probable future risk. Generally, chronic, recurrent or permanent risks will be underwritten with a permanent exclusion rider.

When state law does not permit the use of exclusion riders, the underwriting action will be based on the condition(s). In some cases a rate may be applied, others may require a declination of the application. The alternate actions have been provided wherever a rider is referenced (i.e., Rider/30, Rider/Decline).

The removal or modification of a permanent exclusion rider will be considered when:

1. The policyholder specifically makes a request and completes the necessary application, and
2. The policyholder provides a doctor's report at no cost to the company.

Underwriting Counter Offers

When the primary applicant is declined the underwriter will determine if coverage can be offered to the spouse and/or children applying. A statement will be required from the primary applicant that he/she agrees that the coverage will go forward without providing coverage for him/her and that the premium originally submitted will be applied to the pending policy. The spouse will be required to have signed the original application and any applicable form where required by state mandate. This also applies, if the primary applicant & spouse are declined and there is a child only plan available for the child(ren) to be considered.

Pending Surgery or Testing or Diagnosis Not Established

When the applicant(s) are pending surgery and/or testing and/or a diagnosis has not been established the applicant will most likely be declined. A counter offer may be determined through the underwriting process.

Tobacco Use

Applicants who use any form of nicotine or nicotine cessation products (cigarettes, pipe smoking, chewing tobacco, cigars, etc.) may be assessed a tobacco surcharge.

Deductible amount in relation to Underwriting Guidelines

There are several medical conditions that may be considered acceptable when a high deductible on a non-First Dollar Benefit plan has been selected. The specific guidelines are marked with an asterisk (*) with the amount of deductible required. The underwriter will consider the deductible amount upon reviewing the completed application. The prescription drug surcharges are underwritten and rated separately when applicable.

Definition Reference

Accept Acceptable with no rider or increase in rate

Decline. Declined for coverage

IC Individual consideration. Medical records or paramedical exam may be requested at underwriter's discretion

Mos Months

R. Recent

Rider Rider, if allowable by State

Rider/Load . . . Anytime an exclusion rider is indicated there is also a load value provided. The load may be used when a State does not permit an exclusion rider or in any situation where an underwriter determines a load may be used instead of the exclusion rider

RFC. Rate for cause

Yrs Years

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COMMON MEDICATIONS/THERAPEUTIC USE REFERENCE

The following is a list of prescription drugs and common therapeutic use.
These prescription drugs are not limited to the treatment of the therapeutic use indicated.

Accupril	High Blood Pressure	Celexa	Depression
Accutane	Acne	Cephalexin	Infection
Acetaminophen/Codeine	Severe Pain	Cipro	Infection
Aciphex	Ulcer Disease	Ciprofloxacin	Infection
Actonel	Osteoporosis	Clarinet	Allergies
Actos	Diabetes Mellitus	Clonazepam	Seizures
Adderall	Attention Deficit Disorder	Clonidine	High Blood Pressure
Advair Diskus	Asthma	Clotrimazole/Ipratropium/Albuterol	Asthma
Allegra	Allergies	Combivent	Asthma
Allopurinol	Gout	Concerta	Attention Deficit Disorder
Alphagan P	Glaucoma	Coreg	High Blood Pressure
Alprazolam	Anxiety	Coumadin	Blood Thinner
Altace	High Blood Pressure	Cozaar	High Blood Pressure
Amaryl	Diabetes Mellitus	Crestor	Cholesterol
Ambien	Insomnia	Cyclobenzaprine	Pain
Amitriptyline	Depression/Fibromyalgia	Darvocet	Severe Pain
Amoxicillin	Infection	Depakote	Seizures
Amoxil	Infection	Detrol LA	Urinary Disorder
Amphetamine Salts	Attention Deficit Disorder	Dexedrine	Stimulant/Diet Pill
Apri	Contraceptive	Diazepam	Anxiety
Aricept	Dementia/Alzheimers	Diflucan	Fungal Infection
Atacand	High Blood Pressure	Digitek	Congestive Heart Failure
Atenolol	Cardiovascular	Digoxin	Congestive Heart Failure
Ativan	Anxiety	Dilantin	Convulsion/Seizures
Atrovent	Asthma	Diltiazem	High Blood Pressure
Augmentin	Infection	Diovan	High Blood Pressure
Avalide	High Blood Pressure	Ditropan XL	Urinary Disorder
Avandia	Diabetes Mellitus	Doxazosin	High Blood Pressure
Avapro	High Blood Pressure	Doxycycline Hyclate	Infection
Avelox	Infection	Duragesic	Severe Pain
Aviane	Contraceptive	Effexor	Depression
Bactroban	Infection	Elavil	Depression
Beconase AQ	Asthma	Elidel	Skin Disorders
Benazepril	High Blood Pressure	Enalapril	High Blood Pressure
Betamethasone	Infection	Endocet	Severe Pain
Bextra	Nonsteroidal Anti-inflammatory	Estradiol	Hormonal Supplement
Biaxin	Infection	Evista	Osteoporosis
Bisoprolol	High Blood Pressure	Fentanyl	Severe Pain
Bupropion	Depression	Finasteride	Urinary Disorder
Cardizem	Cardiovascular	Flomax	Urinary Disorder
Carisoprodol	Pain	Flonase	Allergies
Cartia	High Blood Pressure	Flovent	Asthma
Catapres	High Blood Pressure	Fluconazole	Fungal Infection
Cefzil	Infection	Fluoxetine	Depression
Celebrex	Nonsteroidal Anti-inflammatory	Fosamax	Osteoporosis

Fosinopril	High Blood Pressure	Methylphenidate	Attention Deficit Disorder
Furosemide	Diuretic	Methylprednisolone	Immune Disorders
Gemfibrozil	Cholesterol	Metoprolol	High Blood Pressure
Gleevec	Cancer	Mevacor	Cholesterol
Glipizide	Diabetes Mellitus	Miacalcin	Osteoporosis
Glucophage	Diabetes Mellitus	Microgestin Fe	Contraceptive
Glucotrol	Diabetes Mellitus	Mirtazapine	Depression
Glucovance	Diabetes Mellitus	Mobic	Pain
Glyburide	Diabetes Mellitus	Monopril	High Blood Pressure
Glyburide/Metformin	Diabetes Mellitus	Nadolol	Cardiovascular
Humalog	Diabetes Mellitus	Naprosyn	Nonsteroidal Anti-inflammatory
Humulin	Diabetes Mellitus	Naproxen	Pain and Inflammatory
Hydrochlorothiazide	Diuretic	Nasacort AQ	Allergies
Hydrocodone	Severe Pain	Nasonex	Allergies
Hyzaar	High Blood Pressure	Necon	Contraceptive
Ibuprofen	Nonsteroidal Anti-inflammatory	Neurontin	Pain, Nerve Involvement
Imipramine	Depression	Nexium	Ulcer Disease
Imitrex	Migraine	Niaspan	Cholesterol
Inderal	Cardiovascular	Nifediac CC	High Blood Pressure
Indocin	Nonsteroidal Anti-inflammatory	Nifedipine	High Blood Pressure
Insulin	Diabetes Mellitus	Nitrofurantoin	Infection
Ipratropium	Asthma	Nitroglycerin	Chest Pain
Kariva	Contraceptive	Nitroquick	Chest Pain
Klonopin	Seizures	Nortriptyline	Depression
Klor-Con	Potassium Deficiency	Norvasc	High Blood Pressure
Lamictal	Seizures/Pain	Omeprazole	Ulcer Disease
Lanoxin	Congestive Heart Failure	Omnicef	Infection
Lantus	Diabetes Mellitus	Ortho Evra	Contraceptive
Lasix	Diuretic	Ortho Tri-Cyclen	Contraceptive
Lescol	Cholesterol	Ortho-Novum	Contraceptive
Levaquin	Infection	Oxycodone	Severe Pain
Levothroid	Thyroid	Oxycontin	Severe Pain
Levothyroxine	Thyroid	Pamelor	Depression
Levoxyl	Thyroid	Paroxetine	Depression
Lexapro	Depression	Patanol	Eye Inflammation
Lipitor	Cholesterol	Paxil	Depression
Lisinopril	High Blood Pressure	Penicillin	Infection
Lithium	Psychosis	Percocet	Severe Pain
Lopid	Cholesterol	Phenobarbital	Convulsions/Seizures
Lopressor	Cardiovascular	Phenytoin	Seizures
Lorazepam	Anxiety	Plavix	Cholesterol
Lotensin	High Blood Pressure	Plendil	High Blood Pressure
Lotrel	High Blood Pressure	Potassium Chloride	Potassium Deficiency
Low-Ogestrel	Contraceptive	Pravochol	Cholesterol
Macrobid	Infection	Prednisone	Immune Disorder
Maxzide	High Blood Pressure	Premarin	Hormonal Supplement
Metformin	Diabetes Mellitus	Prempro	Hormonal Supplement
Methotrexate	Cancer, Rheumatoid Arthritis	Prevacid	Ulcer Disease

Prilosec	Ulcer Disease	Toprol	High Blood Pressure
Procardia	Cardiovascular	Tramadol	Severe Pain
Promethazine	Allergies	Trazodone	Depression
Propoxyphene	Severe Pain	Triamterene/HCTZ	High Blood Pressure
Proscar	Urinary Disorder	Tricor	Cholesterol
Protonix	Ulcer Disease	Trimox	Infection
Proventil	Asthma	Trivora-28	Contraceptive
Prozac	Depression	Tussionex	Cough and Cold
Pulmicort	Asthma	Ultracet	Severe Pain
Ranitidine	Ulcer Disease	Valacyclovir	Viral Infection
Remeron	Depression	Valium	Anxiety
Restoril	Insomnia	Valtrex	Viral Infection
Rhinocort Aqua	Allergies	Ventolin	Asthma
Risperdal	Psychosis	Verapamil	High Blood Pressure
Ritalin	Attention Deficit Disorder	Viagra	Impotence
Roxicet	Severe Pain	Warfarin	Blood Thinner
Seroquel	Psychosis	Wellbutrin	Anxiety/Depression
Singulair	Asthma	Xalatan	Glaucoma
Skelaxin	Pain and Inflammation	Xanax	Anxiety
Spirolactone	Diuretic	Yasmin 28	Contraceptive
Strattera	Attention Deficit Disorder	Zantac	Ulcer Disorder
Sulfamethoxazole	Infection	Zestril	High Blood Pressure
Synthroid	Thyroid	Zetia	Cholesterol
Tamoxifen	Cancer	Zithromax	Infection
Tegretol	Convulsions	Zocor	Cholesterol
Temazepam	Insomnia	Zoloft	Depression
Terazosin	High Blood Pressure	Zovirax	Skin Infection
Timolol	Glaucoma	Zyloprim	Gout
Timoptic	Glaucoma	Zyprexa	Depression
Tobradex	Glaucoma	Zyrtec	Allergies
Topamax	Seizures/Pain		

INDIVIDUAL AND ASSOCIATION MAJOR MEDICAL INELIGIBLE OCCUPATION LIST

1. Actors, Actresses, Entertainers, Escort Services, Strippers, Models and Stunt Men
2. Air Traffic Controllers
3. Asbestos and Toxic Chemical Workers
4. Athletes (Semi-pro and professional)
5. Attorneys (consideration will be given on HSA plans)
6. Aviation (high-risk - experimental or test pilots, aerial photographers, etc.) and Crop Dusters
7. Bar, Tavern Owners and Bartenders
8. Billiard Halls
9. Circus and Carnival Workers
10. Correctional Institute Employees
11. Demolition, Explosive and Wrecking Workers
12. Divers (professional skin, SCUBA or underwater excavators)
13. Dock Workers (longshoremen and stevedores)
14. Drivers (mining, racing, testing and explosive hauling)
15. Fishing Industry (commercial, not returning to port each night)
16. Government or Municipal Employees
17. Halfway House Workers for Alcohol and Drug Rehabilitation
18. Jockeys or Horse Trainers
19. Logging and Mill Workers (to include tree trimmers)
20. Massage Parlors (exception to certified massage therapists)
21. Meat Packing and Slaughterhouse Workers (Live Animals)
22. Migrant Workers and Missionary Workers
23. Mining, Quarry and Foundry Workers
24. Musicians (except full-time concert, symphony performers and studio musicians)
25. Oil Rig, Natural Gas Workers and On or Off-Shore Drilling
26. Physicians (Excluded: Anesthesiologists, Dermatologist, Gynecologists, Neurologists, Obstetricians, Ophthalmologist, Orthopedist, Pathologists, Pediatricians, Plastic Surgeons, Psychiatrists, Radiologists, Surgeons, Urologists, Osteopaths and Podiatrists)
(consideration will be given on HSA Plans)
27. Pyrotechnic Technician
28. Rodeo Participants
29. Structural Steel and Iron Workers and Steeple Jacks
30. Tattoo Artist/Tattoo Parlor Owners
31. Tunnel and Caisson Workers
32. Unemployed (recently laid off, temporarily unemployed or between jobs)

DECLINATIONS

(Often seen conditions and not limited to these conditions)

Unless prohibited by State law, the following conditions warrant a declination of insurance coverage

Acromegaly	Leukemia
Addison's Disease	Lupus, (except Discoid, see Discoid Lupus guideline)
Adrenal Insufficiency	Marie-Strumpell Spondylitis
AIDS	Multiple Sclerosis
Alzheimer's Disease	Muscular Dystrophy
Amyotrophic Lateral Sclerosis (Lou Gehrigs Disease)	Myasthenia Gravis
Ankylosing Rheumatoid Spondylitis	Narcolepsy
Arteriosclerosis	Nephrotic Syndrome
Ascites	Neurogenic Bladder
Ataxia, Locomotor	Neuromyositis
Atherosclerosis	Obesity, Intestinal Surgery (Excluding Liposuction)
Autism	Organ Transplant
Buerger's Disease	Osteitis Fibrosa Cystica; Cystica Disseminata
Cardiac or Heart Conditions, see Heart, VI	Paget's Disease of the bone
Carotid Artery Occlusion	Pancreatic Calcifications or Stones
Cerebral Hemorrhage / Embolism / Thrombosis	Parkinson's Disease
Chronic Obstructive Pulmonary Disease (COPD)	Peripheral Neuritis
Cirrhosis	Peripheral Vascular Disease
Claudication, Intermittent	Polycystic Kidney Disease
Crohn's Disease	Polycythemia
Cushing's Disease or Syndrome	Polyneuritis
Cystic Fibrosis	Pulmonic Stenosis
Diabetes, (except Gestational, see Pregnancy)	Quadriplegia
Down's Syndrome	Regional Enteritis
Dwarfism	Reiter's Syndrome
Emphysema	Renal Dialysis
Esophageal Varices	Renal Failure
Factor VIII, or IX or XI Deficiency	Renal Insufficiency
Fibrocystic Disease of the Pancreas	Rheumatoid Arthritis, & Juvenile
Gastrectomy	Scleroderma, All Types
Gastric Resection	Sclerosis, All Types
Hemiplegia	Sickle Cell Anemia
Hemophilia A or B	Sjorgen's Syndrome
Hodgkin's Disease	Still's Disease
Human Immunodeficiency Virus (HIV)	Stroke
Hydrocephalus	Transient Ischemic Attack (TIA)
Hyperpituitarism	Turner's Syndrome
Hypoparathyroidism	Ulcerative Colitis
Ileitis	Uremia
Kidney Transplant	

NOTE: The above list does not include all conditions that may be considered unacceptable underwriting risks. There may be additional medical conditions not listed in these guidelines that will require an additional rating for acceptance. If you have a specific condition in question that is not listed above, please complete a Request For Preliminary Review for underwriting consideration.

NON-MEDICAL UNDERWRITING GUIDELINES

ALCOHOL DEPENDENCE, ABUSE OR ADDICTION

Presently using	.Decline
Past dependence, abstinence maintained, no history of relapse	
R - 7 yrs since last use	.Decline
7 yrs & up	.Accept
History of relapse	.Decline

DRIVING UNDER THE INFLUENCE OF DRUGS OR ALCOHOL (DUI)

History of one arrest, no history of rehabilitation for alcoholism or drug abuse, no alcohol or drug signs or symptoms	.Accept
History of two arrests, no history of rehabilitation for alcoholism or drug abuse, no alcohol or drug signs or symptoms	
R - 2 yrs	.Decline
2 yrs & up	.IC
Others	.Decline

DRUG DEPENDENCE

Presently using, or with history of relapse	.Decline
Past dependence, treated, abstinence maintained, no history or relapse	
R - 7 yrs since last use	.Decline
7 yrs & up since last use (medical records)	.IC
History of relapse or history of IV drug use	.Decline

FELONY CONVICTIONS

R - 5 yrs	.Decline
5 yrs & up	.IC

FOREIGN NATIONALS

As a general rule, foreign nationals will not be considered for insurance coverage. However, individual consideration will be given for the following situations:

1. Those who have been a permanent U.S. resident for more than three years, possess a **valid green card**, plan to become a U.S. citizen, are employed with acceptable occupations and have an established medical history in the U.S.
2. Those who are married to a U.S. citizen who is employed with an acceptable occupation as long as they possess a **valid green card** and have an established medical history in the U.S.

In these situations, the entire family must apply for coverage.

HAZARDOUS ACTIVITIES (Frequently seen but not limited to this list)

- Aviation (for pleasure)
- Bungee Jumping
- Hang Gliding
- Hot Air Balloon
- Mountain / Rock Climbing
- Rodeo Events, Amateur
- SCUBA Diving Beyond 75 feet
- Skydiving / Parachuting
- Ultralights
- Vehicle Racing (automobile, motorcycle, powerboat, snowmobile & other vehicle types)

All above activities and other activities deemed hazardous by underwriterRider/Decline

Individuals that participate in the above activities on a professional basisDecline

SMOKER RATING (Refer to the current software or written material for the smoker ratings)

Applicant &/or spouse 55 years of age or older require last five years of medical recordsIC

Applicant &/or spouse under 55 years of ageIC

MEDICAL UNDERWRITING GUIDELINES

ALBUMINURIA

All casesIC

ALLERGY

Diagnosis confirmed, with occasional medication, not requiring desensitization shotsAccept

Requiring desensitization shots or treatment with asthmatic medication*Rider/20

Currently under testing or requiring hospitalization (to include emergency room visits)Rider/Decline

**Consideration may be given to accept standard with a deductible of \$1500 or more for non-first dollar benefit plans*

AMNESIA

Presently under testing and/or cause unknownDecline

Cause known or suspectedRFC

Underlying cause ruled out (medical records)Under age 50

R - 5 yrs10

5 yrs & upAccept

Over age 50 or multiple episodesDecline

AMPUTATION

Full recovery

Fingers or toesAccept

Other limbs

R - 1 yr, no current treatment, non-disablingRider/40

1 yr & up, no current treatment, non-disablingAccept

Others, including current treatment or disablingDecline

Due to diseaseDecline

ANEMIA

Aplastic

Primary or secondary present or with bone marrow transplantDecline

Secondary recovered, no bone marrow transplant

R - 3 yrsDecline

3 yrs & up (medical records)Accept

Iron Deficiency

Present

Mild, no complications*10

Moderate, no complications20

History of, recoveredAccept

Secondary, in addition to aboveRFC

**Consideration may be given to accept as standard with a deductible of \$1000 or more for non-first dollar benefit plans*

Pernicious

Best cases-adequate and continuing treatment, absence of hematologic crises, no nervous system involvement, recent Hgb determination and RBC normal

R - 1 yrDecline

1 yr & up (medical records)50

OthersDecline

Sickle Cell AnemiaDecline

Sickle Cell Trait

Definite diagnosis, no symptoms past or presentAccept

Thalassemia MajorDecline

Thalassemia Minor

SymptomsDecline

No symptomsIC

ANOREXIA & BULEMIA (or other eating disorders)

PresentDecline

History of, recovered, no related complications, normal ht/wt, normal menses

R - 5 yrsDecline

5 yrs & up since last episodeIC

APPENDICITIS

Under going treatment or unoperatedDecline

Operated, full recoveryAccept

ARTERITIS (Vasculitis)

All cases

R - 10 yrsDecline

10 yrs & up, full recovery, no complications, no treatmentIC*

**In addition consider the cause*

ARTHRITIS

Degenerative/Osteoarthritis

Symptoms minimal, evidence slight, no interference with function

No prescription medicationAccept

With prescription medicationRider/20

Moderate/Severe symptomsRider/Decline

With joint replacement anticipated or history of, see Joint, Ligament, Cartilage

Gouty Arthritis, see Gout

Rheumatoid, All Types (Juvenile, Still's Disease, Felty's syndrome, Reiter's syndrome, Sjorgen's syndrome, Marie-Strumpell)Decline

ASEPTIC NECROSIS

All casesRider/Decline

ASTHMA, BRONCHIAL

Mild, no restrictions in activities, no emergency room visits in past year, occasional non-steroid inhaler only, with no inhaled or oral steroid use

No tobacco useAccept

Tobacco useRider/40

Moderate, controlled with medication (any type) on daily basis, no restrictions in activities, no more than 1 emergency room visit in past year

No tobacco useRider/Decline

Tobacco useDecline

Severe, continual symptomsDecline

BACK DISORDERS

Back Sprain or Strain

PresentRider/35

History of, non-disabling, full recovery

R - 1 yrRider/35

1 yr & upAccept

Disabling or recurrentRider/Decline

Chiropractic Care for Back (Maintenance only, no underlying condition) If policy limitation applies

12 or less adjustments per yearAccept

More than 12 adjustments per year*IC

No policy limitation

1 - 6 adjustments in past yearAccept

7 - 12 adjustments in past year20

13 or more adjustments in past yearIC

If due to underlying medical condition, Rate medical condition

**Consideration may be given to accept standard with a deductible of \$1500 or more for non-first dollar benefit plans*

KyphosisRider/Decline

Lordosis & Scoliosis

No noticeable deformity, incidental finding, asymptomatic, no treatment recommendedAccept

Noticeable deformity/posture abnormality, no surgeryRider/Decline

Operated, full recovery, no complications

R - 3 yrsRider/50

3 yrs & upRider/20

Operated, incomplete recovery or with complications or hardware presentRider/Decline

Ruptured and/or Herniated Disc

- PresentRider/Decline
- Operated, full recovery
 - R - 3 yrsRider/50
 - 3 yrs & upAccept

Spinal Cord Injury

- PresentDecline
- Full recovery, no residuals
 - R - 1 yrIC
 - 1 yr & upAccept
- With residuals, Rate residual

Spondylolisthesis, Spondylosis, Spondylolysis

- All casesRider/Decline

BELL'S PALSY

- PresentRider/Decline
- Full recovery, no residualsAccept
- ResidualsRider/50

BLADDER DISORDERS

Bladder Diverticulum

- PresentDecline
- History of, surgically corrected, full recoveryAccept

Cystitis, Trigonitis

- One or two attacks per year, full recoveryAccept
- Chronic, more than two attacks per year, resistant to treatment
 - R - 1 yr since last attackRider/50
 - 1 yr & up since last attack, full recoveryAccept

Interstitial Cystitis

.....Rider/60

Neurogenic Bladder

.....Decline

BRAIN ABSCESS

The following ratings are in addition to any rating for cause

- Present, complications or sequelsDecline
- No complications or sequels
 - R - 1 yrDecline
 - 1 - 5 yrs40
 - 5 yrs & upAccept

BREAST DISORDERS

Breast Cyst, Benign (Malignancy/Tumor, see Tumors)

- Present or recurrentRider/Decline
- Cured by excision or incision & drainage, full recoveryAccept

Fibrocystic Disease

- Asymptomatic, incidental mammographic findingAccept
- Symptomatic, palpable, and/or severeRider/50
- Operated, single occurrence, full recoveryAccept
- Otherwise, rate as symptomatic

Gynecomastia

- If due to hormonal imbalance (increased estrogen/testosterone ratio)
 - Mild, treated by hormone therapy20
 - Severe or surgery recommendedDecline
- With underlying cause (cancer, liver disease)Decline
- Present, no underlying causeIC

Breast Implants

- Anticipating or contemplating surgeryRider/Decline
- History of, full recoveryRider/50

Breast reduction

- Anticipating or contemplating surgeryRider/Decline
- History of surgery, full recoveryAccept

Nipple discharge (Galactorrhea)RFC

Mastitis, inflammation (infection or abscess)

- Present, rate as fibrocystic disease
- Full recoveryAccept

BUILD: Male/Female Rating Percentage

- If build exceeds the maximum weight range listedDecline
- UnderweightIC
- Otherwise, rate accordingly

See page 23 for the build chart.

BUNION

- Present*Rider/10
- Surgically corrected
 - Without residualsAccept
 - With residuals*Rider/10

**Consideration may be given to accept standard with a deductible of \$1000 or more for non-first dollar benefit plans*

BURNS

- 1st, 2nd & 3rd degree, full recovery
 - No significant scarringAccept
 - With significant scarringIC
- Under treatmentIC

BUILD CHART**FEMALE**

Height	Accept	10 Debits	20 Debits	50 Debits	80 Debits	Decline
4'8"	81-143	144-155	156-166	167-178	179-190	191+
4'9"	84-146	147-160	161-171	172-184	185-195	196+
4'10"	87-152	153-164	165-175	176-191	192-200	201+
4'11"	90-156	157-167	168-178	179-197	198-205	206+
5'0"	93-161	162-171	172-183	184-202	203-210	211+
5'1"	96-166	167-176	177-188	189-207	208-215	216+
5'2"	99-171	172-180	181-192	193-212	213-220	221+
5'3"	102-177	178-186	187-199	200-217	218-225	226+
5'4"	106-182	183-190	191-203	204-224	225-232	233+
5'5"	108-188	189-195	196-209	210-231	232-239	240+
5'6"	110-191	192-199	200-216	217-239	240-247	248+
5'7"	114-197	198-205	206-223	224-246	247-254	255+
5'8"	117-202	203-211	212-229	230-254	255-262	263+
5'9"	121-209	210-218	219-236	237-262	263-270	271+
5'10"	123-214	215-222	223-243	244-270	271-278	279+
5'11"	128-222	223-231	232-250	251-261	262-286	287+
6'0"	132-228	229-238	239-257	258-286	287-294	295+
6'1"	136-225	226-244	245-264	265-294	295-302	303+
6'2"	138-240	241-250	251-271	272-302	303-310	311+
6'3"	141-246	247-256	257-289	290-311	312-319	320+
6'4"	146-253	254-263	264-286	287-319	320-327	328+

MALE

Height	Accept	10 Debits	20 Debits	50 Debits	80 Debits	Decline
5'0"	96-162	163-174	175-186	187-202	203-210	211+
5'1"	99-168	169-180	181-192	193-208	209-216	217+
5'2"	102-173	174-187	188-199	200-217	218-225	226+
5'3"	105-179	180-193	194-206	207-227	228-235	236+
5'4"	109-185	186-199	200-212	213-232	233-240	241+
5'5"	112-190	191-204	205-218	219-242	243-250	251+
5'6"	115-196	197-211	212-225	226-247	248-255	256+
5'7"	119-202	203-217	218-231	232-253	254-261	262+
5'8"	123-208	209-223	224-238	239-262	263-270	271+
5'9"	126-214	215-230	231-246	247-272	273-280	281+
5'10"	130-221	222-236	237-251	252-282	283-290	291+
5'11"	133-226	227-242	243-259	260-287	288-295	296+
6'0"	137-233	234-249	250-266	267-293	294-301	302+
6'1"	141-240	241-257	258-275	276-302	303-310	311+
6'2"	145-246	247-264	265-282	283-312	313-320	321+
6'3"	149-253	254-272	273-290	291-322	323-330	331+
6'4"	153-260	261-279	280-298	299-332	333-340	341+
6'5"	157-267	268-286	287-305	306-342	343-350	351+
6'6"	161-274	275-294	295-314	315-352	353-360	361+
6'7"	165-281	282-302	303-322	323-362	363-370	371+
6'8"	169-288	289-309	310-330	331-372	373-380	381+

BURSITIS

Present*Rider/20
Single attack, uncomplicated, full recoveryAccept
Two or more attacks, same location
 R - 1 yr since last attack/treatment *Rider/20
 1 yr & upAccept
Operated, full recoveryAccept
**Consideration may be given to accept standard with a deductible of \$1500 or more for non-first dollar benefit plan*

CARPAL TUNNEL SYNDROME

PresentRider/Decline
History of, medically managed, no surgery anticipated
 R - 2 yrs since last flare upRider/40
 2 yrs & up since last flare upAccept
Surgically corrected, no residualsAccept

CELLULITIS

Present, acute, no underlying cause*Rider/20
Present, chronic (consider an underlying cause and RFC)IC
Full recovery, no residual damageAccept
**Consideration may be given to accept standard with a deductible of \$1500 or more for non-first dollar benefit plans*

CEREBRAL PALSY

Under age 20Decline
Over age 20
 Positive assurance of normal mentality, with involvement of one extremity only, Or if more than one limb involved, essentially normal locomotion and use of Hand and arms due to mildness of the impairment, at most one arm or leg Affected, self-supportingIC
 OtherwiseDecline

CHEST DEFORMITY (pectus excavatum and protuberant sternum)

Mild or moderate, no complicationsAccept
Marked, or any case complicated by possible heart enlargement, compression, definite Displacement, or heart murmurDecline

CHRONIC FATIGUE SYNDROME

PresentDecline
History of, complete recovery, no current treatment or residuals
 R - 5 yrsDecline
 5 yrs & upIC

CLEFT PALATE

No other congenital defects

Present

Ages 0 - 1 yrDecline

1 yr & upRider/Decline

Surgically corrected, full recovery, no future treatment

R - 1 yrRider/20

1 yr & upAccept

Residuals remaining, Rate residuals

CLUB FOOT

Present or residual problemsRider/Decline

Surgically corrected, no residual problemsAccept

COLITIS

Amebic or Bacillary dysentery

One attack, duration less than one month, full recovery

R - 6 mosRider/Decline

6 mos & upAccept

Recurrent, or one attack lasting one month or longer

R - 6 mosRider/Decline

6 mos - 3 yrs40

3 yrs & upAccept

Spastic colitis, irritable colon, mucous colitis, irritable bowel

Occasional occurrences or mild, no complicationsAccept

Frequent or chronic or requiring daily medicationRider/Decline

Ulcerative ColitisDecline

CONCUSSION

Simple fracture (concussion or contusion), no loss of consciousness, no complications

PresentIC

Full recoveryAccept

Complicated fracture, bone depression, craniotomy, loss of consciousness or intracranial bleeding

Present up to 2 yrs after recoveryDecline

Full recovery, complete resumption of normal activities

2 - 5 yrs (medical records)40

5 yrs & upAccept

Postconcussion syndrome, Posttraumatic Headache syndrome, Mental deterioration, ParalysisDecline

DEAF - MUTISM (Medical records)

All casesIC

DEAFNESS

Congenital, traumatic or occupational causes, with no medical treatment possible to correct the conditionAccept
Due to diseaseRFC
Past or anticipated operation or with coclear implant, no matter what the causeRider/Decline

DEVIATED SEPTUM

Deviated or Perforated Septum
Present/UnoperatedRider/Decline
Operated, full recoveryAccept

DISCOID LUPUS ERYTHEMATOSUS

R - 2 yrsRider/30
2 yrs & upAccept

DIVERTICULITIS

PresentRider/Decline
Single episode, mild, good response to conservative treatment, full recovery
R - 2 yrsRider/30
2 yrs & upRider/20
Multiple episodes, mild, good response to conservative treatment, full recovery
R - 2 yrsRider/50
2 yrs & upRider/30
Others, prolonged attacks or unsatisfactory response to treatmentDecline
After surgery, full recovery without complications
With colectomy, no colostomy required
R - 6 mosDecline
6 mos - 2 yrsRider/40
2 yrs & upAccept
With colostomy
Temporary colostomy
PresentDecline
History of, full recovery
R - 6 mosRider/Decline
6 mos - 2 yrsRider/40
2 yrs & upAccept
Permanent colostomyDecline

DIVERTICULOSIS

Colon
Asymptomatic, incidental findingsAccept
Symptomatic, Rate as Diverticulitis

Ileum or small intestine (Meckel's)

PresentRider/Decline
Surgically corrected, full recoveryAccept

Esophagus

PresentRider/60
Surgically corrected, full recoveryAccept

Bladder

PresentDecline
Surgically corrected, full recoveryAccept

DUODENITIS

Cause knownRFC
Cause unknownRider/Decline

DYSPNEARFC

EAR DISORDERS

Cholesteatoma of the Ear

Operated, asymptomatic, normal hearingAccept
Present or otherwiseRider/Decline

Otitis Media

Tympanic tubes not requiredRider/25
History of, recovered
 No more than one episode per yearAccept
 R - 2 yrsRider/25
 2 yrs & upAccept
Others/Tympanic tubes anticipatedRider/Dec
Treated with tympanic tubes
 Present, no further infection or problemsRider/50
 History of, full recovery, tubes no longer present, no further infections
 R - 2 yrs*Rider/10
 2 yrs & upAccept

**Consideration may be given to accept standard with a deductible of \$1000 or more for non-first dollar benefit plans*

Perforated Ear Drum or Tympanic Membrane

Due to diseaseRFC
Traumatic
 No complications, full recoveryAccept
 Complications presentRider/60
Surgically corrected (tympanoplasty)
 Tubes presentRider/50
 Tubes no longer presentAccept

EDEMA

Known causeRFC
Unknown causeDecline

EMBOLISM

Cerebral	Decline
All others (i.e., Pulmonary, Post-surgery, etc.)	
Present or multiple attacks or continual anticoagulants	Decline
Single attack	
R - 1 yr	Decline
1 yr & up medically treated & recovered, no residuals, no underlying disease	.IC
Otherwise	Decline

ENCEPHALITIS / ENCEPHALOMYELITIS

Present	Decline
Full recovery, no sequels	
R - 1 yr	Decline
1 yr & up	Accept
With residuals, Rate residual	

ENURESIS (Bed-wetting)

Cause known	RFC
Cause unknown, infrequent episodes, disease ruled out	.IC

EPIDIDYMITIS OR EPIDIDYMO-ORCHITIS

Cause known	RFC
Cause unknown	
Present	Rider/Decline
Full recovery	Accept

EPILEPSY

<u>Febrile</u>	
1 - 2 seizures	Accept
3 or more seizures	
R - 1 yr since last seizure	.IC
1 yr & up since last seizure	Accept

Petit Mal (Absence)

R - 2 yrs since last seizure	50
2 yrs & up	
Requiring treatment	10
No treatment required	Accept

All Others (i.e., Grand Mal, Tonic-clonic, Jacksonian, Psychomotor, Temporal Lobe, etc)

R - 3 yrs since last seizure	Decline
3 - 5 yrs since last seizure	50
5 yrs & up since last seizure	.25

EPSTEIN-BARR VIRUS

Present, or currently under treatment	Decline
History of, full recovery, no associated disease or syndrome	Accept
Associated disease or syndrome	RFC

ESOPHAGEAL DISORDERS

Barrett’s Esophagus

- All CasesRider/Decline
- Cardiospasm (obstruction to the passage of food in the lower portion of the esophagus)
 - Present
 - With symptoms or recurrentDecline
 - Asymptomatic
 - R - 2 yrsDecline
 - 2 - 5 yrs30
 - 5 yrs & upAccept
 - Surgically corrected, no residuals
 - R - 1 yrDecline
 - 1 yr & upAccept

Esophageal Stricture

- Present, or requiring repeated dilationsRider/Decline
- History of, full recovery, no residuals, no surgery or dilation anticipated
 - R - 2 yrs since last treatmentRider/Decline
 - 2 yrs & up since last treatmentAccept

Gastroesophageal Reflux (GERD), Esophageal Spasm, Esophagitis

- Present
 - Occasional, mild attacks, controlled with or without medication*Rider/10
 - Frequent/chronic attacks, testing to confirm diagnosisRider/75
 - History of, full recoveredAccept

**Consideration may be given to accept standard with a deductible of \$1500 or more for non-first dollar benefit plans*

EYE DISORDERS

Blindness

- Due to diseaseRFC
- Traumatic or idiopathic, one or both eyes
 - Well adjusted, self sufficient, no surgery anticipatedAccept
 - Otherwise or surgery anticipatedRider/Decline

Cataract

- Present, not operatedRider/Decline
- Operated, full recovery
 - R - 1 yrs since recoveryRider/30
 - 1 yrs & upAccept

Conjunctival or subconjunctival hemorrhage

- Present or unable to establish causeDecline
- History of, full recovery
 - R - 1 yrDecline
 - 1 yr & upAccept
- Cause establishedRFC
- OthersIC

Conjunctivitis, Acute (Pink Eye)Accept

Conjunctivitis, Granular (Trachoma)

PresentDecline
History of, full recovery, no surgery anticipated
R - 2 yr40
2 yr & upAccept

Corneal Ulcer

PresentRider/Decline
History of, full recoveryAccept

Diplopia (Double vision)

Cause knownRFC
Cause unknownDecline

Eyelid Ptosis

.....RFC

Glaucoma

Primary
Surgically corrected, full recoveryAccept
No surgery necessary, controlled with medicationRider/50
Surgery anticipated, or condition not controlled with medicationRider/Decline
Secondary, Rate as primary in addition to RFC

Iritis

Cause knownRFC
Underlying cause ruled out
Present or multiple attacksRider/Decline
History of, single attack, full recoveryAccept

Macular Degeneration, Rate as idiopathic blindness

Nystagmus

Congenital, no underlying diseaseIC
OthersDecline

Optic Neuritis

Cause knownRFC
Cause unknown
History of, recovered
R - 1 yrDecline
1 - 5 yrs50

Retinal Detachment

Due to trauma
UnoperatedRider/60
Operated successfully
R - 1 yrRider/20
1 yr & upAccept
Due to diseaseRider/60 & RFC

Retinitis Pigmentosa

All casesRider/Decline

Strabismus (Cross Eyed)

PresentRider/Decline
History of, operated, no residualsAccept

FRACTURE

Spine

Present, incomplete recovery or pins / hardware presentRider/Decline
Complete recovery, no pins or hardware presentAccept

All Others

Present or incomplete recoveryRider/Decline
Complete recovery, without pins or hardwareAccept
With pins/hardware, complete recovery, no complications
 Present & permanent
 R - 5 yrs since pins/hardware placementIC
 5 yrs & up since pins/hardware placementAccept
 Anticipated removalRider/Decline

Skull, see Concussion

GALLBLADDER DISORDERS / STONES

Cholecystitis (inflammation)

PresentRider/Decline
Surgical removal of gallbladder, full recoveryAccept

Cholelithiasis (stones)

PresentRider/Decline
Surgical removal of gallbladderAccept

Choledocholithiasis (stones of bile duct), biliary dyskinesia, biliary colic

PresentRider/Decline
Surgically corrected by Endoscopic Retrograde Sphincterotomy (ERS)
or other surgery to remove stones from biliary duct
 With gallbladder removalAccept
 With gallbladder presentRider/Decline

GANGLION CYST

PresentRider/50
Operated, full recoveryAccept
Recurrent episodes, same location, operated, full recovery
 R - 1 yrRider/50
 1 yr & upAccept

GASTROENTERITIS

All cases with full recoveryAccept
OthersIC

GILBERT'S SYNDROME, DUBIN-JOHNSON SYNDROME

All underlying conditions ruled outAccept
OthersDecline

GOUT, GOUTY ARTHRITIS

Single attack, no complications (i.e., chronic arthritis, kidney stones or tophi) no other cardiovascular impairments
R - 1 yrRider/20
1 yr & upAccept

Recurrent mild attacks, no complications (see above) , no other cardiovascular impairments
R - 2 yrsRider/20
2 yrs & up since last attackAccept

Disabling attacks; poor control; or surgery recommended; elevated blood pressure or other cardiovascular impairments or with complications (e.g. repeated kidney stones or chronic tophi)Decline

Secondary gout or elevated uric acid ascribed to other causesIC

Controlled gout with controlled blood pressure, Rate both conditions accordingly

HAMMERTOE

PresentRider/10
Surgically correctedAccept

HEADACHE (including Migraine & Cluster)

Mild, occasional attacks, no daily medicationsAccept

Severe or frequent
Recent onset, testing required or diagnosis not determinedDecline
Fully evaluated, diagnosed migraine or cluster headache or daily medication*Rider/50

Due to underlying causeRFC

**Consideration may be given to accept standard with a deductible of \$1500 or more for non-first dollar benefit plans*

HEART DISORDERS

I. CARDIAC TESTING OR PROCEDURES

Abnormal ECG/EKG or Angiography (medical records)RFC

Angioplasty
History ofDecline

Cardiac Catheterization
AnticipatedDecline
History of, Rate diagnosis

Other invasive or noninvasive cardiovascular testing/procedures, Rate diagnosis

II. CHEST PAIN

Chest Pain

With abnormal ECG or with no ECG	.Decline
Cause known	.RFC
Cause unknown	.IC

III. DISEASES OF THE HEART & PERICARDIUM

Atrial Tachycardia (Multifocal Atrial Tachycardia (MAT),

Atrioventricular Nodal Reentrant Tachycardia (AVNRT) or (AVRT)

Present	.Decline
History of, asymptomatic, episode less than few hours, 3 or less attacks per year, no cardiovascular disease, no surgery anticipated	
R - 2 yrs since date of last attack	.Decline
2 - 5 yrs. since date of last attack (medical records)	.Accept
History of, correction by ablation with no recurrence, now asymptomatic, no cardiovascular disease, full recovery	
R- 1 yr	.Decline
1 yr & up (medical records)	.20
Otherwise	.Decline

Atrioventricular Block, (Heart Block, AV Block)

1st degree heart block (medical records)	.Accept
2nd & 3rd degree heart block	.Decline

Bundle Branch Block

Left bundle branch block (LBBB)	.Decline
Right bundle branch block (RBBB), no history of fainting spells, asymptomatic, no cardiovascular disease, and any underlying medical problem causing the RBBB has been treated (medical records)	.Accept
Otherwise	.Decline

Endocarditis

Acute & Subacute Bacterial	
Present up to 5 yrs since full recovery	.Decline
5 yrs & up, full recovery, no valve involvement, no underlying disease	.Accept
Nonbacterial	
With rheumatic fever	
Associated with heart murmur or underlying disease	.Decline
No murmur, Rate Rheumatic Fever	
Others	.Decline

Functional Murmur

Grade II or less, no associated cardiac abnormality	.Accept
Otherwise	.Decline

Myocarditis

Primary	.Decline
Otherwise	.RFC

Pericarditis

Benign viral or bacterial or secondary to lung infection	
Present or multiple episodes or constrictive	.Decline
History of, single episode, full recovery	
R - 1 yr	.Decline
1 - 2 yrs	.30
2 yrs & up	.Accept

Premature Atrial Contractions (PAC)

Asymptomatic, no cardiovascular diseaseAccept
OtherwiseDecline

Premature Ventricular Complex (PVC) or Paroxysmal Atrial Tachycardia (PAT)

Cause known, asymptomatic, no cardiovascular diseaseIC
Cause unknownDecline

Sinus Bradycardia or Arrhythmia

Asymptomatic , no underlying cardiovascular diseaseAccept
Underlying cause knownRFC
OtherwiseDecline

Sinus Tachycardia

With cardiovascular disease or surgery anticipatedDecline
No cardiovascular disease or systemic disease (medical records)*20
**In addition rate for the underlying cause*
Surgically corrected by ablation, asymptomatic, no cardiovascular disease or systemic disease causing tachycardia
R - 1 yrDecline
1 yr & up (medical records)20
OtherwiseDecline

Wolff-Parkinson-White (WPW)

No history of associated atrial fibrillation, no cardiovascular disease, corrected by radiofrequency catheter ablation or open heart surgery, no future surgery anticipated, full recovery
R - 1 yrDecline
1 yr & up (medical records)Accept
OtherwiseDecline

IV. GENERALIZED CARDIOVASCULAR DISORDERS

Coarctation of Aorta

UnoperatedDecline
Operated, resection & end to end anastomosis, no murmur, blood pressure normal, ECG & x-ray normal, no ratable impairment
R- 5 yrsDecline
5 yrs & upIC
OthersDecline

Hypercholesterolemia/Hyperlipidemia, see seperate entry

Hypertension (HTN), High Blood Pressure, see seperate entry

Co-Morbidity Chart, see seperate entry

Hypotension

Cause knownRFC
Underlying cause ruled out, no complicationsAccept

V. VALVULAR HEART DISEASE (MVP, Aortic & Tricuspid valve, regurgitation or stenosis)

Mitral Valve Prolapse (MVP)

No symptoms, no current medication (other than prophylactic antibiotic use)Accept
No symptoms, medically managed with medication other than prophylactic antibiotic use, a trace or mild mitral regurgitation *10
Symptomatic or with moderate or severe mitral regurgitationDecline
**Consideration may be given to accept standard with a deductible of \$1500 or more for non-first dollar benefit plans*

Septal Defects, Atrial & Ventricular, Patent Ductus Arteriosus, Patent Foramen Ovale

Present .....	.Decline
Spontaneous closure .....	.Accept
Surgically corrected	
No murmur, no other CV impairment, no other ratable impairments	
R - 1 yr .....	.Decline
1 yr & up .....	.Accept
Otherwise .....	.Decline

VI. HEART DISORDERS OR DISEASES THAT ARE DECLINATIONS:

Angina Pectoris	Coronary Insufficiency, Occlusion, Sclerosis
Aortic Insufficiency	Coronary Thrombosis
Aortic Stenosis	Coronary Valve Replacement, Heart Valve Replacement
Arteriosclerosis	Fibrillation, Atrial or Ventricular
Atherosclerosis	Flutter, Atrial or Ventricular
Calcification of the Aorta	Heart Attack, Coronary Attack, Myocardial Infarction
Cardiac Hypertrophy, Heart Enlargement, Cardiomegaly	Left Bundle Branch Block
Cardiomyopathy	Mitral Obstruction or Stenosis
Congestive Heart Failure (CHF)	Pacemaker
Coronary Artery Bypass	Tetrology of Fallot
Coronary Artery Disease (CAD)	Ventricular Tachycardia

HEMATEMSIS (vomiting of blood)

Due to esophageal varices or varicosities .....	.Decline
Other known causes .....	.RFC
Cause unknown, all studies negative, 1 or 2 episodes	
R - 1 yr since last episode .....	.Decline
1 yr & up .....	.IC
Otherwise .....	.Decline

HEMATOMA

Cerebral Hematoma

Not operated .....	.Decline
Operated, full recovery, no residuals	
R - 2 yrs .....	.Decline
2 - 5 yrs* .....	.40
5 yrs & up* .....	.Accept

**With residuals - in addition to above, Rate residuals*

Other locations

HEMORRHAGIC DISEASE

Anaphylactoid purpura, full recovery, no residuals	
R - 5 yrs since last episode .....	.Decline
5 yrs & up .....	.IC
With residuals .....	.Decline

Purpura hemorrhagic (thrombocytopenic purpura, thrombocytopenia, idiopathic thrombocytopenia)

Primary

PresentDecline

Full recovery

R - 1 yrDecline

1 yr & upIC

SecondaryRFC

The following diagnoses are a Decline: Christmas Disease, PTA deficiency, Von Willebrand's Disease, Hereditary hemorrhagic telangiectasia, Essential thrombocytosis

HERNIA

Abdominal, inguinal, femoral, epigastric, scrotal, umbilical*, ventral hernias

Present or incomplete recoveryRider/75

Operated, full recoveryAccept

**Umbilical hernia in a child, expected to close spontaneously, does not require a rating*

Hiatal, diaphragmatic hernias

Present

Small, infrequent episodes, no complicationsAccept

Others, chronic, not under control or surgery anticipatedRider/Decline

Operated, no recurrenceAccept

HERPES SIMPLEX Type I (i.e., cold sores)Accept

(Type II - genital, see Sexually Transmitted Disease)

HERPES ZOSTER (Shingles)

PresentDecline

One attack

History of, full recovery, no residualsAccept

With residuals, Rate for residual

Multiple attacks

R - 3 yrs since last attackRider/40

3 yrs & upAccept

HYPERCHOLESTEROLEMIA / HYPERLIPIDEMIA

Treated by diet, no nicotine use, established control

R - 1 yr	.10
1 yr & up	.Accept
On medication, established control	.10
With nicotine use	.See on next page
With hypertension	.IC
Cholesterol reading higher than 240 &/or triglyceride reading higher than 400 or no established control	.IC

HYPERPARATHYROIDISM

Present, no surgery	.Decline
Operated, full recovery, no residuals	
R - 1 yr	.Decline
1 yr & up	.IC

Note: Hypoparathyroidism is a decline

HYPERTENSION (HTN), HIGH BLOOD PRESSURE

Diagnosed within the last 6 months	.Decline
Controlled BP, no ratable cardiovascular conditions, medication compliance	
No nicotine use	.25
With nicotine use	.See on next page
With hypercholesterolemia/hypertriglycerides...	.IC
BP reading of 150/90 or greater, within last year	.IC
Uncontrolled BP or medication non-compliance or ratable cardiovascular condition or build rating of 50% or more	.Decline

CO-MORBIDITY CHART

The guidelines are in addition to the tobacco rating applied to initial rates
(Lipids refer to Hypercholesterolemia & Hypertriglyceridemia)

Controlled Hypertension

With tobacco use	.35
With ratable lipids	.IC
With ratable build of less than 50%	.Rate hypertension & build
With ratable build of 50% or more	.Decline
With tobacco use & ratable lipids	.35 & rate lipids
With tobacco use, controlled lipids & ratable build	.60 & rate for build
With tobacco use, uncontrolled lipids & ratable build	.Decline

Elevated Lipids (Hypercholesterolemia & Hypertriglycerides)

With tobacco use	.25
With hypertension	.IC
With ratable build	.Rate lipids & build
With tobacco use & controlled hypertension	.Rate tobacco & hypertension
With tobacco use & ratable build	.IC

Ratable Build

With tobacco use	.Tobacco rating & rate build
With hypertension & ratable build of less than 50%	.Rate build & hypertension
With hypertension & ratable build of 50 or more	.Decline
With ratable lipids	.Rate build & lipids
With tobacco use, controlled hypertension & controlled lipids	.60 & rate build
With tobacco use & ratable lipids	.IC

HYPOGLYCEMIA (abnormally low blood sugar)

Cause known	.RFC
Cause unknown	
Functional hypoglycemia, thoroughly investigated, stabilized with mild infrequent episodes	.Accept
Frequent episodes, not stabilized, ongoing investigation	.Decline
Associated with diabetes	.Decline

INFERTILITY

Male or Female

Age 45 or over	.IC
After menopause or with a history of voluntary sterilization	.Accept
Under age 45	
R - 5 yrs	.Decline entire Application
5 yrs & up since last treatment (medical records)	.IC

**Consideration may be given if a subsequent normal pregnancy was achieved without fertility treatment*

JAUNDICE

New Born

Present	.Decline
Recovered	.Accept

Adult

Cause known	.RFC
Cause unknown	.Decline

JOINT, LIGAMENT & CARTILAGE DISORDERS

Achilles Tendon

Present, or incomplete recovery	.Rider/Decline
History of, full recovery	.Accept

Ankylosis

Symptoms minimal, evidence slight	.Rider/15
Marked symptoms, no hip or spinal involvement	.Rider/75
Marked symptoms, with hip or spinal involvement	.Decline

Costochondritis .Accept

Dislocation

Congenital of hip, bilateral or unilateral, present	.Rider/Decline
Surgically corrected, full recovery	
R - 6 mos	.Rider/Decline
6 mos & up	.Accept
Traumatic	
Present	.Rider/Decline
Single episode, full recovery	.Accept
Multiple episodes	.Rider/Decline

Ligament Injuries/Arthroscopy

Strained or sprained	
Present	.Rider or IC
History of, full recovery	.Accept
Torn Ligament	
Present	.Rider/Decline
Repaired, full recovery	
R - 1 yr	.Rider/30
1 yr & up	.Accept
Others	.Rider/Decline

Joint Replacement

Joint replacement anticipated	.Decline
Replacement completed	
Due to Arthritis	.Rider/Decline
Due to Trauma	
With full recovery, no restrictions	
R - 2 yrs	.Rider/Decline
2 yrs & up*	.Rider/20
Bilateral Joints	.Decline

**Consideration may be given to accept standard with a deductible of \$1500 or more for non-first dollar benefit plans*

Synovitis

One or two episodes, full recovery	.Accept
Recurrent - more than two episodes	
R - 2 yrs since last episode	.Rider/50
2 yrs & up	.Accept

KIDNEY DISORDERS

Aberrant or Ectopic (misplaced kidney)

Asymptomatic, normal renal function	.Accept
Others	.Decline
Abnormal kidney removed, other kidney normal, full recovery	.RFC

Agenesis or aplasia of one kidney

No symptoms, normal renal function	
Under age 20	.Decline
Age 20 and over, Rate as congenital absence	

Congenital absence of kidney or ureter

If remaining kidney & ureter have normal renal function	.Accept
Others	.Decline

Cystic disease or cyst of kidney

Unilateral, solitary, normal renal function	
Present	.Rider/Decline
Surgically corrected	
R - 1 yr	.Rider/Decline
1 yr & up	.Accept
Unilateral, multiple, unoperated	
Asymptomatic	.Rider/Decline
Symptomatic	.Decline

Unilateral, surgically corrected	
Partial nephrectomy, full recovery, no residuals	
R - 1 yr	.50
1 yr & up	.Accept
Partial nephrectomy, & persisting cardiovascular-renal abnormalities	.Decline
Bilateral, extensive, multiple episodes	.Decline

Duplication of kidney pelvis and ureter, (unilateral or bilateral)

No complications	.Accept
With complications, Rate complications	

Floating Kidney (Nephroptosis)

Asymptomatic, urinalysis normal, no obstruction, no complications	.Accept
Symptomatic or complications	.Decline
Surgically corrected, full recovery	.Accept

Fused kidney, (horseshoe kidney)

Asymptomatic, normal renal function	
Under age 20	.Decline
Age 20 & up, Rate as congenital absence	
Symptomatic	.Decline

Hematuria

Cause known...	.RFC
Cause unknown	.Decline

Hydronephrosis

Present	.Decline
History of	
Associated with pregnancy, full recovery, no residuals	.Accept
Full recovery, treatment other than nephrectomy, no residuals and normal renal function (medical records)	
Unilateral	.Accept
Bilateral	
R - 3 yrs	.Decline
3 yrs & up	.Accept
With nephrectomy	.Decline

Kidney Dialysis .Decline

Kidney Donor

Anticipated	.Decline
History of, full recovery, no complications	.Accept

Kidney Infection (Nephritis)

Glomerulonephritis (medical records)	
Acute, one attack, full recovery, no residuals - best cases, with no albuminuria, hematuria, or hypertension prior to episode or following recovery	
R - 1 yr	.Rider/75
1 - 4 yrs	.Rider/25
4 yrs & up	.Accept
Chronic, Progressive, Others	.Decline

Kidney Stone

Present, recurrent, or bilateralDecline
History of, one occurrence, unilateral, full recovery*
 R - 3 yrs since last occurrenceRider/Decline
 3 - 5 yrs since last occurrenceRider/20
 5 yrs & upAccept
**It treated with nephrectomy, IC*

Polycystic Kidney DiseaseDecline

Pyelonephritis

Acute, one attack, full recovery, no residuals
 R - 1 yrRider/Decline
 1 yr & upAccept
Chronic, Multiple attacks
 R - 5 yrs since last attackDecline
 5 yrs & up, since last attackAccept

Sponge kidney (Medullary sponge)

Unilateral
 Unoperated or incomplete recoveryRider/Decline
 Surgically corrected, full recovery, other kidney functioning normally
 R - 1 yrRider/50
 1 yr & upAccept
BilateralDecline

With Nephrectomy, unless otherwise rated aboveDecline

LAB VALUES, ABNORMAL OR ELEVATED

All casesIC

LIPOSUCTION

AnticipatedDecline
History of, full recovery, no residualsAccept

LIVER DISORDERS

Hepatitis A & E

Present & up to 6 months after full recoveryDecline
Full recovery, no symptoms, normal liver function studies
 6 mos & up (medical records)Accept

Hepatitis B, C, D, alcoholic and all othersDecline

Liver Abscess

Amebic, see Colitis (rate as recurrent amebic dysentery)

Bacterial

 PresentDecline
 History of, full recoveryAccept

Liver EnlargementRFC

Fatty Liver

Cause unknown

- PresentDecline
- History of, full recovery
 - R - 2 yrs30
 - 2 yrs & upAccept

Cause knownRFC +50

Ruptured Liver

Due to trauma

- PresentDecline
- Full recoveryAccept

OtherwiseRFC

LUNG DISORDERS

Abscess (medical records)

Due to infection, limited involvement

- Present to 3 months after recoveryDecline
- History of, medically treated, full recovery, no residuals
 - 3 mos - 1 yr30
 - 1 yr & upAccept

Other conditions &/or diseaseRFC

Complications, residuals or extensive involvementDecline

Bronchiectasis (medical records)

Localized to one lobe, minimal or no symptoms, only occasional medical treatment, satisfactory x-ray75

Others, both lobes, more extensive involvement or surgery anticipated or with tobacco useDecline

Operated, full recovery

- R - 2 yrsDecline
- 2 yrs & upAccept

Bronchitis

Acute, 1 - 2 episodes within past yearAccept

Chronic, more than 2 attacks within past year, no tobacco useRider/Decline

Chronic, as above with tobacco use or COPDDecline

Collapsed Lung (Pneumothorax)

Present or with disease process.Decline

TherapeuticRFC

Traumatic, full recoveryAccept

Spontaneous, full recovery

Unilateral

One episode

- R - 1 yr20
- 1 yr & upAccept

Two or more episodes (medical records)

- R - 2 yrsDecline
- 2 - 5 yrs20
- 5 yrs & upAccept

Bilateral (medical records)

- R - 5 yrs60
- 5 yrs & up*10

**Consideration may be given to accept standard with a deductible of \$1000 or more for non-first dollar benefit plans*

Cyst, Lung

Unilateral or bilateral

- PresentDecline
- Treated surgically, full recovery, no residual lung disease
 - Pneumonectomy or Lobectomy
 - R - 5 yrsDecline
 - 5 yrs & upAccept
 - Residual cystic disease or tobacco useDecline

Hemoptysis (coughing up of blood from lungs)

- Cause establishedRFC
- Cause unknown
 - Single episode, all studies negative
 - R - 1 yrDecline
 - 1 yr & upIC
 - Multiple or recurrentDecline

Pneumonia

- PresentDecline
- One episode, full recovery, no predisposing pulmonary or systemic diseaseAccept
- Multiple episodes, full recoveryIC

LYME DISEASE, West Nile Virus

- Present or currently under treatmentDecline
- History of, full recovery, no complications or residuals
 - R - 6 mos50
 - 6 mos & upAccept
- Complications or residuals, Rate as present or specific residual condition

LYMPH GLAND (NODE) ENLARGEMENT (Adenitis, Lymphadenopathy, Lymphadenitis)

- Cause definitely establishedRFC
- Cause unknown
 - PresentDecline
 - History of, full recovery (medical records)
 - Single node
 - R - 6 mosDecline
 - 6 mos & upAccept
 - Multiple nodes
 - R - 2 yrsDecline
 - 2 yrs & upIC

MALABSORPTION SYNDROME

- PresentDecline
- History of, full recovery
 - Ages 3 and underDecline
 - Ages 4 and over
 - R - 2 yrs50
 - 2 yrs & up25

MALARIA

Present, under treatment, except cephalgic, chronic or cerebral	.IC
History of, full recovery	
R - 1 yr	.30
1 yr & up	.Accept
Cephalgic, Chronic or Cerebral	.Decline

MEGACOLON

Present (not treated) or with continuing symptoms	.Decline
Fully recovered, without surgery	.Accept
Surgically corrected	
Colostomy present	.Rider/Decline
Fully recovered, asymptomatic, no colostomy present	
R - 6 mos	.Rider/Decline
6 mos - 2 yrs	.Rider/40
2 yrs & up	.Accept

MELENA

All cases	.RFC
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MENINGITIS

Acute, bacterial and viral types (meningococcal, pneumococcal, influenzal, aseptic, lymphocytic choriomeningitis)	
Present	.Decline
History of, full recovery	
R - 6 mos	.IC
6 mos & up	.Accept
Syphilitic, mycotic, tuberular	.Decline
With residuals, Rate residuals	

MENOPAUSE

Treated with hormone replacement therapy, no complications	.Accept
Others	.IC

MENTAL & NERVOUS DISORDERS

Attention Deficit Disorders (hyperactivity, hyperkinese)

Present, controlled on medication, no behavior problems, no psychotherapy	.20
With complications or adult onset	.IC
History of, full recovery, no residuals symptoms	.Accept

Anxiety Disorders (post-traumatic stress disorder)

No interference with normal activities, treated with medication or counseling*	.10
Multiple episodes or hospitalization or noticeable interference with normal activities, psychiatric treatment**	.25

**Consideration may be given to accept standard with a deductible of \$1000 or more for non-first dollar benefit plans*

***When State mandate prohibits policy limitation rating will be increased to 50*

Depression Disorders

Situational, no interference with normal activities or no hospitalization, treatment lasting no more than 9 months10
History of, full recoveryAccept
Chronic or major depression or obsessive-compulsive disorders or hospitalization or psychiatric therapy,
treatment lasting more than 9 monthsIC

Mental Retardation

No physical disabilities - mild retardation
Age 0 - 9Decline
Age 10 & up
Best cases, attending regular school or self-supporting, able to write and speak clearly,
emotionally stable, slight impairment of motor skillsAccept
OtherwiseDecline

Panic attacks & Phobic disordersIC

Suicide Attempt/Ideation

R - 7 yrsDecline
7 yrs & upIC

The following diagnoses are a declination:

- Bi-Polar Disorder
- Dissociative Disorders (dissociative amnesia, fugue, identity disorders)
- Manic-Depressive Illness
- Organic Brain Syndrome (Alzheimer’s disease, senile dementia, delerium tremens, etc)
- Personality Disorders (hysteria, narcissism, paranoid personality, schizoid personality, etc)
- Somatoform Disorders (somatization disorder, conversion disorder, hypochondriasis)
- Schizophrenia

MONONUCLEOSIS

Present
Mild, no complications*10
Chronic or recurrent, or with complicationsDecline
Fully recovered
Mild, no complicationsAccept
History of multiple attacks, with medical recordsIC

**Consideration may be given to accept standard with a deductible of \$1000 or more for non-first dollar benefit plans*

MUSCLE DISORDERS (Myalgia, Fibrositis, Myofibrositis, Muscular Rheumatism, Fibromyalgia)

All testing complete or none anticipated, current or future treatment limited to over the counter
or anti anxiety medication, does not interfere with daily activities, minimal symptomsRider/20

Indication of future testing, treatment other than over the counter medication or anti anxiety medication,
frequent office visits, interference with daily activity, more than minimal symptomsDecline

MYOOTIC INFECTIONS (Actinomycosis, Blastomycosis, Coccidioidomycosis (Valley Fever), Histoplasmosis, Aspergillosis, Nocardiosis, Sporotrichosis, Moniliasis)

Present	Decline
History of, full recovery	
R - 1 yr since treatment	Decline
1 - 3 yrs since treatment (medical records)	.50
3 yrs & up	Accept

MYELITIS

All cases, present or with complications and/or residuals or suspect demyelinating or other disease process	Decline
All cases, fully recovered, no residuals, no disease process	
R - 2 yrs	Decline
2 yrs & up	Accept

NEURITIS

Gullain-Barre, infectious or acute idiopathic polyneuropathy

Present or with residuals or multiple episodes	Decline
History of, full recovery, no residuals	
R - 6 mos	.30
6 mos & up	Accept

Neuritis, Neuralgia, Polyneuritis

Cause known	RFC
Cause unknown	
Present	Decline
R - 1 yr, with full recovery	.50
1 yr & up, with full recovery	Accept
Chronic relapsing	Decline

Trigeminal neuralgia, tic douloureux

Unoperated, present	Rider/Decline
Operated, with complete relief of pain, no complications	
R - 2 yrs	Rider/20
2 yrs & up	Accept

OSTEOCHONDROSIS/OSTEOCHONDRITIS

All cases	
Under treatment	Rider/Decline
History of, full recovery, no residuals	
R - 1 yr	Rider/50
1 yr & up	Accept
Residuals	Rider/Decline

OSTEOMYELITIS

Present	Decline
One bone involved, single attack, prompt recovery	
R - 3 yrs	Rider/Decline
3 yrs & up	Accept

Multiple bones involved, recurrent attacks or cured by amputation	
R - 5 yrs	.Rider/Decline
5 yrs & up	.Accept

OSTEOPOROSIS / OSTEOPENIA

Incidental finding on x-ray or Bone Density, no prescription medication	.Accept
Under observation, taking prescription medication, not progressive (medical records)	.Rider/20
Symptomatic or progressive, with fractures or due to Cushing's disease,Hyperthyroidism, or long-term steroid usage or other conditions	.Decline

PANCREATITIS

Cause known	.RFC
Cause unknown	
Present	.Decline
One attack, full recovery	
R - 1 yr	.Decline
1 - 3 yrs (medical records)	.50
3 yrs & up (medical records)	.Accept
Chronic or frequent or secondary to alcoholism	.Decline

PENILE IMPLANT OR PROSTHESIS

Present, due to primary impotence	.IC
Present, due to secondary impotence	.RFC

PERITONITIS

Present or with complications	.Decline
History of, full recovery, no complications	
Cause known	.RFC
Cause unknown	
R - 2 yrs	.20
2 yrs & up	.Accept

PHLEBITIS

Superficial

Present or with persisting edema or other residuals/complications or continuing treatment with anticoagulant (i.e., Coumadin, Heparin)	.Decline
History of, single episode, full recovery, no residuals/complications	
R - 1 yr	.Rider/20
1 yr & up	.Accept
History of recurrent episodes, full recovery, no residuals/complications	
R - 2 yrs	.Decline
2 - 4 yrs	.Rider/30
4 yrs & up	.Accept

Deep Vein Thrombosis

Present or recurrent episodes or with residuals/complications or continuing treatment with anticoagulant (i.e., Coumadin, Heparin)Decline
History of, single episode, full recovery, no residuals/complications
 R - 2 yrsDecline
 2 - 4 yrsRider/50
 4 yrs & upAccept
Multiple thrombi involving different sites, migratory phlebitisDecline

PLEURISY

PresentDecline
Full RecoveryIC

POLIOMYELITIS

Mild to Moderate, 1 or 2 limbs involved, little interference with function, no appreciable interference with occupation, brace, crutch or cane use onlyRider/30

Severe, more extensive than above, with loss of bladder or bowel control or with spinal deformityDecline

POLYPS / PAPILLOMAS, BENIGN (Malignancy/Cancer, see Tumors)

Bladder papilloma (medical records)

Present or multiple episodes or multiple papilloma'sDecline
Full recovery, single episode or single papilloma, confined to epithelial layer
 R - 2 yrsDecline
 2 - 5 yrs50
 5 yrs & upAccept

Breast papilloma

Present or not recoveredDecline
Surgically removed, full recoveryAccept

Cervical polyps

PresentDecline
Surgically removed, full recoveryAccept

Colon, Intestinal, Rectal polyps

Present or not recovered or with disease processRider/50
Surgically removed, full recovery, no disease process
 No recurrence
 R - 1 yrRider/40
 1 yr & upAccept
 With recurrence
 R - 5 yrsRider/50
 5 yrs & up*Rider/40

**Consideration may be given to accept standard with a deductible of \$1500 or more for non-first dollar benefit plans*

Ear (aural) polyps

PresentRider/Decline
Operated, full recovery, normal hearingAccept
Otherwise rate for residuals and underlying conditionRFC

Endometrial or uterine polyps

PresentRider/Decline
OperatedAccept

Esophageal polyps

PresentDecline
OperatedAccept

Gallbladder polyps

PresentRider/Decline
OperatedAccept

Nasal polyps

Present, also rate underlying causeRider/Decline
Operated, underlying cause treated, full recoveryAccept
OtherwiseRider/Decline

Stomach polyps

PresentRider/50
Surgically removed
 1 - 3 polyps, hyperplastic
 R - 2 yrs40
 2 yrs & up15
 4 or more polyps, hyperplastic, adenomatous or dysplastic,
 R - 5 yrsRider/50
 5 yrs & up40

Vocal polyps

PresentDecline
Adult; surgically removed, underlying cause removed, full recoveryAccept
OtherwiseDecline

The following diagnoses are all declinations:

Lynch Syndrome, Familial adenomatous Polyposis, Peutz-Jeghers Syndrome, Gardner’s Syndrome, Juvenile Papilloma of Larynx

PREGNANCY

Currently pregnant & after delivery until release from doctor care or with history
of pregnancy complications*Decline entire application

**Whether or not covered under the plan, entire application is declined*

After release from doctor (mother & child)Rate accordingly

Diabetes, gestational

PresentDecline
Full recovery, blood sugar return to normalAccept
Otherwise, Rate as Diabetes

In the process of adopting a child up until placement in the homeDecline entire application

Not currently pregnant with a history of the following:

- Abortion or Miscarriage, no complications
 - Single episodeAccept
 - Two or more episodes
 - Cause knownRFC
 - Cause unknown
 - R - 1 yrRider/Decline
 - 1 yr & upIC*
- *With subsequent delivery with no complications - Accept*
- Premature delivery, postmaturity, pre-eclampsia, eclampsia, multiple births, Still births, birth defects, incompetent cervix, c-section, etc.
 - With sterilization or past child bearing age or after menopauseAccept
 - Subsequent pregnancy with no complicationsAccept
- OtherwiseIC

PROSTATE DISORDERS

Benign Prostate Enlargement (BPH)

- Single episode, full recovery, normal PSAAccept
- Present or multiple episodes
 - Asymptomatic
 - No treatment/medication
 - R - 1 yr*Rider/10
 - 1 yr & upAccept
 - With medication for control of symptoms, no surgery anticipated or recommendedRider/20
 - *Consideration may be given to accept standard with a deductible of \$1000 or more for non-first dollar benefit plans*
 - Symptomatic with or without treatment or surgery anticipated or recommendedDecline
- Surgically corrected, no malignancy, full recovery, normal PSA, normal bladder control
 - R - 6 mosRider/20
 - 6 mos & upAccept
- OtherwiseDecline

Prostatic Abscess

- Present, with or without symptomsRider/50
- Full recoveryAccept

Prostatic Calculi

- PresentDecline
- Surgically removed, full recoveryAccept

Prostatitis

- PresentRider/Decline
- Acute, one episode, full recoveryAccept
- Chronic, recurrent, full recovery, urinalysis normal
 - R - 1 yrRider/50
 - 1 - 3 yrsRider/30
 - 3 yrs & upAccept
- Chronic, with symptoms or abnormal urinalysisDecline

PROTEINURIA (medical records to include labs)IC

PSORIASIS

- Acute attack, no associated arthritis, well controlledAccept
- Chronic, no associated arthritisRider/50
- With associated arthritis (Psoriatic Arthritis)Decline

PYLORIC STENOSIS

Congenital

- Not operated or under treatmentDecline
 - Operated, full recovery
 - R - 1 yr*10
 - 1 yr & upAccept
 - Resolved without surgical interventionIC
- *Consideration may be given to accept standard with a deductible of \$1000 or more for non-first dollar benefit plans*

PYLOROSPASM

- Cause knownRFC
- Cause unknown
 - Present - 2 yrsRider/Decline
 - History of, 2 yrs & upAccept

PYURIAIC

RAYNAUD’S PHENOMENON AND DISEASE

Primary Raynaud’s Phenomenon (Raynaud’s Disease)

- Mild, not significantly progressive, no complications
 - R - 1 yrDecline
 - 1 - 5 yrsRider/50
 - 5 yrs & upRider/30

Secondary Raynaud’s Phenomenon (Raynaud’s Syndrome)RFC

RECTAL DISORDERS

Anal Fissure

- PresentRider/Decline
- Operated, full recoveryAccept

Anal Fistula (Fistula-In-Ano)

- Cause knownRFC
- Cause not known
 - PresentRider/Decline
 - Operated, full recoveryAccept
- With recurrence, Rate as present

Hemorrhoids

- Present, incidental finding, asymptomaticAccept
- Unoperated, frequent bleedingRider/Decline
- Treated, full recoveryAccept

Proctitis (Ulcerative & Rectal Ulcer)

- PresentDecline
- History of, full recovery, treatment free, no complications, no disease processAccept
- OtherwiseDecline

Rectal Prolapse

- PresentRider/Decline
- Surgically corrected, complete recoveryAccept

Rectal Stricture

- Cause knownRFC
- Cause unknown
 - PresentRider/Decline
 - Surgically correctedAccept

RESTLESS LEG SYNDROME

- Cause knownRFC
- Underlying cause ruled out10

REYE'S SYNDROME

- Present or with residualsDecline
- Complete recovery with no residualsAccept

RHEUMATIC FEVER

- Cardiac involvement, Rate appropriate cardiac condition
- Recovered without residuals
 - One attack
 - R - 6 mosDecline
 - 6 mos & upAccept
 - Multiple attacks
 - R - 1 yr since last attackDecline
 - 1 - 5 yrs since last attack30
 - 5 yrs & up since last attackAccept

SARCOIDOSIS

- Present or up to 2 yrs since full recoveryDecline
- Full recovery, 2 yrs & up, medical recordsIC

SCIATICA, SCIATIC NEURALGIA, RADICULITIS

- Cause known or suspectedRFC
- Cause unknown
 - PresentDecline
 - Single episode, non-disabling, full recovery
 - R - 2 yrsRider/40
 - 2 yr & upAccept
 - Recurrent episodes, disabling, full recovery
 - R - 2 yrsDecline
 - 2 - 5 yrsRider/20
 - 5 yrs & upAccept

SEPTICEMIA

Present	.Decline
Full recovery, no murmur or history of rheumatic fever or congenital heart disease	.Accept
Others, Rate residuals	

SEXUALLY TRANSMITTED DISEASE

Chlamydia

Present	.Decline
One episode, full recovery	
R - 6 mos	.Decline
6 mos & up	.Accept
Multiple episodes, full recovery	
R - 3 yrs	.Decline
3 yrs & up	.Accept

Condylomata Acuminata (genital warts)

Present or under current treatment	.Decline
Single episode, most recent pap smear normal	.Accept
Multiple episodes,	
R - 1 yr	.Decline
1 yr & up with 2 most recent pap smears normal	.Accept

Genital Herpes* (Herpes Simplex Type II)

Single episode	.10
Multiple episodes	.25
<i>*With Genital Herpes & Human Papilloma Virus together- Decline</i>	

Gonorrhea

Present on exam or with residuals	.Decline
History of, full recovery, no residuals	
One episode	.Accept
Multiple episodes	
R - 2 yrs	.50
2 yrs & up	.Accept

Human Papilloma Virus (HPV)

Female*

Single episode, most recent pap smear normal	.Accept
Multiple episodes	
R - 1 yr	.Decline
1 yr & up with 2 most recent pap smears normal	.Accept
<i>*With Genital Herpes & Human Papilloma Virus together- Decline</i>	

Male

Present	.Decline
Full recovery	.Accept

Syphilis

Present and/or under treatment	.Decline
Full recovery (medical records), no central nervous system involvement, last serology negative	.IC
Otherwise	.Decline

SINUSITIS

Infrequent attacks, recovered	.Accept
Chronic, on medication, surgery anticipated or surgery completed with incomplete recovery	.Rider/Decline
Surgery completed, full recovery	.Accept

SKIN DISORDERS

Acne

Mild, treated with over the counter products	.Accept
Moderate, treated with prescription topical agents (lotions, creams, gels) or oral antibiotics*	.Rider/10
Severe, treated with oral prescription medications (other than antibiotics)	.Rider/50
<i>*Consideration may be given to accept standard with a deductible of \$1000 or more for non-first dollar benefit plans</i>	

Actinic Keratosis

Present or recurrent (medical records)	.Rider/Decline
History of, removed, no recurrence	.Accept

Dermatitis, Eczema, Hives, Impetigo, Papilloma of Skin, Ringworm, Seborrheic & Senile Keratosis, Tinea, Warts

Full recovery or no prescription medication treatment	.Accept
Current or prescription medication treatment*	.Rider/20
<i>*Consideration may be given to accept standard with a deductible of \$1500 or more for non-first dollar benefit plans</i>	

Erythema Nodosum

Primary, present, underlying cause ruled out	.20
Primary, full recovery	.Accept
Secondary, present or history of	.RFC

SLEEP APNEA

Central or Mixed or Unknown Type Sleep Apnea

All cases	.Decline
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Obstructive (medical records)

Unoperated, normal weight, sleep studies completed, no further testing or anticipated surgery	
Under treatment	.Rider/Decline
No treatment	
R - 1 yr	.Rider/Decline
1 yr & up	.Accept
Operated, full recovery, no on-going treatment	.Accept
Others	.Decline

SPINA BIFIDA

Cystica

Present, or with evidence of spinal cord involvement, meningocele, or with Residuals after surgery	.Decline
Operated, no residual neurological deficit	
R - 1 yr	.Rider/50
1 yr & up	.Rider/10

Occulta	
Symptomatic or operated with residuals	Decline
Asymptomatic	
Age 20 & under	Decline
Age 21 & over	Accept
Operated, no residuals	
R - 1 yr	Rider/10
1 yr & up	Accept

SPLEEN DISORDERS

All spleen disorders present or unknown cause	Decline
Splenectomy	
Due to trauma (rupture), full recovery, no residuals	Accept
Due to other known cause, full recovery, no residuals	RFC

SUBARACHNOID HEMORRHAGE

Single episode, full recovery with no residuals, no other CV impairment, no other ratable impairment	
Operated or unoperated	
R - 10 yrs	Decline
10 yrs & up	IC
More than one episode or with other impairments	Decline

SYNCOPE

Cause known	RFC
Cause unknown	
1 - 3 episodes within a 2 year period	
R - 6 mos	Decline
6 mos - 2 yrs	20
2 yrs & up	Accept
More than 3 episodes	Decline

TEMPOROMANDIBULAR JOINT DYSFUNCTION (TMJ)

All cases with the TMJ policy limitation	Accept
If TMJ policy limitation does not apply	Rider/Decline

TESTICULAR DISORDERS

Hydrocele

Present or treated by aspiration of fluid	Rider/60
Surgically corrected, full recovery	Accept

Seminoma

Present, no metastasis, treated by surgical removal of testicle followed by radiation, up to 2 yrs	Decline
2 - 5 yrs (medical records)	40
5 yrs & up	Accept
Others	Decline

Spermatocele

PresentRider/60
Surgically correctedAccept

Undescended Testicle

PresentRider/Decline
Surgically correctedAccept

THORACIC OUTLET SYNDROME

PresentRider/Decline
Surgically corrected, good results, minimal residuals
R - 1 yrRider/50
1 yr & upAccept

THYROID DISORDERS

Cretinism & MyxedemaDecline

Goiter

Present, non-toxic, no malignancyRider/Decline
Surgically removed, full recovery, no malignancy
R - 6 mosRider/20
6 mos & upAccept
MalignancyDecline

Hyperthyroidism (thyrotoxicosis, exophthalmic or toxic goiter, Graves' disease, Basedow's disease)

Present
R - 1 yrRider/Decline
1 yr & upRider/30
History of, medically treated, full recovery, good results, no recurrence
R - 2 yrs10
2 yrs & upAccept
With recurrenceDecline

Hypothyroidism

Present, controlled with medicationAccept
OtherwiseRate as Goiter

Papillary Carcinoma of Thyroid

Present, no lymph node involvement, favorable pathology report, up to 2yrsDecline
2 - 5 yrs (medical records)20
5 yrs & up10
OtherwiseDecline

Thyroiditis

Acute, full recoveryAccept
Chronic (Hashimoto's struma, lymphadenoid thyroiditis
PresentRider/Decline
History of, full recovery, no medicationAccept

TONSIL & ADENOID IMPAIRMENT

Present or frequent recurrence or surgery anticipated	Rider/50
Full recovery, surgery completed or no surgery anticipated	Accept

TOURETTES SYNDROME

Multiple tics only, non-disabling, good response to treatment	25
All Others	60

TREMOR

Cause known	RFC
Cause unknown	
Idiopathic, stable	Rider/Decline
Otherwise	Decline

TRENCH MOUTH (Stomatitis, Vincent's Angina)

Present or Recurrent	Rider/Decline
History of, full recovery, not recurrent	Accept

TUBERCULOSIS

History of exposure to a person with Tuberculosis, with subsequent negative skin testing	Accept
Tuberculosis infection without disease, full recovery, no further treatment (medical records)	
R - 1 yr	Decline
1 yr & up	Accept
All others with one attack	
R - 5 yrs	Decline
5 yrs & up (medical records)	IC
Two or more attacks, multiple structures involved	Decline

TUMORS**MALIGNANT TUMORS**

	<u>Type</u>
Adenocarcinoma, including cystadenocarcinoma, papillary histologic terms	1
Adenoma of pituitary	4
Adenosarcoma (Wilm's tumor)	1
Angiosarcoma	1
Basal cell carcinoma	3
Bronchial Adenoma	4
Carcinoma of the brain or spinal cord	5
Carcinoma, not otherwise qualified	1
Carcinosarcoma	1
Giant follicular lymphoma	6
Hemangioblastoma	4
Hepatic Adenoma	6
Hepatoma (primary liver cell carcinoma)	1
Hodgkin's disease...	6
Leiomyosarcoma	1
Leukemia	6
Liposarcoma	1
Lymphangiosarcoma	6
Lymphoma, lymphoblastoma, lymphocytoma, lymphosarcoma	6

Malignant mixed tumor - salivary gland	.1
Melanoma, Clark's level I	.1
Melanoma, Clark's level II & up	.6
Myeloma	.6
Neuroblastoma, of brain or spinal cord	.5
Neuroma, of brain or spinal cord	.4
Parathyroid tumor	.4
Pituitary Adenoma	.4
Renal cell carcinoma	.1
Retinoblastoma	.1
Sarcoma, of brain or spinal cord	.5
Sarcoma, other locations	.1
Squamous cell carcinoma, of skin	.3
Squamous cell carcinoma, other locations	.1
Von Recklinghausen's disease	.6
Wilm's tumor	.1

Type 1

Operated, full recovery, no recurrence	
R - 10 yrs	.Decline
10 yrs & up (medical records)	.50

Type 2

Operated, not metastasized, negative pathology report, no more than 1 occurrence	
R - 3 yrs	.Decline
3 - 5 yrs (medical records)	.30
5 yrs & up	.10
With radiation	.Decline

Type 3

Single occurrence, completely excised	
R - 1 yr	.Rider/40
1 yr & up	.Accept
Multiple occurrences	.Rider/Decline

Type 4

Operated, full recovery, no sequels	
R - 10 yrs	.Decline
10 yrs & up (medical records)	.Accept

Type 5

Operated or radiated to disappearance, full recovery, no sequels	
R - 15 yrs	.Decline
15 yrs & up (medical records)	.65
Others	.Decline

Type 6

All Cases	.Decline
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BENIGN TUMORS

Adenofibroma, Chondroma, Myoblastoma

Operated, reliable diagnosis	
R - 1 yr	.20
1 yr & up	.Accept
Unoperated	.Decline

Adenoma (except Bronchial, Hepatic, Pituitary, see malignant tumors for rating)

OperatedAccept
Unoperated, or adrenal or lung or thyroid adenoma'sDecline

Exostosis

Operated, reliable diagnosisAccept
Unoperated
Of the foot10
Other locationsRider/Decline

Fibroids, fibromyoma, leiomyoma, myoma

Present on examRider/Decline
Operated, proved benign, full recoveryAccept

Granuloma

Cause knownRFC
Cause unknown
PresentDecline
History of, removed
Benign
R - 1 yr40
1 yr & upAccept
Malignant, Rate as Type 1 Tumor
CalcifiedIC

Hemangioma

Totally destroyed or removedAccept
Present, no change in size, no surgery anticipated (medical records)Rider/40
Present, or surgery anticipatedDecline
Brain, liver, or sclerosing
Present or R - 2 yrs after removalDecline
2 - 5 yrs after removal50
5 yrs & upAccept
All othersRider/40

Lipoma

PresentRider/25
Operated, full recoveryAccept

ULCERS

Duodenal, Gastric, Peptic, Stomach

Unoperated

Present

On medication, without bleedingRider/30
On medication, with bleedingDecline

History of, full recovery, no other factors

Without bleeding

R - 2 yrs since last episodeRider/30
2 yrs & up since last episodeAccept

With bleeding

R - 2 yrs since last episodeRider/Decline
2 yrs & up since last episodeRider/30

Operated, no recurrence, full recovery

R - 2 yrsRider/Decline
2 yrs & upRider/50

URETHRAL DISORDERS

Urethritis and Ureteritis

Reiter's syndrome, see Arthritis

Others (including gonorrheal urethritis)

Present on exam20

One episode, full recovery, with no residualsAccept

Recurrent or prolonged episodes

R - 2 yrs20

2 yrs & upAccept

Urethral Stricture

Present on examRider/Decline

Surgically corrected, full recovery, with no residuals

R - 2 yrsRider/75

2 yrs & upAccept

Hypospadias and Epispadias

Present on examRider/Decline

History, surgically corrected, good resultsAccept

URINARY DISORDERS

Urinary Incontinence

Present

Mild, no underlying cause, responsive to pubococcygeal muscle

exercise (i.e. Kegel exercise) or drug therapy no surgery anticipatedAccept

OtherwiseRider/Decline

History of and/or surgical correction, full recoveryAccept

Urinary Tract Infection

History of, acute, good results to treatmentAccept

Present, History of, Chronic, recurrent, poor response to treatment

R - 2yrsRider/Decline

2 yrs & upAccept

Vesicoureteral Reflux (Reflux of urine from bladder into ureter)

Mild, maintenance antibioticRider/30

Severe, surgery anticipatedRider/Decline

History of, surgical correction, full recovery, no complications

R- 1 yrRider/30

1 yr & upAccept

UTERINE & OVARIAN DISORDERS

Adenomyosis, Endometrial (medical records)

- Present, not treated by hysterectomyRider/Decline
- History of, with hysterectomy, full recoveryAccept

Amenorrhea or oligomenorrhea (medical records)

- Present, or currently under treatmentDecline
- One episode, return of normal mensesAccept
- Multiple episodes, recovered
 - R - 1 yrRider/35
 - 1 yr & upAccept

Displacements (retroversion, retroflexion, dropped uterus, tipped uterus, retrodisplacement, uterine prolapse, descent, procidentia)

- Present on exam
 - Asymptomatic, no surgery or treatment anticipated, no urinary disorderAccept
 - OthersRider/Decline
- History, operated, full recoveryAccept

Dysmenorrhea (medical records)

- Primary, underlying causes ruled outAccept
- SecondaryRFC
- Currently being evaluated to establish underlying causeDecline

Endometrial hyperplasia (medical records)

- Atypia not completely ruled outDecline
- No indication of atypia
 - Treated by hysterectomy, full recoveryAccept
 - Treated by D & C, or medication, full recovery
 - R - 2 yrsRider/Decline
 - 2 yrs & upAccept
- With atypia, based on biopsy, positive assurance that microscopic sections of the uterus showed no areas of invasion
 - Treated by hysterectomy
 - R - 1 yrRider/Decline
 - 1 yr & upAccept
 - OtherwiseDecline

Endometritis

- Full recoveryAccept
- Otherwise, rate as Salpingitis (below)

Endometriosis

- With history of bilateral oophorectomy or hysterectomy, no symptomsAccept
- Postmenopausal, no symptomsAccept
- Before menopause or history of sterilization
 - Mild, controlled with birth controlRider/20
 - OthersRider/Decline
- *Consideration may be given to accept standard with a deductible of \$1000 or more for non-first dollar benefit plans*

Menorrhagia or Menometrorrhagia (medical records)

- Unoperated
 - Cause knownRFC

Cause unknown	
Present	Decline
History of, full recovery, no malignancy	
R - 1 yr	Rider/35
1 yr & up	Accept
Operated	
By hysterectomy, no malignancy	Accept
Dilation and curettage, (D & C) or Endometrial ablation or Uterine Balloon Therapy	
No recurrence since surgery	
R - 1 yr	Rider/Decline
1 yr & up	Accept
Recurrent since surgery, Rate as unoperated	

Ovarian Cyst, Benign

Present, controlled with medication (i.e. birth control), no surgery anticipated	Accept
Present, not under control or surgery anticipated	Rider/Decline
History of, recovered, no longer present	Accept

Ovarian Cyst, malignant, rate type of Tumor, see Malignant Tumors

Pap Smear (Pap Test)

Terms:

ASCUS:	Atypical squamous or glandular cells of undetermined significance
SIL:	Squamous intraepithelial lesion
LGSIL:	(low grade SIL): early changes in the size, shape & number of cells
HGSIL:	(high grade SIL): a larger number of precancerous cells that look very different from normal cells
CIN:	Cervical intraepithelial neoplasia. CIN along with 1 - 3 describes how much of the cervix contains abnormal cells
Dysplasia:	term used to describe abnormal cells
Carcinoma in situ:	Describes a pre-invasive cancer that involves only the surface cells & has not spread into deeper tissues

Class I or II, or ASCUS	Accept
Class III, CIN I or II, LGSIL or HGSIL	
Present or without 1 successive normal pap results	Decline
History of, with 1 successive normal pap results	Accept
Class IV or V, CIN III, Carcinoma in situ, see Tumors (Cervical Cancer)	

Polycystic Ovarian Disease*

Present on exam, adequate follow-up and observation	Rider/Decline
History of bilateral oophrectomy	Accept
<i>*If being treated for or has infertility or being treated with ovulation inducing drugs that may produce multiple births (e.g. clomid), Decline</i>	

Postmenopausal Uterine Bleeding (medical records)

With hysterectomy, no malignancy	Accept
Otherwise	
Cause known, malignancy ruled out	RFC
Cause not known, no surgical treatment	Decline

Pelvic Inflammatory Disease (PID), Cervicitis, Oophoritis, Salpingitis

Present	Rider/Decline
Single episode, full recovery, no residuals	
R - 1 yr	Rider/30
1 yr & up	Accept
Recurrent or chronic, no surgery, full recovery, no residuals	
R - 3 yrs	Rider/Decline
3 yrs & up	Accept
Operated, full recovery, no residuals	Accept

VAGINAL DISORDERS

Leukorrhea

Cause known	RFC
Cause unknown	
Present	Rider/20
Single occurrence, complete recovery	Accept
Multiple occurrences, complete recovery	
R - 2 yrs	Rider/20
2 yrs. & up	Accept

Rectocele, cystocele, vesicocele, proctocele, enterocele, urethrocele

Present on exam	Rider/Decline
History, operated, full recovery	Accept

Rectovaginal Fistula

Present	Decline
History, operated, no residuals	
R - 1 yr	.40
1 yr & up	Accept
History, surgery, with residuals - in addition to above rating , rate residuals	

Vaginitis

Caused by venereal disease, see Salpingitis, Rate as Pelvic Inflammatory Disease	
Acute	Accept
Chronic, frequent, or ongoing	.20

Vesicovaginal Fistulas or Urinary Fistula

Present on exam	Rider/Decline
History, operated, full recover	Rider/Decline

VARICOCELE

Present	Rider/60
Surgically corrected	Accept

VARICOSE VEINS

Legs

Present, or incomplete recovery after treatment	Rider/Decline
History of, treated by injection, recovered	
R - 1 yr	Accept
History of, surgical treatment, complete recovery	
R - 2 yrs	Rider/Decline
2 yrs & up	Accept

EsophagusDecline

VERTIGO, Dizziness & Labyrinthitis

Cause establishedRFC

Cause unknown

Single episodes, less than 4 weeks duration, completely recovered

PresentDecline

R - 3 monthsDecline

3 mos & upAccept

Other's, Rate as Meniere's

Meniere's Disease

R - 1 yrDecline

1 - 2 yrs since last attack40

2 - 5 yrs20

5 yrs & upAccept
