MEDICARE SUPPLEMENT UNDERWRITING GUIDE

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Contact Information

Mailing Addresses for New Business and Delivery Receipts

New Business
Heartland National
PO Box 11903
Winston-Salem, NC 27116

Premium Payments
Heartland National
PO Box 11903
Winston-Salem, NC 27116

Overnight Deliveries
Heartland National
4964 University Pkwy, Ste. 203
Wintson-Salem, NC 27106

Agent Portal: www.heartlandagent.com

Contact Numbers

Underwriting: 844-502-6780
Service Center: 888-616-0015
Agency Services: 844-502-6780

Fax Numbers

New Business: 833-671-8870
Claims: 336-759-3141
Agency Services: 816-478-0239

Hours of Operation

Heartland National Life administrative operations are located in Winston-Salem, NC. Hours of operation are based on Eastern Time.

Agency Services
Monday-Thursday: 9:00 a.m - 6:00 p.m. EST
Friday: 9:00 a.m. - 2:30 p.m. EST

All Other Departments
Monday – Friday: 8:00 a.m. – 5:00 p.m. EST

Introduction

Thank you for partnering with Heartland National Life for Individual Medicare Supplement coverage. This document has been designed to help you understand the Underwriting process and guidelines used by Heartland when reviewing applications. This guide contains a general overview of current medical Underwriting Guidelines and is subject to change at any time.

New Business Guidelines

Eligibility Requirements

Applicants are eligible to apply for a Medicare Supplement policy if they:

- Are covered under Medicare Part A & B.
- Are 65 years of age or older.
- Are Medicare eligible due to disability in a state requiring under age 65 coverage.

New Business Guidelines

Applications must be submitted and received at Heartland National's Administrative Office within 30 days of the application signature date. Once we receive the application, it will be processed in the order in which it was received. If there are any errors on the application, you will be notified as they are found, and corrections will be requested. Any errors will need to be fixed before a policy can be issued.

Effective Date

All applications must contain a requested effective date. Effective dates must be on or after the signature date of the application and are limited to the 1st through the 28th of the month.

Applications without an effective date selection will be processed with an effective date corresponding to the application date.

Open Enrollment:

- An application may be submitted up to 6 months prior to and 6 months following the first day of the month of the applicant's 65th birthday or up to 6 months prior to and 6 months following the date the applicant becomes eligible for Medicare Part B. And;
- The coverage effective date must be on or after the first day of the month of the applicant's 65th birthday.
- Initial premium will be drafted upon approval of the application
- Recurring drafts will take place between the 1st and 28th of the month as indicated on the application.

Guaranteed Issue: An applicant applying under Guaranteed Issue rights may request an effective date up to 90 days beyond the application date.

- Initial premium will be drafted on or before the effective date.
- Recurring drafts will take place between the 1st and 28th of the month as indicated on the application.

Underwritten: An applicant applying outside of Open Enrollment may request an effective date up to 60 days beyond the application date.

- Initial premium will be drafted on or before the effective date.
- Recurring drafts will take place between the 1st and 28th of the month as indicated on the application.

Plan Selection: Refer to the state specific application for availability

Open Enrollment Guidelines

Applicants who purchase a Medicare Supplement policy during an Open Enrollment period are not required to provide any health history information.

An Open Enrollment period is available for applicants who are:

- Within 6 months of turningage 65.
- Within 6 months of first enrolling in Medicare Part B.
- Now age 65, previously qualified for Medicare due to disability and enrolled in Medicare Part B, now eligible for a second enrollment period.

During this period, Heartland National cannot deny insurance coverage, place conditions on a policy or charge a higher premium due to past medical conditions.

Open Enrollment Guidelines for Applicants Under Age 65

Some states require that Medicare Supplement Open Enrollment be offered to individuals under age 65 due to disability. Refer to the chart below for details on availability.

STATE	UNDER AGE 65 ACCEPTED	PLAN(S) AVAILABLE
Iowa, New Mexico, North Dakota, Ohio, West Virginia	No	N/A
Delaware, Montana, Pennsylvania, South Dakota	Yes	Eligible for all plans from us
Kentucky	Yes - Must pass underwriting	Eligible for all plans from us
Maryland, North Carolina	Yes	Plan A

MARCA

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) is a Federal law that was passed on April 16th, 2015. This law changed the available Medicare supplement plans for those who become newly eligible for Medicare on or after January 1, 2020. MACRA requires that Medicare supplement plans that cover the Medicare Part B deductible cannot be available to those who become newly eligible for Medicare on or after January 1, 2020. Those who become newly eligible for Medicare on or after January 1, 2020 may not be issued a policy for Plans C or F. However, these plans may be available to anyone eligible before December 31, 2019. Refer to the Chart below for details on Newly Eligible and Previously Eligible individuals.

Definition	State	Plan Availability
Newly Eligible Individual: an individual who (a) attains age 65 on or after January 1, 2020, or (b) first becomes eligible for Medicare benefits due to age, disability or end-stage renal disease on or after January 1, 2020.	DE, IA, KY, MD, NC, ND, NM, OH, SD, WV,	A, G, N
	PA	A, B, C*, G, N
Previously Eligible Individual: an individual who (a) attained age 65 before December 31, 2019, or (b) who first became eligible for Medicare benefits due to age, disability or end-stage renal disease before December 31, 2019.	IA, KY, MD, OH	A, C*, G, N
	DE, NC, ND, NM, SD, WV,	A, G, N
	PA	A, B, C*, G, N

Guaranteed Issue Guidelines

Medicare Supplement plans have guidelines in place that allow qualified applicants to enroll in certain plans without being medically underwritten. An applicant who is age 65 or older may be eligible for Guaranteed Issue of a Medicare Supplement policy upon the occurrence of certain events that cause the applicant to lose their existing insurance coverage.

*Certain documentation is required to be submitted for applicant's applying for Guaranteed Issue. Coverage will not be issued as Guaranteed Issue until the required documents are received.

Guaranteed Issue rules and circumstances are complicated and can be difficult to comprehend. Guaranteed Issue scenarios and plan selection may also vary from state to state. Please reference the Guaranteed Issue section of the application for state specific variations or contact our underwriting department for assistance when submitting Guaranteed Issue business.

To assist you in understanding the rules, we have provided a chart outlining the Guaranteed Issue events and what type of proof needs to be submitted with the application when your client is applying for Guaranteed Issue.

Refer to the following table for details regarding Federal Guidelines and the table on page 7 for State Specific Guidelines for Guaranteed Issue.

Federal Guaranteed Issue Guidelines

RULE	Submit the following documents…
The applicant enrolled in a Medicare Advantage plan, Medicare Select plan or in a program of All-Inclusive Care of the Elderly (PACE) and the plan is terminated, is no longer providing service in their area or the applicant moved out of the area. Applying for Plan A or F no later than 63 days from the date the applicant's previous coverage ended.	If the previous carrier terminated or discontinued the plan: • Letter from prior provider that contains reason for the discontinuation/termination and the term date. The applicant moved out of the provider's service area: • Termination letter from prior provider showing termination date and verification of address change.
The applicant enrolled under an employee welfare benefit plan that provides benefits that supplement Medicare (such as COBRA, retiree, etc.) and that plan terminates or ceases to provide all such supplement benefits. Applying for Plan A or F no later than 63 days from the date the applicant's previous coverage ended.	Submit a notice of termination or explanation of benefits for a claim denied due to a termination and… If the applicant had a retiree plan, submit one of the following: 1. Termination letter showing it is a retiree plan; 2. Benefit booklet pages showing it is a retiree plan;or 3. Explanation of benefits showing Medicare paid primary. • If the applicant had a COBRA plan, submit an election notice or COBRA bill. • If the applicant had a group plan secondary to Medicare, submit an explanation of benefits showing Medicare paid primary.

The Medicare Supplement policy terminated because the insurer became insolvent or bankrupt. Applying for Plan A or F no later than 63 days from the date the applicant's previous coverage ended.	Letter from provider or Insurance Commissioner showing termination date.
The Medicare Supplement, Medicare Advantage or PACE insurer violated a material provision of the policy or the agent materially misrepresented the plan's provisions in marketing the plan. Applying for Plan A or F no later than 63 days from the date the applicant's previous coverage ended.	Agent Misrepresentation: • Letter from the carrier showing termination date and reason. Leaving an MA Plan: • Letter from CMS acknowledging misrepresentation. Leaving a Medicare Supplement: • Letter from the DOI acknowledging misrepresentation and disenrollment.
The applicant terminated their Heartland National Medicare Supplement plan, enrolled in a Medicare Advantage plan, and then voluntarily disenrolled within the first 12 months of enrolling. Note: the applicant may enroll in the Heartland National Medicare Supplement plan they were previously on. However, if that plan is not available, they may enroll in Plan A or F.	Letter from the prior Medicare Advantage provider showing termination date.
The applicant joined a Medicare Advantage or PACE plan when they were first eligible for Medicare and disenrolled within the first 12 months. Note: the applicant may enroll in plan A, F or N.	Letter from provider showing termination date.

State Specific Guaranteed Issue Guidelines

STATE	RULE	PLAN(S) AVAILABLE
West Virginia	Personal disenrolls from an employer sponsored plan in which the benefits are reduced substantially.	A
Montana, Ohio	Person voluntarily disenrolls from an employer sponsored plan that is primary to benefits covered under Medicare.	A
Montana (under age 65)	No longer eligible for Medicaid.	All plans available
North Carolina	Enrolled in a Medicare Advantage plan before age 65 by reason of disability and the plan has been terminated.	A

Medicare Advantage (MA) Guidelines

Refer to the chart below for information regarding common election periods for Medicare Advantage Plans.

Election Periods for Medicare Advantage (MA) Plans	Timeframe	Allows for…
Initial Enrollment	When an applicant first becomes eligible for Medicare, they can sign up within a 7-month period that starts 3 months before the month they turn 65 and ends 3 months after the month of their birthday.	• Enrollment selection for an MA plan. • Enrollment selection for Medicare Part D.
Annual Election Period (AEP)	October 15th – December 7th	• Enrollment selection for an MA plan. • Disenroll from or change a current MA plan. • Enrollment selection for Medicare Part D.
Medicare Advantage Disenrollment Period*	January 1st – February 14th	• Disenroll from any MA plan and return to Original Medicare. • *Does not provide any of the following options: • Switch from Original Medicare to Medicare Advantage plan. • Switch from one Medicare Advantage plan to another. • Switch from one Medicare Prescription Drug plan to another. • Join, switch or drop a Medicare Medical Savings Account plan.

Medicare Advantage Disenrollment

If applying for a Medicare Supplement plan, there are certain requirements that must be met when the applicant is disenrolling from a Medicare Advantage plan. Underwriting cannot issue a policy unless the specified requirements are met. Refer to the following guidelines to determine what requirements must be satisfied.

Disenrolling during AEP/Medicare Advantage Disenrollment Period:

- Complete Medicare and Insurance information section on the application.
- Complete a replacement form (HNRN)

Disenrolling outside of AEP/Medicare Advantage Disenrollment Period:

- Complete Medicare and insurance information section on the application.
- Provide a copy of the applicant's MA disenrollment notice*
- Complete a replacement form (HNRN)

*Heartland National is not able to issue a policy until the applicant's disenrollment letter has been received at the Administrative Office; it must be received within 30 days of the application or the policy will be cancelled.

For any further questions regarding MA disenrollment eligibility, contact the State Health Insurance Assistance Program (SHIP) office or call 1-800-Medicare, as each situation presents its own unique set of circumstances.

Enrollment Guidelines

Premium

When calculating the premium, utilize the outline of coverage. Heartland National will honor the premium calculated as of the application date. Example: if an applicant has a birthday between their application and effective date, Heartland National will charge the applicant the premium calculated the date the application was submitted.

Risk Classes

There are two separate underwriting risk classes: Non-Tobacco (Preferred) and Tobacco

(Standard). Each risk class has a separate premium rate.

Non-Tobacco: Applicants who qualify for coverage and do not use tobacco products.

Tobacco: Applicants who qualify for coverage and use tobacco products.

- This rate can be applied for applicants during Open Enrollment or who qualify for Guaranteed Issue in certain states.

Tobacco rates DO NOT apply during Open Enrollment or Guaranteed Issue in the following states: Iowa, Kentucky, Maryland, New Mexico, North Carolina, North Dakota, Ohio, and Pennsylvania.

Policy Discount

Heartland National Life offers a 7% discount for individuals who meet the necessary qualifications. See the chart below for details.

STATES	DISCOUNT
DE, NM, IA, KY, MD, MT, NC, SD, WV	Available to applicants if for the past 12 months have resided with their spouse (including validly recognized civil union and domestic partners) or have a household resident (at least one, but no more than three) age 18 or older.
OH, PA	Available to applicants if for the past 12 months have resided with their spouse or a household resident (at least one, but no more than three) who owns or is issued a Medicare Supplement policy with us.
ND	Available to applicants who have resided with another adult with whom they have a family relationship (including marriage), who owns or is issued a Medicare Supplement Policy with us.

Submitting the Application

Heartland National offers two methods for submitting and completing applications:

- Paper Application.
- Web Application.

Each application has its own guidelines to follow when submitting for coverage.

Paper Application

To submit an application using the Paper Application Process:

1. Pre-qualify the applicant based on the Medical Questions found in Sections G, H, and I of the application. (Not required if the applicant is applying under Open Enrollment or Guaranteed Issue).
2. Complete the entire application.
3. Complete the Health Information Authorization
4. If the applicant is replacing, complete the Replacement Notice (HNRN).

Once the application has been completed, you can submit the application either by faxing it to Heartland National's New Business Department at 833-671-8870 or by uploading it through the agent portal at www.heartlandagent.com

Any application dated outside of 30 days from the date the application is received at Heartland National's Administrative Office will be returned.

In order to accelerate the application process, verify that the application has been completed in full. Try to be as detailed as possible when filling out an application. This will assist in expediting the process.

Producer Checklist for Paper Applications

- Application is completely filled out.
- All Medical Questions have been answered.
- Authorization to Disclose Personal Information (Section L) signed and dated.
- Replacement Notice HNRN completed and signed (if necessary).
- State required forms completed and signed (if necessary).

Web Application

The Web Application is a digital form to be filled out and submitted through the agent portal.

In order to complete an application using the Web Application Process:

1. Log on to the agent portal at www.heartlandagent.com
2. Access the eApp under the Support heading on the home page. Select the option "Medicare Supplement eApp". Complete the application in full.
3. Once you have completed the application you will be directed to provide signatures via In Person or Remote signature.
4. Once you have submitted the application, you will receive a notification email upon approval.

For fully underwritten cases, an underwriter will be assigned to the case and will only contact your applicant if a medical risk assessment is required.

Once the application has been completed, you will be notified of the decision via email within 24 business hours.

For assistance with accessing the agent portal, contact the Agency Services Department at 844-502-6780.

Application Signature

All applications require a valid signature in order to be processed.

Web Applications

- Web Applications require In Person Signature or Remote Signature.
- POA signatures are not accepted.

Paper Applications

- All Paper applications require the applicant's physical signature.
- POA signatures can be accepted only for OE/GI cases.

Premium Payment

Heartland National offers two forms of payment for premium charges:
Each form of payment has its own guidelines.

- Bank Draft
- Direct Bill

Bank Draft

Bank draft is available for all forms of applications. The payments will be set up to automatically draft from the applicant's bank account. Payments can be set up to be made:

- Monthly
- Quarterly
- Semi-Annually
- Annually

Recurring bank drafts can be drawn between the 1st day and the 28th day of the month.

For monthly bank draft, the "Draft Date" must be within 10 days of the effective date. If the draft date is more than 10 days from the initial premium, we will draft an additional payment in advance.

Bank draft is the only option available when completing a Web Application.

Initial Payment Guidelines

Open Enrollment:

- Initial premium will be drafted upon approval of the application.
- Recurring drafts will take place between the 1st and 28th of the month as indicated on the application.

Guaranteed Issue and Underwritten:

- Initial premium will be drafted on or before the effectivedate.
- Recurring drafts will take place between the 1st and 28th of the month as indicated on the application.

Direct Bill

Direct bill is available for Paper applications. We will process all checks as EFT (Electronic Funds Transfer) from the bank.

When completing an application using the Web Application process, the applicant must set up their payments to be automatically drafted from their account. If they wish to have their subsequent payments to be billed to them directly, they can do so by contacting Heartland National. Direct bill payments can be set up:

- Quarterly
- Semi- Annually
- Annually

Required Forms

Each application has different requirements for forms that need to be submitted:

Paper Application: Refer to paper application section on page 9.

Web Application:

- Replacement Notice (HNRN) – if required.
- State specific forms – if required.

State Specific Forms

Some states require specific forms be submitted with the application.

Kentucky: Kentucky Medicare Supplement Comparison Statement

(HNMSKYC). Ohio: Ohio Solicitation and Sale Disclosure (HNMSSCSSD)

New Mexico: New Mexico Confidential Abuse Information (HNMSNMCAI)

Underwriting Concepts

We review applications in the order in which they are received. Once an application has been received and logged into the Underwriting Department, an underwriter is assigned to the case and the application is reviewed. The underwriter will do their best to process the application with the information provided, but additional information may be required in order complete the application process.

Medical Underwriting

Medical underwriting is the process of reviewing the medical history of applicants and comparing that information with established guidelines in order to assess the risk associated with providing insurance to that applicant.

Heartland National's underwriting guidelines take into consideration many different factors, including but not limited to the following:

- Height and weight.
- Current and past medical conditions.
- Diagnosis and prognosis.
- Use of prescription drugs.
- Follow-up required.
- Chronic nature of the disease.

Heartland National collects pharmaceutical information on underwritten Medicare Supplement applications. In order to obtain the pharmaceutical information as requested, all underwritten applications must have a signed Authorization to Disclose Personal Information (Section L). Prescription information disclosed on the application will be compared to the additional pharmaceutical information obtained in the underwriting process. This additional information will not be solely used to decline coverage.

The decision to issue coverage will be made by underwriting based on a review of the application and any additional information received.

Replacements

A replacement takes place when an applicant is terminating an existing Medicare Supplement or Medicare Advantage plan and replacing it with a new Medicare Supplement policy.

Heartland National requires a fully completed application when applying for a replacement policy; all replacements involving a Medicare Supplement, Medicare Select or Medicare Advantage plan MUST include a completed Replacement Notice (HNRN). When replacing a supplement from a previous Heartland National plan with a new Heartland National plan, the application will be processed as an internal replacement.

If an applicant has had a Medicare Supplement policy issued by Heartland National within the last 90 days, any new applications will be considered to be a reinstatement application. If more than 90 days has elapsed since prior coverage was in force, then applications will follow normal underwriting rules.

Reinstatements

When a Medicare Supplement policy has lapsed and it is within 31 days of the last paid to date, coverage may be automatically reinstated by submitting all outstanding premiums without meeting any underwriting requirements.

When a Medicare Supplement policy has lapsed and it is not within 31 days of the last paid to date, the client will need to apply for a reinstatement of coverage where all underwriting requirements must be met before the policy can be reinstated.

Reinstatements are subject to claims review and may require a phone interview and prescription history check.

Reconsideration

In the event of an adverse decision, the application could be eligible for reconsideration. Reconsiderations are case specific and should be carefully considered. Agents disputing a decline or rate up are welcome to submit information from the applicant's doctor that disputes the reason for the adverse decision.

Information received from the doctor's letter must be current (dated within 30 days of the application) and must be specific to the health condition we are concerned with. Heartland National reserves the right to request up to three years of medical records to resolve any disputes. Random excerpts from the applicant's medical records will not be accepted. Any expenses to retrieve a doctor's letter or medical records must be covered by the applicant.

Producer Tips

Things That Can Delay the Application Process

- Applicant Coaching: A licensed agent can be an active participant in the application process. This participation, however, is not permitted during Section H, G, and I (Medical Questions) of the application. If the agent is coaching the applicant during the Medical section, the underwriter will warn the agent that the applicant cannot receive any assistance in answering questions concerning medical or prescription history.If the agent continues to coach the applicant, the underwriter will terminate thecall.
- Licensing and appointment issues.
- Missing information on theapplication.
- Submitting an expired application; application must be received within 30 days of signature date.
- Premium shortage.
- Poor qualitycopies.

Tips for Completing the Application

- Ask each question exactly as written.
- Complete the application legibly in blue or black ink.
- Have the applicant initial and date any correction or mistake.
- Any "yes" answer in Section G (Medical Questions) will automatically disqualify the applicant. The application should not be submitted.

Underwriting Guidelines

The purpose of our underwriting department is to assess and evaluate the degree of risk associated with offering insurance to an applicant and make an informed decision based off the information received.

Applications may be underwritten up until the time the policy is issued.

Build Table – Applications will be declined for applicants whose weight is below the Minimum Weight or above the Maximum Weight.

Height and Weight Table

Height	Decline Weight	Standard Weight	Decline Weight2
4' 2"	< 54	54 – 145	146 +
4' 3"	< 56	56 – 151	152 +
4' 4"	< 58	58 – 157	158 +
4' 5"	< 60	60 – 163	164 +
4' 6"	< 63	63 – 170	171 +
4' 7"	< 65	65 – 176	177 +
4' 8"	< 67	67 – 182	183 +
4' 9"	< 70	70 – 189	190 +
4' 10"	< 72	72 – 196	197 +
4' 11"	< 75	75 – 202	203 +
5' 0"	< 77	77 – 209	210 +
5' 1"	< 80	80 – 216	217 +
5' 2"	< 83	83 – 224	225 +
5' 3"	< 85	85 – 231	232 +
5' 4"	< 88	88 – 238	239 +
5' 5"	< 91	91 – 246	247 +
5' 6"	< 93	93 – 254	255 +
5' 7"	< 96	96 – 261	262 +
5' 8"	< 99	99 – 269	270 +
5' 9"	< 102	102 – 277	278 +
5' 10"	< 105	105 – 285	286 +
5' 11"	< 108	108 – 293	294 +
6' 0"	< 111	111 – 302	303 +
6' 1"	< 114	114 – 310	311 +
6' 2"	< 117	117 – 319	320 +
6' 3"	< 121	121 – 328	329 +
6' 4"	< 124	124 – 336	337 +
6' 5"	< 127	127 – 345	346 +
6' 6"	< 130	130 – 354	355 +
6' 7"	< 134	134 – 363	364 +
6' 8"	< 137	137 – 373	374 +
6' 9"	< 140	140 – 382	383 +
6' 10"	< 144	144 – 392	393 +
6' 11"	< 147	147 – 401	402 +
7' 0"	< 151	151 – 411	412 +
7' 1"	< 155	155 – 421	422 +
7' 2"	< 158	158 – 431	432 +
7' 3"	< 162	162 – 441	442 +
7' 4"	< 166	166 – 451	452 +

Health Questions

Applicants who apply outside of Open Enrollment or Guaranteed Issue must answer the Health Questions in the application. In general, if a health question is answered "yes," the application will be declined.

There are some scenarios in Section H (Medical Questions) where an applicant has been receiving medical treatment or taking prescription drugs for a long-standing and controlled medical condition.

A condition is considered to be controlled if there have been no changes in treatment or medication for at least 2 years. If your applicant falls under one of those scenarios, a detailed explanation with the application will be requested for consideration.

Diabetes

People with diabetes who require, or have ever required, more than 50 units of insulin daily, or people with diabetes (oral medication or insulin) who also have one or more complications as listed in question 6 on the application, are not eligible for coverage. For the purposes of this question, hypertension (high blood pressure) is considered a heart condition.

Consideration for coverage may be given to persons with well-controlled hypertension and diabetes. Well-controlled means that the person is taking less than 50 units of insulin daily or no more than 2 oral medications for diabetes, and no more than 2 medications for hypertension. A combination of less than 50 units of insulin per day and one oral medication would be treated the same as 2 oral medications if the diabetes is well-controlled. To verify stability, there should be no changes in the dosages or medications for at least 2 years. Hypertension is considered stable if recent average blood pressure readings are 150/85 or lower.

Uninsurable Conditions

In addition to the health conditions listed on the application, the following will also lead to a decline:

AIDS	End-Stage Renal Disease (ESRD)
Alzheimer's Disease	Kidney Disease requiring dialysis
ARC	Kidney (Renal) Failure/End-Stage Renal Disease Any kidney disorder that has the applicant being evaluated for, or who is currently on dialysis
Any cardiopulmonary disorder requiring oxygen	Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)
Cirrhosis	Lupus - Systematic

Chronic Hepatitis -Chronic Hepatitis B -Chronic Hepatitis C -Chronic Hepatitis D -Autoimmune Hepatitis -Chronic Active Hepatitis -Chronic Steatohepatitis	Multiple Sclerosis Myasthenia Gravis Organ Transplant Osteoporosis with Fracture Parkinson's Disease Pulmonary Hypertension Senile Dementia
Chronic Kidney/Renal Disease - Chronic Nephritis -Chronic Glomerulonephritis -Chronic protein loss in the urine (proteinuria) -Requiring 4 or more MD office visits per year in the follow up of renal disease -Chronic Renal Insufficiency -Hypertensive Chronic Renal Disease -Nephrotic Syndrome -Stage 3, Stage 4 or Stage 5 Chronic Kidney Disease	Other cognitive disorders to include: -Mild Cognitive Impairment (MCI) -Delirium -Organic Brain Disorder -Cerebrovascular Disease with Cognitive Deficits -Dissociative Amnesia -Huntington's Chorea (Huntington's Disease) -Post- Concussion Syndrome with residual problems

In addition to the above conditions, the following will also lead to a decline:

- Implantable cardiac defibrillator
- Use of supplemental oxygen
- Use of a nebulizer
- Asthma requiring continuous use of three or more medications including inhalers
- Taking any medication that must be administered in a physician’s office
- Advised to have surgery, medical tests, further diagnostic evaluation, treatment or therapy

Prescription Drug Guide

It is important to write down all prescription medications on the application so we can give full consideration to your applicant. Use an extra sheet if necessary and have your applicant sign and date the extra sheet.

Uninsurable Medications

If your applicant is taking one of the medications illustrated on pages 16-20 for the specific "Customary Use" or condition noted, do not submit the application. Applicants treated with these medications, for the noted condition, are automatically declined.

Medication	Condition
3TC	AIDS
Acetate	Prostate Cancer
Accuneb	COPD
Alkeran	Cancer
Amantadine	Parkinson's Disease
Anoro Ellipta	COPD
Apokyn	Parkinson's Disease
Aptivus	HIV
Aricept	Dementia
Aricept ODT	Alzheimer's Disease
Artane	Parkinson's Disease
Atripla	HIV
Aubagio	Multiple Sclerosis
Avonex	Multiple Sclerosis
Azilect	Parkinson's Disease
AZT	AIDS
Baclofen	Multiple Sclerosis
BCG	Bladder Cancer
Betaseron	Multiple Sclerosis
Bicalutamide	Prostate Cancer
Breo	COPD
Brovana	COPD
Carbidopa	Parkinson's Disease
Casodex	Prostate Cancer
Cerefolin	Dementia
Cogentin	Parkinson's Disease
Cognex	Dementia
Combivir	HIV
Comtan	Parkinson's Disease
Copaxone	Multiple Sclerosis
Crixivan	HIV

Medication	Condition
Cytoxan	Cancer, Severe Arthritis, Immunosuppression
D4T	AIDS
DDC	AIDS
Daliresp	COPD
DDI	AIDS
DES	Cancer
Donepezil	Alzheimer’s Disease
DuoNeb	COPD
Ebixa	Alzheimer's Disease
Eldepryl	Parkinson’s Disease
Eligard	Prostate Cancer
Embrel	Rheumatoid Arthritis
Emtriva	HIV
Epivir	HIV
Epogen	Kidney Failure, AIDS
Ergoloid	Dementia
Esbriet	Chronic Pulmonary Disorder
Exelon	Dementia
Extavia	Multiple Sclerosis
Fuzeon	HIV
Galantamine	Dementia
Geodon	Schizophrenia
Gilenya	Multiple Sclerosis
Glatopa	Multiple Sclerosis
Gold	Rheumatoid Arthritis
Haldol	Psychosis
Herceptin	Cancer
Hydergine	Dementia
Hydrea	Cancer
Hydroxyurea	Melanoma, Leukemia, Cancer
Imuran	Immunosuppression, Severe Arthritis
Incruse Ellipta	COPD
Indinavir	AIDS
Interferon	AIDS, Cancer, Hepatitis
Invega	Schizophrenia
Invirase	AIDS
Kaletra	HIV
Kemadrin	Parkinson’s Disease
Lasix/Furosemide (>60mg/day)	Heart Disease

Medication	Condition
L-Dopa	Parkinson’s Disease
Lemtrada	Multiple Sclerosis
Letairis	Cancer, Pulmonary Hypertension
Leukeran	Cancer, Severe Arthritis, Immunosuppression
Leuprolide	Prostate Cancer
Leuprolide Acetate	Prostate Cancer
Levodopa	Parkinson’s Disease
Lexiva	HIV
Lioresal	Multiple Sclerosis
Lomustine	Cancer
Lupron	Cancer
Lupron Depot	Prostate Cancer
Lupron Depot-Ped	Prostate Cancer
Megace	Cancer
Megestrol	Cancer
Mellaril	Psychosis
Melphalan	Cancer
Memantine	Alzheimer’s Disease
Methotrexate (>25mg/wk)	Rheumatoid Arthritis
Metrifonate	Dementia
Mirapex	Parkinson’s Disease
Myleran	Cancer
Namenda	Alzheimer’s Disease
Namenda XR	Alzheimer’s Disease
Namzaric	Alzheimer’s Disease
Natrecor	CHF
Navane	Psychosis
Nelfinavir	AIDS
Neoral	Immunosuppression, Severe Arthritis
Neupro	Parkinson’s Disease
Norvir	HIV
Novatrone	Multiple Sclerosis
Nucala	Chronic Pulmonary Disorder
OFEV	Chronic Pulmonary Disorder
Paraplatin	Cancer
Parlodel	Parkinson’s Disease
Permax	Parkinson’s Disease
Plegridy	Multiple Sclerosis
Prezista	HIV

Medication	Condition
Procrit	Kidney Failure, AIDS
Prolixin	Psychosis
Provenge	Prostate Cancer
Razadyne	Dementia
Razadyne ER	Alzheimer's Disease
Remicade	Rheumatoid Arthritis
Reminyl	Dementia
Remodulin	Pulmonary Hypertension
Requip	Parkinson's Disease
Rescriptor	HIV
Retrovir	AIDS
Rebif	Multiple Sclerosis
Reyataz	HIV
Rilutek	Amyotrophic Lateral Sclerosis
Riluzole	ALS
Risperdal	Psychosis
Ritonavir	AIDS
Rivastigmine	Dementia
Sandimmune	Immunosupression Severe Arthritis
Selzentry	HIV
Sinemet	Parkinson's Disease
Stalevo	Parkinson's Disease
Stelazine	Psychosis
Stiolto Respimat	COPD
Sustiva	AIDS
Symmetrel	Parkinson's Disease
Tacrine	Dementia
Tasmar	Parkinson's Disease
Tecfidera	Multiple Sclerosis
Teslac	Cancer
Thiotepa	Cancer
Thorazine	Psychosis
Trelegy Ellipta	COPD
Trelstar-LA	Prostate Cancer
Triptorelin	Prostate Cancer
Trizivir	HIV
Truvada	HIV
Tudorza	COPD
Tysabri	Multiple Sclerosis

Medication	Condition
Valycte	CMV, HIV
VePesid	Cancer
Viadur	Prostate Cancer
Videx	HIV
Vincristine	Cancer
Viracept	HIV
Viread	HIV
Zanosar	Cancer
Zelapar	Parkinson's Disease
Zerit	HIV
Ziagen	HIV
Zinbryta	Multiple Sclerosis
Ziprasidone	Schizophrenia
Zolandex	Cancer
Zometa	Hypercalcemia in Cancer

If you cannot find a medication on this list, call the Agency Services Department at 844-502-6780.


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