



FutureSelect Plus™

# Underwriting Guide

Allianz Long Term Care

Allianz Life Insurance Company of North America

**Allianz** 



# Underwriting mission statement

*To approve as many applications as possible while protecting the risk pool of the business.*

## Underwriting philosophy

Underwriting focuses on three main elements in the process of evaluating risk:

- Health status: What are the health impairments?
- Functionality: How well does the client get around, how active is she/he?
- Cognition: Is there evidence of memory problems?

An important aspect of underwriting is to recognize the impact of social support, social activities, and exercise tolerance on LTCi risk.

Underwriting strategies are directed at ascertaining the degree of severity, control and stability of medical conditions and the impact of those conditions to the individual's health status, functionality, and cognitive abilities.

## Information hotline: 800.950.7372 (press 2 for New Business, then 2 for LTCi)

When to use the information hotline:

- Prequalifying a client relative to health status and/or functionality
- Clarification of this underwriting guide with respect to individual client's health

## Information hotline

5:00 a.m. – 4:00 p.m. Pacific time (Monday – Thursday)

5:00 a.m. – 3:00 p.m. Pacific time (Friday)

Underwriting guidelines are subject to change.

Please see the Web site at [www.allianzlife.com](http://www.allianzlife.com) for the most current version of the Underwriting Guide.

## Premium rate classes

Long term care insurance from Allianz offers three premium rate classes. Each rate class is separated by a premium difference of 25%. From our most attractive rate to our highest premium rate, the maximum premium difference is 50%. To avoid difficulties of placing a policy with a higher premium than was originally quoted, pay special attention when quoting the rate class. Should your client qualify for a better rate than quoted, the appropriate (better risk) class will be issued.

### Preferred Plus – P+ (very healthy, nonsmoking applicants)

- Nonsmoker for the last 12 months (other tobacco use acceptable)
- Weight is within Preferred Plus/Preferred range on height/weight chart
- Consultation with a physician within the last 12 months
- No history of treatment for serious health conditions (such as heart or circulatory disorder, diabetes or rheumatoid arthritis)
- Applicant may be receiving regular treatment of a preventative nature only, for example:
  - Medications such as thyroid replacement, hormonal supplements, digestive aids, mild sedatives, or analgesics and anti-inflammatory medications acceptable
  - High blood pressure that is kept in normal range (140/90) with medication is acceptable, but cannot be in combination with heart disorders

### Preferred – P (healthy smokers or nonsmokers with weight problems or significant but stable health history). One or more of the following apply:

- Smoker in otherwise good health
- Weight is within Preferred Plus/Preferred range on the height/weight chart
- Medical history of cardiac or circulatory disorder, diabetes, rheumatoid arthritis, or cancer with excellent prognosis
- Under regular treatment with prescription medications listed on the prescription drug guide for conditions not eligible for Preferred Plus rates

### Standard – S (for applicants with significant health problems due to health history, weight problems, smoking status or a combination of these factors)

- Under treatment for a serious health condition which requires close medical supervision (such as ulcerative colitis or emphysema)
- History of a combination of serious conditions (such as heart and lung disease, or rheumatoid arthritis with coronary artery disease)

### Individual Consideration – IC

- Medical history does not fall within the parameters of the individual impairment as listed.
- Specifics on the application and medical history are evaluated by the underwriter based on the effect on risk of the product.
- Cases approved after individual consideration are typically counter-offers used to offer some coverage while protecting the risk to the company.

### Previously declined cases

We encourage you to call the information hotline at 800.950.7372 (press 1 for Sales Support, then 3 for LTCi) to discuss previously declined cases or any case that involves complex medical histories.

## Underwriting requirement chart

The underwriting requirement chart below indicates the requirements needed based on age and benefits. The Home Office will always take care of ordering all requirements. However, you may order requirements directly from the approved vendors with prior authorization from the Home Office.

PHIs are all done by the Home Office.

Ages	18-69	70-84
PHI	Required	N/A
F/F	For specific conditions	Required
APS	Required	Required

### Underwriting specifics

NOTE: Any applicant age 65 through 71, who has not been seen by a physician within the last two years, will not be considered for coverage until they have completed a physical at their own expense or completed a face-to-face assessment along with a complete blood profile (BLDPF) and a Home Office urine specimen (HOS). Any applicant age 72 through 84, who has not been seen by a physician within the last two years, will not be considered for coverage until they have completed a physical at their own expense. The extent of the exam is minimally a "screening physical exam" although the physician may have other requirements for someone not current on health maintenance. Allianz does not have a form for this purpose; documentation of clinical information is the responsibility of the physician. Additional requirements may be ordered at the underwriter's discretion, based on individual health history.

#### Personal history interview (PHI)

Telephone interviews will be ordered on all applicants age 69 and under. Medical questions such as height, weight, or blood pressure would be examples of questions asked during telephone interviews since medical records are not ordered on every applicant. Specific questions related to activities of daily living (ADLs) such as "Does the applicant have difficulty dressing?", will be asked on every interview. The interview may also include some cognitive tests.

#### Face-to-Face assessments (F/F)

Face-to-Face Assessments will be ordered on all applicants age 70 and older. On joint applications where one applicant is age 70 or older and the second applicant is younger, the assessment will be done on both applicants. The interview will include a memory test.

#### Attending physician's statement (APS)

The Home Office will order medical records on each applicant. Primary care physician records are the most commonly required ones; occasionally specialist records are necessary for clinical detail on a particular condition.

### Policy dating

When applicants are approved for coverage, a policy will be issued with an effective date that may range from 60 days prior to the application date (backdating to save age) to 30 days after the underwriting approval date (dating to match the renewal date of the policy being replaced). Backdating and post-dating must be requested on the application and will be accommodated if there are no reservations regarding the applicant's health status.

When at least two months' premium is paid with the application and the policy is approved as applied for, the application date becomes the policy effective date. If the policy is issued other than as applied for, or if less than two months' premium is submitted, the policy receives a current date. However, current dating will not be required if it would change the issue age.

## Field selection

- Eligible issue ages for FutureSelect Plus<sup>SM</sup> are 18-84, based on age at last birthday.
- Use the build chart to help determine the proper rating class based on build.
- Review the prescription drug guide. Certain medications indicate that your client has an uninsurable condition. This guide will assist you in determining your client's impairments.
- Review the impairment guide to determine your client's risk class and insurability. If your client qualifies for a better risk class than applied for, we will issue the better risk class.
  - Does the applicant function independently? How does she/he get around?
  - Can the applicant perform, without assistance, the activities of daily living (ADLs)?
  - Does the applicant have any difficulty with the instrumental activities of daily living (IADLs)? Any inability to perform ADLs or IADLs may indicate a functional or cognitive limitation, which is not acceptable.
    - ADLs include bathing, eating, dressing, toileting, continence, and transferring.
    - IADLs include housekeeping, laundry, shopping, cooking and meal preparation, handling personal finances, and using the telephone.
  - Is the applicant currently receiving disability or worker's compensation payments? This may indicate a current or recent history that typically excludes the applicant from insurability at the present time.

An inability to perform ADLs or IADLs may indicate a functional or cognitive limitation, which is not an acceptable risk.

## What to expect when the underwriting decision is other-than-applied-for:

- 1) The underwriter will put a note on the Web site when the decision has been made.
- 2) The underwriter will include a clinical reason for a decision other-than-applied-for, when possible, within the data privacy guidelines of HIPAA.
- 3) The underwriter will send a letter to the applicant with the decision other-than-applied-for, with a copy to the agent. The wording of this letter must also comply with data privacy regulations. We cannot, by law, release any information that the applicant did not disclose to us.
- 4) The underwriter will place a phone call to the agent with the decisions other-than-applied-for; a message will be left, if voicemail is available; a message will include the name, telephone number, and extension of the underwriter.
- 5) After receiving and reviewing the underwriting information, and referencing the guidelines printed in this document, the agent may call the underwriter for information to clarify the decision, if the wording of the above-mentioned communication is not clear.
- 6) The underwriter will reference the information that was disclosed by the applicant together with the underwriting guides on which the decision was made.
- 7) The underwriter will tell the agent if this is a permanent decision, or when a re-application would be appropriate. (Note: reapplication is subject to full underwriting, and premium will be based on attained age) (Note: a permanent decision stops any further underwriting processing at this point)
- 8) For the most positive outcome of ongoing discussions about the decision, it is recommended that the agent discuss the letter with the client. In many cases the client is aware of the clinical information in the medical records.
- 9) The client is encouraged to speak to his/her physician about health conditions that are unknown to the client, or about dates of clinic visits mentioned in the letter without an associated health condition.
- 10) The underwriter can submit a letter to the physician within 21 days, citing the clinical reason for the decision; in order to do that, we must receive a written request from the client to do so (see #12 and #13 below).
- 11) If the physician has additional information that is substantially different from what is in the medical records, that information may be submitted in writing to Allianz Life Insurance Company of North America within 30 days from the date on the letter of risk class change or declination.
- 12) Be sure to include the application number on all correspondence.
- 13) The fax number to receive such communication is 763.582.6002.
- 14) The underwriter will consider the additional information relative to the extent of risk, and will send written response reporting the outcome of that additional information within 21 days.
- 15) Remember that insurance medicine differs from clinical medicine in the implications of particular health conditions. The element of risk to the insurance company may not present exactly the same concern in the clinical setting.
- 16) If the review of additional information results in a change in coverage, the new business department will issue new coverage pages for the contract.

# Height and weight chart

Height FT IN	S	P	P+	P	S	IC
4 7	68 - 72	73 - 75	76 - 147	148 - 166	167 - 186	187 - 190
4 8	70 - 75	76 - 77	78 - 152	153 - 170	171 - 190	191 - 196
4 9	73 - 78	79 - 80	81 - 157	158 - 176	177 - 195	196 - 204
4 10	77 - 81	82 - 84	85 - 162	163 - 181	182 - 201	202 - 210
4 11	79 - 83	84 - 87	88 - 168	169 - 188	189 - 208	209 - 217
5 0	82 - 86	87 - 92	93 - 174	175 - 194	195 - 215	216 - 225
5 1	85 - 89	90 - 95	96 - 180	181 - 201	202 - 222	223 - 232
5 2	87 - 92	93 - 98	99 - 186	187 - 207	208 - 229	230 - 240
5 3	90 - 94	95 - 102	103 - 191	192 - 214	215 - 237	238 - 248
5 4	92 - 98	99 - 104	105 - 197	198 - 221	222 - 244	245 - 256
5 5	95 - 100	101 - 107	108 - 204	205 - 228	229 - 252	253 - 264
5 6	99 - 102	103 - 110	111 - 210	211 - 235	236 - 260	261 - 272
5 7	103 - 105	106 - 113	114 - 217	218 - 242	243 - 268	269 - 280
5 8	105 - 109	110 - 117	118 - 222	223 - 249	250 - 272	273 - 289
5 9	107 - 113	114 - 120	121 - 228	229 - 257	258 - 284	285 - 297
5 10	110 - 117	118 - 124	125 - 236	237 - 264	265 - 292	293 - 306
5 11	113 - 121	122 - 128	129 - 241	242 - 272	273 - 301	302 - 315
6 0	116 - 124	125 - 132	133 - 250	251 - 279	280 - 309	310 - 324
6 1	118 - 128	129 - 136	137 - 257	258 - 288	289 - 318	319 - 333
6 2	121 - 132	133 - 139	140 - 264	265 - 295	296 - 326	327 - 342
6 3	125 - 135	136 - 143	144 - 272	273 - 303	304 - 335	336 - 351
6 4	129 - 139	140 - 147	148 - 279	280 - 312	313 - 344	345 - 361
6 5	132 - 142	143 - 151	152 - 287	288 - 317	318 - 350	351 - 371
6 6	138 - 146	147 - 155	156 - 294	295 - 322	323 - 355	356 - 381
6 7	140 - 150	151 - 159	160 - 302	303 - 326	327 - 360	361 - 391
6 8	143 - 154	155 - 163	164 - 310	311 - 330	331 - 365	366 - 400

## Automatic decline list

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Conditions listed below are uninsurable. An application should not be submitted if an applicant has any of the following conditions:

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ADL (activity of daily living) deficits  
Adult day services, current  
AIDS, acquired immune deficiency syndrome  
Alzheimer's disease, memory loss, dementia  
Ambulation difficulty (i.e. unsteadiness, instability, shuffling gait, use of assistive devices)  
Amyotrophic lateral sclerosis (ALS, Lou Gehrig's disease), progressive neurological disease  
Aplastic anemia, bone marrow failure syndrome  
Arteriosclerosis obliterans, plaque formation of vessels to the extent of closure of blood vessels  
Assisted living residence, current  
Ataxia, lack of muscle coordination, due to a disorder in the brain  
AV malformation, cerebral; congenital malformation of arteries and veins in the brain  
Avascular necrosis, current; collapse of bones or joints due to loss of blood supply

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Brain impairments, disorders not identified elsewhere in this guide, most commonly damage as a result of trauma  
Buerger's disease; inflammation of the blood vessels, with subsequent clotting disorder

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Cardiomyopathy, disease of heart muscle – see impairment guide  
Catheter use, urinary; a tube passed into the urinary bladder to allow the withdrawal of urine  
CCRC living, current; Continuous Care Retirement Community  
Cerebral palsy, congenital neurologic disorder – see impairment guide  
Charcot-Marie-Tooth disease, disorder of nerves of feet, legs, hands  
Cirrhosis of the liver, gradual destruction of the ability of the liver to function  
Claudication, pain in legs associated with poor circulation  
Collagen disease, an autoimmune rheumatic disorder affecting tendons, bones, and tissues  
Confusion, mental disorientation  
Creutzfeld-Jakob syndrome, a disease of the nervous system that causes dementia  
CREST syndrome, slowly progressive systemic sclerosis  
Cystic fibrosis, congenital disease of the lungs

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Defibrillator, ICD, implantable cardioverter defibrillator  
Dementia, memory impairment or loss, all types of cognitive deficits  
Dermatomyositis, chronic weakness and inflammation of muscles  
Dialysis, kidney/renal, the process of mechanically removing metabolic wastes from the blood  
Disabled, and/or collecting disability or workers compensation benefits

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Esophageal varices, chronic obstruction of blood flow of the esophagus related to liver function

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Falls (multiple, or with dizziness, syncope, cerebrovascular or neurological disorders, or gait disturbance)  
– see impairment guide

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## Automatic decline list (continued)

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Hemiplegia, paralysis of one side of the body

Hemophilia, blood clotting disorder

Hepatitis, chronic, active; inflammation of the liver

HIV positive; a blood test has indicated infection from the AIDS virus

Home care services, current or within the past 12 months

Hydrocephalus, abnormal accumulation of fluid in the brain

Huntington's chorea, inherited disease of the nervous system

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ICD, implantable cardioverter defibrillator

Intestinal angina, abdominal pain caused by narrowed blood vessels to the intestines

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Kidney transplant, surgical implantation of donor kidney to replace one removed from a person

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Lambert-Eaton myasthenia syndrome, a neurological disorder that causes weakened muscles

Lupus, systemic lupus erythematosus (SLE), chronic inflammation caused by autoimmune disease

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Medicaid, or MediCal recipient

Memory loss, cognitive deficit, dementia

Mental retardation

Multiple myeloma, cancer of white blood cells

Multiple sclerosis, inflammatory disease of central nervous system (brain and spinal cord)

Muscular dystrophy, congenital disease with progressive weakness and degeneration of muscle

Myasthenia gravis, neurological disorder with progressive muscle weakness

Myelodysplasia, myelodysplastic syndrome, bone marrow dysfunction

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Nephrosclerosis, hardening of kidney tissue

Nephrotic syndrome, progressive kidney damage with kidney failure

Nursing home confinement, current or recent

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Obesity (as defined in build chart) – frequently a co-morbid with other conditions such as diabetes, high blood pressure, heart disease or arthritis

Organ transplant (except cornea – see impairment guide)

Organic brain syndrome (OBS), chronic disease or injury that interferes with brain function

Osteomyelitis, current; infection involving bone tissue

Osteoporosis with compression fractures, falls; osteoporosis involves loss of bone mass

Oxygen use

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Paralysis, loss of function

Parkinson's disease, chronic progressive neurologic disease with progressive muscle weakness

Peripheral vascular disease, disease of the blood vessels outside of the heart and brain –  
see impairment guide

Pick's disease, dementia that begins at a young age

Polycystic kidney disease, genetic disorder causing numerous cysts in kidneys leading to reduced kidney  
function and failure

## Automatic decline list (continued)

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Polycythemia vera, p. vera, excess of red blood cells involving bone marrow elements

Psychosis, mental illness in which the person loses touch with reality

Pulmonary hypertension, high blood pressure in the arteries that supply the lungs

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Quadriplegia – paralysis, all four limbs

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Renal failure, renal insufficiency, kidney insufficiency or failure, gradual progressive loss of kidney function

Retinitis pigmentosa, gradual disintegration of eye function and progressive loss of vision

Retinopathy, diabetic – disturbance of vision secondary to the effects of diabetes

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Schizophrenia, chronic, often debilitating mental illness

Scleroderma, progressive hardening and tightening of skin and connective tissues

Sclerosing cholangitis, narrowing and hardening of bile ducts resulting in liver damage

Shunt (heart, brain, kidney), an artificial passage to divert fluids within the body – see impairment guide

Shy-Drager syndrome, progressive disorder of nervous system

Social Security disability recipient

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Thromboangiitis obliterans (Buerger's disease), inflammation of blood vessels with clotting

Transplant (except cornea – see impairment guide)

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Waldenstrom's disease or syndrome, bone marrow and blood disease

Walker use

Wheelchair use

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Major surgeries, as a general rule, must wait six months before the individual can be considered for this product except for those conditions specified otherwise in the impairment section of this guide.

# Prescription drug guide

## Drugs prescribed for uninsurable conditions

If the applicant is taking one of these drugs for the reason stated, he/she is not eligible for coverage. This list is a reference guide for prequalifying cases; it is not intended to be an exhaustive, all-inclusive list.

Drug name	Alternate name for same drug	Condition for which drug is most commonly used
Actimmune	Interferon gamma 1-b	Chronic granulomatous disease
Abilify	Aripiprazole	Schizophrenia
Akineton	Biperiden	Parkinson's disease
Aldazine	Mellaril, Thioridazine	Mental health
Amantadine	Symmetrel	Parkinson's disease
Anexsia	Hydrocodone	Narcotic
Antabuse	Disulfiram	Alcoholism
Aranesp	Darepeotinalfa	Chronic anemia; renal failure
Aricept	Donepezil	Dementia
Artane	Novohexidyl	Parkinson's disease
Auranofin	Ridaura	Gold therapy/rheumatoid arthritis
Avonex	Interferon, Rebif	Multiple sclerosis
Azathioprine	Imuran	Multiple sclerosis
AZT	Retrovir, Apo-zidovudine	HIV
Baclofen	Lioresal	Multiple sclerosis
Bendopa	Levodopa	Parkinson's disease
Benztropine mesylate	Cogentin	Parkinson's disease
Betaseron	Interferon, recombinant	Multiple sclerosis
Bromocriptine	Parlodel	Parkinson's disease
Carbidopa	Sinemet	Parkinson's disease
Chlorpormazine	Thorazine	Mental health
Cladribine	Leustatin	Leukemia, multiple sclerosis
Clorazil	Clozapine	Mental health
Clozapine	Clorazil	Mental health
Codeine	N/A	Pain control
Cogentin	Apo-benzotropine	Parkinson's disease
Cognex	Tacrine HCl	Dementia
Combivir	Zidovudine, Lamivudine	HIV
Comtan	Entacapone	Parkinson's disease
Copaxone	Glatiramer acetate	Multiple sclerosis
Dantrium	Dantrolene	Multiple sclerosis
Dantrolene	Dantrium	Cerebral palsy, multiple sclerosis
Darvocet	N/A	Pain control
Demerol	N/A	Pain control
Deprynel	Eldepryl	Dementia, parkinson's disease
Dilaudid	N/A	Pain control
Donepezil	Aricept	Dementia
Dopar	Levodopa	Parkinson's disease
Duragesic	N/A	Pain control
Edrophonium Chloride	Tensilon	Myasthenia gravis
Eldepryl	Selegiline	Parkinson's disease
Endocet	Percocet	Narcotic pain medication
Epogen	Erythropoietin	Renal failure, anemia of chronic disease
Eulexin	Flutamide	If for recurrent prostate cancer
Exelan	N/A	Dementia
Fluphenazine	Prolixin	Mental health
Flutamide	Eulexin	Cancer
Glatiramer acetate	Copaxone	Multiple sclerosis
Gold compound	Ridaura	Rheumatoid arthritis

## Prescription drug guide (continued)

### Drugs prescribed for uninsurable conditions

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Drug name	Alternate name for same drug	Condition for which drug is most commonly used
Haldol	Haloperidol	Mental health
Hydergine	DHE45	Dementia
Hydrea	Hydroxyurea	Cancer
Hydrocodone	N/A	Narcotic
Imuran	Azathioprine	Myasthenia gravis, multiple sclerosis
Infergen	Interferon alfacon-1	Hepatitis, other liver disease
Insulin	N/A	Diabetes
Interferon	Betaseron	Multiple sclerosis
Intron-A	Interferon	If used for recurrent cancer
Invirase	N/A	HIV
Larodopa	Levodopa	Parkinson's disease
Leukine	Sargramostim, GM-CSF	Bone marrow transplants
Leuprolide	Lupron	If used for recurrent cancer
Levodopa	Carbidopa, Sinemet	Parkinson's disease
Lioresal	Baclofen	Multiple sclerosis
Lorcet, Lortab	Hydrocodone	Pain control
Loxapine	Loxitane	Mental health
Lupron	Leuprolide	If for recurrent prostate cancer
Mellaril	Thioridazine	Mental health
Mestinon	Edrophonium	Myasthenia gravis
Methadone	Dolophine	Pain control
Mirapex	Pramipexide	Parkinson's disease
Moban	Molindone	Mental health
Morphine	N/A	Pain control
MS-Contin	N/A	Pain control
Naltrexone	N/A	Alcohol abuse
Namenda	Memantine	Dementia
Narcotics, regular use	N/A	Pain control
Navane	Thiothixene	Mental health
Neostigmine	Prostigmin	Myasthenia gravis
Neumega	Oprelvekin	Severe blood disease
Neupogen	G-CSF, filgrastim	Blood cell enhancer in advanced disease
Niloric	N/A	Dementia
Norgesic	N/A	Pain control
Nubain	N/A	Pain control
Olanzapine	Zyprexa	Mental health
Orap	Pimozide	Mental health
Oxycodone	Oxycontin, Proladone	Pain control
Parlodel	Bromocriptine	Parkinson's disease
Pegasys	Peginterferon alfa-2a	Chronic hepatitis C
PEG-Intron	Peginterferon alfa-2a	Chronic hepatitis C
Percocet	Endocet	Pain control
Percodan	N/A	Pain control
Pergolide	Permax, Celance	Parkinson's disease
Permitil	Prolixin	Mental health
Perphenazine	Trilafon	Mental health
Pimozide	Orap	Mental health
Procrit	Erythropoietin	Renal failure; anemia of chronic disease
Prolixin	Fluphenazine	Mental health

# Prescription drug guide (continued)

## Drugs prescribed for uninsurable conditions

If the applicant is taking one of these drugs for the reason stated, he/she is not eligible for coverage. This list is a reference guide for prequalifying cases; it is not intended to be an exhaustive, all-inclusive list.

Drug name	Alternate name for same drug	Condition for which drug is most commonly used
Prostigmin	Neostigmine	Myasthenia gravis
Rebetron	N/A	Hepatitis C
Regonol	N/A	Myasthenia gravis
Revia	N/A	Alcohol abuse
Requip	N/A	Parkinson's disease
Retrovir	N/A	HIV
Ridaura	Auranofin	Rheumatoid arthritis
Rilutek	Riluzole	ALS
Risperdal	Risperidone	Mental health
Roferon-A	Recombinant, rIFN-A	AIDS, cancer, hepatitis, leukemia
Roxicet	N/A	Pain control
Saquinavir	N/A	HIV
Selegiline	Eldepryl	Dementia, Parkinson's disease
Serentil	Mesoridazine	Mental health
Seroquel	Quetiapine	Mental health
Sinemet	Carbidopa, Levodopa	Parkinson's disease
Solganal	Gold therapy	Rheumatoid arthritis
Sparine	N/A	Mental health
Stadol	N/A	Pain control
Stelazine	Trifluoperazine HCl	Mental health
Symmetrel	Amantadine	Parkinson's disease
Synapton	N/A	Dementia
Tacrine	N/A	Dementia
Talwin	Pentazocine	Pain control
Taractan	N/A	Mental health
Tasmar	Tolcapone	Parkinson's disease
Tensilon	Edrophonium	Myasthenia gravis
Thioridazine	Mellaril	Mental health
Thiothixene	Navane	Mental health
Thorazine	Chlorpromazine	Mental health
Tindal	N/A	Mental health
Tolcapone	Tasmar	Parkinson's disease
Tramadol	Ultram	Narcotic pain control
Trichlorfon	N/A	Dementia
Trifluoperazine	Stelazine	Mental health
Trilafon	Perphenazine	Mental health
Ultracet	Tramadol	Pain control
Ultram	Tramadol	Narcotic pain control
Vicodin	N/A	Narcotic pain control
Zeldoz	N/A	Mental health
Zidovudine	N/A	HIV
Ziprasidone	N/A	Mental health
Zyprexa	Olanzapine	Mental health

# Impairment guide

The following is a list of medical conditions intended to give you a general idea of whether your client is insurable, and if so, whether they qualify as Preferred Plus, Preferred, or Standard risk. In general, we will decline coverage if surgery or physical therapy has recently been completed or is pending. The waiting period for the specific condition needs to be met in order for coverage to be considered. Call the information hotline at 800.950.7372 (press 1 for Sales Support, then 3 for LTCi) if you have any questions regarding your client's insurability.

PREF+ = Preferred Plus      STD = Standard      IC = Individual Consideration  
 PREF = Preferred      DEC = Decline

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## A

### Abscess

Resolved or 6 months after surgery.....PREF+  
 Brain or abdominal present or surgery within  
 6 months.....DEC

### Addison's Disease

Controlled on medications, no complications, after 24 months'  
 stability.....PREF  
 With any other clinical conditions, any hospitalizations, after  
 2 years stability .....IC  
 All others.....DEC

### ADL Deficits

Any mental or physical limitation in  
 performing the activities of daily living.....DEC

Adult Day Services.....DEC

Assisted Living.....DEC

AIDS.....DEC

### Alcoholism

Recovered more than 5 years, in good health.....PREF  
 Recovered more than 3 years, in good health.....STD  
 Within 3 years or with relapses.....DEC

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

Alzheimer's Disease.....DEC

### Amaurosis Fugax

After 2 years.....STD  
 Within 2 years or multiple episodes.....DEC

### Amnesia (Transient Global Amnesia)

One episode, after 2 years with a complete  
 neurological work-up that is within normal limits.....STD  
 Multiple episodes.....DEC

### Amputation

Due to trauma in past.....STD  
 Due to disease.....DEC

### Anemia

Mild.....PREF+  
 Moderate.....PREF  
 Severe or with complications or defined as Aplastic.....DEC

### Aneurysm

Abdominal, 1 year after surgery with good recovery.....PREF  
 Cerebral, with or without surgery.....DEC  
 Present.....DEC

### Angina Pectoris

Occasional episodes.....PREF  
 With history of myocardial infarction.....STD  
 Not well controlled.....DEC  
 Smoker.....DEC

### Angioplasty

After 6 months, with good results.....PREF  
 With stent, after 6 months, with good results.....PREF  
 With history of myocardial infarction.....STD  
 With poor exercise tolerance or smoker.....DEC

### Anxiety Disorder

Mild (occasional medication).....PREF+  
 Moderate with regular medications.....PREF  
 Moderate with multiple medications.....STD  
 Severe and/or with functional impairments.....DEC

Aplastic Anemia.....DEC

Arnold-Chiari Malformation.....DEC

### Arteriosclerosis

Mild.....PREF  
 Moderate.....STD  
 Severe.....DEC

### Arthritis (Degenerative or Osteoarthritis)

Mild.....PREF+  
 Moderate.....PREF  
 Severe but without physical limitations.....STD  
 With physical limitations or surgery anticipated.....DEC

### Arthritis (Rheumatoid)

Mild, controlled with non-steroid medications.....PREF  
 Moderate symptoms, or requiring multiple medications.....STD  
 With physical limitations, complex treatment,  
 multiple joint replacements, or surgery anticipated  
 or recommended.....DEC

# Impairment guide (continued)

## Asthma

Mild, infrequent attacks .....PREF+  
 Mild, controlled with medications (no oral steroids) .....PREF  
 Moderate, required multiple medications or steroids.....STD  
 In combination with circulatory disease, or severe disease .....DEC  
 Smoker .....DEC

**Ataxia** .....DEC

## Atrial Fibrillation

History of episodic atrial fibrillation, 6 months' stability since last episode .....PREF  
 6 months since single episode .....STD  
 Chronic atrial fibrillation.....DEC

## B

### Back Disorder

Not disabling .....PREF+  
 Herniated disc (unoperated) or with compression fracture .....PREF/STD  
 Disabling, or surgery planned, recommended .....DEC

### Barrett's Esophagus

Biopsy done within the last two years with favorable results .....PREF/STD  
 All others.....IC

### Bell's Palsy

History of, complete recovery .....PREF+  
 With residual facial paralysis .....PREF/STD

**Benign Prostatic Hypertrophy** .....PREF+

### Bipolar Disorder, manic depression

Stable 4 years, well controlled on medication; a single hospitalization > 10 yrs ago acceptable; fully independent, no cognitive limitations .....STD  
 Others.....IC

### Bladder Disease

History of infection, complete recovery.....PREF+  
 Chronic infections, without incontinence.....PREF/STD  
 With incontinence.....IC/DEC

### Bladder Prolapse (Cystocele)

Surgically repaired .....PREF+

### Blood Pressure, Elevated

Mild, and no other cardiac condition.....PREF+  
 In combination with other cardiac condition.....PREF/STD  
 Not controlled .....DEC

### Braces

Without ADL limitation.....STD, No HHC  
 With ADL limitation .....DEC

**Brain Impairments** .....DEC

## Brain Tumor

After 5 years following removal, benign, no residuals .....STD  
 All others.....DEC

## Breast Disorders

Fibrocystic disease .....PREF+  
 Breast cancer present .....DEC  
 Breast cancer with surgery (See Cancer)

## Bronchiectasis

Asymptomatic, nonsmoker, minimum 3 years since diagnosis with no periods of disability .....STD, No HHC  
 All others.....DEC

## Bronchitis

Acute attack.....PREF+  
 Multiple attacks .....PREF  
 Chronic .....STD/DEC

**Buerger's Disease (Thromboangiitis Obliterans)**.....DEC

## Bypass Surgery (Heart)

After 6 months, with good results.....PREF  
 With history of myocardial infarction .....PREF/STD  
 With poor exercise tolerance post surgery .....DEC  
 Smoker .....DEC

## C

### Cancer (90-day elimination period)

Early stage, 6 months since last treatment .....PREF+/PREF  
 Moderate stage, after 1 year since last treatment.....STD  
 With metastasis, or treatment within 6 months, or recurrent cancers.....DEC

### Cancer (Lymphoma, Leukemia, or Lung) (90-day elimination period)

After 10 years since recovery with no recurrences .....STD  
 Less than 10 years since recovery .....DEC

**Cane Use** .....DEC

**Cardiomyopathy**.....DEC

### Carotid Artery Disease

Mild, asymptomatic or corrected by endarterectomy, no history of TIA or stroke .....PREF  
 Moderate, asymptomatic, with other heart or circulatory disorder .....STD/DEC  
 Severe; symptomatic or smoker .....DEC

### Carpal Tunnel Syndrome

No resulting disability .....PREF+

### Cataracts

Present but not requiring surgery .....PREF+  
 Recovered after surgery .....PREF+  
 Surgery scheduled or anticipated.....DEC



# Impairment guide (continued)

## Endarterectomy (without stroke)

After 6 months, no other circulatory disorder .....PREF  
 With other circulatory disorder  
 or cardiac condition .....STD/DEC  
 With CVA, stroke .....DEC

## Endocarditis

Fully recovered, 1 episode, no residuals;  
 rate will depend on severity of related  
 heart disorder .....PREF/STD  
 Recurrent.....DEC

## Epilepsy

Good control on medication.....PREF  
 Seizure within 2 years.....STD/DEC  
 Seizure within 1 year, poor control or cause unknown .....DEC

## Epstein-Barr Syndrome

6 months after recovery w/o residuals.....PREF/STD  
 Current or less than 6 months after full recovery.....DEC

Esophageal Varices .....DEC

Esophagitis .....PREF+/PREF

## Falls

Multiple within the last 12 months.....DEC  
 Due to dizziness, gait disturbance or TIA .....DEC

## Fibromyalgia

Mild, not affecting functional ability, 24 months' stability.....PREF  
 Moderate symptoms .....STD, No HHC  
 Severe, with functional limitations; use  
 of steroids or narcotics .....DEC

Fuch's Corneal Dystrophy .....DEC

## Gallbladder (Cholecystitis, Cholelithiasis)

Post surgery.....PREF+

Gastroesophageal Reflux Disease (GERD) .....PREF+

Gilbert's Disease.....PREF+

## Glaucoma

Mild to moderate visual impairment.....PREF+/PREF  
 Severe impairment affecting ADLs .....DEC

## Goiter

Post surgery or post radioactive iodine treatment  
 benign, on thyroid replacement.....PREF+

## Gout

Controlled, no functional impairment .....PREF+

## Guillain-Barre Syndrome

Full recovery, no residuals, 24 months' stability .....PREF  
 No residuals, 12 months' stability .....STD  
 Less than 2 years past full recovery, or with residuals,  
 or with relapses .....DEC

## H

### Hashimoto's Thyroiditis

Controlled by thyroid replacement therapy .....PREF+

### Headaches

Migraine .....PREF+

### Heart Murmur

Functional, no medication required .....PREF+  
 Well controlled with medication .....PREF  
 Causing physical limitations.....DEC

### Heart Attack

Stable and fully functional, 6 months' stability .....PREF  
 With history of bypass surgery.....PREF/STD  
 With chronic angina (chest pain).....DEC  
 Smoker .....DEC

### Heart Valve Replacement

Good recovery 1 year post surgery .....PREF  
 With other stable cardiac disorder .....STD  
 Surgery scheduled or anticipated,  
 complex cardiac disease .....DEC

Hemiplegia.....DEC

Hemochromatosis .....DEC

Hemophilia.....DEC

### Hepatitis (A, B & C)

Hepatitis A, 6 months after full recovery .....PREF+  
 Hepatitis B, 1 year after full recovery,  
 normal liver enzymes .....PREF  
 Hepatitis C, any history .....DEC  
 Described as chronic active or due to alcohol .....DEC  
 Active, any type.....DEC

### Herniated Disc

Post surgery with good recovery .....PREF+  
 Present, no surgery planned .....PREF  
 Surgery scheduled or recommended .....DEC

Hiatal Hernia.....PREF+

### Hip Replacement

One hip or both hips, after 6 months, fully  
 ambulatory, mild or no arthritis in other joints.....PREF+  
 Recovered after 6 months, with  
 moderate arthritis in other joints.....PREF  
 Recovered after 6 months, with severe arthritis  
 in other joints but without physical limitations.....STD  
 Surgery scheduled or needed or physical limitations.....DEC

HIV Positive .....DEC

### Hodgkin's Lymphoma

After 10 years since recovery with no recurrence.....STD  
 Less than 10 years since full recovery .....DEC

# Impairment guide (continued)

<b>Home Care Service</b>	
Within the last year .....	DEC
<b>Huntington's Chorea</b> .....	DEC
<b>Hydrocephalus</b> .....	DEC
<b>Hyperparathyroidism</b>	
Surgically corrected.....	PREF+
Controlled without surgery.....	PREF/STD
All others, including with poorly-controlled blood pressure, with kidney disease, and/or with osteoporosis .....	DEC

<b>Hypertension</b>	
Controlled with medication, with readings in normal range.....	PREF+
Moderately elevated readings, or with other well-controlled heart condition .....	PREF
Not controlled .....	DEC

<b>Hyperthyroidism</b>	
Controlled by medication .....	PREF+/PREF
Not adequately controlled.....	STD/DEC

<b>Hypothyroidism</b> .....	PREF+
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<b>Hysterectomy</b>	
Nonmalignant.....	PREF+

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## I – K

<b>Ileostomy</b>	
Two years after surgery, no complications .....	STD
Less than 2 years after surgery or with complications .....	DEC

<b>Incontinence</b>	
Stress incontinence, occasional .....	PREF+
All others.....	DEC

<b>Inner Ear Disorder</b>	
Mild (occasional medication).....	PREF+
Moderate (regular medications) .....	PREF
Severe .....	STD/DEC

<b>Intestinal Obstruction</b>	
Surgical correction, benign condition, 24 months' stability .....	PREF+/PREF
With permanent colostomy, 24 months' stability.....	STD
Surgery scheduled or recommended .....	DEC

<b>Irritable Bowel Syndrome</b>	
Well controlled .....	PREF+

<b>ITP (Idiopathic Thrombocytopenic Purpura)</b> .....	DEC
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<b>Kidney Dialysis</b> .....	DEC
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<b>Kidney Infection</b>	
Treated and recovered, infrequent, 6 months' stability.....	PREF+
Chronic condition, or frequent attacks (>4/year), including an attack within past 6 months.....	STD/DEC

<b>Kidney Stones (Nephrolithiasis)</b> .....	PREF+
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<b>Kidney Transplant</b> .....	DEC
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<b>Knee Replacement</b>	
One or both knees, after 6 months, fully ambulatory, mild or no arthritis in other joints .....	PREF+
Recovered after 6 months, with moderate arthritis in other joints .....	PREF
Recovered after 6 months, with severe arthritis in other joints but without physical limitations .....	STD
Surgery scheduled or needed or physical limitations .....	DEC

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## L – M

<b>Labyrinthitis</b>	
Controlled by medication .....	PREF+/PREF
Not controlled .....	DEC

<b>Lacunar Infarct</b>	
After 2 years, no neurological residuals .....	STD
Within 2 years .....	DEC
Smoker .....	DEC

<b>Lambert-Eaton Syndrome (Myasthenia Syndrome)</b> .....	DEC
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<b>Leukemia (90-day elimination period)</b>	
After 10 years since recovery with no recurrences.....	STD
Less than 10 years since full recovery .....	DEC

<b>Lung Cancer (90-day elimination period)</b>	
After 10 years since recovery with no recurrences.....	STD
Less than 10 years since full recovery or a current smoker.....	DEC

<b>Lupus (Discoid)</b>	
Definite diagnosis, limited to skin with no other symptoms of Lupus .....	PREF

<b>Lupus Erythematosus (SLE)</b> .....	DEC
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<b>Lyme Disease</b>	
Treated for early infection, 3 months' stability after full recovery.....	PREF+
Moderate symptoms with current treatment, no functional limitations, no other complications.....	PREF/STD
Less than 3 months' stability, or with any residual effects, or with any functional limitations.....	DEC

<b>Lymphoma</b>	
10 years since full recovery with no recurrence .....	STD
Less than 10 years since full recovery .....	DEC

<b>Macular Degeneration</b>	
Stable, without vision impairment .....	PREF+
Stable, mild vision impairment .....	PREF
Progressive or with moderate to severe visual impairment.....	DEC

<b>Manic Depression, Bipolar Disorder</b>	
Well controlled on medication, stable 4 years, single hospitalization >10 years ago is acceptable; fully independent, no cognitive impairment .....	STD
Others.....	IC

# Impairment guide (continued)

Medicaid or MediCal Recipient.....	DEC	<b>Neuropathy</b>	Stable 3 years, mild numbness of fingers or feet, fully functional, stable or improved, non-progressive.....	PREF
<b>Melanoma</b>			Stable 1 year, mild numbness of fingers or feet, fully functional, stable or improved, non-progressive.....	STD
Early stage or moderate stage after 5 years .....	PREF+/PREF		2 years stability when due to peripheral nerve entrapment or injury, minimal or no residual functional impairment, no surgery recommended or planned .....	STD
Early stage, after 2 years.....	PREF		Major symptoms, or use of narcotics, or with impaired function, or if due to diabetes .....	DEC
Moderate stage, after 2 years.....	STD		Any peripheral neuropathy demonstrating a progressive clinical course, single extremity neuropathy stable 2 years, or others.....	IC, usually DEC
Advanced stage, or recurrent .....	DEC			
<b>Memory Loss</b> .....	DEC	<b>Nursing Home Confinement</b>	Within the last year .....	DEC
<b>Meniere's Disease</b>		<b>Organic Brain Syndrome</b> .....		DEC
Controlled with medication .....	PREF+	<b>Organ Transplant (except cornea)</b> .....		DEC
Not controlled .....	DEC	<b>Osteomyelitis</b>	Single bone and single attack, recovered after 6 months .....	PREF
<b>Mental Retardation</b> .....	DEC		Multiple bones and attacks, or current .....	DEC
<b>Mitral Valve Prolapse</b>		<b>Osteoporosis</b>	Mild, no fractures (bone density tests will help determine rate) .....	PREF+/PREF
Asymptomatic, no other cardiac condition .....	PREF+		With fractures or spinal problems.....	DEC
Symptomatic, or with other cardiac condition .....	PREF/STD	<b>Oxygen Use</b> .....		DEC
<b>Multiple Myeloma</b> .....	DEC	<b>Pacemaker</b>	Normal cardiac output, no other heart disorder, 6 months' stability .....	PREF
<b>Multiple Sclerosis</b> .....	DEC		With other cardiac disorder .....	STD/DEC
<b>Muscular Dystrophy</b> .....	DEC	<b>Paget's Disorder</b>	Pelvis only, fully functional .....	PREF/STD
<b>Myasthenia Gravis</b> .....	DEC		All others.....	DEC
<b>Myocarditis</b>		<b>Pancreatitis</b>	Single episode, complete recovery after 1 year.....	PREF
Acute, full recovery, not related to any other health condition, 36 months' stability.....	PREF+		Multiple episodes or related to alcohol consumption .....	DEC
<b>Myocardial Infarction (after 6 months)</b>		<b>Paralysis</b> .....		DEC
Stable and fully functional.....	PREF	<b>Parkinson's Disease</b> .....		DEC
With bypass surgery, or angioplasty.....	PREF/STD	<b>Pericarditis</b>	Acute, full recovery, no other cardiac or related health condition, 6 months' stability.....	PREF+
With chronic angina (chest pain).....	DEC			
Smoker .....	DEC	<b>Peripheral Vascular Disease</b> .....		DEC
<hr/>				
N – P				
<b>Narcolepsy</b>				
Well controlled .....	PREF/STD			
Not controlled .....	DEC			
<b>Narcotic Use</b>				
Within 3 years, regular use (> 3 pills/week).....	DEC			
(after 3 years, rate will depend on the status of the condition for which it was prescribed, as well as frequency of use)				
<b>Nephrolithiasis (Kidney Stones)</b> .....	PREF+			
<b>Nephrosclerosis</b> .....	DEC			
<b>Neurogenic Bladder</b> .....	DEC			

# Impairment guide (continued)

<b>Phlebitis</b>	
Single attack, fully recovered, 6 months' stability .....	PREF+
Edema but fully ambulatory .....	PREF/STD
Requiring aid to ambulate .....	DEC
<b>Physical Therapy</b>	
Within the last 6 months .....	DEC
<b>Pick's Disease</b> .....	DEC
<b>Polycystic Kidney Disease</b> .....	DEC
<b>Polymyalgia Rheumatica</b>	
Controlled with medications, 12 months' stability.....	PREF/STD
Not controlled or with functional limitations, or with regular narcotic use.....	DEC
<b>Polyps</b>	
Surgically removed, benign .....	PREF+
Malignant.....	See Cancer
<b>Prostate Disorders</b>	
Prostatitis or benign prostate surgery .....	PREF+/PREF
Prostate cancer, present .....	STD/DEC
Prostate cancer with surgery.....	See Cancer
<b>PSA (Elevated)</b>	
If proven benign by biopsy/ultrasound, PSA < 8.....	PREF+/PREF
If 8 or above not proven benign.....	DEC
<b>Psychosis</b> .....	DEC
<b>Pulmonary Fibrosis</b> .....	DEC
<hr/>	
<b>R – Z</b>	
<b>Reflex Sympathetic Dystrophy</b>	
Current.....	DEC
<b>Restless Leg Syndrome</b>	
Controlled with medication .....	PREF+
Multiple medications .....	STD/DEC
<b>Retinitis Pigmentosa</b> .....	DEC
<b>Retinopathy (Diabetic)</b> .....	DEC
<b>Rheumatoid Arthritis</b>	
Mild, controlled with non-steroidal drugs.....	PREF
Moderate symptoms or requiring multiple medications.....	STD
With functional limitations, complex treatment, multiple joint replacement, or surgery planned.....	DEC
<b>Sarcoidosis</b>	
No progression for at least 1 year, mild symptoms, no treatment, nonsmoker .....	PREF
Affecting eyes or other organs, moderate symptoms that require treatment .....	STD/DEC
Progressive or smoker .....	DEC
<b>Schizophrenia</b> .....	DEC
<b>Scleroderma (CREST Syndrome)</b> .....	DEC
<b>Sclerosing Cholangitis</b> .....	DEC
<b>Seizure Disorder</b>	
2 years after last seizure, good control on medication.....	PREF
Seizure within 2 years.....	STD/DEC
Seizure within last year, poor control or cause unknown .....	DEC
<b>Shunts (brain, heart or kidney)</b> .....	DEC
<b>Shy-Drager Syndrome</b> .....	DEC
<b>Skin Cancer (not Melanoma)</b>	
External, basal or squamous cell cancer .....	PREF+
<b>Sleep Apnea</b>	
Mild or currently using CPAP .....	PREF
With cardiac disorder or poorly controlled blood pressure .....	STD
Not well controlled .....	DEC
<b>Smoking Cigarettes</b>	
Without medical problems .....	PREF
With chronic upper respiratory infections .....	STD
With diabetes, heart or lung disease .....	DEC
<b>Social Security Disability Recipient</b> .....	DEC
<b>Spinal Stenosis</b>	
Mild, non-progressive, no functional limitations.....	PREF
All others .....	STD, No HHC/DEC
<b>Stent (Cardiac)</b>	
After 6 months, with good results .....	PREF/STD
<b>Stroke</b>	
After 5 years, no neurological residuals .....	STD
Within 5 years, or multiple, or smoker .....	DEC
<b>Subarachnoid Hemorrhage</b>	
Successful surgical treatment, no residual effect, no cognitive deficit, no other vascular or neurological diseases, nonsmoker, stable 1 year .....	STD
Present, unoperated, stable 4 years .....	IC
Within 1 year, or untreated, or with any cardiovascular or neurological disorders, or cognitive impairment.....	DEC
<b>Subdural Hematoma</b>	
Successful surgical treatment, no residual effect, no cognitive deficit, no other vascular or neurological diseases, nonsmoker, stable 1 year .....	STD
Present, unoperated, stable 4 years .....	IC
Within 1 year, or untreated, or with any cardiovascular or neurological disorders, or cognitive impairment.....	DEC

## Impairment guide (continued)

### Subclavian Steal Syndrome

If caused by bony compression and relieved, stable 6 months;  
no functional impairment .....PREF+

Caused by bony compression which has been relieved and  
stable 6 months, with minimal current symptoms,  
no functional impairment .....PREF

If due to bony compression, not resolved, mild symptoms,  
no functional impairment.....STD

If due to cardiovascular or neurological disorder(s), or with  
any functional impairment regardless of cause, or surgery  
recommended or pending.....DEC

**Surgeries planned**.....DEC

Risk class will be determined by specific conditions.

Waiting period is generally 6 months after discharge  
from further follow-up by M.D.

### Syncope

Cause unknown.....DEC

### Temporal Arteritis

Present .....DEC

1 year after recovery .....PREF/STD

**Thromboangiitis Obliterans (Buerger's Disease)**.....DEC

**Thrombocythemia (elevated blood platelets)**.....DEC

**Thrombocytopenic Purpura (low blood platelets)**.....DEC

### TIA (Transient Ischemic Attack)

After 2 years .....STD

Multiple attacks, or smoker .....DEC

### Transplants (See Organ Transplant)

### Tremors

Classified as benign or familial .....PREF+/PREF

Classified as Parkinsonism .....DEC

### Ulcers (Duodenal or Peptic)

Occasional medication .....PREF+

Chronic or bleeding .....PREF/STD

Surgery scheduled .....DEC

### Varicose Veins

Uncomplicated, without medication.....PREF+

Medication required or with skin ulcers.....PREF/STD

With ambulatory restrictions or other complications.....DEC

### Vertigo

Controlled with medication .....PREF+/PREF

Not controlled .....DEC

**Von Willebrand's Disease**.....DEC

**Waldenstrom's Disease** .....DEC

**Walker Use** .....DEC

**Wheelchair Use** .....DEC





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