



Medicare Supplement Insurance Underwriting Guide

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Contacts

Mailing Addresses for New Business and Delivery Receipts

New Business

National General Accident & Health
PO Box 3450
Salt Lake City, UT 84110-3450

Premium Payments

National General Accident & Health
PO Box 4018
Salt Lake City, UT 84110-4018

Agent Portal: ngah.triadtpa.com

Contact Numbers

Tele-Underwriting: 866-916-8817
Service Center: 866-916-8816
Agency Services: 866-916-8816

Fax Numbers

New Business/Tele-Underwriting: 801-812-8212
Claims: 801-812-8185
Service Center: 801-812-8302
Agency Services: 801-812-8302

Hours of Operation

National General Accident & Health administrative operations are located in Salt Lake City, Utah. Hours of operation are based on Mountain Standard Time.

Tele-Underwriting

Monday – Friday: 7:00 AM – 6:00 PM. MST

All Other Departments

Monday – Friday: 7:00 AM – 5:30 PM. MST

Introduction

Thank you for partnering with National General Accident & Health for Individual Medicare Supplement insurance. This document has been designed to help you understand the Underwriting process and guidelines used by National General Accident & Health 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 Medicare Supplement insurance 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 the Home Office within 15 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

Effective dates are limited to the first of the month. All applications must contain a requested effective date. Applications without an effective date selection will be processed with an effective date of the first day of the following month.

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.

Guaranteed Issue: An applicant applying under guaranteed issue rights may request an effective date up to 60 days beyond the application date.

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

Plan Selection: Refer to the state specific application for availability.

Replacements

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

National General Accident & Health requires a fully completed application when applying for a replacement policy; all replacements involving Medicare Supplement, Medicare Select or Medicare Advantage insurance MUST include a completed Replacement Notice.

If an applicant has had Medicare Supplement insurance issued by National General Accident & Health 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.

Open Enrollment Guidelines

Applicants who purchase Medicare Supplement insurance 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 turning age 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, National General Accident & Health 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
Arizona, Ohio, Virginia	No	N/A
Georgia, Illinois, Colorado, Pennsylvania	Yes	All Plans Available from Us
North Carolina	Yes	A or F
Texas	Yes	A

Guaranteed Issue Guidelines

Medicare Supplement insurance has 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 Medicare Supplement insurance 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 table on pages 5 and 6 regarding Federal Guidelines and State Specific Guidelines for Guaranteed Issue.

Federal Guaranteed Issue Guidelines

RULE	Submit the following documents...
<p>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, F, or High F no later than 63 days from the date the applicant's previous coverage ended.</p>	<p>If the previous carrier terminated or discontinued the plan:</p> <ul style="list-style-type: none"> Letter from prior carrier that contains reason for the discontinuation/termination and the term date. <p>The applicant moved out of the provider's service area:</p> <ul style="list-style-type: none"> Termination letter from prior carrier showing termination date and verification of address change.
<p>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, F, or High F no later than 63 days from the date the applicant's previous coverage ended.</p>	<p>Submit a notice of termination or explanation of benefits for a claim denied due to a termination and...</p> <p>If the applicant had a retiree plan, submit one of the following:</p> <ol style="list-style-type: none"> Termination letter showing it is a retiree plan; Benefit booklet pages showing it is a retiree plan; or Explanation of benefits showing Medicare paid primary. <ul style="list-style-type: none"> 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.
<p>Medicare Supplement insurance terminated because the insurer became insolvent or bankrupt. Applying for Plan A, F, or High F no later than 63 days from the date the applicant's previous coverage ended.</p>	<p>Letter from provider or Insurance Commissioner showing termination date.</p>
<p>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, F, or High F no later than 63 days from the date the applicant's previous coverage ended.</p>	<p>Agent Misrepresentation:</p> <ul style="list-style-type: none"> Letter from the carrier showing termination date and reason. <p>Leaving an MA Plan:</p> <ul style="list-style-type: none"> Letter from CMS acknowledging misrepresentation. <p>Leaving a Medicare Supplement:</p> <ul style="list-style-type: none"> Letter from the DOI acknowledging misrepresentation and disenrollment.
<p>The applicant terminated their National General Accident & Health Medicare Supplement insurance, enrolled in a Medicare Advantage plan, and then voluntarily dis-enrolled within the first 12 months of enrolling. Note: the applicant may enroll in the National General Accident & Health Medicare Supplement plan they were previously on. However, if that plan is not available, they may enroll in Plan A, F, or High F.</p>	<p>Letter from the prior Medicare Advantage carrier showing termination date.</p>
<p>The applicant joined a Medicare Advantage or PACE plan when they were first eligible for Medicare and dis-enrolled within the first 12 months. Note: the applicant may enroll in plan A, F, High F or N.</p>	<p>Letter from prior carrier showing termination date.</p>

State Specific Guaranteed Issue Guidelines

STATE	RULE	PLAN(S) AVAILABLE
Illinois, Ohio, Colorado	Person voluntarily dis-enrolls from an employer sponsored plan that is <i>primary</i> to benefits covered under Medicare	A, F, or High F
Texas	No longer eligible for Medicaid	A, F, or High F
Pennsylvania	Person voluntarily dis-enrolls from an employer sponsored plan that is <i>primary</i> to benefits covered under Medicare	A, B, F, or High F
Virginia	Person dis-enrolls from an employer sponsored plan in which the benefits are reduced substantially	A, F, or High F
Colorado, Texas	Person voluntarily dis-enrolls from a health plan that is <i>primary</i> to benefits covered under Medicare	A, F, or High F

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.	<ul style="list-style-type: none"> Enrollment selection for an MA plan. Enrollment selection for Medicare Part D.
Annual Election Period (AEP)	October 15 th – December 7 th	<ul style="list-style-type: none"> Enrollment selection for an MA plan. Dis-enroll from or change a current MA plan. Enrollment selection for Medicare Part D.
Medicare Advantage Disenrollment Period*	January 1 st – February 14 th	<ul style="list-style-type: none"> Dis-enroll from any MA plan and return to Original Medicare. <p>*Does not provide any of the following options:</p> <ul style="list-style-type: none"> 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 Medicare Supplement insurance, 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.

Dis-enrolling during AEP/MADP	Dis-enrolling outside of AEP/MADP
<ul style="list-style-type: none"> • Complete Medicare and Insurance information section on the application • Complete a replacement form (NRN-2017) 	<ul style="list-style-type: none"> • Complete Medicare and Insurance information section on the application • Provide the Home Office with a copy of the applicant's MA disenrollment notice* • Complete a replacement form (NRN-2017)

* National General Accident & Health is not able to issue a policy until the applicant's disenrollment letter has been received in the Home 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. Premium is calculated as of the requested effective date of the policy.

Risk Classes

There are two separate underwriting risk classes: Preferred and Standard. Each risk class has a separate premium rate. See table below.

Preferred	Standard
Qualify for Coverage;	Qualify for Coverage;
Fall Within Preferred HT/WT Standards	Fall Outside of Preferred HT/WT Standards
AND	AND/OR
No Tobacco or Nicotine Use	Use Tobacco or Nicotine Products

*Use of tobacco or nicotine in any form is considered tobacco use (examples: nicotine patch or gum, electronic cigarettes). This rate can be applied for applicants during open enrollment or for those who qualify for guarantee issue in certain states.

Standard rates DO NOT apply during Open Enrollment or Guaranteed Issue in the following states:

Illinois and Ohio

Policy Discount

National General Accident & Health offers a 7% discount for individuals that meet the necessary qualifications. See the chart below for details.

STATES	DISCOUNT
AZ, GA, OH	Available to applicants if for the past 12 months have resided with at least one, but no more than three, other adults who are age 50 or older. If living with another adult who is their legal spouse, domestic partner, or in a Civil Union Partnership we will waive the one- year requirement.
IL	Available to applicants if for the past 12 months have resided with at least one but no more than three, other adults who are age 50 or older and also have an active National General Accident & Health Medicare Supplement insurance. If living with another adult who is the legal spouse, domestic partner, or in a Civil Union Partnership, we will waive the one-year requirement.

Submitting the Application

National General Accident & Health offers three methods for submitting and completing applications:

- Web Application
- Telephonic Application
- Paper Application

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

Web Application (i.e. Electronic Application or eApp)

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. Refer to step 1 & 2 of the Telephonic (Express) Application Process.
2. Log on to the agent portal at ngah.triadtpa.com
3. Access the eApp by clicking "eApp" on the left hand side of the screen. Complete the application in full.
4. Once you have completed the application you will have the option to select the signature option:
 - a. Passphrase Signature
 - b. Docu-Sign
5. Once the application has been completed, you will be notified of the decision via email.

For fully underwritten applications, an underwriter will be assigned to the case and may contact your applicant to complete the medical risk assessment if necessary.

Once the application has been completed, you will be notified of the decision via email or you may contact the Underwriting department for a point of sale decision.

For assistance with accessing the agent portal, contact the Agency Services Department at 866-916-8816.

Telephonic Application

The Telephonic Application is completed, from start to finish, over the phone with a specialist from the National General Accident & Health Tele-Underwriting Department. To complete an application using the Telephonic Application Process, contact Tele-Underwriting at 866-916-8817. Note: ALL Telephonic and Web Applications must be set up to have the premium paid using Bank Draft.

When completing an application using the Telephonic Application Process:

1. Pre-qualify the applicant based on the Medical Questions found on Page 3 and 4 (not required if the applicant is applying under Open Enrollment or Guaranteed Issue).
2. Review the application with the applicant; you MUST read the required statements in Section G – Disclosure. If the client has not been read these statements, the Underwriter will end the call and inform you that the statements must be read by the client to complete the interview.

3. Complete the Replacement Notice (NRN-2017) if the applicant is replacing coverage.
4. Prepare for the call. When you contact the Tele-Underwriting Department to complete an interview, both you and the applicant will be required to provide certain information:

Agent:

- Producer (writing) number.
- Type of plan, effective date of plan.
- Any plan discount information.
- Applicant's current policy information (if the applicant is replacing).

Applicant:

- Social Security Number.
- Medicare ID Number or MBI Number (Medicare Card).
- Primary Care Provider information.
- Prescription Medication information.
- Bank Routing & Account number (check book).

5. Contact the Tele-Underwriting Department to complete the phone interview. When completing the phone interview, DO NOT COACH THE APPLICANT. It is recommended that you explain what will take place but you MUST NOT participate in the interview. Our underwriters are trained to identify coaching and, if identified, it will only delay the application process.

Once the interview is complete, send the Home Office a copy of required forms. These forms must be received within 14 days of the application date or commission will be charged back.

Paper Application

To submit an application using the Paper Application Process:

1. Pre-qualify the applicant based on the Medical Questions found on Page 3 and 4 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 – (N-HHA-MS).
4. If the applicant is replacing coverage: complete the Replacement Notice (NRN- 2017).
5. If the applicant is applying during Guaranteed Issue: Complete the Definition of Eligible Person for Guaranteed Issue form (GI-MS).

Once the application has been completed, you can submit the application either by faxing it to the National General Accident & Health New Business Department at 801-812-8212 or by uploading it through the agent portal at ngah.triadtpa.com.

Any application dated outside 30 days from the date the application is received at the National General Accident & Health Home 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 (only required if application is Underwritten).
- Disclosure, Acknowledgements, and Agreement (pg. 5) signed and dated.
- HIPAA statement (N-HHA-MS) signed and dated.
- Replacement Notice (NRN- 2017) completed and signed (if necessary).
- Definition of Eligible Person for Guaranteed Issue (GI-MS) completed (if necessary).

Application Signature

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

Web/Telephonic Applications

- Telephonic Applications require a verbal signature.
- Web Applications require Docu-Sign signatures.
- POA signatures are not accepted on Telephonic/Web applications.

Paper Applications

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

Premium Payment

National General Accident & Health 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 and is the only option available when completing a Telephonic or Web Application. 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.

Bank drafts can be drawn between the 1st day and the 11th 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.

Direct Bill

Direct bill is available for Paper applications. We will process all checks as EFT (Electronic Funds Transfer) with the bank. Cash, post-dated checks, money orders, traveler's checks, agent checks and agency checks will not be accepted. Unless required by law or regulation, checks from a third party payer (such as a foundation or other non-profit) will not be accepted. In some circumstances, checks from a family member or business associate can be accepted.

When completing an application using the Telephonic or 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 are able to do so by contacting National General Accident & Health. Direct bill payments can be set up:

- Quarterly.
- Semi-Annually.
- Annually.

Required Forms

Each application method has different requirements for forms that need to be submitted to the home office:

Web Application: All forms are built into the Web Application and submitted electronically.

Telephonic Application

- Replacement Notice (NRN- 2017) – if required.
State specific forms – if any.

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

Agent Responsibilities

This section does not cover all of the agent's responsibilities. Refer to other sections of the Underwriting Guidelines, the agent contract, and other materials provided.

The Health Insurance Portability and Accountability Act (HIPAA) established requirements and restrictions pertaining to the use and disclosure of Protected Health Information. Please familiarize yourself with both National General Accident & Health's HIPAA Policy and Privacy Policy. Your adherence to federal and state laws and regulations that provide privacy protections is mandatory.

Since the applicant will not be familiar with the underwriting process, it is important for you to read the application and forms to the applicant and/or ask the applicant to read them and ask you for guidance for anything that he/she does not understand.

Things That Can Delay the Application Process

- Applicant Coaching: A licensed agent can be an active participant in the Telephonic application process. This participation, however, is not permitted during the Medical Information section 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 the call.
- Licensing and appointment issues.
- Missing information on the application.
- Submitting an expired application; application must be received within 30 days of signature date.
- Premium shortage.
- Poor quality copies.

Tips for Completing the Application

- Ask each question exactly as written.
- Complete the application legibly and in black or blue ink.
- Have the applicant initial and date any correction or mistake.
- If completing a Telephonic or Web application, prepare the applicant for the Telephonic or Web application process. Refer to page 9.
- The primary residence address is the physical address where the applicant lives. A post office box should not be used for the primary residence address. The applicant can also provide an optional mailing address which can be a post office box.

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 to complete the application process.

Applicant must sign to certify the health questions will be answered to the best of the applicant's memory, and also to acknowledge that the applicant's misrepresentation could result in a denial of benefits and/or rescission of the policy. Information from claims activity, MIB, or other sources could lead to a file review and inquiry to consider if misrepresentations were made at the time of the application.

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.

National General Accident & Health'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.

National General Accident & Health collects pharmaceutical information on underwritten Medicare Supplement applications. In order to obtain the pharmaceutical information as requested, all underwritten applications must be submitted with a signed HIPAA Privacy form (N-HHA-MS). Prescription information disclosed on the application will be compared to the additional pharmaceutical information obtained in the underwriting process.

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

Underwriting Appeals

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. National General Accident & Health 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.

Reconsiderations

In the event of an adverse decision, reconsiderations can be offered case by case if the underwriter feels the passage of time might lead to a favorable underwriting outcome. Generally at least one year is needed before the applicant can reapply.

Reinstatements

When Medicare Supplement insurance lapses 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 Medicare Supplement insurance lapses 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, MIB and prescription history check. Reinstatements submitted 90 or more days from the date the policy lapsed will not be accepted; after 90 days from the lapse date, a new application must be submitted.

Internal Replacement (Conversions):

Insured individuals requesting to modify benefits under their existing Medicare Supplement insurance policy 90 days after their initial approval or insured individuals requesting to modify their rate class from Standard to Preferred, will be required to submit a new application through underwriting. Follow the Paper application steps 1-3 located on Page 9 (a new application fee will also be charged).

The internal replacement process is subject to underwriting which requires a prescription history check, claims history review, MIB, and telephone interview (if required). There are no Guarantee Issue (GI) options available for internal replacements. Once approved, the benefit change will take effect on the first renewal date following the application date. If the conversion is declined, the existing coverage will remain as is.

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 on the information received. Applications may be underwritten up until the time the policy goes into effect.

If the applicant has a change in health after the application was signed but before the policy goes into effect, the applicant is required to disclose the change in health. This new information will be factored into the underwriting decision to approve or decline the application.

The main sources of underwriting information are:

- Application
- Prescription Report
- MIB Report
- Telephone Interview

If any of the following conditions or situations have applied to the applicant in the past 10 years, the application will be declined.
AT ANY TIME
Acquired Immune Deficiency Syndrome (AIDS)
AIDS Related Complex (ARC)
ALS (Amyotrophic Lateral Sclerosis)
Alzheimer's Disease
Amputation Caused by Disease
Cognitive or Brain disorder
Dementia
Diabetes with Neuropathy or Retinopathy or Uncontrolled Diabetes (see Underwriting Diabetes section)**
Emphysema, COPD or other Chronic Pulmonary Disorder (see Underwriting Pulmonary Disorders section)*
Human Immunodeficiency Virus (HIV) Infection
Multiple Sclerosis
Muscular Dystrophy
Myasthenia Gravis
Organ Transplant
Parkinson's Disease
Scleroderma
Surgery, Medical Tests, Treatment or Therapy That Has Not Been Performed
Surgery May Be Required Within Next 12 Months for Cataracts
Systemic Lupus
WITHIN THE PAST 24 MO
Alcoholism or Drug Abuse
Bipolar or Personality Disorder
Carotid Artery Disease
Chronic Kidney Disease Including End Stage Renal Disease
Chronic Hepatitis
Cirrhosis
Congestive Heart Failure
Coronary Artery Disease
Crippling or Disabling Arthritis

WITHIN THE PAST 24 MO (CONT'D)
Enlarged Heart
Heart Attack
Heart Rhythm Disorders
Heart Valve Surgery
Hodgkin's Disease or other Lymphoma
Internal Cancer
Joint Replacement
Leukemia
Major Depression
Melanoma
Mental or Nervous Disorder requiring psychiatric hospitalization
Osteoporosis with one or more fractures
Peripheral Vascular Disease
Rheumatoid Arthritis
Schizophrenia
Stroke or Transient Ischemic Attack (TIA)

Underwriting Diabetes*

An applicant who has diabetes may or may not be insurable. An applicant who has never had retinopathy or neuropathy and whose recent A1C levels show good control of blood sugar, could be insurable.

A1C, also called hemoglobin A1C, glycosylated hemoglobin or HbA1c, is a common blood test used to diagnose both type 1 and type 2 diabetes. A1C is also used on an ongoing basis to gauge how well the patient is managing the diabetes condition. It reflects the average blood sugar level for the past two to three months. If the applicant remembers A1C levels before the most recent one, ask the applicant to provide the levels and approximate dates in Section F. for Additional Comments.

The use of insulin as a treatment, and the number of units of insulin being taken at the time of the application, is not a determining factor for insurability all by itself. If the applicant is significantly overweight and/or has certain conditions, such as heart disorder or lung disease, the risk is generally uninsurable. The underwriter will consider all of the information in the application as well as information from other sources.

Underwriting Pulmonary Disorders**

An applicant who has emphysema or any other chronic pulmonary (respiratory; lung) disorder other than mild asthma is uninsurable. If the applicant has severe asthma, it is considered a chronic pulmonary disorder and therefore is uninsurable. If the applicant's pulmonary disorder has required treatment with supplemental oxygen or a nebulizer in the past two years, the risk is uninsurable.

Build Table –

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

HEIGHT	MINIMUM WEIGHT	PREFERRED WEIGHT	MAXIMUM WEIGHT
4'2"	54-59	60-124	125-149
4'3"	56-62	63-129	130-155
4'4"	59-64	65-135	136-161
4'5"	60-67	68-140	141-168
4'6"	63-70	71-145	146-174
4'7"	65-72	73-151	152-181
4'8"	67-75	76-156	157-187
4'9"	70-78	79-162	163-194
4'10"	72-80	81-167	168-201
4'11"	75-83	84-173	174-208
5'0"	77-86	87-179	180-215
5'1"	80-89	90-185	186-222
5'2"	83-92	93-191	192-229
5'3"	85-95	96-198	199-237
5'4"	88-98	99-204	205-244
5'5"	91-101	102-210	211-252
5'6"	93-104	105-217	218-260
5'7"	96-108	109-223	224-268
5'8"	99-111	112-230	231-276
5'9"	102-114	115-237	238-284
5'10"	105-117	118-244	245-292
5'11"	108-121	122-251	252-301
6'0"	111-124	125-258	259-309
6'1"	114-128	129-265	266-318
6'2"	117-131	132-273	274-326
6'3"	121-135	136-280	281-335
6'4"	124-139	140-288	289-344
6'5"	127-142	143-295	296-353
6'6"	130-146	147-303	304-363
6'7"	134-150	151-311	312-373
6'8"	137-154	155-319	320-382
6'9"	140-158	159-327	328-392
6'10"	144-162	163-335	336-402
6'11"	147-166	167-343	344-412
7'0"	151-170	171-351	352-422
7'1"	155-174	175-360	361-432
7'2"	158-178	179-368	369-442
7'3"	162-182	183-377	378-452
7'4"	166-186	187-386	387-463

Drug List Information

Drug list information is provided to assist agents in the application process. This is a list of the most commonly prescribed medications for declinable conditions. Applicants may be unaware of a condition listed on the application, but prescribed medication may indicate the condition exists and therefore make the applicant not eligible for coverage with the company.

Uninsurable Medications:

Below is a partial list of uninsurable medications. Please contact underwriting if you are unsure about a medication that does not appear in the list below.

If the medication is on the list below but is being prescribed for a condition not listed below or is being prescribed in an “off-label” situation, the condition may or may not be insurable. However, if the “off-label” condition being treated is on the list of uninsurable health conditions, the risk is not insurable. If the situation is not clear, it is best to contact underwriting in advance of filling out an application.

Generic	Brands	Used for
abacavir	Ziagen	HIV
abarelix	Plenaxis	cancer
abciximab	ReoPro	heart disorder
acamprosate	Campral	alcohol abuse
adalimumab	Humira	rheumatoid arthritis
AL-721	AL-721	AIDS, HIV
albuterol/ipratropium	DuoNeb, Combivent Respimat	COPD
alemtuzumab	Campath, Lemtrada	multiple sclerosis, leukemia
alteplase	Activase	heart disorder, stroke
altretamine	Hexalen	cancer
amantadine	Endantadine, Symmetrel, Symadine	Parkinson's
ambrisentan	Letairis	pulmonary hypertension
amiodarone	Cordarone, Pacerone, Nexterone	heart disorder
anakinra	Kineret	rheumatoid arthritis
anastrozole	Arimidex	cancer
apomorphine	Apokyn, Uprima	Parkinson's
aripipazole	Abilify, Aristada	schizophrenia
asparaginase	Elspar	leukemia
atazanavir	Reyataz	HIV
auranofin	Ridaura	rheumatoid arthritis
auriothioglucose	Solganal	rheumatoid arthritis
auriothiomalate	Myochrysin, Aurolate	severe arthritis
azathioprine	Imuran, Azasan	rheumatoid arthritis, kidney transplant
BCG	TheraCyx, Tice BCG	bladder cancer
becaplermin	Regranex	diabetic neuropathy
benztropine	Cogentin	Parkinson's
bevacizumab	Avastin	cancer
bicalutamide	Casodex	prostate cancer
biperiden hydrochloride	Akineton	Parkinson's
bleomycin	Blenoxane	cancer
bromocriptine	Cycloset, Parlodel	Parkinson's
busulfan	Myleran, Busulfex	cancer
capecitabine	Xeloda	cancer
carbidopa	Lodosyn	Parkinson's
carbidopa/levodopa	Sinemet, Rytary, Duopa, Atamet, Carbilev, Parcopa	Parkinson's
carboplatin	Paraplatin	cancer
chlorambucil	Leukeran	cancer, kidney disease, rheumatoid arthritis
chlorotrianisene	Tace	cancer

Generic	Brands	Used for
chlorpromazine	Thorazine	schizophrenia, psychosis
cilostazol	Pletal	peripheral vascular disease
cinacalcet	Sensipar	hyperparathyroidism due to cancer or kidney disease
cisplatin	Platinol	cancer
cladribine	Leustatin	leukemia
clopidogrel	Plavix	cardiovascular
clozapine	Clozaril, FazaClo, Versacloz	schizophrenia
cyclophosphamide	Cytoxan, Neosar	cancer, rheumatoid arthritis, lupus
cycloserine	Seromycin	tuberculosis
cyclosporine	Neoral, Sandimmune, Gengraf	organ transplant, cancer, severe arthritis
dalteparin	Fragmin	cardiovascular, cancer
dantrolene	Dantrium, Ryanodex, Revonto	multiple sclerosis
darunavir	Prezista	AIDS, HIV
delavirdine	Rescriptor	AIDS, HIV
didanosine	Videx, ddl	AIDS, HIV
dipyridamole	Persantine	cardiovascular
dipyridamole/aspirin	Aggrenox	stroke, TIA
disulfiram	Antabuse	alcohol abuse
donepezil	Aricept	dementia
doxorubicin	Adriamycin, Caelyx, Rubex	cancer
dronabinol	Marinol, THC	cancer
efavirenz	Sustiva	AIDS, HIV
emtricitabine	Atripla	AIDS, HIV
emtricitabine	Emtriva, Coviracil	AIDS, HIV
emtricitabine/tenofovir	Truvada	HIV
enfuvirtide	Fuzeon	AIDS, HIV
enoxaparin	Lovenox	peripheral vascular disease
entacapone	Comtan	Parkinson's
entacapone/levodopa/carbidopa	Stalevo	Parkinson's
epoetin alfa	Epoen, Procrit, Eprex	chronic kidney disease
eptifibatid	Integrilin	heart disorder
ergoloid mesylates	Hydergine	dementia
estramustine	Emcyt	cancer
etanercept	Enbrel	severe arthritis
ethinyl estradiol	Estinyl	cancer
ethopropazine	Parsidol	Parkinson's
etoposide	VePesid, Toposar, Etopophos	cancer
exemestane	Aromasin	cancer
filgrastim	Neupogen, Granix, Zarxio	cancer
flecainide	Tambocor	heart disorder
fluorourcil	Adrucil	cancer
fluphenazine	Modecate, Prolixin, Moditen, Permitil	psychosis
flutamide	Euflex, Eulexin	cancer
fondaparinux	Arixtra	vascular disease
fosamprenavir	Lexiva	HIV
foscarnet sodium	Foscavir	AIDS, HIV
fulvestrant	Faslodex	cancer
galantamine	Razadyne, Reminyl	dementia
glatiramer	Copaxone, Glatopa	multiple sclerosis
gold sodium thiomalate	Myochrysin, Aurolate	severe arthritis
goserelin	Zoladex	cancer
haloperidol	Haldol, Peridol	psychosis
heparin	Calcilean, Calciparine, Hepalean, Liquaemin	cardiovascular
hydroxyurea	Hydrea, Droxia	cancer
imatinib	Gleevec	cancer
indinavir	Crixivan, IDV	AIDS, HIV
infliximab	Remicade	rheumatoid arthritis
insulin > 50 units per day	many brands	diabetes mellitus

Generic	Brands	Used for
interferon	many brands	AIDS, HIV, cancer, multiple sclerosis, hepatitis
interferon alfa-2a	Roferon-A	AIDS, HIV, cancer
interferon beta 1a	Avonex, Rebif	multiple sclerosis
interferon beta 1b	Betaseron, Extavia	multiple sclerosis
ipratropium	Atrovent	COPD
isoniazid	Hyzyd, INH, Laniazid, Nydrazid, Rimifon, Tubizid	tuberculosis
lamivudine	Combivir, 3TC, Eпивir	AIDS
lamivudine/zidovudine/abacavir	Trizivir	HIV
letrozole	Femara	cancer
leucovorin	Wellcovorin	cancer
leuprolide	Lupron, Eligard	cancer
levamisole hydrochloride	Ergamisol	cancer
levodopa	Larodopa, Dopar, L-Dopa	Parkinson's
lomustine	Gleostine, CCNU	cancer
lopinavir	Kaletra	HIV
loxapine	Loxitane	schizophrenia
maraviroc	Selzentry	HIV
medroxyprogesterone acetate	Depo-Provera, Provera, Amen, Curretab, Cycrin	cancer
megestrol	Megace	cancer
melphalan	Alkeran	cancer
memantine	Namenda	dementia
methadone	Methadose, Dolophine	severe pain
methotrexate	Trexall, Rheumatrex, Rasuvo, Otrexup	severe arthritis, cancer
mitomycin	Mutamycin	cancer
mitoxantrone	Novantrone	multiple sclerosis, cancer
morphine	Contin, Avinza, Depodur, Duramorph, Infumorph, Astramorph, Kadian, Oramorph, Rapi-Ject, Roxanol	severe pain
mycophenolate	CellCept, Myfortic	myasthenia gravis, organ transplant
naltrexone	ReVia, Vivitrol, Depade	opioid or alcohol detox
natalizumab	Tysabri	multiple sclerosis
nebulizer device		respiratory / pulmonary disorders
nelfinavir	Viracept	AIDS, HIV
neostigmine	Prostigmin, Bloxiverz	Myasthenia Gravis
nesiritide	Natrecor	congestive heart disorder failure
nevirapine	Viramune	AIDS, HIV
nilutamide	Nilandron	cancer
nitroglycerine	glyceryl trinitrate, Nitrol, Nitro Bid, Tridil, NTG	heart disorder
nitroglycerine transdermal	NitroDur, Minitran, Deponit, Nitrocine	heart disorder
olanzapine	Zyprexa	schizophrenia
ondansetron	Zofran	cancer
oxygen		Respiratory / pulmonary disorder
paliperidone	Invega	schizophrenia
penicillamine	Cuprimine, Depen	rheumatoid arthritis, disease of liver or kidneys
pergolide mesylate	Permax	Parkinson's
perphenazine	Trilafon	schizophrenia
pimozide	Orap	schizophrenia
pramipexole	Mirapex	Parkinson's
procainamide	Procanbid, Pronestyl	heart disorder
prochlorperazine	Compazine	psychosis
procyclidine	Kemadrin	Parkinson's
pyridostigmine	Mestinon, Regonol	Myasthenia Gravis
quetiapine	Seroquel	schizophrenia
quinidine	Quinaglute, Quinidex	heart disorder
rasagiline	Azilect	Parkinson's
riluzole	Rilutek	ALS - amyotrophic lateral sclerosis

Generic	Brands	Used for
risperidone	Risperdal	schizophrenia, psychosis
ritonavir	Norvir	AIDS, HIV
rituximab	Rituxan	non-Hodgkin lymphoma
rivaroxaban	Xarelto	cardiovascular
rivastigmine	Exelon	dementia
ropinirole	Requip	Parkinson's
rotigotine	Neupro	Parkinson's
saquinavir	Invirase, Fortovase	AIDS, HIV
selegiline	Carbex, Eldepryl, Zelapar	Parkinson's
sotalol	Betapace, Sorine, Sotylize	heart disorder
stavudine	Zerit, d4T	AIDS, HIV
streptozocin	Zanosar	cancer
tacrine	Cognex	dementia
tacrolimus	Prograf, Hecoria, Astagraf, Envarsus	myasthenia gravis, organ transplant
tamoxifen	Soltamox	cancer
tenofovir	Viread	AIDS, HIV
testolactone	Teslac	cancer
thioridazine	Mellaril	psychosis, dementia
thiotepa	Tespa, Thioplex	cancer
thiothixene	Navane	psychosis
ticlopidine	Ticlid	cardiovascular
tiotropium	Spiriva	COPD
tipranavir	Aptivus	AIDS, HIV
tirofiban	Aggrastat	heart disorder, kidney
tolcapone	Tasmar	Parkinson's
toremifene	Fareston	cancer
trastuzumab	Herceptin	cancer
treprosinil	Tyvaso, Remodulin, Orenitram	pulmonary hypertension
trifluoperazine	Stelazine	schizophrenia, psychosis
trihexyphenidyl	Artane, Trihex	Parkinson's
triptorelin	Trelstar	cancer
valganciclovir	Valcyte	cytomegalovirus disease, HIV
vincristine	Oncovin, Vincasar	cancer
warfarin	Coumadin, Jantoven	cardiovascular
zalcitabine	Hivid, ddC	AIDS, HIV
zidovudine	AZT, ZDV, Retrovir	AIDS, HIV, hepatitis
ziprasidone	Geodon	schizophrenia, psychosis
zoledronic acid	Reclast, Zometa	hypercalcemia caused by cancer

Any questions concerning medications should be directed to the Underwriting Department.



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