

# Aetna Advantage Plans for Individuals and Families

Field Underwriting Guide

Connecticut



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We want you to know™



# Introduction

This guide is designed to assist you in the process of submitting applications for Aetna Advantage Plans for Individuals and Families. It will provide information to help you and your clients to complete the application thoroughly and correctly and thereby expedite the processing time in the Underwriting Department.

Review the application for completeness and accuracy, and ensure that any necessary documents are attached prior to submitting it for final Underwriting.

The Medical Underwriting Risk Criteria section of this guide provides a summary of health conditions commonly encountered in the underwriting process. The underwriting risk criteria will assist you in estimating the underwriting outcome,

but final determination will be made by an Aetna Underwriter. This guide is intended as a brief overview only and is not intended to be the source for underwriting decisions. Aetna reserves the right to request additional information or decline coverage.

Coverage can not be guaranteed and no promises should be made to the applicant(s) when the Application is completed. The final decision will be based on enrollment requirements, health history and medical underwriting risk criteria.

This guide and underwriting risk criteria are subject to revision and change at any time without notice to you.

# Age and Family Status Requirements

## **To qualify for enrollment, all applicants must be:**

1. Applicant and enrolling spouse/civil union partner must be under age 64 3/4
2. Dependent children of applicant or enrolling spouse/civil union partner must be under age 19
3. Unmarried dependent children, between the ages of 19 through 22, must meet the dependent status as defined by the IRS

## **Eligibility of Newborns, Adoptees and Foster Children:**

1. Foster children do not qualify as a dependent on the Aetna Advantage Plans for Individuals and Families. Foster children may be eligible for enrollment on a Child Only policy and are subject to the complete medical underwriting process and must meet all enrollment and underwriting requirements.

2. Newborn babies, born to a subscriber or enrolling spouse/civil union partner may be added to the parent's plan within 31 days of birth without medical underwriting. If the enrollment request is not submitted within 31 days of birth, the newborn child will be subject to the complete medical underwriting process and must meet all enrollment and underwriting requirements.
3. A newly adopted child of a subscriber or enrolled spouse may be added to the adopting parent's plan within 31 days of placement in the home for the purpose of adoption, without medical underwriting. The adopting parents must provide evidence of the authorization to control medical care. If the enrollment request is not submitted within 31 days of placement, the adoptee will be subject to the complete medical underwriting process and must meet all enrollment and underwriting requirements.

# Residency Requirements

## **To qualify for enrollment all applicants must be:**

1. Legal residents within the state and Aetna Advantage Plan service area.

## **Non-citizen Resident Requirements:**

Applicants for the Aetna Advantage Plans for Individuals and Families, who are non-citizen residents of the United States, must provide proof of legal residency in the United States for a period of six months immediately preceding the application for coverage.

At least one of the following items must be submitted with the application as proof of residency for a six month period:

1. Proof of rent or mortgage payments within the United States for the past six months
2. Verification of employment in the United States for the past six months
3. Medical records from a medical office or hospital in the United States, indicating treatment within the United States for the past six months
4. Receipts for utility bills, in the applicants name, within the United States, for the past six months

Items such as Passports, Visas, Drivers Licenses and Social Security Cards do not provide proof of the six-month residency requirement and will not be accepted as proof of continuous residency.

Foreign Exchange Students are not subject to the six-month continuous residency requirement, but are subject to the complete medical underwriting process and must meet all enrollment and underwriting requirements. Foreign Exchange Students applying for the Aetna Advantage Plans for Individuals and Families must submit, with their application, documentation of proof of enrollment in the Foreign Exchange Student Program.

# Terms of Coverage

The Aetna Advantage Plans for Individuals and Families is intended to be the sole carrier. Applicants who are currently covered by another carrier must agree to discontinue the other coverage upon the effective date of this Aetna Advantage Plan for Individuals and Families.

Coverage remains in effect as long as the required premium charges are paid on time as long as membership eligibility is maintained. Coverage will be terminated if the member becomes ineligible due to:

1. Non-payment of premiums
2. Residency requirements
3. Obtaining duplicate coverage

## Pre-existing Conditions Limitations:

A pre-existing condition is an illness or injury for which medical advice or treatment was recommended or received within the six months preceding the effective date of coverage. During the first 12 months following a member's effective date of coverage, no coverage will be provided for the treatment of a pre-existing condition.

# Medical Underwriting Requirements

The Aetna Advantage Plans for Individuals and Families are not guaranteed issue plans. All applicants, enrolling spouses and dependents are subject to medical underwriting to determine eligibility.

Aetna offers coverage based on known and predicted risk factors of each applicant. A member with minimal health risks should not be required to subsidize the cost of covering a member predicted to require more costly care.

## **Underwriting Review:**

Medical Underwriters will assess the risk of all applicants through a review of all information submitted on the application, the health questionnaire, and medical records. Following the completion of medical underwriting, applicants:

1. may be enrolled in their selected plan at the standard premium charge
2. may be declined coverage based on significant medical risk factors

The following eligibility determination will be assigned by the underwriter.

1. **Level A:** standard premium
2. **Level D:** declination, no coverage offered

# Reasons Causing Underwriting Processing Delays

An application cannot be reviewed by underwriting until all information has been provided by the applicant(s) and agent. Listed below are the 10 most frequent omissions or errors that cause delays in underwriting:

1. Answers to Health Questionnaire missing or incomplete
2. No details provided for Health Questionnaires with “yes” answers
3. Address information incomplete
4. Omitted height, weight, date of birth or age on applicant and/or dependents
5. Missing signature of spouse/civil union partner and/or dependents over age 18
6. Missing name and address of physician or providers in health history
7. Application not dated
8. Changes made to answers without accompanying explanation or initials
9. Broker information incomplete or agent number missing
10. Single check submitted with multiple applications

Situations which may result in the application being closed without underwriting include, but are not limited to:

1. Applications which have been completed in pencil
2. Submission of an outdated or expired application form
3. Multiple omitted items on the application
4. Application not dated
5. Signature date is over 30 days old or is post-dated
6. Missing signatures of applicant, spouse/civil union partner, over-age dependents
7. Missing signature of parent or guardian for “child only” policies

# Individual Medical Underwriting: Overview

## **Medical Underwriting:**

The process of reviewing and comparing the medical history of applicants against established underwriting risk criteria in order to determine the appropriate level of risk

## **Medical Underwriting Theory:**

The Medical Underwriting process is designed to identify the potential medical risk and cost for the conditions listed on an application. These costs are predicted on existing and anticipated future:

- Hospitalizations
- Surgeries
- Medical Office Visits
- Out-Patient Therapies
- Prescription Medications
- Laboratory Tests
- Radiological and Diagnostic Tests
- Durable Medical Equipment and Supplies

In our current culture, the cost of prescription medications presents an increased financial risk component for the treatment of acute and chronic health conditions that do not require hospitalizations and surgeries.

Obesity and smoking present an increased risk component in conjunction with specific health conditions that are complicated and/or exacerbated by such conditions or behaviors. Conditions affected by obesity and smoking include:

- Cardiac Conditions
- Hypertension
- Respiratory Conditions
- Gastric Intestinal Conditions
- Back and Joint Conditions

The underwriting decision is based on the level of severity and potential risk of the listed health condition and by review of medical records.

*Adverse selection* results when there is an excessive coverage of high-risk candidates in proportion to the coverage of low-risk candidates. Through careful review and proper rating of health risks, underwriting guards against adverse selection.

# Declinable Conditions and Medications

Many health conditions present an extreme underwriting risk due to the high cost of treatment and medications. When such conditions are listed on the application Aetna reserves the right to decline coverage without further review of medical records. Conditions that will result in declination include, but are not limited to the right.

## Medications Subject to Decline:

Some medications are costly and present an increased underwriting risk. Applicants may be declined based on the cost of their prescription medications.

Addison's Disease	Kaposi's Sarcoma
AIDS	Lupus Erythematosus, Systemic (SLE)
AIDS Related Complex (ARC)	Multiple Sclerosis
Alzheimer's Disease	Muscular Dystrophy
Amyotrophic Lateral Sclerosis (ALS)	Organic Brain Syndrome (Dementia)
Aplastic Anemia	Paraplegia
Ankylosing Spondylitis	Paget's Disease
Arthritis, Rheumatoid	Parkinson's Disease
Bronchiectasis	Pneumoconiosis
Buerger's Disease	Polycythemia
Burkett's Tumor	Polymyositis
Cardiomyopathy (enlarged heart)	Pregnancy (currently pregnant)
Cerebral Palsy (Infantile)	Psoriatic Arthropathy
Chronic Glomerulonephritis (Kidney Disease)	Pulmonary Heart Disease
Chronic Hepatitis (Hepatitis C)	Quadraplegia
Chronic Obstructive Pulmonary Disease (COPD)	Raynaud's Syndrome/Phenomenon
Chronic Pulmonary Heart Disease	Renal Failure, Chronic (Kidney Failure)
Chronic Renal Failure (Kidney Failure)	Sarcoidosis
Cushing's Syndrome	Scleroderma
Cystic Fibrosis	Sickle Cell anemia
Emphysema	Sjogren's Disease
Encephalopathy	Spina Bifida
Endocarditis	Systemic Lupus Erythematosus (SLE)
Esophageal Varicies	Tay-Sach's Disease
Guillain Barre's Syndrome	Testicular Dysfunction
Hemophilia (Von Willebrand's Disease)	Tetralogy of Fallot
Human T-Cell Leukemia Virus	Thalassemia Major
Human T-Cell Lymphotropic Virus	Thrombocytopenia Purpura
Huntington's Chorea	Uremia
Hydrocephalus	
Insulin Dependent Diabetes Mellitus	

# Medical Risk Criteria for Agents

The Risk Criteria section provides a summary of conditions commonly encountered in the medical underwriting process. The Risk Criteria for each condition includes the potential cost for treatment, therapy and medications. The greater the risk, the higher the Risk Category the applicant would be assigned.

**Risk is increased by factors such as smoking, use of prescription medications and weight.**

In some situations, the listed condition itself may present only a minimal health risk, but the treatment and/or use prescription medications increase the overall cost risk.

## **Body Mass Index**

Body Mass Index, (BMI) is a measure of body fat based on height and weight. The BMI score is valid for both adult men and women. Research data from the National Heart, Lung and Blood Institute has documented that BMI is a reliable indicator of total body fat which is related to the risk of disease and death. For those conditions that include weight as a risk factor, the BMI chart will be used to determine the risk category.

A copy of the BMI chart is included on the next page.

## **How To Use The BMI Chart:**

- 1) Locate the applicant's height in the left hand column
- 2) Follow that row to the right until it intersects with the applicant's weight (round off to the nearest number)
- 3) Follow that column up to the top row of bold numbers
- 4) The bold number at the top of that column is the BMI

<b>Example:</b> ■ Height = 5'10" ■ Weight = 243lbs. ■ BMI = 35
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# Body Mass Index (BMI)

BMI			19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	
	Ht. Ft./In.	Ht. (In.)	Body Weight in Pounds																										
4' 10"	58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	217	
4' 11"	59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	224	
5' 0"	60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	232	
5' 1"	61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	239	
5' 2"	62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	248	
5' 3"	63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	256	
5' 4"	64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	264	
5' 5"	65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	272	
5' 6"	66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	280	
5' 7"	67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	289	
5' 8"	68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	297	
5' 9"	69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	264	271	278	285	291	297	306	
5' 10"	70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	279	286	292	299	306	315	
5' 11"	71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286	293	301	308	315	324	
6' 0"	72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294	302	309	316	324	333	
6' 1"	73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	342	
6' 2"	74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	351	
6' 3"	75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	361	
6' 4"	76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	371	
6' 5"	77	160	169	177	185	194	202	211	219	228	236	244	253	260	270	278	287	295	304	312	320	329	337	346	354	363	371	381	
6' 6"	78	164	173	182	190	199	208	216	225	234	242	251	260	268	277	285	294	303	311	320	329	338	346	355	363	372	381	391	
6' 7"	79	169	177	186	195	204	213	222	231	240	249	258	266	275	284	293	302	311	320	328	337	346	355	364	373	382	391	400	
6' 8"	80	173	182	191	200	209	218	228	237	246	255	264	273	282	291	300	309	319	328	337	346	355	364	373	382	391	400	411	
6' 9"	81	177	187	196	205	215	224	233	243	252	261	271	280	289	299	308	317	327	336	345	355	364	373	383	392	401	411	421	
6' 10"	82	182	191	201	210	220	230	239	249	258	268	277	287	296	306	316	325	335	344	354	363	373	383	392	402	411	421	431	
6' 11"	83	186	196	206	216	225	235	245	255	265	274	284	294	304	314	323	333	343	353	363	372	382	392	402	412	421	431	441	

Source: National Heart, Lung and Blood Institute.

# Assistance with Underwriting Questions

If you have specific questions about a health condition, medication etc, and how these may be evaluated in underwriting, you can send your questions to our **Individual Underwriting Mailbox**.

This mailbox provides you with you an opportunity to ask underwriting questions related to Aetna Advantage Plans prior to submitting an application. Click on the link to view the mailbox [IndividualUnderwriting@Aetna.com](mailto:IndividualUnderwriting@Aetna.com).

To receive a prompt response to your questions, please use the grid below as a guide. Your questions will be addressed within 24 hours of receipt.

If question is regarding:	Then email subject line should read:
<ul style="list-style-type: none"> <li>■ Residency</li> <li>■ Age</li> <li>■ Dependent Age</li> <li>■ Adoption</li> <li>■ Other Eligibility</li> </ul>	> Eligibility
<ul style="list-style-type: none"> <li>■ Possible Declinable Condition</li> </ul>	> Medical Condition
<ul style="list-style-type: none"> <li>■ Specific Medical Underwriting Guideline</li> </ul>	> Medical Guidelines
<ul style="list-style-type: none"> <li>■ BMI (Body Mass Index)/Weight</li> </ul>	> BMI/WT
<ul style="list-style-type: none"> <li>■ Medications</li> </ul>	> Medications
<ul style="list-style-type: none"> <li>■ Types and Dates of Treatment</li> </ul>	> Treatment Types & Dates
<ul style="list-style-type: none"> <li>■ Generic or Other</li> </ul>	> Miscellaneous

Note: This mailbox should be used for underwriting questions related to the Aetna Advantage Plans for Individuals and Families prior to submitting an application.

# Alphabetical Index of Medical Conditions

The following conditions are included in the Medical Risk Criteria section. The left hand column provides the name of all conditions found in the guide, some are primary conditions and have their own category in the guide, others are subcategories of a primary condition and are listed under that primary condition in the guide. If the condition is listed under a primary condition, the primary condition is noted in the right hand column as a cross reference for location.

Condition Name	Cross Reference Condition
Acid Reflux; Acid Indigestion	See: GERD
ADD and ADHD	See: Hyperactivity
AIDS and ARC	
Alcohol Abuse	
Allergies	
Alzheimer's Disease	
Aortic Valve Disease	See: Heart Valve Disease
Amenorrhea	
Amyotrophic Lateral Sclerosis (ALS)	
Angina	See: Heart Disease
Anorexia	See: Eating Disorders
Adjustment Reaction	
Anxiety/Depression	
Arrhythmias	See: Heart Disease
Arthritis (Osteo)	
Arthritis (Rheumatoid)	
Asthma	
Attention Deficit Disorder	See: Hyperactivity
Attention Deficit Hyperactivity Disorder	See: Hyperactivity
Back/Spine Problems	
Basal Cell Carcinoma	See: Cancer: Skin
Benign Prostate Hyperplasia (BPH)	See: Prostate Disorders
Breast Cancer	See: Cancer, Breast
Breast Cysts	See: Breast Disorders
Breast Implants	
Bronchitis, chronic	
Bulimia	See: Eating Disorders
Cancer of Throat, Lung, Stomach, Intestine, Liver, Kidney, Blood, Lymph, etc.	See: Cancer, Internal Organs and Systemic Cancers
Cancer, Skin: Basal Cell	
Cancer, Skin: Melanoma	
Cerebral Palsy	
Cirrhosis of Liver	
Cholecystitis	See: Gallbladder Disorders
Chronic Obstructive Pulmonary Disease (COPD)	
Colitis	See: Inflammatory Bowel Disease
Coronary Artery Disease	See: Heart Disease
Crohn's Disease	See: Inflammatory Bowel Disease
Deafness	
Depression	See: Anxiety/Depression
Diabetes Mellitus	
Diverticulitis and Diverticulosis	
Drug Abuse	
Dysfunctional Uterine Bleeding	See: Amenorrhea
Ear Infections	
Eating Disorders	
Emphysema	See: COPD
Endometriosis	
Condition Name	Cross Reference Condition
Fibrocystic Breast Disease	See: Breast Disorders
Fibroids/Fibroma of Uterus	
Fibromyalgia	
Gallbladder Disorders	
GERD (gastro-esophageal reflux disease)	

<b>Condition Name</b>	<b>Cross Reference Condition</b>
Goiter	See: Thyroid Disorders
Graves Disease	See: Thyroid Disorders
Hashimoto's Disease	See: Thyroid Disorders
Hay Fever	See: Allergies
Headache	
Heart Attack	See: Heart Disease
Heartburn	See: GERD
Heart Disease	
Heart Murmur	See: Heart Valve Disease
Heart Valve Disease	
Hepatitis	
Hernia	
Herniated Disc	See: Back/Spine Problems
High Cholesterol	
Hyperactive Airway Disease	See: Asthma
Hyperthyroidism	See: Thyroid Disorders
Hypothyroidism	See: Thyroid Disorders
Hyperactivity	
Inflammatory Bowel Disorders	
Irregular Heart Beat	See: Heart Disease (Arrhythmias)
Irritable Bowel Syndrome (IBS)	
Ischemic Heart Disease	See: Heart Disease
Jaw Disorders	
Kaposi's Sarcoma	See: Cancer Skin
Kidney Stones	
Leukemia	See: Cancer: Leukemia
Lupus	
Melanoma	See: Cancer Skin
Migraine Headaches	See: Headache
Mitral Valve Disease; Mitral Valve Prolapse	See: Heart Valve Disease
Muscular Dystrophy	
Multiple Sclerosis	
Obesity	
Osteoarthritis	See: Arthritis
Otitis Media	See: Ear Infections
Palpitations	See: Heart Disease
Pancreatitis	
Polycystic Ovaries	See: Amenorrhea
Pregnancy	
Prostate Disorders	
Prostatitis	See: Prostate Disorders
Reactive Airway Disease	See: Asthma
Rheumatoid Arthritis	See: Arthritis
Sciatica	See: Back/Spine Problems
Sinusitis	See: Allergies
Thyroid Disorders	
Thyroiditis	See: Thyroid Disease
TMJ	See: Jaw Disorders
Traumatic Stress Disorder	See: Adjustment Reaction
Tricuspid Valve Disease	See: Heart Valve Disease
Ulcerative Colitis	See: Inflammatory Bowel Disorders
Ulcers	
Urinary Tract Infections	

**AETNA ADVANTAGE PLANS RISK CRITERIA**

Listed Condition	Risk Criteria	Risk Category
<b>Acid Reflux</b>	See "GERD" (gastro esophageal reflux disease)	
<b>ADD and ADHD</b>	See "Hyperactivity" (Attention Deficit Disorder)	
<b>Adjustment Reaction</b> <i>Including:</i> Acute reaction to stress, Adjustment reaction, Depressive reaction, Post Traumatic Stress Disorder,  <b>Stress Related Conditions:</b> Chest Pain Chronic Pain Digestive Problems Fibromyalgia Insomnia Abnormal Heart Beat Migraines	<b>Acute Episode:</b> related to stressful incident; no hospital admissions required; counseling completed for 6 or more months; no medications for last 6 months; no other stress related conditions	A
	Does not meet any of above criteria; may require hospital admission; requires multiple drugs	D
<b>AIDS/ARC</b>	Once Diagnosed	D
<b>Alcohol Abuse</b>	History of Alcohol Abuse: No alcohol consumption, counseling or treatment for 5 years; normal liver function	A
	Does not meet any of above criteria, 2 or more hospital admissions in 10 years; still consuming alcohol	D
<b>Allergies:</b> <i>Including:</i> Allergic Rhinitis Hayfever Sinusitis	Controlled with "over the counter" (non-prescription) medications; occasional use of single prescription medication; no smoking	A
	Does not meet any of above criteria; may require surgical correction.	D
<b>Alzheimer's Disease</b>	Once Diagnosed	D
<b>Amenorrhea</b> <i>Including:</i> Dysfunctional Uterine Bleeding, Ovarian Failure, Polycystic Ovaries	INDIVIDUAL CONSIDERATION Underlying cause must be determined to evaluate risk	Assessment by underwriter
<b>Amyotrophic Lateral Sclerosis (ALS)</b>	Once Diagnosed	D
<b>Angina</b>	<i>See: Heart Disease</i>	

**AETNA ADVANTAGE PLANS RISK CRITERIA**

Listed Condition	Risk Criteria	Risk Category
<b>Anxiety/Depression</b> <i>Including:</i> Anxiety Depression Panic Attacks PMS  <b>Stress Related Conditions:</b> Chest Pain Chronic Pain Digestive Problems Fibromyalgia Insomnia Abnormal Heart Beat Migraines	Requires counseling only; stable without medication; no suicide attempts; no hospitalization; no treatment for stress related conditions for 2 or more years  Does not meet any of above criteria; may require hospitalization; requires multiple medications	A  D
<b>Arrhythmias</b>	<i>See: Heart Disease</i>	
<b>Arthritis</b> Osteoarthritis	Not a candidate for or previous history of reconstructive surgery or joint replacement; taking only "over the counter" (Non-prescription) pain relievers or anti-inflammatory medications; no steroids; no hospitalizations for 2 years  Does not meet any of above criteria; may require surgery; requires multiple prescriptions	A  D
<b>Arthritis</b> Rheumatoid or Polyarthritis	Once Diagnosed	D
<b>Asthma</b> <i>Including:</i> Hyperactive Airway Disease (HAD)  Reactive Airway Disease (RAD)	No Emergency Room visits/hospital admissions for 2 years; no oral steroids; only occasional use of inhaler or nebulizer; no other treatment or medications for 6 months; no smoking since diagnosed; BMI 27 or less  Does not meet any of above criteria; smoking; hospitalizations	A  D
<b>Back/spine Problems</b> <i>Including:</i> Muscle Spasms Strains/sprains	No injury requiring surgery; no disc problems; no prescription medications; taking "over the counter" anti-inflammatory medications only; treatment free for 6 months  Does not meet any of above criteria; may require surgical correction	A  D
<b>Back/spine Problems</b> <i>Including:</i> Disc Problems Sciatica	Does not require surgery; no treatment for 6 months; using "over the counter" pain medications only; BMI less than 30  Does not meet any of above criteria; may require surgical correction  <b>Additional consideration for:</b> Obesity; condition after surgery; prescription medications	A  D  Assessed by Underwriter

**AETNA ADVANTAGE PLANS RISK CRITERIA**

Listed Condition	Risk Criteria	Risk Category
<b>Breast Disorders</b> <i>Including:</i> Benign Neoplasms Cysts	Incidental finding, no treatment required; single lesion with fluid or tissue removed 3 months ago; no abnormal findings; normal mammogram or ultrasound; no problems after surgery completed for 3 months	A
	Does not meet any of above criteria; may require surgery; undiagnosed lesion, incomplete workup, medical testing or unconfirmed diagnosis	D
<b>Breast Disorders</b> <i>Including:</i> Fibrocystic Disease	Incidental finding on mammogram or single lesion excised 12 months ago; normal mammogram within 6 months	A
	Does not meet any of above criteria; may require surgery undiagnosed lesion, incomplete workup, medical testing or unconfirmed diagnosis	D
<b>Breast Implants</b> Saline Implants Silicone Implants	Implants currently in place	D
<b>Bronchitis (Chronic)</b>	No reactive airway disease; single course of oral or injectable steroids 18 months ago; no Emergency Room visits; no smoking; no treatment for 12 months	A
	Does not meet any of above criteria	D
<b>Cancer</b> Breast	Individual Consideration assessed by underwriter	Assessed by underwriter
	Currently under treatment	D
<b>Cancer</b> Leukemia	Individual Consideration assessed by underwriter	Assessed by underwriter
	Treatment within 10 years	D
<b>Cancer</b> Skin: Basal Cell	Removed 12 or more months ago, in situ and all borders clear; no reconstructive surgery required; no treatment or medications for 12 months; current exam shows no recurrence	A
	Does not meet any of above criteria	D
<b>Cancer</b> Skin: Melanoma	Stage I, borders clear, removed 5 or more years ago; all cosmetic/reconstructive surgery complete; no treatment or medication for 5 years; current dermatology exam confirms no recurrence	A
	Does not meet any of above criteria	D
<b>Cancer</b> Skin: Kaposi's Sarcoma	Once Diagnosed	D
<b>Cancer</b> <i>Including:</i> Internal Organs Systemic Cancers	Most cancers that fall within these categories are complex. The level of consideration depends on original diagnosis; pathology reports, type and length of treatment, treatment-free period and recurrence rates.	Assessed by Underwriter

**AETNA ADVANTAGE PLANS RISK CRITERIA**

Listed Condition	Risk Criteria	Risk Category
<b>Cerebral Palsy</b>	Over age 10; minimal spastic movement; no mental retardation; no wheelchair or walker or crutches; capable of independent living; no PT or orthopedic correction for 2 or more years	Assessed by underwriter
	Does not meet any of above criteria	D
<b>Cirrhosis of Liver</b>	Once Diagnosed	D
<b>COPD</b> Emphysema (Chronic Obstructive Pulmonary Disease)	Once Diagnosed	D
<b>Colitis</b>	See: Inflammatory Bowel Disease	
<b>Crohn's Disease</b>	See: Inflammatory Bowel Disease	
<b>Deafness</b>	Does not require surgery or surgically corrected 12 or more months ago with normal hearing restored; no vertigo or balance problems; no hearing aid required or recommended; no treatment for 12 months	A
	Does not meet any of above criteria; may require surgery. May require surgery for or Cochlear Implant present	D
<b>Depression</b>	See: Anxiety/Depression	
<b>Diabetes Mellitus</b>	<b>Type II, Non-Insulin Dependent:</b> Controlled by diet for over 12 months; BMI less than 28; no smoking; no kidney, vision or circulation problems; acceptable laboratory testing results	Assessed by underwriter
	Does not meet any of above criteria	D
	<b>Type I, Insulin Dependent</b>	D
<b>Diverticulitis</b> <b>Diverticulosis</b>	Incidental finding with no treatment required, <b>OR</b> Controlled by diet for 2 or more years; no bleeding, no hospital admission; no treatment for 2 years	A
	Does not meet any of above criteria	D
<b>Drug Abuse</b> Illegal Drugs	No illegal drug use for 10 years; no intravenous drug use ever; no therapy, treatment or medications for 10 years except for ongoing attendance to Narcotics Anonymous or Alcoholics Anonymous	A
	Does not meet any of above criteria; history of IV drug use; 2 or more hospital admissions in 10 years	D
<b>Drug Abuse</b> Marijuana use only	No Marijuana use for 1 or more years; no chronic respiratory conditions; no therapy, treatment or medications for 2 years except for ongoing attendance to Narcotics Anonymous or Alcoholics Anonymous	A
	Does not meet any of above criteria	D

**AETNA ADVANTAGE PLANS RISK CRITERIA**

Listed Condition	Risk Criteria	Risk Category
<b>Drug Abuse</b> Prescription Drugs	No abuse of prescription drugs for 5 years; no therapy, treatment of medications for 5 years except ongoing attendance at Narcotics Anonymous or Alcoholics Anonymous	A
	Does not meet any of above criteria; still abusing prescription drugs; two or more hospital admissions in 10 years	D
<b>Ear Infections</b> Otitis Media	No hearing loss; ear tubes placed previously or still in place; does not require precautionary antibiotics or decongestants; no treatment for 6 months	A
	Does not meet any of above criteria	D
<b>Eating Disorders</b> <i>Including:</i> Anorexia Bulemia	No hospital admissions for 5 years; counseling completed 12 or more months ago; BMI must be greater than 17 for 12 or more months; normal laboratory tests; no psychotropic drugs required; no treatment or therapy for 12 or more months	A
	Does not meet any of above criteria	D
<b>Emphysema</b>	Once Diagnosed	D
<b>Endometriosis</b>	Post Menopausal; ovaries surgically removed; successfully treated with Lupron or laparoscopic removal; no treatment for 6 months	A
	Does not meet any of above criteria; may require surgery; under treatment for infertility	D
<b>Fibroids/Fibroma of Uterus</b>	<b>Post Surgical:</b> Surgically corrected 3 or more months ago; no treatment or medications for 3 months	A
	<b>Non-Surgical Post Menopausal:</b> No other uterine abnormality; stable in size for 6 months; normal laboratory tests; no treatment or medications for 6 months	A
	Does not meet any of above criteria	D
	<b>Additional consideration for:</b> size; type, location and stability of lesion	Assessed by Underwriter
<b>Fibromyalgia</b>	Diagnostic work-up or testing complete with all laboratory testing results normal; controlled with "over the counter" medications	Assessed by Underwriter
	Does not meet any of above criteria	D
<b>Gallbladder Disorders</b> <i>Including:</i> Cholecystitis Cholelithiasis Cholangitis	Gallbladder surgically removed and treatment free for 3 months; no complications or problems; <b>OR</b> Treated medically; no treatment therapy or medications for 2 years	A
	Does not meet any of above criteria; may require surgery	D

**AETNA ADVANTAGE PLANS RISK CRITERIA**

Listed Condition	Risk Criteria	Risk Category
<b>GERD</b> (gastroesophageal reflux disease) <i>Including:</i> Acid Reflux Acid Indigestion Heartburn	All diagnostic tests completed; using "over the counter" medications only; no treatment or prescription medications for 3 months; no smoking for 12 months; no respiratory complications; BMI less than 28	A
	Does not meet any of above criteria	D
	<i>Additional consideration for:</i> obesity; prescription medications; anxiety and stress	Assessed by Underwriter
<b>Goiter Graves Disease</b>	See: Thyroid Disorders	
<b>Hashimoto's Disease</b>	See: Thyroid Disorders	
<b>Headache</b> <i>Including:</i> Migraine Vascular	Individual Consideration assessed by underwriter	Assessed by Underwriter
	Diagnostic tests recommended but not completed; taking Imitrex, Topamax; or prescription narcotics; Emergency room treatment within 12 months	D
<b>Heart Disease</b> <i>Including:</i> Angina Coronary Artery Disease Ischemic Heart Disease Myocardial Infarction (Heart Attack)	Given Individual consideration based on type, severity and treatment.	Assessed by Underwriter
	<i>Additional consideration for:</i> obesity; multiple medications or surgeries; smoking; respiratory disease; hypertension	
<b>Heart Disease</b> <i>Including:</i> Arrhythmias Dysrhythmias Irregular Heartbeat Palpitations	Given Individual consideration based on type, severity and treatment.	Assessed by Underwriter
	Pacemaker or defibrillator candidate or recipient	D
	<i>Additional consideration for:</i> obesity; multiple medications or surgeries; smoking; respiratory disease; hypertension	
<b>Heart Valve Disease</b> <i>Including:</i> Mitral Valve Disease Mitral Valve Prolapse Murmur	Benign murmur only; no regurgitation; no medications required except precautionary antibiotics only; no high blood pressure; no smoking; no other heart conditions; BMI less than 28	A
	Does not meet any of above criteria	D
<b>Heart Valve Disease</b> <i>Including:</i> Aortic Valve Disease Tricuspid Valve Disease	Normal heart function; normal kidney function; no medications required except precautionary antibiotics only; no treatment, therapy or medications for 5 years; no other heart conditions; no high blood pressure; no smoking for 5 years; BMI less than 30	A
	Does not meet any of above criteria	D

**AETNA ADVANTAGE PLANS RISK CRITERIA**

Listed Condition	Risk Criteria	Risk Category
<b>Hepatitis</b>	<i>Hepatitis A:</i> Single episode 6 months ago; current normal Liver Function Tests; no treatment, therapy or medication for 6 months	A
	Does not meet any of above criteria	D
	<i>Hepatitis B: Exposure only or immunization;</i> blood work results shows positive for Antibodies but negative for antigens; current normal Liver Function Tests; no immune disorder symptoms; no treatment, therapy or medication for 5 years	A
	Does not meet any of above criteria	D
	<i>All other Types of Hepatitis:</i> C, D, E, Non-A, Non-B	D
<b>Hernia</b> Hiatal	No surgery required; treated with “over the counter” medications	A
	Same criteria as Level A above, but requires prescription medications	See GERD Criteria
	Surgically repaired over 3 months ago, no complications or infections; no longer under treatment	A
	Does not meet any of above criteria; may be a surgical candidate	D
<b>Herniated Disc</b>	See: Back Problems	
<b>High Blood Pressure Hypertension</b>	BMI less than 29; no smoking for 12 months; B/P controlled at 140/90 or less with single medication; normal labs; normal kidney function; no other cardiovascular conditions	A
	<i>Additional consideration for:</i> weight; multiple medications smoking; respiratory disease; elevated cholesterol; other associated conditions	Assessed by Underwriter
<b>High Cholesterol</b> Hypercholesterolemia Hyperlipidemia	Individual Consideration given	Assessed by Underwriter
	Level of risk will be determined by: weight blood cholesterol and lipid levels, medications, and associated conditions which can not be summarized here	
<b>Hyperthyroidism Hypothyroidism</b>	See: Thyroid Disorders	
<b>Hyperactivity</b> <i>Including:</i> Attention Deficit Disorder (ADD)  Attention Deficit Hyperactivity Disorder (ADHD)	Individual Consideration given	Assessed by Underwriter
	Diagnosed less than three months ago; requires 2 medications; also treated for other nervous or mental disorders	D
<b>Inflammatory Bowel Disorders</b> <i>Including:</i> Colitis Crohn’s Disease Regional Enteritis	Individual Consideration given	Assessed by Underwriter
	Surgery, treatment or medications within 5 years; currently on medications; may be a surgical candidate	D

**AETNA ADVANTAGE PLANS RISK CRITERIA**

Listed Condition	Risk Criteria	Risk Category
<b>Inflammatory Bowel Disorders</b> <i>Including:</i> Idiopathic Proctocolitis Ulcerative Colitis	Single episode; not on maintenance medications; no treatment, therapy or medications for 10 years	A
	Does not meet any of above criteria; potential surgical candidate	D
<b>Irregular Heart Beat</b>	See: Heart Disease	
<b>Irritable Bowel Syndrome (IBS)</b>	Diagnostic work up complete; no more than 3 episodes in 12 months; no treatment, therapy or medications for 12 months	A
	Does not meet any of above criteria	D
<b>Jaw Disorders</b> TMJ Malocclusion Other Jaw Disorders	<b>TMJ Only:</b> not a surgical candidate; use of mouth piece only; not other treatments or medications for 1 year	A
	<b>Other Jaw Disorders:</b> All surgical and dental reconstruction completed 1 or more years ago; cosmetically and functionally acceptable; no treatment, therapy or medications for 1 year	A
	Does not meet any of above criteria; may require surgery	D
<b>Kidney Stone</b> (calculus)	Single episode; kidney stone passed spontaneously without medical intervention; no treatment, therapy or medications for 6 months; normal kidney function	A
	Does not meet any of above criteria; potential surgical candidate	D
<b>Lupus</b> Discoid Lupus (DLE) System Lupus Erythematosus (SLE)	<b>Discoid Lupus:</b> Level of risk will be determined by severity and stability of condition; laboratory results; other systemic involvement	Assessed by Underwriter
	<b>Systemic Lupus Erythematosus (SLE)</b> Once Diagnosed	D
<b>Muscular Dystrophy</b>	Once Diagnosed	D
<b>Multiple Sclerosis</b>	Once Diagnosed	D
<b>Obesity</b> (Assessing risk for weight alone with no other health conditions)	BMI less than 36; no smoking; no other health conditions BMI less than 28 with smoking	A
	BMI 28 or more with smoking BMI 35 and greater, with no other health conditions	D
<b>Pancreatitis</b>	Single acute episode; full recovery; no treatment or medications for 1 year; or single episode as result of surgical complications; full recovery; not treatment or medications for 1 year	A
	Does not meet any of above criteria	D

**AETNA ADVANTAGE PLANS RISK CRITERIA**

Listed Condition	Risk Criteria	Risk Category
<b>Pregnancy</b>	Non-pregnant dependent children can be underwritten on "children only" policy according to underwriting risk criteria	A
	Pregnant applicant, spouse, dependent or significant other; in process of adopting or surrogate pregnancy	D
<b>Prostate Disorders</b> Benign Prostate Hyperplasia (BPH)	Incidental finding, no symptoms and no treatment required; no surgery required; PSA normal	A
	Removed by laser or surgery 6 or more months ago; no ongoing complications; no treatment, therapy or medications for 6 months; no further treatment	A
	Does not meet any of above criteria	D
<b>Prostate Disorders</b> Prostatitis	Single episode in 2 years; no hospital admission; no urinary retention; normal PSA and Kidney Function Test; no treatment, therapy or medications for 6 months	A
	Does not meet any of above criteria	D
<b>Thyroid Disorders</b> Hypothyroidism	Taking thyroid replacement medication only; stable for 6 months;	A
	Does not meet any of above criteria; may require surgery	D
<b>Thyroid Disorders</b> Hyperthyroidism Graves Disease Multinodular Goiter	Previously treated with PTU & MMI or radioactive iodine; no treatment for 12 months; stable on thyroid replacement medication for 12 months	A
	Does not meet any of above criteria; may require surgery	D
<b>Thyroid Disorders</b> Hashimoto's Disease Thyroiditis	Stable on oral thyroid replacement only for 12 months; does not require steroids	A
	Does not meet any of above criteria	D
<b>Ulcers</b> <i>Types:</i> Gastric Duodenal Peptic Gastrojejunal	Surgically repaired 2 or more years ago; no treatment, therapy or medications for 2 years; BMI less than 28	A
	Does not meet any of the above criteria	D
	<b>Additional consideration for:</b> weight; multiple medications smoking	Assessed by Underwriter
<b>Urinary Tract Infections</b>	<b>Over age 12:</b> Single episode over six months ago or up to 3 episodes in 2 years; no symptoms or treatment for 6 months	A
	Does not meet any of above criteria	D
	<b>Under Age 12:</b> Single episode 6 months ago	A
	Does not meet any of above criteria	D

