# Philadelphia American Life Insurance UNDERWRITING GUIDE

- . HSP III, HCS, STM, GAP
- ENHANCED 24 HOUR ACCIDENT
- **. CRITICAL ILLNESS POLICY/RIDER**
- . GAP



**Philadelphia American Insurance Company is a subsidiary of the New Era Life Insurance Companies** 

We are updating the underwriting rules on the Critical Illness plan/rider. Recent updates are shown in red.

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Philadelphia American Insurance WELCOME to Company! This manual is designed to assist you in determining your clients' insurability as well as give you options that you can use to help you place those hard to issue cases. In some cases applicants may not be eligible for coverage at the present time and have to be postponed. Other applicants may be eligible but require a rate up. While using this guide, it is important to remember that it is intended only as a general reference that outlines the probable course of action or decision which will govern if the applicant has a certain health impairment or medical condition. In all cases, the decision to issue as applied for, to modify coverage, or to decline, rests solely with the Home Office underwriting staff.

Should you encounter a case that might require more information concerning a possible rate up or if the coverage can be offered, please email: healthunderwriting@neweralife.com.

#### Introduction

Included in this Underwriting Guidelines is an Impairment Chart showing those conditions which may be eligible for a field or Home Office rate-up, as well as those which are considered Risk Not Acceptable (DEC). Please do not write any applicant with any of the DEC conditions or have an underwriting action showing PP (Postpone). We also included a chart showing certain occupations that are not eligible for coverage. We ask that you use this guideline in order to increase your issued business and reduce the number of declines and cancellations. Any one applicant that requires more than 10 points (150%) will <u>not</u> be eligible for coverage. Each Point=15% rate up. Rate-ups are not commissionable.

On Critical Illness Plans the maximum amount of Coverage any one person may have is \$50,000.

**Enhanced Accident Plan-(Mississippi-only)** If the Accident plan is sold as a stand-alone with no other plans with PALIC and it's not written in a group, the maximum allowed benefit is 1 unit with No Accident Disability Rider allowed.

#### **GUARANTEE ISSUE OPTIONS**

To qualify using medically underwritten guidelines, you may write that person and not answer any of the medical questions, and offer the HSP 1 Unit, \$100,000 CYM plan with a \$2,500 deductible. If you offer the HCS, you can only offer the 20% first day reduction, \$100,000, 1 Unit plan. On the GI plan you MUST rate it 6 pts (90%) and the Pre-Existing condition clause is still applicable. You **must** write another person in the household on a separate HCS-HSP that meets medical underwriting. If you offer an HSP you can only offer the other person an HSP, and if you offer an HCS you can only offer the other person an HCS. For guarantee issue, the preventive rider on the HSP is eligible with no medical questions.

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**Good News!** Applicants who have never had any of the medical conditions or diseases shown will generally be within our standard medical underwriting guidelines. Whenever agents encounter a situation that has not been addressed, they should contact their Manager. Agents should not get involved in the claims processing but should refer their clients to call the Claims CS line in the home office at (800-552-7879)

#### Pre-existing Condition Rules

A condition for which medical treatment was rendered or recommended by a Physician or for which drugs or medicine was prescribed within 12 months prior to a Covered Person's Effective Date.

A condition shall no longer be considered a Pre-Existing Condition after a person has been covered under this policy for 12 consecutive months. If a condition is rated it is still a pre-existing condition. For groups Pre X is not waived. (Please check for your specific state as it may vary)

Even if a condition is admitted on the application or in the telephone interview it <u>will</u> be considered preexisting and subject to the pre-existing condition limitation clause, except in Maryland. This includes a rated condition. It will not be covered for 12 months from the effective date.

#### **Dependent Children Rates: (HSP-HCS)**

• If the child is under 25 and listed as a dependent to a primary insured, they will pay the Dependent Child Rate (0-25).

• If it is a child only application they will pay the (25 and under) rate no matter how old the child is. If a (child only) application has more than one child listed, the first child will pay the (25 and under) rate and any additional children will be at the dependent child (0-25) rate.

\*This may change due to state variations. Child only plans are <u>not</u> available on the Dental Policy

- The effective date will be assigned by underwriting and is the latter of the requested date or underwriter approval.
- <u>APPLICANTS KEEPING OTHER</u> <u>COVERAGE-</u> In the event someone has catastrophic medical coverage that they are not going to cancel, the maximum number of units on our health plan that we can issue will be 1 unit with a maximum of \$10,000 Critical Illness.
- <u>Legal Professionals –</u> There are no limitations on HSP3/HCS or accident coverage applied for, however we will require an Indemnity Insurance Coverage affidavit be signed by the applicant prior to approving and issuing coverage. This affidavit will be sent to the applicant by the New Business Department at the time of underwriting.

## Height / Weight Tables\*

| MALE<br>Weight |                | FEI           | MALE           |
|----------------|----------------|---------------|----------------|
|                |                | W             | eight          |
| <u>Height</u>  | <u>Decline</u> | <u>Height</u> | <u>Decline</u> |
| 5'0"           | 235            | 4'10"         | 198            |
| 5'1"           | 237            | 4'11"         | 201            |
| 5'2"           | 243            | 5'0"          | 204            |
| 5'3"           | 247            | 5'1"          | 210            |
| 5'4"           | 256            | 5'2"          | 213            |
| 5'5"           | 262            | 5'3"          | 216            |
| 5'6"           | 270            | 5'4"          | 224            |
| 5'7"           | 276            | 5'5"          | 226            |
| 5'8"           | 286            | 5'6"          | 229            |
| 5'9"           | 296            | 5'7"          | 236            |
| 5'10"          | 299            | 5'8"          | 241            |
| 5'11"          | 308            | 5'9"          | 248            |
| 6'0"           | 312            | 5'10"         | 255            |
| 6'1"           | 323            | 5'11"         | 263            |
| 6'2"           | 328            | 6'0"          | 278            |
| 6'3"           | 339            | 6'1"          | 280            |
| 6'4"           | 360            | 6'2"          | 282            |
| 6'5"           | 370            | 6'3"          | 285            |
| 6'6"           | 375            | 6'4"          | 290            |
| 6'7"           | 379            | 6'5"          | 295            |

\*All products use the above chart except the Dental plan uses the above Height and Weight Charts. That includes the HSP, HCS, 24-Hour Enhanced Accident, GAP and Critical Illness.

### <u>UW Notes</u>:

▶ PERSONAL HEALTH INTERVIEWS-(Telephone Interview or Electronic Verification/ELINK)-This is to ensure the applicant has an opportunity to add any information that they may have forgotten during the initial solicitation of the application. The Application process plays an important role in getting their verbal signature and allows the company the authorization to gather certain RX information. It is critical that the information received during the call mirrors what is on the application! Please make sure the client knows this isn't a major medical and how it differs. We advise them on the call that our product is not a major medical plan. The toll free number is: 855.430.3656 between 8-5 Central time

► EFFECTIVE DATE REQUEST- An applicant can request a future effective date up to 60 days from the application date on the HSP or HCS. When the HSP or HCS are sold in conjunction with the Enhanced Accident Plan (combo sale), the earliest an effective date may be is the underwriting approval date. However, if the Enhanced Accident plan is sold as a stand-alone product, the following applies: if the application is received in the home office between the 1st-15th, the earliest effective date the plan can have is the 1st of the following month. If the application is received in the home office between the 15th of the following month. (Page 3)

We will issue the policy on the day the underwriter approves the case and the commissions are paid twice a week. If the case is issued on Wednesday-Friday night, we will direct deposit on Tuesday. If the case is issued between Saturday and Tuesday night, we will pay on Thursday. If the applicant asks us to wait until the effective date to issue it we will pay on either the Tuesday or Thursday after it's issued. You may log in to <u>www.neweralife.com</u> to view your commission statements on Monday evening and your check on Tuesday with the exception of a holiday week. Remember when we collect premium that triggers the payment of commission.

▶ If the Accidental Disability rider is purchased, the units must be equal to or lower than the base accident plan. If you are writing the Enhanced Accident Plan on athletes or other people involved in hazardous sports please limit the # of units to 1 on these applicants. The new Accident rider offering up to \$26,000 additional benefits to the base if they are admitted to the hospital is available only on the 2 unit Accident plan and they must have an HCS or HSP as well.

► A new optional Enhanced Outpatient rider is now available in most states. <u>This rider is only available</u> on the HCS at this time. This rider <u>cannot</u> be sold with the ER/UR rider. An insured may have only 1 of these optional riders. It doubles the OP benefits and increases the OP surgery by 50%. It may be added to existing policies but is not available on GI policies and you must submit a paper application by downloading it from the agent portal.

► GROUP UNDERWRITING and LIST BILLS: We will list bill a group of at least 5 people or more. There are special forms that must be completed upfront to get a GBN= Group Billing number. That number will allow us to bill the group together. We do NOT waive the Pre X clause. We do not advance on list bills. For more information contact your manager. Riders for groups that meet Participation requirements can add the benefit riders with no underwriting if it is a GI group.

► All bank draft requests from an employer or business account will require that Form 7812 be completed <u>unless</u> the insured is a family member of the account owner.

**DENTAL PLAN:** The Dental plan cannot be sold to children without an adult.

► GAP Plans: Our Gap plan can only supplement someone else's major medical, ACA or group plan. We cannot have the GAP and an HSP/HCS in force at the same time. Our GAP premium cannot be more than 25% of the other plans premium unless that plan is a Short Term plan. If it's an ACA plan you need to look at the TOTAL premium of that plan, not just the subsidized portion.

► We do not offer condition specific riders only rate ups.

► If medical records are required the applicant must request and obtain the records. We do not pay for medical records.

► Underwriting may order Prescription history on any applicant with the proper authorization.

Paper apps do not require the first month's premium be paid with the app-only the policy fee is required.
COUNTER OFFERS MUST BE SIGNED BY THE APPLICANT, NOT THE AGENT!

▶ If you have a question about a condition please email <u>healthunderwriting@neweralife.com</u>

### Critical Illness Underwriting- Updates as of 05/21/2019

- **Broward County Fl**=You can write a Health plan up to 2 units with a CI up to \$20,000. The CI will require a phone interview.
- For all States, on a stand-alone CI, the face amounts allowed are \$10,000 or \$20,000 and the Underwriter may ask for a telephone interview.
- For CI with the HSP/HCS, there are no restrictions on the face amounts, but we will require telephone interview for CI face amounts of \$40,000 and \$50,000. At the underwriter discretion we may ask for a phone interview on lower CI amounts.

▶ If replacing any existing business with like coverage, we will not pay a 1<sup>st</sup> year commission on any business that was in force. So if someone has \$20,000 of CI in force and you add more CI and keep the old plan in force we will pay a 1<sup>st</sup> year commission on the new amount. If you replace the old plan with a new plan we will pay renewal commissions on the new plan.

#### FROM THE WEBSITE, WWW.NEWERALIFE.COM YOU CAN SEE THE SALES CONTEST.

#### FOR OUR AGENTS!

#### A.M. Best Upgrades Credit Ratings of New Era Life Insurance Company and Its Subsidiaries

OLDWICK - MAY 11, 2017

A.M. Best has upgraded the Financial Strength Rating to B++ (Good) from B+ (Good) and the Long-Term Issuer Credit Rating to "bbb" from "bbb-" of New Era Life Insurance Company and its wholly owned life insurance subsidiaries, New Era Life Insurance Company of the Midwest and Philadelphia American Life Insurance Company, together known as the New Era Group. All companies are domiciled in Houston, TX.

SALES CONTEST AND BONUS PROGRAM ANNOUNCEMENTS

#### AGENT SUPPORT

Click here for details about our Leaders Conference and other seasonal contests Click here for information on making your life as a New Era/Philadelphia American agent easier and more efficient

#### YOU CAN DOWNLOAD ANY PRODUCT FORMS BY LOGGING IN AND CLICKING ON <u>SALES</u> FORMS. YOU CAN ALSO DOWNLOAD THE EAPP BY CLICKING ON UNDERAGE HEALTH



Need to know what conditions may be rated or are acceptable, continue to the next page. (Page 5)

We reserve the right to make any changes as needed. The agent will need to contact the customer to discuss any changes and to make sure they agree if an underwriting counter-offer is necessary. We will need the applicant to sign the conditional or counteroffer form. Certain questions on the app are automatically rated based on the condition and time parameters. Please review the app as well.

#### Modifications

A modification is a method of issuing coverage differently than applied for or a "counteroffer" and is used to provide coverage with a rate up for specified preexisting conditions.

In the event that a modification becomes necessary, the agent and/or the manager are encouraged to work with the Home Office to facilitate the acceptance process. An applicant is more likely to accept a modification when the agent and the Home Office can work together. The final underwriting decision must remain the sole responsibility of the Home Office underwriter. In order to reconsider a decision, any additional information may be supplied at the applicant's expense. Each Point = 15% rate up with a max of 150% on any one person.

#### Agent's Responsibility

The agent represents the eyes and ears of the Home Office underwriter and he or she is encouraged to exercise good judgment and common sense before submitting applicants with impaired risks. Complete information is **critical** in building proper case history. Taking an application on an individual with severe, recurrent and/or a combination of several impairments results in unnecessary expenses and will be declined. Remember, the primary reason **cases are** declined by the Home Office is not due to one health impairment; rather, it is combinations of disorders which adversely impact the applicant's insurability. If there is any doubt when writing a substandard risk, the agent can contact UW at: healthunderwriting@neweralife.com for instructions. Working together, the Home Office team and the agent can save considerable time.

#### \*THE MAXIMUM ANY PERSON CAN HAVE ON THE CRITICAL ILLNESS PLANS IS \$50,000



#### Important Notes

"Recovered" means fully released from medical care without ongoing symptoms or treatment or additional anticipated surgery or therapy.

The following is an explanation of the symbols shown in this guide.

**IC**—Individual Consideration: The potential seriousness of the condition/impairment is such that consideration can be given only after all pertinent facts have been accumulated and evaluated. *The agent should make every effort to provide medical documentation.* 

**PP-Postpone** Any applicant that has a temporary condition that will not allow them to be covered now but may be eligible at a later date once the condition is fully resolved.

Cash with Applications and the Fee's- <u>Application's</u> <u>submitted via an electronic application</u> <u>system will</u> <u>have their non-refundable fee and their first month's</u> <u>premium drafted from their account at the time of</u> <u>underwriting approval</u>. Applicants who are applying by paper application must pay their first month's premium instead of having it drafted. For list bills we do not bill for the fee. We do not accept an agents/agency check and will accept an applicant's personal check, money order, or cashier's check. Please check your state to verify how much the non-refundable fee is. Some states do vary such as Mississippi which is \$6.

**Prescription History-** Please advise the applicant that Underwriting may order an applicant's prescription history showing the medication prescribed and the physician that wrote the prescription. We use this information to verify that the application illustrates the correct medical information.

#### Critical Illness Coverage:

Group List Bill or Group Bank draft:

- No E-verification or phone call is needed if applying for the \$10,000 - \$40,000 benefit. (Depending on participating requirements. See group UW rules)
- An eVerification or phone interview is required with the \$50,000 benefit. (Includes the CI Rider.

#### Individual Applications:

- An eVerification or phone interview is required on all amounts up to \$50,000 benefit. (Includes the CI Rider).
- You may write up to \$50,000 on any 1 person. They may have multiple policies but each policy has its own pre-existing clause.

#### UNACCEPTABLE MEDICAL CONDITIONS Health Saver's Plus/Health Choice Select

UNACCEPTABLE OCCUPATIONS-AVOCATIONS\* Health Saver's Plus/ Health Choice Select/GAP

Addison's Disease Advised to have a surgical procedure that hasn't been performed Aids, HIV positive, ARC Alcohol/Substance abuse-(Within the last 4 years) ALS-Lou Gehrig's Disease Alzheimer's Disease Angioplasty/ Bypass Ankylosing Spondylitis Aplastic Anemia Autism Bedridden Brain Disorder Brain Tumor Malignant Brain Tumor Benign-Within 2 years not fully recovered Breast Cancer-Within 5 Years **Buerger's Disease** Cancer-Internal within 5 years Cardiomyopathy Cerebral Palsy Cirrhosis of the liver Colostomy COPD **Coronary Bypass Congestive Heart Failure** Crohn's Disease CVA **Cystic Fibrosis** Dementia Diabetes-Insulin or Juvenile onset-Down's Syndrome Drug Addiction-(Recovery within the last 4 years) Heart Attack (MI) Hemophilia Hospitalized more than 3 times in the last 12 months **Kidney Failure** Leukemia Hodkins Lymphoma Melanoma (Within 5 years) Mental Retardation Mitral Regurgitation Mitral Stenosis Muscular Dystrophy **Multiple Sclerosis** Neuropathy Organ Transplant (Recipient only) Paralvsis Parkinson's Peripheral Vascular Disease Prostate Cancer (Within 5 years) Renal Failure Rheumatoid Arthritis Sickle Cell Anemia Shunt Stent Placement- Cardo or Vein Stroke Suicide Attempt Systemic Lupus **Transient Ischemic Attack** Tetralogy of Fallot Valve Replacement

(Please refer to the Enhanced Accident application for specific Avocations) Adult Entertainers/Dancers Armed Services (Active Dutv) Asbestos/Toxic Chemical Workers Athletes-Professional or Semi-Professional (who participate in a contact Sport such as (Football, Soccer, Basketball, Baseball, Wrestling) Bartenders or Tavern Workers **Crop Dusters** Explosive Workers Gambling and Racing related workers Government Workers High Rise Steel workers \*Legal Professionals \*-All benefits are available. Underwriting will send out a document that they must sign acknowledging they understand it is a limited benefit plan. Physicians-At least a 5,000 deductible (HSP) or a 20% first day benefit on the (HCS) \*Pilots-(Commercial)- Health plans = All benefits available 24 hour Accident Plan = Base Plan only (1 Unit)

Race Car Drivers Rodeo and Circus Skydivers Stuntmen Underground Workers Unemployed due to disability Window washers above 3 stories

> \* This is a change to the Occupational rules. Some of these occupations may be eligible with exceptions as shown..

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# HEALTH IMPAIRMENT CHART

| <b>Legend</b> : PP=Postpone, Dec=Decline, Std=Standard < Less, > More   | If any ONE person requires more than 10 points, that person is ineligible for cover-<br>age. Each point =15%   |
|---|--|
| Acoustic Neuroma (Unilateral) A tumor of the Schwann cells (shwannoma) which provide a covering for the acoustic nerve. These slow growing, benign tumors may occur as isolated tumors or may be seen in association with <u>VON RICKLIGHAUSEN'S</u> disease. Symptoms include loss of hearing, tinnitus, dizziness, disturbances in gait, facial weakness, and pain. If left untreated, hydrocephalus develops because of compression on the brainstem. Surgery is recommended in all cases. | 0-1 Years= PP<br>Between 1-4 Years= 1 Point<br>More than 4 Years= STD<br>Present= DEC  |
| Bilateral acoustic neuroma-Always DEC   |  |
| Addison's Disease Impaired function of the adrenal cortex may be due to causes such as trauma, vascular disease, infection and tumors but in many cases it is idiopathic. It results in weakness, fatigue, anorexia, weight loss, increased pigmentation of the skin, hypotension, hypo-metabolism, syncope and dehydration. Long term management of adrenal failure is by the daily administration of corticosteroids.   | DEC  |
| <b>AIDS-ARC Positive</b> (Acquired Immune Deficiency Syndrome, AIDS Related Complex, Human Immunodeficiency Virus) If ever had, been told they have by a health care professional, been treated, or tested HIV positive (Residents of WI are not required to answer this question). Notice: California law prohibits an HIV test from being required or used by health insurance companies as condition of obtaining health insurance.)   | DEC  |
| Alcohol- Alcohol Abuse, Alcoholism  | Within 4 Years = DEC<br>Over 4 Years with no alcohol use and gainfully<br>employed with normal liver function test= STD  |
| <b>Allergies-</b> Are characterized by rhinorrhea, nasal obstruction, sneezing, conjunctivitis, lacrimation and nasal and pharyngeal itching. It is usually seasonal with tree pollens being the allergies in the spring and grass pollen in the summer. The perennial form occurs in those applicants sensitive to allergens such as house dust which are in the air year round.   | STD  |
| Alzheimer's Disease   | DEC  |
| Amputations   | Due to accident with prosthesis or due<br>to accident and fully recovered= STD<br>Due to disease longer than 10 years ago and fully recovered= STD<br>Otherwise= DEC |
| Amyotrophic Lateral Sclerosis (ALS)<br>or Lou Gehrig 's Disease <u>ALS</u> is a progressive disease of<br>the nervous system characterized by diffuse muscle weak-<br>ness and wasting. Changes most often occur distally and<br>progress eventually to involve the proximal muscle groups.<br>The average duration of the disease from onset to death is<br>approximately 4 years.   | DEC  |
| Anal or Rectal Fissure- An abnormal cleft or groove or abnormal passage in the anal area.   | STD  |

| Anemia Pernicious, Aplastic<br>Is an anemia characterized by total failure of the bone<br><u>Marrow to produce red blood cells</u> .<br>Sickle cell anemia is a severe hereditary anemia in<br>which only sickle hemoglobin is produced. Affected<br>individuals are highly susceptible to infection, chronic<br>leg ulcerations, and diffuse organ damage due to<br>multiple infarctions.   | Within 2 Years since recovery= 2 Points<br>Between 2-5 Years since recovery= 1 Point<br>More than 5 Years= STD<br>Primary or Congenital (Fanconi's) Still present DEC<br>There are many forms of Anemia so check with underwriting<br>if the applicants condition isn't listed<br>Aplastic or Sickle Cell Anemia=DEC |
|--|--|
| <b>Aneurysm</b> A true aneurysm is a widening of a vessel. A false aneurysm represents a localized rupture of an artery with sealing over by clot formation. The natural history of true aneurysms is to enlarge: Laplace's theory that the tension in the wall of a spherical chamber enclosing a fluid under pressure is related to the pressure under which the fluid is kept, and the radius of the curvature of the containing vessel, describes the nature of aneurysms. As the radius increases, so does wall tension, and enlargement of the vessel begets more enlargement. The most com- mon sites of aneurysms of the aorta are ascending aorta, the aortic arch, the descending aorta and the abdominal aorta. The most common cause of aneurysm's is atherosclerosis followed by trauma, infection, and diseases such as Marfan's, Ehlers-Danlos and Takayasu's syndrome. | Operated,recoveredandnoresiduals<br>0-1 Year= DEC<br>Between 1-3 Years= 2 Point<br>More than 3 Years= STD  |
| Angina Pectoris<br>The most common manifestation of myocardial ische-<br>mia is chest pain. Angina Pectoris is a discomfort in<br>the chest or adjacent areas caused by lack of oxygen<br>to the heart muscle and associated with a disturbance<br>of myocardial function but without myocardial necrosis<br>(infarction). The pain is typically described as tight,<br>heavy, constricting, squeezing or a tight band around<br>the chest. It is located in the central chest area<br>(retrostedecl) and often radiates into the neck or<br>arms. Other signs are dyspnea, weakness, profuse<br>sweating, nausea and response to nitroglycerine.  | DEC  |
| <b>Angioplasty-Stent Placement</b> A procedure where a balloon catheter is inflated inside an artery to stretch the artery usually done for coronary artery disease.   | DEC  |
| Ankylosing Spondylitis<br>Is a chronic inflammatory disease of the spine begin-<br>ning in the sacro-iliac joints and slowly spreading up<br>the spine to involve the costovertebral joints and, in<br>approximately 30% of cases, the large joints, in partic-<br>ular the hips and shoulders.  | DEC  |
| Anorexia<br>An eating disorder, marked by an extreme fear of<br>becoming overweight that leads to excessive dieting<br>to the point of serious ill health and sometimes death.   | Applicant must be at least 20 Years old and fully recovered, normal weight,<br>no psychotherapy, normal menses:<br>0-3 Years= DEC<br>Between 3-5 Years since recovery= 1Point<br>More than 5 Years= STD<br>If present or less than 20 Years old= DEC   |
| Arthritis<br><u>RHEUMATOID ARTHRITIS (RA)</u> Is the most com-<br>mon chronic inflammatory disease of the joints. In<br>addition to inflicting disability and increased mortality,<br>it inflicts a serious economic toll on healthcare sys-<br>tems.<br><u>PSORIATIC ARTHRITIS</u> Arthritis occurs in approxi-<br>mately 10% of individuals with psoriasis, particularly<br>in those with nail involvement. It affects both sexes<br>equally and usually results after a long history of pso-<br>riasis.<br><u>OSTEOARTHRITIS</u> - Next Page  | Psoriatic or Rheumatoid=DEC  |
| (Page 9)   |  |

| (Arthritis Continued)<br><u>OSTEO-ARTHRITIS</u> In older men, OA is most com-<br>mon in the hips while in older women the fingers are  | Minimal, no interference with function, one non-weight bearing joint only= 2 Points<br>Moderate, some interference with function, on Rx or more than one non- |
|--|---|
| most often affected. Pain is the predominant symp-<br>tom that prompts the diagnosis of OA, initially involv-<br>ing only one joint, with other joints following suit. In<br>the early stages of the disease, the pain can be re-<br>lieved by rest.   | weight bearing joint= 2 Point<br>Severe, debilitating or surgery anticipated= DEC<br>If affecting hips= 2 Points<br>If affecting knees= 2 Points              |
| <b>Asthma</b> This is a disease characterized by airway inflammation and bronchospasm which results in airflow obstruction, causing dyspnea. Early and continued treatment with inhaled anti-inflammatory agents is the norm for most individuals with asthma. Asthma used to be classified as being extrinsic (due to outside factors) or intrinsic (etiology un- known). It is now felt that all asthma is extrinsic in nature even though a cause may not be readily apparent. The causes of asthma are often discussed in terms of <i>triggers</i> or <i>inducers</i> . Inducers are those sub- stances that cause airway inflammation, such as allergens, exposure to noxious gases such as chlorine and viral infections.  | CHILDREN UNDER 2 = DEC<br>TYPE 5 = DEC  |
| TYPE 1:Bronchodilator use no more than once per<br>week, no inhaled or oral steroids, no hospitalizations<br>or ER visitsTYPE 2:Bronchodilator or inhaled steroid use 1 – 2<br>times per day on a seasonal basis (4 times per year<br>with durations not over one month), no hospitalizations<br>or ER visits in the past 5 years, no oral steroid use<br>TYPE3:TYPE3:Bronchodilator use no more than 4 times per<br>day, no oral steroid, no hospitalizations or ER visits<br>in past 2 yearsTYPE4:Bronchodilator or inhaled steroid use up to 4<br>times per day on a year round basis, no hospitaliza-<br>tions, ER visits or oral steroid use in past 2 yearsTYPE5:Oral or inhaled steroid use in past 2 yearsTYPE5:Oral or inhaled steroid use in past 2 yearsTYPE5:Oral or inhaled steroid use in past 2 yearsTYPE4:Bronchodilator or is past 2 yearsTYPE5:Oral or inhaled steroid use in past 2 yearsTYPE5:Oral or inhaled steroid use in past 2 yearsTYPE5:Oral or inhaled steroid use in past 2 years |   |
| If seeing a physician more than 2 times with-<br>in the past 12 months-apply the table below:  |   |
| TYPE AGES 2-12 AGES 13-44 AGES 45<br>AND OLDER   |   |
| 11 Point1 Point1 Point21 Point1 Point1 Point31 Point1 Point1 Point42 Points2 Points2 Points52 Point2 Points2 Points52 Point2 Points2 Points52 Point2 Point2 Points52 Point2 Point2 Point  |   |
|  |   |
| Attention Deficit Hyperactive Disorder<br>(ADHD) Is characterized by poor ability to attend to a<br>task, over activity, and impulsivity. Oppositional and<br>aggressive behaviors are often seen in conjunction<br>with ADHD or ADD. Tic disorders may be present.<br>Some ADHD children are also afflicted with learning<br>disabilities. ADHD frequently occurs in conjunction with<br>at least one other disorder.   | Mild, not affecting school or activities<br>or under 17 Years old= STD<br>With 4 or more Dr. Visits annually= 1 Point   |
| (Page 10)  |   |

| Atrial (Auricular) Fibrillation Is a common dis-<br>order occurring in constant or paroxysmal (recurrent)<br>forms. It can be seen in normal individuals during<br>emotional stress, following surgery, exercise or acute<br>alcoholic intoxication. Persistent AF usually occurs in<br>individuals with cardiovascular disease, especially<br>mitral valve disease, hypertensive cardiovascular<br>disease, chronic lung disease, atrial septal defect and<br>cardiomyopathy. It is also frequently seen in thyroid<br>disorders.   | See Cardio-Vascular Disorders  |
|--|--|
| Atrial Septal Defect Defects of the atrial septum<br>are among the most common of the congenital heart<br>disorders. It is an opening in the septum of the atria<br>which allows blood to be shunted from the left atrium<br>to the right atrium. Because more blood ends up in<br>the right atrium, there is increased blood flow through<br>the lungs, causing increased pulmonary artery pres-<br>sure. Murmurs of septal defects tend to be systolic in<br>timing and heard best along the left stedecl border.<br>The most common atrial septal defect is Ostium<br>Secundum. Ostium Primum is less prevalent but carries<br>a poorer prognosis because the mitral valve is usually<br>also damaged. Most ostium secundum ASDs close<br>spontaneously during the first years of life. Surgery is<br>by direct suture or by graft material, the type of<br>procedure dependent on the size of the opening. | DEC  |
| <b>Autism</b> A severe mental disorder with onset in infancy characterized by qualitative impairment in reciprocal social interaction and in verbal and nonverbal communication and restricted sphere of activities or interests.  | DEC  |
| Back Sprain / Sprain-Other Back problems<br>Occurs most often in the lumbar-sacral area of the back<br>but can also occur in the cervical and thoracic regions.<br>If the muscles are involved or the spine is mis-<br>aligned and there is no disc herniation, recovery is<br>usually complete after conservative treatment such as<br>bed rest and spinal manipulation.  | BackSprain     STD     IntervertebralDiscDisease,Disc     HerniationSpondylitis,Spondylosis,Spondylolithesis     Unoperated= 1 Point     Operated- FullRecovery= STD     Seeing a Dr. >2 a year = 1 PT   |
| <b>Barrett's Esophagus</b> is a complication of<br>longstanding gastro esophageal reflux whereby a<br>portion of the lower esophagus is lined by meta-<br>plastic columnar epithelium instead of normal<br>squamous epithelium. It is thought to be a pre-<br>malignant condition sometimes giving rise to Aden<br>carcinoma. The disorder requires regular endo-<br>scopic evaluation. Long term treatment with pro-<br>ton pump inhibitors can heal the lesion with result-<br>ant regression of the columnar-lined changes.   | Present, untreated or no endoscopic follow-up within the last 2 years= 1 Point<br>Partial response to treatment, erratic endoscopic follow-up= 1 Point<br>Good response to treatment /adequate eodoscopic follow-up= STD<br>Recovered,Endoscopy showing reversal to squamous epithelium= STD |
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| <b>Bells Palsy-</b> A facial muscle paralysis due to an inflammatory reaction causing nerve compression. The onset is acute with paralysis often occurring with- in a few hours. Surgical procedures such as nerve grafts are sometimes necessary when permanent residuals are found. Most cases recover completely within a few weeks or months. The diagnosis should be definite before considering because strokes or tumors can mimic the symptoms of Bell's Palsy. | Complete Recovery = STD   |
|---|---|
| Blindness   | DuetoTrauma<br>Blind in one eye, recovered from trauma= STD<br>Both eyes, recovered from trauma= STD<br>Surgery contemplated or recommended<br>or still in recovery= DEC<br>Due to Disease= DEC   |
| High Blood Pressure / Hypertension  | Non Hospitalized= STD<br>Hospitalized= DEC  |
| Bone Spur   | No symptoms, incidental finding= STD<br>Symptoms, Unoperated= 1 Point<br>Operated, full recovery= STD   |
| <b>Bowel Obstruction-</b> Surgically corrected, No residuals.   | Normally STD  |
| <b>Brain Tumor</b><br>Must be Benign to be consideredAny malignant<br>brain tumor is a Decline  | Benign:<br>Within 2 Years= DEC<br>Operated, at least 2 Years with full recovery, no residuals= STD  |
| <b>Breast</b> Including: FIBROCYSTIC BREAST DIS-<br>EASE, BREAST ABSCESS, MASTITIS, CYSTIC<br>HYPERPLASIA, MILD MAMMARY DYSPLASIA,<br>MICRO CALCIFICATIONS are a group of disor-<br>ders which are the most common impairments in<br>the female breast and represent an exaggerated<br>physiological response to a changing hormonal<br>environment. This does NOT included Breast<br>Cancer. For Breast cancer, please see cancer.<br>(Page 12)                        | Confirmed by mammogram or biopsy, asymptomatic, <b>NO</b> Family History of breast<br>Cancer-Biopsy within 1 year= 1 Point<br>Over 1 year and not more than 1 Surgery= STD<br>Confirmed by mammogram or biopsy, asymptomatic,<br>Family History of breast cancer= 1 Point<br>Otherwise= STD |

| <b>Breast Implants</b><br>Silicone or saline filled pouches are inserted in the<br>breast to augment it or as cosmetic surgery after a<br>mastectomy. At times, leakage will occur and the<br>implant has to be either removed or replaced.   | Cosmetic only, Having no symptoms=Std<br>Complications and implants due to history of Breast Cancer over 5 years ago= 1 Point  |
|---|--|
| <b>Bronchitis</b> (ACUTE) is defined as an inflammation<br>of the bronchial air passages caused by infection.<br>Attacks are of short duration and are infrequent in<br>nature. If there are multiple attacks within a short period<br>of time or incomplete recovery between attacks it<br>should be rated as chronic bronchitis<br>(CHRONIC) can be defined clinically as the presence<br>of a chronic productive cough on most days of the week<br>for 3 months in each year for 2 consecutive years<br>in an individual in whom other causes of cough have<br>been excluded. Most cases of chronic bronchitis are<br>due to inhalation of tobacco smoke. Mild cases consist<br>of a productive early morning cough (smoker's cough)<br>but no other symptoms. | Bronchitis:     3 or more Doctor's visit in the last 12 months=     1 Point     Emphysema:     Mild, Non-Smoker, treated in the last 12     months=   2 Points     Emphysema and a Smoker=   DEC |
| <b>Buerger's Disease-</b> Is an inflammatory type of obliterative vascular disease affecting both arteries and veins. Buerger's typically follows a chronic relapsing course with inflammation involving small segments of a vessel. It is a disease of young people seldom starting after the age of 45. Smoking is the principal cause of Buerger's disease and if stopped, providing there is no residual damage, the disease does not recur.  | DEC  |
| Bundle Branch Block (see Cardiovascular Disor-<br>ders).  |  |
| <b>Bunion-</b> HALLUX VALGUS, BUNION, HAMMERTOE is lateral angulations of the great toe at its metatarso-<br>phalangeal joint. When the medial head of the first metatarsal enlarges and forms a bursa and callus over the area, the bony prominence and bursa are called a bunion. Early cases may respond to use of pads and supports, but advanced cases require sur-  | Un-operated= 1 Point<br>Operated no residuals= STD<br>Operated with residuals= 1 Point   |
| Gastic By-Pass<br>By-Pass-GASTROPLASTY, GASTRIC PARTITION-<br>ING, GASTRIC STAPLING, GASTRIC EXCLUSION,<br>INTESTINAL BYPASS (ILEAL OR JEJUNOILEAL),<br>GASTRIC BALLOON Are surgical procedures used in<br>the treatment of morbid obesity. Significant weight loss<br>is usually the rule with any of these procedures; how-<br>ever, the long term effects are mixed with some indi-<br>viduals gradually re-gaining their former weight. This<br>does <u>not</u> include Heart Bypass  | With-in the last 12 months= 2 Points<br>More than 1 year, full recovery = STD<br>With Complicatiom= DEC<br>Gastic sleeve/lap band, no complications= Std   |
| (Page 13)   |  |

| Caesarian Section  | Without a tubal-ligation and in child bearing years:=2 Points  |
|--|--|
| <b>Cancer</b> -see specific type such as Leukemia, Brain Tumor, Melanoma, Hodgkin's Disease, etc. Most malignant cancers are DEC for $<5$ Years. Some more serious types are DEC regardless of time frame. (If you cannot locate a specific type in this guide, contact underwriting for assistance).  | (For other specific cancer's please look for the specific organ effected).<br>With a Hx of breast cancer with use of Tamoxifen = We will offer coverage under the HSP or HCS for women who are cancer free for past 5 year time frame but are still taking   |
| <b>Carcinoma in situ-</b> A pre-invasive stage of malignancy confined to a certain site.   | Bladder 0-5 Years=   DEC     Between 5-10 Years=   2 Points     More than 10 Years=   STD     Uterine 0-2 Years=   DEC     Between 2-5 Years=   1 Point     More than 5 Years=   STD     Other's Within 2 Years=   DEC     Between 2-5 Years=   1 Point     More than 5 Years=   Usually STD   |
| <b>Cardiomyopathy</b> Is a weakening of the heart mus-<br>cle or changes in the myocardial structure. It can be<br>caused by viral infections, a previous infarct, alcoholism,<br>severe hypertension, nutritional deficiencies, SLE, Celi-<br>ac disease and end-stage kidney disease.  | DEC  |
| CardiovascularDisorders  | PatentDuctusArteriosus<br>Present= DEC   |
| PATENTDUCTUSARTERIOSUS<br>A channel between the aorta and the pulmonary artery.  | Operated and complete recovery after 1 Year= STD   |
| AORTICSTENOSIS/INSUFFICIENCY<br>A narrowing of the aortic orifice of the heart or of the<br>aorta itself.  | MURMURS<br>Systolic= IC<br>Diastolic= DEC<br>Aortic Stenosis/ Insufficiency= DEC   |
| PACEMAKER / SICK SINUS SYNDROME<br>BUNDLEBRANCHBLOCKS  | MitralRegurgitation/Insufficiency= DEC   |
| A disturbance in the electrical conduction of the ventricles of the heart.   | AtrialFibrillation/Flutter<br>Single attack, within 1 Year= PP<br>Single attack, Between 1-3 Years= 1 Point<br>More than 3 Years, full recovery= STD<br>Pacemaker/Sick Sinus Syndrome Bundle Branch Blocks= DEC<br>Angina (Coronary Insufficiency)= DEC<br>Coronary Artery Disease= DEC<br>(Myocardial Infarction, Thrombosis, Occlusion), Congestive Heart Failure= DEC<br>Arteriosclerosis/Atherosclerosis Carotid Artery Disease DEC<br>(Stroke, Cerebrovascular Disease/Accident, Transient Ischemic Attack= DEC |
| <b>Cardio-Vascular Bypass Surgery</b> An<br>angioplasty is a procedure for the elimination<br>of areas of narrowing in blood vessels. A balloon angio-<br>plasty involves inserting a balloon catheter inside an<br>occluded artery, stretching the vessel and leaving a<br>rough interior surface after deflation which triggers a<br>healing response and the breaking up of plaque. A coro-<br>nary stent is used after balloon angioplasty in order to<br>keep the artery open after it has been expanded. The<br>stent prevents re-stenosis of the coronary artery by<br>providing a rigid support. Balloon angioplasty is used in<br>single vessel disease and for coarctation of the aorta.<br>ANYONE ON BLOOD THINNERS IS NOT INSURABLE. | DEC  |
| Cataracts -Clouding of the lens of the eye.  | Removed= Standard<br>Present=2 points  |
| Carpal Tunnel Syndrome. is a complex of symp-<br>toms resulting from compression of the median nerve.<br>(Page 14)   | 1 Point  |

| <b>Cerebral Palsy-</b> A motor function disorder caused by a brain defect or lesion present at birth (or shortly thereafter).  | DEC  |
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| <b>Cerebral Vascular Accident (CVA)</b> A stroke or CVA is<br>an acute or sub-acute event in which a neurological deficit<br>develops over minutes or hours, persists at least 24 hours<br>and is caused by a vascular disturbance in the brain. The<br>most important risk factors for stroke are hypertension, to-<br>bacco and alcohol use. Most strokes are caused by cerebral<br>thrombosis causing arterial occlusion and consequent is-<br>chemic focal infarction of the brain. A cerebral embolism is a<br>fragment which breaks off from a thrombus (clot) and ob-<br>structs a cerebral artery. This includes a TIA | DEC  |
| <b>Chiropractic Massage Therapy-Treatment</b><br>Treatment using chiropractic methods, heat, massage, or<br>stimulation.   | All serious conditions including surgery ruled out:<br>1-3 Treatments per Year=<br>More than 3 treatments per Year=<br>1 Point |
|  |  |
| Cholecystitis-Cholelithiasis-Gallbladder Disease<br>Inflammation of the gall bladder- Stone within the gallbladder.  | Un-operated or still having symptoms= 1 Point<br>Operated with a full recovery= STD  |
| <b>Chorea, Huntington's</b> A chronic, convulsive, nervous disorder.   | DEC  |
| <b>Choroiditis, Iritis, Keratitis, Uveitis, or Retinitis</b><br>An inflammation of the Iris or retina part of the eye.   | Up to age 55= 1 Point<br>Greater than 55 Years old and no symptoms= STD  |
| <b>Chronic Fatigue Syndrome</b> CFS is a prolonged and frequently disabling condition marked by extreme fatigue and, in some cases, joint pain, dizziness and headaches. CFS is usually diagnosed after all other causes are ruled out and no physical or psychological reason can be attributed to the symptoms.  | 0-2 Years or recurrent attacks= 1 Point<br>Less than 2 Years with no symptoms= STD   |
| <b>Chronic Obstructive Pulmonary Disease</b> (COPD) is a term used to describe a variety of diseases that cause chronic or frequent airway obstruction. Two of the most frequently encountered are Chronic Bronchitis and Emphysema.   | DEC  |
| (Page 15)  |  |
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| <b>Cirrhosis</b> is defined as a chronic diffuse process in the liver with fibrosis and nodule formation and subsequent necrosis (cell death). The major causes of cirrhosis are chronic alcohol consumption and chronic hepatitis B and C.  | DEC  |
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| Claudication, intermittent Absence of pain or discomfort<br>when walking begins caused by circulatory disorder.  | DEC  |
| Cleft Palate / Lip A congenital defect of the upper mouth.   | Un-operated= PP<br>Corrected, no further treatment required= STD   |
| Club Foot -A congenital deformity of the foot.   | Un-operated= PP<br>Corrected, no further treatment required= STD   |
| Coarctation of Aorta   | DEC  |
| Colitis Inflammation of the colon.<br>Crohn's Disease, or Ileitis is a chronic inflammatory<br>disease which may occur anywhere in the GI tract but is most<br>common in the small bowel and colon (where it is sometimes<br>called Crohn's, Colitis or Granulomatous Colitis).  | COLITIS     Smokers, underweight, more than 3 attacks or poor response to treatment=   DEC     Non Ulcerative, Irritable Bowel Syndrome   0-5 Years, Non Hospitalized=   2 Points     If been hospitalized for this condition in the past 12 months=   DEC     Ulcerative Colitis-Crohn's-Colostomy=   DEC |
| Collagen Diseases  | Lupus= DEC<br>Polymyalgia Rheumatica= DEC<br>Scleroderma= DEC<br>Vasculitis= DEC   |
| Colon Polyps<br>(Stomach, Rectal, or Intestinal) Polyps:<br>A colon polyp is a tumor that protrudes from the mucosa into<br>the lumen of the gut. Multiple polyps are called POLYPOSIS.<br>Most colon polyps are benign; however a certain group tends<br>to be pre-malignant, or having a tendency to change into a<br>cancerous lesion. For that reason, a biopsy report, if available,<br>should be reviewed prior to acceptance. | Benign Polyps-Anal, Rectal, Bladder or Colon<br>Present= 2 Points<br>Operated complete recovery, single occurrence, no cancer= STD<br>Multiple occurrences, no cancer= 2 Points  |
| (Page 16)  |  |

| <b>Colostomy/lleostomy</b> Surgical creation of an artificial opening from the colon.  | DEC  |
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| <b>Concussion/ Post Concussion Syndrome</b> A condition caused by a violent blow on the head.  | Recent-6 Months, not fully recovered== PP<br>No residuals= STD   |
| <b>Condyloma Acuminata</b> are caused by the Human Papil-<br>loma Virus which is the most common sexually transmitted<br>disease in the United States, second only to Chlamydia. The<br>risk to health is not as great in men. In women, there is in-<br>creased incidence of cervical cancer. | Most recent pap clean= STD<br>If present Pap still is not normal= PP   |
| Congenital Heart Defect Un-corrected   | DEC  |
| <b>Congestive Heart Failure</b> Chronic inability of the heart to provide an adequate flow of blood.   | DEC  |
| <b>Convulsions</b> (see Seizure Disorders).  |  |
| Coronary Artery Disease  | DEC  |
| Coronary Bypass Surgery  | DEC  |
| Coronary Insufficiency   | DEC  |
| Cross-Eye (Strabismus)   | Present= PP<br>Surgery, Fully recovered <u>=</u> STD   |
| Crohn's Disease / Ulcerative/Colostomy   | DEC  |
| <b>Cystic Fibrosis</b> An abnormality of body secretions manifested mainly as a respiratory disorder.  | DEC  |
| <b>Cystitis /UTIs</b> Inflammation of the urinary bladder / urinary tract infections.  | Acute mild attacks, short duration, complete recovery= STD<br>Frequent attacks (more than 3 per year) or frequent<br>medical attention required= 1 Point |
| <b>Cystocele-</b> Hernial protrusion of the bladder through the vaginal wall.<br>(Page 17)   | Un-operated= PP<br>Operated= STD   |
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| <b>Cytomegalo-Virus (CMV)</b> This virus is a member<br>of the herpes group. It can stay alive for years in vitro<br>and is present in body secretions and therefore can be<br>transmitted sexually. The disease can be very mild but<br>also severe, particularly in an individual with a compro-<br>mised immune system. The antibody test for CMV can<br>stay positive for years after the infection is no longer<br>symptomatic.  | Present-HIV negative= DEC<br>Recovered, HIV Negative= STD   |
|---|---|
| <b>Deafness</b> Partial deafness should be considered as a stage in the development of total hearing loss unless there is evidence to the contrary. Otosclerosis, Meniere's disease, acoustic neuroma and severe otitis media are the most common causes of deafness.   | No surgery planned= STD<br>Surgery planned: PP  |
| Depression See Mental-Nervous   |   |
| <b>Dermatitis</b> Inflammation of the skin.   | Usually STD   |
| <b>Detached Retina-</b> Separation of the retina from the choroid is most commonly seen in elderly people but may occur at any age with or without trauma. The most common result is blindness in the affected area. This usually progresses and leads to total blindness of the affected eye unless the retina can be reattached. Causes include trauma, tumors, severe myopia, and retinal degeneration. Surgical treatment can successfully restore vision in many cases.  | Un-operated= PP<br>Operated, Fully Recovered= STD   |
| <b>Deviated Septum-</b> A defect in the partition which separates the nasal cavities.   | Present, incidental finding, no sinusitis or breathing problems= STD<br>Present, symptomatic or surgery recommended= PP<br>Surgically corrected= STD  |
| <b>Diabetes Mellitus-</b> A metabolic disorder causing excess sugar in the blood.   | Insulin Dependent or Juvenile onset= DEC<br>Non-insulin and diagnosed after age 35= 2 Points  |
| <b>Disc Disease</b> Herniation, rupture or slipped disc.  | Present= 1 Point<br>Single Occurrence, completely recovered, no symptoms<br>or surgery completed= STD<br>Within 1Year of surgery= 1 Point<br>More than 1 Year after surgery and no symptoms= STD                            |
| <b>Diverticulitis</b> <i>I</i> <b>Diverticulosis</b> Inflammation of the colon. The most common site is the sigmoid colon, but diverticula's of the colon may occur throughout the large bowel and can be very numerous. Diverticula occur because of a weakness in the bowel wall and increased intra-colonic pressure. The former is associated with an age-related reduction in strength of colonic connective tissue. The latter is thought to be due to reduced colonic contents as a result of a low fiber intake. The formation and inflammation of small pouches along the colon. | DIVERTICULOSIS found incidentally, asymptomatic= STD<br>DIVERTICULITIS- Un-operated:<br>Present= 1 Point<br>1 attack, recovered: STD<br>2 attacks within a 2 year period of the app= 1 Point<br>Operated Full Recovery: STD |
| (Page 18)   |   |

| Down's Syndrome  | DEC  |
|--|--|
| Drug Addiction or Abuse  | Current use with-in 4 Years= DEC   |
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| <b>Ears, Otitis Media-</b> inflammation of the middle ear. Children with an upper respiratory infection often develop acute otitis media. Anti-microbial are usually curative.   | Otitis Media 1-2 episodes per year, full recovery each time= STD<br>More than 1 Year with no symptoms= STD   |
| Emphysema- A serious and usually progressive lung disease with destruction of the air sacs and obstruction of airways / chronic obstructive pulmonary disease.<br><u>MILD:</u> Dyspnea only on strenuous exercise; FEV1 65% - 74% and FEV1/FVC ratio 64% - 69% <u>MODERATE</u> : Dyspnea on moderate exertion; FEV1 55-64% and FEV1/FVC ratio 55% - 63% <u>SEVERE</u> : Dyspnea on slight exertion; FEV1 < 55% and FEV1/FVC ratio < 55%              | Mild or moderate, non-smoker= 2 Points<br>Severe= DEC<br>If Smoking= DEC   |
| <b>Encephalitis-</b> is an inflammation of the brain which is usually viral in origin.   | Present= DEC<br>History of, complete recovery= STD   |
| <b>Endometriosis-</b> A condition resulting in the implementation of endometrial tissue on various organs in the female pelvis.  | Un-operated= 2 Points<br><u>Operated:</u><br>Bilateral oophrecteomy, recovered= STD<br>Laser surgery-Recovered= STD  |
| <b>Epilepsy-</b> is a syndrome of multiple etiologies charac-<br>terized by repeated disturbances of motor, sensory or<br>mental function and physiologically by repeated dis-<br>charges of cerebral neurones. It is characterized by<br>seizures or lapses in consciousness and was formerly<br>categorized as <u>GRAND MAL</u> , <u>PETIT MAL</u> and <u>JACK-<br/>SONIAN</u> . The current method is to classify epilepsy by<br>type of seizure. | <u>Generalized Tonic- Clonic Seizures (Gran Mal)</u><br>If hospitalized in the past 12 months= 2 Points<br>Otherwise= 2 Points<br><u>Generalized Absence Seizures (Petit Mal)</u><br>Seizure free for 2 years= 2 Points<br>Seizure free for 5 years= Std |
| (Page 19)  |  |

| <b>Epstein-Barr Virus EBV</b> is a herpes virus which is transmitted by close oral contact. Infection in individuals usually causes mononucleosis (glandular fever). Other disease related to EBV infection are nasopharyngeal carcinoma, Burkitt's lymphoma and lymphoid interstitial pneumonitis in children with AIDS. EBV is sometimes confused with Chronic Fatigue Syndrome although there is no known association.   | Present= 1 Point<br>Totally resolved= STD   |
|---|---|
| <b>Esophageal Stricture</b> usually occur as a result of persistent gastro-esophageal reflux. Individuals regurgitate food, develop increasing pain and become appre-   |   |
| hensive to eat. As a result, they may become anorexic.<br>Treatment is by passage of dilators with the aid of an<br>endoscope. Some individuals need to have the proce-<br>dure repeated as often as once per year; however, in<br>others, no further dilatations are required. Surgery is<br>usually indicated in younger individuals who require<br>frequent dilatations.   | Present or requiring repeat dilations= 1 Point<br>History of Total Recovery= STD  |
| <b>Esophageal Varices</b> are associated with any con-<br>dition which causes portal hypertension (elevated pres-<br>sure within the portal vein – the large vein which carries<br>blood from the intestine to the liver), but most of the<br>time, they are caused by <u>cirrhosis of the liver</u> . Individuals<br>with esophageal varices are at high risk of massive and<br>uncontrollable hemorrhage.   | DEC   |
| <b>Esophagitis</b> , also Reflux. (GERD) Normally the esophageal sphincter, aided by the diaphragm, prevents gastro-esophageal reflux. However, if the sphincter loses its tone and there is peristalsis in the lower esophagus, significant amounts of acid, bile and food can regurgitate into the lower esophagus leading to reflux esophagitis. The presence of a hiatal hernia is not necessary for reflux to exist, but it is often an associated finding. The typical symptoms of GERD are heartburn, regurgitation and, at times, chest pain. If reflux is complicated by esophagitis or stricture formation, vomiting, hemorrhage, anemia, dysphagia and pulmonary aspiration may occur. | Mild attacks treated by non-prescription medication<br>taken no more than 1 time weekly= STD<br>Frequent or chronic attacks or treated with<br>medication:<br>0-1 Year= 1 Point<br>No attacks for more than 1 Year= STD |
| <b>EYE CONDITIONS:</b> Iritis, choroiditis, retinitis, uveitis:<br>These are all variations of uveitis which is inflammation<br>of the uveal tract which includes the iris, the ciliary body<br>and the choroid. They are primarily a disease of the young<br>and middle age group of applicants. In most cases, the<br>etiology is unknown and the term "non-specific" is used.<br>Occasionally, it can be a manifestation of associated<br>systemic diseases such as rheumatoid arthritis,<br>sarcoidosis, histoplasmosis or other infectious disease<br>such as tuberculosis. This is especially true in cases<br>that are recurrent or associated with other non-specific<br>abnormalities.   | Iritis,Choroiditis,Retinitis,Uveitis<br>Present-6 Months= 1 Point<br>6 Months-2 Years= STD<br>After surgery= STD<br><u>Strabismus,Esotropia,exotropia,hypertropia,hypotropia</u>  |
| Strabismus, esotropia, exotropia, hypertropia, hypo-<br>tropia: Under ordinary conditions, the image of an ob-<br>ject is in the same position on the fovea of the retina of<br>each eye. When the eyes are positioned so that the<br>image falls in the correct position in only one eye, the<br>second eye tends to squint, and strabismus is present.<br>The deviation can be inward (esotropia), outward.   | Present= 2 Points<br>6 Months-2 Years= 1 Point<br>More than 2 Years= STD  |
| (Page 20)   |   |

| EYE CONDITIONS continued  |   |  |
|---|---|--|
| (exotropia), or vertical (hypertropia or hypotropia).   |   |  |
| GLAUCOMA-<br>is an increase in ocular pressure above normal which if<br>unrelieved can lead to blindness. It may be primary,<br>congenital or related to other eye disorders. Topical<br>medications are usually successful in reducing the intra-<br>ocular pressure; however, surgery may be required in<br>some cases. The primary hazard relates to any underly-<br>ing cause and degree of control. In children or young<br>adults, glaucoma can be a sign of more serious disease<br>such as Sturge-Weber syndrome or other congenital or<br>developmental problems.  | <u>Glaucoma</u><br>Evidence of good control, stable, controlled with medications= 2 Points  |  |
| Fibrocystic Breast Disease  | See Listing for Breast  |  |
| <b>Fibromyalgia-</b> is a syndrome of widespread pain<br>characterized by poor sleep patterns, multiple painful<br>sites affecting every area of the body, easy fatigabil-<br>ity, lethargy and a strong association with other<br>"functional syndromes" such as CFS (chronic fatigue<br>syndrome), TMJ (temporomandibular joint disease)<br>and irritable bowel syndrome. Myositis is inflamma-<br>tion of muscle tissues. Fibrositis is inflammation of<br>the fibrous connective tissue of muscles, joints,<br>tendons, ligaments and other connective tissues.<br>Fibromyalgia usually affects women in their 1<br>Point's. At times it is found as a complication of<br>rheumatoid disease.         | <u>Mild defined as:</u><br>Other serious disorders ruled out (definitive diagnosis),<br>1. not disabling (no work interference),<br>2. appropriate dosages of antidepressants or NSAID's or Cox-2 inhibitors<br>3. No more than 2 visits to PCP with complaints of pain in any 1 Year<br>If severe= DEC within 3 Years<br>Otherwise= DEC<br><u>Mild, no more than 2 Doctor visits</u><br><u>annually:</u><br>no more than 1 medication= 1 Point<br>Otherwise= DEC |  |
| Gastric Bypass Surgery  | Please see Bypass above   |  |
| GERD.   | See Esophagitis   |  |
| <b>Glomerulonephritis or Bright's Disease</b><br>Refers to disease processes in glomerular injury and<br>inflammation. The glomeruli are only able to respond<br>to damage in a finite number of ways which lend<br>themselves to clinical entities such as acute glomeru-<br>lonephritis, the nephrotic syndrome, rapidly progres-<br>sive glomerulonephritis or asymptomatic urinary ab-<br>normalities.  | 1 Attack:<br>0-1 Year= PP<br>Between 1-3 Years= 2 Points<br>More than 3 Years= STD<br>2 Attacks:<br>0-3 Years= PP<br>Between 3-5 Years= 3 Points<br>More than 5 Years= STD<br>More than 2 Attacks:<br>Within 10 Years= DEC<br>Over 10 Years, since last attack= STD   |  |
| Goiter is enlargement of the thyroid gland.   | Hyperthyroid (Toxic Goiter, Plummer's, Basedow's or Grave's)  |  |
|   | Present, no surgery= 1 Point<br>With surgery, fully recovered= STD  |  |
| Gonorrhea A sexually transmitted disease.   | No other Sexually Transmitted Disease and Fully recovered=STD   |  |
| <b>Gout / Gouty Arthritis- Graves Disease</b><br>Is a disorder of purine metabolism characterized by<br>elevated uric acid levels in the blood (hyperuricemia)<br>and deposition of monosodium urate crystals in a joint<br>and occasionally in the soft tissue around the joint<br>followed by acute arthritis. Elevated uric acid levels<br>are not necessarily a precursor to gout, but gout does<br>not exist without high uric acid levels. Gout can be<br>treated effectively with Allopurinol, and it is typically a<br>life-long treatment. Poor factors are uncontrolled uric<br>acid levels, the presence of renal stones, hyperten-<br>sion, obesity and impaired renal function.<br>(Page 21) | Infrequent attacks, normal build and blood pressure,<br>compliant with medication= STD<br>With ratable build or Hypertension on medication = 1 Point  |  |

| Guillain-Barré Syndrome   | Std   |
|---|---|
|   |   |
| <b>Hammer Toe-</b> A distortion of the toes causing a claw-like appearance.   | Un-operated=<br>DEC After surgery, complete recovery=<br>STD  |
| Hashimoto's Disease Inflammation of the Thyroid.  | Present, not controlled= DEC<br>Otherwise= STD  |
| <b>Headaches</b> Vascular headaches are caused by alterations in the diameter of blood vessels within the skull. The 3 major types are: classic migraine, common migraine and cluster headaches. Classic migraine is characterized by transient neurologic symptoms that occur prior to the onset of the headaches  | Mild, occasional attacks=STD<br>Migraine or Cluster= 1 Point  |
| Heel Spurs and plantar fasciitis (inflammation of the plantar fascia-the tissue that forms on the arch of the foot  | Un-operated= 1 Point<br>Full Recovery= STD  |
| Heart Attack including heart stent or valve replacement   | DEC   |
| <b>Heart Murmur</b> An unnatural sound heard over the area of the heart (see Cardiovascular Disorder).  | Aortic Regurgitation or Stenosis= DEC<br>Systolic Murmurs= IC<br>Diastolic= DEC   |
| <b>Hemophilia</b> Excessive hemorrhage and bleeding due to defective blood clotting mechanism.  | DEC   |
| <b>Hemorrhoids</b> are varicose veins in the anal canal.<br>This common impairment is usually associated with<br>conditions that increase the local venous pressure,<br>such as straining at stool, pregnancy or disorders<br>causing portal hypertension (cirrhosis).  | Un-operated, mild, treated with suppositories or<br>minimal symptoms= STD<br>Un-operated, bleeding, medical attention required= 1 Point<br>Operated, recovered= STD   |
| Hepatitis Inflammation of the liver.  | HEPATITIS A<br>0-6 Months=   PP     More than 6 Months, fully recovered, normal liver enzymes=   STD <u>HEPATITIS B</u><br>0-1 Year=   DEC     More than 1 Year since diagnosis and liver function normal =   DEC     Either HBsAG or HBeAG positive=   DEC     HEPATITIS C=   We need a Negative SVR blood draw test that is<br>more than 12 months prior to the app date.   = 2 pts     The applicant must provide this at their expense.   = 2 pts |
| Hepatomegaly (enlargement of the liver)<br>A liver palpable on deep inspiration more than 3 cm (1<br>- 2 fingerbreadths) below the right costal margin is<br>likely to be abnormal. A hard nodular irregular liver is<br>almost certainly abnormal, whereas a soft smooth<br>liver is probably normal. Failure to palpate the liver<br>does not necessarily mean that it is normal. In cirrho-<br>sis, the liver may be shrunken and impalpable.<br>(Page 22) | Cause known= IC<br><u>Cause unknown,normalliver enzymes,no alcohol criticism</u><br>1-2 fingerbreadths, 3 cm or less= STD<br>3 fingerbreadths or more than 3 cm= DEC  |

| <b>Hernia</b><br>A rupture or bulging of an organ through all or part of<br>Its retaining structure.  | HiatalHernia:<br>Unperated= 1 Point<br>Operated:<br>Fully Recovered, no further attacks of GERD= STD<br>Fully recovered, continuing attacks of GERD= 1 Point  |
|---|---|
| Herpes, Genital An inflammatory disease of the genitals caused by the herpes virus.   | If HIV is Negative: STD<br>Otherwise: DEC   |
| Hirschprung's Disease (Megacolon)<br>A congenital condition causing an abnormally large<br>colon.<br>Hip Replacement  | Un-operated=<br>DEC Operated, fully recovered, asymptomatic:<br>0-1 Yeatin DEC  |
| <b>Histoplasmosis-</b> A systemic fungal infection. Can involve skin, lungs, spleen, liver.   | More than 1Year, Non Toxic= STD<br>Present= PP<br>History of, fully recovered= STD<br>ProgressiveDisseminatedHistoplasmosis:<br>0-3 Years= DEC<br>Between 3-5 Years= 1 Point<br>More than 5 Years= STD  |
| HIV Virus   | DEC   |
| Hodgkin's Disease A malignant disease of the lymph node.  | DEC   |
| Huntington's Chorea<br>Present in parent, no evidence in applicant age 56 or<br>older is usually issued standard.   | Huntington's chorea (HC)= DEC<br>HC present in parent no evidence in applicant less than age 56= DEC<br>HC present in parent no evidence in applicant 56 and older= STD                                 |
| Hydrocele- A cyst on the covering of the testes.  | Not operated= PP<br>Surgery, complete recovery= STD   |
| <b>Hydrocephalus-</b> A condition marked by abnormal accumulation of fluid in the cranial vault, enlarged head, and prominent forehead.   | DEC   |
| <b>Hydronephrosis</b> – Prolonged presence may lead to atrophy of the kidney. Congenital hydronephrosis is usually bilateral.   | Present= DEC<br>History of, Unilateral, Cause Corrected, Normal Urine:<br>0-6 Months= PP<br>Between 6 Months-2 Years= 2 Points<br>More than 2 Years= STD<br>Bilateral or Congenital Hydronephrosis= DEC |
| Hyper-Cholesterol (High)- Lipid levels are important to measure because of the increased risks of coronary heart disease, cerebrovascular disease and peripheral vascular disease. NOTE: For Triglycerides please look under the T's. (Page 23) | STD   |

| <b>Hyperthyroidism-</b> Hyperthyroidism is a condition in which the thyroid gland is overactive and makes excessive amounts of thyroid hormone. The thyroid gland is an organ located in the front of your neck and releases hormones that control your metabolism (the way your body uses energy), breathing, heart rate, nervous system, weight, body temperature, and many other functions in the body.       | Single nodule (Hot) = 1 Point<br>Single nodule (Cold) = 1 Point<br>Single nodule without scan = PP   |
|--|--|
| Hypoglycemia- Low blood sugar.   |  |
|  | Fasting or non-fasting => 45 mg/dL= STD  |
| Luncthuroidian Luncthuroidian is a condition in  | Fasting < 45 mg/dL= PP   |
| <b>Hypoth yroidism-</b> Hypothyroidism is a condition in which the body lacks sufficient <u>thyroid</u> hormone. Since the main purpose of thyroid hormone is to "run the body's metabolism," it is understandable that people with this condition will have symptoms associated with a slow metabolism.   | STD  |
| <b>Immunodeficiency Disorder</b> (other than AIDS or ARC).   | DEC  |
| Infertility  | Treatment and still of child-bearing age= 2 Points   |
| INFLAMMATORY HEART DISEASE<br><u>Endocarditis</u> describes infection of the endocardium<br>(inner lining) of the heart caused by micro-organisms,<br>most frequently bacterial but also fungi, rickettsiae,<br>mycoplasma and viruses. Relapse may occur usually<br>within 2 months of discontinuing antibiotic treatment.  | Endocarditis:<br>Present= DEC<br>No residual murmurs or other signs of heart disease:<br>0-1 Year= PP<br>Between 1-3 Years= 1 Point<br>More than 3 Years= STD<br>With residual heart murmur or other signs of heart disease= DEC               |
| <b>Pericarditis</b> is inflammation of the pericardium, the fibroserous sac that surrounds the heart and great vessels. The base of the pericardium is attached to the central tendon of the diaphragm. The most common form of pericarditis is viral or bacterial, and it typically occurs 1 or 2 weeks after an upper respiratory infection. Recurrences occur in about 1% of cases. <b>CV=Cardio-Vascular</b> | Pericarditis:<br>Single episode, no CV impairment, EKG normal= DEC<br>0-6 Months= PP<br>Between 6 Months-2 Years= 2 Points<br>More than 2 Years= STD<br><u>Recurrentattacks</u> :<br>0-5 Years= PP<br>More than 5 Years since last attack= STD |
| Irregular Heartbeat- Arrhythmia  | Reducing or unaltered by exercise: 1-11irregular<br>beats per minute= 1 Point<br>Reducing or unaltered by exercise: >12<br>irregular beats per minute= DEC<br>Increasing with exercise: >6 irregular beats per minute= DEC                     |
| (Page 24)  |  |

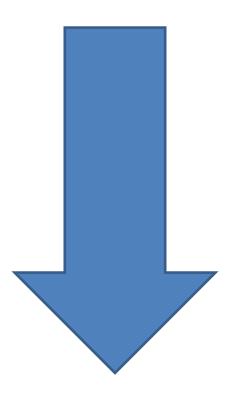
| Jaw Disorders/TMJ   |  |
|---|--|
|   | Present, no surgery anticipated, conservative<br>treatment only= 1 Point<br>Present, surgery recommended= PP<br>History of surgery and recovered within 1 Year= STD  |
| <b>Kawasaki Disease-</b> It is significant because of the risk of heart disease and aneurysms of the coronary arteries.   | 0-2 Years= DEC<br>More than 2 Years, No heart disease, full recovery= STD  |
| Kidney Disease (see Glomerulonephritis).  |  |
| Kidney Infections including urinary tract infections<br>(UTI)<br>Not including Kidney Diseases  | Single Attack= Male or Female, No Chronic kidney involvement<br>urinalysis now normal with Full Recovery:<br>2 attacks or less within a year= STD<br>More than 2 attacks within the last year= 1 Point<br>Otherwise= STD |
| <b>Kidney Stones-</b> abnormal mineral collections<br>(mainly calcium) that form in the kidney, ureter or<br>bladder. Kidney stones are caused by infection,<br>defective drainage, partial obstruction, congenital<br>malformation or a metabolic or endocrine abnormality<br>such as gout or hypercalcemia. | 2 attacks or less within a year= STD<br>More than 2 attacks within the last year= 1 Point  |
| <b>Knee Disorders</b> <i>(</i> sprains, strains, torn ligaments, water on the knee)   | Other injuries, ACL tear, meniscus tear, Fractures- Un-operated= 1 Point<br><u>Operated=</u> STD   |
| Leukemia A serious disease of the blood-forming<br>organs, resulting in an excessive number of white blood<br>cells. Cancer of blood-forming tissue such as bone<br>marrow  | DEC  |
| (Page 25)   |  |

| <b>Lipoma or Cyst</b><br>A growth of fat cells in a thin, fibrous capsule, usually<br>found just below the skin.   | Present= 1 Point<br>Removed and Recovered= STD  |
|--|---|
| <b>Liver Abscess</b><br>Is an infrequent finding in which an external bacterial<br>organism invades the liver and causes an abscess.   | Present to 6 Months= PP<br>After 6 Months, total recovery= STD  |
| <b>Lung Abscess-</b> is a lesion of the lung accompa-<br>nied by necrosis of lung tissue. It can result from aspi-<br>ration of foreign material, carcinoma, or pneumonia,<br>can occur as single lesions or may be multiple, unilat-<br>eral or bilateral. Epileptics and alcoholics are espe-<br>cially prone to lung abscesses resulting from aspira-<br>tion of vomitus. Complications include rupture into the<br>pleural space, pulmonary hemorrhage and the spread<br>of infection via the blood stream to other organs. Anti-<br>biotic therapy is usually curative with surgical treat-<br>ment of the obstruction performed when possible. | Cause known, complete recovery:<br>Present to 6 Months= PP<br>Over 6 Months, total recovery= STD<br>Pulmonary function impaired= PP                 |
| Lupus Erythematosus- is a disease of unknown<br>etiology predominantly affecting young women and has<br>a marked tendency to exacerbation and remission.<br>Antinuclear antibodies (ANA) are a constant feature of<br>SLE. The clinical features are extremely variable both<br>in nature and severity. An exacerbation may be<br>precipitated by exposure to sunlight, an infection, drugs<br>or pregnancy. SLE is a multisystem dis- ease which can<br>affect the respiratory, musculoskeletal, cardiovascular,<br>renal, and nervous systems as well as the skin.   | Dec   |
| <b>Lyme Disease-</b> Symptoms include a recurrent symmetrical arthritis involving a few large joints. The cause is a wood tick carrying spirochete (a spiral bacterium). Lyme disease usually begins in the summer with erythema accompanied by fever, headache, regional lymphadenopathy and migratory muscular pain and arthritis.   | Present= DEC<br>History of, full recovery= STD  |
| Lymphadenitis- is inflammation of a lymph node.  | <u>CauseKnown</u><br>Single node diagnosed as reactive= STD<br>Others= IC<br>Multiple nodes involved= PP until fully recovered and cancer ruled out |
| (Page 26)  |   |

| <b>Marijuana–</b> is probably the most used illicit drug. Its use as adversely affecting mortality or morbidity, there are some patterns of marijuana use that indicate a potential for excess risk.   | Current use or within 1 Year= DEC<br>Used experimentally, in past or none in past Year= STD   |
|--|---|
| Melanoma- This tumor accounts for approximately 3% of all new cancers in the United States. The primary risk factor is sun exposure in fair skinned individuals who have a propensity to burn rather than tan. A prior history of melanoma, the presence of multiple <u>dysplastic nevi</u> and a family history of dysplastic nevi or malignant melanoma are all additional risk factors.<br>CLARK LEVEL 1 = confined to the epidermis<br>CLARK LEVEL 2 = invades the upper dermis<br>CLARK LEVEL 3 = invades the dermis but not the reticular (lower dermis)<br>CLARK LEVEL 4 = invades the reticular dermis<br>CLARK LEVEL 5 = invades the subcutaneous fat | Single Tumor<br>Normal Blood studies, no metastasis or organs effected:<br>0-5 Years= DEC<br>More than 5 Years, no lymph nodes effected and fully recovered= 1 Point<br>Multiple Tumors or Occurences= DEC            |
| <b>Meniere's Disease-</b> results from increased pressure in the membranous labyrinth and is of unknown cause. It is characterized by attacks of severe vertigo tinnitus and hearing loss occurring several times in a few weeks.  | Present= 1 Point<br>History of, complete recovery, definite diagnosis= STD  |
| Mental /Nervous-<br>Anxiety - Obsessive Compulsive Disorder (OCD)<br>Panic Attacks - Reactive Depression -Bi Polar - Post Traumatic Stress Disorde and Manic<br>Depressionr=DeclineMild- Well controlled, handle normal daily activities,<br>able to work. Counseling-No more than 2 times a year.Severe- More than 2 Meds and Hospitalized at least<br>once for the condition.ADD=Attention Deficit Disorder= Normally STD  | Mild<br>STD<br>Severe<br>Within 2 Years after being Diagnosed=<br>Between than 2-5 YearsNot hospitalized in the past 5 years=<br>Diagnosed more than 5 Years and not<br>hospitalized in the past 2 years=<br>2 Points |
| <b>Miscarriage</b> is a spontaneous abortion. Single episodes of abortion can usually be disregarded. Multiple abortions should be investigated to determine whether a diagnosis of_incompetent cervix has been made   | AbortionorMiscarriageinwomencapableofchildbearing:<br>Single episode= STD<br>Two or more episodes, cause known and the last episode is within 2 years= 2 Points<br>Due to incompetent cervix= 2 Points                |

| <b>Mitral Valve Prolapse-</b> Varies in severity from a trivial abnormality found incidentally on echocardio-<br>gram to severe mitral regurgitation. Most often, prima-<br>ry MVP is asymptomatic and is usually found after the age of 20 during a routine physical examination. The physical findings of MVP are a high frequency mid-<br>systolic click followed at times by a late systolic mur-<br>mur. Echocardiography defines more precisely the degree of prolapse and whether there is associated mitral valve regurgitation. The risks of morbidity, in-<br>cluding valve replacement, are greatest in men over 45 and in those who have associated mitral regurgita-<br>tion. The symptoms that are sometimes associated with MVP are chest pain, palpitations, dyspnea or syncope. | <u>Diagnose de construction</u><br>Asymptomatic, incidental finding, MVP confirmed by echo, trivial<br>mitral insufficiency, no cardiac hypertrophy=<br>Asymptomatic, incidental finding, MVP confirmed by physical<br>exam only,<br>no other murmurs on auscultation=<br>With symptoms of arrhythmia or chest pain, MVP confirmed by<br>echo,<br>trivial mitral insufficiency=<br>With other abnormalities other than trivial mitral insufficiency=<br>Maymptomatic, incidental finding, MVP confirmed by echo, trivial<br>mitral insufficiency, no cardiac hypertrophy=<br>Asymptomatic, incidental finding, MVP confirmed by echo, trivial<br>mitral insufficiency, no other murmurs on auscultation=<br>With symptoms of arrhythmia or chest pain, MVP<br>confirmed by echo,<br>trivial mitral insufficiency=<br>With symptoms of arrhythmia or chest pain, MVP | 2 Points<br>2 Points<br>Dec<br>Dec<br>2 Points<br>STD<br>Dec<br>Dec |
|--|---|---|
| Multiple Sclerosis<br>A chronic disease characterized by hardened patch-<br>es of brain or spinal cord.  | DEC   |   |
| Muscular Atrophy, Progressive<br>Muscular Dystrophy<br>Progressive wasting of muscle.  | DEC   |   |
| <b>Myasthenia Gravis-</b> Muscular fatigue and weakness of unknown cause.  | DEC   |   |
| Myocardial Infarction (Heart Attack)   | DEC   |   |
| Myocartlitis / Pericartlitis- Inflammatory Heart Disease.  | DEC   |   |
| <b>Myxedema-</b> The most severe form of hypothyroid-<br>ism, characterized by swelling of the hands, face and<br>feet.  | See Thyroid Disorders   |   |
| <b>Narcolepsy-</b> Episodes of sleep occur during the day because of an irresistible urge characterizes narcolepsy. The attacks occur in inappropriate circumstances and are distinguished from normal post-prandial drowsiness. Narcolepsy is associated with an abnormal EEG pattern of rapid eye movement (REM) sleep.  | Mild attacks, good response to medication- no<br>hazardous avocations or driving history criticism<br>Within 1 Year= PP<br>1-5 Years= 2 Points<br>More than 5 Years= 1 Point  |   |
| <b>Nephrectomy-</b> Surgical removal of a kidney.  | Due to trauma, congenital abnormality, benign tumor or donor kid<br>Due to disease other than cancer and the other kidney is no<br>0-<br>More than 3 Y  | rmal:<br>3 yrs= Dec   |
| <b>Nephritis, Bright's Disease</b><br>Glomerulonephritis refers to disease processes in<br>glomerular injury and inflammation. The glomeruli are<br>only able to respond to damage in a finite number of<br>ways which lend themselves to clinical entities such<br>as acute glomerulonephritis, the nephrotic syndrome,<br>rapidly progressive glomerulonephritis or<br>asymptomatic urinary abnormalities.   | Glomerulonephritis,Acute, completerecov<br>1 Attack 0-1 Y<br>Between 1-3 Ye<br>More than 3 Ye<br>2 Attacks 0 -3 Ye<br>Between 3-5 Ye<br>More than 2 Attacks and over 10 Years since last att<br>All others- Berger's, minimal change disease, IgA Nephropathy, w  | ear=PPpars=2 Pointspars=STDpars=3 Pointspars=STDpars=DECpack=STD    |

| Nephroptosis<br>The downward displacement of one or both kidneys.   | Unoperated, without symptoms and no surgery<br>needed= STD<br>Operated fully recovered:<br>0-1 Year= 1 Point<br>More than 1 Year= STD   |  |
|---|---|--|
| <b>Nephrotic Syndrome</b> is usually caused by glo-<br>merulonephritis and is characterized by heavy pro-<br>teinuria, hypo-albuminemia, edema and hyperlipidem-<br>ia. | Glomerulo-nephritis,Acute,completerecovery1Attack0-1 Year=PPBetween 1-3 Years=2 PointsMore than 3 Years=STD2Attacks0-3 Years=PPBetween 3-5 Years=PointsMore than 5 Years=STDMore than 2 Attacks=DEC |  |
| Page 29)  |   |  |



| <b>Neuritis-Neuralgia-</b> Refers to benign uncomplicat-<br>ed neuritis or neuralgia characterized by pain and<br>parasthesia in a localized area of the body due to<br>trauma or minor infectious process. Symptoms last for<br>a few days to a few weeks.  | Present= PP<br>Recovered:<br>Cause known= RFC<br>Recurrent episodes, fully recovered:<br>Up to 2 Years= PP<br>More than 2 Years= STD   |
|--|--|
| <b>Neurofibromatosis-</b> (Von Recklinghausen's Disease). A condition marked by various size tumors on peripheral nerves, muscles, bones and skin.   | DEC  |
| <b>Neuropathy (Peripheral)-</b> Diseases of the peripheral nerves produce muscular weakness and atrophy of the muscles supplied by the affected nerves and loss of sensation. The causes of peripheral neuropathy and polyneuritis are many and varied.  | DEC  |
| Obsessive Compulsive Disorder-   | See Mental Nervous.  |
| Organ Transplant   | Recipient - Major organs such as heart, kidney, lungs, etc= DEC<br>Recipient - Cornea= STD<br>Donor - Fully recovered= STD   |
| Osteo Arthritis– See Arthritis   |  |
| Osteomyelitis- Inflammation of the bone.   | Present= PP<br>Recovered but within 1 year-3 years of diagnosis= 1 Point<br>After 3 years and full recovery= STD   |
|  | Recurrent attacks1 PointSingle bone involvement, within 3 years of diagnosis=2 PointsAfter 3 years, full recovery=1 PointMultiple bone involvement=2 Points  |
| Osteoporosis- A loss of calcium in the bones.  | Due to menopause or age:<br>Osteopenia= 1 Point<br>Osteoporosis= 1 Point<br>Severe, with crippling or with pathologic fracture(s)= DEC   |
| Osteosarcoma   | Within 10 Years= DEC<br>After 10 Years full recovery:<br>Between 10-15 Years= 1Point<br>More than 15 Years= STD  |
| Otitis Media-See Ears  |  |
| <b>Ovarian Cyst-</b> Cysts of every type may cause pel-<br>vic pain,menstrual dysfunction and infertility or be<br>totally asymptomatic. All ovarian cysts are problemat-<br>ic until pathologically diagnosed. In women over age<br>50, 50% of ovarian masses are malignant. Follicular,<br>luteal, chocolate or pseudo cysts are common and<br>always benign; however, if they persist longer than 2<br>months, the diagnosis should be questioned until<br>further evaluation is performed. Most cysts are small,<br>and if they don't disappear or are very large, they<br>need to be surgically removed and histologically ex-<br>amined. | Luteal,Chocolate,Follicularor Pseudocysts:Present=PPHistory of with spontaneous disappearance=STDOperated:Operated:Unilateral oophorectomy or removal of cyst, benign=STDBilateral oophorectomy, benign=STDMalignant=DECPolycystic Ovarian Disease:Present, Diabetes ruled out=Present, Diabetic=DECBilateral Oophorectomy=STD |
| <b>Paget's Disease</b> PAGET'S DISEASE OF BONE:<br>a bone disease that is common, and its frequency<br>increases with age. It is a chronic focal disease which<br>can affect any bone in the body with anywhere from 1<br>to 20 bones being affected. The etiology is believed to<br>be viral. Affected bones are weakened greatly and<br>become expanded and bent, particularly for the long<br>bones such as the tibia, femur, humerus and radius<br>which may develop partial fractures.<br>(Page 30)   | Asymptomatic, localized to one bone or joint= 1 Point<br>All others= DEC   |

| Pancreatic Abscess, Cyst or Tumor Pancre-<br>atitis Inflammatory disease of the pancreas can be<br>divided into acute and chronic forms based on clinical,<br>biochemical and morphologic criteria. Gallstones and<br>alcohol either together or separately account for 80%<br>of the cases. Other causes are viral infections, major<br>trauma and surgery, hypertriglyceridemia, hypercalce-<br>mia and various drugs. <u>ACUTE PANCREATITIS</u> is<br>characterized by abdominal pain and, in severe cases,<br>hypovolemic shock. Frequent complications include<br>abscess and pseudo cyst formation. <u>CHRONIC<br/>PANCREATITIS</u> is characterized by fat malabsorp-<br>tion, impaired glucose tolerance and intraductal glan-<br>dular infiltration. | Acute,not due to alcohol:<br>1 Attack:<br>0-1 Year= PP<br>Between 1-3 Years= 1 Point<br>More than 3 Years= STD<br>More than 1 Acute Attack:<br>0-5 Years= DEC<br>Between 5-8 Years= 1 Point<br>More than 8 Years= STD |  |
|---|---|--|
| Panic Attacks (see Mental/Nervous Disorders).   |   |  |
| Pap Smear- IS A ROUTINE DIAGNOSTIC PROCE-<br>DURE PERFORMED TO DETECT CERVICAL CAN-<br>CER OR THE EXTENT OF DYSPLASIA<br>(ABNORMAL CELLS). <u>The result of the PAP smear is<br/>expressed in grades:</u><br>Grade 1: No abnormal cells can be detected.<br>Grade 2: Atypical cells but no cancer cells present or<br>CIN 1.<br>Grade 3: Cytology suggestive of, but not conclusive<br>for, malignancy. Consistent with cervical dysplasia,<br>moderate.<br>Grade 4: Cytology is strongly suggestive of carcinoma<br>in situ or severe dysplasia.<br>Grade 5: Cytology is conclusive for malignancy, spe-<br>cifically invasive carcinoma in situ.  | TESTResults     PAP Grade 1=   STD     PAP Grade 2 or 3 or 4 =   PP until a subsequent normal PAP     PAP class 5 within 3 years=   DEC   |  |
| <b>Paralysis-</b> Is loss or impairment of motor function in a part of the body due to a lesion of the neural or muscular systems.  | Hemiplegia= DEC<br>Paralysis, Paresis= DEC<br>Paraplegia= DEC   |  |
| <b>Parkinson's Disease-</b> Is a chronic, slowly pro-<br>gressive organic disease characterized by muscular<br>rigidity, tremor, slowness of movement and impair-<br>ment of automatic movements. Its etiology is un-<br>known.   | DEC   |  |
| <b>Paroxysmal Atrial Tachycardia-</b> Is rapid<br>rhythm with beats between 160 and 190 per minute<br>originating from a locus in the atria other than the<br>SA node or from the SA node or the AV node. It is<br>commonly due to excessive alcohol intake, emo-<br>tional disorders, hyperthyroidism or acute infectious<br>disorders. It's sometimes due to an underlying<br>heart disease or pulmonary disease.   | 2Attacksorlessperyear,nootherCardio-VascularDisorder:<br>0-1 Year= 2 Points<br>Between 1-5 Years= 1 Point<br>More than 5 Years= STD<br>Others= DEC  |  |
| <b>Patent Ductus Arteriosis-</b> A congenital heart defect that leaves a channel between the aorta and the pulmonary artery.  | Present= DEC<br>Operated, no other cardiac complications:<br>0-1 Year= DEC<br>More than 1 Year= STD<br>Catheter closure with coil embolization= DEC<br>With murmur or evidence of hypertrophy= DEC                    |  |
| (Page 31)   |   |  |

| <b>Pelvic Inflammatory Disease-</b> refers to any pel-<br>vic infection involving the upper female genital tract<br>excluding the cervix. Recurrent episodes are associ-<br>ated with infertility and can be due to re-infection,<br>adhesions or scarring of pelvic tissue. Hysterectomy<br>is curative.   | Un-operated,singleepisode:<br>Present-2 Years= STD<br>More than 2 Episodes within the last 12 months: 1 Point<br>More than 1 Year= STD<br>Operated and recovered= STD  |
|---|--|
| <b>Peptic Ulcer-</b> can occur on the esophagus, (usually<br>as a result of GERD), the stomach, the pyloric canal<br>and the duodenum. Peptic refers to pepsin or gastric<br>juice enzymes. An erosion occurs when the mucosal<br>surface is broken and ulcers are formed when the<br>mucosa is penetrated. The bacterium <i>Helicobacter</i><br><i>pylori</i> is present in the gastric antrum of more than<br>90% of individuals with duodenal ulcer (pyloric ulcer)<br>and in 75% of individuals with gastric ulcer. Non ste-<br>roidal anti-inflammatory drugs (NSAIDs), corticoster-<br>oids, and aspirin are associated with an increased<br>incidence of peptic ulcers and of the complications of<br>bleeding and perforation. Duodenal ulcers are approx-<br>imately four times more common than gastric ulcers. | Un-operated:<br>Present=1 Point<br>STDHistory of, single episode, recovered=1 Point<br>STDHistory of multiple episodes, recovered:<br>0-1 Year=<br>Between 2-5 Years=1 Point<br>STDOperated:<br>Present=0-1 Year=<br>STD1 Point<br>STDOperated:<br>0-1 Year=<br>Between 2-5 Years=2 Points<br>STDRecovered after pyloroplasty or vaqotomy:<br>0-1 Year=<br>Between 1-3 Years=<br>More than 3 Years=<br>STD2 Points<br>STDRecovered after partial gastrectomy:<br>0-2 Years=<br>Between 2-5 Years=<br>STD2 Points<br>STDRecovered after total gastrectomy:<br>Between 0-5 Years=<br>More than 5 Years=<br>STD2 Points<br>STDRecovered after total gastrectomy:<br>Between 0-5 Years=<br>More than 5 Years=2 Points<br>STD |
| <b>PERIPHERAL NEUROPATHY, POLYNEURI-<br/>TIS (POLYNEUROPATHY):</b> Diseases of the<br>peripheral nerves produce muscular weakness and<br>atrophy of the muscles supplied by the affected<br>nerves and loss of sensation. The causes of peripher-<br>al neuropathy and polyneuritis are many and varied.<br>They range from mechanical causes producing pres-<br>sure on nerves to toxic agents such as heavy metals<br>and organic compounds to metabolic disturbances<br>such as diabetes mellitus and nutritional deficiencies<br>and alcoholism to malignant neoplasm's and infec-<br>tious diseases.   | Peripheral Neuropathy<br>Cause Known=   IC     Cause Unknown, recovered, no residuals, single episode:   IC     Between 0-2 Years=   PP     More than 2 Years=   1 Point     With any recurrence=   DEC     Polyneuritis, Polyneuropathy=   DEC  |
| <b>Peripheral Vascular Disease-</b> Vascular disease<br>of the extremities involving arteries, veins, and lym-<br>phatic: Including Arteriosclerosis Obliterans, Trombo-<br>angitis, Obliterans (Buerger's Disease), Intermittent<br>Claudication, Raynaud's Disease / Phenomenon, and<br>Venous Insufficiency, Phlebitis, Inflammation of a<br>vein.   | DEC  |
| Pilonidal Cyst<br><u>CYST</u> is an enclosed cavity or sac which is lined by<br>epithelium and that contains a liquid or semi-solid<br>material.<br><u>A PILONIDAL CYST</u> is one that has a tuft of hairs.<br><u>A SEBACEOUSCYST</u> secretes a greasy lubricating<br>substance.  | Present= 1 Point<br>Removed= STD   |
| <b>Pneumonia / Pneumonitis-</b> Infected or inflamed lungs.   | Present= PP<br>Full recovery with no residuals= STD  |
| <b>Pneumothorax (Collapsed Lung)</b><br>is the presence of air in the pleural cavity causing the<br>lung to collapse. It may be spontaneous as a result of<br>a bleb on the surface of the lung or secondary to<br>trauma, emphysema, or a lung abscess. Once the<br>pleural space regains its vacuum, there is very little<br>additional risk except for the possibility of recurrence.<br>(Page 32)   | Traumatic or Spontaneous, recovered, 1 episode= STD<br>Recurrence within 2 Years:<br>0-1 Year since last occurrence= 1 Point<br>More than 1 Year since last occurrence= STD<br>Due to disease= DEC   |

| <b>Poliomyelitis-</b> an acute viral infectious disease occurring sporadically or in epidemics. It is characterized by fever, sore throat, headache and vomiting often with stiffness of the neck and back.  | Present= DEC<br>Recovered, definite limp, atrophy or shortening of one extremity:<br>only, no spine involvement, no further treatment= STD<br>Recovered, more than one limb involved marked deformity, or<br>spine involvement= DEC   |  |
|--|---|--|
| Polycystic Kidney Disease- A kidney composed of numerous cysts.  | DEC   |  |
| Polycythemia- An excess of red blood cells.  | DEC   |  |
| <b>Polymyalgia Rheumatica-</b> is an inflammatory disorder that causes widespread muscle aching and stiffness, primarily in the shoulders, upper arms, neck, thighs and hips.  | Present, currently on corticosteroids= DEC<br>History or, recovered, temporal arteritis ruled out= STD  |  |
| <b>Porphyria-</b> is a group of inherited disorders that is<br>characterized by an abnormality of porphyrin metabo-<br>lism. The symptoms include: liver impairments such<br>as cirrhosis and hepatitis, photosensitivity, and neuro-<br>logical disorders. There are many different kinds such<br>as Gunther's disease, porphyria cutanea tarda, hepat-<br>ic, variegate and copropophyria.   | DEC   |  |
| Pott's Disease   | DEC   |  |
| <b>Pregnancy</b> Please do not submit other family mem-<br>bers until after the newborn has its 6 week check-up.<br>If anyone in the household is pregnant whether applying<br>for coverage or not.  | PP  |  |
| <b>Prostatic Hypertrophy-</b> is a very common disorder in men over the age of 50 and is characterized by the presence of discrete nodules in the para-urethral region of the prostate. When sufficiently large, these nodules compress and narrow the urethra, causing partial and sometimes complete obstruction of urinary flow. Symptoms of obstruction include frequency of urination, nocturia, difficulty starting and stopping the urinary stream, diminished force of the urinary stream and painful urination (dysuria). Only 5 – 10% of men require surgical relief, and those who don't require surgery have few symptoms other than having to use pharmacological agents to shrink the prostate. Surgery, if needed, requires removal of part or all of the prostate by transurethral prostatic resection (TURP). | Present.AdequatelyInvestigated,Unoperated:     Slight enlargement, normal PSA- no symptoms= STD     Moderateenlargementorwithsymptoms:     Normal PSA=   PP until Normal PSA     PSA not known=   PP until a normal test is completed     PSA elevated=   DEC     BPH with elevated serum creatinine=   DEC     Operated,CompleteRecovery:   STD     Prostatectomy, no evidence of cancer=   STD     Complete recovery, no symptoms=   STD     Continuing symptoms=   DEC |  |
| <b>Proteinuria</b> is the "spilling" of abnormal amounts of protein (albuminuria is specifically albumin protein only) in the urine. Proteinuria may be found in the urine as a result of postural changes such as vigorous exercise or feverish conditions.   | Depends on result of the urinalysis.  |  |
| <b>PSA Abnormalities (Prostatic Specific Anti-<br/>gen)</b> PSA tests are used to screen for prostate can-<br>cer. PSA is the most widely used screening tumor<br>marker in current use in clinical medicine.  | PSA Elevated= PP<br>PSA Normal= STD   |  |
| Psoriatic Arthritis (See Arthritis).   |   |  |
| Psychosis<br>(Page 33)   | DEC   |  |

| Pulmonary Embolism or Infarction<br>Blood clot lodging in the pulmonary artery.   | 0-1 Year= DEC<br>At least 1 Year and a full recovery= STD  |
|---|--|
| <b>Pulmonary Stenosis</b> is the backflow of blood from<br>the left ventricle into the left atrium due to insufficiency<br>of the mitral valve. It is characterized by a systolic<br>(holosystolic or pansystolic) murmur which is loudest<br>at the apex (apical murmur or mitral area) and is<br>transmitted widely but most often to the axilla. The<br>causes of mitral insufficiency are mitral valve pro- lapse,<br>rheumatic fever and endocarditis. | Incidental finding on echo-cardiogram, asymptomatic, mild:<br>Under Age 1= DEC<br>Between Ages 1-50= 1 Point<br>More than Age 50= STD<br>All others= DEC   |
| <b>Pyelitis or Pyelonephritis-</b> Inflammation of the renal pelvis, or kidney and renal pelvis.  | DEC  |
| <b>Pyloric Stenosis-</b> A narrowing of the pylorus (located between the stomach and duodenum).   | Present= DEC<br>History of and fully recovered= STD  |
| Quadriplegia is paralysis of all four limbs.  | DEC  |
| <b>Raynaud's Disease-Syndrome</b> -(Raynaud's<br>Phenomenon) is characterized by bilateral pallor and<br>numbness of the extremities induced by cold or ex-<br>citement, usually of the upper limbs, and occurring in<br>various degrees of severity. The condition occurs<br>predominantly in young females and is due to an<br>idiopathic sensitivity of the digital arteries to cold and<br>is a benign condition with no other complications.           | Mild, few consults or incidental finding= STD<br>More severe or more frequent consults with complaints<br>underlying reasons developed= 2 Points   |
| <b>Rectocele-</b> commonly occur together and are al-<br>most always the result of trauma at childbirth. A cysto-<br>cele is the protrusion of the urinary bladder into the<br>vagina. A rectocele is a herniation of the rectum  | Present= 1 Point<br>Operated, recovered= STD<br>I  |
| <b>Regional Ileitis-</b> Regional Ileitis, is a chronic in-<br>flammatory disease which may occur anywhere in the<br>GI tract but is most common in the small bowel and<br>colon (where it is sometimes called Crohn colitis or<br>Granulomatous Colitis).  | 1 Attack, Medical or Surgical Treatment:<br><u>History of,recovered,non-smoker,not underweight</u><br>0-3 Years since recovery= DEC<br>Between 3-10 Years= 2 Points<br>More than 10 Years= STD<br>2-3 Attacks within 7 Years, Medical or Surgical Treatment:<br><u>History of,recovered,non-smoker,not underweight</u><br>0-10 Years since last attack= DEC<br>More than 10 Years= 2 Points<br>Others= Smokers, underweight, more than 3 attacks or poor response<br>to treatment= DEC |
| <b>Reiter's Syndrome-</b> This multisystem disease was<br>once defined by the three disorders of seronegative<br>polyarthritis, conjunctivitis and non-specific urethritis.<br>It is now defined as a peripheral arthritis lasting longer<br>than one month associated with urethritis, cervicitis or<br>diarrhea.  | <u>1 Attack,fully recovered</u> :<br>0-1 Years since recovery= PP<br>Between 1-5 Years since recovery= 1 Point<br>More than 5 Years since recovery= STD<br>Others= DEC   |
| <b>Renal Abscess-</b> are usually multiple and are due to lodgment of infected emboli due to septicemia. In those instances where a single abscess is found ( <i>renal carbuncle</i> ), there may be no involvement of the tubules and pelvis, which would account for the lack of WBCs in a urinalysis.  | Present-6 months after= PP<br>Over 6 Months, total recovery= STD<br>Urinalysis abnormal= PP until it is normal   |
| Renal Dialysis-Renal Failure/Renal Insuffi-<br>ciency   | DEC  |
| Respiratory Distress Syndrome   | DEC  |
| <b>Retinopathy Cause-</b> is associated with essential<br>or malignant hypertension, diabetes mellitus and<br>atherosclerosis. The extent of the eye ground changes<br>are categorized as Grade 1 (mild), Grade 2 (moderate)<br>and Grade 3 (severe). (Page 34)   | Cause Known= IC<br>Cause Unknown= DEC  |

| Retinitis-See Eye disorders  |  |  |
|--|--|--|
| Rheumatic Fever<br>Acute fever and joint discomfort sometimes resulting<br>in cardiac involvement  | Present= DEC<br><u>History of full recovery, no evidence of heart damage:</u><br>0-1 Year= PP<br>Between 1-5 Years= 2 Points<br>More than 5 Years= STD<br>With heart, brain or spinal cord damage= DEC   |  |
| Rheumatoid Arthritis-See Arthritis for more infor-<br>mation-  | DEC  |  |
| Sarcoidosis or Boeck's Sarcoid<br>A chronic inflammation of lung, liver, or other organs,<br>usually with involvement of the lymph glands.   | Present= DEC<br><u>History of,current chest x-ray negative:</u><br>Between 0-1 Year= PP<br>More than 1 Year= STD<br><u>Chest x-ray showing hilar lymph node enlargement:</u><br>Symptomatic, lesion not stable= DEC<br>Asymptomatic, lesion stable:<br>0-2 Years= PP<br>Between 2-5 Years= 2 Points<br>More than 5 Years= STD<br>With systemic involvement, still on steroids or with hypercalcemia= DEC |  |
| <b>Sciatica</b> Inflammation of the sciatic nerve, usually marked by pain and tenderness along the course of the nerve through the thigh and leg.  | Unoperated= 1 Point<br>Otherwise, fully recovered= STD   |  |
| <b>Scleroderma-</b> is a severe form that may become so extensive as to involve the entire skin which may lead to contractures of the limbs, progressive atrophy and progressive disability.   | Systematic= DEC<br>Localized= DEC<br>Full Recovery= STD  |  |
| <b>Scoliosis-</b> is an appreciable lateral deviation in the normally straight vertical line of the spine.   | No noticeable deformity, incidental finding, asymptomatic, no treatment<br>recommended= STD<br>2 Points<br>2 Points<br>0-6 Months= PP<br>2 Points<br>0-6 Months=3 Years= STD<br>Others= DEC                                      |  |
| Seizure Disorders-See Epilepsy   |  |  |
| Shunt-Any kind   | DEC  |  |
| <b>Sleep Apnea</b> defined as no air flow at the nose or<br>mouth for 10 seconds, and <u>Sleep Apnea</u> is arbitrarily<br>diagnosed if more than 30 such episodes occur during<br>the night. Apnea may be <i>central</i> when there is no<br>airflow and no chest wall movement or <i>obstructive</i> when<br>there is no air flow despite chest wall movement<br>because of airway obstruction, or it can be a combina-<br>tion of both. | Unoperated, using N-CPAP or C-PAP, no co-morbid factors= 1 Point<br>Operated:<br>Full recovery, no on-going treatment= STD<br>Still undergoing treatment using a C Pap machine= 1 Point  |  |
| <b>Spina Bifida</b> A congenital failure of the bony spinal canal to close behind the cord.  | Spina Bifida Cystica= DEC<br>Spina Bifida Occulta:<br>Asymptomatic, incidental finding= STD  |  |
|  | Symptomatic= DEC   |  |

| <b>Spinal Curvature</b><br>(Kyphosis, Lordosis, Scoliosis)<br>Kybosis is a backward curve, Lordosis is a forward<br>curve, and Scoliosis is a lateral curvature.   | No noticeable deformity, incidental finding, asymptomatic, no treatment<br>Recommended= STD<br>Noticeable posture abnormality otherwise asymptomatic= 1 Point<br>Harrington rods present= 2 Points<br><u>Post surgery (spinal fusion),removal of rods,full recovery:</u><br>0-6 Months= 1 Point<br>Between 6 Months-3 Years= 2 Points<br>More than 3 Years, Full Recovery, no symptoms= STD<br>Others= DEC |  |
|--|--|--|
| <b>Spine-Spondylitis</b> (INTERVERTEBRAL DISC<br>DISEASE, DISC HERNIATION SPONDYLITIS,<br>SPONDYLOSIS, SPONDYLOLITHESIS, FRAC-<br>TURES).  | Cervical= 1 Point<br>Dorsal (Thoracic)= 1 Point<br>Lumbar= 1 Point<br>Sciatica= 1 Point<br>Coccyx= 1 Point<br>Operated<br><u>Fully Recovered</u><br>With Surgery= STD  |  |
| <b>Stroke</b><br>A stroke or CVA is an acute or sub-acute event in which<br>a neurological deficit develops over minutes or hours,<br>persists at least 24 hours and is caused by a vascular<br>disturbance in the brain. The most important risk factors<br>for stroke are hypertension, tobacco and alcohol use.   | DEC  |  |
| Suicide Attempt  | DEC  |  |
| <b>Systemic Lupus Erythematosus</b> (SLE) is a disease of unknown etiology predominantly affecting young women and has a marked tendency to exacerbation and remission. Antinuclear antibodies (ANA) are a constant feature of SLE. The clinical features are extremely variable both in nature and severity.  | DEC  |  |
| Testicle (Un Descended)  | Undescended or Unoperated= 1 Point<br>Operated, full recovery= STD   |  |
| <b>Tetralogy of Fallot-</b> is a series of congenital defects which include pulmonary stenosis, interventricular septal defect, dextraposition of the aorta, so that it overrides the septum and receives both venous and arterial blood with resultant right ventricular hypertrophy.   | DEC  |  |
| <b>Thalassemia</b><br>The thalassemia syndromes are a heterogeneous<br>group of disorders characterized by reduced synthesis<br>of hemoglobin. They are characterized by chronic<br>progressive anemia beginning in early life.  | Beta Thalassemia Minor= STD<br>Beta Thalassemaia Major= DEC<br>Beta Thalassemia Intermediate= DEC<br>Alpha Thalassemia Silent or Trait= STD  |  |
| Thoracic Outlet Syndrome Cervical rib is either<br>a bony rib or fibrous band arising from the seventh<br>cervical vertebra and attached anteriorly to the first<br>rib. The C8 and T1 roots and the subclavian artery<br>may be distorted as they pass over the cervical rib.<br>Symptoms include pain in the arm and weakness of<br>grip. Vascular symptoms comprise of ischemia in the<br>hand mimicking Raynaud's disease. Treatment is<br>surgical resection of the rib or fibrous band.<br>(Page 36) | Unoperated= 1 Point<br>Operated, recovered:<br>0-1 Year= 1 Point<br>More than 1 Year= STD  |  |

| <b>Thrombophlebitis-</b> Is inflammation of a vein associated with thrombus formation.  | Present= DEC<br><u>1 episode,recovered,no varicose veins,no edema:</u><br>0-3 Months= PP<br>Between 3 Months-2 Years=<br><u>Recurrent attacks:</u><br>0-2 Years= PP<br>Between 2-5 Years= 1 Point<br>More than 5 Years= STD<br>On anti-coagulant therapy such as Coumadin= DEC   |
|---|--|
| Thyroid Disorders<br>GOITER-Enlargement of the thyroid gland<br>HYPERTHYROIDISM-(GRAVES)<br>Overactive Thyroid<br>HYPOTHYROIDISM-(MYXEDEMA)<br>An under-active thyroid  | Hyperthyroid (Toxic Goiter,Plummer's,Basedow's or Grave's)   0-12 months from diagnosis= 1 Point     More than 12 months- adequately treated= STD   STD     Treated with radioactive iodine or surgery, controlled:   STD <u>Hyperthyroidism(Non-Toxic Goiter):</u> STD <u>Hyperthyroidism(Non-Toxic Goiter):</u> Single nodule = 1 Point <u>Thyroditis:</u> Present untreated= 1 Point     Adequately treated, hypothyroid or euthyroid = STD   Mote adequately treated or controlled= STD     Not adequately treated or controlled= 1 Point   Myxedema:     Recently diagnosed= PP   History of, no residuals, adequately treated= STD |
| Tic Douloureux A form of facial neuralgia.  | Drug Therapy only, good control= 1 Point<br>Operated,recovered: STD  |
| <b>Torticollis</b> Wryneck -Torsion (twisting) of the neck .  | Acute, recovered= STD<br>Otherwise= 1 Point  |
| <b>Tourette's Syndrome-</b> An abnormal condition characterized by facial grimaces, ties, and involuntary arm and shoulder.   | Ages 0-20 Years= DEC<br><u>Age 21 Years and over:</u><br>Simple tics, no coprolalia, employed, normal social functioning<br>no developmental or psychological disorder= 1 Point<br>Others= DEC   |
| <b>Trans Ischemic Attack</b> (TIA) CAROTID, VERTE-<br>BROBASILAR, OR BASILAR ARTERY INSUFFI-<br>CIENCY) are generally considered to be due to em-<br>bolism. In the carotid artery, transient ischemia caus-<br>es a hemiparesis and dysphasia (impairment of<br>speech). Attacks last from a few minutes to several<br>hours and, by definition, have resolved within 24<br>hours. In the vertebrobasilar artery, TIA may cause<br>vertigo, diplopia, visual blurring or loss, facial<br>parasthesia, and there is frequently dizziness or loss<br>of consciousness. | DEC  |
| <b>Triglycerides</b> -Elevation in triglyceride values are associated with an increased risk of heart disease. When very high (>1000 mg/dL), they may also play a role in pancreatitis and gallstone formation.   | STD  |
|   |  |

| <b>Ulcer-Stomach-Duodenal-</b> Peptic ulcers can occur on the esophagus, (usually as a result of GERD),   | Unoperated:<br>Present=<br>History of, single episode, recovered=  |   |
|---|--|---|
| the stomach, the pyloric canal and the duodenum.<br>Peptic refers to pepsin or gastric juice enzymes. An<br>erosion occurs when the mucosal surface is broken and | History of multiple episodes,recovered:<br>0-1 Year=<br>> 1Year=   |   |
| ulcers are formed when the mucosa is penetrated.  | Operated:  |   |
|   | Recovered after pyloroplasty or vagotomy:<br>0-1 Year since surgery=<br>More than 1 Year since surgery=  | 1 Point<br>STD  |
|   | Recovered after partial gastrectomy:<br>0-1 Years=   |   |
|   | Between 1-5 Years=<br>>5 Years=  | STD   |
|   | Recovered after total gastrectomy:<br>0-1 Year=<br>1-5 Years=<br>> 5 Years=  | DEC<br>2Points  |
| Ulcerative Colitis-See Colitis  |  |   |
|   |  |   |
| Ureteral or Urethral Stricture<br>Narrowing of the ureter or urethra.   | Present or treated by dilation or endoureterotomy within<br>Recovered ove<br>Treated with ureteral meat<br><u>Urethral</u><br>Present or treated by dilation within<br>Recovered ove | r 1 Year= STD<br>al stents= DEC<br><u>Stricture:</u><br>n 1 Year= PP<br>r 1 Year= STD |
|   | Treated with stents or urethroplasty within<br>Treated with stents or urethroplasty ove<br>Treated with appendicovesion  | r 1 Year= STD   |
| Ureteritis or Urethritis<br>Inflammation of the ureter or urethra.  | <u>Cystitis Cystica,Hunner's Ulcer,</u><br>recurrent Cysitis (<br>1-5 Years fully  | each time= STD<br>or frequent<br>on required= DEC<br><u>Chronicor</u>                 |
| Uterine Disorders   | Enlarged Uter<br>Due to fibroir  | <u>us:</u><br>de_ 1 Point   |
| Abnormal uterine bleeding.  | Due to pregnand<br><u>Displacement of Uter</u><br>Mild, asymptomatic, no treatment, ability to conceive<br>in questid<br>Othe  | cy= DEC<br>us:<br>not STD<br>on= 1 Point<br>rs= DEC                                   |
|   | Uterine Prolapse, procident<br>Leiomyomas, Myoma<br>Uterine Fibroids Prese   | as= DEC   |
| Varicose Veins<br>Ulcerated or swollen veins.   |  |   |
|   | History of with edema  | hose or treatment= 1 Point<br>ith edema or ulcer= PP                                  |
|   |  | More than 2 Years= STD<br>sophageal varices= DEC                                      |
| (Page 38)   |  |   |
|   |  |   |

| Venereal Warts<br>(Condyloma Accuminata).   | Single Episode, Most recent pap clean= STD<br>Multiple Episodes: 2 or less Years since last episode= 1 Point<br>More than 2 Years since last episode=STD<br>If present Pap still is not normal= PP   |  |
|---|--|--|
| <b>Ventricular Septal Defect</b> As with ASD,<br>VSDs tend to close spontaneously and, for<br>underwriting purposes, can be handled in the<br>same manner. Because the hole is in the ven-<br>tricular septum, the aortic valve (rather than<br>the mitral valve) may be involved but, if there<br>are no other cardiac abnormalities, the mor-<br>bidity parallels that for atrial septal defect.  | Un-operated:<br>Closed spontaneously, fully recovered= STD<br>Still open= DEC<br><u>Operated,closedbydirectsuture:</u><br>0-1 Year= PP<br>More than 1 Year= STD<br>Operated, closed with graft material  |  |
| <b>Vertigo</b> Sensation of rotation or movement of one's self or one's surroundings ("dizziness).  | Under 45 Years old<br>Single episode, recovered= STD<br>Recurrent episodes:<br>0-2 Years since last episode= PP<br>More than 2 Years since last episode= STD<br><u>More than 45 Years old</u><br>Single episode= STD<br>0-2 Years since last episode= 1 Point<br>More than 2 Years since last episode, STD |  |
| Von Reckinghausen's Disease/Tumor This is<br>an inherited disorder characterized by the develop-<br>ment of multiple neurofibromas combined with cafe au<br>lait spots. The tumors are slow growing and do not<br>destroy normal tissues. Severe cases may be associ-<br>ated with disfigurement due to the size of the tumors.<br>The only treatment is removal of the tumors.   | DEC  |  |
| Urinary Incontinence-<br>Bladder symptoms affect women of all ages. However,<br>bladder problems are most prevalent among older<br>women. Up to 35% of the total population over the age<br>of 60 years is estimated to be incontinent, with women<br>twice as likely as men to experience incontinence. 1 in<br>4 over the age of 60 years are estimated to have blad-<br>der control problems. Bladder control problems have<br>been found to be associated with higher incidence of<br>many other health problems such as obesity and dia-<br>betes. Difficulty with bladder control results in higher<br>rates of depression and limited activity levels.<br>Incontinence is expensive both to individuals in the<br>form of bladder control products and to the health care<br>system and nursing home industry. Injury related to<br>incontinence is a leading cause of admission to assist-<br>ed living and nursing care facilities. More than 50% of<br>nursing facility admissions are related to incontinence. | If diagnosed and have had symptoms in the past 12<br>months of Incontinence= 1 pt<br>if no symptoms or anticipated surgery = standard  |  |
| Whiplash  | See Back Sprain  |  |
| (Page 39)   | · · ·  |  |