

# INDIVIDUAL & FAMILY PLANS



## INDIVIDUAL UNDERWRITING GUIDELINES

For Brokers & Agents



FLORIDA

[www.CIGNAforBrokers.com](http://www.CIGNAforBrokers.com)

1-877-CIGNA-15





# TABLE OF CONTENTS

Agent and Broker Underwriting Guidelines: An Overview .....	1
Eligibility Requirements.....	2
Medical Underwriting Risk Assessment.....	2
Enrollment Application .....	3
Signature Dates and Effective Dates.....	4
Agent/Broker/Producer Information.....	4
Prescreens .....	4
Medical Risk Assessment Process .....	5
Medical Risk Assessment Tools.....	5
BMI Chart.....	6
Health Conditions, Treatments, and Devices Subject to Decline...7	
Medical Underwriting Risk Assessment Criteria .....	9



# CIGNA HealthCare Individual and Family Plans

## Eligibility and Underwriting Guidelines for Brokers – FLORIDA

### Agent and Broker Underwriting Guidelines: An Overview

This underwriting guide is provided to support you as you submit CIGNA Individual and Family Plan applications to CIGNA. The eligibility and underwriting risk criteria within this guide are subject to change at any time without prior notice to you.

The CIGNA Individual and Family Plans are not guaranteed issue plans and are subject to medical underwriting. Insurance brokers have no authority to bind or guarantee coverage and no promises should be made to the applicants upon completion of the application. The final Underwriting decisions and effective dates are made by CIGNA HealthCare's Individual Underwriters only. Final underwriting determinations are subject to: eligibility requirements, current and past health conditions, current and past medical interventions, and prescription drug use.

A thorough review of the application for completeness prior to submission will assist in timely and accurate underwriting decisions.

The Medical Risk Assessment section of this guide provides a condensed list of health conditions commonly submitted on applications. The Medical Risk Assessment guidelines are provided as a tool to make an initial evaluation as to the potential eligibility of an applicant, but are not intended to be the final source for approving, rating, or declining applicants. Final decisions will be made by a CIGNA HealthCare underwriter. CIGNA reserves the right to request additional eligibility or health information and approve or decline coverage.

Medical conditions listed on the application are subject to Medical Underwriting Evaluation. Some conditions, such as those noted in the "Conditions Subject to Decline" list, may be declined without further evaluation. Other conditions, even when potentially acceptable, may require further evaluation in conjunction with weight, smoking, prescription drug use, and combination of other conditions. Multiple conditions may result in a decline whereas each condition, alone, may have been acceptable.

## Florida Eligibility Requirements

All applicants applying for coverage must meet age, dependent status, and residency requirements.

### Age and Dependent Requirements:

- Eligible applicants must be age 64 ½ or younger on the assigned effective date
- Dependent children are covered up to age 26. Dependent children who have reached age 26 can continue to be covered up to the end of the calendar year in which they reach age 30 provided the child is unmarried and does not have a dependent of their own AND is a resident of Florida OR is a full-time or part-time student.
- Any child must be 3 months of age or older to be eligible for a child-only plan if not a dependent with an adult subscriber
- A newborn child or newly adopted child, born or adopted to an enrolled subscriber, may be added to the subscriber's plan within 31 days of the birth or adoption. Requests for enrollment beyond 31 days of the birth or adoption will be subject to the full application and medical underwriting evaluation.
- Grandchildren, foreign exchange students, and foster children are NOT eligible dependents

### Residency Requirements:

- Must be a legal U.S. resident and must reside within the U.S. for six consecutive months prior to applying for coverage
- Must reside within the state of Florida at the time of application

### Signature Requirements:

- All applicants and dependents 18 years and older must sign and date the application

### HIPAA Requirements:

- Applicants who are not eligible for enrollment in CIGNA's medically underwritten plans may be eligible for coverage under CIGNA's HIPAA Individual Portability Plan
- For assistance with enrollment requirements for coverage under CIGNA's HIPAA Individual Portability Plan, please call **1-866-GET-CIGNA** (1-866-438-2446)

## Florida Medical Underwriting Risk Assessment

### Medical Underwriting Evaluation

Applicants who meet the age, dependent, and residency requirements are subject to the Medical Underwriting Evaluation process to determine their final level of eligibility. The CIGNA Medical Underwriters will review the application Health Questionnaire and may require additional medical information regarding current and past medical treatment and prescription drug use.

## Risk Level Assignment

After a thorough review of all requested medical information, underwriting will take one of the following actions:

- Approve the applicant at the standard rate in the requested plan
- Approve the applicant with a rate increase in the requested plan
- Decline the applicant due to significant medical risk factors
- Close the application for incomplete, insufficient, or conflicting health information

In the state of Florida, CIGNA offers the following levels of coverage for Individual and Family Plans:

- **Minimal Risk:** Standard Premium
- **Moderate Risk:** Approximately 25% increase over the Standard Premium
- **Significant Risk:** Approximately 50% increase over the Standard Premium
- **Severe Risk I:** Approximately 75% increase over the Standard Premium
- **Severe Risk II:** Approximately 100% increase over the Standard Premium
- **Severe Risk III:** Approximately 125% increase over the Standard Premium
- **Severe Risk IV:** Approximately 150% increase over the Standard Premium
- **Decline Coverage:** Exceeds the allowable limits of acceptable risk
- **Tobacco Risk Factor:** Applicants who currently use or have used tobacco within the past 12 months will be assigned a *Moderate Risk Level*. Other medical conditions, treatments, and medications will be evaluated in addition to tobacco use and may result in assignment of a higher risk level or a decline.

## Enrollment Application

### Completed Enrollment Applications and Health Questionnaires:

The underwriting evaluation begins with a review of the **completed** Enrollment Application and Health Questionnaire.

- A **completed** application is one which has all sections completed entirely, all questions answered, all details provided, all required signatures and dates provided, and is ready for underwriting evaluation
- An **incomplete** application is one which has missing or omitted information in any section, unanswered questions, omitted or incomplete details, and/or missing signatures or dates which delay the underwriting evaluation

To prevent delays in the underwriting process, please review the application for completeness:

- All demographic information (**DOB, age, gender, height, and weight**) must be provided for each applicant and dependent applying for coverage
- All health questions **must be answered** yes or no
- Details provided to yes answers: start and end dates, treatments, name of medication, doctor information
- Address and phone numbers are complete and legible
- Signature and date for all applicants and dependents ages 18 and older
- Payment information completed or check included

## Signature Dates and Effective Dates

- All applicants and dependents 18 years and older must sign and date the application
- A new application will be required if the signature date is over 30 days old upon receipt by CIGNA Individual Underwriting
- The assigned effective date must be after the signature date and no more than 60 days beyond the signature date. If the applicant requests a change of effective date beyond 60 days of the signature date, a new application will be required.
- If no effective date is requested, the underwriter will assign the next available effective date following approval
- Effective dates will be on the 1st and 15th of the month

## Agent/Broker/Producer Information

Provide all information requested in the Producer Information section of the application. Omission of this information may cause delays in the underwriting and enrollment process, and in commissions.

- Printed name, signature, and Broker TIN
- General Agent name and GA TIN
- Addresses

## Prescreens

A dedicated “prescreen” email box is available for prescreening applicants for potential medical eligibility or declination. Prior to submitting a prescreen question or case, please review the attached Medical Underwriting Risk Assessment Criteria section of the manual.

- This mailbox is for prescreens only; no other correspondence should be sent
- Submit prescreen questions to: **CIGNAINDUWPRESCREENS@CIGNA.com**
- Include the applicant’s gender, age, height, weight, medical conditions, medications, treatment dates, and tobacco use
- Do not include names, ID numbers, or other identity information

## Medical Risk Assessment Process

The Medical Risk Assessment is the review of each applicant's medical eligibility by reviewing their health status against the guideline criteria to determine the level of risk.

Total risk is determined by evaluating the following:

- Severity of the condition
- Past and current treatment and status
- Frequency of medical monitoring, diagnostic testing, or labs
- Start and end dates of treatment
- Type of treatment and need for ongoing future treatment
- Prescription medications: number of prescription drugs and cost of medications
- Potential future surgeries or diagnostic tests
- Height vs. weight, or Body Mass Index, alone or in relation to a specific condition
- History of, or current use of, tobacco products

Use the Medical Risk Assessment section to estimate the risk level of the most commonly underwritten conditions.

## Medical Risk Assessment Tools

Weight risk is evaluated by Body Mass Index (BMI), which is a reliable measurement of body fat related to risk of disease or death.

- Locate the applicant's height in the left hand column
- Follow that row to the right until it intersects with the weight (closest approximation)
- The number at the top of that column is the BMI
- Example: Height = 5' 8"; weight = 197; BMI = 30 (overweight)

BMI	RATINGS
17.6 to 18.5	Underweight
18.6 to 24.9	Normal
25 to 29.9	Overweight
30 to 34.9	Obese – Class I
35 to 39.9	Obese – Class II
40 and above	Morbid – Class III

An extensive BMI chart is included for reference.

# BMI CHART

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

## BODY WEIGHT IN POUNDS

Resource: National Heart, Lung, and Blood Institute

## Health Conditions, Treatments, and Devices Subject to Decline

Many health conditions are known to require extensive treatment and medications. When such conditions are listed on the application, CIGNA Individual Underwriting may decline coverage without requesting additional medical records. On occasion, underwriting may request records to verify the actual condition or use of prescription medications. Declinable conditions and treatments subject to decline include, but are not limited to:

Condition	Condition
Acromegaly	Kidney Failure
Addison's Disease	Klinefelter's Syndrome
AIDS	Liver Failure
Alzheimer's Disease	Leukemia (within 10 years)
Amyotrophic Lateral Sclerosis (ALS)	Leukoplakia
Ankylosing Spondylitis	Lupus: Systemic (SLE)
Anticoagulant Medications	Lymphoma (within 10 years)
Aortic Insufficiency	Malignant Granuloma
Aortic Stenosis	Marfan's Syndrome
Arterio-Venous Fistula	Mediterranean Anemia
Arteritis	Morbid Obesity
Arthritis, Rheumatoid	Moschowitz's Syndrome
Asbestos Exposure (Asbestosis)	Multiple Myeloma
Barrett's Esophagitis	Multiple Sclerosis
Behcet's Syndrome	Muscular Dystrophy
Bright's Disease	Myelofibrosis
Buerger's Disease	Myesthenia Gravis
Burkitt's Tumor	Necrotizing Angitis
Cardiomegaly	Neurofibromatosis
Cardiomyopathy	Obesity: Morbid
Cerebral Palsy (Infantile)	Organic Brain Syndrome
Chronic Obstructive Pulmonary Disease (COPD)	Osteogenesis Imperfecta
Cirrhosis of the Liver	Osteosarcoma
Congestive Heart Failure	Paget's Disease
Cooley's Anemia	Pancytopenia
Cor Pulmonale	Paraplegia
CREST Syndrome	Parkinson's Disease
Crouzon's Disease	Pneumoconiosis
Cushing's Syndrome	Polyarteritis Nodosa
Cystic Fibrosis	Polycystic Kidney Disease
Dermatomycosis/Dermatomyositis/Dermatophytosis	Polycythemia

Condition	Condition
Diabetes (Type I, Insulin Dependent)	Polymyositis
Emphysema	Polyneuropathy
Encephalopathy	Quadraplegia
Esophageal Varices	Raynaud's Phenomenon/Syndrome
Eulenberg's Dystrophy	Renal Failure, Chronic
Ewing's Sarcoma	Renal Hypertension
Friedreich's Ataxia	Rheumatic Heart Disease
Glomerulonephritis, Chronic	Rheumatoid Arthritis
Goodpasture's Syndrome	Rosenthal's Disease
Hemiplegia	Sjogren's Disease
Hemolytic Anemia	Spina Bifida
Hemophilia	Syringomyelia
Hepatitis C, G, Non-A, Non-B	Takayasu's Disease
Hepatoma	Tay-Sach's Disease
Human T-Cell Leukemia Virus	Tetralogy of Fallot
Huntington's Chorea	Thalassemia Major
Hydrocephalus	Thomsen's Dystrophy
Sarcoidosis	Thrombotic Thrombocytopenia
Scleroderma	Tuberculosis, Non-pulmonary
Sickle Cell Anemia	Von Willebrand's Disease
Pregnancy (current)	Wasting Disease
Psoriatic Arthropathy	Wegner's Granulomatosis
Pulmonary Fibrosis	Whipple's Disease
Pulmonary Heart Disease	Zollinger-Ellison Syndrome
Pulmonary Hypertension	

Other Declinable Conditions and Situations
Cochlear Implant
Dialysis
Fertility/Infertility Treatment (within 5 years)
Insulin Pump
Internal Cardiac Defibrillator
Pacemaker
Shunts
Vena-Cava Filter
Venus Filter

Organ Transplant Candidate or Recipient
Heart Transplant
Intestine Transplant
Kidney Transplant
Liver Transplant
Lung Transplant
Other



## Medical Underwriting Risk Assessment Criteria

The following pages include a guide for the Broker to use to assess applicants for the approximate level of risk for common medical conditions.


### **Factors included in determining the risk level include, but are not limited to:**

- Ongoing treatment and medication
- Length of time since treatment began or ended
- Degree of progression or multisystem involvement
- Frequency of medical monitoring procedures and tests
- Cost of medications

### **Combined Risk Factors**

Obesity and smoking present increased risk components that can complicate and/or exacerbate specific health conditions. When weight or tobacco use increase the risk, they will be factored into the guideline. Conditions affected by obesity and/or smoking include:

- Cardiac Conditions
- Hypertension
- High Cholesterol
- Diabetes Types I and II
- Respiratory Conditions
- Gastrointestinal Conditions
- Back and Joint Conditions



The risk associated with certain health conditions can be significantly increased by the presence of two or more related conditions. In these cases the risk of complications and need for medical intervention is not only doubled, but is often increased exponentially. High Risk combinations include:

- Hypertension and High Cholesterol/Lipids
- Hypertension and Diabetes
- Gastric Reflux and Asthma
- Coronary Artery Disease and Hypertension
- Coronary Artery Disease and High Cholesterol
- Eating Disorders and Depression
- ADD/ADHD and other Psychiatric Diagnoses
- History of more than one type of cancer

### **Prescription Medications Subject to Increased Premium or Decline**

Many prescription medications present an extreme underwriting risk due the condition for which they are prescribed, cost, and side-effects. Applicants may be declined or assigned an increased premium due to the cost or risk of prescription medications. Since a wide range of prescription medications are available for any one condition, and the cost of prescriptions varies significantly, the final determination regarding cost and risk of prescription medications will be made by the CIGNA Individual Underwriter.

### **Presence of Multiple Conditions and Treatments**

Each condition and treatment listed for each applicant is evaluated and assigned a risk level, and the sum of the individual risks result in the overall risk level. The final determination may vary depending on degree of medical monitoring and cost of medications.

## CIGNA Medical Underwriting Risk Assessment Criteria

HEALTH CONDITION	RISK CRITERIA AND LEVEL
<p><b>ACNE</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications</p>	<p><b>Decline:</b> Currently taking Accutane; status, treatment period, frequency, Rx use or cost, exceeds criteria</p> <p><b>Minimal Risk:</b> Current use of single Rx antibiotic or topical medication; no Accutane, chemical, or laser treatments for over 12 months</p> <p><b>Moderate Risk:</b> Current use of 2 Rx medications: antibiotics, topicals or Retin A; no Accutane, chemical, or laser treatments for 6-12 months</p> <p><b>Significant Risk:</b> Current use of 3 Rx medications: antibiotics, topicals or Retin A; no Accutane, chemical, or laser treatments for 3-6 months</p> <p><b>Severe Risk IV:</b> Current use of Accutane</p>
<p><b>ADD and ADHD: Adults Attention Deficit Disorder Hyperkinetic Disorders</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications</p> <p>Other nervous and mental or psychiatric conditions will be underwritten additionally</p>	<p><b>Decline:</b> 3 or more medications; history of violence or suicide attempt; status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Minimal Risk:</b> Previously managed with ADD medications; all treatment complete and stable without medication over 6 months</p> <p><b>Moderate Risk:</b> Medically managed on single ADD medication currently or within 6 months; receiving behavioral counseling or therapy up to 2 times/month</p> <p><b>Significant Risk:</b> Medically managed on two ADD medications currently or within 6 months; newly diagnosed or started on single ADD medication within 3 months; receiving behavioral counseling or therapy up to 1 time/week; receiving Psychiatric Treatment</p> <p><b>Severe Risk IV:</b> History of Substance Abuse over 10 years ago; currently managed on single Rx ADD medication</p>
<p><b>ADD and ADHD: Children Attention Deficit Disorder Hyperkinetic Disorders</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications</p> <p>Other nervous and mental or psychiatric conditions will be underwritten additionally</p>	<p><b>Decline:</b> History of suicide attempt or violent behavior; inpatient hospitalization within 3 years; children under age 6 on medications; status, Rx use or cost, exceeds criteria</p> <p><b>Minimal Risk:</b> Age 6 through 18: Previously managed with ADD medication and/or counseling; all treatment complete and stable without medication 1 year</p> <p><b>Moderate Risk:</b> Age 6 through 18: Previously managed with ADD medication; discontinued 6-12 months ago; current behavioral counseling or therapy up to 2 times/month</p> <p><b>Significant Risk:</b> Age 6 through 18: Current use of 1 ADD medication; receiving behavioral counseling or therapy up to 1 time/week Under age 6: Current counseling only, up to 1 time/week; no medications recommended</p> <p><b>Severe Risk III:</b> Meets Significant Criteria but requires 2 Rx ADD medications (&gt; age 6)</p>

## CIGNA Medical Underwriting Risk Assessment Criteria

HEALTH CONDITION	RISK CRITERIA AND LEVEL
<p><b>ALCOHOL ABUSE/DEPENDENCY</b> <b>Excessive Alcohol Intake</b></p> <p>Medical records will be reviewed</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications</p>	<p><b>Decline:</b> Driver's license revoked or suspended within 5 years; diagnosis or treatment of alcohol abuse within 5 years; current alcohol consumption; status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Minimal Risk:</b> Prior history of alcohol abuse: all treatment and rehab complete, and no alcohol consumption for over 5 years; no DUI/DWI or license restriction; no current counseling or psychotropic medications; no recurrent treatment programs</p> <p><b>Moderate Risk:</b> No history of alcohol abuse or treatment, but daily alcohol consumption exceeds acceptable volume</p> <p><b>Significant Risk:</b> Prior history of alcohol abuse: all treatment and rehab complete, and no alcohol consumption for over 5 years; single DUI/DWI over 5 years ago; license reinstated for more than 3 years; no current counseling or psychotropic medications; no recurrent treatment programs</p>
<p><b>ALLERGIES</b> <b>Allergic Rhinitis</b> <b>Hay Fever</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications and history of tobacco use</p>	<p><b>Decline:</b> History of tobacco use over 20 years; status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Minimal Risk:</b> Seasonal or hay fever, managed with OTC medications or single Rx medication up to 4 times/year; no tobacco use for over 1 year</p> <p><b>Moderate Risk:</b> Mild, seasonal, or hay fever, managed with single daily Rx medication or allergy desensitization shots plus use of occasional second Rx medication; *tobacco risk</p> <p><b>Significant Risk:</b> Ongoing allergy treatment with any of the following: 1) Single Rx medication <b>and</b> allergy desensitization with second medication up to 4 times/year; 2) 2 Rx medications with third medication up to 3 times/year; *tobacco risk</p> <p><b>Severe Risk II:</b> Meets Significant Risk Criteria, but requires ongoing use of 3-4 Rx medications; ER or IP hospitalization within 6 months; *tobacco risk</p> <p><b>*Tobacco Risk:</b> Current or recent history of tobacco use may result in assignment of a higher risk level or declination</p>

CIGNA Medical Underwriting Risk Assessment Criteria

HEALTH CONDITION	RISK CRITERIA AND LEVEL
<p><b>ANXIETY/DEPRESSION</b>  <b>Neurotic Conditions</b>  <b>Non-psychotic Mental Conditions</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications</p>	<p><b>Decline:</b> Prior suicide attempt; more than 2 medications; under age 12 taking psychiatric medications; status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Minimal Risk:</b> No history of inpatient hospitalization            Over age 18: prior counseling <b>and/or</b> medication, now stable without treatment for over 6 months            Age 12-18: prior counseling <b>and/or</b> medication, now stable without treatment for over 1 year</p> <p><b>Moderate Risk:</b>            Over age 18: Current counseling up to 2 times/month <b>and/or</b> single Rx medication; history of single inpatient hospitalization over 5 years ago            Age 12-18: Current counseling up to 1 time/week; prior treatment with Rx medication, discontinued and stable for 6 months; no history of hospitalization            Under age 12: Current counseling only; no history of medications taken or recommended; no history or hospitalization</p> <p><b>Significant Risk:</b>            Over age 18: Current counseling up to 2 times/month <b>and/or</b> 2 Rx medications; history of single inpatient hospitalization 3 years ago            Age 12-18: Current counseling up to 1 time/week; current treatment with single Rx medication; no history of inpatient hospitalization            Under age 12: Current counseling only; prior treatment with single Rx medication, discontinued and stable for 6 months</p>

## CIGNA Medical Underwriting Risk Assessment Criteria

HEALTH CONDITION	RISK CRITERIA AND LEVEL
<p><b>ARTHRITIS</b>  <b>Degenerative Joint Disease</b>  <b>Osteoarthritis</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications and history of tobacco use</p>	<p><b>Decline:</b> Surgical potential; recurrent steroid use; rheumatoid arthritis; immune deficiencies; status, treatment period or frequency, weight, Rx use or cost, exceeds criteria</p> <p><b>Minimal Risk:</b> Mild symptomatic osteoarthritis or age-related DJD; treated with OTC medications; chiropractic/massage up to 1 time/month; no tobacco use for 2 years</p> <p><b>Moderate Risk:</b> Mild to moderate symptomatic osteoarthritis or age-related DJD; treated with single Rx medication and chiropractic/massage up to 2 times/month; * tobacco risk</p> <p><b>Significant Risk:</b> Moderate symptomatic osteoarthritis or age-related DJD; treated with 2 Rx medications; chiropractic/massage up to 1 time/week; prior treatment with injections over 12 months ago; no further treatment recommended; *tobacco risk</p> <p><b>Severe Risk III:</b> Severe symptoms of osteoarthritis or age related DJD; treated with 2-3 Rx NSAIDs or analgesics; occasional use of oral steroids or steroid injections; symptomatic chiropractic adjustments up to 1 time/week; history of Synvisc injections 6-12 months ago; no further treatment recommended</p> <p><b>*Tobacco Risk:</b> Current or recent history of tobacco use may result in assignment of a higher risk level or declination</p>

## CIGNA Medical Underwriting Risk Assessment Criteria

HEALTH CONDITION	RISK CRITERIA AND LEVEL
<p><b>ASTHMA</b>  <b>Allergic Asthma</b>  <b>Chronic Bronchitis</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications and history of tobacco use</p>	<p><b>Decline:</b> History of tobacco use over 20 years; current or tobacco use within 1 year; multiple ER admissions; status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Minimal Risk:</b> Exercise or stress-induced, intermittent: Periodic use of single Rx allergy medication or inhaler, up to 3 refills/year; no ongoing daily medication or treatment; no hospitalization or ER treatment for over 12 months; no tobacco use for over 2 years; BMI &lt; 30/Male, &lt; 29/Female; *tobacco risk</p> <p><b>Moderate Risk:</b> Mild, controlled asthma: Periodic use of <b>both</b> Rx allergy medication and inhaler, up to 4 refills per year, <b>or</b> daily use of single Rx medication and intermittent use of second medication, up to 6 refills per year; single hospitalization <b>or</b> ER treatment 6-12 months ago; BMI 30-32/Male, 29-31/Female; *tobacco risk</p> <p><b>Significant Risk:</b> Moderate, controlled asthma: Daily use of 2 Rx medications and intermittent use of third medication, up to 6 refills per year; single hospitalization or ER treatment 3-6 months ago; 10-day course of oral steroids 3-6 months ago; BMI 33-35/Male, 32-34/Female; *tobacco risk</p> <p><b>Severe Risk III:</b> Meets Significant Risk but managed with 3 ongoing Rx medications</p> <p><b>*Tobacco Risk:</b> Current or recent history of tobacco use may result in assignment of a higher risk level or declination</p>

## CIGNA Medical Underwriting Risk Assessment Criteria

HEALTH CONDITION	RISK CRITERIA AND LEVEL
<p><b>BACK DISORDERS</b>  <b>Degenerative Disc</b>  <b>Herniated Disc</b>  <b>Sciatica</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications</p>	<p><b>Decline:</b> Surgical potential; &gt; 2 surgeries; ongoing steroids/narcotic pain medications; status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Minimal Risk:</b> BMI &lt; 30/Male, &lt; 29/Female            1 occurrence surgically repaired, all treatment completed &gt; 1 year ago; <b>or</b> resolved with steroid injections &gt; 2 years ago, all treatment complete for 1 year; <b>or</b> medical management only, fully resolved &gt; 2 years; use of OTC medications as needed</p> <p><b>Moderate Risk:</b> BMI 30-32/Male, 29-31/Female            1 occurrence surgically repaired, all treatment completed 6-12 months ago; <b>or</b> resolved with steroid injections 1-2 years ago; all treatment complete for 6 months; <b>or</b> medical management only, with single Rx medication, maintenance PT or chiropractic up to 2 times/month</p> <p><b>Significant Risk:</b> BMI 33-35/Male, 32-34/Female            1 occurrence surgically repaired, all treatment completed 3-6 months ago; <b>or</b> resolved with steroid injections 6-12 months ago, all treatment complete for 3 months; <b>or</b> medical management only, conservative treatment, up to 2 Rx medications, maintenance treatment with PT or chiropractic up to 1 time/week</p> <p><b>Severe Risk IV:</b> History of two surgeries to same level within 5 years or surgery to two different levels; ongoing use of 1-2 Rx NSAIDs and/or analgesics</p>
<p><b>BACK DISORDERS</b>  <b>Muscles Strains/Sprains</b>  <b>Ligament Strains/Sprains</b>  <b>Soft Tissue Injuries</b>  <b>Whiplash</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications</p>	<p><b>Decline:</b> Potential surgery; diagnostic testing in progress or recommended; use of narcotics; status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Minimal Risk:</b> All medical treatment/therapy complete for 3 months; home use of heat/ice and OTC medications as needed</p> <p><b>Moderate Risk:</b> Medically managed with PT, massage, chiropractic, or acupuncture up to 2 times/month; use of single non-narcotic Rx medication, as needed</p> <p><b>Significant Risk:</b> Medically managed with PT, massage, chiropractic, or acupuncture up to 1 time/week; ongoing use of single, non-narcotic Rx medication</p>

## CIGNA Medical Underwriting Risk Assessment Criteria

HEALTH CONDITION	RISK CRITERIA AND LEVEL
<p><b>BACK DISORDERS</b> <b>Scoliosis</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications</p>	<p><b>Decline:</b> Congenital scoliosis; degree of curve exceeds criteria; surgical potential; disabled/non-ambulatory; impingement of internal organs; status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Minimal Risk:</b> &gt; age 21: Curvature &lt; 30 degrees; corrected by surgery, brace, or stable without treatment; all treatment completed &gt; 2 years ago</p> <p><b>Moderate Risk:</b> &gt; age 21: Curvature &lt; 30 degrees; as above, but all treatment completed 1-2 years ago; &lt; age 21: Curvature &lt; 25 degrees; corrected by surgery or brace; all treatment completed &gt; 2 years ago; no surgery required, symptomatic management with PT/OT or chiropractic up to 2 times/month, &lt; age 15: Curvature &lt; 20 degrees; observation only; not a surgical candidate</p> <p><b>Significant Risk:</b> &gt; age 21; Curvature &lt; 30 degrees; corrected by surgery, brace, or stable without intervention; all treatment completed &gt; 6-12 months ago; &lt; age 21: Curvature 25-30 degrees; corrected by surgery or brace; all treatment completed &gt; 1-2 years ago; no surgery required, symptomatic management with PT/OT or chiropractic up to 1 time/week</p>
<p><b>BREAST DISORDERS</b> <b>Fibrocystic Breast Disease</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications and presence of implants</p>	<p><b>Decline:</b> Surgical potential; pathology uncertain; diagnostic testing in progress or recommended; status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Minimal Risk:</b> Incidental Finding: no treatment; single occurrence, removed &gt; 3 months ago; all treatment complete for 3 months; Fibrocystic Disease: Monitored with annual mammogram/imaging; no treatment required &gt; 3 years; no implants</p> <p><b>Moderate Risk:</b> Single Occurrence: removed 1-3 months ago; all treatment complete for 1 month; post-operative mammogram normal Fibrocystic Disease: Medically monitored with annual mammogram/imaging; history of 3 aspirations/exclusions within 5 years</p> <p><b>Significant Risk:</b> 2 Occurrences: within 3 years; no new masses for 1 year; normal mammogram within 6 months Fibrocystic Disease: Medically monitored with annual mammogram/imaging; history of 3 aspirations/excisions within 5 years</p>

## CIGNA Medical Underwriting Risk Assessment Criteria

HEALTH CONDITION	RISK CRITERIA AND LEVEL
<p><b>BREAST IMPLANTS</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications</p>	<p><b>Decline:</b> Surgical potential due to leaking/scarring; status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Required:</b> Normal mammogram within 1 year</p> <p><b>Minimal Risk:</b> Age 22 or older: <b>saline</b> implants (or <b>silicone</b> implants after Nov. 2006) 6 months-5 years ago; no complications, contractures pain, or abnormal exams</p> <p><b>Moderate Risk:</b> Age 22 or older: <b>saline</b> implants placed 5-15 years ago; or <b>silicone</b> implants prior to Nov. 2006; no complications, contractures pain, or abnormal exams</p> <p><b>Significant Risk:</b> <b>saline</b> or <b>silicone</b> &gt; 15 years ago; replacement or capsulotomy &gt; 3 years ago</p>
<p><b>BRONCHITIS</b> <b>Acute Bronchitis</b> <b>(See Asthma for Chronic)</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications and history of tobacco use</p>	<p><b>Decline:</b> Smoking &gt; 20 years; status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Minimal Risk:</b> Single acute occurrence, 3-6 months ago &gt; age 5: Outpatient treatment; bed rest and medications &lt; age 5: Hospitalized for single occurrence &gt; 6 months ago</p> <p><b>Moderate Risk:</b> Acute occurrence, 1-3 months ago; up to 2 occurrences in 2 years &gt; age 5: Outpatient treatment; bed rest and medications; * tobacco risk &lt; age 5: Hospitalized for single occurrence 3-6 months ago</p> <p><b>*Tobacco Risk:</b> Current or recent history of tobacco use may result in assignment of a higher risk level or declination</p>
<p><b>BUNIONS</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications</p>	<p><b>Decline:</b> Surgical potential; diagnostic testing in progress or recommended; status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Minimal Risk:</b> Resolved with surgery or steroid injections &gt; 6 months ago, treatment complete; non-surgical, resolved with orthotics and OTC anti-inflammatories; all treatment complete &gt; 6 months ago</p> <p><b>Moderate Risk:</b> Resolved with surgery or steroid injections 3-6 months ago, complete for 1 month; non-surgical, resolved with orthotics and OTC anti-inflammatories, receiving PT 2 times/month; <b>or</b> single non-narcotic medication</p> <p><b>Significant Risk:</b> Resolved with surgery or steroid injections 1-3 months ago, receiving PT up to 1 time/week; non-surgical; ongoing treatment with orthotics <b>and</b> PT up to 2 times/month; <b>and</b> up to 2 non-narcotic Rx medications</p>

## CIGNA Medical Underwriting Risk Assessment Criteria

HEALTH CONDITION	RISK CRITERIA AND LEVEL
<p><b>CANCER</b>  <b>Blood and Lymph</b>  <b>Bone</b>  <b>Brain and Nervous System</b>  <b>Internal Organs</b>  <b>Malignant Melanoma</b>  <b>Ovarian/Testicular</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications and history of tobacco use</p>	<p><b>Decline:</b> Recurrence or metastatic disease; multiple cancer diagnoses; history of tobacco use &gt; 20 years; tobacco use after diagnosis or current</p> <p><b>Risk Level:</b> Requires full underwriting evaluation; most require a 5-10 year treatment-free period and will be assigned a moderate, significant or severe risk when acceptable</p>
<p><b>CANCER</b>  <b>Breast</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications and history of tobacco use</p>	<p><b>Decline:</b> Surgical potential; pathology, status, treatment period, additional conditions or Rx use, exceeds criteria</p> <p><b>Minimal Risk:</b> Stages 0-I; Stage II &lt; 3 cm, node negative; all treatment completed ≥ 5 years ago, all reconstruction completed ≥ 2 years ago; no implants; no prophylactic anti-cancer drugs for 2 years</p> <p><b>Moderate Risk:</b> Stages 0-I; Stage II &lt; 3 cm, node negative, all treatment completed 3-5 years ago; Stage II, 3-5 cm, node negative, all treatment completed ≥ 4 years ago; all reconstruction completed 1-2 years with or without implants; current use of single prophylactic anti-cancer drug</p> <p><b>Significant Risk:</b> Stages 0-I; Stage II &lt; 3 cm; node negative; all treatment completed 2-3 years ago; Stage II, node positive or Stage IIIA, node negative; all treatment completed ≥ 8 years ago; all reconstruction completed &gt; 2 years with or without implants; current use of single prophylactic anti-cancer drug</p> <p><b>Severe Risk II:</b> Stage II, node positive or Stage IIIA, node negative; all treatment completed 2-5 years ago; all reconstruction completed &gt; 1-2 years, with or without implants; current use of single prophylactic anti-cancer drug</p> <p><b>Severe Risk IV:</b> Stage II, node positive or Stage IIIA, node negative; all treatment completed 2-5 years ago; Stage IIIA, node positive, Stage IIIB and IV, all treatment complete for &gt; 2 years; all reconstruction completed 1- 2 years with or without implants; breast cancer free for &gt; 2 years</p> <p><b>* Tobacco Risk:</b> Recent history of tobacco use may result in assignment of a higher risk level or declination</p>

## CIGNA Medical Underwriting Risk Assessment Criteria

HEALTH CONDITION	RISK CRITERIA AND LEVEL
<p><b>CANCER</b> <b>Cervical</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications and history of tobacco use</p>	<p><b>Decline:</b> Recurrent or metastatic disease; multiple cancer diagnoses; Stage IV; due to DES Dysplasia; tobacco use since diagnosis; pathology, status, treatment period, weight, RX use or cost, exceeds criteria</p> <p><b>Minimal Risk:</b> In Situ; Stages 0-1; resolved and all treatment completed &gt; 2 years ago; no chemo required; normal GYN and mammogram 1 year after treatment</p> <p><b>Moderate Risk:</b> In Situ; Stages 0-1; all treatment completed 1-2 years ago; Pathology: Stage II and Stage IIIA, node negative; resolved with total hysterectomy &gt; 5 years ago; normal annual GYN exam, mammogram, labs; chemo and radiation completed 5 years ago</p> <p><b>Significant Risk:</b> Stage IIIB: resolved with total hysterectomy &gt; 8 years ago; all chemo and radiation completed &gt; 7 years ago; normal annual GYN exam, mammogram and labs</p> <p><b>Severe Risk II:</b> Pathology: Stage II and Stage IIIA, node negative: Resolved with total hysterectomy 3- 5 years ago; any chemo and or post op radiation completed 3-4 years ago. Pathology: Stage IIIB: Resolved with total hysterectomy 5-8 years ago; all chemo and radiation completed 4-7 ago</p> <p><b>*Tobacco Risk:</b> Recent history of tobacco use may result in assignment of a higher risk level or declination</p>

## CIGNA Medical Underwriting Risk Assessment Criteria

HEALTH CONDITION	RISK CRITERIA AND LEVEL
<p><b>CANCER</b> <b>Prostate</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications and history of tobacco use</p>	<p><b>Decline:</b> Recurrent or metastatic; multiple cancer diagnoses; potential reconstructive or implant surgery; tobacco use since diagnosed status; abnormal PSA; treatment period, weight, Rx use or cost, exceeds criteria</p> <p><b>Moderate Risk:</b> Stage A1, A2, B0, or B1: resolved with surgery, cryotherapy, HIFA or radon seeds &gt; 5 years ago; all treatment completed 4 years ago; no urinary complications</p> <p><b>Significant Risk:</b> Requires single Rx medication for urinary problems; secondary ED managed with single Rx medication or penile implant Stage A1, A2, B0, or B1: resolved as above 4-5 years; all treatment completed 3 years ago; Stage B2 or C1: resolved with surgery, cryotherapy, HIFA, or radon seeds &gt; 5 years ago; all treatment completed 4 years ago</p> <p><b>Severe Risk III:</b> Meets Significant Risk, but Pathology: Stage A1, A2, B0, or B1: Treated and resolved with surgery, cryotherapy, HIFA or radon seeds 2-4 years ago; all follow up treatment completed 2 years ago; Pathology: Stage B2 or C1: Treated and resolved with surgery, cryotherapy, HIFA or radon seeds 3-5 years ago; all follow up treatment completed 3 years ago</p> <p><b>*Tobacco Risk:</b> Recent history of tobacco use may result in assignment of a higher risk level or declination</p>
<p><b>CANCER</b> <b>Skin: Basal Cell</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications history of reconstructive surgery</p>	<p><b>Decline:</b> Potential reconstructive surgery; history of organ transplant; status, treatment period or frequency, weight or Rx use, exceeds criteria</p> <p><b>Minimal Risk:</b> Stages 0-1: single occurrence, removed &gt; 6 months ago; all treatment completed 3 months ago; no reconstructive surgery</p> <p><b>Moderate Risk:</b> Stages 0-1: reconstructive surgery completed 6 months ago; 2 occurrences within 18 months; all treatment completed 3 months ago</p> <p><b>Significant Risk:</b> Stages 0-1: recurrent BCC up to 1 lesion per 12 months, last occurrence &gt; 6 months ago; Stage 2: single occurrence, removed &gt; 6 months ago; all treatment completed 3 months ago</p> <p><b>Severe Risk II:</b> Pathology stage 2: single occurrence, surgically removed 3-6 months ago; all treatment completed 1 month ago</p>

## CIGNA Medical Underwriting Risk Assessment Criteria

HEALTH CONDITION	RISK CRITERIA AND LEVEL
<p><b>CARDIAC DISORDERS</b>  <b>Angioplasty/Bypass Graft</b>  <b>Coronary Artery Disease</b>  <b>Myocardial Infarction</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications, BMI, and history of tobacco use</p>	<p><b>Decline:</b> &gt; 1 surgery or MI; diagnostic testing in progress or recommended; tobacco use for &gt;20 years or since diagnosis; BMI &gt; 31/ Male, &gt;29/Female; history of substance abuse; diabetes; status, treatment period; combined conditions, Rx use or cost, exceeds criteria</p> <p><b>Risk Level:</b> Requires full underwriting evaluation; complete review of diagnosis, treatment, and current cardiac and health status, treatment and medication. Will be assigned a moderate, significant or severe risk when acceptable</p>
<p><b>CARDIAC DISORDERS</b>  <b>Arrhythmias</b>  <b>Irregular Heartbeat</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications and history of tobacco use</p>	<p><b>Decline:</b> Pacemaker or internal defibrillator present or recommended; multiple cardiac diagnoses; current tobacco use; abnormal EKG or Echo; status, treatment period, weight or Rx use exceeds criteria</p> <p><b>Minimal Risk:</b> BMI &lt; 31/Male, &lt; 28/Female  <i>Resolved</i> with chemicals, radio ablation, or cardioversion &gt; 12 months ago; treatment and medications complete for &gt; 6 months</p> <p><b>Moderate Risk:</b> BMI 31-32/Male, 28-29/Female  <i>Resolved</i> with chemicals, radio ablation or cardioversion 6-12 months ago  <i>Medically managed</i> and stable with single Rx medication for &gt; 6;                      *tobacco risk</p> <p><b>Significant Risk:</b> BMI 33-35/Male, 30-33/Female  <i>Resolved</i> with chemicals, radio ablation, or cardioversion &gt; 3 months ago  <i>Medically managed</i> and stable with 2 Rx medications for &gt; 6 months;                      *tobacco risk</p> <p><b>Severe Risk II:</b> Combined with Mitral Valve Prolapse requiring use of prophylactic antibiotics; medically managed with 2-3 Rx medications for 3-6 months; *tobacco risk</p> <p><b>*Tobacco Risk:</b> Current or recent history of tobacco use may result in assignment of a higher risk level or declination</p>

## CIGNA Medical Underwriting Risk Assessment Criteria

HEALTH CONDITION	RISK CRITERIA AND LEVEL
<p><b>CARDIAC DISORDERS</b> <b>Valve Disorders</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications; current cardiac status and function, and history of tobacco use</p>	<p><b>Decline:</b> Diagnostic testing in progress or recommended; multiple valve defects or surgeries; surgical potential; combined with other cardiovascular diagnoses; tobacco use since diagnosis; status, treatment period or frequency, weight or Rx use, exceeds criteria</p> <p><b>Minimal Risk:</b> BMI &lt; 30/Male, &lt; 28/Female; Simple, functional murmur only; no other cardiac conditions or HTN; use of prophylactic antibiotics; normal cardiac function; *tobacco risk</p> <p><b>Moderate Risk:</b> BMI 30-32/Male, 28-30/Female; single valve, surgically repaired and all treatment completed &gt;1 year ago; normal cardiac function; use of prophylactic antibiotics for procedures; *tobacco risk</p> <p><b>Significant Risk:</b> BMI 33-35/Male, 31-33/Female; single valve, surgically repaired and all treatment completed &gt; 6 months ago; residual murmur; maintained on single cardiac medication; use of prophylactic antibiotics for procedures; *tobacco risk</p> <p><b>Severe Risk II:</b> Meets Moderate or Significant Criteria but requires 3 cardiac medications or BMI within Severe II range; *tobacco risk</p> <p><b>Severe Risk IV:</b> Meets Moderate or Significant Criteria but requires but requires maintenance anticoagulant medication; *tobacco risk</p> <p><b>*Tobacco Risk:</b> Current or recent history of tobacco use may result in assignment of a higher risk level or declination</p>
<p><b>CATARACTS</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications</p>	<p><b>Decline:</b> Chronic, recurrent; surgical potential diagnostic testing in progress or recommended; status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Minimal Risk:</b> Surgically resolved &gt; 6 months ago; no complications, no ongoing treatment or medication; non-surgical, stable without change for &gt; 3 years</p> <p><b>Moderate Risk:</b> Surgically resolved 3-6 months ago, no complications; non-surgical candidate, stable without change for 2-3 years, single Rx medication</p> <p><b>Significant Risk:</b> Surgically resolved 1-3 months ago, no complications; non-surgical candidate, stable without change for 1-2 years, use of 2 Rx eye drop medications</p> <p><b>Severe Risk II:</b> Medically monitored, not a surgical candidate; diagnosed within 1 year; may require bi-annual ophthalmology exam; use of three Rx eye drops and/or oral medications</p> <p><b>Severe Risk IV:</b> History of bilateral surgery, repeat surgery to one eye within 5 years</p>

## CIGNA Medical Underwriting Risk Assessment Criteria

HEALTH CONDITION	RISK CRITERIA AND LEVEL
<p><b>CHOLESTEROL:</b>  <b>Elevated Cholesterol/Lipids</b>  <b>Hypercholesterolemia</b>  <b>Hyperlipidemia</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications and history of tobacco use</p>	<p><b>Decline:</b> Not controlled; diagnostic testing in progress or recommended; BMI &gt; 38/Male, &gt; 37/Female; &gt; two medications; status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Risk Level:</b> Requires full underwriting evaluation; complete review of cholesterol/lipid levels, cardiovascular and health status, treatment, medication, and history of tobacco use</p>
<p><b>COLITIS, CHRONIC</b>  <b>Crohn's Disease</b>  <b>Regional Enteritis</b>  <b>Proctocolitis</b>  <b>Ulcerative Colitis</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications</p>	<p><b>Decline:</b> Surgical potential; history of &gt;1 surgical resection; use of corticosteroids or immunosuppressive drugs; status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Moderate Risk:</b> Single surgical excision of diseased section &gt; 2 years ago, all follow-up treatment complete for 1 year, no colostomy; non-surgical, medically monitored only, controlled with diet</p> <p><b>Significant Risk:</b> Single surgical excision of diseased section 1-2 years ago, all follow up treatment complete for 1 year, may have permanent colostomy; non-surgical, medically managed with single Rx non-steroidal, anti-inflammatory</p> <p><b>Severe Risk III:</b> Meets Moderate and Significant Criteria but requires periodic oral steroids up to 1 course per year; medically managed with 2 Rx anti-inflammatory medications</p> <p><b>Severe Risk IV:</b> Meets Severe Risk III but, Inpatient hospitalization for acute exacerbation within 6-12 months; newly diagnosed within 6-12 months</p>
<p><b>CORNEAL TRANSPLANT</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications</p>	<p><b>Decline:</b> Chronic, recurrent; surgical potential; immune disorders; diagnostic testing in progress or recommended; status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Moderate Risk:</b> Corneal transplant due to injury &gt; 2 years ago; all treatment complete &gt; 1 year ago; no signs of rejection</p> <p><b>Significant Risk:</b> Corneal transplant due to injury 1-2 years ago; all treatment complete 6-12 months ago; corneal transplant due to corneal dystrophy &gt; 2 years ago; all treatment complete 1 year ago; single Rx medication; no signs of rejection</p>

## CIGNA Medical Underwriting Risk Assessment Criteria

HEALTH CONDITION	RISK CRITERIA AND LEVEL
<p><b>DIABETES</b> <b>Non-Insulin Dependent Type II</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications and history of tobacco use</p>	<p><b>Decline:</b> Type I or Insulin Dependent Type II; tobacco use &gt; 20 years or current use; history or diagnosis of heart disease, vascular disease, renal disease, retinopathy, or neuropathy; status, treatment period, weight or Rx use or cost, exceeds criteria</p> <p><b>Moderate Risk:</b> BMI &lt; 31/Male; &lt; 29/Female; insulin resistant without diagnosis of diabetes; well controlled by diet or single Rx medication; no hospitalization for &gt; 2 years; *tobacco risk</p> <p><b>Significant Risk:</b> BMI 31-33/Male, 30-32/Female; insulin resistant without diagnosis of diabetes; no hospitalization for 1-2 years; controlled with 1-2 Rx medications depending on BMI; *tobacco risk</p> <p><b>Severe Risk II:</b> Meets Significant Risk plus any one of the following: 1) Controlled with 3 Rx medications; 2) BMI within Severe Risk II limit; *tobacco risk</p> <p><b>Severe Risk IV:</b> Meets Significant Risk plus two of the following: 1) Controlled on 3 Rx medications; 2) cessation of tobacco use within 6-12 months; 3) BMI within Severe II limits; *tobacco risk</p> <p><b>*Tobacco Risk:</b> Current or recent history of tobacco use may result in assignment of a higher risk level or declination</p>
<p><b>DIVERTICULITIS</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications</p>	<p><b>Decline:</b> Diagnostic testing in progress or recommended; status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Minimal Risk:</b> Diverticula only; asymptomatic, no treatment required; or history or symptoms, controlled by diet; no hospitalization for &gt; 2 years</p> <p><b>Moderate Risk:</b> History of symptoms and treatment; single hospitalization within 1-2 years; flare-up requiring antibiotics 6-12 months ago</p> <p><b>Significant Risk:</b> History of symptoms and treatment; single hospitalization within 6-12 months; 2 exacerbations requiring antibiotics within 2 years, controlled by diet for 6-12 months</p> <p><b>Severe Risk I:</b> Meets Moderate and Significant Criteria but required hospitalization for abscess/peritonitis 1-2 years ago; may require prophylactic use of antibiotics</p>
<p><b>DOWN'S SYNDROME</b></p> <p>Medical Records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications</p>	<p><b>Decline:</b> Status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Risk Level:</b> requires full underwriting evaluation; complete review of all other medical and mental conditions treatments and medications</p>

## CIGNA Medical Underwriting Risk Assessment Criteria

HEALTH CONDITION	RISK CRITERIA AND LEVEL
<p><b>EAR INFECTIONS</b> <b>Otitis Media</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications, hearing loss or underlying conditions</p>	<p><b>Decline:</b> Surgical potential; immune disorders; diagnostic testing in progress or recommended; status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Minimal Risk:</b> Tubes in place and treatment-free for &gt; 6 month; no tubes, medically managed, up to 2 episodes within 12 months treated and resolved with Rx antibiotics and antihistamines</p> <p><b>Moderate Risk:</b> Tubes in place and treatment-free for 3-6 months, prior acute episodes, outgrown or resolved with tube placement, no infections or treatment for 3-6 months; no tubes, medically managed, up to 3 episodes within 12 months, treated and resolved with Rx antibiotics and antihistamines; ongoing use of single Rx medication</p> <p><b>Significant Risk:</b> Tubes in place and treatment-free for 3-6 months; no tubes, medically managed, up to 4 episodes within 12 months, treated and resolved with Rx antibiotics and antihistamines, last occurrence 1-3 months ago; ongoing use of 2 Rx medications</p>
<p><b>ENDOMETRIOSIS</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications and current GYN status</p>	<p><b>Decline:</b> Surgical potential; ongoing use of narcotic medications; multiple surgeries; infertility treatment within 5 years; status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Minimal Risk:</b> Resolved with menopause, total hysterectomy, or bilateral oophorectomy &gt; 6 months ago, all follow up-treatment complete for 3 months, hormone replacement; premenopausal, ovaries present treated with ablation or fulgration &gt; 1 year ago, all follow-up treatment complete for 6 months, ongoing treatment with BCP</p> <p><b>Moderate Risk:</b> Resolved with menopause, total hysterectomy, or bilateral oophorectomy 3-6 months ago, all treatment follow-up complete for 1 month, hormone replacement; premenopausal, ovaries present, treated with ablation or fulgration &gt; 6 months ago, all follow-up treatment complete for 3 months; Lupron injections &gt; 1 year ago; no recurrence; ongoing treatment with BCP</p> <p><b>Significant Risk:</b> History of 2-3 Lupron injections within 3 years; pain management single non-narcotic Rx medication</p>

## CIGNA Medical Underwriting Risk Assessment Criteria

HEALTH CONDITION	RISK CRITERIA AND LEVEL
<p><b>EPILEPSY</b>  <b>Convulsions</b>  <b>Seizures</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications</p>	<p><b>Decline:</b> Underlying cause unknown; driver’s license restricted or suspended; surgical potential; status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Minimal Risk:</b> History of seizures or convulsions secondary to another condition now resolved and no seizures for &gt; 2 years; no ongoing medication or treatment; medical monitoring only  <b>Febrile Seizures:</b> Single occurrence &gt; 3 months ago, due to acute infection; no permanent seizure disorder</p> <p><b>Moderate Risk:</b> Epilepsy or Seizure Disorder: No seizures or hospitalization for &gt; 2 years; managed and stable on single Rx medication for &gt; 2 years; no driving restrictions  <b>Febrile Seizures:</b> 2 occurrences within 18 months, due to acute infection; last treatment &gt; 6 months ago; no permanent seizure disorder</p> <p><b>Significant Risk:</b> Epilepsy or Seizure Disorder: No seizures or hospitalization for 1-2 years; managed and stable on 2 Rx medications for &gt; 1 year; no driving restrictions</p> <p><b>Severe Risk IV:</b> Single seizure within past year; hospitalized for seizure activity within past year</p>
<p><b>FIBROIDS, UTERINE</b>  <b>Leiomyoma</b>  <b>Myoma</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications and current GYN status</p>	<p><b>Decline:</b> Multiple or chronic, recurrent; diagnostic testing in progress or recommended; current testing or treatment for infertility within 5 years; status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Minimal Risk:</b> Resolved by hysterectomy &gt; 6 months ago, receiving HRT; treated with embolization or myomectomy &gt; 6 months ago; all treatment complete and asymptomatic &gt; 3 months; no surgery required post-menopausal, size ≤ 4 cm</p> <p><b>Moderate Risk:</b> Resolved by hysterectomy 3-6 months ago, receiving HRT; treated with embolization or myomectomy 3-6 months ago; all treatment complete and asymptomatic; no surgery required, premenopausal, size &lt; 3.5 cm; OTC iron supplementation</p> <p><b>Significant Risk:</b> Resolved by hysterectomy 1-3 months ago, no post-op complications, receiving HRT; treated with embolization or myomectomy 1-3 months ago, still under post-op care, no complications, requires single non-narcotic Rx pain medication</p>

## CIGNA Medical Underwriting Risk Assessment Criteria

HEALTH CONDITION	RISK CRITERIA AND LEVEL
<p><b>FIBROMYALGIA</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications</p>	<p><b>Decline:</b> Diagnostic testing in progress or recommended; related to declinable condition; &gt; 2 Rx medications; requires narcotic medications; history or substance abuse; status, treatment period or frequency, weight or Rx use, exceeds criteria</p> <p><b>Minimal Risk:</b> Resolved: no symptoms, treatment, therapy, or medications &gt; 2 years</p> <p><b>Moderate Risk:</b> Resolved but treatment free &lt; 2 years; present: medically managed; office visits up to 1 time/month for monitoring; OTC medications, supplements, or homeopathic remedies; single Rx medication: analgesic or antidepressant; occasional massage or chiropractic adjustments (1 time/month)</p> <p><b>Significant Risk:</b> Present: Medically managed; office visits up to 2 times/month for monitoring; managed with 2 Rx medications: analgesic, antidepressant, sleep aide; managed with PT, chiropractic care or acupuncture up to 2 times/month</p> <p><b>Severe Risk II:</b> Managed with 3 Rx medications: analgesic, anti-depressant, sleep aid; managed with PT, chiropractic care, or acupuncture up to 1 time/week</p> <p><b>Severe Risk IV:</b> History of substance abuse</p>
<p><b>GALLBLADDER DISORDERS</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications</p>	<p><b>Decline:</b> Chronic, recurrent episodes; surgical potential; status, treatment period or frequency, weight or Rx use, exceeds criteria</p> <p><b>Minimal Risk:</b> BMI &lt; 30/Male, &lt; 29/Female; surgically resolved &gt; 3 months ago, all post-op treatment complete; non-surgical, medically managed with diet/supplements for 1 year, single ER visit &gt; 2 years ago</p> <p><b>Moderate Risk:</b> BMI 30-33/Male, 29-32/Female; surgically resolved within 3 months; non-surgical, medically managed, with diet / supplements or single Rx medication for 6-12 months; single ER visit 1-2 years ago</p> <p><b>Significant Risk:</b> BMI 34-36/Male, 33-35/Female; non-surgical, medically managed, non-surgical as above, but requires 2 Rx medications</p> <p><b>Severe Risk III:</b> Meets Moderate or Significant Risk but BMI within Severe Risk III limits</p>

CIGNA Medical Underwriting Risk Assessment Criteria

HEALTH CONDITION	RISK CRITERIA AND LEVEL
<p><b>GASTRIC REFLUX</b>  <b>Acid Reflux</b>  <b>Esophageal Reflux</b>  <b>GERD</b>  <b>Heartburn</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications and history of tobacco use</p>	<p><b>Decline:</b> Bulimia; substance abuse; GI hemorrhage; diagnostic testing in progress or recommended; surgical potential; status, treatment period or frequency, weight or Rx use, exceeds criteria</p> <p><b>Minimal Risk:</b> BMI &lt; 31/Male, &lt; 30/Female; "Indigestion" or "heartburn" only, managed with OTC medications; diagnosed as GERD or Reflux, medically monitored and managed with OTC medications; no prescription medication for 3 months; * tobacco risk</p> <p><b>Moderate Risk:</b> BMI 31-33/Male, 30-32/Female; managed with medications, single Rx medication; * tobacco risk</p> <p><b>Significant Risk:</b> BMI 34-36/Male, 33-35/Female; managed with 1-2 Rx medications, depending on BMI; * tobacco risk</p> <p><b>Severe Risk IV:</b> Meets Moderate or Significant Risk with concurrent diagnosis of asthma; * tobacco risk</p> <p><b>*Tobacco Risk:</b> Current or recent history of tobacco use may result in assignment of a higher risk level or declination</p>
<p><b>GOUT</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications</p>	<p><b>Decline:</b> Gouty arthropathy or nephropathy; joint deformity; diagnostic testing in progress or recommended; status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Minimal Risk:</b> BMI &lt; 32/Male, &lt; 31/Female; 1 occurrence per year, treated with medication; ongoing management with diet; use of shoe orthotic</p> <p><b>Moderate Risk:</b> BMI 32-34/Male, 31-33/Female; 2 occurrences per year; medically managed with single anti-gout drug</p> <p><b>Significant Risk:</b> BMI 35-37/Male, 34-36/Female; 2 occurrences per year; managed with 2 anti-gout drugs; oral steroids up to 1 time/year</p>

## CIGNA Medical Underwriting Risk Assessment Criteria

HEALTH CONDITION	RISK CRITERIA AND LEVEL
<p><b>HEADACHES</b>  <b>Migraine</b>  <b>Tension</b>  <b>Vascular</b>  <b>Vasomotor</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications</p>	<p><b>Decline:</b> Diagnostic testing in progress or recommended; use of narcotic/opiate* medications; status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Minimal Risk:</b> Resolved and asymptomatic for 1 year; ongoing, managed with OTC analgesics or nutritional supplementation; no ER visits for &gt; 2 years</p> <p><b>Moderate Risk:</b> Controlled with single Rx medication; single ER visit 1-2 years ago</p> <p><b>Significant Risk:</b> Controlled with 2 Rx analgesics; 2 ER visits within 3 years</p> <p><i>* Ongoing use of narcotic and/or opiate medications present additional underwriting risks and will be declined. Occasional use of a combination analgesic w/codeine will be evaluated and considered.</i></p>
<p><b>HEPATITIS</b>  <b>Types A, B, C, D, E</b>  <b>Types Non-A and Non-B</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medication</p>	<p><b>Decline: Types C, G, Non-A, Non-B,</b> all cases; history or IV drug use; immune disorders; diagnostic testing in progress or recommended; <b>Types A, B, D, and E:</b> status, treatment period or frequency, weight, or Rx use or cost, exceeds criteria</p> <p><b>Minimal Risk: Types A or E:</b> Single acute occurrence resolved &gt; 6 months ago  <b>Types B and D:</b> Exposure or immunization only; no active disease or treatment required</p> <p><b>Moderate Risk: Types A or E:</b> Single acute occurrence resolved 3-6 months ago</p>
<p><b>HERNIA</b>  <b>Hiatal</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications</p>	<p><b>Decline:</b> Surgical potential; multiple surgeries; status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Minimal Risk:</b> Surgically repaired &gt; 6 months ago, all treatment complete; non-surgical, medically managed with OTC medications and diet</p> <p><b>Moderate Risk:</b> Surgically repaired 3-6 months ago, symptoms treated with single Rx medication</p>

## CIGNA Medical Underwriting Risk Assessment Criteria

HEALTH CONDITION	RISK CRITERIA AND LEVEL
<p><b>HIGH BLOOD PRESSURE Hypertension</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications and history of tobacco use</p>	<p><b>Decline:</b> Malignant, pulmonary, or renal hypertension; history of stroke, MI, or CAD; tobacco use for &gt;20 years; status, treatment period or frequency, weight or Rx use exceeds criteria</p> <p><b>Minimal Risk:</b> BMI &lt;29/Male, &lt; 28/Female; controlled with diet, exercise, or nutrition &gt; 1 year; no concurrent diagnoses of High Cholesterol or Diabetes Type II; *tobacco risk</p> <p><b>Moderate and Significant Risk:</b> Require full underwriting evaluation; complete review of BMI, medications, labs, B/P readings, medications, and associated conditions</p> <p><b>Severe Risk I:</b> Meets Significant Risk Criteria but requires three Rx medications; *tobacco risk</p> <p><b>Severe Risk III:</b> Meets Significant or Severe Risk I but BMI = Male: 35-36, Female: 32-33; *tobacco risk</p> <p><b>*Tobacco Risk:</b> Current or recent history of tobacco use may result in assignment of a higher risk level or declination</p>
<p><b>HYPOTHYROID</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications</p>	<p><b>Decline:</b> Surgical potential; diagnostic testing in progress or recommended; status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Minimal Risk:</b> Not due to cancer; surgically removed, stable on thyroid replacement medication; non-surgical, medically managed without surgery and thyroid levels stable for 1 year</p> <p><b>Moderate Risk:</b> Resolved with surgery 3-6 months ago stable on thyroid replacement medication for 3 months; non-surgical, medically managed without surgery and thyroid levels stable for 6 months</p> <p><b>Significant Risk:</b> Surgery completed 1-3 months ago; no complications; started on thyroid replacement medication</p>
<p><b>INFERTILITY Assisted Reproductive Technology</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications</p>	<p><b>Decline:</b> Under evaluation and testing; currently receiving or scheduled to receive any method of Assisted Reproductive Therapy (ART); surgical candidate</p> <p><b>Risk Level:</b> Requires full underwriting evaluation; complete review of all underlying medical, conditions, treatments, medications, and prognosis</p>

## CIGNA Medical Underwriting Risk Assessment Criteria

HEALTH CONDITION	RISK CRITERIA AND LEVEL
<p><b>IRRITABLE BOWEL SYNDROME (IBS)</b>  <b>Chronic Constipation</b>  <b>Spastic Colon</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications</p>	<p><b>Decline:</b> Diagnostic testing in progress or recommended; ongoing steroid use; status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Minimal Risk:</b> Medically monitored and managed with OTC medications and diet</p> <p><b>Moderate Risk:</b> Medically monitored and managed with single Rx medication</p> <p><b>Significant Risk:</b> Medically monitored and managed with 2 Rx medications</p>
<p><b>JOINT INFLAMMATION</b>  <b>Bursitis</b>  <b>Contractures</b>  <b>Tendonitis</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications</p>	<p><b>Decline:</b> Surgical potential; requires steroids; history of multiple joint infections; diagnostic testing in progress or recommended; status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Minimal Risk:</b> Resolved with surgery &gt; 6 months ago or aspiration &gt; 3 months ago; non-surgical, resolved with conservative treatment &gt; 6 months ago</p> <p><b>Moderate Risk:</b> Resolved with surgery 3-6 months ago or aspiration &gt; 1 month ago; non-surgical, resolved with conservative treatment 3- 6 months ago; 2 occurrences within 3 years</p> <p><b>Significant Risk:</b> Ongoing use of single Rx medication; resolved with surgery 1-3 months ago or aspiration &lt; 1 month ago; non-surgical, resolved with conservative treatment 1-3 months ago; 2 occurrences within 2 years</p>
<p><b>JOINT INJURIES</b>  <b>Cartilage Tears/Ruptures</b>  <b>Internal Derangement</b>  <b>Ligament Tears/Ruptures</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications</p>	<p><b>Decline:</b> Surgical potential; &gt; 2 surgeries; use of narcotic medication; diagnostic testing in progress or recommended; status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Risk Level:</b> Requires full underwriting evaluation; complete review of all underlying diagnosis, treatments, medications, and prognosis</p>

## CIGNA Medical Underwriting Risk Assessment Criteria

HEALTH CONDITION	RISK CRITERIA AND LEVEL
<p><b>KIDNEY STONES</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications</p>	<p><b>Decline:</b> Surgical potential; &gt; 2 surgeries; diagnostic testing in progress or recommended; status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Minimal Risk:</b> Single occurrence passed spontaneously or with lithotripsy; all treatment completed &gt; 3 months ago; 2 acute occurrences in 5 years; no ongoing use of anti-stone medication; normal kidney function</p> <p><b>Moderate Risk:</b> As above, all treatment completed 1-3 months ago; 2 acute occurrences in 3 years; no ongoing use of anti-stone medication</p> <p><b>Significant Risk:</b> Up to 3 acute occurrences in 3 years; requires ongoing use of anti-stone medication; normal kidney function</p>
<p><b>OBESITY</b> <b>Overweight</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications and tobacco use</p>	<p><b>Decline:</b> Morbidly obese; diagnostic testing in progress or recommended; candidate for gastric bypass; status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Minimal Risk:</b> BMI only, with <u>no</u> other health conditions or tobacco use Male: BMI &lt; 31, Female: BMI &lt; 30</p> <p><b>Moderate Risk:</b> BMI only, with <u>no</u> other health conditions or tobacco use Male: BMI 31-35; Female: BMI 30-34</p> <p><b>Significant Risk:</b> BMI only, with <u>no</u> other health conditions or tobacco use Male: BMI 36-41; Female: BMI 35-40</p> <p><b>Severe Risk II:</b> BMI only, with <u>no</u> other health conditions plus tobacco use within 2 years or current Male: BMI 36-40; Female: BMI 35-39</p> <p><b>BMI</b> will be evaluated in combination with other health conditions, treatments, medication, and tobacco use, and may result in the assignment of a higher risk level or declination</p>

## CIGNA Medical Underwriting Risk Assessment Criteria

HEALTH CONDITION	RISK CRITERIA AND LEVEL
<p><b>OSTEOPOROSIS</b> <b>Osteopenia</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications and tobacco use</p>	<p><b>Decline:</b> &gt; 1 pathological fracture; tobacco use &gt; 20 years; diagnostic testing in progress or recommended; BMI under acceptable limit; status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Minimal Risk:</b> BMI &gt; 18/Male, &gt; 17/Female: Managed with hormone replacement therapy and/or OTC Calcium; *tobacco risk</p> <p><b>Moderate Risk:</b> BMI 17-18/Male, 16-17/Female: Managed with hormone replacement therapy and single Rx medication; *tobacco risk</p> <p><b>Significant Risk:</b> As above, with history of fracture &gt; 1 year ago; *tobacco risk</p> <p><b>Severe Risk II:</b> Meets Significant Risk Criteria, but tobacco use within 1 year or current; history of single pathological fracture 6-12 months ago</p> <p><b>*Tobacco Risk:</b> Current or recent history of tobacco use may result in assignment of a higher risk level or declination</p>
<p><b>PANCREATITIS</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications</p>	<p><b>Decline:</b> Chronic, recurrent; history of alcohol or drug abuse; anorexia; Crohn's disease; status, treatment period, weight or Rx use or cost, exceeds criteria</p> <p><b>Minimal Risk:</b> Single occurrence, completely resolved with medical management or removal of blockage; all treatment complete for 1 year</p> <p><b>Moderate Risk:</b> As above, but no treatment for 6-12 months</p> <p><b>Significant Risk:</b> As above, but no treatment for 3-6 months; up to 2 occurrences within 5 years</p> <p><b>Severe Risk I:</b> Up to two occurrences within 3 years, completely resolved; no treatment, therapy or medications for 6-12 months</p> <p><b>Severe Risk IV:</b> Recurrent episodes do to prior surgery or blockage, no history of substance abuse; medically managed with up to 3 Rx medications: digestive aids and non-narcotic analgesics</p>
<p><b>PREGNANCY</b> <b>Adoption</b> <b>Surrogacy</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications</p>	<p><b>Decline:</b> Any female applicant currently pregnant (including positive home pregnancy test); any male applicant currently expecting a baby with any female whether or not she is on the application; any female or male applicant currently in the process of adoption or surrogacy</p> <p><b>Risk Level:</b> Applicants requesting Maternity Riders (where offered) will require full underwriting evaluation for past and current GYN status and gestational history and risk</p>

## CIGNA Medical Underwriting Risk Assessment Criteria

HEALTH CONDITION	RISK CRITERIA AND LEVEL
<p><b>PROSTATE DISORDERS</b>  <b>Benign Prostate Hypertrophy (BPH)</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications</p>	<p><b>Decline:</b> Chronic, recurrent; surgical potential; diagnostic testing in progress or recommended; status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Minimal Risk:</b> Asymptomatic, no surgery or treatment recommended; resolved with surgery, &gt; 6 months ago, all treatment for 3 months; PSA &lt; 4 mg/ml</p> <p><b>Moderate Risk:</b> Resolved with surgery, 3-6 months ago, all follow-up completed; medically managed, with single Rx medication, non-surgical or post-op</p> <p><b>Significant Risk:</b> Resolved with surgery, laser, needle ablation, or thermotherapy 1-3 months ago; medically managed, with 2 Rx medications, non-surgical or post-op</p>
<p><b>SEXUALLY TRANSMITTED DISEASES</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications</p>	<p><b>Decline:</b> Multiple occurrences; currently under treatment; surgical potential; immune disorders; diagnostic testing in progress or recommended; status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Risk Level:</b> Requires full underwriting evaluation; complete review of all underlying diagnosis, treatments, medications, and prognosis</p>
<p><b>SUBSTANCE ABUSE</b>  <b>Illegal Drugs</b>  <b>Prescriptions Drugs</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications</p>	<p><b>Decline:</b> Recurrent rehab; IV drug use; requires methadone; diagnostic testing in progress or recommended; receiving psychiatric care or medications; status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Risk Level:</b> Requires full underwriting evaluation; most require a 5-10 year treatment free period and will be assigned a moderate or severe risk when acceptable</p>
<p><b>URINARY INCONTINENCE</b>  <b>Enuresis (Bed Wetting)</b>  <b>Stress Incontinence</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications</p>	<p><b>Decline:</b> Surgical potential; diagnostic testing in progress or recommended; status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Minimal Risk:</b> Treatment complete; resolved and stable for &gt; 6 months</p> <p><b>Moderate Risk:</b> Currently under treatment with single Rx medication, and/or counseling up to 2 times/month</p> <p><b>Significant Risk:</b> Currently under treatment with 2 Rx medications, and/or counseling up to 1 time/week</p>

## CIGNA Medical Underwriting Risk Assessment Criteria

HEALTH CONDITION	RISK CRITERIA AND LEVEL
<p><b>URINARY TRACT INFECTIONS</b></p> <p>Medical records may be required</p> <p>Final Risk Level is subject to full underwriting evaluation including cost of medications</p>	<p><b>Decline:</b> Surgical potential; due to declinable condition; &lt; age 6 with chronic recurrent cystitis; immune disorders; diagnostic testing in progress or recommended; status, treatment period or frequency, weight or Rx use or cost, exceeds criteria</p> <p><b>Minimal Risk:</b> Single acute occurrence &gt; 6 months ago; up to 3 acute episodes in 2 years</p> <p><b>Moderate Risk:</b> Single acute occurrence 3-6 months ago; up to 2 acute episodes in 1 year; may require prophylactic antibiotics</p> <p><b>Significant Risk:</b> Chronic cystitis, 3-4 recurrent episodes per year; cystogram or IVP negative, no further tests recommended; requires ongoing use of prophylactic antibiotics</p>



"CIGNA," "CIGNA HealthCare," and the "Tree of Life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc.