



Nassau Medicare Supplement Underwriting Guide

Introduction

This guide is intended to assist you in the process of submitting underwritten applications for Nassau's Medicare Supplement plans. Included is information designed to help you determine eligibility, properly classify applicants and quickly and efficiently submit your clients' applications.

Please keep in mind that this document is meant to be a helpful overview; it is not all inclusive and both the guide and the underwriting guidelines within it are subject to revision and change at any time without notice.

The medical underwriting section provides a summary of medical conditions and medications that will result in declination of the application. This will assist you in anticipating the underwriting outcome of submitted applications. The build chart and tobacco usage sections will guide you in properly classifying your applicants. Our goal is to streamline the application process, making it as efficient as possible for you, the company, and your client.



Nassau Medicare Supplement Underwriting Guide

Underwriting Guidelines

Unless an applicant qualifies for Open Enrollment or Guaranteed Issue, the applicant will be underwritten for coverage. This underwriting involves:

1. All health questions on the application
2. Height and weight
3. Tobacco use
4. Review of Pharmacy Database information
5. Review of Medical Information Bureau (MIB) information
6. Possible telephone interview

The chart below provides the minimum build for eligibility plus the maximum build for Preferred and Standard rates. If build is beyond the maximum for Standard, then the applicant is not eligible for coverage.

Build Chart for Medicare Supplement Coverage			
Uni-Sex			
Height	Weight	Weight	Weight
	Minimum	Maximum Preferred	Maximum Standard
4'2"	54	124	146
4'3"	56	129	152
4'4"	58	135	158
4'5"	60	140	164
4'6"	63	145	171
4'7"	65	151	177
4'8"	67	156	181
4'9"	70	162	188
4'10"	72	167	193



Nassau Medicare Supplement Underwriting Guide

4'11"	75	173	201
5'0"	77	179	207
5'1"	80	185	215
5'2"	83	191	221
5'3"	85	198	229
5'4"	88	204	238
5'5"	91	210	244
5'6"	93	217	252
5'7"	96	223	259
5'8"	99	230	268
5'9"	102	237	274
5'10"	105	244	283
5'11"	108	251	290
6'0"	111	258	300
6'1"	114	265	306
6'2"	117	273	316
6'3"	121	280	326
6'4"	124	288	333
6'5"	127	295	344
6'6"	130	303	351
6'7"	134	311	361
6'8"	137	319	368
6'9"	140	327	379



NASSAU

Nassau Medicare Supplement Underwriting Guide

Tobacco Usage

The tobacco question must be answered and is used to determine eligibility for Preferred rates. To qualify for Preferred rates, the applicant may not have used tobacco in the 12 months prior to this application.

Rate Guarantee

Currently, rates are locked in and will not increase during the first 12 months of the policy.

Application Process

The application health questions are designed in a yes/no format. Any “yes” answer to one of the health questions results in declination of the application. If all health questions are answered “no”, then the application can be submitted for further processing. Medical Information Bureau (MIB) and Pharmacy database (RX) inquiries are made to verify answers to the health questions. See Appendix A beginning on Page 8 for a full list of underwriting questions and state specific variations to these questions.

MIB Discrepancy

If the MIB inquiry response indicates there may be a discrepancy in answers to the health questions, then the case will be referred for further investigation and questions from an interviewer to resolve the information discrepancy. This may result in a declination, approval or incompleteness of the application depending on the response provided by the applicant to the interviewer.

RX Discrepancy

If the RX inquiry response indicates there may be a discrepancy in answers to the health question, then the case will be may be declined or referred for further investigation and questions from an interviewer to resolve the discrepancy. This may result in a declination, approval or referral to an underwriter for review.

Uninsurable Health Conditions

This is not intended to be an all-inclusive list of declinable impairments. State variations may apply.

AIDS, ARC or HIV	Alzheimer’s disease	Aneurysm last 2 years
Cancer- Internal last 3 years	Carotid Artery Disease last 2 years	Chronic Hepatitis



Nassau Medicare Supplement Underwriting Guide

Chronic pulmonary disorder requiring oxygen	Congestive Heart Failure last 2 years	COPD
Coronary Artery Disease last 2 years	Currently Hospitalized, bedridden, require a wheelchair or motorized mobility aid	Dementia
Diabetes requiring insulin or any complications from diabetes (insulin and non-insulin) including retinopathy, neuropathy, or nephropathy last 2 years	Drug or alcohol abuse to include prescription and non-prescription last 2 years	Emphysema
End Stage Renal Disease ESRD	Enlarged heart last 2 years	Heart Attack last 2 years
Heart or circulatory surgery including angioplasty, bypass, stent, or valve replacement last 2 years	Heart Rhythm disorder requiring pacemaker or defibrillator last 2 years	Heart Valve Disorder last 2 years
Hodgkin's Disease last 3 years	Hospitalized two or more times in last 2 years	Huntington's Disease
Kidney Dialysis Stroke last 2 years	Kidney Failure	Lateral Sclerosis
Leukemia last 3 years	Liver Cirrhosis	Liver Failure
Malignant Melanoma last 3 years	Mental nervous disorder requiring psychiatric care last 2 years	Multiple Myeloma last 3 years
Multiple Sclerosis	Muscular Dystrophy	Myasthenia Gravis
Organ Transplant	Organic Brain Disease	Osteoporosis with fractures, degenerative bone disease, crippling or disabling arthritis or rheumatoid arthritis last 2 years
Parkinson's Disease	Peripheral vascular disease last 2 years	Rheumatoid Arthritis
Sarcoidosis	Systemic Lupus	Transient ischemic attack last 2 years

Uninsurable Medications

The use of the following drugs will result in a declination. This is not intended to be an all-inclusive list. The same drugs may have other names for generic or brand, or they may be included with other drugs with a combination name.



Nassau Medicare Supplement Underwriting Guide

3TC	Adriamycin	Akineton
Aldesleukin	Alkeran	Amantadine
Apokyn	Aricept (Donepezil)	Artane
Avonex	Azilect	AZT
Baclofen	Betaseron	Cerefolin
Carbidopa	Clozapine	Cogentin
Cognex	Comantan	Copaxone
Cytosan	D4T	DDC
DES	Dopar	Eldepryl
Enbrel	Epogen	Ergoloid
Exelon (Rivastigmine)	Falantamine	Gold
Haldo (Haloperidol)	Herceptin	Hydrea
Hydergine	Imuran	Interferon
Indinavir	Invirase	Kemadrin
Lasix (Furosemide) (>60 mg/day)	L-Dopa (Levodopa)	Leukeran
Lioresal	Lithium	Lomustine
Lupron	Megace (Megestrol)	Mellaril (Thioridazine)
Melphalan	Memantine	Mtrifonate
Mirapex	Moban	Myleran
Namenda	Navane (Thiothixene)	Nelfinavir
Neoral	Neupro	Oncovin
Paraplatin	Parlodel	Permax
Prednisone (>10 mg/day)	Procrit	Prolixin
Razadyne	Remicade	Reminyl
Requip	Retrovir	Rebif
Ridaura (Auroanofin)	Ribavirin	Riluzole
Risperdal (Risperidone)	Ritonavir	Sandimmune
Seroquel	Sinemet	Stalevo
Stelazine	Sustiva	Symmetrel
Tacrine	Tasmar	Teslac
Thiotepa	Thorazine	Tysabri
VePesid	Vincristine	Viramune
Zanosar	Zelapar	Zoladex
Zyprexa		



NASSAU

Nassau Medicare Supplement Underwriting Guide

Pre-Existing Conditions*

Pre-Existing Conditions Are Not Covered For 6 Months

Pre-existing Conditions are covered after this policy has been in force for 6 months.

"Pre-Existing Condition" is defined as a condition for which medical advice was given or treatment was recommended by or received from a physician within 6 months before the effective date of coverage.

If, as of the date of application, the applicant had a Continuous Period of Creditable Coverage or had prior coverage under a Medicare Supplement policy for at least 6 months, we will not exclude benefits based on a pre-existing condition. If, as of the date of application, the applicant had a Continuous Period of Creditable Coverage or had prior coverage under a Medicare Supplement policy for less than 6 months, we will reduce the period of the pre-existing condition limitation by the time covered under such prior coverage.

We will waive any pre-existing condition limitation if the applicant applied for and was issued this policy under a qualified guaranteed issue status.

*In Wyoming, all references to "6 months" are replaced with "90 days". In Kansas, there is no pre-existing condition limitation.



Appendix A
Medicare Supplement Medical Questions

#	<p style="text-align: center;">Generic Medical Questions See following pages for state specific variations</p>
1	Are you currently hospitalized or confined to a nursing facility or are you bedridden, require the use of a wheelchair or motorized mobility aid, received home health care in the last 90 days or have you had any amputation by a disease?
2	Have you ever been treated for, diagnosed or advised by a physician to have treatment for Acquired Immune Deficiency Syndrome (AIDS, AIDS Related Complex (ARC)), or the Human Immunodeficiency Virus (HIV)?
3	Have you ever been treated for, diagnosed or advised by a physician to have treatment for emphysema, chronic obstructive pulmonary disease (COPD), sarcoidosis, or other chronic pulmonary disorder or require the use of oxygen therapy to assist in breathing?
4	Have you ever been treated for, diagnosed or advised by a physician to have treatment for Alzheimer’s Disease, senile dementia, organic brain disease, or any other cognitive disorder?
5	Have you ever been treated for, diagnosed or advised by a physician to have treatment for Parkinson’s Disease, Systemic Lupus, Myasthenia Gravis, Huntington’s disease, Muscular Dystrophy, Multiple Sclerosis, or Lateral Sclerosis?
6	Have you ever been treated for, diagnosed or advised by a physician to have treatment for liver failure, cirrhosis, or chronic hepatitis?



NASSAU

Appendix A Medicare Supplement Medical Questions

Generic Underwriting Questions (continued)	
7	Have you ever been treated for, diagnosed or advised by a physician to have treatment for kidney failure, end stage renal disease (ESRD) or have you received kidney dialysis?
8	Have you ever been advised by a physician to have surgery, medical tests, treatment or therapy that has not ever been performed or had medical test(s) for which you have not received the results?
9	Have you ever had an organ transplant or ever been advised by a physician to have an organ transplant?
10	Have you ever been hospitalized two or more times in the past 24 months?
11	In the past 2 years, have you been treated for, diagnosed or advised by a physician to have treatment for angina, congestive heart failure, heart attack, heart valve disorder, cardiomyopathy, heart rhythm disorder requiring pacemaker or defibrillator, enlarged heart, coronary artery disease, carotid artery disease, stroke, transient ischemic attack (TIA), aneurysm, peripheral vascular disease, or had heart or circulatory surgery of any type including angioplasty, bypass, stent placement or valve replacement?
12	In the past 2 years, have you been treated for, diagnosed or advised by a physician to have treatment for mental or nervous disorder requiring psychiatric care, alcohol or drug abuse to include prescription and non-prescription?
13	In the past 2 years, have you been treated for, diagnosed or advised by a physician to have treatment for osteoporosis with fractures, degenerative bone disease, crippling or disabling arthritis or rheumatoid arthritis?
14	In the past 2 years, have you been treated for, diagnosed or advised by a physician to have treatment for diabetes requiring insulin or any complications from diabetes (insulin and non-insulin) including retinopathy, neuropathy, or nephropathy?
15	In the past 3 years, have you been treated for, diagnosed or advised by a physician to have treatment for internal cancer, malignant melanoma, Hodgkin’s Disease, leukemia, or multiple myeloma?



NASSAU

Appendix A Medicare Supplement Medical Questions

State	State Specific Variations of the 15 Underwriting Questions
Alabama	Generic
Colorado	Generic
Delaware	Generic
Illinois	For all questions that include "physician," we added: "or licensed medical professional" after the word "physician." (This pertains to all questions except #1, #10, #11)
Indiana	Questions #3, #4 and #8 are modified to read: "In the past 5 years" (instead of "have you ever")
Iowa	Generic
Kansas	Generic
Kentucky	On the Kentucky application, the tobacco question and height and weight were moved to the medical underwriting section as Question #1 and #2; all remaining questions were renumbered (Question #s 3-17 on the KY app align to generic question #s 1-15).The tobacco question includes the following disclaimer: "If you answered yes to this question, it will not disqualify you from getting a Med Sup policy."
Louisiana	Generic
Maryland	On the Maryland application, the Personal Care Physician, tobacco question, and height and weight were moved to the medical underwriting section as Question #s 1-4; all remaining questions were renumbered (Question #s 5-19 on the MD app align to generic question #s 1-15). Question #s 6-13 on the MD app (generic question #s 2-9) were modified to read: "Have you ever been" to read: "In the past 7 years, have you been", and Question #5 (generic question #1) is modified to read: "Are you currently hospitalized or confined to a nursing facility or are you bedridden, require the use of a wheelchair or motorized mobility aid, received home health care in the last 90 days or have you had any amputation due to disease in the past 7 years?"
Michigan	Generic
Mississippi	Generic
Montana	Generic
Nebraska	Generic
Nevada	Generic
New Mexico	Generic



NASSAU

Appendix A Medicare Supplement Medical Questions

State	State Specific Variations of the 15 Underwriting Questions (continued)
North Carolina	Question #2 is modified to read: "Has any person to be insured tested positive for exposure to the Human Immunodeficiency Virus (HIV) infection or been diagnosed and advised by a physician that they have Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?"
North Dakota	Question #2 is modified to read: "Have you been diagnosed or treated by a member of the medical profession as having AIDS, ARC or the HIV infection?"
Ohio	Question #2 is modified to read: "Have you ever been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS, AIDS Complex (ARC)) or the Human Immunodeficiency Virus (HIV)."
Oklahoma	Generic
Pennsylvania	On the Pennsylvania application, the tobacco question and height and weight were moved to the medical underwriting section as Question #1 and #2; all remaining questions were renumbered (Question #s 3-17 on the PA app align to generic question #s 1-15). Questions #s 4-12 on the PA app (generic question #s 2-10), we modified to read "within the last 5 years" (instead of "if ever" or "within last 2 years") Questions #s 4-9 on the PA app (generic question #s 2-7) and #s 13-17 (generic question #s 11-15), the term "been diagnosed" has been modified to: "been medically diagnosed" and "been treated" has been modified to: "been medically treated."
South Carolina	Generic
South Dakota	Generic
Tennessee	Generic
Texas	Generic
Utah	Question #1, we added "or have you" before "received home health care" Question #9, we added "or had an amputation due to disease." Question #10, we removed the word "ever" from the question.
Wyoming	Generic