



Medicare Supplement Insurance

Underwritten by Tier One Insurance Company,
a subsidiary of Aflac Incorporated.

In California, Tier One Insurance Company conducts business as Tier One Life Insurance Company.

Underwriting Guideline Excerpts

Administered by Aetna Life Insurance Company

This document contains *excerpts* of guidelines used by the underwriting team.
This is for informational use only by agents and is subject to change by Aetna at any time.

MEDICARE SUPPLEMENT UNDERWRITING EXCERPTS

An applicant who can answer “no” to all health conditions on the application will be underwritten. A “yes” answer to these conditions will be an automatic decline. Questions are sometimes answered incorrectly. If it is found that a condition was answered “no” and the answer should have been “yes” the application will result in a decline.

In addition to the application, a prescription history check and the “Drug Information List” are used to determine the insurability of an applicant. Because of the nature of some medications, individuals taking them will be declined, regardless of the severity of the condition. When an applicant is prescribed one of these medications that have multiple uses, the applicant is required to provide the diagnosis for which the medication was prescribed. The application will be considered if it is found that the medication is prescribed for something other than an unacceptable condition.

Applications with explanations of conditions in the Applicant Health History section will be evaluated and may be issued.

For the purpose of this Guideline, the timeframes listed are based on the generic state applications. In states where timeframes differ from the generic application, the time frame listed on the application will override the timeframes in this guideline.

Cardiovascular and Circulatory Conditions

Anemia

Coverage is unacceptable if there are multiple blood transfusions within the last 36 months. Applicants requiring iron infusions more than twice a year are unacceptable. Applicants receiving monthly B-12 injections may be considered.

Aneurysm

Coverage is unacceptable if the aneurysm has not been surgically removed or repaired. In cases where the aneurysm has been surgically removed, the applicant may be considered. In cases where the aneurysm has been surgically repaired, applicants may be considered if the treatment consisted of stents or coiling and took place more than 5 years ago. Coverage is unacceptable if aneurysm was surgically repaired using glue, clipping or flow diverters. Applicants with diabetes and history of aneurysm are unacceptable at any time.

Artery Blockage

Coverage is unacceptable if diagnosed with or surgically treated within the 12 months or an artery blockage greater than 50%. Blockage medically treated less than 50% are acceptable after 12 months.

Applicants with diabetes and history of artery blockage are unacceptable.

Atrial Fibrillation or Atrial Flutter

Coverage is unacceptable if the applicant has been treated for this condition within the past 36 months. For the purpose of this guideline, medication is considered treatment and should be declined. Coverage may be considered if applicant experienced an acute episode of Atrial Fibrillation or Atrial Flutter due to surgery and are no longer taking medication.

Irregular Heartbeat/Arrhythmia

Coverage is unacceptable if the applicant has been treated for this condition with a blood thinner within the past 12 months. Ablation can be used to treat irregular heartbeat/arrhythmia. Coverage is unacceptable if the applicant has been treated with ablation within the past 12 months. Applicants may be considered after 12 months if they are not still being treated with a blood thinner or other uninsurable medication.

Blood Disorder

Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition any time within the past 36 months. Unacceptable blood disorders include, but not limited to the following:

- Aplastic anemia
- Hemochromatosis
- Hemolytic anemias
- Monoclonal gammopathy of undetermined significance
- Polycythemia
- Sickle cell disease
- Thalassemia
- Thrombocytopenia
- Factor V (Protein V, Factor V Leiden)

Cardiomyopathy

Coverage is unacceptable if the applicant has been diagnosed treated or had surgery for this condition within the past 36 months.

Congestive Heart Failure or Hypertensive Heart Failure

For the purposes of this guideline, hypertensive heart failure is underwritten the same as Congestive Heart Failure.

Coverage is unacceptable if the applicant has ever been diagnosed with this condition. Coverage is also unacceptable if the applicant is seeing a cardiologist, and/or has been prescribed medications listed in the Field and Drug Guide.”

Defibrillator

Coverage is unacceptable if the applicant has had this device implanted at any time.

Enlarged Heart (Cardiomegaly)

Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition within the past 24 months.

Heart Attack/Myocardial infarction

Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition within the past 12 months. Medications outside 12 months may be considered maintenance. This condition in combination with Diabetes is unacceptable at any time. *See [Diabetes](#) section for additional information.

Heart Valve Disorder

Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition within the past 12 months.

Hypertension (Uncontrolled)

Coverage is unacceptable if the applicant's the last reading was higher than 175 systolic or 100 diastolic.

Pacemaker

Coverage is unacceptable if the applicant has had this device implanted within the past 12 months. If battery replacement only, coverage is acceptable. If replacement pacemaker, coverage is acceptable regardless of time frame.

If individual has a Pacemaker and takes Warfarin (or other blood thinner), the condition associated with blood thinner is required. If blood thinner is treating Atrial Fibrillation, the applicant should be declined for Atrial Fibrillation treatment. If no information provided with warfarin diagnosis, decline until which time applicant can provide proof of diagnosis associate with the blood thinner.

Peripheral Vascular or Arterial Disease

Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition within the past 24 months. A diagnosis of varicose veins is not considered PVD, PAD or PVA. Medications after 24 months from diagnosis are considered maintenance with the exception of medication listed in the Field and Drug Guide.

Stroke

Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition within the past 24 months. Medication outside 24 months is considered maintenance and coverage is acceptable. This condition in combination with Diabetes is unacceptable at any time.

Transient Ischemic Attack (TIA)

Coverage is unacceptable if the applicant has been treated, diagnosed or had surgery for this condition within the past 24 months. Medication outside 24 months is considered maintenance and coverage is acceptable. This condition in combination with Diabetes is unacceptable at any time.

Endocrine

Addison's Disease

Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition at any time.

Diabetes

For the purpose of this guideline, prediabetes is considered diabetes.

Type I - Coverage is unacceptable if the applicant has had or been treated for this condition at any time.

Type II - Coverage is unacceptable if the applicant has a blood sugar reading over 180 or a hemoglobin A1C reading over 7.5. Type II diabetes requiring insulin for control is also unacceptable. Injectable, non-insulin medication is an acceptable treatment for Type II diabetes.

If applicant has discontinued the use of insulin at the order of a physician, they may be considered after last use is more than 12 months ago. Coverage is unacceptable if applicant has discontinued use of insulin against medical advice.

Diabetic Complications

For purposes of this guideline, if diabetes in combination with a medication generally prescribed for neuropathy, the diagnosis associated with that medication is needed in order to determine eligibility. If no diagnosis provided, coverage is unacceptable until which time we are provided with the diagnosis.

Coverage is unacceptable if the applicant has experienced any complications, including heart attack or stroke, or artery blockage at any time.

If medication has been changed for uncontrolled blood sugar within the past 12 months, coverage is unacceptable. If pre-medication change values are known and blood sugar reading was less than 180 and A1C was less than 7.5, coverage may be acceptable. Decrease in medications would indicate blood sugar is controlled and applicants may be considered for coverage.

Diabetes in combination with benign arrhythmia or heart valve disorders is acceptable. See also, [Pacemaker](#) Section of this guideline.

Pancreas Disorder (Gastrointestinal)

Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition within the past 36 months.

Genitourinary

Chronic Kidney Disease

Coverage is unacceptable if the applicant has had or been treated for this condition at any time.

If regular visits for kidney function, tests may be declined for further evaluation. Applicants may be reconsidered with 3 years medical records.

Kidney Failure

Coverage is unacceptable if the applicant has had or been treated for this condition at any time. Exception: An acute episode of kidney failure that has resolved may be acceptable after six months with a review of medical records.

Dialysis

Coverage is unacceptable if the applicant has undergone this treatment at any time. Exception: An acute episode of kidney failure requiring only a few dialysis treatments that have been discontinued may be acceptable after six months with a review of medical records.

Polycystic Kidney Disease

Coverage is unacceptable if the applicant has had or been treated for this condition at any time.

Renal Insufficiency

See [Kidney Failure](#)

Neurogenic Bladder

Coverage is unacceptable if the applicant has this condition.

Neurological, Mental, and Musculoskeletal

Arthritis Restricting Mobility or ADLs/Disabling Arthritis

Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition within the past 24 months.

Muscular Dystrophy

Coverage is unacceptable if the applicant has had or been treated for this condition at any time. Exception: Fuch's Dystrophy, Polio or Post-Polio Syndrome may be considered in certain circumstances.

Multiple Sclerosis

Coverage is unacceptable if the applicant has had or been treated for this condition at any time.

Myasthenia Gravis

Myasthenia gravis is declinable if the applicant has been diagnosed, treated or had surgery for this condition within the past 24 months.

Osteoporosis with Fractures

Coverage is unacceptable if the applicant has had any fractures within the past 24 months.

Paget's Disease

Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition within the past 24 months. Paget's Disease located in the breast is a rare form of breast cancer and may only be considered after 36 months from diagnosis and/or last treatment.

Alzheimer's Disease

Coverage is unacceptable if the applicant has been diagnosed or treated for this condition at any time.

Cerebral Palsy

Coverage is unacceptable if the applicant has had or been treated for this condition at any time.

Dementia

See [Alzheimer's Disease](#)

Coverage is unacceptable if the applicant has been diagnosed or treated for this condition at any time.

Huntington's Disease

Coverage is unacceptable if the applicant has had or been treated for this condition at any time.

Lou Gehrig's Disease/Amyotrophic Lateral Sclerosis

Coverage is unacceptable if the applicant has had or been treated for this condition at any time.

Mental Retardation

Coverage is unacceptable if the applicant has had or been treated for this condition at any time.

Narcolepsy

Coverage is unacceptable if the applicant has had or been treated for this condition at any time.

Parkinson's Disease

Coverage is unacceptable if the applicant has had or been treated for this condition at any time. Essential or familial tremors may be acceptable.

Peripheral Neuropathy

Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition within the past 24 months. For the purpose of this guideline, medication is considered treatment and should be declined.

Psychiatric Diseases (Bipolar Disorder, Major Depression, Schizophrenia)

Coverage is unacceptable if the applicant has had or been treated for this condition at any time.

ADHD (Attention Deficit Hyperactivity Disorder)

Coverage is acceptable only if taking medications not included in Aetna's Drug List.

PTSD (Post-traumatic Stress Disorder)

Coverage is acceptable only if taking medications not included in our Drug List.

Epilepsy/Seizures

Coverage is unacceptable if the applicant has had a seizure within the past 12 months.

Respiratory

Chronic Lung Disease/Chronic Obstructive Pulmonary Disease

Coverage is unacceptable if the applicant has required treatment with a nebulizer, three or more medications or oxygen therapy for this condition within the past 24 months; or currently uses tobacco.

Lung or Respiratory Disorder

Coverage is unacceptable if the applicant has been treated with three or more medications, nebulizer, or oxygen within the past 24 months on a regular or intermittent basis; or used tobacco within past 12 months.

Acute episodes of lung or respiratory disorder (seasonal bronchitis, seasonal allergies) may be considered if one-time treatment in emergency room or physician office.

If a medication can be purchased OTC, it should not be considered as one of the three medications.

Tuberculosis

Coverage is unacceptable if the condition is active.

Use of Oxygen

Coverage is unacceptable if the applicant has been treated on a regular or intermittent basis within the past 24 months. CPAP (Continuous Positive Airway Pressure) machine without O2 use may be considered. CPAP machine with O2 use is unacceptable if regular or intermittent use within past 24 months.

General

Alcoholism/Alcohol Abuse

Coverage is unacceptable if the applicant has been diagnosed or treated for this condition or recommended to have rehabilitation for this condition within the past 36 months.

Amputation Caused by Disease

Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition within the past 24 months.

If diabetes in combination with amputation cause by disease, applicant should be declined for complications and cannot be considered for coverage.

ARC, AIDS, or Positive for HIV

Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition at any time. For those currently being treated or have been treated with antiretroviral medications for pre-exposure or post exposure, coverage may be considered with medical records.

NOTE: Minnesota applicants DO NOT have to disclose an HIV test administered to a criminal offender or crime victim as a result of a crime that was reported to the policy; to a patient who received emergency medical services of emergency medical personnel at a hospital or medical facility, corrections employee or employee of a secure treatment facility; to emergency medical personnel who were tested as a result of performing emergency medical services; or to a person who has been the victim of assault or any other crime which involves bodily contact with the offender.

Connective Tissue Disorders

Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for any of these conditions within the past 24 months.

Connective tissue disorders that may be considered on an individual basis include fibromyalgia, polymyalgia and rheumatoid arthritis. Acceptance or declination would depend on severity of symptoms and treatment required.

Individuals treated with medications on the not insurable "Drug Information List" are unacceptable. Mild symptoms requiring treatment with non-steroidal anti-inflammatory drugs are acceptable.

If an applicant under medical advice has discontinued use of any unacceptable medications for these conditions, applicant may be considered after 24 months.

Drug Abuse

Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition or recommended for rehabilitation for this condition within the past 36 months.

Hodgkin's Disease (Hodgkin's Lymphoma)

Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition within the past 36 months.

Internal Cancer

Coverage is unacceptable for any types of cancer if the applicant has been diagnosed, treated or had surgery for any type of cancer within the past 36 months. Reconstructive Surgery is not considered treatment for breast cancer.

Leukemia

Coverage is unacceptable if the applicant has had or been diagnosed or treated for this condition at any time.

Lymphoma/Non-Hodgkin's Lymphoma

Coverage is unacceptable if the applicant has had or been treated for this condition at any time. See [Hodgkin's Disease \(Hodgkin's Lymphoma\)](#) for the guideline for that condition.

Melanoma/Precancerous Melanoma

Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition within the past 36 months.

Pre-Cancerous Lesions, Basal/Squamous Cell Carcinoma and Actinic Keratosis/Actinic Tumor may be considered. If active treatment for these conditions, applicant should be declined for further evaluation, treatment or surgery and can be considered once released from care with proper documentation.

Multiple Myeloma

Coverage is unacceptable if the applicant has had or been treated for this condition at any time.

Organ, Bone Marrow, or Stem Cell Transplant

Coverage is unacceptable if the applicant has had or been treated for this condition at any time.

Prostate Specific Antigen (PSA)

Coverage is unacceptable if the applicant has had an unacceptable reading within the past 12 months with no history of cancer.

Motorized Mobility Device, Wheelchair

An applicant currently dependent on any of these devices is unacceptable.

Hepatitis/ Chronic Hepatitis

Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition at any time within the past 36 months. For purposes of these guidelines, medication is considered treatment and should be declined.

Cirrhosis

Coverage is unacceptable if the applicant has had or been treated for this condition at any time.

Individual Consideration

Several conditions or treatments are given "individual consideration" in the underwriting decision. These conditions must be carefully evaluated along with other factors such as, but not limited to, severity, coexisting conditions, and current treatment. Upon evaluation of the various factors a determination will be made on whether the applicant is acceptable for coverage.

Below you will find the individual consideration conditions or treatments complete with an overview and a description outlining when each condition may be acceptable and when each condition may be declinable.

Applicant Unable to Complete a Telephone Interview

An interpreter from an outside firm may be used to complete interview with a non-English speaking applicant. A family member or the agent may help with a hearing-impaired applicant if the interviewer is able to hear the questions being asked of the applicant and his/her reply. Three (3) years of medical records are required to consider an application for an applicant who is unable to speak due to a physical impairment or an individual who is hearing impaired.

Use of Medical Foods

Medical foods are defined by the FDA as "a food which is formulated to be consumed or administered internally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation."

Some examples (not a complete list):

- Axona (caprylic triglyceride) – Alzheimer's disease
- Banatrol Plus (banana flakes/Bimuno, Clasado's galacto-oligosaccharide– Diarrhea Deplin (l-methylfolate) – Depression
- Fosteum (genistein aglycone/citrated zinc bisglycinate/cholecalciferol) – osteopenia and osteoporosis Limbrel (flavocoxid) – Osteoarthritis
- Metanx (L-methylfolate calcium/pyridoxal 5'-phosphate/methylcobalamin) – Diabetic neuropathy Theramine (l-arginine, 5-htp, histidine, l-glutamine) – Myalgia

If an applicant is prescribed medical food for a declinable condition, the application should be declined.

Crohn's Disease

Individuals treated with anti-inflammatory medications, not underweight and no recent or frequent hospitalizations are acceptable. Those who have required surgery in the past but are currently asymptomatic are acceptable. Individuals who require treatment with immune system suppressors (some of these medications are included in our "Drug Information List"); underweight or recently hospitalized should be declined.

Ulcerative Colitis

Individuals treated with anti-inflammatory medications, not underweight and no recent or frequent hospitalizations are acceptable. Those who have required surgery in the past but are currently asymptomatic are acceptable. Individuals who require treatment with immune system suppressors (some of these medications are included in our "Drug Information List"); underweight or recently hospitalized should be declined.

Use of Prednisone

If prescribed for an unacceptable condition, the application should be underwritten based on the guideline for the condition.

For Connective Tissue Disorders identified as Individual Consideration conditions, the maximum daily dose to treat these conditions is limited to 10 mg daily.

Interstitial Cystitis

Individuals treated with systemic or minimal to moderate amounts of chronic pain medications without frequent urology visits are acceptable. All others including those treated with local/instilled medication are unacceptable. If prescribed medications which are on the unacceptable drug list, applicant cannot be considered for coverage.

Use of Opioids

The Drug List contains many of the most commonly prescribed opioid medications. Individuals who have been prescribed these medications for chronic conditions should be declined. Individuals who have been prescribed these medications for short-term use for acute conditions may be considered after the symptoms have resolved and these medications are no longer required.

Macular Degeneration

Coverage is unacceptable if the applicant has been diagnosed with wet macular degeneration and is currently receiving or has taken injections within the past 12 months.

Miscellaneous Treatment/Tests, etc.

Future Treatment, Evaluation, Testing, Surgery

If the application question concerning treatment, further evaluation, diagnostic testing, or any surgery that has not been performed is answered “yes”, the applicant is not acceptable. It should not be answered “yes” if routine testing is planned or scheduled. The following guide describes tests that are routine and tests that are done for diagnostic reasons.

Applicants receiving on-going treatment with implantable devices including but not limited to *stimulators* (including bladder), Transcutaneous electrical nerve stimulation (TENS/TNS) units, should be declined based on further treatment and/or the condition requiring the device.

Catheters (including self-catheterization) are unacceptable. Applicants can be considered after which time the catheter has been removed and they have been released from care.

Colostomy: If colostomy is temporary, coverage is unacceptable. Applicant can be considered after which time the colostomy has been removed and released from care. If permanent, coverage will be considered on an individual basis.

Systemic medications are treatments that affect the entire body and are generally prescribed after other types of treatments have not been successful. Some of the most commonly prescribed systemic medications are on the Drug List and include, but are not limited to methotrexate, Stelara and Otezla.

These medications are commonly prescribed for conditions such as psoriasis and require follow up and regular administration of the medication. Applicants being treated with these medications should be declined due to further evaluation.

These medications may also treat other conditions, including psoriatic arthritis and other connective tissue disorders. If prescribed for these conditions, please refer to the guideline for those conditions.

Routine Testing

AGE 65 AND OLDER

- **Abdominal aortic aneurysm screening:**
 - Men between ages 65 - 75 who have smoked should have an ultrasound done once to screen for abnormal aortic aneurysms.
 - Others should discuss such screening with their health care provider.
- **Blood pressure screening:**
 - Have your blood pressure checked every year.
 - If you have diabetes, heart disease, kidney problems, or certain other conditions, you may need to be watched more closely.
- **Cholesterol screening:**
 - If your cholesterol level is normal, have it rechecked every 3-5 years.

- If you have diabetes, heart disease, kidney problems, or certain other conditions, you may need to be monitored more closely.
- **Colon cancer screening: One of the following screening tests should be done:**
 - A stool test every year
 - Flexible sigmoidoscopy every 5 years along with a stool guaiac test
 - Colonoscopy every 10 years *(or more frequently where appropriate due to risk factors, personal or family history, or history of large colorectal adenomas)*
 - Computed tomographic colonography (virtual colonoscopy)
 - Note: Patients with risk factors for colon cancer, including long-standing ulcerative colitis, personal or family history of colorectal cancer, or history of large colorectal adenomas may need a colonoscopy more often.
- **Dental exam:**
 - Go to the dentist every year.
- **Eye exam:**
 - Have an eye exam every 1-2 years.
 - Make sure your health care provider checks for glaucoma.
- **Hearing test:**
 - Have your hearing tested every year.
- **Immunizations:**
 - Over 65, get a pneumococcal vaccine if you have never had before, or if you received one more than 5 years before you turned 65.
 - Get a [flu](#) shot every year.
 - Get a tetanus - diphtheria booster every 10 years.
 - A shingles or herpes zoster vaccination may be given once after age 60.
- **Men: Prostate exam:**
 - Prostate cancer screening
 - Screening may involve a PSA test or digital rectal exam.
- **Physical exam:**
 - Have a yearly physical exam.
 - With each exam, you should have your height and weight checked.
 - Routine diagnostic tests are not recommended unless your doctor finds a problem.
- **Women: Breast exams:**
 - Women may do a monthly breast self-exam.
 - Women should contact their doctor immediately if they notice a change in their breasts, whether or not they do self-exams.
 - A complete breast exam should be done by a health care provider every year.
- **Women: Mammograms:**
 - Women should have a mammogram done every 1-2 years depending on risk factors to check for breast cancer.

- **Women: Osteoporosis screening:**
 - All women should have a bone density test (DEXA scan).
 - Ask your doctor about the proper calcium intake and exercise needed to help prevent osteoporosis.
- **Men: Osteoporosis screening:**
 - All men over age 70 should have a bone density test (DEXA scan).
- **Women: Pelvic exam and Pap smear:**
 - Women should have a yearly pelvic exam and Pap smear done to check for cervical cancer and other disorders.
 - If your Pap smears have been negative for 3 years in a row, your doctor may tell you that you only need a Pap smear to every 2 - 3 years.
 - Women who have had a total hysterectomy (uterus or cervix removed) may choose not to have Pap smears.
 - If you are over 70 and your Pap smear has been normal for 10 years, or if your test results have been normal for 3 years in a row, you may choose not to have any more Pap smears.

Under the Further Evaluation, Testing, Surgery Guideline, coverage is unacceptable when any tests are performed more frequently than is recommended for routine preventative screening. Routine preventative screening tests are acceptable.

Excerpts for Agent Training Purposes Only

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