

# Medicare Supplement insurance

Underwriting guide



**Allstate**  
HEALTH SOLUTIONS

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Allstate Health Solutions markets products underwritten by National Health Insurance Company and American Heritage Life Insurance Company.

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## Contacts and hours of operation

### Mailing and contact information for new business and delivery receipts

#### New business — paper applications

Allstate Health Solutions  
PO Box 95464  
Cleveland, OH 44101

FedEx or Overnight Address  
Allstate Health Solutions  
ATTN: Allstate Health Lockbox Operations  
800 Superior Ave East, 3rd Floor  
Cleveland, OH 44114

Email (scanned applications): [NPSMedicareSuppApps@ngic.com](mailto:NPSMedicareSuppApps@ngic.com)

#### Underwriting/home office — Medicare Supplement policies only

Email: [uwmedsupp@ngic.com](mailto:uwmedsupp@ngic.com)  
Phone: 888-966-2345  
Fax: 888-344-3232  
Hours of Operation: 7:00 AM to 4:00 PM CST

#### Claims

Allstate Health Solutions  
PO Box 17110  
Winston-Salem, NC 27116  
Email: [ClaimsServices@actmanre.com](mailto:ClaimsServices@actmanre.com)  
Phone: 833-976-2628  
Fax: 336-770-2775  
Hours of Operation: 7:00 AM to 5:00 PM CST

#### Policy admin — correspondence (policies issued on or after 1/1/2021)

Allstate Health Solutions  
PO Box 1070  
Winston-Salem, NC 27102-1070  
Email: [MemberServices@ngic.com](mailto:MemberServices@ngic.com)  
Phone: 888-966-2345  
Fax: 888-344-3232  
Hours of Operation: 8:00 AM to 7:00 PM CST

#### Policy admin — correspondence (policies issued prior to 1/1/2021)

Allstate health Solutions  
PO Box 17110  
Winston-Salem, NC 27116  
Email: [Natgenhealth@actmanre.com](mailto:Natgenhealth@actmanre.com)  
Phone: 833-976-2628  
Fax: 336-770-2775  
Hours of Operation: 7:00 AM to 5:00 PM CST

#### Agent enrollment portal:

[EnrollNatGen.com](http://EnrollNatGen.com)  
Technical Support: 833-408-5392

#### Agency services/contracting:

Email: [SeniorProductSales@ngic.com](mailto:SeniorProductSales@ngic.com)  
Phone: 888-376-3300  
Hours of Operation: 8:00 AM to 4:00 PM CST

## Introduction

Thank you for partnering with Allstate Health Solutions for individual Medicare Supplement insurance. This document has been designed to help you understand the underwriting process and guidelines used by Allstate Health Solutions when reviewing applications. This guide contains a general overview of current medical underwriting guidelines and is subject to change at any time.

## New business guidelines

### Eligibility requirements

Applicants are eligible to apply for Medicare Supplement insurance if they:

- Are covered under Medicare Part A & B.
- Are 65 years of age or older.
- Are Medicare eligible due to disability in a state requiring under age 65 coverage.
- Reside in any of the following states: AK, AL, AR, AZ, CA, CO, DC, DE, FL, GA, IA, ID, IL, IN, KS, KY, LA, MD, MI, MN, MO, MS, MT, NC, ND, NE, NJ, NM, NV, OH, OK, OR, PA, SC, SD, TN, TX, UT, VA, WI, WV, WY.

### New business guidelines

Applications must be submitted and received at the home office within 30 days of the application signature date. Once we receive the application, it will be processed in the order in which it was received. If there are any errors on the application, you will be notified as they are found and corrections will be requested. Any errors will need to be fixed before a policy can be issued.

### Effective date

All applications must contain a requested effective date. Effective dates must be after the signature date of the application and is available on the 1st through the 31st of the month.

The effective date is required when submitting an application and must be equal to or greater than the Medicare Part B effective date, and after the signature date of the application.

Open enrollment:

- An application may be submitted up to 6 months prior to and 6 months following the first day of the month of the applicant's 65th birthday or up to 6 months prior to and 6 months following the date the applicant becomes eligible for Medicare Part B. And;

- The coverage effective date must be on or after the Medicare A and B effective dates.

**Guaranteed Issue:** An applicant applying under Guaranteed Issue rights may request an effective date up to 60 days beyond the application date.

**Underwritten:** An applicant applying outside of open enrollment may request an effective date up to 60 days beyond the application date.

**Plan selection:** Refer to the state specific application for availability.

### Replacements

A replacement takes place when an applicant is terminating existing Medicare Supplement or Medicare Advantage insurance and replacing it with new Medicare Supplement insurance.

Allstate Health Solutions requires a fully completed application when applying for a replacement policy; all replacements involving Medicare Supplement, Medicare Select or Medicare Advantage insurance **MUST** include a completed Replacement Notice.

### MACRA

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) is a Federal law that was passed on April 16th, 2015. This law changed the available Medicare supplement plans for those who become newly eligible for Medicare on or after January 1, 2020. MACRA requires that Medicare supplement plans that cover the Medicare Part B deductible cannot be available to those who become newly eligible for Medicare on or after January 1, 2020. Those who become newly eligible for Medicare on or after January 1, 2020 may not be issued a policy for Plans C, F, or HDF. However, these plans may be available to anyone eligible on or before December 31, 2019.

## Rating instructions for AZ, AL, DE, GA, IN, KS, MS, NE, OK, SC, WV

If the applicant is applying for Allstate Health Solutions Medicare Supplement insurance:

### Open Enrollment or Guaranteed Issue

- Use **Standard** rating tier if:
  - i. They are a smoker and/or
  - ii. Meet Standard HT/WT
- Use the lowest of Preferred or Preferred Select rating tier for all other Open Enrollment or Guaranteed Issue

### Underwritten

- Use **Preferred Select** rating tier if:
  - i. They are a non-smoker and;
  - ii. Meet Preferred Select HT/WT and;
  - iii. Answer “no” to the preferred question. (Must submit the separate Preferred Select Opt-in form)
    - » If they answer “yes” to the preferred question they do not qualify for Preferred Select rates and must be given Preferred.
- They qualify for **Preferred** rating tier if:
  - i. They are a non-smoker and;
  - ii. Meet Preferred HT/WT
- They qualify for **Standard** rate tier if:
  - i. They are a smoker and/or
  - ii. Do NOT meet Preferred Select or Preferred HT/WT

## Rating instructions for IA, KY, LA, MD, MI, MN, TN

If the applicant is applying for Allstate Health Solutions Medicare Supplement insurance:

### Open Enrollment or Guaranteed Issue, and are 67 years old and older:

- Use the **lowest of Preferred or Preferred Select** rating tier

### Underwritten

- Use **Preferred Select** rating tier if:
  - i. They are a non-smoker and;
  - ii. Meet Preferred Select HT/WT and;
  - iii. Answer “no” to the preferred question (Must submit the separate Preferred Select Opt-in form)
    - » If they answer “yes” to the preferred question they do not qualify for Preferred Select rates and must be given Preferred.
- They qualify for **Preferred** rating tier if:
  - i. They are a non-smoker and;
  - ii. Meet Preferred HT/WT
- They qualify for **Standard** rate tier if:
  - i. They are a smoker and/or
  - ii. Do NOT meet Preferred Select or Preferred HT/WT

## Open Enrollment guidelines

Applicants who purchase Medicare Supplement insurance during an Open Enrollment period are not required to provide any health history information.

An Open Enrollment period is available for applicants who are:

- Within 6 months of turning age 65 and enrolling in Medicare Part B.
- Within 6 months of first enrolling in Medicare Part B.
- Now age 65, previously qualified for Medicare due to disability and enrolled in Medicare Part B, now eligible for a second enrollment period.

During this period, Allstate Health Solutions cannot deny insurance coverage, place conditions on a policy or charge a higher premium due to past medical conditions.

### Open Enrollment guidelines for applicants under age 65

Some states require that Medicare Supplement Open Enrollment be offered to individuals under age 65 due to disability. Refer to the chart below for details on availability. If a state is not listed, applicants under age 65 are not accepted in that state.

Under 65 Open Enrollment	Plans: Medicare eligible on 01/01/2020 or after (Post MACRA)											Plans: Medicare eligible before 01/01/2020 (Pre MACRA)							
	A	B	C	D	F	G	HDG	K	L	M	N	A	B	C	D	F	HDF	G	N
CA, CO, DE, FL, GA, ID, IL, KS, LA, MS, MO, MT, OR, SD, TN	√					√					√	√				√	√	√	√
PA	√	√				√					√	√	√			√	√	√	√
KY	√					√						√		√		√		√	
NC	√											√				√			
AR, MD, OK, TX, IN, VA	√											√							
MI	√											√		√					
NJ				√										√	√				

NJ exception: Applicant must be age 50-64 as of the policy effective date to apply.

KY: Application must be underwritten.

Under 65 Open Enrollment	Medicare eligible on 01/01/2020 or after (Post MACRA)				Medicare eligible before 01/01/2020 (Pre MACRA)			
	Basic	Extended Basic	High Deductible	Co-pay	Basic	Extended Basic	High Deductible	Co-pay
MN	√	√	√	√	√	√	√	√
<b>Optional riders</b>								
Medicare Part A deductible	√				√			
Medicare Part B excess charges	√				√			
Preventative care	√				√			
Medicare Part B deductible					√			

MN: Applicant must be within 6 months of their Medicare Part B enrollment.

Under 65 Open Enrollment	Medicare eligible on 01/01/2020 or after (Post MACRA)	Medicare eligible before 01/01/2020 (Pre MACRA)
Plans	Basic	Basic
WI	√	√
Optional riders		
Medicare Part A deductible	√	√
Medicare Part B co-pay	√	√*
Medicare Part B excess charges	√	√
Home health care	√	√
Foreign travel emergency	√	√
Medicare Part B deductible		√

\*Unavailable as Pre MACRA if Medicare Part B Deductible is elected.

## Guaranteed Issue guidelines

Medicare Supplement insurance has guidelines in place that allow qualified applicants to enroll in certain plans without being medically underwritten.

An applicant who is age 65 or older may be eligible for Guaranteed Issue of Medicare Supplement insurance upon the occurrence of certain events that cause the applicant to lose their existing insurance coverage.

Additionally, policyholders who have terminated/cancelled their coverage due to Medicaid enrollment and are now losing that assistance are eligible to reapply under Guaranteed Issue enrollment. Please refer to page 21 for more details.

**Certain documentation is required to be submitted for applicant's applying for Guaranteed Issue. Coverage will not be issued as Guaranteed Issue until the required documents are received.**

Guaranteed Issue rules and circumstances are complicated and can be difficult to comprehend. Guaranteed Issue scenarios and plan selection may also vary from state to state. Please reference the Guaranteed Issue section of the application for state specific variations or contact our Underwriting Department for assistance when submitting Guaranteed Issue business. **The information below is a summary to help you begin in identifying the federal and state Guaranteed Issue rules, but does not represent the complete wording of the mandate.**

To assist you in understanding the rules, we have provided a chart outlining the Guaranteed Issue events and what type of proof needs to be submitted with the application when your client is applying for Guaranteed Issue. **Refer to the following tables regarding Federal Guidelines and State Specific Guidelines for Guaranteed Issue.**

Guaranteed Issue proof should be sent to uwmedsupp@ngic.com and we strongly encourage it be sent in an encrypted format. Indicate the following in body of email: applicant name, date of birth, and residence ZIP code.

## Federal Guaranteed Issue guidelines

Federal guidelines		Plans: Medicare eligible on 01/01/2020 or after (Post MACRA)	Plans: Medicare eligible before 01/01/2020 (Pre MACRA)
Rule	Required documentation		
The applicant enrolled in a Medicare Advantage plan, Medicare Select plan or in a program of All-Inclusive Care of the Elderly (PACE) and the plan is terminated, is no longer providing service in their area or the applicant moved out of the area.	<p>If the previous carrier terminated or discontinued the plan:</p> <ul style="list-style-type: none"> <li>Letter from prior carrier that contains reason for the discontinuation/termination and the term date.</li> </ul> <p>The applicant moved out of the provider's service area:</p> <ul style="list-style-type: none"> <li>Termination letter from prior carrier showing termination date and verification of address change.</li> </ul>	A G N (CA, MO only)	A C (MI, NJ only) F HDF (High Deductible F) N (CA, MO only)
The applicant enrolled under an employee welfare benefit plan that provides benefits that supplement Medicare (such as COBRA, retiree, etc.) and that plan terminates or ceases to provide all such supplement benefits.	<p>Submit a notice of termination or explanation of benefits for a claim denied due to a termination, and:</p> <p>If the applicant had a retiree plan, submit one of the following:</p> <ol style="list-style-type: none"> <li>Termination letter showing it is a retiree plan;</li> <li>Benefit booklet pages showing it is a retiree plan; or</li> <li>Explanation of benefits showing Medicare paid primary.</li> </ol> <p>If the applicant had a COBRA plan, submit an election notice or COBRA bill.</p> <p>If the applicant had a group plan secondary to Medicare, submit an explanation of benefits showing Medicare paid primary.</p>	A G	A C (MI, NJ only) F HDF (High Deductible F)
Medicare Supplement insurance terminated because the insurer became insolvent or bankrupt.	Letter from provider or Insurance Commissioner showing termination date.	A G N (CA, MO, OR only)	A C (MI, NJ only) HDF (High Deductible F) N (CA, MO, OR only)
The Medicare Supplement, Medicare Advantage or PACE insurer violated a material provision of the policy or the agent materially misrepresented the plan's provisions in marketing the plan.	<p>Agent Misrepresentation:</p> <ul style="list-style-type: none"> <li>Letter from the carrier showing termination date and reason.</li> </ul> <p>Leaving an MA Plan:</p> <ul style="list-style-type: none"> <li>Letter from CMS acknowledging misrepresentation.</li> </ul> <p>Leaving a Medicare Supplement:</p> <ul style="list-style-type: none"> <li>Letter from the DOI acknowledging misrepresentation and disenrollment.</li> </ul>	A G N (CA, MO, OR only)	A C (MI, NJ only) F HDF (High Deductible F) N (CA, MO, OR only)



## Federal Guaranteed Issue guidelines (continued)

Federal guidelines		Plans: Medicare eligible on 01/01/2020 or after (Post MACRA)	Plans: Medicare eligible before 01/01/2020 (Pre MACRA)
Rule	Required documentation		
The applicant terminated their Allstate Health Solutions Medicare Supplement insurance, enrolled in a Medicare Advantage plan, and then voluntarily disenrolled within the first 12 months of enrolling.  Note: the applicant may enroll in the Allstate Health Solutions Medicare Supplement plan they were previously on.	Letter from the prior Medicare Advantage carrier showing termination date.	A G N (CA, MO, OR only)	A C (MI, NJ only) F HDF (High Deductible F) N (CA, MO, OR only)
The applicant joined a Medicare Advantage or PACE plan when they were first eligible for Medicare and disenrolled within the first 12 months	Letter from prior carrier showing termination date.	A G N	A C (MI, NJ only) F HDF (High Deductible F) N
Enrolled in a Medicare Part D plan during the initial Part D enrollment period while enrolled under a Medicare Supplement policy that covers outpatient prescription drugs and terminates the Medicare Supplement policy.	Letter from prior carrier showing termination date.	A G N (CA, MO only)	A C (MI, NJ only) F HDF (High Deductible F) N (CA, MO only)
Other Guaranteed Issue rights available under State law — refer to chart below.	Letter from prior carrier showing termination date.	A G N	A C (MI, NJ only) F HDF G (CA* only) N

\*CA: If birthday rule, can select only the same plan as currently in force or one with lesser benefits.

## State specific Guaranteed Issue guidelines

State guidelines		Plans: Medicare eligible on 01/01/2020 or after (Post MACRA)	Plans: Medicare eligible before 01/01/2020 (Pre MACRA)
	Rule		
AK	Enrolled in Medicare part B at age 65 or older, enrolls in a Medicare Advantage and disenrolls within 12 months.	A G N	A F HDF (High Deductible F) N
AK	Enrolled under an employee welfare benefit plan providing health benefits supplementing Medicare or is primary to Medicare, and the plan terminates or reduces benefits, or the individual leaves the plan	A G	A F HDF (High Deductible F)

## State specific Guaranteed Issue guidelines (continued)

State guidelines		Plans: Medicare eligible on 01/01/2020 or after (Post MACRA)	Plans: Medicare eligible before 01/01/2020 (Pre MACRA)
	Rule		
AR	Enrolled under an employee welfare benefit plan providing health benefits supplementing Medicare or is primary to Medicare, and the plan terminates or reduces benefits, or the individual leaves the plan.	A G	A F HDF (High Deductible F)
CA	Birthday rule - can select the same plan as currently in force or one with lesser benefits. Additionally, the effective date must be equal to the birth date OR within 60 days after the birth date. Effective date cannot exceed 60 days after birth date.	A G N	A F HDF (High Deductible F) G N
CA	Enrolled in Medicare Advantage and premiums or copayments increase by 15% or more, benefits are reduced or provider contract terminated.	A G N	A F HDF (High Deductible F) N
CA	Enrolled under an employee welfare benefit plan providing health benefits supplementing Medicare, and the plan terminates or reduces benefits including Medicare part B 20% coinsurance for services.	A G N	A F HDF (High Deductible F) N
CO	Currently enrolled in both Medicare and Medicaid, loses eligibility for health benefits under Title XIX of SS Act (Medicaid).	A G	A F HDF (High Deductible F)
CO	Enrolled in a Medicare Advantage plan and the organization's certification or plan is terminated. Refer to the mandate for additional criteria.	A G	A F HDF (High Deductible F)
CO	Eligible for Part A, enrolls in a Medicare Advantage then disenrolls within 12 months.	A G	A F HDF (High Deductible F)
CO	Enrolled in Medicare Part D while enrolled under a Medicare Supplement policy that covers outpatient prescription drugs and terminates the Medicare supplement policy.	A G	A F HDF (High Deductible F)
CO	Enrolled under an employee welfare benefit plan that either (1) provides health benefits supplementing Medicare; and the plan terminates or reduces benefits; or (2) is primary to Medicare and the plan terminates; or ceases to provide health benefits.	A G	A F HDF (High Deductible F)
IA	Enrolled in Medicare Part B, enrolls in a Medicare Advantage and disenrolls within 12 months.	A G N	A F HDF (High Deductible F) N
ID	Special Medicare Enrollment Period - Applicants who've exhausted their Open Enrollment period as a result of continued enrollment in Medicaid during the COVID-19 Public Health Emergency, will have a 63 day open enrollment period beginning on the date of their Medicare eligibility change to enroll in a Medicare Supplement plan.	A G N	A F HDF (High Deductible F) N
ID	Eligible for Part A, enrolls in a Medicare Advantage then disenrolls within 12 months.	A G N	A F HDF (High Deductible F) N
ID	Birthday rule — as of March 1 2022, an applicant can enroll in the same plan as they currently have in force or one with lesser benefits. The effective date of the new plan must be equal to their birthday or within 63 days after their birthday.	A G N	A F HDF (High Deductible F) N

## State specific Guaranteed Issue guidelines (continued)

State guidelines		Plans: Medicare eligible on 01/01/2020 or after (Post MACRA)	Plans: Medicare eligible before 01/01/2020 (Pre MACRA)
	Rule		
IL	Enrolled under an employee welfare benefit plan that either (1) supplements Medicare; and the plan terminates or reduces benefits; or (2) is primary to Medicare and the plan terminates or ceases to provide health benefits because the individual leaves the plan.	A G	A F HDF (High Deductible F)
IL	Enrolled in Medicare Part B, enrolls in a Medicare Advantage and disenrolls within 12 months.	A G	A F HDF (High Deductible F)
IL	Birthday rule — as of January 1, 2022, a member currently covered under an Allstate Health Solutions Medicare Supplement policy who is at least 65 and no more than 75 years of age can select a plan with lesser benefits. Additionally, the effective date must be equal to the birth date OR within 45 days after the birth date. Effective date cannot exceed 45 days after birth date.	A G N	A F HDF (High Deductible F) N
IN	Enrolled under an employee welfare benefit plan that either (1) provides health benefits supplementing Medicare; and the plan terminates or reduces benefits; or (2) is primary to Medicare and the plan terminates; or ceases to provide health benefits.	A G	A F HDF (High Deductible F)
IN	Special Medicare Enrollment Period - Applicants who've exhausted their Open Enrollment period as a result of continued enrollment in Medicaid during the COVID-19 Public Health Emergency, will have a 63 day open enrollment period beginning on the date of their Medicare eligibility change to enroll in a Medicare Supplement plan.	A G N	A F HDF (High Deductible F) N
IN	Enrolled in Medicare Part B, enrolls in a Medicare Advantage and disenrolls within 12 months.	A G N	A F HDF (High Deductible F) N
KS	Loses eligibility for health benefits under title XIX of the SS Act (Medicaid).	A G N	A F HDF (High Deductible F) N
KS	Enrolled in Medicare Part B, enrolls in a Medicare Advantage and disenrolls within 12 months.	A G N	A F HDF (High Deductible F) N
KY	Enrolled in a Medicare risk contract, healthcare prepayment plan, cost contract or Medicare Select plan and the organization's certification is terminated.	A G	A F HDF (High Deductible F)
LA	Enrolled in Medicare part B, enrolls in a Medicare Advantage and disenrolls within 12 months.	A G N	A F HDF (High Deductible F) N
LA	Birthday Rule — an individual shall have an annual open enrollment period beginning with their birthday and lasting for a period of 63 days. The individual can enroll in the same plan as they currently have in force or one with lesser benefits.	A G N	A F HDF (High Deductible F) N

## State specific Guaranteed Issue guidelines (continued)

State guidelines		Plans: Medicare eligible on 01/01/2020 or after (Post MACRA)	Plans: Medicare eligible before 01/01/2020 (Pre MACRA)
	Rule		
LA	If an Individual is eligible for Medicare coverage and does not have an existing Medicare Supplement policy, but has other coverage through their employer. They may have an open enrollment period of 63 days starting on starting on any of the following: <ul style="list-style-type: none"> <li>The termination date of the employer coverage.</li> <li>The date the employer coverage plans on ceasing to provide some or all health benefits to the individual.</li> <li>The date the individual leaves the employer based plan.</li> </ul>	A G N	A F HDF (High Deductible F) N
MD	Under 65 and qualified for Medicare due to a disability.	A	A
MD	Eligible for Part A at 65, enrolls in a Medicare Advantage then disenrolls within 12 months.	A G N	A F HDF (High Deductible F) N
MD	Birthday Rule - Beginning on 7/1/2023 and later. An Individual shall have an annual open enrollment period beginning with their birthday and lasting for a period 30 days. They may select the same plan as currently in force or one with lesser benefits.	A G N	A F HDF (High Deductible F) N
MI	Special Medicare Enrollment Period - Applicants who've exhausted their Open Enrollment period as a result of continued enrollment in Medicaid during the COVID-19 Public Health Emergency, will have a 63 day open enrollment period beginning on the date of their Medicare eligibility change to enroll in a Medicare Supplement plan.	A G N	A G N
MN	Enrolled under a Medicare Supplement policy, terminates and enrolls for first time in Medicare Advantage, etc. Then terminates coverage within 12 months of enrollment.	Basic, Extended Basic, High Deductible, Copay Plans + riders: Part A Deductible, Part B Excess Charges, Preventative Care	Basic, Extended Basic, High Deductible, Copay Plans + riders: Part A Deductible, Part B Deductible, Part B Excess Charges, Preventative Care
MN	Eligible for Part A, enrolls in a Medicare Advantage then disenrolls within 12 months.	Basic, Extended Basic, High Deductible, Copay Plans + riders: Part A Deductible, Part B Excess Charges, Preventative Care	Basic, Extended Basic, High Deductible, Copay Plans + riders: Part A Deductible, Part B Deductible, Part B Excess Charges, Preventative Care

## State specific Guaranteed Issue guidelines (continued)

State guidelines		Plans: Medicare eligible on 01/01/2020 or after (Post MACRA)	Plans: Medicare eligible before 01/01/2020 (Pre MACRA)
	Rule		
MN	Enrolled in a Medicare Supplement policy and coverage discontinues due to insolvency, or other involuntary termination of coverage.	Basic, Extended Basic, High Deductible, Copay Plans + riders: Part A Deductible, Part B Excess Charges, Preventative Care	Basic, Extended Basic, High Deductible, Copay Plans + riders: Part A Deductible, Part B Deductible, Part B Excess Charges, Preventative Care
MO	Enrolled under an employee welfare benefit plan providing health benefits supplementing Medicare, and the plan terminates or reduces benefits, or the individual leaves the plan.	A G N	A F HDF (High Deductible F) N
MO	Terminates Medicare Supplement coverage within 30 days of the annual policy anniversary — can select the same plan as currently in force. The proposed effective date can be 30 days before/after their anniversary date. Applications must be submitted within 60 days of the requested effective date.	A G N	A F HDF (High Deductible F) G N
MT	Enrolled under an employee welfare benefit plan providing health benefits supplementing Medicare or is primary to Medicare, and the plan terminates or reduces benefits, or the individual leaves the plan.	A G	A F HDF (High Deductible F)
MT	Enrolled in a Medicare Supplement policy and coverage discontinues due to insolvency, substantial violation of a material policy provision, or material misrepresentation, or the agent materially misrepresented the policy.	A G	A F HDF (High Deductible F)
MT	Eligible for benefits under Medicare Part A and B by reason of disability.	A G N	A F HDF (High Deductible F) N
MT	Eligible for Medicare Part A and B, enrolled in qualified Medicare beneficiary program and no longer qualifies due to income or eligibility.	A G N	A F HDF (High Deductible F) N
NC	Enrolled under an employee welfare benefit plan providing health benefits supplementing Medicare, and the plan terminates or reduces benefits.	A G	A F HDF (High Deductible F)
NC	Age 65, enrolled in a Medicare risk contract, or similar organization and the plan is terminated.	A G	A F HDF (High Deductible F)
NC	Eligible for Part A at 65, enrolls in a Medicare Advantage then disenrolls within 12 months.	A G N	A F HDF (High Deductible F) N
NC	Eligible for Medicare Part B due to disability before the age of 65 and enrolled in Medicare Advantage plan which is terminated due to cancellation, nonrenewal or disenrollment from the plan.	A	A

## State specific Guaranteed Issue guidelines (continued)

State guidelines		Plans: Medicare eligible on 01/01/2020 or after (Post MACRA)	Plans: Medicare eligible before 01/01/2020 (Pre MACRA)
	Rule		
NC	Enrolled in Medicare Advantage plan, enrolled with a Program of all-Inclusive Care for the Elderly, and the organization's certification or plan is terminated. Refer to the mandate for additional criteria.	A G	A F HDF (High Deductible F)
NC	Enrolled in Medicare Part D while enrolled under a Medicare Supplement policy that covers outpatient prescription drugs and terminates the Medicare supplement policy.	A G	A F HDF (High Deductible F)
NC	Enrolled in a Medicare Supplement policy and coverage discontinues due to insolvency, substantial violation of a material policy provision, or material misrepresentation.	A G	A F HDF (High Deductible F)
NC	Enrolled under a Medicare Supplement policy, terminates and enrolls for first time in Medicare Advantage, etc. Then terminates coverage within 12 months of enrollment. Eligible for same plan that was terminated. If not available, can select alternate plan.	A G	A F HDF (High Deductible F)
NE	Enrolled under an employee welfare benefit plan providing health benefits supplementing Medicare, and the plan terminates or reduces benefits; or enrolled due to current employment providing benefits secondary to Medicare and individual loses eligibility for coverage.	A G	A F HDF (High Deductible F)
NE	Enrolled in a Medicare Advantage plan and the organization's certification or plan is terminated. Refer to the mandate for specific criteria.	A G	A F HDF (High Deductible F)
NJ	Enrolled under an employee welfare benefit plan providing health benefits supplementing Medicare or is primary to Medicare, and the plan terminates or reduces benefits, or the individual leaves the plan.	A G	A F HDF (High Deductible F)
NV	Birthday rule - as of January 1, 2022, can select the same plan as currently in force or one with lesser benefits. Additionally, the effective date must be equal to the birth date OR within 60 days after the birth date. Effective date cannot exceed 60 days after birth date.	A G N	A F HDF (High Deductible F) N
OH	Eligible for Part A at 65, enrolls in a Medicare Advantage then disenrolls within 12 months.	A G	A F HDF (High Deductible F)
OH	Enrolled under an employee welfare benefit plan providing health benefits supplementing Medicare or is primary to Medicare, and the plan terminates or reduces benefits, or the individual leaves the plan.	A G	A F HDF (High Deductible F)
OK	Eligible for Part A at 65, enrolls in a Medicare Advantage then disenrolls within 12 months; or under 65, eligible for Medicare part B, enrolls in Medicare Advantage and disenrolls within 12 months.	A G N	A F HDF (High Deductible F) N
OR	Enrolled under an employee welfare benefit plan, an individual health benefit plan, or state Medicaid plan as described in Title XIX of the Social Security Act or Tricare as described in Title XVIII of the Social Security Act that provides health benefits supplementing Medicare or is primary to Medicare, and the plan terminates or reduces benefits, or the individual leaves the plan.	A G N	A F HDF (High Deductible F) N

## State specific Guaranteed Issue guidelines (continued)

State guidelines		Plans: Medicare eligible on 01/01/2020 or after (Post MACRA)	Plans: Medicare eligible before 01/01/2020 (Pre MACRA)
	Rule		
OR	Birthday rule – can select the same plan as currently in force or one with lesser benefits. Additionally, applications can be submitted 30 days prior to and up to 30 days following the birthday. The effective date must be equal to the birth date OR within 60 days after the birth date. Effective date cannot exceed 60 days after birth date.	A G N	A F HDF (High Deductible F) G N
OR	Eligible within six months after becoming enrolled in Part B of Medicare, enrolls in a Medicare Advantage plan under part C of Medicare, or with a PACE provider, and then disenrolls within 12 months after the effective date of enrollment.	A G N	A F HDF (High Deductible F) N
OR	Enrolled in Medicare Advantage plan, the individual is 65 years of age or older and enrolled with a Program of all-Inclusive Care for the Elderly and the organization's certification or plan is terminated. Refer to the mandate for additional criteria.	A G N	A F HDF (High Deductible F) N
OR	Enrolled in Medicare Part D while enrolled under a Medicare Supplement policy that covers outpatient prescription drugs and terminates the Medicare supplement policy.	A G N	A F HDF (High Deductible F) N
PA	Eligible for Part A and enrolled in Part B, if eligible, enrolls in a Medicare Advantage then disenrolls within 12 months.	A G	A F HDF (High Deductible F)
PA	Enrolled under an employee welfare benefit plan providing health benefits supplementing Medicare or is primary to Medicare, and the plan terminates or reduces benefits, or the individual leaves the plan.	A G	A F HDF (High Deductible F)
PA	Special Medicare Enrollment Period - Applicants who've exhausted their Open Enrollment period as a result of continued enrollment in Medicaid during the COVID-19 Public Health Emergency, will have a 63 day open enrollment period beginning on the date of their Medicare eligibility change to enroll in a Medicare Supplement plan.	A G	A F HDF (High Deductible F)
SD	Age 65, enrolled in a Medicare risk contract, or similar organization and the plan is terminated.	A G	A F HDF (High Deductible F)
SD	Age 65, enrolled in a Medicare Advantage plan and the organization's certification or plan is terminated.	A G	A F HDF (High Deductible F)
SD	Enrolled under an employee welfare benefit plan or an employer based health insurance plan and the coverage under the plan terminates for that person.	A G	A F HDF (High Deductible F)
TN	Enrolled under Title XIX of the SS Act (Medicaid) and enrollment involuntarily ceases after the individual is 65 and eligible/enrolled in Medicare Part B.	A G N	A F HDF (High Deductible F) N
TX	Enrolled in Medicare part B at age 65 or older, enrolls in a Medicare Advantage and disenrolls within 12 months.	A G	A F HDF (High Deductible F)

TX	Enrolled under an employee welfare benefit plan providing health benefits supplementing Medicare or is primary to Medicare, and the plan terminates or reduces benefits, or the individual leaves the plan.	A G	A F HDF (High Deductible F)
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### State specific Guaranteed Issue guidelines (continued)

State guidelines		Plans: Medicare eligible on 01/01/2020 or after (Post MACRA)	Plans: Medicare eligible before 01/01/2020 (Pre MACRA)
	Rule		
TX	Loses eligibility for health benefits under Title XIX of the SS Act (Medicaid).	A G	A F HDF (High Deductible F)
UT	Involuntarily terminated from health benefits from Title XIX of the SS Act (Medicaid).	A G N	A F HDF (High Deductible F) N
WI	Enrolled in Medicare Part D while enrolled under a Medicare Supplement policy that covers outpatient prescription drugs and terminates the Medicare supplement policy.	Basic plan + riders: Part A Deductible, Part B Excess Charges, Home Health Care, Foreign Travel Emergency, Part B Copayment	Basic plan + riders: Part A Deductible, Part B Deductible, Part B Excess Charges, Home Health Care, Foreign Travel Emergency, Part B Copayment
WI	Enrolled under an employee welfare benefit plan providing health benefits supplementing Medicare or is primary to Medicare, and the plan terminates or reduces benefits, or the individual leaves the plan.	Basic plan + riders: Part A Deductible, Part B Excess Charges, Home Health Care, Foreign Travel Emergency, Part B Copayment	Basic plan + riders: Part A Deductible, Part B Deductible, Part B Excess Charges, Home Health Care, Foreign Travel Emergency, Part B Copayment
WI	Eligible for benefits under Medicare Parts A and B and covered under the medical assistance program and then loses eligibility in the medical assistance program.	Basic plan + riders: Part A Deductible, Part B Excess Charges, Home Health Care, Foreign Travel Emergency, Part B Copayment	Basic plan + riders: Part A Deductible, Part B Deductible, Part B Excess Charges, Home Health Care, Foreign Travel Emergency, Part B Copayment
WY	Postponed enrollment in Medicare Part B until after 65 because working and enrolled in a group health insurance plan.	A G	A F HDF (High Deductible F)



## Medicare Advantage (MA) guidelines

### Medicare Advantage disenrollment

If applying for Medicare Supplement insurance, there are certain requirements that must be met when the applicant is disenrolling from a Medicare Advantage plan. Underwriting cannot issue a policy unless the specified requirements are met. Refer to the following guidelines to determine what requirements must be satisfied.

Disenrolling during AEP/MADP	Disenrolling outside of AEP/MADP
<ul style="list-style-type: none"><li>Complete Medicare and Insurance information section on the application.</li><li>Complete a replacement form (NRN-2017).</li></ul>	<ul style="list-style-type: none"><li>Complete Medicare and Insurance information section on the application.</li><li>Provide the home office with a copy of the applicant's MA disenrollment notice.</li><li>Complete a replacement form (NRN-2017).</li></ul>

Allstate Health Solutions is not able to issue a policy until the applicant's disenrollment letter has been received in the home office; it must be received within 30 days of the application or the policy will be canceled.

For any further questions regarding MA disenrollment eligibility, contact the State Health Insurance Assistance Program (SHIP) office or call 1-800-Medicare, as each situation presents its own unique set of circumstances.

## Enrollment guidelines

### Premium

When calculating the premium, utilize the rate sheet within the outline of coverage. Age is calculated based on the requested policy effective date. (i.e, applicant is currently 66 years old, turning 67 on March 5th. If effective date is before March 5th, then the issue age is 66. If the effective date is March 5th or later, then issue age is 67).

Use of tobacco or nicotine in any form within the past 12 months, is considered tobacco use. Anything beyond 12 months will not affect Preferred vs Standard rating on their premium.

### Risk classes

There are three separate underwriting risk classes: Preferred Select, Preferred and Standard. Each risk class has a separate premium rate. See table below.

Preferred Select*	Preferred	Standard
Qualify for coverage	Qualify for coverage	Qualify for coverage
Fall within Preferred Select Standards	Fall within Preferred Standards	Fall outside of Preferred Select or Preferred Standards.
<b>AND</b>	<b>AND</b>	<b>AND/OR</b>
No tobacco or nicotine use**	No tobacco or nicotine use**	Use tobacco or nicotine products**
<b>AND</b>		
Answer "no" to the Preferred Select eligibility question.		

\* Preferred Select risk class is only available in: AL, AZ, CO, DE, GA, IA, IN, IL, KY, KS, LA, MD, MI, MS, NC, NE, OK, SC, TX, TN, VA, WI, WV.

\*\* Use of tobacco or nicotine in any form is considered tobacco use (examples: nicotine patch or gum, electronic cigarettes). This rate can be applied for applicants during open enrollment or for those who qualify for Guaranteed Issue in certain states.

**Standard rates DO NOT apply during Open Enrollment or Guaranteed Issue in the following states:** Arkansas, California, Colorado, District of Columbia, Illinois, Iowa, Kentucky, Louisiana, Maryland, Michigan, Minnesota, North Carolina, North Dakota, New Jersey, New Mexico, Ohio, Pennsylvania, Tennessee, Utah, Virginia, and Wisconsin.

In Florida, Missouri, and Mississippi, only tobacco use is considered when determining Preferred/Standard rates for Guaranteed Issue and Open Enrollment.

### Policy discount

Allstate Health Solutions offers discount for individuals that meet the necessary qualifications. See the chart below for details.

States	Discount
AK, DC, MT*, ND, NM, NV, OR, SD, UT, WY  *No age limit on other adult	A 7% discount is available to applicants who for the past 12 months have resided with at least one, but no more than three, other adults who are age 50 or older. If living with another adult who is their legal spouse, domestic partner, or in a Civil Union Partnership we will waive the one-year requirement and the age 50 requirement.
AL, AR, AZ, CA, CO, DE, GA, IA, KS, KY*, LA, MD, MI, MO, MS, NC, NE, SC, TN, TX, VA, WI, WV  *Other adult must be over 18	A 7% discount is available to applicants who for the past 12 months have resided with at least one, but no more than three, other adults who are age 50 or older. If living with another adult who is their legal spouse, domestic partner, or in a Civil Union Partnership we will waive the one-year requirement and the age 50 requirement. Or, a 10% discount is available if both individuals apply for a Medicare Supplement policy with an Allstate company (NHIC or AHLIC).
IL, OH, OK	A 10% discount is available to applicants who for the past 12 months have resided with at least one but no more than three, other adults who are age 50 or older and also have an active policy Medicare Supplement insurance policy with an Allstate company (NHIC or AHLIC). If living with another adult who is the legal spouse, domestic partner, or in a Civil Union Partnership, we will waive the one-year requirement and the age 50 requirement.
NJ, PA	A 7% discount is available to applicants who for the past 12 months have resided with at least one but no more than three, other adults who are age 50 or older and also have an active policy Medicare Supplement insurance policy with an Allstate company (NHIC or AHLIC). If living with another adult who is the legal spouse, domestic partner, or in a Civil Union Partnership, we will waive the one-year requirement and the age 50 requirement.
ID, MN	No discount available.
FL	A 3% discount is available to applicants if they reside with their spouse who owns or is issued a Medicare Supplement policy written by an Allstate company (NHIC or AHLIC).
IN	A 10% discount is available to applicants whose spouse have or are applying for a Medicare Supplement insurance policy with an Allstate company (NHIC or AHLIC). A 10% discount must be applied for applicants who qualify for Open Enrollment or Guaranteed Issue.

### Activity Tracker discount

A 5% activity tracker discount is also available in select states. Clients need only connect their device in order to keep the discount. Their device can be connected through the member portal at MyAllStateHealthSolutions.com or through a link sent to them in a post-purchase reminder email.

### Annual Pay discount

If you choose to make single annual premium payments, you may receive a 10% discount in select states.

## Submitting the application

Allstate Health Solutions offers two methods for submitting and completing applications:

- Web application
- Paper application

Each application has its own guidelines to follow when submitting for coverage.

### Web application (electronic application or eApp)

The web application is a digital form to be filled out and submitted through the agent portal.

In order to complete an application using the web application process:

1. Pre-qualify the applicant based on the Medical Questions (not required if the applicant is applying under Open Enrollment or Guaranteed Issue).
2. Review the application with the applicant; you **MUST** read the required statements in the Disclosure Section. If the client has not been read these statements, the application cannot be submitted.
3. Log on to the agent portal at [EnrollNatGen.com](http://EnrollNatGen.com)
4. Begin the application on the **Quick Quote** screen. Complete the application in full, which includes:
  - a. The Health Information Authorization (N-HHA-MS)
  - b. If the applicant is replacing coverage: the Replacement Notice (NRN-2017).
  - c. If the applicant is applying during Guaranteed Issue: the Definition of Eligible Person for Guaranteed Issue form (GI-MS).
5. Once you have completed the application you will have the option to select the signature option:
  - a. eSignature
  - b. Voice signature
  - c. Passphrase signature
6. Once the application has been completed, you will be notified of the decision via email.

For fully underwritten applications, an underwriter will be assigned to the case and may contact your applicant to complete the medical risk assessment if necessary.

Once the application has been completed, you will be notified of the decision via email or you may contact the Underwriting Department for a point-of-sale decision.

### Paper application

To submit an application using the paper application process:

1. Pre-qualify the applicant based on the Health Information questions on the application. (Not required if the applicant is applying under Open Enrollment or Guaranteed Issue).
2. Complete the entire application.
3. Complete the Health Information Authorization – (N-HHA-MS).
4. If the applicant is replacing coverage: complete the Replacement Notice (NRN-2017).
5. If the applicant is applying during Guaranteed Issue: Complete the Definition of Eligible Person for Guaranteed Issue form (GI-MS).

Additional state specific form requirements: KY Comparison Statement\*, IL Policy Checklist\*, FL Certification, OH Agent Medicare Supplement Insurance Solicitation Disclosure, LA Your Rights Regarding the Release and Use of Genetic Information\*\*

\*Required if replacing coverage

\*\*Must be provided at point of sale, but signature is not required

Once the application has been completed, you can mail the application and initial premium to:

Allstate Health Solutions  
PO Box 95464  
Cleveland, OH 44101

Initial premium via Electronic Funds Transfer should also be sent to the address listed above.

The completed application can also be emailed to Allstate Health Solutions Medicare Supplement Department at [NPSMedicareSuppApps@ngic.com](mailto:NPSMedicareSuppApps@ngic.com) (only available for applications being paid via EFT/ACH).

Any application dated outside 30 days from the date the application is received at the Allstate Health Solutions home office will be returned.

In order to accelerate the application process, verify that the application has been completed in full. Try to be as detailed as possible when filling out an application. This will assist in expediting the process.

### Producer checklist for paper applications\*\*\*

- |   |   |
|---|---|
| <input type="checkbox"/> Application is completely filled out.  | <input type="checkbox"/> Agent statement completed, signed, and dated.  |
| <input type="checkbox"/> Initial modal premium (quarterly, semi-annual, or annual amount).                        | <input type="checkbox"/> HIPAA statement (N-HHA-MS) signed and dated.   |
| <input type="checkbox"/> All medical questions have been answered (only required if application is underwritten). | <input type="checkbox"/> Replacement Notice (NRN- 2017) completed and signed (if necessary).                  |
| <input type="checkbox"/> Disclosure, Acknowledgements, and Agreement signed and dated.                            | <input type="checkbox"/> Definition of Eligible Person for Guaranteed Issue (GI-MS) completed (if necessary). |
|   | <input type="checkbox"/> State Specific Forms (if applicable).  |

### Application signatures

All applications require a valid signatures in order to be processed.

\*\*\* Paper applications submitted without ACH/EFT payment or initial modal premium check will not be processed until initial modal premium is received.

#### Web/applications

- Web applications require eSignature, voice Signature, or Security Question. In CA, only eSignature is allowed through web application.
- POA signatures are not accepted on Web Applications.

#### Paper applications

- All paper applications require the applicant's physical signature.
- POA signatures can be accepted only for OE/GI cases.

### Premium payment

Allstate Health Solutions offers two forms of payment for premium charges:

Each form of payment has its own guidelines.

- Bank draft.
- Direct bill.

Credit card payments will not be accepted.

#### Bank draft

Bank draft is available for all forms of applications and is the only option available when completing a web application. The payments will be set up to automatically draft from the applicant's bank account. Payments can be set up to be made:

- |              |                  |
|--------------|------------------|
| • Monthly.   | • Semi-annually. |
| • Quarterly. | • Annually.      |

The draft date can be up to the day prior to the policy effective date. The recurring draft payment will be taken on the same day each month. If this day does not exist in a month, payment will be drafted on the next business day.

The initial premium payment can occur any day from the signature date up to the day before the proposed effective date (i.e., signed 1/15, effective date of 2/1/2021, the applicant can have initial draft between 1/15-1/31).

Renewal premiums - unless otherwise specified on the application or other arrangement made through calling Member Services, the renewal premiums will default to draft on the same date as the first effective date of the policy. Renewal premiums are drafted in advance of the coverage period. If a date other than the effective date is chosen for renewal payments, the member could be subject to paying two months' worth of premium in the initial month of coverage.

#### Direct bill

Direct bill is available for paper applications. We will process all checks as EFT (Electronic Funds Transfer) with the bank. Cash, post-dated checks, money orders, traveler's checks, agent checks and agency checks will not be accepted. Unless required by law or regulation, checks from a third-party payer (such as a foundation or other non-profit) will not be accepted. In some circumstances, checks from a family member or business associate can be accepted.

When completing an application using the Web Application process, the applicant must set up their payments to be automatically drafted from their account. If they wish to have their subsequent payments to be billed to them directly, they are able to do so by contacting Allstate Health Solutions. If the applicant changes payment method from EFT/ACH to direct bill, additional premium may be required at the time of the request change.

Direct bill payments can be set up:

- Quarterly.
- Semi-annually.
- Annually.

**Direct bill premium payment checks should be made payable to: Allstate Health Solutions.**  
**Direct bill renewal or recurring payments should be mailed to:**

Allstate Health Solutions  
PO Box 95464  
Cleveland, OH 44101

### Required forms

Each application method has different requirements for forms that need to be submitted to the home office:

Web Application: For most states, the forms are built into the Web Application and submitted electronically.

Paper Application: Refer to Paper Application section in this document.

### Other coverage/supplemental products

In some states supplemental products will be available to be purchased with Medicare Supplement or standalone. When a supplemental product is sold:

- Only electronic submissions are available.
- All products in the cart must have the same billing method.
  - Credit card will not be an option when Medicare Supplement is in the cart.
  - Direct bill will not be an option when supplemental products are in the cart.
- Effective dates for Medicare Supplement and supplemental products must be the same.

If we are unable to provide coverage for Medicare Supplement the applicant may still qualify for coverage on the supplemental product(s). Applicants can call us at 844-961-9477 to continue the process for the remaining products.

The Dental, Vision & Hearing product has two separate risk classes: Preferred and Standard. If an applicant had a filling, crown, root canal, dentures, or implants within the past 12 months, they will be considered Standard for rating on their premium and not eligible for Preferred rates.

## Agent responsibilities

This section does not cover all of the agent's responsibilities. Refer to other sections of the Underwriting Guidelines, the agent contract, and other materials provided.

The Health Insurance Portability and Accountability Act (HIPAA) established requirements and restrictions pertaining to the use and disclosure of Protected Health Information. Please familiarize yourself with both Allstate Health Solutions's HIPAA Policy and Privacy Policy. Your adherence to federal and state laws and regulations that provide privacy protections is mandatory.

The applicant will not be familiar with the underwriting process. Therefore, it is important for you to read the application and forms to the applicant. You can also ask the applicant to read the application and forms themselves and explain anything that he/she does not understand.

## Things that can delay the application process

- Licensing and appointment issues.
- Missing information on the application.
- Submitting an expired application; application must be received within 30 days of signature date.
- Premium shortage or no payment submitted along with application.
- Poor quality copies.
- Not submitting proof of Guaranteed Issue reason (i.e., Group Term Letter, Loss of Coverage Notice, etc.).

## Tips for completing the application

- Ask each question exactly as written.
- Complete the application legibly and in black or blue ink, if submitting a paper application.
- Have the applicant initial and date any correction or mistake.
- If completing a web application, prepare the applicant for the web application process.
- The primary residence address is the physical address where the applicant lives. A post office box should not be used for the primary residence address. The applicant can also provide an optional mailing address which can be a post office box.

## Underwriting process

We review applications in the order in which they are received. Once an application has been received and logged into the Underwriting Department, an underwriter is assigned to the case and the application is reviewed. The underwriter will do their best to process the application with the information provided but additional information may be required in order to complete the application process.

Applicant must sign to certify the health questions will be answered to the best of the applicant's memory, and also to acknowledge that the applicant's misrepresentation could result in a denial of benefits and/or rescission of the policy. Information from claims activity, or other sources could lead to a file review and inquiry to consider if misrepresentations were made at the time of the application.

### Medical underwriting

Medical underwriting is the process of reviewing the medical history of applicants and comparing that information with established guidelines in order to assess the risk associated with providing insurance to that applicant.

Allstate Health Solutions's underwriting guidelines take into consideration many different factors, including but not limited to the following:

- Height and weight.
- Current and past medical conditions.
- Diagnosis and prognosis.
- Use of prescription drugs.
- Follow-up required.
- Chronic nature of the disease.
- Testing, screening, treatment and surgery.

Allstate Health Solutions collects pharmaceutical information on underwritten Medicare Supplement applications. In order to obtain the pharmaceutical information as requested, all underwritten applications must be submitted with a signed HIPAA Privacy form (N-HHA-MS). Prescription information disclosed on the application will be compared to the additional pharmaceutical information obtained in the underwriting process.

The decision to issue coverage will be made by underwriting based on a review of the application and any additional information received.



## **Underwriting appeals**

In the event of an adverse decision, the application could be eligible for reconsideration. Reconsiderations are case specific and should be carefully considered. Agents disputing a decline or rate up are welcome to submit information from the applicant's physician that disputes the reason for the adverse decision.

Information received from the doctor's letter must be current (dated within 30 days of the date of the decline letter) and must be specific to the health condition related to the adverse decision. If adverse decision related to medication prescribed the letter must rule out declinable condition(s) and state condition prescribed for. Allstate Health Solutions reserves the right to request up to three years of medical records to resolve any disputes. Random excerpts from the applicant's medical records will not be accepted. Any expenses to retrieve a doctor's letter or medical records must be covered by the applicant.

## **Reconsiderations**

In the event of an adverse decision, reconsiderations can be offered case by case if the underwriter feels the passage of time might lead to a favorable underwriting outcome. Generally at least one year is needed before the applicant can reapply.

## **Reinstatements**

When Medicare Supplement insurance lapses and it is within 31 days of the last paid to date, coverage may be automatically reinstated by submitting all outstanding premiums without meeting any underwriting requirements.

Reinstatements are subject to claims review and may require a phone interview and prescription history check.

Reinstatements submitted 90 or more days from the date the policy lapsed will not be accepted; after 90 days from the lapse date, a new application must be submitted.

When Medicare Supplement insurance lapses and it is not within 31 days of the last paid to date, the client will need to apply for a reinstatement of coverage where all underwriting requirements must be met before the policy can be reinstated.

## **Internal replacement (conversions):**

Insured individuals requesting to modify benefits under their existing Medicare Supplement insurance policy 90 days after their initial approval or insured individuals requesting to modify their rate class from Standard to Preferred, will be required to submit a new application through underwriting. Follow the Paper Application instructions (a new application fee will also be charged). The internal replacement process is subject to underwriting which requires a prescription history check, claims history review, and telephone interview (if required). There are no Guaranteed Issue options available for internal replacements. Once approved, the benefit change will take effect on the first renewal date following the application date. If the conversion is declined, the existing coverage will remain as is.

## **Suspension of coverage due to Medicaid Enrollment**

A Medicare Supplement policy can be suspended for up to 24 months due to Medicaid enrollment. The policy will be terminated and reinstatement is allowed within 90 days of the loss of Medicaid without being medically underwritten.

To reinstate coverage, we require proof of Medicaid eligibility and termination, along with a reinstatement application. A new policy will be issued (a new application fee will also be charged).

## Underwriting guidelines

The purpose of our Underwriting Department is to assess and evaluate the degree of risk associated with offering insurance to an applicant and make an informed decision based on the information received. Applications may be underwritten up until the time the policy goes into effect.

If the applicant has a change in health after the application was signed but before the policy goes into effect, the applicant is required to disclose the change in health. This new information will be factored into the underwriting decision to approve or decline the application.

The main sources of underwriting information are:

- Application.
- Prescription report.
- Telephone interview.

<b>Applies to all states EXCEPT CA, OR, VA</b> <b>If any of the following conditions or situations have applied to the applicant within the time frames indicated, the application will be declined.</b> <b>Note: This list is not all inclusive</b>			
WITHIN THE PAST 10 YEARS			
Acquired Immune Deficiency Syndrome (AIDS)	Cardiomyopathy	Emphysema, COPD or other Chronic Pulmonary/Respiratory Disorder (see Underwriting Pulmonary Disorders section)	Renal Failure
AIDS Related Complex (ARC)	Chronic Hepatitis B	Enlarged Heart	Schizophrenia
ALS (Amyotrophic Lateral Sclerosis)	Cirrhosis	Myasthenia Gravis	
Alzheimer's Disease	Congestive Heart Failure	Organ Transplant	
Bipolar or Personality Disorder	Diabetes with Neuropathy or Retinopathy or uncontrolled Diabetes (see Underwriting Diabetes section)	Parkinson's Disease	
WITHIN THE PAST 2 YEARS			
Alcoholism or drug abuse	Enzyme Disorders	Leukemia	Peripheral Vascular Disease
Amputation caused by disease	Epilepsy	Major Depression	Scleroderma
Carotid Artery Disease	Heart Attack	Melanoma	Stroke or Transient Ischemic Attack (TIA)
Crohn's Disease	Heart Rhythm Disorders	Mental or Nervous Disorder requiring psychiatric hospitalization	Systemic Lupus
Coronary Artery Disease	Heart Valve Surgery	Muscular Dystrophy	
Crippling or disabling Arthritis	Hodgkin's Disease or other Lymphoma	Multiple Sclerosis	
Deep Vein Thrombosis	Internal Cancer	Osteoporosis with one or more fractures or treated by injection/infusion	



**Applies to all states EXCEPT CA, OR, VA**  
**If any of the following conditions or situations have applied to the applicant**  
**within the time frames indicated, the application will be declined.**  
**Note: This list is not all inclusive**

**CURRENTLY OR WITHIN THE PAST 1 MONTH**

Implantable Cardiac Device	Surgery, medical tests, treatment or therapy that has not been performed
Oxygen Therapy	Surgery may be required within next 12 months for cataracts
Rheumatoid Arthritis	

**Applies to states of CA, OR, VA**  
**If any of the following conditions or situations have applied to the applicant**  
**within the time frames indicated, the application will be declined.**  
**Note: This list is not all inclusive**

**WITHIN THE PAST 10 YEARS**

Acquired Immune Deficiency Syndrome (AIDS)	Cardiomyopathy	Human Immunodeficiency Virus (HIV) Infection	Parkinson's Disease
AIDS Related Complex (ARC)	Cognitive or brain disorder	Multiple Sclerosis	Renal Failure
ALS (Amyotrophic Lateral Sclerosis)	Dementia	Muscular Dystrophy	Scleroderma
Alzheimer's Disease	Diabetes with Neuropathy or Retinopathy or uncontrolled Diabetes (see Underwriting Diabetes section)	Myasthenia Gravis	Systemic Lupus
Amputation caused by disease	Emphysema, COPD or other Chronic Pulmonary/Respiratory Disorder (see Underwriting Pulmonary Disorders section)	Organ Transplant	

**WITHIN THE PAST 2 YEARS**

Alcoholism or drug abuse	Congestive Heart Failure	Heart Attack	Melanoma
Bipolar or Personality Disorder	Coronary Artery Disease	Heart Rhythm Disorders	Mental or Nervous Disorder requiring psychiatric hospitalization
Carotid Artery Disease	Crippling or disabling Arthritis	Heart Valve Surgery	Osteoporosis with one or more fractures or treated by injection/infusion
Chronic Kidney Disease including End Stage Renal Disease	Deep Vein Thrombosis	Hodgkin's Disease or other Lymphoma	Peripheral Vascular Disease
Crohn's Disease	Enlarged Heart	Internal Cancer	Rheumatoid Arthritis
Chronic Hepatitis B	Enzyme disorders	Leukemia	Schizophrenia
Cirrhosis	Epilepsy	Major Depression	Stroke or Transient Ischemic Attack (TIA)

**CURRENTLY OR WITHIN THE PAST 1 MONTH**

Implantable Cardiac Device	Surgery, medical tests, treatment or therapy that has not been performed
Oxygen Therapy	Surgery may be required within next 12 months for cataracts

## Underwriting diabetes

An applicant who has diabetes without current complications of neuropathy, retinopathy, nephropathy or skin ulcers and without any current or past history of coronary artery disease, carotid artery disease or peripheral artery disease could be insurable.

Some applications will ask about A1C, also called hemoglobin A1C, glycosylated hemoglobin or HbA1c, which is a common blood test used to diagnose both type 1 and type 2 diabetes. A1C is also used on an ongoing basis to gauge how well the patient is managing the diabetes condition. It reflects the average blood sugar level for the past two to three months. If the applicant remembers A1C levels before the most recent one, ask the applicant to provide the levels and approximate dates in Section F under Additional Comments.

The use of Insulin as a treatment is not a determining factor for insurability by itself, unless the amount of Insulin is equal to or greater than 50 units. Further, if the applicant is also significantly overweight and/or has certain medical conditions, such as Heart Disorders or Lung Disease, the risk is generally uninsurable. The Underwriter will consider all of the information in the application as well as other sources to base their decision wherever applicable.

## Underwriting pulmonary/respiratory disorders

An applicant who has emphysema, COPD, or any other chronic pulmonary (respiratory/lung) disorder other than mild asthma is uninsurable. An applicant who has asthma, and required treatment in an emergency room or hospital within the past 2 years will be considered uninsurable. If the applicant's pulmonary disorder has requires treatment with supplemental oxygen, or the applicant has been advised that oxygen will be required, the risk is uninsurable.

Build table											
Applications will be declined for applicants whose weight is below the Preferred minimum or above the Standard maximum.											
HT	Decline	Preferred Select WT	Preferred WT	Standard WT	Decline	HT	Decline	Preferred Select WT	Preferred WT	Standard WT	Decline
4'2"	< = 65	66-107	108-125	126-143	> = 144	5'10"	< = 128	129-208	209-244	245-279	> = 280
4'3"	< = 68	69-111	112-130	131-148	> = 149	5'11"	< = 132	133-214	215-251	252-287	> = 288
4'4"	< = 71	72-115	116-135	136-154	> = 155	6'0"	< = 136	137-220	221-259	260-295	> = 296
4'5"	< = 73	74-119	120-140	141-160	> = 161	6'1"	< = 140	141-226	227-266	267-304	> = 305
4'6"	< = 76	77-124	125-146	147-166	> = 167	6'2"	< = 144	145-232	233-273	274-312	> = 313
4'7"	< = 79	80-128	129-151	152-173	> = 174	6'3"	< = 148	149-239	240-281	282-321	> = 322
4'8"	< = 82	83-133	134-157	158-179	> = 180	6'4"	< = 151	152-245	246-288	289-329	> = 330
4'9"	< = 85	86-138	139-162	163-185	> = 186	6'5"	< = 156	157-251	252-296	297-338	> = 339
4'10"	< = 88	89-143	144-168	169-192	> = 193	6'6"	< = 160	161-258	259-303	304-347	> = 348
4'11"	< = 91	92-148	149-174	175-199	> = 200	6'7"	< = 164	165-265	266-311	312-356	> = 357
5'0"	< = 94	95-153	154-180	181-205	> = 206	6'8"	< = 168	169-271	272-319	320-365	> = 366
5'1"	< = 97	98-158	159-186	187-212	> = 213	6'9"	< = 172	173-278	279-327	328-374	> = 375
5'2"	< = 101	102-163	164-192	193-219	> = 220	6'10"	< = 176	177-285	286-335	336-383	> = 384
5'3"	< = 104	105-168	169-198	199-226	> = 227	6'11"	< = 181	182-292	293-343	344-392	> = 393
5'4"	< = 107	108-174	175-204	205-234	> = 235	7'0"	< = 185	186-299	300-352	353-402	> = 403
5'5"	< = 111	112-179	180-211	212-241	> = 242	7'1"	< = 190	191-306	307-360	361-412	> = 413
5'6"	< = 114	115-185	186-217	218-248	> = 249	7'2"	< = 194	195-313	314-369	370-421	> = 422
5'7"	< = 118	119-190	191-224	225-256	> = 257	7'3"	< = 199	200-320	321-377	378-431	> = 432
5'8"	< = 121	122-196	197-231	232-264	> = 265	7'4"	< = 203	204-327	328-386	387-441	> = 442
5'9"	< = 125	126-202	203-238	239-271	> = 272						

Key: HT = Height; WT = Weight.

## Drug list information

Drug list information is provided to assist agents in the application process. This is a list of the most commonly prescribed medications for declinable conditions. Applicants may be unaware of a condition listed on the application, but prescribed medication may indicate the condition exists and therefore make the applicant not eligible for coverage with the company.

### Uninsurable medications:

Below is a partial list of uninsurable medications. Please contact underwriting if you are unsure about a medication that does not appear in the list below.

If the medication is on the list below but is being prescribed for a condition not listed below or is being prescribed in an “off-label” situation, the condition may or may not be insurable. However, if the “off-label” condition being treated is on the list of uninsurable health conditions, the risk is not insurable. If the situation is not clear, it is best to contact underwriting in advance of filling out an application.

Generic	Brands	Used for
Abacavir	Ziagen	HIV
Abarelix	Plenaxis	cancer
Abciximab	ReoPro	heart disorder
Acamprosate	Campral	alcohol abuse
Adalimumab	Humira	rheumatoid arthritis
AL-721	AL-721	AIDS, HIV
Albuterol/Ipratropium	DuoNeb, Combivent Respimat	COPD
Alemtuzumab	Campath, Lemtrada	multiple sclerosis, leukemia
Alteplase	Activase	heart disorder, stroke
Altretamine	Hexalen	cancer
Amantadine	Endantadine, Symmetrel, Symadine	Parkinson's
Ambrisentan	Letairis	pulmonary hypertension
Amiodarone	Cordarone, Pacerone, Nexterone	heart disorder
Anakinra	Kineret	rheumatoid arthritis
Anastrozole	Arimidex	cancer
Apixaban	Eliquis	Atrial Fibrillation
Apomorphine	Apokyn, Uprima	Parkinson's
Aripiprazole	Abilify, Aristada	schizophrenia
Asparaginase	Elspar	leukemia
Atazanavir	Reyataz	HIV
Auranofin	Ridaura	rheumatoid arthritis
Aurothioglucose	Solganal	rheumatoid arthritis
Aurothiomalate	Myochrysine, Aurolate	severe arthritis
Azathioprine	Imuran, Azasan	rheumatoid arthritis, kidney transplant
BCG	TheraCyx, Tice BCG	bladder cancer
Becaplermin	Regranex	diabetic neuropathy
Benzotropine	Cogentin	Parkinson's
Bevacizumab	Avastin	cancer
Bicalutamide	Casodex	prostate cancer
Biperiden Hydrochloride	Akineton	Parkinson's

Generic	Brands	Used for
Bleomycin	Blenoxane	cancer
Bromocriptine	Cycloset, Parlodel	Parkinson's
Busulfan	Myleran, Busulfex	cancer
Capecitabine	Xeloda	cancer
Carbidopa	Lodosyn	Parkinson's
Carbidopa/Levodopa	Sinemet, Rytary, Duopa, Atamet, Carbilev, Parcopa	Parkinson's
Carboplatin	Paraplatin	cancer
Chlorambucil	Leukeran	cancer, kidney disease, rheumatoid
Arthritis	Activase	heart disorder, stroke
Chlorotrianisene	Tace	cancer
Chlorpromazine	Thorazine	schizophrenia, psychosis
Cilostazol	Pletal	peripheral vascular disease
Cinacalcet	Sensipar	hyperparathyroidism due to cancer or kidney disease
Cisplatin	Platinol	cancer
Cladribine	Leustatin	leukemia
Clopidogrel	Plavix	cardiovascular
Clozapine	Clozaril, FazaClo, Versacloz	schizophrenia
Cyclophosphamide	Cytosan, Neosar	cancer, rheumatoid arthritis, lupus
Cycloserine	Seromycin	tuberculosis
Cyclosporine	Neoral, Sandimmune, Gengraf	organ transplant, cancer, severe arthritis
Dalteparin	Fragmin	cardiovascular, cancer
Dantrolene	Dantrium, Ryanodex, Revonto	multiple sclerosis
Darunavir	Prezista	AIDS, HIV
Delavirdine	Rescriptor	AIDS, HIV
Didanosine	Videx, ddl	AIDS, HIV
Dipyridamole	Persantine	cardiovascular
Dipyridamole/Aspirin	Aggrenox	stroke, TIA
Disulfiram	Antabuse	alcohol abuse
Donepezil	Aricept	dementia
Doxorubicin	Adriamycin, Caelyx, Rubex	cancer
Dronabinol	Marinol, THC	cancer
Efavirenz	Sustiva	AIDS, HIV
Emtricitabine	Atripla	AIDS, HIV
Emtricitabine	Emtriva, Coviracil	AIDS, HIV
Emtricitabine/Tenofovir	Truvada	HIV
Enfuvirtide	Fuzeon	AIDS, HIV
Enoxaparin	Lovenox	peripheral vascular disease
Entacapone	Comtan	Parkinson's
Entacapone/Levodopa/Carbidopa	Stalevo	Parkinson's
Epoetin Alfa	Epogen, Procrit, Eprex	chronic kidney disease
Eptifibatide	Integrilin	heart disorder
Ergoloid Mesylates	Hydergine	dementia

Generic	Brands	Used for
Estramustine	Emcyt	cancer
Etanercept	Enbrel	severe arthritis
Ethinyl Estradiol	Estinyl	cancer
Ethopropazine	Parsidol	Parkinson's
Etoposide	VePesid, Toposar, Etopophos	cancer
Exemestane	Aromasin	cancer
Filgrastim	Neupogen, Granix, Zarxio	cancer
Flecainide	Tambocor	heart disorder
Fluorourcil	Adrucil	cancer
Fluphenazine	Modecate, Prolixin, Moditen, Permitil	psychosis
Flutamide	Euflex, Eulexin	cancer
Fondaparinux	Arixtra	vascular disease
Fosamprenavir	Lexiva	HIV
Foscarnet Sodium	Foscavir	AIDS, HIV
Fulvestrant	Faslodex	cancer
Galantamine	Razadyne, Reminyl	dementia
Glatiramer	Copaxone, Glatopa	multiple sclerosis
Gold Sodium Thiomalate	Myochrysine, Aurolate	severe arthritis
Goserelin	Zoladex	cancer
Haloperidol	Haldol, Peridol	psychosis
Heparin	Calcilean, Calciparine, Hepalean, Liquaemin	cardiovascular
Hydroxyurea	Hydrea, Droxia	cancer
Imatinib	Gleevec	cancer
Indinavir	Crixivan, IDV	AIDS, HIV
Infliximab	Remicade	rheumatoid arthritis
Insulin > 50 Units Per Day	many brands	diabetes mellitus
Interferon	many brands	AIDS, HIV, cancer, multiple sclerosis,
Hepatitis	Antabuse	alcohol abuse
Interferon Alfa-2a	Roferon-A	AIDS, HIV, cancer
Interferon Beta 1a	Avonex, Rebif	multiple sclerosis
Interferon Beta 1b	Betaseron, Extavia	multiple sclerosis
Ipratropium	Atrovent	COPD
Isoniazid	Hyzyd, INH, Laniazid, Nydrazid, Rimifon, Tubizid	tuberculosis
Lamivudine	Combivir, 3TC, Epivir	AIDS
Lamivudine/Zidovudine/Abacavir	Trizivir	HIV
Letrozole	Femara	cancer
Leucovorin	Wellcovorin	cancer
Leuprolide	Lupron, Eligard	cancer
Levamisole Hydrochloride	Ergamisol	cancer
Levodopa	Larodopa, Dopar, L-Dopa	Parkinson's
Lomustine	Gleostine, CCNU	cancer
Lopinavir	Kaletra	HIV
Loxapine	Loxitane	schizophrenia

Generic	Brands	Used for
Maraviroc	Selzentry	HIV
Medroxyprogesterone Acetate	Depo-Provera, Provera, Amen, Curretab, Cycin	cancer
Megestrol	Megace	cancer
Melphalan	Alkeran	cancer
Memantine	Namenda	dementia
Methadone	Methadose, Dolophine	severe pain
Methotrexate	Trexall, Rheumatrex, Rasuvo, Otrexup	severe arthritis, cancer
Mitomycin	Mutamycin	cancer
Mitoxantrone	Novantrone	multiple sclerosis, cancer
Morphine	Contin, Avinza, Depodur, Duramorph, Infumorph, Astramorph, Kadian, Oramorph, Rapi-Ject, Roxanol	severe pain
Mycophenolate	CellCept, Myfortic	myasthenia gravis, organ transplant
Naltrexone	ReVia, Vivitrol, Depade	opioid or alcohol detox
Natalizumab	Tysabri	multiple sclerosis
Nebulizer Device		respiratory / pulmonary disorders
Nelfinavir	Viracept	AIDS, HIV
Neostigmine	Prostigmin, Bloxiverz	Myasthenia Gravis
Nesiritide	Natrecor	congestive heart disorder failure
Nevirapine	Viramune	AIDS, HIV
Nilutamide	Nilandron	cancer
Nitroglycerine	glyceryl trinitrate, Nitrol, Nitro Bid, Tridil, NTG	heart disorder
Nitroglycerine Transdermal	NitroDur, Minitran, Deponit, Nitrocine	heart disorder
Olanzapine	Zyprexa	schizophrenia
Ondansetron	Zofran	cancer
Oxygen		Respiratory / pulmonary disorder
Paliperidone	Invega	schizophrenia
Penicillamine	Cuprimine, Depen	rheumatoid arthritis, disease of liver or kidneys
Pergolide Mesylate	Permax	Parkinson's
Perphenazine	Trilafon	schizophrenia
Pimozide	Orap	schizophrenia
Pramipexole	Mirapex	Parkinson's
Procainamide	Procanbid, Pronestyl	heart disorder
Prochlorperazine	Compazine	psychosis
Procyclidine	Kemadrin	Parkinson's
Pyridostigmine	Mestinon, Regonol	Myasthenia Gravis
Quetiapine	Seroquel	schizophrenia
Quinidine	Quinaglute, Quinidex	heart disorder
Rasagiline	Azilect	Parkinson's
Riluzole	Rilutek	ALS - amyotrophic lateral sclerosis
Risperidone	Risperdal	schizophrenia, psychosis
Ritonavir	Norvir	AIDS, HIV

Generic	Brands	Used for
Rituximab	Rituxan	non-Hodgkin lymphoma
Rivaroxaban	Xarelto	cardiovascular
Rivastigmine	Exelon	dementia
Ropinirole	Requip	Parkinson's
Rotigotine	Neupro	Parkinson's
Saquinavir	Invirase, Fortovase	AIDS, HIV
Selegiline	Carbex, Eldepryl, Zelapar	Parkinson's
Sotalol	Betapace, Sorine, Sotylize	heart disorder
Stavudine	Zerit, d4T	AIDS, HIV
Streptozocin	Zanosar	cancer
Tacrine	Cognex	dementia
Tacrolimus	Prograf, Hecoria, Astagraf, Envarsus	myasthenia gravis, organ transplant
Tamoxifen	Soltamox	cancer
Tenofovir	Viread	AIDS, HIV
Testolactone	Teslac	cancer
Thioridazine	Mellaril	psychosis, dementia
Thiotepa	Tespa, Thioplex	cancer
Thiothixene	Navane	psychosis
Ticlopidine	Ticlid	cardiovascular
Tiotropium	Spiriva	COPD
Tipranavir	Aptivus	AIDS, HIV
Tirofiban	Aggrastat	heart disorder, kidney
Tolcapone	Tasmar	Parkinson's
Toremifene	Fareston	cancer
Trastuzumab	Herceptin	cancer
Treprosinil	Tyvaso, Remodulin, Orenitram	pulmonary hypertension
Trifluoperazine	Stelazine	schizophrenia, psychosis
Trihexyphenidyl	Artane, Trihex	Parkinson's
Triptorelin	Trelstar	cancer
Valganciclovir	Valcyte	cytomegalovirus disease, HIV
Vincristine	Oncovin, Vincasar	cancer
Warfarin	Coumadin, Jantoven	cardiovascular
Zalcitabine	Hivid, ddC	AIDS, HIV
Zidovudine	AZT, ZDV, Retrovir	AIDS, HIV, hepatitis
Ziprasidone	Geodon	schizophrenia, psychosis
Zoledronic Acid	Reclast, Zometa	hypercalcemia caused by cancer

Any questions concerning medications should be directed to the Underwriting Department.