

# Aetna Advantage Plans for Individuals, Families and Self-Employed

Field Underwriting Guide

Georgia



Aetna Advantage Plans for individuals, families and the self-employed are underwritten by Aetna Life Insurance Company (Aetna) directly and/or through an out of state blanket trust. In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans.

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# Introduction

This guide is designed to assist you in the process of submitting applications for Aetna Advantage Plans for Individuals and Families. It will provide information to help you and your clients to complete the application thoroughly and correctly and thereby expedite the processing time in the Underwriting Department.

Review the application for completeness and accuracy, and ensure that any necessary documents are attached prior to submitting it for final Underwriting.

The Medical Underwriting Risk Criteria section of this guide provides a summary of health conditions commonly encountered in the underwriting process. The underwriting risk criteria will assist you in estimating the underwriting outcome, but final determination will be made by

an Aetna Underwriter. This guide is intended as a brief overview only and is not intended to be the source for underwriting decisions. Aetna reserves the right to place the applicant in the appropriate risk category, request additional information or decline coverage.

Coverage can not be guaranteed and no promises should be made to the applicant(s) when the Application is completed. The final decision will be based on enrollment requirements, health history and medical underwriting risk criteria.

No requested effective date will honored prior to or on the signature date.

**This guide and underwriting risk criteria are subject to revision and change at anytime without notice to you.**

**“Aetna” is the brand name used for product and services provided by one or more of the Aetna group of subsidiary companies.**

# Age and Family Status Requirements

## **To qualify for enrollment, all applicants must be:**

1. Applicant and enrolling spouse must be under age 64 3/4
2. Dependent children of applicant or enrolling spouse must be under age 19
3. Unmarried dependent children between the ages of 19 to 25 must meet the dependent status as defined by the IRS

## **Eligibility of Newborns, Adoptees and Foster Children:**

1. Foster children do not qualify as a dependent on the Aetna Advantage Plans for Individuals and Families. Foster children may be eligible for enrollment on a Child Only policy and are subject to the complete medical underwriting process and must meet all enrollment and underwriting requirements.
2. Newborn babies, born to a subscriber or enrolled spouse may be added to the parent's plan within 31 days of birth without medical underwriting. If the enrollment request is not submitted within 31 days of birth, the newborn child will be subject to the complete medical underwriting process and must meet all enrollment and underwriting requirements.
3. A newly adopted child of a subscriber or enrolled spouse may be added to the adopting parent's plan within 31 days of placement in the home for the purpose of adoption, without medical underwriting. The adopting parents must provide evidence of the authorization to control medical care. If the enrollment request is not submitted within 31 days of placement, the adoptee will be subject to the complete medical underwriting process and must meet all enrollment and underwriting requirements.

# Residency Requirements

**To qualify for enrollment all applicants must be:**

Legal resident within the state and Aetna Advantage Plan Service Area.

**Non-citizen Resident Requirements:**

Applicants for the Aetna Advantage Plans for Individuals and Families, who are non-citizen residents of the United States, must provide proof of legal residency in the United States for a period of six months immediately preceding the application for coverage.

At least one of the following items must be submitted with the application as proof of residency for a six month period:

1. Proof of rent or mortgage payments within the United States for the past six months
2. Verification of employment in the United States for the past six months
3. Medical records from a medical office or hospital in the United States, indicating treatment within the United States for the past six months
4. Receipts for utility bills, in the applicants name, within the United States, for the past six months

Items such as Passports, Visas, Drivers Licenses and Social Security Cards do not provide proof of the six-month residency requirement and will not be accepted as proof of continuous residency.

Foreign Exchange Students are not subject to the six-month continuous residency requirement, but are subject to the complete medical underwriting process and must meet all enrollment and underwriting requirements. Foreign Exchange Students applying for the Aetna Advantage Plans for Individuals and Families must submit, with their application, documentation of proof of enrollment in the Foreign Exchange Student Program.

# Terms of Coverage

The Aetna Advantage Plans for Individuals and Families is intended to be the sole carrier. Applicants who are currently covered by another carrier must agree to discontinue the other coverage upon the effective date of this Aetna Advantage Plan for Individuals and Families.

Coverage remains in effect as long as the required premium charges are paid on time as long as membership eligibility is maintained. Coverage will be terminated if the member becomes ineligible due to:

1. Non-payment of premiums
2. Residency requirements
3. Obtaining duplicate coverage

## **Pre-existing Conditions Limitations:**

A pre-existing condition is an illness or injury for which medical advice or treatment was recommended or received within the six months preceding the effective date of coverage.

During the first 12 months following a member's effective date of coverage, no coverage will be provided for the treatment of a pre-existing condition.

If the applicant had prior creditable coverage within 63 days immediately before the signature date on the application, then the pre-existing conditions exclusion of the plan will be waived.

# Medical Underwriting Requirements

The Aetna Advantage Plans for Individuals and Families are not guaranteed issue plans. All applicants, enrolling spouses and dependents are subject to medical underwriting to determine eligibility and placement within the appropriate risk category. Medical records may be requested by the underwriter for the purpose of evaluating the underwriting risk.

Aetna offers various risk categories based on the known and predicted medical risk factors of each applicant. A member with minimal health risks should not be required to subsidize the cost of covering a member predicted to require more costly care.

## **Placement in Risk Categories:**

Medical Underwriters will assess the risk of all applicants through a review of all information submitted on the application, the health questionnaire, and medical records. Following the completion of medical underwriting, applicants:

1. may be enrolled in their selected plan at the standard premium charge
2. may be enrolled in their selected plan at a higher rate, based on medical findings
3. may be declined coverage based on significant medical risk factors

Following is the description of the Risk Categories for each level of coverage.

1. Level A: standard premium
2. Level B: moderate increase over standard premium
3. Level C: significant increase over standard premium
4. Level D: declination, no coverage offered

# Reasons Causing Underwriting Processing Delays

An application cannot be reviewed by underwriting until all information has been provided by the applicant(s) and agent. Listed below are the most frequent omissions or errors that cause delays in underwriting:

1. Answers to Health Questionnaire missing or incomplete
2. No details provided for Health Questionnaires with “yes” answers
3. Address information incomplete
4. Omitted height, weight, date of birth or age on applicant and/or dependents
5. Missing signature of spouse and/or dependents age 18 and older
6. Missing name and address of physician or providers in health history
7. Application not dated
8. Changes made to answers without accompanying explanation or initials
9. Broker information incomplete or agent number missing
10. Single check submitted with multiple applications
11. EFT/Credit Card information incomplete

Situations which may result in the application being closed without underwriting include, but are not limited to:

1. Applications which have been completed in pencil
2. Submission of an outdated or expired application form (Old applications will be honored for 90 days after a revision has been issued)
3. Multiple omitted items on the application
4. Application not dated
5. Signature date is over 30 days old or is post-dated
6. Missing signatures of applicant, spouse, over-age dependents
7. Missing signature of parent or guardian for “child only” policies

# Individual Medical Underwriting: Overview

## **Medical Underwriting:**

The process of reviewing and comparing the medical history of applicants against established underwriting risk criteria in order to determine the appropriate level of risk

## **Medical Underwriting Theory:**

The Medical Underwriting process is designed to identify the potential medical risk and cost for the conditions listed on an application. These costs are predicted on existing and anticipated future:

- Hospitalizations
- Surgeries
- Medical Office Visits
- Out-Patient Therapies
- Prescription Medications
- Laboratory Tests
- Radiological and Diagnostic Tests
- Durable Medical Equipment and Supplies

In our current culture, the cost of prescription medications presents an increased financial risk component for the treatment of acute and chronic health conditions that do not require hospitalizations and surgeries.

Obesity and smoking present an increased risk component in conjunction with specific health conditions that are complicated and/or exacerbated by such conditions or behaviors. Conditions affected by obesity and smoking include:

- Cardiac Conditions
- Hypertension
- Respiratory Conditions
- Gastric Intestinal Conditions
- Back and Joint Conditions

The assigned risk category is based on the level of severity and potential risk of the listed health condition and by review of medical records.

*Adverse selection* results when there is an excessive coverage of high-risk candidates in proportion to the coverage of low-risk candidates. Through careful review and proper rating of health risks, underwriting guards against adverse selection.

## **Assistance with Underwriting questions:**

If you have specific questions about a health condition, medication, etc, and how these may be evaluated in underwriting, you can submit send your questions to our Individual Underwriting Mailbox.

# Declinable Conditions and Medications

Many health conditions present an extreme risk due to the high cost of treatment and medications. When such conditions are listed on the application Aetna reserves the right to decline coverage without further review of medical records. Conditions that will result in declination include, but are not limited to the list to the right.

## Medications Subject to Decline:

Some medications are costly and present an increased underwriting risk. Applicants may be declined based on the cost of their prescription medications.

Addison's Disease	Klinefelter's Syndrome
AIDS	Lupus Erythematosus, Systemic (SLE)
AIDS Related Complex (ARC)	Lymphadenitis
Alzheimer's Disease	Mediterranean Anemia without Splenectomy
Amyotrophic Lateral Sclerosis	Multiple Sclerosis
Aplastic Anemia	Muscular Dystrophy
Ankylosing Spondylitis	Myasthenia Gravis
Arteritis	Myelofibrosis
Arthritis, Rheumatoid	Organic Brain Syndrome
Bright's Disease	Paraplegia
Bronchiectasis	Paget's Disease
Buerger's Disease	Parkinson's Disease
Burkitt's Tumor	Pneumoconiosis
Cardiomyopathy	Polyarteritis Nodosa
Cerebral Palsy (Infantile)	Polycythemia
Cirrhosis of Liver	Polymyositis
Chronic Glomerulonephritis	Polyneuropathy
Chronic Hepatitis	Portal Hypertension
Chronic Obstructive Pulmonary Disease (COPD)	Pregnancy
Chronic Pulmonary Heart Disease	Psoriatic Arthropathy
Chronic Renal Failure	Pulmonary Heart Disease
Cooley's Anemia	Quadraplegia
Crouzon's Disease	Raynaud's Syndrome/Phenomenon
Cushing's, Syndrome	Renal Failure, Chronic
Cystic Fibrosis	Scleroderma
Dermatomyositis	Sickle Cell anemia
Emphysema	Sjogren's Disease
Encephalopathy	Spina Bifida
Endocarditis	Systemic Lupus Erythematosus (SLE)
Esophageal Varicies	Syringomyelia
Guillain Barre's Syndrome	Tay-Sach's Disease
Hemolytic Anemia	Testicular Dysfunction
Hemophilia	Tetralogy of Fallot
Hodgkin's Lymphoma	Thalassemia Major
Human T-Cell Leukemia Virus	Thrombotic Thrombocytopenia Purpura
Human T-Cell Lymphotropic Virus	Transplant; Heart
Huntington's Chorea	Transplant; Liver
Hydrocephalus	Transplant; Lung
IgG Deficiency	Uremia
Insulin Dependent Diabetes Mellitus	Von Willebrand's Disease

# Medical Risk Criteria for Agents

The Risk Criteria section provides a summary of conditions commonly encountered in the medical underwriting process. The Risk Criteria for each condition includes the potential cost for treatment, therapy and medications. The greater the risk, the higher the Risk Category the applicant would be assigned.

**Risk is increased by factors such as smoking, use of prescription medications and weight.**

In some situations, the listed condition itself may present only a minimal health risk, but the treatment and/or use of prescription medications increase the over-all cost risk. Prescription medications which exceed the acceptable cost range of an assigned risk category may result in a higher risk category being assigned or declination.

**Body Mass Index**

Body Mass Index, (BMI) is a measure of body fat based on height and weight. The BMI score is valid for both adult men and women. Research data from the National Heart, Lung and Blood Institute has documented that BMI is a reliable indicator of total body fat which is related to the risk of disease and death. For those conditions that include weight as a risk factor, the BMI chart will be used to determine the risk category.

A copy of the BMI chart is included on the next page.

**How To Use The BMI Chart:**

1. Locate the applicant's height in the left hand column
2. Follow that row to the right until it intersects with the applicant's weight (round off to the nearest number)
3. Follow that column up to the top row of bold numbers
4. The bold number at the top of that column is the BMI

**Example:** ■ Height = 5'10"  
■ Weight = 243 lbs.  
■ BMI = 35

# Body Mass Index (BMI)

BMI			19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	
	Ht. Ft./In.	Ht. In.	Body Weight in Pounds																										
4' 10"	58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	217	
4' 11"	59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	224	
5' 0"	60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	232	
5' 1"	61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	239	
5' 2"	62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	248	
5' 3"	63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	256	
5' 4"	64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	264	
5' 5"	65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	272	
5' 6"	66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	280	
5' 7"	67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	289	
5' 8"	68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	297	
5' 9"	69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	264	271	278	285	291	297	306	
5' 10"	70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	279	286	292	299	306	315	
5' 11"	71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286	293	301	308	315	324	
6' 0"	72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294	302	309	316	324	333	
6' 1"	73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	342	
6' 2"	74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	351	
6' 3"	75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	361	
6' 4"	76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	371	
6' 5"	77	160	169	177	185	194	202	211	219	228	236	244	253	260	270	278	287	295	304	312	320	329	337	346	354	363	371	381	
6' 6"	78	164	173	182	190	199	208	216	225	234	242	251	260	268	277	285	294	303	311	320	329	338	346	355	363	372	381	391	
6' 7"	79	169	177	186	195	204	213	222	231	240	249	258	266	275	284	293	302	311	320	328	337	346	355	364	373	382	391	400	
6' 8"	80	173	182	191	200	209	218	228	237	246	255	264	273	282	291	300	309	319	328	337	346	355	364	373	382	391	400	411	
6' 9"	81	177	187	196	205	215	224	233	243	252	261	271	280	289	299	308	317	327	336	345	355	364	373	383	392	401	411	421	
6' 10"	82	182	191	201	210	220	230	239	249	258	268	277	287	296	306	316	325	335	344	354	363	373	383	392	402	411	421	431	
6' 11"	83	186	196	206	216	225	235	245	255	265	274	284	294	304	314	323	333	343	353	363	372	382	392	402	412	421	431	441	

Source: National Heart, Lung and Blood Institute.

# Assistance with Underwriting Questions

If you have specific questions about a health condition, medication, etc, and how these may be evaluated in underwriting, you can submit your questions to our Individual Underwriting Mailbox.

This mailbox provides you with an opportunity to submit an “Underwriting Prescreen Form” and ask underwriting questions related to Aetna Advantage Plans prior to submitting an application.

You can access this submission form by logging on to our Producer World website at: [https://www.aetna.com/producer/forms/uw\\_prescreening\\_form.html](https://www.aetna.com/producer/forms/uw_prescreening_form.html).

To receive a prompt response to your questions, please provide as much detail as you can. We will address your questions within 24 hrs of receipt. The following categories are typical underwriting questions and may help direct your inquiries.

- Age
- BMI (Body Mass Index) / Weight
- Adoption
- Dates & Types of Treatment / Medications
- Residency
- Medical Underwriting Guidelines
- Possible Declinable Condition
- Generic or Other

**Note:** This submission form should only be used for Individual Underwriting questions related to the Aetna Advantage Plans for Individuals and Families prior to submitting an application. Do not send benefit, plan coverage or rate questions through this mailbox. Please direct those questions and question related to an application already submitted to your Aetna Sales Manager or the Sales Support Center in your region at 1-888-54 AETNA

# Alphabetical Index of Medical Conditions

The following conditions are included in the Medical Risk Criteria. The left hand column provides the name of all conditions found in the guide, some are primary conditions and have their own category in the guide, others are subcategories of a primary condition and are listed under that primary condition in the guide. If the condition is listed under a primary condition, the primary condition is noted in the right hand column as a cross reference for location.

Condition Name	Cross Reference Condition
Abnormal PAP	
Acid Reflux; Acid Indigestion	See: GERD
ADD and ADHD	See: Hyperactivity
AIDS and ARC	
Alcohol Abuse	
Allergies	
Alzheimer's Disease	
Aortic Valve Disease	See: Heart Valve Disease
Amenorrhea	
Amyotrophic Lateral Sclerosis (ALS)	
Angina	See: Heart Disease
Anorexia	See: Eating Disorders
Adjustment Reaction	
Anxiety/Depression	
Arrhythmias	See: Heart Disease
Arthritis (Osteoarthritis)	
Arthritis (Rheumatoid)	
Asthma	
Attention Deficit Disorder	See: Hyperactivity
Attention Deficit Hyperactivity Disorder	See: Hyperactivity
Back/Spine Problems	
Basal Cell Carcinoma	See: Cancer: Skin
Benign Prostate Hyperplasia (BPH)	See: Prostate Disorders
Breast Cancer	See: Cancer, Breast
Breast Cysts	See: Breast Disorders
Breast Implants	
Bronchitis, chronic	
Bulimia	See: Eating Disorders
Cancer of Throat, Lung, Stomach, Intestine, Liver, Kidney, Blood, Lymph, etc.	See: Cancer, Internal Organs and Systemic Cancers
Cancer, Basal Cell	
Cancer, Melanoma	
Cerebral Palsy	
Cirrhosis of Liver	
Cholecystitis	See: Gallbladder Disorders
Chronic Obstructive Pulmonary Disease (COPD)	
Colitis	See: Inflammatory Bowel Disease
Coronary Artery Disease	See: Heart Disease
Crohn's Disease	See: Inflammatory Bowel Disease
Deafness	
Depression	See: Anxiety/Depression
Diabetes Mellitus	
Dermatitis	See: Skin Conditions
Diverticulitis and Diverticulosis	
Drug Abuse	
Dysfunctional Uterine Bleeding	See: Amenorrhea
Ear Infections	
Eating Disorders	
Emphysema	See: COPD
Endometriosis	
Erectile Dysfunction	
Eczema	See: Skin Conditions
Fibrocystic Breast Disease	See: Breast Disorders
Fibroids/Fibroma of Uterus	
Fibromyalgia	
Folliculitis	See: Skin Conditions
Gallbladder Disorders	
GERD (gastro-esophageal reflux disease)	
Goiter	See: Thyroid Disorders
Gout	

<b>Condition Name</b>	<b>Cross Reference Condition</b>
Graves Disease	See: Thyroid Disorders
Hashimoto's Disease	See: Thyroid Disorders
Hay Fever	See: Allergies
Headache	
Heart Attack	See: Heart Disease
Heartburn	See: GERD
Heart Disease	
Heart Murmur	See: Heart Valve Disease
Heart Valve Disease	
Hepatitis	
Hernia	
Herniated Disc	See: Back/Spine Problems
Herpes	
High Cholesterol	
Hyperactive Airway Disease	See: Asthma
Hyperthyroidism	See: Thyroid Disorders
Hypothyroidism	See: Thyroid Disorders
Hyperactivity	
Inflammatory Bowel Disorders	
Irregular Heart Beat	See: Heart Disease (Arrhythmias)
Irritable Bowel Syndrome (IBS)	
Ischemic Heart Disease	See: Heart Disease
Jaw Disorders	
Kaposi's Sarcoma	See: Cancer Skin
Kidney Stones	
Keratosis	See: Skin Conditions
Knee Disorders	
Leukemia	See: Cancer: Leukemia
Lupus	
Melanoma	See: Cancer Skin
Migraine Headaches	See: Headache
Mitral Valve Disease; Mitral Valve Prolapse	See: Heart Valve Disease
Muscular Dystrophy	
Multiple Sclerosis	
Obesity	
Osteoarthritis	See: Arthritis
Osteopenia	See Osteoporosis
Osteoporosis	
Otitis Media	See: Ear Infections
Palpitations	See: Heart Disease
Pancreatitis	
Polycystic Ovaries	See: Amenorrhea
Poison Oak	See: Skin Conditions
Pregnancy	
Prostate Disorders	
Prostatitis	See: Prostate Disorders
Psoriasis	
Reactive Airway Disease	See: Asthma
Rheumatoid Arthritis	See: Arthritis
Sciatica	See: Back/Spine Problems
Shingles	See: Herpes
Sinusitis	See: Allergies
Thyroid Disorders	
Thyroiditis	See: Thyroid Disease
TMJ	See: Jaw Disorders
Traumatic Stress Disorder	See: Adjustment Reaction
Tricuspid Valve Disease	See: Heart Valve Disease
Ulcerative Colitis	See: Inflammatory Bowel Disorders
Ulcers	
Urinary Tract Infections	
Vaginal Infections	See: Abnormal PAP

**AETNA ADVANTAGE PLANS RISK CRITERIA**

Listed Condition	Risk Criteria	Risk Category
<b>Abnormal PAP</b> <i>Including:</i> Cervicitis Endocervicitis Vaginal Infections	Single episode 6 or more months ago; no STD; current PAP normal	A
	Same criteria as (A); single episode within 6 months; single STD within 3 years	B
	Two episodes within 18 months; current abnormal PAP with Atypia	C
	Does not meet above criteria or requiring procedure Pathology will be accessed by Underwriter	D
<b>Acid Reflux</b>	See "GERD" (gastro esophageal reflux disease)	
<b>ADD and ADHD</b>	See "Hyperactivity" (Attention Deficit Disorder)	
<b>Adjustment Reaction</b> <i>Including:</i> Acute reaction to stress Adjustment reaction Depressive reaction Post Traumatic Stress Disorder (PTSD)	<b>Acute Episode:</b> related to stressful incident; no hospital admissions required; counseling completed for 6 or more months; no medications for 6 months; no other stress related conditions	A
	<b>Ongoing Adjustment Reactions:</b> current counseling 2 times per month; over age 15 and stable on single medication; hospital admission 5 or more years ago; no other stress related conditions	B
	Same criteria as (B); counseling 1 time per week; over age 18 and maintained on 2 medications or age 12-18 and maintained on single medication; hospital admission 18 or more months ago	C
	Does not meet any of above criteria; may require hospital admission; requires multiple medications	D
<b>Stress Related Conditions:</b> Chest Pain Chronic Pain Digestive Problems Fibromyalgia Insomnia Abnormal Heart Beat Migraines		
<b>AIDS/ARC</b>	Once Diagnosed	D
<b>Alcohol Abuse:</b> <i>Including:</i> Alcohol Dependency	Acceptable daily intake with no history of alcohol abuse, OR History of alcohol abuse; no treatment, therapy or medications for 5 years; NO alcohol intake for 5 years; normal liver function tests (LFT's); Single DUI within 12 months	A
	Same criteria as (A); no treatment, therapy or medications for 2 years; no alcohol intake for 2 years	B
	Does not meet any of above criteria; 2 or more hospital admissions in 10 years (alcohol related); still consuming alcohol: 2 DUI's	D

**AETNA ADVANTAGE PLANS RISK CRITERIA**

Listed Condition	Risk Criteria	Risk Category
<b>Allergies:</b> <i>Including:</i> Allergic Rhinitis Hayfever Sinusitis	Controlled with “over the counter” (OTC) non prescriptive medications; occasional use of single prescription medication; no smoking/tobacco use	A
	Same as (A); smoking/tobacco use within 12 months	B
	Maintained on single prescription medication OR undergoing allergy injections OR maintained on 2 prescription medications; no smoking/tobacco use	B
	Maintained on single prescription medication undergoing allergy injections; no smoking/tobacco use	C
	Maintained on 2 inhalant or by mouth prescriptions; no smoking/tobacco use for 6 months	C
	Does not meet any of above criteria; potential surgical candidate.	D
<b>Alzheimer’s Disease</b>	Once Diagnosed	D
<b>Amenorrhea</b> <i>Including:</i> Dysfunctional Uterine Bleeding Ovarian Failure Polycystic Ovaries	INDIVIDUAL CONSIDERATION Underlying cause must be determined to evaluate risk	Assessment by underwriter
<b>Anxiety/Depression</b> <i>Including:</i> Anxiety Depression Panic Attacks PMS  <b>Stress Related Conditions:</b> Chest Pain Chronic Pain Digestive Problems Fibromyalgia Insomnia Abnormal Heart Beat Migraines	Stable without medication for 3 months; no suicide attempts; no hospitalizations; completed counseling 1 or more months ago	A
	Same as (A); with single hospitalization over 2 years ago; Over age 18 and maintained on single prescription medication; PMS related; periodic counseling	B
	Same as (B); with 2 hospitalizations more than 3 years ago; Over age 18 and maintained on 2 medications; age 12 to 18 and maintained on single medication	C
	Does not meet any of above criteria; may require hospitalization; suicide attempts; requires multiple prescription medications	D
<b>Arrhythmias</b>	See “Heart Disease”	

**AETNA ADVANTAGE PLANS RISK CRITERIA**

Listed Condition	Risk Criteria	Risk Category
<b>Arthritis</b> <i>Including:</i> Osteoarthritis Osteoarthrosis Degenerative Joint Disease (DJD)	No history of surgery or hospitalizations; taking over the counter pain relievers or anti-inflammatory medications; no other joint or back problems <b>OR</b> Not a candidate for or a recipient of reconstructive joint surgery; no steroid use either oral or by injection; no hospitalizations within 2 years	A
	Same Criteria as (A); requires prescription strength non-steroidal anti-inflammatory medications; smoking/tobacco use within 12 months	B
	Same Criteria as (B); requires 2 prescription pain medications; injection to joints over 12 months ago; smoking/tobacco use within 12 months	C
	Does not meet any of the above criteria; potential surgical candidate or treatment for associated conditions	D
<b>Arthritis</b> Rheumatoid Polyarthritis	Once Diagnosed	D
<b>Asthma</b> <i>Including:</i> Hyperactive Airway Disease (HAD)  Reactive Airway Disease (RAD)	No Emergency Room (ER) visits/hospital admissions for 1 year; no oral steroids; occasional use of inhaler or nebulizer; no other treatment or medications for 6 months; no smoking/tobacco use since diagnosis; BMI 28 or less	A
	Same Criteria as <b>(A)</b> ; BMI 28-32; no smoking/tobacco use for 12 months; maintained on single oral, nasal or inhaled prescription medication	B
	Same Criteria as <b>(B)</b> ; single course of steroids in 6-12 months; BMI 33-36; single ER visit in 3-6 months; requires daily inhaler or nebulizer or steroid and single oral or nasal medication	C
	Does not meet any of the above criteria; smoking/tobacco use; required hospitalization within 1 year	D
<b>Back/Spine Problems</b> <i>Including:</i> Muscle Spasms Strains Sprains	No injury requiring surgery; no disc problems; no prescription medications; taking "over the counter" (OTC) anti-inflammatory medications only; treatment free for 6 months	A
	Same criteria as <b>(A)</b> ; receiving maintenance or preventative chiropractic care or massage (2 x month or less); or occasional muscle relaxant	B
	Same criteria as <b>(B)</b> ; requires prescription anti-inflammatory, muscle relaxant or pain medication; chiropractic or massage therapy up to 1 time per week	C
	Does not meet any of the above criteria; requires narcotic medications; potential surgical candidate	D

**AETNA ADVANTAGE PLANS RISK CRITERIA**

Listed Condition	Risk Criteria	Risk Category
<b>Back/Spine Problems</b> <i>Including:</i> Disc Problems Sciatica	Does not require surgery; no treatment for 6 months; receiving maintenance or preventative chiropractic care or massage therapy (1 x month or less); using "over the counter" (OTC) pain medications only; BMI less than 30; no smoking/tobacco use for 12 months	A
	Same criteria as (A); no prescription medications for 3 months; receiving maintenance or preventative chiropractic care or massage therapy (2 x month or less); BMI 30-34 OR BMI 25-30 with smoking/tobacco use within 12 months	B
	Same criteria as (B); requires single prescription medication; chiropractic or massage therapy up to 1 time per week; BMI 31-36	C
	Does not meet any of above criteria; potential surgical candidate  <i>Additional consideration for:</i> Obesity; condition after surgery; prescription medications	D
<b>Breast Disorders</b> <i>Including:</i> Fibrocystic Disease	Incidental finding; no treatment required; single lesion removed 3 months ago; normal mammogram within 6 months	A
	Same criteria as (A); surgically removed 1-3 months ago; normal mammogram	B
	Multiple excisions/biopsies for fibrocystic breasts; no treatment for 3 months; single excisions/biopsies within one month	C
	Does not meet any of above criteria; potential surgical candidate  Undiagnosed lesion; incomplete workup; medical testing or unconfirmed diagnosis	D
<b>Breast Implants</b> Saline Implants Silicone Implants	All surgery and injections completed for Saline implant; no complications; no treatment for 12 months; normal mammogram;	A
	Same Criteria as (A); no treatment for 6 months for both saline and silicone implants	B
	Same Criteria as (B); no treatment for 3 months for both saline and silicone implants or implants placed more than 15 years ago	C
	Does not meet any of above criteria; complications; potential surgical candidate	D
<b>Bronchitis (Chronic)</b>	No reactive airway disease; single course of oral or injectable steroids 18 or more months ago; no ER visits; no smoking/tobacco use; no treatment for 12 months	A
	Same Criteria as (A); required oral or injectable steroids 12 months ago; antibiotic or prescription medication 6 months ago	B
	Same Criteria as (B); requires intermittent use of inhalers/nebulizers or steroids; single ER visit in 12 months	C
	Does not meet any of above criteria	D

**AETNA ADVANTAGE PLANS RISK CRITERIA**

Listed Condition	Risk Criteria	Risk Category
<b>Cancer</b> Breast	Individual consideration assessed by underwriter	Assessed by underwriter
	Currently under treatment	D
<b>Cancer</b> Leukemia	No treatment for 10 years; normal current physical exam and labs	B
	Same Criteria as (B); smoking/tobacco use within 12 months	C
	Does not meet any of above criteria	D
<b>Cancer</b> Skin: Basal Cell	Removed 6 or more months ago; in situ and all borders clear; no reconstructive surgery required; no treatment or medications for 6 months; current exam shows no recurrence	A
	Same Criteria as (A); removed 3 months ago; no treatment or medication for 3 months	B
	Recurring lesions requiring up to 2 excisions in 12 months; last excision more than 1 month ago	C
	Does not meet any of above criteria	D
<b>Cancer</b> Skin: Melanoma	Stage 1, borders clear, removed 5 or more years ago; all cosmetic/reconstructive surgery complete; no treatment or medication for 5 years; current dermatology exam confirms no recurrence	A
	Same Criteria as (A); smoking/tobacco use within 2 years; no treatment or medication for 3 years	C
	Does not meet any of above criteria	D
<b>Cancer</b> Skin: Kaposi's Sarcoma	Once Diagnosed and related to HIV diagnosis	D
<b>Cancer</b> <i>Including:</i> Internal Organs Systemic Cancers	Most cancers that fall within these categories are complex. The level of consideration depends on original diagnosis; pathology reports; type and length of treatment; treatment-free period and recurrence rates.	Assessed by underwriter
<b>Cerebral Palsy</b>	<b>Over age 10:</b> minimal spastic movement; no mental retardation; no wheelchair or walker or crutches; capable of independent living; no PT or orthopedic correction for 2 or more years	B
	Same criteria as (B); no treatment for 12-24 months	C
	Does not meet any of above criteria	D
<b>Cirrhosis of Liver</b>	Once Diagnosed	D
<b>COPD</b> Chronic Obstructive Pulmonary Disease Emphysema	Once Diagnosed	D
<b>Colitis</b> <b>Crohn's Disease</b>	See "Inflammatory Bowel Disease"	

**AETNA ADVANTAGE PLANS RISK CRITERIA**

Listed Condition	Risk Criteria	Risk Category
<b>Deafness</b>	Does not require surgery or surgically corrected 6 or more months ago with normal hearing restored; no vertigo or balance problems; no hearing aid required or recommended; no treatment for 6 months	A
	Same Criteria as (A); treatment free for 3–6 months or requires a hearing aid	B
	Same Criteria as (B); surgically repaired 1-3 months ago; still having hearing and/or balance problems; may require hearing aid	C
	Does not meet any of the above criteria; potential surgical candidate; cochlear implant present	D
<b>Depression</b>	See “Anxiety/Depression”	
<b>Diabetes Mellitus</b>	<b>Type II; Non-Insulin Dependent:</b> Controlled by diet for over 12 months; BMI less than 30; no smoking/tobacco use; no kidney, vision or circulation problems; acceptable laboratory test results	B
	Same criteria as (B); controlled by diet 6-12 months or controlled on oral medication; BMI 30-32	C
	Does not meet any of above criteria	D
	<b>Type I; Insulin Dependent</b>	D
<b>Diverticulitis Diverticulosis</b>	Incidental finding with no treatment required OR controlled by diet 2 or more years; no bleeding; no hospitalization required; no treatment for 2 years	A
	Same Criteria as (A); single hospitalization 2 or more years ago; no therapy, treatment or mediations for 12 months	B
	Same Criteria as (B); no treatment for 6 months	C
	Does not meet any of the above criteria	D
<b>Drug Abuse Illegal Drugs</b>	No illegal drug use for 10 years; no intravenous drug use ever; no therapy, treatment or mediations for 10 years except for ongoing attendance to Narcotics or Alcoholics Anonymous	A
	Same Criteria as (A); no drug use for 5-10 years; no therapy, treatment or medications for 5-10 years	B
	Does not meet any of the above criteria	D
<b>Drug Abuse Marijuana use Only</b>	No Marijuana use for 1 or more years; no chronic respiratory conditions; no therapy, treatment or medications for 2 years except for ongoing attendance to Narcotics or Alcoholics Anonymous	A
	Same criteria as (A); no marijuana use for 6 months; no therapy, treatment or medications for 1 year.	B
	Does not meet any of above criteria	D

**AETNA ADVANTAGE PLANS RISK CRITERIA**

Listed Condition	Risk Criteria	Risk Category
<b>Drug Abuse</b> Prescription Drugs	No abuse of prescription drugs for 5 years; no therapy, treatment or medications for 5 years except ongoing attendance at Narcotics or Alcoholics Anonymous	A
	Same criteria as (A); no prescription drug abuse or treatment for 2-5 years	B
	Does not meet any of the above criteria; still abusing prescription drugs; two or more hospital admissions in 10 years	D
<b>Ear Infections</b> Otitis Media	No hearing loss; ear tubes placed previously; does not require precautionary antibiotics or decongestants; no treatment for 6 months	A
	Same Criteria as (A); ear tubes in place; requires precautionary antibiotics and decongestants; no infection for 2 months	B
	Same Criteria as (B); with multiple infections (3-4) in 12 months; acute infection within 2 months; may require ear tube placement	C
	Does not meet any of the above criteria	D
<b>Eating Disorders</b> <i>Including:</i> Anorexia Bulimia	No hospital admissions for 5 years; counseling completed 12 or more months ago; BMI must be greater than 17 for 12 months; normal laboratory test results; no psychotropic drugs required; no treatment or therapy for 12 months or more months	A
	Same Criteria as (A); age 15 to 18, no hospitalization for 3 years	B
	Same Criteria as (B); requires ongoing counseling or single psychotropic drug; no hospitalization for 2 years	C
	Does not meet any of the above criteria; under age 15	D
<b>Emphysema</b>	Once Diagnosed	D
<b>Endometriosis</b>	Post menopausal; ovaries surgically removed; successfully treated with Lupron; no treatment for 6 months	A
	Same Criteria as (A); no treatment for 3 months or ongoing treatment with hormones or birth control pills	B
	Does not meet any of the above criteria; potential surgical candidate; under treatment for infertility	D
<b>Erectile Dysfunction (ED)</b> Impotence	Surgically repaired 3 or more months ago; no complications; no other treatment or therapy required	A
	Not a surgical candidate; taking single prescription medication OR surgically repaired within 3 months	B
	Ongoing testosterone injections or taking 2 prescription medications	C
	Does not meet any of the above criteria; potential implant or surgical candidate	D

**AETNA ADVANTAGE PLANS RISK CRITERIA**

Listed Condition	Risk Criteria	Risk Category
<b>Fibroids Fibroma of Uterus</b>	Post Surgical: surgically corrected 3 or more months ago; no treatment, therapy or medications for 6 months	A
	Same Criteria as (A); surgery completed or treated 1-3 months ago	B
	Same Criteria as (B); surgery completed or treated 1-3 months ago	C
	Non-Surgical; Pre-menopausal: stable with no change in size for 12 months; no abnormal bleeding; treated with hormones or embolization	B
	Non-Surgical; Post-menopausal: no other uterine abnormality; stable in size for 6 months; normal laboratory test results; no treatment or medication for 6 months	A
	Does not meet any of the above criteria <i>Additional consideration for: size; type; location and stability of lesion</i>	D
<b>Fibromyalgia</b>	Condition resolved; no symptoms, treatment or therapy for 3 years	A
	Diagnostic work-up and testing completed with normal results; controlled with "over the counter (OTC)" medications; occasional use of prescription pain medication;	B
	Same Criteria as (B); requires prescription pain medication or anti-depressant	C
	Does not meet any of the above criteria	D
<b>Gallbladder Disorders</b> <i>Including:</i> Cholecystitis Cholelithiasis Cholangitis	Gallbladder surgically removed and treatment free for 3 months; no complications; no problems OR treated medically; no treatment, therapy or medication for 12 months	A
	Same Criteria as (A); no treatment, therapy or medications for 6 months	B
	Same Criteria as (B); maintained on single prescription medication	C
	Does not meet any of the above criteria; potential surgical candidate	D
<b>GERD (Gastro-esophageal Reflux Disease)</b> <i>Including:</i> Acid reflux Acid indigestion Heartburn	All diagnostic tests completed; using "over the counter" (OTC) medications only; no treatment or prescription medications for 3 months; no smoking/tobacco use for 12 months; no respiratory complications; BMI less than 30	A
	Same Criteria as (A); no treatment, therapy or prescription medications for 3 months; BMI 30-32	B
	Same Criteria as (B); smoking/tobacco use within 1 year; requires single prescription medication; BMI 33-35	C
	Does not meet any of the above criteria <i>Additional consideration for: obesity; prescription medications; anxiety and stress</i>	D Assessed by Underwriter

**AETNA ADVANTAGE PLANS RISK CRITERIA**

Listed Condition	Risk Criteria	Risk Category
<b>Graves Disease Goiter</b>	See "Thyroid Disorders"	
<b>Gout</b>	Occasional episodes; no more than 1 per year; no medication in 3 months; no joint deformities or kidney stones	A
	Same criteria as (A); requires ongoing single medication	B
	Same criteria as (B); requires 2 prescription medications or treatment with steroids within 12 months	C
	Does not meet any of the above criteria; joint deformity or associated conditions	D
<b>Hashimoto's Disease</b>	See "Thyroid Disorders"	
<b>Headache</b> <i>Including:</i> Migraine Vascular Migraine	No symptoms or treatment for 6 months	A
	Diagnostic tests completed; controlled on single non-narcotic prescription medication (no Topamax); no ER visits for 6 months	B
	Same Criteria as (B); requires 2 non-narcotic prescription medications; single ER visit in 3-6 months	C
	Does not meet any of the above criteria; taking Topamax or prescription narcotics	D
<b>Heart Disease</b> <i>Including:</i> Angina Coronary Artery Disease Ischemic Heart Disease Myocardial Infarction (Heart Attack)	History of Angina only; no surgery recommended; no treatment, therapy or medications for 3 years; BMI less than 28	B
	Same Criteria as (B); no treatment, therapy or medications for 2 years (single anti-lipid or cardiac medication acceptable) BMI 28-32	C
	<i>Individual consideration for:</i> obesity; multiple medications; multiple surgeries; smoking; respiratory disease; hypertension	Assessed by Underwriter
<b>Heart Disease</b> <i>Including:</i> Arrhythmias Dysrhythmias Irregular Heartbeat Palpitations	<i>Individual consideration for:</i> type; severity and treatment.	Assessed by Underwriter
	Pacemaker or defibrillator recipient or candidate	D
	<i>Individual consideration for:</i> obesity; multiple medications; multiple surgeries; smoking; respiratory disease; hypertension	
<b>Heart Valve Disease</b> <i>Including:</i> Mitral Valve Disease Mitral Valve Prolapse Murmur	Benign murmur only; no regurgitation; no medications required (precautionary antibiotics acceptable); no hypertension; no smoking; no other cardiac conditions; BMI less than 28	A
	Does not meet any of the above criteria; depending on severity of condition; treatment and complications	Assessed by Underwriter

**AETNA ADVANTAGE PLANS RISK CRITERIA**

Listed Condition	Risk Criteria	Risk Category
<b>Heart Valve Disease</b> <i>Including:</i> Aortic Valve Disease Tricuspid Valve Disease	Normal heart function; normal kidney function; no medications (precautionary antibiotics acceptable); no treatment, therapy or medications for 5 years; no other cardiac conditions; no hypertension; no smoking for 5 years; BMI less than 28	A
	Same Criteria as (A); no treatment, therapy or medications for 3 years; BMI 28-32	B
	Same Criteria as (B); but one of the following: smoking within 2 years; no treatment, therapy or medications for 2 years; BMI 33-36	C
	Does not meet any of the above criteria	D
	Individual consideration for: obesity; multiple medications; multiple surgeries; smoking; respiratory disease; hypertension; other associated conditions	
<b>Hepatitis</b>	<b>Hepatitis A:</b> Single episode 6 more months ago; current normal Liver Function Tests (LFT's); no treatment, therapy or medication for 6 months	A
	Same criteria as (A); no treatment, therapy or medication for 3 months;	B
	Does not meet any of the above criteria	D
	<b>Hepatitis B:</b> Exposure only or immunization; laboratory test results positive for Antibodies - negative for Antigens; current LFT's normal; no immune disorder symptoms; no treatment, therapy or medication for 5 years	A
	Does not meet any of the above criteria All other Types of Hepatitis: C, D, E, Non-A, Non-B	D
<b>Hernia</b> Hiatal Hernia	No surgery required; treated with "over the counter" medication	A
	Same Criteria as (A); requires prescription medication	See GERD guidelines
	Surgically repaired over 3 months ago; no complication or infections; no long under treatment	A
	Surgically repaired less than 3 months ago; no complication or infections	B
	Does not meet any of the above criteria; may be a surgical candidate	D
<b>Herniated Disc</b>	See "Back Problems"	
<b>Herpes</b> <i>Including:</i> Genital Herpes Oral Herpes Herpes Zoster (shingles)	Periodic cold sores or fever blisters using prescription medication OR shingles requiring no treatment for 1 month	A
	Requires treatment with prescription ointment or oral medication up to 6 times per year OR active shingles with current treatment (non narcotic)	B
	Requires treatment with prescription medication more than 6 episodes per year OR active shingles with current treatment, including pain or anti-depressant medication	C
	Does not meet any of the above criteria; anal or peri-anal herpes	D

**AETNA ADVANTAGE PLANS RISK CRITERIA**

Listed Condition	Risk Criteria	Risk Category
<b>High Blood Pressure Hypertension</b>	BMI less than 25; no smoking/tobacco use for 12 months; blood pressure controlled at 140/90 or less; normal laboratory test results; normal kidney function; no other cardiovascular conditions	A
	Same Criteria as (A); requires single prescription medication; smoking/tobacco use within 12 months or BMI 26-30	B
	Individual consideration for: weight; BMI over 30; multiple medications; smoking; respiratory disease; elevated cholesterol; other associated conditions	Assessed by Underwriter
<b>High Cholesterol</b> Hypercholesterolemia Hyperlipidemia	<i>Individual consideration for:</i> weight; BMI; blood cholesterol and lipid levels; medications; associated conditions	Assessed by Underwriter
<b>Hyperactivity</b> <i>Including:</i> Attention Deficit Disorder (ADD)  Attention Deficit Hyperactivity Disorder	Over age 18; maintained on single medication for at least 3 months; no other nervous, mental or developmental disorders; no other psychotropic medications	B
	Same Criteria as (B); maintained on a single medication less than 3 months or diagnosed with last 3 months; maintained on a combination or 2 prescription medications for 6 or more months OR	C
	Age 5-18; maintained on single prescription medication for 3 or more months; receiving counseling; no other nervous, mental or developmental disorders	C
	Does not meet any of the above criteria	D
<b>Inflammatory Bowel Disorders</b> <i>Including:</i> Colitis Crohn's Disease Regional Enteritis	Surgical removal 3 or more years ago; no stoma; does not require steroids or immunosuppressive medications; no other treatment, therapy or medications for 1 year	B
	Same Criteria as (B); surgery 1 or more years ago; stoma; stable on single anti-inflammatory medication for 1 year	C
	Does not meet any of the above criteria	D
<b>Inflammatory Bowel Disorders</b> <i>Including:</i> Idiopathic Proctocolitis Ulcerative Colitis	Single episode; no maintenance medications; no treatment, therapy or medications for 5 years or surgical resection 5 years or more ago	A
	Surgery completed 3 or more years ago; no stoma; stable on single maintenance medication; no other treatment, therapy or medications for 3 years	B
	Same Criteria as (B); no treatment, therapy or medications for 2 years; has stoma or ileal pouch	C
	Does not meet any of the above criteria; potential surgical candidate	D
<b>Irregular Heart Beat</b>	See "Heart Disease"	
<b>Irritable Bowel Syndrome (IBS)</b>	Diagnostic work up complete; no treatment, therapy or medications for 12 months; taking OTC medications only	A
	Same Criteria as (A); Controlled with single prescription medication; no treatment, therapy or medications for 6 months (stool softeners/fiber acceptable)	B
	Same Criteria as (B); currently controlled with 2 prescription medications	C
	Does not meet any of the above criteria; potential surgical candidate	D

**AETNA ADVANTAGE PLANS RISK CRITERIA**

Listed Condition	Risk Criteria	Risk Category
<b>Jaw Disorders</b> TMJ Malocclusion Other Jaw Disorders	TMJ only: Not a surgical candidate; use of mouth piece only; no other treatments or medications for 1 year or surgically repaired more than 6 months ago	A
	Same Criteria as (A); requires single prescription medication; no treatment, therapy or medications for 3 months; surgically repaired 3-6 months ago	B
	<b>Other Jaw Disorders:</b> All surgical and dental reconstruction completed more than 1 year ago; cosmetically and functionally acceptable; no treatment, therapy or medications for 6 months	A
	Same Criteria as (A); surgically repaired 6-12 months ago; requires single prescription medication; no treatment, therapy or medications for 3 months	B
	Same Criteria as (B); surgically repaired 3-6 months ago	C
Does not meet any of the above criteria; potential surgical candidate	D	
<b>Kidney Stone</b> (calculus) Ureter Stone	Single episode 3-6 months ago; passed spontaneously; no intervention required; no treatment, therapy or medications for 3 months	A
	Same Criteria as (A); two episodes in 2 years; single episode more than one month ago; no other treatment or therapy for 1 month	B
	2 episodes in 2 years; maintained on single anti-stone medication	C
	Does not meet any of the above criteria; potential surgical candidate	D
<b>Knee Disorders</b> <i>Including:</i> ACL Tear Effusion Posterior Cruciate Tear Anterior Cruciate Tear Acute Sprains Medical Ligament Tear Knee Cysts Knee Calcifications	Surgically corrected 12 or more months ago; no treatment, therapy or medications for 6 or more months	A
	Surgically corrected 6 or more months ago; no treatment, therapy or medications for 3 or more months	B
	Not surgically corrected; no treatment, therapy or medications for 6 months	C
	Does not meet any of the above criteria; potential surgical or joint replacement candidate	D
<b>Lupus</b> Lupus Erythematosus Systemic Lupus Discoid Lupus	Assessed by Underwriter	C or D
	Systemic Lupus Erythematosus (SLE) Once Diagnosed	D
<b>Muscular Dystrophy</b>	Once Diagnosed	D
<b>Multiple Sclerosis</b>	Once Diagnosed	D

**AETNA ADVANTAGE PLANS RISK CRITERIA**

Listed Condition	Risk Criteria	Risk Category
<b>Obesity</b> (Assessing risk for weight alone with no other health conditions)	BMI less than 31; no smoking/tobacco use for 12 months; no other health conditions	A
	BMI 25-30; but smoking/tobacco use within 12 months	B
	BMI 31-36; no smoking/tobacco use for 12 months; no other health conditions	B
	BMI 31-36; but smoking/tobacco use within 12 months	C
	BMI 37-42; no smoking/tobacco use for 12 months; no other health conditions	C
	BMI 43 and over	D
<b>Osteoporosis</b> Including: Osteopenia	Treatment with hormone replacement therapy (HRT): no fractures; pre or post-menopausal	A
	Same Criteria as (A); smoking/tobacco use within 12 months; OR maintained on single prescription medication; history of pathological fracture 12 months ago; no treatment or therapy for 6 months	B
	Same Criteria as (B); smoking/tobacco use within 12 months; Maintained on 2 prescription medications; history of pathological fracture 6-12 months ago	C
	Does not meet any of the above criteria	D
<b>Pancreatitis</b>	Single acute episode; full recovery; no treatment or medication for 6 months; OR single episode as a result of surgical complications; full recovery; no treatment or medications for 6 months	A
	Same Criteria as (A); single medication for GERD; no other treatment or medication for 3 months	B
	Does not meet any of the above criteria	D
<b>Pregnancy</b>	Non-pregnant dependent children can be underwritten on "child only" or "children-only" policy according to underwriting risk criteria	Assessed by Underwriter
	Pregnant applicant, spouse (civil union partner), dependent or significant other; in process of adopting or surrogate pregnancy	D
<b>Prostate Disorders</b> Benign Prostate Hyperplasia (BPH)	Incidental finding; no symptoms; no treatment required; no surgery required or recommended; PSA normal	A
	Removed by laser or surgery 6 or more months ago; no ongoing complications; no treatment, therapy or medications for 6 months; no further treatment required	A
	Same criteria as (A); surgery less than 6 months ago and/or maintained on a single prescription medication	B
	Does not meet any of above criteria	D

**AETNA ADVANTAGE PLANS RISK CRITERIA**

Listed Condition	Risk Criteria	Risk Category
<b>Prostate Disorders</b> Prostatitis	Single episode in 12 months; no hospital admission; no urinary retention; normal PSA and Kidney Function test; no treatment therapy or medications for 6 months	A
	Same Criteria as (A); 2 episodes in 2 years; no treatment for 3 months	B
	Same Criteria as (B); recurrent chronic infection; not a surgical candidate; no treatment, therapy or medication for 6 months	C
	Does not meet any of the above criteria; potential surgical candidate	D
<b>Psoriasis</b>	Controlled with OTC treatments; periodic use of prescription medication (up to 2 prescriptions per year)	A
	Requires light therapy; ongoing use of single topical prescription medication	B
	Same Criteria as (B); or periodic oral prescription medication such as methotrexate or cyclosporine	C
	Does not meet any of the above criteria, or requires "Biologic Drugs" such as Enbrel or Amevive	D
<b>Skin Conditions</b> <i>Including:</i> Eczema Dermatitis Poison Oak Folliculitis	Acute episode: treated with OTC medication or intermittent use of prescription cream, lotion, shampoo or anti-histamines	A
	Ongoing use of single topical prescription and/or anti-histamine	B
	Severe: requiring occasional treatment with oral or injectable steroids; ongoing treatment with 2-3 prescription medications	C
	Does not meet any of the above criteria; related to immune disorder	D
<b>Skin Conditions</b> <i>Including:</i> Keratosis	Ongoing use of OTC medication; cryosurgery 1-2 times per year.	A
	Requires cryosurgery 3-4 times per year; ongoing treatment with topical prescription medication; curettage or shave removal within 6 months; history of Basal Cell Carcinoma or Squamous cell carcinoma	B
	Does not meet any of the above criteria Current skin cancers will be underwritten separately	D
<b>Skin Conditions</b> <i>Including:</i> Nail Fungus Tinea Unguium	Currently using OTC medication or previously treated with oral anti-fungal medication over 3 months ago with no recurrence	A
	Same Criteria as (A); currently under treatment with prescription topical anti-fungal or previously treated with oral anti-fungal medication within 6 weeks and normal Liver Function Tests	B
	Does not meet risk criteria; currently under treatment with prescription oral anti-fungal medication	D
<b>Thyroid Disorders</b> Hypothyroidism	Taking thyroid replacement medication only; stable for 6 months;	A
	Same criteria as (A); stable for 3 months	B
	Does not meet any of above criteria; potential surgical candidate	D

**AETNA ADVANTAGE PLANS RISK CRITERIA**

Listed Condition	Risk Criteria	Risk Category
<b>Thyroid Disorders</b> Hyperthyroidism Graves Disease Multi-nodular Goiter	Previously treated with PTU and MMI or radioactive iodine; stable on thyroid replacement medication for 6 months, no other treatment for 6 months	A
	Same Criteria as (A); stable with no treatment or therapy for 3 months	B
	Medically managed; stable on single prescription medication	C
	Does not meet any of the above criteria; potential surgical candidate	D
<b>Thyroid Disorders</b> Hashimoto's Disease Thyroiditis	Stable on oral thyroid replacement for 12 months; does not require steroids	A
	Same criteria as (A); stable with no treatment or therapy for 6 months; or stable on single thyroid medication for 6 months	B
	Does not meet any of above criteria; potential surgical candidate	D
<b>Ulcers</b> Types: Gastric Duodenal Peptic Gastrojejunal	Surgically repaired 2 or more years ago; maintained on "over the counter" (OTC) antacids or medications only; no other treatment, therapy or medication for 18 months; BMI less than 28; no smoking/tobacco use for 12 months	A
	Same Criteria as (A); BMI 28-30; smoking/tobacco use within 12 months	B
	Same criteria as (B); maintained on single prescription medication; no smoking/tobacco use within 1-2 years; BMI 31-33	C
	Does not meet any of above criteria	D
	<i>Additional consideration for:</i> weight; multiple medications; current smoking/tobacco use	Assessed by Underwriter
<b>Urinary Tract Infections</b>	<b>Over age 12:</b> Single episode over 3 months ago or up to 3 episodes in 2 years; no symptoms or treatment for 3 months	A
	Same criteria as (A); 4-5 episodes in 2 years; no symptoms or treatment for 2 months;	B
	Chronic cystitis; diagnostic or workup tests completed; requires precautionary antibiotics; no symptoms for 3 months	C
	Does not meet any of above criteria	D
	<b>Under Age 12:</b> Single episode 6 months ago	A
	Up to 3 episodes in 2 years; no symptoms or treatment for 6 months	B
	More than 4 episodes in 2 years; requires precautionary antibiotics; diagnostic testing or workup recommended	C
Does not meet any of above criteria; 2 or more STD's in 2 years; may be surgical candidate	D	

