

Individual Health Plans, the ConnectiCare Way

Condition Waivers

Condition waivers are not offered.

Future Surgery or Procedures

Applicants who are advised to have – or have scheduled – future surgery, tests, or procedures are subject to further review. Pertinent details should be provided on the Individual Health Statement.

Declinable Medications

If the applicant (or any dependents) is currently using any of the following medications, or has a condition mentioned on the Declinable Conditions list (next section), the application will be automatically **declined**:

This list is not all-inclusive and is subject to change.

ABILIFY	CYCLOSPORINE	MEPRON	REMICADE
ACCUTANE	DIPYRIDAMOLE	METHADONE	REMINYL
AGGRENOX	ENBREL	METHOTREXATE	REMODULIN
AGRYLIN	EPOGEN	MIRAPEX	RENAGEL
ALDURAZYME	ETHAMBUTOL	MYFORTIC	REQUIP
AMEVIVE	EXELON	NAMENDA	RIFAMPIN
APOKYN	FABRAZYME	NEORAL	RILUTEK
ARANESP	FEMARA	NEULASTA	RISPERDAL
ARAVA	FLOLAN	NEUPOGEN	SANDOSTATIN
ARICEPT	FRAGMIN	NITROGLYCERIN	SELEGILINE HCL
ARIMIDEX	GEODON	ORGARAN	SENSIPAR
ARIXTRA	GLEEVEC	OTHOCLONE OKT3	SEROQUEL
AROMASIN	GROWTH HORMONE	PARLODEL	SINEMET CR
AVONEX	HEPARIN SODIUM	PEGASYS	STALEVO
AZATHIOPRINE	HUMIRA	PEG-INTRON	SYNVISC/ HYLAN G F20
BETASERON	IMMUNE GLOBULIN (IVIG)	PERGOLIDE MESYLATE	TEMODAR
BROMOCRIPTINE MESYLATE	INFERGEN	PLAVIX	THALOMID
BUPHENYL	INSULIN	PLETAL	TICLOPIDINE HCL
CARBIDOPA/ LEVODOPA	INTRON A	PROCRIT	TRACLEER
CASODEX	IRESSA	PROGRAF	XELODA
CELLCEPT	ISONIAZID	PULMOZYME	XOLAIR
CLOZAPINE	LEUKINE	PURINETHOL	XYREM
COGNEX	LITHIUM	RAPAMUNE	ZYPREXA
COMTAN	LOVENOX	RAPTIVA	
COPAXONE	LUPRON (MALES ONLY)	REBIF	

**Prior use of any of the drugs listed above will be subject to medical underwriting.*

Declinable Conditions

This list is not all-inclusive and is subject to change.

<i>AIDS/HIV</i>	<i>Leukemia</i>
<i>Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease)</i>	<i>Major Depression</i>
<i>Alzheimer's Disease</i>	<i>Melanoma</i>
<i>Angina</i>	<i>Morbid Obesity – current or present</i>
<i>Angioplasty</i>	<i>Muscular Dystrophy</i>
<i>Ankylosing Spondylitis</i>	<i>Multiple Sclerosis</i>
<i>Any Artery or Vein Bypass including Heart</i>	<i>Myocardial Infarction (Heart Attack)</i>
<i>Bipolar disorder</i>	<i>Pacemaker/defibrillator</i>
<i>Cancer (current)</i>	<i>Paraplegia</i>
<i>Carcinoid Syndrome</i>	<i>Parkinson's Disease</i>
<i>Chronic Lung Disease including Emphysema, Chronic Bronchitis & COPD</i>	<i>Polycystic Kidneys</i>
<i>Cirrhosis of the Liver</i>	<i>Pregnancy/expectant parent</i>
<i>Congestive Heart Failure</i>	<i>Psychosis</i>
<i>Coronary Heart Disease</i>	<i>Pulmonary Fibrosis</i>
<i>Crohn's Disease</i>	<i>Pulmonary Hypertension</i>
<i>Cystic Fibrosis</i>	<i>Pulmonary Stenosis</i>
<i>Diabetes</i>	<i>Quadriplegia</i>
<i>Gastric Bypass or any Intestinal Bypass or bariatric (obesity) surgery</i>	<i>Renal Failure</i>
<i>Gaucher's Disease or other lipid storage disease</i>	<i>Rheumatoid Arthritis (Juvenile/Adult)</i>
<i>Heart Attack (see Heart Disease on Underwriting Risk Criteria)</i>	<i>Sickle Cell Anemia</i>
<i>Hemiplegia</i>	<i>Sideroblastic Anemia</i>
<i>Hemophilia</i>	<i>Sleep Apnea</i>
<i>Hepatitis B or C</i>	<i>Spina Bifida</i>
<i>Interstitial Cystitis</i>	<i>Stroke</i>
<i>Ischemic Heart Disease</i>	<i>Systemic Lupus</i>
	<i>Thalassemia Major</i>
	<i>Any Transplant except Corneal</i>
	<i>(Cardiac) Valve Replacement</i>

Producer's Guide to ConnectiCare® SOLO

Underwriting Risk Criteria

The following table lists different medical conditions or combinations thereof and, the risk criteria associated with each condition, and the corresponding underwriting action based on severity and risk potential. **Please note:** *The following risk criteria guidelines are specific only to that condition. Any other conditions discovered through the underwriting process are subject to their own specific underwriting guidelines and will be reviewed accordingly.*

CONDITION	RISK CRITERIA	UNDERWRITING ACTION
Alcohol abuse	History of alcohol abuse: no alcohol consumption, counseling or treatment for prior 5 years; normal liver function.	Underwriting review
Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease)	Diagnosed	Deny
Anxiety – Includes: panic attacks, PMS, chest pains, abnormal heart beat, migraines	No counseling for the last 12 months, no medication, no suicide attempts, no hospitalizations, no other treatment for stress-related conditions.	Underwriting review
Arthritis: Osteopenia		Underwriting review
– Osteoarthritis: mild	Not a candidate for, or history of, reconstructive surgery or joint replacement. Over-the-counter medications only, no steroids, no hospitalization for prior 2 years.	Underwriting review
– Juvenile/adult rheumatoid arthritis	Diagnosed	Deny
Asthma	Mild – seasonal, 1 medication, no hospitalizations, no steroids, non-smoker and BMI under 26.	Underwriting review
Basal cell	Removed 12 or more months ago, all borders clear, no reconstructive surgery required, no treatment or medications for 12 months. Recent exam shows no recurrence or new lesions of any kind.	Approve
Bi-polar; manic depression; OCD	Diagnosed	Deny
Breast cancer	Prior 5 years cancer-free. Current exam shows no recurrence, no other malignancy.	Underwriting review
Breast implants (saline, soy, etc., and no associated complications)		Underwriting review
Breast implants (silicone)		Deny
Depression	Mild – situational; 1 medication, no counseling	Underwriting review
Diabetes – All Types	Diagnosed	Deny
Drug abuse – illegal drugs	No illegal drug use for 10 years; no ongoing therapy, medications or hospital confinements for 10 years, except for Narcotics Anonymous or Alcoholics Anonymous	Underwriting review
Drug abuse – marijuana use only	No marijuana use for 1 or more years; no chronic respiratory conditions, no ongoing medical therapy, medications or hospital confinements for 2 years, except for Narcotics Anonymous or Alcoholics Anonymous	Underwriting review
Drug abuse – prescription drugs	No illegal drug use for 5 years; no ongoing therapy, medications or hospital confinements for 5 years, except for Narcotics Anonymous or Alcoholics Anonymous.	Underwriting review
Eating disorders including Anorexia and Bulimia	No hospital admissions for 5 years; no treatment, therapy or medication for the last 12 months. BMI must be within normal range – 18.5 to 25 – for 12 months or more.	Approve
Emphysema	Diagnosed	Deny

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CONDITION	RISK CRITERIA	UNDERWRITING ACTION
Functional Colitis, including Diverticulitis and Diverticulosis	Intermittent constipation and diarrhea. No medication taken, no bleeding, no hospitalization.	Underwriting review
Heart Disease, including Angina, Ischemic Heart Disease, Coronary Artery Disease, Myocardial Infarction – Heart Attack	Diagnosed	Deny
Heart Disease, including Arrhythmias, Dysrhythmias, Irregular Heartbeat, Palpitations	Given individual consideration based on type, severity and treatment	Underwriting review
Hyperactivity; ADD, ADHD		Underwriting review
Leukemia – last treatment more than 10 years ago		Underwriting review
Leukemia – treatment within 10 years		Deny
Lupus	Diagnosed	Deny
Melanoma	10 years since date of last treatment, including medication; current exam shows no recurrence; no other malignancy.	Approve
Migraine headaches – includes vascular		Underwriting review
Mitral Valve Prolapse, Murmurs	Benign murmur only: no medications required except precautionary antibiotics, and no other heart/circulatory conditions	Approve
Pancreatitis	Single episode; full recovery, no treatment or medications for 1 year.	Underwriting review
Prostate Cancer	10 years since date of last treatment, including medication; current exam shows no recurrence; no other malignancy and current PSA is under 3.	Approve
Psoriasis	Diagnosed moderate or severe	Deny
Sleep Disorder		Underwriting review

Height and Weight Table

AGE 14 AND OLDER

The Height and Weight Table shows the maximum allowable weights for males and females age 14 and over. Applicants who do not fall within the guidelines will be declined. Accurate height and weight is required for all applicants on the application.

HEIGHT	WEIGHT	HEIGHT	WEIGHT
4'8"	154	5'10"	240
4'9"	159	5'11"	248
4'10"	165	6'0"	255
4'11"	171	6'1"	261
5'0"	176	6'2"	268
5'1"	182	6'3"	277
5'2"	189	6'4"	284
5'3"	195	6'5"	291
5'4"	201	6'6"	299
5'5"	208	6'7"	306
5'6"	214	6'8"	314
5'7"	220	6'9"	322
5'8"	227	6'10"	330
5'9"	234	6'11"	340

FAQs for Individual Product

If you have questions about ConnectiCare® SOLO, or would like more information, please contact your ConnectiCare Sales Representative or Account Service Representative, ~~or call 1-800-729-2986~~. You may also refer to “Frequently Asked Questions” on the secure producer site at www.connecticare.com. Choose “SOLO/Individual” from the left navigation bar, go to “Decision Tools/Resources” and click on the FAQ link.