

# CIGNA Health Care of Arizona

## Individual and Family Plan

### Eligibility and Underwriting Guidelines for Brokers



**CIGNA HealthCare**  
11001 North Black Canyon Hwy. Ste 100  
Phoenix, Arizona 85029  
Fax: 800.870.2177

Revised 11/05/2007

## **General Information:**

Please visit our website: [www.cigna.com/smallgroup](http://www.cigna.com/smallgroup)

- Select “**Arizona**” when asked to “Select Your State.”
- Click the “**Individual Product**” link.
- This website contains pdf files for our CIGNA Individual product.

### **Status check of an application**

Call 1.800.430.0768, press 1 then press 2 or email us at [azseniorbrokers@cigna.com](mailto:azseniorbrokers@cigna.com)

### **Supply Request**

Call 1-800-801-7257 ext. 18185 and leave your agent code, name, complete address and number of packets you need. You may submit your packet request via email to [azseniorbrokers@cigna.com](mailto:azseniorbrokers@cigna.com)

**Small Group Product:** Visit our New Website- [www.cigna.com/smallgroup](http://www.cigna.com/smallgroup)

### **Billing and Enrollment Questions After 01/01/07**

For questions regarding billing or eligibility please call **1.800.753.5190**. If you need to call on your client’s behalf, be sure to have your agent code, the member’s ID # and date of birth.

Changes to a policy such as termination requests, address changes, provider network changes need to be submitted in writing to:

**CIGNA HealthCare**  
**PO BOX 2010**  
**Concord, NH 03302**

## **Application Submission**

### **Pre Screens**

- Review the Broker Underwriting Guidelines (Located in this packet and the Individual Product link)
- Determine if the condition would be ***declined*** or would require Underwriter Evaluation for approval
- Submit prescreen questions to: [azseniorbrokers@cigna.com](mailto:azseniorbrokers@cigna.com).
- Include the applicant's name, age, height, weight, medical conditions, medications, tobacco use, and treatment dates

### **Agent Information Section**

- Provide all information requested in the Agent Use Only section: Both printed name and signature are required and ***Agent Number is required***
- Omission of this information may cause delays in the underwriting and enrollment process and in commissions

### **Signature Dates and Effective Dates**

- Applicant and enrolling spouse must both sign and date all three pages of the application (Omission of these signatures and dates will delay processing)
- If the signature date is over 30 days old upon receipt by CIGNA Individual Underwriting, an new application will be required
- The assigned effective date must be after the signature date and no more than 60 days beyond the signature date. If the applicant requests to change the effective date beyond 60 days of the signature date, a new application will be required
- If no effective date is requested the Underwriter assigns the next available effective date following approval
- Effective dates will only be on the 1<sup>st</sup> day of the month

### **Application Completion**

- All demographic information (***DOB, age, gender, Ht/Wt***) must be provided for each applicant and dependent applying for coverage
- All health questions ***must be answered*** "yes" or "no" and details provided to "yes" answers
- Omission of this information may cause delays in the underwriting and enrollment process

## **Underwriting the Individual Plans**

A summary of commonly submitted conditions is included in the following pages, along with a list of declinable conditions, and height & weight charts.

### **Review of Eligibility**

- Underwriting will review all eligibility factors prior to medical underwriting evaluation
- Applicant's must meet dependent age and residency requirements

### **Medical Underwriting Evaluation**

- All conditions listed on the application are subject to medical underwriting evaluation, to determine the total risk
- Total risk is determined by evaluating the following:
  - Severity of the condition and current status
  - Frequency of medical monitoring and labs
  - Start and end dates of treatment
  - Type of treatment and need for ongoing future treatment
  - Prescription medications: how many and cost of medications
  - Future surgeries or admissions
  - Height and Weight in relation to a specific condition
  - History of or current use of tobacco products
- After thorough evaluation and comparing to the Accept Criteria in guidelines, the underwriter may: Approve for Enrollment, Decline for Enrollment or Request Medical Records for further review
- Combinations of conditions which increase the total risk may result in decline

### **Medical Records Requests**

- Some medical conditions will always require a review of medical records
- It is up to the judgment and discretion of the underwriter to request records when risk is not clear from the information provided on the application or more detail is needed
- If a physician is listed, a request for records will be sent to the physician or provider
- If no physician is listed, a records request will be sent to the applicant to take to his/her physician/provider
- Records must be sent directly to the underwriting by the physician or provider
- Medical records will not be accepted with the application, from the applicant or broker

## **Broker Underwriting Guidelines**

This underwriting guide is provided as a support in the process of submitting applications for CIGNA Individual Health Plans. The eligibility and underwriting risk criteria within are subject to change at anytime without prior notice to you.

Insurance brokers have no authority to bind or guarantee coverage and no promises should be made to the applicant(s) upon completion of the application. The final Underwriting decisions and effective dates are made by the CIGNA HealthCare's Individual Underwriters only. The final decision will be based on eligibility requirements, past and present health history and potential risk.

A thorough review the application, for completeness prior to submission will assist in timely and accurate underwriting decisions.

The Medical Underwriting Accept/Decline section of this guide provides a condensed list of health conditions commonly submitted on applications. This guide is intended as a brief overview only and is not intended to be the final source for underwriting determinations. The Accept/Decline criteria will assist you in estimating the potential eligibility of your client, however, the final decision will be made by an CIGNA HealthCare Underwriter. CIGNA reserves the right to enroll the applicant, request additional information or decline coverage.

Medical conditions listed on the application are subject to Medical Underwriting Evaluation. Some conditions such as those noted on the "Conditions Subject to Decline" list below, will be declined without further evaluation. Other conditions, even when potentially acceptable may require further evaluation in conjunction with weight, smoking, prescription drug use and combination of other conditions. Multiple conditions may result in a decline whereas each condition alone may have been acceptable.

## Health Conditions and Treatments Subject to Decline

Many health conditions are known to require extensive treatment and medications. When such conditions are listed on the application CIGNA Individual Underwriting reserves the right to decline coverage without requesting additional medical records. On occasion underwriting may request records to verify the actual condition or use of prescription medications. Declinable conditions subject to decline include, but are not limited to:

CONDITION/TREATMENT	CONDITION/TREATMENT
<b>A</b>	<b>F</b>
Addison's Disease	Fertility Treatment (within 5 years)
AIDS	
Alzheimer's Disease	<b>G</b>
Ankylosing Spondylitis	Glomerulonephritis, Chronic
Anticoagulant Medications	Goodpasture's Syndrome
Aortic Insufficiency	
Aortic Stenosis	<b>H</b>
Asbestos Exposure (Asbestosis)	Heart Transplant
Arthritis, Rheumatoid	Hemophilia
	Hepatitis C, G, Non-a, Non-B
<b>B</b>	Hydrocephalus
Buerger's Disease	
Burkitt's Tumor	<b>I</b>
	Infertility Treatment (within 5 years)
<b>C</b>	Insulin Use
Cardiomyopathy	Insulin Dependent Diabetes Mellitus
Cerebral Palsy (Infantile)	Internal Cardiac Defibrillator
Chronic Obstructive Pulmonary Disease(COPD)	
Cirrhosis of the Liver	<b>J</b>
Congestive Heart Failure	
Cor Pulmonale	<b>K</b>
Crohn's Disease (Ulcerative Colitis)	Kaposi's Sarcoma
Cushing's, Syndrome	Kidney: Polycystic Kidneys
Cystic Fibrosis	Kidney Transplant
	Klinefelter's Syndrome
<b>D</b>	
Dermatomyositis	<b>L</b>
Diabetes (Type I, Insulin Dependent)	Leukemia (within 10 years)
Dialysis	Liver Failure
	Liver Transplant
<b>E</b>	Lupus, systemic (SLE)
Emphysema	Lymphoma (within 10 years)
Encephalopathy	Lung Transplant
Esophageal Varicies	

CONDITION/TREATMENT	CONDITION/TREATMENT
<b>M</b>	<b>T</b>
Marfan's Syndrome	Takayasu's Disease
Morbid Obesity	Tay-Sach's Disease
Multiple Myeloma	Tetralogy of Fallot
Multiple Sclerosis	Thalassemia Major
	Thrombotic Thrombocytopenia
<b>N</b>	
Nephrotic Syndrome	<b>U</b>
	Uremia
<b>O</b>	
Obesity	<b>V</b>
Organic Brain Syndrome	Von Willebrand's Disease
<b>P</b>	<b>W</b>
Pace Maker in place or required	Wegner's Granulomatosis
Paget's Disease	
Paraplegia	<b>X-Y-Z</b>
Parkinson's Disease	
Polyarteritis Nodosa	
Polycythemia	
Polyneuropathy	
Pregnancy	
Psoriatic Arthropathy	
Pulmonary Hypertension	
<b>Q</b>	
Quadraplegia	
<b>R</b>	
Raynaud's Syndrome	
Renal Failure, Chronic	
Renal Hypertension	
Rheumatic Heart Disease	
<b>S</b>	
Sarcoidosis	
Scleroderma	
Sickle Cell Anemia	
Sjogren's Disease	
Spina Bifida	
Syringomyelia	

## **Health Conditions and Treatments Subject to Underwriting**

The following conditions and treatments are commonly encountered in Individual Underwriting. A brief explanation is provided as to the potential criteria for declining or accepting. These criteria are intended as a general guide only and final determination will be made by the CIGNA Individual underwriter.

In addition to the conditions below, a Height and Weight Chart is attached. When a guideline indicates "overweight" would be declined, the measurement for overweight would be 25% - 35% above the average weight for the height noted on the chart.

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### **ABNORMAL PAP SMEAR**

- **Decline:** Within six months or longer if no normal follow up Pap; requires more than annual Pap; other factors
- **Accept Requires UW Evaluation:** Over six months; history of multiple episodes; other factors

### **ACNE**

- **Decline:** Current use of Accutane or Multiple Rx Meds; other factors
- **Accept Requires UW Evaluation:** Prior use of Accutane; current Prescription

### **ADD/ADHD**

- **Decline:** Multiple Rx Medications; Under age 5 on 1 Rx med; other behavior or psychiatric issues; other factors
- **Accept Requires UW Evaluation:** Well controlled on 1 Rx med or counseling; other factors

### **ALCOHOL ABUSE**

- **Decline:** Dependency treated within 5 years; liver damage; pancreatitis; current excessive alcohol consumption; restricted license; other factors
- **Accept Requires UW Evaluation:** Prior history; current health status; other factors

### **ALLERGIES**

- **Decline:** Multiple Medications; current tobacco use; other factors
- **Accept Requires UW Evaluation:** Allergy injections; single medication; other factors

### **ANGIOPLASTY**

- **Decline:** Within 1 year; or combined with obesity; diabetes; hypertension; elevated cholesterol/lipids; multiple medications; other factors
- **Accept Requires UW Evaluation:** Over 1 year; single Rx med.; 1-2 vessels; other factors

## **ANXIETY**

- **Decline:** Multiple medications; under age 16 on psych. medications; in patient admission within 5 years; history of suicide attempt; other factors
- **Accept Requires UW Evaluation:** Controlled with 1 Rx medication or counseling; prior history; other factors

## **APNEA (SLEEP)**

- **Decline:** Under current treatment; combined with Obesity or heart disease; other factors; infants with apnea monitor
- **Accept Requires UW Evaluation:** Resolved for 1 year; surgical history; other factors

## **ARRHYTHMIA (Atrial Fibrillation, Atrial Flutter, Ventricular Fibrillation )**

- **Decline:** Pacemaker or internal defibrillator present; multiple medications; chronic ventricular fibrillation; other cardiac conditions; obesity; other factors
- **Accept Requires UW Evaluation:** Pathologic and Physiologic; resolved with radio ablation; single Rx medication; prior history; other factors

## **ARTHROSCOPIC SURGERY**

- **Decline:** surgery required; surgery less than 1 year; multiple medications; multiple surgeries on same joint; other factors
- **Accept Requires UW Evaluation:** Surgically repaired over 1 year ago; no surgery required, conservative treatment only; other factors

## **ASTHMA**

- **Decline:** In patient or ER within 1 year; tobacco use; multiple Rx medications; other factors
- **Accept Requires UW Evaluation:** Mild, seasonal, exercise induced; 1-2 medications; other factors

## **ATRIAL FIBRILLATION: See Arrhythmia**

## **BACK PROBLEMS (Strain/Sprain, Herniated Disc)**

- **Decline:** Requires narcotic medication or multiple prescriptions; multiple surgeries; pending surgery; surgery within 1 year; obesity; other factors
- **Accept Requires UW Evaluation:** Surgery over 1 year; therapy; resolved without surgery; treated with PT or Chiropractic; other factors

## **BASAL CELL CARCINOMA**

- **Decline:** Multiple occurrences; surgery pending; pathology uncertain; other factors
- **Accept Requires UW Evaluation:** follow-up; pathology and frequency of occurrences; other factors

## **BRAIN TUMOR**

- **Decline:** Present, under treatment; neurological complications; malignant tumor within 10 years; other factors
- **Accept Requires UW Evaluation:** history, pathology, follow-up and current status; other factors

## **BREAST IMPLANTS**

- **Decline:** Implanted less than 1 year; complications; silicone injections; other factors
- **Accept Requires UW Evaluation:** implanted over 6 months; no complications; normal mammogram; other factors

## **BUNIONS**

- **Decline:** surgery required; surgery less than 6 months; multiple medications; multiple surgeries on same joint; other factors
- **Accept Requires UW Evaluation:** Surgically repaired over 6 months ago; no surgery required, conservative treatment only; other factors

## **BYPASS SURGERY (Cardiac)**

- **Decline:** surgery required; surgery within 1 year; more than 2 vessels; multiple medications; overweight; combined with hypertension, high cholesterol or Diabetes; smoking; other factors
- **Accept Requires UW Evaluation:** Surgical repair up to 2 vessels, over 1 year ago; stable; acceptable weight; no smoking since diagnosis or within 2 years

## **CANCER and MALIGNANCIES:**

- Most forms of cancer or malignancies will require a 5 or 10 year “cancer free” period follow completion of all treatment. This applies to internal organs, brain and nervous system; blood, lymph and bone and systemic skin cancers like malignant melanoma.
- A 1-5 year “cancer free” period applies to cancers with minimal invasion and risk. These include: Basal Cell Carcinoma; non-invasive breast cancer; non-invasive prostate cancer and non-invasive thyroid cancer
- All cancer conditions or malignancies are subject to Underwriting Evaluation to determine acceptable risk

## **CARPAL TUNNEL SYNDROME**

- **Decline:** surgery required; surgery less than 1 year; multiple medications; multiple surgeries on same joint; other factors
- **Accept Requires UW Evaluation:** Surgically repaired over 1 year; no surgery required, conservative treatment only; other factors

### **CHOLESTEROL (Elevated Cholesterol, Lipids or Triglycerides)**

- **Decline:** Combined with hypertension, heart disease or diabetes; overweight; smoking; multiple medications; other factors
- **Accept Requires UW Evaluation:** controlled within acceptable ranges by diet or single medication; other factors

### **CHRONIC FATIGUE SYNDROME**

- **Decline:** Multiple medications; related to declinable condition; undergoing diagnostic or neuropsychological testing; abnormal labs; other factors
- **Accept Requires UW Evaluation:** normal labs and current physical exam; acceptable treatment program; other factors

### **COLITIS (Acute)**

- **Decline:** Chronic; diagnosis unknown; multiple medications; other factors
- **Accept Requires UW Evaluation:** acute episodes due to infection or food poisoning; other factors

### **CONVULSIONS/SEIZURES/EPILEPSY**

- **Decline:** Multiple medications; uncontrolled seizure; surgical candidate; drivers license revoked or restricted; due to other conditions; other factors
- **Accept Requires UW Evaluation:** well controlled for 2 years; single medication; approved to drive (if of age)

### **CORNEAL TRANSPLANT**

- **Decline:** Awaiting transplant; bilateral transplants; single transplant less than 2 years; due to declinable condition; multiple medications; other factors
- **Accept Requires UW Evaluation:** single transplant over two years; no treatment for 1 year; other factors

### **COUMADIN OR ANY BLOOD THINNER USE: (Plavix; warfarin)**

- **Decline:** current use or within 1 year
- **Accept Requires UW Evaluation:** discontinued for over 1 year; review underlying diagnosis; other factors

### **DEPRESSION**

- **Decline:** Multiple medications; under age 16 on psych. Medications; in patient admission within 5 years; history of suicide attempt; other factors
- **Accept Requires UW Evaluation:** Controlled with 1 Rx medication or counseling; prior history; other factors

### **DIABETES**

- **Decline:** Type I, Insulin Dependent; Type II if overweight, combined with hypertension, heart disease, high cholesterol, or smoking; other factors
- **Accept Requires UW Evaluation:** Normal weight; controlled with 1 Rx medication or diet; review health history and current status; other factors

## **DIVERTICULITIS**

- **Decline:** Ongoing use of antibiotics; multiple hospitalizations; multiple medications; undergoing diagnostic testing; other factors
- **Accept Requires UW Evaluation:** Single occurrence, fully resolved; controlled by diet; review history and current status; other factors

## **DWARFISM**

- **Decline:** Ongoing use of growth hormone; multiple congenital anomalies
- **Accept Requires UW Evaluation:** No declinable conditions or treatments; full review of health history and current status

## **EPILEPSY**

- **See: Convulsions/Seizures/Epilepsy**

## **EPSTEIN-BARR SYNDROME**

- **Decline:** Present; under treatment; recurrent or multiple episodes; other factors
- **Accept Requires UW Evaluation:** Resolved over 3 months; no declinable conditions or treatments; full review of health history and current status

## **FIBROMYALGIA**

- **Decline:** Diagnostic testing in progress; multiple medications; use of narcotics; combined with other psychiatric disorders; other factors
- **Accept Requires UW Evaluation:** Resolved over 2 years; occasional chiro, massage or OTC medications; no other declinable conditions; full review of health history and current status; other factors

## **FRACTURES, ANY BONE**

- **Decline:** Still under treatment; surgery required; temporary hardware in place; neurological complications; other factors
- **Accept Requires UW Evaluation:** All treatment complete without residual complications; recovery time depends on bone and type of fracture and treatment; review of history and current status; other factors

## **GASTROESOPHAGEAL REFLUX DISEASE (GERD)**

- **Decline:** Diagnostic testing in progress; multiple medications; overweight; other factors
- **Accept Requires UW Evaluation:** Single Rx medication or Over-the-counter medications; review health status; other factors

## **GOUT**

- **Decline:** Diagnostic testing in progress; gouty arthritis; joint deformity; multiple medications; overweight; other factors
- **Accept Requires UW Evaluation:** Acute episodes; single Rx medication or Over-the-counter medications; review health status; other factors

## **HEART ATTACK (Myocardial Infarction)**

- **Decline:** Within 1 year; surgery required; multiple medications; overweight; combined with hypertension, high cholesterol or Diabetes; smoking; other factors
- **Accept Requires UW Evaluation:** Over 1 year ago; stable; acceptable weight; no smoking since diagnosis or within 2 years; single Rx cardiac medication; review history and current health, cardiac status; other factors

## **HEPATITIS**

- **Decline:** Types C and G, Non-A and Non-B; Diagnostic testing in progress; abnormal liver enzymes; other factors
- **Accept Requires UW Evaluation:** Types A and E, must be fully resolved with no residual liver damage; types B and D exposure only, no actual disease; review for history and current status; other factors

## **HYPERLIPIDEMIA**

- **See:** Cholesterol

## **HYPERTENSION**

- **Decline:** Combined with high cholesterol/lipids, heart disease or diabetes; overweight; smoking; multiple medications; other factors
- **Accept Requires UW Evaluation:** controlled within acceptable ranges by diet or single medication; acceptable weight; other factors

## **INFERTILITY**

- **Decline:** Currently under testing; receiving or received assisted reproductive treatment within past 5 years
- **Accept Requires UW Evaluation:** subject to combined risk factors of age; underlying diagnosis; type and frequency of treatment and date of last treatment

## **JOINT REPLACEMENT**

- **Decline:** Multiple joint replacement; due to declinable condition; single joint replacement within 1 year; not overweight for hip or knee; complications; other factors
- **Accept Requires UW Evaluation:** Single joint replaced over 1 year; review for history and current status and potential for revision; other factors

## **KIDNEY STONE**

- **Decline:** Present, currently under testing or treatment; due to chronic condition; multiple stones within 3 years; other factors
- **Accept Requires UW Evaluation:** Normal kidney function; no ongoing use of anti-stone medication; review for other risk factors

#### **KNEE CARTILAGE: Tears; Ruptures; Injuries**

- **Decline:** Surgery within 12 months or surgery potential; multiple surgeries to same knee; still under treatment; multiple medications; obese; other factors
- **Accept Requires UW Evaluation:** Single surgery to one or both knees over 1 year ago; resolved without surgery over 2 years ago; no current treatment; review for history and current status; other factors

#### **MASTECTOMY (Usually due to invasive breast cancer)**

- **Decline:** Treatment for invasive breast cancer within 10 years; non-invasive breast cancer within 3 years; candidate for reconstruction; other factors
- **Accept Requires UW Evaluation:** Review pathology report for type of cancer and degree of involvement and history of treatment; other factors

#### **MITRAL VALVE PROLAPSE**

- **Decline:** Potential surgery; severe murmur; requires cardiac medication; combined with other cardiac diagnoses; other factors
- **Accept Requires UW Evaluation:** minimal murmur; takes anti-biotics prior to dental or surgical procedures; review for degree of murmur, history and current status; other factors

#### **MENIERE'S DISEASE**

- **Decline:** Potential surgery; due to declinable condition; requires hospitalization; multiple medications; other factors
- **Accept Requires UW Evaluation:** stable with single prescription medication; no other neurological complications; review current status; other factors

#### **MIGRAINE HEADACHES**

- **Decline:** Undergoing diagnostic testing; requires multiple medications or narcotic medications; ER visit within 1 year; due to other declinable condition; other factors
- **Accept Requires UW Evaluation:** diagnostic testing complete; maintained on over-the-counter medications or single non-narcotic Rx medication; review for treatment history, medication use and cost; other factors

## **MYOCARDIAL INFARCTION**

- **See:** Heart Attack

## **OSTEOPOROSIS/OSTEOPENIA**

- **Decline:** History of pathological fractures; currently smoking or history of smoking; multiple medications; other factors
- **Accept Requires UW Evaluation:** Stable with hormone replacement or single Rx medication; no other declinable condition; other factors

## **PREGNANCY/Post Partum**

- **Decline:** Any Female applicant or dependent, currently pregnant (including positive home pregnancy test). Any male applicant currently expecting a baby with any female whether or not she is on the application
- **Accept Requires UW Evaluation:** Not currently pregnant; recently delivered, stable and released from post partum care; review history and current status; other factors

## **SCOLIOSIS**

- **Decline:** Surgical potential; curvature exceeds acceptable limits; respiratory, cardiac or neurological complications; other factors
- **Accept Requires UW Evaluation:** All surgery, bracing or casting completed; no complications; curvature within acceptable range; review history, current status and degree of curve; other factors

## **SUBSTANCE ABUSE**

- **Decline:** Any history of IV Drug use; Illegal drug abuse within 10 years; Prescription Drug or Alcohol abuse within 5 years; combined with other psychological conditions or treatments; excessive alcohol consumption without history of abuse; other factors
- **Accept Requires UW Evaluation:** Fully recovered with no relapses per time periods noted above; no ongoing psychiatric treatment or medications; review for liver enzymes and current health status; other factors

## **TENDONITIS**

- **Decline:** Surgery potential; multiple surgeries to same joint; still under treatment; multiple medications; other factors
- **Accept Requires UW Evaluation:** Fully resolved with surgery or conservative treatment over 6 months ago; may require occasional use of over-the-counter anti-inflammatory medications; review history and status; other factors

## **URINARY INCONTINENCE**

- **Decline:** Surgery potential; multiple medications; due to other declinable

condition; other factors

- **Accept Requires UW Evaluation:** All surgery complete over 6 months ago; stable with single Rx medication; review history and current status; other factors

### URINARY TRACT INFECTIONS

- **Decline:** Surgery potential; under age 2; neurogenic bladder; chronic condition; multiple medications; due to other declinable condition; other factors
- **Accept Requires UW Evaluation:** Acute episode, fully resolved six months ago; not due to other declinable condition; review history and current status; other factors

### UTERINE FIBROIDS

- **Decline:** Surgery potential; surgery or embolization within 6 months; size of fibroid exceeds acceptable limits; abnormal blood count; other factors
- **Accept Requires UW Evaluation:** Resolved with surgery or embolization over 6 months ago; present, but acceptable size; normal blood count; review history and current status and treatment; other factors

### VASCULAR DISEASE

- **Decline:** Surgery potential; multiple surgeries; presence of venous filter; combined with hypertension, heart disease, high cholesterol or diabetes; multiple medications; treated with anti-coagulants; other factors
- **Accept Requires UW Evaluation:** Fully resolved with surgery or; normal cardiovascular function; single cardiovascular medication; review history and current status; other factors

### WOLFF-PARKINSON-WHITE SYNDROME

- **See:** Arrhythmias

### TOBACCO USE AND SMOKING

The underwriting risk of tobacco use or smoking is varied by length and quantity of smoking history and tobacco use or smoking in combination with other health conditions. Listed below are some declinable factors:

**Decline:** Greater than 20 year history of smoking 1 or more packs per day; currently smoking or continued smoking after diagnosed with: cancer; heart disease; hypertension, diabetes; high cholesterol; asthma; allergies; sleep apnea; nasal polyps; obesity.

**Accept Requires UW Evaluation:** History of or current tobacco use requires review of all health conditions, medications and current health status

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## **Partial Approvals**

When there are multiple applicants on a single application (applicant plus dependents), *the broker or primary applicant may indicate in writing instructing CIGNA Individual Underwriting to enroll any approved applicants* if one or more are approved and one or more declined. Without this written instruction, all approved applicants will be closed without enrollment until notification to enroll is received.

## **Appeals and Reconsiderations**

When an applicant(s) is declined coverage, the reason for the declination will be provided in the letter to the applicant.

Declined applicants have the right to appeal the decision through the following appeal/re-review process:

- Submit the reason for the appeal in writing and attach a copy of the Declination Letter within 30 days of the underwriting decision
- Provide any new or additional medical information to substantiate the appeal
- Appeals will not be done by phone
- If the new information is not received within 60 days of the original application signature date, a new application will be required
- All previous and new health information will be evaluated on an appeal

## HEIGHT/WEIGHT GUIDELINES

### MALE - Age 18 & Over

HEIGHT	AVERAGE WEIGHT	RANGE TO BE WITHIN
5'0"	131	92 - 177
5'1"	134	94 - 181
5'2"	137	96 - 185
5'3"	141	99 - 190
5'4"	145	102 - 196
5'5"	149	104 - 201
5'6"	153	107 - 207
5'7"	157	110 - 212
5'8"	161	113 - 217
5'9"	165	116 - 223
5'10"	170	119 - 230
5'11"	174	122 - 235
6'0"	179	125 - 242
6'1"	183	128 - 247
6'2"	188	132 - 254
6'3"	193	135 - 261
6'4"	199	139 - 269
6'5"	204	143 - 275
6'6"	210	147 - 284
6'7"	216	151 - 292

### FEMALE - Age 18 & Over

HEIGHT	AVERAGE WEIGHT	RANGE TO BE WITHIN
4'8"	111	95 - 159
4'9"	113	97 - 162
4'10"	115	99 - 166
4'11"	117	100 - 170
5'0"	120	103 - 174
5'1"	123	106 - 178
5'2"	126	108 - 182
5'3"	129	111 - 186
5'4"	132	113 - 191
5'5"	135	116 - 195
5'6"	139	119 - 200
5'7"	142	122 - 205
5'8"	146	125 - 210
5'9"	150	129 - 216
5'10"	154	132 - 223
5'11"	159	136 - 231
6'0"	164	140 - 239
6'1"	169	144 - 247
6'2"	174	148 - 255

## Infants and Children through Age 17

AGES 0 -9 HEIGHT	RANGE TO BE WITHIN	AGES 10 - 13 HEIGHT	RANGE TO BE WITHIN	AGES 14 -17 HEIGHT	RANGE TO BE WITHIN
24"	9 - 23	48"	45 - 90	54"	63 - 138
28"	13 - 31	50"	49 - 97	56"	68 - 146
32"	18 - 40	52"	54 - 104	58"	73 - 152
36"	23 - 48	54"	58 - 113	60"	79 - 160
40"	29 - 59	56"	63 - 123	62"	85 - 168
44"	35 - 70	58"	69 - 132	64"	91 - 179
48"	42 - 84	60"	74 - 141	66"	97 - 189
50"	46 - 92	62"	80 - 152	68"	104 - 199
52"	51 - 100	64"	87 - 162	70"	110 - 211
54"	56 - 108	66"	93 - 172	72"	117 - 221
56"	61 - 117	68"	100 - 182	74"	124 - 231
58"	66 - 126	70"	106 - 192	76"	131 - 241
60"	71 - 135	72"	113 - 201		