

# Agent Underwriting Guide

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# Under 65 & Medi-Pak Ineligible Conditions

Medical Conditions	
Ineligible Conditions (Auto Reject)	Additional Development Needed
<ul style="list-style-type: none"> <li>▪ Acquired immune deficiency syndrome (AIDS) or AIDS-related complete (ARC) or Immune deficiency disorder or HIV</li> <li>▪ Alzheimer's disease or senile dementia</li> <li>▪ Amyotrophic lateral sclerosis (Lou Gehrig's disease)</li> <li>▪ Angina, Heart attack, myocardial infraction</li> <li>▪ Arteriosclerosis, atherosclerosis, coronary artery disease, stent placement or angioplasty</li> <li>▪ Cerebrovascular accident (stroke), including transient ischemic attack (TIA)</li> <li>▪ Cirrhosis</li> <li>▪ Current patient in a hospital or nursing home</li> <li>▪ Diabetes, abnormal glucose</li> <li>▪ Dialysis</li> <li>▪ Expectant Parent</li> <li>▪ Heart bypass surgery, pacemaker implant</li> <li>▪ Hemophilia</li> <li>▪ Hodgkin's or Non-Hodgkin's Disease</li> <li>▪ Lupus, systemic</li> <li>▪ Medicare Disabled</li> <li>▪ Multiple sclerosis, muscular dystrophy, or myasthenia gravis</li> <li>▪ Nephritis</li> <li>▪ Parkinson's Disease</li> <li>▪ Pending Surgery</li> <li>▪ Polyneuritis</li> <li>▪ Pregnant</li> <li>▪ Requires assistance for daily living</li> </ul>	<ul style="list-style-type: none"> <li>▪ Adrenal disorders</li> <li>▪ Anemia</li> <li>▪ Any injury, deformity, incapacitation, disease or condition not elsewhere listed</li> <li>▪ Brain and nervous system disorders</li> <li>▪ Cancer, leukemia or malignancy of any kind</li> <li>▪ Cerebral palsy</li> <li>▪ Chronic Fatigue</li> <li>▪ Chronic obstructive pulmonary disease, emphysema, lung disease or respiratory syncytial virus (RSV), sleep apnea</li> <li>▪ Connective Tissue disorder</li> <li>▪ Crohn's disease or ulcerative colitis</li> <li>▪ Eyes, Ears, Nose or Throat disorders</li> <li>▪ Fibromyalgia</li> <li>▪ Gastric bypass surgery or other weight loss procedure</li> <li>▪ Gastric or duodenal ulcer</li> <li>▪ Glandular disorders</li> <li>▪ Heart or vein/artery surgery</li> <li>▪ Hepatitis</li> <li>▪ Hypertension</li> <li>▪ Kidney, urinary, or reproductive disorders</li> <li>▪ Meniere's disease</li> <li>▪ Mental disorders</li> <li>▪ Musculoskeletal disorders</li> <li>▪ Nephrotic syndrome, renal disease or failure</li> <li>▪ Pancreatitis</li> <li>▪ Respiratory, Digestive or Circulatory</li> <li>▪ Sarcoidosis Silicone breast implants</li> <li>▪ Sugar, blood, or protein in urine</li> <li>▪ Thyroid Disorders</li> <li>▪ Transplant recipient (except cornea/lens)</li> <li>▪ Valve repair/replacement/shunts or stents/retained hardware</li> </ul>

**\*\*Active positive COVID 19 cases are ineligible**

# Under 65

## Female ages 18-64 Build Ranges

Feet	Inches	Minimum	Maximum	Feet	Inches
4	8	75	255	4	8
4	9	75	270	4	9
4	10	75	270	4	10
4	11	75	270	4	11
5	0	75	285	5	0
5	1	75	285	5	1
5	2	75	285	5	2
5	3	75	300	5	3
5	4	75	300	5	4
5	5	75	300	5	5
5	6	75	315	5	6
5	7	75	315	5	7
5	8	75	315	5	8
5	9	75	330	5	9
5	10	75	330	5	10
5	11	75	330	5	11
6	0	75	345	6	0
6	1	75	345	6	1
6	2	75	345	6	2

# Under 65

## Male ages 18-64 Build Ranges

Feet	Inches	Minimum	Maximum	Feet	Inches
5	0	90	285	5	0
5	1	90	285	5	1
5	2	90	285	5	2
5	3	90	300	5	3
5	4	90	300	5	4
5	5	90	300	5	5
5	6	90	315	5	6
5	7	90	315	5	7
5	8	90	330	5	8
5	9	90	330	5	9
5	10	90	345	5	10
5	11	90	345	5	11
6	0	90	345	6	0
6	1	90	345	6	1
6	2	90	360	6	2
6	3	90	360	6	3
6	4	90	360	6	4
6	5	90	360	6	5
6	6	90	360	6	6
6	7	90	360	6	7
6	8	90	360	6	8

# Complete/Complete Plus Policy Changes

## Tips from Underwriting

To submit a change, the Member must submit a Complete/Complete Plus change form. The policy must be in effect for 30 days before requesting a change. Refer to the Business Rules for specific details on changes.

Coverage Duration	Contact/Address	Name Change	Decrease Deductible	Increase Deductible	Decrease Coinsurance	Increase Coinsurance	Remove Surcharge	Add Person	Remove Person**
<b>Complete Single Term, &lt;12 Months)</b>	Yes	Yes	No	Yes	No	Yes	No	No	Yes
<b>Complete Plus (Single Term, &lt; 12 Months)</b>	Yes	Yes	No	Yes	N/A	N/A	No	No	Yes
<b>Complete (Renewable Term, &lt; 36 months)</b>	Yes	Yes	Yes (after 12 months*)	Yes	Yes (after 12 months)*	Yes	Yes (after 24 months)	Yes	Yes
<b>Complete Plus (Renewable Term, &lt; 36 months)</b>	Yes	Yes	Yes (after 12 months*)	Yes	N/A	N/A	Yes (after 24 months)	Yes	Yes

\*Additional changes allowed 12 months after change effective date

\*\* Includes Splitting Policy/Ownership Change

Yes = Indicates changes allowed anytime

For prompt Underwriting processing for changes requiring Underwriting review please ensure the application has the following:

- All questions in Section 6 of the application are completed, answer for each person under review. Remember when lowering a deductible all Members are subject to review.
- Verify Social Security Numbers are correct for dependents.
- Provide complete details for all medical conditions and medications.
- Provide primary care physician information.
- If more space is needed for any details or dependent information, use a separate sheet for the information. Ensure signatures of policyholder and all dependents over age 18 are on the addendum.

- If a surcharge review is being requested complete Section 11 as well.
- Policyholder signs and dates the application.
- Signatures of all dependents over age 18 to be added or under review are on the application. An oversight in design did not provide a signature line for those signatures, it may be signed and dated anywhere in the Signature Section. (See below)

**I certify that I signed this change form in the state of Arkansas.**

Dependent signatures may go here

<b>SIGNATURE SECTION</b>   (Please sign appropriate line only)							
Current Policyholder <b>OR</b> Parent Legal/Guardian (if policy for a minor)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;">(Please Print)</td> <td style="width: 30%;"></td> </tr> <tr> <td style="padding: 2px;">(Please Sign)</td> <td style="padding: 2px;">Date</td> </tr> <tr> <td style="text-align: center; padding: 2px;"><b>X</b></td> <td></td> </tr> </table>	(Please Print)		(Please Sign)	Date	<b>X</b>	
(Please Print)							
(Please Sign)	Date						
<b>X</b>							
New Policyholder (If splitting a policy or changing the policyholder)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;">(Please Print)</td> <td style="width: 30%;"></td> </tr> <tr> <td style="padding: 2px;">(Please Sign)</td> <td style="padding: 2px;">Date</td> </tr> <tr> <td style="text-align: center; padding: 2px;"><b>X</b></td> <td></td> </tr> </table>	(Please Print)		(Please Sign)	Date	<b>X</b>	
(Please Print)							
(Please Sign)	Date						
<b>X</b>							

THIS APPLICATION IS VALID FOR 45 DAYS ONLY WHEN COMPLETED AND SIGNED.

- The PHI form is signed by Policyholder and all dependents over age 18.

# Medicare Supplement Business Medi-Pak Products

ABCBS Medicare Supplemental Medi-Pak business has **three** possible categories:

- **Guaranteed Issue**

Guaranteed Issue business has established scenarios which do not require underwriting. These ABCBS Medi-Pak Supplement Guarantee Issue (GI) rules are located under the Quick Reference Chart on your Blue Print for Agent website link.

- **Automatic Reject**

Automatic Rejects are applicants who have existing conditions which fall into unacceptable Underwriting guidelines. These lists are also provided under your Blue Print for Agent website link.

- **Subject to Underwriting**

All other applications which do not fall into the previous two categories are subject to critical risk management Underwriting guidelines reviewed by Underwriters.

Enrollment of a Medi-Pak application is unlike Underage 65 Products as it requires an agent to have advanced knowledge of Medicare programs your clients already have established.

Based on specific advanced knowledge, it will assist in the direction of completing the Medi-Pak application. The completion of the application is critical as you enroll your clients. ABCBS Medi-Pak processing system has preset logic already built into the system. The applications are uploaded as submitted and presorted into the above three categories.

Your Blue Print for Agent website link will assist you during the enrollment of your clients application. If you have questions, please contact your Blue Cross Individual Marketing Agent Representative for assistance.

We have established some Agent guidelines to assist you to better understand procedure. We have included several resource materials for you to use as a **guide only**. Again, the following lists are posted on your Blue Print for Agent link:

- Ineligible Medical Condition listing \*See Page 2
- Ineligible Prescribed Medication listing
- Height/weight chart \*See Below

## Medi-Pak Height and Weight Chart

Individual Underwriting

Feet	Inches	Minimum Weight	Maximum Weight	Feet	Inches
4	8	80	194	4	8
4	9	82	198	4	9
4	10	84	203	4	10
4	11	86	208	4	11
5	0	88	213	5	0
5	1	90	218	5	1
5	2	92	222	5	2
5	3	95	228	5	3
5	4	98	234	5	4
5	5	101	240	5	5
5	6	104	247	5	6
5	7	107	254	5	7
5	8	111	261	5	8
5	9	115	268	5	9
5	10	120	274	5	10
5	11	125	282	5	11
6	0	130	289	6	0
6	1	135	295	6	1
6	2	140	304	6	2
6	3	145	313	6	3
6	4	150	321	6	4
6	5	155	328	6	5
6	6	160	336	6	6
6	7	165	345	6	7
6	8	170	360	6	8
6	9	175	370	6	9
6	10	180	380	6	10
6	11	185	392	6	11

As an overview to better understand your client's medical history, pose questions prior to the actual enrollment of the application. Please ask your client what type(s) of medical condition(s) do you have?

Example: Rheumatoid Arthritis

Then proceed to ask what medication(s) do you take for that condition. Most are prescribed the medication Methotrexate. (Note\* listed on the unacceptable prescribed medication list.)

Please complete the application and continue with the enrollment process.

### **Medi-Pak Change Form Requests**

These requests are for "active" Medi-Pak policyholders only. Applications can be submitted throughout the year because all change requests are subject to the underwriting. The same guidelines are applied to Change Requests as New Business applications. However, in addition to the application information, the Underwriter reviews the diagnosed claim code data to assist during their underwriting process.

We do not expect for Agents to understand all the Underwriting guidelines. We have established this Agent guideline as a resource to aid you in your procedures and additional information for this Product.