

Long Term Care Insurance

Underwriting
guidelines



LaCapitale

Insurance and
Financial Services



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Introduction

This guide is designed to assist you by providing information regarding the policies and procedures used to underwrite our Long Term Care Insurance (LTC insurance). Information pertaining to automatic medical requirements, height/weight restrictions and the evaluation of specific diagnoses and medical conditions which you may encounter on an application for LTC insurance are provided. To assist you in the underwriting process, we will be using an external service provider with an extensive network of specially trained nurses and personal history interviewers.

This guide is provided for information purposes only. Underwriting criteria for LTC insurance are subject to modification at any time without notice. Only the insurer is authorized to approve applications for insurance.

Underwriting

The underwriting requirements and risk assessment for our LTC plan differs quite substantially from those used with other products. It is important that you prepare your clients by letting them know that we may find it necessary to conduct a personal history interview by telephone or face-to-face, or obtain medical reports.

For information pertaining to specific underwriting questions or prequalification, please send an e-mail to underwriting@lacapitale.com.

Automatic underwriting requirements

Age	Application	Telephone interview	Face-to-face interview	Medical reports
Under age 65	YES	YES	NO	NO
Age 65 to 69	YES	YES	NO	NO
Age 70 and over	YES	NO	YES	YES

* Based upon information gathered during the application or underwriting process, the underwriting department retains the discretion to order additional requirements.

THE INTERVIEW PROCESS

TELEPHONE INTERVIEW

The telephone interview is used to confirm application information and medical history. The information covered is similar to that listed below which is gathered during the in-person interview. The interview also contains a cognitive exercise.

FACE-TO-FACE INTERVIEW

In general, the face-to-face interview takes approximately one hour to complete. Listed below are the major sections of the interview and a description of what each section contains.

INTRODUCTORY STATEMENT

The nurse informs the client that they are there only to gather information for LTC insurance and that the nurse is unable to answer any questions regarding LTC insurance.

GENERAL INFORMATION

These questions provide a basic understanding of the client and refer to topics such as employment, hobbies, activities and living arrangements.

MEDICAL INFORMATION

In this section the nurse confirms application details and elicits additional information based on the applicant's medical history. The nurse will also record the client's height/weight and blood pressure readings.

MEDICATIONS

The nurse will ask the client to provide a list of all prescription and over-the-counter medications taken.

EQUIPMENT

The applicant will be asked if any medical equipment is used.

COGNITIVE EXERCISES

The client will be asked to participate in one or more brief cognitive exercises to determine eligibility. The exercise(s) may seem simplistic but they are an important part of the underwriting process and should be taken seriously.

FUNCTIONAL STATUS

The remainder of the assessment relates to questions about performing daily activities (ADLs and IADLs) such as bathing, toileting, performing household chores, using the telephone and using transportation. The client will also be asked to walk across the room and back.

Preparing the client for the interview

The more information you give to your clients, the more comfortable they will feel when completing the interview. Please review the following information and prepare your clients so that they will be at ease and the interview process will run smoothly.

Inform all clients age 70 and older that they will be required to complete a face-to-face interview, and that this interview is an essential part of the information gathering process to determine eligibility for LTC insurance. The information gathered during the interview will be used in conjunction with the application and medical records to determine their insurability.

Inform them that the interview will be conducted by a nurse. A nurse will contact them soon after the underwriting department has received the application. The nurse will schedule a convenient time to conduct the interview. Explain that the interview takes approximately 1 hour. As such, if you are selling LTC insurance to a couple, have them plan on 2 hours for the process to be completed, i.e. one hour per person.

Explain that it is important that the interview be completed in a quiet place that is free of distractions so that accurate data can be collected. This will also ensure that cognitive exercises are not interrupted. Clients should not be accompanied by any other person during the interview. They must be able to concentrate and devote their full attention to the interviewer and the questions at hand.

The interview is not a physical examination. The only measurements taken will be weight, height and blood pressure. The client will not be required to disrobe or give blood or urine samples.

The nurse will be asking for medical information, including the names, addresses and phone numbers of any physicians they have seen in the past 5 years. Your clients may want to think about this prior to the interview so that they can provide complete information. Additionally, the interviewer will ask for the names and dosages of all the medications that the clients take, reason for taking, and prescribing doctors' names.

Explain that the nurse is not familiar with the LTC insurance product being offered and cannot answer questions regarding this insurance. If the client has questions regarding the insurance, the nurse is not qualified to answer these.

SIGNATURE AND VERIFICATION

At the end of the interview, the applicant will be asked to sign and date the face-to-face interview form. The assessor will ask to see photo identification, such as a driver's license or passport, to verify identity.

Unique factors in underwriting LTC insurance

This guide is not intended to be an all-inclusive listing of medical conditions. These guidelines present single medical conditions or diagnoses for which our underwriting department follows specific underwriting action or, in some cases, requires a minimum stability period which must be met before an application for LTC coverage can be considered. Clients who have not met the stability period will not be eligible for LTC coverage and the application will be declined. Complicating factors or multiple diagnoses that are not listed may also lead to declination.

All clients age 65 or older **must** have had a medical check-up which included lab work and an ECG, within the past 3 years. Clients age 65 and older will not be considered for LTC insurance coverage until this requirement has been met. Any expenses associated with meeting this requirement are the responsibility of the client.

If your client has one of the diagnoses or conditions listed as a **Decline, an application should not be submitted.**

Based on the information gathered during the underwriting process, the underwriter may alter the coverage applied for by modifying either of the following:

- Benefit duration
- Monthly benefit amount

For clients collecting disability type benefits other than *those for minor war-related disabilities, 30% incapacitation or greater would typically render someone uninsurable.*

The underwriting of LTC insurance differs from the underwriting of other health and life insurance products. A few of the unique factors that underwriting considers are listed below:

- **Stability periods**
Some medical conditions are not insurable based on the diagnosis of the condition. This guide, however, will identify a stability period based on the condition, its treatment and its current status. The **required stability period** pertains to the minimum amount of time that must pass between completion of any and all treatment of a condition to the time a client can apply for LTC insurance. **During the stability period**, the condition must be either completely resolved or stable with no change in treatment or medication regime (dosage or frequency). **The stability period** is a key factor when considering a client's insurability.
- **Cognitive status**
- **Chronic illnesses**
- **Functional capacity**
The ability to perform the activities of daily living (dressing, transferring, feeding, bathing, toileting and continence) and the ability to perform the instrumental activities of daily living (shopping, meal preparation, taking transportation, laundry and housework).
- **Medical history**
Factors which may indicate a need for care such as arthritis, osteoporosis, or falls and fractures, among others.
- **Family history**
Factors which may show a higher probability of some hereditary high-risk conditions.
- **Multiple medical problems**
Problems which, in combination, are more significant than each problem alone (e.g. diabetes and heart disease).
- **Multiple prescription medications**
(especially multiple prescription medications for the same medical condition). *See list of medications.*
- **Treatment modalities**
(e.g. current physical or occupational therapy).

- **Chronological age vs. physiological age**

There may be a significant difference between the client's chronological and physiological age (e.g. the client may appear younger or older than the stated age).

- **Frailty**

Serious disabilities can result from relatively minor accidents and illnesses.

- **Other factors**

which play an important positive role in maintaining a client's personal independence:

- Working full or part-time
- A spouse in good health
- Family or friend(s) living in the household
- Participating in hobbies and activities outside the home
- The current ability to drive
- The ability to travel and visit independently

Important terms

The following is a list of commonly used terms:

<p>Activities of Daily Living (ADL)</p>	<p>FEEDING The ability to eat, with or without the use of adaptive utensils, foods and beverages that has been prepared and served by others.</p> <p>BATHING The ability to wash one's body in a bathtub (including getting into or out of the bathtub), or in a shower (including getting into or out of the shower), or by a sponge bath, in such a way that an acceptable degree of hygiene is maintained.</p> <p>DRESSING The ability to put on or take off all necessary items of clothing and any medically necessary braces, surgical appliances or artificial limbs. A "necessary item of clothing" is any item of clothing that can be made, purchased, or purchased and altered and that is required for the insured's health, comfort and dignity in the environment in which they normally live.</p> <p>TRANSFERRING The ability to move towards a bed, to get into and out of bed and the ability to sit on a chair or a wheelchair and to get up from it with or without the assistance of auxiliary equipment.</p> <p>TOILETING The ability to get to and from, on and off the toilet, and performing the associated personal hygiene.</p> <p>CONTINENCE The ability to control bowel and bladder functions voluntarily, with or without surgical appliances or protection from incontinence, in such a way that an acceptable degree of hygiene is maintained.</p>
<p>Instrumental Activities of Daily Living (IADL)</p>	<p>Using the telephone, managing finances, using transportation, doing shopping, laundry, and housework, taking medications, preparing/cooking meals.</p>
<p>Look for cause</p>	<p>Often a symptom can be caused by many different conditions. Dizziness, for example, can be caused by stroke, TIA, brain tumour, Ménière's, the flu or one of many other conditions. If the client has a symptom that could have many different causes, determine the underlying diagnosis that is causing the symptom and investigate the cause before submitting the application.</p>
<p>Individual consideration</p>	<p>The condition is often found to be too high risk for LTC insurance.</p>
<p>Face-to-face interview</p>	<p>A personal interview with the client, preferably done in the home. No other person or sales agent may be present in the same room during the interview without prior written authorization from the insurer.</p>

Comorbid Condition	A secondary consideration that affects the primary diagnosis (e.g. diabetes and heart disease).
Ruled out	Sometimes an uninsurable condition is either associated with a particular symptom or treated with a particular medication. If the client is experiencing the symptom or taking the medication that is associated with the uninsurable condition, the client must have medical confirmation that the uninsurable condition is not present before applying. In other words, the uninsurable condition must be “ruled out” before the client can apply.
Stability period	This refers to the minimum amount of time that must pass between completion of any and all treatment of a condition to the time a client can apply for LTC insurance. During the stability period, the condition must be either completely resolved or stable with no change in treatment or medication regime (dosage or frequency). The stability period is a key factor when considering a client’s insurability.
Declined	The condition is considered too high risk for LTC insurance use. The client should therefore not apply.

Functional and cognitive impairments suggesting automatic decline

In addition to the medical conditions listed below, the following impairments will make a client ineligible for LTC coverage.

- **Activities of Daily Living Deficits**

Anyone who requires the assistance of another person to perform any one of the following Activities of Daily Living:

- Bathing
- Continence
- Dressing
- Feeding
- Toileting
- Transferring

- **Instrumental Activities of Daily Living Deficits**

Anyone who requires the assistance or supervision of another person to perform 2 or more of the following Instrumental Activities of Daily Living:

- Using the telephone
- Managing finances
- Taking transportation
- Shopping
- Laundry
- Housework
- Taking medication (including eye drops, injections and pills)
- Preparing meals/cooking

- **Currently using care services (home health, nursing home, adult day care)**

- **Currently receiving therapy (physical, occupational)**

- **Using any of the following medical appliances**

- Walker
- Wheelchair
- Multi-pronged cane
- Motorized cart
- Stairlift
- Hospital bed
- Oxygen equipment

Uninsurable medications

Any medication (prescription or over the counter) taken by a client is significant and should be reported fully on the application. Below are the names of **some** of the medications that are considered high risk, as they indicate fairly significant health problems, which are **uninsurable**.*

The following categories of medications are almost always uninsurable:

- Anti-dementia medications
- Anti-neoplastic medications
- Anti-Parkinson's medications
- Anti-psychotic medications
- Anti-tubercular medications
- Central acting analgesics
- Chemotherapy agents
- Injectable medications
- IV infusion medications
- Narcotic analgesia or opioid analgesics
- Steroidal medications at or greater than 5 mg/day

If you are unsure if the medication being used by your client falls into one of these groups, please research using Internet tools (<http://www.nlm.nih.gov/medlineplus/druginformation.html>). We also suggest you consider purchasing Mosby's *Nursing Drug Reference*, which lists medications in an easily understandable way.

* These lists are not exhaustive.

The list below includes some of the medication from the categories listed on the previous page. This list is not all-inclusive, as new medications are routinely released. New uses are also approved for existing medications, which may render them uninsurable.

A	D	K	O	T
A.Z.T.	Dacarbazine (DTIC)	Kemadrin	Oxycodone	Tace
Adriamycin	Dantrium		OxyContin	Tacrine
Agrylin	Donepezil	L		Tarceva
Akineton	Dopar	Lasix \geq 80 mg/day	P	Tasmar
Alkeran	Dostinex	Lanvis	Parlodel	Teslac
Alferon	Doxil	Laradopa	Permitil	Thioplex
Antibuse		L-Dopa	Platinol	Thorazine
Aptivus	E	Leukeran	Pramipexole	Timespan
Aricept	Eldepryl	Leukine	Prednisone \geq 6 mg/day	Toposar
Arimidex	Enbrel	Levodopa	Priftin	Trelstar
Artane	Ergamisol	Levsin	Procyclidine	Trihexane
	Ergoloid Mesylate	Loxitane	Prokine	Trilafon
	Etoposide	Lioresal	Proleukin	Tysabri3
	Eulexin	Lysodren	Prostigmin	
	Exelon		Purinethol	V
		M	Prolixin	Velban
		Matulane		Viadur
		Megace	R	Videx
		Mellaril	Razadyne	VePesid
		Meridia	Rebetron	
		Mesoridazine	Regonol	W
		Mestinon	Remicade	Wellcovorin
		Methadone	Reminyl	Wellferon
		Mirapex	Requip	
		Moban	Risperidone	X
		Moditen	Retrovir	Xeloda
		Molidone	Rilutek	Xenical
		Mitomycin/Mutamycin	Risperdil	
		Myleran	Rituxan	Z
			Rivastigmine	Zanosar
			Roferon	Zyprexa
			Rubex	
			S	
			Serentil	
			Seroquel	
			Sinemet	
			Stelazine	
			Symadine	
			Symmetrel	
	I			
	Ifex			
	Imuran			
	Insulin \geq 41 units/day			
	Interferon			
	Intron			

Significant medications

Clients who use any of the following medications are typically uninsurable. They may, however, be considered for limited benefits* depending on dosage, frequency of use and reason for taking.

- Epidural anesthesia
- Bumex – depending on dosage
- Chrysotherapy
- Fareston
- Cortisone injections
- Bumex – depending on dosage
- Lasix – depending on dosage
- Lupron
- Methotrexate (Folex)
- Nitroglycerine/Nitro-patch
- Plaquenil
- Steroids – depending on dosage
- Zoladex

Regular use of a narcotic medication will render your client uninsurable. Individual consideration will be given if narcotic use is less than 2x/week or if the client suffers from chronic pain. Below are a few examples of narcotics.*

- Codeine
- Darvocet
- Darvon
- Hydrocodone
- OxyContin
- Percocet
- Percodan
- Propacet
- Tylox
- Tylenol 2, 3, 4
- Vicodin

* These lists are not exhaustive.

Unacceptable risks

A	Acquired Immune Deficiency Syndrome (AIDS)
	Acromegaly
	Alcohol abuse/alcoholism
	Alpha-Antitrypsin Deficiency
	Alzheimer's Disease
	Amnesia
	Amputation due to disease or amputation of more than one limb
	Amyotrophic Lateral Sclerosis
	Aneurysm with tobacco use within the past 24 months
	Aneurysms (recurrent or multiple)
	Angina with history of heart surgery
	Angina, Intestinal
	Arthritis, severe (with ADL or IADL limitations, durable medical equipment use or surgery recommended)
	Asthma with tobacco use within the past 24 months
	Ataxia (Unstable Gait)
	Autonomic Neuropathy
B	Bedsores
	Blastomycosis
	Buerger's Disease
C	Chagas' Disease, Active
	Chromosomal Abnormalities
	Cirrhosis
	Confusion
	Cystic Fibrosis
D	Dementia
	Demyelination (Demyelinating Disease)
	Depression, current
	Dialysis – Hemodialysis or Peritoneal
	Drug use, current
	Drug/Chemical Dependency (current use)
E	Esophageal Varices
F	Factor V Leiden
	Friedreich's Ataxia

G	Gastric Balloon Catheter
	Gaucher's Disease
	Giant Cell Arteritis
	Granulomatosis, Wegener's
H	Heart Attack (with history of two attacks)
	Hemiplegia
	Hemophilia
	Hepatitis, chronic, active, Type A, B, C, Non-A, Non-B or Autoimmune
	Hospitalization, current or anticipated
	Human Immunodeficiency Virus positive (HIV+)
	Hunter's Syndrome
	Huntington's Chorea
	Hurler's Syndrome
Hydrocephalus	
I	IADL Deficits
	Immune System Disorders
	Intestinal Angina
K	Kaposi's Sarcoma
	Korsakoff's Psychosis
	Korsakoff's Syndrome
L	Lesch-Nyhan Syndrome
	Lou Gehrig's Disease
	Lymphoid Interstitial Pneumonia
M	Macroglobulinemia, Waldenstrom's
	Marfan Syndrome
	Melanoma with recurrence
	Memory loss
	Mentally Handicapped
	Mixed Connective Tissue Disease
	Mobility limitations
	Monoclonal Gammopathy
	Multiple Myeloma
	Multiple Sclerosis
Muscular dystrophy	

N	Neurofibromatosis
	Neurogenic Bladder
O	Organic Brain Syndrome
	Osler-Weber-Rendu Disease
	Oxygen use
P	Paraplegia
	Parkinson's Disease
	Pneumonia, Lymphoid Interstitial
	Polyarteritis Nodosa
	Portal Hypertension
	Post Polio Syndrome
	Posterolateral Sclerosis
	Progressive Muscular Atrophy
	Psychoneurosis
	Psychopathy
	Psychosis
	Psychosis, Korsakoff's
	Pulmonary Fibrosis, Symptomatic
Q	Quadriplegia
R	Recurrent or Multiple Aneurysms
S	Sarcoidosis, active
	Schizophrenia
	Scleroderma, active
	Sclerosing Cholangitis
	Sclerosis, multiple
	Sclerosis, Posterolateral
	Senility
	Shy-Drager Syndrome
	Sleep apnea with history of narcolepsy or with tobacco use within the past 24 months
	Spinal Muscle Amyotrophy
	Spinal Muscular Atrophy
	Surgery, planned or recommended
	Syphilis Stage IV

T	Telanglectasis
	Thromboangiitis Obliterans (Buerger's Disease)
	Transverse Myelitis, acute or other
U	Use of a walker
V	Ventriculo-peritoneal Shunt
	Von Hippel-Lindau Disease
W	Waldenstrom's Macroglobulinemia
	Walker, Use of
	Wegner's Granulomatosis
	Wernicke-Korsakoff Syndrome
	Whipple's Disease
	Wilson's Disease
	Wiskott-Aldrich Syndrome
X	Xeroderma Pigmentosa

Weight and height guide

Below is a weight and height table that applies to both men and women. Being overweight can introduce problems when treating other conditions such as functional or mobility deficiencies, diabetes, cardiac insufficiencies, etc.

Any client possessing a functional or physical impairment complicated with the build configuration listed below is considered a high-risk LTC services user. This applies to overweight as well as underweight clients.

A client's weight should be stable for a minimum of 12 months prior to the application.

Imperial			Metric		
Height	Lowest Acceptable Weight (lbs)	Highest Acceptable Weight (kg)	Height (cm)	Lowest Acceptable Weight (kg)	Highest Acceptable Weight (kg)
4'10"	81	196	147	37	89
4'11"	84	203	150	38	92
5'0"	89	210	152	40	95
5'1"	94	217	155	43	98
5'2"	96	223	157	44	101
5'3"	98	230	160	44	104
5'4"	101	237	163	46	108
5'5"	104	243	165	47	110
5'6"	107	248	168	49	112
5'7"	111	253	170	50	115
5'8"	114	261	173	52	118
5'9"	117	269	175	53	122
5'10"	119	278	178	54	126
5'11"	122	290	180	55	132
6'0"	125	297	183	57	135
6'1"	128	305	185	58	138
6'2"	132	312	188	60	142
6'3"	136	320	191	62	145
6'4"	139	325	193	63	147
6'5"	143	330	196	65	150
6'6"	146	337	198	66	153

Medical conditions	Stability period
Acoustic Neuroma	
▪ Surgery planned	Deferred
▪ Facial paresis secondary to surgical treatment	12 months
– Non-progressive symptoms	
– Treated with one medication only	
– No eating impairment	
▪ Post surgical or radiation treatment, now resolved with no further symptoms	6 months
Acquired Immune Deficiency Syndrome (AIDS)	Declined
Acromegaly	Declined
Activities of Daily Living Deficits	Declined
▪ Anyone who requires the assistance or supervision of another person to perform any one of the following Activities of Daily Living:	
– Bathing	
– Continence	
– Dressing	
– Feeding	
– Toileting	
– Transferring	
AIDS-related complex	Declined
Alcohol abuse/Alcoholism	<i>See Drug/Chemical Dependency</i>
Alcohol Use	
Any combination of alcohol that exceeds 4 drinks per day	Declined
1 Drink = 1 ounce of liquor	
4 ounces of wine	
12 ounces of beer	
Alpha-Antitrypsin Deficiency	Declined
Alzheimer’s Disease	Declined

A

Medical conditions	Stability period
Amputation	
▪ Due to disease	Declined
▪ Due to trauma	
– Single limb	6 months
- Independent in ADLs and IADLs	
– More than one limb	Declined
Amyotrophic Lateral Sclerosis	
	Declined
Anemia	
▪ Cause unknown	Declined
▪ In conjunction with Peripheral Vascular Disease	Declined
▪ Hemolytic	12 months
– Cause unknown	
– No splenectomy	
▪ Iron deficiency, corrected	6 months
▪ Pernicious, with B12 injections	6 months
– No neurological impairment	
– No peripheral neuropathy	
▪ Splenectomy	60 months
Aneurysm	
▪ Abdominal, Aortic, Thoracic	
– With tobacco use within the past 24 months	Declined
– Operated, complete recovery, back to full activities	3 months
– Unoperated, less than 3 cm in size	6 months
– Unoperated between 3 cm and 4 cm in size	6 months/5-year benefits duration
- Documented follow-up testing must have been performed	
– Recurrent or multiple aneurysms in any location of the body	Declined
▪ Cerebral	
– With tobacco use within the past 24 months	Declined
– Operated, complete recovery, back to full activities	12 months
– Unoperated	Declined
– Recurrent or multiple aneurysms in any location of the body	Declined

Medical conditions	Stability period
Angina	
▪ Asymptomatic, treated with medication	6 months
– No tobacco use within the past 24 months	
▪ Continued symptoms with activity	
– Angina with history of heart surgery	Declined
– Angina with no history of heart surgery	6 months
- Symptoms occur 3 times or fewer per month	
- No tobacco use within the past 24 months	
▪ Continued symptoms at rest	Declined
▪ Work-up in progress	Deferred
▪ Tobacco use within the past 24 months	Declined
Angina, Intestinal	Declined
Angioplasty, Cardiac (Balloon Angioplasty)	
▪ No history of heart attack	3 months
▪ History of heart attack before treatment	6 months
▪ Heart attack or continued symptoms of angina after treatment	Declined
Ankylosing Spondylitis	Declined
Anorexia	
▪ With no history of depression or psychiatric disorders	24 months
– Asymptomatic	
– Stable weight above minimum standards	
▪ With history of depression or psychiatric disorders	36 months/5 years
– Asymptomatic	
– Stable weight above minimum standards	
▪ Continued symptoms or continued weight loss	Declined
▪ Weight below minimum standards	Declined
Aortic Stenosis	<i>See Heart Valve Disease</i>

A

Medical conditions	Stability period
Arrhythmia	
▪ Atrial fibrillation/flutter (chronic, paroxysmal or single episode)	
– Asymptomatic, controlled with medication	6 months
– With history of one of the following conditions:	12 months/5-year benefits duration
– Cardiomyopathy	
– Carotid Artery Disease	
– Coronary Artery Disease	
– Diabetes	
– Peripheral Vascular Disease	
– Stroke, TIA or mini-stroke more than 24 months ago	
– With history of syncope or fainting, symptom-free	24 months/5-year benefits duration
▪ Ventricular Arrhythmias	
– Single episode, recovered, treatment-free	6 months
– Chronic condition, treated with medications or defibrillator	12 months
▪ All other arrhythmia	3 months
▪ Defibrillator, implanted	12 months
Arteriosclerotic Heart Disease (ASHD)	<i>See Coronary Artery Disease</i>
Arteritis, (Temporal, Giant Cell), Thromboangitis Obliterans, Vasculitis	
▪ With tobacco use within the past 24 months	Declined
▪ Asymptomatic	24 months
– No ADL or IADL limitations	
– No active disease or claudication	

Medical conditions	Stability period
Arthritis (including Osteoarthritis, Rheumatoid Arthritis and Degenerative Joint Disease)	
▪ Untreated or treated with 1 non-steroidal anti-inflammatory (NSAID) medication – No history of weight-bearing joint replacement	0 months
▪ History of or treated with any 1 of the following:	6 months
– 1 or 2 weight-bearing joint replacement(s)	
– 2 or more series of Cortisone injections within the past 12 months	2-year benefits duration
– 2 non-steroidal anti-inflammatory (NSAID) medications	
– Steroid use at or less than 5 mg per/day	2-year benefits duration
– Methotrexate use at or less than 15 mg/week	
▪ Treated with any of the following:	Declined
– A combination of 2 or more of the treatments listed above	
– 3 or more non-steroidal anti-inflammatory (NSAID) medications	
– 1 or more narcotic medication	
– Steroid use of more than 6 mg/day	
– Steroid bursts/tapers 3 or more times per year	
– Methotrexate use at or greater than 17.5 mg/week	
– Use of Arava, Enbrel or Remicade	
▪ History of 3 or more joint replacements	Declined
▪ Diagnosed as severe or marked	Declined
▪ ADL and IADL limitations	Declined
▪ Durable medical equipment use (multi-prong cane, walker, wheelchair, crutches, etc.)	Declined
▪ Surgery recommended	Deferred

A

Medical conditions	Stability period
Asthma	
▪ With tobacco use within the past 24 months	Declined
▪ Untreated or treated with 1 inhaler used less than twice a year	0 months
▪ Treated with 1 or 2 inhalers seasonally or on a regular basis	6 months
▪ Treated and controlled with any of the following:	6 months
– 3 inhalers on a regular basis	
– 1 or 2 oral medication(s) on a regular basis	
– Steroid use at or less than 5 mg per/day	2-year benefits duration
– Nebulizer use 2 times per week	
– Lung surgery (removal of 1 or more lobes)	2-year benefits duration
▪ Treated with any of the following:	Declined
– A combination of 2 or more of the treatments listed above	
– Steroid use at or greater than 6 mg per/day	
– Steroid bursts/tapers 3 or more times per year	
– Oxygen use	
– Nebulizer use 3 or more times per week	
▪ Abnormal pulmonary function tests (PFTs)	Declined
▪ Progressive or continual weight loss	Declined
▪ ADL or IADL limitations	Declined
▪ Evidence of Congestive Heart Failure (CHF)	Declined
▪ Hospitalization for respiratory symptoms within the past 6 months	6 months
▪ Hospitalization for respiratory symptoms 2 or more times within the past 24 months	24 months/2-year benefits duration
Ataxia (Unstable Gait)	Declined
Atrial Fibrillation	<i>See Arrhythmia</i>
Atrioventricular (A-V) Heart Block	
▪ Complete block	3 months
– Pacemaker inserted	
Autonomic Insufficiency (Shy-Drager Syndrome)	Declined
Autonomic Neuropathy	Declined
Azotemia	<i>(See Renal Disease)</i>

Medical conditions	Stability period
Bell's Palsy	
▪ Asymptomatic	0 months
– No ADL or IADL limitations	
– No active treatment	
Bipolar Disorder	<i>See Depression</i>
Blastomycosis	Declined
Blindness	
▪ Successful adaptation to vision loss	12 months
▪ Due to diabetes or ADL/IADL limitations	Declined
Bronchiectasis	<i>See Emphysema</i>
Bronchitis	<i>See Asthma</i>
Bronze Diabetes	<i>See Hemochromatosis</i>
Buerger's Disease	Declined
Bulimia	<i>See Anorexia</i>
Cancer, All other types	
▪ No positive (malignant) lymph nodes at diagnosis	12 months
– Treatment completed, disease-free	
▪ Positive (malignant) lymph nodes at diagnosis	
– Treatment completed, disease-free	
– With 49% or fewer positive lymph nodes	18 months
– With 50% or more positive lymph nodes	24 months
▪ With history of cancer of 2 or more other organs	Declined
▪ With metastasis (spread from original site)	Declined
▪ Recurring cancer	Declined

C

Medical conditions	Stability period
Cancer, Breast	
▪ Early stage	12 months
– Treated with surgery (mastectomy, lumpectomy)	
– With 49% or less positive lymph nodes	
▪ With 50% or more positive lymph nodes	24 months
▪ Recurrent breast cancer	Declined
▪ With metastasis (spread from original site)	Declined
▪ With history of cancer of 2 or more other organs	Declined
Cancer, Prostate	
▪ Early stage	12 months
Treated with any of the following:	
– Surgery (TUR, TURP), full recovery	
– Hormone injections (Lupron)	
– With 49% or less positive lymph nodes	
▪ With 50% or more positive lymph nodes – undetectable PSA	24 months
▪ Recurrent prostate cancer – undetectable PSA	36 months
▪ Abnormal prostate specific antigen (PSA)	Declined
▪ With metastasis (spread from original site)	Declined
▪ With history of cancer of 2 or more other organs	Declined
Cancer, Skin	
▪ All types EXCEPT Melanoma, diagnosed as “in-situ” (if not “in-situ”, see Cancer, All other types)	0 months
– Fully removed by nitrogen or “scraping”	
▪ Melanoma	
– Diagnosed as “in-situ”	6 months
– Fully removed and recovered	
– Surgically removed, full recovery, no metastasis	36 months
– Surgically removed, with metastasis spread from original site	Declined
– Melanoma with recurrence	Declined
– With history of cancer of 2 or more other organs	Declined

Medical conditions	Stability period
Cardiomyopathy	
▪ Incidental finding, asymptomatic, no comorbid conditions, no ADL or IADL limitations	6 months
▪ With history of any 1 of the following comorbid conditions:	12 months
– Atrial Fibrillation	
– Coronary Artery Disease	
– Diabetes	
– Peripheral Vascular Disease	
▪ With history of any 1 of the following conditions:	Declined
– A combination of 2 or more of the above comorbid conditions	
– Stroke, TIA or mini-stroke	
– Congestive Heart Failure (CHF)	
– Unoperated Carotid Artery Disease	
▪ Symptomatic or progressive	Declined
Carotid Artery Disease	
▪ With tobacco use within the past 24 months	Declined
▪ Operated, endarterectomy	3 months
▪ Unoperated	12 months
– Controlled on 1 or 2 medications	12 months
– In conjunction with any 1 of the following comorbid conditions:	12 months
- Atrial Fibrillation	
- Coronary Artery Disease	
- Diabetes	
- Peripheral Vascular Disease	
▪ Unoperated and with any one of the following conditions:	Declined
- With history of 2 or more of the comorbid conditions listed above	
- Cardiomyopathy	
▪ With history of syncope or fainting, symptom-free	24 months
▪ Continued symptoms or syncope or fainting	Declined
Carpal Tunnel Syndrome	
▪ No history of surgery	0 months
– No ADL or IADL limitations	
– No surgery planned or recommended	
▪ Treated surgically, full recovery	1 month
Cataracts	<i>See Surgery</i>

C

Medical conditions	Stability period
Cerebral Palsy	12 months
▪ No ADL or IADL limitations ³	
Chagas' Disease (Steatorrhea)	Declined
Chromosomal Abnormalities	Declined
Chronic Fatigue Syndrome	<i>See Fibromyalgia</i>
Chronic kidney failure	Declined
Chronic Obstructive Pulmonary Disease (COPD)	<i>See Emphysema</i>
Cirrhosis	Declined
Claudication	<i>See Peripheral Vascular Disease</i>
Colitis (Crohn's Disease, Ulcerative Colitis, Irritable Bowel Syndrome, Diverticulitis, Diverticulosis)	
▪ Treated with any of the following, no incontinence:	3 months
– Non-steroidal medication	
– Non-anti-neoplastic medication	
– Surgery with or without ostomy, full recovery, no further surgery planned	
▪ Treated with any of the following, no incontinence:	6 months
– Steroid use at or less than 5 mg per/day	
– Steroid bursts/tapers 2 or fewer times per year	
– 2 surgeries, full recovery, no further surgery planned	
▪ Treated with any 1 of the following:	Declined
– Steroid use at or greater than 6 mg per/day	
– Steroid bursts/tapers 3 or more times per year	
– 3 or more surgeries	
▪ Symptoms of incontinence due to disease	Declined
▪ Requiring assistance with ostomy appliances or equipment	Declined
Colostomy or Ileostomy	<i>Look for Cause</i>
▪ No cancer, full recovery	3 months
– Independent with care and associated appliances	
– No planned future surgery or "take down" of colostomy or ileostomy	
▪ 3 or more surgeries	Declined

Medical conditions	Stability period
Concussion	6 months
– No ADL or IADL limitations	
– No cognitive impairment	
Confusion	Declined
Congestive Heart Failure (CHF)	
▪ With tobacco use within the past 24 months	Declined
▪ Lasix use of 80 mg or more per day	Declined
▪ Single episode with no current treatment or chronically treated with 1 or 2 medications	12 months
– In conjunction with any 1 of the following comorbid conditions:	
– Atrial Fibrillation	
– Carotid Artery Disease	
– Coronary Artery Disease	
– Diabetes	
– Peripheral Vascular Disease	
▪ Chronic, in conjunction with any 1 of the following:	Declined
– 2 or more of the comorbid conditions listed above	
– Cardiomyopathy	
– Chronic Bronchitis, Bronchiectasis	
– Emphysema or Chronic Obstructive Pulmonary Disease (COPD)	
– Symptomatic Heart Valve Disease	
▪ Multiple episodes	Declined
▪ ADL or IADL limitations	Declined
Coronary Artery Bypass Grafts	
▪ Asymptomatic with history of 1 heart attack BEFORE surgery	6 months
▪ With history of 2 or more heart attacks BEFORE surgery	<i>Individual consideration</i>
▪ With intermittent chest pain once a month AFTER surgery	12 months
▪ With history of 1 heart attack AFTER surgery, asymptomatic	12 months
▪ With history of 2 or more heart attacks AFTER surgery	Declined
▪ With continued symptoms 2 or more times per month or at rest after surgery	Declined

C-D

Medical conditions	Stability period
Coronary Artery Disease	
▪ Asymptomatic, treated with 2 or fewer cardiac medications	6 months
▪ Asymptomatic, treated with 3 or 4 cardiac medications	12 months
▪ Asymptomatic, treated with surgery or angioplasty (See Coronary Artery Bypass Grafts)	
▪ With intermittent chest pain 2 or fewer times per month, upon exertion	12 months
▪ With history of any 1 of the following comorbid conditions:	12 months
– Atrial Fibrillation	
– Cardiomyopathy	
– Carotid Artery Disease	
– Diabetes	
– Peripheral Vascular Disease	
– Stroke, TIA or mini-stroke	
– With tobacco use within the past 24 months	
▪ With history of 2 or more of the comorbid conditions listed	Declined
▪ Treated with 5 or more cardiac medications	Declined
▪ With continued symptoms at rest	Declined
Crohn's Disease	<i>See Colitis</i>
Cystic Fibrosis	Declined
Deafness	<i>See Hearing Loss</i>
Decubitus Ulcers	Declined

Medical conditions	Stability period
Deep Vein Thrombosis (DVT)	
▪ Single episode, resolved	
– With history of underlying blood clotting disorder, hereditary or otherwise	24 months
– No history of comorbid conditions (see below)	6 months
– With history of 1 or more comorbid condition	24 months
- Atrial Fibrillation	
- Carotid Artery Disease	
- Peripheral Vascular Disease	
- Diabetes	
▪ Multiple episodes	
– No history of comorbid conditions (see below), currently under treatment	12 months
– No history of comorbid conditions (see below), currently no treatment	24 months
– No underlying blood clotting disorders, normal blood indices	
– With history of 1 or more comorbid condition:	Declined
- Atrial Fibrillation	
- Carotid Artery Disease	
- Peripheral Vascular Disease	
- Diabetes	
- Underlying clotting disorder, hereditary or otherwise	

D

Medical conditions	Stability period
Degenerative Disc Disease	
▪ Untreated or treated with 1 non-steroidal anti-inflammatory (NSAID) medication – No history of surgery	3 months
▪ History of or treated with any 1 of the following: – 2 or more series of Cortisone injections within the past 12 months – 2 non-steroidal anti-inflammatory (NSAID) medications – Steroid use at or less than 5 mg per/day – Surgical procedure with full recovery	6 months
▪ Treated with any 1 of the following: – A combination of 2 or more of the treatments listed above – 3 or more surgical procedures – 3 or more non-steroidal anti-inflammatory (NSAID) medications – 1 or more narcotic medication – Steroid use at or greater than 6 mg per/day – Steroid bursts/tapers 3 or more times per year – Back or neck brace use – Transcutaneous Electrical Nerve Stimulator (TENS) unit use	Declined
▪ Diagnosed as severe or marked	Declined
▪ ADL or IADL limitations	Declined
▪ Durable medical equipment use (multi-prong cane, walker, wheelchair, crutches, etc.)	Declined
▪ Surgery recommended	Deferred
Dementia	Declined
Demyelinating Disease	Declined

Medical conditions	Stability period
Depression	
▪ Minor or situational depression	
– Treated with 2 or less non-antipsychotic medications, stable dosage	6 months
– Treated with 3 non-antipsychotic medications, stable dosage	12 months
– Multiple episodes with lapses/changes in therapy	36 months
▪ Manic/Bipolar Depression	
– Treated with 2 or less non-antipsychotic medications, stable dosage	12 months
– Treated with 3 non-antipsychotic medications, stable dosage	24 months
▪ Nervous Breakdown	
– Treated with 2 or fewer non-antipsychotic medications, stable dosage	12 months
– Treated with 3 non-antipsychotic medications, stable dosage	24 months
▪ With history of fibromyalgia, treated with 1 non-antipsychotic medication	12 months
▪ With history of fibromyalgia, treated with 2 or more medications	Declined
▪ Treated with 4 or more non-antipsychotic medications	Declined
▪ Any type of depression treated with 1 or more antipsychotic medication	Declined
▪ Hospitalized 1 time within the past 12 months	Declined
▪ Hospitalized 2 or more times within the past 24 months	Declined
▪ Any type of neurosis, psychoneurosis, psychopathy, psychosis	Declined

D

Medical conditions	Stability period
Diabetes	
▪ With tobacco use within the past 24 months	Declined
▪ Any history of stroke, TIA or mini-stroke	Declined
▪ Controlled with 2 or fewer oral medications	6 months
▪ Controlled with 3 or fewer oral medications	12 months
▪ Treated with 4 or more oral medications	Declined
▪ Treated with a total of 40 units of insulin or less per day	12 months
▪ Treated with a total of 41 units of insulin or more per day	Declined
▪ In conjunction with any 1 of the following comorbid conditions:	6 months
– Atrial Fibrillation	
– Carotid Artery Disease	
– Coronary Artery Disease	
▪ In conjunction with any 1 of the following comorbid conditions:	Declined
– 2 or more of the comorbid conditions listed above	
– Cardiomyopathy	
– Circulatory disease or leg ulcers	
– Ulcers or open wounds	
– Neurological disease (Neuropathy)	
– Retinopathy	
– Kidney disease (Nephropathy)	
– HbA1c reading of .08 mmol or greater within the past 6 months	
– Fasting blood sugar of 7.7 mmol or greater within the past 6 months	
– Random blood sugar of 11 mmol or greater within the past 6 months	
– Ongoing steroid medication	
Dialysis – Hemodialysis or Peritoneal	Declined
Diverticulitis	<i>See Colitis</i>
Dizziness/Vertigo	
▪ Acute viral labyrinthitis	3 months
▪ Ménière's Disease	6 months
– Controlled with or without medication	
▪ Cause unknown	12 months
– Asymptomatic	
– No neurological impairment	
▪ Ongoing symptoms or problems	Declined

Medical conditions	Stability period
Drug/Chemical Dependency (including Narcotics, Alcohol, Marijuana and other)	
▪ Treated and current abstinence	36 months
– Normal liver and renal function laboratory values	
– Current or past participation in AA or similar group support	
▪ Current Use	Declined
▪ Residual memory loss or confusion	Declined
Drugs	<i>See Drug/Chemical Dependency</i>
Edema (Swelling)	<i>Look for Cause</i>
Emphysema	
▪ With tobacco use within the past 24 months	Declined
▪ Untreated or treated with 1 inhaler used less than twice a year	0 months
▪ Treated with 1 or 2 inhalers seasonally or on a regular basis	6 months
▪ Treated and controlled with any of the following:	6 months
– 3 inhalers on a regular basis	
– 1 or 2 oral medication(s) on a regular basis	
– Steroid use at or less than 5 mg per/day	
– Nebulizer use 2 times per week	
– Lung surgery (removal of 1 or more lobes)	
▪ Treated with any of the following:	Declined
– A combination of 2 or more of the treatments listed above	
– Steroid use at or greater than 6 mg per/day	
– Steroid bursts/tapers 3 or more times per year	
– Oxygen use	
– Nebulizer use 3 or more times per week	
▪ Abnormal pulmonary function tests (PFTs)	Declined
▪ Progressive or continual weight loss	Declined
▪ ADL or IADL limitations	Declined
▪ Evidence of Congestive Heart Failure (CHF)	Declined
▪ Hospitalization for respiratory symptoms within the past 6 months	6 months
▪ Hospitalization for respiratory symptoms 2 or more times within the past 24 months	24 months
Encephalitis	12 months
– No cognitive impairment	
– No ADL or IADL limitations	

E-F

Medical conditions	Stability period
Endarterectomy	<i>See Carotid Artery Disease</i>
Endocarditis, Infectious	
▪ Single episode	6 months
– Resolved, stable	
– Antibiotic prophylaxis	
▪ More than one episode	Declined
Enteritis	<i>See Colitis</i>
Epilepsy/Seizure Disorder	
▪ Controlled with 2 or less medications, no seizure activity	12 months
▪ No ADL or IADL limitations	
– No cognitive impairment	
▪ Treated with 3 or more medications	Declined
▪ Uncontrolled, continued symptoms or unknown cause	Declined
▪ Abnormal MRI or EMG	Declined
Esophageal Stricture	
▪ Asymptomatic, 2 or less dilatations	0 months
▪ 3 or more surgeries	3 months
▪ Continued dysphagia or difficulty swallowing	Declined
Esophageal Varices	Declined
Eye drops	
	3 months
– No ADL or IADL limitations	
– No joint deformities	
Factor V Leiden	Declined
Falls	<i>Look for Cause</i>
Fibromyalgia	
▪ No history of depression	6 months
▪ With history of chronic depression or treatment with 1 anti-depressant medication	12 months
– Must also meet stability guidelines for depression	
▪ Treatment with 2 or more anti-depressant medications	Declined
▪ Treated with 3 or more medications	Declined
▪ Fatigue that limits daily function	Declined

Medical conditions	Stability period
Fractures	<i>(See related disease, if due to disease)</i>
▪ Due to trauma	
– Arms	3 months
- No ADL or IADL limitation	
– Compression fracture (See Osteoporosis)	
– Legs	6 months
- No ADL or IADL limitation	
– Skull	12 months
- No ADL or IADL limitation	
- No cognitive impairment	
– Vertebral, pelvic fracture	6 months
- No history of osteoporosis	
- No ADL or IADL limitation	
Friedreich’s Ataxia	Declined
Gastric Balloon	Declined
Gastric Bypass Surgery	12 months
– Stable weight for 1 full year (within 10 pounds)	
Gaucher’s Disease	Declined
Giant Cell Arteritis (Active)	Declined
Glaucoma	
▪ Stable vision	12 months
– No progressive visual loss	
– Successful adaptation to previous visual loss	
Glomerulonephritis	<i>See Nephritis</i>
Guillain-Barré Syndrome	
– No residual neurological impairment	12 months

H

Medical conditions	Stability period
Head Injury	
▪ Full recovery	12 months
– No ADL or IADL limitations	
– No hospitalizations within the past 6 months	
▪ With residual memory or functional impairment	Declined
Hearing Loss	
	0 months
– Successful adaptation to hearing loss	
– No symptoms of imbalance or falls	
Heart attack (myocardial infarction)	<i>See Coronary Artery Disease</i>
Heart Valve Disease	
▪ Unoperated	
– Asymptomatic, mild disease	6 months
– With history of Congestive Heart Failure (CHF)	Declined
▪ Operated	
– Asymptomatic, fully recovered	6 months
– With history of Congestive Heart Failure (CHF) after surgery	Declined
Hemiplegia	Declined
Hemochromatosis	
▪ Internal organ involvement or Bronze Diabetes	Declined
▪ Asymptomatic	12 months
– Phlebotomy (once every 6 weeks or less often)	
– Normal laboratory values	
▪ Phlebotomy more often than every 6 weeks	Declined
▪ Abnormal laboratory values	Declined
Hemophilia	Declined
Hepatitis	
▪ Acute, Type A, B	
– Resolved, no alcohol or drug use, normal laboratory values	6 months
– Abnormal liver function laboratory values	Declined
▪ Chronic, Active, Type A, B	Declined
▪ Type C, Non-A, Non-B or Autoimmune	Declined

Medical conditions	Stability period
Herniated Intervertebral Disc	
▪ Operated	3 months
– No ADL or IADL limitations	
– Untreated or treated with 1 non-steroidal anti-inflammatory (NSAID) medication	3 months
– History of or treated with any 1 of the following:	6 months
- 2 or more series of Cortisone injections within the past 12 months	
- 2 non-steroidal anti-inflammatory (NSAID) medications	
- Steroid use at or less than 5 mg per/day	
▪ Treated with any 1 of the following:	Declined
– A combination of 3 or more of the treatments listed above	
– 3 or more surgical procedures	
– 3 or more steroidal anti-inflammatory (NSAID) medications	
– 1 or more narcotic medication	
– Steroid use at or greater than 6 mg per/day	
– Steroid bursts/tapers 3 or more times per year	
– Back or neck brace use	
– Transcutaneous Electrical Nerve Stimulator (TENS) unit use	
▪ History of 3 or more surgical procedures	Declined
▪ Diagnosed as severe or marked	Declined
▪ ADL or IADL limitations	Declined
▪ Durable medical equipment use (multi-prong cane, walker, wheelchair, crutches, etc.)	Declined
▪ Surgery recommended	Deferred
Herpes Zoster	<i>See Shingles</i>
Hiatal Hernia	0 months

H-I

Medical conditions	Stability period
High Blood Pressure/Hypertension	
▪ Treated with 3 or less cardiac medications – T.A. average BP readings for 12 months at or less than 169/89	6 months
▪ Treated with 4 cardiac medications	<i>Individual consideration</i>
▪ With history of 2 of the following comorbid conditions: – Atrial Fibrillation – Cardiomyopathy – Diabetes mellitus – Peripheral Vascular Disease – Stroke, TIA or mini-stroke – With tobacco use within the past 24 months	12 months
▪ With history of 3 or more of the comorbid conditions listed above	Declined
▪ Treated with 5 or more cardiac medications	Declined
▪ T.A. uncontrolled BP readings 170/90 or greater	Declined
Hip Replacement	<i>See Joint Replacement</i>
HIV positive	Declined
Hodgkin's Disease	<i>See Lymphoma</i>
Hospitalization	
▪ Currently in hospital or anticipated admission	Deferred
Hunter's Syndrome	Declined
Huntington's Chorea	Declined
Hurler's Syndrome	Declined
Hydrocephalus	Declined
Idiopathic Pulmonary Fibrosis	<i>See Pulmonary Fibrosis</i>
Ileitis, regional, end stage	Declined
Immune System Disorders	Declined

Medical conditions	Stability period
Instrumental Activities of Daily Living Deficits	Declined
<ul style="list-style-type: none"> ▪ Anyone who requires the assistance or supervision of another person to perform at least 2 of the following Activities of Daily Living: <ul style="list-style-type: none"> – Using the telephone – Managing household finances – Taking transportation – Shopping – Laundry – Housework – Taking all medications – Preparing Meals/Cooking 	
Irritable Bowel Syndrome	<i>See Colitis</i>
Joint Replacement (Hip, Knee, Shoulder)	
<ul style="list-style-type: none"> ▪ No history of prior joint surgery, physical/physiotherapy completed and return to full activities <ul style="list-style-type: none"> – No ADL or IADL limitations 	3 months
<ul style="list-style-type: none"> ▪ History of or treated with any 1 of the following: <ul style="list-style-type: none"> – 1 or 2 weight-bearing joint replacement(s) – 2 or more series of Cortisone injections on previously replaced joint – 2 non-steroidal anti-inflammatory (NSAID) medications 	6 months
<ul style="list-style-type: none"> ▪ Treated with any 1 of the following: <ul style="list-style-type: none"> – 3 or more non-steroidal anti-inflammatory (NSAID) medications – 1 or more narcotic medication 	Declined
<ul style="list-style-type: none"> ▪ History of 3 or more joint replacements 	Declined
<ul style="list-style-type: none"> ▪ No ADL or IADL limitations 	Declined
<ul style="list-style-type: none"> ▪ Durable medical equipment use (multi-prong cane, walker, wheelchair, crutches, etc.) 	Declined
<ul style="list-style-type: none"> ▪ Further or future surgery recommended 	Declined
Kaposi's Sarcoma	Declined
Kidney Stones	<i>See Nephrolithiasis</i>
Knee Disorder (See also Arthritis/Joint Replacement)	3 months
<ul style="list-style-type: none"> – Post Arthroscopy – No ADL or IADL limitations – No surgery recommended 	
Knee replacement	<i>See Joint Replacement</i>

K-L-M

Medical conditions	Stability period
Korsakoff's Psychosis	Declined
Labyrinthitis	<i>Dizziness/Vertigo</i>
Lesh-Nyhan Syndrome	Declined
Leukemia	
▪ Acute (any type)	Declined
▪ Chronic, non-lymphocytic (CML)	Declined
▪ Chronic lymphocytic (CLL)	36 months
– Stable and treatment-free	
– Normal laboratory values	
Lou Gehrig's Disease	<i>See Amyotrophic Lateral Sclerosis</i>
Lupus	
▪ Discoid, inactive, treatment-free	12 months
▪ Systemic	Declined
Lyme Disease	
▪ Resolved, no treatment	6 months
▪ Residuals or complications	12 months
▪ Residual neurological impairment or symptoms	Declined
Lymphoid Interstitial Pneumonia	Declined
Lymphoma, Non-Hodgkin's and Hodgkin's Disease	
▪ Asymptomatic	60 months
– In remission and treatment-free	
– Normal laboratory values	
Macular Degeneration	
▪ Stable, treatment-free	12 months
– No ADL or IADL limitations	
– No progressive vision loss	
– Successful adaptation to previous vision loss	
▪ Continued decrease in vision loss	Declined
Marfan Syndrome	Declined

M

Medical conditions	Stability period
Melanoma	See Cancer
Memory Loss	Declined
Ménière's Disease	See Dizziness
Mentally Handicapped	Individual consideration
– Cognitively intact and functionally independent	
– Lives independently and able to perform all ADLs and IADLs independently	
Mitral Insufficiency	See Heart Valve Disease
Mitral Stenosis	See Heart Valve Disease
Mitral Valve Prolapse	0 months
– Asymptomatic, prophylactic antibiotic treatment	
Mixed Connective Tissue Disease	Declined
Mobility Limitations	Declined
Monoclonal Gammopathy	Declined
Multiple Myeloma	Declined
Multiple Sclerosis	Declined
Muscular Dystrophy	Declined
Myasthenia Gravis	
– Without symptoms or complications, no treatment	60 months
– Post surgery with full recovery and rehabilitation complete, no treatment	
– Disease process unresponsive to treatment	Declined
– Treated with Mestanon or similar medication	Declined
Myelofibrosis	
– Asymptomatic, treatment-free	24 months
– Splenectomy	60 months
– Abnormal bone marrow exam	Declined

N-O

Medical conditions	Stability period
Narcolepsy	
▪ Asymptomatic	12 months
▪ Recent onset or hospitalization	24 months
▪ With history of sleep apnea	Declined
Nephrectomy, Unilateral (Loss of one kidney)	
▪ Normal renal laboratory values	12 months
▪ Due to Disease	<i>Look for Cause</i>
Nephritis	
▪ Resolved, normal renal laboratory values	12 months
▪ Chronic or abnormal laboratory values	Declined
Nephrolithiasis/Urolithiasis/Renal Calculus	
▪ Post lithotripsy	3 months
▪ Hospitalization or surgery	6 months
Neurofibromatosis	
	Declined
Neurogenic Arthropathy	
▪ Post joint replacement, asymptomatic	6 months
▪ History of 2 or more compression fractures	24 months
▪ Hospitalization for arthropathy or related neurological disorders	24 months
Neurogenic Bladder	
	Declined
Neuropathy	
▪ With tobacco use within the past 24 months	Declined
▪ With history of diabetes or anemia	Declined
▪ With Peripheral Vascular Disease	Declined
▪ Mild, non progressive, treatment-free	12 months
– No ADL or IADL limitations	
▪ Moderate or receiving treatment	<i>Individual consideration</i>
Neurosis	
	<i>See Psychoneurosis</i>
Obesity	
▪ Weight outside acceptable guidelines	Declined
▪ Use of weight reduction agents (Meridia, Xenical) within the past 12 months	Deferred

Medical conditions	Stability period
Obsessive Compulsive Disorder	
▪ Any type of neurosis, psychoneurosis, psychopathy, psychosis	Declined
▪ Treated with 2 or fewer non-antipsychotic medications, asymptomatic	12 months
▪ Treated with 3 non-antipsychotic medications, asymptomatic	24 months
▪ Multiple episodes with lapses/changes in therapy	36 months
▪ Treated with 4 or more non-antipsychotic medications	Declined
▪ Treated with 1 or more antipsychotic medication	Declined
▪ Hospitalized 1 time within the past 12 months	Declined
▪ Hospitalized 2 or more times within the past 24 months	Declined
Organic Brain Syndrome	Declined
Osler-Weber-Rendu Disease (Telanglectasis)	Declined
Osteoarthritis	<i>See Arthritis</i>
Osteomyelitis (Bone Infection)	
▪ Resolved	12 months
▪ Chronic, active	Declined
Osteoporosis	
▪ Treated with narcotic or acting analgesia (Ultracet/Ultram), etc.)	Declined
▪ ADL or IADL limitations	Declined
▪ Durable therapeutic medical equipment use (multi-prong cane, walker, wheelchair, crutches, etc.)	Declined
▪ Ongoing steroid usage (regardless of dosage amount)	Declined
▪ With tobacco use within the past 24 months	
– No history of related or compression fractures, receiving treatment, asymptomatic, regular follow-up	3 months
– History of 1 or more compression or related fractures	Declined
– Bone density indicating bone loss with T-scores of 2.5 or more	Declined
▪ No tobacco use within the past 24 months	
– No history of related or compression fractures, receiving treatment, asymptomatic, regular follow-up	0 months
– History of 1 or 2 related fractures, receiving treatment, asymptomatic, regular follow-up	24 months
– History of 3 or more related or compression fractures	Declined
– Bone density indicating bone loss with T-scores of 3.0 or more	Declined
Oxygen use	Declined

P

Medical conditions	Stability period
Pacemaker	<i>See Atrioventricular Block</i>
Paget's Disease (Oseitis Deformans)	
▪ Asymptomatic	6 months
▪ Moderate disease	24 months
– No ADL or IADL limitations	
– History of joint replacement	
▪ Severe disease	Declined
Pancreatic Insufficiency, chronic	Declined
Pancreatitis	
▪ Acute, resolved, treatment-free	12 months
– No alcohol abuse within the past 36 months	
– Normal laboratory values	
▪ Chronic	Declined
Paralysis/Paresis	
▪ No ADL or IADL limitations	<i>Individual consideration</i>
Paraplegia	Declined
Parkinson's Disease	Declined
Peptic Ulcer Disease (PUD)	
▪ Asymptomatic	0 months
▪ History of gastrointestinal bleed	6 months
– No alcohol abuse within the past 36 months	
Pericarditis	
▪ Resolved	6 months
▪ Multiple episodes	Declined

Medical conditions	Stability period
Peripheral Vascular Disease/Claudication	
▪ With tobacco use within the past 24 months	Declined
▪ Any history of stroke, TIA or mini-stroke	Declined
▪ With history of Diabetes Mellitus or glucose intolerance	Declined
▪ No leg pain or claudication	6 months
– No ADL or IADL limitations	
– No skin breakdown	
▪ Leg pain or claudication 1 time or less per week	12 months
– No ADL or IADL limitations	
– Treated with 1 or no medication	
▪ With history of any 1 of the following comorbid conditions:	12 months
– Atrial Fibrillation	
– Cardiomyopathy	
– Coronary Artery Disease	
– Carotid Artery Disease	
– Neuropathy	
– 1 skin ulcer	
▪ With history of 2 or more of the comorbid conditions listed above	Declined
▪ Leg pain or claudication 2 or more times per week	Declined
▪ Treated with 2 or more medications	Declined
▪ With underlying clotting disorder or other	Declined
Phobias	
▪ Any type of neurosis, psychoneurosis, psychopathy, psychosis	Declined
▪ Treated with 2 or fewer non-antipsychotic medications, asymptomatic	24 months
▪ Treated with 3 or more non-antipsychotic medications	Declined
▪ Multiple episodes with lapses/changes in therapy	36 months
▪ Treated with 1 or more antipsychotic medication	Declined
▪ Hospitalized 1 time within the past 12 months	Declined
▪ Hospitalized 2 or more times within the past 24 months	Declined
Platelet Disorders	<i>See Thrombocythemia/Thrombocytopenia</i>
Polyarteritis Nodosa	Declined

P

Medical conditions	Stability period
Polycystic Kidney Disease	
▪ Asymptomatic with normal laboratory values	6 months
▪ Hospitalization for acute renal failure or surgery	24 months
▪ Transplant	60 months
▪ Dialysis or surgery anticipated	Declined
▪ Abnormal laboratory values	Declined
Polymyalgia Rheumatica	
▪ Completely resolved, treatment-free	6 months
▪ History of or treated with any 1 of the following:	6 months
– 2 or more series of Cortisone injections within the past 12 months	
– 2 non-steroidal anti-inflammatory (NSAID) medications	
– Steroid use at or less than 5 mg per/day	
▪ Treated with any of the following:	Declined
– A combination of 2 or more of the treatments listed above	
– 3 or more non-steroidal anti-inflammatory (NSAID) medications	
– 1 or more narcotic medication	
– Steroid use at or greater than 6 mg per/day	
– Steroid bursts/tapers 3 or more times per year	
▪ Unresolved, symptomatic	Declined
▪ ADL or IADL limitations	Declined
▪ Durable medical equipment use (multi-prong cane, walker, wheelchair, crutches, etc.)	Declined
▪ Surgery recommended	Declined
Polyyps, Benign	0 months
Portal Hypertension	Declined
Post Paralytic Syndrome	
▪ No history of paralysis	0 months
▪ History of paralysis, resolved, treatment-free	24 months
▪ Symptomatic (fatigue or change in muscle strength)	Declined
▪ ADL or IADL limitations	Declined
▪ Durable medical equipment use (multi-prong cane, walker, wheelchair, crutches, etc.)	Declined
Post Polio Syndrome	Declined
Posterolateral Sclerosis	Declined

Medical conditions	Stability period
Pregnancy	
– Currently pregnant	Deferred
– Current or planned fertility treatments	Deferred
Progressive Muscular Atrophy	Declined
Progressive Systemic Sclerosis	Declined
Psychoneurosis, Psychopathy, Psychosis	Declined
Pulmonary Embolism	
• Single episode, resolved	6 months
• Multiple episodes, currently under treatment	12 months
• Multiple episodes, no treatment	24 months
– No underlying blood clotting disorders, normal laboratory values	
– With or without Greenfield filter placement	
• With history of any 1 of the following comorbid conditions:	Declined
– Atrial Fibrillation	
– Carotid Artery Disease	
– Peripheral Vascular Disease	
Pulmonary Fibrosis	
• Asymptomatic, treatment-free	12 months
– Incidental finding on chest x-ray	
– No history of emphysema, COPD, asthma, allergies or breathing difficulty	
– No ADL or IADL limitations	
• Symptomatic	Declined
• With history of emphysema, COPD, asthma or allergies	Declined
Quadriplegia	Declined

R-S

Medical conditions	Stability period
Renal Disease	
▪ Mild renal insufficiency	6 months
– Normal laboratory values	
▪ Azotemia	6 months
– Normal laboratory values	
▪ Lasix use of 80 mg or more per day	Declined
▪ With history of diabetes	Declined
▪ End stage disease	Declined
– Dialysis within the past 2 years	
– Steroid, Leukeran, or Cytoxan treatment within the past 2 years	
Restless Leg Syndrome	
▪ No treatment, work-up complete	0 months
▪ Sinemet or 1 anti-Parkinson medication use	12 months
– No visible head, neck or hand tremors	
– Neurological work-up completed confirming no diagnosis of Parkinson's disease or other neurological disorder	
▪ Treated with 2 or more medications	Declined
Retinal Detachment and/or Hemorrhage	
▪ Asymptomatic, successfully treated with surgery, no history of diabetes	6 months
– No further hemorrhage or vision loss	
▪ In conjunction with diabetes; successfully treated with surgery	12 months
Retinopathy	
▪ Asymptomatic, recovered post surgery, no history of diabetes	6 months
▪ In conjunction with diabetes, asymptomatic, successfully treated with surgery	12 months
– No further hemorrhage or vision loss	
▪ Untreated in conjunction with diabetes	Declined
Rheumatoid Arthritis	<i>See Arthritis</i>
Sarcoidosis	
▪ Affecting the lung only, quiescent, asymptomatic, treatment-free	36 months
▪ Affecting 1 or more organs other than the lung	Declined
▪ Active	Declined
Schizophrenia	Declined

S

Medical conditions	Stability period
Sciatica	<i>See Herniated Intervertebral Disc</i>
Scleroderma	
▪ Quiescent, affecting the skin only, asymptomatic, treatment-free	36 months
▪ Affecting 1 or more organs other than the skin	Declined
▪ Active	Declined
Sclerosing Cholangitis	Declined
Scoliosis	
▪ No comorbid conditions (osteoporosis/DDD) or ADL or IADL limitations	0 months
Seizure, Epileptic	<i>See Epilepsy/ Seizure Disorder</i>
Senility	Declined
Shingles (Herpes Zoster)	
▪ Post acute episode lasting 3 months or less	3 months
▪ Episode lasting more than 3 months, rehabilitation complete, no pain or neuralgia	12 months
▪ Requiring neurological work-up	Declined
Shy-Drager Syndrome (Autonomic Insufficiency)	Declined
Sleep Apnea	
▪ With tobacco use within the past 24 months	Declined
▪ Asymptomatic, treated with or without C-PAP or BI-PAP	3 months
▪ Hospitalization due to respiratory problems	12 months
▪ C-PAP or BI-PAP machine with bottled oxygen	Declined
▪ With history of narcolepsy	Declined
▪ With oxygen use	Declined
Spinal Cord Transplant	<i>See Transplant, Organ</i>
Spinal Muscle Amyotrophy	Declined
Spinal Stenosis	<i>See Degenerative Disc Disease</i>

S-T

Medical conditions	Stability period
Stroke	
▪ With tobacco use within the past 24 months	Declined
▪ Single episode, resolved	24 months
– Full recovery, no residuals	
– No ADL or IADL limitations	
▪ With history of any one of the following comorbid conditions:	24 months
– Atrial Fibrillation	
– Coronary Artery Disease	
– Hypertension treated with 1 or more medication	
– Carotid Artery Disease	
– Syncope or fainting, symptom-free for the past 24 months	
▪ With history of two or more of the comorbid conditions listed above	Declined
▪ With history of any one of the following comorbid conditions:	Declined
– Diabetes or glucose intolerance	
– Congestive Heart Failure (CHF)	
– Peripheral Vascular Disease	
▪ More than 1 stroke, TIA or mini-stroke	Declined
Surgery	
▪ Planned or recommended	Deferred
▪ Completed, no complications, back to normal activities	
– Cataract or laser eye surgery	2 weeks
– Tubal ligation or vasectomy	2 weeks
– Laparoscopic cholecystectomy	4 weeks
– Carpal Tunnel Release to one wrist	4 weeks
– Carpal Tunnel Release to both wrists	3 months
– Internal surgery	<i>Look for Cause but typically 3 months</i>
Syphilis (phase IV/Tabes Dorsalis)	Declined
Thrombocytopenia (Elevated Platelets), ITP – Idiopathic Thrombocytopenia Purpura	
▪ Treated with aspirin or anti-platelet medication	12 months
– Asymptomatic with normal laboratory values	
▪ Treated with anti-neoplastic medication	Declined
▪ Abnormal laboratory values	Declined
▪ Any history of stroke, TIA or mini-stroke	Declined
▪ With history of other clotting disorders	Declined

T

Medical conditions	Stability period
Thrombocytopenia (Low Platelets)	
▪ Unoperated, asymptomatic – Normal laboratory values	12 months
▪ Operated, asymptomatic – Normal laboratory values	24 months
▪ Abnormal laboratory values	Declined
▪ Any history of stroke, TIA or mini-stroke	Declined
▪ With history of other clotting disorders	Declined
Thrombophlebitis, superficial	
▪ Single episode, resolved, treatment-free	0 months
▪ Multiple episodes, resolved, symptom-free, no treatment	6 months
Transitory cerebral ischemia	<i>See Stroke</i>
Transplant, Organ	
▪ Corneal, no complications, back to normal activities	3 months
▪ Kidney, fully recovered – Normal laboratory values – No dialysis – No history of diabetes	60 months
▪ All others	Declined
Transverse Myelitis	Declined
Tremors	
▪ Benign, essential or familial – Treated with no medication or with 1 non-anti-Parkinson medication – No ADL or IADL limitations	6 months
– Treated with Sinemet or with no more than 1 anti-Parkinson medication – No visible head, neck or hand tremors – Neurological work-up completed confirming no diagnosis of Parkinson’s or other disease	12 months
▪ Work-up in progress	Deferred
▪ Treated with 2 or more non-anti-Parkinson medications	Declined
▪ Treated with 1 or more anti-Parkinson medications with no neurological work-up	Declined
▪ Due to Parkinson’s Disease	Declined

T-U

Medical conditions	Stability period
Tuberculosis	
▪ Resolved, no treatment	12 months
▪ Ongoing treatment	Deferred
▪ Active	Declined
Tumours, Benign	
▪ Brain, spinal cord	
– Surgically removed	24 months
– No residual neurological impairment	
– No ADL or IADL limitation	
▪ Unoperated, monitored at least every 6 months with no progression	24 months
– No evidence of cancer	
– No residual neurological impairment	
– No ADL or IADL limitations	
▪ Other sites	
– Surgically removed or unoperated, monitored, with no progression	6 months
– No residual neurological impairment	
– No ADL or IADL limitation	
Ulcers	
▪ Skin	
– Resolved	
– No history of peripheral or circulatory vascular disease	6 months
– One episode with history of peripheral or circulatory vascular disease	12 months
– Two or more episodes with history of peripheral or circulatory vascular disease	Declined
– Active or chronic	Declined
– Resulting in amputation	Declined
▪ Duodenal	
– Asymptomatic	0 months
– History of 2 or fewer gastrointestinal bleeds	6 months
– Normal laboratory values	
– History of 3 or more gastrointestinal bleeds or abnormal laboratory values	Declined

Medical conditions	Stability period
Urinary Incontinence	
▪ Stress or urge incontinence, independent with care	0 months
▪ Complete incontinence or continual dribbling	Declined
▪ Use of catheter, intermittent or indwelling	Declined
▪ Neurogenic Bladder	Declined
Urostomy <i>Look for Cause</i>	
▪ No cancer, full recovery	6 months
– Independent with care and associated appliances	
– No planned future surgery	
– No skin breakdown	
▪ 2 or more surgeries	Declined
Varicose Veins (Legs) 0 months	
– No ADL or IADL limitations	
– Not associated with Peripheral Vascular Disease	
Vascular Necrosis	
▪ Surgery completed, asymptomatic	6 months
– No ADL or IADL limitations	
– No chronic pain	
▪ Surgery not completed, treated with medication(s)	Declined
Vasculitis	<i>See Arteritis</i>
Ventriculo-peritoneal Shunt	Declined
Vertebral or Spinal Disorder	<i>See Degenerative Disc Disease</i>
Vertebral or Spinal Disorder, not otherwise classified	<i>See Degenerative Disc Disease</i>
Vertigo	<i>See Dizziness</i>
Vision Loss	<i>See Blindness</i>
Von-Hippel-Lindau	Declined
Waldenstrom's	Declined
Walker Use	Declined

W-X

Medical conditions	Stability period
Wegner's Granulomatosis	Declined
Wernicke-Korskoff Syndrome	Declined
Whipple's Disease	Declined
Wilson's Disease	Declined
Wiskott-Aldrich Syndrome	Declined
Xeroderma Pigmentosa	Declined



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