



BlueCross BlueShield of Illinois

Experience. Wellness. Everywhere.SM

Product Guide

- SelectBlue[®]
- SelectBlue AdvantageSM
- BlueChoice SelectSM

- BlueValueSM
- BlueValue AdvantageSM
- BlueChoice ValueSM

- Traditional BlueSM
- BasicBlue[®]
- SelecTEMP PPO[®]

- BlueEdgeSM Individual HSA
- BlueEdgeSM Individual HSA 5000

FOR AGENT USE ONLY

INDIVIDUAL AND FAMILY HEALTH INSURANCE

TABLE OF CONTENTS

SPECIFIC PRODUCT HIGHLIGHTS	2
OUTPATIENT PRESCRIPTION DRUGS	4
UNDERWRITING INFORMATION	5
Eligibility Information	5
Partial Medical Condition Rejection List	5
Unacceptable Medications	5
Underwriting Opinion Form	7
Build Chart.	7
General Information on Height/Weight	7
Coverage Exclusion Riders.	8
PREMIUM INFORMATION	16
EFFECTIVE DATE GUIDELINES	16
PRE-EXISTING CONDITIONS WAITING PERIOD	17
REPLACING OTHER POLICIES	17
SUBMISSION PROCEDURES	17
Required Forms	17
Completing the Application.	17
Special Note about Signatures	18
Altered Applications.	18
Where to Submit	18
COVERAGE CHANGES	18
Upgrades and Downgrades	18
OPTIONAL MATERNITY BENEFITS	19
MEDICAL SERVICES ADVISORY AND THE MENTAL HEALTH UNIT	19
WORKERS' COMPENSATION INSURANCE REGULATIONS.	19
SELECTEMP PPO	20

Individual and Family Health Insurance Plans

FROM BLUE CROSS AND BLUE SHIELD OF ILLINOIS

We are pleased to present our unique range of health insurance plans that are now available to individual adults, individual children and families. Each plan is backed by the financial strength and stability of Blue Cross and Blue Shield of Illinois.

While each of our plans is tailored to the individual needs of Illinois adults, children and families, all of the plans have a number of features and benefits in common, including: \$5,000,000 in lifetime benefits, hospital and surgical services, emergency benefits, membership card recognition guaranteed nationwide.

We are confident that Blue Cross and Blue Shield of Illinois has a health care plan that is right for your clients. Regardless of the plan they select, they will benefit from the experience, expertise and stability of the leading health insurer in Illinois.

SPECIFIC PRODUCT HIGHLIGHTS

Plans now available to children on an individual basis!

SelectBlue

- Choice of 100% or 80% inpatient and outpatient benefits at participating providers*
- Choice of six deductibles: \$0, \$250, \$500, \$1,000, \$2,500 or \$5,000
- Family deductible equal to 3x the individual deductible
- Doctor office visits and well-child care with \$20 copayment
- Well-adult care with \$20 copayment
- Out-of-pocket expense limit of \$1,000 per individual plus deductible at participating providers
- Prescription drug card benefit with \$0, \$250 and \$500 deductible, \$10 copayment per prescription for generic drugs
- Outpatient prescription drugs covered at 80% with \$1,000, \$2,500 and \$5,000 deductible
- Emergency care covered at 100%
- Optional maternity benefits
- Receive maximum benefits at 90% of Illinois doctors and more than 200 participating hospitals

SelectBlue Advantage offers these key differences:

- 80% inpatient and outpatient benefits at participating providers*
- Choice of six deductibles: \$250, \$500, \$1,000, \$1,750, \$2,500 or \$5,000
- Doctor office visits and well-child care with \$30 copayment
- Prescription drug card benefit with \$250 and \$500 deductible, \$10 copayment per prescription for generic drugs
- Outpatient prescription drugs covered at 80% with \$1,000, \$1,750, \$2,500 and \$5,000 deductible
- Well-adult care with \$30 copayment
- Emergency care covered at 80% after \$75 copayment
- Out-of-pocket expense limit of \$3,000 per individual plus deductible at participating providers

BlueChoice Select

- 80% inpatient and outpatient benefits at contracting providers*
- Choice of six deductibles: \$250, \$500, \$1,000, \$1,750, \$2,500 or \$5,000
- Doctor office visits and well-child care with \$30 copayment
- Well-adult care with \$30 copayment
- Emergency care covered at 80% after \$75 copayment
- Out-of-pocket expense limit of \$3,000 per individual plus deductible at contracting providers
- Prescription drug card benefit with \$250 and \$500 deductible plans, \$10 copayment per prescription for generic drugs
- Outpatient prescription drugs covered at 80% with \$1,000, \$1,750, \$2,500 and \$5,000 deductible
- Optional maternity benefits
- Family deductible equal to 2x the individual deductible
- Receive maximum benefits at BlueChoice contracting network of doctors and hospitals

BlueValue

- Choice of 100% or 80% inpatient and outpatient benefits at participating providers*
- Choice of five deductibles: \$250, \$500, \$1,000, \$2,500 or \$5,000
- Family deductible equal to 3x the individual deductible
- Out-of-pocket expense limit of \$1,000 per individual plus deductible at participating providers
- Outpatient prescription drugs covered at 80% after plan deductible
- Emergency care covered at 100%
- Optional maternity benefits
- Receive maximum benefits at 90% of Illinois doctors and more than 200 participating hospitals

* To maximize benefits, your clients should utilize providers contracting with Blue Cross and Blue Shield of Illinois.

BlueValue Advantage offers these key differences:

- 80% inpatient and outpatient benefits at participating providers*
- Choice of six deductibles: \$250, \$500, \$1,000, \$1,750, \$2,500 or \$5,000
- Emergency care covered at 80% after \$75 copayment
- Out-of-pocket expense limit of \$3,000 per individual plus deductible at participating providers

BlueChoice Value

- 80% inpatient and outpatient benefits at contracting providers*
- Choice of six deductibles: \$250, \$500, \$1,000, \$1,750, \$2,500 or \$5,000
- Out-of-pocket expense limit of \$3,000 per individual plus deductible at contracting providers
- Outpatient prescription drugs covered at 80% after plan deductible
- Emergency care covered at 80% after \$75 copayment
- Optional maternity benefits
- Family deductible equal to 2x the individual deductible
- Receive a higher level of benefits at BlueChoice contracting doctors and hospitals with the BlueChoice plan

Traditional Blue

- Choice of 100% or 80% inpatient and outpatient hospital benefits at PPO hospitals*
- Choice of five deductibles: \$250, \$500, \$1,000, \$2,500 or \$5,000
- Family deductible equal to 3x the individual deductible
- Out-of-pocket expense limit of \$1,000 per individual plus deductible at PPO hospitals
- Outpatient prescription drugs covered at 80% after plan deductible
- Optional maternity benefits
- Freedom to choose ANY doctor
- Receive a higher level of benefits at more than 200 participating hospitals

BasicBlue

- 80% inpatient hospital benefits at PPO hospitals*
- Limited coverage for outpatient services
- Choice of three deductibles: \$500, \$1,000 or \$2,500
- Family deductible equal to 3x the individual deductible
- Out-of-pocket expense limit of \$1,000 per individual plus deductible at contracting PPO hospitals
- Freedom to choose ANY doctor
- Receive a higher level of benefits at more than 200 participating hospitals

SelecTEMP PPO

- See page 20.

BlueEdge Individual HSA

- Choice of 100% or 80% inpatient and outpatient benefits at participating providers*
- Choice of four deductibles**\$: \$1,200, \$1,750, \$2,600 and \$3,500
- Family deductible equal to two times the individual deductible
- Inpatient/outpatient physician medical services covered at a choice of 100% or 80% after deductible at participating providers
- Well-Child Care (up to age 16) and Well-Adult Care (age 16 and over) covered at 100% after you pay a \$20 copayment per visit at participating providers
- Out-of-pocket expense limit of \$3,000 per individual plus deductible (not to exceed \$5,000)
- Outpatient prescription drugs covered at a choice of 100% or 80% after plan deductible
- Optional maternity coverage at a choice of 100% or 80% after plan deductible
- Receive a higher level of benefits at 90% of Illinois doctors and more than 200 participating hospitals
- Receive 10% discount on family rates
- Use a health savings account (HSA) in conjunction with this health plan as a way to use tax-advantaged dollars to pay for your health care costs***

* To achieve a higher level of benefits, your clients should use network providers.

** Should the Federal Government adjust the minimum deductible or maximum deductible contribution limits for High Deductible Health Plans as defined by the Internal Revenue Service, the deductible amount in this policy may adjust accordingly.

*** Please be reminded that Health Savings Accounts (HSA) have tax and legal ramifications. Blue Cross and Blue Shield of Illinois does not provide legal or tax advice, and nothing herein should be construed as legal or tax advice. These materials, and any tax-related statements in them, are not intended or written to be used, and cannot be used or relied on, for the purpose of avoiding tax penalties. Tax-related statements, if any, may have been written in connection with the promotion or marketing of the transaction(s) or matter(s) addressed by these materials. You should seek advice based on your particular circumstances from an independent tax advisor regarding the tax consequences of specific health insurance plans or products.

BlueEdge Individual HSA 5000

- 100% inpatient and outpatient benefits at participating providers*
- \$5,000 individual deductible
- Family deductible equal to two times the individual deductible
- Inpatient/outpatient physician medical services covered at 100% after deductible at participating providers
- Well-Child Care (up to age 16) and Well-Adult Care (age 16 and over) covered at 100% after you pay a \$20 copayment per visit at participating providers
- Prescription drugs covered at 100% after plan deductible
- Out-of-pocket expense limit equal to deductible
- Optional maternity coverage at 100% after plan deductible
- Receive a higher level of benefits at 90% of Illinois doctors and more than 200 participating hospitals
- Receive 10% discount on family rates
- Use a health savings account (HSA) in conjunction with this health plan as a way to use tax advantaged dollars to pay for your health care costs.***

BlueCare® Dental PPO

- \$1,500 Maximum Annual Benefit per person
- No deductible for Type I (i.e. cleanings, exams, X-rays) and Type II (i.e. fillings, extractions) services
- \$50 deductible for Type III (i.e. bridges, crowns, dentures) services
- Up to 20% discount on orthodontics at participating dentists
- Members must be enrolled in BCBSIL health plans in order to enroll. If they drop their health at any time, their dental plan will be terminated. Members who drop their dental plan for any reason cannot re-enroll later.
- Not available with SelecTemp PPO policies

OUTPATIENT PRESCRIPTION DRUGS

SelectBlue, SelectBlue Advantage, and BlueChoice Select

SelectBlue with \$0, \$250 and \$500 Plan Deductible:

- Drug card benefit (your client pays: \$10 copayment per prescription for generic drugs; 35% per prescription for formulary brand drugs and insulin/insulin syringes; 50% per prescription for non-formulary brand drugs)
- Home delivery of maintenance drugs available

SelectBlue Advantage and BlueChoice Select with \$250 and \$500 Deductibles:

- Drug card benefit (your client pays: \$10 copayment per prescription for generic drugs; 35% per prescription for formulary brand drugs and insulin/insulin syringes; 50% per prescription for non-formulary brand drugs)
- Home delivery of maintenance drugs available

SelectBlue, SelectBlue Advantage, and BlueChoice Select with all other Deductibles:

- No drug card benefit
- Outpatient prescription drugs covered at 80% after plan deductible
- Home delivery of maintenance drugs *not available*

BlueValue, BlueValue Advantage, and BlueChoice Value

- Outpatient prescription drugs covered at 80% after plan deductible

Traditional Blue

- Outpatient prescription drugs covered at 80% after plan deductible

BasicBlue

- Outpatient prescription drugs **not** covered

BlueEdge Individual HSA

- Outpatient prescription drugs covered at a choice of 100% or 80% after plan deductible

BlueEdge Individual HSA 5000

- Outpatient prescription drugs covered at 100% after plan deductible

* To achieve a higher level of benefits, your clients should use network providers.

*** Please be reminded that Health Savings Accounts (HSA) have tax and legal ramifications. Blue Cross and Blue Shield of Illinois does not provide legal or tax advice, and nothing herein should be construed as legal or tax advice. These materials, and any tax-related statements in them, are not intended or written to be used, and cannot be used or relied on, for the purpose of avoiding tax penalties. Tax-related statements, if any, may have been written in connection with the promotion or marketing of the transaction(s) or matter(s) addressed by these materials. You should seek advice based on your particular circumstances from an independent tax advisor regarding the tax consequences of specific health insurance plans or products.

UNDERWRITING INFORMATION

Here is a general outline for Blue Cross and Blue Shield of Illinois' underwriting information for individual and family business (excludes SelecTEMP PPO).

Eligibility Information

Individual adults, individual children and families with permanent residence in Illinois are eligible to apply for a product.

- Issue ages are from 18 through 64 for individual adult applicants and spouses.
- Dependent coverage is available to the applicant's spouse and/or children. (When dependent's surname is different from the applicant's, please provide an explanation.)
 - Dependent children must be under age 26, or under age 30 if a military veteran.
- For individual children-only policies, the child must be at least one year of age. A separate application is required for each child.
- The signature of a parent or guardian is required for any applicant under the age of 16. Applicants age 16 and older may choose to sign for themselves; no parent or guardian signature is required. Applicants over age 18 are required to sign for themselves; a parent signature is not acceptable.
- Blue Cross and Blue Shield of Illinois will often verify and/or clarify information on the application and from Blue Cross and Blue Shield of Illinois claim history by telephone interview directly with the applicant.
- Medical records will be requested at the discretion of underwriting.
- All persons applying for coverage who are not U.S. citizens must have resided in the U.S. for at least six months AND have had a complete physical by a physician in the U.S. within the past two years.

Partial Medical Condition Rejection List

- AIDS
- Alcoholism/Alcohol Abuse¹
- Angioplasty
- Aortic Stenosis
- Arteriosclerotic Heart Disease
- Ascites²
- Bi-Polar Disorder
- Boeck's Sarcoidosis
- Bypass surgery
- Cancer (other than skin cancer)/Malignant Melanoma²
- Cerebral Vascular Accident
- Cerebral Vascular Disease
- Chronic Obstructive Pulmonary Disease (if currently smoking)
- Chronic Pancreatitis
- Chronic Renal Failure
- Cirrhosis of Liver
- Coronary Heart Disease
- Cushing's Syndrome
- Cystic Fibrosis
- Diabetes (managed with any type of medication)
- Drug Addiction/Abuse²
- Fatty Liver (hepatic steatosis)³
- Grand Mal Epilepsy²
- Heart Attack
- Height and Weight (see chart on this page)
- Hemodialysis/Peritoneal Dialysis
- Hemophilia
- HIV
- Hodgkin's Disease
- Huntington's Chorea
- Immune Deficiency Syndrome
- Leukemia
- Liver Atrophy
- Lupus Erythematosus (Systemic)
- Multiple Neurofibromatosis¹
- Multiple Sclerosis
- Muscular Dystrophy
- Myasthenia Gravis
- Myocardial Infarction
- Nephrosclerosis
- Organic Brain Disorder

- Pacemaker
- Paget's Disease
- Parkinson's Disease
- Pending surgery of any kind
- Peripheral Vascular Disease
- Polycystic Kidney
- Pregnant or an Expectant Parent (mother or father)⁴
- Psychotic Disorder
- Rheumatic Heart Disease
- Stroke
- Systemic Scleroderma
- Tetralogy of Fallot
- Transient Ischemic Attack
- Organ Transplants
- Valve Replacement

¹ Within the last 7 years

² Within the last 5 years

³ Fully recovered with normal lab results for minimum of 6 months

⁴ May apply eight weeks following the end of current pregnancy

Unacceptable Medications

Current use of the following types of medications will warrant declination. These medications lists are NOT all-inclusive and are subject to change.

ANTI-ARTHRITIC MEDICATIONS

Abatacept	Enbrel	Imuran	Orencia
Amethopterin	Etanercept	Infliximab	Plaquenil
Arava	Folex	Ledertrexate	Remicade
Aurolate	Gold Sodium	Leflunomide	Rheumatrex
Aurothioglucose	Thiomalate	Methoblastin	Simponi
Azathioprine	Gold-50	Methotrexate	Solganal
Cimzia	Hydroxychloroquine	Neosar	Thioprine
Cytosan			

ANTI-CANCER/ANTI-NEOPLASTIC MEDICATIONS

Arimidex	Femara	Nolvadex	Tamoxifen
Emblon	Fentamox	Soltamox	Tamofen

ANTI-COAGULANT/ANTI-THROMBOTIC MEDICATIONS

Acova	Dalteparin	Hep-Lock	Plavix
Angiomax	Danaparoid	Hep-Pak	Pump-Hep
Ardeparin	Enoxaparin	Innohep	Tinzaparin
Argatroban	Fondaparinux	Lovenox	Unihep
Arixtra	Fragmin	Monoparin	Uniparin
Bivalirudin	Hepalean	Multiparin	Warfarin
Clopidogrel	Heparin	Normiflo	Warfilone
Coumadin	Heparin-Leo	Organan	

ANTI-DIABETIC MEDICATIONS

Acarbose	DiaBeta	Glucovance	Nateglinide
Actoplus Met	Diabinese	Glyburide	Pioglitazone HCL
Actos	Euglucon	Glynase PresTab	Prandase
Amaryl	Glibenese	Glyset	Prandin
Apo-Chlorpropamide	Glimepiride	Insulin products	Precose
Avandamet	Glipizide	Metaglip	Repaglinide
Avandia	Glucagon	Metformin HCL	Rosiglitazone
Byetta	Glucobay	Micronase	Semi-Daonil
Chlorpropamide	Glucophage	Miglitol	Starlix
Cycloset	Glucophage XR	Mini Diab	
Daonil	Glucotrol		

(continued on page 6)

(Unacceptable Medications continued from page 5)

ANTI-PSYCHOTICS, ANTI-PARKINSONIANS & OTHER CENTRAL NERVOUS SYSTEM MEDICATIONS

Abilify	Comtan	Loxapac	Risperdal
Aldazine	Dozic	Loxapine	Risperidone
Anatensol	Duralith	Loxitane Modecate	Ropinirole HCL
Apo-Benzotropine	Eldepryl	Mellaril	Selegiline
Apo-Fluphenazine	Entacapone	Mesoridazine	Serenace
Apokyn	Eskalith	Mirapex	Serentil
Apo-Morphine	Fanapt	Moditen	Seroquel
Apo-Perphenazine	FazaClo	Navane	Sinemet
Apo-Thioridazine	Fentazin	Novo-	Stalevo
Apo-Trifluoperazine	Fluphenazine	Chlorpromazine	Stelazine
Aripiprazole	Geodon	Novo-Ridazine	Symbyax
Azilect	Haldol	Novo-Trifluzine	Tasmar
Benzotropine	Haloperidol	Olanzapine	Thiothixene
Bromocriptine	Iloperidone	Parlodel	Thiothixene
Camcolit	Larodopa	Pergolide	HCL
Carbex	Levodopa	Peridol	Thorazine
Carbidopa-	Levodopa-	Permax	Tolcapone
Levodopa	Carbidopa	Permitil	Trilafon
Carbolith	Lithane	Perphenazine	Ziprasidone
Celance	Lithicarb	Priadel	Zyprexa
Chlorpromazine HCL	Lithium	Pramipexole	
Cibalith-S	Lithizine	Dihydrochloride	
Clozapine	Lithobid	Prolixin	
Clozaril	Lithonate	Quetiapine	
Cogentin	Lithotabs	Rasagiline	

ANTI-VIRAL OR ANTI-RETROVIRAL MEDICATIONS FOR HIV/AIDS or HEPATITIS

Abacavir	Didanosine	Kaletra	Sustiva
Adefovir	(DDL)	Lamivudine	Tipranavir
Agenerase	Efavirenz	Lopinavir/	Valcyte
Amprenavir	Epivir	Ritonavir	Valganciclovir
Apo-Zidovudine	Etravirine	Nelfinavir	Videx
Azidothymidine	Fomivirsen	Nevirapine	Viracept
(AZT)	Fortovase	Norvir	Viramune
Cidofovir	Foscarnet	Novo-AZT	Viread
Combivir	Ganciclovir	Rescriptor	Vistide
Cymevene	Hivid	Retrovir	Vitravene
Cytovene	Indinavir	Ritonavir	Zalcitabine
Delavirdine	Intelence	Saquinavir	Ziagen
	Invirase	Stavudine	Zidovudine

ANTI-SUBSTANCE ABUSE MEDICATIONS

Acamprosate	Disulfiram	Naltrexone HCL	Trexan
Antabuse	Methadone	ReVia	Vivitrol
Campral			

ANTI-THYROID MEDICATIONS

Methimazole	Propylthiouracil	Radioactive	Tapazole
	(PTU)	Iodine	
	Propyl-Thyracil		

MISCELLANEOUS MEDICATIONS

Adcirca	Follitropin Alfa	Natalizumab	Peginterferon
Anginine	Ganirelex Acetate	Nitradisc	Pentasa
Antagon	Genotropin	Nitro-Bid	Pergonal
Asacol	Gonal-F	Nitro-Dur	Procrit
Azulfidine	HCG/chorionic gonadotropin alfa	Nitrodisc	Remicade
Bosentan	Humotrope	Nitrogard	Repronex
Cetrorelix	Ilaris	Nitroglycerin	Rowasa
Cetrotide	Inamrinone Lactate	Nitroglyn	Salofalk
Clomid	Infliximab	Nitrol	Salazopyrin
Clomiphene Citrate	Inocor	Nitrolingual	Sapropterin
Creon	Interferon	Nitrong	Serophene
Deponit	Kuvan	Nitrostat	Sulfasalazine
Digitek	Lanoxin	Nitro-Time	Synagis
Digoxin	Lanoxicaps	Norditropin	Tracleer
Epoetin	Lipram	NTS	Transderm-Nitro
Epogen	Mesasal	Nutropin	Transiderm-Nitro
Feraheme	Milophene	Onsolis	Tridil
Fertinex	Milrinone Lactate	Ovidrel	Tysabri
Follistim	Minitran	Pancrease	Ultrase

Underwriting Opinion Form

If you would like an opinion as to how Blue Cross and Blue Shield of Illinois might consider a particular applicant's health history before you submit a fully completed application, you may complete and submit a request for an Underwriting E-Opinion electronically via an online secure form. The online secure form can be found at www.hscil.com, select the Producer Services link, select the E-Communication tab, then select the New E-Opinion link in the E-Opinions sub-tab. A final underwriting decision on any applicant will always require a completed application.

Applicants at or exceeding the following weights (based on height, gender and age) cannot be offered coverage:

BUILD CHART			
MALE ages 15 and over		FEMALE ages 15 and over	
HEIGHT FT IN	WEIGHT LBS	HEIGHT FT IN	WEIGHT LBS
5' 0"	209	4' 8"	185
5' 1"	215	4' 9"	190
5' 2"	224	4' 10"	195
5' 3"	232	4' 11"	199
5' 4"	238	5' 0"	204
5' 5"	245	5' 1"	209
5' 6"	253	5' 2"	215
5' 7"	259	5' 3"	221
5' 8"	267	5' 4"	227
5' 9"	275	5' 5"	232
5' 10"	282	5' 6"	237
5' 11"	290	5' 7"	244
6' 0"	298	5' 8"	251
6' 1"	308	5' 9"	260
6' 2"	316	5' 10"	265
6' 3"	326	5' 11"	275
6' 4"	334	6' 0"	284
6' 5"	342	6' 1"	291
6' 6"	352	6' 2"	298
6' 7"	361	6' 3"	304
6' 8"	369	6' 4"	313

Note: Co-morbid conditions may result in a declination at a lower weight.

General Information on Height/Weight

- If the applicant has lost weight within the past year (through diet, exercise or medication use), one-half of the weight lost will be added to the current weight for underwriting purposes. Once the weight loss has been maintained for at least one year, the current weight will be used.

Example – Applicant is female, 5 feet 7 inches and 230 pounds. She has lost 40 pounds in the last 12 months. Add 20 pounds to current weight of 230 = 250 pounds – this adjusted amount would be declined per the chart.

- Some overweight situations may require additional information via a telephone interview and/or medical records to complete the underwriting assessment.
- Certain medical conditions can be impacted by excess weight, and may result in declination at weights lower than the maximum listed in the chart. This list covers some of the most common conditions, but is not all inclusive.
 - > High blood pressure
 - > Diabetes (diet controlled)
 - > Arthritis or gout in weight-bearing joint(s)
 - > Joint replacement (due to trauma) or artificial spinal disc implant
 - > Sleep apnea

Coverage Exclusion Riders

Blue Cross and Blue Shield of Illinois will place a maximum of two (2) coverage exclusion riders on any one applicant. When a policy is conditionally approved with one or two exclusion riders, coverage will not be put in force until the applicant has accepted the offer by signing, dating and returning the rider along with any other outstanding requirements that may be applicable.

Coverage exclusion riders will be permanent. However, in selected situations (as noted below), the policyholder may request reconsideration, i.e., removal of a rider, after the specified time period has elapsed, beginning with the effective date of the policy. The specific rider(s) offered with the policy will include a time frame assigned to each rider based on underwriting guidelines and the applicant's specific situation.

For those situations where it may be possible to remove a rider, removal will not be automatic and must be requested by the policyholder in writing. Removal will be subject to company approval at the time the request is made. If removal is approved, it will be effective as of a current date.

The following is a list of Coverage Exclusion Riders that may be used:

A

Acne, any form of acne or rosacea, including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): scarring, dry skin, abscess, cyst, folliculitis, keloid, pruritus, epistaxis, hyper-triglyceridemia, elevated liver enzymes, inflammation or infection.

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or in certain situations when there is a history of the condition. (*available for non-drug card plans only*)

Anal fissure, including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: bleeding, ulceration, abscess, cryptitis.

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or if there is a history of multiple occurrences of the condition.

Anorectal fistula, fistula-in-ano, rectal prolapse or procidentia, ischioanal abscess, perirectal abscess; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): cryptitis, bleeding, ulceration.

- Time Limit: Reconsider after 5 years
- May be used when the condition has not been surgically corrected, or if there has been any recurrence of the condition.

B

Baker's cyst(s) or popliteal cyst(s) of the [specify left knee, right knee, or knees], including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): infection, pain, inflammation, limitation of movement, swelling, fluid accumulation.

- Time Limit: Reconsider after 5 years
- May be used when the condition is present.

Basal cell carcinoma, basosquamous cell carcinoma, Bowen's disease, squamous cell carcinoma of the skin; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): infection, scarring, progression to invasive malignancy, metastasis.

- Time Limit: Reconsider after 5 years
- May be used in certain situations when there is a history of the condition within the last 5 years.

Brachial palsy, brachial plexus palsy, Erb's palsy; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): limitation of movement, scarring, contracture, weakness.

- Time Limit: Permanent
- May be used when the condition is present.

Breast implants, including any diagnostic procedure, treatment, surgery or replacement and the following complications that occur in connection with or as a result of the aforementioned condition: scarring, contracture, implant rupture, bruising, hematoma, infection of the breast, inflammation, autoimmune disease, connective tissue disease.

- Time Limit: Permanent
- May be used if the implants are present and solely for cosmetic, and not medical, reasons.

Bunions, hallux valgus or hammer toe of the [specify right foot, left foot or feet]; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): internal fixation malfunction, infection of the foot.

- Time Limit: Permanent
- May be used when the condition is present, or if there is a history of the condition with residuals.

Bursitis, tendonitis, synovitis, tenosynovitis, tennis elbow or epicondylitis of the [specify joint involved] and proximal tendons; including any diagnostic procedure, treatment or surgery thereof.

- Time Limit: Reconsider after 5 years
- May be used in certain situations when the condition is present, or if there is a history of the condition.

C

Carpal tunnel syndrome, including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: pain, numbness, tingling.

- Time Limit: Reconsider after 5 years
- May be used in certain situations when the condition is present, or if there is a history of the condition.

Cataracts, including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: impairment of vision, glaucoma, hemorrhage, retinal detachment, infection of the eye.

- Time Limit: Permanent
- May be used when the condition is present.

Cervical dysplasia, atypical cervical or glandular cells, cervicitis, endocervicitis, Human Papillomavirus (HPV); including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): vaginal bleeding, infection, scarring, cervical incompetence or stenosis, carcinoma in-situ of the cervix, cervical carcinoma, progression to invasive malignancy, metastasis.

- Time Limit: Reconsider after 3 years (for cervicitis or endocervicitis only) or 5 years (all other conditions)
- May be used when the condition is present or follow-up testing is in progress, or if there is a history of the condition.

Cholecystitis, choledocholithiasis, cholelithiasis or gallbladder stones; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): retained stones, obstruction, biliary colic.

- Time Limit: Reconsider after 5 years
- May be used when the gallbladder has not been surgically removed.

Cholesteatoma of the [specify left ear, right ear, or ears] including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: impairment of hearing, labyrinthitis, infection, abscess, intracranial invasion, facial nerve paralysis.

- Time Limit: Reconsider after 5 years
- May be used when the condition has not been surgically corrected, or if the condition has been surgically corrected with complete recovery within the last year.

Chondromalacia or patello-femoral syndrome of the [specify right knee, left knee, or knees], including any diagnostic procedure, treatment or surgery thereof.

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or if there is a history of the condition.

Clubfoot or talipes of the [specify left foot, right foot, or feet], including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): limitation of movement, infection, scarring, intoeing, impaired blood flow.

- Time Limit: Permanent
- May be used when the condition is present, or in certain situations when there is a history of the condition.

Colon polyp(s), rectal polyp(s); including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): bleeding, anemia, intestinal obstruction or perforation, progression to invasive malignancy, metastasis.

- Time Limit: Reconsider after 5 years
- May be used in certain situations when there is a history of the condition.

Corneal ulcer or erosion, corneal dystrophy, keratoconus, keratitis, keratoconjunctivitis, corneal transplant of the [specify left eye, right eye, or eyes]; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): impairment of vision; scarring; infection of the eye; corneal edema; glaucoma; cataracts; corneal perforation; graft failure or rejection.

- Time limit: Permanent
- May be used when the condition is present, or if the condition has been surgically corrected with complete recovery within the last year.

Cubital tunnel syndrome, ulnar nerve palsy, ulnar nerve compression, ulnar nerve entrapment; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): limitation of movement; scarring; contracture; pain; numbness; tingling; swelling; instability; compression or inflammation of the surrounding muscles, nerves, tendons, or ligaments.

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or in certain situations when there is a history of the condition.

Curvature of the spine, scoliosis, kyphoscoliosis, lordosis or kyphosis; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): scarring; pain; sprain, strain, spasms, weakness, compression or inflammation of the surrounding ligaments, muscles, or nerves; limitation of movement; disc degeneration; insertion, malfunction, revision or removal of fixation device(s) or rod(s).

- Time Limit: Permanent
- May be used in certain situations when the condition is present, or there is a history of the condition, or the condition has been surgically corrected with complete recovery more than 3 years ago.

Cyst – [Specify Epidermoid, Epididymal, Ganglion, Pilonidal, Scrotal, Sebaceous or Synovial Cyst and location]; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): abscess, cellulitis, folliculitis, infection, pain, numbness, swelling or tingling.

- Time Limit: Reconsider after 5 years
- May be used when a cyst is present, or it has been incised only.

Cyst, tumor, polyp, nodule, ulcer or neoplasm of the vocal cords; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): vocal impairment, progression to invasive malignancy.

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or if the condition has been surgically corrected within the last 2 years.

Cystitis, urinary tract infection, trigonitis, interstitial cystitis; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): cystitis cystica, Hunner's ulcer, urinary frequency, urinary obstruction, hematuria, proteinuria.

- Time Limit: Reconsider after 5 years
- May be used when there is a history of recurrent episodes, with the most recent episode within the last 3 years.

Cystocele, rectocele, urethrocele, bladder prolapse; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): urinary tract infection, vaginal infection, incontinence, rectal prolapse, urethral stricture.

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or if there is a history of the condition with residuals.

D

Deviated nasal septum, Perforated nasal septum, or Deviated and perforated nasal septum; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): apnea, ulceration, infection of the nose or paranasal sinuses.

- Time Limit: Permanent
- May be used when the condition has not been surgically corrected, or if the condition has been surgically corrected with complete recovery within the last year.

Dislocation of the [specify joint(s) involved], including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: limitation of movement; scarring; instability; atrophy, contracture, pain, stiffness, swelling, inflammation or weakness of the surrounding muscles, tendons, or ligaments.

- Time Limit: Permanent
- May be used when there is a history of multiple occurrences, or the condition surgically has been corrected with complete recovery within the last year.

Diverticulosis, diverticulitis, diverticular disease of the colon; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): pain, bleeding, abscess, fistula, intestinal perforation, intestinal obstruction, peritonitis.

- Time Limit: Permanent
- May be used when there is a history of multiple occurrences of the condition, or if there is a history of the condition with residuals.

Diverticulum or diverticulosis of the urinary bladder, including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): infection, urinary obstruction, urinary reflux.

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or if there is a history of the condition with residuals.

Dupuytren's contracture, flexion contracture(s) of either or both hand(s); including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): limitation of motion, scarring, pain, numbness, tingling.

- Time limit: Permanent
- May be used when the condition has not been surgically corrected, or if there is a history of the condition with residuals.

E

Epididymitis, epididymo-orchitis, orchitis; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): pain, abscess, azoospermia, infertility.

- Time Limit: Reconsider after 5 years
- May be used when there is a history of multiple episodes, with the most recent episode within the last 2 years.

Exostosis, bone spurs or osteophytes of the [specify bone and/or joint involved]; including any diagnostic procedure, treatment or surgery thereof; and the following complications that occur in connection with or as a result of the aforementioned condition(s): compression or inflammation of the surrounding muscles, ligaments or nerves; limitation of movement; muscle atrophy.

- Time Limit: Reconsider after 5 years
- May be used when the condition has not been surgically corrected.

F

Fistula of the urinary tract, enterovesical fistula; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): urinary tract infection, abscess, pain, incontinence.

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or if there is a history of the condition with residuals.

Fistula of the vagina, vesicovaginal fistula, rectovaginal fistula; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): pain, infection, incontinence, adhesions.

- Time limit: Permanent
- May be used when the condition is present, or if there is a history of the condition with residuals.

Frozen shoulder, adhesive capsulitis, adherent subacromial bursitis, arthrofibrosis or periarthrosis of the [specify right shoulder, left shoulder, or shoulders]; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned shoulder condition(s): limitation of movement; scar tissue; instability, atrophy, contraction, inflammation, pain, stiffness, swelling or weakness of the surrounding muscles, tendons or ligaments.

- Time Limit: Permanent
- May be used when the condition is present, or in certain situations when there is a history of the condition.

G

Gallbladder polyp(s), including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: biliary colic, gallbladder cancer, obstruction.

- Time Limit: Permanent
- May be used when the condition is present.

Genital herpes or herpes simplex virus infection, including any diagnostic procedure, treatment, or surgery thereof.

- Time limit: Permanent
- May be used when daily preventive medication is taken for the condition, either currently or within the last year. (*available for non-drug card plans only*)

Glaucoma, ocular hypertension, elevated intraocular pressure; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): impairment of vision, pain, scarring, failure of drainage device.

- Time limit: Permanent
- May be used when the condition is present, or if the condition has been surgically corrected with complete recovery within the last 3 months.

Gynecomastia, including any diagnostic procedure, treatment or surgery thereof.

- Time Limit: Reconsider after 5 years
- May be used when an applicant has a condition that has not been surgically corrected.

H
Hemangioma(s) of the [specify location], including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: infection, ulceration, bleeding, scarring.

- Time Limit: Reconsider after 5 years
- May be used when the condition is present and affects only the skin.

Hemorrhoids, including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: bleeding, inflammation, thrombosis, ulceration.

- Time Limit: Reconsider after 5 years
- May be used when the condition has been surgically corrected with complete recovery within the last year, or if there has been any recurrence of the condition.

Hernia – [Specify Abdominal, Femoral, Inguinal, Incisional, Scrotal, Umbilical or Ventral] hernia; including any diagnostic procedure, treatment or surgery thereof.

- Time Limit: Reconsider after 5 years
- May be used when the condition has not been surgically corrected, or if there has been any recurrence of the condition.

Herniated, bulging or ruptured disc; or degenerative disc or joint disease; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): sprain, strain, spasms, compression or inflammation of the surrounding ligaments, muscles or nerves; muscle atrophy; arthritis; spinal deformity or limitation of movement.

- Time Limit: Permanent
- May be used when the condition is present, or there is a history of the condition, or the condition has been surgically corrected with complete recovery within the last 5 years.

Human Papillomavirus (HPV), condyloma acuminatum, genital warts, genital verrucae, venereal warts, anogenital warts; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): scarring, pain, urethral warts, progression to malignancy, metastasis.

- Time Limit: Permanent
- May be used when there is a history of the condition within the last year, or a history of multiple episodes with the most recent episode within the last 2 years.

Hydrocele, including any diagnostic procedure, treatment or surgery thereof and the following complication that occurs in connection with or as a result of the aforementioned condition: scrotal infection.

- Time Limit: Reconsider after 5 years
- May be used when the condition has not been surgically corrected.

Hypermastia, macromastia, megalomastia, pendulous breast(s), reduction of either or both breast(s); including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): pain, hematoma, infection, scarring, contracture, reconstruction of either or both breasts.

- Time limit: Permanent
- May be used when the condition has not been surgically corrected, or in certain situations when surgery has been completed.

Hyperthyroidism, hypothyroidism, thyroiditis, thyroid enlargement, thyroid tumor or goiter, thyroid nodule; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): arrhythmia, atrial fibrillation, thyroid cancer, depression, dysphagia, fatigue, goiter or nodule enlargement, Graves' disease, insomnia, nervousness, palpitations, tachycardia, thyroid enlargement, tremors.

- Time Limit: Permanent or reconsider after 5 years (for hypothyroidism only)
- May be used in certain specific situations when the condition is present, or if there is a history of the condition.

Hypospadias or epispadias; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): urethral stricture, fistula, infection, incontinence, scarring.

- Time limit: Permanent
- May be used when the condition has not been surgically corrected, or if there is a history of the condition with residuals.

Iliotibial band syndrome; plica syndrome; internal derangement, instability, tear, rupture or damage of the anterior (ACL), lateral (LCL), medial (MCL) or posterior (PCL) ligament, articular or meniscus cartilage or tendon of the [specify right knee, left knee, or knees]; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): arthritis, fluid accumulation, infection, inflammation, limitation of movement, pain, spasm, sprain, strain, swelling.

- Time Limit: Permanent
- May be used when the condition is present, or if there is a history of the condition.

Impingement, tear, rupture, separation or dislocation of the [specify right shoulder, left shoulder, or shoulders]; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): limitation of movement, scar tissue, instability, atrophy, contraction, inflammation, pain, stiffness, swelling or weakness of the surrounding muscles, tendons or ligaments.

- Time Limit: Permanent
- May be used when the condition is present, or in certain situations when there is a history of the condition.

J

Joint replacement or prosthesis of the [specify joint(s) involved], including any diagnostic procedure, treatment, surgery, removal, revision, or replacement thereof and the following complications that occur in connection with or as a result of the aforementioned condition: limitation of movement; dislocation; scarring; contracture; bruising; hematoma; infection; pain; inflammation of the surrounding nerves, muscles, tendons, and ligaments.

- Time limit: Permanent
- May be used when there is a history of the procedure and the cause was trauma or accidental injury.

L

Lattice degeneration, including any diagnostic procedure, treatment or surgery thereof.

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or if there is a history of the condition.

Ligament injury, torn ligament, torn tendon, sprain, or strain of the [specify joint(s) involved]; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): inflammation, pain, stiffness, swelling, instability, limitation of movement.

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or in certain situations when there is a history of the condition

Lipoma, including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: abscess, folliculitis, cellulitis.

- Time Limit: Reconsider after 5 years
- May be used when the condition is present.

M

Macular degeneration, drusen or pattern dystrophy; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): impairment of vision, floaters, hemorrhage, scarring.

- Time Limit: Permanent
- May be used when the condition is present, or if there is a history of the condition.

Migraine, headache or cephalgia; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): nausea, vomiting, pain, photophobia, paresthesia, visual field defect, hemiparesis.

- Time Limit: Permanent
- May be used when the condition is present. (*available for non-drug card plans only*)

Morton's neuroma or interdigital neuroma, including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): hematoma, infection, pain, numbness, tingling, swelling.

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or the condition has been surgically corrected within the last year.

O

Otosclerosis of the [specify left ear, right ear, or ears] including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: impairment of hearing, infection, cholesteatoma.

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or if there is a history of the condition.

Ovarian cyst(s), corpus luteum cyst, functional cyst, hemorrhagic cyst; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): pain, adnexal torsion, rupture, hemorrhage, abnormal uterine bleeding.

- Time limit: Reconsider after 5 years
- May be used when the condition is present, or if there is a history of the condition within the last 6 months.

P

Peyronie's disease, including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: scarring, sexual dysfunction.

- Time Limit: Reconsider after 5 years
- May be used when the condition has not been surgically corrected, or when the condition has been surgically corrected within the last year.

Plantar fasciitis including any diagnostic procedure, treatment, prosthetic device, orthotics, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: calcaneal or heel spur(s), pain.

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or if there is a history of the condition with residuals.

Prognathism, retrognathism, apertognathia, micrognathia, mandibulofacial dysostosis, maxillary and/or mandibular hyperplasia, maxillary and/or mandibular hypoplasia; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): infection, malocclusion; insertion, malfunction, or removal of fixation device(s).

- Time limit: Permanent
- May be used when the condition has not been surgically corrected, or the condition has been surgically corrected with complete recovery within the last year.

Prolapse, procidentia, descent, retroversion, retroflexion, or retrodisplacement of the uterus; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): bladder prolapse, cystocele, rectocele, pain, incontinence.

- Time limit: Permanent
- May be used when the condition has not been surgically corrected, or if there is a history of the condition with residuals.

Prostatitis, prostate nodule(s), benign prostatic hypertrophy or prostatic stones or calculi; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): urinary tract infection, urethritis, urinary retention, urinary frequency, urinary stricture, urinary obstruction, urinary stones, hematuria, prostate cancer.

- Time Limit: Reconsider after 5 years
- May be used in certain situations when the condition is present.

Prosthesis and remaining portion of the [specify affected limb], including any diagnostic procedure, treatment, surgery, repair, restoration, or replacement thereof and the following complications that occur in connection with or as a result of the previous amputation: cellulitis, necrosis, infection, contracture, neuroma, pain, swelling.

- Time Limit: Permanent
- May be used when the condition is present.

Prosthesis of the [specify right eye or left eye], including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: infection of the orbit or eyelids.

- Time Limit: Permanent
- May be used when the condition is present.

R

Renal calculus, including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: hematuria, urinary frequency, obstruction.

- Time Limit: Permanent
- May be used in situations where either the condition is present (unilaterally), or in selected situations where there is a history of the condition.

Retinal detachment, including any diagnostic procedure, treatment or surgery thereof, and the following complications that occur in connection with or as a result of the aforementioned condition: lattice degeneration, impairment of vision, hemorrhage, uveitis, vitreous floaters.

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or in certain situations when there is a history of the condition.

Retinal tear(s), hole(s) or perforation; macular tear(s), hole(s), pucker, or macular cyst(s); including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): retinal detachment, cataracts, impairment of vision, hemorrhage, infection of the eye, vitreous floaters.

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or in certain situations when there is a history of the condition.

S

Sciatica, sciatic neuritis or radiculitis; including any diagnostic procedure, treatment or surgery thereof.

- Time Limit: Permanent
- May be used when the condition is present, or if there is a history of the condition.

Sinusitis, enlarged turbinate(s), concha bullosa, deviated nasal septum, enlarged adenoids, nasal polyps; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): headache, pain, bleeding, intracranial abscess.

- Time Limit: Reconsider after 5 years
- May be used when the condition is chronic, or in certain situations when there is a history of the condition.

Spermatocele, including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: scrotal infection, cyst.

- Time Limit: Reconsider after 5 years
- May be used when the condition has not been surgically corrected.

Spinal stenosis, spondylolisthesis or spondylosis; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): ataxia; foot drop; limitation of movement; nerve or spinal cord compression; numbness, pain, radiculopathy, spasms, stiffness, inflammation or weakness of surrounding ligaments, muscles or nerves.

- Time Limit: Permanent
- May be used when the condition is present, or there is a history of the condition, or the condition has been surgically corrected with complete recovery within the last 5 years.

Strabismus, heterotropia, manifest deviation, squint, exotropia, esotropia, exophoria, Duane's syndrome, Brown's syndrome or surgery to the external ocular muscles; including any diagnostic procedure, treatment or surgery thereof; and the following complication that occurs in connection with or as a result of the aforementioned condition(s): impairment of vision.

- Time Limit: Reconsider after 5 years
- May be used when the condition is present.

Surgical pin, screw, plate or fixation device of the [specify bone(s) involved]; including removal, replacement and the following complication that occurs in connection with or as a result of the aforementioned condition(s): limitation of movement.

- Time Limit: Permanent
- May be used when a permanent fixation is present.

T

Tarsal tunnel syndrome, tibial nerve compression, tibial nerve entrapment; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): limitation of movement; scarring; contracture, pain; numbness; tingling; swelling; instability; compression or inflammation of the surrounding muscles, nerves, tendons, or ligaments.

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or in certain situations when there is a history of the condition.

Thoracic outlet syndrome, cervical rib syndrome, cervicobrachial syndrome, scalenus anticus syndrome, scalenus anterior syndrome; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): swelling, cyanosis, gangrene, pain, numbness, tingling.

- Time limit: Permanent
- May be used when the condition is present, or the condition has been surgically corrected with complete recovery within the last 2 years.

Tonsillitis, adenoiditis, tonsil or adenoid enlargement or hypertrophy; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): pain, infection, abscess, scarring, airway obstruction, sleep apnea.

- Time Limit: Reconsider after 5 years
- May be used when the condition is chronic, or in certain situations when there is a history of the condition.

U

Undescended testicle(s), including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: infertility, testicular cancer.

- Time Limit: Reconsider after 5 years
- May be used when the condition has not been surgically corrected.

Urethral stricture or stenosis, including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): dysuria, cystitis, urinary tract infection, hydronephrosis, pyelonephritis, urinary retention.

- Time Limit: Permanent
- May be used when there is a history of the condition within the last 2 years, or a history of multiple episodes with the most recent episode within the last 3 years.

Urinary incontinence, overactive bladder, detrusor instability; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): urinary tract infection, obstruction.

- Time limit: Reconsider after 5 years
- May be used when the condition is present, or if there is a history of the condition.

Uterine fibroid(s), leiomyoma(s) or myoma(s); including diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): urinary frequency, dysmenorrhea, dysfunctional uterine bleeding, anemia, infertility, progression to invasive malignancy.

- Time Limit: Permanent
- May be used when the condition is present, or if the condition has not been surgically corrected, and in certain situations where there is a history of the condition.

V

Varicocele, including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: pain, infertility.

- Time Limit: Reconsider after 5 years
- May be used when the condition has not been surgically corrected.

Varicosities, varicose veins or spider veins; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): deep vein thrombosis, edema, phlebitis, phlebothrombosis, thrombophlebitis, stasis, ulcer.

- Time Limit: Permanent
- May be used when the condition is present, or if there is a history of the condition.

Vesicoureteral or urinary reflux, including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): cystitis, pyelonephritis, hydronephrosis, hydroureter, scarring, obstruction, renal failure.

- Time limit: Permanent
- May be used in certain situations when the condition is present or when there is a history of the condition.

Vitreous detachment or degeneration, including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): impairment of vision, vitreous hemorrhage, retinal tear, vitreous floaters.

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or if there is a history of the condition.

PREMIUM INFORMATION

Initial premium will be based on a member's age at the time of underwriting approval.

This means whenever an applicant has a birthday that puts them into a new age category while their application is being underwritten, their initial premium will be based on that higher rate if coverage is approved.

Premium Payments

You must submit the modal premium initially applied for with the application. For all plans, three modes of payment are available:

- 1) Monthly payments: The applicant may choose automatic monthly bank draft, or
- 2) Payments every two months: Premium notices will be issued every two months and sent to the residential address (or billing address, if different).
- 3) Online Payments: secure access through the Blue Access for Members (BAM) dedicated member Web site. The applicant just needs to have a credit card ready and his or her premium payment will be processed immediately. Credit card payments can only be made at specified due dates.

Money orders are accepted. Agency checks are not accepted. If the applicant chooses the monthly payment mode, remember to include with the application a completed bank draft authorization form along with a voided check (if using a checking account), or a pre-printed deposit slip (if using a savings account).

A 30-day grace period for payment of premium will apply. Coverage will lapse if premium is not received by the end of the grace period.

EFFECTIVE DATE GUIDELINES

The effective date of the policy will be the date the underwriter approves the application.

No policy will be dated on the 29th, 30th or 31st of the month.

We will attempt to honor reasonable requests for prospective effective dates; however, there will be no effective dates prior to the underwriter's approval date.

PRE-EXISTING CONDITIONS WAITING PERIOD

No benefits are available for any pre-existing condition (including those conditions a member provided information about on his or her application) until coverage has been in force for 365 days.

What Is a Pre-existing Condition?

Pre-existing conditions are those health conditions which were diagnosed or treated by a provider during the 12 months prior to the effective date of coverage.

- For example, if a member sought treatment for allergies six months prior to the date their coverage is effective, allergies would be a pre-existing condition.

Pre-existing conditions also include those health conditions for which symptoms existed which would cause an ordinarily prudent person to seek medical diagnosis or treatment during the 12 months prior to the effective date of coverage.

- For example, lower back pain can be a symptom of a back condition. If a member had lower back pain nine months prior to the effective date of their coverage, even though they didn't seek diagnosis or treatment at that time, the related back condition would be considered pre-existing.

All pre-existing conditions are subject to the 365-day waiting period.

Special Note about Optional Maternity Coverage

When optional maternity coverage is selected, no benefits will be available until 365 days after the effective date of the maternity coverage.

REPLACING OTHER POLICIES

The Other Insurance Information section of the application must be completed when an applicant is replacing ANY individual or group health insurance coverage, including a Blue Cross and Blue Shield policy. The separate Notice of Replacement form OB1935 is no longer required.

Always advise your client to continue paying premiums on his or her current coverage until (1) Blue Cross and Blue Shield of Illinois issues the new plan and (2) your client has returned all outstanding requirements, indicating that they have accepted the new coverage.

SUBMISSION PROCEDURES

Required Forms

The following forms must be used when submitting a case:

1. Application for Coverage (31315) completed in black ink
2. Bank Draft Authorization (30443), voided check (if using a checking account) or pre-printed deposit slip (if using a savings account), and applicant's check for one month's premium, if applicant chooses automatic monthly bank draft, or
3. Applicant's check for initial two months' premium, if applicant chooses billing every two months.

Completing the Application

The application must be filled out completely and accurately, and all information must be legible. If not, processing of the application may be delayed or a new application may be required for consideration.

When completing the application, please:

- Do not use ditto or dash marks to answer questions
- Use one color ink, preferably black
- Do not use correction fluid to make corrections
- Have the applicant initial and date all corrections
- Specify the condition, injury, symptom or diagnosis and include the dates it affected the applicant(s)
- Provide details about the treatment and/or advice given to the applicant(s) by all medical providers and facilities
- Don't forget information about prescriptions, including names of medication(s), dosage(s) and frequency
- Include complete names, addresses and phone numbers for all physicians and hospitals for each condition, injury, symptom, or diagnosis

Remember, Blue Cross and Blue Shield of Illinois will often verify or clarify information by conducting a telephone interview with an applicant. You can help speed this process along, too, by preparing your client for the call.

Once an application has been submitted, any changes in health that occur after the application date – but before the date of underwriting approval – must be reported to Blue Cross and Blue Shield of Illinois. Call toll-free 1-888-313-5526.

Special Note about Signatures

Please make sure the application is signed and dated by ALL applicants as required. This includes spouses and all dependents age 18 or over who are applying for coverage.

Note that a separate application must be completed and signed for each child applying for an individual policy.

*All applications must be received within 30 days of **the first** applicant's signature or a new application will be required.*

Altered Applications

Any application received by Blue Cross and Blue Shield of Illinois that has been altered will be withdrawn and a new application will be required for consideration.

When posting a Blue Cross and Blue Shield of Illinois application on a Web site:

1. It is not permissible to change the format of an application in any way.
2. All pages must be included and presented in their original content. They must be clear, legible and complete.

Where to Submit

All items should be submitted to:

Blue Cross and Blue Shield of Illinois
Hallmark Services Corporation
P.O. Box 3236
Naperville, IL 60566-7236

Phone: 1-888-313-5526

**Note to GA Producers:
Please submit business
to General Agents.**

COVERAGE CHANGES

Upgrades and Downgrades

When requesting an upgrade, use application 31371. All medical questions on the application must be fully completed.

If an upgrade is approved, the effective date will be determined by the member's current payment status and will take effect as of the next billing due date.

Current members requesting an upgrade may receive an offer of coverage with a coverage exclusion rider or riders that do not exist on the current policy. When this occurs, the member will have a limited time to decide whether to accept the new upgraded policy with the rider(s) or keep their existing coverage.

All requests for new business rates, irrespective of whether the change involves an upgrade or downgrade in benefits, will be considered an upgrade and will require a new application and full underwriting. Requests for new business rates will be accepted no more than once every 12 months (see the end of this section for additional details).

For those clients who want to switch benefits only and are not requesting new business rates, please follow the guidelines outlined below.

Upgrade

Decreasing a deductible
Increasing the coinsurance level

Downgrade

Increasing a deductible with no change in coinsurance level
Decreasing coinsurance with no change in deductible

Special Note:

Moving from BasicBlue to any major medical plan is an **upgrade**. For moves within BasicBlue, the rules above apply.

In addition, upgrades and downgrades may be requested as follows:

- Requests for upgrades within a member's first 12 months of coverage will not be accepted.*
- After the first 12 months of coverage, upgrades may be requested once every 12 months.*
- Downgrades may be requested at any time.

* The separate guidelines for adding optional maternity coverage remain in effect.

OPTIONAL MATERNITY BENEFITS

(Available with SelectBlue, SelectBlue Advantage, BlueChoice Select, BlueValue, BlueValue Advantage, BlueChoice Value, Traditional Blue, BlueEdge Individual HSA, and BlueEdge Individual HSA 5000 policies; NOT AVAILABLE with BasicBlue.)

Maternity benefits for normal pregnancy may be selected as an option.

When elected, maternity benefits will become available 365 days after the maternity coverage effective date. Complications of pregnancy are covered as any other illness under the base policy.

If the maternity option is not applied for at issue, it may be applied for post-issue under the following conditions:

- if applied for within 31 days of marriage,
- when adding a spouse, or
- at policy anniversary date.

When requesting to add maternity benefits, evidence of insurability is required; therefore a new application must be completed in full on all applicants to be insured on the policy, signed and dated and there will be a 365-day waiting period. Premium will be billed if approved.

MEDICAL SERVICES ADVISORY AND THE MENTAL HEALTH UNIT

Our plans include the services of two units. They're called the Medical Services Advisory (MSA[®]) and the Mental Health Unit (MHU).

In order to avoid benefit reductions with our health insurance plans, your clients must call:

- 1) The MHU[†] whenever they need mental health and/or substance abuse services.
[†]Mental health and substance abuse benefits are not available with BasicBlue, so there is no provision to contact the MHU with this plan.
- 2) The MSA if they find themselves receiving treatment at an out-of-network hospital. (If your clients receive treatment at a participating hospital, the hospital is responsible for calling the MSA.)

WORKERS' COMPENSATION INSURANCE REGULATIONS

In order to consider the availability of benefits for claims submitted for work-related injuries or illnesses, written documentation must be received by Blue Cross and Blue Shield of Illinois showing that the self-employed (sole proprietor or partner) or corporate officer of a small business elected to withdraw from Workers' Compensation Insurance, as allowed under the law. Without this documentation, such claims will be denied.

SelecTEMP PPO

- Short-term coverage offering these benefit period options: 1 month, 2 months, 3 months, 4 months, 5 months or 6 months
- 80% inpatient and outpatient benefits at participating providers*
- Choice of six deductibles: \$500, \$1,000, \$1,500, \$2,000, \$2,500 or \$5,000
- Family deductible equal to 2x the individual deductible
- Out-of-pocket expense limit of \$1,000 per individual plus deductible at participating providers
- Outpatient prescription drugs covered at 80% after plan deductible (\$500 maximum)
- Emergency care covered at 80% after \$75 copayment
- Receive maximum benefits at 90% of Illinois doctors and more than 200 participating hospitals

PREMIUM INFORMATION

Initial premium will be based on a member's age at the time of underwriting approval.

This means whenever an applicant has a birthday that puts them into a new age category while their application is being underwritten, their initial premium will be based on that higher rate if coverage is approved.

Premium Payments

With SelecTEMP PPO, the **entire** premium for the benefit period must be submitted at time of application. Money orders are accepted. Agency checks are not accepted.

ELIGIBILITY

- Each applicant must be a US citizen or permanent resident living in the US for at least 2 years.
- For individual children's policies, the child must be at least 1 year of age.
- If any questions in the Health Information Section are answered "yes," coverage will not be issued. (Underwriting Opinion forms are not accepted on SelecTEMP PPO applications.)

EFFECTIVE DATE

GUIDELINES

The effective date of the policy will be the date requested by applicant that's within 45 days of the signature date or the day after the postmark affixed by the USPS.

PRE-EXISTING CONDITIONS WAITING PERIOD

Not applicable with SelecTEMP PPO.

REPLACING OTHER POLICIES

A Notice of Replacement is required when an applicant is replacing ANY individual or group health insurance coverage, including a Blue Cross and Blue Shield policy. This form must be submitted with the application.

Always advise your client to continue paying premiums on his or her current coverage until (1) Blue Cross and Blue Shield of Illinois issues the new plan and (2) your client has returned all outstanding requirements, indicating that they have accepted the new coverage.

SUBMISSION PROCEDURES

Required Forms

The following forms must be used when submitting a case:

1. Application for Coverage (31323 – SelecTEMP PPO plan) completed in black ink
2. Applicant's check for entire premium

Completing the Application

The application must be filled out completely and accurately, and all information must be legible. If not, processing of the application may be delayed or a new application may be required for consideration.

When completing the application, please:

- Do not use ditto or dash marks to answer questions
- Use one color ink, preferably black
- Do not use correction fluid to make corrections
- Have the applicant initial and date all corrections

Special Note about Signatures

Please make sure the application is signed and dated by ALL applicants as required. This includes spouses and all dependents age 18 or over who are applying for coverage.

Note that a separate application must be completed and signed for each child applying for an individual policy.

All applications must be received within 10 days of the first applicant's signature or a new application will be required.

* To achieve a higher level of benefits, your clients should use network providers.

Altered Applications

Any application received by Blue Cross and Blue Shield of Illinois that has been altered will be withdrawn and a new application will be required for consideration.

When posting a Blue Cross and Blue Shield of Illinois application on a Web site:

1. It is not permissible to change the format of an application in any way.
2. All pages must be included and presented in their original content. They must be clear, legible and complete.

Where to Submit

All items should be submitted to:

Blue Cross and Blue Shield of Illinois
Hallmark Services Corporation
P.O. Box 3236
Naperville, IL 60566-7236

Phone: 1-888-313-5526

**Note to GA Producers:
Please submit business
to General Agents.**

OPTIONAL MATERNITY BENEFITS

Not available with SelecTEMP PPO.

MEDICAL SERVICES ADVISORY

This plan includes the services of the Medical Services Advisory (MSA).

In order to avoid benefit reductions with SelecTEMP PPO, your clients must call the MSA if they find themselves receiving treatment at an out-of-network hospital. (If your clients receive treatment at a participating hospital, the hospital is responsible for calling the MSA.)

WORKERS' COMPENSATION INSURANCE REGULATIONS

In order to consider the availability of benefits for claims submitted for work-related injuries or illnesses, written documentation must be received by Blue Cross and Blue Shield of Illinois showing that the self-employed (sole proprietor or partner) or corporate officer of a small business elected to withdraw from Workers' Compensation Insurance, as allowed under the law. Without this documentation, such claims will be denied.

