



American National Life Insurance Company of Texas THE UNDERWRITING MANUAL For States That Allow Waivers

It is the responsibility of the Underwriter Department to properly evaluate all applicants for health insurance coverage. This requires sound, modern underwriting practices consistent with the Company's general philosophy for the selection of health risks. In order to provide the best possible service, the Home Office Underwriting Team must also rely on the field underwriter to develop complete and accurate information at the point of sale.

This manual is a guide for the field underwriter. It is intended to help the agent understand the probable underwriting action for commonly encountered medical histories. Naturally, the final action on an application is the decision of the Underwriter, based upon the varying circumstances that each particular case may present. It is important to recognize that the underwriting guide is meant as a basis for decision making, and that other factors, including the Home Office Underwriter's judgement, may affect the final decision.

This document was prepared for the exclusive use of appointed agents.
It is not intended for public distribution, nor is it to be used in any solicitation or marketing of an ANTEX health Insurance product.

*American National Life Insurance Company of Texas
P. O. Box 1998
Galveston, Texas 77553-1998
Effective July 9, 2004*

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INTRODUCTION

You are an important part of the underwriting process. The guidelines in this manual are designed to assist you in understanding the action of our Underwriting Staff. Attention to these guidelines will help speed up policy issue and to solve placement problems.

The most important step in the underwriting process is accurate and detailed answers to **all questions** on the application, especially the medical questions. It is important that the application show the entire health history for all applicants to assure that it may be underwritten in an accurate and timely manner. Failure to properly record complete and accurate information could result in either unnecessary delays or serious problems at time of claim.

Production Information

Individual and family health insurance coverage is provided by American National Life Insurance Company of Texas. This protection is needed in today's environment of soaring health costs by providing access to the health care delivery system and protection against financial catastrophe.

Underwriting guidelines, procedures and forms vary among plans. *Be sure to consult the marketing materials relative to your specific product and state.* By following the procedures outlined in this manual and the marketing guidelines, you will maximize your percentage of issued health insurance applications.

Traditional Major Medical Expense

This coverage provides benefits to offset hospital, surgical and physician's expenses resulting from treatment for sickness or injury, and especially in the event of a large, catastrophic expense. In as much as the policy and/or certificate contains a high maximum benefit amount for each Covered Insured, it also contains expense participation (deductible and coinsurance) to help keep the medical expenses and premium to a minimum. The clauses for pre-existing conditions, contestability and time limit of certain defenses are state specific and approved.

Managed Care Major Medical Expense Policy

It is an alternative to the traditional fee-for-service program with the intent of controlling health care costs and improving utilization of services. This coverage provides major medical expense insurance with a preferred provider component. Expense participation is shared through co-payments, deductibles and coinsurance with high maximum benefits per Insured.

Like the traditional major medical plan, it also has the state approved clauses for pre-existing conditions, contestability, and time limit on certain defenses. The Managed Care Program is designed to integrate the financing and delivery of appropriate health care services to policyholders with the following elements: arrangements with selected providers to furnish a comprehensive set of health care services to members; explicit standards for the selection of health care providers; a benefit management program which includes an authorization process and utilization review; and financial incentives for members to use provider and procedures covered by the plan.

In areas that have no preferred providers, an indemnity plan may be available - An indemnity plan is the traditional fee for service contract based on reasonable and customary charges.

Health Savings Account and High Deductible Plans

The Health Savings Account (HSA) is a tax-sheltered savings account established to receive tax-favored contributions for medical expenses. Withdrawal can be made to pay for qualified medical expenses which include prescriptions and over-the counter drugs, dental, vision and long term care, but, exclude premiums on the high deductible policy. What is not used from the account each year stays in the account and continues to grow on a tax-favored basis. Larger medical bills are covered by a high deductible health insurance policy. The high deductible policy must have a minimum annual deductible of \$1000 for an individual and a \$5000 cap on out-of-pocket expenses. A family must have a minimum annual deductible of \$2000 with a \$10,000 cap on out-of-pocket expenses.

Our "HSA Complete" plan has been designed to co-ordinate with the Health Savings Account. It is a traditional major medical plan with one deductible for an individual or family with a specific rate of payment (shared expense.) The plan has the state approved clauses for pre-existing conditions, contestability, and time limit on certain defenses. It offers high deductible options from \$1000 to \$2250 for the individual and \$2000 to \$4500 for the family (may change in accordance with federal requirements.)

Field Underwriting

The agent is authorized to solicit, write applications and otherwise transact the business of insurance in any state where he/she is both properly licensed by the state and authorized by American National Life Insurance Company of Texas to conduct business.

The agent can not solicit applications in any manner prohibited by or inconsistent with the provisions of the Company's rules, regulations, or policy. If you have any questions regarding any type of solicitation transaction contact Moody Insurance Group.

ANTEX adheres to state laws and regulations with regard to licensing and appointment of agents. In observance of these laws, the following practices are not acceptable:

1. Applications completed and signed by an agent who is not licensed or appointed in the state where the application was written or resident state for the applicant.
2. Applications completed prior to the effective date of the agents license/appointment date or after the license/appointment expires.
3. Applications completed by two agents unless both agents are licensed and appointed.
4. Applications submitted with a new agent appointment in a state that prohibits this practice.
5. Applications completed by an employee of the agent and signed by the licensed/appointed agent of the Company, unless the employee is licensed and appointed.
6. Applications altered or corrected with regard to the signature of the proposed insured, the date signed, the city and state of the applicant, or the licensed resident agent's signature altered.

7. Stamped signature rather than handwritten ink signatures.
8. Typed applications or applications completed in pencil.

Good Field Underwriting is critical to the success of Individual Health Operations, and consists of more than just careful questioning of the proposed insured.

The following suggestions should help you and your clients in obtaining coverage quickly and on the most equitable basis:

1. Select good risks.
2. Furnish complete information on past medical history to include dates, name of condition or diagnosis, type of treatment, and physician information.
3. If medical history is involved, identify the disease or condition for which treatment was obtained. Do not underestimate the applicant's knowledge of the diagnosed condition or treatment. (Refer to Agent Resource Guide for special medical questions.)
4. When "IC" (Individual Consideration) is shown for a condition, the following information should always be provided:
 - Full name, and correct/complete address (es) of doctor(s), including specialists;
 - Name of the condition, symptoms, treatment and results;
 - Has any special testing been performed or recommended? If so, fully explain.
 - Has any special advice or treatment been given or discussed? If so, explain fully.
 - Always answer the five W's —
Who? What? When? Where? Why?
5. The writing agent is never authorized to disregard an applicant's answers, or to impose his or her judgment as to what is or is not important to record. The writing agent is never authorized to accept or alter an application for the proposed insured.
6. Only the Underwriting Department can make the final decision; therefore, never suggest or promise that a policy will be issued without change.
7. "Pre-Sell" premium rate-ups/increases and medical exclusions for certain conditions when an applicant has a medical impairment.

8. When the spouse is applying for coverage, ~~he/she should also sign the application~~. This will facilitate ordering an APS, if necessary.

Issue Age

Champion Series Ages 0 to 64 years
Med "Light" Ages 0 to 63.5 years
HSA Complete Ages 0 to 63.5

In certain circumstances, individuals 30 days old may qualify for Child-Only coverage. Maximum age may be state specific. Child rate varies by product. Please refer to the specific product for premium quotes.

The custodial parent or legal guardian should be the applicant and able to attest to the health history of the minor child (ren). Proof of ability to contract on behalf of the child should accompany the application. All such applications must be submitted with the signature of the custodial parent or legal guardian with sufficient knowledge of the health of the minor dependent. Write in the name of the parent or guardian in question 4.1 and include "Not to be covered" immediately after his or her name. Also, write in the age and date of birth. The custodial parent or guardian will need to sign the application as the applicant and all dependents 18 years of age and over need to sign.

A non-custodial divorced parent may apply for coverage for his/her child. The custodial parent should sign the application verifying the health status of the child and the non-custodial parent should sign as the owner.

The application may be written for a newborn child at the age of 30 days provided the child has had the routine four-week examination. The discharge exam done at age 2-3 weeks is not sufficient. The mother will be considered, if applying, with medical records and verification of good health. Foster children are not eligible for coverage unless required by state law. Grandchildren will be considered under the statutes of the relevant resident state.

One or more members of the immediate family are eligible for coverage under the same certificate/policy. The family includes husband, wife, and their unmarried dependent children prior to age 19 (24 if a full-time student, may vary by state). Legally adopted children and stepchildren of the applicant or spouse will also be considered part of the family group. Children must be dependent on the insured or spouse and living in the same household.

ANTEX will not accept an application on a pregnant female nor a father nor the siblings of the unborn child.

Rating Classes

Tobacco User -- Applicants who have used tobacco products, including smokeless tobacco, chewing tobacco or smoking cessation products within the past 12 months prior to the application. The Home Office will randomly test applicants for the use of these products. This random test will be initiated and authorized by the Home Office.

Standard -- Applicants who have not used tobacco or cessation products within 12 months preceding the application date, but who are not eligible or do not qualify for the Preferred Rates.

Substandard -- Applicants who would require an extra premium or exclusion waiver(s) for certain health conditions that are otherwise not insurable.

Preferred -- The applicant must be 19 years or older, applying as a primary insured or spouse, generally healthy and lead a healthy lifestyle. Applicant must be able to qualify according criteria listed below.

Preferred Rating Questionnaire

If any of the following apply, preferred rates are not available.

- ◆ Medical Exclusions/Rider for certain conditions.
- ◆ Special Class Rating
- ◆ Answering 'yes' to any of the questions in the Preferred Rating Questionnaire as indicated below:

1. Have you used tobacco in any form in the past 12 months prior to the application date?
2. Does your weight fall outside the standard weight range listed in the build chart provided in the Field Underwriting Manual?
3. Have you had blood pressure readings in excess of 140/85 (for the age of 25-49) or 150/90 (for ages over 50) and/or been treated for hypertension in the past 2 years?
4. Have you had cholesterol readings in excess of 250 and/or been treated for elevated cholesterol or triglycerides in the past 2 years?
5. Have you had any convictions for DUI or DWI or more than 3 moving violations in the past 12 months?
6. Have you taken any prescription medication in the past 2 years for a recurrent or chronic

condition? (e.g. Reflux, Arthritis, or Asthma, etc.)

7. Have you recently applied for coverage and been turned down, rated, or offered modified coverage within the past 12 months?

Eligibility Requirements Income

Financial stability is essential to good persistency. Premiums generally should not exceed 5% of disposable income.

Residence/Citizenship

The applicant's primary residence must be in a state where the product is approved for sale. Check your product availability/approval chart. The applicant's primary resident must be in the state where the product is approved for sale.

If applicant is not a citizen of the United States, he or she must have resided in the United States for a minimum of 2 years, hold a permanent visa or Green Card, have an established physician in this country from whom medical records can be obtained, be able to speak and read English. If unable to communicate in English, the agent must certify that the questions on the application were translated and the applicant(s) understand the terms and conditions of the coverage.

A "green card" is properly known as an Alien Registration Receipt Card or a permanent immigrant visa. It identifies the holder as a permanent resident of the United States. A green card expires 10 years from date of issue and must be replaced. If the applicant is a green card holder, the expiration date of the card should be provided.

Non-immigrant visas, or temporary visas, are also known by a letter- number combination. These include tourist (B2 visas), business investors (E2 visas), students (F and M visas), temporary workers and trainees (H, O, P, Q and R visas) and intra-company transfers (L visas). Applicants with these type visas are not eligible for coverage.

Occupation

The occupation of a proposed Insured is a major factor in their eligibility for major medical insurance. Applicants with occupations that are exceptionally hazardous will be declined. Please review the guidelines on page 4 and non-medical guidelines on page 5.

OCCUPATIONAL GUIDELINES

INELIGIBLE OCCUPATIONS

Professional athletes (exception for bowlers and golfers)
Asbestos workers
Atomic or nuclear energy personnel
Crop dusters (any work with exposure to hazardous chemicals)
Toxic waste handlers
Underground miners
Explosive workers
Pyro technical workers

ELIGIBLE OCCUPATIONS (Twenty Four Hour Occupational rider and Accident Rider will not be available on the Champion Series products).

Drillers and roughnecks
Jockeys or horse/animal trainers
Logging and logging related activities
Racing
Rodeo performers
Overnight fishermen
Offshore workers (oil well personnel)
Quarry workers
Fire fighters
Policemen and Law enforcement
Security guards
Divers
Construction and high elevation workers

Any injury or sickness related to the above occupations will be excluded from coverage.

OCCUPATIONS WITH INDIVIDUAL CONSIDERATION

Bar, tavern, or billiard hall employee or owner
Massage therapist
Liquor store employee or owner
Long haul truck drivers * (see below)
Entertainers
Casino, horse or dog track employee or owner

The above occupations (except Long haul truck drivers) will be accepted at standard rates subject to the completion of examination, with a blood profile and urine screen.

NOTE: Individuals working in some environments will require special investigative underwriting procedures. The above list is not all inclusive of what might or might not be acceptable to American National Life Insurance Company of Texas, but is to act as a barometer to express Company philosophy related to occupations and avocations.

NON-MEDICAL UNDERWRITING

AUTOMOBILE RACING

PROFESSIONAL & RECREATIONAL

WAIVER

UNDERWATER DIVING - Non-Professional

99' OR LESS

STANDARD

100' OR MORE

WAIVER

AVIATION

STUNT FLYING, CROP DUSTING OR
HAZARDOUS FLYING

DECLINE

COMMERCIAL PILOTS OR
CREW MEMBERS

STANDARD

Domestic scheduled passenger and freight flights within the contiguous United States

PRIVATE, STUDENT or
INSTRUCTOR PILOTS

WAIVER

AVOCATIONS

Policies are not designed to cover avocations where a significant risk of injury occurs.

SKYDIVING, HANG GLIDING, PARACHUTING
BUNGY JUMPING, RODEO ACTIVITIES, MOUNTAIN CLIMBING,
SPELUNKING AND RAFTING, ETC.

PARTICIPATION WITHIN 3 YEARS

WAIVER

AFTER 3 YEARS, NO PARTICIPATION

STANDARD

MILITARY

All active members of the military (except reserves and national guard) are ineligible as they have adequate coverage through the armed forces.

MEMBERS OF THE MILITARY RESERVE AND NATIONAL GUARD

Applicants who are currently members of the military reserve or national guard will be underwritten in the usual manner. Participation in these military organizations will not impact the underwriting process.

CERTIFICATE/POLICY SUSPENSION

A current policy/certificate holder who is a member of the military reserve or the national guard and called to active duty will need to notify the company in writing of his activation and include a copy of the orders. Upon termination of the active duty status he will have to notify ANTEX in writing within 90 days of return to civilian life that he wants to reinstate his coverage. Coverage will be reinstated without underwriting. Any increases in premium will apply to the reinstated policy. This may vary by state law.

FOREIGN TRAVEL OR RESIDENCE

Any applicant who is contemplating foreign travel or plans to reside in a foreign country may be subject to unsatisfactory living conditions, increased risk of infectious disease and accident hazards. It may be difficult to obtain medical records from a foreign country in the event of a claim.

If an applicant is planning to reside in a foreign country indefinitely, we will not consider for health insurance. Any travel in the course of business or pleasure will be considered if it is no longer than 3 months. Consideration will be given to applicants taking infrequent pleasure trips up to three months. If the trips are longer or frequent (4 or more), then coverage will not be considered.

EACH APPLICATION MUST BE CONSIDERED ON A INDIVIDUAL BASIS DUE TO THE EVER CHANGING POLITICAL CLIMATE IN FOREIGN COUNTRIES.

NEW BUSINESS PROCEDURES

Application

The application becomes an important part of your applicant's insurance contract. It is necessary that all statements be complete and accurate. Use black ink when filling out the application and date the application the date it is completed. The application is the foundation of the "Policy/Certificate" which is a legal contract between the insured and the insuring company. All applications must be signed by the primary applicant, spouse if applying and the writing agent. The term "application" will refer to either an application or an enrollment application depending upon the type of coverage.

You must use an application and other forms approved and required in the state where the application will be signed. Ask each applicant each question in person, making sure the answers are recorded exactly as given. If medical history is non-existent or appears incomplete, re-question the applicant. All health conditions and treatment must be fully documented; no spaces are to be left blank. If the answer is "none", the client should write the word "none". The phrase "not applicable" or "N/A" is not acceptable. Do not allow the client to use dashes or ditto marks. The applicant must initial all alterations. Never allow the use of liquid paper or white out.

Applications must be submitted to the Home Office within 5 working days after completion.

Status on Pending Applications:

You may obtain status on pending applications through the Company's web-site. This new policy status inquiry system is designed for up-to-date status checks via the Internet. It is user friendly and will allow you to not only check the status of a pending application, but to communicate directly with the underwriter working on a particular case.

To use the Internet services, follow the simple instructions below:

Access the **Moody Insurance Group** home page at **www.moodyinsurancegroup.com**

1. Click on Agent Access
2. Type in User ID: antex
3. Type in Password: money

You may also contact the Customer Service Department @ 1.800.899.6805

Initial Premium

The initial modal premium must be submitted with the application in most cases. However, if any proposed Insured has certain medical conditions, is anticipating treatment of a medical condition, or in your best judgement may be a poor risk, call ANTEX to determine whether or not to submit payment.

Pre-Authorized Check Drafting

If business is written on this basis, a copy of a voided check or deposit slip with bank account and routing number must accompany the application.

Underwriting Requirements

Underwriting will order requirements after reviewing the application. Attending Physicians Statements, Paramedical Examinations, Inspection Reports and Motor Vehicle Reports will be requested if it is deemed necessary by the Home Office Underwriter. For applicants age 55 and above, medical records will be requested by the Home Office or an examination will be required if a doctor has not been seen within the last two years.

Dating of Policies/Certificates

We require evidence of insurability before coverage can be provided. For consideration of coverage, a fully completed application along with the full initial premium, plus any applicable fees must be submitted to the Home Office within 5 days after completion. The applicant and all dependents listed on the application must meet the ANTEX underwriting requirements. If approved, coverage will begin on the effective date as indicated on the Certificate Schedule Page. The Effective Date will be either the date requested on the application, if no more than 45 days in the future, or the date approved by the Home Office Underwriter. At the time of policy delivery, if there has been a change in health status, do not deliver the policy and contact the Home Office Underwriting Department immediately.

List Bill

To establish a List Bill, there must be a minimum of two employees and a maximum of ten. List Bill applications are available in the following states: AZ, AR, IL, IN, IA, KS, LA, MI, MO, MS, NE, NM, NV, OH, OK, PA, SC, TX. List Bill policies/certificates will be dated on the 1st of the month. The required salary deduction forms, ANL-3100 and ANL-3100LBA must accompany the application. List bill applications will be underwritten together and policies/certificates generated as each file is approved.

Fax-A-Quote

Under this program, the agent can Fax a completed application with evidence of insurability to the Underwriting Department. The evidence should be in the form of medical records or a copy of an examination and laboratory results, which were done for life and/or health insurance, provided these requirements were within 180 days of the application date. No money should be taken with the application. Acceptance or denial will be communicated within 24 to 48 hours of receipt and valid for 15 days. If the applicant is interested in the offer, the policy will be issued on a C.O.D. basis. The agent must be properly licensed and

appointed with American National Life Insurance Company of Texas (ANTEX).

Submitting The Application

Before submitting the application to the Home Office, please be sure that:

1. The application, check for the full modal premium, and all other necessary forms are filled out completely, signed and attached together;
2. Within 5 days after completion, mail applications directly to:
ANTEX — Issue Department
P.O. Box 1998
Galveston, Texas 77553-1998
3. You may fax the application directly to the Home Office at:
MIG Health Underwriting Department
1.800.660.7948

A return confirmation fax will be sent to the fax/e-mail address indicated on your Fax Cover Sheet. The return fax will include the assigned certificate number and instructions concerning any missing documents or requirements.

Underwriting The Application

Underwriting is necessary to determine the degree of risk an applicant for health insurance represents. The risk appraisal is based on information obtained from the following sources:

Attending Physician Statement
Para Medical Examination
Blood Profile
Urinalysis
Personal History Interview
Inspection Report
Medical Information Bureau
Special Questionnaires
Pharmaceutical Records
Department of Motor Vehicle

Modified Coverage

It may be necessary to issue coverage with an increase in premium or a restriction or waiver based on some medical conditions or deny coverage to an applicant due to health history. A rate-up in premium or exclusion waiver may be available for certain health conditions that would otherwise not be insurable. A substandard extra premium is used for heights and weights in accordance with the build chart in this manual.

Final disposition regarding an application is the decision of the Home Office Underwriter. It is possible that two applicants with similar conditions could result in significantly different final action based on other factors.

Filed Incomplete or Postponed

Incompletion occurs when the requested qualifying information is not received within 45 days after the application date. However, once received, the file can be reopened and a policy issued if the applicant is insurable and the file is less than 90 days old.

Postponements generally occur on risks who are currently highly questionable, but whose history indicates a definite possibility that a satisfactory judgement can be made at a later date.

Reconsideration of Underwriting Action

Premium increase or medical waivers based on health conditions and certain deletions may be reconsidered when there has been an improvement in health status. These may be reviewed after the first policy anniversary with a written request from the Insured and a current report from the attending physician without cost to the Company. An example would be elevated blood pressure condition which has remained within normal limits for one year. (Note: Some conditions remain unacceptable. Refer to the Impairment Guide in this manual).

A reconsideration date can be offered in some situations at the time of initial underwriting. You will be advised when this is possible.

Counteroffers

Counteroffers may be available when a waiver has been attached for the following conditions: allergy, ulcer/peptic disease, irritable bowel/simple colitis, condyloma, primary hypothyroidism, esophageal reflux disease, otitis media, prostatitis without enlarged prostate, cystitis excluding interstitial, herpes, sinusitis, gastritis excluding alcoholic and erosive, acne, gout, attention deficit hyperactivity disorder, simple bronchitis in non-tobacco user, osteoarthritis excluding large joint involvement, and pharyngitis. A counteroffer, when available, may range between 20% and 100% increase of premium for the individual. The offer is available for adults only on some plans. The individual will be under-written in the usual manner. It is the agent's responsibility, after conferring with the client, to request a counteroffer.

PRIVACY AND LEGAL INFORMATION

AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

If you have any questions about this Notice, please contact:

***Morris Soler, FLMI
AVP, Privacy Officer
One Moody Plaza,
Galveston, Texas 77550
409.766.6420***

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required by law to protect the privacy of your information, provide this notice about our information practices, and abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. You can request a copy of our notice at any time.

1. Uses and Disclosures of Protected Health Information

We use protected health information about you for health care operations, underwriting, claims processing and policyholder service. For example, we would use or disclose protected health information to MIB, a non-profit membership organization of life and health insurance companies, which operates an information exchange on behalf of its members.

Any other uses or disclosures of your protected health information will be made only with your written authorization. You may revoke this authorization at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.

We may use or disclose identifiable information about you without your authorization for other reasons. Subject to certain requirements, we may disclose protected health information without your consent or authorization as for public health purposes, for auditing purposes, for

research studies, and for emergencies. We also provide protected health information when otherwise required by law, or for law enforcement purposes, legal proceeding, military activity and national security, to a coroner, funeral director or medical examiner, and when required by the Secretary of the Department of Health and Human Services.

2. Your Rights

Although your health record is the physical property of American National Life Insurance Company of Texas, the information belongs to you. You have the right to:

- * request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522*
- * obtain a paper copy of the notice of privacy practices upon request inspect and obtain a copy of your health record as provided for in 45 CFR 164.524*
- * amend your health record as provided in 45 CFR 164.528*
- * obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528*
- * request communications of your health information by alternative means or at alternative locations*
- * revoke your authorization to use or disclose protected health information except to the extent that action has already been taken*

You have the right to inspect and copy your protected health information for as long as we maintain the protected health information. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. Please contact our Privacy Contact if you have questions about access to your records.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. We are not required to agree to a restriction that you may request. If we agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction. You may request a restriction by submitting a letter to the Health Underwriting Department, P.O. Box 1991, Galveston, Texas 77550.

You have the right to amend your protected health information. This means you may request an amendment of protected health information about you in a record for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact if you have questions about amending your records.

You have the right to received an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purpose other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have a right to request receipt of confidential communications by alternative means or at alternative locations if you clearly state that disclosure could endanger you. You have the right to have this request reasonably accommodated.

You have the right to obtain a paper copy of this notice from us.

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint. You may contact our Privacy Contact, Morris Soler, Assistant Vice President, HIPAA Privacy Officer, American National Life Insurance Company of Texas, 1 Moody Plaza, Galveston, Texas 77550, 409.766.6420 for further information about the complaint process.

This notice was published and became effective on April 14, 2003.

NOTICE OF PRIVACY POLICY
American National Life Insurance Company
of Texas
One Moody Plaza
Galveston, Texas 77550

American National Life Insurance Company of Texas is committed to providing insurance and annuity products and services designed to meet your needs. We are equally committed to respecting your privacy and protecting the information

WHAT INFORMATION WE COLLECT

As an essential part of our business, we obtain certain personal information about you in order to provide a financial product or service to you. Some of the information we receive comes directly from you on applications or other forms, and may include information you provide during visits to our Web site. We may also receive information from physicians, testing laboratories and other health providers, and from consumer reporting agencies. The types of information we receive may include addresses, social security numbers, family information, current and past medical history and financial information, including information about transactions with other financial institutions.

WHAT INFORMATION WE DISCLOSE

We do not disclose nonpublic personal information about our current or former customers to any non-affiliated entity, except as permitted by law. Examples of the disclosures which we are permitted by law to make include: disclosures necessary to service or administer an insurance or annuity product that you requested or authorized; disclosures made with your consent or at your direction; disclosures made to your legal representative; disclosures made in response to a subpoena or an inquiry from an insurance or other regulatory authority; disclosures made to comply with federal, state or local laws and to protect against fraud.

OUR PRIVACY PROTECTION PROCEDURES

We protect information about you from unauthorized access. Our employees and agents receive training regarding our privacy policies, and access to information about you is restricted to those individuals that need such information in order to provide products and services to you. Examples of activities requiring access to personal information include: underwriting; claims processing; reinsurance and policyholder service. Finally, we employ secure technologies in order to safeguard transmission of information about you through our web sites, and we have established and maintain procedures to comply with all state and federal laws and regulations regarding the security personal information. **4977 (5/01)**

OPT OUT PROVISION

American National recognizes an individual's desire to restrict the sharing of information about himself. The Company will comply with a request to "Opt-out" except when necessary to share information in the administration of an insurance contract as permitted by law. American National does not share information with other entities for marketing purposes. We may, however, need to share information with nonaffiliated third parties that provide essential services such as underwriting, policy and claim administration and reinsurance. Such entities are required to agree to maintain the confidentiality of such information. The foregoing types of information sharing are specifically permitted by the federal and state privacy laws and regulations as exceptions to opt-out requirements.

FAIR CREDIT REPORTING ACT PRE-NOTIFICATION

Federal law requires that a notice be given to each applicant that an inspection report may be completed as part of the underwriting process.

NOTIFICATION REGARDING MEDICAL INFORMATION BUREAU (MIB)

The general rules of the Medical Information Bureau of which American National Life Insurance Company of Texas is a member require that each applicant for insurance be given pre-notification regarding the MIB and specifically that the Bureau, upon request, will supply American National Life Insurance Company of Texas with information in its file. American National Life Insurance Company of Texas may also release information to the Bureau.

State Health Plans

In those states with Catastrophic Health Insurance Plans (CHIP), we are obligated by law in selected states to advise residents who have been declined or issued coverage that has been modified of their eligibility for the state plan. This notification will either be sent with the policy or the declination letter.

HIPAA (Health Insurance Portability & Accountability Act) INFORMATION

HEALTH INSURANCE PORTABILITY ACCOUNTABILITY ACT (HIPAA) & ELIGIBILITY REQUIREMENTS

The Health Insurance Portability and Accountability Act was passed by Congress in August of 1996 and it became effective July 1, 1997. HIPAA provides certain Americans guaranteed access to health insurance coverage regardless of existing health conditions and individual health plans are guaranteed renewable except for non payment of premiums, fraud and discontinuance of a plan for all covered. A health insurer offering individual health coverage must offer coverage on a guaranteed issue basis to an eligible individual, unless a state has implemented any acceptable alternative mechanism (High Risk Pool, Mandatory Group Conversion or Risk Spreading).

Agents Responsibility

The agent is responsible for explaining the coverage options that are available to applicants who are considered "HIPAA Eligible". Form ANL- 4635 - A, "What You Should Know About HIPAA from the American National Family of Companies" is required with each major medical health insurance application submitted to American National. This document provides assistance to the agent in explaining HIPAA eligibility.

Eligibility Criteria

In general, an "Eligible Individual" (a person guaranteed access to coverage) if the following criteria are met:

1. Have prior creditable coverage for a period in the aggregate of 18 or more months and the most recent prior Creditable Coverage was under a group health plan, governmental plan, or church plan (or health insurance coverage offered in connection with any such plan) or any plan specifically designated by a state law; With no greater than a 63 day break in coverage.
2. Not be eligible for coverage under a group health plan, part A or part B of Medicare, or Medicaid (or any successor program) and do not have other health insurance coverage;
3. Have elected and exhausted any applicable COBRA (or similar state law) continuation.

Creditable Coverage means, with respect to an individual, coverage of the individual under any of the following:

1. A group health plans
2. Individual Health insurance plan by specific state law
3. Medicare
4. Medicaid
5. Health insurance plans for members of the U.S. Armed Forces and their dependents
6. A medical care program of the Indian Health Service or of a tribal organization
7. A State health benefit risk pool
8. Health insurance plans for employees of the U.S. Government and their dependents
9. A public health plan (as defined in regulations)
10. A health benefit plan under section 5(e) of the Peace Corps Act (22-2504e)

A period of Creditable Coverage shall not be counted if there was more than a 63-day period (may vary by state) during all of which the individual was not covered under any creditable coverage.

Guaranteed Access Mechanisms

Please refer to the following chart to determine the Guaranteed Access Mechanism for your client.¹
HIPAA Individual and Out-of-State Group Market Methods for “Eligible Individuals

STATE	METHOD
ALABAMA	NO MARKETING
ALASKA	NO MARKETING
ARIZONA	ANL-2001
ARKANSAS	STATE RISK POOL
CALIFORNIA	NO MARKETING
COLORADO	STATE RISK POOL
CONNECTICUT	NO MARKETING
DELAWARE	ANL-2001
FLORIDA	ANL-2000A
GEORGIA	MANDATORY GROUP CONVERSION
HAWAII	ANL-2001
IDAHO	STATE RISK POOL
ILLINOIS	STATE RISK POOL
INDIANA	STATE RISK POOL
IOWA	BASIC & STANDARD PLANS
KANSAS	STATE RISK POOL
LOUISIANA	STATE RISK POOL
MAINE	NO MARKETING
MARYLAND	NO MARKETING
MASSACHUSETTS	NO MARKETING
MICHIGAN	STATE RISK POOL
MISSISSIPPI	STATE RISK POOL
MISSOURI	ANL-2001 OR MAY OPT FOR STATE RISK POOL
MONTANA	NO MARKETING
NEBRASKA	STATE RISK POOL
NEVADA	BASIC & STANDARD PLANS
NEW HAMPSHIRE	NO MARKETING
NEW MEXICO	STATE RISK POOL
NORTH CAROLINA	ANL-2000B
NORTH DAKOTA	NO MARKETING
OHIO	BASIC & STANDARD PLANS
OKLAHOMA	STATE RISK POOL
OREGON	NO MARKETING
PENNSYLVANIA	ALTERNATIVE MECHANISM
RHODE ISLAND	NO MARKETING
SOUTH CAROLINA	STATE RISK POOL
SOUTH DAKOTA	NO MARKETING
TENNESSEE	STATE RISK POOL
TEXAS	STATE RISK POOL
UTAH	STATE RISK POOL ^②
VIRGINIA	ANL-2001
WEST VIRGINIA	ANL-2001
WISCONSIN	STATE RISK POOL
WYOMING	ANL-2001

NOTE: ^① Guarantee Issue Product is the ANL-2001-P or ANL-2000-P. We offer this product to Eligible Individuals with a choice of the \$1,000 deductible under this indemnity version or the \$1,000 deductible under the PPO version. No optional benefits available.

^② If person is certified ineligible for Pool, must guarantee issue ANL-2001.

**Major Medical Rate-Up Chart
for Height and Weight
Female**

Height	Weight Normal	Add 20% to Std. Premium	Add 40% to Std. Premium	Add 50% to Std. Premium	Risk Not Acceptable
4'10"	90-148	149-163	164-178	179-193	194+
4'11"	92-151	152-166	167-181	182-196	197+
5'00"	94-154	155-169	170-184	185-199	200+
5'01"	97-157	158-173	174-189	190-205	206+
5'02"	97-160	161-176	177-192	193-208	209+
5'03"	99-163	164-179	180-195	196-211	212+
5'04"	102-168	169-185	186-202	203-219	220+
5'05"	105-170	171-187	188-204	205-221	222+
5'06"	108-173	174-190	191-207	208-224	225+
5'07"	111-177	178-195	196-213	214-231	232+
5'08"	115-182	183-200	201-218	219-236	237+
5'09"	118-186	187-205	206-224	225-243	244+
5'10"	122-193	194-212	213-231	232-250	251+
5'11"	125-198	199-218	219-238	239-258	259+
6'00"	129-210	211-231	232-252	253-273	274+
6'01"	135-222	223-243	244-264	265-285	286+
6'02"	141-234	235-255	256-276	277-297	298+

**Major Medical Rate-Up Chart
for Height and Weight
MALE**

Height	Weight Normal	Add 20% to Std. Premium	Add 40% to Std. Premium	Add 50% to Std. Premium	Risk Not Acceptable
5'01"	105-183	184-201	202-219	220-237	238+
5'02"	106-186	187-205	206-224	225-243	244+
5'03"	109-190	191-209	210-228	229-247	248+
5'04"	112-196	197-216	217-236	237-256	257+
5'05"	115-202	203-222	223-242	243-262	263+
5'06"	118-207	208-228	229-249	250-270	271+
5'07"	122-213	214-234	235-255	256-276	277+
5'08"	126-220	221-242	243-264	265-286	287+
5'09"	130-227	228-250	251-273	274-296	297+
5'10"	134-230	231-253	254-276	277-299	300+
5'11"	138-236	237-260	261-284	285-308	309+
6'00"	142-240	241-264	265-288	289-312	313+
6'01"	147-248	249-273	274-298	299-323	324+
6'02"	153-253	254-278	279-303	304-328	329+
6'03"	158-261	262-287	288-313	314-339	340+
6'04"	163-269	270-306	307-333	334-360	361+
6'05"	170-277	278-318	319-349	350-385	386+
6'06"	178-286	287-327	328-368	369-409	410+
6'07"	187-295	296-336	337-377	378-418	419+
6'08"	196-304	305-345	346-386	387-427	428+

**Major Medical Rate-Up Chart
Height and Weight Tables
Juvenile Ages 0-13**

Height	Minimum* Weight	Average Weight	Add 25% to Std. Premium	Risk Not Acceptable
24"	9	13	23 - 30	31+
28"	13	18	31 - 40	41+
32"	18	23	41 - 52	53+
36"	23	29	53 - 62	63+
40"	29	36	63 - 77	78+
44"	35	44	78 - 91	92+
48"	42	53	92-100	101+
50"	46	58	101-111	112+
52"	51	64	112-123	124+
54"	56	70	124-131	132+
56"	63	78	132-140	141+
58"	69	86	141-153	154+
60"	74	94	154-169	170+
62"	80	103	170-182	183+
64"	87	112	183-195	196+
66"	93	121	190-211	212+
68"	100	130	196-228	229+
70"	106	139	212-237	238+
72"	113	149	229-250	251+

*Minimum weight and below will require an APS for consideration.
NOTE: The average weight shown is given as a reference only. Also, infants under the age of 6 months may require an APS for consideration, if the normal weight is less than the minimum weight reference above.

**Major Medical Rate-Up Chart for
Height and Weight Tables
Juvenile Ages 14-19**

Height	Minimum* Weight	Average Weight	Add 25% to Std. Premium		Risk Not Acceptable
54"	63	79	132-140		141+
56"	68	85	141-153		154+
58"	73	92	154-169		170+
60"	79	100	170-182		183+
62"	85	109	183-195		196+
64"	91	117	196-211		212+
66"	97	126	200-228		229+
68"	104	135	212-237		238+
70"	110	144	229-250		251+
72"	117	154	238-259		260+
74"	124	164	240-264		265+
76"	131	174	245-269		270+

*Minimum weight and below will require an APS for consideration.
NOTE: The average weight shown is given as a reference only.

BUILD

Overweight

Significant importance in evaluating one's insurability is the satisfactory relationship of an individual's height and weight. An overweight individual has an increased incidence of cardiovascular disease and renal disease. In addition, there is added stress to the weight bearing joints and bones. Obesity may also be associated with other disorders such as diabetes, psychological disorder or a malfunctioning thyroid or pituitary gland.

In addition, obesity usually complicates numerous other diseases and surgical procedures. Recovery time may also be prolonged.

Underweight

Underweight generally is of less significance than overweight concerning long term disabilities and illnesses. However, abnormally thin individuals may have difficulty gaining weight because of nutritional deficiencies, a chronic illness, nervous problems or alcoholism. Frequently, thin individuals have a low resistance to acute illnesses, especially respiratory infections.

Weight Reduction

When weight reduction has been accomplished by voluntary diet, and the weight has been stable for six months or more, full credit will be given for the weight loss if less than 25 lbs. You may enter the height and weight table by using the current weight.

If there has been a weight loss of 25 Lbs. or more and the weight has not been stable for a period of 12 months, half credit will be given. To enter the height and weight table, add half of the weight loss to the current weight level.

Ex: Female 5'7" ... 231 Lbs., lost 36 Lbs. within two months. Current weight is 195 Lbs. Allow 1/2 credit by adding 18 Lbs. to 195. Enter height and weight table at 5'7" ...213 Lbs. A 40% rate-up premium is required.

UNACCEPTABLE HEALTH CONDITIONS

There are a number of reasons why the Company would have to decline coverage on an individual:

1. If the applicant requires in excess of 3 medical exclusions;
2. If the applicant is receiving medical benefits
3. If surgery, special tests, treatment or doctor's appointment scheduled or recommended but not yet performed;
4. If any family member is pregnant at the time of application (whether on the application or not). In this case, no coverage is issued to any family member. We will consider an application taken 30 days or more after delivery;
5. If weight exceeds maximum allowable as indicated on the height and weight tables;
6. United States residency is less than two years or the applicant does not anticipate permanent residence in the United States;
7. Driving Criticism
 - a. Careless or reckless driving, speeding tickets, at fault accident, other moving violations;
 - 3 or more within 12 months
 - 5 or more within 24 months
 - b. DUI or DWI, or arrest within 2 years
8. Felony, conviction or imprisonment within 5 years
9. Premium rating exceeds the maximum allowable by Company;
10. The following medical conditions are unacceptable:

Addison's Disease
 AIDS/ARC
 Alcoholism or Abuse 0-5 years
 Aortic Stenosis
 Arteriosclerosis
 Black Lung
 Blood Pressure - Uncontrolled
 Buerger's Disease
 Bundle Branch Block
 Bypass Surgery
 Cancer

- Internal-10years
- Skin-1-3 years
- Melanoma 10 years

 Congestive Heart Failure
 Coronary Insufficiency
 Cardiomyopathy/Myocardiopathy
 Cardiovascular - Renal Disease

Carotid Artery Disease
 Cerebrovascular Accident (CVA)
 Transient Ischemic Attack (TIA)/Stroke
 Cerebral Embolism/Thrombosis/Hemorrhage
 Chorea, Huntington's
 Cirrhosis, Liver
 Cor Pulmonale
 Cretinism
 Cystic Fibrosis
 Diabetes
 Drug Addiction/Abuse 0-10 years
 Emphysema
 Epilepsy 0-5 years
 Esophageal Varices
 Heart Attack
 Hemophilia
 Hepatitis (Type B) 0-2 years
 Hepatitis C
 Hodgkin's Disease
 Hydrocephalus
 Leukemia
 Locomotor Ataxia
 Lupus Erythematosus (Systemic or Disseminated)
 Multiple Sclerosis
 Muscular Dystrophy
 Myasthenia Gravis
 Myxedema
 Nephrotic Syndrome
 Neurofibroma, Multiple
 Pacemaker
 Paget's Disease of Breast
 Paraplegia
 Parkinson's Disease
 Peripheral Vascular Disease
 Polycystic Kidney Disease
 Polycythemia, Primary
 Pneumoconiosis
 Pott's Disease
 Pulmonary Embolism 0-1 year
 Quadriplegia
 Raynaud's Disease/Syndrome-5 years
 Stroke
 Thromboangiitis Obliterans (Buerger's Disease)

NOTE: There are many conditions for which a person may be declined - The above list is some of the more prevalent unacceptable disorders.

UNDERWRITING GUIDE

There are five columns of information to be concerned with in the underwriting guide. The first column lists alphabetically the most common health conditions encountered in underwriting. Where appropriate, specific recovery periods are referred to, such as "within 5 years". This period refers to the time since occurrence or the diagnosis in the case of an acute condition, or the time since the last episode in a recurrent condition. References are also made to "recovered" or "no residuals", which are self-explanatory. Underwriting action for some conditions depends on severity. Where possible, we have included specific references to symptoms and/or treatments which may help clarify the severity level. In all cases, however, **the underwriter's judgment after reviewing all of the facts will determine the appropriate action.**

The next four columns of information lists the most likely underwriting action for the Champion Series of products and the Med Lite Plan, with and without the Drug Benefit Rider and the HSA Complete product.

The abbreviations used in the underwriting action column are defined as follows:

- S = Standard
- D = Decline
- IC = Individual Consideration
- W = Waiver for limited period for certain condition
- R = Rating
- RFC = Refer to Cause
- R = Rating
- TUR = Tobacco User Rate

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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ADDISON'S DISEASE	D	D	D	D
ADHESIONS				
Present	W	W	W	W
Operated - no residuals	S	S	S	S
Recurrent	W	W	W	W
AIDS/ARC	D	D	D	D
ALBUMINURIA	RFC	RFC	RFC	RFC
ALCOHOL ABUSE <i>(More than 24 drinks per week)</i>				
Current	D	D	D	D
Abstinent for 5 years	IC	IC	IC	IC
ALCOHOLISM				
Present, AA recommended and non-compliant or counseled by Health Care				
Professional	D	D	D	D
Abstinent for 5 years	IC	IC	IC	IC
ALLERGY				
Mild - seasonal allergy/hayfever treated with OTC medications	S	S	S	S
Moderate - requires doctor visits, up to 3 times per year, treated with short course medication - lasting no more than 1 -2 weeks				
0 - 2 years	W	S w/ded 2000 otherwise W	W	S w/ded 2050/4100 otherwise W
After 2 years, no symptom and treatment free	S	S	S	S
Severe				
4 or more visits per year - use of steroids, desensitization, complicated by other disorders such as asthma, sinusitis, otitis, bronchitis, and eczema	D	D	D	D
Desensitization/allergy shots - used for allergy alone with no history of asthma, bronchitis or other respiratory conditions and only treatment received	W	S w/ded 2000 otherwise W	W	S w/ded 2050/4100 otherwise W
AMPUTATION				
Traumatic				
1- 3 fingers –fully recovered	S	S	S	S
More than 3 digits, one hand, one arm, one foot, one leg	W	S	W	W
More than one extremity	IC	IC	IC	IC
Due to disease	D	D	D	D

If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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ANAL OR RECTAL FISSURE

Present	W	W	W	W
Cured/resolved - no recurrence within 2 years, ileitis & Crohn's ruled out	S	S	S	S
Recurrent – ileitis , inflammatory bowel disease, Crohn's Disease ruled out	W	W	W	W

ANAL FISTULA - FISTULA-IN-ANO

Present to 2 years	W	W	W	W
Cured/resolved - no recurrence within 2 years, ileitis & Crohn's ruled out	S	S	S	S
Recurrent – ileitis, Crohn's Disease, inflammatory bowel disease ruled out	W	W	W	W

ANAL OR COLON POLYP - (see Polyps)

ANEMIA

Aplastic, sickle cell, Thalassemia Major, Cooley's Mediterranean	D	D	D	D
Thalassemia & Sickle cell trait	Usually S	Usually S	Usually S	Usually S
Pernicious - no organic cause found				
0 - 18 years	D	D	D	D
Over 18 years	W	W	W	W
Congenital Hemolytic				
Unoperated	D	D	D	D
Operated/splenectomy				
Recent to 1 year	D	D	D	D
After 1 year – no complications, normal blood tests, no bleeding	S	S	S	S
Iron deficiency	S	S	S	S

ANEURYSM

Intracranial	D	D	D	D
Aortic (thoracic or abdominal)	D	D	D	D
Congenital (other than intracranial or aortic)				
Present to 2 years	D	D	D	D
Operated after 2 years - no residuals	IC	IC	IC	IC
Traumatic				
Present	D	D	D	D
Operated - simple ligation				
Within 1 year	IC	IC	IC	IC
After 1 years - no residuals/cardiovascular involvement, seizures	S	S	S	S
Arteriovenous (malformation)				
Present	D	D	D	D
Operated/ligated/removed/no residuals				
Within 1 year	D	D	D	D
After 1 years - no residuals, treatment, seizures, follow up care needed	IC	IC	IC	IC

ANGINA PECTORIS

D	D	D	D
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If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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ANGIOPLASTY	D	D	D	D
ANOREXIA NERVOSA - BULEMIA				
Present to 2 years	D	D	D	D
After 2 years - maintains normal weight for minimum 1 year- no emotional problems	IC	IC	IC	IC
AORTIC COARCTATION				
Present	D	D	D	D
Operated - no residuals - no medication				
Within 1 year	D	D	D	D
After 1 year				
Children – no residuals, treatments, limitations & and released from care	S	S	S	S
Adults	IC	IC	IC	IC
AORTIC STENOSIS	D	D	D	D
APPENDICITIS				
Present	W	W	W	W
Operated	S	S	S	S
ARTHRITIS				
Osteoarthritis Mild	S	S	S	S
Osteoarthritis Moderate				
Only small joint involvement (toes and fingers)	W	S w/ded 2000 otherwise W	W	S w/ded 2050/4100 otherwise W
Large joint/ball and socket joint involvement (hips, knees, ankles) & spine	W	W	W	W
Osteoarthritis Severe	IC	IC	IC	IC
Rheumatoid arthritis	D	D	D	D
Psoriatic arthritis	D	D	D	D
Degenerative joint disease	W	W	W	W
Gonococcal arthritis	D	D	D	D
Juvenile arthritis	D	D	D	D
Reiter's Syndrome	D	D	D	D
ASCITES				
Present	D	D	D	D
Recovered -				
Cause determined	RFC	RFC	RFC	RFC
Cause not known	IC	IC	IC	IC

If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
-----------------	----------------	------------------	----------------

ASTHMA

Mild – no doctor visits, no wheezing, no time lost from work or school, Treated with over-the-counter medications only	S	S	S	S
Moderate – no hospitalizations, no time lost from work or school, 2-3 doctor visits per year, no more than 3 episodes per year lasting less than 1 week, medication may include only oral inhalers, oral medications without steroid components and nasal sprays which may include steroids and non-smoker status	W	W	W	W
Severe – requires frequent medication or medication in excess of 1 week per episode, frequent doctor visits, oral or injectable steroids, oral medication with steroid components, more than 2 medications, requires breathing treatment or use of oxygen, is complicated by other disorders such as allergy, sinusitis, otitis, bronchitis, eczema, or history of abnormal pulmonary function studies or tobacco use	D	D	D	D
Desensitization shots with mild or moderate allergy mediated asthma or history of moderate to severe allergies combined with asthma, sinusitis or Bronchitis or other respiratory problem	W	S w/ded 2000 otherwise W	W	S w/ded 2050/4100 otherwise W
Smoker	D	D	D	D

ATRIAL (AURICULAR) FIBRILLATION

Under age 40 - 1 brief attack - heart disease ruled out, all test normal				
0 – 2 years	D	D	D	D
After 2 years - no treatment or symptoms, no follow up care needed	S	S	S	S
Over age 40	IC	IC	IC	IC
Under treatment	D	D	D	D

ATRIAL SEPTAL DEFECT

Present	D	D	D	D
Operated				
Within 1 year	D	D	D	D
After 1 year – no treatment, symptoms, murmur, full recovery, released from care				
Children	S	S	S	S
Adults	IC	IC	IC	IC

BACK STRAIN/SPRAIN/PAIN

Acute single episode, no hospitalization	S	S	S	S
2 or more occurrences or single episode with disability or hospitalization				
Within 3 years	W	W	W	W
After 3 years – no residuals, treatment or symptoms, released from care	S	S	S	S
Sciatica	W	W	W	W
Massage, chiropractic, physical therapy - back disorder ruled out, maintenance only - up to 4 visits per year	S	S	S	S

If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
-----------------	----------------	------------------	----------------

Over 4 visits per year or disease or injury not ruled out (consider rehabilitation)

W

W

W

W/ded
2050/4100
allow 8 visits
per year – no
disease present
only
strain/sprain

BELL'S PALSY

Acute - recovered no residuals

S

S

S

S

Chronic or residuals

W

W

W

W

BLADDER INFECTION (see Cystitis)

BLINDNESS

Not due to disease - self sufficient

S

S

S

S

Due to disease

RFC

RFC

RFC

RFC

BLURRED VISION

Within 1 year - no work up - diagnosis not established

D

D

D

D

After 1 year

RFC

RFC

RFC

RFC

Cause known

IC

IC

IC

IC

Cause unknown – optic nerve disorder ruled out

BLOOD PRESSURE

Controlled

W

25%

25% w/1000 RX
ded otherwise W

25% w/ded.
2050/4100
otherwise W

Uncontrolled or with complicating factors of LVH, albuminuria, retinopathy, kidney disease (excluding kidney stones)

D

D

D

D

Three risk factors including hypertension: gout, hyperlipidemia, tobacco use, obesity,

D

D

D

D

Hypertension with hyperlipidemia

W

75 – 100%

75% w/ 1000
RX ded
otherwise W

75% w/ded
2050/4100
otherwise W

Framingham Score Assessment (use in difficult and marginal cases)

Male M50/female <60 – 1 risk factor of hypertension only

1% - 9%

W

75-100%

75% s/1000RX
ded - otherwise
W

25% w/ded
2050/4100
otherwise W

10% - 15%

IC

IC

IC

IC

Over 15%

D

D

D

D

Male >50/Female>60 or more than 1 risk factor

15% - 20%

IC

IC

IC

IC

Over 20%

D

D

D

D

Hypertension with gout (see guidelines for Gout)

Hypertension with tobacco use

IC

IC

IC

IC

Hypotension/low blood pressure

No history of syncope or associated disease

S

S

S

S

Otherwise

RFC

RFC

RFC

RFC

If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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W = 20-5-%	45-100%	45-75% w/1000 RX ded otherwise W + 20-5-%	45-75% w/ded 2050/4100 otherwise W + 20-50%
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Hypertension with ratable build

BRAIN TUMOR

Unoperated (*benign or malignant*)

Malignant - operated

 Within 10 years

 after 10 years - no residuals, treatment, seizures, limitations

Benign - operated

 0 – 3 years

 After 3 years - no residuals, seizures, headaches, medication

D	D	D	D
D	D	D	D
IC	IC	IC	IC
D	D	D	D
S	S	S	S

BREAST AUGMENTATION

W	W	W	W
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BREAST REDUCTION

S	S	S	S
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BREAST TUMOR OR CYST

Benign cystic mastopathy & benign calcifications

 0 -2 years

 After 2 years - no additional symptoms, cysts, or calcifications

Fluid filled cysts, micro-calcifications or other findings

Malignant - cured

 Present to 10 years

 After 10 years - no recurrence, no metastasis

 After 10 years with augmentation (**see augmentation**)

W	W	W	W
S	S	S	S
W	W	W	W
D	D	D	D
S	S	S	S

BRONCHITIS

Mild – no doctor visits, no wheezing, no time lost from work or school, treated with over-the-counter medications, no more than 1 episode per year

S	S	S	S
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Moderate – no hospitalizations, no time lost from work or school, no more than 2 episodes per year lasting less than 1 week, non-smoker, required short course of antibiotics, decongestants or inhalant sprays

W	S w/ded 2000 otherwise W	W	S w/ded 2050/4100 otherwise W
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Severe - over 2 episodes per year continuous or frequent medication, Injectable or oral steroids, breathing treatments, oxygen

D	D	D	D
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Smoker

Desensitization/allergy shots (if otherwise insurable) and shots are for an independent allergy condition – no allergic bronchitis, asthma, sinusitis or other respirator condition

D	D	D	D
W	S w/ded 2000 otherwise W	W	S w.ded 2050/4100 otherwise W

BUERGER'S DISEASE

D	D	D	D
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BUNDLE BRANCH BLOCK (see Cardiovascular Disorders)

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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BUNION (see Foot Disorders)

Present	W	W	W	W
Operated & fully ,recovered, no limitations or orthotics required	S	S	S	S

BURSITIS (see Musculoskeletal Disorders)

BYPASS OPERATIONS

Coronary bypass (see coronary artery disease)	D	D	D	D
Intestinal bypass/gastric stapling				
Within 5 years	D	D	D	D
After 5 years, weight stable with no recurring GI problems	IC	IC	IC	IC

CANCER, INTERNAL (including Hodgkin's Disease)

Any malignant growth or tumor				
Present	D	D	D	D
Operated				
0 - 10 years - no treatment, recurrence, lymph node involvement	S	S	S	S
0 - 15 years - with lymph node invasion or metastasis	IC	IC	IC	IC

CANCER IN SITU-

Uterus				
0 – 2 years	W	W	W	W
After 2 years – no recurrence, margins clear of malignant cells, last 3 PAP smears normal & no other abnormal pathology	S	S	S	S
PAP smears not done or status of specimen margin unknown	D	D	D	D
Other organs	IC	IC	IC	IC

CANCER, SKIN

Basal Cell				
Present	D	D	D	D
1 occurrence - 0- 3 months	W	W	W	W
After 3 months - no recurrence	S	S	S	S
Multiple occurrences	W	W	W	W
Squamous Cell				
Present	D	D	D	D
1 occurrence - 0 -1 year	W	W	W	W
After 1 years - no recurrence	S	S	S	S
Multiple occurrences	W	W	W	W
Melanoma				
Present	D	D	D	D
0 - 10 years	D	D	D	D
After 10 years - surgically removed, no metastasis, no recurrence	IC	IC	IC	IC

CARDIOMYOPATHY - MYOCARDIOPATHY

	D	D	D	D
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CARDIOVASCULAR DISORDERS

Atrial septal defect				
Present	D	D	D	D

ACTIONS

HEALTH CONDITIONS

	Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
Operated -				
0 - 1 year	D	D	D	D
After 1 year – no residuals, medication, murmur, full recovery, released from care				
Children	S	S	S	S
Adults	IC	IC	IC	IC
Abnormal heart rhythm (cardiovascular disease/disorder ruled out)				
Arrhythmia	RFC	RFC	RFC	RFC
Bradycardia	RFC	RFC	RFC	RFC
Tachycardia	RFC	RFC	RFC	RFC
Irregular heart beat	RFC	RFC	RFC	RFC
Coarctation of the aorta (see aortic coarctation)				
Patent ductus arteriosus				
Present	D	D	D	D
Operated - no residuals, no medications				
0 - 1 year	D	D	D	D
After 1 year - no residuals, treatment, murmur, full recovery, released from care				
Children	S	S	S	S
Adult	IC	IC	IC	IC
Atrial (auricular) fibrillation				
Under age 40 - 1 brief attack - no evidence of heart disease				
0 - 2 years	D	D	D	D
after 2 years - no recurrence, no treatment	S	S	S	S
Over age 40	IC	IC	IC	IC
Under treatment	D	D	D	D
Pulmonary stenosis	D	D	D	D
Mitral Stenosis	D	D	D	D
Tetralogy of Fallot	D	D	D	D
Bicuspid aortic valve	D	D	D	D
Transposition of the great vessels	D	D	D	D
Murmurs				
Systolic	IC	IC	IC	IC
Diastolic	D	D	D	D
Mitral regurgitation/insufficiency	D	D	D	D
Mitral valve prolapse				
Incidental finding - no symptoms, treatment or history of heart disease, fully work up	S	S	S	S
Symptomatic, under treatment, chest pain, shortness of breath or not fully worked up	D	D	D	D
Under treatment - controlled				
0-2 years	W	W	W	W
After 2 years - confirmed diagnosis, no treatment or symptoms	S	S	S	S
Heart Blocks				
Bundle branch blocks				
Right incomplete - no other heart disorders, incidental finding	usually S	usually S	usually S	Usually S
Right complete	RFC	RFC	RFC	RFC
Left incomplete	RFC	RFC	RFC	RFC
Left complete	D	D	D	D
Fascicular or hemiblock	D	D	D	D
Atrioventricular blocks				
1st degree - PR interval <.20, no symptoms or history of heart disease incidental finding on ECG	S	S	S	S

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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2nd degree	RFC	RFC	RFC	RFC
3rd degree	D	D	D	D
Wolf-Parkinson-White Syndrome				
Surgically treated	IC	IC	IC	IC
Otherwise	D	D	D	D
Angina Pectoris (coronary insufficiency)	D	D	D	D
Coronary Artery Disease	D	D	D	D
Myocardial infarction, coronary thrombosis, occlusion, heart attack	D	D	D	D
Coronary by-pass, angioplasty, stent in place	D	D	D	D
Arteriosclerosis	D	D	D	D
Atherosclerosis				
Incidental finding on x-ray	IC	IC	IC	IC
Otherwise	D	D	D	D
Carotid Artery Disease	D	D	D	D
Claudication	D	D	D	D
Cor Pulmonale/Pulmonary Hypertension	D	D	D	D
Myocarditis				
Single attack - no residuals				
0 - 2 years	D	D	D	D
After 2 years – no residuals, treatment or follow up needed	S	S	S	S
Cardiomegaly	D	D	D	D
CARPAL TUNNEL SYNDROME				
Present	W	W	W	W
Operated	S	S	S	S
CATARACTS				
Traumatic - congenital - senile				
Present	W	W	W	W
Operated				
no artificial lens	S	S	S	S
with artificial lens	W	W	W	W
Secondary to disease	RFC	RFC	RFC	RFC
CELLULITIS				
Present	W	W	W	W
Recovered	S	S	S	S
CEREBRAL PALSY	D	D	D	D
CESAREAN SECTION				
Under 45 years of age, no subsequent normal delivery	W	W	W	W
Over 45 years of age, normal delivery or sterilization	S	S	S	S
CEREBRAL EMBOLISM, THROMBOSIS,HEMORRHAGE	D	D	D	D

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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CERVICITIS

(ASCUS, CINI, II, & III, LGSIL, HGSIL, CIS = atypical cells of undetermined significance, cervical intraepithelial neoplasia {low, moderate, severe grade}, low grade squamous intraepithelial lesion, high grade squamous intraepithelial lesion, carcinoma in situ)

ASCUS, CIN I, LGSIL, Atypia

0 – 1 years	W	W	W	W
After 1 year – normal PAP smear, no abnormal pathology	S	S	S	S
PAP not done or results unknown	W	W	W	W

CIN II, CIN III, HGSIL, CIS

0 – 2 years	W	W	W	W
After 2 years – no treatment required, specimen margins clear, last 3 PAP smears normal, no other abnormal pathology	S	S	S	S
Specimen margins not clear, PAP smear not done or status unknown	W	W	W	W

Human Papilloma Virus (HPV)

Non-surgical treatment - nonsmoker

0 - 3 years	W	W	W	W
After 3 years, no abnormal pathology, 3 normal PAP smears	S	S	S	S

Non-surgical treatment -smoker

0 -5 years	W	W	W	W
after 5 years, no abnormal pathology, last 3 PAP smears normal	S	S	S	S

Surgical treatment - non-smoker

0 - 6 months	W	W	W	W
After 6 months				
Specimen margins clear, no recurrence	S	S	S	S
Specimen margins not clear or status unknown	W	W	W	W

Surgical treatment - smoker

0 - 5 years	W	W	W	W
After 5 years				
Specimen margins clear, no recurrence	S	S	S	S
Specimen margins not clear or status unknown	W	W	W	W

CHOLECYSTITIS, CHOLELITHIASIS, GALLBLADDER DISEASE

1 attack - no stone present or history of stones

0 - 3 years	W	W	W	W
after 3 years	S	S	S	S

Recurrent attacks

W	W	W	W
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Operated, cholecystectomy

S	S	S	S
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Stones present

W	W	W	W
---	---	---	---

CHOREA, HUNTINGTON'S

D	D	D	D
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CHOROIDITIS, IRITIS, UVEITIS or RETINITIS

0 – 2 years	D	D	D	D
Recovered after 2 years, no symptoms, visual loss, treatment	S	S	S	S
Recurrent attacks	IC	IC	IC	IC
Secondary to disease	RFC	RFC	RFC	RFC

If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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CHRONIC FATIGUE SYNDROME (Ebstein Bar, Chronic Mononucleosis)

0 - 5 years	D	D	D	D
Recovered after 5 years	IC	IC	IC	IC

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

D	D	D	D
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CIRRHOSIS, LIVER

D	D	D	D
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CLAUDICATION, INTERMITTENT

D	D	D	D
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CLEFT PALATE/LIP

Unoperated	W	W	W	W
Operated, corrected - no residuals - no further treatment needed or planned no eating or speech problems or therapy	S	S	S	S
With any of the above	W	W	W	W

COLITIS

Irritable bowel syndrome, spastic, mucous or simple colitis, diagnosis established, no complications, asymptomatic with medication				S w./ded 2050/4100 otherwise W
0 - 3 years	W	S w/ded 2000 otherwise W	W	
After 3 years covered - no medication	S	S	S	S
Ulcerative colitis, Crohn's Disease, ileitis or proctitis				
Single attack - no residuals, medication or surgery				
0 - 5years	D	D	D	D
6 - 10 years	W	W	W	W
After 10 years - no treatment, medication, symptoms	S	S	S	S
Recurrent attacks, under treatment, colostomy, ileostomy present	D	D	D	D

COLLAGEN DISEASES/DISORDERS

D	D	D	D
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COLLAPSED LUNG -(see Pneumothorax)

COLOSTOMY - ILEOSTOMY

D	D	D	D
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CONCUSSION, BRAIN or CLOSED HEAD INJURY

0 - 6 months	D	D	D	D
After 6 months, no residuals	S	S	S	S
With subdural hematoma	IC	IC	IC	IC

CONDYLOMA ACUMINATA (see Venereal Warts)

If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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CONGESTIVE HEART FAILURE (see Cardiovascular Disorders)	D	D	D	D
CONNECTIVE TISSUE DISORDERS	D	D	D	D
CONVULSIONS (see Seizure Disorders)				
CORNEAL ULCER				
Present	W	W	W	W
Resolved, cured				
Caused by viral infection				
0 - 1year	W	W	W	W
after 1 year - no complications, recurrence, symptoms, scarring	S	S	S	S
Traumatic				
0 - 2 years	W	W	W	W
After 2 years - no complications, treatment, symptoms	S	S	S	S
Corneal transplant	W	W	W	W
CORONARY INSUFFICIENCY	D	D	D	D
CORONARY OCCLUSION, THROMBOSIS (see Cardiovascular Disorders)	D	D	D	D
COR PULMONALE (see Cardiovascular Disorders)	D	D	D	D
COSTROCHONDRITIS				
Present	W	S	W	S w/.ded 1750/3500 otherwise W
Recovered	S	S	S	S
CROSS-EYE (see Strabismus)				
CUSHING'S DISEASE				
Present	D	D	D	D
0 - 2 years after completed resolution	D	D	D	D
After 2 years - normal adrenal function - no medications or replacement hormones	IC	IC	IC	IC
CYSTIC FIBROSIS	D	D	D	D
CYSTITIS/BLADDER INFECTION				
Acute single attack - recovered	S	S	S	S

If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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Recurrent attacks

0 - 2 years	W	W	W	W
After 2 years - no symptoms, treatment	S	S	S	S
Interstitial cystitis	W	W	W	W

CYSTOCELE – (see Uterine Displacement)

DEAFNESS - Hearing loss

Not due to illness , hearing aid present	S	S	S	S
With high frequency hearing loss	W	S	S	W
Cochlear implant present	W	S	S	S
Other cause or secondary to illness	RFC	RFC	RFC	RFC

DEPRESSION – (see Mental Illness)

DERMATITIS – (see Skin Disorders)

DETACHED RETINA

Present	W	W	W	W
Fully recovered, no residuals, no underlying causes	S	S	S	S
More than 1 occurrence in same eye – not associated with eye disease	W	W	W	W

DEVELOPMENTAL DELAY

	IC	IC	IC	IC
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DEVIATED SEPTUM

Operated/corrected, no further treatment required, no obstruction present	S	S	S	S
Unoperated or with residuals, allergies, sinusitis or polyps	W	W	W	W

DIABETES MELLITUS-HYPERGLYCEMIA-ELEVATED BLOOD GLUCOSE, IMPAIRED GLUCOSE FUNCTION/INTOLERANCE

	D	D	D	D
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DISC DISEASE/SPINALSTENOSIS/SUBLUXATION

Present	W	W	W	W
Single occurrence, fully recovered, no symptoms, no treatment				
0 - 5 years	W	W	W	W
After 5 years, no residuals, pain, weakness, symptoms	S	S	S	S
More than 1 occurrence, operated, one surgery				
0 - 5 years	W	W	W	W
After 5 years - no residuals, pain, weakness, symptoms, limitations	S	S	S	S
Continued symptoms or treatment, multiple surgeries	W	W	W	W
Chiropractic treatment, massage or physical therapy - maintenance only				
Up to 4 visits a year - disease & injury ruled out	S	S	S	S
Over 4 visits a year or disease or injury not ruled out (consider rehab)	W	W	W	W
Sciatica	W	W	W	W

If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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DISLOCATION, SPRAIN OF JOINT

Knee cap, shoulder, elbow or ankle - single occurrence

0 - 1 years	W	W	W	W
After 1 year - no symptoms, treatment	S	S	S	S
Recurrent or chronic (more than 1 time)	W	W	W	W

Hip

Unoperated, congenital or traumatic dislocation

0 - 2 years	W	W	W	W
After 2 years covered - no medication, treatment, limitations	S	S	S	S

Operated

0 - 2 years	W	W	W	W
After 2 years - no medication, treatment, limitations or prosthetics, uncomplicated	S	S	S	S

Recurrent or chronic (more than 1 time)

	W	W	W	W
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Chiropractic treatment, massage or physical therapy

Up to 4 visits per year, maintenance only, disease & injury ruled out	S	S	S	S
Over 4 visits per year or disease or injury not ruled out (consider rehab)	W	W	W	

W/ded
2050/4100
allow 8 visits
per year – no
disease
present

DIVERTICULITIS

1 brief attack

0 - 2 years	W	W	W	W
After 2 years - no symptoms, treatment	S	S	S	S

Recurrent attacks

	W	W	W	W
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Operated/corrected, no further treatment required, no obstruction present

	S	S	S	S
--	---	---	---	---

DIZZINESS (see Vertigo)

DOWNS SYNDROME

	IC	IC	IC	IC
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DRUG ABUSE/ADDICTION (see Substance Abuse)

0 - 10 years

	D	D	D	D
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After 10 years

	IC	IC	IC	IC
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DUODENAL ULCER (see Ulcer, Stomach/Duodenal)

DUODENITIS

Ulcer disease ruled out

1 episode, fully recovered

0 - 1 year	W	W	W	W
after 1 year	S	S	S	S

Multiple attacks

	W	W	W	W
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If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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DUPUYTRENS CONTRACTURE

Present	W	W	W	W
Operated/corrected, no further treatment required, full mobility of hand	S	S	S	S
History of Alcoholism or Abuse	D	D	D	D

ECZEMA (also see Skin Disorders)

Present or treatment within 1 year – no steroid use, not present continuously Or secondary to other condition	W	S w/ded 2000 otherwise W	S w/1000 RX ded otherwise W	S w/ded 2050/4100 otherwise W
Associated with asthma	W	S	W	W
Chronic use of steroids	W	S	W	W
Persistent presence of disorder	W	S	W	W

EMOTIONAL DISORDERS (ANXIETY/DEPRESSION) (see Mental/Nervous Disorders)

EMPHYSEMA

Incidental finding on x-ray, asymptomatic, normal PFT	IC	IC	IC	IC
Otherwise	D	D	D	D

ENCEPHALITIS

0 - 1 year	D	D	D	D
After 1 year, recovered, no residuals	S	S	S	S
With residuals	D	D	D	D

ENDOMETRIOSIS

Present	W	W	W	W
Ablated or controlled with medication				
0 - 1 year	W	W	W	W
After 1 year – no treatment or symptoms	S	S	S	S
Total hysterectomy	S	S	S	S
After menopause	S	S	S	S

ENDOMETRITIS

Present	W	W	W	W
Recovered, no residuals, symptoms or treatment				
0 - 2 years	W	W	W	W
After 2 years	S	S	S	S

ENURESIS

Nocturnal Enuresis				
Ages 3 - 12 years - nocturnal only - genital urinary tract disorder ruled out- no behavior problems such as ADD, ADHD, anxiety, depression	S	S	S	S
Over age 12 years	W	S	S	W
Neurogenic bladder	D	D	D	D
Enuresis secondary to other urinary tract disorders	RFC	RFC	RFC	RFC

If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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EPIDIDYMITIS

1 uncomplicated attack - fully recovered	S	S	S	S
Recurrent attacks	W	S	W	W

EPSTEIN-BARR (See Chronic Fatigue Syndrome, Chronic Mononucleosis)

Recent to 5 years	D	D	D	D
After 5 years	IC	IC	IC	IC

EPILEPSY (see Seizure Disorder)

ERECTILE DYSFUNCTION - IMPOTENCE

Primary -				
Neurogenic	D	D	D	D
Vascular	W	S	S	S
Psychogenic	IC	IC	IC	IC
Secondary to another disorder	RFC	RFC	RFC	RFC

ESOPHAGEAL STRICTURE

0 - 2 years	W	W	W	W
After 2 years - no residuals or dilatation treatment or medication required	S	S	S	S
With current treatment or symptoms	W	W	W	W

ESOPHAGEAL VARICES

	D	D	D	D
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ESOPHAGEAL REFLUX (GERD) ESOPHAGITIS

0 - 15 years of age	IC	IC	IC	IC
Over 15 years of age				
0 - 3 years	W	S w/ded 2000 otherwise W	W	S w/ded 2050/4100 otherwise W
After 3 years - no symptoms, treatment	S	S	S	S
Barrett's Esophagus/Metaplasia	D	D	D	D
Stretta Procedure - symptom free, no residuals or further treatment				
0 - 1 year	W	W	W	W
After 1 year - no symptoms, treatment, fully recovered, treatment sites healed	S	S	S	S

EYE CONDITIONS/DISORDERS

Ocular herpes	IC	IC	IC	IC
Ocular histoplasmosis - recovered, no progressive visual loss	IC	IC	IC	IC
Optic neuritis	D	D	D	D
Optical atrophy	D	D	D	D
Exophthalmos				
Present	W	W	W	W
Corrected - no residuals	S	S	S	S
Secondary to disease	RFC	RFC	RFC	RFC

If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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Cataracts

Traumatic/congenital/senile				
Present	W	W	W	W
Operated				
No artificial lens	S	S	S	S
With artificial lens	W	W	W	W
Secondary to disease	D	D	D	D
Choroiditis, Iritis, Uveitis or retinitis				
0-2 years	D	D	D	D
After 2 years - no symptoms, treatment	S	S	S	S
Recurrent attacks	IC	IC	IC	IC
Secondary to disease	D	D	D	D
Strabismus				
Unoperated	W	W	W	W
Operated - no further treatment or surgery required or needed	S	S	S	S
Glaucoma				
Present	W	W	W	W
Secondary to disease	D	D	D	D

FIBROCYSTIC BREAST DISEASE

Incidental finding - no treatment, symptoms, benign calcifications	S	S	S	S
Requires Medical Treatment	W	W	W	W
Mammogram, biopsy, surgery pending <i>(will consider upon submission of tests results)</i>	D	D	D	D
Micro-calcifications or adenosis (See Breast Tumor, Cyst)				
Diagnosis inconclusive	D	D	D	D
	D	D	D	D

FIBROMYALGIA (See Musculoskeletal Disorders)

FOOT DISORDERS

Bunion				
Present	W	W	W	W
Surgically corrected without hardware	S	S	S	S
Club foot	W	W	W	W
Flat feet (pes planus)	S	S	S	S
Hammer toe				
Present	W	W	W	W
Surgically corrected – no hardware, no residuals, orthotics required	S	S	S	S
Heel spur	S	S	S	S
Ingrown toe nail	S	S	S	S
Plantar fasciitis	W	S	S	S

FRACTURE

Simple, long bone - no residuals/complications, no hardware, healed	S	S	S	S
Skull				
0 - 6 months	D	D	D	D
After 6 months, no seizures, symptoms, medication, complications	S	S	S	S
With subdural hematoma	IC	IC	IC	IC
Hip				

If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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0 - 3 years	W	W	W	W
After 3 years - no residuals, symptoms, treatment, normal bone density	S	S	S	S
With prosthesis or hardware	W	W	W	W
Spine				
0 - 1 year	W	W	W	W
After 1 year- no residuals, complications, symptoms, or hardware	S	S	S	S
With hardware	W	W	W	W
Secondary to osteoporosis or other disease	D	D	D	D
Pathological	D	D	D	D

FUNGAL DISEASE

IC	IC	IC	IC
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GANGLION CYSTS

Present	W	W	W	W
Treated, no recurrence	S	S	S	S

GASTRITIS

Viral gastritis- food, water, environmental contaminant				
1 episode, fully recovered, no other gastrointestinal problems	S	S	S	S
Atrophic, erosive gastritis - no history of cancer or alcohol abuse				
0 - 1 year	W	S w/ded 2000 otherwise W	W	S w/ded 2050/4100 otherwise W
After 1 year- no residuals, complications, symptoms	S	S	S	S
Multiple attacks	W	W	W	W

GLAUCOMA

Present	W	W	W	W
Secondary to another disorder	D	D	D	D

GLOMERULONEPHRITIS, NEPHRITIS, BRIGHT'S DISEASE

1 attack - prompt recovery				
0 - 3 years	W	W	W	W
after 3 years - no residuals, proteinuria or red blood cells, normal kidney function	S	S	S	S
multiple attacks – chronic/recurring condition or abnormal urinalysis	D	D	D	D

GOITER (See Thyroid Disorders)

GONORRHEA

1 acute attack - cured, no relapses, complications, or treatment	S	S	S	S
Chronic recurrent, relapse	IC	IC	IC	IC
History of other sexually transmitted diseases such as pelvic inflammatory disease, herpes virus, syphilis, chlamydia, urethritis, arthritis cholangitis, or any complications				I
	D	D	D	D

If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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GOUT

Present

0 - 30 years of age	D	D	D	D
30 - 64 years of age – no co-morbidity factors, joint limitations	W	S w/ded 2000 otherwise W	W	S w/ded 2050/4100 otherwise W
Complications of renal disorders other than kidney stones	D	D	D	D
History of kidney stones	W	W	W	W
History of hypertension (review risk factors below)	W	W	W	W
History of ratable build (may not exceed 20% on build chart)	W + 20% otherwise D	W + 20% otherwise D	W + 20 % otherwise D	W + 20% otherwise D
History of aspirin or salicylate use	D	D	D	D
History of elevated lipids				
Less than 15% on Framingham Score	W	W	W	W
Over 15% on Framingham Score	D	D	D	D
Tophaceous gout	W	W	W	W
Three risk factors including gout: hypertension, hyperlipidemia, obesity, tobacco use	D	D	D	D
Serum uric acid = >8 MG%	W	W	W	W

HAMMER TOE (See Foot Disorders)

HEADACHES

Nonspecific - treated with over the counter drugs/medications - no office visits or medical consultations required	S	S	S	S
Muscular, contraction, tension, histamine, migraine, sinus, vascular, Cluster headaches requiring prescription medication				
0 - 5 years	W	W	W	W
After 5 years - no medication, diagnosis established, all testing normal	S	S	S	S
Requires narcotic drugs such as Lorcet, Codeine compounds, Vicodin, etc.	D	D	D	D
Complicated with depression	D	D	D	D

HEARING LOSS (see Deafness)

HEART ATTACK (See Cardiovascular Disorders)

	D	D	D	D
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HEART MURMURS (See Cardiovascular Disorders)

HEMANGIOMA

Superficial	W	W	W	W
Deep	W	W	W	W
Cavernous	W	W	W	W
Port wine stain	IC	IC	IC	IC

HEMOPHILIA - FACTOR VIII

	D	D	D	D
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If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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HEMORRHOIDS

Present - symptomatic	W	W	W	W
Present - asymptomatic				
0 - 5 years	W	W	W	W
After 5 years - no symptoms, treatment, bulging, bleeding, no surgery or banding discussed or anticipated	S	S	S	S
Operated/banded - no complications or residuals	S	S	S	S

HEPATITIS

Hepatitis A - acute, infectious				
0 - 6 months	D	D	D	D
After 6 months - normal liver function tests	S	S	S	S
Hepatitis B				
0 - 2 years -	D	D	D	D
After 2 years - full recovery - normal liver function tests - no treatment	S	S	S	S
Hepatitis C, D , Australian and all other types	D	D	D	D

HIATAL HERNIA

Asymptomatic - no surgery contemplated, no medication				
0 -3 years	W	W	W	W
After 3 years - no symptoms, treatment, eating discomfort	S	S	S	S
After 3 years, treatment required, well controlled with medication, no further workup or investigation needed	W	W	W	W
Work up incomplete, pending	D	D	D	D
Treated with surgery				
0 - 6 months	W	W	W	W
After 6 months - no symptoms, medication	S	S	S	S

HERNIA (umbilical, inguinal, incisional, etc.)

Present	W	W	W	W
Operated – no residuals	S	S	S	S

HERNIATED DISC (See Disc Disease)

HERPES

Ocular	IC	IC	IC	IC
Oral	IC	IC	IC	IC
Genital				
0-3 years	W	S w/ded 2000 otherwise W	W	S w/ded 2050/4100 otherwise W
after 3 years - no symptoms, treatment or recurrence	S	S	S	S

HERPES ZOSTER (see Shingles)

HIRSCHSPRUNG'S DISEASE (MEGACOLON)

Present	D	D	D	D
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If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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Surgically corrected - no symptoms, treatment, or residuals
 0 - 2 years
 2 - 5 years – no symptoms, complications or treatment
 After 5 years - no residuals, symptoms, treatment, follow up required

D	D	D	D
W	W	W	W
S	S	S	S

HISTOPLASMOSIS

Systemic, cavitary, immune mediated, generalized, pulmonary
 0 - 2 years
 after 2 years - no residuals, symptoms, treatment
 Eye/ocular - recovered, no progressive visual loss

W	W	W	W
S	S	S	S
IC	IC	IC	IC

HIVES (URTICARIA)

Acute single attack - recovered
 Chronic, recurrent

S	S	S	S
W	W	W	W

HODGKIN'S DISEASE

0 - 10 years
 after 10 years - no metastasis, disease free

D	D	D	D
IC	IC	IC	IC

HYDROCELE

Present/unoperated
 Operated – no residuals

W	W	W	W
S	S	S	S

HYDROCEPHALUS

D	D	D	D
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HYDRONEPHROSIS

Present
 Cause resolved - no residuals, normal follow up studies
 Cause not found, abnormal urinalysis, still under observation

D	D	D	D
S	S	S	S
D	D	D	D

HYPERACTIVITY - ATTENTION DEFICIT DISORDER

Children 0 -16 years - attend regular classes, 1 medication only and must be Cylert, Ritalin, Adderall, Concerta, or Strattera, no learning disorder or mental disorder such as depression, behavior problems, etc.

W	S (subject to state mandates)	S (subject to state mandate on mental illness	*S (subject to state mandate or mental illness)
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16- and over

W	S (subject to state mandate)	S (subject to state mandate on mental illness	S (subject to state mandate on mental illness)
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HYPERCHOLESTEREMIA - HYPERLIPIDEMIA

Controlled hypercholesterolemia, hyperlipidemia
 Onset after age 25
 No medication - cholesterol reading of 250MG or less
 1 medication - cholesterol reading of 251 mg to 270 mg

S	S	S	S
W	S to 50%	50% w/ RX ded 1000 otherwise	50% w/ded 2050/4100 otherwise W

If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
Triglyceride reading not exceeding 500 mg	S	S	S
Uncontrolled hypercholesteremia/hyperlipidemia			
Onset prior to age 25	D	D	D
Cholesterol reading over 270 mg	D	D	D
Triglyceride reading over 500 mg	D	D	D
Cholesterol/HDL ratio over 8.0	D	D	D
Related co-morbidity factors			
Hypercholesteremia with hypertension	W	75 – 100%	75% w/1000 RX ded otherwise W 75 % w/ded 2050/4100 otherwise W
Hypercholesteremia with ratable build	W + 20%- 50%	45%- 100%	70%- 100% w/RX 1000 ded otherwise W + 20%- 50% 70%- 100% w/ded 2050/4100 otherwise W+ 20%- 50%
History of tobacco use	IC	IC	IC
History of elevated blood sugar	D	D	D
Framingham Score Assessment (use in marginal and complicated cases)			
Male <50/Female <60 – 1 risk factor			
1% - 9 %	W	S to 50%	50% w/1000 RX otherwise W 50% w/ ded 2050/4100 otherwise W
10% - 15%	IC	IC	IC
Over 15%	D	D	D
Male >50/Female>60, more than 1 risk factor			
1 – 14%	W	S to 50%	50% w/ 1000 RX ded otherwise W 50% w/ded 2050/4100 otherwise W
15-20%	IC	IC	IC
Over 20%	D	D	D

HYPEREMESIS GRAVIDARUM (see Pregnancy)

HYPERTENSION (see Blood Pressure)

HYPERTHYROIDISM (see Thyroid Disorders)

HYPOGLYCEMIA

Under control by diet
Uncontrolled by diet

S	S	S	S
IC	IC	IC	IC

HYPOSPADIUS/EPISPADIUS

Present
Surgically corrected with no other genitourinary anomalies

W	W	W	W
S	S	S	S

IMMUNE DISORDERS

D	D	D	D
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INFERTILITY

If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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History of treatment within 5 years
After 5 years- no history of multiple births

D	D	D	D
S	S	S	S

INSOMNIA (see Sleep Disorders)

INTESTINAL OBSTRUCTION

- Cause identified – cancer and malignancy ruled out
Cause unknown – Single episode but cancer ruled out
0 - 1 year
After 1 year - no residuals or complications
Multiple episodes
Colostomy or ileostomy present

RFC	RFC	RFC	RFC
W	W	W	W
S	S	S	S
IC	IC	IC	IC
D	D	D	D

IRITIS (See choroiditis)

JAUNDICE

Due to liver disease
Cause undetermined
Physiological jaundice of the newborn
Bilirubin up to 18 mg
Bilirubin over 18 mg

D	D	D	D
D	D	D	D
S	S	S	S
D	D	D	D

JAW DISORDERS - TMJ

Present
Operated - no residuals, no further surgery required, no appliances required
0-2 years
after 2 years - no residuals or complications

W	W	W	W
W	W	W	W
S	S	S	S

JUVENILE MYXEDEMA (See Thyroid Disorders)

KELOID

Present
Removed - no recurrence

W	W	W	W
S	S	S	S

KIDNEY STONE OR COLIC

Stone present - one side
Stone present - both sides
Single attack – no stones currently present
0 - 2 years
After 2 years - no residuals
2 - 4 attacks – no stones currently present
0 - 5 years
After 5 years - no residuals
5 or more attacks
Preventative treatment
Stent in place as treatment for kidney stone

W	W	W	W
D	D	D	D
W	W	W	W
S	S	S	S
W	W	W	W
S	S	S	S
D	D	D	D
W	W	W	W
W	W	W	W

If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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Stent in place for other kidney/renal disorder	IC	IC	IC	IC
Kidney stone with hypertension (see Hypertension)				
Kidney stone with history of gout	W	W	W	W

KNEE DISORDERS

Sprains, torn ligaments, fluid, recurrent symptoms				
Single episode				
0 - 1 year	W	W	W	W
After 1 year - no treatment, therapy or symptoms	S	S	S	S
2 -3 episodes				
0 - 3 years	W	W	W	W
After 3 year - no treatment, therapy or symptoms	S	S	S	S
Chronic (more than 3 episodes)	W	W	W	W
Knee replacement	W	W	W	W
Torn cartilage	W	W	W	W

LABYRINTHITIS

No associated disease, single attack, recovered	S	S	S	S
Chronic or recurrent	W	W	W	W

LEUKOPLAKIA

Unoperated	D	D	D	D
Operated				
0 - 3 years - no tobacco use, benign findings	W	W	W	W
After 3 years - no residuals or tobacco use	S	S	S	S
Malignant (see internal cancer)				

LIPOMA

Present	W	W	W	W
Operated, no residuals	S	S	S	S

LIVER ABSCESS

0 - 1 year	D	D	D	D
after 1 year -no residuals, symptoms, treatment, normal blood tests	S	S	S	S
more than 1 episode	D	D	D	D

LUNG ABSCESS

0 - 1 year	D	D	D	D
after 1 year -no residuals, symptoms, treatment, normal tests/x-rays	S	S	S	S
more than 1 episode	D	D	D	D

LUPUS ERYTHEMATOSUS (SYSTEMIC OR DISCOID)

D	D	D	D
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LYME DISEASE

IC	IC	IC	IC
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If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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LYMPHADENOPATHY	RFC	RFC	RFC	RFC
LYMPHOMA (non-Hodgkins Lymphoma)	D	D	D	D
MALARIA				
Single episode - fully recovered				
0 - 2 years	W	W	W	W
After 2 years	S	S	S	S
Recurrent episodes (more than one)	D	D	D	D
MAMMOPLASTY (see Breast Augmentation)	W	W	W	W
MANIC DEPRESSION (see Mental/Nervous Disorders)				
MASTITIS				
Acute, recovered	S	S	S	S
Chronic or recurrent	W	W	W	W
Operated –no further symptoms or treatment required	S	S	S	S
MASTOIDITIS				
Acute single episode, recovered	S	S	S	S
Chronic or recurrent				
0 - 2 years	W	W	W	W
after 2 years, no residuals, symptoms, or recurrence	S	S	S	S
Operated – no residuals, symptoms, treatment	S	S	S	S
With residuals	W	W	W	W
MEATAL STENOSIS				
Present	W	W	W	W
Surgery or dilatation - no residuals or additional treatment required				
0 - 1 year	W	W	W	W
After 1 year – no treatment, residuals, complications	S	S	S	S
MELANOMA, MALIGNANT (see Cancer - Skin)				
Present	D	D	D	D
Removed - no recurrence or metastasis, lymph node involvement				
0 - 10 years	D	D	D	D
After 10 years	IC	IC	IC	IC
MENIERE'S DISEASE/SYNDROME				
0 - 2 years	W	W	W	W
After 2 years - no residuals or complications	S	S	S	S
Recurrent episodes	D	D	D	D
MENINGITIS				

If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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Complete recovery - no residuals

0 - 6 months	D	D	D	D
After 6 months	S	S	S	S
With residuals	D	D	D	D

MENOPAUSE

Asymptomatic	S	S	S	S
Symptomatic	IC	IC	IC	IC

MENORRHAGIA (see Uterine Disorders)

MENTAL NERVOUS

Anxiety, adjustment disorder, mild & moderate depression, dissociative disorder, hysteria, phobias (excluding agoraphobia), social anxiety disorder, post-traumatic disorder stress disorder, reactive depression, mild insomnia

Mild – 1 medication, no interference with daily activities, no psychiatric co-morbidities

0-1 year	W	S (subject to state mandates)	*S subject to state mandate otherwise W	*S subject to state mandate otherwise W
After 1 year	S	S	S	S

Moderate – received counseling with in 2 years or currently in counseling, 1 medication, no psychiatric co-morbidities

0-3 years	W	*S subject to state mandate otherwise W	*S subject to state mandate otherwise W	*S subject to state mandate otherwise W
After 3 years no treatment or symptoms, fully recovered	S	S	S	S

Severe – more than one medication, use of antipsychotic drugs or MAO inhibitors, hospitalized in last 10 years for mental disorder, counseling more than 2 times per month, psychiatric co-morbidities present

0-7 years	D	D	D	D
After 7 years	IC	IC	IC	IC

Depression associated with insomnia

Short term, infrequent use of hypnotics (eligible RXs include Ambien, Restoril, Dalmane, Halcion, Prosom, Sonata, Trazodone)

Persistent insomnia/habitual use of hypnotics

0 – 2 years	IC	IC	IC	IC
After 2 years	S	S	S	S

Agoraphobia

0-5 years	D	D	D	D
After 5 years – no treatment or symptoms, no phobias, all ADL's present	S	S	S	S

Obsessive Compulsive Disorder (OCD)

0-5 years	D	D	D	D
After 5 years – no treatment or symptoms, no history of ADD or ADHD, Tourette's Syndrome, oppositional defiant disorder, or other psychiatric illness	S	S	S	S

Oppositional Defiant Disorder (ODD)

0-5 years	D	D	D	D
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ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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After 5 years – no treatment or symptoms, socially compliant, all ADL’s present	S	S	S	S
Panic Disorder				
0-5 years	D	D	D	D
After 5 years – cardiac disorders ruled out	IC	IC	IC	IC
Bipolar Disorder/ Manic depression	D	D	D	D
Major Depression/Dysthymia				
0 -7 years	D	D	D	D
After 7 years	IC	IC	IC	IC
Schizophrenia, Paranoia, Antisocial and Sociopathic Personalities	D	D	D	D
Dementia, Alzheimer’s Disease, Organic Brain Syndrome, Pick’s Disease, Huntington’s Chorea, Korsakoff’s Syndrome (Korsakoff/Wernicke)	D	D	D	D
Amnesia				
Cause unknown	IC	IC	IC	IC
Cause known – fully investigated, no neurological deficits, single episode				
0-3 years	D	D	D	D
After 3 years – fully recovered	S	S	S	S
Multiple episodes	D	D	D	D
Over age 50	D	D	D	D
Transient Global Amnesia				
1 episode – diagnosis confirmed				
0-1 year	D	D	D	D
After 1 year-no treatment, no symptoms resolved	S	S	S	S
Multiple episodes	D	D	D	D
Sleep Disorder/Insomnia (see Sleep Disorders)				
MENTAL IMPAIRMENT (see Developmental Delay)				
MIGRAINES (see Headaches)				
MOBILITY LIMITATIONS				
Use of cane or crutch only				
0 – 12 months	IC	IC	IC	IC
After 12months - full mobility with no limitations or devices required	S	S	S	S
Use of walker, wheelchair, scooter	D	D	D	D
MONONUCLEOSIS				
Present	D	D	D	D
Recovered	S	S	S	
0 – 6 months	D	D	D	D
After 6 months - no residual, fever, weight loss	S	S	S	S
MULTIPLE SCLEROSIS				
	D	D	D	D

If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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MUSCULAR DYSTROPHY

D D D D

MUSCULOSKELETAL DISORDERS

Chiropractic, massage or physical therapy – maintenance only, back and Spinal disorders ruled out

1 – 4 treatments per year	S	S	S	
Over 4 treatments per year (consider rehabilitation)	W	W	W	Allow 8 visits per year w/ded 2050/4100 for maintenance care only -

Arthritis

Osteoarthritis				
Mild – no treatment or limitations, no physician visits required	S	S	S	S
Moderate	W	S w/ded 2000 otherwise W	W	S w/ded 2050/4100 otherwise W
Only small joint affected (fingers, toes)	W	W	W	W
Large joints/ball & socket joints (hips, knees, shoulders, spine)	W	W	W	W
Severe	IC	IC	IC	IC
Rheumatoid Arthritis	D	D	D	D
Psoriatic Arthritis	D	D	D	D
Degenerative Joint Disease	W	W	W	W
Gonococcal Arthritis	D	D	D	D
Reiter’s Syndrome	D	D	D	D
Bursitis	W	S	W	S w/ded 1500/3000 otherwise W
0 – 1 year	W	S	W	S
After 1 year – fully recovered, not treatment or symptoms	S	S	S	S
Fibrositis-Myositis-Fibromyositis	S	S	S	S
Single attack – recovered without residuals	S	S	S	S
Multiple attacks	W	S	W	W
Synovitis-Tendonitis-Tenosynovitis	S	S	S	S
Single attack – recovered without residuals	S	S	S	S
Multiple or recurrent attacks	W	W	W	W
Spondylitis	W	W	W	W
Un-operated	W	W	W	W
Operated	W	W	W	W
0 – 2 years	W	W	W	W
after 2 years – no residuals, symptoms, treatment or limitations	S	S	S	S
Rheumatism	W	S	W	W
Present	W	S	W	W
Recovered	W	S	W	W
0 – 1 year	W	S	W	W
after 1 year – no residuals, symptoms or treatment	S	S	S	S
Fibromyalgia	D	D	D	D

NARCOLEPSY

Untreated	D	D	D	D
Treated after 1 year – well controlled, no limitations	W	W	W	W

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ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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NEPHRECTOMY

Donor – recovered with normal kidney function	S	S	S	S
Traumatic – recovered and remaining kidney normal	S	S	S	S
Other causes – recovered				
0-2 years	D	D	D	D
2-5 years	W	W	W	W
After 5 years	S	S	S	S
Impaired kidney function	D	D	D	D
Kidney transplant recipient	D	D	D	D
Malignant (see internal cancer)				

NEPHROPTOSIS

Incidental finding, asymptomatic, no treatment planned or needed	S	S	S	S
Present with symptoms	W	W	W	W
Surgical treatment/repair				
0-6 months	W	W	W	W
After 6 months – normal renal function, asymptomatic	S	S	S	S
	D	D	D	D

NEPHROTIC SYNDROME

NEURALGIA - NEURITIS

Current	W	W	W	W
Resolved - no symptoms, treatment or residuals	S	S	S	S

NEUROFIBROMA - NEUROMA

Single				
Operated - recovered	S	S	S	S
Un-operated	W	W	W	W
Multiple	W	W	W	W

NEUROFIBROMATOSIS (Von Recklinghausen's Disease)

	D	D	D	D
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OPTIC ATROPHY

	D	D	D	D
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ORCHITIS

Present	W	S	W	W
Recovered - no symptoms, treatment, residuals	S	S	S	S
Recurrent no other genito-urinary diagnoses or symptoms	W	W	W	W

ORGAN TRANSPLANT (except cornea)

	D	D	D	D
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OSTEOARTHRITIS (see Musculoskeletal Disorders)

OSTEOCHONDRITIS

Osgood-Schlatter Disease (Knee)

If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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Legg-Calve-Perthes (Hip)

Scheuermann's Disease (spine)

0 - 2 years – no ongoing treatment, no surgery anticipated
after 2 years, no symptoms, treatment or residuals

W	20-100%	W	W
S	S	S	S

OSTEOMYELITIS

Present

W	W	W	W
---	---	---	---

Recovered - no symptoms, treatment, residuals

0 - 5 years

W	W	W	W
---	---	---	---

after 5 years - no residuals

S	S	S	S
---	---	---	---

Chronic/recurrent

W	W	W	W
---	---	---	---

OSTEOPOROSIS - OSTEOPENIA

Under age 50

D	D	D	D
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Over age 50

mild to moderate - (osteopenia) T-score -1 to -2.5 S.D.

W	20-100%	W	W
---	---------	---	---

severe - T-score below -2.5 S.D.

D	D	D	D
---	---	---	---

T-score unknown

IC	IC	IC	IC
----	----	----	----

Complications or bone fractures

D	D	D	D
---	---	---	---

Preventative treatment and otherwise insurable

IC	IC	IC	IC
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OSTEOSARCOMA (see Internal Cancer)

OTITIS MEDIA

Infrequent

No more than 2 episodes per year treated with antibiotics only

S	S	S	S
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Frequent

3– 4 more episodes per year treated with antibiotics, nasal sprays, and antihistamines

0 - 2 years

W	W	W	W
---	---	---	---

After 2 years - no recurrence, treatment, symptoms, tubes

S	S	S	S
---	---	---	---

Complicated

5 or more episodes per year or complicated by tonsil/adenoid hypertrophy, allergies, sinusitis, persistent drainage from ears

0 - 3 years

W	W	W	W
---	---	---	---

after 3 years, no recurrence, treatment or symptoms

S	S	S	S
---	---	---	---

Currently under treatment for acute episode

W	W	W	W
---	---	---	---

Under preventative treatment

W	W	W	W
---	---	---	---

Tubes present, one placement or continued symptoms

W	W	W	W
---	---	---	---

Hearing test, tube placement, additional tests or work up pending

W	W	W	W
---	---	---	---

OTOSCLEROSIS

Unoperated

W	W	W	W
---	---	---	---

Operated - normal hearing - no residuals

S	S	S	S
---	---	---	---

OVARIAN CYST

Benign

Present

W	W	W	W
---	---	---	---

Resolved -aspirated, surgically removed, absorbed

S	S	S	S
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If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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Malignant (see internal cancer)				
Stein-Leventhal Syndrome/polycystic ovarian disease (see Ovarian Cyst)	W	W	W	W
PACEMAKER	D	D	D	D
PAGET'S DISEASE				
Bone - a progressive, chronic disorder of bone metabolism	D	D	D	D
Breast - a rare type of cancer involving the breast	D	D	D	D
PANCREATIC CYST - TUMOR				
Un-operated	D	D	D	D
Operated - normal tests - no residuals, all test normal				
0 - 5 years	W	W	W	W
After 5 years - no residuals	S	S	S	S
Malignant (see internal cancer)				
PANCREATITIS				
Cause known	RFC	RFC	RFC	RFC
Cause unknown				
0 - 2 years	D	D	D	D
after 2 years, full recovery with no symptoms, treatment or residuals	IC	IC	IC	IC
Chronic, recurrent, requiring surgery, abnormal lab values	D	D	D	D
History of alcohol abuse	D	D	D	D
PAPILLOMA OR POLYPS OF VOCAL CORDS (see Polyps)				
PARALYSIS	D	D	D	D
PARAPLEGIA	D	D	D	D
PATENT DUCTUS (see Cardiovascular Disorders)				
PECTUS EXCAVATUM	IC	IC	IC	IC
PELVIC INFLAMMATORY DISEASE (PID)				
Unoperated				
0 - 2 years	W	W	W	W
after 2 years, full recovery with no symptoms, treatment or residuals	S	S	S	S
Operated				
0 - 6 months	W	W	W	W
After 6 months - asymptomatic, no residuals	S	S	S	S
Recurrent	IC	IC	IC	IC
PEPTIC ULCER (See Ulcer)				

If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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PERICARDITIS

Viral				
Present	D	D	D	D
Resolved				
0 - 6 months	D	D	D	D
After 6 months - no symptoms, treatment, residuals	S	S	S	S
All others	D	D	D	D

PEYRONIE'S DISEASE

Present	W	W	W	W
Corrected without residuals	S	S	S	S

PERIPHERAL VASCULAR DISEASE

D	D	D	D
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PERNICIOUS ANEMIA (see Anemia)

PHARYNGITIS - STREP THROAT

<i>Infrequent</i>				
2 episodes per year treated with antibiotics only	S	S	S	S
<i>Frequent</i>				
3 - 4 episodes per year treated with antibiotics, humidifiers, nebulizers				
0-2 years	W	S w/ded 2000 otherwise W	W	S w/ded 2050/4100 otherwise W
After 2 years - no recurrence, treatment, symptoms	S	S	S	S
<i>Complicated</i>				
3 or more treatment periods per year or complicate by tonsillitis or tonsil and/or adenoid hypertrophy	W	W	W	W
Surgery recommended or discussed, work up on tests pending	D	D	D	D

PHLEBITIS- THROMBOPHLEBITIS - PHLEBOTHROMBOSIS

1 attack - recovered				
0 - 1 year	W	W	W	W
After 1 year - no blood thinner, aspirin, residuals	S	S	S	S
Multiple attacks (chronic) or edema, diuretics and/or support hose required	D	D	D	D
Leg) ulcers (stasis ulcers), weeping skin, edema	D	D	D	D

PILONIDAL CYST

Unoperated	W	W	W	W
Operated - no recurrence	S	S	S	S
Multiple occurrences	W	W	W	W

PLEURISY

Single attack -Recovered - cause benign				
0 - 6 months	W	W	W	W
After 6 months	S	S	S	S

If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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Multiple attacks – cause should be determined

IC IC IC IC

PNEUMONIA - PNEUMONITIS

Single episode - recovered without residuals

S S S S

Multiple episodes – cause should be determined

IC IC IC IC

PNEUMOTHORAX - COLLAPSED LUNG

Traumatic - recovered – no additional chest injury

S S S S

Spontaneous

Single episode - recovered

0 - 1 year

W W W W

After 1 year - no residuals, no lung disease

S S S S

Multiple episodes – cause should be determined

IC IC IC IC

Due to lung disease or with history of lung disease

D D D D

POLIOMYELITIS

Present

D D D D

Post polio syndrome

IC IC IC IC

With residuals of the disease

IC IC IC IC

POLYCYSTIC OVARIAN DISEASE (see Ovarian Cyst)

POLYCYSTIC KIDNEY DISEASE

D D D D

POLYCYTHEMIA

D D D D

POLYPS

Benign Polyps

Anal/colonic

Present

D D D D

Removed - no cancer malignancy present

0 - 3 years

W W W W

After 3 years - no recurrence, treatment or symptoms

S S S S

Endocervical

Present

W W W W

Operated - no residual, no cancer

S S S S

Nasal

Present

W W W W

Operated - no residual, no cancer, no treatment or symptoms

S S S S

Recurrent

W W W W

Rectal (see Anal/Colonic Polyp)

Vocal

Present

D D D D

Removed

0 - 2 years

W W W W

If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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After 2 years - full recovery, no residuals, symptoms, treatment, speech therapy
 Malignant Polyps (see **Internal Cancer**)

S S S S

POTT'S DISEASE

D D D D

PREGNANCY

Current - any family member

D D D D

Miscarriage

1 spontaneous abortion

0 - 3 months

W W W W

After 3 months

S S S S

Multiple spontaneous abortions

W W W W

Complications of pregnancy

Ectopic pregnancy, pre-eclampsia, eclampsia, hyperemesis gravidarum, placenta previa

Age 45 years and under

W W W W

After menopause

S S S S

With sterilization

S S S S

Gestational diabetes

Not currently pregnant, blood sugar level returned to normal, ,no treatment

Age 45 years and under

W W W W

Over 45 years of age - normal blood sugar

S S S S

Abnormal blood sugar, glucose in urine or under observation

D D D D

History of premature births within 3 years

Age 45 years and under

IC IC IC IC

Previous cesarean section (see **Cesarean Section**)

PREMATURITY

0 - 3 months of age

D D D D

3 months and older -no history breathing problems or failure to thrive, no reflux or eating disorders, normal weight for age, no current treatment, no pending tests

S S S S

With any of the above

D D D D

PROCTITIS (see **Colitis Ulcerative**)

PROSTATE HYPERTROPHY

Benign

Unoperated

Incidental finding - mild, 1 or 2 + in size, no symptoms, no treatment

S S S S

Symptomatic - under treatment, nocturia, incontinent of urine, weak stream, frequency, urgency

W W W W

Operated

0 - 1 year

W W W W

After 1 year - normal size - none of the above symptoms

S S S S

With continued symptoms

W W W W

Elevated PSA -

4 - 6 ng/ml - recent prostatic work up

IC IC IC IC

If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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Over 6 ng/ml
Malignant (see Internals Cancer)

D D D D

PROSTATITIS

Single attack - recovered
Recurrent - 2 to 3 - attacks - fully recovered, no BPH

S S S S
W S w/ded 2000 otherwise W W S w/ded 2050/4100 otherwise W

Chronic - over 3 attacks

W W W W

PROTEINURIA

Cause known
Cause unknown or unable to determine

RFC RFC RFC RFC
D D D D

PSEUDOGOUT

No co-morbidity factors
History of thyroid or parathyroid disorders

W W W W
IC IC IC IC

PSORIASIS (see Skin Disorders)

PSYCHONEUROSIS (see Mental/Nervous Disorders)

PSYCHOSIS (see Mental/Nervous Disorders)

PTOSIS OF THE EYELID

Unoperated
Operated - no recurrence/residuals

W W W W
S S S S

PULMONARY EMBOLISM OR INFARCTION

0 - 1 year
After 1 year - recovered, returned to unrestricted activity, no underlying disease/disorder

D D D D
IC IC IC IC

PURPURA

Thrombocytopenia purpura
Spleen not removed
Spleen removed - cure achieved, no treatment, normal blood values
Other purpuric conditions

D D D D
S S S S
D D D D

PYELITIS OR PYELONEPHRITIS

1 attack - full and prompt recovery
0 - 6 months
After 6 months - no residuals
2 attacks - recovered
0 - 2 years

W W W W
S S S S
W W W W

If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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After 2 years - no residuals
Chronic- over 2 attacks

S	S	S	S
D	D	D	D

PYLORIC STENOSIS

Infants

Unoperated
Operated - no residuals, normal weight, recovered

D	D	D	D
S	S	S	S

Adults

Unoperated
Operated

D	D	D	D
IC	IC	IC	IC

QUADRIPLEGIA

D	D	D	D
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RAYNAUD'S DISEASE - PHENOMENON

0 - 5 years
After 5 years

D	D	D	D
IC	IC	IC	IC

RECTAL ABSCESS

Unoperated
Operated - no recurrence
Recurrent

W	W	W	W
S	S	S	S
W	W	W	W

RECTAL POLYP (see Polyps)

RECTOCELE (see Uterine Displacement)

REGIONAL ILEITIS (see Colitis, Ulcerative)

REITER'S SYNDROME (see Arthritis)

RENAL ABSCESS

Present
Recovered - no symptoms, treatment, residuals, normal urinalysis
0 - 1 year
After 1 year

D	D	D	D
W	W	W	W
S	S	S	S

RENAL CALCULUS (see Kidney Stones)

RENAL COLIC (see Kidney Stones)

RESTLESS LEG SYNDROME

Primary & only diagnosis – no sleep apnea or sleep disorder
Associated with other diagnoses

IC	IC	IC	IC
D	D	D	D

If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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RETINAL DETACHMENT (see Eye Disorders)

RETINITIS (see Eye Disorders)

RHEUMATIC FEVER

0 - 2 years	D	D	D	D
After 2 years - no treatment, cardiac damage or antibiotics required	S	S	S	S
With cardiac involvement or residuals or follow up care required	D	D	D	D

SARCOIDOSIS - BOECKS SARCOID

Generalized	D	D	D	D
Localized	D	D	D	D
Resolved	IC	IC	IC	IC

**SALPINGITIS - SALPINGO-OOPHORITIS
(see Pelvic Inflammatory Disease)**

SCHIZOPHRENIA (see Mental-Nervous Disorders)	D	D	D	D
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SCIATIC	W	W	W	W
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SCOLIOSIS (see Spinal Curvature)

SCLERODERMA

Localized	D	D	D	D
Systemic	D	D	D	D

SEIZURE DISORDER

Febrile				
Children under age 16				
0 - 2 years since last seizure	D	D	D	D
After 2 years - no seizures, no medication	S	S	S	S
Epilepsy, petit mal, grand mal, psychomotor, convulsions of unknown origin				
0 - 5 years	D	D	D	D
After 5 years - no seizures, no medication, normal EEG	S	S	S	S

SHINGLES (HERPES ZOSTER)

1 acute attack - recovered	S	S	S	S
Recurrent or chronic	W	S	W	W
Post herpetic neuralgia	W	S	W	W

SINUSITIS

If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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Infrequent

2 episodes per year - treated with antibiotics only

S S S S

Frequent

3 - 4 episodes per year - treated with antibiotics, antihistamines, nebulizer

or humidifier

0-2 years

W S w/ded 2000 otherwise W W S w/ded 2050/4100 otherwise W

after 2 years, no treatment, symptoms or residuals

S S S S

Complicated

3 + episodes per year - complicated by tonsillitis, tonsil/adenoid hypertrophy,

W W W W

Surgery recommended or discussed, work up or testing pending

D D D D

Complicated by or co-existing with allergy & otherwise insurable

W W W W

SKIN DISORDERS

Acne

W S w/ded 2000 otherwise W W S w/ded 2050/4100 otherwise W

Actino-keratosis

W S S S

Dermatitis

W S w/ded 2000 otherwise W S w/1000 RX otherwise W S w/ded 2050/4100 otherwise W

Eczema

No steroid treatment required, not secondary to another condition

W S w/ ded 2000 otherwise W S w/ 1000 RX otherwise W S w/ded 2050/4100 - otherwise W

Associated with asthma or treated with steroids

W W W W

Psoriasis

W S w/ ded 2000 otherwise W S w/1000 RX otherwise W S w/ded 2050/4100 otherwise S

Hives

acute, single attack

S S S S

chronic, recurring

W W W W

Rosacea

S S S S

Tattoo

IC IC IC IC

Moles - present

Benign

W W W W

Malignant (see cancer)

Lentigo

S S S S

Seborrheic keratosis

S S S S

Warts (non-venereal)

W S S S

SKULL FRACTURE (see Fracture, Skull)

SLEEP APNEA

Central

D D D D

Obstructive

Secondary to tonsil/adenoid hypertrophy

Unoperated

D D D D

Operated - no complications, all symptoms resolved

0-2 years

D D D D

If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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2 -5 years – all symptoms resolved, no treatment
 Age 25 years or less
 Ratable Build
 Secondary to other forms of obstruction
 Use of C-PAP machine or other device

W	W	W	W
D	D	D	D
D	D	D	D
D	D	D	D
D	D	D	D

SLEEP DISORDER - INSOMNIA

Mild, infrequent insomnia – drugs may include Ambien, Restoril, Dalmane, Halcion, ProSom, Sonata, Trazodone

W	S subject to state mandate	S subject to state mandate	S subject to state mandate
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Prolonged or habitual use of hypnotics

0 – 2 years

After 2 years

IC	IC	IC	IC
S	S	S	S

Associated with depression/anxiety, using hypnotic with anti-depressant-anti-anxiety medication (see Depression under Mental/Nervous Disorders)

Associated with restless leg syndrome

Associated with sleep apnea

D	D	D	D
D	D	D	D

SPASTIC COLITIS (see Colitis, Spastic)

SPINA BIFIDA

Unoperated

Operated - no residuals or limitations, no follow up care needed

0 - 1 year

After 1 year - no residuals, symptoms, treatment

Operated with residuals or limitations

D	D	D	D
D	D	D	D
S	S	S	S
D	D	D	D

SPINA BIFIDA OCCULTA

Present

Asymptomatic, incidental finding

Symptomatic

Operated - no residuals or limitations

S	S	S	S
D	D	D	D
S	S	S	S

SPINAL CURVATURE (KYPHOSIS, LORDOSIS, SCOLIOSIS)

Asymptomatic, mild degree of abnormality, no treatment

Symptomatic

Treatment required - medication, braces, etc.

Surgery or work up pending

Pulmonary - cardiac compromise

Others

S	S	S	S
W	W	W	W
W	W	W	S
D	D	D	D
D	D	D	D
IC	IC	IC	IC

SPONDYLITIS (see Musculoskeletal Disorders)

SPONDYLOLISTHESIS

Unoperated

Operated - no further surgery required or needed

0 - 2 years

After 2 years - no treatment, symptoms or residuals

W	W	W	W
W	W	W	W
S	S	S	S

If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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STRABISMUS

Unoperated	W	W	W	W
Operated, no visual problems	S	S	S	S

STRESS URINARY INCONTINENCE

Present	W	W	W	W
Surgically corrected without residuals	S	S	S	S
Neurogenic bladder	D	D	D	D

STROKE

D	D	D	D
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SUBSTANCE ABUSE

Alcohol Abuse

(More than 24 drinks per week – 1 drink = 1 oz liquor, 4 oz wine, 12 oz beer)

Current	D	D	D	D
5 years abstinence	IC	IC	IC	IC

Alcoholism

Current/Present – AA recommended, non-compliant, counseled by health care professional	D	D	D	D
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After 10 years	IC	IC	IC	IC
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Drug Abuse/Addiction

Illegal drugs except marijuana

0 – 10 years	D	D	D	D
After 10 years	IC	IC	IC	IC

Legal Drug/ Prescription Medication/ Multiple Drug Abuse

0 – 5 years	D	D	D	D
After 5 years	IC	IC	IC	IC

Tobacco Use

Cigarette smokers

0 – 1 year				
up to 1 pack per day	TUR	TUR	TUR	TUR
1 – 2 packs per day	IC	IC	IC	IC
2+ packs per day	D	D	D	D

Cigar smoker with negative cotinine test	TUR	TUR	TUR	TUR
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Snuff dippers	TUR	TUR	TUR	TUR
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Cessation medication/products (nicotine patch, gum, etc.)	TUR	TUR	TUR	TUR
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Marijuana Use

0 – 3 years	D	D	D	D
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After 3 years – experimental only , no other illicit drug use, alcohol abuse,

No use or experimentation in 3 years	S	S	S	S
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Methadone Treatment

0 – 10 years	D	D	D	D
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After 10 years	IC	IC	IC	IC
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Anabolic Steroid Use

D	D	D	D
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SUICIDE ATTEMPT - GESTURE- IDEATION

D	D	D	D
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If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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SYNOVITIS - TENOSYNOVITIS (see Musculoskeletal Disorders)

SYNCOPE - FAINTING RFC RFC RFC RFC

SYPHILLIS

Untreated	D	D	D	D
Treated - no residuals, negative serology, no other STD	S	S	S	S

TENDONITIS (see Musculoskeletal Disorders)

TENNIS ELBOW - EPICONDYLITIS

Single attack - recovered	S	S	S	S
Recurrent or chronic				
0 - 2 years	W	W	W	W
After 2 years - no treatment, symptoms, or residuals	S	S	S	S

TESTICULAR DISORDERS

Enlarged testicle				
Cause benign	W	W	W	W
Cause undetermined	D	D	D	D
Hydrocele				
Present	W	W	W	W
Operated with no residuals	S	S	S	S
Undescended testicle				
Present	W	W	W	W
Operated with no residuals	S	S	S	D
Varicocele				
Present	W	W	W	W
Operated with no residuals	S	S	S	S
Orchitis				
Present	W	W	W	W
Recovered with no residuals	S	S	S	S
Chronic, recurring	W	W	W	W

THROMBOPHLEBITIS (see Phlebitis)

THYROID DISORDERS

Adult myxedema				
Present	D	D	D	D
Recovered with no residuals, symptoms or treatment other than thyroid supplement	IC	IC	IC	IC
Goiter				
Present - controlled, no pending surgery	W	W	W	W
Operated, normal thyroid tests, no medication, no enlargement	S	S	S	S

Hashimoto's Disease

If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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Present	D	D	D	D
Recovered - no residuals, treatment, symptoms	IC	IC	IC	IC
Hyperthyroidism				
Present	D	D	D	D
Medically or surgically corrected – no residuals, cardiac arrhythmia, weight problem				
0 – 2 years	W	W	W	W
After 2 years – complete resolution, only medication thyroid supplement	S	S	S	S
Hypothyroidism - primary , no secondary cause				
Controlled with medication	S	S	S	S
Juvenile myxedema or cretinism	D	D	D	D
Thyroiditis (other than Hashimoto’s Disease)				
Present	W	W	W	W
Recovered - no residuals, treatment, symptoms, hyperthyroidism ruled out	S	S	S	S
TIC DOULOUREUX				
0 - 2 years	W	W	W	W
After 2 years - surgically corrected, full recovery	S	S	S	S
TINNITUS				
Present	IC	IC	IC	IC
Recovered - cause verified	RFC	RFC	RFC	RFC
Recovered - cause undetermined				
0 - 1 year	IC	IC	IC	IC
After 1 year - total resolution, no symptoms, treatment, residuals	S	S	S	S
TONSILLITIS				
<i>Infrequent</i>				
2 episodes per year treated with antibiotics only	S	S	S	S
<i>Frequent</i>				
3 episodes per year - or treated with antibiotics, antihistamines, Nebulizers or humidifiers	W	W	W	W
<i>Complicated</i>				
4 or more treatment periods per year or complicated by sinusitis, tonsil/ adenoid hypertrophy	W	W	W	W
Surgery recommended or discussed , work up pending	W	W	W	W
Associated with sleep apnea or use of C-PAP machine or other device	D	D	D	D
TONSIL - ADENOID HYPERTROPHY				
<i>Asymptomatic</i>				
0 - 18 years of age	W	W	W	W
Over 18 years - no breathing problems/obstruction, treatment or infections	S	S	S	S
<i>Symptomatic, obstructive, under treatment, not fully worked up</i>	W	W	W	W
Tests pending, use of oxygen or C-PAP machine or other device	D	D	D	D
Associated with sleep apnea	D	D	D	D
TORTICOLLIS - WRYNECK				
Acute - recovered without limitations or treatment	S	S	S	S

If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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Congenital, recurrent, with treatment or limitations	W	W	W	W
TOURETTE'S SYNDROME	IC	IC	IC	IC
TRANSIENT ISCHEMIC ATTACK (TIA)	D	D	D	D
TREMOR				
Cause not determined – Parkinson Disease ruled out	IC	IC	IC	IC
Cause determined	RFC	RFC	RFC	RFC
Essential tremor (familial)				
0 – 1 year	D	D	D	D
After 1 year	IC	IC	IC	IC
TUBERCULOSIS				
Pulmonary				
0 - 1 year	D	D	D	D
After 1 year - treated, no residuals or symptoms, negative chest x-ray	S	S	S	S
Exposure only - INH therapy				
0 - 6 months	D	D	D	D
After 6 months - negative chest x-ray	S	S	S	S
Non-pulmonary (renal, joint, bone, lymph gland)				
0 - 5 years	D	D	D	D
After 5 years - full recovery, no treatment or symptoms, negative x-ray	IC	IC	IC	IC
Tuberculosis of the spine (Pott's Disease)	D	D	D	D
ULCER - (STOMACH-DUODENAL-PEPTIC)				
Single occurrence – complete work up, diagnosis confirmed				
0 - 1 year	W	S w/ded 2000 otherwise W	S w/RX ded 1000 otherwise W	S w/ ded 2050/4100 otherwise W
after 1 year - no bleeding or complications	S	S	S	S
Multiple occurrences				
0 - 5 years	W	W	W	W
after 5 years- no recurrence, complications, or bleeding	S	S	S	S
Treated by surgery - adequate work up, no symptoms, complications or bleeding				
0 – 1 year	W	W	W	W
after 1 year - no symptoms, treatment, recurrence	S	S	S	S
ULCERATIVE COLITIS (see Colitis, Ulcerative)				
UREMIA				
Due to infection, burns, chemicals, or injury				
0 - 1 year	D	D	D	D
After 1 year - full recovery, normal tests	S	S	S	S
Chronic - renal disease	D	D	D	D

If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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URETERAL-URETHRAL STRICTURE

Present	W	W	W	W
Resolved - no residuals symptoms or treatment, no dilatations needed				
0 - 2 years	W	W	W	W
After 2 years- fully recovered	S	S	S	S

URETERITIS - URETHRITIS

Acute single attack	S	S	S	S
Recurrent or chronic	W	W	W	W

URINARY TRACT DISORDERS

Cystitis				
Acute single attack - recovered	S	S	S	S
Recurrent attacks				
0 - 2 years	W	W	W	W
After 2 years - no symptoms or treatment	S	S	S	S
Interstitial cystitis	W	W	W	W
Kidney stone or colic				
Stone present - one side	W	W	W	W
Stone present - both sides	D	D	D	D
Single attack				
0 - 2 years	W	W	W	W
After 2 years - no residuals	S	S	S	S
Multiple attacks				
0 - 5 years	W	W	W	W
After 5 years - no residuals	S	S	S	S
Preventative treatment - no stones present within past year	W	W	W	W
Kidney stone with gout	W	W	W	W
Nephrectomy				
Donor - recovered, normal kidney function	S	S	S	S
Traumatic - recovered, remaining kidney normal	S	S	S	S
Other causes				
0 - 2 years	D	D	D	D
2 - 5 years	W	W	W	W
after 5 years - no residuals, symptoms, treatment, normal kidney function	S	S	S	S
Impaired renal function	D	D	D	D
Kidney transplant recipient	D	D	D	D
Malignant (see internal cancer)				
Nephroptosis				
Incidental finding, asymptomatic, no treatment planned or needed	S	S	S	S
Present with symptoms	W	W	W	W
Surgical treatment/repair				
0 - 6 months	W	W	W	W
After 6 months - normal renal function, asymptomatic	S	S	S	S
Polycystic kidney disease	D	D	D	D
Proteinuria				
Cause known	RFC	RFC	RFC	RFC
Cause unknown - no determination made	D	D	D	D
Pyelitis or pyelonephritis				
1 attack - full and prompt recovery				
0 - 6 months	W	W	W	W

If only 1 family member applying for the H S A Complete has a specific impairment, consider the condition under the guide for the individual deductible.

ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
After 6 months - no residuals	S	S	S
2 attacks - recovered			
0 - 2 years	W	W	W
After 2 years no residuals	S	S	S
Chronic - 3 attacks or more	D	D	D
Ureteritis - Urethritis			
Acute single attack - recovered	S	S	S
Recurrent or chronic (look for cause, if STD, underwrite as such)	W	W	W

UTERINE DISORDERS

Cervicitis/Cervical Lesions

(ASCUS, CIN I, II, & III, LGSIL, HGSIL, CIS = atypical cells of undetermined significance, cervical intraepithelial neoplasia (low, moderate, severe), low grade squamous intraepithelial lesion, high grade intraepithelial lesion, carcinoma in situ)

Abnormal PAP smear - ASCUS, CIN I, LGSIL, Atypia				
0 - 1 year	W	W	W	W
After 1 year - normal PAP smear, no abnormal pathology, clear margins	S	S	S	S
Abnormal PAP smear - CIN II, CIN III, HGSIL, CIS				
0 - 2 years	W	W	W	W
After 2 years - all tests normal including PAP smear, clear margins	S	S	S	S
Abnormal uterine bleeding (menometrorrhagia)				
0 - 2 years - malignancy ruled out	W	W	W	W
After 2 years - cause known, no bleeding, no treatment needed	S	S	S	S
Cause unknown - malignancy ruled out	W	W	W	W
Cancer in situ of the cervix (see Cancer In Situ)				
Congenital malformations				
Treated/repared - no complications, symptoms, residuals	S	S	S	S
Untreated	W	W	W	W
Chronic pelvic pain	IC	IC	IC	IC
Dilatation and curettage (D & C) - no malignancy				
Done for miscarriage	S	S	S	S
Done for other causes (see abnormal uterine bleeding)				
Displacements				
Retroversion -				
Asymptomatic, incidental finding	S	S	S	S
Otherwise	W	W	W	W
Urethrocele	W	W	W	W
Cystocele	W	W	W	W
Enterocoele	W	W	W	W
Uterine prolapse	W	W	W	W
Rectocele	W	W	W	W
Displacements corrected by surgery without residuals, follow up concluded				
0 - 1 year	W	W	W	W
After 1 year	S	S	S	S
Dysmenorrhea	W	W	W	W
Endocervical polyp				
Present- benign	W	W	W	W
Operated - no residuals, no cancer	S	S	S	S
Fibroid tumor				
Present - no cancer	W	W	W	W
Removed - no residuals	S	S	S	S
Human papilloma virus (HPV) (see HPV Cervicitis)				

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ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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Hysterectomy - no cancer or residuals problems	S	S	S	S
Pelvic relaxation				
Mild, no evidence of overt organ displacement	S	S	S	S
Otherwise	W	W	W	W
Premenstrual Syndrome - Premenstrual Dysphoric Disorder (PMS, PMDD))				
All other gynecological disorders ruled out – no mental or psychological problems	W	W	W	W

VAGINITIS

Acute, recovered	S	S	S	S
Chronic , recurrent	W	S	S w/1000 RX otherwise W	S w/ ded 2050/4100 otherwise W

VARICOCELE

Unoperated	W	W	W	W
Operated	S	S	S	S

VARICOSE VEINS

Present	W	W	W	W
Operated/removed without residuals				
0 – 2 years	W	W	W	W
After 2 years – no recurrence, no treatment of any kind required	S	S	S	S
Treated by injections - spider veins only for cosmetic reasons	S	S	S	S
Requires support or special hoses, medication, blood thinners	D	D	D	D
History of stasis ulcers, weeping skin, severe edema	D	D	D	D

VENEREAL WARTS (Condyloma Acuminata)

0 - 3 years- require office treatment only with topical medication	W	S w/ded 2000 otherwise W	S w/RX ded 1000 otherwise W	S w/ded 2050/4100 otherwise W
After 3 years - no residuals, recurrence, or abnormal pathology including PAP smear	S	S	S	S

VENTRICULAR SEPTAL DEFECT (see Cardiovascular Disorders)

VERTIGO - DIZZINESS

Labyrinthitis, Meniere’s Disease, CNS disorders ruled out, work up sufficient, not cause found	IC	IC	IC	IC
Vertigo - unqualified, idiopathic	IC	IC	IC	IC
Benign positional vertigo – all disease processes ruled out				
0 - 1 year	D	D	D	D
After 1 year	W	W	W	W

WHIPLASH (see Back Sprain-Strain)

WOLF-PARKINSON-WHITE SYNDROME (see Cardiovascular Disorders)

ZOSTER (see Shingles)

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ACTIONS

HEALTH CONDITIONS

Champion Series	Med Lite No RX	Med Lite With RX	H S A Complete
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