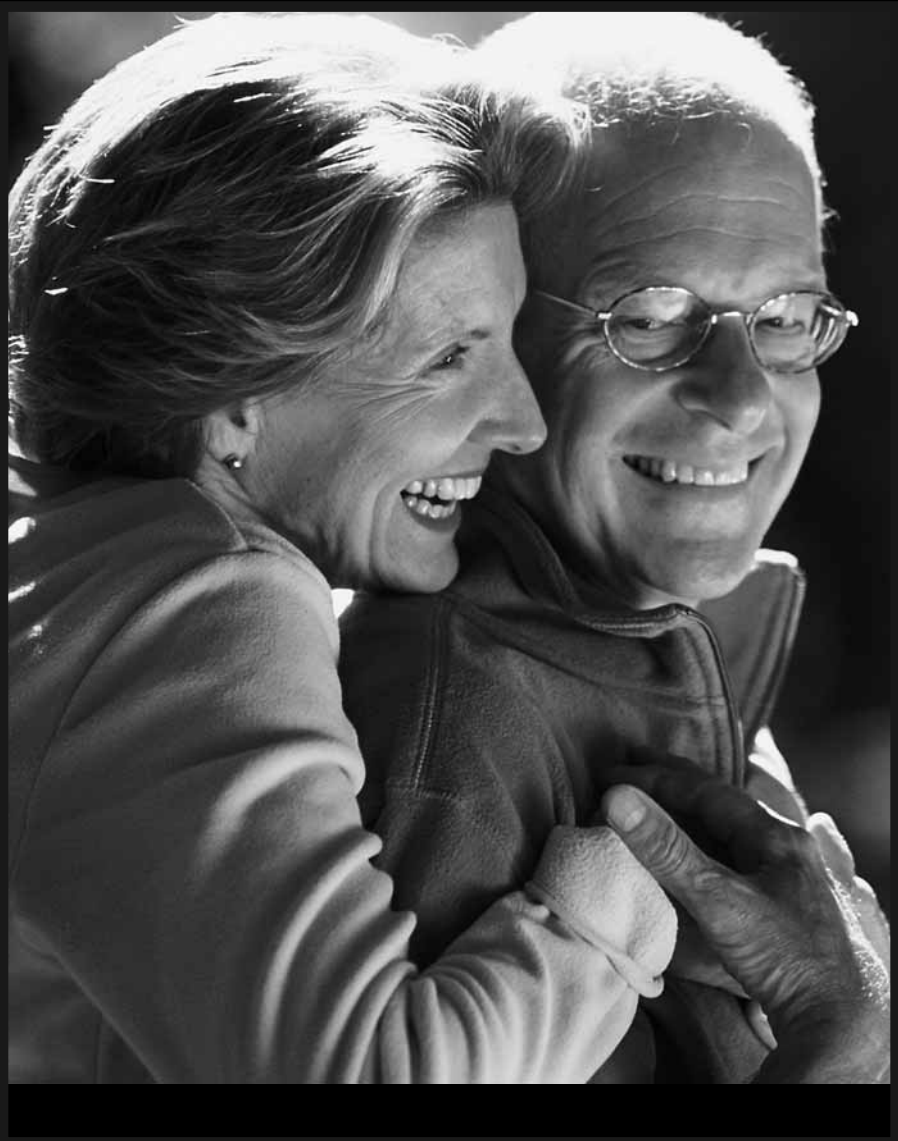


# UNDERWRITING GUIDE

# EquiChoice

The Ultimate Choice in Medicare Supplement Plans



**You Choose Your Own Doctors  
And The Plan That's Best For You!**

**Equitable & You**  
*... Committed To Caring*



# EquiChoice

## (2050 & 2070) UNDERWRITING GUIDE

Please review this Underwriting Guide carefully. It has been designed to help you understand the Underwriting process for the EquiChoice (2050 & 2070) product.

### GENERAL INFORMATION

- Eligibility: ages 65 and older, except where required by state regulation.
- An application may be submitted up to six months in advance for applicants who are turning age 65 and will be eligible for Medicare Part B within the next six months. The coverage effective date is the first day of the month of the applicant's 65th birthday.
- Effective Dates: applicants applying outside of open enrollment may request an effective date up to 60 days beyond the application date.
- Applications must be received in the Home Office within 14 days of the date the application was signed.
- The application date MUST be the date the application was signed. Backdated applications will NOT be accepted.
- The agent, or telephone interviewer for an Express application, must personally ask and record all answers to the application questions. No other person, including the spouse, may answer questions or sign on behalf of an applicant.
- We do not accept Power of Attorney signatures except for guarantee issue applications. A copy of the Power of Attorney document is required prior to issue.
- C.O.D Business is not accepted.

### Household Discount

A 7% household discount is available to applicants living in the same household.

- Marriage is not a requirement
- A policy must be issued to both applicants to qualify for the discount

The household discount is available for applications dated on or after February 11, 2013 or the date the household discount is introduced in your state.

The discount may be added to existing policies. Both policies must be issued with the rate structure introduced February 11, 2013 or later.

If your client has an existing Medicare Supplement policy with Equitable, to qualify for the household discount, they must submit a new application and pass underwriting. Once the new policy is approved, the household discount can be applied.

## TIPS FOR COMPLETING THE APPLICATION

### ALWAYS

- Ask each question exactly as written (don't paraphrase).
- Record each answer exactly as given.
- Complete the application legibly and in black ink.
- Have the applicant initial and date any correction or mistake.

### NEVER

- Use "white out" or similar substances for corrections or mistakes.
- Tell or suggest to the applicant how he or she should answer a question.
- Ask a general question (e.g. "Are you in good health?"), then mark all of the medical questions on the application as "No".
- Allow someone other than the applicant to answer the application questions.

## OPEN ENROLLMENT AND GUARANTEE ISSUE

Applicants who purchase a Medicare supplement policy during an open enrollment period or based on guarantee issue rights are not required to provide any health history information.

## GENERAL OPEN ENROLLMENT

An open enrollment period is available for applicants who are:

- Within 6 months of turning age 65 and first enrolling in Medicare Part B
- Now age 65, previously qualified for Medicare due to disability and enrolled in Medicare Part B, now eligible for a second open enrollment period.

During this period, Equitable cannot deny insurance coverage, place conditions on a policy or charge more premium due to past medical conditions.

Some states require that Medicare supplement open enrollment be offered to individuals under age 65. Refer to the chart below for details.

STATE	Under Age 65 Accepted	Under Age 65 - Plans Available
Alabama, Arkansas, Arizona, Idaho, Indiana, Iowa, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, South Carolina, Tennessee, Utah, Virginia, West Virginia, Wyoming	No	NA
Colorado, Georgia, Illinois, Kansas, Louisiana, Maine, Missouri, Mississippi, New Hampshire, Oregon, South Dakota, Vermont	Yes	A, F or N
Kentucky	Yes – must pass underwriting	A, F or N
Pennsylvania	Yes	A, B, F or N
Connecticut, Maryland, Oklahoma, Texas	Yes	A
North Carolina	Yes	A or F
Delaware	Applicants with end-stage renal disease only	A, F or N

## GUARANTEE ISSUE FOR ELIGIBLE PERSONS

An applicant who is age 65 or older may be eligible for guarantee issue upon the occurrence of certain events that cause the applicant to lose their existing insurance coverage. The applicant must apply within the time period specified below. **Proof of coverage termination must be submitted with the application. Coverage will not be issued as guarantee issue until this documentation is received.**

Events that qualify an applicant for guarantee issue and plan availability:

- The applicant enrolled under an employee welfare benefit plan that provides benefits that supplement Medicare and that plan terminates or ceases to provide all such supplement benefits.

**Plans Available: A or F**

*The applicant must apply within 63 days of the latter of: 1) the date they receive notice that benefits under the employee benefit plan have terminated or ceased (or if notice is not received, the date of the first claim denial due to loss of benefits) or 2) the date the coverage terminates or ceases.*

- The applicant enrolled in a Medicare Advantage plan or in a program of All-Inclusive Care for the Elderly (PACE) plan and the plan is terminated, or the applicant's discontinuance in the plan is due to specific circumstances, such as a change in residence, plan termination in their residence area, the plan substantially violated a material provision of the policy or a material misrepresentation was made about the plan or its coverage. **Plans Available: A or F**

*If the coverage was involuntarily terminated, the applicant must apply either when they receive notice of the coverage termination or within 63 days thereafter.*

- The applicant enrolled in a Medicare risk or cost contract, health care prepayment plan, Medicare Select plan or similar organization and the plan or organization is terminated or the discontinuance in the plan or organization is due to specific circumstances such as a change in residence, plan termination in the applicant's residence area, the plan substantially violated a material provision of the policy or a material misrepresentation was made about the plan or its coverage.

**Plans Available: A or F**

*If coverage was involuntarily terminated, the applicant must apply either when they receive notice of the coverage termination or within 63 days thereafter.*

- The applicant enrolled in a Medicare supplement policy and the coverage is discontinued due to the insolvency of the insurer or other involuntary termination of coverage, the plan substantially violated a material provision of the policy or a material misrepresentation was made about the plan. **Plans Available: A or F**

*If coverage was involuntarily terminated, the applicant must apply on the earlier of: 1) the date the applicant receives notice of the termination of coverage or 2) the date of the termination; and ends 63 days thereafter. If coverage is voluntarily terminated, the applicant must apply 60 days before the coverage is terminated and up to 63 days thereafter.*

- The applicant enrolled in a Medicare supplement policy and terminated the policy to enroll for the first time in a Medicare Advantage plan, a Medicare risk or cost contract, PACE plan or a Medicare Select plan and then terminated the new coverage within the first 12 months. **Plans Available: A or F**

*If coverage was involuntarily terminated, the applicant must apply either when they receive notice of the coverage termination or within 63 days thereafter. If the applicant voluntarily termi-*

ated coverage, the applicant must apply 60 days before the coverage is terminated and up to 63 days thereafter.

- When the applicant first became eligible for Medicare Part A at age 65, they enrolled in a Medicare Advantage or PACE plan and then disenrolled from that plan within the first 12 months. **Plans Available: A, F or N**

*If coverage was involuntarily terminated, the applicant must apply either when they receive notice of the coverage termination or within 63 days thereafter. If the applicant voluntarily terminated coverage, the applicant must apply 60 days before the coverage is terminated and up to 63 days thereafter.*

- The applicant enrolled in a Medicare Part D plan during the initial Part D enrollment period and are enrolled under a Medicare supplement policy that covers outpatient prescription drugs and the applicant terminates the policy. **Plans Available: A or F**

*The applicant must apply when they receive notice from the Medicare supplement issuer regarding the prescription drug coverage in the policy and Medicare Part D, and ends 63 days after the applicant enrolls under Part D.*

Some states have other rules in place for guarantee issue. Please refer to the chart below for details.

State	Rule	Plan(s) Available
Kansas	No longer eligible for Medicaid	A, F or N
Texas, Tennessee	No longer eligible for Medicaid	A or F
Maine Maine	Annual open enrollment (every February) Plan exchange without underwriting: Current plan: A Current plan: F Current plan: N	A  A A, F or N A or N
Missouri	Exchange existing plan 30 days before or after policy anniversary	Same plan as currently in force
Washington	Issue another plan without underwriting: Current plan: A Current plan: any plan other than A	A F or N
Connecticut	Guarantee issue at any time	A, F or N
Nevada	Person disenrolls from a health plan that is primary to benefits covered under Medicare	A or F
Oregon	Change plan within 30 days following applicant's birthday	<b>A:</b> if existing plan is A or B <b>A or N:</b> if existing plan is C, D E, G, H or I <b>A, F or N:</b> if existing plan is F or J (not high deductible versions) <b>N:</b> if existing plan is M or N

## DEFINITION OF REPLACEMENT

A replacement form is required when the applicant's current health insurance is another Medicare supplement policy, including a health care service contract or HMO contract, or any other health insurance policy that provides benefits which a Medicare supplement policy would duplicate, and the applicant has a choice in whether the coverage continues.

If coverage is ending and the applicant is eligible for Guarantee Issue, a replacement form is not required.

## SUBMITTING THE APPLICATION

### Express Application Process

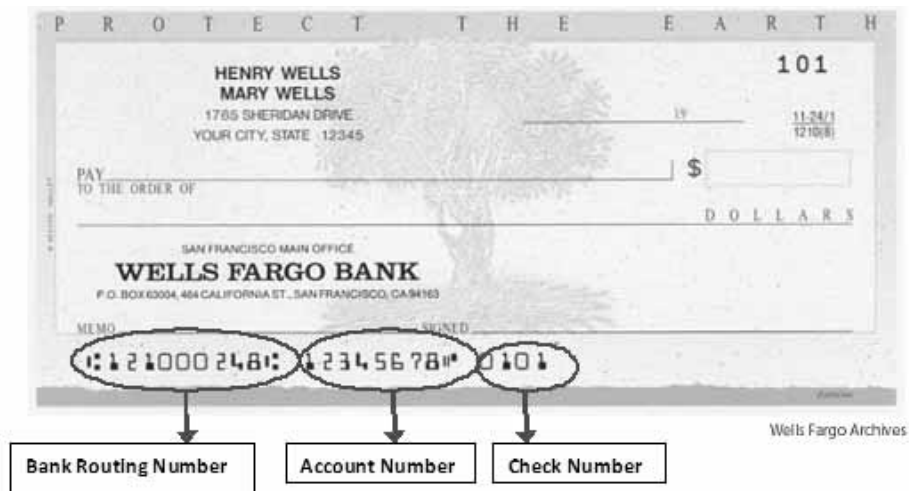
To submit an application using the Express Application Process:

- Pre-qualify the applicant based on the medical questions in the Medical Information page of the application (form A-FSQ) if the applicant is outside open enrollment or is not eligible under guarantee issue
- Prior to putting your client on the phone, you **MUST** have your applicant read the required statements in Part IV –General Information. The Tele-Underwriter will ask your client if they have read, or had read to them, the required statements from Part IV – General Information in the application. If the client has not read these statements, the Tele-Underwriter will end the call and inform you that the statements must be read by the client prior to completing the interview.
- Complete the replacement form if replacing and the applicant is not eligible for guarantee issue
- As the premium is to be paid by Bank Draft, be sure the applicant has their checkbook available to give the bank name, address, routing number and account number to the interviewer. **DO NOT COLLECT PREMIUM OR A VOIDED CHECK. Premiums will be deducted automatically for the first AND subsequent months.**

A request for funds is electronically submitted to the customer's bank upon approval of the policy, and Equitable receives payment electronically.

As with a paper check, the bank draft needs to clear the bank before payment can be rendered. Once the request for payment leaves Equitable, the bank will verify that the account has enough money to cover the draft request. And, the bank verifies that the account information we gave them is accurate.

There are 2 numbers that are required: the Bank Routing Number and the Account Number. Below is an example of how the Bank Routing Number and Account Number are presented on the check. Usually the reason we get incorrect information is because the applicant includes the Check Number.



Also, remember that we cannot accept a credit card number or a debit card number – this is not the routing or account number. We must have the numbers associated with the customer’s checking or savings account.

- Call **1-866-551-1781** for a Point-of-Sale Interview. If outside open enrollment or not eligible under guarantee issue, you must call to have the Medical questions verified by one of our interviewers.
  - ▶ Call times are 7:00 a.m. to 7:00 p.m., MST, Monday through Thursday and 7:00 a.m. to 6:00 p.m. on Fridays. If your appointment is outside these hours, call to leave the following information:
    - Your name and agent number
    - Applicant’s name
    - Applicant’s telephone number
    - What product the applicant is applying for
    - The best time to call the applicant
  - ▶ **DO NOT COACH THE APPLICANT!** It is recommended that you explain what will take place but you must not participate in the interview. Our interviewers are trained to identify coaching and, if identified, it will only delay the issue process.

Once the interview is complete, send the Home Office a copy of the Replacement Form, if required. **This must be received within 14 days of the application date or commission will be charged back.**

### Regular Application Process

To submit an application using the Regular Application Process:

- Pre-qualify the applicant based on the medical questions in the Medical Information page of the application (form A-FSQ) if the applicant is outside open enrollment or is not eligible under guarantee issue.
- Complete the application except the medical questions
- Complete the Health Information Authorization – HHA (04) [(if the applicant is outside open enrollment or is not eligible under guarantee issue)
- Complete the replacement form, if replacing and the applicant is not eligible for guarantee issue
- Call **1-866-551-1781** for a Point-of-Sale Interview. If outside open enrollment or not eligible under guarantee issue, you must call to have the Medical questions verified by one of our interviewers.
  - ▶ Call times are 7:00 a.m. to 7:00 p.m., MST, Monday through Thursday and 7:00 a.m. to 6:00 p.m. on Fridays. If your appointment is outside these hours, call to leave the following

information:

- Your name and agent number
- Applicant's name
- Applicant's telephone number
- What product the applicant is applying for
- The best time to call the applicant

► **DO NOT COACH THE APPLICANT!** It is recommended that you explain what will take place but you must not participate in the interview. Our interviewers are trained to identify coaching and, if identified, it will only delay the issue process.

- Once the interview is completed, submit the required forms and premium to the Home Office for processing. You can mail the forms or fax them to 1-888-352-5126.

## DESCRIPTION OF RISK CLASSES

**There are separate underwriting risk classes: Ultimate and Standard.**

Each risk class has a separate premium rate. All applicants who apply under open enrollment or guarantee issue are placed in the Ultimate risk class and remain in this risk class for the life of the policy.

### **Ultimate/non-tobacco:**

- Applicants who do not use tobacco products who qualify for open enrollment or guarantee issue – or -
- Applicants outside of open enrollment/guarantee issue who do not use tobacco products and can answer “no” to all the health questions on the Medical Information section of the application\*.

### **Ultimate/tobacco:**

- Applicants who use tobacco products who qualify for open enrollment or guarantee issue (Not available in Illinois, Kentucky, Louisiana, Michigan, Pennsylvania, Tennessee, New Hampshire and Utah. In these states, use the Ultimate/Non-tobacco rate) - or -
- Applicants outside of open enrollment/guarantee issue who use tobacco products and can answer “no” to all the health questions on the Medical Information section of the application\*.

**Standard/non-tobacco:** Applicants outside of open enrollment or guarantee issue who do not use tobacco products, and, have insulin dependent diabetes that is under control without complications or have a mental illness requiring psychiatric care (not available in New Hampshire)\*.

**Standard/tobacco:** Applicants outside of open enrollment or guarantee issue who use tobacco products, and, have insulin dependent diabetes that is under control without complications or have a mental illness requiring psychiatric care (not available in New Hampshire)\*.

\* see *Underwriting Guidelines on page 9 and the Medical Conditions Guide on page 10 for more information*



## BUILD TABLE

Height	Minimum Weight	Maximum Weight - Ultimate Class	Maximum Weight- Standard Class
4'10"	85	190	215
4'11"	90	200	220
5'0"	90	205	230
5'1"	95	210	240
5'2"	100	220	245
5'3"	100	225	255
5'4"	105	230	260
5'5"	110	240	270
5'6"	110	250	280
5'7"	115	255	285
5'8"	120	260	295
5'9"	120	270	305
5'10"	125	280	310
5'11"	130	285	320
6'0"	130	295	330
6'1"	135	300	340
6'2"	140	310	350
6'3"	140	320	360
6'4"	150	325	370
6'5"	155	335	380

Applications will be declined for all applicants whose weight is below the Minimum Weight or above the Maximum Weight – Standard Class.

## MEDICAL TERMS ON THE APPLICATION

**Amyotrophic Lateral Sclerosis (ALS):** Also known as Lou Gehrig's disease. A progressive, fatal disease that causes gradual degeneration of the nerve cells that control voluntary muscle movement.

**Angioplasty:** Procedure to reopen narrowed blood vessels.

**Atrial Fibrillation:** Heart condition that causes rapid, irregular heartbeat.

**Cardiomyopathy:** Disease that affects the heart and diminishes cardiac performance.

**Carotid Artery Disease:** Blockage in the arteries that provide blood supply to the head and neck.

**Cirrhosis:** A chronic degenerative disease of the liver.

**Complications of Diabetes:** End-organ damage caused by diabetes such as neuropathy (numbness or tingling in the feet or legs); retinopathy (eye disease); kidney damage or gastroparesis (delayed emptying of food from the stomach)

**Coronary Artery Disease:** Blockage in the arteries that provide blood supply to the heart.

**Diabetes not under control:** Indicated by a Hemoglobin A1c level > 7%, or an average fasting blood sugar >120.

**Heart valve disease:** Disease of the valves that control blood flow in the heart.

**Internal Cancer:** Cancer affecting any internal organs, including leukemia, lymphoma and/or bone. Does not include minor skin cancers like basal cell carcinoma.

**Myasthenia Gravis:** Motor disorder causing marked muscular fatigue.

**Peripheral Vascular Disease:** Disease that causes blockage in the arteries that provide blood supply to the legs and feet.

**Systemic Lupus:** Chronic autoimmune system disorder affecting multiple organs in the body.

**Transient Ischemic Attack (TIA):** “Mini-stroke”.

## **UNDERWRITING GUIDELINES**

If your client had a **heart attack, stroke, TIA, heart surgery, carotid artery surgery or surgery for peripheral vascular disease** in the past 2 years, they will answer “yes” to the appropriate question on the application or during the phone interview.

However, if your client had a heart attack, stroke, TIA, heart surgery, carotid artery surgery or surgery for peripheral vascular disease more than 2 years ago, and continues to take preventative medications (i.e. blood thinners), the corresponding question can be answered “no”.

Remember, this only applies to the health conditions listed above as these conditions are considered “a onetime event”. If your client is taking medication for a chronic condition such as Alzheimer’s disease or diabetes, the corresponding question must be answered yes. Medical conditions such as Alzheimer’s or diabetes are not a “onetime event”; rather they are chronic medical conditions that require treatment to keep the condition under control.

Applicants who are outside of open enrollment or a guarantee issue period **qualify for the Standard rating when:**

1. Questions 1 – 5 in the Medical questionnaire are answered “no”
2. **Question 6 or 7 in the Medical questionnaire is answered “yes”.** Questions 6 and 7 require a “yes” answer when your client has insulin dependent diabetes that is under control without complications or has a mental illness requiring psychiatric care.

These clients are insurable at the Standard rate class.

**NOTE:** Clients with diabetes taking oral medication only or controlled by diet are eligible for the Ultimate rates.

## MEDICAL CONDITIONS GUIDE

The Medical Conditions guide gives a general indication of whether a particular medical condition is insurable for the EquiChoice (2050/2070) product. The Action column gives the probable underwriting action for each medical condition.

Because each applicant has a unique medical history, it is impossible to list every possible combination of conditions. However, this guide will help you identify most of the specific conditions that you will encounter.

Equitable Life & Casualty reserves the right to decline any application it deems unacceptable for coverage. Underwriting decisions are reserved solely for the Home Office Underwriters. The Company reserves the right to consider each application on its own merits.

Call the Tele-Underwriting Hotline number, **866-551-1781**, if you are unable to find a condition in this section.

<b>Condition</b>	<b>Action</b>
AIDS	Decline
Alcohol abuse	
• Abstinence, no medication or treatment in the past 2 years	Ultimate
• Current alcohol use, medication or treatment in the past 2 years	Decline
Alzheimer's Disease	Decline
Amputation	
• Due to disease	Decline
Amyotrophic Lateral Sclerosis (ALS)	Decline
Angina	Decline
Angioplasty or Stent Placement	
• Surgery over 2 years ago	Ultimate
• Surgery in past 2 years	Decline
• Pending Surgery	Decline
Anxiety	
• No hospitalization in the past 2 years	Ultimate
• Requires psychiatric care	Standard
• Hospitalization in past 2 years	Decline
Atrial Fibrillation	Decline
Bipolar Disorder / Manic Depression	
• No hospitalization in the past 2 years	Ultimate
• Requires psychiatric care	Standard
• Hospitalization in past 2 years	Decline

<b>Condition</b>	<b>Action</b>
Bypass Surgery – Cardiac (heart) / or Femoral (legs)	
• Surgery over 2 years ago . . . . .	.Ultimate
• Surgery in past 2 years . . . . .	.Decline
• Surgery pending or recommended . . . . .	.Decline
Cancer	
• Surgery or last treatment received in past 2 year . . . . .	.Decline
• Surgery or last treatment > 2 years ago . . . . .	.Ultimate
Cardiomyopathy . . . . .	.Decline
Carotid Artery Disease	
• Present . . . . .	.Decline
• Surgery over 2 years ago . . . . .	.Ultimate
• Surgery in past 2 years . . . . .	.Decline
• Surgery pending or recommended . . . . .	.Decline
Cerebrovascular Accident (CVA, Stroke)	
• CVA within past two years . . . . .	.Decline
• CVA > 2 years ago . . . . .	.Ultimate
Chronic Obstructive Pulmonary Disease (COPD)	
• Oxygen use . . . . .	.Decline
Cirrhosis of the Liver . . . . .	.Decline
Congestive Heart Failure . . . . .	.Decline
Coronary Artery Disease . . . . .	.Decline
Defibrillator . . . . .	.Decline
Dementia . . . . .	.Decline
Depression	
• No hospitalization in the past 2 years . . . . .	.Ultimate
• Requires psychiatric care . . . . .	.Standard
• Hospitalization in past 2 years . . . . .	.Decline
Diabetes	
• Under control, no diabetic complications, oral medication or diet control . . . . .	.Ultimate
• Under control, no diabetic complications, insulin dependent . . . . .	.Standard
• Uncontrolled diabetes, A1C >7.0% or average fasting blood sugar >120 . . . . .	.Decline
• With diabetic complications . . . . .	.Decline
Drug Abuse	
• Abstinence, no medication or treatment in the past 2 years . . . . .	.Ultimate
• Current drug use, medication or treatment in the past 2 years . . . . .	.Decline

<b>Condition</b>	<b>Action</b>
Heart Attack	
• Within the past 2 years	.Decline
• Over 2 years ago	.Ultimate
Heart Valve Surgery	
• Surgery over 2 years ago	.Ultimate
• Surgery in past 2 years	.Decline
• Pending Surgery	.Decline
HIV Positive	.Decline
Home Health Care	
• Received within the past 90 days	.Decline
• Last home care received > 90 days ago	.See condition care required for
Kidney Failure	.Decline
Leukemia	
• Last treatment received in past 2 years	.Decline
• Last treatment > 2 years ago	.Ultimate
Lupus	
• Discoid	.Ultimate
• Systemic	.Decline
Lymphoma	.see Cancer
Melanoma	.see Cancer
Memory Loss	.Decline
Multiple Myeloma	.see Cancer
Multiple Sclerosis	.Decline
Myasthenia Gravis	.Decline
Myocardial Infarction	.see Heart Attack
Neuropathy	
• With diabetes	.see Diabetes
• Without diabetes	.Ultimate
Obesity	.see Build Table
Organ Transplant	.Decline

<b>Condition</b>	<b>Action</b>
Parkinsons Disease .....	Decline
Pending Surgery .....	Decline
Peripheral Neuropathy .....	see Neuropathy
Peripheral Vascular Disease .....	Decline
Retinopathy .....	Decline
Schizophrenia .....	Decline
Senile Dementia .....	Decline
Skin Ulcer	
• Treatment within past 2 yrs .....	Decline
• Treatment > 2 yrs ago, no diabetes or peripheral vascular disease .....	Ultimate
• With peripheral vascular disease or diabetes .....	Decline
Stroke .....	see Cerebrovascular Accident (CVA)
Systemic Lupus .....	Decline
Transient Ischemic Attack	
• Within 2 years .....	Decline
• More than 2 years ago .....	Ultimate
Wheelchair use .....	Decline

**PRESCRIPTION DRUG GUIDE**

**Uninsurable Medications**

If your applicant is taking one of the medications below for the specific “Customary Use” or condition noted, do not submit the application. Applicants treated with these medications, for the noted condition, are automatically declined.

Some medications are used for multiple conditions. **If the applicant is using the medication for the condition listed, do not submit the application.**

<b>Medication</b>	<b>Customary Use</b>	<b>Medication</b>	<b>Customary Use</b>
	<b>A</b>		
Abacavir sulfate .....	HIV / AIDS	Akineton .....	Parkinson’s
Abraxane .....	Cancer	Aldactazide .....	Congestive heart failure
Accupril .....	Congestive heart failure	Aldactone .....	Congestive heart failure
Accuretic .....	Congestive heart failure	Alkeran .....	Cancer
Aceon .....	Coronary artery disease	Altace .....	Congestive heart failure/ Coronary artery disease
Acetazolamide .....	Congestive heart failure	Altretamine .....	Cancer
Actimmune .....	Organ transplant	Amantadine .....	Parkinson’s
Adalat .....	Coronary artery disease	Amiloride .....	Congestive heart failure
Adriamycin .....	Cancer	Amiodarone .....	Atrial fibrillation
Aggrenox CVA (stroke) / TIA (within first 2 years)		Amlodipine .....	Coronary artery disease

<b>Medication</b>	<b>Customary Use</b>
Amyl Nitrite	Coronary artery disease
Anastrozole	Breast cancer (within first 2 years)
Antabuse	Alcohol abuse
Apresoline	Congestive heart failure / Valvular heart disease
Aptivus	HIV / AIDS
Aricept	Alzheimer's / Dementia
Arimidex	Breast cancer (within first 2 years)
Aromasin	Breast cancer (within first 2 years)
Artane	Parkinson's
Atacand	Congestive heart failure
Atenolol	Congestive heart failure
Atripla	HIV / AIDS
Avonex	Multiple sclerosis
Azasan	Organ transplant
Azathioprine	Organ transplant

**B**

Baclofen	Multiple sclerosis
Becaplermin	Skin ulcer
Bendroflumethiazide	Congestive heart failure
Benzotropine Mesylate	Parkinson's
Bepridil	Coronary artery disease
Betaseron	Organ transplant
Bicalutamide	Cancer
Biperiden	Parkinson's
Bisoprolol	Congestive heart failure
Blocadren	Coronary artery disease
Bromocriptine	Parkinson's
Bumetanide	Congestive heart failure
Bumex	Congestive heart failure
Busulfex	Cancer

**C**

Campral	Alcohol abuse
Capoten	Congestive heart failure / Coronary artery disease
Captopril	Congestive heart failure / Coronary artery disease
Carbidopa	Parkinson's
Cardene	Coronary artery disease
Carvedilol	Congestive heart failure / Coronary artery disease
Casodex	Cancer
CeeNU	Cancer
CellCept	Organ transplant
Chlorambucil	Cancer
Chlorothiazide	Congestive heart failure
Chymotrypsin	Organ transplant
Cilostazol	Peripheral Vascular Disease
Clopidogrel CVA (stroke) / TIA (within first 2 years)	

<b>Medication</b>	<b>Customary Use</b>
Cogentin	Parkinson's
Cognex	Alzheimer's, Dementia
Combivir	HIV / AIDS
Comtan	Parkinson's
Copaxone	Multiple sclerosis
Cordarone	Atrial fibrillation
Coreg	Congestive heart failure / Coronary artery disease
Corgard	Coronary artery disease
Corzide	Coronary artery disease
Coumadin CVA (stroke) / TIA (within first 2 years)	
Coumadin	Peripheral vascular disease
Covera	Coronary artery disease / Atrial fibrillation
Crixivan	HIV / AIDS
Cyclophosphamide	Cancer
Cyclosporine	Organ transplant
Cymbalta	Diabetic neuropathy
Cytosan	Cancer

**D**

Demadex	Congestive heart failure
Depade	Substance abuse
DepoCyt	Cancer
Diamox	Congestive heart failure
Didanosine	HIV / AIDS
Digitek	Congestive heart failure / Atrial fibrillation
Digoxin	Congestive heart failure / Atrial fibrillation
Dilatate	Coronary artery disease
Diovan	Congestive heart failure
Dipradam	Valvular heart disease
Dipyridamole	Valvular heart disease
Disulfiram	Alcoholism
Dofetilide	Atrial fibrillation
Donepezil	Alzheimer's / Dementia
Dopar	Parkinson's
Duloxetine	Diabetic neuropathy

**E**

Efavirenz	HIV / AIDS
Eldepryl	Parkinson's
Eligard	Cancer
Emcyt	Cancer
Emtriva	HIV / AIDS
Enalapril	Congestive heart failure
Enalaprilat	Congestive heart failure
Enduron	Congestive heart failure
Entacapone	Parkinson's
Epivir	HIV / AIDS
Epogen	Kidney failure
Epzicom	HIV / AIDS
Ergamisol	Cancer

<b>Medication</b>	<b>Customary Use</b>
Ergoloid Mesylate . . . . .	Alzheimer's / Dementia
Esidrix . . . . .	Congestive heart failure
Estramustine . . . . .	Cancer
Eulexin . . . . .	Cancer
Exelon . . . . .	Alzheimer's / Dementia
Exemestane . . . . .	Breast cancer (within first 2 years)

**F**

Fareston . . . . .	Breast cancer (within first 2 years)
Faslodex . . . . .	Cancer
Felodipine . . . . .	Peripheral Vascular Disease
Felodipine . . . . .	CVA (stroke) (within first 2 years)
Femara . . . . .	Breast cancer (within first 2 years)
Flumazenil . . . . .	Substance abuse
Flutamide . . . . .	Cancer
Fortovase . . . . .	HIV / AIDS
Foscarnet . . . . .	HIV / AIDS
Fosinopril . . . . .	Congestive heart failure
Foscavir . . . . .	HIV / AIDS
Furosemide . . . . .	Congestive heart failure

**G**

Gabapentin . . . . .	Diabetic neuropathy
Galantamine . . . . .	Alzheimer's / Dementia
Gengraf . . . . .	Organ transplant
Goserelin . . . . .	Cancer

**H**

Hexalen . . . . .	Cancer
Hivid . . . . .	HIV / AIDS
Hydergine . . . . .	Alzheimer's / Dementia
Hydralazine . . . . .	Congestive heart failure / Valvular heart disease
Hydrea . . . . .	Cancer
Hydrochlorothiazide . . . . .	Congestive heart failure
HydroDIURIL . . . . .	Congestive heart failure
Hydropres . . . . .	Congestive heart failure
Hydroxyurea . . . . .	Cancer
Hylenex . . . . .	Organ transplant

**I**

Idamycin . . . . .	Cancer
Idarubicin . . . . .	Cancer
Ifex . . . . .	Cancer
Ifosfamide . . . . .	Cancer
Imdur . . . . .	Coronary artery disease
Imuran . . . . .	Organ transplant
Indapamide . . . . .	Congestive heart failure
Inderal . . . . .	Coronary artery disease / Congestive heart failure
Inderide . . . . .	Coronary artery disease

<b>Medication</b>	<b>Customary Use</b>
Indinavir . . . . .	HIV / AIDS
Infergen . . . . .	Organ transplant
InnoPran . . . . .	Coronary artery disease
Interferon . . . . .	Organ transplant
Intron . . . . .	Organ transplant
Invirase . . . . .	HIV / AIDS
Ismo . . . . .	Coronary artery disease
Isoptin . . . . .	Coronary artery disease
Isordil . . . . .	Coronary artery disease
Isosorbide . . . . .	Coronary artery disease
Isoxsuprine . . . . .	Peripheral vascular disease

**J**

Jantoven . . . . .	Peripheral vascular disease / Atrial fibrillation
Jantoven . . . . .	TIA / CVA (stroke) (within first 2 years)

**K**

Kaletra . . . . .	HIV / AIDS
Kemadrin . . . . .	Parkinson's

**L**

Lamivudine . . . . .	HIV / AIDS
Lanoxicaps . . . . .	Atrial fibrillation / Congestive heart failure
Lanoxin . . . . .	Atrial fibrillation / Congestive heart failure
Larodopa . . . . .	Parkinson's disease
L-Dopa . . . . .	Parkinson's disease
Letrozole . . . . .	Breast cancer (within first 2 years)
Leukeran . . . . .	Cancer
Leuprolide . . . . .	Prostate Cancer
Levamisole . . . . .	Cancer
Levatol . . . . .	Coronary artery disease
Levodopa . . . . .	Parkinson's
Lexxel . . . . .	Congestive heart failure
Lioresa . . . . .	Multiple sclerosis
Lisinopril . . . . .	Coronary artery disease / Congestive heart failure
Lopinavir . . . . .	HIV / AIDS
Lopressor . . . . .	Coronary artery disease
Lupron . . . . .	Cancer
Lyrica . . . . .	Diabetic neuropathy
Lysodren . . . . .	Cancer

**M**

Matulane . . . . .	Cancer
Megace . . . . .	Cancer
Megestrol . . . . .	Cancer
Memantine . . . . .	Alzheimer's/Dementia
Mercaptopurine . . . . .	Leukemia
Mestinon . . . . .	Myasthenia gravis



<b>Medication</b>	<b>Customary Use</b>
Methyclothiazide . . . . .	Congestive heart failure
Metoprolol . . . . .	Coronary artery disease
Microzide . . . . .	Congestive heart failure
Midamor . . . . .	Congestive heart failure
Minitran . . . . .	Coronary artery disease
Mirapex . . . . .	Parkinson's
Moduretic . . . . .	Congestive heart failure
Monoket . . . . .	Coronary artery disease
Mycophenolate mofetil . . . . .	Organ transplant
Myfortic . . . . .	Organ transplant
Myleran . . . . .	Cancer
Mylocel . . . . .	Cancer
Myotrophin . . . . .	ALS/Lou Gehrig's disease

**N**

Nadolol . . . . .	Coronary artery disease
Naloxone . . . . .	Substance abuse
Naltrexone . . . . .	Substance abuse
Namenda . . . . .	Alzheimer's / Dementia
Narcan . . . . .	Substance abuse
Nelfinavir . . . . .	HIV / AIDS
Neoral . . . . .	Organ transplant
Neosar . . . . .	Cancer
Neostigmine . . . . .	Myasthenia gravis
Neupro . . . . .	Parkinson's
Neurontin . . . . .	Diabetic neuropathy
Nevirapine . . . . .	HIV / AIDS
Nexavar . . . . .	Cancer
Nicardipine . . . . .	Coronary artery disease
Nifediac . . . . .	Coronary artery disease
Nifedical . . . . .	Coronary artery disease
Nifedipine . . . . .	Coronary artery disease
Nilandron . . . . .	Cancer
Nilutamide . . . . .	Prostate cancer
Nitrek . . . . .	Coronary artery disease
Nitro-Bid . . . . .	Coronary artery disease
Nitro-Dur . . . . .	Coronary artery disease
Nitrogard . . . . .	Coronary artery disease
Nitroglycerin . . . . .	Coronary artery disease
Nitrol . . . . .	Coronary artery disease
Nitrong . . . . .	Coronary artery disease
Nitro paste . . . . .	Coronary artery disease
Nitro patch . . . . .	Coronary artery disease
Nitropress . . . . .	Coronary artery disease
NitroQuick . . . . .	Coronary artery disease
Nitrostat . . . . .	Coronary artery disease
NitroTab . . . . .	Coronary artery disease
Nitro-Time . . . . .	Coronary artery disease

<b>Medication</b>	<b>Customary Use</b>
Nolvadex . . . . .	Breast cancer (within first 2 years)
Norvasc . . . . .	Congestive heart failure
Norvir . . . . .	HIV / AIDS
Nylidrin . . . . .	Peripheral vascular disease

**O**

Onxol . . . . .	Cancer
Orphenadrine . . . . .	Parkinson's
Orthoclone . . . . .	Organ transplant

**P**

Papaverine . . . . .	Peripheral vascular disease
Para-Time . . . . .	Peripheral vascular disease
Parlodel . . . . .	Parkinson's
Paridol . . . . .	Parkinson's
Pentoxifylline . . . . .	Peripheral vascular disease
Pergolide . . . . .	Parkinson's
Permax . . . . .	Parkinson's
Persantine . . . . .	Valvular heart disease
Photofrin . . . . .	Cancer
Plaqueni . . . . .	Systemic lupus
Plavix . . . . .	Peripheral vascular disease
Plavix . . . . .	CVA (stroke) / TIA (within first 2 years)
Plendil . . . . .	Peripheral vascular disease
Pletal . . . . .	Peripheral vascular disease
Pramipexole . . . . .	Parkinson's
Pregabalin . . . . .	Diabetic neuropathy
Prinivil . . . . .	Coronary artery disease / Congestive heart failure

Procainamide . . . . .	Atrial fibrillation
Procanbid . . . . .	Atrial fibrillation
Procardia . . . . .	Coronary artery disease
Procyclidine . . . . .	Parkinson's
Prograf . . . . .	Organ transplant
Pronestyl . . . . .	Atrial fibrillation
Propafenone . . . . .	Atrial fibrillation
Propranolo . . . . .	Coronary artery disease / Atrial fibrillation
Prostigmin . . . . .	Myasthenia gravis
Purinethol . . . . .	Leukemia
Pyridostigmine . . . . .	Myasthenia gravis

**Q**

Quinapril . . . . .	Coronary artery disease
Quinidex . . . . .	Atrial fibrillation
Quinidine . . . . .	Atrial fibrillation

**R**

Ranexa . . . . .	Coronary artery disease
Rapamune . . . . .	Organ transplant
Razadyne . . . . .	Alzheimer's/Dementia

<b>Medication</b>	<b>Customary Use</b>
Rebif	Organ transplant
Regranex	Skin ulcer
Reminyl	Alzheimer's/Dementia
Renese	Kidney failure
Requip	Parkinson's
Rescriptor	HIV / AIDS
Retrovir	HIV / AIDS
Revatio	Valvular heart disease
Revox	Substance abuse
ReVia	Substance abuse
Rilutek	ALS / Lou Gehrig's disease
Riluzole	ALS / Lou Gehrig's disease
Ritonavir	HIV / AIDS
Rituxan	Cancer
Rituximab	Non-Hodgkin's lymphoma
Rivastigmine	Alzheimer's / Dementia
Roferon	Organ transplant
Romazicon	Substance abuse
Ropinirole	Parkinson's

**S**

Saluron	Congestive heart failure
Sandimmune	Organ transplant
Saquinavir	HIV / AIDS
Selegiline	Parkinson's
Simlect	Organ transplant
Sinemet	Parkinson's
Soltamox	Cancer
Sotalol	Atrial fibrillation
Spironolactone	Congestive heart failure
Sprycel	Cancer
Stavudine	HIV / AIDS
Stilphostro	Cancer
Sustiva	HIV / AIDS
Suten	Cancer
Symmetrel	Parkinson's

**T**

Tabloid	Cancer
Tacrine	Alzheimer's / Dementia
Tamoxifen	Breast Cancer (within first 2 years)
Tarceva	Cancer
Tasmar	Parkinson's
Temodar	Cancer
Tenofovir	HIV / AIDS
Tensilon	Myasthenia gravis
Teslac	Cancer
Teveten	Congestive heart failure
Thalitone	Cirrhosis

<b>Medication</b>	<b>Customary Use</b>
Thalomid	Organ transplant
Thioguanine	Leukemia
Thymoglobulin	Organ transplant
Tiazac	Coronary artery disease
Ticlid	CVA (stroke) / TIA (within first 2 years)
Ticlopidine	CVA (stroke) / TIA (within first 2 years)
Tikosyn	Atrial fibrillation
Timolide	Congestive heart failure / Coronary artery disease
Tolcapone	Parkinson's
Toposar	Cancer
Toprol	Coronary artery disease
Toremifene	Breast cancer (within first 2 years)
Torsemide	Congestive heart failure
Tracleer	Valvular heart disease
Trental	Peripheral vascular disease
Trihexyphenidyl	Parkinson's
Trizivir	HIV / AIDS
Truvada	HIV / AIDS

**U**

Uniretic	Congestive heart failure
Uvadex	Cancer

**V**

Valcyte	HIV / AIDS
Valganciclovir	HIV / AIDS
Valsartan	Congestive heart failure
Vascor	Coronary artery disease
Vasodilan	Peripheral vascular disease
Vasotec	Congestive heart failure
Velcade	Cancer
Veldona	Organ transplant
Ventavis	Valvular heart disease
VePesid	Cancer
Verapamil	Atrial fibrillation/ Coronary artery disease
Verelan	Atrial fibrillation / Coronary artery disease
Viadur	Prostate cancer
Videx	HIV / AIDS
Viracep	HIV / AIDS
Viramune	HIV / AIDS
Viread	HIV / AIDS
Vitrase	Organ transplant
Vivitrol	Substance abuse

**W**

Warfarin	Peripheral vascular disease/ Atrial fibrillation
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<b>Medication</b>	<b>Customary Use</b>
Warfarin	.CVA (stroke) / TIA (within first 2 years)
Wellferon	.....HIV / AIDS
Wydase	.....Organ transplant
	<b>X</b>
Xeloda	.....Cancer
	<b>Z</b>
Zalcitabine	.....HIV / AIDS
Zaroxolyn	.....Congestive heart failure

<b>Medication</b>	<b>Customary Use</b>
Zebeta	.....Congestive heart failure
Zenapax	.....Organ transplant
Zerit	.....HIV / AIDS
Ziac	.....Congestive heart failure
Ziagen	.....HIV / AIDS
Zidovudine	.....HIV / AIDS
Zoladex	...Breast Cancer (within first 2 years)

**Medications – Standard Rating**

If your applicant is taking one of the medications below for diabetes, the applicant will receive the **Standard rating**.

- Apidra
- Humalog
- Humulin
- Iletin
- Insulin
- Lantus
- Lente
- Levemir
- Novolin
- NovoLog
- Pioglitazone
- Rezulin
- Symlin
- Velosulin

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