

TERM MADE SIMPLE

Build Chart (Standard Non-Tobacco & Tobacco Rates) Disability / Critical Illness Riders Underwriting Guidelines Preferred Underwriting Criteria & Build Chart

Please Note: This document is simply an excerpt taken from the product Agent Guide (Form No. 3237). It is provided as convenience to assist with viewing only a specific portion of the entire document. For complete product information, refer to the main Agent Guide.

BUILD CHART (Standard Non-Tobacco & Tobacco)			
HEIGHT	MINIMUM WEIGHT MUST BE AT LEAST	MAXIMUM WEIGHT WITHIN TABLE 2	MAXIMUM WEIGHT WITHIN TABLE 4
4'10'	86	182	199
4'11"	88	188	205
5'	90	195	212
5'1"	93	201	220
5'2"	95	208	227
5'3"	99	215	234
5'4"	101	221	242
5'5"	104	228	249
5'6"	106	235	257
5'7"	110	243	265
5'8"	113	250	273
5'9"	117	257	281
5'10"	120	265	289
5'11"	125	272	298
6'	129	280	306
6'1"	133	288	315
6'2"	136	296	323
6'3"	140	304	332
6'4"	143	312	341
6'5"	146	320	350
6'6"	149	329	359
6'7"	153	337	368
6'8"	157	346	378
6'9"	160	355	387

Applicants that are below the minimum weight or above the maximum weight on the above chart are not eligible for coverage. If the applicant has a medical condition combined with build that exceeds table 2, the applicant is not eligible for coverage.

DISABILITY INCOME AND CRITICAL ILLNESS GUIDELINES

- **The Proposed Insured must have worked fulltime (minimum 30 hours a week) for the past 6 months**
- **The following Proposed Insured occupations are not eligible for DIR or CIR**
 - Blasters & Explosives Handlers
 - Disabled
 - Participated in High Risk Avocations within past 12 months
 - Police
 - Professional Athletes
 - Structural Workers / Iron Workers
 - Underground Miners and Workers
 - Unemployed
- **The following Proposed Insured occupations are not eligible for DIR only:**
 - Casino Workers
 - Housekeeping
 - Janitor
 - Migrant laborers
 - Retired
 - Self-employed
 - Student

Preferred Underwriting for Term Made Simple

PREFERRED CLASSIFICATION

This group includes individuals whose mortality experience (i.e., life expectancy) as a group is expected to be above average and to whom the Company offers a lower than standard rate.

What factors go into the Preferred underwriting process?

An insurance company typically looks at a number of factors during the preferred underwriting process in order to evaluate the Proposed Insured in terms of risk. These factors enable the insurer to decide whether or not the Proposed Insured is a lower than average risk. Some of the things considered are the Proposed Insured's:

- Non-tobacco use
- Current health/physical condition
- Personal health history
- Family health history
- Personal habits
- Occupation/Avocations
- Personal Driving Record

PREFERRED UNDERWRITING GUIDELINES

To be eligible for Preferred class, the proposed insured must answer "NO" to the following questions:

- Have you used tobacco or nicotine products in the past 36 months?
- Using the Height and Weight Table below, does your weight exceed the minimum or maximum weight corresponding to your height indicated in the Preferred column?
- In the past 10 years, have you taken medication to treat high blood pressure or an elevated cholesterol level?*
- In the past 10 years, have you had, been tested for, received treatment or been told by a medical professional that you have diabetes, cancer or cardiac disease (heart attack, myocardial infarct, angina, cardiac insufficiency, cerebral thrombosis or coronary artery disease)?
- Has more than one member of your family (father, mother, brother or sister) died before age 60 from breast, colon, intestinal or prostate cancer, or from cardiovascular disease (heart attack, myocardial infarct, angina, cardiac insufficiency, cerebral thrombosis or coronary artery disease)?
- In the past 10 years, have you been treated for alcohol abuse?
- In the past 10 years, have you been treated for drug abuse or used any drugs not prescribed to you?
- In the past five years, have you had more than two moving motor vehicle violations or any DUI/DWI convictions?
- In the past five years, have you been convicted of a felony or misdemeanor?

***Note:** These are guideline criteria. We may consider an exception to one of these guidelines (i.e., elevated blood pressure or cholesterol but not both) if the condition is under control and the applicant has no other impairments.

BUILD CHART FOR PREFERRED RATES								
(This table applies to both men and women)								
Height	Minimum	Maximum	Height	Minimum	Maximum	Height	Minimum	Maximum
4'8"	88	144	5'4"	107	188	6'	135	238
4'9"	90	149	5'5"	110	194	6'1"	139	245
4'10"	92	154	5'6"	112	200	6'2"	142	251
4'11"	94	160	5'7"	116	206	6'3"	146	258
5'	96	165	5'8"	119	212	6'4"	149	265
5'1"	99	171	5'9"	123	219	6'5"	152	272
5'2"	101	177	5'10"	126	225	6'6"	155	279
5'3"	105	182	5'11"	131	231	6'7"	158	287

TERM MADE SIMPLE

Medical Impairment Guide & Prescription List

Please Note: This document is simply an excerpt taken from the product Agent Guide (Form No. 3237). It is provided as convenience to assist with viewing only a specific portion of the entire document. For complete product information, refer to the main Agent Guide.

Term Made Simple Medical Impairment Guide

Underwriters will try to evaluate the risk as quickly as possible, so the following factors are essential:

- Good Field Underwriting – Carefully ask all of the application questions and accurately record the answers.
- Client Honesty and Cooperation – Underwriting relies heavily on the application; therefore, complete and thorough answers to the questions are necessary. Please stress this and prepare the Proposed Insured for an interview. The interview will be brief, pleasant, and professionally handled.

The Medical Impairment Guide has been developed to assist you in determining a Proposed Insured's insurability. This Guide is not all-inclusive. Underwriting reserves the right to make a final decision based on all factors of the risk. If you have any questions about medical conditions not listed here, please call or email (underwriting@aatx.com) the Underwriting Department.

TERM MADE SIMPLE MEDICAL IMPAIRMENT GUIDE						
IMPAIRMENT	CRITERIA	LIFE	DI RIDER	CRITICAL ILL RIDER	QUESTION ON APP	
					SECTION	NUMBER
Abscess	Present	Decline	Decline	Decline	A	1J
	Removed, with full recovery and confirmed to be benign	Standard	Standard	Standard	A	1J
Addison's Disease	Acute Single Episode	Standard	Standard	Standard	A	1J
	Others	Decline	Decline	Decline	A	1J
ADL's (Activities of Daily Living)	Currently require assistance (from anyone) with any ADL.	Decline	Decline	Decline	A	3
AIDS / ARC		Decline	Decline	Decline	A	1k
Alcoholism	Within 4 years since abstained from use	Decline	Decline	Decline	C	4
	After 4 years since abstained from use	Standard	Decline	Standard	C	4
Alzheimer's		Decline	Decline	Decline	A	1f
Amputation	Caused by injury	Standard	Decline*	Standard	A	1J
	Caused by disease	Decline	Decline	Decline	A	1b
Anemia	Iron Deficiency on vitamins only	Standard	Standard	Standard	A	1b
	Others	Decline	Decline	Decline	A	1b
Aneurysm		Decline	Decline	Decline	A	1b
Angina		Decline	Decline	Decline	A	1a
Angioplasty		Decline	Decline	Decline	A	1a
Ankylosis		Standard	Decline	Decline	A	1i
Anxiety/Depression	Anxiety, 1 medication, situational in nature	Standard	Standard	Standard	A	1f
	Major depression, bipolar disorder, schizophrenia	Decline	Decline	Decline	A	1f
Aortic Insufficiency		Decline	Decline	Decline	A	1a
Aortic Stenosis		Decline	Decline	Decline	A	1a
Appendectomy		Standard	Standard	Standard	A	1J
Arteriosclerosis		Decline	Decline	Decline	A	1a
Arthritis	Rheumatoid - minimal, slight impairment	Standard	Decline	Standard	A	1i
	Rheumatoid - all others	Decline	Decline	Decline	A	1i
Asthma	Mild, occasional, brief episodes, allergic, seasonal	Standard	Standard	Standard	A	1d
	Moderate, more than 1 episode a month	Standard	Decline	Standard	A	1d
	Severe, hospitalization or ER visit in past 12 months	Decline	Decline	Decline	A	1d
	Maintenance steroid use	Decline	Decline	Decline	A	1d
	Combined with Tobacco Use - Smoker	Decline	Decline	Decline	A	1d
Aviation	Commercial pilot for regularly scheduled airline	Standard	Standard	Standard	C	3c
	Other pilots flying for pay	Decline	Decline	Decline	C	3c
	Student Pilot	Decline	Decline	Decline	C	3c
	Private Pilot with more than 100 solo hours	Standard	Standard	Standard	C	3c
Back Injury	Within the past 12 months	Standard	Decline*	Standard	A	1i
NOTE: * Underwriting will consider issuing the Disability Income Rider with an exclusion rider. Contact Underwriting Department for details at Underwriting@aatx.com						

TERM MADE SIMPLE MEDICAL IMPAIRMENT GUIDE (continued)

IMPAIRMENT	CRITERIA	LIFE	DI RIDER	CRITICAL ILL RIDER	QUESTION ON APP	
					SECTION	NUMBER
Bi-Polar Disorder		Decline	Decline	Decline	A	1f
Blindness	Caused by diabetes, circulatory disorder, or other illness	Decline	Decline	Decline	A	1j
	Other causes	Standard	Decline	Decline	A	1j
Bronchitis	Acute- Recovered	Standard	Standard	Standard	A	1d
	Chronic	Decline	Decline	Decline	A	1d
Buerger's Disease		Decline	Decline	Decline	A	1a
By-Pass Surgery (CABG or Stent)		Decline	Decline	Decline	A	1a
Cancer / Melanoma	Basal or Squamous cell skin carcinoma, isolated occurrence	Standard	Standard	Standard	A	1e
	8 years since surgery, diagnosis, or last treatment, no recurrence or additional occurrence	Standard	Standard	Decline	A	1e
	All others	Decline	Decline	Decline	A	1e
Cardiomyopathy		Decline	Decline	Decline	A	1a
Carotid Artery Disease		Decline	Decline	Decline	A	1a
Cerebral Palsy		Decline	Decline	Decline	A	1h
Cholesterol	Controlled with medication	Standard	Standard	Standard	A	1a
Chronic Obstructive Pulmonary Disease (COPD)		Decline	Decline	Decline	A	1d
Cirrhosis of Liver		Decline	Decline	Decline	A	1c
Connective Tissue Disease		Decline	Decline	Decline	A	1h
Concussion – Cerebral	Full recovery with no residual effects	Standard	Standard	Standard	A	1j
Congestive Heart Failure (CHF)		Decline	Decline	Decline	A	1a
Criminal History	Convicted of Misdemeanor or Felony with the past 5 years	Decline	Decline	Decline	C	3a
	Probation or Parole within the past 6 months	Decline	Decline	Decline	C	3a
Crohn's Disease	Diagnosed prior to age 20 or within past 12 months	Decline	Decline	Decline	A	1c
Cystic Fibrosis		Decline	Decline	Decline	A	1h
Deep Vein Thrombosis (DVT)	Single episode, full recovery, no current medication	Standard	Standard	Standard	A	1a
	2 or more episodes, continuing anticoagulant treatment	Decline	Decline	Decline	A	1a
Dementia		Decline	Decline	Decline	A	1f
Diabetes	Combined with overweight, gout, retinopathy, or protein in urine	Decline	Decline	Decline	A	1c
	Diagnosed prior to age 35	Decline	Decline	Decline	A	1c
	Tobacco Use in past 12 months or Uses Insulin	Decline	Decline	Decline	A	1c
	Controlled with oral medications	Standard	Decline	Standard	A	1c
Diagnostic Testing, Surgery or Hospitalization	Recommended within the past 12 months by a medical professional which has not been completed or for which the results have not been received	Decline	Decline	Decline	A	4b
Disabled	Receiving SSI benefits for disability and/or currently not employed due to medical reasons	Decline	Decline	Decline	A	2
Diverticulitis/ Diverticulosis	Acute, with full recovery	Standard	Standard	Standard	A	1c
Down's Syndrome		Decline	Decline	Decline	A	1f
Driving Record	Within the past 3 years a DWI, or 2 or more accidents, or 3 or more driving violations or combination thereof	Decline	Decline	Decline	C	3a
	License currently suspended or revoked	Decline	Decline	Decline	C	3a

NOTE: * Underwriting will consider issuing the Disability Income Rider with an exclusion rider. Contact Underwriting Department for details at Underwriting@aatx.com

TERM MADE SIMPLE MEDICAL IMPAIRMENT GUIDE (continued)

IMPAIRMENT	CRITERIA	LIFE	DI RIDER	CRITICAL ILL RIDER	QUESTION ON APP	
					SECTION	NUMBER
Drug Abuse	Illegal drug use within the past 4 years	Decline	Decline	Decline	C	4
	Treatment within past 4 years	Decline	Decline	Decline	C	4
	Treatment 4 years or more, non-usage since	Standard	Decline	Standard	C	4
Duodenitis		Standard	Standard	Standard	A	1c
Emphysema		Decline	Decline	Decline	A	1d
Epilepsy	Petit Mal	Standard	Decline*	Standard	A	1f
	All others	Decline	Decline	Decline	A	1f
Family History	Have you had a natural parent or sibling suffer from diabetes, kidney disease, require a major organ transplant, or been medically diagnosed with heart disease, cerebrovascular disease, internal cancer prior to age 60?	Standard	Standard	Decline	C	1
Fibrillation		Decline	Decline	Decline	A	1a
Fibromyalgia		Standard	Decline	Standard	A	1i
Gallbladder disorder		Standard	Standard	Standard	A	1c
Gastritis	Acute	Standard	Standard	Standard	A	1c
Glomerulosclerosis	Acute – after one year	Standard	Standard	Decline	A	1g
Gout	Combined with history of diabetes, kidney stones, or protein in urine	Decline	Decline	Decline	A	1j
Hazardous Avocations	Participated in within the past 2 years	Standard	Decline*	Standard	C	3b
Headaches	Migraine, fully investigated, controlled with medication	Standard	Decline	Standard	A	1f
	Migraine, severe or not investigated	Decline	Decline	Decline	A	1f
Heart Arrhythmia		Decline	Decline	Decline	A	1a
Heart Disease/ Disorder	Includes heart attack, coronary artery disease, angina	Decline	Decline	Decline	A	1a
Heart Murmur	History of treatment or surgery	Decline	Decline	Decline	A	1a
Hemophilia		Decline	Decline	Decline	A	1b
Hepatitis	History of or diagnosis of or treatment for Hep B or C	Decline	Decline	Decline	A	1c
Hepatomegaly		Decline	Decline	Decline	A	1c
HIV	Tested Positive	Decline	Decline	Decline	A	1k
Hodgkin's Disease		Decline	Decline	Decline	A	1e
Hospice Care	Currently receiving Hospice care	Decline	Decline	Decline	A	3
Hospitalization	Currently hospitalized	Decline	Decline	Decline	A	3
Hypertension (High Blood Pressure)	Controlled with 2 or less medications, provide current BP reading history	Standard	Standard	Standard	A	1a
	Uncontrolled or using 3 or more medications to control	Decline	Decline	Decline	A	1a
Hysterectomy	No cancer	Standard	Standard	Standard	A	1g
Kidney Disease	Dialysis	Decline	Decline	Decline	A	1g
	Insufficiency or Failure	Decline	Decline	Decline	A	1g
	Nephrectomy	Decline	Decline	Decline	A	1g
	Polycystic Kidney Disease	Decline	Decline	Decline	A	1g
	Transplant recipient	Decline	Decline	Decline	A	1e & 1g
Knee Injury	Within the past 12 months	Standard	Decline*	Standard	A	1i
Leukemia		Decline	Decline	Decline	A	1e
Liver Impairments		Decline	Decline	Decline	A	1c
Lung Disease/ Disorder		Decline	Decline	Decline	A	1d
Lupus Erythematosus	Systemic (SLE)	Decline	Decline	Decline	A	1h
Marfan's Syndrome		Decline	Decline	Decline	A	1h

NOTE: * Underwriting will consider issuing the Disability Income Rider with an exclusion rider. Contact Underwriting Department for details at Underwriting@aatx.com.

TERM MADE SIMPLE MEDICAL IMPAIRMENT GUIDE (continued)

IMPAIRMENT	CRITERIA	LIFE	DI RIDER	CRITICAL ILL RIDER	QUESTION ON APP	
					SECTION	NUMBER
Melanoma	See Cancer/Melanoma				A	1e
Memory Loss		Decline	Decline	Decline	A	1f
Meniere's Disease		Standard	Decline	Standard	A	1j
Mental Incapacity		Decline	Decline	Decline	A	1f
Mental or Nervous Disorder	Anxiety, 1 medication, situational in nature	Standard	Standard	Standard	A	1f
	Major depression, bipolar disorder, schizophrenia	Decline	Decline	Decline	A	1f
Mitral Insufficiency		Decline	Decline	Decline	A	1a
Multiple Myeloma		Decline	Decline	Decline	A	1e
Multiple Sclerosis		Decline	Decline	Decline	A	1h
Muscular Dystrophy		Decline	Decline	Decline	A	1h
Narcolepsy	More than 2 years from diagnosis	Standard	Decline	Standard	A	1j
Nursing Facility	Currently confined to a nursing facility	Decline	Decline	Decline	A	3
Pacemaker		Decline	Decline	Decline	A	1a
Pancreatitis	Chronic or multiple episodes	Decline	Decline	Decline	A	1c
Paralysis	Includes Paraplegia and Quadriplegia	Decline	Decline	Decline	A	1i
Parkinson's Disease		Decline	Decline	Decline	A	1h
Peripheral Vascular Disease		Decline	Decline	Decline	A	1a
Pregnancy	Current; no complications	Standard	Standard	Standard	A	4a
Prostate Disease/ Disorder	Infection, Benign Prostatic Hypertrophy. Confirmed, with stable PSA level	Standard	Standard	Standard	A	1g
	Cancer - See Cancer/Melanoma				A	1e
Psychiatric Disorder		Decline	Decline	Decline	A	1f
Pulmonary Embolism		Standard	Standard	Decline	A	1a
Retardation	Mild to moderate	Standard	Decline	Standard	A	1f
	Severe	Decline	Decline	Decline	A	1f
Rheumatic Fever	One attack-recovered	Standard	Standard	Decline	A	1a
Sarcoidosis	Pulmonary	Decline	Decline	Decline	A	1d
Seizures	Petit Mal	Standard	Decline*	Standard	A	1f
	All others	Decline	Decline	Decline	A	1f
Sexually Transmitted Disease		Decline	Decline	Decline	A	1g
Shoulder Injury	Within the past 12 months	Standard	Decline*	Standard	A	1i
Sleep Apnea	Combined with history of overweight, poorly controlled high blood pressure, chronic obstructive pulmonary disease, or heart arrhythmia	Decline	Decline	Decline	A	1d
Spina Bifida		Decline	Decline	Decline	A	1i
Spina Bifida Occulta	Asymptomatic	Standard	Standard	Standard	A	1i
Stroke / CVA		Decline	Decline	Decline	A	1b
Subarachnoid Hemorrhage		Decline	Decline	Decline	A	1b
Suicide Attempt		Decline	Decline	Decline	A	1f
Thyroid Disorder		Standard	Standard	Standard	A	1J
Transient Ischemic Attack (TIA)	After 6 months, no residuals	Standard	Decline	Decline	A	1b
	Combined with Tobacco Use -Smoker	Decline	Decline	Decline	A	1b
Transplant, Organ or Bone Marrow	Transplant recipient or on waiting list	Decline	Decline	Decline	A	1e
Tuberculosis	Within 2 years of treatment or diagnosis	Decline	Decline	Decline	A	1d
	Over 2 years with no residuals	Standard	Standard	Standard	A	1d
Ulcer	Peptic or duodenal or gastric - symptom free for 1 year	Standard	Standard	Standard	A	1c

NOTE: * Underwriting will consider issuing the Disability Income Rider with an exclusion rider. Contact Underwriting Department for details at Underwriting@aatx.com

TERM MADE SIMPLE MEDICAL IMPAIRMENT GUIDE (continued)

IMPAIRMENT	CRITERIA	LIFE	DI RIDER	CRITICAL ILL RIDER	QUESTION ON APP	
					SECTION	NUMBER
Ulcerative Colitis	Diagnosed prior to age 20 or within past 12 months	Decline	Decline	Decline	A	1c
Unemployment	Currently unemployed due to medical reasons	Decline	Decline	Decline	A	2
Valve Replacement	Heart / Cardiac	Decline	Decline	Decline	A	1a
Vascular Impairments		Decline	Decline	Decline	A	1a
Weight Reduction Surgery	Surgery within past 1 year	Decline	Decline	Decline	A	1j
	After 1 year since surgery with no complications	Standard	Decline	Standard	A	1j
	History of complications such as Dumping Syndrome	Decline	Decline	Decline	A	1j

NOTE: * Underwriting will consider issuing the Disability Income Rider with an exclusion rider.
Contact Underwriting Department for details at Underwriting@aatx.com

ALPHABETICAL DRUG LIST

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage have been indicated.

If a timeframe appears in the "RX FILL WITHIN" column, this indicates that the drug was prescribed within the period noted. For those conditions, the timeframe impacts the Underwriting decision. If "N/A" appears in this column, then the Underwriting decision will be the same regardless of when the medication was prescribed.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Abilify	Bi-Polar / Schizophrenia	N/A	Decline
Accupril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Accuretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Acebutolol HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Aceon	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Actoplus	Diabetes	N/A	See "#" Below
Actos	Diabetes	N/A	See "#" Below
Advair	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Aggrenox	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Albuterol	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Aldactazide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Aldactone	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Allopurinol	Gout	N/A	See Impairment Guide
Altace	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Amantadine HCL	Parkinson's	N/A	Decline
Amaryl	Diabetes	N/A	See "#" Below
Ambisome	AIDS	N/A	Decline
Amiloride HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Amlodipine Besylate/ Benaz	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Amyl Nitrate	Angina / CHF	N/A	Decline
Antabuse	Alcohol / Drugs	4 years	Decline
Apokyn	Parkinson's	N/A	Decline
Apresoline	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Aptivus	AIDS	N/A	Decline

* **High Blood Pressure** - If controlled with 2 or less medications, client could qualify for the plan. If controlled with 3 or more medications, the client will not be eligible for coverage.

Diabetes - If diagnosed, treated or taken medication for prior to age 35, client will not be eligible for coverage. If currently taking insulin shots or tobacco use within the past 12 months, client will not be eligible for coverage. If combined with overweight, gout, retinopathy, or protein in urine; client is not eligible for coverage.

ALPHABETICAL DRUG LIST (continued)

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage have been indicated.

If a timeframe appears in the “**RX FILL WITHIN**” column, this indicates that the drug was prescribed within the period noted. For those conditions, the timeframe impacts the Underwriting decision. If “N/A” appears in this column, then the Underwriting decision will be the same regardless of when the medication was prescribed.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Arimidex	Cancer	8 years > 8 years	Decline Standard
Atacand	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Atamet	Parkinson’s	N/A	Decline
Atenolol	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Atgam	Organ / Tissue Transplant	N/A	Decline
Atripla	AIDS	N/A	Decline
Atrovent/Atrovent HFA Atrovent (Nasal)	Allergies	N/A	Standard
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Avalide	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Avandia	Diabetes	N/A	See “#” Below
Avapro	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Avonex	Multiple Sclerosis	N/A	Decline
Azasan	Organ / Tissue Transplant	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
	Systemic Lupus (SLE)	N/A	Decline
Azathioprine	Organ / Tissue Transplant	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
	Systemic Lupus (SLE)	N/A	Decline
Azilect	Parkinson’s	N/A	Decline
Azmacort	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Azor	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Baclofen	Multiple Sclerosis	N/A	Decline
Baraclude	Liver Disorder / Hepatitis	N/A	Decline
	Liver Failure	N/A	Decline
Benazepril HCL	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Benicar	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Benlysta	Systemic Lupus (SLE)	N/A	Decline

*** High Blood Pressure** - If controlled with 2 or less medications, client could qualify for the plan.

If controlled with 3 or more medications, the client will not be eligible for coverage.

Diabetes - If diagnosed, treated or taken medication for prior to age 35, client will not be eligible for coverage. If currently taking insulin shots or tobacco use within the past 12 months, client will not be eligible for coverage. If combined with overweight, gout, retinopathy, or protein in urine; client is not eligible for coverage.

ALPHABETICAL DRUG LIST (continued)

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage have been indicated.

If a timeframe appears in the "RX FILL WITHIN" column, this indicates that the drug was prescribed within the period noted. For those conditions, the timeframe impacts the Underwriting decision. If "N/A" appears in this column, then the Underwriting decision will be the same regardless of when the medication was prescribed.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Benzotropine Mesylate	Parkinson's	N/A	Decline
	Other Use	N/A	Standard
Betapace	Heart Arrhythmia	N/A	Decline
	CHF	N/A	Decline
Betaseron	Multiple Sclerosis	N/A	Decline
Betaxolol HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
BiDil	CHF	N/A	Decline
Bisoprolol Fumarate	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Bromocriptine Mesylate	Parkinson's	N/A	Decline
Bumetadine	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Bumex	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Buprenex	Alcohol / Drugs	4 years	Decline
Bystolic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Calan	High Blood Pressure (HTN)	N/A	See "*" Below
Calcium Acetate	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Campath	Cancer	8 years > 8 years	Decline Standard
Campral	Alcohol / Drugs	4 years	Decline
Capoten	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Capozide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Captopril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Carbamazepine	Seizures	N/A	See Impairment Guide
Carbatrol	Seizures	N/A	See Impairment Guide
Carbidopa	Parkinson's	N/A	Decline
Cardizem	High Blood Pressure (HTN)	N/A	See "*" Below
Cardura	High Blood Pressure (HTN)	N/A	See "*" Below

* **High Blood Pressure** - If controlled with 2 or less medications, client could qualify for the plan.

If controlled with 3 or more medications, the client will not be eligible for coverage.

Diabetes - If diagnosed, treated or taken medication for prior to age 35, client will not be eligible for coverage. If currently taking insulin shots or tobacco use within the past 12 months, client will not be eligible for coverage. If combined with overweight, gout, retinopathy, or protein in urine; client is not eligible for coverage.

ALPHABETICAL DRUG LIST (continued)

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage have been indicated.

If a timeframe appears in the "RX FILL WITHIN" column, this indicates that the drug was prescribed within the period noted. For those conditions, the timeframe impacts the Underwriting decision. If "N/A" appears in this column, then the Underwriting decision will be the same regardless of when the medication was prescribed.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Cartia	High Blood Pressure (HTN)	N/A	See "H" Below
Carvedilol	High Blood Pressure (HTN)	N/A	See "H" Below
	CHF	N/A	Decline
Casodex	Cancer	8 years > 8 years	Decline Standard
Catapress	High Blood Pressure (HTN)	N/A	See "H" Below
Cellcept	Organ / Tissue Transplant	N/A	Decline
Chlorpromazine	Schizophrenia	N/A	Decline
Clopidogrel	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Cogentin	Parkinson's	N/A	Decline
	Other Use	N/A	Standard
Combivent	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Combivir	AIDS	N/A	Decline
Complera	AIDS	N/A	Decline
Copaxone	Multiple Sclerosis	N/A	Decline
Copegus	Liver Disorder / Hepatitis / Chronic Hepatitis	N/A	Decline
Cordarone	Irregular Heart Beat	N/A	Decline
Coreg	High Blood Pressure (HTN)	N/A	See "H" Below
	CHF	N/A	Decline
Corgard	High Blood Pressure (HTN)	N/A	See "H" Below
	CHF	N/A	Decline
Corzide	High Blood Pressure (HTN)	N/A	See "H" Below
	CHF	N/A	Decline
Coumadin	Blood Clot / Deep Vein Thrombosis	N/A	See Impairment Guide
	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Cozaar	High Blood Pressure (HTN)	N/A	See "H" Below
	CHF	N/A	Decline
Creon	Chronic Pancreatitis	N/A	Decline
Cyclosporine	Organ / Tissue Transplant	N/A	Decline
Cytosan	Cancer	8 years > 8 years	Decline Standard
Daliresp	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Demadex	High Blood Pressure (HTN)	N/A	See "H" Below
	CHF	N/A	Decline
Depacon	Seizures	N/A	See Impairment Guide
Depade	Alcohol / Drugs	4 years	Decline

*** High Blood Pressure** - If controlled with 2 or less medications, client could qualify for the plan.
If controlled with 3 or more medications, the client will not be eligible for coverage.

Diabetes - If diagnosed, treated or taken medication for prior to age 35, client will not be eligible for coverage.
If currently taking insulin shots or tobacco use within the past 12 months, client will not be eligible for coverage. If combined with overweight, gout, retinopathy, or protein in urine; client is not eligible for coverage.

ALPHABETICAL DRUG LIST (continued)

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage have been indicated.

If a timeframe appears in the **"RX FILL WITHIN"** column, this indicates that the drug was prescribed within the period noted. For those conditions, the timeframe impacts the Underwriting decision. If "N/A" appears in this column, then the Underwriting decision will be the same regardless of when the medication was prescribed.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Depakene	Seizures	N/A	See Impairment Guide
Depakote	Seizures	N/A	See Impairment Guide
Diabeta	Diabetes	N/A	See "#" Below
Diabinese	Diabetes	N/A	See "#" Below
Digitek	Irregular Heart Beat	N/A	Decline
	CHF	N/A	Decline
Digoxin	Irregular Heart Beat	N/A	Decline
	CHF	N/A	Decline
Dilacor	High Blood Pressure (HTN)	N/A	See "*" Below
Dilantin	Seizures	N/A	See Impairment Guide
Dilatrate SR	Angina / CHF	N/A	Decline
Dilor	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Diovan	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Disulfiram	Alcohol / Drugs	4 years	Decline
Dolophine	Opioid Dependence	4 years	Decline
Donepezil HCL	Alzheimer's / Dementia	N/A	Decline
Duoneb	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Dyazide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Dynacirc	High Blood Pressure (HTN)	N/A	See "*" Below
Dyrenium	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Edecrin	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Edurant	AIDS	N/A	Decline
Eldepryl	Parkinson's	N/A	Decline
Emtriva	AIDS	N/A	Decline
Enalapril Maleate	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Enalaprilat	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Epitol	Seizures	N/A	See Impairment Guide
Epivir	AIDS	N/A	Decline
Eplerenone	CHF	N/A	Decline
Eskalith	Bi-Polar / Schizophrenia	N/A	Decline

*** High Blood Pressure** - If controlled with 2 or less medications, client could qualify for the plan. If controlled with 3 or more medications, the client will not be eligible for coverage.

Diabetes - If diagnosed, treated or taken medication for prior to age 35, client will not be eligible for coverage. If currently taking insulin shots or tobacco use within the past 12 months, client will not be eligible for coverage. If combined with overweight, gout, retinopathy, or protein in urine; client is not eligible for coverage.

ALPHABETICAL DRUG LIST (continued)

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage have been indicated.

If a timeframe appears in the “**RX FILL WITHIN**” column, this indicates that the drug was prescribed within the period noted. For those conditions, the timeframe impacts the Underwriting decision. If “N/A” appears in this column, then the Underwriting decision will be the same regardless of when the medication was prescribed.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Esmolol HCL	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Exforge	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Felodipine	High Blood Pressure (HTN)	N/A	See “*” Below
Femara	Cancer	8 years > 8 years	Decline Standard
Foscavir	AIDS	N/A	Decline
Fosinopril Sodium	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Fosrenol	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Furosemide	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Gabapentin	Seizures	N/A	See Impairment Guide
	Restless Leg Syndrome	N/A	Standard
Gleevec	Cancer	8 years > 8 years	Decline Standard
Glipizide	Diabetes	N/A	See “#” Below
Glucophage	Diabetes	N/A	See “#” Below
Glucotrol	Diabetes	N/A	See “#” Below
Glyburide	Diabetes	N/A	See “#” Below
Glynase	Diabetes	N/A	See “#” Below
Haldol	Schizophrenia	N/A	Decline
Haloperidol	Schizophrenia	N/A	Decline
HCTZ/Triamterene	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Hectoral	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Heparin	Blood Clot / Deep Vein Thrombosis	N/A	See Impairment Guide
Hepsera	Liver Disorder / Hepatitis	N/A	Decline
Humalog	Diabetes	N/A	Decline
Humulin	Diabetes	N/A	Decline
Hydralazine HCL	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline

*** High Blood Pressure** - If controlled with 2 or less medications, client could qualify for the plan. If controlled with 3 or more medications, the client will not be eligible for coverage.

Diabetes - If diagnosed, treated or taken medication for prior to age 35, client will not be eligible for coverage. If currently taking insulin shots or tobacco use within the past 12 months, client will not be eligible for coverage. If combined with overweight, gout, retinopathy, or protein in urine; client is not eligible for coverage.

ALPHABETICAL DRUG LIST (continued)

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage have been indicated.

If a timeframe appears in the “**RX FILL WITHIN**” column, this indicates that the drug was prescribed within the period noted. For those conditions, the timeframe impacts the Underwriting decision. If “N/A” appears in this column, then the Underwriting decision will be the same regardless of when the medication was prescribed.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Hydroxychloroquine	Systemic Lupus (SLE)	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
Hydroxyurea	Cancer	8 years > 8 years	Decline Standard
Hytrin	High Blood Pressure (HTN)	N/A	See “*” Below
Hyzaar	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Imdur	Angina / CHF	N/A	Decline
Imuran	Organ / Tissue Transplant	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
	Systemic Lupus (SLE)	N/A	Decline
Inamrinone	CHF	N/A	Decline
Inderal	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Inderide	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Inspra	CHF	N/A	Decline
Insulin	Diabetes	N/A	Decline
Intron-A	Cancer	8 years > 8 years	Decline Standard
	Hepatitis C	N/A	Decline
Invirase	AIDS	N/A	Decline
Ipratropium Bromide	Allergies	N/A	Standard
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Isoptin	High Blood Pressure (HTN)	N/A	See “*” Below
Isordil	Angina / CHF	N/A	Decline
Isosorbide Dinitrate/ Mononitrate	Angina / CHF	N/A	Decline
Janumet	Diabetes	N/A	See “#” Below
Januvia	Diabetes	N/A	See “#” Below
Kaletra	AIDS	N/A	Decline
Kemadrin	Parkinson’s	N/A	Decline
Kerlone	High Blood Pressure (HTN)	N/A	See “*” Below
	Glaucoma	N/A	Standard
Labetalol	High Blood Pressure (HTN)	N/A	See “*” Below
	Angina	N/A	Decline
Lamictal	Seizures	N/A	See Impairment Guide
	Bi-polar / Major depression	N/A	Decline

*** High Blood Pressure** - If controlled with 2 or less medications, client could qualify for the plan.

If controlled with 3 or more medications, the client will not be eligible for coverage.

Diabetes - If diagnosed, treated or taken medication for prior to age 35, client will not be eligible for coverage. If currently taking insulin shots or tobacco use within the past 12 months, client will not be eligible for coverage. If combined with overweight, gout, retinopathy, or protein in urine; client is not eligible for coverage.

ALPHABETICAL DRUG LIST (continued)

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage have been indicated.

If a timeframe appears in the "RX FILL WITHIN" column, this indicates that the drug was prescribed within the period noted. For those conditions, the timeframe impacts the Underwriting decision. If "N/A" appears in this column, then the Underwriting decision will be the same regardless of when the medication was prescribed.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Lamotrigine	Seizures	N/A	See Impairment Guide
	Bi-polar / Major depression	N/A	Decline
Lanoxicaps	Irregular Heart Beat	N/A	Decline
	CHF	N/A	Decline
Lanoxin	Irregular Heart Beat	N/A	Decline
	CHF	N/A	Decline
Lantus	Diabetes	N/A	Decline
Larodopa	Parkinson's	N/A	Decline
Lasix	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Leukeran	Cancer	8 years > 8 years	Decline Standard
Levator	High Blood Pressure (HTN)	N/A	See "*" Below
	Angina	N/A	Decline
Levemir	Diabetes	N/A	Decline
Levodopa	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Levodopa	Parkinson's	N/A	Decline
Lexiva	AIDS	N/A	Decline
Lipitor	Cholesterol	N/A	Standard
Lisinopril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Lithium	Bi-Polar / Schizophrenia	N/A	Decline
Lodosyn	Parkinson's	N/A	Decline
Lopressor	High Blood Pressure (HTN)	N/A	See "*" Below
Losartan	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Lotensin	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Loxapine	Schizophrenia	N/A	Decline
Loxitane	Schizophrenia	N/A	Decline
Lozol	High Blood Pressure (HTN)	N/A	See "*" Below
Lupron	Cancer	8 years > 8 years	Decline Standard
Lyrica	Seizures	N/A	See Impairment Guide
Mavik	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline

* **High Blood Pressure** - If controlled with 2 or less medications, client could qualify for the plan. If controlled with 3 or more medications, the client will not be eligible for coverage.

Diabetes - If diagnosed, treated or taken medication for prior to age 35, client will not be eligible for coverage. If currently taking insulin shots or tobacco use within the past 12 months, client will not be eligible for coverage. If combined with overweight, gout, retinopathy, or protein in urine; client is not eligible for coverage.

ALPHABETICAL DRUG LIST (continued)

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage have been indicated.

If a timeframe appears in the “**RX FILL WITHIN**” column, this indicates that the drug was prescribed within the period noted. For those conditions, the timeframe impacts the Underwriting decision. If “N/A” appears in this column, then the Underwriting decision will be the same regardless of when the medication was prescribed.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Maxzide	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Mellaril	Schizophrenia	N/A	Decline
Metformin	Diabetes	N/A	See “#” Below
Methadone	Opioid Dependence	4 years	Decline
Methadose	Opioid Dependence	4 years	Decline
Methotrexate	Cancer	8 years > 8 years	Decline Standard
	Rheumatoid Arthritis	N/A	Decline
Metoprolol HCTZ	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Metoprolol Tartrate/ Succinate	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Micardis	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Micronase	Diabetes	N/A	See “#” Below
Milrinone	CHF / Cardiomyopathy	N/A	Decline
Minipress	High Blood Pressure (HTN)	N/A	See “*” Below
Minitran	Angina / CHF	N/A	Decline
Mirapex	Parkinson's	N/A	Decline
	Other Use	N/A	Standard
Moban	Schizophrenia	N/A	Decline
Moduretic	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Moexipril HCL	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Monoket	Angina / CHF	N/A	Decline
Monopril	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Mysoline	Seizures	N/A	See Impairment Guide
Nadolol	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Naloxone	Alcohol / Drugs	4 years	Decline
Naltrexone	Alcohol / Drugs	4 years	Decline
Narcan	Alcohol / Drugs	4 years	Decline
Natrecor	CHF	N/A	Decline
Navane	Schizophrenia	N/A	Decline

* **High Blood Pressure** - If controlled with 2 or less medications, client could qualify for the plan.

If controlled with 3 or more medications, the client will not be eligible for coverage.

Diabetes - If diagnosed, treated or taken medication for prior to age 35, client will not be eligible for coverage. If currently taking insulin shots or tobacco use within the past 12 months, client will not be eligible for coverage. If combined with overweight, gout, retinopathy, or protein in urine; client is not eligible for coverage.

ALPHABETICAL DRUG LIST (continued)

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage have been indicated.

If a timeframe appears in the “**RX FILL WITHIN**” column, this indicates that the drug was prescribed within the period noted. For those conditions, the timeframe impacts the Underwriting decision. If “N/A” appears in this column, then the Underwriting decision will be the same regardless of when the medication was prescribed.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Neurontin	Seizures	N/A	See Impairment Guide
Nifedipine	High Blood Pressure (HTN)	N/A	See “*” Below
Nimodipine	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Nimotop	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Nitrek	Angina / CHF	N/A	Decline
Nitro-bid	Angina / CHF	N/A	Decline
Nitro-dur	Angina / CHF	N/A	Decline
Nitroglycerine/ Nitrotab/ Nitroquick/Nitrostat	Angina / CHF	N/A	Decline
Nitrol	Angina / CHF	N/A	Decline
Normodyne	High Blood Pressure (HTN)	N/A	See “*” Below
Norpace	Irregular Heart Beat	N/A	Decline
Norvir	AIDS	N/A	Decline
Novolin	Diabetes	N/A	Decline
Novolog	Diabetes	N/A	Decline
Pacerone	Irregular Heart Beat	N/A	Decline
Pancrease	Chronic Pancreatitis	N/A	Decline
Parcopa	Parkinson's	N/A	Decline
Parlodel	Parkinson's	N/A	Decline
Pegasys	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Peg-Intron	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Pentam 300	AIDS	N/A	Decline
Pentamidine Isethionate	AIDS	N/A	Decline
Pergolide Mesylate	Parkinson's	N/A	Decline
Permax	Parkinson's	N/A	Decline
Phenobarbital	Seizures	N/A	See Impairment Guide
Phoslo	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Plaquenil	Systemic Lupus (SLE)	N/A	Decline
	Malaria	N/A	Standard
	Rheumatoid Arthritis	N/A	Decline
Plavix	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Plendil	High Blood Pressure (HTN)	N/A	See “*” Below

* **High Blood Pressure** - If controlled with 2 or less medications, client could qualify for the plan. If controlled with 3 or more medications, the client will not be eligible for coverage.

Diabetes - If diagnosed, treated or taken medication for prior to age 35, client will not be eligible for coverage. If currently taking insulin shots or tobacco use within the past 12 months, client will not be eligible for coverage. If combined with overweight, gout, retinopathy, or protein in urine; client is not eligible for coverage.

ALPHABETICAL DRUG LIST (continued)

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage have been indicated.

If a timeframe appears in the “**RX FILL WITHIN**” column, this indicates that the drug was prescribed within the period noted. For those conditions, the timeframe impacts the Underwriting decision. If “N/A” appears in this column, then the Underwriting decision will be the same regardless of when the medication was prescribed.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Prandin	Diabetes	N/A	See “#” Below
Prazosin	High Blood Pressure (HTN)	N/A	See “*” Below
Primacor	CHF	N/A	Decline
Prinivil	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Prinzide	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Procardia	High Blood Pressure (HTN)	N/A	See “*” Below
Prograf	Organ / Tissue Transplant	N/A	Decline
Proleukin	Cancer	8 years > 8 years	Decline Standard
Prolixin	Schizophrenia	N/A	Decline
Propanolol HCL	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Proventil	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Prozac	Depressive Disorder	N/A	Standard
Quinapril	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Quinaretic	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Ramipril	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Ranexa	Angina / CHF	N/A	Decline
Rapamune	Organ / Tissue Transplant	N/A	Decline
Rebetol	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Rebetron	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Rebif	Multiple Sclerosis	N/A	Decline
Renagel	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Renvela	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Requip	Parkinson's	N/A	Decline
	Restless Leg Syndrome	N/A	Standard
Ribavirin	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline

* **High Blood Pressure** - If controlled with 2 or less medications, client could qualify for the plan.
If controlled with 3 or more medications, the client will not be eligible for coverage.

Diabetes - If diagnosed, treated or taken medication for prior to age 35, client will not be eligible for coverage.
If currently taking insulin shots or tobacco use within the past 12 months, client will not be eligible for coverage. If combined with overweight, gout, retinopathy, or protein in urine; client is not eligible for coverage.

ALPHABETICAL DRUG LIST (continued)

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage have been indicated.

If a timeframe appears in the "RX FILL WITHIN" column, this indicates that the drug was prescribed within the period noted. For those conditions, the timeframe impacts the Underwriting decision. If "N/A" appears in this column, then the Underwriting decision will be the same regardless of when the medication was prescribed.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Rilutek	ALS / Motor Neuron Disease	N/A	Decline
Risperdal	Bi-Polar / Schizophrenia	N/A	Decline
Risperidone	Bi-Polar / Schizophrenia	N/A	Decline
Rituxan	Cancer	8 years > 8 years	Decline Standard
	Rheumatoid Arthritis	N/A	Decline
Ropinirole	Parkinson's	N/A	Decline
	Restless Leg Syndrome	N/A	Standard
Rythmol	Irregular Heart Beat	N/A	Decline
Serevent	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Seroquel	Bi-Polar / Schizophrenia	N/A	Decline
Sinemet/Sinemet CR	Parkinson's	N/A	Decline
Sodium Edecrin	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Soltalol Hydrochloride	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Sotalol HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Spiriva	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Spironolactone	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Sprycel	Cancer	8 years > 8 years	Decline Standard
Stalevo	Parkinson's	N/A	Decline
Starlix	Diabetes	N/A	See "#" Below
Suboxone	Alcohol / Drugs	4 years	Decline
Subutex	Alcohol / Drugs	4 years	Decline
Sustiva	AIDS	N/A	Decline
Symbicort	Asthma	N/A	Standard
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Symmetrel	Parkinson's	N/A	Decline
Tambocor	Irregular Heart Beat	N/A	Decline
Tamoxifen	Cancer	8 years > 8 years	Decline Standard
Tarka	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Tasmar	Parkinson's	N/A	Decline

* **High Blood Pressure** - If controlled with 2 or less medications, client could qualify for the plan.

If controlled with 3 or more medications, the client will not be eligible for coverage.

Diabetes - If diagnosed, treated or taken medication for prior to age 35, client will not be eligible for coverage. If currently taking insulin shots or tobacco use within the past 12 months, client will not be eligible for coverage. If combined with overweight, gout, retinopathy, or protein in urine; client is not eligible for coverage.

ALPHABETICAL DRUG LIST (continued)

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage have been indicated.

If a timeframe appears in the “**RX FILL WITHIN**” column, this indicates that the drug was prescribed within the period noted. For those conditions, the timeframe impacts the Underwriting decision. If “N/A” appears in this column, then the Underwriting decision will be the same regardless of when the medication was prescribed.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Tegretol	Seizures	N/A	See Impairment Guide
Tenex	High Blood Pressure (HTN)	N/A	See “*” Below
Tenoretic	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Tenormin	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Theodur	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Theophylline	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Thioridazine	Schizophrenia	N/A	Decline
Thiothixene	Schizophrenia	N/A	Decline
Thorazine	Schizophrenia	N/A	Decline
Tiazac	High Blood Pressure (HTN)	N/A	See “*” Below
Tolazamide	Diabetes	N/A	See “#” Below
Tolbutamide	Diabetes	N/A	See “#” Below
Tolinase	Diabetes	N/A	See “#” Below
Toprol XL	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Torsemide	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Trandate	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Trimterene	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Tribenzor	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Trihexyphenidyl HCL	Parkinson's	N/A	Decline
Truvada	AIDS	N/A	Decline
Tyzeka	Liver Disorder / Hepatitis	N/A	Decline
Uniretic	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Univasc	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Valcyte	AIDS	N/A	Decline
Valproic Acid	Seizures	N/A	See Impairment Guide
Valstar	Cancer	8 years > 8 years	Decline Standard

*** High Blood Pressure** - If controlled with 2 or less medications, client could qualify for the plan.

If controlled with 3 or more medications, the client will not be eligible for coverage.

Diabetes - If diagnosed, treated or taken medication for prior to age 35, client will not be eligible for coverage. If currently taking insulin shots or tobacco use within the past 12 months, client will not be eligible for coverage. If combined with overweight, gout, retinopathy, or protein in urine; client is not eligible for coverage.

ALPHABETICAL DRUG LIST (continued)

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage have been indicated.

If a timeframe appears in the “**RX FILL WITHIN**” column, this indicates that the drug was prescribed within the period noted. For those conditions, the timeframe impacts the Underwriting decision. If “N/A” appears in this column, then the Underwriting decision will be the same regardless of when the medication was prescribed.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Valturna	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Vascor	Angina	N/A	Decline
Vaseretic	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Vasotec	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Ventolin	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Verapamil	High Blood Pressure (HTN)	N/A	See “*” Below
Viaspan	Organ / Tissue Transplant	N/A	Decline
Viracept	AIDS	N/A	Decline
Viramune	AIDS	N/A	Decline
Viread	AIDS	N/A	Decline
Visken	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Vivitrol	Alcohol / Drugs	4 years	Decline
Warfarin	Blood Clot / Deep Vein Thrombosis	N/A	See Impairment Guide
	Stroke / Heart or Circulatory Disease or Disorder / Heart Valve Disease	N/A	Decline
Xeloda	Cancer	8 years > 8 years	Decline Standard
Xopenex	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Zelapar	Parkinson's	N/A	Decline
Zemplar	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Zestoretic	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Zestril	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Ziac	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Zyprexa	Bi-Polar / Schizophrenia	N/A	Decline

* **High Blood Pressure** - If controlled with 2 or less medications, client could qualify for the plan.
If controlled with 3 or more medications, the client will not be eligible for coverage.

Diabetes - If diagnosed, treated or taken medication for prior to age 35, client will not be eligible for coverage.
If currently taking insulin shots or tobacco use within the past 12 months, client will not be eligible for coverage. If combined with overweight, gout, retinopathy, or protein in urine; client is not eligible for coverage.