



# Underwriting Reference Guide

## Medicare Supplement

GNHHNV6EN 1118

**Humana**<sup>®</sup>

Agent Use Only

# Underwriting Guidelines

At Humana, we believe that an adequate level of underwriting leads to better premium rates for our customers. For this reason:

Unless the applicant qualifies for Guaranteed Issue or Open Enrollment, all applicants will be underwritten. Please inform your clients that they are not approved until the application has been reviewed by Humana's Medicare Supplement Underwriting Department. Their applications will be reviewed within two business days after applicants complete and submit them. If additional information is needed to complete underwriting, they will receive a call from Humana's Underwriting Department.

The Medical Release Form, included in the sales kit, is required with all applications completed outside of an Open Enrollment Period or Guaranteed Issue scenario. Applications will not be sent

to Underwriting until the form is received, and this can delay the enrollment process.

ALL applications must be submitted regardless of the responses provided in the Medical Questions section of the application unless the applicants indicate they have been prescribed one or more of the drugs listed on pages 4–7, they suffer from one of the conditions listed on pages 8–10 or their height and weight fall into the denial ranges provided on page 11.

You will receive notification emails providing you with the status of your submitted applications during the underwriting process.

Please ensure that your Humana email address remains current. Notifications you can expect to receive are as follows:

**Underwriting review email** is sent upon receipt of the applicant's application by the underwriting department. This lets you know that the review will be completed within the next 24–48 hours (if the underwriting consultant is able to reach your client telephonically).

**Please call email** is sent in the event the underwriting consultant cannot reach the applicant. It is requested that you assist with contacting the applicant with instructions to call the underwriting department. A letter is also sent to the applicant.

**Cancel email** is sent notifying you that either the applicant has asked that the application be withdrawn or the underwriting review was not completed due to a lack of response from the applicant. This will occur after 45 days. A letter is also sent to the applicant.

**Decline email** is sent alerting you that the applicant was not able to pass the medical underwriting portion of the enrollment process. A letter is also sent to the applicant.

**Standard email** is sent upon completion of the underwriting process. This only means that the applicant has passed medical underwriting. The application must then be reviewed by the enrollment team to ensure accuracy and eligibility for coverage. Please **DO NOT** forward this email on to applicants.

---

You should inform the applicant that coverage is not effective at time of application and current coverage should not be cancelled until their application has been processed and their Humana Medicare Supplement policy is issued. If an applicant has current Medicare Advantage coverage, auto disenrollment is not triggered by purchasing a Medicare Supplement plan. Applicants must contact their insurance carriers to terminate their existing plans.

## Medications related to uninsurable conditions

**Please note:** This is not the complete list.

### A

Abilify  
Actiq  
Afinitor  
Aggrenox  
Akineton  
Alkeran  
Amiodarone  
Ampyra  
Anagrelide Hydrochloride  
Anastrozole  
Antabuse  
Aptivus  
Aranesp  
Aranesp Albumin Free  
Arava  
Aricept

Arimidex  
Aromasin  
Atripla  
Atrovent HFA  
Aubagio  
Avinza  
Avonex  
Azathioprine  
Azilect

### B

Baclofen  
Baraclude  
Benztropine Mesylate  
Betapace  
Betaseron  
Bicalutamide

Bosulif  
Brilinta  
Bromocriptine Mesylate  
Butrans

### C

Campral  
Carbidopa/Levodopa  
Casodex  
Ceenu  
Cellcept  
Cerefolin  
Chlorpromazine HCL  
Cilostazol  
Clopidogrel  
Clozapine  
Clozaril

Combivent  
Combivir  
Comtan  
Copaxone  
Cordarone  
Coumadin  
Crixivan  
Cyclophosphamide  
Cyclosporine

### D

Demadex  
Diazoxide  
Didanosine  
Didronel  
Digoxin  
Dipyridamole-aspirin

## Medications related to uninsurable conditions

**Please note:** This is not the complete list.

Donepezil  
Droxia  
DuoNeb

**E**  
Effient  
Eldepryl  
Eliquis  
Embeda  
Emcyt  
Emtriva  
Enbrel  
Epivir  
Equetro  
Ergoloid Mesylates  
Etoposide  
Exelon  
Exemestane

**F**  
Fanapt  
Fareston  
Felbatol  
Femara  
Fentanyl  
Fluphenazine Decanoate  
Fluphenazine HCL  
Flutamide  
Fosrenol

**H**  
Haloperidol  
Haloperidol Decanoate  
Hepsera  
Humira Pen  
Hydrea

Hydromorphone HCL  
Hydroxychloroquine  
Hydroxyurea

**I**  
Ilaris  
Imuran  
Intelence  
Intron-A  
Invega  
Invirase  
Ipratropium Bromide HFA  
Iressa  
Isentress

**J**  
Jantoven

**K**  
Kaletra  
Kineret  
ogenate FS

**L**  
Lanoxin  
Letairis  
Letrozole  
Leukeran  
Leukine  
Lexiva  
Lithium  
Lodosyn  
Loxapine  
Loxapine Succinate  
Loxitane  
Lysodren

## Medications related to uninsurable conditions

**Please note:** This is not the complete list.

### M

Matulane  
Megace  
Megestrol Acetate  
Mercaptopurine  
Methotrexate  
Mitomycin  
Moban  
Multaq  
Mustargen  
Mycophenolate Mofetil  
Myfortic  
Myleran

### N

Nalbuphine HCL  
Naltrexone HCL

Namenda  
Nardil  
Navane  
Nebupent  
Neoral  
Neulasta  
Neupogen  
Neupro  
Nexavar  
Nilandron  
Nitroglycerin Patch  
Norvir

### O

Olanzapine  
Orencia

### P

Parlodel  
Pegasys  
Peg-Intron Redipen  
Pentoxil  
Pergolide Mesylate  
Phoslo  
Plavix  
Pletal  
Pradaxa  
Prezista  
Procrit  
Prograf  
Propafenone  
Purinethol

### R

Ranexa  
Rapamune  
Razadyne  
Razadyne ER  
Rebetol  
Remicade  
Renagel  
Renvela  
Requip  
Rescriptor  
Revatio  
Revlimid  
Reyataz  
Ribasphere  
Ridaura  
Rilutek  
Risperdal

## Medications related to uninsurable conditions

**Please note:** This is not the complete list.

Risperdal Consta  
Risperidone  
Roferon-A

**S**  
Saphris  
Selegiline Hcl  
Selzentry  
Simponi  
Sinemet  
Sotalol  
Sps  
Stalevo  
Stalevo 100  
Stribild  
Sustiva  
Sutent  
Symbyax

**T**  
Tabloid  
Tacrolimus  
Tambocor  
Tamoxifen Citrate  
Tarceva  
Targretin  
Tasmar  
Taxotere  
Temodar  
Thalomid  
Thioridazine Hcl  
Thiothixene  
Tice Bcg  
Tikosyn  
Torsemide  
Tracleer  
Trental

Trexall  
Trifluoperazine Hcl  
Trihexyphenidyl Hcl  
Trizivir  
Tysabri

**V**  
Valcyte  
Videx  
Viracept  
Viramune  
Viread  
Vivitrol

**W**  
Warfarin Sodium

**X**  
Xarelto  
Xtandi  
Xeloda  
Xenazine  
Xyrem

**Z**  
Zaltrap  
Zelapar  
Zerit  
Ziagen  
Zidovudine  
Zoladex  
Zyprexa

## Medicare Supplement ineligible conditions

**Please note:** Below is a partial listing of conditions that may cause Humana to decline coverage. This list is not all-inclusive. Refer to application form for details.

### A

AIDS, ARC or HIV  
Addison's  
Adrenal insufficiency  
Alcohol abuse/alcoholism  
Alzheimer's disease  
Ankylosing spondylitis  
Arterial embolism  
Artificial opening for feeding or elimination (**within the last 12 months**)  
Atherosclerosis/arteriosclerosis  
Atrial fibrillation

### B

Bed sore (**decubitus ulcer**)  
Bedridden  
Bipolar disorder  
Brain tumor  
Burns (**extensive third degree**)

### C

Cancer – internal  
Carotid artery disease  
Cerebral hemorrhage  
Cerebral palsy  
Chest pain (**angina pectoris**)

Chronic kidney disease  
Chronic obstructive pulmonary disease (**COPD**)  
Cirrhosis of the liver  
Confined to a wheelchair  
Coma, brain compression/anoxic damage or severe head injury  
Congestive heart failure  
Coronary heart disease (**blockage**)  
Crippling arthritis  
Crohn's disease  
Cushing's syndrome  
Cystic fibrosis

### D

Delusions/hallucinations  
Dementia  
Drug abuse

### E

Emphysema  
End-stage renal disease (**ESRD**)  
Enlarged heart (**Cardiomyopathy**)



## Medicare Supplement ineligible conditions

**Please note:** Below is a partial listing of conditions that may cause Humana to decline coverage. This list is not all-inclusive. Refer to application form for details.

### H

Hardening of the arteries  
Heart attack  
(myocardial infarction)  
Heart disease  
Heart enlargement  
Heart failure  
Hemophilia  
Hepatitis B  
Hepatitis C  
Huntington's disease

### I

Internal cancer

### K

Kidney disease requiring dialysis  
Kidney failure

### L

Leukemia  
Lou Gehrig's disease  
Lupus (systemic lupus erythematosus)

### M

Malnutrition  
Marfan syndrome  
Melanoma  
Multiple or lateral sclerosis  
Multiple personality disorder  
Muscular dystrophy  
Myasthenia gravis

### N

Neuralgic or poor circulation that has caused an ulcer on the skin

Neuropathy/diabetic neuropathy

### O

Organ transplant  
(other than corneal)  
Organic brain disorders  
Osteopetrosis

### P

Pacemaker  
Paget's disease  
Pancreatitis

## Medicare Supplement ineligible conditions

**Please note:** Below is a partial listing of conditions that may cause Humana to decline coverage. This list is not all-inclusive. Refer to application form for details.

Paranoia  
Paralysis  
Paralytic condition  
Parkinson's disease  
Peripheral vascular disease  
Polymyositis  
Pulmonary embolism

### R

Respiratory dependence  
Rheumatoid arthritis

### S

Sarcoidosis  
Schizophrenia  
Seizures (within the past 12 months)  
Senile dementia  
Senility disorder  
Sick sinus syndrome/  
brady-tachycardia  
syndrome/sinus  
node disease  
Sickle cell anemia  
Spina bifida

Spinal cord disorders/injuries  
Stroke  
Suicide attempt  
Systemic lupus

### T

Transient ischemic attack  
(TIA)

### U

Ulcerative colitis  
Uncontrolled diabetes

Uncontrolled high blood  
pressure (hypertension)  
Uncontrolled high  
cholesterol

### V

Ventricular arrhythmias  
Ventricular fibrillation  
or flutter

## Body mass index

If applicants' height and weight fall into one of these ranges, they are not eligible for coverage.  
Do not submit the enrollment application.

| Height<br>(ft/in) | Deniable BMI<br>of 14 or less | Deniable BMI<br>of 40.5 or more | Height<br>(ft/in) | Deniable BMI<br>of 14 or less | Deniable BMI<br>of 40.5 or more | Height<br>(ft/in) | Deniable BMI<br>of 14 or less | Deniable BMI<br>of 40.5 or more | Height<br>(ft/in) | Deniable BMI<br>of 14 or less | Deniable BMI<br>of 40.5 or more |
|-------------------|-------------------------------|---------------------------------|-------------------|-------------------------------|---------------------------------|-------------------|-------------------------------|---------------------------------|-------------------|-------------------------------|---------------------------------|
|                   | Weight (lbs.)                 | Weight (lbs.)                   |                   | Weight (lbs.)                 | Weight (lbs.)                   |                   | Weight (lbs.)                 | Weight (lbs.)                   |                   | Weight (lbs.)                 |                                 |
| 4'                | 46 or less                    | 133 or more                     | 5'1"              | 74 or less                    | 214 or more                     | 6'2"              | 109 or less                   | 315 or more                     | 7'3"              | 151 or less                   | 436 or more                     |
| 4'1"              | 48 or less                    | 138 or more                     | 5'2"              | 77 or less                    | 221 or more                     | 6'3"              | 112 or less                   | 324 or more                     | 7'4"              | 154 or less                   | 446 or more                     |
| 4'2"              | 50 or less                    | 144 or more                     | 5'3"              | 79 or less                    | 229 or more                     | 6'4"              | 115 or less                   | 333 or more                     | 7'5"              | 158 or less                   | 456 or more                     |
| 4'3"              | 52 or less                    | 150 or more                     | 5'4"              | 82 or less                    | 236 or more                     | 6'5"              | 118 or less                   | 342 or more                     | 7'6"              | 161 or less                   | 467 or more                     |
| 4'4"              | 54 or less                    | 156 or more                     | 5'5"              | 84 or less                    | 243 or more                     | 6'6"              | 121 or less                   | 351 or more                     | 7'7"              | 165 or less                   | 477 or more                     |
| 4'5"              | 56 or less                    | 162 or more                     | 5'6"              | 87 or less                    | 251 or more                     | 6'7"              | 124 or less                   | 360 or more                     | 7'8"              | 169 or less                   | 488 or more                     |
| 4'6"              | 58 or less                    | 168 or more                     | 5'7"              | 89 or less                    | 259 or more                     | 6'8"              | 127 or less                   | 369 or more                     | 7'9"              | 172 or less                   | 498 or more                     |
| 4'7"              | 60 or less                    | 174 or more                     | 5'8"              | 92 or less                    | 266 or more                     | 6'9"              | 131 or less                   | 378 or more                     | 7'10"             | 176 or less                   | 509 or more                     |
| 4'8"              | 62 or less                    | 181 or more                     | 5'9"              | 95 or less                    | 274 or more                     | 6'10"             | 134 or less                   | 387 or more                     | 7'11"             | 180 or less                   | 520 or more                     |
| 4'9"              | 65 or less                    | 187 or more                     | 5'10"             | 98 or less                    | 282 or more                     | 6'11"             | 137 or less                   | 397 or more                     | 8'                | 184 or less                   | 531 or more                     |
| 4'10"             | 67 or less                    | 194 or more                     | 5'11"             | 100 or less                   | 290 or more                     | 7'                | 141 or less                   | 406 or more                     |                   |                               |                                 |
| 4'11"             | 69 or less                    | 201 or more                     | 6'                | 103 or less                   | 299 or more                     | 7'1"              | 144 or less                   | 416 or more                     |                   |                               |                                 |
| 5'                | 72 or less                    | 207 or more                     | 6'1"              | 106 or less                   | 307 or more                     | 7'2"              | 147 or less                   | 426 or more                     |                   |                               |                                 |



**Humana**®

GNHHNV6EN 1118

Agent Use Only