

## 8. MEDICAL UNDERWRITING

Our underwriting department reviews the available medical history and current health information of applicants and their dependents to determine underwriting risk in accordance with ConnectiCare's guidelines. ConnectiCare will make the final decision on the acceptance of any insurable risk and/or substandard rating. All information discovered during the underwriting process will be used, including, but not limited to, the health questions on the Individual Health Statement, claim history, medical and pharmacy records, and any additional information that may be requested.

- 1) **ConnectiCare reserves the right to accept, deny or rate up requested coverage, based on the information on the Individual Health Statement provided by the applicant and/or their dependent(s), and any other information obtained by us or provided to us.**
- 2) **An Individual Health Statement must be completed by the applicant, including all dependents requesting coverage.**
- 3) **Underwriting may request additional information related to specific conditions directly from the applicant and/or any dependents. A medical records request and/or a supplemental medical questionnaire will be mailed or e-mailed to each applicant's and dependent's home address/e-mail address, with instructions for completion.**
- 4) **In an attempt for underwriting to make a fair and accurate determination on the current health status of a prospective member who has not been to a provider for any reason, including a physical exam, he/she will be required to have a medical professional complete a series of questions for underwriting review. These questions include the following:**

- a. Height/weight in office
- b. Blood pressure in office
- c. Documentation of any abnormal lab values in the last 5 years
- d. A list of any symptoms the member has been experiencing.

Spouses and dependents age 19 and over requesting coverage after the policyholder's effective date of coverage will be medically underwritten, and must complete an Individual Application/Change Form, Individual Health Statement and Underwriting Authorization Form. (Note: Adopted children, newborn children or step-children under age 19 must enroll within 31 days of a qualifying event.)

For those individuals with policies issued March 1, 2010, or prior, ConnectiCare will allow the policyholder to apply to add a dependent anytime, and we will accept or deny the dependent application based on medical underwriting.

- 6) **Anytime we receive a request to remove an existing ConnectiCare SOLO member from his or her current policy and issue the individual a new ConnectiCare SOLO policy, medical underwriting will be required for applicants age 19 and over. We will not accept applications from anyone under age 19. Rationale: Since the member is applying for coverage under a new policy, the application is subject to the same underwriting requirements as any other new application.**

In the event of a policyholder's death or divorce, or if the policyholder becomes eligible for Medicare, then a covered spouse/domestic partner, or dependent age 19 and over, can be moved to policyholder status without medical underwriting.

Remaining dependents must qualify as dependent children of the new policyholder to remain on the policy.

A divorced spouse may choose to move to a new policy with no medical underwriting.

Dependent children can stay on the existing policy or move with the divorced spouse with no medical underwriting.

Please note that, for purposes of this section, the policyholder must be age 19 and over, except when both parents of a dependent child are deceased, and in no event will coverage continue past the last day of the plan year.

*Note: An Individual Application/Change Form is required to move the dependent to policyholder status.*

- 7) A dependent child aging off of his/her parent's policy (age 26) may choose a new policy with no medical underwriting.
- 8) **If additional information is requested and not received by us within 15 days, we will send a follow-up reminder to the applicant. If the information is not received within 45 days of the original request, the application will be considered incomplete and will be withdrawn. Also, the original effective date will become void.** The application will need to be resubmitted to ConnectiCare with all information filled in and all questions answered – along with the additional information that was requested previously. A new effective date will then be determined based on the date that this completed application is received.

#### **Member Level Underwriting/Rating**

- Underwriting will accept, deny and set the applicable rates for each family member on the application based on medical underwriting criteria.

- Dependents under age 19 will not be denied access to their parent's policy.

#### **Pre-Screening Guidance**

ConnectiCare SOLO's pre-screening guidance allows producers to obtain a preliminary response from our underwriting department to questions regarding medical eligibility for ConnectiCare SOLO prospects.

*Note: Information that ConnectiCare provides during this pre-screening process is not a guarantee of coverage or eligibility, and is not intended to be the source for underwriting decisions. ConnectiCare reserves the right to request additional information, decline coverage, or rate up. ConnectiCare's final decision will be based on enrollment requirements, a review of the completed application, and medical underwriting.*

- *All requests for pre-screening guidance must be submitted using the "Request for Pre-Screening Guidance" form, which may be downloaded from the secure producer site at [www.connecticare.com](http://www.connecticare.com). The form should be sent to the underwriting department by fax (860-678-5204) or secure e-mail: [ccisolopre@connecticare.com](mailto:ccisolopre@connecticare.com).*
- *The form will ask for all medical history, including: condition/diagnosis; onset date; details (symptoms, treatment, tests, results); medications (name, dose, frequency); date last treated; and current status.*

Underwriting will respond by fax or e-mail within 48 hours of receiving the request for pre-screening guidance. This response is not the final decision regarding acceptance for coverage. A final decision will be based upon a completed application which includes the health statement and any additional information provided to underwriting.

**Remember:** To obtain a final decision on coverage, you must follow the "Steps To Apply", starting on page 113.

**Condition Waivers**

Condition waivers are not offered.

**Future Surgery or Procedures**

Applicants who are advised to have – or have scheduled –

future surgery, tests, or procedures are subject to further review. Pertinent details must be provided on the Individual Health Statement. Failure to disclose this information will result in rescission of the policy, denial of otherwise valid claims, or other corrective action.

**DECLINABLE CONDITIONS**

If the applicant (or any dependent) has a condition mentioned on the Declinable Conditions list, the application will be automatically declined or rated up (note: we will not decline coverage for any dependents under age 19 for pre-existing conditions):

This list is not all-inclusive and is subject to change.

**Conditions**

- Addison’s Disease*
- AIDS/HIV*
- Amyotrophic Lateral Sclerosis  
(ALS or Lou Gehrig’s Disease)*
- Alzheimer’s Disease*
- Angina*
- Angioplasty*
- Ankylosing Spondylitis*
- Any Artery or Vein Bypass – including Heart*
- Bipolar disorder (manic depression)*
- Carcinoid Syndrome*
- Chronic Lung Disease, including Emphysema,  
Chronic Bronchitis & COPD*
- Cirrhosis of the Liver*
- Congestive Heart Failure*
- Coronary Heart Disease*
- Crohn’s Disease*
- Cystic Fibrosis*
- Diabetes – Type 1*
- Gastric Bypass or any Intestinal Bypass or bariatric  
(obesity) surgery*

- Gaucher’s Disease or other lipid storage disease*
- Hemiplegia*
- Hemophilia*
- Hepatitis B or C*
- Ischemic Heart Disease*
- Leukemia*
- Major Depression*
- Morbid Obesity – current or present*
- Multiple Sclerosis*
- Muscular Dystrophy*
- Myocardial Infarction (Heart Attack)*
- Obsessive-Compulsive Disorder (OCD)*
- Pacemaker/defibrillator*
- Paraplegia*
- Parkinson’s Disease*
- Pregnancy/expectant parent*
- Psychosis*
- Pulmonary Fibrosis*
- Pulmonary Hypertension*
- Pulmonary Stenosis*
- Quadriplegia*
- Renal Failure*
- Rheumatoid Arthritis (Juvenile/Adult)*
- Sickle Cell Anemia*
- Sideroblastic Anemia*
- Sleep Apnea*
- Spina Bifida*
- Systemic Lupus*
- Thalassemia Major*
- Any Transplant except Corneal  
(Cardiac) Valve Replacement*

## Height and Weight Table

### AGE 14 AND OLDER

The Height and Weight Table below shows the maximum allowable weights for males and females age 14 and over. Applicants age 19 and over who do not fall within the guidelines may be declined or rated up. Accurate height and weight is required for all applicants on the application.

(Note: We do not decline coverage for dependent applicants under age 19 for pre-existing conditions.)

HEIGHT	WEIGHT	HEIGHT	WEIGHT
4'8"	154	5'10"	240
4'9"	159	5'11"	248
4'10"	165	6'0"	255
4'11"	171	6'1"	261
5'0"	176	6'2"	268
5'1"	182	6'3"	277
5'2"	189	6'4"	284
5'3"	195	6'5"	291
5'4"	201	6'6"	299
5'5"	208	6'7"	306
5'6"	214	6'8"	314
5'7"	220	6'9"	322
5'8"	227	6'10"	330
5'9"	234	6'11"	340