Product Guide

- SelectBlue®
- SelectBlue AdvantageSM
- BlueChoice SelectSM

- BlueValueSM
- BlueValue AdvantageSM
- BlueChoice ValueSM

- BlueEdgeSM Individual HSA
- BlueEdgeSM Individual HSA 5000

- SelecTEMP PPO®

FOR AGENT USE ONLY
INDIVIDUAL AND FAMILY HEALTH INSURANCE

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association
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Individual and Family Health Insurance Plans
FROM BLUE CROSS AND BLUE SHIELD OF ILLINOIS

We are pleased to present our unique range of health insurance plans that are now available to individual adults and families. Each plan is backed by the financial strength and stability of Blue Cross and Blue Shield of Illinois.

While each of our plans is tailored to the individual needs of Illinois adults and families, all of the plans have a number of features and benefits in common.

We are confident that Blue Cross and Blue Shield of Illinois has a health care plan that is right for your clients. Regardless of the plan they select, they will benefit from the experience, expertise and stability of the leading health insurer in Illinois.

SPECIFIC PRODUCT HIGHLIGHTS

SelectBlue
• Choice of 100% or 80% inpatient and outpatient benefits at participating providers*
• Choice of six deductibles: $0, $250, $500, $1,000, $2,500 or $5,000
• Family deductible equal to 3x the individual deductible
• Doctor office visits with $20 copayment
• 100% Preventive Care Services (benefits covered as defined by national guidelines) when in-network providers are used. Benefits reduced when non-participating providers are used.
• Out-of-pocket expense limit of $1,000 per individual plus deductible at participating providers
• Prescription drug card benefit with $0, $250 and $500 deductible, $10 copayment per prescription for generic drugs
• Outpatient prescription drugs covered at 80% with $1,000, $2,500 and $5,000 deductible
• Emergency care covered at 100%
• Optional maternity benefits
• Receive maximum benefits at 90% of Illinois doctors and more than 200 participating hospitals

SelectBlue Advantage offers these key differences:
• 80% inpatient and outpatient benefits at participating providers*
• Choice of five deductibles: $250, $500, $1,000, $2,500 or $5,000
• Family deductible equal to 2x the individual deductible
• Out-of-pocket expense limit of $1,000 per individual plus deductible at participating providers
• Prescription drug card benefit with $250 and $500 deductible, $10 copayment per prescription for generic drugs
• Outpatient prescription drugs covered at 80% with $1,000, $1,750, $2,500 and $5,000 deductible
• Emergency care covered at 80% after $75 copayment
• Out-of-pocket expense limit of $3,000 per individual plus deductible at participating providers

BlueChoice Select
• 80% inpatient and outpatient benefits at contracting providers*
• Choice of six deductibles: $250, $500, $1,000, $1,750, $2,500 or $5,000
• Doctor office visits with $30 copayment
• 100% Preventive Care Services (benefits covered as defined by national guidelines) when in-network providers are used. Benefits reduced when non-participating providers are used.
• Emergency care covered at 80% after $75 copayment
• Out-of-pocket expense limit of $3,000 per individual plus deductible at contracting providers
• Prescription drug card benefit with $250 and $500 deductible plans, $10 copayment per prescription for generic drugs
• Outpatient prescription drugs covered at 80% with $1,000, $1,750, $2,500 and $5,000 deductible
• Optional maternity benefits
• Family deductible equal to 2x the individual deductible
• Receive maximum benefits at BlueChoice contracting network of doctors and hospitals

BlueValue
• Choice of 100% or 80% inpatient and outpatient benefits at participating providers*
• Choice of five deductibles: $250, $500, $1,000, $2,500 or $5,000
• Family deductible equal to 3x the individual deductible
• Out-of-pocket expense limit of $1,000 per individual plus deductible at participating providers
• Outpatient prescription drugs covered at 80% after plan deductible
• 100% Preventive Care Services (benefits covered as defined by national guidelines) when in-network providers are used. Benefits are reduced when non-participating providers are used.
• Emergency care covered at 100%
• Optional maternity benefits
• Receive maximum benefits at 90% of Illinois doctors and more than 200 participating hospitals

* To maximize benefits, your clients should utilize providers contracting with Blue Cross and Blue Shield of Illinois.
**SPECIFIC PRODUCT HIGHLIGHTS**

**BlueValue Advantage**

- 80% inpatient and outpatient benefits at participating providers*
- Choice of six deductibles: $250, $500, $1,000, $1,750, $2,500 or $5,000
- Out-of-pocket expense limit of $3,000 per individual plus deductible at participating providers
- Outpatient prescription drugs covered at 80% after plan deductible
- Out-of-pocket expense limit of $3,000 per individual
- Optional maternity benefits
- Family deductible equal to 2x the individual deductible
- Receive a higher level of benefits at BlueChoice contracting doctors and hospitals with the BlueChoice plan

**BlueChoice Value**

- 80% inpatient and outpatient benefits at contracting providers*
- Choice of six deductibles: $250, $500, $1,000, $1,750, $2,500 or $5,000
- Out-of-pocket expense limit of $3,000 per individual plus deductible at contracting providers
- Outpatient prescription drugs covered at 80% after plan deductible
- 100% Preventive Care Services (benefits covered as defined by national guidelines) when in-network providers are used. Benefits are reduced when non-participating providers are used.
- Emergency care covered at 80% after $75 copayment
- Optional maternity benefits
- Family deductible equal to 2x the individual deductible
- Receive a higher level of benefits at 90% of Illinois doctors

**BlueEdge Individual HSA**

- Choice of 100% or 80% inpatient and outpatient benefits after plan deductible at participating providers*
- Choice of four deductibles**: $1,200, $1,750, $2,600 and $3,500
- Family deductible equal to two times the individual deductible
- Inpatient/outpatient physician medical services covered at a choice of 100% or 80% after deductible at participating providers
- 100% Preventive Care Services (benefits covered as defined by national guidelines) when in-network providers are used. Benefits reduced when non-participating providers are used.
- Out-of-pocket expense limit of $3,000 per individual plus deductible (not to exceed $5,000)
- Outpatient prescription drugs covered at a choice of 100% or 80% after plan deductible
- Optional maternity coverage at a choice of 100% or 80% after plan deductible
- Receive a higher level of benefits at 90% of Illinois doctors and more than 200 participating hospitals
- Receive 10% discount on family rates
- Use a health savings account (HSA) in conjunction with this health plan as a way to use tax-advantaged dollars to pay for your health care costs***

**BlueEdge Individual HSA 5000**

- 100% inpatient and outpatient benefits after plan deductible at participating providers*
- $5,000 individual deductible
- Family deductible equal to two times the individual deductible
- Inpatient/outpatient physician medical services covered at 100% after deductible at participating providers
- 100% Preventive Care Services (benefits covered as defined by national guidelines) when in-network providers are used. Benefits reduced when non-participating providers are used.
- Prescription drugs covered at 100% after plan deductible
- Out-of-pocket expense limit equal to deductible
- Optional maternity coverage at 100% after plan deductible
- Receive a higher level of benefits at 90% of Illinois doctors and more than 200 participating hospitals
- Receive 10% discount on family rates
- Use a health savings account (HSA) in conjunction with this health plan as a way to use tax advantaged dollars to pay for your health care costs.***

**BlueCare® Dental PPO**

- $1,500 Maximum Annual Benefit per person
- No deductible for Type I (i.e. cleanings, exams, X-rays) and Type II (i.e. fillings, extractions) services
- $50 deductible for Type III (i.e. bridges, crowns, dentures) services
- Up to 20% discount on orthodontics at participating dentists until reaching a maximum savings of $1,000
- Members must be enrolled in BCBSIL health plans in order to enroll. If they drop their health at any time, their dental plan will be terminated. Members who drop their dental plan for any reason cannot re-enroll later.
- Not available with SelecTEMP PPO policies

**SelecTEMP PPO**

- See page 22.

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* To achieve a higher level of benefits, your clients should use network providers.

** Should the Federal Government adjust the minimum deductible or maximum deductible contribution limits for High Deductible Health Plans as defined by the Internal Revenue Service, the deductible amount in this policy may adjust accordingly.

*** Please be reminded that Health Savings Accounts (HSA) have tax and legal ramifications. Blue Cross and Blue Shield of Illinois does not provide legal or tax advice, and nothing herein should be construed as legal or tax advice. These materials, and any tax-related statements in them, are not intended or written to be used, and cannot be used or relied on, for the purpose of avoiding tax penalties. Tax-related statements, if any, may have been written in connection with the promotion or marketing of the transaction(s) or matter(s) addressed by these materials. You should seek advice based on your particular circumstances from an independent tax advisor regarding the tax consequences of specific health insurance plans or products.
OUTPATIENT PRESCRIPTION DRUGS

SelectBlue, SelectBlue Advantage, and BlueChoice Select

SelectBlue with $0, $250 and $500 Plan Deductible:
• Drug card benefit (your client pays: $10 copayment per prescription for generic drugs; 35% per prescription for formulary brand drugs and insulin/insulin syringes; 50% per prescription for non-formulary brand drugs)
• Home delivery of maintenance drugs available

SelectBlue Advantage and BlueChoice Select with $250 and $500 Deductibles:
• Drug card benefit (your client pays: $10 copayment per prescription for generic drugs; 35% per prescription for formulary brand drugs and insulin/insulin syringes; 50% per prescription for non-formulary brand drugs)
• Home delivery of maintenance drugs available

SelectBlue, SelectBlue Advantage, and BlueChoice Select with all other Deductibles:
• No drug card benefit
• Outpatient prescription drugs covered at 80% after plan deductible
• Home delivery of maintenance drugs not available

BlueValue, BlueValue Advantage, and BlueChoice Value
• Outpatient prescription drugs covered at 80% after plan deductible

BlueEdge Individual HSA
• Outpatient prescription drugs covered at a choice of 100% or 80% after plan deductible

BlueEdge Individual HSA 5000
• Outpatient prescription drugs covered at 100% after plan deductible

HEALTH SAVINGS ACCOUNTS

Best Prospects for High Deductible Plans:
In general, you can expect these products to appeal to individuals and families who like to take control of their health care decisions — i.e., those who want the ability to decide what doctors to see, when to see them and how much to spend. Here is a list of the key market segments that represent potential clients:
• Self-employed individuals, who will welcome affordability, reliable benefits and the ability to save and invest with their HSA (These individuals may be able to deduct their premium payments.)
• Professional segment, looking for additional tax-advantaged savings vehicles that can be used for medical expenses
• Healthy individuals and families who appreciate the affordability and who are not as likely to have huge medical expenses associated with major illnesses; catastrophic coverage is especially important to this market segment
• Employers who are not offering a group plan and are looking for a way to help their employees affordably self-insure (List billing is available.)
• Working uninsured, who will appreciate the lower premiums, the reliable benefits and the “ownership” of their HSA; catastrophic coverage is especially important to this market segment
• Early retirees, who will be able to roll over their HSA and use it tax-free to pay for health care expenses in their retirement
• People ages 55 and older, who can benefit from catch-up contributions to their HSA (an annual additional contribution of up to $1,000 is allowed for these individuals)
Reasons Your Clients Will Want a BlueEdge HSA Plan...

• Low premiums — BlueEdge Individual HSA 5000 is the lowest of any of our high deductible health plan options
• 10% family discount for both BlueEdge insurance plans is factored into the premium
• Tax advantages and tax savings
• Unused yearly balance can roll over to grow on a tax-deferred basis
• Portability: clients own their HSA — even through changes in qualified plans and even into retirement

Health Savings Account (HSA) Guidelines:

Eligibility for HSAs
Generally, any individual who is covered by a qualified high deductible health plan and who is not entitled to or covered by Medicare or other health insurance — including an unlimited health reimbursement account (HRA) or health flexible spending account (FSA) — can qualify. Individuals cannot be claimed as a dependent on someone else’s tax return.

Eligible Expenses for HSAs
HSAs can be used to pay for many types of qualified medical expenses, even some that are often excluded by health insurance plans, only to the extent the expenses are not covered by insurance or otherwise. These include:
• Health insurance plan deductibles, copayments and coinsurance paid for qualified medical expenses
• Prescription drugs
• Dental services, including braces, bridges and crowns
• Vision care, including glasses and Lasik eye surgery
• Psychiatric and certain psychological treatments
• Qualified long-term care services and insurance premiums (subject to certain limits based on age and are adjusted annually)****
• Medically related transportation and lodging (subject to certain limitations)
• Premiums paid for health care continuation coverage, e.g. COBRA premiums and certain health insurance premiums (check with a tax advisor or IRS for specifics)****

Go to www.irs.gov for a complete list of what medical expenses are and are not approved by the IRS.

HSA Contributions
• Annual contribution limitations: up to $3,050 for individuals and $6,150 for family coverage (These amounts may increase based upon IRS guidelines.)
• Additional catch-up contributions ($1,000) are allowed for individuals ages 55 and older
• Contribution deadline is due date of individual’s federal income tax return

HSA Distributions
• Distributions are tax-free for qualified medical expenses
• Distributions from an HSA that are not used for qualified medical expenses are includable in the beneficiary’s taxable income and also may be subject to an additional penalty
• Expenses must be incurred after the HSA has been set up
• Removal of funds from account does not have to occur at same time as the actual medical expense
• Distributions may occur even if the individual is no longer eligible to contribute to the HSA
• HSA funds may accumulate for use after retirement
• The HSA holder is entirely responsible for determining the eligibility of the expense as well as for maintaining records and reporting

**** Note: Generally, an HSA may not be used to purchase health insurance unless specifically excepted. Expenses that are not qualified medical expenses include premiums paid for Medicare supplement coverage and Medigap. To be sure if a medical expense qualifies as eligible, you should check with a tax advisor or the IRS.
Eligibility Information

Individual adults and families with permanent residence in Illinois are eligible to apply for a product.

- Issue ages are from 19 through 64 for individual adult applicants and spouses.
- Dependent coverage is available to the applicant’s spouse and/or children. (When dependent’s surname is different from the applicant’s, please provide an explanation.)
  - Dependent children must be under age 26, or under age 30 if a military veteran.
- Applicants age 18 or over are required to sign for themselves; a parent signature is not acceptable.
- Blue Cross and Blue Shield of Illinois will often verify and/or clarify information on the application and from Blue Cross and Blue Shield of Illinois claim history by telephone interview directly with the applicant.
- Medical records will be requested at the discretion of underwriting.
- All persons applying for coverage who are not U.S. citizens must have resided in the U.S. for at least six months AND have had a complete physical by a physician in the U.S. within the past two years.

Partial Medical Condition Rejection List

Note: Not applicable to individuals under age 19.

- AIDS
- Alcoholism/Alcohol Abuse
- Angioplasty
- Aortic Stenosis
- Arteriosclerotic Heart Disease
- Ascites
- Bi-Polar Disorder
- Boeck’s Sarcoïdosis
- Bypass surgery
- Cancer (other than skin cancer)/Malignant Melanoma
- Cerebral Vascular Accident
- Cerebral Vascular Disease
- Chronic Obstructive Pulmonary Disease (if currently smoking)
- Chronic Pancreatitis
- Chronic Renal Failure
- Cirrhosis of Liver
- Coronary Heart Disease
- Cushing’s Syndrome
- Cystic Fibrosis
- Diabetes (managed with any type of medication)
- Drug Addiction/Abuse
- Fatty Liver (hepatic steatosis)
- Heart Attack
- Height and Weight (see chart on page 9)
- Hemodialysis/Peritoneal Dialysis
- Hemophilia
- HIV
- Hodgkin’s Disease
- Huntington’s Chorea
- Immune Deficiency Syndrome
- Leukemia
- Liver Atrophy
- Lupus Erythematosus (Systemic)
- Multiple Neurofibromatosis
- Multiple Sclerosis
- Muscular Dystrophy
- Myasthenia Gravis
- Myocardial Infarction
- Nephrosclerosis
- Organic Brain Disorder
- Pacemaker
- Paget’s Disease
- Parkinson’s Disease
- Pending surgery of any kind
- Peripheral Vascular Disease
- Polycystic Kidney
- Pregnant or an Expectant Parent (mother or father)
- Psychotic Disorder
- Rheumatic Heart Disease
- Stroke
- Systemic Scleroderma
- Tetralogy of Fallot
- Transient Ischemic Attack
- Organ Transplants
- Valve Replacement

Unacceptable Medications

Current use of the following types of medications will warrant declination. These medications lists are NOT all-inclusive and are subject to change.

Note: Not applicable to individuals under age 19.

ANTl-ARTHRITIC MEDICATIONS
- Abatacept
- Actemra
- Adalimumab
- Alefacept
- Amethopterin
- Amevive
- Anakinra
- Arava
- Arzerra
- Aurolate
- Aurothioglucose
- Azathioprine
- Certolizumab
- Chlorambucil
- Cicizia
- Cyclosporine
- Cytoxin
- Efalizumab
- Enbrel
- Entanercept
- Folex
- Folotyn
- Gold Sodium Thiocyanate
- Gold-50
- Golimumab
- Humira
- Hydroxychloroquine
- Imuran
- Infliximab
- Istopox
- Kineret
- Ledertrexate
- Leflunomide
- Leukeran
- Methotrexate
- Methoblastin
- Methotrexate
- Neosar
- Ofatumumab
- Ocrelizumab
- Plaquenil
- Pralatrexate
- Raptiva
- Remicade
- Rheumatrex
- Rituxan
- Rituximab
- Romidepsin
- Sandimmune
- Simponi
- Sipuleucel-T Provenge
- Solganal
- Stelara
- Thioprine
- Tolctizumab
- Trexall
- Ustekinumab
- Vetrirent

ANTl-CAncER/ ANTl-NEOPLASTIC MEDICATIONS
- Anastrozole
- Arimidex
- Emlolon
- Femara
- Femara
- Fentamox
- Nolvadex
- Soltamox
- Tamoxifen
- Tamoxifen

1 Within the last 5 years
2 Fully recovered with normal lab results for minimum of 6 months
3 May apply following the end of current pregnancy once released by the physician
ANTI-COAGULANT/
ANTI-THROMBOTIC
MEDICATIONS

Acarbose
Actoplus Met
Actos
Amaryl
Apidra
Apo-Chlorpropamide
Avandamet
Avandaryl
Avandia
Byetta
Chlorpropamide
Cycloset
Danoil
DiaBeta
Diabinese
Duact
Euglucon
Exenatide
Exubera
Fortamet
Glibenese
Gilead
Glyburide
Glyset
Humalog
Humulin
Insulin products
Janumet
Januvia
Lantus
Levermir
Liraglutide
Metaglip
Metformin HCL
Micronase
Miglitol
Mini Diab
Nateglinide
Novolog
Onglyza
Pioglitazone HCL
Pramlintide
Prandase
Prandimet
Prandin
Precose
Repaglinide
Riomet
Rosiglitazone
Saxagliptin
Semi-Daonil
Sitagliptan
Starlix
Symlin
Velosulin
Victoza

ANTI-PSYCHOTICS,
ANTI-PARKINSONIANS
& OTHER CENTRAL
NERVOUS SYSTEM
MEDICATIONS

Abilify
Akineton
Aldazine
Amantadine
Anatensol
Apo-Benztropine
Apo-Fluphenazine
Apo-Promazine
Apo-Morphine
Apo-Perphenazine
Apo-Thioridazine
Apo-Trifluoperazine
Aricept
Aripiprazole
Artane
Asenapine
Azilect
Baclofen
Benztropine
Biperiden
Bromocriptine
Cabergoline
Camcolit
Carbex
Carbidopa-Levodopa
Carbipeda
Celance
Chlorpromazine HCL
Cibalith-S
Clozapine
Clozaril
Cogenin
Cognex
Comtan
Cycloset
Donepezil
Dopar
Dostinex
Doxic
Duralith
Eldepryl
Emsam
Entacapone
Eskalith
Exelon
Fanapt
FazaClo
Fentazin
Fluphenazine
Galantamine
Geodon
Haldol
Haloperidol
Iloperidone
Invega
Kemadrin
Kemstro
Larodopa
Levodopa
Levodopa-Carbidepoda
Lithane
Lithicarb
Lithium
Lithazerine
Lithobid
Lithonate
Lithotabs
Lodosyn
Looxapac
Looxapine
Loxitane Modocate
Mellaril
Mempidine
Mesoridazine
Mirapex
Moditen
Navane
Neupro
Novo-Chlorpromazine
Novo-Ridazine
Novo-Trifluazine
Olanzapine
Paliperidone
Parcopa
Parloid
Parlodel
Pergolid
Peridol
Permax
Permitil
Perphenazine
Priadel
Pramipexole
Dihydrochloride
Procyclidine
Prolinxin
Quetiapine
Rasagiline
Razadyne
Reminyl
Requip
Risperdal
Risperidone
Rivastigmine
Ropinirole HCL
Rotigotine
Saphris
Selegilene
Serenace
Serentil
Seroquel
Sinemet
Stalevo
Stelazine
Symbyax
Symmetrel
Tacrine
Tasmar
Tetrazenine
Thioridazine
Thiothixene
Thiothixene HCL
Trifluoperazine
Trihexyphenidyl
Thorazine
Tolcapone
Trilafon
Xenazine
Zelapar
Ziprasidone
Zyprexa

ANTI-VIRAL OR
ANTI-RETROVIRAL
MEDICATIONS

For HIV/AIDS or
Hepatitis

Abacavir
Adefovir
Agenerase
Ampranavir
Apo-Zidovudine
Atazanavir
Atripla
Azidothymidine (AZT)
Baraclude
Cidofovir
Combivir
(Unacceptable Medications continued from page 5)

Copegus  
Crixivan  
Cymevene  
Cytovene  
Darunavir  
Delavirdine  
Didanosine (DDL)  
Efavirenz  
Emtricitabine  
Emtriva  
Enfuviride  
Entacavir  
Entravirine  
Epivir  
Epzicom  
Etravirine  
Fomivirsen  
Fortovase  
Fosamprenavir  
Foscarnet  
Foscarvir  
Fuzone  
Ganciclovir  
Hepsera  
Hivid  
Indinavir  
Infegren  
In telence  
Interferon  
Intron-A  
Invirase  
Isentress  
Ka letra  
Lamivudine  
Lexiva  
Lopinavir/Ritonavir  
Maraviroc  
Nelfinavir  
Nevirapine  
Norvir  
Novo-AZT  
Pegasys  
Peginterferon  
Peg-Intron  
Prezista  
Raltegravir  
Rebetol  
Rebetron  
Rescriptor  
Retrovir  
Reyataz  
Ribasphere  
Ribavirin  
Ritonavir  
Roferon  
Saquinavir  
Selzentry  
Stavudine  
Sustiva  
Tenofovir  
Tipranavir  
Trizivir  
Truvada  
Valcyte  
Valganciclovir  
Videx  
Viracept  
Viramune  
Viread  
Vistide  
Vitravene  
Zalcitabine  
Zerit  
Ziagen  
Zidovudine  

ANTI-SUBSTANCE ABUSE MEDICATIONS

Acamprosate  
Antabuse  
Campral  
Disulfiram  
Methadone  
Naltrexone HCL  
Naloxone/Buprenorphine  
ReVia  
Suboxone  
Trexan  
Vivitrol  

ANTI-THYROID MEDICATIONS

Methimazole  
Propylthiouracil (PTU)  
Propyl-Thyracl  
Radioactive Iodine  
Tapazole  

MISCELLANEOUS MEDICATIONS

Adcirca  
Actimmune  
Agalsidase  
Aglucosidase  
Aldurazyme  
Ampyra  
Anginine  
Antagon  
Aprol  
Arcalyst  
Asacol  
Avonex  
Aztreonam  
Azulfidine  
Betaseron  
Bosentan  
Bravalle  
Canakinumab  
Canasa  
Carbaglu  
Cardoxin  
Carglumic acid  
Cayston  
Cerezyme  
Cetorelax  
Cetrotide  
Clomid  
Clomiphene Citrate  
Coagulation factor VIII complex  
Copaxone  
Cotazym  
Creon  
Dalfampridine  
Deponit  
Digitex  
Digoxin  
Domase alfa  
Dygas  
Eculizumab  
Elaprase  
Epoetin  
Epopen  
Everolimus  
Extavia  
Fabrazyme  
Feraheme  
Fertinex  
Follistim  
Follitropin Alfa  
Forteo  
Galapinase  
Genirelex Acetate  
Genotropin  
Glutar slim acetate  
Gonal-F  
HCG/chorionic gonadotropin alfa  
Hizentra  
Humotrope  
Idursulfase  
Ilaris  
Inamrinone Lactate  
Imiglucerase  
Immune globulin  
Increlex  
Infliximab  
Inocor  
Interferon  
Kutrase  
Kuvan  
Ku-Zyme  
Lanreotide  
Lanoxin  
Lanoxicaps  
Laronidase  
Lialda  
Lipram  
Lutropin alfa  
Luvens  
Mecasermin  
Mesasal  
Miglulstat  
Milophene  
Milrinone Lactate  
Mintrant  
Myozyme  
Naglazyme  
Natalizumab  
Nitisinone  
Nitradisc  
Nitro-Bid  
Nitro-Dur  
Nitrodisc  
Nitrogard  
Nitroglucylin  
Nitrol  
Nitrolingual  
Nitrong  
Nitrostat  
Nitro-Time  
Norditropin  
NTS  
Nutropin  
Octreotide  
Omniprobe  
Onsolis  
Orfadin  
Ovidrel  
Palivizumab  
Pancrease  
Pancreaz  
Pancrelipase  
Panokase  

Antigens  
Peginterferon  
Pegvisomant  
Pentasa  
Pergonal  
Procrin  
Pulmozyme  
Rebif  
Remicade  
Rilonacept  
Repronex  
Rowasa  
Saizen  
Salazosyn  
Salofalk  
Sandostatin  
Saprroterin  
Serophene  
Serostim  
Sodium oxybate  
Soliris  
Somatropin  
Somavert  
Sulfasalazine  
Sulfazine  
Sumatuline Depot  
Synagis  
Teriparatide  
Tev-tropin  
Tracleer  
Transderm-Nitro  
Transiderm-Nitro  
Tridil  
Tysabri  
Ultrase  
Urofollitropin  
Velaglucerase alfa  
Viokase  
Von Willebrand Factor  
VPRIV  
Wilate  
Xyrem  
Zavesca  
Zenpep  
Zorbtive  
Zortress
**Underwriting Opinion Form**

If you would like an opinion as to how Blue Cross and Blue Shield of Illinois might consider a particular applicant’s health history before you submit a fully completed application, you may complete and submit a request for an Underwriting E-Opinion electronically via an online secure form. The online secure form can be found at https://osc.hscil.com/ProducerPortal/, select the Producer Services link, select the E-Communication tab, then select the New E-Opinion link in the E-Opinions sub-tab. A final underwriting decision on any applicant will always require a completed application.

**General Information on Height/Weight**

- Some situations outside of stated guidelines may require additional information via a telephone interview and/or medical records to complete the underwriting assessment.
- Certain medical conditions can be impacted and may result in a premium adjustment or declination at weights higher or lower than the threshold listed in the chart. This list covers some of the most common conditions, but is not all inclusive.

  - High blood pressure
  - Diabetes (diet controlled)
  - Arthritis or gout in weight-bearing joint(s)
  - Joint replacement (due to trauma) or artificial spinal disc implant
  - Sleep apnea

### Adult Height and Weight Chart - Ages 19 and older

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### Height and Weight Chart - Ages 15 through 18

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# Underwriting Information

## Juvenile Height and Weight Chart - Male and Female

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Coverage Exclusion Riders

Coverage Exclusion Riders cannot be issued to individuals under the age of 19; a premium adjustment may be applied for some conditions. Blue Cross and Blue Shield of Illinois will place a maximum of two (2) coverage exclusion riders on any one applicant. When a policy is conditionally approved with one or two exclusion riders, coverage will not be activated until BCBSIL receives the signed and dated rider along with any other outstanding requirements that may be applicable.

Coverage exclusion riders will be permanent. However, in selected situations (as noted below), the policyholder may request reconsideration, i.e., removal of a rider, after the specified time period has elapsed, beginning with the effective date of the policy. The specific rider(s) offered with the policy will include a time frame assigned to each rider based on underwriting guidelines and the applicant’s specific situation.

For those situations where it may be possible to remove a rider, removal will not be automatic and must be requested by the policyholder in writing. Removal will be subject to company approval at the time the request is made. If removal is approved, it will be effective as of a current date.

The following is a list of Coverage Exclusion Riders that may be used:

A

Acne, any form of acne or rosacea, including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): scarring, dry skin, abscess, cyst, folliculitis, keloid, pruritus, epistaxis, hyper-triglyceridemia, elevated liver enzymes, inflammation or infection.

• Time Limit: Reconsider after 5 years
• May be used when the condition is present, or in certain situations when there is a history of the condition. (available for non-drug card plans only)

Anal fissure, including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: bleeding, ulceration, abscess, cryptitis.

• Time Limit: Reconsider after 5 years
• May be used when the condition is present, or if there is a history of multiple occurrences of the condition.

Anorectal fistula, fistula-in-ano, rectal prolapse or procidentia, ischiorectal abscess, perirectal abscess; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): cryptitis, bleeding, ulceration.

• Time Limit: Reconsider after 5 years
• May be used when the condition has not been surgically corrected, or if there has been any recurrence of the condition.

B

Baker’s cyst(s) or popliteal cyst(s) of the [specify left knee, right knee, or knees], including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): infection, pain, inflammation, limitation of movement, swelling, fluid accumulation.

• Time Limit: Reconsider after 5 years
• May be used when the condition is present.

Basal cell carcinoma, basosquamous cell carcinoma, Bowen’s disease, squamous cell carcinoma of the skin; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): infection, scarring, progression to invasive malignancy, metastasis.

• Time Limit: Reconsider after 5 years
• May be used in certain situations when there is a history of the condition within the last 5 years.

Brachial palsy, brachial plexus palsy, Erb’s palsy; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): limitation of movement, scarring, contracture, weakness.

• Time Limit: Permanent
• May be used when the condition is present.

Breast implants, including any diagnostic procedure, treatment, surgery or replacement and the following complications that occur in connection with or as a result of the aforementioned condition: scarring, contracture, implant rupture, bruising, hematoma, infection of the breast, inflammation, autoimmune disease, connective tissue disease.

• Time Limit: Permanent
• May be used if the implants are present and solely for cosmetic, and not medical, reasons.

Bunions, hallux valgus or hammer toe of the [specify right foot, left foot or feet]; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): internal fixation malfunction, infection of the foot.

• Time Limit: Permanent
• May be used when the condition is present, or if there is a history of the condition with residuals.
Bursitis, tendonitis, synovitis, tenosynovitis, tennis elbow or epicondylitis of the [specify joint involved] and proximal tendons; including any diagnostic procedure, treatment or surgery thereof.

- Time Limit: Reconsider after 5 years
- May be used in certain situations when the condition is present, or if there is a history of the condition.

Carpal tunnel syndrome, including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: pain, numbness, tingling.

- Time Limit: Reconsider after 5 years
- May be used in certain situations when the condition is present, or if there is a history of the condition.

Cataracts, including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): impairment of vision, glaucoma, hemorrhage, retinal detachment, infection of the eye.

- Time Limit: Permanent
- May be used when the condition is present.

Cervical dysplasia, atypical cervical or glandular cells, cervicitis, endocervicitis, Human Papillomavirus (HPV); including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): vaginal bleeding, infection, scarring, cervical incompetence or stenosis, carcinoma in-situ of the cervix, cervical carcinoma, progression to invasive malignancy, metastasis.

- Time Limit: Reconsider after 3 years (for cervicitis or endocervicitis only) or 5 years (all other conditions)
- May be used when the condition is present or follow-up testing is in progress, or if there is a history of the condition.

Cholecystitis, choledocholithiasis, cholelithiasis or gallbladder stones; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): retained stones, obstruction, biliary colic.

- Time Limit: Reconsider after 5 years
- May be used when the gallbladder has not been surgically removed.

Cholesteatoma of the [specify left ear, right ear, or ears] including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: impairment of hearing, labyrinthitis, infection, abscess, intracranial invasion, facial nerve paralysis.

- Time Limit: Reconsider after 5 years
- May be used when the condition has been not been surgically corrected, or if the condition has been surgically corrected with complete recovery within the last year.

Chondromalacia or patello-femoral syndrome of the [specify right knee, left knee, or knees], including any diagnostic procedure, treatment or surgery thereof.

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or if there is a history of the condition.

Clubfoot or talipes of the [specify left foot, right foot, or feet], including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): limitation of movement, infection, scarring, intoeing, impaired blood flow.

- Time Limit: Permanent
- May be used when the condition is present, or if there is a history of the condition.

Colon polyp(s), rectal polyp(s); including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): bleeding, anemia, intestinal obstruction or perforation, progression to invasive malignancy, metastasis.

- Time Limit: Reconsider after 5 years
- May be used in certain situations when there is a history of the condition.

Corneal ulcer or erosion, corneal dystrophy, keratoconus, keratitis, keratoconjunctivitis, corneal transplant of the [specify left eye, right eye, or eyes]; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): impairment of vision; scarring; infection of the eye; corneal edema; glaucoma; cataracts; corneal perforation; graft failure or rejection.

- Time Limit: Permanent
- May be used when the condition is present, or if the condition has been surgically corrected with complete recovery within the last year.
Cubital tunnel syndrome, ulnar nerve palsy, ulnar nerve compression, ulnar nerve entrapment; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): limitation of movement; scarring; contracture; pain; numbness; tingling; swelling; instability; compression or inflammation of the surrounding muscles, nerves, tendons, or ligaments.

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or in certain situations when there is a history of the condition.

Curvature of the spine, scoliosis, kyphoscoliosis, lordosis or kyphosis; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): scarring; pain; sprain, strain, spasms, weakness, compression or inflammation of the surrounding ligaments, muscles, or nerves; limitation of movement; disc degeneration; insertion, malfunction, revision or removal of fixation device(s) or rod(s).

- Time Limit: Permanent
- May be used in certain situations when the condition is present, or there is a history of the condition, or the condition has been surgically corrected with complete recovery more than 3 years ago.

Cyst – [Specify Epidermoid, Epididymal, Ganglion, Pilonidal, Scrotal, Sebaceous or Synovial Cyst and location]; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): abscess, cellulitis, folliculitis, infection, pain, numbness, swelling or tingling.

- Time Limit: Reconsider after 5 years
- May be used when a cyst is present, or it has been incised only.

Cyst, tumor, polyp, nodule, ulcer or neoplasm of the vocal cords; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): vocal impairment, progression to invasive malignancy.

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or if the condition has been surgically corrected within the last 2 years.

Cystitis, urinary tract infection, trigonitis, interstitial cystitis; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): cystitis cystica, Hunner’s ulcer, urinary frequency, urinary obstruction, hematuria, proteinuria.

- Time Limit: Reconsider after 5 years
- May be used when there is a history of recurrent episodes, with the most recent episode within the last 3 years.

Cystocele, rectocele, urethrocele, bladder prolapse; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): urinary tract infection, vaginal infection, incontinence, rectal prolapse, urethral stricture.

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or if there is a history of the condition with residuals.

Deviated nasal septum, Perforated nasal septum, or Deviated and perforated nasal septum; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): apnea, ulceration, infection of the nose or paranasal sinuses.

- Time Limit: Permanent
- May be used when the condition has not been surgically corrected, or if the condition has been surgically corrected with complete recovery within the last year.

Dislocation of the [specify joint(s) involved], including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: limitation of movement; scarring; instability; atrophy, contracture, pain, stiffness, swelling, inflammation or weakness of the surrounding muscles, tendons, or ligaments.

- Time Limit: Permanent
- May be used when there is a history of multiple occurrences, or the condition surgically has been corrected with complete recovery within the last year.

Diverticulosis, diverticulitis, diverticular disease of the colon; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): pain, bleeding, abscess, fistula, intestinal perforation, intestinal obstruction, peritonitis.

- Time Limit: Permanent
- May be used when there is a history of multiple occurrences of the condition, or if there is a history of the condition with residuals.

Diverticulum or diverticulosis of the urinary bladder, including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): infection, urinary obstruction, urinary reflux.

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or if there is a history of the condition with residuals.
Dupuytren’s contracture, flexion contracture(s) of either or both hand(s); including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): limitation of motion, scarring, pain, numbness, tingling.

- Time limit: Permanent
- May be used when the condition has not been surgically corrected, or if there is a history of the condition with residuals.

Epididymitis, epididymo-orchitis, orchitis; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): pain, abscess, azoospermia, infertility.

- Time Limit: Reconsider after 5 years
- May be used when there is a history of multiple episodes, with the most recent episode within the last 2 years.

Exostosis, bone spurs or osteophytes of the [specify bone and/or joint involved]; including any diagnostic procedure, treatment or surgery thereof; and the following complications that occur in connection with or as a result of the aforementioned condition(s): compression or inflammation of the surrounding muscles, ligaments or nerves; limitation of movement; muscle atrophy.

- Time Limit: Reconsider after 5 years
- May be used when the condition has not been surgically corrected.

Frozen shoulder, adhesive capsulitis, adherent subacromial bursitis, arthrofibrosis or periarthritis of the [specify right shoulder, left shoulder, or shoulders]; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned shoulder condition(s): limitation of movement; scar tissue; instability, atrophy, contraction, inflammation, pain, stiffness, swelling or weakness of the surrounding muscles, tendons or ligaments.

- Time Limit: Permanent
- May be used when the condition is present, or in certain situations when there is a history of the condition.

Gallbladder polyp(s), including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: biliary colic, gallbladder cancer, obstruction.

- Time Limit: Permanent
- May be used when the condition is present.

Genital herpes or herpes simplex virus infection, including any diagnostic procedure, treatment, or surgery thereof.

- Time limit: Permanent
- May be used when daily preventive medication is taken for the condition, either currently or within the last year. *(available for non-drug card plans only)*

Glaucoma, ocular hypertension, elevated intraocular pressure; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): impairment of vision, pain, scarring, failure of drainage device.

- Time limit: Permanent
- May be used when the condition is present, or if the condition has been surgically corrected with complete recovery within the last 3 months.

Gynecomastia, including any diagnostic procedure, treatment or surgery thereof.

- Time Limit: Reconsider after 5 years
- May be used when an applicant has a condition that has not been surgically corrected.
Hemangioma(s) of the [specify location], including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: infection, ulceration, bleeding, scarring.

• Time Limit: Reconsider after 5 years
• May be used when the condition is present and affects only the skin.

Hemorrhoids, including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: bleeding, inflammation, thrombosis, ulceration.

• Time Limit: Reconsider after 5 years
• May be used when the condition has been surgically corrected with complete recovery within the last year, or if there has been any recurrence of the condition.

Hernia – [Specify Abdominal, Femoral, Inguinal, Incisional, Scrotal, Umbilical or Ventral] hernia; including any diagnostic procedure, treatment or surgery thereof.

• Time Limit: Reconsider after 5 years
• May be used when the condition has been surgically corrected, or if there has been any recurrence of the condition.

Herniated, bulging or ruptured disc; or degenerative disc or joint disease; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): sprain, strain, spasms, compression or inflammation of the surrounding ligaments, muscles or nerves; muscle atrophy; arthritis; spinal deformity or limitation of movement.

• Time Limit: Permanent
• May be used when the condition is present, or there is a history of the condition, or the condition has been surgically corrected with complete recovery within the last 5 years.

Human Papillomavirus (HPV), condyloma acuminatum, genital warts, genital verrucae, venereal warts, anogenital warts; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): scarring, pain, urethral warts, progression to malignancy, metastasis.

• Time Limit: Permanent
• May be used when there is a history of the condition within the last year, or a history of multiple episodes with the most recent episode within the last 2 years.

Hydrocele, including any diagnostic procedure, treatment or surgery thereof and the following complication that occurs in connection with or as a result of the aforementioned condition: scrotal infection.

• Time Limit: Reconsider after 5 years
• May be used when the condition has not been surgically corrected.

Hypermastia, macromastia, megalomastia, pendulous breast(s), reduction of either or both breast(s); including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): pain, hematoma, infection, scarring, contracture, reconstruction of either or both breasts.

• Time limit: Permanent
• May be used when the condition has not been surgically corrected, or in certain situations when surgery has been completed.

Hyperthyroidism, hypothyroidism, thyroiditis, thyroid enlargement, thyroid tumor or goiter, thyroid nodule; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): arrhythmia, atrial fibrillation, thyroid cancer, depression, dysphagia, fatigue, goiter or nodule enlargement, Graves' disease, insomnia, nervousness, palpitations, tachycardia, thyroid enlargement, tremors.

• Time Limit: Permanent or reconsider after 5 years (for hypothyroidism only)
• May be used in certain specific situations when the condition is present, or if there is a history of the condition.

Hypospadias or epispadias; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): urethral stricture, fistula, infection, incontinence, scarring.

• Time limit: Permanent
• May be used when the condition has not been surgically corrected, or if there is a history of the condition with residuals.

Iliotibial band syndrome; plica syndrome; internal derangements, instability, tear, rupture or damage of the anterior (ACL), lateral (LCL), medial (MCL) or posterior (PCL) ligament, articular or meniscus cartilage or tendon of the [specify right knee, left knee, or knees]; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): arthritis, fluid accumulation, infection, inflammation, limitation of movement, pain, spasm, strain, swelling.

• Time Limit: Permanent
• May be used when the condition is present, or if there is a history of the condition.
Impingement, tear, rupture, separation or dislocation of the [specify right shoulder, left shoulder, or shoulders]; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): limitation of movement, scar tissue, instability, atrophy, contraction, inflammation, pain, stiffness, swelling or weakness of the surrounding muscles, tendons or ligaments.

- Time Limit: Permanent
- May be used when the condition is present, or in certain situations when there is a history of the condition.

Joint replacement or prosthesis of the [specify joint(s) involved], including any diagnostic procedure, treatment, surgery, removal, revision, or replacement thereof and the following complications that occur in connection with or as a result of the aforementioned condition: limitation of movement; dislocation; scarring; contracture; bruising; hematoma; infection; pain; inflammation of the surrounding nerves, muscles, tendons, and ligaments.

- Time limit: Permanent
- May be used when there is a history of the procedure and the cause was trauma or accidental injury.

Lattice degeneration, including any diagnostic procedure, treatment or surgery thereof.

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or if there is a history of the condition.

Ligament injury, torn ligament, torn tendon, sprain, or strain of the [specify joint(s) involved]; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): inflammation, pain, stiffness, swelling, instability, limitation of movement.

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or if there is a history of the condition.

Lipoma, including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: abscess, folliculitis, cellulitis.

- Time Limit: Reconsider after 5 years
- May be used when the condition is present.

Macular degeneration, drusen or pattern dystrophy; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): impairment of vision, floaters, hemorrhage, scarring.

- Time Limit: Permanent
- May be used when the condition is present, or if there is a history of the condition.

Migraine, headache or cephalgia; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): nausea, vomiting, pain, photophobia, paresthesia, visual field defect, hemiparesis.

- Time Limit: Permanent
- May be used when the condition is present. (available for non-drug card plans only)

Morton’s neuroma or interdigital neuroma, including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): hematoma, infection, pain, numbness, tingling, swelling.

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or the condition has been surgically corrected within the last year.

Otosclerosis of the [specify left ear, right ear, or ears] including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: impairment of hearing, infection, cholesteatoma.

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or if there is a history of the condition.

Ovarian cyst(s), corpus luteum cyst, functional cyst, hemorrhagic cyst; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): pain, adnexal torsion, rupture, hemorrhage, abnormal uterine bleeding.

- Time limit: Reconsider after 5 years
- May be used when the condition is present, or if there is a history of the condition within the last 6 months.
Peyronie’s disease, including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: scarring, sexual dysfunction.

• Time Limit: Reconsider after 5 years
• May be used when the condition has not been surgically corrected, or when the condition has been surgically corrected within the last year.

Plantar fasciitis including any diagnostic procedure, treatment, prosthetic device, orthotics, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: calcaneal or heel spur(s), pain.

• Time Limit: Reconsider after 5 years
• May be used when the condition is present, or if there is a history of the condition with residuals.

Prognathism, retrognathism, apertognathia, micrognathia, mandibulofacial dysostosis, maxillary and/or mandibular hyperplasia, maxillary and/or mandibular hypoplasia; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): infection, malocclusion; insertion, malfunction, or removal of fixation device(s).

• Time limit: Permanent
• May be used when the condition has not been surgically corrected, or the condition has been surgically corrected with complete recovery within the last year.

Prolapse, procidentia, descent, retroversion, retroflexion, or retrodisplacement of the uterus; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): bladder prolapse, cystocele, rectocele, pain, incontinence.

• Time limit: Permanent
• May be used when the condition has not been surgically corrected, or if there is a history of the condition with residuals.

Prostatitis, prostate nodule(s), benign prostatic hypertrophy or prostatic stones or calculi; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): urinary tract infection, urethritis, urinary retention, urinary frequency, urinary stricture, urinary obstruction, urinary stones, hematuria, prostate cancer.

• Time Limit: Reconsider after 5 years
• May be used in certain situations when the condition is present.

Prosthesis and remaining portion of the [specify affected limb], including any diagnostic procedure, treatment, surgery, repair, restoration, or replacement thereof and the following complications that occur in connection with or as a result of the previous amputation: cellulitis, necrosis, infection, contracture, neuroma, pain, swelling.

• Time Limit: Permanent
• May be used when the condition is present.

Prosthesis of the [specify right eye or left eye], including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: infection of the orbit or eyelids.

• Time Limit: Permanent
• May be used when the condition is present.

Renal calculus, including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: hematuria, urinary frequency, obstruction.

• Time Limit: Permanent
• May be used in situations where either the condition is present (unilaterally), or in selected situations where there is a history of the condition.

Retinal detachment, including any diagnostic procedure, treatment or surgery thereof, and the following complications that occur in connection with or as a result of the aforementioned condition: lattice degeneration, impairment of vision, hemorrhage, uveitis, vitreous floaters.

• Time Limit: Reconsider after 5 years
• May be used when the condition is present, or in certain situations when there is a history of the condition.

Retinal tear(s), hole(s) or perforation; macular tear(s), hole(s), pucker, or macular cyst(s); including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): retinal detachment, cataracts, impairment of vision, hemorrhage, infection of the eye, vitreous floaters.

• Time Limit: Reconsider after 5 years
• May be used when the condition is present, or in certain situations when there is a history of the condition.
Sciatica, sciatic neuritis or radiculitis; including any diagnostic procedure, treatment or surgery thereof.

- Time Limit: Permanent
- May be used when the condition is present, or if there is a history of the condition.

Sinusitis, enlarged turbinates(s), concha bullosa, deviated nasal septum, enlarged adenoids, nasal polyps; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): headache, pain, bleeding, intracranial abscess.

- Time Limit: Reconsider after 5 years
- May be used when the condition is chronic, or in certain situations when there is a history of the condition.

Spermatocele, including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: scrotal infection, cyst.

- Time Limit: Reconsider after 5 years
- May be used when the condition has not been surgically corrected.

Spinal stenosis, spondylolisthesis or spondylolisthesis; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): ataxia; foot drop; limitation of movement; nerve or spinal cord compression; numbness, pain, radiculopathy, spasms, stiffness, inflammation or weakness of surrounding ligaments, muscles or nerves.

- Time Limit: Permanent
- May be used when the condition is present, or there is a history of the condition, or the condition has been surgically corrected with complete recovery within the last 5 years.

Strabismus, heterotropia, manifest deviation, squint, exotropia, esotropia, exophoria, Duane's syndrome, Brown's syndrome or surgery to the external ocular muscles; including any diagnostic procedure, treatment or surgery thereof and the following complication that occurs in connection with or as a result of the aforementioned condition(s): impairment of vision.

- Time Limit: Reconsider after 5 years
- May be used when the condition is present.

Surgical pin, screw, plate or fixation device of the [specify bone(s) involved]; including removal, replacement and the following complication that occurs in connection with or as a result of the aforementioned condition(s): limitation of movement.

- Time Limit: Permanent
- May be used when a permanent fixation is present.

Tarsal tunnel syndrome, tibial nerve compression, tibial nerve entrapment; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): swelling, cyanosis, gangrene, pain, numbness, tingling.

- Time Limit: Permanent
- May be used when the condition is present, or the condition has been surgically corrected with complete recovery within the last 2 years.

Tonsillitis, adenoiditis, tonsil or adenoid enlargement or hypertrophy; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): pain, infection, abscess, scarring, airway obstruction, sleep apnea.

- Time Limit: Reconsider after 5 years
- May be used when the condition is chronic, or in certain situations when there is a history of the condition.

Undescended testicle(s), including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: infertility, testicular cancer.

- Time Limit: Reconsider after 5 years
- May be used when the condition has not been surgically corrected.

Urethral stricture or stenosis, including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): dysuria, cystitis, urinary tract infection, hydronephrosis, pyelonephritis, urinary retention.

- Time Limit: Permanent
- May be used when there is a history of the condition within the last 2 years, or a history of multiple episodes with the most recent episode within the last 3 years.
Urinary incontinence, overactive bladder, detrusor instability; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the afore-mentioned condition(s): urinary tract infection, obstruction.

- Time limit: Reconsider after 5 years

- May be used when the condition is present, or if there is a history of the condition.

Uterine fibroid(s), leiomyoma(s) or myoma(s); including diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the afore-mentioned condition(s): urinary frequency, dysmenorrhea, dysfunctional uterine bleeding, anemia, infertility, progression to invasive malignancy.

- Time Limit: Permanent

- May be used when the condition is present, or if the condition has not been surgically corrected, and in certain situations where there is a history of the condition.

Varicocele, including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the afore-mentioned condition: pain, infertility.

- Time Limit: Reconsider after 5 years

- May be used when the condition is present, or if the condition has not been surgically corrected.

Varicosities, varicose veins or spider veins; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): deep vein thrombosis, edema, phlebitis, phlebothrombosis, thrombophlebitis, stasis, ulcer.

- Time Limit: Permanent

- May be used when the condition is present, or if there is a history of the condition.

Vesicoureteral or urinary reflux, including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the afore-mentioned condition(s): cystitis, pyelonephritis, hydronephrosis, hydroureter, scarring, obstruction, renal failure.

- Time limit: Permanent

- May be used in certain situations when the condition is present or when there is a history of the condition.

Vitreous detachment or degeneration, including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the afore-mentioned condition(s): impairment of vision, vitreous hemorrhage, retinal tear, vitreous floaters.

- Time Limit: Reconsider after 5 years

- May be used when the condition is present, or if there is a history of the condition.

PREMIUM INFORMATION

Initial premium will be based on a member's age as of the policy's effective date.

This means whenever an applicant has a birthday that puts them into a new age category while their application is being underwritten, their initial premium will be based on that higher rate if coverage is approved.

Premium Payments

You must submit the modal premium initially applied for with the application. For all plans (except SelecTEMP), three modes of payment are available:

1) Monthly payments: The applicant may choose automatic monthly bank draft (not available after the 28th of the month), or

2) Payments every two months: Premium notices will be issued every two months and sent to the residential address (or billing address, if different).

3) Online payments for activated policies can be made on the Blue Access for Members (BAM) secure website. The member just needs to have a credit card ready and his or her premium payment will be processed immediately.

4) Online payments for new applicants can be made by credit card or automatic bank draft at the end of the online application process.

Money orders are accepted. Agency checks are not accepted. If the applicant chooses the monthly payment mode, remember to include with the application a completed bank draft authorization form.

A 30-day grace period for payment of premium will apply to activated policies. Coverage will lapse if premium is not received by the end of the grace period.

EFFECTIVE DATE GUIDELINES

The earliest policy effective date will be two weeks from the application receipt date unless the underwriting decision takes longer than 2 weeks; in which case the effective date will be the underwriting decision date (or later if requested.) If requesting a later effective date, the date requested must not exceed 60 days from the application signature date.

Note: This guideline may change periodically. Please check the online quote page at http://osc.hscil.com/il/Quoting/Applicants.aspx for the most current effective date guidelines.

Refer to page 22 for SelecTemp PPO effective date guidelines.
**Submissions Procedures**

Required Forms

The following forms must be used when submitting a case:

1. Illinois Standard Health Application for Individual & Family Health Insurance Coverage
2. BCBSIL Plan Selection Form (31938)
3. Applicant’s check for initial two months’ premium, if applicant chooses billing every two months.

**Completing the Application**

The application must be filled out completely and accurately, and all information must be legible. If not, processing of the application form may be delayed or a new application may be required for consideration.

When completing the application forms, please:

- Do not use ditto or dash marks to answer questions
- Use one color ink, preferably black
- Do not use correction fluid to make corrections
- Have the applicant initial and date all corrections
- Specify the condition, injury, symptom or diagnosis and include the dates it affected the applicant(s)
- Provide details about the treatment and/or advice given to the applicant(s) by all medical providers and facilities
- Don’t forget information about prescriptions, including names of medication(s), dosage(s) and frequency
- Include complete names, addresses and phone numbers for all physicians and hospitals for each condition, injury, symptom, or diagnosis

Remember, Blue Cross and Blue Shield of Illinois will often verify or clarify information by conducting a telephone interview with an applicant. You can help speed this process along, too, by preparing your client for the call.

Once an application form has been submitted, any changes in health that occur after the application date – but before the date of underwriting approval – must be reported to Blue Cross and Blue Shield of Illinois. Call toll-free 1-888-313-5526.

Please remember that the Illinois Standard Health Application Form and BCBSIL Plan Selection Form must be submitted together.
Special Note about Signatures

Please make sure all application forms are signed and dated by ALL applicants as required. This includes spouses and all dependents age 18 or over who are applying for coverage.

All applications must be received within 60 days of the first applicant's signature or a new application will be required (except SelectTEMP).

Altered Applications

Any application received by Blue Cross and Blue Shield of Illinois that has been altered will be withdrawn and a new application will be required for consideration.

When posting a Blue Cross and Blue Shield of Illinois application on a website:

1. It is not permissible to change the format of an application in any way.
2. All pages must be included and presented in their original content. They must be clear, legible and complete.

Where to Submit

All items should be submitted to:
Blue Cross and Blue Shield of Illinois
Hallmark Services Corporation
P.O. Box 3236
Naperville, IL 60566-7236

Phone: 1-888-313-5526

Note to GA Producers:
Please submit business to General Agents.

COVERAGE CHANGES

Upgrades and Downgrades

An upgrade, or increase in coverage / benefits, may be requested by fully completing the Illinois Standard Health Application and the BCBSIL Plan Selection Form (31938).

If an upgrade is approved, the effective date will be determined by the member's current payment status and will take effect as of the next billing due date.

Current members requesting an upgrade may receive an offer of coverage with a coverage exclusion rider or riders, or with a higher premium rate, that was not applied to the current policy. When this occurs, the member will have a limited time to decide whether to accept the new upgraded policy with the rider(s) or higher rate, or keep their existing coverage.

Requests for downgrades will be processed when using the Application for Change in Coverage Form 31371. The policy change will take effect as of the next billing due date. Please allow one billing cycle for processing the change.

Downgrades are not permitted on closed blocks of business. To confirm whether a policy would be eligible for a downgrade in benefits, please contact Producer Services 1-888-313-5526.

All requests for new business rates, irrespective of whether the change involves an upgrade or downgrade in benefits, will be considered an upgrade and will require a new application and full underwriting. Requests for new business rates will be accepted no more than once every 12 months (see the end of this section for additional details).

For those clients who want to switch benefits only and are not requesting new business rates, please follow the guidelines outlined below.

<table>
<thead>
<tr>
<th>Upgrade</th>
<th>Downgrade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreasing a deductible</td>
<td>Increasing a deductible with no change in coinsurance level</td>
</tr>
<tr>
<td>Increasing the coinsurance level</td>
<td>Decreasing coinsurance with no change in deductible</td>
</tr>
</tbody>
</table>
OPTIONAL MATERNITY BENEFITS

(Available with all major medical plans, except SelecTEMP.)

Maternity benefits for normal pregnancy may be selected as an option.

When elected, maternity benefits will become available 365 days after the maternity coverage effective date. Complications of pregnancy are covered as any other illness under the base policy.

If the maternity option is not applied for at issue, it may be applied for post-issue under the following conditions:

• if applied for within 31 days of marriage,
• when adding a spouse, or
• at policy anniversary date.

When requesting to add maternity benefits, evidence of insurability is required; therefore a new application must be completed in full on all applicants to be insured on the policy. The new application must be signed and dated and a 365-day waiting period will apply to the new benefits approved.

MEDICAL SERVICES ADVISORY AND THE MENTAL HEALTH UNIT

Our plans include the services of two units. They’re called the Medical Services Advisory (MSA*) and the Mental Health Unit (MHU).

In order to avoid benefit reductions with our health insurance plans, your clients must call:

1) The MHU whenever they need mental health and/or substance abuse services.
2) The MSA if they find themselves receiving treatment at an out-of-network hospital. (If your clients receive treatment at a participating hospital, the hospital is responsible for calling the MSA.)

WORKERS’ COMPENSATION INSURANCE REGULATIONS

In order to consider the availability of benefits for claims submitted for work-related injuries or illnesses, written documentation must be received by Blue Cross and Blue Shield of Illinois showing that the self-employed (sole proprietor or partner) or corporate officer of a small business elected to withdraw from Workers’ Compensation Insurance, as allowed under the law. Without this documentation, such claims will be denied.

SelecTEMP PPO

• Short-term coverage offering these benefit period options: 1 month, 2 months, 3 months, 4 months, 5 months or 6 months
• 80% inpatient and outpatient benefits at participating providers*
• Choice of six deductibles: $500, $1,000, $1,500, $2,000, $2,500 or $5,000
• Family deductible equal to 2x the individual deductible
• Out-of-pocket expense limit of $1,000 per individual plus deductible at participating providers
• Outpatient prescription drugs covered at 80% after plan deductible ($500 maximum)
• Emergency care covered at 80% after $75 copayment
• Receive maximum benefits at 90% of Illinois doctors and more than 200 participating hospitals

PREMIUM INFORMATION

Initial premium will be based on a member’s age at the time of underwriting approval.

This means whenever an applicant has a birthday that puts them into a new age category while their application is being underwritten, their initial premium will be based on that higher rate if coverage is approved.

Premium Payments

With SelecTEMP PPO, the entire premium for the benefit period must be submitted at time of application. Money orders are accepted. Agency checks are not accepted.

ELIGIBILITY

• Each applicant must be a US citizen or permanent resident living in the US for at least 2 years.
• If any questions in the Health Information Section are answered “yes,” coverage will not be issued. (Underwriting Opinion forms are not accepted on SelecTEMP PPO applications.)

EFFECTIVE DATE GUIDELINES

The effective date of the policy will be the date requested by applicant that’s within 30 days of the signature date or the day after the postmark affixed by the USPS, and may include the 29th, 30th and 31st of the month.

*To achieve a higher level of benefits, your clients should use network providers.
Pre-existing conditions will be denied for duration of the policy.

**S U B M I S S I O N  P R O C E D U R E S**

**Required Forms**

The following forms must be used when submitting a case:

1. Application for Coverage (31323 – SelecTEMP PPO plan) completed in black ink
2. Applicant’s check for entire premium

**Completing the Application**

The application must be filled out completely and accurately, and all information must be legible. If not, processing of the application may be delayed or a new application may be required for consideration.

When completing the application, please:

- Do not use ditto or dash marks to answer questions
- Use one color ink, preferably black
- Do not use correction fluid to make corrections
- Have the applicant initial and date all corrections

**Special Note about Signatures**

Please make sure the application is signed and dated by ALL applicants as required. This includes spouses and all dependents age 18 or over who are applying for coverage.

*All applications must be received within 10 days of the first applicant’s signature or a new application will be required.*

**Altered Applications**

Any application received by Blue Cross and Blue Shield of Illinois that has been altered will be withdrawn and a new application will be required for consideration.

When posting a Blue Cross and Blue Shield of Illinois application on a website:

1. It is not permissible to change the format of an application in any way.
2. All pages must be included and presented in their original content. They must be clear, legible and complete.

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**Where to Submit**

All items should be submitted to:

Blue Cross and Blue Shield of Illinois
Hallmark Services Corporation
P.O. Box 3236
Naperville, IL 60566-7236

Phone: 1-888-313-5526

Note to GA Producers:
Please submit business to General Agents.

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**OPT I O N A L  M A T E R I N T Y  B E N E F I T S**

Not available with SelecTEMP PPO.

**M E D I C A L  S E R V I C E S  A D V I S O R Y**

This plan includes the services of the Medical Services Advisory (MSA).

In order to avoid benefit reductions with SelecTEMP PPO, your clients must call the MSA if they find themselves receiving treatment at an out-of-network hospital. (If your clients receive treatment at a participating hospital, the hospital is responsible for calling the MSA.)


In order to consider the availability of benefits for claims submitted for work-related injuries or illnesses, written documentation must be received by Blue Cross and Blue Shield of Illinois showing that the self-employed (sole proprietor or partner) or corporate officer of a small business elected to withdraw from Workers’ Compensation Insurance, as allowed under the law. Without this documentation, such claims will be denied.