

application and underwriting process guide

For Individual and Family Plans and Medicare Supplement Plans

What you'll find inside:

- Application processing information
- Underwriting tips
- Probable action guide
- Height and weight guidelines
- Producer resources

Effective August 1, 2008

Blue Shield proudly acknowledges

Susan Polk

Leading IFP and Medicare
Supplement Plan Producer



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Speed dial

For fast answers to application/underwriting questions, contact

Producer Services

(800) 559-5905
ProducerServices@
blueshieldca.com

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Introduction

We are pleased to present the latest edition of the *Blue Shield Application and Underwriting Process Guide* – one of the many tools we provide each year in an effort to make it easier for you to sell Blue Shield of California and Blue Shield of California Life & Health Insurance Company (Blue Shield Life) products.

Blue Shield's underwriting philosophy

The guidelines detailed here represent our application processing procedures and general approach to underwriting new and existing business.

We utilize the Milliman Inc. Health Cost Guidelines for Individual Medical Underwriting, a guide developed cooperatively by actuarial and clinical consultants representing a combination of research, experience, and judgment. These guidelines provide Blue Shield underwriters with a consistent basis for determining the relative risks associated with an individual's medical characteristics.

Underwriting decisions are based on underwriting guidelines, an applicant's medical history as disclosed on the application, and the overall underwriting risk the applicant poses; lifestyle and/or behavioral preferences are not considered unless related to an applicant's medical history. Depending on the information provided on each application, the underwriter might request and consider additional medical information during the underwriting process.

Blue Shield may use any medical information in reviewing an individual's application, including any medical condition that occurs after the signature and submission of the application, and before an underwriting decision is made (or before the effective date of coverage).

Only a Blue Shield underwriter can make the final decision to accept or decline an application, or to determine the rate level or effective date of coverage. Producers are **not** authorized to bind or guarantee coverage, or establish a specific rate or effective date. Please advise all prospective members to maintain their current coverage until Blue Shield notifies them in writing of our decision regarding their coverage.

Blue Shield will not refuse to enter into any contract, cancel, or decline to renew or reinstate any contract because of the race, color, national origin, ancestry, religion, sex, marital status, sexual orientation, or age of any individual applicant or member. Blue Shield also will not modify the benefits or coverage of any contract because of race, color, national origin, ancestry, religion, sex, marital status, sexual orientation, or age, except for premium, price or charge differentials because of the age or gender of any individual when based on objective, valid, and up-to-date statistical and actuarial data.

This booklet provides a general description of Blue Shield's individual underwriting process and probable underwriting outcomes for the most common medical conditions. It is meant for information purposes only, and is not intended to be all-inclusive. Other underwriting criteria and guidelines not contained in this booklet may apply.

The guidelines provided in this booklet are the proprietary business information of Blue Shield. No part of this document may be copied, reproduced, or redistributed in any form or by any means without the express prior written permission of a Blue Shield officer or a Blue Shield sales director. If you have any questions, contact Producer Services at **(800) 559-5905**.

Updates

In general, the information provided in this *Application and Underwriting Process Guide* booklet is updated and published annually. We make every effort to keep you updated on any interim changes to this information, however, policies and/or procedures may change without advance written notice.

Thank you for your support in making Blue Shield a popular choice among Californians.

Application process

The basics

Our internal tracking system monitors applications at each stage of the underwriting process – from receipt to determination. We notify you and your client in writing when a final determination is made on the application. In most cases, you and your client should receive notice of our final determination within 10 days of submission of a **complete** application.

Delays may occur when we need to request medical records, an attending physician statement (APS), or additional information from the applicant. In such cases, we can't estimate the length of time necessary to complete the application process as it will depend on several factors, including how long it takes for us to receive the requested information.

Important for replacement of other coverage: If your clients are replacing other health plan coverage, please advise them not to cancel their existing coverage until they receive written notification that they have been accepted for coverage.

Payment options

Blue Shield requires payment of the first month's dues/premiums with all submitted applications. If an applicant is declined, we will refund the advance payment.

Note: Acceptance of payment by Blue Shield does not constitute an approval of or a declaration of coverage.

Once coverage is approved, we offer three convenient payment options:

1. Credit card

Clients can use Visa or MasterCard to pay their ongoing Blue Shield dues/premiums. They can set up automated recurring payments for their monthly or quarterly dues. Credit cards are charged on the first day of the month in which a payment is due.

2. Easy\$Pay

This option lets your clients have their IFP or Medicare Supplement plan dues/premiums automatically deducted from their checking or savings account. Medicare Supplement plan members who choose Easy\$PaySM will save \$2 per month on their Medicare Supplement plan dues if they are enrolled in Plan A, B, C, D, or F. The savings do not apply to Plan K, or to IFP plans.

Note: Savings due to increased efficiencies from administering Medicare Supplement plans under this program/service are passed on to the subscriber.

Simply have your clients complete and submit the automatic payment form that applies to their plan type (IFP or Medicare Supplement plan). You can download the forms from [blueshieldca.com/producer](https://www.blueshieldca.com/producer), or order a supply.

- IFP Automatic Payment Options A10578-IFP (2/07)
- Medicare Supplement Automatic Payment Options A10578-MS-LO (11/06)
- Medicare Rx Plan Automatic Payment Form A10578-PDP-LO (11/06)

3. Monthly and quarterly billing by mail

For clients who prefer monthly or quarterly billing by mail, the payment due dates will be included on each bill they receive. All monthly and quarterly payments made after the initial application payment should be sent to:

Blue Shield of California
P.O. Box 51827
Los Angeles, CA 90051-6127

Policies

Rescission/cancellation/reinstatement of the Evidence of Coverage and Health Service Agreement or policy

Blue Shield's ability to rescind, cancel, or reinstate an *Evidence of Coverage and Health Service Agreement* (EOC) or policy is governed by applicable law and the terms of the specific contract in question. The following is an overview.

Blue Shield may terminate the EOC or policy, together with all like EOCs/policies, by giving 90 days written notice. Members who want to terminate the EOC/policy shall give Blue Shield 30 days written notice.

Blue Shield may cancel an EOC/policy immediately upon written notice for the following reasons:

1. Fraud or deception in obtaining, or attempting to obtain, benefits under the EOC/policy.
2. Knowingly permitting fraud or deception by another person in connection with the EOC/policy, such as, without limitation, permitting someone else to seek benefits under the EOC/policy, or improperly seeking payment from Blue Shield for benefits provided.
3. Abusive or disruptive behavior which: (1) threatens the life or well-being of Blue Shield personnel and providers of services; or (2) substantially impairs the ability of Blue Shield to arrange for services to the person; or (3) substantially impairs the ability of providers of services to furnish services to the person or to other patients.

Cancellation of the EOC/policy will terminate the EOC/policy effective as of the date that written notice of termination is mailed to the subscriber. It is not retroactive to the original effective date of the EOC/policy.

Blue Shield may rescind an EOC/policy if the member or anyone acting on his or her behalf, intentionally or unintentionally made one or more materially false representations, or failed to disclose material

facts in the application for coverage or in other communications with Blue Shield prior to issuance of coverage. Rescission voids the EOC/policy as if it never existed and, therefore, will be retroactive to the original effective date of coverage.

If Blue Shield rescinds an EOC/policy due to material misstatements or omissions made by a member during the enrollment process, Blue Shield will take back the commissions paid to you.

Blue Shield expects that applicants will be provided a copy of the full application to carefully review. If you are assisting an applicant in completing the application, Blue Shield requires that the applicant review each question as it appears on the application. Do not skip questions, summarize them, or paraphrase them in any way. Never advise your client not to disclose facts requested on the application, even if you or your client think the information is insignificant. All information requested on the application must be disclosed.

Never have your client sign a blank application. The applicant may only sign the application after it has been fully completed and the client has carefully reviewed the answers.

Cancellation of the EOC/policy for nonpayment of dues/premiums

If the EOC/policy is being cancelled due to nonpayment of the required dues/premiums when due, then coverage will end retroactively back to the last day of the month for which dues/premiums were paid. This retroactive period will not exceed 60 days from the date of mailing of the Notice Confirming Termination of Coverage. If dues/premiums have not been received, Blue Shield will send a Prospective Notice of Cancellation that states:

- a. Dues/premiums have not been paid, and that the EOC/policy will be cancelled if the required dues/premiums are not paid within 15 days from the date the Prospective Notice of Cancellation is mailed;

- b. The specific date coverage will end if dues/premiums are not paid; and
- c. Information regarding the consequences of any failure to pay the dues/premiums within 15 days.

Within five business days of canceling or not renewing the EOC/policy, Blue Shield will mail a Notice Confirming Termination of Coverage, which will inform the subscriber of the following:

- a. That the EOC/policy has been cancelled, and the reasons for cancellation;
- b. The specific date coverage ended; and
- c. Information regarding the availability of reinstatement of coverage under the EOC/policy.

Grace period for payment of premium of Blue Shield Life plans

After payment of the first premium, the subscriber is entitled to a 28-day grace period for payment of any premium due. During the grace period, the policy remains in force. However, the subscriber is responsible for payment of premiums that accrue during the period the policy continues in force.

Note that this grace period applies only to IFP products underwritten by Blue Shield Life. However, notices will be mailed within the timeframes as described above.

Reinstatement of the EOC/policy after cancellation

If the EOC/policy is cancelled for nonpayment of dues/premiums, Blue Shield will permit reinstatement of the EOC/policy or coverage twice during any rolling 12-month period, without a change in dues/premiums, and without consideration of the medical condition of the subscriber or any dependent, if the amounts owed are paid within 15 days of the Notice Confirming Termination of Coverage mail date. If request for reinstatement and payment of all outstanding amounts

is not received within the required 15 days, or if the EOC/policy is cancelled for nonpayment of dues/premiums more than twice during the preceding 12-month period, then Blue Shield is not required to reinstate, and the subscriber will need to re-apply for coverage. In this case, Blue Shield may impose different dues/premiums and consider the medical condition(s) of the subscriber and any dependents in deciding whether to offer coverage.

Utilization review process

State law requires that health plans disclose to plan members and health plan providers the process used to authorize or deny healthcare services under the plan. Blue Shield has documented this process ("Utilization Review"). Please call the appropriate IFP customer service department toll-free at the number listed below to request a copy of this document:

Blue Shield of California IFP HMO and Healthy Families plans: **(800) 424-6521**

Blue Shield of California IFP PPO plans: **(800) 200-3242**

Blue Shield of California Life & Health Insurance Company IFP plans: **(888) 852-5345**

Blue Shield of California Medicare Supplement plans: **(800) 248-2341**

IFP applications

Eligibility

Conditions of eligibility

For your clients to be eligible for a Blue Shield Individual and Family Plan, they must be:

- California residents
- Younger than age 65

Dependent coverage is available for:

- Spouses younger than age 65
- Domestic partners younger than age 65
- Dependent children who are not married or part of a domestic partner relationship and are younger than age 19, or younger than age 23 if enrolled as a full-time student – "full-time student" means enrolled in a college, university, or vocational or technical school, for a minimum of 12 units as an undergraduate

Service area requirements

Clients and their eligible dependents applying for an Access+ HMO® plan and/or a dental HMO must each live or work in our HMO plan service area. Each family member covered by the plan will need to select a Personal Physician located sufficiently close to home or work to ensure reasonable access to care, as determined by Blue Shield.

To determine the service area or to find a Personal Physician, you or your clients can:

- Go to blueshieldca.com and search for a provider using their home or work ZIP code
- Call Member Services or Producer Services
- Review the consumer rate book – page 2 lists the HMO-eligible counties

Guaranteed-issue plans

California residents who are not eligible for other coverage, including Medicare, but who meet certain other conditions under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) may be eligible for our Shield Spectrum PPOSM Plan 1500, Shield Spectrum PPO Plan 2000, Blue Shield Life PPO 1500,* and Blue Shield Life PPO 2000* guaranteed-issue plans. Our guaranteed-issue plans are an alternative for a person who may not be eligible for underwritten plans because of a pre-existing condition.

Qualifying for guaranteed-issue plans

Generally, people apply for guaranteed-issue plans if they know or suspect that they are not eligible for an underwritten plan. Clients applying only for a guaranteed-issue IFP plan should complete the following sections:

- a. Applicant information
- b. Supplemental plan choices (if applicable)
- c. Dependent Information (if applicable)
- d. Prior medical coverage
- e. Authorization for release of information
- f. Authorization, terms, and conditions
- g. Statement of guaranteed-issue eligibility

If you are not sure whether your clients are eligible for an underwritten plan, you can recommend that they apply for both a guaranteed-issue plan and an underwritten plan at the same time by completing the entire IFP application. We will examine the entire application to see if they (and any applying dependents) are eligible for either plan.

We will notify you and your clients of the plan(s) and rates for which they qualify. (Completing the entire IFP application will not affect your client's eligibility for a guaranteed-issue plan.)

* Underwritten by Blue Shield of California Life & Health Insurance Company.

Applying for guaranteed-issue plans

Step 1: Clients use the IFP application to apply for a guaranteed-issue plan, selecting from these guaranteed-issue plans:

Shield Spectrum PPO Plan 1500

Shield Spectrum PPO Plan 2000

Blue Shield Life PPO Plan 1500*

Blue Shield Life PPO Plan 2000*

Applicants who do not specify a plan will be assigned the Blue Shield Life PPO Plan 2000 guaranteed-issue plan.¹

Step 2: Applicants complete a Statement of Guaranteed-Issue Eligibility for themselves, as well as for each dependent applying for a guaranteed-issue plan.

Guaranteed-issue plan rates may be higher than a rate for a Blue Shield underwritten plan. If your clients also wish to be considered for non-guaranteed-issue coverage (an underwritten plan) at the time of their application, they should complete the entire application.

Step 3: Certificate(s) of Creditable Coverage is/are required from all guaranteed-issue applicants.

The certificate is from their previous health plan(s), and must indicate that they were covered for 18 months or more. This timeframe can include the number of months they were covered under COBRA or CalCOBRA continuation coverage as part of their most recent group coverage.

Differences with guaranteed-issue plans

- Network: the Blue Shield Life provider network differs slightly from the Blue Shield of California provider network. The most up-to-date provider network information is available at blueshieldca.com.
- Term life insurance is not available with guaranteed-issue plans.

If you would like more information about eligibility for guaranteed-issue plans, please call Producer Services at **(800) 559-5905**.

Dependent coverage

Adding dependents

If your clients would like to add dependents to their existing coverage, they should:

1. Fill out the IFP general application;
2. Mark the box, "add family member to existing coverage;" and
3. Submit it to the Underwriting Department.

Members may add a dependent child to their contract without underwriting if Blue Shield receives the request to add the dependent within 31 days of birth, or for a dependent child placed for adoption within 31 days of the date on which the adoptive child's birth parent or other appropriate legal authority signs a written document, including but not limited to, a health facility minor release report, a medical authorization form, or a relinquishment form granting the subscriber, spouse, or domestic partner the right to control the health care for the adoptive child. Coverage will be effective the date of birth, or in the case of adoption, the date on which the right to control the health care of the adoptive child is awarded. Absent written documentation regarding the right to control the health care of an adoptive child, coverage will become effective on the date there exists evidence of the subscriber's, spouse's, or domestic partner's right to control the health care of the child placed for adoption.

Tell your clients that rates will be re-adjusted to reflect the changes made to their plan contract or policy. If higher monthly dues/premiums are assessed, Blue Shield will send your clients a bill for the difference along with their Blue Shield dues/premiums statement.

* Underwritten by Blue Shield of California Life & Health Insurance Company.

¹ The default plan is subject to change at the discretion of Blue Shield.

Dependent coverage is not available for the following subscriber-only plans: Active StartSM Plan 25, Active Start Plan 25 Generic Rx, Active Start Plan 35, Active Start Plan 35 Generic Rx, Vital ShieldSM 900, Vital Shield 2900, EssentialSM Plan 1750, Essential Plan 3000, and Essential Plan 4500. Blue Shield of California Life & Health Insurance Company underwrites these plans.

Deleting dependents

Requests to cancel dependents from a family plan or from an application that is in process may be made by calling Producer Services at **(800) 559-5905**.

Bundling/unbundling policy

If the dependent is currently covered under a separate plan and is applying to be bundled under the parent's current Blue Shield plan, or if there is a request to unbundle a dependent from the parent's plan to his/her own plan, a completed Subscriber IFP Plan Change Request Form must be submitted for medical review.

Exception: family members who each have coverage under the same plan and tier may be bundled with the same plan and tier without underwriting review. These requests can be made by phone or mail (see the contact section in the back of this guide).

Occasionally, after a family application is approved, Blue Shield may receive a request to unbundle one or more family members to their own coverage(s), usually to reduce the overall monthly dues/premiums amount. This request to unbundle from a family contract to individual contracts can represent an underwriting risk, so an underwriting review is required to make this type of change to the contract for coverage.

To make an unbundling request you or the member must submit a Subscriber IFP Plan Change Request Form, clearly describing the unbundling details.

Rate guarantee

An initial 12-month rate guarantee based on the member's original effective date is available for most Blue Shield IFP contracts.

Exceptions include the following plans:

- HIPAA guaranteed-issue
- Individual conversion
- MRMIP
- Post-MRMIP Graduate

This rolling rate guarantee ensures that your IFP clients' rates will not change until the first billing cycle after the 12-month rate guarantee period expires. Some changes to the members' coverage will affect their eligibility for rate guarantee.*

Example: Blue Shield's IFP rates change February 1, 2009. If your clients applied for PPO coverage in October 2008 and were approved with a November 1, 2008, effective date, they would be guaranteed coverage under the previous rates until November 1, 2009 (12 months from the original effective date). This rate guarantee applies even though the PPO plan rates changed in February 2009.

IFP effective dates

HMO

The earliest effective date for coverage under an HMO medical plan is as follows:

Underwriting decision date	Effective date
1 st through 26 th day of month 1	1 st day of month 2
27 th through 31 st day of month 1	1 st day of month 3

Examples: Coverage for an application approved on or before September 26 will take effect October 1.

Coverage for an application approved on September 29 will begin on November 1.

* The initial 12-month rate guarantee applies to the original plan. If the member requests, and is granted a transfer to a different plan during the rate guarantee period, the rate guarantee is no longer valid. Also note that changes in one's age and residence may result in a rate change, even with a rate guarantee.

PPO

Clients applying for a PPO plan – with or without dental – can select an effective date for any day of the month. If a specific date isn't chosen, the effective date of coverage is the day after underwriting approves the application.

Example: A PPO application approved on October 29 will have an October 30 effective date, unless a later date is requested.

Exception: PPO plan applicants can choose a later effective date if they prefer, which helps with coordination of any current health coverage expiration. For example, PPO plan applicants can choose an effective date to coordinate with the termination of a Blue Shield group plan, or coverage with another health insurance carrier. However, the requested effective date cannot be later than 90 days after the applicant's signature date on the application.

All effective dates will be later than the application receipt date. **Retroactive dates are not an option.**

The bill date for new clients is the first day of the month. If clients select a mid-month effective date, the bill for the first month will be prorated. The first day of the month bill date is for new clients only; bill dates for existing members remain as is.

IFP transfer policy

Existing Blue Shield of California and Blue Shield Life IFP members may choose to apply for a plan transfer at any time. Some plan transfer requests require medical underwriting, while others do not.* See the Non-underwritten IFP Plan Transfer Ranking List and Transfer Guide/Rules on the next page for non-underwritten plan transfer eligibility requirements.

* HIPAA guaranteed-issue (GI) plan members may not transfer plans, but they may apply for coverage in an underwritten plan by filling out a new IFP application (the full application, as opposed to the change request form.)

How to transfer

1. Complete the appropriate form:

- If your client is a guaranteed-issue, group, or individual conversion plan member, have him or her complete the Application for Blue Shield Individual and Family Health Plans (Form C12900-AE). Submit to underwriting for review.
- All other subscribers should complete a transfer application: Subscriber IFP Plan Change Request Form (Form C12278) for underwritten transfers, or Member Plan Transfer Form (Form C17743) for non-underwritten plan transfers.

2. Submit the completed form to the appropriate location:

Transfer applications

Attn: IFP Plan Transfer Team
Blue Shield of California
P.O. Box 629013
El Dorado Hills, CA 95762-9013
Fax: (916) 350-7500

New applications - Application for Blue Shield Individual and Family Health Plans

Attn: I&M – Applications
Blue Shield of California
P.O. Box 3008
Lodi, CA 95241-9969
Fax: (888) 386-3420
e-mail: IFPapplications@blueshieldca.com

Non-underwritten plan transfer requests will be approved upon receipt of a Member Plan Transfer Form **signed by the subscriber and any dependent 18 years of age or older**. All other plan transfer requests will require medical underwriting review, and are subject to approval. You and your clients will receive a confirmation letter after the transfer request has been processed.

Members may choose to continue their IFP coverage after their 65th birthday, or choose to apply for a Blue Shield Medicare Supplement plan. Underwriting is not required when the member meets Medicare Supplement guaranteed-acceptance requirements. This is most common within the six months after turning 65.

Non-underwritten IFP plan transfer ranking list*

Effective May 1, 2008

Health plans are ranked from higher levels of benefits (top) to lower levels of benefits (bottom) for each product line.

Ranking list A

Blue Shield of California plans

Preferred Plan 250
Personal HMO
Preferred Plan 500
Preferred Special Plan 500
Blue Shield HMO
Preferred Plan 750
Preferred Special Plan 750
Access+ HMO®
Coronet Major Benefits Plus 1000
Preferred Plan 1000
Shield Spectrum PPO SM Plan 500
Preferred Plan 1250
Access+ Value HMO SM
Shield Spectrum PPO Plan 750
Preferred Plan 1500
Shield Spectrum PPO Plan 1500
Coronet Major Benefit Plus 2000
Preferred Plan 2000
Preferred Special Plan 2000
Shield Spectrum PPO Savings Plan 2400/4800
Shield Spectrum PPO Plan 2000

Ranking list B

Blue Shield of California Life & Health Insurance Company (Blue Shield Life) plans

Active Start SM Plan 25
Active Start Plan 35
Active Start Plan 25 Generic Rx ¹
Active Start Plan 35 Generic Rx ¹
Essential Plan SM 1750 ¹
Shield Spectrum PPO Plan 1500
Balance SM Plan 1000 ¹
Shield Spectrum PPO Savings Plan 1800/3600 ¹
Shield Spectrum PPO Plan 2000
Balance Plan 1700 ¹
Essential Plan 3000
Balance Plan 2500 ¹
Essential Plan 4500
Shield Spectrum PPO Savings Plan 4000/8000
Shield Spectrum PPO Plan 5000
Vital Shield SM 900 ¹
Vital Shield 2900 ¹

* This list is subject to change by Blue Shield.

Transfer guide/rules

- Shaded plans are non-marketed (closed) plans. Non-shaded plans are marketed (open) plans.
- To determine your client's non-underwritten (free) transfer options, identify his or her plan on one of the above product line ranking lists (A or B). Any open plan listed below his or her current plan within the same ranking list is a non-underwritten (free) transfer option. Open plans listed above his or her current plan, and open plans on the adjacent ranking list require underwriting review and approval except for the following:
 1. Members in the Blue Shield of California Shield Spectrum PPO Savings Plan 2400/4800 can transfer to the Blue Shield Life Spectrum PPO Savings Plan 4000/8000 without underwriting.
 2. Members in the Blue Shield of California Shield Spectrum PPO Plan 500 and Shield Spectrum PPO Plan 750 can transfer to the Blue Shield Life Shield Spectrum PPO Plan 5000 without underwriting.
 3. Members in the Shield Spectrum PPO Plan 1500 and Shield Spectrum PPO Plan 2000 can request a non-underwritten (free) transfer from either ranking list. As with all other non-underwritten (free) transfers, the selection must be an open plan with a lower level of benefits.
- Non-underwritten (free) transfers are always to the same rating tier. Tier reconsideration requests are subject to underwriting.
- Non-underwritten (free) transfers are subject to a 12-month enrollment timeframe. All members who have been enrolled in an underwritten Individual and Family Plan for a continuous 12-month period are eligible for one non-underwritten (free) transfer per calendar year.²
- Non-underwritten (free) transfers apply to all members covered under the existing plan contract or policy. For example, under a family plan the entire family will be transferred to the requested plan.
- Subscribers in closed plans are allowed the same non-underwritten (free) transfer options available to subscribers in open plans.³
- Members in open plans requesting to transfer back to their "original" or last benefit plan will be underwritten. Members in closed plans will not be allowed to transfer back to their original plan once they have transferred out of the closed plan to the plan requested.
- The most current published version of the non-underwritten (free) IFP plan transfer ranking list will be used to review a request for a non-underwritten (free) transfer. The ranking list is subject to change by Blue Shield.
- There is no age restriction for non-underwritten (free) transfers. Members age 65 and older are eligible.

1 Pending regulatory approval.

2 Members in non-underwritten Individual and Family Plans – including guaranteed-issue, individual conversion, MRMP Graduate, short-term health insurance, Medicare Supplement, and Healthy Families plans are not eligible for a non-underwritten (free) transfer and must be underwritten.

3 Members in non-marketed plans on original tier 1 and tier 2 will be allowed a non-underwritten (free) transfer to its new equivalent, tier 2 and tier 3 respectively. *Note, the current tier 1 (.80) was not available prior to April 2002, making these members ineligible for this tier (unless they request underwriting consideration for a tier change).*

IFP applications

Final determination client conversations

When your clients and their dependents receive a final underwriting determination from Blue Shield, you may need to communicate some or all of the following information, depending on the circumstances:

Accepted at a higher tier

If your clients are accepted into a Blue Shield plan in a higher tier than originally quoted, they will need to submit payment for the difference in monthly dues/premiums as explained in their letter of acceptance.

Example: If your client was originally quoted a tier 1 rate of \$91 a month, but was approved for the plan at a tier 2 monthly rate of \$114, your client will need to submit payment for the \$23 difference. We will generate a bill and mail it to the new member within seven to 10 days of our final determination if the member is accepted under a higher-risk tier. Please advise your client to remit any additional payment due as soon as possible. Full payment for the first month of coverage must be received before your client can be covered.

Denied coverage

If your client is denied coverage for an IFP plan, we will automatically refund any payment submitted with the application. Refunds will be mailed within seven to 10 business days.

On family applications, if any of the applicant's family members are not accepted for Blue Shield coverage, the applicable portion of the initial payment will be applied toward future monthly dues/premiums for the approved member(s) on the application. If your client prefers to receive a refund of these dues/premiums, they must request it by calling Blue Shield Customer Service at **(800) 431-2809**.

Right to return policy

If your client finds that they're not satisfied with their contract, they may return it to:

Blue Shield of California
P.O. Box 272560
Chico, CA 95927-2560

If your client sends the contract back to us within 30 days of receiving it, we will treat the contract as if it had never been issued and return all of your client's payments.

Appeal of an underwriting decision

Clients can appeal an underwriting decision by writing to the Underwriting Department contact listed on the underwriting decision letter. Any additional medical information should be included with the letter, and mailed or faxed to Blue Shield:

Blue Shield of California
P.O. Box 3008
Lodi, CA 95241-1912
Fax: **(209) 367-6490**

Your clients may write to us directly. Or they can provide you with the information to submit to us on their behalf.

If clients have questions about appealing an underwriting decision, they may call us.

- IFP HMO and Healthy Families plans: **(800) 424-6521**
- IFP PPO plans: **(800) 200-3242**

Medicare Supplement applications

Eligibility

Clients may apply to enroll in any of Blue Shield's Medicare Supplement plans (A, B, C, D, F, or K) if they are:

- 65 years of age or older
- A resident of California
- Enrolled in Medicare Parts A and B, Title 18, Public Law 89-97, at the time of application

Two-party contracts are available for all Medicare Supplement plans (except Plan K), and may result in additional monthly savings when the following conditions are met:

- Spouses/domestic partners are both 65 years of age or older
- Both the subscriber and spouse/domestic partner enroll in the same plan type

Savings are due to increased efficiencies in administrative savings, which are passed on to the subscriber.

Clients who are 64 years of age or younger may be able to enroll in a Blue Shield Medicare Supplement plan (A, B, C, F, or K) when they:

- Are a resident of California
- Are enrolled in Medicare Parts A and B, Title 18, Public Law 89-97, at the time of application
- Qualify for guaranteed-acceptance in a Blue Shield Medicare Supplement plan according to Blue Shield's guidelines
- Do not have end-stage renal disease

If your client qualifies for guaranteed-acceptance, completion of the Health Statement is neither required nor requested.

Guaranteed-acceptance (GA) plans

To qualify for guaranteed-acceptance, your client must meet specific criteria as outlined in Blue Shield's Guaranteed-Acceptance Guide. For additional information about qualifying for guaranteed-

acceptance in a Blue Shield Medicare Supplement plan, please refer to the Guaranteed-Acceptance Guide (T7928). You'll find a copy at Producer Connection on blueshieldca.com/producer. Or contact Producer Services at **(800) 559-5905**.

Rate guarantee policy

Medicare Supplement plan rates may change from time to time in response to the rising cost of health care. However, new members are eligible for a six-month rate guarantee should Blue Shield change rates within 90 days of the individual's effective date. Any changes requested by the member to their coverage will affect their eligibility for a rate guarantee.

Effective date of coverage

Your client can expect to receive notice of approval or declination within approximately two weeks after Blue Shield receives the application. Coverage will be effective at 12:01 a.m. PST on the effective date.

Medicare Supplement clients can select an effective date for any day of the month. However, the effective date can't be earlier than the date the client becomes entitled to Medicare. If a specific date isn't chosen, the effective date of coverage is the day after the application is approved by Underwriting – again, as long as the client has already become entitled to Medicare.

Example: A Medicare Supplement application approved on May 16 will have a May 17 effective date, unless a later date is requested.

Exceptions:

- Medicare Supplement plan applicants can choose a later effective date if they prefer, which helps with coordination of any current health coverage expiration. However, the requested effective date cannot be later than 90 days after the applicant's signature date on the application.
- All effective dates will be later than the application receipt date.

The bill date is always the first day of the month. If clients select a mid-month effective date, the bill for the first month will be prorated.

Switching from another plan to a Blue Shield Medicare Supplement plan

Applicants should never disenroll from current coverage until coverage with Blue Shield has been approved.

If your client has a Medicare Advantage plan

An individual may not be enrolled in a Medicare Supplement plan if they are currently enrolled in a Medicare Advantage plan, unless the effective date of coverage is after the termination date of the individual's coverage under Medicare Advantage.

Clients who are members of a Medicare Advantage plan, and who decide to join a Blue Shield Medicare Supplement plan, must choose one of the following options to disenroll from the Medicare Advantage plan. This will help ensure that the current Medicare Advantage coverage is terminated, and the client's Original Medicare coverage, which works in conjunction with Medicare Supplement coverage, is in place. For that reason, we will work with your clients to coordinate the effective date of any Medicare Supplement coverage we approve with the date they disenroll from their current Medicare Advantage plan.

Options for disenrollment in Medicare Advantage

Option 1

Your clients can contact their current Medicare Advantage plan and ask for a disenrollment form that they then complete and return to the Medicare Advantage plan. (Advise your clients to keep a copy for their records.)

Or, they can send the Medicare Advantage plan a letter that requests disenrollment, including their name and member ID number. (Advise your clients to keep a photocopy of the letter for their records.)

Your client's request to disenroll will be processed the same month it's received, with an effective date the first of the following month. The applicant must submit a term letter, or Blue Shield will be happy to call the applicant's Medicare Advantage carrier to verify that there is a term date on file.

Option 2

Your clients can disenroll at a local Social Security office. If your clients choose this option, please advise them to get a copy of the disenrollment form, including the date stamp from the Social Security office, for their records. Please fax or mail a copy of the form with the Social Security date stamp to Blue Shield.

Option 3

Your clients can call the Centers for Medicare & Medicaid Services (CMS), the federal agency that administers Medicare, at **1-800-MEDICARE**, and ask to be disenrolled from their current Medicare Advantage plan. CMS will either mail or fax your client a Confirmation of Termination from the Medicare Advantage plan. Please fax or mail a copy of the Confirmation of Termination to Blue Shield at:

Blue Shield of California
P.O. Box 3008
Lodi, CA 95241-1912
Fax: **(209) 367-6391**

If your client has other health coverage

Blue Shield may not enroll clients in a Medicare Supplement plan if they already have coverage, such as an existing Medicare Supplement or employer group plan, that the Blue Shield Medicare Supplement plan would duplicate. To help ensure that this doesn't happen, we will coordinate your client's effective date

of coverage under his or her new Blue Shield Medicare Supplement plan to coincide with disenrollment from his or her previous health plan. First, we will notify your client of his or her acceptance in a Blue Shield Medicare Supplement plan. Then your client can cancel his or her other coverage. Your client may either let us know as soon as he or she has disenrolled, or we will contact your client to confirm that he or she has disenrolled.

Important: Your client should not disenroll from current coverage until coverage with Blue Shield has been approved.

Retroactive coverage

Clients may request that their effective date coincides with the date they received Medicare Part B if they have applied and been approved for coverage under Blue Shield's guaranteed-acceptance guidelines, and are either (1) 65 years of age or older and have received Medicare Part B within the previous six months, or (2) eligible by reason of disability and have received or were notified of eligibility to receive Medicare Part B within the previous six months. Once your client pays plan dues/premiums for the period elapsed since the month of his or her entitlement to Medicare Part B, he or she will receive retroactive coverage.

Suspension

If a subscriber becomes entitled to Medi-Cal assistance, the benefits of this agreement will be suspended for up to 24 months. The subscriber must make a request for suspension of coverage within 90 days of Medi-Cal entitlement. Blue Shield shall return to the subscriber the amount of prepaid dues, if any, minus any monies paid by Blue Shield for claims after such date of suspension. If the subscriber loses entitlement to Medi-Cal, the benefits of this agreement will be automatically reinstated as of the date of the loss of entitlement, provided the subscriber gives notice within 90 days of that date and pays the dues amount attributable to the retroactive period.

Blue Shield shall suspend the benefits and dues of this agreement for a subscriber when that subscriber:

- Is totally disabled as defined herein and entitled to Medicare benefits by reason of that disability;
- Is covered under a group health plan as defined in section 42 U.S.C. 1395y(b)(1)(A)(v); and
- Submits a request to Blue Shield for such suspension.

After all of the above criteria have been satisfied, benefits and dues of this agreement for the totally disabled subscriber will be suspended for any period that may be provided by federal law. For subscribers who have suspended their benefits under this agreement as specified above, and who subsequently lose coverage under their group health plan, the benefits and dues of this agreement will be reinstated only when the subscriber:

- Has notified Blue Shield of such loss of group coverage within 90 days after the date of such loss; and
- Pays the dues attributable to the period, effective as of the date of loss of group coverage.

If the above criteria have been satisfied, the effective date of the reinstatement will be the date of the loss of group coverage.

Blue Shield shall:

- Provide coverage substantially equivalent to coverage in effect before the date of suspension;
- Provide dues classification terms no less favorable than those which would have been applied had coverage not been suspended; and
- Not impose any waiting period with respect to treatment of pre-existing conditions.

Medicare Supplement applications

Transfer policy

Switching from a Blue Shield plan to a Blue Shield Medicare Supplement plan

- Applicants should never disenroll from current coverage until coverage on the new plan has been approved. Members can always apply to transfer plans with one exception: transfers from open plans to closed plans are not available.
- If it is during their annual open enrollment guaranteed-acceptance period, members can transfer between open plans of equal or lesser value without going through underwriting. Clients fill out a Medicare Supplement Transfer Application, MSP15571-LO, and send it to Blue Shield by mail or fax.
- If it is not during their annual open enrollment guaranteed-acceptance period, members must go through underwriting to transfer to an open plan. Clients must fill out an *Application for Blue Shield of California Medicare Supplement Plans, C12687*, and submit it to Blue Shield by mail or fax.

Members enrolled in Blue Shield 65 PlusSM may apply for a Medicare Supplement plan. Please refer to the *Guaranteed-Acceptance Guide* for specifics about transfers, applications, etc.

Final determination client conversations

When your clients receive a final determination from Blue Shield, you may need to communicate some or all of the following information, depending on the circumstances:

Right to return policy: If your client finds that he or she is not satisfied with his or her contract, he or she may return it to:

Blue Shield of California
P.O. Box 272560
Chico, CA 95927-2560

When clients send the contract back to us within 30 days of receipt, we will treat the contract as if it had never been issued and return all of your client's payments.

Denied coverage: If your client is denied coverage for a Medicare Supplement plan, we will automatically refund any payment submitted with the application. Refunds will be mailed within seven to 10 business days.

Appeal of an underwriting decision: If your clients would like to appeal an underwriting decision, they may write to:

Medicare Supplement Plan Member Customer
Service Department
P.O. Box 3008
Lodi, CA 95241-1912
(800) 248-2341

Medicare supplement transfer rules matrix (as of January 2008)

Transfer rules matrix and key	Free – Members can transfer between these open plans without underwriting approval during the annual open enrollment guaranteed-acceptance period.
	Apply – Member's application must be approved by underwriting for transfer between these plans.

Member can transfer to:

Member's current plan	Medicare Supplement Plan A	Medicare Supplement Plan B	Medicare Supplement Plan C	Medicare Supplement Plan D	Medicare Supplement Plan F	Medicare Supplement Plan K
Medicare Supplement Plan A	N/A	Apply	Apply	Apply	Apply	Free
Medicare Supplement Plan B	Free	N/A	Apply	Apply	Apply	Free
Medicare Supplement Plan C	Free	Free	N/A	Apply	Apply	Free
Medicare Supplement Plan D	Free	Free	Free	N/A	Apply	Free
Medicare Supplement Plan F	Free	Free	Free	Free	N/A	Free
Medicare Supplement Plan K	Free*	Apply	Apply	Apply	Apply	N/A
All closed plans	Free	Free	Free	Free	Free	Free

* For Medicare Supplement Plan K, there is no plan that is of equal or lesser value. As a result, we are not required to allow members guaranteed-acceptance into any of the other Medicare Supplement plans during the annual open enrollment period (the period starting with member's birthday). However, we will allow Plan K members guaranteed-acceptance into Plan A during the annual open enrollment period.

Individual term life insurance*

Submitting an application

New health plan applicants do not need to complete a separate application for life insurance.

While completing their health plan application, they can simply check a box to indicate the amount of life insurance coverage they want and list their beneficiary. Application for health and life insurance will be considered concurrently and, if approved, coverage effective dates will be the same as the effective dates of health plan coverage.

If an applicant has already been enrolled in a Blue Shield health plan for 31 days or more, and would like to apply for individual term life insurance, an Evidence of Insurability Form (also referred to as the "Evidence of Good Health Form") is required. You can download the form from blueshieldca.com/producer/ifp/helpclients, or request a copy by calling Producer Services at **(800) 559-5905**.

The applicant simply completes the form indicating the amount of coverage and returns it to:

Underwriting Department
Blue Shield of California Life & Health
Insurance Company
P.O. Box 7725
San Francisco, CA 94120-7725

If coverage is approved, the effective coverage date will be the first day of the month following approval.

Eligibility

Coverage is available to the primary applicant (ages 1 to 64) of any of Blue Shield's individual and family health plans. YouthCareSM members are also eligible.

* Underwritten by Blue Shield of California Life & Health Insurance Company.

Medical underwriting guidelines

Overview

In this section, we give you four resources that will help you assess your clients' eligibility for our health plans:

1. Height and weight tables
2. Declinable conditions
3. Probable action guideline
4. IFP Probable Underwriting Decision Request

How to use this section

We recommend that you cross-reference the four resources in this section as needed to compile a complete picture for your clients. For example, while some forms of aneurysm are listed in the declinable conditions table, there are two scenarios that qualify for possible eligibility at the tier 1 rate or at a higher tier rate.

1. Height and weight tables

The height and weight guidelines are for IFP only, and apply to applicants who do not qualify for guaranteed-issue coverage.

2. Declinable conditions

IFP and Medicare Supplement applications with any of the conditions listed in this table may automatically be declined. In this case, clients may qualify for acceptance in a guaranteed-issue IFP or Medicare Supplement plan. Find out more by referring to:

- *Application for Blue Shield Individual and Family Health Plans*; or
- *Guaranteed-Acceptance Guide for Medicare Supplement plans*.

3. Probable action guide

This section applies only to IFP (non-guaranteed-issue) applicants. It lists Blue Shield's probable actions guideline for a single applicant who has a listed condition as the only health condition. The guideline identifies medical conditions and the three possible underwriting determinations:

- Possible eligibility for coverage at the tier 1 rate
- Possible eligibility for coverage at a higher tier rate (this possibility applies to IFP plans, not Medicare Supplement plans)
- Possible or probable decline

4. IFP Probable Underwriting Decision Request form

If you want to know how Blue Shield might underwrite your client in advance of submitting an actual application, complete a Probable Underwriting Decision Request form and fax it to Underwriting. We can tell you if your client is likely to be covered, and at what tier rating. Underwriting provides this service as a courtesy to help you understand possible eligibility. Blue Shield's response is based on the information provided on the form. Please note: *Blue Shield only makes final decisions for coverage based on a signed, complete application.*

Multiple conditions, treatment type (including medication) and multiple family members with health conditions may affect the probable action and final determination for an applicant.

Guideline scope

This guideline covers the more common disorders. Of course, not all conditions in existence can be captured in this type of list. Any conditions not on this list would require underwriting, and some conditions on this list might require underwriting upon further review of an individual's application.

This chart is not a guarantee of a specific medical underwriting decision.

- *Only Blue Shield underwriters may make the final decision to accept or decline an application, or to determine the rate level or an effective date.*
- Decisions are based on an applicant's medical history, the overall risk the applicant poses, and current underwriting guidelines, which may change throughout the year.

- Blue Shield may use any medical information in reviewing an application, including any medical condition that occurs after the signature and submission of the application and before an underwriting decision is made (or before the effective date of coverage).
- Producers are not authorized to bind or guarantee coverage for a specific rate or an effective date.

To help you assess probable underwriting decisions, we offer the IFP Probable Underwriting Decision Request. See the Producer Resources section for details.

Surrogate pregnancies and coverage

Coverage will be declined until after the delivery of a child, or for two years after the surrogacy process has been discontinued, for applicants who:

- Plan to serve as a surrogate for a pregnancy; or
- Have applied to a surrogate agency; or
- Surrogacy workup or treatment has begun; or
- Intends to contract or have contracted for a surrogate pregnancy; or
- Plans to adopt a baby or babies resulting from a surrogate pregnancy.

Condition timeframes

- Any timeframes specified refer to a continuous time period before applicants applied for coverage, during which they were symptom-free and did not require any treatment for the condition.
- If no timeframes are indicated, the applicant must be fully recovered without further treatment anticipated or recommended to qualify for possible eligibility.

Coverage consideration cannot be made if:

- Symptoms are undiagnosed or untreated.
- Recovery from recent treatment or procedures is not complete.
- Further evaluation or treatment for symptoms or conditions is recommended, anticipated or pending.

1. Height and weight table

General: These height and weight guidelines apply to all IFP applicants who do **not** qualify for guaranteed-issue coverage. These guidelines do not apply to Medicare Supplement plan applicants.

Overweight: All IFP applicants whose weight falls between the maximum and overweight categories require underwriting review, and must provide results of a physical examination performed within the past 12 months. However, applicants whose weights equal and/or exceed the values in the overweight column will be declined.

Underweight: All IFP applicants whose weight is at or below the minimum weight category require underwriting review.

IFP adult height and weight table

Male			Height		Female		
Overweight	Maximum	Minimum	Ft.	In.	Minimum	Maximum	Overweight
181	164	95	4	8	94	160	180
185	167	99	4	9	96	163	184
190	170	103	4	10	98	167	188
194	173	107	4	11	99	171	192
199	177	111	5	0	102	175	197
203	181	114	5	1	105	179	202
208	185	116	5	2	107	183	207
213	190	120	5	3	110	187	212
218	195	123	5	4	112	192	217
224	199	127	5	5	115	196	222
230	205	130	5	6	118	201	227
236	210	133	5	7	121	206	232
243	216	137	5	8	124	211	238
249	222	140	5	9	128	217	244
255	228	144	5	10	131	224	251
262	232	148	5	11	135	232	259
269	238	152	6	0	139	240	268
276	246	156	6	1	143	248	275
283	251	160	6	2	147	256	281
290	258	164	6	3	151	264	288
298	265	169	6	4	153	272	296
306	272	173	6	5	156	280	304
314	279	178	6	6	160	288	312
322	286	182	6	7	164	296	320
330	294	186	6	8	171	304	328

Child height and weight tables

While weight is a consideration when evaluating a child's application for coverage, more than weight is considered. All children applicants are encouraged to apply regardless of their weight.

2. Declinable conditions

IFP and Medicare Supplement plan applicants who have any of the conditions listed below may be declined without medical record review.

Acromegaly	Basal cell skin cancer, multiple removals in one site	Cretinism	Heart attack, myocardial infarction
Adoption in progress	Behcet's syndrome	Cystic fibrosis	Heart enlargement
AIDS	Bicuspid aortic valve	Cytomegalovirus	Heart pacemaker
AIDS-related complex (ARC)	Bipolar disease	Dandy Walker syndrome (see hydrocephalus)	Heart valve replacement
Alzheimer's	Bladder stones, present	Delirium tremens	Heart valve stenosis
ALS, Lou Gehrig's Disease	Bradycardia with pacemaker	Demyelinating disease	Hemangioendothelioma
Amputation, single or bilateral foot or leg	Breast implants, silicone	Dermatomyositis	Hemochromatosis
Anaplastic carcinoma	Breast microcalcifications – severe after biopsy or present without biopsy	Diabetes with hypertension or weight exceeds the normal range or on insulin pump	Hemoglobinuria
Anemia, aplastic	Bypass surgery – all cases	Diabetic neuropathy	Hemophilia
Anemia, Cooley's/Mediterranean/major thalassemia	Cancer, all non-localized	Diabetic retinopathy	Hepatitis: all those other than A, B, or E
Anemia, Cooley's/Mediterranean/minor thalassemia with symptoms	Cancer, liver	Dialysis	Hepatitis: any type – present, chronic, or persistent
Anemia, hemolytic, auto-immune	Cancer, ovarian	Dysplastic nevus syndrome	Herpes Zoster: eye or ear involvement
Aneurysm – aortic, abdominal, thoracic	Cancer, pancreas	Endometriosis: symptomatic before or after surgical or natural menopause	Hirschsprung's, unoperated
Aneurysm, cerebral artery (brain) with stent/shunt	Cardiomyopathy	Esophageal ulcerations or varicosities	Hodgkin's lymphoma
Angina	Carotid artery disease	Factor viii, ix or xi disorders/deficiencies	Huntington's chorea
Angioplasty	Carotid endarterectomy	Fallot's tetralogy	Hyaline membrane disease within 2 years
Aortic obstruction	Carotid bruit	Fanconi's syndrome	Hydrocephalus
Aortic valve stenosis	Cellulitis, chronic	Fasciitis: chronic or recurrent	Hyperprolactinemia with tumor
Apnea (see sleep apnea)	Cerebral palsy: under age 5 or moderate to severe	Fatty liver	Hypertension with diabetes or renal disease or history of stroke
Arnold-Chiari syndrome	Chorea, Huntington's	Fibromyalgia	Hypertension and exceeds the normal weight guidelines or uncontrolled or hospitalized within 1 year
Arteriosclerosis	Chronic obstructive pulmonary disease (COPD): moderate to severe or smoking	Flexion contracture	Hypogammaglobulinemia
Arteriovenous malformation, unoperated	Christmas disease	Friedrich's ataxia	Immunodeficiency disorder, except HIV infection
Arteriovenous malformation, operated but shunt in place or with residuals	Cirrhosis	Gallstones, unoperated	Infertility treatment within past 2 years
Arteritis, necrotizing	Cleft lip/palate: unoperated under age 19	Gangrene, diabetic/arteriosclerotic	Interstitial cystitis
Arthritis, osteoarthritis severe	Coagulation defects	Glomerulonephritis: nephritis, chronic	Ischemic attack, transient (TIA)
Arthritis, psoriatic	Colitis, ulcerative: unoperated or with colectomy	Glomerulosclerosis	Ischemic heart disease
Arthritis, rheumatoid: chronic, severe or under treatment	Colitis, ulcerative with ileostomy or colostomy	Goodpasture's syndrome	Joint replacements: both knees or hips
Atrial fibrillation on blood thinners	Congestive heart disease	Gout: tophaceous or with renal involvement	Joint replacements: multiple surgeries or shoulder, elbow, wrist, ankle
Atrial tachycardia	Connective tissue disease	Guillain-Barre syndrome: present or with residuals	Kaposi's sarcoma
Asbestosis	Cor pulmonale	Hamman-Rich disease	
Autism under 18 years of age	Corneal degeneration	Hansen's disease (leprosy)	
Back sprain/strain, chronic	Corneal ulcer: chronic and unoperated		
Banti's Disease	Coronary artery/heart disease		
Barrett's esophageal ulceration			

Kidney dialysis	Paralysis: Quadraplegia, Paraplegia	Reiter's syndrome: symptomatic	Tabes dorsalis
Kidney stones, present	Parkinson's disease	Renal failure: chronic or end stage	Tay-Sachs disease
Kimmelstiel-Wilson syndrome	Pelvic inflammatory disease (PID): present	Retinoblastoma	Temporal arteritis
Klinefelter's syndrome	Pemphigus	Rett's syndrome	Temporomandibular joint syndrome (TMJ): operated with residuals
Leprosy (Hansen's disease)	Pericarditis: constrictive	Rheumatic heart disease	Tetralogy of Fallot
Leriche syndrome	Peripheral vascular disease	Rotator cuff: unoperated, symptomatic	Thalassemia major
Leukemia	Phlebitis, deep vein: present or on anti-coagulants	Sarcoidosis	Thrombocytosis
Lou Gehrig's disease	Pleurisy, unresolved	Schizophrenia	Tonsillitis: chronic, recurrent (5 or more attacks per year)
Lupus erythematosus: discoid – chronic	Pneumocystis carinii	Scleroderma: recurrent, extensive or diagnosed within 1 year	Toxoplasmosis
Lupus erythematosus: systemic	Polio with bladder or bowel residuals	Sezary's syndrome	Tracheotomy: present
Lyme's disease: chronic or symptomatic	Polycystic kidney	Shingles: eye or ear involvement	Transient ischemic attack (TIA)
Lymphedema	Polycystic ovaries (Stein-Leventhal syndrome) without removal of ovaries	Shunts or stents	Transplants: all except corneal
Macular degeneration: exudative	Polycythemia Vera	Sick sinus syndrome	Transposition of the great vessels: unoperated
Major depression	Polymyositis	Sickle cell anemia	Treatment with AZT, HIVID, or Pentamidine
Manic depression	Polyp, anal or rectal: more than 4 and/or unoperated	Sjogrens syndrome	Trigeminal pulse
Marfan's syndrome	Polyp, bladder: present or recurrent	Sleep apnea: obstructive or poorly controlled or requiring CPAP (continuous positive airway pressure)	Tuberculosis, epididymus
Mitral valve prolapse: more than trace regurgitation or not on prophylactic antibiotics	Polyp, gastrointestinal: unoperated	Spina bifida, cystica: unoperated or operated with residuals	Turner's syndrome
Mitral valve stenosis	Pott's disease	Spina bifida, occulta: unoperated under age 20	Ulcer, peptic: active within 2 years or H. pylori positive
Multiple myeloma	Pregnancy of self, spouse, or significant other (excludes males applying for individual only plans)	Spinal curvature: kyphosis, scoliosis or kyphoscoliosis, unoperated	Upper airway resistance syndrome
Multiple sclerosis	Progeria	Stein-Leventhal syndrome (polycystic ovaries)	Urethral stricture: chronic, recurrent
Muscular dystrophy	Prostate stones with prostatitis	Stroke within 10 years	Uterine fibroid tumor: unoperated, multiple, and/or moderate-to-large size
Myasthenia gravis	Psoriasis, severe	Subdural hematoma: unoperated	Valve disease, valve replacement
Myocardial infarction	Psoriatic arthritis	Superior vena cava Syndrome	Varicose veins: moderate to severe
Nephrectomy: persistent renal or cardiovascular abnormalities	Psychopathic personalities	Surrogacy planned within 2 years with surrogate mother or applicant as surrogate	Ventricular fibrillation
Neuroblastoma	Psychotic disorders	Syphilis: tertiary	Ventricular tachycardia
Neurofibromatosis	Pulmonary embolism: present	Syngomyelia	Von Recklinghausen's disease
Nevus: dysplastic syndrome or giant melanocytic	Pulmonary fibrosis	Systemic lupus erythematosus	Von Willebrand's disease
Non-Hodgkin's lymphoma	Pulmonary hypertension		Wegener's granulomatosis
Obesity with prior surgery	Pulmonary osteoarthropathy		Wolff-Parkinson-White syndrome: without cardiac ablation
Osler-Weber-Rendu disease	Pulmonic stenosis		
Otosclerosis, unoperated	Quadriplegic paralysis		
Pacemaker			
Pancreatitis: recurrent or chronic, or secondary to alcoholism			

3. Probable action guidelines for IFP plan applicants.

Probable action guideline

Condition	Specifics	Possible eligibility at tier 1 rate	Possible eligibility at higher tier rate	Possible or probable decline
A				
Abnormal Pap test	See cervical dysplasia			
Abnormal uterine bleeding	Post menopausal after 1 year, resolved	X	X	
Abscess				
Brain	After 2 years, fully recovered		X	
Liver	Fully recovered		X	
Lung	After 1 year, fully recovered		X	
Peritonsillar	Unoperated, fully recovered		X	
	Operated	X		
Pilonidal	Fully recovered	X	X	
Acid indigestion	See esophagitis			
Acne	Dependent on severity and treatment	X	X	X
Acoustic neuroma	Operated, after 2 years, fully recovered		X	
Addison's	Within 5 years or chronic			X
	After 5 years, fully recovered		X	X
Agoraphobia	No episodes or medications	X	X	
Alcoholism	After 2 years of abstinence		X	X
Allergies	Testing in progress		X	
	Most cases	X	X	
Anemia				
Aplastic	All cases			Auto decline
Iron deficiency	Most cases	X		
Hemolytic				
Auto-immune	Without splenectomy			Auto decline
	After splenectomy, asymptomatic, fully recovered	X	X	
Cooley's (Thalassemia, Mediterranean)	Major or minor with symptoms			Auto decline
	Minor, asymptomatic	X		
Macrocytic	After 1 year, recovered, no treatment	X	X	
Pernicious	Normal blood count and hemoglobin after treatment	X	X	X
Sickle	Sickle cell trait only	X		
	Sickle cell anemia			Auto decline

Probable action guideline

Condition	Specifics	Possible eligibility at tier 1 rate	Possible eligibility at higher tier rate	Possible or probable decline
Aneurysm	Unoperated			Auto decline
Cerebral	Operated, fully recovered, after 2 years		X	X
Peripheral artery	Operated, fully recovered, after 1 year		X	
Anorexia nervosa	Recovered, no further treatment, after 1 year	X	X	
Aortic coarctation	See congenital heart disorders			
Apnea				
Apnea of the newborn	After 6 months, completely resolved, no meds, treatment or apnea monitors	X	X	
Sleep apnea	Obstructive, poorly controlled, or requiring CPAP			Auto decline
	Operated, after 6 months, asymptomatic, fully recovered, no CPAP, without tracheotomy		X	
	Tracheotomy present			Auto decline
Arteriovenous malformation				
All cases	Unoperated			Auto decline
Brain	Operated, with shunt			Auto decline
	Operated, no shunt, but residuals			Auto decline
	Operated, no shunt, no residuals, after 1 year	X	X	
Extremity	Operated, no residuals, after 6 months	X	X	
Lung, aorta, gastrointestinal	Operated, no residuals, after 6 months		X	X
Arthritis				
Osteoarthritis	Mild to moderate	X	X	
	Severe			Auto decline
Rheumatoid, juvenile	After 6 months, no medication, asymptomatic		X	X
Rheumatoid	After 2 years, no medication, asymptomatic		X	X
	Chronic, severe or under treatment			Auto decline
ASD (atrial septal defect)	See Congenital Heart Disorders			
Asthma				
	Mild, occasional episodes, never in emergency room or hospital	X	X	
	Moderate to severe, frequent episodes, history of emergency room visits and hospitalizations		X	X
Atrial fibrillation or flutter	Resolved, after 4 years		X	X

Probable action guideline

Condition	Specifics	Possible eligibility at tier 1 rate	Possible eligibility at higher tier rate	Possible or probable decline
Atrial septal defect (ASD)	See Congenital Heart Disorders			
Attention deficit hyperactive disorder	Counseling and/or medication treatment		X	X
	Controlled, asymptomatic, no meds, no psychotherapy	X		
Autism	Testing complete, depending on treatment		X	
B				
Back sprain/strain	Single episode, no restrictions, fully recovered	X	X	
	Multiple episodes, fully recovered, no restrictions, after 6 months		X	X
	Chronic or present			Auto decline
Bell's palsy	If severe residuals		X	
Bladder infection	Single episode, fully recovered	X	X	
	Multiple episodes, fully recovered, within 1 year		X	X
	Chronic, within 2 years		X	X
	Interstitial			X
Bladder, neurogenic	Fully recovered, Within 2 years		X	X
Bladder stones	See Kidney stones			
Bradycardia	No cardiac disease, normal EKG	X		
	Due to complete heart block, resolved, no pacemaker, after 1 year		X	
	Due to sick sinus syndrome			X
	With pacemaker			Auto decline
Brain concussion	Severe or with residuals			X
	Mild without residuals, fully recovered	X	X	
Breast implants	Saline	After 6 months, no complications	X	X
	Silicone	All cases		Auto decline
Breast reduction	After 6 months, fully recovered	X	X	
Breast microcalcifications	Mild to moderate after benign biopsy		X	
	Severe after benign biopsy or present without biopsy			X
Bulimia	Recovered, no further treatment, after 1 year	X	X	
Burns	1 st or 2 nd degree, treatment concluded	X	X	
	3 rd degree, treatment concluded		X	X

Probable action guideline

Condition	Specifics	Possible eligibility at tier 1 rate	Possible eligibility at higher tier rate	Possible or probable decline
Bursitis	Asymptomatic, resolved, no residuals	X	X	
	Chronic, recurrent, after 2 years		X	
C				
Cancer	Localized or Stage 0 or 1 can be considered			
Bladder, urinary	Recovered, no further treatment, after 2 years		X	X
Bone	Recovered, no further treatment, after 3 years		X	X
Brain/nervous	Recovered, no further treatment, after 3 years		X	X
Breast	Recovered, no further treatment, after 2 years		X	X
Cervix	Recovered, no further treatment, after 3 years		X	X
Colon/rectum	Recovered, no further treatment, after 3 years		X	X
Esophagus	Recovered, no further treatment, after 4 years		X	X
Eye (retinoblastosis)	Recovered, no further treatment, after 3 years		X	
Gallbladder	Recovered, no further treatment, after 3 years		X	X
Kidney	Recovered, no further treatment, after 3 years		X	X
Larynx	Recovered, no further treatment, after 2 years		X	X
Liver	All cases			Auto decline
Lung, bronchi	Recovered, no further treatment, after 3 years		X	X
Melanoma	Recovered, no further treatment, after 1 year		X	X
Nasal Sinus	Recovered, no further treatment, after 3 years		X	X
Oral cavity, pharynx	Recovered, no further treatment, after 2 years		X	X
Ovary	All cases			Auto decline
Pancreas	All cases			Auto decline
Peritoneum	Recovered, no further treatment, after 4 years		X	X
Prostate	Recovered, no further treatment, after 2 years		X	X
Skin	Basal, treated	X	X	
	Squamous, treated, after 2 years		X	
Stomach	Recovered, no further treatment, after 4 years		X	X
Testicular	Recovered, no further treatment, after 3 years		X	X
Thyroid	Recovered, no further treatment, after 1 year		X	X
Uterine	Recovered, no further treatment, after 1 year		X	X
Cardiac arrhythmia	Present or on long-term blood thinners			X

Probable action guideline

Condition	Specifics	Possible eligibility at tier 1 rate	Possible eligibility at higher tier rate	Possible or probable decline
Carpal tunnel syndrome	Unoperated		X	X
	Operated, recovered, no further treatment	X	X	
Cataracts	Unoperated		X	X
	Operated, recovered, no further treatment	X	X	
Cerebral palsy	After age 5, mild only	X	X	
Cervical dysplasia	Abnormal Pap smear			X
	Two (2) normal Pap tests 6 months apart following the abnormal Pap		X	X
Cholesterol	See Hypercholesterol			
Chronic fatigue syndrome	Fully functional without restrictions, no symptoms or medications, after 2 years	X	X	
Chronic obstructive pulmonary disease (COPD)	Consider pulmonary function tests, smoking history			
	Mild, after 5 years smoking cessation, no treatment		X	
	Moderate to severe or smoking			Auto decline
Chronic pain	Within 1 year			X
	No further treatment/medications, no symptoms	X	X	
Cleft lip/palate	Operated, within 2 years			Auto decline
	Operated, correction complete, after 2 years	X	X	
	Unoperated, under age 19			Auto decline
	Unoperated, over age 19		X	
Club foot	No treatment anticipated/recommended	X	X	X
Coarctation of the aorta	See Congenital Heart Disorders			
Coccidioidomycosis	See Valley Fever			
Colitis	Ulcerative	Total colectomy		Auto decline
		Partial colectomy or ileostomy or colostomy		Auto decline
	Unoperated			Auto decline
Non-ulcerative	Mild or moderate, fully recovered	X	X	
	Severe after 5 years, fully recovered		X	
Congenital familial polyposis	Operated, after 5 years		X	X

Probable action guideline

Condition	Specifics	Possible eligibility at tier 1 rate	Possible eligibility at higher tier rate	Possible or probable decline
Congenital heart defects ASD – atrial septal defect PDA – patent ductus arteriosus VSD – ventricular septal defect	Operated or spontaneous closure, after 1 year		X	X
Coarctation of Aorta	Operated, fully recovered, after 6 months	X	X	
Dextrocardia	No symptoms or abnormalities	X	X	
Convulsive disorder				
Febrile	After 1 year, seizure free		X	X
Others	After 2 years, seizure free		X	X
Corneal ulcer	Acute	X	X	
	Chronic and unoperated			Auto decline
	Operated, fully recovered	X	X	
Craniosynostosis (infant)	Operated, fully recovered, after 2 years		X	X
Crohn's disease	No symptoms, after 3 years		X	X
	Operated, after 12 months, no ileostomy or colostomy		X	X
Cystocele	Operated, fully recovered	X	X	
D				
Depression	See Mental/Emotional Disorders			
De Quervain's disease (stenosing tenosynovitis)	Successful surgery or medical treatment, released from care	X	X	
Detached retina	Operated, fully recovered, after 1 year		X	X
Deviated septum	Unoperated		X	X
	Operated, fully recovered, asymptomatic	X	X	
Diabetes				
Gestational	Normal GTT, after delivery	X	X	
Insipidus	Before 30 years of age, after 2 years from onset		X	X
	After 30 years of age, after 5 years from onset		X	X
Mellitus - Type 2 – treated with oral medications - Type 1 – insulin dependent	Controlled, no complications, within weight guidelines, normal lab work		X	X
	Other than above (i.e., with hypertension, neuropathy, retinopathy, abnormal lab work, overweight guidelines, etc.)			Auto decline
	Requiring insulin pump			Auto decline

Probable action guideline

Condition	Specifics	Possible eligibility at tier 1 rate	Possible eligibility at higher tier rate	Possible or probable decline
Diaphragmatic hernia	Unoperated: See Esophagitis			
	Operated, fully recovered	X	X	
Disc disease, herniated	Unoperated, asymptomatic, after 1 year		X	
	Unoperated, symptomatic			X
	Operated, asymptomatic, no treatment, after 6 months		X	
Dislocation – shoulder, elbow, wrist, ankle	Single episode, symptom/treatment-free	X	X	
	Multiple episodes, after 3 years, no residuals	X	X	
Diverticulitis	Resolved, responsive to treatment	X	X	
	Operated, recovered	X	X	
	All others			X
Down's Syndrome	After 5 years of age, no cardiac or other complications		X	
	Cardiac involvement, operated, asymptomatic, after 1 year		X	X
Drug addiction, history of	After 2 years of abstinence, no residuals		X	X
Dumping syndrome	Most cases		X	X
Dupuytren's contracture	Operated, after 1 year	X		
	Unoperated, no surgery anticipated		X	X
Dwarfism	Achondroplastic		X	
	Pituitary	Over age 20, max growth achieved, no further treatment	X	X
Dysfunctional uterine bleeding	Asymptomatic, after 1 year, no surgery recommended	X	X	
Dyspepsia	See Esophagitis			
E				
Ear infections	Infrequent episodes, responsive to medication, even after surgery	X	X	
	Frequent or recurrent episodes, within 6 months, even after surgery		X	X
	After 6 months, asymptomatic, no recurrence, even after surgery	X		
	Chronic		X	X
Emphysema, pulmonary	See Chronic Obstructive Pulmonary Disease (COPD)			
Endocarditis	Complete recovery, without residuals, after 3 years	X	X	

Probable action guideline

Condition	Specifics	Possible eligibility at tier 1 rate	Possible eligibility at higher tier rate	Possible or probable decline
Endometriosis	Before menopause, minimal symptoms, within 5 years, only on NSAIDS		X	X
	Before menopause, moderate to severe symptoms			Auto decline
	After hysterectomy or menopause, asymptomatic	X	X	
	After menopause, symptomatic			Auto decline
Enuresis	Testing complete, consider medications	X	X	
Epicondylitis	No therapy, no cortisone shots	X	X	
Epilepsy	See Convulsive Disorder			
Epstein-Barr virus	See Chronic Fatigue Syndrome or Mononucleosis			
Erectile dysfunction	Testing complete, consider medications, possible further treatment/surgery		X	X
Erythema multiforme	Single attack, recovered	X		
	Recurrent, severe or chronic	X	X	X
Esophageal stricture	No symptoms or treatment, after 12 months	X	X	X
	Severe symptoms			X
Esophagitis	Infrequent episodes, occasional short course of meds		X	
	Frequent episodes or those requiring long-term or ongoing drug therapy		X	X
Exostosis	Ear involvement, symptomatic			X
	Ear involvement but asymptomatic	X	X	
	Otherwise, recovered	X	X	
F				
Failure to thrive	Symptom/treatment free, recovered, mild to moderate	X	X	
	Severe			Auto decline
Familial polyposis	See Congenital Familial Polyposis			
Fasciitis	Acute, no steroid injections, within 1 year		X	
	Recovered, symptom-/treatment-free, after 1 year	X		
	Chronic/recurrent or steroid injections, within 3 years			Auto decline
	History chronic/recurrent, fully recovered, symptom/treatment free, after 3 years	X		
Fasciitis, necrotizing	Fully recovered, after 2 years		X	X
Fetal alcohol syndrome	Testing complete, no complications or residuals	X	X	

Probable action guideline

Condition	Specifics	Possible eligibility at tier 1 rate	Possible eligibility at higher tier rate	Possible or probable decline
Fibrocystic breast disease	Current, no biopsy		X	X
	Operated, benign biopsy	X	X	
	Asymptomatic, no treatment required	X	X	
Fissure, anal	Recovered, no residuals or further treatment	X	X	
	Chronic			X
Fistula - anal, rectal, vaginal, tracheoesophageal	Unoperated, all cases			X
Fractures	Operated, recovered, no residuals	X	X	
	Spine			
	Minor – without spinal cord damage, after 1 year	X	X	
	Compression – asymptomatic, no treatment	X	X	
	Symptomatic, recovered, after 2 years		X	X
Hip	Recovered, no limitations or residuals, after 3 years		X	
	Simple			
	No hardware	X	X	
	Hardware after 1 year		X	
G				
Gall stones	Present			Auto decline
	After surgery, no complications	X		
Ganglion cyst	All cases unless surgery anticipated/recommended	X	X	
Gastric bypass	See Obesity with Prior Surgery			
Gastritis	Single attack	X	X	
	All others		X	X
Genital warts	Most cases, resolved, normal Pap test	X	X	
GERD (gastroesophageal-reflux disease)	See Esophagitis			
Glaucoma	Most cases	X	X	
Glomerulonephritis, Nephritis	Single attack after 1 year	X	X	
	Chronic			Auto decline
Gonorrhea	Single attack, treated	X	X	
	Multiple attacks, treated		X	X
Gout	Mild, occasional attacks	X	X	
	Tophaceous or with renal involvement			Auto decline
Guillain-Barre syndrome	Present or with residuals			Auto decline
	After recovery, no residuals	X	X	

Probable action guideline

Condition	Specifics	Possible eligibility at tier 1 rate	Possible eligibility at higher tier rate	Possible or probable decline
H				
Hammer toe	Unoperated		X	X
	Operated, released from care, asymptomatic	X	X	
Hashimoto's Disease	Most cases, asymptomatic	X	X	
Headaches	Migraines – see separate guideline			
	Otherwise	X	X	
Hearing loss	Traumatic, no treatment, released from care	X		
	Otherwise	X	X	
Heart murmur	Functional, no heart disease	X		
	Otherwise, consider cause of murmur		X	X
Hemorrhoids	Unoperated or severe		X	X
	Asymptomatic or mild/moderate	X	X	
Hepatitis	Any type			Auto decline
	A, B, E or alcohol-related		X	
	C and all other types			Auto decline
Hernia	Femoral, inguinal, umbilical		X	X
		Operated	X	
Hiatal or diaphragmatic	Unoperated: See Esophagitis			
	Operated, asymptomatic, no medication	X	X	
Herpes	Genital	X	X	
	Ocular (keratitis)			
	– recovered, normal vision, no residuals	X	X	
	– recovered with residuals or active, in treatment			X
	Oral	X	X	
	Zoster (shingles)			
	– Skin, single attack, no residuals	X		
– Skin, multiple attacks, after 3 years	X	X		
– Eye or ear involvement			Auto decline	
Hip dysplasia	Of the newborn, underwritten based on severity and treatment type	X	X	X
	Otherwise, see Legg-Calve-Perthes			

Probable action guideline

Condition	Specifics	Possible eligibility at tier 1 rate	Possible eligibility at higher tier rate	Possible or probable decline
Hirschsprung's	Unoperated, or operated with symptoms			Auto decline
	Operated, asymptomatic	X	X	
Huntington's chorea	All cases			Auto decline
Hyaline membrane disease	After 2 years, recovered, symptom- and treatment-free, no residuals	X	X	
Hydrocele	Unoperated		X	X
Hydronephrosis	Recovered	X	X	
Hypercholesterolemia	Controlled, within normal range	X	X	
Hypertension	Controlled, no medication	X	X	
	Controlled on medication		X	
	Uncontrolled or hospital within 1 year			Auto decline
	Complications, i.e., diabetes, overweight, etc.			Auto decline
Hyperthyroidism	See Thyroid Disease			
Hypoglycemia	Infrequent, mild attacks, no diabetes	X	X	
Hypospadias	Operated, within 2 years	X	X	
Hypotension	Underwritten based on cause	X	X	X
Hypothyroid	See Thyroid Disease			
I				
Impotence	Testing complete, consider medications, possible further treatment/surgery		X	X
Incontinence, stress	Underwritten based on cause or pending surgery	X	X	X
Infertility	Current treatment and/or within 2 years			Auto decline
	No further tests, attempts, meds, etc. after 2 years	X		
Intestinal obstruction	Single attack, unoperated, after 1 year	X	X	
	Multiple attacks after 5 years		X	X
Intussusception	Operated, recovered	X	X	
Iritis	Single occurrence, after 6 months, no residuals	X	X	
	Multiple occurrences, after 1 year, no residuals	X	X	
Irritable bowel syndrome	Mild, infrequent attacks, OTC meds	X		
	Moderate, more frequent attacks, occasional prescription meds		X	X
	Frequent or prolonged attacks, after 5 years, prescription meds		X	

Probable action guideline

Condition	Specifics	Possible eligibility at tier 1 rate	Possible eligibility at higher tier rate	Possible or probable decline
J				
Joint Replacement	Single surgery, minimal mobility impairment, asymptomatic			
	Hip		X	X
	Both hips			Auto decline
Knee	One knee, after 5 years		X	X
	Both knees			Auto decline
Shoulder, elbow, wrist or ankle	All cases			Auto decline
All types of replacement	More than one surgery or persistent pain or significant mobility impairment			Auto decline
Juvenile Rheumatoid Arthritis	After 6 months, asymptomatic, no meds, no deformities		X	
K				
Keloids	Most cases	X	X	
Keratois	Most cases	X		
Kidney cyst	Simple, operated or no surgery anticipated, asymptomatic	X	X	
	Polycystic			X
Kidney infection	Single episode, recovered	X		
	Multiple attacks, after 5 years	X	X	
	Multiple attacks, within 5 years or chronic			X
Kidney stones	Present			Auto decline
	Single attack or single stone passed	X	X	
	Multiple attacks or multiple stones passed		X	X
Knee injury	Symptomatic			X
	Asymptomatic, mobility not impaired, operated or unoperated, after 1 year		X	
	Multiple surgeries, same site, asymptomatic, mobility not impaired, after 2 years		X	
	Sprains, strains	X	X	
L				
Legg-Calve-Perthes disease	Unoperated, see Osteoarthritis			
	Operated, see Joint Replacement			
Ligament injuries	Recovered/repared, no pain, swelling, or instability	X	X	

Probable action guideline

Condition	Specifics	Possible eligibility at tier 1 rate	Possible eligibility at higher tier rate	Possible or probable decline	
Lupus erythematosus	Systemic			Auto decline	
	Discoid, after 2 years	X	X		
Lyme disease	Asymptomatic, no residuals	X	X		
	Chronic			X	
M					
Meniere's disease	Asymptomatic	X	X		
Meningitis	Recovered, no residuals				
	Single attack	X	X		
	Multiple attacks after 1 year		X		
Mental/emotional disorders	Category 1: Single episode				
	Neurotic disorders or non-psychotic depression (phobias, obsessive-compulsive disorders,	Mild to moderate No medication, no counseling, no hospitalization	X	X	
		With counseling		X	
	Post-traumatic stress syndrome) or Anxiety adjustments, reactions, or situational problems	Severe Prior hospitalization and/or treatment episode, recovered, no current medication, counseling or psychotherapy, after 1 year	X	X	
		With psychotherapy or counseling		X	X
Psychotic disorders – schizophrenia, bipolar (manic depression), etc.	Category 2: Multiple episodes All cases			X Auto decline	
Suicide attempt	Within 3 years or multiple attempts			Auto decline	
Migraines	Mild, infrequent, no emergency room visits	X	X		
	Severe or frequent or seen in ER within 2 years		X	X	
Mitral Valve Prolapse	Diagnosed by echocardiogram, normal or non-classic thickness/displacement	X			
	Classic, trace regurgitation or less, uses antibiotics prophylactically		X		
	More than trace regurgitation or not using antibiotics prophylactically			Auto decline	
Moles	Benign pathology report	X			

Probable action guideline

Condition	Specifics	Possible eligibility at tier 1 rate	Possible eligibility at higher tier rate	Possible or probable decline
Mononucleosis	No symptoms	X	X	
Myofibrositis, myositis	Single attack, mild case, recovered		X	
	Severe or multiple attacks		X	X
N				
Narcolepsy	All cases		X	X
Nephrectomy (non-malignant cause)	No residuals, normal kidney function, after 6 months	X	X	
	Persistent renal or cardiovascular abnormalities			Auto decline
Nephritis, nephrotic syndrome	See Glomerulonephritis			
Nevus	Single dysplastic nevus	All cases	X	X
	Congenital melanocytic	Small to medium, removed, benign	X	X
		Giant		
Dysplastic syndrome	All cases			Auto decline
O				
Osgood-Schlatter disease	See Osteochondrosis			
Osteoarthritis	See Arthritis			
Osteochondrosis	Recovered		X	X
Osteopenia	Mild		X	
Osteoporosis	Mild		X	
	Moderate to severe			Auto decline
Otitis Media	See Ear Infections			
Otosclerosis	Unoperated			Auto decline
	Operated	X	X	
Ovarian cyst	Spontaneously resolved	X		
	Operated or controlled by birth control pills	X	X	
	Polycystic ovary disease, after ovaries removed	X	X	
	Polycystic ovary disease, before ovaries removed			Auto decline
P				
Pancreatitis	Acute, single attack, unoperated gall stones			X
	Acute, single attack, gall stones removed	X	X	
	Recurrent/chronic, or secondary to alcoholism			Auto decline

Probable action guideline

Condition	Specifics	Possible eligibility at tier 1 rate	Possible eligibility at higher tier rate	Possible or probable decline
Pap tests, abnormal	See Cervical Dysplasia			
PDA (patent ductus arteriosus)	See Congenital Heart Disorder			
Pelvic inflammatory disease	Present			Auto decline
	Single episode or operated after tube removal	X	X	
	Multiple episodes within 2 years		X	X
Pericarditis	Non-constrictive, no residuals			
	Due to viral infection or unknown cause, after 3 years	X	X	
	Due to bacterial infection, after 1 year	X		
Peyronie's disease	All cases	X	X	
Phlebitis	Superficial	X	X	
	Deep vein, present or on anticoagulants			Auto decline
	Deep vein, resolved – single attack		X	X
	Deep vein, resolved – multiple attacks, after 2 years		X	X
Pleurisy	Unresolved			Auto decline
	Resolved, without effusion	X	X	
	Resolved, with effusion after 5 years	X	X	
Pneumothorax	Most cases	X	X	
Poliomyelitis	With bladder or sphincter function involvement			Auto decline
	With limb weakness		X	
Polymyositis	After 1 year		X	
Polyp Anal or rectal	Unoperated, more than 4 polyps			Auto decline
	Unoperated, less than 4 polyps		X	X
	Operated, benign, less than 4 polyps		X	
	Operated, benign, multiple polyposis or adenomatosis, after 5 years		X	X
Bladder	Single, benign, after 12 months	X	X	
	Multiple, after 5 years	X	X	
	Present or recurrences within 5 years			Auto decline
Cervical	Pathology negative, no symptoms or recurrence	X	X	
Endometrial	Pathology negative, no symptoms or recurrence after 6 months	X	X	
Gastrointestinal	Unoperated			Auto decline
	Operated, benign, less than 4 polyps		X	
	Operated, benign, multiple polyposis or adenomatosis, after 5 years		X	X
Nasal or vocal cord	Benign, single	X	X	
	Benign, two or more recurrences, after 3 years		X	

Probable action guideline

Condition	Specifics	Possible eligibility at tier 1 rate	Possible eligibility at higher tier rate	Possible or probable decline
Premature birth Good weight gain, normal development, no residuals or complications	33-37 weeks gestation	X	X	
	29-32 weeks gestation, after 2 years	X	X	
Proctitis	Single episode	X	X	
	Multiple or recurrent, after 1 year	X	X	
Prostate stones	Most cases	X	X	
	With prostatitis			Auto decline
Prostatic Hypertrophy, Benign	Unoperated, PSA normal • Asymptomatic or minimal symptoms, no medications, recent ultrasound/biopsy negative		X	
	Unoperated, PSA elevated but stable for 2 years • Asymptomatic or minimal symptoms, no medications, recent ultrasound/biopsy negative		X	X
	Operated • Asymptomatic, no residual operative complications	X	X	
	Otherwise			X
Prostatitis	Single episode, resolved	X	X	
	Chronic, recurrent after 6 months		X	X
Prosthesis	Eye			
	Substitution complete, after 3 months	X	X	
	Penile		X	X
Limb	Due to traumatic amputation, after age 18		X	X
Psoriasis	Mild to moderate	X	X	
	Severe			Auto decline
Psychosis	See Mental/Emotional Disorders			
Pulmonary embolism	No residuals, after 3 months	X	X	
Purpura	See Thrombocytopenia Purpura			
Pyloric stenosis	Operated	X	X	
R				
Raynaud's Disease	Operated or unoperated, mild, non-progressive, no complications, asymptomatic	X	X	
	Otherwise			X
Rectocele	Operated	X	X	
Reiter's syndrome	Occasional mild symptoms		X	
	Within 6 months of diagnosis			Auto decline

Probable action guideline

Condition	Specifics	Possible eligibility at tier 1 rate	Possible eligibility at higher tier rate	Possible or probable decline	
Renal failure/insufficiency	Complete recovery, normal kidney function, after 1 year	X	X		
	End stage renal failure or dialysis			Auto decline	
Retinitis pigmentosa	All cases	X	X		
Rheumatic fever	Single attack, recovered, no complications	X	X		
	Multiple attacks, after 1 year, no complications	X	X		
Rotator cuff	Operated, recovered, released from care	X	X		
	Unoperated, asymptomatic		X		
	Unoperated, symptomatic			X	
S					
Sarcoidosis (Boeck's)	Stable, non-progressive, no pulmonary impairment		X	X	
Scarlet fever	Recovered without residuals	X	X		
Schizophrenia	See Mental/Emotional Disorders				
Scleroderma	Minimal, localized, superficial, after 1 year		X		
	Recurrent, extensive or within 1 year			Auto decline	
Seizures	See Convulsive Disorder				
Shingles	See Herpes Zoster				
Sinusitis	Smoker	Within 6 months, acute, no ENT abnormality, less than 3 episodes	X	X	
		Chronic		X	
		Operated within 1 year		X	
	Non-smoker	Acute, no ENT abnormality	X		
Recurrent within 12 months			X		
Sleep Apnea	See Apnea				
Spermatocele	All cases	X	X		
Spina bifida	Cystica	Unoperated or operated with residuals		Auto decline	
		Operated, asymptomatic	X	X	
	Occulta	Unoperated under age 20			Auto decline
		Operated or over age 20 years	X	X	
Spinal curvature	All cases	Operated, recovered after 1 year	X		
	Lordosis	Asymptomatic	X		
	Kyphosis	Unoperated		Auto decline	
	Scoliosis/Kyphoscoliosis	Unoperated, more than 30 degree curvature		Auto decline	

Probable action guideline

Condition	Specifics	Possible eligibility at tier 1 rate	Possible eligibility at higher tier rate	Possible or probable decline
Spondylolisthesis or Spondylosis	Best cases after 1 year		X	
Sponge kidney	No history of infections, stones, or renal insufficiencies		X	
Sprains – knee, shoulder	See Back Sprain/Strain			
Stasis dermatitis	No history of ulcerations/cellulites: mild, non-progressive		X	
	History of ulcerations/cellulitis			
	– Single episode, fully recovered		X	
	– Present or recurrent, after 3 years		X	
Strabismus	Unoperated, congenital or traumatic, within 6 months		X	X
	Operated, recovered, after 6 months	X	X	
Stroke	Acute, no residuals, no underlying disease, fully recovered, after 10 years		X	
Subdural hematoma	Unoperated			Auto decline
	Operated after 1 year, no residuals	X	X	
Substance abuse	See Alcoholism or Drug Addiction			
Surrogacy	2 years with no planned surrogate or applicant as surrogate	X		
Synovitis	Single attack	X	X	
	Multiple attacks		X	X
T				
Temporomandibular joint syndrome (TMJ)	Unoperated, asymptomatic, no treatment	X	X	
	Operated	X	X	
	Surgery anticipated or operated with residuals			Auto decline
Tennis elbow	See Epicondylitis			
Tetrology of fallot	See Congenital Heart Disorders			
Thoracic outlet syndrome	Best cases	X	X	
Thrombocytopenia, purpura	After 6 months, without splenectomy	X	X	
	After 3 years, with splenectomy	X	X	
Thymoma	Benign, after 5 years		X	
	Malignant, after 10 years		X	
Thyroid diseases				
Hypothyroidism	All cases	X	X	
Hyperthyroidism, grave's disease	Surgically or medically controlled, after 6 months	X	X	
Thyroiditis	Recovered	X	X	

Probable action guideline

Condition	Specifics	Possible eligibility at tier 1 rate	Possible eligibility at higher tier rate	Possible or probable decline
Tic douloureux	Unoperated, or treated with injections after 1 year		X	
	Operated	X	X	
Tonsillitis	4 acute attacks per year, recovered	X		
	Chronic, recurrent, 5 or more attacks per year			Auto decline
Tourette's syndrome	Best cases	X	X	
Tracheo-esophageal fistula	See fistula			
Transplants	All except corneal			Auto decline
	Corneal, recovered, no residuals	X	X	
Transposition of the great vessels	See Congenital Heart Disorders			
Tuberculosis	Positive skin test, negative chest X-ray			
	After release from drug therapy	X	X	
	Pulmonary	Arrested, after 2 years		X
	Skin	After 2 years	X	X
	Epidydimus	All cases		Auto decline
U				
Ulcer, peptic	Currently active or unoperated, single attack within 2 years			Auto decline
	Recovered without surgery, single attack, after 2 years	X	X	
	Operated, no recurrence	X	X	
	Unoperated, multiple attacks after 2 years		X	
	Recurrent ulcer, H Pylori positive			Auto decline
Undescended testicle	Operated	X	X	
Ureteral stricture	Recovered or operated after 2 years	X	X	
Urethral stricture	Full recovery, after 6 months	X	X	
	Chronic, recurrent			Auto decline
Uterine Fibroid Tumor	Unoperated, moderate to large or multiple tumors			Auto decline
	Unoperated, single, small, no size change, after 1 year		X	
	Operated by myomectomy		X	X
	Operated by hysterectomy	X	X	
Urinary tract reflux (VUR Vesico-ureteral Reflux)	Unoperated, after 1 year, no symptoms/medication, or evidence of infection or renal impairment	X	X	
	Operated, no symptoms/medication, normal renal function	X	X	

Probable action guideline

Condition	Specifics	Possible eligibility at tier 1 rate	Possible eligibility at higher tier rate	Possible or probable decline
V				
Valley fever	Treated and recovered	X	X	
Varicocele	Unoperated after 2 years	X	X	
	Operated, recovered	X	X	
Varicose veins	Operated	X	X	
	Unoperated			
	– Mild	X		
	– Moderate to severe			Auto decline
VSD (Ventricular Septal Defect)	See Congenital Heart Disorder			
Volvulus	Operated, no complications or residuals		X	X
W				
Wolff-Parkinson-White syndrome	With cardiac ablation, asymptomatic, after 1 year		X	
	Without cardiac ablation			Auto decline

Producer resources

The 2008 edition of our Application and Underwriting Process Guide makes selling Blue Shield easier than ever with these handy tools:

1. Application how-to tips
2. IFP probable underwriting decision request form
3. Key contacts and resources

Application how-to tips

Forms to use

- Individual and Family Plan general application – C12900-AE
- Medicare Supplement plan application – C12687

Check list for completeness

You can help speed client applications through processing by doing a quick check to make sure each application is complete before you send it in. This check list makes completed applications easy:

- Print clearly in blue or black ink. Do not use pencil.
- List the younger spouse as the applicant if applying as a married couple or domestic partners. Doing so may result in lower monthly dues/premiums for your clients.
- Select a plan type.
- Provide all medical information. Gender-specific questions need only be answered as applicable.
- Complete height, weight, and date of birth.
- Include information for all family members to be covered.
- Fill in all address information.
- Answer all information requested for last physician visit.
- Sign the application. All applicants age 18 or older must sign the application.
- Write the date next to the signature.
- Submit applications within 30 days of the applicant's signature date.

Once complete, have your clients submit the application to Blue Shield along with a personal check or money order, payable to Blue Shield, equal to one month's dues/premiums.

Note: Cashing the dues/premiums check does not constitute approval for a health plan. We will notify the member and producer in writing if the application is approved. Final approved rate may vary.

IFP-specific tips

Individual-subscriber plans

- Only one application is needed even for multiple applicants within a family.
- We'll split the applicants out during processing.

One application for families

Your family clients who want to be on the same IFP plan just need to complete one application.

Save time with online applications and fill-in PDFs

- Try our IFP Quote and Apply Online system, and see how much easier it is to close sales fast and smoothly.
- Enjoy our time-saving fill-in PDF IFP application. It's easy to use. Get a copy at blueshieldca.com/producer.

Where to submit

New IFP applications

Attn: I&M – Applications
Blue Shield of California
P.O. Box 3008
Lodi, CA 95241-9969

Fax: **(209) 367-6490**

E-mail: IFPapplications@blueshieldca.com

IFP Transfer applications

Attn: IFP Plan Transfer Team
Blue Shield of California
P.O. Box 629013
El Dorado Hills, CA 95762-9989

Fax: **(916) 350-7500**

Medicare Supplement plan-specific tips

These tips apply to applications for any of the following plans: A, B, C, D, F and K.

Advice to clients

Please advise your clients to truthfully and completely answer all questions about their medical and health history. They should carefully review their completed applications before signing to be certain that each section has been properly recorded.

In addition to the general tips provided in this section, be sure to have clients who are applying for a Medicare Supplement plan do the following:

- Read all the instructions carefully.
- Print clearly in blue or black ink – do not use pencil.
- Retain the yellow copy of each page of the application for their files.

Completeness check

Additional items to check for Medicare Supplement plan applications:

- Health coverage information
- Subscriber number and prior healthcare company name
- Replacement form for applicants with current Medicare Supplement plan coverage
- Statement of health (except if guaranteed-acceptance)

Where to submit

Submit new enrollment and transfer Medicare Supplement plan applications to:

Attn: Medicare – Applications
Blue Shield of California
P.O. Box 3008
Lodi, CA 95241-1912

Fax: **(209) 367-6391**

E-mail: msinstall@blueshieldca.com

IFP probable underwriting decision request

Blue Shield can help you evaluate applicant eligibility for IFP coverage.

- Complete this form. Probable underwriting decisions require a complete health picture for each person listed on the application. If you need more room to provide details on conditions and/or medications, please attach an additional sheet of paper.
- Fax the form with any additional pages to Blue Shield Underwriting at **(209) 367-6648**.
- Expect a response by fax:
 - Requests received before 12 p.m., Monday through Friday, will have a response by end of the same day.
 - Requests received after 12 p.m., Monday through Friday, will have a response by 12 p.m. of the next business day.

Required information

Applicant initials		No. of applying family members	County of residence
Individual subscriber plans <input type="checkbox"/> Active Start SM Plan 35* <input type="checkbox"/> Active Start Plan 35 Generic Rx* <input type="checkbox"/> Active Start Plan 25* <input type="checkbox"/> Active Start Plan 25 Generic Rx* <input type="checkbox"/> Essential SM Plan 1750* <input type="checkbox"/> Essential Plan 3000* <input type="checkbox"/> Essential Plan 4500*	Shield Spectrum PPOSM plans <input type="checkbox"/> PPO Plan 500 <input type="checkbox"/> PPO Plan 1500 <input type="checkbox"/> PPO Plan 750 <input type="checkbox"/> PPO Plan 2000 <input type="checkbox"/> PPO Plan 5000* <input type="checkbox"/> Blue Shield Life PPO Plan 1500* <input type="checkbox"/> Blue Shield Life PPO Plan 2000* Vital ShieldSM <input type="checkbox"/> Vital Shield 900* <input type="checkbox"/> Vital Shield 2900*	Shield Spectrum PPOSM Savings plans <input type="checkbox"/> PPO Savings Plan 1800 (individual)* <input type="checkbox"/> PPO Savings Plan 3600 (family)* <input type="checkbox"/> PPO Savings Plan 2400 (individual) <input type="checkbox"/> PPO Savings Plan 4800 (family) <input type="checkbox"/> PPO Savings Plan 4000 (individual)* <input type="checkbox"/> PPO Savings Plan 8000 (family)*	Blue Shield HMO plans <input type="checkbox"/> Access+ HMO [®] <input type="checkbox"/> Access+ Value HMO BalanceSM Plans <input type="checkbox"/> Balance SM Plan 1000* <input type="checkbox"/> Balance Plan 1700* <input type="checkbox"/> Balance Plan 2500*

Medical conditions

Applicant data					Dependent No.1 data				
<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Height	Weight	Smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Height	Weight	Smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific diagnosis			Hospitalized <input type="checkbox"/> Yes <input type="checkbox"/> No		Specific diagnosis			Hospitalized <input type="checkbox"/> Yes <input type="checkbox"/> No	
Complete details of condition, including current status					Complete details of condition, including current status				
Treatment date(s)		Recovery date(s) if applicable			Treatment date(s)		Recovery date(s) if applicable		
Current medications/dosages					Current medications/dosages				

General concerns/questions (Please attach additional pages as needed)

Producer information

Producer name	Producer ID	Phone	Fax	E-mail
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For underwriting use only – underwriting response

<input type="checkbox"/> Possible Tier 1 <input type="checkbox"/> Possible Tier 2 <input type="checkbox"/> Possible Tier 3 <input type="checkbox"/> Possible Tier 4 <input type="checkbox"/> Possible Tier 5 <input type="checkbox"/> Decline	Notes
	Underwriter _____ Date _____

This is not a final underwriting decision or acceptance of coverage. Underwriting provides this service as a courtesy to help you understand how Blue Shield might underwrite your client in advance of submitting an application. The probable underwriting decision we provide to you is based on the information you provide in the form, and does not constitute a final decision for coverage. Final decisions for coverage are based only on a signed, complete application.

* Underwritten by Blue Shield of California Life & Health Insurance Company

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Key contacts and resources

On these pages you'll find all the ways you can contact us, and whom to ask for what. For fastest service, be sure to use the phone or fax number, address, or e-mail address specific to your question.

Individual and family plans

	E-mail	Phone	Fax
New applications – submissions	IFPapplications@blueshieldca.com		(888) 386-3420
Pend information – submissions	Pend.Updates@blueshieldca.com	(800) 559-5905	(209) 367-6395
Transfer applications – submissions			(916) 350-7500
Transfer applications – pends			(916) 350-8695
Application status	ProducerServices@blueshieldca.com	(800) 559-5905 Monday through Thursday 8 a.m. to 6 p.m., Friday, 9 a.m. to 5 p.m. Automated information available after business hours.	(209) 367-6489
Information sources Dues/premiums payment information Delinquent report fax-back requests Underwriting guidelines Commissions information/issues Product information Supply orders Producer correspondence	ProducerServices@blueshieldca.com	(800) 559-5905	(209) 367-6489
Electronic claims submission help desk		(800) 480-1221	
Dental member services		HMO (800) 585-8111 PPO (888) 679-8928	

IFP addresses

IFP applications – new submissions Application updates Transfer requests Medical records Underwriting requests Letters from members/subscribers	Attn: I&M – Applications Blue Shield of California P.O. Box 3008 Lodi, CA 95241-9969
IFP transfer applications	Attn: IFP Plan Transfer Team Blue Shield of California P.O. Box 629013 El Dorado Hills, CA 95762-9989

Medicare Supplement plans

	E-mail	Phone	Fax
New and pend applications – submissions	msinstall@blueshieldca.com	(800) 559-5905	(209) 367-6391
Transfer applications – submissions			(209) 367-6391
Application status	ProducerServices@blueshieldca.com	(800) 559-5905 Monday through Thursday 8 a.m. to 6 p.m., Friday, 9 a.m. to 5 p.m. Automated information available after business hours.	(209) 367-6489
Information Sources Dues/premiums payment information Underwriting Guidelines Commissions information/issues Product Information Supply Orders Producer Correspondence	ProducerServices@blueshieldca.com	(800) 559-5905	(209) 367-6489
Electronic Claims Submission Help Desk		(800) 480-1221	

Addresses

Medicare Supplement plan applications Correspondence about Medicare Supplement plans	Medicare Supplement Department P.O. Box 3008 Lodi, CA 95241-1912
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General addresses

License updates Errors and Omissions updates New appointment paperwork Producer of record changes Commissions issues New group quotes Producer information updates	Blue Shield of California Producer Services P.O. Box 2630 Lodi, CA 95241-9918
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Online resources

<p>Plans and rates</p> <ul style="list-style-type: none"> • Product information including plan summaries • Underwriting guidelines • Applications and other forms • Client support tools <p>Tools</p> <ul style="list-style-type: none"> • Quoting • Online application • Supply ordering system • Advertising resources to help promote your business <p>Rewards</p> <ul style="list-style-type: none"> • Commission structures • Bonus programs • Producer Rewards Club and MVP <p>News</p> <ul style="list-style-type: none"> • Product and company information • Policy announcements • Press releases 	blueshieldca.com/producer
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For members

Blue Shield of California Network Provider Directory	blueshieldca.com
Blue Shield Life Network Provider Directory	bscalife.com
Health Insurance Counseling and Advocacy Program (HICAP): provides health insurance counseling for California senior citizens. Call the HICAP toll-free telephone number for a referral to the local HICAP office. HICAP is a service provided free of charge by the state of California.	(800) 434-0222
Medicare Supplement plan member customer service	(800) 248-2341 TTY (800) 241-1823
IFP and Medicare Supplement member premiums/dues payment address	Blue Shield of California P.O. Box 51827 Los Angeles, CA 90051-6127
Dental Member Services	HMO (800) 585-8111 PPO (888) 679-8928
Dental HMO claims address	Blue Shield of California Attention: Claims Unit P.O. Box 272540 Chico, CA 95927-2540
Dental PPO claims address	Blue Shield of California P.O. Box 272590 Chico, CA 95927-2590
Enhanced dental services for pregnant women	Blue Shield of California Periodontal Coverage for Women During Pregnancy 425 Market St., 12 th Floor San Francisco, CA 94105

IFP and Medicare Supplement Statewide Sales Support

Northern California

Fresno

5250 N. Palm Ave., Suite 120
Fresno, CA 93704
Phone: **(559) 440-4000**
Fax: (559) 436-0371

Sacramento

11249 Gold Country Blvd., Suite 160
Gold River, CA 95670
Phone: **(916) 851-3400**
Fax: (916) 851-3450

San Francisco

Phone: **(408) 452-6900**
Fax: (408) 452-6910
IFP Regional Sales Manager is located
in the San Jose office

San Jose

1735 Technology Drive
Building 4, Suite 100
San Jose, CA 95110-1058
Phone: **(408) 452-6900**
Fax: (408) 452-6910

Walnut Creek

2175 N. California Blvd., Suite 250
Walnut Creek, CA 94596
Phone: **(925) 927-7400**
Fax: (925) 927-7410

Southern California

Los Angeles

100 N. Sepulveda Blvd.
El Segundo, CA 90245
Phone: **(310) 744-2580**
Fax: (310) 744-2894

Ontario

3401 Centrelake Drive, Suite 400
Ontario, CA 91761
Phone: **(909) 974-5200**
Fax: (909) 974-5220

Orange

555 Anton Blvd.
Costa Mesa, CA 92626
Phone: **(714) 663-4200**
Fax: (714) 663-4249
(address is valid beginning July 2008)

San Diego

2275 Rio Bonito Way, Suite 250
San Diego, CA 92108
Phone: **(619) 686-4200**
Fax: (619) 686-4250

Santa Barbara/Ventura

Phone: **(818) 228-6236**
Fax: (818) 228-5249
IFP Regional Sales Manager is located
in the Woodland Hills office

Woodland Hills

6300 Canoga Ave., 13th Floor
Woodland Hills, CA 91367
Phone: **(818) 228-6537**
Fax: (818) 228-5249