



# Underwriting Reference Guide for licensed sales agents

Medicare Supplement

**Humana**®

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GNHHNV6EN 0923

# Underwriting Guidelines

(not applicable in Connecticut, Massachusetts, New York, or Vermont)

Unless an applicant qualifies for Guaranteed Issue or Open Enrollment, all applicants will be underwritten. Refer to the Agent Field Guide for additional details and important information on this topic. Please inform your clients that they are not approved for coverage until the application has passed Humana's Medicare Supplement Underwriting process and been approved by Enrollment.

The Medical Records Release Authorization Form is required with all applications completed outside of an Open Enrollment Period or Guaranteed Issue scenario. Applications will not be processed unless this form is signed by the applicant and received by the Company. A paper version of this form is included in the sales kit and is populated as part of all electronic application programs.

ALL applications must be submitted regardless of the responses provided in the Medical Questions section of the application unless the applicant indicates they have been prescribed one or more of the drugs listed on pages 5–6, they suffer from one of the conditions listed on pages 7–8 or their height and weight fall into the denial ranges provided on page 8. Unless applicants are known to have or have been treated for conditions during the time frame specified on the enrollment application, applications with “yes” answers should be submitted for review by Humana Medicare Supplement Underwriting. Some common examples of conditions that may be considered for approval include asthma, hypertension and/or cholesterol and depression. Underwriting will validate if a condition is controlled and compliant with treatment for consideration.

**The top ineligible conditions include Alzheimer's disease, COPD, dementia, diabetic neuropathy, and chronic kidney disease.**

All Humana Medicare Supplement applications submitted via e-Hub or FastApp that require underwriting will go through **Real-Time Underwriting**.

## What this means for you and your clients

- Get an underwriting response to a submitted application within minutes. And there are no extra steps for you.
- More efficient underwriting for you and your clients.



## How it works

- If the application passes **Real-Time Underwriting** it will be passed to our Enrollment team for processing.
- If it is determined that the application requires further review it will go to the Enrollment team for validation and then to the Humana Underwriting team for evaluation.
- If the application is denied for any reason, written notification of the denial is sent to the applicant. The applicant's medical history will not be discussed with the Agent. If an applicant questions the reason(s) for the decline, they can reach out to the **Humana Underwriting team at 1-800-825-7858, option 4.**





## How you will be notified

- You will be notified of underwriting decisions within your Vantage portal after a few moments via an alert banner at the top of the Vantage homepage and in the New Application feed.  
Note: The Vantage page may need to be refreshed for results to appear.
- You will also be notified via the communication channel you have opted into; text, email, and/or letter. If you'd like to opt into or change your **communication preferences** go to your **Profile on Vantage** and under **Enrollment Status Notification/ Preferences** choose the communication channel and frequency with which you'd like to receive communications.
- If you have any health questions(s) and/or pre-screens, our **Humana Underwriting Team is here to assist our Agent partners at 800-825-7858, option 4.**

## Guidelines to keep in mind when submitting underwritten applications for a time-saving experience

- **Be sure to refer to this brochure for medications and conditions that will be denied.**
- **Yes, we take applicants with Hypertension and/or Cholesterol treatment. Applicants will NOT be automatically denied.**  
Underwriting will validate if a condition is controlled and compliant with treatment for consideration.
- **Asthma will be considered for approval.**

- **Depression controlled on medications will be considered for approval.**
- **The top medical condition with reason for decline—pending surgery or pending follow-up treatment not yet completed.**
- **The top medication reason for decline—blood thinners. However, a one-time fill for a surgery with a full recovery may be considered.**



## Paper applications

When a paper application is submitted, you will receive notification emails with the status of your client's application during the underwriting process. Please ensure you maintain a current email address with Humana. A paper application will complete underwriting review within two business days once received. Humana's Underwriting Department will contact the applicant directly if additional information is needed.



## Notification Emails

1. **Underwriting Review email** – sent upon receipt of the application by the Underwriting team. The review will be completed within the next 24 – 48 hours unless the Underwriting Consultant is unable to reach the applicant.
2. **Please call email** – sent to you and the applicant in the event an Underwriting Consultant is not able to reach the applicant. If you receive this email, please try and contact the applicant with instructions to call the Underwriting team.
3. **Cancel email** – sent to you and the applicant if a request is received from the applicant to withdraw the application or Underwriting is unable to complete the review within 45 days due to lack of response from the applicant.
4. **Decline email** – sent to you and the applicant if the applicant does not pass underwriting.
5. **Standard email** – sent to you only upon completion of the underwriting process. This means the applicant has passed medical underwriting. The application will then be reviewed by the Enrollment team to ensure accuracy and eligibility. Please **DO NOT** forward this email on to the applicant.

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

# Medications related to uninsurable conditions

Below is a partial listing of medications that will result in denial. If the applicant has taken one or more of the following within the past 12 months, do not submit the application. This list is not all-inclusive. Please remember to keep in mind the brand or generic version associated with the medications listed below.

<b>A</b>	<b>B</b>	Coumadin	<b>F</b>
Abilify	Baclofen	Crixivan	Fanapt
Actiq	Baraclude	Cyclophosphamide	Fareston
Afinitor	Benztrapine Mesylate	Cyclosporine	Felbatol
Aggrenox	Betapace	<b>D</b>	Femara
Akineton	Betaseron	Diazoxide	Fentanyl
Alkeran	Bicalutamide	Didanosine	Fluphenazine
Amiodarone	Bosulif	Didronel	Decanoate
Ampyra	Brilinta	Digoxin	Fluphenazine HCL
Anagrelide Hydrochloride	Bromocriptine Mesylate	Dipyridamole-aspirin	Flutamide
Anastrozole	Butrans	Donepezil	Fosrenol
Antabuse	<b>C</b>	Droxia	Furosemide >60 mg
Aptivus	Campral	DuoNeb	<b>H</b>
Aranesp	Carbidopa/Levodopa	<b>E</b>	Haloperidol
Aranesp Albumin Free	Casodex	Effient	Haloperidol Decanoate
Arava	Ceenu	Eldepryl	Hepsera
Aricept	Cellcept	Eliquis	Humira Pen
Arimidex	Cerefolin	Embeda	Hydrea
Aromasin	Chlorpromazine HCL	Emcyt	Hydromorphone HCL
Atripla	Cilostazol	Emtriva	Hydroxycloquine
Atrovent HFA	Clopidogrel	Enbrel	Hydroxyurea
Aubagio	Clozapine	Epivir	<b>I</b>
Avinza	Clozaril	Equetro	Ilaris
Avonex	Combivent	Ergoloid Mesylates	Imuran
Azathioprine	Combivir	Etoposide	Intelence
Azilect	Comtan	Exelon	Intron-A
	Copaxone	Exemestane	Invega
	Cordarone		Invirase

Ipratropium  
Bromide HFA

Iressa

Isentress

## **J**

Jantoven

## **K**

Kaletra

Kineret

Kogenate FS

## **L**

Lanoxin

Letairis

Letrozole

Leukeran

Leukine

Lexiva

Lithium

Lodosyn

Loxapine

Loxapine Succinate

Loxitane

Lysodren

## **M**

Matulane

Megace

Megestrol Acetate

Mercaptopurine

Methotrexate

Mitomycin

Moban

Multaq

Mustargen

Mycophenolate

Mofetil

Myfortic

Myleran

## **N**

Nalbuphine HCL

Naltrexone HCL

Namenda

Nardil

Navane

Nebupent

Neoral

Neulasta

Neupogen

Neupro

Nexavar

Nilandron

Nitroglycerin Patch

Norvir

## **O**

Olanzapine

Orencia

Oxycodone  
Hydrochloride

## **P**

Parlodel

Pegasys

Peg-Intron Redipen

Pentoxil

Pergolide Mesylate

Phoslo

Plavix

Pletal

Pradaxa

Prezista

Procrit

Prograf

Propafenone

Purinethol

## **R**

Ranexa

Rapamune

Razadyne

Razadyne ER

Rebetol

Remicade

Renagel

Renvela

Requip

Rescriptor

Revatio

Revlimid

Reyataz

Ribasphere

Ridaura

Rilutek

Risperdal

Risperdal Consta

Risperidone

Roferon-A

## **S**

Saphris

Selegiline Hcl

Selzentry

Simponi

Sinemet

Sotalol

Sps

Stalevo

Stalevo 100

Stribild

Sustiva

Sutent

Symbyax

## **T**

Tabloid

Tacrolimus

Tambocor

Tamoxifen Citrate

Tarceva

Targretin

Tasmar

Taxotere

Temodar

Thalomid

Thioridazine Hcl

Thiothixene

Tice Bcg

Tikosyn

Tracleer

Trental

Trexall

Trifluoperazine Hcl

Trihexyphenidyl Hcl

Trizivir

Tysabri

## **V**

Valcyte

Videx

Viracept

Viramune

Viread

Vivitrol

## **W**

Warfarin Sodium

## **X**

Xarelto

Xtandi

Xeloda

Xenazine

Xyrem

## **Z**

Zaltrap

Zelapar

Zerit

Ziagen

Zidovudine

Zoladex

Zyprexa

# Medicare Supplement ineligible conditions

**Please note:** Below is a partial listing of conditions that may cause Humana to decline coverage. This list is not all-inclusive. If the applicant has suffered from one or more of the following in the last 2 years (3 years in California), do not submit the application. Refer to application form for additional details.

<b>A</b> AIDS, ARC or HIV Addison's disease Adrenal insufficiency Alcohol abuse/ alcoholism Alzheimer's disease Ankylosing spondylitis Arterial embolism Artificial opening for feeding or elimination (within the last 12 months) Atherosclerosis/ arteriosclerosis Atrial fibrillation	Chronic kidney disease Chronic obstructive pulmonary disease (COPD) Cirrhosis of the liver Confined to a wheelchair Coma, brain compression/anoxic damage or severe head injury Congestive heart failure Coronary heart disease (blockage) Crippling arthritis Crohn's disease Cushing's syndrome Cystic fibrosis	<b>H</b> Hardening of the arteries Heart attack (myocardial infarction) Heart disease Heart enlargement Heart failure Hemophilia Hepatitis B Hepatitis C Huntington's disease	Multiple personality disorder Muscular dystrophy Myasthenia gravis
<b>B</b> Bed sore (decubitus ulcer) Bedridden Bipolar disorder Brain tumor Burns (extensive third degree)	<b>D</b> Delusions/ hallucinations Dementia Drug abuse	<b>I</b> Internal cancer	<b>N</b> Neuralgic or poor circulation that has caused an ulcer on the skin Neuropathy/diabetic neuropathy
<b>C</b> Cancer – internal Carotid artery disease Cerebral hemorrhage Cerebral palsy Chest pain (angina pectoris)	<b>E</b> Emphysema End-stage renal disease (ESRD) Enlarged heart (Cardiomyopathy)	<b>K</b> Kidney disease requiring dialysis Kidney failure	<b>O</b> Organ transplant (other than corneal) Organic brain disorders Osteopetrosis
		<b>L</b> Leukemia Lou Gehrig's disease Lupus (systemic lupus erythematosus)	<b>P</b> Pacemaker Paget's disease Pancreatitis Paranoia Paralysis Paralytic condition Parkinson's disease Peripheral vascular disease Polymyositis Pulmonary embolism
		<b>M</b> Malnutrition Marfan syndrome Melanoma Multiple or lateral sclerosis	



## R

Respiratory dependence

Rheumatoid arthritis

## S

Sarcoidosis

Schizophrenia

Seizures (within the past 12 months)

Senile dementia

Senility disorder

Sick sinus syndrome/brady-tachycardia syndrome/sinus node disease

Sickle cell anemia

Spina bifida

Spinal cord disorders/injuries

Stroke

Suicide attempt

Systemic lupus

## T

Transient ischemic attack (TIA)

## U

Ulcerative colitis

Uncontrolled diabetes

Uncontrolled high blood pressure (hypertension)

Uncontrolled high cholesterol

## V

Ventricular arrhythmias

Ventricular fibrillation or flutter

## Body mass index

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

Height (ft/in)	Deniable BMI of 14 or less	Deniable BMI of 40.5 or more
	Weight (lbs.)	Weight (lbs.)
4'	46 or less	133 or more
4'1"	48 or less	138 or more
4'2"	50 or less	144 or more
4'3"	52 or less	150 or more
4'4"	54 or less	156 or more
4'5"	56 or less	162 or more
4'6"	58 or less	168 or more
4'7"	60 or less	174 or more
4'8"	62 or less	181 or more
4'9"	65 or less	187 or more
4'10"	67 or less	194 or more
4'11"	69 or less	201 or more
5'	72 or less	207 or more
5'1"	74 or less	214 or more
5'2"	77 or less	221 or more
5'3"	79 or less	229 or more
5'4"	82 or less	236 or more
5'5"	84 or less	243 or more
5'6"	87 or less	251 or more
5'7"	89 or less	259 or more
5'8"	92 or less	266 or more
5'9"	95 or less	274 or more
5'10"	98 or less	282 or more
5'11"	100 or less	290 or more

Height (ft/in)	Deniable BMI of 14 or less	Deniable BMI of 40.5 or more
	Weight (lbs.)	Weight (lbs.)
6'0"	103 or less	302 or more
6'1"	106 or less	307 or more
6'2"	109 or less	315 or more
6'3"	112 or less	324 or more
6'4"	115 or less	333 or more
6'5"	118 or less	342 or more
6'6"	121 or less	351 or more
6'7"	124 or less	360 or more
6'8"	127 or less	369 or more
6'9"	131 or less	378 or more
6'10"	134 or less	387 or more
6'11"	137 or less	397 or more
7'	141 or less	406 or more
7'1"	144 or less	416 or more
7'2"	147 or less	426 or more
7'3"	151 or less	436 or more
7'4"	154 or less	446 or more
7'5"	158 or less	456 or more
7'6"	161 or less	467 or more
7'7"	165 or less	477 or more
7'8"	169 or less	488 or more
7'9"	172 or less	498 or more
7'10"	176 or less	509 or more
7'11"	180 or less	520 or more



