

VALUE HEALTH USA, VALUE HEALTH & VALUE HOSPITAL PLANS AGENT UNDERWRITING GUIDELINES

1. **ISSUE DATE:** If completed application is received by the 8th, the effective date will be the 15th and if it is received between the 9th and the 23rd, it will be effective the 1st of the following month. GEM Administrators has final approval on all applications.
2. **MONIES COLLECTED:** Make checks payable to GEM Administrators. Applicants can pay by Monthly Bank Draft, Quarterly, Semi-Annual, Annual or Monthly List Bill (for groups of 2 or more). Make sure the applicant is aware that their account will be drafted on the 24th for drafts due on the 1st & drafted on the 10th for those due on the 15th. New bank draft business without a check will be drafted upon issue.
3. **ORIGINAL APPLICATION(S) ARE PREFERRED:** We do accept **legible** fax/photo copies. If not legible, issue is delayed pending receipt of the original.
4. **MUST INCLUDE THESE SIGNED FORMS: HIPAA Authorization, VBA Membership Enrollment, Consumer Form, Automatic Monthly Bank Draft (and voided check).**
5. **CONTACT INFORMATION:** Most correspondence regarding application is sent to the agent via email, phone or US Mail. We may be required to contact the applicant so always include the applicant's email address, if available, and the phone number.
6. **LIST BILL:** No group participation and a minimum of 2 or more employees must apply. The 1st month's premium and fees must be paid to issue on a List Bill. Please use the GEM Administrators List Bill Form. **(CALL ABOUT "NO HEALTH QUESTIONS" FOR EMPLOYER PAID GROUPS.)**
7. **COMMISSION PAYMENT:** New business will be paid weekly upon issue and renewals on or about the 20th of each month.
8. **CHANGES AND CANCELLATIONS:** Any changes, including cancellations (administrative fees are non-refundable) must be in writing and sent to: GEM Administrators - 4227 N 32nd St, Ste #201, Phoenix, AZ 85018. Phone (800) 756-4906 - FAX (602) 468-0284.
9. **FULFILLMENT:** All fulfillment information, Certificate of Insurance and ID cards will be mailed directly to your client.
10. **CHILD ONLY COVERAGE:** When applying for child only coverage, you must charge the "19 year old adult rate" for the oldest child, then charge the child rate for younger dependent children in the same family (children are considered dependents if under 19 or age 25 and a full time student). If you are writing one child only, you must charge the "19 year old adult rate". Complete the Enrollment Form with the **parent listed as the "Name of Member/Applicant"**. **Write in after the parent's name, "Not To Be Covered"**. Complete all other sections of the application as normal.
11. **COVERAGE REPLACEMENT:** The applicant must list the reason coverage is being replaced.

FEMALE				MALE			
	Value Health & Hospital Min Weight	Value Health & Hospital Max Weight	Value Health USA Max Weight		Value Health & Hospital Min Weight	Value Health & Hospital Max Weight	Value Health USA Max Weight
Height				Height			
4'8"	77	212	191	5'0"	91	234	211
4'9"	78	216	194	5'1"	93	237	213
4'10"	79	220	198	5'2"	95	243	219
4'11"	81	224	202	5'3"	98	247	222
5'0"	83	229	206	5'4"	101	256	230
5'1"	85	238	214	5'5"	103	262	236
5'2"	87	243	219	5'6"	106	270	243
5'3"	89	244	220	5'7"	109	276	248
5'4"	91	250	225	5'8"	112	286	257
5'5"	93	256	230	5'9"	115	296	266
5'6"	96	262	236	5'10"	118	299	268
5'7"	98	268	241	5'11"	121	308	277
5'8"	101	274	247	6'0"	124	312	281
5'9"	104	287	258	6'1"	127	323	291
5'10"	107	288	259	6'2"	131	328	295
5'11"	110	296	266	6'3"	134	339	305
6'0"	114	305	275	6'4"	138	360	324
6'1"	117	314	283	6'5"	142	385	347
6'2"	120	323	291	6'6"	146	409	368
				6'7"	150	418	376
				6'8"	154	427	384

Coverage not available in: CT, KY, LA, ME, NJ, NY, OR, UT & WA

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Field Underwriting Guide for Medical Condition Acceptance or Rejection

- 1. Application only applies to the past 2 years**
- 2. Applicant who has a condition that is degenerative in nature may not be accepted.**
- 3. Applicant who has been advised to have hospitalization or surgery and has not done so will be rejected.**
- 4. Unlisted conditions should be referred to underwriting.**
- 5. To qualify for coverage, All Applicant's Pre-Existing Conditions must be controlled.**
- 6. *For Value Health USA, these conditions must have been operated over two years ago or controlled for the past 2 years or more.**

Disease or Condition	Std/Reject	Disease or Condition	Std/Reject
Addison's Disease	Reject	Cardio-Renal Disease	Reject
Adenocarcinoma (treatment free 2 years)	Std	Carpal Tunnel Syndrome (over 1 year)*	Std
Adenoids (over 1 year)*	Std	Cataract (operated)	Std
Adhesions	Std	Cerebral Palsy	Reject
AIDS/HIV	Reject	Cerebro-vascular Disease or disorder	Reject
Alcoholism	Reject	Chronic Obstructive Lung Disease	Reject
Alzheimer's Disease	Reject	Cleft Palate, Harelip (operated 1 year)*	Std
Amputation, due to trauma (over 2 years)	Std	Club Foot (unoperated)	Reject
Amputation, due to disease	Reject	Colitis, non-ulcerated & controlled (2 years)	Std
Amyotrophic Lateral Sclerosis	Reject	Colostomy	Reject
Anal Fissure or Fistula (corrected)	Std	Congestive Heart Failure (controlled 2 years)	Std
Anal Polyp or Rectal Polyp (corrected)	Std	Convulsions (within 2 years)	Reject
Anemia, Sickle Cell, Aplastic	Reject	Corneal Transplant or Ulcer (operated)*	Std
Aneurysm (2 Years)	Std	Coronary Artery Disease (uncontrolled)	Reject
Angina Pectoris (2 Years)	Std	Crohn's Disease	Reject
Arteriosclerosis, Atherosclerosis (over 2 Years)	Std	Cushing's Disease or Syndrome	Reject
Arteriosclerotic Heart Disease (2 Years)	Std	Cystitis	Std
Arteriosclerosis Obliterans	Reject	Cystic Fibrosis, benign	Reject
Arthritis or Rheumatism (controlled)*	Std	Deafness	Std
Arthritis, severe or crippling	Reject	Detached Retina (operated)	Std
Asthma, Allergies (not hospitalized)*	Std	Diabetes (diet or pill controlled 2 years)*	Std
Back Sprain, Strain (one time)	Std	Diabetes (insulin controlled 2 years)*	Std
Bladder Stones - Urinary (corrected)	Std	Diabetes, Juvenile	Reject
Blood Pressure, high (controlled over 2 years - not hospitalized)*	Std	Diabetic Neuropathy*	Reject
Blood Pressure, high (hospitalized)	Reject	D & C (Dialation & Curettage)	Std
Brain Syndrome, chronic	Reject	Disc, Cervical, Dorsal, Lumbar or Sacroiliac (over 2 years)	Std
Brain Tumor	Reject	Diverticulitis, Diverticulosis (controlled 2 years)	Std
Breast Implants	Std	Down's Syndrome	Reject
Breast Tumor, benign (operated - over 2 years)	Std	Drug Abuse	Reject
Bright's Disease or chronic Nephritis	Reject	Ear Disorder, Labyrinthitis, Otitis Media, Menieres Disease (full recovery)	Std
Bronchitis, chronic	Reject	Eczema*	Std
Bronchitis (not hospitalized)*	Std	Edema	Std
Bunions	Std	Emphysema (no oxygen & not hospitalized controlled at least 2 years)	Reject
Bypass of Intestines or stapling for weight control (over 2 years)	Std	Encephalitis*	Std
Cancer, Skin, not melanoma or invasive (1 year)*	Std	Endometriosis or Endometritis (controlled)	Std
Cancer, other than skin (no treatment, 2 years)	Std	Epilepsy, petit mal (no seizures 1 year)	Std
Carcinoma in situ (2 years)	Std		

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Disease or Condition	Std/Reject	Disease or Condition	Std/Reject
Epilepsy, gran mal	Reject	Muscular Dystrophy	Reject
Esophagus Stricture or Esophagitis*	Std	Myasthenia Gravis	Reject
Female Disorders (corrected)	Std	Narcolepsy (controlled)*	Std
Fibrocystic Breast Disease or Mastitis* (controlled 1 year)	Std	Nasal Polyps (corrected)	Std
Fibroid Tumor (operated 1 year)*	Std	Nephritis or Nephrosis (controlled 2 years)	Std
Fractures (no pins or plates)	Std	Nervous Mental Disorders, if hospitalized, institutionalized or disabled in last 2 years)	Reject
Fractures (requiring pins, plates, wires, nail or screw - 1 year)	Std	Orchitis	Std
Gall Bladder Disease, Gallstones (operated)	Std	Organ Transplant (other than cornea)	Reject
Gastrectomy (1 year)*	Std	Osteoarthritis (controlled 2 years)	Std
Genito-urinary disorders (corrected)	Std	Osteomyelitis (controlled 2 years)	Std
Glaucoma (operated)*	Std	Osteoporosis (controlled 2 years)	Std
Goiter (operated)	Std	Paget's Disease	Reject
Gout, Gouty Arthritis (controlled)*	Std	Pancreatitis - single episode (1 year)*	Std
Headaches, migraine	Std	Pancreatitis - multiple episodes	Reject
Heart Attack, disease or disorder (over 2 years)	Std	Paraplegia	Reject
Heart Pacemaker	Reject	Parkinson's Disease	Reject
Heart Surgery (full recovery - over 2 years)	Std	Peptic Ulcer (operated)*	Std
Hemangioma	Std	Peritonitis (controlled)*	Std
Hemophilia	Reject	Pernicious Anemia (controlled 1 year)*	Std
Hemorrhoids (operated)	Std	Pneumonia (1 time)*	Std
Hepatitis (Types A & B - no complications 2 years)*	Std	Polyp (operated)	Std
Hepatitis (Type C)	Reject	Pregnancy	Reject
Hernia (operated)	Std	Prostate disorder, benign (corrected)	Std
Hip Replacement (over 1 year)*	Std	Psoriasis	Std
Hodgkin's Disease (no treatment 2 years)	Std	Pulmonary Fibrosis (controlled 2 years)	Std
Huntington's Chorea	Reject	Quadriplegia	Reject
Hydrocephalus	Reject	Raynaud's Disease/Phenomena	Reject
Hydronephrosis	Reject	Rectal Abscess (corrected 1 year)*	Std
Hyperglycemia (controlled 2 years)	Std	Sciatica (controlled 1 year)*	Std
Hypoglycemia (controlled 2 years)	Std	Scoliosis (controlled 1 year)*	Std
Intestinal Obstruction (corrected)*	Std	Septum, Deviated (corrected)*	Std
Kidney Failure	Reject	Shingles (controlled 1 year)*	Std
Kidney Infection acute (corrected 1 year)	Std	Sinusitis, chronic (controlled)	Std
Kidney Removal (within 2 years)	Reject	Spina Bifida	Reject
Kidney Stones or Colic (corrected)	Std	Spine, degenerative disease	Reject
Knee Replacement (1 year)*	Std	Stasis Ulcer (operated)*	Std
Leukemia (if treated in past 2 years)	Reject	Stroke (controlled over 2 years)	Std
Liver Disease, enlarged, cirrhosis	Reject	Tendinitis (corrected)*	Std
Lung Disease - silicosis, anthracosis (1 year)	Reject	Thrombosis (controlled 2 years)	Std
Lupus, disseminated - systemic	Reject	Thyroid Disease (controlled)*	Std
Lupus, discoid (within 2 years)	Reject	Tonsillitis	Std
Mastectomy, benign (1 year)	Std	Tumor, non-malignant (operated)	Std
Mastitis, cystic, benign (1 year)	Std	Ulcer, stomach, peptic and/or duodenal (operated)	Std
Meningitis (over 2 years)	Std	Ulcerative Colitis	Reject
Menopause Syndrome (over 2 years)	Std	Urinary Tract disorders (controlled)	Std
Mental Retardation	Reject	Valve Replacement (Heart)	Reject
Mononucleosis (recovered)*	Std	Varicose Veins, Varicose Ulcer or phlebitis (operated)*	Std
Multiple Sclerosis	Reject	Wheelchair or walker required for movement	Reject