

# UPMC HEALTH PLAN

## Underwriting Guidelines for UPMC Individual *Advantage* Guaranteed Renewable Value Plans and Savings Plans

1. The UPMC Health Plan Guaranteed Renewable Individual Product is a medically underwritten product.
2. Rates are determined by:
  - a. Geographic area
  - b. Age band
  - c. Gender
  - d. Plan design
  - e. Medical risk assessment
3. There are six rate tiers. Tier 1 rates are the lowest; tier 6 rates are the highest.
4. Applicants may be denied or approved at tier 1 to tier 6 rates. (Applicants < 19 years old cannot be denied coverage, but may be rated up.)
5. Multiple ratings tools will be used to assess the risk of each applicant, including:
  - a. The Medical Questionnaire (MQ)
  - b. Milliman WebMUGS™ (Web-based medical underwriting guidelines); the industry standard for risk assessment
  - c. Milliman IntelliScript®—a pharmacy profiler
6. An experienced Registered Nurse Medical Underwriter will review most (but not all) applications. Exceptions include:
  - a. Several serious medical conditions, if reported on the MQ, will result in an auto-decline of the applicant. A list of these medical conditions can be found in Attachment A.
  - b. Very healthy applicants may be auto-approved.
7. Multiple individuals can apply on one application. For example, a husband and wife or full family can apply on one application. Each individual is medically underwritten separately and independently of the other individuals on the same application. **Each applicant on a single application may have different underwriting outcomes.** For example, a family consisting of a husband, wife, and three children, will apply on one application. Potentially the husband may be approved at tier 1 rates, the wife denied coverage, child 1 approved at tier 1, child 2 approved at tier 2, and child 3 approved at tier 3.
8. Each individual approved for coverage will have a separate premium, but the total premium for all applicants approved on one application will also be displayed.
9. **UPMC Health Plan strongly encourages electronic submission of applications, but hard copy applications will be accepted also.**
10. Any change in a medical condition, and any medical treatment or advice from a physician or provider for anyone on an application that occurs after the application is signed, prior to underwriting approval, must be submitted in writing to the UPMC Health Plan Underwriting Department.
11. UPMC Health Plan may require more information to accurately medically underwrite one or more individuals on the application. A Health Plan representative may call for additional information or clarification.
12. From submission of application to final rates, if all information required by Underwriting is submitted, the MQ is complete, and additional information is not required, the turnaround times are as follows:
  - **Hard Copy Submission:** Five business days
  - **Electronic Submission:** Two business days
13. General guidelines indicating possible underwriting actions based on height and weight are described in the juvenile, adult female, and adult male build charts in Attachment B. They are part of a series of considerations by the Underwriting Department. They are not a guarantee of coverage.

## **Attachment A: Medical Conditions that Would Result in Auto-Denial of Applicant**

The following list of auto-decline conditions is not all inclusive and is subject to change.

- AIDS, HIV + or ARC
- Alzheimer's, Dementia or Memory Loss
- Amyotrophic Lateral Sclerosis (ALS)
- Biliary Cirrhosis
- Bipolar Disorder or Schizophrenia
- Cardiomyopathy
- Cerebral Palsy
- Cirrhosis of the Liver
- Congestive Heart Failure (CHF)
- Crohn's Disease
- Cystic Fibrosis
- Esophageal Varices
- Hemophilia
- Hepatitis C
- Kidney Failure/Dialysis
- Metastatic Cancer (Cancer spread from one location to a different location)
- Multiple Sclerosis
- Muscular Dystrophy
- Organ Transplant or on the Waiting List
- Paraplegia or Quadriplegia
- Parkinson's Disease
- Polycystic Kidney Disease
- Sickle Cell Anemia
- Stroke
- Systemic Lupus Erythematosus
- Ulcerative Colitis

Note: This list of auto-denial medical conditions would not apply for applicants under the age of 19. Applicants under the age of 19 cannot be denied coverage for this product, but can be rated up to any tier level.

# Attachment B: Height and Weight Build Charts

<b>Juvenile Build Chart (Applicants ≤ 18 years old)</b>		
HEIGHT	WEIGHT	
(Inches)	Standard Rates	Potential Rate Up
17-18	10-15 lb	≤ 9 OR > 15 lb
19-20	10-20 lb	≤ 9 OR > 20 lb
21-22	10-20 lb	≤ 9 OR > 20 lb
23-24	10-25 lb	≤ 9 OR > 25 lb
25-26	16-25 lb	≤ 15 OR > 25 lb
27-28	16-25 lb	≤ 15 OR > 25 lb
29-30	21-30 lb	≤ 20 OR > 30 lb
31-32	21-30 lb	≤ 20 OR > 30 lb
33-34	26-40 lb	≤ 25 OR > 40 lb
35-36	26-40 lb	≤ 25 OR > 40 lb
37-38	26-40 lb	≤ 25 OR > 40 lb
39-40	31-40 lb	≤ 30 OR > 40 lb
41-42	31-50 lb	≤ 30 OR > 50 lb
43-44	31-50 lb	≤ 30 OR > 50 lb
45-46	31-60 lb	≤ 30 OR > 60 lb
47-48	41-60 lb	≤ 40 OR > 60 lb
49-50	51-70 lb	≤ 50 OR > 70 lb
51-52	51-70 lb	≤ 50 OR > 70 lb
53-54	51-90 lb	≤ 50 OR > 90 lb
55-56	61-90 lb	≤ 60 OR > 90 lb
57-58	61-120 lb	≤ 60 OR > 120 lb
59-60	71-120 lb	≤ 70 OR > 120 lb
61-62	71-140 lb	≤ 70 OR > 140 lb
63-64	71-140 lb	≤ 70 OR > 140 lb
65-66	71-140 lb	≤ 70 OR > 140 lb
67-68	91-140 lb	≤ 90 OR > 140 lb
69-70	91-160 lb	≤ 90 OR > 160 lb
71-72	91-160 lb	≤ 90 OR > 160 lb
73-74	121-160 lb	≤ 120 OR > 160 lb
75-76	121-170 lb	≤ 120 OR > 170 lb
77-78	141-170 lb	≤ 140 OR > 170 lb

<b>Adult Female Build Chart</b>			
HEIGHT		WEIGHT	
Feet	Inches	Standard Rates	Potential Rate Up or Denial
4	8	76 - 120 lb	< 75 OR > 120 lb
4	9	76 - 135 lb	< 75 OR > 135 lb
4	10	76 - 135 lb	< 75 OR > 135 lb
4	11	91 - 150 lb	< 90 OR > 150 lb
5	0	91 - 150 lb	< 90 OR > 150 lb
5	1	106 - 150 lb	< 105 OR > 150 lb
5	2	106 - 165 lb	< 105 OR > 165 lb
5	3	121 - 180 lb	< 120 OR > 180 lb
5	4	121 - 180 lb	< 120 OR > 180 lb
5	5	136 - 195 lb	< 135 OR > 195 lb
5	6	136 - 210 lb	< 135 OR > 210 lb
5	7	136 - 210 lb	< 135 OR > 210 lb
5	8	151 - 210 lb	< 150 OR > 210 lb
5	9	151 - 225 lb	< 150 OR > 225 lb
5	10	166 - 225 lb	< 165 OR > 225 lb
5	11	166 - 240 lb	< 165 OR > 240 lb
6	0	181 - 240 lb	< 180 OR > 240 lb
6	1	196 - 255 lb	< 195 OR > 255 lb
6	2	211 - 255 lb	< 210 OR > 255 lb

<b>Adult Male Build Chart</b>			
HEIGHT		WEIGHT	
Feet	Inches	Standard Rates	Potential Rate Up or Denial
5	0	≤ 135 lb	> 135 lb
5	1	≤ 150 lb	> 150 lb
5	2	≤ 150 lb	> 150 lb
5	3	≤ 165 lb	> 165 lb
5	4	91 - 165 lb	< 90 OR > 165 lb
5	5	91 - 180 lb	< 90 OR > 180 lb
5	6	106 - 180 lb	< 105 OR > 180 lb
5	7	106 - 195 lb	< 105 OR > 195 lb
5	8	106 - 195 lb	< 105 OR > 195 lb
5	9	121 - 210 lb	< 120 OR > 210 lb
5	10	121 - 210 lb	< 120 OR > 210 lb
5	11	136 - 225 lb	< 135 OR > 225 lb
6	0	136 - 225 lb	< 135 OR > 225 lb
6	1	136 - 240 lb	< 135 OR > 240 lb
6	2	151 - 240 lb	< 150 OR > 240 lb
6	3	151 - 240 lb	< 150 OR > 240 lb
6	4	166 - 255 lb	< 165 OR > 255 lb
6	5	166 - 270 lb	< 165 OR > 270 lb
6	6	181 - 270 lb	< 180 OR > 270 lb
6	7	181 - 285 lb	< 180 OR > 285 lb
6	8	196 - 300 lb	< 195 OR > 300 lb

Build chart guidelines are exclusive of any medical condition/issue. Applicants < 19 will not be denied coverage, but they can be rated up. The Underwriting actions based on height and weight are general guidelines; they are not a guarantee of coverage. The build chart guidelines are subject to change by UPMC Health Plan at any time.

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