



Producer Underwriting Guidelines



Producer Underwriting Guidelines

To Our Valued Producers:

We appreciate your interest in representing Rocky Mountain Health Plans and our Individual/Family benefit plan — SOLO.

These guidelines are to assist you in determining probable insurability of applicants and to provide instruction on submitting complete applications for underwriting review. For information and/or questions regarding the SOLO Health Plan and guidelines, please call the SOLO Sales Team at 800-453-2981, option 4.

These guidelines are subject to any applicable State of Colorado mandates and federal mandates and are subject to change without notice. These guidelines and instructions are not part of the Member Evidence of Coverage (EOC), and only the actual EOC will control.

Contact Us

The SOLO Sales Team provides application support and is your link to underwriting and enrollment.

SOLO Sales Team: 800-453-2981, option 4
..... 970-244-7800, option 4

Email: SOLO_Sales_Team@rmhp.org

FAX: 970-244-7992

Website: www.rmhp.org

Find SOLO plan benefit information, Colorado Plan Description Forms, and application forms on the Brokers page. Search the Provider Directory or Formulary. Get a quote and apply online by clicking the Get a Quote button on the home page.

access|RMHP

Go to www.accessrmhp.org to run quotes and compare plans. You can email proposals to clients from the website and provide a link to the RMHP online application or attach a paper application. The website saves your quotes so you can search for them later. Call 1-877-907-7647 to get your user name and password.

Online SOLO Application Link

Contact the SOLO Sales Team to get a personalized link to the RMHP online application to ensure the producer information is added to each application. The link can be placed on a producer's website or emailed to the applicant. When it is clicked, the applicant is taken to RMHP's online SOLO application and the producer information is embedded in the application once the applicant creates the account.

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Overview

Rocky Mountain HealthCare Options, Inc. (RMHCO) is the underwriter of the SOLO Health Plan product. We will refer to RMHCO and Rocky Mountain Health Plans (RMHP) as appropriate throughout these guidelines.

SOLO applicants are subject to medical screening and underwriting. This includes the assessment of any factors that provide exposure to RMHCO concerning risk. Health coverage and enrollment in SOLO are determined by factors such as medical history and condition, utilization patterns, age, current medical treatment, prescription drug use, alcohol consumption, surgical intervention, health status, and body mass index. Hazardous occupations or avocations will also be considered in the underwriting process. SOLO health care plan premiums are tier-rated based on the applicant's health status and medical history based upon underwriting guidelines. Children under the age of 19 years will not be denied coverage based on health status.

The SOLO Health Plan offers a variety of plan designs and deductible options, including health plans that qualify for Health Savings Accounts (HSAs).

Generic drug coverage is included in the medical plan and brand name prescription drug riders are offered separately, allowing flexibility in underwriting approval.

All optional riders may be purchased during initial enrollment or after enrolling in an Individual plan, subject to medical underwriting, and become effective on the subscriber's anniversary. (See page 7 – Policy Administration on Existing SOLO Enrollment.)

Licensing Requirements

Producers representing RMHP must be licensed by the State of Colorado to market health care plans available through RMHP. All producers must be in good standing with the State of Colorado and carry errors and omissions professional liability insurance of no less than \$500,000. A Producer Agreement must be signed and submitted, along with a copy of your current state license and E & O coverage, before new business will be issued. Annual verification of your continued licensure and E & O coverage is required.

Commissions

Commissions for the SOLO Individual product will be paid monthly. All commissions are calculated on fully paid, billed, and collected premium.

Self-Employed Applicants

Applications from self-employed individuals, or Business Groups of One, who intend to have the business pay the premiums, or who use the premium payment as a business expense deduction on IRS or other tax filing, are not eligible for the SOLO plan. The premium must be paid entirely from personal (non-business) funds.

If an applicant indicates that he/she qualifies as a Business Group of One, **the applicant and producer will be notified** of the options for enrolling as a Business Group of One (or proceeding with the application for SOLO Individual coverage).

Employer Reimbursement

A small group employer with 50 or fewer employees may reimburse an employee for all or a portion of the premium if the employer has not had in place a small group health benefit plan within the past 12 months. An Employer Affidavit for Reimbursement Form must be completed by the employer and submitted to RMHP with the employee's SOLO application.

Eligibility

General Eligibility Requirements

Applicants under age 65 are eligible and **must** reside in Colorado at the time of application.

Applications for children applying alone are available for children up to age 19. The applications will be reviewed with a legal guardian as the “subscriber” in signing capacity only. Requirements for this include a legal guardian signing the application and accepting responsibility for premium and any payments of deductible, coinsurance and copayments. If anyone other than the parent is signing, court-appointed-guardianship papers must be submitted with the application. Please be aware that each child will have his or her own policy and will not be denied coverage. There is no tax advantage to child-only HSA-eligible plan coverage.

Dependent Eligibility Requirements

SOLO underwriting guidelines will allow for the enrollment of select family Members, with the exception of anyone who is expecting a child or in the process of adoption or surrogacy. If the applicant or his spouse is pregnant, or if anyone on the application is expecting to be the parent of a baby, or in the process of adoption or surrogacy, this plan is not available to that person, regardless of whether or not the pregnant person is applying for coverage.

Children who qualify as legal dependents of the subscriber or subscriber’s spouse include children who are legally placed for adoption, adopted children, or children under the legal guardianship of the applicant subscriber or his/her spouse.

Every applicant 18 years or older must sign the application in addition to the parent or legal guardian’s signature.

Dependent children up to age 19 will not be denied coverage. Dependents up to age 26 may apply for coverage along with their parent(s). There is no coverage on the policy for the dependent’s spouse or the dependent’s children, however these dependents of the dependent child may apply for their own SOLO health care policy. A dependent may be transferred to a separate, identical policy upon request and without medical underwriting effective the month following the dependent’s 26th birthday.

Common-law spouses are eligible to apply only if a statement or proof of common law status is provided. A domestic partner of the same or opposite sex is not considered an eligible dependent.

Divorced spouses or legally separated spouses must apply separately.

The marriage of two males or two females is not recognized as a legal marriage in the State of Colorado and therefore cannot qualify for spousal status for enrollment purposes. Each person is encouraged to apply for his or her own individual plan.

Other Insurance

Applicants who are eligible to enroll in, or who are entitled to, Medicare will not be accepted for the SOLO Individual plan.

Enrollment Period for Children age 0-18

The Governor of Colorado signed into law Senate Bill 11-128 on April 29, 2011 requiring carriers to hold child-only open enrollment periods during the months of January and July. The open enrollment period must then be followed by a 30-day waiting period before the child-only plan can take effect.

During an open enrollment period, applications will be accepted and coverage offered to all children under the age of 19 on a guaranteed issue basis, without any limitations or riders based on health status. Coverage will be subject to the premium in effect for SOLO plans as of the effective date.

Child-Only Open Enrollment Period	Effective Date
January 1, 2012 through January 31, 2012	March 1, 2012
July 1, 2012 through July 31, 2012	September 1, 2012

Child-Only Plan Qualifying Event

Enrollment is permitted outside of the open enrollment period for qualifying events consistent with state law, which include birth, adoption, marriage, divorce, loss of employer-sponsored insurance, loss of eligibility for Medicaid or Children's Basic Health Plan, a valid court order mandating the child be covered, or involuntary loss of other existing coverage for any reason other than fraud, misrepresentation or failure to pay premium.

Applications for enrollment following a qualifying event must be received within 30 days of the date of the qualifying event.

Effective Date, Rate Tiers, and Billing of Initial Premium

The effective date of coverage for adult and family applications is the first or fifteenth of the month following the application approval date, unless a later effective date is requested. In no case will the effective date be prior to the application approval date.

Rates are based on the age, health status of each applicant, county of residence, plan design, and effective date. Rates are available for "Tobacco User" and "Non-Tobacco User." To qualify as a non-tobacco user, applicants must certify that they have not used tobacco products for 12 months prior to the application.

Each applicant will be placed on one of seven rate tiers as determined by medical underwriting. Each applying family member may receive a separate rate tier. Any changes to the rate quoted will be communicated to both the producer and applicant by the SOLO Sales Team.

SOLO Sales will provide the producer and applicant the determined rate tier for each family member. Rate-ups will be calculated by multiplying Rate Tier A by one rate up factor. For example, a rate-up factor of 10% would be Rate Tier A x 1.10. The rating tiers are:

Rate Tiers

Rate Tier A – (Base Rate)	Rate Tier D – 50% (rate up factor of 1.50)
Rate Tier B – 10% (rate up factor of 1.10)	Rate Tier E – 75% (rate up factor of 1.75)
Rate Tier C – 20% (rate up factor of 1.20)	Rate Tier F – 100% (rate up factor of 2.0)
	Rate Tier G – 200% (rate up factor of 3.0)

The first month's premium will be processed as an automatic bank withdrawal, credit/debit card payment, or by check upon underwriting approval. For automatic bank withdrawal and credit/debit cards, **the first month's premium is due and will be taken within 2 weeks of approval and acceptance of coverage.**

Ongoing Payment Options

Premiums for the SOLO Health Plan can be paid on a monthly or quarterly basis via automatic bank withdrawal from a non-business personal checking or savings account or by a quarterly invoice. Options include:

Payment Frequency	Payment Method
Monthly	Automatic bank withdrawal, from personal checking or savings account.
Quarterly	Automatic bank withdrawal. Invoice mailed that can be paid by check, check by phone, or cash payment.

Ongoing premium is due and will be drafted on the 4th of each month for monthly automatic payment options. Premium will be drafted on the 4th of January, April, July and October for quarterly automatic payment options. Invoices will be mailed to those who selected a quarterly billing option without an automatic payment option.

All premium checks should be made payable to Rocky Mountain HealthCare Options. A broker's check, agency check or post-dated check will not be accepted. **Premiums cannot be paid for with a business check or credit card.**

RMHP accepts VISA, MasterCard, and Discover credit cards for the initial premium payment only.

If any covered family Member's birthday results in a change to a new age category, the premium will change on subscriber's policy anniversary date.

If the subscriber moves to a different county, any impact to premium will become effective on the first day of the month following notification of address change.

Completion of the Application

Applicants are not to be discouraged from making application for Underwriting consideration even if they share information that would preclude acceptance. Clinical guidelines are provided in this document for your reference only.

Applicants can complete the SOLO Health Plan application by either applying on-line at www.rmhp.org or by completing a paper application. Legible facsimile copies of the application are accepted.

PLEASE DO NOT SUBMIT FIRST MONTH'S PREMIUM UNTIL THE APPLICATION IS APPROVED AND COVERAGE IS ACCEPTED. Upon approval, the first month's payment can be made by check (or check-by-phone) or processed as an automatic bank withdrawal or credit/debit card payment as described above.

Newborn infants under six months of age will require the medical records from the most recent Well Child check and immunization records at the time of application. If the mother is applying within two months of birth, please provide the medical record from the 6-week post-partum check.

Applicants age 50 or older are generally required to submit, with the initial application, the following medical records:

- History and physical within the last 12 months
- Pap test (unless documented hysterectomy) and mammogram within the last 12 months for females
- Lipid panel within the last 12 months
- Fasting blood glucose test results within the last 12 months
- The most recent colorectal cancer screening
- Liver function tests, within the last 12 months, if on statins
- Results from any other tests/procedures recommended during your physical exam

All application questions and the Account Deduction Authorization form (if applicable) should be answered completely **by the applicant**. Missing or incomplete information will need to be submitted in writing prior to

medical underwriting review. RMHP will work through the producer to obtain missing information from the client.

For Paper Applications

When an applicant has completed the application, please check each answer, in the presence of the applicant, to make certain that:

- each Yes or No answer has been checked,
- details are provided for each Yes answer, and
- specific information on health conditions and prescription drugs is provided.

If an error is made on the application, the applicant should cross through the word or line with a single stroke, then initial and date the correction.

Producers are only to complete the required producer certification portion of the application.

Producers are responsible for providing current applications and materials to their clients. Please contact the SOLO sales team or go to www.rmhp.org/producers for current SOLO materials.

For On-Line and Paper Applications

Processing Time — Please allow 2-10 business days for the processing of complete applications. Additional processing time will occur if medical records are needed or the application is missing information.

Underwriting Guidelines

RMHP uses a variety of sources to underwrite SOLO applications for health care coverage. RMHP may request medical records from the applicant. Applicants are required to obtain the medical records themselves at their expense. RMHP may request the applicant to have a blood test, pregnancy test, physician verified height and weight, blood pressure test or other medical services. The cost of these services is the responsibility of the applicant.

Occupations

If an applicant or other eligible family Member is engaged in a hazardous or unusual occupation, please be sure that the principal occupational duties are listed on the application.

Body Mass Index

An individual who has a lower or higher than normal body mass may be subject to a higher rate tier, declination or submission of required medical records. Underwriting determination will be contingent on all presented medical information in conjunction with the body mass index .

Adoption

SOLO underwriting guidelines do not allow for the enrollment of prospective adoptive parents. If an adult family Member is planning to adopt, coverage will not be offered to any adult family Member, regardless of whether or not the adult planning to adopt is applying for coverage. An adult family Member is “planning to adopt” if a child is placed for adoption with the adult family Member within 10 months of the effective date of coverage.

Prescription Drug Rider

Prescription drug rider options are available and subject to medical underwriting. Please be sure the applicant selects an option on the application. If the applicant does not select an option, the application will be underwritten with the generic only drug option.

Underwriting Procedures

Applicants will be required to obtain any requested medical records themselves at their expense. The SOLO Sales Team will contact the producer to request the medical records. It is the producer’s responsibility to communicate the request to the applicant. The SOLO Sales Team will not contact the applicant directly.

Any applicant requested to obtain a history and physical exam or miscellaneous service (such as lab tests, x-rays, or follow-up exams) is tracked for 30 days. If RMHP does not receive results or medical records for the above services within this time frame, the application is withdrawn, and notification is sent to the applicant and the producer of the withdrawal of the application. All applications and medical records will be maintained at RMHP. Copies will be sent to the applicant upon request. The applicant can reopen the file within 60 days from withdrawal if the application is updated, re-signed, and re-dated or the applicant completes a Health Certification Update form. After 90 days, the applicant will need to complete a new application to be considered for coverage.

Pre-Existing Conditions

Upon approval of the application, a pre-existing condition limitation period of 12 months will be imposed on all adult Members without prior creditable coverage. This pre-existing condition limitation period will be reduced or eliminated for each adult Member who has had prior creditable coverage within 90 days from date of enrollment, to the extent of such coverage.

The pre-existing condition limitation period, including the requirement to provide proof of prior creditable coverage, does not apply to any applicant or family Member who is under 19 years of age.

Creditable coverage includes health care coverage provided under Medicare, Medicaid, CHP+, an employee welfare benefit plan or group health insurance or health benefit plan, an individual health benefits plan, a state health benefits risk pool (including but not limited to the CoverColorado Health Insurance Plan), or other federal coverage. An applicant can provide information on their creditable coverage by submitting the Certificate of Creditable Coverage from the prior carrier.

No benefits will be payable for expenses incurred in connection with pre-existing conditions as defined in the application until coverage has been in effect for a 12-month period. Benefits will be provided for covered services received that are not connected to a pre-existing condition.

Pre-existing conditions include any injury, sickness, pregnancy, or other condition for which medical advice or treatment was recommended by a physician or received from a physician, within the 12-month period preceding the covered person's enrollment date. This includes prescription medication taken in the same 12-month period.

Approval

If application for coverage is approved, coverage will begin on the first or fifteenth of the month following approval unless a later effective date is requested.

If an applicant and/or dependent has a change in their health status between the application date and the chosen effective date, the applicant must report this information to RMHP. Underwriting may defer the approval of coverage until further review of the condition or situation. This review may delay the original effective date, change the rate tier, or may cause a reversal of the applicant's approval for coverage.

The effective date cannot be earlier than the date of the underwriter's approval decision.

Rate Tier Placement

Each applicant will be placed on one of seven rate tiers as determined by Underwriting. Each applying family member may receive a separate rate tier. Rates will always be initially quoted as a Rate Tier A. Any changes to the quoted rate will be communicated to both the producer and applicant by the SOLO Sales Team.

Denial

If an applicant is not accepted because of medical underwriting, the specific reason(s) will be provided in writing to the applicant. A separate letter will be sent to the producer advising of the denial for coverage.

If denied because of medical underwriting, the applicant will receive information regarding the CoverColorado plan.

Policy Administration on Existing SOLO Enrollment

Plan Change Requests

Requests for the addition of a rider following initial enrollment or upgrades or downgrades to other available SOLO options will generally be allowed only on the enrolled subscriber's anniversary and are subject to underwriting approval. This process will include the completion of a Health Care Plan Change Form, made available at the Member's anniversary.

Members enrolled on a SOLO plan that is no longer offered for new applicants (ie SOLO Select, Smart Choice, View) may request a plan change to a currently offered SOLO Outlook plan, subject to medical underwriting and rate tier placement. Alternatively, the Member may request a change to a higher deductible plan in the plan family in which they are currently enrolled without medical underwriting. The request must be submitted on the Health Care Plan Change Form .

Members enrolled in a SOLO Outlook plan cannot make a plan change request to a SOLO plan that is no longer offered (i.e. SOLO Select, Smart Choice, View).

All enrolled family Members must apply for the same plan change. If a family Member is not approved for the plan change, he or she may remain on the existing SOLO plan.

If approved, new coverage will begin on the anniversary date or the first of the month following approval if the anniversary date has passed. If the plan change is denied, the subscriber's health coverage will continue as currently provided. The subscriber is responsible for payment of premium on the current SOLO health plan while the plan change request is being processed. Subscribers are encouraged to submit plan change requests as early as possible after receiving the renewal notice and no later than the 15th of the month prior to the anniversary date. Plan changes will not be effective prior to approval regardless of the Member's anniversary date.

Only one upgrade or downgrade request in coverage is allowed per year (12 months), generally at anniversary, upon approval through medical underwriting.

Plan change requests to a lower priced plan will be considered outside of the applicant's anniversary and are subject to medical underwriting in most cases and will change the policy's anniversary date.

Rate Tier Review Request

A Member on a SOLO Outlook plan may request a rate tier review at anniversary. The Member should be aware the review may result in a lower rate tier, the same rate tier or a higher rate tier subject to medical underwriting criteria. To make this request, the Member will submit a SOLO Health Care Plan Change form no later than the 15th of the month prior to Member's anniversary date.

Adding a Dependent

Requests by enrolled subscribers to add a dependent spouse or dependent child will require the completion of an application by either applying on-line at www.rmhp.org or by completing a paper application and **will be subject to underwriting approval, except as noted below.**

SOLO members requesting enrollment of a dependent child up to age 19 may enroll the child on a SOLO Outlook plan during open enrollment or due to a qualifying event. Children under the age of 19 will not be denied coverage. Dependent children ages 0 - 19 cannot be added to View, Select, SmartChoice, Safety Net or the SOLO PPO plans unless they are newborn or newly adopted within the past 30 days.

SOLO members requesting enrollment of a dependent spouse or dependent children age 19 to 26 may apply for coverage on the SOLO member's current health care plan, subject to medical underwriting.

Newborns of enrolled SOLO Health Care plan subscribers or the subscriber's covered spouse are automatically covered for the first 31 days of life. Unless the subscriber requests the child be **disenrolled**, the newborn will continue coverage on the plan with the parent. If the baby is born in a hospital that participates with RMHP, RMHP is usually aware that the baby has been born and will add the baby to the plan. The subscriber must complete and submit the SOLO Change Form to tell us the baby's name or to enroll the baby in the case that RMHP is not aware the baby has been born. The subscriber is responsible for the additional premium which is

due the 1st of the month following the baby's birth. The newborn will be placed on the same rate tier as the enrolled mother. If the mother is not enrolled, the newborn will be placed on the same rate tier as the enrolled father.

If the subscriber does not want to enroll the baby on the SOLO Health Care plan, the subscriber must complete and submit the SOLO Change Form to disenroll the baby. In either case, RMHP is obligated to provide coverage for the first 31 days of the newborn's life.

If the subscriber does not want the newborn to be covered on the existing RMHP health plan, because he/she has health coverage on a different health plan, a Newborn Coverage Waiver Form must be completed and submitted. Notification must be received by RMHP within the first thirty-one (31) days from the baby's birth to avoid any premium charges.

If the subscriber elects to disenroll the newborn after the initial thirty-one (31) days, the subscriber must complete and submit the RMHP Change Form. Disenrollment will occur on the first day of the month following receipt of the Change Form. Any additional premium owed will be charged effective the first day of the month following the baby's birth.

Splitting a Policy

In the situation of the death of a subscriber, divorce, eligibility with Medicare, or other event in which the subscriber terminates coverage, a dependent spouse may become a subscriber without medical underwriting as long as that dependent is currently enrolled on the SOLO Health Care Plan and the SOLO Change Form is received within 31 days of the event.

A dependent who turns 26 years old must complete a SOLO Change Form to become the subscriber of his or her own policy. The SOLO Change Form must be submitted within 31 days of his or her 26th birthday. If the form is not received within 31 days of the 26th birthday, the person will need to complete a new SOLO application and be subject to medical underwriting.

The new policy must be identical to the existing policy. Any request to change plans or add or terminate riders may be subject to medical underwriting approval.

Policy Reinstatement

A SOLO plan that was voluntarily terminated may be reinstated at the request of the subscriber if the request is received within 30 days of the policy termination date. RMHP reserves the right to deny reinstatement requests in cases of delinquent or non-paid premiums or other outstanding amounts owed to RMHP.

Termination

Applicants who fraudulently misrepresent information on the enrollment application or have otherwise fraudulently provided false or misleading information in any material respect will be terminated back to the effective date of initial enrollment.

Dependent children who are no longer eligible as a dependent due to age will be terminated at the end of the month in which they turn age 26, except as noted above in the section titled Splitting a Policy.

Voluntary terminations shall be effective as of the termination date requested on the SOLO Individual Disenrollment Form. The form must be received on or before the requested termination date. RMHP will not retro-terminate a SOLO plan due to the obligation imposed by Colorado House Bill 1353.

Termination due to nonpayment of premium will impose a 12-month waiting period for reapplication.

Underwriting of Health Conditions

The following list indicates underwriting denial for some of the most commonly encountered medical conditions. Underwriting actions can range from acceptance, request of medical records, placement on a higher rate tier and/or denial. Children up to age 19 will not be denied coverage. Final underwriting action will be subject to review of the underwriting staff and is contingent on the individual circumstances of each applicant. This list is not all-inclusive, and Rocky Mountain Health Plans reserves the right to revise these guidelines at its discretion.

Adenocarcinoma	Gastric bypass	Polycythemia, primary (blood disorder)
Alcohol abuse/rehab	Heart attack/myocardial infarction (MI)	Pregnancy
ALS/Lou Gehrig's disease	Heart valve problems (on Coumadin)	Pulmonary embolism/infarction
Alzheimer's	Hemiplegia	Quadriplegia
Aneurysm (not repaired)	Hemochromatosis	Reflex Sympathetic Dystrophy (RSD)
Ankylosing spondylitis	Hemophilia	Regional enteritis
Anorexia	HIV/AIDS	Renal failure
Autism	Hodgkin's	Rheumatoid arthritis
Bipolar	Huntington's Chorea	Sarcoidosis
Bright's disease/glomerulonephritis	Hydrocephalus	Sarcoma
Bulimia	Leukemia	Schizo-affective disorder
Cancer within last five years, except basal cell carcinoma	Lupus	Schizophrenia
Cerebral palsy	Lymphoma	Scoliosis
Chronic active hepatitis	Manic depression	Seizures within past two years
Chronic fatigue syndrome	Melanoma	Sickle cell anemia (blood disorder)
Chronic obstructive lung disease (COLD/COPD)	Multiple sclerosis	Silicosis
Chronic pain	Muscular dystrophy	Sleep apnea
Cirrhosis of liver	Myasthenia gravis	Spinal cord injury
Congestive heart failure (CHF)	Myositis	Stroke/transient ischemic attacks (TIA)
Coronary artery disease with stent placement (CAD)	Narcolepsy	Thrombosis (blood clot)
Crohn's disease	Obsessive compulsive disorder (OCD)	TMJ (temporomandibular joint)
Cystic fibrosis	Osteochondrosis	Tourette's syndrome
Diabetes	Ovarian cancer	Transplants, all except corneal
Drug abuse/rehab	Pacemaker/Defibb placement	Trigeminal neuralgia – Tic douloureux
Eating disorder	Page't's disease	Tuberculosis
Emphysema	Paranoia	Ulcerative colitis
Fibromyalgia	Paraplegia	Uremia
	Parkinson's disease	
	Personality disorder	
	Polycystic ovarian syndrome (PCOS)	