

List of Medicare Supplement Deniable Conditions

The following are current medical conditions that would not meet our underwriting risk assessment and would result in denial of coverage. The list is subject to periodic review and revisions.

Addison's Disease	Hemophilia
AIDS	Hepatitis A or E (current)
Alcohol Dependence or Abuse	Hepatitis B or C
Alzheimer's Disease	Hepatomegaly
Amyotrophic Lateral Sclerosis	HIV+
Anemia: Aplastic, Hemolytic, Sickle Cell	Hodgkin's Disease
Angina	Huntington's Chorea
Ankylosing Spondylitis	Hydrocephalus
Anorexia	Interstitial Cystitis
Anticipating and/or Pending Surgery	Joint Replacement
Aortic Stenosis	Kidney Failure/Nephritis
Aplastic Anemia	Leukemia
Arteritis	Macular Degeneration
Asthma: Severe	Macular Tear or Hole
Atherosclerosis	Marfan's Syndrome
Attempted Suicide	Melanoma
Artificial Heart Valve	Multiple Sclerosis
Barrett's Esophagitis	Muscular Dystrophy
Bell's Palsy (current)	Myasthenia Gravis
Bi-Polar Disease	Narcolepsy
Bronchitis (chronic)	Neurofibromatosis
Bleeding Disorders (coagulation defect)	Pace Maker
Bulimia	Paraplegia
Cancer (Metastatic, Sarcoma, Lymphoma, Bone)	Parkinson's Disease
Cancer: Local/Regional	Pancreatitis (chronic)
Cardiomyopathy	Peripheral Vascular Disease
Cataracts (unoperated)	Polyarteritis
Charcot-Marie-Tooth Disease	Polycystic Kidneys
Chemical/Drug Dependency or Abuse	Polycythemia Vera
Chronic Fatigue Syndrome	Psychosis
Chronic Obstructive Pulmonary Disease	Psychotic Disorders
Chronic Back or Neck Pain/Strain	Pulmonary Embolism
Cirrhosis/Liver Failure	Pulmonary Fibrosis
Congestive Heart Failure	Quadriplegia
Coronary Artery Disease	Reiter's Syndrome
Coronary Insufficiency	Rheumatoid Arthritis
Coronary Occlusion	Sarcoidosis
Critical Organ Cyst/Tumor (present)	Schizophrenia
Crohn's Disease	Scleroderma
Cushing's Disease	Splenectomy (within 4 years)
Dermatomyositis	Spinal Fusion
Diabetes	Spinal Stenosis
Elevated Blood Sugar	Stroke
Emphysema	Subarachnoid Hemorrhage
Encephalopathy (within 1 year)	Syngomyelia
Esophageal Varicosities	Transient Ischemic Attack
Fibromyalgia	Transplants
Fracture (pathological)	Ulcerative Colitis
Gastric Bypass Surgery	Ventricular Tachycardia
Glomerulonephritis	Von Willebrand Disease
Guillain-Barre (current)	Weight Exceeding Limits
Heart Attack	
Heart Valve Infection	
Heart Valve Transplant	
Heart Valve: Artificial	
Heart Valve Regurgitation/Prolapse	

Discrimination is Against the Law

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

Español (Spanish): Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).

中文 (Chinese): 本通知有重要的訊息。本通知可能有關於您透過 Premera Blue Cross 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-722-1471 (TTY: 800-842-5357)。

Tiếng Việt (Vietnamese): Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình Premera Blue Cross. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 800-722-1471 (TTY: 800-842-5357).

Tagalog (Tagalog): Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay maaaring naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-722-1471 (TTY: 800-842-5357).