



Group Level Term Life Insurance To Age 70
(Policy Form No. 9832)

AGENT GUIDE FOR AGENT USE ONLY

All products and riders not available in all states. Please check with the State Approval Grid on the company website or check with the Home Office Marketing Sales Team at (800) 736-7311 (menu prompt 1, 1, 2) for other state approvals.



PLAN DESCRIPTION

OBA is a simplified issue group level term life insurance policy to age 70 that provides maximum protection at a very low cost.

APPLICATION AND REQUIRED FORMS

- Application – Form no. 9830 (company specific with state exceptions)
- OBA Membership Application – Form No. 9103
(Please note: the \$1.00 Membership Fee referred to on this application has been waived.)
- Replacement Form – complete all replacement requirements as per individual state insurance replacement regulations.

ELIGIBILITY/TARGET MARKETS INCLUDE (Issue Ages: 18 - 65, age last birthday)

- All Government Employees (Federal, State, County & City)
- First Responders (Police, Firemen, Emergency Medical Professionals)
- Employees of State Funded Educational Institutions
- Railroad Employees
- Hospital Employees
- Airline and Travel Industry Employees
- Citizens of a U.S. Territory
- Citizens of the Cayman Islands
- Spouses of Eligible Individuals

COVERAGE AMOUNTS

Eligible individuals can select from one of the following coverage amounts:

- \$50,000 (Option A)
- \$100,000 (Option B)
- \$150,000 (Option C)
- \$200,000 (Option D)

NO POLICY FEE

UNDERWRITING — Simplified Issue, underwritten standard through table 4. NOT GUARANTEED ISSUE.

POLICY MATURITY — At attained age 70.

RENEWABLE — The initial premium at issue will remain level for 10 years. At the end of the 10 year period, the member will have the option of renewing coverage for an additional 10 years. The premium at this time is reset to his or her attained age at renewal. The member can continue to renew in 10 year increments until he or she reaches attained age 70.

Example:

MALE / AGE 40 / NON-TOBACCO / \$100,000 COVERAGE	
Initial Monthly Premium:	\$19.00
Renewal Premium at age 50:	\$48.00
Renewal Premium at age 60:**	\$60.00

** This is the last opportunity to renew prior to attaining age 70.

CONVERSION PRIVILEGE — The member's basic life insurance protection in effect may be converted at any time during the first 10 year period after the policy is issued to any permanent plan of insurance offered by the Company at the time of conversion. This conversion may be made without evidence of insurability. The face amount of the new policy may not exceed the face amount of the original policy nor may the face amount be less than the Company's minimum required on the date of conversion for the plan selected.

BENEFITS AND RIDERS (not available in all states)

- Dependent Insurance Coverage Rider (Policy Form No. 9833)
- Children's Insurance Rider (Policy Form No. 9834)
- Flexible Premium Deferred Annuity Rider (Policy Form No. 3078)

PREMIUMS

The monthly premium the member will pay is based on his or her attained age and amount of coverage selected. Please refer to the following charts to determine the member's basic life insurance premium.

OBA GROUP TERM COVERAGE Monthly Premium - Unisex									
AGES	\$50,000		\$100,000		\$150,000		\$200,000		AGES
	NT	T	NT	T	NT	T	NT	T	
18-24	\$ 8.00	\$ 11.00	\$ 11.00	\$ 15.00	\$ 15.00	\$ 20.00	\$ 18.00	\$ 25.00	18-24
25-29	9.00	12.00	13.00	18.00	17.00	24.00	21.00	29.00	25-29
30-34	9.00	12.00	14.00	19.00	18.00	24.00	22.00	30.00	30-34
35-39	10.00	14.00	16.00	22.00	22.00	30.00	27.00	37.00	35-39
40-44	12.00	17.00	19.00	29.00	26.00	42.00	33.00	55.00	40-44
45-49	17.00	31.00	31.00	62.00	43.00	89.00	55.00	115.00	45-49
50-54	24.00	53.00	48.00	106.00	67.00	153.00	86.00	199.00	50-54
55-59	27.00	59.00	54.00	118.00	76.00	170.00	97.00	222.00	55-59
60-64	30.00	66.00	60.00	132.00	84.00	190.00	108.00	248.00	60-64
65	34.00	75.00	68.00	150.00	95.00	214.00	122.00	278.00	65
The maximum issue age for new issues is attained age 65. The premiums below are used only for calculating the RENEWAL premium for ages 66 and above.									
66-69	34.00	75.00	68.00	150.00	95.00	214.00	122.00	278.00	66-69

BENEFITS AND RIDERS

Dependent Insurance Coverage Rider (Policy Form No. 9833)

You may add the Dependent Insurance Coverage Rider which covers the member's spouse with decreasing term life insurance and accidental death benefits. The amount of spouse coverage is based on the member's attained age. All dependent children are covered with term life insurance to age 23. Any natural child born after the effective date of the family coverage is covered automatically at the age of 15 days without application or increase in premium; however, it is necessary to complete an application for a new spouse, step-children or adopted children. The maximum amount of family coverage which can be applied for is determined by the amount of base coverage for which the member is applying. (Please refer to the chart to the right.)

BASE COVERAGE APPLIED FOR:	NO. OF UNITS AVAILABLE:
OPTION A	1
OPTION B	1 OR 2
OPTION C	1, 2 OR 3
OPTION D	1, 2, 3 OR 4

Dependent Eligibility:

Spouse - between ages 18 and 65
Children - between 15 days and age 23

1 UNIT - \$2.50 PER MONTH AT ISSUE				2 UNITS - \$5.00 PER MONTH AT ISSUE		
SPOUSE'S INSURANCE	ACCIDENTAL DEATH BENEFIT	TOTAL COVERAGE	AGE OF MEMBER	SPOUSE'S INSURANCE	ACCIDENTAL DEATH BENEFIT	TOTAL COVERAGE
\$ 20,000	\$ 10,000	\$ 30,000	Under 26	\$ 40,000	\$ 20,000	\$ 60,000
15,000	7,500	22,500	26 thru 29	30,000	15,000	45,000
12,000	6,000	18,000	30 thru 34	24,000	12,000	36,000
10,000	5,000	15,000	35 thru 39	20,000	10,000	30,000
8,000	4,000	12,000	40 thru 44	16,000	8,000	24,000
7,000	3,500	10,500	45 thru 49	14,000	7,000	21,000
5,500	2,750	8,250	50 thru 54	11,000	5,500	16,500
4,500	2,250	6,750	55 thru 59	9,000	4,500	13,500
2,500	1,250	3,750	60 thru 64	5,000	2,500	7,500
1,000	NA	1,000	65 thru 69	2,000	NA	2,000
CHILDREN: Age 6 months to 23 years Age 15 days to 6 months		3,500 500		CHILDREN: Age 6 months to 23 years Age 15 days to 6 months		7,000 1,000

3 UNITS - \$7.50 PER MONTH AT ISSUE				4 UNITS - \$10.00 PER MONTH AT ISSUE		
SPOUSE'S INSURANCE	ACCIDENTAL DEATH BENEFIT	TOTAL COVERAGE	AGE OF MEMBER	SPOUSE'S INSURANCE	ACCIDENTAL DEATH BENEFIT	TOTAL COVERAGE
\$ 60,000	\$ 30,000	\$ 90,000	Under 26	\$ 80,000	\$ 40,000	\$ 120,000
45,000	22,500	67,500	26 thru 29	60,000	30,000	90,000
36,000	18,000	54,000	30 thru 34	48,000	24,000	72,000
30,000	15,000	45,000	35 thru 39	40,000	20,000	60,000
24,000	12,000	36,000	40 thru 44	32,000	16,000	48,000
21,000	10,500	31,500	45 thru 49	28,000	14,000	42,000
16,500	8,250	24,750	50 thru 54	22,000	11,000	33,000
13,500	6,750	20,250	55 thru 59	18,000	9,000	27,000
7,500	3,750	11,250	60 thru 64	10,000	5,000	15,000
3,000	NA	3,000	65 thru 69	4,000	NA	4,000
CHILDREN: Age 6 months to 23 years Age 15 days to 6 months		10,500 1,500		CHILDREN: Age 6 months to 23 years Age 15 days to 6 months		14,000 2,000

Conversion Privilege — For the Dependent Insurance Coverage Rider benefits, the spouse and children are accorded the privilege of non-medical conversion in the event of divorce or upon the member's death. Children may also convert their coverage when they cease to be dependents or reach age 23. In addition, children may, subject to insurability requirements, convert their Dependent Insurance Coverage Rider benefits to an individual OBA certificate when they attain age 23.

Children's Insurance Rider (Policy Form No. 9834) *

Issue Ages of Children: 15 days - 17 years

Issue Age of Primary Insured: 18 - 65

Maximum Rider Units: 5 Units

Premium: \$.71 per month per unit

The Children's Insurance Rider provides term insurance on the lives of the children until age 23, at which time their coverage is convertible to a permanent plan of insurance. Each unit provides \$3,000.00 insurance on each child. Benefit expires at the earlier of primary insured's age 70, the child's age 23, the date of the child's entrance into the military, or the date on which the child becomes eligible for OBA membership.

* The combination of units of coverage of the Dependent Insurance Coverage Rider and Children's Insurance Rider cannot exceed 5 units.

Flexible Premium Deferred Annuity Rider (Policy Form No. 3078)

- A tax deferred interest bearing annuity rider with a guaranteed interest rate of 2%.
- Interest is calculated from the date that payment is received to the date of withdrawal.
- Payments to the annuity rider must begin immediately. Minimum required payment of \$5.00 per month.
- The maximum payment to the annuity rider is \$4,000 per year.
- There are no withdrawal or other fees or charges.
- Distributions made before age 59½ may be subject to an IRS penalty.
- To apply for this rider; (1) simply check the "Other" box in the riders sections of the application, (2) next to that box write "FPDAR", and (3) indicate the amount of the monthly payment to be made into the annuity rider.
- An Annuity Suitability Disclosure (Form No. 9671 – both pages) is required to be signed by the applicant and returned to the Home Office with the application. (Form No. 3070 in the state of FL – all 4 pages).
- **Prior to writing an application involving the FPDAR, you must complete our company annuity product specific training course. This course can be completed on the company website. On the "Marketing Sales" page, select the "Agent Training" tab. You will then see the option for completing the "Annuity Training Course". Simply click on this tab and follow the instructions.**

Annuity Suitability Requirement

Proof of Annuity Suitability training must be provided to the Home Office before you can engage in the sale of any annuity (including the FPDAR). Annuity Suitability requirements may vary by state and it is your responsibility to know and comply with annuity sales training requirements in all states in which you attempt to sell annuities. All agents selling annuities are required by the Home Office to complete at least a state accredited Annuity Suitability Training course (4 hours of CE credit), regardless of that state's Annuity Suitability requirements. State accredited Annuity Suitability courses are offered through numerous vendors (such as limra.com). (For a complete explanation of our Annuity Suitability Compliance rules consult our Company Compliance Manual.)

APPLICATION SUBMISSION

New applications may be submitted to the Home Office by scanning, mail or fax. Refer to the Company website for instructions on AppScan, AppDrop and AppFax under the link New Business/Underwriting and Transmitting Applications. If the application is scanned or faxed, be sure to transmit any and all supporting documents. If the application has been scanned or faxed, DO NOT send in the original. If the application is scanned or faxed and you have collected a check, you have the option of utilizing the E-Check procedure (please refer to the Company website for the instructions on utilizing the E-Check procedure); otherwise you must send the check under separate cover to the attention of Policy Issue. Be sure to include the Proposed Insured's name on the cover sheet.

APPLICATION COMPLETION

- Full Name of Proposed Insured – List full legal name.
- Age – **Calculate age based upon age last birthday.**
- Height and Weight – Record the Proposed Insured's current height and weight. Refer to the Build Chart in this guide to assist in determining if the applicant is eligible for coverage.
- Signature – Power of Attorney (POA) signatures are not acceptable.
- Owner – Complete only if the Owner is different than the Proposed Insured. If Owner is different, they MUST sign and date below the Proposed Insured's Signature on the back of the application.
- Beneficiary – Be sure to complete relationship of the beneficiary to the Proposed Insured. Full names of Primary and Contingent beneficiaries must be listed on the application including the beneficiary's relationship to the Proposed Insured. A beneficiary must have a legitimate insurable interest. In all cases, a beneficiary must have a current interest in the life of the insured. Examples include family members, a Trust, or insured's estate.
- **Third Party Payors** – The Company has experienced problems in terms of anti-selection, adverse claims experience and persistency on applications involving "Third Party Payors". This is defined as a premium payor other than the primary insured, the spouse, business or business partner (regardless of the mode of payment). Examples of "Third Party Payors" include brothers, sisters, in-laws, parents, grandparents, aunts, uncles, and cousins when the Proposed Insured is age 30 or older. As a result of the issues related to this situation, we **DO NOT** accept OBA applications where a Third Party Payor is involved and the applicant is age 30 or older. We do accept such applications if the Payor is a spouse, business, or business partner. If the Proposed Insured ranges from ages 18 to 29, we will allow a Parent to pay the premiums, but please be advised that additional underwriting requirements, including a telephone interview, motor vehicle report, and criminal records check, will be involved for many of these applications; particularly for those applications where the Proposed Insured ranges from ages 25 to 29.
- Select the desired amount of coverage from the four Options listed.
- During the past 12 months have you used tobacco in any form? - This includes the use of cigarettes, chewing tobacco, snuff or other tobacco products (excluding occasional cigar or pipe use).
- Will you replace an existing life insurance policy or an annuity? - Check appropriate box. If replacing coverage, complete the Company name, Policy number, and the Amount of Coverage on the application. NOTE: Complete any state required Replacement Forms.
- Application Date/Requested Policy Date – The application date should always be the date the Proposed Insured answered all the medical questions and signed the application. The Requested Policy Date cannot be more than 30 days out from the date the application was signed.
- All changes must be crossed out and initialed by Proposed Insured. No white outs or erasures are permitted on the application.
- Telephone Interview – check box YES or NO (if applicable) as to whether or not a telephone interview was completed at point-of-sale.
- If the Proposed Insured answers YES to any questions, the applicable condition should be circled, personal physician information should always be completed and list current prescription medications.
- All Proposed Insureds must complete section A of the application.
- If the Proposed Insured has a condition which is listed in the "Medical Impairment Guide" as a "Decline" or if he or she exceeds either the Maximum or Minimum weight in the "Build Chart" provided in this guide, the application should not be submitted to the Home Office.
- **Applications in the State of California** – Notice of Lapse designee Form No. 3011 must be completed and sent to the Home Office along with the life application.
- **Applications in the State of Pennsylvania** – Disclosure Statement Form No. 8644-PA must be completed and presented to the client in conjunction with each application. One copy of the form is left with the client and another copy is sent to the Home Office along with the life application.

IMPORTANT

Incomplete or unsigned applications will be amended or returned for completion. Please make sure that all blanks are filled in and the application has been reviewed and signed by the Owner and Proposed Insured. Also, remember to include your agent number.

UNDERWRITING

Simplified Underwriting

Eligibility for coverage is based on a simplified application, liberal height and weight chart, a check with the Medical Information Bureau (MIB) and pharmaceutical related facility, and a telephone interview (if applicable). The build chart is in this guide.

TELEPHONE INTERVIEW

A telephone interview conducted with the Proposed Insured may be required based on the Non-Med Limit Chart below. If an interview is required, it may be completed at point-of-sale.

After fully completing the application, you may call from the client's home for the personal history telephone interview. The interview is designed to confirm the answers given on the application. The interview can be completed in either of 2 ways:

- 1) at point-of-sale, or
- 2) the Company will contact the Proposed Insured upon receipt of the application.

Point-of-sale telephone interviews can be completed by calling the toll free number below. When calling EMSI be sure to identify yourself, Company and product being applied for "OBA". The applicant must always complete the telephone interview without assistance from the agent or another person. If the sale is made on the weekend or if the interview is not completed at point-of-sale, mark the question "NO" in the upper right hand corner of the application, not completed at point-of-sale, and the Company will initiate the call upon receipt of the application.

US Only
EMSI: 1-866-719-2024
EMSI (Spanish Line): 1-866-901-1776
8am – 9pm Monday thru Friday CST
10am – 2pm Saturdays CST

Puerto Rico Only
EMSI: 1-800-766-4605
8am – 9pm Monday thru Friday CST
10am – 2pm Saturdays CST

OBA INTERVIEW REQUIREMENT CHART		
FACE AMOUNT	AGES 18-55	AGES 56-65
\$50,000 - Option A		
\$100,000 - Option B		
\$150,000 - Option C		Telephone Interview
\$200,000 - Option D	Telephone Interview	Telephone Interview

BANK DRAFT PROCEDURES

Draft First Premium Once Policy is Approved:

- 1) Complete the Preauthorization Check Plan fields found at the bottom of the back of the application. Please specify a Requested Draft Day, if a specific one is desired.
 - (a) Once the application is approved, the first premium will be drafted upon the date specified. Or if no date is specified, the draft will occur on the day the policy is approved.
 - (b) The initial draft cannot occur more than 30 days after the date the application was signed.
 - (c) Drafts cannot be on the 29th, 30th or 31st of the month.
- 2) A copy of a void check or deposit slip must accompany the application. If one is not available, then you must also complete the Bank Account Verification section of Form 9903 and submit it along with the application. If a client only uses a debit or check card instead of actual checks, locate a bank statement to obtain the actual account number. DO NOT use the number found on the card. Green Dot Bank (and other pre-paid cards) not accepted.

Immediate Draft for Cash with Application (CWA) using E-Check:

- 1) To bind coverage IMMEDIATELY, you may use the E-Check option. If this option is selected, you must complete the E-Check section of Form 9903 in addition to items 1 & 2 listed above.
 - (a) The E-Check section of form 9903 authorizes the Company to immediately draft for the 1st premium upon receipt of the application. Submit this form along with the application.
 - (b) When the application is approved, the initial premium will be applied to pay the first premium. Future drafts will be based on the next premium due date and the requested draft day (if one is provided).

OPTION FOR DRAFTS TO COINCIDE WITH RECEIPT OF SOCIAL SECURITY PAYMENTS

Most people today are receiving their Social Security payments on either the 1st or 3rd of the month, or the 2nd, 3rd, or 4th Wednesday. If you have clients receiving their payments under this scenario and they would like to have their premiums draft on these same dates, please follow the instructions below:

- On the **“Requested Draft Day”** line of the **“PREAUTHORIZATION CHECK PLAN”** on the back page of the application, you will need to list one of the indicators below:
 - **“1S”** – if payments are received on the 1st of the month
 - **“3S”** – if payments are received on the 3rd of the month
 - **“2W”** – if payments are received on the 2nd Wednesday of the month
 - **“3W”** – if payments are received on the 3rd Wednesday of the month
 - **“4W”** – if payments are received on the 4th Wednesday of the month
- The **“Policy Date Request”** field on the front of the application should not be completed as the actual Policy Date will be assigned by the Home Office once the application is received.

When you follow the steps provided above at point of sale, our office will have the necessary information needed to process the premium draft to coincide with your client's Social Security payment schedule. The procedure is just that simple. The rest of the application paperwork is completed in the normal fashion. Also, you still have the option of requesting immediate drafts for CWA; just follow the normal procedures for doing so.

BUILD CHART			
HEIGHT	MINIMUM WEIGHT MUST BE AT LEAST	MAXIMUM WEIGHT WITHIN TABLE 2	MAXIMUM WEIGHT WITHIN TABLE 4
4'10"	86	182	199
4'11"	88	188	205
5'	90	195	212
5'1"	93	201	220
5'2"	95	208	227
5'3"	99	215	234
5'4"	101	221	242
5'5"	104	228	249
5'6"	106	235	257
5'7"	110	243	265
5'8"	113	250	273
5'9"	117	257	281
5'10"	120	265	289
5'11"	125	272	298
6'	129	280	306
6'1"	133	288	315
6'2"	136	296	323
6'3"	140	304	332
6'4"	143	312	341
6'5"	146	320	350
6'6"	149	329	359
6'7"	153	337	368
6'8"	157	346	378
6'9"	160	355	387

Applicants that are below the minimum weight or above the maximum weight on the above chart are not eligible for coverage. If the applicant has a medical condition combined with build that exceeds table 2, the applicant is not eligible for coverage.

SPEED UP YOUR TURNAROUND TIME!

Practice these simple guidelines

The OBA plan is issued Standard for Proposed Insureds who would normally be considered up to table 4 by most underwriting standards today. Proposed Insureds who are considered high risk or declinable should not be sent to our Company for consideration.

BEFORE asking any health questions stress the importance for 'truthful and complete' answers, including tobacco usage that will 'match' information already in the Proposed Insured's medical records, national prescription database, MIB, etc.

If Proposed Insured answers "YES" to any health question, such as High Blood Pressure, Cholesterol or Diabetes get full details. Ask the following information: age at onset, name all medications, Proposed Insured's last reading and how often is the problem checked, name of doctor treating condition, date last seen, etc. THE MORE COMPLETE INFORMATION you can provide on the application significantly REDUCES the need to order medical records or an interview...and speeds up issue time!

PRACTICE GOOD FIELD UNDERWRITING OR...

An agent with a history of submitting applications with Non-Admitted medical information will likely receive special attention when their applications are reviewed by the Underwriting Department. That

agent's Proposed Insureds will receive a phone interview and/or medical records will be requested until the underwriters believe that agent has corrected their field underwriting problems.

Agents need to stress to the Proposed Insured the necessity for complete and truthful answers to all questions on the application before asking the health questions, including tobacco use.

PACKAGE SALES

The OBA policy can be sold in conjunction with one of our other life policies. When completing the application for one of our other life products, OBA may also be applied for at the same time as part of a package sale. To accomplish this you must indicate that OBA is being applied for in the "Riders" section of the original application. Check the box labeled "Other", and then write next to it "OBA" and the coverage option being applied for "A, B, C or D". The combined death benefit of the OBA and other life policy cannot exceed the maximum of \$200,000.

OBA MEDICAL IMPAIRMENT GUIDE

Underwriters will try to evaluate the risk as quickly as possible, so the following factors are essential:

- Good Field Underwriting – Carefully ask all of the application questions and accurately record the answers.
- Client Honesty and Cooperation – Underwriting relies heavily on the application; therefore, complete and thorough answers to the questions are necessary. Please stress this and prepare the Proposed Insured for an interview, if required based on age and face amount. The interview will be brief, pleasant, and professionally handled.

The Medical Impairment Guide has been developed to assist you in determining a Proposed Insured's insurability. This Guide is not all-inclusive. Underwriting reserves the right to make a final decision based on all factors of the risk. If you have any questions about medical conditions not listed here, please call or email (underwriting@aatx.com) the Underwriting Department.

OBA MEDICAL IMPAIRMENT GUIDE			
IMPAIRMENT	CRITERIA	LIFE	QUESTION ON APP
Abscess	Present	Decline	1f
	Removed, with full recovery and confirmed to be benign	Standard	1f
Addison's disease	Acute single episode	Standard	1f
	Others	Decline	1f
Aids / arc		Decline	3a
Alcoholism	Within 4 years since abstained from use	Decline	3c
	After 4 years since abstained from use	Standard	3c
Alzheimer's		Decline	1c
Amputation	Caused by injury	Standard	1f
	Caused by disease	Decline	1e
Anemia	Iron Deficiency on vitamins only	Standard	1e
	Others	Decline	1e
Aneurysm		Decline	1a

Angina		Decline	1a
Angioplasty		Decline	1a
Ankylosis		Standard	1e
Anxiety/Depression	Anxiety, 1 medication, situational in nature	Standard	1c
	Major depression, bipolar disorder, schizophrenia	Decline	1c
Aortic Insufficiency		Decline	1a
Aortic Stenosis		Decline	1a
Appendectomy		Standard	1f
Arteriosclerosis		Decline	1a
Arthritis	Rheumatoid - minimal, slight impairment	Standard	1e
	Rheumatoid - all others	Decline	1e
Asthma	Mild, occasional, brief episodes, allergic, seasonal	Standard	1c
	Moderate, more than 1 episode a month	Standard	1c
	Severe, hospitalization or ER visit in past 12 months	Decline	1c
	Maintenance steroid use	Decline	1c
	Combined with Tobacco Use - Smoker	Decline	1c
Aviation	Commercial pilot for regularly scheduled airline	Standard	2
	Other pilots flying for pay	Decline	2
	Student Pilot	Decline	2
	Private Pilot with more than 100 solo hours	Standard	2
Back Injury	Within the past 12 months	Standard	1e & 1f
Bi-Polar Disorder		Decline	1c
Blindness	Caused by diabetes, circulatory disorder, or other illness	Decline	1c
	Other causes	Standard	1c
Bronchitis	Acute- Recovered	Standard	1c
	Chronic	Decline	1c
Buerger's Disease		Decline	1a
By-Pass Surgery (CABG or Stent)		Decline	1a
Cancer / Melanoma	Basal or Squamous cell skin carcinoma, isolated occurrence	Standard	1c
	8 years since surgery, diagnosis, or last treatment, no recurrence or additional occurrence	Standard	1c
	All others	Decline	1c
Cardiomyopathy		Decline	1a
Cerebral Palsy		Decline	1e
OBA MEDICAL IMPAIRMENT GUIDE (continued)			
IMPAIRMENT	CRITERIA	LIFE	QUESTION ON APP
Chronic Obstructive Pulmonary Disease (COPD)		Decline	1c
Cirrhosis of Liver		Decline	1b
Connective Tissue Disease		Decline	1e
Concussion – Cerebral	Full recovery with no residual effects	Standard	1f
Congestive Heart Failure (CHF)		Decline	1a
Criminal History	Convicted of Misdemeanor or Felony with the past 5 years	Decline	3b
	Probation or Parole within the past 6 months	Decline	3d
Crohns Disease	Diagnosed prior to age 20 or within past 12 months	Decline	1b
Cystic Fibrosis		Decline	1c

Deep Vein Thrombosis (DVT)	Single episode, full recovery, no current medication	Standard	1a
	2 or more episodes, continuing anticoagulant treatment	Decline	1a
Dementia		Decline	1c
Diabetes	Combined with overweight, gout, retinopathy, or protein in urine	Decline	1b
	Diagnosed prior to age 35	Decline	1b
	Tobacco Use in past 12 months or Uses Insulin	Decline	1b
	Controlled with oral medications	Standard	1b
Diagnostic Testing, Surgery or Hospitalization	Recommended within the past 12 months by a medical professional which has not been completed or for which the results have not been received	Decline	3f
Disabled	Receiving SSI benefits for disability and/or currently not employed due to medical reasons	Decline	3d
Diverticulitis/Diverticulosis	Acute, with full recovery	Standard	1b
Down's Syndrome		Decline	1c
Driving Record	Within the past 3 years a DWI, or 2 or more accidents, or 3 or more driving violations or combination thereof	Decline	3b
	License currently suspended or revoked	Decline	3b
Drug Abuse	Illegal drug use within the past 4 years	Decline	3c
	Treatment within past 4 years	Decline	3c
	Treatment 4 years or more, non-usage since	Standard	3c
Duodenitis		Standard	1b
Emphysema		Decline	1c
Epilepsy	Petit Mal	Standard	1c
	All others	Decline	1c
Fibrillation		Decline	1a
Fibromyalgia		Standard	1f
Gallbladder disorder		Standard	1b
Gastritis	Acute	Standard	1b
Glomerulosclerosis	Acute – after one year	Standard	1d
Gout	Combined with history of diabetes, kidney stones, or protein in urine	Decline	1e
Hazardous Avocations	Participated in within the past 2 years	Standard	2
Headaches	Migraine, fully investigated, controlled with medication	Standard	1c & 1f
	Migraine, severe or not investigated	Decline	1c & 1f
Heart Arrhythmia		Decline	1a
OBA MEDICAL IMPAIRMENT GUIDE (continued)			
IMPAIRMENT	CRITERIA	LIFE	QUESTION ON APP
Heart Disease/ Disorder	Includes heart attack, coronary artery disease, angina	Decline	1a
Heart Murmur	History of treatment or surgery	Decline	1a
Hemophilia		Decline	1a
Hepatitis	History of or diagnosis of or treatment for Hep B or C	Decline	1b
Hepatomegaly		Decline	1b
HIV	Tested Positive	Decline	3a
Hodgkin's Disease		Decline	1c
Hypertension (High Blood Pressure)	Controlled with 2 or less medications, provide current BP reading history	Standard	1a
	Uncontrolled or using 3 or more medications to control	Decline	1a
	In combination with Thyroid Disorder	Standard	1a
Hysterectomy	No cancer	Standard	1d

Kidney Disease	Dialysis	Decline	1d
	Insufficiency or Failure	Decline	1d
	Nephrectomy	Decline	1d
	Polycystic Kidney Disease	Decline	1d
	Transplant recipient	Decline	1d
Knee Injury	Within the past 12 months	Standard	1e
Leukemia		Decline	1c
Liver Impairments		Decline	1b
Lung Disease/ Disorder		Decline	1c
Lupus Erythematosus	Systemic (SLE)	Decline	1e
Marfan's Syndrome		Decline	1e
Melanoma	See Cancer/Melanoma		1c
Meniere's Disease		Standard	1f
Mental or Nervous Disorder	Anxiety, 1 medication, situational in nature	Standard	1c
	Major depression, bipolar disorder, schizophrenia	Decline	1c
Mitral Insufficiency		Decline	1a
Multiple Sclerosis		Decline	1c
Muscular Dystrophy		Decline	1e
Narcolepsy	More than 2 years from diagnosis	Standard	1c
Pacemaker		Decline	1a
Pancreatitis	Chronic or multiple episodes	Decline	1b
Paralysis	Includes Paraplegia and Quadriplegia	Decline	1e
Parkinson's Disease		Decline	1c
Peripheral Vascular Disease		Decline	1a
Pregnancy	Current; no complications	Standard	3e
Prostate Disease/ Disorder	Infection, Benign Prostatic Hypertrophy. Confirmed, with stable PSA level	Standard	1d
	Cancer - See Cancer/Melanoma	Decline	1c & 1d
Pulmonary Embolism		Standard	1a
Retardation	Mild to moderate	Standard	1c
	Severe	Decline	1c
Rheumatic Fever	One attack-recovered	Standard	1a
Sarcoidosis	Pulmonary	Decline	1c
OBA MEDICAL IMPAIRMENT GUIDE (continued)			
IMPAIRMENT	CRITERIA	LIFE	QUESTION ON APP
Seizures	Petit Mal	Standard	1c
	All others	Decline	1c
Shoulder Injury	Within the past 12 months	Standard	1e
Sleep Apnea	Combined with history of overweight, poorly controlled high blood pressure, chronic obstructive pulmonary disease, or heart arrhythmia	Decline	1f
Spina Bifida		Decline	1e
Spina Bifida Occulta	Asymptomatic	Standard	1e
Stroke / CVA		Decline	1a
Subarachnoid Hemorrhage		Decline	1a
Suicide Attempt		Decline	1c

Thyroid Disorder		Standard	1f
	In combination with Hypertension (HBP)	Standard	1f
Transient Ischemic Attack (TIA)	After 6 months, no residuals	Standard	1a
	Combined with Tobacco Use -Smoker	Decline	1a
Transplant, Organ or Bone Marrow	Transplant recipient or on waiting list	Decline	
Tuberculosis	Within 2 years of treatment or diagnosis	Decline	1c
	Over 2 years with no residuals	Standard	1c
Ulcer	Peptic or duodenal or gastric - symptom free for 1 year	Standard	1b
Ulcerative Colitis	Diagnosed prior to age 20 or within past 12 months	Decline	1b
Valve Replacement	Heart / Cardiac	Decline	1a
Vascular Impairments		Decline	1f
Weight Reduction Surgery	Surgery within past 1 year	Decline	1f
	After 1 year since surgery with no complications	Standard	1f
	History of complications such as Dumping Syndrome	Decline	1f

ALPHABETICAL DRUG LIST

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Abilify	Bi-Polar / Schizophrenia	N/A	Decline
Accupril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Accuretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Acebutolol HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Aceon	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Actoplus	Diabetes	N/A	See "#" Below
Actos	Diabetes	N/A	See "#" Below
Advair	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Aggrenox	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Albuterol	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Aldactazide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Aldactone	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Allopurinol	Gout	N/A	See Impairment Guide
Altace	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Amantadine HCL	Parkinson's	N/A	Decline
Amaryl	Diabetes	N/A	See "#" Below
Ambisome	AIDS	N/A	Decline
Amiloride HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Amlodipine Besylate/ Benaz	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Amyl Nitrate	Angina / CHF	N/A	Decline
Antabuse	Alcohol / Drugs	4 years	Decline
Apokyn	Parkinson's	N/A	Decline
Apresoline	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Aptivus	AIDS	N/A	Decline

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Aranesp	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Arimidex	Cancer	8 years > 8 years	Decline Standard
Atacand	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Atamet	Parkinson's	N/A	Decline
Atenolol	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Atgam	Organ / Tissue Transplant	N/A	Decline
Atripla	AIDS	N/A	Decline
Atrovent/Atrovent HFA Atrovent (Nasal)	Allergies	N/A	Standard
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Avalide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Avandia	Diabetes	N/A	See "#" Below
Avapro	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Avonex	Multiple Sclerosis	N/A	Decline
Azasan	Organ / Tissue Transplant	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
	Systemic Lupus (SLE)	N/A	Decline
Azathioprine	Organ / Tissue Transplant	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
	Systemic Lupus (SLE)	N/A	Decline
Azilect	Parkinson's	N/A	Decline
Azmacort	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Azor	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Baclofen	Multiple Sclerosis	N/A	Decline
Baraclude	Liver Disorder / Hepatitis	N/A	Decline
	Liver Failure	N/A	Decline
Benazepril HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Benicar	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Benlysta	Systemic Lupus (SLE)	N/A	Decline
Benzotropine Mesylate	Parkinson's	N/A	Decline
	Other Use	N/A	Standard
Betapace	Heart Arrhythmia	N/A	Decline
	CHF	N/A	Decline
Betaseron	Multiple Sclerosis	N/A	Decline
Betaxolol HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
BiDil	CHF	N/A	Decline
Bisoprolol Fumarate	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Bromocriptine Mesylate	Parkinson's	N/A	Decline
Bumetadine	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Bumex	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Buprenex	Alcohol / Drugs	4 years	Decline
Bystolic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Calan	High Blood Pressure (HTN)	N/A	See "*" Below
Calcium Acetate	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Campath	Cancer	8 years > 8 years	Decline Standard
Campral	Alcohol / Drugs	4 years	Decline
Capoten	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Capozide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Captopril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Carbamazepine	Seizures	N/A	See Impairment Guide
Carbatrol	Seizures	N/A	See Impairment Guide
Carbidopa	Parkinson's	N/A	Decline

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Cardizem	High Blood Pressure (HTN)	N/A	See "*" Below
Cardura	High Blood Pressure (HTN)	N/A	See "*" Below
Cartia	High Blood Pressure (HTN)	N/A	See "*" Below
Carvedilol	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Casodex	Cancer	8 years > 8 years	Decline Standard
Catapress	High Blood Pressure (HTN)	N/A	See "*" Below
Cellcept	Organ / Tissue Transplant	N/A	Decline
Chlorpromazine	Schizophrenia	N/A	Decline
Clopidogrel	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Cogentin	Parkinson's	N/A	Decline
	Other Use	N/A	Standard
Combivent	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Combivir	AIDS	N/A	Decline
Complera	AIDS	N/A	Decline
Copaxone	Multiple Sclerosis	N/A	Decline
Copegus	Liver Disorder / Hepatitis / Chronic Hepatitis	N/A	Decline
Cordarone	Irregular Heart Beat	N/A	Decline
Coreg	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Corgard	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Corzide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Coumadin	Blood Clot / Deep Vein Thrombosis	N/A	See Impairment Guide
	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Cozaar	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Creon	Chronic Pancreatitis	N/A	Decline
Cyclosporine	Organ / Tissue Transplant	N/A	Decline
Cytosan	Cancer	8 years > 8 years	Decline Standard
Daliresp	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Demadex	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Depacon	Seizures	N/A	See Impairment Guide
Depade	Alcohol / Drugs	4 years	Decline
Depakene	Seizures	N/A	See Impairment Guide
Depakote	Seizures	N/A	See Impairment Guide
Diabeta	Diabetes	N/A	See "#" Below
Diabinese	Diabetes	N/A	See "#" Below
Digitek	Irregular Heart Beat	N/A	Decline
	CHF	N/A	Decline
Digoxin	Irregular Heart Beat	N/A	Decline
	CHF	N/A	Decline
Dilacor	High Blood Pressure (HTN)	N/A	See "*" Below
Dilantin	Seizures	N/A	See Impairment Guide
Dilatrate SR	Angina / CHF	N/A	Decline
Dilor	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Diovan	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Disulfiram	Alcohol / Drugs	4 years	Decline
Dolophine	Opioid Dependence	4 years	Decline
Donepezil HCL	Alzheimer's / Dementia	N/A	Decline
Duoneb	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Dyazide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Dynacirc	High Blood Pressure (HTN)	N/A	See "*" Below
Dyrenium	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Edecrin	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Edurant	AIDS	N/A	Decline
Eldepryl	Parkinson's	N/A	Decline
Emtriva	AIDS	N/A	Decline
Enalapril Maleate	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Enalaprilat	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Epitol	Seizures	N/A	See Impairment Guide
Epivir	AIDS	N/A	Decline

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Eplerenone	CHF	N/A	Decline
Eskalith	Bi-Polar / Schizophrenia	N/A	Decline
Esmolol HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Exforge	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Felodipine	High Blood Pressure (HTN)	N/A	See "*" Below
Femara	Cancer	8 years > 8 years	Decline Standard
Foscavir	AIDS	N/A	Decline
Fosinopril Sodium	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Fosrenol	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Furosemide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Gabapentin	Seizures	N/A	See Impairment Guide
	Restless Leg Syndrome	N/A	Standard
Gleevec	Cancer	8 years > 8 years	Decline Standard
Glipizide	Diabetes	N/A	See "#" Below
Glucophage	Diabetes	N/A	See "#" Below
Glucotrol	Diabetes	N/A	See "#" Below
Glyburide	Diabetes	N/A	See "#" Below
Glynase	Diabetes	N/A	See "#" Below
Haldol	Schizophrenia	N/A	Decline
Haloperidol	Schizophrenia	N/A	Decline
HCTZ/Triamterene	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Hectoral	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Heparin	Blood Clot / Deep Vein Thrombosis	N/A	See Impairment Guide
Hepsera	Liver Disorder / Hepatitis	N/A	Decline
Hizentra	Immunodeficiency	N/A	Decline
Humalog	Diabetes	N/A	Decline
Humulin	Diabetes	N/A	Decline

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Hydralazine HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Hydroxychloroquine	Systemic Lupus (SLE)	N/A	Decline
	Rheumatoid Arthritis	N/A	See Impairment Guide
Hydroxyurea	Cancer	8 years > 8 years	Decline Standard
Hytrin	High Blood Pressure (HTN)	N/A	See "*" Below
Hyzaar	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Imdur	Angina / CHF	N/A	Decline
Imuran	Organ / Tissue Transplant	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
	Systemic Lupus (SLE)	N/A	Decline
Inamrinone	CHF	N/A	Decline
Inderal	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Inderide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Inspira	CHF	N/A	Decline
Insulin	Diabetes	N/A	Decline
Intron-A	Cancer	8 years > 8 years	Decline Standard
	Hepatitis C	N/A	Decline
Invirase	AIDS	N/A	Decline
Ipratropium Bromide	Allergies	N/A	Standard
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Isoptin	High Blood Pressure (HTN)	N/A	See "*" Below
Isordil	Angina / CHF	N/A	Decline
Isosorbide Dinitrate/ Mononitrate	Angina / CHF	N/A	Decline
Janumet	Diabetes	N/A	See "#" Below
Januvia	Diabetes	N/A	See "#" Below
Kaletra	AIDS	N/A	Decline
Kemadrin	Parkinson's	N/A	Decline
Kerlone	High Blood Pressure (HTN)	N/A	See "*" Below
	Glaucoma	N/A	Standard
Labetalol	High Blood Pressure (HTN)	N/A	See "*" Below
	Angina	N/A	Decline

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Lamictal	Seizures	N/A	See Impairment Guide
	Bi-polar / Major depression	N/A	Decline
Lamotrigine	Seizures	N/A	See Impairment Guide
	Bi-polar / Major depression	N/A	Decline
Lanoxicaps	Irregular Heart Beat	N/A	Decline
	CHF	N/A	Decline
Lanoxin	Irregular Heart Beat	N/A	Decline
	CHF	N/A	Decline
Lantus	Diabetes	N/A	Decline
Larodopa	Parkinson's	N/A	Decline
Lasix	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Leukeran	Cancer	8 years > 8 years	Decline Standard
Levatol	High Blood Pressure (HTN)	N/A	See "*" Below
	Angina	N/A	Decline
Levemir	Diabetes	N/A	Decline
Levodopa	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Levodopa	Parkinson's	N/A	Decline
Lexiva	AIDS	N/A	Decline
Lipitor	Cholesterol	N/A	Standard
Lisinopril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Lithium	Bi-Polar / Schizophrenia	N/A	Decline
Lodosyn	Parkinson's	N/A	Decline
Lopressor	High Blood Pressure (HTN)	N/A	See "*" Below
Losartan	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Lotensin	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Loxapine	Schizophrenia	N/A	Decline
Loxitane	Schizophrenia	N/A	Decline
Lozol	High Blood Pressure (HTN)	N/A	See "*" Below
Lupron	Cancer	8 years > 8 years	Decline Standard
Lyrica	Seizures	N/A	See Impairment Guide

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ALPHABETICAL DRUG LIST (continued)

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Mavik	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Maxzide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Mellaril	Schizophrenia	N/A	Decline
Metformin	Diabetes	N/A	See "#" Below
Methadone	Opioid Dependence	4 years	Decline
Methadose	Opioid Dependence	4 years	Decline
Methotrexate	Cancer	8 years > 8 years	Decline Standard
	Rheumatoid Arthritis	N/A	Decline
Metoprolol HCTZ	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Metoprolol Tartrate/ Succinate	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Micardis	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Micronase	Diabetes	N/A	See "#" Below
Milrinone	CHF / Cardiomyopathy	N/A	Decline
Minipress	High Blood Pressure (HTN)	N/A	See "*" Below
Minitran	Angina / CHF	N/A	Decline
Mirapex	Parkinson's	N/A	Decline
	Other Use	N/A	Standard
Moban	Schizophrenia	N/A	Decline
Moduretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Moexipril HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Monoket	Angina / CHF	N/A	Decline
Monopril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Mysoline	Seizures	N/A	See Impairment Guide
Nadolol	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Naloxone	Alcohol / Drugs	4 years	Decline
Naltrexone	Alcohol / Drugs	4 years	Decline
Narcan	Alcohol / Drugs	4 years	Decline
Natrecor	CHF	N/A	Decline

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Navane	Schizophrenia	N/A	Decline
Neurontin	Seizures	N/A	See Impairment Guide
Nifedipine	High Blood Pressure (HTN)	N/A	See "*" Below
Nimodipine	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Nimotop	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Nitrek	Angina / CHF	N/A	Decline
Nitro-bid	Angina / CHF	N/A	Decline
Nitro-dur	Angina / CHF	N/A	Decline
Nitroglycerine/ Nitrotab/ Nitroquick/Nitrostat	Angina / CHF	N/A	Decline
Nitrol	Angina / CHF	N/A	Decline
Normodyne	High Blood Pressure (HTN)	N/A	See "*" Below
Norpace	Irregular Heart Beat	N/A	Decline
Norvir	AIDS	N/A	Decline
Novolin	Diabetes	N/A	Decline
Novolog	Diabetes	N/A	Decline
Pacerone	Irregular Heart Beat	N/A	Decline
Pancrease	Chronic Pancreatitis	N/A	Decline
Parcopa	Parkinson's	N/A	Decline
Parlodel	Parkinson's	N/A	Decline
Pegasys	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Peg-Intron	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Pentam 300	AIDS	N/A	Decline
Pentamidine Isethionate	AIDS	N/A	Decline
Pergolide Mesylate	Parkinson's	N/A	Decline
Permax	Parkinson's	N/A	Decline
Phenobarbital	Seizures	N/A	See Impairment Guide
Phoslo	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Plaquenil	Systemic Lupus (SLE)	N/A	Decline
	Malaria	N/A	Standard
	Rheumatoid Arthritis	N/A	Decline
Plavix	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Plendil	High Blood Pressure (HTN)	N/A	See "*" Below
Prandin	Diabetes	N/A	See "#" Below
Prazosin	High Blood Pressure (HTN)	N/A	See "*" Below
Primacor	CHF	N/A	Decline
Prinivil	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Prinzide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Procardia	High Blood Pressure (HTN)	N/A	See "*" Below
Prograf	Organ / Tissue Transplant	N/A	Decline
Proleukin	Cancer	8 years > 8 years	Decline Standard
Prolixin	Schizophrenia	N/A	Decline
Propranolol HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Proventil	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Prozac	Depressive Disorder	N/A	Standard
Quinapril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Quinaretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Ramipril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Ranexa	Angina / CHF	N/A	Decline
Rapamune	Organ / Tissue Transplant	N/A	Decline
Rebetol	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Rebetron	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Rebif	Multiple Sclerosis	N/A	Decline
Renagel	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Renvela	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Requip	Parkinson's	N/A	Decline
	Restless Leg Syndrome	N/A	Standard
Ribavirin	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Rilutek	ALS / Motor Neuron Disease	N/A	Decline
Risperdal	Bi-Polar / Schizophrenia	N/A	Decline
Risperidone	Bi-Polar / Schizophrenia	N/A	Decline
Rituxan	Cancer	8 years > 8 years	Decline Standard
	Rheumatoid Arthritis	N/A	Decline
Ropinirole	Parkinson's	N/A	Decline
	Restless Leg Syndrome	N/A	Standard
Rythmol	Irregular Heart Beat	N/A	Decline
Serevent	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Seroquel	Bi-Polar / Schizophrenia	N/A	Decline
Sinemet/Sinemet CR	Parkinson's	N/A	Decline
Sodium Edecrin	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Soltalol Hydrochloride	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Sotalol HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Spiriva	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Spironolactone	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Sprycel	Cancer	8 years > 8 years	Decline Standard
Stalevo	Parkinson's	N/A	Decline
Starlix	Diabetes	N/A	See "#" Below
Suboxone	Alcohol / Drugs	4 years	Decline
Subutex	Alcohol / Drugs	4 years	Decline
Sustiva	AIDS	N/A	Decline
Symbicort	Asthma	N/A	Standard
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Symmetrel	Parkinson's	N/A	Decline
Tambocor	Irregular Heart Beat	N/A	Decline
Tamoxifen	Cancer	8 years > 8 years	Decline Standard
Tarka	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Tasmar	Parkinson's	N/A	Decline

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Tegretol	Seizures	N/A	See Impairment Guide
Tenex	High Blood Pressure (HTN)	N/A	See "*" Below
Tenoretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Tenormin	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Theodur	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Theophylline	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Thioridazine	Schizophrenia	N/A	Decline
Thiothixene	Schizophrenia	N/A	Decline
Thorazine	Schizophrenia	N/A	Decline
Tiazac	High Blood Pressure (HTN)	N/A	See "*" Below
Tolazamide	Diabetes	N/A	See "#" Below
Tolbutamide	Diabetes	N/A	See "#" Below
Tolinase	Diabetes	N/A	See "#" Below
Toprol XL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Toremide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Trandate	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Tresiba (Insulin)	Diabetes	N/A	Decline
Trimterene	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Tribenzor	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Trihexyphenidyl HCL	Parkinson's	N/A	Decline
Truvada	AIDS	N/A	Decline
Tyzeka	Liver Disorder / Hepatitis	N/A	Decline
Uniretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Univasc	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Valcyte	AIDS	N/A	Decline
Valproic Acid	Seizures	N/A	See Impairment Guide

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Valstar	Cancer	8 years > 8 years	Decline Standard
Valturna	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Vascor	Angina	N/A	Decline
Vaseretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Vasotec	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Ventolin	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Verapamil	High Blood Pressure (HTN)	N/A	See "*" Below
Viaspan	Organ / Tissue Transplant	N/A	Decline
Viracept	AIDS	N/A	Decline
Viramune	AIDS	N/A	Decline
Viread	AIDS	N/A	Decline
Visken	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Vivitrol	Alcohol / Drugs	4 years	Decline
Warfarin	Blood Clot / Deep Vein Thrombosis	N/A	See Impairment Guide
	Stroke / Heart or Circulatory Disease or Disorder / Heart Valve Disease	N/A	Decline
Xeloda	Cancer	8 years > 8 years	Decline Standard
Xopenex	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Zelapar	Parkinson's	N/A	Decline
Zemplar	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Zestoretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Zestril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Ziac	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Zyprexa	Bi-Polar / Schizophrenia	N/A	Decline

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COMPANY CONTACT INFORMATION

For the quickest, most effective way to reach someone for assistance in one of our service departments by phone; please follow the automated numerical prompts after dialing our main toll free number **800-736-7311**. The following is a list of extensions that can be pressed to reach the various departments; along with the departmental email addresses and fax numbers:

DEPARTMENT	PHONE MENU EXTENSIONS	EMAIL	FAX
Agent Contracting	1 1 3	mktadmin@aatx.com	254-297-2110
Advanced Commissions	1 1 4	mktfinance@aatx.com	254-297-2166
Customer Service	1 1 7	pos@americanamicable.com	254-297-2105
Earned Commissions	1 1 5	mktfinance@aatx.com	254-297-2110
Marketing Sales Agent Hotline	1 1 2	marketingassistants@aatx.com	254-297-2709
Policy Issue	1 1 1	policyissue@aatx.com	254-297-2101
Supplies	1 1 6	supplies@aatx.com	254-297-2791
Underwriting	1 1 1	underwriting@aatx.com	254-297-2102

NEW BUSINESS APPLICATION FAX NUMBER: (254) 297-2100. Be sure to include Fax Application Cover Page.

MAILING ADDRESSES: General Delivery
P.O. Box 2549
Waco, TX 76702

Overnight
425 Austin Ave.
Waco, TX 76701

ONLINE SERVICES: www.americanamicable.com
www.occidentallife.com
www.pioneeramerican.com
www.pioneersecuritylife.com

Access product information, presentation software, forms, agent e-file, underwriting and other valuable information at the Company websites.

