wellabe® | Medico®
A Wellabe Company

Medicare Supplement underwriting guidelines

Qualifications for coverage

For Arizona, Arkansas, California, Colorado, Delaware, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Missouri, New Hampshire, New Jersey, North Carolina, Nebraska, Ohio, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, Washington, and Wisconsin.

Introduction

Thank you for choosing Wellabe's Medicare Supplement insurance, which is an extension of our promise to help people prepare for tomorrow so they can live better today.

This manual completely describes our Medicare Supplement insurance products, so you can share the distinct advantages with clients and include necessary information during the application process. This ensures a smoother underwriting process — and quicker commission payments.

We hope you have great success with our Medicare Supplement insurance solutions. If you have additional questions, please contact us. We'll always be here.

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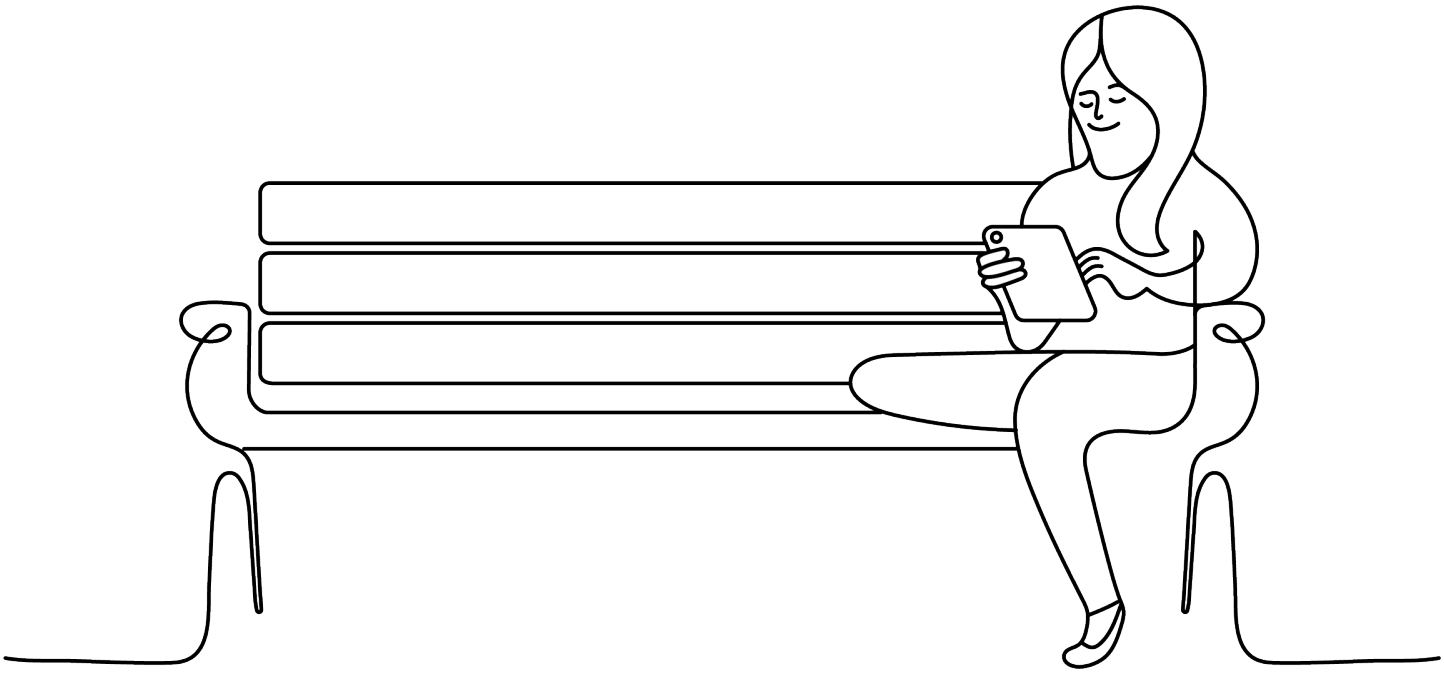

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Resources

YOUR PARTNERS FOR SERVING THE SENIOR MARKET

It's important for you to do business with a company that focuses on your clients' well-being — and yours. Wellabe's Medicare Supplement plans have quality built in that benefits you and your clients. When you partner with Wellabe, you can expect:

Ease of doing business

Throughout the entire process — quoting, application submission, underwriting, commissions, and claims — we provide industry-leading technology and processes to make doing business with us simple and convenient.

Tools to grow your business

Wellabe provides sales training, enrollment tools, and an online ordering system that make requesting sales and marketing materials easier than ever. Log in to the Wellabe health agent portal to access all these helpful tools and resources.

Strong agent support

When you need personal assistance, count on our knowledgeable and friendly Agent Sales Support.

Outstanding customer service

Our Customer Success team is committed to making our customers feel valued and appreciated by assisting them at their time of need. Customers can also access forms and their policy information online via our customer portal by registering for an account at wellabe.com. And with the Wellabe: Be Well mobile app, they can check policy information from wherever they are.

MYENROLLER

Electronic application tool

We understand how important you are to our business and how you need industry-leading technology and tools to be successful. That's why we offer MyEnroller, our electronic quoting and application tool. MyEnroller is available for desktop computers, laptops, or tablets and requires an internet connection. Completing and submitting applications through MyEnroller is fast and easy because it:

- Takes you through the application process step by step and ensures the correct state application version and required forms are all submitted
- Allows for quick application processing time by bypassing the data entry process and automatically loading into our system
- Accepts e-signatures for when an applicant is present, when an applicant is not present, and when using a security code

Visit mic.gomedico.com/myenroller/ to get started.

QUICK QUOTE

Easily select benefit options to create a customized quote in seconds with no username and password requirements.

Visit apply.myenroller.com/quickquote to get started.

Statement of ethics

As an appointed representative, you have a responsibility to develop and maintain relationships between customers and Wellabe. You can only safeguard the integrity of these relationships by meeting the standards of professional and personal ethics.

Your duty is to help customers prepare for medical expenses through the benefit of Medicare Supplement insurance. Your customers trust you to act in their best interests. To honor the trust that your customers place in you, it is important your recommendations provide the best solutions to meet their needs.

To serve as a Wellabe agent, it is important that you behave professionally and courteously in your dealings with your fellow agents and customers. Please keep in mind the following:

- Adhere to all federal and state laws and regulatory requirements as they apply to the selling of Medicare Supplement insurance
- Be familiar with the products you sell
- Increase your knowledge and skills through continuing education
- Consider the suitability of the insurance product for the customer
- Keep confidential any information entrusted or obtained in the course of business
- Conduct all professional activities honestly and ethically
- Advise customers promptly of any error, noncompliance, or omission you know about or of which you have been given notice

In your role of providing care to customers, you serve in a unique position as liaison between the purchasers and suppliers of Medicare Supplement insurance. While meeting the obligations to Wellabe and the needs of the customer, balance is needed to avoid conflicts of interest. Please assist Wellabe in establishing an atmosphere of trust, cooperation, and harmony as we work together to care for customers.

Policy issue guidelines

An applicant can qualify for Medicare Supplement insurance coverage in one of three ways:

- The applicant qualifies under federal and state open enrollment regulations.
- The applicant qualifies under federal and state guaranteed issue regulations.
- The applicant is underwritten and meets all coverage requirements.

In Colorado, Delaware, Florida, Iowa, Illinois, and Missouri, tobacco rates will apply even when applying during open enrollment or as guaranteed issue.

Open enrollment (OE)

Open enrollment is the period of time when an applicant may not be denied coverage and is guaranteed that coverage will be issued regardless of health history. The six-month open enrollment period begins the first day of the month when the applicant turns 65 and is enrolled in Medicare Part B. Applications can only be taken three months prior to the effective date of the coverage. An applicant can qualify for open enrollment in the following situations:

- The applicant is age 65 or older and is first enrolled in Medicare Part B.
- The applicant is already enrolled in Medicare Part B (usually due to disability) and is turning age 65. (Open enrollment regulations may vary by state.) During this time, an insurance company cannot deny coverage, make applicants wait for coverage to start, or charge more for policies because of health problems. Nicotine and/or tobacco rates could apply to applicants where applicable.
- Some states allow Medicare-eligible individuals under the age of 65 to apply for Medicare Supplement coverage. Contact Agent Sales Support for more information.

Special Enrollment Period (SEP)

Special enrollment period is applicable in some states and is the period of time when an applicant may not be denied coverage and is guaranteed that coverage will be issued regardless of health history. Enrollment periods and regulations vary by state. See page 21 for additional details.

Guaranteed issue (GI)

Federal law provides that certain individuals who are applying for Medicare Supplement coverage outside their normal open enrollment period and may not otherwise medically qualify for coverage may be eligible for guaranteed issue coverage without pre-existing limitations under certain situations.

To qualify for guaranteed issue, an applicant must provide documentation of the reason for eligibility, such as a copy of the official notification of loss of coverage or evidence of a move out of the service area from the previous carrier or employer. The applicant must fall into one of the categories listed in the chart on pages 18-20 of this guide.

If the applicant meets any one of the criteria, they must apply for our coverage within a limited time period as spelled out in the chart in order to be eligible for guaranteed issue.

Applications that are completed more than 63 days after the termination of existing coverage will be subject to normal underwriting. Additional guaranteed issue opportunities may exist when an individual loses Medigap, employer insurance, or Medicare Advantage.

Note: Proof of current coverage may also be required for guaranteed issue eligibility.

Underwritten business

If an applicant applies after open enrollment and they are not eligible for guaranteed issue, the application will be underwritten. The applicant must answer all medical questions on the application.

Medicare Supplement plan options

Medicare Supplement coverage is offered through a standardized set of plans. Plans C, F, and High-deductible F are standardized plan designs that include coverage for the Medicare Part B deductible. In Minnesota, Wisconsin, and Massachusetts, the Medicare Part B deductible is covered through a benefit rider. The Medicare Access and CHIP Reauthorization Act (MACRA) made a change to the plan options available to applicants. People who became eligible for Medicare on Jan. 1, 2020, or after, cannot purchase a Medicare Supplement plan or rider that covers the Part B deductible.

- People who first become Medicare eligible prior to Jan. 1, 2020, have the following plan options available: A, B, C, D, F, High-deductible F, G, High-deductible G, K, L, M, and N
- People who first become Medicare eligible after Jan. 1, 2020, have the following plan options available: A, B, D, G, High-deductible G, K, L, M, and N

For information on the Wellabe plans available by state, please read the Quick Reference Guide on the health agent portal.

Did the customer become Medicare-eligible before 2020?	
Yes ← December 2019	**No** January 2020 →
How will the customer enroll in Medicare Supplement?	
Underwritten or open enrollment	
A, B, C, D, F (HdF), G (HdG), K, L, M, and N	A, B, D, G (HdG), K, L, M, and N
Guaranteed issue	
A, B, C, F, (HdF), K, and L	A, B, D, G (HdG), K, and L

Optional Dental rider

Our innovative Dental rider pays the benefit amount of $150 when your client receives dental services during an office visit. The indemnity-based rider pays the $150 benefit amount for up to one office visit for the first calendar year, up to two office visits for the second calendar year, and up to three office visits for the third calendar year and later.

The rider is available in Arizona, California, Delaware, Georgia, Indiana, Kentucky, Maryland, Michigan, North Carolina, South Carolina, and Tennessee. No underwriting is required.

Underwriting requirements

All underwritten applications submitted are subject to medical underwriting. With an underwritten application submission and HIPAA authorization, upon meeting requirements, a prescription history and medical report may be acquired and could help some applicants bypass the application's health questions. This would allow you to give them their policy number during the appointment.

In some situations, the applicants will be referred to the medical and health questions and an updated signature will be obtained.

If an instant decision can be made, an acceptance or declination will be provided within minutes in MyEnroller.

If an instant decision cannot be provided, the application will be sent to the underwriting team for additional review. You and/or the proposed insured may be contacted for additional information.

The following information can be used to determine eligibility.

- **Application for insurance**
  Answers provided on the application by the proposed insured will be evaluated to determine whether additional information is needed to make a final decision.
- **Telephone interview**
  When necessary, the proposed insured will be contacted to complete a telephone interview regarding their medical history. This recorded interview will help determine eligibility. Agents should instruct applicants not considered OE or GI to have their medication list available for the interview. If a telephone interview is needed, and the underwriting department is unable to complete it, the application will be closed as incomplete.
- **Claims history**
  The underwriter will review any claim history the applicant has with Wellabe and it's affiliates and contact the applicant if clarification is needed.
- **Prescription and medical data history**
  An evaluation of the proposed insured's prescription and medical history is obtained when an application is submitted. In order to obtain this information, a HIPAA authorization must be completed. Information obtained will be used to determine eligibility for coverage.

Note: The applicant's entire medical history will be taken into consideration when determining eligibility. Answering "No" to all of the medical questions on the application does not guarantee acceptance.

Declinable health conditions

This list is not all inclusive, but it includes conditions that may cause an application to be declined. Please email prescreen@wellabe.com or call the underwriting prescreen line at 800-626-2068, ext. 4443 or option 2, with questions. **Note:** A prescreen is not a guarantee that coverage can be issued.

- Currently hospitalized, receiving home health care, or in a nursing or assisted living facility or hospice
- Currently requires assistance with activities of daily living, advised by a physician to use the assistance of a wheelchair or motorized mobility device, or is bedridden

- Currently receiving physical, occupational, or speech therapy
- Diabetes if requiring three (3) or more medications (oral or injections) to control blood sugar
- Diabetes if requiring more than 50 units of insulin daily*
- Diabetes in combination with a diagnosis at any time in the past of:
    - Circulatory conditions – including but not limited to stroke, transient ischemic attack (TIA), peripheral vascular disease, or any circulatory disease that affects the heart and/or blood vessels
    - Heart disease or disorder — including but not limited to history of heart attack, bypass surgery, angioplasty, stents, or congestive heart failure (CHF)
    - Kidney disease/failure or nephropathy
    - Neuropathy
    - Retinopathy (excluding mild, non-progressive)
    - High blood pressure requiring three (3) or more medications
    - Diabetic coma or insulin shock
    - Skin ulcers
- Cognitive disorders including but not limited to Alzheimer's disease, organic brain syndrome, dementia, or mild cognitive impairment
- Cardiac defibrillator
- Neurological disorders including but not limited to Parkinson's disease, amyotrophic lateral sclerosis (ALS) or primary lateral sclerosis (PLS), myasthenia gravis, multiple sclerosis, muscular dystrophy, or Huntington's disease
- HIV/AIDS
- Bone marrow, stem cell, or organ (excluding corneal) transplant
- Metastatic cancer or recurrence of a previous cancer (excluding basal cell or squamous cell skin cancers)
- Recommended or pending follow-ups, medical tests (excluding routine screenings), treatment, therapy, surgery (including cataract surgery or joint replacement), or diagnostic evaluations
- Recommended to be hospitalized, confided to a nursing or assisted living facility, or receive home health care in the last 60 days
- Macular degeneration requiring injections

Within the past twenty-four (24) months had been treated for or diagnosed as having (multiple episodes, complications, or combinations of conditions beyond two years may result in a decline):

- Internal cancer, melanoma, leukemia, Hodgkin's disease, lymphoma, or myeloma
- Autoimmune disorders including but not limited to Crohn's disease, ulcerative colitis, rheumatoid arthritis, psoriatic arthritis, systemic lupus, or systemic scleroderma
- Schizophrenia or bipolar disorder
- Cardiac or circulatory disorders including but not limited to history of stroke, TIA, heart attack, circulatory or heart surgery (including bypass or angioplasty), stent placement of any vessel, angina, pacemaker, blood clot (DVT), cardiomyopathy, congestive heart failure (CHF), aneurysm (cerebral, abdominal, or aortic), atrial fibrillation or rhythm disorder, or peripheral vascular disease
- Chronic liver disease including but not limited to cirrhosis, hepatitis B or C
- Chronic kidney disease, kidney/renal failure or insufficiency, or kidney disease requiring dialysis

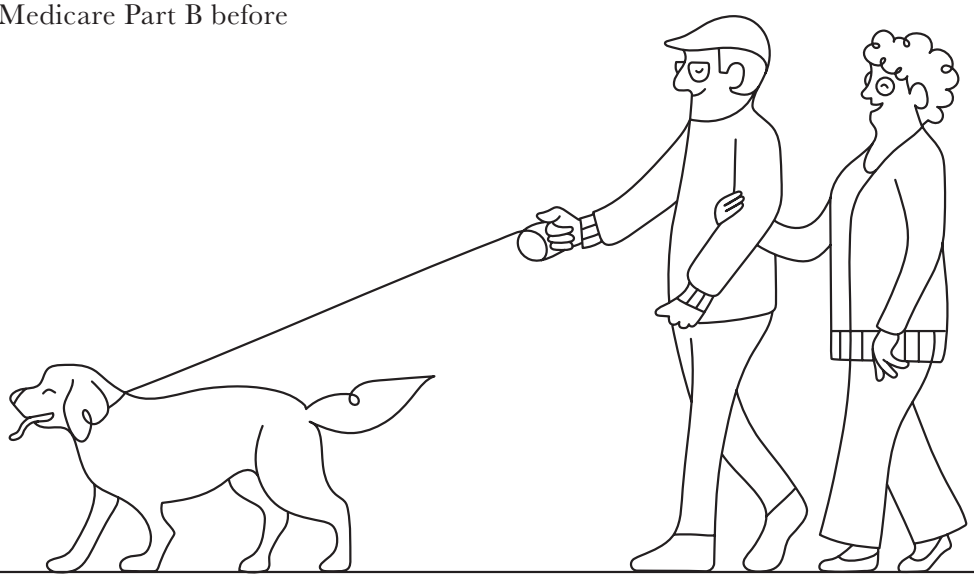
* Diabetes with any insulin use is not acceptable in the states of AR, KS, and LA.

- Lung or respiratory disorder such as emphysema, chronic obstructive pulmonary disease (COPD), any other chronic pulmonary disease (excluding mild asthma) or condition requiring the use of oxygen
- Epilepsy or seizure disorder
- Blood disorder (excluding mild anemia)
- Arthritis that is disabling or restricts mobility, fracture(s) due to arthritis, spinal stenosis (severe, disabling, or surgery advised), or degenerative bone disease
- Amputation due to disease
- Alcohol, drug, or opioid abuse or addiction
- Mental/nervous condition or major depression requiring hospitalization
- Under the care of a pain management doctor or clinic and requires ongoing opioid or narcotic medications
- Hospitalized or emergency room visits two (2) or more times in the past twelve (12) months

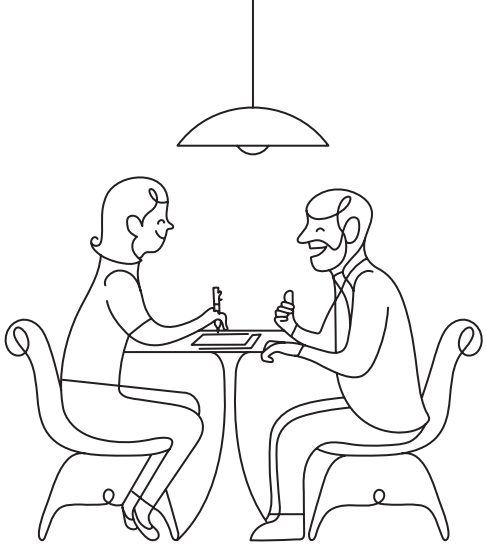
Applications should not be submitted if:

- The applicant is covered by a state Medicaid program or receiving public assistance. (See Duplication of coverage section for exceptions.)
- The applicant is not currently enrolled in Medicare Parts A and B and does not plan to enroll within the next three months. (Applicant must be enrolled in Medicare Part B before effective date.)
- The applicant is covered under any policy titled "Medicare Supplement" that they are not replacing, whether such policy supplements both Part A and B of Medicare or only Part A or Part B.

  Note: Wellabe recognizes that some policies named as "Medicare Supplement policies" may not be properly titled. However, no agent may make any value judgment and the above rules stated under the application section will apply in all cases.
- The applicant is retaining any type of health plan that duplicates benefits provided by Medicare. (See Duplication of coverage section for exceptions.)
- Any question in the General health section of the application is answered "Yes," unless the applicant is an open enrollee or eligible for guaranteed issue.
- The applicant's weight is below the minimum or exceeds the maximum limit for their height, unless the applicant is an open enrollee or eligible for guaranteed issue. (See build charts for further information.)



Completing the application



If both spouses are applying for coverage, a separate application will need to be completed for each of them.

- All questions should be answered by the applicant.
- Every question on the application must be answered. OE and GI applicants do not need to answer the medical questions (may vary by state).
- Each applicant must complete their own signature.

Personal data

- Enter each applicant's full first name and middle initial, rather than initials only. Correct spellings of names are essential.
- Enter each applicant's Social Security number.
- Check the applicant's Medicare identification card and list the effective dates of Medicare Part A and B and the Medicare claim number on the application.
- Enter the entire mailing address for the applicant, including apartment, building, and unit number, if applicable.
- Enter the applicant's telephone number for the telephone interview.

General health information

If any questions under this section are answered "Yes" and the applicant does not qualify for open enrollment or is eligible for guaranteed issue, the applicant will not be eligible for coverage.

If a condition should arise after the application is written but before the coverage is issued, the applicant should be told to notify Wellabe either by phone or in writing of the new condition.

Wellabe reserves the right to deny coverage when health history indicates a combination of significant conditions, even when the applicant has answered "No" to all health questions under this section.

Medical health information

If an applicant answers "Yes" to any questions under "Medical health information," provide details on the application. The underwriter will review and determine eligibility.

Additional information for rate classes

The three rate classes are determined by build and/or nicotine/tobacco use. Based on build, the applicant may qualify for Preferred, Standard I, or Standard II. All nicotine/tobacco users or those that have used nicotine/tobacco within the last 12 months* will only be eligible for Standard II, regardless of build. This is nicotine/tobacco in any form, including electronic cigarettes. Nicotine/tobacco rates could apply to OE or GI applicants where applicable. Rates and rules may vary by state.

* Nicotine/Tobacco usage will be looked at within the last 24 months in AR, KS, and LA. It will be looked at within the last 12 months in AZ, CA, CO, DE, FL, GA, IA, IL, IN, KY, MD, MI, MO, NC, NE, NH, NJ, OH, PA, SC, TN, TX, VA, and WI.

Build charts

This build chart applies to clients in Arkansas, Kansas, and Louisiana.

The build chart will help you determine an applicant's eligibility and rate class for Medicare Supplement coverage. Individuals whose weight is below the minimum or greater than the maximum limit for their height will not qualify for coverage.

Height	Decline	Preferred	Standard I	Standard II	Decline
4'5"	<71	72 - 119	120 - 149	150 - 179	>180
4'6"	<74	75 - 124	125 - 155	156 - 186	>187
4'7"	<77	78 - 128	129 - 161	162 - 193	>194
4'8"	<79	80 - 133	134 - 167	168 - 200	>201
4'9"	<82	83 - 138	139 - 173	174 - 207	>208
4'10"	<85	86 - 143	144 - 179	180 - 215	>216
4'11"	<88	89 - 148	149 - 185	186 - 222	>223
5'	<92	93 - 153	154 - 192	193 - 230	>231
5'1"	<94	95 - 158	159 - 198	199 - 238	>239
5'2"	<97	98 - 163	164 - 205	206 - 246	>247
5'3"	<101	102 - 168	169 - 211	212 - 254	>255
5'4"	<104	105 - 174	175 - 218	219 - 262	>263
5'5"	<107	108 - 179	180 - 225	226 - 270	>271
5'6"	<110	111 - 185	186 - 232	233 - 278	>279
5'7"	<114	115 - 190	191 - 239	240 - 287	>288
5'8"	<117	118 - 196	197 - 246	247 - 295	>296
5'9"	<121	122 - 202	203 - 253	254 - 304	>305
5'10"	<124	125 - 208	209 - 261	262 - 313	>314
5'11"	<128	129 - 214	215 - 268	269 - 322	>323
6'	<132	133 - 220	221 - 276	277 - 331	>332
6'1"	<135	136 - 226	227 - 284	285 - 341	>342
6'2"	<139	140 - 232	233 - 291	292 - 350	>351
6'3"	<143	144 - 239	240 - 299	300 - 359	>360
6'4"	<146	147 - 245	246 - 307	308 - 369	>370
6'5"	<150	151 - 251	252 - 316	317 - 379	>380
6'6"	<154	155 - 258	259 - 324	325 - 389	>390
6'7"	<158	159 - 265	266 - 332	333 - 399	>400
6'8"	<162	163 - 271	272 - 341	342 - 409	>410
6'9"	<166	167 - 278	279 - 349	350 - 419	>420
6'10"	<171	172 - 285	286 - 358	359 - 430	>431
6'11"	<175	176 - 292	293 - 367	368 - 441	>442
7'	<179	180 - 299	300 - 376	377 - 451	>452

This build chart applies to clients in Arizona, California, Colorado, Delaware, Florida, Georgia, Illinois, Indiana, Iowa, Kentucky, Maryland, Michigan, Missouri, Nebraska, New Hampshire, New Jersey, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, Washington, and Wisconsin.

The build chart will help you determine an applicant's eligibility and rate class for Medicare Supplement coverage. Individuals whose weight is below the minimum or greater than the maximum limit for their height will not qualify for coverage.

- Florida: To qualify for coverage, the applicant must fall between the minimum weight in the preferred rate class and the maximum weight in the Standard II rate class for their height. Standard II rates will also be applied to tobacco/nicotine users.
- Washington: To qualify for coverage, the applicant must fall between the minimum weight in the preferred rate class and the maximum weight in the Standard II rate class for their height.

Height	Decline	Preferred	Standard I	Standard II	Decline
4'5"	<73	74 - 119	120 - 150	151 - 167	>168
4'6"	<76	77 - 124	125 - 155	156 - 174	>175
4'7"	<79	80 - 128	129 - 161	162 - 180	>181
4'8"	<82	83 - 133	134 - 167	168 - 187	>188
4'9"	<85	86 - 138	139 - 173	174 - 193	>194
4'10"	<88	89 - 143	144 - 179	180 - 200	>201
4'11"	<91	92 - 148	149 - 185	186 - 207	>208
5'	<94	95 - 153	154 - 192	193 - 214	>215
5'1"	<97	98 - 158	159 - 198	199 - 222	>223
5'2"	<100	101 - 163	164 - 205	206 - 229	>230
5'3"	<104	105 - 169	170 - 211	212 - 236	>237
5'4"	<107	108 - 174	175 - 218	219 - 244	>245
5'5"	<110	111 - 179	180 - 225	226 - 252	>253
5'6"	<114	115 - 185	186 - 232	233 - 259	>260
5'7"	<117	118 - 191	192 - 239	240 - 267	>268
5'8"	<121	122 - 196	197 - 246	247 - 275	>276
5'9"	<124	125 - 202	203 - 254	255 - 284	>285
5'10"	<128	129 - 208	209 - 261	262 - 292	>293
5'11"	<132	133 - 214	215 - 269	270 - 300	>301
6'	<136	137 - 220	221 - 276	277 - 309	>310
6'1"	<139	140 - 227	228 - 284	285 - 317	>318
6'2"	<143	144 - 233	234 - 292	293 - 326	>327
6'3"	<147	148 - 239	240 - 300	301 - 335	>336
6'4"	<151	152 - 246	247 - 308	309 - 344	>345
6'5"	<155	156 - 252	253 - 316	317 - 353	>354
6'6"	<159	160 - 259	260 - 324	325 - 363	>364
6'7"	<163	164 - 265	266 - 333	334 - 372	>373
6'8"	<167	168 - 272	273 - 341	342 - 381	>382
6'9"	<172	173 - 279	280 - 350	351 - 391	>392
6'10"	<176	177 - 286	287 - 359	360 - 401	>402
6'11"	<180	181 - 293	294 - 367	368 - 411	>412
7'	<185	186 - 300	301 - 376	377 - 421	>422

Legal designations: Power of attorney and guardianship

Proper paperwork (e.g., durable power of attorney, guardianship papers, etc.) must be submitted with each application that includes a power of attorney, guardian, or conservator listed as the signer. It is important to read and confirm the paperwork submitted entitles the person to purchase insurance and obtain/access medical information for the applicant. Do not accept a document just because it says power of attorney (POA) or guardianship. The POA or guardian should sign on the insured's signature line. Make sure the attorney-in-fact uses the proper signature format, such as:

- If Jane Doe were the applicant and her power of attorney is Sam Smith, the line would need to be signed "Jane Doe by Sam Smith as POA."
- If Jane Doe were the applicant and her guardian is Sam Smith, the line would need to be signed "Jane Doe by Sam Smith as Guardian."

Sample application

To view a sample application, visit the online storefront on the health agent portal. The portal can be accessed by visiting wellabe.com/signin.

Duplication of coverage

Federal law, mostly, prohibits the sale of Medicare Supplement policies to Medicaid recipients. However, sales are not prohibited to specified low-income Medicare beneficiaries (SLMB) for whom Medicaid pays only the Medicare Part B premium. If an applicant is a qualified Medicare beneficiary (QMB) or has other Medicaid medical benefits, they are not eligible for coverage.

Federal law will allow the sale of Medicare Supplement policies in addition to some retirement health plans. Please contact Wellabe before submitting an application for someone with a retirement health plan they are not planning to replace. After discussing the retirement health plan benefits, an underwriter will be able to tell you whether or not an application can be written. If an application can be written, a copy of the retirement health plan must be submitted with the application.

Federal law prohibits the sale of a Medicare Supplement policy to someone with (a) existing Medicare Supplement coverage, unless the new policy will replace the existing policy; (b) a Medicare Advantage plan, unless the Medicare Advantage plan will end before the effective date of the new policy.

Coverage replacements of internal or external companies

All replacements, whether internal or external, require a completed application and all federal and state required forms. Replacement applications will typically follow the normal underwriting process. The comparison and replacement forms must be accurately completed and signed by the applicant and agent (where applicable).

When completing the replacement form, you must list the appropriate reason for the replacement. The underwriter will review this form for accuracy. Any omission or inaccurate information will be reviewed with you, and delays in the application process may occur.

Existing coverage

If an applicant is currently insured with any other insurance company, list the policyholder's identification number or policy number and a brief description of the coverage. The Standards of Marketing section of the NAIC model makes it very clear with regards to replacement of other coverage that certain procedures must be followed in order to avoid severe penalties. Completion of the Existing coverage section ensures that excessive insurance is not being sold or issued and that every reasonable effort is being made to identify whether a prospective applicant already has accident and sickness insurance and the types and amounts of such insurance. For replacement situations, Wellabe requires completion of two additional forms, which are used in virtually all states. They are titled, "A Notice to Applicant Regarding Replacement of Medicare Supplement Insurance or Medicare Advantage" and "Medicare Supplement Comparison Statement."

To ensure that excessive insurance is not sold, confirm with the applicant that the proposed effective date of the new coverage corresponds with the date of cancellation or disenrollment for any coverage to be replaced.

This section of the Medicare Supplement application will also help you determine if an otherwise ineligible applicant qualifies for guaranteed issue. Applicants qualifying for guaranteed issue will need to provide a copy of the Notice of Termination of Coverage.

Household discounts

Household discounts may be available in some states.

A discount is applied if the applicant lives with another person age 50 or older. Age and eligibility rules may vary by state.

To qualify for this discount, you must review and complete the questions on the application. The underwriter may call the client and/or the person they live with to verify the information.

Issue dates

In most states, an application for Medicare Supplement coverage can be written up to 90 days before the applicant's 65th birthday, providing the applicant will be eligible for Medicare Part A and is planning to enroll in Part B. The coverage will be issued effective on or after the applicant's Medicare eligibility date.

Unless a specific issue date is requested, coverage is issued to coincide with the date the application is approved by the underwriter. Coverage will be issued effective any day of the month except the 29th, 30th and 31st, for administrative purposes.

For underwritten applicants (replacements or non-replacements), a specific issue date may be requested up to 90 days from the written date.

The requested issue date should be at least 30 days after the written date to allow sufficient time to underwrite the case.

Each applicant who is replacing coverage should be told NOT to drop their present coverage until new coverage is issued and delivered to them.

Premiums

- **Premium payments**
  Wellabe accepts only preauthorized bank withdrawals and credit card payments (Visa and Mastercard only). This policy makes paying premiums easy for your customer and helps improve the persistency of your business. The Premium Withdrawal Authorization form must be completed with the application so the ongoing premiums can be paid.
- **Initial premium**
  The initial premium paid by credit card or through automatic bank withdrawal will be drawn upon activation of the policy or on the specified draft date as noted on the Premium Withdrawal Authorization form.
  Please be advised, all premium payments must be from a personal account of the applicant or payor. Wellabe does not allow premium to be paid by employers or other third parties (e.g. foundations, associations, etc). You are not authorized to collect cash premiums at any time. You may not loan funds to the customer for premium payments.
- **Renewal premiums**
  All renewal premiums must be paid using credit card or authorized bank withdrawal. The Premium Authorization Withdrawal form gives the payor the ability to select a specific date, from the 1st through the 28th each month, to withdraw premium. If a draft date is not selected, the default draft date will be the day of the effective date.

Note: Draft dates cannot be on the 29th, 30th, or 31st of the month.

The applicant should be asked to continue paying renewal premiums on existing coverage until notification is received that the coverage has been approved.

Closed out and declined cases

- An application is closed out when underwriting information or required forms cannot be obtained.
- An application is closed out when health information is requested but not provided and/or the health attestation signature is not obtained within 14 business days.
- An application is declined when the client does not medically meet the underwriting requirements.

Note: All premium refunds are made directly to the applicant.

Guaranteed issue

Guaranteed issue situation	Options	Guaranteed issue period guidelines
The applicant has original Medicare and is enrolled in a health benefit plan provided by an employer that pays after Medicare. They retire and leave the plan or the plan terminates or ceases to provide all benefits. **OR** The applicant has original Medicare and is enrolled in a retiree health plan, union coverage, or COBRA coverage provided by an employer that pays after Medicare, and the plan terminates or ceases to provide all benefits. **Note:** Retirees who voluntarily disenroll do not have a guaranteed issue right. (Medicare-enrolled spouses of employees or retirees who are included on the plan have the same rights as the employee or retiree.)	**Medicare eligible prior to Jan. 1, 2020:** Must be allowed to enroll in Medicare Supplement plan A, B, C, F (including High-deductible F), K, or L. **Medicare eligible on or after Jan. 1, 2020:** Must be allowed to enroll in Medicare Supplement plan A, B, D, G (including High-deductible G), K, or L. If the applicant has COBRA coverage, they can either buy a Medigap policy right away or wait until the COBRA coverage ends.	No later than within 63 days of whichever is later: 1. The date of receipt of the Notice of Termination of Coverage 2. Notice that a claim has been denied due to the plan termination if a Notice to Plan Termination is not received 3. The date that coverage terminates or ceases
The applicant is enrolled in a Medicare Advantage or Programs of All-inclusive Care for the Elderly (PACE) plan and the circumstances permit discontinuance of enrollment because of one of the following: 1. Termination of the plan's certification 2. Discontinuance of the plan for that area 3. Insured is not eligible due to change in residence 4. Substantial violation of a material provision of the contract by the organization or material misrepresentation by the organization (or agent or entity acting on the organization's behalf) in marketing the plan	**Medicare eligible prior to Jan. 1, 2020:** Must be allowed to enroll in Medicare Supplement plan A, B, C, F (including High-deductible F), K, or L. **Medicare eligible on or after Jan. 1, 2020:** Must be allowed to enroll in Medicare Supplement plan A, B, D, G (including High-deductible G), K, or L.	Beginning on the date of receipt of Notice of Termination of Coverage and/or ending 63 days after the date of coverage termination. **OR** If voluntarily disenrolls, beginning 60 days before the effective date of disenrollment and ending 63 days after the effective date.
The applicant is enrolled in a Medicare Cost contract (HMO), Medicare Select plan, or other health care prepayment plan, and enrollment ceases because of one of the following: 1. Termination of the plan's certification 2. Discontinuance of the plan for that area 3. Insured is not eligible due to change in residence 4. Substantial violation of a material provision of the contract by the organization, or material misrepresentation by the organization (or agent or entity acting on the organizations behalf) in marketing the plan	**Medicare eligible prior to Jan. 1, 2020:** Must be allowed to enroll in Medicare Supplement plan A, B, C, F (including High-deductible F), K, or L. **Medicare eligible on or after Jan. 1, 2020:** Must be allowed to enroll in Medicare Supplement plan A, B, D, G (including High-deductible G), K, or L.	As early as 60 days before the date the Medicare Cost or Medicare Select plan coverage ends. **OR** Ending no later than 63 days after the date of Medicare Cost or Medicare Select coverage termination.

Guaranteed issue situation	Options	Guaranteed issue period guidelines
The applicant is enrolled in a Medicare Supplement policy and coverage discontinues due to: 1. Insolvency or bankruptcy of the organization 2. Other involuntary termination of coverage under the policy 3. Substantial violation of a material coverage provision 4. Material representation of coverage provision by the issuer (or agent or entity acting on the organization's behalf) in marketing the plan	**Medicare eligible prior to Jan. 1, 2020:** Must be allowed to enroll in Medicare Supplement plan A, B, C, F (including High-deductible F), K, or L. **Medicare eligible on or after Jan. 1, 2020:** Must be allowed to enroll in Medicare Supplement plan A, B, D, G (including High-deductible G), K, or L.	Beginning with the earlier of the receipt of Notice of Termination of Coverage, a notice of the issuer's bankruptcy or insolvency, or such similar notice if any and the date that the coverage ends and ending 63 days after the date of coverage termination. **OR** If voluntarily disenrolls due to misrepresentation or substantial violation of a material provision, beginning 60 days before the effective date of disenrollment and ending 63 days after the effective date.
The applicant is enrolled in a Medicare Supplement policy; insured subsequently terminates and enrolls for the first time in a Medicare Advantage, Medicare Cost, Programs of All-inclusive Care for the Elderly (PACE) plan or Medicare Select plan; and then they terminate within the first 12 months of enrollment.	**Medicare eligible prior to Jan. 1, 2020:** Must be allowed to enroll in the Medicare Supplement policy most recently enrolled in, if it's available from the same insurer. If it's not available, the insured must be allowed to enroll in a Medicare Supplement plan A, B, C, F (including High-deductible F), K, or L with any insurer. If the most recent Medicare Supplement policy contained an outpatient prescription drug benefit, then the individual must be given the most recent plan by the same insurer that was modified to remove the outpatient prescription drug coverage, or at the election of the individual, plan A, B, C, F (including High-deductible F), K, or L with any insurer. **Medicare eligible on or after Jan. 1, 2020:** Must be allowed to enroll in the Medicare Supplement policy most recently enrolled in, if it's available from the same insurer. If it's not available, the insured must be allowed to enroll in a Medicare Supplement plan A, B, D, G (including High-deductible G), K, or L with any insurer. If the most recent Medicare Supplement policy contained an outpatient prescription drug benefit, then the individual must be given the most recent plan by the same insurer that was modified to remove the outpatient prescription drug coverage, or at the election of the individual, plan A, B, D, G (including High-deductible G), K, or L with any insurer.	If voluntarily disenrolls: Beginning 60 days before the effective date of disenrollment and ending 63 days after the effective date. **Note:** Under certain circumstances, their rights may last for an additional 12 months.

Guaranteed issue situation	Options	Guaranteed issue period guidelines
Upon first becoming eligible for benefits under Part A at age 65, the applicant enrolls in Medicare Advantage or Programs of All-inclusive Care for the Elderly (PACE) plan and disenrolls within 12 months.	**Medicare eligible prior to Jan. 1, 2020:** Must be allowed to enroll in Medicare Supplement plan A, B, C, F (including High-deductible F), K, or L. **Medicare eligible on or after Jan. 1, 2020:** Must be allowed to enroll in Medicare Supplement plan A, B, D, G (including High-deductible G), K, or L.	If voluntarily disenrolls: Beginning 60 days before the effective date of disenrollment and ending 63 days after the effective date. **Note:** Under certain circumstances, their rights may last for an additional 12 months.
Loss of Medicaid benefits in CO, IL, KS, TN, TX, or WI. These states allow for guaranteed issue when Medicaid benefits are lost.	Please consult home office for guidelines.	

Special Open Enrollment

Special Open Enrollment state situation	Options	Guaranteed issue period guidelines
California An individual who is enrolled in a Medicare Supplement policy may purchase another Medicare Supplement policy to replace the existing coverage on a guaranteed issue basis commencing on their birthday and lasting 60 days.	Allowed to enroll in a Medicare Supplement policy offered by any insurer, but only a policy with the same or lesser benefits as the policy the individual is currently enrolled in.	An individual may apply as guaranteed issue up to 60 days following their birthday. They must be replacing a current Medicare Supplement policy and provide proof of the current plan. The effective date must be within the first day of the birth month or 90 days following the birthday. An effective date before the first day of the birth month is not allowed. **Documentation is needed from the current insurer that shows:** • Plan they are currently enrolled in • Proof the policy is currently in force
Illinois An individual between the ages of 65 and 75, beginning on the first day of his or her birth month and for 45 days after their birthday, who is enrolled in a Medicare Supplement policy may purchase another Medicare Supplement policy with the same or lesser benefits to replace the existing coverage with the same company on a guaranteed issue basis.	Allowed to enroll in a Medicare Supplement policy offered by the same insurer, but only a policy with the same or lesser benefits as the individual was most recently enrolled. To meet the definition of "same insurer," the new Medicare Supplement policy must be written from the same underwriting company as the existing policy, i.e. Medico Life and Health Insurance Company to Medico Life and Health Insurance Company to qualify for the annual open enrollment.	An individual may apply as guaranteed issue 30 days prior to or up to 45 following their birthday. The effective date must be within the first day of the birth month or 90 days following the birthday. An effective date before the first day of the birth month is not allowed.
Kentucky An individual within 60 days of their birthday who is currently enrolled in a Medicare Supplement policy may purchase another policy with the same benefits from a different company to replace the existing policy on a guaranteed issue basis.	Allowed to enroll in a Medicare Supplement policy offered by any insurer, but only a policy with the same benefits as the policy the individual is currently enrolled in.	An individual may apply as guaranteed issue up to 60 days following their birthday. They must be replacing a current Medicare Supplement policy and provide proof of the current plan. The effective date must be within the first day of the birth month or 90 days following the birthday. An effective date before the first day of the birth month is not allowed. **Documentation is needed from the current insurer that shows:** • Plan they are currently enrolled in • Proof the policy is currently in force

Special Open Enrollment state situation	Options	Guaranteed issue period guidelines
Louisiana An individual who is enrolled in a Medicare Supplement policy may purchase another Medicare Supplement policy to replace the existing coverage with the same company or with an affiliated company on a guaranteed issue basis commencing on their birthday and up to 63 days after.	Allowed to enroll in a Medicare Supplement policy offered by the same insurer or an affiliated company, but only a policy with the same or lesser benefits as the policy the individual is currently enrolled in.	An individual may apply as guaranteed issue 30 days prior to or up to 63 days following their birthday. The effective date must be within the first day of the birth month or 90 days following the birthday. An effective date before the first day of the birth month is not allowed.
Maryland An individual who is enrolled in a Medicare Supplement policy may purchase another Medicare Supplement policy to replace the existing coverage on a guaranteed issue basis commencing on their birthday and up to 30 days after.	Allowed to enroll in a Medicare Supplement policy offered by any insurer, but only a policy with the same or lesser benefits as the policy the individual is currently enrolled in.	An individual may apply as guaranteed issue up to 30 days following their birthday. They must be replacing a current Medicare Supplement policy and provide proof of the current plan. The effective date must be within the first day of the birth month or 90 days following the birthday. An effective date before the first day of the birth month is not allowed. **Documentation is needed from the current insurer that shows:** • Plan they are currently enrolled in • Proof the policy is currently in force
Missouri An individual who is enrolled in a Medicare Supplement policy may purchase another Medicare Supplement plan with the same benefits to replace the existing coverage within 30 days of the annual policy anniversary on a guaranteed issue basis.	Allowed to enroll in a Medicare Supplement policy offered by any insurer, but only if the policy has the same level of coverage as the plan in which the individual was most recently enrolled, if available. If the individual is covered under a discontinued Medicare plan design, the following plans are available: **Medicare eligible prior to Jan. 1, 2020:** Must be allowed to enroll in Medicare Supplement plan A, B, C, F (including High-deductible F), K, or L. **Medicare eligible on or after Jan. 1, 2020:** Must be allowed to enroll in Medicare Supplement plan A, B, D, G (including High-deductible G), K, or L.	An individual may apply as guaranteed issue 30 days prior to or up to 30 days following the anniversary date of their current Medicare Supplement plan. The effective date must be either on the anniversary date or within 30 days following the anniversary date. An effective date before the anniversary date is not allowed. **Documentation is needed from the current insurer that shows:** • Date the policy started (effective/ anniversary date) • Plan they are currently enrolled in • Proof the policy has been in force within the last 30 days
Washington An individual who is enrolled in a Medicare Supplement policy may purchase another Medicare Supplement plan to replace the existing coverage on a guaranteed issue basis.	Allowed to enroll in a Medicare Supplement policy to replace their current plan with any plan option available by an issuer. Plan A policyholders are only guaranteed acceptance into another Plan A policy without evidence of insurability.	An individual may apply as guaranteed issue if they are replacing a current Medicare Supplement policy. **Documentation is needed from the current insurer that shows:** • Plan they are currently enrolled in • Proof the coverage is currently in force

Declinable prescription drugs

Many prescription drugs are not limited to the treatment of just one condition. If clients are taking one of these medications for the specific declinable condition listed, they will not be eligible for coverage. This list is not all inclusive.

Medical conditions and declinable drugs

Brand name	Generic	Declinable health condition
Abilify	Aripiprazole	Schizophrenia, bipolar I disorder
Adlarity	Donepezil	Alzheimer's disease, dementia
Aduhelm	Aducanumab	Alzheimer's disease
Afinitor	Everolimus	Cancer
Agrylin	Anagrelide	Blood disorder
Alkeran	Melphalan	Cancer
Antabuse	Disulfiram	Alcohol use disorder
Apokyn	Apomorphine	Parkinson's disease
Aptivus	Tipranavir	HIV
Arcapta	Indacaterol	COPD, emphysema, chronic bronchitis
Aricept	Donepezil	Alzheimer's disease, dementia
Arimidex	Anastrozole	Cancer
Aromasin	Exemestane	Cancer
Artane	Trihexyphenidyl HCL	Parkinson's disease
Astagraf XL	Tacrolimus	Organ transplant
Atripla	Efavirenz/Tenofovir/Emtricitabine	HIV
Atrovent	Ipratropium	COPD, emphysema, chronic bronchitis
Aubagio	Teriflunomide	Multiple sclerosis
Avastin	Bevacizumab	Macular degeneration
Avonex	Interferon beta-1a	Multiple sclerosis
Azilect	Rasagiline	Parkinson's disease
Bafiertam	Monomethyl Fumarate	Multiple sclerosis
Baraclude	Entecavir	Hepatitis B
Benylsta	Belimumab	Systemic lupus
Beovu	Brolucizumab	Macular degeneration
Betaseron	Interferon beta-1b	Multiple sclerosis
Bethkis	Tobramycin	Cystic fibrosis
Biktarvy	Bictegravir/Emtricitabine/Tenofovir	HIV
Blenoxane	Bleomycin	Cancer
Brixadi	Buprenorphine	Narcotic/Opioid use disorder
Bunavail	Buprenorphine/Naloxone	Narcotic/Opioid use disorder
Cabenuva	Cabotegravir/Rilpivirine	HIV

Brand name	Generic	Declinable health condition
Caplyta	Lumateperone	Schizophrenia, bipolar I or II disorder
CellCept	Mycophenolate Mofetil	Organ transplant
Clozaril	Clozapine	Schizophrenia
Cogentin	Benzotropine	Parkinson's disease
Combvir	Lamivudine/Zidovudine	HIV
Complera	Emtricitabine/Tenofovir/Rilpivirine	HIV
Comtan	Entacapone	Parkinson's disease
Copaxone	Glatiramer acetate	Multiple sclerosis
Cosentyx	Secukinumab	Plaque psoriasis, psoriatic arthritis
Crixivan	Indinavir	HIV
Descovy	Emtricitabine/Tenofovir	HIV
Diskets	Methadone hydrochloride	Narcotic/Opioid use disorder
Dovato	Dolutegravir/Lamivudine	HIV
Duopa	Carbidopa/Levodopa	Parkinson's disease
Edurant	Rilpivirine	HIV
Eldepryl	Selegiline	Parkinson's disease
Emtriva	Emtricitabine	HIV
Enbrel	Etanercept	Rheumatoid arthritis, psoriatic arthritis, plaque psoriasis
Entresto	Sacubitril/Valsartan	Chronic heart failure
Envarsus XR	Tacrolimus	Organ transplant
Epclusa	Sofosbuvir/Velpatasvir	Hepatitis C
Epivir	Lamivudine	HIV, hepatitis B
Esbriet	Pirfenidone	Pulmonary fibrosis
Eulexin	Flutamide	Cancer
Exelon/Exelon Patch	Rivastigmine	Alzheimer's disease, Parkinson's disease, dementia
Exservan	Riluzole	ALS
Extavia	Interferon beta-1b	Multiple sclerosis
Eylea	Aflibercept	Macular degeneration
Faslodex	Fulvestrant	Cancer
Femara	Letrozole	Cancer
Gengraf	Cyclosporine	Organ transplant
Genvoya	Elvitegravir/Cobicistat/ Tenofovir/ Emtricitabine	HIV
Gilenya	Fingolimod	Multiple sclerosis
Glatopa	Glatiramer acetate	Multiple sclerosis
Gleevec	Imatinib	Cancer
Gocovri	Amantadine ER	Parkinson's disease
Harvoni	Ledipasvir/Sofosbuvir	Hepatitis C
Hepsera	Adefovir	Hepatitis B
Hexalen	Altretamine	Cancer
Humalog*	Insulin lispro	Diabetes (insulin)
Humira	Adalimumab	Autoimmune disorders
Humulin*	Insulin isophane	Diabetes (insulin)

* Declinable if requiring more than 50 units of insulin daily. Diabetes with any insulin use is not acceptable in the states of AR, KS, and LA.

Brand name	Generic	Declinable health condition
Hydrea	Hydroxyurea	Cancer, sickle cell anemia
Ibrance	Palbociclib	Cancer
Ilumya	Tildrakizumab	Plaque psoriasis
Imuran, Azasan	Azathioprine	Organ transplant
Inbrija	Levodopa	Parkinson's disease
Incruse ellipta	Umeclidinium	COPD, emphysema, chronic bronchitis
Inpefa	Sotagliflozin	Heart failure
Intelence	Etravirine	HIV
Intron A	Interferon alfa-2b	Cancer, hepatitis B and C
Invirase	Saquinavir	HIV
Isentress	Raltegravir	HIV
Jaypirca	Pirtobrutinib	Cancer
Juluca	Dolutegravir/Rilpivirine	HIV
Kaletra	Lopinavir/Ritonavir	HIV
Kerendia	Finerenone	Chronic kidney disease in type 2 diabetes (CKD in T2D)
Kesimpta	Ofatumumab	Multiple sclerosis
Keytruda	Pembrolizumzb	Cancer
Kisunla	Donanemab-azbt	Alzheimer's disease, dementia
Kitabis Pak	Tobramycin	Cystic fibrosis
Kynmobi	Apomorphine	Parkinson's disease
Latuda	Lurasidone	Schizophrenia, bipolar disorder
Lantus*	Insulin glargine	Diabetes (insulin)
Lemtrada	Alemtuzumab	Multiple sclerosis
Leqembi	Lecanemab	Alzheimer's disease, dementia
Leukeran	Chlorambucil	Cancer
Levemir*	Insulin detemir	Diabetes (insulin)
Lexiva	Fosamprenavir	HIV
Lucemyra	Iofexidine	Opioid withdrawl symptoms
Lucentis	Ranibizumab	Macular degeneration
Lupron	Leuprolide	Cancer
Mavenclad	Cladribine	Multiple sclerosis
Mavyret	Glecaprevir/Pibrentasvir	Hepatitis C
Mayzent	Siponimod	Multiple sclerosis
Megace	Megestrol	Cancer/HIV related anorexia and cachexia
Mestinon	Pyridostigmine	Myasthenia gravis
Methadose	Methadone hydrochloride	Narcotic/Opioid use disorder
Mirapex	Pramipexole	Parkinson's disease
Myleran	Busulfan	Cancer
Namenda	Memantine	Alzheimer's disease, dementia
Namzaric	Donepezil/Memantine	Alzheimer's disease, dementia
Neoral	Cyclosporine	Organ transplant
Neupro	Rotigotine	Parkinson's disease

* Declinable if requiring more than 50 units of insulin daily. Diabetes with any insulin use is not acceptable in the states of AR, KS, and LA.

Brand name	Generic	Declinable health condition
Norvir	Ritonavor	HIV
Nourianz	Istradefylline	Parkinson's disease
Novantrone	Mitoxantrone Hydrochloride	Multiple sclerosis
Novolin*	Insulin isophane	Diabetes (insulin)
Novolog*	Insulin aspart	Diabetes (insulin)
Nubeqa	Darolutamide	Cancer
Ocrevus	Ocrelizumab	Multiple sclerosis
Ofev	Nintedanib	Pulmonary fibrosis, interstitial lung disease
Ongentys	Opicapone	Parkinson's disease
Orencia	Abatacept	Rheumatoid arthritis, psoriatic arthritis
Orserdu	Elacestrant	Cancer
Osmolex ER	Amantadine ER	Parkinson's disease
Otezla	Apremilast	Plaque psoriasis, psoriatic arthritis
Oxygen	Oxygen	Respiratory disorders
Parcopa	Carbidopa/Levodopa	Parkinson's disease
Pegasys	Peginterferon alfa-2a	Hepatitis C
PegIntron	Peginterferon alfa-2b	Hepatitis C
Perforomist	Formoterol	COPD, emphysema, chronic bronchitis
Pifeltro	Doravirine	HIV
Piqray	Alpelisib	Cancer
Plaquenil	Hydroxychloroquine	Systemic lupus
Plegridy	Peginterferon beta-1a	Multiple sclerosis
Pletal	Cilostazol	Circulatory disorders
Ponvory	Ponesimod	Multiple sclerosis
Prezista	Darunavir	HIV
Probuphine	Buprenorphine	Narcotic/Opioid use disorder
Prograf	Tacrolimus	Organ transplant
Qalsody	Tofersen	ALS
Quineprox	Hydroxychloroquine	Systemic lupus
Radicava ORS/ Radicava	Edaravone	ALS
Rapamune	Sirolimus	Organ transplant
Razadyne	Galantamine	Alzheimer's disease, dementia
Rebetol	Ribavirin	Hepatitis C
Rebif	Interferon beta-1a	Multiple sclerosis
Relyvrio	Sodium Phenylbutyrate/Taurursodiol	ALS
Requip	Ropinirole	Parkinson's disease
Rescriptor	Delavirdine	HIV
Retrovir	Zidovudine	HIV
Rexulti	Brexpiprazole	Alzheimer's disease, dementia
Reyataz	Atazanavir	HIV
Rilutek	Riluzole	ALS
Rinvoq	Upadacitinib	Autoimmune disorders

* Declinable if requiring more than 50 units of insulin daily. Diabetes with any insulin use is not acceptable in the states of AR, KS, and LA.

Brand name	Generic	Declinable health condition
Rukobia	Fostemsavir	HIV
Rystiggo	Rozanolixizumab-noli	Myasthenia gravis
Rytary	Carbidopa/Levodopa	Parkinson's disease
Sandimmune	Cyclosporine	Organ transplant
Saphnelo	Anifrolumab-fnia	Systemic lupus
Sinemet	Carbidopa/Levodopa	Parkinson's disease
Skyrizi	Risankizumab	Crohn's disease, ulcerative colitis, plaque psoriasis, psoriatic arthritis
Soliris	Eculizumab	Myasthenia gravis
Sotyktu	Deucravacitinib	Plaque psoriasis
Stalevo	Carbidopa/Levodopa/Entacapone	Parkinson's disease
Stelara	Ustekinumab	Crohn's disease, ulcerative colitis, plaque psoriasis, psoriatic arthritis
Stribild	Elvitegravir/Cobicistat/ Tenofovir/ Emtricitabine	HIV
Sublocade	Buprenorphine	Narcotic/Opioid use disorder
Suboxone	Buprenorphine/Naloxone	Narcotic/Opioid use disorder
Subutex	Buprenorphine	Narcotic/Opioid use disorder
Sustiva	Efavirenz	HIV
Symmetrel	Amantadine	Parkinson's disease
Tasmar	Tolcapone	Parkinson's disease
Tecfidera	Dimethyl Fumarate	Multiple sclerosis
Tiglutik	Riluzole	ALS
Tivicay	Dolutegravir	HIV
Tobrex	Tobramycin	Cystic fibrosis
Trelstar	Triptorelin Pamoate	Cancer
Trikafta	Elexacaftor/Tezacaftor/Ivacaft	Cystic fibrosis
Triumeq	Dolutegravir/Abacavir/Lamivudine	HIV
Truvada	Emtricitabine/Tenofovir	HIV
Tudorza pressair	Aclidinium	COPD, emphysema, chronic bronchitis
Tysabri	Natalizumab	Multiple sclerosis
Vabysmo	Faricimab-svoa	Macular degeneration
Vemlidy	Tenofovir Alafenamide	HIV, hepatitis B
Verzenio	Abemaciclib	Cancer
Videx	Didanosine	HIV
Viracept	Nelfinavir	HIV
Viramune	Nevirapine	HIV
Viread	Tenofovir Disoproxil	HIV, hepatitis B
Vivitrol	Naltrexone	Alcohol use disorder, opioid use disorder
Vocabria	Cabotegravir	HIV
Vosevi	Sofosbuvir/Velpatasvir/Voxilaprevir	Hepatitis C
Vumerity	Diroximel Fumarate	Multiple sclerosis
Vyndamax	Tafamidis	Cardiomyopathy

Brand name	Generic	Declinable health condition
Vyndaqel	Tafamidis Meglumine	Cardiomyopathy
Vyvgart	Efgartigimod alfa	Myasthenia gravis
Xadago	Safinamide	Parkinson's disease
Xeljanz	Tofacitinib	Autoimmune disorders
Zelapar	Selegiline	Parkinson's disease
Zepatier	Elbasvir/Grazoprevir	Hepatitis C
Zeposia	Ozanimod	Multiple sclerosis
Zerit	Stavudine	HIV
Ziagen	Abacavir	HIV
Zilbrysq	Zilucoplan	Myasthenia gravis
Zoladex	Goserelin	Cancer
Zubsolv	Buprenorphine/Naloxone	Narcotic/Opioid use disorder

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1. AM Best has given Wellabe, Inc.'s six insurance company subsidiaries the Financial Strength Ratings of A (Excellent) with a stable outlook. For the latest Best's Credit Rating, visit ambest.com.

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be well

Solutions to help your customers be well prepared and well protected

Rated A (Excellent) by AM Best[1]