# INDIANA DEPARTMENT OF INSURANCE
# WAIVER DEMONSTRATION PROJECT

**Pursuant to Public Law 211-2003, Section 10(a), please provide the following information for the time period July 1, 2003 through June 30, 2004.**

**Company Name:** **UNICARE Life and Health Insurance Company**
**Address:** 220 Remington Blvd.
**City, State, Zip Code:** Bolingbrook, IL 60440
**Phone Number:** 1-800-564-0938

**Name and Title of Person Providing the Information:** Patricia E. Vena, Supervisor, Individual Underwriting Services

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**Please provide the following: [This form may be attached to separate pages listing all responses to the requested information.]**

1. The number of policies issued with a waiver pursuant to IC 27-8-5-2.5(e) or IC 27-8-5-19.2
   We have issued 88 policies with a total of 94 waivers applied.

2. A list of specified conditions that the insured waived.
   See the attached listing.

3. The number of waivers issued for each specified condition listed in Question 2 above.
   Included in (2) attachment.

4. The number of waivers issued categorized by the period of time for which coverage of a specified condition was waived.
   All applied waivers have a 2-year duration as specified in the demonstration pilot program.

5. The number of applicants who were denied insurance coverage by the insured because of a specified condition.
   We declined a total of 879 applications due to adverse medical history. If we were able to apply 5 and 10 year waivers as some of the conditions would warrant, we could have approved a significant number of these applicants.

6. The number of complaints and requests for external grievance review filed in relation to a waiver.
   None. All applicants who were approved with waivers were sent an offer letter to accept the waiver(s). They were also sent additional information providing all related diagnoses excluded by the specific waiver(s). No coverage was issued unless the acceptance of the offer was returned, signed and dated by the applicant.

**Please return your completed form to:**

**Adrienne Quill, Esq.**
**Chief Deputy Commisisoner**
**Indiana Department of Insurance**
**311 W. Washington St. Suite 300**
**Indianapolis, IN 46204**

**Pursuant to Public Law 211-2003 Section 10(b), responses are due by August 1, 2004. Thank you for your participation in the Waiver Demonstration Project.**

| WAIVER CODE | DEFINITION | # ISSUED | WAIVER LANGUAGE |
|---|---|---|---|
| 346 | Migraines | 15 | Migraine headache and/or any complications arising therefrom |
| 381 | Otitis Media | 8 | Otitis media, any recurrences, and/or any complications arising therefrom |
| 692 | Dermatitis/ Eczema/ Psorasis | 7 | Dermatitis and/or any complications arising therefrom. |
| 706 | Acne | 18 | Diseases of the sebaceous glands including acne, any progression of recurrences, and/or any complications arising therefrom |
| 735 | Bunion | 1 | Disorders of the feet, including bunions, hammertoes, corns, callouses, ingrown toenails, exostoses, any recurrences, and/or complications arising therefrom |
| 2BN | Benign Neoplasm | 1 | Benign neoplasm, tumor, cyst, polyp, nevus, hypertrophy, keloid, any recurrence, progression or complications arising therefrom |
| 3MN | Carpal Tunnel | 2 | Mononeuritis of the upper limbs, including median, radial and ulnar nerves, entrapment, palsy, inlammation, scarring, atrophy, contraction, paresthesia or neuropathy, any recurrence, progression or complications arising therefrom |
| 4NS | Nasal, Deviated/ Perforated Septum, Polyps | 2 | Benign diseases, disorders, infection, inflammation, tumor, cyst, polyp, scarring, deformity, deviation, necrosis, residuals from prior surgery or trauma of the nose. nares, septum, sinuses, any recurrence, progression or complications arising therefrom |
| 4UR | Allergies/ETC | 34 | Benign upper respiratory diseases, disorders, polyps, cysts, infections, sinusitis, allergies, rhinitis, hypertrophy of turbinates,abscess,ulcer, necrosis of nose, hay fever, asthma, hypertrophy of tonsils and/or adenoids/tonsillitis, any recurrence, prog |
| 59M | Kidney Stones/Calculus | 2 | Benign renal diseases, disorders, tumors, cysts, infections, inflammations, atrophy, hypertrophy, calculus, fibrosis, necrosis, failure, hemorrhage, thrombus any progression, recurrence or complications arising therefrom |
| 5RA | Hemorrhoid | 0 | Benign diseases, disorders, tumors, cysts, hemorrhoids, fistula, fissure, hemorrhage, polyp, prolapse, stenosis, ulcer, granuloma, hypertrophy, infection, inflammation, proctitis, perforation of rectum or anus and any recurrence, progression or complicati |
| 5US | Cystitis/ Urethral Stricture | 2 | Urethral stricture, stenosis, scarring, inflammation, infection of the urinary tract, any recurrence , progression or complications arising therefrom |
| 6HV | Scrotal Varices/ Varicocele/ Hydrocele/ Spermocele | 0 | Benign male genitourinary scrotal diseases, disorders, varicocele, spermatocele, hydrocele, inflammation, hypertrophy, atrophy, torsion of testes, spermatic cord, tunica vaginalis, vas deferens, vesiculitis, orchitis, epididimytis, infertility, any recurr |
| 70P | Actinic/Seborrheic Keratosis | 2 | Benign skin lesions, actinic keratosis, seborrheic keratosis, moles, skin damage due to sun exposure, any recurrence, progression or complications arising therefrom |
| 7BU | Bursitis/ Tendonitis | 0 | Bursitis, tendonitis, tenosynovitis, synovitis, capsulitis, epicondylitis, inflammation, adhesions, any recurrence, progression or complications arising therefrom |

94 waivers