OPTIMUM®
Life Reinsurance

Critical Illness
It's been… 25 years; hit or miss ?

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AGENDA-WHAT'S UP

- A little history – evolution of covered illnesses and definitions.
- Issues, challenges & frustrations
- Market survey results
- Underwriting based on product design
- Critical Illness Manual
- Questions

A little history…

- Critical illness insurance was founded by Dr Marius Barnard, launched October 1983 in South Africa, under the name **Dread Disease Insurance.**

- Originally covered four primary health conditions:
  - Cancer
  - Stroke
  - Heart attack
  - Coronary bypass surgery

- In 1991 Dr. Barnard brought CII to the UK (children riders)
- In 1997 landing in the US through the US division of Canada Life.

Covered Conditions

- Covered Conditions with 100% of Basic Benefit Amount:
  - Advanced Parkinson's Disease
  - Coma
  - End Stage Renal Failure
  - **Heart Attack**
  - **Invasive Cancer**
  - Loss of Hearing
  - Loss of Sight
  - Major Organ Failure
  - Motor Neuron Disease
  - Occupational HIV
  - Paralysis
  - **Stroke**

Covered Conditions

- Covered Conditions with 25% of Basic Benefit Amount:
  - Angioplasty
  - Cancer in situ
  - Coronary Artery Bypass

Differences from Life product

- Underwriting
  - Different Risk Profile
  - Underwriting Manual
- Claim Adjudication
  - Definition Driven
  - Medical Pitfalls with current CI definitions

Heart Attack Example

Covered Conditions

The following conditions are Covered Conditions. If a condition is not listed in this subsection it is not covered under this Rider.

(1) We will pay 100% of the current Death Benefit of the Policy for the following Covered Conditions:

(a) Heart Attack: Death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries.

Diagnosis of a Heart Attack requires all three of the following criteria:

i. clinical picture of myocardial infarction;

ii. new electrocardiographic (EKG) findings consistent with myocardial infarction; and

iii. elevation of cardiac enzymes above standard laboratory levels of normal (in case of creatinine phosphokinase (CPK), a CPK-MB measurement must be used.)

(a) Major Heart Surgery:

i. Coronary By-Pass Surgery: The actual undergoing of coronary by-pass surgery (either saphenous vein or internal mammary graft) following an unequivocal recommendation by a consultant cardiologist for the treatment of coronary disease.

ii. Heart Valve Replacement: The actual undergoing of the total replacement of one or more heart valves for the treatment of disease. Heart valve repair and valvotomy are specifically excluded.

iii. Aorta Surgery: The actual undergoing of surgery for disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purposes of this definition, aorta means the thoracic and abdominal aorta but not its branches.

Traumatic injury of the aorta is excluded.

Any claim for benefit for Major Heart Surgery must include all of the following:

i. A report from a consultant cardiologist, to include evidence of prior treatment using appropriate medication,

ii. Evidence of significant electrocardiogram (EKG) changes,

iii. Angiographic evidence of the underlying disease,

iv. An unequivocal recommendation for the procedure from a consultant cardiologist.

The company reserves the right to withhold payment pending the satisfactory evidence that the procedures
have been carried out.

Heart Attack Example

- This is a 64-year-old male who went to the hospital on 3/25/20 after loss of consciousness with shortness of breath after urinating. He had no chest pains. He was found in AF and was converted to sinus rhythm with IV Cardizem. EKG in the ER revealed no evidence of ST elevation. Troponins peaked at 0.225, he had preserved LV function. He was diagnosed with NSTEMI.
- He underwent triple bypass with LIMA to LAD, RIMA to OM and SV to diagonal. This after cardiac cath showed LAD with 50-60% stenosis proximally, proximal diagonal with an ostial 90-95% stenosis and LAD with 60-80% stenosis. Left circumflex had ostial 50-60% stenosis and a proximal eccentric 60-70% stenosis. RCA had 30-40% stenosis. After procedure he had some pericardial disease and had AF.

Heart Attack Example

- With a reasonable degree of medical certainty, the claimant meets the criteria for heart surgery because of the triple bypass.

- In terms of heart attack, he had serial elevation of cardiac enzymes (this can happen in the setting of atrial fibrillation). He did not have typical symptoms of heart attack and did not have EKG changes consistent with a myocardial infarction. Since all three criteria are required, the claimant fails to meet criteria for heart attack.

Heart Attack Example

- 69-year-old female who presented to ER with CPR in progress on 6/24/2021. Insured's husband had found her on the floor in the kitchen unresponsive. EMS arrived and there was no pulse. CPR was begun. In the ED, there was notable facial trauma with an orbital rim injury on right side. She was found to be in pulseless electrical activity.

- There were EKG changes with T wave inversions, LAD and an IVCD. There was no evidence of ST elevation. She was pronounced over an hour after she was found unresponsive. Records indicate that she had pulseless electrical activity, a head injury, which appear true based on available records. They indicate that she had a myocardial infarction for which there is no evidence in the medical records. There is an elevated troponin of 532.

Heart Attack Example

Heart Attack: An Acute Myocardial Infarction resulting in the death of a portion of the heart muscle (myocardium) due to a blockage of one or more coronary arteries and resulting in the loss of the normal function of the heart. The diagnosis must be made by a Physician board certified in Cardiology and based on both of

1. New clinical presentation and/or electrocardiographic changes consistent with an evolving heart attack; and
2. Serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a diagnosis of heart attack.

Established (old) Myocardial Infarction is excluded.

Heart Attack Example

- Elevated troponin can happen for a myriad of reasons in this case – cardiac arrest, active CPR, etc. There are multiple potential reasons for cardiac arrest in the insured.

- Heart attack cannot be confirmed because there is no proof of death of the myocardium due to blockage of coronary arteries. There are no EKG changes consistent with an evolving heart attack. There is no serial measurement of biomarkers consistent with a heart attack.

- Therefore, with a reasonable degree of medical certainty, the available records fail to corroborate an insurance definition of myocardial infarction.

Prostate Cancer Example

- (d) **Invasive Cancer.** A malignant neoplasm experienced by the Primary Insured, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically otherwise excluded. Leukemias and lymphomas are included. The following are <u>not</u> considered Invasive Cancer:

  (1) Pre– malignant lesions (such as intraepithelial neoplasia); or
  (2) Benign tumors or polyps; or
  (3) Early prostate cancer diagnosed as T1N0M0 or equivalent staging; or
  (4) Cancer in situ; or
  (5) Any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic); or
  (6) Any cancer which is non–life threatening.

Invasive Cancer must be diagnosed pursuant to a Pathological Diagnosis or Clinical Diagnosis.

Prostate Cancer Example

Definition of Histologic Grade Group (G)

Recently, the Gleason system has been compressed into so-called Grade Groups.[48]

Grade Group	Gleason Score	Gleason Pattern
1	≤ 6	≤ 3+3
2	7	3+4
3	7	4+3
4	8	4+4, 3+5, 5+3
5	9 or 10	4+5, 5+4, or 5+5

AJCC 8th Edition Prostate: Prognostic Stage Groups

AJCC Prognostic Stage Groups

When T is…	And N is…	And M is…	And PSA is…	And Grade Group is…	Then the stage group is…
cT1a-c, cT2a	N0	M0	< 10	1	I
pT2	N0	M0	< 10	1	I
cT1a-c, cT2a, pT2	N0	M0	≥ 10 < 20	1	IIA
cT2b-c	N0	M0	< 20	1	IIA
T1-2	N0	M0	< 20	2	IIB
T1-2	N0	M0	< 20	3	IIC
T1-2	N0	M0	< 20	4	IIC
T1-2	N0	M0	≥ 20	1–4	IIIA
T3-4	N0	M0	Any	1–4	IIIB

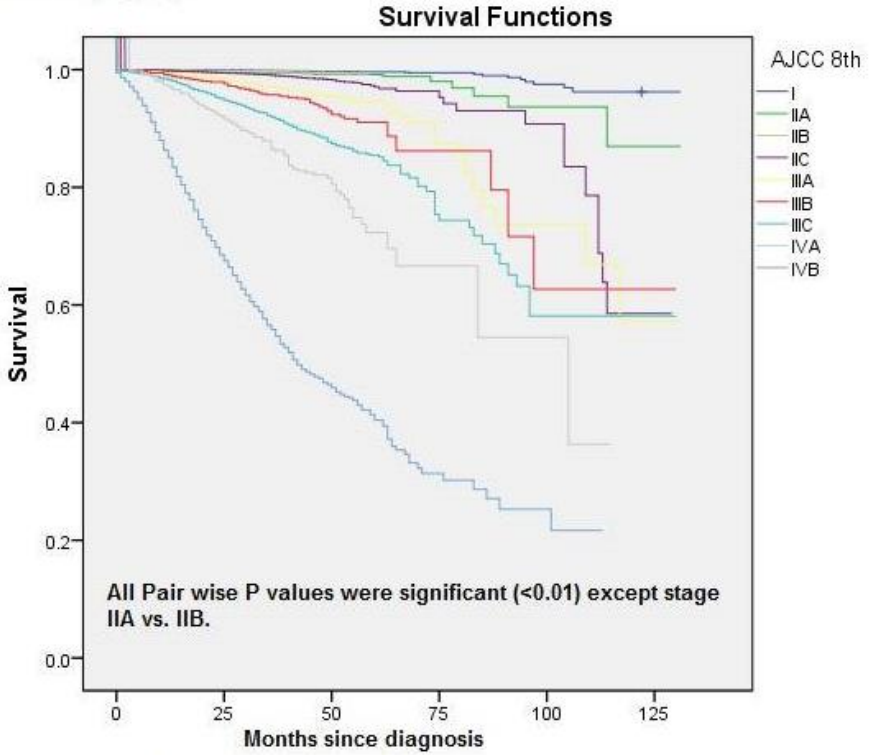
When T is…	And N is…	And M is…	And PSA is…	And Grade Group is…	Then the stage group is…
Any T	N0	M0	Any	5	IIIC
Any T	N1	M0	Any	Any	IVA
Any T	Any N	M1	Any	Any	IVB

Note: When either PSA or Grade Group is not available, grouping should be determined by T category and/or either PSA or Grade Group as available.

- Example: Gleason 4+3 at the time of biopsy with a PSA of 22

Prostate Cancer Example

Prostate cancer-specific survival by stage group according to the AJCC 8th edition (Fig 2a)



Number at risk	0 months	50 months	100 months	150 months
I	41561	9385	199	0
IIA	6644	1418	38	0
IIB	21790	3309	0	0
IIC	16591	2735	31	0
IIIA	6422	987	17	0
IIIB	1708	333	7	0
IIIC	6990	1119	18	0
IVA	1175	156	4	0
IVB	5071	356	9	0

Market Survey Results (GenRe)

Of the 39 participating companies, 21 offer one Critical Illness product, 17 offer two products and the remaining company offers three products. The majority (32 or 82%) offer a Group/Worksite (G/W) product, with 15 companies offering both Attained Age and Issue Age CI. (Exhibit A)

In total, the results represent 77 products currently being marketed. While 7 companies plan to make changes to their current G/W offering, only one plans to modify their Traditional Individual product.

Exhibit A. Percentage Offering CI Product

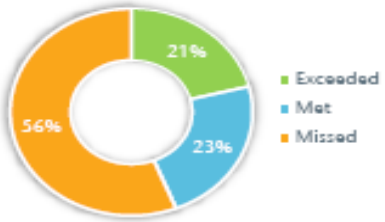
	Percentage of Companies
Traditional Individual	49%
Group/Worksite	82%
– Attained Age	64%
– Issue Age	56%

2020 Sales Results Compared to Goals

When asked how overall sales results compared to goals for 2020, 44% reported exceeding or meeting their sales targets. (Exhibit B)

For those companies that missed their goals, COVID-19 restrictions were sighted as having the most significant impact on results. Other negative impacts were attributed to competition, lack of flexibility in the market, and limited product flexibility.

Exhibit B. How Did Your Overall CI Sales Results Compare to Your Sales Goals?



Average Age at Time of Sale

The issue age for new business averaged 43 years for all three products combined. Traditional Individual averaged the highest issue age at 47 years, compared to 42 years for both G/W Attained Age and Issue Age. (Exhibit C)

Exhibit C. Issue Age for New Business

	All Products Combined	Traditional Individual	G/W Attained Age	G/W Issue Age
Average Issue Age	43	47	42	42

Market Survey results (GenRe)

New Business Sales

For 2020, participants reported selling 2 million new policies/certificates and about $561.6 million in new sales premium. In terms of new sales premium, G/W Attained Age represents the largest segment, with $289.9 million of new sales premium or 52% of the total. (Exhibit E)

Exhibit E. Percentage of New Business by Product

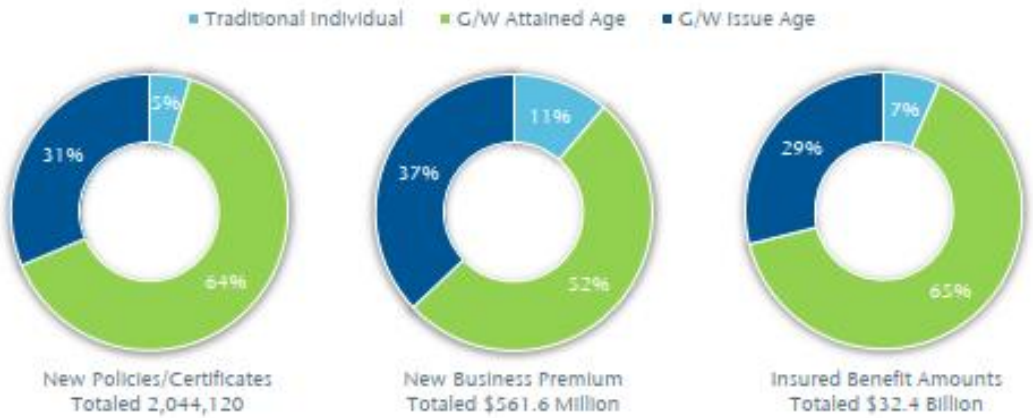


Exhibit F. 2020 Average New Business Benefit Amount Per Policy/Certificate

At over $22,000, the average face amount for Traditional Individual is significantly higher than the G/W products.

Market Survey results (GenRe)

In-force Business

Participating carriers reported a combined total of 5 million policies/certificates with $1.5 billion of in force premium in 2020. Based on in force premium, G/W Attained Age business accounted for 47% of the total, with $727.8 million in premium. (Exhibit H)

Exhibit H. Percentage of In-force Business by Product

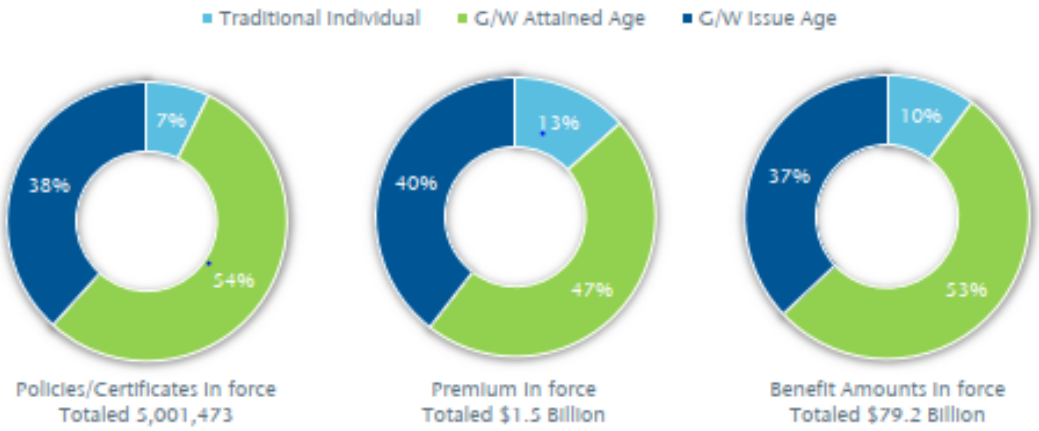
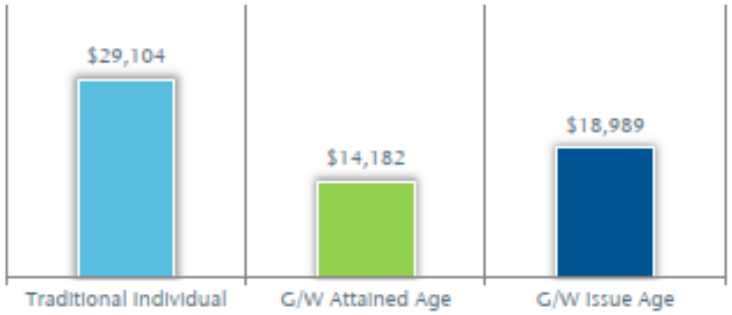


Exhibit I. 2020 Average In-force Benefit Amount Per Policy/Certificate



Traditional Individual averaged the highest in force benefit amount per policy at over $29,000.

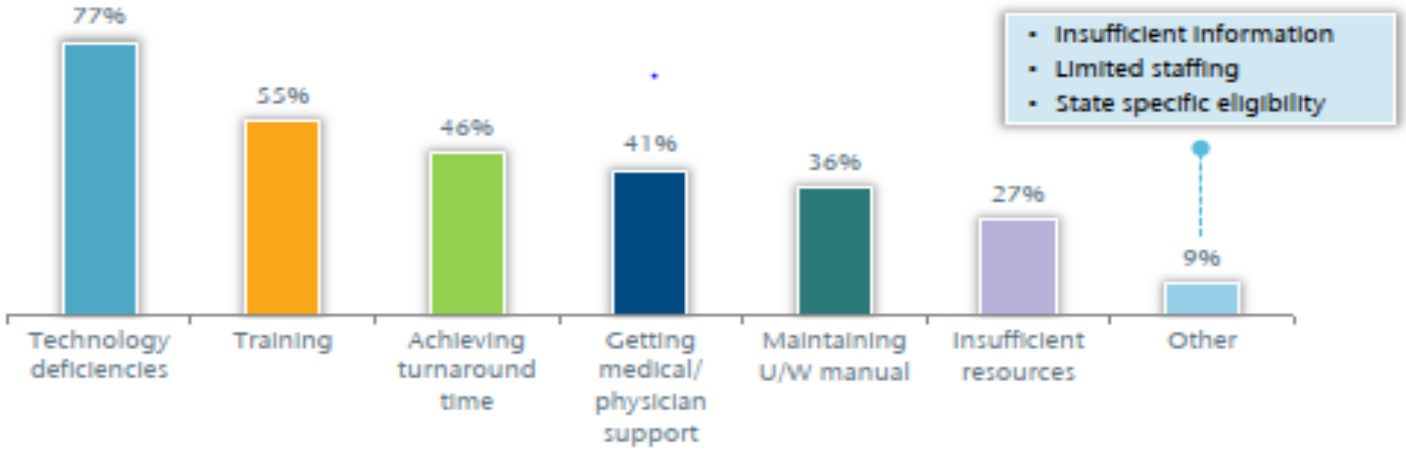
Issues, challenges & Frustrations

- All will depend on product design…

Top Underwriting Challenges

Seventy seven percent of companies cite technology deficiencies as one of the top three challenges to underwriting CI products. Fewer companies mentioned training (55%), achieving turnaround time (46%), and getting necessary medical/physician support (41%). (Exhibit L)

Exhibit L. Percentage of Companies Ranking as a Top Three Challenge to CI Underwriting

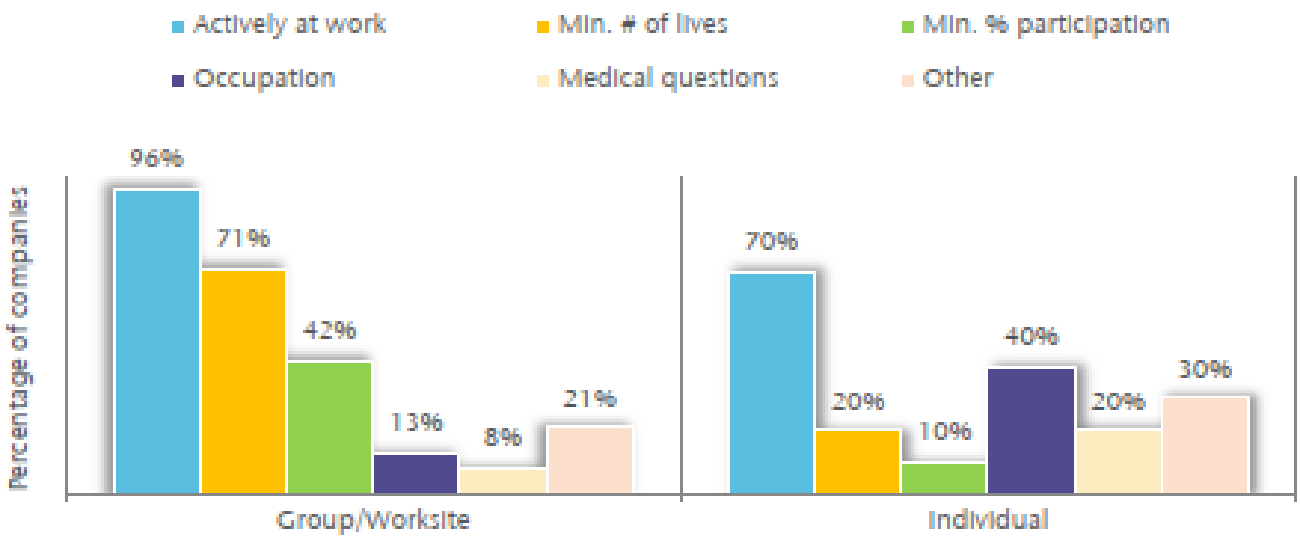


Issues, challenges & frustrations

Underwriting

For Group/Worksite policies, almost all companies (96%) require policy holders to be actively at work. Seventy one percent of companies require a minimum number of lives, and 42% require a minimum percentage of participation. A higher number of companies reported occupation (40%) and medical questions (20%) as underwriting requirements for individual policies. (Exhibit 5)

Exhibit 5. Typical Requirements for Underwriting



Product Types

- “No-Cost” Approach
  - Reputation Risk
  - Adds limited value
- Stand-Alone and or Acceleration coverage
- Group coverage
- Worksite coverage + plus supplemental

Product Spec Considerations

Rates:	• Banded, Unisex, Age Banded, etc.
Insured Issue Ages:	• Typically, 18-75
Maximum Benefit Amount	• Typically, $250,000
Benefit Reduction Structure	• Typically benefit reduces by 50% at the later of age 65 or fifth anniversary date
Maximum Benefit Amount:	• X times the benefit

Underwriting Critical Illness

- Underwriting focus for CII is on the major cause of claims.

Major cause of claims are:

- Cancer
- Heart attack, CVA, CABG, Kidney failure
- Major Organ Transplant

Standardized CI definitions (Canada, UK & Australia)

- What if in a perfect world we had…standardized definitions

- CI Benchmark Definitions last update 12/2018

- 7 definitions were updated (Cancer, Heart Attack, Stroke, Loss of Independent Existence, Multiple Sclerosis, Benign Brain Tumour, Bacterial Meningitis).

Standardized CI definitions (2018)

Cancer* is defined as the definite diagnosis of a malignant tumour. This tumour must be characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Types of cancer include carcinoma, melanoma, leukemia, lymphoma, and sarcoma.

The diagnosis of Cancer must be made by a Specialist and must be confirmed by a pathology report.

For purposes of the policy:

- T1a or T1b prostate cancer means a clinically inapparent tumour that was not palpable on digital rectal examination and was incidentally found in resected prostatic tissue.
- The term gastrointestinal stromal tumours (GIST) classified as AJCC Stage 1 means:
  - Gastric and omental GISTs that are less than or equal to 10 cm in greatest dimension with five or fewer mitoses per 5 mm^2, or 50 per HPF; or
  - Small intestinal, esophageal, colorectal, mesenteric and peritoneal GISTs that are less than or equal to 5 cm in greatest dimension with 5 or fewer mitoses per 5 mm^2, or 50 per HPF;
- The terms Tis, Ta, T1a, T1b, T1 and AJCC Stage 1 are as defined in the American Joint Committee on Cancer (AJCC) cancer staging manual, 8^{th} Edition, 2018.
- The term Rai stage 0 is as defined in KR Rai, A Sawitsky, EP Cronkite, AD Chanana, RN Levy and BS Pasternack: Clinical staging of chronic lymphocytic leukemia. Blood 46:219, 1975.

Exclusions: No benefit will be payable under this condition for the following:

- Lesions described as benign, non-invasive, pre-malignant, of low and/or uncertain malignant potential, borderline, carcinoma in situ, or tumors classified as Tis or Ta;

Standardized CI definitions (2018)

- Malignant melanoma of skin that is less than or equal to 1.0mm in thickness, unless it is ulcerated or is accompanied by lymph node or distant metastasis;
- Any non-melanoma skin cancer, without lymph node or distant metastasis. This includes but is not limited to, cutaneous T cell lymphoma, basal cell carcinoma, squamous cell carcinoma or Merkel cell carcinoma;
- Prostate cancer classified as T1a or T1b, without lymph node or distant metastasis;
- Papillary thyroid cancer or follicular thyroid cancer, or both, that is less than or equal to 2.0cm in greatest dimension and classified as T1, without lymph node or distant metastasis;
- Chronic lymphocytic leukemia classified as Rai stage 0 without enlargement of lymph nodes, spleen or liver and with normal red blood cell and platelet counts;
- Gastro-intestinal stromal tumours classified as AJCC Stage 1;
- Grade 1 neuroendocrine tumours (carcinoid) confined to the affected organ, treated with surgery alone and requiring no additional treatment, other than perioperative medication to oppose effects from hormonal oversecretion by the tumour; or
- Thymomas (stage 1) confined to the thymus, without evidence of invasion into the capsule or spread beyond the thymus.

90-Day Exclusion: No benefit will be payable under this condition if, within the first 90 days following the later of, the effective date of the policy, or the date of the last reinstatement of the policy, the Insured Person has any of the following:

- Signs, symptoms or investigations leading directly or indirectly to a diagnosis of any cancer (covered or not covered under the policy), regardless of when the diagnosis is made; or
- A diagnosis of any cancer (covered or not covered under the policy).

Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis, must be reported to the Company within 6 months of the date of the diagnosis. If this information is not provided within this period, the Company has the right to deny any claim for Cancer or, any critical illness caused by any cancer or its treatment.

Standardized CI definitions (2018)

Heart Attack (acute myocardial infarction) is defined as a definite diagnosis of death of heart muscle due to obstruction of blood flow, that results in:

A rise and fall of cardiac biomarkers to levels considered diagnostic of acute myocardial infarction, with at least one of the following:

- Heart attack symptoms;
- New electrocardiographic (ECG) changes consistent with a heart attack;
- Development of new pathological Q waves on ECG following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and/or angioplasty.

The diagnosis of heart attack (acute myocardial infarction) must be made by a Specialist.

Exclusions: No benefit will be payable under this condition for:

- ECG changes suggestive of a prior myocardial infarction;
- Other acute coronary syndromes, including angina pectoris and unstable angina; or
- Elevated cardiac biomarkers and/or symptoms that are due to medical procedures or diagnoses other than heart attack.

Assessing the CAD risks

- Family history (of a vascular nature,+ Diabetes).
- Build
- Lipids
- Blood pressure
- Smoking
- Previous history
- Same criteria when assessing preferred risk classification.

Challenges

- Learning curve (different UW Manual)
- Timeline importance
- Field-Brokerage acceptance –Customer experience
- APS & APS, EMR, Rx, Electronic Health records, labs Pic (why, why & what for?)
- Amendments

Challenges…assessing pre-cancerous risks

Why is it a concern for CI underwriting?

Cancer represents 48% of claims for men and 73% for women

Vague symptoms

Potential for antiselection

Very few precise testing done

Challenges…assessing the cancer risk

Previous predisposing conditions such as:

Colonic polyps (depending on type), UC

Benign breast conditions (Fibrocystic breast disease, fibroadenoma, intraductal papilloma, new microcalcifications)

Cervical dysplasia (abnormal PAP)

Skin lesions

Benign tumors present or previously removed

Pap Smears

Postponed pending further investigation/stability

Claims experience to date

Average Claimant Age

At time of claim, the average age of a Traditional Individual claimant was 56 years, compared to 51 years for both G/W Attained Age and Issue Age. The lowest claimant age reported was 40 years for Traditional Individual and G/W Issue age, and the highest was 72 years for Traditional Individual. (Exhibit N)

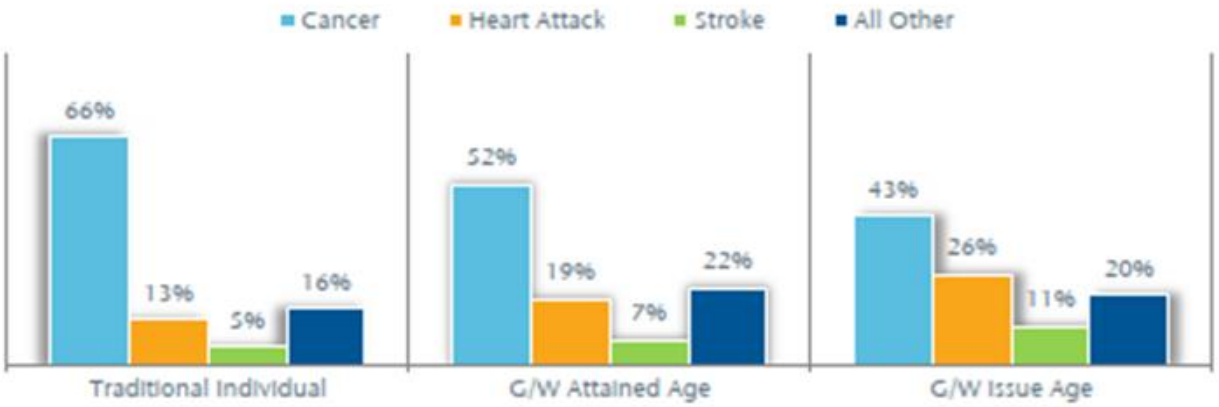
Exhibit N. Age of Claimant at Time of Claim

	Average
Traditional Individual	56
G/W Attained Age	51
G/W Issue Age	51

Types of Claims

On a combined basis, the three major diagnosis categories represent 84% of the claims submitted for Traditional Individual, 78% for G/W Attained Age, and 80% for Issue Age. (Exhibit O)

Exhibit O. Percentage of Claims by Diagnosis



Life / CI comparison of Family History

- Life - only factors into a life decision are Huntington's Chorea, polycystic kidney disease, breast cancer and hereditary cancer syndromes of colon.

- CI – see CI UWM, for Rider ratings (FH ratings in CI occurs frequently and build compared to Life).

Life/ CI comparison of Mammogram results

- Life guideline - if less than BIRADS 5 and benign, generally +0
- CI – assess based on the actual mammo findings but keep in mind that any suggestion of further investigation should result in a Postpone/Decline.

Life/ CI comparison of Thyroid Nodules

- Life - if cyst or benign aspiration/biopsy then +0, hot nodule is individual consideration, otherwise postpone.

- CI - refer to CI manual (note : multinodular non-toxic goiter is a decline)

Life / CI comparison of CIN

- Life - with favorable colposcopy/LEEP = +0, with no coloscopy/LEEP = Decline; if invasive rate as cervical cancer.

- CI
  - CIN 1 / CIN 2(Mild/Mod dysplasia-ASCUS) = Within 2 years PP. Thereafter – with current normal PAP = +0, Otherwise = Decline.
  - CIN 3 (Severe dysplasia, Ca. in situ) = Within 2 years PP. Thereafter - with hysterectomy, conization laser excision or cryotherapy = Refer to Reins – possible STD.

Life/ CI comparison of PIN

- Life - low/intermediate grade with favorable lab studies = +0, high grade PIN anywhere from 175% - Decline

- CI – All cases = decline.

Age 32 male 500K

- APP: LVAP 5/2017 for Tuberculosis testing reported negative. Family hx of CAD in father diagnosed age 38
- Life std
- CI Rider +50

Age 47 female 400K

- APP: Mother breast cancer diagnosed age 45. Annual Mammo WNL in 10/2016
- Life std
- CI Rider = +50

Age 64 male 750K

- APP: Seen in Emergency 4 years ago for right ankle fracture.
- PM: No doctor. No med history. Labs with cholesterol 336 and ratio 4.3, triglycerides 255, 5'7 166 and BP WNL
- Life =
- CI Rider =

Age 49 female 2,500,000

- PM: LVAP 2019Pap - WNL. Routine Paps. Hx of HPV - Has yearly MMG.

APS

- 1/2015 pap with LGSIL
- 12/2016 Pap ASCUS, + HPV
- 7/2017 Pap LGSIL
- 7/2018 Breast exam with shotty lymph node stable, fibrocystic changes, MMG not included.
- 3/2019 Fibrocystic breast changes. Past colposcopy and LEEP in 2010/2011; Pap today shows LGSIL, high grade lesion can't be excluded.
- Life =
- CI Rider =

Age 51 female 1.5M

- APP: Hx of migraine HA was given Rx Imitrex

APS

- 8/2017 Feels out of body and right eye feels weird. Has a headache and right eye is blurry. Advised to try Tylenol and if not relieved to come back. Impression headache and blurry vision.
- 9/2018 Got a headache with loss of peripheral vision of the right eye and then difficulty speaking with numbness/tingling of the right arm. Felt very dissociated from her body during the episode. Smoker trying to d/c for last 3 months
- 11/2018 Seen by neurology and it was felt her symptoms were worrisome for complex migraine or a TIA. Plan MRI and MRA and work-up for coagulopathy.
- 3/2019 Past hx of possible migraine type HA without workup, was given Rx Imitrex back in 2016
- 9/2019 Physical, vitals and BW WNL no new complaints
- Life =
- CI Rider =

Age 60 male 10M

- APP: HTN, on Lisinopril.
- Exam: HTN dx 2007. Routine physical with labs, ECG in the last year reported WNL.
- Labs with creatinine 1.4, GGT 131, CDT neg.

APS

- 10/2016 HTN 106/72, creatinine 1.27 (normal up to 1.27) EGFR > 60,
- 7/2017 BP 120/80. creatinine 1.38, EGFR 54 Low
- 5/2018 past colonoscopy WNL, BP 130/84. BUN 25 H, creatinine 1.35 H, EGFR 60
- 12/2019 BP 130/82, chest pain not related to activity, ECG WNL, impression muscular likely, no radiation, no SOB, no palpitations and advised to use Aleve.
- Life=
- CI=

Age 54 female 500K

- APP: Had about 5-6 colon polyps removed 2018; routine skin checkup last seen 2019. FH nil sign.
- APS #1
- 4/2016 9 mm dysplastic nevus of back noted
- 10/2018 9 mm dysplastic nevus noted of back
- 2/2019 9 mm dysplastic nevus noted, AK arm treated with Liquid nitrogen
- APS #2 Mother with colon cancer—age of onset not listed; personal hx of colon polyps.
- 1/2020 colonoscopy with 5 mm polyp of cecum treated with thermal therapy; 7 mm polyp of ascending colon—pathology showed a sessile serrated polyp; polyp 6 mm ascending colon—pathology showed a tubular adenoma; 2 polyps of rectum 9 mm and 1.2 cm, both tubular adenomas, and another polyp of rectum 3 mm--hyperplastic. Plan repeat colonoscopy in 6 months.
- Life =
- CI =

Age 61 male 3.5M

- Labs: creatinine 1.9 H (1.5) cholesterol 253, cholesterol/HDL 7.2, PSA 4.04 H. 6’3 262

APS

- 1/2014 159/101, headaches
- 1/2015 134/83
- 2/2016 169/94
- 12/2016 170/88
- 9/2017 175/103
- 11/2018 BUN 24 H Creatinine 1.7 H (1.5) GFR 42
- 12/2018155/90
- 5/2019 BP 155/92
- Life =
- CI=

Age 61 male 500K

- APP: HTN 8 years on meds, high blood sugar on no meds. LVAP physical reported as good. Vitals 5'5 192 and BP 134/70. Mother with lung cancer diagnosed age 60
- Labs: A1c 6.8, cholesterol/HDL 3.0, urine WNL
- PM: Diabetes 5 years on diet. HTN on Atenolol. Last physical with normal labs and no medication changes.
- HTN Questionnaire--5 years on Atenolol
- Diabetes Questionnaire—diet controlled, A1c 6.3
- Life=
- CI=

Age 57 female 750K

- APP: Routine physical with hx of Diabetes on Metformin; Left thyroid removed in 1998 on Synthroid in past but not now--reason removed not stated. Vaginal polyp removed in past, benign.
- PM: Recent check-up reported WNL. Had a thyroid goiter and had lobe removed in distant past, no more problems. Diabetes dx age 46 on meds. Labs with A1c 6.3, cholesterol/HDL 4.8, build 5'5 173, BP 129/74
- Diabetes Questionnaire dx 2 years on Metformin, last A1c 5.5

APS

- 8/2019 on Metformin. Hx of goiter with subtotal thyroidectomy.
- 12/2019 Microalbumin WNL, A1c 6.9 and was previously 6.0 recently. Possible mild paresthesias of feet. Increase Metformin due to rising A1c, Rx Niaspan, advised to get CT of heart for calcium calcification score. Normal sensation in feet, legs on examination.
- 3/2020 Calcium score zero.
- Life=
- CI =

Keys to successful Product

- Definitions
- Filing
- Training:
  - Distribution
  - Underwriting
  - Claim adjudication

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