

Core Access Medical Questions

Has the Applicant used tobacco or tobacco cessation products during the past 12 months?

Is any person whether or not they are applying for coverage, pregnant, in the process of adoption, or undergoing infertility treatment or use of a surrogate mother? If yes, coverage cannot be issued to any family member.

In the past 5 years has any person applying for coverage been diagnosed with, received medical advice or treatment for (including prescribed medications), or had symptoms of, any of the following conditions:

Heart disease, stroke, coronary artery disease, peripheral vascular disease, artery disease, coronary bypass, angioplasty or stent, or congenital heart disease

Cancer (other than basal or squamous cell skin cancer), or malignant melanoma

Disease or disorder of the brain or central nervous system including but not limited to brain tumor or cyst, muscular dystrophy, multiple sclerosis, cerebral palsy, mental retardation, chorea (Huntington's, Sydenham's or Wilson's Disease or other) or amyotrophic lateral sclerosis

Emphysema, chronic obstructive lung disease (COPD), cystic fibrosis or other chronic lung or respiratory condition (except for asthma or allergies)

Hepatitis B or C, cirrhosis, enlarged liver, liver tumor or hemangioma

Insulin dependent diabetes mellitus or chronic pancreatitis

Alcoholism, alcohol abuse, illegal drug use or prescription drug dependence or addiction

Bipolar disorder, schizophrenia, anorexia, bulimia, suicide attempt or other mental or nervous disorder (excluding situational depression, anxiety or attention deficit hyperactivity disorder, ADHD)

Kidney or bladder disorder (excluding resolved stones or urinary tract infections)

Rheumatoid or psoriatic arthritis, quadriplegia, paraplegia, or are you required to use a wheelchair or other device to assist you in ambulation

Stem cell transplant, organ transplant or disease of the blood (other than iron deficiency anemia)

Autoimmune disorder including but not limited to systemic lupus erythematosus, dermatomyositis, Sjoren syndrome or myasthenia gravis

Acquired immune deficiency syndrome (AIDS), AIDS related complex (ARC) or tested positive for the HIV virus

In the past 2 years has any person applying for coverage been diagnosed with, received medical advice or treatment for (including been prescribed medications), or had symptoms of, any of the following conditions:

Herniated or bulging disk or, degenerative disk disease of the spine

Ulcerative colitis, Crohn's disease, terminal ileitis or diverticulitis

Gall bladder disease that has not been cured and/or gall stones that have not been removed

Endometriosis, human papilloma virus or chronic menstrual disorder

Replacement of the hip(s) or knee(s)

