Health Alliance Plan®
by Henry Ford Health



Health Alliance Plan
Underwriting Guidelines for Alliance Medicare Supplement

Underwriting Reference Guide

AGENTS ONLY

HAP1267837 - 8/2026



Underwriting Guidelines

We believe an adequate level of underwriting leads to better premium rates for our customers.

For this reason, unless the applicant qualifies for Guaranteed Issue, **all applicants will be underwritten**.

Please inform your clients their application will have to be reviewed and approved by Health Alliance Plan's Medicare Supplement Underwriting Department. This review will take up to two business days. You will receive an email from **hapmedicareagent@hap.org** once an application is approved or declined.

Thus, you should also tell them their coverage does NOT go into effect at the time of their application. This means they should not cancel their current coverage until their application has been processed and their Alliance Medicare Supplement policy has been issued. If an applicant has current Medicare Advantage plan coverage, auto disenrollment is not triggered by purchasing a Medicare Supplement plan. Applicants must contact their insurance carriers to terminate their existing plans.

Declinable medications

This is a partial listing of prescription drugs that may cause Health Alliance Plan to decline coverage. It is not all inclusive.

A

Abilify
Abraxane
Actimmune
Afinitor
Aggrenox
Alimta
Alkeran
Alphanine SD
Alprolix
Ampyra
Antabuse
Aranesp
Arava
Aricept
Arimidex
Arzerra
Atgam
Atrovent HFA
Autoplex T
Avastin
Avonex
Azathioprine
Azilect

B

Baraclude
Banzel
Bebulin
Beleodaq
Benefix
Betaseron
Brilinta
Bunavail
Butrans

C

Campath
Campral
Carbidopa/Levodopa
Cellcept
Cerefolin
Cilostazol
Clonazepam
Clopidogrel
Colazal
Combivent
Combivir
Copaxone
Cordarone
Cosentyx
Coumadin
Crixivan
Cyclosporine

D

Daytrana
Delzicol
Demadex
Diazepam
Didanosine
Digoxin
Dilantin
Droxia

E

Effient
Eliquis
Elmiron
Embeda
Emtriva
Enbrel
Epivir
Ergoloid Mesylates
Evista
Exelon
Exjade

F

Fanapt
Farxiga
Felbatol
Femara
Fentanyl
Flutamide
Fosrenol
Fuzeon

G

Ganciclovir
Gastrinex
Geodon
Granix

H

Haloperidol
Harvoni
Hepagam B
Humira
Hydromorphone
Hydroxycloroquine
Hydroxyurea

I

Ilaris
Imuran
Infergen
Intelence
Intron-A
Invega
Invirase
Ionsys
Iressa
Isentress

J

Jakafi
Jevtana

K

Kaltera
Kcentra
Kepivance
Kineret

L

Lamictal
Lanoxin
Larodopa
Latuda
Letairis
Leukine
Levorphanol
Lexiva
Lithium
Loxapine
Luvox

M

Marinol
Megestrol
Meperidine
Methadone
Methotrexate
Moban
Multaq

Myfortic
Myochrysine

N

Namenda
Natpara
Neulasta
Neupogen
Neupro
Nexavar
Nilandron
Norvir
Nucynta
Nulojix

O

Odomzo
Omontys
Opana
Orencia
Orthoclone
Oxycodone

P

Pegasys
Peg-Intron
Pergolide Mesylate
Plavix
Pletal
Pradaxa
Prezista
Procrit
Prograf
Provenge

R

Ranexa
Rapamune
Rebetron
Recombinate
Remicade
Renagel
Renvela
Requip
Rescriptor
Revlimid
Reyataz
Rheumatrex
Riduara
Risperdal
Risperidone
Roferon-A

S

Saphris
Selegiline
Selzentry
Seroquel
Simulect
Sovaldi
Stalevo
Stribild
Sustiva
Sutent
Sylvant
Symbyax
Synagis

T

Tabloid
Tamoxifen Citrate
Tarceva
Targretin
Tasmar
Technivie
Taxotere
Temodar
Tretten
Trisenox
Trifluoperazine
Trihexyphenidyl
Trizivir
Tysabri
Tyzeka

U

Ultiva
Unituxin
Uvadex

V

Valcyte
Viaspan
Videx
Viracept
Viramune
Viread
Vivitrol

W

Warfarin

X

Xalkori
Xarelto
Xeloda
Xenazine
Xyrem

Z

Zaltrap
Zenapax
Zerbaxa
Ziagen
Zidovudine
Zoladex
Zyprexa

Declinable medical conditions

This is a partial listing of conditions that may cause Health Alliance Plan to decline coverage. It is not all inclusive.

A

AIDS, ARC OR HIV
Addison's Disease
Alcoholism
Alzheimer's
Amyotrophic Lateral Sclerosis (ALS)
Anemia (chronic, sickle cell)
Aneurysm (if present)
Ankylosing Spondylitis
Artificial opening for elimination or feeding within last 12 months
Asbestosis
Atherosclerosis

B

Back/spine disorder requiring surgery
Bipolar Disorder
Brain Tumor
Burns (extensive)

C

Cancer (other than basal cell skin cancer)
Cardiomyopathy
Cerebral Palsy
Chronic Kidney Disease
Cirrhosis of the liver
Colostomy (current or needed)
Congestive Heart Failure
Chronic Obstructive Pulmonary Disease (COPD)
Crohn's Disease
Cushing's Syndrome
Cystic Fibrosis

D

Dementia
Dialysis
Drug Abuse/Drug Addiction

E

Emphysema
End Stage Renal Disease (ESRD)

G

Gangrene
Glioblastoma

H

Heart Attack (myocardial infarction)
Heart Failure
Hemophilia
Hepatitis B or C
HIV
Hodgkin's Lymphoma
Huntington's Disease

K

Kidney Disease (requiring dialysis)

L

Leukemia
Lou Gehrig's Disease
Lupus
Lymphoma

M

Marfan Syndrome
Melanoma
Mesothelioma
Multiple Sclerosis
Muscular Dystrophy
Myasthenia Gravis

N

Neuropathy
Non-Hodgkin's Lymphoma

O

Osteitis Deforman (Paget's Disease)
Osteonecrosis

P

Pacemaker
Paget's Disease
Pancreatitis
Paralysis
Paraplegia
Parkinson's Disease
Peripheral Vascular Disease
Polycystic Kidney Disease
Polymyalgia Rheumatica
Polymyositis
Pulmonary Embolism

Q

Quadriplegia

R

Raynaud's Disease
Renal Failure
Rheumatoid Arthritis

S

Sarcoidosis
Schizophrenia
Sickle Cell Anemia

Sick Sinus Syndrome
Spina Bifida
Spinal Stenosis
Spondylosis
Stroke
Suicide Attempt
Systemic Lupus Erythematosus (SLE)

T

Transient Ischemic Attack (TIA)
Transplant
Tuberculosis

U

Ulcerative Colitis

V

Ventricular Tachycardia

W

Wilson's Disease

Body mass index

If an applicant's height and weight fall into one of these ranges, they are not eligible for coverage.

Height (ft/in)	Deniable BMI of 14 or less	Deniable BMI of 40.5 or more	Height (ft/in)	Deniable BMI of 14 or less	Deniable BMI of 40.5 or more
	Weight (lbs.)	Weight (lbs.)		Weight (lbs.)	Weight (lbs.)
4'	46 or less	133 or more	6'1"	106 or less	307 or more
4'1"	48 or less	138 or more	6'2"	109 or less	315 or more
4'2"	50 or less	144 or more	6'3"	112 or less	324 or more
4'3"	52 or less	150 or more	6'4"	115 or less	333 or more
4'4"	54 or less	156 or more	6'5"	118 or less	342 or more
4'5"	56 or less	162 or more	6'6"	121 or less	351 or more
4'6"	58 or less	168 or more	6'7"	124 or less	360 or more
4'7"	60 or less	174 or more	6'8"	127 or less	369 or more
4'8"	62 or less	181 or more	6'9"	131 or less	378 or more
4'9"	65 or less	187 or more	6'10"	134 or less	387 or more
4'10"	67 or less	194 or more	6'11"	137 or less	397 or more
4'11"	69 or less	201 or more	7'	141 or less	406 or more
5'	72 or less	207 or more	7'1"	144 or less	416 or more
5'1"	74 or less	214 or more	7'2"	147 or less	426 or more
5'2"	77 or less	221 or more	7'3"	151 or less	436 or more
5'3"	79 or less	229 or more	7'4"	154 or less	446 or more
5'4"	82 or less	236 or more	7'5"	158 or less	456 or more
5'5"	84 or less	243 or more	7'6"	161 or less	467 or more
5'6"	87 or less	251 or more	7'7"	165 or less	477 or more
5'7"	89 or less	259 or more	7'8"	169 or less	488 or more
5'8"	92 or less	266 or more	7'9"	172 or less	498 or more
5'9"	95 or less	274 or more	7'10"	176 or less	509 or more
5'10"	98 or less	282 or more	7'11"	180 or less	520 or more
5'11"	100 or less	290 or more	8'	184 or less	531 or more

Health Alliance Plan®
by Henry Ford Health



Questions?

We have answers

Contact us at **(888) 269-7003**