Aortic Valve Disorders

AORTIC STENOSIS (AS)

Aortic stenosis is narrowing of the aortic valve. It may be congenital or acquired. If AS is present at birth (congenital), it can be severe, requiring surgical intervention early in life. Acquired AS is usually caused by calcification, sclerosis, and degeneration of the aging valve. It is often associated with atherosclerosis of the arteries, including the coronary arteries. A common congenital heart abnormality is the bicuspid aortic valve (having two valve cusps instead of the normal three). People born with this valve anomaly usually don't have stenosis in youth, but can slowly progress to AS over time. Rheumatic fever and endocarditis may cause AS, but these are much less common.

AS produces a systolic murmur, which is transmitted to the carotid arteries in the neck. The main symptoms are shortness of breath (dyspnea), chest pain (angina), fainting (syncope) upon exertion, and congestive heart failure (CHF). Because only severe disease causes symptoms, individuals who are symptomatic are not insurable. Severe disease requires valve replacement.

In underwriting, AS is classified as minimal (peak gradient ≤15mmHg), mild (valve opening >1.5 cm2 and peak gradient \leq 35mmHg), moderate (valve opening 1.0 – 1.5 cm2 and peak gradient \leq 50mmHg), or severe (valve opening <1.0 cm2).

Table A-B is applied to applicants under age 50 who have calcified or bicuspid valves. Applicants under age 15 with AS are generally declined. For ages 15 and over, the following schedule applies.

AGES	MINIMUM AS	MILD AS	MODERATE AS	SEVERE AS
15 – 29	Table B	Table D	Table F	Decline
30 – 44	Table A	Table C	Table E	Decline
45 – 59	Table A	Table B	Table D	Decline
60 – 74	Non-rated	Table A	Table C	Decline
75+	Non-rated	Non-rated	Table B	Decline

AORTIC INSUFFICIENCY (AI)

Aortic insufficiency is the failure of the aortic valve to close properly, thus allowing the flow of blood backward into the left ventricle. Two common causes of AI are progressive degeneration of the congenitally bicuspid valve and progressive degeneration of the aging valve from calcification and sclerosis. As with AS, endocarditis (infection of the heart valve) and rheumatic fever are less common causes of Al.

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This material is intended for insurance informational purposes only and is not personal medical advice for clients. Rates and availability will vary based on the satisfaction of our underwriting criteria. Underwriting rules are subject to change at our discretion. This marketing material is subject to an expiration date, and use of this material must be discontinued as of the expiration date.

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RX FOR SUCCESS AORTIC VALVE DISORDERS

Al may exist for many years without producing symptoms. Eventually, palpitations, shortness of breath, chest pain, and congestive heart failure develop. It produces a diastolic murmur, which is widely transmitted over the chest. Aortic insufficiency (AI) is also referred to as aortic regurgitation (AR). Most severely regurgitant valves require replacement. Sometimes, repair is possible.

Table A-B is applied to applicants under age 50 who have calcified or bicuspid valves.

Al is classified as mild, moderate or severe depending upon the amount of backflow of blood across the valve. Applicants under age 15 with Al are generally declined. For ages 15 and over, the following schedule applies.

AGES	MILD AS	MODERATE AS	SEVERE AS
15 – 29	Table C	Table E	Table G to decline
30 – 44	Table B	Table D	Table G to decline
45 – 59	Table A	Table C	Table G to decline
60 – 74	Non-rated	Table B	Table G to decline
75+	Non-rated	Table A	Table G to decline

Non-rated cases would be eligible for Preferred categories if otherwise qualified.

Rx FOR SUCCESS AORTIC VALVE DISORDERS

Ask "Rx"pert Underwriter (A	sk Our Expe	ert)				
After reading the Rx for Success	on Aortic Valv	e Disorders,	use this form to A	Ask "Rx"pert Und	erwriter for an inforn	nal quote.
Producer						
If your client has an Aortic Valve	Disorder, plea	se answer t	he following:			
1. How long has this abnormalit	y been presen	t?				
(Years)						
2. Please check the type(s) of a	ortic valve dis	order preser	nt.			
☐ Aortic stenosis ☐ Aortic sclerosis ☐ Aortic insufficiency						
3. Have any of the following occ	urred?					
Chest pain Palpitations Trouble breathing Dizziness, fainting Heart failure	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No□ No□ No□ No□ No				
4. Is there a history of any other coronary artery disease, etc.);		in addition	to the aortic valve	e disorder (e.g., p	roblems with other v	alves,
☐ Yes. Please give details						
5. Have additional studies been	completed? (Check all th	at apply.)			
☐ Echocardiogram ☐ Cardiac catheterization ☐ None			(date) (date)			
6. Is your client on any medicat	ions?					
☐ Yes. Please give details						
7. Has your client smoked cigar	ettes in the la	st 12 montl	ns?			
☐ Yes. Please give details						