



Rx FOR SUCCESS

Hypertension (High Blood Pressure)

Approximately 50 million Americans have or are being treated for high blood pressure by a physician. Blood pressure is the force created by the heart as it pushes blood into the arteries and through the circulatory system. The systolic pressure is the pressure of the blood flow when the heart contracts. The diastolic pressure is the pressure between contractions. Blood pressure is measured in millimeters of mercury (mmHg). A typical blood pressure reading for an adult might be 127 systolic/78 diastolic.

- ▶ **Though an absolute level of elevated blood pressure is not universally accepted as hypertension, most authorities consider sustained systolic pressure over 139 mmHg and/or diastolic pressure over 89 mmHg as excess risk.**

Elevated blood pressure indicates that the heart is working harder than normal, putting both the heart and arteries under a greater strain. This may contribute to heart attacks, strokes, kidney failure, and atherosclerosis. If high blood pressure is not treated, the heart may have to work progressively harder to pump enough blood and oxygen to the body's organs and tissues to meet their needs. When the heart is forced to work harder than normal for an extended time, it tends to enlarge. Arteries also suffer the effects of elevated blood pressure becoming scarred, hardened and less elastic. The heart, brain, and kidneys are particularly susceptible to damage by hypertension.

- ▶ **In 90% – 95% of the people with high blood pressure, the cause is unknown. This type of hypertension is called essential or primary hypertension. Even though scientists do not fully understand the causes of high blood pressure, they have developed drugs that are effective over the long term in treating this disease.**
- ▶ **In the remaining cases, high blood pressure is a symptom of a recognizable underlying problem such as a kidney abnormality, adrenal gland tumor, or congenital defect of the aorta. This type of high blood pressure is called secondary hypertension.**

When we evaluate applicants with hypertension, we generally consider all blood pressure readings within the past 12 months. We also consider other cardiovascular risk factors such as build, ECG findings, lipid levels (cholesterol), diabetes, and family history. In addition, proper medical care and proper use of prescribed medication are important factors. Generally, individuals whose average blood pressure during the past 12 months fall in the range on the chart below will not be rated.

AGE	SYSTOLIC	DIASTOLIC
18 – 34	140	90
35 – 49	150	90
50 – 69	150	95
70 +	160	95

Blood pressure exceeding these standard levels may be rated based on a hypertensive chart. Good family history, a normal stress electrocardiogram of adequate duration completed within the past year, or a normal echocardiogram can be used to offset blood pressures that are rated.

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.

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Bring Your Challenges[®]

SYSTOLIC PRESSURE MMHG	AGE	<85	86-90	91-95	96-100	101-105	106-108	109-112	>112
<120	18-34	0	0	0	50	100	125	R	R
	35-49	0	0	0	30	55	100	125	
	50-69	0	0	0	0	30	55	100	
	70+	0	0	0	0	0	50	75	
121-130	18-34	0	0	0	50	100	125	R	R
	35-49	0	0	0	30	55	100	125	
	50-69	0	0	0	0	30	55	100	
	70+	0	0	0	0	0	50	75	
131-135	18-34	0	0	0	50	100	125	R	R
	35-49	0	0	0	30	55	100	125	
	50-69	0	0	0	0	30	55	100	
	70+	0	0	0	0	0	50	75	
136-140	18-34	0	0	30	50	100	125	R	R
	35-49	0	0	0	30	55	100	125	
	50-69	0	0	0	0	30	75	100	
	70+	0	0	0	0	0	55	75	
141-145	18-34	0	0	30	55	100	125	R	R
	35-49	0	0	30	50	75	100	125	
	50-69	0	0	0	30	50	75	100	
	70+	0	0	0	0	30	55	75	
146-150	18-34	0	30	50	75	125	175	R	R
	35-49	0	0	30	55	100	125	175	
	50-69	0	0	0	30	55	100	150	
	70+	0	0	0	0	50	75	125	
151-160	18-34	30	50	75	100	150	175	R	R
	35-49	0	30	50	75	100	150	175	
	50-69	0	0	30	55	75	100	150	
	70+	0	0	0	30	55	75	125	
161-170	18-34	55	75	125	150	200	R	R	R
	35-49	50	55	100	125	175	225	R	
	50-69	30	50	55	75	100	150	250	
	70+	0	30	50	55	75	100	200	
171-180	18-34	100	125	150	200	250	R	R	R
	35-49	75	100	125	175	200	250	R	
	50-69	55	75	75	100	150	200	275	
	70+	50	55	55	75	100	150	225	
181-190	18-34	150	150	200	225	275	R	R	R
	35-49	100	125	175	200	250	R	R	
	50-69	100	100	125	150	175	225	R	
	70+	75	75	75	100	125	200	R	
191-200	18-34	200	200	225	275	R	R	R	R
	35-49	175	175	200	250	275	R	R	
	50-69	125	125	150	200	225	R	R	
	70+	100	100	100	150	175	R	R	
201-210	18-34	R	R	R	R	R	R	R	R
	35-49	200	225	250	275	R			
	50-69	150	175	200	250	275			
	70+	125	150	175	200	225			
>210		R	R	R	R	R	R	R	R

Ask "Rx"pert Underwriter (Ask Our Expert)

After reading the *Rx for Success* on Hypertension, use this form to Ask "Rx"pert Underwriter for an informal quote.

Producer _____ Phone _____ Fax _____
 Client _____ Age/DOB _____ Sex _____

If your client has a history of high blood pressure, please answer the following:

1. Please list date when first diagnosed.

2. What was the most recent blood pressure reading? (Client may need to contact their physician's office for this information.)

3. Is your client on any medications?

- Yes. Please give details. _____
 No

4. Please check if your client has had any of the following:

- | | |
|---|--|
| <input type="checkbox"/> Chest pain or coronary artery disease | <input type="checkbox"/> Aneurysm |
| <input type="checkbox"/> Family history of heart disease, high blood pressure, stroke | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Abnormal lipid levels | <input type="checkbox"/> Peripheral vascular disease |
| <input type="checkbox"/> TIA or stroke | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Enlarged heart | <input type="checkbox"/> Overweight |

5. Has your client smoked cigarettes in the last 12 months?

- Yes
 No

6. Has a stress electrocardiogram (treadmill test) been completed within the past year?

- Yes, normal _____ (Date)
 Yes, abnormal _____ (Date)
 No

7. Has your client ever had an echocardiogram?

- Yes. Please include a copy. _____
 No

8. Does your client have any other major health problems (e.g., cancer, etc.)?

- Yes. Please give details. _____
 No