

5. Change Deductible, Coinsurance or Out-of-Pocket Maximum

Select only an amount higher than your current deductible, coinsurance or out-of-pocket maximum. The requested change in this section will be effective the first of the month following receipt and approval of the Coverage Change Form.

NOTE: This form cannot be used if you wish to lower your deductible, coinsurance or out-of-pocket maximum. You must reapply by completing a new application or a Policy Upgrade Application. You may also be required to meet health guidelines or serve a new 12-month waiting period for pre-existing conditions depending on the product you have.

KEYCARE® PREFERRED

Change deductible to: \$750 \$1,500 \$2,500 \$5,000

BASIC KEYCARE®

Change deductible to: \$300* \$750 \$1,500 \$2,500 \$5,000

* For movement from KeyCare Preferred only.

BASIC BLUECARE®

Change deductible to: \$750 \$1,500 \$2,500 \$5,000

ESSENTIAL KEYCARE®

Change deductible to: \$1,500 \$2,500

KEYCARE® HSA

Based on Single (One person) / Family Coverage (two or more people)

Change deductible/coinsurance to:

Single: \$2,250 \$3,000 \$5,000

Family: \$4,500 \$6,000 \$10,000

INDIVIDUAL KEYCARE®

Change deductible to: \$750 \$1,500 \$2,500 \$5,000

Change coinsurance to:

0% coinsurance after deductible (For \$1,500 and \$2,500 deductibles only)

20% coinsurance after deductible (Not applicable for \$5,000 deductible)

VIRGINIA ADVANTAGE®

Change deductible to: \$750 \$1,500 \$2,500 \$5,000 \$10,000

Change coinsurance to:

0% coinsurance after deductible (For \$1,500 and \$2,500 deductibles only)

20% coinsurance after deductible (Not applicable for \$5,000 and \$10,000 deductibles)

VIRGINIA BASIC

Change deductible to: \$300* \$750 \$1,500 \$2,500 \$5,000

Change coinsurance to:

0% coinsurance after deductible (For \$1,500 and \$2,500 deductibles only)

20% coinsurance after deductible (Not applicable for \$5,000 deductible)

* For movement from Individual KeyCare and Virginia Advantage only.

HEALTHY VIRGINIAN, VIRGINIA SELECT, OPTION I, AND OPTION II

Change deductible to: \$300* \$750 \$1,500 \$2,500 \$5,000** \$10,000**

* For Option II only.

** For Option I only.

VIRGINIA STANDARD, CONVERSION, STANDARD I, AND STANDARD 2

Change deductible to: \$1,500 \$2,500 \$5,000* \$10,000**

* For Virginia Standard, Standard 1, and Standard 2 only.

** For Standard 1 and Standard 2 only.

Note: You may never decrease your deductible under Conversion, Standard 1, and Standard 2.

6. Add or Delete Riders

Riders may be added within 31 days of your policy anniversary date (or policy renewal for Virginia Standard, Healthy Virginian, Standard 1, Standard 2 and Conversion) or a qualifying event.

A qualifying event occurs when any of the following events happen to a covered person: marriage; divorce or legal separation; reaches age 65 or becomes eligible for Medicare benefits; birth or adoption of a child; adding or deleting a dependent from the policy; death; a change or loss of job; begins active duty with the Armed Services; a court order; or the end of the year in which a covered child reaches 23 for KeyCare Preferred, Basic BlueCare, Basic KeyCare, KeyCare HSA, Essential KeyCare, Individual KeyCare, Virginia Advantage, Virginia Basic, Option I and Option II or the end of the year in which a covered child reaches age 19, or 23 if a full-time student for Virginia Standard, Conversion, Virginia Select, Healthy Virginian, Standard 1 and Standard 2.

A. Reason for making change:

Anniversary or Renewal date, depending on product; or

Qualifying event.

Type of qualifying event (see list above); _____

Date of qualifying event: _____

Maternity Coverage

This rider is available for KeyCare Preferred, Basic BlueCare, Basic KeyCare, Individual KeyCare, KeyCare HSA, Virginia Advantage, Virginia Basic, Virginia Standard, Option I and Option II.

Add - Maternity Coverage (For all products, except Option II, policyholder must read and initial below to add maternity coverage.)

INITIAL HERE My initials show that I understand the following: 1) conception must occur at least **6 months** after the rider effective date; and
2) this rider is only available to a female applicant or female spouse age 18 or older, or a female emancipated minor.

Delete - Maternity Coverage

Dental Coverage

This rider is available for KeyCare Preferred, Basic BlueCare, Basic KeyCare, Individual KeyCare, Essential KeyCare, KeyCare HSA, Virginia Advantage, Virginia Basic, and Virginia Standard.

For KeyCare Preferred, Basic BlueCare, Essential KeyCare, KeyCare HSA, and Basic KeyCare this rider can be added the first of the following month after receipt and approval of this form. For Individual KeyCare, Virginia Advantage, Virginia Basic, and Virginia Standard the rider effective date will be the date of your policy anniversary (or policy renewal for Virginia Standard) or the first of the month following receipt and approval of your changes due to a qualifying event.

Add - Dental Coverage

Delete - Dental Coverage

*Rider may be deleted on the first of the month following receipt of request. If deleting rider, it may not be added back to your policy until **24 months** after the date it was deleted.*

Supplemental Accident Coverage

This rider is available for KeyCare Preferred, Basic BlueCare, Essential KeyCare, Basic KeyCare, Individual KeyCare, Virginia Advantage, Virginia Basic, and Virginia Standard.

*The rider effective date will be the date of your policy anniversary (or policy renewal for Virginia Standard) or the first of the month following receipt and approval of your changes due to a qualifying event. Rider may be deleted on the first of the month following receipt of request. If deleting rider, it may not be added back to your policy until **24 months** after the date it was deleted.*

Add - Supplemental Accident Coverage

Delete - Supplemental Accident Coverage

6. Add or Delete Riders (continued)

Preventive Care and Immunizations for Children

This rider is available for Option I, Option II, Healthy Virginian, Essential KeyCare, Standard 1, Standard 2, and Conversion. Rider is only available for children ages 6 or younger.

The effective date of this rider will be the date of your policy anniversary for Option I, Option II and Essential KeyCare or policy renewal for Healthy Virginian, Standard 1, Standard 2, and Conversion, your newborn's date of birth or the date of placement of an adopted child, or the first of the month following receipt and approval of your changes due to a qualifying event.

Add - Preventive Care and Immunizations for Children

Delete - Preventive Care and Immunizations for Children

Rider may be deleted at your policy anniversary for Option I and Option II and Essential KeyCare, or policy renewal for Healthy Virginian, Standard 1, Standard 2, and Conversion or at the end of the month the child(ren) turns age 7.

7. Certification

This section must be signed and dated to avoid delays in processing.

I and my agent (if applicable) certify that I have read or have had read to me this completed form. The above information is accurate to the best of my knowledge and I authorize the above changes to my policy.

I understand that:

1. no coverage will be in force until this form is approved by the Company and that the effective date of the change will be the date assigned by the Company;
2. if the Maternity Rider was chosen, conception must occur at least six months after the rider effective date (Note: The six month waiting period is not applicable for the Option II maternity rider); and
3. no sales agent or broker is authorized to do any of the following: accept risks; make decisions about policy eligibility; change any policy provision; add terms to any policy; or terminate any policy.

_____ Signature of Applicant or Legal Representative if applicable Date (mm/dd/yyyy)

_____ Signature of Spouse or Legal Representative if applicable Date (mm/dd/yyyy)

_____ Signature of Other Adult Person to be covered or Legal Representative if applicable Date (mm/dd/yyyy)

_____ Signature of Other Adult Person to be covered or Legal Representative if applicable Date (mm/dd/yyyy)

_____ Signature of Agent if applicable Date (mm/dd/yyyy)

If a legal representative signs on behalf of the applicant or any other adult person to be covered, a copy of the legal representative's authority must be attached to the application.

8. Agent Information

Agency Number Agent Number Receipt Date

Print Name () ()
 Telephone Number Fax Number

Email address: