



VIRGINIA INDIVIDUAL MARKET PRODUCT MOVEMENT GUIDELINES

For Agent Use Only

Effective January 1, 2010

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NEW SALE FROM ANTHEM, ANTHEM AFFILIATE OR OTHER BLUE CROSS BLUE SHIELD COVERAGE

	MEDICAL UNDERWRITING REQUIRED?	MOVE TO NEW AGE?	CREDIT FOR PRIOR TIME SERVED?	DEDUCTIBLE & OUT-OF-POCKET CREDIT?	HEALTH INCENTIVE ACCOUNT CREDIT?	RESET LIFETIME MAXIMUM?	WHEN ALLOWED?	DIRECT SALES CREDIT?	BROKER COMMISSION	FORM REQUIRED
KeyCare Preferred, Essential KeyCare, Flexible Choice, HealthSmart, HealthSmart w/ Enhanced Rx, KeyCare HSA, Basic BlueCare, or Lumenos HSA	Yes	N/A	Yes, if completed application is received within 63 days of cancellation of prior coverage.	No	N/A	N/A	Allowed anytime. However, allowed once in 12-month period if coming from an Anthem individual open enrollment product.	Yes	New Sale	Application
Lumenos HIA or Lumenos H IA Plus	Yes	N/A	Yes, if completed application is received within 63 days of cancellation of prior coverage.	No	No	N/A	Allowed anytime. However, allowed once in 12-month period if coming from an Anthem individual open enrollment product.	Yes	New Sale	Application
Lumenos HSA Standard or Virginia Standard	No	N/A	No, unless HIPAA eligible. However 30 days of credit will be given towards the 12-month pre-existing waiting period if applicant applies for underwritten product within 15 days of submitting an Anthem 30-day Short Option app & underwritten product is denied for medical reasons & break in coverage is 63 days or less.	No	N/A	N/A	When no longer eligible for coverage	Yes	New Sale	Application
Conversion	No	N/A	Yes, if no break in coverage <i>and</i> app is received within 31 days from cancellation date of prior coverage.	No	N/A	N/A	When no longer eligible for coverage	Yes	New Sale	Application
Short Option	No	N/A	No	No	N/A	N/A	When no longer eligible for coverage	Yes	New Sale	Application

NEW SALE FROM ANTHEM, ANTHEM AFFILIATE OR OTHER BLUE CROSS BLUE SHIELD COVERAGE

NOTES & DEFINITIONS

If applying for KeyCare Preferred, Essential KeyCare, KeyCare Flexible Choice, KeyCare HealthSmart, KeyCare HealthSmart w/ Enhanced Rx, KeyCare HSA, Basic BlueCare, Lumenos HSA, Lumenos HIA or Lumenos HIA Plus:

Anthem and Anthem affiliate's coverage means coverage under any of the following:

- Anthem group;
- Anthem individual (other than Virginia plans)
- TPA;
- HMO;
- FEP;
- COBRA;
- Short Term; or
- Major medical student policies

Other Blue Cross Blue Shield coverage means coverage under any of the following:

- Group;
- Individual major medical;
- Major medical short term; or
- Conversion

To ensure waiting period credit, if applicable, applicants must get an effective date within 63 days of prior coverage cancellation or they must enroll in a 30-day Short Option within 63 days of prior coverage cancellation.

If applicant enrolls in PHC underwritten coverage AND retains other group coverage*, credit is given on PHC policy for time already served on other coverage. Applicant can apply at any time. If the applicant has another insurance company's individual policy, we would not sell our individual policy, unless ours is the replacement.

** Refer to Agent's Guide for complete eligibility requirements.*

If applying for Virginia Standard or Lumenos HSA Standard:

Anthem and Anthem affiliate's coverage means coverage under any of the following:

- Anthem group;
- Anthem individual (other than Virginia plans)
- TPA;
- HMO;
- FEP;
- COBRA; or
- Major medical student policies

Other Blue Cross Blue Shield coverage means coverage under any of the following:

- Group major medical; or
- Individual major medical;

If applying for Conversion:

Anthem and Anthem affiliate's coverage means coverage under any of the following:

- Anthem group;
- TPA;
- HMO;
- FEP;
- COBRA; or
- Major medical student policies

Other Blue Cross Blue Shield coverage means coverage under any of the following:

- Group major medical; or
- Individual major medical;

NEW SALE FROM COMPETITORS' COVERAGE

	MEDICAL UNDERWRITING REQUIRED?	MOVE TO NEW AGE?	CREDIT FOR PRIOR TIME SERVED?	DEDUCTIBLE & OUT-OF-POCKET CREDIT?	HEALTH INCENTIVE ACCOUNT CREDIT?	RESET LIFETIME MAXIMUM?	WHEN ALLOWED?	DIRECT SALES CREDIT?	BROKER COMMISSION	FORM REQUIRED
KeyCare Preferred, Essential KeyCare, Flexible Choice, HealthSmart, HealthSmart w/ Enhanced Rx, KeyCare HSA, Basic BlueCare, or Lumenos HSA	Yes	N/A	Yes, if completed application is received within 63 days of cancellation of prior coverage.	No	N/A	N/A	Anytime	Yes	New Sale	Application
Lumenos HIA or Lumenos HIA Plus	Yes	N/A	Yes, if completed application is received within 63 days of cancellation of prior coverage.	No	No	N/A	Anytime	Yes	New Sale	Application
Lumenos HSA Standard or Virginia Standard	No	N/A	No, unless HIPAA eligible. However 30 days of credit will be given towards the 12-month pre-existing waiting period if applicant applies for underwritten product within 15 days of submitting an Anthem 30-day Short Option application and underwritten product is denied for medical reasons and break in coverage is 63 days or less.	No	N/A	N/A	When no longer eligible for coverage	Yes	New Sale	Application
Short Option	No	N/A	No	No	No	N/A	When no longer eligible for coverage	Yes	New Sale	Application

NEW SALE FROM COMPETITORS' COVERAGE

NOTES & DEFINITIONS

If applying for KeyCare Preferred, Essential KeyCare, KeyCare Flexible Choice, KeyCare HealthSmart, KeyCare HealthSmart w/ Enhanced Rx, KeyCare HSA, Basic BlueCare, Lumenos HSA, Lumenos HIA or Lumenos HIA Plus:

Competitor's coverage means coverage under any of the following:

- Group, including group trust and association products;
- Individual major medical;
- Major medical short term;
- Conversion;
- Medicaid; or
- Medicare

To ensure waiting period credit, if applicable, applicants must get an effective date within 63 days of prior coverage cancellation or they must enroll in a 30-day Short Option within 63 days of prior coverage cancellation.

If applicant enrolls in PHC underwritten coverage AND retains other group coverage*, credit is given on PHC policy for time already served on other coverage. Applicant can apply at any time. If the applicant has another insurance company's individual policy, we would not sell our individual policy, unless ours is the replacement.

** Refer to Agent's Guide for complete eligibility requirements.*

If applying for Lumenos HSA Standard or Virginia Standard:

Competitor's coverage means coverage under any of the following:

- Group, including group trust and association products; or
- Individual major medical

HIPAA ELIGIBLE INDIVIDUALS

	MEDICAL UNDERWRITING REQUIRED?	MOVE TO NEW AGE?	CREDIT FOR PRIOR TIME SERVED?	DEDUCTIBLE & OUT-OF-POCKET CREDIT?	HEALTH INCENTIVE ACCOUNT CREDIT?	RESET LIFETIME MAXIMUM?	WHEN ALLOWED?	DIRECT SALES CREDIT?	BROKER COMMISSION	FORM REQUIRED
KeyCare Preferred, Essential KeyCare, Flexible Choice, HealthSmart, HealthSmart w/ Enhanced Rx, KeyCare HSA, Basic BlueCare, or Lumenos HSA (Level 1, 2 or 3)	Yes	N/A	12 month waiting period waived	No	N/A	N/A	Anytime	Yes	New Sale	Application
Lumenos HIA or Lumenos HIA Plus (Levels 1, 2 or 3)	Yes	N/A	12 month waiting period waived	No	No	N/A	Anytime	Yes	New Sale	Application
KeyCare Preferred, Essential KeyCare, Flexible Choice, HealthSmart, HealthSmart w/ Enhanced Rx, KeyCare HSA, Basic BlueCare, or Lumenos HSA HSA (Level 4)	No	N/A	12 month waiting period waived	No	N/A	N/A	Anytime	Yes	New Sale	Application
Lumenos HIA or Lumenos HIA Plus (Level 4)	No	N/A	12 month waiting period waived	No	No	N/A	Anytime	Yes	New Sale	Application
Virginia Standard, Lumenos HSA Standard or Conversion	No	N/A	12 month waiting period waived	No	N/A	N/A	Anytime	Yes	New Sale	Application

HIPAA NOTES & DEFINITIONS

An Eligible Individual, according to the Health Insurance Portability and Accountability Act (HIPAA), must meet ALL of the following requirements and is defined as someone who:

- Has had 18 months of prior creditable coverage* (see below);
- Was most recently covered under an employer group health plan, employer governmental plan, employer church plan, or individual plan when carrier exits the market and cancels coverage*;
- Has elected and exhausted COBRA or similar state continuation of benefits coverage, if it was available;
- Is not eligible for any other group coverage, Medicare or Medicaid;
- Does not have other health insurance;
- Has had no more than a 63-day break in coverage, unless waiting for a period of time to expire before group coverage was effective; and
- Has not had previous coverage terminated for fraud or non-payment of premium.

HIPAA NOTES & DEFINITIONS, CONTINUED.

* If the most recent creditable coverage is individual health insurance, and the insurer offering it exits the individual health insurance market and cancels the policyholder’s coverage, then only 12 months, and not 18 months, of prior creditable coverage is required.

Creditable coverage means coverage under any of the following:

- | | | | |
|-----------------------------|-----------------------------|-------------------------------------|---|
| • A group health plan | • CHAMPUS/TRICARE | • A state health benefits risk pool | • A health benefit plan under the Peace Corps Act |
| • Medicare Part A or Part B | • Health insurance coverage | • A public health plan | • A medical care program of the Indian Health Service |
| • Medicaid | • Federal Employee Program | • Individual health plan | or of a tribal organization |

The maternity rider has a 6-month waiting period. Conception must occur at least 6 months from the maternity rider effective date for services to be covered. However, if an applicant is a HIPAA Eligible Individual as defined above and conception occurred prior to the effective date, the 6-month waiting period is waived. If conception occurs on or after the effective date, the 6-month waiting period will apply.

In order to expedite the enrollment process for HIPAA Eligible Individuals, the following information should be submitted with the application:

- Written proof from the applicant’s employer that COBRA or continuation of coverage is not available; OR
- Written proof from the applicant’s employer or prior insurance carrier that coverage under COBRA or a similar program has been exhausted; AND
- Confirmation of 18 consecutive months of coverage.

**KEYCARE PREFERRED, KEYCARE FLEXIBLE CHOICE, ESSENTIAL KEYCARE,
KEYCARE HEALTHSMART, KEYCARE HEALTHSMART W/ENHANCED RX & BASIC BLUECARE**

	MEDICAL UNDERWRITING REQUIRED?	MOVE TO NEW AGE?	CREDIT FOR PRIOR TIME SERVED?	DEDUCTIBLE & OUT-OF-POCKET CREDIT?	HEALTH INCENTIVE ACCOUNT CREDIT?	RESET LIFETIME MAXIMUM?	WHEN ALLOWED?	DIRECT SALES CREDIT?	BROKER COMMISSION	FORM REQUIRED
Movement Within Product										
Increase customer liability (Refer to charts beginning on page 2-5 to determine customer liability.)	No	No	Yes, as long as there is no break in coverage	Yes, as long as there is no break in coverage	N/A	No	Anytime	No	Retention	Coverage Change Form
Decrease customer liability (Refer to charts beginning on page 2-5 to determine customer liability)	Yes	No	Yes, if break in coverage is 63 days or less	No	N/A	No	Twice within a twelve month period. Does not have to be at renewal or qualifying event. *	Yes	Retention	Policy Upgrade Application
Change underwriting level (i.e., change from Level 3 to Level 1 or 2)	Yes	No	Yes, if break in coverage is 63 days or less.	Yes, as long as there is no break in coverage	N/A	No	Twice within a twelve month period. Does not have to be at renewal or qualifying event. *	No	Retention	Policy Upgrade Application
Movement to Different Product										
Movement to a Currently Sold Underwritten Product . Refer to information below for movement that does not involve medical underwriting.	Yes	Yes	Yes, if break in coverage is 63 days or less	No	N/A	No	Anytime	Yes	Retention	Application
For KeyCare Preferred ONLY: Movement to Basic KeyCare at same or increased customer liability (Refer to charts beginning on page 2-5 to determine customer liability)	No, as long as there is no break in coverage.	No	Yes, as long as there is no break in coverage	Yes	N/A	No	At policy anniversary or qualifying event	No	Retention	Coverage Change Form

**KEYCARE PREFERRED, KEYCARE FLEXIBLE CHOICE, ESSENTIAL KEYCARE,
KEYCARE HEALTHSMART, KEYCARE HEALTHSMART W/ENHANCED RX & BASIC BLUECARE**

	MEDICAL UNDERWRITING REQUIRED?	MOVE TO NEW AGE?	CREDIT FOR PRIOR TIME SERVED?	DEDUCTIBLE & OUT-OF-POCKET CREDIT?	HEALTH INCENTIVE ACCOUNT CREDIT?	RESET LIFETIME MAXIMUM?	WHEN ALLOWED?	DIRECT SALES CREDIT?	BROKER COMMISSION	FORM REQUIRED
Movement to Different Product										
For Flexible Choice ONLY: Movement to HealthSmart w/Enhanced Rx at same or increased customer liability level only (Refer to chart on page 2-7 to determine customer liability)	No, as long as there is no break in coverage.	No	Yes, as long as there is no break in coverage	Yes	N/A	No	At policy anniversary or qualifying event	No	Retention	Coverage Change Form
For HealthSmart ONLY: Movement to Essential KeyCare at same or increased customer liability (Refer to charts beginning on page 2-7 to determine customer liability)	No, as long as there is no break in coverage.	No	Yes, as long as there is no break in coverage	Yes	N/A	No	At policy anniversary or qualifying event	No	Retention	Coverage Change Form
For HealthSmart w/Enhanced Rx ONLY: Movement to KeyCare HealthSmart at same or increased customer liability (Refer to chart on page 2-7 to determine customer liability)	No, as long as there is no break in coverage.	No	Yes, as long as there is no break in coverage	Yes	N/A	No	At policy anniversary or qualifying event	No	Retention	Coverage Change Form

**KEYCARE PREFERRED, KEYCARE FLEXIBLE CHOICE, ESSENTIAL KEYCARE,
KEYCARE HEALTHSMART, KEYCARE HEALTHSMART W/ENHANCED RX & BASIC BLUECARE**

	MEDICAL UNDERWRITING REQUIRED?	MOVE TO NEW AGE?	CREDIT FOR PRIOR TIME SERVED?	DEDUCTIBLE & OUT-OF-POCKET CREDIT?	HEALTH INCENTIVE ACCOUNT CREDIT?	RESET LIFETIME MAXIMUM?	WHEN ALLOWED?	DIRECT SALES CREDIT?	BROKER COMMISSION	FORM REQUIRED
Overage Dependent										
<i>Move to same policy as parent or legal guardian</i> Same or increased customer liability (Refer to charts beginning on page 2-5 to determine customer liability)	No	Yes	Yes, if no break in coverage	Yes – carryover deductible only. No credit given for separate prescription drug deductible for Essential KeyCare and Basic BlueCare.	N/A	No	At end of year when no longer eligible for parent’s or legal guardian’s policy	No	Retention	Conversion of Dependent Form
<i>Move to same policy as parent or legal guardian</i> Decrease customer liability (Refer to charts beginning on page 2-5 to determine customer liability)	Yes	Yes	Yes, if break in coverage is 63 days or less	No	N/A	No	At end of year when no longer eligible for parent’s or legal guardian’s policy	No	Retention	Application
<i>Move to different policy than parent or legal guardian</i>	Refer to “Movement to Different Product” section.									
Movement from Dependent to Policyholder Status										
<i>Move to same policy as policyholder</i> Same or increased customer liability (Refer to charts beginning on page 2-5 to determine customer liability)	No	Yes for Dependent Child; No (unless during renewal) for Spouse/ Domestic Partner.	Yes, if no break in coverage	Yes. Credit also given for separate prescription drug deductible for Essential KeyCare and Basic BlueCare.	N/A	No	Within 31 days after termination of coverage	No	Retention	Coverage Change Form OR Conversion of Dependent Form

**KEYCARE PREFERRED, KEYCARE FLEXIBLE CHOICE, ESSENTIAL KEYCARE,
KEYCARE HEALTHSMART, KEYCARE HEALTHSMART W/ENHANCED RX & BASIC BLUECARE**

	MEDICAL UNDERWRITING REQUIRED?	MOVE TO NEW AGE?	CREDIT FOR PRIOR TIME SERVED?	DEDUCTIBLE & OUT-OF-POCKET CREDIT?	HEALTH INCENTIVE ACCOUNT CREDIT?	RESET LIFETIME MAXIMUM?	WHEN ALLOWED?	DIRECT SALES CREDIT?	BROKER COMMISSION	FORM REQUIRED
<i>Move to same policy as policyholder</i> Decrease customer liability (Refer to charts beginning on page 2-5 to determine customer liability)	Yes	Yes for Dependent Child; No (unless during renewal) for Spouse/ Domestic Partner.	Yes, if break in coverage is 63 days or less	No	N/A	No	Within 63 days after termination of coverage	No	Retention	Application
<i>Move to different policy than policyholder</i>	Refer to "Movement to Different Product" section.									

NOTES AND DEFINITIONS:

- Customer liability for KeyCare Preferred Essential KeyCare & Basic BlueCare = deductible + out-of-pocket maximum.
Example: \$300 deductible + \$2,000 out-of-pocket maximum = \$2,300 customer liability.
- Customer liability Flexible Choice, HealthSmart & HealthSmart w/ Enhanced Rx (pages 2-9 to 2-14) = out-of-pocket maximum (when out-of-pocket maximums are the same then refer to deductible – if movement is to lower deductible then underwriting is required. If movement is to higher deductible then there is no underwriting)
Example: \$2,500 out-of-pocket maximum = \$2,500 customer liability (deductible not considered)
- 20% coinsurance is higher than 0% coinsurance; Level 3 is a higher rating level than Level 2, which is higher than Level 1.
- Level 4 HIPAA customers moving to a different plan are no longer considered HIPAA eligible and will not get Level 4 on the new plan. The exception to this rule is the movement from the following products to other specific products **at the same or higher customer liability**. Customers making these moves may retain their Level 4 status:
 - Level 4 KeyCare Preferred members moving to Basic KeyCare
 - Level 4 Flexible Choice members moving to HealthSmart w/Enhanced Rx
 - Level 4 HealthSmart members moving to Essential KeyCare
 - Level 4 HealthSmart w/Enhanced Rx moving to HealthSmart
- Customers who qualify can move more than one rating level. For example, a customer who qualifies can move from Level 3 to Level 1.
- "Dependent" means the policyholder's spouse or domestic partner and children. "Child" means the policyholder's natural child, stepchild, adopted child or other child. To remain on a parent's policy, a dependent child must meet ALL of the following:
 - Must be unmarried;
 - Must not be on active duty with any branch of the Armed Services; and
 - Must be under age 23.
 A dependent child can also remain on a parent's policy if he or she meets ALL of the following, regardless of age:
 - Is unmarried; and
 - Is incapable of earning a living because of a severe mental or physical handicap that occurred before age 23.

**KEYCARE PREFERRED, KEYCARE FLEXIBLE CHOICE, ESSENTIAL KEYCARE,
KEYCARE HEALTHSMART, KEYCARE HEALTHSMART W/ENHANCED RX & BASIC BLUECARE**

MOVEMENT WITHIN PRODUCT – MEDICAL UNDERWRITING REQUIRED?

KeyCare Preferred

↓ From	To →	\$300/\$1,500	\$750/\$1,500	\$1,500/\$0	\$2,500/\$0	\$5,000/\$0
\$300/\$1,500			No	Yes	No	No
\$750/\$1,500		Yes		Yes	No	No
\$1,500/\$0		No	No		No	No
\$2,500/\$0		Yes	Yes	Yes		No
\$5,000/\$0		Yes	Yes	Yes	Yes	

KeyCare Flexible Choice

↓ From	To →	\$500/\$2,500	\$1,500/\$3,500	\$2,500/\$2,500	\$5,000/\$5,000
\$500/\$2,500			No	No	No
\$1,500/\$3,500		Yes		Yes	No
\$2,500/\$2,500		Yes	No		No
\$5,000/\$5,000		Yes	Yes	Yes	

KeyCare HealthSmart or HealthSmart w/ Enhanced Rx

↓ From	To →	\$2,250/\$4,000	\$3,500/\$5,000	\$5,000/\$5,000	\$7,500/\$7,500	\$10,000/\$10,000
\$2,250/\$4,000			No	No	No	No
\$3,500/\$5,000		Yes		No	No	No
\$5,000/\$5,000		Yes	Yes		No	No
\$7,500/\$7,500		Yes	Yes	Yes		No
\$10,000/\$10,000		Yes	Yes	Yes	Yes	

HealthSmart

↓ From	To →	\$2,250/\$4,000	\$3,500/\$5,000	\$5,000/\$5,000	\$7,500/\$7,500	\$10,000/\$10,000
\$2,250/\$4,000			No	No	No	No
\$3,500/\$5,000		Yes		No	No	No
\$5,000/\$5,000		Yes	Yes		No	No
\$7,500/\$7,500		Yes	Yes	Yes		No
\$10,000/\$10,000		Yes	Yes	Yes	Yes	

**KEYCARE PREFERRED, KEYCARE FLEXIBLE CHOICE, ESSENTIAL KEYCARE,
KEYCARE HEALTHSMART, KEYCARE HEALTHSMART W/ENHANCED RX & BASIC BLUECARE**

MOVEMENT WITHIN PRODUCT – MEDICAL UNDERWRITING REQUIRED?

Essential KeyCare

↓ From	To →	\$500/\$2,500	\$1,500/\$2,500	\$2,500/\$2,500
\$500/\$2,500			No	No
\$1,500/\$2,500		Yes		No
\$2,500/\$2,500		Yes	Yes	

Basic BlueCare

↓ From	To →	\$300/\$2,000	\$750/\$2,000	\$1,500/\$2,000	\$2,500/\$0	\$5,000/\$0
\$300/\$2,000			No	No	No	No
\$750/\$2,000		Yes		No	Yes	No
\$1,500/\$0		No	No	No	No	No
\$1,500/\$2,000		Yes	Yes		Yes	No
\$2,500/\$0		Yes	No	No		No
\$5,000/\$0		Yes	Yes	Yes	Yes	

MOVEMENT TO A DIFFERENT PLAN – MEDICAL UNDERWRITING REQUIRED?

MOVEMENT FROM **KEYCARE PREFERRED TO BASIC KEYCARE** – MEDICAL UNDERWRITING REQUIRED?

To Basic KeyCare →	↓ From KeyCare Preferred	\$300/\$2,000	\$750/\$2,000	\$1,500/\$2,000	\$2,500/\$0	\$5,000/\$0
	\$300/\$1,500	No	No	No	No	No
	\$750/\$1,500	No	No	No	No	No
	\$1,500/\$0	No	No	No	No	No
	\$2,500/\$0	Not Allowed	No	No	No	No
	\$5,000/\$0	Not Allowed	Not Allowed	Not Allowed	Not Allowed	No

**KEYCARE PREFERRED, KEYCARE FLEXIBLE CHOICE, ESSENTIAL KEYCARE,
KEYCARE HEALTHSMART, KEYCARE HEALTHSMART W/ENHANCED RX & BASIC BLUECARE**

MOVEMENT TO A DIFFERENT PLAN – MEDICAL UNDERWRITING REQUIRED?

MOVEMENT FROM **FLEXIBLE CHOICE TO HEALTHSMART W/ ENHANCED RX** – MEDICAL UNDERWRITING REQUIRED?

To HealthSmart w/Enhanced Rx →	\$2,250/\$4,000	\$3,500/\$5,000	\$5,000/\$5,000	\$7,500/\$7,500	\$10,000/\$10,000
↓ From Flexible Choice					
\$500/\$2,500	No	No	No	No	No
\$1,500/\$3,500	No	No	No	No	No
\$2,500/\$2,500	No	No	No	No	No
\$5,000/\$5,000	Yes	Yes	No	No	No

MOVEMENT FROM **HEALTHSMART TO ESSENTIAL KEYCARE** – MEDICAL UNDERWRITING REQUIRED?

To Essential KeyCare →	\$500/\$2,500 (\$3,000 w/ded)	\$1,500/\$2,500 (\$4,000 w/ded)	\$2,500/\$2,500 (\$5,000 w/ded)
↓ From HealthSmart			
\$2,250/\$4,000	Yes	No	No
\$3,500/\$5,000	Yes	Yes	Yes
\$5,000/\$5,000	Yes	Yes	Yes
\$7,500/\$7,500	Yes	Yes	Yes
\$10,000/\$10,000	Yes	Yes	Yes

MOVEMENT FROM **HEALTHSMART W/ ENHANCED RX TO HEALTHSMART** – MEDICAL UNDERWRITING REQUIRED?

To KeyCare HealthSmart →	\$2,250/\$4,000	\$3,500/\$5,000	\$5,000/\$5,000	\$7,500/\$7,500	\$10,000/\$10,000
↓ From KeyCare HealthSmart w/Enhanced Rx					
\$2,250/\$4,000	No	No	No	No	No
\$3,500/\$5,000	Yes	No	No	No	No
\$5,000/\$5,000	Yes	Yes	No	No	No
\$7,500/\$7,500	Yes	Yes	Yes	No	No
\$10,000/\$10,000	Yes	Yes	Yes	Yes	No

KEYCARE HSA

	MEDICAL UNDERWRITING REQUIRED?	MOVE TO NEW AGE?	CREDIT FOR PRIOR TIME SERVED?	DEDUCTIBLE & OUT-OF-POCKET CREDIT?	HEALTH INCENTIVE ACCOUNT CREDIT?	RESET LIFETIME MAXIMUM?	WHEN ALLOWED?	DIRECT SALES CREDIT?	BROKER COMMISSION	FORM REQUIRED
MOVEMENT WITHIN PRODUCT										
Increase or same customer liability. (Refer to charts on page 2-11 for amounts and single/family changes)	No	No	Yes, as long as there is no break in coverage	Yes	N/A	No	Anytime	No	Retention	Coverage Change Form
Decrease customer liability (Refer to charts on page 2-11 for amounts and single/family changes)	Yes	No	Yes, if break in coverage is 63 days or less	No (Unless moving from equivalent single/family KeyCare HSA)	N/A	No	Twice within a twelve month period. Does not have to be at renewal or qualifying event. *	Yes	Retention	Policy Upgrade Application
Change underwriting level (i.e., change from Level 3 to Level 1 or 2)	Yes	No	Yes, if break in coverage is 63 days or less.	Yes, as long as there is no break in coverage	N/A	No	Twice within a twelve month period. Does not have to be at renewal or qualifying event. *	No	Retention	Policy Upgrade Application
Movement to Different Product										
Move to a currently sold underwritten product. <i>Note:</i> Level 4 applicants must pass underwriting at a lower level.	Yes	Yes	Yes, if break in coverage is 63 days or less	No	N/A	No	Anytime	Yes	Retention	Application
Overage Dependent										
Move to same policy as parent or legal guardian (or equivalent HSA policy) Same or increased customer liability (Refer to charts on page 2-11 for amounts and single/family changes)	No	Yes	Yes, if no break in coverage	Yes	N/A	No	At end of year when no longer eligible for parent's or legal guardian's policy	No	Retention	Conversion of Dependent Form

KEYCARE HSA

	MEDICAL UNDERWRITING REQUIRED?	MOVE TO NEW AGE?	CREDIT FOR PRIOR TIME SERVED?	DEDUCTIBLE & OUT-OF-POCKET CREDIT?	HEALTH INCENTIVE ACCOUNT CREDIT?	RESET LIFETIME MAXIMUM?	WHEN ALLOWED?	DIRECT SALES CREDIT?	BROKER COMMISSION	FORM REQUIRED
<i>Move to same policy as parent or legal guardian</i> Decreased customer liability. (Refer to charts on page 2-11 for amounts and single/family changes)	Yes	Yes	Yes, if break in coverage is 63 days or less	No	N/A	No	At end of year when no longer eligible for parent's or legal guardian's policy	No	Retention	Application
<i>Move to different policy than parent or legal guardian</i>	Refer to "Movement to Different Product" section									
Movement from Dependent to Policyholder Status										
<i>Move to same policy as policyholder</i> Same or increased customer liability (Refer to charts on page 2-11 for amounts and single/family changes)	No	Yes for Dependent Child; No (unless during renewal) for Spouse/ Domestic Partner.	Yes, if no break in coverage	Yes	N/A	No	Within 31 days after termination of coverage	No	Retention	Coverage Change Form OR Conversion of Dependent Form
<i>Move to same policy as policyholder</i> Decrease customer liability (Refer to charts on page 2-11 for specific deductible & out-of-pocket combinations)	Yes	Yes for Dependent Child; No (unless during renewal) for Spouse/ Domestic Partner.	Yes, if no break in coverage	No	N/A	No	Within 31 days after termination of coverage	No	Retention	Policy Upgrade Application
<i>Move to different policy than policyholder</i>	Refer to "Movement to Different Product" section									

KEYCARE HSA

NOTES AND DEFINITIONS:

- Customer liability = out-of-pocket (OOP) amount ONLY for HSA plan. The deductible amount is included in the out-of-pocket maximum. Example: \$1200 deductible + \$3,000 out-of-pocket maximum = \$3,000 customer liability.
- “Equivalent HSA policy” means the HSA with the same deductible between single and family policies, as shown below:

<i>Single</i>	<i>Family</i>
\$1,200	↔ \$2,400
\$2,250	↔ \$4,500
\$3,000	↔ \$6,000
\$5,000	↔ \$10,000

Level 3 is a higher rating level than Level 2, which is higher than Level 1.

- Level 4 customers moving to a different HSA plan are no longer considered HIPAA eligible and will not get Level 4 on the new plan.
- Customers who qualify can move more than one rating level. For example, a customer who qualifies can move from Level 3 to Level 1.
- “Dependent” means the policyholder’s spouse or domestic partner and children. “Child” means the policyholder’s natural child, stepchild, adopted child or other child. To remain on a parent’s policy, a dependent child must meet ALL of the following:
 - Must be unmarried;
 - Must not be on active duty with any branch of the Armed Services; and
 - Must be under age 23.

A dependent child can also remain on a parent’s policy if he or she meets ALL of the following, regardless of age: is unmarried; and is incapable of earning a living because of a severe mental or physical handicap that occurred before age 23.

KEYCARE HSA

MOVEMENT WITHIN PRODUCT – MEDICAL UNDERWRITING REQUIRED?

KeyCare HSA ~ Single Coverage (one covered person ONLY)

↓ From	To →	Single \$1,200/\$3,000	Single \$2,250/\$4,000	Single \$3,000/\$3,000	Single \$5,000/\$5,000
Single \$1,200/\$3,000			No	No	No
Single \$2,250/\$4,000		Yes		Yes	No
Single \$3,000/\$3,000		Yes	No		No
Single \$5,000/\$5,000		Yes	Yes	Yes	

KeyCare HSA ~ Family Coverage (two or more covered persons ONLY)

↓ From	To →	Family \$2,400/\$6,000	Family \$4,500/\$8,000	Family \$6,000/\$6,000	Family \$10,000/\$10,000
Family \$2,400/\$6,000			No	No	No
Family \$4,500/\$8,000		Yes		Yes	No
Family \$6,000/\$6,000		Yes	No		No
Family \$10,000/\$10,000		Yes	Yes	Yes	

KEYCARE HSA MOVEMENT TO/FROM SINGLE AND FAMILY OPTIONS – MEDICAL UNDERWRITING REQUIRED FOR ORIGINAL POLICYHOLDER?

KeyCare HSA ~ Move from Single to Family coverage due to ADDITION of one or more covered persons (two or more covered persons to be on policy)

(KeyCare HSA eligibility requirements, including medical underwriting, must be met for all dependants being added)

↓ From	To →	Family \$2,400/\$6,000	Family \$4,500/\$8,000	Family \$6,000/\$6,000	Family \$10,000/\$10,000
Single \$1,200/\$3,000		No	No	No	No
Single \$2,250/\$4,000		Yes	No	Yes	No
Single \$3,000/\$3,000		Yes	No	No	No
Single \$5,000/\$5,000		Yes	Yes	Yes	No

KeyCare HSA ~ Move from Family to Single coverage due to DELETION of one or more covered persons (and only one covered person remaining)

↓ From	To →	Single \$1,200/\$3,000	Single \$2,250/\$4,000	Single \$3,000/\$3,000	Single \$5,000/\$5,000
Family \$2,400/\$6,000		No	No	No	No
Family \$4,500/\$8,000		Yes	No	Yes	No
Family \$6,000/\$6,000		Yes	No	No	No
Family \$10,000/\$10,000		Yes	Yes	Yes	No

When adding dependents to a single plan or deleting covered persons and leaving a single, HSA policy **MUST** convert to at least the equivalent single or family HSA plan. See Page 2-10 for equivalent single and family plans.

LUMENOS HSA, LUMENOS HIA & LUMENOS HIA PLUS

	MEDICAL UNDERWRITING REQUIRED?	MOVE TO NEW AGE?	CREDIT FOR PRIOR TIME SERVED?	DEDUCTIBLE & OUT-OF-POCKET CREDIT?	HEALTH INCENTIVE ACCOUNT CREDIT?	RESET LIFETIME MAXIMUM?	WHEN ALLOWED?	DIRECT SALES CREDIT?	BROKER COMMISSION	FORM REQUIRED
MOVEMENT WITHIN PRODUCT										
Lumenos HSA: Increase or same out-of-pocket (OOP) liability (Refer to charts on page 2-18 for amounts and single/family changes)	No	No	Yes, as long as there is no break in coverage	Yes	N/A	No	Anytime	No	Retention	Coverage Change Form
Lumenos HIA and Lumenos HIA Plus: Increase or same out-of-pocket (OOP) liability (Refer to charts on page 2-19 & 2-21 for amounts and single/family changes)	No	No	Yes, as long as there is no break in coverage	Yes	Yes, as long as there is no break in coverage	No	Anytime	No	Retention	Coverage Change Form
Lumenos HSA: Decrease out-of-pocket (OOP) liability (Refer to charts on page 2-18 for amounts and single/family changes)	Yes	No	Yes, if break in coverage is 63 days or less	No (Unless moving from equivalent single/family)	N/A	No	Twice within a twelve month period. Does not have to be at renewal or qualifying event.	Yes	Retention	Policy Upgrade Application
Lumenos HIA and Lumenos HIA Plus: Decrease out-of-pocket (OOP) liability (Refer to charts on page 2-19 & 2-21 for amounts and single/family changes)	Yes	No	Yes, if break in coverage is 63 days or less	No (Unless moving from equivalent single/family)	Yes, as long as there is no break in coverage	No	Twice within a twelve month period. Does not have to be at renewal or qualifying event.	Yes	Retention	Policy Upgrade Application
Lumenos HSA: Change underwriting level (i.e., change from Level 3 to Level 1 or 2)	Yes	No	Yes, if break in coverage is 63 days or less.	Yes, as long as there is no break in coverage	N/A	No	Twice within a twelve month period. Does not have to be at renewal or qualifying event.	No	Retention	Policy Upgrade Application

LUMENOS HSA, LUMENOS HIA & LUMENOS HIA PLUS

	MEDICAL UNDERWRITING REQUIRED?	MOVE TO NEW AGE?	CREDIT FOR PRIOR TIME SERVED?	DEDUCTIBLE & OUT-OF-POCKET CREDIT?	HEALTH INCENTIVE ACCOUNT CREDIT?	RESET LIFETIME MAXIMUM?	WHEN ALLOWED?	DIRECT SALES CREDIT?	BROKER COMMISSION	FORM REQUIRED
MOVEMENT WITHIN PRODUCT										
Lumenos HIA & Lumenos HIA Plus: Change underwriting level (i.e., change from Level 3 to Level 1 or 2)	Yes	No	Yes, if break in coverage is 63 days or less.	Yes, as long as there is no break in coverage	Yes, as long as there is no break in coverage	No	Twice within a twelve month period. Does not have to be at renewal or qualifying event. *	No	Retention	Policy Upgrade Application
MOVEMENT TO DIFFERENT PRODUCT										
Movement to a Currently Sold Underwritten Product. Note: Level 4 applicants must pass underwriting at a lower level.	Yes	Yes	Yes, if break in coverage is 63 days or less	No	N/A	No	Anytime	Yes	Retention	Application
Lumenos HIA Only: Movement to Lumenos HSA at same or increased customer liability (refer to page 2-18 to determine customer liability.)	No, as long as there is no break in coverage	No	Yes, as long as there is no break in coverage	Yes	No	No	At policy anniversary or qualifying event	No	Retention	Coverage Change Form
Move from Lumenos HIA to Lumenos HIA Plus: Note: Level 4 applicants must pass underwriting at a lower level.	Yes	Yes	Yes, if break in coverage is 63 days or less	No	Yes, if no break in coverage. Note: If not all members of policy move to a new product, the Health Incentive Funds stay with the original policy and will not be moved.	No	Anytime	Yes	Retention	Application
Move from Lumenos HIA Plus to Lumenos HIA: Note: Level 4 applicants must pass underwriting at a lower level.	Yes	Yes	Yes, if break in coverage is 63 days or less	No	N/A	No	At policy anniversary or qualifying event	Yes	Retention	Application

LUMENOS HSA, LUMENOS HIA & LUMENOS HIA PLUS

	MEDICAL UNDERWRITING REQUIRED?	MOVE TO NEW AGE?	CREDIT FOR PRIOR TIME SERVED?	DEDUCTIBLE & OUT-OF-POCKET CREDIT?	HEALTH INCENTIVE ACCOUNT CREDIT?	RESET LIFETIME MAXIMUM?	WHEN ALLOWED?	DIRECT SALES CREDIT?	BROKER COMMISSION	FORM REQUIRED
Overage Dependent										
Lumenos HSA: Move to same policy as parent or legal guardian (or equivalent HSA policy) Same or increased customer liability (Refer to charts on page 2-18 for amounts and single/family changes)	No	Yes	Yes, if no break in coverage	Yes	N/A	No	At end of year when no longer eligible for parent's or legal guardian's policy	No	Retention	Conversion of Dependent Form
Lumenos HIA or Lumenos HIA Plus: Move to same policy as parent or legal guardian (or equivalent HIA policy) Same or increased customer liability. (Refer to charts on page 2-19 & 2-21 for amounts & single/family changes)	No	Yes	Yes, if no break in coverage	Yes	No	No	At end of year when no longer eligible for parent's or legal guardian's policy	No	Retention	Conversion of Dependent Form
Lumenos HSA: <i>Move to same policy as parent or legal guardian</i> Decreased customer liability (Refer to charts on page 2-18 for amounts and single/family changes)	Yes	Yes	Yes, if break in coverage is 63 days or less	No	N/A	No	At end of year when no longer eligible for parent's or legal guardian's policy	No	Retention	Application
Lumenos HIA or Lumenos HIA Plus: <i>Move to same policy as parent or legal guardian</i> Decreased customer liability. (Refer to charts on page 2-19 & 2-21 for amounts & single/family changes)	Yes	Yes	Yes, if break in coverage is 63 days or less	No	No	No	At end of year when no longer eligible for parent's or legal guardian's policy	No	Retention	Application
Move to different policy than parent or legal guardian	Refer to "Movement to Different Product" section									

LUMENOS HSA, LUMENOS HIA & LUMENOS HIA PLUS

	MEDICAL UNDERWRITING REQUIRED?	MOVE TO NEW AGE?	CREDIT FOR PRIOR TIME SERVED?	DEDUCTIBLE & OUT-OF-POCKET CREDIT?	HEALTH INCENTIVE ACCOUNT CREDIT?	RESET LIFETIME MAXIMUM?	WHEN ALLOWED?	DIRECT SALES CREDIT?	BROKER COMMISSION	FORM REQUIRED
Movement from Dependent to Policyholder Status										
Lumenos HSA: <i>Move to same policy as policyholder (or equivalent HSA policy)</i> Same or increased customer liability (Refer to charts on page 2-18 for amounts and single/family changes)	No	Yes for Dependent Child; No (unless during renewal) for Spouse/Domestic Partner.	Yes, if no break in coverage	Yes	N/A	No	Within 31 days after termination of coverage	No	Retention	Coverage Change Form OR Conversion of Dependent Form
Lumenos HIA or Lumenos HIA Plus: <i>Move to same policy as policyholder (or equivalent HIA policy)</i> Same or increased customer liability (Refer to charts on pages 2-19 & 2-21 for amounts and single/family changes)	No	Yes for Dependent Child; No (unless during renewal) for Spouse/Domestic Partner.	Yes, if no break in coverage	Yes	Yes, if no break in coverage. NOTE: When a dependent is moving from a Lumenos HIA Plus product the Health Incentive Account funds will stay with the original policy and will not be moved.	No	Within 31 days after termination of coverage	No	Retention	Coverage Change Form OR Conversion of Dependent Form
Lumenos HSA: <i>Move to same policy as policyholder</i> Decreased customer liability. (Refer to charts on page 2-18 for amounts and single/family changes)	Yes	Yes for Dependent Child; No (unless during renewal) for Spouse/Domestic Partner.	Yes, if break in coverage is 63 days or less	No	N/A	No	Within 63 days after termination of coverage	No	Retention	Application

LUMENOS HSA, LUMENOS HIA & LUMENOS HIA PLUS

	MEDICAL UNDERWRITING REQUIRED?	MOVE TO NEW AGE?	CREDIT FOR PRIOR TIME SERVED?	DEDUCTIBLE & OUT-OF-POCKET CREDIT?	HEALTH INCENTIVE ACCOUNT CREDIT?	RESET LIFETIME MAXIMUM?	WHEN ALLOWED?	DIRECT SALES CREDIT?	BROKER COMMISSION	FORM REQUIRED
<p>Lumenos HIA or Lumenos HIA Plus: Move to same policy as policyholder Decreased customer liability. (Refer to charts on page 2-19 & 2-21 for amounts and single/family changes)</p>	Yes	<p>Yes for Dependent Child; No (unless during renewal) for Spouse/ Domestic Partner.</p>	Yes, if break in coverage is 63 days or less	No	<p>Yes, if no break in coverage. NOTE: When a dependent is moving from a Lumenos HIA Plus product the Health Incentive Account funds will stay with the original policy and will not be moved.</p>	No	Within 63 days after termination of coverage	No	Retention	Application
<p><i>Move to different policy than policyholder</i></p>	Refer to “ <i>Movement to Different Product</i> ” section									

LUMENOS HSA, LUMENOS HIA & LUMENOS HIA PLUS

NOTES AND DEFINITIONS:

- The following plans are qualified High Deductible Health Plans (HDHP) which are Health Savings Account (HSA) compatible and are OPEN to new sales:

Lumenos HSA

Lumenos HSA Standard

KeyCare HSA

KeyCare HealthSmart **EXCEPT** Single policyholders with a \$7,500 or \$10,000 deductible and Family policyholders with a \$2,250 deductible.

Customers should check IRS rules and contact their Health Savings Account bank for information about the HSA bank account.

- Customer liability = out-of-pocket (OOP) amount ONLY for HSA or HIA plans. The deductible amount is included in the out-of-pocket maximum. Example: \$4,500 out-of-pocket maximum = \$4,500 customer liability (when out-of-pocket maximums are the same then refer to deductible – if movement is to lower deductible then underwriting is required. If movement is to higher deductible then there is no underwriting)
- “Equivalent HSA or HIA policy” means the HSA or HIA with the same deductible between single and family policies, as shown below:

Lumenos HSA	Lumenos HIA	Lumenos HIA Plus
Single ↔ Family	Single ↔ Family	Single ↔ Family
\$1,500 ↔ \$3,000	\$500 ↔ \$1,000	\$1,500 ↔ \$3,000
\$3,000 ↔ \$6,000	\$1,500 ↔ \$3,000	\$3,000 ↔ \$6,000
\$5,000 ↔ \$10,000	\$3,000 ↔ \$6,000	\$5,000 ↔ \$10,000
	\$5,000 ↔ \$10,000	\$10,000 ↔ \$20,000

- Level 3 is a higher rating level than Level 2, which is higher than Level 1.
- Level 4 HIPAA customers moving to a different plan are no longer considered HIPAA eligible and will not get Level 4 on the new plan. The exception to this rule is the movement from the following products to other specific products **at the same or higher customer liability**. Customers making these moves may retain their Level 4 status:
 - Level 4 Lumenos HIA members moving to Lumenos HSA
- Customers who qualify can move more than one rating level. For example, a customer who qualifies can move from Level 3 to Level 1.
- “Dependent” means the policyholder’s spouse or domestic partner and children. “Child” means the policyholder’s natural child, stepchild, adopted child or other child. To remain on a parent’s policy, a dependent child must meet ALL of the following:
 - Must be unmarried;
 - Must not be on active duty with any branch of the Armed Services; and
 - Must be under age 23.

A dependent child can also remain on a parent’s policy if he or she meets ALL of the following, regardless of age:

- Is unmarried; and
- Is incapable of earning a living because of a severe mental or physical handicap that occurred before age 23.

LUMENOS HSA

MOVEMENT WITHIN PRODUCT – MEDICAL UNDERWRITING REQUIRED?

Lumenos HSA ~ Single Coverage (one covered person ONLY)

↓ From	To →	Single \$1,500/\$4,500	Single \$3,000/\$3,000	Single \$5,000/\$5,000
Single \$1,500/\$4,500			Yes	No
Single \$3,000/\$3,000		No		No
Single \$5,000/\$5,000		Yes	Yes	

Lumenos HSA ~ Family Coverage (two or more covered persons ONLY)

↓ From	To →	Family \$3,000/\$9,000	Family \$6,000/\$6,000	Family \$10,000/\$10,000
Family \$3,000/\$9,000			Yes	No
Family \$6,000/\$6,000		No		No
Family \$10,000/\$10,000		Yes	Yes	

LUMENOS HSA MOVEMENT TO/FROM SINGLE AND FAMILY OPTIONS – MEDICAL UNDERWRITING REQUIRED FOR ORIGINAL POLICYHOLDER?

Lumenos HSA ~ Move from Single to Family coverage due to ADDITION of one or more covered persons (two or more covered persons to be on policy)
 (Lumenos HSA eligibility requirements, including medical underwriting, must be met for all dependants being added)

↓ From	To →	Family \$3,000/\$9,000	Family \$6,000/\$6,000	Family \$10,000/\$10,000
Single \$1,500/\$4,500		No	Yes	No
Single \$3,000/\$3,000		No	No	No
Single \$5,000/\$5,000		Yes	Yes	No

Lumenos HSA ~ Move from Family to Single coverage due to DELETION of one or more covered persons (and only one covered person remaining)

↓ From	To →	Single \$1,500/\$4,500	Single \$3,000/\$3,000	Single \$5,000/\$5,000
Family \$3,000/\$9,000		No	Yes	No
Family \$6,000/\$6,000		No	No	No
Family \$10,000/\$10,000		Yes	Yes	No

When adding dependents to a single plan or deleting covered persons and leaving a single, Lumenos HSA plan **MUST** convert to at least the equivalent single or family Lumenos HSA plan. See Page 2-17 for equivalent single and family plans.

**LUMENOS HIA
MOVEMENT WITHIN PRODUCT – MEDICAL UNDERWRITING REQUIRED?**

Lumenos HIA ~ Single Coverage (one covered person ONLY)

↓ From	To →	Single \$500/\$3,000	Single \$1,500/\$4,500	Single \$3,000/\$3,000	Single \$5,000/\$5,000
Single \$500/\$3,000			No	No	No
Single \$1,500/\$4,500		Yes		Yes	No
Single \$3,000/\$3,000		Yes	No		No
Single \$5,000/\$5,000		Yes	Yes	Yes	

Lumenos HIA ~ Family Coverage (two or more covered persons ONLY)

↓ From	To →	Family \$1,000/\$6,000	Family \$3,000/\$9,000	Family \$6,000/\$6,000	Family \$10,000/\$10,000
Family \$1,000/\$6,000			No	No	No
Family \$3,000/\$9,000		Yes		Yes	No
Family \$6,000/\$6,000		Yes	No		No
Family \$10,000/\$10,000		Yes	Yes	Yes	

LUMENOS HIA MOVEMENT TO/FROM SINGLE AND FAMILY OPTIONS – MEDICAL UNDERWRITING REQUIRED FOR ORIGINAL POLICYHOLDER?

Lumenos HIA ~ Move from Single to Family coverage due to ADDITION of one or more covered persons (two or more covered persons to be on policy)
(Lumenos HIA eligibility requirements, including medical underwriting, must be met for all dependants being added)

↓ From	To →	Family \$1,000/\$6,000	Family \$3,000/\$9,000	Family \$6,000/\$6,000	Family \$10,000/\$10,000
Single \$500/\$3,000		No	No	No	No
Single \$1,500/\$4,500		Yes	No	Yes	No
Single \$3,000/\$3,000		Yes	No	No	No
Single \$5,000/\$5,000		Yes	Yes	Yes	No

Lumenos HIA ~ Move from Family to Single coverage due to DELETION of one or more covered persons (and only one covered person remaining)

↓ From	To →	Single \$500/\$3,000	Single \$1,500/\$4,500	Single \$3,000/\$3,000	Single \$5,000/\$5,000
Family \$1,000/\$6,000		No	No	No	No
Family \$3,000/\$9,000		Yes	No	Yes	No
Family \$6,000/\$6,000		Yes	No	No	No
Family \$10,000/\$10,000		Yes	Yes	Yes	No

When adding dependents to a single plan or deleting covered persons and leaving a single, Lumenos HIA plan **MUST** convert to at least the equivalent single or family Lumenos HIA plan. See Page 2-17 for equivalent single and family plans.

LUMENOS HIA

MOVEMENT TO A DIFFERENT PLAN – MEDICAL UNDERWRITING REQUIRED?

MOVEMENT FROM LUMENOS HIA TO LUMENOS HSA – MEDICAL UNDERWRITING REQUIRED?

To Lumenos HSA →	Single \$1,500/\$4,500	Single \$3,000/\$3,000	Single \$5,000/\$5,000	Family \$3,000/\$9,000	Family \$6,000/\$6,000	Family \$10,000/\$10,000
↓ From Lumenos HIA						
Single \$500/\$3,000	No	No	No	No	No	No
Single \$1,500/\$4,500	No	Yes	No	No	No	No
Single \$3,000/\$3,000	No	No	No	No	No	No
Single \$5,000/\$5,000	Yes	Yes	No	No	No	No
Family \$1,000/\$6,000	Yes	Yes	Yes	No	No	No
Family \$3,000/\$9,000	Yes	Yes	Yes	No	Yes	No
Family \$6,000/\$6,000	Yes	Yes	Yes	No	No	No
Family \$10,000/\$10,000	Yes	Yes	Yes	Yes	Yes	No

**LUMENOS HIA PLUS
MOVEMENT WITHIN PRODUCT – MEDICAL UNDERWRITING REQUIRED?**

Lumenos HIA Plus ~ Single Coverage (one covered person ONLY)

↓ From	To →	Single \$1,500/\$4,500	Single \$3,000/\$3,000	Single \$5,000/\$5,000	Single \$10,000/\$10,000
Single \$1,500/\$4,500			Yes	No	No
Single \$3,000/\$3,000		No		No	No
Single \$5,000/\$5,000		Yes	Yes		No
Single \$10,000/\$10,000		Yes	Yes	Yes	

Lumenos HIA Plus ~ Family Coverage (two or more covered persons ONLY)

↓ From	To →	Family \$3,000/\$9,000	Family \$6,000/\$6,000	Family \$10,000/\$10,000	Family \$20,000/\$20,000
Family \$3,000/\$9,000			Yes	No	No
Family \$6,000/\$6,000		No		No	No
Family \$10,000/\$10,000		Yes	Yes		No
Family \$20,000/\$20,000		Yes	Yes	Yes	

LUMENOS HIA PLUS MOVEMENT TO/FROM SINGLE AND FAMILY OPTIONS – MEDICAL UNDERWRITING REQUIRED FOR ORIGINAL POLICYHOLDER?

Lumenos HIA Plus ~ Move from Single to Family coverage due to ADDITION of one or more covered persons (two or more covered persons to be on policy)
(Lumenos HIA Plus eligibility requirements, including medical underwriting, must be met for all dependants being added)

↓ From	To →	Family \$3,000/\$9,000	Family \$6,000/\$6,000	Family \$10,000/\$10,000	Family \$20,000/\$20,000
Single \$1,500/\$4,500		No	Yes	No	No
Single \$3,000/\$3,000		No	No	No	No
Single \$5,000/\$5,000		Yes	Yes	No	No
Single \$10,000/\$10,000		Yes	Yes	Yes	No

Lumenos HIA Plus ~ Move from Family to Single coverage due to DELETION of one or more covered persons (and only one covered person remaining)

↓ From	To →	Single \$1,500/\$4,500	Single \$3,000/\$3,000	Single \$5,000/\$5,000	Single \$10,000/\$10,000
Family \$3,000/\$9,000		No	Yes	No	No
Family \$6,000/\$6,000		No	No	No	No
Family \$10,000/\$10,000		Yes	Yes	No	No
Family \$20,000/\$20,000		Yes	Yes	Yes	No

When adding dependents to a single plan or deleting covered persons and leaving a single, Lumenos HIA Plus plan **MUST** convert to at least the equivalent single or family Lumenos HIA Plus plan. See Page 2-17 for equivalent single and family plans.

LUMENOS HSA STANDARD

	MEDICAL UNDERWRITING REQUIRED?	MOVE TO NEW AGE?	CREDIT FOR PRIOR TIME SERVED?	DEDUCTIBLE & OUT-OF-POCKET CREDIT?	HEALTH INCENTIVE ACCOUNT CREDIT?	RESET LIFETIME MAXIMUM?	WHEN ALLOWED?	DIRECT SALES CREDIT?	BROKER COMMISSION	FORM REQUIRED
Movement Within Product										
Increase deductible	No	No	Yes, if no break in coverage	Yes	N/A	No	Anytime	No	Retention	Coverage Change Form
Decrease deductible	No	Yes	No	No	N/A	No	At policy renewal or qualifying event	No	Retention	Application
Movement to Different Product										
Move to a Currently Sold Underwritten Product	Yes	Yes	Yes, if break in coverage is 63 days or less	No	N/A	No	Once per twelve months. Does not have to be at renewal or qualifying event.	Yes	Retention	Application
Move to Virginia Standard	No	Yes	No	No	N/A	No	Anytime	No	Retention, if applicable. Refer to <i>Agent Commissions</i> , page 5-7.	Application
Move to Conversion	No	Yes	Yes, if no break in coverage	No	N/A	Yes	If member reaches \$1 Million lifetime maximum, they can apply for Conversion with an additional \$1 Million maximum	No	Retention	Application
Overage Dependent										
<i>Move to same policy as parent or legal guardian</i> Same or higher deductible	No	Yes	Yes, if no break in coverage	No	N/A	No	At end of year when no longer eligible for parent's or legal guardian's policy	No	Retention	Conversion of Dependent Form
<i>Move to same policy as parent or legal guardian</i> Lower deductible	No	Yes	No	No	N/A	No	At end of year when no longer eligible for parent's or legal guardian's policy	No	Retention	Application

LUMENOS HSA STANDARD

	MEDICAL UNDERWRITING REQUIRED?	MOVE TO NEW AGE?	CREDIT FOR PRIOR TIME SERVED?	DEDUCTIBLE & OUT-OF-POCKET CREDIT?	HEALTH INCENTIVE ACCOUNT CREDIT?	RESET LIFETIME MAXIMUM?	WHEN ALLOWED?	DIRECT SALES CREDIT?	BROKER COMMISSION	FORM REQUIRED
<i>Move to different policy than parent or legal guardian</i>	Refer to Movement to Different Product” Section									
Movement from Dependent to Policyholder Status										
<i>Move to same policy as policyholder</i> Same or higher deductible	No	Yes for Dependent Child; No (unless during renewal) for Spouse/ Domestic Partner.	Yes, if no break in coverage	Yes. Credit also given for separate prescription drug deductible.	N/A	No	Within 31 days after termination of coverage	No	Retention	Coverage Change Form
<i>Move to same policy as policyholder</i> Lower deductible	No	Yes for Dependent Child; No (unless during renewal) for Spouse/ Domestic Partner.	No	No	N/A	No	Within 31 days after termination of coverage	No	Retention	Application
<i>Move to different policy than policyholder</i>	Refer to “Movement to Different Product” section									

NOTES & DEFINITIONS:

- “Dependent” means the policyholder’s spouse or domestic partner and children. “Child” means the policyholder’s natural child, stepchild, adopted child or other child. To remain on parent’s policy, a dependent child must meet ALL of the following:
 - Must be unmarried;
 - Must not be on active duty with any branch of the Armed Services; and
 - Must be under age 23.

A dependent child can also remain on a parent’s policy if he or she meets ALL of the following, regardless of age:

- Is unmarried; and
 - Is incapable of earning a living because of a severe mental or physical handicap that occurred before age 23.
- Lumenos HSA Standard - Adding or deleting a member from a policy may change the policy deductible. Single and Family deductibles are noted below.

Lumenos HSA Standard
Single ↔ Family
\$1,500 ↔ \$3,000
\$3,000 ↔ \$6,000
\$5,000 ↔ \$10,000

LUMENOS HSA STANDARD

MOVEMENT WITHIN PRODUCT – NEW 12 MONTH WAITING PERIOD REQUIRED?

Lumenos HSA Standard ~ Single Coverage (one covered person ONLY)

↓ From	To →	Single \$1,500/\$4,500	Single \$3,000/\$5,000	Single \$5,000/\$5,000
Single \$1,500/\$4,500			No	No
Single \$3,000/\$5,000		Yes		No
Single \$5,000/\$5,000		Yes	Yes	

Lumenos HSA Standard ~ Family Coverage (two or more covered persons ONLY)

↓ From	To →	Family \$3,000/\$9,000	Family \$6,000/\$10,000	Family \$10,000/\$10,000
Family \$3,000/\$9,000			No	No
Family \$6,000/\$10,000		Yes		No
Family \$10,000/\$10,000		Yes	Yes	

LUMENOS HSA STANDARD MOVEMENT TO/FROM SINGLE AND FAMILY OPTIONS – NEW 12 MONTH WAITING PERIOD REQUIRED?

Lumenos HSA Standard ~ Move from Single to Family coverage due to ADDITION of one or more covered persons (two or more covered persons to be on policy)
 (Lumenos HSA Standard eligibility requirements, including medical underwriting, must be met for all dependants being added)

↓ From	To →	Family \$3,000/\$9,000	Family \$6,000/\$10,000	Family \$10,000/\$10,000
Single \$1,500/\$4,500		No	Yes	No
Single \$3,000/\$5,000		Yes	No	No
Single \$5,000/\$5,000		Yes	Yes	No

Lumenos HSA Standard ~ Move from Family to Single coverage due to DELETION of one or more covered persons (and only one covered person remaining)

↓ From	To →	Single \$1,500/\$4,500	Single \$3,000/\$5,000	Single \$5,000/\$5,000
Family \$3,000/\$9,000		No	No	No
Family \$6,000/\$10,000		Yes	No	No
Family \$10,000/\$10,000		Yes	Yes	No

When adding dependents to a single plan or deleting covered persons and leaving a single, Lumenos HSA Standard plan **MUST** convert to at least the equivalent single or family Lumenos HSA Standard plan. See Page 2-23 for equivalent single and family plans.

VIRGINIA STANDARD

	MEDICAL UNDERWRITING REQUIRED?	MOVE TO NEW AGE?	CREDIT FOR PRIOR TIME SERVED?	DEDUCTIBLE & OUT-OF-POCKET CREDIT?	HEALTH INCENTIVE ACCOUNT CREDIT?	RESET LIFETIME MAXIMUM?	WHEN ALLOWED?	DIRECT SALES CREDIT?	BROKER COMMISSION	FORM REQUIRED
Movement Within Product										
Increase deductible	No	Yes – at renewal; No – all other times	Yes, if no break in coverage	Yes	N/A	No	Anytime	No	Retention	Coverage Change Form
Decrease deductible	No	Yes – at renewal; No – at qualifying event	No	No	N/A	No	At policy renewal or qualifying event	No	Retention	Application
Movement to Different Product										
Movement to a Currently Sold Underwritten Product	Yes	Yes	Yes, if break in coverage is 63 days or less	No	N/A	No	Once per twelve months. Does not have to be at renewal or qualifying event.	Yes	Retention	Application
Move to Lumenos HSA Standard	No	Yes	No	No	N/A	No	Anytime	No	Retention, if applicable. Refer to Agent’s Commission pg 5-7.	Application
Move to Conversion	No	Yes	Yes, if no break in coverage	No	N/A	Yes	If Virginia Standard member reaches \$1 Million lifetime maximum, they can apply for Conversion with an additional \$1 Million maximum	No	Retention	Application
Overage Dependent										
<i>Move to same policy as parent or legal guardian</i> Same or higher deductible	No	Yes	Yes, if no break in coverage	Yes – carryover deductible only. No credit given for separate prescription drug deductible.	N/A	No	At end of year when no longer eligible for parent’s or legal guardian’s policy	No	Retention	Conversion of Dependent Form

VIRGINIA STANDARD

	MEDICAL UNDERWRITING REQUIRED?	MOVE TO NEW AGE?	CREDIT FOR PRIOR TIME SERVED?	DEDUCTIBLE & OUT-OF-POCKET CREDIT?	HEALTH INCENTIVE ACCOUNT CREDIT?	RESET LIFETIME MAXIMUM?	WHEN ALLOWED?	DIRECT SALES CREDIT?	BROKER COMMISSION	FORM REQUIRED
<i>Move to same policy as parent or legal guardian</i> Lower deductible	No	Yes	No	No	N/A	No	At end of year when no longer eligible for parent's or legal guardian's policy	No	Retention	Application
<i>Move to different policy than parent or legal guardian</i>	Refer to Movement to Different Product" Section									
Movement from Dependent to Policyholder Status										
<i>Move to same policy as policyholder</i> Same or higher deductible	No	Yes for Dependent Child; No (unless during renewal) for Spouse/ Domestic Partner.	Yes, if no break in coverage	Yes. Credit also given for separate prescription drug deductible.	N/A	No	Within 31 days after termination of coverage	No	Retention	Coverage Change Form
<i>Move to same policy as policyholder</i> Lower deductible	No	Yes for Dependent Child; No (unless during renewal) for Spouse/ Domestic Partner.	No	No	N/A	No	Within 31 days after termination of coverage	No	Retention	Application
<i>Move to different policy than policyholder</i>	Refer to "Movement to Different Product" section									

NOTES & DEFINITIONS:

- "Dependent" means the policyholder's spouse and children. "Child" means the policyholder's natural child, stepchild, adopted child or other child. To remain on parent's policy, a dependent child must meet ALL of the following:
 - Must be unmarried;
 - Must not be on active duty with any branch of the Armed Services; and
 - Must be under age 23*.

A dependent child can also remain on a parent's policy if he or she meets ALL of the following, regardless of age:

- Is unmarried; and
- Is incapable of earning a living because of a severe mental or physical handicap that occurred before age 23*.

*Dependent age guideline changed 11/2009 due to Michelle's Law.

CONVERSION

	MEDICAL UNDERWRITING REQUIRED?	MOVE TO NEW AGE?	CREDIT FOR PRIOR TIME SERVED?	DEDUCTIBLE & OUT-OF-POCKET CREDIT?	HEALTH INCENTIVE ACCOUNT CREDIT?	RESET LIFETIME MAXIMUM?	WHEN ALLOWED?	DIRECT SALES CREDIT?	BROKER COMMISSION	FORM REQUIRED
Movement Within Product										
Increase deductible	No	No	Yes, if no break in coverage	Yes	N/A	No	Anytime	No	Retention	Coverage Change Form
Decrease deductible	Not Allowed									
Movement to Different Product										
Move to Virginia Standard or Lumenos HSA Standard (NOT allowed if coming from a Conversion policy purchased as a result of the one-time lifetime maximum extension program) <i>Same or greater deductible only</i>	No	Yes	No, if less than 12 months of Conversion Coverage Yes, if 12 months or more Conversion coverage with no break in coverage	No	N/A	No	Anytime (but only after 12 months of continuous Conversion coverage to receive credit for prior time served.)	No	Retention	Application
Movement to a Currently Sold Underwritten Product	Yes	Yes	Yes, if break in coverage is 63 days or less	No	N/A	No	Once per twelve months. Does not have to be at renewal or qualifying event.	Yes	Retention	Application
Overage Dependent										
<i>Move to same policy as parent or legal guardian</i> Same or higher deductible	No	Yes	Yes, if no break in coverage	Yes – carryover deductible only	N/A	No	At end of year when no longer eligible for parent’s or legal guardian’s policy	No	Retention	Conversion of Dependent Form
<i>Move to same policy as parent or legal guardian</i> Lower deductible – not allowed	Not allowed									
<i>Move to different policy than parent or legal guardian</i>	Refer to “Movement to Different Product” section									

CONVERSION

	MEDICAL UNDERWRITING REQUIRED?	MOVE TO NEW AGE?	CREDIT FOR PRIOR TIME SERVED?	DEDUCTIBLE & OUT-OF-POCKET CREDIT?	HEALTH INCENTIVE ACCOUNT CREDIT?	RESET LIFETIME MAXIMUM?	WHEN ALLOWED?	DIRECT SALES CREDIT?	BROKER COMMISSION	FORM REQUIRED
Movement from Dependent to Policyholder Status										
<i>Move to same policy as policyholder</i> Same or higher deductible	No	Yes for Dependent Child; No (unless during renewal) for Spouse/ Domestic Partner.	Yes, if no break in coverage	Yes	N/A	No	Within 31 days after termination of coverage	No	Retention	Coverage Change Form
<i>Move to same policy as parent or legal guardian</i> Lower deductible	Not allowed									
<i>Move to different policy than policyholder</i>	Refer to "Movement to Different Product" section									

NOTES & DEFINITIONS:

- "Dependent" means the policyholder's spouse and children. "Child" means the policyholder's natural child, stepchild, adopted child or other child. To remain on parent's policy, a dependent child must meet ALL of the following:
 - Must be unmarried;
 - Must not be on active duty with any branch of the Armed Services; and
 - Must be under age 23*.
- A dependent child can also remain on a parent's policy if he or she meets ALL of the following, regardless of age:
- Is unmarried; and
 - Is incapable of earning a living because of a severe mental or physical handicap that occurred before age 23*.

*Dependent age guideline changed 11/2009 due to Michelle's Law.

SHORT OPTION

	MEDICAL UNDERWRITING REQUIRED?	MOVE TO NEW AGE?	CREDIT FOR PRIOR TIME SERVED?	DEDUCTIBLE & OUT-OF-POCKET CREDIT?	HEALTH INCENTIVE ACCOUNT CREDIT?	RESET LIFETIME MAXIMUM?	WHEN ALLOWED?	DIRECT SALES CREDIT?	BROKER COMMISSION	FORM REQUIRED
Movement Within Product										
Move to another Short Option	Minimal (pregnancy)	Yes	No	No	N/A	No	End of term	Yes	New Sale	Application
Movement to Different Product										
Movement to a Currently Sold Underwritten Product	Yes	Yes	Yes, if break in coverage is 63 days or less	No	N/A	No	Anytime	Yes	New Sale	Application
Move to Virginia Standard or Lumenos HSA Standard	No	Yes	No, unless applicant applies for underwritten product within 15 days of submitting an Anthem 30-day Short Option application and underwritten product is denied for medical reasons and break in coverage is 63 days or less.	No	N/A	No	End of term	Yes	From 30-day Short Option: Retention From 60, 90, or 180-day Short Option: New Sale	Application

NOTES & DEFINITIONS:

- Only two Short Option policies may be purchased per calendar year. Short Option is not intended to replace long-term coverage. Therefore, after a 180-day Short Option policy is purchased, a second 180-day Short Option policy may not be purchased prior to a 60-day break.

INDIVIDUAL KEYCARE, VIRGINIA BASIC, VIRGINIA ADVANTAGE & BASIC KEYCARE

	MEDICAL UNDERWRITING REQUIRED?	MOVE TO NEW AGE?	CREDIT FOR PRIOR TIME SERVED?	DEDUCTIBLE & OUT-OF-POCKET CREDIT?	HEALTH INCENTIVE ACCOUNT CREDIT?	RESET LIFETIME MAXIMUM?	WHEN ALLOWED?	DIRECT SALES CREDIT?	BROKER COMMISSION	FORM REQUIRED
Movement Within Product										
Increase customer liability (Refer to charts on page 3-5 to determine customer liability)	No	No	Yes, as long as there is no break in coverage	Yes	N/A	No	Anytime	No	Retention	Coverage Change Form
Decrease customer liability (Refer to charts on page 3-5 to determine customer liability)	Yes	No	Yes, as long as there is no break in coverage	No	N/A	No	At policy renewal or qualifying event	Yes	Retention	Policy Upgrade Application
Change underwriting rating level (i.e., change from Level 3 to Level 1 or 2)	Yes	No	Yes, as long as there is no break in coverage	Yes, as long as there is no break in coverage	N/A	No	Twice within a twelve month period. Does not have to be at renewal or qualifying event.	No	Retention	Policy Upgrade Application
Movement to Different Product										
Move to a Currently Sold Underwritten Product (see Table of Contents for list) <i>Note:</i> Level 4 applicants must pass underwriting at a lower level.	Yes	Yes	Yes, if break in coverage is 63 days or less	No	N/A	No	Anytime	Yes	Retention	Application

INDIVIDUAL KEYCARE, VIRGINIA BASIC, VIRGINIA ADVANTAGE & BASIC KEYCARE

	MEDICAL UNDERWRITING REQUIRED?	MOVE TO NEW AGE?	CREDIT FOR PRIOR TIME SERVED?	DEDUCTIBLE & OUT-OF-POCKET CREDIT?	HEALTH INCENTIVE ACCOUNT CREDIT?	RESET LIFETIME MAXIMUM ?	WHEN ALLOWED?	DIRECT SALES CREDIT?	BROKER COMMISSION	FORM REQUIRED
For Individual KeyCare ONLY: Movement to Basic KeyCare at same or increased customer liability (Refer to charts beginning on page 3-7 to determine customer liability)	No, as long as there is no break in coverage.	No	Yes, as long as there is no break in coverage	Yes	N/A	No	At policy anniversary or qualifying event	No	Retention	Coverage Change Form
For Virginia Advantage ONLY: Movement to Basic BlueCare at same or increased customer liability (Refer to charts beginning on page 3-7 to determine customer liability)	No, as long as there is no break in coverage.	No	Yes, as long as there is no break in coverage	Yes	N/A	No	At policy anniversary or qualifying event	No	Retention	Coverage Change Form
For Virginia Basic ONLY: Movement to Basic BlueCare at same or increased customer liability level only (Refer to charts beginning on page 3-8 to determine customer liability)	No, as long as there is no break in coverage.	No	Yes, as long as there is no break in coverage	Yes	N/A	No	At policy anniversary or qualifying event	No	Retention	Coverage Change Form

INDIVIDUAL KEYCARE, VIRGINIA BASIC, VIRGINIA ADVANTAGE & BASIC KEYCARE

	MEDICAL UNDERWRITING REQUIRED?	MOVE TO NEW AGE?	CREDIT FOR PRIOR TIME SERVED?	DEDUCTIBLE & OUT-OF-POCKET CREDIT?	HEALTH INCENTIVE ACCOUNT CREDIT?	RESET LIFETIME MAXIMUM ?	WHEN ALLOWED?	DIRECT SALES CREDIT?	BROKER COMMISSION	FORM REQUIRED
For Virginia Basic Only: Movement to Conversion with same or greater deductible only.	No	Yes	Yes, if no break in coverage	No	N/A	Yes	If member reaches \$1M lifetime maximum, they can apply for Conversion with an additional \$1M lifetime maximum	No	Retention	Application
Overage Dependent										
<i>Move to same policy as parent or legal guardian</i> Same or increased customer liability - (Refer to charts beginning on page 3-5 to determine customer liability)	No	Yes	Yes, if no break in coverage	Yes – carryover deductible only. <u>No</u> credit given for separate prescription drug ded for Virginia Basic.	N/A	No	At end of year when no longer eligible for parent’s or legal guardian’s policy	No	Retention	Conversion of Dependent Form
<i>Move to same policy as parent or legal guardian</i> Decrease customer liability (Refer to charts beginning on page 3-5 to determine customer liability)	Yes	Yes	Yes, if no break in coverage	No	N/A	No	At end of year when no longer eligible for parent’s or legal guardian’s policy	No	Retention	Policy Upgrade Application
<i>Move to different policy than parent or legal guardian</i>	Refer to “Movement to Different Product” section									
Movement from Dependent to Policyholder Status										
<i>Move to same policy as policyholder</i> - Same or increased customer liability (Refer to charts beginning on page 3-5 to determine customer liability)	No	Yes for Dependent Child; No (unless during renewal) for Spouse/ Domestic Partner.	Yes, if no break in coverage	Yes. Credit also given for separate prescription drug deductible for Virginia Basic.	N/A	No	Within 31 days after termination of coverage	No	Retention	Coverage Change Form

INDIVIDUAL KEYCARE, VIRGINIA BASIC, VIRGINIA ADVANTAGE & BASIC KEYCARE

	MEDICAL UNDERWRITING REQUIRED?	MOVE TO NEW AGE?	CREDIT FOR PRIOR TIME SERVED?	DEDUCTIBLE & OUT-OF-POCKET CREDIT?	HEALTH INCENTIVE ACCOUNT CREDIT?	RESET LIFETIME MAXIMUM ?	WHEN ALLOWED?	DIRECT SALES CREDIT?	BROKER COMMISSION	FORM REQUIRED
Move to same policy as policyholder. Decrease customer liability. (Refer to charts beginning on page 3-5 to determine customer liability)	Yes	Yes for Dependent Child; No (unless during renewal) for Spouse/ Domestic Partner.	Yes, if no break in coverage	No	N/A	No	Within 31 days after termination of coverage	No	Retention	Policy Upgrade Application
Move to different policy than policyholder	Refer to “ <i>Movement to Different Product</i> ” section									

NOTES AND DEFINITIONS:

- For KeyCare Preferred, Individual KeyCare, Virginia Advantage, Virginia Basic and Basic KeyCare, Customer liability = deductible + out-of-pocket maximum. *Example:* \$300 deductible + \$1,000 out-of-pocket maximum = \$1,300 customer liability.
- For HealthSmart, customer liability = out-of-pocket maximum (deductible is included in the OOP).
- If Individual KeyCare customers move out of the PPO service area, they can move to Virginia Advantage or Virginia Basic with the same or higher customer liability and the move will not require medical underwriting. If KeyCare Preferred or Basic KeyCare members move out of the PPO service area, they can move to Basic BlueCare with the same or higher customer liability and the move will not require medical underwriting.
- Level 3 is a lower rating level than Level 2, which is lower than Level 1.
- Level 4 HIPAA customers moving to a different plan are no longer considered HIPAA eligible and will not get Level 4 on the new plan. The exception to this rule is the movement from the following products to other specific products **at the same or higher customer liability**. Customers making these moves may retain their Level 4 status:
 - Level 4 KeyCare Preferred members moving to Basic KeyCare
 - Level 4 HealthSmart members moving to Essential KeyCare
 - Level 4 Individual KeyCare members moving to Basic KeyCare
 - Level 4 Virginia Advantage members moving to Basic BlueCare
 - Level 4 Virginia Basic members moving to Basic BlueCare
- Customers who qualify can move more than one rating level. For example, a customer who qualifies can move from Level 3 to Level 1.
- “Dependent” means the policyholder’s spouse or domestic partner and children. “Child” means the policyholder’s natural child, stepchild, adopted child or other child. To remain on parent’s policy, a dependent child must meet ALL of the following:
 - Must be unmarried; must not be on active duty with any branch of the Armed Services; and must be under age 23.
 A dependent child can also remain on a parent’s policy if he or she meets ALL of the following, regardless of age:
 - Is unmarried; and is incapable of earning a living because of a severe mental or physical handicap that occurred before age 23.

INDIVIDUAL KEYCARE, VIRGINIA BASIC, VIRGINIA ADVANTAGE & BASIC KEYCARE

MOVEMENT WITHIN PRODUCT – MEDICAL UNDERWRITING REQUIRED?

Individual KeyCare

↓ From To →	\$300/\$1,000	\$750/\$1,000	\$1,500/\$0	\$1,500/\$1,000	\$2,500/\$0	\$2,500/\$1,000	\$5,000/\$0
\$300/\$1,000		No	No	No	No	No	No
\$300/\$2,000	Yes	Yes	Yes	No	No	No	No
\$750/\$1,000	Yes		Yes	No	No	No	No
\$750/\$2,000	Yes	Yes	Yes	Yes	Yes	No	No
\$1,500/\$0	Yes	No		No	No	No	No
\$1,500/\$1,000	Yes	Yes	Yes		No	No	No
\$1,500/\$2,000	Yes	Yes	Yes	Yes	Yes	No	No
\$2,500/\$0	Yes	Yes	Yes	No		No	No
\$2,500/\$1,000	Yes	Yes	Yes	Yes	Yes		No
\$2,500/\$2,000	Yes	Yes	Yes	Yes	Yes	Yes	No
\$5,000/\$0	Yes	Yes	Yes	Yes	Yes	Yes	

Virginia Basic

↓ From To →	\$300/\$2,000	\$750/\$2,000	\$1,500/\$0	\$1,500/\$2,000	\$2,500/\$0	\$2,500/\$2,000	\$5,000/\$0
\$300/\$2,000		No	Yes	No	No	No	No
\$750/\$2,000	Yes		Yes	No	Yes	No	No
\$1,500/\$0	No	No		No	No	No	No
\$1,500/\$2,000	Yes	Yes	Yes		Yes	No	No
\$2,500/\$0	Yes	No	Yes	No		No	No
\$2,500/\$2,000	Yes	Yes	Yes	Yes	Yes		No
\$5,000/\$0	Yes	Yes	Yes	Yes	Yes	Yes	

INDIVIDUAL KEYCARE, VIRGINIA BASIC, VIRGINIA ADVANTAGE & BASIC KEYCARE

Virginia Advantage

↓ From To →	\$300/\$1,000	\$750/\$1,000	\$1,500/\$0	\$1,500/\$1,000	\$2,500/\$0	\$2,500/\$1,000	\$5,000/\$0	\$10,000/\$0
\$300/\$1,000		No	No	No	No	No	No	No
\$750/\$1,000	Yes		Yes	No	No	No	No	No
\$1,500/\$0	Yes	No		No	No	No	No	No
\$1,500/\$1,000	Yes	Yes	Yes		No	No	No	No
\$2,500/\$0	Yes	Yes	Yes	No		No	No	No
\$2,500/\$1,000	Yes	Yes	Yes	Yes	Yes		No	No
\$5,000/\$0	Yes	Yes	Yes	Yes	Yes	Yes		No
\$10,000/\$0	Yes	Yes	Yes	Yes	Yes	Yes	Yes	

Individual Basic KeyCare

↓ From To →	\$300/\$2,000	\$750/\$2,000	\$1,500/\$2,000	\$2,500/\$0	\$5,000/\$0
\$300/\$2,000		No	No	No	No
\$750/\$2,000	Yes		No	Yes	No
\$1,500/\$0	No	No	No	No	No
\$1,500/\$2,000	Yes	Yes		Yes	No
\$2,500/\$0	Yes	No	No		No
\$5,000/\$0	Yes	Yes	Yes	Yes	

INDIVIDUAL KEYCARE, VIRGINIA BASIC, VIRGINIA ADVANTAGE & BASIC KEYCARE

MOVEMENT TO A DIFFERENT PLAN – MEDICAL UNDERWRITING REQUIRED?

MOVEMENT FROM INDIVIDUAL KEYCARE TO BASIC KEYCARE – MEDICAL UNDERWRITING REQUIRED?

To Basic KeyCare →					
↓ From Individual KeyCare	\$300/\$2,000	\$750/\$2,000	\$1,500/\$2,000	\$2,500/\$0	\$5,000/\$0
\$300/\$1,000	No	No	No	No	No
\$300/\$2,000	No	No	No	No	No
\$750/\$1,000	No	No	No	No	No
\$750/\$2,000	Not allowed	No	No	Not allowed	No
\$1,500/\$0	No	No	No	No	No
\$1,500/\$1,000	Not allowed	No	No	No	No
\$1,500/\$2,000	Not allowed	Not allowed	No	Not allowed	No
\$2,500/\$0	Not allowed	No	No	No	No
\$2,500/\$1,000	Not allowed	Not allowed	No	Not allowed	No
\$2,500/\$2,000	Not allowed	Not allowed	Not allowed	Not allowed	No
\$5,000/\$0	Not allowed	Not allowed	Not allowed	Not allowed	No

MOVEMENT FROM VIRGINIA ADVANTAGE TO BASIC BLUECARE – MEDICAL UNDERWRITING REQUIRED?

To Basic BlueCare →						
↓ From Virginia Advantage	\$300/\$2,000	\$750/\$2,000	\$1,500/\$2,000	\$1,500/\$0	\$2,500/\$0	\$5,000/\$0
\$300/\$1,000	No	No	No	No	No	No
\$750/\$1,000	No	No	No	Yes	No	No
\$1,500/\$0	No	No	No	No	No	No
\$1,500/\$1,000	Yes	No	No	Yes	No	No
\$2,500/\$0	Yes	No	No	Yes	No	No
\$2,500/\$1,000	Yes	Yes	Yes	Yes	Yes	No
\$5,000/\$0	Yes	Yes	Yes	Yes	Yes	No
\$10,000/\$0	Yes	Yes	Yes	Yes	Yes	Yes

INDIVIDUAL KEYCARE, VIRGINIA BASIC, VIRGINIA ADVANTAGE & BASIC KEYCARE

MOVEMENT FROM **VIRGINIA BASIC** TO **BASIC BLUECARE** – MEDICAL UNDERWRITING REQUIRED?

To Basic BlueCare →						
↓ From Virginia Basic	\$300/\$2,000	\$750/\$2,000	\$1,500/\$2,000	\$1,500/\$0	\$2,500/\$0	\$5,000/\$0
\$300/\$2,000	No	No	No	Yes	No	No
\$750/\$2,000	Yes	No	No	Yes	Yes	No
\$1,500/\$0	No	No	No	No	No	No
\$1,500/\$2,000	Yes	Yes	No	Yes	Yes	No
\$2,500/\$0	Yes	Yes	No	Yes	No	No
\$2,500/\$2,000	Yes	Yes	Yes	Yes	Yes	No
\$5,000/\$0	Yes	Yes	Yes	Yes	Yes	No

HEALTHY VIRGINIAN, OPTION I, OPTION II & VIRGINIA SELECT

	MEDICAL UNDERWRITING REQUIRED?	MOVE TO NEW AGE?	CREDIT FOR PRIOR TIME SERVED?	DEDUCTIBLE & OUT-OF-POCKET CREDIT?	HEALTH INCENTIVE ACCOUNT CREDIT?	RESET LIFETIME MAXIMUM?	WHEN ALLOWED?	DIRECT SALES CREDIT?	BROKER COMMISSION	FORM REQUIRED
Movement Within Product										
Increase deductible	No	No	Yes, if no break in coverage	Yes	N/A	No	Anytime	No	Retention, if applicable. Refer to <i>Agent Commissions</i> , page 5-7.	Coverage Change Form
Decrease deductible	Yes	Yes	Yes, if no break in coverage	No	N/A	No	At policy renewal or qualifying event	No	Retention, if applicable. Refer to <i>Agent Commissions</i> , page 5-7.	Policy Upgrade Application
Change underwriting rating level (applicable only to Option I & Option II) **	Yes	No	Yes, if no break in coverage	Yes, if no break in coverage	N/A	No	Twice within a twelve month period. Does not have to be at renewal or qualifying event.	No	Retention	Policy Upgrade Application
Movement to Different Product										
Move to a currently sold underwritten product	Yes	Yes	Yes, if break in coverage is 63 days or less	No	N/A	No	Twice within a twelve month period. Does not have to be at renewal or qualifying event. *	Yes	Retention	Application
For Option I ONLY: Movement to Virginia Advantage at same or increased customer liability (Refer to charts beginning on page 3-9 to determine customer liability)	No, as long as there is no break in coverage.	Yes	Yes, as long as there is no break in coverage	Yes	N/A	No	At policy renewal or qualifying event	No	Retention	Coverage Change Form
For Option II ONLY: Movement to Basic BlueCare at same or increased customer liability (Refer to charts beginning on page 3-9 to determine customer liability)	No, as long as there is no break in coverage.	Yes	Yes, as long as there is no break in coverage	Yes	N/A	No	At policy renewal or qualifying event	No	Retention	Coverage Change Form

HEALTHY VIRGINIAN, OPTION I, OPTION II & VIRGINIA SELECT

	MEDICAL UNDERWRITING REQUIRED?	MOVE TO NEW AGE?	CREDIT FOR PRIOR TIME SERVED?	DEDUCTIBLE & OUT-OF-POCKET CREDIT?	HEALTH INCENTIVE ACCOUNT CREDIT?	RESET LIFETIME MAXIMUM?	WHEN ALLOWED?	DIRECT SALES CREDIT?	BROKER COMMISSION	FORM REQUIRED
Move to Conversion [Healthy Virginian, Option II, Virginia Select only, same or greater deductible only]	No	Yes	Yes, if no break in coverage	No	N/A	Yes	If Healthy Virginian, Option II, or Virginia Select members reach \$1 million lifetime maximum, they can apply for Conversion with an additional \$1 million lifetime maximum***	No	Retention	Application
Overage Dependent										
Move to same policy as parent or legal guardian Same or higher deductible	No	Yes	Yes, if no break in coverage	Yes – carryover deductible only	N/A	No	At end of year when no longer eligible for parent’s or legal guardian’s policy	No	Retention, if applicable. Refer to <i>Agent Commissions</i> , page 5-7.	Conversion of Dependent Form
Move to same policy as parent or legal guardian Lower deductible	Yes	Yes	Yes, if no break in coverage	No	N/A	No	At end of year when no longer eligible for parent’s or legal guardian’s policy	No	Retention, if applicable. Refer to <i>Agent Commissions</i> , page 5-7.	Policy Upgrade Application
Move to different policy than parent or legal guardian	Refer to “ <i>Movement to Different Product</i> ” section									
Movement from Dependent to Policyholder Status										
Move to same policy as policyholder Same or higher deductible	No	Yes for Healthy Virginian; Yes for Dependent Child; No (unless during renewal) for Spouse/ Domestic Partner.	Yes, if no break in coverage	Yes	N/A	No	Within 31 days after termination of coverage	No	Retention, if applicable. Refer to <i>Agent Commissions</i> , page 5-7.	Coverage Change Form

HEALTHY VIRGINIAN, OPTION I, OPTION II & VIRGINIA SELECT

	MEDICAL UNDERWRITING REQUIRED?	MOVE TO NEW AGE?	CREDIT FOR PRIOR TIME SERVED?	DEDUCTIBLE & OUT-OF-POCKET CREDIT?	HEALTH INCENTIVE ACCOUNT CREDIT?	RESET LIFETIME MAXIMUM?	WHEN ALLOWED?	DIRECT SALES CREDIT?	BROKER COMMISSION	FORM REQUIRED
Move to same policy as policyholder Lower deductible	Yes	Yes for Healthy Virginian; Yes for Dependent Child; No (unless during renewal) for Spouse/ Domestic Partner.	Yes, if no break in coverage	No	N/A	No	Within 31 days after termination of coverage	No	Retention, if applicable. Refer to <i>Agent Commissions</i> , page 5-7.	Policy Upgrade Application
Move to different policy	Refer to “ <i>Movement to Different Product</i> ” section									

NOTES & DEFINITIONS:

- *Healthy Virginian*: “Dependent” means the policyholder’s spouse and children. “Child” means the policyholder’s natural child, stepchild, adopted child or other child. To remain on parent’s policy, a dependent child must meet ALL of the following:
 - Must be unmarried;
 - Must not be on active duty with any branch of the Armed Services; and
 - Must be under age 23*.

A dependent child can also remain on a parent’s policy if he or she meets ALL of the following, regardless of age:

- Is unmarried; and
- Is incapable of earning a living because of a severe mental or physical handicap that occurred before age 23*.

*Dependent age guideline changed 11/2009 due to Michelle’s Law.

- *Option I, Option II & Virginia Select*: “Dependent” means the policyholder’s spouse and children. “Child” means the policyholder’s natural child, stepchild, adopted child or other child. To remain on parent’s policy, a dependent must meet ALL of the following:
 - Must be unmarried;
 - Must not be on active duty with any branch of the Armed Services; and
 - Must be under age 23.

A dependent child can also remain on a parent’s policy if he or she meets ALL of the following, regardless of age:

- Is unmarried; and
- Is incapable of earning a living because of a severe mental or physical handicap that occurred before age 23.

- Level 3 is a lower rating level than Level 2, which is lower than Level 1.
- Option I customers who qualify can move more than one rating level. For example, a customer who qualifies can move from Level 3 to Level 1. Option II customers can move from Level 2 to Level 1.

HEALTHY VIRGINIAN, OPTION I, OPTION II & VIRGINIA SELECT

MOVEMENT TO A DIFFERENT PLAN – MEDICAL UNDERWRITING REQUIRED?

MOVEMENT FROM OPTION I TO VIRGINIA ADVANTAGE – MEDICAL UNDERWRITING REQUIRED?

To Virginia Advantage →	\$300/\$1,000	\$750/\$1000	\$1,500/\$0	\$1,500/\$1,000	\$2,500/\$0	\$2,500/\$1,000	\$5,000/0%	\$10,000/\$0
↓ From Option I								
\$300/\$1,000	No	No	No	No	No	No	No	No
\$750/\$1,000	Not Allowed	No	Not Allowed	No	No	No	No	No
\$1,500/\$1,000	Not Allowed	Not Allowed	Not Allowed	No	No	No	No	No
\$2,500/\$1,000	Not Allowed	Not Allowed	Not Allowed	Not Allowed	Not Allowed	No	No	No
\$5,000/\$0	Not Allowed	Not Allowed	Not Allowed	Not Allowed	Not Allowed	Not Allowed	No	No
\$10,000/\$0	Not Allowed	Not Allowed	Not Allowed	Not Allowed	Not Allowed	Not Allowed	Not allowed	No

MOVEMENT FROM OPTION II TO BASIC BLUECARE – MEDICAL UNDERWRITING REQUIRED?

To Basic BlueCare →	\$300/\$2,000	\$750/\$2,000	\$1,500/\$2,000	\$1,500/\$0	\$2,500/\$0	\$5,000/\$0
↓ From Option II						
\$150/No OOP	No	No	No	No	No	No
\$300/No OOP	Yes	No	No	No	No	No
\$750/No OOP	Yes	Yes	No	No	No	No
\$1,500/No OOP	Yes	Yes	Yes	Yes	No	No
\$2,500/No OOP	Yes	Yes	Yes	Yes	Yes	No

STANDARD 1 & STANDARD 2

	MEDICAL UNDERWRITING REQUIRED?	MOVE TO NEW AGE?	CREDIT FOR PRIOR TIME SERVED?	DEDUCTIBLE & OUT-OF-POCKET CREDIT?	HEALTH INCENTIVE ACCOUNT CREDIT?	RESET LIFETIME MAXIMUM?	WHEN ALLOWED?	DIRECT SALES CREDIT?	BROKER COMMISSION	FORM REQUIRED
Movement Within Product										
Increase deductible	No	No	Yes, if no break in coverage	Yes	N/A	No	Anytime	No	Retention, if applicable. Refer to <i>Agent Commissions</i> , page 5-7.	Coverage Change Form
Decrease deductible	<i>Not allowed</i>									
Movement to Different Product										
Move to Virginia Standard or Lumenos HSA Standard Same or higher deductible Note: Applicable to Standard 1 only	No	Yes	Yes, if no break in coverage	No	N/A	No	At policy renewal or qualifying event	No	Retention, if applicable. Refer to <i>Agent Commissions</i> , page 5-7.	Application
Move to Virginia Standard or Lumenos HSA Standard Lower deductible	No	Yes	No	No	N/A	No	Anytime	No	Retention, if applicable. Refer to <i>Agent Commissions</i> , page 5-7.	Application
Move to Conversion <i>Same or greater deductible only</i>	No	Yes	Yes, if no break in coverage	No	N/A	Yes	If Standard 1 or Standard 2 members reach \$1 Million lifetime maximum, they can apply for Conversion with an additional \$1 Million lifetime maximum	No	Retention	Application
Move to a currently sold underwritten product	Yes	Yes	Yes, if break in coverage is 63 days or less	No	N/A	No	Once per twelve months. Does not have to be at renewal or qualifying event.	Yes	Retention	Application

STANDARD 1 & STANDARD 2

	MEDICAL UNDERWRITING REQUIRED?	MOVE TO NEW AGE?	CREDIT FOR PRIOR TIME SERVED?	DEDUCTIBLE & OUT-OF-POCKET CREDIT?	HEALTH INCENTIVE ACCOUNT CREDIT?	RESET LIFETIME MAXIMUM?	WHEN ALLOWED?	DIRECT SALES CREDIT?	BROKER COMMISSION	FORM REQUIRED
Overage Dependent										
<i>Move to same policy as parent or legal guardian</i> Same or higher deductible	No	Yes	Yes, if no break in coverage	Yes – carryover deductible only	N/A	No	At end of year when no longer eligible for parent’s or legal guardian’s policy	No	Retention, if applicable. Refer to <i>Agent Commissions</i> , page 5-7.	Conversion of Dependent Form
<i>Move to same policy as parent or legal guardian</i> Lower deductible	Not allowed									
<i>Move to different policy than parent or legal guardian</i>	Refer to “ <i>Movement to Different Product</i> ” section									
Movement from Dependent to Policyholder Status										
<i>Move to same policy as policyholder</i> Same or higher deductible	No	Yes	Yes, if no break in coverage	Yes	N/A	No	Within 31 days after termination of coverage	No	Retention, if applicable. Refer to <i>Agent Commissions</i> , page 5-7.	Coverage Change Form
<i>Move to same policy as parent or legal guardian</i> Lower deductible	Not allowed									
<i>Move to different policy than policyholder</i>	Refer to “ <i>Movement to Different Product</i> ” section									

NOTES & DEFINITIONS:

- “Dependent” means the policyholder’s spouse and children. “Child” means the policyholder’s natural child, stepchild, adopted child or other child. To remain on parent’s policy, a dependent child must meet ALL of the following:
 - Must be unmarried;
 - Must not be on active duty with any branch of the Armed Services; and
 - Must be under age 23.

A dependent child can also remain on a parent’s policy if he or she meets ALL of the following, regardless of age:

- Is unmarried; and
- Is incapable of earning a living because of a severe mental or physical handicap that occurred before age 23

ADDING OR REMOVING OPTIONAL COVERAGE

	MEDICAL UNDERWRITING REQUIRED?	MOVE TO NEW AGE?	CREDIT FOR PRIOR TIME SERVED?	DEDUCTIBLE & OUT-OF-POCKET CREDIT?	HEALTH INCENTIVE ACCOUNT CREDIT?	RESET LIFETIME MAXIMUM?	WHEN ALLOWED?	DIRECT SALES CREDIT?	BROKER COMMISSION	FORM REQUIRED
MATERNITY RIDER – Available for Lumenos HSA, Lumenos HIA, Lumenos HIA Plus, Lumenos HSA Standard, Flexible Choice, HealthSmart, HealthSmart w/Enhanced Rx, KeyCare HSA, KeyCare Preferred, Basic KeyCare, Basic BlueCare, Individual KeyCare, Virginia Advantage or Virginia Basic										
<p>Maternity Coverage</p> <p>In addition, rider is only available to female applicant or female spouse or domestic partner over age 18, or an emancipated female minor. Rider cannot be added to a policy insuring one male unless the male’s spouse or female domestic partner is also covered on the policy.)</p> <p>Not available on Essential KeyCare.</p>	N/A	N/A	<p>No. However, credit is given in certain situations. Refer to “<i>Determining Maternity Rider Effective Dates</i>” on page 4-5 for additional information.</p>	N/A	N/A	N/A	<p>Can be added when changing products, at policy anniversary (or policy renewal for Virginia Standard, Option I & Option II) or qualifying event, or when decreasing customer liability.</p> <p>Can be cancelled on the first of the month following request.</p>	N/A	N/A	<p>Coverage Change Form</p> <p style="text-align: center;">OR</p> <p>Policy Upgrade Application</p>
Dental Coverage – Available for Lumenos HSA, Lumenos HIA, Lumenos HIA Plus, Lumenos HSA Standard, Flexible Choice, HealthSmart, HealthSmart w/Enhanced Rx, KeyCare HSA, KeyCare Preferred, Basic KeyCare, Basic BlueCare, Individual KeyCare, Virginia Advantage, Virginia Basic or Virginia Standard										
<p>Dental</p> <p>(All plans above except Individual KeyCare, Virginia Advantage, Virginia Basic and Virginia Standard.)</p>	N/A	N/A	<p>Refer to “<i>Determining Dental Rider & Ind Dental Product Waiting Period Credit</i>” on page 4-7 for additional information.</p>	N/A	N/A	N/A	<p>Can be added at any time.</p> <p>Can be cancelled on the first of the month following request.</p> <p>Cannot re-add rider until 24 months after the rider is cancelled.</p>	N/A	N/A	<p>Coverage Change Form</p> <p style="text-align: center;">Or</p> <p>Policy Upgrade Application</p>

ADDING OR REMOVING OPTIONAL COVERAGE

	MEDICAL UNDERWRITING REQUIRED?	MOVE TO NEW AGE?	CREDIT FOR PRIOR TIME SERVED?	DEDUCTIBLE & OUT-OF-POCKET CREDIT?	HEALTH INCENTIVE ACCOUNT CREDIT?	RESET LIFETIME MAXIMUM?	WHEN ALLOWED?	DIRECT SALES CREDIT?	BROKER COMMISSION	FORM REQUIRED
Dental For Individual KeyCare, Virginia Advantage, Virginia Basic and Virginia Standard.	N/A	N/A	Refer to <i>“Determining Dental Rider & Ind Dental Product Waiting Period Credit”</i> on page 4-7 for additional information.	N/A	N/A	N/A	Can be added when changing products, at policy anniversary/renewal or qualifying event, or when decreasing customer liability. Can be cancelled on the first of the month following request. Cannot re-add rider until 24 months after the rider is cancelled.	N/A	N/A	Coverage Change Form Or Policy Upgrade Application
Preventive Care & Immunizations for Children – Available to Flexible Choice, Essential KeyCare, Conversion, Healthy Virginian, Option I, Option II, Standard 1 and Standard 2.										
Preventive Care and Immunizations for Children Not available on Short Option. Other plans include this benefit in the base policy.	N/A	N/A	N/A	N/A	N/A	N/A	Can be added when eligible child(ren) are added to policy, at policy renewal or qualifying event, or when decreasing customer liability. Can be cancelled at renewal or when child(ren) are no longer eligible for benefits.	N/A	N/A	Coverage Change Form Or Policy Upgrade Application

ADDING OR REMOVING OPTIONAL COVERAGE

	MEDICAL UNDERWRITING REQUIRED?	MOVE TO NEW AGE?	CREDIT FOR PRIOR TIME SERVED?	DEDUCTIBLE & OUT-OF-POCKET CREDIT?	HEALTH INCENTIVE ACCOUNT CREDIT?	RESET LIFETIME MAXIMUM?	WHEN ALLOWED?	DIRECT SALES CREDIT?	BROKER COMMISSION	FORM REQUIRED
Supplemental Accident Coverage – Available on Flexible Choice, HealthSmart, HealthSmart w/Enhanced Rx, KeyCare HSA, KeyCare Preferred, Basic KeyCare, Basic BlueCare, Individual KeyCare, Virginia Advantage, Virginia Basic or Virginia Standard										
Supplemental Accident Not available on Lumenos products, Conversion, Healthy Virginian, Virginia Select, Option I, Option II, Standard 1, Standard 2 and Short Option.	N/A	N/A	N/A	N/A	N/A	N/A	Can be added when changing products. At policy anniversary/ renewal or qualifying event, or when decreasing customer liability. Can be cancelled on the first of the month following request. Cannot re-add rider until 24 months after the rider is cancelled.	N/A	N/A	Coverage Change Form OR Policy Upgrade Application
Term Life Coverage – <ul style="list-style-type: none"> • Available in amounts of \$25,000/\$25,000/\$15,000 or \$50,000/\$50,000/\$15,000 for : Policyholder/Spouse/Dependent Child(ren) - For Lumenos HSA, Lumenos HIA, Lumenos HIA Plus, Flexible Choice, HealthSmart & HealthSmart w/ Enhanced Drug • Available in amounts of \$75,000/\$75,000/\$15,000 or \$25,000/\$25,000/\$15,000 or \$50,000/\$50,000/\$15,000 for Policyholder/Spouse/Dependent Child(ren) - For Lumenos HSA, Lumenos HIA and Lumenos HIA Plus 										
Add Term Life Term Life is available at the contract level – all family members must qualify for underwriting Levels 1,2 & 3 to purchase term life on a policy. Not available to Level 4 applicants.	Yes, unless adding term life within one year of medical underwriting for current individual plan.	N/A	N/A	N/A	N/A	N/A	Twice within a twelve month period. Does not have to be at renewal or qualifying event.	N/A	N/A	Standalone Term Life Application

ADDING OR REMOVING OPTIONAL COVERAGE

	MEDICAL UNDERWRITING REQUIRED?	MOVE TO NEW AGE?	CREDIT FOR PRIOR TIME SERVED?	DEDUCTIBLE & OUT-OF-POCKET CREDIT?	HEALTH INCENTIVE ACCOUNT CREDIT?	RESET LIFETIME MAXIMUM?	WHEN ALLOWED?	DIRECT SALES CREDIT ?	BROKER COMMISSION	FORM REQUIRED
Delete Term Life	N/A	N/A	N/A	N/A	N/A	N/A	First of the month following request. NOTE: Term Life policy is separate contract with Anthem Life. To continue Life plan if base health policy is canceled, customer should contact Anthem Life.	N/A	N/A	Term Life Coverage Change Form
Increase Term Life Amount: Ex. \$25k/\$25k/\$15k option to \$50k/\$50k/\$15k option	Yes, unless adding term life within one year of medical underwriting for current individual plan.	N/A	N/A	N/A	N/A	N/A	When changing products, at policy anniversary or qualifying event, or when decreasing customer liability.	N/A	N/A	Standalone Term Life Application
Decrease Term Life Amount: Ex. \$50/\$50k/\$15k option to \$25k/\$25k/\$15k option	No	N/A	N/A	N/A	N/A	N/A	First of the month following request.	N/A	N/A	Term Life Coverage Change Form

NOTES ON TERM LIFE:

- ◇ Benefit options are \$75k*, \$25k or \$50k for Policyholder and Spouse, if applicable. Spouse will receive the same benefit option as the Policyholder. The benefit option for dependent child(ren) is \$15k for each child, if applicable (*\$75k available to Lumenos plans only).
- ◇ If a domestic partner coverage applies for coverage on the same application and wants term life coverage, then two separate policies will be issued.
- ◇ Benefits for dependent children DO NOT BEGIN until the policy anniversary date after the child reaches ONE YEAR of age.
- ◇ Life policyholder can be child only, IF they are age ONE YEAR or older.
- ◇ Term life coverage is not available on a Level 4 policy or a policy that includes a member with a Level 4 underwriting decision.
- ◇ Underwriting is not required when Term Life coverage is added to an Individual health policy that has been medically underwritten within the last 12 month period. All members on a policy must qualify for Levels 1,2 or 3 to add Term Life coverage. Term life coverage is not available on a Level 4 policy or a policy that includes a member with a Level 4 underwriting decision.
- ◇ When a dependent child is moved to Policyholder status the term life benefit option will be increased automatically to the \$25k option. The dependent will need to apply, and possibly go through medical underwriting, to get a higher benefit level.

DETERMINING MATERNITY RIDER EFFECTIVE DATES

FROM	TO	EFFECTIVE DATE OF MATERNITY RIDER
Product without the maternity rider: Essential KeyCare Short Option Standard 2 Virginia Select	Product with the new maternity rider: KeyCare Preferred KeyCare Flexible Choice KeyCare HealthSmart KeyCare HealthSmart w/Enhanced Rx Basic BlueCare KeyCare HSA Lumenos HSA Lumenos HIA Lumenos HIA Plus Lumenos HSA Standard Virginia Standard	The effective date of the maternity rider will be the purchase date of the rider.
Product with the old maternity rider: Option I Option II Virginia Advantage	Product with the new maternity rider: KeyCare Preferred KeyCare Flexible Choice KeyCare HealthSmart KeyCare HealthSmart w/Enhanced Rx KeyCare HSA Basic BlueCare Virginia Advantage Lumenos HSA Lumenos HIA Lumenos HIA Plus Lumenos HSA Standard Virginia Standard	The effective date of the new maternity rider will be the purchase date of the new rider.
Product with the new maternity rider: KeyCare Preferred Basic KeyCare KeyCare Flexible Choice KeyCare HealthSmart KeyCare HealthSmart w/Enhanced Rx KeyCare HSA Basic BlueCare Lumenos HSA Lumenos HIA Lumenos HIA Plus Standard Individual KeyCare Option I Virginia Advantage Virginia Basic Virginia Standard	Same or different product with the new maternity rider: KeyCare Preferred Basic KeyCare KeyCare Flexible Choice KeyCare HealthSmart KeyCare HealthSmart w/Enhanced Rx KeyCare HSA Basic BlueCare Lumenos HSA Lumenos HIA Lumenos HIA Plus Lumenos HSA Standard Individual KeyCare Option I Virginia Advantage Virginia Basic Virginia Standard	The effective date of the maternity rider is the date of the original rider purchase, provided there are no breaks in coverage. Claims will be processed according to the terms of the rider in effect on the date of service.
Product which covers maternity under core benefits: Conversion Healthy Virginian Standard 1	Product with the new maternity rider: KeyCare Preferred KeyCare Flexible Choice KeyCare HealthSmart KeyCare HealthSmart w/ Enhanced Rx Basic BlueCare KeyCare HSA Lumenos HSA Lumenos HIA Lumenos HIA Plus Lumenos HSA Standard Virginia Standard	The effective date of the maternity rider will be the purchase date of the rider.

NOTES & DEFINITIONS

- New maternity rider:** Six-month waiting period, major medical deductible and coinsurance. This rider can only be added to KeyCare Preferred, Basic KeyCare, KeyCare Flexible Choice, KeyCare HealthSmart, KeyCare HealthSmart w/Enhanced Rx, KeyCare HSA, Basic BlueCare, Lumenos HSA, Lumenos HIA, Lumenos HIA Plus, Lumenos HSA Standard, Individual KeyCare, Virginia Advantage, Virginia Basic, Virginia Standard and Option I. *Old maternity rider:* Major medical deductible and coinsurance. This rider can only be added to Option II.

DETERMINING DENTAL RIDER & INDIVIDUAL DENTAL PRODUCT WAITING PERIOD CREDIT

FROM	To	CREDIT FOR TIME SERVED TOWARD WAITING PERIODS?
New Individual Dental Plan	Product with the new dental rider: KeyCare Preferred Flexible Choice Basic KeyCare HealthSmart Basic BlueCare HealthSmart w/ Enhanced Rx Lumenos HSA Essential KeyCare Lumenos HIA KeyCare HSA Lumenos HIA Plus Lumenos HSA Standard	Yes, if no break in dental coverage
New Individual Dental Plan	Product with the old dental rider: Individual KeyCare Virginia Basic Virginia Advantage Virginia Standard	N/A
Stand-alone dental plans no longer offered after July, 2002: Old Individual Dental Association Dental Farm Bureau Dental	New Individual Dental Plan	No
Stand-alone dental plans no longer offered after July, 2002: Old Individual Dental Association Dental Farm Bureau Dental	Product with old & new dental rider: KeyCare Preferred HealthSmart Virginia Basic Flexible Choice HealthSmart w/ Enhanced Rx Virginia Standard Essential KeyCare Basic KeyCare KeyCare HSA Basic BlueCare Individual KeyCare Lumenos HSA Virginia Advantae Lumenos HIA Lumenos HIA Plus Lumenos HSA Standard	No
Product with the new dental rider: KeyCare Preferred Flexible Choice Basic KeyCare HealthSmart Basic BlueCare HealthSmart w/ Enhanced Rx Lumenos HSA Essential KeyCare Lumenos HIA KeyCare HSA Lumenos HIA Plus Lumenos HSA STD	New Individual Dental Plan	Yes, if no break in dental coverage

DETERMINING DENTAL RIDER & INDIVIDUAL DENTAL PRODUCT WAITING PERIOD CREDIT (CONTINUED)

FROM			TO			CREDIT FOR TIME SERVED TOWARD WAITING PERIODS?
Product with the new dental rider: KeyCare Preferred Flexible Choice Basic KeyCare HealthSmart Basic BlueCare HealthSmart w/ Enhanced Rx Lumenos HSA Essential KeyCare Lumenos HIA KeyCare HSA Lumenos HIA Plus Lumenos HSA Standard			Product with the new dental rider: KeyCare Preferred Flexible Choice Basic KeyCare HealthSmart Basic BlueCare HealthSmart w/ Enhanced Rx Lumenos HSA Essential KeyCare Lumenos HIA KeyCare HSA Lumenos HIA Plus Lumenos HSA Standard			Yes, if no break in dental coverage
Product with the old dental rider: Individual KeyCare Virginia Advantage Virginia Basic Virginia Standard			New Individual Dental Plan			No
Product with the old dental rider: Individual KeyCare Virginia Advantage Virginia Basic Virginia Standard			Product with the new dental rider: KeyCare Preferred Flexible Choice Basic KeyCare HealthSmart Basic BlueCare HealthSmart w/ Enhanced Rx Lumenos HSA Essential KeyCare Lumenos HIA KeyCare HSA Lumenos HIA Plus Lumenos HSA Standard			No

IS MOVEMENT BETWEEN PRODUCTS ALLOWED, SAME OR HIGHER DEDUCTIBLE, WITHIN 10 DAY FREE LOOK PERIOD?*

**KEYCARE PREFERRED, ESSENTIAL KEYCARE, KEYCARE FLEXIBLE CHOICE, KEYCARE HEALTHSMART, KEYCARE HEALTHSMART W/ ENHANCED RX ,
BASIC BLUECARE. LUMENOS HSA, LUMENOS HIA AND LUMENOS HIA PLUS**

↓ From	To →	KeyCare Preferred	KeyCare HSA	KeyCare Flex Choice	KeyCare Health Smart	KeyCare HealthSmart w EDB	Essential KeyCare	Basic BlueCare	Lumenos HSA	Lumenos HIA	Lumenos HIA Plus
KeyCare Preferred		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
KeyCare HSA	No		No	Yes	No	Yes	No	No	No	No	No
KeyCare Flex Choice	No	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
KeyCare Health Smart	No	No	No		No	Yes	Yes	No	No	No	No
KeyCare HealthSmart w EDB	No	Yes	No	Yes		Yes	No	Yes	Yes	Yes	Yes
Essential KeyCare	No	No	No	No	No		No	No	No	No	No
Basic BlueCare	No	Yes	No	No	Yes	Yes		No	No	No	No
Lumenos HSA	No	Yes	No	Yes	No	Yes	No		Yes	Yes	Yes
Lumenos HIA	No	Yes	No	Yes	No	Yes	No	Yes		Yes	Yes
Lumenos HIA Plus	No	Yes	No	Yes	No	Yes	No	Yes	Yes		Yes

“YES” indicates that “Yes, Movement is allowed, underwriting is not required.” “NO” indicates that “No, Movement is not automatic, application is required.”

IMPORTANT NOTES:

- For all of the above changes that do not require underwriting (YES), the applicant must complete a Program Selection Form with the changes.
- If per the above chart underwriting is required (NO) and the product the applicant is requesting to move to **is an option on the original application**, then the applicant can simply re-sign and re-date the original application after any changes to medical status have been added to the application.
- If per the above chart underwriting is required (NO) and the product the applicant is requesting to move to is **not listed as an option on the original application**, then the applicant must complete a Program Selection Form AND re-sign and re-date the original application after any changes to medical status have been added to the application.

*Effective 8/1/2007.

PORTABILITY GUIDELINES

Credit will be given toward the 12-month pre-existing condition waiting period of an underwritten product from the aggregate creditable coverages* in the chart below, **as long as there is no more than a 63-day consecutive day break in coverage.**

Credit will be given toward the 12-month pre-existing condition waiting period on the Conversion product from qualifying coverages in the chart below, if there **is no break in coverage.** A Conversion application must be received within 31 days from date of group cancellation.

From ↓ To →	Anthem & Affiliated Companies, Individual Underwritten Products	Anthem & Affiliated Companies, Individual Open Enrollment Products	Anthem Short Option Product	Anthem Conversion Product
Anthem & Affiliated Group Health Plans (fully & self-insured)	Yes	No**	No	Yes
Anthem & Affiliated Individual Health Plans	Yes	No**	No	No
Competitor's Group Health Plans (fully & self-insured) & Competitor's Individual Health Plans (including Group Trusts & Association Plans)	Yes	No**	No	N/A
Non-Anthem Blue Plan's Group or Individual Health Plan	Yes	No**	No	Yes
Medicaid	Yes	No**	No	N/A
Medicare	N/A	N/A	N/A	N/A
Short Term & Limited Duration Plans	Yes	No**	No	N/A
CHAMPUS, TRICARE or other Public Health Plans	Yes	No**	No	N/A
Socialized Medical Plans	Yes	No	No	N/A

* Aggregate creditable coverage is the total amount of time a person is enrolled in a health plan(s) without a break in coverage of more than 63 days. Serving a waiting period for group coverage should not be counted in the 63 day break of coverage or be counted as aggregate creditable coverage.

** Exception: 30 days of credit will be given towards the 12-month pre-existing condition waiting period if an Anthem 30-day Short Option policy was purchased within 15 days of applying for long-term underwritten Anthem coverage.

Example of aggregate creditable coverage:

Individual plan from 01/01/09 to 03/31/09

Break from 04/01/09 to 04/30/09

60 day waiting period to enroll in group policy from 05/01/09 to 06/29/09

Group plan from 06/30/09 to 09/30/09

Break from 10/01/09 to 11/30/09

Enrolled in Flexible Choice effective 12/01/09

Results:

90 days creditable coverage

Less than 63 day break – not counted as creditable coverage

Waiting period served prior to group health plan – not counted as a break or creditable coverage

93 days creditable coverage

Less than 63 day break – not counted as creditable coverage

Gets 183 days of credit towards the 12-month pre-existing condition waiting period

REMOVING CONDITION WAIVERS

MEDICAL UNDERWRITING REQUIRED?	MOVE TO NEW AGE?	CREDIT FOR PRIOR TIME SERVED?	DEDUCTIBLE & OUT-OF-POCKET CREDIT?	RESET LIFETIME MAXIMUM?	HEALTH INCENTIVE ACCOUNT CREDIT?	WHEN ALLOWED?	DIRECT SALES CREDIT?	BROKER COMMISSION	FORM REQUIRED
Yes, see below	No	Yes	Yes, as long as no changes are made to deductible or coinsurance amounts. If deductible or coinsurance amount is changed, refer to “ <i>Movement Within Product</i> ” for specific product to determine if credit is given.	No	N/A	See below	N/A	N/A	Application

NOTES & DEFINITIONS

- Covered persons will receive notification from Anthem’s underwriting department regarding removal of non-lifetime waiver(s) when the specified condition waiver waiting period has been served.
- Condition waivers are only applicable to Option I, Option II and Virginia Advantage.

Underwriting required:

- To remove condition waiver(s) and remain in same underwriting rating level:
Underwriting is required for the specified condition(s). Can only remove non-lifetime waivers and remain in the same rating level.
- To remove condition waiver(s) and go to a different underwriting rating level:
Full underwriting must be done to determine if customer can remove condition waiver(s) and qualify for a different rating level without the condition waiver(s)

When allowed:

- To remove condition waiver(s) and remain in same underwriting rating level:
May apply to have condition waiver(s) removed after serving the specified condition waiver waiting period. Condition waiver waiting periods can be found in Condition Waiver guidelines.
- To remove condition waiver(s) and go to a different underwriting rating level:
Can apply once a year. Condition waiver waiting period does not have to be served to apply to move to a different underwriting rating level.

QUALIFYING EVENTS

- Marriage
- Divorce or legal separation
- Court order
- Medicare entitlement of covered person(s)
- Any covered person reaching age 65
- The end of the year in which a dependent child turns 19 or 23, depending on the product.
- Death of covered person(s)
- Birth or adoption of a child
- Any covered person beginning active duty with the Armed Services
- Any policyholder or covered spouse changing or losing their job
- Adding or deleting a dependent from the policy

OPERATIONAL FORMS FOR INDIVIDUAL MARKETS

FORM NAME	APPLICABLE PRODUCTS	PROCESSED BY	WHEN USED
Addition of Dependent(s) Application*	All PHC open and closed products	Underwriting	To add dependent (spouse, domestic partner or child). ♦ <i>Note:</i> Newborns and adopted children added within 31 days from birth or placement are not medically underwritten. Effective date must be date of birth or date of placement.
Conversion of Dependent Form <i>(treated like a continuation of the original policy)</i>	All PHC open and closed products, excluding HMO	Membership	When covered dependent becomes ineligible to remain on policy (i.e., divorce, child marries, overage dependent)
Program Selection Forms (Currently Sold Products)	Essential KeyCare Flexible Choice HealthSmart w/Enhanced Rx Basic BlueCare Lumenos HSA Lumenos HIA Lumenos HSASTD Virginia Standard	Underwriting	To change the plan requested, a policy's deductible, coinsurance or riders during the application/backend offer (10-day "free look") process.
Coverage Change Form*	All PHC open and closed products, excluding HMO	Membership	To change an existing policy (i.e., increase deductible, delete rider, remove covered person) <i>Note:</i> Form cannot be used if decreasing deductible, coinsurance or out-of-pocket maximum (customer liability).
Policy Upgrade Application	KeyCare Preferred KeyCare HSA Essential KeyCare KeyCare Flexible Choice KeyCare HealthSmart KeyCare HealthSmart w/ Enhanced Rx Basic KeyCare Basic BlueCare Lumenos HSA Lumenos HIA Lumenos HIA Plus Individual KeyCare Virginia Basic Healthy Virginian Virginia Select Option I Option II Virginia Advantage	Underwriting	To lower a policy's deductible, coinsurance or out-of-pocket maximum (customer liability) OR to apply for a lower rating level.

OPERATIONAL FORMS FOR INDIVIDUAL MARKETS, *CONTINUED*

FORM NAME	APPLICABLE PRODUCTS	PROCESSED BY	WHEN USED
Stand Alone Term Life Application	Flexible Choice HealthSmart or HealthSmart w/Enhanced Rx Lumenos HSA, Lumenos HIA, and Lumenos HIA Plus	Underwriting	To add Term Life ♦ To increase amount of Term Life♦
Term Life Coverage Change Form	Flexible Choice HealthSmart or HealthSmart w/Enhanced Rx Lumenos HSA, Lumenos HIA, and Lumenos HIA Plus	Membership	To delete Term Life To decrease amount of Term Life To change beneficiary information on Term Life
Personal Health Care Dependent Information Form	All PHC open and closed products, excluding HMO All Individual (stand alone) Dental plans	Membership	To verify eligibility of overage dependents. Certification occurs at the end of each year.
Handicap Verification Form	All PHC open and closed products, excluding HMO All Individual (stand alone) Dental plans	Membership	To verify eligibility for over-age handicapped dependents. Certification occurs every three years, or lifetime certification on case-by-case basis.

♦ Note: If adding a dependent and adding/increasing optional Life coverage (where available), use product application.

AGENT COMMISSIONS

From one PHC product to another, excluding Short Option:

1. Commission levels are based on the product in which the customer is *enrolled*.
2. If customer moves from a commissioned product to another commissioned product and is still in the first year, pay first year for the remainder of the year, and then pay retention commission. If coming from open enrollment products, see #4 below.
3. If customer moves from a commissioned product to another commissioned product and the original product is paying a retention commission, pay retention commission.
4. If customer moves from a commissioned product to an underwritten product and the original product is no longer paying a commission, pay retention commission. For example, if a policyholder has been on a Healthy Virginian policy for 6 years, the Healthy Virginian policy is no longer paying commission. If that policyholder moves to an Individual KeyCare Preferred policy, a retention commission will be paid.
5. If customer moves from an open enrollment or Conversion product to an underwritten product, pay retention commission. (This is regardless of whether through same or a different broker.)
6. If customer moves from a product that is no longer paying commission to an open enrollment product, do not pay commission. For example, if a policyholder has been on a Standard 2 policy for six years, the Standard 2 policy is no longer paying commission. If that policyholder moves to a Virginia Standard policy, no commission will be paid.

Movement within a PHC product:

Currently sold products (regardless of effective date): Essential KeyCare, KeyCare Flexible Choice, KeyCare HealthSmart w/ Enhanced Rx, Basic BlueCare, Lumenos HSA and Lumenos HIA—if any changes are made and the policy is in renewal, then retention commission percentage is paid at the current level.

Previously sold products: Individual KeyCare, Virginia Basic, Virginia Advantage or Basic KeyCare—if any changes are made, the retention commission amount designated for those products is paid.

Movement from outside PHC to a PHC product:

To underwritten products	Commission is paid
To Virginia Standard, Lumenos HSA Standard and HMO Conversion	Commission is paid
To Conversion	Commission is paid
To Short Option	Commission is paid

From Short Option to any PHC product, including another Short Option:

Commission is paid.

Adding or deleting a rider or optional coverage (including Term Life):

Commission percentage does not change.

Removing a Condition Waiver:

Commission percentage does not change.

Adding a broker after original sale:

If product is a commissioned product and is still in the first year, pay first year for the remainder of the year, and then pay retention commission.

Changing an Agent after original sale:

If a product is a commissioned product and is still in the first year, pay first year for the remainder of the year, then pay retention commission. All commission changes should be as of the *agent* effective date, NOT the original effective date of the policy. An “*Agent of Record*” letter signed by the policyholder is required. **Note:** The legal contracts between Anthem and Farm Bureau do not permit us to change the Agent of Record.