



## Section E – Change to Higher Deductible Amount

You must complete a new application to change to a lower deductible amount. This form can be used for the plans listed below. You can downgrade an Rx option too by selecting a lower amount below.

### BLUE ACCESS

#### Blue Access Value

- Deductible** (choose one)  
 \$2,000    \$3,000  
 \$5,000    \$10,000

- Rx Options** (choose one)  
 \$15/\$30/\$60/25% (\$500 deductible)  
 \$15 Generic only (\$500 maximum)  
 Discount only

#### Blue Access Economy

- Deductible** (choose one)  
 \$1,000    \$1,500  
 \$2,500    \$5,000

- Rx Options** (choose one)  
 \$15/\$30/\$60/25% (\$500 deductible)  
 \$15 Generic only (\$500 maximum)  
 Discount only

- Blue Access 80<sup>†</sup>** (deductibles—choose one)  
 \$500    \$1,000    \$2,500    \$5,000    \$7,500

- Blue Access 90<sup>†</sup>** (deductibles—choose one)  
 \$250    \$500    \$1,000    \$2,500

- Blue Access 100<sup>†</sup>** (deductibles—choose one)  
 \$500    \$1,000    \$2,500    \$5,000    \$7,500    \$10,000

- †Blue Access 80/90/100 Rx Options/Riders** (Rx default is \$15 generic)  
 \$15/\$30/\$60/25%  
 \$15/\$30/\$60/25% (\$500 deductible)  
 \$15 Generic only  
 Optional Maternity Rider

### BLUE PREFERRED PLUS

- Blue Preferred Plus 80<sup>†</sup>** (deductibles—choose one)  
 \$500    \$1,000    \$2,500    \$5,000    \$7,500

- Blue Preferred Plus 100<sup>†</sup>** (deductibles—choose one)  
 \$500    \$1,000    \$2,500    \$5,000    \$7,500    \$10,000

- †Blue Preferred Plus 80/100 Rx Options/Riders** (Rx default is \$15 generic)  
 \$15/\$30/\$60/25%  
 \$15/\$30/\$60/25% (\$500 deductible)  
 \$15 Generic only  
 Optional Maternity Rider

Select ONE Plan then select ONE Deductible and any optional Riders

#### Lumenos<sup>®</sup> Health Savings Account

- Plan 1 (0% coinsurance)  
 \$1,500/\$3,000    \$3,000/\$6,000    \$5,000/\$10,000
- Plan 2 (20% coinsurance)  
 \$1,500/\$3,000    \$3,000/\$6,000
- Yes, I would like to establish a health savings account in conjunction with the HSA-compatible health plan I selected above. Please forward my information to Anthem's banking partner. (Please fill in your social security number in section B.)
- No, I DO NOT want to establish a health savings account in conjunction with the HSA-compatible health plan I selected above. Please DO NOT forward my information to Anthem's banking partner.

#### Lumenos<sup>®</sup> Health Incentive Account Plus

- Plan 1 (0% coinsurance)  
 \$2,500/\$5,000    \$5,000/\$10,000    \$10,000/\$20,000
- Plan 2 (20% coinsurance)  
 \$2,500/\$5,000

#### Lumenos<sup>®</sup> Health Incentive Account

- Plan 1 (0% coinsurance)  
 \$1,000/\$2,000    \$2,500/\$5,000    \$5,000/\$10,000
- Plan 2 (20% coinsurance)  
 \$1,000/\$2,000    \$2,500/\$5,000

**Optional riders:**    Maternity

I expressly understand that this Downgrade/Policy Change Form amends the application previously submitted by me and shall become part of the terms of my policy or certificate of coverage.

Any person who knowingly and with intent to defraud any insurance company, health maintenance organization, self-insured plan or other person, files an application for insurance or other form of health care coverage containing any materially false information or conceals, for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Signature

Date

Staple  
blank, voided check here

Staple  
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