

**AMENDMENT**  
**TO THE**  
**IOWA COMPREHENSIVE HEALTH ASSOCIATION**  
**ASSOCIATION PPO PLAN**  
**EFFECTIVE NOVEMBER 1, 2014**

*This amendment applies to your benefits policy or certificate effective November 1, 2014. Please review and keep it with your policy or certificate. All other terms and provisions of your benefits policy including any previous amendments issued, remain unaltered and in effect.*

*Part C Renewal Agreement is amended to read as follows:*

**PART C RENEWAL AGREEMENT AND TERMINATION**

Your policy will be renewed each time the required premium payment is made.

Coverage will terminate for each Insured Person under this policy when:

- (a) You are no longer eligible for coverage under the Iowa Comprehensive Health Association;
- (b) You become eligible for Medicare based upon age;
- (c) You are no longer a resident of the State of Iowa;
- (d) 30 days after the date We make inquiry concerning Your place of residence if You do not reply;
- (e) You are eligible for public programs for which medical care is provided;
- (f) The date Iowa statutes require cancellation of this policy; or
- (g) The date you failed to pay your premium as required.

In the event the Insured Person qualifies for other coverage, a certificate of creditable coverage will be produced on behalf of the Insured Person.

If nonrenewed, We will mail notice of nonrenewal to the last address shown on Our records at least 30 days prior to the renewal date and will return any unused premium to You. Your premium must be paid on the date it is due or during the 31- day grace period that follows.

*Part D Premium and Policy Changes is amended to read as follows:*

**PART D PREMIUM AND POLICY CHANGES**

**PREMIUM CHANGES.** Your premium is expected to change. The change will be based on an Insured Person's attained age or on a revised schedule of rates or both. We can apply revised rates only if We do the same thing on all policies of this Form, with the same provisions and benefits, issued to persons of the same classification in the same geographic area of the State of Iowa. Premium changes will

become effective on the first day of the month that coincides with or next follows the effective date of the change. We will notify You 45 days in advance of Your policy renewal date.

**POLICY CHANGES.** Any provision of this policy, including but not limited to Coinsurance percentages, Deductibles, Stop- Loss Limit, Out-of-Pocket Maximums, Lifetime Maximum, Copayments, and Calendar Year Maximums, are subject to change as determined by the Iowa Comprehensive Health Association. You will receive written notice of any policy changes in advance.

You can change, for the next Calendar Year, to a higher Deductible upon written notification to the Administrator. The effective date of the change will be the next Calendar Year following the date of Your request.

*Part F Definitions is amended to read as follows:*

## **PART F DEFINITIONS**

*Your Policy Year date currently is January 1 and by this amendment is changed to December 31. Therefore, the following language is revised. No coverage is added by this amendment that you do not already have under your benefits policy or certificate or a previous amendment.*

**Policy Year** begins December 31 and is used for purposes of determining compliance with federal legislation.