

# Nebraska Comprehensive Health Insurance Pool

Administered by Coventry Health and Life Insurance Company  
P.O. Box 541210 Omaha, NE 68154 | Phone: 855-247-5201 (Toll Free) | Fax: 866-799-9448 | www.nechip.com

## CHIP DEDUCTIBLE CHANGE REQUEST FORM

If you would like to increase your CHIP calendar year deductible or want to switch to the HSA-eligible plan, please check the appropriate box below. Change requests will become effective the first day of the month following receipt. **Please remember that any change you make to your calendar year deductible may impact future claims. If you increase your calendar year deductible, please note that you will not be able to decrease it at a later date.**

I would like to **INCREASE** my CHIP PPO calendar year deductible to the option indicated below.

(Please note: you cannot decrease your calendar year deductible.)

- Option #1: \$1,000 PPO/\$2,000 non-PPO calendar year deductible
- Option #2: \$1,500 PPO/\$3,000 non-PPO calendar year deductible
- Option #3: \$2,000 PPO/\$4,000 non-PPO calendar year deductible
- Option #4: \$3,000 PPO/\$6,000 non-PPO calendar year deductible
- Option #5: \$4,000 PPO/\$8,000 non-PPO calendar year deductible
- Option #6: \$5,000 PPO/\$10,000 non-PPO calendar year deductible
- Option #7: \$7,500 PPO/\$15,000 non-PPO calendar year deductible
- Option #8: \$10,000 PPO/\$20,000 non-PPO calendar year deductible

I would like to transfer to the CHIP HSA-eligible plan, featuring a **\$2,000 PPO/\$4,000 non-PPO calendar year deductible.**

Printed Name \_\_\_\_\_ ID# \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Desired Effective Month \_\_\_\_\_

(Changes will be effective the 1<sup>st</sup> of the month following receipt or the 1<sup>st</sup> of the month specified above, whichever is later.)

**PLEASE RETURN THIS ENTIRE FORM**