

NEBRASKA COMPREHENSIVE HEALTH INSURANCE POOL

Maternity Benefit Endorsement

This is an Endorsement. An Endorsement is used by the Nebraska Comprehensive Health Insurance Pool (CHIP) to change Your coverage. Please read it carefully. This Endorsement becomes a part of Your Policy and should be attached to it. All other terms and provisions of the Policy which are not in conflict with this Endorsement are applicable.

1. To be eligible for benefits under this Endorsement, You must be a) insured under this Endorsement at least nine months prior to the birth; and b) continuously insured under this Endorsement and the Policy to which it is attached during the entire period of pregnancy. This provision shall not apply if You were eligible for, and were granted a waiver of the Pre-existing Condition waiting period and purchased this Maternity Benefit Endorsement at initial enrollment.
2. Benefits are available under this Endorsement for Covered Services for Normal Pregnancy and Normal Childbirth. Such benefits are not subject to the Deductible** specified in the Policy and are limited to a total (maximum) benefit of \$3,000.00. Benefits are payable subject to the applicable Coinsurance (PPO or Non-PPO).
3. Payment under this Endorsement shall constitute payment in full for Covered Services for any one period of pregnancy.
4. Exclusions and Limitations: In addition to the Exclusions and Limitations stated in the Policy, no benefits will be available under this Endorsement for services:
 - a. resulting from a pregnancy which is determined to have begun prior to the date Your coverage under this Endorsement was effective (not applicable if You were granted a waiver of the Pre-existing Condition waiting period and purchased this Endorsement at time of initial enrollment);
 - b. paid for under any other benefit provision of the Policy; or
 - c. for care of a newborn infant.

Nebraska Comprehensive Health Insurance Pool

By: *Victor Kessler*
Chairman, Board of Directors

**The Deductible ~~does~~ apply if enrolled in the HSA-HDHP option.

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ENDORSEMENT

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High Deductible Health Plan (HSA-Eligible)

The purpose of this Endorsement is to amend the Comprehensive Health Insurance Pool Policy for the HSA-eligible High Deductible Health Plan option available under the Pool. The Deductible and Maximum Out-of-Pocket Expense Amount for this option may be adjusted annually pursuant to the cost-of-living adjustment to HDHP deductible and out-of-pocket limits and HSA contribution limits announced by the IRS (section 223 of the I.R.C.)

The Policy is amended as follows:

PART VIII. C.1. "Hospital Preadmission Testing Benefit," is deleted.
(All such Covered Services are subject to the applicable PPO or Non-PPO Deductible and Coinsurance amounts.)

PART IX. A., "DEDUCTIBLE," is amended to delete the second paragraph, which states: "If You do not meet your Deductible in a calendar year, Allowable Charges for Covered Services incurred during October, November and December of that year may be carried over and applied against the Deductible for the next year."
(Deductible carryover is not applicable to this amended Policy.)

PART IX. B. "COINSURANCE," is deleted and replaced with the following:

"B. COINSURANCE: This is the percentage of Allowable Charges which You must pay, after the Deductible is applied. Your Coinsurance percentages are shown on Your Schedule of Benefits.

Except as otherwise specifically stated in this Policy for certain Covered Services, or as otherwise specifically limited:

- for Covered Services by a PPO Provider, Your Coinsurance is 20% (PPO).
- for Covered Services by a Non-PPO Provider, Your Coinsurance is 40% (Non-PPO).

PART IX. D., "OUT-OF-POCKET EXPENSE AMOUNT," is amended to delete those paragraphs numbered 1, 3 and 4.

PART X.C.3., is amended to provide that benefits for emergency room services are payable subject to the applicable PPO or Non-PPO Deductible and Coinsurance amounts.
(Copayments are not applicable.)

PART XIII. B.12., "Physician Home, Office and Outpatient Visits," is amended to provide that the benefits for such services are payable subject to the applicable PPO or Non-PPO Deductible and Coinsurance amounts.
(The Copayment provision is not applicable.)

PART XVI., "BENEFITS FOR MENTAL DISEASE OR DISORDERS, OR ALCOHOLISM OR DRUG DEPENDENCY," paragraph F. "MAXIMUM BENEFITS," is amended to state that Coinsurance paid by You for these services will be considered in computing the Maximum Out-of-Pocket Expense Amount.

PART XXII., "BENEFITS FOR OTHER COVERED SERVICES," is amended at paragraph B. "Hospital Preadmission Testing Benefit," to provide that all benefits for preadmission testing are subject to the applicable PPO or Non-PPO Deductible and Coinsurance amounts.

PART XXII., "BENEFITS FOR OTHER COVERED SERVICES," is amended at paragraph D. "Diabetes Education Benefit," to state that the applicable Deductible does apply to such Covered Services.

PART XXIII., "PRESCRIPTION DRUG PLAN BENEFITS," is amended to provide that benefits for Covered Services identified in this Part XXIII. will be payable subject to the Deductible and Coinsurance, as stated on your Schedule of Benefits. For purposes of benefits provided under this Part, the applicable Deductible shall be the PPO Deductible; the applicable Coinsurance shall be the PPO Coinsurance percentage.

ALL OTHER TERMS AND PROVISIONS OF THE POLICY WHICH ARE NOT IN CONFLICT WITH THIS ENDORSEMENT ARE APPLICABLE.

Nebraska Comprehensive Health Insurance Pool

Victor Kessler

By: _____
Chairman, Board of Directors