

# 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](http://www.nechip.com)

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Date: 11/23/2012

## Annual Rate Change Notification

To the parent/guardian of [Member Name]  
[Member Address 1]  
[Member Address 2]  
[City], [State] [Zip Code]

Dear parent/guardian of NECHIP Policyholder:

The Nebraska Comprehensive Health Insurance Pool (NECHIP) Board of Directors and Nebraska Department of Insurance have authorized an adjustment to NECHIP rates effective January 1, 2013.

Your child's premium will be adjusted to [New Premium Amt]. The monthly premium for NECHIP policyholders under age 18 would be higher, but because of a grant provided by the Centers for Medicare and Medicaid Services, we were able to keep your child's premium at a lower level. There are no guarantees that grant funds will be available beyond 2013.

If your child's premiums are automatically deducted from your bank account, the new amount will be withdrawn from your account on January 15, 2013. Please note that your child's premium is determined by his/her age on the anniversary of his/her NECHIP policy.

Your child's current calendar year deductible is [Deductible]. Unless your child already has a \$10,000 deductible, increasing the deductible will lower the premium. To increase your child's NECHIP calendar year deductible or transfer to the HSA-eligible option, complete the enclosed Deductible Change Request Form and return it to the Nebraska CHIP address above. Changes will be effective the first of the month following receipt or the first of the month specified on the form, whichever is later. Please remember that any change you make to your child's calendar year deductible may impact future claims. Changes to a lower deductible are not allowed. Refer to the enclosed premium rate table to determine your child's new premium rate if you wish to increase the deductible. If you do NOT wish to make a change in your child's NECHIP coverage, you do NOT need to return the Deductible Change Request Form.

If you have any questions, please visit our website at [www.nechip.com](http://www.nechip.com). If you wish to have a representative assist you, you may contact the NECHIP Customer Service Center via email at [nechip@cvtv.com](mailto:nechip@cvtv.com) or by phone at 855-247-5201 toll-free from 8:00 a.m. to 5:00 p.m., Monday through Friday.

Sincerely



Victor Kensler  
Chairman, Board of Directors