

# MCHA Deductible Plan Change Request Form



MCHA policyholder must submit this form to request their MCHA plan policy be changed from its current deductible to a new deductible plan option. An MCHA policyholder can change deductible plan designs one time during a calendar year (January 1 to December 31) as follows: 1) An MCHA policyholder can change to a lower deductible plan for the effective date of January 1; or 2) An MCHA policyholder can change to a higher deductible plan during the year (on the 1<sup>st</sup> day of any month). The effective date of change will be the first of the month following the receipt of this change request form, unless a future effective date for the first of the month is requested. If you require information regarding the individual deductible plan options, please contact MCHA Customer Service at 1-866-894-8053.

I am requesting my MCHA plan policy be changed from its current deductible amount to the deductible plan option identified below, I understand that this change will be my one-time change for this calendar year and no additional plan changes can be made until next January 1.

<b>Policyholder Name</b> (please print):		<b>MCHA ID #</b> (from your MCHA ID card):	
<b>Current Deductible Plan:</b>			
<b>New Deductible Plan:</b> (Circle the plan which you are choosing):  <b>\$500 Individual Deductible Plan</b> (\$3,000 individual out-of-pocket annual maximum)  <b>\$1,000 Individual Deductible Plan</b> (\$3,000 individual out-of-pocket annual maximum)  <b>\$2,000 Individual Deductible Plan</b> (\$3,000 individual out-of-pocket annual maximum)  <b>High Deductible Health Plan (HDHP)</b> <b>\$3,000 Individual/\$6,000 Family</b> (the deductible serves as the annual out-of-pocket maximum)  <b>\$5,000 Individual Deductible Plan</b> (the deductible serves as the annual out-of-pocket maximum)  <b>\$10,000 Individual Deductible Plan</b> (the deductible serves as the annual out-of-pocket maximum)		<b>Effective Date of Change:</b>  _____ 1 <sup>st</sup> , 20____.  <b>Important Information</b> <ul style="list-style-type: none"> <li>To assure adequate timing to adjust the MCHA billing system, <u>your request must be received by MCHA Customer Service by the 10<sup>th</sup> day of the previous month, for the change to be recognized the first of the following month.</u> If you are on quarterly billing, you may receive a credit depending on the timing of your plan change within the calendar year quarter. If you have the automatic payment option process (ACH) for quarterly billing, any credited amount will be recognized on the following ACH quarterly payment.</li> <li>Changing your current deductible plan to a higher deductible plan increases both the Medical calendar year deductible and the Prescription Drug calendar year deductible (excluding the HDHP which has a combined Medical and Prescription Drug deductible).</li> <li>For administrative purposes, when your deductible plan is changed, your MCHA ID number will also change.</li> </ul>	
<b>Policyholder Signature:</b>			<b>Date:</b>

**Please complete this form and mail to:**

MCHA / Medica Enrollment Department  
 MN 015-2838  
 4316 Rice Lake Road  
 Duluth, MN 55811

**Or FAX this form to:**

MCHA / Medica  
 Attn: Enrollment Department  
**218-279-6493**

**Questions call:**

MCHA / Medica Customer Service at **1-866-894-8053**. You may also wish to discuss this change with your health insurance agent. Hearing-impaired enrollees, please contact **The National Relay Center** at **1-800-855-2880** and ask for the number above.