



Health Plan Change Form

The **FASTEST** and **EASIEST** way to change health plans is on our website.
 Go to www.neheritagehealth.com.
 Or, call **1-888-255-2605** (TTY/TDD call 711). We are open 7am-7pm central time, Monday-Friday.
Please fill out every section on this form.

Head of Household Information

Head of Household (HOH) Name: _____

HOH Medicaid ID or PIN: _____ **Phone #:** _____

Address: _____ **State:** _____ **Zip Code:** _____

NOTE: THIS FORM MUST BE COMPLETED WITH ALL INFORMATION AND SIGNED IN ORDER TO CHANGE PLANS

| Members(s) First and Last Names | Date of Birth | Medicaid ID # (SSN or PIN) | Health Plan Change Request Check the name of the health plan you wish to change to. Each person in your household can have a different plan. |
|------------------------------------|------------------|-------------------------------|---|
| | | | <input type="checkbox"/> Nebraska Total Care <input type="checkbox"/> UnitedHealthcare Community Plan of Nebraska <input type="checkbox"/> WellCare of Nebraska |
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More room is available on the next page to make a change for additional members in your household.

I would like to change to the health plan(s) I checked. The information is correct. I understand that I will need to contact the Heritage Health Enrollment Center if I wish to make another health plan change.

Head of Household Signature: _____ **Date** _____

Return Address: Heritage Health 9370 McKnight Road, Suite 300 Pittsburgh, PA 15237
 Toll-free Helpline 1-888-255-2605 TTY/TDD users ONLY call 711
 Call Center Hours: Monday-Friday 7am -7pm Central Time
www.neheritagehealth.com

Additional members:

| Members(s) First and Last Names | Date of Birth | Medicaid ID # (SSN or PIN) | Health Plan Change Request Check the name of the health plan you wish to change to. Each person in your household can have a different plan. |
|--|--------------------------|---------------------------------------|---|
| | | | <input type="checkbox"/> Nebraska Total Care <input type="checkbox"/> UnitedHealthcare Community Plan of Nebraska <input type="checkbox"/> WellCare of Nebraska |
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| | | | <input type="checkbox"/> Nebraska Total Care <input type="checkbox"/> UnitedHealthcare Community Plan of Nebraska <input type="checkbox"/> WellCare of Nebraska |

Use the pre-paid envelope in this packet to mail this form to:

Heritage Health Enrollment Center
9370 McKnight Road, Suite 300
Pittsburgh, PA 15237

OR

Fax the completed form to:
1-800-852-6311

Return Address: Heritage Health 9370 McKnight Road, Suite 300 Pittsburgh, PA 15237
Toll-free Helpline 1-888-255-2605 TTY/TDD users ONLY call 711
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NE Health Plan Change Form 06/2019

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