AdventHealth
Advantage Plans
Underwritten by Health First Commercial Plans

# GRACE PERIODS AND CLAIMS PENDING POLICIES DURING THE GRACE PERIOD

## GENERAL INFORMATION

**Grace Period** is the timeframe that allows you to pay late premiums to the Health Plan without being disenrolled from your coverage. The grace period begins the day after your plan premium is due and is not received by the Health Plan. The length of a grace period depends on your eligibility according to the following guidelines:

- Enrollees receiving an Advance Premium Tax Credit (APTC) through the Health Insurance Marketplace have a grace period of three (3) consecutive months if the enrollee has previously paid at least one (1) full month's premium during the benefit year.
- All other enrollees not receiving APTC have a thirty (30) calendar day grace period if the enrollee has previously paid at least one (1) full month's premium during the benefit year.

## PROVISIONS OF THE GRACE PERIOD

If any required premium is not paid on or before the date it is due, it must be paid and received by the Health Plan during this grace period. During the grace period, your health plan coverage will remain active. Disenrollment due to failure to pay your premium may result in monies owed to the Health Plan. You are responsible for paying any prorated portion of the premium applicable to the period of time during which we have provided benefits, or for any amounts otherwise due to us for services rendered. If the past-due premium is not paid in full by the end of the grace period, a termination notice will be sent to both the APTC and the non-APTC contract member within three (3) business days of the termination.

## CLAIMS PROCESSING FOR ENROLLEES THAT ARE MORE THAN ONE (1) MONTH BEHIND IN PREMIUM PAYMENTS

If you are receiving an APTC and are within the three (3) month grace period, the Health Plan will pay all appropriate claims for services rendered to you during the first month of the grace period. The Health Plan will pend claims for services rendered during the second and third months of the grace period. If you fail to pay the premium before the end of the grace period, the Health Plan will deny any claims that were pended during the second and third months.

### Prescription Coverage

On the date your account enters into the second month past due, your prescription coverage will be suspended until your outstanding premium balance is paid. This means you will be responsible for the full price of your prescriptions until your premium payments are made.

Once your premium payments are caught up, it may take up to three (3) business days for our pharmacy system to activate your coverage. If you paid for any covered prescriptions at the full price, you will need to submit for reimbursement with the Health Plan. You may be issued a refund check *if* your cost share is less than the full price you paid. It may take up to forty- five (45) days for a refund check to be mailed to you.

### Medical Coverage

Your medical benefits are also affected by late premium payments. If your account enters into the second month past due, the Health Plan will place all provider claims in a pending status. This means that any medical services you are receiving can be billed directly to you for the full price until your premium payments have been brought current.

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It may take up to seven (7) business days for our medical claims system to reflect payment made for any outstanding premium balance. All pending medical claims will be automatically processed for payment according to your benefits once your premium payment is paid in full.

## WHAT IS A PENDED CLAIM

A **pended claim** is one in which the Claims Analyst cannot make a final determination without further review or investigation. Until a determination can be made, the claim is pended and neither paid or denied.

## NON-PAYMENT OF HEALTH BENEFIT PREMIUMS AFTER THE GRACE PERIOD

Premiums are required to be paid in order for your plan to be effective. If the Health Plan does not receive your premium payment, no later than the last day of the grace period, coverage will end. For enrollee's receiving APTC, the effective date of the disenrollment for non-payment of premiums will be the first date of the month after the one (1) month grace period. For all other enrollees, coverage will end the last month in which your premium payment was paid in full. The Health Plan will provide you with a notice of termination of coverage that includes the reason for termination at least thirty (30) days prior to the last day of coverage.

## HOW TO SETUP AUTOMATIC PAYMENTS

Setting up automatic payments would ensure your premium payments are always made on time and your coverage remains active.

- To set up automatic payments, log in to our secure member portal at myAHplan.com/login.
- To register for access to the portal as a new user, click on "I need to sign up" under
- "Members."
- Once inside the portal, click the "Automatic Payment" button. Follow the directions to complete the setup process.

Your account information will be required to set up recurring payments. If you need additional assistance setting up automatic payments, you may contact the Customer Service department.

## QUESTIONS

If you have questions about your health benefit plan, there are several ways to contact us to obtain the assistance you need:

**By telephone**
If you have questions about your plan or need assistance in a language other than English, please contact Customer Service.

Toll-free: 1.844.522.5279
TDD/TTY: 1.800.955.8771

Our Customer Service hours are: **Monday through Friday** from 8 a.m. to 6 p.m.

**By email**
Send your questions or comments to: AHAP@HF.org

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**By fax**
Send your fax to: 1.855.328.0062

**By mail**
Send correspondence to:

Customer Service
Health First Health Plans - AHAP
6450 U.S. Highway 1
Rockledge, FL 32955



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