

AUTO-PAY PAYMENT PLAN TERMS AND CONDITIONS

By enrolling in the Auto-Pay Payment Plan (hereinafter “Auto-Pay”), you hereby represent that you are an authorized signor and/or user of the bank account, debit card account, credit card account, or other account provided and authorize the Issuer* of your health insurance policy to collect or arrange to collect payment using the account information provided to the Issuer upon enrolling in Auto-Pay.

Your billing statement, payment history, and other information can be found online on the Member Portal. The Member Portal is where you will manage your Auto-Pay and other payment options. You may also call your financial institution or Customer Service at 1-866-549-8038 for additional information.

You authorize Issuer to collect payment in the amount shown due on your billing statement by the date it is due on your statement. If you make an early one-time periodic payment and it does not cover the total amount shown due on your billing statement, the remaining balance will automatically draft out of your account by the due date on your billing statement. If you have a past due balance, the entire amount due for the prior month(s) and the current month will automatically draft out of your account. If a due date or scheduled payment date does not fall on a business day, the payment will automatically draft on the next business day.

If there is an increase or decrease in your payment amount due on your billing statement, due to a change in your Advanced Premium Tax Credit or a policy change, you authorize Issuer to increase or decrease the Auto-Pay amount to the amount due on your monthly billing statement. If you need to adjust the amount of a payment, you must notify the Issuer at least three (3) business days before a due date or scheduled payment date. You can cancel the Auto-Pay by logging into your member portal or contacting the Issuer at least three (3) business days before a due date or scheduled payment date.

Notwithstanding anything contained in the terms of this Auto-Pay Payment Plan, you will be responsible for ensuring that the entire premium amount is paid to Issuer by each due date.

Any payment not honored by your financial institution may be subject to return payment fees or other charges and fees from both your financial institution and the Issuer. You are responsible for any fees or charges associated with the returned payment charged by your financial institution. You must ensure that there are sufficient funds in the designated account on the due date or scheduled payment dates. If payment is not honored, you agree that Issuer may make additional attempts to collect the amount due. You are responsible for any fees associated with such attempts to collect premium payments, including overdraft fees charged by your financial institution.

If the account information for your designated account changes, you must notify Issuer immediately, and provide updated account information or arrange for alternative payment. If the Issuer is unable to timely collect the full amount due, within any applicable grace period, your failure to timely pay the full amount due may result in cancellation or termination of your policy.

In the event the Issuer or your financial institution cannot process your payment through Auto-Pay for two (2) consecutive months, your Auto-Pay will be permanently removed from your member account and you will be required to submit your premium payment due that month via an alternate payment option. All future premium payments due must be made by an alternate payment option unless you reactivate your Auto-Pay Payment Plan online or by contacting the Issuer. In the event of termination or cancellation of your enrollment, without notification of your intent to re-enroll with the Issuer within 30 days of the effective date for said termination or cancellation, your Auto-Pay Payment Plan will be permanently cancelled and auto-pay details will be removed from your account. If you have a gap in

coverage, you will need to manually set-up Auto-Pay in the member portal if you would like your premium payment to automatically draft. However you agree that Issuer may utilize pre-existing auto-pay details to collect any current or past-due premiums owed at the time Issuer is notified of the cancellation and prior to permanently removing auto-pay from your account.

You agree that you have read the website Terms and Conditions and Privacy Policy**, the terms of which are incorporated herein, and agree that the terms of such policies are reasonable. You hereby consent to the use of your personal information in accordance with the terms of and for the purposes set forth in the Privacy Policy.

*Issuer is defined to include the following: Absolute Total Care, Ambetter of Magnolia Inc., Ambetter of North Carolina Inc., Ambetter of Peach State Inc., Arizona Complete Health, Arkansas Health and Wellness, Buckeye Community Health Plan Inc., Celtic Insurance Company (Florida, Illinois, Indiana, Missouri, New Hampshire, Texas, Tennessee), Coordinated Care Corporation, Health Net Health Plan of Oregon, Inc., Health Net of California, Inc., Pennsylvania Health & Wellness, Inc., SilverSummit Health Plan, Sunflower State Health Plan, Inc.

Issuer also includes all future health insurers owned by or affiliated with Centene Corporation and/or marketed under the brand of Ambetter or Health Net.

AMBETTER

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CA

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