



<Date>



Payment Reminder

Dear <Name>

We're happy you chose insurance coverage from AmeriHealth New Jersey and want to make sure you have it when you need it. AmeriHealth New Jersey has been closely monitoring the situation with COVID-19 (Coronavirus) and we understand the financial impact our members may be experiencing.

Payment Flexibility

Our records indicate that you have not made a payment for April. In response to the COVID-19 pandemic, we are offering payment flexibility to members who may need it. You may defer payment of your April invoice (one month's premium) with no interest and no penalty. The deferred premium must be paid by December 1, 2020. You can make incremental payments each month through December 1 or can satisfy the deferred premium any month prior to December. You are eligible for payment deferral because you were up to date on payments through March.

Deferred Premium Example

Below is an example of a member who deferred payment of premium in April and is making incremental payments through December 1, 2020.

Member's monthly premium is \$210 and the member defers payment for April coverage. Installment payment of \$30/month starts in June. Members is fully paid by December.

Coverage Month	Invoice Amount	Amount Due	Due Date	Amount Paid	Deferred balance
April	\$210	\$210	April 1	\$0	\$210
May	\$420	\$210	May 1	\$210	\$210
June	\$420	\$240	June 1	\$240	\$180
July	\$390	\$240	July 1	\$240	\$150
August	\$360	\$240	August 1	\$240	\$120
September	\$330	\$240	September 1	\$240	\$90
October	\$300	\$240	October 1	\$240	\$60
November	\$270	\$240	November 1	\$240	\$30
December	\$240	\$240	December 1	\$240	\$0

If you take advantage of the deferred payment program and fail to make additional premium payments by their due date or do not satisfy the deferred premium by December 1, 2020, you will be considered delinquent and the delinquency process will begin.

You may be eligible for financial assistance

The federal government provides financial help in the form of tax credits, or subsidies, for eligible individuals and families to lower monthly premiums. Eligibility depends on family size and income. If your taxable income is expected to go down in 2020, you may be eligible for a tax credit. Tax credits are based on your **expected household income for the 2020 health plan year, not your 2019 income**. To see if you or your family may be eligible for financial assistance, contact your independent broker or call us at 1-888-879-5331 (TTY:711).

Additional payment options

To provide more flexibility, AmeriHealth New Jersey is accepting premium payments made with credit cards until July 31, 2020. Credit cards may be used to satisfy past due premiums as well as current amounts that are due. You may use an Amex, Discover, MasterCard, or Visa credit card. To pay with a credit card, you can:

- Pay by phone using our automated system: Call 1-800-313-9168 (TTY: 711)
- Use eBill: Log in at amerihealthexpress.com and click *Manage Account*

We're here to help

If you are concerned about your ability to make a payment due to the COVID-19 pandemic, contact your independent broker or call us at 1-888-879-5331 (TTY: 711) for help evaluating your health plan options.

Sincerely,

Customer Service



Language Assistance Services

Spanish: ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

Chinese: 注意: 如果您讲中文, 您可以得到免费的语言协助服务。致电 1-800-275-2583。

Korean: 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-275-2583 번으로 전화하십시오.

Portuguese: ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para 1-800-275-2583.

Gujarati: સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-800-275-2583 કોલ કરો.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi 1-800-275-2583.

Russian: ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Тел.: 1-800-275-2583.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-275-2583.

Italian: ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-275-2583.

Arabic: ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-800-275-2583.

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-275-2583.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Tumawag sa 1-800-275-2583.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-275-2583.

Pennsylvania Dutch: BASS UFF: Wann du Pennsylvania Deitsch schwetzsch, kannscht du Hilf griege in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Nummer 1-800-275-2583.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-275-2583।

German: ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Wählen Sie 1-800-275-2583.

Japanese: 備考: 母国語が日本語の方は、言語アシスタンスサービス (無料) をご利用いただけます。1-800-275-2583へお電話ください。

Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. با شماره 1-800-275-2583 تماس بگیرید.

Navajo: Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiiik'eh. Hódííłnih koji' 1-800-275-2583.

Urdu:

توجه درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583.

Mon-Khmer, Cambodian:

សូមមេត្តាចាប់អារម្មណ៍: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ-ខ្មែរ ឬភាសាខ្មែរ នោះ ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-800-275-2583។

Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103, By phone: 1-888-377-3933 (TTY: 711) By fax: 215-761-0245, By email: civilrightscordinator@1901market.com. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.