

**AMERIHEALTH INSURANCE COMPANY OF NEW JERSEY
AMERIHEALTH HMO, INC.**

DEFERRED PREMIUM PROGRAM AGREEMENT

This DEFERRED PREMIUM PAYMENT PLAN AGREEMENT (the “**Agreement**”), dated as of _____, 2020 (“**Effective Date**”), is made and entered into by and between AmeriHealth Insurance Company of New Jersey and AmeriHealth HMO, Inc. (together “**AmeriHealth**”), and _____ (“**Group**”). AmeriHealth and Group may be individually referred to as a “**Party**” and collectively as the “**Parties**.”

WHEREAS, in light of the COVID-19 pandemic and the resulting economic impact of the pandemic on Group, Group has requested, and AmeriHealth agrees to provide, financial assistance to Group to enable it to continue to provide health insurance to its members during the pandemic;

WHEREAS, AmeriHealth agrees to provide a deferral of Group’s premium payment for April or May 2020;

WHEREAS, the April or May 2020 deferred premium payment must be paid by Group to AmeriHealth in six monthly installments payments, beginning June 1st or July 1st depending upon the selection of April or May 2020 for premium payment deferral. Group shall pay one sixth of the April or May 2020 premium in addition to each monthly premium payment that is due during the six-month period beginning either June 1st or July 1st as applicable;

WHEREAS, AmeriHealth agrees to allow Group to pay its premium payments with a credit card with no fee through July 31, 2020; and,

NOW, THEREFORE, in consideration of the conditions and terms set forth below, the Parties, intending to be legally bound, agree as follows:

1. Eligibility. In order to defer the April 2020 premium payment, Group must have paid all premiums due and owing to AmeriHealth including the March 2020 premium. In order to defer the May 2020 premium payment, Group must have paid all premiums due and owing to AmeriHealth including the April 2020 premium. Medicare Advantage premiums are not eligible for the Deferred Premium Program.
 - a. In addition to satisfying the Eligibility requirement set forth in Paragraph 1 above, if Group is a large group with 51 or more members, Group must submit to AmeriHealth, along with an executed Agreement, an attestation signed by Group’s senior financial officer or certified public accountant attesting that Group is experiencing a financial hardship caused by COVID-19 that is making it difficult to make its monthly premium payments.
2. Remittance. Group agrees to remit the deferred premium for April or May 2020 as described Section 4 of this Agreement.

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3. Premium Deferral. Group elects to defer premium for _____ (April or May 2020). For an April 2020 premium deferral, the signed Agreement must be submitted to AmeriHealth no later April 20, 2020. For a May 2020 premium deferral, the signed Agreement must be submitted to AmeriHealth no later than May 15, 2020. If Group is a large group, it must also submit a signed attestation as referenced in Paragraph 1(a) above with the signed Agreement by the dates indicated above. If Group fails to make any of the six payments related to the deferred premium for April 2020 or May 2020, Group waives its right to the 30-day grace period described in Group's insurance contract with AmeriHealth.
4. Deferred Premium Payment Process. When AmeriHealth invoices Group, the monthly invoices will include the unpaid balance for the month of deferred premium until the balance is paid in full. Group will pay the monthly premium for each month of the six-month period beginning either June 1st or July 1st, as applicable, plus an additional pro rata one-sixth share of Group's premium payment for the deferred month of premium. Group must timely remit payment in full of the invoices for each month of the six-month period beginning either June 1st or July 1st as applicable. Payment in full includes payment of the monthly premium, any disputed premium amounts and a pro rata one-sixth share of the premium payment for the deferred month. The invoices for each month of the six-month period will continue to include the balance for the deferred month of premium until the deferred premium is paid in full. If Group fails to timely remit payment in full for each month of the six-month period beginning June 1st or July 1st as applicable, this Agreement shall automatically terminate as described in Section 6 of this Agreement.
5. Confidentiality. The Parties agree that the Agreement and the terms of the Agreement are confidential and shall not be disclosed by either Party without the written consent of the other Party. In the event of a breach of this provision, the non-breaching Party has the right to immediately terminate the Agreement.
6. Termination. The Agreement shall automatically terminate when Group makes the sixth required payment to AmeriHealth on the deferred April or May 2020 premium. The Agreement shall automatically terminate if Group fails to make any of the six required payments to AmeriHealth on the deferred April or May 2020 premium. In the event that Group's insurance contract is terminated before the Agreement automatically terminates, any outstanding premium, including deferred premium, will be immediately due and owing to AmeriHealth.

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IN WITNESS WHEREOF, the Parties, intending to be legally bound, have executed this Agreement through their duly authorized representative as of the Effective Date.

Name of Group

**AmeriHealth Insurance Company of New
Jersey**

By: _____

By: _____

Name:

Name:

Title:

Title:

Group: _____ CID: _____