

**Subject Line: Completing Member Premium Payment to reflect 10% Wellness Reduction**  
**Sub-header: Recurring Payment Accounts**

Agents,

When assisting your clients in setting up automatic premium payment/recurring payment in the Broker Portal, please be aware that the 10% Wellness Incentive Reduction will automatically reflect by selecting the **Total Amount Due** in the **Pay Your Bill** section and **NOT** the **Monthly Premium** amount due. The 10% premium reduction is based on completion of the Health Risk Assessment (HRA).

If the automatic premium payment/recurring payment is set up based on the Monthly Premium amount due, the 10% reduction will NOT reflect monthly and the payment amount will be drafted incorrectly based on the amount established on their enrollment. The automatic premium payment/recurring payment **MUST** be set based on the **Total Amount Due**.

Please note that this is the same whether you assist your clients in setting up the recurring payment or if your client sets up the recurring payment themselves via their Member Portal.

**Please assist your clients by proactively communicating this information to avoid automatic drafts of scheduled premium payments based on incorrect amounts due.**

**EXAMPLE:**

Payment Status	Next Payment Due
Paid	\$0.00
Monthly Premium	Due In
<b>\$435.78</b>	3 Days
\$693.71 Premium - \$257.93 APTC	by 12/31/2017
Last Payment	Paid Through Date
\$435.78	1/31/2018
on 12/22/2017	
Grace Period	Grace Period End Date
No	N/A

**Account History**

Below is your history of premiums and payments. You may view your balances and account history on this page.

**CREDIT on FILE**

Transactions

Date	Description	Method	Premium	Payment	Balance	
12/22/2017	Payment	Visa	---	\$435.78	<b>(\$304.83)</b>	Transfer Payment
12/18/2017	Payment	Visa	---	\$431.32	\$130.95	Transfer Payment
12/01/2017	Billed Coverage		\$435.78	---	\$562.27	

## Manage Your Recurring Payment Accounts

Below is your list of recurring payment accounts, you may remove or add new accounts on this page. Note that if no accounts are listed then your payments will not be made automatically. Please note that it may take up to 1-2 business days to process any addition or removal of autopayment accounts.

Account Nickname	Payment Date	Amount	Payment Type	
Health Insurance	25th of each month	\$435.78	PremiumAmountDue	<a href="#">Remove</a>

[Add a new automatic payment](#)

## Pay Your Bill

What amount would you like to pay?

\*Note that the Current Amount Due field may not reflect your actual current amount due invoiced.

Exchange Subscriber ID

Where

Total Amount Due:

Monthly Premium:

Other Amount Due:

**We appreciate your assistance in expediting this notice to service the needs of your clients.**

**Thank you for representing Community Health Choice! Your business is appreciated!**

For questions related to application submissions, please contact [AgentRelations@CommunityCares.com](mailto:AgentRelations@CommunityCares.com) or by phone at (713) 295-6760.

For questions related to Contracting or Appointment, please contact [Agent.Credentialing@CommunityCares.com](mailto:Agent.Credentialing@CommunityCares.com) or by phone at (713) 295-6760.

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