

Explanation of Grace Periods and Claims Pending Policy during the Grace Period

Q: I have a SoloCare (Individual/Family) policy. What is a grace period?

A: Each month you must timely pay your premium to Alliant Health Plans to keep your health insurance current. Your premium payment for the upcoming coverage month is due no later than the first day of that month. This is the “Due Date.” Alliant will send you a bill in advance of the Due Date for the upcoming coverage month.

If Alliant does not receive the full premium payment due on or before the due Date, Alliant will send a notice of non-receipt of premium payment and cancellation of coverage (the Late Notice) the subscriber’s address of record.

If you have received a late notice that your coverage is being cancelled or not renewed due to failure to pay your premium, Alliant will give you a grace period. If you purchased an off-market SoloCare plan, you will receive a **30-day day grace period**. If you purchased an on-market SoloCare plan, through Healthcare.gov and are receiving an *advanced premium tax credit* (APTC), you will receive a **three-month grace period**. During grace period, a subscriber can avoid cancellation or non-renewal by paying the premium you owe to Alliant.

If you do NOT pay the premium by the end of the grace period, your policy will be cancelled. You will still be responsible for any unpaid premiums you owe Alliant for the grace period.

Q: What does it mean to have my claims pended?

A: A pended claim is one that will **not** be processed for payment, but is waiting for an additional determination – whether eligibility- or clinical-related—before it will be paid by Alliant on behalf of the member.

Q: What happens to my claims when I am in grace period?

A: On-market SoloCare members, who purchased their plan through Healthcare.gov and are receiving an APTC, for services during the first month of grace, the claims will be processed according to plan benefits. Claims for services during the second and third month of grace will be pended.

Notice of Non-Discrimination

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

Alliant Health Plans:

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

If you need these services, contact Sabrina LeBeau.

If you believe that Alliant Health Plans 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: Sabrina LeBeau, Compliance Officer, 1503 N. Tibbs Rd. Dalton, GA 30720, Ph: (706) 237-8802 or (888) 533-6507 ext 125, Fax: (706) 229-6289, Email: Compliance@AlliantPlans.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Sabrina LeBeau 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, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

