



2022 Member Companion Guide

Your complete guide and “how to” for 2022 plan changes and enhancements.

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Benefits	AdventHealth SunSaver Plan (HMO)
Premium (in addition to Part B premium)	• \$0
Maximum Out of Pocket (excludes Part D drugs and allowances)	• \$5,500
Deductible	• \$0
Preventive Services	
Annual wellness exam, bone mass measurement, colorectal and prostate cancer screening, colonoscopy, pneumonia and flu vaccines, mammograms, pap smears/ pelvic exams	• \$0 for Medicare-covered screenings, exams, vaccines & measurements
Inpatient Care	
Hospital Care (90 days covered / benefit period [†])	<ul style="list-style-type: none"> • Days 1-8: \$200 per day • Days 9-90: \$0 per day • Out-of-pocket max/benefit period: \$1,600
Skilled Nursing Facility (100 days covered / benefit period [†]) 1-day prior inpatient stay required	<ul style="list-style-type: none"> • Days 1-20: \$0 per day • Days 21-100: \$180 per day
Home Health Care	• \$0
Outpatient Care / Supplies	
Doctor Office Visits Referrals for specialists—Not required	<ul style="list-style-type: none"> • \$0 – PCP • \$35 – Specialist • \$20 – Chiropractor
Surgery / Services	• \$175 / visit
Ambulance	• \$260 one way
Emergency Care – Worldwide* / Urgent Care Worldwide	• \$90
Urgent Care / Walk-In Clinic – Inside United States	• \$25
Outpatient Rehabilitation Services (Physical, occupational, speech therapy, cardiac/pulmonary rehab)	• \$20
Durable Medical Equipment	• 20%
Diabetes Programs / Supplies	• \$0 training, 10% for diabetes supplies, therapeutic shoes/inserts
Diagnostic Services	<ul style="list-style-type: none"> • \$0 for lab services • \$35 for X-rays and diagnostic tests • \$200 for specialty imaging services including MRI, CT, Nuclear and PET scans
Additional Benefits	
Dental	<ul style="list-style-type: none"> • \$30 for Medicare-covered dental benefits • \$1,000 annual allowance for preventive and comprehensive services
Hearing	<ul style="list-style-type: none"> • \$35 for Medicare-covered exams • \$350 hearing aid allowance annually • \$0 for routine hearing exam • \$0 for hearing aid fitting evaluation
Vision	<ul style="list-style-type: none"> • \$0 for one pair of eyeglasses or contacts after cataract surgery • \$15 for Medicare-covered exams • \$0 for Glaucoma screening exam • \$0 for one routine exam • \$300 annual allowance for eyewear
Out-of-Network Benefits	<ul style="list-style-type: none"> • \$90 Emergency Care and Urgent Care Worldwide • \$25 Urgent Care Inside United States • 20% Renal Dialysis
Fitness Center Membership	• \$0 Silver&Fit®
Telehealth / Place of Service	<ul style="list-style-type: none"> • \$0 Primary Care • \$35 Specialist • \$25 Urgent Care • \$0 Behavioral Health/Psychiatric/SubstanceAbuse/Opioid Treatment
OTC Health Related and Drugs	• \$20 per quarter

Benefits	AdventHealth SunSaver Plan (HMO)
Part D Prescription Drugs	
Retail preferred network pharmacy (30-day supply)	<ul style="list-style-type: none"> • Tier 1 – \$0 • Tier 2 – \$5 • Tier 3 – \$45 • Tier 4 – \$90 • Tier 5 – 33%
Non-preferred network pharmacy (30-day supply)	<ul style="list-style-type: none"> • Tier 1 – \$0 • Tier 2 – \$10 • Tier 3 – \$47 • Tier 4 – \$95 • Tier 5 – 33%
Preferred network pharmacy (90-day supply)	<ul style="list-style-type: none"> • Tier 1 – \$0 • Tier 2 – \$15 • Tier 3 – \$135 • Tier 4 – \$270 • Tier 5 – N/A
Non-preferred network pharmacy (90-day supply)	<ul style="list-style-type: none"> • Tier 1 – \$0 • Tier 2 – \$30 • Tier 3 – \$141 • Tier 4 – \$285 • Tier 5 – N/A
Mail order (90-day supply)	<ul style="list-style-type: none"> • Tier 1 – \$0 • Tier 2 – \$0 • Tier 3 – \$112.50 • Tier 4 – \$225 • Tier 5 – N/A
Coverage gap	Coverage for Tier 1
Coverage limitation	After your total yearly drug costs reach \$4,430, you will receive limited coverage by the plan on certain drugs. You will pay no more than 25% on brand-name drugs and 25% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$7,050.
Catastrophic coverage	After your yearly out-of-pocket drug costs reach \$7,050, you pay \$3.95 copay for generic and \$9.85 copay for all other drugs, or 5% coinsurance (<i>whichever is greater</i>).



AdventHealth Advantage Plans continues to strive to build you the best health plan possible.

For 2022, we've added some exciting new perks for our members.

Dental Benefits

Dental allowance has increased to \$1,000!

In 2022 members will be covered for oral exams, cleaning, fluoride treatment, x-rays, restorative, periodontics and extractions with a \$1,000 allowance.

Your \$1,000 allowance can be used at any Liberty Dental network provider.

Please note, Liberty Dental is a change in network from your previous year network.



Vision Benefits

We've also increased your non-Medicare covered eyewear allowance to \$300!

All plans now have a \$0 copay for routine non-Medicare covered eye exams.

Our vision network has changed to Davis Vision, to provide you with better benefits.



Hearing Benefits

You'll still have your \$350 hearing aid allowance too.

Hearing benefits will now be through TruHearing. With this change, there is now a \$0 copay for all routine, non-Medicare covered hearing exams, and fitting/evaluations for hearing aids are now covered at \$0 copay.



There have been a lot of positive changes to your pharmacy benefits for 2022.



Tier Changes

All Tier 6 prescription drugs have been moved to Tier 1 and are now at \$0 copay. This means no out-of-pocket cost for you when you fill a prescription for any of the Tier 1 drugs. With this change, AdventHealth Advantage Plans has eliminated the Tier 6. Plus, there are now more than 150 prescription drugs at a \$0 copay!

Preferred Pharmacy Network

Our preferred pharmacy network has changed. It now includes CVS. Preferred pharmacies offer a lower copay for prescription drugs versus regular in-network pharmacies. Members can still get prescriptions filled at other pharmacies but may pay a higher copay.

The preferred networks are:

- Health First Family Pharmacy
- Publix
- CVS
- Target
- Walmart

Pharmacy and Over-the-Counter Benefits



Over-The-Counter Allowance (OTC)

Great changes are coming to your OTC benefit. You'll continue to receive your \$20 per quarter allowance. New this year is an easier way to use your allowance:



- Vitamins, first aid and allergy medicines are some of the many over-the-counter items that are covered.
- You can now purchase items from several participating retail partners. Or if you choose you can purchase right from the OTC Network app.
- Some of the big names where the card can be used include:
 - CVS Pharmacy
 - Dollar General
 - Walmart
 - Walgreens
 - Family Dollar

As a member you will receive a new debit card for your OTC allowance. Please note, this card is only a debit card, and your credit account was not used to secure the new card.



Pharmacy Benefits

All pharmacy benefits will now be offered through CVS Caremark. If you receive information on your pharmacy benefits from CVS Caremark, rest assured it's part of your AdventHealth Advantage Plans package.



For a list of participating pharmacies and your plan formulary visit myAHplan.com/directory. To request a printed copy go to myAHplan.com/order or call your Care Team.

Other formulary changes have been made such as the addition and discontinuation of some drugs and some price adjustments. Please see your Annual Notice of Change and 2022 Formulary for a complete list of changes.

Your Provider Network

AdventHealth Advantage Plans is proud to continue offering more than 4,000 providers, in-network, to our members. We are committed to providing you with this extensive choice of providers now and in the future. Please note the changes to the following provider networks:



Mental Health

Our new Mental Health partner is Optum. With this change there may be a few providers who are not included in the new network, but we've also added providers. You can search for providers at:

Public search: myAHplan.com/directory

Phone number: **1-877-890-6970*** | 711 (TDD/TYY)

Dental

To provide our members with a more enhanced dental benefit, our new network partner is Liberty Dental.

To search your 2022 providers visit myAHplan.com/directory or call your Care Team at:

1-877-535-8278 | 1-800-955-8771 (TDD/TYY).

Vision

As we continue to increase vision benefits, we've also changed partners in our vision network.

Beginning January 1, 2022, Davis Vision will be the new AdventHealth Advantage Plans partner for vision care needs.

Participating vision providers can be found at myAHplan.com/directory.

1-877-535-8278 | 1-800-955-8771 (TDD/TYY)

Hearing

Our hearing provider network has also changed. Hearing services will now be available through the TruHearing network.

Participating providers can be found by searching your directory at myAHplan.com/directory. Or call your Care Team at **1-877-535-8278** | 1-800-955-8771 (TDD/TYY).

*This number will not be active until December 13, 2021.

You'll notice a change in the look and feel of your 2022 provider directory. The online search function is easier to use and navigate. There's more interaction to help you find the right provider and location.



The screenshot shows the top navigation bar with 'OSCAR' logo and links for 'Shop Plans', 'Member Resources', 'For Brokers & Providers', and 'About Us'. A 'Find a Doctor' button is in the top right. The main header features the 'Advent Health Advantage Plans' logo and the slogan 'Health First Health Plans'. Below this is a search section titled 'Search in-network doctors, facilities, and drugs' with a breadcrumb trail: '2022 · Medicare Advantage · Florida · AdventHealth Advantage Plans · AdventHealth Medicare Advantage · [Change network](#)'. A search bar contains the text 'Dr. Smith, OB/GYN, urgent care, amoxicillin' and a location pin icon with '32789'. A 'Common searches' section below has a search bar with 'Primary care providers' and a 'Disclaimers, Time Stamp & more' button.

The screenshot shows the search results page. The top navigation bar is identical to the previous screenshot. Below the navigation is a breadcrumb trail: 'Home > Search > Primary Care Provider (Total: 394)'. A row of filter buttons includes 'Availability', 'Distance', 'Accepting new patients', 'Gender', 'Language', 'Medical group affiliation', and 'Hospital affiliation'. The 'Distance' filter is selected. The results list shows three providers: 'Abdelrahim Abu Shtaiyah, RN' (2.4 mi), 'Christy Davis, MD' (2.5 mi), and 'Kashyap Patel, MD' (2.8 mi), all with 'No ratings yet'. To the right is a map of Daytona Beach, FL, USA, with several location pins. A 'Disclaimers, Time Stamp & more' button is at the bottom right of the map area. At the bottom of the page, there is a pagination control showing '1 2 3 4 5 ... 14' and a 'Next' arrow.

AdventHealth Advantage Plans and Oscar



AdventHealth Advantage Plans has partnered with Oscar this year to give you access to digital tools and a Care Team to make accessing health care easier and more convenient.

Your Customer Service Representatives are now Care Guides.

What is a Care Team?

Your Care Team is made of experts dedicated to you, that can answer your health-related medical questions and provide you with high-quality care.

Your customer service representatives will become Care Guides, and they have one job – to help you get the most out of your health plan.

Your dedicated Care Team can also help walk you through any in-person follow up services like labs and prescriptions.

Plus, communicating with your Care Team is easy. You'll get:

- **Quick Answers** – you can chat with a Care Guide by phone or via message right from the app or member portal.
- **Quality Care** – your Care Team includes a licensed nurse who can help answer any questions about your care.
- **Better Service** – your Care Team knows you and your history, so you won't get transferred around to answer one simple question.



Get the most out of your plan with the new, easy-to-use member portal!

Announcing your new member portal, enhanced by Oscar. With the new portal you can update your payment information, complete the new Health Risk Assessment, find a provider, chat with your Care Guides and more.

It's easy to create an account.

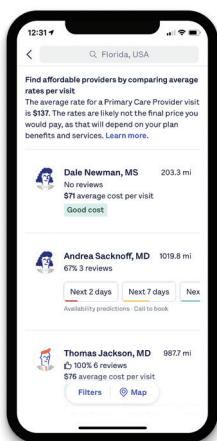
1. Visit myAHplan.com/login
2. Click on the "portal login" button
3. Enter your email and choose a password
4. Check your email to verify your identity
5. Now log in to your account
6. Enter your contact information, so we know the best way to contact you
7. Fill in some more details that let us match you with your enrollment information
8. Congratulations, you're ready to use your enhanced member portal

You can also use the app to make accessing healthcare easy!

A few housekeeping items:

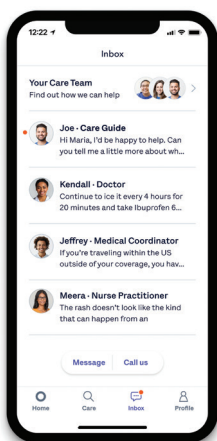
- All members will need to complete a new HIPAA form in 2022. Members will be able to fill out HIPAA both in the portal or by mail.
- Don't forget to complete a new Health Risk Assessment (HRA) in the new member portal. You earn rewards by completing healthy activities like the HRA.

The new app makes it easy to do just about everything related to your health, at any time. Including:



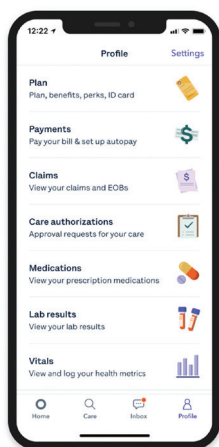
Easily find the care you need

The search tool makes it easy to find a provider – you can filter by condition, location, specialty and more. Even better, it will only show you in-network options.



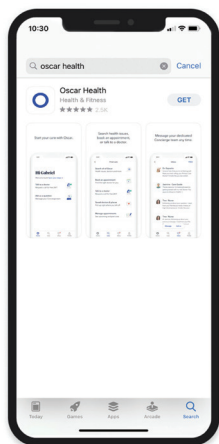
Message your dedicated Care Team in one tap

For help finding a doctor, understanding your bills, getting prescription refills and more, simply message your Care Team.



Review your plan information

You can use the app to review all your plan details, lab results, prescriptions, recent activity, your digital ID card and have all your doctors saved. You can pay your monthly premiums and set up autopay too.



Download the app today

Download the app by searching for "Oscar Health" in the Apple App Store or Google Play Store. You can begin downloading the new app on October 1, 2021, however your 2022 benefit information will not be loaded until January 1, 2022.



Your New Explanation of Benefits

Your 2022 Explanation of Benefits or EOB will look a bit different than previous years.

Here's how to read your new Explanation of Benefits:

AdventHealth
Health Plan

Medical and hospital claims processed in April, 2021

Processed for [member_name] - [member_id]

Your Explanation of Benefits (EOB) is NOT a bill. This is simply a monthly report of claims we have processed, and tells what care you have received, what your plan has paid, and how much you have paid out of pocket (or can expect to be billed).

Your EOB includes billing details for all medical, hospital, dental, vision, and hearing services. If you owe anything, your doctors will send you a bill. (Pharmacy_name) will send you a separate EOB on Part D prescription drugs.

If you notice something suspicious that might be dishonest billing, you can report it by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. (TTY users should call 1-877-486-2048)

AdventHealth Advantage Plans is administered by Health First Health Plans.

Health First Health Plans is an HMO plan with a Medicare contract. Enrollment in Health First Health Plans depends on contract renewal.

The benefit information provided is a brief summary, not a complete description of benefits. Benefits, formulary, pharmacy network, provider network, premium, copayments, and coinsurance may change each year. Learn more at: <http://myAHP.com>

AdventHealth Advantage Plans (HMO)

If you have any questions about your EOB, please contact your Care Team at 1-877-435-8278.

1-800-955-8771 (TDD/TTY). We are open Monday - Friday 8am - 8pm ET and Saturday 8am - 12pm ET between April 1 and September 30, then Monday - Sunday 8am - 8pm ET between October 1 and March 31. You can also message your Care Team any time through your online account.

This information is available for free in other languages. Your Care Team also has free language interpreter services available for non-English speakers.

Overview Page

The first page of your EOB provides a summary of key information including contact numbers.

AdventHealth
Health Plan

Totals for medical and hospital claims

	Amount providers billed the plan	Total cost (amount the plan approved)	Plan's share	Your share
Totals for month (For claims processed from 04/01/2021 to 04/30/2021)	\$632.00	\$200.77	\$200.77	\$0.00
Totals for year (For claims processed from 01/01/2021 to 04/30/2021)	\$9,487.15	\$1,904.31	\$1,244.31	\$660.00

Your yearly limits

This section tells you the most you'll have to pay each year out-of-pocket costs, copays and coinsurance for in-network services. This yearly limit is called your "out-of-pocket maximum". It puts a limit on how much you have to pay, but it does not put a limit on how much care you can get.

- Your out-of-pocket spending for out of network services will not count toward your yearly out-of-pocket maximum. This means:
 - Once you have reached your limit in out-of-pocket costs, you stop paying out-of-pocket for all services. Except for non-covered services, such as most services received out-of-network or services that are never covered under your plan.
 - You keep getting your coverage as usual, and the plan will pay the full cost for the rest of the year. Your out-of-pocket spending for services that are not covered by Medicare does not count toward your out-of-pocket maximum.
 - As of April 30th 2021, you have had **\$12,134 in out-of-pocket costs** that count toward your maximum for covered in-network services. * This includes amounts you have paid out-of-pocket for claims that are listed in this EOB and claims that are still being processed. Log into your online account for more up-to-date balances or call your Care Team for help.

Out-of-pocket max. balance

Total	\$3,400.00
Spent	\$12,134*

Monthly Spending Summary

The Monthly Spending Summary page shows billed totals for the given month and how much you have paid towards your out-of-pocket amounts so far this year, as of the statement date.

Your New Explanation of Benefits

Claim Details

The Claim Details Page provides key information, such as if a claim was denied, how much your health plan has paid for claims processed during the period, how much you may owe after your health plan has processed your claim and additional information on why a claim may have been denied.

AdventHealth
Health Plan

[provider_name]

Claim ID: Y241302 Provider status: In-network

Dates of service	Service code	Amount providers billed the plan	Total cost (amount the plan approved)	Plan's share	Your share
03/16/2021	G0439	\$427.00	\$137.60	\$137.60	\$0.00
PPPS, SUBSEQ VISIT					
03/16/2021	1123F	\$0.00	\$0.00	\$0.00	\$0.00
ACF DISCUSS/2521 MKR DOCD					
03/16/2021	3288F	\$0.00	\$0.00	\$0.00	\$0.00
FALL RISK ASSESSMENT DOCD					
03/16/2021	1038F	\$0.00	\$0.00	\$0.00	\$0.00
TOBACCO NON-USER					
03/16/2021	G8510	\$0.00	\$0.00	\$0.00	\$0.00
PT INELIG NEG SCRIN DEPRES					
03/16/2021	3075F	\$0.00	\$0.00	\$0.00	\$0.00
SVST BP - 130 - 10MM HG					
Denial: We need more information from your provider to process part of this claim. We've contacted your provider, so you don't need to do anything at this time, and we'll let you know if that changes.					
03/16/2021	3078F	\$0.00	\$0.00	\$0.00	\$0.00
DIAST BP - 80 MM HG					
Denial: We need more information from your provider to process part of this claim. We've contacted your provider, so you don't need to do anything at this time, and we'll let you know if that changes.					
03/16/2021	G8482	\$0.00	\$0.00	\$0.00	\$0.00
FLU IMMUNIZE ORDER/ADMIN					

AdventHealth
Health Plan

[provider_name]

Claim ID: Y245365 Provider status: Out of network

Claim was denied: It looks like you received care from a provider outside our network. We need more medical information from your provider to process this claim. If we receive additional documentation from the provider and this is re-processed, you will receive a new Explanation of Benefits (EOB) explaining your responsibility for this claim.

Dates of service	Service code	Amount providers billed the plan	Total cost (amount the plan approved)	Plan's share	Your share
02/07/2021	E1930	\$220.00	\$220.00	\$0.00	\$220.00
OXYGEN CONCENTRATOR					
Totals		\$220.00	\$220.00	\$0.00	\$220.00

Your Appeal Rights

This section explains how to appeal a claim decision. You will find instructions on what to do if you disagree with benefit decisions made on this claim statement.

AdventHealth
Health Plan

Things to know about your denied claim

We have denied all or part of this claim and you have the right to appeal. Making an appeal is a formal way of asking us to change the decision we made to deny your claim. If we agree to change our decision, it means we will approve the claim rather than deny it, and we will pay our share.

The provider can also make an appeal, and if this happens, you may not have to pay. You may wish to contact the provider to find out if they will ask us for an appeal. If the provider properly asks for an appeal, you will not be responsible for payment, except for the normal cost-sharing amount, and you don't need to make an appeal yourself.

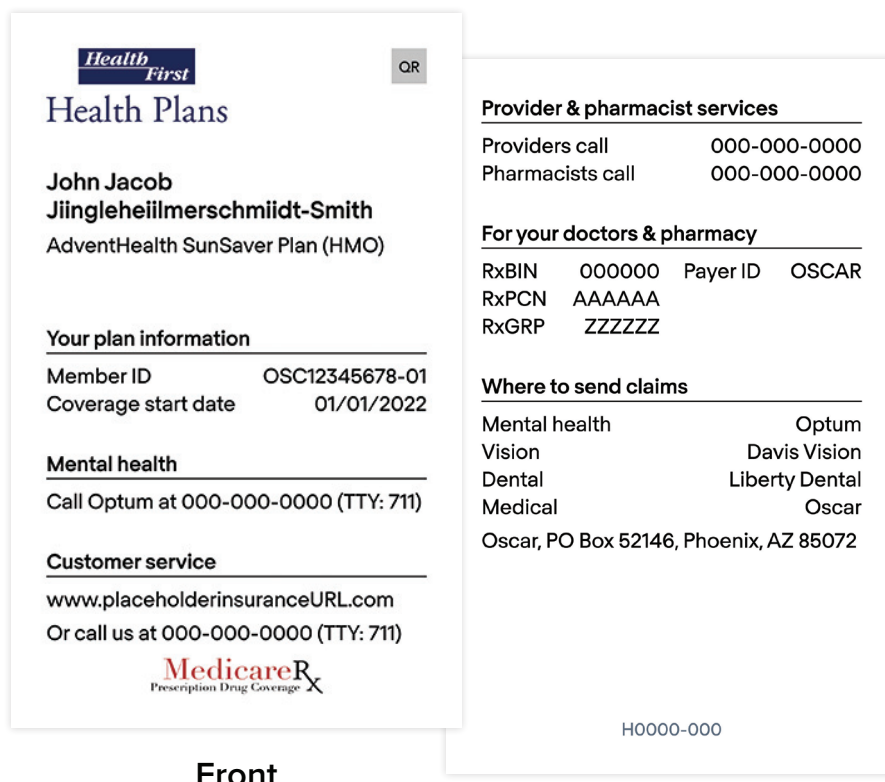
When we deny part or all of a claim, we send you a letter ("Notice of Denial of Payment"), explaining why the service or item is not covered. This letter also tells what to do if you want to appeal our decision and have us reconsider. **IMPORTANT:** If you do not have this letter, call your Care Team (1-877-535-8278, 1-800-955-8771 (TDD/TTY)).

If you have questions, you can contact the following:

- Your Care Team, at 1-877-535-8278, 1-800-955-8771 (TDD/TTY), from Monday - Friday 8am - 8pm ET and Saturday 8am - 12pm ET between April 1 and September 30, then Monday - Sunday 8am - 8pm ET between October 1 and March 31
- 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. (TTY users should call 1-877-486-2048)

Your 2022 ID cards will look a little different!

This new card will arrive in the mail on or before January 1 in your new welcome kit.



Front

Back

Frequency:

- Premium payments are due on the **1st of the month**. Bills are mailed out around the 5th of the month prior.
- Autopay is drafted on last day of the month prior to when bills are due. Please note this is different than in previous years.

How to Pay:

- First you'll need to create an online account in the member portal or the app.
- Visit myAHplan.com/login and input your email and a password.
- Click on "Pay your bill" from the menu.
- Enter your checking, debit, or credit card information.
- Autopay can be used for members with checking, credit or debit information that has been entered into your portal account.

Other ways to pay your bill:

- Social Security Administration (SSA) and RailRoad deductions are still available as an option for premium payment.
- Pay over the phone: Call **1-877-535-8278** (Toll-free) | (TTY 1-800-955-8771) to pay with your checking or savings account (credit and debit cards are not accepted over the phone at this time).
- Pay by check or money order: Use the mailing address included on your bill. You can also find the address in your online account.

New Address:

- AdventHealth Advantage Plans
c/o Oscar
PO Box 628752
Orlando, FL 32862-8752

AdventHealth
Advantage Plans
Health Plans
myahplan.com/login
ahap-help@plussacar.com

Account summary		Account statement	
Policyholder	John Smith	Previous activity	
Total balance due	\$109.41	Previous balance	\$10.00
Payment due date	04/01/20	Payment applied	\$ -109.40

Bill details		New activity	
Bill period	03/01/20 - 04/01/20	Plan premium	\$102.80
Bill number	7777777	Part D late enrollment penalty	\$80
Bill created on	10/22/20	Amount due	\$109.41
Next billing cycle	04/01/20 - 05/01/20		
Next bill due date	05/01/20	Total balance due	\$109.41

Your details

Member ID	05C79069555
Plan name	AdventHealth SunSaver
Members covered	John Smith

AdventHealth
Advantage Plans
Health Plans
myahplan.com/login
ahap-help@plussacar.com

No payment is due at this time

You have a total balance of \$109.41

Your plan premium payments are deducted from your Social Security Administration (SSA) check. Your account currently has a zero balance.

Pay online Visit myahplan.com/login to pay your bill and set up Autopay for recurring payments so you never miss your due date.	Have questions? Contact us. Visit myahplan.com/login to find answers or call our Care Team at 877-535-8278, 800-955-8771 (TDD/TTY). We are open Monday - Friday 8am - 8pm ET and Saturday 9 a.m. - 12 p.m. ET between April 1 and September 30, then Monday - Sunday 9 a.m. - 8 p.m. ET between October 1 and March 31.
Pay by check See lower portion of this bill for instructions on how to pay by check or money order.	
Send a check 1. Make payable to AdventHealth Advantage Plans 2. Write your Member ID on the check. 3. Include this coupon with your check in the envelope	How much are you sending? \$ _____ You owe \$109.41 by 04/01/20

05C799935538888888882020102E000101770

Grace Period Policy:

As of January 1, 2022 AdventHealth Advantage Plans will be changing our Medicare Advantage Grace Period Policy. The following changes are occurring:

- AdventHealth Advantage Plans will be implementing a 6-month grace period, in place of our current 90-day grace period.
- AdventHealth Advantage Plans will no longer offer a “rolling” grace period. This means as of January 1, 2022, members must pay ALL past due amounts IN FULL before, or by, the end of the grace period to remain on the plan. Once a member has paid IN FULL, the grace period is removed (and, if applicable, time frames reset if member becomes past due in the future).
- If, as of December 31, 2021, a member is in a grace period, their balance information will be loaded into our new system for collections of the past due balance.
- As a member your grace period status will start over as of January 1, 2022.

What does this mean if you are in a grace period as of December 31, 2021 and have a past due balance from 2021?

Although grace period status will start over, members will still be expected to pay any past due balance owed from 2021 (and would enter their 1st month grace period as of January 2022, unless all past due balances were paid). If you were in a grace period status as of December 31, 2021 and a past due balance is owed for that time frame, any payment made in 2022 will be accounted back to the 2021 owed amount.

- As of January 1, 2022, members will receive their notifications regarding their grace period status.

Have Questions? Need Help?



Call your Care Team at:

1-877-535-8278 | (TDD/TYY) 1-800-955-8771

or log in to your account to chat with your Care Team. We're available weekdays from 8am to 8pm and Saturdays from 8am to noon. From October 1 to March 31, we're available seven days a week from 8am to 8pm.



AdventHealth Advantage Plans - striving to provide our community with the best health plan possible.

