MONTHLY BILLING PROCEDURES

Following issuance of the policy, DAKOTACARE will send to the policyholder a Premium Notice which indicates the amount that will automatically be deducted from the policyholder's account via ACH transfer. Future monthly Premium Notices will not be provided unless the premium amount changes.

- DAKOTACARE premiums are due on the 24th day of each month prior to the month of coverage. We will initiate an ACH to be deducted from the policyholder's specified account on the 24th of each month. In the event that the initiated ACH is rejected by the financial institution, we will re-initiate the ACH for the amount of premium due. Failure to collect the funds via this initiated ACH will result in unpaid premiums at the start of the month for which coverage is intended. Premiums not received on the first day of the month of coverage will cause member benefits, including pharmacy benefits, to be suspended until premiums are received and processed. At the time of suspension, a $30 late fee will be charged to the policyholder's account and a delinquency notice will be mailed. If funds have not been successfully collected, DAKOTACARE will make a final attempt to initiate the ACH for the original premium due plus the $30 late fee on the 5th day of the month. If the final attempt to collect the premium and late fee is rejected, the policyholder will need to contact DAKOTACARE to arrange for the payment of premium and late fee. No additional attempts to initiate an ACH for this month's premium will be made unless specifically requested by the policyholder. If payment in full is not received by the 20th day of the month, the policy will be terminated effective the last day of the prior month for which payment was received.

- If you wish to change your account or financial institution information, please complete the attached ACH form and forward to DAKOTACARE.

- **A pharmacy benefit suspension means pharmacy benefits will not be available to plan members at the point of service. Instead, members will be required to pay 100% of their prescription cost at the pharmacy. After premium payment has been received by DAKOTACARE, the pharmacy benefit suspension will be removed, and at that time the member can submit a paper claim for any prescriptions received and be reimbursed per the pharmacy benefit plan in place.**

- **A Member Change/Termination form must be completed** and sent to the DAKOTACARE Enrollment Department for any changes or terminations. Copies of this form are included in your Welcome Packet and are available online at DAKOTACARE Access or by contacting DAKOTACARE. **This form is the only official notice of member changes that DAKOTACARE will acknowledge.** Premium changes related to member changes will be processed and a new Premium Notice will be sent which indicates the future premiums to be withdrawn from the account.

- DAKOTACARE must receive the termination request on or before 12:00 pm on the 15th of the month in order to stop the automatic withdrawal set for the 24th. If DAKOTACARE receives this after 12:00 pm on the 15th but prior to the 24th, the premium will be returned by the 10th of the following month. Also, if DAKOTACARE receives the termination request between the 25th of the month and the last day of the month, the premium will be refunded within 60 days.

Please call DAKOTACARE at 1-800-325-5598, or your authorized DAKOTACARE agent with any questions or concerns.

Member Automatic Withdrawal from Checking Information

Please fill out the following to setup an automatic withdrawal of your monthly premium payment due to DAKOTACARE and return the form along with a **voided** check to:

DAKOTACARE
Attn: Accounting
5300 S Broadband Lane
Sioux Falls, SD 57108

Requested Automatic Transfer Start Date: __________________ 24th, 20_____

Client ID: ____

Client Name: ____

Bank Name: ____

Bank Address: ____
____

Bank Phone#: ____

Bank ABA#: ____
9-Digit #

Account Name: ____

Account Number: ____

Account Type: ☐ Checking or ☐ Savings

I authorize DAKOTACARE to initiate electronic debit entries to my checking or savings account indicated above. This authority shall remain in full force and effect until DAKOTACARE has received written notification from me of its termination in such time and in such manner as to afford DAKOTACARE a reasonable opportunity to act on it.

Signature: ____

Date: ____

If you have any questions please feel free to contact our Accounting Department at (605) 334-4000.