

8/26/2022

John A. Retiree  
 123 District Street  
 St. Paul, MN 55102

Dear John A Retiree & Family:

ThrivePass has been retained by Saint Paul Public Schools to serve as their Retiree billing administrator. Based upon information received from Saint Paul Public Schools, your Retiree billing will/has commence(d) on 5/21/2018. The information below provides specific information about the Retiree billing service under which you are participating.

Since you are currently enrolled in the Saint Paul Public Schools Retiree billing service, please review the information below carefully and note the new remit to address below. Starting immediately, premium payments (check or money order) for your account should be made payable to and mailed to the address listed below.

Plan Name	Coverage Level	Plan Start Date	Plan End Date	Premium Amount	Initial Grace Period	Subsequent Grace Period
Retiree - UnitedHealthCare Grp Medicare Advantage	EE + Spouse	9/1/2022		\$257.62	45	30
<b>Total Premium Amount:</b>				<b>\$257.62</b>		

The Saint Paul Public Schools Retiree billing service requires Monthly payment of premiums. Your premium payments are due on the 1st day of each month. If your first payment which is due on 5/21/2018 is on a date other than the 1st of the month, then your first payment amount will be prorated. Please see the table below for more details. Your payment grace periods listed above will be calculated beginning on the day after the due date.

Your next 12 payments of due dates and premiums owed are listed below for your convenience unless our billing service for you is scheduled to last less than 12 periods (see your Billing End Date above) in which case we have listed your premiums due through your Billing End Date. This information is based on current information from Saint Paul Public Schools as of the date of this letter and may change if plan premiums or your coverages change.

Premium Due Date	Total Amount Owed
9/1/2022	\$257.62
10/1/2022	\$257.62
11/1/2022	\$257.62
12/1/2022	\$257.62
1/1/2023	\$257.62
2/1/2023	\$257.62
3/1/2023	\$257.62
4/1/2023	\$257.62
5/1/2023	\$257.62
6/1/2023	\$257.62
7/1/2023	\$257.62
8/1/2023	\$257.62

Attached please find a premium notice for the next period of coverage under Saint Paul Public Schools Retiree billing service. A premium notice will be sent to you for each subsequent period of coverage upon receipt of payment for the current period of coverage. You should pay the entire premium before the due date to ensure uninterrupted coverage. Failure to remit your entire premium payment by the due date may/will terminate your participation in the Saint Paul Public Schools Retiree billing service. To ensure proper posting of your premium payment, please be sure to include the payment remittance stub with your payment. Additionally, failure to include the remittance stub may delay the posting of your payment to your account.



Premium payments (check or money order) for your account should be made payable to and mailed to:

ThrivePass  
PO Box 24770  
Seattle, WA 98124-0770

Please direct all non-payment correspondence to our offices for processing at:

ThrivePass  
PO Box 220  
Minneapolis, MN 55440-0220

If you are also currently enrolled in the Saint Paul Public Schools COBRA continuation plan, please remit COBRA premium payment separately.

An integral part of our broad service offering is our Member Self Service Portal (Member Portal). We have designed the Member Portal to be an information rich and secure website empowering you with the tools and information to efficiently and accurately manage your account under Saint Paul Public Schools Retiree billing service. We encourage you to leverage the powerful tools contained in the Member Portal any time, from any location.

Below is your unique registration identification number needed to become an authorized user of our Retiree Member Portal. Please visit <https://cobrapoint.benaissance.com> and click on the "New user registration" link and follow the registration process as described. Please note you will be asked to supply a second piece of identification which will be your social security number (SSN). In order to expedite the registration process, please make sure you have this information with you before beginning the new user registration process.

Registration Code: Ex@mPI3

Please retain a copy of this letter for future reference. To protect your privacy, please do not share your registration code with any individuals unknown to you.

### **SCHEDULED ACH PREMIUM PAYMENT OPTION**

Did you know you can set up scheduled ACH for your payments? ACH is a safe, fast and secure way to ensure your payment is made on time. To sign up, login to your Member portal and proceed to the Recurring payments section. Also, you may contact our offices and we will help you with any questions or concerns.

If you have any questions or comments, please contact our Customer Service Department at (866) 855-2844 during normal business hours.

Sincerely,

ThrivePass

8/26/2022

John A. Retiree  
123 District Street  
St. Paul, MN 55102

Dear James A Retiree & Family:

This is a Premium Payment Notice to inform you that your premiums for the Saint Paul Public Schools Retiree billing service listed below should be paid in the amount and by the date listed below.

<u>Plan Name</u>	<u>Coverage level</u>	<u>Premium Amount</u>
Retiree - UnitedHealthCare Grp Medicare Advantage	EE + Spouse	\$257.62
<b>Total Premium Amount:</b>		<b>\$257.62</b>

Please detach and return the Payment Remittance Coupon at the bottom of the page. Failure to remit payment within the premium payment grace period of each plan may result in coverage termination for that plan. Grace periods, if any, begin the day after the due date of your premium. To ensure accurate posting of your payment it is required that you return this premium remittance coupon with your payment.

#### **SCHEDULED ACH PREMIUM PAYMENT OPTION**

Did you know you can set up scheduled ACH for your payments? ACH is a safe, fast and secure way to ensure your payment is made on time. To sign up, login to your Member portal and proceed to the Recurring payments section. Also, you may contact our offices and we will help you with any questions or concerns.

All address and coverage changes should be submitted in writing to ThrivePass. If you have questions regarding your premium, please contact our Customer Service Department at (866) 855-2844 during business hours.

Information about your coverage, premium due dates and copies of letters can be securely accessed through our information rich Member Portal. Please refer to your Welcome Letter for your registration information or contact our offices at (866) 855-2844 during business hours.



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**PREMIUM PAYMENT COUPON**

Special Plan Member
Retiree, John A. Saint Paul Public Schools CustID: 9999 - MemberID: 999999

Premium Due
Due Date: <b>9/1/2022</b> Amount Due: <b>\$257.62</b>

Remit To
ThrivePass PO Box 24770 Seattle, WA 98124-0770





PO Box 24770 Seattle, WA 98124-0770  
Customer Service: (866) 855-2844 OR [tpa@thrivepass.com](mailto:tpa@thrivepass.com)

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## Direct Debit (ACH) Option

We are pleased to offer you the opportunity to have your monthly continuation premium automatically deducted from your checking account. We encourage you to register through your online portal at <https://cobrapoint.benaissance.com>, but if you'd rather we initiate the service for you, you can complete and sign a Direct Debit (ACH) authorization form and return it to ThrivePass. Remember to attach a voided check.

Note that if you are using a joint account, both you and your spouse must sign the form. Debits will post to your account on the first business day of each month.

Your authorization form must be received by the 25<sup>th</sup> of the month to be effective for the premium that is due for the next month (e.g. the form must be received by April 25<sup>th</sup> for us to pull the funds on May 1<sup>st</sup> for May's premium). *Note that if you sign up online via the Member Self-Service Portal, you can choose any day of the month between the 1<sup>st</sup> and the 25<sup>th</sup> to have your premiums withdrawn from your account.*

If you've paid ahead for one or more months, return your authorization form now and we'll make your first direct debit effective on your next premium due date.

Please keep in mind that we will continue deducting payments from your account until you direct us in writing to stop the automatic payments. You must tell us in advance if you want your payments and coverage to end.

If direct debit is not the payment option for you, continue submitting your check and payment stub. This will help ensure that we apply your payment correctly.

Feel free to contact us at 866-855-2844 or [tpa@thrivepass.com](mailto:tpa@thrivepass.com) if you have any questions.



## Direct Debit (ACH) Authorization for Continuation Coverage Premium Payments

Name (please print)	Social Security Number - -
Former Employer's Name Saint Paul Public Schools	Day Time Telephone Number - -

**Instructions:** To begin direct debit of your premiums, complete Section A. To terminate direct debit, complete Section B. **If you are changing accounts or terminating direct debit, you must notify us *prior* to closing your current account.**

### A. Authorization Agreement for Pre-Authorized ACH Debit

I (we) hereby authorize ThrivePass (on behalf of the employer specified above), to initiate debit entries to my (our) account at the financial institution named below for purposes of paying continuation coverage premiums. I (we) understand that the debits will post to the account on the first business day of the month for which the premium is due. I further understand that the premiums may change from time to time and that I will be notified in advance of any such change.

Please send an email notification (in lieu of mail) of premiums deducted to: \_\_\_\_\_

ACH Effective Date: \_\_\_\_\_ ACH End Date (if known; not required) \_\_\_\_\_

Name of Financial Institution	
Branch	Transit Routing Number
Branch Phone Number	Account Number

**This authority is to remain in full force and effect until ThrivePass has received written notification from me (or either of us) of its termination in such time and in such manner as to afford ThrivePass a reasonable opportunity to act on it. I understand that this payment plan may be cancelled by ThrivePass due to NSF (Non- sufficient Funds) and that I will be liable to pay an NSF fee of \$25.00 (or the amount allowable by law), which may be automatically debited for each NSF.**

NAME(S): \_\_\_\_\_ DATE: \_\_\_\_\_  
(PLEASE PRINT)

SIGNED: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
NOTE: If account is jointly held, BOTH parties must sign this authorization form.

### B. Terminate ACH Debit:

Please terminate direct debits from my checking account on the following date: \_\_\_\_\_

\_\_\_\_\_  
Signature Date

***You must include a voided check with this form. Deposit slips are not acceptable.***

Fax to 952-544-8287 or mail to:

ThrivePass  
PO Box 24770  
Seattle, WA 98124-0770