

BeWell Non-Payment of Premium Termination Notice Sample

This sample is for a member receiving APTC and had a 90-day grace period. The policy was terminated on March 1, 2025 with a retroactive termination date of December 31, 2024.

[Date]

[Name]
[Address]
[City State ZIP]

[Reference ID]

Important information about your health insurance coverage

Dear [Name],

We have not received your health insurance premium payment for the following months:

- 03/2025
- 02/2025
- 01/2025
- 12/2024

You were previously notified that full payment was due before the end of your grace period to avoid termination of your policy. Your grace period ended on 02/28/2025. The total amount due was \$4413.85.

We regret to inform you that, in accordance with 45 CFR 155.430(b)(2) and 156.270(b)(1), your policy has been terminated for non-payment of premium effective 12/31/2024. You will be responsible for any health care services you received after the date of termination.

Because your policy is terminated for non-payment of premium, you may not enroll in coverage again through BeWell until the next Open Enrollment Period. The next Open Enrollment Period begins November 1. You can contact your health plan regarding other coverage options that may be available to you.

Your coverage may be reinstated only if you were prevented by circumstances beyond your control from making the payment within the time frame specified above. You may request reinstatement by calling us at 1-833-862-3935, option 4, or TTY: 711.

Under the law, coverage for you and your dependents cannot be canceled because of certain factors, including (but not limited to) health status, the need for health care services, race, gender, age, or sexual orientation. If you believe your policy was been canceled in violation of the law, you may request a review of the cancellation by the Superintendent of Insurance at:

Office of Superintendent of Insurance
Managed Health Care Bureau
P.O. Box 1269 | Santa Fe, NM 87501
Phone: 1-855-427-5674

If you have questions

If you have any questions regarding this notice, please call us at 1-833-862-3935, option 5 or TTY: 711, Monday through Friday, 8:00 a.m. to 5:00 p.m. MST or visit us at www.beWellnm.com.

Sincerely,

Customer Engagement Team

Privacy Disclosure: The New Mexico Health Insurance Marketplace, also known as BeWell, protects the privacy and security of the personally identifiable information (PII) that you have provided (see <https://www.bewellnm.com/about-us/privacy-policy>). This notice was generated by BeWell based on 45 C.F.R. § 155.230 and other provisions of 45 C.F.R. part 155, subpart D. The PII used to create this notice was collected from information you provided to BeWell. BeWell may have used data from other federal or state agencies or a consumer reporting agency to determine eligibility for the individuals on your application. If you have questions about this data, contact us at 1-833-862-3935 (TTY: 711).

Nondiscrimination and Accessibility: The New Mexico Health Insurance Marketplace, also known as BeWell, does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of certain factors, including (but not limited to) health status, the need for health care services, race, color, national origin, gender, age, disability or sexual orientation. Auxiliary aids and services are available to individuals with disabilities. If you need these services, please contact us at 1-833-862-3935 (TTY: 711). See our Nondiscrimination and Accessibility Statement (<https://bewellnm.com/about-us-1/Non-Discrimination-and-Accessibility-Statement>) for more information. If you think you've been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Superintendent of Insurance at: Office of Superintendent of Insurance | Managed Health Care Bureau | P.O. Box 1269 | Santa Fe, NM 87501 | Phone: 1-855-427-5674.

This Notice has Important Information. This notice has important information about your application or coverage through the New Mexico Health Insurance Exchange, also known as beWellnm. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs.

English

You have the right to get this information and help in your language at no cost. Call 1-833-862-3935 (TTY: 711) to let us know the language you need and you'll be connected with an interpreter.

Spanish

ATENCIÓN: Usted tiene derecho a recibir ayuda e información en su idioma sin costo alguno. Para obtener ayuda en español, llámenos al 1-833-862-3935 (Teléfono para Personas Sordomudas: 711).

Navajo

Baa ákónízin: Nibee hazáánii áté 'dii' t'áá nizaad t'áá jíik'e'eh bee nił ch'íhodoot'ááligíí. 'Akoo Diné k'ehjí nił hodoonihgo éi kojí' nihich'í' hodíílnih, 1-833-862-3935 (TTY: 711).

Vietnamese

LƯU Ý: Quý vị có quyền được nhận hỗ trợ và thông tin bằng ngôn ngữ của mình miễn phí. Để được trợ giúp bằng tiếng Việt, hãy gọi cho chúng tôi theo số 1-833-862-3935 (TTY: 711).

German

ACHTUNG: Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Für Hilfe auf Deutsch rufen Sie uns unter 1-833-862-3935 (TTY: 711) an.

Chinese

请注意：接受免费的翻译服务是您的权力。如您在咨询信息以及办理事物时需要中文翻译，请致电 1-833-862-3935 (TTY: 711)。

Arabic

انتبه: لك الحق في تلقي المساعدة والمعلومات بلغتك بدون تكلفة. للمساعدة باللغة العربية، اتصل بنا على رقم الهاتف 1-833-862-3935
المُخصَّص للصم والبكم: 711

Korean

주의:귀하는 무료로 귀하의 언어로 도움과 정보를 받을 권리가 있습니다. 한국어로 도움을 받으려면 1-833-862-3935(문의:711)로 전화하십시오.

Tagalog

ATTENTION: Ikaw ay may karapatang tumanggap ng tulong at impormasyon sa iyong wika nang walang gastos. Para sa tulong sa Tagalog, tawagan kami sa 1-833-862-3935 (TTY: 711).

Japanese

注意：あなたは無償であなたの言語でヘルプや情報を受け取る権利を持っています。日本語でのサポートについては、1-833-862-3935 (TTY: 711) までお電話ください。

French

ATTENTION: Vous avez le droit de recevoir de l'assistance et de l'information dans votre langue gratuitement. Pour l'assistance en Français, téléphonez-nous au 1-833-862-3935 (TTY:711).

Italian

ATTENZIONE: Ha il diritto di ricevere gratuitamente aiuto e informazioni nella sua lingua. Per assistenza in Italiano, chiamate il numero 1-833-862-3935 (TTY: 711).

Russian

ВНИМАНИЕ: Вы имеете право на бесплатное получение помощи и информации на Вашем языке. Чтобы получить помощь на русском языке, позвоните нам по телефону 1-833-862-3935 (TTY: 711).

Hindi

ध्यान दें: आपको सहायता और जानकारी अपनी भाषा में बिना किसी कीमत के प्राप्त करने का अधिकार है। हिंदी में सहायता के लिए, हमें 1-833-862-3935 (TTY:711) पर कॉल करें।

Farsi

توجه: شما حق دریافت کمک و اطلاعات به زبان خود بدون هزینه دارید. برای دریافت کمک به زبان فارسی، با ما به تماس بگیرید (TTY:711) شماره 1-833-862-3935.

Thai

โปรดทราบ: 'ท่านมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของท่านโดยไม่มีค่าใช้จ่าย' สำหรับการขอความช่วยเหลือเป็นภาษาไทย โทรถึงเราได้หมายเลข 1-833-862-3935 (TTY: 711)