

### Introduction

The purpose of this document is to detail the process for users who are redirected from the Federally Facilitated Marketplace (FFM) to the Highmark website to make their *initial* premium payment. After selection of a Highmark product on the FFM, the FFM will redirect users (individual-market customers) to our website to allow users to make an initial premium payment necessary to effectuate coverage. For each enrollment group, individual users will be redirected to Highmark. The user is not returned to FFM after the payment is collected. West Virginia and Delaware will have the same payment options as Pennsylvania.

### Payment Redirect Process



1. The user has selected a product, enrolled on FFM and elected to pay on Highmark's website. The user then comes to Highmark's Plan Payment page shown below and is prompted to review his/her plan information. The payment amount shown is the amount the user is responsible for. No subsidy information is shown. If the information is correct, and the user is ready to make a payment online, he/she selects **Make a Payment**.

### PLAN PAYMENT

**TO COMPLETE YOUR ENROLLMENT, PLEASE MAKE A PAYMENT.**

Review your plan information below. If the information is correct, and you're ready to make a payment online, please press **MAKE A PAYMENT**.

If you have any questions please contact our billing department Monday through Friday 8:00 AM to 8:00 PM EST by calling:  
(TTY/TDD:711)  
In Central/Western PA: 1-888-510-1084  
In West Virginia: 1-888-601-2109  
In Delaware: 1-888-601-2242

**NOTE:** Your coverage will not begin until your first payment is received. If your payment is received and processed, your plan will begin on the effective date you requested.

Contact Person:  
**Jonathan Doe**

Plan Effective Date:  
**01/01/2014**

Payment Amount:  
**\$1225.00**

Payment ID#:  
**7356756757834**

Due Date:  
**12/31/2013**

**MAKE A PAYMENT**

### Highmark Plan Payment

**Note:** If the user navigates away from the Highmark Plan Payment page by clicking on tabs or closing the browser, a message will be displayed to the user that he/she will have to return to the FFM to come back to the Plan Payment page to make an online payment. **Also, if at any time in this process a user has issues with the screen display after clicking the “Back” button, please ask him/her to refresh his/her browser.**

- 2. Three payment options are available: 1) Pay Directly From My Bank Account, 2) Charge My Credit Card/Debit Card and 3) Send Me A Bill.

## PAYMENT PREFERENCES

### CHOOSE HOW YOU WANT TO PAY

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Please select a payment option from the list below.

**Pay Directly from my Bank Account**

One Month's premium will be charged to your bank account when we receive and process your application. Please note that coverage does not begin until your effective date. For future payments, you will receive a statement each month that will contain options for continued payments.

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**CHARGE MY CREDIT /DEBIT CARD (Including Pre-Paid Debit Cards)**

One Month's premium will be charged to your credit/debit card when we receive and process your application. Please note that coverage does not begin until your effective date. For future payments, you will receive a statement each month that will contain options for continued payments.

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**SEND ME A BILL**

A bill will be sent to you for the amount of your first month's premium, payable via paper check, cashier's check, or money order. If you select SEND ME A BILL, you must pay the full amount of your bill. Your coverage will not begin unless we receive a payment in full by the date listed on your bill. Please note that coverage does not begin until the effective date listed on your bill.

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**Payment Preferences**


3a. **PAY DIRECTLY FROM MY BANK ACCOUNT** option. Payment is made via a checking account transaction. If selected, the user will navigate to the Bank Account Information page. One month's premium will be charged to his/her bank account. Coverage begins on the effective date.

The user completes his/her bank account information and selects **Next**.

### PAY DIRECTLY FROM MY BANK ACCOUNT

You will need your bank account information in front of you to complete this section.	One month's premium will be charged to your bank account when we receive and process your application.	Please note that coverage does not begin until your effective date.	<b>Note:</b> Your financial information is collected only to process a one-time payment. Highmark will not store this information. All personal information is subject to the terms of Highmark's <a href="#">Online Privacy Policy</a> .
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#### BANK ACCOUNT INFORMATION

<b>Routing Number</b> <input type="text" value="999999999"/>	
<b>Bank Account Number</b> <input type="text" value="222222222"/>	
<b>Primary Name On Account</b> <input type="text" value="Jonathan Doe"/>	
<b>Billing address</b> <input type="text" value="XXXX"/> <input type="text" value="XXXX"/> <input type="text" value="XXXX"/> <input type="text" value="PA"/> <input type="text" value="XXXX"/>	

#### PAYMENT DETAILS

**Payment Amount:** \$1225.00  
**Payment Date:** 04/23/2014

**Account Information**

The user is prompted to review his/her payment information. After clicking **Submit**, the payment amount will be charged to the user's account, upon successful validation.

**PLEASE REVIEW YOUR INFORMATION BEFORE SUBMITTING.**

Press SUBMIT to process your payment.

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**Routing Number**  
#####

**Bank Account Number**  
#####

**Primary Name On Account**  
Jonathan Doe

**Billing Address**  
Xxxx  
Xxxx  
Xxxx, PA xxxxx

**Payment Amount:** \$1225.00  
**Payment Date:** 04/23/2014


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### Review of Payment Information

Once the payment information is completed, the user sees the payment confirmation. The user can print this page for his/her records.

## Payment Confirmation

Your payment has been accepted. Please note the Payment ID or print this page for your records. A summary of your payment is detailed below.

 **Payment submitted on: 04/23/2014**

**Monthly Premium:** \$1225.00

**Amount Paid:** \$1225.00

**Payment Method:** Bank Account

**Charged to Bank Account:** \*\*\*\*\* ####

**Payment ID #:** 526221

### Payment Confirmation

**3b. CHARGE MY CREDIT CARD/DEBIT CARD** option. Payment is made via credit card, debit card, or a pre-paid debit card. If selected, the user will navigate to the Account Information page. One month's premium will be charged to his/her credit card/debit card. Coverage begins on the effective date.

The user completes his/her credit card/debit card information and selects **Next**.

**ACCOUNT INFORMATION**

**Card Type**  
[ Visa ]

**Card Number**  
[ 4111111111111111 ]

**Expiration Date**  
[ 04-April ] [ 2014 ]

**BILLING ADDRESS**

**Full Name as it appears on card**  
[ Jonathan Doe ]

**Billing Address**  
[ 100 Main Street ]  
[ Address Line 2 ]

[ Pittsburgh ] [ PA ] [ 15642 ]

**PAYMENT**  
**Payment Amount:** \$1225.00  
**Payment Date:** 11/18/2013

[ BACK ] [ NEXT ]

**Account Information**

The user is prompted to review his/her payment information. After clicking **Submit**, the user's account will be charged immediately, upon successful validation.

**Please review your information before submitting.**  
Press SUBMIT to process your payment.

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**Card Type**  
VISA

**Card Number**  
4111111111111111

**Expiration Date**  
04/2014

**Full Name as it appears on card**  
Jonathan Doe


**Billing Address**  
100 Main Street  
Pittsburgh, PA 15642

**Payment Amount:** \$1225.00  
**Payment Date:** 11/18/2013


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### Review of Payment Information

Once the payment information is completed, the user sees the payment confirmation. The user can print this page for his/her records.

**Payment Confirmation** 

Your payment has been accepted. Please note the Payment ID or print this page for your records. A summary of your payment is detailed below.

 **Payment submitted on: 11/18/2013**

**Monthly Premium:** \$1225.00

**Amount Paid:** \$1225.00

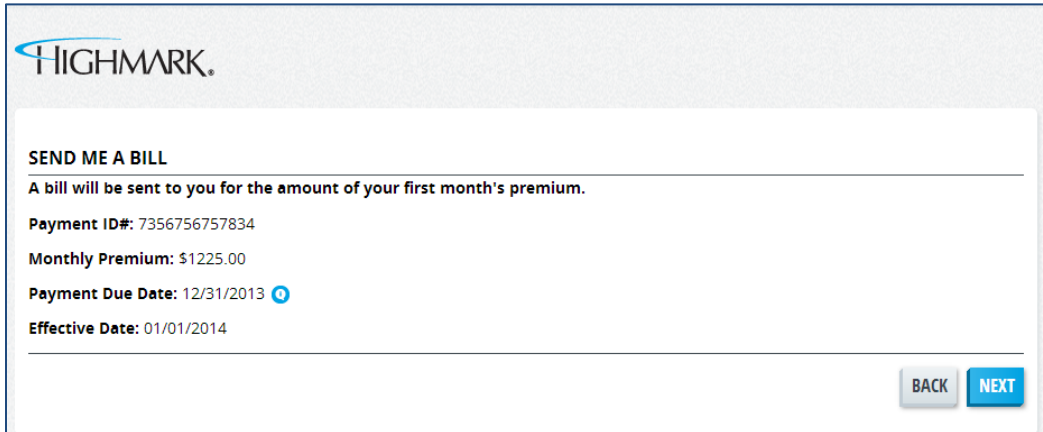
**Payment Method:** VISA

**Charged to VISA:** \*\*\*\*\*1119

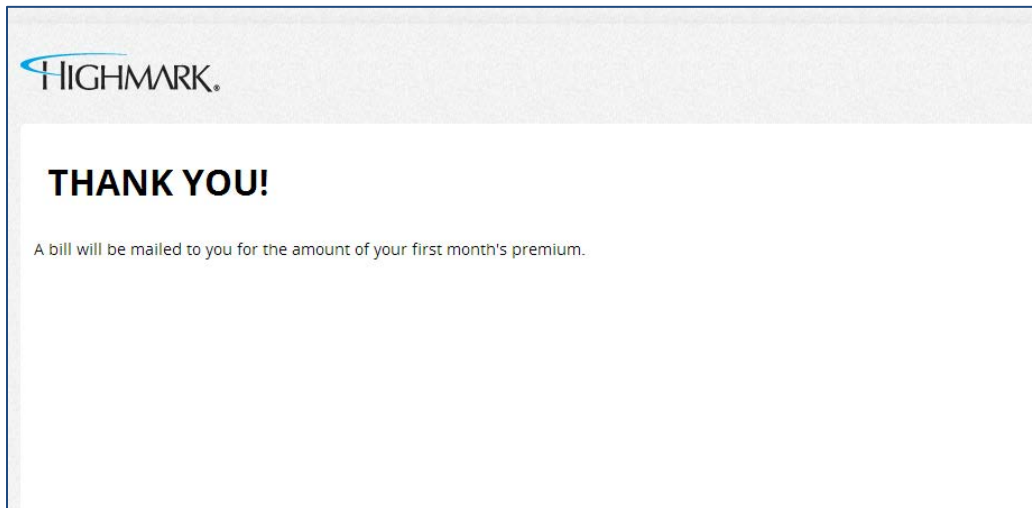
**Payment ID #:** 756564899494

### Payment Confirmation

3c. **SEND ME A BILL** option. The user will navigate to the SEND ME A BILL details page. If this option is selected, the user must pay the full amount displayed on his/her bill by the payment due date. Coverage won't begin unless Highmark receives a payment by the date shown on the bill. The user selects **Next** to continue and a thank-you screen will display confirming that a bill will be mailed.



**SEND ME A BILL Option**




**SEND ME A BILL Confirmation**


4. The user can now close his/her browser window. The user will not be returned to the FFM site once he/she selects a payment option.

Should the user have questions about his/her premium, direct them to Highmark's Billing Department Monday through Friday, 8:00 AM and 8:00 PM EST by calling:


- (TTY/TDD: 711)
- In Central/Western PA: 1-888-510-1084
- In West Virginia: 1-888-601-2109
- In Delaware: 1-888-601-2242

**CALL**  
(8am-8pm EST)  
Contact the Billing Department by calling:  
  
In Pennsylvania: 1-888-510-1084  
In Delaware: 1-888-601-2242  
In West Virginia: 1-888-601-2109  
TTY: 711  
  
If you have a technical question about this website please call  
  
1-800-294-9568

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**VISIT**  
Stop by a Highmark Direct Store.  
10 locations in Pennsylvania.  
  
[WWW.HIGHMARKDIRECT.COM](http://WWW.HIGHMARKDIRECT.COM)

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**CHAT**  
[Click to Chat](#) with an agent!

**Need Help? Window**