




Dear Valued Customer,

Thank you for your continued partnership with Covered California for Small Business. We have received your inquiries regarding our monthly invoice and want you to know that we are actively working on making improvements to meet your expectations.

In an effort to provide you with excellent support, please reference the information below for tips on how to best navigate your company's health coverage billing statement. In the near future, look for improvements to the layout of your monthly billing statement that will make reading and deciphering the information much easier.

The first page of your statement contains your **Bill Summary**.

Covered California for Small Business  
PO Box 7010  
Newport Beach, CA 92658



ABC Company  
1234 Main Street  
Irvine, CA 92688

**Important information about your Covered California account**

January 19, 2017 Invoice # 0000000000

Bill Summary	
Previous Amount Due	\$2,828.20
Total Payment Received	-\$1,414.10
Balance Forward	\$1,414.10
<b>A</b> Premiums This Period	<b>\$1,074.46</b>
Bank Fees	\$0.00
<b>B</b> Other Adjustments	<b>-\$345.74</b>
<b>C</b> Total Amount Due	<b>\$2,142.82</b>

Please pay your Total Amount no later than January 31, 2017

PAYMENT DUE DATE	January 31, 2017	Please Remit to: Covered California for Small Business P.O. Box 740167 Los Angeles, CA 90074-0167
EMPLOYER GROUP ID	P00002345	
EMPLOYER GROUP NAME	ABC Company	
BILL DATE	January 19, 2017	
INVOICE #	0000000000	
PERIOD COVERED	February 2017	
AMOUNT DUE	\$2,142.82	

**A.) Premiums This Period** — This amount is a sum of the employees currently active during the one month of the statement’s pay period. This amount is itemized on page three of your billing statement and illustrated by the letter ‘F’, below.

**B.) Other Adjustments** — This amount is a sum of any retroactive adjustments made since your last pay cycle, such as retroactive adds and retroactive terminations.

**C.) Total Amount Due** —The total amount due includes any prior premium balances, current premiums, and any adjustments. This amount must be paid in full by the due date listed on the invoice. Please see page 2 of your billing statement for more details regarding nonpayments.

The third page of your billing statement contains a breakdown of your company’s **Employee Details**.

Employee Details										
Issuer Name	Plan Name	Employee Name	Employee Case ID	Employer Employee ID	# of Persons Covered	Coverage Month/Year	Status (C, RA, RT)	Employee Contribution Amount (A)	Employee Contribution Amount (B)	Total Premium Amount Due Total (A)+(B)
Blue Shield	Silver 70 HMO Network 1 SHOP 1/0 (Child Dental)	SMITH, JANE C.	Z0002345	0000000000	1	01/2017	RT	\$-144.24	\$-201.50	\$-345.74
Kaiser	Kaiser Silver 70 HMO 300045	DOE, JOHN M.	Z0003456	0000000000	1	02/2017	C	\$150.14	\$132.36	\$282.53
Kaiser	Kaiser Bronze 60 HDHP HMO 4800/40%	ANDERSON, JUDY A.	Z0004567	0000000000	1	02/2017	C	\$154.28	\$72.09	\$226.37
Health Net	Health Net Bronze 60 PPO #300/75 + Child Dentr	JONES, JORDAN	Z0005678	0000000000	1	02/2017	C	\$144.24	\$150.34	\$294.58
Kaiser	Kaiser Silver 70 HMO 300045	ROBINSONERRY A.	Z0006789	0000000000	1	02/2017	C	\$144.24	\$146.74	\$290.98
Sub Total Employer Contribution Total (A)									\$428.66	
Sub Total Employee Contribution Total (B)									\$300.06	
Total Premium Amount Due (A)+(B)										\$728.72

**D.) Status (C, RA, RT)** — This column indicates the status of the employees listed on the breakdown. ‘C’ identifies a current employee, ‘RA’ an employee that has been retroactively added, and ‘RT’ any retroactive terminations.

**E.) Retroactive Adds & Terminations** — The sum of any employees that have the status of RA or RT will be reflected in the ‘Other Adjustments’ line on the Bill Summary section of page one. See letter ‘B’ above.

**F.) Current Status** —The sum of the premium amounts for all employees that fall under the current status are reflected in the “Premiums This Period’ line on the Bill Summary section of page one. See letter ‘A’ above.

**G.) Total Premium Amount Due** —This total reflects the total premium balance accrued during the current pay period.

---

Premium payments can be made by mailing a check to Covered California for Small Business at PO Box 740167, Los Angeles, CA 90074-0167. To expedite the handling of your payment, please include the company name, account number, and invoice number on the check.

Should you need further assistance with your company's invoice, please contact your Certified Insurance Agent or call the Small Business Service Center at (855) 777-6782.

Covered California