



FOR SMALL
BUSINESS

Premiums This Period									
Issuer Name	Plan Name	Employee Name / Description	Employee Case ID	Employer Employee ID	# of Persons Covered	Coverage Month/Year	Employer Contribution Amount (A)	Employee Contribution Amount (B)	Total Premium Amount Due Total (A+B)
Current Month's Employer Contribution (A) plus Employee Contribution (B) equals Total Contribution (A+B)									



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Other Adjustments

Issuer Name	Plan Name	Employee Name / Description	Employee Case ID	Employer Employee ID	# of Persons Covered	Coverage Month/Year	Status (RA, RT, CH, M)	Employer Contribution Amount (A)	Employee Contribution Amount (B)	Total Premium Amount Due Total (A)+(B)
						03/2019	RT			
						04/2019	RT			
						05/2019	RT			
Adjustments to Employer Contribution (A) plus Employee Contribution (B) equals Total Contribution (A+B)										

Explanation of Other Adjustments - Status

- RT = Retroactive Termination. A credit to this invoice for a prior coverage month.
- RA = Retroactive Addition. A debit to this invoice for a prior coverage month.
- CH = Retroactive Change. A debit or credit to this invoice for a prior coverage month.
- M = Manual Adjustment.



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Pay the total amount due on your bill.

- Do not include premiums for new employees you are adding to the group or who aren't on the bill. We will send a bill for them after we approve their applications.
- Do not send new applications or correspondence with your bill.
- Do not adjust your premium payment with credit for deleted employees as it could result in coverage being impacted. Adjustments for membership will be reflected on a future invoice.
- Do not make partial payments. Full payment is due on the payment due date.
- Do not send terminations with your premium payment. Terminations must be addressed to the Covered California Service Center.

Ways to pay your invoice

Be sure to include your Invoice Number and Group Number in all correspondents with Covered California for Small Business.

- Please send your personal or business check to:
Covered California for Small Business
P.O. Box 740265
Los Angeles, CA 90074-0265
- Set up your payment through your bank's bill pay option.
Please be sure to include both:
 - Your 10 digit Covered California for Small Business Invoice Number.
 - Your 7 digit Covered California for Small Business Employer Group ID number found on your payment coupon. If using your bank's Bill Pay system, this number should also be used as your account number.
- You have the option to pay your invoice online using your personal or business checking account
 - Use the "Pay Now" feature by logging onto the Covered California for Small Business Employer Portal available through the Covered California for Small Business website at <http://www.coveredca.com/forsmallbusiness>. If you do not have a current log-in, please contact the Service Center at (855) 777-6782 for assistance.

Returned check charge/Stop payment

There is a \$25 service charge to your account if your check is returned by your bank or if you've placed a stop payment on your check.

Disputed Items

If you have any questions regarding this bill, call the Covered California Service Center at 1-855-777-6782.

Ways to contact us

- Call the Covered California Service Center at 1-855-777-6782, Monday - Friday 8am - 6pm
- Email: SHOP@covered.ca.gov
- Fax: Covered California Service Center at 1-949-809-3264
- Mail correspondence (do not send payment) to:
Covered California Service Center
PO Box 7010
Newport Beach, CA 92658

ATTENTION: CCSB Policy Change Regarding Nonpayment of Premiums Effective 1/1/2017

Notice of Consequence for Nonpayment of Premiums

The premium amount reflected on your invoice is due no later than the due date listed on this invoice. Failure to pay the total amount due could result in the cancellation of your health plan with Covered California for Small Business. If you fail to make your premium payment by the due date, you will be provided a 30-day grace period that begins on the first day after the last day of paid coverage. You are still responsible for unpaid premiums including coverage during the "grace period" to avoid cancellation. A notice of cancellation will be sent to you no later than 5 business days after the last day of paid coverage if payment is not received by the due date on the invoice. Dishonored checks, stopped payments or non-sufficient funds could result in delinquency of payment if proper payment for total amount due is not received by due date of invoice. This notice is sent to you in compliance with State law 28 CCR §1300.65