



FOR SMALL BUSINESS

MONTHLY INVOICE REDESIGN

Other Adjustments									
Issuer Name	Plan Name	Employee Name	Employee Case ID	Employer Employee ID	Coverage Month/Year	Status (C, CH, RA, RT, M)	Employer Contribution Amount (A)	Employee Contribution Amount (B)	Total Premium Amount Due Total (A+B)
Kaiser	RP CA Silver 1500/45	DOE, JOHN	200011111		05/2017	RT	\$-293	\$0	\$-293.66
Kaiser	RP CA Silver 1500/45	DOE, SARAH	200011111		07/2017	M	\$-293	\$0	\$-293.66
Delta Dental	Delta Dental DPPO-FAM	DOE, JENNIFER	200011111		05/2017	CH	\$0	\$58.99	\$58.99
Delta Dental	Delta Dental DPPO-FAM	DOE, ERICA	200011111				\$0	\$58.99	\$58.99
Delta Dental	Delta Dental DPPO-FAM	DOE, SAM	200011111		07/2017	CH	\$0.00	\$58.99	\$58.99

Other Adjustments										
Issuer Name	Plan Name	Employee Name	Employee Case ID	Employer Employee ID	# of Months Covered	Coverage Month/Year	Status (C, CH, RA, RT, M)	Employer Contribution Amount (A)	Employee Contribution Amount (B)	Total Premium Amount Due Total (A+B)
Delta Dental	Delta Dental DPPO	DOE, TOM	200011111		1	10/2016	RT	\$0.00	\$58.99	\$58.99

Adjustment to Employer Contribution (A) plus Employee Contribution (B) equals Total Contribution (A+B) **\$-1,624.03**

Bank Fees		
Fee Type	Month	Amount
NSF - BANK FEE RET CHK #1234 FEE	05/2017	\$126.36
NSF - BANK FEE RET CHK #456 FEE	06/2017	\$126.36
NSF - BANK FEE RET CHK #852 FEE	05/2017	\$126.36
NSF - BANK FEE RET CHK #9514 FEE	06/2017	\$126.36
Total Bank Fees		\$505.45

Bank Fees

D Any bank fees will show on this page and the total will match the "Bank Fees" line on the Bill Summary.

Other Adjustments

This section now contains only "Other Adjustments." This includes adds, changes, terminations, and manual edits.

- B** The total will match the "Other Adjustments" line on the Bill Summary.
 - C** Also, two new transaction types have been added to the "status" column:
 - "CH" or retroactive change. This represents any debit or credit for a prior coverage month, such as adding a new hire.
 - "M" or manual adjustment. This represents any non-system generated change for a prior coverage month, such as a bank charge for a returned check.
- All transaction types are defined in the legend.

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, PO Box 740167, Los Angeles, CA 90074-0167
 - 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/SmallBusiness>, 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 payments) 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 Consequences 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 the due date of invoice. This notice is sent to you in compliance with State law 28 CCR 11300.65

If you have additional questions, please contact the CCSB Service Center at

(855) 777 6782 or SHOP@covered.ca.gov

Thank you for helping us to improve your experience!

Invoice Instructions

This page contains the invoice instructions, which were included with the previous invoice design.