

Health Net of California, Inc. and Health Net Life Insurance Company (Health Net)

# Billing Statement

AN EMPLOYER'S GUIDE FOR READING AND UNDERSTANDING YOUR BILL



#### This booklet has been provided to explain our bill

Health Net is pleased to offer these special features on your billing statements:

- **Simple format** Bold headlines and amounts that make it easier for you to locate critical information on the bill.
- Consolidated billing Multiple group numbers and their associated charges will be combined on one bill, resulting in less time and effort preparing your premium payment.
- Duplex printing Detailed charges are printed on the front and back of your statement, resulting in a smaller, more environmentally-friendly bill.
- Bill customization Our system provides flexibility that allows you to customize portions of the billing statement to better meet your needs.
   Please contact your accounting representative to discuss customization options.
- **Global Health Net messages** Messages can be communicated to you on the bill statement, eliminating the need for separate correspondence.

### Questions about your statement? Please contact your broker or Health Net representative.

Small Business Group (for companies with 2–100 employees) 1-800-224-8808

Large Business Group (for companies with 101 or more employees) 1-800-909-6362

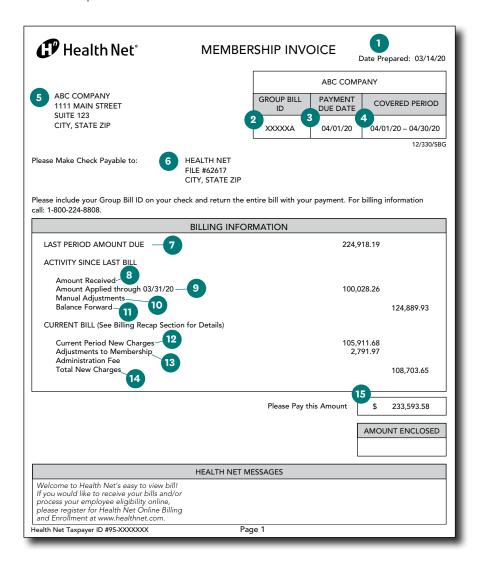
#### Online billing and eligibility

You can now receive your bills and process your employee eligibility online! Simply register for Health Net Online Billing and Enrollment at

www.healthnet.com.

# Billing Statement

The sample below is a summary of previous amounts due, activity to membership and current amount due.

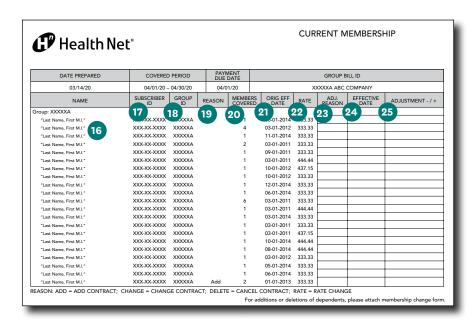


- **1. Date prepared** Date the bill was generated by the billing system. Any information received after this date will not be reflected on the current bill.
- **2. Group bill ID** Identifies an organization for which services are provided and billed.
- **3. Payment due date** Date when the charges for a bill are due.
- **4. Covered period** Start and end of the current billing period in which services are provided.
- **5. Mailing address** For your organization.
- **6. Make check payable to** Health Net address to which the checks should be sent.
- 7. Last period amount due Includes any charges that were billed previously for which payments have not yet been received. If your payment was received after the date this bill was prepared (see item 1), it will not be reflected in this amount.
- **8. Amount received** Total payments received since the last bill generated. Payments

- displayed here must be applied to the balances on your account before reducing the last period amount due.
- Amount applied Total amount of checks received and applied to premiums since the last bill generated.
- **10. Manual adjustments** Nonsystem-generated accounting adjustments.
- **11. Balance forward** Result of last period amount due, minus amount applied, plus manual adjustments.
- **12. Current period new charges** Current premium for all employees who are provided coverage through Health Net.
- **13. Adjustments to**membership Contract-level
  adjustments that apply to prior
  periods (e.g., add a member,
  cancel a member) or a change
  in contract, such as adding a
  spouse.
- **14. Total new charges** Sum of current new charges.
- **15. Please pay this amount** Sum of the balance forward and total new charges.

# Current Membership

This section lists contract-level charges for the current billing period and provides spaces to indicate adjustments to current members. Please use this sheet to indicate any changes you have to existing members. If additional space is needed, please feel free to use the "Membership Changes" section of the bill.



- **16. Name** Subscriber/Employee name.
- **17. Subscriber ID** Subscriber's Social Security number or identification number.
- **18. Group ID** Identifies a group of employees in your organization for which specific product services are provided.
- **19. Reason** Type of change applied to a specific subscriber.
- 20. Members covered Number of individuals covered in the contract. If there is a change in this number, this column will show the old and new value, e.g., 1>2. In this example, the contract reflects an add to the contract from 1 to 2.
- **21. Orig. eff. date** The original effective date is the date on which the subscriber's contract became effective under the particular group ID.

- **22. Rate** Premium amount charged for the subscriber.
- 23. Adj. reason In this column, please indicate changes in contract (e.g., cancel a member) that will require a financial adjustment. When a contract-level change is made, please fill out and attach a membership change form.
- **24. Effective date** In this column, please indicate the date you would like the change to be effective. Please refer to your Service Agreement for the specific policy.
- **25. Adjustment -/+** In this column, please indicate the financial adjustment for contract-level changes based on current rates.

# Adjustments to Membership

This page provides an itemization of changes made to previous bill periods retroactively based on information received since the previous bill date.



#### ADJUSTMENTS TO MEMBERSHIP

DATE PREPARED	COVERED P	ERIOD	PAYMENT DUE DATE	GROUP BILL TO					
03/14/20	04/01/20 - 04	1/30/20	04/01/20	XXXXXA ABC COMPANY					
NAME	SUBSCRIBER ID	GROUP ID	REASON	MEMBERS COVERED	EFFECTIVE DATE	AMOUNT ADJUSTED	TOTALS		
Group: XXXXXXA "Last Name, First M.I."	xxx-xx-xxxx	XXXXXA	Change	2 > 1 1 > 2 2 > 1 1 > 2 2 > 1 1 > 2 2 > 1 1 > 2	11/01/19 11/01/19 12/01/19 12/01/19 01/01/20 01/01/20	222.22- 222.22 222.22- 222.22 222.22- 222.22-			
"Last Name, First M.I."	xxx-xx-xxxx	XXXXXA	Add	1	11/01/19 12/01/19 01/01/20	222.22 222.22 222.22	0.00		
"Last Name, First M.I."	XXX-XX-XXXX	XXXXXA	Add	1	01/01/20	222.22	222.22		
"Last Name, First M.I."	xxx-xx-xxxx	XXXXXA	Add	1	12/01/19 01/01/20	222.22 222.22	222.22		
"Last Name, First M.I."	xxx-xx-xxxx	XXXXXA	Add	1	12/01/19 01/01/20	222.22 222.22	444.44		
"Last Name, First M.I."	xxx-xx-xxxx	XXXXXA	Add	1	12/01/19 01/01/20	222.22 222.22	444.44		

REASON: ADD = ADD CONTRACT; CHANGE = CHANGE CONTRACT; DELETE = CANCEL CONTRACT; RATE = RATE CHANGE

The effective date of retroactive adjustments for additions or terminations will be in accordance with rules established by Health Net. In no event will the
effective date be more than 90 days prior to the date of Health Net's receipt of the written request. Retroactive adjustments for Small Business Groups
(AB-1672 business) are contractually limited to a maximum of 30 days.

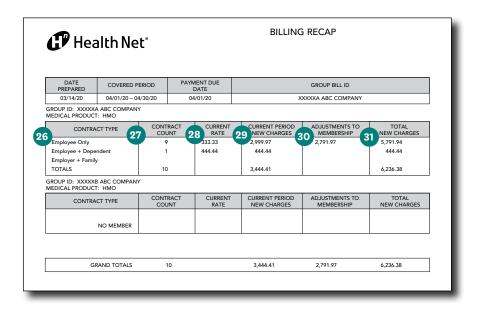
# Membership Changes

This page provides a blank worksheet for you to inform Health Net of any additions you wish to make to your membership (e.g., add a subscriber). It provides space for the subscriber's name, subscriber ID, group ID, effective date, adjustment, and total adjustments. Also, please include enrollment forms for all new additions to membership.

Health Net <sup>®</sup>							
DATE PREPARED	COVERED PERIOD	PAYMEN'	T DUE DATE	GROUP BILL ID  XXXXXA ABC COMPANY			
03/14/20	04/01/20 - 04/30/20	04/	01/20				
NAME	SUBSCRIBER ID	GROUP ID	EFFECTIVE DA	TE	REASON CODE	ADJUSTME	
	+						
				1	TOTAL ADJUSTMENTS	s	
ADD = ADD CONTRACT;	CHANGE = CHANGE CONTRA	.CT; DELETE = CAI	NCEL CONTRACT;	RATE =		1	

# Billing Recap

This section provides a breakdown of current and retroactive charges by contract type within a product group.

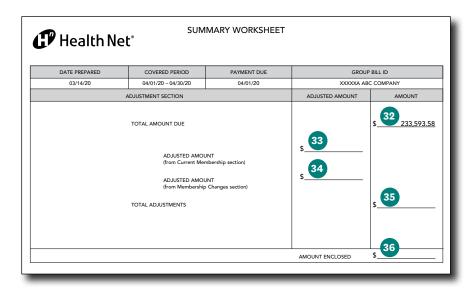


- **26. Contract type** Describes who is covered by the subscriber for a product group.
- 27. Contract count Total number of subscribers (employees) per contract type.
- **28. Current rate** Rate charged for the contract type. For Small Business Groups, may also reflect age or region rating.

- **29.** Current period new charges Contract count times current rate.
- **30.** Adjustments to membership Sum of all retroactive charges for each contract type.
- **31. Total new charges** New charges plus adjustments to membership.

# Summary Worksheet

This section provides you with spaces to recalculate the total amount due based on the adjustments you have indicated. This is optional and is provided for your convenience.



- **32. Total amount due** Amount due to Health Net prior to any adjustments.
- **33. Adjusted amount** Total amount of adjustments calculated from changes to current members (see "Current membership" section).
- **34. Adjusted amount** Total amount of adjustments calculated from additions to membership (see "Membership changes" section).

- **35. Total adjustments** Sum of adjustments to current members and additions to membership.
- **36. Amount enclosed** Total amount submitted by group to Health Net.

## For non-billing-related questions, contact us at:

#### **HEALTH NET**

PO Box 9103 Van Nuys, CA 91409-9103

www.healthnet.com