



*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**



*Coverage for
every stage of life™*

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.

MEMBERSHIP INVOICE

1 Date Prepared: 03/14/20

5 ABC COMPANY
 1111 MAIN STREET
 SUITE 123
 CITY, STATE ZIP

ABC COMPANY		
GROUP BILL ID	PAYMENT DUE DATE	COVERED PERIOD
XXXXXA	04/01/20	04/01/20 – 04/30/20

Please Make Check Payable to:

6 HEALTH NET
 FILE #62617
 CITY, STATE ZIP

Please include your Group Bill ID on your check and return the entire bill with your payment. For billing information call: 1-800-224-8808.

BILLING INFORMATION

LAST PERIOD AMOUNT DUE	224,918.19
ACTIVITY SINCE LAST BILL	
Amount Received	100,028.26
Amount Applied through 03/31/20	100,028.26
Manual Adjustments	
Balance Forward	124,889.93
CURRENT BILL (See Billing Recap Section for Details)	
Current Period New Charges	105,911.68
Adjustments to Membership Administration Fee	2,791.97
Total New Charges	108,703.65

Please Pay this Amount

15 \$ 233,593.58

AMOUNT ENCLOSED

HEALTH NET MESSAGES

Welcome to Health Net's easy to view bill! If you would like to receive your bills and/or process your employee eligibility online, please register for Health Net Online Billing and Enrollment at www.healthnet.com.

Health Net Taxpayer ID #95-XXXXXX

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- 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.
- 9. Amount applied** – Total amount of checks received and applied to premiums since the last bill generated.
- 10. Manual adjustments** – Non-system-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.

DATE PREPARED		COVERED PERIOD		PAYMENT DUE DATE		GROUP BILL ID				
03/14/20		04/01/20 – 04/30/20		04/01/20		XXXXXX ABC COMPANY				
NAME	SUBSCRIBER ID	GROUP ID	REASON	MEMBERS COVERED	ORIG EFF DATE	RATE	ADJ REASON	EFFECTIVE DATE	ADJUSTMENT - / +	
Group: XXXXXA	17	18	19	20	21	22	23	24	25	
"Last Name, First M.I."	XXXX-XXXX	XXXXXX		1	01-01-2014	333.33				
"Last Name, First M.I."	XXXX-XXXX	XXXXXX		4	03-01-2012	333.33				
"Last Name, First M.I."	XXXX-XXXX	XXXXXX		1	11-01-2014	333.33				
"Last Name, First M.I."	XXXX-XXXX	XXXXXX		2	03-01-2011	333.33				
"Last Name, First M.I."	XXXX-XXXX	XXXXXX		1	09-01-2011	333.33				
"Last Name, First M.I."	XXXX-XXXX	XXXXXX		1	03-01-2011	444.44				
"Last Name, First M.I."	XXXX-XXXX	XXXXXX		1	10-01-2012	437.15				
"Last Name, First M.I."	XXXX-XXXX	XXXXXX		1	10-01-2012	333.33				
"Last Name, First M.I."	XXXX-XXXX	XXXXXX		1	12-01-2014	333.33				
"Last Name, First M.I."	XXXX-XXXX	XXXXXX		1	06-01-2014	333.33				
"Last Name, First M.I."	XXXX-XXXX	XXXXXX		6	03-01-2011	333.33				
"Last Name, First M.I."	XXXX-XXXX	XXXXXX		1	03-01-2011	444.44				
"Last Name, First M.I."	XXXX-XXXX	XXXXXX		1	03-01-2014	333.33				
"Last Name, First M.I."	XXXX-XXXX	XXXXXX		1	03-01-2011	333.33				
"Last Name, First M.I."	XXXX-XXXX	XXXXXX		1	03-01-2011	437.15				
"Last Name, First M.I."	XXXX-XXXX	XXXXXX		1	10-01-2014	444.44				
"Last Name, First M.I."	XXXX-XXXX	XXXXXX		1	08-01-2014	444.44				
"Last Name, First M.I."	XXXX-XXXX	XXXXXX		1	03-01-2012	333.33				
"Last Name, First M.I."	XXXX-XXXX	XXXXXX		1	05-01-2014	333.33				
"Last Name, First M.I."	XXXX-XXXX	XXXXXX		1	06-01-2014	333.33				
"Last Name, First M.I."	XXXX-XXXX	XXXXXX	Add	2	01-01-2013	333.33				

REASON: ADD = ADD CONTRACT; CHANGE = CHANGE CONTRACT; DELETE = CANCEL CONTRACT; RATE = RATE CHANGE
 For additions or deletions of dependents, please attach membership change form.

- 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.

DATE PREPARED		COVERED PERIOD		PAYMENT DUE DATE	GROUP BILL TO		
03/14/20		04/01/20 – 04/30/20		04/01/20	XXXXXX ABC COMPANY		
NAME	SUBSCRIBER ID	GROUP ID	REASON	MEMBERS COVERED	EFFECTIVE DATE	AMOUNT ADJUSTED	TOTALS
Group: XXXXXX "Last Name, First M.I."	XXX-XX-XXXX	XXXXXXA	Change	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	XXXXXXA	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	XXXXXXA	Add	1	01/01/20	222.22	666.66
"Last Name, First M.I."	XXX-XX-XXXX	XXXXXXA	Add	1	12/01/19 01/01/20	222.22 222.22	222.22
"Last Name, First M.I."	XXX-XX-XXXX	XXXXXXA	Add	1	12/01/19 01/01/20	222.22 222.22	444.44
"Last Name, First M.I."	XXX-XX-XXXX	XXXXXXA	Add	1	12/01/19 01/01/20	222.22 222.22	444.44
							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.

Billing Recap

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

DATE PREPARED		COVERED PERIOD	PAYMENT DUE DATE	GROUP BILL ID	
03/14/20		04/01/20 – 04/30/20	04/01/20	XXXXXA ABC COMPANY	
GROUP ID: XXXXXA ABC COMPANY MEDICAL PRODUCT: HMO					
26 CONTRACT TYPE	27 CONTRACT COUNT	28 CURRENT RATE	29 CURRENT PERIOD NEW CHARGES	30 ADJUSTMENTS TO MEMBERSHIP	31 TOTAL NEW CHARGES
Employee Only	9	333.33	2,999.97	2,791.97	5,791.94
Employee + Dependent	1	444.44	444.44		444.44
Employer + Family					
TOTALS	10		3,444.41		6,236.38
GROUP ID: XXXXXB ABC COMPANY MEDICAL PRODUCT: HMO					
CONTRACT TYPE	CONTRACT COUNT	CURRENT RATE	CURRENT PERIOD NEW CHARGES	ADJUSTMENTS TO MEMBERSHIP	TOTAL NEW CHARGES
NO MEMBER					
GRAND TOTALS					
	10		3,444.41	2,791.97	6,236.38

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.

 SUMMARY WORKSHEET			
DATE PREPARED	COVERED PERIOD	PAYMENT DUE	GROUP BILL ID
03/14/20	04/01/20 – 04/30/20	04/01/20	XXXXXX ABC COMPANY
ADJUSTMENT SECTION		ADJUSTED AMOUNT	AMOUNT
TOTAL AMOUNT DUE			\$ 32 233,593.58
ADJUSTED AMOUNT (from Current Membership section)		\$ 33 _____	
ADJUSTED AMOUNT (from Membership Changes section)		\$ 34 _____	
TOTAL ADJUSTMENTS			\$ 35 _____
AMOUNT ENCLOSED			\$ 36 _____

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