FULLY INSURED BILLING GUIDE

An Overview of Your Invoice and Billing Package

WYOMING

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Note: The examples in this guide are hypothetical and are used for illustration only. Your invoices and reports may have a slightly different appearance than those shown in this guide.

INTRODUCTION

Introducing Your Invoice and Standard Reports

On the following pages, you will find information about each section of your invoice. Included is a sample of each report with detailed descriptions of the information on the report.

Definitions for terminology related to your invoice may be found in the Glossary at the end of this guide.

Please keep this guide in a convenient location for all those involved in processing invoices.

Important Payment Instructions

Please send your payment and the invoice remittance stub from the bottom of the invoice each time you make a payment.

If you use the window envelope included with the invoice, the correct address will show through from the invoice remittance stub.

If your company prints its own envelopes, be sure to make note of the Remit To address from the remittance stub.

Sending your payments to any other address will delay processing.

Electronic Billing is Available

Instead of receiving paper bills, you can view your billing information and pay your health care coverage premium online.

AN OVERVIEW OF

Your Billing Package

Your Billing Package includes an Invoice Summary plus four standard reports.

- **Invoice Summary**
  Represents the total premium charges due for the current billing period, as well as any outstanding balances from previous billing periods for all products billed.
- **Premium Summary Report**
  Shows a summary of current enrollees (by contract type and product) that are active at the start of the coverage period.
- **Member Activity Report**
  Shows all additions, terminations, and changes for the current, prior, and future coverage periods.
- **Retroactive Rate Change Summary Report**
  Provides detail on any rate change by product.
- **Additional Items Report**
  Reflects any miscellaneous charges.

One optional report is also available:

- **Ending Member Listing Report**
  Summarizes members and premiums for enrollees that are active at the end of the coverage period. This report is included in your initial bill package. If you no longer want to receive this report, contact your Enrollment and Billing Representative.

These are examples of reports generated about your health care coverage. These reports may be included with your invoice. Please use the descriptions and explanations in the pages that follow as a guide to understanding and interpreting the data.

(OPTIONAL)

ENDING MEMBER LISTING

P.O. Box XXXXX
City, State XXXXX-XXXX
Phone: (XXX) XXX-XXXX

BILL ACCOUNT NUMBER: 0125450001
BILL ACCOUNT NAME: ABC West
CLIENT NUMBER: 012545
CLIENT NAME: ABC Company

INVOICE NUMBER: 090505000004
INVOICE MONTH(S): June 20XX
PREPARED DATE: 05/05/20XX

Member Name	Member ID	Product	Contract Type	Period Ending	Current Premium	Member
Group: 1234501						
CUSTOMER, RONALD C	xxxxxxxxxx	PPO	Family	06/30/20XX	$562.08	$5
MEMBER, JOHN M	xxxxxxxxxx	PPO	Family	06/30/20XX	562.08	56
PERSON, THOMAS P	xxxxxxxxxx	PPO	Family	06/30/20XX	562.08	562
Group: 1234501	**Contract: 3**				**$1,686.24**	
Group: 1234502						
CUSTOMER, RONALD C	xxxxxxxxxx	Vision	Individual	06/30/20XX	20.68	20.68
EMPLOYEE, NANCY J	xxxxxx					
ENROLLEE, RITA M	xxxxxx					
SUBSCRIBER, SUSAN A	xxxxxx					
Group: 1234502	**Contra**					
Premium Total						

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ADDITIONAL ITEMS

P.O. Box XXXXX
City, State XXXXX-XXXX
Phone: (XXX) XXX-XXXX

BILL ACCOUNT NUMBER: 0125450001
BILL ACCOUNT NAME: ABC West
CLIENT NUMBER: 012545
CLIENT NAME: ABC Company

INVOICE NUMBER: 090505000004
INVOICE MONTH(S): June 20XX
PREPARED DATE: 05/05/20XX

Process Date	Group	Product	Description	Coverage Period	Am
Other Charges					
Group: 1234501	**Product: Vision**				
05/01/20XX	1234501	Vision	Miscellaneous Enrollment Premium Adjustment - Vision Charges	05/01/20XX - 05/31/20XX	$400.00
Product: Vision					**$400.00**
Group: 1234501					**$400.00**
Group: 1234502	**Product: PPO**				
05/01/20XX	1234502	PPO	Miscellaneous Enrollment Premium Adjustment - Medical Charges	05/01/20XX -05/31/20XX	$1,000.00
Product: PPO					**$1,000.00**
Group: 1234502					**$1,000.00**
					$1,400.00
					$1,400.00

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RETROACTIVE RATE CHANGE SUMMARY

P.O. Box XXXXX
City, State XXXXX-XXXX
Phone: (XXX) XXX-XXXX

BILL ACCOUNT NUMBER: 0125450001
BILL ACCOUNT NAME: ABC West
CLIENT NUMBER: 012545
CLIENT NAME: ABC Company

INVOICE NUMBER: 090505000004
INVOICE MONTH(S): June 20XX
PREPARED DATE: 05/05/20XX

Product	Contract Type	Rate Change Effective Date	Coverage Period Date(s)	Coverage Period Count	Current Rate	Prior Rate	Rate Difference	Am
Invoice Month: April 20XX/Invoice Number:								
Group: 1234501 Product:Vision								
Premium Summary								
Vision	A Individual	04/01/20XX	04/01/20XX - 04/30/20XX	7	$20.68	$19.21	$1.47	$10.29
	Family	04/01/20XX	04/01/20XX - 04/30/20XX	17	58.68	52.65	6.03	102.51
Product: Vision								**$112.80**
Group: 1234501								**$112.80**
Invoice Total: April 20XX / 070303000039								**$112.80**
Invoice Month: May 20XX/Invoice Number:								
Group: 1234501 Product:Vision								
Premium Summary								

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MEMBER ACTIVITY

P.O. Box XXXXX
City, State XXXXX-XXXX
Phone: (XXX) XXX-XXXX

BILL ACCOUNT NUMBER: 0125450001
BILL ACCOUNT NAME: ABC West
CLIENT NUMBER: 012545
CLIENT NAME: ABC Company

INVOICE NUMBER: 090505000004
INVOICE MONTH(S): June 20XX
PREPARED DATE: 05/05/20XX

Member Name	Member ID	Product	Activity Type	Contract Type	Effective Date	Retroactive Premium	Current Premium	Amount Due	Membe Total
Group: 1234501 Activity Type: Add									
CUSTOMER, JOHN G	xxxxxxxxxx	PPO	ADD	2 Person	07/01/20XX	$0.00	$0.00	$0.00	$0
MEMBER, ROBERT A	xxxxxxxxxx	PPO	ADD	Family	06/01/20XX	0.00	562.08	562.08	562.0
PERSON, STEPHEN B	xxxxxxxxxx	PPO	ADD	2 Person	05/01/20XX	515.56	515.56	1,031.12	1,031.12
Activity Type: Add						**$515.56**	**$1,077.64**	**$1,593.20**	
Group: 1234501 Activity Type: Term									
SUBSCRIBER, JOHN E	xxxxxxxxxx	PPO	TERM	Family	04/01/20XX	(1,124.16)	(562.08)	(1,686.24)	(1,686.24)
Activity Type: Term						**($1,124.16)**	**($562.08)**	**($1,686.24)**	
Group: 1234501 Activity Type: Change									
ENROLLEE, DANIEL E	xxxxxxxxxx	Vision	CH TERM	Individual	03/01/20XX	(62.04)	(20.68)	(82.72)	
		Vision	CH ADD	Family	03/01/20XX	176.04	58.68	234.72	152.00
								$152.00	
								$58.96	
								(486.78)	(486.78)
								($486.78)	
								($486.78)	
								($427.82)	

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PREMIUM SUMMARY

P.O. Box XXXXX
City, State XXXXX-XXXX
Phone: (XXX) XXX-XXXX

BILL ACCOUNT NUMBER: 0125450001
BILL ACCOUNT NAME: ABC West
CLIENT NUMBER: 012545
CLIENT NAME: ABC Company

INVOICE NUMBER: 090505000004
INVOICE MONTH(S): June 20XX
PREPARED DATE: 05/05/20XX

Product	Contract Type	Contract Count	Rate	Coverage Period	Current Premium
Group: 1234501 Product: PPO					
PPO	Individual	8	$194.36	06/01/20XX - 06/30/20XX	$1,554.8
	2 Person	6	515.56	06/01/20XX - 06/30/20XX	3,093
	Parent & Child	2	469.97	06/01/20XX - 06/30/20XX	939
	Parent & Children	1	469.97	06/01/20XX - 06/30/20XX	469
	Family	13	562.08	06/01/20XX - 06/30/20XX	7,307.0
Product: PPO		**30**			**$13,365.19**
Group:1234501 Product: Vision					
Vision	Individual	7	20.68	06/01/20XX - 06/30/20XX	144.76
	Family	19	58.68	06/01/20XX - 06/30/20XX	1,114.92
Product: Vision		**26**			**$1,259.68**
Group: 1234501	**Actual Member Count:**	**30**			**$14,624.87**
Group: 1234502 Product: PPO					
PPO					918.30
					1,460.34
					442.33
					442.33
					2,660.70
					$5,924.00

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P.O. Box XXXXX
City, USA XXXXX-XXXX
Phone: (XXX) XXX-XXXX

INVOICE SUMMARY

ABC Company
Mr. John Smith
123 Main Street
Anytown, USA XXXXX-XXXX

REGULAR
INVOICE SUMMARY
Page 1 of 13

See Pages 4&5

BILL ACCOUNT NUMBER:	0125450001	INVOICE NUMBER:	090505000004
BILL ACCOUNT NAME:	ABC WEST	INVOICE MONTH(S):	June 20XX
CLIENT NUMBER:	012545	PREPARED DATE:	05/05/20XX
CLIENT NAME:	ABC COMPANY	**PAYMENT DUE DATE:**	**05/20/20XX**

PRIOR BILLING INFORMATION

LAST BILL AMOUNT	$	20,876.94
PAYMENTS RECEIVED THROUGH 05/04/20XX	($	20,000.00)
BALANCE FORWARD	**$**	**876.94**

CURRENT CHARGES

Your Invoice

The Regular Invoice Summary represents the total charges due for the current period as well as any outstanding balances from previous billing periods.

1. This area contains information regarding your organization (client), invoice number, and date information.

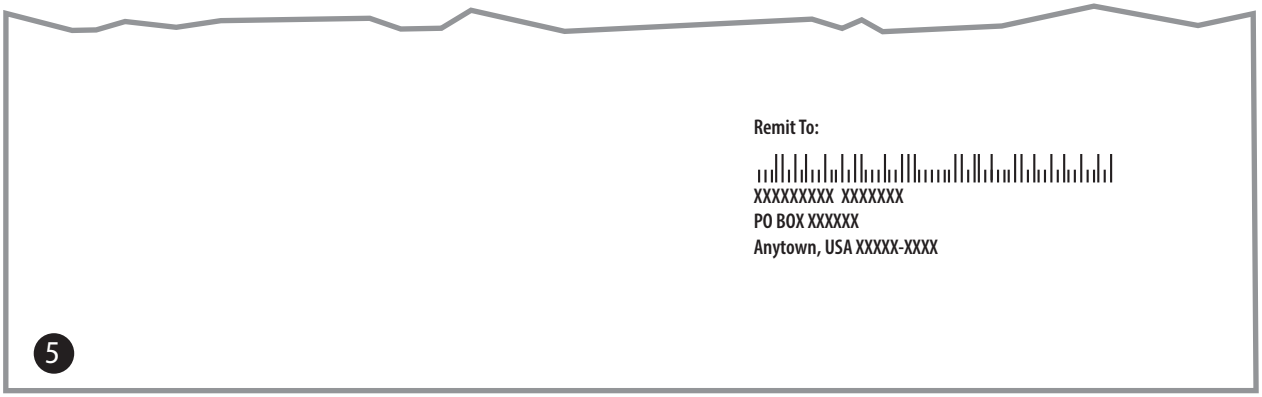
2. In addition to stating the last bill amount and payments received, this section reflects your Balance Forward.

3. This section lists a summary of all charges or credits associated with the current billing period.

4. Remittance stub (front).
   Important Information: Submitting Payments
   Please submit your payment and the original remittance stub in the return envelope provided.

5. Remittance stub (reverse side).

6. Identifies your contact information. Send your enrollment activity changes to this address.



REMITTANCE STUB REVERSE SIDE

6 P.O. Box XXXXX
City, USA XXXXX-XXXX
Phone: (XXX) XXX-XXXX

ABC Company
Mr. John Smith
123 Main Street
Anytown, USA XXXXX-XXXX

REGULAR
INVOICE SUMMARY
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1

BILL ACCOUNT NUMBER:	0125450001	INVOICE NUMBER:	090505000004
BILL ACCOUNT NAME:	ABC WEST	INVOICE MONTH(S):	June 20XX
CLIENT NUMBER:	012545	PREPARED DATE:	05/05/20XX
CLIENT NAME:	ABC COMPANY	**PAYMENT DUE DATE:**	**05/20/20XX**

2

PRIOR BILLING INFORMATION

LAST BILL AMOUNT	$	20,876.94	
PAYMENTS RECEIVED THROUGH 05/04/20XX	($	20,000.00)	
BALANCE FORWARD			**$ 876.94**

3

CURRENT CHARGES

PREMIUM SUMMARY	$	21,142.39	
MEMBER ACTIVITY	($	427.82)	
RETROACTIVE RATE CHANGE SUMMARY	$	237.66	
ADDITIONAL ITEMS	$	1,400.00	
TOTAL CURRENT CHARGES			**$ 22,352.23**
TOTAL DUE			**$ 23,229.17**

DETACH AND RETURN THIS PORTION WITH PAYMENT

4

MAKE CHECK PAYABLE TO "XXXXXX XXXXXX"
See reverse side for remittance address.

AMOUNT PAID $

INVOICE NUMBER: 090505000004
BILL ACCOUNT NUMBER: 0125450001

PAYMENT DUE DATE: 05/20/20XX
TOTAL AMOUNT DUE: $ 23,229.17

ABC Company
Mr. John Smith
123 Main Street
Anytown, USA XXXXX-XXXX

If you have a change to your address, please contact

DO NOT WRITE BELOW THIS LINE

0108100000041199908201090111100023229171

FRONT SIDE

STANDARD REPORTS

Premium Summary Report

The Premium Summary Report

is a summary of current enrollees (by contract type and product) that are active at the start of the coverage period. A grand total is included at the end of the report to show the total current premium for all groups and products.

This area shows the type of contracts (Individual, Parent/Child, etc.) and number of each.

PREMIUM SUMMARY

P.O. Box XXXXX
City, State XXXXX-XXXX
Phone: (XXX) XXX-XXXX

BILL ACCOUNT NUMBER: 0125450001
BILL ACCOUNT NAME: ABC West
CLIENT NUMBER: 012545
CLIENT NAME: ABC Company

INVOICE NUMBER: 090505000004
INVOICE MONTH(S): June 20XX
PREPARED DATE: 05/05/20XX

If your company has more than one group number, data is reported separately for each group.

Product	Contract Type	Contract Count	Rate	Coverage Period	Current Premium
Group: 1234501 Product: PPO					
PPO	Individual	8	$194.36	06/01/20XX - 06/30/20XX	$1,554.88
		6	515.56	06/01/20XX - 06/30/20XX	3,093.36
		2	469.97	06/01/20XX - 06/30/20XX	939.94
		1	469.97	06/01/20XX - 06/30/20XX	469.97
		13	562.08	06/01/20XX - 06/30/20XX	7,307.04
Product: PPO		**30**			**$13,365.19**
Group:1234501 Product: Vision					
Vision	Individual	7	20.68	06/01/20XX - 06/30/20XX	144.76
	Family	19	58.68	06/01/20XX - 06/30/20XX	1,114.92
Product: Vision		**26**			**$1,259.68**
Group: 1234501	**Actual Member Count:**	**30**			**$14,624.87**
Group: 1234502 Product: PPO					
PPO	Individual	5	183.66	06/01/20XX - 06/30/20XX	918.30
	2 Person	3	486.78	06/01/20XX - 06/30/20XX	1,460.34
	Parent & Child	1	442.33	06/01/20XX - 06/30/20XX	442.33
	Parent & Children	1	442.33	06/01/20XX - 06/30/20XX	442.33
	Family	5	532.14	06/01/20XX - 06/30/20XX	2,660.70
Product: PPO		**15**			**$5,924.00**
Group: 1234502 Product: Vision					
Vision	Individual	6	20.68	06/01/20XX - 06/30/20XX	124.08
Product: Vision	Family	8	58.68	06/01/20XX - 06/30/20XX	469.44
Group: 1234502		**14**			**$593.52**
	Actual Member Count:	**15**			**$6,517.52**
Premium Total:					**$21,142.39**

Lists the total contract count and corresponding premium for each group, broken down by product.

Note: Information on the Premium Summary Report is organized by Group Number, then by Product. Additional sort options may be available. Contact your Enrollment and Billing Representative for more information.

Member Activity Report

The Member Activity Report shows all additions, terminations, and changes for the current, prior, and future coverage periods. A grand total is included at the end of the report to show the total premium for retroactive and current activity changes.

Future enrollment that is submitted will be reflected on the report.

MEMBER ACTIVITY

P.O. Box XXXXX
City, State XXXXX-XXXX
Phone: (XXX) XXX-XXXX

BILL ACCOUNT NUMBER: 0125450001
BILL ACCOUNT NAME: ABC West
CLIENT NUMBER: 012545
CLIENT NAME: ABC Company

INVOICE NUMBER: 090505000004
INVOICE MONTH(S): June 20XX
PREPARED DATE: 05/05/20XX

Member Activity is sorted by Product within Group and Activity Type.

Member Name	Member ID	Product	Activity Type	Contract Type	Effective Date	Retroactive Premium	Current Premium	Amount Due	Member Total
G									
CU			ADD	2 Person	07/01/20XX	$0.00	$0.00	$0.00	$0.00
MEMBER, ROBERT A	xxxxxxxxxx	PPO	ADD	Family	06/01/20XX	0.00	562.08	562.08	562.08
PERSON, STEPHEN B	xxxxxxxxxx	PPO	ADD	2 Person	05/01/20XX	515.56	515.56	1,031.12	1,031.12
Activity Type: Add						**$515.56**	**$1,077.64**	**$1,593.20**	
Group: 1234501 Activity Type: Term									
SUBSCRIBER, JOHN E	xxxxxxxxxx	PPO	TERM	Family	04/01/20XX	(1,124.16)	(562.08)	(1,686.24)	(1,686.24)
Activity Type: Term						**($1,124.16)**	**($562.08)**	**($1,686.24)**	
Group: 1234501 Activity Type: Change									
ENROLLEE, DANIEL E	xxxxxxxxxx	Vision	CH TERM	Individual	03/01/20XX	(62.04)	(20.68)	(82.72)	
		Vision	CH ADD	Family	03/01/20XX	176.04	58.68	234.72	152.00
Activity Type: Change						**$114.00**	**$38.00**	**$152.00**	
Group: 1234501						**($494.60)**	**$553.56**	**$58.96**	
Group: 1234502 Activity Type: Term									
EMPLOYEE, TOM M	xxxxxxxxxx	PPO	TERM	2 Person	06/01/20XX	0.00	(486.78)	(486.78)	(486.78)
Activity Type: Term						**$0.00**	**($486.78)**	**($486.78)**	
Group: 1234502						**$0.00**	**($486.78)**	**($486.78)**	
Member Activity Total:						**($494.60)**	**$66.78**	**($427.82)**	

Premium charge or credit by member (depending on Activity Type) for any previous period(s).

The net result to premium from an activity change on a member.

Note: Information on the Member Activity Report is organized by Group Number, Activity Type, and Member Name. Additional sort options may be available. Contact your Enrollment and Billing Representative for more information.

Retroactive Rate Change Summary Report

The Retroactive Rate Change Summary Report provides detail on any rate change by product. A grand total of the difference between current rates and prior rates is shown at the end of the report.

CALCULATION

❶ Rate Difference x ❷ Coverage Period Count = ❸ Amount Due

The Rate Difference ❶ is calculated by subtracting the prior rate from the current rate.

The Coverage Period Count ❷ is the sum of each Contract Holder multiplied by the number of coverage periods each Contract Holder was effective during the coverage periods impacted by the retroactive rate change.

EXAMPLES – Calculating the Coverage Period Count

Example A – Retroactive Charges related to a Single Coverage Period

When the retroactive rate change spans only one coverage period, as in Example A shown at right, the Coverage Period Count will be the number of Contract Holders who were effective for the one month.

- 7 Contract Holders were covered for one month, 04/01/20XX - 04/30/20XX
  (7 Contract Holders x 1 month of coverage = 7)

In Example A, the Coverage Period Count is 7.

Example B – Retroactive Charges related to Multiple Coverage Periods

When the retroactive rate change spans more than one coverage period, the Coverage Period Count must account for any Contract Holders who were covered for all months during the affected retroactive rate change periods, as well as those who were covered for only a portion of the months during the affected periods. The Coverage Period shown on the line is always the longest Coverage Period for any of the Contract Holders.

In Example B, shown at right, the Coverage Period Date(s) for the retroactive rate change is a two-month period, 04/01/20XX - 05/31/20XX. There are 6 Contract Holders who were added. The effective dates for the Contract Holders, however, are not the same:

- 3 Contract Holders were covered for one month, 05/01/20XX - 05/31/20XX
  (3 Contract Holders x 1 month of coverage = 3)
- 3 Contract Holders were covered for two months, 04/01/20XX - 05/31/20XX
  (3 Contract Holders x 2 months of coverage = 6)

The Coverage Period Count in Example B is 9.

Reflects the original invoice month and invoice number to which the retroactive rate change applies.

Calculated by subtracting the Prior Rate from the Current Rate.

RETROACTIVE RATE CHANGE SUMMARY

P.O. Box XXXXX
City, State XXXXX-XXXX
Phone: (XXX) XXX-XXXX

BILL ACCOUNT NUMBER: 0125450001
BILL ACCOUNT NAME: ABC West
CLIENT NUMBER: 012545
CLIENT NAME: ABC Company

INVOICE NUMBER: 090505000004
INVOICE MONTH(S): June 20XX
PREPARED DATE: 05/05/20XX

Product	Contract Type	Rate Change Effective Date	Coverage Period Date(s)	Coverage Period Count	Current Rate	Prior Rate	Rate Difference	Amount Due
Invoice Month: April 20XX/Invoice Number:								
Group: 1234501 Product:Vision				2			1	3
Premium Summary								
Vision	A Individual	04/01/20XX	04/01/20XX - 04/30/20XX	7	$20.68	$19.21	$1.47	$10.29
	Family	04/01/20XX	04/01/20XX - 04/30/20XX	17	58.68	52.65	6.03	102.51
Product: Vision								**$112.80**
Group: 1234501								**$112.80**
Invoice Total: April 20XX / 070303000039								**$112.80**
Invoice Month: May 20XX/Invoice Number:								
Group: 1234501 Product:Vision								
Premium Summary								
Vision	Individual	04/01/20XX	05/01/20XX - 05/31/20XX	7	20.68	19.21	1.47	10.29
	Family	04/01/20XX	05/01/20XX - 05/31/20XX	17	58.68	52.65	6.03	102.51
Member Activity								
Activity Type: Change Add								
Vision	Individual	04/01/20XX	04/01/20XX - 05/31/20XX	4	20.68	19.21	1.47	5.88
	B Family	04/01/20XX	04/01/20XX - 05/31/20XX	9	58.68	52.65	6.03	54.27
Activity Type: Change Term								
Vision	Individual	04/01/20XX	05/01/20XX - 05/31/20XX	(4)	20.68	19.21	1.47	(5.88)
	Family	04/01/20XX	05/01/20XX - 05/31/20XX	(7)	58.68	52.65	6.03	(42.21)
Product: Vision								**$124.86**
Group: 1234501								**$124.86**
Invoice Total: May 20XX / 070405000039								**$124.86**
Retroactive Rate Change Summary Total:								**$237.66**

Lists the total amount due for the specified invoice based on the difference in the current and prior rates.

Reflects the report from the original invoice on which the charge detail appeared.

Note: Information on the Retroactive Rate Change Summary Report is organized by Invoice Month/Invoice Number, Group Number, and Product.

Additional Items Report

The Additional Items Report reflects miscellaneous charges and fees, as applicable.

ADDITIONAL ITEMS

P.O. Box XXXXX
City, State XXXXX-XXXX
Phone: (XXX) XXX-XXXX

BILL ACCOUNT NUMBER: 0125450001
BILL ACCOUNT NAME: ABC West
CLIENT NUMBER: 012545
CLIENT NAME: ABC Company

INVOICE NUMBER: 090505000004
INVOICE MONTH(S): June 20XX
PREPARED DATE: 05/05/20XX

Process Date	Group	Product	Description	Coverage Period	Amount
Other Charges					
Group: 1234501	**Product: Vision**		Miscellaneous Enrollment Premium Adjustment - Vision Charges	05/01/20XX - 05/31/20XX	$400.00
05/01/20XX	1234501	Vision			**$400.00**
Product: Vision					**$400.00**
Group: 1234501					
Group: 1234502	**Product: PPO**				
05/01/20XX	1234502	PPO	Miscellaneous Enrollment Premium Adjustment - Medical Charges	05/01/20XX -05/31/20XX	$1,000.00
Product: PPO					**$1,000.00**
Group: 1234502					**$1,000.00**
Other Charges Total					**$1,400.00**
Additional Items Total:					**$1,400.00**

OPTIONAL REPORTS

Ending Member Listing Report

The Ending Member Listing Report shows the members who are active at the end of the billing period. Members who were added during the period will be reflected on the report. Members who were terminated during the period will not be on the report. The total charges reported are a monthly estimate.

Note: The Ending Member Listing Report will automatically be included in your initial bill package. If you no longer want to receive this report, contact your Enrollment and Billing Representative.

ENDING MEMBER LISTING

P.O. Box XXXXX
City, State XXXXX-XXXX
Phone: (XXX) XXX-XXXX

BILL ACCOUNT NUMBER: 0125450001
BILL ACCOUNT NAME: ABC West
CLIENT NUMBER: 012545
CLIENT NAME: ABC Company

INVOICE NUMBER: 090505000004
INVOICE MONTH(S): June 20XX
PREPARED DATE: 05/05/20XX

Member Name	Member ID	Product	Contract Type	Period Ending	Current Premium	Member Total
Group: 1234501						
CUSTOMER, RONALD C	xxxxxxxxxx	PPO	Family	06/30/20XX	$562.08	$562.08
MEMBER, JOHN M	xxxxxxxxxx	PPO	Family	06/30/20XX	562.08	562.08
PERSON, THOMAS P	xxxxxxxxxx	PPO	Family	06/30/20XX	562.08	562.08
Group: 1234501	**Contract: 3**				**$1,686.24**	
Group: 1234502						
CUSTOMER, RONALD C	xxxxxxxxxx	Vision	Individual	06/30/20XX	20.68	20.68
EMPLOYEE, NANCY J	xxxxxxxxxx	Vision	Individual	06/30/20XX	20.68	20.68
ENROLLEE, RITA M	xxxxxxxxxx	Vision	Individual	06/30/20XX	20.68	20.68
SUBSCRIBER, SUSAN A	xxxxxxxxxx	Vision	Parent & Children	06/30/20XX	58.68	58.68
Group: 1234502	**Contract: 4**				**$120.72**	
Premium Total			**Contract Total: 6**		**$1,806.96**	

Represents the total number of Contract Holders in the Group.

Represents the total number of unique Contract Holders in all of the Groups. Ronald C. Customer is in Group 1234501 and Group 1234502, but is only counted once in the Contract Total.

Reconciling Your Invoice Summary to the Supporting Report

PRIOR BILLING INFORMATION

1. The LAST BILL AMOUNT found on the current **Invoice Summary** equals the TOTAL DUE found on the previous **Invoice Summary**. (See the Previous Invoice Summary on the next page.)
2. The PAYMENTS RECEIVED THROUGH MM/DD/CCYY found on the current **Invoice Summary** is the total amount of payments received since the last invoice.
3. The BALANCE FORWARD is the difference between the LAST BILL AMOUNT and PAYMENTS RECEIVED THROUGH MM/DD/CCYY on the current **Invoice Summary.**

P.O. Box XXXXX
City, State XXXXX-XXXX
Phone: (XXX) XXX-XXXX

CURRENT INVOICE SUMMARY

ABC Company
Mr. John Smith
123 Main Street
Anytown, USA XXXXX-XXXX

REGULAR INVOICE SUMMARY
Page 1 of 13

BILL ACCOUNT NUMBER:	0125450001	INVOICE NUMBER:	110505000004
BILL ACCOUNT NAME:	ABC WEST	INVOICE MONTH(S):	June 20XX
CLIENT NUMBER:	012545	PREPARED DATE:	05/05/20XX
CLIENT NAME:	ABC COMPANY	**PAYMENT DUE DATE:**	**05/20/20XX**

PRIOR BILLING INFORMATION			
LAST BILL AMOUNT	$	20,876.94	1
PAYMENTS RECEIVED THROUGH 05/04/20XX	($	20,000.00)	2
BALANCE FORWARD			**$ 876.94** 3
CURRENT CHARGES:			
PREMIUM SUMMARY	$	21,142.39	
MEMBER ACTIVITY	($	427.82)	
RETROACTIVE RATE CHANGE SUMMARY	$	237.66	
ADDITIONAL ITEMS	$	1,400.00	
TOTAL CURRENT CHARGES			**$ 22,352.23**
TOTAL DUE			**$ 23,229.17**

Reconciling *(Continued)*

P.O. Box XXXXX
City, State XXXXX-XXXX
Phone: (XXX) XXX-XXXX

PREVIOUS INVOICE SUMMARY

ABC Company
Mr. John Smith
123 Main Street
Anytown, State XXXXX-XXXX

REGULAR
INVOICE SUMMARY
Page 1 of 13

BILL ACCOUNT NUMBER:	0125450001	INVOICE NUMBER:	090505000004
BILL ACCOUNT NAME:	ABC WEST	INVOICE MONTH(S):	May 20XX
CLIENT NUMBER:	012545	PREPARED DATE:	04/05/20XX
CLIENT NAME:	ABC COMPANY	**PAYMENT DUE DATE:**	**04/20/20XX**

PRIOR BILLING INFORMATION				
LAST BILL AMOUNT	$	20,000.00		
PAYMENTS RECEIVED THROUGH 04/04/20XX	($	20,000.00)		
BALANCE FORWARD			**$**	**0.00**
CURRENT CHARGES				
PREMIUM SUMMARY	$	20,000.00		
ADDITIONAL ITEMS	$	876.94		
TOTAL CURRENT CHARGES			**$**	**20,876.94**
TOTAL DUE			**$**	**20,876.94** 1

Reconciling *(Continued)*

CURRENT CHARGES

4. The PREMIUM SUMMARY line is the total premium charges at the start of the current coverage period, based on the number of members for each product type. This is the *Premium Total* found on the **Premium Summary Report.**

5. The MEMBER ACTIVITY line is the total premium charges reflecting activity changes processed since the last invoice. This is the *Member Activity Total* on the **Member Activity Report.**

   Example: Last bill cutoff was 04/04/20XX. Member activity processed between 04/05/20XX and 05/04/20XX will be reflected in the June invoice.

6. The RETROACTIVE RATE CHANGE SUMMARY is the total amount of charges or credits due to a rate change that impacts prior premium charges. This total is the *Retroactive Rate Change Summary Total* found on the **Retroactive Rate Change Summary Report.**

7. ADDITIONAL ITEMS is the total amount of charges found on the **Additional Items Report.**

8. The TOTAL CURRENT CHARGES is a subtotal of the listed CURRENT CHARGES. (See current **Invoice Summary** below and equation on the next page.)

9. The TOTAL DUE is the sum of the BALANCE FORWARD and Total Current Charges on the **Invoice Summary.** (See current **Invoice Summary** below.)

P.O. Box XXXXX
City, State XXXXX-XXXX
Phone: (XXX) XXX-XXXX

CURRENT INVOICE SUMMARY

ABC Company
Mr. John Smith
123 Main Street
Anytown, State

REGULAR INVOICE SUMMARY
Page 1 of 13

BILL ACCOUNT NUMBER:	0125450001	INVOICE NUMBER:	090505000004
BILL ACCOUNT NAME:	ABC WEST	INVOICE MONTH(S):	June 20XX
CLIENT NUMBER:	012545	PREPARED DATE:	05/05/20XX
CLIENT NAME:	ABC COMPANY	**PAYMENT DUE DATE:**	**05/20/20XX**

PRIOR BILLING INFORMATION			
LAST BILL AMOUNT	$	20,876.94	
PAYMENTS RECEIVED THROUGH 05/04/20XX	($	20,000.00)	
BALANCE FORWARD			**$ 876.94**
CURRENT CHARGES:			
PREMIUM SUMMARY	$	21,142.39	
MEMBER ACTIVITY	($	427.82)	
RETROACTIVE RATE CHANGE SUMMARY	$	237.66	
ADDITIONAL ITEMS	$	1,400.00	
TOTAL CURRENT CHARGES			**$ 22,352.23**
TOTAL DUE			**$ 23,229.17**

Glossary

Activity Type
References member activity, such as additions, terminations, and changes.

Additional Items Report
Standard report in the bill package that shows miscellaneous charges or adjustments.

Adjustments
Used to adjust the customer's account to reflect debits/credits.

Balance Forward
Remaining balance from the previous billing period(s), including any refunds and/or adjustments.

Bill Account
An account established for billing purposes that contains groups and products that share certain billing characteristics. At least one bill account is created for each client that is to receive a bill.

Bill Account Number
Billing system number used to identify a client's specific bill account.

Client
An account which has purchased coverage.

Client Number
Unique 6-digit identification number assigned to your account.

Contract Count
Number of members covered under each Contract Type.

Contract Type
References different coverage types available, such as individual, parent and children, and family.

Conversion Balance Forward
The outstanding balance or overpayment on an account that is transferred from the prior billing system.

Coverage Period
Coverage reflected on the current bill.

Coverage Period Count
The sum of each contract holder multiplied by the number of coverage periods each contract holder was effective during the coverage periods impacted by the retroactive rate change.

Current Premium
Premium due for the current billing period.

Current Rate
Rate to be applied to the current coverage period.

Effective Date
Date that coverage or changes are effective.

Ending Member Listing Report
Optional report that summarizes members and premiums associated with the current ending coverage month.

Group
Segment within a client, identified by group number.

Group Activity Total
Net total for Retroactive Premiums, Current Premiums and Amount Due for each change type within each group shown on the Member Activity Report.

Group Number
Unique identification number assigned to segments within a client. Used in reporting to sort to the lowest group level.

Group Product Total
Current Premium total for each group shown on the Premium Summary report.

Invoice Month
First month of the coverage period the invoice reflects.

Invoice Number
A unique number which is assigned per client, Bill Account, and invoice month. Invoice number is located on the Invoice Summary and supporting reports.

Invoice Summary
This is a standard report which identifies the total charges due for the current billing period, as well as any outstanding balances from previous billing period(s).

Last Bill Amount
Total Amount Due from the last billing period.

Member Activity Report
Standard report located in the bill package that lists all member activity for the current, prior, and future coverage periods.

Member Activity Total
Net total for all membership activity.

Member ID
Agreement Number plus a succeeding zero used as the unique identifier for members.

Member Name
Individual subscriber's name.

Payment Due Date
Date payment is due.

Payments Received Through (MM/DD/CCYY)
Total of all payments received through the date indicated on the Invoice Summary.

Premium
All premium charges for each product line for the current billing period.

Premium Summary Report
Standard report located in the bill package that shows a breakdown of current billed premiums for members who are active prior to the start of the coverage period.

Premium Total
Grand total of current premiums for all groups and products.

Prepared Date
Date the current invoice was produced.

Prior Rate
Previous rate that was used to calculate premium totals for prior billing periods.

Product
Purchased coverage. This is also a report sort option.

Product Line Description
Identifies the products purchased.

Product Subtotals
Total of the contract count and current premium, by individual product line.

Rate
Contracted rate for each type of coverage.

Remittance Address
Remit all payments to this address. Do not remit membership activity to this address.

Remittance Stub
Bottom portion of the Invoice Summary to be submitted with the payment that reflects invoice information, and a space to enter amount paid.

Retroactive Premium
Adjusted premium (additional charge or credit depending on the change) for any previous coverage period(s).

Retroactive Rate Change Summary Report
Standard report located in the bill package that provides detail on any retroactive rate changes by product.

Retroactive Rate Change Summary Total
Grand total included at the end of the Retroactive Rate Change Summary Report reflecting the total difference between current rates and prior rates, multiplied by the coverage period count.

Standard Reports
Set of reports that make up the bill package. The reports include: Invoice Summary, Premium Summary, Member Activity, Retroactive Rate Change Summary, and Additional Items.

Sort Options
Categories used to organize report information.

Total Current Charges
Total amount of charges for the current billing period.

Total Due
Total amount due by the payment due date, including any balance forward from previous billing periods.