Understanding Your SHOP Marketplace Bill

Each month, you'll get a SHOP Marketplace invoice (or bill) with the amount you owe for your coverage, how to pay, and other important details. Here's an overview of the monthly invoice you'll get to help you prepare for the billing and payment process on **HealthCare.gov**.

1 Overview

Get a quick glance of your bill, including the invoice date, employer ID, coverage period, amount due, and payment due date.

2 Payment Options

See the ways you can pay your bill each month to the SHOP Marketplace. The easiest way to pay is through "Autopay." You also have the option to pay by phone, by mail, or online if you don't have an automatic monthly payment set up.

If you set up Autopay, we'll collect the amount you listed. If your Autopay amount is different from the amount due, you may owe more or less.

If your monthly premium has changed, you'll need to update your Autopay amount.
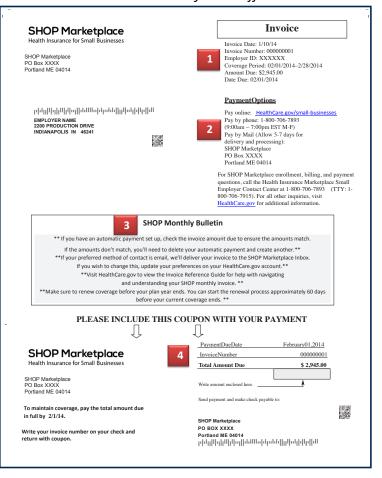
3 Monthly Bulletin

See important messages and SHOP Marketplace billing and payment reminders. These messages may change monthly.

4 Payment Coupon

Use this if you pay by check. You must complete the "amount enclosed" field on the coupon and return it with your payment.

The bill shown is an example.
Your actual bill may look different.

SHOP Marketplace
Health Insurance for Small Businesses

SHOP Marketplace
PO Box XXXX
Portland ME 04014

Invoice

1 Invoice Date: 1/10/14
Invoice Number: 000000001
Employer ID: XXXXXX
Coverage Period: 02/01/2014–2/28/2014
Amount Due: $2,945.00
Date Due: 02/01/2014

EMPLOYER NAME
2200 PRODUCTION DRIVE
INDIANAPOLIS IN 46241

Payment Options

2 Pay online: HealthCare.gov/small-businesses
Pay by phone: 1-800-706-7893
(9:00am – 7:00pm EST M-F)
Pay by Mail (Allow 5-7 days for delivery and processing):
SHOP Marketplace
PO Box XXXX
Portland ME 04014

For SHOP Marketplace enrollment, billing, and payment questions, call the Health Insurance Marketplace Small Employer Contact Center at 1-800-706-7893 (TTY: 1-800-706-7915). For all other inquiries, visit HealthCare.gov for additional information.

3 **SHOP Monthly Bulletin**

** If you have an automatic payment set up, check the invoice amount due to ensure the amounts match.

If the amounts don't match, you'll need to delete your automatic payment and create another.**
If your preferred method of contact is email, we'll deliver your invoice to the SHOP Marketplace Inbox. If you wish to change this, update your preferences on your HealthCare.gov account.
**Visit HealthCare.gov to view the Invoice Reference Guide for help with navigating and understanding your SHOP monthly invoice. **
**Make sure to renew coverage before your plan year ends. You can start the renewal process approximately 60 days before your current coverage ends. **

PLEASE INCLUDE THIS COUPON WITH YOUR PAYMENT

SHOP Marketplace
Health Insurance for Small Businesses

SHOP Marketplace
PO Box XXXX
Portland ME 04014

To maintain coverage, pay the total amount due in full by 2/1/14.

Write your invoice number on your check and return with coupon.

4 PaymentDueDate February01,2014
InvoiceNumber 000000001
Total Amount Due **$ 2,945.00**

Write amount enclosed here.

Send payment and make check payable to:

SHOP Marketplace
PO BOX XXXX
Portland ME 04014

5 Billing Summary

See your premium charges and the total amount due. This includes your medical and dental insurance, and adjustments totals.

If you use Autopay, make sure the amount you set up to pay covers the entire amount due on your bill.

6 Monthly Statement

See your month's activity.

7 Medical Premium Details

See details of coverage, premiums, and total cost.

8 Dental Premium Details

See details of dental plans, premiums, and total cost.

9 Adjustments

See details of any adjustments posted to your account since the last bill, like adding or terminating employees or dependents.

Note: For a dependent-only transaction, the employee's name will appear above the dependent's name.

Billing Summary [5]

Medical Insurance Total	$2,600.00
Dental Insurance Total	$85.00
Adjustment Total	$160.00
Current Invoice Amount	$2,845.00
Previous Balance	$100.00
Total Amount Due	**$2,945.00**

Monthly Statement [6]

Date	Reference	Billings	Payments	Balance
12/10/2013	Opening Balance			$0.00
12/10/2013	Invoice for Jan-2014	$2685.00		$2685.00
12/29/2013	Payment for Jan-2014		$2000.00	$685.00
12/30/2013	Payment for Jan-2014		$585.00	$100.00
1/10/2014	Invoice for Feb-2014	$2845.00		$2945.00

Medical Premium Details–For February 2014 [7]

Item	Employee Name Dependent Name(s)		Identifier	Relationship	Issuer/Plan Name	Employer Contribution	Employee Contribution	Total Premium
01	Ima	Sample		Employee	Anthem/Medical 1000	$250.00	$250.00	$500.00
02	Ima	Sample		Dependent	Anthem/Medical 1000	$250.00	$250.00	$500.00
03	Ima	Sample		Dependent	Anthem/Medical 1000	$100.00	$100.00	$200.00
04	Ima	Sample		Employee	Cigna/Medical 500	$400.00	$400.00	$800.00
05	Ima	Sample		Dependent	Cigna/Medical 500	$200.00	$200.00	$400.00
06	Ima Sample			Employee	Humana/Medical 250	$100.00	$100.00	$200.00
	Medical Insurance Total					**$1300.00**	**$1300.00**	**$2600.00**

Dental Premium Details –For February 2014 [8]

Item	Employee Name Dependent Name(s)	Identifier	Relationship	Issuer/Plan Name	Employer Contribution	Employee Contribution	Total Premium
07	Ima Sample		Employee	Cigna/Dental 100	$5.00	$5.00	$10.00
08	Ima Sample		Dependent	Cigna/Dental 100	$5.00	$5.00	$10.00
09	Ima Sample		Dependent	Cigna/Dental 100	$5.00	$5.00	$10.00
10	Ima Sample		Employee	Cigna/Dental 50	$15.00	$5.00	$20.00
11	Ima Sample		Dependent	Cigna/Dental 50	$15.00	$5.00	$20.00
12	Ima Sample		Employee	Cigna/Dental 100	$10.00	$5.00	$15.00
	Dental Insurance Total				**$55.00**	**$30.00**	**$85.00**

Adjustments Since Last Invoice [9]

Item	Employee Name Dependent Name(s)	Identifier	Relationship	Type of Change	Month	Issuer/Plan Name	Employer Contribution	Employee Contribution	Total Premium
17	Ima Sample		Employee						
18	Ima Sample		Dependent	Add	Dec-2013	Humana/Medical 250	$100.00	$100.00	$200.00
19	Ima Sample		Employee	Terminate	Dec-2013	Cigna/Dental 100	-$5.00	-$5.00	-$10.00
20	Ima Sample		Dependent	Terminate	Dec-2013	Cigna/Dental 100	-$5.00	-$5.00	-$10.00
21	Ima Sample		Employee	Terminate	Dec-2013	Cigna/Dental 100	-$10.00	-$10.00	-$20.00
	Adjustments Total						**$80.00**	**$80.00**	**$160.00**

Type of Change definitions:

Add – A new employee or dependent was added to the account.

Terminate – An employee or dependent was terminated from the account.

You have the right to get the information in this product in an alternate format. You also have the right to file a complaint if you feel you've been discriminated against. Visit https://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/CMSNondiscriminationNotice.html, or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users can call 1-855-889-4325.