

Health Net of California, Inc. (Health Net)



# Billing Statement

AN EMPLOYER'S GUIDE FOR READING AND  
UNDERSTANDING YOUR BILL



[HealthNet.com](https://www.healthnet.com)

## 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](http://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

2  
GROUP BILL ID  
XXXXXX

3  
PAYMENT DUE DATE  
04/01/20

4  
COVERED PERIOD  
04/01/20 - 04/30/20

12/330/SBG

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	7	224,918.19
ACTIVITY SINCE LAST BILL		
Amount Received	8	
Amount Applied through 03/31/20	9	100,028.26
Manual Adjustments	10	
Balance Forward	11	124,889.93
CURRENT BILL (See Billing Recap Section for Details)		
Current Period New Charges	12	105,911.68
Adjustments to Membership	13	2,791.97
Administration Fee		
Total New Charges	14	108,703.65

15  
Please Pay this Amount

\$ 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](http://www.healthnet.com).

Health Net Taxpayer ID #95-XXXXXXX


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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.



CURRENT MEMBERSHIP

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: XXXXXX	17	18	19	20	21	22	23	24	25		
"Last Name, First M.I."	XXXX-XXXX	XXXXXX		1	03-01-2014	333.33					
"Last Name, First M.I."	XXXX-XX-XXXX	XXXXXX		4	03-01-2012	333.33					
"Last Name, First M.I."	XXXX-XX-XXXX	XXXXXX		1	11-01-2014	333.33					
"Last Name, First M.I."	XXXX-XX-XXXX	XXXXXX		2	03-01-2011	333.33					
"Last Name, First M.I."	XXXX-XX-XXXX	XXXXXX		1	09-01-2011	333.33					
"Last Name, First M.I."	XXXX-XX-XXXX	XXXXXX		1	03-01-2011	444.44					
"Last Name, First M.I."	XXXX-XX-XXXX	XXXXXX		1	10-01-2012	437.15					
"Last Name, First M.I."	XXXX-XX-XXXX	XXXXXX		1	10-01-2012	333.33					
"Last Name, First M.I."	XXXX-XX-XXXX	XXXXXX		1	12-01-2014	333.33					
"Last Name, First M.I."	XXXX-XX-XXXX	XXXXXX		1	06-01-2014	333.33					
"Last Name, First M.I."	XXXX-XX-XXXX	XXXXXX		6	03-01-2011	333.33					
"Last Name, First M.I."	XXXX-XX-XXXX	XXXXXX		1	03-01-2011	444.44					
"Last Name, First M.I."	XXXX-XX-XXXX	XXXXXX		1	03-01-2014	333.33					
"Last Name, First M.I."	XXXX-XX-XXXX	XXXXXX		1	03-01-2011	333.33					
"Last Name, First M.I."	XXXX-XX-XXXX	XXXXXX		1	03-01-2011	437.15					
"Last Name, First M.I."	XXXX-XX-XXXX	XXXXXX		1	10-01-2014	444.44					
"Last Name, First M.I."	XXXX-XX-XXXX	XXXXXX		1	08-01-2014	444.44					
"Last Name, First M.I."	XXXX-XX-XXXX	XXXXXX		1	03-01-2012	333.33					
"Last Name, First M.I."	XXXX-XX-XXXX	XXXXXX		1	05-01-2014	333.33					
"Last Name, First M.I."	XXXX-XX-XXXX	XXXXXX		1	06-01-2014	333.33					
"Last Name, First M.I."	XXXX-XX-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.

				ADJUSTMENTS TO MEMBERSHIP			
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: XXXXXA "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	0.00
"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	
"Last Name, First M.I."	XXX-XX-XXXX	XXXXXXA	Add	1	01/01/20	222.22	
"Last Name, First M.I."	XXX-XX-XXXX	XXXXXXA	Add	1	12/01/19 01/01/20	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	
"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
							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.

[illegible]



# Billing Recap

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



BILLING RECAP

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		

GROUP ID: XXXXX 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: XXXXX 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
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**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.



# health net

## 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			<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">\$</div> <div style="border-bottom: 1px solid black; padding: 0 10px;"> <div style="position: relative; width: 100px; height: 40px; border-radius: 50%; background-color: #e91e63; color: white; display: flex; align-items: center; justify-content: center; font-weight: bold; font-size: 24px;">32</div> </div> </div> <div style="margin-left: 10px;">233,593.58</div>
ADJUSTED AMOUNT (from Current Membership section)			<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">\$</div> <div style="border-bottom: 1px solid black; padding: 0 10px;"> <div style="position: relative; width: 100px; height: 40px; border-radius: 50%; background-color: #e91e63; color: white; display: flex; align-items: center; justify-content: center; font-weight: bold; font-size: 24px;">33</div> </div> </div>
ADJUSTED AMOUNT (from Membership Changes section)			<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">\$</div> <div style="border-bottom: 1px solid black; padding: 0 10px;"> <div style="position: relative; width: 100px; height: 40px; border-radius: 50%; background-color: #e91e63; color: white; display: flex; align-items: center; justify-content: center; font-weight: bold; font-size: 24px;">34</div> </div> </div>
TOTAL ADJUSTMENTS			<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">\$</div> <div style="border-bottom: 1px solid black; padding: 0 10px;"> <div style="position: relative; width: 100px; height: 40px; border-radius: 50%; background-color: #e91e63; color: white; display: flex; align-items: center; justify-content: center; font-weight: bold; font-size: 24px;">35</div> </div> </div>
			<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">\$</div> <div style="border-bottom: 1px solid black; padding: 0 10px;"> <div style="position: relative; width: 100px; height: 40px; border-radius: 50%; background-color: #e91e63; color: white; display: flex; align-items: center; justify-content: center; font-weight: bold; font-size: 24px;">36</div> </div> </div>
			AMOUNT ENCLOSED

**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](http://www.healthnet.com)**