

Why do you need my invoice?

An ICHRA is a tax qualified group plan that must meet certain requirements to be compliant with government regulations. Employees who accept ICHRA reimbursements cannot also receive a subsidy from the government to help pay for their health insurance. For compliance reasons your employer will need a copy of your invoice.

- Your invoice contains the necessary information to verify that you have a qualified individual market health insurance plan.
- It shows the amount of your monthly premium.
- It verifies that you did not accept a subsidy (Advanced Premium Tax Credit APTC).
- It verifies by showing your name and address that you are the account holder.

See sample invoice below



Sheron Sidbury
Healthcare Cost Containment Specialist
7676 Richmond Hwy #6817
Alexandria, VA 22306
(571) 636-9366
sheron@sesinsureme.com
<https://www.youdesignaplan.com/>



KAISER PERMANENTE.
 Send Correspondence to:
 P.O. BOX 31218
 Tampa FL 33631-3218

Premium Bill

Premium Due Date: **03/31/2019**

Previous Balance	\$0.00
Payments Applied	\$282.74
Current Charges	\$282.74
Adjustments	\$282.74
Total Due	\$282.74

STATEMENT FOR:

MICKEY MOUSE
 123 MAIN STREET
 WASHINGTON, DC 20001



- Pay online by visiting kp.org/premiumbill. Use the 6-digit billing ID as the Online Bill Payment Account Number.
- Pay by phone – 24 hours a day, 7 days a week. Call 1-844-524-7370.
- Pay by mail – Send your payment along with the bottom portion of this bill.

Current Billing Period: 04/01/2019 TO 04/30/2019

Policy/Contract ID:

Payments Applied Since Last Bill	Payment Method	Amount
04/01/2019	Web CC Initial Payment	\$282.74
SUB-TOTAL		\$282.74

Current Charges For	Coverage	Plan / Coverage Type	Total Premium	APTC*	Monthly Charges
C DRIGGS	Health	KP DC Bronze 6500/60/Dental Single (18+)	\$282.74	\$0.00	\$282.74
SUB-TOTAL					\$282.74

*APTC = Advanced Premium Tax Credit

Mid-Atlantic States (DC, MD, VA) Kaiser Foundation Health Plan of the Mid-Atlantic States; In Maryland, Virginia, and the District of Columbia, all plans are offered and underwritten by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. 2101 East Jefferson St., Rockville, MD 20852.

Detach the bottom portion of this bill and include it with your payment.

KAISER PERMANENTE.

Bank Number	Bank Code	Billing Period	Billing ID
20016032804031	49	4	0F3R43
Due Date	Amount Due	Amount Enclosed	
03/31/2019	\$282.74		

20016032804031 49 04 00282749 3

Make check payable to Kaiser Permanente.
 Write the 6-digit Billing ID on your check's memo line.

MICKIE MOUSE
 123 MAIN STREET
 WASHINGTON, DC 20001

Kaiser Foundation Health Plan
 PO Box 60508
 City of Industry, CA 91716-0508

How can I pay my premium bill?

- Pay online at kp.org/premiumbill using our secure payment portal. To pay online you will need your kp.org user ID and password. If you do not have a user ID and password go to kp.org/premiumbill and click "register". Use the 6-digit billing ID found on the front of the bill as the Online Bill Payment Account Number.

