


## NEW EASIER-TO-READ BILL

## Here's a quick look at where to find key information on your new bill

**1**

Customer ID is a unique account identifier within our new billing system.

**Note:** Invoice number will appear in place of Statement ID on non-consolidated bills.



P.O. Box 629028  
EL Dorado Hills, CA 95762-9028

RETURN SERVICE ONLY - DO NOT MAIL PAYMENTS TO THE ABOVE ADDRESS

ABC Company  
John Doe  
123 Main Street  
Los Angeles, CA 94404

Any activity processed after 05/01/2022 will appear on your next bill.

**Summary of Account Due**

Previous Balance	\$4,500.00
Payments	\$-4,500.00
<b>Balance</b>	<b>\$0.00</b>

**Total Amount Due** \$4,715.00

(Includes past due and current charges)

Current Activity	\$2,725.00
Retro & Other Activity	\$1,523.00
Account Adjustments & Fees	\$467.00
<b>Total Current Charges</b>	<b>\$4,715.00</b>

You are signed up for autopay. Your account ending in 1234 will be charged \$4,715.00 on 06/01/22.

Visit [account.kp.org](http://account.kp.org) to find all the resources you need to manage coverage, billing, and enrollment.

**Accounts included in this bill**

Purchaser ID	Region	Billing Unit ID	Billing Unit Name	Total Active Member Count	Total Charges
012345	SCR	0100	ABC HSA	6	\$4,248.00
001234	NCR	0001	ABC HMO	0	\$0.00

**2**

Bill cut-off date.

**3**

Payment, invoice summary, and due date.

For more details on Retro Activity, visit [account.kp.org](http://account.kp.org) to view an Excel version of your bill.

**4**

Autopay status.

**5**

Important news and updates.

**6**

Accounts included in bill, with region, billing unit details, and total active member count.

**7**

Payment details.

**Payment Summary for Customer ID 012345**

Purchaser ID	Date posted	Payment type	Reference number	Payment amount	Billing Unit ID applied	Coverage month	Amount applied
012345	05/01/2022	ACH	0000000001	\$2,000.00	0100	04/01/2022	\$-2,000.00
012345	05/01/2022	CHEC	0000000002	\$2,000.00	0100	04/01/2022	\$-2,000.00
012345	05/01/2022	WIRE	0000000003	\$500.00	0100	03/01/2022	\$-500.00
<b>Total amount paid</b>							<b>\$-4,500.00</b>

It can take up to 10 days to process your payments. If you don't see a payment you've already made, you'll see it on a future bill.

8

**Membership Detail for Purchaser ID 012345 Billing Unit ID 0100 Billing Unit Name - ABC HSA**

Current coverage month - 06/01/2022 - 06/30/2022										Retro and other activity			Total Due
Name	Family count	Medicare assignment Y/N	Subscriber ID	Coverage	Status	Medical plan	Medical current charge	Ancillary product	Ancillary current charge	Period	Code	Amount	
AGUILAR, JERRY	1	N	XXX-XX-0123	E	A	HSA	\$367.00	CHIRO	\$0.00				\$367.00
BERK, KELLY	2	N	XXX-XX-1234	ES	A	HSA	\$835.00	CHIRO	\$0.00				\$835.00
DAVIS, FRANKLIN	3	N	XXX-XX-2465	ESD	A	HSA	\$1,523.00	CHIRO	\$0.00	05/01/2022	MEDICAL	\$1,523.00	\$3,046.00
<b>Subtotal</b>							<b>\$2,725.00</b>		<b>\$0.00</b>			<b>\$1,523.00</b>	<b>\$4,248.00</b>
<b>Total Current Activity</b>												<b>\$2,725.00</b>	
<b>Total Retro &amp; Other Activity</b>												<b>\$1,523.00</b>	
<b>Total Charges</b>												<b>\$4,248.00</b>	

Membership details with both current and retroactive information, Medicare assignment, and eligibility status.

**Note:** For more details, visit [account.kp.org](http://account.kp.org) to view an Excel version of your bill.

A table will be shown for each account.

9

Membership summary by Contract Option with total subscribers and total members enrolled

**Membership Summary by Contract Option for Purchaser ID 012345 Unit ID 0100 Billing Unit Name - ABC HSA**

Coverage Tier	Total Subscribers	Total Members	Total Current Activity
EMPLOYEE	1	1	\$367.00
EMPLOYEE + SPOUSE	1	2	\$835.00
EMPLOYEE + SPOUSE + DEPENDENTS	1	3	\$1,523.00
<b>Totals</b>	<b>3</b>	<b>6</b>	<b>\$2,725.00</b>

<b>Total Current Dues for All Contract Options</b>	<b>\$2,725.00</b>
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**Account Adjustments & Fees – for Purchaser ID 012345 Billing Unit ID 0100 Billing Unit Name - ABC HSA**

Account adjustment reason	Period	Reference	Charge / Credit
Adjustment 1	01/01/2022		\$367.00
Adjustment 2	03/01/2022		\$100.00
<b>Total</b>			<b>\$467.00</b>

10

Account adjustments and details are reflected at the summary level.

For more details by account, visit [account.kp.org](http://account.kp.org) to view an Excel version of your bill.

11

Payment address.

**(RETURN THIS PORTION WITH YOUR PAYMENT)**

ABC Company  
John Doe  
123 Main St.  
Los Angeles, CA 94404

Kaiser Foundation Health Plan Inc  
P.O. Box 741562  
Los Angeles, CA 90074-1562

BUIK 012345678 Customer ID 012345

REMITTANCE ADVICE FOR June 2022

**Please pay this Amount:** **\$4,715.00**

AMOUNT PAID: \$ \_\_\_\_\_

Due Date: **06/01/2022**