

Summary

1 **ConnectiCare, Inc. & Affiliates logo** - The address that appears here is determined by the type of plan in which your employees are enrolled. The same address will appear on the remittance coupon at the bottom of the invoice summary page.

2 **Group Address** - The name of the company and address for which the invoice is intended. The address may refer to a corporation, group, division or individual.

3 **Billing period** - Reflects the time period for which the billing invoice will occur.

4 **Current Premium** - The amount of premium owed for the current "Bill Period".

5 **Adjustments** - Any billing adjustment made to previous or current bill periods. The specific details of the adjustments are explained on the following itemized page(s) of the invoice.

6 **Current Premium Due** - The current premium amount after adjustments have been factored in.

7 **Previous Balance** - An outstanding balance carried over from a previous bill period.

8 **Payments Received** - The amount of payment received since the last bill posting.

9 **Total Amount Due** - The amount due for the current bill period. (Plus any outstanding balance on the account.)

10 A remittance coupon will appear at the bottom of the summary page. Please detach the coupon and return with your payment each month.

ConnectiCare Inc. & Affiliates

1 P.O. BOX 30726
HARTFORD, CT 06150
1-800-333-1733

Premium Invoice

2 XYZ CORPORATION
ATTN: JOHN SMITH
123 BILLING AND CASH MANAGEMENT DR.
BREWSTER, NY 10509

3 Account #: xxxxxxxxxx
Bill Period: xx/xx/xx - xx/xx/xx

Invoice #	Invoice Date	Payment Due Date
xxxxxxxxxxxx	xx/xx/xx	xx/xx/xx

4 Current Premium	\$ 1,060.59
5 Adjustments	1,079.12
6 Current Premium Due	2,139.71
7 Previous Balance	2.00
8 Payments Received	(2.00)
9 Total Amount Due	\$ 2,139.71

**** An Enrollment Form should be completed for all changes which will be reflected in a future bill ****

XYZ CORPORATION
123 BILLING AND CASH MANAGEMENT DR.
HARTFORD, CT 06011

Make Checks Payable to:
CONNECTICARE

Remit to:

ConnectiCare Inc. & Affiliates
P.O. BOX 30726
HARTFORD, CT 06150

Account No. xxxxxxxxxx
Invoice No.: xxxxxxxxxx

11 Payment Due Date:	xx/xx/xx
Total Amount Due:	\$2,139.71

10 Please return this coupon with your payment

11 **Total Amount Due** - The amount due for the current bill period. (Plus any outstanding balance on the account.)

Itemized

ConnectCare Inc. affiliates
P.O. BOX 30726
Hartford, CT 06150

Premium Invoice

Account #: xxxxxxxxxx
Bill Period: xx/xx/xx - xx/xx/xx

Invoice #	Invoice Date	Payment Due Date
xxxxxxxxxxx	xx/xx/xx	xx/xx/xx

ADJUSTMENT REASON CODE KEY:
* RETROACTIVE RATE CHANGE
BC CONTRACT TYPE CHANGE
AH ADD
CD CHANGE GROUP
ADMIN SMALL GROUP MONTHLY ADMIN FEE

CONTRACT NAME	CONTRACT SOCIAL SEC NUMBER	CONTRACT TYPE	BENEFIT DESCRIPTION	CURRENT PREMIUM	EFF DATE	END DATE	ADJUSTMENTS REASON CODE	CONTRACT TYPE	AMOUNT	TOTAL
LAST, FIRST	012345678	E1	HMO PLAN POS PLAN CMI PLAN XXX PLAN	\$293.08	xx/xx/xx	xx/xx/xx	BC	E	-\$134.44	\$158.64 \$0.00 \$0.00 \$0.00
LAST, FIRST	012345678	E	HMO PLAN POS PLAN CMI PLAN XXX PLAN XXX PLAN	\$202.26	xx/xx/xx	xx/xx/xx	AH	E1	\$404.52	\$606.78 \$0.00 \$0.00 \$0.00
LAST, FIRST	012345678	F3	HMO PLAN POS PLAN CMI PLAN XXX PLAN	\$362.99	xx/xx/xx	xx/xx/xx				\$362.99 \$0.00 \$0.00 \$0.00
LAST, FIRST	012345678	E	HMO PLAN POS PLAN CMI PLAN XXX PLAN	\$202.26	xx/xx/xx	xx/xx/xx		E	\$404.52	\$606.78 \$0.00 \$0.00 \$0.00
DIVISION ADJUST					xx/xx/xx		ADMIN		\$20.00	\$20.00 \$0.00 \$0.00
LAST, FIRST	012345678		HMO PLAN POS PLAN CMI PLAN XXX PLAN		xx/xx/xx	xx/xx/xx	CD	F2	\$404.52	\$404.52 \$0.00 \$0.00
DIVISION# xxxxxxxxxx TOTAL				\$1,060.59					\$1,079.12	\$2,137.71
CURRENT TOTAL				\$1,060.59					\$1,079.12	\$2,137.71

12 Invoice Information/Due Date - This information will appear at the top of the first page of the itemized section of your invoice only.

13 Adjustment Code - A reference for defining codes that may appear under "Reason Code" in the Adjustments section.

14 Benefit Description - If a group offers and is billed for multiple benefit plans/products, these plans are listed under Benefit Description. You will notice that they now appear in one easy-to-read column.

15 Adjustments - The adjustments section now appears within the itemized section in order to facilitate reconciliation.

16 Total - A sum of the itemized amounts on each line for each contract holder.

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CONTRACT TYPE	CURRENT PREMIUM				ADJUSTMENT PREMIUM				
	HMO	POS PLAN	CMI PLAN	XXX PLAN	HMO	POS PLAN	CMI PLAN	XXX PLAN	
E=EMPL ONLY	2	404.52	0.00	0.00	0.00	2	270.08	0.00	0.00
E1=EMPL & T DEP	1	293.08	0.00	0.00	0.00	1	404.52	0.00	0.00
F2=FAMILY	1	0.00	0.00	0.00	0.00	1	404.52	0.00	0.00
F3=FAMILY	1	362.99	0.00	0.00	0.00		0.00	0.00	0.00
TOTALS	4	\$1,060.59	\$0.00	\$0.00	\$0.00	4	\$1,079.12	\$0.00	\$0.00

17 Total Contract Type by Product - This box will appear at the end of the invoice and provides a summary of premium dollars (current and adjustments) by product/benefit plan.