

¿Por qué necesitan mi factura?

Una ICHRA es un plan de seguro médico de grupo que tiene requisitos fiscales y que debe cumplir determinados requisitos para satisfacer las normas gubernamentales. Los empleados que aceptan reembolsos de la ICHRA no pueden recibir también un subsidio del Gobierno para ayudarles a pagar su seguro médico. Para poder cumplir estos requisitos, su empresa necesitará una copia de su factura.

- Su factura contiene la información necesaria para verificar que usted tiene un plan de seguro médico individual cualificado.
- Muestra la cantidad de su prima mensual.
- Verifica que no ha aceptado un subsidio (Advanced Premium Tax Credit APTC).
- Al mostrar su nombre y dirección, verifica que usted es el titular de la

Vea un ejemplo de factura a abajo



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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.

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.

