

Commonwealth Health Insurance
PO Box 780833
Philadelphia, PA 19178-0833

TestCo_66612346
1234 TestCo Way,
GREAT BARRINGTON, MA 01230

SHOP_M031



ACCOUNT NUMBER:	210504
INVOICE NUMBER:	210504012018
INVOICE DATE:	12/05/2017
COVERAGE MONTH:	01/2018
TOTAL AMOUNT DUE:	\$2,186.07
DATE DUE:	12/31/2017

TestCo_66612346
1234 TestCo Way,
GREAT BARRINGTON, MA 01230

Please review the billing summary. This is a consolidated bill for all your benefits through the Massachusetts Health Connector. Please pay the Total Amount Due.

Since your annual employee open enrollment period is still ongoing, this invoice reflects your employees' enrollment activity on the Massachusetts Health Connector as of the day before the statement date. You can view your employee enrollments in your account at any time using the Enrollment Report available in your employer account on the Massachusetts Health Connector. Any adjustments resulting from your employees' enrollment changes will appear on your next monthly invoice from the Massachusetts Health Connector. Please pay this invoice in full.

You will now receive a monthly invoice from the Massachusetts Health Connector. Payments should be directed to the Massachusetts Health Connector for your health insurance coverage. You may receive one or two invoices from your health insurance company related to your current coverage purchased outside of the Massachusetts Health Connector. If you receive additional bills directly from your current health insurance company, please pay or contact them directly. If you continue to purchase dental or vision coverage directly from a health insurance company, you will continue to pay that company directly.

Payment Options

- Make a secure online electronic check payment. Use the account number found at the top of your invoice to login at:

<https://ww2.e-billexpress.com/ebpp/maconnector/>

- Return the attached payment coupon with a personal, business, or cashier's check for prompt, accurate and timely posting of your payment. Address payments to:

Commonwealth Health Insurance
PO Box 780833
Philadelphia, PA 19178-0833

- Call the Massachusetts Health Connector Customer Service at 888-813-9220 (TTY 711)

PLEASE DETACH HERE AND RETURN THE BOTTOM PORTION WITH YOUR PAYMENT

ACCOUNT NUMBER:	210504
INVOICE NUMBER:	210504012018
INVOICE DATE:	12/05/2017
COVERAGE MONTH:	01/2018
TOTAL AMOUNT DUE:	\$2,186.07
DATE DUE:	12/31/2017



Amount Enclosed:

\$									
----	--	--	--	--	--	--	--	--	--

TestCo_66612346
1234 TestCo Way
GREAT BARRINGTON, MA 01230

Commonwealth Health Insurance
PO Box 780833
Philadelphia, PA 19178-0833



01/2018 Group Coverage Bill

Insurance Carrier Plan	Covered Subscribers	Covered Dependents	New Charges
HNE Silver A	2	4	\$2,186.07
New charges total			\$2,186.07



Carrier Plan Summary

Insurance Carrier Plan

HNE Silver A

Subscriber(s) and Adjustment(s) for Coverage Period: 01/2018

Last Name	First Name	No. of Enrolled (1=EE only)	Coverage Month	Employer Cost	Employee Cost	Premium
O leary	Rebecca	5	01/2018	\$1,618.26	\$0.00	\$1,618.26
Moseley	Tamisha	1	01/2018	\$283.90	\$283.91	\$567.81
PLAN TOTAL						\$2,186.07

¡Importante! Esto tiene información importante sobre su seguro de salud. Si usted quiere la información traducida a su propio idioma, llame al **1-888-813-9220**.

Spanish

សំខាន់! ក្នុងនេះមានព័ត៌មានសំខាន់អំពីធានារ៉ាប់រងសុខភាពរបស់អ្នក។ ប្រសិនបើអ្នក ចង់បានព័ត៌មាននេះបកប្រែជាភាសារបស់អ្នក សូមទូរស័ព្ទមកលេខ **1-888-813-9220**។

Cambodian

重要提示：該文件載有關於您的醫療保險的重要資訊。如果您想要將相關資訊

翻譯為您的母語，請致電**1-888-813-9220**。

Traditional Chinese

重要提示：该文件载有关于您的医疗保险的重要信息。如果您想要将相关信息

翻译为您的母语，请致电**1-888-813-9220**。

Simplified Chinese

Enpòtan! Sa a gen enfòmasyon enpòtan ou asirans sante ou. Si w vle nou tradwi enfòmasyon an nan pwòp lang ou rele **1-888-813-9220**.

Haitian Creole

ສິ່ງສໍາຄັນ! ນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນກ່ຽວກັບການປະກັນໄພສຸຂະພາບຂອງທ່ານ. ຖ້າຫາກທ່ານຕ້ອງການຂໍ້ມູນຂ່າວສານເຂົ້າໃນການແປພາສາໄທຫາ **1-888-813-9220** ຂອງຕົນເອງຂອງທ່ານ.

Laotian

Importante! Neste pacote há informações importantes sobre o seu seguro-saúde. Se quiser que as informações sejam traduzidas para o seu idioma, ligue para **1-888-813-9220**.
Brazilian Portuguese

Importante! Contém informações importantes sobre o seu seguro de saúde. Se desejar a tradução das informações para a sua língua, contacte-nos pelo telefone **1-888-813-9220**.
European Portuguese

Важная информация! Здесь содержится важная информация о Вашем медицинском страховании. Если Вы хотите, чтобы информация была переведена на Ваш родной язык, позвоните по номеру: **1-888-813-9220**.

Russian

Lưu ý quan trọng! Đây là thông tin quan trọng về bảo hiểm y tế của quý vị. Nếu quý vị muốn có bản dịch thông tin này bằng ngôn ngữ của quý vị, hãy gọi số **1-888-813-9220**.
Vietnamese

هام! يتضمن هذا معلومات مهمة عن تأمينك الصحي. إذا كنت تريد ترجمة المعلومات إلى لغتك
فاتصل برقم **1-888-813-9220**.

Arabic

Important! Ceci contient des informations importantes au sujet de votre assurance santé.
Si vous désirez une traduction de ces informations dans votre langue, appelez le :

1-888-813-9220.

French

Σημαντικό! Το παρόν περιέχει σημαντικές πληροφορίες σχετικά με την ασφάλεια ζωής σας.
Εάν επιθυμείτε να μεταφραστούν οι πληροφορίες αυτές στη γλώσσα σας, καλέστε στο

1-888-813-9220.

Greek

મહત્વપૂર્ણ! આમાં તમારી આરોગ્ય વીમા વિશેની મહત્વપૂર્ણ જાણકારી છે. જો તમારે તમારી ભાષામાં આ
જાણકારીનો અનુવાદ જોઈએ તો, **1-888-813-9220** પર કૉલ કરો.

Gujarati

महत्वपूर्ण! इसमें आपके स्वास्थ्य बीमा के बारे में महत्वपूर्ण जानकारी है। यदि आप
अपनी भाषा में इस जानकारी का अनुवाद चाहते हैं, तो **1-888-813-9220** पर कॉल करें।

Hindi

Importante! Questo documento contiene informazioni importanti sulla sua assicurazione
sanitaria. Se desidera averne la traduzione nella sua lingua, chiami il numero

1-888-813-9220.

Italian

중요! 귀하의 건강 보험에 관한 중요한 내용입니다. 해당 내용을 귀하가 사용하는 언어로 번역을 원하시면
1-888-813-9220로 연락하십시오.

Korean

Ważne! Tutaj zawarte są ważne informacje na temat Państwa ubezpieczenia zdrowotnego.
Jeśli chcą Państwo, aby te informacje zostały przetłumaczone na Państwa język, proszę
zadzwoń na numer **1-888-813-9220**.

Polish

Discrimination is against the law

The Health Connector complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Health Connector does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Services available through the Health Connector

The Health Connector provides free aids and services to people with disabilities to communicate effectively with us. These aids and services include:

- Qualified sign language interpreters
- Written information in other formats like large print, audio, accessible electronic formats, and other formats.

The Health Connector provides free language services to people whose primary language is not English. These services include:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the Massachusetts Health Connector at 1-888-813-9220 TTY: 711 for people who are deaf, hard of hearing, or speech disabled.

You can file a grievance if you think you have been discriminated against

If you believe that the Health Connector or another party operating on the exchange has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Health Connector or the U.S. Department of Health and Human Service Office for Civil Rights.

If you want to file a grievance with the Health Connector, please visit our website to download our policy and complaint form. You can find these documents online at:

www.MAhealthconnector.org/site-policies/nondiscrimination-notice

If you need help filing a grievance, please email the Health Connector's Compliance Manager at Nondiscrimination@state.ma.us or call 617-936-1037.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. To learn more about filing a complaint, call 1-800-368-1019, 800-537-7697 (TDD) or go to their website at: www.hhs.gov/civil-rights/filing-a-complaint