

15. Understanding Your Premium Statement

Your premium statement is produced monthly. It lists the amount of premiums required for each employee on your group. It also shows all transactions that affect your group. Any changes processed within the last month are identified by billing messages or transaction codes which are explained on the back of the statement.

Managing Your Premium Statement

The accuracy of your premium statement depends on the information Alberta Health and Wellness has on file for your employees. This information is controlled primarily by documents that you or your employees send to Alberta Health and Wellness. Other transactions that can change the information on your employees' files include premium assistance, termination of coverage and addition or deletion of dependants' coverage. Employers should ensure payroll records are maintained on a monthly basis.

When Alberta Health and Wellness processes transactions that affect your statement, we can (at your request) advise you of these transactions with a Billing Advice Notice (BAN) explained on page 15.9. By retaining copies of documents you submit and reviewing BANs sent to you, you will be able to reconcile your premium statement.

The Group Premium Statement

Detailed Statement

The following is an explanation of the information printed on your premium statement. The corresponding numbers can be referred to on the example of a premium statement on page 15.6.

1. **Group name and mailing address.** If this information is incorrect, call or write Alberta Health and Wellness. Do not request any changes on the tear-off portion of your premium statement, which is returned with your payment, as these requests may be missed.
2. **Group number.** Indicate your group number on the front of your cheque.
3. **Balance due.**
4. **Billing Date.** Your premium statement is produced around the 25th day of the month for which you are being billed. For example, your October 2004 premium statement was produced on October 22, 2004. Allow sufficient time before the billing date when submitting documents that will affect your billing.
5. **Month Billed For.** This identifies the month for which premiums are being billed.
6. **Payment Due Date.** Payment of the balance due is required on or before the date shown. Unpaid balances are subject to penalty charges.
7. **Entry Date.** This is the date that the transaction (i.e. billing change) was processed by Alberta Health and Wellness.
8. **Employee Name.**

9. **Personal Health Number.** Your employee's personal health number.
10. **Department/Payroll Number.** Your statement can be organized by department or payroll numbers. Arrangements need to be made with Alberta Health and Wellness to include this option.

11. **Rate Codes.**

Rate codes reflect both the employee's rate category (single, family, family with children) and whether the premiums are being billed at the full (non-subsidized) rate or partial rate or are fully subsidized.

Full Premiums		Partial Subsidy (may be any value from 1% to 99%)		Full Subsidy	
S	Single	D	Single	W	Single
F	Family <i>(no children)</i>	E	Family <i>(no children)</i>	P	Family <i>(no children)</i>
C	Family with children	G	Family with children	Z	Family with children

Rate codes are determined by the employee's family status on the account as of the first day of the billing month.

12. **Number of Lives.** This is the number of people covered on the employee's account.

13. **Transaction Codes**

A - Premium rate change due to dependant addition, from effective date* to current month. The new rate is reflected on the current month's statement.

C - Commencement on your group.

D - Premium rate change due to dependant deletion, from effective date* to current month. The new rate is reflected on the current month's statement.

E - Premium Assistance - start date

H - Premium Assistance - stop date

M - Transfer of employee from one department to another within your group.

O - Termination from your group due to other group coverage.

T - Termination from your group.

*Effective date refers to the date the dependant was either added or deleted from the account.

14. **Effective Date.** This is the date that a billing change was made.

15. **Amount.** The amount required for each employee is shown as the current month's charge. Any retroactive adjustments appear on a separate line.

16. **Previous Balance.** This is the balance due from your previous month's premium statement.

17. **Payments to Due Date.** This amount represents the total payments received prior to the payment due date shown on your previous month's statement.

18. **Credit Adjustments.** This amount represents the total of all credit adjustments, excluding payments, processed since your previous month's statement.

19. **Balance Overdue.** This is the amount that will be subject to a penalty charge.

20. **Penalty.** A penalty is calculated when there is an overdue balance. The amount of the penalty is 1.5% of the balance overdue or a minimum of \$20.00, whichever is the greater.
21. **Payments Since Due Date.** This amount represents the total payments received after the payment due date, but before the current premium statement was produced.
22. **Premium Charges.** This amount includes the premium charges for the current month plus any debit adjustments for retroactive changes.
23. **Balance Due.** Total balance due by the due date.



Health Care Insurance Plan

Group Premium Statement

(1) ABC COMPANY 12301 100 ST ANYTOWN AB T0T 0T0	Group Number		Balance Due	
	(2) 21	\$ (3) 396.00		

Payable at:
Chartered banks and most other Canadian financial institutions.

Enter Amount Paid

⑈003586021⑈ ⑆03909⑈900⑆

96

Fold and detach here. Please return top portion with your payment. Do not write above this line except to enter amount paid. Do not staple payments to this statement.

Group Number	Group Name	Billing Date	Month billed for	Payment Due Date	Page
21	ABC COMPANY	NOV 25, 2004	NOV	DEC 15 2004	1

Entry Date Day Mo	Employee Name	Personal Health Number	Dept. Number	Payroll Number	Rate Code	No. of Lives	Trans Code	Effective Date	Amount
(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
	Baily Bill	10203-0405			S	01			44.00
	Johns Jack	90807-6050			C	08			88.00
	Lee Leigh	87600-4500			C	03			88.00
	Roberts Rob	22333-7800			F	02			88.00
05 11	Shore Sandy	55667-2468			F	02			88.00
	Smith John	91981-7100			F	02	C (13)		NIL
									(12)
15 11	Thank you for your payment.								224.00 CR

A 1.5% PENALTY (MINIMUM \$20.00) WILL BE APPLIED IF PAYMENT IN FULL IS NOT RECEIVED BY THE DUE DATE.

VISIT OUR WEBSITE AT WWW.HEALTH.GOV.AB.CA TO OBTAIN FORMS OR INFORMATION.

Previous Balance	Payments to Due Date	Credit Adjustments	Balance Overdue	Penalty	Payments Since Due Date
(16) 224.00	(17) -224.00	(18) NIL	(19) NIL	(20) NIL	(21) NIL
Premium Charges					Balance Due
(22) 396.00	=	\$	(23) 396.00		

AHC0723 (2003/11)



Please see back for statement codes and other information.

Retain this portion for your records

Invoice Change Summary

If you would like to reduce the number of pages you receive each month, you can contact our office to request an invoice change summary be sent to you instead of a premium statement. The invoice change summary lists only the employees whose status has changed during the past month. The amount required for employees whose status has not changed is included in the summary as an accumulated total. An example of an invoice change summary is shown on page 15.8.

Statement Data On Tape

If your payroll records are maintained on a computer system, you may want to receive your billing information on a magnetic tape. The amount billed for each employee is listed on the tape and can be compared to the employee premium information in your payroll records. The statement data on tape does not replace the group premium statement. You would continue to receive a premium statement or invoice change summary, whichever you have advised is your preference.

Statement Data via H-Link

You may want to receive your billing information via an H-Link browser, a private network that allows retrieval of group billing files/data sets. The amount billed for each employee is listed in the files. The H-Link file does not replace the monthly group premium statement or invoice change summary.

For more information about statement data on tape or via H-Link, please contact System Maintenance at (780) 427-1494 within the Edmonton area. From all other areas within Alberta, call toll free by dialing 310-0000 then (780) 427-1494 when prompted.



Health Care Insurance Plan

Group Premium Statement

ABC COMPANY 12301 100 ST ANYTOWN AB T0T 0T0	Group Number	Balance Due
	21	\$ 9108.00

Payable at:
Chartered banks and most other Canadian financial institutions.

Enter Amount Paid

⑈003586021⑈ ⑈03909⑈900⑈

96

Fold and detach here. Please return top portion with your payment. Do not write above this line except to enter amount paid. Do not staple payments to this statement.

Group Number	Group Name	Billing Date	Month Billed for	Payment Due Date	Page
21	ABC COMPANY	NOV 25, 2004	NOV	DEC 15, 2004	1

Entry Date Day Mo.	Employee Name	Personal Health Number	Dept. Number	Payroll Number	Rate Code	No. of Lives	Trans Code	Effective Date	Amount
-----------------------	---------------	---------------------------	-----------------	-------------------	--------------	-----------------	---------------	-------------------	--------

INVOICE CHANGE SUMMARY

PREMIUMS FOR EMPLOYEES WITH NO CHANGE FROM PREVIOUS STATEMENTS

BREAKDOWN	1000 @ 88.00	8800.00 F	
	100 @ NIL	NIL P	
	5 @ 44.00	220.00	9020.00

PREMIUMS FOR EMPLOYEES WITH CHANGES FROM PREVIOUS STATEMENT

08 11	James Jessie	65432-1111		F 02 C	NOV 1 2004	88.00
-------	--------------	------------	--	--------	------------	-------

15 11	Thank you for your payment.					6560.00 CR
-------	-----------------------------	--	--	--	--	------------

A 1.5% PENALTY (MINIMUM \$20.00) WILL BE APPLIED IF PAYMENT IN FULL IS NOT RECEIVED BY THE DUE DATE.

VISIT OUR WEBSITE AT WWW.HEALTH.GOV.AB.CA TO OBTAIN FORMS OR INFORMATION.

Previous Balance	Payments to Due Date	Credit Adjustments	Balance Overdue	Penalty	Payments Since Due Date
6560.00	-6560.00	NIL	NIL	NIL	NIL

Premium Charges	Balance Due
9108.00	\$ 9108.00

AHC0723 (2003/11)



Please see back for statement codes and other information.

Retain this portion for your records

Billing Advice Notices

A Billing Advice Notice (BAN) is sent to you each time one of the following changes affects an employee on your group:

- group termination due to commencement on another group,
- dependant additions and deletions,
- revisions of dependant addition and deletion dates,
- revisions of premium assistance start and stop dates,
- premium assistance rate adjustments,
- revisions of group commencement and termination dates,
- group termination due to cancellation of the account.

BAN's provide advance warning of changes that financially impact your group statement. You may contact our office to request one of the following options:

- not to receive BAN's,
- to receive BAN's weekly, or
- to receive BAN's daily.