

## Why am I receiving notices in the mail from my insurance carrier?

When you participate in the company's ICHRA offering by electing a health plan, you become the owner of an individual health insurance policy. Because you own your individual health insurance policy (*as opposed to traditional group health insurance provided by an employer*), you will receive **premium invoices/notices** each month directly from the carrier and may, on occasion, receive a **late notice** related to your monthly premium.

## What do I do if I receive a premium invoice/notice from my insurance carrier?

It is important to note that it is the industry standard, and perfectly normal for your carrier to send premium invoices (physically or electronically) to you, as you are the owner of your individual plan. Please do not pay these invoices, and do not cancel your plan, thinking that it is duplicate coverage.

The invoice/notice will include the billing period and total amount due. As long as you are eligible for benefits from your employer, you can **IGNORE** these notices as SureCo is facilitating your monthly premium payments. However, if you leave your employer during the plan year, you have the option to maintain the individual plan you have chosen by taking over the monthly premium payments.

**BlueCross BlueShield**

**NEED HELP?**  
Call 1 (866) 795-5965  
8:00 AM - 4:30 PM CT, MONDAY - FRIDAY  
Or call TTY at 711  
Send correspondence to:  
P.O. Box 162801  
El Paso, TX 79998-2801  
Or www.bluecrossmn.com

**YOUR HEALTH INSURANCE INVOICE**

NAME OF POLICY HOLDER  
Individual | Medical  
Individual Direct Pay

BILLING PERIOD: 05/01/2024 to 05/31/2024

TOTAL AMOUNT DUE before 05/01/2024: \$416.96

Period	Amount
Total Previous Period	\$0.00
Current Period	
Member Premium Responsibility	\$416.96
Current Amount Due	\$416.96
Total Amount Due before 05/01/2024	\$416.96

**NOTIFICATIONS**  
Invoice reflects billing activity processed prior to 04/09/2024. Any activity processed after this date will be reflected on the next invoice. When you provide check as payment, you authorize us either to use information from your check to make an electronic fund transfer or to process the payment as a check transaction. This information is available in other ways for people with disabilities or who need it translated into another language by calling 1-800-363-0000 (toll free). For TTY, call 711. If you want free help translating this information, call the above number. Si desea ayuda gratis para traducir esta información, llame al número que aparece arriba.

**NOTE DATE OF INVOICE**  
Invoice reflects billing activity processed prior to 04/09/2024. Any activity processed after this date will be reflected on the next invoice.

**\*\* SAMPLE INVOICE \*\***

**Payment Options:**  
Electronic Payment can be made at: www.bluecrossmn.com  
Please include your Billing Account No. XXXXXXXXXX on your payment. Please do not send cash.  
Remit check or money order and make payable to:  
Blue Cross and Blue Shield of Minnesota and Blue Plus  
P.O. Box 865449  
Minneapolis, MN 55486-0449

Perforated Tear Line -- Dept. of payment to be applied to the account.

Detach and return. Payments may take up to 7 days from receipt of payment to be applied to the account.

**BlueCross BlueShield Minnesota**  
P.O. Box 64560, St. Paul, MN 55164

Individual Direct Pay  
BILLING ACCOUNT NO. 10039188900  
COMPANY CODE 29  
Total Amount Due before 05/01/2024: \$416.96  
Amount Enclosed \$

Please include your Billing Account No. XXXXXXXXXX on your payment. Do not send cash. Remit check or money order and make payable to:

## What do I do if I receive a late notice from my insurance carrier?

In general, late notices for the current month's premium can be ignored. Unfortunately, carriers tend to start sending out late notices on the 1st of each month. So, you may receive a late notice because your payment has not yet been processed and posted to your account, even though SureCo has submitted the payment. Should you receive a late notice **please do not pay it**. By law, all health plan policies have a 30-day grace period. As a reminder, SureCo is making the premium payments on behalf of all benefits eligible employees.

If you receive a late notice and are concerned, please contact SureCo's via email [employee.experience@sureco.com](mailto:employee.experience@sureco.com) to investigate the matter right away. Please include a copy of the full notice showing the dates and amount due.

## How do I contact SureCo?

SureCo's Employee Experience team is available Mon-Fri, 8:00 AM - 8:00 PM EST. They can assist with carrier questions, benefit options, enrollments, login issues, waiving benefits, payment confirmations, QLEs, and more.

Email: [employee.experience@sureco.com](mailto:employee.experience@sureco.com)

Call: 949.989.4906 (press 1 for English, press 2 for Spanish)

Member Name  
Member Address

Date of notice  
06/02/2024

**\*\* SAMPLE LATE NOTICE \*\***

Notice of Premium Delinquency and Intent to Non-Renew  
Action required to ensure your health coverage continues

Dear member name

At Ambetter, we know how important it is to have coverage when you need it. Our records show that your account is past due. To be sure you maintain your health coverage and do not experience any disruption to services, it is important that you make payment for the full past due amount by no later than 04/30/2024. You can find a list of available payment options on following page(s).

Subscriber ID:	XXXXXXXX
Total Amount Due:	\$ 499.37
Due Date for Payment:	04/30/2024
Last Date of Paid Coverage:	02/28/2024
Members Impacted:	member name

For further details, please reference your most recent bill.

At this time, your account is at risk of termination. As a courtesy, we placed your account in a grace period through 04/30/2024. Please make payment immediately to resolve the outstanding balance.