



SHOP Billing & Premium Payments

As an employer offering and enrolling in 2017 SHOP coverage, you'll decide up front exactly how much you can afford to contribute towards your employees' premiums. You'll also decide whether to offer and contribute toward dependent coverage. Once you're enrolled, you must pay your monthly premium on time to avoid coverage cancellation.

Determine which plans to offer and set your premium contributions

You can select one plan to offer your employees, or you can offer a choice of plans.

- If you offer your employees a **choice of plans**, you'll select one plan category and your employees can choose any insurance company and plan in that category.
- In some states, you can select one insurance company with multiple plans. Then, your employees can select a plan from that insurance company in any plan category.

If you offer **one** plan, you'll contribute a fixed percentage of the individual plan premium for each employee and dependent (if you offer dependent coverage). If you offer your employees a choice of plans, you have 2 options:

1. **Contribute a fixed percentage of any individual plan premium** within a plan category (like Bronze and Silver) for each employee and dependent (if you offer dependent coverage). The fixed percentage amount will vary based on the age of the employee and the plan the employee selects.
2. **Contribute a fixed percentage of a specific "reference plan" premium** amount that you choose. The reference plan is only used to determine the percentage amount you'll contribute toward your employees' premiums.

For example, if the reference plan premium is \$100 and your contribution is 50%, you'll pay \$50 toward your employees' plan premiums, even if your employees choose a different plan. **Note:** A plan can't charge higher premiums for employees with high medical costs or pre-existing medical conditions, and a plan can't increase your premiums when someone needs care.

Whether you offer one plan or a choice of plans, your contribution will convert from a percentage to a specific dollar amount that you can use for budgeting purposes. You'll see what the employees' and your premium contribution will be when you compare plans.

Dental plan premium contributions. If you offer dental coverage, you can offer your employees one dental plan or a choice of dental plans.

- If you offer **one** dental plan, you can contribute based on a fixed percentage.
- If you offer a **choice of dental plans** and want to contribute a fixed percentage toward your employees' dental plan premium, you won't need to select a reference plan.

Pay your premium on time

If you have 2017 SHOP coverage, you'll make one premium payment directly to the SHOP, even if you're offering a choice of plans. The SHOP will send all payments to the insurance companies.

You should pay your first month's premium by the enrollment deadline (the 20th of the month prior to the coverage effective date) for coverage to start on the first of the month. You must make your payment when you submit your final application to avoid a delay in getting your employee ID cards and canceling your enrollment.

Once your coverage is effective, you must pay your premium by the first of each month. If you have an outstanding balance that's not paid by the first of the month, it's considered late. You can make partial payments, but your payments are late until you pay the entire balance. You must pay your health and dental plan premiums in full before the payment is sent to your plan(s) and to keep your account in good standing.

You can make your payment:

- **Online.** Log in to your account at [HealthCare.gov/small-businesses](https://www.healthcare.gov/small-businesses), and select "View invoice/make a payment." This is the fastest way to pay so you won't have any payment delays or gaps in coverage. You'll get a confirmation notice. Keep this notice for your records.
- **By phone.** Contact the SHOP Call Center at 1-800-706-7893, Monday – Friday, 9 a.m. – 5 p.m. ET. TTY users can call 711 to reach a customer service representative.
- **By mail.** Mail your SHOP payments to:

SHOP Marketplace
P.O. Box 2130
South Portland, ME 04116

Make checks payable to the SHOP and allow 5 – 7 days for delivery and processing. You can contact the SHOP Call Center to confirm that we got your payment.

Get your monthly invoice

Once you pay your first month's premium, you'll get an invoice from the SHOP to your SHOP Inbox on HealthCare.gov, on or about the 10th of each month for the following month's premium payment. If the 10th falls on a weekend, you'll get the invoice on the next business day. You'll get an email letting you know that your invoice is ready to view. We can also mail you a paper invoice, if you prefer.

Understand the steps to collect late premium payments

The SHOP follows these steps to collect late premium payments:

- 1. Send past due notice.** If you don't pay your premium by the 1st of the month, you'll get a past due notice emailed to your SHOP Inbox on the 2nd of the month.
- 2. Send demand letter.** If the SHOP doesn't get your premium payment by the 15th of the month, you'll get a demand letter emailed to your SHOP Inbox and in the mail.
- 3. Send a final past due notice.** If the SHOP doesn't get your premium payment by the 20th of the month, you'll get a final past due notice emailed to your SHOP Inbox. The SHOP might also call you to collect payment.
- 4. Terminate coverage.** If you don't pay by the end of the month, the SHOP will terminate your coverage the following day. There's a 31 calendar day grace period to make a full delinquent payment and continue plan coverage.
 - **If your coverage is terminated:** The SHOP can reinstate your coverage up to 30 calendar days past the termination period. If your coverage isn't reinstated within this time-frame, you must complete a new SHOP application and re-enroll.
 - **To reinstate your enrollment:** You must pay all outstanding balances and your current balance.

Payments after an employee leaves or has been terminated

If an employee leaves or has been terminated, you'll need to pay the current balance on the invoice in full, even if the employee leaves before the next billing period. This will keep your account in good standing and prevent an interruption in health and dental coverage. You can check the status of your account by contacting the SHOP Call Center at 1-800-706-7893, Monday – Friday, 9 a.m. – 5 p.m. ET. TTY users should call 711 to reach a customer service representative.

Cancelling or terminating coverage

If you decide not to offer coverage, or an employee wants to cancel their enrollment, you have until 11:59 p.m. ET to cancel before the coverage effective date. **Any payments collected will be refunded by the SHOP. Important:** Employees should work with their employers to cancel enrollment.

If you want to terminate enrollment after the coverage effective date, your coverage will end on the last day of the month in which you notify the SHOP. **In this case, you won't get a refund from the SHOP.** For example, if your group enrolls with a January 1 coverage effective date and you change your mind on or after January 1, the earliest you can terminate coverage is January 31.

To terminate coverage, log in to your account on HealthCare.gov and click on the **My account** tab and select **My eligibility**. On the **My eligibility** page, select **Withdraw application**.

You can also contact the SHOP Call Center at 1-800-706-7893, Monday–Friday, 9 a.m. – 5 p.m. ET. TTY users can call 711 to reach a call center representative.

You have the right to get Marketplace information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [CMS.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html](https://www.cms.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html), or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users can call 1-855-889-4325.

