

**HDHP State Health Plan Coverage Invoice**

Visit our website at <http://www.shphdhp.com>  
 Need Help? Call our Direct Bill Member Hotline at (855) 442-6272

Invoice Date: **4/24/2018**  
 Account Number: **00000000**  
 Total Amount Due: **\$384.00**

**Member Name**  
**Address**  
**City, State ZipCode**

**IMPORTANT:** This is a monthly invoice for your healthcare coverage. The table below shows the coverage period(s) currently due with the premium amount(s) and due date(s). Premium payments must be postmarked on or before the corresponding grace period end date to be valid.

**Benefit Premium Payment Balance Detail**

Payment Period	Premium Amount	Credit/Subsidy	Amount Due	Due Date	Grace Period End Date
<b>Medical Premium</b> 03/01/2018-03-31-2018	<b>\$96.00</b>	<b>\$0.00</b>	<b>\$96.00</b>	<b>03/01/2018</b>	<b>05/30/2018</b>
<b>Medical Premium</b> 04/01/2018-04-30-2018	<b>\$96.00</b>	<b>\$0.00</b>	<b>\$96.00</b>	<b>04/01/2018</b>	<b>05/30/2018</b>
<b>Medical Premium</b> 05/01/2018-05-31-2018	<b>\$96.00</b>	<b>\$0.00</b>	<b>\$96.00</b>	<b>05/01/2018</b>	<b>05/30/2018</b>

**\$384.00 is the total amount due.**

Coverage will be cancelled if valid premium payments are not postmarked on or before the Grace Period End Date as shown above. If coverage is cancelled for non-payment of premium, reinstatement of coverage is not permitted. No partial payments or late payments will be accepted. Acceptance of payments by iTEDIUM, as collection agent for State Health Plan, is without prejudice and with reservation of all rights.

Save Time, Postage & Ensure No Late Benefit Payments by Paying Online! visit <http://www.shphdhp.com>

**BENEFIT PREMIUM PAYMENT REMITTANCE COUPON**

Please Make Checks Payable To North Carolina State Health Plan.

<b>AMOUNT ENCLOSED</b> \$
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**IMPORTANT:**  (Box A) Check here if your name or address has changed, and complete Section A on the reverse side.

**North Carolina State Health Plan**  
**Attention: Premium Payments**  
**PO Box 505280**  
**St. Louis, Missouri 63150**

Account Details  
 Account Number: 0000000000



# IMPORTANT INFORMATION REGARDING ELIGIBILITY, PREMIUM BILLING AND PAYMENTS

## BENEFIT ELIGIBILITY REQUIREMENTS

Your coverage will terminate if any of the following occurs:

- You fail to make a valid payment

## PREMIUM BILLING AND PAYMENT

- If a valid payment is not postmarked on or before the Grace Period End Date, coverage will be cancelled.
- Monthly invoices are sent approximately 20 days before your premium due date, or 20 days prior to the 1st day of every month. However, you are still responsible for paying the full premium on time even if you do not get an invoice. The monthly invoice may show more than one coverage period of premiums due. The premium due for each coverage period has a corresponding Grace Period Expiration Date, which may or may not be the same for every premium shown on the invoice. You must pay these amounts in full by the corresponding Grace Period Expiration Date indicated.

## VALID PAYMENTS

A valid payment consists of four criteria: proper payment, identification, receipt, and timeliness. These criteria are outlined in detail below:

1. A signed, properly dated personal check, certified check or money order payable to the North Carolina State Health Plan in the total amount required to fully pay your premium(s) due. If a personal check, certified check or money order is returned for insufficient funds, a stop payment order or some other reason, then this requirement is not met;
2. Sending your benefit continuation premium to iTEDIUM at the following address:  
  
North Carolina State Health Plan  
Attention: Direct Bill Premium Processing  
PO Box 505280  
St. Louis, Missouri 63150
3. Either (i) the coupon detached from your invoice and enclosed with your payment; or (ii) your Account ID (3000220894) written clearly in the Memo section of your personal check, certified check or money order;
4. Envelope containing the payment postmarked no later than the 30th of the month for the same month of coverage (example: coverage for the month of June is due June 1st and must be postmarked no later than June 30th);

## CLAIMS

Claims become payable for each period of coverage only after a premium payment for the coverage period has been made.

Do not send claims to iTEDIUM, as we are not your insurance carrier and we cannot pay your claims or authorize your claims to be paid. If you have any questions about claims within 30 to 60 days of your initial premium payment, please contact your carrier at the claims office indicated on your claims form. If premium payments are not made in a timely manner, coverage will be cancelled retroactively and claims incurred during the period for which premiums were not paid will not be paid by your insurance carrier(s).

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## SECTION A: NAME AND/OR ADDRESS CHANGE

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_