



300 East Randolph Street
Chicago, IL 60601

Remittance Address:
Health Care Service Corporation
25550 Network Place
Chicago, IL 60673-1255

For All Billing Inquiries Call:
800-414-7147

Account: 665700 - ALGONQUIN TOWNSHIP		
Profile: 0000457658 - ALL SUBSCRIBERS		6423
Bill Date: 03-16-2018	Payment Due Date: 04-01-2018	Page 4
Bill Period: 04-01-2018 to 05-01-2018		

SUBSCRIBER FEES

SUBSCRIBER	NAME	CAT	PRODUCT	REL/TIER	CHANGE REASON	RETRO FEE ADJUST	CURRENT CHARGES **	TOTAL CHARGES
000821798679	ALEXANDER, RICHARD S.	0000	0009-BLUEOP	SUB	SUPER 6304.21 5010.00		431.39	431.39
000821798679	ALEXANDER, ETHAN S.	0000	0009-BLUEOP	DEP			253.46	253.46
000821798679	ALEXANDER, ADDISON M.	0000	0009-BLUEOP	DEP			253.46	253.46
000846074720	BALDACC, NANCY D.	0000	0008-PPO+	SUB	ASSES 7032.57 6010.00		970.44	970.44
000842909931	CONE, BONNIE A.	0000	0008-PPO+	SUB			1,427.13	1,427.13
000846492782	DOUBEK, BRIAN R.	0000	0008-PPO+	SUB	Hwy 11, 616 33		686.92	686.92
000822130112	FITZGERALD, KEVIN R.	0000	0008-PPO+	SUB			532.32	532.32
000822130112	FITZGERALD, BRAYDEN	0000	0008-PPO+	DEP			363.92	363.92
000823617015	GAVERS, PAMELA S.	0000	0008-PPO+	SUB		5010.00	1,015.63	1,015.63
000823617015	GAVERS, ROBERT M.	0000	0008-PPO+	SPS			928.58	928.58
000823617015	GAVERS, KELSEY	0000	0008-PPO+	DEP			434.32	434.32
000824418732	HECKMAN, ANDREW W.	0000	0008-PPO+	SUB			588.93	588.93
000851039168	HOERAUF, ANDRE R.	0000	0008-PPO+	SUB			585.12	585.12
000851039168	HOERAUF, LINDA	0000	0008-PPO+	SPS			581.31	581.31
000851039168	HOERAUF, AVALYN V.	0000	0008-PPO+	DEP			363.92	363.92
000851039168	HOERAUF, DOMINIC	0000	0008-PPO+	DEP			363.92	363.92
000824843369	JORGENSEN, BRIAN M.	0000	0008-PPO+	SUB			630.31	630.31
000824752601	KASZNAK, RICHARD M.	0000	0009-BLUEOP	SUB			431.39	431.39
000824810927	LUTZOW, CHARLES A.	0000	0009-BLUEOP	SUB			738.86	738.86
000824810927	LUTZOW, DARLENE J.	0000	0009-BLUEOP	SPS			844.22	844.22
000841617681	MAGANA, SUSAN M.	0000	0009-BLUEOP	SUB			431.39	431.39
000841617681	MAGANA, NATHANIEL G.	0000	0009-BLUEOP	DEP			293.22	293.22
000841617681	MAGANA, ANNASTACIA J.	0000	0009-BLUEOP	DEP			275.99	275.99
000841617681	FOX, TERRENCE R.	0000	0009-BLUEOP	DEP			332.65	332.65
000841617681	MAGANA, ANGELICA R.	0000	0009-BLUEOP	DEP			331.33	331.33
000841617681	MAGANA, ADRIANA E.	0000	0009-BLUEOP	DEP			311.78	311.78
000845503230	MILLER, ROBERT J.	0000	0008-PPO+	SUB			1,404.29	1,404.29
000828784908	MORRISON, DANIEL A.	0000	0008-PPO+	SUB			498.54	498.54
000828784908	MORRISON, KASSIDY	0000	0008-PPO+	DEP			363.92	363.92
000839112826	STERN, DYLAN P.	0000	0008-PPO+	SUB			585.12	585.12
000839112826	STERN, JENNIFER L.	0000	0008-PPO+	SPS			569.90	569.90
000839112826	STERN, WYATT P.	0000	0008-PPO+	DEP			363.92	363.92
000839112826	STERN, MARSHALL P.	0000	0008-PPO+	DEP			363.92	363.92
000822978265	TORRES, LUIS E.	0000	0008-PPO+	SUB			447.64	447.64
000821649330	VITOUS, TALYA L.	0000	0008-PPO+	SUB			487.12	487.12
000841538301	VITOUS, TONYA K.	0000	0008-PPO+	SUB			1,109.82	1,109.82
000843886623	VOSS, RANDALL O.	0000	0008-PPO+	SUB			1,404.29	1,404.29
000843886623	VOSS, HOLLY L.	0000	0008-PPO+	SPS			1,336.74	1,336.74
000843886623	VOSS, JENNIFER C.	0000	0008-PPO+	DEP			475.71	475.71

Tier Identifier

M=Medicare

P=Split Medicare

(*) = Subscriber or dependent is nearing age 65. Based on employee group size and actively-at-work status, Medicare primary premium rates and claim status may be applicable.

Please contact us for more information.

Do not submit membership changes (cancellations forms, new employee applications) with your bill payment. Documents relating to membership updates should be mailed to: BlueCross and BlueShield of Illinois, P.O. Box 805107, Chicago IL 60680-4112.

Please mail your premium payment, with the payment coupon attached, in the enclosed envelope.

BlueCross
BlueShield
of Illinois



300 East Randolph Street
Chicago, IL 60601

HMO Illinois
A Blue Cross HMO

Remittance Address:
Health Care Service Corporation
25550 Network Place
Chicago, IL 60673-1255

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800-414-7147

Account: 665700 - ALGONQUIN TOWNSHIP		
Profile: 0000457658 - ALL SUBSCRIBERS		6423
Bill Date: 03-16-2018	Payment Due Date: 04-01-2018	Page 5
Bill Period: 04-01-2018 to 05-01-2018		

SUBSCRIBER FEES

SUBSCRIBER	NAME	CAT	PRODUCT	REL/TIER	CHANGE REASON	RETRO FEE ADJUST	CURRENT CHARGES **	TOTAL CHARGES
000822326399	WILDEBOER, DOROTHY M.	0000	0008-PPO+	SUB			577.51	577.51
000822326399	WILDEBOER, KENNETH R.	0000	0008-PPO+	SPS			562.76	562.76
TOTAL FEES						Total Member Count: 41	24,953.11	24,953.11

**Current Charges includes the effects of Health Insurer and Reinsurance fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSIL) products/services.

Allocated Taxes and Fees:

\$561.44

Tier Identifier
M=Medicare
P=Split Medicare

Do not submit membership changes (cancellations forms, new employee applications) with your bill payment. Documents relating to membership updates should be mailed to: BlueCross and BlueShield of Illinois, P.O. Box 805107, Chicago IL 60680-4112. Please mail your premium payment, with the payment coupon attached, in the enclosed envelope.

(*) = Subscriber or dependent is nearing age 65. Based on employee group size and actively-at-work status, Medicare primary premium rates and claim status may be applicable. Please contact us for more information.

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BlueCross BlueShield of Illinois
P.O. Box 7344
Chicago, IL 60680-7344

PROFILE # 0000457658

ATTN: CHARLES LUTZOW
SUPERVISOR

ALGONQUIN TOWNSHIP
3702 U.S. HIGHWAY 14
CRYSTAL LAKE IL 60014-8204

6423

About the Bill...

Each section of the bill will provide you with information to reflect the status of your Account's enrollment as of the date the billing was prepared. Additions, cancellations, terminations, adjustments, and other needed information will be clearly identified so that you can prepare your Account's payment for the forthcoming period with a minimum of time and effort.

How to Read the Bill...

The bill is divided into three sections:

The Bill Summary,
Subscriber Fees List,
Rate and Exposure Tables

Also, included with your bill is a Payment Coupon.

Bill Summary:

The first line in the summary is the amount due from the previous bill. All activities such as payments and adjustments are individually listed. Charges included in the billing period are summarized by Current Subscriber Fees, which represent the fees calculated for the current bill period, and Subscriber Fee Adjustments, which represent adjustments to prior periods occurring since the last bill. The last line of the summary indicates the total amount due.

Subscriber Fees:

Each of your subscribers will be identified on this report. Columns will identify the appropriate Category, Product, Rate Tier, and Rate for each subscriber. In addition, an explanation is provided for any adjustments to the subscriber fee.

Rate Table:

The Rate Table will confirm the charged rates for the latest billing period by rate structure and product.

Exposure Table:

The Exposure table will summarize the number of members by product and rate structure relative to your account in effect at the end of this billing period. In addition, if the family unit is split between Non-Medicare and Medicare Primary, their counts will appear in the Split row. This will provide you with verification that all of your subscribers have been accounted for on the bill.

Payment Coupon:

When returned to us with your payment, the Payment Coupon will enable us to more quickly credit your account. Simply fill in the dollar amount of your payment and return the coupon with your check in the envelope provided, making sure our address shows through the window.

Online Bill Payment is here. It's easy to view and print your statements online.

Learn how to sign-up at http://www.bcbsil.com/employer/safe_secure.htm

IMPORTANT

Do not submit membership changes (cancellations forms, new employee applications) with your bill payment.

Documents relating to membership updates should be mailed to: Blue Cross and Blue Shield of Illinois, P.O. Box 805107, Chicago, IL 60680-4112.

It is BCBSIL policy to invoice our group customers prior to the coverage period to avoid any lapse in coverage for their employees (our members). There may be instances when retroactive adjustments may be subsequently billed if the applicable rates are not available in the system at the time invoices are generated. Rate changes are triggered by a variety of situations (including but not limited to) renewals, benefit changes, and membership changes.

Please mail your premium payment, with the payment coupon attached, in the enclosed envelope.

If sending your payment via an overnight delivery service, please include the payment coupon and address to:

**JPMorgan Chase
131 S Dearborn, 6th Floor
Chicago, IL 60603
Attn: Health Care Service Corporation Box 25550**

BlueCross
BlueShield
of Illinois



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Chicago, IL 60601

HMO Illinois
A Blue Cross HMO

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Bill Date: 03-16-2018	Payment Due Date: 04-01-2018	Page 3
Bill Period: 04-01-2018 to 05-01-2018		

BILL SUMMARY

Previous Amount Billed

Date	Activity	Total Due
		\$42,625.80

Payments

Check # 014240	03-05-2018	(13,967.09)
Check # 018358	03-05-2018	(11,616.33)
Check # 018361	03-05-2018	(9,930.86)
Check # 014243	03-05-2018	(7,111.52)

Adjustments

NONE		.00
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Total Payments and Adjustments

(\$42,625.80)

Remaining Balance

\$.00

Fees

Current Charges	24,953.11
Subscriber Fee Adjustments	.00

Total Fees

\$24,953.11

Total Amount Due *

\$24,953.11

* Total Amount Due includes the effects of Health Insurer and Reinsurance fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSIL) products/services.

Allocated Taxes and Fees: **\$561.44**

In order to properly apply your payment and avoid possible disruption of service, please note the following instructions when remitting your payment:

If remitting by check, please use the payment coupon and envelope that is provided with your Bill.

If remitting electronically via wire, please indicate the following in the description field of the transmittal:

665700 0000457658 04-01

If sending your payment via overnight delivery service, please include the payment coupon and address to:

JPMorgan Chase
131 S Dearborn, 6th Floor
Chicago, IL 60603
Attn: Health Care Service Corporation Box 25550


[Contact Us](#) | [Help Center](#)
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[Logout](#)
[Home](#) > [Billing](#) > [Premium Bills](#)

Welcome, CHARLES LUTZOW (Acct #665700)

Employer Home

[Account Summary](#)
[Enrollment](#)
[Employee Maintenance](#)
[Billing](#)
[Premium Bills](#)
[Online Payments](#)
[Reports](#)

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[View Bill Summary](#)

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[View Regulatory Data](#)

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[View All Forms](#)

Find a Doctor

[Provider Finder](#)
[Find a Pharmacy](#)
[View Drug Coverage](#)

Premium Bills - Bill Summary

Bill Profile: 0000457658 - ALL SUBSCRIBERS

Bill Period: 04/01/2018-05/01/2018 **Rebill:** NO **ProcessDate:** 03/16/2018

I want to view: [Bill Summary](#)

Bill Summary

Statement as of: 03/16/2018

Current Paid To Date: 04/01/2018 [View Payment History](#)
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[Print Bill Summary](#)
[View Entire Bill](#)
[About Your Bill](#)

Payments and Adjustments

Date	Activity	Amount Due
Previous Amount Billed		\$42,625.80
Payments		
03/05/2018	Check # 014243	(\$7,111.52)
03/05/2018	Check # 018361	(\$9,930.86)
03/05/2018	Check # 018358	(\$11,616.33)
03/05/2018	Check # 014240	(\$13,967.09)
Adjustments		
	NONE	\$0.00
Total Payments and Adjustments		(\$42,625.80)
	Remaining Balance	\$0.00

*Payments received after your current bills process date will be automatically applied to your next statement.

Fees

Activity	Amount Due
Current Employee Fees	\$24,953.11
Employee Fee Adjustments	\$0.00
Total Fees	\$24,953.11
Payment Due Date 04/01/2018	Total Amount Due** \$24,953.11

[Learn about Auto Payment](#)

**Total Amount Due Includes the effects of Health Insurer Fees and Reinsurance Fees (Including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSIL) products/services.

Allocated Taxes and Fees: \$561.44

Payment Instructions

In order to properly apply your payment and avoid possible disruption of service, please note the following instructions while remitting your payment:

For Electronic Payments (Wire or ACH), make payments to:

Mellon Bank

Health Care Service Corporation

ABA#: 043000261

Account#: 120-5032

The following information must appear in the description field of the transmittals: Account: 665700 Profile: 0000457658

Payment Due Date: 04/01/2018

For check payments:

Make check payable to: Health Care Service Corporation

Write your profile number on the check and include with your payment coupon.

If sending payment by 1st Class Mail, remit to:

Health Care Service Corporation

25550 Network Place

Chicago, IL 60673-1255

If sending via **Overnight Courier:**

JPMorgan Chase
131 S Dearborn, 6th Floor
Chicago, IL 60603
Attn: Health Care Service Corporation - #25550

Important Notice

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