



INVOICE STATEMENT BY GROUP
Premium and/or Fee Billing for the Month of January

Bill Start Date: 01/01/2024

Bill End Date: 01/31/2024

Group: 00623013 City of Forest Park

Balance Forward from Previous Statement:	\$461,371.61
(1) Payments Received:	(\$461,371.61)
Discretionary Billing:	\$50.00
Retroactive Adjustment Premium and/or Fees:	\$1,617.39
Current Month Premium and/or Fees:	\$468,298.03
(2) Total Amount Due:	\$469,965.42

*** Cigna will initiate a transfer in the amount of \$469,965.42 from your account on January 20, 2024 or the next business day.

The transfer amount is based upon the Total Amount Due for each subgroup as credit balances on one subgroup are not used to offset premium due on another subgroup.

Your contract requires that the full amount be available for transfer on the transfer date.

Failure to fund your account may result in contract termination.

Transfer detail information can be viewed on the Cigna for Employers site.

Note: To view the discretionary billing item description, the statement needs to be pulled at the Subgroup Report Level.

If you have any questions please call 1-866-866-6622.

(1) Payments Received amount includes all payments and adjustments to account.

(2) Total Amount Due includes (i) the insurance premium and other Cigna charges, plus (ii) fees you have agreed to pay your benefit advisor, if applicable, which are not part of the premium or other Cigna charges. To obtain Benefit Advisor Fee billing detail, please run the Benefit Advisor Fee standalone report, which can be found in the Group Premium Statement section under the Report Type selection.



PLAN SUMMARY BY GROUP

Report Run Date: 01/29/2024

Bill Run Date: 12/29/2023

Bill Start Date: 01/01/2024 Bill End Date: 01/31/2024

Group: 00623013 City of Forest Park

Plan ID	Plan Description	Bill Coverage	Current Billed Units	Billing Rate (1)	Billed Amount	Adjusted Amount (2)	Net Amount
MLCP0008	LocalPlus IN Network Only	Employee	84	\$834.78	\$70,121.52	(\$834.78)	\$69,286.74
MLCP0008	LocalPlus IN Network Only	Employee + 1 Dep	40	\$1,804.10	\$72,164.00	\$2,381.53	\$74,545.53
MLCP0008	LocalPlus IN Network Only	Employee + 2 or more Deps	39	\$2,381.53	\$92,879.67	\$0.00	\$92,879.67
MOAP0001	Open Access Plus	Employee	16	\$936.25	\$14,980.00	\$0.00	\$14,980.00
MOAP0001	Open Access Plus	Employee + 1 Dep	8	\$2,023.78	\$16,190.24	\$0.00	\$16,190.24
MOAP0001	Open Access Plus	Employee + 2 or more Deps	8	\$2,671.63	\$21,373.04	\$0.00	\$21,373.04
MOAP0100	Open Access Plus Network Only	Employee	27	\$901.62	\$24,343.74	\$0.00	\$24,343.74
MOAP0100	Open Access Plus Network Only	Employee + 1 Dep	16	\$1,948.81	\$31,180.96	\$0.00	\$31,180.96
MOAP0100	Open Access Plus Network Only	Employee + 2 or more Deps	41	\$2,572.62	\$105,477.42	\$0.00	\$105,477.42
MOAP0119	Open Access Plus Network Only GA Consumer Choice	Employee	0	\$991.51	\$0.00	\$0.00	\$0.00
MOAP0119	Open Access Plus Network Only GA Consumer Choice	Employee + 1 Dep	0	\$2,143.41	\$0.00	\$0.00	\$0.00
MOAP0119	Open Access Plus Network Only GA Consumer Choice	Employee + 2 or more Deps	0	\$2,829.61	\$0.00	\$0.00	\$0.00
DPPO0002	Dental PPO Standard Total Cigna DPPO	Employee	124	\$31.48	\$3,903.52	(\$31.48)	\$3,872.04
DPPO0002	Dental PPO Standard Total Cigna DPPO	Employee + 1 Dep	64	\$67.99	\$4,351.36	\$89.67	\$4,441.03
DPPO0002	Dental PPO Standard Total Cigna DPPO	Employee + 2 or more Deps	89	\$89.67	\$7,980.63	\$0.00	\$7,980.63
VEYE0001	Cigna Vision	Employee	123	\$6.92	\$851.16	(\$6.92)	\$844.24
VEYE0001	Cigna Vision	Employee + 1 Dep	61	\$12.10	\$738.10	\$19.37	\$757.47
VEYE0001	Cigna Vision	Employee + 2 or more Deps	91	\$19.37	\$1,762.67	\$0.00	\$1,762.67
Totals:					\$468,298.03	\$1,617.39	\$469,915.42

(1) Billing Rate includes rate for premium and benefit advisor fees, if applicable, that are not part of the premium.

(2) Adjusted Amount includes adjustments for premium and benefit advisor fees, if applicable, that are not part of the premium.