


## How to review premium

To review premium for an employer, go to [Humana Member Sign in | Humana](#) and sign in by entering your username and password.

### Sign in

Enter your username and password to access all of your accounts.

Username  [Forgot username?](#)

Password [Forgot password?](#)

 [Show](#)

Remember username

[Sign in →](#)

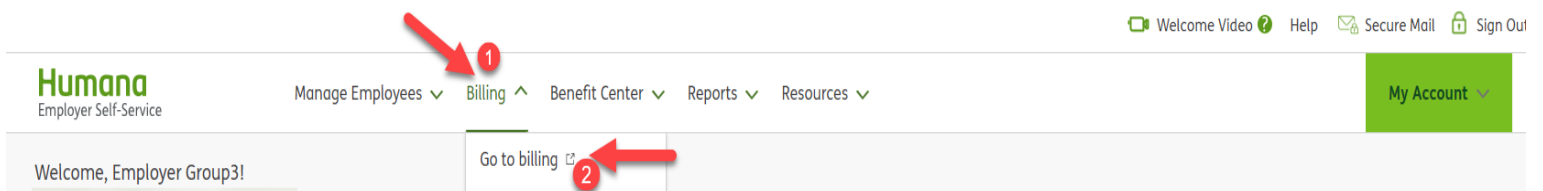
### Don't have an account?

Set up your online account to sign in to MyHumana, CenterWell Pharmacy<sup>®</sup> and Go365<sup>®</sup>.

You may need your member ID before getting started.

[Activate online account →](#)

Once you are logged in the Employer Self-Service portal, from the top banner, select **Billing** and then **Go to billing**.



On the **Invoice Summary** page, you can gather your premium information. To obtain a 12-month total, you will have to select each month individually and capture the amount. You can change the **coverage month** by using the drop down to choose the month and select **Go** to view. (A)

In the **Product type summary** table, you can find the total premium equivalent under medial. (B)

Invoice details are also viewable in **Excel Details** and in a **Printable Invoice** (C)

Under the **Plan type summary**, combine the stop-loss aggregate, stop-loss individual, specific riders, and the admin fees. Use the scroll to see totals. (D)

Note: A legend is available on the printable invoice. (E)

**Invoice Summary**

Check your account balance, review a summary of your charges and find more detailed information on your transactions.

Coverage month: March 2024 **Go**

Summary Payment due date 03/01/2024

Amount due from last invoice	\$30,512.17
Total payments received	-\$30,512.17
Amount past due	\$0.00
Premiums this period	\$12,167.41
Member adjustments	\$0.00
Fees and other adjustments	\$0.00
-Wellness engagement incentive *availability varies by state	\$0.00
-Other	\$0.00
<b>Total amount due</b>	<b>\$12,167.41</b>

Balance as of today **\$12,167.41**

You have no current recurring payment method.

Show details →  
 Group/ benefit/ division/ class summary →  
 Excel details → (C)  
 View printable invoice → (C)  
 Invoiced vs paid →

**Product type summary**  All  Charges  Adjustments Hide info

Product Type	EMPLOYEE (EMP)		EMPLOYEE+1(ESP)		EMP + CHD (ECH)		FAMILY (FAM)		Total	
	Quantity	Amount	Quantity	Amount	Quantity	Amount	Quantity	Amount	Quantity	Amount
DENTAL	1	\$232.16	1	\$58.03	0	\$0.00	2	\$342.78	12	\$632.97
MEDICAL	26	\$4,990.86	1	\$1,219.99	0	\$0.00	12	\$5,323.59	52	\$11,534.44 (B)
<b>Total</b>	<b>44</b>	<b>\$5,223.02</b>	<b>2</b>	<b>\$1,278.02</b>	<b>0</b>	<b>\$0.00</b>	<b>12</b>	<b>\$5,666.37</b>	<b>64</b>	<b>\$12,167.41</b>

**Plan type summary**  All  Charges  Adjustments Hide info

Funding Type	Plan Type	Rider	EMPLOYEE (EMP)		EMPLOYEE+1(ESP)		EMP + CHD (ECH)		FAMILY (FAM)	
			Quantity	Amount	Quantity	Amount	Quantity	Amount	Quantity	Amount
FULLY INSURED	DPO		1	\$232.16	1	\$58.03	0	\$0.00	2	\$342.78
SELF FUNDED	NPO	SLISM	2	\$2,222.82	1	\$543.36	0	\$0.00	2	\$2,371.02
		SLASM	2	\$691.20	1	\$168.96	0	\$0.00	2	\$737.28
		CLMFNDM	2	\$1,696.59	1	\$414.72	0	\$0.00	2	\$1,809.69
		ADMSM	2	\$380.25	1	\$92.95	0	\$0.00	2	\$405.60
<b>Total</b>			<b>44</b>	<b>\$5,223.02</b>	<b>2</b>	<b>\$1,278.02</b>	<b>0</b>	<b>\$0.00</b>	<b>12</b>	<b>\$5,666.37</b>

Plan Type Legend

ADM	ASO ADMIN FEES
CLM	CLAIMS FUNDING - SMALL GROUP
NPO	NATIONAL POINT OF SERVICE
SLA	STOP LOSS-AGGREGATE
SLI	STOP LOSS-INDIVIDUAL (SPECIFIC)

