**Paying Your Premium**

Congratulations on enrolling in a health insurance plan through Covered California. Now you need to pay your premium for your coverage to start.

* If you get a bill from your health insurance plan or family dental plan, please follow the instructions on the bill for making a payment.
* If you have not received a bill, contact your selected plan or make your first payment using the specific information listed below for each company.

Children's dental coverage is included with your health insurance coverage. You will not receive a separate invoice.

Payment for all health insurance or family dental plans must be made directly to the company. Pay your health insurance company or family dental company — not Covered California — no later than the payment deadline on the invoice.

**Health Insurance Plans**

**Click on your plan, below, for specific payment options.**

* **Note:** If you miss a premium payment and lose your coverage, you will have to wait for the next open-enrollment period or until a [qualifying life event](http://www.coveredca.com/individuals-and-families/getting-covered/special-enrollment/) occurs to sign up and get coverage again.

**[Anthem Blue Cross](http://www.coveredca.com/members/paying-your-premium/)**

**Pay by Phone**

(855) 634-3381  
Have your subscriber ID or Social Security number ready.

**Pay Online**

For first-time payment: log into your CoveredCA.com account and follow the payment instructions.

If you are a current member, go to [www.anthem.com](https://www.anthem.com/) and log in as a member. Click on “Pay My Bill."

**Pay by Mail**

Please reference the information found on the payment letter.

**No Invoice Received?**

(855) 634-3381

**[Blue Shield of California](http://www.coveredca.com/members/paying-your-premium/)**

**Pay by Phone**

(855) 836-9705

Have your case number or Social Security number on hand.   
Allow seven to 10 days for Blue Shield of California to process your enrollment.

**Pay Online**

Go to [www.blueshieldca.com/paybsc](http://www.blueshieldca.com/paybsc).

This applies to the first month's premium payment only. Registration is required. Have your Social Security number ready.

**Pay by Mail**

P.O. Box 60514  
City of Industry, CA 91716-0514

Please include your certificate number from your invoice statement and your invoice stub.

**No Invoice Received?**

Go to [www.blueshieldca.com/paybsc](http://www.blueshieldca.com/paybsc).

This applies to the first premium payment only. Registration is required. Have your Social Security Number ready.

**[Chinese Community Health Plan](http://www.coveredca.com/members/paying-your-premium/)**

**Pay Online**

For first-time payment: log into your CoveredCA.com account and follow the payment instructions.

**Pay by Mail**

445 Grant Avenue, #700   
San Francisco, CA 94108

Include your invoice stub.

**No Invoice Received?**

(877) 224-7808

**[Health Net](http://www.coveredca.com/members/paying-your-premium/)**

**Pay by Phone**

(800) 539-4193

Have your subscriber ID and payment method ready. (You can get your subscriber ID if you do not have it at [www.healthnet.com/register](https://www.healthnet.com/hnsecurity/member/regForm.ndo). Register, then log in and find your ID on the homepage.)

**Pay Online**

Go to [www.healthnet.com.](https://www.healthnet.com/)

Click the “Make a Payment Now” button on the bottom of the homepage.

**Pay In Person**

Pay with cash or debit card at Walmart. Find participating locations at [www.checkfreepay.com/findapaymentcenter](http://www2.datatel-systems.com/ext/client%20forms/checkfreepay.aspx).

**Pay by Mail**

Make payable to Health Net. Write your subscriber ID number on your check.

P.O. Box 60515   
City of Industry, CA 91716-0515

**No Invoice Received?**

To find your subscriber ID, go to [www.healthnet.com/register](https://www.healthnet.com/hnsecurity/member/regForm.ndo). Register, then log in and find your ID on the home page. Then call (888) 926-4988 to make your payment.

**[Kaiser Permanente](http://www.coveredca.com/members/paying-your-premium/)**

**Pay by Phone**

(844) 524-7370

Have on hand your account number, invoice number and the subscriber’s last name that is listed on the invoice.

**Pay Online**

Go to [www.kp.org/paypremium](http://www.kp.org/paypremium) to make your first premium payment. Registration is required.

If you are a current member, go to [www.kp.org/premiumbill](http://www.kp.org/premiumbill) using the secure payment portal. To pay online you will need your kp.org user ID and password.

**Pay by Mail**

P.O. Box 7192  
Pasadena CA 91109-7192

Follow the directions on your invoice.

**No Invoice Received?**

(844) 524-7370

**[](http://www.coveredca.com/members/paying-your-premium/)**

**Pay by Phone**

(855) 270-2327  
TTY: (855) 576-1620.

Have your case number or Social Security number available.

**Pay Online**

Go to [www.lacarecovered.org/for-members/sign-in](http://www.lacarecovered.org/for-members/sign-in).

Have your case number and invoice number available.

**Pay by Mail**

L.A. Care Health Plan, L.A. Care Covered   
P.O. Box 2168   
Omaha, NE 68103

Add your case number to payment.

**Pay in Person**

Request a PayNearMe barcode online through [L.A. Care Connect](https://members.lacare.org/v3app/publicservice/loginv1/login.aspx?bc=2cf19b9a-daa3-4274-a7f8-23c28f60f1df&serviceid=ee09a857-f4d5-4f53-bebe-0dfbfaaee332) or by calling member services at (855) 270-2327 (TTY: 711). Use it to pay with cash at 7-Eleven, ACE Cash Express, Family Dollar and CVS.

**No Invoice Received?**

(855) 270-2327   
TTY: (855) 576-1620

Have your case number or Social Security number available.

**[Molina Healthcare](http://www.coveredca.com/members/paying-your-premium/)**

**Pay by Phone**

(888) 858-2150

Have your Covered California ID or Social Security number ready.

**Pay Online**

For first-time payment: log into your CoveredCA.com account and follow the payment instructions.

To make your monthly payment online, visit [https://billpay.molinahealthcare.com](https://billpay.molinahealthcare.com/).

**Pay by Mail**

P.O. Box 7010   
Pasadena, CA 91109-7010

Add your case number to payment.

**No Invoice Received?**

(888) 858-2150

Have your Covered California ID or Social Security number available.

**[Oscar](http://www.coveredca.com/members/paying-your-premium/)**

**Pay by Phone**

(855) 672-2755

Have your subscriber ID or Social Security number ready.

**Pay Online**

For first-time payment: log into your CoveredCA.com account and follow the payment instructions.

If you are a current member, go to <https://www.hioscar.com/>. Log in as a member and click "Pay My Bill."

**Pay by Mail**

Please refer to the information found on the payment letter.

**No Invoice Received?**

(855) 672-2755

**[Sharp](http://www.coveredca.com/members/paying-your-premium/)**

**Pay by Phone**

(800) 359-2002

Have your Sharp Health Plan member ID or Social Security number available.

**Pay Online**

Go to <https://www.sharphealthplanpayment.com/PP>.

**Pay by Mail**

P.O. Box 57248   
Los Angeles, CA 90074-7248

Add your case number to payment.

**No Invoice Received?**

(800) 359-2002

**[](http://www.coveredca.com/members/paying-your-premium/)**

**Pay Online**

Visit <http://www.valleyhealthplan.org/Pages/paybill.aspx>.

**Pay by Mail**

Los Angeles Lockbox   
County of Santa Clara   
P.O. Box 740300   
Los Angeles, CA 90074-0300

Valley Health Plan only accepts money orders and checks. Follow the directions on your invoice.

**No Invoice Received?**

(888) 421-8444

**[](http://www.coveredca.com/members/paying-your-premium/)**

**Pay by Phone**

(888) 442-2206

Have your WHA ID number or Social Security number available.

**Pay Online**

For first-time payment: log into your CoveredCA.com account and follow the payment instructions.

**Pay by Mail**

WHA, DEPT 34668   
P.O. Box 39000   
San Francisco, CA 94139

**No Invoice Received?**

(888) 442-2206

Have your WHA ID number or Social Security number available.

**Family Dental Plans**

**Click on your plan, below, for specific payment options.**

**[Access Dental](http://www.coveredca.com/members/paying-your-premium/)**

**Pay by Phone**

(844) 561-5600

**Pay Online**

[www.premierlife.com/payments](https://www.premierlife.com/payments)

**Pay by Mail**

Please note your Member ID number on your check and send your payment to:

Access Dental Plan  
PO BOX 603222  
Charlotte, NC 28260- 3222

**No Invoice Received?**

(844) 561-5600

**[Anthem BlueCross](http://www.coveredca.com/members/paying-your-premium/)**

**Pay by Phone**

Call (800) 333-0912 and follow prompts to reach the payment option.

**Pay Online**

Go to [www.anthem.com/ca](https://www.anthem.com/ca) and create a user ID and password in order to log in as a member. Then you can follow the prompts for “pay my bill.”

**Pay by Mail**

Anthem Blue Cross Life and Health Insurance Company  
P.O. Box 9051  
Oxnard, CA 93031-9051

**No Invoice Received?**

Call (800) 333-0912

**[California Dental Network](http://www.coveredca.com/members/paying-your-premium/)**

**Pay by Phone**

(855) 425-4164

**Pay by Mail**

California Dental Network  
23291 Mill Creek Dr. Ste 100  
Laguna Hills, CA 92653

**No Invoice Received**

(855) 425-4164

**[Delta Dental](http://www.coveredca.com/members/paying-your-premium/)**

[**Dental Health Maintenance Organization (DHMO)**](http://www.coveredca.com/members/paying-your-premium/)

**Pay by Phone**

(800) 422-4234

**Pay Online**

[http://deltadentalins.com](http://deltadentalins.com/)

**Pay by Mail**

Delta Dental of California  
c/o Delta Dental Insurance Company  
P.O. Box 660138  
Dallas, TX 75266-0138

**No Invoice Received?**

[http://deltadentalins.com](http://deltadentalins.com/) or (800) 422-4234

[**Dental Preferred Provider Organization (DPPO)**](http://www.coveredca.com/members/paying-your-premium/)

**Pay by Phone**

(800) 471-0236

**Pay Online**

[http://deltadentalins.com](http://deltadentalins.com/)

**Pay by Mail**

Delta Dental Insurance Company  
P.O. Box 660138  
Dallas, TX 75266-0138

**No Invoice Received?**

[http://deltadentalins.com](http://deltadentalins.com/) or (800) 471-0236

**[Dental Health Services](http://www.coveredca.com/members/paying-your-premium/)**

**Pay by Phone**

(855) 495-0905

**Pay Online**

[www.dentalhealthservices.com/CA](https://www.dentalhealthservices.com/CA)

**Pay by Mail**

Dental Health Services — Exchange Department  
3833 Atlantic Ave.  
Long Beach, CA 90802

**No Invoice Received?**

(855) 495-0905

**[](http://www.coveredca.com/members/paying-your-premium/)**

**Pay by Phone**

(888) 844-3344

**Pay Online**

[www.libertydentalplan.com/CCPayment](https://www.libertydentalplan.com/CCPayment)

**Pay by Mail**

Checks should be made payable to LIBERTY Dental Plan. Submit money orders or checks to:

LIBERTY Dental Plan of California   
File 1751  
1801 W. Olympic Blvd  
Pasadena CA 91199-1751

**No Invoice Received?**

(888) 844-3344

**[](http://www.coveredca.com/members/paying-your-premium/)**

**Pay by Phone**

(844) 561-5600

**Pay Online**

[www.premierlife.com/payments](https://www.premierlife.com/payments)

**Pay by Mail**

Please note your Member ID number on your check and send your payment to:

Premier Access  
PO BOX 603222  
Charlotte, NC 28260- 3222

**No Invoice Received?**

(844) 561-5600