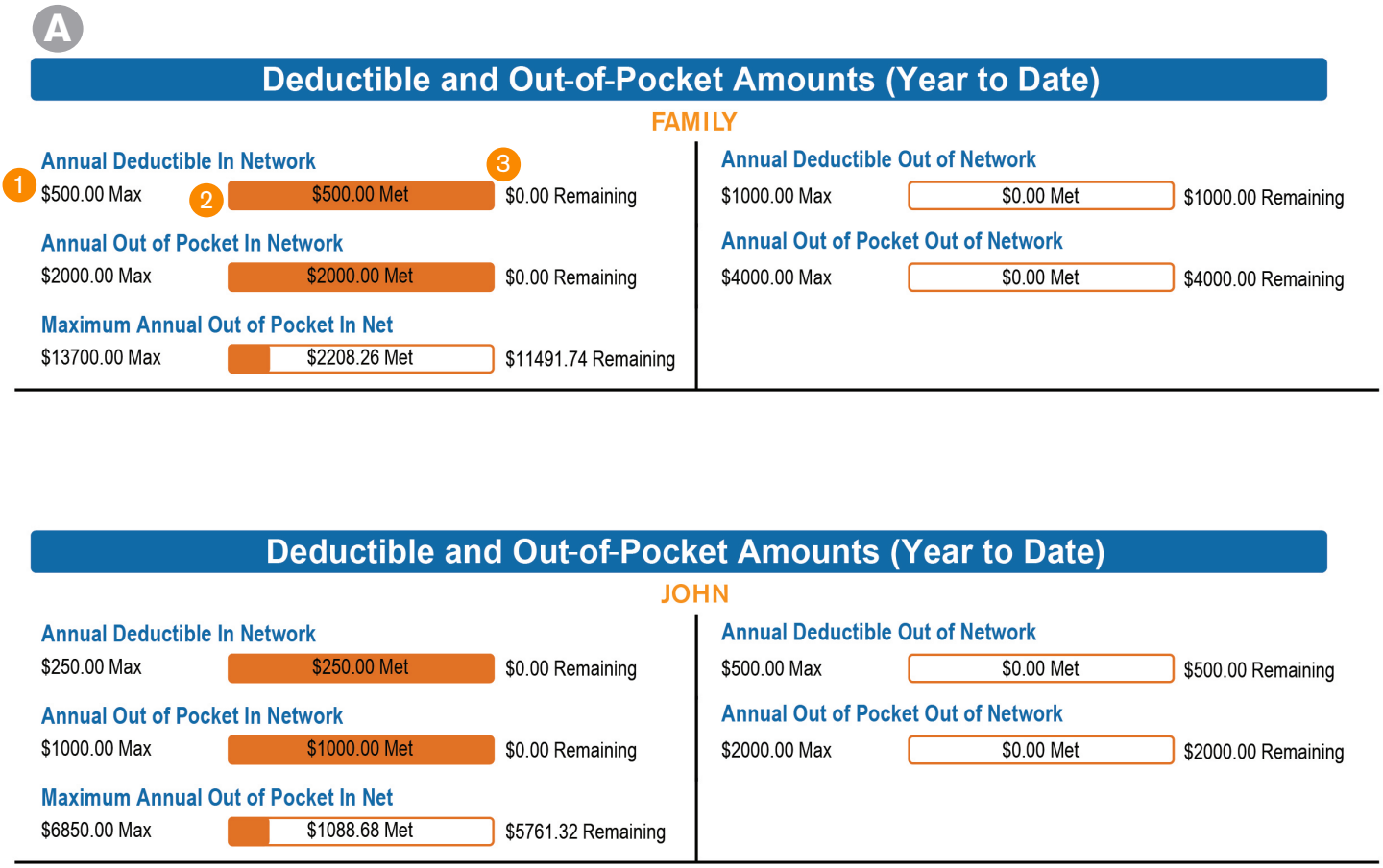
Understanding Your Explanation of Benefits Summary

Designed with You in Mind

Your Explanation of Benefits (EOB) Summary is a statement showing how WPS processed claims for medical services you received (or a covered family member received). This document is designed to help you better understand your EOB. This document shows examples of the information you'll find on an EOB Summary with letters and numbers labeling important sections. You'll also find explanations of each lettered or numbered item.



Depending on your policy, not all lettered and numbered sections shown may appear on your EOB Summary.

Detail Information

A Family or individual charts show deductible and out-of-pocket amounts.

1 Maximum benefit.

2 Amount met.

3 Amount remaining.

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Detailed Summary Information

The Detailed Summary Information lists the person(s) who received health care services, the total amount of health care costs billed, negotiated provider discounts, amounts not covered, what we paid, and what you owe.

B Detailed Summary for Medical Claims Only

Your provider may have sent diagnosis codes with your claim. You may obtain these codes and their meanings by contacting us. We will also provide your treatment codes and their meanings. If you have questions about your diagnosis or treatment, please contact your provider.

1 **Claim #:** 0000000000000 2 **Member #:** 000000000 3 **Member Name:** John Smith 4 **Patient Name:** John Smith
5 **Process Date:** 08/30/2016 6 **Group #:** 00000000-000 7 **Group Name:** MADISON AREA COMPANY 8 **Patient Account:** 000000000

9 Type of Service / Servicing Provider	Service Dates From 10	To	11 Total Billed	12 Provider Discount	13 Amount Not Covered	14 Your Copay	15 Your Deductible	16 Your Coinsurance	17 Your Insurance Paid	18 Other Insurance	19 Explanation Codes
00000 - Xray	08/14/16	08/14/16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	SD
Payment To Provider on 8/31/2016											
CLAIM TOTALS:			$00.00	$0.00	$00.00	$0.00	$0.00	$0.00	$0.00	$0.00	

Claim #: 000000000000 **Member #:** 000000000 **Member Name:** John Smith **Patient Name:** John Smith
Process Date: 08/30/2016 **Group #:** 00000000-000 **Group Name:** MADISON AREA COMPANY **Patient Account:** 000000000

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Type of Service / Servicing Provider	Service Dates From	To	Total Billed	Provider Discount	Amount Not Covered	Your Copay	Your Deductible	Your Coinsurance	Your Insurance Paid	Other Insurance	Explanation Codes
00000 - Xray	08/14/16	08/14/16	00.00	00.00	0.00	0.00	0.00	00.00	00.00	0.00	R043 R32
Payment To Provider on 8/31/2016											
CLAIM TOTALS:			$00.00	$00.00	$0.00	$0.00	$0.00	$0.00	$00.00	$0.00	

D

	Total Billed	Provider Discount	Amount Not Covered	Your Copay	Your Deductible	Your Coinsurance	Your Insurance Paid	Other Insurance	What You Owe
STATEMENT TOTALS:	$000.00	$00.00	$00.00	$0.00	$0.00	$0.00	$00.00	$0.00	$00.00

Explanation Code Definition:

(see chart).

E

	The patient is not a covered member under the plan.
R043 -	WPS PPO preferred provider agreement
R32 -	ANSI Code - 45 : Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
SD -	ANSI Code - 177 : Patient has not met the required eligibility requirements. Reimbursement according to provider contracted rate.

F Health Insurance Dictionary

Coinsurance: The amount you pay for specific services, based on a percentage

Copay: A set dollar amount you pay for specific services

Covered Services: A benefit you are eligible to receive as part of your health plan

Deductible: The amount you pay for certain services before WPS pays

Discount: The savings you received from WPS negotiations with providers

Maximum: The most you will have to pay for healthcare services in a year

Provider: The individual or place that provided you services

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B Detail Information

Provides details on each medical service provided.

1. **Claim Number:** Unique code identifying the claim submitted.
2. **Member Number:** Number associated with each member, shown on your WPS ID card.
3. **Member Name:** The person insured by WPS (policyholder).
4. **Patient Name:** Lists the person(s) who received health care services.
5. **Process Date:** The date WPS processed this claim.
6. **Group-Subgroup Number:** Unique code identifying your health plan in our claims system.
7. **Group Name:** Employer Name (if covered under a group plan) or Individual Plan Name (if covered under an individual plan).
8. **Patient Account:** Unique health care provider code identifying the patient treated.
9. **Services Provided By:** The provider that performed the procedure, plus the code and general category of the procedure performed.
10. **Service Dates:** The start and end dates during which the listed procedure was performed.
11. **Total Billed:** The total cost of the procedure, as billed by the provider.
12. **Provider Discount**: The discount WPS negotiated with your provider, which will be subtracted from the total cost. Usually based on contractual agreements between WPS and providers in your WPS network.
13. **Amount Not Covered:** The portion of the total cost not covered under your health plan. This portion is your responsibility. See Explanation Codes in the last column and the Explanation Code Definition box for code details.
14. **Your Copay:** The portion of the total cost you are responsible to pay before any deductible or coinsurance is applied for certain covered services (e.g., office visits).
15. **Your Deductible:** The portion of total cost applied to your deductible. (Your deductible is the amount of covered charges you must pay each year before WPS pays benefits).
16. **Your Coinsurance:** The balance of total cost after subtracting provider discount, ineligible amount, copay, and deductible.
17. **Your Insurance Paid:** The amount of the bill that your WPS insurance paid.
18. **Other Insurance:** The portion of the coinsurance paid by another insurance plan (e.g., auto insurance).
19. **Explanation Codes:** The procedure performed may have triggered additional comments that do not fit in the chart. Match the Explanation Code to those in the Explanation Code Definition box under the chart to view the specific comment.

C Additional Claims

The EOB Summary will include all claims for every member under an account within a 30-day period.

D Statement Totals

A summary of total charges billed by health care providers, provider discounts, what WPS pays, and what you owe. What you owe includes copay, deductible, coinsurance, and any amount not covered. The amount owed is paid directly to your provider, who will send you a bill.

E Explanation Code Definition

Includes explanations of codes listed in the Explanation Codes column.

F Health Insurance Dictionary

Definitions of commonly used health insurance terms.

Please consult your **Member Guide** for more detailed definitions of these terms. If you have any questions, please contact Member Services at the phone number listed on your WPS ID card.

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