



Understanding Your Explanation of Benefits



WPS
HEALTH INSURANCE®

Redesigned with You in Mind.

Your Explanation of Benefits (EOB) is a statement showing how WPS processed the claims for medical services received by you (or a covered family member). This document is designed to help you better understand your EOB when you receive one in the mail. Below you'll find a sample EOB with letters and numbers labeling various important sections. You'll also find a coded key providing a description of each lettered or numbered item on the right.



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EXPLANATION OF BENEFITS	
THIS IS NOT A BILL - SAVE FOR YOUR RECORDS	
Printed on 02/06/2009	Page 1
Questions?	
Call 800-828-4777 or 608-221-4551	

A CLAIMS SUMMARY - See below for detailed information

Patient Name	WPS Customer
Dates of Service	01/06/09 to 02/05/09
Total Billed by Provider(s)	\$200.00
Your Responsibility	\$100.00

B MEMBER INFORMATION

Member	WPS Customer
Member Number	000123456
Group Name	WPS Group
Group-Division Number	050565-00000

C OVERVIEW OF THIS EXPLANATION OF BENEFITS

Billing and Payment Totals	Who is Responsible?	Amount
Total Billed by Provider(s)	-	200.00
Total Provider Discounts	-	100.00
Total Ineligible Amounts	Member	0.00
Total Copays	Member	50.00
Total Deductible	Member	50.00
Total Coinsurance Balance	Member	0.00
Total Other Insurance Paid	Other Carrier	0.00
WPS Total	WPS	100.00
Your Total	Member	100.00

See below for detailed information. Amounts reflect the combined totals of all claims detailed below. The amount designated as "Your Responsibility" may include Copays you have already paid.

D YOUR CURRENT BENEFIT STATUS FOR THE PERIOD 01/06/09 TO 02/05/09

Benefit	Benefit Amount	Amount Met	Remaining
Individual In-Network Deductible	500.00	50.00	450.00
Individual In-Network Out-of-Pocket Max	1,500.00	50.00	1,450.00
Individual Out-of-Network Deductible	1,000.00		1,000.00
Individual Out-of-Network Out-of-Pocket Max	3,000.00		3,000.00
Individual Lifetime Maximum Benefit	5,000,000.00	983.30	4,999,016.70

Benefit status is current as of the time of printing. These amounts may be subject to outstanding adjustments.

E DETAILS (see last page for definitions)

Claim Number Patient ID	Services Provided By Type of Service	Service Dates		Total Billed	Provider Discount	Ineligible Amount	Copay	Deduc.	Co- Insurance	Paid at %	WPS Paid	Process Date	Other Insurance	Comment Codes*
		From	To											
123456789 00987654321 1	PROVIDER 01234-SERVICE 98760-SERVICE SUB TOTAL 2	01/02/09	01/02/09	100.00	50.00	0.00	25.00	25.00	0.00	0	0.00	01/08/09		FE
		01/02/09	01/02/09	100.00	50.00	0.00	25.00	25.00	0.00	0	0.00	01/08/09		FE
				200.00	100.00	0.00	50.00	50.00	0.00	0.00	0.00	0.00		0.00

F *COMMENTS

Code	ANSI	Explanation
FE	45	THANK YOU FOR USING A PARTICIPATING NETWORK PROVIDER. THIS AMOUNT IS BECAUSE OF THE PROVIDER'S FEE AGREEMENT. YOU ARE NOT RESPONSIBLE FOR THIS REDUCTION.

G DID YOU KNOW?

HealthSense Rewards keeps you healthy and keeps money in your pocket!

This discount wellness program is available to you at no charge as a WPS and/or EPIC customer. It's to reward you for leading a healthy lifestyle, and continuing your healthy habits.

We've negotiated discounts and other incentives with a variety of health education facilities, fitness clubs, and others. And we're passing these savings on to you! Plus, longer life, fewer illnesses, and a sense of well being are a few of the other advantages you may enjoy by participating in HealthSense Rewards.

A Claims Summary

Lists the person(s) who received health care services, the dates of service covered by the EOB, the total amount of health care costs billed, and the total amount you are responsible to pay.

B Member Information

- **Member Name:** The person insured by WPS (policyholder).
 - **Member Number:** Number associated with each member, shown on your WPS ID card.
 - **Group Name:** Employer Name (if covered under a group plan) or Member Name (if covered under an individual plan).
 - **Group-Division Number:** Unique code identifying your health plan in our claims system.
-

C Overview of this Explanation of Benefits

A summary of total charges billed by health care providers, negotiated provider discounts, WPS' financial responsibility and yours.

D Your Current Benefit Status

Lists your plan's deductible, out-of-pocket maximum, and individual lifetime benefit; shows the amount of each you've met year-to-date; and the amount remaining.

E Details

Provides details on each medical service provided.

- 1 **Claim Number/Patient ID:** Unique code identifying the procedure(s) performed and the patient treated.
- 2 **Services Provided By/Type of Service:** The provider that performed the procedure, plus the code and general category of the procedure performed.
- 3 **Service Dates:** The start and end date during which the listed procedure was performed.
- 4 **Total Billed:** The total cost of the procedure, as billed by the provider.
- 5 **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.

6 **Ineligible Amount:** The amount not covered under your health plan. This amount is your responsibility. See Comment Codes in the last column and the Comments box for explanation.

7 **Copay:** A set amount you are responsible to pay each time you receive certain services (e.g., office visits).

8 **Deductible:** The amount applied to your deductible. (Your deductible is the amount of covered charges you must pay each calendar year before WPS pays benefits.)

9 **Coinsurance:** Your coinsurance benefit determines how costs are shared between you and WPS. This column shows the amount that is your responsibility.

10 **Paid at %:** The percentage WPS paid.

11 **WPS Paid:** The amount WPS paid.

12 **Process Date:** The date WPS processed this claim.

13 **Other Insurance:** The amount paid by another insurance plan.

14 **Comment Codes:** Codes explaining how the procedure was processed. See Comments box for details.

F Comments

Includes explanations of any comment codes listed in the Comment Codes column.

G Did You Know?

Tips and announcements to help you get the most out of your benefit plan.

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



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