



Understanding Your

Billing Statement

WPS
HEALTH INSURANCE®

UNDERSTANDING YOUR GROUP'S PREMIUM SUMMARY AND PREMIUM NOTICE

We think you'll find our Premium Summary quick and easy to use. With each Premium Summary, we'll also include a detailed Billing Statement so you can quickly and easily verify the numbers.

Because insurance terminology and billing statements often differ from the types of invoices you're used to seeing, we've put together this quick reference to help you understand your Premium Summary and Billing Statement.

A Customer Service :

Please call us at this telephone number any time you have any questions.

B Policy Number :

This number identifies your group number and division in our billing system. Please refer to this number when you contact WPS regarding billing Information.

C Payment Due Date :

The date by which the premium is to be paid.

D Current Amount Due :

This amount is the total dollar amount of all billed premiums before any enrollment adjustments, credits, or past due amounts are applied to your group's billing.

E Adjustments:





This amount reflects adjustments to your group's current amount due as a result of changes in enrollment, benefits, coverage options, etc. We calculate adjustments based on information you provide to us throughout the billing period.




F Total Amount Due:

This amount is the premium you owe for the billing period. Any applicable adjustments, billing fees, and past due amounts are included in this amount. Please send your check for this amount to: WPS—P.O. Box 9—Madison, WI 53701-0009, unless you signed up for our Automatic Cash Handling (ACH) service. If you have ACH, WPS will automatically withdraw your premium from your bank account.

G Bar-coding:

Please be sure to include the detachable portion of your Premium Notice with your check. The barcode allows us to scan your payment electronically and credit your account.

					
					
		A FOCUS CUSTOMER SERVICE PHONE NUMBER: 1-800-221-5313			
PREMIUM SUMMARY					
POLICY NUMBER			PAYMENT DUE DATE		
B			C 04/15/01		
CURRENT AMOUNT DUE	ADJUSTMENTS	PAST DUE AMOUNT	FEES	TOTAL AMOUNT DUE	
D \$1,027.22	E \$0.00	\$0.00	\$0.00	F \$1,027.22	

		DETACH AND RETURN THIS PORTION WITH YOUR PREMIUM PAYMENT			
		PREMIUM NOTICE			
		PLEASE DO NOT WRITE ON THIS DOCUMENT			
MAKE CHECKS PAYABLE TO:					
		04/15/01 DUE \$1,027.22			
WPS P.O. BOX 9 MADISON, WI 53701-0009					
		G 			
Invoice No.:					

UNDERSTANDING YOUR BILLING STATEMENT



BILLING STATEMENT REGULAR BILLING
BILLING PERIOD 05/01/01 TO 06/01/01

PAGE: 1
POLICY NO.:

BILLING DATE: 04/10/01

H Coverage Options:

All WPS, Delta Dental, and EPIC coverages are included on the same bill. We list the applicable premium for each member in the corresponding coverage column following his or her ID number and name.

I ID Number and Name:

This column lists the Customer Numbers and names of covered employees for the billing period. ID numbers are system generated customer numbers.

J Effective Date:

This column shows the original effective date of coverage for each participating employee.

K Class:

This column identifies the benefit class to which each employee belongs, such as class of salaried employees versus class of hourly employees benefit plan, if separation is required for the group.

L Health and/or other Coverage Options:

Premium amount includes health and/or vision benefits.

M Dental:

Employees with dental coverage will see the appropriate premium here.

N Life Volume in 1000's:

This represents how many thousands an employee has in benefits. Example - \$25,000 life and AD&D benefits would show 25 units times the combined life and AD&D rate will calculate the life and AD&D premiums.

O Dependent Life:

A rate will show for any employee who has coverage for dependent life.

P Short-Term Disability:

Volume in 10's – Same as the life. This represents how many tens an employee has for STD benefits. A \$300 benefit would show a volume of 30 units of ten times the rate charged per \$10 of coverage equals total premium for STD.

I ID NUMBER	NAME	J EFF DATE	K CLASS	L HEALTH AND/OR OTHER COVERAGE OPTIONS (WPS)	M DENTAL (WPS)	N LIFE / AD + D (EPIC)	O DEPENDENT LIFE (EPIC)	P SHORT TERM DISABILITY (EPIC)	Q LONG TERM DISABILITY (EPIC)	R TOTAL PREMIUM (\$)
	JAMES	10/94	2A	394.86		5.0	10.75			405.61
	MARVIN	10/90	2A	394.86		5.0	10.75			405.61
	JACK	03/77	1A	318.10		5.0	10.75			328.85
	LEE	03/77	1A	318.10		5.0	10.75			328.85
	EDWARD	10/95	1A	394.86		10.0	21.50			416.36
	SCOTT	03/01	1A	394.86		10.0	21.50			416.36
	RICHARD	02/97	2A	394.86		5.0	10.75			405.61
S	SUBTOTAL OF CURRENT BILLING			2610.50		45.0	96.75			2707.25
T	ADJUSTMENT FOR 04/01/01			394.86		10.0	21.50			416.36
T	SUBTOTAL ADJUSTMENTS			394.86			21.50			416.36
TOTAL CURRENT PLUS ADJUSTMENTS				3005.36		45.0	118.25			3123.61
									U	TOTAL FEES: \$ 15.00
									U	TOTAL PREMIUM DUE: \$ 3138.61

CALL 1-800-748-0575 EXT 3749
WITH BILLING RELATED QUESTIONS

Q Long-Term Disability:

Volume in 100's – Indicates how many 100's in covered payroll the employee has for their long-term disability coverage.

R Total Premium:

This amount is the total premium billed for each employee for this billing period for the employee's coverage.

S Subtotal of Current Billing:

This amount reflects the total premiums billed for all covered employees for all of their coverage's before we apply and make any enrollment adjustments.

T Adjustments:

This section reflects changes to your group enrollment such as employee terminations, newly-hired employees and employees' changes in family status, as indicated on the *Additions, Changes, and Terminations* form you sent to us.

U Total Premium Due:


This amount is the actual total amount of all premiums that your group owes for that billing period. This amount should match the Total Amount Due shown in your group's Premium Summary.

These fields are the same for contributory and non-contributory plans. A group that offers base and a supplement plan, the supplemental plan can be listed on a separate page of the billing statement, for easy payroll deduction.


ADDITIONS, CHANGES, & TERMINATIONS

At WPS, we use a balance-forward billing system. By working with a balance-forward system, we're able to calculate your premium closer to the actual payment due date to more accurately reflect your group's enrollment for the billing period.


You pay as billed. Any adjustments, such as changes to enrollment, will be credited or added to your next bill. We'll include a copy of an Additions, Changes, and Terminations form with all your Billing Statements so you can quickly and easily notify us of changes to your group's enrollment as they occur. You can also process terminations via the Employers area on the secure WPS Web site at www.wpsic.com. For information on how you can sign up for this free service, contact us at the telephone number listed on your current billing statement.



WPS
HEALTH INSURANCE®
Wisconsin Physicians Service Insurance Corporation



DELTA DENTAL
Delta Dental Plan of Wisconsin



EI
THE EPIC LIFE INSURANCE COMPANY

ADDITIONS, CHANGES AND TERMINATIONS

Additions Submit a completed group enrollment application/waiver for new employees and changes immediately upon hire or change. Be sure each application has your policy number and name on it. Be sure that the employee has answered all the questions and signed the application in ink.

Terminations/Changes You may use the area below to report terminations and changes. Please note the type of change/termination and the last day worked.

TO INSURE TIMELY ADJUSTMENTS TO YOUR BILLING, PLEASE RETURN THIS FORM IMMEDIATELY FOR TERMINATIONS AND/OR SUBMIT THE COMPLETED ENROLLMENT APPLICATIONS TO US AT THE ADDRESS SHOWN BELOW.

Coverage Types:
 L - Life D - Dental
 W - Weekly Disability Benefit LT - Long Term Disability A - All Coverages

Termination Codes:
 TE - Termination of Employment RE - Retired DT - Death
 LA - Leave of Absence LO - Lay Off OT - Other (Explain)

Name	I.D. Number	Cov Type/ Term Code	Last Day Worked	Date Continuation Offered
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Premium Due Your premium payment is due by the first of the month for which coverage is provided.

Please Pay As Billed Any backcharges or credits will be included on your next billing statement. This statement was prepared on the basis of information entered prior to the statements billing date as shown on the billing statement.

Signed _____ Date _____

Wisconsin Physicians Service Insurance Corporation
 P.O. Box 7605
 Madison, WI 53707-7605
 Fax Number: (608)223-3639

UHLS FINANCIALGROUP INC
 88-145933 -00001
 04/01



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