

# **Understanding Your Billing Statement**



# **Understanding Your Billing Summary**

We think you'll find our Billing Summary quick and easy to use. With each Billing 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 Billing Summary and Billing Statement.

#### Customer Service

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

#### Ourrent Amount Due

This is the dollar amount due before any enrollment adjustments, credits, or past due amounts are applied to your bank's billing.

#### **O** Adjustments

This amount reflects adjustments to your bank'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.

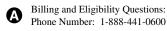
## Total Amount Due

This is the amount that you owe for the billing period. Any applicable adjustments, billing fees, and past due amounts are included in this amount.

#### Account Number

This number identifies your bank's policy and division number in our system. This number is also printed on each employee's ID card.





#### **BILLING SUMMARY**

Coverage	Counts	Volume	Current Charges	Total Charges						
Medical	32		\$143,277.84	\$143,277.84						
Dental	33		\$7,053.81	\$7,053.81						
Vision										
Life	28	1,669,300	\$1,151.82	\$1,151,82						
AD&D	28	1,699,300	\$100.17	\$100.17						
Dependent Life										
Short Term										
Disability										
Long Term										
Disability	28	71,775	\$753.63	\$753.63						
Totals			\$152,337.27	\$152,337.27						
Current Amount	Adjustments	Past Due	Fees	<b>Total Amount Due</b>						
Due		Amount								
\$152,337.27	\$0.00	\$100,000.00	\$0.00	<b>D</b> \$252,337.27						

#### **Payment Instructions**

For information regarding additions, terminations, salary updates, etc., please refer to the instructions in your Understanding your Billing Statement Brochure, which is available on the website at <u>www.wisbankins.com</u> or in electronic format through the EBC office.

Please return this statement along with your payment.

#### Make payable to:

WBA Insurance Trust P.O. Box 7697 Madison, WI 53707-7697

#### Statement Summary



Bill: 10/01/11 - 01/01/12 Acct: 163776-00000

Prior Balance:	\$152,337.27
Payment Received:	\$52,337.27
Past Due Amount:	\$100,000.00
Current Amount Due:	\$152,337.27
Adjustments:	\$0.00
Fees:	\$0.00
TOTAL AMOUNT DUE:	\$252,337.27

# **Understanding Your Billing Statement**



Billing Date 9-16-11					BILLING STATEMENT Billing Period 10/01/11 to 01/01/12				Page: Acct: 163773-00000						
Member Number	Name				Eff Date	B WPS Medical	0	Delta Dental	NVA Vision	Lincoln Life	Lincoln AD&D	Lincoln Dep Life	Lincoln STD	Lincoln LTD	Total
000000000	ANDREV JENNII			01	L/09	5,039.22 EE+SP	2	232.62 EE+SP		84.18	7.32	3		53.37	5,416.71
000000000	BAKER WILLI			01	L/10	7,558.80 FAMILY	)	349.08 FAMILY		30.36	2.64			19.08	7,959.96
000000000	CHARLE SALLY			01	L/08	6,283.80 EE+DEP	)	289.32 EE+DEP		32.43	2.82			20.58	6,628.95
Q	SUBTO	TALS				18,881.8	32	871.02		146.97	12.78			93.03	20,005.62
EE	LIVES I 00015 E	FOTALS DENTAL EE EE+SP	LIVES 00015 00007	VISION EE EE+SP	LIVES 00000 00000	LIFE AD&D	LIVE: 00023	3				U TOTAL	CURRENT CI ADJUSTMEN VUE AMOUNT		\$ 152,337.27 \$ 0.00 \$ 100,000.00 \$ 0.00
EE+DEP FAMILY MC-1 MC-1+	00006 E	EE+JP EE+DEP FAMILY	00005	EE+DEP FAMILY	00000	DEP LIFE STD LTD	000000000000000000000000000000000000000	)					AMOUNT DUI	3:	\$ 252,337.27
TOTAL	00032 т	TOTAL	00033	TOTAL	00000										

#### Member Number & Name

These columns list the Member numbers and names of covered employees for the billing period. ID numbers are system generated.

#### **G** Effective Date

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

#### **WPS** Medical

Employees with medical coverage will see the appropriate charge here.

#### Delta Dental

Employees with dental coverage will see the appropriate charge here.

#### NVA Vision

Employees with vision coverage will see the appropriate charge here.

#### ( Lincoln Financial Life Coverages

A rate will show for any employee who has Life, AD&D, Dependent Life, STD, and/or LTD coverage.

## 🕒 Total

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

## Subtotals

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

#### **Division Counts/Totals**

The division counts reflect the number of employees and dependents who have elected each line of coverage.

EE – Employee only EE+ SP – Employee & Spouse EE+ Dep – Employee & Dependent(s) Family – Employee, Spouse, & Dependent(s) MC-1 – Single Medicare MC-1+ - 1 with Medicare and 1 without Medicare MC-2 – 2 with Medicare

#### • Total Amount Due

This amount is the actual total amount that your bank owes for that billing period. This amount should match the Total Amount Due shown in your bank's Billing Summary.

## **Important Information**

We are now using a pro-rating billing system. By working with a pro-rating system, we're able to calculate your premium to the actual effective and term date to more accurately reflect your group's enrollment for the billing period.

All adjustments are now pro-rated to reflect the premium based on the actual time that coverage is in force.

Generally, information received before the 10th of the month prior to the quarterly billing cycle will be reflected in the billing statement.

Review the billing statement for all enrollments, changes, and terminations to verify that individuals are covered as requested.

**Please pay as billed.** Any adjustments, such as changes to enrollment, will be credited or added to your next bill.

Please make checks payable to the "WBA Insurance Trust".

#### Enrollment

A new employee needs to complete an Enrollment Form within 31 days of satisfying the required waiting period/probationary period. Review the form. Make sure the employee has enrolled (or waived) each line of coverage offered by each employer under the Trust. Submit the form to us in a timely fashion to avoid late enrollment issues. For a medical enrollment, it is important to thoroughly complete the transfer and other coverage sections and to include a certificate of prior coverage for each individual requesting coverage. For Life and AD&D, Dependent Life, STD, and/or LTD coverage, medical underwriting may be required for late enrollees.

An employee may use a Change Notice to add dependents to existing coverage (e.g. single to family). Review the form for accuracy. If adding dependents (other than a newborn) to medical coverage, complete the transfer section and enclose a certificate of prior coverage as noted above.

#### Termination

Line out the employee's name and/or coverage on the bill and indicate the date of termination. Use a Change Notice to terminate dependent coverage. Use a Waiver Form when an employee voluntarily terminates contributory coverage for which he/she was previously enrolled. Remember to provide the employee conversion and/or federal/state continuation forms as appropriate.

#### Updating Salaries - Life and AD&D and Long Term Disability

Please do not report benefit amounts. Do report an employee's new annual or monthly salary on the bill next to the employee's name. Do not report hourly wage; convert this to a monthly or annual salary. Remember to note the effective date of the change as to whether the salary is being shown on a monthly or annual basis. (Benefits cannot be changed for an employee who is not actively at work, who is disabled or satisfying a disability elimination period.)

