



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.

A Customer Service

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

B Current Amount Due

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

C 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.

D 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.

E 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.



A Billing and Eligibility Questions:
Phone Number: 1-888-441-0600

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 Due	Adjustments	Past Due Amount	Fees	Total Amount Due
B \$152,337.27	C \$0.00	\$100,000.00	\$0.00	D \$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 www.wisbankins.com 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

E 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

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BILLING STATEMENT
Billing Period 10/01/11 to 01/01/12

Page:
Acct: 163773-00000

Billing Date 9-16-11

Member Number F	Name	Eff Date G	WPS Medical H	Delta Dental I	NVA Vision J	Lincoln Life	Lincoln AD&D K	Lincoln Dep Life	Lincoln STD	Lincoln LTD	Total L		
000000000	ANDREW JENNIFER	01/09	5,039.22 EE+SP	232.62 EE+SP		84.18	7.32			53.37	5,416.71		
000000000	BAKER WILLIAM	01/10	7,558.80 FAMILY	349.08 FAMILY		30.36	2.64			19.08	7,959.96		
000000000	CHARLESTON SALLY	01/08	6,283.80 EE+DEP	289.32 EE+DEP		32.43	2.82			20.58	6,628.95		
M	SUBTOTALS		18,881.82	871.02		146.97	12.78			93.03	20,005.62		
N	DIVISION COUNTS/TOTALS										O	TOTAL CURRENT CHARGES	\$ 152,337.27
MEDICAL	LIVES	DENTAL	LIVES	VISION	LIVES	LIVES						TOTAL ADJUSTMENTS	\$ 0.00
EE	00015	EE	00015	EE	00000	LIFE	00028					PAST DUE AMOUNT	\$ 100,000.00
EE+SP	00007	EE+SP	00007	EE+SP	00000	AD&D	00028					FEES	\$ 0.00
EE+DEP	00006	EE+DEP	00005	EE+DEP	00000	DEP LIFE	00000					TOTAL AMOUNT DUE:	\$ 252,337.27
FAMILY	00004	FAMILY	00006	FAMILY	00000	STD	00000						
MC-1	00000					LTD	00028						
MC-1+	00000												
MC-2	00000												
TOTAL	00032	TOTAL	00033	TOTAL	00000								

F 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.

H WPS Medical

Employees with medical coverage will see the appropriate charge here.

I Delta Dental

Employees with dental coverage will see the appropriate charge here.

J NVA Vision

Employees with vision coverage will see the appropriate charge here.

K Lincoln Financial Life Coverages

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

L Total

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

M Subtotals

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

N 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

O 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.)

