HIRSP AUTHORITY

Health Insurance Risk Sharing Plan
1751 W. Broadway - Box 8961 - Madison, WI 53708-8961

EXPLANATION OF BENEFITS

THIS IS NOT A BILL - SAVE FOR YOUR RECORDS

Printed on 99/99/1999 Page 1 of 3

Questions?
Call 999-999-9999 or 999-999-9999
TTY/TDD Call 800-351-9945 or 608-222-1879

JOHN SMITH
123 MAIN ST.
MADISON, WI 53716
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXX

CLAIMS SUMMARY - See below for detailed information	
Patient Name	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Processed Date(s)	07/27/07 to 08/29/07
Total Billed by Provider(s)	$99,999.99
Your Responsibility	**$99,999,999.99**

POLICYHOLDER INFORMATION	
Policyholder	JOHN SMITH
Policyholder No.	000012345
Group Name	WISCONSIN PHYSICIANS SERVICE
Group-Division No.	046041-XXXXX

OVERVIEW OF THIS EXPLANATION OF BENEFITS

Billing and Payment Totals	Who is Responsible?	Amount
Total Billed by Provider(s)	-	99999.99
Total Provider Discount(s)	-	99999.99
Total Ineligible Amount(s)	Policyholder	99999.99
Total Copay(s)	Policyholder	9999.99
Total Deductible	Policyholder	99999.99
Total Coinsurance Balance	Policyholder	99999.99
Total Other Insurance	Other Carrier	9999999.97
HIRSP Total	**HIRSP**	**99999999.99**
Your Total	**Policyholder**	**99999999.99**

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.

YOUR CURRENT BENEFIT STATUS FOR THE PERIOD 02/01/09 TO 02/31/09

Benefit	Benefit Amount	Amount Met	Remaining
Individual In-Network1 Deductible	99999.99	99999.99	99999.99
Individual In-Network1 Out-of-Pocket	Unlimited	99999.99	Unlimited
Individual In-Network2 Deductible	99999.99	99999.99	99999.99
Individual In-Network2 Out-of-Pocket	Unlimited	99999.99	Unlimited
Individual Out-of-Network Deductible	99999.99	99999.99	99999.99
Individual Out-of-Network Out-of-Pocket	Unlimited	99999.99	Unlimited
Family In-Network1 Deductible	99999.99	99999.99	99999.99
Family In-Network1 Out-of-Pocket	Unlimited	99999.99	Unlimited
Family In-Network2 Deductible	99999.99	99999.99	99999.99
Family In-Network2 Out-of-Pocket	Unlimited	99999.99	Unlimited
Family Out-of-Network Deductible	99999.99	99999.99	99999.99
Family Out-of-Network Out-of-Pocket	Unlimited	99999.99	Unlimited
Lifetime Maximum Benefit	9,999,999.99	9,999,999.99	9,999,999.99
Individual Base Deductible	99999.99	99999.99	99999.99
Family Base Deductible	99999.99	99999.99	99999.99

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

DETAILS (see last page for definitions)

Claim Number Patient ID	Services Provided By Type of Service/Servicing Provider	Service Dates From	Service Dates To	Total Billed	Provider Discount	Ineligible Amount	Copay	Deduc.	Co-Insurance	Paid at %	HIRSP Paid	Process Date	Other Insurance	Comment Codes*
9999999999	**XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX**													
XXXXXXXXXXXXXXXXX	XXXXXX-XXXXXXXXX	99/99/99	99/99/99	99999.99	99999.99	99999.99	9999.99	99999.99	99999.99	88	99999.99	99/99/99		XX, XX
	Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx													XX, XX
	Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx												999999.99	XX
	Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx												999999.99	XX
	Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx												999999.99	XX
	SUBTOTAL			**999999.99**	**99999.99**	**999999.99**	**9999.99**	**99999.99**	**99999.99**		**999999.99**		**999999.99**	
	Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx													
		Total		**99999.99**	**99999.99**	**99999.99**	**9999.99**	**99999.99**	**99999.99**		**999999.99**		**9999999.97**	

*COMMENTS

Code	ANSI	Explanation
XX	XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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DID YOU KNOW?

Low cost insurance coverage is now available for low income Wisconsin residents without children, including individuals on HIRSP. For more information on this low cost health insurance coverage option, please visit: www.badgercareplus.org or call 1-800-291-2002 to speak with a BadgerCare Plus representative.

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UNDERSTANDING YOUR EXPLANATION OF BENEFITS

Claim Number Patient ID	Services Provided By Type of Service	Service Dates From	Service Dates To	Total Billed	Provider Discount	Ineligible Amount	Copay	Deduc.	Co-Insurance	Paid at %	HIRSP Paid	Process Date	Other Insurance	Comment Codes*
(1)	(2)	(3)		(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)

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
This is the difference between the Total Billed amount and the HIRSP allowed amount. This also includes the provider contribution designated by a 9J comment code.

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 HIRSP pays benefits.)

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

10) Paid at %
The percentage HIRSP paid.

11) HIRSP Paid
The amount HIRSP paid.

12) Process Date
The date HIRSP 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.

WHAT IF I DISAGREE WITH THE BENEFIT DETERMINATION?

Call our Customer Service department at 1-800-828-4777. Representatives are available between 7 a.m. and 7 p.m. (CST) Monday through Thursday, and 7 a.m. and 4:30 p.m. on Friday, or use our TDD line, for the hearing impaired, at 1-800-351-9945. Most questions can be resolved over the telephone; however, you also have the right to dispute our determination in writing. If you would like to dispute our determination, please explain the specific reason(s) you disagree with our decision in writing and send it to:

HIRSP GRIEVANCE COMMITTEE
1751 W. Broadway
P. O. Box 7062
Madison, WI 53707-7062
Fax: (608) 223-3603
Email: hirspweb@wpsic.com

The Grievance Process:

- Your grievance must be submitted to us in writing within 3 years from the date you receive written notice of our claim decision. We accept grievance requests from the patient or guardian, or the patient's authorized representative. In the case of an authorized representative; we will require that an expressed written consent document be on file authorizing the representative to act on their behalf in regards to the grievance. The request needs to include pertinent information such as name, identification number, date and place of service, and reason for the review. Clearly state that this is a request for a grievance.
- You may submit written comments, documentation, records or other information relating to the benefit decision in question.
- You may request copies of all the information we have in our files relevant to our benefit decision.
- For decisions regarding medical judgment, we will consult with a health care professional with expertise in the relevant medical field.
- We will disclose the credentials of any medical or vocational experts used in connection with your grievance to you only upon your written request.
- Upon receiving the request, you will be notified of the receipt and the tentative date the issue will be reviewed. You may submit additional information at this time to be included in the review.
- At the review, HIRSP Grievance Committee will either affirm, modify, or rescind the original decision. You will be notified 30 days from the receipt of the request in writing of the decision or be requested to provide additional information.
- Based on the HIRSP Grievance decision, if claims need to be reprocessed, this will be completed and you will receive an Explanation of Benefits shortly thereafter.