WEA trust
PO Box 259537 | Madison, Wisconsin 53725-9537
800.279.4000 WEAtrust.org

Dear Member:

Thank you for being a WEA Trust Long Term Care member. We worked closely with staff from Wisconsin Health Literacy (WHL). Wisconsin Health Literacy's mission is to promote clear communication between those who give and those who receive health care services. WHL seeks to help people access the health care system, understand health concepts, make informed decisions, and, ultimately, improve health outcomes. We believe this new format will provide you with more information in an easier to understand format. The following pages are a quick guide to all the information included in the Explanation of Benefits (EOB) format.

Reviewing your EOB each month is extremely important. Making sure that your invoices are properly submitted within the policy submission limit and including proof you have paid the provider for services is an important way to make sure you receive reimbursement as quickly as possible. Compare your invoice from the provider to the EOB to be certain that the amounts match the care you received to help you best manage your benefits. Additionally, reviewing your EOB each month allows you to identify any mistakes that may have occurred and should help you track which invoices have been reimbursed. You can use the table on the reverse side to help you track your invoices, EOBs, and reimbursements.

Reimbursement checks are mailed separately from the EOB. We encourage you to sign up for automatic deposit, so you don't have to wait for the United States Postal Service to deliver your reimbursement to you.

Don't forget to let us know of any address changes or changes in care levels. Please contact us in advance if you plan on changing care givers so the correct forms can be sent to you and your claim reimbursements are not delayed.

If you have any questions, or if we can be of assistance, please do not hesitate to call us at (800) 279-4000.

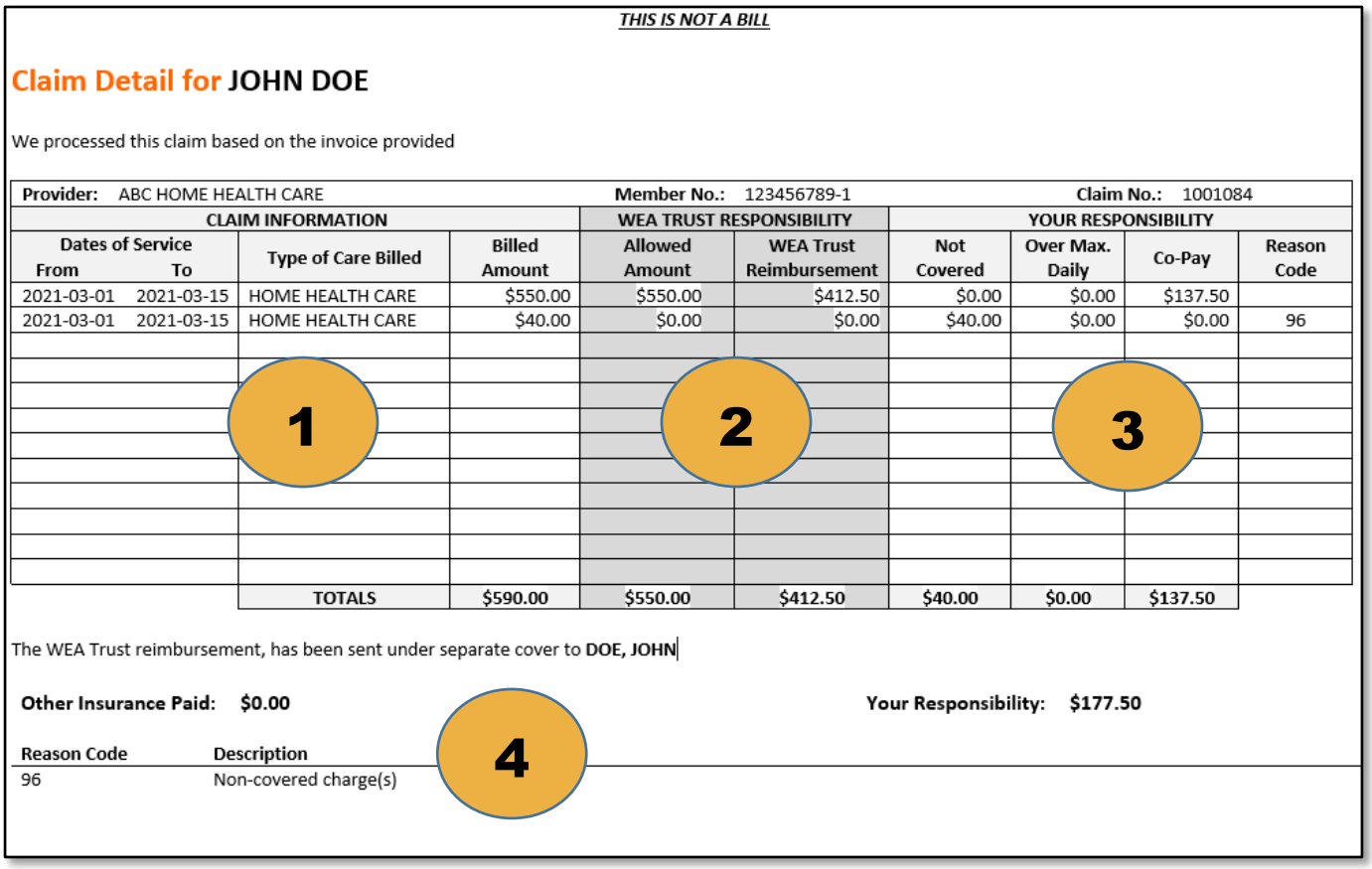
Sincerely,

WEA Trust Long Term Care Department

Track Your LTC Invoice Submissions and Explanation of Benefits

Dates of Service on Invoice	Date Submitted to Insurance Company	Amount I Paid Provider	Date I Received Explanation of Benefits	Date I received Reimbursement	Reimbursement Amount I Received

CLAIM DETAIL SECTION



THIS IS NOT A BILL

Claim Detail for JOHN DOE

We processed this claim based on the invoice provided

Provider: ABC HOME HEALTH CARE **Member No.:** 123456789-1 **Claim No.:** 1001084

CLAIM INFORMATION				WEA TRUST RESPONSIBILITY		YOUR RESPONSIBILITY			
Dates of Service From	To	Type of Care Billed	Billed Amount	Allowed Amount	WEA Trust Reimbursement	Not Covered	Over Max. Daily	Co-Pay	Reason Code
2021-03-01	2021-03-15	HOME HEALTH CARE	$550.00	$550.00	$412.50	$0.00	$0.00	$137.50	
2021-03-01	2021-03-15	HOME HEALTH CARE	$40.00	$0.00	$0.00	$40.00	$0.00	$0.00	96
		TOTALS	$590.00	$550.00	$412.50	$40.00	$0.00	$137.50	

1 2 3

The WEA Trust reimbursement, has been sent under separate cover to **DOE, JOHN**

Other Insurance Paid: $0.00 **Your Responsibility:** $177.50

Reason Code	Description
96	Non-covered charge(s)

4

1

- You will find the name of the **Provider** of services as well as the **Claim No**. The **Claim No.** along with your **Member No.** is a great reference to help us review the claim with you if you have any questions.
- In the Claim Information section, you will find the **Dates of Services**, the **Type of Care**, and the **Billed Amount**.

2

- The WEA Trust Responsibility section provides the **Allowed Amount** and the **WEA Trust Reimbursement** amount – these amounts are based on the coinsurance of your coverage and should match the amounts in your most recent benefit summary.

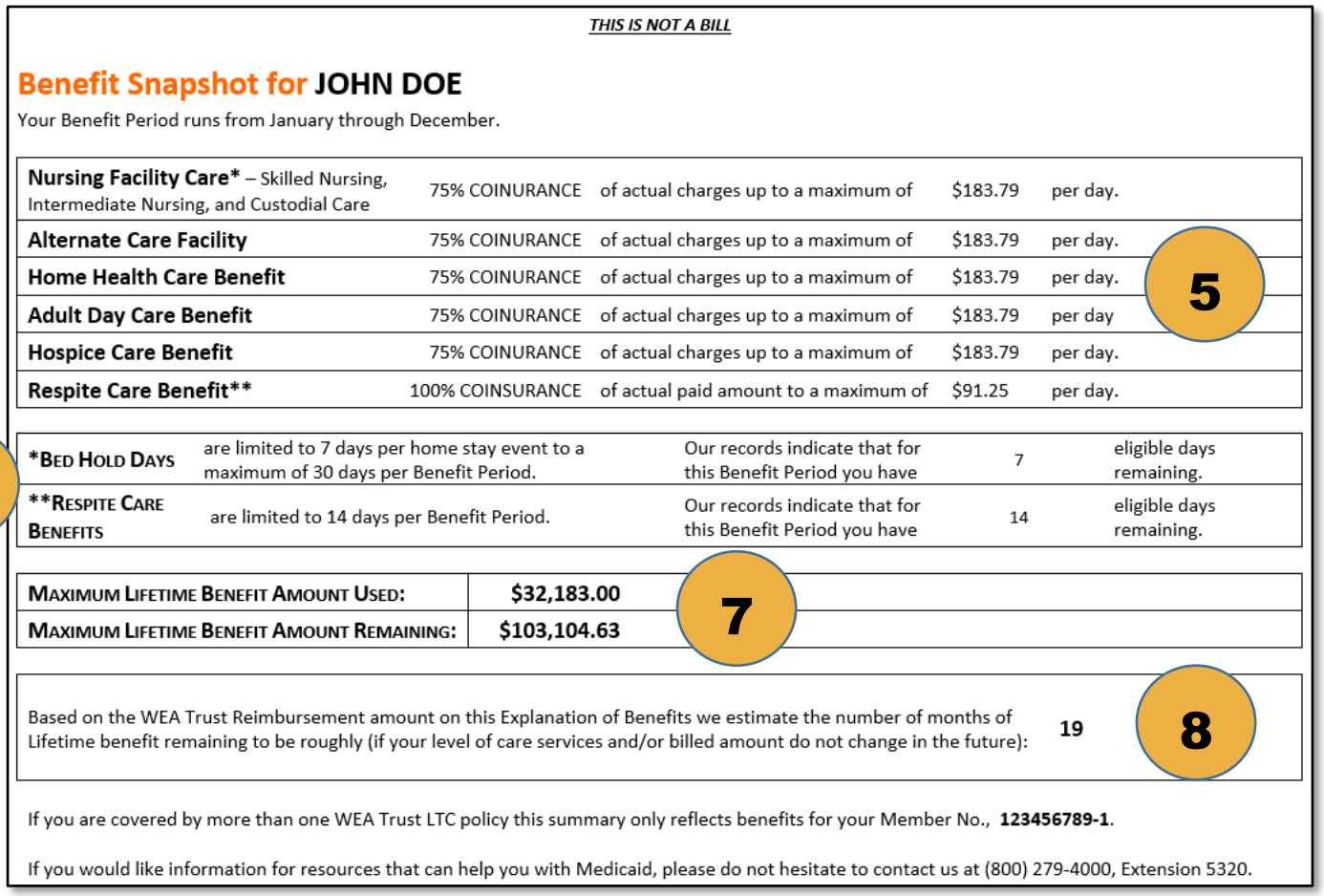
3

- In the Your Responsibility section you will see the **Not Covered** amount for any services on the invoice that are not covered by your plan – for example, grooming services. If the **Billed Amount** exceeds the maximum daily benefit on your benefit summary, that amount is the **Over Max. Daily** amount. The coinsurance amount that is your responsibility is the **Co-Pay.** We may use a **Reason Code** to help draw your attention to a maximum reached or a non-covered charge.

4

- If **Other Insurance Paid** a portion of the invoice, we include that total and then provide the total of **Not Covered**, **Over Max. Daily**, and **Co-Pay** as the amount listed under **Your Responsibility.**
- For your convenience, we list either the member or the provider for whom the reimbursement was sent separately or electronically deposited to.
- If a **Reason Code** is used a **Description** of that code is also provided.

BENEFIT SNAPSHOT SECTION



THIS IS NOT A BILL

Benefit Snapshot for JOHN DOE

Your Benefit Period runs from January through December.

Nursing Facility Care* – Skilled Nursing, Intermediate Nursing, and Custodial Care	75% COINURANCE	of actual charges up to a maximum of	$183.79	per day.
Alternate Care Facility	75% COINURANCE	of actual charges up to a maximum of	$183.79	per day.
Home Health Care Benefit	75% COINURANCE	of actual charges up to a maximum of	$183.79	per day.
Adult Day Care Benefit	75% COINURANCE	of actual charges up to a maximum of	$183.79	per day
Hospice Care Benefit	75% COINURANCE	of actual charges up to a maximum of	$183.79	per day.
Respite Care Benefit**	100% COINSURANCE	of actual paid amount to a maximum of	$91.25	per day.

5

***Bed Hold Days**	are limited to 7 days per home stay event to a maximum of 30 days per Benefit Period.	Our records indicate that for this Benefit Period you have	7	eligible days remaining.
****Respite Care Benefits**	are limited to 14 days per Benefit Period.	Our records indicate that for this Benefit Period you have	14	eligible days remaining.

6

Maximum Lifetime Benefit Amount Used:	**$32,183.00**
Maximum Lifetime Benefit Amount Remaining:	**$103,104.63**

7

Based on the WEA Trust Reimbursement amount on this Explanation of Benefits we estimate the number of months of Lifetime benefit remaining to be roughly (if your level of care services and/or billed amount do not change in the future): **19**

8

If you are covered by more than one WEA Trust LTC policy this summary only reflects benefits for your Member No., **123456789-1**.

If you would like information for resources that can help you with Medicaid, please do not hesitate to contact us at (800) 279-4000, Extension 5320.

5

- This section should look familiar. It contains the same Maximum Daily Benefit (MDB) amounts that appear on your most recent benefit summary. This is to help you review the **Allowed Amount** and the WEA Trust Responsibility amount from the previous page.
- You will find your **Coinsurance** and maximum daily benefit based on your coverage.

6

- You will also find the Benefit Period limits for **Bed Hold Days** and **Respite Care Benefits**. The number of eligible days remaining will be adjusted as necessary so that you can see how many days you have remaining.

7

- Knowing the **Maximum Lifetime Benefit Amount Used** and the **Maximum Lifetime Benefit Amount Remaining** will help you plan for reimbursement of future long term care services.

8

- Based on the WEA Trust Reimbursement amount on the EOB, a rough estimate of the number of months of Maximum Lifetime benefit remaining is provided. The number provided assumes no changes to your level of care, or the amount billed for future services. This amount can be helpful for planning and can be used to determine when and if you may need to seek financial assistance from other sources including Medicaid.