

Key for the Explanation of Benefits

#	Explanation
1	Group Name – Univ of Wisconsin Madison
2	Group Number assigned by CHP
3	Name of the primary SHIP member
4	Unique Member ID assigned by SHIP
5	The date the Explanation of Benefits is issued
6	Date of Service span for this EOB
7	Total amount the provider(s) billed for services(s)
8	Total amount that has been paid by the plan on behalf of SHIP
9	The amount the member is responsible for paying to the Provider. This amount may include: not covered amounts, member deductible, member co-pay, member co-insurance
Claim Summary	Summary of all claims under this EOB
10	Unique claim number assigned by CHP for this charge
11	Name of the patient who received services
12	The full amount the provider charged for this claim
13	The amount excluded or not covered by the plan
14	The amount paid by any other insurance for this claim
15	The network discount amount
16	Full amount covered by the plan for this claim
17	Member co-pay amount applied to this claim
18	Member deductible amount applied to this claim
19	Total patient responsibility for this claim
20	Total paid amount for this claim
21	Totals for each column
Claims Detail	Breakdown of each claim line
22	Unique claim number assigned by CHP for this charge
23	Name of the patient who received services
24	Name of physician or facility whom is billing for service(s)
25	Patient's date of birth
26	Patient account number from the provider or facility who billed for service(s)
27	The date(s) services were rendered
28	Procedure code for the service billed
29	The amount the provider charges for the service(s)
30	The network discount amount
31	The amount excluded or not covered by the plan
32	The amount paid by any other insurance after coordination of benefits (COB) for this claim
33	Remark code displays the reason for any discount or ineligible amounts
34	Amount covered after any discounts and ineligible amounts
35	Member co-pay amount applied to this claim
36	Member deductible amount applied to this claim
37	The charges after any discount, ineligible, COB, co-pay and deductible amounts
38	The percentage of the remaining balance that has been paid by the plan
39	The amount that has been paid by the plan on behalf of SHIP
40	Totals for each column
41	The amount the member is responsible for paying to the Provider. This amount may include: not covered amounts, member deductible, member co-pay, member co-insurance
42	Total amount that has been paid by the plan
43	Procedure code for the service(s) billed
44	Procedure code description for the service(s) billed
45	Remark code displays the reason for any discount or ineligible amounts
46	Remark description

Common Insurance Terms

Co-Insurance – the percentage of your medical expenses for which you are responsible after any applicable Co-Pays or Deductible has been satisfied.

Co-Pay – a payment which you make upfront each time you receive certain medical services. When you visit your health care provider, you pay the copayment to the provider, and the plan considers coverage of the remaining expenses, subject to any applicable Deductible or Co-Insurance.

Deductible – the amount you must pay annually towards certain categories of medical expenses before insurance benefits begin.

Explanation of Benefits (EOB) – a document from the Claims Administrator, showing what the plan has covered, what discounts have been applied, and what your remaining financial responsibility (if any) is. **THIS IS NOT A BILL**, so do not send any balance due to CHP. The provider will receive a separate notification from CHP and should send you a revised bill for any remaining amount due.

Out-of-pocket expenses – the combined total of any Deductible and Coinsurance costs for which you are responsible.

In-Network Provider – a provider who belongs to your plans PPO Network who has a special agreement to accept a discounted rate. This means that the treatment costs are lower for you when you utilize one of these “In-Network” providers.

Out-of-Network Provider – a provider which has no special agreement with a PPO Network. Because there is no agreement, treatment costs and your deductible and co-insurance are higher.

If you require additional assistance with your claim, you can call the CHP Customer Service Department at (877) 657-5031. You can also visit the SHIP office which is located on the 7th floor of University Health Services at 333 East Campus Mall, or call (608) 265-5232. The SHIP office is open from 9am-5pm, Monday through Friday. Alternatively, you can email the SHIP office at: shipmail@uhs.wisc.edu