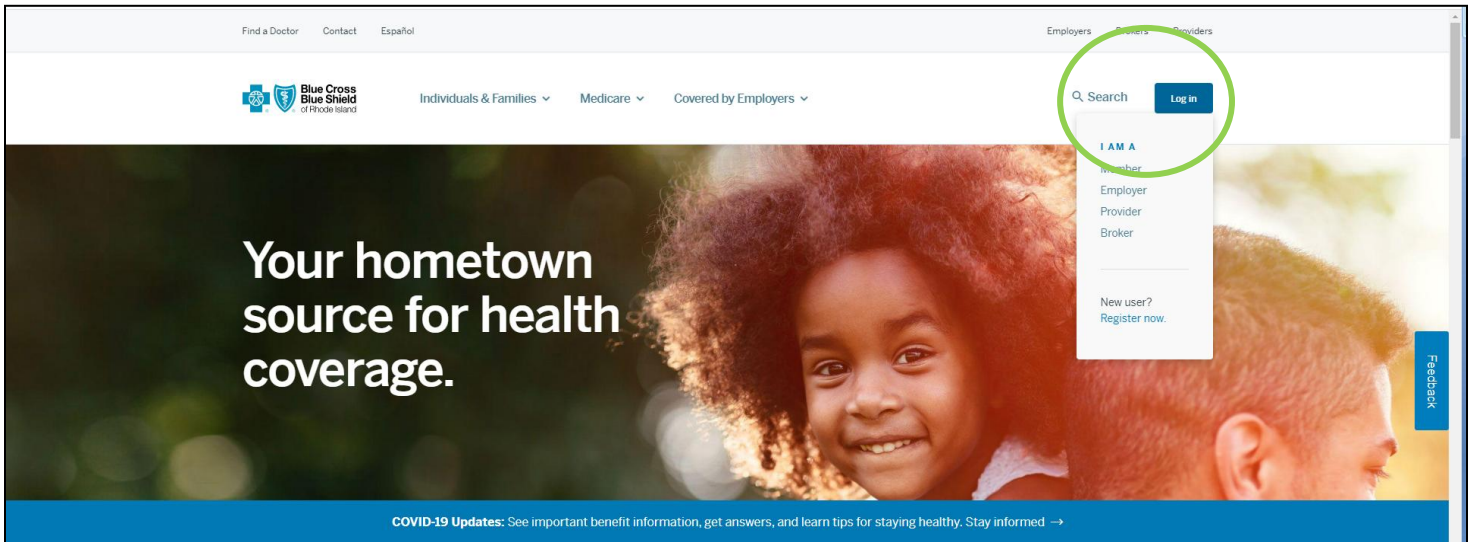
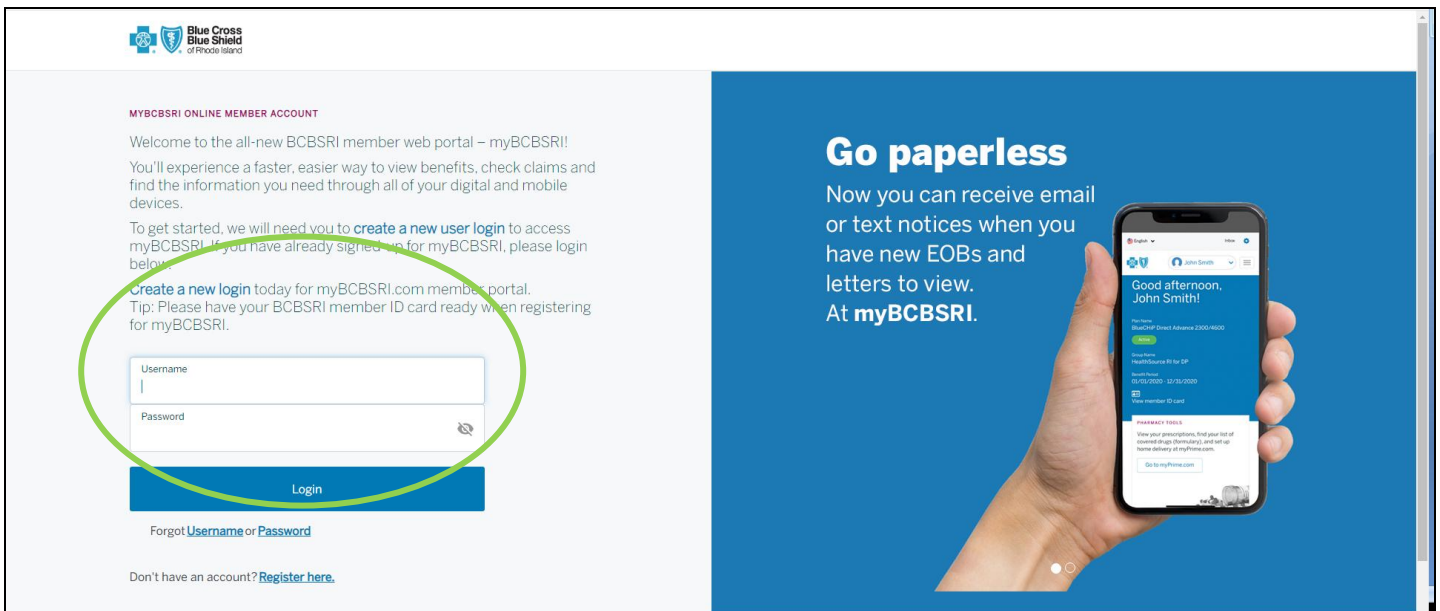


Obtaining your Explanation of Benefits

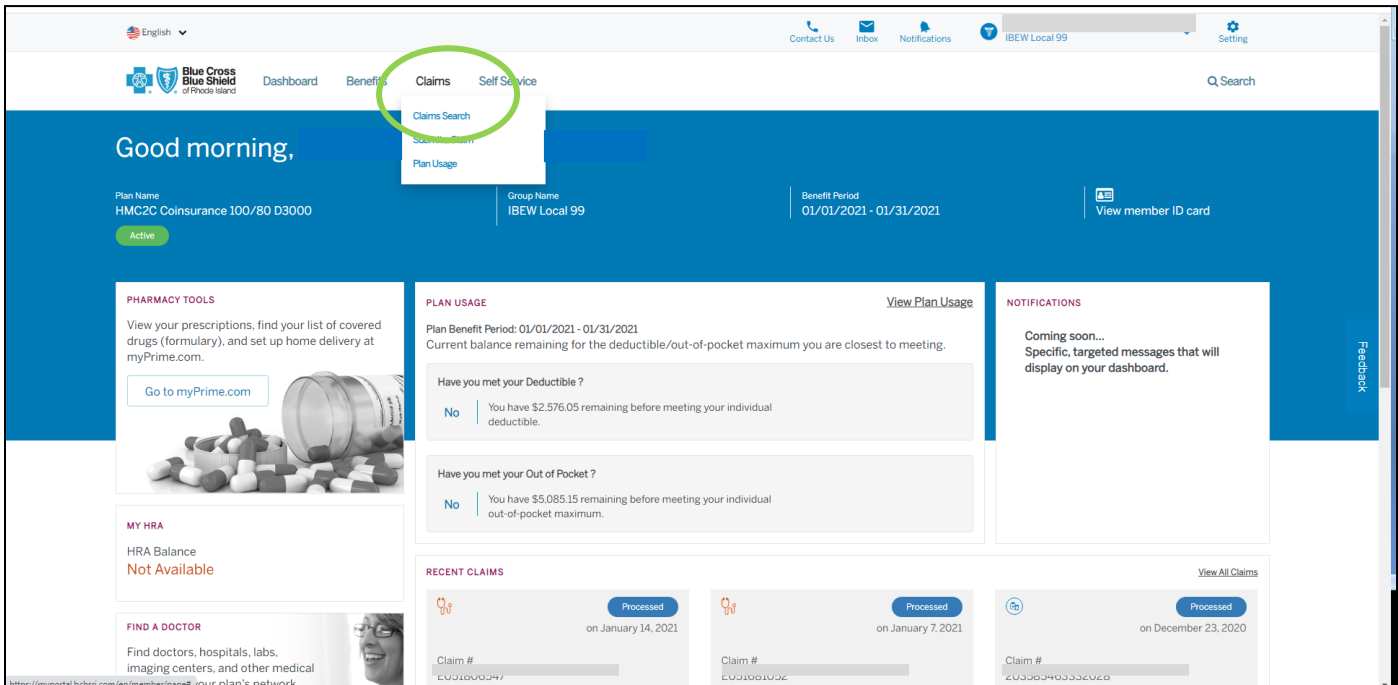
1. Visit www.bcbsri.com and click on “Log In” as “Member”



2a. If you have previously set up an account, log in using your username & password and proceed to Step 3. If not, follow the directions in Step 2b to set up your account.



3. From the menu along the top, hover your mouse over “Claims” and select “Claims Search”



4. You will see claims from the last 90 days. (You can search further back from the drop down)

Locate the appropriate “Service Date” & “Provider” for your bill.

Click on “View EOB” to open a PDF version of your EOB.

****If your EOB is unavailable, you may need to reach out to Blue Cross directly to inquire. (401-277-2958)****

CLAIMS

Claim Type: All | Search by: Last 90 Days

Search Results - 6 claims found

Export as

Claim ID	Service Start - End Date	Provider Name/Specialty	Total Billed	Your Share of the Cost	View EOB/HSS
E051806547	01/13/2021 - 01/13/2021	MEDICAL DOCTOR - PCP	\$215.00	\$25.00	View EOB
E051681052	01/05/2021 - 01/05/2021	MEDICAL DOCTOR - PCP	\$259.03	\$0.00	Not Available
203585463332028	12/23/2020 - 12/23/2020	W...	\$69.89	\$0.00	Not Available
203582377961037	12/23/2020 - 12/23/2020	A...	\$10,394.68	\$100.00	Not Available
203304802626007	11/25/2020 - 11/25/2020	A...	\$10,394.68	\$100.00	Not Available
E050712392	11/01/2020 - 11/01/2020	E...	\$53.00	\$0.00	Not Available

5. From this screen you will be able to download or print your EOB to provide to the HRA department at IBEW Local 99.

Please email, fax, or bring in this document along with the corresponding Provider bill/statement.

Be advised that only claims listed as “Deductible” will be eligible for reimbursement through the HRA.

GetDocumentByClaimNumber 1 / 4

Blue Cross Blue Shield of Rhode Island

ATTN: Membership - 87274
Blue Cross & Blue Shield of RI
500 Exchange Street
Providence, RI 02903-2699

Forwarding Service Requested

BCBSRI.com
401-459-5000 or 1-800-639-2227
TDD: 711

BCBSRI Subscriber ID #: ZBF2
Statement Page 1 of 4
Statement Date: 01/15/2021

Healthcare Services Summary

This statement shows healthcare services you recently received, including what BCBSRI paid your healthcare providers and your share of the costs for these services. **This is not a bill.**

Total amount billed by your healthcare provider(s)	\$215.00
Your discount for using the BCBSRI network	\$66.63
What BCBSRI paid	\$123.37
Other deductions (such as other insurance coverage)	\$0.00

GetDocumentByClaimNumber 3 / 4

Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

Statement Page 3 of 4

Date(s) of Service:	05/05/2020	Total amount billed by your healthcare provider	\$1,200.00
Claim Received:	05/14/2020	Your discount for using the BCBSRI network	\$776.05
Claim Number:		Other deductions (such as other insurance coverage)	\$0.00
Patient Name:		What BCBSRI paid	\$0.00
Healthcare Provider:	CHENG, DAVID		

Claim Line #	Date of Service	Service(s)	Explanation(s) for Cost	Your Cost
001	05/05/2020	MRI scan of chest	DEDUCTIBLE	\$423.95
Your total costs for this claim				\$423.95

2b. If you have not set up a BCBSRI online account, select “Register here.”

MYBCBSRI ONLINE MEMBER ACCOUNT

Welcome to the all-new BCBSRI member web portal – myBCBSRI!

You'll experience a faster, easier way to view benefits, check claims and find the information you need through all of your digital and mobile devices.

To get started, we will need you to [create a new user login](#) to access myBCBSRI. If you have already signed-up for myBCBSRI, please login below.

[Create a new login](#) today for myBCBSRI.com member portal.
Tip: Please have your BCBSRI member ID card ready when registering for myBCBSRI.

Username
Password

Login

[Forgot Username or Password](#)

Don't have an account? [Register here.](#)

Go paperless

Now you can receive email or text notices when you have new EOBs and letters to view. At **myBCBSRI**.

Good afternoon, John Smith!

My Name: BlueCross Direct Advance 2500-4000

View your prescriptions, find your list of covered drugs (formulary), and set up home delivery at myPhone.com

Go to myPhone.com

Disclaimer
The information provided on this site contains brief descriptions of plan benefits intended for informational purposes only. It is not a contract. Plan usage or account balances may not reflect all claims, depending on when the provider submitted the claim. For details about coverage, including any limitations or exclusions not noted here, please refer to your plan's subscriber agreement/benefit booklet, or call our Customer Service at 1-800-639-2227.

2c. Complete the appropriate fields to complete your registration.

Once setup, return to Step 3 and follow directions to obtain your Explanation of Benefits.

Step 1: Member Information Step 2: Login Information Step 3: Mobile Information Step 4: Notifications

REGISTRATION STEP 1 OF 4

Let's set up your account so you'll have easy access to your plan.

*I am creating this account for

☒ Myself ☐ Subscriber who is a minor

Member ID Date of Birth (mm/dd/yyyy) ZIP Code

Back Continue

Disclaimer
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If you are still having difficulty, please feel free to reach out to Blue Cross directly and they can mail you additional copies of your EOBs by mail in 7-10 days.