

P636002802R

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



Blue Cross
Blue Shield
of Rhode Island

PERFORATED STOCK
BRI
201604220102

Electronic Service Requested

TEST

50 0.8471 SP 0.465
SINGLE PIECE
1

Group No. 0000
Sub-Group No. 0000
Billing Period 06/01/2016-06/30/2016
Invoice No. 161120003621
Bill Print Date 04/22/2016
Bill Due Date 06/01/2016

BILLING SUMMARY

BALANCE FORWARD AMOUNT	\$69905.90
CURRENT MONTH BILLING (1)	\$12792.55
DISCRETIONARY ITEM	\$0.00
RETROACTIVE ADJUSTMENT (2)	\$-1135.45
TOTAL AMOUNT DUE	\$81563.00

For Enrollment and Billing questions on your account, please call: MEMBERSHIP ADMINISTRATION SERVICES	
Phone: (401)459-2341 ext. 6064	(800)637-3718 ext. 6064

Please use this billing statement to verify your membership, including confirmation of enrollment changes processed since your last invoice. Please provide any change of enrollment or other information on the appropriate application or Group Activity Report and send to us through your normal channels, and not with this statement. If your renewal is currently pending or is in the process of being finalized, this invoice may have been calculated on rates from the previous rating period. Please note that under no circumstances shall the acceptance of your payment according to this invoice, by Blue Cross & Blue Shield of Rhode Island, discharge your obligation to pay adjusted invoices, if applicable.

(1) "Current Month Billing" includes the premium due to BCBSRI plus the service fee, if applicable, you are paying your broker based on the signed Broker Service Fees Agreement. The service fee, if applicable, is an amount that BCBSRI bills on behalf of your broker and is not part of BCBSRI premium. Service fees, if any, are only applicable in the large group fully insured market. If your Broker Service Fees Agreement reflects a flat fee payment to your broker, any retroactive adjustments to that fee are also reflected in this item. If your Broker Service Fees Agreement reflects a per contract per month fee payment to your broker, any retroactive adjustments to the fee are reflected in the "Retroactive Adjustment" item.

(2) "Retroactive Adjustment" includes amounts due or owed to you for retroactive enrollment changes, plus adjustments to the per contract per month service fee, if applicable, you are paying your broker based on the signed Broker Service Fees Agreement.

GROUP/SUBGROUP:

GROUP NUMBER:

SUBGROUP NUMBER: 0000

Please pay this amount: 81563.00

Please make check payable to:
Blue Cross & Blue Shield of Rhode Island

Indicate amount of your payment: \$ _____

Blue Cross & Blue Shield of Rhode Island
P.O. Box 1057
Providence, RI 02901

BLBILGP1



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All current broker service fees will continue to be included in the "Current Month Billing" amount.

For flat fee arrangements, any retroactive adjustments to service fees will be reflected in this amount.

For per contract per month arrangements, any retroactive service fees due to enrollment adjustments within the billing period will be included in Retroactive Adjustment.



The "Monthly Rates" column has been changed to "Premium Rates Plus Service Fees." For each product line (for example, medical, dental, or vision) you're paying a service fee, we will add the appropriate per contract per month service fee amount to the product's monthly premium rates.

Current Amount
This column shows the current monthly BCBSRI premium due for all subscribers, plus the per contract per month service fees.

Retro. Amount
This column shows the BCBSRI premium retroactively credited or debited for enrollment adjustments for all subscribers, plus the retroactive per contract per month broker service fees.

Total Amount
This column shows all current and retroactive BCBSRI premium due, plus the per contract per month broker service fees for all subscribers.

The "Total Current Period" plus or minus any "Balance Forward" or "Discretionary Item" amounts will equal the "Total Amount Due" for per contract per month service fee arrangements.

For flat fee arrangements, the service fee amount will continue to be included in the "Total Amount Due" will not be added to the premium rates provided in the "Premium Rates Plus Service Fees" column.



BLUE CROSS & BLUE SHIELD OF RI
PROVIDENCE RI 02903-2699

**WHITE STOCK
INVOICE/STATEMENT**

201604220102

1510000001

GROUP NAME
GROUP NO.
BILLING PERIOD 06/01/2016-06/30/2016
INVOICE NO. 161120003621
BILL DUE DATE 06/01/2016

ANY MAINTENANCE NOT REFLECTED IN THIS
BILL WILL BE INCLUDED IN YOUR NEXT BILL

SECTION 2

PRODUCT	NO. OF CONTRACTS					PREMIUM RATES PLUS SERVICE FEES					CURRENT AMOUNT	RETRO. AMOUNT	TOTAL AMOUNT		
	IND	FAM	S/S	S/C	S1C	IND	FAM	S/S	S/C	S1C					
SUBGROUP: 0001 -- Active															
CLASS: 0001															
SUBSCRIBERS = 15															
VantageBlue 100/80 500 w/Acu	7	3	3	1	1	505.78	1348.63	1199.90	803.25	803.25	12792.55	-1135.45	11657.10		
TOT CLASS 0001						505.78	1348.63	1199.90	803.25	803.25	12792.55	-1135.45	11657.10		
TOT SUBGROUP 0001						505.78	1348.63	1199.90	803.25	803.25	12792.55	-1135.45	11657.10		
TOTAL CURRENT PERIOD											12792.55	-1135.45	11657.10		
BALANCE FORWARD													09905.90		
DISCRETIONARY ITEM													0.00		
TOTAL AMOUNT DUE (1)															81563.00

(1) The "Premium Rates Plus Service Fees," "Current Amount," "Retro Amount", and "Total Amount Due" fields include the premium due to BCBSRI plus the per contract per month service fee, if applicable, you are paying your broker based on the signed Broker Service Fees Agreement. If your Broker Service Fees Agreement reflects a flat fee payment to your broker, that amount is only reflected in the "Total Amount Due" section and is not included in the other above-listed fields. The service fee, if applicable, is an amount that BCBSRI bills on behalf of your broker and is not included in premium. Service fees, if any, are only applicable in the large group fully insured market.

IND - INDIVIDUAL, FAM - FAMILY
S/S - SUBSCRIBER AND SPOUSE, S/C - SUBSCRIBER AND CHILDREN, S1C - SUBSCRIBER AND CHILD

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Current Amount

This column shows the monthly premium due for each subscriber, plus the per contract per month broker service fee.

Retro. Amount

This column shows the BCBSRI premium retroactively credited or debited for enrollment adjustments for each subscriber, plus the retroactive per contract per month broker service fees.

Total Amount

This column shows all current and retroactive BCBSRI premium due, plus per contract per month broker service fees for each subscriber.



BLUE CROSS & BLUE SHIELD OF RI
PROVIDENCE RI 02903-2699

**WHITE STOCK
INVOICE/STATEMENT**

201604220102

16182026

GROUP NAME
GROUP NO.
BILLING PERIOD 06/01/2016-06/30/2016
INVOICE NO. 161120003621
BILL DUE DATE 06/01/2016

ANY MAINTENANCE NOT REFLECTED IN THIS
BILL WILL BE INCLUDED IN YOUR NEXT BILL

SECTION 3

DETAIL OF SUBSCRIBERS FOR CURRENT BILLING PERIOD

ENROLLMENT INDICATOR	SUBSCRIBER ID	SUBSCRIBER NAME	DEPARTMENT NUMBER	COVERAGE TYPE	COVERED MEMBERS	FROM DATE	THRU DATE	CURRENT AMOUNT	RETRO. AMOUNT	TOTAL AMOUNT
SUBGROUP: 0001 -- Active					CLASS: 0001					
			N/A	MEDICAL	INDIVIDUAL	06/01/2016	06/30/2016	505.78	10.00	515.78
			N/A	MEDICAL	INDIVIDUAL	06/01/2016	06/30/2016	505.78	10.00	515.78
			N/A	MEDICAL	SUB, 1 CHILD	06/01/2016	06/30/2016	803.25	10.00	813.25
			N/A	MEDICAL	SUB, SPOUSE	06/01/2016	06/30/2016	1199.90	10.00	1209.90
			N/A	MEDICAL	INDIVIDUAL	06/01/2016	06/30/2016	505.78	10.00	515.78
			N/A	MEDICAL	INDIVIDUAL	06/01/2016	06/30/2016	505.78	10.00	515.78
C			N/A	MEDICAL	FAMILY	05/02/2016	05/31/2016	0.00	-1285.45	285.45
			N/A	MEDICAL	SUB, SPOUSE	06/01/2016	06/30/2016	1199.90	10.00	1209.90
			N/A	MEDICAL	INDIVIDUAL	06/01/2016	06/30/2016	505.78	10.00	515.78
			N/A	MEDICAL	SUB, CHILDREN	06/01/2016	06/30/2016	803.25	10.00	813.25
			N/A	MEDICAL	FAMILY	06/01/2016	06/30/2016	1348.63	10.00	1358.63
			N/A	MEDICAL	FAMILY	06/01/2016	06/30/2016	1348.63	10.00	1358.63
			N/A	MEDICAL	INDIVIDUAL	06/01/2016	06/30/2016	505.78	10.00	515.78
			N/A	MEDICAL	SUB, SPOUSE	06/01/2016	06/30/2016	1199.90	10.00	1209.90
			N/A	MEDICAL	FAMILY	06/01/2016	06/30/2016	1348.63	10.00	1358.63
			N/A	MEDICAL	INDIVIDUAL	06/01/2016	06/30/2016	505.78	10.00	515.78
SUBSCRIBERS FOR CLASS 0001:			15	SUBTOTAL FOR CLASS 0001:				12792.55	-1135.45	11657.10
SUBSCRIBERS FOR DEPARTMENT N/A:			15	SUBTOTAL FOR DEPARTMENT N/A:				12792.55	-1135.45	11657.10
SUBSCRIBERS FOR SUBGROUP 0001:			15	SUBTOTAL FOR SUBGROUP 0001:				12792.55	-1135.45	11657.10

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PROVIDENCE RI 02903-2699

WHITE STOCK
INVOICE/STATEMENT

201704220102

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GROUP NAME
GROUP NO.
BILLING PERIOD 06/01/2016-06/30/2016
INVOICE NO. 161120003621
BILL DUE DATE 06/01/2016

ANY MAINTENANCE NOT REFLECTED IN THIS
BILL WILL BE INCLUDED IN YOUR NEXT BILL

SECTION 3

DETAIL OF SUBSCRIBERS FOR CURRENT BILLING PERIOD

ENROLLMENT INDICATOR	SUBSCRIBER ID	SUBSCRIBER NAME	DEPARTMENT NUMBER	COVERAGE TYPE	COVERED MEMBERS	FROM DATE	THRU DATE	CURRENT AMOUNT	RETRO. AMOUNT	TOTAL AMOUNT
SUBSCRIBERS CURRENT BILLING PERIOD:						15	TOTAL CURRENT BILLING PERIOD:			
								12792.55	-1135.45	11657.10

(1)The "Current Amount," "Retro Amount," and "Total Amount" fields include the premium due to BCBSRI plus the per contract per month service fee, if applicable, you are paying your broker based on the signed Broker Service Fees Agreement. If your Broker Service Fees Agreement reflects a flat fee payment to your broker, that amount is not included in the above-listed fields. The service fee, if applicable, is an amount that BCBSRI bills on behalf of your broker and is not included in premium. Service fees, if any, are only applicable in the large group fully insured market.

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The "Total Current Billing Period" will equal the "Total Amount Due" in Sections 1 and 2 for per contract per month broker service fee arrangements.

For flat fee broker service fee arrangements, the monthly premium rates will not include the flat service fee and the "Total Current Billing Period" will not equal the "Total Amount Due" amount in Sections 1 and 2.

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STATEMENT EXPLANATION:

Front Page:

Balance Forward Amount -- Amount due or owed to you from prior billing period, carried forward as balance.

Current Month Billing -- Premium amount due for the current billing period, including broker service fees, if applicable.

Discretionary Item -- Amount due or owed to you to adjust for enrollment, rates, performance guarantees, or other changes not otherwise reflected.

Retroactive Adjustment -- Amount due or owed to you for retroactive enrollment changes, including adjustments to the per contract per month broker service fees, if applicable.

Total Amount Due -- Total of the Balance Forward Amount, Current Month Billing, Discretionary Item, and Retroactive Adjustment amounts.

Section 3: ENROLLMENT INDICATOR

A -- New Enrollment

B -- Changes

C -- Cancellation/Termination

-- No Change (No Indicator)

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