



London Health Administrators (BCBSRI)
 40 Commercial Way
 East Providence, RI 02914
 (401) 435-4700 ext. 212

Invoice

Invoice number: 335416

Bill To

Narragansett Bay Commission
 Attn: Cecille Antonelli
 One Service Road
 Providence, RI 02905

Summary

Invoice Number.....335416
 Invoice Date.....05/04/22
 Due Date.....06/03/22
 Total.....\$3,701.25

Total

HRA 01/01/2022 - 01/31/2022	\$1,244.25
HRA 02/01/2022 - 02/28/2022	\$1,228.50
HRA 03/01/2022 - 03/31/2022	\$1,228.50
Total Due	\$3,701.25

Narragansett Bay Commission

01/01/2022 - 03/31/2022

HRA	\$1,244.25
01/01/2022 - 01/31/2022	
Per Unit \$1,244.25 (237 Total Members * \$5.25)	
HRA	\$1,228.50
02/01/2022 - 02/28/2022	
Per Unit \$1,228.50 (234 Total Members * \$5.25)	
HRA	\$1,228.50
03/01/2022 - 03/31/2022	
Per Unit \$1,228.50 (234 Total Members * \$5.25)	



London Health Administrators (BCBSRI)
 40 Commercial Way
 East Providence, RI 02914
 (401) 435-4700 ext. 212

Invoice

Invoice number: 279159

Bill To

Narragansett Bay Commission
 Attn: Cecille Antonelli
 One Service Road
 Providence, RI 02905

Summary

Invoice Number.....279159
 Invoice Date.....01/20/22
 Due Date.....02/19/22
 Total.....\$3,669.75

Total

HRA 10/01/2021 - 10/31/2021	\$1,228.50
HRA 11/01/2021 - 11/30/2021	\$1,212.75
HRA 12/01/2021 - 12/31/2021	\$1,228.50
Total Due	\$3,669.75

Narragansett Bay Commission

10/01/2021 - 12/31/2021

HRA	\$1,228.50
10/01/2021 - 10/31/2021	
Per Unit \$1,228.50 (234 Total Members * \$5.25)	
HRA	\$1,212.75
11/01/2021 - 11/30/2021	
Per Unit \$1,212.75 (231 Total Members * \$5.25)	
HRA	\$1,228.50
12/01/2021 - 12/31/2021	
Per Unit \$1,228.50 (234 Total Members * \$5.25)	



London Health Administrators (BCBSRI)
 40 Commercial Way
 East Providence, RI 02914
 (401) 435-4700 ext. 212

Invoice

Invoice number: 243189

Bill To

Narragansett Bay Commission
 Attn: Cecille Antonelli
 One Service Road
 Providence, RI 02905

Summary

Invoice Number.....243189
 Invoice Date.....10/16/21
 Due Date.....11/15/21
 Total.....\$3,880.25

Total

HRA 07/01/2021 - 07/31/2021	\$1,428.50
HRA 08/01/2021 - 08/31/2021	\$1,223.25
HRA 09/01/2021 - 09/30/2021	\$1,228.50
Total Due	\$3,880.25

Narragansett Bay Commission

07/01/2021 - 09/30/2021

HRA	\$1,428.50
07/01/2021 - 07/31/2021	
Per Unit \$1,228.50 (234 Total Members * \$5.25)	
Annual Fee \$200.00	
HRA	\$1,223.25
08/01/2021 - 08/31/2021	
Per Unit \$1,223.25 (233 Total Members * \$5.25)	
HRA	\$1,228.50
09/01/2021 - 09/30/2021	
Per Unit \$1,228.50 (234 Total Members * \$5.25)	



London Health Administrators (BCBSRI)

40 Commercial Way
East Providence, RI 02914
(401) 435-4700 ext. 212

Invoice

Invoice number: 214198

Bill To

Narragansett Bay Commission
Attn: Cecille Antonelli
One Service Road
Providence, RI 02905

Summary

Invoice Number 214198
Invoice Date 07/13/21
Due Date 08/12/21
Total \$3,047.25

Total

HRA 04/01/2021 - 04/30/2021	\$1,015.75
HRA 05/01/2021 - 05/31/2021	\$1,015.75
HRA 06/01/2021 - 06/30/2021	\$1,015.75
Total Due	\$3,047.25

Narragansett Bay Commission

04/01/2021 - 06/30/2021

HRA 04/01/2021 - 04/30/2021 Per Unit \$1,015.75 (239 Total Members * \$4.25)	\$1,015.75
HRA 05/01/2021 - 05/31/2021 Per Unit \$1,015.75 (239 Total Members * \$4.25)	\$1,015.75
HRA 06/01/2021 - 06/30/2021 Per Unit \$1,015.75 (239 Total Members * \$4.25)	\$1,015.75

Ok to pay 7/26/21



London Health Administrators (BCBSRI)

40 Commercial Way
East Providence, RI 02914
(401) 435-4700 ext. 212

Invoice

Invoice number: 427834

Bill To

Narragansett Bay Commission
Attn: Cecille Antonelli
One Service Road
Providence, RI 02905

Handwritten signature and date: 10/24/22

Summary

Invoice Number 427834
Invoice Periods 07/01/2022 - 07/31/2022
08/01/2022 - 08/31/2022
09/01/2022 - 09/30/2022
Invoice Date 10/14/22
Due Date 11/13/22
Total \$3,859.25

Total

HRA 07/01/2022 - 07/31/2022 \$1,418.00
HRA 08/01/2022 - 08/31/2022 \$1,212.75
HRA 09/01/2022 - 09/30/2022 \$1,228.50
Total Due \$3,859.25

Narragansett Bay Commission

07/01/2022 - 09/30/2022

HRA \$1,418.00
07/01/2022 - 07/31/2022
Per Unit \$1,218.00 (232 Total Members * \$5.25)
Annual Fee \$200.00

HRA \$1,212.75
08/01/2022 - 08/31/2022
Per Unit \$1,212.75 (231 Total Members * \$5.25)

HRA \$1,228.50
09/01/2022 - 09/30/2022
Per Unit \$1,228.50 (234 Total Members * \$5.25)

COST CENTER 80/52950
REQUISITION # 173177
PURCHASE ORDER # 374627
GRN 632592



London Health Administrators (BCBSRI)

40 Commercial Way
East Providence, RI 02914
(401) 435-4700 ext. 212

Invoice

Invoice number: 365814

This invoice is now overdue. Please remit payment as soon as possible.

Bill To

Narragansett Bay Commission
Attn: Cecille Antonelli
One Service Road
Providence, RI 02905

Summary

Invoice Number 365814
Invoice Periods 04/01/2022 - 04/30/2022
05/01/2022 - 05/31/2022
06/01/2022 - 06/30/2022
Invoice Date 07/15/22
Due Date 08/14/22
Total \$3,706.50

Total

HRA 04/01/2022 - 04/30/2022 \$1,233.75
HRA 05/01/2022 - 05/31/2022 \$1,244.25
HRA 06/01/2022 - 06/30/2022 \$1,228.50

Total Due **\$3,706.50**

Narragansett Bay Commission

04/01/2022 - 06/30/2022

HRA 04/01/2022 - 04/30/2022 Per Unit \$1,233.75 (235 Total Members * \$5.25)	\$1,233.75
HRA 05/01/2022 - 05/31/2022 Per Unit \$1,244.25 (237 Total Members * \$5.25)	\$1,244.25
HRA 06/01/2022 - 06/30/2022 Per Unit \$1,228.50 (234 Total Members * \$5.25)	\$1,228.50

PO: 373946

Apn: 632314.

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

Puc 1-30



Blue Cross
Blue Shield
of Rhode Island

202106163927



ENV 4 1 OF 8 F

Forwarding Service Requested

4 1.6136 SP 0.710 SINGLE PIECE
Narragansett Bay Commission
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

Group No. 01002718
Sub-Group No. 0000
Billing Period 07/01/2021-07/31/2021
Invoice No. 211660050956
Bill Print Date 06/16/2021
Bill Due Date 07/01/2021

BILLING SUMMARY

BALANCE FORWARD AMOUNT \$0.00
CURRENT MONTH BILLING (1) \$382822.46
DISCRETIONARY ITEM \$0.00
RETROACTIVE ADJUSTMENT (2) \$1778.42
TOTAL AMOUNT DUE \$384600.88

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's 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.

Narragansett Bay Commission
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

GROUP/SUBGROUP: Narragansett Bay Commission

GROUP NUMBER: 01002718

SUBGROUP NUMBER: 0000

Please pay this amount:

384600.88

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 02901-1057

BLBILGP1



6666000001002718384600.88



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

INVOICE/STATEMENT

GROUP NAME Narragansett Bay Commission
GROUP NO. 01002718
BILLING PERIOD 07/01/2021-07/31/2021
INVOICE NO. 211660050956
BILL DUE DATE 07/01/2021

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

SECTION 2

PRODUCT	IND	NO. OF CONTRACTS		PREMIUM RATES PLUS SERVICE FEES			S1C	CURRENT AMOUNT	RETRO. AMOUNT	TOTAL AMOUNT
		FAM	S/S	S/C	S1C	S/C				
<u>SUBGROUP: 0001 - Active</u>										
HMC2C Deductible Plan 67	82	91	47	8	8	2071.43	2071.43	382822.46	1778.42	384600.88
TOT CLASS 0001						2071.43	2071.43	382822.46	1778.42	384600.88
<u>TOT SUBGROUP 0001</u>										
TOTAL CURRENT PERIOD						2071.43	2071.43	382822.46	1778.42	384600.88
<u>BALANCE FORWARD</u>										
<u>DISCRETIONARY ITEM</u>										
<u>TOTAL AMOUNT DUE (1)</u>										
								382822.46	1778.42	384600.88
								0.00	0.00	0.00
								0.00	0.00	0.00
								382822.46	1778.42	384600.88

(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, S1C - SUBSCRIBER AND CHILDREN, S1C - SUBSCRIBER AND CHILD
FOR ASSISTANCE CALL (401)459-2341 ext. 6064 OR (800)637-3718 ext. 6064
ASK FOR MEMBERSHIP ADMINISTRATION SERVICES

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



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



Blue Cross
Blue Shield
of Rhode Island

202107163925



ENV 6 1 OF 8 F

Forwarding Service Requested

6 1-6136 SP 0.710 SINGLE PIECE



Narragansett Bay Commission
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

Group No. 01002718
Sub-Group No. 0000
Billing Period 08/01/2021-08/31/2021
Invoice No. 211960035296
Bill Print Date 07/16/2021
Bill Due Date 08/01/2021

BILLING SUMMARY

BALANCE FORWARD AMOUNT	\$0.00
CURRENT MONTH BILLING (1)	\$377122.96
DISCRETIONARY ITEM	\$0.00
RETROACTIVE ADJUSTMENT (2)	\$-2876.15
TOTAL AMOUNT DUE	\$374246.81

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

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- (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.

No action required
Electronic funds transfer

Narragansett Bay Commission
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

GROUP/SUBGROUP: Narragansett Bay Commission

GROUP NUMBER: 01002718

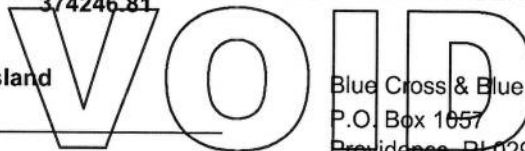
SUBGROUP NUMBER: 0000

Please pay this amount:

374246.81

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 02901-1057

BLBILGP1



6666000001002718374246.81



**Blue Cross
Blue Shield**
of Rhode Island

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

INVOICE/STATEMENT

GROUP NAME Narragansett Bay Commission
 GROUP NO. 01002718
 BILLING PERIOD 08/01/2021-08/31/2021
 INVOICE NO. 211960035296
 BILL DUE DATE 08/01/2021

**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/C	IND	FAM	S/C				
SUBGROUP: 0001 - Active										
HMC2C Deductible Plan 67	80	89	46	8	8	8	2071.43	2071.43	375051.53	367453.56
TOT CLASS 0001							2071.43	2071.43	375051.53	367453.56
TOT SUBGROUP 0001										
SUBGROUP: 0002 - COBRA										
HMC2C Deductible Plan 67	0	1	0	0	0	0	2071.43	2071.43	4721.82	6793.25
TOT CLASS 0001							2071.43	2071.43	4721.82	6793.25
TOT SUBGROUP 0002										
TOTAL CURRENT PERIOD										
							SUBSCRIBERS = 231			
							SUBSCRIBERS = 231			
							SUBSCRIBERS = 1			
							SUBSCRIBERS = 1			
							SUBSCRIBERS = 232			
							377122.96	-2876.15	374246.81	

**BALANCE FORWARD
DISCRETIONARY ITEM**

TOTAL AMOUNT DUE (1)

(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**

**FOR ASSISTANCE CALL (401)459-2341 ext. 6064 OR (800)637-3718 ext. 6064
ASK FOR MEMBERSHIP ADMINISTRATION SERVICES**

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



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



**Blue Cross
Blue Shield**
of Rhode Island

202108173919

Forwarding Service Requested

14 1-6136 SP 0.710

SINGLE PIECE



Narragansett Bay Commission
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

Group No. 01002718
Sub-Group No. 0000
Billing Period 09/01/2021-09/30/2021
Invoice No. 212280004071
Bill Print Date 08/17/2021
Bill Due Date 09/01/2021

BILLING SUMMARY

BALANCE FORWARD AMOUNT \$0.00
CURRENT MONTH BILLING (1) \$379457.92
DISCRETIONARY ITEM \$0.00
RETROACTIVE ADJUSTMENT (2) \$1002.92
TOTAL AMOUNT DUE \$380460.84

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

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Narragansett Bay Commission
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

GROUP/SUBGROUP: Narragansett Bay Commission

GROUP NUMBER: 01002718

SUBGROUP NUMBER: 0000

Please pay this amount:

380460.84

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 02901-1057

BLBILGP1



6666000001002718380460.84



ENV 14 1 OF 8 F



**Blue Cross
Blue Shield**
of Rhode Island

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

INVOICE/STATEMENT

GROUP NAME Narragansett Bay Commission
 GROUP NO. 01002718
 BILLING PERIOD 09/01/2021-09/30/2021
 INVOICE NO. 212280004071
 BILL DUE DATE 09/01/2021

**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/C	IND	FAM	S/C			
SUBGROUP: 0001 -- Active									
HMC2C Deductible Plan 67	83	89	46	8	8	8	377386.49	1002.92	378389.41
TOT CLASS 0001							377386.49	1002.92	378389.41
TOT SUBGROUP 0001									
SUBGROUP: 0002 -- COBRA									
HMC2C Deductible Plan 67	0	1	0	0	0	0	2071.43	0.00	2071.43
TOT CLASS 0001							2071.43	0.00	2071.43
TOT SUBGROUP 0002									
TOTAL CURRENT PERIOD									
							379457.92	1002.92	380460.84
BALANCE FORWARD									0.00
DISCRETIONARY ITEM									0.00
TOTAL AMOUNT DUE (1)									380460.84

(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.

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ASK FOR MEMBERSHIP ADMINISTRATION SERVICES**

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



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



Blue Cross
Blue Shield
of Rhode Island

202109163925



Forwarding Service Requested

5 1-6136 SP 0.730

SINGLE PIECE



Narragansett Bay Commission
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

1

Group No. 01002718
Sub-Group No. 0000
Billing Period 10/01/2021-10/31/2021
Invoice No. 212580050220
Bill Print Date 09/16/2021
Bill Due Date 10/01/2021

BILLING SUMMARY

BALANCE FORWARD AMOUNT \$0.00
CURRENT MONTH BILLING (1) \$376608.17
DISCRETIONARY ITEM \$0.00
RETROACTIVE ADJUSTMENT (2) \$-3633.09
TOTAL AMOUNT DUE \$372975.08

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

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- (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.

Narragansett Bay Commission
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

GROUP/SUBGROUP: Narragansett Bay Commission

GROUP NUMBER: 01002718

SUBGROUP NUMBER: 0000

Please pay this amount:

372975.08

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 02901-1057

BLBILGP1



6666000001002718372975.08



**Blue Cross
Blue Shield**
of Rhode Island

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

INVOICE/STATEMENT

GROUP NAME Narragansett Bay Commission
GROUP NO. 01002718
BILLING PERIOD 10/01/2021-10/31/2021
INVOICE NO. 212580050220
BILL DUE DATE 10/01/2021

**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 -----			S1C	CURRENT AMOUNT	RETRO. AMOUNT	TOTAL AMOUNT		
	IND	FAM	S/S	S/C	S1C	FAM					S/S	S/C
SUBGROUP: 0001 -- Active												
HMC2C Deductible Plan 67	82	88	46	8	8	2071.43	2071.43	2071.43	2071.43	374536.74	-3633.09	370903.65
TOT CLASS 0001						2071.43	2071.43	2071.43	2071.43	374536.74	-3633.09	370903.65
TOT SUBGROUP 0001												
SUBGROUP: 0002 -- COBRA												
HMC2C Deductible Plan 67	0	1	0	0	0	2071.43	2071.43	2071.43	2071.43	2071.43	0.00	2071.43
TOT CLASS 0001						2071.43	2071.43	2071.43	2071.43	2071.43	0.00	2071.43
TOT SUBGROUP 0002												
TOTAL CURRENT PERIOD												
									SUBSCRIBERS = 232			
									376608.17	-3633.09	372975.08	
BALANCE FORWARD												
DISCRETIONARY ITEM												
									0.00			
									0.00			
TOTAL AMOUNT DUE (1)												
									372975.08			

(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**

**FOR ASSISTANCE CALL (401)459-2341 ext. 6064 OR (800)637-3718 ext. 6064
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Providence, RI 02903-2699



**Blue Cross
Blue Shield**
of Rhode Island

202110183926



ENV 10 1 OF 8 F

Forwarding Service Requested

10 1-6136 SP 0.730 SINGLE PIECE
Narragansett Bay Commission
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

Group No. 01002718
Sub-Group No. 0000
Billing Period 11/01/2021-11/30/2021
Invoice No. 212890035213
Bill Print Date 10/18/2021
Bill Due Date 11/01/2021

BILLING SUMMARY

BALANCE FORWARD AMOUNT \$0.00
CURRENT MONTH BILLING (1) \$374285.48
DISCRETIONARY ITEM \$0.00
RETROACTIVE ADJUSTMENT (2) \$-1460.11
TOTAL AMOUNT DUE \$372825.37

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.

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Narragansett Bay Commission
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

GROUP/SUBGROUP: Narragansett Bay Commission

GROUP NUMBER: 01002718

SUBGROUP NUMBER: 0000

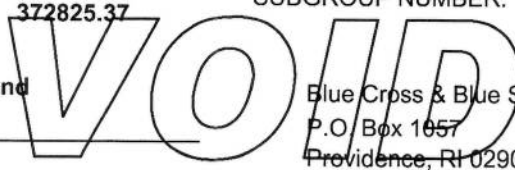
Please pay this amount:

372825.37

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 02901-1057



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6666000001002718372825.37



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of Rhode Island

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

INVOICE/STATEMENT

GROUP NAME Narragansett Bay Commission
 GROUP NO. 01002718
 BILLING PERIOD 11/01/2021-11/30/2021
 INVOICE NO. 212890035213
 BILL DUE DATE 11/01/2021

**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	S/C			
SUBGROUP: 0001 -- Active									
HMC2C Deductible Plan 67	87	86	44	9	8	2071.43	372214.05	-1460.11	370753.94
TOT CLASS 0001						2071.43	372214.05	-1460.11	370753.94
TOT SUBGROUP 0001									
SUBGROUP: 0002 -- COBRA									
HMC2C Deductible Plan 67	0	1	0	0	0	2071.43	2071.43	0.00	2071.43
TOT CLASS 0001						2071.43	2071.43	0.00	2071.43
TOT SUBGROUP 0002									
TOTAL CURRENT PERIOD									
							374285.48	-1460.11	372825.37
BALANCE FORWARD									0.00
DISCRETIONARY ITEM									0.00
TOTAL AMOUNT DUE (1)									372825.37

(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.

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202111163927



ENV 13 1 OF 8 F

Forwarding Service Requested

13 1-6136 SP 0.730 SINGLE PIECE
NARRAGANSETT BAY COMMISSION
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

Group No. 01002718
Sub-Group No. 0000
Billing Period 12/01/2021-12/31/2021
Invoice No. 213190045416
Bill Print Date 11/16/2021
Bill Due Date 12/01/2021

BILLING SUMMARY

BALANCE FORWARD AMOUNT	\$0.00
CURRENT MONTH BILLING (1)	\$371950.52
DISCRETIONARY ITEM	\$0.00
RETROACTIVE ADJUSTMENT (2)	\$-2622.66
TOTAL AMOUNT DUE	\$369327.86

For Enrollment and Billing questions on your account, please call: MEMBERSHIP ADMINISTRATION SERVICES	
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Narragansett Bay Commission
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

GROUP/SUBGROUP: Narragansett Bay Commission

GROUP NUMBER: 01002718

SUBGROUP NUMBER: 0000

Please pay this amount:

369327.86

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

Indicate amount of your payment: \$

Blue Cross & Blue Shield of Rhode Island
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**BLUE CROSS & BLUE SHIELD OF RI
PROVIDENCE RI 02903-2699**

INVOICE/STATEMENT

GROUP NAME Narragansett Bay Commission
 GROUP NO. 01002718
 BILLING PERIOD 12/01/2021-12/31/2021
 INVOICE NO. 213190045416
 BILL DUE DATE 12/01/2021

**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 -----			S1C	CURRENT AMOUNT	RETRO. AMOUNT	TOTAL AMOUNT
	IND	FAM	S/S	IND	FAM	S/S				
SUBGROUP: 0001 -- Active										
HMC2C Deductible Plan 67	84	87	43	8	9					
TOT CLASS 0001										
TOT SUBGROUP 0001										
SUBGROUP: 0002 -- COBRA										
HMC2C Deductible Plan 67	0	1	0	0	0					
TOT CLASS 0001										
TOT SUBGROUP 0002										
TOTAL CURRENT PERIOD										

**BALANCE FORWARD
DISCRETIONARY ITEM**

TOTAL AMOUNT DUE (1)

(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.

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202112163922



ENV 6 1 OF 8 F

Forwarding Service Requested

6 1-6136 SP 0.730 SINGLE PIECE
Narragansett Bay Commission
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

Group No. 01002718
Sub-Group No. 0000
Billing Period 01/01/2022-01/31/2022
Invoice No. 213490051104
Bill Print Date 12/16/2021
Bill Due Date 01/01/2022

BILLING SUMMARY

BALANCE FORWARD AMOUNT \$0.00
CURRENT MONTH BILLING (1) \$374800.27
DISCRETIONARY ITEM \$0.00
RETROACTIVE ADJUSTMENT (2) \$2769.12
TOTAL AMOUNT DUE \$377569.39

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

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Narragansett Bay Commission
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

GROUP/SUBGROUP: Narragansett Bay Commission

GROUP NUMBER: 01002718

SUBGROUP NUMBER: 0000

Please pay this amount:

377569.39

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

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

Indicate amount of your payment: \$



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

INVOICE/STATEMENT

GROUP NAME Narragansett Bay Commission
 GROUP NO. 01002718
 BILLING PERIOD 01/01/2022-01/31/2022
 INVOICE NO. 213490051104
 BILL DUE DATE 01/01/2022

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	
<u>SUBGROUP: 0001 - Active</u>														
HMC2C Deductible Plan 67	85	86	43	9	10	778.32	2071.43	2071.43	2071.43	2071.43	372728.84	2769.12	375497.96	
TOT CLASS 0001											<u>SUBSCRIBERS = 233</u>		2769.12	375497.96
<u>TOT SUBGROUP 0001</u>														
<u>SUBGROUP: 0002 - COBRA</u>														
HMC2C Deductible Plan 67	0	1	0	0	0	778.32	2071.43	2071.43	2071.43	2071.43	2071.43	0.00	2071.43	
TOT CLASS 0001											<u>SUBSCRIBERS = 1</u>		0.00	2071.43
<u>TOT SUBGROUP 0002</u>														
<u>TOTAL CURRENT PERIOD</u>														
											<u>SUBSCRIBERS = 1</u>	0.00	2071.43	
											<u>SUBSCRIBERS = 234</u>	374800.27	2769.12	377569.39

BALANCE FORWARD
DISCRETIONARY ITEM

TOTAL AMOUNT DUE (1)

(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.

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202201183927



ENV 24 1 OF 8 F

Forwarding Service Requested

24 1-6136 SP 0.730 SINGLE PIECE



Narragansett Bay Commission
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

Group No. 01002718
Sub-Group No. 0000
Billing Period 02/01/2022-02/28/2022
Invoice No. 220170034668
Bill Print Date 01/18/2022
Bill Due Date 02/01/2022

BILLING SUMMARY

BALANCE FORWARD AMOUNT \$0.00
CURRENT MONTH BILLING (1) \$378164.81
DISCRETIONARY ITEM \$0.00
RETROACTIVE ADJUSTMENT (2) \$469.87
TOTAL AMOUNT DUE \$378634.68

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

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No action required
Electronic funds transfer

Narragansett Bay Commission
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

GROUP/SUBGROUP: Narragansett Bay Commission

GROUP NUMBER: 01002718

SUBGROUP NUMBER: 0000

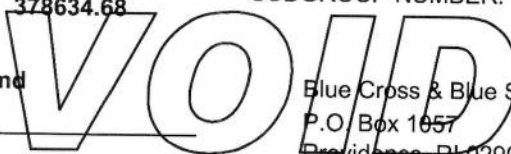
Please pay this amount:

378634.68

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 02901-1057

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**Blue Cross
Blue Shield**
of Rhode Island

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

INVOICE/STATEMENT

GROUP NAME Narragansett Bay Commission
 GROUP NO. 01002718
 BILLING PERIOD 02/01/2022-02/28/2022
 INVOICE NO. 220170034668
 BILL DUE DATE 02/01/2022

**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 -----			S1C	CURRENT AMOUNT	RETRO. AMOUNT	TOTAL AMOUNT		
	IND	FAM	S/S	S/C	S1C	FAM					S/S	S/C
SUBGROUP: 0001 -- Active												
CLASS: 0001												
HMC2C Deductible Plan 67	84	87	44	8	11	778.32	2071.43	2071.43	2071.43	376093.38	469.87	376563.25
TOT CLASS 0001						778.32	2071.43	2071.43	2071.43	376093.38	469.87	376563.25
TOT SUBGROUP 0001												
SUBGROUP: 0002 -- COBRA												
CLASS: 0001												
HMC2C Deductible Plan 67	0	1	0	0	0	778.32	2071.43	2071.43	2071.43	2071.43	0.00	2071.43
TOT CLASS 0001						778.32	2071.43	2071.43	2071.43	2071.43	0.00	2071.43
TOT SUBGROUP 0002												
TOTAL CURRENT PERIOD												
SUBSCRIBERS = 234												
SUBSCRIBERS = 234												
SUBSCRIBERS = 1												
SUBSCRIBERS = 235												
BALANCE FORWARD												
DISCRETIONARY ITEM												
378164.81												
469.87												
378634.68												
0.00												
0.00												
378634.68												

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Forwarding Service Requested

8 1-6136 SP 0.730

SINGLE PIECE



Narragansett Bay Commission
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

Group No. 01002718
Sub-Group No. 0000
Billing Period 03/01/2022-03/31/2022
Invoice No. 220460033070
Bill Print Date 02/16/2022
Bill Due Date 03/01/2022

BILLING SUMMARY

BALANCE FORWARD AMOUNT \$0.00
CURRENT MONTH BILLING (1) \$369100.77
DISCRETIONARY ITEM \$0.00
RETROACTIVE ADJUSTMENT (2) \$-10782.02
TOTAL AMOUNT DUE \$358318.75

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

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(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.

No action required
Electronic funds transfer

Narragansett Bay Commission
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

GROUP/SUBGROUP: Narragansett Bay Commission

GROUP NUMBER: 01002718

SUBGROUP NUMBER: 0000

Please pay this amount:

358318.75

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

Indicate amount of your payment: \$

VOID

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

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6666000001002718358318.75



**Blue Cross
Blue Shield**
of Rhode Island

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

INVOICE/STATEMENT

GROUP NAME Narragansett Bay Commission
GROUP NO. 01002718
BILLING PERIOD 03/01/2022-03/31/2022
INVOICE NO. 220460033070
BILL DUE DATE 03/01/2022

**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	S/C				S1C	
SUBGROUP: 0001 -- Active											
HMC2C Deductible Plan 67	83	84	45	8	10	2071.43	2071.43	2071.43	369100.77	-6639.16	362461.61
TOT CLASS 0001						2071.43	2071.43	2071.43	369100.77	-6639.16	362461.61
TOT SUBGROUP 0001											
SUBGROUP: 0002 -- COBRA											
HMC2C Deductible Plan 67	0	0	0	0	0	2071.43	2071.43	2071.43	0.00	-4142.86	-4142.86
TOT CLASS 0001						2071.43	2071.43	2071.43	0.00	-4142.86	-4142.86
TOT SUBGROUP 0002											
TOTAL CURRENT PERIOD											
							369100.77	-10782.02	358318.75		

**BALANCE FORWARD
DISCRETIONARY ITEM**

TOTAL AMOUNT DUE (1)

(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
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500 Exchange Street
Providence, RI 02903-2699



202203163928



ENV 8 1 OF 8 F

Forwarding Service Requested

8 1.6136 SP 0.730 SINGLE PIECE
Narragansett Bay Commission
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

Group No. 01002718
Sub-Group No. 0000
Billing Period 04/01/2022-04/30/2022
Invoice No. 220740055600
Bill Print Date 03/16/2022
Bill Due Date 04/01/2022

BILLING SUMMARY

BALANCE FORWARD AMOUNT \$0.00
CURRENT MONTH BILLING (1) \$370393.88
DISCRETIONARY ITEM \$0.00
RETROACTIVE ADJUSTMENT (2) \$2009.39
TOTAL AMOUNT DUE \$372403.27

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.

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Narragansett Bay Commission
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

GROUP/SUBGROUP: Narragansett Bay Commission

GROUP NUMBER: 01002718

SUBGROUP NUMBER: 0000

Please pay this amount:

372403.27

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

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

Indicate amount of your payment: \$



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6666000001002718372403.27



**Blue Cross
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of Rhode Island

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

INVOICE/STATEMENT

GROUP NAME Narragansett Bay Commission
 GROUP NO. 01002718
 BILLING PERIOD 04/01/2022-04/30/2022
 INVOICE NO. 220740055600
 BILL DUE DATE 04/01/2022

**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 -----			S1C	CURRENT AMOUNT	RETRO. AMOUNT	TOTAL AMOUNT	
	IND	FAM	S/S	S/C	S1C	FAM					S/S
<u>SUBGROUP: 0001 -- Active</u>											
HMC2C Deductible Plan 67	82	84	45	8	10	2071.43	2071.43	2071.43	368322.45	-4204.90	364117.55
TOT CLASS 0001						2071.43	2071.43	2071.43	368322.45	-4204.90	364117.55
SUBSCRIBERS = 229											
TOT SUBGROUP 0001						2071.43	2071.43	2071.43	368322.45	-4204.90	364117.55
<u>SUBGROUP: 0002 -- COBRA</u>											
HMC2C Deductible Plan 67	0	1	0	0	0	2071.43	2071.43	2071.43	2071.43	6214.29	8285.72
TOT CLASS 0001						2071.43	2071.43	2071.43	2071.43	6214.29	8285.72
SUBSCRIBERS = 1											
TOT SUBGROUP 0002						2071.43	2071.43	2071.43	2071.43	6214.29	8285.72
TOTAL CURRENT PERIOD						370393.88	370393.88	2009.39	372403.27	0.00	0.00
BALANCE FORWARD											
DISCRETIONARY ITEM											
TOTAL AMOUNT DUE (1)											

(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.

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7 1.6136 SP 0.730 SINGLE PIECE



Narragansett Bay Commission
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

Group No. 01002718
Sub-Group No. 0000
Billing Period 05/01/2022-05/31/2022
Invoice No. 221050034506
Bill Print Date 04/18/2022
Bill Due Date 05/01/2022

BILLING SUMMARY

BALANCE FORWARD AMOUNT \$0.00
CURRENT MONTH BILLING (1) \$375051.53
DISCRETIONARY ITEM \$0.00
RETROACTIVE ADJUSTMENT (2) \$3035.44
TOTAL AMOUNT DUE \$378086.97

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Phone: (401)459-2341 ext. 6064	(800)637-3718 ext. 6064

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Narragansett Bay Commission
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

GROUP/SUBGROUP: Narragansett Bay Commission

GROUP NUMBER: 01002718

SUBGROUP NUMBER: 0000

Please pay this amount:

378086.97

Please make check payable to:
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Indicate amount of your payment: \$

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



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6666000001002718378086.97



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**BLUE CROSS & BLUE SHIELD OF RI
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INVOICE/STATEMENT

GROUP NAME Narragansett Bay Commission
 GROUP NO. 01002718
 BILLING PERIOD 05/01/2022-05/31/2022
 INVOICE NO. 221050034506
 BILL DUE DATE 05/01/2022

**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 -----			S1C	CURRENT AMOUNT	RETRO. AMOUNT	TOTAL AMOUNT		
	IND	FAM	S/S	S/C	S1C	FAM					S/S	S/C
SUBGROUP: 0001 -- Active												
HMC2C Deductible Plan 67	80	87	45	8	10	2071.43	2071.43	2071.43	372980.10	3035.44	376015.54	
TOT CLASS 0001						2071.43	2071.43	2071.43	372980.10	3035.44	376015.54	
TOT SUBGROUP 0001												
SUBGROUP: 0002 -- COBRA												
HMC2C Deductible Plan 67	0	1	0	0	0	2071.43	2071.43	2071.43	2071.43	0.00	2071.43	
TOT CLASS 0001						2071.43	2071.43	2071.43	2071.43	0.00	2071.43	
TOT SUBGROUP 0002												
TOTAL CURRENT PERIOD												
									SUBSCRIBERS = 230	375051.53	3035.44	378086.97
BALANCE FORWARD												0.00
DISCRETIONARY ITEM												0.00
TOTAL AMOUNT DUE (1)												378086.97

(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.

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19 1.8304 SP 0.730

SINGLE PIECE



Narragansett Bay Commission
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

Group No. 01002718
Sub-Group No. 0000
Billing Period 06/01/2022-06/30/2022
Invoice No. 221360031869
Bill Print Date 05/17/2022
Bill Due Date 06/01/2022

BILLING SUMMARY

BALANCE FORWARD AMOUNT \$0.00
CURRENT MONTH BILLING (1) \$377386.49
DISCRETIONARY ITEM \$0.00
RETROACTIVE ADJUSTMENT (2) \$1438.46
TOTAL AMOUNT DUE \$378824.95

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

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Narragansett Bay Commission
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

GROUP/SUBGROUP: Narragansett Bay Commission

GROUP NUMBER: 01002718

SUBGROUP NUMBER: 0000

Please pay this amount:

378824.95

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

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

Indicate amount of your payment: \$



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6666000001002718378824.95



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

INVOICE/STATEMENT

GROUP NAME Narragansett Bay Commission
GROUP NO. 01002718
BILLING PERIOD 06/01/2022-06/30/2022
INVOICE NO. 221360031869
BILL DUE DATE 06/01/2022

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 -----			S1C	CURRENT AMOUNT	RETRO. AMOUNT	TOTAL AMOUNT
	IND	FAM	S/S	S/C	S1C	S/C				
<u>SUBGROUP: 0001 -- Active</u>										
HMC2C Deductible Plan 67	83	88	44	9	9	2071.43	2071.43	375315.06	1438.46	376753.52
TOT CLASS 0001						2071.43	2071.43	375315.06	1438.46	376753.52
<u>TOT SUBGROUP 0001</u>										
<u>SUBGROUP: 0002 -- COBRA</u>										
HMC2C Deductible Plan 67	0	1	0	0	0	2071.43	2071.43	2071.43	0.00	2071.43
TOT CLASS 0001						2071.43	2071.43	2071.43	0.00	2071.43
<u>TOT SUBGROUP 0002</u>										
<u>TOTAL CURRENT PERIOD</u>										
								377386.49	1438.46	378824.95

BALANCE FORWARD
DISCRETIONARY ITEM

TOTAL AMOUNT DUE (1)

(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.

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1 OF 8 F
ENV 8

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8 1-8304 SP 0-730 SINGLE PIECE



Narragansett Bay Commission 1
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

Group No. 01002718
Sub-Group No. 0000
Billing Period 07/01/2022-07/31/2022
Invoice No. 221660049180
Bill Print Date 06/16/2022
Bill Due Date 07/01/2022

BILLING SUMMARY

BALANCE FORWARD AMOUNT \$0.00
CURRENT MONTH BILLING (1) \$357115.21
DISCRETIONARY ITEM \$0.00
RETROACTIVE ADJUSTMENT (2) \$-4892.99
TOTAL AMOUNT DUE \$352222.22

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

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Narragansett Bay Commission
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

GROUP/SUBGROUP: Narragansett Bay Commission

GROUP NUMBER: 01002718

SUBGROUP NUMBER: 0000

Please pay this amount:

352222.22

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 02901-1057

BLBILGP1



6666000001002718352222.22



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

INVOICE/STATEMENT

GROUP NAME Narragansett Bay Commission
 GROUP NO. 01002718
 BILLING PERIOD 07/01/2022-07/31/2022
 INVOICE NO. 221660049180
 BILL DUE DATE 07/01/2022

**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			S1C	CURRENT AMOUNT	RETRO. AMOUNT	TOTAL AMOUNT	
	IND	FAM	S/S	IND	FAM	S/S					
SUBGROUP: 0001 -- Active											
HMC2C Deductible Plan 67	81	88	43	8	9						
TOT CLASS 0001				748.47	1989.86	1989.86	1989.86	1989.86	355125.35	-4892.99	350232.36
TOT SUBGROUP 0001											
SUBGROUP: 0002 -- COBRA											
HMC2C Deductible Plan 67	0	1	0	0	0						
TOT CLASS 0001				748.47	1989.86	1989.86	1989.86	1989.86	1989.86	0.00	1989.86
TOT SUBGROUP 0002											
TOTAL CURRENT PERIOD											
								357115.21	-4892.99	352222.22	

**BALANCE FORWARD
DISCRETIONARY ITEM**

TOTAL AMOUNT DUE (1)

(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.

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1 OF 8 F
ENV 7

Forwarding Service Requested

7 1.8304 SP 0.810 SINGLE PIECE
Narragansett Bay Commission
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

Group No. 01002718
Sub-Group No. 0000
Billing Period 08/01/2022-08/31/2022
Invoice No. 221960032883
Bill Print Date 07/18/2022
Bill Due Date 08/01/2022

BILLING SUMMARY

BALANCE FORWARD AMOUNT \$0.00
CURRENT MONTH BILLING (1) \$358612.15
DISCRETIONARY ITEM \$0.00
RETROACTIVE ADJUSTMENT (2) \$711.28
TOTAL AMOUNT DUE \$359323.43

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Phone:	(401)459-2341 ext. 6064	(800)637-3718 ext. 6064

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No action required
Electronic funds transfer

Narragansett Bay Commission
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

GROUP/SUBGROUP: Narragansett Bay Commission

GROUP NUMBER: 01002718

SUBGROUP NUMBER: 0000

Please pay this amount:

359323.43

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 02901-1057

BLBILGP1



6666000001002718359323.43



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

INVOICE/STATEMENT

GROUP NAME Narragansett Bay Commission
GROUP NO. 01002718
BILLING PERIOD 08/01/2022-08/31/2022
INVOICE NO. 221960032883
BILL DUE DATE 08/01/2022

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 -----			S1C	CURRENT AMOUNT	RETRO. AMOUNT	TOTAL AMOUNT			
	IND	FAM	S/S	S/C	S1C	S/C					S/S	FAM	IND
SUBGROUP: 0001 - Active													
CLASS: 0001													
HMC2C Deductible Plan 67	83	87	44	8	9	748.47	1989.86	1989.86	1989.86	1989.86	356622.29	711.28	357333.57
TOT CLASS 0001						748.47	1989.86	1989.86	1989.86	1989.86	356622.29	711.28	357333.57
TOT SUBGROUP 0001													
SUBGROUP: 0002 - COBRA													
CLASS: 0001													
HMC2C Deductible Plan 67	0	1	0	0	0	748.47	1989.86	1989.86	1989.86	1989.86	1989.86	0.00	1989.86
TOT CLASS 0001						748.47	1989.86	1989.86	1989.86	1989.86	1989.86	0.00	1989.86
TOT SUBGROUP 0002													
TOTAL CURRENT PERIOD													
BALANCE FORWARD													
DISCRETIONARY ITEM													
TOTAL AMOUNT DUE (1)													
358612.15													
711.28													
359323.43													

(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
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FOR ASSISTANCE CALL (401)459-2341 ext. 6064 OR (800)637-3718 ext. 6064
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500 Exchange Street
Providence, RI 02903-2699



202208163929



ENV 15 1 OF 8 F

Forwarding Service Requested

15 1-8304 SP 0-810 SINGLE PIECE
Narragansett Bay Commission
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

Group No. 01002718
Sub-Group No. 0000
Billing Period 09/01/2022-09/30/2022
Invoice No. 222270042324
Bill Print Date 08/16/2022
Bill Due Date 09/01/2022

BILLING SUMMARY

BALANCE FORWARD AMOUNT \$0.00
CURRENT MONTH BILLING (1) \$359360.62
DISCRETIONARY ITEM \$0.00
RETROACTIVE ADJUSTMENT (2) \$-1377.00
TOTAL AMOUNT DUE \$357983.62

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.

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Narragansett Bay Commission
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

GROUP/SUBGROUP: Narragansett Bay Commission

GROUP NUMBER: 01002718
SUBGROUP NUMBER: 0000

Please pay this amount:

357983.62

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

Indicate amount of your payment: \$

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P.O. Box 1057
Providence, RI 02901-1057



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6666000001002718357983.62



**Blue Cross
Blue Shield**
of Rhode Island

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

INVOICE/STATEMENT

GROUP NAME Narragansett Bay Commission
 GROUP NO. 01002718
 BILLING PERIOD 09/01/2022-09/30/2022
 INVOICE NO. 222270042324
 BILL DUE DATE 09/01/2022

**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			S1C	CURRENT AMOUNT	RETRO. AMOUNT	TOTAL AMOUNT	
	IND	FAM	S/S	S/C	S1C	S/C					
SUBGROUP: 0001 -- Active											
CLASS: 0001											
HMC2C Deductible Plan 67	84	87	44	8	9	1989.86	1989.86	1989.86	-1377.00	355993.76	
TOT CLASS 0001						1989.86	1989.86	1989.86	-1377.00	355993.76	
TOT SUBGROUP 0001											
SUBGROUP: 0002 -- COBRA											
CLASS: 0001											
HMC2C Deductible Plan 67	0	1	0	0	0	1989.86	1989.86	1989.86	0.00	1989.86	
TOT CLASS 0001						1989.86	1989.86	1989.86	0.00	1989.86	
TOT SUBGROUP 0002											
TOTAL CURRENT PERIOD											
								SUBSCRIBERS = 232			
								1989.86	357370.76	-1377.00	355993.76
								SUBSCRIBERS = 233			
								1989.86	357370.76	-1377.00	355993.76
BALANCE FORWARD											
DISCRETIONARY ITEM											
								SUBSCRIBERS = 1			
								1989.86	1989.86	0.00	1989.86
								SUBSCRIBERS = 233			
								359360.62	-1377.00	357983.62	
										0.00	0.00
										357983.62	

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202209163929



ENV 13 1 OF 8 F

Forwarding Service Requested

13 1.8304 SP 0.810 SINGLE PIECE
Narragansett Bay Commission
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

Group No. 01002718
Sub-Group No. 0000
Billing Period 10/01/2022-10/31/2022
Invoice No. 222580050239
Bill Print Date 09/16/2022
Bill Due Date 10/01/2022

BILLING SUMMARY

BALANCE FORWARD AMOUNT \$0.00
CURRENT MONTH BILLING (1) \$361094.93
DISCRETIONARY ITEM \$0.00
RETROACTIVE ADJUSTMENT (2) \$1606.63
TOTAL AMOUNT DUE \$362701.56

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Phone:	(401)459-2341 ext. 6064	(800)637-3718 ext. 6064

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Narragansett Bay Commission
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

GROUP/SUBGROUP: Narragansett Bay Commission

GROUP NUMBER: 01002718
SUBGROUP NUMBER: 0000

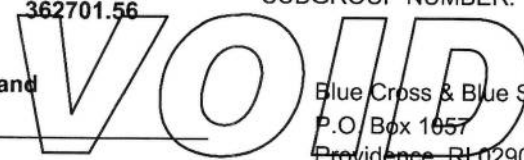
Please pay this amount:

362701.56

Please make check payable to:

Blue Cross & Blue Shield of Rhode Island

Indicate amount of your payment: \$



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Providence, RI 02901-1057

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**Blue Cross
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**BLUE CROSS & BLUE SHIELD OF RI
PROVIDENCE RI 02903-2699**

GROUP NAME Narragansett Bay Commission
GROUP NO. 01002718
BILLING PERIOD 10/01/2022-10/31/2022
INVOICE NO. 222580050239
BILL DUE DATE 10/01/2022

INVOICE/STATEMENT

**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 -----			S1C	CURRENT AMOUNT	RETRO. AMOUNT	TOTAL AMOUNT
	IND	FAM	S/S	S/C	S1C	FAM				
SUBGROUP: 0001 -- Active										
HMC2C Deductible Plan 67	81	88	45	8	9	1989.86	1989.86	1989.86	1606.63	360711.70
TOT CLASS 0001						1989.86	1989.86	359105.07	1606.63	360711.70
SUBSCRIBERS = 231										
TOT SUBGROUP 0001										
SUBGROUP: 0002 -- COBRA										
HMC2C Deductible Plan 67	0	1	0	0	0	1989.86	1989.86	1989.86	0.00	1989.86
TOT CLASS 0001						1989.86	1989.86	1989.86	0.00	1989.86
SUBSCRIBERS = 1										
TOT SUBGROUP 0002										
SUBSCRIBERS = 1										
TOTAL CURRENT PERIOD						1989.86	1989.86	1989.86	0.00	1989.86
SUBSCRIBERS = 232										
BALANCE FORWARD										
DISCRETIONARY ITEM										
						361094.93			1606.63	362701.56
TOTAL AMOUNT DUE (1)										
										0.00
										0.00
										362701.56

(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.

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202210183926



Forwarding Service Requested

20 1.8304 SP 0.810

SINGLE PIECE



Narragansett Bay Commission
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

Group No. 01002718
Sub-Group No. 0000
Billing Period 11/01/2022-11/30/2022
Invoice No. 222900030538
Bill Print Date 10/18/2022
Bill Due Date 11/01/2022

BILLING SUMMARY

BALANCE FORWARD AMOUNT \$0.00
CURRENT MONTH BILLING (1) \$359105.07
DISCRETIONARY ITEM \$0.00
RETROACTIVE ADJUSTMENT (2) \$-3579.18
TOTAL AMOUNT DUE \$355525.89

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

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No action required
Electronic funds transfer

Narragansett Bay Commission
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

GROUP/SUBGROUP: Narragansett Bay Commission

GROUP NUMBER: 01002718

SUBGROUP NUMBER: 0000

Please pay this amount:

355525.89

Please make check payable to:
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Indicate amount of your payment: \$

VOID

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

INVOICE/STATEMENT

GROUP NAME Narragansett Bay Commission
GROUP NO. 01002718
BILLING PERIOD 11/01/2022-11/30/2022
INVOICE NO. 222900030538
BILL DUE DATE 11/01/2022

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	S/C				S1C
SUBGROUP: 0001 -- Active										
HMC2C Deductible Plan 67	81	88	44	8	9	1989.86	1989.86	1989.86	357115.21	353536.03
TOT CLASS 0001						1989.86	1989.86	1989.86	357115.21	353536.03
TOT SUBGROUP 0001										
SUBGROUP: 0002 -- COBRA										
HMC2C Deductible Plan 67	0	1	0	0	0	1989.86	1989.86	1989.86	0.00	1989.86
TOT CLASS 0001						1989.86	1989.86	1989.86	0.00	1989.86
TOT SUBGROUP 0002										
TOTAL CURRENT PERIOD										
							359105.07	-3579.18	355525.89	
BALANCE FORWARD									0.00	
DISCRETIONARY ITEM									0.00	
TOTAL AMOUNT DUE (1)									355525.89	

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202211163933



ENV 10 1 OF 8 F

Forwarding Service Requested

10 1.8304 SP 0.810 SINGLE PIECE
Narragansett Bay Commission
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

Group No. 01002718
Sub-Group No. 0000
Billing Period 12/01/2022-12/31/2022
Invoice No. 223190031013
Bill Print Date 11/16/2022
Bill Due Date 12/01/2022

BILLING SUMMARY

BALANCE FORWARD AMOUNT \$0.00
CURRENT MONTH BILLING (1) \$354632.43
DISCRETIONARY ITEM \$0.00
RETROACTIVE ADJUSTMENT (2) \$-5469.87
TOTAL AMOUNT DUE \$349162.56

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

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Narragansett Bay Commission
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

GROUP/SUBGROUP: Narragansett Bay Commission

GROUP NUMBER: 01002718

SUBGROUP NUMBER: 0000

Please pay this amount:

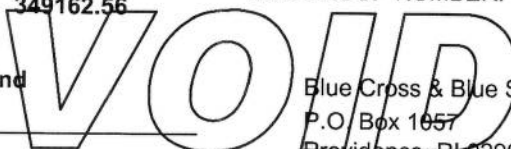
349162.56

Please make check payable to:

Blue Cross & Blue Shield of Rhode Island

Indicate amount of your payment: \$

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Providence, RI 02901-1057



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6666000001002718349162.56

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



INVOICE/STATEMENT

GROUP NAME Narragansett Bay Commission
GROUP NO. 01002718
BILLING PERIOD 12/01/2022-12/31/2022
INVOICE NO. 223190031013
BILL DUE DATE 12/01/2022

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/C	IND	FAM	S/C			
SUBGROUP: 0001 - Active									
HMC2C Deductible Plan 67	83	88	42	8	8	8	1989.86	1989.86	347172.70
TOT CLASS 0001							1989.86	1989.86	347172.70
TOT SUBGROUP 0001									
SUBGROUP: 0002 - COBRA									
HMC2C Deductible Plan 67	0	1	0	0	0	0	1989.86	1989.86	1989.86
TOT CLASS 0001							1989.86	1989.86	1989.86
TOT SUBGROUP 0002									
TOTAL CURRENT PERIOD									
							354632.43	-5469.87	349162.56
BALANCE FORWARD									
DISCRETIONARY ITEM									
TOTAL AMOUNT DUE (1)									349162.56

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202212193935



ENV 15 1 OF 8 F

Forwarding Service Requested

15 1-8304 SP 0-810 SINGLE PIECE
Narragansett Bay Commission
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

Group No. 01002718
Sub-Group No. 0000
Billing Period 01/01/2023-01/31/2023
Invoice No. 223490048596
Bill Print Date 12/19/2022
Bill Due Date 01/01/2023

BILLING SUMMARY

BALANCE FORWARD AMOUNT	\$0.00
CURRENT MONTH BILLING (1)	\$350415.34
DISCRETIONARY ITEM	\$0.00
RETROACTIVE ADJUSTMENT (2)	\$-3590.85
TOTAL AMOUNT DUE	\$346824.49

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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.

Narragansett Bay Commission
BRENDA SMITH
1 SERVICE RD
PROVIDENCE, RI 02905-5505

GROUP/SUBGROUP: Narragansett Bay Commission

GROUP NUMBER: 01002718

SUBGROUP NUMBER: 0000

Please pay this amount:

346824.49

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 02901-1057



BLBILGP1



6666000001002718346824.49



**Blue Cross
Blue Shield**
of Rhode Island

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

INVOICE/STATEMENT

GROUP NAME Narragansett Bay Commission
 GROUP NO. 01002718
 BILLING PERIOD 01/01/2023-01/31/2023
 INVOICE NO. 223490048596
 BILL DUE DATE 01/01/2023

**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/C	S/C	S/C	S/C				
SUBGROUP: 0001 -- Active										
HMC2C Deductible Plan 67	88	87	41	8	7					
TOT CLASS 0001							SUBSCRIBERS = 231			
				748.47	1989.86	1989.86	1989.86	350415.34	-1013.63	349401.71
TOT SUBGROUP 0001				748.47	1989.86	1989.86	1989.86	350415.34	-1013.63	349401.71
SUBGROUP: 0002 -- COBRA										
HMC2C Deductible Plan 67	0	0	0	0	0					
TOT CLASS 0001							SUBSCRIBERS = 0			
				748.47	1989.86	1989.86	1989.86	0.00	-2577.22	-2577.22
TOT SUBGROUP 0002				748.47	1989.86	1989.86	1989.86	0.00	-2577.22	-2577.22
TOTAL CURRENT PERIOD										
							SUBSCRIBERS = 231			
				748.47	1989.86	1989.86	1989.86	350415.34	-3590.85	346824.49
BALANCE FORWARD										
DISCRETIONARY ITEM										
								0.00		0.00
TOTAL AMOUNT DUE (1)										
								0.00		0.00

(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**

**FOR ASSISTANCE CALL (401)459-2341 ext. 6064 OR (800)637-3718 ext. 6064
ASK FOR MEMBERSHIP ADMINISTRATION SERVICES**

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

