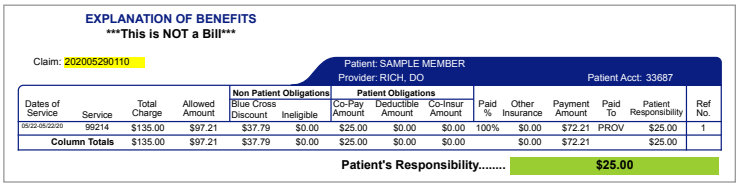
Coming August 1, 2025: Episodic EOBs for a Better Member Experience

Simplified. Streamlined. Smarter.

Beginning August 1, 2025, Blue Water Benefits Administrators (BWBA) is moving to episodic Explanation of Benefits (EOBs). This change is designed to enhance your experience, reduce clutter, and offer a more complete view of your care — all while supporting efficiency and sustainability.

What is an Episodic EOB?

An episodic EOB is a consolidated statement that summarizes all claim activity related to a treatment episode over a 21-day window. Instead of receiving multiple EOBs for each service or provider visit, you'll now receive a single, combined summary — just like a monthly bank statement.



EXPLANATION OF BENEFITS
*****This is NOT a Bill*****

Claim: 202005290110
Patient: SAMPLE MEMBER
Provider: RICH, DO
Patient Acct: 33687

Dates of Service	Service	Total Charge	Allowed Amount	Non Patient Obligations: Blue Cross Discount	Non Patient Obligations: Ineligible	Patient Obligations: Co-Pay Amount	Patient Obligations: Deductible Amount	Patient Obligations: Co-Insur Amount	Paid %	Other Insurance	Payment Amount	Paid To	Patient Responsibility	Ref No.
05/22-05/22/20	99214	$135.00	$97.21	$37.79	$0.00	$25.00	$0.00	$0.00	100%	$0.00	$72.21	PROV	$25.00	1
Column Totals		$135.00	$97.21	$37.79	$0.00	$25.00	$0.00	$0.00		$0.00	$72.21		$25.00	

Patient's Responsibility..... $25.00

- Fewer mailings for you to sort through.
- Clearer picture of the care you or your family received.
- Same great access via the member portal and mobile app.

The 21-day period starts from the first claim received in your care episode. If no care occurs, no paper is mailed.

What Does This Mean for You?

For Members:

- Fewer Paper EOBs: Less mailbox clutter and more convenient summaries.
- Full Transparency: You can still view individual EOBs online or via the BWBA mobile app as claims are processed. 24/7 — no need to wait.

For Employers:

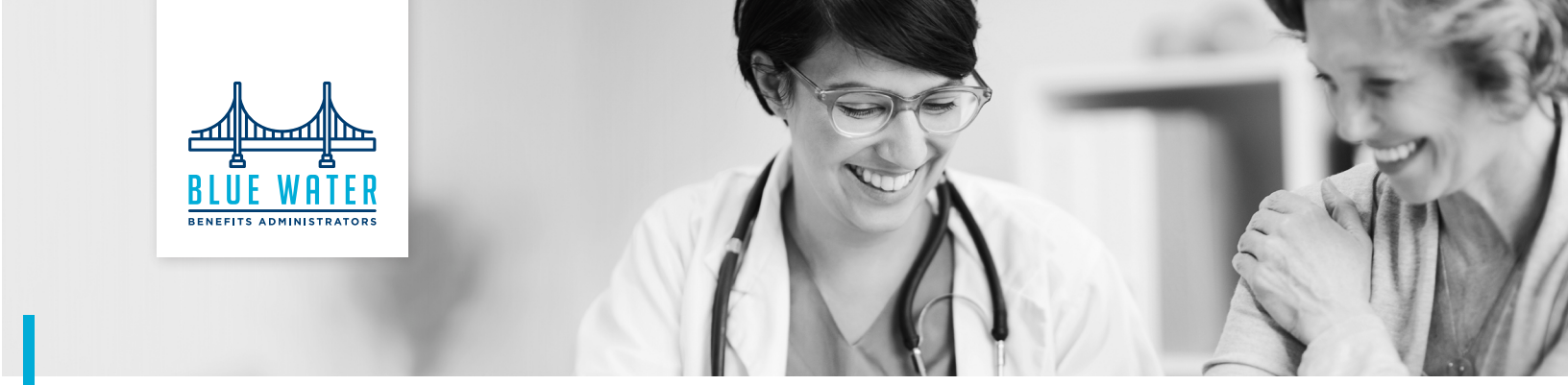
- Lower Print & Mail Costs: Episodic logic reduces output and mailing volume.
- More Sustainable: Reduces environmental impact from printing and postage.

Why the Change?

BWBA is committed to improving the way members understand their healthcare coverage. Episodic EOBs provide a streamlined, informative, and cost-efficient experience — with no reduction in access or transparency.

Stay Informed

Need help reading your new episodic EOB? We've got you covered! Review our "How to Read an EOB" flyer or visit the member portal for more resources.



A Step-By-Step Guide on How to Read an Explanation of Benefits (EOB)

Need a breakdown on how to read your EOB from Blue Water Benefits Administrators (BWBA)? Sometimes an EOB can look a lot like a bill, however, the real purpose of these letters is to show you how your medical plan processed a healthcare claim. You can view a copy of all of your EOBs by logging in to the BWBA member portal. The EOB will be in the form of a letter which includes a chart showing how your claim was processed. We've broken down the key terms and factors in an EOB to help you better understand what it is showing:

1. Name of Patient: You should verify which member of your household the EOB is for.
2. Patient Account Number: The account number assigned to you by your provider.
3. Claim Number: The number by which you and your BWBA medical plan will be able to refer to this claim should you have any questions or concerns.
4. Provider: The name of the healthcare provider who rendered this service. This could be the name of a specific doctor, a hospital or other location.
5. Date of Service: The start and end date of the service.
6. Type of Service: A code that corresponds to a description of the service.
7. Healthcare Provider Charge: The amount billed to your medical plan by the provider.
8. Cost Covered by Your Medical Plan: The total your health plan paid for your services.
9. What You Owe: Any balance the provider billed that was not covered by your medical plan.

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Patient's Responsibility..... 9 **$25.00**

Check for Accurate Information

You should view an EOB as an opportunity to double-check that all the information from your claim is accurate. If the information is incorrect or if you have questions, then you should call the number on the back of your ID card.

What Causes Balance Billing?

Balance billing occurs when your medical plan does not have an agreement with the healthcare provider (i.e. an out-of-network provider). This may mean the provider charges more than your medical plan has paid the provider, and the amount you owe after your medical plan will be billed to you directly. If a member goes to an out-of-network provider, balance billing may occur. If you receive a bill from a provider for an amount above your patient responsibility please call the phone number on the back of your ID card and we can assist you.

How Do I Know if a Provider Is In-Network?

You can search for in-network providers through BCBS. Be sure to always contact your chosen provider to make sure they continue to be a participating provider. If not, it could cause your cost to go up.