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BUILDING SOLUTIONS, BRIDGING THE GAP, AND EXCEEDING EXPECTATIONS.

EMPLOYEE BENEFITS PORTAL

MANAGE YOUR BENEFITS ONLINE

The Employee Benefits Portal from Bay Bridge Administrators, provides secure, continuous access to benefit information and tools designed for your insurance needs. Start by visiting **portal.bbadmin.com** and clicking on the **Sign up** tab.

Registration is fast and simple.



NOW YOU CAN

- Manage your benefits in one place.
- Change personal information.
- View and print digital ID cards.
- View your policy documents.
- Submit claims and upload claim documentation.



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REGISTER NEW ACCOUNTS IN 3 EASY STEPS!

1. Log on to portal.bbadmin.com and click SIGN UP.

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- 2. Enter your desired login email and password.
- 3. Enter your basic info and your account will be linked.

My Account News About	
d Employee:	
Welcome! You have signed up successfully.	
Set your basic information so we can link your account	
First name _	
	•
Last name *	
Birth date _	-
Sen last4 *	5
	Next Step
@ 2023 Bay Bridge Administrators 11C	Home FAQs Cookies Policy About

VIEW YOUR BENEFITS & POLICY DOCUMENTS

At the top of your Dashboard, you'll find **My Personal Information** and **My Dependent**. Here, you have instant access to your BBA insurance details, including:

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- Policy documents
- Effective date(s) of coverage
- Covered dependents
- Status of coverage

Name JANE DOE Name Birth Date Relationship SSN XXXX-XX-XXXXXX JOHN DOE 08/08/1988 SPOUSE Change Address 123 MAPLE, FL 34112 PETER DOE 01/01/2001 CHILD Change Birth Date 04/04/1984 SPOUSE Change Telephone XXXXXXXXXXXX SARAH DOE 02/02/2022 CHILD Change Employer MAPLE COMPANY, INC. Request to add a new dependent Request to add a new dependent	Name JANE DOE SSN XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	My Personal In	fo	My Dependents			
SSN XXX-XX-XXXX JOHN DOE 08/08/1988 SPOUSE Change Address 123 MAPLE, FL 34112 PETER DOE 01/01/2001 CHILD Change Birth Date 04/04/1984 SXXXXXXXXXXX SARAH DOE 02/02/2022 CHILD Change Telephone XXXXXXXXXXXXX MAPLE, COMPANY, INC. Bequest to add a new dependent Englesite SARAH DOE 02/02/2022 CHILD Change	SSN XXX-XX-XXXXX Address 123 MAPLE, FL DRIVE MAPLE, FL 34112 Birth Date 04/04/1984 Elephone XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Name	JANE DOE	Name	Birth Date	Relationship	
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		<u>Request a change</u>	to personal info				

VIEW & PRINT ID CARDS

At the bottom of the page, you'll find access to your **ID Cards**. You can download and print your ID Cards by clicking on **View** next to the product name. ID Cards will download as a PDF document, if available.



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MANAGE YOUR CLAIMS

Below your information you'll find **My Policies** and **My Recent Claims**. Select your policy and directly file a claim and upload the necessary documents. Under the **My Recent Claims** portion of your dashboard, you are able to view:

Claims status

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- Uploaded claim documents
- Claim number and link to your Explanation of Benefits (EOB)
- Amount Paid

								Courses		Eil-
Policy #	Policy 1	Гуре		Effective	Terminated	Benefit Level	Coverag	e Dependen	ts	Claims
2222222	GAP			02/02/2022		Premier	F	JOHN DOE PETER DOI SARAH DO	E (S) E (C) NE (C)	General Wellness
2222222	GAP			02/02/2022		7500	F	JOHN DOE PETER DOI SARAH DO	E (S) E (C) E (C)	General
My Recen	t Claims									
My Recen Claim #	t Claims Wksht #	Policy #	Policy Type		Claimant	Received	Finalized	Status	Paid	
My Recen Claim # A1111111	t Claims Wksht # 1	Policy # 2222222	Policy Type GAP		Claimant DOE, JANE	Received 01/01/2024	Finalized	Status Pending Review	Paid \$	
My Recent Claim # A1111111 B22222222	t Claims Wksht # 1 1	Policy # 2222222 2222222	Policy Type GAP GAP		Claimant DOE, JANE DOE, JANE	Received 01/01/2024 01/10/2024	Finalized	Status Pending Review Paid	Paid \$ \$	View EOB Upload Document

HOW TO FILE A CLAIM ONLINE

- Under My Policies select the General link next to your products name.
- 2. Use the portal to submit a new claim or to submit additional documents for an on-going claim. Use the drop-down menu to select the claimant. Select the product applicable to your claim submission. Include the claim number if it is an ongoing claim or leave blank for a new claim. Add a date and a brief description of your claim.
- 3. Press Submit Claim and a confirmation Page will appear. Your new submission will appear under My Recent claims within 60 minutes.

Covered File Effective Terminated Benefit Level Coverage Dependents Claims 02/02/2022 7500 JOHN DOE (S) F General PETER DOE (C) New General claim filing Claim Filing Instructions ntal Insurance Claim Form mental Insurance Claim Films In ental Prescription Denefit Claim Form ve blank unless filing more items under an existing open claim ing for a covered dependent) Ο iniured, how? • • ing documents for unload se Files No file chosen

CONTACT US

1-800-845-7519 portalsupport@bbadmin.com M-F 9 AM - 6 PM EST



BAY BRIDGE ADMINISTRATORS "Your solutions begin at the Bridge"®

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