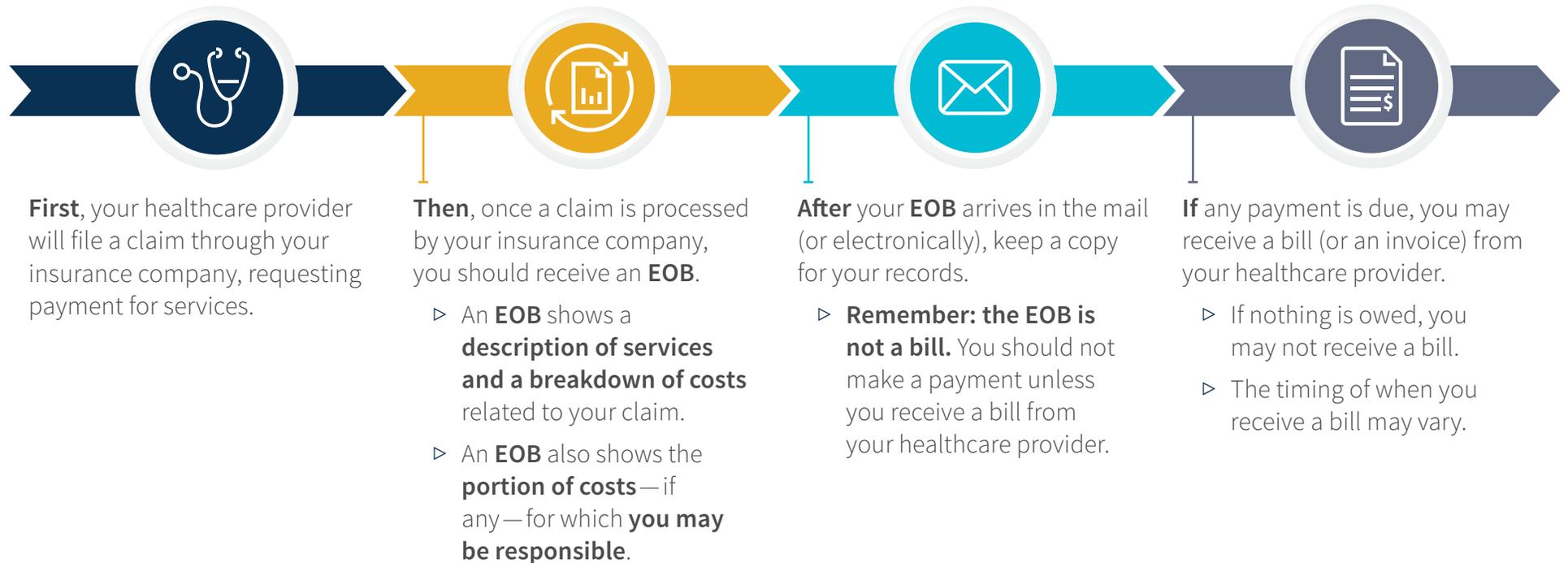


An Explanation of Benefits

What do I need to know?

Anytime your healthcare provider bills your insurance company, you will receive an explanation of benefits (**EOB**). An **EOB** summarizes the services, charges, and payment for treatment you have received. **An EOB is not a bill**, although it may look like one.

Here's what happens AFTER your visit:



Key differences

- ▶ **Claim** indicates how your healthcare provider documents services provided to you and requests payment from the insurance company
- ▶ **EOB** shows the charges billed for each service provided and who is responsible for payment
- ▶ **Bill** indicates how your healthcare provider requests payment from you

Questions about your **EOB**?
An Alnylam Case Manager can help.



8AM–6PM , Monday–Friday

📞: 1-833-256-2748 | 📠: 1-833-256-2747

To learn more, visit www.AlnylamAssist.com.

Sample Explanation of Benefits

1 THIS IS NOT A BILL

LOGO

Claim Date: 3/12/2019 **Address:** 555 Main Street, Anywhere, USA 10001
Plan ID #: 233655 **Group #:** GA-123456
Subscriber ID #: 78910 **Provider:** Doctor's Office
Payee: XYZ Insurance **Date Paid:** 3/20/2019
3 Claim #: 1234567

Patient Name: Sally Smith

4 Description	Date of Service	Claim Status	5 Provider Charges	6 Allowed Charges	Patient Responsibility			Total Claim Cost		11 Note/Reason
					7 Deductible	8 Copay	Coinsurance	9 Paid by Insurer	10 What You Owe	
Outpatient care	2/26/2019	PAID	\$150	\$120	\$0	\$35	\$0	\$85	\$35	XXX
Lab/diagnostics	3/01/2019	PAID	\$90	\$65	\$0	\$0	\$0	\$65	\$0	XXX

What to look for:

1. Your **EOB** should always feature this disclaimer. An **EOB** is an explanation of payment to the healthcare provider; **it is not a bill**.
2. An **EOB** will come from your insurance company and should clearly show the company name and/or logo.
3. A number will be assigned to your claim once it has been filed. You may be asked to provide this number in the event you have questions about your claim.
4. A brief description of the type of treatment you received, and when. This description may include a code that specifically identifies the service provided.
5. The amount billed by your healthcare provider to your insurance company.
6. The total amount that your healthcare provider will be paid by your insurance company and you (if you have any financial responsibility).
7. The amount you may owe before your insurance company will pay for any services (**deductible**). Not all plans have a **deductible**, or you may have already met your annual obligation.
8. A flat amount (**copay**) or percentage of allowed charges (**coinsurance**) that you must pay.
9. The portion of the allowed charges that will be paid by your insurance company.
10. The total amount you owe, including any applicable **deductible, copay, or coinsurance**. You may have already paid part of this amount (e.g., an office **copay**). You should wait to receive a bill from your healthcare provider before paying for the services. **You should not be asked to pay more than this amount.**^a
11. Explains why the insurance company may not have approved some or all of a claim (e.g., non-covered service, or additional information needed from your healthcare provider). This is usually shown as a code.

^aIf your insurance company has paid \$0 toward services, there may be an issue with your claim. Illustrative example only. Each insurance company will have its own **EOB** format and the terminology used may vary. Balance billing may still be possible for some OON providers of certain services.