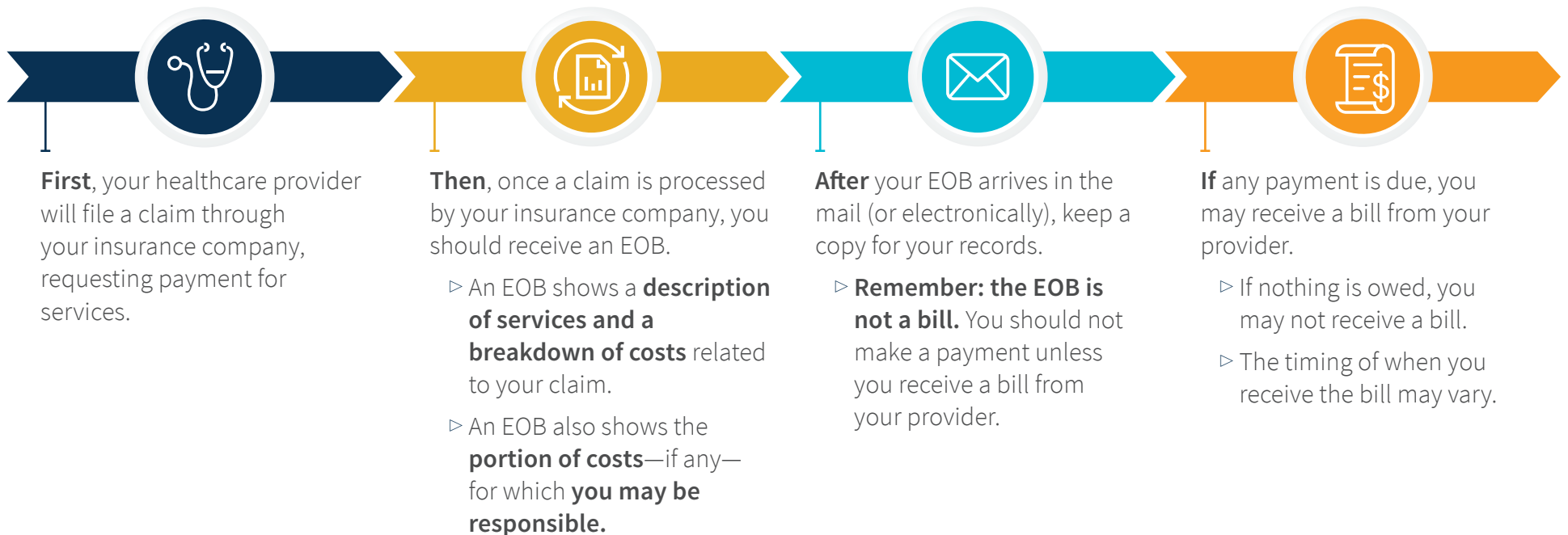


An Explanation of Benefits

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** is 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** is how your health care provider requests payment from you

Sample Explanation of Benefits

What to look for

Your EOB should always feature this disclaimer. An EOB is simply an explanation of payment to the provider; **it is not a bill.**

An EOB will come from your insurance company and should clearly show the company name and/or logo.

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.

A brief description of the type of treatment you received, and when.

The description may include a code that specifically identifies the service provided.

The amount billed by your provider to your insurer.

The total amount that your provider will be paid by your insurer and you (if you have any financial responsibility).

Explanation of Benefits (EOB)

THIS IS NOT A BILL

LOGO

Claim Date: 3/12/2019

Plan ID #: 233655

Subscriber ID #: 78910

Payee: XYZ Insurance

Claim #: 1234567

Patient Name: Sally Smith

Address: 555 Main Street, Anywhere, USA 10001

Group #: GA-123456

Provider: Doctor's Office

Date Paid: 3/20/2019

Description	Date of Service	Claim Status	Provider Charges	Allowed Charges	Patient Responsibility			Total Claim Cost		Note / Reason
					Deductible	Copay	Coinsurance	Paid by Insurer	What You Owe	
Outpatient care	02/26/2019	Paid	\$150	\$120	\$0	\$35	\$0	\$85	\$35	XXX
Lab/diagnostics	03/01/2019	Paid	\$90	\$65	\$0	\$0	\$0	\$65	\$0	XXX

^aIf your insurance provider has paid \$0 toward services, there may be an issue with your claim. Illustrative example only. Each insurer will have their own EOB format and the terminology used may vary.

The amount you may owe before insurance will pay for any services. Not all plans have a deductible, or you may have already met your annual obligation.

A flat amount (copay) or percentage of allowed charges (coinsurance) that you must pay.

The portion of the allowed charges that will be paid by your insurer.

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 provider before paying for the services, and be sure to confirm that this amount on the EOB matches the total on the bill you receive from your healthcare provider. **You should not be asked to pay more than this amount.^a**

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 provider). This is usually shown as a code.

Questions about your EOB?
An Alnylam Assist[®] Case Manager can help.



8AM-6PM ET, Monday-Friday

☎: 1-833-256-2748 | 🖨: 1-833-256-2747

To learn more, visit www.AlnylamAssist.com.



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