



Your Health Care Activity Summary

Your monthly Activity Summary, also known as an explanation of benefits or EOB, provides helpful information to track your progress in satisfying your financial responsibility under your plan, such as deductibles, coinsurance (if applicable) and/or other out-of-pocket expenses. Your Activity Summary is not a bill.

A new Activity Summary is posted monthly to your secure member account at harvardpilgrim.org. You'll receive a monthly Activity Summary in the mail or email notice (if you've signed up to receive your communications electronically) when you are responsible for a deductible, coinsurance, or an amount not covered by your plan. If you don't yet have a member account, you can create one at harvardpilgrim.org/create.

Are you tired of paper piling up? We can help you clear the clutter. Choose **email (paperless)** under communication preferences, and we'll notify you when there's an Activity Summary or other documents ready to review in your account.

How to use this information:

- 1 Review your Activity Summary.
- 2 Wait to receive a bill from your provider.
- 3 Compare your provider's bill with the information in your Activity Summary for accuracy. Be sure that the type of service noted on the Summary is the same as the service stated on your provider's bill.

Remember to check the following:

- **Your own records.** You already may have paid a portion of your provider's bill (e.g., you may have paid your copayment amount at the time you received care).
- **Explanation note.** Refer to the explanation note for more details on how the claim was processed. For example, the note might indicate that we need additional information to process the claim.
- **Your provider's bill** usually matches the "Your Responsibility" column in the Activity Summary.

If you're looking for specific information not included in your Activity Summary, please refer to your Schedule of Benefits or Summary of Benefits and/or your Benefit Handbook. These documents are available in your secure member account, or you can call Member Services at the number listed on the back of your Member ID card.

Questions? Call **Member Services** at the phone number on the back of your member ID card.

Representatives are available Mondays, Tuesdays and Thursdays from 8 a.m. to 6 p.m.; Wednesdays from 10 a.m. to 6 p.m.; and Fridays from 8 a.m. to 5:30 p.m. For TTY service, call **711**

Key words in your Activity Summary:

MEDICAL AND BEHAVIORAL HEALTH CLAIMS									
Date(s) of Service Claim Number Provider Description	1 Provider Charge	2 Amount Denied	3 Explanation Note	4 Allowed Amount	5 Harvard Pilgrim Paid	6 Deductible Applied	7 Coinsurance	8 Your Copayment	9 Your Responsibility

1 - Provider Charge: The dollar amount the provider (e.g., physician, hospital or clinician) billed Harvard Pilgrim for this service.

2 - Amount Denied: The dollar amount Harvard Pilgrim did not pay. If an amount appears in this field, refer to the Explanation Note for the reason.

3 - Explanation Note: This note will explain whether the claim was paid or denied and the reason for the action taken.

4 - Allowed Amount: The maximum amount that Harvard Pilgrim will pay a provider for covered services. If Medicare is the primary payer, this field will show the amount allowed under Medicare. If you have a POS or a PPO plan and you see a non-participating provider, it's possible that the provider will charge more than the allowed amount for the care you received.

In that case, you would be responsible for paying the difference. This is sometimes called "balance billing."

5 - Harvard Pilgrim Paid: The dollar amount Harvard Pilgrim paid for each service.

6 - Deductible Applied: The dollar amount applied to the yearly deductible you must pay before your health plan begins paying for certain covered services. This means you may be required to pay all or part of a provider bill until you have paid your full deductible amount. If you have a \$2,000 annual deductible, for example, you will have to pay \$2,000 worth of charges before Harvard Pilgrim helps pay. Copayments do not count toward your deductible.

7 - Coinsurance: A fixed percentage of costs that you pay for certain covered services. For example, if you have a plan

with coinsurance, you may have to pay 20% of a provider's bill for your care, while Harvard Pilgrim pays 80%. Coinsurance is usually something you pay after you have paid an annual deductible.

8 - Copayment: A flat dollar amount you pay for certain covered services. You may have different copayments for different services (e.g., primary care visits, specialist visits, and prescription drugs). Copayments are normally due when you have your appointment or when you pick up prescriptions from the pharmacy.

9 - Your responsibility: The total amount you are responsible for paying. It may include a copayment, deductible, coinsurance and/or denied amounts for services not covered by your plan. You may have already paid your copayment.

10 FAMILY DEDUCTIBLE SUMMARY YEAR-TO-DATE			
IN-NETWORK			
	Annual	Applied	Remaining
Connor		\$1,643.69	
Elinor		\$116.82	
Family	\$3,000.00	\$3,000.00	\$0.00

Your DEDUCTIBLE Summary reflects all medical, behavioral health and pharmacy claims that have been processed as of 10/14/2023.

11 FAMILY OUT-OF-POCKET-MAX SUMMARY YEAR-TO-DATE			
IN-NETWORK			
	Annual	Applied	Remaining
Connor		\$1,929.56	
Elinor		\$136.82	
Family	\$6,000.00	\$2,066.38	\$3,933.62

10 - Deductible: The amount you owe or pay out-of-pocket during a coverage period (usually one year) for covered health care services before your plan begins to pay.

11 - Out-of-pocket maximum: This is a limit on the total

amount of cost-sharing you have to pay annually for covered services. This generally includes copayments, coinsurance and deductibles. After you meet your out-of-pocket maximum, Harvard Pilgrim will pay all additional covered health care costs.

SARAH ACTIVITY DETAILS 9/15/2023-10/14/2023							
PHARMACY CLAIMS							
Date Filled Rx Number Drug Name Prescribing Clinician Pharmacy	12 Pharmacy Billed Amount	Discount Rate	Harvard Pilgrim Paid	Deductible Applied	Coinsurance	Your Copayment	Your Responsibility

12 - Pharmacy Billed Amount: The dollar amount billed by the pharmacy for this drug.