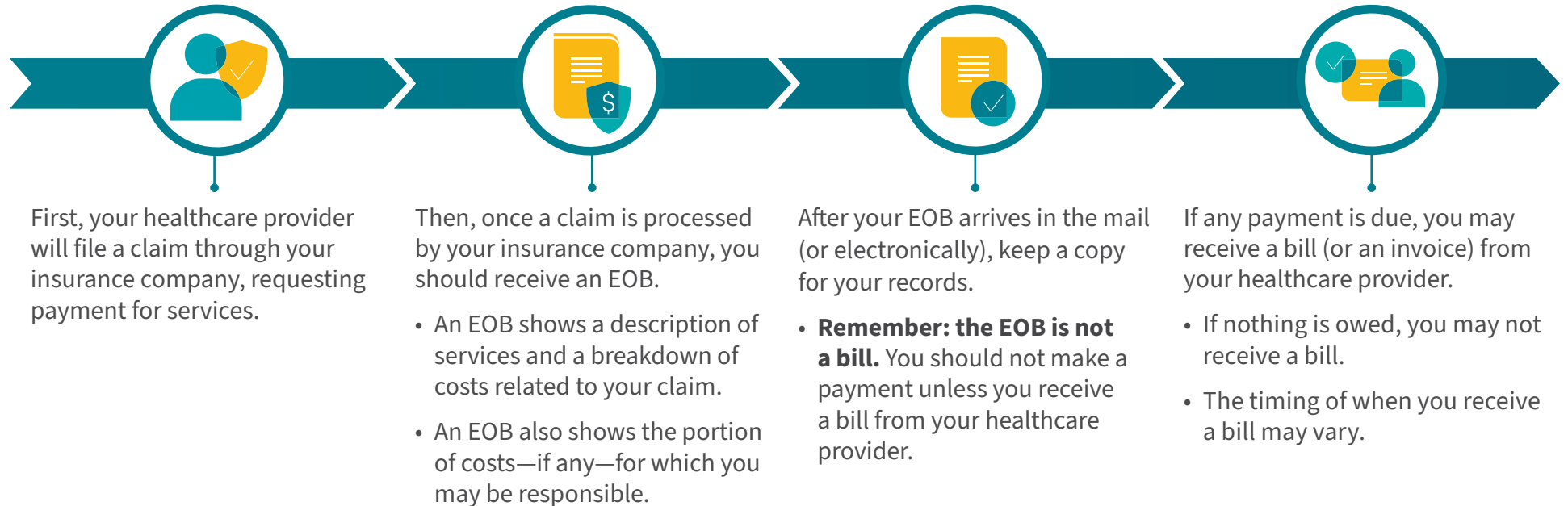


An Explanation of Benefits

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

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

Explanation of Benefits (EOB)

1

LOGO

2

Claim Date: 3/12/2026
Plan ID #: 233655
Subscriber ID #: 78910
Payee: XYZ Insurance
Claim #: 1234567

Address: 555 Main Street, Anywhere, USA 10001
Group #: GA-123456

Provider: Doctor's Office
Date Paid: 3/20/2026

3

Patient Name: Sally Smith

3	Description	Date of Service	Claim Status	4 Provider Charges	5 Allowed Charges	Patient Responsibility			Total Claim Cost		9 Note/Reason
						6 Deductible	7 Copay	11 Coinsurance	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

8 **THIS IS NOT A BILL**

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

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.

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.*

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

The amount billed by your healthcare provider to your insurance company.

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

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

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.

*If 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.



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