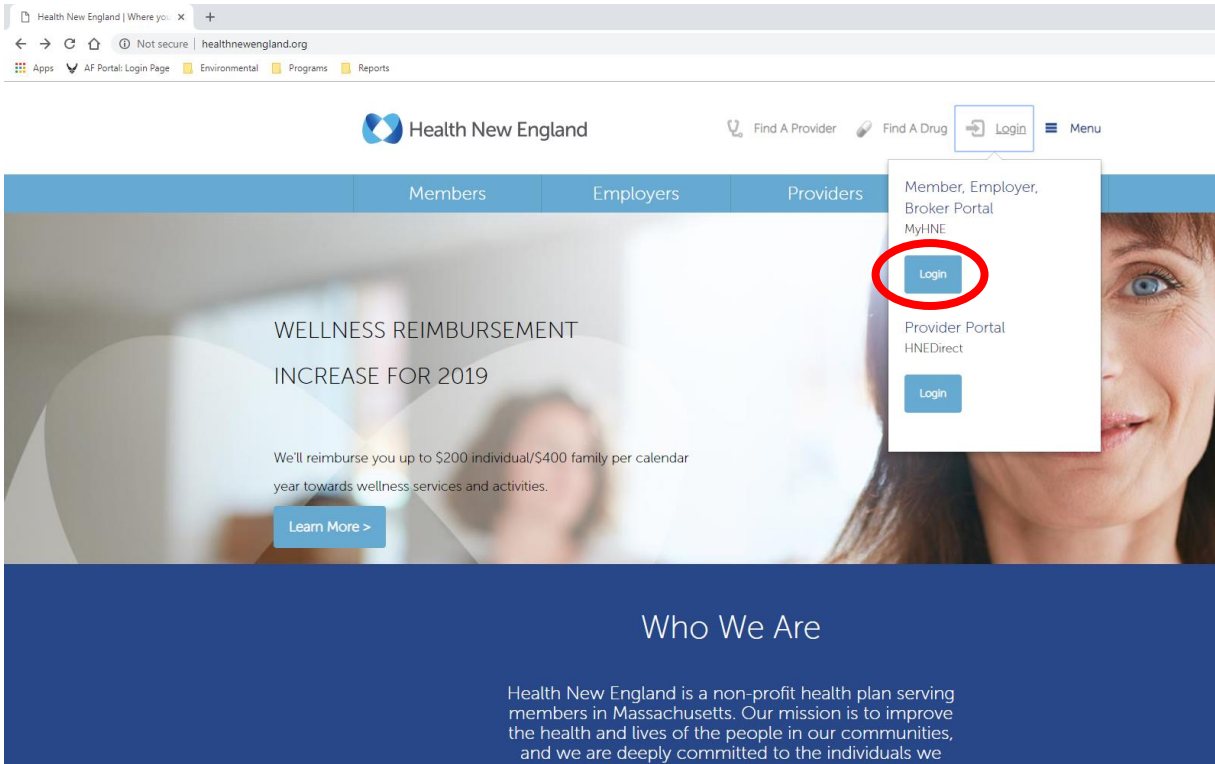
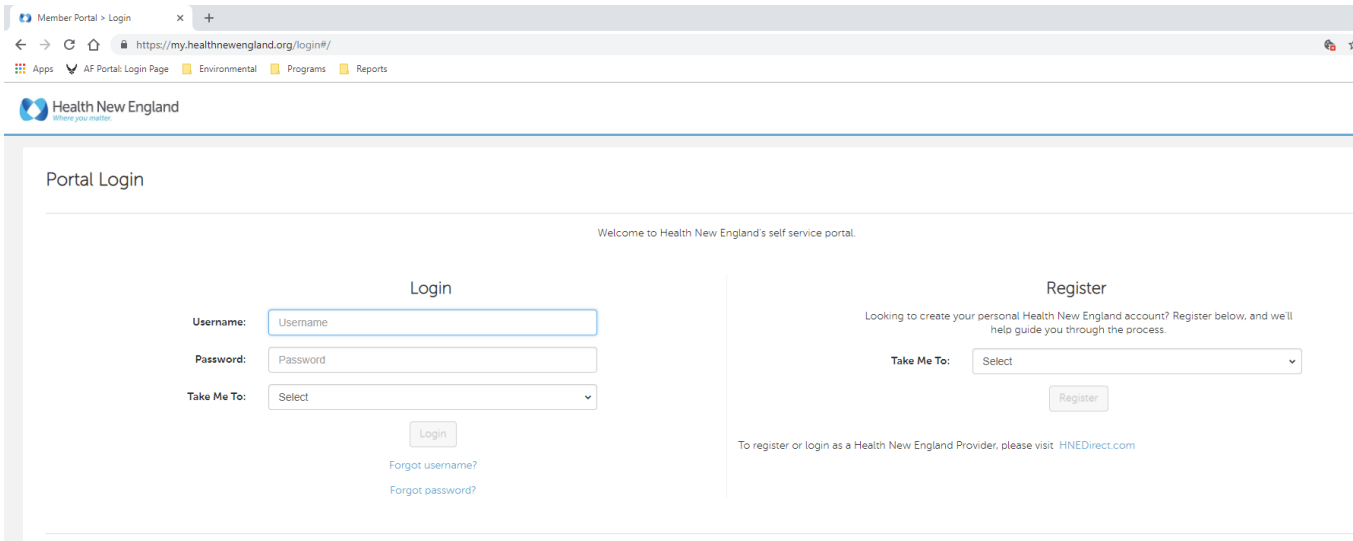


Health New England main page: <http://healthnewengland.org/>



1. If you have not registered, you must register to access the information you will need to submit to MOSES. Once registered you must login.



2. After you enter your login info, you will be directed to a “Home” screen. Click on the “Claims” tab.

Health New England
Where you matter

GIC EMPLOYEES/RETIRES WITHOUT MEDICARE

Coverage Utilization
* Percentages are rounded to whole values.

In-Network

Family Deductible

Individual Plan: 5%
100%

53%

Family Out Of Pocket Maximum

Individual Plan: 5%
12%

9%

My Member ID: [REDACTED]

My Family

My Primary Care Provider

Benefit Plan Information

Teladoc

Wellness Resources

Most Recent Claims Processed

Claim for	Service date	Provider	I owe or have paid	Payment Date	Status
[REDACTED]	11/26/2018	[REDACTED]	\$11.85	12/10/2018	processed details
[REDACTED]	11/26/2018	[REDACTED]	\$34.72	12/03/2018	processed details
[REDACTED]	11/08/2018	[REDACTED]	\$34.72	11/19/2018	processed details
[REDACTED]	11/07/2018	[REDACTED]	\$60.00	11/19/2018	processed details

3. This screen will show you the basic information for all claims. Select 07/01/2018 to TODAY in the calendar boxes to see for Fiscal Year 2019. Click “Search”.

Health New England
Where you matter

Claims

Search Criteria:
Search Claim # and Provider... Show all claims 07/01/2018 12/20/2018 Search

View Clear All Select All
(190 claims found)

Claim #	Claims For	Service Date	Provider	Amount Billed	Amount I owe or have Paid	Claim Status
[REDACTED]	[REDACTED]	11/26/2018	[REDACTED]	\$107.00	\$11.85	PROCESSED
[REDACTED]	[REDACTED]	11/26/2018	[REDACTED]	\$190.00	\$34.72	PROCESSED
[REDACTED]	[REDACTED]	11/08/2018	[REDACTED]	\$190.00	\$34.72	PROCESSED
[REDACTED]	[REDACTED]	11/07/2018	[REDACTED]	\$175.00	\$60.00	PROCESSED
[REDACTED]	[REDACTED]	11/05/2018	[REDACTED]	\$150.00	\$0.00	PROCESSED
[REDACTED]	[REDACTED]	11/02/2018	[REDACTED]	\$125.00	\$20.00	PROCESSED
[REDACTED]	[REDACTED]	10/05/2018	[REDACTED]	\$150.00	\$0.00	PROCESSED
[REDACTED]	[REDACTED]	09/13/2018	[REDACTED]	\$125.00	\$20.00	PROCESSED
[REDACTED]	[REDACTED]	09/05/2018	[REDACTED]	\$150.00	\$15.85	PROCESSED
[REDACTED]	[REDACTED]	08/24/2018	[REDACTED]	\$125.00	\$20.00	PROCESSED

First Previous 1 2 3 4 5 ... Next Last

4. Now your list will only show FY 2019. Click "Select All" and then "View" to see more details.

Health New England | Where you... x Claims x +
 https://my.healthnewengland.org/Claims#/
 AF Portal: Login Page Environmental Programs Reports

Health New England
 Log

Coverage
 Benefit Details
 Claims
 Provider Search
 Forms

Claims

Search Criteria:
 Search Claim # and Provider... Show all claims 07/01/2018 12/20/2018 Search

View Select All

Claim #	Claims For	Service Date	Provider	Amount Billed	Amount I owe or have Paid	Claim Status
✓		11/26/2018		\$190.00	\$34.72	PROCESSED
✓		11/26/2018		\$107.00	\$11.85	PROCESSED
✓		11/08/2018		\$190.00	\$34.72	PROCESSED
✓		11/07/2018		\$175.00	\$60.00	PROCESSED
✓		11/05/2018		\$150.00	\$0.00	PROCESSED
✓		11/02/2018		\$125.00	\$20.00	PROCESSED
✓		10/05/2018		\$150.00	\$0.00	PROCESSED
✓		09/13/2018		\$125.00	\$20.00	PROCESSED
✓		09/05/2018		\$150.00	\$15.85	PROCESSED
✓		08/24/2018		\$125.00	\$20.00	PROCESSED

First Previous 1 2 Next Last

5. This is the summary sheet you will need to print and send to MOSES. Click "Print".

Health New England | Where you... x Claims x +
 https://my.healthnewengland.org/Claims#/details
 AF Portal: Login Page Environmental Programs Reports

Health New England
 Log

Coverage
 Benefit Details
 Claims
 Provider Search
 Forms

Claims

Back to All Claims Print

Service Date: 08/05/2018
 Claim Status: PROCESSED
 Payment Date: 08/27/2018
 Processed Date: 08/05/2018
 Claim Number:
 Type of Service: MEDICAL
 Explanation of Benefits

Totals
 Plan Pays: \$96.44
 You Owe: \$79.26

Type of Service	Amount Billed	Member Rate	Amount Not Covered	Applied to Deductible	Copay	What HNE Paid	Coinsurance	Amount I owe or have Paid
DURABLE MEDICAL EQUIPMENT 08/05/2018	\$150.00	\$79.26	\$0.00	\$79.26	\$0.00	\$0.00	\$0.00	\$79.26
DME - OXYGEN AND OXYGEN RELATED EQUIPMENT/SUPPLIES 08/05/2018	\$500.00	\$96.44	\$0.00	\$0.00	\$0.00	\$96.44	\$0.00	\$0.00
Totals	\$650.00	\$175.70	\$0.00	\$79.26	\$0.00	\$96.44	\$0.00	\$79.26

Service Date: 09/05/2018
 Claim Status: PROCESSED
 Payment Date: 09/10/2018
 Processed Date: 09/05/2018
 Claim Number:
 Type of Service: MEDICAL
 Explanation of Benefits

Totals
 Plan Pays: \$63.41
 You Owe: \$15.85

Type of Service	Amount Billed	Member Rate	Amount Not Covered	Applied to Deductible	Copay	What HNE Paid	Coinsurance	Amount I owe or have Paid
DURABLE MEDICAL EQUIPMENT 09/05/2018	\$150.00	\$79.26	\$0.00	\$0.00	\$0.00	\$63.41	\$15.85	\$15.85
Totals	\$150.00	\$79.26	\$0.00	\$0.00	\$0.00	\$63.41	\$15.85	\$15.85