

Step 1: Log-in or create a new account
https://www.harvardpilgrim.org/public/home

Log in to Harvard Pilgrim

Username

Password

[Forgot your password?](#)

[Forgot your username?](#)

[Need help with your account? Contact Member Services at \(888\) 333-4742.](#)

Member? Register now!

[Create a secure account](#) to see your personal health information.

StrideSM (HMO) Medicare Advantage Plan Member?

[View member information](#)

Now: [Create a secure account](#) to see your personal health information.

Step 2: At the account dashboard, click on the "Claims" drop-down

Harvard Pilgrim Health Care
a Point2Health company

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Secure message inbox Your account Log out

Home Benefits & coverage **Claims** Personal health record Tools & resources

Search databases

Your plan snapshot

Brandon

Member ID:

Plan:

PCP: [Change PCP](#)

[Get ID card](#) [Manage your account](#)

Waiting for a reply?

We are experiencing higher than normal email volume. Your question is important to us, and we will respond as quickly as possible. Thank you for your patience.

[Go to your secure inbox](#)

Questions about coverage?

Your plan documents provide the detailed information you need about your plan. You can view, save and print your plan documents with ease.

[Refer to your plan documents](#)

Step 3: Under the Claims drop down menu, go to Claims Information and then to Activity summaries

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Home Benefits & coverage **Claims** Personal health record Tools & resources

Search databases

Claims information

Explore your medical claims (bills), access details on services received and see any payments made.

[Activity summaries](#)

[Download claims summary](#)

[View claims](#)

[Reimbursements](#)

[View all claims](#)

You are currently viewing information for: [REDACTED]

step 4

Activity Summary Statements

Your Activity Summary outlines the claims we've processed for you during a particular month. It also may help you track your progress in satisfying your financial responsibility (e.g., deductible and out-of-pocket dollar amounts). This summary is not a bill.

You can view your statement online or download a copy. To download multiple statements, check the statements you would like to download and select the Download button at the bottom of the list.

To view your behavioral health Explanation of Benefits, visit the **Live and Work Well website**.

Share Feedback

AVAILABLE ACTIVITY SUMMARIES

Statement Date

Click on the Latest Monthly Summary

3/1/2024 - 3/31/2024



Download Activity Summary

2/1/2024 - 2/29/2024

Download Activity Summary

1/1/2024 - 1/31/2024

Download Activity Summary

12/1/2023 - 12/31/2023

Download Activity Summary

11/1/2023 - 11/30/2023

Download Activity Summary

10/1/2023 - 10/31/2023

Download Activity Summary

You are currently viewing information for [REDACTED]

ACTIVITY SUMMARY (also called a Summary of Payment)

[REDACTED] (3/1/2024 - 3/31/2024)

Step 5

How to use your Activity Summary

- Compare your provider's bill with this Activity Summary to make sure they're both accurate. The amounts in your provider's bill should match the amounts in the "Your Responsibility" column.
- If you're on a Medicare Supplement plan, please review your Medicare Summary Notice, as well
- Remember to check your own records. You may have paid part of your provider's bill already (e.g., copayments at the doctor's office).
- Review the Explanation Note for details on how we processed the claim

Refer to your health plan documents for information about your benefits and what you're responsible for paying.

Year-to-date Activity Summary

Submit this single page with the filled out form and mail it to MOSES

FAMILY DEDUCTIBLE SUMMARY YEAR-TO-DATE

	IN-NETWORK			OUT-OF-NETWORK		
	Annual	Applied	Remaining	Annual	Applied	Remaining
[REDACTED]	\$500.00	\$500.00	\$0.00	\$500.00	\$301.27	\$198.73
[REDACTED]	\$500.00	\$367.66	\$132.34	\$500.00	\$0.00	\$500.00
Family	\$1,000.00	\$867.66	\$132.34	\$1,000.00	\$301.27	\$698.73

Your DEDUCTIBLE Summary reflects all medical, behavioral health and pharmacy claims that have been processed as of 3/31/2024.

FAMILY OUT-OF-POCKET-MAX SUMMARY YEAR-TO-DATE

Add the two totals and put the amount on the MOSES Form

	IN-NETWORK			OUT-OF-NETWORK		
	Annual	Applied	Remaining	Annual	Applied	Remaining
[REDACTED]	\$5,000.00	\$652.06	\$4,347.94	\$5,000.00	\$301.27	\$4,698.73
[REDACTED]	\$5,000.00	\$505.78	\$4,494.22	\$5,000.00	\$0.00	\$5,000.00
Family	\$10,000.00	\$1,157.84	\$8,842.16	\$10,000.00	\$301.27	\$9,698.73

Your OUT-OF-POCKET-MAX Summary reflects all medical, behavioral health and pharmacy claims that have been processed as of 3/31/2024.

DEDUCTIBLE: A dollar amount you must pay yearly before certain services are covered under your health plan. This means you may be required to pay all or part of a provider bill until you have paid your full deductible amount.

OUT-OF-POCKET MAXIMUM: A limit on the total amount of copayments, coinsurance and deductibles you have to pay yearly for covered services. Please refer to your Benefit Handbook and Schedule of Benefits for specific information on the out-of-pocket maximum that applies to your plan.

MEDICAL AND BEHAVIORAL HEALTH CLAIMS: This section lists new and adjusted medical and behavioral health claims processed during this summary period. You'll get a separate Explanation of Benefits if you've received Harvard Pilgrim pediatric dental services. Call 800-460-0315 if you have pediatric dental claim questions.

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