

Illustrative Health Plan

Explanation of Benefits

Claims administration

Original EOB

Statement date June 8, 2026	Statement number EOB-260608-047	Claim number PS-260518-047
---------------------------------------	---	--------------------------------------

Member / subscriber
Morgan Ellis

Provider / payee
Plastic Surgery Associates

Member ID / group
M084729315 / G261048

Provider ID / network
PRV-047216 / Nonparticipating provider

Plan type
Self-funded group medical plan

Service setting
Hospital emergency department

SERVICE DETAIL

Service date	Code	Service description	Units	Billed
May 18, 2026	13132	Complex cheek-wound repair, 5.0 cm	1	\$4,600.00

CUMULATIVE BENEFIT CALCULATION

Submitted charges	\$4,600.00
Allowed / adjusted amount	\$163.28
Amount above benefit basis*	\$4,436.72
Member deductible	\$0.00
Copay / coinsurance	\$0.00
Total plan payment	\$163.28

PROVIDER PAYMENT SUMMARY

Total plan payment	\$163.28
Less previously paid	\$0.00
Payment this statement	\$163.28
Member responsibility	\$0.00

Payment directed to
Plastic Surgery Associates

Payment date / reference
June 10, 2026 / EFT-260610-0847

REMARKS

The provider billed \$4,600.00. The initial payer payment is \$163.28. Member responsibility is \$0.00; the remaining billed balance is not additional member liability.

* The amount above the benefit basis is not additional member liability in this covered emergency-care illustration. The benefit calculation is simplified, with member cost sharing held fixed.

Illustrative outcome, not a client result or recovery guarantee. Vendor fees are excluded. An EOB alone does not confirm a bank deposit.

Illustrative Health Plan

Explanation of Benefits

Claims administration

Supplemental EOB

Statement date October 1, 2026	Statement number EOB-261001-047	Claim number PS-260518-047
--	---	--------------------------------------

Member / subscriber
Morgan Ellis

Provider / payee
Plastic Surgery Associates

Member ID / group
M084729315 / G261048

Provider ID / network
PRV-047216 / Nonparticipating provider

Plan type
Self-funded group medical plan

Service setting
Hospital emergency department

SERVICE DETAIL

Service date	Code	Service description	Units	Billed
May 18, 2026	13132	Complex cheek-wound repair, 5.0 cm	1	\$4,600.00

CUMULATIVE BENEFIT CALCULATION

Submitted charges	\$4,600.00
Allowed / adjusted amount	\$4,600.00
Amount above benefit basis*	\$0.00
Member deductible	\$0.00
Copay / coinsurance	\$0.00
Total plan payment	\$4,600.00

PROVIDER PAYMENT SUMMARY

Total plan payment	\$4,600.00
Less previously paid	\$163.28
Payment this statement	\$4,436.72
Member responsibility	\$0.00

Payment directed to
Plastic Surgery Associates

Payment date / reference
October 5, 2026 / EFT-261005-2194

REMARKS

Claim reprocessed following a payment dispute. This statement adds \$4,436.72 to the prior \$163.28 payment. Total payer payments are \$4,600.00, equal to the billed amount. Member responsibility remains \$0.00.

* The amount above the benefit basis is not additional member liability in this covered emergency-care illustration. The benefit calculation is simplified, with member cost sharing held fixed.

Illustrative outcome, not a client result or recovery guarantee. Vendor fees are excluded. An EOB alone does not confirm a bank deposit.