

Exhibit 7: EOB Sample Page




Statement date: January 1, 2026
Member: SAMPLE MEMBER
Group name: North Carolina State Health Plan

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MEMBER ID: XXXXXXXXXXXXXXXX9
Group #: 01 3456 0000 12345

Your claims up close

Claim for Sample Member (self) Member ID: XXXXXXXXXXXXXXXX9

Provider: Doctors Office (In-Network)

| Claim ID: EXXXXXXOO Received on | Amount billed | Member rate | Pending or not payable (Remarks)  | Applied to deductible | Your copay | Amount remaining | Plan's share | Your coinsurance | You may owe C+D+E+H+I |
|------------------------------------|------------------|----------------|--|--------------------------|---------------|---------------------|-----------------|---------------------|-----------------------------|
| Service type and date | A | B | C | D | E | F | G | H | I |
| OFFICE VISIT on | 304.00 | 229.14 | | | | | 229.14 (100%) | | 0.00 |
| Refer to Remarks Section | | | (1) | | | | | | |
| Totals: | 304.00 | 229.14 | | 0.00 | 0.00 | 0.00 | 229.14 | 0.00 | \$0.00 |

 You can find all numbered claim remarks in 'Your Claim Remarks' section.

Your Claim Remarks

General Remarks:

- (1) Your provider may have sent diagnosis codes with your claim. You may obtain these codes and their meanings by contacting us at the number listed at the top of the first page. We will also provide your treatment codes and their meanings, if they do not appear on this statement. If you have questions about your diagnosis or your treatment, please contact your provider. [H63]

Your benefit balances to date for 1/1/25 to 12/31/25

| Individual Balances | Annual limit | Amount used | Amount remaining |
|--|-----------------|----------------|---------------------|
| Sample Member (self) | | | |
| Medical In Network Deductible | \$1,500.00 | \$0.00 | \$1,500.00 |
| Medical In Network Out of Pocket Maximum | \$5,900.00 | \$138.51 | \$5,761.49 |
| Medical Out of Network Deductible | \$3,000.00 | \$0.00 | \$3,000.00 |
| Medical Out of Network Out of Pocket Maximum | \$11,800.00 | \$0.00 | \$11,800.00 |
| Family Balances | | | |
| Medical In Network Deductible | \$4,500.00 | \$0.00 | \$4,500.00 |
| Medical In Network Out of Pocket Maximum | \$16,300.00 | \$439.96 | \$15,870.04 |
| Medical Out of Network Deductible | \$9,000.00 | \$0.00 | \$9,000.00 |
| Medical Out of Network Out of Pocket Maximum | \$32,600.00 | \$0.00 | \$32,600.00 |