

Manage your Account:
www.uhceservices.com

Invoice No: 835399964503
Invoice Date: 11/11/2024
Consolidated Customer No: 9742999921
Customer Numbers: 1351166;09S0588
Coverage Period: 12/01/2024 - 12/31/2024
Due Date: 12/01/2024



317IMBSTANDARDBW0007002-01338-01

VERATEX
CAROLYN SIMON
PO BOX 682
NEW YORK NY 10108-0682



Thank you for your business.

Account Summary

| | |
|---------------------------|----------------|
| Previous Balance | \$523.06 |
| Payments (-) | -\$8,499.60 |
| Account Adjustments (+/-) | \$0.00 |
| Current Charges (+) | \$4,084.67 |
| Current Adjustments (+/-) | \$12,254.01 |
| Total Balance Due | \$8,362.14 |

About Your Payment

We offer several payment options to help you manage your account.

Pay Online. Go to www.uhceservices.com to make a one-time payment or schedule monthly payments directly from your bank account.

Pay By Phone. Call 1-866-764-7736, TTY 711, 24 hours a day, 7 days a week, to make a payment directly from your bank account. Please reference your customer number 1351166 and bill group number 263066 when prompted.

Pay By Check. Send a check to the address listed below. Checks returned for lack of funds or checks that can't be cashed for any reason are not considered payment.

Payment is due in full on or before the due date above. If full payment is not received by the end of your grace period, your coverage may be terminated as stated in your policy requirements. If a premium payment is deposited late, it does not automatically mean we will accept the premium.

This invoice combines the information from both of your customer billing account details.

Please detach and return with your payment.

| Customer Name | Customer Number | Payment Due Date | Invoice # |
|---------------|-----------------|------------------|--------------|
| VERATEX | 9742999921 | 12/01/2024 | 835399964503 |

Send payment to:

UHS Premium Billing
PO BOX 94017
Palatine, IL 60094-4017

Amount due: \$8,362.14

Amount Enclosed

| | | | | | | | | | | | | |
|----|--|--|--|--|--|--|--|--|--|--|--|--|
| \$ | | | | | | | | | | | | |
|----|--|--|--|--|--|--|--|--|--|--|--|--|

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Expanding digital solutions – choose paperless invoicing

We appreciate this opportunity to help streamline administrative efficiencies and reduce paper mailings. Our records show that you are still receiving a paper invoice from us. Did you know that you can view your monthly invoice online and further reduce the amount of paper mail that you receive and handle?

Advantages of using the benefits administration website

In addition to being a resource for your specific plan information and covered employee population, **uhceservices.com** offers easy access to your premium invoices and payments. In the Billing and Payment Center of the website, you can:

- View invoices, payments, balances and statements
- Request "Bill vs. Paid" report
- Manage banking information

To go paperless and turn off delivery of your monthly premium invoice by U.S. Mail, please call the customer service phone number on this invoice to have **Electronic Invoice Delivery Only** selected.

Easy access to your invoices and payments

- Sign in to **uhceservices.com** to view or print your company's monthly premium invoice
- For help signing in or registering on the website, call **1-866-908-5940, TTY 711**, 8 a.m. to 8 p.m. ET, Monday – Friday

Not registered yet?

Visit us at **uhceservices.com** and register using your Customer ID.

Once registered, you can:

- Sign up for paperless billing
- View, manage and pay your bill
- Make eligibility changes
- Request health plan ID cards and more



Invoice No: 350193200273
Invoice Date: 11/11/2024
Bill Group: 263066
Coverage Period: 12/01/2024 - 12/31/2024
Due Date: 12/01/2024

Summary

| Description | Employee Count | Total Volume (000's) | Net Amount |
|--|----------------|----------------------|--------------------|
| 312068-ALL ELIGIBLE EMPLOYEES | | | |
| NY P FRDM NG 20/40/100 PPO 24 | | | |
| Employee | 1 | | \$1,512.84 |
| Employee & Child(ren) | 1 | | \$2,571.83 |
| Subtotal, NY P FRDM NG 20/40/100 PPO 24 | 2 | | \$4,084.67 |
| Subtotal 312068-ALL ELIGIBLE EMPLOYEES | | | \$4,084.67 |
| Adjustments | | | |
| Account Adjustments | | | \$0.00 |
| Current Adjustments | | | \$12,254.01 |
| Subtotal, Adjustments | | | \$12,254.01 |
| Subtotal Plan Charges | | | \$16,338.68 |
| Grand Total | | | \$16,338.68 |

Questions? We're here to help.



Toll free 1-866-764-7736



www.uhcservices.com

Invoice No: 350193200273

Invoice Date: 11/11/2024

Bill Group: 263066

Coverage Period: 12/01/2024 - 12/31/2024

Due Date: 12/01/2024

Details

| Current Detail - 12/01-12/31/2024 | | | | | | | | Adjustment Detail | | | Totals |
|-----------------------------------|--------------------|-------------------------------|-------------|----------|--------|-------------|---------------|-------------------|------|------------|-------------|
| Policy No. | Name | Plan | ID | Coverage | Status | Vol (000's) | Charge Amount | Period | Code | Amount | Total |
| 312068 | D'alessio, Claudio | NY P FRDM NG 20/40/100 PPO 24 | *****505900 | E | A | | \$1,512.84 | 9/01-9/30/2024 | CHG | \$1,512.84 | \$6,051.36 |
| | | | | | | | | 10/01-10/31/2024 | CHG | \$1,512.84 | |
| | | | | | | | | 11/01-11/30/2024 | ADD | \$1,512.84 | |
| 312068 | Simon, Carolyn | NY P FRDM NG 20/40/100 PPO 24 | *****765600 | EC | A | | \$2,571.83 | 9/01-9/30/2024 | CHG | \$2,571.83 | \$10,287.32 |
| | | | | | | | | 10/01-10/31/2024 | CHG | \$2,571.83 | |
| | | | | | | | | 11/01-11/30/2024 | ADD | \$2,571.83 | |
| Subtotal Plan Charges | | | | | | | | \$4,084.67 | | | \$12,254.01 |
| Grand Total | | | | | | | | | | | \$16,338.68 |

| Coverage Type | Status | | | Code |
|-----------------------------------|--|---------------------|-----|-------------------------|
| E Employee Only | E4D Employee and Four Dependents | A Active | ADD | Retroactive Addition |
| ES Employee and Spouse | E5D Employee & One or More Dependent | C Cobra | TRM | Retroactive Termination |
| ESC Employee and Family | E6D Employee & Two or More Dependents | P Pre 65 Retiree | CHG | Retroactive Change |
| EC Employee and Child(ren) | E7D Employee & Three or More Dependents | R Post 65 Retiree | | |
| E1D Employee and One Dependent | E8D Employee & Four or More Dependents | S Surviving Insured | | |
| E2D Employee and Two Dependents | E9D Employee & Five or More Dependents | | | |
| E3D Employee and Three Dependents | | | | |

Questions? We're here to help

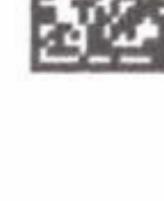


Toll free 1-866-764-7736



www.uhcresources.com





9964503

1/2024

Customer No: 9742999921

12/01/2024 - 12/31/2024

2024

Customer service is available 24 hours a day, 7 days a week. You can contact us by phone, email, or online chat. Our customer service team is here to help you with any questions or concerns you may have.

ES

We are not able to process your payment.

For more information on how to and dependent changes.

bill?

Please call us toll-free at 1-800-555-1234, 8 a.m. - 8 p.m. ET, and have your billing customer number available when you call.