



INVOICE

CRISWELL AUTOMOTIVE
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0196577
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$3,316.50

Please Make Check Payable to:

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SUMMARY REPORT

CRISWELL AUTOMOTIVE
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0196577
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$7,403.01	
Payments Received	10/29/2019	\$4,593.91CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$2,809.10 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0734764	001	CRISWELL AUTOMOTIVE	10/21/2019	\$320.88	
			10/25/2019	\$186.52	\$507.40
SUB-TOTAL:					\$507.40 (B)
NET BALANCE (A + B)					\$3,316.50

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

AMERICAN INSTITUTE OF AERO/ASTRONAUTICS
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0196580
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$11,023.36

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SUMMARY REPORT

AMERICAN INSTITUTE OF AERO/ASTRONAUTICS
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0196580
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$23,003.50	
Payments Received	10/22/2019	\$5,547.02CR	
	10/29/2019	\$8,707.14CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$8,749.34 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0734768	001	AIAA - 0410	10/21/2019	\$1,328.87	
			10/25/2019	\$945.15	\$2,274.02
SUB-TOTAL:					\$2,274.02 (B)
NET BALANCE (A + B)					\$11,023.36

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

MARYLAND FOOD BANK
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0196664
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$11,170.78

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SUMMARY REPORT

MARYLAND FOOD BANK
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0196664
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$19,474.47	
Payments Received	10/29/2019	\$10,869.48CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$8,604.99 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0735179	001	MARYLAND FOOD BANK	10/21/2019	\$972.66	
			10/25/2019	\$1,593.13	\$2,565.79
SUB-TOTAL:					\$2,565.79 (B)
NET BALANCE (A + B)					\$11,170.78

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

CATONSVILLE BUILDERS, INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0196683
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$1,024.39

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SUMMARY REPORT

CATONSVILLE BUILDERS, INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0196683
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$476.19	
Payments Received	10/22/2019	\$17.09CR	
	10/29/2019	\$290.98CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$168.12 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0735115	001	CATONSVILLE BUILDERS, INC.	10/25/2019	\$856.27	\$856.27
SUB-TOTAL:					\$856.27 (B)
NET BALANCE (A + B)					\$1,024.39

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

CUMBERLAND VALLEY HEATING & AC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0196711
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$513.65

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SUMMARY REPORT

CUMBERLAND VALLEY HEATING & AC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0196711
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$434.39	
Payments Received	10/22/2019	\$20.03CR	
	10/29/2019	\$24.35CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$390.01 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0735195	001	CUMBERLAND VALLEY HEATING & AC	10/21/2019	\$56.31	
			10/25/2019	\$67.33	\$123.64
SUB-TOTAL:					\$123.64 (B)
NET BALANCE (A + B)					\$513.65

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

MORGAN-KELLER, INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0196832
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$43,886.31

Please Make Check Payable to:

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SUMMARY REPORT

MORGAN-KELLER, INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0196832
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$48,422.77	
Payments Received	10/22/2019	\$15,486.47CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$32,936.30 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0735345	001	MORGAN-KELLER, INC.	10/21/2019	\$6,165.14	
			10/25/2019	\$4,784.87	\$10,950.01
SUB-TOTAL:					\$10,950.01 (B)
NET BALANCE (A + B)					\$43,886.31

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

BILL MILLER EQUIPMENT SALES INC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0196884
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$4,608.88

Please Make Check Payable to:

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Please Mail Payment to:

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SUMMARY REPORT

BILL MILLER EQUIPMENT SALES INC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0196884
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$6,948.88	
Payments Received	10/22/2019	\$2,908.80CR	
	10/29/2019	\$1,173.86CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$2,866.22 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0735344	001	BILL MILLER EQUIPMENT SALES INC	10/21/2019	\$830.40	
			10/25/2019	\$912.26	\$1,742.66
SUB-TOTAL:					\$1,742.66 (B)
NET BALANCE (A + B)					\$4,608.88

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

IN HOME STONE
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0196888
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$688.19CR

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IN HOME STONE
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0196888
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$1,339.97	
Payments Received	10/22/2019	\$354.58CR	
	10/29/2019	\$846.11CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$139.28 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0735367	001	IN HOME STONE	10/21/2019	\$78.66	
			10/25/2019	\$906.13CR	\$827.47CR
SUB-TOTAL:					\$827.47CR (B)
NET BALANCE (A + B)					\$688.19CR

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

GLATFELTER INSURANCE GROUP
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0196889
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$53,453.58

Please Make Check Payable to:

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SUMMARY REPORT

GLATFELTER INSURANCE GROUP
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0196889
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$96,044.87	
Payments Received	10/22/2019	\$24,376.56CR	
	10/29/2019	\$35,178.62CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$36,489.69 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0735346	001	GLATFELTER INSURANCE GROUP	10/21/2019	\$6,678.54	
			10/25/2019	\$10,285.35	\$16,963.89
SUB-TOTAL:					\$16,963.89 (B)
NET BALANCE (A + B)					\$53,453.58

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

CROFTON CONVALESCENT & REHAB CENTER
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0196968
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$35,329.40

Please Make Check Payable to:

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Please Mail Payment to:

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SUMMARY REPORT

CROFTON CONVALESCENT & REHAB CENTER
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0196968
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$35,616.64	
Payments Received	10/22/2019	\$7,503.36CR	
	10/29/2019	\$7,562.74CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$20,550.54 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0735489	001	CROFTON CONVALESCENT & REHAB CENTER	10/21/2019	\$6,808.65	
			10/25/2019	\$7,970.21	\$14,778.86
SUB-TOTAL:					\$14,778.86 (B)
NET BALANCE (A + B)					\$35,329.40

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

THE CRAFTMARK GROUP
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0196987
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$16,491.63

Please Make Check Payable to:

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SUMMARY REPORT

THE CRAFTMARK GROUP
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0196987
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$17,773.98	
Payments Received	10/22/2019	\$6,342.11CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$11,431.87 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0735590	001	THE CRAFTMARK GROUP	10/21/2019	\$838.16	
			10/25/2019	\$4,221.60	\$5,059.76
SUB-TOTAL:					\$5,059.76 (B)
NET BALANCE (A + B)					\$16,491.63

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

COMPUTER PACKAGES, INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0197033
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$24,264.01

Please Make Check Payable to:

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SUMMARY REPORT

COMPUTER PACKAGES, INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0197033
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$44,388.32	
Payments Received	10/22/2019	\$17,024.17CR	
	10/29/2019	\$12,414.98CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$14,949.17 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0735542	001	COMPUTER PACKAGES, INC.	10/21/2019	\$5,060.80	
			10/25/2019	\$4,254.04	\$9,314.84
SUB-TOTAL:					\$9,314.84 (B)
NET BALANCE (A + B)					\$24,264.01

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

DUGGER BROTHERS, INC. HEATING AND AC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0197208
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$201.04

Please Make Check Payable to:

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CINCINNATI OH 45264-5014

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SUMMARY REPORT

DUGGER BROTHERS, INC. HEATING AND AC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0197208
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$493.34
Payments Received	10/22/2019	\$267.65CR
	10/29/2019	\$24.65CR

TOTAL PRIOR BALANCE OR CREDIT DUE:	\$201.04	(A)
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SPECIAL CHARGES:

SPECIAL CHARGES	\$0.00	(B)
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NET BALANCE (A + B)	\$201.04
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INVOICE

COLLIFLOWER, INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0197303
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$12,590.06

Please Make Check Payable to:

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CINCINNATI OH 45264-5014

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SUMMARY REPORT

COLLIFLOWER, INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0197303
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$11,641.23	
Payments Received	10/22/2019	\$1,521.27CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$10,119.96 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0736285	001	COLLIFLOWER, INC.	10/21/2019	\$1,784.01	
			10/25/2019	\$686.09	\$2,470.10
SUB-TOTAL:					\$2,470.10 (B)
NET BALANCE (A + B)					\$12,590.06

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

VALCOURT BUILDING SERVICES, LLC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0197304
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$22,299.03

Please Make Check Payable to:

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VALCOURT BUILDING SERVICES, LLC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0197304
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$26,481.59	
Payments Received	10/29/2019	\$8,652.28CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$17,829.31 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0736283	001	VALCOURT BUILDING SERVICES, LLC	10/21/2019	\$1,616.01	
			10/25/2019	\$2,853.71	\$4,469.72
SUB-TOTAL:					\$4,469.72 (B)
NET BALANCE (A + B)					\$22,299.03

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

BP LESKY DISTRIBUTING COMPANY
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0197467
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$1,375.26

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SUMMARY REPORT

BP LESKY DISTRIBUTING COMPANY
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0197467
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$2,876.71	
Payments Received	10/22/2019	\$763.35CR	
	10/29/2019	\$1,245.99CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$867.37 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0736580	001	BP LESKY DISTRIBUTING COMPANY	10/21/2019	\$60.75	
			10/25/2019	\$447.14	\$507.89
SUB-TOTAL:					\$507.89 (B)
NET BALANCE (A + B)					\$1,375.26

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

EBA ENGINEERING
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0197550
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$72,677.99

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SUMMARY REPORT

EBA ENGINEERING
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0197550
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$74,413.77	
Payments Received	10/29/2019	\$14,158.50CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$60,255.27 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0736783	001	EBA ENGINEERING	10/21/2019	\$13,484.06	
			10/25/2019	\$1,061.34CR	\$12,422.72
SUB-TOTAL:					\$12,422.72 (B)
NET BALANCE (A + B)					\$72,677.99

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

CHRONICLE OF HIGHER EDUCATION
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0197553
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$32,598.06

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SUMMARY REPORT

CHRONICLE OF HIGHER EDUCATION
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0197553
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$62,502.71	
Payments Received	10/22/2019	\$11,634.44CR	
	10/29/2019	\$25,884.48CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$24,983.79 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0736780	001	CHRONICLE OF HIGHER EDUCATION	10/21/2019	\$3,033.65	
			10/25/2019	\$4,580.62	\$7,614.27
SUB-TOTAL:					\$7,614.27 (B)
NET BALANCE (A + B)					\$32,598.06

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

HAGERSTOWN GOODWILL DBA HORIZON GOODWILL
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0197566
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$36,133.21

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SUMMARY REPORT

HAGERSTOWN GOODWILL DBA HORIZON GOODWILL
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0197566
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$42,164.68	
Payments Received	10/22/2019	\$16,066.78CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$26,097.90 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0736830	001	HAGERSTOWN GOODWILL DBA HORIZON GOODWILL	10/21/2019	\$4,319.38	
			10/25/2019	\$5,715.93	\$10,035.31
SUB-TOTAL:					\$10,035.31 (B)
NET BALANCE (A + B)					\$36,133.21

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

GARRETT CONTAINER SYSTEMS, LLC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0197598
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$18,182.38

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SUMMARY REPORT

GARRETT CONTAINER SYSTEMS, LLC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0197598
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$28,429.61	
Payments Received	10/22/2019	\$11,167.88CR	
	10/29/2019	\$3,427.81CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$13,833.92 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0736844	001	GARRETT CONTAINER SYSTEMS, LLC	10/21/2019	\$3,254.40	
			10/25/2019	\$1,094.06	\$4,348.46
SUB-TOTAL:					\$4,348.46 (B)
NET BALANCE (A + B)					\$18,182.38

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

MARTIN DISTRIBUTING COMPANY, INC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0197613
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	07/28/2019 2
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	08/15/2019

PAY THIS AMOUNT

\$570.81

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SUMMARY REPORT

MARTIN DISTRIBUTING COMPANY, INC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0197613
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 07/28/2019 2
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 08/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	07/27/2019	\$615.23	
Payments Received	07/23/2019	\$297.49CR	
	08/06/2019	\$96.26CR	
	08/22/2019	\$221.48CR	
	08/28/2019	\$202.61CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$202.61CR (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0736872	001	MARTIN DISTRIBUTING COMPANY, INC	07/19/2019	\$202.61	
			08/01/2019	\$57.13	
			08/07/2019	\$443.17	
			08/13/2019	\$170.20	
			08/19/2019	\$58.17CR	
			08/26/2019	\$31.69CR	
			09/04/2019	\$9.83CR	\$773.42
SUB-TOTAL:					\$773.42 (B)
NET BALANCE (A + B)					\$570.81

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

VARIA SYSTEMS INC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0197616
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$2,799.11

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SUMMARY REPORT

VARIA SYSTEMS INC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
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GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0197616
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$2,879.79	
Payments Received	10/22/2019	\$285.20CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$2,594.59 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0736887	001	VARIA SYSTEMS INC	10/21/2019	\$12.19	
			10/25/2019	\$192.33	\$204.52
SUB-TOTAL:					\$204.52 (B)
NET BALANCE (A + B)					\$2,799.11

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

OWENS COMFORT SYSTEMS
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0197621
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$5,121.08

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SUMMARY REPORT

OWENS COMFORT SYSTEMS
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0197621
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$32,648.93	
Payments Received	10/22/2019	\$5,169.80CR	
	10/29/2019	\$27,307.32CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$171.81 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0736882	001	OWENS COMFORT SYSTEMS	10/21/2019	\$128.43	
			10/25/2019	\$4,820.84	\$4,949.27
SUB-TOTAL:					\$4,949.27 (B)
NET BALANCE (A + B)					\$5,121.08

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

TECHNOGUARD, INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0197637
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$607.12

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SUMMARY REPORT

TECHNOGUARD, INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0197637
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$358.88	
Payments Received	10/27/2019	\$0.00	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$358.88 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0736915	001	TECHNOGUARD, INC.	10/21/2019	\$38.09	
			10/25/2019	\$210.15	\$248.24
SUB-TOTAL:					\$248.24 (B)
NET BALANCE (A + B)					\$607.12

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

REHAB SOLUTIONS,LLC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0197837
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$419.80

Please Make Check Payable to:

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SUMMARY REPORT

REHAB SOLUTIONS,LLC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0197837
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$1,468.52	
Payments Received	10/22/2019	\$962.76CR	
	10/29/2019	\$278.86CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$226.90 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0737308	001	REHAB SOLUTIONS,LLC	10/21/2019	\$128.81	
			10/25/2019	\$64.09	\$192.90
SUB-TOTAL:					\$192.90 (B)
NET BALANCE (A + B)					\$419.80

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

JOARDER ENTERPRISES
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0197973
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$546.09

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JOARDER ENTERPRISES
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0197973
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$1,030.28	
Payments Received	10/22/2019	\$246.77CR	
	10/29/2019	\$389.78CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$393.73 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0737536	001	JOARDER ENTERPRISES	10/21/2019	\$138.97	
			10/25/2019	\$13.39	\$152.36
SUB-TOTAL:					\$152.36 (B)
NET BALANCE (A + B)					\$546.09

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

BCDC, LLC DBA BON CHON
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0198017
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$33.95

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SUMMARY REPORT

BCDC, LLC DBA BON CHON
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0198017
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$94.18
Payments Received	10/22/2019	\$33.99CR
	10/29/2019	\$26.24CR

TOTAL PRIOR BALANCE OR CREDIT DUE:	\$33.95	(A)
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SPECIAL CHARGES:

SPECIAL CHARGES	\$0.00	(B)
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NET BALANCE (A + B)	\$33.95
---------------------	---------

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

INNOVATIVE HEALTH PLAN
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0199497
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$56.33

Please Make Check Payable to:

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SUMMARY REPORT

INNOVATIVE HEALTH PLAN
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0199497
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$111.28	
Payments Received	10/29/2019	\$90.04CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$21.24 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0744841	001	INNOVATIVE HEALTH PLAN	10/21/2019	\$35.09	\$35.09
SUB-TOTAL:					\$35.09 (B)
NET BALANCE (A + B)					\$56.33

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

FIRELINE CORPORATION
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0200650
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$46,820.62

Please Make Check Payable to:

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SUMMARY REPORT

FIRELINE CORPORATION
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0200650
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$38,489.27	
Payments Received	10/22/2019	\$6,150.83CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$32,338.44 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0748615	001	FIRELINE CORPORATION	10/21/2019	\$7,011.80	
			10/25/2019	\$7,470.38	\$14,482.18
SUB-TOTAL:					\$14,482.18 (B)
NET BALANCE (A + B)					\$46,820.62

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

HIBBERT AND MCGEE WHOLESALERS, INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0200855
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$1,037.25

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SUMMARY REPORT

HIBBERT AND MCGEE WHOLESALERS, INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0200855
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$1,240.85	
Payments Received	10/22/2019	\$287.79CR	
	10/29/2019	\$517.01CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$436.05 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0749417	001	HIBBERT AND MCGEE WHOLESALERS, INC.	10/21/2019	\$63.86	
			10/25/2019	\$537.34	\$601.20
SUB-TOTAL:					\$601.20 (B)
NET BALANCE (A + B)					\$1,037.25

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

CMC ELECTRIC, INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0200910
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$204.01

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SUMMARY REPORT

CMC ELECTRIC, INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0200910
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$445.81	
Payments Received	10/22/2019	\$112.27CR	
	10/29/2019	\$167.43CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$166.11 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0750254	001	CMC ELECTRIC, INC.	10/21/2019	\$21.36	
			10/25/2019	\$16.54	\$37.90
SUB-TOTAL:					\$37.90 (B)
NET BALANCE (A + B)					\$204.01

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

ICON EYEWEAR, INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0200914
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$3,317.58

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SUMMARY REPORT

ICON EYEWEAR, INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0200914
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$7,145.63	
Payments Received	10/22/2019	\$3,524.98CR	
	10/29/2019	\$3,199.54CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$421.11 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0750299	001	ICON EYEWEAR, INC.	10/21/2019	\$158.64	
			10/22/2019	\$4.27CR	
			10/25/2019	\$2,742.10	\$2,896.47
SUB-TOTAL:					\$2,896.47 (B)
NET BALANCE (A + B)					\$3,317.58

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

X-TECHNOLOGIES INCORPORATED
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0200924
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$11,410.87

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SUMMARY REPORT

X-TECHNOLOGIES INCORPORATED
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
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GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0200924
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$33,838.60	
Payments Received	10/29/2019	\$26,395.49CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$7,443.11 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0750095	001	X-TECHNOLOGIES INCORPORATED	10/21/2019	\$731.34	
			10/25/2019	\$3,236.42	\$3,967.76
SUB-TOTAL:					\$3,967.76 (B)
NET BALANCE (A + B)					\$11,410.87

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

ANTICIMEX, INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0200948
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$243,732.55

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SUMMARY REPORT

ANTICIMEX, INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
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GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0200948
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$219,705.77	
Payments Received	10/22/2019	\$30,410.40CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$189,295.37 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0750386	001	ANTICIMEX, INC.	10/21/2019	\$30,688.93	
			10/25/2019	\$23,748.25	\$54,437.18
SUB-TOTAL:					\$54,437.18 (B)
NET BALANCE (A + B)					\$243,732.55

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

VYTEX CORPORATION
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0200988
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$13,508.17

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SUMMARY REPORT

VYTEX CORPORATION
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
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GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0200988
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$11,243.29	
Payments Received	10/27/2019	\$0.00	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$11,243.29 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0750609	001	VYTEX CORPORATION	10/21/2019	\$1,001.07	
			10/25/2019	\$1,263.81	\$2,264.88
SUB-TOTAL:					\$2,264.88 (B)
NET BALANCE (A + B)					\$13,508.17

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

INTEGRO LLC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0212611
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$873.17

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INTEGRO LLC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
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GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0212611
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$1,300.62	
Payments Received	10/22/2019	\$291.96CR	
	10/29/2019	\$237.63CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$771.03 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0751190	001	INTEGRO LLC	10/21/2019	\$35.11	
			10/25/2019	\$67.03	\$102.14
SUB-TOTAL:					\$102.14 (B)
NET BALANCE (A + B)					\$873.17

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

NEXT SOLUTIONS, LLC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0212622
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$50,128.62

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SUMMARY REPORT

NEXT SOLUTIONS, LLC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0212622
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$53,112.32	
Payments Received	10/22/2019	\$7,702.90CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$45,409.42 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0751262	001	NEXT SOLUTIONS, LLC	10/21/2019	\$4,392.43	
			10/25/2019	\$326.77	\$4,719.20
SUB-TOTAL:					\$4,719.20 (B)
NET BALANCE (A + B)					\$50,128.62

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

KHALSA MCBREARTY ACCOUNTANCY, LLP
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0212684
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$1,079.39

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SUMMARY REPORT

KHALSA MCBREARTY ACCOUNTANCY, LLP
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0212684
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$1,895.28	
Payments Received	10/22/2019	\$608.53CR	
	10/29/2019	\$567.58CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$719.17 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0751693	001	KHALSA MCBREARTY ACCOUNTANCY, LLP	10/21/2019	\$307.55	
			10/25/2019	\$52.67	\$360.22
SUB-TOTAL:					\$360.22 (B)
NET BALANCE (A + B)					\$1,079.39

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

TEXAS PROFESSIONAL SERV PROV BFTS TRUST
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0215012
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$57,344.78

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SUMMARY REPORT

TEXAS PROFESSIONAL SERV PROV BFTS TRUST
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0215012
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$37,358.72	
Payments Received	10/29/2019	\$15,776.97CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$21,581.75 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0753271	001	TX PROF SERV TRUST - GERSTLE MINISSALE	10/21/2019	\$110.61	\$110.61
0753272	001	TX PROF SERV TRUST - WELLS & CUELLAR PC	10/25/2019	\$0.00	\$0.00
0753274	001	TX PROF SERV TRUST - BABB REED & LEAK	10/21/2019	\$0.00	
			10/25/2019	\$0.00	\$0.00
0753278	001	TX PROF SERV TRUST - AMY THOMAS PEREZ	10/25/2019	\$0.00	\$0.00
0753437	001	TX PROF SERV TRUST - DECENTRA GROUP LLC	10/21/2019	\$0.00	\$0.00
0754277	001	TX PROF SERV TRUST - SWAIN LAW FIRM PC	10/21/2019	\$12.31	
			10/25/2019	\$37.52	\$49.83
0754836	001	TX PROF SERV TRUST - OMAR KHAWAJA	10/21/2019	\$7.69	
			10/25/2019	\$137.00	\$144.69
0754838	001	TX PROF SERV TRUST - DAVID S BOUSCHOR	10/21/2019	\$12.45	
			10/25/2019	\$36.39	\$48.84
0754899	001	TX PROF SERV TRUST - BAIN & BAIN PLLC	10/25/2019	\$5.53	\$5.53
0755651	001	TX PROF SERV TRUST - JON CHRISTIAN AMBER	10/21/2019	\$19.48	\$19.48
0756550	001	TX PROF SERV TRUST - THOMAS ESPARZA JR	10/25/2019	\$9.28	\$9.28
0757102	001	TX PROF SERV TRUST - APFFEL LEGAL	10/21/2019	\$0.00	
			10/25/2019	\$0.00	\$0.00
0757103	001	TX PROF SERV TRUST - MARK R MALTSBERGER	10/21/2019	\$117.91CR	
			10/25/2019	\$117.91	\$0.00
0757877	001	TX PROF SERV TRUST - KATHRYN FIGUEREDO F	10/25/2019	\$19.52	\$19.52
0757878	001	TX PROF SERV TRUST - RICHARD LAW GROUP I	10/21/2019	\$0.00	\$0.00
0757879	001	TX PROF SERV TRUST - NICHAMOFF LAW PC	10/21/2019	\$4.27CR	\$4.27CR



SUMMARY REPORT

TEXAS PROFESSIONAL SERV PROV BFTS TRUST
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0215012
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0759442	001	TX PROF SERV TRUST - GALLIGAN & MANNING	10/21/2019	\$1.90	\$1.90
0760406	001	TX PROF SERV TRUST - GRIGGS BERGEN LLP	10/25/2019	\$0.00	\$0.00
0760407	001	TX PROF SERV TRUST - ACCESS JUSTICE HOUS	10/25/2019	\$8.27	\$8.27
0760408	001	TX PROF SERV TRUST - BALLARD & LITTLEFIE	10/21/2019	\$285.04	
			10/25/2019	\$213.94	\$498.98
0760409	001	TX PROF SERV TRUST - SLATER MATSIL LLP	10/21/2019	\$4,012.81	
			10/25/2019	\$23,137.47	\$27,150.28
0760704	001	TX PROF SERV TRUST - RODGERS SELVERA PLL	10/21/2019	\$12.45	
			10/25/2019	\$20.76	\$33.21
0760709	001	TX PROF SERV TRUST - CALHOUN LAW FIRM	10/21/2019	\$294.49	
			10/25/2019	\$520.52	\$815.01
0760710	001	TX PROF SERV TRUST - ANTHONY KENNEDY PLL	10/21/2019	\$170.41	
			10/25/2019	\$2,142.19	\$2,312.60
0760928	001	TX PROF SERV TRUST - GUEST & GRAY PC	10/25/2019	\$6.32	\$6.32
0760929	001	TX PROF SERV TRUST - PAINTER LAW FIRM PL	10/25/2019	\$18.49	\$18.49
0760930	001	TX PROF SERV TRUST - SLATE & ASSOCIATES	10/21/2019	\$110.11	\$110.11
0761145	001	TX PROF SERV TRUST - ALEX M TORRES LAW O	10/25/2019	\$11.74	\$11.74
0761495	001	TX PROF SERV TRUST - RAMSEY LAW GROUP	10/21/2019	\$164.49	
			10/25/2019	\$55.94	\$220.43
0761497	001	TX PROF SERV TRUST - WOLF & STALLINGS PL	10/25/2019	\$158.20	\$158.20
0762390	001	TX PROF SERV TRUST - THE TEXAS LAW OFFC	10/21/2019	\$1,556.45	
			10/25/2019	\$2,457.53	\$4,013.98

SUB-TOTAL: \$35,763.03 (B)

NET BALANCE (A + B) \$57,344.78



SUMMARY REPORT

TEXAS PROFESSIONAL SERV PROV BFTS TRUST
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0215012
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

DECISIONWAVE TECHNOLOGIES, INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0216495
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$2,473.62

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CINCINNATI OH 45264-5014

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SUMMARY REPORT

DECISIONWAVE TECHNOLOGIES, INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0216495
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$2,466.05	
Payments Received	10/27/2019	\$0.00	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$2,466.05 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0757100	001	DECISIONWAVE TECHNOLOGIES, INC.	10/21/2019	\$7.57	\$7.57
SUB-TOTAL:					\$7.57 (B)

NET BALANCE (A + B) \$2,473.62

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

CORPORATE IMAGE DINING SERVICES, INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0217206
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$900.47

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SUMMARY REPORT

CORPORATE IMAGE DINING SERVICES, INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0217206
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$1,742.66	
Payments Received	10/22/2019	\$594.26CR	
	10/29/2019	\$463.36CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$685.04 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0758005	001	CORPORATE IMAGE DINING SERVICES, INC.	10/21/2019	\$22.42	
			10/25/2019	\$193.01	\$215.43
SUB-TOTAL:					\$215.43 (B)
NET BALANCE (A + B)					\$900.47

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

OBERON IT, INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT	
GROUP ID:	0217258
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$1,055.46

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SUMMARY REPORT

OBERON IT, INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0217258
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$1,701.51	
Payments Received	10/22/2019	\$295.36CR	
	10/29/2019	\$1,202.10CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$204.05 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0758275	001	OBERON IT, INC.	10/21/2019	\$174.56	
			10/25/2019	\$676.85	\$851.41
SUB-TOTAL:					\$851.41 (B)
NET BALANCE (A + B)					\$1,055.46

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

CORPORATE INCENTIVITES, INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0217430
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$4,719.46CR

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SUMMARY REPORT

CORPORATE INCENTIVITES, INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0217430
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$16,642.05	
Payments Received	10/22/2019	\$2,339.24CR	
	10/29/2019	\$12,059.61CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$2,243.20 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0760901	001	CORPORATE INCENTIVITES, INC.	10/21/2019	\$488.98	
			10/25/2019	\$7,451.64CR	\$6,962.66CR
SUB-TOTAL:					\$6,962.66CR (B)
NET BALANCE (A + B)					\$4,719.46CR

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

VILLAGE PARK SENIOR LIVING
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0217431
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$3,075.87

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SUMMARY REPORT

VILLAGE PARK SENIOR LIVING
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0217431
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$1,735.13	
Payments Received	10/27/2019	\$0.00	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$1,735.13 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0760199	001	VILLAGE PARK SENIOR LIVING	10/21/2019	\$534.34	
			10/25/2019	\$806.40	\$1,340.74
SUB-TOTAL:					\$1,340.74 (B)
NET BALANCE (A + B)					\$3,075.87

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

FIRST RELIANCE BANK
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0217476
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$42,839.75

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FIRST RELIANCE BANK
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0217476
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$45,217.57	
Payments Received	10/22/2019	\$7,922.34CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$37,295.23 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0760816	001	FIRST RELIANCE BANK	10/21/2019	\$3,521.46	
			10/25/2019	\$2,023.06	\$5,544.52
SUB-TOTAL:					\$5,544.52 (B)
NET BALANCE (A + B)					\$42,839.75

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

THE INTEGRITY GROUP LLC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0217521
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$22.11

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SUMMARY REPORT

THE INTEGRITY GROUP LLC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0217521
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$22.11	
Payments Received	10/29/2019	\$22.11CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$0.00 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0760961	001	THE INTEGRITY GROUP LLC	10/21/2019	\$22.11	\$22.11
SUB-TOTAL:					\$22.11 (B)
NET BALANCE (A + B)					\$22.11

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

GARY KERNS HOME BUILDERS, LLC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0217522
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$0.00

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SUMMARY REPORT

GARY KERNS HOME BUILDERS, LLC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0217522
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$0.00	
Payments Received	10/27/2019	\$0.00	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$0.00 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0761085	001	GARY KERNS HOME BUILDERS, LLC	10/21/2019	\$0.00	\$0.00
SUB-TOTAL:					\$0.00 (B)
NET BALANCE (A + B)					\$0.00

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

UNICON PHARMA INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0217523
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$323.19

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SUMMARY REPORT

UNICON PHARMA INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
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GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0217523
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$670.67	
Payments Received	10/22/2019	\$255.32CR	
	10/29/2019	\$241.49CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$173.86 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0760925	001	UNICON PHARMA INC.	10/21/2019	\$24.00	
			10/25/2019	\$125.33	\$149.33
SUB-TOTAL:					\$149.33 (B)
NET BALANCE (A + B)					\$323.19

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

EXPERT IP, LLC DBA AT-NET SERVICES
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0217836
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$1,391.17

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SUMMARY REPORT

EXPERT IP, LLC DBA AT-NET SERVICES
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0217836
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$3,378.29	
Payments Received	10/22/2019	\$976.68CR	
	10/29/2019	\$1,805.04CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$596.57 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0762892	001	EXPERT IP, LLC DBA AT-NET SERVICES	10/21/2019	\$75.73	
			10/25/2019	\$718.87	\$794.60
SUB-TOTAL:					\$794.60 (B)
NET BALANCE (A + B)					\$1,391.17

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

EVERBRIGHT PACIFIC, LLC. DBA WISP RESORT
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0217859
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$16,582.45

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SUMMARY REPORT

EVERBRIGHT PACIFIC, LLC. DBA WISP RESORT
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0217859
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$19,302.19	
Payments Received	10/22/2019	\$4,795.30CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$14,506.89 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0763282	001	EVERBRIGHT PACIFIC DBA WISP RESORT	10/21/2019	\$802.62	
			10/25/2019	\$1,272.94	\$2,075.56
SUB-TOTAL:					\$2,075.56 (B)
NET BALANCE (A + B)					\$16,582.45

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

GLOBAL IP NETWORKS, INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0217899
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$1,912.33

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SUMMARY REPORT

GLOBAL IP NETWORKS, INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0217899
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$2,574.36	
Payments Received	10/22/2019	\$82.33CR	
	10/29/2019	\$626.60CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$1,865.43 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0763377	001	GLOBAL IP NETWORKS, INC.	10/21/2019	\$30.28	
			10/25/2019	\$16.62	\$46.90
SUB-TOTAL:					\$46.90 (B)
NET BALANCE (A + B)					\$1,912.33

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

CREATIVE CABINETRY CORPORATION
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0219906
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$2,077.77

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SUMMARY REPORT

CREATIVE CABINETRY CORPORATION
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0219906
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$94.01	
Payments Received	10/29/2019	\$94.01CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$0.00 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0763314	001	CREATIVE CABINETRY CORPORATION	10/21/2019	\$539.58	
			10/25/2019	\$1,538.19	\$2,077.77
SUB-TOTAL:					\$2,077.77 (B)
NET BALANCE (A + B)					\$2,077.77

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

SAFE CARE ACQUISITION PARTNERS
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0219936
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$5,301.44

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SUMMARY REPORT

SAFE CARE ACQUISITION PARTNERS
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0219936
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$3,994.45	
Payments Received	10/22/2019	\$323.29CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$3,671.16 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0763358	001	SAFE CARE ACQUISITION PARTNERS	10/21/2019	\$419.53	
			10/25/2019	\$1,210.75	\$1,630.28
SUB-TOTAL:					\$1,630.28 (B)
NET BALANCE (A + B)					\$5,301.44

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

THE CHARLES MORGAN GROUP, LP
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0219948
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$89.47

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SUMMARY REPORT

THE CHARLES MORGAN GROUP, LP
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0219948
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$143.30	
Payments Received	10/22/2019	\$43.91CR	
	10/29/2019	\$45.82CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$53.57 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0763583	001	THE CHARLES MORGAN GROUP, LP	10/25/2019	\$35.90	\$35.90
SUB-TOTAL:					\$35.90 (B)
NET BALANCE (A + B)					\$89.47

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

SVETAVOTS CORP DBA BRIGHT STAR HEALTH
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0220077
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$72.06

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SUMMARY REPORT

SVETAVOTS CORP DBA BRIGHT STAR HEALTH
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0220077
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$207.84	
Payments Received	10/29/2019	\$207.84CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$0.00 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0764200	001	SVETAVOTS CORP DBA BRIGHT STAR HEALTH	10/25/2019	\$72.06	\$72.06
SUB-TOTAL:					\$72.06 (B)
NET BALANCE (A + B)					\$72.06

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

CONGLETON SERVICE INC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0220085
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$831.36

Please Make Check Payable to:

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SUMMARY REPORT

CONGLETON SERVICE INC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0220085
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$1,020.06	
Payments Received	10/22/2019	\$157.59CR	
	10/29/2019	\$632.45CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$230.02 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0764247	001	CONGLETON SERVICE INC	10/21/2019	\$501.04	
			10/25/2019	\$100.30	\$601.34
SUB-TOTAL:					\$601.34 (B)
NET BALANCE (A + B)					\$831.36

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

DERMATOLOGIC SURGERY OF THE CAROLINAS
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0220221
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$155.86

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SUMMARY REPORT

DERMATOLOGIC SURGERY OF THE CAROLINAS
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0220221
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 10/28/2019 1
STATEMENT DATE: 10/31/2019
NEXT DUE DATE: 11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$120.58	
Payments Received	10/29/2019	\$27.05CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$93.53 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0765388	001	DERMATOLOGIC SURGERY OF THE CAROLINAS	10/21/2019	\$47.18	
			10/25/2019	\$15.15	\$62.33
SUB-TOTAL:					\$62.33 (B)
NET BALANCE (A + B)					\$155.86

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

SWING BY SWING GOLF INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0220232
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$672.23

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CINCINNATI OH 45264-5014

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SUMMARY REPORT

SWING BY SWING GOLF INC.
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0220232
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$674.60	
Payments Received	10/29/2019	\$283.10CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$391.50 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0765438	001	SWING BY SWING GOLF INC.	10/21/2019	\$27.84	
			10/25/2019	\$252.89	\$280.73
SUB-TOTAL:					\$280.73 (B)
NET BALANCE (A + B)					\$672.23

MESSAGE(S): Please remember to include your group and account number(s) on your check.



INVOICE

VETS USA II INC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0220337
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PAY THIS AMOUNT

\$0.00

Please Make Check Payable to:

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Please Mail Payment to:

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CINCINNATI OH 45264-5014

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SUMMARY REPORT

VETS USA II INC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
GREENVILLE SC 29606

GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0220337
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	10/28/2019 1
STATEMENT DATE:	10/31/2019
NEXT DUE DATE:	11/15/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	10/27/2019	\$0.00
Payments Received	10/27/2019	\$0.00

TOTAL PRIOR BALANCE OR CREDIT DUE:	\$0.00	(A)
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SPECIAL CHARGES:

SPECIAL CHARGES	\$0.00	(B)
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NET BALANCE (A + B)	\$0.00
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MESSAGE(S): Please remember to include your group and account number(s) on your check.