



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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$4,614.21

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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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$3,316.50	
Payments Received	11/14/2019	\$0.00	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$3,316.50 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0734764	001	CRISWELL AUTOMOTIVE	11/01/2019	\$564.95	
			11/07/2019	\$80.19	
			11/13/2019	\$652.57	\$1,297.71
SUB-TOTAL:					\$1,297.71 (B)
NET BALANCE (A + B)					\$4,614.21

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$10,548.89

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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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$11,023.36	
Payments Received	11/14/2019	\$8,749.34CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$2,274.02 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0734768	001	AIAA - 0410	11/01/2019	\$1,074.01	
			11/07/2019	\$1,646.56	
			11/13/2019	\$5,554.30	\$8,274.87
SUB-TOTAL:					\$8,274.87 (B)
NET BALANCE (A + B)					\$10,548.89

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$14,765.83

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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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$11,170.78	
Payments Received	11/14/2019	\$8,604.99CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$2,565.79 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0735179	001	MARYLAND FOOD BANK	11/01/2019	\$6,243.50	
			11/07/2019	\$2,973.59	
			11/13/2019	\$2,982.95	\$12,200.04
SUB-TOTAL:					\$12,200.04 (B)
NET BALANCE (A + B)					\$14,765.83

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$887.39

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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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$1,024.39	
Payments Received	11/14/2019	\$168.12CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$856.27 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0735115	001	CATONSVILLE BUILDERS, INC.	11/01/2019	\$20.01	
			11/07/2019	\$0.00	
			11/13/2019	\$11.11	\$31.12
SUB-TOTAL:					\$31.12 (B)
NET BALANCE (A + B)					\$887.39

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$149.14

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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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$513.65	
Payments Received	11/14/2019	\$390.01CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$123.64 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0735195	001	CUMBERLAND VALLEY HEATING & AC	11/07/2019	\$25.50	\$25.50
SUB-TOTAL:					\$25.50 (B)
NET BALANCE (A + B)					\$149.14

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$46,884.08

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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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$43,886.31	
Payments Received	11/05/2019	\$12,590.27CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$31,296.04 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0735345	001	MORGAN-KELLER, INC.	11/01/2019	\$4,790.01	
			11/07/2019	\$4,585.64	
			11/13/2019	\$6,212.39	\$15,588.04
SUB-TOTAL:					\$15,588.04 (B)
NET BALANCE (A + B)					\$46,884.08

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$4,837.86

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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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$4,608.88	
Payments Received	11/14/2019	\$2,866.22CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$1,742.66 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0735344	001	BILL MILLER EQUIPMENT SALES INC	11/01/2019	\$496.62	
			11/07/2019	\$2,287.84	
			11/13/2019	\$310.74	\$3,095.20
SUB-TOTAL:					\$3,095.20 (B)
NET BALANCE (A + B)					\$4,837.86

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$16.35

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SUMMARY REPORT

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$688.19CR	
Payments Received	11/14/2019	\$1,653.25CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$2,341.44CR (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0735367	001	IN HOME STONE	11/01/2019	\$60.99	
			11/07/2019	\$1,919.14	
			11/13/2019	\$377.66	\$2,357.79
SUB-TOTAL:					\$2,357.79 (B)
NET BALANCE (A + B)					\$16.35

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$95,695.72

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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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$53,453.58	
Payments Received	11/14/2019	\$0.00	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$53,453.58 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0735346	001	GLATFELTER INSURANCE GROUP	11/01/2019	\$10,003.81	
			11/07/2019	\$13,038.77	
			11/13/2019	\$19,434.48	
			11/14/2019	\$234.92CR	\$42,242.14
SUB-TOTAL:					\$42,242.14 (B)
NET BALANCE (A + B)					\$95,695.72

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$40,705.36

Please Make Check Payable 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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$35,329.40	
Payments Received	11/14/2019	\$0.00	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$35,329.40 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0735489	001	CROFTON CONVALESCENT & REHAB CENTER	11/01/2019	\$3,237.02	
			11/07/2019	\$1,016.08	
			11/13/2019	\$1,122.86	\$5,375.96
SUB-TOTAL:					\$5,375.96 (B)
NET BALANCE (A + B)					\$40,705.36

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$17,808.77

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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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$16,491.63	
Payments Received	11/14/2019	\$3,537.80CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$12,953.83 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0735590	001	THE CRAFTMARK GROUP	11/01/2019	\$1,611.82	
			11/07/2019	\$1,073.04	
			11/13/2019	\$2,170.08	\$4,854.94
SUB-TOTAL:					\$4,854.94 (B)
NET BALANCE (A + B)					\$17,808.77

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$38,150.35

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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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$24,264.01	
Payments Received	11/14/2019	\$0.00	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$24,264.01 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0735542	001	COMPUTER PACKAGES, INC.	11/01/2019	\$2,931.76	
			11/07/2019	\$8,925.09	
			11/13/2019	\$2,029.49	\$13,886.34
SUB-TOTAL:					\$13,886.34 (B)
NET BALANCE (A + B)					\$38,150.35

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$197.77

Please Make Check Payable to:

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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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$201.04	
Payments Received	11/14/2019	\$201.04CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$0.00 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0736195	001	DUGGER BROTHERS, INC. HEATING AND AC	11/01/2019	\$142.63	
			11/07/2019	\$27.13	
			11/13/2019	\$28.01	\$197.77
SUB-TOTAL:					\$197.77 (B)
NET BALANCE (A + B)					\$197.77

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



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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$10,609.11

Please Make Check Payable to:

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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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$12,590.06	
Payments Received	11/14/2019	\$3,489.53CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$9,100.53 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0736285	001	COLLIFLOWER, INC.	11/01/2019	\$43.18CR	
			11/07/2019	\$459.35	
			11/13/2019	\$1,092.41	\$1,508.58
SUB-TOTAL:					\$1,508.58 (B)
NET BALANCE (A + B)					\$10,609.11

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$23,684.64

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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$22,299.03	
Payments Received	11/14/2019	\$6,886.35CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$15,412.68 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0736283	001	VALCOURT BUILDING SERVICES, LLC	11/01/2019	\$1,730.31	
			11/07/2019	\$5,140.42	
			11/13/2019	\$1,401.23	\$8,271.96
SUB-TOTAL:					\$8,271.96 (B)
NET BALANCE (A + B)					\$23,684.64

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$1,332.09

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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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$1,375.26	
Payments Received	11/14/2019	\$867.37CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$507.89 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0736580	001	BP LESKY DISTRIBUTING COMPANY	11/01/2019	\$23.52	
			11/07/2019	\$702.39	
			11/13/2019	\$98.29	\$824.20
SUB-TOTAL:					\$824.20 (B)
NET BALANCE (A + B)					\$1,332.09

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$70,872.19

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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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$72,677.99	
Payments Received	11/14/2019	\$19,523.72CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$53,154.27 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0736783	001	EBA ENGINEERING	11/01/2019	\$4,207.25	
			11/07/2019	\$11,415.59	
			11/13/2019	\$2,095.08	\$17,717.92
SUB-TOTAL:					\$17,717.92 (B)
NET BALANCE (A + B)					\$70,872.19

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$42,068.19

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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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$32,598.06	
Payments Received	11/14/2019	\$0.00	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$32,598.06 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0736780	001	CHRONICLE OF HIGHER EDUCATION	11/01/2019	\$7,186.50	
			11/07/2019	\$603.33CR	
			11/13/2019	\$2,886.96	\$9,470.13
SUB-TOTAL:					\$9,470.13 (B)
NET BALANCE (A + B)					\$42,068.19

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$32,389.01

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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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$36,133.21	
Payments Received	11/05/2019	\$10,439.71CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$25,693.50 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0736830	001	HAGERSTOWN GOODWILL DBA HORIZON GOODWILL	11/01/2019	\$1,749.47	
			11/07/2019	\$1,458.26	
			11/13/2019	\$3,487.78	\$6,695.51
SUB-TOTAL:					\$6,695.51 (B)
NET BALANCE (A + B)					\$32,389.01

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$20,926.49

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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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$18,182.38	
Payments Received	11/14/2019	\$5,298.00CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$12,884.38 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0736844	001	GARRETT CONTAINER SYSTEMS, LLC	11/01/2019	\$1,955.31	
			11/07/2019	\$1,451.78	
			11/13/2019	\$4,635.02	\$8,042.11
SUB-TOTAL:					\$8,042.11 (B)
NET BALANCE (A + B)					\$20,926.49

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$2,611.87

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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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$2,799.11	
Payments Received	11/05/2019	\$1,285.58CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$1,513.53 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0736887	001	VARIA SYSTEMS INC	11/01/2019	\$842.73	
			11/07/2019	\$47.81	
			11/13/2019	\$207.80	\$1,098.34
SUB-TOTAL:					\$1,098.34 (B)
NET BALANCE (A + B)					\$2,611.87

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$456.62

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SUMMARY REPORT

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

GROUP ID: 0197621
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$5,121.08	
Payments Received	11/14/2019	\$0.00	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$5,121.08 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0736882	001	OWENS COMFORT SYSTEMS	11/01/2019	\$4,745.20CR	
			11/07/2019	\$75.34	
			11/13/2019	\$5.40	\$4,664.46CR
SUB-TOTAL:					\$4,664.46CR (B)
NET BALANCE (A + B)					\$456.62

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$712.12

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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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$607.12	
Payments Received	11/14/2019	\$216.62CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$390.50 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0736915	001	TECHNOGUARD, INC.	11/01/2019	\$226.47	
			11/13/2019	\$95.15	\$321.62
SUB-TOTAL:					\$321.62 (B)
NET BALANCE (A + B)					\$712.12

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$1,312.97

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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$419.80	
Payments Received	11/14/2019	\$0.00	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$419.80 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0737308	001	REHAB SOLUTIONS,LLC	11/01/2019	\$766.92	
			11/07/2019	\$47.00	
			11/13/2019	\$79.25	\$893.17
SUB-TOTAL:					\$893.17 (B)
NET BALANCE (A + B)					\$1,312.97

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$831.29

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SUMMARY REPORT

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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$546.09	
Payments Received	11/14/2019	\$0.00	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$546.09 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0737536	001	JOARDER ENTERPRISES	11/01/2019	\$37.98	
			11/07/2019	\$194.84	
			11/13/2019	\$52.38	\$285.20
SUB-TOTAL:					\$285.20 (B)
NET BALANCE (A + B)					\$831.29

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$33.95	
Payments Received	11/14/2019	\$33.95CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$0.00 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0737602	001	BCDC, LLC DBA BON CHON	11/01/2019	\$33.95	\$33.95
SUB-TOTAL:					\$33.95 (B)
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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$97.44

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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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$56.33	
Payments Received	11/14/2019	\$21.24CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$35.09 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0744841	001	INNOVATIVE HEALTH PLAN	11/07/2019	\$62.35	\$62.35
SUB-TOTAL:					\$62.35 (B)
NET BALANCE (A + B)					\$97.44

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$40,541.70

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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$46,820.62	
Payments Received	11/05/2019	\$20,598.57CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$26,222.05 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0748615	001	FIRELINE CORPORATION	11/01/2019	\$2,899.05	
			11/07/2019	\$5,314.93	
			11/13/2019	\$6,105.67	\$14,319.65
SUB-TOTAL:					\$14,319.65 (B)
NET BALANCE (A + B)					\$40,541.70

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$1,963.05

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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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$1,037.25	
Payments Received	11/14/2019	\$436.05CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$601.20 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0749417	001	HIBBERT AND MCGEE WHOLESALERS, INC.	11/01/2019	\$271.51	
			11/07/2019	\$504.95	
			11/13/2019	\$585.39	\$1,361.85
SUB-TOTAL:					\$1,361.85 (B)
NET BALANCE (A + B)					\$1,963.05

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$172.73

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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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$204.01	
Payments Received	11/14/2019	\$166.11CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$37.90 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0750254	001	CMC ELECTRIC, INC.	11/01/2019	\$25.89	
			11/07/2019	\$108.94	\$134.83
SUB-TOTAL:					\$134.83 (B)
NET BALANCE (A + B)					\$172.73

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$3,739.61

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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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$3,317.58	
Payments Received	11/14/2019	\$0.00	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$3,317.58 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0750299	001	ICON EYEWEAR, INC.	11/01/2019	\$328.33	
			11/07/2019	\$87.02	
			11/13/2019	\$6.68	\$422.03
SUB-TOTAL:					\$422.03 (B)
NET BALANCE (A + B)					\$3,739.61

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$11,445.22

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SUMMARY REPORT

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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$11,410.87	
Payments Received	11/14/2019	\$7,443.11CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$3,967.76 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0750095	001	X-TECHNOLOGIES INCORPORATED	11/01/2019	\$4,436.61	
			11/07/2019	\$2,013.81	
			11/13/2019	\$1,027.04	\$7,477.46
SUB-TOTAL:					\$7,477.46 (B)
NET BALANCE (A + B)					\$11,445.22

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$212,163.10

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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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$243,732.55	
Payments Received	11/05/2019	\$80,362.02CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$163,370.53 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0750386	001	ANTICIMEX, INC.	11/01/2019	\$10,300.68	
			11/04/2019	\$58.11	
			11/07/2019	\$15,542.55	
			11/13/2019	\$22,891.23	\$48,792.57
SUB-TOTAL:					\$48,792.57 (B)
NET BALANCE (A + B)					\$212,163.10

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$8,014.66

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

GROUP ID: 0200988
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$13,508.17	
Payments Received	11/05/2019	\$8,073.30CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$5,434.87 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0750609	001	VYTEX CORPORATION	11/01/2019	\$654.91	
			11/07/2019	\$1,134.27	
			11/13/2019	\$790.61	\$2,579.79
SUB-TOTAL:					\$2,579.79 (B)
NET BALANCE (A + B)					\$8,014.66

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$701.68

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INTEGRO LLC
ATTN: ANNE THACKSTON
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GROUP PREMIUM/ FEE STATEMENT

GROUP ID:	0212611
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$873.17	
Payments Received	11/14/2019	\$771.03CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$102.14 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0751190	001	INTEGRO LLC	11/01/2019	\$183.37	
			11/07/2019	\$292.10	
			11/13/2019	\$124.07	\$599.54
SUB-TOTAL:					\$599.54 (B)
NET BALANCE (A + B)					\$701.68

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$56,717.29

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NEXT SOLUTIONS, LLC
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
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GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0212622
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$50,128.62	
Payments Received	11/14/2019	\$0.00	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$50,128.62 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0751262	001	NEXT SOLUTIONS, LLC	11/01/2019	\$1,772.91	
			11/07/2019	\$195.66	
			11/13/2019	\$4,620.10	\$6,588.67
SUB-TOTAL:					\$6,588.67 (B)
NET BALANCE (A + B)					\$56,717.29

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$1,389.54

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KHALSA MCBREARTY ACCOUNTANCY, LLP
ATTN: ANNE THACKSTON
C/O CWIBENEFITS, INC.
PO BOX 6125
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GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0212684
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$1,079.39	
Payments Received	11/14/2019	\$0.00	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$1,079.39 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0751693	001	KHALSA MCBREARTY ACCOUNTANCY, LLP	11/01/2019	\$95.57	
			11/07/2019	\$207.57	
			11/13/2019	\$7.01	\$310.15
SUB-TOTAL:					\$310.15 (B)
NET BALANCE (A + B)					\$1,389.54

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$51,473.26

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TEXAS PROFESSIONAL SERV PROV BFTS TRUST
ATTN: ANNE THACKSTON
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GROUP PREMIUM/ FEE STATEMENT

GROUP ID: 0215012
ACCOUNT ID: 00301
PREMIUM/ FEE DUE DATE: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$57,344.78	
Payments Received	11/14/2019	\$19,744.47CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$37,600.31 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0752952	001	TX PROF SERV TRUST - CAROLINE BADINELLI	11/07/2019	\$450.82	\$450.82
0753271	001	TX PROF SERV TRUST - GERSTLE MINISSALE	11/01/2019	\$0.00	
			11/07/2019	\$0.00	
			11/13/2019	\$151.57	\$151.57
0753272	001	TX PROF SERV TRUST - WELLS & CUELLAR PC	11/01/2019	\$116.67	
			11/07/2019	\$27.73	\$144.40
0753273	001	TX PROF SERV TRUST - HAUGEN LAW FIRM PC	11/07/2019	\$42.01	
			11/13/2019	\$0.00	\$42.01
0753274	001	TX PROF SERV TRUST - BABB REED & LEAK	11/01/2019	\$0.00	
			11/07/2019	\$0.00	
			11/13/2019	\$1.62	\$1.62
0753275	001	TX PROF SERV TRUST - JUSTIN T CRAIN LAW	11/13/2019	\$194.12	\$194.12
0753276	001	TX PROF SERV TRUST - MANSKE & MANSKE	11/07/2019	\$0.00	\$0.00
0753278	001	TX PROF SERV TRUST - AMY THOMAS PEREZ	11/01/2019	\$2,370.34	
			11/07/2019	\$0.00	
			11/13/2019	\$0.00	\$2,370.34
0753279	001	TX PROF SERV TRUST - KEATHLEY PC	11/07/2019	\$301.94	\$301.94
0753437	001	TX PROF SERV TRUST - DECENTRA GROUP LLC	11/01/2019	\$0.00	\$0.00
0753934	001	TX PROF SERV TRUST - BRANUM PLLC	11/07/2019	\$2.15	\$2.15
0754277	001	TX PROF SERV TRUST - SWAIN LAW FIRM PC	11/01/2019	\$4.92	
			11/07/2019	\$0.00	
			11/13/2019	\$10.87	\$15.79



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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0754278	001	TX PROF SERV TRUST - COATS & EVANS PC	11/07/2019	\$670.95	\$670.95
0754836	001	TX PROF SERV TRUST - OMAR KHAWAJA	11/01/2019	\$146.99	
			11/07/2019	\$0.10	\$147.09
0754838	001	TX PROF SERV TRUST - DAVID S BOUSCHOR	11/07/2019	\$2.31	\$2.31
0754839	001	TX PROF SERV TRUST - KHALID Y HAMIDEH	11/01/2019	\$366.89	\$366.89
0754899	001	TX PROF SERV TRUST - BAIN & BAIN PLLC	11/01/2019	\$91.86	
			11/07/2019	\$71.74	\$163.60
0755125	001	TX PROF SERV TRUST - ACKER WARREN PC	11/07/2019	\$0.00	\$0.00
0755651	001	TX PROF SERV TRUST - JON CHRISTIAN AMBER	11/01/2019	\$7.14	
			11/07/2019	\$46.27	
			11/13/2019	\$19.48	\$72.89
0755652	001	TX PROF SERV TRUST - LAW OFF MICHAEL P V	11/13/2019	\$0.00	\$0.00
0756549	001	TX PROF SERV TRUST - LAW OFFICE OF PAT	11/07/2019	\$94.30	\$94.30
0756550	001	TX PROF SERV TRUST - THOMAS ESPARZA JR	11/01/2019	\$21.25	
			11/07/2019	\$114.53	
			11/13/2019	\$113.47CR	\$22.31
0757102	001	TX PROF SERV TRUST - APFFEL LEGAL	11/01/2019	\$0.00	\$0.00
0757103	001	TX PROF SERV TRUST - MARK R MALTSBERGER	11/01/2019	\$0.00	
			11/07/2019	\$0.00	\$0.00
0757877	001	TX PROF SERV TRUST - KATHRYN FIGUEREDO F	11/01/2019	\$23.26	
			11/07/2019	\$6.64	\$29.90
0757878	001	TX PROF SERV TRUST - RICHARD LAW GROUP I	11/01/2019	\$129.93	\$129.93
0757879	001	TX PROF SERV TRUST - NICHAMOFF LAW PC	11/07/2019	\$8.21	
			11/13/2019	\$0.00	\$8.21
0759442	001	TX PROF SERV TRUST - GALLIGAN & MANNING	11/13/2019	\$1.90	\$1.90
0760406	001	TX PROF SERV TRUST - GRIGGS BERGEN LLP	11/07/2019	\$287.83	\$287.83
0760408	001	TX PROF SERV TRUST - BALLARD & LITTLEFIE	11/01/2019	\$364.04	
			11/07/2019	\$0.00	
			11/13/2019	\$364.04CR	\$0.00



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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0760409	001	TX PROF SERV TRUST - SLATER MATSIL LLP	11/01/2019	\$1,014.27	
			11/07/2019	\$464.53	
			11/13/2019	\$538.64	\$2,017.44
0760704	001	TX PROF SERV TRUST - RODGERS SELVERA PLL	11/07/2019	\$0.00	
			11/13/2019	\$90.64	\$90.64
0760705	001	TX PROF SERV TRUST - CHARLES H PECKHAM P	11/07/2019	\$162.80	
			11/13/2019	\$16.51	\$179.31
0760709	001	TX PROF SERV TRUST - CALHOUN LAW FIRM	11/13/2019	\$0.00	\$0.00
0760710	001	TX PROF SERV TRUST - ANTHONY KENNEDY PLL	11/01/2019	\$57.46	
			11/07/2019	\$1,431.15	
			11/13/2019	\$209.91	\$1,698.52
0760930	001	TX PROF SERV TRUST - SLATE & ASSOCIATES	11/01/2019	\$0.00	
			11/07/2019	\$5.80	\$5.80
0761144	001	TX PROF SERV TRUST - COX & HOLMSTROM PLL	11/01/2019	\$16.22	
			11/13/2019	\$12.97CR	\$3.25
0761145	001	TX PROF SERV TRUST - ALEX M TORRES LAW O	11/01/2019	\$205.88	
			11/07/2019	\$416.05	\$621.93
0761495	001	TX PROF SERV TRUST - RAMSEY LAW GROUP	11/07/2019	\$42.62	
			11/13/2019	\$0.01	\$42.63
0761913	001	TX PROF SERV TRUST - THE GRADY LAW FIRM	11/01/2019	\$0.00	\$0.00
0762390	001	TX PROF SERV TRUST - THE TEXAS LAW OFFC	11/01/2019	\$208.33	
			11/07/2019	\$1,857.31	
			11/13/2019	\$1,474.92	\$3,540.56
SUB-TOTAL:					\$13,872.95 (B)



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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

DST Pharmacy Solutions PBM Billing
ORG COMP NAME

PAID DATE

FEE AMOUNT

SUB-TOTAL

NET BALANCE (A + B)

\$51,473.26

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$596.85

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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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$900.47	
Payments Received	11/14/2019	\$685.04CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$215.43 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0758005	001	CORPORATE IMAGE DINING SERVICES, INC.	11/01/2019	\$110.43	
			11/07/2019	\$244.60	
			11/13/2019	\$26.39	\$381.42
SUB-TOTAL:					\$381.42 (B)
NET BALANCE (A + B)					\$596.85

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$1,146.49

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

GROUP ID:	0217258
ACCOUNT ID:	00301
PREMIUM/ FEE DUE DATE:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$1,055.46	
Payments Received	11/14/2019	\$204.05CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$851.41 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0758275	001	OBERON IT, INC.	11/01/2019	\$129.12	
			11/07/2019	\$55.71	
			11/13/2019	\$110.25	\$295.08
SUB-TOTAL:					\$295.08 (B)
NET BALANCE (A + B)					\$1,146.49

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$5,076.52CR

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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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$4,719.46CR	
Payments Received	11/14/2019	\$2,243.20CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$6,962.66CR (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0760901	001	CORPORATE INCENTIVITES, INC.	11/01/2019	\$680.96	
			11/07/2019	\$405.83	
			11/13/2019	\$799.35	\$1,886.14
SUB-TOTAL:					\$1,886.14 (B)
NET BALANCE (A + B)					\$5,076.52CR

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$6,028.27

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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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$3,075.87	
Payments Received	11/14/2019	\$0.00	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$3,075.87 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0760199	001	VILLAGE PARK SENIOR LIVING	11/01/2019	\$2,401.55	
			11/07/2019	\$20.80	
			11/13/2019	\$530.05	\$2,952.40
SUB-TOTAL:					\$2,952.40 (B)
NET BALANCE (A + B)					\$6,028.27

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$41,697.90

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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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$42,839.75	
Payments Received	11/14/2019	\$14,894.36CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$27,945.39 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0760816	001	FIRST RELIANCE BANK	11/01/2019	\$4,702.71	
			11/07/2019	\$4,290.37	
			11/13/2019	\$4,759.43	\$13,752.51
SUB-TOTAL:					\$13,752.51 (B)
NET BALANCE (A + B)					\$41,697.90

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$44.22

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SUMMARY REPORT

THE INTEGRITTY 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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$22.11	
Payments Received	11/14/2019	\$0.00	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$22.11 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0760961	001	THE INTEGRITTY GROUP LLC	11/13/2019	\$22.11	\$22.11
SUB-TOTAL:					\$22.11 (B)
NET BALANCE (A + B)					\$44.22

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$0.00	
Payments Received	11/14/2019	\$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	11/01/2019	\$0.00	
			11/13/2019	\$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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$2,231.84

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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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$323.19	
Payments Received	11/14/2019	\$173.86CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$149.33 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0760925	001	UNICON PHARMA INC.	11/01/2019	\$162.08	
			11/07/2019	\$183.20	
			11/13/2019	\$1,737.23	\$2,082.51
SUB-TOTAL:					\$2,082.51 (B)
NET BALANCE (A + B)					\$2,231.84

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$1,407.85

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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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$1,391.17	
Payments Received	11/14/2019	\$596.57CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$794.60 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0762892	001	EXPERT IP, LLC DBA AT-NET SERVICES	11/01/2019	\$112.73	
			11/07/2019	\$455.53	
			11/13/2019	\$44.99	\$613.25
SUB-TOTAL:					\$613.25 (B)
NET BALANCE (A + B)					\$1,407.85

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$20,257.19

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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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$16,582.45	
Payments Received	11/05/2019	\$3,022.75CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$13,559.70 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0763282	001	EVERBRIGHT PACIFIC DBA WISP RESORT	11/01/2019	\$1,182.53	
			11/07/2019	\$4,898.17	
			11/13/2019	\$616.79	\$6,697.49
SUB-TOTAL:					\$6,697.49 (B)
NET BALANCE (A + B)					\$20,257.19

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$278.70

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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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$1,912.33	
Payments Received	11/14/2019	\$1,865.43CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$46.90 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0763377	001	GLOBAL IP NETWORKS, INC.	11/01/2019	\$55.41	
			11/07/2019	\$180.02	
			11/13/2019	\$3.63CR	\$231.80
SUB-TOTAL:					\$231.80 (B)
NET BALANCE (A + B)					\$278.70

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$2,077.77	
Payments Received	11/14/2019	\$0.00	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$2,077.77 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0763314	001	CREATIVE CABINETRY CORPORATION	11/01/2019	\$0.00	
			11/07/2019	\$0.00	\$0.00
SUB-TOTAL:					\$0.00 (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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$3,627.78

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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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$5,301.44	
Payments Received	11/05/2019	\$2,696.16CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$2,605.28 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0763358	001	SAFE CARE ACQUISITION PARTNERS	11/01/2019	\$20.42	
			11/07/2019	\$723.12	
			11/13/2019	\$278.96	\$1,022.50
SUB-TOTAL:					\$1,022.50 (B)
NET BALANCE (A + B)					\$3,627.78

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$110.43

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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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$89.47	
Payments Received	11/14/2019	\$53.57CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$35.90 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0763583	001	THE CHARLES MORGAN GROUP, LP	11/01/2019	\$28.42	
			11/07/2019	\$0.00	
			11/13/2019	\$46.11	\$74.53
SUB-TOTAL:					\$74.53 (B)
NET BALANCE (A + B)					\$110.43

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$85.96

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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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$72.06	
Payments Received	11/14/2019	\$0.00	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$72.06 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0764200	001	SVETAVOTS CORP DBA BRIGHT STAR HEALTH	11/13/2019	\$13.90	\$13.90
SUB-TOTAL:					\$13.90 (B)
NET BALANCE (A + B)					\$85.96

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$1,241.81

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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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$831.36	
Payments Received	11/14/2019	\$230.02CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$601.34 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0764247	001	CONGLETON SERVICE INC	11/01/2019	\$61.35	
			11/13/2019	\$579.12	\$640.47
SUB-TOTAL:					\$640.47 (B)
NET BALANCE (A + B)					\$1,241.81

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$329.16

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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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$155.86	
Payments Received	11/14/2019	\$93.53CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$62.33 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0765388	001	DERMATOLOGIC SURGERY OF THE CAROLINAS	11/01/2019	\$256.43	
			11/07/2019	\$6.20	
			11/13/2019	\$4.20	\$266.83
SUB-TOTAL:					\$266.83 (B)
NET BALANCE (A + B)					\$329.16

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PAY THIS AMOUNT

\$1,362.62

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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: 11/15/2019 1
STATEMENT DATE: 11/19/2019
NEXT DUE DATE: 11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$672.23	
Payments Received	11/14/2019	\$391.50CR	
TOTAL PRIOR BALANCE OR CREDIT DUE:			\$280.73 (A)

DST Pharmacy Solutions PBM Billing

ORG	COMP	NAME	PAID DATE	FEE AMOUNT	SUB-TOTAL
0765438	001	SWING BY SWING GOLF INC.	11/01/2019	\$519.21	
			11/07/2019	\$350.47	
			11/13/2019	\$212.21	\$1,081.89
SUB-TOTAL:					\$1,081.89 (B)
NET BALANCE (A + B)					\$1,362.62

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

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:	11/15/2019 1
STATEMENT DATE:	11/19/2019
NEXT DUE DATE:	11/28/2019

PREVIOUS BALANCE AND PAYMENTS:

Balance Forward	11/14/2019	\$0.00
Payments Received	11/14/2019	\$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.