



Account Services

Monthly Statement

5307-SENIOR HELPERS - KENT (SEATTLE)
1101 HARVEY RD NE
AUBURN, WA 98002

Invoice Number: 5302022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.42**	\$0.42
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	3	\$8.75	\$26.25
			GRAND TOTAL	\$103.72

** Prices vary in PRISM.
Individual prices shown in census.

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AUBURN, WA 98002

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LADD, TARYN LEIGH	2020-01-01	GUARDLOW	EE	\$29.44
LADD, TARYN LEIGH	2020-01-01	VSP	EE	\$8.75
NYAGA, JOSEPH	2022-03-01	ADD		\$0.42
NYAGA, JOSEPH	2022-03-01	GUARDHIGH	EE	\$47.61
NYAGA, JOSEPH	2022-03-01	VSP	EE	\$8.75
PAUL, EMMANUEL	2019-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	0
Employee & Children	0
Family	0