



Account Services

Monthly Statement

PMI METROPLEX

Invoice Number: PMI2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
LIFE	Employee Only	1	\$6.00**	\$6.00
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$62.36

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

PMI METROPLEX

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SCHOOLCRAFT, KEVIN	2022-03-01	LIFE		\$6.00
SCHOOLCRAFT, KEVIN	2022-03-01	GUARDHIGH	EE	\$47.61
SCHOOLCRAFT, KEVIN	2022-03-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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