



Account Services

Monthly Statement

0104-SENIOR HELPERS-HUNTSVILLE
7500 Memorial Parkway SW
HUNTSVILLE, AL 35802

Invoice Number: 4652-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$0.42**	\$5.25
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$103.62

0104-SENIOR HELPERS-HUNTSVILLE
7500 Memorial Parkway SW
HUNTSVILLE, AL 35802

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BORDER-WYNN, MISTI	2022-01-01	GUARDLOW	EC	\$74.61
BORDER-WYNN, MISTI	2022-01-01	VSP	FAM	\$23.76
COPNEY, CRYSTAL	2022-01-01	ADD		\$4.83
WILBOURN, HALEY	2022-01-01	ADD		\$0.42

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

0654-SENIOR HELPERS - SAN DIEGO
928 Fort Stockton Drive
SAN DIEGO, CA 92103

Invoice Number: 4660-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$56.36

0654-SENIOR HELPERS - SAN DIEGO

928 Fort Stockton Drive

SAN DIEGO, CA 92103

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PURNELL, DEANNE	2019-01-01	GUARDHIGH	EE	\$47.61
PURNELL, DEANNE	2019-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

1221-SENIOR HELPERS - SPRING HILL
246 MARINER BLVD
SPRING HILL, FL 34609

Invoice Number: 4165-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$1.26**	\$1.26
GUARDLOW	Employee Only	2	\$29.44	\$58.88
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$68.89

1221-SENIOR HELPERS - SPRING HILL
246 MARINER BLVD
SPRING HILL, FL 34609

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FISCHER, JENNIFER	2022-02-01	GUARDLOW	EE	\$29.44
HUTCHENS, SUSAN	2022-01-01	ADD		\$1.26
HUTCHENS, SUSAN	2022-01-01	VSP	EE	\$8.75
SOLLER, JAMIE	2022-01-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

1237-SENIOR HELPERS - MIRAMAR
5830 Sheridan Street
Hollywood, FL 33021

Invoice Number: 4172-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$89.63

1237-SENIOR HELPERS - MIRAMAR

5830 Sheridan Street

Hollywood, FL 33021

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WELLINGTON, ANNETTE	2020-01-01	GUARDLOW	EC	\$74.61
WELLINGTON, ANNETTE	2020-01-01	VSP	EC	\$15.02

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

1703-SENIOR HELPERS - ROCKFORD
129 Phelps Avenue
ROCKFORD, IL 61108

Invoice Number: 4400-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	4	\$0.42**	\$3.78
GUARDLOW	Employee Only	2	\$29.44	\$58.88
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Spouse Only	1	\$14.81	\$14.81
			GRAND TOTAL	\$94.97

1703-SENIOR HELPERS - ROCKFORD
129 Phelps Avenue
ROCKFORD, IL 61108

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HUBA, IRENE	2022-01-01	ADD		\$2.10
HUBA, IRENE	2022-01-01	GUARDLOW	EE	\$29.44
KRUEGER, JILL	2022-01-01	ADD		\$0.42
KRUEGER, JILL	2022-01-01	GUARDLOW	EE	\$29.44
PASCARELLA, SUSAN	2022-01-01	ADD		\$0.84
PASCARELLA, SUSAN	2022-01-01	VSP	EE	\$8.75
TERRELL, JACQUELINE	2022-01-01	ADD		\$0.42
TERRELL, JACQUELINE	2022-01-01	VSP	EE	\$8.75
WAHL, JOY	2017-01-01	VSP	ES	\$14.81

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

1801-SENIOR HELPERS - INDIANAPOLIS
6845 Parkdale Place
INDIANAPOLIS, IN 46254

Invoice Number: 4480-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.00**	\$8.40
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$46.59

1801-SENIOR HELPERS - INDIANAPOLIS

6845 Parkdale Place

INDIANAPOLIS, IN 46254

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
THOMPSON, DAPHANIE	2022-01-01	ADD		\$8.40
WOLFE, TINA	2021-01-01	GUARDLOW	EE	\$29.44
WOLFE, TINA	2021-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

1804-SENIOR HELPERS - CROWN POINT
405 N MAIN ST
CROWN POINT, IN 46307

Invoice Number: 4483-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$47.61

1804-SENIOR HELPERS - CROWN POINT
405 N MAIN ST
CROWN POINT, IN 46307

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
STUCKERT, MICHAEL	2022-01-01	GUARDHIGH	EE	\$47.61

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

2907-SENIOR HELPERS - GLADSTONE
851 NW 45th
GLADSTONE, MO 64116

Invoice Number: 4094-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$16.80**	\$16.80
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$25.55

2907-SENIOR HELPERS - GLADSTONE
851 NW 45th
GLADSTONE, MO 64116

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SMYSER, MILDRED	2022-01-01	ADD		\$16.80
SMYSER, MILDRED	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

2913C-SENIOR HELPERS - ST. LOUIS
12300 Old Tesson Road
SAINT LOUIS, MO 63128

Invoice Number: 4103-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$56.36

2913C-SENIOR HELPERS - ST. LOUIS

12300 Old Tesson Road

SAINT LOUIS, MO 63128

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KOENIGS, SIGRID	2019-01-01	GUARDHIGH	EE	\$47.61
KOENIGS, SIGRID	2019-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

3405-SENIOR HELPERS - PARAMUS
22 Madison Ave
PARAMUS, NJ 07652

Invoice Number: 4283-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
3405OPENAXESSESEN	Employee & Children	1	\$784.36	\$784.36
3405OPENAXESSPRIME	Employee Only	1	\$628.74	\$628.74
3405OPENAXESSPRIME	Employee & Spouse Only	1	\$1,256.86	\$1,256.86
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$2,961.01

3405-SENIOR HELPERS - PARAMUS

22 Madison Ave

PARAMUS, NJ 07652

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
EGE, LISA	2021-01-01	3405OPENAXESSPRIME	EE	\$628.74
EGE, LISA	2020-01-01	GUARDHIGH	EE	\$47.61
NICHOLAS, KENNETH	2021-01-01	3405OPENAXESSPRIME	ES	\$1256.86
NICHOLAS, KENNETH	2018-07-01	GUARDLOW	ES	\$55.54
NICHOLAS, KENNETH	2018-12-01	VSP	ES	\$14.73
PANDO, YAMILA	2022-01-01	3405OPENAXESSESEN	EC2	\$784.36
PANDO, YAMILA	2022-01-01	GUARDLOW	EC2	\$74.61
PANDO, YAMILA	2022-01-01	VSP	EE	\$8.75
WARD, ELLYN	2020-01-01	GUARDHIGH	ES	\$89.81

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	1
Employee & Children	0
Family	0



Account Services

Monthly Statement

3411-SENIOR HELPERS - MANALAPAN
711 TENNENT RD
Englishtown, NJ 07726

Invoice Number: 4645-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$162.45

3411-SENIOR HELPERS - MANALAPAN
711 TENNENT RD
Englishtown, NJ 07726

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALVARADO, BRENDA	2019-01-01	GUARDLOW	EE	\$29.44
SZATKOWSKI, ANTHONY	2019-01-01	GUARDHIGH	EC2	\$117.99
SZATKOWSKI, ANTHONY	2019-01-01	VSP	EC	\$15.02

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

3710-SENIOR HELPERS - DUNN
1104 N. Ellis Avenue
DUNN, NC 28334

Invoice Number: 4505-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$265.24

3710-SENIOR HELPERS - DUNN

1104 N. Ellis Avenue

DUNN, NC 28334

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
EASON, JENA	2022-01-01	GUARDLOW	EE	\$29.44
EASON, JENA	2022-01-01	VSP	EE	\$8.75
LUCAS, LORI	2021-11-01	GUARDHIGH	ES	\$89.81
WILLIAMS, JEWEL	2022-01-01	GUARDHIGH	EE	\$47.61
YOUNG, ERIN	2022-01-01	GUARDLOW	EC	\$74.61
YOUNG, ERIN	2022-01-01	VSP	EC	\$15.02

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

4223-SENIOR HELPERS - PHILADELPHIA
7600 Stenton Avenue
PHILADELPHIA, PA 19118

Invoice Number: 4617-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GRAND TOTAL				\$0.00

4223-SENIOR HELPERS - PHILADELPHIA

7600 Stenton Avenue

PHILADELPHIA, PA 19118

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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MEDICAL PLAN COUNTS

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



Account Services
Monthly Statement

4707-SENIOR HELPERS - CHATTANOOGA
7151 Lee Hwy.
CHATTANOOGA, TN 37421

Invoice Number: 4744-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$2.10**	\$6.30
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$35.74

4707-SENIOR HELPERS - CHATTANOOGA
7151 Lee Hwy.
CHATTANOOGA, TN 37421

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CASH, HEATHER	2022-01-01	ADD		\$2.10
LARKIN, PAULA	2022-01-01	ADD		\$4.20
LARKIN, PAULA	2022-01-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

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

Invoice Number: 4649-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$38.19

5307-SENIOR HELPERS - KENT (SEATTLE)
1101 HARVEY RD NE
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

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

5514-SENIOR HELPERS - MADISON
4726 EAST TOWNE BLVD
MADISON, WI 53704

Invoice Number: 4448-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$4.20**	\$10.50
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$181.28

5514-SENIOR HELPERS - MADISON
4726 EAST TOWNE BLVD
MADISON, WI 53704

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BEARDER, MICHELLE	2022-01-01	GUARDHIGH	EE	\$47.61
BRUNSELL, APRIL	2020-03-01	GUARDLOW	ES	\$55.54
CALABRESA, BETSY	2022-01-01	GUARDLOW	EE	\$29.44
GOMEZ, EMILY	2020-04-01	GUARDLOW	EE	\$29.44
GOMEZ, EMILY	2020-04-01	VSP	EE	\$8.75
MARCHANT, BRENDA	2022-01-01	ADD		\$4.20
PETERSEN, BEATA	2022-01-01	ADD		\$6.30

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

8061-AFC URGENT CARE - CENTRAL NJ
601 W Union Avenue
BOUND BROOK, NJ 08805

Invoice Number: 4633-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	12	\$4.20**	\$127.68
AFCCIGNABRONZE	Employee Only	12	\$455.95	\$5,471.40
AFCCIGNABRONZE	Employee & Children	2	\$783.20	\$1,566.40
AFCCIGNABRONZE	Family	3	\$1,376.00	\$4,128.00
AFCCIGNAGOLD	Employee Only	32	\$560.19	\$17,926.08
AFCCIGNAGOLD	Employee & Spouse Only	4	\$1,317.59	\$5,270.36
AFCCIGNAGOLD	Employee & Children	1	\$1,070.60	\$1,070.60
AFCCIGNAGOLD	Family	3	\$1,878.42	\$5,635.26
AFCCIGNASILVER	Employee Only	9	\$509.26	\$4,583.34
AFCCIGNASILVER	Employee & Children	3	\$973.27	\$2,919.81
AFCCIGNASILVER	Family	2	\$1,707.65	\$3,415.30
GUARDHIGH	Employee Only	22	\$47.61	\$1,047.42
GUARDHIGH	Employee & Spouse Only	5	\$89.81	\$449.05
GUARDHIGH	Employee & Children	4	\$89.81	\$359.24
GUARDHIGH	Family	6	\$160.18	\$961.08
GUARDLOW	Employee Only	20	\$29.44	\$588.80
GUARDLOW	Employee & Spouse Only	2	\$55.54	\$111.08
GUARDLOW	Employee & Children	3	\$74.61	\$223.83
GUARDLOW	Family	5	\$100.74	\$503.70
VSP	Employee Only	27	\$8.75	\$236.29
VSP	Employee & Spouse Only	8	\$14.73	\$117.84
VSP	Employee & Children	5	\$15.02	\$75.10
VSP	Family	2	\$23.76	\$47.52
GRAND TOTAL				\$56,835.18

8061-AFC URGENT CARE - CENTRAL NJ
601 W Union Avenue
BOUND BROOK, NJ 08805

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALBANESE, JESSICA	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
ALBANESE, JESSICA	2022-01-01	GUARDHIGH	EE	\$47.61
ALBANESE, JESSICA	2022-01-01	VSP	EE	\$8.75
ALTAMURO, CARA	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
ALTAMURO, CARA	2022-01-01	GUARDLOW	EE	\$29.44
ALTAMURO, CARA	2022-01-01	VSP	EE	\$8.75
BENNETT, WILLIAM RODERIC	2022-01-01	AFCCIGNABRONZE	FAM	\$1376.00
BENNETT, WILLIAM RODERIC	2022-01-01	ADD		\$21.00
BENNETT, WILLIAM RODERIC	2022-02-01	GUARDLOW	FAM	\$100.74
BENNETT, WILLIAM RODERIC	2022-02-01	VSP	ES	\$14.73
BIDO, NORMELIS	2015-11-01	VSP	EE	\$8.79
BLACK, DIETRA	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
BLACK, DIETRA	2022-01-01	GUARDLOW	EE	\$29.44
BLACK, DIETRA	2022-01-01	VSP	EE	\$8.75
BORKOWSKI, DOUGLAS	2022-01-01	AFCCIGNASILVER	EC2	\$973.27
BORKOWSKI, DOUGLAS	2022-01-01	GUARDHIGH	FAM	\$160.18
BORKOWSKI, DOUGLAS	2022-01-01	VSP	EC2	\$15.02
BUAYABAN, RYAN	2022-01-01	AFCCIGNABRONZE	EE	\$455.95
BUAYABAN, RYAN	2022-01-01	GUARDHIGH	EE	\$47.61
BUENSALIDA, JENEFA CARLA	2022-02-01	AFCCIGNABRONZE	EE	\$455.95
BUENSALIDA, JENEFA CARLA	2022-02-01	GUARDLOW	EE	\$29.44
BURGOS, PRISILIA	2022-01-01	AFCCIGNABRONZE	EE	\$455.95
BURGOS, PRISILIA	2022-01-01	GUARDLOW	EE	\$29.44
BURGOS, PRISILIA	2022-01-01	VSP	EE	\$8.75
CAMPBELL, JACQUELINE	2022-01-01	AFCCIGNASILVER	EE	\$509.26
CAMPBELL, JACQUELINE	2022-01-01	GUARDLOW	ES	\$55.54

8061-AFC URGENT CARE - CENTRAL NJ
601 W Union Avenue
BOUND BROOK, NJ 08805

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CAMPBELL, JACQUELINE	2022-01-01	VSP	ES	\$14.73
CAMPBELL, RICHARD	2022-02-01	AFCCIGNAGOLD	FAM	\$1878.42
CAMPBELL, RICHARD	2022-02-01	GUARDLOW	FAM	\$100.74
CASTELANO, JOSEPH	2021-01-01	AFCCIGNASILVER	FAM	\$1707.65
CASTELANO, JOSEPH	2018-06-01	GUARDHIGH	FAM	\$160.18
CASTELLANO, CHRISTOPHER	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
CLAYTON, ASHLEY	2022-01-01	AFCCIGNABRONZE	EE	\$455.95
CLAYTON, ASHLEY	2022-01-01	GUARDHIGH	EE	\$47.61
COUSO, JENNIFER	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
COUSO, JENNIFER	2022-01-01	GUARDLOW	EE	\$29.44
COUSO, JENNIFER	2022-01-01	VSP	EE	\$8.75
D'AMBRA, ANDREA	2021-11-01	AFCCIGNASILVER	EC	\$973.27
D'AMBRA, ANDREA	2021-08-01	GUARDHIGH	EC	\$89.81
D'AMBRA, ANDREA	2021-08-01	VSP	EC	\$15.02
DAMICO, PAUL	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
DAMICO, PAUL	2022-01-01	ADD		\$2.10
DAMICO, PAUL	2022-01-01	GUARDHIGH	EE	\$47.61
DAMICO, PAUL	2022-01-01	VSP	EE	\$8.75
DAVIS, BRADLEY	2021-08-01	AFCCIGNAGOLD	EE	\$560.19
DAVIS, BRADLEY	2021-08-01	ADD		\$21.00
DAVIS, BRADLEY	2021-08-01	GUARDHIGH	EE	\$47.61
DE JESUS, JEANNETTE	2022-01-01	AFCCIGNABRONZE	EE	\$455.95
DIAS, ALAN	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
DIAS, ALAN	2022-01-01	GUARDHIGH	EE	\$47.61

8061-AFC URGENT CARE - CENTRAL NJ
601 W Union Avenue
BOUND BROOK, NJ 08805

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
EHRlich, HAROLD	2018-01-01	GUARDLOW	EE	\$29.44
ELGRissy, ALEXANDRA	2021-01-01	AFCCIGNAGOLD	EE	\$560.19
ELGRissy, ALEXANDRA	2022-02-01	GUARDLOW	EE	\$29.44
EVANS, ALISON	2021-03-01	AFCCIGNAGOLD	ES	\$1317.59
EVANS, ALISON	2021-03-01	GUARDHIGH	ES	\$89.81
EVANS, ALISON	2021-03-01	VSP	ES	\$14.73
FALDUTO, RACHEL	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
FERREIRA, ANDREA	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
FERREIRA, ANDREA	2022-01-01	GUARDHIGH	EE	\$47.61
FRAZIER, ANITA	2021-11-01	AFCCIGNABRONZE	EC	\$783.20
FRAZIER, ANITA	2021-11-01	GUARDLOW	EC	\$74.61
FRAZIER, ANITA	2021-11-01	VSP	EC	\$15.02
GARCIA, MARIA	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
GARCIA, MARIA	2022-01-01	GUARDHIGH	EE	\$47.61
GARCIA, MARIA	2022-01-01	VSP	EE	\$8.75
GASPAR, BRIAN	2021-06-01	AFCCIGNAGOLD	EE	\$560.19
GASPAR, BRIAN	2021-06-01	GUARDHIGH	EE	\$47.61
GASPAR, BRIAN	2021-06-01	VSP	EE	\$8.75
GATTUSO, GIANNA	2022-01-01	AFCCIGNABRONZE	EE	\$455.95
GATTUSO, GIANNA	2022-01-01	GUARDLOW	EE	\$29.44
GATTUSO, GIANNA	2022-01-01	VSP	EE	\$8.75
GREEN, BRIANA	2021-11-01	AFCCIGNASILVER	EE	\$509.26
GUERRERO, PRISCILLA	2022-01-01	AFCCIGNABRONZE	EE	\$455.95

8061-AFC URGENT CARE - CENTRAL NJ
601 W Union Avenue
BOUND BROOK, NJ 08805

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GUERRERO, PRISCILLA	2022-01-01	GUARDLOW	EE	\$29.44
HARDIE, CARRIE	2021-01-01	AFCCIGNAGOLD	EE	\$560.19
HARDIE, CARRIE	2020-01-01	GUARDLOW	EE	\$29.44
HARDIE, CARRIE	2020-01-01	VSP	EE	\$8.75
HASAN, IZHAR	2022-01-01	AFCCIGNABRONZE	FAM	\$1376.00
HASAN, IZHAR	2022-01-01	GUARDLOW	FAM	\$100.74
HASTINGS, BRENDAN	2021-11-01	AFCCIGNABRONZE	EE	\$455.95
HASTINGS, BRENDAN	2021-01-01	ADD		\$10.50
HERNANDEZ, ELIZABETH	2022-01-01	GUARDLOW	EE	\$29.44
HERNANDEZ, ELIZABETH	2022-01-01	VSP	EE	\$8.75
HIBBETT, TARA	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
HIBBETT, TARA	2022-01-01	ADD		\$21.00
HIBBETT, TARA	2022-01-01	GUARDHIGH	EE	\$47.61
HORNAK, BRIAN	2021-10-01	AFCCIGNAGOLD	FAM	\$1878.42
HORNAK, BRIAN	2021-11-01	GUARDLOW	ES	\$55.54
HORNAK, BRIAN	2021-11-01	VSP	ES	\$14.73
HUNT, ERICA	2022-01-01	ADD		\$4.20
HUNT, ERICA	2022-02-01	GUARDHIGH	EC	\$89.81
HUNT, ERICA	2022-02-01	VSP	EE	\$8.75
ILVENTO, CHRISTINA	2021-12-01	AFCCIGNABRONZE	EE	\$455.95
ILVENTO, CHRISTINA	2021-12-01	GUARDLOW	EE	\$29.44
ILVENTO, CHRISTINA	2021-12-01	VSP	EE	\$8.75
KELII, CARA	2022-02-01	ADD		\$8.82
KELII, CARA	2022-02-01	GUARDHIGH	FAM	\$160.18
KELII, CARA	2022-02-01	VSP	FAM	\$23.76

8061-AFC URGENT CARE - CENTRAL NJ
601 W Union Avenue
BOUND BROOK, NJ 08805

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KLEINFELDER, SUSAN	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
LAGUERRE, PHILOMISE	2021-12-01	AFCCIGNASILVER	EE	\$509.26
LAGUERRE, PHILOMISE	2021-12-01	GUARDHIGH	EE	\$47.61
LAGUERRE, PHILOMISE	2021-12-01	VSP	EE	\$8.75
LAMON, CYNDI	2021-11-01	AFCCIGNAGOLD	EE	\$560.19
LAMON, CYNDI	2022-02-01	GUARDLOW	EE	\$29.44
LAMON, CYNDI	2022-02-01	VSP	EE	\$8.75
LANNUTTI, MARIA	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
LEE, DWIGHT	2021-06-01	AFCCIGNAGOLD	ES	\$1317.59
LEE, DWIGHT	2021-06-01	GUARDHIGH	ES	\$89.81
LEE, DWIGHT	2021-06-01	VSP	ES	\$14.73
LEE, JASMINE	2022-01-01	AFCCIGNAGOLD	ES	\$1317.59
LEE, JASMINE	2022-01-01	GUARDHIGH	ES	\$89.81
LIMA, VICTORIA	2022-01-01	AFCCIGNABRONZE	EE	\$455.95
LIMA, VICTORIA	2022-01-01	GUARDLOW	EE	\$29.44
LITTON, COREY	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
LITTON, COREY	2022-01-01	ADD		\$4.20
LITTON, COREY	2022-02-01	GUARDLOW	EE	\$29.44
LOPEZ, DANNILIZ	2022-01-01	AFCCIGNABRONZE	EC2	\$783.20
LOPEZ, DANNILIZ	2022-01-01	GUARDLOW	FAM	\$100.74
MALLOY, SHANNON	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
MALLOY, SHANNON	2022-01-01	GUARDHIGH	EE	\$47.61
MALLOY, SHANNON	2022-01-01	VSP	EE	\$8.75
MASTANTUNO, SAMANTHA	2022-01-01	AFCCIGNAGOLD	EE	\$560.19

8061-AFC URGENT CARE - CENTRAL NJ
601 W Union Avenue
BOUND BROOK, NJ 08805

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MASTANTUNO, SAMANTHA	2022-01-01	GUARDHIGH	EE	\$47.61
MENDOZA, ISABELLA	2022-01-01	AFCCIGNASILVER	EE	\$509.26
MONTGOMERY, KYLE	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
MONTGOMERY, KYLE	2022-02-01	GUARDLOW	EE	\$29.44
ONDREJKA, ALLEGRA	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
ONDREJKA, ALLEGRA	2022-02-01	GUARDLOW	EE	\$29.44
OTERO, MARYLIN	2021-06-01	AFCCIGNAGOLD	EC	\$1070.60
OTERO, MARYLIN	2021-06-01	GUARDLOW	EC	\$74.61
OTERO, MARYLIN	2021-06-01	VSP	EC	\$15.02
PARANAVITHARANA, SUHEJA	2022-01-01	AFCCIGNASILVER	EE	\$509.26
PARANAVITHARANA, SUHEJA	2022-01-01	ADD		\$6.72
PARANAVITHARANA, SUHEJA	2022-01-01	GUARDHIGH	FAM	\$160.18
PATEL, RONAK	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
PATEL, RONAK	2022-02-01	GUARDHIGH	EE	\$47.61
PATEL, YATI	2022-01-01	AFCCIGNABRONZE	EE	\$455.95
PATEL, YATI	2022-01-01	GUARDLOW	EE	\$29.44
PATEL, YATI	2022-01-01	VSP	EE	\$8.75
PINEDA, JERAMYJANE	2022-02-01	AFCCIGNASILVER	EE	\$509.26
PINEDA, JERAMYJANE	2022-02-01	ADD		\$2.10
PINEDA, JERAMYJANE	2022-02-01	GUARDHIGH	EE	\$47.61
PINEDA, JERAMYJANE	2022-02-01	VSP	EE	\$8.75
PRICE, MICHAEL	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
PRICE, MICHAEL	2022-02-01	GUARDHIGH	EE	\$47.61
PRICE, MICHAEL	2022-02-01	VSP	EE	\$8.75
RANA, MALVIKA	2021-01-01	AFCCIGNAGOLD	EE	\$560.19

8061-AFC URGENT CARE - CENTRAL NJ
601 W Union Avenue
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CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
RANA, MALVIKA	2021-01-01	GUARDHIGH	ES	\$89.81
RANA, MALVIKA	2021-01-01	VSP	ES	\$14.73
RUPPERT, MICHAEL	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
RUTLEDGE, DOUGLAS	2022-01-01	AFCCIGNAGOLD	FAM	\$1878.42
RUTLEDGE, DOUGLAS	2022-02-01	GUARDHIGH	FAM	\$160.18
RUTLEDGE, DOUGLAS	2022-02-01	VSP	ES	\$14.73
RUZEHAJI, TIMUR	2022-02-01	AFCCIGNABRONZE	FAM	\$1376.00
RUZEHAJI, TIMUR	2022-02-01	GUARDLOW	FAM	\$100.74
RUZEHAJI, TIMUR	2022-02-01	VSP	FAM	\$23.76
SANCHEZ, MAURICIO	2021-01-01	AFCCIGNAGOLD	ES	\$1317.59
SANCHEZ, MAURICIO	2021-01-01	GUARDHIGH	ES	\$89.81
SANCHEZ, MAURICIO	2021-01-01	VSP	ES	\$14.73
SANGUINO DUGARTE, SARAI	2022-01-01	GUARDHIGH	EE	\$47.61
SANGUINO DUGARTE, SARAI	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
SIROTOVITZ, MONICA	2020-01-01	VSP	EE	\$8.75
SMITH, ASHLEE	2022-01-01	AFCCIGNABRONZE	EE	\$455.95
SMITH, ASHLEE	2022-01-01	GUARDLOW	EE	\$29.44
SMITH, ROBERT	2022-01-01	AFCCIGNASILVER	EE	\$509.26
SMITH, ROBERT	2022-01-01	VSP	EE	\$8.75
SOPER, ROBERT	2021-02-01	ADD		\$21.00
THONGVANH ROSS, LANSTRAN	2022-01-01	AFCCIGNASILVER	EE	\$509.26
THONGVANH ROSS, LANSTRAN	2022-01-01	GUARDHIGH	EC	\$89.81
THONGVANH ROSS, LANSTRAN	2022-01-01	VSP	EC	\$15.02
TOBIAS, FRANK	2022-01-01	AFCCIGNAGOLD	EE	\$560.19

8061-AFC URGENT CARE - CENTRAL NJ
601 W Union Avenue
BOUND BROOK, NJ 08805

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
TOBIAS, FRANK	2022-01-01	GUARDHIGH	EE	\$47.61
TOBIAS, FRANK	2022-01-01	VSP	EE	\$8.75
TOCK, JASON	2022-01-01	AFCCIGNASILVER	EE	\$509.26
TOCK, JASON	2022-01-01	GUARDLOW	EE	\$29.44
TOMINOVICH, ANDREW	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
TOMINOVICH, ANDREW	2022-01-01	GUARDHIGH	EE	\$47.61
TOMINOVICH, ANDREW	2022-01-01	VSP	EE	\$8.75
TRIPPEL, SHERYL	2022-01-01	AFCCIGNASILVER	FAM	\$1707.65
TRIPPEL, SHERYL	2022-02-01	GUARDHIGH	FAM	\$160.18
VERAS, IMALAI	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
VERAS, IMALAI	2022-01-01	GUARDHIGH	EC	\$89.81
VIGO, HOLLY	2022-02-01	GUARDHIGH	EE	\$47.61
VIGO, HOLLY	2022-02-01	VSP	EE	\$8.75
WILLIAMS, DENISE	2022-01-01	AFCCIGNASILVER	EC	\$973.27
WILLIAMS, DENISE	2022-01-01	ADD		\$5.04
WILLIAMS, DENISE	2022-01-01	GUARDLOW	EC	\$74.61
WILLIAMS, JOCELYN	2021-06-01	GUARDHIGH	EE	\$47.61
WILLIAMS, JOCELYN	2021-06-01	VSP	EE	\$8.75
WOLFSON, ANNA	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
WOLFSON, ANNA	2022-01-01	GUARDHIGH	EE	\$47.61
WOLFSON, ANNA	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	53
Employee & Spouse	4
Employee & Children	4
Family	8



Account Services

Monthly Statement

8069 - PINECROFT CAPITAL ADVISORS LLC
3000 Summer Street
STAMFORD, CT 06905

Invoice Number: 4635-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
AFCCIGNAGOLD	Employee Only	2	\$560.19	\$1,120.38
GUARDLOW	Employee Only	2	\$29.44	\$58.88
			GRAND TOTAL	\$1,179.26

8069 - PINECROFT CAPITAL ADVISORS LLC
3000 Summer Street
STAMFORD, CT 06905

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PALMER, STEPHANIE	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
PALMER, STEPHANIE	2022-01-01	GUARDLOW	EE	\$29.44
RODRIGUEZ, JESSICA	2021-01-01	AFCCIGNAGOLD	EE	\$560.19
RODRIGUEZ, JESSICA	2021-12-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

8070-AFC URGENT CARE STAMFORD
3000 Summer Street
STAMFORD, CT 06905

Invoice Number: 4636-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$4.20**	\$46.62
AFCCIGNAGOLD	Employee Only	1	\$560.19	\$560.19
AFCCIGNAGOLD	Family	1	\$1,878.42	\$1,878.42
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$2,642.33

8070-AFC URGENT CARE STAMFORD
3000 Summer Street
STAMFORD, CT 06905

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BAILEY, ARIANNA	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
BAILEY, ARIANNA	2022-01-01	ADD		\$4.20
BAILEY, ARIANNA	2022-01-01	GUARDHIGH	EE	\$47.61
BAILEY, ARIANNA	2022-01-01	VSP	EE	\$8.75
LAUREN, DAVID	2022-01-01	AFCCIGNAGOLD	FAM	\$1878.42
LAUREN, DAVID	2022-01-01	ADD		\$42.42
LAUREN, DAVID	2022-01-01	GUARDLOW	FAM	\$100.74

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

AAA AIRPORTER SERVICES INC
87 CRESCENT RD
NEEDHAM, MA 02494

Invoice Number: 4098-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$2.10**	\$9.24
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$223.53

AAA AIRPORTER SERVICES INC
87 CRESCENT RD
NEEDHAM, MA 02494

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ELIJAH, ANTWON	2022-01-01	ADD		\$5.04
ELIJAH, ANTWON	2022-01-01	GUARDHIGH	EE	\$47.61
KORNEGAY, ZAKEE	2021-12-01	GUARDLOW	EE	\$29.44
MCADORY, ERIC	2022-01-01	ADD		\$4.20
MCADORY, ERIC	2022-01-01	GUARDHIGH	EE	\$47.61
MOORE, SHANE	2021-12-01	GUARDLOW	EC	\$74.61
MOORE, SHANE	2021-12-01	VSP	EC	\$15.02

MEDICAL PLAN COUNTS

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



Account Services
Monthly Statement

ACE HANDYMAN SERVICES CASPER WY
253 S LOWELL STREET
CASPER, WY 82601

Invoice Number: 4712-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$47.61

ACE HANDYMAN SERVICES CASPER WY
253 S LOWELL STREET
CASPER, WY 82601

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
STOYSICH, JOHN	2022-01-01	GUARDHIGH	EE	\$47.61

MEDICAL PLAN COUNTS

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



Account Services
Monthly Statement

ACE HANDYMAN SERVICES SOUTH CHARLOTTE
1312 MATTHEWS MINT HILL ROAD
MATTHEWS, NC 28105

Invoice Number: 4118-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1046OPENAXESSGOLD	Employee Only	1	\$653.81	\$653.81
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$683.25

ACE HANDYMAN SERVICES SOUTH CHARLOTTE
1312 MATTHEWS MINT HILL ROAD
MATTHEWS, NC 28105

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
STRANIX, DAVID	2022-01-01	1046OPENAXESSGOLD	EE	\$653.81
STRANIX, DAVID	2022-01-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

ACE HANDYMAN SERVICES TWIN CITIES
6224 HALIFAX AVENUE S
EDINA, MN 55424

Invoice Number: 4707-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$12.60**	\$12.60
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$101.94

ACE HANDYMAN SERVICES TWIN CITIES
6224 HALIFAX AVENUE S
EDINA, MN 55424

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALLEN, JASON	2020-09-01	GUARDLOW	EC	\$74.61
LANKFARD, ANTHONY	2022-01-01	ADD		\$12.60
LANKFARD, ANTHONY	2022-01-01	VSP	ES	\$14.73

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

ACME HOTEL COMPANY
15 E OHIO STREET
CHICAGO, IL 60611

Invoice Number: 4135-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1130OPENAXESSPRIME	Employee Only	1	\$653.75	\$653.75
GUARDHIGH	Employee Only	5	\$47.61	\$238.05
GUARDLOW	Employee Only	3	\$29.44	\$88.32
VSP	Employee Only	3	\$8.75	\$26.25
			GRAND TOTAL	\$1,006.37

ACME HOTEL COMPANY
15 E OHIO STREET
CHICAGO, IL 60611

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CUNNINGHAM, JENNIFER	2022-01-01	1130OPENAXESSPRIME	EE	\$653.75
CUNNINGHAM, JENNIFER	2022-01-01	GUARDHIGH	EE	\$47.61
DAVIS-MCCALL, MICHELLE	2020-01-01	GUARDHIGH	EE	\$47.61
MANRIQUEZ, PEDRO	2020-01-01	GUARDHIGH	EE	\$47.61
MARBAN, MARIA	2022-01-01	GUARDLOW	EE	\$29.44
MARBAN, MARIA	2022-01-01	VSP	EE	\$8.75
MITCHELL, DANNY	2020-01-01	GUARDLOW	EE	\$29.44
RESENDIZ, ALICIA	2020-01-01	GUARDHIGH	EE	\$47.61
RICHARDSON, VALAIDA	2022-01-01	GUARDHIGH	EE	\$47.61
RICHARDSON, VALAIDA	2022-01-01	VSP	EE	\$8.75
WASHINGTON, JEROME	2022-01-01	GUARDLOW	EE	\$29.44
WASHINGTON, JEROME	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

AFC URGENT CARE - EDGEWATER, MD
3059 SOLOMONS ISLAND RD
EDGEWATER, MD 21037

Invoice Number: 4304-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$2.52**	\$2.52
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$40.71

AFC URGENT CARE - EDGEWATER, MD
3059 SOLOMONS ISLAND RD
EDGEWATER, MD 21037

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WARE, KAITLYN	2022-01-01	ADD		\$2.52
WARE, KAITLYN	2022-01-01	GUARDLOW	EE	\$29.44
WARE, KAITLYN	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

ALEXIUS SOLUTIONS
250 FILLMORE ST SUITE 150
DENVER, CO 80206

Invoice Number: 4267-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1501OPENAXESSGOLD	Employee Only	1	\$588.43	\$588.43
1501OPENAXESSILVE	Family	1	\$1,480.09	\$1,480.09
ADD	Employee Only	1	\$21.00**	\$21.00
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Family	1	\$100.74	\$100.74
			GRAND TOTAL	\$2,237.87

ALEXIUS SOLUTIONS
250 FILLMORE ST SUITE 150
DENVER, CO 80206

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ELSON, ANDREW	2022-01-01	1501OPENAXESSSILVE	FAM	\$1480.09
ELSON, ANDREW	2022-01-01	GUARDLOW	FAM	\$100.74
TYRA, KENNETH	2022-01-01	1501OPENAXESSGOLD	EE	\$588.43
TYRA, KENNETH	2022-01-01	ADD		\$21.00
TYRA, KENNETH	2022-01-01	GUARDHIGH	EE	\$47.61

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

ALLENTOWN PARK HOTEL
7471 KEEBLER WAY
ALLENTOWN, PA 18106

Invoice Number: 4663-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0673OPENAXESSILVE	Employee Only	1	\$420.97	\$420.97
			GRAND TOTAL	\$420.97

ALLENTOWN PARK HOTEL
7471 KEEBLER WAY
ALLENTOWN, PA 18106

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DELONG, NICHOLAS	2021-01-01	0673OPENAXESSILVE	EE	\$420.97

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

ALLIANCE ABA, LLC
17932 S FRALEY BLVD #300
DUMFRIES, VA 22026

Invoice Number: 4129-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$21.42**	\$21.42
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$59.61

ALLIANCE ABA, LLC
17932 S FRALEY BLVD #300
DUMFRIES, VA 22026

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FERREIRA, AMANDA	2021-07-01	ADD		\$21.42
FERREIRA, AMANDA	2021-07-01	GUARDLOW	EE	\$29.44
FERREIRA, AMANDA	2021-07-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

ALMITA PILING
2000 S COLORADO BLVD TOWER ONE, SUITE 200
DENVER, CO 80222

Invoice Number: 4203-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Employee & Spouse Only	2	\$89.81	\$179.62
GUARDLOW	Employee Only	2	\$29.44	\$58.88
VSP	Employee Only	3	\$8.75	\$26.25
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$374.70

ALMITA PILING
2000 S COLORADO BLVD TOWER ONE, SUITE 200
DENVER, CO 80222

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HARPER, JESSICA	2022-02-01	GUARDHIGH	EE	\$47.61
HARPER, JESSICA	2020-04-01	VSP	EE	\$8.75
JOHNSON, KEVIN	2022-02-01	GUARDHIGH	ES	\$89.81
JOHNSON, KEVIN	2022-01-01	VSP	ES	\$14.73
LLOYD, AUSTIN	2022-02-01	GUARDLOW	EE	\$29.44
LLOYD, AUSTIN	2022-01-01	VSP	EE	\$8.75
LOWRY, SAMUEL	2022-01-01	GUARDHIGH	EE	\$47.61
PERRETTE, SHELBY	01/01/2022	GUARDLOW	EE	\$29.44
PERRETTE, SHELBY	2020-04-01	VSP	EE	\$8.75
SPENCER, PATRICK	2022-02-01	GUARDHIGH	ES	\$89.81

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

AMADA LANIER
3785 ROLLING CREEK DRIVE
BUFORD, GA 30519

Invoice Number: 4670-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Family	1	\$100.74	\$100.74
			GRAND TOTAL	\$100.74

AMADA LANIER
3785 ROLLING CREEK DRIVE
BUFORD, GA 30519

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HARPOLE, BARBARA	2022-01-01	GUARDLOW	FAM	\$100.74

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

AMADA MID-MARYLAND
5100 BUCKEYSTOWN PIKE
FREDERICK, MD 21704

Invoice Number: 4667-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$4.20**	\$4.20
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$228.41

AMADA MID-MARYLAND
5100 BUCKEYSTOWN PIKE
FREDERICK, MD 21704

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BRADSHAW, KIONA	2022-01-01	ADD		\$4.20
BRADSHAW, KIONA	2022-01-01	GUARDLOW	EE	\$29.44
CONTRERAS, KIMBERLY	2022-01-01	GUARDLOW	ES	\$55.54
CONTRERAS, KIMBERLY	2022-01-01	VSP	ES	\$14.73
FRIZZELL, RICHARD	2020-04-01	GUARDLOW	FAM	\$100.74
FRIZZELL, RICHARD	2019-12-01	VSP	FAM	\$23.76

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

AMADA MONUMENT
755 COLORADO 105
PALMER LAKE, CO 80133

Invoice Number: 4640-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$1.26**	\$0.42
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Children	1	\$89.81	\$89.81
GUARDLOW	Employee Only	4	\$29.44	\$117.76
VSP	Employee Only	4	\$8.75	\$35.00
			GRAND TOTAL	\$290.60

AMADA MONUMENT
755 COLORADO 105
PALMER LAKE, CO 80133

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BAEZ, RACHELLE	2021-09-01	GUARDLOW	EE	\$29.44
BAEZ, RACHELLE	2021-09-01	VSP	EE	\$8.75
CURTIS, HEATHER	2021-01-01	GUARDHIGH	EC	\$89.81
FRISBIE, BEVERLY	2022-01-01	ADD		\$0.42
HERRIN, KATHLEEN	2022-01-01	VSP	EE	\$8.75
MARTIN, NICOLE	2022-01-01	GUARDLOW	EE	\$29.44
PORTER RAMSAY, KARESA	2022-01-01	GUARDLOW	EE	\$29.44
SAWYER, ALLISON	2022-01-01	GUARDHIGH	EE	\$47.61
SAWYER, ALLISON	2022-01-01	VSP	EE	\$8.75
VARGAS, LIANA	01/01/2021	GUARDLOW	EE	\$29.44
VARGAS, LIANA	01/01/2021	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

AMADA NORTHERN NEVADA
985 Damonte Ranch Pkwy Suite 320
RENO, NV 89521

Invoice Number: 4671-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	3	\$47.61	\$142.83
GUARDHIGH	Employee & Children	2	\$89.81	\$179.62
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Children	1	\$15.02	\$15.02
GRAND TOTAL				\$581.01

AMADA NORTHERN NEVADA
985 Damonte Ranch Pkwy Suite 320
RENO, NV 89521

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DEGUZMAN, TAMARA	2020-02-01	VSP	EE	\$8.75
DEGUZMAN, TAMARA	2020-01-01	GUARDHIGH	EE	\$47.61
DENIGRIS, VICTOR	2019-01-01	GUARDHIGH	FAM	\$160.18
HART, RYAN	2021-03-01	GUARDLOW	EC2	\$74.61
HART, RYAN	2021-03-01	VSP	EC2	\$15.02
HEAVEY, JAN	2020-01-01	GUARDHIGH	EE	\$47.61
LEBLANC, CARLY	2020-11-01	GUARDHIGH	EC	\$89.81
MILLER, JUSTIN	2020-11-01	GUARDHIGH	EC	\$89.81
POWERS, EILEEN	2020-01-01	GUARDHIGH	EE	\$47.61

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

AMADA OCEANSIDE
2124 S. EL CAMINO REAL
OCEANSIDE, CA 92054

Invoice Number: 4650-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	3	\$8.40**	\$15.12
GUARDHIGH	Employee Only	4	\$47.61	\$190.44
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	5	\$29.44	\$147.20
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee Only	7	\$8.75	\$61.25
VSP	Employee & Spouse Only	2	\$14.73	\$29.46
VSP	Employee & Children	1	\$15.02	\$15.02
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$980.38

AMADA OCEANSIDE
2124 S. EL CAMINO REAL
OCEANSIDE, CA 92054

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BRIGANTE, SAMANTHA	2022-01-01	ADD		\$4.20
BRIGANTE, SAMANTHA	2022-01-01	GUARDHIGH	EE	\$47.61
BRIGANTE, SAMANTHA	2022-01-01	VSP	EE	\$8.75
BURROUGH, CHERIE	2022-01-01	GUARDHIGH	EC2	\$117.99
BURROUGH, CHERIE	2022-01-01	VSP	EC2	\$15.02
BURROUGH, JONATHAN	2022-01-01	GUARDHIGH	EE	\$47.61
CANONIZADO, EDGAR	2022-01-01	VSP	ES	\$14.73
EHLERS, FRED	2022-01-01	ADD		\$8.40
EHLERS, FRED	2022-01-01	GUARDHIGH	ES	\$89.81
EHLERS, JANICE	2019-01-01	VSP	EE	\$8.75
FALCON, CHRISTINA	2020-01-01	GUARDHIGH	FAM	\$160.18
FALCON, CHRISTINA	2020-01-01	VSP	FAM	\$23.76
FIGUEROA, NATALIA	2020-01-01	GUARDLOW	EE	\$29.44
FLORES, DANIELLE	2020-01-01	GUARDLOW	EE	\$29.44
JARINA, JUDYBEL	2022-01-01	GUARDLOW	EC2	\$74.61
JARINA, JUDYBEL	2022-01-01	VSP	EE	\$8.75
LOPEZ, MICHAYLA	2022-01-01	ADD		\$2.52
LOPEZ, MICHAYLA	2022-01-01	GUARDLOW	EE	\$29.44
MUNOZ, LORENA	2017-12-01	GUARDHIGH	EE	\$47.61
MUNOZ, LORENA	2018-12-01	VSP	EE	\$8.75
RHODES, MIKALIA	2021-08-01	VSP	EE	\$8.75
RITENHOUR, KATHALEEN	2021-01-01	VSP	EE	\$8.75
SAKHA, FARIDA	2020-01-01	GUARDLOW	EE	\$29.44

AMADA OCEANSIDE
2124 S. EL CAMINO REAL
OCEANSIDE, CA 92054

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SHARP, YETATWORK	2021-01-01	GUARDLOW	EE	\$29.44
SHARP, YETATWORK	2021-01-01	VSP	EE	\$8.75
SPARKS, JESSIKA	2022-01-01	GUARDHIGH	EE	\$47.61
ULLOA, DARLENE	2020-01-01	GUARDLOW	ES	\$55.54
ULLOA, DARLENE	2018-12-01	VSP	ES	\$14.73

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

AMADA SENIOR CARE TOLEDO

Invoice Number: 6010-2022-0

Invoice Month: FEB

Billing Date: 07/15/2022

Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0897OPENAXESSPLATI	Employee Only	1	\$862.95	\$862.95
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$910.56

AMADA SENIOR CARE TOLEDO

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GROVES, ANISSA	2022-01-01	GUARDHIGH	EE	\$47.61
GROVES, ANISSA	2022-02-01	0897OPENAXESSPLATI	EE	\$862.95

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

ARCULUS HOLDINGS
309 Pierce St
SOMERSET, NJ 08873

Invoice Number: 4430-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1748OPENAXESSCOPPE	Employee Only	2	\$495.83	\$991.66
1748OPENAXESSCOPPE	Family	1	\$1,419.92	\$1,419.92
1748OPENAXESSILVE	Employee Only	2	\$603.00	\$1,206.00
1748OPENAXESSILVE	Employee & Spouse Only	2	\$1,206.00	\$2,412.00
1748OPENAXESSILVE	Employee & Children	1	\$1,206.00	\$1,206.00
1748OPENAXESSILVE	Family	4	\$1,809.00	\$7,236.00
ADD	Employee Only	5	\$2.10**	\$90.30
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Spouse Only	2	\$89.81	\$179.62
GUARDHIGH	Family	4	\$160.18	\$640.72
GUARDLOW	Employee Only	5	\$29.44	\$147.20
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee Only	7	\$8.75	\$61.25
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Family	4	\$23.76	\$95.04
			GRAND TOTAL	\$15,822.66

ARCULUS HOLDINGS
309 Pierce St
SOMERSET, NJ 08873

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BASSERI, AFSHIN	2022-01-01	GUARDHIGH	FAM	\$160.18
BASSERI, AFSHIN	2022-01-01	1748OPENAXESSCOPPE	FAM	\$1419.92
BASSERI, AFSHIN	2022-01-01	VSP	FAM	\$23.76
BRADLEY, JOSHUA	2022-01-01	ADD		\$8.40
BRADLEY, JOSHUA	2022-01-01	GUARDLOW	EE	\$29.44
BRADLEY, JOSHUA	2022-01-01	1748OPENAXESSCOPPE	EE	\$495.83
BRADLEY, JOSHUA	2022-01-01	VSP	EE	\$8.75
CHEN, CHIH-EN	2022-02-01	GUARDHIGH	ES	\$89.81
CHEN, CHIH-EN	2022-02-01	1748OPENAXESSILVE	ES	\$1206.00
D'ELETTO, THOMAS	2022-01-01	ADD		\$10.08
D'ELETTO, THOMAS	2022-01-01	1748OPENAXESSILVE	FAM	\$1809.00
FAHY, JOSEPH	2022-01-01	GUARDHIGH	ES	\$89.81
FAHY, JOSEPH	2022-01-01	1748OPENAXESSILVE	ES	\$1206.00
FAHY, JOSEPH	2022-01-01	VSP	ES	\$14.73
FORTIN, KYLE	2022-01-01	ADD		\$42.42
FORTIN, KYLE	2022-01-01	GUARDHIGH	FAM	\$160.18
FORTIN, KYLE	2022-01-01	1748OPENAXESSILVE	FAM	\$1809.00
FORTIN, KYLE	2022-01-01	VSP	FAM	\$23.76
HARMON, JEFF	2021-11-01	GUARDLOW	EE	\$29.44
HARMON, JEFF	2021-11-01	VSP	EE	\$8.75
LANZILLI, LAWRENCE	2022-01-01	GUARDHIGH	FAM	\$160.18
LANZILLI, LAWRENCE	2022-01-01	1748OPENAXESSILVE	FAM	\$1809.00
LANZILLI, LAWRENCE	2022-01-01	VSP	FAM	\$23.76
LYONS, CYNTHIA	2022-01-01	GUARDHIGH	FAM	\$160.18
LYONS, CYNTHIA	2022-01-01	1748OPENAXESSILVE	FAM	\$1809.00
LYONS, CYNTHIA	2022-01-01	VSP	FAM	\$23.76
MULLEN, JENNIFER	2022-01-01	ADD		\$21.00

ARCULUS HOLDINGS
309 Pierce St
SOMERSET, NJ 08873

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MULLEN, JENNIFER	2022-01-01	GUARDLOW	EC	\$74.61
MULLEN, JENNIFER	2022-01-01	1748OPENAXESSILVE	EC	\$1206.00
MULLEN, JENNIFER	2022-01-01	VSP	EE	\$8.75
RIEGEL, GEOFFREY	2022-01-01	GUARDLOW	EE	\$29.44
RIEGEL, GEOFFREY	2022-01-01	1748OPENAXESSILVE	EE	\$603.00
RIEGEL, GEOFFREY	2022-01-01	VSP	EE	\$8.75
SPAHR, ROSEMARY	2022-01-01	GUARDHIGH	EE	\$47.61
SPAHR, ROSEMARY	2022-01-01	VSP	EE	\$8.75
TAKEUCHI, RYAN	2022-01-01	ADD		\$8.40
TAKEUCHI, RYAN	2022-01-01	GUARDLOW	EE	\$29.44
TAKEUCHI, RYAN	2022-01-01	1748OPENAXESSCOPPE	EE	\$495.83
TAKEUCHI, RYAN	2022-01-01	VSP	EE	\$8.75
THOMPSON, MICHAEL	2022-01-01	GUARDLOW	EE	\$29.44
THOMPSON, MICHAEL	2022-01-01	1748OPENAXESSILVE	EE	\$603.00
THOMPSON, MICHAEL	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	4
Employee & Spouse	2
Employee & Children	1
Family	5



Account Services
Monthly Statement

ASSISTED LIVING LOCATORS
16731 ROSA LANE
SOUTHGATE, MI 48195

Invoice Number: 4698-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$2.10**	\$2.10
GRAND TOTAL				\$2.10

ASSISTED LIVING LOCATORS

16731 ROSA LANE
SOUTHGATE, MI 48195

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MARENGERE, CAROLYN	2022-01-01	ADD		\$2.10

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

AVANCER HOMES
350 SYCAMORE ROAD
GENOA, IL 60135

Invoice Number: 4677-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$21.42**	\$26.88
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Employee & Children	4	\$74.61	\$298.44
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Children	3	\$15.02	\$45.06
			GRAND TOTAL	\$485.62

AVANCER HOMES
350 SYCAMORE ROAD
GENOA, IL 60135

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BATES, TEKOLIA	2019-01-01	ADD		\$21.42
BATES, TEKOLIA	2019-01-01	GUARDLOW	EC2	\$74.61
GRAZIANO, ASHLEY	2020-04-01	GUARDHIGH	EE	\$47.61
GRAZIANO, ASHLEY	2020-04-01	VSP	EE	\$8.75
HARRIS, TANETTE	2019-01-01	GUARDLOW	EC2	\$74.61
HARRIS, TANETTE	2019-01-01	VSP	EC2	\$15.02
MOORE, TANYA	2019-01-01	ADD		\$5.46
MOORE, TANYA	2018-01-01	GUARDLOW	EC2	\$74.61
MOORE, TANYA	2018-12-01	VSP	EC2	\$15.02
STEWART, ANTONETTE	2018-01-01	GUARDLOW	EE	\$29.44
WILLIAMS, DAMONTAE	2020-09-01	GUARDLOW	EC	\$74.61
WILLIAMS, DAMONTAE	2020-09-01	VSP	EC	\$15.02
WRIGHT, KIERYN	2022-01-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

BEACON OF HOPE HOSPICE OF IOWA, INC.
1020 W 35TH ST
DAVENPORT, IA 52806

Invoice Number: 4675-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	4	\$4.20**	\$39.06
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Spouse Only	2	\$89.81	\$179.62
GUARDLOW	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Family	2	\$100.74	\$201.48
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Spouse Only	2	\$14.73	\$29.46
VSP	Employee & Children	2	\$15.02	\$30.04
			GRAND TOTAL	\$603.65

BEACON OF HOPE HOSPICE OF IOWA, INC.
 1020 W 35TH ST
 DAVENPORT, IA 52806

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BEAN, CONNIE	2022-01-01	GUARDLOW	FAM	\$100.74
BEAN, CONNIE	2022-01-01	VSP	EC2	\$15.02
CRAIG, ANGELA	2022-01-01	GUARDLOW	EE	\$29.44
CRAIG, ANGELA	2022-01-01	VSP	EE	\$8.75
FESSEL, PATCHES	2022-01-01	ADD		\$2.10
FESSEL, PATCHES	2022-01-01	GUARDHIGH	EE	\$47.61
FESSEL, PATCHES	2022-01-01	VSP	EE	\$8.75
GIDDINGS, RODNEY	2022-01-01	ADD		\$31.50
GIDDINGS, RODNEY	2022-01-01	GUARDHIGH	ES	\$89.81
GIDDINGS, RODNEY	2022-01-01	VSP	ES	\$14.73
JOHNSON, PEGGY	2022-01-01	ADD		\$0.84
JOHNSON, PEGGY	2022-01-01	GUARDLOW	EE	\$29.44
LOFQUIST, JENNIFER	2022-01-01	GUARDHIGH	ES	\$89.81
LOFQUIST, JENNIFER	2022-01-01	VSP	ES	\$14.73
SCOTT, NICOLE	2022-01-01	ADD		\$4.62
SCOTT, NICOLE	2022-01-01	GUARDLOW	FAM	\$100.74
SCOTT, NICOLE	2022-01-01	VSP	EC2	\$15.02

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

BEACON OF HOPE HOSPICE OF MISSOURI, INC.
1201 C SOUTH BROADWAY
OAK GROVE, MO 64075

Invoice Number: 4676-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	3	\$6.30**	\$29.40
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Employee & Children	1	\$89.81	\$89.81
GUARDLOW	Employee & Spouse Only	2	\$55.54	\$111.08
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Spouse Only	5	\$14.73	\$73.65
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$622.23

BEACON OF HOPE HOSPICE OF MISSOURI, INC.
1201 C SOUTH BROADWAY
OAK GROVE, MO 64075

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ANDERSON, CHANDRA	2022-01-01	ADD		\$4.20
ANDERSON, CHANDRA	2022-01-01	GUARDHIGH	EC	\$89.81
ANDERSON, CHANDRA	2022-01-01	VSP	EC	\$15.02
CHRISTENSEN, MONICA	2022-01-01	VSP	ES	\$14.73
CHRISTENSEN, MONICA	2022-01-01	ADD		\$4.20
CHRISTENSEN, MONICA	2022-01-01	GUARDHIGH	ES	\$89.81
CLARK, MARY	2022-02-01	GUARDHIGH	EE	\$47.61
DAVENPORT, JULIE	2022-01-01	GUARDLOW	ES	\$55.54
DAVENPORT, JULIE	2022-01-01	VSP	ES	\$14.73
HAMILTON, BONNIE	2022-01-01	GUARDLOW	ES	\$55.54
HAMILTON, BONNIE	2022-01-01	VSP	ES	\$14.73
KLING, LINDA	01/01/2022	VSP	EE	\$8.75
LEWIS, RHONDA	2022-01-01	ADD		\$21.00
LEWIS, RHONDA	2022-01-01	GUARDHIGH	EE	\$47.61
LEWIS, RHONDA	2022-01-01	VSP	EE	\$8.75
PLUMBERG, JENNIFER	2022-01-01	VSP	ES	\$14.73
TIEMAN, RASCHEL	2022-01-01	GUARDLOW	FAM	\$100.74
TIEMAN, RASCHEL	2022-01-01	VSP	ES	\$14.73

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

BELLY BANDIT
13412 VENTURA BLVD
SHERMAN OAKS, CA 91423

Invoice Number: 4664-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GRAND TOTAL				\$0.00

BELLY BANDIT
13412 VENTURA BLVD
SHERMAN OAKS, CA 91423

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

BEST WESTERN AIRPORT INN & SUITES ORLANDO

Invoice Number: 5754-2022-0

Invoice Month: FEB

Billing Date: 07/15/2022

Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$4.62**	\$4.62
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
			GRAND TOTAL	\$239.41

BEST WESTERN AIRPORT INN & SUITES ORLANDO

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
JOHNSON, SARAH	2022-02-01	GUARDLOW	EC	\$74.61
RODRIGUEZ, LIZ	2022-02-01	ADD		\$4.62
SMITH, JEFFREY	2022-02-01	GUARDHIGH	FAM	\$160.18

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

BEST WESTERN PLUS FRONTIER
8101 HUTCHINS DR
CHEYENNE, WY 82007

Invoice Number: 4422-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1738OPENAXESSGOLD	Employee Only	1	\$719.19	\$719.19
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$775.55

BEST WESTERN PLUS FRONTIER
8101 HUTCHINS DR
CHEYENNE, WY 82007

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DICKINSON, LILIA	2022-01-01	1738OPENAXESSGOLD	EE	\$719.19
HOLLINGSWORTH, APRIL	2022-01-01	GUARDHIGH	EE	\$47.61
HOLLINGSWORTH, APRIL	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

BEST WESTERN PLUS HAWTHORNE TERRACE
3434 N BROADWAY AVE
CHICAGO, IL 60657

Invoice Number: 4134-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1130OPENAXESSESEN	Employee Only	2	\$450.75	\$901.50
1130OPENAXESSPRIME	Employee Only	6	\$653.75	\$3,922.50
1130OPENEXESSPREMI	Employee Only	1	\$574.63	\$574.63
ADD	Employee Only	3	\$1.68**	\$20.16
GUARDHIGH	Employee Only	6	\$47.61	\$285.66
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	5	\$8.75	\$43.75
			GRAND TOTAL	\$5,777.64

BEST WESTERN PLUS HAWTHORNE TERRACE
3434 N BROADWAY AVE
CHICAGO, IL 60657

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ARGUDO, ANNA	2022-01-01	1130OPENAXESSPRIME	EE	\$653.75
ARGUDO, ANNA	2022-01-01	ADD		\$8.40
ARGUDO, ANNA	2022-01-01	VSP	EE	\$8.75
ASMAL, ROSA	2022-01-01	1130OPENAXESSPRIME	EE	\$653.75
COLEMAN, KRISSHONDA	2022-01-01	1130OPENAXESSESSEN	EE	\$450.75
COLEMAN, KRISSHONDA	2022-01-01	GUARDHIGH	EE	\$47.61
OCAMPO, ESMERALDA	2022-01-01	1130OPENAXESSPRIME	EE	\$653.75
ODELL, GASTON	2022-01-01	1130OPENEXESSPREMI	EE	\$574.63
ODELL, GASTON	2022-01-01	GUARDHIGH	EE	\$47.61
PINEDA, CARLOS	2022-01-01	1130OPENAXESSPRIME	EE	\$653.75
PINEDA, CARLOS	2022-01-01	GUARDHIGH	EE	\$47.61
PINEDA, CARLOS	2022-01-01	VSP	EE	\$8.75
RAMIREZ, AGUEDA	2022-01-01	1130OPENAXESSESSEN	EE	\$450.75
RAMIREZ, AGUEDA	2022-01-01	GUARDLOW	EE	\$29.44
ROUSE, RHONDA	2022-01-01	ADD		\$1.68
ROUSE, RHONDA	2022-01-01	GUARDHIGH	EE	\$47.61
ROUSE, RHONDA	2022-01-01	VSP	EE	\$8.75
VAZQUEZ, AZUCENA	2022-01-01	1130OPENAXESSPRIME	EE	\$653.75
VAZQUEZ, AZUCENA	2022-01-01	ADD		\$10.08
VAZQUEZ, AZUCENA	2022-01-01	GUARDHIGH	EE	\$47.61
VAZQUEZ, AZUCENA	2022-01-01	VSP	EE	\$8.75
VAZQUEZ, MELENY	2022-01-01	1130OPENAXESSPRIME	EE	\$653.75
VAZQUEZ, MELENY	2022-01-01	GUARDHIGH	EE	\$47.61
VAZQUEZ, MELENY	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	9
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

BEST WESTERN STERLING SUNDOWNER
125 Overland Trail St
STERLING, CO 80751

Invoice Number: 4420-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	3	\$29.44	\$88.32
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$97.07

BEST WESTERN STERLING SUNDOWNER

125 Overland Trail St

STERLING, CO 80751

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ERTLE, STACEY	2022-01-01	GUARDLOW	EE	\$29.44
MAYFIELD, ALYCIA	2022-01-01	VSP	EE	\$8.75
RAYE, RYAN	2022-01-01	GUARDLOW	EE	\$29.44
SMITH, JODEAN	2022-01-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

BIG HIT EVENTS
681 Degraw St Apt. 2
BROOKLYN, NY 11217

Invoice Number: 4282-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GRAND TOTAL				\$0.00

BIG HIT EVENTS

681 Degraw St Apt. 2
BROOKLYN, NY 11217

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

BIN THERE USA, LLC
1209 N ORANGE STREET
WILMINGTON, DE 19801

Invoice Number: 4169-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
VSP	Employee & Spouse Only	1	\$15.67	\$15.67
			GRAND TOTAL	\$15.67

BIN THERE USA, LLC
1209 N ORANGE STREET
WILMINGTON, DE 19801

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
YON, GREGORY	2013-08-01	VSP	ES	\$15.67

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

BIONAP USA INC.
420 COLUMBUS AVE STE 304
VALHALLA, NY 10595

Invoice Number: 4417-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1732OPENAXESSGOLD	Employee Only	1	\$653.81	\$653.81
1732OPENAXESSGOLD	Employee & Spouse Only	1	\$1,307.62	\$1,307.62
1732OPENAXESSILVE	Employee Only	1	\$548.18	\$548.18
ADD	Employee Only	1	\$2.10**	\$2.10
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$2,838.38

BIONAP USA INC.
 420 COLUMBUS AVE STE 304
 VALHALLA, NY 10595

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BLACKWOOD, JODI-ANN	2021-12-01	GUARDHIGH	FAM	\$160.18
BLACKWOOD, JODI-ANN	2021-12-01	1732OPENAXESSILVE	EE	\$548.18
BLACKWOOD, JODI-ANN	2021-12-01	VSP	FAM	\$23.76
RIS, TYLER	2022-01-01	GUARDHIGH	ES	\$89.81
RIS, TYLER	2022-01-01	1732OPENAXESSGOLD	ES	\$1307.62
RIS, TYLER	2022-01-01	VSP	ES	\$14.73
STRAGAPEDE, MARINO	2021-09-01	ADD		\$2.10
STRAGAPEDE, MARINO	2021-09-01	GUARDLOW	EE	\$29.44
STRAGAPEDE, MARINO	2021-08-01	1732OPENAXESSGOLD	EE	\$653.81
STRAGAPEDE, MARINO	2021-09-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	1
Employee & Children	0
Family	0



Account Services

Monthly Statement

BLUEFROG PLUMBING & DRAIN - WEST HOUSTON
22003 Chesterwick Dr
KATY, TX 77450

Invoice Number: 4276-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0834OPENAXESS	Family	1	\$1,161.76	\$1,161.76
GUARDHIGH	Family	1	\$160.18	\$160.18
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$1,345.70

BLUEFROG PLUMBING & DRAIN - WEST HOUSTON
22003 Chesterwick Dr
KATY, TX 77450

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FRISCO, CHRISTOPHER	2021-04-01	0834OPENAXESSCOPPE	FAM	\$1161.76
FRISCO, CHRISTOPHER	2021-04-01	GUARDHIGH	FAM	\$160.18
FRISCO, CHRISTOPHER	2021-04-01	VSP	FAM	\$23.76

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

BUDGET BLINDS OF BEAVER
1255 BLAINE RD
MONACA, PA 15061

Invoice Number: 4244-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$1.26**	\$1.26
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$39.45

BUDGET BLINDS OF BEAVER
1255 BLAINE RD
MONACA, PA 15061

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SCINOCCA, TERI	2022-01-01	ADD		\$1.26
SCINOCCA, TERI	2022-01-01	GUARDLOW	EE	\$29.44
SCINOCCA, TERI	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

BUDGET BLINDS OF CENTRAL TAMPA
21967 US Highway 19 N.
Clearwater, FL 33765

Invoice Number: 4747-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$8.75

BUDGET BLINDS OF CENTRAL TAMPA

21967 US Highway 19 N.

Clearwater, FL 33765

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BLANKENSHIP, TRAVIS	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

BUDGET BLINDS OF CREVE COEUR
11628 Old Ballas Rd Ste 338
CREVE COEUR, MO 63141

Invoice Number: 4299-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1559OPENAXESSILVE	Family	1	\$1,644.54	\$1,644.54
ADD	Employee Only	1	\$4.20**	\$4.20
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$1,773.24

BUDGET BLINDS OF CREVE COEUR

11628 Old Ballas Rd Ste 338

CREVE COEUR, MO 63141

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
VANCIL, DANIELLE	2022-02-01	1559OPENAXESSILVE	FAM	\$1644.54
VANCIL, DANIELLE	2022-02-01	ADD		\$4.20
VANCIL, DANIELLE	2022-02-01	GUARDLOW	FAM	\$100.74
VANCIL, DANIELLE	2022-02-01	VSP	FAM	\$23.76

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

BUDGET BLINDS OF GREATER COLORADO SPRINGS CO
384 GARDEN OF THE GODS RD
COLORADO SPRINGS, CO 80907

Invoice Number: 4116-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
			GRAND TOTAL	\$55.54

BUDGET BLINDS OF GREATER COLORADO SPRINGS CO
384 GARDEN OF THE GODS RD
COLORADO SPRINGS, CO 80907

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BURROUGHS, RYAN	2022-01-01	GUARDLOW	ES	\$55.54

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

BUDGET BLINDS OF INDIAN RIVER COUNTY
1100 PEGASUS PL
VERO BEACH, FL 32963

Invoice Number: 4152-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Children	1	\$89.81	\$89.81
GUARDHIGH	Family	1	\$160.18	\$160.18
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$306.35

BUDGET BLINDS OF INDIAN RIVER COUNTY
1100 PEGASUS PL
VERO BEACH, FL 32963

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
Fontecchio, Lori	2021-06-01	GUARDHIGH	FAM	\$160.18
Fontecchio, Lori	2021-06-01	VSP	EE	\$8.75
Gonzalez, Penelope	2022-01-01	GUARDHIGH	EC	\$89.81
Mahoney, Carolyn	2022-01-01	GUARDHIGH	EE	\$47.61

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

BUDGET BLINDS OF PUYALLUP & TACOMA
9417 160th St E, Suite B
PUYALLUP, WA 98375

Invoice Number: 4083-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$328.97

BUDGET BLINDS OF PUYALLUP & TACOMA

9417 160th St E, Suite B

PUYALLUP, WA 98375

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BROST, EMMETT	2019-01-01	GUARDHIGH	EC2	\$117.99
BROST, EMMETT	2019-01-01	VSP	EC2	\$15.02
BROST, JANA	2019-01-01	GUARDHIGH	EE	\$47.61
DUPEA, MATTHEW	2022-01-01	GUARDHIGH	EE	\$47.61
SMITH, CORY	2021-03-01	GUARDLOW	FAM	\$100.74

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

BUDGET BLINDS OF SAN LEANDRO
900 DOOLITTLE DRIVE #2A
SAN LEANDRO, CA 94577

Invoice Number: 4280-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1526OPENAXESSBRONZ	Employee Only	1	\$487.36	\$487.36
1526OPENAXESSGOLD	Employee & Spouse Only	1	\$1,307.62	\$1,307.62
ADD	Employee Only	2	\$0.71**	\$7.43
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Family	2	\$160.18	\$320.36
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
GRAND TOTAL				\$2,227.31

BUDGET BLINDS OF SAN LEANDRO
 900 DOOLITTLE DRIVE #2A
 SAN LEANDRO, CA 94577

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DEL CARLO, INGRID	2022-01-01	1526OPENAXESSBRONZ EE		\$487.36
DEL CARLO, INGRID	2022-01-01	ADD		\$6.72
DEL CARLO, INGRID	2022-01-01	GUARDHIGH	FAM	\$160.18
MORENO, LYNDIA	2022-01-17	ADD		\$0.71
MORENO, LYNDIA	2022-01-17	GUARDHIGH	FAM	\$160.18
TAYLOR, LEA	2022-01-01	1526OPENAXESSGOLD	ES	\$1307.62
TAYLOR, LEA	2022-01-01	GUARDHIGH	ES	\$89.81
TAYLOR, LEA	2022-01-01	VSP	ES	\$14.73

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	1
Employee & Children	0
Family	0



Account Services

Monthly Statement

BUDGET BLINDS OF STEAMBOAT
2550 South Copper Frontage Rd.
STEAMBOAT SPRINGS, CO 80487

Invoice Number: 4108-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$17.64**	\$17.64
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$231.03

BUDGET BLINDS OF STEAMBOAT
2550 South Copper Frontage Rd.
STEAMBOAT SPRINGS, CO 80487

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BURDICK, SHAUN	2022-01-01	VSP	EE	\$8.75
COXON, KRISTI	2022-01-01	GUARDHIGH	FAM	\$160.18
FRINKS, ALISON	2022-01-01	ADD		\$17.64
FRINKS, ALISON	2022-01-01	GUARDLOW	EE	\$29.44
FRINKS, ALISON	2022-01-01	VSP	EC	\$15.02

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

BUILDING KIDZ OF WEST HAYWARD
4492 HEADEN WAY
SANTA CLARA, CA 95054

Invoice Number: 4087-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$2.10**	\$2.10
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$129.92

BUILDING KIDZ OF WEST HAYWARD
4492 HEADEN WAY
SANTA CLARA, CA 95054

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HEARD, LATRELL	2022-01-01	ADD		\$2.10
HEARD, LATRELL	2022-01-01	GUARDLOW	EC	\$74.61
HEARD, LATRELL	2022-01-01	VSP	EC	\$15.02
VASQUEZ, BRISA	2022-01-01	GUARDLOW	EE	\$29.44
VASQUEZ, BRISA	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

BUILDING KIDZ SCHOOL OF SAN CARLOS
1633 LAUREL STREET
SAN CARLOS, CA 94070

Invoice Number: 4213-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
			GRAND TOTAL	\$95.22

BUILDING KIDZ SCHOOL OF SAN CARLOS
1633 LAUREL STREET
SAN CARLOS, CA 94070

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FRIEDLIN, LINDA	2022-01-01	GUARDHIGH	EE	\$47.61
SMITH, NICHOLAS EDGAR CLAY	2022-01-01	GUARDHIGH	EE	\$47.61

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

CADEN CONCEPTS
13412 VENTURA BLVD.
SHERMAN OAKS, CA 91423

Invoice Number: 4665-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$47.61

CADEN CONCEPTS
13412 VENTURA BLVD.
SHERMAN OAKS, CA 91423

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SALAS, SIERRA	2021-02-01	GUARDHIGH	EE	\$47.61

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

CAIR MANAGEMENT LLC
1633 Broadway Fl 7
NEW YORK, NY 10019

Invoice Number: 4332-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1609OPENAXESSGOLD	Employee Only	1	\$653.81	\$653.81
1609OPENAXESSGOLD	Family	2	\$1,961.43	\$3,922.86
ADD	Employee Only	1	\$10.50**	\$10.50
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Family	2	\$160.18	\$320.36
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Family	2	\$23.76	\$47.52
			GRAND TOTAL	\$5,011.41

CAIR MANAGEMENT LLC

1633 Broadway Fl 7

NEW YORK, NY 10019

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PETERSEN, DONALD	2021-03-01	1609OPENAXESSGOLD	FAM	\$1961.43
PETERSEN, DONALD	2021-04-01	ADD		\$10.50
PETERSEN, DONALD	2021-11-01	GUARDHIGH	FAM	\$160.18
PETERSEN, DONALD	2021-11-01	VSP	FAM	\$23.76
ROHRBACH, JACOB	2022-01-01	1609OPENAXESSGOLD	FAM	\$1961.43
ROHRBACH, JACOB	2022-01-01	GUARDHIGH	FAM	\$160.18
ROHRBACH, JACOB	2022-01-01	VSP	FAM	\$23.76
VEGA, ROBERT	2021-03-01	1609OPENAXESSGOLD	EE	\$653.81
VEGA, ROBERT	2021-11-01	GUARDHIGH	EE	\$47.61
VEGA, ROBERT	2021-11-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	2



Account Services

Monthly Statement

CANAL WORKS ADVERTISING, LLC
FOUR NESHAMINY INTERPLEX, STE 202
TREVOSSE, PA 19053

Invoice Number: 4155-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1182OPENAXESSGOLD	Employee & Spouse Only	1	\$1,267.06	\$1,267.06
1182OPENAXESSILVE	Employee Only	1	\$559.14	\$559.14
ADD	Employee Only	1	\$9.24**	\$9.24
CANALWORKSADD	Employee Only	5	\$0.65	\$7.89
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$2,003.41

CANAL WORKS ADVERTISING, LLC
 FOUR NESHAMINY INTERPLEX, STE 202
 TREVOSE, PA 19053

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BILENKO, LILYA	2021-12-01	CANALWORKSADD		\$2.05
CROWLEY, CHRISTINE E	2021-12-01	CANALWORKSADD		\$1.98
CROWLEY, CHRISTINE E	2022-01-01	1182OPENAXESSGOLD	ES	\$1267.06
CROWLEY, CHRISTINE E	2022-01-01	VSP	ES	\$14.73
GIRTY II, JOHN J	2019-02-01	GUARDLOW	ES	\$55.54
GIUSTI, KRISTIN D	2022-01-01	CANALWORKSADD		\$0.80
GIUSTI, KRISTIN D	2022-01-01	ADD		\$9.24
GIUSTI, KRISTIN D	2022-01-01	GUARDHIGH	ES	\$89.81
KURYLUK, BARBARA	2022-02-01	CANALWORKSADD		\$1.68
PERILLI, MARISA L	2021-12-01	CANALWORKSADD		\$1.38
PERILLI, MARISA L	2022-01-01	1182OPENAXESSILVE	EE	\$559.14

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	1
Employee & Children	0
Family	0



Account Services

Monthly Statement

CAREMAX SENIOR SOLUTIONS
2585 E PERRIN AVE
FRESNO, CA 93720

Invoice Number: 4746-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$4.20**	\$6.30
GUARDHIGH	Family	1	\$160.18	\$160.18
			GRAND TOTAL	\$166.48

CAREMAX SENIOR SOLUTIONS
2585 E PERRIN AVE
FRESNO, CA 93720

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HUTTER, TAMMY	2022-01-01	ADD		\$6.30
HUTTER, TAMMY	2022-01-01	GUARDHIGH	FAM	\$160.18

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

CARING HANDS DUNDALK MD
49-61 SHIPPING PLACE
DUNDALK, MD 21222

Invoice Number: 4608-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$186.54

CARING HANDS DUNDALK MD
49-61 SHIPPING PLACE
DUNDALK, MD 21222

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FINNEY, LAKESHA	2019-02-01	GUARDLOW	EE	\$29.44
KARGMAN, LARISA	2018-03-01	GUARDHIGH	EE	\$47.61
KLEIN, MILANA	2018-01-01	GUARDLOW	FAM	\$100.74
THOMPSON, MARY	2019-02-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

CARING HANDS OF GREATER BALTIMORE MD
49-61 SHIPPING PLACE
DUNDALK, MD 21222

Invoice Number: 4610-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$38.19

CARING HANDS OF GREATER BALTIMORE MD
49-61 SHIPPING PLACE
DUNDALK, MD 21222

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CAMPBELL, ARCHIE	2019-02-01	GUARDLOW	EE	\$29.44
CAMPBELL, ARCHIE	2019-02-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

CARING TRANSITIONS OF CARLSBAD-LA JOLLA
5651 PALMER WAY
CARLSBAD, CA 92010

Invoice Number: 4696-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$21.00**	\$21.00
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$50.44

CARING TRANSITIONS OF CARLSBAD-LA JOLLA
5651 PALMER WAY
CARLSBAD, CA 92010

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LESICKO, DAWN	2019-01-01	ADD		\$21.00
LESICKO, DAWN	2018-03-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

CARING TRANSITIONS OF DENTON AND COLLIN COUNTIES
1201 CHANDLER CIRCLE
PROSPER, TX 75078

Invoice Number: 4690-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$31.50**	\$31.50
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Spouse Only	2	\$89.81	\$179.62
VSP	Employee & Spouse Only	2	\$14.73	\$29.46
			GRAND TOTAL	\$288.19

CARING TRANSITIONS OF DENTON AND COLLIN COUNTIES
 1201 CHANDLER CIRCLE
 PROSPER, TX 75078

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DOW, MARYA	2021-01-01	GUARDHIGH	EE	\$47.61
NEWTON, CHARLES	2022-01-01	GUARDHIGH	ES	\$89.81
NEWTON, CHARLES	2022-01-01	VSP	ES	\$14.73
NORRIS, REX	2022-01-01	ADD		\$31.50
NORRIS, REX	2022-01-01	GUARDHIGH	ES	\$89.81
NORRIS, REX	2022-01-01	VSP	ES	\$14.73

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

CHAOS INTELLIGENCE INC
640 N Wells St Apt 1313
CHICAGO, IL 60654

Invoice Number: 4360-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1653OPENAXESSBRONZ	Employee Only	1	\$487.36	\$487.36
			GRAND TOTAL	\$487.36

CHAOS INTELLIGENCE INC
640 N Wells St Apt 1313
CHICAGO, IL 60654

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FICHO, BRIAN	2021-04-01	1653OPENAXESSBRONZ EE		\$487.36

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

CIELO24
1221 STATE STREET
SANTA BARBARA, CA 93101

Invoice Number: 4248-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1465OPENACESSGOLD	Family	1	\$1,161.52	\$1,161.52
1465OPENAXESSBRONZ	Employee Only	1	\$285.00	\$285.00
1465OPENAXESSPLATI	Employee Only	6	\$484.50	\$2,907.00
1465OPENAXESSPLATI	Family	1	\$1,222.65	\$1,222.65
ADD	Employee Only	1	\$1.68**	\$1.68
GUARDHIGH	Employee Only	4	\$47.61	\$190.44
GUARDHIGH	Employee & Children	1	\$89.81	\$89.81
GUARDLOW	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee Only	5	\$8.75	\$43.75
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$6,050.36

CIELO24
1221 STATE STREET
SANTA BARBARA, CA 93101

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
AGUIRRE, CYNTHIA	2021-12-01	GUARDLOW	EC2	\$74.61
ESQUEDA, LIZZETTE	2022-01-01	1465OPENAXESSPLATI	FAM	\$1222.65
ESQUEDA, LIZZETTE	2022-01-01	ADD		\$1.68
ESQUEDA, LIZZETTE	2022-01-01	GUARDHIGH	EC	\$89.81
ESQUEDA, LIZZETTE	2021-12-01	VSP	EC	\$15.02
HAERING, DAVID	2020-10-01	1465OPENAXESSPLATI	EE	\$484.50
HAERING, DAVID	2021-12-01	GUARDHIGH	EE	\$47.61
HAERING, DAVID	2021-12-01	VSP	EE	\$8.75
MCALLISTER, KYLE	2020-10-01	1465OPENAXESSPLATI	EE	\$484.50
MCALLISTER, KYLE	2021-12-01	GUARDHIGH	EE	\$47.61
PARK, MITCHELL	2022-01-01	1465OPENAXESSPLATI	EE	\$484.50
SAMARASINGHE, KRISTI	2021-08-01	1465OPENACESSGOLD	FAM	\$1161.52
SAMARASINGHE, KRISTI	2021-12-01	VSP	EE	\$8.75
SHERMAN, ZACARY	2022-01-01	1465OPENAXESSPLATI	EE	\$484.50
SHERMAN, ZACARY	2022-01-01	GUARDLOW	EE	\$29.44
SHERMAN, ZACARY	2022-01-01	VSP	EE	\$8.75
SMITH, JOSHUA	2021-08-01	1465OPENAXESSBRONZ	EE	\$285.00
SMITH, JOSHUA	2021-12-01	GUARDLOW	EE	\$29.44
SMITH, JOSHUA	2021-12-01	VSP	EE	\$8.75
SOTTAK, CARA	2020-10-01	1465OPENAXESSPLATI	EE	\$484.50
SOTTAK, CARA	2021-12-01	GUARDHIGH	EE	\$47.61
SOTTAK, CARA	2021-12-01	VSP	EE	\$8.75
STEWART, NICOLE	2022-01-01	1465OPENAXESSPLATI	EE	\$484.50
STEWART, NICOLE	2022-01-01	GUARDHIGH	EE	\$47.61

MEDICAL PLAN COUNTS

Employee Only	7
Employee & Spouse	0
Employee & Children	0
Family	2



Account Services

Monthly Statement

CLARITY COMMUNICATION ADVISORS, INC.
2 CORPORATE DRIVE
SOUTHFIELD, MI 48076

Invoice Number: 4577-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	6	\$0.42**	\$52.50
GUARDHIGH	Employee Only	5	\$47.61	\$239.52
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee Only	7	\$29.44	\$206.08
GUARDLOW	Employee & Children	2	\$74.61	\$149.22
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$893.86

CLARITY COMMUNICATION ADVISORS, INC.
2 CORPORATE DRIVE
SOUTHFIELD, MI 48076

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALWARD, HEIDI	2022-02-01	GUARDLOW	EC	\$74.61
ARENS, TIMOTHY	2022-01-01	ADD		\$21.00
ARENS, TIMOTHY	2022-01-01	GUARDHIGH	EE	\$47.61
BATTLES, JENNIFER	2022-01-01	ADD		\$0.42
CLATTERBAUGH, MELISA	2022-01-01	GUARDLOW	EE	\$29.44
DAVIS, LAURIE	2022-01-01	ADD		\$8.40
DAVIS, LAURIE	2022-01-01	GUARDHIGH	EE	\$47.61
KENYON, ADAM	2019-01-01	GUARDHIGH	EE	\$47.61
LAPARL, DANNY	2022-01-01	ADD		\$6.30
LAPARL, DANNY	2022-01-01	VSP	FAM	\$23.76
LAUGHLIN, BRET	2022-01-01	GUARDLOW	EE	\$29.44
LOOMIS, VICKI	2022-01-01	ADD		\$5.04
MCBRIDE, JAMES	2022-01-01	ADD		\$11.34
MCBRIDE, JAMES	2022-01-01	GUARDLOW	EE	\$29.44
MCBRIDE, JAMES	2022-01-01	VSP	EE	\$8.75
POGUE, CHRISTIAN	2022-01-01	GUARDHIGH	EE	\$47.61
RAPHAEL, MARY	2021-01-01	GUARDLOW	EE	\$29.44
SADIK, ERIC	2015-12-01	GUARDHIGH	EE	\$49.08
SADIK, ERIC	2017-12-01	GUARDLOW	EE	\$29.44
SPINELLI, STEVEN	2022-01-01	GUARDLOW	EE	\$29.44
SPINELLI, STEVEN	2022-01-01	VSP	EE	\$8.75
STAPLE, LOU ANNE	2022-01-01	GUARDHIGH	ES	\$89.81

CLARITY COMMUNICATION ADVISORS, INC.
2 CORPORATE DRIVE
SOUTHFIELD, MI 48076

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
STAPLE, LOU ANNE	2022-01-01	VSP	ES	\$14.73
TOBOLSKI, MARTHA	2021-08-01	GUARDLOW	FAM	\$100.74
VASQUEZ, MARIO	2022-01-01	GUARDLOW	EE	\$29.44
WILLIAMS, VICTORIA	2022-01-01	GUARDLOW	EC	\$74.61

MEDICAL PLAN COUNTS

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



Account Services
Monthly Statement

CLEAN AIR LAWN CARE
PO BOX 2087
FORT COLLINS, CO 80522

Invoice Number: 4731-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0932OPENAXESSBRONZ	Employee & Children	1	\$513.54	\$513.54
0932OPENAXESSGOLD	Employee Only	2	\$443.53	\$887.06
ADD	Employee Only	2	\$1.68**	\$22.68
GUARDLOW	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$1,574.27

CLEAN AIR LAWN CARE
PO BOX 2087
FORT COLLINS, CO 80522

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GIARD, CHRISANE	2022-01-01	0932OPENAXESSBRONZ	EC	\$513.54
GIARD, CHRISANE	2022-01-01	GUARDLOW	EC	\$74.61
GIARD, CHRISANE	2022-01-01	VSP	EE	\$8.75
GIARD, KELLY	2022-01-01	0932OPENAXESSGOLD	EE	\$443.53
GIARD, KELLY	2022-01-01	ADD		\$21.00
GIARD, KELLY	2022-01-01	GUARDLOW	EE	\$29.44
MARTIN, DAWN	2022-01-01	0932OPENAXESSGOLD	EE	\$443.53
MARTIN, DAWN	2022-01-01	ADD		\$1.68
MARTIN, DAWN	2022-01-01	GUARDLOW	EE	\$29.44
MARTIN, DAWN	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	1
Family	0



Account Services
Monthly Statement

CLOVR LIFE SPA APPLE VALLEY MN
15730 EMPEROR AVE
APPLE VALLEY, MN 55124

Invoice Number: 4114-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$47.61

CLOVR LIFE SPA APPLE VALLEY MN
15730 EMPEROR AVE
APPLE VALLEY, MN 55124

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
RADCLIFFE, DENISE	2021-06-01	GUARDHIGH	EE	\$47.61

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

COMFORT INN & SUITES CAMBRIDGE
2936 OCEAN GATEWAY
CAMBRIDGE, MD 21613

Invoice Number: 4736-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44

COMFORT INN & SUITES CAMBRIDGE
2936 OCEAN GATEWAY
CAMBRIDGE, MD 21613

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SMITH, GRETCHEN	2019-02-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

COMFORT INN CHESTERTOWN
150 SCHEELER ROAD
CHESTERTOWN, MD 21620

Invoice Number: 4735-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$4.20**	\$2.94
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$32.38

COMFORT INN CHESTERTOWN
150 SCHEELER ROAD
CHESTERTOWN, MD 21620

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
NEWMAN, BRIANA	2022-01-01	ADD		\$2.94
NEWMAN, BRIANA	2022-01-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

COMFORT INN MECHANICSBURG
1012 WESLEY DRIVE
MECHANICSBURG, PA 17055

Invoice Number: 4740-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44

COMFORT INN MECHANICSBURG
1012 WESLEY DRIVE
MECHANICSBURG, PA 17055

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PRIAR, LEE	2022-01-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

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



Account Services
Monthly Statement

CONCRETE CRAFT OF WEST ESSEX
170 Grove St
MONTCLAIR, NJ 07042

Invoice Number: 4351-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$4.62**	\$4.62
GRAND TOTAL				\$4.62

CONCRETE CRAFT OF WEST ESSEX

170 Grove St

MONTCLAIR, NJ 07042

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
NEGRON, JSE	2021-11-01	ADD		\$4.62

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

CONGRESSIONAL INSURANCE
12505 PARK POTOMAC AVE
POTOMAC, MD 20854

Invoice Number: 4176-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$8.75

CONGRESSIONAL INSURANCE
12505 PARK POTOMAC AVE
POTOMAC, MD 20854

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
VASQUEZ, CONSUELO	2019-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

CORSTONE CAPITAL
6707 DEMOCRACY BLVD. SUITE 905
BETHESDA, MD 20817

Invoice Number: 4693-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Family	1	\$160.18	\$160.18
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$312.33

CORSTONE CAPITAL
6707 DEMOCRACY BLVD. SUITE 905
BETHESDA, MD 20817

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HAWK, ALBERT	2022-01-01	GUARDHIGH	ES	\$89.81
HAWK, ALBERT	2022-01-01	VSP	ES	\$14.73
MERCADER PEREZ, MYRIAM	2022-01-01	GUARDHIGH	FAM	\$160.18
SIPES, LAURIE	2022-01-01	GUARDHIGH	EE	\$47.61

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

CREWMEUP
530 7TH AVENUE
NEW YORK, NY 10018

Invoice Number: 4235-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1439CIGNAPREMIUM	Employee Only	2	\$500.00	\$1,000.00
1439CIGNAPREMIUM	Employee & Spouse Only	1	\$1,000.00	\$1,000.00
1439CIGNAPRIME	Employee Only	1	\$574.63	\$574.63
1439GUARDIANDENTAL	Employee Only	2	\$38.75	\$77.50
			GRAND TOTAL	\$2,652.13

CREWMEUP
530 7TH AVENUE
NEW YORK, NY 10018

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FRIEDMAN, JOSHUA	2020-12-01	1439CIGNAPREMIUM	EE	\$500.00
KRIM, JESSE	2021-03-17	1439CIGNAPREMIUM	ES	\$1000.00
NACHAMPASSAK, VORAVONG	2020-12-01	1439CIGNAPREMIUM	EE	\$500.00
NACHAMPASSAK, VORAVONG	2020-12-01	1439GUARDIANDENTALEE		\$38.75
STOKES, JENNIFER	2021-04-01	1439CIGNAPRIME	EE	\$574.63
STOKES, JENNIFER	2021-04-01	1439GUARDIANDENTALEE		\$38.75

MEDICAL PLAN COUNTS

Employee Only	3
Employee & Spouse	1
Employee & Children	0
Family	0



Account Services

Monthly Statement

CTRUST STAFFING
2143 HURLEY WAY
SACRAMENTO, CA 95825

Invoice Number: 4234-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1438OPENAXESSBRONZ	Employee & Children	1	\$888.23	\$888.23
1438OPENAXESSCOPPE	Employee & Children	1	\$660.42	\$660.42
1438OXCOPPEROWNERSE	Employee Only	1	\$360.60	\$360.60
GUARDLOW	Employee & Children	3	\$74.61	\$223.83
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$2,148.10

CTRUST STAFFING
2143 HURLEY WAY
SACRAMENTO, CA 95825

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DOMINGUEZ, PAULO	2021-01-01	GUARDLOW	EC	\$74.61
DOMINGUEZ, PAULO	2021-01-01	VSP	EC	\$15.02
MONTEZ, JOHN	2022-02-01	1438OPENAXESSBRONZ	EC	\$888.23
MONTEZ, JOHN	2022-02-01	GUARDLOW	EC	\$74.61
QUIROZ, ERIKA	2021-02-01	1438OXCOPPEROWNER	SEE	\$360.60
VELASQUEZ, JOSE	2022-02-01	1438OPENAXESSCOPPE	EC	\$660.42
VELASQUEZ, JOSE	2022-02-01	GUARDLOW	EC	\$74.61

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	2
Family	0



Account Services

Monthly Statement

DATA CONNECXION
13501 Katy Fwy # 3120
HOUSTON, TX 77079

Invoice Number: 4498-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1830OPENAXESSGOLD	Employee Only	1	\$719.19	\$719.19
1830OPENAXESSPLATI	Family	2	\$2,589.09	\$5,178.18
1830OPENAXESSILVE	Employee Only	1	\$603.00	\$603.00
ADD	Employee Only	2	\$21.00**	\$27.30
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$6,621.40

DATA CONNECXION

13501 Katy Fwy # 3120

HOUSTON, TX 77079

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BANSAL, KOMAL	2021-12-01	GUARDLOW	EE	\$29.44
BANSAL, KOMAL	2021-12-01	1830OPENAXESSILVE	EE	\$603.00
BANSAL, KOMAL	2021-12-01	VSP	EE	\$8.75
BROWN, ELIZABETH CHE	2022-01-01	ADD		\$6.30
BROWN, ELIZABETH CHE	2022-01-01	GUARDLOW	ES	\$55.54
CLARK, COURTNEY	2021-12-01	1830OPENAXESSPLATI	FAM	\$2589.09
GHANCHI, NIDA	2022-02-01	1830OPENAXESSPLATI	FAM	\$2589.09
MARTINEZ, ADRIANA	2022-02-01	1830OPENAXESSGOLD	EE	\$719.19
MUKHERJEE, TANIA	2021-12-01	ADD		\$21.00

MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	2



Account Services

Monthly Statement

DAVID S. WEISS, MD

Invoice Number: 5546-2022-0

Invoice Month: FEB

Billing Date: 07/15/2022

Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1903OPENAXESSPLATI	Employee Only	1	\$862.95	\$862.95
ADD	Employee Only	1	\$4.20**	\$4.20
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$923.51

DAVID S. WEISS, MD

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KORTRIGHT, RUTH	2022-02-01	ADD		\$4.20
KORTRIGHT, RUTH	2022-02-01	GUARDHIGH	EE	\$47.61
KORTRIGHT, RUTH	2022-02-01	1903OPENAXESSPLATI	EE	\$862.95
KORTRIGHT, RUTH	2022-02-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

DTX DIGITAL TRANSFORMATION
43661 Catton Pl
ASHBURN, VA 20147

Invoice Number: 4424-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1740OPENAXESSBRONZ	Employee & Children	1	\$986.92	\$986.92
1740OPENAXESSGOLD	Employee Only	1	\$653.81	\$653.81
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$1,803.18

DTX DIGITAL TRANSFORMATION

43661 Catton Pl

ASHBURN, VA 20147

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
AZHAR, SAKINA	2021-09-01	GUARDHIGH	EC2	\$117.99
AZHAR, SAKINA	2021-09-01	1740OPENAXESSBRONZ	EC2	\$986.92
AZHAR, SAKINA	2021-09-01	VSP	EC2	\$15.02
MAHDI, AHMED	2022-01-01	GUARDLOW	EE	\$29.44
MAHDI, AHMED	2022-01-01	1740OPENAXESSGOLD	EE	\$653.81

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

EASY REST ADJUSTABLE SLEEP SYSTEM
1401 EDGEWOOD ST
BALTIMORE, MD 21227

Invoice Number: 4161-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1182OPENAXESSGOLD	Employee Only	7	\$633.54	\$4,434.78
1182OPENAXESSGOLD	Employee & Spouse Only	1	\$1,267.06	\$1,267.06
1182OPENAXESSILVE	Employee Only	1	\$559.14	\$559.14
ADD	Employee Only	3	\$12.68**	\$11.34
CANALWORKSADD	Employee Only	16	\$0.95	\$23.55
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Family	2	\$160.18	\$320.36
GUARDLOW	Employee Only	6	\$29.44	\$176.64
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$6,919.79

EASY REST ADJUSTABLE SLEEP SYSTEM

1401 EDGEWOOD ST
BALTIMORE, MD 21227

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ABBOTT, JEFFERY	2022-01-01	CANALWORKSADD		\$1.05
ANDERSON, LEIGH	2022-02-01	CANALWORKSADD		\$1.63
ANDERSON, LEIGH	2022-01-01	1182OPENAXESSGOLD	EE	\$633.54
ANDERSON, LEIGH	2022-01-01	GUARDLOW	EE	\$29.44
ANDERSON, LEIGH	2022-01-01	VSP	EC	\$15.02
COMAN, DEBORAH	2022-02-01	CANALWORKSADD		\$1.95
COMAN, DEBORAH	2019-02-01	GUARDLOW	ES	\$55.54
EMRICK, CHAD	2021-12-01	CANALWORKSADD		\$2.10
EMRICK, CHAD	2022-01-01	1182OPENAXESSGOLD	ES	\$1267.06
EMRICK, CHAD	2022-01-01	ADD		\$6.72
EMRICK, CHAD	2022-01-01	GUARDHIGH	FAM	\$160.18
FARMER, JAMES	2022-02-01	CANALWORKSADD		\$1.38
FARMER, JAMES	2019-02-01	GUARDHIGH	EE	\$47.61
GAMBLE, TERRY	2021-12-01	CANALWORKSADD		\$1.28
GAMBLE, TERRY	2022-01-01	1182OPENAXESSGOLD	EE	\$633.54
GAMBLE, TERRY	2022-01-01	ADD		\$4.20
GAMMON, TREVOR D	2022-02-01	CANALWORKSADD		\$1.15
GAMMON, TREVOR D	2022-01-01	1182OPENAXESSGOLD	EE	\$633.54
GREEN, YAITZA	2022-01-01	GUARDLOW	EE	\$29.44
HANSEN, BRADLEY	2021-12-01	CANALWORKSADD		\$0.95
HANSEN, BRADLEY	2022-01-01	1182OPENAXESSGOLD	EE	\$633.54
HANSEN, BRADLEY	2022-01-01	GUARDLOW	EE	\$29.44
MAGHARI, MOHAMED	2019-02-01	CANALWORKSADD		\$3.75
MAGHARI, MOHAMED	2019-02-01	GUARDHIGH	FAM	\$160.18
RIBIS, RUTH	2021-12-01	CANALWORKSADD		\$1.93
RIBIS, RUTH	2022-01-01	1182OPENAXESSGOLD	EE	\$633.54

EASY REST ADJUSTABLE SLEEP SYSTEM
1401 EDGEWOOD ST
BALTIMORE, MD 21227

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ROBINSON, DESTINEE	2022-02-01	ADD		\$0.42
SCOTT, GARY	2022-02-01	CANALWORKSADD		\$1.00
SIMMONS, WILLIAM	2022-01-01	CANALWORKSADD		\$1.05
SIMMONS, WILLIAM	2022-01-01	1182OPENAXESSGOLD	EE	\$633.54
SMITH, FLORENCE	2021-12-01	CANALWORKSADD		\$0.70
SMITH, FLORENCE	2019-02-01	GUARDLOW	EE	\$29.44
STAVOLA, DANIELLE	2022-02-01	CANALWORKSADD		\$1.20
STAVOLA, DANIELLE	2022-01-01	1182OPENAXESSSILVE	EE	\$559.14
STAVOLA, DANIELLE	2022-01-01	GUARDLOW	EE	\$29.44
VENZKE, ALICIA	2021-12-01	CANALWORKSADD		\$0.80
WORTHINGTON, DWAYNE V	2020-06-01	CANALWORKSADD		\$1.63
WORTHINGTON, DWAYNE V	2022-01-01	1182OPENAXESSGOLD	EE	\$633.54
WORTHINGTON, DWAYNE V	2021-01-01	GUARDLOW	EE	\$29.44
WORTHINGTON, DWAYNE V	2021-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	8
Employee & Spouse	1
Employee & Children	0
Family	0



Account Services
Monthly Statement

ECONO LODGE SHAMOKIN DAM
3249 N. SUSQUEHANNA TRAIL
SHAMOKIN DAM, PA 17876

Invoice Number: 4739-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
NEEMAOPENAXESSESSIE	Employee Only	1	\$489.70	\$489.70
			GRAND TOTAL	\$519.14

ECONO LODGE SHAMOKIN DAM
3249 N. SUSQUEHANNA TRAIL
SHAMOKIN DAM, PA 17876

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CURTIS, SHERRY	2022-01-01	NEEMAOPENAXESSESSIEE		\$489.70
CURTIS, SHERRY	2022-01-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services
Monthly Statement

ELEV8 LODGING
5100 Eden Ave Ste 102B
EDINA, MN 55436

Invoice Number: 4451-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$8.75

ELEV8 LODGING
5100 Eden Ave Ste 102B
EDINA, MN 55436

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PRUETT, TROY	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

ELITE AUTO BODY, INC - ANNAPOLIS
1791 VIRGINIA STREET
ANNAPOLIS, MD 21401

Invoice Number: 4569-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$193.78

ELITE AUTO BODY, INC - ANNAPOLIS
1791 VIRGINIA STREET
ANNAPOLIS, MD 21401

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BANDY, REID	2017-12-01	GUARDHIGH	EE	\$47.61
HANCOCK, DAVID	2017-12-01	GUARDHIGH	ES	\$89.81
HILL, THOMAS	2017-12-01	GUARDHIGH	EE	\$47.61
HILL, THOMAS	2018-12-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

ELITE HOTEL GROUP
5928 TWIN COVES
DALLAS, TX 75248

Invoice Number: 4373-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1667OPENAXESSILVE	Employee Only	1	\$531.73	\$531.73
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$561.17

ELITE HOTEL GROUP
5928 TWIN COVES
DALLAS, TX 75248

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KRAMER, ALEX	2021-12-01	GUARDLOW	EE	\$29.44
KRAMER, ALEX	2021-05-01	1667OPENAXESSILVE	EE	\$531.73

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

ELLIOT MANAGEMENT SERVICES CO
108 W PACIFIC ST
SEDALIA, MO 65301

Invoice Number: 4477-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1798OPENAXESSGOLD	Employee Only	4	\$0.00	\$0.00
1798OPENAXESSGOLD	Family	1	\$1,768.73	\$1,768.73
1798OPENAXESSPLATI	Employee Only	1	\$657.25	\$657.25
1798OPENAXESSPLATI	Employee & Children	1	\$1,316.28	\$1,316.28
ADD	Employee Only	2	\$2.10**	\$23.10
GUARDLOW	Employee Only	2	\$29.44	\$58.88
VSP	Employee Only	3	\$8.75	\$26.25
			GRAND TOTAL	\$3,850.49

ELLIOT MANAGEMENT SERVICES CO
108 W PACIFIC ST
SEDALIA, MO 65301

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BENBROOK, SCOTT	2022-01-01	1798OPENAXESSPLATI	EC2	\$1316.28
BRESHEARS, LOU	2022-01-01	1798OPENAXESSPLATI	EE	\$657.25
BRESHEARS, LOU	2021-12-01	VSP	EE	\$8.75
BRESHEARS, LOU	2021-12-01	ADD		\$2.10
BRESHEARS, LOU	2021-12-01	GUARDLOW	EE	\$29.44
BUNKER, WILLIAM	2022-01-01	1798OPENAXESSGOLD	EE	\$0.00
QUATTLEBAUM, MARK	2022-01-01	1798OPENAXESSGOLD	EE	\$0.00
SWEARINGEN, ELIZABETH	2022-01-01	1798OPENAXESSGOLD	EE	\$0.00
SWEARINGEN, ELIZABETH	2021-12-01	VSP	EE	\$8.75
SWEARINGEN, GLEN	2021-12-01	ADD		\$21.00
SWEARINGEN, GLEN	2021-12-01	GUARDLOW	EE	\$29.44
SWEARINGEN, GLEN	2022-01-01	1798OPENAXESSGOLD	EE	\$0.00
SWEARINGEN, GLEN	2021-12-01	VSP	EE	\$8.75
SWEARINGEN, JOHN	2022-01-01	1798OPENAXESSGOLD	FAM	\$1768.73

MEDICAL PLAN COUNTS

Employee Only	5
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

EMEDICAL FUSION, LLC
4502 HIGHLAND GREN CT
ALEXANDRIA, VA 22312

Invoice Number: 4574-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GRAND TOTAL				\$0.00

EMEDICAL FUSION, LLC
4502 HIGHLAND GREN CT
ALEXANDRIA, VA 22312

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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MEDICAL PLAN COUNTS

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



Account Services
Monthly Statement

FAIRFIELD INN & SUITES SLIPPERY ROCK
1000 UNIVERSITY PARKWAY
SLIPPERY ROCK, PA 16057

Invoice Number: 4741-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$1.26**	\$1.26
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
GUARDLOW	Employee Only	2	\$29.44	\$58.88
NEEMAOPENAXESSESSE	Employee Only	1	\$489.70	\$489.70
NEEMAOPENAXESSPRIME	Employee & Children	1	\$1,255.22	\$1,255.22
GRAND TOTAL				\$1,923.05

FAIRFIELD INN & SUITES SLIPPERY ROCK
1000 UNIVERSITY PARKWAY
SLIPPERY ROCK, PA 16057

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FOSTER, THOMAS	2022-01-01	GUARDLOW	EE	\$29.44
MCQUEENEY, JARAD	2020-10-01	NEEMAOPENAXESSESSEEE		\$489.70
MCQUEENEY, JARAD	2021-01-01	ADD		\$1.26
MCQUEENEY, JARAD	2021-01-01	GUARDLOW	EE	\$29.44
TORVIK, CAROL	2022-01-01	NEEMAOPENAXESSPRIMEC2		\$1255.22
TORVIK, CAROL	2022-01-01	GUARDHIGH	EC2	\$117.99

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

FAIRFIELD INN BY MARRIOTT
1515 Wilmington Dr
DUPONT, WA 98327

Invoice Number: 4449-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44

FAIRFIELD INN BY MARRIOTT
1515 Wilmington Dr
DUPONT, WA 98327

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GARCIA, OLIVIA	2022-02-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

FAIRMONT INSURANCE BROKERS, LTD
1600 60th St
BROOKLYN, NY 11204

Invoice Number: 4521-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1861OPENAXESSGOLD	Employee Only	4	\$719.19	\$2,876.76
1861OPENAXESSPLATI	Employee Only	12	\$863.03	\$10,356.36
1861OPENAXESSPLATI	Employee & Spouse Only	1	\$1,726.05	\$1,726.05
1861OPENAXESSPLATI	Family	4	\$2,589.08	\$10,356.32
1861OPENAXESSSILVE	Employee Only	18	\$640.26	\$11,524.68
1861OPENAXESSSILVE	Employee & Spouse Only	5	\$1,289.33	\$6,446.65
1861OPENAXESSSILVE	Family	4	\$1,835.92	\$7,343.68
ADD	Employee Only	8	\$6.30**	\$68.67
GUARDHIGH	Employee Only	10	\$47.61	\$476.10
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Family	5	\$160.18	\$800.90
GUARDLOW	Employee Only	4	\$29.44	\$117.76
GUARDLOW	Employee & Spouse Only	2	\$55.54	\$111.08
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Employee Only	8	\$8.75	\$70.00
VSP	Employee & Spouse Only	2	\$14.73	\$29.46
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$52,518.78

FAIRMONT INSURANCE BROKERS, LTD
1600 60th St
BROOKLYN, NY 11204

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ASHKENAZI, SHERYL	2022-01-01	1861OPENAXESSILVE	EE	\$640.26
BILLE, JO ANN	2022-01-01	GUARDHIGH	EE	\$47.61
BILLE, JO ANN	2022-01-01	1861OPENAXESSPLATI	EE	\$863.03
CIOFALO, NICOLE	2022-01-01	GUARDLOW	EE	\$29.44
COHEN, CHEDVAH	2022-01-01	GUARDLOW	EE	\$29.44
DENBURG, SHAI	2022-01-01	1861OPENAXESSPLATI	FAM	\$2589.08
DEUTSCH, MOSHE	2022-01-01	GUARDHIGH	FAM	\$160.18
DEUTSCH, MOSHE	2022-01-01	1861OPENAXESSILVE	ES	\$1289.33
FREILICH, NAOMI	2022-01-01	1861OPENAXESSPLATI	EE	\$863.03
FRIED, HANNAH	2022-01-01	GUARDHIGH	EE	\$47.61
FRIED, HANNAH	2022-01-01	1861OPENAXESSILVE	EE	\$640.26
GAGAIEV, RIVKA	2022-01-01	1861OPENAXESSPLATI	EE	\$863.03
GLAUBER, GOLDA	2022-01-01	1861OPENAXESSPLATI	EE	\$863.03
GROSS, AVROHOM	01/01/2022	1861OPENAXESSILVE	ES	\$1289.33
HALPERIN, ROCHELLE	2022-01-01	1861OPENAXESSILVE	EE	\$640.26
HUBNER, CHRISTINA	2022-01-01	1861OPENAXESSGOLD	EE	\$719.19
HUBNER, CHRISTINA	2022-01-01	VSP	EE	\$8.75
HYLTON, JOAN	2022-01-01	1861OPENAXESSPLATI	EE	\$863.03
JACOBS, BRACHA	2022-01-01	1861OPENAXESSILVE	EE	\$640.26
KAHANA, PESACH	2022-01-01	ADD		\$4.20
KAHANA, PESACH	2022-01-01	GUARDHIGH	FAM	\$160.18
KAHANA, PESACH	2022-01-01	1861OPENAXESSILVE	FAM	\$1835.92

FAIRMONT INSURANCE BROKERS, LTD
1600 60th St
BROOKLYN, NY 11204

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KAPLAN, CHANAN	2022-01-01	ADD		\$5.04
KAPLAN, CHANAN	2022-01-01	GUARDHIGH	ES	\$89.81
KAPLAN, CHANAN	2022-01-01	1861OPENAXESSILVE	ES	\$1289.33
KAPLAN, CHANAN	2022-01-01	VSP	ES	\$14.73
KATZ, BARRY	2022-01-01	1861OPENAXESSPLATI	FAM	\$2589.08
KATZ, MALKA	2022-01-01	1861OPENAXESSILVE	EE	\$640.26
KATZ, SHELDON	2022-01-01	ADD		\$0.63
KATZ, SHELDON	2022-01-01	GUARDHIGH	FAM	\$160.18
KATZ, SHELDON	2022-01-01	1861OPENAXESSPLATI	FAM	\$2589.08
KATZ, SHELDON	2022-01-01	VSP	FAM	\$23.76
KAZIYEV, BORIS	2022-01-01	1861OPENAXESSILVE	EE	\$640.26
KELTY, NORA	2022-01-01	GUARDHIGH	EE	\$47.61
KELTY, NORA	2022-01-01	1861OPENAXESSGOLD	EE	\$719.19
KELTY, NORA	2022-01-01	VSP	EE	\$8.75
KLINGER, CHAIM	2022-01-01	1861OPENAXESSGOLD	EE	\$719.19
KOHN, BASSIE	2022-01-01	1861OPENAXESSILVE	EE	\$640.26
KRAKAUER, DEVORAH	2022-02-01	1861OPENAXESSILVE	EE	\$640.26
LESSER, ABRAHAM E	2022-01-01	1861OPENAXESSILVE	FAM	\$1835.92
LI, CHENXI	01/01/2022	1861OPENAXESSGOLD	EE	\$719.19
LIANG, LILY	2022-01-01	ADD		\$21.00
LIANG, LILY	2022-01-01	GUARDHIGH	EE	\$47.61
LIANG, LILY	2022-01-01	1861OPENAXESSPLATI	EE	\$863.03

FAIRMONT INSURANCE BROKERS, LTD
1600 60th St
BROOKLYN, NY 11204

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LIANG, LILY	2022-01-01	VSP	EE	\$8.75
LICHT, HARRY	2022-01-01	GUARDHIGH	EE	\$47.61
LIOTINE, ANTOINETTE	2022-01-01	GUARDLOW	EE	\$29.44
LIOTINE, ANTOINETTE	2022-01-01	1861OPENAXESSILVE	EE	\$640.26
LIOTINE, ANTOINETTE	2022-01-01	VSP	EE	\$8.75
MARCUS, FAIGE	2022-01-01	1861OPENAXESSILVE	EE	\$640.26
MCINTOSH, FREDDIE	01/01/2022	1861OPENAXESSPLATI	EE	\$863.03
MISHKOWITZ, MOISHE	2022-01-01	1861OPENAXESSILVE	ES	\$1289.33
NATHAN, CHANA	01/01/2022	1861OPENAXESSILVE	EE	\$640.26
NATHAN, SHRAGI	2022-01-01	ADD		\$4.20
NATHAN, SHRAGI	2022-01-01	GUARDLOW	EE	\$29.44
NATHAN, SHRAGI	2022-01-01	1861OPENAXESSILVE	EE	\$640.26
NATHAN, TZVI	2022-01-01	1861OPENAXESSILVE	EE	\$640.26
NELSON, ESTELLE	2022-01-01	1861OPENAXESSILVE	EE	\$640.26
ROSENBERG, DEVORA	2022-01-01	1861OPENAXESSILVE	EE	\$640.26
RUAN, KEVIN	2022-01-01	ADD		\$21.00
RUAN, KEVIN	2022-01-01	GUARDHIGH	EE	\$47.61
RUAN, KEVIN	2022-01-01	1861OPENAXESSPLATI	EE	\$863.03
RUAN, KEVIN	2022-01-01	VSP	EE	\$8.75
SCHACHNER, JOSHUA	2022-01-01	GUARDHIGH	EE	\$47.61
SCHACHNER, JOSHUA	2022-01-01	1861OPENAXESSILVE	EE	\$640.26
SCHINDLER, STEVEN	2022-01-01	GUARDHIGH	FAM	\$160.18

FAIRMONT INSURANCE BROKERS, LTD
1600 60th St
BROOKLYN, NY 11204

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SCHINDLER, STEVEN	2022-01-01	1861OPENAXESSPLATI	FAM	\$2589.08
SEBBAN, ANNABELLA	2022-01-01	1861OPENAXESSILVE	EE	\$640.26
SHARON, BRADLEY	2022-01-01	1861OPENAXESSILVE	FAM	\$1835.92
SHARON, BRADLEY	2022-01-01	VSP	ES	\$14.73
SHARON, BRADLEY	2022-01-01	GUARDHIGH	FAM	\$160.18
SIMSOVITS, CHAYA	2022-02-01	GUARDLOW	ES	\$55.54
SIMSOVITS, CHAYA	2022-02-01	1861OPENAXESSPLATI	ES	\$1726.05
SMITH, NIKELA	2022-01-01	ADD		\$4.20
SMITH, NIKELA	2022-01-01	GUARDHIGH	EE	\$47.61
SMITH, NIKELA	2022-01-01	1861OPENAXESSPLATI	EE	\$863.03
SMITH, NIKELA	2022-01-01	VSP	EE	\$8.75
STANISLAS, YOLANDA M	2022-01-01	ADD		\$8.40
STANISLAS, YOLANDA M	2022-01-01	GUARDHIGH	EE	\$47.61
STANISLAS, YOLANDA M	2022-01-01	1861OPENAXESSPLATI	EE	\$863.03
STANISLAS, YOLANDA M	2022-01-01	VSP	EE	\$8.75
VAYSMAN, MAYA	2022-01-01	1861OPENAXESSPLATI	EE	\$863.03
WACHSLER, CHARLES	2022-01-01	GUARDLOW	FAM	\$100.74
WACHSLER, CHARLES	2022-01-01	1861OPENAXESSILVE	FAM	\$1835.92
WOHLGELERNTER, ABRAHAM	2022-01-01	GUARDLOW	ES	\$55.54
WOHLGELERNTER, ABRAHAM	2022-01-01	1861OPENAXESSILVE	ES	\$1289.33
YARDAN, VENESSA	2022-02-01	GUARDHIGH	EE	\$47.61
YARDAN, VENESSA	2022-01-01	1861OPENAXESSPLATI	EE	\$863.03
YARDAN, VENESSA	2022-02-01	VSP	EE	\$8.75
ZHAO, YU	2022-01-01	1861OPENAXESSILVE	EE	\$640.26

FAIRMONT INSURANCE BROKERS, LTD
1600 60th St
BROOKLYN, NY 11204

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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MEDICAL PLAN COUNTS

Employee Only	34
Employee & Spouse	6
Employee & Children	0
Family	8



Account Services

Monthly Statement

FERROFAB, INC
1416 HYLAN AVE
HAMLET, NC 28345

Invoice Number: 4686-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$21.00**	\$21.00
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee Only	6	\$29.44	\$176.64
VSP	Employee Only	4	\$8.75	\$35.00
			GRAND TOTAL	\$322.45

FERROFAB, INC
1416 HYLAN AVE
HAMLET, NC 28345

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ADAMS, ETHAN	2021-01-01	GUARDLOW	EE	\$29.44
CAPPS, EARL	2021-01-01	GUARDLOW	EE	\$29.44
CAPPS, EARL	2019-01-01	VSP	EE	\$8.75
HOLIDAY, LEONARD	2022-01-01	GUARDLOW	EE	\$29.44
JEFFERY, MARCUS	2022-01-01	GUARDLOW	EE	\$29.44
LAMM, NORBERT	2022-01-01	ADD		\$21.00
LAMM, NORBERT	2022-01-01	GUARDHIGH	ES	\$89.81
STEELE, JAMES	2021-05-01	GUARDLOW	EE	\$29.44
STEELE, JAMES	2021-05-01	VSP	EE	\$8.75
SWAIN, KYISHEM	2022-02-01	VSP	EE	\$8.75
YORK, THOMAS	2020-01-01	GUARDLOW	EE	\$29.44
YORK, THOMAS	2020-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

FETCH PET CARE OF PLANTATION

Invoice Number: 5752-2022-0

Invoice Month: FEB

Billing Date: 07/15/2022

Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.84**	\$0.84
GRAND TOTAL				\$0.84

FETCH PET CARE OF PLANTATION

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SKOSKIE, JULIE	2022-02-01	ADD		\$0.84

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

FORTYONETEN
4110 Faudree Rd
ODESSA, TX 79765

Invoice Number: 4285-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1533OPENAXESSGOLD	Employee Only	1	\$653.81	\$653.81
1533OPENAXESSGOLD	Employee & Children	1	\$1,307.62	\$1,307.62
ADD	Employee Only	1	\$2.52**	\$2.52
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
GUARDLOW	Employee Only	4	\$29.44	\$117.76
VSP	Employee Only	4	\$8.75	\$35.00
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$2,297.33

FORTYONETEN
4110 Faudree Rd
ODESSA, TX 79765

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BAILEY, AZURE	2022-01-01	GUARDLOW	EE	\$29.44
CRUZ, AIMEE	2022-01-01	GUARDHIGH	EE	\$47.61
HEALER, BOBBI	2022-01-01	ADD		\$2.52
HEALER, BOBBI	2022-01-01	GUARDLOW	EE	\$29.44
HEALER, BOBBI	2022-01-01	VSP	EE	\$8.75
NABARRETTE, CHRISTOPHER	2022-01-01	VSP	EE	\$8.75
PATEL, NITA	2022-01-01	1533OPENAXESSGOLD	EC2	\$1307.62
PATEL, NITA	2022-01-01	GUARDHIGH	EC2	\$117.99
PATEL, NITA	2022-01-01	VSP	EC2	\$15.02
PATEL, RUPEN	2022-01-01	1533OPENAXESSGOLD	EE	\$653.81
PATEL, RUPEN	2022-01-01	GUARDLOW	EE	\$29.44
RICHARDSON, CHRISTOPHER	2022-01-01	GUARDLOW	EE	\$29.44
RICHARDSON, CHRISTOPHER	2022-01-01	VSP	EE	\$8.75
SALGADO, EDUARDO	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services
Monthly Statement

GEOSLAM INC
45662 TERMINAL DRIVE
STERLING, VA 20166

Invoice Number: 4194-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$6.30**	\$4.20
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$12.95

GEOSLAM INC
45662 TERMINAL DRIVE
STERLING, VA 20166

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BONNEY, DAVID	2021-01-01	VSP	EE	\$8.75
ROSENSTEEL, BRIAN	2022-01-01	ADD		\$4.20

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

GLASS STREAM INC.
3675 KENNESAW N IND PKWY NW
KENNESAW, GA 30144

Invoice Number: 4484-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1805OPENAXESSBRONZ	Employee & Spouse Only	1	\$1,287.54	\$1,287.54
1805OPENAXESSCOPPE	Employee Only	9	\$551.82	\$4,966.38
1805OPENAXESSCOPPE	Employee & Spouse Only	1	\$1,158.79	\$1,158.79
1805OPENAXESSCOPPE	Family	1	\$1,655.42	\$1,655.42
1805OPENAXESSGOLD	Employee Only	2	\$972.47	\$1,944.94
1805OPENAXESSPLATI	Employee Only	1	\$1,080.52	\$1,080.52
1805OPENAXESSSILVE	Employee Only	2	\$681.25	\$1,362.50
1805OPENAXESSSILVE	Family	1	\$2,043.73	\$2,043.73
ADD	Employee Only	5	\$4.20**	\$23.10
GUARDHIGH	Employee Only	5	\$47.61	\$238.05
GUARDLOW	Employee Only	7	\$29.44	\$206.08
GUARDLOW	Employee & Spouse Only	3	\$55.54	\$166.62
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Employee Only	7	\$8.75	\$61.25
VSP	Employee & Spouse Only	3	\$14.73	\$44.19
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$16,363.61

GLASS STREAM INC.
3675 KENNESAW N IND PKWY NW
KENNESAW, GA 30144

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALEMAN, MARCIANO	2022-01-01	1805OPENAXESSCOPPE	EE	\$551.82
BECKWITH, FIRMAN	2022-01-01	GUARDLOW	ES	\$55.54
BECKWITH, FIRMAN	2022-01-01	1805OPENAXESSCOPPE	ES	\$1158.79
BECKWITH, FIRMAN	2022-01-01	VSP	ES	\$14.73
BENITEZ, JUAN CARLOS	2022-01-01	GUARDLOW	EE	\$29.44
BENITEZ, JUAN CARLOS	2022-01-01	1805OPENAXESSCOPPE	EE	\$551.82
BRANDT, RITA	2022-01-01	GUARDLOW	EE	\$29.44
BRANDT, RITA	2022-01-01	1805OPENAXESSCOPPE	EE	\$551.82
BRANDT, RITA	2022-01-01	VSP	EE	\$8.75
DANGAR III, PAUL	2022-01-01	GUARDLOW	FAM	\$100.74
DANGAR III, PAUL	2022-01-01	1805OPENAXESSCOPPE	FAM	\$1655.42
DANGAR III, PAUL	2022-01-01	VSP	FAM	\$23.76
GIL-GONZALES, RAFAEL	2022-01-01	1805OPENAXESSCOPPE	EE	\$551.82
HENDERSON, DANNY	2022-01-01	ADD		\$4.20
HENDERSON, DANNY	2022-01-01	VSP	EE	\$8.75
HENDERSON, MATTHEW	2022-01-01	ADD		\$4.20
HENDERSON, MATTHEW	2022-01-01	GUARDHIGH	EE	\$47.61
HENDERSON, MATTHEW	2022-01-01	VSP	EE	\$8.75
HOLDER, PHILLIP	2022-01-01	GUARDLOW	ES	\$55.54
HOLDER, PHILLIP	2022-01-01	1805OPENAXESSBRONZ	ES	\$1287.54
LONG, DARIN	2022-01-01	GUARDHIGH	EE	\$47.61
LONG, DARIN	2022-01-01	1805OPENAXESSCOPPE	EE	\$551.82
LOPEZ, CRISTOBAL	2022-01-01	GUARDHIGH	EE	\$47.61
LOPEZ, CRISTOBAL	2022-01-01	1805OPENAXESSCOPPE	EE	\$551.82
LOPEZ, CRISTOBAL	2022-01-01	VSP	EE	\$8.75
MCELROY, ANDREW	2022-01-01	GUARDHIGH	EE	\$47.61

GLASS STREAM INC.
3675 KENNESAW N IND PKWY NW
KENNESAW, GA 30144

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MCELROY, ANDREW	2022-01-01	1805OPENAXESSCOPPE	EE	\$551.82
MCELROY, ANDREW	2022-01-01	VSP	EE	\$8.75
MOORE, KATHERINE	2022-01-01	GUARDLOW	ES	\$55.54
MOORE, KATHERINE	2022-01-01	1805OPENAXESSPLATI	EE	\$1080.52
MOORE, KATHERINE	2022-01-01	VSP	ES	\$14.73
OSBORNE, RANDY	2022-01-01	1805OPENAXESSILVE	FAM	\$2043.73
PEPPER, TOMMY	2022-01-01	GUARDLOW	EE	\$29.44
PEPPER, TOMMY	2022-01-01	1805OPENAXESSILVE	EE	\$681.25
PEPPER, TOMMY	2022-01-01	VSP	EE	\$8.75
RIVAS, WILFREDO	2022-01-01	GUARDLOW	EE	\$29.44
RIVAS, WILFREDO	2022-01-01	1805OPENAXESSCOPPE	EE	\$551.82
ROGERS, ANDY	2022-01-01	ADD		\$4.20
ROGERS, ANDY	2022-01-01	GUARDHIGH	EE	\$47.61
ROGERS, ANDY	2022-01-01	1805OPENAXESSILVE	EE	\$681.25
VENTURA, DAVID	2022-01-01	GUARDLOW	EE	\$29.44
VENTURA, DAVID	2022-01-01	1805OPENAXESSCOPPE	EE	\$551.82
VIRAMONTES, MICHELE	2022-01-01	ADD		\$6.30
WATSON, KENNETH	2022-01-01	VSP	ES	\$14.73
WATSON, KENNETH	2022-01-01	GUARDLOW	EE	\$29.44
WATSON, KENNETH	2022-01-01	1805OPENAXESSGOLD	EE	\$972.47
WILSON, ANTHONY	2022-01-01	ADD		\$4.20
WILSON, ANTHONY	2022-01-01	GUARDLOW	EE	\$29.44
WILSON, ANTHONY	2022-01-01	1805OPENAXESSGOLD	EE	\$972.47
WILSON, ANTHONY	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	14
Employee & Spouse	2
Employee & Children	0
Family	2



Account Services

Monthly Statement

GOGLOBAL USA
3 E 3rd Ave Ste 200
SAN MATEO, CA 94401

Invoice Number: 4391-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1689OPENAXESSGOLD	Employee Only	1	\$653.81	\$653.81
1689OPENAXESSGOLD	Employee & Spouse Only	1	\$1,307.62	\$1,307.62
1689OPENAXESSGOLD	Family	2	\$1,961.43	\$3,922.86
1689OPENAXESSPLATI	Employee Only	2	\$784.50	\$1,569.00
1689OPENAXESSPLATI	Family	1	\$2,353.72	\$2,353.72
1689OPENAXESSSILVE	Employee & Spouse Only	1	\$1,096.36	\$1,096.36
1689OPENAXESSSILVE	Family	1	\$1,644.54	\$1,644.54
ADD	Employee Only	3	\$21.00**	\$63.42
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Family	3	\$160.18	\$480.54
GUARDLOW	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Spouse Only	2	\$14.73	\$29.46
VSP	Family	2	\$23.76	\$47.52
			GRAND TOTAL	\$13,477.05

GOGLOBAL USA
3 E 3rd Ave Ste 200
SAN MATEO, CA 94401

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BULLEN, RYAN	2021-06-01	1689OPENAXESSGOLD	EE	\$653.81
CAREY, TAYLOR	2021-12-01	GUARDHIGH	EE	\$47.61
CAREY, TAYLOR	2021-12-01	1689OPENAXESSPLATI	EE	\$784.50
CURLEE, STEPHEN	2022-01-01	GUARDLOW	ES	\$55.54
CURLEE, STEPHEN	2022-01-01	1689OPENAXESSSILVE	ES	\$1096.36
CURLEE, STEPHEN	2022-01-01	VSP	ES	\$14.73
HARIA, BHARAT	2022-01-01	GUARDHIGH	FAM	\$160.18
HARIA, BHARAT	2022-01-01	1689OPENAXESSPLATI	FAM	\$2353.72
HARIA, BHARAT	2022-01-01	VSP	FAM	\$23.76
LINDQUIST, ANDREW	2021-07-01	GUARDHIGH	FAM	\$160.18
LINDQUIST, ANDREW	2021-06-01	1689OPENAXESSGOLD	FAM	\$1961.43
LINDQUIST, ANDREW	2021-07-01	VSP	FAM	\$23.76
LUNA, ELIZABETH	2021-12-01	VSP	EE	\$8.75
MILLER, ADAM	2022-01-01	ADD		\$18.90
OKIMURO, KOHEI	2021-08-01	GUARDHIGH	FAM	\$160.18
OKIMURO, KOHEI	2021-06-01	1689OPENAXESSGOLD	FAM	\$1961.43
RADOSAVLJEVIC, BRANKO	2022-01-01	ADD		\$23.52
RADOSAVLJEVIC, BRANKO	2022-01-01	1689OPENAXESSSILVE	FAM	\$1644.54
ROULSTON, MARCILLA	2021-07-01	GUARDHIGH	ES	\$89.81
ROULSTON, MARCILLA	2021-06-01	1689OPENAXESSGOLD	ES	\$1307.62
ROULSTON, MARCILLA	2021-07-01	VSP	ES	\$14.73
ROWETT, MATTHEW	2021-09-01	GUARDLOW	EE	\$29.44
SAID, LEILA	2022-01-01	GUARDHIGH	EE	\$47.61
WAN, JIE	2022-01-01	ADD		\$21.00



Account Services

GOGLOBAL USA
3 E 3rd Ave Ste 200
SAN MATEO, CA 94401

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WAN, JIE	2022-01-01	GUARDLOW	EE	\$29.44
WAN, JIE	2022-01-01	1689OPENAXESSPLATI	EE	\$784.50

MEDICAL PLAN COUNTS

Employee Only	3
Employee & Spouse	2
Employee & Children	0
Family	4



Account Services
Monthly Statement

GREYHAWK INSURANCE
25129 The Old Rd Ste 214
STEVENSON RANCH, CA 91381

Invoice Number: 4441-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1760OPENAXESSGOLD	Employee & Spouse Only	1	\$1,438.38	\$1,438.38
1760OPENAXESSGOLD	Family	2	\$2,157.57	\$4,315.14
GUARDHIGH	Family	2	\$160.18	\$320.36
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Family	2	\$23.76	\$47.52
			GRAND TOTAL	\$6,185.69

GREYHAWK INSURANCE
25129 The Old Rd Ste 214
STEVENSON RANCH, CA 91381

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CLARKE, DANIEL	2022-01-01	GUARDHIGH	FAM	\$160.18
CLARKE, DANIEL	2022-01-01	1760OPENAXESSGOLD	FAM	\$2157.57
CLARKE, DANIEL	2022-01-01	VSP	FAM	\$23.76
DEAVER, CHARLIE	2022-01-01	GUARDHIGH	FAM	\$160.18
DEAVER, CHARLIE	2022-01-01	1760OPENAXESSGOLD	FAM	\$2157.57
DEAVER, CHARLIE	2022-01-01	VSP	FAM	\$23.76
HANCKEL, JESSE	2022-02-01	GUARDLOW	ES	\$55.54
HANCKEL, JESSE	2022-02-01	1760OPENAXESSGOLD	ES	\$1438.38
HANCKEL, JESSE	2022-02-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	1
Employee & Children	0
Family	2



Account Services
Monthly Statement

GUARDIAN FIDUCIARY SERVICES
11919 PLAZA DRIVE
PAWLEYS ISLAND, SC 29576

Invoice Number: 4685-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$47.61

GUARDIAN FIDUCIARY SERVICES
11919 PLAZA DRIVE
PAWLEYS ISLAND, SC 29576

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MANTELL, STEPHEN	2017-12-01	GUARDHIGH	EE	\$47.61

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

GUESTS HOSPITALITY STAFFING
135 S. HOLIDAY STREET
STRASBURG, VA 22657

Invoice Number: 4528-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$5.88**	\$4.62
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$213.13

GUESTS HOSPITALITY STAFFING
135 S. HOLIDAY STREET
STRASBURG, VA 22657

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HUPP, SHELLY	2022-01-01	ADD		\$2.52
HUPP, SHELLY	2022-01-01	GUARDHIGH	EE	\$47.61
HUPP, SHELLY	2022-01-01	VSP	EE	\$8.75
KVETON, FRANKLIN	2022-01-01	GUARDHIGH	ES	\$89.81
KVETON, FRANKLIN	2022-01-01	VSP	ES	\$14.73
LUND, MICHAEL	2022-01-01	GUARDHIGH	EE	\$47.61
PEARCE, CATHERINE	2022-01-01	ADD		\$2.10

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

GUESTS INC STRASBURG
135 S HOLIDAY STREET
STRASBURG, VA 22657

Invoice Number: 4128-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1096OPENAXESSGOLD	Employee Only	4	\$653.81	\$2,615.24
1096OPENAXESSGOLD	Family	1	\$1,961.43	\$1,961.43
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$4,732.85

GUESTS INC STRASBURG
135 S HOLIDAY STREET
STRASBURG, VA 22657

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CAVALLARO, DAVID	2021-10-01	GUARDHIGH	EC2	\$117.99
FARMER, GRACE	2020-12-01	1096OPENAXESSGOLD	EE	\$653.81
MILLER, SHANNON	2020-12-01	1096OPENAXESSGOLD	EE	\$653.81
STEPHENS, KEITH	2020-12-01	1096OPENAXESSGOLD	FAM	\$1961.43
VOLPINI-HOLLAND, KATHRYN	2022-01-26	1096OPENAXESSGOLD	EE	\$653.81
VOLPINI-HOLLAND, KATHRYN	2022-01-26	GUARDLOW	EE	\$29.44
VOLPINI-HOLLAND, KATHRYN	2022-01-26	VSP	EE	\$8.75
WALLACE, ROY	2020-12-01	1096OPENAXESSGOLD	EE	\$653.81

MEDICAL PLAN COUNTS

Employee Only	4
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

HAMPTON INN LAUREL
7900 BRAYGREEN ROAD
LAUREL, MD 20707

Invoice Number: 4737-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
NEEMAOPENAXESSESS	Employee Only	1	\$489.70	\$489.70
			GRAND TOTAL	\$489.70

HAMPTON INN LAUREL
7900 BRAYGREEN ROAD
LAUREL, MD 20707

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LUEJE ORTEGA, BELEN	2021-02-01	NEEMAOPENAXESSESSIEE		\$489.70

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

HARD HEAD HOLDINGS, LLC
1401 S EDGEWOOD STREET
BALTIMORE, MD 21227

Invoice Number: 4160-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44

HARD HEAD HOLDINGS, LLC
1401 S EDGEWOOD STREET
BALTIMORE, MD 21227

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
RAVENELL, MIGEAL A	2021-01-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

HOLIDAY INN - SANTA ANA
2726 S GRAND AVE
SANTA ANA, CA 92705

Invoice Number: 4270-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1509OPENAXESSCOPPE	Employee Only	2	\$365.33	\$730.66
1509OPENAXESSGOLD	Employee Only	1	\$508.43	\$508.43
1509OPENAXESSILVE	Employee Only	1	\$403.36	\$403.36
1509OPENAXESSILVE	Employee & Children	1	\$806.72	\$806.72
ADD	Employee Only	1	\$2.10**	\$2.10
GUARDHIGH	Employee Only	3	\$47.61	\$142.83
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee Only	2	\$29.44	\$58.88
VSP	Employee Only	3	\$8.75	\$26.25
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$2,783.77

HOLIDAY INN - SANTA ANA
2726 S GRAND AVE
SANTA ANA, CA 92705

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ANDERSON, ANNETTE	2022-01-01	1509OPENAXESSILVE	EE	\$403.36
ANDERSON, ANNETTE	2022-01-01	GUARDLOW	EE	\$29.44
ANDERSON, ANNETTE	2022-01-01	VSP	EE	\$8.75
ATAYDE, FRANCISCO	2022-01-01	1509OPENAXESSILVE	EC	\$806.72
ATAYDE, FRANCISCO	2022-01-01	GUARDHIGH	EE	\$47.61
ATAYDE, FRANCISCO	2022-01-01	VSP	EE	\$8.75
BAUTISTA, DOMINGA	2020-08-01	GUARDHIGH	ES	\$89.81
BERMEJO, VICTOR	2022-01-01	ADD		\$2.10
CAMARENA, RYAN	2022-01-01	1509OPENAXESSGOLD	EE	\$508.43
CAMARENA, RYAN	2022-01-01	GUARDLOW	EE	\$29.44
CAMARENA, RYAN	2022-01-01	VSP	EE	\$8.75
COLBERT, DOCIA	2022-01-01	1509OPENAXESSCOPPE	EE	\$365.33
COLBERT, DOCIA	2022-01-01	GUARDHIGH	EE	\$47.61
JAEN, HEBER	2022-01-12	1509OPENAXESSCOPPE	EE	\$365.33
JAEN, HEBER	2022-01-12	GUARDHIGH	EE	\$47.61
TRUJILLO GARCIA, GABRIEL	2020-08-01	VSP	ES	\$14.73

MEDICAL PLAN COUNTS

Employee Only	4
Employee & Spouse	0
Employee & Children	1
Family	0



Account Services
Monthly Statement

HOLIDAY INN EXPRESS & SUITES SELINGROVE
651 N SUSQUEHANNA TRAIL
SELINGROVE, PA 17870

Invoice Number: 4743-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

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
NEEMAOPENAXESSPREMIUM	Employee Only	1	\$589.20	\$589.20
VSP	Employee Only	3	\$8.75	\$26.25
GRAND TOTAL				\$692.92

HOLIDAY INN EXPRESS & SUITES SELINGSGROVE
 651 N SUSQUEHANNA TRAIL
 SELINGSGROVE, PA 17870

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
AIKEY, ARLENE	2019-02-01	VSP	EE	\$8.75
STROWBRIDGE, JODY	2022-01-01	ADD		\$0.42
STROWBRIDGE, JODY	2022-01-01	GUARDLOW	EE	\$29.44
STROWBRIDGE, JODY	2022-01-01	VSP	EE	\$8.75
WALTER, CAROLYN	2020-02-01	NEEMAOPENAXESSPREME	EE	\$589.20
WALTER, CAROLYN	2020-01-01	GUARDHIGH	EE	\$47.61
WALTER, CAROLYN	2019-02-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

HOLIDAY INN EXPRESS & SUITES WARRENTON
410 Holiday Court
WARRENTON, VA 20186

Invoice Number: 4202-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
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	\$103.30

HOLIDAY INN EXPRESS & SUITES WARRENTON
410 Holiday Court
WARRENTON, VA 20186

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BROOKS, CHRISTOPHER	2022-01-01	GUARDLOW	EE	\$29.44
BROOKS, CHRISTOPHER	2022-01-01	VSP	EE	\$8.75
GLASCOCK, MATTHEW	2020-05-01	VSP	EE	\$8.75
GREEN, JENNIFER	2022-01-01	GUARDHIGH	EE	\$47.61
GREEN, JENNIFER	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

HOLIDAY INN EXPRESS CANONSBURG
4000 HORIZON VUE DRIVE
CANONSBURG, PA 15317

Invoice Number: 4742-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$47.61

HOLIDAY INN EXPRESS CANONSBURG
4000 HORIZON VUE DRIVE
CANONSBURG, PA 15317

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ROWLEY JR, TOMMY	2021-01-01	GUARDHIGH	EE	\$47.61

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

HOLIDAY INN EXPRESS MECHANICSBURG
6325 CARLISLE PIKE
MECHANICSBURG, PA 17050

Invoice Number: 4738-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
NEEMAOPENAXESSPREM	Employee Only	1	\$589.20	\$589.20
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$627.39

HOLIDAY INN EXPRESS MECHANICSBURG
6325 CARLISLE PIKE
MECHANICSBURG, PA 17050

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BLAUCH, CHRISTINE	2022-01-01	VSP	EE	\$8.75
YOUNG, RODNEY	2020-02-01	NEEMAOPENAXESSPREME	EE	\$589.20
YOUNG, RODNEY	2020-01-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

HORIZONS HRS
118 WEST 5TH STREET SUITE 202
COVINGTON, KY 41011

Invoice Number: 4219-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1399OPENAXESSBRONZ	Employee Only	1	\$487.36	\$487.36
1399OPENAXESSGOLD	Employee Only	1	\$653.81	\$653.81
GUARDLOW	Employee Only	3	\$29.44	\$88.32
VSP	Employee Only	4	\$8.75	\$35.00
			GRAND TOTAL	\$1,264.49

HORIZONS HRS
118 WEST 5TH STREET SUITE 202
COVINGTON, KY 41011

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GRIFFIN, JACQULINE	2022-01-01	GUARDLOW	EE	\$29.44
GRIFFIN, JACQULINE	2022-01-01	VSP	EE	\$8.75
LEWIS, SHERI	2022-01-01	1399OPENAXESSGOLD	EE	\$653.81
LEWIS, SHERI	2022-01-01	GUARDLOW	EE	\$29.44
LEWIS, SHERI	2022-01-01	VSP	EE	\$8.75
MOUNTS, JACKIE	2022-01-01	VSP	EE	\$8.75
RICKER, O.W.	2022-01-01	1399OPENAXESSBRONZ	EE	\$487.36
RICKER, O.W.	2022-01-01	VSP	EE	\$8.75
WEAVER, KATHY	2022-01-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

HORIZONS HRS MANUFACTURING STAFFING II
118 WEST 5TH STREET SUITE 202
COVINGTON, KY 41011

Invoice Number: 4216-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	4	\$3.78**	\$54.60
GUARDHIGH	Employee Only	3	\$47.61	\$142.83
GUARDHIGH	Employee & Spouse Only	2	\$89.81	\$179.62
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee Only	3	\$8.75	\$26.25
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$522.08

HORIZONS HRS MANUFACTURING STAFFING II
 118 WEST 5TH STREET SUITE 202
 COVINGTON, KY 41011

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BURROUGHS, JEFFERY	2022-01-01	ADD		\$16.80
BURROUGHS, JEFFERY	2022-01-01	GUARDHIGH	ES	\$89.81
BURROUGHS, JEFFERY	2022-01-01	VSP	ES	\$14.73
CHATTERTON, JONAH	2021-09-01	GUARDLOW	EE	\$29.44
JOHNSON, CRAIG	2022-02-01	ADD		\$8.40
JOHNSON, MAKENZY	2022-02-01	ADD		\$21.00
JOHNSON, MAKENZY	2022-02-01	GUARDHIGH	EE	\$47.61
LENTON, SHAWN	2022-01-01	VSP	EE	\$8.75
NGUYEN, ANH	2022-01-01	ADD		\$8.40
NGUYEN, ANH	2022-01-01	GUARDHIGH	EE	\$47.61
NGUYEN, ANH	2022-01-01	VSP	EE	\$8.75
SIMS, DUMA	2020-04-01	GUARDHIGH	ES	\$89.81
SUTTON, DANA	2022-02-01	VSP	EE	\$8.75
TEFTELLER, HEATHER	2022-01-01	GUARDHIGH	EE	\$47.61
WILLIAMS, CLINTON	2022-02-01	GUARDLOW	EC	\$74.61

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

HORIZONS HRS SERVICE STAFFING II
118 WEST 5TH STREET SUITE 202
COVINGTON, KY 41011

Invoice Number: 4217-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1399OPENAXESSGOLD	Employee Only	1	\$653.81	\$653.81
1399OPENAXESSGOLD	Employee & Children	1	\$1,307.62	\$1,307.62
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$2,109.86

HORIZONS HRS SERVICE STAFFING II
 118 WEST 5TH STREET SUITE 202
 COVINGTON, KY 41011

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KNOTT, AARON	2022-02-01	GUARDHIGH	EE	\$47.61
MERRITT, BRINASE	2020-01-01	GUARDLOW	EE	\$29.44
SPRINGER, REBEKAH	2021-03-01	1399OPENAXESSGOLD	EC2	\$1307.62
SPRINGER, REBEKAH	2020-09-01	VSP	EC2	\$15.02
WILLIAMS, FRANK	2020-01-01	1399OPENAXESSGOLD	EE	\$653.81
WILLIAMS, FRANK	2020-01-01	GUARDHIGH	EE	\$47.61
WILLIAMS, FRANK	2020-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

HORIZONS HRS TRANSPORTATION STAFFING II
118 WEST 5TH STREET SUITE 202
COVINGTON, KY 41011

Invoice Number: 4218-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1399OPENAXESSBRONZ	Employee & Spouse Only	1	\$986.92	\$986.92
1399OPENAXESSILVE	Employee & Spouse Only	1	\$1,096.36	\$1,096.36
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
			GRAND TOTAL	\$2,168.26

HORIZONS HRS TRANSPORTATION STAFFING II
118 WEST 5TH STREET SUITE 202
COVINGTON, KY 41011

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DULSKY, DARREN	2021-07-01	1399OPENAXESSBRONZ ES		\$986.92
DULSKY, DARREN	2020-01-01	GUARDLOW	EE	\$29.44
SPENCER, THOMAS	2021-01-01	1399OPENAXESSSILVE ES		\$1096.36
SPENCER, THOMAS	2020-01-01	GUARDLOW	ES	\$55.54

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	2
Employee & Children	0
Family	0



Account Services

Monthly Statement

INCREDICARE
4893 PRINCE WILLIAM PARKWAY
WOODBIDGE, VA 22192

Invoice Number: 4201-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	2	\$29.44	\$58.88
			GRAND TOTAL	\$106.49

INCREDICARE
4893 PRINCE WILLIAM PARKWAY
WOODBIDGE, VA 22192

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BOATENG, SYLVIA	2022-01-01	GUARDLOW	EE	\$29.44
JACKSON, SHA-KINA	2021-01-01	GUARDLOW	EE	\$29.44
PELULLO, JOSEPH	2022-01-01	GUARDHIGH	EE	\$47.61

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

INFINITI HR CORP
3905 NATIONAL DR., SUITE 400
BURTONSVILLE, MD 20866

Invoice Number: 1-2022-02
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP FULL	Employee Only	26	\$8.75	\$227.50
VSP FULL	Employee & Spouse Only	2	\$14.73	\$29.46
VSP FULL	Employee & Children	3	\$15.02	\$45.06
			GRAND TOTAL	\$376.63

INFINITI HR CORP
3905 NATIONAL DR., SUITE 400
BURTONSVILLE, MD 20866

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ATKINSON, CHANTE	12/01/2020	VSP FULL	EE	\$8.75
BARBAGALLO, APRIL	12/01/2020	VSP FULL	EE	\$8.75
BARBAGALLO, TAYLOR	12/01/2020	VSP FULL	EE	\$8.75
BOWIE, MICHELLE	12/01/2020	VSP FULL	EC	\$15.02
BRADT, ZACHARY	12/01/2020	VSP FULL	EE	\$8.75
BREEDEN, CHRISTOPHER	12/01/2020	VSP FULL	EE	\$8.75
CLOIN, DAWN	2022-01-01	VSP FULL	ES	\$14.73
EPSTEIN, MIRIAM	08/01/2021	VSP FULL	EE	\$8.75
FARRELL, JEAN	12/01/2020	VSP FULL	EE	\$8.75
FLYNN, JODI	09/01/2021	VSP FULL	EE	\$8.75
HARGROVE, MATTHEW	02/01/2022	VSP FULL	EE	\$8.75
HECKENDORN, KARL	11/01/2021	VSP FULL	EC	\$15.02
HENSON, KIA	12/01/2020	VSP FULL	EE	\$8.75
JAIME, RACHELLE	08/01/2021	VSP FULL	EE	\$8.75
JOHNSON, FREDERICK	12/01/2020	VSP FULL	EE	\$8.75
KNISLEY, CHRISTINE	12/01/2020	VSP FULL	EE	\$8.75
LOVE, KAREN	12/01/2020	VSP FULL	EE	\$8.75
MCCORMACK, JUSTINE	07/01/2021	VSP FULL	EE	\$8.75
MCLEAN, ALEXANDREA	12/01/2020	VSP FULL	EC	\$15.02

INFINITI HR CORP
3905 NATIONAL DR., SUITE 400
BURTONSVILLE, MD 20866

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MORMINO, DANIEL	12/01/2020	VSP FULL	EE	\$8.75
OGUNDIJO, SIMISOLA	12/01/2020	VSP FULL	EE	\$8.75
RAYMOND, ABIGAIL	11/01/2021	GUARDLOW	EC	\$74.61
RODRIGUEZ QUACH, JERRICA	08/01/2021	VSP FULL	EE	\$8.75
SAHAGUN, JANNETTE	08/01/2021	VSP FULL	EE	\$8.75
SKLAMM, COLLEEN	12/01/2020	VSP FULL	EE	\$8.75
SMITH, KYMBERLY	12/01/2020	VSP FULL	EE	\$8.75
SMITH, LYNNE	12/01/2020	VSP FULL	EE	\$8.75
STEWART, JOAN	12/01/2020	VSP FULL	EE	\$8.75
VAN-MEERS, DEBRA	12/01/2020	VSP FULL	EE	\$8.75
VU, ANDREW	01/01/2022	VSP FULL	EE	\$8.75
WELSH, BRADLEY	06/01/2021	VSP FULL	ES	\$14.73
ZAMORA, JESSICA	12/01/2020	VSP FULL	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

INSPIRED CLOSETS TREASURE COAST
1100 PEGASUS PLACE
VERO BEACH, FL 32963

Invoice Number: 4200-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Family	1	\$160.18	\$160.18
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$264.15

INSPIRED CLOSETS TREASURE COAST
1100 PEGASUS PLACE
VERO BEACH, FL 32963

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KERR, ALLEN	2019-12-01	GUARDHIGH	EE	\$47.61
NEIL, GAIL	2022-01-01	GUARDHIGH	EE	\$47.61
NEIL, GAIL	2022-01-01	VSP	EE	\$8.75
RUSSELL, JONATHAN	2021-08-01	GUARDHIGH	FAM	\$160.18

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

INSPIRING HR, LLC
12750 JEFFERSON DAVIS HWY
CHESTER, VA 23831

Invoice Number: 4575-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$4.62**	\$4.62
GUARDHIGH	Employee & Children	1	\$89.81	\$89.81
			GRAND TOTAL	\$94.43

INSPIRING HR, LLC
12750 JEFFERSON DAVIS HWY
CHESTER, VA 23831

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
JUAREZ, VALERIE	2018-12-01	ADD		\$4.62
JUAREZ, VALERIE	2022-01-01	GUARDHIGH	EC	\$89.81

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

IRBM INC
420 COLUMBUS AVE, STE 304
VALHALLA, NY 10595

Invoice Number: 4437-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1757OPENAXESSCOPPE	Employee Only	1	\$495.83	\$495.83
1757OPENAXESSGOLD	Employee & Spouse Only	1	\$1,438.38	\$1,438.38
ADD	Employee Only	1	\$4.20**	\$21.00
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$2,083.21

IRBM INC
420 COLUMBUS AVE, STE 304
VALHALLA, NY 10595

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HICKOK, JASON	2022-01-01	GUARDLOW	EE	\$29.44
HICKOK, JASON	2022-01-01	1757OPENAXESSCOPPE	EE	\$495.83
HICKOK, JASON	2022-01-01	VSP	EE	\$8.75
LUCHE, MICHELE	2022-01-01	ADD		\$21.00
LUCHE, MICHELE	2022-01-01	GUARDHIGH	ES	\$89.81
LUCHE, MICHELE	2022-01-01	1757OPENAXESSGOLD	ES	\$1438.38

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	1
Employee & Children	0
Family	0



Account Services
Monthly Statement

IRON KINGDOM
4904 LAWRENCE STREET
HYATTSVILLE, MD 20781

Invoice Number: 4178-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$47.61

IRON KINGDOM
4904 LAWRENCE STREET
HYATTSVILLE, MD 20781

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CHAVEZ, JOSE	2021-01-01	GUARDHIGH	EE	\$47.61

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

IRON TRIBE FITNESS - CHARLESTON
1145 JONNIE DODDS BLVD
MT. PLEASANT, SC 29464

Invoice Number: 4557-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Family	1	\$160.18	\$160.18
			GRAND TOTAL	\$160.18

IRON TRIBE FITNESS - CHARLESTON
1145 JONNIE DODDS BLVD
MT. PLEASANT, SC 29464

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALEXANDER, DEBORAH	2017-12-01	GUARDHIGH	FAM	\$160.18

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

J. A. LAMY MANUFACTURING CO.
108 W PACIFIC ST
SEDALIA, MO 65301

Invoice Number: 4478-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$21.00**	\$25.62
GUARDHIGH	Employee Only	3	\$47.61	\$142.83
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	4	\$8.75	\$35.00
			GRAND TOTAL	\$232.89

J. A. LAMY MANUFACTURING CO.
108 W PACIFIC ST
SEDALIA, MO 65301

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BRANCH, TIMOTHY	2021-12-01	GUARDLOW	EE	\$29.44
BRANCH, TIMOTHY	2021-12-01	VSP	EE	\$8.75
JOHNSON, DUSTIN	2021-12-01	ADD		\$21.00
JOHNSON, DUSTIN	2021-12-01	GUARDHIGH	EE	\$47.61
JOHNSON, DUSTIN	2021-12-01	VSP	EE	\$8.75
VINCENT, TYLER	2021-12-01	ADD		\$4.62
VINCENT, TYLER	2021-12-01	GUARDHIGH	EE	\$47.61
VINCENT, TYLER	2021-12-01	VSP	EE	\$8.75
WINNING, HALEY	2021-12-01	GUARDHIGH	EE	\$47.61
WINNING, HALEY	2021-12-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

JACARANDA CAPITAL SUPERCUTS NC & SC
7804 Fairview Rd # 225
CHARLOTTE, NC 28226

Invoice Number: 4525-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1866OPENAXESSGOLD	Family	1	\$2,157.57	\$2,157.57
ADD	Employee Only	1	\$0.84**	\$2.10
GUARDHIGH	Family	1	\$160.18	\$160.18
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$2,328.60

JACARANDA CAPITAL SUPERCUTS NC & SC
7804 Fairview Rd # 225
CHARLOTTE, NC 28226

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PERRY, KIMBERLY	2022-01-01	ADD		\$2.10
PERRY, KIMBERLY	2022-01-01	VSP	EE	\$8.75
ROGERS, TODD	2022-01-01	GUARDHIGH	FAM	\$160.18
ROGERS, TODD	2022-01-01	1866OPENAXESSGOLD	FAM	\$2157.57

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

JAMES S. CHESLEY, JR. M.D.
7700 OLD BRANCH AVENUE
CLINTON, MD 20735

Invoice Number: 4566-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44

JAMES S. CHESLEY, JR. M.D.
7700 OLD BRANCH AVENUE
CLINTON, MD 20735

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ROBINSON, SHALETA	2022-01-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

K-1 LOGISTICS
26 PAPETTI PLAZA
ELIZABETH, NJ 07206

Invoice Number: 4242-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1454OPENAXESSBRONZ	Employee Only	3	\$487.36	\$1,462.08
1454OPENAXESSCOPPE	Employee Only	1	\$450.75	\$450.75
1454OPENAXESSCOPPE	Employee & Spouse Only	1	\$920.24	\$920.24
1454OPENAXESSCOPPE	Employee & Children	2	\$825.52	\$1,651.04
1454OPENAXESSGOLD	Employee Only	4	\$653.81	\$2,615.24
ADD	Employee Only	1	\$4.20**	\$21.00
GUARDHIGH	Employee Only	5	\$47.61	\$238.05
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee Only	4	\$8.75	\$35.00
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$7,483.03

K-1 LOGISTICS
26 PAPETTI PLAZA
ELIZABETH, NJ 07206

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DIAZ, ULISES	2022-01-01	1454OPENAXESSBRONZ	EE	\$487.36
DIAZ SALGADO, DANIELA	2022-01-01	1454OPENAXESSCOPPE	EC	\$825.52
MAIZ, ERWIN	2022-01-01	ADD		\$21.00
MATA, JOSE	2022-01-01	1454OPENAXESSGOLD	EE	\$653.81
MATA, JOSE	2022-01-01	GUARDHIGH	EE	\$47.61
MATA, JOSE	2022-01-01	VSP	EE	\$8.75
PENDLETON, JERMAINE	2021-07-01	1454OPENAXESSCOPPE	EC	\$825.52
PENDLETON, JERMAINE	2021-11-01	GUARDLOW	EC	\$74.61
PENDLETON, JERMAINE	2021-07-01	VSP	EC	\$15.02
QUEZADA, LUIS	2021-12-01	1454OPENAXESSGOLD	EE	\$653.81
RAMOS, JUAN	2022-01-01	1454OPENAXESSBRONZ	EE	\$487.36
RAMOS, JUAN	2022-01-01	GUARDHIGH	EE	\$47.61
RAMOS, JUAN	2022-01-01	VSP	EE	\$8.75
REYES, JUAN	2022-01-01	1454OPENAXESSGOLD	EE	\$653.81
REYES, JUAN	2022-01-01	GUARDHIGH	EE	\$47.61
RODRIGUEZ, MICHAEL	2022-01-01	1454OPENAXESSBRONZ	EE	\$487.36
RODRIGUEZ, MICHAEL	2022-01-01	GUARDHIGH	EE	\$47.61
RODRIGUEZ, MICHAEL	2022-01-01	VSP	EE	\$8.75
ROLDAN, MIRIAM	2022-01-01	1454OPENAXESSGOLD	EE	\$653.81
ROLDAN, MIRIAM	2022-01-01	GUARDHIGH	EE	\$47.61
ROLDAN, MIRIAM	2022-01-01	VSP	EE	\$8.75
SULTAN, RAFAY	2022-01-01	1454OPENAXESSCOPPE	ES	\$920.24
TEJADA, JOSE	2021-01-01	1454OPENAXESSCOPPE	EE	\$450.75

MEDICAL PLAN COUNTS

Employee Only	8
Employee & Spouse	1
Employee & Children	2
Family	0



Account Services

Monthly Statement

KINGS PEAK TAX CONSULTING, LLC
1881 W Traverse Pkwy Ste E #512
LEHI, UT 84043

Invoice Number: 4450-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1770OPENAXESSGOLD	Employee Only	1	\$719.19	\$719.19
1770OPENAXESSGOLD	Family	1	\$2,157.57	\$2,157.57
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Family	1	\$160.18	\$160.18
VSP	Family	1	\$23.76	\$23.76
GRAND TOTAL				\$3,108.31

KINGS PEAK TAX CONSULTING, LLC
1881 W Traverse Pkwy Ste E #512
LEHI, UT 84043

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SCHENCK, SKIP	2022-02-01	GUARDHIGH	FAM	\$160.18
SCHENCK, SKIP	2022-02-01	1770OPENAXESSGOLD	FAM	\$2157.57
SCHENCK, SKIP	2022-02-01	VSP	FAM	\$23.76
STOLLE, ANDREW	2022-02-01	GUARDHIGH	EE	\$47.61
STOLLE, ANDREW	2022-02-01	1770OPENAXESSGOLD	EE	\$719.19

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

KITCHEN SOLVERS - LA CROSSE, WI
301 4TH ST S
LA CROSSE, WI 54601

Invoice Number: 4110-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$115.47

KITCHEN SOLVERS - LA CROSSE, WI
301 4TH ST S
LA CROSSE, WI 54601

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KISH, DAVID	2022-01-01	GUARDLOW	FAM	\$100.74
KISH, DAVID	2022-01-01	VSP	ES	\$14.73

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

KITCHEN SOLVERS OF CORPUS CHRISTI
2209 Riata Dr
CORPUS CHRISTI, TX 78418

Invoice Number: 4376-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44

KITCHEN SOLVERS OF CORPUS CHRISTI
2209 Riata Dr
CORPUS CHRISTI, TX 78418

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BUERGERS, MICHAEL	2022-01-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

KITCHEN SOLVERS OF GRAYSLAKE

Invoice Number: 5299-2022-0

Invoice Month: FEB

Billing Date: 07/15/2022

Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1565OPENAXESSGOLD	Family	1	\$1,429.42	\$1,429.42
GUARDLOW	Family	1	\$100.74	\$100.74
GRAND TOTAL				\$1,530.16

KITCHEN SOLVERS OF GRAYSLAKE

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KONGKAEOW, CHARLERMSINGH	2021-01-01	1565OPENAXESSGOLD	FAM	\$1429.42
KONGKAEOW, CHARLERMSINGH	2021-01-01	GUARDLOW	FAM	\$100.74

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

KITCHEN SOLVERS OF GREENVILLE
503 Township Court
Fountain Inn, SC 29644

Invoice Number: 4341-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1625OPENAXESS	Employee Only	1	\$450.75	\$450.75
SCOPPE	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee Only	1	\$8.75	\$8.75
VSP	Employee Only			
			GRAND TOTAL	\$488.94

KITCHEN SOLVERS OF GREENVILLE

503 Township Court
Fountain Inn, SC 29644

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PUFPAFF, DAVID	2021-04-01	GUARDLOW	EE	\$29.44
PUFPAFF, DAVID	2021-04-01	1625OPENAXESSCOPPE	EE	\$450.75
PUFPAFF, DAVID	2021-04-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

KOCH LAW
521 5th Avenue 17th Floor
NEW YORK, NY 10175

Invoice Number: 4399-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1702OPENAXESSBRONZ	Employee Only	1	\$487.36	\$487.36
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$534.97

KOCH LAW
521 5th Avenue 17th Floor
NEW YORK, NY 10175

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MARSHALL, PATRICK	2021-07-01	GUARDHIGH	EE	\$47.61
MARSHALL, PATRICK	2021-07-01	1702OPENAXESSBRONZ	EE	\$487.36

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

LED PHANTOM DISTRIBUTION INC.
930 KAY AVE
ADDISON, IL 60101

Invoice Number: 4120-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Children	1	\$15.02	\$15.02
GRAND TOTAL				\$231.79

LED PHANTOM DISTRIBUTION INC.
930 KAY AVE
ADDISON, IL 60101

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HOLLOWAY, JAWANN	2021-08-01	GUARDLOW	EC	\$74.61
HOLLOWAY, JAWANN	2021-08-01	VSP	EC	\$15.02
KAPTROSKY, JOHN	2022-01-01	GUARDHIGH	EE	\$47.61
KAPTROSKY, JOHN	2022-01-01	VSP	EE	\$8.75
LOPEZ NATAL, EDGARDO	2022-01-01	GUARDLOW	EE	\$29.44
NOLL, JEFFREY	2022-01-01	GUARDHIGH	EE	\$47.61
NOLL, JEFFREY	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services
Monthly Statement

LG ACADEMY
513 Birch St.
BOONTON, NJ 07005

Invoice Number: 4279-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Family	2	\$160.18	\$320.36
VSP	Family	2	\$23.76	\$47.52
			GRAND TOTAL	\$367.88

LG ACADEMY
513 Birch St.
BOONTON, NJ 07005

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BOND, JEFFREY	2021-01-01	GUARDHIGH	FAM	\$160.18
BOND, JEFFREY	2021-01-01	VSP	FAM	\$23.76
MAINARDI, ELIZABETH	2021-01-01	GUARDHIGH	FAM	\$160.18
MAINARDI, ELIZABETH	2021-01-01	VSP	FAM	\$23.76

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

MADICORP INC
87 CRESCENT RD
NEEDHAM HEIGHTS, MA 02494

Invoice Number: 4215-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$112.72

MADICORP INC
87 CRESCENT RD
NEEDHAM HEIGHTS, MA 02494

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GALT, ROBERT	2022-01-01	GUARDHIGH	EE	\$47.61
GALT, ROBERT	2022-01-01	VSP	EE	\$8.75
MCELENEY, LISA	2022-01-01	GUARDHIGH	EE	\$47.61
MCELENEY, LISA	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

MANHATTAN SPACES
133 W 72nd St Rm 201
NEW YORK, NY 10023

Invoice Number: 4288-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1536OPENAXESSGOLD	Employee Only	1	\$653.81	\$653.81
1536OPENAXESSGOLD	Family	1	\$1,961.43	\$1,961.43
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$2,739.74

MANHATTAN SPACES

133 W 72nd St Rm 201

NEW YORK, NY 10023

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BERNARDES, JOSE	2020-08-01	1536OPENAXESSGOLD	FAM	\$1961.43
BERNARDES, JOSE	2020-10-01	GUARDLOW	FAM	\$100.74
BERNARDES, JOSE	2021-12-01	VSP	FAM	\$23.76
SAMAD, WAQAR	2020-08-01	1536OPENAXESSGOLD	EE	\$653.81

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

MCELROY TEAM REALTY
4012 Gateway Drive
Colleyville, TX 76034

Invoice Number: 4579-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0226CIGNAGOLD	Employee Only	1	\$653.81	\$653.81
0226CIGNAGOLD	Family	1	\$1,961.43	\$1,961.43
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$2,662.85

MCELROY TEAM REALTY

4012 Gateway Drive

Colleyville, TX 76034

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MCELROY, DANIEL	2020-02-01	0226CIGNAGOLD	FAM	\$1961.43
VENABLE, FRANCES	2020-10-01	0226CIGNAGOLD	EE	\$653.81
VENABLE, FRANCES	2020-10-01	GUARDHIGH	EE	\$47.61

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services
Monthly Statement

MED-FIT, PLLC
10171 PLYMOUTH COURT
PARKER, CO 80134

Invoice Number: 4576-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$47.61

MED-FIT, PLLC
10171 PLYMOUTH COURT
PARKER, CO 80134

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
RIVERA, JESSICA	2021-01-01	GUARDHIGH	EE	\$47.61

MEDICAL PLAN COUNTS

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



Account Services
Monthly Statement

MFUSION
5410 GRIST MILL WOODS WAY
ALEXANDRIA, VA 22309

Invoice Number: 4154-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee & Spouse Only	1	\$88.18	\$89.81
GUARDHIGH	Employee & Children	1	\$89.81	\$89.81
			GRAND TOTAL	\$179.62

MFUSION

5410 GRIST MILL WOODS WAY

ALEXANDRIA, VA 22309

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HAYES, TERRI	2020-10-01	GUARDHIGH	EC	\$89.81
HAYS, JAMES	2022-01-01	GUARDHIGH	ES	\$89.81

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

MGS KALAMAZOO
4412 STADIUM DRIVE
KALAMAZOO, MI 49008

Invoice Number: 4623-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44

MGS KALAMAZOO
4412 STADIUM DRIVE
KALAMAZOO, MI 49008

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KERNS, MANDY	2018-01-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

MICROTEL WYNDHAM FAIRMONT
20 Southland Dr
FAIRMONT, WV 26554

Invoice Number: 4263-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44

MICROTEL WYNDHAM FAIRMONT
20 Southland Dr
FAIRMONT, WV 26554

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HALL, JACQUELINE	2022-01-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

MICROTEL WYNDHAM LYNCHBURG
5704 Seminole Ave
LYNCHBURG, VA 24502

Invoice Number: 4265-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$4.20**	\$4.20
GRAND TOTAL				\$4.20

MICROTEL WYNDHAM LYNCHBURG
5704 Seminole Ave
LYNCHBURG, VA 24502

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
IRVING, DELORES	2022-01-01	ADD		\$4.20

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

MOMMY TUMMY
220 Easy 65 N St
NEW YORK, NY 10065

Invoice Number: 4268-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$21.42**	\$21.42
GRAND TOTAL				\$21.42

MOMMY TUMMY
220 Easy 65 N St
NEW YORK, NY 10065

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
REITER, ROBIN	2021-01-01	ADD		\$21.42

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

MOTEL STUDIO 6 THOUSAND PALMS
72215 VARNER ROAD
THOUSAND PALMS, CA 92276

Invoice Number: 4127-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$38.19

MOTEL STUDIO 6 THOUSAND PALMS
72215 VARNER ROAD
THOUSAND PALMS, CA 92276

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LOAYZA, GRABIELA	2020-06-01	GUARDLOW	EE	\$29.44
LOAYZA, GRABIELA	2020-06-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

MPIRE HOSPITALITY
13681 N Highway 183
AUSTIN, TX 78750

Invoice Number: 4321-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	2	\$29.44	\$58.88
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$67.63

MPIRE HOSPITALITY
13681 N Highway 183
AUSTIN, TX 78750

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CHAMORRO, MAYERLIN	2021-02-01	GUARDLOW	EE	\$29.44
CHAMORRO, MAYERLIN	2021-02-01	VSP	EE	\$8.75
HEWITT, LEILA	2021-02-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

MSP CUSTOM HARDWOOD
5100 Eden Avenue
EDINA, MN 55436

Invoice Number: 4452-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1772OPENAXESSBRONZ	Employee Only	1	\$536.10	\$536.10
1772OPENAXESSCOPPE	Employee Only	1	\$495.83	\$495.83
			GRAND TOTAL	\$1,031.93

MSP CUSTOM HARDWOOD

5100 Eden Avenue
EDINA, MN 55436

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
NELSON, BRUCE	2022-01-01	1772OPENAXESSCOPPE EE		\$495.83
SARGENT, CHRISTINE	2022-01-01	1772OPENAXESSBRONZ EE		\$536.10

MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

MUJIN CORP
6300 Kenjoy Dr
LOUISVILLE, KY 40214

Invoice Number: 4405-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1711OPENAXESSGOLD	Employee Only	1	\$686.50	\$686.50
1711OPENAXESSGOLD	Family	2	\$2,059.50	\$4,119.00
ADD	Employee Only	2	\$21.00**	\$36.54
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Family	2	\$160.18	\$320.36
VSP	Family	2	\$23.76	\$47.52
			GRAND TOTAL	\$5,257.53

MUJIN CORP
6300 Kenjoy Dr
LOUISVILLE, KY 40214

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CLOER, JOSHUA	2022-01-01	VSP	FAM	\$23.76
COATS, BRANDON	2021-07-01	ADD		\$10.92
COATS, BRANDON	2021-07-01	GUARDHIGH	FAM	\$160.18
COATS, BRANDON	2021-07-01	1711OPENAXESSGOLD	FAM	\$2059.50
COATS, BRANDON	2021-07-01	VSP	FAM	\$23.76
HARTMANN, TRENTON	2021-11-01	GUARDHIGH	EE	\$47.61
HARTMANN, TRENTON	2021-11-01	1711OPENAXESSGOLD	EE	\$686.50
OTOBE, DAIGO	2021-09-01	ADD		\$25.62
OTOBE, DAIGO	2021-11-01	GUARDHIGH	FAM	\$160.18
OTOBE, DAIGO	2021-09-01	1711OPENAXESSGOLD	FAM	\$2059.50

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	2



Account Services

Monthly Statement

NATIONAL HOSPICE MANAGEMENT
2191 Lemay Ferry Road
SAINT LOUIS, MO 63125

Invoice Number: 4607-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0435OPENACCESSESSE	Employee Only	1	\$450.74	\$450.74
ADD	Employee Only	21	\$4.20**	\$109.83
GUARDHIGH	Employee Only	14	\$47.61	\$666.54
GUARDHIGH	Employee & Spouse Only	4	\$89.81	\$359.24
GUARDHIGH	Employee & Children	1	\$117.99	\$89.81
GUARDHIGH	Family	7	\$160.18	\$1,121.26
GUARDLOW	Employee Only	7	\$29.44	\$206.08
GUARDLOW	Employee & Spouse Only	5	\$55.54	\$277.70
GUARDLOW	Employee & Children	3	\$74.61	\$223.83
GUARDLOW	Family	4	\$100.74	\$402.96
VSP	Employee Only	16	\$8.75	\$140.00
VSP	Employee & Spouse Only	7	\$14.73	\$103.11
VSP	Employee & Children	7	\$15.02	\$105.14
VSP	Family	4	\$23.76	\$95.04
			GRAND TOTAL	\$4,351.28

NATIONAL HOSPICE MANAGEMENT

2191 Lemay Ferry Road
SAINT LOUIS, MO 63125

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BEEM, JESSICA	2021-11-01	VSP	EE	\$8.75
BIDWELL, SHERRY	2022-01-01	GUARDLOW	EE	\$29.44
BIDWELL, SHERRY	2022-01-01	VSP	EE	\$8.75
BOWMAN, BROOKE	2022-01-01	GUARDHIGH	FAM	\$160.18
BRUSH, JENNY	2022-01-01	ADD		\$4.20
BRUSH, JENNY	2022-01-01	GUARDHIGH	EE	\$47.61
CALKINS, KATHERINE	2022-01-01	GUARDHIGH	EE	\$47.61
CALKINS, KATHERINE	2022-01-01	VSP	EE	\$8.75
COULTER, JENNIFER	2020-01-01	0435OPENACCESSESSE	EE	\$450.74
DAVIS, ANGELA	2022-01-01	ADD		\$4.20
DAVIS, ANGELA	2022-01-01	GUARDHIGH	EE	\$47.61
DAVIS, ANGELA	2022-01-01	VSP	ES	\$14.73
DOWLING, MELANIE	2022-01-01	ADD		\$0.42
DOWLING, MELANIE	2022-01-01	GUARDLOW	EE	\$29.44
EPPARD, JESSICA	2022-01-01	GUARDHIGH	FAM	\$160.18
EPPARD, JESSICA	2022-01-01	VSP	EC2	\$15.02
FINCH, SKYLEE	2022-02-01	ADD		\$1.05
FINCH, SKYLEE	2022-02-01	GUARDHIGH	FAM	\$160.18
FINEMAN, CHERYL	2022-01-01	ADD		\$2.10
FINEMAN, CHERYL	2022-01-01	GUARDHIGH	ES	\$89.81
FINEMAN, CHERYL	2022-01-01	VSP	ES	\$14.73
FINNE, KAYLA	2022-01-01	GUARDLOW	EC	\$74.61
FINNE, KAYLA	2022-01-01	VSP	EC	\$15.02
FLACY, LAURIE	2022-01-01	ADD		\$23.52

NATIONAL HOSPICE MANAGEMENT

2191 Lemay Ferry Road
SAINT LOUIS, MO 63125

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FLACY, LAURIE	2022-01-01	GUARDLOW	FAM	\$100.74
FLACY, LAURIE	2022-01-01	VSP	FAM	\$23.76
FLEMMER, MELISSA	2022-01-01	ADD		\$8.40
FLEMMER, MELISSA	2022-01-01	GUARDLOW	ES	\$55.54
FORBIS, TERI	2022-01-01	GUARDHIGH	EE	\$47.61
FREEMAN, TAMARA	2022-01-01	ADD		\$4.20
FREEMAN, TAMARA	2022-01-01	VSP	EE	\$8.75
HEUER, TAMMY	2022-01-01	ADD		\$0.84
HEUER, TAMMY	2022-01-01	GUARDHIGH	ES	\$89.81
HEUER, TAMMY	2022-01-01	VSP	ES	\$14.73
HOWARD, DAWN	2022-01-01	GUARDHIGH	EE	\$47.61
HOWARD, DAWN	2022-01-01	VSP	EE	\$8.75
HOWELL, JOEY	2022-01-01	GUARDLOW	EC	\$74.61
HOWELL, JOEY	2022-01-01	VSP	EC	\$15.02
HUARD, OLIVIA	2022-01-01	GUARDLOW	FAM	\$100.74
HUDGINS, MILICENT	2022-01-01	ADD		\$2.10
HUDGINS, MILICENT	2022-01-01	GUARDHIGH	EE	\$47.61
HUDGINS, MILICENT	2022-01-01	VSP	EE	\$8.75
KASIK, ANN	2022-01-01	ADD		\$4.20
KASIK, ANN	2022-01-01	GUARDHIGH	ES	\$89.81
KASIK, ANN	2022-01-01	VSP	ES	\$14.73
KEITH, VIARETTA	2022-01-01	GUARDLOW	EE	\$29.44
KEITH, VIARETTA	2022-01-01	VSP	EE	\$8.75
KELLEY, SHERRI	2022-01-01	GUARDHIGH	EE	\$47.61

NATIONAL HOSPICE MANAGEMENT

2191 Lemay Ferry Road
SAINT LOUIS, MO 63125

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KERR, JERRON	2022-01-01	GUARDLOW	EC	\$74.61
LABRIOLA, CHLOE	2022-01-01	GUARDLOW	ES	\$55.54
LABRIOLA, CHLOE	2022-01-01	VSP	ES	\$14.73
LECHIEN, LORRIE	01/01/2022	VSP	EE	\$8.75
LYONS, JENICA	2022-01-01	GUARDHIGH	FAM	\$160.18
LYONS, JENICA	2022-01-01	VSP	EC2	\$15.02
MAROLLA, VINCENT	2022-01-01	ADD		\$1.26
MAROLLA, VINCENT	2022-01-01	GUARDLOW	EE	\$29.44
MECUM, KANDY	2022-01-02	ADD		\$18.48
MECUM, KANDY	2022-01-02	GUARDLOW	FAM	\$100.74
MECUM, KANDY	2022-01-02	VSP	FAM	\$23.76
MILLER, SHIRLEY	2022-01-01	GUARDLOW	ES	\$55.54
MILLER, SHIRLEY	2022-01-01	VSP	ES	\$14.73
MURPHY, JULIE	2022-01-01	ADD		\$2.10
MURPHY, JULIE	2022-01-01	GUARDHIGH	EE	\$47.61
OMNAS, COURTNEY	2022-01-01	GUARDLOW	ES	\$55.54
OMNAS, COURTNEY	2022-01-01	VSP	EE	\$8.75
PARHAM, NANCY	2022-01-01	GUARDHIGH	ES	\$89.81
PARHAM, NANCY	2022-01-01	VSP	ES	\$14.73
PEACOCK, SHAWNA	2022-01-01	ADD		\$4.62
PEACOCK, SHAWNA	2022-01-01	GUARDHIGH	EC	\$89.81
PEACOCK, SHAWNA	2022-01-01	VSP	EC	\$15.02
PLOUGH, MYRNA	2022-01-01	GUARDLOW	EE	\$29.44

NATIONAL HOSPICE MANAGEMENT

2191 Lemay Ferry Road
SAINT LOUIS, MO 63125

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
POHL, BETH	2022-01-01	ADD		\$2.10
POHL, BETH	2022-01-01	GUARDHIGH	EE	\$47.61
POHL, BETH	2022-01-01	VSP	EE	\$8.75
POSTIN, TARA	2022-01-01	GUARDHIGH	FAM	\$160.18
PRENGER, VICKI	2022-01-01	GUARDHIGH	EE	\$47.61
PRENGER, VICKI	2022-01-01	VSP	EE	\$8.75
RICHARDSON, DAWN	2022-01-01	ADD		\$4.20
RICHARDSON, DAWN	2022-01-01	GUARDHIGH	EE	\$47.61
RICHARDSON, DAWN	2022-01-01	VSP	EE	\$8.75
ROMANO, JENNIFER	2022-01-01	GUARDHIGH	FAM	\$160.18
ROMANO, JENNIFER	2022-01-01	VSP	FAM	\$23.76
RUST, SARA	2022-01-01	GUARDHIGH	EE	\$47.61
RUST, SARA	2022-01-01	VSP	EE	\$8.75
SAAD, MICHAEL	2022-01-01	VSP	EC	\$15.02
SELLS, KELSIE	2022-01-01	GUARDLOW	ES	\$55.54
SHORT, CARRIE	2022-01-01	GUARDHIGH	EE	\$47.61
SMITH, JAMIE	2022-01-01	ADD		\$4.20
SMITH, JAMIE	2022-01-01	GUARDLOW	FAM	\$100.74
SMITH, JAMIE	2022-01-01	VSP	FAM	\$23.76
SMITH, NADINE	2022-01-01	VSP	EE	\$8.75
STONEKING, ANASTASIA	2022-01-01	GUARDHIGH	FAM	\$160.18
STONEKING, ANASTASIA	2022-01-01	VSP	EC2	\$15.02

NATIONAL HOSPICE MANAGEMENT

2191 Lemay Ferry Road
SAINT LOUIS, MO 63125

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SULZBERGER, TRACEY	2022-01-01	ADD		\$8.40
SULZBERGER, TRACEY	2022-01-01	GUARDLOW	EE	\$29.44
SULZBERGER, TRACEY	2022-01-01	VSP	EE	\$8.75
SWIFT, MELISSA	2022-01-01	ADD		\$8.40
SWIFT, MELISSA	2022-01-01	GUARDHIGH	EE	\$47.61
SWIFT, MELISSA	2022-01-01	VSP	EE	\$8.75
VILLAFANA, NICOLE	2022-01-01	ADD		\$0.84
VILLAFANA, NICOLE	2022-01-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

NEEMA HOSPITALITY MGT. MECHANICSBURG
1012 WESLEY DRIVE
MECHANICSBURG, PA 17055

Invoice Number: 4733-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$2.10**	\$13.02
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
NEEMAOPENAXESSESSE	Employee Only	1	\$489.70	\$489.70
NEEMAOPENAXESSPRIME	Employee & Spouse Only	1	\$1,394.12	\$1,394.12
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$2,038.18

NEEMA HOSPITALITY MGT. MECHANICSBURG
1012 WESLEY DRIVE
MECHANICSBURG, PA 17055

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GORDON, JAMES	2022-01-01	ADD		\$13.02
GORDON, JAMES	2022-01-01	GUARDHIGH	EE	\$47.61
HALL, DON	2021-12-31	NEEMAOPENAXESSPRIME		\$1394.12
HALL, DON	2021-12-31	GUARDLOW	ES	\$55.54
MARKS, RICHARD	2022-01-01	NEEMAOPENAXESSESSE	EE	\$489.70
MARKS, RICHARD	2022-01-01	GUARDLOW	EE	\$29.44
MARKS, RICHARD	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	1
Employee & Children	0
Family	0



Account Services
Monthly Statement

NETWORK RUNNERS, INC
21351 GENTRY DRIVE
STERLING, VA 20166

Invoice Number: 4593-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
			GRAND TOTAL	\$0.00

NETWORK RUNNERS, INC
21351 GENTRY DRIVE
STERLING, VA 20166

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

NEW AGE ELECTRIC, INC
8850 BROOKVILLE ROAD
SILVER SPRING, MD 20910

Invoice Number: 4177-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Spouse Only	2	\$55.54	\$110.07
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$504.03

NEW AGE ELECTRIC, INC
8850 BROOKVILLE ROAD
SILVER SPRING, MD 20910

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GARCIA ZUNIGA, MIKE	2020-09-01	GUARDLOW	EE	\$29.44
GARCIA ZUNIGA, MIKE	2020-09-01	VSP	EE	\$8.75
KULLA, FATMIR	2015-01-01	GUARDLOW	ES	\$54.53
MORALES, JOSE	2021-01-01	GUARDHIGH	FAM	\$160.18
MORALES, JOSE	2021-01-01	VSP	ES	\$14.73
OCHAITA, WILLIAM	2017-12-01	GUARDLOW	FAM	\$100.74
OCHAITA, WILLIAM	2018-12-01	VSP	FAM	\$23.76
PUMPHREY, AUSTIN	2019-01-01	GUARDHIGH	EE	\$47.61
QUINTANILLA, JOSE	2018-01-01	GUARDLOW	ES	\$55.54
QUINTANILLA, JOSE	2018-12-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services
Monthly Statement

NICOLE HOOPER PH.D.
1 Stonebriar Ct
DALLAS, TX 75206

Invoice Number: 4287-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1535OPENAXESS	SCOPPE Employee Only	1	\$450.75	\$450.75
			GRAND TOTAL	\$450.75

NICOLE HOOPER PH.D.

1 Stonebriar Ct

DALLAS, TX 75206

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HOOPER, NICOLE	2022-01-01	1535OPENAXESSCOPPE	EE	\$450.75

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

ONE FOR ISRAEL
1300 Glade RD
COLLEYVILLE, TX 76034

Invoice Number: 4565-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	5	\$29.44	\$147.20
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
GUARDLOW	Family	3	\$100.74	\$302.22
VSP	Employee Only	3	\$8.75	\$26.25
VSP	Family	1	\$23.76	\$23.76
GRAND TOTAL				\$554.97

ONE FOR ISRAEL
1300 Glade RD
COLLEYVILLE, TX 76034

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BAREFIELD, SHALIMAR	2022-01-01	GUARDLOW	EE	\$29.44
EDDY DEBROEKERT, REBECCA	2022-01-01	GUARDLOW	EE	\$29.44
HART, BENJAMIN	2021-11-01	VSP	EE	\$8.75
HART, BENJAMIN	2021-11-01	GUARDLOW	EE	\$29.44
JOSEY, JORDAN	2021-12-01	GUARDLOW	EE	\$29.44
JOSEY, JORDAN	2021-12-01	VSP	EE	\$8.75
KLEMCKE, MARCI	2021-11-01	VSP	EE	\$8.75
MASSEY, JOSHUA	2022-01-01	GUARDLOW	FAM	\$100.74
MASSEY, JOSHUA	2022-01-01	VSP	FAM	\$23.76
MCINTYRE, KIM	2020-01-01	GUARDLOW	EE	\$29.44
ROWDEN, DEREK	2022-01-01	GUARDLOW	FAM	\$100.74
SCHULZE, LEAH	2021-02-01	GUARDLOW	ES	\$55.54
SCOTT, DEREK	2022-01-01	GUARDLOW	FAM	\$100.74

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

ONE POINT HR SOLUTIONS
118 WEST 5TH STREET SUITE 202
COVINGTON, KY 41011

Invoice Number: 4212-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1399OPENAXESSBRONZ	Employee Only	1	\$487.36	\$487.36
1399OPENAXESSBRONZ	Employee & Spouse Only	1	\$986.92	\$986.92
1399OPENAXESSGOLD	Employee Only	7	\$653.81	\$4,576.67
1399OPENAXESSPLATI	Employee Only	3	\$719.19	\$2,157.57
1399OPENAXESSPLATI	Employee & Children	1	\$1,438.38	\$1,438.38
1399OPENAXESSSILVE	Employee & Children	1	\$1,096.36	\$1,096.36
ADD	Employee Only	2	\$4.20**	\$18.06
GUARDHIGH	Employee Only	6	\$47.61	\$285.66
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Employee & Children	1	\$89.81	\$117.99
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	3	\$29.44	\$88.32
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Employee Only	4	\$8.75	\$35.00
VSP	Employee & Children	2	\$15.02	\$30.04
			GRAND TOTAL	\$11,799.21

ONE POINT HR SOLUTIONS
118 WEST 5TH STREET SUITE 202
COVINGTON, KY 41011

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ADCOCK, LISA	2022-01-01	GUARDHIGH	ES	\$89.81
ADCOCK, LISA	2022-01-01	1399OPENAXESSPLATI	EE	\$719.19
ADCOCK, LISA	2022-01-01	VSP	EE	\$8.75
BLEVINS, TRACY	2020-03-01	GUARDLOW	EE	\$29.44
CAWTHON, REBECCA	2022-01-01	ADD		\$9.66
CAWTHON, REBECCA	2022-01-01	GUARDLOW	FAM	\$100.74
COOPER, SARAH	2022-01-01	GUARDLOW	EC2	\$74.61
COOPER, SARAH	2022-01-01	1399OPENAXESSPLATI	EC2	\$1438.38
COOPER, SARAH	2022-01-01	VSP	EC2	\$15.02
FONTANEZ, MADELINE	2022-01-01	1399OPENAXESSGOLD	EE	\$653.81
FONTANEZ, MADELINE	2022-01-01	GUARDHIGH	EE	\$47.61
GNADT, KIMBERLY	2021-09-01	1399OPENAXESSGOLD	EE	\$653.81
GNADT, KIMBERLY	2021-09-01	GUARDLOW	EE	\$29.44
GUERRERO CANTORAN, MARCELA	2022-01-01	1399OPENAXESSPLATI	EE	\$719.19
HENDRIXSON, KIMBERLY	2021-12-01	GUARDHIGH	FAM	\$160.18
HODGENS, RENEE	2020-01-01	1399OPENAXESSBRONZES		\$986.92
HODGENS, RENEE	2020-01-01	GUARDLOW	ES	\$55.54
LOUGH, KELLY	2022-01-01	ADD		\$8.40
LOUGH, KELLY	2022-01-01	GUARDHIGH	EE	\$47.61
LOUGH, KELLY	2022-01-01	1399OPENAXESSPLATI	EE	\$719.19
LOUGH, KELLY	2022-01-01	VSP	EE	\$8.75
LUSK, TERESA	2022-01-01	GUARDHIGH	EE	\$47.61
LUSK, TERESA	2022-01-01	VSP	EE	\$8.75
MCCLURE, ROBERT	2021-07-01	1399OPENAXESSGOLD	EE	\$653.81
MCCLURE, ROBERT	2021-07-01	GUARDHIGH	EE	\$47.61

ONE POINT HR SOLUTIONS
118 WEST 5TH STREET SUITE 202
COVINGTON, KY 41011

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MCCLURE, ROBERT	2021-07-01	VSP	EE	\$8.75
MORALES, SONIA	2021-02-01	1399OPENAXESSGOLD	EE	\$653.81
MORALES, SONIA	2021-02-01	GUARDHIGH	EE	\$47.61
PRINCE, APRIL	2022-01-01	1399OPENAXESSGOLD	EE	\$653.81
PRINCE, APRIL	2022-01-01	GUARDHIGH	EE	\$47.61
REGAN, TIMOTHY	2022-01-01	1399OPENAXESSILVE	EC2	\$1096.36
REGAN, TIMOTHY	2022-01-01	VSP	EC2	\$15.02
SHEFFIELD, JENNIFER	2021-06-01	1399OPENAXESSGOLD	EE	\$653.81
SOKOL, EMILY	2020-01-01	1399OPENAXESSBRONZ	EE	\$487.36
SOKOL, EMILY	2020-01-01	GUARDLOW	EE	\$29.44
SVOB, LISA	2022-01-01	1399OPENAXESSGOLD	EE	\$653.81
SVOB, LISA	2022-01-01	GUARDHIGH	EC2	\$117.99

MEDICAL PLAN COUNTS

Employee Only	11
Employee & Spouse	1
Employee & Children	0
Family	0



Account Services

Monthly Statement

PATIENTLY INC

Invoice Number: 5285-2022-0

Invoice Month: FEB

Billing Date: 07/15/2022

Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GRAND TOTAL				\$0.00

PATIENTLY INC

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

PATIENTS' RIGHTS ACTION FUND INC
1562 First Avenue, #296
New York, NY 10028

Invoice Number: 4588-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$42.42**	\$42.42
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$360.34

PATIENTS' RIGHTS ACTION FUND INC

1562 First Avenue, #296

New York, NY 10028

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FLEMINGS, SOPHIA	2022-01-01	GUARDHIGH	ES	\$89.81
FLEMINGS, SOPHIA	2022-01-01	VSP	ES	\$14.73
LYONS, BARBARA	2021-03-01	GUARDLOW	EE	\$29.44
VALLIERE, MATTHEW	2022-01-01	ADD		\$42.42
VALLIERE, MATTHEW	2022-01-01	GUARDHIGH	FAM	\$160.18
VALLIERE, MATTHEW	2022-01-01	VSP	FAM	\$23.76

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

PAV BHAI HUT
37100 Fremont Blvd, Suit A
Fremont, CA 94536

Invoice Number: 4092-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44

PAV BHAI HUT
37100 Fremont Blvd, Suit A
Fremont, CA 94536

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
RATHOD, SANJAY	2022-01-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

PEAK LOAD MANAGEMENT ALLIANCE, INC
5289 Oakbrook Dr
PLAINFIELD, IN 46168

Invoice Number: 4523-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1863OPENAXESSILVE	Employee & Spouse Only	1	\$1,206.00	\$1,206.00
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$1,310.54

PEAK LOAD MANAGEMENT ALLIANCE, INC
5289 Oakbrook Dr
PLAINFIELD, IN 46168

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PHILIP, RICHARD	2022-02-01	GUARDHIGH	ES	\$89.81
PHILIP, RICHARD	2022-02-01	1863OPENAXESSILVE	ES	\$1206.00
PHILIP, RICHARD	2022-02-01	VSP	ES	\$14.73

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	1
Employee & Children	0
Family	0



Account Services

Monthly Statement

PEDEGO ELECTRIC BIKES HARLEM
306 W 142nd St Apt 7C
NEW YORK, NY 10030

Invoice Number: 4412-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$133.01

PEDEGO ELECTRIC BIKES HARLEM

306 W 142nd St Apt 7C

NEW YORK, NY 10030

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MINNICK, CHRISTOPHER	2021-09-01	GUARDHIGH	EC2	\$117.99
MINNICK, CHRISTOPHER	2021-09-01	VSP	EC2	\$15.02

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

PMI GEORGIA
170 Greencastle Rd
TYRONE, GA 30290

Invoice Number: 4513-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1845OPENAXESSGOLD	Employee Only	5	\$744.19	\$3,720.95
1845OPENAXESSGOLD	Family	1	\$2,182.57	\$2,182.57
1845OPENAXESSPLATI	Employee Only	1	\$887.95	\$887.95
1845OPENAXESSILVE	Employee & Children	1	\$1,231.00	\$1,231.00
ADD	Employee Only	3	\$2.52**	\$20.37
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee Only	3	\$8.75	\$26.25
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$8,443.27

PMI GEORGIA
170 Greencastle Rd
TYRONE, GA 30290

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DUHON, VICTORIA	2022-02-01	GUARDHIGH	EE	\$47.61
DUHON, VICTORIA	2022-02-01	1845OPENAXESSGOLD	EE	\$744.19
DUHON, VICTORIA	2022-02-01	VSP	EE	\$8.75
FLETCHER, JA'NAT	2022-02-01	1845OPENAXESSGOLD	EE	\$744.19
FLETCHER, JA'NAT	2022-02-01	ADD		\$3.57
FLETCHER, JA'NAT	2022-02-01	GUARDLOW	EE	\$29.44
LITTLETON, CHRISTOPHER	2022-02-01	VSP	ES	\$14.73
LITTLETON, CHRISTOPHER	2022-02-01	ADD		\$12.60
LITTLETON, CHRISTOPHER	2022-02-01	GUARDHIGH	FAM	\$160.18
LITTLETON, CHRISTOPHER	2022-02-01	1845OPENAXESSGOLD	FAM	\$2182.57
MULDOWNEY, ALBERT	2022-02-01	ADD		\$4.20
MULDOWNEY, ALBERT	2022-02-01	GUARDLOW	EC	\$74.61
MULDOWNEY, ALBERT	2022-02-01	1845OPENAXESSILVE	EC2	\$1231.00
MULDOWNEY, ALBERT	2022-02-01	VSP	EE	\$8.75
PRESTON, APRIL	2022-02-01	1845OPENAXESSGOLD	EE	\$744.19
SCHMIDT, NICHOLAS	2022-02-01	1845OPENAXESSGOLD	EE	\$744.19
STRICKLAND, CATHY	2022-02-01	GUARDHIGH	EE	\$47.61
STRICKLAND, CATHY	2022-02-01	1845OPENAXESSPLATI	EE	\$887.95
STRICKLAND, CATHY	2022-02-01	VSP	EE	\$8.75
SUPENA, MARK	2022-02-01	1845OPENAXESSGOLD	EE	\$744.19

MEDICAL PLAN COUNTS

Employee Only	6
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

PMI MM

Invoice Number: 4559-2022-0

Invoice Month: FEB

Billing Date: 07/15/2022

Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Family	1	\$160.18	\$160.18
			GRAND TOTAL	\$160.18

PMI MM

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HART, STEVEN	2022-01-01	GUARDHIGH	FAM	\$160.18

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

PMI MSP
5100 Eden Avenue Suite 102B
EDINA, MN 55436

Invoice Number: 4453-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1773OPENAXESSILVE	Employee Only	1	\$603.00	\$603.00
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$632.44

PMI MSP

5100 Eden Avenue Suite 102B

EDINA, MN 55436

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CULLEN, WILLIAM	2022-01-01	GUARDLOW	EE	\$29.44
CULLEN, WILLIAM	2022-01-01	1773OPENAXESSILVE	EE	\$603.00

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

PMI OF UTAH
2940 W MAPLE LOOP DR
LEHI, UT 84043

Invoice Number: 4558-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1869OPENAXESSBRONZ	Employee Only	1	\$536.10	\$536.10
1869OPENAXESSBRONZ	Employee & Spouse Only	1	\$1,085.61	\$1,085.61
1869OPENAXESSPLATI	Family	1	\$2,589.09	\$2,589.09
1869OPENAXESSSILVE	Employee Only	1	\$603.00	\$603.00
1869OPENAXESSSILVE	Employee & Children	1	\$1,206.00	\$1,206.00
1869OPENAXESSSILVE	Family	1	\$1,809.00	\$1,809.00
ADD	Employee Only	1	\$5.04**	\$5.04
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Family	2	\$160.18	\$320.36
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Employee & Children	1	\$15.02	\$15.02
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$8,310.86

PMI OF UTAH
2940 W MAPLE LOOP DR
LEHI, UT 84043

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CUNDIFF, JEREMIAH	2022-01-01	GUARDHIGH	FAM	\$160.18
CUNDIFF, JEREMIAH	2022-01-01	1869OPENAXESSILVE	FAM	\$1809.00
GALLAGHER, GLENN	2022-01-01	ADD		\$5.04
GALLAGHER, GLENN	2022-01-01	GUARDHIGH	EE	\$47.61
GALLAGHER, GLENN	2022-02-01	1869OPENAXESSILVE	EC2	\$1206.00
GALLAGHER, GLENN	2022-01-01	VSP	EC	\$15.02
HENDRICKS-MEADERS, ADRIANNE	2022-01-01	1869OPENAXESSILVE	EE	\$603.00
LAUDIE, REBECCA	2022-02-01	1869OPENAXESSBRONZ	EE	\$536.10
LAYTON, CHRISTOPHER	2022-01-01	GUARDHIGH	FAM	\$160.18
LAYTON, CHRISTOPHER	2022-02-01	1869OPENAXESSPLATI	FAM	\$2589.09
LAYTON, CHRISTOPHER	2022-01-01	VSP	FAM	\$23.76
ORTHEL, JOSHUA	2022-01-01	GUARDLOW	ES	\$55.54
ORTHEL, JOSHUA	2022-02-01	1869OPENAXESSBRONZ	ES	\$1085.61
ORTHEL, JOSHUA	2022-01-01	VSP	ES	\$14.73

MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	1
Employee & Children	0
Family	2



Account Services

Monthly Statement

PMI RENO
63 Keystone Ave Ste 104
RENO, NV 89503

Invoice Number: 4474-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1795OPENAXESSGOLD	Employee Only	1	\$719.19	\$719.19
1795OPENAXESSGOLD	Family	1	\$2,157.57	\$2,157.57
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Family	1	\$160.18	\$160.18
			GRAND TOTAL	\$3,084.55

PMI RENO
63 Keystone Ave Ste 104
RENO, NV 89503

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HUGHES, ERNEST	2022-01-01	GUARDHIGH	FAM	\$160.18
HUGHES, ERNEST	2022-01-01	1795OPENAXESSGOLD	FAM	\$2157.57
STARKS, RHONDA	2022-01-01	GUARDHIGH	EE	\$47.61
STARKS, RHONDA	2022-01-01	1795OPENAXESSGOLD	EE	\$719.19

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

POOLWERX FOREST LANE
3544 Forest Ln
DALLAS, TX 75234

Invoice Number: 4290-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1539OPENAXESSBRONZ	Employee Only	2	\$437.96	\$875.92
1539OPENAXESSGOLD	Employee Only	8	\$525.35	\$4,202.80
1539OPENAXESSGOLD	Employee & Spouse Only	1	\$1,050.69	\$1,050.69
1539OPENAXESSGOLD	Family	1	\$1,970.06	\$1,970.06
ADD	Employee Only	4	\$8.40**	\$53.34
GUARDHIGH	Employee Only	6	\$47.61	\$285.66
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	4	\$29.44	\$117.76
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
VSP	Employee Only	8	\$8.75	\$70.00
VSP	Employee & Spouse Only	2	\$14.73	\$29.46
VSP	Family	2	\$23.76	\$47.52
			GRAND TOTAL	\$9,008.74

POOLWERX FOREST LANE
3544 Forest Ln
DALLAS, TX 75234

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BRECHBIEL, JOSHUA	2022-01-01	1539OPENAXESSBRONZ	EE	\$437.96
BRECHBIEL, STEPHEN	2021-01-01	1539OPENAXESSGOLD	EE	\$525.35
BRECHBIEL, STEPHEN	2021-01-01	GUARDHIGH	EE	\$47.61
CRUZ, MARY	2021-01-01	1539OPENAXESSGOLD	EE	\$525.35
CRUZ, MARY	2021-01-01	VSP	FAM	\$23.76
EHNEY, MATTHEW	2021-01-01	GUARDLOW	EE	\$29.44
EHNEY, MATTHEW	2021-01-01	VSP	EE	\$8.75
HAMILTON, JOSEPH	2021-01-01	1539OPENAXESSGOLD	EE	\$525.35
HAMILTON, JOSEPH	2021-01-01	GUARDLOW	EE	\$29.44
HAMILTON, JOSEPH	2021-01-01	VSP	EE	\$8.75
HOLIFIELD, VICTOR	2021-01-01	1539OPENAXESSGOLD	ES	\$1050.69
HOLIFIELD, VICTOR	2021-01-01	GUARDHIGH	ES	\$89.81
HOLIFIELD, VICTOR	2021-01-01	VSP	ES	\$14.73
HOOKEER, KEVIN	2021-01-01	1539OPENAXESSGOLD	EE	\$525.35
HOOKEER, KEVIN	2021-01-01	ADD		\$14.70
HOOKEER, KEVIN	2021-01-01	GUARDHIGH	EE	\$47.61
HOOKEER, KEVIN	2021-01-01	VSP	EE	\$8.75
JONES, JOSEPH	2022-01-01	ADD		\$21.00
JONES, JOSEPH	2022-01-01	GUARDLOW	EE	\$29.44
JONES, JOSEPH	2022-01-01	VSP	EE	\$8.75
KAMPER, WAYNE	2021-01-01	1539OPENAXESSGOLD	FAM	\$1970.06
KAMPER, WAYNE	2021-01-01	ADD		\$8.82
KAMPER, WAYNE	2021-01-01	GUARDHIGH	FAM	\$160.18
KAMPER, WAYNE	2021-01-01	VSP	FAM	\$23.76
MALIK, MATTHEW	2021-01-01	1539OPENAXESSBRONZ	EE	\$437.96
MALIK, MATTHEW	2021-01-01	VSP	EE	\$8.75

POOLWERX FOREST LANE
3544 Forest Ln
DALLAS, TX 75234

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SCOTT, ADAM	2021-01-01	GUARDHIGH	EE	\$47.61
SCOTT, ADAM	2021-01-01	VSP	EE	\$8.75
SCOTT, TASHINA	2021-01-01	1539OPENAXESSGOLD	EE	\$525.35
SCOTT, TASHINA	2021-01-01	GUARDHIGH	EE	\$47.61
STEALEY, JEFFREY	2022-01-01	1539OPENAXESSGOLD	EE	\$525.35
STEALEY, JEFFREY	2022-01-01	GUARDHIGH	EE	\$47.61
STEALEY, JEFFREY	2022-01-01	VSP	EE	\$8.75
SWANSON, NICHOLAS	2021-01-01	GUARDLOW	EE	\$29.44
TRAYLOR, DEBORAH	2022-01-01	1539OPENAXESSGOLD	EE	\$525.35
TRAYLOR, DEBORAH	2022-01-01	ADD		\$8.82
TRAYLOR, DEBORAH	2022-02-01	GUARDLOW	ES	\$55.54
TRAYLOR, DEBORAH	2022-02-01	VSP	ES	\$14.73
WALLINGFORD GEBBIE, KAREN	2021-01-01	1539OPENAXESSGOLD	EE	\$525.35
WALLINGFORD GEBBIE, KAREN	2021-01-01	GUARDHIGH	EE	\$47.61
WALLINGFORD GEBBIE, KAREN	2021-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	10
Employee & Spouse	1
Employee & Children	0
Family	1



Account Services

Monthly Statement

POOLWERX NORTH RICHLAND HILLS
8528 Davis Blvd #190
NORTH RICHLAND HILLS, TX 76182

Invoice Number: 4343-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$47.61

POOLWERX NORTH RICHLAND HILLS
8528 Davis Blvd #190
NORTH RICHLAND HILLS, TX 76182

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ARGUELLES, HANNAH	2022-01-01	GUARDHIGH	EE	\$47.61

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

POOLWERX RIGGS & MCQUEEN
990 E. RIGGS ROAD, SUITE C-08
Chandler,, AZ 85249

Invoice Number: 4326-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1539OPENAXESSGOLD	Employee Only	1	\$525.35	\$525.35
ADD	Employee Only	1	\$6.30**	\$6.30
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$561.09

POOLWERX RIGGS & MCQUEEN
990 E. RIGGS ROAD, SUITE C-08
Chandler,, AZ 85249

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
OROZCO, VICTOR	2022-01-01	1539OPENAXESSGOLD	EE	\$525.35
OROZCO, VICTOR	2022-01-01	ADD		\$6.30
OROZCO, VICTOR	2022-01-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

POOLWERX USA
13901 Midway Rd
FARMERS BRANCH, TX 75244

Invoice Number: 4289-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1539OPENAXESSGOLD	Employee Only	4	\$525.35	\$2,101.40
1539OPENAXESSGOLD	Employee & Spouse Only	1	\$1,050.69	\$1,050.69
1539OPENAXESSGOLD	Family	1	\$1,970.06	\$1,970.06
1539OPENAXESSILVE	Employee Only	1	\$461.01	\$461.01
ADD	Employee Only	1	\$0.42**	\$42.42
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Spouse Only	2	\$89.81	\$179.62
GUARDLOW	Employee Only	3	\$29.44	\$88.32
GUARDLOW	Family	2	\$100.74	\$201.48
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Spouse Only	3	\$14.73	\$44.19
			GRAND TOTAL	\$6,204.30

POOLWERX USA
13901 Midway Rd
FARMERS BRANCH, TX 75244

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
AVENDANO, RUBEN	2021-01-01	1539OPENAXESSGOLD	EE	\$525.35
AVENDANO, RUBEN	2021-01-01	GUARDLOW	EE	\$29.44
COOK, GAIL	2022-01-01	1539OPENAXESSGOLD	EE	\$525.35
COOK, GAIL	2022-01-01	GUARDHIGH	ES	\$89.81
COOK, GAIL	2022-01-01	VSP	ES	\$14.73
FERNANDES, BRIAN	2022-01-01	1539OPENAXESSGOLD	EE	\$525.35
FERNANDES, BRIAN	2022-01-01	GUARDLOW	EE	\$29.44
KIDD, ANDREW	2022-01-01	1539OPENAXESSGOLD	ES	\$1050.69
KIDD, ANDREW	2022-01-01	GUARDHIGH	ES	\$89.81
KIDD, ANDREW	2022-01-01	VSP	ES	\$14.73
MOORE, STEPHEN	2022-01-01	1539OPENAXESSSILVE	EE	\$461.01
MOORE, STEPHEN	2022-01-01	GUARDHIGH	EE	\$47.61
MOORE, STEPHEN	2022-01-01	VSP	EE	\$8.75
O'BRIEN, SHANNON	2021-03-01	1539OPENAXESSGOLD	EE	\$525.35
O'BRIEN, SHANNON	2021-03-01	GUARDLOW	EE	\$29.44
OVERDUIN, BLAKE	2021-01-01	1539OPENAXESSGOLD	FAM	\$1970.06
OVERDUIN, BLAKE	2021-01-01	GUARDLOW	FAM	\$100.74
ROY, RICH	01/01/2022	VSP	EE	\$8.75
STOUT, KYLE	2021-01-01	ADD		\$42.42
STOUT, KYLE	2021-01-01	GUARDLOW	FAM	\$100.74
STOUT, KYLE	2021-01-01	VSP	ES	\$14.73

MEDICAL PLAN COUNTS

Employee Only	5
Employee & Spouse	1
Employee & Children	0
Family	1



Account Services

Monthly Statement

PRESENT MEDIA GROUP DBA FOREST MEDIA GROUP
110 W 96th St
NEW YORK, NY 10025

Invoice Number: 4469-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1790OPENAXESSILVE	Family	1	\$1,809.00	\$1,809.00
			GRAND TOTAL	\$1,809.00

PRESENT MEDIA GROUP DBA FOREST MEDIA GROUP
110 W 96th St
NEW YORK, NY 10025

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MEYEROVICH, ARTHUR	2021-11-01	1790OPENAXESSILVE	FAM	\$1809.00

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

PRIVATE CAPITAL INTELLIGENCE LLC
240 EAST 82nd STREET 20G
NEW YORK, NY 10028

Invoice Number: 4257-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1487OPENAXESSGOLD	Employee Only	1	\$588.38	\$588.38
1487OPENAXESSGOLD	Employee & Spouse Only	1	\$1,176.86	\$1,176.86
ADD	Employee Only	1	\$8.40**	\$8.40
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$1,934.54

PRIVATE CAPITAL INTELLIGENCE LLC
 240 EAST 82nd STREET 20G
 NEW YORK, NY 10028

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FICCA, WILLIAM	2020-05-01	1487OPENAXESSGOLD	ES	\$1176.86
FICCA, WILLIAM	2020-06-01	GUARDHIGH	ES	\$89.81
FICCA, WILLIAM	2020-06-01	VSP	ES	\$14.73
LEONE, DANIELLE	2020-05-01	1487OPENAXESSGOLD	EE	\$588.38
LEONE, DANIELLE	2020-06-01	ADD		\$8.40
LEONE, DANIELLE	2020-06-01	GUARDHIGH	EE	\$47.61
LEONE, DANIELLE	2020-06-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	1
Employee & Children	0
Family	0



Account Services

Monthly Statement

PROPERTY MANAGEMENT INC.
2940 W Maple Loop Dr Ste 104
LEHI, UT 84043

Invoice Number: 4527-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1869OPENAXESSBRONZ	Employee Only	6	\$536.10	\$3,216.60
1869OPENAXESSBRONZ	Family	1	\$1,628.10	\$1,628.10
1869OPENAXESSCOPPE	Employee & Spouse Only	1	\$1,012.26	\$1,012.26
1869OPENAXESSCOPPE	Family	1	\$1,419.92	\$1,419.92
1869OPENAXESSGOLD	Employee Only	1	\$719.19	\$719.19
1869OPENAXESSGOLD	Employee & Spouse Only	2	\$1,438.38	\$2,876.76
1869OPENAXESSGOLD	Employee & Children	1	\$1,438.38	\$1,438.38
1869OPENAXESSGOLD	Family	1	\$2,157.57	\$2,157.57
1869OPENAXESSSILVE	Employee Only	2	\$603.00	\$1,206.00
1869OPENAXESSSILVE	Employee & Children	1	\$1,206.00	\$1,206.00
1869OPENAXESSSILVE	Family	2	\$1,809.00	\$3,618.00
ADD	Employee Only	4	\$0.42**	\$56.70
GUARDHIGH	Employee Only	3	\$47.61	\$142.83
GUARDHIGH	Employee & Spouse Only	2	\$89.81	\$179.62
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	6	\$29.44	\$176.64
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
GUARDLOW	Family	3	\$100.74	\$302.22
VSP	Employee Only	5	\$8.75	\$43.75
VSP	Employee & Spouse Only	3	\$14.73	\$44.19
VSP	Employee & Children	1	\$15.02	\$15.02
VSP	Family	3	\$23.76	\$71.28
GRAND TOTAL				\$21,746.75

PROPERTY MANAGEMENT INC.
2940 W Maple Loop Dr Ste 104
LEHI, UT 84043

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BERRY, DAN	2022-01-01	1869OPENAXESSBRONZ EE		\$536.10
BROMLEY, TERAH	2022-01-01	1869OPENAXESSSILVE FAM		\$1809.00
BUTLER, JAMES	2022-01-01	1869OPENAXESSBRONZ FAM		\$1628.10
CARR, KATHRYN	2022-01-01	ADD		\$4.20
CARR, KATHRYN	2022-01-01	GUARDLOW	EE	\$29.44
CARR, KATHRYN	2022-01-01	1869OPENAXESSGOLD	EE	\$719.19
CARR, KATHRYN	2022-01-01	VSP	EE	\$8.75
DAVIS, BRIANNA	2022-01-01	1869OPENAXESSGOLD	EC2	\$1438.38
GLADBACH, CLAIRE	2022-01-01	GUARDHIGH	ES	\$89.81
GLADBACH, CLAIRE	2022-01-01	1869OPENAXESSGOLD	ES	\$1438.38
GLADBACH, CLAIRE	2022-01-01	VSP	ES	\$14.73
GLOVER, CARISSA	2022-01-01	GUARDLOW	FAM	\$100.74
GLOVER, CARISSA	2022-01-01	VSP	FAM	\$23.76
GOMER, KENSIE	2022-01-01	GUARDLOW	EE	\$29.44
GOMER, KENSIE	2022-01-01	1869OPENAXESSSILVE	EE	\$603.00
GOMER, KENSIE	2022-01-01	VSP	EE	\$8.75
HANSEN, STEWART	2022-01-01	GUARDHIGH	ES	\$89.81
HANSEN, STEWART	2022-01-01	1869OPENAXESSCOPPE	ES	\$1012.26
HANSEN, STEWART	2022-01-01	VSP	ES	\$14.73
HEDER, MARIANNE	2022-01-01	ADD		\$42.42
HEDER, MARIANNE	2022-01-01	GUARDHIGH	FAM	\$160.18
HEDER, MARIANNE	2022-01-01	1869OPENAXESSSILVE	FAM	\$1809.00
HEDER, MARIANNE	2022-01-01	VSP	FAM	\$23.76
HOMER, ALAN	2022-01-01	GUARDHIGH	EE	\$47.61
HOMER, ALAN	2022-01-01	1869OPENAXESSBRONZ EE		\$536.10
HOMER, ALAN	2022-01-01	VSP	EE	\$8.75

PROPERTY MANAGEMENT INC.
2940 W Maple Loop Dr Ste 104
LEHI, UT 84043

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LUCHANSKY, MICHELLE	2022-01-01	GUARDLOW	EE	\$29.44
LUCHANSKY, MICHELLE	2022-01-01	1869OPENAXESSILVE	EE	\$603.00
MANWILL, MEGAN	2022-01-01	GUARDLOW	EE	\$29.44
MANWILL, MEGAN	2022-01-01	1869OPENAXESSBRONZ	EE	\$536.10
MCELHINEY, AARON	2022-01-01	GUARDLOW	FAM	\$100.74
MCELHINEY, AARON	2022-01-01	1869OPENAXESSGOLD	FAM	\$2157.57
MCELHINEY, AARON	2022-01-01	VSP	FAM	\$23.76
PERCELL, ASPEN	2022-01-01	GUARDLOW	EE	\$29.44
PHILIPPS, JAMES	2022-01-01	GUARDHIGH	EE	\$47.61
PHILIPPS, JAMES	2022-01-01	1869OPENAXESSBRONZ	EE	\$536.10
PIGGOTT, BRYAN	2022-01-01	1869OPENAXESSCOPPE	FAM	\$1419.92
SCHRADER, JAMES	2022-01-01	VSP	EC2	\$15.02
SCHRADER, JAMES	2022-01-01	GUARDLOW	FAM	\$100.74
SCHRADER, JAMES	2022-01-01	1869OPENAXESSILVE	EC2	\$1206.00
SEGRETTO, KELLI	2022-01-01	GUARDHIGH	EE	\$47.61
SEGRETTO, KELLI	2022-01-01	1869OPENAXESSBRONZ	EE	\$536.10
SEGRETTO, KELLI	2022-01-01	VSP	EE	\$8.75
TUPOU, CHEZNEY	2022-01-01	ADD		\$1.68
TUPOU, CHEZNEY	2022-01-01	GUARDLOW	ES	\$55.54
TUPOU, CHEZNEY	2022-01-01	1869OPENAXESSGOLD	ES	\$1438.38
TUPOU, CHEZNEY	2022-01-01	VSP	ES	\$14.73
WOOD, JESSALYN	2022-01-01	ADD		\$8.40
WOOD, JESSALYN	2022-01-01	GUARDLOW	EE	\$29.44
WOOD, JESSALYN	2022-02-01	1869OPENAXESSBRONZ	EE	\$536.10

PROPERTY MANAGEMENT INC.
2940 W Maple Loop Dr Ste 104
LEHI, UT 84043

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WOOD, JESSALYN	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	9
Employee & Spouse	3
Employee & Children	0
Family	5



Account Services

Monthly Statement

PRP LEARNING CENTER BALTIMORE MD
10 RED MAPLE COURT
OWINGS MILLS, MD 21117

Invoice Number: 4609-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$21.00**	\$21.00
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$77.36

PRP LEARNING CENTER BALTIMORE MD
10 RED MAPLE COURT
OWINGS MILLS, MD 21117

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALBRITTON, ANANA	2022-01-01	ADD		\$21.00
MABRY, VALERIE	2017-12-01	GUARDHIGH	EE	\$47.61
MABRY, VALERIE	2018-12-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

QUALITY INN SELINGROVE
613 N. SUSQUEHANNA TRAIL
SELINGROVE, PA 17870

Invoice Number: 4732-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44

QUALITY INN SELINGROVE
613 N. SUSQUEHANNA TRAIL
SELINGROVE, PA 17870

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
REMPHREY, KENDRA	2022-01-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

REBEL HOSPITALITY LLC
215 W Ontario Street
CHICAGO, IL 60654

Invoice Number: 4133-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1130OPENAXESSPRIME	Employee Only	4	\$653.75	\$2,615.00
1130OPENAXESSPRIME	Family	1	\$1,873.80	\$1,873.80
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$4,560.17

REBEL HOSPITALITY LLC
215 W Ontario Street
CHICAGO, IL 60654

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DAVIS, CYNTHIA	2020-09-01	1130OPENAXESSPRIME	EE	\$653.75
DAVIS, CYNTHIA	2020-09-01	GUARDHIGH	EE	\$47.61
HINES, ANGELIA	2022-01-01	1130OPENAXESSPRIME	EE	\$653.75
KLOK, ANTHONY	2020-09-01	1130OPENAXESSPRIME	FAM	\$1873.80
KORNOTA, EUGENE	2021-01-01	VSP	FAM	\$23.76
LOPROTO, GERALD	2022-01-01	1130OPENAXESSPRIME	EE	\$653.75
WAECHTER, LIANA	2020-09-01	1130OPENAXESSPRIME	EE	\$653.75

MEDICAL PLAN COUNTS

Employee Only	4
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

RED HOUSE STAGING, INC.
9950 BUSINESS PKWY SUITE 100B
LANHAM, MD 20706

Invoice Number: 4573-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$2.52**	\$2.52
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDLOW	Employee Only	4	\$29.44	\$117.76
			GRAND TOTAL	\$215.50

RED HOUSE STAGING, INC.
9950 BUSINESS PKWY SUITE 100B
LANHAM, MD 20706

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GASKINS, SYDNEY	2022-01-01	ADD		\$2.52
HIGGS, MICHAEL	2022-01-01	GUARDLOW	EE	\$29.44
LANGMAID, JOHN	2022-01-01	GUARDLOW	EE	\$29.44
RAMOS, BELINDA	2021-02-01	GUARDHIGH	EE	\$47.61
RINER, TUCKER	2022-02-01	GUARDHIGH	EE	\$47.61
RUFFIN, BIANCA	2022-01-01	GUARDLOW	EE	\$29.44
SUTTON, SHARIFFA	2022-01-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

REFRIGERATION TECHNOLOGIES
1055 S Hanover St
POTTSTOWN, PA 19465

Invoice Number: 4431-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1749OPENAXESSILVE	Employee Only	1	\$603.00	\$603.00
			GRAND TOTAL	\$603.00

REFRIGERATION TECHNOLOGIES

1055 S Hanover St
POTTSTOWN, PA 19465

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WEZEL, GARY	2022-01-01	1749OPENAXESSILVE	EE	\$603.00

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

RELIABLE STAFFING CORPORATION
360 N Pacific Coast Highway
LOS ANGELES, CA 90245

Invoice Number: 4611-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$47.61

RELIABLE STAFFING CORPORATION

360 N Pacific Coast Highway

LOS ANGELES, CA 90245

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
RUIZ, VICTOR	2022-01-01	GUARDHIGH	EE	\$47.61

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

REMAX GOLD
1312 MATTHEWS MINT HILL RD
MATTHEWS, NC 28105

Invoice Number: 4106-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1046OPENAXESSBRONZ	Employee & Spouse Only	1	\$986.72	\$986.72
1046OPENAXESSSILVE	Employee & Spouse Only	1	\$1,096.36	\$1,096.36
			GRAND TOTAL	\$2,083.08

REMAX GOLD
1312 MATTHEWS MINT HILL RD
MATTHEWS, NC 28105

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CASON, WESLEY	2020-05-01	1046OPENAXESSSILVE	ES	\$1096.36
SUITOR, JASON	2020-05-01	1046OPENAXESSBRONZ	ES	\$986.72

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	2
Employee & Children	0
Family	0



Account Services

Monthly Statement

RFC DRILLING. LLC
6001 W Murphy St
ODESSA, TX 79763

Invoice Number: 4497-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1828OPENAXESSBRONZ	Employee Only	1	\$414.07	\$414.07
1828OPENAXESSBRONZ	Family	1	\$1,242.22	\$1,242.22
1828OPENAXESSGOLD	Employee Only	2	\$712.45	\$1,424.90
1828OPENAXESSPLATI	Employee Only	1	\$783.70	\$783.70
1828OPENAXESSPREMI	Employee Only	3	\$574.63	\$1,723.89
1828OPENAXESSPREMI	Employee & Spouse Only	7	\$1,175.29	\$8,227.03
1828OPENAXESSPREMI	Employee & Children	1	\$1,054.53	\$1,054.53
1828OPENAXESSPREMI	Family	1	\$1,648.94	\$1,648.94
ADD	Employee Only	8	\$8.40**	\$56.70
GUARDHIGH	Employee Only	7	\$47.61	\$333.27
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Employee & Children	1	\$89.81	\$89.81
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee & Spouse Only	4	\$55.54	\$222.16
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Employee Only	4	\$8.75	\$35.00
VSP	Employee & Spouse Only	5	\$14.73	\$73.65
VSP	Employee & Children	1	\$15.02	\$15.02
VSP	Family	3	\$23.76	\$71.28
			GRAND TOTAL	\$17,841.51

RFC DRILLING. LLC
6001 W Murphy St
ODESSA, TX 79763

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BRISTER, JOSHUA	2022-02-01	GUARDHIGH	EE	\$47.61
CARTER, JEFFERY	2022-01-01	GUARDLOW	EC2	\$74.61
COURVILLE, GEORGE	2022-02-01	GUARDHIGH	ES	\$89.81
COURVILLE, GEORGE	2022-01-01	1828OPENAXESSPREMI	ES	\$1175.29
COURVILLE, GEORGE	2022-02-01	VSP	ES	\$14.73
DOWDEN, CARL	2022-01-01	GUARDHIGH	EE	\$47.61
DOWDEN, CARL	2022-01-01	1828OPENAXESSPREMI	EE	\$574.63
DOWDEN, CARL	2022-01-01	VSP	EE	\$8.75
FAULKNER, CLYDE	2022-01-01	ADD		\$10.50
FAULKNER, CLYDE	2022-01-01	1828OPENAXESSGOLD	EE	\$712.45
FAULKNER, CLYDE	2022-01-01	VSP	EE	\$8.75
FAULKNER, JONATHON	2022-01-01	ADD		\$4.20
FAULKNER, JONATHON	2022-01-01	GUARDHIGH	EC	\$89.81
FAULKNER, JONATHON	2022-01-01	VSP	EC	\$15.02
FONTENOT, BRYAN	2022-02-01	GUARDHIGH	EE	\$47.61
FONTENOT, BRYAN	2022-01-01	1828OPENAXESSGOLD	EE	\$712.45
FONTENOT, BRYAN	2022-02-01	VSP	EE	\$8.75
HAM, JEFF	2022-01-01	ADD		\$8.40
HAM, JEFF	2022-01-01	GUARDLOW	ES	\$55.54
HAM, JEFF	2022-01-01	1828OPENAXESSPREMI	ES	\$1175.29
HAM, JEFF	2022-01-01	VSP	ES	\$14.73
HARE, TERRY	2022-02-01	GUARDLOW	FAM	\$100.74
HARE, TERRY	2022-01-01	1828OPENAXESSBRONZ	FAM	\$1242.22
HARE, TERRY	2022-02-01	VSP	FAM	\$23.76
HERNANDEZ, JOSE	2022-02-01	1828OPENAXESSPLATI	EE	\$783.70
HILL, ROBERT	2022-02-01	ADD		\$10.50

RFC DRILLING. LLC
6001 W Murphy St
ODESSA, TX 79763

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HILL, ROBERT	2022-01-24	1828OPENAXESSPREMI	EC2	\$1054.53
HILL, ROBERT	2022-02-01	VSP	FAM	\$23.76
LEMAIRE, MICHAEL	2022-01-01	ADD		\$8.40
LEMAIRE, MICHAEL	2022-01-01	GUARDHIGH	FAM	\$160.18
LEMAIRE, MICHAEL	2022-01-01	1828OPENAXESSPREMI	FAM	\$1648.94
LEMAIRE, MICHAEL	2022-01-01	VSP	FAM	\$23.76
LONG, JAMES	2022-02-01	ADD		\$8.40
LONG, JAMES	2022-02-01	GUARDHIGH	EE	\$47.61
LONG, JAMES	2022-01-01	1828OPENAXESSPREMI	ES	\$1175.29
MALONE, DAVID	2022-02-01	GUARDHIGH	EE	\$47.61
MALONE, DAVID	2022-01-01	1828OPENAXESSPREMI	ES	\$1175.29
MALONE, DAVID	2022-02-01	VSP	ES	\$14.73
MIRE, JOSHUA	2022-02-01	GUARDHIGH	EE	\$47.61
MIRE, JOSHUA	2022-01-01	1828OPENAXESSPREMI	EE	\$574.63
MIRE, JOSHUA	2022-02-01	VSP	EE	\$8.75
NAVA, HUMBERTO	2022-02-01	ADD		\$4.20
NAVA, HUMBERTO	2022-02-01	GUARDHIGH	EE	\$47.61
NAVA, HUMBERTO	2022-01-01	1828OPENAXESSPREMI	EE	\$574.63
RICHARD, MURPHY	2022-01-01	ADD		\$2.10
RICHARD, MURPHY	2022-01-01	GUARDLOW	ES	\$55.54
RICHARD, MURPHY	2022-01-01	1828OPENAXESSPREMI	ES	\$1175.29
RICHARD, MURPHY	2022-01-01	VSP	ES	\$14.73
SOILEAU, DONOVAN	2022-02-01	1828OPENAXESSBRONZ	EE	\$414.07
SONNIER, BRENTON	2022-01-01	GUARDLOW	ES	\$55.54
SONNIER, BRENTON	2022-01-01	1828OPENAXESSPREMI	ES	\$1175.29

RFC DRILLING. LLC
6001 W Murphy St
ODESSA, TX 79763

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SONNIER, BRENTON	2022-01-01	VSP	ES	\$14.73
SONNIER, CURTIS	2022-02-01	GUARDLOW	ES	\$55.54
SONNIER, CURTIS	2022-01-01	1828OPENAXESSPREMI	ES	\$1175.29

MEDICAL PLAN COUNTS

Employee Only	7
Employee & Spouse	7
Employee & Children	0
Family	2



Account Services

Monthly Statement

RIGHTPRO STAFFING
100 Reserve Rd
Danbury, CT 06810

Invoice Number: 4726-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0903OPENAXESSBRONZ	Employee Only	3	\$438.62	\$1,315.86
0903OPENAXESSGOLD	Employee Only	1	\$588.38	\$588.38
0903OPENAXESSGOLD	Family	2	\$1,765.29	\$3,530.58
0903OPENAXESSILVER	Employee Only	1	\$493.36	\$493.36
0903OPENAXESSILVER	Employee & Children	1	\$986.72	\$986.72
ADD	Employee Only	2	\$0.42**	\$25.20
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Employee & Children	2	\$89.81	\$179.62
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	5	\$29.44	\$147.20
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$7,554.84

RIGHTPRO STAFFING

100 Reserve Rd
Danbury, CT 06810

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GARDNER, D'YANNA	2022-01-01	0903OPENAXESSBRONZ	EE	\$438.62
GARRISON, HEATHER	2022-02-01	0903OPENAXESSILVER	EE	\$493.36
GARRISON, HEATHER	2022-02-01	GUARDHIGH	EE	\$47.61
ISLES, ANN MARIE	2022-02-01	0903OPENAXESSILVER	EC	\$986.72
ISLES, ANN MARIE	2022-02-01	ADD		\$21.00
ISLES, ANN MARIE	2022-02-01	GUARDHIGH	EC	\$89.81
JONES, LETISHA	2022-01-01	ADD		\$4.20
JONES, LETISHA	2022-01-01	GUARDLOW	EE	\$29.44
JONES, LETISHA	2022-01-01	VSP	EE	\$8.75
KAIN, KYLE	2022-01-01	0903OPENAXESSGOLD	EE	\$588.38
KAIN, SIDNEY	07/01/2021	0903OPENAXESSGOLD	FAM	\$1765.29
KAIN, SIDNEY	2021-07-01	GUARDHIGH	FAM	\$160.18
KAIN, SIDNEY	2021-07-01	0903OPENAXESSGOLD	FAM	\$1765.29
MCGEE, SYRETTA	2022-01-01	GUARDHIGH	EC	\$89.81
MCGEE, SYRETTA	2022-01-01	VSP	EC	\$15.02
MORGAN, JODI	2022-02-01	0903OPENAXESSBRONZ	EE	\$438.62
MORGAN, JODI	2022-02-01	GUARDLOW	EE	\$29.44
NELSON, PATRICK	2022-02-01	GUARDHIGH	EE	\$47.61
RICARDO, CAROLINE	2022-01-01	0903OPENAXESSBRONZ	EE	\$438.62
RICARDO, CAROLINE	2022-01-01	GUARDLOW	EE	\$29.44
RODRIGUEZ, JOE	2021-10-01	GUARDLOW	EE	\$29.44
RODRIGUEZ, JOE	2021-10-01	VSP	EE	\$8.75
SINGH, EUSTACE	2022-01-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

Employee Only	5
Employee & Spouse	0
Employee & Children	1
Family	2



Account Services

Monthly Statement

RLS FLORIDA
1943 NW 104TH WAY
GAINESVILLE, FL 32606

Invoice Number: 4423-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1739OPENAXESSILVE	Family	1	\$1,644.54	\$1,644.54
ADD	Employee Only	1	\$1.26**	\$1.26
GRAND TOTAL				\$1,645.80

RLS FLORIDA
1943 NW 104TH WAY
GAINESVILLE, FL 32606

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SCOTT, RANDOLPH	2022-01-01	ADD		\$1.26
SCOTT, RANDOLPH	2022-01-01	1739OPENAXESSILVE	FAM	\$1644.54

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

ROOSTERS MEN'S GROOMING CENTER
5361 ROLLINGWOOD DR
MILFORD, OH 45150

Invoice Number: 4661-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0666OPENAXESSCOPPE	Employee Only	1	\$330.65	\$330.65
0666OPENAXESSGOLD	Employee Only	2	\$479.89	\$959.78
0666OPENAXESSGOLD	Employee & Spouse Only	1	\$985.30	\$985.30
0666OPENAXESSGOLD	Employee & Children	1	\$905.15	\$905.15
ADD	Employee Only	2	\$0.84**	\$1.68
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$3,533.31

ROOSTERS MEN'S GROOMING CENTER
5361 ROLLINGWOOD DR
MILFORD, OH 45150

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
AGUIRRE, AMY	2020-09-01	0666OPENAXESSGOLD	EE	\$479.89
AGUIRRE, AMY	2017-12-01	GUARDLOW	EC	\$74.61
DANIELS, ROBERTA	2022-01-01	GUARDHIGH	EE	\$47.61
DANIELS, ROBERTA	2022-01-01	VSP	EE	\$8.75
MILLER, DARRELL	2017-12-01	GUARDHIGH	EE	\$47.61
MILLER, DARRELL	2018-12-01	VSP	EE	\$8.75
NELSON, COURTNEY	2022-01-01	0666OPENAXESSGOLD	EC2	\$905.15
NELSON, COURTNEY	2022-01-01	ADD		\$0.84
NELSON, JARED	2022-01-01	0666OPENAXESSGOLD	EE	\$479.89
NELSON, JARED	2022-01-01	GUARDLOW	EE	\$29.44
NELSON, LISA	2022-01-01	0666OPENAXESSGOLD	ES	\$985.30
NELSON, LISA	2022-01-01	ADD		\$0.84
NELSON, LISA	2022-01-01	GUARDHIGH	ES	\$89.81
NELSON, LISA	2022-01-01	VSP	ES	\$14.73
WILTON, ABIGAIL	2021-04-01	0666OPENAXESSCOPPE	EE	\$330.65
WILTON, ABIGAIL	2021-04-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

Employee Only	3
Employee & Spouse	1
Employee & Children	0
Family	0



Account Services

Monthly Statement

ROSEMIL MANAGEMENT GROUP, LLC
350 SYCAMORE ROAD
GENOA, IL 60135

Invoice Number: 4653-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44

ROSEMIL MANAGEMENT GROUP, LLC
350 SYCAMORE ROAD
GENOA, IL 60135

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WEERTS, SARAH	2019-01-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

RSL SAFETY CORPORATION
1409 EAST BLVD
CHARLOTTE, NC 28203

Invoice Number: 4254-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1483OPENAXESSBRONZ	Employee & Spouse Only	1	\$888.23	\$888.23
			GRAND TOTAL	\$888.23

RSL SAFETY CORPORATION
1409 EAST BLVD
CHARLOTTE, NC 28203

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KAPLAN, GARY	2022-01-01	1483OPENAXESSBRONZ ES		\$888.23

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	1
Employee & Children	0
Family	0



Account Services

Monthly Statement

SAASCEND
401 Ryland St Ste 200A
RENO, NV 89502

Invoice Number: 4438-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1758OPENAXESSBRONZ	Employee Only	3	\$487.36	\$1,462.08
1758OPENAXESSCOPPE	Family	1	\$1,290.84	\$1,290.84
1758OPENAXESSGOLD	Employee Only	2	\$653.81	\$1,307.62
1758OPENAXESSGOLD	Family	1	\$1,961.43	\$1,961.43
1758OPENAXESSPLATI	Employee Only	2	\$784.50	\$1,569.00
1758OPENAXESSPLATI	Family	1	\$2,353.72	\$2,353.72
1758OPENAXESSSILVE	Employee Only	1	\$548.18	\$548.18
1758OPENAXESSSILVE	Employee & Spouse Only	1	\$1,096.36	\$1,096.36
ADD	Employee Only	2	\$4.20**	\$50.90
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Family	2	\$160.18	\$320.36
GUARDLOW	Employee Only	5	\$29.44	\$147.20
VSP	Employee Only	5	\$8.75	\$43.75
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$12,285.15

SAASCEND
401 Ryland St Ste 200A
RENO, NV 89502

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALLEN, KATHERINE	2021-11-01	GUARDHIGH	EE	\$47.61
ALLEN, KATHERINE	2021-11-01	1758OPENAXESSBRONZ	EE	\$487.36
ANDERSON, CHRISTINA	2021-10-01	1758OPENAXESSILVE	ES	\$1096.36
ASHTON, BRANDON	2021-11-01	GUARDHIGH	FAM	\$160.18
ASHTON, BRANDON	2021-11-01	1758OPENAXESSCOPPE	FAM	\$1290.84
ASHTON, BRANDON	2021-11-01	VSP	FAM	\$23.76
GUACCI, ANTHONY	2021-12-01	ADD		\$29.48
GUACCI, ANTHONY	2021-12-01	GUARDHIGH	FAM	\$160.18
GUACCI, ANTHONY	2021-12-01	1758OPENAXESSPLATI	FAM	\$2353.72
GUACCI, ANTHONY	2021-12-01	VSP	ES	\$14.73
HUNTER, CASSIDY	2022-01-01	GUARDLOW	EE	\$29.44
HUNTER, CASSIDY	2022-01-01	1758OPENAXESSILVE	EE	\$548.18
HUNTER, CASSIDY	2022-01-01	VSP	EE	\$8.75
LOGAN, BRIDGETTE	2022-01-01	GUARDLOW	EE	\$29.44
LOGAN, BRIDGETTE	2022-01-01	1758OPENAXESSPLATI	EE	\$784.50
LOGAN, BRIDGETTE	2022-01-01	VSP	EE	\$8.75
MORTON, DANIEL	2022-01-01	GUARDLOW	EE	\$29.44
MORTON, DANIEL	2022-01-01	1758OPENAXESSGOLD	EE	\$653.81
MORTON, DANIEL	2022-01-01	VSP	EE	\$8.75
SMITH, NATHAN	2021-11-01	GUARDLOW	EE	\$29.44
SMITH, NATHAN	2021-11-01	1758OPENAXESSBRONZ	EE	\$487.36
STOKES, LORYN	2021-10-01	ADD		\$21.42
STOKES, LORYN	2021-10-01	1758OPENAXESSGOLD	FAM	\$1961.43
STOUFFER, STEPHEN	2022-01-01	GUARDHIGH	EE	\$47.61
STOUFFER, STEPHEN	2022-01-01	1758OPENAXESSPLATI	EE	\$784.50
STOUFFER, STEPHEN	2022-01-01	VSP	EE	\$8.75

SAASCEND
401 Ryland St Ste 200A
RENO, NV 89502

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
TRAN, WILLIAM	2021-10-01	1758OPENAXESSBRONZ	EE	\$487.36
ZHUANG, MABEL	2022-02-01	GUARDLOW	EE	\$29.44
ZHUANG, MABEL	2022-02-01	1758OPENAXESSGOLD	EE	\$653.81
ZHUANG, MABEL	2022-02-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	8
Employee & Spouse	1
Employee & Children	0
Family	3



Account Services

Monthly Statement

SCGH - SUPERCUTS
31 LOCKWOOD DRIVE
PRINCETON, NJ 08540

Invoice Number: 4105-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1045OPENAXESSBRONZ	Employee Only	5	\$321.43	\$1,607.15
1045OPENAXESSGOLD	Employee Only	1	\$358.93	\$358.93
1045OPENAXESSILVE	Employee Only	2	\$340.18	\$680.36
ADD	Employee Only	1	\$21.42**	\$21.42
GUARDLOW	Employee Only	5	\$29.44	\$147.20
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$2,913.44

SCGH - SUPERCUTS
31 LOCKWOOD DRIVE
PRINCETON, NJ 08540

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALBERT, MICHELLE	2022-01-01	1045OPENAXESSBRONZ EE		\$321.43
ALVEY, CAROL	2022-01-01	1045OPENAXESSBRONZ EE		\$321.43
ALVEY, CAROL	2022-01-01	GUARDLOW	EE	\$29.44
ALVEY, CAROL	2022-01-01	VSP	EE	\$8.75
BRENNAN, AMANDA	2022-01-01	1045OPENAXESSGOLD	EE	\$358.93
BRENNAN, AMANDA	2022-01-01	GUARDLOW	EE	\$29.44
DICKENS, JILLIAN	2022-01-01	GUARDLOW	EE	\$29.44
GOEBEL, STACEY	2020-07-01	1045OPENAXESSBRONZ EE		\$321.43
LISA, KATELYN	2021-01-01	VSP	EC	\$15.02
LISA, KATELYN	2021-01-01	ADD		\$21.42
LISA, KATELYN	2021-01-01	GUARDLOW	EC	\$74.61
MAYHEW, RACHEL	2020-08-01	1045OPENAXESSSILVE	EE	\$340.18
MAYHEW, RACHEL	2021-01-01	GUARDLOW	EE	\$29.44
RODRIGUEZ, ROBERTO	2020-07-01	1045OPENAXESSSILVE	EE	\$340.18
SPRINGFIELD, NICOLE	2021-07-01	1045OPENAXESSBRONZ EE		\$321.43
SPRINGFIELD, NICOLE	2021-07-01	GUARDLOW	EE	\$29.44
ZANAKIS, ANTONIA	2022-01-01	1045OPENAXESSBRONZ EE		\$321.43

MEDICAL PLAN COUNTS

Employee Only	8
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

SCOOTERS COFFEE KINGSPORT
4287 Fort Henry Dr
KINGSPORT, TN 37663

Invoice Number: 4486-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1815OPENAXESSBRONZ	Employee Only	1	\$536.10	\$536.10
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$574.29

SCOOTERS COFFEE KINGSPORT

4287 Fort Henry Dr

KINGSPORT, TN 37663

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MORELOCK, CASSIDY	2022-02-01	GUARDLOW	EE	\$29.44
MORELOCK, CASSIDY	2022-02-01	1815OPENAXESSBRONZ	EE	\$536.10
MORELOCK, CASSIDY	2022-02-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

SEBENZA
6320 BELL STATION ROAD
GLENN DALE, MD 20769

Invoice Number: 4166-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$133.41

SEBENZA
6320 BELL STATION ROAD
GLENN DALE, MD 20769

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FENWICK, JONATHAN	2017-12-01	GUARDHIGH	EE	\$47.61
MATTOS, SAUL	2022-01-01	GUARDHIGH	EE	\$47.61
MATTOS, SAUL	2022-01-01	VSP	EE	\$8.75
PRICE, FREDERICK	2021-01-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

SENIOR CARE AUTHORITY, LLC
755 BAYWOOD DRIVE
PETALUMA, CA 94954

Invoice Number: 4709-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$3.36**	\$3.36
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$50.97

SENIOR CARE AUTHORITY, LLC
755 BAYWOOD DRIVE
PETALUMA, CA 94954

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALEXANDER, LAURA	2020-01-01	GUARDHIGH	EE	\$47.61
SIEGWARTH, LORIANN	2020-01-01	ADD		\$3.36

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

SENIOR HELPERS FORT COLLINS CO
3101 Kintzley Ct
LaPorte, CO 80535

Invoice Number: 4668-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	3	\$2.10**	\$37.80
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Children	1	\$89.81	\$89.81
GUARDLOW	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Children	2	\$15.02	\$30.04
			GRAND TOTAL	\$373.63

SENIOR HELPERS FORT COLLINS CO

3101 Kintzley Ct
LaPorte, CO 80535

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CERVANTES, BARBARA	2019-01-01	GUARDLOW	EE	\$29.44
CERVANTES, BARBARA	2019-01-01	VSP	EE	\$8.75
LEMPKE, MARY	2022-01-01	ADD		\$21.00
LEMPKE, MARY	2022-01-01	GUARDLOW	EE	\$29.44
PEREZ, IRMA "SARAH"	2022-01-01	ADD		\$6.30
PEREZ, IRMA "SARAH"	2022-01-01	GUARDHIGH	EE	\$47.61
PURDY, DANETTE	2021-10-01	ADD		\$10.50
ROSSI, ROSEMARIE	2021-10-01	GUARDHIGH	EC	\$89.81
ROSSI, ROSEMARIE	2021-10-01	VSP	EC	\$15.02
SCHNEIDER, CHRISTINA	2022-01-01	GUARDLOW	FAM	\$100.74
SCHNEIDER, CHRISTINA	2022-01-01	VSP	EC2	\$15.02

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

SENIOR HELPERS GREATER MARIN
777 Grand Ave Suite 101
SAN RAFAEL, CA 94901

Invoice Number: 4300-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$21.00**	\$21.00
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$110.63

SENIOR HELPERS GREATER MARIN

777 Grand Ave Suite 101

SAN RAFAEL, CA 94901

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GARCIA, AMY	2022-01-01	ADD		\$21.00
GARCIA, AMY	2022-01-01	GUARDLOW	EC	\$74.61
GARCIA, AMY	2022-01-01	VSP	EC	\$15.02

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

SENIOR HELPERS HARRISBURG PA
3806 Market St. Ste 3
Camp Hill, PA 17011

Invoice Number: 4208-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	3	\$6.30**	\$7.98
GUARDHIGH	Employee Only	6	\$47.61	\$285.66
GUARDLOW	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Employee & Spouse Only	2	\$55.54	\$111.08
VSP	Employee Only	6	\$8.75	\$52.50
			GRAND TOTAL	\$516.10

SENIOR HELPERS HARRISBURG PA

3806 Market St. Ste 3

Camp Hill, PA 17011

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALLABAUGH, WENDY	2022-01-01	ADD		\$1.26
ALLABAUGH, WENDY	2022-01-01	GUARDHIGH	EE	\$47.61
ALLABAUGH, WENDY	2022-01-01	VSP	EE	\$8.75
ASHFORD, TIARRA	2022-02-01	ADD		\$6.30
ASHFORD, TIARRA	2022-02-01	GUARDHIGH	EE	\$47.61
BANKS, JEANNINE	2022-01-01	ADD		\$0.42
BANKS, JEANNINE	2022-01-01	VSP	EE	\$8.75
BOWER, CAROL	2022-01-01	GUARDLOW	EE	\$29.44
GARISTO, STEPHEN	2020-01-01	GUARDHIGH	EE	\$47.61
HAWKES, BILLIE	2020-01-01	GUARDLOW	ES	\$55.54
HEIM, BELINDA	2022-01-01	GUARDHIGH	EE	\$47.61
JOWANOWITCH, JESSICA	2020-01-01	GUARDLOW	ES	\$55.54
MOSES, BETHANY	2020-01-01	VSP	EE	\$8.75
NALLY, JENNIFER	2022-01-01	GUARDLOW	EE	\$29.44
NALLY, JENNIFER	2022-01-01	VSP	EE	\$8.75
POST, SUZANNE	2022-01-01	GUARDHIGH	EE	\$47.61
POST, SUZANNE	2022-01-01	VSP	EE	\$8.75
VIANDS, AMANDA	2020-06-01	GUARDHIGH	EE	\$47.61
VIANDS, AMANDA	2020-06-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

SENIOR HELPERS HOUSTON CENTRAL
1919 N Loop W, Suite 443
HOUSTON, TX 77008

Invoice Number: 4714-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$2.10**	\$2.10
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$87.90

SENIOR HELPERS HOUSTON CENTRAL

1919 N Loop W, Suite 443

HOUSTON, TX 77008

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MACHACEK, HOLLEY	2022-01-01	ADD		\$2.10
MACHACEK, HOLLEY	2022-02-01	GUARDLOW	EE	\$29.44
MACHACEK, HOLLEY	2022-01-01	VSP	EE	\$8.75
SAMPLE, NICKI	2022-02-01	GUARDHIGH	EE	\$47.61

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

SH TOWN SQUARE COMPANY STORE
9708 BELAIR RD
BALTIMORE, MD 21236

Invoice Number: 4468-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	3	\$16.80**	\$80.22
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$284.86

SH TOWN SQUARE COMPANY STORE
9708 BELAIR RD
BALTIMORE, MD 21236

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
JORDAN, KEYONNA	2022-01-01	ADD		\$16.80
JORDAN, KEYONNA	2022-01-01	GUARDLOW	EE	\$29.44
KUHN, SARA	2021-05-01	ADD		\$42.00
SCHLEE, CRYSTAL	2021-07-01	ADD		\$21.42
SCHLEE, CRYSTAL	2022-01-01	GUARDHIGH	FAM	\$160.18
SCHLEE, CRYSTAL	2022-01-01	VSP	EC2	\$15.02

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

SH TOWN SQUARE FRANCHISING
9708 Belair Rd
BALTIMORE, MD 21236

Invoice Number: 4359-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$4.20**	\$8.40
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Children	1	\$15.02	\$15.02
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$260.72

SH TOWN SQUARE FRANCHISING
9708 Belair Rd
BALTIMORE, MD 21236

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BLACKMAN, BRITTANY	2022-01-01	ADD		\$4.20
BLACKMAN, BRITTANY	2022-01-01	GUARDLOW	EC	\$74.61
BLACKMAN, BRITTANY	2022-01-01	VSP	EC	\$15.02
BOWERS, MARC	2022-01-01	ADD		\$4.20
BOWERS, MARC	2022-01-01	GUARDLOW	EE	\$29.44
BOWERS, MARC	2022-01-01	VSP	EE	\$8.75
SPILLUM, PETER	2021-11-01	GUARDLOW	FAM	\$100.74
SPILLUM, PETER	2021-11-01	VSP	FAM	\$23.76

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

SKY LLC
67 TOWER RD
WHITE PLAINS, NY 10604

Invoice Number: 4313-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1585OPENAXESSGOLD	Employee & Spouse Only	1	\$1,307.62	\$1,307.62
1585OPENAXESSGOLD	Employee & Children	1	\$1,307.62	\$1,307.62
1585OPENAXESSGOLD	Family	1	\$1,961.43	\$1,961.43
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Employee & Children	1	\$89.81	\$89.81
GUARDHIGH	Family	1	\$160.18	\$160.18
VSP	Employee & Children	1	\$15.02	\$15.02
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$4,955.25

SKY LLC
67 TOWER RD
WHITE PLAINS, NY 10604

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DIMITROVA, MARINA	2021-01-01	1585OPENAXESSGOLD	FAM	\$1961.43
DIMITROVA, MARINA	2021-01-01	GUARDHIGH	FAM	\$160.18
DIMITROVA, MARINA	2021-01-01	VSP	FAM	\$23.76
MACKONOCHE, JOANNE	2021-01-01	1585OPENAXESSGOLD	ES	\$1307.62
MACKONOCHE, JOANNE	2021-01-01	GUARDHIGH	ES	\$89.81
MENENDEZ, YULISSA	2021-10-13	1585OPENAXESSGOLD	EC	\$1307.62
MENENDEZ, YULISSA	2021-10-13	GUARDHIGH	EC	\$89.81
MENENDEZ, YULISSA	2021-10-13	VSP	EC	\$15.02

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	1
Employee & Children	1
Family	1



Account Services

Monthly Statement

SOUTHERN MARYLAND ENDOSCOPY CENTER, LLC
7700 OLD BRANCH AVENUE
CLINTON, MD 20735

Invoice Number: 4567-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$208.02

SOUTHERN MARYLAND ENDOSCOPY CENTER, LLC
7700 OLD BRANCH AVENUE
CLINTON, MD 20735

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CHESLEY, JACQUELINE	2021-01-01	GUARDLOW	EE	\$29.44
SMITH, DENISE	2017-12-01	GUARDHIGH	EE	\$47.61
SMITH, DENISE	2018-12-01	VSP	EE	\$8.75
WHITEHEAD, TONYA	2022-01-01	GUARDHIGH	EE	\$47.61
WOODHOUSE, SONNA	2017-12-01	GUARDLOW	EC	\$74.61

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

STAFFINGMEDICAL USA
118 WEST 5TH STREET SUITE 202
COVINGTON, KY 41011

Invoice Number: 4220-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1399OPENAXESSGOLD	Employee Only	7	\$653.81	\$4,576.67
1399OPENAXESSGOLD	Employee & Children	1	\$1,307.62	\$1,307.62
GUARDHIGH	Employee Only	3	\$47.61	\$142.83
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	4	\$29.44	\$117.76
VSP	Employee Only	3	\$8.75	\$26.25
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$6,464.32

STAFFINGMEDICAL USA
118 WEST 5TH STREET SUITE 202
COVINGTON, KY 41011

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALBISHARI, OSAMAH	2021-01-01	1399OPENAXESSGOLD	EE	\$653.81
ALBISHARI, OSAMAH	2021-01-01	GUARDLOW	EE	\$29.44
ALBISHARI, OSAMAH	2021-01-01	VSP	EE	\$8.75
BENAVIDES, JANIE	2021-04-01	1399OPENAXESSGOLD	EE	\$653.81
BENAVIDES, JANIE	2021-04-01	GUARDLOW	EE	\$29.44
CAGLE, TARA	2022-01-01	1399OPENAXESSGOLD	EE	\$653.81
CAGLE, TARA	2022-01-01	GUARDHIGH	EE	\$47.61
CATRON, JOSEPH	2021-08-01	1399OPENAXESSGOLD	EC2	\$1307.62
CATRON, JOSEPH	2021-08-01	GUARDHIGH	EC2	\$117.99
CATRON, JOSEPH	2021-08-01	VSP	EC2	\$15.02
DIAZ, GRACE	2022-01-01	1399OPENAXESSGOLD	EE	\$653.81
DIAZ, GRACE	2022-01-01	GUARDHIGH	EE	\$47.61
GOLD, PURE	2022-01-01	1399OPENAXESSGOLD	EE	\$653.81
GOLD, PURE	2022-01-01	GUARDLOW	EE	\$29.44
NAMAZZI, WINFRED	2022-01-01	GUARDHIGH	FAM	\$160.18
PLEMONS, HEATHER	2022-01-01	1399OPENAXESSGOLD	EE	\$653.81
PLEMONS, HEATHER	2022-01-01	GUARDLOW	EE	\$29.44
PLEMONS, HEATHER	2022-01-01	VSP	EE	\$8.75
SCOTT, CATHERINE	2021-01-01	1399OPENAXESSGOLD	EE	\$653.81
SCOTT, CATHERINE	2021-01-01	GUARDHIGH	EE	\$47.61
SCOTT, CATHERINE	2021-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	7
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

START TO END NETWORKS, LLC
1934 OLD GALLOWS ROAD
VIENNA, VA 22182

Invoice Number: 4564-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$10.92**	\$10.92
GUARDHIGH	Employee & Children	1	\$89.81	\$89.81
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$109.48

START TO END NETWORKS, LLC
1934 OLD GALLOWS ROAD
VIENNA, VA 22182

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
JAMES, MALCOLM	2021-01-01	ADD		\$10.92
JAMES, MALCOLM	2020-10-01	GUARDHIGH	EC	\$89.81
JAMES, MALCOLM	2020-08-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

STARTEDUP FOUNDATION
1098 Pebble Brook Dr
NOBLESVILLE, IN 46062

Invoice Number: 4331-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1608OPENAXESSGOLD	Employee Only	1	\$686.50	\$686.50
			GRAND TOTAL	\$686.50

STARTEDUP FOUNDATION

1098 Pebble Brook Dr

NOBLESVILLE, IN 46062

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LINDENSCHMIDT, ALLISON	2021-03-01	1608OPENAXESSGOLD	EE	\$686.50

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

STAT EXPERTS
4455 Brookfield Corporate Dr
Chantilly, VA 20151

Invoice Number: 4598-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	7	\$3.36**	\$19.32
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$75.68

STAT EXPERTS

4455 Brookfield Corporate Dr

Chantilly, VA 20151

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BROWN, ANTHEA	2021-12-01	ADD		\$2.10
JOHNSON, ILENE	2021-12-01	ADD		\$1.68
JONES, CHARLIE	2021-12-01	ADD		\$4.62
KLEIN, BROY	2021-12-01	ADD		\$3.36
MCTEER, SEAN	2021-12-01	ADD		\$2.10
MYERS, SANDRA	2021-12-01	ADD		\$4.20
NABER, TALIB	2021-12-01	ADD		\$1.26
YOUNGSIN, ALBERT	2021-02-01	GUARDHIGH	EE	\$47.61
YOUNGSIN, ALBERT	2021-02-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services
Monthly Statement

STELLAR TRANSPORT
4720 Salisbury Rd Ste 215
JACKSONVILLE, FL 32256

Invoice Number: 4274-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.42**	\$0.42
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$48.03

STELLAR TRANSPORT
4720 Salisbury Rd Ste 215
JACKSONVILLE, FL 32256

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WILLIAMS JR, ELIJAH	2022-02-01	ADD		\$0.42
WILLIAMS JR, ELIJAH	2022-02-01	GUARDHIGH	EE	\$47.61

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

SUPERCUTS MIAMI
3193 MARY STREET
MIAMI, FL 33133

Invoice Number: 4099-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$1.26**	\$1.26
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDLOW	Employee Only	2	\$29.44	\$58.88
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$172.86

SUPERCUTS MIAMI
3193 MARY STREET
MIAMI, FL 33133

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CLAY, ARLENE	2022-01-01	VSP	EE	\$8.75
MODESTI, JOHANNA	2022-01-01	ADD		\$1.26
NIEBLA, VERONICA	06/01/2019	GUARDHIGH	EE	\$47.61
RODRIGUEZ VIAMONTES, ROSA	05/01/2019	GUARDLOW	EE	\$29.44
RODRIGUEZ VIAMONTES, ROSA	05/01/2019	VSP	EE	\$8.75
TARGAN, CHRISTINE	2019-05-01	GUARDLOW	EE	\$29.44
UCANAN, FELICITA	2019-05-01	GUARDHIGH	EE	\$47.61

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

SUPERCUTS MURRO OF FLEMINGTON
32 ROUTE 31 SUITE 400
FLEMINGTON, NJ 08822

Invoice Number: 4143-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1159OPENAXESSPREMI	Employee Only	1	\$498.36	\$498.36
ADD	Employee Only	1	\$0.42**	\$0.42
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$507.53

SUPERCUTS MURRO OF FLEMINGTON
32 ROUTE 31 SUITE 400
FLEMINGTON, NJ 08822

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GRAY, KELLY	2020-01-01	1159OPENAXESSPREMI	EE	\$498.36
GRAY, KELLY	2020-01-01	ADD		\$0.42
SCARANO, SARAH	2019-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

SUPERCUTS PHOENIX
8205 S Priest Dr #12586
TEMPE, AZ 85284

Invoice Number: 4080-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$6.30**	\$1.26
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$149.69

SUPERCUTS PHOENIX

8205 S Priest Dr #12586

TEMPE, AZ 85284

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BROWN, STACIE	2022-01-01	GUARDLOW	EE	\$29.44
DUARTE, CARLOS	2022-01-01	ADD		\$1.26
DUARTE, CARLOS	2022-01-01	GUARDHIGH	EE	\$47.61
MARTINEZ TEUSCHER, MARIA	2022-01-01	GUARDHIGH	EE	\$47.61
MARTINEZ TEUSCHER, MARIA	2022-01-01	VSP	EE	\$8.75
RAMLJAK, IVANA	2022-01-01	VSP	EC2	\$15.02

MEDICAL PLAN COUNTS

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



Account Services
Monthly Statement

SURESTAY PLUS BY BEST WESTERN BUCKHANNON
2 Northridge Dr
BUCKHANNON, WV 26201

Invoice Number: 4261-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$47.61

SURESTAY PLUS BY BEST WESTERN BUCKHANNON

2 Northridge Dr

BUCKHANNON, WV 26201

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
REED, SHAWNA	2020-10-01	GUARDHIGH	EE	\$47.61

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

SURESTAY PLUS BY BEST WESTERN MORGANTOWN
15 Lawless Rd
MORGANTOWN, WV 26501

Invoice Number: 4262-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$85.80

SURESTAY PLUS BY BEST WESTERN MORGANTOWN

15 Lawless Rd

MORGANTOWN, WV 26501

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
EAKIN, ARICA	2022-02-01	GUARDLOW	EE	\$29.44
RUSSELL, MARK	2022-01-01	GUARDHIGH	EE	\$47.61
RUSSELL, MARK	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

SWA GROUP
2200 BRIDGEWAY
SAUSALITO, CA 94965

Invoice Number: 4556-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1902OPENAXESSPLATI	Employee Only	2	\$784.57	\$1,569.14
ADD	Employee Only	1	\$2.10**	\$2.10
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$1,618.85

SWA GROUP
2200 BRIDGEWAY
SAUSALITO, CA 94965

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DOMLESKY, ANYA	2022-02-01	1902OPENAXESSPLATI	EE	\$784.57
LINDLEY, CARSON	2022-02-01	1902OPENAXESSPLATI	EE	\$784.57
LINDLEY, CARSON	2022-02-01	ADD		\$2.10
LINDLEY, CARSON	2022-02-01	GUARDHIGH	EE	\$47.61

MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

TALEM HOME CARE
80 GARDEN CTR
BROOMFIELD, CO 80020

Invoice Number: 4230-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$21.00**	\$21.00
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Family	1	\$100.74	\$100.74
OPENAXESSBRONZE	Family	1	\$1,332.08	\$1,332.08
OPENAXESSGOLD	Employee Only	2	\$588.38	\$1,176.76
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$2,725.13

TALEM HOME CARE
80 GARDEN CTR
BROOMFIELD, CO 80020

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CRUTCHER, RANDALL	2022-01-01	OPENAXESSBRONZE	FAM	\$1332.08
CRUTCHER, RANDALL	2022-01-01	ADD		\$21.00
CRUTCHER, RANDALL	2022-01-01	GUARDLOW	FAM	\$100.74
PIERCE, LAURA	2022-01-01	OPENAXESSGOLD	EE	\$588.38
PIERCE, LAURA	2022-01-01	GUARDLOW	EE	\$29.44
PIERCE, LAURA	2022-01-01	VSP	EE	\$8.75
PIERCE, MICHAEL	2022-01-01	OPENAXESSGOLD	EE	\$588.38
PIERCE, MICHAEL	2022-01-01	GUARDHIGH	EE	\$47.61
PIERCE, MICHAEL	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

TALEM HOME CARE - AVON
5 EAST MAIN ST
AVON, CT 06001

Invoice Number: 4243-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
			GRAND TOTAL	\$89.81

TALEM HOME CARE - AVON
5 EAST MAIN ST
AVON, CT 06001

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
EDWARDS, INDY	2020-06-01	GUARDHIGH	ES	\$89.81

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

TALEM HOME CARE - BROOMFIELD
80 GARDEN CTR SUITE A6
BROOMFIELD, CO 80020

Invoice Number: 4231-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.42**	\$0.42
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDLOW	Employee Only	1	\$29.44	\$29.44
OPENAXESSCOPPER	Employee Only	2	\$399.75	\$799.50
OPENAXESSGOLD	Employee Only	1	\$588.38	\$588.38
OPENAXESSSILVER	Employee Only	2	\$493.36	\$986.72
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$2,517.18

TALEM HOME CARE - BROOMFIELD
80 GARDEN CTR SUITE A6
BROOMFIELD, CO 80020

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MORRIS, ALISSA	2022-01-01	ADD		\$0.42
MORRIS, ALISSA	2022-01-01	GUARDHIGH	EE	\$47.61
MORRIS, ALISSA	2022-01-01	OPENAXESSSILVER	EE	\$493.36
PHILLIPS, SAMANTHA	2022-01-01	OPENAXESSGOLD	EE	\$588.38
PHILLIPS, SAMANTHA	2022-01-01	GUARDHIGH	EE	\$47.61
PHILLIPS, SAMANTHA	2022-01-01	VSP	EE	\$8.75
SHAW-PATTON, BECKIE	2020-05-01	OPENAXESSCOPPER	EE	\$399.75
VALDEZ, ROBERT	2020-05-01	OPENAXESSSILVER	EE	\$493.36
WILSON, RACHEL	2022-01-01	OPENAXESSCOPPER	EE	\$399.75
WILSON, RACHEL	2022-01-01	GUARDLOW	EE	\$29.44
WILSON, RACHEL	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	5
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

TALEM HOME CARE - COLORADO SPRINGS
3230 E WOODMEN RD SUITE 110 G
COLORADO SPRINGS, CO 80920

Invoice Number: 4258-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	1	\$29.44	\$29.44
OPENAXESSGOLD	Employee Only	1	\$588.38	\$588.38
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$674.18

TALEM HOME CARE - COLORADO SPRINGS
3230 E WOODMEN RD SUITE 110 G
COLORADO SPRINGS, CO 80920

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
REINHART, JENNIFER	2020-12-01	GUARDLOW	EE	\$29.44
REINHART, JENNIFER	2020-12-01	VSP	EE	\$8.75
WEST, SHAILENE	2021-07-01	OPENAXESSGOLD	EE	\$588.38
WEST, SHAILENE	2021-01-01	GUARDHIGH	EE	\$47.61

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

TALEM HOME CARE - DENVER
3600 S BEELER ST. SUITE 320
DENVER, CO 80237

Invoice Number: 4239-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	1	\$29.44	\$29.44
OPENAXESSBRONZE	Employee Only	1	\$438.62	\$438.62
OPENAXESSCOPPER	Employee Only	1	\$399.75	\$399.75
			GRAND TOTAL	\$915.42

TALEM HOME CARE - DENVER
3600 S BEELER ST. SUITE 320
DENVER, CO 80237

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
COLANGELO, MARIAH	2022-01-01	OPENAXESSBRONZE	EE	\$438.62
COLANGELO, MARIAH	2022-01-01	GUARDLOW	EE	\$29.44
ROGERS, MATTHEW	2022-01-01	OPENAXESSCOPPER	EE	\$399.75
ROGERS, MATTHEW	2022-01-01	GUARDHIGH	EE	\$47.61

MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

TALEM HOME CARE - FORT COLLINS
2601 S LEMAY AVE SUITE 33
FORT COLLINS, CO 80525

Invoice Number: 4273-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	1	\$29.44	\$29.44
OPENAXESSBRONZE	Family	1	\$1,332.08	\$1,332.08
OPENAXESSCOPPER	Employee Only	1	\$399.75	\$399.75
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$1,945.21

TALEM HOME CARE - FORT COLLINS
 2601 S LEMAY AVE SUITE 33
 FORT COLLINS, CO 80525

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KOWALSKI, MARCY	2021-11-01	OPENAXESSBRONZE	FAM	\$1332.08
KOWALSKI, MARCY	2021-11-01	GUARDHIGH	FAM	\$160.18
KOWALSKI, MARCY	2021-11-01	VSP	FAM	\$23.76
RUTH, SAMANTHA	2022-01-01	OPENAXESSCOPPER	EE	\$399.75
RUTH, SAMANTHA	2022-01-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

TALEM HOME CARE - MILWAUKEE
10335 W. Oklahoma Ave
MILWAUKEE, WI 53227

Invoice Number: 4232-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GRAND TOTAL				\$0.00

TALEM HOME CARE - MILWAUKEE
10335 W. Oklahoma Ave
MILWAUKEE, WI 53227

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

TALENT PRO
6707 DEMOCRACY BLVD. STE. 905
BETHESDA, MD 20817

Invoice Number: 4694-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.84**	\$0.84
GUARDHIGH	Employee Only	3	\$47.61	\$142.83
GUARDLOW	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
VSP	Employee Only	4	\$8.75	\$35.00
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
GRAND TOTAL				\$307.82

TALENT PRO
6707 DEMOCRACY BLVD. STE. 905
BETHESDA, MD 20817

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BELTRAN, HENRY	2021-01-01	GUARDHIGH	EE	\$47.61
BELTRAN, HENRY	2021-01-01	VSP	EE	\$8.75
BIRHANU, BETELEHEM	2021-01-01	GUARDLOW	EE	\$29.44
FOX, JOSEPH	2022-01-01	ADD		\$0.84
FOX, JOSEPH	2022-01-01	GUARDLOW	EE	\$29.44
MUSAH, IBRAHIM	2022-01-01	VSP	EE	\$8.75
THOMAS, DANIELLE	2018-12-01	VSP	EE	\$8.75
THOMAS, DANIELLE	2018-02-01	GUARDHIGH	EE	\$47.61
TWATI, BIBEK	2022-01-01	GUARDLOW	ES	\$55.54
TWATI, BIBEK	2022-01-01	VSP	ES	\$14.73
VALLEJO, DAVID	2022-01-01	GUARDHIGH	EE	\$47.61
VALLEJO, DAVID	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

TALENTUITION
8340 NORTHFIELD BLVD
DENVER, CO 80238

Invoice Number: 4081-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0993OPENAXESSBRONZ	Employee Only	1	\$487.36	\$487.36
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$516.80

TALENTUITION
8340 NORTHFIELD BLVD
DENVER, CO 80238

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GAFFNEY, GRETCHEN	2021-01-01	0993OPENAXESSBRONZ EE		\$487.36
GAFFNEY, GRETCHEN	2020-01-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services
Monthly Statement

TECH CHAIN SOFTWARE

Invoice Number: 5549-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$4.20**	\$44.10
GUARDHIGH	Family	1	\$160.18	\$160.18
			GRAND TOTAL	\$204.28

TECH CHAIN SOFTWARE

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CLARK, COURTNEY	2022-01-01	GUARDHIGH	FAM	\$160.18
GHANCHI, NIDA	2022-02-01	ADD		\$42.00
MARTINEZ, ADRIANA	2022-02-01	ADD		\$2.10

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

TEMUJIN 11 CT, LLC DBA SUPERCUTS
800 Westchester Avenue
Rye Brook, NY 10573

Invoice Number: 4722-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0893OPENAXESS	Employee Only	2	\$495.83	\$991.66
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$1,095.63

TEMUJIN 11 CT, LLC DBA SUPERCUTS
 800 Westchester Avenue
 Rye Brook, NY 10573

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CALLAHAN, ALISON	2021-09-01	0893OPENAXESSCOPPE	EE	\$495.83
LINDROTH, LISSA	2022-01-01	GUARDHIGH	EE	\$47.61
LINDROTH, LISSA	2022-01-01	VSP	EE	\$8.75
PEREZ, DAVINA	2018-10-01	GUARDHIGH	EE	\$47.61
PEREZ, DAVINA	2021-09-01	0893OPENAXESSCOPPE	EE	\$495.83

MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

TEMUJIN 2 NY, LLC DBA SUPERCUTS
800 Westchester Avenue
Rye Brook, NY 10573

Invoice Number: 4720-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44

TEMUJIN 2 NY, LLC DBA SUPERCUTS

800 Westchester Avenue

Rye Brook, NY 10573

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BARTICCIOTTO, JULI	2022-01-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

TEMUJIN 3 NY, LLC DBA SUPERCUTS
800 Westchester Avenue
Rye Brook, NY 10573

Invoice Number: 4713-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0893OPENAXESSGOLD	Employee Only	1	\$719.19	\$719.19
0893OPENAXESSGOLD	Employee & Spouse Only	1	\$1,438.38	\$1,438.38
0893OPENAXESSILVE	Employee Only	1	\$603.00	\$603.00
ADD	Employee Only	2	\$8.40**	\$21.84
GUARDLOW	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$2,914.33

TEMUJIN 3 NY, LLC DBA SUPERCUTS
 800 Westchester Avenue
 Rye Brook, NY 10573

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HAMZIC, MIRSA DA	2022-01-01	0893OPENAXESSILVE	EE	\$603.00
KAALUND, IRENE	2022-01-01	ADD		\$21.00
LICATA, BRIAN	2022-01-01	GUARDLOW	ES	\$55.54
LICATA, BRIAN	2022-01-01	0893OPENAXESSGOLD	ES	\$1438.38
MCCABE, IVANILDA	2020-06-01	VSP	EE	\$8.75
MERRIMAN, KATHARINE	2022-01-01	GUARDLOW	EE	\$29.44
MERRIMAN, KATHARINE	2022-01-01	0893OPENAXESSGOLD	EE	\$719.19
MERRIMAN, KATHARINE	2022-01-01	VSP	EE	\$8.75
RIOS, CANDICE	2022-02-01	ADD		\$0.84
RIOS, CANDICE	2022-02-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	1
Employee & Children	0
Family	0



Account Services

Monthly Statement

TEMUJIN 4 NY DBA SUPERCUTS
800 Westchester Avenue
Rye Brook, NY 10573

Invoice Number: 4111-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0893OPENAXESSCOPPE	Employee Only	1	\$495.83	\$495.83
0893OPENAXESSILVE	Employee Only	2	\$603.00	\$1,206.00
ADD	Employee Only	1	\$0.84**	\$1.26
GUARDLOW	Employee Only	4	\$29.44	\$117.76
			GRAND TOTAL	\$1,820.85

TEMUJIN 4 NY DBA SUPERCUTS

800 Westchester Avenue

Rye Brook, NY 10573

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HUYNH, TUYEN	2019-07-01	GUARDLOW	EE	\$29.44
HUYNH, TUYEN	2021-09-01	0893OPENAXESSCOPPE	EE	\$495.83
LINDGREN, SAMANTHA	2022-01-01	GUARDLOW	EE	\$29.44
SCIDA, JULIE	2022-01-01	ADD		\$1.26
SCIDA, JULIE	2022-01-01	GUARDLOW	EE	\$29.44
SCIDA, JULIE	2022-01-01	0893OPENAXESSSILVE	EE	\$603.00
TRAINO, MICHELLE	2019-07-01	GUARDLOW	EE	\$29.44
TRAINO, MICHELLE	2021-09-01	0893OPENAXESSSILVE	EE	\$603.00

MEDICAL PLAN COUNTS

Employee Only	3
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

TEMUJIN 5 NY DBA SUPERCUTS
800 Westchester Avenue
Rye Brook, NY 10573

Invoice Number: 4112-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0893OPENAXESSCOPPE	Employee Only	1	\$495.83	\$495.83
0893OPENAXESSGOLD	Employee Only	1	\$719.19	\$719.19
0893OPENAXESSILVE	Employee Only	1	\$603.00	\$603.00
ADD	Employee Only	2	\$42.00**	\$63.42
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee Only	3	\$29.44	\$88.32
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$2,178.27

TEMUJIN 5 NY DBA SUPERCUTS

800 Westchester Avenue

Rye Brook, NY 10573

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
COON, RONALD	2020-10-01	GUARDLOW	EE	\$29.44
LITWINSKI, SHELLEY	2021-11-01	ADD		\$21.42
LITWINSKI, SHELLEY	2021-01-01	GUARDHIGH	EE	\$47.61
LITWINSKI, SHELLEY	2021-09-01	0893OPENAXESSGOLD	EE	\$719.19
LITWINSKI, SHELLEY	2020-01-01	VSP	ES	\$14.73
LUZAK, AMANDA	2022-01-01	GUARDHIGH	EE	\$47.61
PITZ, JOYCE	2021-11-01	ADD		\$42.00
PITZ, JOYCE	2020-08-01	GUARDHIGH	ES	\$89.81
PITZ, JOYCE	2021-09-01	0893OPENAXESSCOPPE	EE	\$495.83
SCHULER, LEAH	2020-10-01	GUARDLOW	EE	\$29.44
SCHULER, LEAH	2019-08-01	VSP	EE	\$8.75
SNYDER, TAMARA	2022-01-01	GUARDLOW	EE	\$29.44
SNYDER, TAMARA	2022-01-01	0893OPENAXESSILVE	EE	\$603.00

MEDICAL PLAN COUNTS

Employee Only	3
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services
Monthly Statement

THE FLYING LOCKSMITHS OF JACKSONVILLE, FL
7933 Baymeadows Way
JACKSONVILLE, FL 32256

Invoice Number: 4587-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$6.30**	\$4.20
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$51.81

THE FLYING LOCKSMITHS OF JACKSONVILLE, FL
7933 Baymeadows Way
JACKSONVILLE, FL 32256

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BREWER, CARLIE	2022-01-01	ADD		\$4.20
BREWER, CARLIE	2022-01-01	GUARDHIGH	EE	\$47.61

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

THE FLYING LOCKSMITHS OF MEMPHIS
408 Cecilia Dr.
MEMPHIS, TN 38117

Invoice Number: 4606-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0433OPENAXESSCOPPE	Employee Only	1	\$495.83	\$495.83
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	3	\$29.44	\$88.32
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$649.26

THE FLYING LOCKSMITHS OF MEMPHIS

408 Cecilia Dr.

MEMPHIS, TN 38117

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BURT, ANDREW	2022-01-01	GUARDLOW	EE	\$29.44
EDWARDS, DAWN	2022-01-01	GUARDLOW	EE	\$29.44
EDWARDS, TIMOTHY	2022-01-01	GUARDLOW	EE	\$29.44
EDWARDS, TIMOTHY	2022-01-01	VSP	EE	\$8.75
HOUSE III, RUSSELL	2022-01-01	0433OPENAXESSCOPPE	EE	\$495.83
SHAW, JOHNATHAN	2022-01-01	GUARDHIGH	EE	\$47.61
SHAW, JOHNATHAN	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

THE FLYING LOCKSMITHS RALEIGH
321 Parkmeadow Drive
Cary, NC 27519

Invoice Number: 4446-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$70.27

THE FLYING LOCKSMITHS RALEIGH

321 Parkmeadow Drive

Cary, NC 27519

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FUTRELL, THOMAS	2022-01-01	GUARDLOW	ES	\$55.54
FUTRELL, THOMAS	2022-01-01	VSP	ES	\$14.73

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

THE FLYING LOCKSMITHS- NASHVILLE EAST
814 S Church St. Suite 110
Murfreesboro, TN 37130

Invoice Number: 4748-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$93.73

THE FLYING LOCKSMITHS- NASHVILLE EAST
814 S Church St. Suite 110
Murfreesboro, TN 37130

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LEGATO III, ROBERT	2021-01-01	GUARDLOW	EE	\$29.44
LEGATO III, ROBERT	2021-01-01	VSP	EE	\$8.75
LEGATO JR., ROBERT	2020-06-01	GUARDLOW	ES	\$55.54

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

THE LAW OFFICES OF MICHAEL SHAWN
929 Alton Rd Ste 500
MIAMI BEACH, FL 33139

Invoice Number: 4482-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1803OPENAXESSPLATI	Employee & Spouse Only	1	\$1,726.05	\$1,726.05
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
			GRAND TOTAL	\$1,815.86

THE LAW OFFICES OF MICHAEL SHAWN
929 Alton Rd Ste 500
MIAMI BEACH, FL 33139

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SHAWN, MICHAEL	2022-01-01	GUARDHIGH	ES	\$89.81
SHAWN, MICHAEL	2022-01-01	1803OPENAXESSPLATI	ES	\$1726.05

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	1
Employee & Children	0
Family	0



Account Services

Monthly Statement

THEIA SENIOR SOLUTIONS
281 WITHERSPOON STREET
PRINCETON, NJ 08540

Invoice Number: 4600-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0403OPENAXESSGOLD	Employee Only	1	\$526.19	\$526.19
GUARDHIGH	Family	1	\$160.18	\$160.18
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$710.13

THEIA SENIOR SOLUTIONS
281 WITHERSPOON STREET
PRINCETON, NJ 08540

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GORDON MARTIN, JOANNA	2021-03-01	0403OPENAXESSGOLD	EE	\$526.19
GORDON MARTIN, JOANNA	2021-03-01	GUARDHIGH	FAM	\$160.18
GORDON MARTIN, JOANNA	2021-01-01	VSP	FAM	\$23.76

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

TROUTBROOK DEVELOPMENT LLC
18 EAST 87TH - GROUND FLOOR
NEW YORK, NY 10128

Invoice Number: 4599-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0401OPENAXESSGOLD	Employee Only	1	\$443.13	\$443.13
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$472.57

TROUTBROOK DEVELOPMENT LLC
18 EAST 87TH - GROUND FLOOR
NEW YORK, NY 10128

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
TORAL, GABRIELA	2021-01-01	0401OPENAXESSGOLD	EE	\$443.13
TORAL, GABRIELA	2021-11-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

UNITED PREMIUM FOODS
1 AMBOY AVE
WOODBIDGE, NJ 07095

Invoice Number: 4311-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1581OPENAXESSBRONZ	Employee Only	2	\$467.36	\$934.72
1581OPENAXESSBRONZ	Employee & Spouse Only	1	\$986.92	\$986.92
1581OPENAXESSBRONZ	Family	2	\$1,480.09	\$2,960.18
1581OPENAXESSGOLD	Employee & Spouse Only	1	\$1,307.62	\$1,307.62
1581OPENAXESSGOLD	Family	2	\$1,961.43	\$3,922.86
ADD	Employee Only	2	\$2.52**	\$23.10
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
GUARDLOW	Family	2	\$100.74	\$201.48
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Spouse Only	2	\$14.73	\$29.46
VSP	Family	3	\$23.76	\$71.28
			GRAND TOTAL	\$10,828.95

UNITED PREMIUM FOODS
1 AMBOY AVE
WOODBIDGE, NJ 07095

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ANDREWS, MICHAEL	2022-01-01	1581OPENAXESSBRONZ FAM		\$1480.09
ANDREWS, MICHAEL	2022-01-01	VSP	ES	\$14.73
COX, MICHAEL	2021-02-01	1581OPENAXESSGOLD FAM		\$1961.43
COX, MICHAEL	2021-02-01	GUARDLOW	FAM	\$100.74
COX, MICHAEL	2021-02-01	VSP	FAM	\$23.76
ENGROFF, HENRY	2022-01-01	1581OPENAXESSBRONZ ES		\$986.92
ENGROFF, HENRY	2022-01-01	ADD		\$2.10
ENGROFF, HENRY	2022-01-01	GUARDHIGH	ES	\$89.81
LISTON, BRIAN	2021-02-01	1581OPENAXESSGOLD FAM		\$1961.43
LISTON, BRIAN	2021-02-01	GUARDLOW	FAM	\$100.74
LISTON, BRIAN	2021-02-01	VSP	FAM	\$23.76
MARTIN, ROBERT	2022-01-01	1581OPENAXESSBRONZ EE		\$467.36
MARTIN, ROBERT	2022-01-01	GUARDLOW	EE	\$29.44
MAYER, KENNETH	2021-02-01	1581OPENAXESSGOLD ES		\$1307.62
MAYER, KENNETH	2021-02-01	GUARDLOW	ES	\$55.54
MAYER, KENNETH	2021-02-01	VSP	ES	\$14.73
POON, SINDY	2022-01-01	ADD		\$21.00
POON, SINDY	2022-01-01	GUARDHIGH	EE	\$47.61
POULSON, ALLYSON	2021-09-01	VSP	FAM	\$23.76
POULSON, ALLYSON	2021-09-01	1581OPENAXESSBRONZ FAM		\$1480.09
POULSON, ALLYSON	2021-09-01	GUARDHIGH	FAM	\$160.18
RIVERA, CARLOS	2022-01-01	1581OPENAXESSBRONZ EE		\$467.36
RIVERA, CARLOS	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	2
Employee & Children	0
Family	4



Account Services

Monthly Statement

VIA MODA GROUP
2370 N Terrace Ave
Milwaukee, WI 53211

Invoice Number: 4719-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0889OPENAXESSBRONZ	Employee Only	1	\$286.06	\$286.06
0889OPENAXESSBRONZ	Employee & Children	1	\$515.64	\$515.64
0889OPENAXESSBRONZ	Family	1	\$798.96	\$798.96
0889OPENAXESSBRONZ	Employee Only	3	\$286.06	\$858.18
0889OPENAXESSBRONZ	Family	1	\$798.96	\$798.96
0889OPENAXESSGOLDC	Employee Only	1	\$415.17	\$415.17
0889OPENAXESSGOLDS	Employee Only	3	\$415.17	\$1,245.51
GUARDHIGH	Employee Only	3	\$47.61	\$142.83
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
GUARDLOW	Employee Only	3	\$29.44	\$88.32
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee Only	6	\$8.75	\$52.50
VSP	Employee & Children	1	\$15.02	\$15.02
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$5,433.51

VIA MODA GROUP
2370 N Terrace Ave
Milwaukee, WI 53211

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
COE, COLLETTE	2022-01-01	0889OPENAXESSBRONZ EE		\$286.06
COE, COLLETTE	2022-01-01	GUARDHIGH	EE	\$47.61
COE, COLLETTE	2022-01-01	VSP	EE	\$8.75
GERLOFF ROUZAN, VICKI	2022-01-01	0889OPENAXESSBRONZ EE		\$286.06
HENDRICKS, GABRIELLE	2022-01-01	0889OPENAXESSGOLDS EE		\$415.17
HENDRICKS, GABRIELLE	2022-01-01	GUARDHIGH	EE	\$47.61
JONES, STEPHANIE	01/01/2022	VSP	EE	\$8.75
KING, KAREN	2022-01-01	VSP	EE	\$8.75
MUELLER, CANDICE	2022-01-01	0889OPENAXESSGOLDC EE		\$415.17
NELSON, JESSICA	2022-01-01	0889OPENAXESSBRONZ EE		\$286.06
ORCHEL, ALEXANDRA	2020-07-01	GUARDLOW	EE	\$29.44
ORCHEL, ALEXANDRA	2020-07-01	VSP	EE	\$8.75
RUSSELL, BETH	2022-01-01	GUARDLOW	EC2	\$74.61
RUSSELL, BETH	2022-01-01	0889OPENAXESSBRONZ EC2		\$515.64
SCHAUER, BAILLEY	2022-01-01	0889OPENAXESSGOLDS EE		\$415.17
SCHAUER, BAILLEY	2022-01-01	GUARDLOW	EE	\$29.44
SCHAUER, BAILLEY	2022-01-01	VSP	EE	\$8.75
SCHROEDER, DEBRA	2022-01-01	0889OPENAXESSBRONZ FAM		\$798.96
SCHROEDER, DEBRA	2022-01-01	GUARDHIGH	EC2	\$117.99
SCHROEDER, DEBRA	2022-01-01	VSP	EC	\$15.02
SLOCK, JADEANN	2022-01-01	0889OPENAXESSBRONZ EE		\$286.06
TROLINGER, JESSICA	2022-01-01	GUARDHIGH	EE	\$47.61
VAN DE SYPE, MIRIAM	2022-01-01	0889OPENAXESSBRONZ FAM		\$798.96

VIA MODA GROUP
2370 N Terrace Ave
Milwaukee, WI 53211

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
VAN DE SYPE, MIRIAM	2022-01-01	VSP	FAM	\$23.76
WESTRA, JAYME	2021-01-01	0889OPENAXESSGOLDS EE		\$415.17
WESTRA, JAYME	2020-07-01	GUARDLOW	EE	\$29.44
WESTRA, JAYME	2020-07-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	8
Employee & Spouse	0
Employee & Children	0
Family	2



Account Services

Monthly Statement

VIB BY BEST WESTERN
6201 N 24th Pkwy
PHOENIX, AZ 85016

Invoice Number: 4382-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1678OPENAXESSGOLD	Family	1	\$1,961.43	\$1,961.43
1678OPENAXESSPLATI	Employee Only	3	\$784.50	\$2,353.50
ADD	Employee Only	2	\$2.31**	\$19.74
GUARDHIGH	Employee Only	3	\$47.61	\$142.83
			GRAND TOTAL	\$4,477.50

VIB BY BEST WESTERN
6201 N 24th Pkwy
PHOENIX, AZ 85016

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BAHNER, CODY	2022-02-01	ADD		\$10.50
BAHNER, CODY	2022-02-01	GUARDHIGH	EE	\$47.61
BAHNER, CODY	2022-02-01	1678OPENAXESSPLATI	EE	\$784.50
BROWN, JOHNNY	2022-02-01	ADD		\$9.24
BROWN, JOHNNY	2022-02-01	GUARDHIGH	EE	\$47.61
BROWN, JOHNNY	2022-02-01	1678OPENAXESSPLATI	EE	\$784.50
HANSON, CYNTHIA	2022-01-01	GUARDHIGH	EE	\$47.61
HANSON, CYNTHIA	2022-01-01	1678OPENAXESSPLATI	EE	\$784.50
WATKINS, DAVID	2021-08-01	1678OPENAXESSGOLD	FAM	\$1961.43

MEDICAL PLAN COUNTS

Employee Only	3
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

WAG N WASH PET FOOD AND BAKERY
5066 S. WADSWORTH BLVD
LITTLETON, CO 80123

Invoice Number: 4589-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$2.10**	\$4.62
GUARDHIGH	Employee Only	3	\$47.61	\$142.83
GUARDLOW	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee Only	2	\$8.75	\$17.50
GRAND TOTAL				\$298.44

WAG N WASH PET FOOD AND BAKERY
5066 S. WADSWORTH BLVD
LITTLETON, CO 80123

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BILLE, BERNADETTE	2022-01-01	VSP	EE	\$8.75
DAY, JENNIFER	2022-01-01	GUARDHIGH	EE	\$47.61
HARTLEY, PATRICK	2022-01-01	GUARDLOW	EE	\$29.44
HARTLEY, PATRICK	2022-01-01	VSP	EE	\$8.75
HOFFMAN, MONICA	2022-01-01	ADD		\$2.10
HOFFMAN, MONICA	2022-01-01	GUARDHIGH	EE	\$47.61
KOPEREZ, KIMBERELY	2022-01-01	GUARDLOW	EC	\$74.61
MOORE, AMANDA	2022-01-01	GUARDLOW	EE	\$29.44
RISBY, KRISTEN	2021-01-01	GUARDHIGH	EE	\$47.61
SAPP, KENNETH	2022-01-01	ADD		\$2.52

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

WAG N WASH SEATTLE WA
1932 QUEEN ANNE AVE N
SEATTLE, WA 98109

Invoice Number: 4618-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$8.82**	\$8.82
GUARDHIGH	Employee Only	6	\$47.61	\$285.66
GUARDLOW	Employee Only	3	\$29.44	\$88.32
VSP	Employee Only	4	\$8.75	\$35.00
			GRAND TOTAL	\$417.80

WAG N WASH SEATTLE WA
1932 QUEEN ANNE AVE N
SEATTLE, WA 98109

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BURLESON, ALEXANDER	2022-01-01	ADD		\$8.82
BURLESON, ALEXANDER	2022-01-01	GUARDHIGH	EE	\$47.61
CIOTTI, DANTE	2022-01-01	GUARDLOW	EE	\$29.44
FARRAR, CARLY	2019-01-01	GUARDHIGH	EE	\$47.61
FARRAR, CARLY	01/01/2019	GUARDHIGH	EE	\$47.61
FARRAR, CARLY	2019-01-01	VSP	EE	\$8.75
GRAHAM, LONNIE	2019-01-01	GUARDLOW	EE	\$29.44
GRAHAM, LONNIE	2019-01-01	VSP	EE	\$8.75
HAYDN, ARTHUR	2021-01-01	GUARDLOW	EE	\$29.44
MAUS, DREW	2022-01-01	GUARDHIGH	EE	\$47.61
RUDELL, RUBY	2019-01-01	GUARDHIGH	EE	\$47.61
RUDELL, RUBY	2019-01-01	VSP	EE	\$8.75
WILLIAMS, DAVID	2022-01-01	GUARDHIGH	EE	\$47.61
WILLIAMS, DAVID	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

WAG N' WASH - PHOENIX
4230 N 7TH AVE
PHOENIX, AZ 85013

Invoice Number: 4158-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44

WAG N' WASH - PHOENIX
4230 N 7TH AVE
PHOENIX, AZ 85013

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
EDGE, SHELBY	2021-05-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

WAG N' WASH - SCOTTSDALE
7777 E INDIAN SCHOOL RD
SCOTTSDALE, AZ 85251

Invoice Number: 4159-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$146.17

WAG N' WASH - SCOTTSDALE
7777 E INDIAN SCHOOL RD
SCOTTSDALE, AZ 85251

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CHAVEZ, DANIEL	2021-07-01	GUARDHIGH	ES	\$89.81
RODRIGUEZ MARTINEZ, YESENIA	2022-01-01	GUARDHIGH	EE	\$47.61
RODRIGUEZ MARTINEZ, YESENIA	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

WECONNECT GLOBAL
1013 Centre Rd Ste 403B
WILMINGTON, DE 19805

Invoice Number: 4352-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1643OPENAXESSBRONZ	Employee Only	1	\$487.36	\$487.36
ADD	Employee Only	1	\$3.36**	\$3.36
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
GRAND TOTAL				\$576.52

WECONNECT GLOBAL
1013 Centre Rd Ste 403B
WILMINGTON, DE 19805

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BEGUE, DEREK	2022-01-01	GUARDLOW	EE	\$29.44
BEGUE, DEREK	2022-01-01	VSP	EE	\$8.75
BEGUE, DEREK	2022-01-01	1643OPENAXESSBRONZ	EE	\$487.36
BEGUE, DEREK	2022-01-01	ADD		\$3.36
KLOOSTER, ADAM	2021-11-01	GUARDHIGH	EE	\$47.61

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

WILLOW TREE, INC.
1935 PACIFIC AVE
SAN FRANCISCO, CA 94109

Invoice Number: 4680-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$42.42**	\$42.42
GRAND TOTAL				\$42.42

WILLOW TREE, INC.
1935 PACIFIC AVE
SAN FRANCISCO, CA 94109

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
YEE, STEPHANIE	2022-01-01	ADD		\$42.42

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

WILSON ASSET MANAGEMENT
187 Wolf Rd Ste 101
ALBANY, NY 12205

Invoice Number: 4470-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1791OPENAXESSPLATI	Family	1	\$2,353.72	\$2,353.72
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$2,425.09

WILSON ASSET MANAGEMENT

187 Wolf Rd Ste 101

ALBANY, NY 12205

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BURNS, CATRIONA	2022-01-01	GUARDHIGH	EE	\$47.61
BURNS, CATRIONA	2022-01-01	1791OPENAXESSPLATI	FAM	\$2353.72
BURNS, CATRIONA	2022-01-01	VSP	FAM	\$23.76

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

WINDOW GENIE OF NORTH INDIANAPOLIS
4431 SUMMER DR
ZIONSVILLE, IN 46077

Invoice Number: 4637-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44

WINDOW GENIE OF NORTH INDIANAPOLIS
4431 SUMMER DR
ZIONSVILLE, IN 46077

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GAINES, CHRISTOPHER	2019-01-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

WINDOW GENIE OF THE EAST BAY CA
21001 SAN RAMON VALLEY BLVD, Suite A4-333
SAN RAMON, CA 94583

Invoice Number: 4619-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$104.54

WINDOW GENIE OF THE EAST BAY CA
21001 SAN RAMON VALLEY BLVD, Suite A4-333
SAN RAMON, CA 94583

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
TOWNSLEY, JOHN	2022-01-01	GUARDHIGH	ES	\$89.81
TOWNSLEY, LISA	2022-01-01	VSP	ES	\$14.73

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

WOOF GANG BAKERY INC.
7575 Dr Phillips Blvd Ste 275
ORLANDO, FL 32819

Invoice Number: 4457-2022-0
Invoice Month: FEB
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1778OPENAXESSGOLD	Employee Only	3	\$719.19	\$2,157.57
1778OPENAXESSGOLD	Family	1	\$2,157.57	\$2,157.57
1778OPENAXESSPLATI	Employee Only	2	\$862.95	\$1,725.90
1778OPENAXESSPLATI	Employee & Spouse Only	1	\$1,726.05	\$1,726.05
1778OPENAXESSPLATI	Family	2	\$2,589.09	\$5,178.18
1778OPENAXESSSILVE	Employee Only	1	\$603.00	\$603.00
ADD	Employee Only	2	\$8.40**	\$19.32
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Family	2	\$160.18	\$320.36
GUARDLOW	Employee Only	2	\$29.44	\$58.88
VSP	Employee Only	3	\$8.75	\$26.25
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$14,106.79

WOOF GANG BAKERY INC.
7575 Dr Phillips Blvd Ste 275
ORLANDO, FL 32819

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALLEN, PAUL	2022-01-01	ADD		\$10.92
ALLEN, PAUL	2022-01-01	GUARDHIGH	FAM	\$160.18
ALLEN, PAUL	2022-01-01	1778OPENAXESSPLATI	FAM	\$2589.09
ALLEN, PAUL	2022-01-01	VSP	FAM	\$23.76
AVERETTE, ALYS	2022-01-01	1778OPENAXESSGOLD	EE	\$719.19
BRANT, ASHLEY	2022-01-01	GUARDHIGH	EE	\$47.61
BRANT, ASHLEY	2022-01-01	1778OPENAXESSPLATI	EE	\$862.95
BROCKMEIER, LIA	2022-01-01	GUARDLOW	EE	\$29.44
BROCKMEIER, LIA	2022-01-01	1778OPENAXESSGOLD	EE	\$719.19
BROCKMEIER, LIA	2022-01-01	VSP	EE	\$8.75
CAETANO, MARCOS	2022-01-01	GUARDHIGH	FAM	\$160.18
CAETANO, MARCOS	2022-01-01	1778OPENAXESSPLATI	FAM	\$2589.09
CAETANO, MARCOS	2022-01-01	VSP	ES	\$14.73
EVANS, PAMELA	2022-01-01	VSP	EE	\$8.75
GRITZER, MORGAN	2022-01-01	GUARDLOW	EE	\$29.44
GRITZER, MORGAN	2022-01-01	1778OPENAXESSGOLD	EE	\$719.19
LANGLEY, CLAYTON	2022-01-01	ADD		\$8.40
LANGLEY, CLAYTON	2022-01-01	1778OPENAXESSILVE	EE	\$603.00
MAZZI, NICOLA	2022-01-01	1778OPENAXESSGOLD	FAM	\$2157.57
THOMAS, MICHAEL	2022-01-01	1778OPENAXESSPLATI	ES	\$1726.05
WILSON, ALYSSA	2022-01-01	VSP	EE	\$8.75
WILSON, ALYSSA	2022-01-01	GUARDHIGH	EE	\$47.61
WILSON, ALYSSA	2022-01-01	1778OPENAXESSPLATI	EE	\$862.95

MEDICAL PLAN COUNTS

Employee Only	6
Employee & Spouse	1
Employee & Children	0
Family	3



Account Services

Monthly Statement

YOGASIX MOUNTAIN VIEW

Invoice Number: 5531-2022-0

Invoice Month: FEB

Billing Date: 07/15/2022

Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44

YOGASIX MOUNTAIN VIEW

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ERICKSON, BONNIE	2021-08-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

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