



Account Services

Monthly Statement

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

Invoice Number: 4652-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$0.42**	\$5.25
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	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$150.56

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

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
JACKSON, MEGHAN	2022-01-01	VSP	EE	\$8.75
RAMSEY, JOCELYN	2021-01-01	GUARDLOW	EE	\$29.44
TOMLIN, LANA	2022-01-01	VSP	EE	\$8.75
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	5	\$0.42**	\$4.62
GUARDLOW	Employee Only	4	\$29.44	\$117.76
VSP	Employee Only	4	\$8.75	\$35.00
VSP	Employee & Spouse Only	1	\$14.81	\$14.81
			GRAND TOTAL	\$172.19

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

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
HUBA, IRENE	2022-01-01	VSP	EE	\$8.75
HUBA, SHAUN	2022-01-01	ADD		\$0.84
KRUEGER, JILL	2022-01-01	ADD		\$0.42
KRUEGER, JILL	2022-01-01	GUARDLOW	EE	\$29.44
KRUEGER, JILL	2022-01-01	VSP	EE	\$8.75
PASCARELLA, SUSAN	2022-01-01	ADD		\$0.84
PASCARELLA, SUSAN	2022-01-01	GUARDLOW	EE	\$29.44
PASCARELLA, SUSAN	2022-01-01	VSP	EE	\$8.75
TERRELL, JACQUELINE	2022-01-01	ADD		\$0.42
TERRELL, JACQUELINE	2022-01-01	GUARDLOW	EE	\$29.44
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$0.00**	\$8.40
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$46.59

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

1801-SENIOR HELPERS - INDIANAPOLIS

6845 Parkdale Place

INDIANAPOLIS, IN 46254

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
STIBOLT, CHARITY	2021-01-01	ADD		\$
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$65.11

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

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

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CULLEY, MARGARET	2019-01-01	VSP	EE	\$8.75
STUCKERT, MICHAEL	2022-01-01	GUARDHIGH	EE	\$47.61
STUCKERT, MICHAEL	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

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

Invoice Number: 4094-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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

2913-SENIOR HELPERS - ST. LOUIS

Invoice Number: 5499-2022-0

Invoice Month: APRIL

Billing Date: 03/15/2022

Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$10.50**	\$10.50
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$58.11

** Prices vary in PRISM.

Individual prices shown in census.

2913-SENIOR HELPERS - ST. LOUIS

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SHAW, ALISHA	2022-04-01	ADD		\$10.50
SHAW, ALISHA	2022-04-01	GUARDHIGH	EE	\$47.61

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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	2	\$8.75	\$17.50
VSP	Employee & Spouse Only	2	\$14.73	\$29.46
			GRAND TOTAL	\$2,984.49

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

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
EGE, LISA	2020-01-01	VSP	EE	\$8.75
NICHOLAS, KENNETH	2018-12-01	VSP	ES	\$14.73
NICHOLAS, KENNETH	2021-01-01	3405OPENAXESSPRIME	ES	\$1256.86
NICHOLAS, KENNETH	2018-07-01	GUARDLOW	ES	\$55.54
PANDO, YAMILA	2022-01-01	3405OPENAXESSESSEN	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
WARD, ELLYN	2020-01-01	VSP	ES	\$14.73

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
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	\$171.20

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

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
ALVARADO, BRENDA	2019-01-01	VSP	EE	\$8.75
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

3417-SENIOR HELPERS - MORRIS COUNTY
214 Main Street
MADISON, NJ 07940

Invoice Number: 4293-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
			GRAND TOTAL	\$103.15

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

3417-SENIOR HELPERS - MORRIS COUNTY

214 Main Street

MADISON, NJ 07940

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BURKE, MEGAN	2017-12-01	GUARDHIGH	EE	\$47.61
SARROW, WAYNE	2017-12-01	GUARDLOW	ES	\$55.54

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
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
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Employee Only	3	\$8.75	\$26.25
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$383.48

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

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
HUNTER, JESSICA	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
WILLIAMS, JEWEL	2022-01-01	VSP	EE	\$8.75
WILLIFORD, MARY	2022-01-01	GUARDLOW	FAM	\$100.74
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.84**	\$5.46
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$70.57

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

4223-SENIOR HELPERS - PHILADELPHIA

7600 Stenton Avenue

PHILADELPHIA, PA 19118

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
COOPER, PATRICE	2020-01-01	GUARDHIGH		\$
COOPER, PATRICE	2020-01-01	VSP		\$
MURPHY, DARLENE	2022-01-01	ADD		\$5.46
MURPHY, DARLENE	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

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

Invoice Number: 4744-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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
NYAGA, JOSEPH	2022-03-01	ADD		\$0.42
NYAGA, JOSEPH	2022-03-01	GUARDHIGH	EE	\$47.61
NYAGA, JOSEPH	2022-03-01	VSP	EE	\$8.75
PAUL, EMMANUEL	2019-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

5505-SENIOR HELPERS - APPLETON
2501 S. ONEIDA STREET
APPLETON, WI 54915

Invoice Number: 4439-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

5505-SENIOR HELPERS - APPLETON
2501 S. ONEIDA STREET
APPLETON, WI 54915

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KEENER, MEGAN	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

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

Invoice Number: 4448-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	3	\$4.20**	\$31.50
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	3	\$29.44	\$88.32
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	\$272.70

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

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

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BARBER, CYNTHIA	2022-01-01	ADD		\$21.00
BEARDER, MICHELLE	2022-01-01	GUARDHIGH	EE	\$47.61
BEARDER, MICHELLE	2022-01-01	VSP	EE	\$8.75
BRUNSELL, APRIL	2020-03-01	GUARDLOW	ES	\$55.54
BRUNSELL, APRIL	2020-03-01	VSP	ES	\$14.73
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
HILLIARD, JAN	2022-01-01	GUARDLOW	EE	\$29.44
MARCHANT, BRENDA	2022-01-01	ADD		\$4.20
MARCHANT, BRENDA	2022-01-01	VSP	EE	\$8.75
PETERSEN, BEATA	2022-01-01	ADD		\$6.30
PETERSEN, BEATA	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

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

Invoice Number: 4633-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	14	\$6.30**	\$133.98
AFCCIGNABRONZE	Employee Only	16	\$455.95	\$7,295.20
AFCCIGNABRONZE	Employee & Spouse Only	1	\$956.66	\$956.66
AFCCIGNABRONZE	Employee & Children	3	\$783.20	\$2,349.60
AFCCIGNABRONZE	Family	3	\$1,376.00	\$4,128.00
AFCCIGNAGOLD	Employee Only	35	\$560.19	\$19,606.65
AFCCIGNAGOLD	Employee & Spouse Only	4	\$1,317.59	\$5,270.36
AFCCIGNAGOLD	Employee & Children	2	\$1,070.60	\$2,141.20
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	28	\$47.61	\$1,333.08
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	22	\$29.44	\$647.68
GUARDLOW	Employee & Spouse Only	2	\$55.54	\$111.08
GUARDLOW	Employee & Children	4	\$74.61	\$298.44
GUARDLOW	Family	5	\$100.74	\$503.70
VSP	Employee Only	42	\$8.75	\$367.54
VSP	Employee & Spouse Only	11	\$14.73	\$162.03
VSP	Employee & Children	7	\$15.02	\$105.14
VSP	Family	8	\$23.76	\$190.08
** Prices vary in PRISM.				
Individual prices shown in census.				
GRAND TOTAL				\$63,923.50

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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	VSP	EE	\$8.75
ALTAMURO, CARA	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
ALTAMURO, CARA	2022-01-01	GUARDLOW	EE	\$29.44
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
BONE, CHELSEA	2022-04-01	AFCCIGNAGOLD	EE	\$560.19
BONE, CHELSEA	2022-04-01	ADD		\$1.26
BONE, CHELSEA	2022-04-01	GUARDHIGH	EE	\$47.61
BONE, CHELSEA	2022-04-01	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
BUAYABAN, RYAN	2022-01-01	VSP	EE	\$8.75
BUENSALIDA, JENEFA CARLA	2022-02-01	AFCCIGNABRONZE	EE	\$455.95
BUENSALIDA, JENEFA CARLA	2022-02-01	GUARDLOW	EE	\$29.44
BUENSALIDA, JENEFA CARLA	2022-02-01	VSP	ES	\$14.73

8061-AFC URGENT CARE - CENTRAL NJ
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CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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
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
CAMPBELL, RICHARD	2022-02-01	VSP	FAM	\$23.76
CASTELANO, JOSEPH	2021-01-01	AFCCIGNASILVER	FAM	\$1707.65
CASTELANO, JOSEPH	2018-06-01	GUARDHIGH	FAM	\$160.18
CASTELANO, JOSEPH	2018-12-01	VSP	FAM	\$23.76
CASTELLANO, CHRISTOPHER	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
CASTELLANO, CHRISTOPHER	2022-01-01	GUARDHIGH	EE	\$47.61
CLAYTON, ASHLEY	2022-01-01	AFCCIGNABRONZE	EE	\$455.95
CLAYTON, ASHLEY	2022-01-01	GUARDHIGH	EE	\$47.61
CLAYTON, ASHLEY	2022-01-01	VSP	EE	\$8.75
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
CRESCIMBENI, VALERIA	2022-03-01	GUARDHIGH	EE	\$47.61
CRESCIMBENI, VALERIA	2022-03-01	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

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CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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
DE JESUS, JEANNETTE	2022-01-01	GUARDLOW	EE	\$29.44
DELLAVECCHIA, TANIA	2021-11-01	AFCCIGNABRONZE	EE	\$455.95
DIAS, ALAN	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
DIAS, ALAN	2022-01-01	GUARDHIGH	EE	\$47.61
DICKS, ERIN	2022-04-01	AFCCIGNAGOLD	EC	\$1070.60
DICKS, ERIN	2022-04-01	ADD		\$21.42
DICKS, ERIN	2022-04-01	GUARDLOW	EC	\$74.61
DICKS, ERIN	2022-04-01	VSP	EE	\$8.75
EHRlich, HAROLD	2018-01-01	GUARDLOW	EE	\$29.44
EHRlich, HAROLD	2018-12-01	VSP	EE	\$8.75
ELEAZER, TYNETTA	2022-04-01	AFCCIGNAGOLD	EE	\$560.19
ELEAZER, TYNETTA	2022-04-01	GUARDHIGH	EE	\$47.61
ELEAZER, TYNETTA	2022-04-01	VSP	EE	\$8.75
ELGRISSY, ALEXANDRA	2021-01-01	AFCCIGNAGOLD	EE	\$560.19
ELGRISSY, ALEXANDRA	2022-02-01	GUARDLOW	EE	\$29.44
ELGRISSY, ALEXANDRA	2022-02-01	VSP	EE	\$8.75
EVANS, ALISON	2021-03-01	AFCCIGNAGOLD	ES	\$1317.59

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CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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
FALDUTO, RACHEL	2022-01-01	GUARDHIGH	EE	\$47.61
FERREIRA, ANDREA	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
FERREIRA, ANDREA	2022-01-01	GUARDHIGH	EE	\$47.61
FERREIRA, ANDREA	2022-01-01	VSP	EE	\$8.75
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
GREENBERG, JORDAN	2022-04-01	VSP	ES	\$14.73
GUERRERO, PRISCILLA	2022-01-01	AFCCIGNABRONZE	EE	\$455.95
GUERRERO, PRISCILLA	2022-01-01	GUARDLOW	EE	\$29.44
GUERRERO, PRISCILLA	2022-01-01	VSP	EE	\$8.75
HARDIE, CARRIE	2021-01-01	AFCCIGNAGOLD	EE	\$560.19

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CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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
HASAN, IZHAR	2022-01-01	VSP	FAM	\$23.76
HASTINGS, BRENDAN	2021-01-01	ADD		\$10.50
HASTINGS, BRENDAN	2022-02-01	GUARDHIGH	EE	\$47.61
HASTINGS, BRENDAN	2021-11-01	AFCCIGNABRONZE	EE	\$455.95
HAVLICEK, MARK	2022-03-01	AFCCIGNAGOLD	EE	\$560.19
HAVLICEK, MARK	2022-03-01	GUARDHIGH	EE	\$47.61
HAVLICEK, MARK	2022-03-01	VSP	EE	\$8.75
HERNANDEZ, ELIZABETH	2022-01-01	GUARDLOW	EE	\$29.44
HERNANDEZ, ELIZABETH	2022-01-01	VSP	EE	\$8.75
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

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CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KLEINFELDER, SUSAN	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
KLEINFELDER, SUSAN	2022-01-01	ADD		\$4.20
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
LEE, JASMINE	2022-01-01	VSP	ES	\$14.73
LEE, JENNY	2022-03-01	VSP	EE	\$8.75
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
LITTON, COREY	2022-02-01	VSP	EE	\$8.75
LOPEZ, DANNILIZ	2022-01-01	AFCCIGNABRONZE	EC2	\$783.20
LOPEZ, DANNILIZ	2022-01-01	GUARDLOW	FAM	\$100.74

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CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MASTANTUNO, SAMANTHA	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
MASTANTUNO, SAMANTHA	2022-01-01	GUARDHIGH	EE	\$47.61
MENDOZA, ISABELLA	2022-01-01	AFCCIGNASILVER	EE	\$509.26
MENDOZA, JILLIAN	2022-03-01	AFCCIGNABRONZE	EE	\$455.95
MENDOZA, JILLIAN	2022-03-01	GUARDLOW	EE	\$29.44
MENDOZA, JILLIAN	2022-03-01	VSP	EE	\$8.75
MONTGOMERY, KYLE	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
MONTGOMERY, KYLE	2022-02-01	GUARDLOW	EE	\$29.44
MONTGOMERY, KYLE	2022-02-01	VSP	FAM	\$23.76
ONDREJKA, ALLEGRA	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
ONDREJKA, ALLEGRA	2022-02-01	GUARDLOW	EE	\$29.44
ONDREJKA, ALLEGRA	2022-02-01	VSP	EE	\$8.75
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
PARANAVITHARANA, SUHEJA	2022-01-01	VSP	FAM	\$23.76
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
PRICE, MICHAEL	2022-01-01	AFCCIGNAGOLD	EE	\$560.19

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CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PRICE, MICHAEL	2022-02-01	GUARDHIGH	EE	\$47.61
PRICE, MICHAEL	2022-02-01	VSP	EE	\$8.75
RAMADAN, REEM	2022-03-01	AFCCIGNABRONZE	EE	\$455.95
RAMADAN, REEM	2022-03-01	GUARDHIGH	EE	\$47.61
RAMADAN, REEM	2022-03-01	VSP	EE	\$8.75
RANA, MALVIKA	2021-01-01	AFCCIGNAGOLD	EE	\$560.19
RANA, MALVIKA	2021-01-01	GUARDHIGH	ES	\$89.81
RANA, MALVIKA	2021-01-01	VSP	ES	\$14.73
REGENCIA, MARIA	2022-04-01	AFCCIGNASILVER	EE	\$509.26
REGENCIA, MARIA	2022-04-01	GUARDHIGH	EE	\$47.61
REGENCIA, MARIA	2022-04-01	VSP	EE	\$8.75
RIVERA, NYDIA	2022-01-01	ADD		\$2.52
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
RUZHAJI, SEVIM	2021-01-01	AFCCIGNABRONZE	ES	\$956.66
RUZHAJI, TIMUR	2022-02-01	AFCCIGNABRONZE	FAM	\$1376.00
RUZHAJI, TIMUR	2022-02-01	GUARDLOW	FAM	\$100.74
RUZHAJI, TIMUR	2022-02-01	VSP	FAM	\$23.76
SALEEMI, ATIF	2021-07-01	AFCCIGNAGOLD		\$
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

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CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SANGUINO DUGARTE, SARAI	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
SANGUINO DUGARTE, SARAI	2022-01-01	GUARDHIGH	EE	\$47.61
SANGUINO DUGARTE, SARAI	2022-01-01	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
SONDEJ, KRISTY	2022-03-01	AFCCIGNAGOLD	EE	\$560.19
SONDEJ, KRISTY	2022-03-01	GUARDHIGH	EE	\$47.61
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
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
TOCK, JASON	2022-01-01	VSP	EE	\$8.75
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

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CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
TRIPPEL, SHERYL	2022-02-01	VSP	FAM	\$23.76
VAZQUEZ, TAISHA	2021-01-01	AFCCIGNABRONZE	EC	\$783.20
VERAS, IMALAI	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
VERAS, IMALAI	2022-01-01	GUARDHIGH	EC	\$89.81
VERAS, IMALAI	2022-01-01	VSP	EC	\$15.02
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, DENISE	2022-01-01	VSP	EC	\$15.02
WILLIAMS, JOCELYN	2021-06-01	AFCCIGNABRONZE		\$
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	58
Employee & Spouse	5
Employee & Children	6
Family	8



Account Services

Monthly Statement

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

Invoice Number: 4635-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
AFCCIGNAGOLD	Employee Only	2	\$560.19	\$1,120.38
GUARDLOW	Employee Only	2	\$29.44	\$58.88
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$1,196.76

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

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
PALMER, STEPHANIE	2022-01-01	VSP	EE	\$8.75
RODRIGUEZ, JESSICA	2021-01-01	AFCCIGNAGOLD	EE	\$560.19
RODRIGUEZ, JESSICA	2021-12-01	GUARDLOW	EE	\$29.44
RODRIGUEZ, JESSICA	2021-12-01	VSP	EE	\$8.75

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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
VSP	Family	1	\$23.76	\$23.76
GRAND TOTAL				\$2,666.09

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

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
LAUREN, DAVID	2022-01-01	VSP	FAM	\$23.76

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	5	\$3.36**	\$16.80
GUARDHIGH	Employee Only	5	\$47.61	\$238.05
GUARDHIGH	Employee & Spouse Only	2	\$89.81	\$179.62
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee Only	5	\$8.75	\$43.75
VSP	Employee & Spouse Only	2	\$14.73	\$29.46
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$597.31

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

AAA AIRPORTER SERVICES INC
87 CRESCENT RD
NEEDHAM, MA 02494

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BOYD, JEREMY	2022-04-01	ADD		\$2.10
BOYD, JEREMY	2022-04-01	GUARDHIGH	EE	\$47.61
BOYD, JEREMY	2022-04-01	VSP	EE	\$8.75
COATES, LAWRENCE	2022-04-01	ADD		\$3.36
COATES, LAWRENCE	2022-04-01	GUARDHIGH	ES	\$89.81
COATES, LAWRENCE	2022-04-01	VSP	ES	\$14.73
ELIJAH, ANTWON	2022-01-01	ADD		\$5.04
ELIJAH, ANTWON	2022-01-01	GUARDHIGH	EE	\$47.61
ELIJAH, ANTWON	2022-01-01	VSP	EE	\$8.75
MCADORY, ERIC	2022-01-01	ADD		\$4.20
MCADORY, ERIC	2022-01-01	GUARDHIGH	EE	\$47.61
MCADORY, ERIC	2022-01-01	VSP	EE	\$8.75
MEYERS, MICHAEL	2022-03-01	ADD		\$2.10
MEYERS, MICHAEL	2022-03-01	GUARDHIGH	EE	\$47.61
MEYERS, MICHAEL	2022-03-01	VSP	EE	\$8.75
MITCHELL, LAMONT	2022-03-01	GUARDHIGH	ES	\$89.81
MITCHELL, LAMONT	2022-03-01	VSP	ES	\$14.73
MOORE, SHANE	2021-12-01	GUARDLOW	EC	\$74.61
MOORE, SHANE	2021-12-01	VSP	EC	\$15.02
WISE, KARLEAFA	2022-03-01	GUARDHIGH	EE	\$47.61
WISE, KARLEAFA	2022-03-01	VSP	EE	\$8.75

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$103.97

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

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

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CHRISTIANSON, CRAIG	2022-04-01	GUARDHIGH	EE	\$47.61
STOYSICH, JOHN	2022-01-01	GUARDHIGH	EE	\$47.61
STOYSICH, JOHN	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

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

Invoice Number: 4118-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1046OPENAXESSGOLD	Employee Only	1	\$653.81	\$653.81
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$692.00

** Prices vary in PRISM.

Individual prices shown in census.

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
STRANIX, DAVID	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

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

Invoice Number: 4707-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$116.96

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

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
ALLEN, JASON	2020-09-01	VSP	EC	\$15.02
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1130OPENAXESSESEN	Employee Only	2	\$450.75	\$901.50
1130OPENAXESSPRIME	Employee Only	2	\$653.75	\$1,307.50
ADD	Employee Only	1	\$10.92**	\$10.92
GUARDHIGH	Employee Only	5	\$47.61	\$238.05
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee Only	2	\$29.44	\$58.88
VSP	Employee Only	5	\$8.75	\$43.75
			GRAND TOTAL	\$2,650.41

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

ACME HOTEL COMPANY
15 E OHIO STREET
CHICAGO, IL 60611

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALCIVAR, GLADYS	2022-01-01	GUARDHIGH	ES	\$89.81
COGHLAN, SEAN	2021-11-01	ADD		\$10.92
CUNNINGHAM, JENNIFER	2022-01-01	1130OPENAXESSPRIME	EE	\$653.75
CUNNINGHAM, JENNIFER	2022-01-01	GUARDHIGH	EE	\$47.61
CUNNINGHAM, JENNIFER	2022-01-01	VSP	EE	\$8.75
DAVIS-MCCALL, MICHELLE	2020-01-01	GUARDHIGH	EE	\$47.61
MANRIQUEZ, PEDRO	2020-12-01	1130OPENAXESSESSEN	EE	\$450.75
MANRIQUEZ, PEDRO	2020-01-01	GUARDHIGH	EE	\$47.61
MANRIQUEZ, PEDRO	2020-01-01	VSP	EE	\$8.75
MARBAN, MARIA	2022-01-01	1130OPENAXESSPRIME	EE	\$653.75
MARBAN, MARIA	2022-01-01	GUARDLOW	EE	\$29.44
MARBAN, MARIA	2022-01-01	VSP	EE	\$8.75
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	1130OPENAXESSESSEN	EE	\$450.75
WASHINGTON, JEROME	2022-01-01	GUARDLOW	EE	\$29.44
WASHINGTON, JEROME	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	4
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$2,261.35

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

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
ELSON, ANDREW	2022-01-01	VSP	ES	\$14.73
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
TYRA, KENNETH	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

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

Invoice Number: 4129-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$21.42**	\$21.42
GUARDLOW	Employee Only	2	\$29.44	\$58.88
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$97.80

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

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
ODOOM, EVA	2021-08-01	GUARDLOW		\$
ODOOM, EVA	2021-08-01	VSP		\$

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$2.52**	\$2.52
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	2	\$14.73	\$29.46
			GRAND TOTAL	\$391.95

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

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	2020-04-01	ADD		\$2.52
PERRETTE, SHELBY	2022-01-01	GUARDLOW	EE	\$29.44
PERRETTE, SHELBY	2020-04-01	VSP	EE	\$8.75
SPENCER, PATRICK	2022-02-01	GUARDHIGH	ES	\$89.81
SPENCER, PATRICK	2021-01-01	VSP	ES	\$14.73

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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
HARPOLE, BARBARA	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

AMADA MID-MARYLAND
5100 BUCKEYSTOWN PIKE
FREDERICK, MD 21704

Invoice Number: 4667-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
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	\$194.77

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

AMADA MID-MARYLAND
5100 BUCKEYSTOWN PIKE
FREDERICK, MD 21704

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	3	\$1.68**	\$6.30
GUARDHIGH	Employee Only	3	\$47.61	\$142.83
GUARDHIGH	Employee & Children	1	\$89.81	\$89.81
GUARDLOW	Employee Only	5	\$29.44	\$147.20
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
VSP	Employee Only	10	\$8.75	\$87.50
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$543.91

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

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
BROWN, ALEXUS	2022-03-01	GUARDLOW	ES	\$55.54
BROWN, ALEXUS	2022-03-01	VSP	ES	\$14.73
CURTIS, HEATHER	2021-01-01	GUARDHIGH	EC	\$89.81
CURTIS, HEATHER	2019-10-01	VSP	EE	\$8.75
DAVIS, TARA	2022-03-01	ADD		\$1.68
DAVIS, TARA	2022-03-01	GUARDLOW	EE	\$29.44
DAVIS, TARA	2022-03-01	VSP	EE	\$8.75
FRISBIE, BEVERLY	2022-01-01	ADD		\$0.42
FRISBIE, BEVERLY	2022-01-01	GUARDHIGH	EE	\$47.61
GUNN, JANUARY	2022-03-01	GUARDHIGH	EE	\$47.61
GUNN, JANUARY	2022-03-01	VSP	EE	\$8.75
HERRIN, KATHLEEN	2022-01-01	VSP	EE	\$8.75
MARTIN, NICOLE	2022-01-01	GUARDLOW	EE	\$29.44
MARTIN, NICOLE	2022-01-01	VSP	EE	\$8.75
MAULER, LAURIE	2022-01-01	VSP	EE	\$8.75
MCGLEISH, MARGARET	2022-01-01	ADD		\$4.20
PORTER RAMSAY, KARESA	2022-01-01	GUARDLOW	EE	\$29.44
PORTER RAMSAY, KARESA	2022-01-01	VSP	EE	\$8.75
SAWYER, ALLISON	2022-01-01	GUARDHIGH	EE	\$47.61
SAWYER, ALLISON	2022-01-01	VSP	EE	\$8.75
VARGAS, LIANA	2021-01-01	GUARDLOW	EE	\$29.44
VARGAS, LIANA	2021-01-01	VSP	EE	\$8.75

AMADA MONUMENT
755 COLORADO 105
PALMER LAKE, CO 80133

CURRENT MONTH ENROLLMENT (CONTINUED)

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

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

Invoice Number: 4671-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.00**	\$0.00
GUARDHIGH	Employee Only	4	\$47.61	\$190.44
GUARDHIGH	Employee & Children	2	\$89.81	\$179.62
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	4	\$8.75	\$35.00
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Employee & Children	3	\$15.02	\$45.06
			GRAND TOTAL	\$729.08

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

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

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DEGUZMAN, TAMARA	2020-01-01	GUARDHIGH	EE	\$47.61
DEGUZMAN, TAMARA	2020-02-01	VSP	EE	\$8.75
DENIGRIS, VICTOR	2019-01-01	GUARDHIGH	FAM	\$160.18
DENIGRIS, VICTOR	2020-02-01	VSP	ES	\$14.73
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
HEAVEY, JAN	2020-02-01	VSP	EE	\$8.75
LEBLANC, CARLY	2020-11-01	GUARDHIGH	EC	\$89.81
LEBLANC, CARLY	2020-02-01	VSP	EC	\$15.02
LOVELL, ROSANNA	2020-02-01	VSP	EE	\$8.75
MARSHALL, MILES	2022-03-01	ADD		\$
MARSHALL, MILES	2022-03-01	GUARDHIGH		\$
MARSHALL, MILES	2022-03-01	GUARDLOW		\$
MARSHALL, MILES	2022-03-01	VSP	EE	\$8.75
MILLER, JUSTIN	2020-11-01	GUARDHIGH	EC	\$89.81
MILLER, JUSTIN	2020-01-01	VSP	EC	\$15.02
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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	12	\$8.75	\$105.00
VSP	Employee & Spouse Only	3	\$14.73	\$44.19
VSP	Employee & Children	1	\$15.02	\$15.02
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$1,038.86

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

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
BURROUGH, JONATHAN	2022-01-01	VSP	EE	\$8.75
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, FRED	2022-01-01	VSP	ES	\$14.73
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
FIGUEROA, NATALIA	2020-01-01	VSP	EE	\$8.75
FLORES, DANIELLE	2020-01-01	GUARDLOW	EE	\$29.44
FLORES, DANIELLE	2020-01-01	VSP	EE	\$8.75
JARINA, JUDYBEL	2022-01-01	GUARDLOW	EC2	\$74.61
JARINA, JUDYBEL	2022-01-01	VSP	EE	\$8.75
LINSSEN, EUPHEMIA	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

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

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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
SAKHA, FARIDA	2020-01-01	VSP	EE	\$8.75
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 235
1577 E Chevy Chase Dr Ste 310
GLENDALE, CA 91206

Invoice Number: 4319-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$0.00	\$0.00
VSP	Employee Only	1	\$0.00	\$0.00
			GRAND TOTAL	\$0.00

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

AMADA SENIOR CARE 235
1577 E Chevy Chase Dr Ste 310
GLENDALE, CA 91206

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MORENO, FABIOLA	2021-08-01	GUARDHIGH		\$
MORENO, FABIOLA	2021-08-01	VSP		\$

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

AMADA SENIOR CARE COLUMBUS
440 Polaris Parkway Ste 110
Westerville, OH 43082

Invoice Number: 4725-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0897OPENAXESSPLATI	Employee Only	1	\$862.95	\$862.95
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$919.31

** Prices vary in PRISM.

Individual prices shown in census.

AMADA SENIOR CARE COLUMBUS

440 Polaris Parkway Ste 110

Westerville, OH 43082

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
GROVES, ANISSA	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

AMADA SENIOR CARE JACKSON MS
1867 CRANE RIDGE DRIVE
JACKSON, MS 39216

Invoice Number: 4643-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

AMADA SENIOR CARE JACKSON MS
1867 CRANE RIDGE DRIVE
JACKSON, MS 39216

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CHAMBERS, JANIE	2020-01-01	GUARDLOW	EE	\$29.44
MCAVOY, PAMELA	2022-03-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

AMADA SENIOR CARE MESA
1660 S ALMA SCHOOL RD
MESA, AZ 85210

Invoice Number: 4634-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0574OPENAXESSBRONZ	Employee Only	1	\$487.36	\$487.36
			GRAND TOTAL	\$487.36

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

AMADA SENIOR CARE MESA
1660 S ALMA SCHOOL RD
MESA, AZ 85210

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PATMOS, KRISTINE	2022-01-01	0574OPENAXESSBRONZ EE		\$487.36

MEDICAL PLAN COUNTS

Employee Only	1
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1748OPENAXESSCOPPE	Employee Only	1	\$495.83	\$495.83
1748OPENAXESSCOPPE	Family	1	\$1,419.92	\$1,419.92
1748OPENAXESSILVE	Employee Only	1	\$603.00	\$603.00
1748OPENAXESSILVE	Employee & Spouse Only	3	\$1,206.00	\$3,618.00
1748OPENAXESSILVE	Employee & Children	1	\$1,206.00	\$1,206.00
1748OPENAXESSILVE	Family	5	\$1,809.00	\$9,045.00
ADD	Employee Only	6	\$42.00**	\$179.34
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Spouse Only	3	\$89.81	\$269.43
GUARDHIGH	Family	4	\$160.18	\$640.72
GUARDLOW	Employee Only	2	\$29.44	\$58.88
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	3	\$14.73	\$44.19
VSP	Family	4	\$23.76	\$95.04
			GRAND TOTAL	\$17,933.31

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

ARCULUS HOLDINGS
309 Pierce St
SOMERSET, NJ 08873

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BAILEY, MATTHEW	2022-04-01	ADD		\$42.00
BAILEY, MATTHEW	2022-04-01	GUARDHIGH	ES	\$89.81
BAILEY, MATTHEW	2022-04-01	1748OPENAXESSILVE	ES	\$1206.00
BAILEY, MATTHEW	2022-04-01	VSP	ES	\$14.73
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
CHEN, CHIH-EN	2022-02-01	GUARDHIGH	ES	\$89.81
CHEN, CHIH-EN	2022-02-01	1748OPENAXESSILVE	ES	\$1206.00
CHEN, CHIH-EN	2022-02-01	VSP	ES	\$14.73
D'ELETTO, THOMAS	2022-01-01	ADD		\$10.08
D'ELETTO, THOMAS	2022-01-01	1748OPENAXESSILVE	FAM	\$1809.00
EMERSON, ERICA	2022-01-01	ADD		\$29.82
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
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
MARTINEZ, JEFFREY	2022-04-01	ADD		\$34.02

ARCULUS HOLDINGS
309 Pierce St
SOMERSET, NJ 08873

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MARTINEZ, JEFFREY	2022-04-01	GUARDLOW	FAM	\$100.74
MARTINEZ, JEFFREY	2022-04-01	1748OPENAXESSILVE	FAM	\$1809.00
MULLEN, JENNIFER	2022-01-01	ADD		\$21.00
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
VAUDRIEN, MORGAN	2022-04-01	GUARDLOW	EE	\$29.44
VAUDRIEN, MORGAN	2022-04-01	1748OPENAXESSCOPPE	EE	\$495.83
VAUDRIEN, MORGAN	2022-04-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	3
Employee & Children	1
Family	6



Account Services

Monthly Statement

ASSISTED LIVING LOCATORS
16731 ROSA LANE
SOUTHGATE, MI 48195

Invoice Number: 4698-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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

ATSUMI & SAKAI NEW YORK

Invoice Number: 5547-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1907OPENAXESSBRONZ	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

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

ATSUMI & SAKAI NEW YORK

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KATSUMI, MASANARI	2022-02-01	GUARDLOW	EE	\$29.44
KATSUMI, MASANARI	2022-03-01	1907OPENAXESSBRONZ	EE	\$536.10
KATSUMI, MASANARI	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

AVANCER HOMES
350 SYCAMORE ROAD
GENOA, IL 60135

Invoice Number: 4677-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$21.42**	\$26.88
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Children	4	\$74.61	\$298.44
VSP	Employee Only	4	\$8.75	\$35.00
VSP	Employee & Children	3	\$15.02	\$45.06
			GRAND TOTAL	\$482.43

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

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
HOWERTON, ELAINE	2018-01-01	VSP		\$
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
SHROYER, BRIAN	2022-01-01	VSP	EE	\$8.75
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
WRIGHT, KIERYN	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

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

Invoice Number: 4675-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0435OPENACCESSESSE	Employee Only	2	\$450.74	\$901.48
ADD	Employee Only	8	\$4.20**	\$68.46
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
GUARDLOW	Family	2	\$100.74	\$201.48
VSP	Employee Only	3	\$8.75	\$26.25
VSP	Employee & Spouse Only	2	\$14.73	\$29.46
VSP	Employee & Children	2	\$15.02	\$30.04
			GRAND TOTAL	\$1,590.89

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

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

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BALDWIN, KATELYN	2022-04-01	ADD		\$4.20
BEAN, CONNIE	2022-01-01	ADD		\$21.42
BEAN, CONNIE	2022-01-01	GUARDLOW	FAM	\$100.74
BEAN, CONNIE	2022-01-01	VSP	EC2	\$15.02
CRAIG, ANGELA	2022-01-01	ADD		\$2.10
CRAIG, ANGELA	2022-01-01	GUARDLOW	EE	\$29.44
CRAIG, ANGELA	2022-01-01	VSP	EE	\$8.75
DUEX, TANIA	2020-01-01	0435OPENACCESSESSE		\$
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
JOHNSON, PEGGY	2022-01-01	VSP	EE	\$8.75
LOFQUIST, JENNIFER	2022-01-01	GUARDHIGH	ES	\$89.81
LOFQUIST, JENNIFER	2022-01-01	VSP	ES	\$14.73
NEECE, ALLISON	2020-01-01	0435OPENACCESSESSE		\$
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
SOUTHWARD, SCOTT	2022-01-01	GUARDHIGH	EE	\$47.61
TERRONEZ, RAYMOND	2022-01-01	ADD		\$1.68

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

CURRENT MONTH ENROLLMENT (CONTINUED)

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

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

Invoice Number: 4676-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0435OPENACCESSESSE	Employee Only	1	\$450.74	\$450.74
ADD	Employee Only	6	\$3.36**	\$52.08
GUARDHIGH	Employee Only	4	\$47.61	\$190.44
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Employee & Children	1	\$89.81	\$89.81
GUARDLOW	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
GUARDLOW	Family	2	\$100.74	\$201.48
VSP	Employee Only	6	\$8.75	\$52.50
VSP	Employee & Spouse Only	5	\$14.73	\$73.65
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$1,329.95

** Prices vary in PRISM.

Individual prices shown in census.

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
BOYD, TRACY	2022-03-01	GUARDLOW	EE	\$29.44
BOYD, TRACY	2022-03-01	VSP	EE	\$8.75
CHRISTENSEN, MONICA	2022-01-01	GUARDHIGH	ES	\$89.81
CHRISTENSEN, MONICA	2022-01-01	VSP	ES	\$14.73
CHRISTENSEN, MONICA	2022-01-01	ADD		\$4.20
CLARK, MARY	2022-02-01	GUARDHIGH	EE	\$47.61
CLARK, MARY	2022-02-01	VSP	EE	\$8.75
DAVENPORT, JULIE	2022-01-01	GUARDLOW	ES	\$55.54
DAVENPORT, JULIE	2022-01-01	VSP	ES	\$14.73
KLING, LINDA	2022-01-01	GUARDHIGH	EE	\$47.61
KLING, LINDA	2022-01-01	VSP	EE	\$8.75
LAWRENCE, NANCY	2022-03-01	ADD		\$13.02
LAWRENCE, NANCY	2022-03-01	GUARDLOW	FAM	\$100.74
LAWRENCE, NANCY	2022-03-01	VSP	ES	\$14.73
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
MOWERS, MARCELLA	2022-03-01	ADD		\$3.36
MOWERS, MARCELLA	2022-03-01	GUARDLOW	EE	\$29.44
MOWERS, MARCELLA	2022-03-01	VSP	EE	\$8.75
PETERSON, JOSHUA	2022-03-01	GUARDHIGH	EE	\$47.61
PETERSON, JOSHUA	2022-03-01	VSP	EE	\$8.75
PLUMBERG, JENNIFER	2022-01-01	ADD		\$6.30

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

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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
TIEMAN, RASCHEL	2020-01-01	0435OPENACCESSESSE		\$

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$35.70**	\$35.70
GRAND TOTAL				\$35.70

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

BELLY BANDIT
13412 VENTURA BLVD
SHERMAN OAKS, CA 91423

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
THOMAS, HOLLY	2022-01-01	ADD		\$35.70

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: APRIL

Billing Date: 03/15/2022

Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$4.62**	\$4.62
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$367.14

** Prices vary in PRISM.

Individual prices shown in census.

BEST WESTERN AIRPORT INN & SUITES ORLANDO

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
JOHNSON, SARAH	2022-02-01	GUARDLOW	EC	\$74.61
PIROLI, PAMELA	2022-03-01	GUARDHIGH	EE	\$47.61
RODRIGUEZ, LIZ	2022-02-01	ADD		\$4.62
RODRIGUEZ, LIZ	2022-02-01	VSP	EE	\$8.75
SMITH, JEFFREY	2022-02-01	GUARDHIGH	FAM	\$160.18
SMITH, JEFFREY	2022-02-01	VSP	FAM	\$23.76
TRINIDAD, KRISTEN	2022-04-01	GUARDHIGH	EE	\$47.61

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1738OPENAXESSCOPPE	Employee Only	1	\$495.38	\$495.38
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	\$1,270.93

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

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
VIGIL, ZEUS	2022-01-01	1738OPENAXESSCOPPE	EE	\$495.38

MEDICAL PLAN COUNTS

Employee Only	2
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1130OPENAXESSESSEN	Employee Only	3	\$450.75	\$1,352.25
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	8	\$8.75	\$70.00
			GRAND TOTAL	\$6,254.64

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

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	1130OPENAXESSESEN	EE	\$450.75
COLEMAN, KRISSHONDA	2022-01-01	GUARDHIGH	EE	\$47.61
COLEMAN, KRISSHONDA	2022-01-01	VSP	EE	\$8.75
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
ODELL, GASTON	2022-01-01	VSP	EE	\$8.75
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	1130OPENAXESSESEN	EE	\$450.75
RAMIREZ, AGUEDA	2022-01-01	GUARDLOW	EE	\$29.44
RAMIREZ, AGUEDA	2022-01-01	VSP	EE	\$8.75
ROUSE, RHONDA	2022-01-01	1130OPENAXESSESEN	EE	\$450.75
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

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

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
VAZQUEZ, MELENY	2022-01-01	GUARDHIGH	EE	\$47.61
VAZQUEZ, MELENY	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	10
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

BEST WESTERN PLUS OVERLAND INN

Invoice Number: 5542-2022-0

Invoice Month: APRIL

Billing Date: 03/15/2022

Payment Due Date: 03/31/2022

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

** Prices vary in PRISM.

Individual prices shown in census.

BEST WESTERN PLUS OVERLAND INN

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MILLS, JENNAYA	2022-04-01	GUARDHIGH	EE	\$47.61
MILLS, JENNAYA	2022-04-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	0
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	3	\$29.44	\$88.32
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$105.82

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

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
MORALES, GLADYS	2022-04-01	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

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

Invoice Number: 4169-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1732OPENAXESSGOLD	Employee Only	1	\$653.81	\$653.81
1732OPENAXESSGOLD	Employee & Spouse Only	1	\$1,307.62	\$1,307.62
1732OPENAXESSPLATI	Employee Only	1	\$0.00	\$0.00
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

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

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	1732OPENAXESSPLATI		\$
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0834OPENAXESSCOPPE	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

** Prices vary in PRISM.

Individual prices shown in census.

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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 CAPE CORAL
12431 MCGREGOR BLVD
FORT MYERS, FL 33919

Invoice Number: 4551-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1897OPENAXESSBRONZ	Employee Only	1	\$536.10	\$536.10
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$553.60

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

BUDGET BLINDS OF CAPE CORAL
12431 MCGREGOR BLVD
FORT MYERS, FL 33919

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GARCIA, KENNETH	2022-01-01	VSP	EE	\$8.75
LAWRENCE, MICHELLE	2022-01-01	1897OPENAXESSBRONZ	EE	\$536.10
LAWRENCE, MICHELLE	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

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

Invoice Number: 4299-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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
BURROUGHS, RYAN	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

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

Invoice Number: 4152-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Children	1	\$89.81	\$89.81
GUARDHIGH	Family	1	\$160.18	\$160.18
VSP	Employee Only	3	\$8.75	\$26.25
			GRAND TOTAL	\$323.85

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

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

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FONTTECCHIO, LORI	2021-06-01	GUARDHIGH	FAM	\$160.18
FONTTECCHIO, LORI	2021-06-01	VSP	EE	\$8.75
GONZALEZ, PENELOPE	2022-01-01	GUARDHIGH	EC	\$89.81
GONZALEZ, PENELOPE	2022-01-01	VSP	EE	\$8.75
MAHONEY, CAROLYN	2022-01-01	GUARDHIGH	EE	\$47.61
MAHONEY, CAROLYN	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 PUYALLUP & TACOMA
9417 160th St E, Suite B
PUYALLUP, WA 98375

Invoice Number: 4083-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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 Only	1	\$8.75	\$8.75
VSP	Employee & Children	1	\$15.02	\$15.02
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$361.48

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

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
BROST, JANA	2019-01-01	VSP	EE	\$8.75
DUPEA, MATTHEW	2022-01-01	GUARDHIGH	EE	\$47.61
SMITH, CORY	2021-03-01	GUARDLOW	FAM	\$100.74
SMITH, CORY	2021-03-01	VSP	FAM	\$23.76

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1526OPENAXESSGOLD	Employee & Spouse Only	1	\$1,307.62	\$1,307.62
ADD	Employee Only	1	\$0.71**	\$0.71
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	\$1,573.05

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

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

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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	0
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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
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	\$177.53

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

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
ZUNIGA, HILDA	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

BUILDING KIDZ SCHOOL LYNNWOOD
15212 HWY 99
LYNNWOOD, WA 98087

Invoice Number: 4137-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

BUILDING KIDZ SCHOOL LYNNWOOD
15212 HWY 99
LYNNWOOD, WA 98087

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
USAI, TAMIRIS	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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1401OPENAXESSPLATI	Employee Only	1	\$862.95	\$862.95
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$966.92

** Prices vary in PRISM.

Individual prices shown in census.

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
FRIEDLIN, LINDA	2022-01-01	VSP	EE	\$8.75
FRIEDLIN, LINDA	2022-04-01	1401OPENAXESSPLATI	EE	\$862.95
SMITH, NICHOLAS EDGAR CLAY	2022-01-01	GUARDHIGH	EE	\$47.61

MEDICAL PLAN COUNTS

Employee Only	1
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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
SALAS, SIERRA	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

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

Invoice Number: 4332-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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	9	\$0.65	\$14.25
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
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	1	\$23.76	\$23.76
			GRAND TOTAL	\$2,057.01

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

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

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BASGIL, JOSEPH	2021-12-01	CANALWORKSADD		\$2.03
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	2022-03-01	CANALWORKSADD		\$2.93
GIRTY II, JOHN J	2019-02-01	GUARDLOW	ES	\$55.54
GIRTY II, JOHN J	2019-02-01	VSP	ES	\$14.73
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
GIUSTI, KRISTIN D	2022-01-01	VSP	FAM	\$23.76
KURLYUK, BARBARA	2022-02-01	CANALWORKSADD		\$1.68
LEIGHTON, CAROL	2021-12-01	CANALWORKSADD		\$0.75
PERILLI, MARISA L	2021-12-01	CANALWORKSADD		\$1.38
PERILLI, MARISA L	2022-01-01	1182OPENAXESSILVE	EE	\$559.14
PERILLI, MARISA L	2022-01-01	VSP	EE	\$8.75
STOFFREGEN, MICHELLE	2022-01-01	CANALWORKSADD		\$0.65

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	3	\$4.20**	\$18.90
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Family	1	\$160.18	\$160.18
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$267.95

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

CAREMAX SENIOR SOLUTIONS
2585 E PERRIN AVE
FRESNO, CA 93720

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CUNNINGHAM, CHRISTINE	2022-03-01	ADD		\$8.40
CUNNINGHAM, CHRISTINE	2022-03-01	VSP	EE	\$8.75
HUTTER, TAMMY	2022-01-01	ADD		\$6.30
HUTTER, TAMMY	2022-01-01	GUARDHIGH	FAM	\$160.18
HUTTER, TAMMY	2022-01-01	VSP	FAM	\$23.76
THOMPSON, BAILEY	2022-04-01	ADD		\$4.20
THOMPSON, BAILEY	2022-04-01	GUARDHIGH	EE	\$47.61
THOMPSON, BAILEY	2022-04-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

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

Invoice Number: 4608-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0448OPENAXESSPLATI	Employee Only	1	\$0.00	\$0.00
0448OPENAXESSPLATI	Family	1	\$0.00	\$2,589.09
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	2	\$29.44	\$58.88
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	2	\$23.76	\$47.52
			GRAND TOTAL	\$3,036.25

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

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, DIMITRY	2022-04-01	GUARDHIGH	FAM	\$160.18
KARGMAN, DIMITRY	2022-04-01	VSP	FAM	\$23.76
KARGMAN, DIMITRY	2022-04-01	0448OPENAXESSPLATI	FAM	\$2589.09
KARGMAN, LARISA	2018-03-01	GUARDHIGH	EE	\$47.61
KARGMAN, LARISA	2019-01-01	GUARDLOW		\$
KARGMAN, LARISA	2018-12-01	VSP	EE	\$8.75
KLEIN, MILANA	2018-01-01	GUARDLOW	FAM	\$100.74
KLEIN, MILANA	2019-01-01	VSP	FAM	\$23.76
KLEIN, MILANA	2022-04-01	0448OPENAXESSPLATI		\$
MOYD, RICKY	2019-02-01	VSP	ES	\$14.73
THOMPSON, MARY	2019-02-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

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

Invoice Number: 4610-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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
YELVERTON, JAQUELINE	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

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

Invoice Number: 4696-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$21.00**	\$21.00
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$59.19

** Prices vary in PRISM.

Individual prices shown in census.

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
LESICKO, DAWN	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

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

Invoice Number: 4690-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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

CCB INDUSTRIES INC
13904 W. 108TH STREET
LENEXA, KS 66215

Invoice Number: 4229-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$8.40**	\$8.40
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$102.95

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

CCB INDUSTRIES INC
13904 W. 108TH STREET
LENEXA, KS 66215

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BAMBICK, FRANCIS	2020-06-01	ADD		\$8.40
BAMBICK, FRANCIS	2021-01-01	GUARDHIGH	EE	\$47.61
BAMBICK, FRANCIS	2020-06-01	VSP	EE	\$8.75
SEXTON, PATRICK	2022-01-01	GUARDLOW		\$
SEXTON, PATRICK	2022-01-01	VSP		\$

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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	Employee & Spouse Only	1	\$961.16	\$961.16
1465OPENAXESSPLATI	Family	2	\$1,222.65	\$2,445.30
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 & 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	7	\$8.75	\$61.25
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	\$8,446.44

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

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
MCALLISTER, KYLE	2021-12-01	VSP	EE	\$8.75
NAFT, JASON	2022-04-01	1465OPENAXESSPLATI	FAM	\$1222.65
NAFT, JASON	2022-04-01	GUARDLOW	FAM	\$100.74
NAFT, JASON	2022-04-01	VSP	FAM	\$23.76
O'HARA, MCKENZIE	2022-04-01	1465OPENAXESSPLATI	ES	\$961.16
O'HARA, MCKENZIE	2022-04-01	GUARDLOW	ES	\$55.54
O'HARA, MCKENZIE	2022-04-01	VSP	ES	\$14.73
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

CIELO24
1221 STATE STREET
SANTA BARBARA, CA 93101

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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
STEWARD, NICOLE	2022-01-01	1465OPENAXESSPLATI	EE	\$484.50
STEWARD, NICOLE	2022-01-01	GUARDHIGH	EE	\$47.61
STEWARD, NICOLE	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	7
Employee & Spouse	1
Employee & Children	0
Family	3



Account Services

Monthly Statement

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

Invoice Number: 4577-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	17	\$0.00**	\$66.36
GUARDHIGH	Employee Only	8	\$47.61	\$382.35
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	8	\$29.44	\$235.52
GUARDLOW	Employee & Children	2	\$74.61	\$149.22
GUARDLOW	Family	3	\$100.74	\$302.22
VSP	Employee Only	10	\$8.75	\$87.50
VSP	Employee & Spouse Only	3	\$14.73	\$44.19
VSP	Family	2	\$23.76	\$47.52
			GRAND TOTAL	\$1,564.87

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

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
ARENS, TIMOTHY	2022-01-01	VSP	EE	\$8.75
BATTLES, JENNIFER	2022-01-01	ADD		\$0.42
BATTLES, JENNIFER	2022-01-01	GUARDHIGH	EE	\$47.61
BOGOJEVICH, CHRIS	2017-11-01	ADD		\$
CLATTERBAUGH, MELISA	2022-01-01	ADD		\$4.20
CLATTERBAUGH, MELISA	2022-01-01	GUARDLOW	EE	\$29.44
CLATTERBAUGH, MELISA	2022-01-01	VSP	EE	\$8.75
DAVIS, BRIAN	2022-01-01	GUARDHIGH	EE	\$47.61
DAVIS, LAURIE	2022-01-01	ADD		\$8.40
DAVIS, LAURIE	2022-01-01	GUARDHIGH	EE	\$47.61
DAVIS, LAURIE	2022-01-01	VSP	EE	\$8.75
KENYON, ADAM	2018-10-01	ADD		\$
KENYON, ADAM	2019-01-01	GUARDHIGH	EE	\$47.61
KENYON, ADAM	2020-01-01	VSP	EE	\$8.75
LAPARL, DANNY	2022-01-01	ADD		\$6.30
LAPARL, DANNY	2022-01-01	GUARDHIGH	FAM	\$160.18
LAPARL, DANNY	2022-01-01	VSP	FAM	\$23.76
LAUGHLIN, BRET	2017-07-01	ADD		\$
LAUGHLIN, BRET	2022-01-01	GUARDLOW	EE	\$29.44
LAUGHLIN, BRET	2022-01-01	VSP	EE	\$8.75
LOOMIS, VICKI	2022-01-01	ADD		\$5.04
LOOMIS, VICKI	2022-01-01	GUARDLOW	EE	\$29.44
MARTINEZ, YOLANDA	2016-09-01	ADD		\$

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

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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
MCCALL-VEAZEY, ERICA	2017-12-01	ADD		\$
MINKE, MICHAEL	2018-09-01	ADD		\$
PERRAS, ROSEMARY	2017-08-01	ADD		\$
PERRAS, ROSEMARY	2022-01-01	GUARDHIGH	EE	\$47.61
PERRAS, ROSEMARY	2022-01-01	VSP	EE	\$8.75
POGUE, CHRISTIAN	2022-01-01	GUARDHIGH	EE	\$47.61
POGUE, CHRISTIAN	2022-01-01	VSP	EE	\$8.75
RAPHAEL, MARY	2021-01-01	GUARDLOW	EE	\$29.44
RAPHAEL, MARY	2019-06-01	VSP	ES	\$14.73
RUNYAN, JASON	2022-01-01	ADD		\$9.66
RUNYAN, JASON	2022-01-01	GUARDLOW	FAM	\$100.74
RUTHERFORD, JENNIFER	2022-04-01	GUARDLOW	FAM	\$100.74
RUTHERFORD, JENNIFER	2022-04-01	VSP	ES	\$14.73
SADIK, ERIC	2015-02-01	ADD		\$
SADIK, ERIC	2015-12-01	GUARDHIGH	EE	\$49.08
SADIK, ERIC	2017-12-01	GUARDLOW	EE	\$29.44
SPINELLI, STEVEN	2016-07-01	ADD		\$
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
TOBOLSKI, MARTHA	2021-08-01	VSP	FAM	\$23.76
VASQUEZ, MARIO	2022-01-01	GUARDLOW	EE	\$29.44
WILLIAMS, VICTORIA	2022-01-01	GUARDLOW	EC	\$74.61
WILLIAMS, VICTORIA	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

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

Invoice Number: 4731-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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 & Spouse Only	1	\$55.54	\$55.54
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$1,629.81

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

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
REYNIER, JUSTIN	2019-01-01	GUARDLOW	ES	\$55.54

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

CLEAN AIR LAWN CARE MARIETTA
2705 Constant Lndg
MARIETTA, GA 30066

Invoice Number: 4410-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1718OPENAXESSGOLD	Family	1	\$1,961.43	\$1,961.43
			GRAND TOTAL	\$1,961.43

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

CLEAN AIR LAWN CARE MARIETTA

2705 Constant Lndg

MARIETTA, GA 30066

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WIERSMA, SETH	2021-07-01	1718OPENAXESSGOLD	FAM	\$1961.43

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

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

Invoice Number: 4114-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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
RADCLIFFE, DENISE	2021-06-01	VSP	EE	\$8.75

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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
SMITH, GRETCHEN	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

COMFORT INN CHESTERTOWN
150 SCHEELER ROAD
CHESTERTOWN, MD 21620

Invoice Number: 4735-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$2.94**	\$2.94
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$49.88

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

COMFORT INN CHESTERTOWN
150 SCHEELER ROAD
CHESTERTOWN, MD 21620

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BREITENBACH, LINDA	2021-09-01	VSP	EE	\$8.75
NEWMAN, BRIANA	2022-01-01	ADD		\$2.94
NEWMAN, BRIANA	2022-01-01	GUARDLOW	EE	\$29.44
NEWMAN, BRIANA	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

COMFORT INN MECHANICSBURG
1012 WESLEY DRIVE
MECHANICSBURG, PA 17055

Invoice Number: 4740-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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
PRIAR, LEE	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

COMFORT KEEPERS OREGON
555 MARTIN LUTHER KING BLVD
PORTLAND, OR 97214

Invoice Number: 4082-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$0.42**	\$4.62
GUARDLOW	Employee Only	2	\$29.44	\$58.88
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$81.00

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

COMFORT KEEPERS OREGON
555 MARTIN LUTHER KING BLVD
PORTLAND, OR 97214

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALANIVA, KIMMY	2022-03-01	ADD		\$0.42
ALANIVA, KIMMY	2022-03-01	GUARDLOW	EE	\$29.44
ALANIVA, KIMMY	2022-03-01	VSP	EE	\$8.75
HARMON, JEANETTE	2022-01-01	ADD		\$4.20
HARMON, JEANETTE	2022-01-01	GUARDLOW	EE	\$29.44
HARMON, JEANETTE	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

COMMUNITY SETTLEMENTS
340 East Patrick Street
FREDERICK, MD 21701

Invoice Number: 4312-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$133.25

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

COMMUNITY SETTLEMENTS

340 East Patrick Street
FREDERICK, MD 21701

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BURHANS, KATHRYN	2022-04-01	GUARDLOW	FAM	\$100.74
BURHANS, KATHRYN	2022-04-01	VSP	FAM	\$23.76
WILLETT, CATHY	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

CONCRETE CRAFT OF CHARLOTTE
1715 ROCK REST ROAD
WINGATE, NC 28174

Invoice Number: 4131-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

CONCRETE CRAFT OF CHARLOTTE
1715 ROCK REST ROAD
WINGATE, NC 28174

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PHILLIPS, LINDSEY	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

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

Invoice Number: 4351-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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

CONSOLIDATED PACKAGING GROUP

Invoice Number: 5764-2022-0

Invoice Month: APRIL

Billing Date: 03/15/2022

Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1926OPENAXESSGOLD	Employee Only	18	\$854.13	\$15,374.34
1926OPENAXESSGOLD	Employee & Spouse Only	7	\$1,760.69	\$12,324.83
1926OPENAXESSGOLD	Employee & Children	5	\$1,595.85	\$7,979.25
1926OPENAXESSGOLD	Family	2	\$2,502.41	\$5,004.82
1926OPENAXESSPLATI	Employee Only	5	\$936.54	\$4,682.70
1926OPENAXESSPLATI	Employee & Spouse Only	1	\$1,933.76	\$1,933.76
1926OPENAXESSPLATI	Family	1	\$2,749.65	\$2,749.65
1926OPENAXESSSILVE	Employee Only	18	\$779.21	\$14,025.78
1926OPENAXESSSILVE	Employee & Spouse Only	2	\$1,603.35	\$3,206.70
1926OPENAXESSSILVE	Employee & Children	2	\$1,453.50	\$2,907.00
1926OPENAXESSSILVE	Family	1	\$2,277.64	\$2,277.64
ADD	Employee Only	12	\$10.50**	\$61.53
GUARDHIGH	Employee Only	16	\$47.61	\$761.76
GUARDHIGH	Employee & Spouse Only	9	\$89.81	\$808.29
GUARDHIGH	Family	4	\$160.18	\$640.72
GUARDLOW	Employee Only	18	\$29.44	\$529.92
GUARDLOW	Employee & Spouse Only	2	\$55.54	\$111.08
GUARDLOW	Employee & Children	4	\$74.61	\$298.44
GUARDLOW	Family	4	\$100.74	\$402.96
LIFE	Employee Only	10	\$24.70**	\$182.49
VSP	Employee Only	32	\$8.75	\$280.00
VSP	Employee & Spouse Only	12	\$14.73	\$176.76
VSP	Employee & Children	5	\$15.02	\$75.10
VSP	Family	4	\$23.76	\$95.04
** Prices vary in PRISM.				
Individual prices shown in census.				
GRAND TOTAL				\$76,890.56

CONSOLIDATED PACKAGING GROUP

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ACKER, SAMANTHA	2022-03-01	GUARDHIGH	EE	\$47.61
ACKER, SAMANTHA	2022-03-01	1926OPENAXESSILVE	EE	\$779.21
ACKER, SAMANTHA	2022-03-01	VSP	EE	\$8.75
ANDERSON, KYE	2022-03-01	GUARDLOW	EC	\$74.61
ANDERSON, KYE	2022-03-01	1926OPENAXESSGOLD	EC	\$1595.85
ANDERSON, KYE	2022-03-01	VSP	EC	\$15.02
ARNOLD, MARK	2022-03-01	GUARDHIGH	EE	\$47.61
ARNOLD, MARK	2022-03-01	1926OPENAXESSGOLD	EE	\$854.13
ARNOLD, MARK	2022-03-01	VSP	EE	\$8.75
ARROYO, ELESVAN	2022-03-01	GUARDLOW	EE	\$29.44
ARROYO, ELESVAN	2022-03-01	1926OPENAXESSILVE	EE	\$779.21
ARROYO, ELESVAN	2022-03-01	VSP	EE	\$8.75
BARTLEY, KEN	2022-03-01	GUARDHIGH	FAM	\$160.18
BARTLEY, KEN	2022-03-01	1926OPENAXESSGOLD	FAM	\$2502.41
BARTLEY, KEN	2022-03-01	VSP	FAM	\$23.76
BEEBE, TINA	2022-03-01	GUARDLOW	EE	\$29.44
BEEBE, TINA	2022-03-01	1926OPENAXESSGOLD	EE	\$854.13
BEEBE, TINA	2022-03-01	VSP	EE	\$8.75
BELLMAN, GREGORY	2022-03-01	GUARDHIGH	EE	\$47.61
BELLMAN, GREGORY	2022-03-01	1926OPENAXESSPLATI	EE	\$936.54
BELLMAN, GREGORY	2022-03-01	VSP	EE	\$8.75
BOWLING, LESTER	2022-03-01	GUARDHIGH	ES	\$89.81
BOWLING, LESTER	2022-03-01	1926OPENAXESSGOLD	EE	\$854.13
BOWLING, LESTER	2022-03-01	VSP	ES	\$14.73
BROADNAX, CHASITY	2022-03-01	GUARDHIGH	EE	\$47.61
BROADNAX, CHASITY	2022-03-01	1926OPENAXESSILVE	EE	\$779.21
BROADNAX, CHASITY	2022-03-01	VSP	EE	\$8.75

CONSOLIDATED PACKAGING GROUP

,

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BRONSTON, DEBRA	2022-03-01	GUARDLOW	EE	\$29.44
BRONSTON, DEBRA	2022-03-01	1926OPENAXESSILVE	EE	\$779.21
BRONSTON, DEBRA	2022-03-01	VSP	EE	\$8.75
CABALLERO, ANGEL	2022-03-01	GUARDLOW	EE	\$29.44
CABALLERO, ANGEL	2022-03-01	VSP	EE	\$8.75
CARMICHAEL, RYAN	2022-03-01	GUARDLOW	FAM	\$100.74
CARMICHAEL, RYAN	2022-03-01	1926OPENAXESSILVE	FAM	\$2277.64
CARMICHAEL, RYAN	2022-03-01	VSP	FAM	\$23.76
CASON, PHILLIP	2022-03-01	GUARDHIGH	ES	\$89.81
CASON, PHILLIP	2022-03-01	1926OPENAXESSGOLD	ES	\$1760.69
CASON, PHILLIP	2022-03-01	VSP	ES	\$14.73
COLE, JAMES	2022-03-01	GUARDLOW	ES	\$55.54
COLE, JAMES	2022-03-01	1926OPENAXESSGOLD	ES	\$1760.69
COLE, JAMES	2022-03-01	VSP	ES	\$14.73
COTTEN, RICHARD	2022-03-01	GUARDHIGH	ES	\$89.81
COTTEN, RICHARD	2022-03-01	1926OPENAXESSGOLD	EE	\$854.13
COTTEN, RICHARD	2022-03-01	VSP	ES	\$14.73
COTTON, RICHARD	2022-03-01	GUARDLOW	EE	\$29.44
COTTON, RICHARD	2022-03-01	1926OPENAXESSILVE	EE	\$779.21
COTTON, RICHARD	2022-03-01	VSP	EE	\$8.75
DETRO, AMELIA	2022-03-01	GUARDHIGH	FAM	\$160.18
DETRO, AMELIA	2022-03-01	1926OPENAXESSGOLD	EC	\$1595.85
DETRO, AMELIA	2022-03-01	VSP	FAM	\$23.76
DETRO, JAMIE	2022-03-01	GUARDHIGH	EE	\$47.61
DETRO, JAMIE	2022-03-01	1926OPENAXESSGOLD	EE	\$854.13

CONSOLIDATED PACKAGING GROUP

,

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DETRO, JAMIE	2022-03-01	VSP	EE	\$8.75
DETRO, TAMMY	2022-03-01	GUARDHIGH	FAM	\$160.18
DETRO, TAMMY	2022-03-01	1926OPENAXESSGOLD	FAM	\$2502.41
DETRO, TAMMY	2022-03-01	VSP	ES	\$14.73
DONA, MARTHA	2022-03-01	GUARDLOW	EE	\$29.44
DONA, MARTHA	2022-03-01	1926OPENAXESSILVE	EE	\$779.21
DONA, MARTHA	2022-03-01	VSP	EE	\$8.75
DOWNEY, BRANDY	2022-03-01	ADD		\$0.42
DOWNEY, BRANDY	2022-03-01	LIFE		\$2.56
DOWNEY, BRANDY	2022-03-01	GUARDLOW	FAM	\$100.74
DOWNEY, BRANDY	2022-03-01	VSP	EC2	\$15.02
EDMISTEN, NICHOLAS	2022-03-01	GUARDLOW	EC2	\$74.61
EDMISTEN, NICHOLAS	2022-03-01	1926OPENAXESSGOLD	EC2	\$1595.85
ELAM, DONALD	2022-03-01	1926OPENAXESSILVE	EE	\$779.21
ERNST, BRADY	2022-03-01	GUARDHIGH	EE	\$47.61
ERNST, BRADY	2022-03-01	1926OPENAXESSILVE	EE	\$779.21
FISCHER, MICHAEL	2022-03-01	1926OPENAXESSILVE	EE	\$779.21
FOSTER, FRANK	2022-03-01	GUARDLOW	EE	\$29.44
FOSTER, FRANK	2022-03-01	1926OPENAXESSGOLD		\$
FOSTER, FRANK	2022-03-01	1926OPENAXESSPLATI		\$
FOSTER, FRANK	2022-03-01	1926OPENAXESSILVE		\$
FOSTER, FRANK	2022-03-01	VSP	EE	\$8.75
GODBEY, TERRY	2022-03-01	GUARDLOW	EE	\$29.44
GODBEY, TERRY	2022-03-01	1926OPENAXESSGOLD	EE	\$854.13
GODBEY, TERRY	2022-03-01	VSP		\$

CONSOLIDATED PACKAGING GROUP

,

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GONZALEZ, JORGE	2022-03-01	ADD		\$4.20
GONZALEZ, JORGE	2022-03-01	LIFE		\$59.28
GONZALEZ, JORGE	2022-03-01	GUARDHIGH	EE	\$47.61
GONZALEZ, JORGE	2022-03-01	1926OPENAXESSPLATI	EE	\$936.54
GONZALEZ, JORGE	2022-03-01	VSP	EE	\$8.75
GRAHAM, CLEON	2022-03-01	ADD		\$0.42
GRAHAM, CLEON	2022-03-01	LIFE		\$1.91
GRAHAM, CLEON	2022-03-01	GUARDLOW	FAM	\$100.74
GRAHAM, CLEON	2022-03-01	1926OPENAXESSGOLD	EC2	\$1595.85
GRAHAM, CLEON	2022-03-01	VSP	EC2	\$15.02
GREELY, PATRICK	2022-03-01	GUARDLOW	FAM	\$100.74
GREELY, PATRICK	2022-03-01	1926OPENAXESSILVE	EC2	\$1453.50
GREELY, PATRICK	2022-03-01	VSP	ES	\$14.73
HAGAMAN, KELLY	2022-03-01	ADD		\$2.52
HAGAMAN, KELLY	2022-03-01	GUARDLOW	ES	\$55.54
HAGAMAN, KELLY	2022-03-01	1926OPENAXESSILVE	ES	\$1603.35
HAGAMAN, KELLY	2022-03-01	VSP	ES	\$14.73
HENRICHSON, NANCY	2022-04-01	ADD		\$10.50
HERRINGTON, STEPHEN	2022-03-01	ADD		\$4.20
HERRINGTON, STEPHEN	2022-03-01	LIFE		\$24.70
HERRINGTON, STEPHEN	2022-03-01	GUARDLOW	EE	\$29.44
HERRINGTON, STEPHEN	2022-03-01	1926OPENAXESSGOLD	EE	\$854.13
HERRINGTON, STEPHEN	2022-03-01	VSP	EE	\$8.75
JACK, SUZANNE	2022-04-01	ADD		\$
JACK, SUZANNE	2022-04-01	LIFE		\$
JACK, SUZANNE	2022-04-01	GUARDHIGH		\$

CONSOLIDATED PACKAGING GROUP

,

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
JACK, SUZANNE	2022-04-01	1926OPENAXESSPLATI		\$
JACK, SUZANNE	2022-04-01	VSP		\$
JONES, TIM	2022-03-01	GUARDLOW	EE	\$29.44
JONES, TIM	2022-03-01	1926OPENAXESSGOLD	EE	\$854.13
JONES, TIM	2022-03-01	VSP	EE	\$8.75
KAUFMAN, GARY	2022-03-01	1926OPENAXESSPLATI	FAM	\$2749.65
KAUFMAN, GARY	2022-03-01	GUARDHIGH	FAM	\$160.18
KAUFMAN, GARY	2022-03-01	VSP	FAM	\$23.76
KLENKE, KELLY	2022-03-01	GUARDHIGH	EE	\$47.61
KLENKE, KELLY	2022-03-01	1926OPENAXESSILVE	EE	\$779.21
KLENKE, KELLY	2022-03-01	VSP	EE	\$8.75
KNUCKLES, ARTHUR	2022-03-01	GUARDLOW	EE	\$29.44
KNUCKLES, ARTHUR	2022-03-01	1926OPENAXESSGOLD	EE	\$854.13
KNUCKLES, ARTHUR	2022-03-01	VSP	EE	\$8.75
KOLB, KAYE	2022-03-01	GUARDLOW	EE	\$29.44
KOLB, KAYE	2022-03-01	1926OPENAXESSGOLD	ES	\$1760.69
KOLB, KAYE	2022-03-01	VSP	EE	\$8.75
KUHLMANN, BUDDY	2022-03-01	GUARDLOW	EE	\$29.44
KUHLMANN, BUDDY	2022-03-01	1926OPENAXESSILVE	EE	\$779.21
KUHLMANN, BUDDY	2022-03-01	VSP	EE	\$8.75
KUMPULA, SUSAN	2022-03-01	ADD		\$10.50
KUMPULA, SUSAN	2022-03-01	GUARDHIGH	EE	\$47.61
KUMPULA, SUSAN	2022-03-01	1926OPENAXESSPLATI	EE	\$936.54
KUMPULA, SUSAN	2022-03-01	VSP	EE	\$8.75
KUSZYNSKI, ANDREW	2022-03-01	1926OPENAXESSGOLD	EE	\$854.13

CONSOLIDATED PACKAGING GROUP

,

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LEETH, PAUL	2022-03-01	GUARDHIGH	EE	\$47.61
LEETH, PAUL	2022-03-01	1926OPENAXESSGOLD	EE	\$854.13
LEETH, PAUL	2022-03-01	VSP	ES	\$14.73
LINGREL, CODY	2022-03-01	GUARDHIGH	EE	\$47.61
LINGREL, CODY	2022-03-01	1926OPENAXESSGOLD	EE	\$854.13
LINGREL, CODY	2022-03-01	VSP	EE	\$8.75
MANN, ABRAHAM	2022-03-01	GUARDHIGH	ES	\$89.81
MANN, ABRAHAM	2022-03-01	1926OPENAXESSPLATI	ES	\$1933.76
MCCOY, JESSICA	2022-03-01	ADD		\$5.04
MCCOY, JESSICA	2022-03-01	LIFE		\$14.40
MCCOY, JESSICA	2022-03-01	GUARDLOW	EE	\$29.44
MCCOY, JESSICA	2022-03-01	1926OPENAXESSILVE	EE	\$779.21
MCCOY, JESSICA	2022-03-01	VSP	EE	\$8.75
MEJIA, JOSE	2022-03-01	1926OPENAXESSILVE	EE	\$779.21
MERIDETH, LONNIE	2022-03-01	VSP	ES	\$14.73
MERIDETH, LONNIE	2022-03-01	ADD		\$8.40
MERIDETH, LONNIE	2022-03-01	LIFE		\$24.70
MERIDETH, LONNIE	2022-03-01	GUARDHIGH	ES	\$89.81
MERIDETH, LONNIE	2022-03-01	1926OPENAXESSILVE	ES	\$1603.35
MESSALA, ELMOSTAFA	2022-03-01	GUARDLOW	EE	\$29.44
MESSALA, ELMOSTAFA	2022-03-01	1926OPENAXESSILVE	EE	\$779.21
MESSALA, ELMOSTAFA	2022-03-01	VSP	EE	\$8.75
NELSON, JASON	2022-03-01	GUARDLOW	EE	\$29.44
NELSON, JASON	2022-03-01	1926OPENAXESSILVE	EE	\$779.21
NELSON, JASON	2022-03-01	VSP	EE	\$8.75

CONSOLIDATED PACKAGING GROUP

,

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PARSONS, JAMES	2022-03-01	1926OPENAXESSGOLD	EE	\$854.13
PARSONS, JAMES	2022-03-01	VSP	EE	\$8.75
PINON, BRAIEN	2022-03-01	GUARDHIGH	EE	\$47.61
PINON, BRAIEN	2022-03-01	1926OPENAXESSILVE	EE	\$779.21
ROPER, JARRELL	2022-03-01	GUARDLOW	EE	\$29.44
ROPER, JARRELL	2022-03-01	1926OPENAXESSGOLD	EE	\$854.13
SCHIPPERS, CAROLYN	2022-03-01	GUARDLOW	EC	\$74.61
SCHIPPERS, CAROLYN	2022-03-01	1926OPENAXESSGOLD	EC	\$1595.85
SCHIPPERS, CAROLYN	2022-03-01	VSP	EC	\$15.02
SHIELDS, PARIS	2022-03-01	ADD		\$0.63
SHIELDS, PARIS	2022-03-01	LIFE		\$1.80
SHIELDS, PARIS	2022-03-01	GUARDHIGH	ES	\$89.81
SHIELDS, PARIS	2022-03-01	1926OPENAXESSGOLD	ES	\$1760.69
SHIELDS, PARIS	2022-03-01	VSP	EE	\$8.75
SPERRY, AIMEE	2022-03-01	GUARDHIGH	EE	\$47.61
SPERRY, AIMEE	2022-03-01	1926OPENAXESSGOLD	EE	\$854.13
SPERRY, AIMEE	2022-03-01	VSP	EE	\$8.75
STICKROD, ROBERT	2022-03-01	ADD		\$4.20
STICKROD, ROBERT	2022-03-01	LIFE		\$11.25
STICKROD, ROBERT	2022-03-01	GUARDHIGH	ES	\$89.81
STICKROD, ROBERT	2022-03-01	1926OPENAXESSGOLD	ES	\$1760.69
STICKROD, ROBERT	2022-03-01	VSP	ES	\$14.73
SYLLA, FANTA	2022-03-01	GUARDLOW	EC	\$74.61
SYLLA, FANTA	2022-03-01	1926OPENAXESSILVE	EC	\$1453.50
SYLLA, FANTA	2022-03-01	VSP	EC	\$15.02

CONSOLIDATED PACKAGING GROUP

,

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
THRUSH, ALICE	2022-03-01	GUARDLOW	EE	\$29.44
THRUSH, ALICE	2022-03-01	1926OPENAXESSGOLD	EE	\$854.13
THRUSH, ALICE	2022-03-01	VSP	EE	\$8.75
TOMEI, MARIO	2022-03-01	GUARDHIGH	ES	\$89.81
TOMEI, MARIO	2022-03-01	1926OPENAXESSGOLD	ES	\$1760.69
TOMEI, MARIO	2022-03-01	VSP	ES	\$14.73
WALDMAN, ANDREW	2022-03-01	LIFE		\$17.19
WALDMAN, ANDREW	2022-03-01	GUARDHIGH	EE	\$47.61
WALDMAN, ANDREW	2022-03-01	1926OPENAXESSGOLD	EE	\$854.13
WALDMAN, ANDREW	2022-03-01	VSP	EE	\$8.75
WILLIAMS, DARLENE	2022-03-01	GUARDHIGH	EE	\$47.61
WILLIAMS, DARLENE	2022-03-01	1926OPENAXESSILVE	EE	\$779.21
WILLIAMS, DARLENE	2022-03-01	VSP	EE	\$8.75
WITTE, WILLAM	2022-03-01	GUARDHIGH	ES	\$89.81
WITTE, WILLAM	2022-03-01	1926OPENAXESSGOLD	ES	\$1760.69
WITTE, WILLAM	2022-03-01	VSP	ES	\$14.73

MEDICAL PLAN COUNTS

Employee Only	37
Employee & Spouse	10
Employee & Children	4
Family	4



Account Services

Monthly Statement

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

Invoice Number: 4693-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Family	1	\$160.18	\$160.18
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$321.08

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

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
SIPES, LAURIE	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

CREWMEUP
530 7TH AVENUE
NEW YORK, NY 10018

Invoice Number: 4235-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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	3	\$38.75	\$116.25
			GRAND TOTAL	\$2,690.88

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

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
FRIEDMAN, JOSHUA	2020-12-01	1439GUARDIANDENTALEE		\$38.75
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1438OPENAXESSBRONZ	Employee & Children	1	\$888.23	\$888.23
1438OPENAXESSCOPPE	Employee Only	1	\$360.60	\$360.60
1438OPENAXESSCOPPE	Employee & Children	1	\$660.42	\$660.42
1438OXCOPPEROWNERSE	Employee Only	2	\$360.60	\$721.20
GUARDLOW	Employee & Children	3	\$74.61	\$223.83
VSP	Employee & Children	3	\$15.02	\$45.06
			GRAND TOTAL	\$2,899.34

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

CTRUST STAFFING
2143 HURLEY WAY
SACRAMENTO, CA 95825

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BAKER, MICHAEL	2022-03-01	GUARDLOW	EC	\$74.61
BAKER, MICHAEL	2022-03-01	VSP	EC	\$15.02
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
PARRAZ, CORINA	2021-02-01	1438OPENAXESSCOPPE		\$
PARRAZ, CORINA	2021-02-01	1438OXCOPPEROWNERSEE		\$360.60
QUIROZ, ERIKA	2021-02-01	1438OXCOPPEROWNERSEE		\$360.60
VELASQUEZ, JOSE	2022-02-01	1438OPENAXESSCOPPE	EC	\$660.42
VELASQUEZ, JOSE	2022-02-01	GUARDLOW	EC	\$74.61
VELASQUEZ, JOSE	2022-02-01	VSP	EC	\$15.02

MEDICAL PLAN COUNTS

Employee Only	2
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1830OPENAXESSBRONZ	Employee Only	1	\$536.10	\$536.10
1830OPENAXESSBRONZ	Employee & Spouse Only	1	\$1,085.61	\$1,085.61
1830OPENAXESSCOPPE	Employee Only	1	\$495.83	\$495.83
1830OPENAXESSCOPPE	Employee & Children	2	\$908.07	\$1,816.14
1830OPENAXESSGOLD	Employee Only	1	\$719.19	\$719.19
1830OPENAXESSPLATI	Employee Only	1	\$862.95	\$862.95
1830OPENAXESSPLATI	Employee & Spouse Only	1	\$1,726.05	\$1,726.05
1830OPENAXESSPLATI	Family	3	\$2,589.09	\$7,767.27
1830OPENAXESSSILVE	Employee Only	2	\$603.00	\$1,206.00
ADD	Employee Only	7	\$21.00**	\$110.04
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Family	2	\$160.18	\$320.36
GUARDLOW	Employee Only	4	\$29.44	\$117.76
GUARDLOW	Employee & Spouse Only	2	\$55.54	\$111.08
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
GUARDLOW	Family	2	\$100.74	\$201.48
VSP	Employee Only	6	\$8.75	\$52.50
VSP	Employee & Spouse Only	2	\$14.73	\$29.46
VSP	Employee & Children	2	\$15.02	\$30.04
VSP	Family	2	\$23.76	\$47.52
			GRAND TOTAL	\$17,357.60

** Prices vary in PRISM.

Individual prices shown in census.

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
BRECKON, PATRICK	2022-03-01	ADD		\$21.00
BRECKON, PATRICK	2022-03-01	GUARDLOW	FAM	\$100.74
BRECKON, PATRICK	2022-03-01	1830OPENAXESSPLATI	FAM	\$2589.09
BRECKON, PATRICK	2022-03-01	VSP	ES	\$14.73
BROWN, ELIZABETH CHE	2022-01-01	ADD		\$6.30
BROWN, ELIZABETH CHE	2022-01-01	GUARDLOW	ES	\$55.54
BROWN, ELIZABETH CHE	2022-01-01	1830OPENAXESSBRONZ	ES	\$1085.61
CLARK, COURTNEY	2022-01-01	ADD		\$13.02
CLARK, COURTNEY	2022-01-01	GUARDHIGH	FAM	\$160.18
CLARK, COURTNEY	2022-01-01	1830OPENAXESSPLATI	FAM	\$2589.09
CLARK, COURTNEY	2022-01-01	VSP	FAM	\$23.76
GHANCHI, NIDA	2022-02-01	ADD		\$42.00
GHANCHI, NIDA	2022-02-01	GUARDHIGH	FAM	\$160.18
GHANCHI, NIDA	2022-02-01	1830OPENAXESSPLATI	FAM	\$2589.09
GHANCHI, NIDA	2022-02-01	VSP	FAM	\$23.76
HILLIER, CARTER	2022-04-01	1830OPENAXESSBRONZ	EE	\$536.10
HILLIER, CARTER	2022-04-01	VSP	EE	\$8.75
LE, MINDY	2022-03-01	GUARDLOW	EE	\$29.44
LE, MINDY	2022-03-01	1830OPENAXESSILVE	EE	\$603.00
LE, MINDY	2022-03-01	VSP	EE	\$8.75
MARTINEZ, ADRIANA	2022-02-01	ADD		\$2.10
MARTINEZ, ADRIANA	2022-02-01	GUARDHIGH	EE	\$47.61
MARTINEZ, ADRIANA	2022-02-01	1830OPENAXESSGOLD	EE	\$719.19
MARTINEZ, ADRIANA	2022-02-01	VSP	EE	\$8.75
MUKHERJEE, TANIA	2021-12-01	ADD		\$21.00

DATA CONNECXION
13501 Katy Fwy # 3120
HOUSTON, TX 77079

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ORY, LEAH	2022-03-01	ADD		\$4.62
ORY, LEAH	2022-03-01	GUARDLOW	FAM	\$100.74
ORY, LEAH	2022-03-01	1830OPENAXESSCOPPE	EC2	\$908.07
ORY, LEAH	2022-03-01	VSP	EC2	\$15.02
SANCHEZ, JOCELYN	2022-03-01	GUARDLOW	EC	\$74.61
SANCHEZ, JOCELYN	2022-03-01	1830OPENAXESSCOPPE	EC	\$908.07
SANCHEZ, JOCELYN	2022-03-01	VSP	EC	\$15.02
TAHIR, MUHAMMAD AJLAN	2022-03-01	GUARDLOW	ES	\$55.54
TAHIR, MUHAMMAD AJLAN	2022-03-01	1830OPENAXESSPLATI	ES	\$1726.05
TAHIR, MUHAMMAD AJLAN	2022-03-01	VSP	ES	\$14.73
TORRES, NATALY	2022-03-01	GUARDLOW	EE	\$29.44
TORRES, NATALY	2022-03-01	1830OPENAXESSPLATI	EE	\$862.95
TORRES, NATALY	2022-03-01	VSP	EE	\$8.75
VALDEZ, CHESKANEE	2022-04-01	GUARDLOW	EE	\$29.44
VALDEZ, CHESKANEE	2022-04-01	1830OPENAXESSCOPPE	EE	\$495.83
VALDEZ, CHESKANEE	2022-04-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	6
Employee & Spouse	2
Employee & Children	1
Family	3



Account Services

Monthly Statement

DAVID S. WEISS, MD

Invoice Number: 5546-2022-0

Invoice Month: APRIL

Billing Date: 03/15/2022

Payment Due Date: 03/31/2022

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

** Prices vary in PRISM.

Individual prices shown in census.

DAVID S. WEISS, MD

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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

DEMO COMPANY
123 MAIN ST
COLUMBIA, MD 21044

Invoice Number: 4130-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$31.92**	\$33.18
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Employee & Children	1	\$89.81	\$89.81
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 & Children	2	\$15.02	\$30.04
GRAND TOTAL				\$378.55

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

DEMO COMPANY
123 MAIN ST
COLUMBIA, MD 21044

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BEIBER, JUSTIN	2022-01-01	GUARDHIGH	EE	\$47.61
CHACON, FRANCIS	2022-01-01	GUARDHIGH	EC	\$89.81
CHACON, FRANCIS	2022-01-01	VSP	EC	\$15.02
CRAIG, MIA	2022-01-01	GUARDHIGH	EE	\$47.61
CRAIG, MIA	2022-01-01	VSP	EE	\$8.75
CRAIG, MIA	2022-01-01	ADD		\$1.26
FROMAL, PATRICK	2022-01-01	ADD		\$31.92
FROMAL, PATRICK	2022-01-01	GUARDLOW	EC	\$74.61
FROMAL, PATRICK	2022-01-01	VSP	EC	\$15.02
NALA, SIMBA	2021-12-01	VSP		\$
WHITE, JANE	2022-01-01	GUARDLOW	EE	\$29.44
WHITE, JANE	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

DERSONLEY3, INC.
1512 W REMINGTON LN
ROUND LAKE, IL 60073

Invoice Number: 4307-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1565OPENAXESSGOLD	Family	1	\$1,429.42	\$1,429.42
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$1,553.92

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

DERSONLEY3, INC.
1512 W REMINGTON LN
ROUND LAKE, IL 60073

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
KONGKAEOW, CHARLERMSINGH	2021-01-01	VSP	FAM	\$23.76

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

DTX DIGITAL TRANSFORMATION
43661 Catton Pl
ASHBURN, VA 20147

Invoice Number: 4424-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1740OPENAXESSBRONZ	Employee & Children	1	\$986.92	\$986.92
1740OPENAXESSCOPPE	Employee Only	1	\$450.75	\$450.75
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 Only	1	\$8.75	\$8.75
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$2,262.68

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

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
MAHDI, AHMED	2022-01-01	VSP	EE	\$8.75
MEHTA, MANSI	2022-04-01	1740OPENAXESSCOPPE	EE	\$450.75

MEDICAL PLAN COUNTS

Employee Only	2
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1182OPENAXESSGOLD	Employee Only	8	\$633.54	\$5,068.32
1182OPENAXESSGOLD	Employee & Spouse Only	1	\$1,267.06	\$1,267.06
1182OPENAXESSILVE	Employee Only	1	\$559.14	\$559.14
ADD	Employee Only	3	\$0.42**	\$21.84
CANALWORKSADD	Employee Only	24	\$0.90	\$32.51
GUARDHIGH	Employee Only	4	\$47.61	\$190.44
GUARDHIGH	Family	2	\$160.18	\$320.36
GUARDLOW	Employee Only	7	\$29.44	\$206.08
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
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	\$7,850.78

** Prices vary in PRISM.

Individual prices shown in census.

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
ABBOTT, JEFFERY	2022-01-01	1182OPENAXESSGOLD	EE	\$633.54
ANDERSON, LEIGH	2022-02-01	CANALWORKSADD		\$1.63
ANDERSON, LEIGH	2022-01-01	1182OPENAXESSGOLD	EE	\$633.54
ANDERSON, LEIGH	2019-02-01	ADD		\$10.92
ANDERSON, LEIGH	2022-01-01	GUARDLOW	EE	\$29.44
ANDERSON, LEIGH	2022-01-01	VSP	EC	\$15.02
BURWELL, KEVIN	2021-12-01	CANALWORKSADD		\$0.95
COMAN, DEBORAH	2022-02-01	CANALWORKSADD		\$1.95
COMAN, DEBORAH	2019-02-01	GUARDLOW	ES	\$55.54
COMAN, DEBORAH	2019-02-01	VSP	ES	\$14.73
EHMAN, DAVID	2019-04-01	GUARDLOW	EE	\$29.44
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
EVANS, DARCY	2022-03-01	CANALWORKSADD		\$0.85
FARMER, JAMES	2022-02-01	CANALWORKSADD		\$1.38
FARMER, JAMES	2019-02-01	GUARDHIGH	EE	\$47.61
FARMER, JAMES	2019-02-01	VSP	EE	\$8.75
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
GAMBLE, TERRY	2022-01-01	GUARDHIGH	EE	\$47.61
GAMMON, TREVOR D	2022-02-01	CANALWORKSADD		\$1.15
GAMMON, TREVOR D	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
GREEN, YAITZA	2022-01-01	GUARDLOW	EE	\$29.44
GREEN, YAITZA	2022-01-01	VSP	EE	\$8.75
GREMLER, ELIZABETH	2022-03-01	CANALWORKSADD		\$0.95
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
HANSEN, BRADLEY	2022-01-01	VSP	EE	\$8.75
HILL, NIA	2022-04-01	CANALWORKSADD		\$0.85
JONES, ANTWON	2022-01-01	CANALWORKSADD		\$0.93
MAGHARI, JANET	2021-12-01	CANALWORKSADD		\$2.48
MAGHARI, MOHAMED	2019-02-01	CANALWORKSADD		\$3.75
MAGHARI, MOHAMED	2019-02-01	GUARDHIGH	FAM	\$160.18
MAGHARI, MOHAMED	2019-02-01	VSP	FAM	\$23.76
RIBIS, RUTH	2021-12-01	CANALWORKSADD		\$1.93
RIBIS, RUTH	2022-01-01	1182OPENAXESSGOLD	EE	\$633.54
RIBIS, RUTH	2022-01-01	GUARDHIGH	EE	\$47.61
RIBIS, RUTH	2022-01-01	VSP	EE	\$8.75
SCOTT, GARY	2022-02-01	CANALWORKSADD		\$1.00
SCOTT, GARY	2019-02-01	GUARDHIGH	EE	\$47.61
SIMMONS, WILLIAM	2022-01-01	CANALWORKSADD		\$1.05
SIMMONS, WILLIAM	2022-01-01	1182OPENAXESSGOLD	EE	\$633.54
SIMMONS, WILLIAM	2021-09-01	VSP	ES	\$14.73
SMITH, FLORENCE	2021-12-01	CANALWORKSADD		\$0.70

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

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SMITH, FLORENCE	2019-02-01	GUARDLOW	EE	\$29.44
SMITH, FLORENCE	2019-02-01	VSP	EE	\$8.75
STAVOLA, DANIELLE	2022-02-01	CANALWORKSADD		\$1.20
STAVOLA, DANIELLE	2022-01-01	1182OPENAXESSILVE	EE	\$559.14
STAVOLA, DANIELLE	2022-01-01	GUARDLOW	EE	\$29.44
STAVOLA, DANIELLE	2022-01-01	VSP	EE	\$8.75
STEWART, GREGORY A	2022-03-01	CANALWORKSADD		\$1.15
TESHA, LULU	2021-12-01	CANALWORKSADD		\$0.80
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	9
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
NEEMAOPENAXESSESSSE	Employee Only	1	\$489.70	\$489.70
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$527.89

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

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
CURTIS, SHERRY	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

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

Invoice Number: 4451-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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 - GAMBRILLS
738 STATE ROUTE 3 S #B
GAMBRILLS, MD 21054

Invoice Number: 4570-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Family	1	\$138.96	\$160.18
			GRAND TOTAL	\$207.79

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

ELITE AUTO BODY - GAMBRILLS
738 STATE ROUTE 3 S #B
GAMBRILLS, MD 21054

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FORD, JASON	2017-12-01	GUARDHIGH	FAM	\$160.18
HORN, MICHAEL	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

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

Invoice Number: 4569-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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	2	\$8.75	\$17.50
			GRAND TOTAL	\$202.53

** Prices vary in PRISM.

Individual prices shown in census.

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
BRASHEARS, ROBERT	2017-12-01	GUARDHIGH	ES	\$89.81
FLANAGAN, BEVERLY	2019-03-01	VSP	EE	\$8.75
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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

EMPOWERS AFRICA

Invoice Number: 5767-2022-0

Invoice Month: APRIL

Billing Date: 03/15/2022

Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1931OPENAXESSPLATI	Employee Only	1	\$1,225.50	\$1,225.50
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$1,234.25

** Prices vary in PRISM.

Individual prices shown in census.

EMPOWERS AFRICA

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DERELIEVA, NADIA	2022-03-01	1931OPENAXESSPLATI	EE	\$1225.50
DERELIEVA, NADIA	2022-03-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

ERS AND ART OF EASTERN & CENTRAL MASS

Invoice Number: 5536-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

ERS AND ART OF EASTERN & CENTRAL MASS

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
COOKE, JAMES	2022-03-01	ADD		\$4.20

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

FAIRFIELD INN & SUITES BY MARRIOTT
181 3RD AVE
BROOKLYN, NY 11217

Invoice Number: 4715-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

FAIRFIELD INN & SUITES BY MARRIOTT
181 3RD AVE
BROOKLYN, NY 11217

CURRENT MONTH ENROLLMENT

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

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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
NEEMAOPENAXESSESSIE	Employee Only	1	\$489.70	\$489.70
NEEMAOPENAXESSPRIME	Employee & Children	1	\$1,255.22	\$1,255.22
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Children	1	\$15.02	\$15.02
GRAND TOTAL				\$1,946.82

** Prices vary in PRISM.

Individual prices shown in census.

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
MCQUEENEY, JARAD	2021-01-01	VSP	EE	\$8.75
TORVIK, CAROL	2022-01-01	NEEMAOPENAXESSPRIMEC2		\$1255.22
TORVIK, CAROL	2022-01-01	GUARDHIGH	EC2	\$117.99
TORVIK, CAROL	2022-01-01	VSP	EC2	\$15.02

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

FAIRFIELD INN BY MARRIOTT
1515 Wilmington Dr
DUPONT, WA 98327

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WATRIN, LAUREN	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

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

Invoice Number: 4521-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1861OPENAXESSGOLD	Employee Only	4	\$719.19	\$2,876.76
1861OPENAXESSPLATI	Employee Only	13	\$863.03	\$11,219.39
1861OPENAXESSPLATI	Employee & Spouse Only	1	\$1,726.05	\$1,726.05
1861OPENAXESSPLATI	Family	4	\$2,589.08	\$10,356.32
1861OPENAXESSSILVE	Employee Only	21	\$640.26	\$13,445.46
1861OPENAXESSSILVE	Employee & Spouse Only	5	\$1,289.33	\$6,446.65
1861OPENAXESSSILVE	Family	4	\$1,835.92	\$7,343.68
ADD	Employee Only	8	\$4.20**	\$68.67
GUARDHIGH	Employee Only	11	\$47.61	\$523.71
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Family	5	\$160.18	\$800.90
GUARDLOW	Employee Only	5	\$29.44	\$147.20
GUARDLOW	Employee & Spouse Only	2	\$55.54	\$111.08
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Employee Only	12	\$8.75	\$105.00
VSP	Employee & Spouse Only	2	\$14.73	\$29.46
VSP	Family	2	\$23.76	\$47.52
			GRAND TOTAL	\$55,438.40

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

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
BROWN, DEBRA	2022-03-01	GUARDLOW	EE	\$29.44
BROWN, DEBRA	2022-03-01	1861OPENAXESSPLATI	EE	\$863.03
BROWN, DEBRA	2022-03-01	VSP	EE	\$8.75
CIOFALO, NICOLE	2022-01-01	GUARDLOW	EE	\$29.44
COHEN, CHEDVAH	2022-01-01	GUARDLOW	EE	\$29.44
COHEN, CHEDVAH	2022-01-01	1861OPENAXESSILVE	EE	\$640.26
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
GOTTESMAN, SHEVY	2022-01-01	1861OPENAXESSILVE	EE	\$640.26
GROSS, AVROHOM	2022-01-01	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

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

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
JACOBVICS, TZIPORA	2022-01-01	1861OPENAXESSILVE	EE	\$640.26
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
KAHANA, PESACH	2022-01-01	VSP	FAM	\$23.76
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	2022-01-01	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
LESSER, ABRAHAM E	2022-01-01	1861OPENAXESSILVE	FAM	\$1835.92
LI, CHENXI	2022-01-01	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
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
MARK, KRISSY	2022-04-01	GUARDHIGH	EE	\$47.61
MARK, KRISSY	2022-04-01	VSP	EE	\$8.75
MCINTOSH, FREDDIE	2022-01-01	1861OPENAXESSPLATI	EE	\$863.03
MISHKOWITZ, MOISHE	2022-01-01	1861OPENAXESSILVE	ES	\$1289.33
NATHAN, CHANA	2022-01-01	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

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

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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
SCHINDLER, STEVEN	2022-01-01	1861OPENAXESSPLATI	FAM	\$2589.08
SEBBAN, ANNABELLA	2022-01-01	1861OPENAXESSILVE	EE	\$640.26
SHARON, BRADLEY	2022-01-01	1861OPENAXESSPLATI		\$
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
SHARON, EVA	2022-01-01	VSP	EE	\$8.75
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

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

CURRENT MONTH ENROLLMENT (CONTINUED)

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

MEDICAL PLAN COUNTS

Employee Only	37
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$21.00**	\$21.00
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee Only	7	\$29.44	\$206.08
VSP	Employee Only	8	\$8.75	\$70.00
VSP	Employee & Spouse Only	2	\$14.73	\$29.46
			GRAND TOTAL	\$511.57

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

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
ADAMS, ETHAN	2021-01-01	VSP	EE	\$8.75
CAPPS, EARL	2021-01-01	GUARDLOW	EE	\$29.44
CAPPS, EARL	2019-01-01	VSP	EE	\$8.75
GREENE, JERRY	2022-01-01	VSP	EE	\$8.75
HOLIDAY, LEONARD	2022-01-01	GUARDLOW	EE	\$29.44
HOLIDAY, LEONARD	2022-01-01	VSP	ES	\$14.73
HORNE, TARRIN	2021-10-01	GUARDLOW		\$
HORNE, TARRIN	2021-10-01	VSP		\$
INGRAM, ROBERT	2021-01-01	GUARDHIGH	EE	\$47.61
INGRAM, ROBERT	2020-01-01	VSP	EE	\$8.75
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
LAMM, NORBERT	2022-01-01	VSP	ES	\$14.73
MCRAE, ANDREW	2019-04-01	GUARDHIGH	EE	\$47.61
STEELE, JAMES	2021-05-01	GUARDLOW	EE	\$29.44
STEELE, JAMES	2021-05-01	VSP	EE	\$8.75
TODD, JARRELL	2019-04-01	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

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Invoice Number: 5752-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

FETCH PET CARE OF PLANTATION

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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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1533OPENAXESSCOPPE	Employee Only	1	\$450.75	\$450.75
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	6	\$29.44	\$176.64
VSP	Employee Only	10	\$8.75	\$87.50
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$2,859.46

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

FORTYONETEN
4110 Faudree Rd
ODESSA, TX 79765

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BILLINGS, BRENDA	2022-03-01	GUARDLOW	EE	\$29.44
BILLINGS, BRENDA	2022-03-01	VSP	EE	\$8.75
CRUZ, AIMEE	2022-01-01	GUARDHIGH	EE	\$47.61
CRUZ, AIMEE	2022-01-01	VSP	EE	\$8.75
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
LOZANO, AMIAH	2022-04-01	1533OPENAXESSCOPPE	EE	\$450.75
LOZANO, AMIAH	2022-04-01	GUARDLOW	EE	\$29.44
LOZANO, AMIAH	2022-04-01	VSP	EE	\$8.75
NABARRETTE, CHRISTOPHER	2022-01-01	VSP	EE	\$8.75
NABARRETTE, MATTHEW	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
PATEL, RUPEN	2022-01-01	VSP	EE	\$8.75
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
STANFORD, CODI	2022-04-01	GUARDLOW	EE	\$29.44
STANFORD, CODI	2022-04-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

GENESIS DTC
350 SYCAMORE ROAD
GENOA, IL 60135

Invoice Number: 4678-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

GENESIS DTC
350 SYCAMORE ROAD
GENOA, IL 60135

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HOWERTON, ELAINE	2019-05-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	0
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$6.30**	\$8.40
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$46.59

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

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
MUNN, BRYCE	2022-01-01	ADD		\$4.20
ROSENSTEEL, BRIAN	2022-01-01	ADD		\$4.20
ROSENSTEEL, BRIAN	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

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

Invoice Number: 4484-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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

GLOBIWEST MANAGEMENT SERVICES, LLC

Invoice Number: 5517-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$12.60**	\$12.60
GRAND TOTAL				\$12.60

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

GLOBIWEST MANAGEMENT SERVICES, LLC

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
STEEN, ACACIA	2022-03-01	ADD		\$12.60

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

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

Invoice Number: 4391-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1689OPENAXESSBRONZ	Employee Only	1	\$487.36	\$487.36
1689OPENAXESSBRONZ	Employee & Spouse Only	1	\$986.92	\$986.92
1689OPENAXESSCOPPE	Employee & Children	1	\$825.52	\$825.52
1689OPENAXESSGOLD	Employee Only	3	\$653.81	\$1,961.43
1689OPENAXESSGOLD	Employee & Spouse Only	1	\$1,307.62	\$1,307.62
1689OPENAXESSGOLD	Employee & Children	1	\$1,307.62	\$1,307.62
1689OPENAXESSGOLD	Family	3	\$1,961.43	\$5,884.29
1689OPENAXESSPLATI	Employee Only	3	\$784.50	\$2,353.50
1689OPENAXESSPLATI	Employee & Spouse Only	1	\$1,569.14	\$1,569.14
1689OPENAXESSPLATI	Family	2	\$2,353.72	\$4,707.44
1689OPENAXESSSILVE	Employee Only	1	\$548.18	\$548.18
1689OPENAXESSSILVE	Employee & Spouse Only	1	\$1,096.36	\$1,096.36
1689OPENAXESSSILVE	Family	1	\$1,644.54	\$1,644.54
ADD	Employee Only	10	\$21.00**	\$116.76
GUARDHIGH	Employee Only	4	\$47.61	\$190.44
GUARDHIGH	Employee & Spouse Only	2	\$89.81	\$179.62
GUARDHIGH	Employee & Children	1	\$89.81	\$89.81
GUARDHIGH	Family	3	\$160.18	\$480.54
GUARDLOW	Employee Only	4	\$29.44	\$117.76
GUARDLOW	Employee & Spouse Only	2	\$55.54	\$111.08
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Employee Only	5	\$8.75	\$43.75
VSP	Employee & Spouse Only	4	\$14.73	\$58.92
VSP	Employee & Children	1	\$15.02	\$15.02
VSP	Family	5	\$23.76	\$118.80
GRAND TOTAL				\$26,377.77

** Prices vary in PRISM.

Individual prices shown in census.

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
CAREY, TAYLOR	2021-12-01	VSP	EE	\$8.75
CURLEE, STEPHEN	2022-01-01	GUARDLOW	ES	\$55.54
CURLEE, STEPHEN	2022-01-01	1689OPENAXESSILVE	ES	\$1096.36
CURLEE, STEPHEN	2022-01-01	VSP	ES	\$14.73
DENEGRE, JAMES	2022-04-01	ADD		\$4.20
FENG, ALICE	2022-04-01	GUARDHIGH	EC	\$89.81
FENG, ALICE	2022-04-01	1689OPENAXESSCOPPE	EC	\$825.52
FRANCOIS, JEAN	2022-03-01	ADD		\$1.26
FRANCOIS, JEAN	2022-03-01	GUARDHIGH	EE	\$47.61
FRANCOIS, JEAN	2022-03-01	VSP	EE	\$8.75
GALLAGHER, MARTHA	2022-03-01	GUARDLOW	FAM	\$100.74
GALLAGHER, MARTHA	2022-03-01	1689OPENAXESSPLATI	FAM	\$2353.72
GALLAGHER, MARTHA	2022-03-01	VSP	FAM	\$23.76
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
LEWIS, TAMARA	2022-01-01	ADD		\$17.22
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	GUARDLOW	EE	\$29.44
LUNA, ELIZABETH	2021-12-01	1689OPENAXESSGOLD	EE	\$653.81
LUNA, ELIZABETH	2021-12-01	VSP	EE	\$8.75

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

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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
OKIMURO, KOHEI	2021-08-01	VSP	FAM	\$23.76
PERMAUL, ALISA	2022-04-01	ADD		\$0.42
PERMAUL, ALISA	2022-04-01	GUARDLOW	EE	\$29.44
PERMAUL, ALISA	2022-04-01	1689OPENAXESSILVE	EE	\$548.18
RADOSAVLJEVIC, BRANKO	2022-01-01	ADD		\$23.52
RADOSAVLJEVIC, BRANKO	2022-01-01	1689OPENAXESSILVE	FAM	\$1644.54
RADOSAVLJEVIC, BRANKO	2022-01-01	VSP	FAM	\$23.76
ROLDAN, GRETHEL	2022-03-01	ADD		\$8.40
ROLDAN, GRETHEL	2022-03-01	GUARDHIGH	EE	\$47.61
ROLDAN, GRETHEL	2022-03-01	1689OPENAXESSBRONZ	EE	\$487.36
ROLDAN, GRETHEL	2022-03-01	VSP	EE	\$8.75
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
ROWETT, MATTHEW	2021-09-01	1689OPENAXESSGOLD	EE	\$653.81
SAID, LEILA	2022-01-01	GUARDHIGH	EE	\$47.61
SAID, LEILA	2022-01-01	1689OPENAXESSPLATI	EE	\$784.50
SHARMA, AMITABH	2022-04-01	ADD		\$16.80
SHARMA, AMITABH	2022-04-01	GUARDHIGH	ES	\$89.81
SHARMA, AMITABH	2022-04-01	1689OPENAXESSBRONZ	ES	\$986.92
SHARMA, AMITABH	2022-04-01	VSP	ES	\$14.73

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

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SUTTON SMITH, PAIGE	2022-03-01	GUARDLOW	ES	\$55.54
SUTTON SMITH, PAIGE	2022-03-01	1689OPENAXESSPLATI	ES	\$1569.14
SUTTON SMITH, PAIGE	2022-03-01	VSP	ES	\$14.73
VALENZUELA, JESSICA	2022-04-01	ADD		\$5.04
VALENZUELA, JESSICA	2022-04-01	GUARDLOW	EC	\$74.61
VALENZUELA, JESSICA	2022-04-01	1689OPENAXESSGOLD	EC	\$1307.62
VALENZUELA, JESSICA	2022-04-01	VSP	EC	\$15.02
VASANT, AMIT	2022-01-01	1689OPENAXESSGOLD	FAM	\$1961.43
WAN, JIE	2022-01-01	ADD		\$21.00
WAN, JIE	2022-01-01	GUARDLOW	EE	\$29.44
WAN, JIE	2022-01-01	1689OPENAXESSPLATI	EE	\$784.50
WAN, JIE	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	8
Employee & Spouse	4
Employee & Children	2
Family	6



Account Services

Monthly Statement

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

Invoice Number: 4441-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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
MANTELL, STEPHEN	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

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

Invoice Number: 4528-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	3	\$0.42**	\$10.92
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	\$219.43

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

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

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ADDISON, AARON	2022-02-01	ADD		\$6.30
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1096OPENAXESSGOLD	Employee Only	4	\$653.81	\$2,615.24
1096OPENAXESSGOLD	Family	1	\$1,961.43	\$1,961.43
1096OPENAXESSILVE	Employee Only	1	\$0.00	\$0.00
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

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

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	1096OPENAXESSILVE		\$
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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
RAVENELL, MIGEAL A	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

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

Invoice Number: 4270-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1509OPENAXESSCOPPE	Employee Only	2	\$365.33	\$730.66
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	\$2,275.34

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

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
COLBERT, DOCIA	2022-01-01	1509OPENAXESSCOPPE	EE	\$365.33
COLBERT, DOCIA	2022-01-01	GUARDHIGH	EE	\$47.61
GARCIA, IRMA	2020-08-01	GUARDLOW	EE	\$29.44
JAEN, HEBER	2022-01-12	1509OPENAXESSCOPPE	EE	\$365.33
JAEN, HEBER	2022-01-12	GUARDHIGH	EE	\$47.61
JAEN, HEBER	2022-01-12	VSP	EE	\$8.75
TRUJILLO GARCIA, GABRIEL	2020-08-01	VSP	ES	\$14.73

MEDICAL PLAN COUNTS

Employee Only	3
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.42**	\$0.42
GUARDHIGH	Employee Only	3	\$47.61	\$142.83
GUARDLOW	Employee Only	1	\$29.44	\$29.44
NEEMAOPENAXESSPREMIUM	Employee Only	1	\$589.20	\$589.20
VSP	Employee Only	4	\$8.75	\$35.00
			GRAND TOTAL	\$796.89

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

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
DRUM, ROBERT	2022-03-01	GUARDHIGH	EE	\$47.61
DRUM, ROBERT	2022-03-01	VSP	EE	\$8.75
POOLE, HANEEFAH	2022-01-01	GUARDHIGH	EE	\$47.61
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	3	\$8.75	\$26.25
			GRAND TOTAL	\$103.30

** Prices vary in PRISM.

Individual prices shown in census.

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KATKO, KELLEY	2022-03-01	GUARDHIGH	EE	\$47.61
KATKO, KELLEY	2022-03-01	VSP	EE	\$8.75
ROWLEY JR, TOMMY	2021-01-01	VSP	EE	\$8.75
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

HONEY CREEK STAFFING
9111 Cross Park Dr Ste D200
KNOXVILLE, TN 37923

Invoice Number: 4308-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

HONEY CREEK STAFFING
9111 Cross Park Dr Ste D200
KNOXVILLE, TN 37923

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LARGE, JEFFREY	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

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

Invoice Number: 4219-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1399OPENAXESSGOLD	Employee Only	1	\$653.81	\$653.81
GUARDHIGH	Employee Only	3	\$47.61	\$142.83
GUARDLOW	Employee Only	3	\$29.44	\$88.32
VSP	Employee Only	6	\$8.75	\$52.50
			GRAND TOTAL	\$937.46

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

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

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ENGLE, MYSTIQUE	2022-03-01	GUARDHIGH	EE	\$47.61
ENGLE, MYSTIQUE	2022-03-01	VSP	EE	\$8.75
GRIFFIN, JACQULINE	2022-01-01	GUARDLOW	EE	\$29.44
GRIFFIN, JACQULINE	2022-01-01	VSP	EE	\$8.75
HAMMERS, JAZMINE	2022-04-01	GUARDHIGH	EE	\$47.61
HAMMERS, JAZMINE	2022-04-01	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
MINOR, TIMOTHY	2021-01-01	GUARDHIGH	EE	\$47.61
MOUNTS, JACKIE	2022-01-01	VSP	EE	\$8.75
WEAVER, KATHY	2022-01-01	GUARDLOW	EE	\$29.44
WEAVER, KATHY	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

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

Invoice Number: 4216-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1399OPENAXESSILVE	Family	1	\$1,644.54	\$1,644.54
ADD	Employee Only	6	\$6.30**	\$74.34
GUARDHIGH	Employee Only	8	\$47.61	\$380.88
GUARDHIGH	Employee & Spouse Only	2	\$89.81	\$179.62
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	8	\$29.44	\$235.52
VSP	Employee Only	12	\$8.75	\$105.00
VSP	Employee & Spouse Only	2	\$14.73	\$29.46
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$2,833.30

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

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	2020-05-01	GUARDLOW		\$
BURROUGHS, JEFFERY	2022-01-01	VSP	ES	\$14.73
CHATTERTON, JONAH	2021-09-01	GUARDLOW	EE	\$29.44
CHATTERTON, JONAH	2021-09-01	VSP	EE	\$8.75
CRUZ, JNAYA	2022-04-01	GUARDLOW	EE	\$29.44
CRUZ, JNAYA	2022-04-01	VSP	EE	\$8.75
FLORES, LIZ	2022-03-01	GUARDHIGH	EE	\$47.61
FLORES, LIZ	2022-03-01	VSP	EE	\$8.75
GARCIA, CRISTALLEE	2022-03-01	ADD		\$4.20
GARCIA, CRISTALLEE	2022-03-01	GUARDLOW	EE	\$29.44
GARCIA, CRISTALLEE	2022-03-01	VSP	EE	\$8.75
GUZMAN, TAYLOR	2022-03-01	GUARDHIGH	EE	\$47.61
HAYES, HOLLIS	2022-03-01	ADD		\$2.94
HAYES, HOLLIS	2022-03-01	GUARDLOW	EE	\$29.44
JOHNSON, MAKENZY	2022-02-01	ADD		\$21.00
JOHNSON, MAKENZY	2022-02-01	GUARDHIGH	EE	\$47.61
JOHNSON, MAKENZY	2022-02-01	VSP	EE	\$8.75
JOSE-ANTONIO, FEBE	2022-02-01	GUARDLOW	EE	\$29.44
JOSE-ANTONIO, FEBE	2022-02-01	VSP	EE	\$8.75
LENTON, SHAWN	2022-01-01	VSP	EE	\$8.75
MANNING, TODD	2022-04-01	GUARDHIGH	EE	\$47.61
NATHANSON, KARI	2022-04-01	GUARDHIGH	EE	\$47.61
NATHANSON, KARI	2022-04-01	VSP	EE	\$8.75

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

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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
PARAB, SANDESH	2022-01-01	VSP	FAM	\$23.76
PARAB, SANDESH	2022-01-01	1399OPENAXESSILVE	FAM	\$1644.54
PARAB, SANDESH	2022-01-01	GUARDHIGH	FAM	\$160.18
ROBERTSON, DUSTIN	2022-03-01	GUARDLOW	EE	\$29.44
ROBERTSON, DUSTIN	2022-03-01	VSP	EE	\$8.75
SIMS, DUMA	2020-04-01	GUARDHIGH	ES	\$89.81
SIMS, DUMA	2020-04-01	VSP	ES	\$14.73
SINGLETON, KIRK	2022-03-01	GUARDHIGH	EE	\$47.61
SINGLETON, KIRK	2022-03-01	VSP	EE	\$8.75
SUTTON, DANA	2022-02-01	VSP	EE	\$8.75
TAYLOR, LANCE	2022-04-01	GUARDLOW	EE	\$29.44
WILLIAMS, ALANTE	2022-03-01	ADD		\$21.00
WILLIAMS, ALANTE	2022-03-01	GUARDHIGH	EE	\$47.61

MEDICAL PLAN COUNTS

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



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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1399OPENAXESSGOLD	Employee Only	1	\$653.81	\$653.81
1399OPENAXESSGOLD	Employee & Children	1	\$1,307.62	\$1,307.62
ADD	Employee Only	3	\$0.42**	\$5.75
GUARDHIGH	Employee Only	4	\$47.61	\$190.44
GUARDLOW	Employee Only	3	\$29.44	\$88.32
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee Only	7	\$8.75	\$61.25
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$2,396.82

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

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

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BALLARD, KEVIN	2022-03-01	VSP	EE	\$8.75
CAMERON, JOHN	2022-04-01	GUARDHIGH	EE	\$47.61
CAMERON, JOHN	2022-04-01	VSP	EE	\$8.75
JONES-MCCARROLL, CLEOPATRA	2022-01-01	ADD		\$0.71
KNOTT, AARON	2022-02-01	GUARDHIGH	EE	\$47.61
MATHIS, NUHRI	2022-04-01	GUARDHIGH	EE	\$47.61
MCQUEEN, ISAIAH	2020-11-01	GUARDLOW		\$
MCQUEEN, ISAIAH	2020-11-01	VSP		\$
MERRITT, BRINASE	2020-01-01	GUARDLOW	EE	\$29.44
MERRITT, BRINASE	2020-01-01	VSP	EE	\$8.75
SHEAD, NICK	2022-03-01	ADD		\$4.20
SHEAD, NICK	2022-03-01	GUARDLOW	EE	\$29.44
SHEAD, NICK	2022-03-01	VSP	EE	\$8.75
SPRINGER, REBEKAH	2021-03-01	1399OPENAXESSGOLD	EC2	\$1307.62
SPRINGER, REBEKAH	2020-09-01	GUARDLOW	EC2	\$74.61
SPRINGER, REBEKAH	2020-09-01	VSP	EC2	\$15.02
TREVINO, TYRICKIA	2022-01-01	ADD		\$0.84
TREVINO, TYRICKIA	2022-01-01	VSP	EE	\$8.75
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1399OPENAXESSBRONZ	Employee & Spouse Only	1	\$986.92	\$986.92
1399OPENAXESSSILVE	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
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$2,191.74

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

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
DULSKY, DARREN	2020-01-01	VSP	EE	\$8.75
SPENCER, THOMAS	2021-01-01	1399OPENAXESSSILVE ES		\$1096.36
SPENCER, THOMAS	2020-01-01	GUARDLOW	ES	\$55.54
SPENCER, THOMAS	2020-01-01	VSP	ES	\$14.73

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

HOSPITALITY MANAGEMENT SERVICES
3204 Candelaria Rd NE
ALBUQUERQUE, NM 87107

Invoice Number: 4467-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1788OPENAXESSGOLD	Employee Only	1	\$719.19	\$719.19
			GRAND TOTAL	\$719.19

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

HOSPITALITY MANAGEMENT SERVICES

3204 Candelaria Rd NE

ALBUQUERQUE, NM 87107

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
TAYLOR, EVELYN	2022-01-01	1788OPENAXESSGOLD	EE	\$719.19

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

INCREDICARE
4893 PRINCE WILLIAM PARKWAY
WOODBIDGE, VA 22192

Invoice Number: 4201-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	3	\$29.44	\$88.32
VSP	Employee Only	3	\$8.75	\$26.25
			GRAND TOTAL	\$162.18

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

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
BOATENG, SYLVIA	2022-01-01	VSP	EE	\$8.75
JACKSON, SHA-KINA	2021-01-01	GUARDLOW	EE	\$29.44
JACKSON, SHA-KINA	2021-01-01	VSP	EE	\$8.75
PELULLO, JOSEPH	2022-01-01	GUARDHIGH	EE	\$47.61
PELULLO, JOSEPH	2022-01-01	VSP	EE	\$8.75
WOSORNU, LINDA	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

INFINITI HR CORP
3905 National Dr., Suite 400
Burtonsville, MD 20866

Invoice Number: 1-2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
PLATINUM	Employee Only	36	\$386.46	\$13,912.56
PLATINUM	Employee & Spouse Only	3	\$854.88	\$2,564.64
PLATINUM	Employee & Children	6	\$796.91	\$4,781.46
PLATINUM	Family	11	\$1,252.13	\$13,773.43
			GRAND TOTAL	\$35,032.09

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

INFINITI HR CORP
3905 National Dr., Suite 400
Burtonsville, MD 20866

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ATKINSON, CHANTE	2020-12-01	PLATINUM	EE	\$386.46
BANKS, DEASJA	2021-01-01	PLATINUM	EC	\$796.91
BARBAGALLO, APRIL	2020-12-01	PLATINUM	EE	\$386.46
BARBAGALLO, TAYLOR	2020-12-01	PLATINUM	EE	\$386.46
BARNEY, MACKENZIE	2020-12-01	PLATINUM	EE	\$386.46
BLUNT, ROBERT	2020-12-01	PLATINUM	ES	\$854.88
BOJAN, MARC	2020-12-01	PLATINUM	ES	\$854.88
BOWIE, MICHELLE	2020-12-01	PLATINUM	EE	\$386.46
BRADT, ZACHARY	2020-12-01	PLATINUM	EE	\$386.46
BREEDEN, CHRISTOPHER	2020-12-01	PLATINUM	EE	\$386.46
CLOIN, DAWN	2021-06-01	PLATINUM	EE	\$386.46
DORSEY, ANGELLE	2020-12-01	PLATINUM	EE	\$386.46
EPSTEIN, MIRIAM	2021-08-01	PLATINUM	EE	\$386.46
FARRELL, JEAN	2020-12-01	PLATINUM	EE	\$386.46
FELDMAN, DANIEL	2020-12-01	PLATINUM	EE	\$386.46
FITZWATER, STEPHANIE	2020-12-01	PLATINUM	FAM	\$1252.13
FLYNN, JODI	2021-09-01	PLATINUM	EE	\$386.46
GREENE, HAILEY	2020-12-01	PLATINUM	FAM	\$1252.13
GUINN, AUDREY	2022-03-01	PLATINUM	FAM	\$1252.13

INFINITI HR CORP
3905 National Dr., Suite 400
Burtonsville, MD 20866

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HARDESTY, JENNIFER	2020-12-01	PLATINUM	EC	\$796.91
HARGROVE, MATTHEW	2022-02-01	PLATINUM	EE	\$386.46
HECKENDORN, KARL	2021-11-01	PLATINUM	EE	\$386.46
HENSON, KIA	2020-12-01	PLATINUM	EE	\$386.46
HIBAN, PATRICK	2020-12-01	PLATINUM	FAM	\$1252.13
JACOBS, REBECCA	2020-12-01	PLATINUM	FAM	\$1252.13
JAIME, RACHELLE	2021-08-01	PLATINUM	EE	\$386.46
JIVIDEN, JENNIFER	2021-03-01	PLATINUM	EC	\$796.91
JOHNSON, JOHN	2022-01-01	PLATINUM	EE	\$386.46
JOHNSON, FREDERICK	2020-12-01	PLATINUM	EE	\$386.46
KALU, RAPHAEL	2020-12-01	PLATINUM	ES	\$854.88
KNISLEY, CHRISTINE	2020-12-01	PLATINUM	EE	\$386.46
LOVE, KAREN	2020-12-01	PLATINUM	EE	\$386.46
MCCORMACK, JUSTINE	2021-07-01	PLATINUM	EE	\$386.46
MCLEAN, ALEXANDREA	2020-12-01	PLATINUM	EC	\$796.91
MCMAMARA, JEREMY	2020-12-01	PLATINUM	FAM	\$1252.13
MORMINO, DANIEL	2020-12-01	PLATINUM	EE	\$386.46
OGUNDIJO, SIMISOLA	2020-12-01	PLATINUM	EE	\$386.46

INFINITI HR CORP
3905 National Dr., Suite 400
Burtonsville, MD 20866

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
RAYMOND, ABIGAIL	2021-11-01	PLATINUM	EE	\$386.46
RODRIGUEZ QUACH, JERRICA	2021-08-01	PLATINUM	EE	\$386.46
SAHAGUN, JANNETTE	2021-08-01	PLATINUM	EC	\$796.91
SCHULTZ, MADISON	2021-08-01	PLATINUM	EC	\$796.91
SCHWAIGER, MARK	2020-12-01	PLATINUM	FAM	\$1252.13
SEWARD, DARREN	2022-03-01	PLATINUM	FAM	\$1252.13
SKLAMM, COLLEEN	2020-12-01	PLATINUM	EE	\$386.46
SMITH, AMBER	2020-12-01	PLATINUM	EE	\$386.46
SMITH, KYMBERLY	2020-12-01	PLATINUM	EE	\$386.46
SMITH, LYNNE	2020-12-01	PLATINUM	EE	\$386.46
SMRKOVSKI, SCOTT	2020-12-01	PLATINUM	FAM	\$1252.13
STEWART, JOAN	2020-12-01	PLATINUM	EE	\$386.46
TERMINIELLO, ANTHONY	2020-12-01	PLATINUM	FAM	\$1252.13
THOMAS, TIYANNAH	2020-12-01	PLATINUM	EE	\$386.46
VAN-MEERS, DEBRA	2020-12-01	PLATINUM	EE	\$386.46
VILLAN, MARIA	2021-05-01	PLATINUM	FAM	\$1252.13
VU, ANDREW	2022-01-01	PLATINUM	EE	\$386.46
WELSH, BRADLEY	2021-06-01	PLATINUM	EE	\$386.46

INFINITI HR CORP
3905 National Dr., Suite 400
Burtonsville, MD 20866

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ZAMORA, JESSICA	2020-12-01	PLATINUM	EE	\$386.46

MEDICAL PLAN COUNTS

Employee Only	36
Employee & Spouse	3
Employee & Children	6
Family	11



Account Services

Monthly Statement

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

Invoice Number: 4200-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$4.62**	\$9.24
GUARDHIGH	Employee & Children	1	\$89.81	\$89.81
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$114.07

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

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

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CHAPIN, SONIA	2021-09-01	ADD		\$4.62
JUAREZ, VALERIE	2018-12-01	ADD		\$4.62
JUAREZ, VALERIE	2022-01-01	GUARDHIGH	EC	\$89.81
JUAREZ, VALERIE	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

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

Invoice Number: 4437-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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	\$21.00**	\$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
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$2,097.94

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

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	VSP	ES	\$14.73
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

IRON KINGDOM
4904 LAWRENCE STREET
HYATTSVILLE, MD 20781

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BONILLA, DORA	2021-01-01	GUARDHIGH	EE	\$47.61
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1866OPENAXESSGOLD	Family	1	\$2,157.57	\$2,157.57
ADD	Employee Only	1	\$2.10**	\$2.10
GUARDHIGH	Family	1	\$160.18	\$160.18
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$2,352.36

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

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
ROGERS, TODD	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

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

Invoice Number: 4566-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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
ROBINSON, SHALETA	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

K-1 LOGISTICS
26 PAPETTI PLAZA
ELIZABETH, NJ 07206

Invoice Number: 4242-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1454OPENAXESSBRONZ	Employee Only	2	\$487.36	\$974.72
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	5	\$653.81	\$3,269.05
ADD	Employee Only	2	\$4.20**	\$25.20
GUARDHIGH	Employee Only	6	\$47.61	\$285.66
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	\$7,701.29

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

K-1 LOGISTICS
26 PAPETTI PLAZA
ELIZABETH, NJ 07206

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DIAZ SALGADO, DANIELA	2022-01-01	1454OPENAXESSCOPPE	EC	\$825.52
DIAZ SALGADO, DANIELA	2022-01-01	GUARDHIGH	EE	\$47.61
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
PALLARES, ELYSSA	2022-01-01	ADD		\$4.20
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
SPANN, WILLIAM	2021-04-01	1454OPENAXESSGOLD	EE	\$653.81
SULTAN, RAFAY	2022-01-01	1454OPENAXESSCOPPE	ES	\$920.24
TEJADA, JOSE	2021-01-01	1454OPENAXESSCOPPE	EE	\$450.75

K-1 LOGISTICS
26 PAPETTI PLAZA
ELIZABETH, NJ 07206

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1770OPENAXESSBRONZ	Family	1	\$1,628.10	\$1,628.10
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
GUARDLOW	Family	2	\$100.74	\$201.48
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Family	2	\$23.76	\$47.52
			GRAND TOTAL	\$4,970.40

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

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
COLE, JOSHUA	2022-03-01	GUARDLOW	FAM	\$100.74
COLE, JOSHUA	2022-03-01	1770OPENAXESSBRONZ	FAM	\$1628.10
COLE, JOSHUA	2022-03-01	VSP	FAM	\$23.76
HOLBROOK, JOSEPH	2022-03-01	GUARDLOW	FAM	\$100.74
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
STOLLE, ANDREW	2022-02-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

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

Invoice Number: 4110-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
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	\$139.23

** Prices vary in PRISM.

Individual prices shown in census.

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

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DUCHARME, JOANNE	2022-01-01	VSP	FAM	\$23.76
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 - NORTH DALLAS
3460 PATRIOT DR
FRISCO, TX 75034

Invoice Number: 4418-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

KITCHEN SOLVERS - NORTH DALLAS
3460 PATRIOT DR
FRISCO, TX 75034

CURRENT MONTH ENROLLMENT

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

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

Invoice Number: 4376-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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
BUERGERS, MICHAEL	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

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

Invoice Number: 4341-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1702OPENAXESSBRONZ	Employee Only	1	\$487.36	\$487.36
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$543.72

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

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
MARSHALL, PATRICK	2021-07-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

LALO PROPERTIES

Invoice Number: 5763-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1921OPENAXESSBRONZ	Employee Only	1	\$561.10	\$561.10
1921OPENAXESSBRONZ	Employee & Spouse Only	1	\$1,110.61	\$1,110.61
			GRAND TOTAL	\$1,671.71

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

LALO PROPERTIES

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LOCHIRCO, ASHLEY	2022-03-01	1921OPENAXESSBRONZ EE		\$561.10
LOCHIRCO, MIKE	2022-03-01	1921OPENAXESSBRONZ ES		\$1110.61

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	1
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	3	\$21.00**	\$23.52
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDLOW	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Employee & Children	2	\$74.61	\$149.22
GUARDLOW	Family	2	\$100.74	\$201.48
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$575.57

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

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

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
AGRAWAL, PRIYANKA	2022-01-01	GUARDLOW	FAM	\$100.74
HIGGINS, JEFFREY	2022-03-01	ADD		\$2.10
HIGGINS, JEFFREY	2022-03-01	GUARDLOW	FAM	\$100.74
HIGGINS, JEFFREY	2022-03-01	VSP	ES	\$14.73
HOLLOWAY, JAWANN	2021-08-01	GUARDLOW	EC	\$74.61
HOLLOWAY, JAWANN	2021-08-01	VSP	EC	\$15.02
JACKSON, KENNETH	2022-01-01	ADD		\$21.00
LOPEZ NATAL, EDGARDO	2022-01-01	GUARDLOW	EE	\$29.44
LOPEZ NATAL, EDGARDO	2022-01-01	VSP	EE	\$8.75
MILLER, LAURA	2022-01-01	GUARDLOW	EC	\$74.61
NOLL, JEFFREY	2022-01-01	GUARDHIGH	EE	\$47.61
NOLL, JEFFREY	2022-01-01	VSP	EE	\$8.75
PIETRZAK, JEDRZEJ	2022-01-01	GUARDHIGH	EE	\$47.61
RIENTON, GLEN	2022-04-01	ADD		\$0.42
RIENTON, GLEN	2022-04-01	GUARDLOW	EE	\$29.44

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Family	2	\$160.18	\$320.36
GUARDLOW	Employee Only	1	\$0.00	\$0.00
VSP	Family	2	\$23.76	\$47.52
			GRAND TOTAL	\$367.88

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

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	GUARDLOW		\$
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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

MAGIC TOUCH MECHANICAL
942 West 1st Ave
MESA, AZ 85210

Invoice Number: 4555-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$8.40**	\$8.40
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$112.94

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

MAGIC TOUCH MECHANICAL

942 West 1st Ave

MESA, AZ 85210

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HENINGER, JEFFREY	2022-03-01	ADD		\$8.40
HENINGER, JEFFREY	2022-03-01	GUARDHIGH	ES	\$89.81
HENINGER, JEFFREY	2022-03-01	VSP	ES	\$14.73

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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

MASSAGE GREEN SPA OF BATTLE CREEK
5568 BECKLEY RD
BATTLE CREEK, MI 49015

Invoice Number: 4626-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

MASSAGE GREEN SPA OF BATTLE CREEK
5568 BECKLEY RD
BATTLE CREEK, MI 49015

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WADE, TYLA	2018-01-01	GUARDHIGH	EE	\$47.61

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

MAXIMUM AUTO OUTLET
8503 EUCLID AVE
MANASSAS PARK, VA 20111

Invoice Number: 4584-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$1.26**	\$21.00
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	3	\$8.75	\$26.25
			GRAND TOTAL	\$94.86

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

MAXIMUM AUTO OUTLET
8503 EUCLID AVE
MANASSAS PARK, VA 20111

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CARPENTER, LYNNLEE	2021-01-01	VSP	EE	\$8.75
GARRETT, MARIO	2020-01-01	VSP	EE	\$8.75
MOSLEY, GABRIEL	2022-04-01	ADD		\$21.00
MOSLEY, GABRIEL	2022-04-01	GUARDHIGH	EE	\$47.61
MOSLEY, GABRIEL	2022-04-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

MCELROY TEAM REALTY
4012 Gateway Drive
Colleyville, TX 76034

Invoice Number: 4579-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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
GUARDHIGH	Family	1	\$160.18	\$160.18
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$2,831.78

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

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
MCELROY, DANIEL	2020-02-01	GUARDHIGH	FAM	\$160.18
VENABLE, FRANCES	2020-10-01	0226CIGNAGOLD	EE	\$653.81
VENABLE, FRANCES	2020-10-01	GUARDHIGH	EE	\$47.61
VENABLE, FRANCES	2020-10-01	VSP	EE	\$8.75

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MONTOYA, ASHLEY	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

MFUSION
5410 GRIST MILL WOODS WAY
ALEXANDRIA, VA 22309

Invoice Number: 4154-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee & Spouse Only	1	\$88.18	\$89.81
GUARDHIGH	Employee & Children	1	\$89.81	\$89.81
VSP	Employee & Spouse Only	1	\$14.81	\$14.73
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$209.37

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

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
HAYES, TERRI	2018-12-01	VSP	EC2	\$15.02
HAYS, JAMES	2022-01-01	GUARDHIGH	ES	\$89.81
HAYS, JAMES	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

MGS KALAMAZOO
4412 STADIUM DRIVE
KALAMAZOO, MI 49008

Invoice Number: 4623-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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
KERNS, MANDY	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

MICROTEL WYNDHAM FAIRMONT
20 Southland Dr
FAIRMONT, WV 26554

Invoice Number: 4263-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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
HALL, JACQUELINE	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

MICROTEL WYNDHAM LYNCHBURG
5704 Seminole Ave
LYNCHBURG, VA 24502

Invoice Number: 4265-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$4.20**	\$4.20
GUARDHIGH	Employee Only	1	\$0.00	\$0.00
GUARDLOW	Employee Only	1	\$0.00	\$0.00
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$12.95

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

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
IRVING, DELORES	2020-11-01	GUARDHIGH		\$
IRVING, DELORES	2021-01-01	GUARDLOW		\$
IRVING, DELORES	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

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

Invoice Number: 4268-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1505OPENAXESSBRONZ	Employee & Children	1	\$986.72	\$986.72
ADD	Employee Only	1	\$21.42**	\$21.42
			GRAND TOTAL	\$1,008.14

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

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

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
REITER, ROBIN	2021-11-01	1505OPENAXESSBRONZ EC		\$986.72
REITER, ROBIN	2021-01-01	ADD		\$21.42

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	0
Employee & Children	1
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$0.84**	\$4.62
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	2	\$29.44	\$58.88
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	\$235.74

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

MPIRE HOSPITALITY
 13681 N Highway 183
 AUSTIN, TX 78750

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALVARADO, VERONICA	2022-04-01	ADD		\$3.78
ALVARADO, VERONICA	2022-04-01	GUARDLOW	EC	\$74.61
ALVARADO, VERONICA	2022-04-01	VSP	EC	\$15.02
CHAMORRO, MAYERLIN	2021-02-01	GUARDLOW	EE	\$29.44
CHAMORRO, MAYERLIN	2021-02-01	VSP	EE	\$8.75
HERNANDEZ, LISA	2022-04-01	ADD		\$0.84
HERNANDEZ, LISA	2022-04-01	GUARDHIGH	EE	\$47.61
HERNANDEZ, LISA	2022-04-01	VSP	EE	\$8.75
HEWITT, LEILA	2021-02-01	GUARDLOW	EE	\$29.44
HEWITT, LEILA	2021-02-01	VSP	EE	\$8.75
TURPIN, RAYNARD	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

MSP CUSTOM HARDWOOD
5100 Eden Avenue
EDINA, MN 55436

Invoice Number: 4452-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1711OPENAXESSBRONZ	Employee Only	1	\$0.00	\$0.00
1711OPENAXESSGOLD	Employee Only	3	\$686.50	\$2,059.50
1711OPENAXESSGOLD	Family	3	\$2,059.50	\$6,178.50
ADD	Employee Only	3	\$25.62**	\$57.54
GUARDHIGH	Employee Only	3	\$47.61	\$142.83
GUARDHIGH	Family	3	\$160.18	\$480.54
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	3	\$8.75	\$26.25
VSP	Family	3	\$23.76	\$71.28
			GRAND TOTAL	\$9,045.88

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

MUJIN CORP
6300 Kenjoy Dr
LOUISVILLE, KY 40214

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CLOER, JOSHUA	2022-01-01	ADD		\$21.00
CLOER, JOSHUA	2022-01-01	GUARDHIGH	FAM	\$160.18
CLOER, JOSHUA	2022-01-01	1711OPENAXESSGOLD	FAM	\$2059.50
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
GEORGE, MICHAEL	2022-04-01	GUARDHIGH	EE	\$47.61
GEORGE, MICHAEL	2022-04-01	1711OPENAXESSBRONZ	EE	\$0.00
GEORGE, MICHAEL	2022-04-01	VSP	EE	\$8.75
GUO, CHUWEI	2022-03-01	GUARDLOW	EE	\$29.44
GUO, CHUWEI	2022-03-01	1711OPENAXESSGOLD	EE	\$686.50
GUO, CHUWEI	2022-03-01	VSP	EE	\$8.75
HARTMANN, TRENTON	2021-11-01	GUARDHIGH	EE	\$47.61
HARTMANN, TRENTON	2021-11-01	1711OPENAXESSGOLD	EE	\$686.50
OLIVARES TAY, MEY	2022-03-01	GUARDHIGH	EE	\$47.61
OLIVARES TAY, MEY	2022-03-01	1711OPENAXESSGOLD	EE	\$686.50
OLIVARES TAY, MEY	2022-03-01	VSP	EE	\$8.75
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
OTOBE, DAIGO	2021-11-01	VSP	FAM	\$23.76

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

NATIONAL DOOR SERVICE, INC.
3501 CENTURY AVENUE
BALTIMORE, MD 21227

Invoice Number: 4162-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

NATIONAL DOOR SERVICE, INC.
3501 CENTURY AVENUE
BALTIMORE, MD 21227

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
RITES, RAYMOND	2019-01-01	ADD		\$
RITES, RAYMOND	2019-01-01	GUARDLOW		\$
RITES, RAYMOND	2019-01-01	VSP		\$

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

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

Invoice Number: 4607-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0435OPENACCESSESSE	Employee Only	6	\$450.74	\$2,704.44
ADD	Employee Only	25	\$4.20**	\$131.26
GUARDHIGH	Employee Only	17	\$47.61	\$809.37
GUARDHIGH	Employee & Spouse Only	4	\$89.81	\$359.24
GUARDHIGH	Employee & Children	2	\$89.81	\$179.62
GUARDHIGH	Family	8	\$160.18	\$1,281.44
GUARDLOW	Employee Only	10	\$29.44	\$294.40
GUARDLOW	Employee & Spouse Only	5	\$55.54	\$277.70
GUARDLOW	Employee & Children	3	\$74.61	\$223.83
GUARDLOW	Family	5	\$100.74	\$503.70
VSP	Employee Only	26	\$8.75	\$227.50
VSP	Employee & Spouse Only	9	\$14.73	\$132.57
VSP	Employee & Children	9	\$15.02	\$135.18
VSP	Family	6	\$23.76	\$142.56
			GRAND TOTAL	\$7,402.81

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

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
BEEM, JESSICA	2021-12-01	GUARDHIGH	EC	\$89.81
BIDWELL, SHERRY	2022-01-01	GUARDLOW	EE	\$29.44
BIDWELL, SHERRY	2022-01-01	VSP	EE	\$8.75
BOUSQUET, LISA	2022-04-01	GUARDHIGH	FAM	\$160.18
BOUSQUET, LISA	2022-04-01	VSP	FAM	\$23.76
BOWMAN, BROOKE	2022-01-01	GUARDHIGH	FAM	\$160.18
BOWMAN, BROOKE	2022-01-01	VSP	FAM	\$23.76
BRUSH, JENNY	2022-01-01	ADD		\$4.20
BRUSH, JENNY	2022-01-01	GUARDHIGH	EE	\$47.61
BRUSH, JENNY	2022-01-01	VSP	EE	\$8.75
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
CRAIG, ANGELA	2022-01-01	GUARDLOW	EE	\$29.44
CRAIG, ANGELA	2022-01-01	VSP	EE	\$8.75
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
ELLSWORTH, STEPHANIE	2022-01-01	GUARDHIGH	EE	\$47.61
EPPARD, JESSICA	2022-01-01	GUARDHIGH	FAM	\$160.18
EPPARD, JESSICA	2022-01-01	VSP	EC2	\$15.02
EPPARD, JESSICA	2020-01-01	0435OPENACCESSESSE	EE	\$450.74

NATIONAL HOSPICE MANAGEMENT

2191 Lemay Ferry Road
SAINT LOUIS, MO 63125

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FINCH, SKYLEE	2022-02-01	ADD		\$1.05
FINCH, SKYLEE	2022-02-01	GUARDHIGH	FAM	\$160.18
FINCH, SKYLEE	2022-02-01	VSP	EE	\$8.75
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
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
FLEMMER, MELISSA	2022-01-01	VSP	ES	\$14.73
FREEMAN, TAMARA	2022-01-01	ADD		\$4.20
FREEMAN, TAMARA	2022-01-01	GUARDHIGH	EE	\$47.61
FREEMAN, TAMARA	2022-01-01	VSP	EE	\$8.75
GIRTON, CAROL	2018-01-01	ADD		\$2.95
GIRTON, CAROL	2022-04-01	GUARDHIGH	EE	\$47.61
GIRTON, CAROL	2022-04-01	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

NATIONAL HOSPICE MANAGEMENT

2191 Lemay Ferry Road
SAINT LOUIS, MO 63125

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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
HUARD, OLIVIA	2022-01-01	VSP	EC2	\$15.02
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
KELLEY, SHERRI	2022-01-01	GUARDHIGH	EE	\$47.61
KELLEY, SHERRI	2022-01-01	VSP	EE	\$8.75
KEMPER, TRACY	2020-01-01	0435OPENACCESSESSE		\$
KERR, JERRON	2022-01-01	GUARDLOW	EC	\$74.61
KERR, JERRON	2022-01-01	VSP	ES	\$14.73
KOEPPEN, JESSICA	2022-04-01	ADD		\$7.56
KOEPPEN, JESSICA	2022-04-01	GUARDHIGH	EE	\$47.61
KOEPPEN, JESSICA	2022-04-01	VSP	EE	\$8.75
KUMER, RAE-LYNN	2022-04-01	ADD		\$0.84
KUMER, RAE-LYNN	2022-04-01	GUARDHIGH	EE	\$47.61
KUMER, RAE-LYNN	2022-04-01	VSP	EE	\$8.75
LABRIOLA, CHLOE	2022-01-01	GUARDLOW	ES	\$55.54
LABRIOLA, CHLOE	2022-01-01	VSP	ES	\$14.73
LECHIEN, LORRIE	2022-01-01	GUARDHIGH	EE	\$47.61
LECHIEN, LORRIE	2022-01-01	VSP	EE	\$8.75
LOPEZ, MALENA	2020-01-01	ADD		\$8.82

NATIONAL HOSPICE MANAGEMENT

2191 Lemay Ferry Road
SAINT LOUIS, MO 63125

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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
MORICONI, WILLIAM	2019-01-01	GUARDLOW		\$
MURPHY, JULIE	2022-01-01	ADD		\$2.10
MURPHY, JULIE	2022-01-01	GUARDHIGH	EE	\$47.61
MURPHY, JULIE	2022-01-01	VSP	EE	\$8.75
CONNELL, SHERYL	2020-01-01	0435OPENACCESSESSE		\$
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
PLOUGH, MYRNA	2022-01-01	VSP	EE	\$8.75

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
RANDOLPH, TRAVIS	2022-04-01	ADD		\$3.36
RANDOLPH, TRAVIS	2022-04-01	GUARDLOW	EE	\$29.44
RANDOLPH, TRAVIS	2022-04-01	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	2021-01-01	GUARDLOW		\$
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
SELLS, KELSIE	2022-01-01	VSP	EE	\$8.75
SHORT, CARRIE	2022-01-01	GUARDHIGH	EE	\$47.61
SHORT, CARRIE	2022-01-01	VSP	EE	\$8.75
SMITH, JAMIE	2022-01-01	ADD		\$4.20

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

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SMITH, JAMIE	2022-01-01	GUARDLOW	FAM	\$100.74
SMITH, JAMIE	2022-01-01	VSP	FAM	\$23.76
SMITH, JAMIE	2020-01-01	0435OPENACCESSESSE		\$
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
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
TESCHLER, MIRANDA	2022-01-01	ADD		\$8.40
THORNE, TARA	2022-03-01	GUARDLOW	FAM	\$100.74
THORNE, TARA	2022-03-01	VSP	EC2	\$15.02
VILLAFANA, NICOLE	2022-01-01	ADD		\$0.84
VILLAFANA, NICOLE	2022-01-01	GUARDLOW	EE	\$29.44
VILLAFANA, NICOLE	2022-01-01	VSP	EE	\$8.75
WINARS, STARRE	2020-01-01	0435OPENACCESSESSE		\$

MEDICAL PLAN COUNTS

Employee Only	2
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$13.02**	\$13.02
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
NEEMAOPENAXESSESSE	Employee Only	1	\$489.70	\$489.70
NEEMAOPENAXESSPREM	Employee Only	1	\$589.20	\$589.20
NEEMAOPENAXESSPRIME	Employee & Spouse Only	1	\$1,394.12	\$1,394.12
VSP	Employee Only	3	\$8.75	\$26.25
			GRAND TOTAL	\$2,674.32

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

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
GORDON, JAMES	2022-01-01	VSP	EE	\$8.75
HALL, DON	2021-12-31	NEEMAOPENAXESSPRIME		\$1394.12
HALL, DON	2021-12-31	GUARDLOW	ES	\$55.54
MARKS, RICHARD	2022-01-01	NEEMAOPENAXESSESSEE		\$489.70
MARKS, RICHARD	2022-01-01	GUARDLOW	EE	\$29.44
MARKS, RICHARD	2022-01-01	VSP	EE	\$8.75
YOUNG, RODNEY	2020-02-01	NEEMAOPENAXESSPREME		\$589.20
YOUNG, RODNEY	2020-01-01	GUARDLOW	EE	\$29.44
YOUNG, RODNEY	2020-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	1
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$42.42**	\$42.42
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 & Spouse Only	3	\$55.54	\$165.61
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Employee Only	3	\$8.75	\$26.25
VSP	Employee & Spouse Only	2	\$14.73	\$29.46
VSP	Family	2	\$23.76	\$47.52
			GRAND TOTAL	\$696.84

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

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

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
AGUILERA, RUDY	2017-12-01	GUARDLOW	ES	\$55.54
FRIEDMAN-MISTERKA, MATHEW	2022-01-01	ADD		\$42.42
FRIEDMAN-MISTERKA, MATHEW	2022-01-01	VSP	FAM	\$23.76
GARCIA ZUNIGA, MIKE	2020-09-01	GUARDLOW	EE	\$29.44
GARCIA ZUNIGA, MIKE	2020-09-01	VSP	EE	\$8.75
HARVEY, JR, BRENT	2017-12-01	GUARDHIGH	EE	\$47.61
KULLA, FATMIR	2015-01-01	GUARDLOW	ES	\$54.53
KULLA, FATMIR	2020-01-01	VSP	ES	\$14.73
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
PUMPHREY, AUSTIN	2019-01-01	VSP	EE	\$8.75
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

NEW AGE SYSTEMS & DESIGN LLC
8850 BROOKVILLE ROAD
SILVER SPRING, MD 20910

Invoice Number: 4568-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

NEW AGE SYSTEMS & DESIGN LLC
8850 BROOKVILLE ROAD
SILVER SPRING, MD 20910

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SMITH, THOMAS	2017-12-01	GUARDLOW	EE	\$29.44

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1535OPENAXESSCOPPE	Employee Only	1	\$450.75	\$450.75
			GRAND TOTAL	\$450.75

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

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDLOW	Employee Only	5	\$29.44	\$147.20
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
GUARDLOW	Family	4	\$100.74	\$402.96
VSP	Employee Only	6	\$8.75	\$52.50
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Family	3	\$23.76	\$71.28
			GRAND TOTAL	\$839.43

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

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
BAREFIELD, SHALIMAR	2022-01-01	VSP	EE	\$8.75
EDDY DEBROEKERT, REBECCA	2022-01-01	GUARDLOW	EE	\$29.44
EDDY DEBROEKERT, REBECCA	2022-01-01	VSP	EE	\$8.75
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	2022-01-01	GUARDHIGH	EE	\$47.61
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
MCINTYRE, KIM	2020-01-01	VSP	EE	\$8.75
ROOT, GINA	2022-01-01	GUARDLOW	FAM	\$100.74
ROWDEN, DEREK	2022-01-01	GUARDLOW	FAM	\$100.74
ROWDEN, DEREK	2022-01-01	VSP	FAM	\$23.76
SCHULZE, LEAH	2022-01-01	GUARDHIGH		\$
SCHULZE, LEAH	2021-02-01	GUARDLOW	ES	\$55.54
SCHULZE, LEAH	2022-01-01	VSP	ES	\$14.73
SCOTT, DEREK	2022-01-01	GUARDLOW	FAM	\$100.74
SCOTT, DEREK	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

ONE POINT HR SOLUTIONS
118 WEST 5TH STREET SUITE 202
COVINGTON, KY 41011

Invoice Number: 4212-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1399OPENAXESSBRONZ	Employee Only	1	\$487.36	\$487.36
1399OPENAXESSBRONZ	Employee & Spouse Only	1	\$986.92	\$986.92
1399OPENAXESSCOPPE	Employee Only	1	\$438.63	\$438.63
1399OPENAXESSGOLD	Employee Only	7	\$653.81	\$4,576.67
1399OPENAXESSPLATI	Employee Only	4	\$719.19	\$2,876.76
1399OPENAXESSPLATI	Employee & Children	1	\$1,438.38	\$1,438.38
1399OPENAXESSSILVE	Employee & Children	1	\$1,096.36	\$1,096.36
ADD	Employee Only	3	\$4.20**	\$22.26
GUARDHIGH	Employee Only	8	\$47.61	\$380.88
GUARDHIGH	Employee & Spouse Only	2	\$89.81	\$179.62
GUARDHIGH	Employee & Children	2	\$89.81	\$207.80
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
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Employee Only	9	\$8.75	\$78.75
VSP	Employee & Spouse Only	3	\$14.73	\$44.19
VSP	Employee & Children	3	\$15.02	\$45.06
			GRAND TOTAL	\$13,397.91

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

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
ALFONSO, FERMIN	2022-04-01	GUARDHIGH	EC	\$89.81
ALFONSO, FERMIN	2022-04-01	1399OPENAXESSPLATI	EE	\$719.19
ALFONSO, FERMIN	2022-04-01	VSP	ES	\$14.73
BLEVINS, TRACY	2020-03-01	GUARDLOW	EE	\$29.44
BLEVINS, TRACY	2020-03-01	VSP	EE	\$8.75
CALDERON-SANTIAGO, AMBAR	2022-04-01	GUARDHIGH	ES	\$89.81
CALDERON-SANTIAGO, AMBAR	2022-04-01	VSP	ES	\$14.73
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
DALBEY, TARAH	2022-03-01	GUARDLOW	EE	\$29.44
DALBEY, TARAH	2022-03-01	1399OPENAXESSCOPPE	EE	\$438.63
FONTANEZ, MADELINE	2022-01-01	1399OPENAXESSGOLD	EE	\$653.81
FONTANEZ, MADELINE	2022-01-01	GUARDHIGH	EE	\$47.61
FONTANEZ, MADELINE	2022-01-01	VSP	EE	\$8.75
GNADT, KIMBERLY	2021-09-01	1399OPENAXESSGOLD	EE	\$653.81
GNADT, KIMBERLY	2021-09-01	GUARDLOW	EE	\$29.44
GNADT, KIMBERLY	2021-09-01	VSP	EE	\$8.75
GUERRERO CANTORAN, MARCELA	2022-01-01	GUARDHIGH	EE	\$47.61
GUERRERO CANTORAN, MARCELA	2022-01-01	1399OPENAXESSPLATI	EE	\$719.19
HENDRIXSON, KIMBERLY	2021-12-01	GUARDHIGH	FAM	\$160.18

ONE POINT HR SOLUTIONS
118 WEST 5TH STREET SUITE 202
COVINGTON, KY 41011

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HODGENS, RENEE	2020-01-01	1399OPENAXESSBRONZ ES		\$986.92
HODGENS, RENEE	2020-01-01	GUARDLOW	ES	\$55.54
HODGENS, RENEE	2020-01-01	VSP	ES	\$14.73
LONG, DAWN	2022-01-01	ADD		\$4.20
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
MCCLURE, ROBERT	2021-07-01	VSP	EE	\$8.75
MILLIKEN, MATTHEW	2022-03-01	GUARDLOW	EE	\$29.44
MORALES, SONIA	2021-02-01	1399OPENAXESSGOLD	EE	\$653.81
MORALES, SONIA	2021-02-01	GUARDHIGH	EE	\$47.61
PHILLIPS, SHELLEY	2021-01-01	VSP	EC	\$15.02
PRINCE, APRIL	2022-01-01	1399OPENAXESSGOLD	EE	\$653.81
PRINCE, APRIL	2022-01-01	GUARDHIGH	EE	\$47.61
PRINCE, APRIL	2022-01-01	VSP	EE	\$8.75
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

ONE POINT HR SOLUTIONS
118 WEST 5TH STREET SUITE 202
COVINGTON, KY 41011

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SHEFFIELD, JENNIFER	2021-06-01	GUARDHIGH	EE	\$47.61
SOKOL, EMILY	2020-01-01	1399OPENAXESSBRONZ	EE	\$487.36
SOKOL, EMILY	2020-01-01	GUARDLOW	EE	\$29.44
SOKOL, EMILY	2020-01-01	VSP	EE	\$8.75
SVOB, LISA	2022-01-01	1399OPENAXESSGOLD	EE	\$653.81
SVOB, LISA	2022-01-01	GUARDHIGH	EC2	\$117.99
SVOB, LISA	2022-01-01	VSP	ECN	\$15.02

MEDICAL PLAN COUNTS

Employee Only	13
Employee & Spouse	1
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

** Prices vary in PRISM.

Individual prices shown in census.

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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

PET SUPPLIES PLUS - FARR BETTER PETS

Invoice Number: 5760-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1901OPENAXESSGOLD	Family	1	\$2,157.57	\$2,157.57
1901OPENAXESSILVE	Employee Only	1	\$603.00	\$603.00
ADD	Employee Only	1	\$4.20**	\$4.20
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Family	1	\$100.74	\$100.74
LIFE	Employee Only	1	\$21.46**	\$21.46
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$2,967.09

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

PET SUPPLIES PLUS - FARR BETTER PETS

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FARR, BRANSON	2022-04-01	GUARDHIGH	EE	\$47.61
FARR, BRANSON	2022-04-01	1901OPENAXESSILVE	EE	\$603.00
FARR, BRANSON	2022-04-01	VSP	EE	\$8.75
FARR, JEFFREY	2022-03-01	ADD		\$4.20
FARR, JEFFREY	2022-03-01	LIFE		\$21.46
FARR, JEFFREY	2022-03-01	GUARDLOW	FAM	\$100.74
FARR, JEFFREY	2022-04-01	1901OPENAXESSGOLD	FAM	\$2157.57
FARR, JEFFREY	2022-03-01	VSP	FAM	\$23.76

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

PET SUPPLIES PLUS CLOVIS & FRESNO

Invoice Number: 5750-2022-0

Invoice Month: APRIL

Billing Date: 03/15/2022

Payment Due Date: 03/31/2022

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
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$102.63

** Prices vary in PRISM.

Individual prices shown in census.

PET SUPPLIES PLUS CLOVIS & FRESNO

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALLEN, OTIS	2022-03-01	ADD		\$2.10
ALLEN, OTIS	2022-03-01	GUARDHIGH	EE	\$47.61
ALLEN, OTIS	2022-03-01	VSP	ES	\$14.73
VUE, MICHAEL	2022-03-01	GUARDLOW	EE	\$29.44
VUE, MICHAEL	2022-03-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

PET SUPPLIES PLUS STOCKTON

Invoice Number: 5545-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$0.00	\$47.61
VSP	Employee Only	1	\$0.00	\$8.75
			GRAND TOTAL	\$56.36

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

PET SUPPLIES PLUS STOCKTON

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
RICO, KAYLA	2022-03-01	GUARDHIGH	EE	\$47.61
RICO, KAYLA	2022-03-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

PET SUPPLIES PLUS TURLOCK

Invoice Number: 5748-2022-0

Invoice Month: APRIL

Billing Date: 03/15/2022

Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.00**	\$0.84
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$57.20

** Prices vary in PRISM.

Individual prices shown in census.

PET SUPPLIES PLUS TURLOCK

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BANUELOS, CHRISTINA	2022-04-01	ADD		\$0.84
BANUELOS, CHRISTINA	2022-04-01	GUARDHIGH	EE	\$47.61
BANUELOS, CHRISTINA	2022-04-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

PMI BUCKEYE SERVICES

Invoice Number: 5762-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Family	1	\$160.18	\$160.18
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$183.94

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

PMI BUCKEYE SERVICES

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
INGRAM, DONALD	2022-03-01	GUARDHIGH	FAM	\$160.18
INGRAM, DONALD	2022-03-01	VSP	FAM	\$23.76

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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	\$3.57**	\$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	4	\$8.75	\$35.00
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$8,452.02

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

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
FLETCHER, JA'NAT	2022-02-01	VSP	EE	\$8.75
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	1845OPENAXESSSILVE	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 METROPLEX

Invoice Number: 5761-2022-0

Invoice Month: APRIL

Billing Date: 03/15/2022

Payment Due Date: 03/31/2022

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

** Prices vary in PRISM.

Individual prices shown in census.

PMI METROPLEX

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CURRENT MONTH ENROLLMENT

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

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

PMI MM

Invoice Number: 4559-2022-0

Invoice Month: APRIL

Billing Date: 03/15/2022

Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1869OPENAXESSPLATI	Family	1	\$2,589.09	\$2,589.09
GUARDHIGH	Family	1	\$160.18	\$160.18
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$2,773.03

** Prices vary in PRISM.

Individual prices shown in census.

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
HART, STEVEN	2022-01-01	1869OPENAXESSPLATI	FAM	\$2589.09
HART, STEVEN	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

PMI MSP
5100 Eden Avenue Suite 102B
EDINA, MN 55436

Invoice Number: 4453-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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
ADD	Employee Only	1	\$5.04**	\$5.04
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Family	1	\$160.18	\$160.18
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	\$6,341.68

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

PMI OF UTAH
2940 W MAPLE LOOP DR
LEHI, UT 84043

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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	1



Account Services

Monthly Statement

PMI RENO
63 Keystone Ave Ste 104
RENO, NV 89503

Invoice Number: 4474-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$3,108.31

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

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
HUGHES, ERNEST	2022-02-01	VSP	FAM	\$23.76
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1539OPENAXESSBRONZ	Employee Only	3	\$437.96	\$1,313.88
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	7	\$4.20**	\$65.94
GUARDHIGH	Employee Only	8	\$47.61	\$380.88
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	10	\$8.75	\$87.50
VSP	Employee & Spouse Only	2	\$14.73	\$29.46
VSP	Family	3	\$23.76	\$71.28
			GRAND TOTAL	\$9,595.78

** Prices vary in PRISM.

Individual prices shown in census.

POOLWERX FOREST LANE
3544 Forest Ln
DALLAS, TX 75234

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALLEN, LETHA	2021-01-01	VSP	EE	\$8.75
ARDERY II, WILLIAM	2022-03-01	1539OPENAXESSBRONZ	EE	\$437.96
ARDERY II, WILLIAM	2022-03-01	GUARDHIGH	EE	\$47.61
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
FLEMING, KEVIN	2021-01-01	ADD		\$
FLEMING, KEVIN	2021-01-01	VSP	FAM	\$23.76
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
HOOKER, KEVIN	2021-01-01	1539OPENAXESSGOLD	EE	\$525.35
HOOKER, KEVIN	2021-01-01	ADD		\$14.70
HOOKER, KEVIN	2021-01-01	GUARDHIGH	EE	\$47.61
HOOKER, 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

POOLWERX FOREST LANE
3544 Forest Ln
DALLAS, TX 75234

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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
SCOTT, ADAM	2021-01-01	ADD		\$
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	ADD		\$
SCOTT, TASHINA	2021-01-01	GUARDHIGH	EE	\$47.61
SHANKS JR, ANDREW	2022-04-01	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
SWANSON, NICHOLAS	2021-01-01	VSP	EE	\$8.75
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	11
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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
ARGUELLES, HANNAH	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

POOLWERX RIGGS & MCQUEEN
990 E. RIGGS ROAD, SUITE C-08
Chandler,, AZ 85249

Invoice Number: 4326-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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
VSP	Employee Only	1	\$8.75	\$8.75
GRAND TOTAL				\$569.84

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

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
OROZCO, VICTOR	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

POOLWERX USA
13901 Midway Rd
FARMERS BRANCH, TX 75244

Invoice Number: 4289-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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
1539OPENAXESSSILVE	Employee Only	1	\$461.01	\$461.01
1539OPENAXESSSILVE	Family	1	\$1,521.31	\$1,521.31
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
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	3	\$29.44	\$88.32
GUARDLOW	Family	2	\$100.74	\$201.48
VSP	Employee Only	3	\$8.75	\$26.25
VSP	Employee & Spouse Only	3	\$14.73	\$44.19
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$7,918.30

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

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
AVENDANO, RUBEN	2021-01-01	VSP	EE	\$8.75
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	1539OPENAXESSILVE	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
OVERDUIN, BLAKE	2021-01-01	VSP	FAM	\$23.76
ROY, RICH	2022-01-01	1539OPENAXESSILVE	FAM	\$1521.31
ROY, RICH	2022-01-01	GUARDHIGH	FAM	\$160.18
ROY, RICH	2022-01-01	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	2



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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
17900OPENAXESSILVE	Family	1	\$1,809.00	\$1,809.00
			GRAND TOTAL	\$1,809.00

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

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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

PROOF COMPANY LLC
13412 VENTURA BLVD
SHERMAN OAKS, CA 91423

Invoice Number: 4199-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$5.46**	\$5.46
GRAND TOTAL				\$5.46

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

PROOF COMPANY LLC
13412 VENTURA BLVD
SHERMAN OAKS, CA 91423

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SANA, CHRISTINE	2022-03-01	ADD		\$5.46

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	0
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1869OPENAXESSBRONZ	Employee Only	6	\$536.10	\$3,216.60
1869OPENAXESSBRONZ	Family	2	\$1,628.10	\$3,256.20
1869OPENAXESSCOPPE	Employee & Children	1	\$908.07	\$908.07
1869OPENAXESSCOPPE	Family	1	\$1,419.92	\$1,419.92
1869OPENAXESSGOLD	Employee Only	1	\$719.19	\$719.19
1869OPENAXESSGOLD	Employee & Spouse Only	1	\$1,438.38	\$1,438.38
1869OPENAXESSGOLD	Family	1	\$2,157.57	\$2,157.57
1869OPENAXESSSILVE	Employee Only	1	\$603.00	\$603.00
1869OPENAXESSSILVE	Employee & Children	1	\$1,206.00	\$1,206.00
1869OPENAXESSSILVE	Family	4	\$1,809.00	\$7,236.00
ADD	Employee Only	4	\$0.84**	\$60.06
GUARDHIGH	Employee Only	3	\$47.61	\$142.83
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Family	2	\$160.18	\$320.36
GUARDLOW	Employee Only	6	\$29.44	\$176.64
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
GUARDLOW	Family	4	\$100.74	\$402.96
VSP	Employee Only	4	\$8.75	\$35.00
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Employee & Children	2	\$15.02	\$30.04
VSP	Family	5	\$23.76	\$118.80
			GRAND TOTAL	\$23,626.77

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

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
CUNDIFF, JEREMIAH	2022-01-01	GUARDHIGH	FAM	\$160.18
CUNDIFF, JEREMIAH	2022-01-01	1869OPENAXESSSILVE	FAM	\$1809.00
CUNDIFF, JEREMIAH	2022-01-01	VSP	FAM	\$23.76
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
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
LABRUM, JASON	2022-01-01	1869OPENAXESSSILVE FAM		\$1809.00
LUCHANSKY, MICHELLE	2022-01-01	GUARDLOW	EE	\$29.44
LUCHANSKY, MICHELLE	2022-01-01	1869OPENAXESSSILVE	EE	\$603.00
MANWILL, MEGAN	2022-01-01	GUARDLOW	EE	\$29.44

PROPERTY MANAGEMENT INC.
2940 W Maple Loop Dr Ste 104
LEHI, UT 84043

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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
MORLEY, JEFFREY	2022-04-01	ADD		\$5.04
MORLEY, JEFFREY	2022-04-01	GUARDLOW	FAM	\$100.74
MORLEY, JEFFREY	2022-04-01	1869OPENAXESSBRONZ	FAM	\$1628.10
MORLEY, JEFFREY	2022-04-01	VSP	FAM	\$23.76
PERCELL, ASPEN	2022-01-01	GUARDLOW	EE	\$29.44
PERCELL, BAYLEE	2022-03-01	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	1869OPENAXESSSILVE	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
STEEN, GERALD	2022-03-01	GUARDLOW	EC	\$74.61
STEEN, GERALD	2022-03-01	1869OPENAXESSCOPPE	EC	\$908.07
STEEN, GERALD	2022-03-01	VSP	EC	\$15.02
WOOD, JESSALYN	2022-01-01	ADD		\$8.40
WOOD, JESSALYN	2022-01-01	GUARDLOW	EE	\$29.44

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	2022-02-01	1869OPENAXESSBRONZ EE		\$536.10
WOOD, JESSALYN	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

PRP LEARNING CENTER BALTIMORE MD
10 RED MAPLE COURT
OWINGS MILLS, MD 21117

Invoice Number: 4609-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0449OPENAXESSPLATI	Family	2	\$2,589.09	\$5,178.18
ADD	Employee Only	1	\$21.00**	\$21.00
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$5,303.15

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

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
ALBRITTON, ANANA	2022-01-01	GUARDHIGH	EE	\$47.61
KARGMAN, DIMITRY	2022-04-01	0449OPENAXESSPLATI	FAM	\$2589.09
KLEIN, MILANA	2022-04-01	0449OPENAXESSPLATI	FAM	\$2589.09
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	2



Account Services

Monthly Statement

QUALITY INN SELINGROVE
613 N. SUSQUEHANNA TRAIL
SELINGROVE, PA 17870

Invoice Number: 4732-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
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
			GRAND TOTAL	\$52.92

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

QUALITY INN SELINGSGROVE
613 N. SUSQUEHANNA TRAIL
SELINGSGROVE, PA 17870

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FILBERT, MICHAEL	2020-01-01	VSP	ES	\$14.73
REMPHREY, KENDRA	2022-01-01	GUARDLOW	EE	\$29.44
REMPHREY, KENDRA	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

REBEL HOSPITALITY LLC
215 W Ontario Street
CHICAGO, IL 60654

Invoice Number: 4133-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1130OPENAXESSPRIME	Employee Only	5	\$653.75	\$3,268.75
1130OPENAXESSPRIME	Family	2	\$1,873.80	\$3,747.60
1130OPENEXESSPREMI	Employee Only	2	\$0.00	\$0.00
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Family	3	\$160.18	\$480.54
GUARDLOW	Employee Only	2	\$29.44	\$58.88
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$7,725.70

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

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
HINES, ANGELIA	2022-01-01	GUARDHIGH	ES	\$89.81
HINES, ANGELIA	2022-01-01	VSP	EE	\$8.75
JACOBS, KALI	2022-03-01	1130OPENAXESSPRIME	EE	\$653.75
JACOBS, KALI	2022-03-01	GUARDLOW	EE	\$29.44
KLOK, ANTHONY	2019-12-01	1130OPENEXESSPREMI		\$
KLOK, ANTHONY	2020-09-01	1130OPENAXESSPRIME	FAM	\$1873.80
KLOK, ANTHONY	2021-01-01	GUARDHIGH	FAM	\$160.18
KORNOTA, EUGENE	2020-09-01	1130OPENAXESSPRIME	FAM	\$1873.80
KORNOTA, EUGENE	2021-01-01	GUARDHIGH	FAM	\$160.18
KORNOTA, EUGENE	2021-01-01	VSP	FAM	\$23.76
LOPROTO, GERALD	2022-01-01	1130OPENAXESSPRIME	EE	\$653.75
LOPROTO, GERALD	2022-01-01	GUARDLOW	EE	\$29.44
LOPROTO, GERALD	2019-12-01	1130OPENEXESSPREMI		\$
WAECHTER, LIANA	2020-09-01	1130OPENAXESSPRIME	EE	\$653.75
WAECHTER, LIANA	2020-09-01	GUARDHIGH	FAM	\$160.18

MEDICAL PLAN COUNTS

Employee Only	5
Employee & Spouse	0
Employee & Children	0
Family	2



Account Services

Monthly Statement

RED HOUSE STAGING, INC.
9950 BUSINESS PKWY SUITE 100B
LANHAM, MD 20706

Invoice Number: 4573-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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
VSP	Employee Only	7	\$8.75	\$61.25
			GRAND TOTAL	\$276.75

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

RED HOUSE STAGING, INC.
9950 BUSINESS PKWY SUITE 100B
LANHAM, MD 20706

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
COX, CAROLINE	2017-01-01	VSP		\$
GASKINS, SYDNEY	2022-01-01	ADD		\$2.52
GASKINS, SYDNEY	2022-01-01	VSP	EE	\$8.75
HIGGS, MICHAEL	2022-01-01	GUARDLOW	EE	\$29.44
HIGGS, MICHAEL	2022-01-01	VSP	EE	\$8.75
LANGMAID, JOHN	2022-01-01	GUARDLOW	EE	\$29.44
LANGMAID, JOHN	2022-01-01	VSP	EE	\$8.75
OLOWOMEYE, OPEMIPO	2017-01-01	VSP		\$
RAMOS, BELINDA	2021-02-01	GUARDHIGH	EE	\$47.61
RAMOS, BELINDA	2021-02-01	VSP	EE	\$8.75
RINER, TUCKER	2022-02-01	GUARDHIGH	EE	\$47.61
RUFFIN, BIANCA	2022-01-01	GUARDLOW	EE	\$29.44
RUFFIN, BIANCA	2022-01-01	VSP	EE	\$8.75
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1749OPENAXESSILVE	Employee Only	2	\$603.00	\$1,206.00
			GRAND TOTAL	\$1,206.00

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

REFRIGERATION TECHNOLOGIES

1055 S Hanover St
POTTSTOWN, PA 19465

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ANDERSON, JEFFERY	2022-01-01	1749OPENAXESSILVE	EE	\$603.00
WEZEL, GARY	2022-01-01	1749OPENAXESSILVE	EE	\$603.00

MEDICAL PLAN COUNTS

Employee Only	2
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
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	\$145.99

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

RELIABLE STAFFING CORPORATION

360 N Pacific Coast Highway

LOS ANGELES, CA 90245

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ANDERSON, ROMEO	2022-03-01	GUARDLOW	EC	\$74.61
ANDERSON, ROMEO	2022-03-01	VSP	EC	\$15.02
RUIZ, VICTOR	2022-01-01	GUARDHIGH	EE	\$47.61
RUIZ, VICTOR	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

REMAX GOLD
1312 MATTHEWS MINT HILL RD
MATTHEWS, NC 28105

Invoice Number: 4106-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1828OPENAXESSBRONZ	Employee Only	2	\$414.07	\$828.14
1828OPENAXESSCOPPE	Employee Only	1	\$372.66	\$372.66
1828OPENAXESSCOPPE	Employee & Children	2	\$745.33	\$1,490.66
1828OPENAXESSCOPPE	Family	1	\$1,118.00	\$1,118.00
1828OPENAXESSGOLD	Employee Only	2	\$712.45	\$1,424.90
1828OPENAXESSPLATI	Employee Only	1	\$783.70	\$783.70
1828OPENAXESSPREMI	Employee Only	6	\$574.63	\$3,447.78
1828OPENAXESSPREMI	Employee & Spouse Only	6	\$1,175.29	\$7,051.74
1828OPENAXESSPREMI	Employee & Children	3	\$1,054.53	\$3,163.59
1828OPENAXESSPREMI	Family	1	\$1,648.94	\$1,648.94
ADD	Employee Only	9	\$21.00**	\$64.05
GUARDHIGH	Employee Only	8	\$47.61	\$380.88
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Employee & Children	1	\$89.81	\$89.81
GUARDHIGH	Family	2	\$160.18	\$320.36
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Spouse Only	4	\$55.54	\$222.16
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee Only	6	\$8.75	\$52.50
VSP	Employee & Spouse Only	6	\$14.73	\$88.38
VSP	Employee & Children	1	\$15.02	\$15.02
VSP	Family	3	\$23.76	\$71.28
			GRAND TOTAL	\$22,828.41

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

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
CARTER, JEFFERY	2022-01-01	1828OPENAXESSCOPPE	EC2	\$745.33
CARTER, JEFFERY	2022-01-01	VSP	FAM	\$23.76
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
FONTENOT, GREGORY	2022-03-01	GUARDLOW	EE	\$29.44
FONTENOT, GREGORY	2022-03-01	1828OPENAXESSPREMI	EE	\$574.63
FONTENOT, GREGORY	2022-03-01	VSP	EE	\$8.75
FONTENOT, GREGORY	2022-01-01	ADD		\$12.60
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

RFC DRILLING. LLC
6001 W Murphy St
ODESSA, TX 79763

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HANKS, KEVIN	2022-04-01	ADD		\$3.15
HANKS, KEVIN	2022-04-01	GUARDHIGH	EE	\$47.61
HANKS, KEVIN	2022-03-01	1828OPENAXESSBRONZ	EE	\$414.07
HANKS, KEVIN	2022-04-01	VSP	EE	\$8.75
HANKS, QUINTON	2022-04-01	1828OPENAXESSCOPPE	EE	\$372.66
HERNANDEZ, JOSE	2022-02-01	1828OPENAXESSPLATI	EE	\$783.70
HERNANDEZ, MANUEL	2022-04-01	1828OPENAXESSPREMI	EC	\$1054.53
HILL, ROBERT	2022-02-01	ADD		\$10.50
HILL, ROBERT	2022-01-24	1828OPENAXESSPREMI	EC2	\$1054.53
HILL, ROBERT	2022-02-01	VSP	FAM	\$23.76
HILL, ROBERT	2022-01-24	GUARDHIGH	FAM	\$160.18
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
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
MCDONALD, BRIAN	2022-04-01	1828OPENAXESSPREMI	EE	\$574.63
MEDRANO, JORGE	2022-04-01	1828OPENAXESSPREMI	EE	\$574.63
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

RFC DRILLING. LLC
6001 W Murphy St
ODESSA, TX 79763

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
NAVA, HUMBERTO	2022-02-01	GUARDHIGH	EE	\$47.61
NAVA, HUMBERTO	2022-01-01	1828OPENAXESSPREMI	EE	\$574.63
NAVARRE, NELSON	2022-04-01	1828OPENAXESSBRONZ	EE	\$414.07
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
RODRIGUEZ, VICENTE	2022-04-01	1828OPENAXESSCOPPE	EC	\$745.33
SONNIER, BRENTON	2022-01-01	GUARDLOW	ES	\$55.54
SONNIER, BRENTON	2022-01-01	1828OPENAXESSPREMI	ES	\$1175.29
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
SONNIER, CURTIS	2022-02-01	VSP	ES	\$14.73
SOTO-RAMOS, JESUS	2022-04-01	1828OPENAXESSCOPPE	FAM	\$1118.00
VALDEZ, EVARISTO	2022-04-01	1828OPENAXESSPREMI	EC2	\$1054.53
VIDRINE, GAGE	2022-04-01	GUARDHIGH	EE	\$47.61

MEDICAL PLAN COUNTS

Employee Only	12
Employee & Spouse	6
Employee & Children	2
Family	2



Account Services

Monthly Statement

RIGHTPRO STAFFING
100 Reserve Rd
Danbury, CT 06810

Invoice Number: 4726-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0903OPENAXESSBRONZ	Employee Only	2	\$438.62	\$877.24
0903OPENAXESSGOLD	Employee Only	1	\$588.38	\$588.38
0903OPENAXESSGOLD	Family	1	\$1,765.29	\$1,765.29
0903OPENAXESSILVER	Employee Only	1	\$493.36	\$493.36
0903OPENAXESSILVER	Employee & Children	1	\$986.72	\$986.72
ADD	Employee Only	3	\$1.26**	\$27.30
GUARDHIGH	Employee Only	4	\$47.61	\$190.44
GUARDHIGH	Employee & Children	2	\$89.81	\$179.62
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	4	\$29.44	\$117.76
VSP	Employee Only	4	\$8.75	\$35.00
VSP	Employee & Children	3	\$15.02	\$45.06
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$5,490.11

** Prices vary in PRISM.

Individual prices shown in census.

RIGHTPRO STAFFING

100 Reserve Rd
Danbury, CT 06810

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DAVIS, LASHANDA	2022-01-01	VSP	EC2	\$15.02
GARRISON, HEATHER	2022-02-01	0903OPENAXESSILVER	EE	\$493.36
GARRISON, HEATHER	2022-02-01	GUARDHIGH	EE	\$47.61
GARRISON, HEATHER	2022-02-01	VSP	EE	\$8.75
HAYES COOPER, JAMES	2022-03-01	GUARDHIGH	EE	\$47.61
HULS, JESSICA	2022-04-01	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
ISLES, ANN MARIE	2022-02-01	VSP	EC	\$15.02
KAIN, KYLE	2022-01-01	0903OPENAXESSGOLD	EE	\$588.38
KAIN, SIDNEY	2021-07-01	0903OPENAXESSGOLD	FAM	\$1765.29
KAIN, SIDNEY	2021-07-01	GUARDHIGH	FAM	\$160.18
KAIN, SIDNEY	2021-07-01	VSP	FAM	\$23.76
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
NELSON, PATRICK	2022-02-01	VSP	EE	\$8.75
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

RIGHTPRO STAFFING

100 Reserve Rd

Danbury, CT 06810

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SINGH, EUSTACE	2022-01-01	VSP	EE	\$8.75
SYKES, ELIZABETH	2022-03-01	ADD		\$4.20
VIBBARD, NEMA	2022-03-01	ADD		\$2.10

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

RIVER RIDERS
408 ALSTADTS HILL RD
HARPERS FERRY, WV 25425

Invoice Number: 4221-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

RIVER RIDERS
408 ALSTADTS HILL RD
HARPERS FERRY, WV 25425

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GATTON, WILLIAM	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

RLS FLORIDA
1943 NW 104TH WAY
GAINESVILLE, FL 32606

Invoice Number: 4423-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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	3	\$47.61	\$142.83
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
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 & Spouse Only	1	\$14.73	\$14.73
VSP	Employee & Children	2	\$15.02	\$30.04
GRAND TOTAL				\$3,793.39

** Prices vary in PRISM.

Individual prices shown in census.

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
AGUIRRE, AMY	2018-12-01	VSP	EC	\$15.02
CLUTTER, ABIGAIL	2017-08-01	GUARDHIGH		\$
CLUTTER, ABIGAIL	2017-08-01	VSP		\$
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
MILLER, LAUREN	2022-03-01	GUARDLOW	EE	\$29.44
MILLER, LAUREN	2022-03-01	VSP	EE	\$8.75
NELSON, COURTNEY	2022-01-01	0666OPENAXESSGOLD	EC2	\$905.15
NELSON, COURTNEY	2022-01-01	ADD		\$0.84
NELSON, COURTNEY	2022-01-01	GUARDHIGH	EC2	\$117.99
NELSON, COURTNEY	2022-01-01	VSP	EC2	\$15.02
NELSON, JARED	2022-01-01	0666OPENAXESSGOLD	EE	\$479.89
NELSON, JARED	2022-01-01	GUARDLOW	EE	\$29.44
NELSON, JARED	2022-01-01	VSP	EE	\$8.75
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
WILTON, ABIGAIL	2021-04-01	VSP	EE	\$8.75

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
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	\$123.17

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

ROSEMIL MANAGEMENT GROUP, LLC
350 SYCAMORE ROAD
GENOA, IL 60135

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CRUZ, EDVIN	2019-01-01	GUARDLOW	ES	\$55.54
THIGPEN, HERILANDA	2019-01-01	GUARDLOW	EE	\$29.44
WEERTS, SARAH	2019-01-01	GUARDLOW	EE	\$29.44
WEERTS, SARAH	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

RSL SAFETY CORPORATION
1409 EAST BLVD
CHARLOTTE, NC 28203

Invoice Number: 4254-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1483OPENAXESSBRONZ	Employee & Spouse Only	1	\$888.23	\$888.23
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$902.96

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

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
KAPLAN, GARY	2022-01-01	VSP	ES	\$14.73

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

SCGH - SUPERCUTS
31 LOCKWOOD DRIVE
PRINCETON, NJ 08540

Invoice Number: 4105-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1045OPENAXESSBRONZ	Employee Only	5	\$321.43	\$1,607.15
1045OPENAXESSBRONZ	Family	1	\$922.12	\$922.12
1045OPENAXESSGOLD	Employee Only	2	\$358.93	\$717.86
1045OPENAXESSSILVE	Employee Only	2	\$340.18	\$680.36
ADD	Employee Only	1	\$21.42**	\$21.42
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	6	\$29.44	\$176.64
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	\$4,271.54

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

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
ALBERT, MICHELLE	2022-01-01	GUARDLOW	EE	\$29.44
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	1045OPENAXESSGOLD EE		\$358.93
DICKENS, JILLIAN	2022-01-01	GUARDLOW	EE	\$29.44
GOEBEL, STACEY	2020-07-01	1045OPENAXESSBRONZ EE		\$321.43
GOEBEL, STACEY	2020-01-01	GUARDHIGH	EE	\$47.61
KARAS, SONYA	2020-07-01	1045OPENAXESSBRONZ FAM		\$922.12
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	1045OPENAXESSILVE EE		\$340.18
MAYHEW, RACHEL	2021-01-01	GUARDLOW	EE	\$29.44
RODRIGUEZ, ROBERTO	2020-07-01	1045OPENAXESSILVE 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	9
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

SCOOTERS COFFEE KINGSPORT
4287 Fort Henry Dr
KINGSPORT, TN 37663

Invoice Number: 4486-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	3	\$8.75	\$26.25
			GRAND TOTAL	\$150.91

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

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
FENWICK, JONATHAN	2018-12-01	VSP	EE	\$8.75
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
PRICE, FREDERICK	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

SENIOR CARE AUTHORITY, LLC
755 BAYWOOD DRIVE
PETALUMA, CA 94954

Invoice Number: 4709-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	4	\$2.10**	\$39.90
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	3	\$8.75	\$26.25
VSP	Employee & Children	2	\$15.02	\$30.04
GRAND TOTAL				\$393.23

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

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
LEMPKE, MARY	2022-01-01	VSP	EE	\$8.75
PEREZ, IRMA "SARAH"	2022-01-01	ADD		\$6.30
PEREZ, IRMA "SARAH"	2022-01-01	GUARDHIGH	EE	\$47.61
PEREZ, IRMA "SARAH"	2022-01-01	VSP	EE	\$8.75
POULIOT, LAWNA	2022-03-01	ADD		\$2.10
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$6.30**	\$1.68
GUARDHIGH	Employee Only	5	\$47.61	\$238.05
GUARDLOW	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Employee & Spouse Only	2	\$55.54	\$111.08
VSP	Employee Only	11	\$8.75	\$96.25
VSP	Employee & Spouse Only	2	\$14.73	\$29.46
			GRAND TOTAL	\$535.40

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

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
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
BOWER, CAROL	2022-01-01	VSP	EE	\$8.75
BUCKLES, BRENDA	2022-01-01	VSP	EE	\$8.75
GARISTO, STEPHEN	2020-01-01	GUARDHIGH	EE	\$47.61
GARISTO, STEPHEN	2020-01-01	VSP	EE	\$8.75
HAWKES, BILLIE	2020-01-01	GUARDLOW	ES	\$55.54
HAWKES, BILLIE	2020-01-01	VSP	ES	\$14.73
HEIM, BELINDA	2022-01-01	GUARDHIGH	EE	\$47.61
HEIM, BELINDA	2022-01-01	VSP	EE	\$8.75
JOWANOWITCH, JESSICA	2020-01-01	GUARDLOW	ES	\$55.54
JOWANOWITCH, JESSICA	2020-01-01	VSP	ES	\$14.73
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
RAGLAND, ANNA	2020-01-01	VSP	EE	\$8.75
VIANDS, AMANDA	2020-06-01	GUARDHIGH	EE	\$47.61
VIANDS, AMANDA	2020-06-01	VSP	EE	\$8.75

SENIOR HELPERS HARRISBURG PA

3806 Market St. Ste 3

Camp Hill, PA 17011

CURRENT MONTH ENROLLMENT (CONTINUED)

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

SENIOR HELPERS HOUSTON CENTRAL
1919 N Loop W, Suite 443
HOUSTON, TX 77008

Invoice Number: 4714-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0876OPENAXESSBRONZ	Employee Only	1	\$536.10	\$536.10
ADD	Employee Only	1	\$2.10**	\$2.10
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
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	2	\$8.75	\$17.50
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$823.12

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

SENIOR HELPERS HOUSTON CENTRAL

1919 N Loop W, Suite 443

HOUSTON, TX 77008

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GARCIA, MARIA	2022-04-01	GUARDLOW	EC	\$74.61
GARCIA, MARIA	2022-04-01	VSP	EC2	\$15.02
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
MACHACEK, HOLLEY	2022-03-01	0876OPENAXESSBRONZ	EE	\$536.10
MOSE, DEIKA	2022-03-01	VSP	EE	\$8.75
SAMPLE, NICKI	2022-02-01	GUARDHIGH	EE	\$47.61
VISBAL-INSIGNARES, EDUARDO	2022-01-01	GUARDLOW	FAM	\$100.74

MEDICAL PLAN COUNTS

Employee Only	1
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$16.80**	\$16.80
GUARDLOW	Employee Only	2	\$29.44	\$58.88
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$93.18

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

SH TOWN SQUARE COMPANY STORE
9708 BELAIR RD
BALTIMORE, MD 21236

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DILWORTH, LAURA	2022-03-01	GUARDLOW	EE	\$29.44
DILWORTH, LAURA	2022-03-01	VSP	EE	\$8.75
JORDAN, KEYONNA	2022-01-01	ADD		\$16.80
JORDAN, KEYONNA	2022-01-01	GUARDLOW	EE	\$29.44
JORDAN, KEYONNA	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

SH TOWN SQUARE FRANCHISING
9708 Belair Rd
BALTIMORE, MD 21236

Invoice Number: 4359-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	4	\$4.20**	\$67.20
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Children	1	\$15.02	\$15.02
VSP	Family	2	\$23.76	\$47.52
			GRAND TOTAL	\$541.65

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

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
JORDAN, KEYONNA	2021-09-01	ADD		\$16.80
JORDAN, KEYONNA	2021-09-01	GUARDLOW	EE	\$29.44
JORDAN, KEYONNA	2021-09-01	VSP	EE	\$8.75
KUHN, SARA	2021-05-01	ADD		\$42.00
KUHN, SARA	2021-12-01	GUARDHIGH	FAM	\$160.18
KUHN, SARA	2021-12-01	VSP	FAM	\$23.76
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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 & Spouse Only	1	\$14.73	\$14.73
VSP	Employee & Children	1	\$15.02	\$15.02
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$4,969.98

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

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
MACKONOCHE, JOANNE	2021-01-01	VSP	ES	\$14.73
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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	3	\$8.75	\$26.25
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$249.28

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

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
CHESLEY, JACQUELINE	2021-01-01	VSP	EE	\$8.75
GUTRICK, DEMETRIA	2018-12-01	VSP	EE	\$8.75
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
WOODHOUSE, SONNA	2018-12-01	VSP	FAM	\$23.76

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1399OPENAXESSGOLD	Employee Only	8	\$653.81	\$5,230.48
1399OPENAXESSGOLD	Employee & Children	1	\$1,307.62	\$1,307.62
ADD	Employee Only	1	\$1.26**	\$1.26
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	5	\$29.44	\$147.20
VSP	Employee Only	8	\$8.75	\$70.00
VSP	Employee & Children	2	\$15.02	\$30.04
			GRAND TOTAL	\$7,207.60

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

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
BENAVIDES, JANIE	2021-04-01	VSP	EE	\$8.75
CAGLE, TARA	2022-01-01	1399OPENAXESSGOLD	EE	\$653.81
CAGLE, TARA	2022-01-01	GUARDHIGH	EE	\$47.61
CAGLE, TARA	2022-01-01	VSP	EE	\$8.75
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
DIAZ, GRACE	2022-01-01	VSP	EE	\$8.75
GOLD, PURE	2022-01-01	1399OPENAXESSGOLD	EE	\$653.81
GOLD, PURE	2022-01-01	GUARDLOW	EE	\$29.44
GOLD, PURE	2022-01-01	VSP	EE	\$8.75
NAMAZZI, WINFRED	2022-01-01	GUARDHIGH	FAM	\$160.18
NAMAZZI, WINFRED	2022-01-01	VSP	EC2	\$15.02
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
WILHOIT, RACHEL	2022-03-01	1399OPENAXESSGOLD	EE	\$653.81

STAFFINGMEDICAL USA
118 WEST 5TH STREET SUITE 202
COVINGTON, KY 41011

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WILHOIT, RACHEL	2022-03-01	ADD		\$1.26
WILHOIT, RACHEL	2022-03-01	GUARDLOW	EE	\$29.44
WILHOIT, RACHEL	2022-03-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	8
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$10.92**	\$32.13
GUARDHIGH	Employee & Children	1	\$89.81	\$89.81
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$130.69

** Prices vary in PRISM.

Individual prices shown in census.

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
NGUYEN, THIEN	2022-01-01	ADD		\$21.21

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1608OPENAXESSGOLD	Employee Only	1	\$686.50	\$686.50
			GRAND TOTAL	\$686.50

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

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	14	\$7.14**	\$101.64
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	3	\$8.75	\$26.25
			GRAND TOTAL	\$175.50

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

STAT EXPERTS

4455 Brookfield Corporate Dr

Chantilly, VA 20151

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ANDREWS, CARLOS	2021-02-01	VSP		\$
BROWN, ANTHEA	2021-12-01	ADD		\$2.10
CAPPENDYCK, STEVEN	2021-12-01	ADD		\$6.72
CEDENO, PAULO	2021-12-01	ADD		\$2.10
CHONG, SONG	2022-03-01	ADD		\$21.00
JENNINGS, CHESTER	2022-04-01	ADD		\$7.14
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
PAGE, JAMES	2021-12-01	ADD		\$42.42
RODRIGUEZ, JANET	2021-12-01	ADD		\$2.10
SPANN, BRANDON	2021-12-01	ADD		\$0.84
WINSTON, JORDAN	2021-04-01	VSP		\$
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

STAYBRIDGE SUITES RACINE

Invoice Number: 5540-2022-0

Invoice Month: APRIL

Billing Date: 03/15/2022

Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$231.97

** Prices vary in PRISM.

Individual prices shown in census.

STAYBRIDGE SUITES RACINE

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BROWN, DANILLIE	2022-04-01	GUARDHIGH	EE	\$47.61
HERNANDEZ, JOSE	2022-04-01	GUARDHIGH	EE	\$47.61
OSBORNE, LUKE	2022-04-01	GUARDLOW	EE	\$29.44
OSBORNE, LUKE	2022-04-01	VSP	EE	\$8.75
VELAZQUEZ, ROGELIO	2022-03-01	GUARDHIGH	ES	\$89.81
VELAZQUEZ, ROGELIO	2022-03-01	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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.42**	\$0.42
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
			GRAND TOTAL	\$95.64

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

STELLAR TRANSPORT
4720 Salisbury Rd Ste 215
JACKSONVILLE, FL 32256

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
TAYLOR, TANYELLE	2022-03-01	GUARDHIGH	EE	\$47.61
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

SUBURBAN EXTENDED STAY TRIADELPHIA
40 ROBINSON DRIVE
TRIADELPHIA, WV 26059

Invoice Number: 4156-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

SUBURBAN EXTENDED STAY TRIADELPHIA
40 ROBINSON DRIVE
TRIADELPHIA, WV 26059

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
NAILL, JOSEPH	2022-01-01	ADD		\$2.10

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$1.26**	\$1.26
GUARDHIGH	Employee Only	4	\$47.61	\$190.44
GUARDLOW	Employee Only	4	\$29.44	\$117.76
VSP	Employee Only	4	\$8.75	\$35.00
			GRAND TOTAL	\$344.46

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

SUPERCUTS MIAMI
3193 MARY STREET
MIAMI, FL 33133

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CLAY, ARLENE	2021-01-01	GUARDLOW		\$
CLAY, ARLENE	2022-01-01	VSP	EE	\$8.75
DOMINGUEZ, YORDELIS	2020-04-01	GUARDHIGH	EE	\$47.61
MODESTI, JOHANNA	2022-01-01	ADD		\$1.26
NIEBLA, VERONICA	2019-06-01	GUARDHIGH	EE	\$47.61
RODRIGUEZ VIAMONTES, ROSA	2019-05-01	GUARDLOW	EE	\$29.44
RODRIGUEZ VIAMONTES, ROSA	2019-05-01	VSP	EE	\$8.75
ROJAS, ELISA	2019-05-01	GUARDLOW	EE	\$29.44
TARGAN, CHRISTINE	2019-05-01	GUARDHIGH		\$
TARGAN, CHRISTINE	2019-05-01	GUARDLOW	EE	\$29.44
TARGAN, CHRISTINE	2019-05-01	VSP	EE	\$8.75
UCANAN, FELICITA	2019-05-01	GUARDHIGH	EE	\$47.61
UCANAN, FELICITA	2019-05-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

SUPERCUTS MURRO OF BRANCHBURG

Invoice Number: 5504-2022-0

Invoice Month: APRIL

Billing Date: 03/15/2022

Payment Due Date: 03/31/2022

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

** Prices vary in PRISM.

Individual prices shown in census.

SUPERCUTS MURRO OF BRANCHBURG

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GRAY, KELLY	2019-01-01	VSP		\$
INTERLANDI, JENNIFER	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

SUPERCUTS MURRO OF FLEMINGTON
32 ROUTE 31 SUITE 400
FLEMINGTON, NJ 08822

Invoice Number: 4143-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1159OPENAXESSPREMI	Employee Only	2	\$498.36	\$996.72
ADD	Employee Only	1	\$0.42**	\$0.42
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$1,014.64

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

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
GRAY, KELLY	2019-01-01	VSP	EE	\$8.75
SCARANO, SARAH	2020-01-01	1159OPENAXESSPREMI	EE	\$498.36
SCARANO, SARAH	2019-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

SUPERCUTS MURRO OF MANSFIELD
1930 ROUTE 57 SUITE E
HACKETTSTOWN, NJ 07840

Invoice Number: 4144-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

SUPERCUTS MURRO OF MANSFIELD
1930 ROUTE 57 SUITE E
HACKETTSTOWN, NJ 07840

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GRAY, KELLY	2019-01-01	VSP		\$
INTERLANDI, JENNIFER	2019-01-01	GUARDLOW		\$

MEDICAL PLAN COUNTS

Employee Only	0
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$21.00**	\$1.26
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
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	\$203.61

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

SUPERCUTS PHOENIX

8205 S Priest Dr #12586

TEMPE, AZ 85284

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BROWN, STACIE				\$
DUARTE, CARLOS	2022-01-01	ADD		\$1.26
DUARTE, CARLOS	2022-01-01	GUARDHIGH	EE	\$47.61
DUARTE, CARLOS	2022-01-01	VSP	EE	\$8.75
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	GUARDLOW	EC2	\$74.61
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

SUPERPRINT LITHOGRAPHICS, INC
8332 Secura Way
SANTA FE SPRINGS, CA 90670

Invoice Number: 4339-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$0.00	\$0.00
VSP	Employee Only	1	\$0.00	\$0.00
			GRAND TOTAL	\$0.00

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

SUPERPRINT LITHOGRAPHICS, INC
8332 Secura Way
SANTA FE SPRINGS, CA 90670

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LE, TAM	2021-11-01	GUARDLOW		\$
LE, TAM	2021-11-01	VSP		\$

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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
REED, SHAWNA	2020-10-01	VSP	EE	\$8.75

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$65.11

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

SURESTAY PLUS BY BEST WESTERN MORGANTOWN

15 Lawless Rd

MORGANTOWN, WV 26501

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PRITCHETT, ANGEL	2022-03-01	VSP	EE	\$8.75
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

** Prices vary in PRISM.

Individual prices shown in census.

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$2,739.86

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

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
CRUTCHER, RANDALL	2022-01-01	VSP	ES	\$14.73
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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	VSP	ES	\$14.73
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	2	\$29.44	\$58.88
OPENAXESSCOPPER	Employee Only	3	\$399.75	\$1,199.25
OPENAXESSGOLD	Employee Only	1	\$588.38	\$588.38
OPENAXESSSILVER	Employee Only	1	\$493.36	\$493.36
VSP	Employee Only	4	\$8.75	\$35.00
			GRAND TOTAL	\$2,422.48

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

TALEM HOME CARE - BROOMFIELD
80 GARDEN CTR SUITE A6
BROOMFIELD, CO 80020

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
COLANGELO, MARIAH	2020-06-01	OPENAXESSCOPPER		\$
COLANGELO, MARIAH	2020-07-01	GUARDLOW		\$
COLANGELO, MARIAH	2020-07-01	VSP		\$
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
VALDEZ, ROBERT	2020-04-01	VSP	EE	\$8.75
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	4
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	1	\$29.44	\$29.44
OPENAXESSGOLD	Employee Only	1	\$588.38	\$588.38
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$682.93

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

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
WEST, SHAILENE	2021-01-01	VSP	EE	\$8.75

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	1	\$29.44	\$29.44
OPENAXESSBRONZE	Employee Only	1	\$438.62	\$438.62
OPENAXESSCOPPER	Employee Only	1	\$399.75	\$399.75
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$924.17

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

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
COLANGELO, MARIAH	2022-01-01	VSP	EE	\$8.75
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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	2	\$399.75	\$799.50
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$2,353.71

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

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
COLANGELO, MARIAH	2020-06-01	OPENAXESSCOPPER		\$
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
RUTH, SAMANTHA	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

TALENT PRO
6707 DEMOCRACY BLVD. STE. 905
BETHESDA, MD 20817

Invoice Number: 4694-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.84**	\$0.84
GUARDHIGH	Employee Only	5	\$47.61	\$238.05
GUARDLOW	Employee Only	4	\$29.44	\$117.76
VSP	Employee Only	6	\$8.75	\$52.50
			GRAND TOTAL	\$409.15

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

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
BIRHANU, BETELEHEM	2021-01-01	VSP	EE	\$8.75
DEJESUS, JOSE LORENZO	2021-01-01	GUARDHIGH		\$
FAKIR, MOHAMMAD	2022-03-01	GUARDHIGH	EE	\$47.61
FAKIR, MOHAMMAD	2022-03-01	VSP	EE	\$8.75
FARHAN, FARDIN	2021-09-01	GUARDLOW	EE	\$29.44
FOX, JOSEPH	2022-01-01	ADD		\$0.84
FOX, JOSEPH	2022-01-01	GUARDLOW	EE	\$29.44
LEATHERLAND, BRANDON	2021-01-01	GUARDLOW	EE	\$29.44
MUSAH, IBRAHIM	2022-01-01	VSP	EE	\$8.75
THOMAS, DANIELLE	2018-02-01	GUARDHIGH	EE	\$47.61
THOMAS, DANIELLE	2018-12-01	VSP	EE	\$8.75
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0993OPENAXESSBRONZ	Employee Only	1	\$487.36	\$487.36
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$525.55

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

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
GAFFNEY, GRETCHEN	2021-11-01	VSP	EE	\$8.75

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: APRIL

Billing Date: 03/15/2022

Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1920OPENAXESSPLATI	Family	1	\$2,589.09	\$2,589.09
ADD	Employee Only	2	\$8.40**	\$29.40
GUARDLOW	Family	1	\$100.74	\$100.74
			GRAND TOTAL	\$2,719.23

** Prices vary in PRISM.

Individual prices shown in census.

TECH CHAIN SOFTWARE

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MALIK, SHAHZAD	2022-03-01	ADD		\$21.00
MALIK, SHAHZAD	2022-03-01	GUARDLOW	FAM	\$100.74
MALIK, SHAHZAD	2022-03-01	1920OPENAXESSPLATI	FAM	\$2589.09
RAMIREZ, MERY	2022-03-01	ADD		\$8.40

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

TEMUJIN 10 CT, LLC DBA SUPERCUTS
800 Westchester Avenue
Rye Brook, NY-NEW YORK 10573

Invoice Number: 4721-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0893OPENAXESSGOLD	Employee Only	1	\$719.19	\$719.19
0893OPENAXESSGOLD	Employee & Spouse Only	1	\$1,438.38	\$1,438.38
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	1	\$9.05	\$9.05
			GRAND TOTAL	\$2,214.23

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

TEMUJIN 10 CT, LLC DBA SUPERCUTS
800 Westchester Avenue
Rye Brook, NY-NEW YORK 10573

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DAVIDSON, CRYSTAL	2021-09-01	0893OPENAXESSGOLD	ES	\$1438.38
PEREZ, DAVINA	2018-10-01	GUARDHIGH		\$
PEREZ, DAVINA	2018-10-01	VSP	EE	\$9.05
REARDON, JESSICA	2021-09-01	0893OPENAXESSGOLD	EE	\$719.19

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	1
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0893OPENAXESSCOPPE	Employee Only	2	\$495.83	\$991.66
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$1,104.38

** Prices vary in PRISM.

Individual prices shown in census.

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
PEREZ, DAVINA	2019-07-01	VSP	EE	\$8.75

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0893OPENAXESSCOPPE	Employee Only	2	\$495.83	\$991.66
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$1,021.10

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

TEMUJIN 2 NY, LLC DBA SUPERCUTS
800 Westchester Avenue
Rye Brook, NY 10573

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ANDRIOLA, PATRICIA	2021-09-01	0893OPENAXESSCOPPE	EE	\$495.83
BARTICCIOTTO, JULI	2022-01-01	GUARDLOW	EE	\$29.44
BARTICCIOTTO, JULI	2022-01-01	0893OPENAXESSCOPPE	EE	\$495.83

MEDICAL PLAN COUNTS

Employee Only	2
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0893OPENAXESSGOLD	Employee Only	2	\$719.19	\$1,438.38
0893OPENAXESSGOLD	Employee & Spouse Only	2	\$1,438.38	\$2,876.76
0893OPENAXESSILVE	Employee Only	1	\$603.00	\$603.00
ADD	Employee Only	3	\$8.40**	\$30.24
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	2	\$8.75	\$17.50
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$5,142.64

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

TEMUJIN 3 NY, LLC DBA SUPERCUTS
 800 Westchester Avenue
 Rye Brook, NY 10573

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
AUSTIN, MAHOGANY	2022-04-01	ADD		\$8.40
DAVIDSON, CRYSTAL	2021-09-01	0893OPENAXESSGOLD	ES	\$1438.38
HAMZIC, MIRSA DA	2022-01-01	0893OPENAXESSILVE	EE	\$603.00
HEANEY, MADELINE	2022-01-01	0893OPENAXESSGOLD	EE	\$719.19
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
LICATA, BRIAN	2022-01-01	VSP	ES	\$14.73
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
MOORE, QUINCY	2022-04-01	GUARDHIGH	EE	\$47.61
RIOS, CANDICE	2022-02-01	ADD		\$0.84
RIOS, CANDICE	2022-02-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

Employee Only	3
Employee & Spouse	2
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0893OPENAXESSCOPPE	Employee Only	2	\$495.83	\$991.66
0893OPENAXESSILVE	Employee Only	2	\$603.00	\$1,206.00
ADD	Employee Only	2	\$0.84**	\$2.10
GUARDLOW	Employee Only	5	\$29.44	\$147.20
VSP	Employee Only	4	\$8.75	\$35.00
			GRAND TOTAL	\$2,381.96

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

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
HUYNH, TUYEN	2019-07-01	VSP	EE	\$8.75
LINDGREN, SAMANTHA	2022-01-01	GUARDLOW	EE	\$29.44
LINDGREN, SAMANTHA	2022-01-01	0893OPENAXESSCOPPE	EE	\$495.83
OSBORNE, MOLLY	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	0893OPENAXESSILVE	EE	\$603.00
SCIDA, JULIE	2022-01-01	VSP	EE	\$8.75
TRAINO, MICHELLE	2019-07-01	GUARDLOW	EE	\$29.44
TRAINO, MICHELLE	2021-09-01	0893OPENAXESSILVE	EE	\$603.00
TRAINO, MICHELLE	2019-07-01	VSP	EE	\$8.75
WOLF, EMILY	2022-03-01	ADD		\$0.84
WOLF, EMILY	2022-03-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	4
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0893OPENAXESSCOPPE	Employee Only	1	\$495.83	\$495.83
0893OPENAXESSGOLD	Employee Only	2	\$719.19	\$1,438.38
0893OPENAXESSSILVE	Employee Only	2	\$603.00	\$1,206.00
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	3	\$8.75	\$26.25
VSP	Employee & Spouse Only	2	\$14.73	\$29.46
			GRAND TOTAL	\$3,532.69

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

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
COON, RONALD	2019-08-01	VSP	EE	\$8.75
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
LUZAK, AMANDA	2022-01-01	0893OPENAXESSGOLD	EE	\$719.19
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
PITZ, JOYCE	2020-08-01	VSP	ES	\$14.73
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
SNYDER, TAMARA	2022-01-01	VSP	EE	\$8.75
WILEY, ELIZABETH	2021-09-01	0893OPENAXESSILVE	EE	\$603.00

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

TEMUJIN ENTERPRISES 1 LLC , DBA SUPERCUTS
800 Westchester Avenue
Rye Brook, NY 10573

Invoice Number: 4723-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.00**	\$0.00
GUARDHIGH	Employee Only	1	\$0.00	\$0.00
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$8.75

** Prices vary in PRISM.

Individual prices shown in census.

TEMUJIN ENTERPRISES 1 LLC , DBA SUPERCUTS
800 Westchester Avenue
Rye Brook, NY 10573

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
AUSTIN, MAHOGANY	2022-04-01	ADD		\$
KAALUND, IRENE	2019-06-01	GUARDHIGH		\$
KAALUND, IRENE	2019-06-01	VSP		\$

MEDICAL PLAN COUNTS

Employee Only	0
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$6.30**	\$10.50
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$66.86

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



Account Services

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
BREWER, CARLIE	2022-01-01	VSP	EE	\$8.75
SAMS, MARK	2022-03-01	ADD		\$6.30

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0433OPENAXESSCOPPE	Employee Only	1	\$495.83	\$495.83
ADD	Employee Only	1	\$0.84**	\$0.84
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDLOW	Employee Only	3	\$29.44	\$88.32
VSP	Employee Only	4	\$8.75	\$35.00
			GRAND TOTAL	\$715.21

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

THE FLYING LOCKSMITHS OF MEMPHIS

408 Cecilia Dr.

MEMPHIS, TN 38117

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BANDY, TERRY	2022-01-01	ADD		\$0.84
BURT, ANDREW	2022-01-01	GUARDLOW	EE	\$29.44
COOP, BETHANY	2017-12-01	GUARDHIGH		\$
COOP, BETHANY	2017-12-01	VSP		\$
EDWARDS, DAWN	2022-01-01	GUARDLOW	EE	\$29.44
EDWARDS, DAWN	2022-01-01	VSP	EE	\$8.75
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$108.46

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

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
LEGATO JR., ROBERT	2020-06-01	VSP	ES	\$14.73

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$1,830.59

** Prices vary in PRISM.

Individual prices shown in census.

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
SHAWN, MICHAEL	2022-01-01	VSP	ES	\$14.73

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

THE SAFE MAN
801 W VULCANITE AVE
ALPHA, NJ 08865

Invoice Number: 4590-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$49.08	\$49.08
GUARDLOW	Family	1	\$100.74	\$100.74
			GRAND TOTAL	\$149.82

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

THE SAFE MAN
801 W VULCANITE AVE
ALPHA, NJ 08865

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LESLIE, MATTHEW	2016-03-01	GUARDHIGH	EE	\$49.08
NABOZNY, NICHOLAS	2019-04-12	GUARDLOW	FAM	\$100.74

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	0
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0403OPENAXESSGOLD	Employee Only	1	\$526.19	\$526.19
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee & Children	1	\$74.61	\$76.92
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$787.05

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

THEIA SENIOR SOLUTIONS
281 WITHERSPOON STREET
PRINCETON, NJ 08540

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BUNN, JACQUELINE	2017-04-01	GUARDLOW	EC2	\$76.92
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0401OPENAXESSGOLD	Employee Only	1	\$443.13	\$443.13
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$481.32

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

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
TORAL, GABRIELA	2018-12-01	VSP	EE	\$8.75

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1581OPENAXESSBRONZ	Employee Only	3	\$467.36	\$1,402.08
1581OPENAXESSBRONZ	Employee & Spouse Only	1	\$986.92	\$986.92
1581OPENAXESSBRONZ	Family	2	\$1,480.09	\$2,960.18
1581OPENAXESSGOLD	Employee Only	1	\$633.81	\$633.81
1581OPENAXESSGOLD	Employee & Spouse Only	1	\$1,307.62	\$1,307.62
1581OPENAXESSGOLD	Family	2	\$1,961.43	\$3,922.86
1581OPENAXESSSILVE	Employee Only	1	\$0.00	\$0.00
ADD	Employee Only	2	\$2.10**	\$23.10
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
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	3	\$8.75	\$26.25
VSP	Employee & Spouse Only	2	\$14.73	\$29.46
VSP	Family	3	\$23.76	\$71.28
			GRAND TOTAL	\$11,995.23

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

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
MARTIN, ROBERT	2022-01-01	VSP	EE	\$8.75
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
NORRIS, EBONEE	2022-01-01	1581OPENAXESSBRONZ		\$
NORRIS, EBONEE	2022-04-01	1581OPENAXESSGOLD EE		\$633.81
NORRIS, EBONEE	2022-01-01	1581OPENAXESSSILVE		\$
NORRIS, EBONEE	2022-04-01	GUARDHIGH	EE	\$47.61
NORRIS, EBONEE	2022-04-01	VSP	EE	\$8.75
POON, SINDY	2022-01-01	ADD		\$21.00
POON, SINDY	2022-01-01	GUARDHIGH	EE	\$47.61
POULSON, ALLYSON	2021-09-01	GUARDHIGH	FAM	\$160.18
POULSON, ALLYSON	2021-09-01	VSP	FAM	\$23.76
POULSON, ALLYSON	2021-09-01	1581OPENAXESSBRONZ FAM		\$1480.09

UNITED PREMIUM FOODS
1 AMBOY AVE
WOODBIDGE, NJ 07095

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
RIVERA, CARLOS	2022-01-01	1581OPENAXESSBRONZ EE		\$467.36
RIVERA, CARLOS	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

UPLINE MOVING
30956 San Clemente Street
HAYWARD, CA 94544

Invoice Number: 4654-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

UPLINE MOVING

30956 San Clemente Street

HAYWARD, CA 94544

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BEGAY, DESIREE	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

UPSHIFT HR LLC

Invoice Number: 5548-2022-0

Invoice Month: APRIL

Billing Date: 03/15/2022

Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Family	2	\$160.18	\$320.36
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$344.12

** Prices vary in PRISM.

Individual prices shown in census.

UPSHIFT HR LLC

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HENRY, NICOLE	2022-03-01	GUARDHIGH	FAM	\$160.18
HENRY, NICOLE	2022-03-01	VSP	FAM	\$23.76
SEWARD, DARREN	2022-03-01	GUARDHIGH	FAM	\$160.18

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

VIA MODA GROUP
2370 N Terrace Ave
Milwaukee, WI 53211

Invoice Number: 4719-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0889OPENAXESSBRONZ	Employee Only	2	\$286.06	\$572.12
0889OPENAXESSBRONZ	Employee & Children	1	\$515.64	\$515.64
0889OPENAXESSBRONZ	Family	2	\$798.96	\$1,597.92
0889OPENAXESSBRONZ	Employee Only	3	\$286.06	\$858.18
0889OPENAXESSBRONZ	Employee & Children	1	\$515.64	\$515.64
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	5	\$47.61	\$238.05
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
GUARDLOW	Employee Only	3	\$29.44	\$88.32
GUARDLOW	Employee & Children	2	\$74.61	\$149.22
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Employee Only	9	\$8.75	\$78.75
VSP	Employee & Children	2	\$15.02	\$30.04
VSP	Family	2	\$23.76	\$47.52
			GRAND TOTAL	\$7,369.77

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

VIA MODA GROUP
2370 N Terrace Ave
Milwaukee, WI 53211

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BARSCH, SARA	2021-02-01	GUARDHIGH	EE	\$47.61
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
GERLOFF ROUZAN, VICKI	2022-01-01	VSP	EE	\$8.75
HENDRICKS, GABRIELLE	2022-01-01	0889OPENAXESSGOLDS	EE	\$415.17
HENDRICKS, GABRIELLE	2022-01-01	GUARDHIGH	EE	\$47.61
HENDRICKS, GABRIELLE	2022-01-01	VSP	EE	\$8.75
JONES, STEPHANIE	2022-01-01	0889OPENAXESSBRONZ	FAM	\$798.96
JONES, STEPHANIE	2022-01-01	GUARDLOW	EC	\$74.61
JONES, STEPHANIE	2022-01-01	VSP	EE	\$8.75
KING, KAREN	2022-01-01	VSP	EE	\$8.75
MATTHEWS, GERILYN	2022-04-01	0889OPENAXESSBRONZ	EC2	\$515.64
MATTHEWS, GERILYN	2022-04-01	GUARDLOW	FAM	\$100.74
MUELLER, CANDICE	2022-01-01	0889OPENAXESSGOLD	CEE	\$415.17
MUELLER, CANDICE	2022-01-01	GUARDHIGH	EE	\$47.61
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
ROSE, COURTNEY	2022-01-01	VSP	FAM	\$23.76
RUSCH, KAYLEN	2022-01-01	0889OPENAXESSBRONZ	EE	\$286.06
RUSSELL, BETH	2022-01-01	GUARDLOW	EC2	\$74.61
RUSSELL, BETH	2022-01-01	VSP	EC2	\$15.02

VIA MODA GROUP
2370 N Terrace Ave
Milwaukee, WI 53211

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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
TROLINGER, JESSICA	2022-01-01	VSP	EE	\$8.75
VAN DE SYPE, MIRIAM	2022-01-01	0889OPENAXESSBRONZ FAM		\$798.96
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	9
Employee & Spouse	0
Employee & Children	0
Family	3



Account Services

Monthly Statement

VIB BY BEST WESTERN
6201 N 24th Pkwy
PHOENIX, AZ 85016

Invoice Number: 4382-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1678OPENAXESSGOLD	Employee & Spouse Only	1	\$1,307.62	\$1,307.62
1678OPENAXESSGOLD	Family	1	\$1,961.43	\$1,961.43
1678OPENAXESSPLATI	Employee Only	6	\$784.50	\$4,707.00
1678OPENAXESSPLATI	Family	1	\$2,353.72	\$2,353.72
1678OPENAXESSSILVE	Employee Only	2	\$548.18	\$1,096.36
ADD	Employee Only	3	\$2.31**	\$22.05
GUARDHIGH	Employee Only	6	\$47.61	\$285.66
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee Only	3	\$29.44	\$88.32
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Employee Only	8	\$8.75	\$70.00
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$12,121.20

** Prices vary in PRISM.

Individual prices shown in census.

VIB BY BEST WESTERN
6201 N 24th Pkwy
PHOENIX, AZ 85016

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ANDERSON, ANDREA	2022-04-01	GUARDHIGH	EE	\$47.61
ANDERSON, ANDREA	2022-04-01	VSP	EE	\$8.75
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
BAHNER, CODY	2022-02-01	VSP	EE	\$8.75
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
BROWN, JOHNNY	2022-02-01	VSP	EE	\$8.75
CHAMBERS, CALLIE	2022-04-01	GUARDHIGH	EE	\$47.61
CHAMBERS, CALLIE	2022-04-01	1678OPENAXESSILVE	EE	\$548.18
CHAMBERS, CALLIE	2022-04-01	VSP	EE	\$8.75
HANSON, CYNTHIA	2022-01-01	GUARDHIGH	EE	\$47.61
HANSON, CYNTHIA	2022-01-01	1678OPENAXESSPLATI	EE	\$784.50
HANSON, CYNTHIA	2022-01-01	VSP	EE	\$8.75
MCCORMICK, LEAH	2022-04-01	ADD		\$2.31
MCCORMICK, LEAH	2022-04-01	GUARDLOW	FAM	\$100.74
MCCORMICK, LEAH	2022-04-01	1678OPENAXESSPLATI	FAM	\$2353.72
MCCORMICK, LEAH	2022-04-01	VSP	FAM	\$23.76
NEBGEN, ANDREW	2022-03-01	GUARDLOW	EE	\$29.44
NEBGEN, ANDREW	2022-03-01	1678OPENAXESSPLATI	EE	\$784.50
NEBGEN, ANDREW	2022-03-01	VSP	EE	\$8.75
SETTEFRATI, STEVEN	2022-03-01	GUARDLOW	EE	\$29.44
SETTEFRATI, STEVEN	2022-03-01	1678OPENAXESSPLATI	EE	\$784.50
SETTEFRATI, STEVEN	2022-03-01	VSP	EE	\$8.75
VILLAGOMEZ-CRUZ, ROSARIO	2022-03-01	GUARDLOW	EE	\$29.44

VIB BY BEST WESTERN
6201 N 24th Pkwy
PHOENIX, AZ 85016

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
VILLAGOMEZ-CRUZ, ROSARIO	2022-03-01	1678OPENAXESSILVE	EE	\$548.18
VILLAGOMEZ-CRUZ, ROSARIO	2022-03-01	VSP	EE	\$8.75
VOGT-NILSEN, ERIKA	2022-04-01	GUARDHIGH	EE	\$47.61
VOGT-NILSEN, ERIKA	2022-04-01	1678OPENAXESSPLATI	EE	\$784.50
WATKINS, DAVID	2021-08-01	1678OPENAXESSGOLD	FAM	\$1961.43
WILHELM, ASHLYNN	2022-04-01	GUARDHIGH	ES	\$89.81
WILHELM, ASHLYNN	2022-04-01	1678OPENAXESSGOLD	ES	\$1307.62
WILHELM, ASHLYNN	2022-04-01	VSP	ES	\$14.73

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

WAG N WASH MONUMENT
1150 W. BAPTIST RD
COLORADO SPRINGS, CO 80921

Invoice Number: 4701-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

WAG N WASH MONUMENT
1150 W. BAPTIST RD
COLORADO SPRINGS, CO 80921

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CARROS, JUSTIN	2020-11-01	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 PET FOOD AND BAKERY
5066 S. WADSWORTH BLVD
LITTLETON, CO 80123

Invoice Number: 4589-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	3	\$8.75	\$26.25
			GRAND TOTAL	\$103.30

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

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
MOORE, AMANDA	2022-01-01	GUARDLOW	EE	\$29.44
MOORE, AMANDA	2022-01-01	VSP	EE	\$8.75
RISBY, KRISTEN	2021-01-01	GUARDHIGH	EE	\$47.61
RISBY, KRISTEN	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

WAG N WASH SEATTLE WA
1932 QUEEN ANNE AVE N
SEATTLE, WA 98109

Invoice Number: 4618-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$8.82**	\$8.82
GUARDHIGH	Employee Only	5	\$47.61	\$238.05
GUARDLOW	Employee Only	3	\$29.44	\$88.32
VSP	Employee Only	7	\$8.75	\$61.25
			GRAND TOTAL	\$396.44

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

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
BURLESON, ALEXANDER	2022-01-01	VSP	EE	\$8.75
CIOTTI, DANTE	2022-01-01	GUARDLOW	EE	\$29.44
CIOTTI, DANTE	2022-01-01	VSP	EE	\$8.75
FARRAR, CARLY	2019-01-01	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
HAYDN, ARTHUR	2021-01-01	VSP	EE	\$8.75
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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
EDGE, SHELBY	2021-05-01	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 - SCOTTSDALE
7777 E INDIAN SCHOOL RD
SCOTTSDALE, AZ 85251

Invoice Number: 4159-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
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
			GRAND TOTAL	\$250.22

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

WAG N' WASH - SCOTTSDALE
7777 E INDIAN SCHOOL RD
SCOTTSDALE, AZ 85251

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BERMUDEZ, JANETTE	2022-01-01	GUARDLOW	EC2	\$74.61
CHAVEZ, DANIEL	2021-07-01	GUARDHIGH	ES	\$89.81
MATTES, ERIKA	2022-03-01	GUARDLOW	EE	\$29.44
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1643OPENAXESSBRONZ	Employee Only	1	\$487.36	\$487.36
1643OPENAXESSGOLD	Employee Only	1	\$653.81	\$653.81
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	\$1,230.33

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

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	2021-05-01	1643OPENAXESSGOLD	EE	\$653.81
KLOOSTER, ADAM	2021-11-01	GUARDHIGH	EE	\$47.61

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

WILD-OX CONSULTING, INC.
15508 Williston Rd
SILVER SPRING, MD 20905

Invoice Number: 4499-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1831OPENAXESS	SCOPPE Employee Only	1	\$495.83	\$495.83
			GRAND TOTAL	\$495.83

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

WILD-OX CONSULTING, INC.
15508 Williston Rd
SILVER SPRING, MD 20905

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CUSHMAN, GARDNER	2022-02-01	1831OPENAXESSCOPPE	EE	\$495.83

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$42.42**	\$42.42
GUARDHIGH	Family	1	\$160.18	\$160.18
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$226.36

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

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
YEE, STEPHANIE	2022-01-01	GUARDHIGH	FAM	\$160.18
YEE, STEPHANIE	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

WILSON ASSET MANAGEMENT
187 Wolf Rd Ste 101
ALBANY, NY 12205

Invoice Number: 4470-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

** Prices vary in PRISM.

Individual prices shown in census.

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

WIMBERLY GROUP REAL ESTATE

Invoice Number: 5768-2022-0

Invoice Month: APRIL

Billing Date: 03/15/2022

Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1937OPENAXESSCOPPE	Employee Only	1	\$495.83	\$495.83
1937OPENAXESSCOPPE	Employee & Spouse Only	1	\$1,012.26	\$1,012.26
1937OPENAXESSCOPPE	Family	1	\$1,419.92	\$1,419.92
			GRAND TOTAL	\$2,928.01

** Prices vary in PRISM.

Individual prices shown in census.

WIMBERLY GROUP REAL ESTATE

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MALONE, HOLLY	2022-03-01	1937OPENAXESSCOPPE	EE	\$495.83
SILVANI, LIANA	2022-03-01	1937OPENAXESSCOPPE	ES	\$1012.26
WIMBERLY, AMBER	2022-03-01	1937OPENAXESSCOPPE	FAM	\$1419.92

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	1
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

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
GAINES, CHRISTOPHER	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

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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.42**	\$0.42
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Spouse Only	2	\$14.73	\$29.46
			GRAND TOTAL	\$157.88

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

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
MORALES, BRANDON	2022-03-01	ADD		\$0.42
MORALES, BRANDON	2022-03-01	GUARDLOW	EE	\$29.44
MORALES, BRANDON	2022-03-01	VSP	EE	\$8.75
TOWNSLEY, JOHN	2022-01-01	GUARDHIGH	ES	\$89.81
TOWNSLEY, JOHN	2022-01-01	VSP	ES	\$14.73
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: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1778OPENAXESSGOLD	Employee Only	4	\$719.19	\$2,876.76
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	3	\$47.61	\$142.83
GUARDHIGH	Family	2	\$160.18	\$320.36
GUARDLOW	Employee Only	3	\$29.44	\$88.32
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	\$14,920.53

** Prices vary in PRISM.

Individual prices shown in census.

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	2021-11-01	GUARDHIGH		\$
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
GRITZER, MORGAN	2022-01-01	VSP	EE	\$8.75
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
TEASDALE, MADISON	2022-03-01	GUARDLOW	EE	\$29.44
TEASDALE, MADISON	2022-03-01	1778OPENAXESSGOLD	EE	\$719.19
TEASDALE, MADISON	2022-03-01	VSP	EE	\$8.75
THOMAS, MICHAEL	2022-01-01	1778OPENAXESSPLATI	ES	\$1726.05
WILSON, ALYSSA	2022-01-01	VSP	EE	\$8.75

WOOF GANG BAKERY INC.
7575 Dr Phillips Blvd Ste 275
ORLANDO, FL 32819

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WILSON, ALYSSA	2022-01-01	GUARDHIGH	EE	\$47.61
WILSON, ALYSSA	2022-01-01	1778OPENAXESSPLATI	EE	\$862.95

MEDICAL PLAN COUNTS

Employee Only	7
Employee & Spouse	1
Employee & Children	0
Family	3



Account Services

Monthly Statement

YOGA SIX OYSTER POINT
114 MONTELENA COURT
MOUNTAIN VIEW, CA 94040

Invoice Number: 4458-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

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

YOGA SIX OYSTER POINT
114 MONTELENA COURT
MOUNTAIN VIEW, CA 94040

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ERICKSON, BONNIE	2021-08-01	GUARDLOW	EE	\$29.44
ERICKSON, BONNIE	2021-08-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

YOGASIX MOUNTAIN VIEW

Invoice Number: 5531-2022-0
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

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

** Prices vary in PRISM.
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YOGASIX MOUNTAIN VIEW

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ERICKSON, BONNIE	2021-08-01	GUARDLOW	EE	\$29.44
ERICKSON, BONNIE	2021-08-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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