



Account Services

Monthly Statement

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

Invoice Number: JAC2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

| PLAN | COVERAGE | QTY | PRICE | TOTAL |
|-------------|---------------|-----|-------------|------------|
| 1866OPENAXE | 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.

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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 | 1866OPENAXE | 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 |