



Account Services

Monthly Statement

DEMO COMPANY
123 MAIN ST
COLUMBIA, MD 21044

Invoice Number: DEM2022-04
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.

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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	ADD		\$1.26
CRAIG, MIA	2022-01-01	GUARDHIGH	EE	\$47.61
CRAIG, MIA	2022-01-01	VSP	EE	\$8.75
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