



## Account Services

### Monthly Statement

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

Invoice Number: CAI2022-04  
Invoice Month: APRIL  
Billing Date: 03/15/2022  
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1609OPENAXE	Employee Only	1	\$653.81	\$653.81
1609OPENAXE	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.

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PETERSEN, DONALD	2021-03-01	1609OPENAXE	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	1609OPENAXE	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	1609OPENAXE	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