



Account Services

Monthly Statement

TALEM HOME CARE
80 GARDEN CTR
BROOMFIELD, CO 80020

Invoice Number: TAL2022-04
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
OPENAXESSBR	Family	1	\$1,332.08	\$1,332.08
OPENAXESSGO	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	OPENAXESSBR	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	OPENAXESSGO	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	OPENAXESSGO	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