



Account Services

Monthly Statement

BEST WESTERN PLUS FRONTIER
8101 HUTCHINS DR
CHEYENNE, WY 82007

Invoice Number: BES2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1738OPENAXE	Employee Only	1	\$495.38	\$495.38
1738OPENAXE	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	1738OPENAXE	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	1738OPENAXE	EE	\$495.38

MEDICAL PLAN COUNTS

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