



Account Services

Monthly Statement

1804-SENIOR HELPERS - CROWN POINT
405 N MAIN ST
CROWN POINT, IN 46307

Invoice Number: 1802022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$65.11

** Prices vary in PRISM.
Individual prices shown in census.

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405 N MAIN ST
CROWN POINT, IN 46307

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CULLEY, MARGARET	2019-01-01	VSP	EE	\$8.75
STUCKERT, MICHAEL	2022-01-01	GUARDHIGH	EE	\$47.61
STUCKERT, MICHAEL	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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