

Account Services

Monthly Statement

K-1 LOGISTICS 26 PAPETTI PLAZA ELIZABETH, NJ 07206 Invoice Number: K-12022-04 Invoice Month: APRIL Billing Date: 03/15/2022 Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1454OPENAXE	Employee Only	2	\$487.36	\$974.72
1454OPENAXE	Employee Only	1	\$450.75	\$450.75
1454OPENAXE	Employee & Spouse Only	1	\$920.24	\$920.24
1454OPENAXE	Employee & Children	2	\$825.52	\$1,651.04
1454OPENAXE	Employee Only	5	\$653.81	\$3,269.05
ADD	Employee Only	2	\$4.20**	\$25.20
GUARDHIGH	Employee Only	6	\$47.61	\$285.66
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee Only	4	\$8.75	\$35.00
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$7,701.29

^{**} Prices vary in PRISM. Individual prices shown in census.



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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DIAZ SALGADO, DANIELA	2022-01-01	1454OPENAXE	EC	\$825.52
DIAZ SALGADO, DANIELA	2022-01-01	GUARDHIGH	EE	\$47.61
MAIZ, ERWIN	2022-01-01	ADD		\$21.00
MATA, JOSE	2022-01-01	1454OPENAXE	EE	\$653.81
MATA, JOSE	2022-01-01	GUARDHIGH	EE	\$47.61
MATA, JOSE	2022-01-01	VSP	EE	\$8.75
PALLARES, ELYSSA	2022-01-01	ADD		\$4.20
PENDLETON, JERMAINE	2021-07-01	1454OPENAXE	EC	\$825.52
PENDLETON, JERMAINE	2021-11-01	GUARDLOW	EC	\$74.61
PENDLETON, JERMAINE	2021-07-01	VSP	EC	\$15.02
QUEZADA, LUIS	2021-12-01	1454OPENAXE	EE	\$653.81
RAMOS, JUAN	2022-01-01	1454OPENAXE	EE	\$487.36
RAMOS, JUAN	2022-01-01	GUARDHIGH	EE	\$47.61
RAMOS, JUAN	2022-01-01	VSP	EE	\$8.75
REYES, JUAN	2022-01-01	1454OPENAXE	EE	\$653.81
REYES, JUAN	2022-01-01	GUARDHIGH	EE	\$47.61
RODRIGUEZ, MICHAEL	2022-01-01	1454OPENAXE	EE	\$487.36
RODRIGUEZ, MICHAEL	2022-01-01	GUARDHIGH	EE	\$47.61
RODRIGUEZ, MICHAEL	2022-01-01	VSP	EE	\$8.75
ROLDAN, MIRIAM	2022-01-01	1454OPENAXE	EE	\$653.81
ROLDAN, MIRIAM	2022-01-01	GUARDHIGH	EE	\$47.61
ROLDAN, MIRIAM	2022-01-01	VSP	EE	\$8.75
SPANN, WILLIAM	2021-04-01	1454OPENAXE	EE	\$653.81
SULTAN, RAFAY	2022-01-01	1454OPENAXE	ES	\$920.24
TEJADA, JOSE	2021-01-01	1454OPENAXE	EE	\$450.75



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CURRENT MONTH ENROLLMENT	CONTINUED))
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MEMBER NAME EFF DATE PLAN COVERAGE PRICE

MEDICAL PLAN COUNTS Employee Only 8 Employee & Spouse 1 Employee & Children 2 Family 0