



## Account Services

### Monthly Statement

GREYHAWK INSURANCE  
25129 The Old Rd Ste 214  
STEVENSON RANCH, CA 91381

Invoice Number: GRE2022-04  
Invoice Month: APRIL  
Billing Date: 03/15/2022  
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1760OPENAXE	Employee & Spouse Only	1	\$1,438.38	\$1,438.38
1760OPENAXE	Family	2	\$2,157.57	\$4,315.14
GUARDHIGH	Family	2	\$160.18	\$320.36
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Family	2	\$23.76	\$47.52
			GRAND TOTAL	\$6,185.69

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

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CLARKE, DANIEL	2022-01-01	GUARDHIGH	FAM	\$160.18
CLARKE, DANIEL	2022-01-01	1760OPENAXE	FAM	\$2157.57
CLARKE, DANIEL	2022-01-01	VSP	FAM	\$23.76
DEAVER, CHARLIE	2022-01-01	GUARDHIGH	FAM	\$160.18
DEAVER, CHARLIE	2022-01-01	1760OPENAXE	FAM	\$2157.57
DEAVER, CHARLIE	2022-01-01	VSP	FAM	\$23.76
HANCKEL, JESSE	2022-02-01	1760OPENAXE	ES	\$1438.38
HANCKEL, JESSE	2022-02-01	VSP	EE	\$8.75
HANCKEL, JESSE	2022-02-01	GUARDLOW	ES	\$55.54

## MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	1
Employee & Children	0
Family	2