

Account Services

Monthly Statement

STELLAR TRANSPORT 4720 Salisbury Rd Ste 215 JACKSONVILLE, FL 32256 Invoice Number: STE2022-04
Invoice Month: APRIL

Billing Date: 03/15/2022 Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD GUARDHIGH	Employee Only Employee Only	1 2	\$0.42** \$47.61	\$0.42 \$95.22
			GRAND TOTAL	\$95.64

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



Account Services

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
TAYLOR, TANYELLE	2022-03-01	GUARDHIGH	EE	\$47.61
WILLIAMS JR, ELIJAH WILLIAMS JR, ELIJAH	2022-02-01 2022-02-01	ADD GUARDHIGH	EE	\$0.42 \$47.61

MEDICAL PLAN COU	NTS
Employee Only	0
Employee & Spouse	0
Employee & Children	0
Family	0