

Account Services

Monthly Statement

TEMUJIN 11 CT, LLC DBA SUPERCUTS

800 Westchester Avenue

Rye Brook, NY 10573

Billing Date:
Payment Due Date:

O3/31/2022

PLAN

COVERAGE

QTY

PRICE

TEM2022-04

Invoice Number:
TEM2022-04

APRIL

Billing Date:
03/15/2022

Payment Due Date:
TOTAL

PLAN	COVERAGE	QTY	PRICE	TOTAL
0893OPENAXE	Employee Only	2	\$495.83	\$991.66
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$1,104.38

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



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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CALLAHAN, ALISON	2021-09-01	0893OPENAXE	EE	\$495.83
LINDROTH, LISSA	2022-01-01	GUARDHIGH	EE	\$47.61
LINDROTH, LISSA	2022-01-01	VSP	EE	\$8.75
PEREZ, DAVINA	2018-10-01	GUARDHIGH	EE	\$47.61
PEREZ, DAVINA	2021-09-01	0893OPENAXE	EE	\$495.83
PEREZ, DAVINA	2019-07-01	VSP	EE	\$8.75

MEDICAL PLAN COUR	VIS
Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0