



Account Services

Monthly Statement

SWA GROUP
2200 BRIDGEWAY
SAUSALITO, CA 94965

Invoice Number: SWA2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1902OPENAXE	Employee Only	2	\$784.57	\$1,569.14
ADD	Employee Only	1	\$2.10**	\$2.10
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$1,618.85

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

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SAUSALITO, CA 94965

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DOMLESKY, ANYA	2022-02-01	1902OPENAXE	EE	\$784.57
LINDLEY, CARSON	2022-02-01	1902OPENAXE	EE	\$784.57
LINDLEY, CARSON	2022-02-01	ADD		\$2.10
LINDLEY, CARSON	2022-02-01	GUARDHIGH	EE	\$47.61

MEDICAL PLAN COUNTS

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