

Account Services

Monthly Statement

DTX DIGITAL TRANSFORMATION 43661 Catton Pl ASHBURN, VA 20147 Invoice Number: DTX2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022

Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1740OPENAXE	Employee & Children	1	\$986.92	\$986.92
1740OPENAXE	Employee Only	1	\$450.75	\$450.75
1740OPENAXE	Employee Only	1	\$653.81	\$653.81
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$2,262.68

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



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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
AZHAR, SAKINA	2021-09-01	GUARDHIGH	EC2	\$117.99
AZHAR, SAKINA	2021-09-01	1740OPENAXE	EC2	\$986.92
AZHAR, SAKINA	2021-09-01	VSP	EC2	\$15.02
MAHDI, AHMED	2022-01-01	GUARDLOW	EE	\$29.44
MAHDI, AHMED	2022-01-01	1740OPENAXE	EE	\$653.81
MAHDI, AHMED	2022-01-01	VSP	EE	\$8.75
MEHTA, MANSI	2022-04-01	1740OPENAXE	EE	\$450.75

MEDICAL PLAN COU	NTS
Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0