



Account Services

Monthly Statement

IRBM INC
420 COLUMBUS AVE, STE 304
VALHALLA, NY 10595

Invoice Number: IRB2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1757OPENAXE	Employee Only	1	\$495.83	\$495.83
1757OPENAXE	Employee & Spouse Only	1	\$1,438.38	\$1,438.38
ADD	Employee Only	1	\$21.00**	\$21.00
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$2,097.94

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

IRBM INC
420 COLUMBUS AVE, STE 304
VALHALLA, NY 10595

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HICKOK, JASON	2022-01-01	GUARDLOW	EE	\$29.44
HICKOK, JASON	2022-01-01	1757OPENAXE	EE	\$495.83
HICKOK, JASON	2022-01-01	VSP	EE	\$8.75
LUCHE, MICHELE	2022-01-01	ADD		\$21.00
LUCHE, MICHELE	2022-01-01	GUARDHIGH	ES	\$89.81
LUCHE, MICHELE	2022-01-01	1757OPENAXE	ES	\$1438.38
LUCHE, MICHELE	2022-01-01	VSP	ES	\$14.73

MEDICAL PLAN COUNTS

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