

Account Services

Monthly Statement

BEST WESTERN PLUS OVERLAND INN ,			Invoice Number: Invoice Month: Billing Date: Payment Due Date:	BES2022-04 APRIL 03/15/2022 03/31/2022
PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$56.36

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



Account Services

BEST WESTERN PLUS OVERLAND INN

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MILLS, JENNAYA	2022-04-01	GUARDHIGH	EE	\$47.61
MILLS, JENNAYA	2022-04-01	VSP	EE	\$8.75

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