



Account Services

Monthly Statement

ONE FOR ISRAEL
1300 Glade RD
COLLEYVILLE, TX 76034

Invoice Number: ONE2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDLOW	Employee Only	5	\$29.44	\$147.20
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
GUARDLOW	Family	4	\$100.74	\$402.96
VSP	Employee Only	6	\$8.75	\$52.50
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Family	3	\$23.76	\$71.28
			GRAND TOTAL	\$839.43

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

ONE FOR ISRAEL
1300 Glade RD
COLLEYVILLE, TX 76034

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BAREFIELD, SHALIMAR	2022-01-01	GUARDLOW	EE	\$29.44
BAREFIELD, SHALIMAR	2022-01-01	VSP	EE	\$8.75
EDDY DEBROEKERT, REBECCA	2022-01-01	GUARDLOW	EE	\$29.44
EDDY DEBROEKERT, REBECCA	2022-01-01	VSP	EE	\$8.75
HART, BENJAMIN	2021-11-01	GUARDLOW	EE	\$29.44
HART, BENJAMIN	2021-11-01	VSP	EE	\$8.75
JOSEY, JORDAN	2021-12-01	GUARDLOW	EE	\$29.44
JOSEY, JORDAN	2021-12-01	VSP	EE	\$8.75
KLEMCKE, MARCI	2022-01-01	GUARDHIGH	EE	\$47.61
KLEMCKE, MARCI	2021-11-01	VSP	EE	\$8.75
MASSEY, JOSHUA	2022-01-01	GUARDLOW	FAM	\$100.74
MASSEY, JOSHUA	2022-01-01	VSP	FAM	\$23.76
MCINTYRE, KIM	2020-01-01	GUARDLOW	EE	\$29.44
MCINTYRE, KIM	2020-01-01	VSP	EE	\$8.75
ROOT, GINA	2022-01-01	GUARDLOW	FAM	\$100.74
ROWDEN, DEREK	2022-01-01	GUARDLOW	FAM	\$100.74
ROWDEN, DEREK	2022-01-01	VSP	FAM	\$23.76
SCHULZE, LEAH	2022-01-01	GUARDHIGH		\$
SCHULZE, LEAH	2021-02-01	GUARDLOW	ES	\$55.54
SCHULZE, LEAH	2022-01-01	VSP	ES	\$14.73
SCOTT, DEREK	2022-01-01	GUARDLOW	FAM	\$100.74
SCOTT, DEREK	2022-01-01	VSP	FAM	\$23.76

MEDICAL PLAN COUNTS

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