

Account Services

Monthly Statement

2913C-SENIOR HELPERS - ST. LOUIS 12300 Old Tesson Road SAINT LOUIS, MO 63128 Invoice Number: 2912022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH VSP	Employee Only Employee Only	1 1	\$47.61 \$8.75	\$47.61 \$8.75
			GRAND TOTAL	\$56.36

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



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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KOENIGS, SIGRID	2019-01-01	GUARDHIGH	EE	\$47.61
KOENIGS, SIGRID	2019-01-01	VSP	EE	\$8.75

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