



## Account Services

### Monthly Statement

WECONNECT GLOBAL  
1013 Centre Rd Ste 403B  
WILMINGTON, DE 19805

Invoice Number: WEC2022-04  
Invoice Month: APRIL  
Billing Date: 03/15/2022  
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1643OPENAXE	Employee Only	1	\$487.36	\$487.36
1643OPENAXE	Employee Only	1	\$653.81	\$653.81
ADD	Employee Only	1	\$3.36**	\$3.36
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$1,230.33

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

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BEGUE, DEREK	2022-01-01	1643OPENAXE	EE	\$487.36
BEGUE, DEREK	2022-01-01	ADD		\$3.36
BEGUE, DEREK	2022-01-01	GUARDLOW	EE	\$29.44
BEGUE, DEREK	2022-01-01	VSP	EE	\$8.75
KLOOSTER, ADAM	2021-05-01	1643OPENAXE	EE	\$653.81
KLOOSTER, ADAM	2021-11-01	GUARDHIGH	EE	\$47.61

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0