



Account Services

Monthly Statement

PMI BUCKEYE SERVICES

Invoice Number: PMI2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Family	1	\$160.18	\$160.18
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$183.94

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

PMI BUCKEYE SERVICES

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
INGRAM, DONALD	2022-03-01	GUARDHIGH	FAM	\$160.18
INGRAM, DONALD	2022-03-01	VSP	FAM	\$23.76

MEDICAL PLAN COUNTS

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