



Account Services

Monthly Statement

3405-SENIOR HELPERS - PARAMUS
22 Madison Ave
PARAMUS, NJ 07652

Invoice Number: 4283-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSESSENTIAL	Employee & Children	1	\$823.50	\$823.50
OPENAXESSPRIME	Employee Only	1	\$660.11	\$660.11
OPENAXESSPRIME	Employee & Spouse Only	1	\$1,319.58	\$1,319.58
OPENAXESSPRIME	Employee & Children	1	\$823.50	\$1,195.22
			GRAND TOTAL	\$3,998.41

3405-SENIOR HELPERS - PARAMUS

22 Madison Ave

PARAMUS, NJ 07652

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
EGE, LISA	2023-01-01	OPENAXESSPRIME	EE	\$660.11
NICHOLAS, KENNETH	2023-01-01	OPENAXESSPRIME	ES	\$1319.58
PANDO, YAMILA	2023-01-01	OPENAXESSESSENTIAL	EC	\$823.50
SUTCLIFFE, KIMLEY	2023-01-01	OPENAXESSPRIME	EC	\$1195.22

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	1
Employee & Children	2
Family	0



Account Services
Monthly Statement

ACE HANDYMAN SERVICES SOUTH CHARLOTTE
1312 MATTHEWS MINT HILL ROAD
MATTHEWS, NC 28105

Invoice Number: 4118-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSGOLD	Employee Only	1	\$686.44	\$686.44
			GRAND TOTAL	\$686.44

ACE HANDYMAN SERVICES SOUTH CHARLOTTE
1312 MATTHEWS MINT HILL ROAD
MATTHEWS, NC 28105

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
STRANIX, DAVID	2023-01-01	OPENAXESSGOLD	EE	\$686.44

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services
Monthly Statement

ACME HOTEL COMPANY
15 E OHIO STREET
CHICAGO, IL 60611

Invoice Number: 4135-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSESSENTIAL	Employee Only	2	\$473.24	\$946.48
OPENAXESSPRIME	Employee Only	2	\$636.37	\$1,272.74
			GRAND TOTAL	\$2,219.22

ACME HOTEL COMPANY
15 E OHIO STREET
CHICAGO, IL 60611

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CUNNINGHAM, JENNIFER	2023-01-01	OPENAXESSPRIME	EE	\$636.37
MANRIQUEZ, PEDRO	2023-01-01	OPENAXESSESSENTIAL	EE	\$473.24
MARBAN, MARIA	2023-01-01	OPENAXESSPRIME	EE	\$636.37
WASHINGTON, JEROME	2023-01-01	OPENAXESSESSENTIAL	EE	\$473.24

MEDICAL PLAN COUNTS

Employee Only	4
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

AMADA SENIOR CARE MESA
1660 S ALMA SCHOOL RD
MESA, AZ 85210

Invoice Number: 4634-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSBRONZE	Employee Only	1	\$511.68	\$511.68
OPENAXESSSILVER	Employee & Spouse Only	1	\$1,151.07	\$1,151.07
			GRAND TOTAL	\$1,662.75

AMADA SENIOR CARE MESA
1660 S ALMA SCHOOL RD
MESA, AZ 85210

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
EIDE, HOLLY	2023-01-01	OPENAXESSSILVER	ES	\$1151.07
PATMOS, KRISTINE	2023-01-01	OPENAXESSBRONZE	EE	\$511.68

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	1
Employee & Children	0
Family	0



Account Services
Monthly Statement

ATH GROUP, LLC

Invoice Number: 6027-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSGOLD	Employee Only	1	\$776.66	\$776.66
			GRAND TOTAL	\$776.66

ATH GROUP, LLC

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HARARY, ABRAHAM	2023-01-01	OPENAXESSGOLD	EE	\$776.66

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

ATSUMI & SAKAI NEW YORK

Invoice Number: 5547-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSBRONZE	Employee Only	1	\$562.85	\$562.85
			GRAND TOTAL	\$562.85

ATSUMI & SAKAI NEW YORK

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KATSUMI, MASANARI	2023-01-01	OPENAXESSBRONZE	EE	\$562.85

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

BANYAN LIVING OHIO, LLC

Invoice Number: 5988-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSBRONZE	Employee Only	3	\$604.62	\$1,813.86
OPENAXESSBRONZE	Employee & Spouse Only	1	\$1,300.07	\$1,300.07
OPENAXESSCOPPER	Employee Only	7	\$544.16	\$3,809.12
OPENAXESSGOLD	Employee Only	11	\$738.98	\$8,128.78
OPENAXESSPLATINUM	Employee Only	4	\$812.88	\$3,251.52
OPENAXESSSILVER	Employee Only	5	\$671.80	\$3,359.00
			GRAND TOTAL	\$21,662.35

BANYAN LIVING OHIO, LLC

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALHEIT, DAVID	2023-01-01	OPENAXESSCOPPER	EE	\$544.16
BRYNER, MARK	2023-01-01	OPENAXESSSILVER	EE	\$671.80
CASDORPH, LINDSEY	2023-01-01	OPENAXESSCOPPER	EE	\$544.16
CHURCH, DAVID	2023-01-01	OPENAXESSSILVER	EE	\$671.80
CONNER, JOHN	2023-01-01	OPENAXESSGOLD	EE	\$738.98
DAVIS, ALFONSO	2023-01-01	OPENAXESSGOLD	EE	\$738.98
DE MENEZES, JOSIMAR	2023-01-01	OPENAXESSCOPPER	EE	\$544.16
ECHOLS, JENNIFER	2023-01-01	OPENAXESSBRONZE	EE	\$604.62
EICKHOLT, JOSHUA	2023-01-01	OPENAXESSBRONZE	EE	\$604.62
FERRELL, JAMES	2023-01-01	OPENAXESSPLATINUM	EE	\$812.88
JOHNSON, RACHEL	2023-01-01	OPENAXESSGOLD	EE	\$738.98
JOHNSTONE, TAYLER	2023-01-01	OPENAXESSGOLD	EE	\$738.98
LAB, MICHAEL	2023-01-01	OPENAXESSCOPPER	EE	\$544.16
LAURENTI, BRYCE	2023-01-01	OPENAXESSSILVER	EE	\$671.80
LAUTZENHEISER, CHLOE	2023-01-01	OPENAXESSGOLD	EE	\$738.98
MCCLELLAND, DIANNA	2023-01-01	OPENAXESSCOPPER	EE	\$544.16
MOORE, KAITLIN	2023-01-01	OPENAXESSSILVER	EE	\$671.80
MURESAN, SEBASTIAN	2023-01-01	OPENAXESSSILVER	EE	\$671.80
PHILLIPOU, PHILLIP	2023-01-01	OPENAXESSBRONZE	ES	\$1300.07

BANYAN LIVING OHIO, LLC

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CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PREDMETSKEY, AMY	2023-01-01	OPENAXESSCOPPER	EE	\$544.16
PUSCAS, MARIA	2023-01-01	OPENAXESSBRONZE	EE	\$604.62
REID, NATHANIEL	2023-01-01	OPENAXESSGOLD	EE	\$738.98
RENNER, JEFFREY	2023-01-01	OPENAXESSCOPPER	EE	\$544.16
RUBY, MAKELA	2023-01-01	OPENAXESSGOLD	EE	\$738.98
SNAY, TODD	2023-01-01	OPENAXESSPLATINUM	EE	\$812.88
SPASIC, ASHTON	2023-01-01	OPENAXESSGOLD	EE	\$738.98
TRIFU, CLAUDIA	2023-01-01	OPENAXESSPLATINUM	EE	\$812.88
TRIFU, ETHENIEL	2023-01-01	OPENAXESSPLATINUM	EE	\$812.88
WEHR, ASHLEY	2023-01-01	OPENAXESSGOLD	EE	\$738.98
WHITE, ALYSSA	2023-01-01	OPENAXESSGOLD	EE	\$738.98
WILLS-MCCRARY, JOEY	2023-01-01	OPENAXESSGOLD	EE	\$738.98

MEDICAL PLAN COUNTS

Employee Only	30
Employee & Spouse	1
Employee & Children	0
Family	0



Account Services
Monthly Statement

BEST WESTERN LAKE GEORGE

Invoice Number: 6029-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSSILVER	Employee Only	2	\$651.18	\$1,302.36
			GRAND TOTAL	\$1,302.36

BEST WESTERN LAKE GEORGE

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MARR, CAROLE	2023-01-01	OPENAXESSSILVER	EE	\$651.18
TROMBLEY, JESSICA	2023-01-01	OPENAXESSSILVER	EE	\$651.18

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

BEST WESTERN PLUS HAWTHORNE TERRACE
3434 N BROADWAY AVE
CHICAGO, IL 60657

Invoice Number: 4134-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSPREMIUM	Employee Only	4	\$603.30	\$2,413.20
OPENAXESSPRIME	Employee Only	3	\$686.37	\$2,059.11
			GRAND TOTAL	\$4,472.31

BEST WESTERN PLUS HAWTHORNE TERRACE
3434 N BROADWAY AVE
CHICAGO, IL 60657

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ARGUDO, ANNA	2023-01-01	OPENAXESSPREMIUM	EE	\$603.30
LUNA, JOSE LUIS	2023-01-01	OPENAXESSPREMIUM	EE	\$603.30
OCAMPO, ESMERALDA	2023-01-01	OPENAXESSPREMIUM	EE	\$603.30
PINEDA, CARLOS	2023-01-01	OPENAXESSPRIME	EE	\$686.37
ROUSE, RHONDA	2023-01-01	OPENAXESSPREMIUM	EE	\$603.30
VAZQUEZ, AZUCENA	2023-01-01	OPENAXESSPRIME	EE	\$686.37
VAZQUEZ, MELENY	2023-01-01	OPENAXESSPRIME	EE	\$686.37

MEDICAL PLAN COUNTS

Employee Only	7
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

BIONAP USA INC.
420 COLUMBUS AVE STE 304
VALHALLA, NY 10595

Invoice Number: 4417-2023-0
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSGOLD	Employee Only	1	\$686.44	\$686.44
OPENAXESSGOLD	Employee & Spouse Only	1	\$1,372.87	\$1,372.87
OPENAXESSSILVER	Employee Only	1	\$575.33	\$575.33
			GRAND TOTAL	\$2,634.64

BIONAP USA INC.
420 COLUMBUS AVE STE 304
VALHALLA, NY 10595

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BLACKWOOD, JODI-ANN	2023-01-01	OPENAXESSSILVER	EE	\$575.33
RIS, TYLER	2023-01-01	OPENAXESSGOLD	ES	\$1372.87
STRAGAPEDE, MARINO	2023-01-01	OPENAXESSGOLD	EE	\$686.44

MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	1
Employee & Children	0
Family	0



Account Services
Monthly Statement

BLUEFROG PLUMBING & DRAIN - WEST HOUSTON
22003 Chesterwick Dr
KATY, TX 77450

Invoice Number: 4276-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSCOPPER	Family	1	\$1,219.73	\$1,219.73
			GRAND TOTAL	\$1,219.73

BLUEFROG PLUMBING & DRAIN - WEST HOUSTON
22003 Chesterwick Dr
KATY, TX 77450

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FRISCO, CHRISTOPHER	2023-01-01	OPENAXESSCOPPER	FAM	\$1219.73

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services
Monthly Statement

BRAINBOX CONSULTING NORTH AMERICA, LLC

Invoice Number: 6082-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSCOPPER	Employee & Children	1	\$980.63	\$980.63
			GRAND TOTAL	\$980.63

BRAINBOX CONSULTING NORTH AMERICA, LLC

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
JONES, JAIME	2023-01-01	OPENAXESSCOPPER	EC	\$980.63

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	0
Employee & Children	1
Family	0



Account Services
Monthly Statement

BUDGET BLINDS OF CAPE CORAL
12431 MCGREGOR BLVD
FORT MYERS, FL 33919

Invoice Number: 4551-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSBRONZE	Employee Only	1	\$562.85	\$562.85
			GRAND TOTAL	\$562.85

BUDGET BLINDS OF CAPE CORAL
12431 MCGREGOR BLVD
FORT MYERS, FL 33919

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LAWRENCE, MICHELLE	2023-01-01	OPENAXESSBRONZE	EE	\$562.85

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

BUDGET BLINDS OF SAN LEANDRO
900 DOOLITTLE DRIVE #2A
SAN LEANDRO, CA 94577

Invoice Number: 4280-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSGOLD	Employee & Spouse Only	1	\$1,372.87	\$1,372.87
			GRAND TOTAL	\$1,372.87

BUDGET BLINDS OF SAN LEANDRO
900 DOOLITTLE DRIVE #2A
SAN LEANDRO, CA 94577

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
TAYLOR, LEA	2023-01-01	OPENAXESSGOLD	ES	\$1372.87

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	1
Employee & Children	0
Family	0



Account Services
Monthly Statement

BUILDING KIDZ SCHOOL OF SAN CARLOS
1633 LAUREL STREET
SAN CARLOS, CA 94070

Invoice Number: 4213-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSPLATINUM	Employee Only	1	\$906.01	\$906.01
			GRAND TOTAL	\$906.01

BUILDING KIDZ SCHOOL OF SAN CARLOS
1633 LAUREL STREET
SAN CARLOS, CA 94070

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FRIEDLIN, LINDA	2023-01-01	OPENAXESSPLATINUM EE		\$906.01

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

CHAOS INTELLIGENCE INC
640 N Wells St Apt 1313
CHICAGO, IL 60654

Invoice Number: 4360-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSBRONZE	Employee Only	1	\$511.68	\$511.68
OPENAXESSGOLD	Employee Only	1	\$686.44	\$686.44
			GRAND TOTAL	\$1,198.12

CHAOS INTELLIGENCE INC
640 N Wells St Apt 1313
CHICAGO, IL 60654

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FICHO, BRIAN	2023-01-01	OPENAXESSBRONZE	EE	\$511.68
FOSTER, ZACHARY	2023-01-01	OPENAXESSGOLD	EE	\$686.44

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

CIELO24
1221 STATE STREET
SANTA BARBARA, CA 93101

Invoice Number: 4248-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSGOLD	Family	1	\$1,648.20	\$1,648.20
OPENAXESSPLATINUM	Employee Only	5	\$687.51	\$3,437.55
OPENAXESSPLATINUM	Family	1	\$1,734.94	\$1,734.94
			GRAND TOTAL	\$6,820.69

CIELO24
1221 STATE STREET
SANTA BARBARA, CA 93101

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ESQUEDA, LIZZETTE	2023-01-01	OPENAXESSPLATINUM FAM		\$1734.94
HAERING, DAVID	2023-01-01	OPENAXESSPLATINUM EE		\$687.51
MCALLISTER, KYLE	2023-01-01	OPENAXESSPLATINUM EE		\$687.51
PARK, MITCHELL	2023-01-01	OPENAXESSPLATINUM EE		\$687.51
SAMARASINGHE, KRISTI	2023-01-01	OPENAXESSGOLD	FAM	\$1648.20
SOTTAK, CARA	2023-01-01	OPENAXESSPLATINUM EE		\$687.51
STEWART, NICOLE	2023-01-01	OPENAXESSPLATINUM EE		\$687.51

MEDICAL PLAN COUNTS

Employee Only	5
Employee & Spouse	0
Employee & Children	0
Family	2



Account Services
Monthly Statement

CLEAN AIR LAWN CARE
PO BOX 2087
FORT COLLINS, CO 80522

Invoice Number: 4731-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSGOLD	Employee Only	2	\$758.92	\$1,517.84
			GRAND TOTAL	\$1,517.84

CLEAN AIR LAWN CARE
PO BOX 2087
FORT COLLINS, CO 80522

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GIARD, KELLY	2023-01-01	OPENAXESSGOLD	EE	\$758.92
MARTIN, DAWN	2023-01-01	OPENAXESSGOLD	EE	\$758.92

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

CLICK MEDIA & MANAGEMENT

Invoice Number: 6158-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSSILVER	Employee Only	1	\$651.18	\$651.18
			GRAND TOTAL	\$651.60

CLICK MEDIA & MANAGEMENT

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WATKINS, GRACE	2023-01-01	OPENAXESSSILVER	EE	\$651.18

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

COMFORT INN MECHANICSBURG
1012 WESLEY DRIVE
MECHANICSBURG, PA 17055

Invoice Number: 4740-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSESSENTIAL	Employee Only	1	\$514.14	\$514.14
OPENAXESSPREMIUM	Employee Only	1	\$618.60	\$618.60
			GRAND TOTAL	\$1,132.74

COMFORT INN MECHANICSBURG
1012 WESLEY DRIVE
MECHANICSBURG, PA 17055

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BANGOUP, VIRGINIA	2023-01-01	OPENAXESSESSENTIAL	EE	\$514.14
KENNEDY, ANGELA	2023-01-01	OPENAXESSPREMIUM	EE	\$618.60

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

COMMUNITY SETTLEMENTS
340 East Patrick Street
FREDERICK, MD 21701

Invoice Number: 4312-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSGOLD	Employee Only	1	\$755.08	\$755.08
OPENAXESSGOLD	Employee & Spouse Only	1	\$1,510.16	\$1,510.16
			GRAND TOTAL	\$2,265.24

COMMUNITY SETTLEMENTS

340 East Patrick Street
FREDERICK, MD 21701

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BURHANS, KATHRYN	2023-01-01	OPENAXESSGOLD	ES	\$1510.16
WILLETT, CATHY	2023-01-01	OPENAXESSGOLD	EE	\$755.08

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	1
Employee & Children	0
Family	0



Account Services

Monthly Statement

CONSOLIDATED PACKAGING GROUP

Invoice Number: 5764-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSGOLD	Employee Only	16	\$896.75	\$14,348.00
OPENAXESSGOLD	Employee & Spouse Only	4	\$1,848.55	\$7,394.20
OPENAXESSGOLD	Employee & Children	6	\$1,675.48	\$10,052.88
OPENAXESSGOLD	Family	1	\$2,627.28	\$2,627.28
OPENAXESSPLATINUM	Employee Only	4	\$983.27	\$3,933.08
OPENAXESSPLATINUM	Employee & Spouse Only	2	\$2,030.25	\$4,060.50
OPENAXESSSILVER	Employee Only	20	\$818.09	\$16,361.80
OPENAXESSSILVER	Employee & Spouse Only	6	\$1,683.36	\$10,100.16
OPENAXESSSILVER	Employee & Children	1	\$1,683.36	\$1,526.03
OPENAXESSSILVER	Family	2	\$2,391.29	\$4,782.58
			GRAND TOTAL	\$75,195.26

CONSOLIDATED PACKAGING GROUP

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ANDERSON, KYE	2023-01-01	OPENAXESSGOLD	EC	\$1675.48
ARNOLD, MARK	2023-01-01	OPENAXESSGOLD	EE	\$896.75
ARROYO, ELESVAN	2023-01-01	OPENAXESSSILVER	EE	\$818.09
BARTLEY, KEN	2023-01-01	OPENAXESSGOLD	FAM	\$2627.28
BEEBE, TINA	2023-01-01	OPENAXESSGOLD	EE	\$896.75
BELLMAN, GREGORY	2023-01-01	OPENAXESSPLATINUM	EE	\$983.27
BOWLING, LESTER	2023-01-01	OPENAXESSGOLD	EE	\$896.75
BROADNAX, CHASITY	2023-01-01	OPENAXESSSILVER	EE	\$818.09
BRONSTON, DEBRA	2023-01-01	OPENAXESSSILVER	EE	\$818.09
CARMICHAEL, RYAN	2023-01-01	OPENAXESSSILVER	FAM	\$2391.29
CARRARO, ANDREW	2023-01-01	OPENAXESSPLATINUM	EE	\$983.27
CASON, PHILLIP	2023-01-01	OPENAXESSSILVER	ES	\$1683.36
CHAVIS, MARY	2023-01-01	OPENAXESSSILVER	EE	\$818.09
COLE, JAMES	2023-01-01	OPENAXESSGOLD	ES	\$1848.55
CROCKATT, LAURA	2023-01-01	OPENAXESSGOLD	EE	\$896.75
DETRO, AMELIA	2023-01-01	OPENAXESSGOLD	EC	\$1675.48
DETRO, JAMIE	2023-01-01	OPENAXESSSILVER	ES	\$1683.36
DETRO, TAMMY	2023-01-01	OPENAXESSGOLD	EE	\$896.75
DONA, MARTHA	2023-01-01	OPENAXESSSILVER	EE	\$818.09

CONSOLIDATED PACKAGING GROUP

,

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DORRIS, LAURA	2023-01-01	OPENAXESSSILVER	EE	\$818.09
EDMISTEN, NICHOLAS	2023-01-01	OPENAXESSGOLD	EC	\$1675.48
ELAM, DONALD	2023-01-01	OPENAXESSSILVER	EE	\$818.09
ERNST, BRADY	2023-01-01	OPENAXESSSILVER	EE	\$818.09
FISCHER, MICHAEL	2023-01-01	OPENAXESSSILVER	EE	\$818.09
FRANK, JASON	2023-01-01	OPENAXESSGOLD	EC	\$1675.48
GODBEY, TERRY	2023-01-01	OPENAXESSGOLD	EE	\$896.75
GONZALEZ, JORGE	2023-01-01	OPENAXESSPLATINUM	EE	\$983.27
GRAHAM, CLEON	2023-01-01	OPENAXESSGOLD	EC	\$1675.48
GREELY, PATRICK	2023-01-01	OPENAXESSSILVER	EC	\$1526.03
GREENBERG, EVAN	2023-01-01	OPENAXESSGOLD	EE	\$896.75
HAGAMAN, KELLY	2023-01-01	OPENAXESSSILVER	ES	\$1683.36
HERRINGTON, STEPHEN	2023-01-01	OPENAXESSSILVER	ES	\$1683.36
JACK, SUZANNE	2023-01-01	OPENAXESSPLATINUM	ES	\$2030.25
JOHNSON, BLAKE	2023-01-01	OPENAXESSSILVER	EE	\$818.09
JONES, TIM	2023-01-01	OPENAXESSSILVER	EE	\$818.09
KLENKE, KELLY	2023-01-01	OPENAXESSSILVER	EE	\$818.09
KNUCKLES, ARTHUR	2023-01-01	OPENAXESSGOLD	EE	\$896.75

CONSOLIDATED PACKAGING GROUP

,

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KOLB, KAYE	2023-01-01	OPENAXESSSILVER	ES	\$1683.36
KUHLMANN, BUDDY	2023-01-01	OPENAXESSSILVER	EE	\$818.09
KUMPULA, SUSAN	2023-01-01	OPENAXESSPLATINUM	EE	\$983.27
KUSZYNSKI, ANDREW	2023-01-01	OPENAXESSGOLD	EE	\$896.75
LEETH, PAUL	2023-01-01	OPENAXESSGOLD	EE	\$896.75
LINGREL, CODY	2023-01-01	OPENAXESSGOLD	EE	\$896.75
MANN, ABRAHAM	2023-01-01	OPENAXESSPLATINUM	ES	\$2030.25
MCCOY, JESSICA	2023-01-01	OPENAXESSSILVER	EE	\$818.09
MEJIA, JOSE	2023-01-01	OPENAXESSSILVER	EE	\$818.09
MERIDETH, LONNIE	2023-01-01	OPENAXESSSILVER	ES	\$1683.36
NELSON, JASON	2023-01-01	OPENAXESSSILVER	EE	\$818.09
NORTON I, TRENT	2023-01-01	OPENAXESSSILVER	FAM	\$2391.29
PARSONS, JAMES	2023-01-01	OPENAXESSGOLD	EE	\$896.75
PERGRAM, KAITLYN	2023-01-01	OPENAXESSGOLD	EE	\$896.75
SCHIPPERS, CAROLYN	2023-01-01	OPENAXESSGOLD	EC	\$1675.48
SHIELDS, PARIS	2023-01-01	OPENAXESSGOLD	ES	\$1848.55
SPERRY, AIMEE	2023-01-01	OPENAXESSGOLD	EE	\$896.75
STICKROD, ROBERT	2023-01-01	OPENAXESSGOLD	ES	\$1848.55

CONSOLIDATED PACKAGING GROUP

,

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SYLLA, FANTA	2023-01-01	OPENAXESSSILVER	EE	\$818.09
THRUSH, ALICE	2023-01-01	OPENAXESSSILVER	EE	\$818.09
TOMEI, MARIO	2023-01-01	OPENAXESSGOLD	EE	\$896.75
WALDMAN, ANDREW	2023-01-01	OPENAXESSGOLD	EE	\$896.75
WATERS, ROBERT	2023-01-01	OPENAXESSSILVER	EE	\$818.09
WILLIAMS, DARLENE	2023-01-01	OPENAXESSSILVER	EE	\$818.09
WITTE, WILLAM	2023-01-01	OPENAXESSGOLD	ES	\$1848.55

MEDICAL PLAN COUNTS

Employee Only	40
Employee & Spouse	12
Employee & Children	7
Family	3



Account Services

Monthly Statement

CRITICAL SLEEP OF NJ LLC

Invoice Number: 5890-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSPLATINUM	Employee & Spouse Only	1	\$1,812.18	\$1,812.18
			GRAND TOTAL	\$1,812.18

CRITICAL SLEEP OF NJ LLC

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FINKEL, RICHARD	2023-01-01	OPENAXESSPLATINUM ES		\$1812.18

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	1
Employee & Children	0
Family	0



Account Services
Monthly Statement

CTRUST STAFFING
2143 HURLEY WAY
SACRAMENTO, CA 95825

Invoice Number: 4234-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSCOPPER	Employee Only	1	\$378.59	\$378.59
			GRAND TOTAL	\$378.59

CTRUST STAFFING
2143 HURLEY WAY
SACRAMENTO, CA 95825

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PARRAZ, CORINA	2023-01-01	OPENAXESSCOPPER	EE	\$378.59

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services
Monthly Statement

D TAWIL LLC

Invoice Number: 6164-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSGOLD	Employee & Spouse Only	1	\$1,553.31	\$1,553.31
			GRAND TOTAL	\$1,553.31

D TAWIL LLC

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
TAWIL, DAVID	2023-01-01	OPENAXESSGOLD	ES	\$1553.31

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	1
Employee & Children	0
Family	0



Account Services
Monthly Statement

DAVID S. WEISS, MD

Invoice Number: 5546-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSPLATINUM	Employee Only	1	\$906.01	\$906.01
			GRAND TOTAL	\$906.01

DAVID S. WEISS, MD

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KORTRIGHT, RUTH	2023-01-01	OPENAXESSPLATINUM EE		\$906.01

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

DTX DIGITAL TRANSFORMATION
43661 Catton Pl
ASHBURN, VA 20147

Invoice Number: 4424-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSBRONZE	Employee & Children	1	\$1,036.17	\$1,036.17
OPENAXESSCOPPER	Employee Only	2	\$473.24	\$946.48
OPENAXESSGOLD	Employee Only	2	\$686.44	\$1,372.88
			GRAND TOTAL	\$3,355.53

DTX DIGITAL TRANSFORMATION

43661 Catton Pl

ASHBURN, VA 20147

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
AZHAR, SAKINA	2023-01-01	OPENAXESSBRONZE	EC	\$1036.17
BYRD, TIMOTHY	2023-01-01	OPENAXESSGOLD	EE	\$686.44
JOHNSON, LECIA	2023-01-01	OPENAXESSCOPPER	EE	\$473.24
MAHDI, AHMED	2023-01-01	OPENAXESSGOLD	EE	\$686.44
WILLIAMS, TREY	2023-01-01	OPENAXESSCOPPER	EE	\$473.24

MEDICAL PLAN COUNTS

Employee Only	4
Employee & Spouse	0
Employee & Children	1
Family	0



Account Services
Monthly Statement

ELITE HOTEL GROUP
5928 TWIN COVES
DALLAS, TX 75248

Invoice Number: 4373-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSBRONZE	Employee Only	1	\$496.33	\$496.33
			GRAND TOTAL	\$496.33

ELITE HOTEL GROUP
5928 TWIN COVES
DALLAS, TX 75248

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KRAMER, ALEX	2023-01-01	OPENAXESSBRONZE	EE	\$496.33

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

ELLIOT MANAGEMENT SERVICES CO
108 W PACIFIC ST
SEDALIA, MO 65301

Invoice Number: 4477-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSGOLD	Employee Only	4	\$623.67	\$2,494.68
OPENAXESSGOLD	Employee & Spouse Only	1	\$1,306.26	\$1,306.26
OPENAXESSPLATINUM	Employee Only	1	\$690.05	\$690.05
OPENAXESSPLATINUM	Family	1	\$2,060.41	\$2,060.41
			GRAND TOTAL	\$6,551.40

ELLIOT MANAGEMENT SERVICES CO
108 W PACIFIC ST
SEDALIA, MO 65301

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BENBROOK, SCOTT	2023-01-01	OPENAXESSPLATINUM FAM		\$2060.41
BRESHEARS, LOU	2023-01-01	OPENAXESSPLATINUM EE		\$690.05
BUNKER, WILLIAM	2023-01-01	OPENAXESSGOLD	EE	\$623.67
QUATTLEBAUM, MARK	2023-01-01	OPENAXESSGOLD	EE	\$623.67
SWEARINGEN, ELIZABETH	2023-01-01	OPENAXESSGOLD	EE	\$623.67
SWEARINGEN, GLEN	2023-01-01	OPENAXESSGOLD	EE	\$623.67
SWEARINGEN, JOHN	2023-01-01	OPENAXESSGOLD	ES	\$1306.26

MEDICAL PLAN COUNTS

Employee Only	5
Employee & Spouse	1
Employee & Children	0
Family	1



Account Services

Monthly Statement

EMPOWERS AFRICA

Invoice Number: 5767-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSPLATINUM	Employee Only	1	\$1,286.65	\$1,286.65
			GRAND TOTAL	\$1,286.65

EMPOWERS AFRICA

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DERELIEVA, NADIA	2023-01-01	OPENAXESSPLATINUM EE		\$1286.65

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

EQUARIAN CAPITAL MANAGEMENT

Invoice Number: 6019-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSPLATINUM	Family	1	\$2,795.95	\$2,795.95
			GRAND TOTAL	\$2,795.95

EQUARIAN CAPITAL MANAGEMENT

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BLEICHER, DANIEL	2023-01-01	OPENAXESSPLATINUM FAM		\$2795.95

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

FAIRFIELD INN & SUITES SLIPPERY ROCK
1000 UNIVERSITY PARKWAY
SLIPPERY ROCK, PA 16057

Invoice Number: 4741-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSESSENTIAL	Employee Only	1	\$514.14	\$514.14
OPENAXESSPRIME	Employee & Children	1	\$1,317.86	\$1,317.86
			GRAND TOTAL	\$1,832.00

FAIRFIELD INN & SUITES SLIPPERY ROCK
1000 UNIVERSITY PARKWAY
SLIPPERY ROCK, PA 16057

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MCQUEENEY, JARAD	2023-01-01	OPENAXESSESSENTIAL EE		\$514.14
TORVIK, CAROL	2023-01-01	OPENAXESSPRIME	EC	\$1317.86

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	1
Family	0



Account Services

Monthly Statement

FAIRMONT INSURANCE BROKERS, LTD
1600 60th St
BROOKLYN, NY 11204

Invoice Number: 4521-2023-0
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSGOLD	Employee Only	2	\$0.00	\$0.00
OPENAXESSGOLD	Family	1	\$0.00	\$0.00
OPENAXESSHSASILVER	Employee Only	25	\$672.21	\$16,805.25
OPENAXESSHSASILVER	Employee & Spouse Only	6	\$1,353.46	\$8,120.76
OPENAXESSHSASILVER	Family	3	\$1,927.53	\$5,782.59
OPENAXESSPLATINUM	Employee Only	14	\$906.10	\$12,685.40
OPENAXESSPLATINUM	Employee & Spouse Only	2	\$1,812.18	\$3,624.36
OPENAXESSPLATINUM	Family	4	\$2,718.28	\$10,873.12
			GRAND TOTAL	\$57,891.48

FAIRMONT INSURANCE BROKERS, LTD
1600 60th St
BROOKLYN, NY 11204

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ASHKENAZI, SHERYL	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
BILLE, JO ANN	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
BROWN, DEBRA	2023-01-01	OPENAXESSPLATINUM EE		\$906.10
COHEN, CHEDVAH	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
COHEN, FAIGEL	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
DENBURG, SHAI	2023-01-01	OPENAXESSPLATINUM FAM		\$2718.28
DEUTSCH, MOSHE	2023-01-01	OPENAXESSHSASILVERES		\$1353.46
DRATLER, YOSEF	2023-01-01	OPENAXESSPLATINUM FAM		\$2718.28
FREILICH, NAOMI	2023-01-01	OPENAXESSPLATINUM EE		\$906.10
FRIED, HANNAH	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
GAGAIEV, RIVKA	2023-01-01	OPENAXESSPLATINUM EE		\$906.10
GOLDSTEIN, RIVKA	2023-01-01	OPENAXESSPLATINUM ES		\$1812.18
GOTTESMAN, SHEVY	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
GROSS, AVROHOM	2023-01-01	OPENAXESSHSASILVERES		\$1353.46
HALPERIN, ROCHELLE	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
HUBNER, CHRISTINA	2023-01-01	OPENAXESSGOLD	EE	\$0.00
HYLTON, JOAN	2023-01-01	OPENAXESSPLATINUM EE		\$906.10
JACOBVICS, TZIPORA	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
JACOBS, BRACHA	2023-01-01	OPENAXESSHSASILVEREE		\$672.21

FAIRMONT INSURANCE BROKERS, LTD
1600 60th St
BROOKLYN, NY 11204

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KAHANA, PESACH	2023-01-01	OPENAXESSHSASILVERFAM		\$1927.53
KAPLAN, CHANAN	2023-01-01	OPENAXESSHSASILVERES		\$1353.46
KATZ, BARRY	2023-01-01	OPENAXESSPLATINUM FAM		\$2718.28
KATZ, MALKA	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
KATZ, SHELDON	2023-01-01	OPENAXESSPLATINUM FAM		\$2718.28
KAZIYEV, BORIS	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
KELTY, NORA	2023-01-01	OPENAXESSGOLD	EE	\$0.00
KLINGER, CHAIM	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
KOHN, BASSIE	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
KRAKAUER, DEVORAH	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
KUTELEVA, ANASTASIYA	2023-01-01	OPENAXESSPLATINUM EE		\$906.10
LESSER, ABRAHAM E	2023-01-01	OPENAXESSHSASILVERFAM		\$1927.53
LI, CHENXI	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
LIANG, LILY	2023-01-01	OPENAXESSPLATINUM EE		\$906.10
LICHT, MOLLIE	2023-01-01	OPENAXESSPLATINUM EE		\$906.10
LIOTINE, ANTOINETTE	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
MARK, KRISSY	2023-01-01	OPENAXESSPLATINUM EE		\$906.10
MCINTOSH, FREDDIE	2023-01-01	OPENAXESSPLATINUM EE		\$906.10

FAIRMONT INSURANCE BROKERS, LTD
1600 60th St
BROOKLYN, NY 11204

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MISHKOWITZ, MOISHE	2023-01-01	OPENAXESSHSASILVERES		\$1353.46
NATHAN, CHANA	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
NATHAN, SHRAGI	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
NATHAN, TZVI	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
NELSON, ESTELLE	2023-01-01	OPENAXESSHSASILVERES		\$1353.46
POLLAK, ZLATY	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
ROBERTSON, NANCY	2023-01-01	OPENAXESSPLATINUM EE		\$906.10
ROSENBERG, DEVORA	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
RUAN, KEVIN	2023-01-01	OPENAXESSPLATINUM EE		\$906.10
SCHACHNER, JOSHUA	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
SEBBAN, ANNABELLA	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
SHARON, BRADLEY	2023-01-01	OPENAXESSGOLD	FAM	\$0.00
SIMSOVITS, CHAYA	2023-01-01	OPENAXESSPLATINUM ES		\$1812.18
SMITH, NIKELA	2023-01-01	OPENAXESSPLATINUM EE		\$906.10
STANISLAS, YOLANDA M	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
VAYSMAN, MAYA	2023-01-01	OPENAXESSPLATINUM EE		\$906.10
WACHSLER, CHARLES	2023-01-01	OPENAXESSHSASILVERFAM		\$1927.53
WOHLGELERNTER, ABRAHAM	2023-01-01	OPENAXESSHSASILVERES		\$1353.46

FAIRMONT INSURANCE BROKERS, LTD
1600 60th St
BROOKLYN, NY 11204

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
YARDAN, VENESSA	2023-01-01	OPENAXESSPLATINUM EE		\$906.10
ZHAO, YU	2023-01-01	OPENAXESSHSASILVEREE		\$672.21

MEDICAL PLAN COUNTS

Employee Only	41
Employee & Spouse	8
Employee & Children	0
Family	8



Account Services

Monthly Statement

FERROFAB, INC
1416 HYLAN AVE
HAMLET, NC 28345

Invoice Number: 4686-2023-0
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
INFGOLD0759	Employee Only	1	\$583.30	\$583.30
OPENAXESSBRONZE	Employee Only	4	\$425.92	\$1,703.68
OPENAXESSGOLD	Employee Only	4	\$618.24	\$2,472.96
OPENAXESSGOLD	Employee & Spouse Only	1	\$1,236.48	\$1,236.48
OPENAXESSSILVER	Employee Only	1	\$0.00	\$0.00
OPENAXESSSILVER	Employee & Spouse Only	1	\$0.00	\$0.00
			GRAND TOTAL	\$5,996.42

FERROFAB, INC
1416 HYLAN AVE
HAMLET, NC 28345

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BAILEY, VENDERICK	2023-01-01	OPENAXESSSILVER	EE	\$0.00
CAPPS, EARL	2021-11-01	INFGOLD0759	EE	\$583.30
CAPPS, EARL	2023-01-01	OPENAXESSGOLD	EE	\$618.24
DUNN, STEVEN	2023-01-01	OPENAXESSBRONZE	EE	\$425.92
GREENE, JERRY	2023-01-01	OPENAXESSGOLD	EE	\$618.24
HAINES, GAYLE	2023-01-01	OPENAXESSSILVER	ES	\$0.00
HOLIDAY, LEONARD	2023-01-01	OPENAXESSBRONZE	EE	\$425.92
LAMM, NORBERT	2023-01-01	OPENAXESSGOLD	ES	\$1236.48
LEGRAND, RONALD	2023-01-01	OPENAXESSBRONZE	EE	\$425.92
STRICKLAND, WINDELL	2023-01-01	OPENAXESSBRONZE	EE	\$425.92
TODD, JARRELL	2023-01-01	OPENAXESSGOLD	EE	\$618.24
WEST, CHRISTOPHER	2023-01-01	OPENAXESSGOLD	EE	\$618.24

MEDICAL PLAN COUNTS

Employee Only	10
Employee & Spouse	2
Employee & Children	0
Family	0



Account Services

Monthly Statement

FETCH! PET CARE OF PHILADELPHIA

Invoice Number: 5839-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSPLATINUM	Employee Only	1	\$906.01	\$906.01
			GRAND TOTAL	\$906.01

FETCH! PET CARE OF PHILADELPHIA

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MARX, KATELYN	2023-01-01	OPENAXESSPLATINUM EE		\$906.01

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

FORTYONETEN
4110 Faudree Rd
ODESSA, TX 79765

Invoice Number: 4285-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSGOLD	Employee Only	1	\$686.44	\$686.44
OPENAXESSGOLD	Employee & Children	1	\$465.24	\$1,372.87
			GRAND TOTAL	\$2,059.31

FORTYONETEN
4110 Faudree Rd
ODESSA, TX 79765

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PATEL, NITA	2023-01-01	OPENAXESSGOLD	EC	\$1372.87
PATEL, RUPEN	2023-01-01	OPENAXESSGOLD	EE	\$686.44

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	1
Family	0



Account Services

Monthly Statement

FRIENDSWOOD FAMILY MEDICINE

Invoice Number: 6017-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSBRONZE	Employee & Children	1	\$986.92	\$986.92
OPENAXESSCOPPER	Employee Only	1	\$450.75	\$450.75
OPENAXESSCOPPER	Family	1	\$1,290.84	\$1,290.84
OPENAXESSGOLD	Family	1	\$1,961.43	\$1,961.43
OPENAXESSPLATINUM	Employee Only	1	\$784.50	\$784.50
			GRAND TOTAL	\$5,474.44

FRIENDSWOOD FAMILY MEDICINE

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CANADY, CAROLYN	2023-01-01	OPENAXESSBRONZE	EC	\$986.92
COLLINS, SHE'A	2023-01-01	OPENAXESSCOPPER	EE	\$450.75
DIXON, JAMIE	2023-01-01	OPENAXESSPLATINUM	EE	\$784.50
NESLINE, GINA	2023-01-01	OPENAXESSCOPPER	FAM	\$1290.84
ORSAK, GLENN	2023-01-01	OPENAXESSGOLD	FAM	\$1961.43

MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	1
Family	2



Account Services

Monthly Statement

GOGLOBAL USA
3 E 3rd Ave Ste 200
SAN MATEO, CA 94401

Invoice Number: 4391-2023-0
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSBRONZE	Employee Only	2	\$511.68	\$1,023.36
OPENAXESSCOPPER	Employee Only	1	\$473.24	\$473.24
OPENAXESSCOPPER	Employee & Children	1	\$866.71	\$866.71
OPENAXESSGOLD	Employee Only	2	\$686.44	\$1,372.88
OPENAXESSGOLD	Employee & Spouse Only	1	\$1,372.87	\$1,372.87
OPENAXESSGOLD	Employee & Children	1	\$1,372.87	\$1,372.87
OPENAXESSGOLD	Family	3	\$2,059.31	\$6,177.93
OPENAXESSPLATINUM	Employee Only	4	\$823.65	\$3,294.60
OPENAXESSPLATINUM	Employee & Children	1	\$823.65	\$1,647.44
OPENAXESSPLATINUM	Family	5	\$2,471.17	\$12,355.85
OPENAXESSSILVER	Employee Only	2	\$575.53	\$1,151.06
OPENAXESSSILVER	Employee & Spouse Only	1	\$1,151.07	\$1,151.07
OPENAXESSSILVER	Family	2	\$1,726.60	\$3,453.20
			GRAND TOTAL	\$35,713.08

GOGLOBAL USA
3 E 3rd Ave Ste 200
SAN MATEO, CA 94401

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BULLEN, RYAN	2023-01-01	OPENAXESSBRONZE	EE	\$511.68
CARDOZA, GABRIELA	2023-01-01	OPENAXESSSILVER	EE	\$575.53
CAREY, TAYLOR	2023-01-01	OPENAXESSPLATINUM	EE	\$823.65
CURLEE, STEPHEN	2023-01-01	OPENAXESSSILVER	ES	\$1151.07
FENG, ALICE	2023-01-01	OPENAXESSCOPPER	EC	\$866.71
FOWLER, JESSICA	2023-01-01	OPENAXESSGOLD	EE	\$686.44
FRANZESE, NICHOLAS	2023-01-01	OPENAXESSSILVER	FAM	\$1726.60
GALLAGHER, MARTHA	2023-01-01	OPENAXESSPLATINUM	FAM	\$2471.17
HAMAMATSU, NORIO	2023-01-01	OPENAXESSPLATINUM	FAM	\$2471.17
HARIA, BHARAT	2023-01-01	OPENAXESSPLATINUM	FAM	\$2471.17
LINDQUIST, ANDREW	2023-01-01	OPENAXESSGOLD	FAM	\$2059.31
MCGILL, JOHN	2023-01-01	OPENAXESSCOPPER	EE	\$473.24
OKIMURO, KOHEI	2023-01-01	OPENAXESSGOLD	FAM	\$2059.31
OLIVA, MELISSA	2023-01-01	OPENAXESSPLATINUM	FAM	\$2471.17
PEREDA, ELIZABETH	2023-01-01	OPENAXESSPLATINUM	EE	\$823.65
RADOSAVLJEVIC, BRANKO	2023-01-01	OPENAXESSSILVER	FAM	\$1726.60
ROLDAN, GRETHEL	2023-01-01	OPENAXESSBRONZE	EE	\$511.68
ROULSTON, MARCILLA	2023-01-01	OPENAXESSGOLD	ES	\$1372.87
ROWETT, MATTHEW	2023-01-01	OPENAXESSGOLD	EE	\$686.44

GOGLOBAL USA
3 E 3rd Ave Ste 200
SAN MATEO, CA 94401

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SAID, LEILA	2023-01-01	OPENAXESSPLATINUM	EE	\$823.65
VALENZUELA, JESSICA	2023-01-01	OPENAXESSGOLD	EC	\$1372.87
VASANT, AMIT	2023-01-01	OPENAXESSGOLD	FAM	\$2059.31
VICK, LINDSAY	2023-01-01	OPENAXESSPLATINUM	EE	\$823.65
WAN, JIE	2023-01-01	OPENAXESSSILVER	EE	\$575.53
WILSON, COREY	2023-01-01	OPENAXESSPLATINUM	EC	\$1647.44
ZUVIC, CECILIA	2023-01-01	OPENAXESSPLATINUM	FAM	\$2471.17

MEDICAL PLAN COUNTS

Employee Only	11
Employee & Spouse	2
Employee & Children	3
Family	10



Account Services

Monthly Statement

GRAY MATTERS

Invoice Number: 6044-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSCOPPER	Family	1	\$1,443.98	\$1,443.98
			GRAND TOTAL	\$1,443.98

GRAY MATTERS

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
RYAN, DAVID	2023-01-01	OPENAXESSCOPPER	FAM	\$1443.98

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services
Monthly Statement

GROW TODAY

Invoice Number: 5972-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSGOLD	Employee Only	1	\$755.08	\$755.08
			GRAND TOTAL	\$755.08

GROW TODAY

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LOUISDHON, LUDOVIC	2023-01-01	OPENAXESSGOLD	EE	\$755.08

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

GUESTS INC STRASBURG
135 S HOLIDAY STREET
STRASBURG, VA 22657

Invoice Number: 4128-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSCOPPER	Employee Only	1	\$473.24	\$473.24
OPENAXESSGOLD	Employee Only	2	\$686.44	\$1,372.88
			GRAND TOTAL	\$1,846.12

GUESTS INC STRASBURG
135 S HOLIDAY STREET
STRASBURG, VA 22657

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FARMER, GRACE	2023-01-01	OPENAXESSGOLD	EE	\$686.44
MILLER, SHANNON	2023-01-01	OPENAXESSGOLD	EE	\$686.44
VOLPINI-HOLLAND, KATHRYN	2023-01-01	OPENAXESSCOPPER	EE	\$473.24

MEDICAL PLAN COUNTS

Employee Only	3
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services
Monthly Statement

HAMPTON INN LAUREL
7900 BRAYGREEN ROAD
LAUREL, MD 20707

Invoice Number: 4737-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSESSENTIAL Employee Only		1	\$514.14	\$514.14
			GRAND TOTAL	\$514.14

HAMPTON INN LAUREL
7900 BRAYGREEN ROAD
LAUREL, MD 20707

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LUEJE ORTEGA, BELEN	2023-01-01	OPENAXESSESSENTIAL EE		\$514.14

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services
Monthly Statement

HAMPTON INN OMAHA MIDTOWN - AKSARBEN AREA

Invoice Number: 6155-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSBRONZE	Employee Only	1	\$578.93	\$578.93
OPENAXESSGOLD	Employee Only	1	\$776.66	\$776.66
			GRAND TOTAL	\$1,355.59

HAMPTON INN OMAHA MIDTOWN - AKSARBEN AREA

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BEIER, JOSEE	2023-01-01	OPENAXESSGOLD	EE	\$776.66
KOZISEK, ECHO	2023-01-01	OPENAXESSBRONZE	EE	\$578.93

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

HOLIDAY INN - SANTA ANA
2726 S GRAND AVE
SANTA ANA, CA 92705

Invoice Number: 4270-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSCOPPER	Employee Only	1	\$383.55	\$383.55
OPENAXESSSILVER	Employee & Children	1	\$846.98	\$846.98
			GRAND TOTAL	\$1,230.53

HOLIDAY INN - SANTA ANA
2726 S GRAND AVE
SANTA ANA, CA 92705

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ATAYDE, FRANCISCO	2023-01-01	OPENAXESSSILVER	EC	\$846.98
COLBERT, DOCIA	2023-01-01	OPENAXESSCOPPER	EE	\$383.55

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	1
Family	0



Account Services
Monthly Statement

HOLIDAY INN EXPRESS & SUITES HUNTSVILLE

Invoice Number: 6108-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSGOLD	Employee Only	1	\$776.66	\$776.66
			GRAND TOTAL	\$776.66

HOLIDAY INN EXPRESS & SUITES HUNTSVILLE

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PHILLIPS, KAREN	2023-01-01	OPENAXESSGOLD	EE	\$776.66

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services
Monthly Statement

HOLIDAY INN EXPRESS & SUITES SELINGROVE
651 N SUSQUEHANNA TRAIL
SELINGROVE, PA 17870

Invoice Number: 4743-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSESSENTIAL Employee Only		1	\$514.14	\$514.14
			GRAND TOTAL	\$514.14

HOLIDAY INN EXPRESS & SUITES SELINGSGROVE
651 N SUSQUEHANNA TRAIL
SELINGSGROVE, PA 17870

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WALTER, CAROLYN	2023-01-01	OPENAXESSESSENTIAL EE		\$514.14

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

HOLIDAY INN EXPRESS MECHANICSBURG
6325 CARLISLE PIKE
MECHANICSBURG, PA 17050

Invoice Number: 4738-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSPREMIUM	Employee Only	1	\$618.60	\$618.60
			GRAND TOTAL	\$618.60

HOLIDAY INN EXPRESS MECHANICSBURG
6325 CARLISLE PIKE
MECHANICSBURG, PA 17050

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
YOUNG, RODNEY	2023-01-01	OPENAXESSPREMIUM	EE	\$618.60

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

HOME2 AND TRU BY HILTON OMAHA I-80 AT 72ND STREET

Invoice Number: 6154-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSGOLD	Employee Only	3	\$776.66	\$2,329.98
			GRAND TOTAL	\$2,329.98

HOME2 AND TRU BY HILTON OMAHA I-80 AT 72ND STREET

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FISHER, AMY	2023-01-01	OPENAXESSGOLD	EE	\$776.66
O'BRIEN, PATRICK	2023-01-01	OPENAXESSGOLD	EE	\$776.66
OGDEN, KIM	2023-01-01	OPENAXESSGOLD	EE	\$776.66

MEDICAL PLAN COUNTS

Employee Only	3
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

HOME2 SUITES BY HILTON OMAHA UN MED CTR AREA

Invoice Number: 6153-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSBRONZE	Employee Only	1	\$578.93	\$578.93
OPENAXESSGOLD	Employee Only	1	\$776.66	\$776.66
			GRAND TOTAL	\$1,355.59

HOME2 SUITES BY HILTON OMAHA UN MED CTR AREA

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
COVYEAU, CAMERON	2023-01-01	OPENAXESSBRONZE	EE	\$578.93
SKELLY, STEPHEN	2023-01-01	OPENAXESSGOLD	EE	\$776.66

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

HORIZONS HRS
118 WEST 5TH STREET SUITE 202
COVINGTON, KY 41011

Invoice Number: 4219-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSBRONZE	Employee Only	1	\$511.68	\$511.68
OPENAXESSGOLD	Employee Only	1	\$686.44	\$686.44
			GRAND TOTAL	\$1,198.54

HORIZONS HRS
118 WEST 5TH STREET SUITE 202
COVINGTON, KY 41011

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LEWIS, SHERI	2023-01-01	OPENAXESSGOLD	EE	\$686.44
WEAVER, KATHY	2023-01-01	OPENAXESSBRONZE	EE	\$511.68

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

HORIZONS HRS MANUFACTURING STAFFING II
118 WEST 5TH STREET SUITE 202
COVINGTON, KY 41011

Invoice Number: 4216-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSCOPPER	Employee Only	3	\$460.52	\$1,381.56
OPENAXESSPLATINUM	Employee Only	1	\$755.08	\$755.08
OPENAXESSSILVER	Employee Only	1	\$575.53	\$575.53
			GRAND TOTAL	\$2,764.40

HORIZONS HRS MANUFACTURING STAFFING II
118 WEST 5TH STREET SUITE 202
COVINGTON, KY 41011

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CHALMERS, QU'ZHON	2023-01-01	OPENAXESSSILVER	EE	\$575.53
DAVIDSON, PAUL	2023-01-01	OPENAXESSPLATINUM	EE	\$755.08
HAYWARD, FRANZ	2023-01-01	OPENAXESSCOPPER	EE	\$460.52
JOHN, ADDY	2023-01-01	OPENAXESSCOPPER	EE	\$460.52
OLOFIN, BOLAJI	2023-01-01	OPENAXESSCOPPER	EE	\$460.52

MEDICAL PLAN COUNTS

Employee Only	5
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

HORIZONS HRS SERVICE STAFFING II
118 WEST 5TH STREET SUITE 202
COVINGTON, KY 41011

Invoice Number: 4217-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSPLATINUM	Employee Only	2	\$755.08	\$1,510.16
OPENAXESSSILVER	Family	1	\$1,726.60	\$1,726.60
			GRAND TOTAL	\$3,236.76

HORIZONS HRS SERVICE STAFFING II
118 WEST 5TH STREET SUITE 202
COVINGTON, KY 41011

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BENSON, NICOLE	2023-01-01	OPENAXESSPLATINUM	EE	\$755.08
CHURNEGA, JENNIFER	2023-01-01	OPENAXESSPLATINUM	EE	\$755.08
SATTERLY, JESSICA	2023-01-01	OPENAXESSSILVER	FAM	\$1726.60

MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

HORIZONS HRS TRANSPORTATION STAFFING II
118 WEST 5TH STREET SUITE 202
COVINGTON, KY 41011

Invoice Number: 4218-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSBRONZE	Employee Only	1	\$511.68	\$511.68
			GRAND TOTAL	\$511.68

HORIZONS HRS TRANSPORTATION STAFFING II
118 WEST 5TH STREET SUITE 202
COVINGTON, KY 41011

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DULSKY, DARREN	2023-01-01	OPENAXESSBRONZE	EE	\$511.68

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services
Monthly Statement

HOSPITALITY MANAGEMENT SERVICES
3204 Candelaria Rd NE
ALBUQUERQUE, NM 87107

Invoice Number: 4467-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSCOPPER	Employee Only	1	\$520.57	\$520.57
			GRAND TOTAL	\$520.57

HOSPITALITY MANAGEMENT SERVICES

3204 Candelaria Rd NE
ALBUQUERQUE, NM 87107

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
TAYLOR, EVELYN	2023-01-01	OPENAXESSCOPPER	EE	\$520.57

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

HUSHMESH INC.

Invoice Number: 6171-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSGOLD	Family	2	\$2,329.97	\$4,659.94
OPENAXESSPLATINUM	Employee Only	1	\$931.99	\$931.99
			GRAND TOTAL	\$5,591.93

HUSHMESH INC.

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
COHEN, NEIL	2023-01-01	OPENAXESSGOLD	FAM	\$2329.97
FONTAINE, JEAN-EMMANUEL	2023-01-01	OPENAXESSGOLD	FAM	\$2329.97
VARGO, MICHELLE	2023-01-01	OPENAXESSPLATINUM EE		\$931.99

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	2



Account Services

Monthly Statement

INFINITI HR CORP
3905 NATIONAL DR., SUITE 400
BURTONSVILLE, MD 20866

Invoice Number: 1-2023-01
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
PLATINUM	Employee Only	33	\$386.46	\$12,753.18
PLATINUM	Employee & Spouse Only	6	\$854.88	\$5,129.28
PLATINUM	Employee & Children	9	\$796.91	\$7,172.19
PLATINUM	Family	10	\$1,252.13	\$12,521.30
ADJUSTMENT	SAHAGUN NOV EE/EC CREDIT			\$-835.10
ADJUSTMENT	PIZZITOLA NOV/DEC EE PREMIUM			\$885.64
ADJUSTMENT	FITZWATER FAM/EC CREDIT			\$-1,820.88
			GRAND TOTAL	\$35,805.61

INFINITI HR CORP
3905 NATIONAL DR., SUITE 400
BURTONSVILLE, MD 20866

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BANKS, DEASJA	01/01/2021	PLATINUM	EC	\$796.91
BARBAGALLO, APRIL	12/01/2020	PLATINUM	EE	\$386.46
BARBAGALLO, TAYLOR	12/01/2020	PLATINUM	EE	\$386.46
BLAND, NATALEY	05/01/2022	PLATINUM	EE	\$386.46
BLUNT, ROBERT	12/01/2020	PLATINUM	ES	\$854.88
BOJAN, MARC	12/01/2020	PLATINUM	ES	\$854.88
BOWIE, MICHELLE	12/01/2020	PLATINUM	EE	\$386.46
BREEDEN, CHRISTOPHER	12/01/2020	PLATINUM	EE	\$386.46
BURGESS, PATRICIA	04/01/2022	PLATINUM	EE	\$386.46
CARROLL, JOSELIN	06/01/2022	PLATINUM	EC	\$796.91
CLOIN, DAWN	2022-01-01	PLATINUM	ES	\$854.88
DUPONT, EVA	10/01/2022	PLATINUM	FAM	\$1252.13
ELLIOTT, LOUIS	10/01/2022	PLATINUM	EE	\$386.46
FARRELL, JEAN	12/01/2020	PLATINUM	EE	\$386.46
FELDMAN, DANIEL	2022-01-01	PLATINUM	EE	\$386.46
FITZWATER, STEPHANIE	04/01/2022	PLATINUM	EC	\$796.91
FLYNN, JODI	09/01/2021	PLATINUM	EE	\$386.46
GUTIERREZ, MATTHEW	10/01/2022	PLATINUM	EC	\$796.91
HARDESTY, JENNIFER	12/01/2020	PLATINUM	EC	\$796.91

INFINITI HR CORP
3905 NATIONAL DR., SUITE 400
BURTONSVILLE, MD 20866

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HARGROVE, MATTHEW	02/01/2022	PLATINUM	EE	\$386.46
HECKENDORN, KARL	2022-01-01	PLATINUM	EE	\$386.46
HENREY, NICOLE	03/01/2022	PLATINUM	FAM	\$1252.13
HENSON, KIA	12/01/2020	PLATINUM	EE	\$386.46
HIBAN, PATRICK	12/01/2020	PLATINUM	ES	\$854.88
HOGAN, KELLY	10/01/2022	PLATINUM	EE	\$386.46
JACOBS, REBECCA	04/01/2022	PLATINUM	FAM	\$1252.13
JIVIDEN, JENNIFER	03/01/2021	PLATINUM	EC	\$796.91
JOHNSON, ELENA	10/01/2022	PLATINUM	FAM	\$1252.13
JOHNSON, FREDERICK	2022-01-01	PLATINUM	EE	\$386.46
KALU, RAPHAEL	04/01/2022	PLATINUM	EE	\$386.46
KNISLEY, CHRISTINE	12/01/2020	PLATINUM	EE	\$386.46
KNISLEY, WILLIAM	04/01/2022	PLATINUM	EC	\$796.91
KRAMER, JULIE	05/01/2022	PLATINUM	ES	\$854.88
LATHROP, KIM	11/01/2022	PLATINUM	ES	\$854.88
LOVE, KAREN	12/01/2020	PLATINUM	EE	\$386.46
MCCORMACK, JUSTINE	07/01/2021	PLATINUM	EE	\$386.46
MCLEAN, ALEXANDREA	12/01/2020	PLATINUM	EC	\$796.91

INFINITI HR CORP
3905 NATIONAL DR., SUITE 400
BURTONSVILLE, MD 20866

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MCNAMARA, JEREMY	12/01/2020	PLATINUM	FAM	\$1252.13
MORMINO, DANIEL	12/01/2020	PLATINUM	EE	\$386.46
PIZZITOLA, TIM	11/01/2022	PLATINUM	EE	\$386.46
RAYMOND, ABIGAIL	2022-01-01	PLATINUM	EE	\$386.46
RODRIGUEZ QUACH, JERRICA	08/01/2021	PLATINUM	EE	\$386.46
SANCHEZ, ADRIANA	03/01/2022	PLATINUM	EE	\$386.46
SCHWAIGER, MARK	12/01/2020	PLATINUM	FAM	\$1252.13
SERRANO, FERNANDO	07/01/2022	PLATINUM	EE	\$386.46
SEWARD, DARREN	03/01/2022	PLATINUM	FAM	\$1252.13
SKLAMM, COLLEEN	12/01/2020	PLATINUM	EE	\$386.46
SMITH, KYMBERLY	12/01/2020	PLATINUM	EE	\$386.46
SMITH, LYNNE	2022-01-01	PLATINUM	EE	\$386.46
SMRKOVSKI, SCOTT	12/01/2020	PLATINUM	FAM	\$1252.13
STEWART, JOAN	12/01/2020	PLATINUM	EE	\$386.46
STRAUGHAN, JACK	12/01/2020	PLATINUM	FAM	\$1252.13
SULLIVAN, SYDNEY	07/01/2022	PLATINUM	EE	\$386.46
TERMINIELLO, ANTHONY	12/01/2020	PLATINUM	FAM	\$1252.13
VAN-MEERS, DEBRA	12/01/2020	PLATINUM	EE	\$386.46

INFINITI HR CORP
3905 NATIONAL DR., SUITE 400
BURTONSVILLE, MD 20866

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
VILLAN, MARIA	04/01/2022	PLATINUM	EC	\$796.91
VILLAN, NATANAEL	09/01/2022	PLATINUM	EE	\$386.46
ZAMORA, JESSICA	12/01/2020	PLATINUM	EE	\$386.46

MEDICAL PLAN COUNTS

Employee Only	33
Employee & Spouse	6
Employee & Children	9
Family	10



Account Services

Monthly Statement

IRBM INC
420 COLUMBUS AVE, STE 304
VALHALLA, NY 10595

Invoice Number: 4437-2023-0
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSCOPPER	Employee Only	1	\$520.57	\$520.57
OPENAXESSGOLD	Employee & Spouse Only	1	\$1,510.16	\$1,510.16
OPENAXESSPLATINUM	Employee Only	1	\$906.01	\$906.01
			GRAND TOTAL	\$2,936.74

IRBM INC
420 COLUMBUS AVE, STE 304
VALHALLA, NY 10595

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DEPALMA, PATRICK	2023-01-01	OPENAXESSPLATINUM	EE	\$906.01
HICKOK, JASON	2023-01-01	OPENAXESSCOPPER	EE	\$520.57
LUCHE, MICHELE	2023-01-01	OPENAXESSGOLD	ES	\$1510.16

MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	1
Employee & Children	0
Family	0



Account Services

Monthly Statement

JACARANDA CAPITAL SUPERCUTS NC & SC
7804 Fairview Rd # 225
CHARLOTTE, NC 28226

Invoice Number: 4525-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSBRONZE	Employee Only	1	\$536.10	\$536.10
OPENAXESSGOLD	Family	1	\$2,157.57	\$2,157.57
			GRAND TOTAL	\$2,693.67

JACARANDA CAPITAL SUPERCUTS NC & SC
7804 Fairview Rd # 225
CHARLOTTE, NC 28226

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ROGERS, TODD	2023-01-01	OPENAXESSGOLD	FAM	\$2157.57
SHORES, CRISTINE	2023-01-01	OPENAXESSBRONZE	EE	\$536.10

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

KINGS PEAK TAX CONSULTING, LLC
1881 W Traverse Pkwy Ste E #512
LEHI, UT 84043

Invoice Number: 4450-2023-0
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSBRONZE	Family	1	\$1,709.34	\$1,709.34
OPENAXESSCOPPER	Family	1	\$1,490.77	\$1,490.77
OPENAXESSGOLD	Employee Only	1	\$755.08	\$755.08
OPENAXESSGOLD	Family	1	\$2,265.23	\$2,265.23
OPENAXESSPLATINUM	Employee Only	1	\$906.01	\$906.01
			GRAND TOTAL	\$7,126.43

KINGS PEAK TAX CONSULTING, LLC
1881 W Traverse Pkwy Ste E #512
LEHI, UT 84043

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
COLE, JOSHUA	2023-01-01	OPENAXESSBRONZE	FAM	\$1709.34
SCHENCK, SKIP	2023-01-01	OPENAXESSGOLD	FAM	\$2265.23
SENGCHAN, OAKELY	2023-01-01	OPENAXESSPLATINUM	EE	\$906.01
STOLLE, ANDREW	2023-01-01	OPENAXESSGOLD	EE	\$755.08
TOMICH, HALEY	2023-01-01	OPENAXESSCOPPER	FAM	\$1490.77

MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	3



Account Services
Monthly Statement

KITCHEN SOLVERS OF GRAYSLAKE

Invoice Number: 5299-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSGOLD	Family	1	\$1,500.75	\$1,500.75
			GRAND TOTAL	\$1,500.75

KITCHEN SOLVERS OF GRAYSLAKE

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KONGKAEOW, CHARLERMSINGH	2023-01-01	OPENAXESSGOLD	FAM	\$1500.75

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

KOCH LAW
521 5th Avenue 17th Floor
NEW YORK, NY 10175

Invoice Number: 4399-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSBRONZE	Employee Only	1	\$511.68	\$511.68
OPENAXESSGOLD	Employee Only	1	\$686.44	\$686.44
OPENAXESSSILVER	Employee Only	1	\$575.53	\$575.53
			GRAND TOTAL	\$1,773.65

KOCH LAW
521 5th Avenue 17th Floor
NEW YORK, NY 10175

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KOCH, LEE	2023-01-01	OPENAXESSGOLD	EE	\$686.44
MARSHALL, PATRICK	2023-01-01	OPENAXESSBRONZE	EE	\$511.68
RAMOS, EDITH	2023-01-01	OPENAXESSSILVER	EE	\$575.53

MEDICAL PLAN COUNTS

Employee Only	3
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

KW NET LEASE ADVISORS

Invoice Number: 5843-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSCOPPER	Employee Only	1	\$495.83	\$495.83
OPENAXESSCOPPER	Family	1	\$1,419.92	\$1,419.92
			GRAND TOTAL	\$1,915.75

KW NET LEASE ADVISORS

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MALONE, HOLLY	2023-01-01	OPENAXESSCOPPER	EE	\$495.83
WIMBERLY, AMBER	2023-01-01	OPENAXESSCOPPER	FAM	\$1419.92

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

LALO PROPERTIES

Invoice Number: 5763-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSBRONZE	Employee Only	1	\$589.10	\$589.10
OPENAXESSBRONZE	Employee & Spouse Only	1	\$1,166.03	\$1,166.03
			GRAND TOTAL	\$1,755.13

LALO PROPERTIES

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LOCHIRCO, ASHLEY	2023-01-01	OPENAXESSBRONZE	EE	\$589.10
LOCHIRCO, MIKE	2023-01-01	OPENAXESSBRONZE	ES	\$1166.03

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	1
Employee & Children	0
Family	0



Account Services

Monthly Statement

LATITUDE THERAPY SOLUTIONS, LLC

Invoice Number: 6235-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSCOPPER	Employee Only	2	\$511.76	\$1,023.52
OPENAXESSGOLD	Employee Only	1	\$731.05	\$731.05
OPENAXESSSILVER	Employee Only	1	\$616.98	\$616.98
			GRAND TOTAL	\$4,743.10

LATITUDE THERAPY SOLUTIONS, LLC

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ADAMS, RYANN	2022-12-01	OPENAXESSGOLD	EE	\$731.05
HILLIARD, ABIGAIL	2022-12-01	OPENAXESSCOPPER	EE	\$511.76
MOEHRLE, ALLISON	2022-12-01	OPENAXESSSILVER	EE	\$616.98
MOORE, ALEXANDRIA	2022-12-01	OPENAXESSCOPPER	EE	\$511.76

LATITUDE THERAPY SOLUTIONS, LLC

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PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ADAMS, RYANN	2022-12-01	OPENAXESSGOLD	EE	\$731.05
HILLIARD, ABIGAIL	2022-12-01	OPENAXESSCOPPER	EE	\$511.76
MOEHRLE, ALLISON	2022-12-01	OPENAXESSSILVER	EE	\$616.98
MOORE, ALEXANDRIA	2022-12-01	OPENAXESSCOPPER	EE	\$511.76

MEDICAL PLAN COUNTS

Employee Only	4
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

MCELROY TEAM REALTY
4012 Gateway Drive
Colleyville, TX 76034

Invoice Number: 4579-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSGOLD	Employee Only	1	\$686.44	\$686.44
OPENAXESSGOLD	Family	1	\$2,059.31	\$2,059.31
			GRAND TOTAL	\$2,745.75

MCELROY TEAM REALTY

4012 Gateway Drive

Colleyville, TX 76034

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MCELROY, DANIEL	2023-01-01	OPENAXESSGOLD	FAM	\$2059.31
VENABLE, FRANCES	2023-01-01	OPENAXESSGOLD	EE	\$686.44

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

MH OZONE II

Invoice Number: 6156-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSGOLD	Employee Only	1	\$776.66	\$776.66
			GRAND TOTAL	\$776.66

MH OZONE II

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
RIFFEL, BLAIR	2023-01-01	OPENAXESSGOLD	EE	\$776.66

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

MICROTEL WYNDHAM STEUBENVILLE
875 UNIVERSITY BLVD
STEUBENVILLE, OH 43952

Invoice Number: 4264-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
MILLENIU	MOABRONZE Employee Only	1	\$438.62	\$438.62
			GRAND TOTAL	\$438.62

MICROTEL WYNDHAM STEUBENVILLE
875 UNIVERSITY BLVD
STEUBENVILLE, OH 43952

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BANKS, CATHY	2020-10-01	MILLENIUOMOABRONZE EE		\$438.62

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services
Monthly Statement

MOMMY TUMMY
220 Easy 65 N St
NEW YORK, NY 10065

Invoice Number: 4268-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSCOPPER	Employee & Children	1	\$866.71	\$866.71
			GRAND TOTAL	\$866.71

MOMMY TUMMY
220 Easy 65 N St
NEW YORK, NY 10065

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
REITER, ROBIN	2023-01-01	OPENAXESSCOPPER	EC	\$866.71

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	0
Employee & Children	1
Family	0



Account Services
Monthly Statement

MUJIN CORP
6300 Kenjoy Dr
LOUISVILLE, KY 40214

Invoice Number: 4405-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSBRONZE	Employee Only	1	\$674.72	\$674.72
OPENAXESSBRONZE	Family	1	\$2,049.07	\$2,049.07
OPENAXESSCOPPER	Employee Only	3	\$624.03	\$1,872.09
OPENAXESSGOLD	Employee Only	4	\$905.15	\$3,620.60
OPENAXESSGOLD	Family	4	\$2,715.45	\$10,861.80
OPENAXESSSILVER	Employee Only	2	\$758.92	\$1,517.84
OPENAXESSSILVER	Employee & Spouse Only	2	\$1,517.83	\$3,035.66
OPENAXESSSILVER	Family	1	\$2,276.75	\$2,276.75
			GRAND TOTAL	\$25,908.53

MUJIN CORP
6300 Kenjoy Dr
LOUISVILLE, KY 40214

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CLOER, JOSHUA	2023-01-01	OPENAXESSGOLD	FAM	\$2715.45
COATS, BRANDON	2023-01-01	OPENAXESSGOLD	FAM	\$2715.45
CRAY, KEITH	2023-01-01	OPENAXESSSILVER	EE	\$758.92
DOUGHERTY, PATRICIA	2023-01-01	OPENAXESSGOLD	EE	\$905.15
FULTZ, JEREMY	2023-01-01	OPENAXESSCOPPER	EE	\$624.03
GATES, DOMINIC	2023-01-01	OPENAXESSGOLD	EE	\$905.15
GEORGE, MICHAEL	2023-01-01	OPENAXESSBRONZE	EE	\$674.72
GUO, CHUWEI	2023-01-01	OPENAXESSGOLD	EE	\$905.15
HA, VIEN	2023-01-01	OPENAXESSSILVER	ES	\$1517.83
HARTMANN, TRENTON	2023-01-01	OPENAXESSGOLD	EE	\$905.15
LINDELL, BRENT	2023-01-01	OPENAXESSGOLD	FAM	\$2715.45
MARTIN, MIELECIA	2023-01-01	OPENAXESSCOPPER	EE	\$624.03
NAGASAWA, YOSHIKAZU	2023-01-01	OPENAXESSSILVER	FAM	\$2276.75
OTOBE, DAIGO	2023-01-01	OPENAXESSGOLD	FAM	\$2715.45
PARCHURI, VALENTEENA	2023-01-01	OPENAXESSCOPPER	EE	\$624.03
SPANN, NICHOLAS	2023-01-01	OPENAXESSSILVER	ES	\$1517.83
STANLEY, JOHN PRASANNA	2023-01-01	OPENAXESSBRONZE	FAM	\$2049.07
THOMPSON, JEREMIAH	2023-01-01	OPENAXESSSILVER	EE	\$758.92

MEDICAL PLAN COUNTS

Employee Only	10
Employee & Spouse	2
Employee & Children	0
Family	6



Account Services

Monthly Statement

OFFICE PAVILLION

Invoice Number: 6218-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSSILVER	Employee Only	1	\$651.18	\$651.18
			GRAND TOTAL	\$1,302.36

OFFICE PAVILLION

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HELLMAN, TAMI	2022-11-01	OPENAXESSSILVER	EE	\$651.18

OFFICE PAVILLION

,

PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HELLMAN, TAMI	2022-11-01	OPENAXESSSILVER	EE	\$651.18

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

ONE NIGHT PROPERTIES

Invoice Number: 5908-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSPLATINUM	Employee Only	5	\$887.95	\$4,439.75
OPENAXESSPLATINUM	Employee & Children	1	\$887.95	\$1,751.05
OPENAXESSPLATINUM	Family	2	\$2,614.09	\$5,228.18
			GRAND TOTAL	\$11,418.98

ONE NIGHT PROPERTIES

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CATHCART, MOLLY	2023-01-01	OPENAXESSPLATINUM EE		\$887.95
FISHOF, POLINA	2023-01-01	OPENAXESSPLATINUM EE		\$887.95
FRISANCO, ERIC	2023-01-01	OPENAXESSPLATINUM EE		\$887.95
KLEIN, MOLLY	2023-01-01	OPENAXESSPLATINUM EE		\$887.95
KOLLENSCHER, AVI	2023-01-01	OPENAXESSPLATINUM FAM		\$2614.09
KRAWITZ, STEFAN	2023-01-01	OPENAXESSPLATINUM EE		\$887.95
SCHWARTZ, ELCHONON	2023-01-01	OPENAXESSPLATINUM EC		\$1751.05
SINGER, SIMON	2023-01-01	OPENAXESSPLATINUM FAM		\$2614.09

MEDICAL PLAN COUNTS

Employee Only	5
Employee & Spouse	0
Employee & Children	1
Family	2



Account Services

Monthly Statement

ONE PAPER LANE INC

Invoice Number: 5891-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSGOLD	Family	2	\$2,059.31	\$4,118.62
			GRAND TOTAL	\$4,118.62

ONE PAPER LANE INC

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KANNAN, KIRAN	2023-01-01	OPENAXESSGOLD	FAM	\$2059.31
MIRCHANDANI, GAURAV	2023-01-01	OPENAXESSGOLD	FAM	\$2059.31

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

ONE POINT HR SOLUTIONS
118 WEST 5TH STREET SUITE 202
COVINGTON, KY 41011

Invoice Number: 4212-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSBRONZE	Employee Only	2	\$511.68	\$1,023.36
OPENAXESSCOPPER	Employee Only	2	\$460.52	\$921.04
OPENAXESSGOLD	Employee Only	5	\$686.44	\$3,432.20
OPENAXESSPLATINUM	Employee Only	4	\$755.08	\$3,020.32
OPENAXESSPLATINUM	Employee & Children	2	\$1,510.16	\$3,020.32
OPENAXESSSILVER	Employee Only	1	\$575.53	\$575.53
OPENAXESSSILVER	Family	1	\$1,726.60	\$1,726.60
			GRAND TOTAL	\$13,719.37

ONE POINT HR SOLUTIONS
118 WEST 5TH STREET SUITE 202
COVINGTON, KY 41011

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ADCOCK, LISA	2023-01-01	OPENAXESSPLATINUM	EE	\$755.08
BIONDI, SHERI	2023-01-01	OPENAXESSSILVER	FAM	\$1726.60
CASTALDI, DORA	2023-01-01	OPENAXESSGOLD	EE	\$686.44
COOPER, SARAH	2023-01-01	OPENAXESSPLATINUM	EC	\$1510.16
DALBEY, TARAH	2023-01-01	OPENAXESSCOPPER	EE	\$460.52
DEABREU, GHERALDINE	2023-01-01	OPENAXESSPLATINUM	EE	\$755.08
GNADT, KIMBERLY	2023-01-01	OPENAXESSGOLD	EE	\$686.44
GUERRERO CANTORAN, MARCELA	2023-01-01	OPENAXESSPLATINUM	EC	\$1510.16
HILL, ELIZABETH	2023-01-01	OPENAXESSSILVER	EE	\$575.53
INBODEN, AMANDA	2023-01-01	OPENAXESSBRONZE	EE	\$511.68
JACKSON, RITA	2023-01-01	OPENAXESSCOPPER	EE	\$460.52
LOUGH, KELLY	2023-01-01	OPENAXESSPLATINUM	EE	\$755.08
PRINCE, APRIL	2023-01-01	OPENAXESSGOLD	EE	\$686.44
RICKETTS, WILLIAM	2023-01-01	OPENAXESSPLATINUM	EE	\$755.08
SHEFFIELD, JENNIFER	2023-01-01	OPENAXESSGOLD	EE	\$686.44
SOKOL, EMILY	2023-01-01	OPENAXESSBRONZE	EE	\$511.68
SVOB, LISA	2023-01-01	OPENAXESSGOLD	EE	\$686.44

MEDICAL PLAN COUNTS

Employee Only	14
Employee & Spouse	0
Employee & Children	2
Family	1



Account Services
Monthly Statement

PEAK LOAD MANAGEMENT ALLIANCE, INC
5289 Oakbrook Dr
PLAINFIELD, IN 46168

Invoice Number: 4523-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSSILVER	Employee & Spouse Only	1	\$1,266.18	\$1,266.18
			GRAND TOTAL	\$1,266.18

PEAK LOAD MANAGEMENT ALLIANCE, INC
5289 Oakbrook Dr
PLAINFIELD, IN 46168

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PHILIP, RICHARD	2023-01-01	OPENAXESSSILVER	ES	\$1266.18

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	1
Employee & Children	0
Family	0



Account Services

Monthly Statement

PET SUPPLIES PLUS - FARR BETTER PETS

Invoice Number: 5760-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
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GRAND TOTAL			\$0.00
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PET SUPPLIES PLUS - FARR BETTER PETS

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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MEDICAL PLAN COUNTS

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



Account Services
Monthly Statement

PET SUPPLIES PLUS HOUSTON

Invoice Number: 5976-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSGOLD	Employee Only	1	\$776.66	\$776.66
			GRAND TOTAL	\$776.66

PET SUPPLIES PLUS HOUSTON

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PITTMAN, MICHAEL	2023-01-01	OPENAXESSGOLD	EE	\$776.66

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

PMI GEORGIA
170 Greencastle Rd
TYRONE, GA 30290

Invoice Number: 4513-2023-0
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSGOLD	Employee Only	3	\$781.33	\$2,343.99
OPENAXESSGOLD	Family	1	\$2,291.48	\$2,291.48
OPENAXESSPLATINUM	Employee Only	3	\$932.26	\$2,796.78
OPENAXESSSILVER	Employee & Children	1	\$1,292.43	\$1,292.43
			GRAND TOTAL	\$8,724.68

PMI GEORGIA
170 Greencastle Rd
TYRONE, GA 30290

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BROWN, BETH	2023-01-01	OPENAXESSPLATINUM	EE	\$932.26
DUHON, VICTORIA	2023-01-01	OPENAXESSGOLD	EE	\$781.33
FLETCHER, JA'NAT	2023-01-01	OPENAXESSPLATINUM	EE	\$932.26
LITTLETON, CHRISTOPHER	2023-01-01	OPENAXESSGOLD	FAM	\$2291.48
MULDOWNEY, ALBERT	2023-01-01	OPENAXESSSILVER	EC	\$1292.43
PRESTON, APRIL	2023-01-01	OPENAXESSGOLD	EE	\$781.33
STRICKLAND, CATHY	2023-01-01	OPENAXESSPLATINUM	EE	\$932.26
SUPENA, MARK	2023-01-01	OPENAXESSGOLD	EE	\$781.33

MEDICAL PLAN COUNTS

Employee Only	6
Employee & Spouse	0
Employee & Children	1
Family	1



Account Services

Monthly Statement

PMI MM

Invoice Number: 4559-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSPLATINUM	Family	1	\$2,718.29	\$2,718.29
			GRAND TOTAL	\$2,718.29

PMI MM

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HART, STEVEN	2023-01-01	OPENAXESSPLATINUM FAM		\$2718.29

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

PMI OF UTAH
2940 W MAPLE LOOP DR
LEHI, UT 84043

Invoice Number: 4558-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSBRONZE	Employee Only	1	\$562.85	\$562.85
OPENAXESSGOLD	Employee Only	1	\$755.08	\$755.08
OPENAXESSPLATINUM	Employee & Children	1	\$1,812.18	\$1,812.18
OPENAXESSSILVER	Employee Only	1	\$633.09	\$633.09
OPENAXESSSILVER	Family	2	\$1,899.27	\$3,798.54
			GRAND TOTAL	\$7,561.74

PMI OF UTAH
2940 W MAPLE LOOP DR
LEHI, UT 84043

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CUNDIFF, JEREMIAH	2023-01-01	OPENAXESSSILVER	FAM	\$1899.27
FRANKLIN, ANGELA	2023-01-01	OPENAXESSBRONZE	EE	\$562.85
GALLAGHER, GLENN	2023-01-01	OPENAXESSSILVER	FAM	\$1899.27
HENDRICKS-MEADERS, ADRIANNE	2023-01-01	OPENAXESSSILVER	EE	\$633.09
LAYTON, CHRISTOPHER	2023-01-01	OPENAXESSPLATINUM	EC	\$1812.18
WEISS, TIFFANY	2023-01-01	OPENAXESSGOLD	EE	\$755.08

MEDICAL PLAN COUNTS

Employee Only	3
Employee & Spouse	0
Employee & Children	1
Family	2



Account Services
Monthly Statement

PMI RENO
63 Keystone Ave Ste 104
RENO, NV 89503

Invoice Number: 4474-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSGOLD	Employee Only	1	\$755.08	\$755.08
OPENAXESSGOLD	Family	1	\$2,265.23	\$2,265.23
			GRAND TOTAL	\$3,020.31

PMI RENO
63 Keystone Ave Ste 104
RENO, NV 89503

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HUGHES, ERNEST	2023-01-01	OPENAXESSGOLD	FAM	\$2265.23
STARKS, RHONDA	2023-01-01	OPENAXESSGOLD	EE	\$755.08

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

POOLWERX FOREST LANE
3544 Forest Ln
DALLAS, TX 75234

Invoice Number: 4290-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSGOLD	Employee Only	8	\$593.59	\$4,748.72
OPENAXESSGOLD	Employee & Spouse Only	1	\$1,187.17	\$1,187.17
			GRAND TOTAL	\$5,935.89

POOLWERX FOREST LANE
3544 Forest Ln
DALLAS, TX 75234

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CRUZ, MARY	2023-01-01	OPENAXESSGOLD	EE	\$593.59
HAMILTON, JOSEPH	2023-01-01	OPENAXESSGOLD	EE	\$593.59
HOLIFIELD, VICTOR	2023-01-01	OPENAXESSGOLD	ES	\$1187.17
HOOKEER, KEVIN	2023-01-01	OPENAXESSGOLD	EE	\$593.59
SCOTT, TASHINA	2023-01-01	OPENAXESSGOLD	EE	\$593.59
SMITH, JANELL	2023-01-01	OPENAXESSGOLD	EE	\$593.59
STEALEY, JEFFREY	2023-01-01	OPENAXESSGOLD	EE	\$593.59
TRAYLOR, DEBORAH	2023-01-01	OPENAXESSGOLD	EE	\$593.59
WALLINGFORD GEBBIE, KAREN	2023-01-01	OPENAXESSGOLD	EE	\$593.59

MEDICAL PLAN COUNTS

Employee Only	8
Employee & Spouse	1
Employee & Children	0
Family	0



Account Services

Monthly Statement

POOLWERX USA
13901 Midway Rd
FARMERS BRANCH, TX 75244

Invoice Number: 4289-2023-0
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSGOLD	Employee Only	9	\$593.59	\$5,342.31
OPENAXESSGOLD	Employee & Spouse Only	1	\$1,187.17	\$1,187.17
OPENAXESSGOLD	Employee & Children	1	\$1,187.17	\$1,187.17
OPENAXESSGOLD	Family	1	\$2,225.97	\$2,225.97
OPENAXESSSILVER	Employee Only	1	\$520.90	\$520.90
			GRAND TOTAL	\$10,463.52

POOLWERX USA
13901 Midway Rd
FARMERS BRANCH, TX 75244

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
COOK, GAIL	2023-01-01	OPENAXESSGOLD	EE	\$593.59
FERNANDES, BRIAN	2023-01-01	OPENAXESSGOLD	EE	\$593.59
FUENTES, NALLEY	2023-01-01	OPENAXESSGOLD	EE	\$593.59
JENKINS, NANCY	2023-01-01	OPENAXESSGOLD	EE	\$593.59
JULIAN, ARSHAE	2023-01-01	OPENAXESSGOLD	EE	\$593.59
KAMPER, WAYNE	2023-01-01	OPENAXESSGOLD	FAM	\$2225.97
KIDD, ANDREW	2023-01-01	OPENAXESSGOLD	ES	\$1187.17
MOORE, STEPHEN	2023-01-01	OPENAXESSGOLD	EE	\$593.59
NYABOGA, SIDNER	2023-01-01	OPENAXESSGOLD	EE	\$593.59
O'BRIEN, SHANNON	2023-01-01	OPENAXESSGOLD	EE	\$593.59
OVERDUIN, BLAKE	2023-01-01	OPENAXESSGOLD	EC	\$1187.17
OVERDUIN, CHARMIAN	2023-01-01	OPENAXESSGOLD	EE	\$593.59
PRESSNELL, MIRANDA	2023-01-01	OPENAXESSSILVER	EE	\$520.90

MEDICAL PLAN COUNTS

Employee Only	10
Employee & Spouse	1
Employee & Children	1
Family	1



Account Services

Monthly Statement

PPD REMODELING & CONSTRUCTION, INC.

Invoice Number: 5834-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSCOPPER	Employee Only	1	\$520.57	\$520.57
OPENAXESSGOLD	Family	1	\$2,265.23	\$2,265.23
			GRAND TOTAL	\$2,785.80

PPD REMODELING & CONSTRUCTION, INC.

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MISTINA, BRAD	2023-01-01	OPENAXESSGOLD	FAM	\$2265.23
RODRIGUEZ, JOSE	2023-01-01	OPENAXESSCOPPER	EE	\$520.57

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

PRESENT MEDIA GROUP DBA FOREST MEDIA GROUP
110 W 96th St
NEW YORK, NY 10025

Invoice Number: 4469-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSILVER	Family	1	\$1,899.27	\$1,899.27
			GRAND TOTAL	\$1,899.27

PRESENT MEDIA GROUP DBA FOREST MEDIA GROUP
110 W 96th St
NEW YORK, NY 10025

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MEYEROVICH, ARTHUR	2023-01-01	OPENAXESSSILVER	FAM	\$1899.27

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

PRIME EXPRESS

Invoice Number: 5847-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSPLATINUM	Employee & Spouse Only	1	\$1,812.18	\$1,812.18
			GRAND TOTAL	\$1,812.18

PRIME EXPRESS

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GHANCHI, OMER	2023-01-01	OPENAXESSPLATINUM ES		\$1812.18

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	1
Employee & Children	0
Family	0



Account Services

Monthly Statement

PRIVATE CAPITAL INTELLIGENCE LLC
240 EAST 82nd STREET 20G
NEW YORK, NY 10028

Invoice Number: 4257-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSGOLD	Employee Only	1	\$623.62	\$623.62
OPENAXESSGOLD	Employee & Spouse Only	1	\$1,247.35	\$1,247.35
			GRAND TOTAL	\$1,870.97

PRIVATE CAPITAL INTELLIGENCE LLC
240 EAST 82nd STREET 20G
NEW YORK, NY 10028

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FICCA, WILLIAM	2023-01-01	OPENAXESSGOLD	ES	\$1247.35
LEONE, DANIELLE	2023-01-01	OPENAXESSGOLD	EE	\$623.62

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	1
Employee & Children	0
Family	0



Account Services

Monthly Statement

PROPERTY MANAGEMENT INC.
2940 W Maple Loop Dr Ste 104
LEHI, UT 84043

Invoice Number: 4527-2023-0
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSBRONZE	Employee Only	4	\$562.85	\$2,251.40
OPENAXESSBRONZE	Family	1	\$1,709.34	\$1,709.34
OPENAXESSCOPPER	Employee Only	1	\$520.57	\$520.57
OPENAXESSCOPPER	Employee & Children	1	\$953.38	\$953.38
OPENAXESSCOPPER	Family	2	\$1,490.77	\$2,981.54
OPENAXESSGOLD	Employee Only	1	\$755.08	\$755.08
OPENAXESSGOLD	Family	1	\$2,265.23	\$2,265.23
OPENAXESSPLATINUM	Employee Only	1	\$906.01	\$906.01
OPENAXESSPLATINUM	Employee & Spouse Only	2	\$1,812.18	\$3,624.36
OPENAXESSPLATINUM	Employee & Children	1	\$1,812.18	\$1,812.18
OPENAXESSSILVER	Employee Only	1	\$633.09	\$633.09
OPENAXESSSILVER	Family	3	\$1,899.27	\$5,697.81
			GRAND TOTAL	\$24,109.99

PROPERTY MANAGEMENT INC.
2940 W Maple Loop Dr Ste 104
LEHI, UT 84043

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALLISON, GREG	2023-01-01	OPENAXESSSILVER	FAM	\$1899.27
BOOTH, KRISTINA	2023-01-01	OPENAXESSPLATINUM	EE	\$906.01
BRANAN, JESICA	2023-01-01	OPENAXESSCOPPER	EE	\$520.57
BROMLEY, TERAH	2023-01-01	OPENAXESSSILVER	FAM	\$1899.27
CARR, KATHRYN	2023-01-01	OPENAXESSGOLD	EE	\$755.08
DROGOWSKI, NATHAN	2023-01-01	OPENAXESSBRONZE	EE	\$562.85
GOODALL, HUNTER	2023-01-01	OPENAXESSCOPPER	FAM	\$1490.77
HEDER, MARIANNE	2023-01-01	OPENAXESSSILVER	FAM	\$1899.27
HOMER, ALAN	2023-01-01	OPENAXESSBRONZE	EE	\$562.85
MANWILL, MEGAN	2023-01-01	OPENAXESSBRONZE	EE	\$562.85
MCELHINEY, AARON	2023-01-01	OPENAXESSGOLD	FAM	\$2265.23
MCFARLAND, PATRICK	2023-01-01	OPENAXESSPLATINUM	ES	\$1812.18
MORLEY, JEFFREY	2023-01-01	OPENAXESSBRONZE	FAM	\$1709.34
PEDRERO, ORLANDO	2023-01-01	OPENAXESSPLATINUM	ES	\$1812.18
PHILIPPS, JAMES	2023-01-01	OPENAXESSBRONZE	EE	\$562.85
PIGGOTT, BRYAN	2023-01-01	OPENAXESSCOPPER	FAM	\$1490.77
SCHRADER, JAMES	2023-01-01	OPENAXESSPLATINUM	EC	\$1812.18
SEGRETTO, KELLI	2023-01-01	OPENAXESSSILVER	EE	\$633.09
STEEN, GERALD	2023-01-01	OPENAXESSCOPPER	EC	\$953.38

PROPERTY MANAGEMENT INC.
2940 W Maple Loop Dr Ste 104
LEHI, UT 84043

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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MEDICAL PLAN COUNTS

Employee Only	8
Employee & Spouse	2
Employee & Children	2
Family	7



Account Services

Monthly Statement

PRP LEARNING CENTER BALTIMORE MD
10 RED MAPLE COURT
OWINGS MILLS, MD 21117

Invoice Number: 4609-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSPLATINUM	Family	2	\$2,718.29	\$5,436.58
			GRAND TOTAL	\$5,436.58

PRP LEARNING CENTER BALTIMORE MD
10 RED MAPLE COURT
OWINGS MILLS, MD 21117

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KARGMAN, DIMITRY	2023-01-01	OPENAXESSPLATINUM FAM		\$2718.29
KLEIN, MILANA	2023-01-01	OPENAXESSPLATINUM FAM		\$2718.29

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

RAMADA INN SOUTHBEND

Invoice Number: 6043-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSBRONZE	Employee Only	2	\$578.93	\$1,157.86
OPENAXESSSILVER	Employee Only	1	\$651.18	\$651.18
			GRAND TOTAL	\$1,809.04

RAMADA INN SOUTHBEND

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KEITH, DEBBIE	2023-01-01	OPENAXESSBRONZE	EE	\$578.93
SCINICO, DAVID	2023-01-01	OPENAXESSSILVER	EE	\$651.18
VILLEDA, GREGORIA	2023-01-01	OPENAXESSBRONZE	EE	\$578.93

MEDICAL PLAN COUNTS

Employee Only	3
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

REBEL HOSPITALITY LLC
215 W Ontario Street
CHICAGO, IL 60654

Invoice Number: 4133-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSPRIME	Employee Only	3	\$686.37	\$2,059.11
OPENAXESSPRIME	Family	2	\$1,967.30	\$3,934.60
			GRAND TOTAL	\$5,993.71

REBEL HOSPITALITY LLC
215 W Ontario Street
CHICAGO, IL 60654

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DAVIS, CYNTHIA	2023-01-01	OPENAXESSPRIME	EE	\$686.37
HINES, ANGELIA	2023-01-01	OPENAXESSPRIME	EE	\$686.37
JACOBS, KALI	2023-01-01	OPENAXESSPRIME	EE	\$686.37
KLOK, ANTHONY	2023-01-01	OPENAXESSPRIME	FAM	\$1967.30
KORNOTA, EUGENE	2023-01-01	OPENAXESSPRIME	FAM	\$1967.30

MEDICAL PLAN COUNTS

Employee Only	3
Employee & Spouse	0
Employee & Children	0
Family	2



Account Services

Monthly Statement

REMAX GOLD
1312 MATTHEWS MINT HILL RD
MATTHEWS, NC 28105

Invoice Number: 4106-2023-0
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSBRONZE	Employee & Spouse Only	1	\$1,036.17	\$1,036.17
OPENAXESSGOLD	Employee Only	1	\$686.44	\$686.44
			GRAND TOTAL	\$1,722.61

REMAX GOLD
1312 MATTHEWS MINT HILL RD
MATTHEWS, NC 28105

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CASON, NATALIE	2023-01-01	OPENAXESSGOLD	EE	\$686.44
SUITOR, JASON	2023-01-01	OPENAXESSBRONZE	ES	\$1036.17

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	1
Employee & Children	0
Family	0



Account Services

Monthly Statement

RFC DRILLING. LLC
6001 W Murphy St
ODESSA, TX 79763

Invoice Number: 4497-2023-0
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSBRONZE	Employee Only	1	\$434.73	\$434.73
OPENAXESSBRONZE	Employee & Spouse Only	1	\$869.46	\$869.46
OPENAXESSBRONZE	Employee & Children	1	\$869.46	\$869.46
OPENAXESSCOPPER	Employee Only	1	\$391.26	\$391.26
OPENAXESSCOPPER	Employee & Spouse Only	3	\$782.52	\$2,347.56
OPENAXESSCOPPER	Employee & Children	2	\$782.52	\$1,565.04
OPENAXESSCOPPER	Family	1	\$1,229.58	\$1,229.58
OPENAXESSGOLD	Employee Only	3	\$748.00	\$1,496.00
OPENAXESSPLATINUM	Employee Only	3	\$822.81	\$2,468.43
OPENAXESSPLATINUM	Employee & Spouse Only	1	\$1,645.61	\$1,645.61
OPENAXESSPLATINUM	Employee & Children	1	\$822.81	\$1,645.61
OPENAXESSPREMIUM	Employee Only	12	\$603.30	\$7,239.60
OPENAXESSPREMIUM	Employee & Spouse Only	7	\$1,233.94	\$8,637.58
OPENAXESSPREMIUM	Employee & Children	1	\$1,233.94	\$1,107.15
OPENAXESSSILVER	Employee Only	2	\$483.04	\$966.08
OPENAXESSSILVER	Employee & Children	1	\$483.04	\$966.08
			GRAND TOTAL	\$33,926.79

RFC DRILLING. LLC
6001 W Murphy St
ODESSA, TX 79763

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BARNHART JR, TOMMY	2023-01-01	OPENAXESSILVER	EC	\$966.08
CASTEEL, AARON	2023-01-01	OPENAXESSGOLD	EE	\$748.00
COGGIN, RALPH	2023-01-01	OPENAXESSPREMIUM	ES	\$1233.94
COURVILLE, GEORGE	2023-01-01	OPENAXESSPREMIUM	ES	\$1233.94
DANIELS, WILLIAM	2023-01-01	OPENAXESSPLATINUM	EE	\$822.81
DEMPSEY, THOMAS	2023-01-01	OPENAXESSPLATINUM	ES	\$1645.61
DOWDEN, CARL	2023-01-01	OPENAXESSPREMIUM	EE	\$603.30
DUBOSE, MICHEAL	2023-01-01	OPENAXESSCOPPER	ES	\$782.52
FARAGOZA, JOHN	2023-01-01	OPENAXESSILVER	EE	\$483.04
FAULKNER, CLYDE	2023-01-01	OPENAXESSGOLD	EE	\$0.00
FAULKNER, JONATHON	2023-01-01	OPENAXESSPLATINUM	EE	\$822.81
FERGUSON, JONATHAN	2023-01-01	OPENAXESSBRONZE	ES	\$869.46
FONTENOT, ALLEN	2023-01-01	OPENAXESSCOPPER	ES	\$782.52
FONTENOT, BRYAN	2023-01-01	OPENAXESSGOLD	EE	\$748.00
FONTENOT, GREGORY	2023-01-01	OPENAXESSPREMIUM	EE	\$603.30
GAYLE, CHARLES	2023-01-01	OPENAXESSPREMIUM	EE	\$603.30
GEARLDS, ANDREW	2023-01-01	OPENAXESSILVER	EE	\$483.04
HAM, JEFF	2023-01-01	OPENAXESSPREMIUM	ES	\$1233.94
HILL, ROBERT	2023-01-01	OPENAXESSPREMIUM	EC	\$1107.15

RFC DRILLING. LLC
6001 W Murphy St
ODESSA, TX 79763

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
JACKSON, MEGAN	2023-01-01	OPENAXESSPLATINUM	EC	\$1645.61
JONES, JIMMIE	2023-01-01	OPENAXESSPLATINUM	EE	\$822.81
LEWIS, JUSTIN	2023-01-01	OPENAXESSCOPPER	EC	\$782.52
LYLES, RODNEY	2023-01-01	OPENAXESSPREMIUM	EE	\$603.30
MALONE, DAVID	2023-01-01	OPENAXESSPREMIUM	ES	\$1233.94
MCMURRY, BRANDON	2023-01-01	OPENAXESSCOPPER	FAM	\$1229.58
MELTON, JOHNALLEN	2023-01-01	OPENAXESSBRONZE	EE	\$434.73
MIRE, JOSHUA	2023-01-01	OPENAXESSPREMIUM	EE	\$603.30
MITCHELL, TONY	2023-01-01	OPENAXESSBRONZE	EC	\$869.46
MURPHY, DAN	2023-01-01	OPENAXESSPREMIUM	EE	\$603.30
MURPHY, WENDELL	2023-01-01	OPENAXESSCOPPER	ES	\$782.52
NAVA, HUMBERTO	2023-01-01	OPENAXESSPREMIUM	EE	\$603.30
OWENS, KEVIN	2023-01-01	OPENAXESSCOPPER	EE	\$391.26
POWELL, RAMSEY	2023-01-01	OPENAXESSPREMIUM	EE	\$603.30
RICHARD, MURPHY	2023-01-01	OPENAXESSPREMIUM	ES	\$1233.94
SMITH, JARVIS	2023-01-01	OPENAXESSPREMIUM	EE	\$603.30
SONNIER, BRENTON	2023-01-01	OPENAXESSPREMIUM	ES	\$1233.94
SONNIER, CURTIS	2023-01-01	OPENAXESSPREMIUM	ES	\$1233.94

RFC DRILLING. LLC
6001 W Murphy St
ODESSA, TX 79763

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
TREVINO, HUGO	2023-01-01	OPENAXESSPREMIUM	EE	\$603.30
VEILLON, DUSTIN	2023-01-01	OPENAXESSPREMIUM	EE	\$603.30
WHITNEY, COREY	2023-01-01	OPENAXESSPREMIUM	EE	\$603.30
YOUNG, BENJI	2023-01-01	OPENAXESSCOPPER	EC	\$782.52

MEDICAL PLAN COUNTS

Employee Only	22
Employee & Spouse	12
Employee & Children	6
Family	1



Account Services

Monthly Statement

RIGHTPRO STAFFING
100 Reserve Rd
Danbury, CT 06810

Invoice Number: 4726-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSGOLD	Employee Only	5	\$617.74	\$3,088.70
OPENAXESSGOLD	Family	1	\$1,853.38	\$1,853.38
OPENAXESSSILVER	Employee Only	1	\$517.98	\$517.98
			GRAND TOTAL	\$5,460.06

RIGHTPRO STAFFING

100 Reserve Rd
Danbury, CT 06810

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CHURCH, ANGELISA	2023-01-01	OPENAXESSGOLD	EE	\$617.74
GARRISON, HEATHER	2023-01-01	OPENAXESSSILVER	EE	\$517.98
KAIN, KYLE	2023-01-01	OPENAXESSGOLD	EE	\$617.74
KAIN, SIDNEY	2023-01-01	OPENAXESSGOLD	FAM	\$1853.38
NIETO, EDUARDO	2023-01-01	OPENAXESSGOLD	EE	\$617.74
ONWUSI, OBIOMA	2023-01-01	OPENAXESSGOLD	EE	\$617.74
RUSSELL, CANDICE	2023-01-01	OPENAXESSGOLD	EE	\$617.74

MEDICAL PLAN COUNTS

Employee Only	6
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

RLS FLORIDA
1943 NW 104TH WAY
GAINESVILLE, FL 32606

Invoice Number: 4423-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSSILVER	Family	1	\$1,726.60	\$1,726.60
			GRAND TOTAL	\$1,726.60

RLS FLORIDA
1943 NW 104TH WAY
GAINESVILLE, FL 32606

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SCOTT, RANDOLPH	2023-01-01	OPENAXESSSILVER	FAM	\$1726.60

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

ROO LOGISTICS

Invoice Number: 6180-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSSILVER	Employee Only	1	\$651.18	\$651.18
			GRAND TOTAL	\$651.18

ROO LOGISTICS

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
NATHAN, CARL	2023-01-01	OPENAXESSSILVER	EE	\$651.18

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

ROOSTERS MEN'S GROOMING CENTER
5361 ROLLINGWOOD DR
MILFORD, OH 45150

Invoice Number: 4661-2023-0
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSGOLD	Employee Only	2	\$503.84	\$1,007.68
OPENAXESSGOLD	Employee & Spouse Only	1	\$1,034.47	\$1,034.47
OPENAXESSGOLD	Employee & Children	2	\$950.32	\$1,900.64
			GRAND TOTAL	\$3,942.79

ROOSTERS MEN'S GROOMING CENTER
5361 ROLLINGWOOD DR
MILFORD, OH 45150

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
AGUIRRE, AMY	2023-01-01	OPENAXESSGOLD	EE	\$503.84
NELSON, COURTNEY	2023-01-01	OPENAXESSGOLD	EC	\$950.32
NELSON, JARED	2023-01-01	OPENAXESSGOLD	EE	\$503.84
NELSON, LISA	2023-01-01	OPENAXESSGOLD	ES	\$1034.47
WEAVER, MIRANDA	2023-01-01	OPENAXESSGOLD	EC	\$950.32

MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	1
Employee & Children	2
Family	0



Account Services

Monthly Statement

RSL SAFETY CORPORATION
1409 EAST BLVD
CHARLOTTE, NC 28203

Invoice Number: 4254-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSGOLD	Employee Only	1	\$617.74	\$617.74
OPENAXESSGOLD	Family	1	\$1,853.38	\$1,853.38
			GRAND TOTAL	\$2,471.12

RSL SAFETY CORPORATION
1409 EAST BLVD
CHARLOTTE, NC 28203

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MONTAGUE, KELVIN	2023-01-01	OPENAXESSGOLD	FAM	\$1853.38
PETRARCA, DENNIS	2023-01-01	OPENAXESSGOLD	EE	\$617.74

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

SENIOR CARE AUTHORITY - BOYNTON BEACH

Invoice Number: 6050-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSCOPPER	Employee Only	2	\$535.44	\$1,070.88
			GRAND TOTAL	\$1,070.88

SENIOR CARE AUTHORITY - BOYNTON BEACH

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GLACER, JODI	2023-01-01	OPENAXESSCOPPER	EE	\$535.44
MCDONALD, TABITHANETHA	2023-01-01	OPENAXESSCOPPER	EE	\$535.44

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

STAFFINGMEDICAL USA
118 WEST 5TH STREET SUITE 202
COVINGTON, KY 41011

Invoice Number: 4220-2023-0
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSCOPPER	Employee Only	1	\$460.52	\$460.52
OPENAXESSGOLD	Employee Only	5	\$686.44	\$3,432.20
OPENAXESSPLATINUM	Employee Only	1	\$755.08	\$755.08
			GRAND TOTAL	\$4,757.71

STAFFINGMEDICAL USA
118 WEST 5TH STREET SUITE 202
COVINGTON, KY 41011

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALBISHARI, OSAMAH	2023-01-01	OPENAXESSGOLD	EE	\$686.44
BENAVIDES, JANIE	2023-01-01	OPENAXESSGOLD	EE	\$686.44
CAGLE, TARA	2023-01-01	OPENAXESSGOLD	EE	\$686.44
CULLING, CHRISTINA	2023-01-01	OPENAXESSGOLD	EE	\$686.44
DIAZ, GRACE	2023-01-01	OPENAXESSGOLD	EE	\$686.44
HARRIS, KIMBERLY	2023-01-01	OPENAXESSCOPPER	EE	\$460.52
YSAGUIRRE, CAROL	2023-01-01	OPENAXESSPLATINUM	EE	\$755.08

MEDICAL PLAN COUNTS

Employee Only	7
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services
Monthly Statement

SUPERCUTS MURRO OF FLEMINGTON
32 ROUTE 31 SUITE 400
FLEMINGTON, NJ 08822

Invoice Number: 4143-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSPREMIUM	Employee Only	2	\$523.23	\$1,046.46
			GRAND TOTAL	\$1,046.46

SUPERCUTS MURRO OF FLEMINGTON
32 ROUTE 31 SUITE 400
FLEMINGTON, NJ 08822

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GRAY, KELLY	2023-01-01	OPENAXESSPREMIUM	EE	\$523.23
SCARANO, SARAH	2023-01-01	OPENAXESSPREMIUM	EE	\$523.23

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

SUPERCUTS MURRO OF MANSFIELD
1930 ROUTE 57 SUITE E
HACKETTSTOWN, NJ 07840

Invoice Number: 4144-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1159OPENAXESSPLATI	Employee Only	1	\$784.50	\$784.50
			GRAND TOTAL	\$784.50

SUPERCUTS MURRO OF MANSFIELD
1930 ROUTE 57 SUITE E
HACKETTSTOWN, NJ 07840

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SARI, JOSEPHINE	2023-01-01	1159OPENAXESSPLATI	EE	\$784.50

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

SWA GROUP
2200 BRIDGEWAY
SAUSALITO, CA 94965

Invoice Number: 4556-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSPLATINUM	Employee Only	2	\$823.72	\$1,647.44
OPENAXESSPLATINUM	Employee & Spouse Only	1	\$1,647.44	\$1,647.44
			GRAND TOTAL	\$3,294.88

SWA GROUP
2200 BRIDGEWAY
SAUSALITO, CA 94965

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DOMLESKY, ANYA	2023-01-01	OPENAXESSPLATINUM EE		\$823.72
LINDLEY, CARSON	2023-01-01	OPENAXESSPLATINUM EE		\$823.72
WALDO, BENJAMIN	2023-01-01	OPENAXESSPLATINUM ES		\$1647.44

MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	1
Employee & Children	0
Family	0



Account Services

Monthly Statement

TALEM HOME CARE
80 GARDEN CTR
BROOMFIELD, CO 80020

Invoice Number: 4230-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSBRONZE	Family	1	\$1,398.55	\$1,398.55
OPENAXESSGOLD	Employee Only	1	\$588.38	\$588.38
			GRAND TOTAL	\$1,986.93

TALEM HOME CARE
80 GARDEN CTR
BROOMFIELD, CO 80020

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CRUTCHER, RANDALL	2023-01-01	OPENAXESSBRONZE	FAM	\$1398.55
PIERCE, MICHAEL	2022-01-01	OPENAXESSGOLD	EE	\$588.38

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

TALEM HOME CARE - BROOMFIELD
80 GARDEN CTR SUITE A6
BROOMFIELD, CO 80020

Invoice Number: 4231-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSCOPPER	Employee Only	1	\$399.75	\$399.75
OPENAXESSSILVER	Employee Only	1	\$517.98	\$517.98
			GRAND TOTAL	\$917.73

TALEM HOME CARE - BROOMFIELD
80 GARDEN CTR SUITE A6
BROOMFIELD, CO 80020

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SHAW-PATTON, BECKIE	2020-05-01	OPENAXESSCOPPER	EE	\$399.75
VALDEZ, ROBERT	2022-12-01	OPENAXESSSILVER	EE	\$517.98

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

TALEM HOME CARE - COLORADO SPRINGS
3230 E WOODMEN RD SUITE 110 G
COLORADO SPRINGS, CO 80920

Invoice Number: 4258-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSGOLD	Employee Only	1	\$617.74	\$617.74
			GRAND TOTAL	\$617.74

TALEM HOME CARE - COLORADO SPRINGS
3230 E WOODMEN RD SUITE 110 G
COLORADO SPRINGS, CO 80920

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WEST, SHAILENE	2022-12-01	OPENAXESSGOLD	EE	\$617.74

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

TALEM HOME CARE - DENVER
3600 S BEELER ST. SUITE 320
DENVER, CO 80237

Invoice Number: 4239-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSCOPPER	Employee Only	1	\$399.75	\$399.75
			GRAND TOTAL	\$399.75

TALEM HOME CARE - DENVER
3600 S BEELER ST. SUITE 320
DENVER, CO 80237

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ROGERS, MATTHEW	2022-01-01	OPENAXESSCOPPER	EE	\$399.75

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

TALEM HOME CARE - FORT COLLINS
2601 S LEMAY AVE SUITE 33
FORT COLLINS, CO 80525

Invoice Number: 4273-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSBRONZE	Family	1	\$1,398.55	\$1,398.55
OPENAXESSGOLD	Employee Only	1	\$617.74	\$617.74
			GRAND TOTAL	\$2,016.29

TALEM HOME CARE - FORT COLLINS
2601 S LEMAY AVE SUITE 33
FORT COLLINS, CO 80525

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KOWALSKI, MARCY	2022-12-01	OPENAXESSBRONZE	FAM	\$1398.55
METZ, MIKAYLA	2022-12-01	OPENAXESSGOLD	EE	\$617.74

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

THE CHASELLA GROUP

Invoice Number: 6238-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSPLATINUM	Family	1	\$2,795.95	\$2,795.95
			GRAND TOTAL	\$2,795.95

THE CHASELLA GROUP

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KAPLAN, JAMES	2023-01-01	OPENAXESSPLATINUM FAM		\$2795.95

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

THE LAW OFFICES OF MICHAEL SHAWN
929 Alton Rd Ste 500
MIAMI BEACH, FL 33139

Invoice Number: 4482-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSCOPPER	Employee Only	1	\$520.57	\$520.57
OPENAXESSPLATINUM	Employee Only	1	\$906.01	\$906.01
OPENAXESSPLATINUM	Employee & Spouse Only	1	\$1,813.12	\$1,813.12
			GRAND TOTAL	\$3,239.70

THE LAW OFFICES OF MICHAEL SHAWN
929 Alton Rd Ste 500
MIAMI BEACH, FL 33139

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ESPINAL, GISELLE	2023-01-01	OPENAXESSPLATINUM	EE	\$906.01
RODRIGUEZ, SORAYA	2023-01-01	OPENAXESSCOPPER	EE	\$520.57
SHAWN, MICHAEL	2023-01-01	OPENAXESSPLATINUM	ES	\$1813.12

MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	1
Employee & Children	0
Family	0



Account Services
Monthly Statement

TOUCH POINT MAINTENANCE LLC

Invoice Number: 5844-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSGOLD	Employee Only	1	\$776.66	\$776.66
			GRAND TOTAL	\$1,553.32

TOUCH POINT MAINTENANCE LLC

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HUGHES, AUSTIN	2022-12-01	OPENAXESSGOLD	EE	\$776.66

TOUCH POINT MAINTENANCE LLC

,

PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HUGHES, AUSTIN	2022-12-01	OPENAXESSGOLD	EE	\$776.66

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

TROUTBROOK DEVELOPMENT LLC
18 EAST 87TH - GROUND FLOOR
NEW YORK, NY 10128

Invoice Number: 4599-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSGOLD	Employee Only	1	\$465.24	\$465.24
			GRAND TOTAL	\$465.24

TROUTBROOK DEVELOPMENT LLC
18 EAST 87TH - GROUND FLOOR
NEW YORK, NY 10128

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
TORAL, GABRIELA	2023-01-01	OPENAXESSGOLD	EE	\$465.24

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

UNITED PREMIUM FOODS
1 AMBOY AVE
WOODBIDGE, NJ 07095

Invoice Number: 4311-2023-0
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSBRONZE	Employee Only	3	\$490.68	\$1,472.04
OPENAXESSBRONZE	Family	2	\$1,553.95	\$3,107.90
OPENAXESSGOLD	Family	1	\$2,059.31	\$2,059.31
OPENAXESSSILVER	Employee Only	1	\$554.54	\$554.54
			GRAND TOTAL	\$7,193.79

UNITED PREMIUM FOODS
1 AMBOY AVE
WOODBIDGE, NJ 07095

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
AL ABSI, HAMZA	2023-01-01	OPENAXESSBRONZE	FAM	\$1553.95
COX, MICHAEL	2023-01-01	OPENAXESSGOLD	FAM	\$2059.31
ENGROFF, HENRY	2023-01-01	OPENAXESSBRONZE	EE	\$490.68
KUBOWICZ, SANDRA	2023-01-01	OPENAXESSSILVER	EE	\$554.54
POULSON, ALLYSON	2023-01-01	OPENAXESSBRONZE	EE	\$490.68
ROSA, CHRISTOPHER	2023-01-01	OPENAXESSBRONZE	EE	\$490.68
YAE, JOHN	2023-01-01	OPENAXESSBRONZE	FAM	\$1553.95

MEDICAL PLAN COUNTS

Employee Only	4
Employee & Spouse	0
Employee & Children	0
Family	3



Account Services

Monthly Statement

VIA MODA GROUP
2370 N Terrace Ave
Milwaukee, WI 53211

Invoice Number: 4719-2023-0
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSBRONZE	Employee Only	4	\$446.88	\$1,787.52
OPENAXESSBRONZE	Employee & Children	1	\$446.88	\$805.53
OPENAXESSBRONZE	Family	2	\$1,248.14	\$2,496.28
OPENAXESSGOLD	Employee Only	1	\$648.58	\$648.58
			GRAND TOTAL	\$5,737.91

VIA MODA GROUP
2370 N Terrace Ave
Milwaukee, WI 53211

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CRANK, KELSEY	2023-01-01	OPENAXESSBRONZE	EE	\$446.88
GERLOFF ROUZAN, VICKI	2023-01-01	OPENAXESSBRONZE	EE	\$446.88
HANNA, MAKENNA	2023-01-01	OPENAXESSBRONZE	EE	\$446.88
MUELLER, CANDICE	2023-01-01	OPENAXESSGOLD	EE	\$648.58
RUSSELL, BETH	2023-01-01	OPENAXESSBRONZE	EC	\$805.53
SCHROEDER, DEBRA	2023-01-01	OPENAXESSBRONZE	FAM	\$1248.14
SLOCK, JADEANN	2023-01-01	OPENAXESSBRONZE	EE	\$446.88
VAN DE SYPE, MIRIAM	2023-01-01	OPENAXESSBRONZE	FAM	\$1248.14

MEDICAL PLAN COUNTS

Employee Only	5
Employee & Spouse	0
Employee & Children	1
Family	2



Account Services
Monthly Statement

VIB BY BEST WESTERN
6201 N 24th Pkwy
PHOENIX, AZ 85016

Invoice Number: 4382-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSGOLD	Employee Only	1	\$686.44	\$686.44
			GRAND TOTAL	\$686.44

VIB BY BEST WESTERN

6201 N 24th Pkwy

PHOENIX, AZ 85016

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
VOGT-NILSEN, ERIKA	2023-01-01	OPENAXESSGOLD	EE	\$686.44

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

VIOTAS TEXAS

Invoice Number: 6071-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSBRONZE	Family	1	\$1,480.09	\$1,480.09
			GRAND TOTAL	\$1,480.09

VIOTAS TEXAS

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LOCKERD, PATRICK	2023-01-01	OPENAXESSBRONZE	FAM	\$1480.09

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

WEBSpace, INC.

Invoice Number: 5974-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSGOLD	Employee & Children	1	\$1,372.87	\$1,372.87
			GRAND TOTAL	\$1,372.87

WEBSpace, INC.

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HELLINGER, MATTHEW	2023-01-01	OPENAXESSGOLD	EC	\$1372.87

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	0
Employee & Children	1
Family	0



Account Services

Monthly Statement

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

Invoice Number: 4352-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSBRONZE	Employee Only	1	\$511.68	\$511.68
OPENAXESSGOLD	Employee Only	1	\$686.44	\$686.44
			GRAND TOTAL	\$1,198.12

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

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BEGUE, DEREK	2023-01-01	OPENAXESSBRONZE	EE	\$511.68
KLOOSTER, ADAM	2023-01-01	OPENAXESSGOLD	EE	\$686.44

MEDICAL PLAN COUNTS

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



Account Services

Monthly Statement

WILD-OX CONSULTING, INC.
15508 Williston Rd
SILVER SPRING, MD 20905

Invoice Number: 4499-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSGOLD	Employee Only	1	\$755.08	\$755.08
			GRAND TOTAL	\$755.08

WILD-OX CONSULTING, INC.
15508 Williston Rd
SILVER SPRING, MD 20905

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WHITTIER, ROBERT	2023-01-01	OPENAXESSGOLD	EE	\$755.08

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0



Account Services

Monthly Statement

WILSON ASSET MANAGEMENT
187 Wolf Rd Ste 101
ALBANY, NY 12205

Invoice Number: 4470-2023-0
Coverage Month: JAN
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSPLATINUM	Family	1	\$2,471.17	\$2,471.17
			GRAND TOTAL	\$2,471.17

WILSON ASSET MANAGEMENT

187 Wolf Rd Ste 101

ALBANY, NY 12205

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BURNS, CATRIONA	2023-01-01	OPENAXESSPLATINUM FAM		\$2471.17

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	0
Employee & Children	0
Family	1



Account Services

Monthly Statement

WNW MANAGEMENT

Invoice Number: 6162-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSSILVER	Employee Only	2	\$651.18	\$1,302.36
			GRAND TOTAL	\$2,604.72

WNW MANAGEMENT

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ADAMO, WILLIAM	2022-12-01	OPENAXESSSILVER	EE	\$651.18
BROWN, CARLA	2022-12-01	OPENAXESSSILVER	EE	\$651.18

WNW MANAGEMENT

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PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ADAMO, WILLIAM	2022-12-01	OPENAXESSSILVER	EE	\$651.18
BROWN, CARLA	2022-12-01	OPENAXESSSILVER	EE	\$651.18

MEDICAL PLAN COUNTS

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