



## Account Services

### Monthly Statement

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

Invoice Number: BUD2022-04  
Invoice Month: APRIL  
Billing Date: 03/15/2022  
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1526OPENAXE	Employee & Spouse Only	1	\$1,307.62	\$1,307.62
ADD	Employee Only	1	\$0.71**	\$0.71
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Family	1	\$160.18	\$160.18
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$1,573.05

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

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

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MORENO, LYNDA	2022-01-17	ADD		\$0.71
MORENO, LYNDA	2022-01-17	GUARDHIGH	FAM	\$160.18
TAYLOR, LEA	2022-01-01	1526OPENAXE	ES	\$1307.62
TAYLOR, LEA	2022-01-01	GUARDHIGH	ES	\$89.81
TAYLOR, LEA	2022-01-01	VSP	ES	\$14.73

## MEDICAL PLAN COUNTS

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