



Account Services

Monthly Statement

SH TOWN SQUARE FRANCHISING
9708 Belair Rd
BALTIMORE, MD 21236

Invoice Number: SHX2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	4	\$4.20**	\$67.20
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Children	1	\$15.02	\$15.02
VSP	Family	2	\$23.76	\$47.52
			GRAND TOTAL	\$541.65

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

SH TOWN SQUARE FRANCHISING
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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BLACKMAN, BRITTANY	2022-01-01	ADD		\$4.20
BLACKMAN, BRITTANY	2022-01-01	GUARDLOW	EC	\$74.61
BLACKMAN, BRITTANY	2022-01-01	VSP	EC	\$15.02
BOWERS, MARC	2022-01-01	ADD		\$4.20
BOWERS, MARC	2022-01-01	GUARDLOW	EE	\$29.44
BOWERS, MARC	2022-01-01	VSP	EE	\$8.75
JORDAN, KEYONNA	2021-09-01	ADD		\$16.80
JORDAN, KEYONNA	2021-09-01	GUARDLOW	EE	\$29.44
JORDAN, KEYONNA	2021-09-01	VSP	EE	\$8.75
KUHN, SARA	2021-05-01	ADD		\$42.00
KUHN, SARA	2021-12-01	GUARDHIGH	FAM	\$160.18
KUHN, SARA	2021-12-01	VSP	FAM	\$23.76
SPILLUM, PETER	2021-11-01	GUARDLOW	FAM	\$100.74
SPILLUM, PETER	2021-11-01	VSP	FAM	\$23.76

MEDICAL PLAN COUNTS

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