

Account Services

Monthly Statement

HORIZONS HRS TRANSPORTATION STAFFING II 118 WEST 5TH STREET SUITE 202 COVINGTON, KY 41011 Invoice Number: HOR2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1399OPENAXE	Employee & Spouse Only	1	\$986.92	\$986.92
1399OPENAXE	Employee & Spouse Only	1	\$1,096.36	\$1,096.36
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$2,191.74

^{**} Prices vary in PRISM. Individual prices shown in census.



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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DULSKY, DARREN	2021-07-01	1399OPENAXE	ES	\$986.92
DULSKY, DARREN	2020-01-01	GUARDLOW	EE	\$29.44
DULSKY, DARREN	2020-01-01	VSP	EE	\$8.75
SPENCER, THOMAS	2021-01-01	1399OPENAXE	ES	\$1096.36
SPENCER, THOMAS	2020-01-01	GUARDLOW	ES	\$55.54
SPENCER, THOMAS	2020-01-01	VSP	ES	\$14.73

MEDICAL PLAN COUNTS				
Employee Only	0			
Employee & Spouse	2			
Employee & Children	0			
Family	0			