



Account Services

Monthly Statement

ROSEMIL MANAGEMENT GROUP, LLC
350 SYCAMORE ROAD
GENOA, IL 60135

Invoice Number: ROS2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$123.17

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

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GENOA, IL 60135

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CRUZ, EDVIN	2019-01-01	GUARDLOW	ES	\$55.54
THIGPEN, HERILANDA	2019-01-01	GUARDLOW	EE	\$29.44
WEERTS, SARAH	2019-01-01	GUARDLOW	EE	\$29.44
WEERTS, SARAH	2018-12-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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