



Account Services

Monthly Statement

TEMUJIN 3 NY, LLC DBA SUPERCUTS
800 Westchester Avenue
Rye Brook, NY 10573

Invoice Number: TEM2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

| PLAN | COVERAGE | QTY | PRICE | TOTAL |
|-------------|------------------------|-----|-------------|------------|
| 0893OPENAXE | Employee Only | 2 | \$719.19 | \$1,438.38 |
| 0893OPENAXE | Employee & Spouse Only | 2 | \$1,438.38 | \$2,876.76 |
| 0893OPENAXE | Employee Only | 1 | \$603.00 | \$603.00 |
| ADD | Employee Only | 3 | \$8.40** | \$30.24 |
| GUARDHIGH | Employee Only | 1 | \$47.61 | \$47.61 |
| GUARDLOW | Employee Only | 2 | \$29.44 | \$58.88 |
| GUARDLOW | Employee & Spouse Only | 1 | \$55.54 | \$55.54 |
| VSP | Employee Only | 2 | \$8.75 | \$17.50 |
| VSP | Employee & Spouse Only | 1 | \$14.73 | \$14.73 |
| | | | GRAND TOTAL | \$5,142.64 |

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

TEMUJIN 3 NY, LLC DBA SUPERCUTS
 800 Westchester Avenue
 Rye Brook, NY 10573

CURRENT MONTH ENROLLMENT

| MEMBER NAME | EFF DATE | PLAN | COVERAGE | PRICE |
|---------------------|------------|-------------|----------|-----------|
| AUSTIN, MAHOGANY | 2022-04-01 | ADD | | \$8.40 |
| DAVIDSON, CRYSTAL | 2021-09-01 | 0893OPENAXE | ES | \$1438.38 |
| HAMZIC, MIRSADA | 2022-01-01 | 0893OPENAXE | EE | \$603.00 |
| HEANEY, MADELINE | 2022-01-01 | 0893OPENAXE | EE | \$719.19 |
| KAALUND, IRENE | 2022-01-01 | ADD | | \$21.00 |
| LICATA, BRIAN | 2022-01-01 | GUARDLOW | ES | \$55.54 |
| LICATA, BRIAN | 2022-01-01 | 0893OPENAXE | ES | \$1438.38 |
| LICATA, BRIAN | 2022-01-01 | VSP | ES | \$14.73 |
| MCCABE, IVANILDA | 2020-06-01 | VSP | EE | \$8.75 |
| MERRIMAN, KATHARINE | 2022-01-01 | GUARDLOW | EE | \$29.44 |
| MERRIMAN, KATHARINE | 2022-01-01 | 0893OPENAXE | EE | \$719.19 |
| MERRIMAN, KATHARINE | 2022-01-01 | VSP | EE | \$8.75 |
| MOORE, QUINCY | 2022-04-01 | GUARDHIGH | EE | \$47.61 |
| RIOS, CANDICE | 2022-02-01 | GUARDLOW | EE | \$29.44 |
| RIOS, CANDICE | 2022-02-01 | ADD | | \$0.84 |

MEDICAL PLAN COUNTS

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