



## Account Services

### Monthly Statement

0104-SENIOR HELPERS-HUNTSVILLE  
7500 Memorial Parkway SW  
HUNTSVILLE, AL 35802

Invoice Number: 4652-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$0.42**	\$5.25
LIFE	Employee Only	5	\$9.90**	\$55.78
			GRAND TOTAL	\$61.03

0104-SENIOR HELPERS-HUNTSVILLE

7500 Memorial Parkway SW

HUNTSVILLE, AL 35802

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

0602-SENIOR HELPERS - RANCHO CUCAMONGA

Invoice Number: 5518-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$15.12**	\$15.12
LIFE	Employee Only	1	\$73.20**	\$73.20
GRAND TOTAL				\$88.32

0602-SENIOR HELPERS - RANCHO CUCAMONGA

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

0654-SENIOR HELPERS - SAN DIEGO  
928 Fort Stockton Drive  
SAN DIEGO, CA 92103

Invoice Number: 4660-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$56.36

0654-SENIOR HELPERS - SAN DIEGO

928 Fort Stockton Drive

SAN DIEGO, CA 92103

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

0803-SENIOR HELPERS - DENVER  
11658 Huron St  
NORTH GLENN, CO 80234

Invoice Number: 4647-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.00**	\$2.10
LIFE	Employee Only	2	\$7.15**	\$0.00
GRAND TOTAL				\$2.10

0803-SENIOR HELPERS - DENVER

11658 Huron St

NORTH GLENN, CO 80234

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

1030 1900 ROUTE 10 TOMMYS TAVERN MORRIS PLAINS  
101 CRAWFORDS CORNER ROAD  
HOLMDEL, NJ 07733

Invoice Number: 5948-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	1	\$511.89	\$511.89
PLATINUM	Employee Only	1	\$612.36	\$612.36
SILVER	Employee Only	1	\$486.30	\$486.30
			GRAND TOTAL	\$1,610.55

1030 1900 ROUTE 10 TOMMYS TAVERN MORRIS PLAINS  
101 CRAWFORDS CORNER ROAD  
HOLMDEL, NJ 07733

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BARATTA, GERALDINE	02/01/2022	SILVER	EE	\$486.3
DUNAJ, SCOTT	02/01/2022	PLATINUM	EE	\$612.36
REILLY, JAMES	02/01/2022	GOLD	EE	\$511.89

## MEDICAL PLAN COUNTS

Employee Only	3
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

1030 826 ROUTE 3 TOMMYS TAVERN CLIFTON  
101 CRAWFORDS CORNER ROAD  
HOLMDEL, NJ 07733

Invoice Number: 5944-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	3	\$511.89	\$1,535.67
GOLD	Employee & Children	1	\$1,023.77	\$1,023.77
PLATINUM	Employee Only	1	\$612.36	\$612.36
			GRAND TOTAL	\$3,171.80

1030 826 ROUTE 3 TOMMYS TAVERN CLIFTON  
101 CRAWFORDS CORNER ROAD  
HOLMDEL, NJ 07733

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GONZALEZ, VICTOR	2022-01-01	PLATINUM	EE	\$612.36
IZZO, SALVATORE	02/01/2022	GOLD	EC	\$1023.77
MODICA, MARISA	08/01/2022	GOLD	EE	\$511.89
REVANS, JOHN	12/01/2022	GOLD	EE	\$511.89
SROKA, JENNIFER	10/01/2022	GOLD	EE	\$511.89

## MEDICAL PLAN COUNTS

Employee Only	4
Employee & Spouse	0
Employee & Children	1
Family	0



## Account Services

### Monthly Statement

1030 850 Route 3 TIO CLIFTON  
101 CRAWFORDS CORNER ROAD  
HOLMDEL, NJ 07733

Invoice Number: 5951-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	2	\$511.89	\$1,023.78
PLATINUM	Employee Only	2	\$612.36	\$1,224.72
			GRAND TOTAL	\$2,248.50

1030 850 Route 3 TIO CLIFTON  
101 CRAWFORDS CORNER ROAD  
HOLMDEL, NJ 07733

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BEDIC, MICHELLE	06/01/2022	GOLD	EE	\$511.89
BLUNT, QUYDASHA	02/01/2022	PLATINUM	EE	\$612.36
CASTILLO, CESAR	02/01/2022	GOLD	EE	\$511.89
MEDINA, ROBERT	02/01/2022	PLATINUM	EE	\$612.36

## MEDICAL PLAN COUNTS

Employee Only	4
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

1030 8993 TOMMYS TAVERN SEA BRIGHT  
101 CRAWFORDS CORNER ROAD  
HOLMDEL, NJ 07733

Invoice Number: 5949-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	3	\$511.89	\$1,535.67
PLATINUM	Employee Only	2	\$612.36	\$1,224.72
PLATINUM	Family	1	\$1,959.55	\$1,959.55
			GRAND TOTAL	\$4,719.94

1030 8993 TOMMYS TAVERN SEA BRIGHT  
101 CRAWFORDS CORNER ROAD  
HOLMDEL, NJ 07733

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MASCO, JOHN	06/01/2022	GOLD	EE	\$511.89
MONTANEZ, TROY	2022-01-01	PLATINUM	EE	\$612.36
MONTEFINESE, NICHOLAS	04/01/2022	PLATINUM	FAM	\$1959.55
ORECCHIO JR, JOSEPH	02/01/2022	PLATINUM	EE	\$612.36
PASSENTI, DANA	02/01/2022	GOLD	EE	\$511.89
SCHILL, JON	06/01/2022	GOLD	EE	\$511.89

## MEDICAL PLAN COUNTS

Employee Only	5
Employee & Spouse	0
Employee & Children	0
Family	1





## Account Services

### Monthly Statement

1030 LIQUORS PARNTERS TRIPLE T  
101 CRAWFORDS CORNER ROAD  
HOLMDEL, NJ 07733

Invoice Number: 5955-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	4	\$511.89	\$2,047.56
GOLD	Family	1	\$1,638.03	\$1,638.03
PLATINUM	Employee Only	4	\$612.36	\$2,449.44
PLATINUM	Family	4	\$1,959.55	\$7,838.20
SILVER	Employee Only	1	\$486.30	\$486.30
			GRAND TOTAL	\$14,459.53

1030 LIQUORS PARNTERS TRIPLE T  
101 CRAWFORDS CORNER ROAD  
HOLMDEL, NJ 07733

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ADAMO, NICOLA	02/01/2022	PLATINUM	FAM	\$1959.55
BONFIGLIO, YVETTE	07/01/2022	PLATINUM	EE	\$612.36
COSTA, MICHAEL	06/01/2022	GOLD	EE	\$511.89
DIETZ, CHRISTOPHER	07/01/2022	PLATINUM	FAM	\$1959.55
DINSE, MICHAEL	06/01/2022	GOLD	EE	\$511.89
GOLDING, THOMAS	02/01/2022	GOLD	EE	\$511.89
HUGG, PATRICIA	02/01/2022	PLATINUM	EE	\$612.36
HYLES, RON	07/01/2022	SILVER	EE	\$486.3
PERRINO, CHRIS	02/01/2022	PLATINUM	FAM	\$1959.55
SAADEH, SAADEH	02/01/2022	GOLD	FAM	\$1638.03
SALAS, HENRYJHONATAN	02/01/2022	GOLD	EE	\$511.89
SANOK, LAUREN	02/01/2022	PLATINUM	EE	\$612.36
SELCOV, TIMOTHY	02/01/2022	PLATINUM	EE	\$612.36
SPENCE, MICHAEL	02/01/2022	PLATINUM	FAM	\$1959.55

**MEDICAL PLAN COUNTS**

Employee Only	9
Employee & Spouse	0
Employee & Children	0
Family	5



## Account Services

### Monthly Statement

1030 TIO CHRISTIANA LLC DBA TIO TACO AND TEQUILA BAR  
132 CHRISTIANA MALL 1325  
NEWARK, DE 19702

Invoice Number: 6191-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
PLATINUM	Employee Only	1	\$612.36	\$612.36
PLATINUM	Employee & Children	1	\$1,224.72	\$1,224.72
			GRAND TOTAL	\$1,837.08

1030 TIO CHRISTIANA LLC DBA TIO TACO AND TEQUILA BAR  
132 CHRISTIANA MALL 1325  
NEWARK, DE 19702

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SORIANO, EDWIN	12/01/2022	PLATINUM	EE	\$612.36
WATTS, ARNOLD	12/01/2022	PLATINUM	EC	\$1224.72

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

1030 TIO EDISON  
101 CRAWFORDS CORNER ROAD  
HOLMDEL, NJ 07733

Invoice Number: 5952-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	2	\$511.89	\$1,023.78
GOLD	Family	1	\$1,638.03	\$1,638.03
SILVER	Employee Only	1	\$486.30	\$486.30
SILVER	Employee & Children	1	\$972.58	\$972.58
ADJUSTMENT	C ESTRADA 12/2022 PREMIUM CREDIT			\$-511.89
			GRAND TOTAL	\$3,608.80

1030 TIO EDISON  
101 CRAWFORDS CORNER ROAD  
HOLMDEL, NJ 07733

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BEYER, MATT	02/01/2022	GOLD	EE	\$511.89
CASACOLA, JOY	08/01/2022	SILVER	EC	\$972.58
CHINO OROZCO, JAIME	05/01/2022	GOLD	EE	\$511.89
ESPANA, MARIO	02/01/2022	GOLD	FAM	\$1638.03
MONTEMURNO, NICK	02/01/2022	SILVER	EE	\$486.30

## MEDICAL PLAN COUNTS

Employee Only	3
Employee & Spouse	0
Employee & Children	1
Family	1



## Account Services

### Monthly Statement

1030 TOMMY TAVERN FREEHOLD  
101 CRAWFORDS CORNER ROAD  
HOLMDEL, NJ 07733

Invoice Number: 5946-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	3	\$511.89	\$1,535.67
GOLD	Employee & Spouse Only	1	\$1,126.15	\$1,126.15
GOLD	Family	1	\$1,638.03	\$1,638.03
PLATINUM	Employee Only	3	\$612.36	\$1,837.08
PLATINUM	Employee & Spouse Only	1	\$1,347.19	\$1,347.19
SILVER	Employee Only	1	\$486.30	\$486.30
			GRAND TOTAL	\$7,970.42

1030 TOMMY TAVERN FREEHOLD  
101 CRAWFORDS CORNER ROAD  
HOLMDEL, NJ 07733

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BRAXTON, ANDRE	02/01/2022	GOLD	FAM	\$1638.03
D'ALESSIO, MICHAEL	02/01/2022	PLATINUM	EE	\$612.36
FRANZA, DANIELA	12/01/2022	SILVER	EE	\$486.3
HYDE, ROBERT	02/01/2022	GOLD	ES	\$1126.15
LOVELAND, STEVEN	02/01/2022	GOLD	EE	\$511.89
NARDO, RAYMOND	02/01/2022	PLATINUM	EE	\$612.36
QUINTANILLA, REIDER	06/01/2022	PLATINUM	EE	\$612.36
ROJAS OLIVEROS, FERNANDO	02/01/2022	GOLD	EE	\$511.89
ROMANO, JACQUELINE	2022-01-01	PLATINUM	ES	\$1347.19
TUBRIDY, ERIN	10/01/2022	GOLD	EE	\$511.89

## MEDICAL PLAN COUNTS

Employee Only	7
Employee & Spouse	2
Employee & Children	0
Family	1





## Account Services

### Monthly Statement

1030 TOMMYS CHRISTIANA LLC DBA TOMMYS TAVERN AND TAP Invoice Number: 6189-2023-0  
132 CHRISTIANA MALL 1332 Coverage Month: JAN  
NEWARK, DE 19702 Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
PLATINUM	Employee Only	1	\$612.36	\$612.36
PLATINUM	Family	1	\$1,959.55	\$1,959.55
SILVER	Employee Only	1	\$486.30	\$486.30
SILVER	Family	1	\$1,556.13	\$1,556.13
			GRAND TOTAL	\$4,614.34

1030 TOMMYS CHRISTIANA LLC DBA TOMMYS TAVERN AND TAP  
132 CHRISTIANA MALL 1332  
NEWARK, DE 19702

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
COURTNEY, MARK	11/01/2022	SILVER	FAM	\$1556.13
FORBES, JEFFREY	12/01/2022	SILVER	EE	\$486.30
LAWES, GORDON	11/01/2022	PLATINUM	EE	\$612.36
MADISON, CHRISTOPHER	12/01/2022	PLATINUM	FAM	\$1959.55

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	2



## Account Services

### Monthly Statement

1030 TOMMYS TAVERN EDISON  
101 CRAWFORDS CORNER ROAD  
HOLMDEL, NJ 07733

Invoice Number: 5945-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	3	\$511.89	\$1,535.67
GOLD	Employee & Children	1	\$1,023.77	\$1,023.77
PLATINUM	Employee Only	1	\$612.36	\$612.36
PLATINUM	Family	1	\$1,959.55	\$1,959.55
SILVER	Employee Only	4	\$486.30	\$1,945.20
			GRAND TOTAL	\$7,076.55

1030 TOMMYS TAVERN EDISON  
101 CRAWFORDS CORNER ROAD  
HOLMDEL, NJ 07733

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CASTILLO, JEFFREY	08/01/2022	SILVER	EE	\$486.30
CERRETO, CHRISTOPHER	02/01/2022	GOLD	EE	\$511.89
CHANG, GUILLERMO	11/01/2022	SILVER	EE	\$486.30
COLON, CHRISTIAN	02/01/2022	GOLD	EE	\$511.89
GERALD, DANIELLE	07/01/2022	SILVER	EE	\$486.30
HOVER, ELIZABETH	04/01/2022	GOLD	EC	\$1023.77
KLEMM, ASHLEY	08/01/2022	SILVER	EE	\$486.30
LAVECCHIA, RICHARD	02/01/2022	GOLD	EE	\$511.89
PENISTON, MILDRED	12/01/2022	PLATINUM	EE	\$612.36
PUSCZKO, RYAN	02/01/2022	PLATINUM	FAM	\$1959.55

## MEDICAL PLAN COUNTS

Employee Only	8
Employee & Spouse	0
Employee & Children	1
Family	1



## Account Services

### Monthly Statement

1030 TOMMYS TAVERN PRINCETON  
101 CRAWFORDS CORNER ROAD  
HOLMDEL, NJ 07733

Invoice Number: 5947-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	1	\$511.89	\$511.89
PLATINUM	Employee Only	1	\$612.36	\$612.36
PLATINUM	Employee & Children	1	\$1,224.72	\$1,224.72
			GRAND TOTAL	\$2,348.97

1030 TOMMYS TAVERN PRINCETON  
101 CRAWFORDS CORNER ROAD  
HOLMDEL, NJ 07733

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ELLIS, JOEL	12/01/2022	GOLD	EE	\$511.89
GRIMALDI, JENNIFER	02/01/2022	PLATINUM	EE	\$612.36
SCHROEDER, JESSICA	10/01/2022	PLATINUM	EC	\$1224.72

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	1
Family	0



## Account Services

### Monthly Statement

1030 TOMMYS TAVERN STATEN ISLAND LLC  
101 CRAWFORDS CORNER ROAD  
HOLMDEL, NJ 07733

Invoice Number: 5950-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	3	\$511.89	\$1,535.67
GOLD	Family	1	\$1,638.03	\$1,638.03
PLATINUM	Employee Only	1	\$612.36	\$612.36
PLATINUM	Family	1	\$1,959.55	\$1,959.55
SILVER	Employee Only	1	\$486.30	\$486.30
			GRAND TOTAL	\$6,231.91

1030 TOMMYS TAVERN STATEN ISLAND LLC  
101 CRAWFORDS CORNER ROAD  
HOLMDEL, NJ 07733

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BOTEJU, SEBASTIAN	07/01/2022	GOLD	EE	\$511.89
DABAS, ISSAM	02/01/2022	GOLD	FAM	\$1638.03
FEBLES, JOHANN	02/01/2022	SILVER	EE	\$486.30
GRAZIANO, KRISTI	04/01/2022	PLATINUM	FAM	\$1959.55
RENTAS, MICHAEL	2022-01-01	GOLD	EE	\$511.89
SAEZ, BRANDON	02/01/2022	GOLD	EE	\$511.89
YAMEL, WALTER	06/01/2022	PLATINUM	EE	\$612.36

## MEDICAL PLAN COUNTS

Employee Only	5
Employee & Spouse	0
Employee & Children	0
Family	2





## Account Services

### Monthly Statement

1030 ZIN TOMMY TAVERN MARLBORO  
101 CRAWFORDS CORNER ROAD  
HOLMDEL, NJ 07733

Invoice Number: 5953-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	1	\$511.89	\$511.89
PLATINUM	Employee Only	2	\$612.36	\$1,224.72
PLATINUM	Employee & Spouse Only	1	\$1,347.19	\$1,347.19
SILVER	Employee Only	1	\$486.30	\$486.30
			GRAND TOTAL	\$3,570.10

1030 ZIN TOMMY TAVERN MARLBORO  
101 CRAWFORDS CORNER ROAD  
HOLMDEL, NJ 07733

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ASKINASI, RYAN	02/01/2022	PLATINUM	EE	\$612.36
CENTRA, RICHARD	02/01/2022	PLATINUM	ES	\$1347.19
LAZCANO, CHRISTINA	06/01/2022	PLATINUM	EE	\$612.36
RODRIGUEZ, CARLOS	05/01/2022	GOLD	EE	\$511.89
SMITH, DANIELLE	02/01/2022	SILVER	EE	\$486.3

## MEDICAL PLAN COUNTS

Employee Only	4
Employee & Spouse	1
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

1030 ZIN TOMMYS TAVEREN BRIDGEWATER  
101 CRAWFORDS CORNER ROAD  
HOLMDEL, NJ 07733

Invoice Number: 5943-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Family	1	\$1,638.03	\$1,638.03
PLATINUM	Employee Only	2	\$612.36	\$1,224.72
			GRAND TOTAL	\$2,862.75

1030 ZIN TOMMYS TAVEREN BRIDGEWATER  
101 CRAWFORDS CORNER ROAD  
HOLMDEL, NJ 07733

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
AROUT, JOHN	11/01/2022	PLATINUM	EE	\$612.36
PINTO III, JOSEPH	04/01/2022	GOLD	FAM	\$1638.03
RUBERTO , FELICIA	04/01/2022	PLATINUM	EE	\$612.36

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	1



## Account Services

### Monthly Statement

1221-SENIOR HELPERS - SPRING HILL  
246 MARINER BLVD  
SPRING HILL, FL 34609

Invoice Number: 4165-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$1.26**	\$1.26
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$39.45

1221-SENIOR HELPERS - SPRING HILL  
246 MARINER BLVD  
SPRING HILL, FL 34609

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

1237-SENIOR HELPERS - MIRAMAR  
5830 Sheridan Street  
Hollywood, FL 33021

Invoice Number: 4172-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$89.63

1237-SENIOR HELPERS - MIRAMAR

5830 Sheridan Street

Hollywood, FL 33021

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

1703-SENIOR HELPERS - ROCKFORD  
129 Phelps Avenue  
ROCKFORD, IL 61108

Invoice Number: 4400-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	5	\$0.42**	\$5.88
GUARDLOW	Employee Only	2	\$29.44	\$58.88
LIFE	Employee Only	4	\$3.30**	\$48.60
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Spouse Only	1	\$14.81	\$14.81
GRAND TOTAL				\$145.67

1703-SENIOR HELPERS - ROCKFORD

129 Phelps Avenue

ROCKFORD, IL 61108

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

1801-SENIOR HELPERS - INDIANAPOLIS  
6845 Parkdale Place  
INDIANAPOLIS, IN 46254

Invoice Number: 4480-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.00**	\$8.40
GUARDHIGH	Family	1	\$0.00	\$160.18
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$19.10**	\$36.30
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$243.07

1801-SENIOR HELPERS - INDIANAPOLIS

6845 Parkdale Place

INDIANAPOLIS, IN 46254

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

1804-SENIOR HELPERS - CROWN POINT  
405 N MAIN ST  
CROWN POINT, IN 46307

Invoice Number: 4483-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$47.61

1804-SENIOR HELPERS - CROWN POINT  
405 N MAIN ST  
CROWN POINT, IN 46307

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

2913C-SENIOR HELPERS - ST. LOUIS  
12300 Old Tesson Road  
SAINT LOUIS, MO 63128

Invoice Number: 4103-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$56.36

2913C-SENIOR HELPERS - ST. LOUIS

12300 Old Tesson Road

SAINT LOUIS, MO 63128

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

3405-SENIOR HELPERS - PARAMUS  
22 Madison Ave  
PARAMUS, NJ 07652

Invoice Number: 4283-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
LIFE	Employee Only	1	\$152.00**	\$152.00
OPENAXESSESSENTIAL	Employee & Children	1	\$823.50	\$823.50
OPENAXESSPRIME	Employee Only	1	\$660.11	\$660.11
OPENAXESSPRIME	Employee & Spouse Only	1	\$1,319.58	\$1,319.58
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$3,156.43

3405-SENIOR HELPERS - PARAMUS

22 Madison Ave

PARAMUS, NJ 07652

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
EGE, LISA	2023-01-01	OPENAXESSPRIME	EE	\$660.11
NICHOLAS, KENNETH	2023-01-01	OPENAXESSPRIME	ES	\$1319.58
PANDO, YAMILA	2023-01-01	OPENAXESSESSENTIAL EC2		\$823.50

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

3411-SENIOR HELPERS - MANALAPAN  
711 TENNENT RD  
Englishtown, NJ 07726

Invoice Number: 4645-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44

3411-SENIOR HELPERS - MANALAPAN  
711 TENNENT RD  
Englishtown, NJ 07726

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

3626-SENIOR HELPERS - GARDEN CITY

Invoice Number: 5541-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44

3626-SENIOR HELPERS - GARDEN CITY

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

3710-SENIOR HELPERS - DUNN  
1104 N. Ellis Avenue  
DUNN, NC 28334

Invoice Number: 4505-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.00**	\$2.52
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
LIFE	Employee Only	1	\$5.30**	\$15.03
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$184.23

3710-SENIOR HELPERS - DUNN

1104 N. Ellis Avenue

DUNN, NC 28334

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

3D INDUSTRIAL SALES AND SERVICE  
7 Shirley Street, Unit #5  
Bohemia, NY 11716

Invoice Number: 5127-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
PLATINUM	Employee Only	2	\$814.57	\$1,629.14
			GRAND TOTAL	\$1,629.14

3D INDUSTRIAL SALES AND SERVICE

7 Shirley Street, Unit #5

Bohemia, NY 11716

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PELLEGRINO, ANTONETTA	2022-01-01	PLATINUM	EE	\$814.57
PELLEGRINO, JAMES	2022-01-01	PLATINUM	EE	\$814.57

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

4223-SENIOR HELPERS - PHILADELPHIA  
7600 Stenton Avenue  
PHILADELPHIA, PA 19118

Invoice Number: 4617-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.84**	\$2.52
GUARDLOW	Employee & Children	1	\$0.00	\$74.61
LIFE	Employee Only	1	\$10.40**	\$21.38
			GRAND TOTAL	\$98.51

4223-SENIOR HELPERS - PHILADELPHIA

7600 Stenton Avenue

PHILADELPHIA, PA 19118

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

4707-SENIOR HELPERS - CHATTANOOGA  
7151 Lee Hwy.  
CHATTANOOGA, TN 37421

Invoice Number: 4744-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$2.10**	\$5.04
LIFE	Employee Only	4	\$12.00**	\$130.58
			GRAND TOTAL	\$135.62

4707-SENIOR HELPERS - CHATTANOOGA

7151 Lee Hwy.

CHATTANOOGA, TN 37421

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

5307-SENIOR HELPERS - KENT (SEATTLE)  
1101 HARVEY RD NE  
AUBURN, WA 98002

Invoice Number: 4649-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$46.94

5307-SENIOR HELPERS - KENT (SEATTLE)  
1101 HARVEY RD NE  
AUBURN, WA 98002

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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





**Account Services**  
**Monthly Statement**

5505-SENIOR HELPERS - APPLETON  
2501 S. ONEIDA STREET  
APPLETON, WI 54915

Invoice Number: 4439-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44

5505-SENIOR HELPERS - APPLETON  
2501 S. ONEIDA STREET  
APPLETON, WI 54915

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

5514-SENIOR HELPERS - MADISON  
4726 EAST TOWNE BLVD  
MADISON, WI 53704

Invoice Number: 4448-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$4.20**	\$4.20
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDLOW	Employee Only	3	\$29.44	\$88.32
LIFE	Employee Only	6	\$2.70**	\$205.60
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$410.84

5514-SENIOR HELPERS - MADISON  
4726 EAST TOWNE BLVD  
MADISON, WI 53704

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

8061-AFC URGENT CARE - CENTRAL NJ  
601 W Union Avenue  
BOUND BROOK, NJ 08805

Invoice Number: 4633-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	20	\$4.20**	\$196.14
AFCCIGNABRONZE	Employee Only	9	\$455.95	\$4,103.55
AFCCIGNABRONZE	Family	1	\$1,376.00	\$1,376.00
AFCCIGNAGOLD	Employee Only	20	\$560.19	\$11,203.80
AFCCIGNAGOLD	Employee & Spouse Only	2	\$1,317.59	\$2,635.18
AFCCIGNAGOLD	Employee & Children	2	\$1,070.60	\$2,141.20
AFCCIGNAGOLD	Family	3	\$1,878.42	\$5,635.26
AFCCIGNASILVER	Employee Only	8	\$509.26	\$4,074.08
AFCCIGNASILVER	Employee & Children	2	\$973.27	\$1,946.54
AFCCIGNASILVER	Family	2	\$1,707.65	\$3,415.30
GUARDHIGH	Employee Only	31	\$47.61	\$1,475.91
GUARDHIGH	Employee & Spouse Only	3	\$89.81	\$269.43
GUARDHIGH	Employee & Children	3	\$89.81	\$269.43
GUARDHIGH	Family	9	\$160.18	\$1,441.62
GUARDLOW	Employee Only	15	\$29.44	\$441.60
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
GUARDLOW	Family	4	\$100.74	\$402.96
LIFE	Employee Only	20	\$19.10**	\$192.46
VSP	Employee Only	29	\$8.75	\$253.79
VSP	Employee & Spouse Only	4	\$14.73	\$58.92
VSP	Employee & Children	4	\$15.02	\$60.08
VSP	Family	7	\$23.76	\$166.32
GRAND TOTAL				\$43,542.25

8061-AFC URGENT CARE - CENTRAL NJ  
601 W Union Avenue  
BOUND BROOK, NJ 08805

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BESIDA, DENISE	2022-09-01	AFCCIGNAGOLD	EE	\$560.19
BLACK, DIETRA	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
BORKOWSKI, DOUGLAS	2022-01-01	AFCCIGNASILVER	EC	\$973.27
BUAYABAN, RYAN	2022-01-01	AFCCIGNABRONZE	EE	\$455.95
CALAYAG, KATRINA	2022-09-01	AFCCIGNABRONZE	EE	\$455.95
CAMPBELL, RICHARD	2022-02-01	AFCCIGNAGOLD	FAM	\$1878.42
CASTELANO, JOSEPH	2021-01-01	AFCCIGNASILVER	FAM	\$1707.65
CASTELLANO, CHRISTOPHER	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
D'AMBRA, ANDREA	2021-11-01	AFCCIGNASILVER	EC	\$973.27
DAMICO, PAUL	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
DAVIS, BRADLEY	2021-08-01	AFCCIGNAGOLD	EE	\$560.19
DE JESUS, JEANNETTE	2022-01-01	AFCCIGNABRONZE	EE	\$455.95
DIAS, ALAN	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
FOWLER, NATALIE	2022-09-01	AFCCIGNAGOLD	EE	\$560.19
GARCIA, MARIA	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
GASPAR, BRIAN	2021-06-01	AFCCIGNAGOLD	EE	\$560.19
GJORGIEVA, TATJANA	2022-12-01	AFCCIGNAGOLD	EC	\$1070.60
GREEN, BRIANA	2021-11-01	AFCCIGNASILVER	EE	\$509.26
GUERRERO, PRISCILLA	2022-01-01	AFCCIGNABRONZE	EE	\$455.95

8061-AFC URGENT CARE - CENTRAL NJ  
601 W Union Avenue  
BOUND BROOK, NJ 08805

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HASAN, IZHAR	2022-11-29	AFCCIGNASILVER	FAM	\$1707.65
HAVLICEK, MARK	2022-03-01	AFCCIGNAGOLD	EE	\$560.19
KLEINFELDER, SUSAN	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
LANNUTTI, MARIA	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
LEE, JASMINE	2022-01-01	AFCCIGNAGOLD	ES	\$1317.59
LIMA, VICTORIA	2022-01-01	AFCCIGNABRONZE	EE	\$455.95
LOPEZ, JOHN PEDRO	2022-07-01	AFCCIGNAGOLD	FAM	\$1878.42
MITCHELL, JAMES	2022-10-01	AFCCIGNABRONZE	EE	\$455.95
OTERO, MARYLIN	2021-06-01	AFCCIGNAGOLD	EC	\$1070.60
PARANAVITHARANA, SUHEJA	2022-01-01	AFCCIGNASILVER	EE	\$509.26
PATEL, YATI	2022-01-01	AFCCIGNABRONZE	EE	\$455.95
PERCHUK, JEFFREY	2022-12-01	AFCCIGNASILVER	EE	\$509.26
PRICE, MICHAEL	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
PRINGLE, ROBERT	2022-08-01	AFCCIGNAGOLD	EE	\$560.19
RAMADAN, REEM	2022-03-01	AFCCIGNABRONZE	EE	\$455.95
RANA, MALVIKA	2021-01-01	AFCCIGNAGOLD	EE	\$560.19
REGENCIA, MARIA	2022-04-01	AFCCIGNASILVER	EE	\$509.26
RUPPERT, MICHAEL	2022-07-01	AFCCIGNAGOLD	EE	\$560.19

8061-AFC URGENT CARE - CENTRAL NJ  
601 W Union Avenue  
BOUND BROOK, NJ 08805

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
RUTLEDGE, DOUGLAS	2022-01-01	AFCCIGNAGOLD	FAM	\$1878.42
RUZHAJI, TIMUR	2022-02-01	AFCCIGNABRONZE	FAM	\$1376.00
SANCHEZ, MAURICIO	2021-01-01	AFCCIGNAGOLD	ES	\$1317.59
SMITH, ROBERT	2022-01-01	AFCCIGNASILVER	EE	\$509.26
SONDEJ, KRISTY	2022-03-01	AFCCIGNAGOLD	EE	\$560.19
THONGVANH ROSS, LANSTRAN	2022-01-01	AFCCIGNASILVER	EE	\$509.26
TOBIAS, FRANK	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
TOCK, JASON	2022-01-01	AFCCIGNASILVER	EE	\$509.26
VIDAL BRANCO, CLAUDIA	2022-10-01	AFCCIGNASILVER	EE	\$509.26
WOLFSON, ANNA	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
WYNN, JAWAUN	2022-10-01	AFCCIGNABRONZE	EE	\$455.95
YENCARELLI, JOYCE	2022-07-01	AFCCIGNAGOLD	EE	\$560.19



8061-AFC URGENT CARE - CENTRAL NJ  
601 W Union Avenue  
BOUND BROOK, NJ 08805

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HASAN, IZHAR	2022-11-29	AFCCIGNASILVER	FAM	\$1707.65

## MEDICAL PLAN COUNTS

Employee Only	37
Employee & Spouse	2
Employee & Children	4
Family	6



## Account Services

### Monthly Statement

8069 - PINECROFT CAPITAL ADVISORS LLC  
3000 Summer Street  
STAMFORD, CT 06905

Invoice Number: 4635-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	2	\$29.44	\$58.88
			GRAND TOTAL	\$58.88

8069 - PINECROFT CAPITAL ADVISORS LLC  
3000 Summer Street  
STAMFORD, CT 06905

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

8070-AFC URGENT CARE STAMFORD  
3000 Summer Street  
STAMFORD, CT 06905

Invoice Number: 4636-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$4.20**	\$84.84
GUARDLOW	Family	1	\$100.74	\$100.74
LIFE	Employee Only	1	\$105.38**	\$105.38
			GRAND TOTAL	\$290.96

8070-AFC URGENT CARE STAMFORD  
3000 Summer Street  
STAMFORD, CT 06905

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

911 RESTORATION OF PORTLAND

Invoice Number: 5519-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee & Children	1	\$47.61	\$89.81
			GRAND TOTAL	\$89.81

911 RESTORATION OF PORTLAND

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

AAA AIRPORTER SERVICES INC  
87 CRESCENT RD  
NEEDHAM, MA 02494

Invoice Number: 4098-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	11	\$2.10**	\$57.96
GUARDHIGH	Employee Only	15	\$47.61	\$714.15
GUARDHIGH	Employee & Spouse Only	2	\$89.81	\$179.62
GUARDHIGH	Employee & Children	1	\$89.81	\$117.99
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	15	\$6.00**	\$222.90
VSP	Employee Only	5	\$8.75	\$43.75
			GRAND TOTAL	\$1,506.74



AAA AIRPORTER SERVICES INC  
87 CRESCENT RD  
NEEDHAM, MA 02494

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

AAS MANAGEMENT SERVICES LLC

Invoice Number: 5896-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
SILVER HSA	Employee & Children	1	\$1,289.33	\$1,289.33
SILVER HSA	Family	1	\$1,835.92	\$1,835.92
			GRAND TOTAL	\$3,125.25

AAS MANAGEMENT SERVICES LLC

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MASSON, STEVEN	04/01/2022	SILVER HSA	FAM	\$1835.92
SOOKOO, ANIL	04/01/2022	SILVER HSA	EC	\$1289.33

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

ABEND & SILBER PLLC  
432 Park Avenue South 9th Floor  
New York,, NY 10016

Invoice Number: 5581-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE PLAN	Employee Only	1	\$745.41	\$745.41
BRONZE PLAN	Family	1	\$2,125.31	\$2,125.31
			GRAND TOTAL	\$2,870.72

ABEND & SILBER PLLC  
432 Park Avenue South 9th Floor  
New York,, NY 10016

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ABEND, RICHARD	02/01/2022	BRONZE PLAN	FAM	\$2125.31
SILBER, JOSH	02/01/2022	BRONZE PLAN	EE	\$745.41

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

ACCURATE LOCK AND HARDWARE CO  
1 ANNIE PLACE  
STAMFORD, CT 06902

Invoice Number: 5075-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE 4K PLAN	Employee Only	1	\$508.57	\$508.57
BRONZE 4K PLAN	Employee & Spouse Only	3	\$1,017.13	\$3,051.39
BRONZE 4K PLAN	Family	1	\$1,533.65	\$1,533.65
GOLD PLAN	Employee Only	16	\$641.81	\$10,610.72
GOLD PLAN	Employee & Spouse Only	4	\$1,283.63	\$5,170.41
GOLD PLAN	Family	3	\$1,925.44	\$5,906.07
SILVER II	Employee Only	6	\$579.23	\$3,894.36
SILVER II	Employee & Spouse Only	1	\$1,158.47	\$1,298.13
SILVER II	Family	1	\$1,646.25	\$1,844.72
			GRAND TOTAL	\$33,818.02

ACCURATE LOCK AND HARDWARE CO  
1 ANNIE PLACE  
STAMFORD, CT 06902

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ARTEAGA, JORGE	2022-01-01	GOLD PLAN	ES	\$1222.62
ARTEAGA, MERCY	01/01/2022	GOLD PLAN	EE	\$663.17
BANDA, DIANA	04/01/2022	SILVER II	FAM	\$1844.72
BATISTA, HILARIO	01/01/2022	SILVER II	EE	\$649.06
BATISTA, MIGUEL	01/01/2022	GOLD PLAN	EE	\$663.17
COHEN, ROBERT	01/01/2022	GOLD PLAN	EE	\$663.17
COY, ORLANDO	01/01/2022	GOLD PLAN	EE	\$663.17
CUNDARI, DAVID	01/01/2022	GOLD PLAN	FAM	\$1968.69
CUNDARI, JOHN	01/01/2022	SILVER II	EE	\$649.06
DEL CHIARO, TARRA	01/01/2022	GOLD PLAN	EE	\$663.17
DIAZ-MOJICA, JULIO	01/01/2022	SILVER II	EE	\$649.06
DIEP, PHUONG	01/01/2022	GOLD PLAN	EE	\$663.17
DONIS, ANA	01/01/2022	GOLD PLAN	EE	\$663.17
FARFAN, JACQUELINE	01/01/2022	GOLD PLAN	EE	\$663.17
FAVIAN-CARPIO, NELVIN	01/01/2022	GOLD PLAN	ES	\$1315.93
GALLO, MARK	01/01/2022	BRONZE 4K PLAN	ES	\$1017.13
GONZALEZ, DIEGO	01/01/2022	SILVER II	EE	\$649.06
GONZALEZ, OTILIO	01/01/2022	BRONZE 4K PLAN	EE	\$508.57
JURADO-SIABATO, DAVID	01/01/2022	GOLD PLAN	EE	\$663.17

ACCURATE LOCK AND HARDWARE CO  
1 ANNIE PLACE  
STAMFORD, CT 06902

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LAMOTTA, JERRY	01/01/2022	SILVER II	EE	\$649.06
LAVERDE, CARLOS	01/01/2022	SILVER II	ES	\$1298.13
LENNOX, MATTHEW	07/01/2022	BRONZE 4K PLAN	ES	\$1017.13
LLERENA, MIRIAM	01/01/2022	GOLD PLAN	EE	\$663.17
MAEDA, EDWIN	01/01/2022	GOLD PLAN	EE	\$663.17
MARQUEZ, STEPHAN	01/01/2022	SILVER II	EE	\$649.06
MAZARIEGOS, IDALIA	01/01/2022	GOLD PLAN	EE	\$663.17
MOHA, JUAN	01/01/2022	GOLD PLAN	FAM	\$1968.69
MORENO, JAIME	01/01/2022	GOLD PLAN	EE	\$663.17
NUNEZ, MONICA	01/01/2022	BRONZE 4K PLAN	FAM	\$1533.65
NUNEZ, NELSON	01/01/2022	GOLD PLAN	ES	\$1315.93
PENSIERO, RICHARD	01/01/2022	BRONZE 4K PLAN	ES	\$1017.13
SAETEROS, JENNY	01/01/2022	GOLD PLAN	EE	\$663.17
SCHIANO, NICOLA	01/01/2022	GOLD PLAN	ES	\$1315.93
TABARES, LUIS	01/01/2022	GOLD PLAN	FAM	\$1968.69
TORRES, LUZ	01/01/2022	GOLD PLAN	EE	\$663.17
TUCCIARONE, LORI	01/01/2022	GOLD PLAN	EE	\$663.17

MEDICAL PLAN COUNTS

Employee Only	23
Employee & Spouse	8
Employee & Children	0
Family	5





## Account Services

### Monthly Statement

ACE HANDYMAN SERVICES CASPER WY  
253 S LOWELL STREET  
CASPER, WY 82601

Invoice Number: 4712-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$47.61

ACE HANDYMAN SERVICES CASPER WY  
253 S LOWELL STREET  
CASPER, WY 82601

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

ACE HANDYMAN SERVICES SOUTH CHARLOTTE  
1312 MATTHEWS MINT HILL ROAD  
MATTHEWS, NC 28105

Invoice Number: 4118-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44

ACE HANDYMAN SERVICES SOUTH CHARLOTTE  
1312 MATTHEWS MINT HILL ROAD  
MATTHEWS, NC 28105

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

ACE HANDYMAN SERVICES TWIN CITIES  
6224 HALIFAX AVENUE S  
EDINA, MN 55424

Invoice Number: 4707-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$12.60**	\$12.60
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
			GRAND TOTAL	\$116.65

ACE HANDYMAN SERVICES TWIN CITIES  
6224 HALIFAX AVENUE S  
EDINA, MN 55424

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

ACME HOTEL COMPANY  
15 E OHIO STREET  
CHICAGO, IL 60611

Invoice Number: 4135-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	5	\$47.61	\$238.05
GUARDLOW	Employee Only	2	\$29.44	\$58.88
LIFE	Employee Only	1	\$24.62**	\$22.92
OPENAXESSESSENTIAL	Employee Only	1	\$473.24	\$473.24
OPENAXESSPRIME	Employee Only	2	\$636.37	\$1,272.74
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$2,074.58

ACME HOTEL COMPANY  
15 E OHIO STREET  
CHICAGO, IL 60611

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CUNNINGHAM, JENNIFER	2023-01-01	OPENAXESSPRIME	EE	\$636.37
MANRIQUEZ, PEDRO	2023-01-01	OPENAXESSESSENTIAL	EE	\$473.24
MARBAN, MARIA	2023-01-01	OPENAXESSPRIME	EE	\$636.37

## MEDICAL PLAN COUNTS

Employee Only	3
Employee & Spouse	0
Employee & Children	0
Family	0





## Account Services

### Monthly Statement

ADLER WINDOWS  
175-16 LIBERTY AVENUE  
JAMAICA, NY 11433

Invoice Number: 5942-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE 4K	Employee Only	17	\$569.88	\$9,687.96
BRONZE 4K	Family	1	\$1,718.54	\$1,718.54
DENTALGUARD	Employee Only	32	\$38.75	\$1,240.00
DENTALGUARD	Employee & Spouse Only	4	\$78.66	\$314.64
DENTALGUARD	Employee & Children	1	\$89.93	\$89.93
DENTALGUARD	Family	3	\$137.00	\$411.00
SILVER HSA	Employee Only	13	\$640.26	\$8,323.38
SILVER HSA	Employee & Spouse Only	1	\$1,289.33	\$1,289.33
SILVER HSA	Employee & Children	1	\$1,289.33	\$1,289.33
SILVER HSA	Family	3	\$1,835.92	\$5,507.76
SILVER II	Employee Only	1	\$649.06	\$649.06
SILVER II	Family	1	\$1,844.72	\$1,844.72
VSP	Employee Only	27	\$6.82	\$184.14
VSP	Employee & Spouse Only	1	\$11.48	\$11.48
VSP	Employee & Children	1	\$11.70	\$11.70
VSP	Family	4	\$18.53	\$74.12
			GRAND TOTAL	\$32,647.09

ADLER WINDOWS  
175-16 LIBERTY AVENUE  
JAMAICA, NY 11433

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ADLER, ROSS	06/01/2022	SILVER HSA	FAM	\$1835.92
AGUILERA, ORLANDO	06/01/2022	BRONZE 4K	EE	\$569.88
CAMERON, JERMAINE	06/01/2022	SILVER HSA	ES	\$1289.33
COLLINGTON, LASANNA	11/01/2022	BRONZE 4K	EE	\$569.88
GARCIA, JUAN	06/01/2022	SILVER HSA	EE	\$640.26
GOMEZ, YADER	06/01/2022	BRONZE 4K	EE	\$569.88
GONZALEZ, ALEX	06/01/2022	BRONZE 4K	EE	\$569.88
GOPAUL, TAMESH	06/01/2022	SILVER HSA	FAM	\$1835.92
HERNANDEZ, BERNARD	06/01/2022	BRONZE 4K	EE	\$569.88
HERNANDEZ, JOSE	06/01/2022	SILVER HSA	EE	\$640.26
HINTON , CAZEMBE	06/01/2022	BRONZE 4K	EE	\$569.88
JALCA, ROBERT	06/01/2022	BRONZE 4K	EE	\$569.88
KALEY, BRIAN	06/01/2022	SILVER HSA	FAM	\$1835.92
KARAYENES, JAMES	06/01/2022	BRONZE 4K	EE	\$569.88
LELONEK, JEHU	06/01/2022	BRONZE 4K	EE	\$569.88
MARTINEZ, JESUS	06/01/2022	BRONZE 4K	EE	\$569.88
MARTINEZ, WILSON	06/01/2022	SILVER HSA	EE	\$640.26
MONTOYA, JORGE	06/01/2022	SILVER HSA	EE	\$640.26
OBRIEN, TIMOTHY	06/01/2022	SILVER HSA	EE	\$640.26

ADLER WINDOWS  
175-16 LIBERTY AVENUE  
JAMAICA, NY 11433

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
OMORUYI, MARK	06/01/2022	SILVER HSA	EE	\$640.26
PACCIANO, ROBERT	06/01/2022	BRONZE 4K	FAM	\$1718.54
PENATE, OSCAR	06/01/2022	SILVER HSA	EE	\$640.26
PERALTA, SORIVEL	06/01/2022	BRONZE 4K	EE	\$569.88
PETERSON, RUFUS	06/01/2022	BRONZE 4K	EE	\$569.88
POWDAR, SYDNEY	06/01/2022	SILVER HSA	EE	\$640.26
RAMIREZ , HUGO	06/01/2022	SILVER II	FAM	\$1844.72
RIVERA, ANTHONY	06/01/2022	BRONZE 4K	EE	\$569.88
RODRIGUEZ, JOSE	06/01/2022	BRONZE 4K	EE	\$569.88
RODRIGUEZ, VICTOR	06/01/2022	BRONZE 4K	EE	\$569.88
ROLON, MARIO	06/01/2022	SILVER HSA	EE	\$640.26
SAMUELS, OCTAV	06/01/2022	SILVER HSA	EE	\$640.26
SEBASTIEN, CHESTER	06/01/2022	SILVER HSA	EE	\$640.26
SINGH, LAKERAM	06/01/2022	BRONZE 4K	EE	\$569.88
SMITH, LESLEY	06/01/2022	SILVER HSA	EC	\$1289.33
SPEARS, CHRISTOPHER	06/01/2022	BRONZE 4K	EE	\$569.88
VASQUEZ, LENNY	06/01/2022	SILVER HSA	EE	\$640.26
WEINSTEIN, ERIC	06/01/2022	SILVER HSA	EE	\$640.26

ADLER WINDOWS  
175-16 LIBERTY AVENUE  
JAMAICA, NY 11433

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WILLIAMSON, TEVIN	2022-01-01	SILVER II	EE	\$649.06

## MEDICAL PLAN COUNTS

Employee Only	31
Employee & Spouse	1
Employee & Children	1
Family	5



## Account Services

### Monthly Statement

AFC URGENT CARE - EDGEWATER, MD  
3059 SOLOMONS ISLAND RD  
EDGEWATER, MD 21037

Invoice Number: 4304-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	4	\$2.52**	\$18.06
GUARDHIGH	Employee Only	2	\$0.00	\$95.22
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	4	\$3.00**	\$42.02
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$217.26

AFC URGENT CARE - EDGEWATER, MD  
3059 SOLOMONS ISLAND RD  
EDGEWATER, MD 21037

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

AIDEN BY BEST WESTERN AT DENVER WEST

Invoice Number: 5812-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$8.75

AIDEN BY BEST WESTERN AT DENVER WEST

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

AK SUPPLY LLC  
52 Blane Ct  
Asbury, NJ 08802

Invoice Number: 5122-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
SILVER PLAN	Employee Only	1	\$578.18	\$578.18
SILVER PLAN	Family	1	\$1,674.54	\$1,674.54
			GRAND TOTAL	\$2,252.72

AK SUPPLY LLC  
52 Blane Ct  
Asbury, NJ 08802

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ADAMS, MARK	05/01/2021	SILVER PLAN	EE	\$578.18
KROMAR, RICHARD	05/01/2021	SILVER PLAN	FAM	\$1674.54

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

ALEXIUS SOLUTIONS  
250 FILLMORE ST SUITE 150  
DENVER, CO 80206

Invoice Number: 4267-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$21.00**	\$42.00
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Family	1	\$100.74	\$100.74
			GRAND TOTAL	\$190.35

ALEXIUS SOLUTIONS  
250 FILLMORE ST SUITE 150  
DENVER, CO 80206

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

ALLIANCE ABA, LLC  
17932 S FRALEY BLVD #300  
DUMFRIES, VA 22026

Invoice Number: 4129-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$21.42**	\$21.42
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$8.90**	\$8.90
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$68.51

ALLIANCE ABA, LLC  
17932 S FRALEY BLVD #300  
DUMFRIES, VA 22026

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

ALLIED DIESEL SERVICE CO  
869 HWY 33 EAST  
Freehold, NJ 07728

Invoice Number: 5005-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD PLAN	Employee Only	2	\$639.11	\$1,278.22
GOLD PLAN	Family	1	\$1,689.00	\$1,689.00
			GRAND TOTAL	\$2,967.22

ALLIED DIESEL SERVICE CO  
869 HWY 33 EAST  
Freehold, NJ 07728

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CADIGAN, KEITH	04/01/2021	GOLD PLAN	EE	\$639.11
DARIENZO, RALPH	04/01/2021	GOLD PLAN	FAM	\$1689
FLANNIGAN JR, PAUL	04/01/2021	GOLD PLAN	EE	\$639.11

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	1





## Account Services

### Monthly Statement

ALMITA PILING  
2000 S COLORADO BLVD TOWER ONE, SUITE 200  
DENVER, CO 80222

Invoice Number: 4203-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	3	\$47.61	\$142.83
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$189.77

ALMITA PILING  
2000 S COLORADO BLVD TOWER ONE, SUITE 200  
DENVER, CO 80222

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

AMADA LANIER  
3785 ROLLING CREEK DRIVE  
BUFORD, GA 30519

Invoice Number: 4670-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Family	1	\$100.74	\$100.74
			GRAND TOTAL	\$100.74

AMADA LANIER  
3785 ROLLING CREEK DRIVE  
BUFORD, GA 30519

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

AMADA MID-MARYLAND  
5100 BUCKEYSTOWN PIKE  
FREDERICK, MD 21704

Invoice Number: 4667-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$4.20**	\$22.26
GUARDLOW	Employee Only	3	\$29.44	\$88.32
GUARDLOW	Family	1	\$100.74	\$100.74
LIFE	Employee Only	1	\$6.00**	\$0.00
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$252.58

AMADA MID-MARYLAND  
5100 BUCKEYSTOWN PIKE  
FREDERICK, MD 21704

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

AMADA MONUMENT  
755 COLORADO 105  
PALMER LAKE, CO 80133

Invoice Number: 4640-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	5	\$1.26**	\$37.59
GUARDHIGH	Employee Only	6	\$47.61	\$285.66
GUARDHIGH	Employee & Children	2	\$89.81	\$207.80
GUARDLOW	Employee Only	6	\$29.44	\$176.64
LIFE	Employee Only	4	\$5.85**	\$36.40
VSP	Employee Only	8	\$8.75	\$70.00
			GRAND TOTAL	\$856.83

AMADA MONUMENT  
755 COLORADO 105  
PALMER LAKE, CO 80133

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

AMADA NORTHERN NEVADA  
985 Damonte Ranch Pkwy Suite 320  
RENO, NV 89521

Invoice Number: 4671-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$0.00**	\$6.30
GUARDHIGH	Employee Only	4	\$47.61	\$190.44
GUARDHIGH	Employee & Children	2	\$89.81	\$179.62
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
GUARDLOW	Family	1	\$0.00	\$100.74
LIFE	Employee Only	1	\$0.00**	\$0.00
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Children	2	\$15.02	\$30.04
			GRAND TOTAL	\$788.87

AMADA NORTHERN NEVADA  
985 Damonte Ranch Pkwy Suite 320  
RENO, NV 89521

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

AMADA OCEANSIDE  
2124 S. EL CAMINO REAL  
OCEANSIDE, CA 92054

Invoice Number: 4650-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	7	\$8.40**	\$28.56
GUARDHIGH	Employee Only	5	\$47.61	\$238.05
GUARDHIGH	Employee & Spouse Only	2	\$89.81	\$179.62
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	6	\$29.44	\$176.64
GUARDLOW	Employee & Children	2	\$74.61	\$149.22
LIFE	Employee Only	4	\$3.60**	\$43.60
VSP	Employee Only	6	\$8.75	\$52.50
VSP	Employee & Spouse Only	2	\$14.73	\$29.46
VSP	Employee & Children	2	\$15.02	\$30.04
GRAND TOTAL				\$1,205.86

AMADA OCEANSIDE  
2124 S. EL CAMINO REAL  
OCEANSIDE, CA 92054

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

AMADA SENIOR CARE JACKSON MS  
1867 CRANE RIDGE DRIVE  
JACKSON, MS 39216

Invoice Number: 4643-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$8.75

AMADA SENIOR CARE JACKSON MS  
1867 CRANE RIDGE DRIVE  
JACKSON, MS 39216

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

AMITYVILLE PAYROLL SERVICE  
58 East Suffolk Ave  
Central Islip, NY 11722

Invoice Number: 5121-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
PLATINUM	Family	1	\$3,271.30	\$3,271.30
			GRAND TOTAL	\$3,271.30

## AMITYVILLE PAYROLL SERVICE

58 East Suffolk Ave

Central Islip, NY 11722

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MADONIA, CHRISTOPHER	08/01/2021	PLATINUM	FAM	\$3271.3

## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

AMMON ANALYTICAL LABORATORY  
35 E BLANCKE ST  
LINDEN, NJ 07036

Invoice Number: 5147-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD PLAN	Employee Only	5	\$830.67	\$4,153.35
GOLD PLAN	Employee & Spouse Only	1	\$1,661.33	\$1,661.33
GOLD PLAN	Family	1	\$2,492.00	\$2,492.00
PLATINUM PLAN	Employee Only	1	\$996.80	\$996.80
PLATINUM PLAN	Employee & Spouse Only	2	\$1,993.59	\$3,987.18
PLATINUM PLAN	Family	1	\$2,990.38	\$2,990.38
SILVER HSA	Employee Only	1	\$739.50	\$739.50
SILVER HSA	Family	3	\$2,120.49	\$6,361.47
			GRAND TOTAL	\$23,382.01

AMMON ANALYTICAL LABORATORY  
35 E BLANCKE ST  
LINDEN, NJ 07036

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALI, MUNTAZ	01/01/2022	SILVER HSA	FAM	\$2120.49
BURNS, NATEASHA	01/01/2022	PLATINUM PLAN	EE	\$996.8
GAMBARDELLA, RONALD	01/01/2022	PLATINUM PLAN	ES	\$1993.59
GARCIA, CHRISTOPHER	01/01/2022	GOLD PLAN	EE	\$830.67
HAUPT, ANDREW	01/01/2022	SILVER HSA	FAM	\$2120.49
HAUPT, EVAN	01/01/2022	PLATINUM PLAN	ES	\$1993.59
HAUPT, STEPHEN	2022-01-01	PLATINUM PLAN	FAM	\$2990.38
HERNADEZ, MAURA	01/01/2022	GOLD PLAN	ES	\$1661.33
MACHHI, KIRAN	01/01/2022	GOLD PLAN	FAM	\$2492
MANZANO, JENNIFER	01/01/2022	SILVER HSA	FAM	\$2120.49
ORLINO, DENISE	2022-01-01	GOLD PLAN	EE	\$830.67
RESURRECCION, ALEXANDRA	07/01/2022	SILVER HSA	EE	\$739.5
SINGH, RAFI	01/01/2022	GOLD PLAN	EE	\$830.67
THEODORE, KIMU	01/01/2022	GOLD PLAN	EE	\$830.67
WEST, RASHAUN	01/01/2022	GOLD PLAN	EE	\$830.67

**MEDICAL PLAN COUNTS**

Employee Only	7
Employee & Spouse	3
Employee & Children	0
Family	5



## Account Services

### Monthly Statement

ARCULUS HOLDINGS  
309 Pierce St  
SOMERSET, NJ 08873

Invoice Number: 4430-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	7	\$2.10**	\$179.34
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Employee & Spouse Only	3	\$89.81	\$269.43
GUARDHIGH	Family	5	\$160.18	\$800.90
GUARDLOW	Employee Only	3	\$29.44	\$88.32
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
GUARDLOW	Family	1	\$100.74	\$100.74
LIFE	Employee Only	8	\$19.10**	\$266.80
VSP	Employee Only	4	\$8.75	\$35.00
VSP	Employee & Spouse Only	3	\$14.73	\$44.19
VSP	Employee & Children	1	\$15.02	\$15.02
VSP	Family	4	\$23.76	\$95.04
			GRAND TOTAL	\$2,064.61

ARCULUS HOLDINGS  
309 Pierce St  
SOMERSET, NJ 08873

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

ARGONNE NATIONAL LAB II  
123 S . MAIN

Invoice Number: 6198-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
SILVER	Employee Only	1	\$200.00	\$200.00
			GRAND TOTAL	\$200.00

ARGONNE NATIONAL LAB II  
123 S . MAIN  
,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALLEN, JONES	11/01/2022	SILVER	EE	\$200

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

ASH CONTRACTING CORP  
1641 E 94th St  
Brooklyn, NY 11236

Invoice Number: 5118-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Family	1	\$160.18	\$160.18
PLATINUM	Family	1	\$2,353.71	\$2,353.71
VSP CHOICE	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$2,537.65

ASH CONTRACTING CORP

1641 E 94th St

Brooklyn, NY 11236

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ASH, PRAEWPAN	02/01/2022	PLATINUM	FAM	\$2353.71

## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

ASSISTED LIVING LOCATORS  
16731 ROSA LANE  
SOUTHGATE, MI 48195

Invoice Number: 4698-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$2.10**	\$2.10
GRAND TOTAL				\$2.10

## ASSISTED LIVING LOCATORS

16731 ROSA LANE  
SOUTHGATE, MI 48195

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

ATSUMI & SAKAI NEW YORK

Invoice Number: 5547-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
OPENAXESSBRONZE	Employee Only	1	\$562.85	\$562.85
			GRAND TOTAL	\$592.29

ATSUMI &amp; SAKAI NEW YORK

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KATSUMI, MASANARI	2023-01-01	OPENAXESSBRONZE	EE	\$562.85

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

AUTOMATION TECHNICAL RESOURCES, LLC

Invoice Number: 5888-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$4.20**	\$0.42
LIFE	Employee Only	1	\$1.20**	\$1.20
GRAND TOTAL				\$1.62

AUTOMATION TECHNICAL RESOURCES, LLC

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

AVANCER HOMES  
350 SYCAMORE ROAD  
GENOA, IL 60135

Invoice Number: 4677-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	4	\$21.42**	\$32.34
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Children	4	\$74.61	\$298.44
LIFE	Employee Only	2	\$14.30**	\$12.50
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Children	2	\$15.02	\$30.04
			GRAND TOTAL	\$506.73

AVANCER HOMES  
350 SYCAMORE ROAD  
GENOA, IL 60135

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

BALTER SALES CO INC.  
209 Browery  
New York, NY 10002

Invoice Number: 5010-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTAL PREFERRED	Employee Only	3	\$38.75	\$116.25
DENTAL PREFERRED	Employee & Children	1	\$89.93	\$89.93
GOLD	Employee Only	2	\$783.81	\$1,567.62
GOLD	Employee & Spouse Only	1	\$1,437.62	\$1,437.62
PLATINUM	Employee Only	4	\$849.57	\$3,398.28
PLATINUM	Employee & Spouse Only	2	\$1,699.14	\$3,398.28
PLATINUM	Employee & Children	1	\$1,699.14	\$1,699.14
SILVER	Employee Only	2	\$678.18	\$1,356.36
SILVER	Employee & Spouse Only	1	\$1,226.36	\$1,226.36
VISION VSP CHOICE	Employee Only	1	\$6.82	\$6.82
VISION VSP CHOICE	Employee & Children	2	\$11.70	\$23.40
			GRAND TOTAL	\$14,320.06

BALTER SALES CO INC.  
209 Browery  
New York, NY 10002

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BALTER, LORI	02/01/2022	PLATINUM	EC	\$1699.14
BALTER, MARC	02/01/2022	PLATINUM	EE	\$849.57
CHU, SIEU	06/01/2022	GOLD	ES	\$1437.62
COLON, IRIS	06/01/2021	GOLD	EE	\$783.81
GARFINKEL, GREG	06/01/2021	SILVER	EE	\$678.18
GOLDBERG, BARRY	06/01/2022	PLATINUM	ES	\$1699.14
LANDER, ELLIOT	06/01/2021	PLATINUM	ES	\$1699.14
LEDERMAN, ZACHARY	06/01/2021	GOLD	EE	\$783.81
ROSENBERG, BARRY	11/01/2021	PLATINUM	EE	\$849.57
SOBEL, NAOMI	06/01/2021	PLATINUM	EE	\$849.57
TESTON, DENNIS	02/01/2022	SILVER	ES	\$1226.36
WALLACE, MICHELLE	08/01/2022	PLATINUM	EE	\$849.57
ZENG, JIANGHE	06/01/2021	SILVER	EE	\$678.18

**MEDICAL PLAN COUNTS**

Employee Only	8
Employee & Spouse	4
Employee & Children	1
Family	0



## Account Services

### Monthly Statement

BAMBOO CROWD INC  
85 Delancey St.  
New York, NY 10002

Invoice Number: 5575-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE 4K	Employee Only	2	\$589.71	\$1,179.42
GOLD	Employee Only	1	\$784.90	\$784.90
SILVER II	Employee Only	2	\$713.55	\$1,427.10
			GRAND TOTAL	\$3,391.42

BAMBOO CROWD INC  
85 Delancey St.  
New York, NY 10002

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CHUNG, JOHN	10/01/2022	GOLD	EE	\$784.90
DIAZ, ALICIA	12/01/2021	SILVER II	EE	\$713.55
POWER, CHELSEA	12/01/2021	SILVER II	EE	\$713.55
TANNENBAUM, MICHELLE	12/01/2021	BRONZE 4K	EE	\$589.71
TREDLY, JARED	12/01/2021	BRONZE 4K	EE	\$589.71

## MEDICAL PLAN COUNTS

Employee Only	5
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

BANYAN LIVING OHIO, LLC

Invoice Number: 5988-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	23	\$1.68**	\$146.59
GUARDHIGH	Employee Only	16	\$47.61	\$761.76
GUARDHIGH	Employee & Children	2	\$47.61	\$179.62
GUARDHIGH	Family	1	\$0.00	\$160.18
GUARDLOW	Employee Only	9	\$29.44	\$264.96
GUARDLOW	Employee & Spouse Only	2	\$29.44	\$111.08
GUARDLOW	Employee & Children	2	\$29.44	\$149.22
LIFE	Employee Only	22	\$2.40**	\$269.08
OPENAXESSBRONZE	Employee Only	3	\$604.62	\$1,813.86
OPENAXESSBRONZE	Employee & Spouse Only	1	\$1,300.07	\$1,300.07
OPENAXESSCOPPER	Employee Only	7	\$544.16	\$3,809.12
OPENAXESSGOLD	Employee Only	11	\$738.98	\$8,128.78
OPENAXESSPLATINUM	Employee Only	3	\$812.88	\$2,438.64
OPENAXESSSILVER	Employee Only	4	\$671.80	\$2,687.20
VSP	Employee Only	5	\$8.75	\$43.75
VSP	Employee & Spouse Only	2	\$8.75	\$29.46
			GRAND TOTAL	\$22,293.37

BANYAN LIVING OHIO, LLC

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALHEIT, DAVID	2023-01-01	OPENAXESSCOPPER	EE	\$544.16
BRYNER, MARK	2023-01-01	OPENAXESSSILVER	EE	\$671.80
CASDORPH, LINDSEY	2023-01-01	OPENAXESSCOPPER	EE	\$544.16
CHURCH, DAVID	2023-01-01	OPENAXESSSILVER	EE	\$671.80
CONNER, JOHN	2023-01-01	OPENAXESSGOLD	EE	\$738.98
DAVIS, ALFONSO	2023-01-01	OPENAXESSGOLD	EE	\$738.98
DE MENEZES, JOSIMAR	2023-01-01	OPENAXESSCOPPER	EE	\$544.16
ECHOLS, JENNIFER	2023-01-01	OPENAXESSBRONZE	EE	\$604.62
EICKHOLT, JOSHUA	2023-01-01	OPENAXESSBRONZE	EE	\$604.62
FERRELL, JAMES	2023-01-01	OPENAXESSPLATINUM	EE	\$812.88
JOHNSON, RACHEL	2023-01-01	OPENAXESSGOLD	EE	\$738.98
JOHNSTONE, TAYLER	2023-01-01	OPENAXESSGOLD	EE	\$738.98
LAB, MICHAEL	2023-01-01	OPENAXESSCOPPER	EE	\$544.16
LAURENTI, BRYCE	2023-01-01	OPENAXESSSILVER	EE	\$671.80
LAUTZENHEISER, CHLOE	2023-01-01	OPENAXESSGOLD	EE	\$738.98
MCCLELLAND, DIANNA	2023-01-01	OPENAXESSCOPPER	EE	\$544.16
MURESAN, SEBASTIAN	2023-01-01	OPENAXESSSILVER	EE	\$671.80
PHILLIPOU, PHILLIP	2023-01-01	OPENAXESSBRONZE	ES	\$1300.07
PREDMETSKY, AMY	2023-01-01	OPENAXESSCOPPER	EE	\$544.16

BANYAN LIVING OHIO, LLC

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## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PUSCAS, MARIA	2023-01-01	OPENAXESSBRONZE	EE	\$604.62
REID, NATHANIEL	2023-01-01	OPENAXESSGOLD	EE	\$738.98
RENNER, JEFFREY	2023-01-01	OPENAXESSCOPPER	EE	\$544.16
RUBY, MAKELA	2023-01-01	OPENAXESSGOLD	EE	\$738.98
SNAY, TODD	2023-01-01	OPENAXESSPLATINUM	EE	\$812.88
SPASIC, ASHTON	2023-01-01	OPENAXESSGOLD	EE	\$738.98
TRIFU, ETHENIEL	2023-01-01	OPENAXESSPLATINUM	EE	\$812.88
WEHR, ASHLEY	2023-01-01	OPENAXESSGOLD	EE	\$738.98
WHITE, ALYSSA	2023-01-01	OPENAXESSGOLD	EE	\$738.98
WILLS-MCCRARY, JOEY	2023-01-01	OPENAXESSGOLD	EE	\$738.98

## MEDICAL PLAN COUNTS

Employee Only	28
Employee & Spouse	1
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

BEACON OF HOPE HOSPICE OF IOWA, INC.  
1020 W 35TH ST  
DAVENPORT, IA 52806

Invoice Number: 4675-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$41.25**	\$2.40
GRAND TOTAL				\$31.84



BEACON OF HOPE HOSPICE OF IOWA, INC.  
1020 W 35TH ST  
DAVENPORT, IA 52806

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

BEACON OF HOPE HOSPICE OF MISSOURI, INC.  
1201 C SOUTH BROADWAY  
OAK GROVE, MO 64075

Invoice Number: 4676-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$14.73

BEACON OF HOPE HOSPICE OF MISSOURI, INC.  
1201 C SOUTH BROADWAY  
OAK GROVE, MO 64075

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

BEAUDOIN REALTY GROUP, INC  
78-27 37th Avenue Suite 5  
Jackson Heights, NY 11372

Invoice Number: 240-2023-01  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
PLATINUM	Employee Only	1	\$863.03	\$863.03
			GRAND TOTAL	\$863.03

BEAUDOIN REALTY GROUP, INC  
78-27 37th Avenue Suite 5  
Jackson Heights, NY 11372

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BEAUDOIN, STEPHANIE	01/01/2022	PLATINUM	EE	\$863.03

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

BERGER FISCHOFF  
6901 JERICHO TURNPIKE SUITE 230  
SYOSSET, NY 11791

Invoice Number: 5876-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Employee Only	3	\$38.75	\$116.25
DENTALGUARD	Employee & Spouse Only	1	\$78.66	\$78.66
DENTALGUARD	Family	3	\$137.71	\$413.13
SILVER III	Employee Only	3	\$540.81	\$1,622.43
SILVER III	Employee & Spouse Only	2	\$1,189.13	\$2,378.26
SILVER III	Family	3	\$1,680.59	\$5,041.77
VSP CHOICE	Employee Only	3	\$6.82	\$20.46
VSP CHOICE	Employee & Spouse Only	2	\$11.48	\$22.96
VSP CHOICE	Family	3	\$18.53	\$55.59
			GRAND TOTAL	\$9,749.51

BERGER FISCHOFF  
6901 JERICHO TURNPIKE SUITE 230  
SYOSSET, NY 11791

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BERGER, HEATH	06/01/2022	SILVER III	FAM	\$1680.59
BURTON, THOMAS	06/01/2022	SILVER III	ES	\$1189.13
FILARDI, ANGELIQUE	06/01/2022	SILVER III	EE	\$540.81
GOODMAN, PETER	06/01/2022	SILVER III	FAM	\$1680.59
KLEIGER, JASON	06/01/2022	SILVER III	EE	\$540.81
MIGDEN, MARSHA	06/01/2022	SILVER III	EE	\$540.81
SHUMER, STEVEN	06/01/2022	SILVER III	FAM	\$1680.59
WEINBERG, RANDI	06/01/2022	SILVER III	ES	\$1189.13

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

BERKSHIRE HATHAWAY HOME SERVIC  
350 Highway 35  
Middletown, NJ 07748

Invoice Number: 5064-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTAL	Employee Only	2	\$38.75	\$77.50
GOLD III	Employee Only	11	\$575.53	\$6,330.83
GOLD III	Employee & Spouse Only	5	\$1,295.18	\$6,475.90
GOLD III	Employee & Children	1	\$1,341.85	\$1,341.85
SILVER IV	Employee Only	4	\$476.70	\$1,906.80
SILVER IV	Employee & Spouse Only	2	\$957.11	\$1,914.22
SILVER IV	Family	4	\$1,293.38	\$5,173.52
VISION	Employee Only	3	\$9.99	\$29.97
			GRAND TOTAL	\$23,250.59



## BERKSHIRE HATHAWAY HOME SERVIC

350 Highway 35

Middletoown, NJ 07748

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ADAMCZYK, MARIJO	01/01/2022	SILVER IV	EE	\$476.70
AGASHE, ANJALI	01/01/2022	SILVER IV	EE	\$476.70
BECKER, STEVEN	01/01/2022	SILVER IV	FAM	\$1293.38
COCCHIARA, LORETTA	08/01/2022	GOLD III	ES	\$1295.18
CRANE, BRETT	08/01/2022	GOLD III	EE	\$575.53
D'ESPOSITO, JOETTE	01/01/2022	GOLD III	ES	\$1295.18
DANKO, TERESA	01/01/2022	GOLD III	ES	\$1295.18
DEBREE, DEREK	01/01/2022	SILVER IV	FAM	\$1293.38
DELGALDO, JOHN	01/01/2022	GOLD III	EC	\$1341.85
FALVO, DONNA	01/01/2022	GOLD III	EE	\$575.53
FERROGINE, LINDA	01/01/2022	SILVER IV	FAM	\$1293.38
GEORGE, MARK	01/01/2022	SILVER IV	ES	\$957.11
GIBBENS, TAYLOR	11/01/2022	GOLD III	EE	\$575.53
HARRISON, JULIA	02/01/2022	GOLD III	EE	\$575.53
KEATING, JOHN	01/01/2022	GOLD III	EE	\$575.53
KENNY, ROBIN	01/01/2022	SILVER IV	EE	\$476.70
MANGONE, JAMES	10/01/2022	GOLD III	EE	\$575.53
MANNINO, MARYLOU	01/01/2022	SILVER IV	FAM	\$1293.38
MARCHESE, MARGARET	01/01/2022	GOLD III	EE	\$575.53

BERKSHIRE HATHAWAY HOME SERVIC  
 350 Highway 35  
 Middletown, NJ 07748

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MELILLO, LORI	01/01/2022	SILVER IV	EE	\$476.70
MORRIS, ANN	02/01/2022	SILVER IV	ES	\$957.11
O'BRIEN, BROOKE	02/01/2022	GOLD III	EE	\$575.53
SCHIANODICOLA, CAROLINE	01/01/2022	GOLD III	ES	\$1295.18
SCHNEIDER, MICHELLE	02/01/2022	GOLD III	EE	\$575.53
SHEFFER, JEANETTE	01/01/2022	GOLD III	EE	\$575.53
TILTON, RICHARD	01/01/2022	GOLD III	ES	\$1295.18
ZANOWIC, JAMES	01/01/2022	GOLD III	EE	\$575.53

MEDICAL PLAN COUNTS

Employee Only	15
Employee & Spouse	7
Employee & Children	1
Family	4



## Account Services

### Monthly Statement

BEST WESTERN - PHOENIX

Invoice Number: 5810-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$4.20**	\$4.20
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$84.33

BEST WESTERN - PHOENIX

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

BEST WESTERN AIRPORT INN & SUITES ORLANDO

Invoice Number: 5754-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$4.62**	\$2.10
GUARDLOW	Employee Only	2	\$0.00	\$58.88
LIFE	Employee Only	2	\$30.06**	\$4.60
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$74.33

BEST WESTERN AIRPORT INN &amp; SUITES ORLANDO

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

BEST WESTERN INN

Invoice Number: 5848-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.42**	\$0.42
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$14.82**	\$14.82
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$53.43

BEST WESTERN INN

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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





**Account Services**  
**Monthly Statement**

BEST WESTERN LAKE GEORGE

Invoice Number: 6029-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSILVER	Employee Only	2	\$651.18	\$1,302.36
			GRAND TOTAL	\$1,302.36

BEST WESTERN LAKE GEORGE

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MARR, CAROLE	2023-01-01	OPENAXESSSILVER	EE	\$651.18
TROMBLEY, JESSICA	2023-01-01	OPENAXESSSILVER	EE	\$651.18

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

BEST WESTERN PLUS BOLIVAR

Invoice Number: 6021-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
LIFE	Employee Only	1	\$0.00**	\$0.00
GRAND TOTAL				\$95.22

BEST WESTERN PLUS BOLIVAR

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

BEST WESTERN PLUS HAWTHORNE TERRACE  
3434 N BROADWAY AVE  
CHICAGO, IL 60657

Invoice Number: 4134-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	6	\$1.68**	\$39.90
GUARDHIGH	Employee Only	4	\$47.61	\$190.44
LIFE	Employee Only	5	\$9.60**	\$118.43
OPENAXESSPREMIUM	Employee Only	3	\$603.30	\$1,809.90
OPENAXESSPRIME	Employee Only	3	\$686.37	\$2,059.11
VSP	Employee Only	5	\$8.75	\$43.75
			GRAND TOTAL	\$4,261.53

BEST WESTERN PLUS HAWTHORNE TERRACE  
3434 N BROADWAY AVE  
CHICAGO, IL 60657

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ARGUDO, ANNA	2023-01-01	OPENAXESSPREMIUM	EE	\$603.30
OCAMPO, ESMERALDA	2023-01-01	OPENAXESSPREMIUM	EE	\$603.30
PINEDA, CARLOS	2023-01-01	OPENAXESSPRIME	EE	\$686.37
ROUSE, RHONDA	2023-01-01	OPENAXESSPREMIUM	EE	\$603.30
VAZQUEZ, AZUCENA	2023-01-01	OPENAXESSPRIME	EE	\$686.37
VAZQUEZ, MELENY	2023-01-01	OPENAXESSPRIME	EE	\$686.37

## MEDICAL PLAN COUNTS

Employee Only	6
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

BEST WESTERN PLUS MIDAMERICA

Invoice Number: 6026-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.42**	\$0.42
GRAND TOTAL				\$0.84

BEST WESTERN PLUS MIDAMERICA

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

BEST WESTERN REGENCY INN

Invoice Number: 6169-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$77.05

BEST WESTERN REGENCY INN

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

BEST WESTERN RIVERSIDE INN

Invoice Number: 5883-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$0.42**	\$0.92
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	3	\$7.20**	\$19.50
VSP	Employee Only	1	\$8.75	\$8.75
GRAND TOTAL				\$153.83

BEST WESTERN RIVERSIDE INN

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

BILLDR INC  
251 LITTLE FALLS DRIVE  
WILMINGTON , DE 19808

Invoice Number: 5120-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	4	\$653.81	\$2,615.24
			GRAND TOTAL	\$2,615.24

BILLDR INC  
251 LITTLE FALLS DRIVE  
WILMINGTON , DE 19808

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HAMMER, JENNIFER	09/01/2022	GOLD	EE	\$653.81
HELLIOS, THOMAS	06/01/2022	GOLD	EE	\$653.81
MACOMBER, HEIDI	09/01/2022	GOLD	EE	\$653.81
ROE, CHRISTOPHER	02/01/2022	GOLD	EE	\$653.81

## MEDICAL PLAN COUNTS

Employee Only	4
Employee & Spouse	0
Employee & Children	0
Family	0



**Account Services**  
**Monthly Statement**

BIN THERE USA, LLC  
1209 N ORANGE STREET  
WILMINGTON, DE 19801

Invoice Number: 4169-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
VSP	Employee & Spouse Only	1	\$15.67	\$15.67
			GRAND TOTAL	\$15.67

BIN THERE USA, LLC  
1209 N ORANGE STREET  
WILMINGTON, DE 19801

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

BIONAP USA INC.  
420 COLUMBUS AVE STE 304  
VALHALLA, NY 10595

Invoice Number: 4417-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$2.10**	\$2.10
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	1	\$29.44	\$29.44
OPENAXESSGOLD	Employee & Spouse Only	1	\$1,372.87	\$1,372.87
OPENAXESSSILVER	Employee Only	1	\$575.33	\$575.33
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$2,268.22

BIONAP USA INC.  
420 COLUMBUS AVE STE 304  
VALHALLA, NY 10595

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BLACKWOOD, JODI-ANN	2023-01-01	OPENAXESSSILVER	EE	\$575.33
RIS, TYLER	2023-01-01	OPENAXESSGOLD	ES	\$1372.87

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

BLACKPOINTE, INC.  
14 Allen Street  
Rumson, NJ 07760

Invoice Number: 5565-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD PREFER	Family	1	\$137.71	\$137.71
SILVER IV	Family	1	\$1,293.38	\$1,293.38
			GRAND TOTAL	\$1,431.09

BLACKPOINTE, INC.  
14 Allen Street  
Rumson, NJ 07760

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
VELCAMP, JOSEPH	02/01/2022	SILVER IV	FAM	\$1293.38

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

BLOSSOMING APPAREL  
120 E 8th St Suite 307  
Los Angeles, CA 90014

Invoice Number: 115-2023-01  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee & Spouse Only	1	\$1,438.38	\$1,438.38
			GRAND TOTAL	\$1,438.38

## BLOSSOMING APPAREL

120 E 8th St Suite 307

Los Angeles, CA 90014

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WARNER, JONATHAN	12/01/2021	GOLD	ES	\$1438.38

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

BLUE CRAB BREWING, INC.  
8251 TELEGRAPH ROAD  
ODENTON, MD 21113

Invoice Number: 4658-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$6.30**	\$6.30
LIFE	Employee Only	1	\$10.80**	\$10.80
			GRAND TOTAL	\$17.10

BLUE CRAB BREWING, INC.  
8251 TELEGRAPH ROAD  
ODENTON, MD 21113

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

BLUEFROG PLUMBING & DRAIN - WEST HOUSTON  
22003 Chesterwick Dr  
KATY, TX 77450

Invoice Number: 4276-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Family	1	\$160.18	\$160.18
OPENAXESSCOPPER	Employee Only	1	\$1,219.73	\$425.92
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$609.86

BLUEFROG PLUMBING & DRAIN - WEST HOUSTON  
22003 Chesterwick Dr  
KATY, TX 77450

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FRISCO, CHRISTOPHER	2023-01-01	OPENAXESSCOPPER	EE	\$425.92

## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

BUDGET BLINDS OF BEAVER  
1255 BLAINE RD  
MONACA, PA 15061

Invoice Number: 4244-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44

BUDGET BLINDS OF BEAVER  
1255 BLAINE RD  
MONACA, PA 15061

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

BUDGET BLINDS OF CAPE CORAL  
12431 MCGREGOR BLVD  
FORT MYERS, FL 33919

Invoice Number: 4551-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	1	\$0.00	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$85.80

BUDGET BLINDS OF CAPE CORAL  
12431 MCGREGOR BLVD  
FORT MYERS, FL 33919

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

BUDGET BLINDS OF CREVE COEUR  
11628 Old Ballas Rd Ste 338  
CREVE COEUR, MO 63141

Invoice Number: 4299-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$4.20**	\$4.20
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$128.70

## BUDGET BLINDS OF CREVE COEUR

11628 Old Ballas Rd Ste 338

CREVE COEUR, MO 63141

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

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

Invoice Number: 4280-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
LIFE	Employee Only	2	\$3.21**	\$37.08
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$141.62

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

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

BUDGET BLINDS OF SOUTH BEND AND MISHAWAKA

Invoice Number: 5703-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
LIFE	Employee Only	1	\$6.75**	\$6.75
GRAND TOTAL				\$6.75

BUDGET BLINDS OF SOUTH BEND AND MISHAWAKA

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

BUDGET BLINDS OF STEAMBOAT  
2550 South Copper Frontage Rd.  
STEAMBOAT SPRINGS, CO 80487

Invoice Number: 4108-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Family	1	\$160.18	\$160.18
LIFE	Employee Only	1	\$41.30**	\$22.92
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$191.85

## BUDGET BLINDS OF STEAMBOAT

2550 South Copper Frontage Rd.

STEAMBOAT SPRINGS, CO 80487

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

BUILDING KIDZ OF QUEENSBURY

Invoice Number: 6061-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$8.95**	\$8.95
LIFE	Employee Only	1	\$40.72**	\$40.72
			GRAND TOTAL	\$49.67

BUILDING KIDZ OF QUEENSBURY

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

BUILDING KIDZ OF WEST HAYWARD  
4492 HEADEN WAY  
SANTA CLARA, CA 95054

Invoice Number: 4087-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$2.10**	\$2.52
GUARDHIGH	Employee & Children	1	\$0.00	\$89.81
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
LIFE	Employee Only	1	\$0.00**	\$0.00
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$181.96

BUILDING KIDZ OF WEST HAYWARD  
4492 HEADEN WAY  
SANTA CLARA, CA 95054

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

BUILDING KIDZ SCHOOL OF SAN CARLOS  
1633 LAUREL STREET  
SAN CARLOS, CA 94070

Invoice Number: 4213-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDLOW	Employee Only	1	\$29.44	\$29.44
OPENAXESSPLATINUM	Employee Only	1	\$906.01	\$906.01
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$1,039.42

BUILDING KIDZ SCHOOL OF SAN CARLOS  
1633 LAUREL STREET  
SAN CARLOS, CA 94070

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FRIEDLIN, LINDA	2023-01-01	OPENAXESSPLATINUM EE		\$906.01

## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

CADEN CONCEPTS  
13412 VENTURA BLVD.  
SHERMAN OAKS, CA 91423

Invoice Number: 4665-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$47.61

CADEN CONCEPTS  
13412 VENTURA BLVD.  
SHERMAN OAKS, CA 91423

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

CAFE MOMENTUM  
1510 PACIFIC AVE  
DALLAS, TX 75201

Invoice Number: 5911-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE 4K	Employee Only	4	\$586.66	\$2,346.64
BRONZE 4K	Employee & Children	1	\$1,078.73	\$1,078.73
DENTALGUARD	Employee Only	17	\$28.72	\$488.24
DENTALGUARD	Employee & Spouse Only	1	\$61.05	\$61.05
DENTALGUARD	Employee & Children	3	\$66.38	\$199.14
DENTALGUARD	Family	1	\$95.28	\$95.28
GOLD	Employee Only	2	\$647.05	\$1,294.10
SILVER HSA	Employee Only	1	\$567.70	\$567.70
SILVER II	Employee Only	10	\$605.63	\$6,056.30
SILVER II	Employee & Children	2	\$1,114.79	\$2,229.58
SILVER II	Family	1	\$1,793.66	\$1,793.66
VSP CHOICE	Employee Only	14	\$6.82	\$95.48
VSP CHOICE	Employee & Children	1	\$11.70	\$11.70
			GRAND TOTAL	\$16,317.60

CAFE MOMENTUM  
1510 PACIFIC AVE  
DALLAS, TX 75201

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BABCOCK, THEDA	05/01/2022	SILVER II	EE	\$605.63
BATES, JILL	05/01/2022	GOLD	EE	\$647.05
BLACKLOCK, MELANIE	11/01/2022	BRONZE 4K	EE	\$586.66
CHILDS, KATHLEEN	06/01/2022	SILVER II	EE	\$605.63
COLLINS, AARON	05/01/2022	SILVER II	EE	\$605.63
COOK, KENNETH	2022-01-01	GOLD	EE	\$647.05
CRAWFORD, TYKESHA	05/01/2022	SILVER II	EE	\$605.63
CRISS, JORDAN	05/01/2022	SILVER II	EE	\$605.63
HAYMON, PORSHIA	05/01/2022	BRONZE 4K	EC	\$1078.73
HOUSER, MICHAEL	05/01/2022	SILVER II	EE	\$605.63
HULL, TRACEY	05/01/2022	SILVER HSA	EE	\$567.7
JONES, JEDARRIAN	05/01/2022	BRONZE 4K	EE	\$586.66
KENDRICK, KRISTIN	05/01/2022	SILVER II	EE	\$605.63
LOPEZ, LAURA	05/01/2022	SILVER II	EE	\$605.63
MERVIS, MICHELE	05/01/2022	SILVER II	EC	\$1114.79
O' CONNOR, MICHAEL	05/01/2022	SILVER II	EC	\$1114.79
SCOTT, TARYN	07/01/2022	BRONZE 4K	EE	\$586.66
TOLEDO GUZMAN, RIGOBERTO	07/01/2022	BRONZE 4K	EE	\$586.66
WATSON, MERRY	05/01/2022	SILVER II	EE	\$605.63



CAFE MOMENTUM  
1510 PACIFIC AVE  
DALLAS, TX 75201

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WINDHAM, MARGARET	05/01/2022	SILVER II	FAM	\$1793.66
YOUNG, TEVIN	05/01/2022	SILVER II	EE	\$605.63

## MEDICAL PLAN COUNTS

Employee Only	17
Employee & Spouse	0
Employee & Children	3
Family	1



## Account Services

### Monthly Statement

CAFE MOMENTUM NASHVILLE CORPORATION  
4636 LEBANON PIKE 168  
HERMITAGE, TX 37076

Invoice Number: 6231-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTAL GUARD	Employee Only	1	\$28.72	\$28.72
SILVER II	Employee Only	1	\$605.63	\$605.63
			GRAND TOTAL	\$634.35

CAFE MOMENTUM NASHVILLE CORPORATION  
4636 LEBANON PIKE 168  
HERMITAGE, TX 37076

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WILLIAMS, SEAN	12/01/2022	SILVER II	EE	\$605.63

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

CAIR MANAGEMENT LLC  
1633 Broadway Fl 7  
NEW YORK, NY 10019

Invoice Number: 4332-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$10.50**	\$10.50
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Family	1	\$160.18	\$160.18
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$250.80

CAIR MANAGEMENT LLC

1633 Broadway Fl 7

NEW YORK, NY 10019

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

CALICO DBA ROOSTERS MEN'S GROO

Invoice Number: 5151-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
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GRAND TOTAL			\$0.00
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CALICO DBA ROOSTERS MEN'S GROO

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
AGUIRRE, AMYJEAN	01/01/2022	VBP1	ES	\$0
NELSON, JARED	01/01/2022	VBP1	EE	\$0
NELSON, LISA	09/01/2020	VBP1	ES	\$0
NELSON-MOHR, JAELYNN	01/01/2022	VBP1	EC	\$0
WILTON, ABIGAIL	04/01/2021	VBP8	EE	\$0

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	2
Employee & Children	1
Family	0



## Account Services

### Monthly Statement

CANAL WORKS ADVERTISING, LLC  
FOUR NESHAMINY INTERPLEX, STE 202  
TREVOSSE, PA 19053

Invoice Number: 4155-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$9.24**	\$9.24
CANALWORKSADD	Employee Only	6	\$0.65	\$9.08
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee & Spouse Only	2	\$55.54	\$111.08
LIFE	Employee Only	3	\$48.00**	\$100.35
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$358.05



CANAL WORKS ADVERTISING, LLC  
FOUR NESHAMINY INTERPLEX, STE 202  
TREVOSSE, PA 19053

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BILENKO, LILYA	2022-08-01	CANALWORKSADD		\$1.72
CROWLEY, CHRISTINE E	2022-01-01	CANALWORKSADD		\$1.66
GIRTY II, JOHN J	2022-08-01	CANALWORKSADD		\$2.46
GIUSTI, KRISTIN D	2022-08-01	CANALWORKSADD		\$0.67
KURYLUK, BARBARA	2022-08-01	CANALWORKSADD		\$1.41
PERILLI, MARISA L	2022-01-01	CANALWORKSADD		\$1.16

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

CAREFIELD LIVING CASTRO VALLEY  
19960 Santa Maria Ave  
Castro Valley, CA 94546

Invoice Number: 5070-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE 4K	Employee Only	1	\$695.25	\$695.25
GOLD	Employee Only	3	\$877.41	\$2,632.23
SILVER II	Employee Only	2	\$791.85	\$1,583.70
			GRAND TOTAL	\$4,911.18

## CAREFIELD LIVING CASTRO VALLEY

19960 Santa Maria Ave

Castro Valley, CA 94546

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GEE, APRIL	09/01/2022	SILVER II	EE	\$791.85
HAAS, PAUL	07/01/2022	SILVER II	EE	\$791.85
HARMON, FREDRICK	09/01/2022	GOLD	EE	\$877.41
SINGH, PARVEEN	01/01/2022	GOLD	EE	\$877.41
SUYAT, NIKITA NIEVES	09/01/2022	BRONZE 4K	EE	\$695.25
VARGAS, ROSALIE	01/01/2022	GOLD	EE	\$877.41

## MEDICAL PLAN COUNTS

Employee Only	6
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

CAREFIELD LIVING PARK VISALIA SH OPCO LLC  
3939 W Walnut Ave  
Visalia, CA 93277

Invoice Number: 5071-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE 4K	Employee Only	5	\$695.25	\$3,476.25
GOLD	Employee Only	1	\$877.41	\$877.41
SILVER HSA	Employee Only	2	\$781.12	\$1,562.24
SILVER II	Employee Only	2	\$791.85	\$1,583.70
			GRAND TOTAL	\$7,499.60

CAREFIELD LIVING PARK VISALIA SH OPCO LLC  
3939 W Walnut Ave  
Visalia, CA 93277

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CASTELLOW-CARRILLO, AMY	01/01/2022	BRONZE 4K	EE	\$695.25
GALVAN, CYNTHIA	01/01/2022	BRONZE 4K	EE	\$695.25
JUAREZ, JOSE	01/01/2022	BRONZE 4K	EE	\$695.25
MARTINEZ, AMALIA	01/01/2022	BRONZE 4K	EE	\$695.25
PINEDA, MARIA	10/01/2022	SILVER HSA	EE	\$781.12
SANCHEZ HERNANDEZ, LAUREANO	01/01/2022	BRONZE 4K	EE	\$695.25
SEE, SHANNONP	01/01/2022	SILVER II	EE	\$791.85
SHARP, GEORGE	01/01/2022	SILVER HSA	EE	\$781.12
VALE, MARTIN	01/01/2022	SILVER II	EE	\$791.85
WALKER, ASHLEY	12/01/2022	GOLD	EE	\$877.41

## MEDICAL PLAN COUNTS

Employee Only	10
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

CAREFIELD LIVING SALINAS SH 2 OPCO LLC

Invoice Number: 5072-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE 4K	Employee Only	2	\$695.25	\$1,390.50
SILVER II	Employee Only	2	\$791.85	\$1,583.70
			GRAND TOTAL	\$2,974.20

CAREFIELD LIVING SALINAS SH 2 OPCO LLC

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BRUNO, CHERYL	01/01/2022	SILVER II	EE	\$791.85
QUARESMA, VANESSA	11/01/2022	BRONZE 4K	EE	\$695.25
RESQUIR, HEATHER	01/01/2022	SILVER II	EE	\$791.85
ZURITA, MEREDITH	01/01/2022	BRONZE 4K	EE	\$695.25

## MEDICAL PLAN COUNTS

Employee Only	4
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

CAREMAX SENIOR SOLUTIONS  
2585 E PERRIN AVE  
FRESNO, CA 93720

Invoice Number: 4746-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$4.20**	\$6.30
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee & Children	1	\$0.00	\$74.61
LIFE	Employee Only	1	\$4.20**	\$25.58
VSP	Employee & Children	1	\$0.00	\$15.02
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$305.45



CAREMAX SENIOR SOLUTIONS  
2585 E PERRIN AVE  
FRESNO, CA 93720

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

CARING HANDS DUNDALK MD  
49-61 SHIPPING PLACE  
DUNDALK, MD 21222

Invoice Number: 4608-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$385.21

CARING HANDS DUNDALK MD  
49-61 SHIPPING PLACE  
DUNDALK, MD 21222

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

CARING HANDS OF GREATER BALTIMORE MD  
49-61 SHIPPING PLACE  
DUNDALK, MD 21222

Invoice Number: 4610-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$49.40**	\$49.40
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$87.59

CARING HANDS OF GREATER BALTIMORE MD  
49-61 SHIPPING PLACE  
DUNDALK, MD 21222

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

CARING TRANSITIONS OF CARLSBAD-LA JOLLA  
5651 PALMER WAY  
CARLSBAD, CA 92010

Invoice Number: 4696-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$21.00**	\$25.20
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$54.64

CARING TRANSITIONS OF CARLSBAD-LA JOLLA  
5651 PALMER WAY  
CARLSBAD, CA 92010

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

CARING TRANSITIONS OF DENTON AND COLLIN COUNTIES  
1201 CHANDLER CIRCLE  
PROSPER, TX 75078

Invoice Number: 4690-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$31.50**	\$31.50
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Spouse Only	2	\$89.81	\$179.62
LIFE	Employee Only	1	\$103.68**	\$103.68
VSP	Employee & Spouse Only	2	\$14.73	\$29.46
			GRAND TOTAL	\$391.87



CARING TRANSITIONS OF DENTON AND COLLIN COUNTIES  
1201 CHANDLER CIRCLE  
PROSPER, TX 75078

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

CARLOS A. ORTIZ MD PC  
DR. ORTIZ PEDIATRICS 142-42 41ST AVE.  
Flushing , NY 11355

Invoice Number: 5875-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	1	\$1,039.65	\$1,039.65
GOLD	Employee & Spouse Only	1	\$2,079.31	\$2,079.31
			GRAND TOTAL	\$3,118.96

CARLOS A. ORTIZ MD PC  
DR. ORTIZ PEDIATRICS 142-42 41ST AVE.  
Flushing , NY 11355

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ORTIZ, CARLOS	04/01/2022	GOLD	ES	\$2079.31
ORTIZ, JUAN	04/01/2022	GOLD	EE	\$1039.65

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

CAROL JOY FAMILY PROPERTIES LLC  
153-12 Hillside Ave  
Jamaica, NY 11432

Invoice Number: 5113-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Family	1	\$2,977.18	\$2,977.18
			GRAND TOTAL	\$2,977.18

CAROL JOY FAMILY PROPERTIES LLC  
153-12 Hillside Ave  
Jamaica, NY 11432

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PERLSTEIN, SCOTT	02/01/2022	GOLD	FAM	\$2977.18

## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

CHAOS INTELLIGENCE INC  
640 N Wells St Apt 1313  
CHICAGO, IL 60654

Invoice Number: 4360-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSGOLD	Employee Only	1	\$686.44	\$686.44
			GRAND TOTAL	\$686.44

CHAOS INTELLIGENCE INC  
640 N Wells St Apt 1313  
CHICAGO, IL 60654

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FOSTER, ZACHARY	2023-01-01	OPENAXESSGOLD	EE	\$686.44

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

CIELO24  
1221 STATE STREET  
SANTA BARBARA, CA 93101

Invoice Number: 4248-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$1.68**	\$3.36
GUARDHIGH	Employee Only	4	\$47.61	\$190.44
GUARDHIGH	Employee & Children	1	\$89.81	\$89.81
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
GUARDLOW	Family	2	\$100.74	\$201.48
LIFE	Employee Only	1	\$4.06**	\$4.06
OPENAXESSGOLD	Family	1	\$1,648.20	\$1,648.20
OPENAXESSPLATINUM	Employee Only	4	\$687.51	\$2,750.04
OPENAXESSPLATINUM	Family	1	\$1,734.94	\$1,734.94
VSP	Employee Only	4	\$8.75	\$35.00
VSP	Employee & Children	1	\$15.02	\$15.02
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$6,770.72



CIELO24  
1221 STATE STREET  
SANTA BARBARA, CA 93101

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ESQUEDA, LIZZETTE	2023-01-01	OPENAXESSPLATINUM FAM		\$1734.94
HAERING, DAVID	2023-01-01	OPENAXESSPLATINUM EE		\$687.51
PARK, MITCHELL	2023-01-01	OPENAXESSPLATINUM EE		\$687.51
SAMARASINGHE, KRISTI	2023-01-01	OPENAXESSGOLD	FAM	\$1648.20
SOTTAK, CARA	2023-01-01	OPENAXESSPLATINUM EE		\$687.51
STEWART, NICOLE	2023-01-01	OPENAXESSPLATINUM EE		\$687.51

## MEDICAL PLAN COUNTS

Employee Only	4
Employee & Spouse	0
Employee & Children	0
Family	2



## Account Services

### Monthly Statement

CLARITY COMMUNICATION ADVISORS, INC.  
2 CORPORATE DRIVE  
SOUTHFIELD, MI 48076

Invoice Number: 4577-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	14	\$0.42**	\$183.12
GUARDHIGH	Employee Only	5	\$47.61	\$239.52
GUARDHIGH	Employee & Spouse Only	2	\$89.81	\$179.62
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
GUARDLOW	Employee Only	6	\$29.44	\$176.64
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
GUARDLOW	Family	1	\$100.74	\$100.74
LIFE	Employee Only	9	\$6.00**	\$147.38
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Employee & Children	1	\$15.02	\$15.02
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$1,328.67

CLARITY COMMUNICATION ADVISORS, INC.  
2 CORPORATE DRIVE  
SOUTHFIELD, MI 48076

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

CLEAN AIR LAWN CARE  
PO BOX 2087  
FORT COLLINS, CO 80522

Invoice Number: 4731-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	4	\$1.68**	\$31.08
GUARDHIGH	Employee Only	2	\$0.00	\$95.22
GUARDLOW	Employee Only	3	\$29.44	\$88.32
LIFE	Employee Only	1	\$7.64**	\$165.00
OPENAXESSGOLD	Employee Only	2	\$758.92	\$1,517.84
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$1,906.21

CLEAN AIR LAWN CARE  
PO BOX 2087  
FORT COLLINS, CO 80522

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GIARD, KELLY	2023-01-01	OPENAXESSGOLD	EE	\$758.92
MARTIN, DAWN	2023-01-01	OPENAXESSGOLD	EE	\$758.92

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

CLEAN AIR LAWN CARE MARIETTA  
2705 Constant Lndg  
MARIETTA, GA 30066

Invoice Number: 4410-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$47.61

CLEAN AIR LAWN CARE MARIETTA

2705 Constant Lndg

MARIETTA, GA 30066

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

CLICK MEDIA & MANAGEMENT

Invoice Number: 6158-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.42**	\$0.42
GRAND TOTAL				\$0.84



CLICK MEDIA & MANAGEMENT

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

CLOVR LIFE SPA APPLE VALLEY MN  
15730 EMPEROR AVE  
APPLE VALLEY, MN 55124

Invoice Number: 4114-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$47.61

CLOVR LIFE SPA APPLE VALLEY MN  
15730 EMPEROR AVE  
APPLE VALLEY, MN 55124

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

COASTAL GREENHOUSES  
1675 Edwards Ave  
Calberton, NY 11933

Invoice Number: 4998-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE	Employee Only	2	\$497.36	\$994.72
GOLD	Employee Only	13	\$663.81	\$8,629.53
GOLD	Employee & Spouse Only	2	\$1,317.62	\$2,635.24
GOLD	Family	1	\$1,971.43	\$1,971.43
PLATINUM	Employee Only	3	\$863.03	\$2,589.09
SILVER	Employee Only	3	\$558.18	\$1,674.54
			GRAND TOTAL	\$18,494.55

**COASTAL GREENHOUSES**

1675 Edwards Ave  
Calberton, NY 11933

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALDERMAN, STEPHEN	02/01/2021	SILVER	EE	\$558.18
AMIGON, EVA	02/01/2021	GOLD	EE	\$663.81
CHANEY, DANIEL	02/01/2021	GOLD	EE	\$663.81
DRAYTON, JAMEL	02/01/2021	SILVER	EE	\$558.18
FOLTZ, DAVID	02/01/2021	PLATINUM	EE	\$863.03
GERKEY, JOSEPH	02/01/2021	GOLD	EE	\$663.81
GONZALEZ, REINALDO	02/01/2021	BRONZE	EE	\$497.36
HASHEM, MOHAMMED	02/01/2021	GOLD	EE	\$663.81
JOHNSON, JAMES	02/01/2021	GOLD	EE	\$663.81
LATHAM, SAMANTHA	02/01/2021	GOLD	EE	\$663.81
LEE, ANGELA	02/01/2021	SILVER	EE	\$558.18
LIBERATO, DEBRA	02/01/2021	GOLD	ES	\$1317.62
MALDONADO, JENNIFER	02/01/2021	PLATINUM	EE	\$863.03
MALDONADO, MARCIA	02/01/2021	GOLD	EE	\$663.81
MARTINEZ, ENRIQUE	02/01/2022	VBP1	ES	\$
MATKOWSKY, WILLIAM	02/01/2021	GOLD	EE	\$663.81
PETRIZZO, JOHN	06/23/2021	GOLD	EE	\$663.81
PINE, ROBERT	07/26/2021	GOLD	EE	\$663.81
ROSADO, EDGARDO	02/01/2021	GOLD	EE	\$663.81

## COASTAL GREENHOUSES

1675 Edwards Ave

Calberton, NY 11933

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SWEENEY, ROSE	02/21/2022	GOLD	ES	\$1317.62
SZABO, GEORGE	02/01/2021	GOLD	FAM	\$1971.43
TERRY, STEPHEN	02/01/2021	GOLD	EE	\$663.81
VANDEWETERING, PEGGY	02/01/2021	PLATINUM	EE	\$863.03
VARGAS, MARIO	02/01/2021	BRONZE	EE	\$497.36
WEISS, JOHN	02/01/2021	GOLD	EE	\$663.81

## MEDICAL PLAN COUNTS

Employee Only	21
Employee & Spouse	3
Employee & Children	0
Family	1



**Account Services**  
**Monthly Statement**

COBALT WORKSPACE

Invoice Number: 5659-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$8.75

## COBALT WORKSPACE

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

COLLABORATIVE MANAGEMENT SYSTE  
200 WESTGATE BUSINESS CENTER  
FISHKILL, NY 12524

Invoice Number: 5030-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE	Employee Only	15	\$488.34	\$7,325.10
BRONZE	Employee & Children	1	\$887.89	\$887.89
GOLD	Employee Only	3	\$744.31	\$2,232.93
GOLD	Family	1	\$2,255.47	\$2,255.47
PLATINUM	Employee Only	21	\$818.74	\$17,193.54
PLATINUM	Employee & Spouse Only	3	\$1,654.02	\$4,962.06
PLATINUM	Employee & Children	2	\$1,488.62	\$2,977.24
PLATINUM	Family	7	\$2,481.02	\$17,367.14
PLATINUM III	Employee Only	1	\$899.80	\$899.80
SILVER	Employee Only	6	\$602.90	\$3,617.40
SILVER	Employee & Children	1	\$1,096.16	\$1,096.16
			GRAND TOTAL	\$60,814.73

COLLABORATIVE MANAGEMENT SYSTE  
200 WESTGATE BUSINESS CENTER  
FISHKILL, NY 12524

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BAPTISTE, MARVIN	02/01/2022	SILVER	EE	\$602.90
BASSO, TARA	02/01/2022	PLATINUM	EE	\$818.74
BONELLI, PEPPINO	02/01/2022	PLATINUM	FAM	\$2481.02
BOOTHE-GADDY, VERONICA	02/01/2022	PLATINUM	EE	\$818.74
CAWLEY, CAITLIN	02/01/2022	BRONZE	EE	\$488.34
CIMATO, FRANK	02/01/2022	PLATINUM	FAM	\$2481.02
COMITTO, MARIA	02/01/2022	PLATINUM	FAM	\$2481.02
CONKLIN, ALEXIS	11/01/2022	PLATINUM III	EE	\$899.80
COSENTINO, JOSEPH	02/01/2022	GOLD	EE	\$744.31
DIGANGI, ALEXIS	02/01/2022	SILVER	EE	\$602.90
DUNITZ, JENNFIER	02/01/2022	SILVER	EE	\$602.90
ELSTON, JENNIE	02/01/2022	PLATINUM	EE	\$818.74
FELICIANO, ANNA	02/01/2022	PLATINUM	EE	\$818.74
FERTUCCI, JOSEPH	02/01/2022	PLATINUM	FAM	\$2481.02
FERTUCCI, MICHAEL	02/01/2022	PLATINUM	FAM	\$2481.02
FERTUCCI, ROSEANN	02/01/2022	PLATINUM	EE	\$818.74
FOYTO-LJULJIC, GABRIELLA	02/01/2022	PLATINUM	ES	\$1654.02
FRANCO, NATALINA	02/01/2022	PLATINUM	EC	\$1488.62
GACCIONE, CHRISTOPHER	02/01/2022	PLATINUM	EE	\$818.74

COLLABORATIVE MANAGEMENT SYSTE  
200 WESTGATE BUSINESS CENTER  
FISHKILL, NY 12524

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GRECO , BRIAN	08/01/2022	BRONZE	EE	\$488.34
HANKINS, VANESSA MAY	02/01/2022	PLATINUM	EE	\$818.74
HARRISON, DANIELLE	07/01/2022	GOLD	EE	\$744.31
HERNANDEZ, ARIANNA	02/01/2022	BRONZE	EE	\$488.34
HINH, LISA	02/01/2022	BRONZE	EE	\$488.34
HIRA, RAVNEET	02/01/2022	BRONZE	EC	\$887.89
INNABI, SANDRA	02/01/2022	BRONZE	EE	\$488.34
KENT, JOIE	02/01/2022	PLATINUM	EE	\$818.74
KOHAN, TODD	02/01/2022	BRONZE	EE	\$488.34
KRAEMER, TARA	02/01/2022	PLATINUM	EE	\$818.74
KUAR, SARBJIT	02/01/2022	PLATINUM	EE	\$818.74
MACLAGA, TIMOTHY	02/01/2022	PLATINUM	EC	\$1488.62
MEADOWS, RAVEN	02/01/2022	PLATINUM	EE	\$818.74
MONESTIME, KIRBY	02/01/2022	PLATINUM	EE	\$818.74
MOSKOVIC, ETHAN	08/01/2022	BRONZE	EE	\$488.34
MULLEN, DORIS	02/01/2022	PLATINUM	EE	\$818.74
NORRIS, KELSEY	02/01/2022	BRONZE	EE	\$488.34
NUNES, AMANDA	12/01/2022	SILVER	EC	\$1096.16

COLLABORATIVE MANAGEMENT SYSTE  
200 WESTGATE BUSINESS CENTER  
FISHKILL, NY 12524

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
OLIVO, CAITLIN	02/01/2022	BRONZE	EE	\$488.34
PATEL, ANOKHI	02/01/2022	GOLD	EE	\$744.31
PEREIRA, BRIELLE	10/01/2022	BRONZE	EE	\$488.34
PERLA, FRANCO	02/01/2022	PLATINUM	ES	\$1654.02
PETRIN, AMANDA	09/01/2022	BRONZE	EE	\$488.34
PUCCI, KARISSA	02/01/2022	PLATINUM	FAM	\$2481.02
PUSTAY, STEPHANIE	02/01/2022	SILVER	EE	\$602.90
RAVIKUMAR, DEEPU	02/01/2022	BRONZE	EE	\$488.34
SAMUEL, TINA	02/01/2022	BRONZE	EE	\$488.34
SCHWACK-BIONDI, CHERYL	02/01/2022	PLATINUM	EE	\$818.74
SCURRY, CHERISE	02/01/2022	PLATINUM	EE	\$818.74
SHEFFER, LEROY	02/01/2022	PLATINUM	EE	\$818.74
SHIDHAR, SAIDAPET	02/01/2022	GOLD	FAM	\$2255.47
SILVA, DIANA	02/01/2022	PLATINUM	EE	\$818.74
SPOSATO, ADAM	02/01/2022	PLATINUM	ES	\$1654.02
TARIFE, EDESEL	02/01/2022	PLATINUM	FAM	\$2481.02
TORABI, SHADAN	02/01/2022	PLATINUM	EE	\$818.74
TORRES, JANETTE	02/01/2022	PLATINUM	EE	\$818.74

COLLABORATIVE MANAGEMENT SYSTE  
200 WESTGATE BUSINESS CENTER  
FISHKILL, NY 12524

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
TRIFILETTI, MARY	02/01/2022	SILVER	EE	\$602.90
TRUGLIO, ARCANGELA	02/01/2022	PLATINUM	EE	\$818.74
VASSALLO, ELLEN	02/01/2022	BRONZE	EE	\$488.34
VEGA, VANESS	02/01/2022	PLATINUM	EE	\$818.74
WILLIAMSON, SHEANNA	02/01/2022	BRONZE	EE	\$488.34
YANG, ESTHER	02/01/2022	SILVER	EE	\$602.90

## MEDICAL PLAN COUNTS

Employee Only	46
Employee & Spouse	3
Employee & Children	4
Family	8



## Account Services

### Monthly Statement

COMBS & CO  
234 5th Ave  
New York, NY 10001

Invoice Number: 5110-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
SILVER HSA	Employee Only	1	\$739.43	\$739.43
SILVER HSA	Employee & Children	1	\$1,489.03	\$1,489.03
			GRAND TOTAL	\$2,228.46

COMBS & CO  
234 5th Ave  
New York, NY 10001

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BLUM, COLLEEN	11/01/2021	SILVER HSA	EE	\$739.43
O'ROURKE, SEAN	03/01/2022	SILVER HSA	EC	\$1489.03

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

COMFORT INN & SUITES CAMBRIDGE  
2936 OCEAN GATEWAY  
CAMBRIDGE, MD 21613

Invoice Number: 4736-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.00**	\$7.14
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$22.92**	\$0.00
			GRAND TOTAL	\$36.58



COMFORT INN & SUITES CAMBRIDGE  
2936 OCEAN GATEWAY  
CAMBRIDGE, MD 21613

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

COMFORT INN & SUITES DOWNTOWN ALBUQUERQUE

Invoice Number: 5829-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$2.10**	\$2.73
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
LIFE	Employee Only	2	\$45.09**	\$46.89
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$111.96

COMFORT INN &amp; SUITES DOWNTOWN ALBUQUERQUE

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

COMFORT INN MECHANICSBURG  
1012 WESLEY DRIVE  
MECHANICSBURG, PA 17055

Invoice Number: 4740-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.00**	\$4.20
GUARDLOW	Employee Only	2	\$29.44	\$58.88
LIFE	Employee Only	1	\$8.10**	\$0.00
OPENAXESSPREMIUM	Employee Only	1	\$618.60	\$618.60
			GRAND TOTAL	\$681.68

COMFORT INN MECHANICSBURG  
1012 WESLEY DRIVE  
MECHANICSBURG, PA 17055

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KENNEDY, ANGELA	2023-01-01	OPENAXESSPREMIUM	EE	\$618.60

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

COMMUNITY SETTLEMENTS  
340 East Patrick Street  
FREDERICK, MD 21701

Invoice Number: 4312-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$0.00	\$29.44
OPENAXESSGOLD	Employee Only	1	\$755.08	\$755.08
OPENAXESSGOLD	Employee & Spouse Only	1	\$1,510.16	\$1,510.16
			GRAND TOTAL	\$2,294.68

## COMMUNITY SETTLEMENTS

340 East Patrick Street  
FREDERICK, MD 21701

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BURHANS, KATHRYN	2023-01-01	OPENAXESSGOLD	ES	\$1510.16
WILLETT, CATHY	2023-01-01	OPENAXESSGOLD	EE	\$755.08

## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

CONGRESSIONAL INSURANCE  
12505 PARK POTOMAC AVE  
POTOMAC, MD 20854

Invoice Number: 4176-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$8.75



CONGRESSIONAL INSURANCE  
12505 PARK POTOMAC AVE  
POTOMAC, MD 20854

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

CONNOLLY BEVERAGE CORP

Invoice Number: 5106-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD PREFER	Employee Only	2	\$38.75	\$95.22
PLATINUM	Employee Only	2	\$609.59	\$1,219.18
GRAND TOTAL				\$1,314.40

CONNOLLY BEVERAGE CORP

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CONNOLLY, JONATHAN	02/01/2022	PLATINUM	EE	\$ 609.59
MATTHEWS, JACK	11/01/2021	PLATINUM	EE	\$ 609.59

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

CONSOLIDATED PACKAGING GROUP

Invoice Number: 5764-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	29	\$2.52**	\$220.34
GUARDHIGH	Employee Only	22	\$47.61	\$1,047.42
GUARDHIGH	Employee & Spouse Only	12	\$89.81	\$1,077.72
GUARDHIGH	Employee & Children	2	\$117.99	\$235.98
GUARDHIGH	Family	4	\$160.18	\$640.72
GUARDLOW	Employee Only	18	\$29.44	\$529.92
GUARDLOW	Employee & Spouse Only	4	\$55.54	\$222.16
GUARDLOW	Employee & Children	4	\$74.61	\$298.44
GUARDLOW	Family	4	\$100.74	\$402.96
LIFE	Employee Only	26	\$10.10**	\$630.83
OPENAXESSGOLD	Employee Only	16	\$896.75	\$14,348.00
OPENAXESSGOLD	Employee & Spouse Only	4	\$1,848.55	\$7,394.20
OPENAXESSGOLD	Employee & Children	6	\$1,675.48	\$10,052.88
OPENAXESSPLATINUM	Employee Only	3	\$983.27	\$2,949.81
OPENAXESSPLATINUM	Employee & Spouse Only	2	\$2,030.25	\$4,060.50
OPENAXESSSILVER	Employee Only	20	\$818.09	\$16,361.80
OPENAXESSSILVER	Employee & Spouse Only	6	\$1,683.36	\$10,100.16
OPENAXESSSILVER	Employee & Children	1	\$1,683.36	\$1,526.03
OPENAXESSSILVER	Family	2	\$2,391.29	\$4,782.58
VSP	Employee Only	18	\$8.75	\$157.50
VSP	Employee & Spouse Only	8	\$14.73	\$117.84
VSP	Employee & Children	5	\$15.02	\$75.10
VSP	Family	4	\$23.76	\$95.04
GRAND TOTAL				\$77,336.68

## CONSOLIDATED PACKAGING GROUP

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ANDERSON, KYE	2023-01-01	OPENAXESSGOLD	EC	\$1675.48
ARNOLD, MARK	2023-01-01	OPENAXESSGOLD	EE	\$896.75
ARROYO, ELESVAN	2023-01-01	OPENAXESSSILVER	EE	\$818.09
BEEBE, TINA	2023-01-01	OPENAXESSGOLD	EE	\$896.75
BELLMAN, GREGORY	2023-01-01	OPENAXESSPLATINUM	EE	\$983.27
BOWLING, LESTER	2023-01-01	OPENAXESSGOLD	EE	\$896.75
BROADNAX, CHASITY	2023-01-01	OPENAXESSSILVER	EE	\$818.09
BRONSTON, DEBRA	2023-01-01	OPENAXESSSILVER	EE	\$818.09
CARMICHAEL, RYAN	2023-01-01	OPENAXESSSILVER	FAM	\$2391.29
CASON, PHILLIP	2023-01-01	OPENAXESSSILVER	ES	\$1683.36
CHAVIS, MARY	2023-01-01	OPENAXESSSILVER	EE	\$818.09
COLE, JAMES	2023-01-01	OPENAXESSGOLD	ES	\$1848.55
CROCKATT, LAURA	2023-01-01	OPENAXESSGOLD	EE	\$896.75
DETRO, AMELIA	2023-01-01	OPENAXESSGOLD	EC2	\$1675.48
DETRO, JAMIE	2023-01-01	OPENAXESSSILVER	ES	\$1683.36
DETRO, TAMMY	2023-01-01	OPENAXESSGOLD	EE	\$896.75
DONA, MARTHA	2023-01-01	OPENAXESSSILVER	EE	\$818.09
DORRIS, LAURA	2023-01-01	OPENAXESSSILVER	EE	\$818.09
EDMISTEN, NICHOLAS	2023-01-01	OPENAXESSGOLD	EC2	\$1675.48

## CONSOLIDATED PACKAGING GROUP

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## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ELAM, DONALD	2023-01-01	OPENAXESSSILVER	EE	\$818.09
ERNST, BRADY	2023-01-01	OPENAXESSSILVER	EE	\$818.09
FISCHER, MICHAEL	2023-01-01	OPENAXESSSILVER	EE	\$818.09
FRANK, JASON	2023-01-01	OPENAXESSGOLD	EC2	\$1675.48
GODBEY, TERRY	2023-01-01	OPENAXESSGOLD	EE	\$896.75
GONZALEZ, JORGE	2023-01-01	OPENAXESSPLATINUM	EE	\$983.27
GRAHAM, CLEON	2023-01-01	OPENAXESSGOLD	EC2	\$1675.48
GREELY, PATRICK	2023-01-01	OPENAXESSSILVER	EC2	\$1526.03
GREENBERG, EVAN	2023-01-01	OPENAXESSGOLD	EE	\$896.75
HAGAMAN, KELLY	2023-01-01	OPENAXESSSILVER	ES	\$1683.36
HERRINGTON, STEPHEN	2023-01-01	OPENAXESSSILVER	ES	\$1683.36
JACK, SUZANNE	2023-01-01	OPENAXESSPLATINUM	ES	\$2030.25
JOHNSON, BLAKE	2023-01-01	OPENAXESSSILVER	EE	\$818.09
JONES, TIM	2023-01-01	OPENAXESSSILVER	EE	\$818.09
KLENKE, KELLY	2023-01-01	OPENAXESSSILVER	EE	\$818.09
KNUCKLES, ARTHUR	2023-01-01	OPENAXESSGOLD	EE	\$896.75
KOLB, KAYE	2023-01-01	OPENAXESSSILVER	ES	\$1683.36
KUHLMANN, BUDDY	2023-01-01	OPENAXESSSILVER	EE	\$818.09

## CONSOLIDATED PACKAGING GROUP

,

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KUMPULA, SUSAN	2023-01-01	OPENAXESSPLATINUM	EE	\$983.27
KUSZYNSKI, ANDREW	2023-01-01	OPENAXESSGOLD	EE	\$896.75
LEETH, PAUL	2023-01-01	OPENAXESSGOLD	EE	\$896.75
LINGREL, CODY	2023-01-01	OPENAXESSGOLD	EE	\$896.75
MANN, ABRAHAM	2023-01-01	OPENAXESSPLATINUM	ES	\$2030.25
MCCOY, JESSICA	2023-01-01	OPENAXESSSILVER	EE	\$818.09
MEJIA, JOSE	2023-01-01	OPENAXESSSILVER	EE	\$818.09
MERIDETH, LONNIE	2023-01-01	OPENAXESSSILVER	ES	\$1683.36
NELSON, JASON	2023-01-01	OPENAXESSSILVER	EE	\$818.09
NORTON I, TRENT	2023-01-01	OPENAXESSSILVER	FAM	\$2391.29
PARSONS, JAMES	2023-01-01	OPENAXESSGOLD	EE	\$896.75
PERGRAM, KAITLYN	2023-01-01	OPENAXESSGOLD	EE	\$896.75
SCHIPPERS, CAROLYN	2023-01-01	OPENAXESSGOLD	EC	\$1675.48
SHIELDS, PARIS	2023-01-01	OPENAXESSGOLD	ES	\$1848.55
SPERRY, AIMEE	2023-01-01	OPENAXESSGOLD	EE	\$896.75
STICKROD, ROBERT	2023-01-01	OPENAXESSGOLD	ES	\$1848.55
SYLLA, FANTA	2023-01-01	OPENAXESSSILVER	EE	\$818.09
THRUSH, ALICE	2023-01-01	OPENAXESSSILVER	EE	\$818.09

**CONSOLIDATED PACKAGING GROUP**

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**CURRENT MONTH ENROLLMENT (CONTINUED)**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
TOMEI, MARIO	2023-01-01	OPENAXESSGOLD	EE	\$896.75
WALDMAN, ANDREW	2023-01-01	OPENAXESSGOLD	EE	\$896.75
WATERS, ROBERT	2023-01-01	OPENAXESSSILVER	EE	\$818.09
WILLIAMS, DARLENE	2023-01-01	OPENAXESSSILVER	EE	\$818.09
WITTE, WILLAM	2023-01-01	OPENAXESSGOLD	ES	\$1848.55

**MEDICAL PLAN COUNTS**

Employee Only	39
Employee & Spouse	12
Employee & Children	2
Family	2





**Account Services**  
**Monthly Statement**

CONTINENTAL CONSTRUCTION AND DEVELOPMENT CORP  
112 Shrewsbury Ave  
Red Bank, NJ 07701

Invoice Number: 5564-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
SILVER IV	Employee & Spouse Only	2	\$957.11	\$1,914.22
			GRAND TOTAL	\$1,914.22

## CONTINENTAL CONSTRUCTION AND DEVELOPMENT CORP

112 Shrewsbury Ave

Red Bank, NJ 07701

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GONIS, GEORGE	02/01/2022	SILVER IV	ES	\$957.11
LOSAVIO, FRANK	01/01/2022	SILVER IV	ES	\$957.11

## MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	2
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

CORSTONE CAPITAL  
6707 DEMOCRACY BLVD. SUITE 905  
BETHESDA, MD 20817

Invoice Number: 4693-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
			GRAND TOTAL	\$137.42

CORSTONE CAPITAL  
6707 DEMOCRACY BLVD. SUITE 905  
BETHESDA, MD 20817

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

CRITICAL SLEEP OF NJ LLC

Invoice Number: 5890-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSPLATINUM	Employee & Spouse Only	1	\$1,812.18	\$1,812.18
			GRAND TOTAL	\$1,812.18

CRITICAL SLEEP OF NJ LLC

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FINKEL, RICHARD	2023-01-01	OPENAXESSPLATINUM ES		\$1812.18

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

D HANDY INC  
808 Cross Bay Blvd  
Queens, NY 11693

Invoice Number: 5107-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE	Family	1	\$2.00	\$1,946.51
PLATINUM	Employee & Children	1	\$1.00	\$1,545.37
			GRAND TOTAL	\$3,491.88

D HANDY INC  
808 Cross Bay Blvd  
Queens, NY 11693

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FONT, DAVID	02/01/2022	PLATINUM	EC	\$1545.37
GARGANO, GERARDO	03/01/2022	BRONZE	FAM	\$1946.51

## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

D&H TRANSPORTATION

Invoice Number: 5692-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
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GRAND TOTAL			\$0.00
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D&amp;H TRANSPORTATION

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

DAVID S. WEISS, MD

Invoice Number: 5546-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$4.20**	\$4.20
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$60.56

DAVID S. WEISS, MD

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

DEBOER LANDSCAPES, LLC  
15 Terhune Street  
Oakland, NJ 07436

Invoice Number: 5108-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	2	\$618.43	\$1,236.86
GOLD	Employee & Spouse Only	2	\$1,206.86	\$2,413.72
			GRAND TOTAL	\$3,650.58

DEBOER LANDSCAPES, LLC  
15 Terhune Street  
Oakland, NJ 07436

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DEBOER, DONALD	01/01/2021	GOLD	EE	\$618.43
DEBOER, STEVEN	01/01/2021	GOLD	ES	\$1206.86
FESSLER, GLENN	01/01/2021	GOLD	EE	\$618.43
ROMAINE, BRADLEY	01/01/2021	GOLD	ES	\$1206.86

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	2
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

DERSONLEY3, INC.  
1512 W REMINGTON LN  
ROUND LAKE, IL 60073

Invoice Number: 4307-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Family	1	\$100.74	\$100.74
LIFE	Employee Only	1	\$29.40**	\$29.40
GRAND TOTAL				\$130.14

DERSONLEY3, INC.  
1512 W REMINGTON LN  
ROUND LAKE, IL 60073

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

DEW WEALTH MANAGEMENT LLC

Invoice Number: 5846-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	5	\$4.20**	\$29.82
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Family	1	\$0.00	\$160.18
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Family	1	\$0.00	\$100.74
LIFE	Employee Only	4	\$9.60**	\$26.80
			GRAND TOTAL	\$394.59

DEW WEALTH MANAGEMENT LLC

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

DINA CAGLIOSTRO LLC  
22 GLENWOOD RD  
MONTCLAIR , NJ 07043

Invoice Number: 5914-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Family	1	\$137.71	\$137.71
PLATINUM	Family	1	\$2,589.08	\$2,589.08
VSP CHOICE	Family	1	\$18.53	\$18.53
			GRAND TOTAL	\$2,745.32

DINA CAGLIOSTRO LLC  
22 GLENWOOD RD  
MONTCLAIR , NJ 07043

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CAGLIOSTRO, DINA	07/01/2022	PLATINUM	FAM	\$2589.08

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

DOCTOR PRINT INC  
18 COMMERCE DRIVE #1  
HAUPPAUGE , NY 11788

Invoice Number: 5057-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	4	\$719.19	\$2,876.76
SILVER HSA	Employee Only	2	\$640.26	\$1,280.52
SILVER HSA	Employee & Spouse Only	1	\$1,289.33	\$1,289.33
SILVER HSA	Family	1	\$1,835.92	\$1,835.92
SILVER II	Employee Only	8	\$649.06	\$5,192.48
SILVER II	Employee & Children	1	\$1,298.13	\$1,298.13
SILVER II	Family	3	\$1,844.72	\$5,534.16
			GRAND TOTAL	\$19,307.30

DOCTOR PRINT INC  
18 COMMERCE DRIVE #1  
HAUPPAUGE , NY 11788

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALMEIDA, ROSA	01/01/2022	SILVER II	FAM	\$1844.72
BARBELY, JOHN	01/01/2022	SILVER II	EE	\$649.06
BOTTEN, JOHN	01/01/2022	SILVER HSA	EE	\$640.26
BULLA, ANTHONY	01/01/2022	SILVER II	FAM	\$1844.72
CAPUANO, DESIREE	01/01/2022	SILVER II	EE	\$649.06
CAPUANO, THOMAS	01/01/2022	SILVER II	EC	\$1298.13
COHEN, ALEXANDRA	01/01/2022	SILVER II	EE	\$649.06
COHEN, MITCH	01/01/2022	SILVER II	FAM	\$1844.72
CONNOR, TERENCE	01/01/2022	GOLD	EE	\$719.19
CORBY, FALLON	10/01/2022	SILVER HSA	EE	\$640.26
JACOBY, DANIEL	01/01/2022	SILVER II	EE	\$649.06
JENNINGS, ADAM	01/01/2022	GOLD	EE	\$719.19
KATZ, KAYLA	01/01/2022	SILVER II	EE	\$649.06
LAM, JEFFERY	01/01/2022	SILVER II	EE	\$649.06
LEE, JONGEUN	01/01/2022	SILVER II	EE	\$649.06
LEMUS, JESUS	01/01/2022	GOLD	EE	\$719.19
LEVERICH, DANIEL	02/01/2022	SILVER II	EE	\$649.06
MAGGIO, MATTHEWFRANK	01/01/2022	GOLD	EE	\$719.19
STALZER, CARL	01/01/2022	SILVER HSA	ES	\$1289.33

DOCTOR PRINT INC  
18 COMMERCE DRIVE #1  
HAUPPAUGE , NY 11788

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SWEENEY, BRENDAN	02/01/2022	SILVER HSA	FAM	\$1835.92

## MEDICAL PLAN COUNTS

Employee Only	14
Employee & Spouse	1
Employee & Children	1
Family	4



## Account Services

### Monthly Statement

DOOR RENEW OF SPRINGFIELD

Invoice Number: 6042-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.42**	\$0.42
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
LIFE	Employee Only	1	\$2.40**	\$2.40
			GRAND TOTAL	\$50.43



DOOR RENEW OF SPRINGFIELD

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

DOUGHERTY CLIFFORD & WADSWORTH  
895 MARCONI AVE  
RONKONKOMA, NY 11779

Invoice Number: 5048-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTAL	Employee Only	1	\$38.75	\$38.75
GUARDIAN DENTALGU	Employee Only	1	\$47.61	\$47.61
PLATINUM	Family	1	\$2,614.08	\$2,614.08
SILVER II	Employee Only	24	\$758.03	\$18,192.72
SILVER II	Family	1	\$2,160.40	\$2,160.40
VISION	Employee Only	1	\$6.82	\$6.82
			GRAND TOTAL	\$23,060.38

DOUGHERTY CLIFFORD & WADSWORTH  
895 MARCONI AVE  
RONKONKOMA, NY 11779

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALTER, BRIAN	01/01/2022	SILVER II	EE	\$758.03
ANTONELLO, YVONNE	2022-01-01	SILVER II	EE	\$758.03
BANKS, BRITTANY	01/01/2022	SILVER II	EE	\$758.03
BASS, LORI	01/01/2022	SILVER II	EE	\$758.03
BOVE, KENNETH	02/01/2022	PLATINUM	FAM	\$2614.08
BUSTAMANTE, ANGELA	01/01/2022	SILVER II	EE	\$758.03
CABRERA, KRISTIN	08/01/2022	SILVER II	FAM	\$2160.4
DOOLEY, GREG	01/01/2022	SILVER II	EE	\$758.03
HARRY, SEMONE	11/01/2022	SILVER II	EE	\$758.03
HERKO, RICHARD	05/01/2022	SILVER II	EE	\$758.03
JIN , LEI	08/01/2022	SILVER II	EE	\$758.03
LABINER, MARGO	01/01/2022	SILVER II	EE	\$758.03
MADDALONI, LAURA	01/01/2022	SILVER II	EE	\$758.03
MARINO, MICHAEL	01/01/2022	SILVER II	EE	\$758.03
MATUS, SAMANTHA	01/01/2022	SILVER II	EE	\$758.03
MCDONALD, NICOLE	01/01/2022	SILVER II	EE	\$758.03
NASH, SPENCER	03/01/2022	SILVER II	EE	\$758.03
PARISI, DANIELLE	01/01/2022	SILVER II	EE	\$758.03
RENEHAN, JAMES	01/01/2022	SILVER II	EE	\$758.03

DOUGHERTY CLIFFORD & WADSWORTH  
895 MARCONI AVE  
RONKONKOMA, NY 11779

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ROGERS, GREGORY	01/01/2022	SILVER II	EE	\$758.03
ROGOZA, MATEUSZ	08/01/2022	SILVER II	EE	\$758.03
SAHAGIAN, TRAVIS	01/01/2022	SILVER II	EE	\$758.03
STRICKLIN, NANCY	01/01/2022	SILVER II	EE	\$758.03
TARRICONE , KEVIN	08/01/2022	SILVER II	EE	\$758.03
WICKARD, MELISSA	01/01/2022	SILVER II	EE	\$758.03
YOUNG , EVANS	11/01/2022	SILVER II	EE	\$758.03

## MEDICAL PLAN COUNTS

Employee Only	24
Employee & Spouse	0
Employee & Children	0
Family	2



## Account Services

### Monthly Statement

DTX DIGITAL TRANSFORMATION  
43661 Catton Pl  
ASHBURN, VA 20147

Invoice Number: 4424-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$4.20**	\$4.20
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	3	\$29.44	\$88.32
LIFE	Employee Only	3	\$0.60**	\$41.46
OPENAXESSBRONZE	Employee & Children	1	\$1,036.17	\$1,036.17
OPENAXESSCOPPER	Employee Only	1	\$473.24	\$473.24
OPENAXESSGOLD	Employee Only	2	\$686.44	\$1,372.88
VSP	Employee Only	3	\$8.75	\$26.25
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$3,335.71

DTX DIGITAL TRANSFORMATION

43661 Catton Pl

ASHBURN, VA 20147

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
AZHAR, SAKINA	2023-01-01	OPENAXESSBRONZE	EC2	\$1036.17
BYRD, TIMOTHY	2023-01-01	OPENAXESSGOLD	EE	\$686.44
JOHNSON, LECIA	2023-01-01	OPENAXESSCOPPER	EE	\$473.24
MAHDI, AHMED	2023-01-01	OPENAXESSGOLD	EE	\$686.44

## MEDICAL PLAN COUNTS

Employee Only	3
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

DURST CORPORATION INC  
129 DERMODY  
CRANFORD, NJ 07016

Invoice Number: 5013-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	2	\$677.02	\$1,354.04
GOLD HSA	Employee Only	17	\$544.70	\$9,259.90
GOLD HSA	Employee & Children	2	\$1,063.57	\$2,127.14
PLATINUM	Employee Only	5	\$799.23	\$3,996.15
PLATINUM	Employee & Children	1	\$1,558.11	\$1,558.11
PLATINUM	Family	2	\$2,474.48	\$4,948.96
PLATINUM II	Employee Only	6	\$712.54	\$4,275.24
PLATINUM II	Employee & Children	1	\$1,389.71	\$1,389.71
PLATINUM II	Family	3	\$2,206.43	\$6,619.29
			GRAND TOTAL	\$35,528.54

DURST CORPORATION INC  
129 DERMODY  
CRANFORD, NJ 07016

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ANDERSON, NICHOLAS	02/01/2022	GOLD HSA	EE	\$544.70
ARIAS, JENNIFER	02/01/2022	PLATINUM II	EE	\$712.54
BRILL, DONALD	11/01/2022	PLATINUM	EE	\$799.23
BRODEY, MORGAN	02/01/2022	PLATINUM	EE	\$799.23
CAMIA, MAGNIFIA	02/01/2022	GOLD HSA	EE	\$544.70
CARRILLO, LEANDRA	02/01/2022	PLATINUM II	EC	\$1389.71
CASSIBBA, GIOVANNI	02/01/2022	GOLD HSA	EE	\$544.70
CEBALLOS, RUBEN	02/01/2022	GOLD HSA	EE	\$544.70
CHICARELLI, JOSEPH	02/01/2022	GOLD HSA	EE	\$544.70
CICCHINO, GEORGE	02/01/2022	GOLD HSA	EE	\$544.70
DAWISOWICZ, VINCENT	02/01/2022	PLATINUM	EE	\$799.23
DIAZ, CARLOS	02/01/2022	GOLD HSA	EE	\$544.70
DICKEY, ROBERT	02/01/2022	GOLD HSA	EE	\$544.70
DICKSON, EARL	02/01/2022	PLATINUM II	EE	\$712.54
EIDSON, LINDSEY	02/01/2022	GOLD HSA	EE	\$544.70
ESPINOSA PERDOMO, JULIETH	02/01/2022	GOLD HSA	EE	\$544.70
ESPINOZA, JOSE	02/01/2022	GOLD HSA	EE	\$544.70
HAJJAR, ANTHONY	06/01/2022	PLATINUM II	FAM	\$2206.43
HILL , VIRGINIA	02/01/2022	PLATINUM II	FAM	\$2206.43



DURST CORPORATION INC  
129 DERMODY  
CRANFORD, NJ 07016

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HWANG, SANDRA	02/01/2022	PLATINUM II	EE	\$712.54
KRAMER, ROBERT	02/01/2022	PLATINUM	EE	\$799.23
LOAIZA-ELEJALDE, ALEXANDER	02/01/2022	GOLD HSA	EE	\$544.70
MARCIAS, DAYSE	02/01/2022	PLATINUM II	EE	\$712.54
MARTINEZ, MICHAEL	02/01/2022	GOLD HSA	EC	\$1063.57
MARTIS, CHRISTOPHER	02/01/2022	PLATINUM	FAM	\$2474.48
MEJIA, MARIA	06/01/2022	GOLD	EE	\$677.02
NICHOLSON, WILLIAM	02/01/2022	PLATINUM	FAM	\$2474.48
QUINONES, BEATRICE	02/01/2022	PLATINUM II	EE	\$712.54
RAFAEL, ANNABELLE	02/01/2022	PLATINUM	EC	\$1558.11
RAMIREZ, GILBERTO	02/01/2022	GOLD HSA	EE	\$544.70
RAMIREZ, JULIO	02/01/2022	GOLD HSA	EE	\$544.70
RAMIREZ, MARCOS	07/01/2022	GOLD HSA	EE	\$544.70
RAYMOND, VERNITA	02/01/2022	PLATINUM	EE	\$799.23
ROSADO, ABIGAIL	02/01/2022	PLATINUM II	EE	\$712.54
SOCHA, BARBARA	02/01/2022	GOLD	EE	\$677.02
TODD, CORY	06/01/2022	PLATINUM II	FAM	\$2206.43
TYSON, ROBERT	02/01/2022	GOLD HSA	EE	\$544.70

DURST CORPORATION INC  
129 DERMODY  
CRANFORD, NJ 07016

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
VILLACRESES, PAOLA	02/01/2022	GOLD HSA	EE	\$544.70
WOODS, TASHIKA	08/01/2022	GOLD HSA	EC	\$1063.57

## MEDICAL PLAN COUNTS

Employee Only	30
Employee & Spouse	0
Employee & Children	4
Family	5



## Account Services

### Monthly Statement

EASY REST ADJUSTABLE SLEEP SYSTEM  
1401 EDGEWOOD ST  
BALTIMORE, MD 21227

Invoice Number: 4161-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	6	\$12.68**	\$31.38
CANALWORKSADD	Employee Only	23	\$0.95	\$25.74
GUARDHIGH	Employee Only	3	\$47.61	\$142.83
GUARDHIGH	Family	2	\$160.18	\$320.36
GUARDLOW	Employee Only	8	\$29.44	\$235.52
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
LIFE	Employee Only	8	\$13.20**	\$142.30
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$992.17

EASY REST ADJUSTABLE SLEEP SYSTEM  
1401 EDGEWOOD ST  
BALTIMORE, MD 21227

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ABBOTT, JEFFERY	2022-08-01	CANALWORKSADD		\$0.88
ANDERSON, LEIGH	2022-08-01	CANALWORKSADD		\$1.37
COMAN, DEBORAH	2022-08-01	CANALWORKSADD		\$1.64
ELLIOTT, WENDY	2022-08-01	CANALWORKSADD		\$0.71
ELLIOTT, WENDY	2022-10-01	CANALWORKSADD		\$0.76
EMRICK, CHAD	2022-08-01	CANALWORKSADD		\$1.76
FARINAS, MIACAELLA	2023-01-01	CANALWORKSADD		\$0.67
FARMER, JAMES	2022-08-01	CANALWORKSADD		\$1.16
GAMBLE, TERRY	2022-08-01	CANALWORKSADD		\$1.07
GAMMON, TREVOR D	2022-08-01	CANALWORKSADD		\$0.97
GREGORY, DONNA	2022-10-01	CANALWORKSADD		\$0.98
GREGORY, DONNA	2022-10-01	CANALWORKSADD		\$0.82
HANSEN, BRADLEY	2022-08-01	CANALWORKSADD		\$0.80
MAGHARI, MOHAMED	2022-08-01	CANALWORKSADD		\$3.15
MANNING, KEAIRA	2023-01-01	CANALWORKSADD		\$0.67
RIBIS, RUTH	2022-08-01	CANALWORKSADD		\$1.62
SCOTT, GARY	2022-08-01	CANALWORKSADD		\$0.84
SIMMONS, WILLIAM	2022-08-01	CANALWORKSADD		\$0.88
SMITH, FLORENCE	2022-08-01	CANALWORKSADD		\$0.59
STAVOLA, DANIELLE	2022-08-01	CANALWORKSADD		\$1.01

EASY REST ADJUSTABLE SLEEP SYSTEM  
1401 EDGEWOOD ST  
BALTIMORE, MD 21227

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
STEWART, GREGORY A	2022-08-01	CANALWORKSADD		\$0.97
STEWART, GREGORY A	2022-10-01	CANALWORKSADD		\$1.05
WORTHINGTON, DWAYNE V	2022-08-01	CANALWORKSADD		\$1.37

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

ECONO LODGE INN & SUITES TRIADELPHIA  
87 JENKINS LANE  
TRIADELPHIA, WV 26059

Invoice Number: 4734-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee & Spouse Only	1	\$0.00	\$89.81
LIFE	Employee Only	1	\$39.33**	\$13.20
			GRAND TOTAL	\$103.01

ECONO LODGE INN & SUITES TRIADELPHIA  
87 JENKINS LANE  
TRIADELPHIA, WV 26059

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

ECONO LODGE PUEBLO CO

Invoice Number: 5660-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$8.75



ECONO LODGE PUEBLO CO

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

ECONO LODGE SHAMOKIN DAM  
3249 N. SUSQUEHANNA TRAIL  
SHAMOKIN DAM, PA 17876

Invoice Number: 4739-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.00**	\$0.42
			GRAND TOTAL	\$0.42

ECONO LODGE SHAMOKIN DAM  
3249 N. SUSQUEHANNA TRAIL  
SHAMOKIN DAM, PA 17876

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

EDGE USA INC

Invoice Number: 5109-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE	Employee Only	1	\$512.36	\$512.36
GOLD	Employee & Spouse Only	1	\$1,332.62	\$1,332.62
GOLD	Family	1	\$1,986.43	\$1,986.43
			GRAND TOTAL	\$3,831.41

EDGE USA INC

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BARAHONA, JESSICA	08/01/2021	BRONZE	EE	\$512.36
DIMECH, REDWIN	03/01/2021	GOLD	FAM	\$1986.43
DIMECHSR, EDWINA	03/01/2021	GOLD	ES	\$1332.62

## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

ELEV8 LODGING  
5100 Eden Ave Ste 102B  
EDINA, MN 55436

Invoice Number: 4451-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$8.75

ELEV8 LODGING  
5100 Eden Ave Ste 102B  
EDINA, MN 55436

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

ELITE AUTO BODY - GAMBRILLS  
738 STATE ROUTE 3 S #B  
GAMBRILLS, MD 21054

Invoice Number: 4570-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$14.73



ELITE AUTO BODY - GAMBRILLS  
738 STATE ROUTE 3 S #B  
GAMBRILLS, MD 21054

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

ELITE AUTO BODY, INC - ANNAPOLIS  
1791 VIRGINIA STREET  
ANNAPOLIS, MD 21401

Invoice Number: 4569-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$103.97

ELITE AUTO BODY, INC - ANNAPOLIS  
1791 VIRGINIA STREET  
ANNAPOLIS, MD 21401

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

ELITE HOTEL GROUP  
5928 TWIN COVES  
DALLAS, TX 75248

Invoice Number: 4373-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44

ELITE HOTEL GROUP  
5928 TWIN COVES  
DALLAS, TX 75248

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

ELLIOT MANAGEMENT SERVICES CO  
108 W PACIFIC ST  
SEDALIA, MO 65301

Invoice Number: 4477-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	3	\$2.10**	\$25.20
GUARDLOW	Employee Only	2	\$29.44	\$58.88
LIFE	Employee Only	1	\$35.75**	\$35.75
OPENAXESSGOLD	Employee Only	4	\$623.67	\$2,494.68
OPENAXESSGOLD	Employee & Spouse Only	1	\$1,306.26	\$1,306.26
OPENAXESSPLATINUM	Family	1	\$2,060.41	\$2,060.41
VSP	Employee Only	3	\$8.75	\$26.25
			GRAND TOTAL	\$6,007.43

ELLIOT MANAGEMENT SERVICES CO  
108 W PACIFIC ST  
SEDALIA, MO 65301

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BENBROOK, SCOTT	2023-01-01	OPENAXESSPLATINUM FAM		\$2060.41
BUNKER, WILLIAM	2023-01-01	OPENAXESSGOLD	EE	\$623.67
QUATTLEBAUM, MARK	2023-01-01	OPENAXESSGOLD	EE	\$623.67
SWEARINGEN, ELIZABETH	2023-01-01	OPENAXESSGOLD	EE	\$623.67
SWEARINGEN, GLEN	2023-01-01	OPENAXESSGOLD	EE	\$623.67
SWEARINGEN, JOHN	2023-01-01	OPENAXESSGOLD	ES	\$1306.26

**MEDICAL PLAN COUNTS**

Employee Only	4
Employee & Spouse	1
Employee & Children	0
Family	1



## Account Services

### Monthly Statement

EMPTY STALL  
28 Mackay Way  
Roslyn, NY 11576

Invoice Number: 5562-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTAL	Employee Only	1	\$38.75	\$38.75
DENTAL	Family	1	\$137.71	\$137.71
PLATINUM PLAN	Employee Only	1	\$863.03	\$863.03
PLATINUM PLAN	Family	1	\$2,589.08	\$2,589.08
			GRAND TOTAL	\$3,628.57



EMPTY STALL  
28 Mackay Way  
Roslyn, NY 11576

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MARKBREITER, STEWART	01/01/2022	PLATINUM PLAN	FAM	\$2589.08
REISS, FAITH	01/01/2022	PLATINUM PLAN	EE	\$863.03

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

EXPERT MEDICAL DIAGNOSTICS  
271 Main St  
Eastchester, NY 10709

Invoice Number: 4988-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
PLATINUM	Employee Only	5	\$814.50	\$4,072.50
PLATINUM	Employee & Spouse Only	1	\$1,599.14	\$1,599.14
ADJUSTMENT	HOSKULDS 12/2022 CREDIT			\$1,599.14
			GRAND TOTAL	\$7,270.78

## EXPERT MEDICAL DIAGNOSTICS

271 Main St

Eastchester, NY 10709

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CRESPO BARSOUM, STEPHANIE	11/01/2022	PLATINUM	EE	\$814.5
MATTISON, TAMULA	01/01/2022	PLATINUM	EE	\$814.5
PETRE, LUIZA	12/01/2020	PLATINUM	EE	\$814.5
PIRJOL, SMARANDA	03/01/2022	PLATINUM	EE	\$814.5
SCHETTINO, DEIDRE	01/01/2022	PLATINUM	ES	\$1599.14
SOLOMON, DONNA	12/01/2020	PLATINUM	EE	\$814.5

## MEDICAL PLAN COUNTS

Employee Only	5
Employee & Spouse	1
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

FAIRFIELD INN & SUITES SLIPPERY ROCK  
1000 UNIVERSITY PARKWAY  
SLIPPERY ROCK, PA 16057

Invoice Number: 4741-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$1.26**	\$1.26
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
GUARDLOW	Employee Only	2	\$29.44	\$58.88
NEEMAOPENAXESSESSE	Employee Only	1	\$489.70	\$489.70
NEEMAOPENAXESSPRIME	Employee & Children	1	\$1,255.22	\$1,255.22
OPENAXESSESSENTIAL	Employee Only	1	\$514.14	\$514.14
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$2,452.21

FAIRFIELD INN & SUITES SLIPPERY ROCK  
1000 UNIVERSITY PARKWAY  
SLIPPERY ROCK, PA 16057

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MCQUEENEY, JARAD	2020-10-01	NEEMAOPENAXESSESSIEE		\$489.70
MCQUEENEY, JARAD	2023-01-01	OPENAXESSESENTIAL EE		\$514.14
TORVIK, CAROL	2022-01-01	NEEMAOPENAXESSPRIMEC		\$1255.22

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	1
Family	0



## Account Services

### Monthly Statement

FAIRMONT INSURANCE BROKERS, LTD  
1600 60th St  
BROOKLYN, NY 11204

Invoice Number: 4521-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	24	\$6.30**	\$194.25
GUARDHIGH	Employee Only	13	\$47.61	\$618.93
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Employee & Children	1	\$0.00	\$117.99
GUARDHIGH	Family	7	\$160.18	\$1,121.26
GUARDLOW	Employee Only	6	\$29.44	\$176.64
GUARDLOW	Employee & Spouse Only	5	\$55.54	\$277.70
GUARDLOW	Family	1	\$100.74	\$100.74
LIFE	Employee Only	26	\$11.70**	\$622.12
OPENAXESSGOLD	Employee Only	2	\$0.00	\$0.00
OPENAXESSGOLD	Family	1	\$0.00	\$0.00
OPENAXESSHSASILVER	Employee Only	24	\$672.21	\$16,133.04
OPENAXESSHSASILVER	Employee & Spouse Only	6	\$1,353.46	\$8,120.76
OPENAXESSHSASILVER	Family	3	\$1,927.53	\$5,782.59
OPENAXESSPLATINUM	Employee Only	14	\$906.10	\$12,685.40
OPENAXESSPLATINUM	Employee & Spouse Only	2	\$1,812.18	\$3,624.36
OPENAXESSPLATINUM	Family	4	\$2,718.28	\$10,873.12
VSP	Employee Only	11	\$8.75	\$96.25
VSP	Employee & Spouse Only	2	\$14.73	\$29.46
VSP	Family	2	\$23.76	\$47.52
			GRAND TOTAL	\$60,711.94

FAIRMONT INSURANCE BROKERS, LTD  
1600 60th St  
BROOKLYN, NY 11204

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ASHKENAZI, SHERYL	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
BILLE, JO ANN	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
BROWN, DEBRA	2023-01-01	OPENAXESSPLATINUM EE		\$906.10
COHEN, CHEDVAH	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
COHEN, FAIGEL	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
DENBURG, SHAI	2023-01-01	OPENAXESSPLATINUM FAM		\$2718.28
DEUTSCH, MOSHE	2023-01-01	OPENAXESSHSASILVERES		\$1353.46
DRATLER, YOSEF	2023-01-01	OPENAXESSPLATINUM FAM		\$2718.28
FREILICH, NAOMI	2023-01-01	OPENAXESSPLATINUM EE		\$906.10
FRIED, HANNAH	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
GAGAIEV, RIVKA	2023-01-01	OPENAXESSPLATINUM EE		\$906.10
GOLDSTEIN, RIVKA	2023-01-01	OPENAXESSPLATINUM ES		\$1812.18
GOTTESMAN, SHEVY	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
GROSS, AVROHOM	2023-01-01	OPENAXESSHSASILVERES		\$1353.46
HALPERIN, ROCHELLE	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
HUBNER, CHRISTINA	2023-01-01	OPENAXESSGOLD	EE	\$0.00
HYLTON, JOAN	2023-01-01	OPENAXESSPLATINUM EE		\$906.10
JACOBVICS, TZIPORA	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
JACOBS, BRACHA	2023-01-01	OPENAXESSHSASILVEREE		\$672.21

FAIRMONT INSURANCE BROKERS, LTD  
1600 60th St  
BROOKLYN, NY 11204

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KAHANA, PESACH	2023-01-01	OPENAXESSHSASILVERFAM		\$1927.53
KAPLAN, CHANAN	2023-01-01	OPENAXESSHSASILVERES		\$1353.46
KATZ, BARRY	2023-01-01	OPENAXESSPLATINUM FAM		\$2718.28
KATZ, MALKA	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
KATZ, SHELDON	2023-01-01	OPENAXESSPLATINUM FAM		\$2718.28
KAZIYEV, BORIS	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
KELTY, NORA	2023-01-01	OPENAXESSGOLD	EE	\$0.00
KLINGER, CHAIM	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
KOHN, BASSIE	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
KRAKAUER, DEVORAH	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
KUTELEVA, ANASTASIYA	2023-01-01	OPENAXESSPLATINUM EE		\$906.10
LESSER, ABRAHAM E	2023-01-01	OPENAXESSHSASILVERFAM		\$1927.53
LI, CHENXI	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
LIANG, LILY	2023-01-01	OPENAXESSPLATINUM EE		\$906.10
LICHT, MOLLIE	2023-01-01	OPENAXESSPLATINUM EE		\$906.10
LIOTINE, ANTOINETTE	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
MARK, KRISSY	2023-01-01	OPENAXESSPLATINUM EE		\$906.10
MCINTOSH, FREDDIE	2023-01-01	OPENAXESSPLATINUM EE		\$906.10



FAIRMONT INSURANCE BROKERS, LTD  
1600 60th St  
BROOKLYN, NY 11204

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MISHKOWITZ, MOISHE	2023-01-01	OPENAXESSHSASILVERES		\$1353.46
NATHAN, CHANA	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
NATHAN, SHRAGI	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
NATHAN, TZVI	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
NELSON, ESTELLE	2023-01-01	OPENAXESSHSASILVERES		\$1353.46
ROBERTSON, NANCY	2023-01-01	OPENAXESSPLATINUM EE		\$906.10
ROSENBERG, DEVORA	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
RUAN, KEVIN	2023-01-01	OPENAXESSPLATINUM EE		\$906.10
SCHACHNER, JOSHUA	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
SEBBAN, ANNABELLA	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
SHARON, BRADLEY	2023-01-01	OPENAXESSGOLD	FAM	\$0.00
SIMSOVITS, CHAYA	2023-01-01	OPENAXESSPLATINUM ES		\$1812.18
SMITH, NIKELA	2023-01-01	OPENAXESSPLATINUM EE		\$906.10
STANISLAS, YOLANDA M	2023-01-01	OPENAXESSHSASILVEREE		\$672.21
VAYSMAN, MAYA	2023-01-01	OPENAXESSPLATINUM EE		\$906.10
WACHSLER, CHARLES	2023-01-01	OPENAXESSHSASILVERFAM		\$1927.53
WOHLGELERNTER, ABRAHAM	2023-01-01	OPENAXESSHSASILVERES		\$1353.46
YARDAN, VENESSA	2023-01-01	OPENAXESSPLATINUM EE		\$906.10

FAIRMONT INSURANCE BROKERS, LTD  
1600 60th St  
BROOKLYN, NY 11204

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ZHAO, YU	2023-01-01	OPENAXESSHSASILVEREE		\$672.21

## MEDICAL PLAN COUNTS

Employee Only	40
Employee & Spouse	8
Employee & Children	0
Family	8



## Account Services

### Monthly Statement

FERROFAB, INC  
1416 HYLAN AVE  
HAMLET, NC 28345

Invoice Number: 4686-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	3	\$21.00**	\$42.84
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee Only	4	\$29.44	\$117.76
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
INFGOLD0759	Employee Only	2	\$583.30	\$1,166.60
OPENAXESSBRONZE	Employee Only	4	\$425.92	\$1,703.68
OPENAXESSGOLD	Employee Only	3	\$618.24	\$1,854.72
OPENAXESSGOLD	Employee & Spouse Only	1	\$1,236.48	\$1,236.48
OPENAXESSSILVER	Employee Only	1	\$0.00	\$0.00
OPENAXESSSILVER	Employee & Spouse Only	1	\$0.00	\$0.00
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$6,371.40

FERROFAB, INC  
1416 HYLAN AVE  
HAMLET, NC 28345

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BAILEY, VENDERICK	2023-01-01	OPENAXESSSILVER	EE	\$0.00
CAPPS, EARL	2021-11-01	INFGOLD0759	EE	\$583.30
CAPPS, EARL	2021-11-01	INFGOLD0759	EE	\$583.30
CAPPS, EARL	2023-01-01	OPENAXESSGOLD	EE	\$618.24
DUNN, STEVEN	2023-01-01	OPENAXESSBRONZE	EE	\$425.92
GREENE, JERRY	2023-01-01	OPENAXESSGOLD	EE	\$618.24
HAINES, GAYLE	2023-01-01	OPENAXESSSILVER	ES	\$0.00
HOLIDAY, LEONARD	2023-01-01	OPENAXESSBRONZE	EE	\$425.92
LAMM, NORBERT	2023-01-01	OPENAXESSGOLD	ES	\$1236.48
LEGRAND, RONALD	2023-01-01	OPENAXESSBRONZE	EE	\$425.92
STRICKLAND, WINDELL	2023-01-01	OPENAXESSBRONZE	EE	\$425.92
TODD, JARRELL	2023-01-01	OPENAXESSGOLD	EE	\$618.24

**MEDICAL PLAN COUNTS**

Employee Only	10
Employee & Spouse	2
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

FETCH PET CARE OF PLANTATION

Invoice Number: 5752-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$0.84**	\$1.68
LIFE	Employee Only	2	\$6.60**	\$13.20
GRAND TOTAL				\$14.88

FETCH PET CARE OF PLANTATION

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

FETCH! PET CARE OF PHILADELPHIA

Invoice Number: 5839-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$0.42**	\$0.84
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	2	\$0.80**	\$1.60
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$40.63

FETCH! PET CARE OF PHILADELPHIA

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

FORTYONETEN  
4110 Faudree Rd  
ODESSA, TX 79765

Invoice Number: 4285-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$2.52**	\$6.30
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
GUARDLOW	Employee Only	3	\$29.44	\$88.32
GUARDLOW	Employee & Children	1	\$0.00	\$74.61
LIFE	Employee Only	1	\$0.00**	\$0.00
OPENAXESSGOLD	Employee Only	1	\$686.44	\$686.44
OPENAXESSGOLD	Employee & Children	1	\$465.24	\$1,372.87
VSP	Employee Only	3	\$8.75	\$26.25
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$2,435.41

FORTYONETEN  
4110 Faudree Rd  
ODESSA, TX 79765

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PATEL, NITA	2023-01-01	OPENAXESSGOLD	EC2	\$1372.87
PATEL, RUPEN	2023-01-01	OPENAXESSGOLD	EE	\$686.44

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

FRIENDSWOOD FAMILY MEDICINE

Invoice Number:

6017-2023-0

Coverage Month:

JAN

Payment Due Date:

12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	5	\$10.29**	\$25.41
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Employee & Spouse Only	1	\$47.61	\$89.81
GUARDLOW	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Employee & Spouse Only	1	\$29.44	\$55.54
GUARDLOW	Employee & Children	1	\$29.44	\$74.61
GUARDLOW	Family	1	\$0.00	\$100.74
LIFE	Employee Only	7	\$42.95**	\$182.87
OPENAXESSBRONZE	Employee & Children	1	\$986.92	\$986.92
OPENAXESSCOPPER	Employee Only	1	\$450.75	\$450.75
OPENAXESSCOPPER	Family	1	\$1,290.84	\$1,290.84
OPENAXESSGOLD	Family	1	\$1,961.43	\$1,961.43
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Spouse Only	1	\$8.75	\$14.73
VSP	Employee & Children	1	\$8.75	\$15.02
			GRAND TOTAL	\$5,420.27

FRIENDSWOOD FAMILY MEDICINE

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CANADY, CAROLYN	2023-01-01	OPENAXESSBRONZE	EC	\$986.92
COLLINS, SHE'A	2023-01-01	OPENAXESSCOPPER	EE	\$450.75
NESLINE, GINA	2023-01-01	OPENAXESSCOPPER	FAM	\$1290.84
ORSAK, GLENN	2023-01-01	OPENAXESSGOLD	FAM	\$1961.43

## MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	1
Family	2



## Account Services

### Monthly Statement

FTO GROUP LLC DBA ACTION STAFFING GROUP  
1145 Elizabeth Ave  
Elizabeth, NJ

Invoice Number: 5853-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Employee Only	9	\$38.75	\$348.75
DENTALGUARD	Employee & Spouse Only	1	\$78.66	\$78.66
GOLD-C	Employee Only	1	\$494.60	\$494.60
GOLD-M	Employee Only	2	\$674.67	\$1,349.34
GOLD-W	Employee Only	1	\$417.70	\$417.70
PLATINUM	Employee Only	1	\$1,064.18	\$1,064.18
VSP CHOICE	Employee Only	7	\$6.82	\$47.74
VSP CHOICE	Employee & Spouse Only	1	\$11.48	\$11.48
			GRAND TOTAL	\$3,812.45

FTO GROUP LLC DBA ACTION STAFFING GROUP  
1145 Elizabeth Ave  
Elizabeth, NJ

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
COLWELL, SAHEED	01/01/2021	GOLD-C	EE	\$494.60
MATUSZ, RAYMOND	01/01/2021	GOLD-M	EE	\$674.67
MORALES, EDWIN	04/01/2021	PLATINUM	EE	\$1064.18
WAGIH, PATRICIA	01/01/2021	GOLD-W	EE	\$417.70
WIEN, ELIOT	01/01/2021	GOLD-M	EE	\$674.67

## MEDICAL PLAN COUNTS

Employee Only	5
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

FURRY LAND OF SPRINGFIELD MO

Invoice Number: 6152-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$2.94**	\$2.94
GUARDLOW	Family	1	\$0.00	\$100.74
			GRAND TOTAL	\$103.68

FURRY LAND OF SPRINGFIELD MO

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

GEORGE SNOW SCHOLARSHIP FUND  
201 PLAZA REAL # 260  
BOCA RATON, FL 33432, FL 33432

Invoice Number: 5557-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
PLATINUM	Employee Only	1	\$863.05	\$863.05
SILVER II	Employee Only	2	\$647.27	\$1,294.54
			GRAND TOTAL	\$2,157.59

GEORGE SNOW SCHOLARSHIP FUND  
201 PLAZA REAL # 260  
BOCA RATON, FL 33432, FL 33432

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ELLWOOD, CHANNON	02/01/2022	SILVER II	EE	\$647.27
GILLI, LAURA	02/01/2022	PLATINUM	EE	\$863.05
SNOW, BONNIE	01/02/2022	SILVER II	EE	\$647.27

## MEDICAL PLAN COUNTS

Employee Only	3
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

GERSH ACADEMY  
21 SWEET HOLLOW RD  
HUNTINGTON , NY 11743

Invoice Number: 5901-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE	Employee Only	2	\$471.77	\$943.54
BRONZE 4K	Employee Only	53	\$510.18	\$27,039.54
BRONZE 4K	Employee & Spouse Only	5	\$1,012.98	\$5,064.90
BRONZE 4K	Employee & Children	1	\$1,012.98	\$1,012.98
BRONZE 4K	Family	1	\$1,522.32	\$1,522.32
GOLD	Employee & Children	1	\$1,297.38	\$1,297.38
PLATINUM	Employee Only	5	\$759.47	\$3,797.35
PLATINUM	Employee & Spouse Only	2	\$1,518.92	\$3,037.84
PLATINUM	Family	1	\$2,278.39	\$2,278.39
SILVER HSA	Employee Only	2	\$640.26	\$1,280.52
SILVER HSA	Family	1	\$1,835.92	\$1,835.92
SILVER II	Employee Only	8	\$571.17	\$4,569.36
SILVER II	Employee & Children	1	\$1,142.35	\$1,142.35
SILVER II	Family	1	\$1,623.35	\$1,623.35
			GRAND TOTAL	\$56,445.74

GERSH ACADEMY  
 21 SWEET HOLLOW RD  
 HUNTINGTON , NY 11743

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ACUTI, KATHLEEN	01/01/2022	BRONZE 4K	EE	\$510.18
ARGENTINA, DANIELLE	01/01/2022	BRONZE 4K	EE	\$510.18
BARBIERI JR, SALVATORE	01/01/2022	BRONZE 4K	ES	\$1012.98
BARDON, PHILIP	01/01/2022	BRONZE 4K	EE	\$510.18
BENTIVEGNA, MICHELLE	06/01/2022	BRONZE 4K	EE	\$510.18
BERKIW, CYNTHIA	04/01/2022	BRONZE 4K	EE	\$510.18
BISCARDI, JOHN	01/01/2022	PLATINUM	EE	\$759.47
BOLLERS, TRACY	02/01/2022	BRONZE 4K	EE	\$510.18
BROWN, MARGARET	01/01/2022	BRONZE 4K	EE	\$510.18
CABRERA, ERIK	01/01/2022	BRONZE 4K	EE	\$510.18
CAHILL, KEVIN	01/01/2022	BRONZE 4K	EE	\$510.18
CAREY, THERESE	2022-01-01	BRONZE 4K	ES	\$1012.98
CASTANEDA , VICTOR	05/01/2022	BRONZE 4K	EE	\$510.18
CHAMBERLAIN, KAREN	01/01/2022	BRONZE 4K	EE	\$510.18
CLINTON, CHRISTIANNA	01/01/2022	SILVER II	EC	\$1142.35
COMAS, DANIEL	01/01/2022	PLATINUM	EE	\$759.47
CRESCIMANNO, GINA	01/01/2022	BRONZE 4K	EE	\$510.18
DEFALCO, JOSEPH	01/01/2022	BRONZE	EE	\$471.77
DWORCHAK, KYLE	01/01/2022	SILVER II	FAM	\$1623.35

GERSH ACADEMY  
21 SWEET HOLLOW RD  
HUNTINGTON , NY 11743

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
EARLE, VANESSA	01/01/2022	BRONZE 4K	EE	\$510.18
ENGLERT, WILLIAM	01/01/2022	BRONZE 4K	ES	\$1012.98
ESTEROV, MICHELLE	01/01/2022	SILVER HSA	EE	\$640.26
ESTEVEZ, ROBINSON	01/01/2022	BRONZE 4K	EE	\$510.18
FERRO-STACK, SUSAN	01/01/2022	BRONZE 4K	EE	\$510.18
FLANAGAN, MICHAEL	01/01/2022	GOLD	EC	\$1297.38
GELLER, JOEL	01/01/2022	PLATINUM	ES	\$1518.92
GERSH, KEVIN	01/01/2022	PLATINUM	FAM	\$2278.39
GIANGASPRO, STEVEN	01/01/2022	BRONZE 4K	EE	\$510.18
HARRINGTON , NATHAN	05/01/2022	SILVER II	EE	\$571.17
HARRIS, MELANIE	01/01/2022	PLATINUM	EE	\$759.47
HAUSMAN, STACEY	01/01/2022	BRONZE 4K	EE	\$510.18
HEWES, EMILY	01/01/2022	SILVER II	EE	\$571.17
HICKS, DEANDRIA	02/01/2022	BRONZE 4K	EE	\$510.18
IFILL, AYANA	01/01/2022	BRONZE 4K	EE	\$510.18
KELLEHER, KRISTEN	01/01/2022	BRONZE 4K	EE	\$510.18
KENNEDY, KIMBERLY	01/01/2022	BRONZE 4K	EE	\$510.18
LAMONT, MELVA	01/01/2022	BRONZE 4K	EE	\$510.18

GERSH ACADEMY  
 21 SWEET HOLLOW RD  
 HUNTINGTON , NY 11743

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LEE, KAI	01/01/2022	BRONZE 4K	EE	\$510.18
LENOIR, DELPHINE	01/01/2022	BRONZE 4K	EC	\$1012.98
LOPEZ, KESHA	01/01/2022	BRONZE 4K	ES	\$1012.98
LOVAGLIO, LAURA	01/01/2022	BRONZE 4K	EE	\$510.18
LUSTGARTEN, REBECCA	01/01/2022	BRONZE 4K	ES	\$1012.98
MACDONALD, ANDREW	01/01/2022	PLATINUM	EE	\$759.47
MAMMINA, SHARI	01/01/2022	SILVER II	EE	\$571.17
MARKEL, ALEXANDRA	01/01/2022	BRONZE 4K	EE	\$510.18
MARQUEZ-MARTINEZ, INDIRA	01/01/2022	BRONZE 4K	EE	\$510.18
MCCANTS, ALEXIS	01/01/2022	BRONZE 4K	EE	\$510.18
MCLEOD, MAUREEN	01/01/2022	BRONZE 4K	EE	\$510.18
MCLEOD, STEVIE LYNN	2022-01-01	BRONZE 4K	EE	\$510.18
MIRO, KRISTEN	01/01/2022	BRONZE 4K	EE	\$510.18
MOAG, RONALD	01/01/2022	BRONZE 4K	EE	\$510.18
OUYANG, CHENDAN	01/01/2022	BRONZE 4K	EE	\$510.18
PALEY, MARGARET	01/01/2022	SILVER HSA	EE	\$640.26
PASTRANA, GRACIELA	01/01/2022	BRONZE 4K	EE	\$510.18
PFLUME, SAMANTHA	02/01/2022	BRONZE 4K	EE	\$510.18

GERSH ACADEMY  
21 SWEET HOLLOW RD  
HUNTINGTON , NY 11743

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PIETROWSKI, MCKAYLA	01/01/2022	BRONZE 4K	EE	\$510.18
PRATSCHNER, KATHERINE	01/01/2022	BRONZE 4K	EE	\$510.18
RADISON, TATYANA	01/01/2022	BRONZE 4K	EE	\$510.18
RANDAZZESE, JUSTINE	01/01/2022	BRONZE 4K	EE	\$510.18
RICCOBONI, JACLYN	06/01/2022	BRONZE 4K	EE	\$510.18
RICHARDSON, NYREE	2022-01-01	BRONZE 4K	EE	\$510.18
RISSLAND, BREANN	03/01/2022	BRONZE 4K	EE	\$510.18
ROMANO, JAMIE	04/01/2022	BRONZE 4K	EE	\$510.18
RUBIN, BRITTANY	01/01/2022	SILVER II	EE	\$571.17
RUSSO, JENNIFER	02/01/2022	BRONZE 4K	EE	\$510.18
SANCHEZ, MYRANNE	01/01/2022	BRONZE 4K	EE	\$510.18
SANTIAGO CARMONA, MANUEL	01/01/2022	BRONZE 4K	EE	\$510.18
SATTERBERG, HEATHER	01/01/2022	PLATINUM	EE	\$759.47
SMITH, RAEANNE	01/01/2022	SILVER II	EE	\$571.17
SPRINGER, RACHEL	01/01/2022	SILVER II	EE	\$571.17
STEFANELLO, JAN	01/01/2022	BRONZE	EE	\$471.77
STEGMAIER, TRISTAN	02/01/2022	PLATINUM	ES	\$1518.92
STEWART, WANDA	01/01/2022	SILVER II	EE	\$571.17

GERSH ACADEMY  
 21 SWEET HOLLOW RD  
 HUNTINGTON , NY 11743

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
STILL, JULIA	03/01/2022	BRONZE 4K	EE	\$510.18
STOLZENBERG, ASHLEY	02/01/2022	BRONZE 4K	EE	\$510.18
TARRICONE, KAREN	01/01/2022	BRONZE 4K	FAM	\$1522.32
TAYLOR, ANNA	01/01/2022	BRONZE 4K	EE	\$510.18
THOMSON, JUSTIN	01/01/2022	BRONZE 4K	EE	\$510.18
TORRES, JESSICA	04/01/2022	BRONZE 4K	EE	\$510.18
VANDERHOOF, ROBERT	01/01/2022	SILVER II	EE	\$571.17
VEREEN, STEVEN	01/01/2022	BRONZE 4K	EE	\$510.18
WASILEW, ZACHARY	01/01/2022	SILVER HSA	FAM	\$1835.92
WILLIS IV, FRANK	01/01/2022	BRONZE 4K	EE	\$510.18
ZWICKER, ERICA	01/01/2022	BRONZE 4K	EE	\$510.18

MEDICAL PLAN COUNTS

Employee Only	70
Employee & Spouse	7
Employee & Children	3
Family	4





## Account Services

### Monthly Statement

GEX DATA LABS INCORPORATED  
836 S. ARLINGTON HEIGHTS RD. SUITE #156  
ELK GROVE VILLAGE, IL 60007

Invoice Number: 5556-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE	Employee Only	1	\$536.10	\$536.10
GUARDHIGH	Employee Only	2	\$38.75	\$77.50
PLATINUM	Employee & Spouse Only	1	\$1,726.05	\$1,726.05
PLATINUM	Family	1	\$2,589.08	\$2,589.08
SILVER II	Employee Only	1	\$647.27	\$647.27
SILVER II	Family	1	\$1,941.81	\$1,941.81
VISION	Employee Only	2	\$6.82	\$13.64
VISION	Family	1	\$18.53	\$18.53
			GRAND TOTAL	\$7,549.98

GEX DATA LABS INCORPORATED  
836 S. ARLINGTON HEIGHTS RD. SUITE #156  
ELK GROVE VILLAGE, IL 60007

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HONOUR, EDWARD	02/01/2022	SILVER II	EE	\$647.27
JONES, WILLIAM	02/01/2022	PLATINUM	ES	\$1726.05
LAST, FIRST	05/01/2022	BRONZE	EE	\$536.1
LOZINSKI, JEFF	02/01/2022	PLATINUM	FAM	\$2589.08
SMITH, JOHN	02/01/2022	SILVER II	FAM	\$1941.81

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	1
Employee & Children	0
Family	2



## Account Services

### Monthly Statement

GLASS STREAM INC.  
3675 KENNESAW N IND PKWY NW  
KENNESAW, GA 30144

Invoice Number: 4484-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	5	\$4.20**	\$23.10
GUARDHIGH	Employee Only	5	\$47.61	\$238.05
GUARDLOW	Employee Only	6	\$29.44	\$176.64
GUARDLOW	Employee & Spouse Only	3	\$55.54	\$166.62
GUARDLOW	Family	1	\$100.74	\$100.74
LIFE	Employee Only	4	\$25.03**	\$155.03
VSP	Employee Only	6	\$8.75	\$52.50
VSP	Employee & Spouse Only	3	\$14.73	\$44.19
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$980.63

GLASS STREAM INC.  
3675 KENNESAW N IND PKWY NW  
KENNESAW, GA 30144

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

GLOBIWEST MANAGEMENT SERVICES, LLC

Invoice Number: 5517-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.00**	\$12.60
GRAND TOTAL				\$12.60

GLOBIWEST MANAGEMENT SERVICES, LLC

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

GOGLOBAL USA  
3 E 3rd Ave Ste 200  
SAN MATEO, CA 94401

Invoice Number: 4391-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	22	\$21.00**	\$362.88
GUARDHIGH	Employee Only	6	\$47.61	\$285.66
GUARDHIGH	Employee & Spouse Only	2	\$89.81	\$179.62
GUARDHIGH	Employee & Children	2	\$89.81	\$207.80
GUARDHIGH	Family	6	\$160.18	\$961.08
GUARDLOW	Employee Only	6	\$29.44	\$176.64
GUARDLOW	Employee & Spouse Only	2	\$55.54	\$111.08
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
GUARDLOW	Family	1	\$100.74	\$100.74
LIFE	Employee Only	16	\$39.60**	\$249.47
OPENAXESSBRONZE	Employee Only	1	\$511.68	\$511.68
OPENAXESSGOLD	Employee Only	2	\$686.44	\$1,372.88
OPENAXESSGOLD	Employee & Spouse Only	1	\$1,372.87	\$1,372.87
OPENAXESSGOLD	Family	3	\$2,059.31	\$6,177.93
OPENAXESSPLATINUM	Employee Only	3	\$823.65	\$2,470.95
OPENAXESSPLATINUM	Employee & Children	1	\$823.65	\$1,647.44
OPENAXESSPLATINUM	Family	5	\$2,471.17	\$12,355.85
OPENAXESSSILVER	Employee Only	2	\$575.53	\$1,151.06
OPENAXESSSILVER	Family	2	\$1,726.60	\$3,453.20
VSP	Employee Only	7	\$8.75	\$61.25
VSP	Employee & Spouse Only	3	\$14.73	\$44.19
VSP	Employee & Children	2	\$15.02	\$30.04
VSP	Family	6	\$23.76	\$142.56
			GRAND TOTAL	\$33,501.48

GOGLOBAL USA  
3 E 3rd Ave Ste 200  
SAN MATEO, CA 94401

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BULLEN, RYAN	2023-01-01	OPENAXESSBRONZE	EE	\$511.68
CARDOZA, GABRIELA	2023-01-01	OPENAXESSSILVER	EE	\$575.53
CAREY, TAYLOR	2023-01-01	OPENAXESSPLATINUM	EE	\$823.65
FOWLER, JESSICA	2023-01-01	OPENAXESSGOLD	EE	\$686.44
FRANZESE, NICHOLAS	2023-01-01	OPENAXESSSILVER	FAM	\$1726.60
GALLAGHER, MARTHA	2023-01-01	OPENAXESSPLATINUM	FAM	\$2471.17
HAMAMATSU, NORIO	2023-01-01	OPENAXESSPLATINUM	FAM	\$2471.17
HARIA, BHARAT	2023-01-01	OPENAXESSPLATINUM	FAM	\$2471.17
LINDQUIST, ANDREW	2023-01-01	OPENAXESSGOLD	FAM	\$2059.31
OKIMURO, KOHEI	2023-01-01	OPENAXESSGOLD	FAM	\$2059.31
OLIVA, MELISSA	2023-01-01	OPENAXESSPLATINUM	FAM	\$2471.17
RADOSAVLJEVIC, BRANKO	2023-01-01	OPENAXESSSILVER	FAM	\$1726.60
ROULSTON, MARCILLA	2023-01-01	OPENAXESSGOLD	ES	\$1372.87
ROWETT, MATTHEW	2023-01-01	OPENAXESSGOLD	EE	\$686.44
SAID, LEILA	2023-01-01	OPENAXESSPLATINUM	EE	\$823.65
VASANT, AMIT	2023-01-01	OPENAXESSGOLD	FAM	\$2059.31
VICK, LINDSAY	2023-01-01	OPENAXESSPLATINUM	EE	\$823.65
WAN, JIE	2023-01-01	OPENAXESSSILVER	EE	\$575.53
WILSON, COREY	2023-01-01	OPENAXESSPLATINUM	EC2	\$1647.44



GOGLOBAL USA  
3 E 3rd Ave Ste 200  
SAN MATEO, CA 94401

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ZUVIC, CECILIA	2023-01-01	OPENAXESSPLATINUM FAM		\$2471.17

## MEDICAL PLAN COUNTS

Employee Only	8
Employee & Spouse	1
Employee & Children	0
Family	10



## Account Services

### Monthly Statement

GOLDENSTATE LANDSCAPES INC  
5235 Mission Oaks Blvd # 348  
Camarillo, CA 93012

Invoice Number: 5021-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE	Family	2	\$1,525.32	\$3,050.64
DENTAL	Employee Only	1	\$47.61	\$47.61
DENTAL	Family	2	\$160.18	\$320.36
SILVER	Employee Only	1	\$479.38	\$479.38
VISION	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$3,915.49

GOLDENSTATE LANDSCAPES INC  
5235 Mission Oaks Blvd # 348  
Camarillo, CA 93012

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ESPINOZA PEREZ, GABRIEL	03/01/2022	BRONZE	FAM	\$1525.32
NELSON, SHEREEN	09/01/2021	SILVER	EE	\$479.38
OLSEN, ROBERT	09/01/2021	BRONZE	FAM	\$1525.32

## MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	2



## Account Services

### Monthly Statement

GOLDMAN PHARMACEUTICAL GROUP INC  
1347 LINCOLN AVE #1  
HOLBROOK, NY 11741

Invoice Number: 5905-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Family	1	\$137.71	\$137.71
SILVER HSA	Family	2	\$1,835.92	\$3,671.84
VSP	Family	1	\$18.53	\$18.53
			GRAND TOTAL	\$3,828.08

GOLDMAN PHARMACEUTICAL GROUP INC  
1347 LINCOLN AVE #1  
HOLBROOK, NY 11741

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BERMAN, WILLIAM	03/01/2022	SILVER HSA	FAM	\$1835.92
VALENTI, VINCENT	03/01/2022	SILVER HSA	FAM	\$1835.92

## MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	0
Employee & Children	0
Family	2



## Account Services

### Monthly Statement

GRAND HI 17 LLC

Invoice Number: 4985-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GRAND TOTAL				\$0.00

GRAND HI 17 LLC

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ANDERSON, ANNETTE	08/01/2020	VBP3	EE	\$0
ATAYDE, FRANCISCO	08/01/2020	VBP3	EC	\$0
CAMARENA, RYAN	01/01/2022	VBP1	EE	\$0
CAMPOS, JULIAN	11/01/2020	VBP8	EE	\$0

## MEDICAL PLAN COUNTS

Employee Only	3
Employee & Spouse	0
Employee & Children	1
Family	0



## Account Services

### Monthly Statement

Grata Wellness LLC  
507 West 28th Street  
New York, NY 10001

Invoice Number: 5957-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	1	\$706.05	\$706.05
			GRAND TOTAL	\$706.05



Grata Wellness LLC  
507 West 28th Street  
New York, NY 10001

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CUOMO MAIER, MARIANNA	06/01/2022	GOLD	EE	\$706.05

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

GRAY MATTERS

Invoice Number: 6044-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$7.14**	\$7.14
LIFE	Employee Only	1	\$71.50**	\$71.50
GRAND TOTAL				\$78.64

GRAY MATTERS

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

GREEN SPARROW MEDIA PARTNERS LLC  
4 SAXON ROAD  
CENTEREACH , NY 11720

Invoice Number: 5930-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE 4K	Employee Only	2	\$569.88	\$1,139.76
PPO GUARD PREFERRE	Employee Only	2	\$47.61	\$95.22
VSP CHOICE PPO IN-	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$1,252.48

GREEN SPARROW MEDIA PARTNERS LLC  
4 SAXON ROAD  
CENTEREACH , NY 11720

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SULLIVAN, RYAN	08/01/2022	BRONZE 4K	EE	\$569.88
ZWERGEL, ZACHARY	07/01/2022	BRONZE 4K	EE	\$569.88

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

GROUPE GM USA CORP  
2069 31st SW Ave  
Hallendale , FL 33009

Invoice Number: 5105-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	3	\$653.81	\$1,961.43
			GRAND TOTAL	\$1,961.43

GROUPE GM USA CORP  
2069 31st SW Ave  
Hallendale , FL 33009

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MARCHESOTTI, STEFANIA	06/01/2022	GOLD	EE	\$653.81
MELCHOR PLATAS, MONICA	08/01/2021	GOLD	EE	\$653.81
SABINO RODRIGUES, LUCIANA	08/01/2021	GOLD	EE	\$653.81

## MEDICAL PLAN COUNTS

Employee Only	3
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

GROW TODAY

Invoice Number: 5972-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.42**	\$0.42
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$2.40**	\$2.40
OPENAXESSGOLD	Employee Only	1	\$755.08	\$755.08
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$796.09



GROW TODAY

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LOUISDHON, LUDOVIC	2023-01-01	OPENAXESSGOLD	EE	\$755.08

## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

GUARDIAN FIDUCIARY SERVICES  
11919 PLAZA DRIVE  
PAWLEYS ISLAND, SC 29576

Invoice Number: 4685-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$47.61

GUARDIAN FIDUCIARY SERVICES  
11919 PLAZA DRIVE  
PAWLEYS ISLAND, SC 29576

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

GUESTS HOSPITALITY STAFFING  
135 S. HOLIDAY STREET  
STRASBURG, VA 22657

Invoice Number: 4528-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	3	\$5.88**	\$14.28
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	3	\$12.00**	\$33.55
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$277.03

GUESTS HOSPITALITY STAFFING  
135 S. HOLIDAY STREET  
STRASBURG, VA 22657

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

GUESTS INC STRASBURG  
135 S HOLIDAY STREET  
STRASBURG, VA 22657

Invoice Number: 4128-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$0.00	\$47.61
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
GUARDLOW	Employee Only	3	\$29.44	\$88.32
LIFE	Employee Only	1	\$0.00**	\$0.00
OPENAXESSGOLD	Employee Only	2	\$686.44	\$1,372.88
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$1,635.55

GUESTS INC STRASBURG  
135 S HOLIDAY STREET  
STRASBURG, VA 22657

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FARMER, GRACE	2023-01-01	OPENAXESSGOLD	EE	\$686.44
MILLER, SHANNON	2023-01-01	OPENAXESSGOLD	EE	\$686.44

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

H&C ENTERPRISE OF CENTRAL FLORIDA LLC

Invoice Number: 5806-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$7.20**	\$7.20
GRAND TOTAL				\$73.28



H&amp;C ENTERPRISE OF CENTRAL FLORIDA LLC

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

HAMPTON INN KALAMAZOO AIRPORT

Invoice Number: 6072-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
LIFE	Employee Only	1	\$0.00**	\$0.00
GRAND TOTAL				\$0.00

HAMPTON INN KALAMAZOO AIRPORT

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

HAMPTON INN LAUREL  
7900 BRAYGREEN ROAD  
LAUREL, MD 20707

Invoice Number: 4737-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee & Spouse Only	1	\$0.00	\$55.54
			GRAND TOTAL	\$55.54

HAMPTON INN LAUREL  
7900 BRAYGREEN ROAD  
LAUREL, MD 20707

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

HAMPTON INN OMAHA MIDTOWN - AKSARBEN AREA

Invoice Number: 6155-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
OPENAXESSBRONZE	Employee Only	1	\$578.93	\$578.93
OPENAXESSGOLD	Employee Only	1	\$776.66	\$776.66
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$1,523.85

HAMPTON INN OMAHA MIDTOWN - AKSARBEN AREA

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BEIER, JOSEE	2023-01-01	OPENAXESSGOLD	EE	\$776.66
KOZISEK, ECHO	2023-01-01	OPENAXESSBRONZE	EE	\$578.93

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

HARD HEAD HOLDINGS, LLC  
1401 S EDGEWOOD STREET  
BALTIMORE, MD 21227

Invoice Number: 4160-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
CANALWORKSADD	Employee Only	1	\$0.78	\$0.67
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$38.86



HARD HEAD HOLDINGS, LLC  
1401 S EDGEWOOD STREET  
BALTIMORE, MD 21227

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
RAVENELL, MIGEAL A	2022-08-01	CANALWORKSADD		\$0.67

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

HASKINS AVIATION LLC

Invoice Number: 5863-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE 4K	Employee Only	1	\$569.88	\$569.88
BRONZE 4K	Family	3	\$1,718.54	\$5,155.62
SILVER II	Employee Only	1	\$649.06	\$649.06
			GRAND TOTAL	\$6,374.56

HASKINS AVIATION LLC

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BURROW, ANDREW	04/01/2022	BRONZE 4K	FAM	\$1718.54
CARNETT, JOSHUA	04/01/2022	SILVER II	EE	\$649.06
HASKIN, CLIFTON	04/01/2022	BRONZE 4K	FAM	\$1718.54
LUJAN, DEE ANN	04/01/2022	BRONZE 4K	FAM	\$1718.54
WOOD, JACKSON	04/01/2022	BRONZE 4K	EE	\$569.88

## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

HBM MANAGEMENT ASSOCIATES LLC  
24 Harbor Park Drive  
Port Washington, New York 11050

Invoice Number: 308-2023-01  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE II	Employee Only	2	\$615.60	\$1,231.20
			GRAND TOTAL	\$1,231.20

HBM MANAGEMENT ASSOCIATES LLC  
24 Harbor Park Drive  
Port Washington, New York 11050

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MALINOWSKI, HARRY	01/01/2022	BRONZE II	EE	\$615.60
MIZRAHI, BRIGITTE	01/01/2022	BRONZE II	EE	\$615.60

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

HEADS UP MAIN STREET, LLC  
221 E Main St #2  
Mount Kisco, NY 10549

Invoice Number: 5574-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
SILVER	Employee Only	1	\$832.92	\$100.00
			GRAND TOTAL	\$100.00

HEADS UP MAIN STREET, LLC  
221 E Main St #2  
Mount Kisco, NY 10549

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALFANO, CHARLES	01/01/2022	SILVER	EE	\$100

## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

HOLIDAY INN - SANTA ANA  
2726 S GRAND AVE  
SANTA ANA, CA 92705

Invoice Number: 4270-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$2.10**	\$12.60
GUARDHIGH	Employee Only	3	\$47.61	\$142.83
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
LIFE	Employee Only	3	\$3.00**	\$90.45
OPENAXESSCOPPER	Employee Only	1	\$383.55	\$383.55
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$742.72



HOLIDAY INN - SANTA ANA  
2726 S GRAND AVE  
SANTA ANA, CA 92705

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
COLBERT, DOCIA	2023-01-01	OPENAXESSCOPPER	EE	\$383.55

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

HOLIDAY INN EXPRESS & SUITES HUNTSVILLE

Invoice Number: 6108-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDLOW	Employee Only	2	\$29.44	\$58.88
OPENAXESSBRONZE	Employee Only	1	\$578.93	\$578.93
OPENAXESSGOLD	Employee Only	1	\$776.66	\$776.66
VSP	Employee Only	3	\$8.75	\$26.25
			GRAND TOTAL	\$1,535.94

HOLIDAY INN EXPRESS &amp; SUITES HUNTSVILLE

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PHILLIPS, KAREN	2023-01-01	OPENAXESSGOLD	EE	\$776.66

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

HOLIDAY INN EXPRESS & SUITES SELINGROVE  
651 N SUSQUEHANNA TRAIL  
SELINGROVE, PA 17870

Invoice Number: 4743-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$0.42**	\$1.68
GUARDHIGH	Employee Only	3	\$47.61	\$142.83
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$3.30**	\$3.30
VSP	Employee Only	4	\$8.75	\$35.00
			GRAND TOTAL	\$212.25

HOLIDAY INN EXPRESS & SUITES SELINGROVE  
651 N SUSQUEHANNA TRAIL  
SELINGROVE, PA 17870

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

HOLIDAY INN EXPRESS CANONSBURG  
4000 HORIZON VUE DRIVE  
CANONSBURG, PA 15317

Invoice Number: 4742-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
LIFE	Employee Only	1	\$9.60**	\$4.10
VSP	Employee & Children	1	\$0.00	\$15.02
			GRAND TOTAL	\$19.12

HOLIDAY INN EXPRESS CANONSBURG  
4000 HORIZON VUE DRIVE  
CANONSBURG, PA 15317

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

HOLIDAY INN EXPRESS MECHANICSBURG  
6325 CARLISLE PIKE  
MECHANICSBURG, PA 17050

Invoice Number: 4738-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
NEEMAOPENAXESSPREM	Employee Only	1	\$589.20	\$589.20
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$636.14



HOLIDAY INN EXPRESS MECHANICSBURG  
6325 CARLISLE PIKE  
MECHANICSBURG, PA 17050

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
YOUNG, RODNEY	2020-02-01	NEEMAOPENAXESSPREME		\$589.20

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

HOME2 AND TRU BY HILTON OMAHA I-80 AT 72ND STREET

Invoice Number: 6154-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$4.20**	\$4.20
GUARDHIGH	Employee Only	4	\$47.61	\$190.44
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	2	\$33.00**	\$33.00
OPENAXESSGOLD	Employee Only	2	\$776.66	\$1,553.32
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$1,827.90

HOME2 AND TRU BY HILTON OMAHA I-80 AT 72ND STREET

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
O'BRIEN, PATRICK	2023-01-01	OPENAXESSGOLD	EE	\$776.66
OGDEN, KIM	2023-01-01	OPENAXESSGOLD	EE	\$776.66

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

HOME2 SUITES BY HILTON OMAHA UN MED CTR AREA

Invoice Number: 6153-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$2.94**	\$2.94
GUARDLOW	Employee Only	2	\$29.44	\$58.88
LIFE	Employee Only	1	\$10.70**	\$10.70
OPENAXESSBRONZE	Employee Only	1	\$578.93	\$578.93
OPENAXESSGOLD	Employee Only	1	\$776.66	\$776.66
			GRAND TOTAL	\$1,428.11

HOME2 SUITES BY HILTON OMAHA UN MED CTR AREA

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
COVYEAU, CAMERON	2023-01-01	OPENAXESSBRONZE	EE	\$578.93
SKELLY, STEPHEN	2023-01-01	OPENAXESSGOLD	EE	\$776.66

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

HONEY CREEK STAFFING  
9111 Cross Park Dr Ste D200  
KNOXVILLE, TN 37923

Invoice Number: 4308-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	8	\$4.20**	\$44.10
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Employee & Children	1	\$0.00	\$89.81
GUARDLOW	Employee & Children	3	\$74.61	\$223.83
GUARDLOW	Family	1	\$0.00	\$100.74
LIFE	Employee Only	5	\$8.00**	\$28.91
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Employee & Children	4	\$15.02	\$60.08
VSP	Family	1	\$0.00	\$23.76
			GRAND TOTAL	\$788.49

HONEY CREEK STAFFING  
9111 Cross Park Dr Ste D200  
KNOXVILLE, TN 37923

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

HORIZONS HRS  
118 WEST 5TH STREET SUITE 202  
COVINGTON, KY 41011

Invoice Number: 4219-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	4	\$0.84**	\$2.94
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	2	\$29.44	\$58.88
LIFE	Employee Only	3	\$2.40**	\$24.45
OPENAXESSGOLD	Employee Only	1	\$686.44	\$686.44
VSP	Employee Only	8	\$8.75	\$70.00
			GRAND TOTAL	\$890.74



HORIZONS HRS  
118 WEST 5TH STREET SUITE 202  
COVINGTON, KY 41011

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LEWIS, SHERI	2023-01-01	OPENAXESSGOLD	EE	\$686.44

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

HORIZONS HRS MANUFACTURING STAFFING II  
118 WEST 5TH STREET SUITE 202  
COVINGTON, KY 41011

Invoice Number: 4216-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	14	\$3.78**	\$92.82
GUARDHIGH	Employee Only	12	\$47.61	\$571.32
GUARDHIGH	Employee & Spouse Only	2	\$89.81	\$179.62
GUARDHIGH	Employee & Children	1	\$89.81	\$89.81
GUARDLOW	Employee Only	3	\$29.44	\$88.32
GUARDLOW	Employee & Children	2	\$74.61	\$149.22
LIFE	Employee Only	10	\$85.80**	\$241.81
OPENAXESSCOPPER	Employee Only	2	\$460.52	\$921.04
OPENAXESSPLATINUM	Employee Only	1	\$755.08	\$755.08
OPENAXESSSILVER	Employee Only	1	\$575.53	\$575.53
VSP	Employee Only	6	\$8.75	\$52.50
VSP	Employee & Spouse Only	3	\$14.73	\$44.19
VSP	Employee & Children	4	\$15.02	\$60.08
			GRAND TOTAL	\$3,873.57

HORIZONS HRS MANUFACTURING STAFFING II  
118 WEST 5TH STREET SUITE 202  
COVINGTON, KY 41011

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CHALMERS, QU'ZHON	2023-01-01	OPENAXESSSILVER	EE	\$575.53
DAVIDSON, PAUL	2023-01-01	OPENAXESSPLATINUM	EE	\$755.08
JOHN, ADDY	2023-01-01	OPENAXESSCOPPER	EE	\$460.52
OLOFIN, BOLAJI	2023-01-01	OPENAXESSCOPPER	EE	\$460.52

## MEDICAL PLAN COUNTS

Employee Only	4
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

HORIZONS HRS SERVICE STAFFING II  
118 WEST 5TH STREET SUITE 202  
COVINGTON, KY 41011

Invoice Number: 4217-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	14	\$6.30**	\$39.98
GUARDHIGH	Employee Only	6	\$47.61	\$285.66
GUARDHIGH	Family	2	\$160.18	\$320.36
GUARDLOW	Employee Only	8	\$29.44	\$235.52
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
LIFE	Employee Only	12	\$10.80**	\$69.20
OPENAXESSPLATINUM	Employee Only	1	\$755.08	\$755.08
OPENAXESSSILVER	Family	1	\$1,726.60	\$1,726.60
VSP	Employee Only	10	\$8.75	\$87.50
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$3,618.27

HORIZONS HRS SERVICE STAFFING II  
118 WEST 5TH STREET SUITE 202  
COVINGTON, KY 41011

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BENSON, NICOLE	2023-01-01	OPENAXESSPLATINUM	EE	\$755.08
SATTERLY, JESSICA	2023-01-01	OPENAXESSSILVER	FAM	\$1726.60

## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

HORIZONS HRS TRANSPORTATION STAFFING II  
118 WEST 5TH STREET SUITE 202  
COVINGTON, KY 41011

Invoice Number: 4218-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
			GRAND TOTAL	\$84.98

HORIZONS HRS TRANSPORTATION STAFFING II  
118 WEST 5TH STREET SUITE 202  
COVINGTON, KY 41011

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

HOSPITALITY MANAGEMENT SERVICES  
3204 Candelaria Rd NE  
ALBUQUERQUE, NM 87107

Invoice Number: 4467-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$0.00**	\$3.78
LIFE	Employee Only	1	\$0.00**	\$21.45
GRAND TOTAL				\$25.23



## HOSPITALITY MANAGEMENT SERVICES

3204 Candelaria Rd NE

ALBUQUERQUE, NM 87107

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

HUDSON GATEWAY ASSOC OF REALTO  
1 MAPLE AVE  
WHITE PLAINS, NY 10605

Invoice Number: 5052-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	2	\$842.36	\$1,438.38
PLATINUM	Employee Only	1	\$1,019.72	\$863.46
PLATINUM	Employee & Children	1	\$1,988.46	\$1,710.10
PLATINUM	Family	1	\$3,161.13	\$2,557.97
SILVER II	Employee Only	14	\$664.99	\$9,086.84
SILVER II	Employee & Spouse Only	2	\$1,429.71	\$2,596.26
SILVER II	Family	1	\$2,061.47	\$1,844.72
			GRAND TOTAL	\$20,097.73

HUDSON GATEWAY ASSOC OF REALTO  
1 MAPLE AVE  
WHITE PLAINS, NY 10605

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ANDRADE, LISA	01/01/2022	SILVER II	EE	\$649.06
BROWN-WILLIAMS, LAVERNE	01/01/2022	SILVER II	EE	\$649.06
CLARK, SCOTT	01/01/2022	SILVER II	EE	\$649.06
CURRIER, JANA	01/01/2022	SILVER II	EE	\$649.06
GARCIA, FREDDIMIR	11/01/2022	SILVER II	FAM	\$1844.72
GILLIARD, MICHELLE	01/01/2022	SILVER II	EE	\$649.06
HAGGERTY, RICHARD	01/01/2022	SILVER II	EE	\$649.06
HUNT, LINDA	01/01/2022	SILVER II	EE	\$649.06
JACKSON, EMILY	01/01/2022	SILVER II	EE	\$649.06
LEVINE, BRIAN	01/01/2022	PLATINUM	FAM	\$2557.97
MALONE, MICHAEL	01/01/2022	PLATINUM	EC	\$1710.1
MANDAKAS, JESSICA	01/01/2022	SILVER II	EE	\$649.06
MARZO, JEFFREY	01/01/2022	PLATINUM	EE	\$863.46
MOSHER, JANINE	01/01/2022	SILVER II	EE	\$649.06
PAGLI, CHRISTOPHER	01/01/2022	SILVER II	ES	\$1298.13
PRENON, MARY	01/01/2022	SILVER II	EE	\$649.06
ROZNIK, JACQUELINE	01/01/2022	SILVER II	EE	\$649.06
STACK, CATHLEEN	01/01/2022	SILVER II	ES	\$1298.13
THOMAS, MARIA	01/01/2022	SILVER II	EE	\$649.06

HUDSON GATEWAY ASSOC OF REALTO  
1 MAPLE AVE  
WHITE PLAINS, NY 10605

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
TYCHYN, MARIE	01/01/2022	GOLD	EE	\$719.19
VEILMAN, DIANNE	01/01/2022	SILVER II	EE	\$649.06
WILLIAMS, VALERIE	05/01/2022	GOLD	EE	\$719.19

## MEDICAL PLAN COUNTS

Employee Only	17
Employee & Spouse	2
Employee & Children	1
Family	2



## Account Services

### Monthly Statement

HUSHMESH INC.

Invoice Number: 6171-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Family	1	\$0.00	\$160.18
GUARDLOW	Employee Only	1	\$29.44	\$29.44
OPENAXESSGOLD	Family	2	\$2,329.97	\$4,659.94
			GRAND TOTAL	\$4,849.56

HUSHMESH INC.

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
COHEN, NEIL	2023-01-01	OPENAXESSGOLD	FAM	\$2329.97
FONTAINE, JEAN-EMMANUEL	2023-01-01	OPENAXESSGOLD	FAM	\$2329.97

## MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	0
Employee & Children	0
Family	2



**Account Services**  
**Monthly Statement**

HYMES & ASSOCIATES

Invoice Number: 5919-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
SILVER HSA	Employee Only	5	\$736.30	\$3,681.50
			GRAND TOTAL	\$3,681.50

HYMES &amp; ASSOCIATES

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HYMES, CLARE	06/01/2022	SILVER HSA	EE	\$736.3
HYMES, ELIZABETH	06/01/2022	SILVER HSA	EE	\$736.3
HYMES, KATHLEEN	06/01/2022	SILVER HSA	EE	\$736.3
HYMES, MICHAEL	06/01/2022	SILVER HSA	EE	\$736.3
RUBENS, DOUGLAS	06/01/2022	SILVER HSA	EE	\$736.3

## MEDICAL PLAN COUNTS

Employee Only	5
Employee & Spouse	0
Employee & Children	0
Family	0





## Account Services

### Monthly Statement

INCREDICARE  
4893 PRINCE WILLIAM PARKWAY  
WOODBIDGE, VA 22192

Invoice Number: 4201-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$77.05

INCREDICARE  
4893 PRINCE WILLIAM PARKWAY  
WOODBIDGE, VA 22192

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

INFINITI HR CORP  
3905 NATIONAL DR., SUITE 400  
BURTONSVILLE, MD 20866

Invoice Number: 1-2023-01  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Employee Only	18	\$47.61	\$856.98
DENTALGUARD	Employee & Spouse Only	4	\$89.81	\$359.24
DENTALGUARD	Employee & Children	2	\$117.99	\$235.98
DENTALGUARD	Family	6	\$160.18	\$961.08
GUARDLOW	Employee Only	18	\$29.44	\$529.92
GUARDLOW	Employee & Spouse Only	2	\$55.54	\$111.08
GUARDLOW	Employee & Children	4	\$74.61	\$298.44
GUARDLOW	Family	3	\$100.74	\$302.22
PLATINUM	Employee Only	66	\$386.46	\$25,506.36
PLATINUM	Employee & Spouse Only	12	\$854.88	\$10,258.56
PLATINUM	Employee & Children	18	\$796.91	\$14,344.38
PLATINUM	Family	20	\$1,252.13	\$25,042.60
VSP FULL	Employee Only	35	\$8.75	\$306.25
VSP FULL	Employee & Spouse Only	4	\$14.73	\$58.92
VSP FULL	Employee & Children	8	\$15.02	\$120.16
VSP FULL	Family	7	\$23.76	\$166.32
ADJUSTMENT	SAHAGUN NOV EE/EC CREDIT			\$-835.10
ADJUSTMENT	PIZZITOLA NOV/DEC EE PREMIUM			\$885.64
ADJUSTMENT	FITZWATER FAM/EC CREDIT			\$-1,820.88
			GRAND TOTAL	\$77,688.15

INFINITI HR CORP  
3905 NATIONAL DR., SUITE 400  
BURTONSVILLE, MD 20866

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BANKS, DEASJA	01/01/2021	PLATINUM	EC	\$796.91
BANKS, DEASJA	01/01/2021	PLATINUM	EC	\$796.91
BARBAGALLO, APRIL	12/01/2020	PLATINUM	EE	\$386.46
BARBAGALLO, APRIL	12/01/2020	PLATINUM	EE	\$386.46
BARBAGALLO, TAYLOR	12/01/2020	PLATINUM	EE	\$386.46
BARBAGALLO, TAYLOR	12/01/2020	PLATINUM	EE	\$386.46
BLAND, NATALEY	05/01/2022	PLATINUM	EE	\$386.46
BLAND, NATALEY	05/01/2022	PLATINUM	EE	\$386.46
BLUNT, ROBERT	12/01/2020	PLATINUM	ES	\$854.88
BLUNT, ROBERT	12/01/2020	PLATINUM	ES	\$854.88
BOJAN, MARC	12/01/2020	PLATINUM	ES	\$854.88
BOJAN, MARC	12/01/2020	PLATINUM	ES	\$854.88
BOWIE, MICHELLE	12/01/2020	PLATINUM	EE	\$386.46
BOWIE, MICHELLE	12/01/2020	PLATINUM	EE	\$386.46
BREEDEN, CHRISTOPHER	12/01/2020	PLATINUM	EE	\$386.46
BREEDEN, CHRISTOPHER	12/01/2020	PLATINUM	EE	\$386.46
BURGESS, PATRICIA	04/01/2022	PLATINUM	EE	\$386.46
BURGESS, PATRICIA	04/01/2022	PLATINUM	EE	\$386.46
CARROLL, JOSELIN	06/01/2022	PLATINUM	EC	\$796.91
CARROLL, JOSELIN	06/01/2022	PLATINUM	EC	\$796.91
CLOIN, DAWN	2022-01-01	PLATINUM	ES	\$854.88
CLOIN, DAWN	2022-01-01	PLATINUM	ES	\$854.88
DUPONT, EVA	10/01/2022	PLATINUM	FAM	\$1252.13
DUPONT, EVA	10/01/2022	PLATINUM	FAM	\$1252.13
ELLIOTT, LOUIS	10/01/2022	PLATINUM	EE	\$386.46

INFINITI HR CORP  
3905 NATIONAL DR., SUITE 400  
BURTONSVILLE, MD 20866

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ELLIOTT, LOUIS	10/01/2022	PLATINUM	EE	\$386.46
FARRELL, JEAN	12/01/2020	PLATINUM	EE	\$386.46
FARRELL, JEAN	12/01/2020	PLATINUM	EE	\$386.46
FELDMAN, DANIEL	2022-01-01	PLATINUM	EE	\$386.46
FELDMAN, DANIEL	2022-01-01	PLATINUM	EE	\$386.46
FITZWATER, STEPHANIE	04/01/2022	PLATINUM	EC	\$796.91
FITZWATER, STEPHANIE	04/01/2022	PLATINUM	EC	\$796.91
FLYNN, JODI	09/01/2021	PLATINUM	EE	\$386.46
FLYNN, JODI	09/01/2021	PLATINUM	EE	\$386.46
GUTIERREZ, MATTHEW	10/01/2022	PLATINUM	EC	\$796.91
GUTIERREZ, MATTHEW	10/01/2022	PLATINUM	EC	\$796.91
HARDESTY, JENNIFER	12/01/2020	PLATINUM	EC	\$796.91
HARDESTY, JENNIFER	12/01/2020	PLATINUM	EC	\$796.91
HARGROVE, MATTHEW	02/01/2022	PLATINUM	EE	\$386.46
HARGROVE, MATTHEW	02/01/2022	PLATINUM	EE	\$386.46
HECKENDORN, KARL	2022-01-01	PLATINUM	EE	\$386.46
HECKENDORN, KARL	2022-01-01	PLATINUM	EE	\$386.46
HENREY, NICOLE	03/01/2022	PLATINUM	FAM	\$1252.13
HENREY, NICOLE	03/01/2022	PLATINUM	FAM	\$1252.13
HENSON, KIA	12/01/2020	PLATINUM	EE	\$386.46
HENSON, KIA	12/01/2020	PLATINUM	EE	\$386.46
HIBAN, PATRICK	12/01/2020	PLATINUM	ES	\$854.88
HIBAN, PATRICK	12/01/2020	PLATINUM	ES	\$854.88

INFINITI HR CORP  
3905 NATIONAL DR., SUITE 400  
BURTONSVILLE, MD 20866

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HOGAN, KELLY	10/01/2022	PLATINUM	EE	\$386.46
HOGAN, KELLY	10/01/2022	PLATINUM	EE	\$386.46
JACOBS, REBECCA	04/01/2022	PLATINUM	FAM	\$1252.13
JACOBS, REBECCA	04/01/2022	PLATINUM	FAM	\$1252.13
JIVIDEN, JENNIFER	03/01/2021	PLATINUM	EC	\$796.91
JIVIDEN, JENNIFER	03/01/2021	PLATINUM	EC	\$796.91
JOHNSON, ELENA	10/01/2022	PLATINUM	FAM	\$1252.13
JOHNSON, ELENA	10/01/2022	PLATINUM	FAM	\$1252.13
JOHNSON, FREDERICK	2022-01-01	PLATINUM	EE	\$386.46
JOHNSON, FREDERICK	2022-01-01	PLATINUM	EE	\$386.46
KALU, RAPHAEL	04/01/2022	PLATINUM	EE	\$386.46
KALU, RAPHAEL	04/01/2022	PLATINUM	EE	\$386.46
KNISLEY, CHRISTINE	12/01/2020	PLATINUM	EE	\$386.46
KNISLEY, CHRISTINE	12/01/2020	PLATINUM	EE	\$386.46
KNISLEY, WILLIAM	04/01/2022	PLATINUM	EC	\$796.91
KNISLEY, WILLIAM	04/01/2022	PLATINUM	EC	\$796.91
KRAMER, JULIE	05/01/2022	PLATINUM	ES	\$854.88
KRAMER, JULIE	05/01/2022	PLATINUM	ES	\$854.88
LATHROP, KIM	11/01/2022	PLATINUM	ES	\$854.88
LATHROP, KIM	11/01/2022	PLATINUM	ES	\$854.88
LOVE, KAREN	12/01/2020	PLATINUM	EE	\$386.46
LOVE, KAREN	12/01/2020	PLATINUM	EE	\$386.46
MCCORMACK, JUSTINE	07/01/2021	PLATINUM	EE	\$386.46

INFINITI HR CORP  
3905 NATIONAL DR., SUITE 400  
BURTONSVILLE, MD 20866

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MCCORMACK, JUSTINE	07/01/2021	PLATINUM	EE	\$386.46
MCLEAN, ALEXANDREA	12/01/2020	PLATINUM	EC	\$796.91
MCLEAN, ALEXANDREA	12/01/2020	PLATINUM	EC	\$796.91
MCNAMARA, JEREMY	12/01/2020	PLATINUM	FAM	\$1252.13
MCNAMARA, JEREMY	12/01/2020	PLATINUM	FAM	\$1252.13
MORMINO, DANIEL	12/01/2020	PLATINUM	EE	\$386.46
MORMINO, DANIEL	12/01/2020	PLATINUM	EE	\$386.46
PIZZITOLA, TIM	11/01/2022	PLATINUM	EE	\$386.46
PIZZITOLA, TIM	11/01/2022	PLATINUM	EE	\$386.46
RAYMOND, ABIGAIL	2022-01-01	PLATINUM	EE	\$386.46
RAYMOND, ABIGAIL	2022-01-01	PLATINUM	EE	\$386.46
RODRIGUEZ QUACH, JERRICA	08/01/2021	PLATINUM	EE	\$386.46
RODRIGUEZ QUACH, JERRICA	08/01/2021	PLATINUM	EE	\$386.46
SANCHEZ, ADRIANA	03/01/2022	PLATINUM	EE	\$386.46
SANCHEZ, ADRIANA	03/01/2022	PLATINUM	EE	\$386.46
SCHWAIGER, MARK	12/01/2020	PLATINUM	FAM	\$1252.13
SCHWAIGER, MARK	12/01/2020	PLATINUM	FAM	\$1252.13
SERRANO, FERNANDO	07/01/2022	PLATINUM	EE	\$386.46
SERRANO, FERNANDO	07/01/2022	PLATINUM	EE	\$386.46
SEWARD, DARREN	03/01/2022	PLATINUM	FAM	\$1252.13
SEWARD, DARREN	03/01/2022	PLATINUM	FAM	\$1252.13
SKLAMM, COLLEEN	12/01/2020	PLATINUM	EE	\$386.46
SKLAMM, COLLEEN	12/01/2020	PLATINUM	EE	\$386.46

INFINITI HR CORP  
3905 NATIONAL DR., SUITE 400  
BURTONSVILLE, MD 20866

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SMITH, KYMBERLY	12/01/2020	PLATINUM	EE	\$386.46
SMITH, KYMBERLY	12/01/2020	PLATINUM	EE	\$386.46
SMITH, LYNNE	2022-01-01	PLATINUM	EE	\$386.46
SMITH, LYNNE	2022-01-01	PLATINUM	EE	\$386.46
SMRKOVSKI, SCOTT	12/01/2020	PLATINUM	FAM	\$1252.13
SMRKOVSKI, SCOTT	12/01/2020	PLATINUM	FAM	\$1252.13
STEWART, JOAN	12/01/2020	PLATINUM	EE	\$386.46
STEWART, JOAN	12/01/2020	PLATINUM	EE	\$386.46
STRAUGHAN, JACK	12/01/2020	PLATINUM	FAM	\$1252.13
STRAUGHAN, JACK	12/01/2020	PLATINUM	FAM	\$1252.13
SULLIVAN, SYDNEY	07/01/2022	PLATINUM	EE	\$386.46
SULLIVAN, SYDNEY	07/01/2022	PLATINUM	EE	\$386.46
TERMINIELLO, ANTHONY	12/01/2020	PLATINUM	FAM	\$1252.13
TERMINIELLO, ANTHONY	12/01/2020	PLATINUM	FAM	\$1252.13
VAN-MEERS, DEBRA	12/01/2020	PLATINUM	EE	\$386.46
VAN-MEERS, DEBRA	12/01/2020	PLATINUM	EE	\$386.46
VILLAN, MARIA	04/01/2022	PLATINUM	EC	\$796.91
VILLAN, MARIA	04/01/2022	PLATINUM	EC	\$796.91
VILLAN, NATANAEL	09/01/2022	PLATINUM	EE	\$386.46
VILLAN, NATANAEL	09/01/2022	PLATINUM	EE	\$386.46
ZAMORA, JESSICA	12/01/2020	PLATINUM	EE	\$386.46
ZAMORA, JESSICA	12/01/2020	PLATINUM	EE	\$386.46

MEDICAL PLAN COUNTS

Employee Only	66
Employee & Spouse	12
Employee & Children	18
Family	20





## Account Services

### Monthly Statement

INSPIRING HR, LLC  
12750 JEFFERSON DAVIS HWY  
CHESTER, VA 23831

Invoice Number: 4575-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$4.62**	\$17.75
GUARDHIGH	Employee & Children	1	\$89.81	\$89.81
LIFE	Employee Only	2	\$24.62**	\$57.62
			GRAND TOTAL	\$165.18

INSPIRING HR, LLC  
12750 JEFFERSON DAVIS HWY  
CHESTER, VA 23831

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

INSYTE PSYCHIATRIC LLC  
2 Auer Court 2nd Floor  
East Brunswick, NJ 08816

Invoice Number: 5102-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
SILVER HSA	Family	1	\$1,919.21	\$1,919.21
			GRAND TOTAL	\$1,919.21

INSYTE PSYCHIATRIC LLC

2 Auer Court 2nd Floor

East Brunswick, NJ 08816

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
YAMOA-H-COFIE, RUTH	03/01/2022	SILVER HSA	FAM	\$1919.21

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

INTERNATIONAL ASSOC OF EXHIBIT  
12700 PARK CENTRAL DRIVE SUITE 308  
DALLAS, TX 75251

Invoice Number: 5053-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
SILVER HSA	Employee Only	1	\$576.23	\$576.23
SILVER II	Employee Only	12	\$551.70	\$6,620.40
SILVER II	Employee & Spouse Only	4	\$1,103.41	\$4,413.64
SILVER II	Family	3	\$1,568.01	\$4,704.03
			GRAND TOTAL	\$16,314.30

INTERNATIONAL ASSOC OF EXHIBIT  
12700 PARK CENTRAL DRIVE SUITE 308  
DALLAS, TX 75251

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALEXANDER, BRANDI	01/01/2022	SILVER HSA	EE	\$576.23
BOWMAN, NICOLE	01/01/2022	SILVER II	FAM	\$1568.01
BREDEN-MCERLEAN, CATHERINE	01/01/2022	SILVER II	EE	\$551.7
BUCHANAN, LISA	01/01/2022	SILVER II	FAM	\$1568.01
DRAPEAU, NANCY	01/01/2022	SILVER II	EE	\$551.7
DUBOIS, DAVID	01/01/2022	SILVER II	ES	\$1103.41
ELLIOTT, BEVERLY	01/01/2022	SILVER II	EE	\$551.7
FLANAGAN, MARSHA	01/01/2022	SILVER II	FAM	\$1568.01
GLENN, STACIE	01/01/2022	SILVER II	EE	\$551.7
GONZALES, KAREN	01/01/2022	SILVER II	EE	\$551.7
HERRING, CYNTHIA	01/01/2022	SILVER II	EE	\$551.7
JENNINGS JR, RICHARD	01/01/2022	SILVER II	EE	\$551.7
MILLS, BAMBILYN	01/01/2022	SILVER II	ES	\$1103.41
NUSS, ANGELIA	01/01/2022	SILVER II	EE	\$551.7
PHILLIPS, THERESA	01/01/2022	SILVER II	EE	\$551.7
POTTER, JENNIFER	01/01/2022	SILVER II	EE	\$551.7
POWERS, STACY	01/01/2022	SILVER II	ES	\$1103.41
SCAMARDO, KATE	01/01/2022	SILVER II	EE	\$551.7
STANTON, SCOTT	01/01/2022	SILVER II	EE	\$551.7

INTERNATIONAL ASSOC OF EXHIBIT  
12700 PARK CENTRAL DRIVE SUITE 308  
DALLAS, TX 75251

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
STOUT, MARY	01/01/2022	SILVER II	ES	\$1103.41

## MEDICAL PLAN COUNTS

Employee Only	13
Employee & Spouse	4
Employee & Children	0
Family	3



## Account Services

### Monthly Statement

INVESTORS DEALS LLC  
7471 E SIERRA VISTA DRIVE  
SCOTTSDALE, AZ 85250

Invoice Number: 6012-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
SILVER II	Family	1	\$1,844.72	\$1,844.72
			GRAND TOTAL	\$1,844.72



INVESTORS DEALS LLC  
7471 E SIERRA VISTA DRIVE  
SCOTTSDALE, AZ 85250

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WOLPER, MARK	07/01/2022	SILVER II	FAM	\$1844.72

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

IRBM INC  
420 COLUMBUS AVE, STE 304  
VALHALLA, NY 10595

Invoice Number: 4437-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	3	\$4.20**	\$29.40
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	2	\$33.00**	\$66.00
OPENAXESSCOPPER	Employee Only	1	\$520.57	\$520.57
OPENAXESSGOLD	Employee & Spouse Only	1	\$1,510.16	\$1,510.16
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$2,301.74

IRBM INC  
420 COLUMBUS AVE, STE 304  
VALHALLA, NY 10595

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HICKOK, JASON	2023-01-01	OPENAXESSCOPPER	EE	\$520.57
LUCHE, MICHELE	2023-01-01	OPENAXESSGOLD	ES	\$1510.16

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

IRON KINGDOM  
4904 LAWRENCE STREET  
HYATTSVILLE, MD 20781

Invoice Number: 4178-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$47.61

IRON KINGDOM  
4904 LAWRENCE STREET  
HYATTSVILLE, MD 20781

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

J ANTHONY ENTERPRISES INC  
175 Engineers  
Hauppauge, NY

Invoice Number: 5101-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
PLATINUM PLAN	Employee Only	1	\$784.57	\$784.57
			GRAND TOTAL	\$784.57

J ANTHONY ENTERPRISES INC  
175 Engineers  
Hauppauge, NY

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
RAY, JEFFREY	06/01/2021	PLATINUM PLAN	EE	\$784.57

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

J GREGORY PEO  
12687 SW COUNTY ROAD 769  
LAKE SUZY, FLORIDA 34269

Invoice Number: 297-2023-01  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
PLATINUM PLAN	Employee & Spouse Only	1	\$1,581.81	\$1,581.81
			GRAND TOTAL	\$1,581.81



J GREGORY PEO  
12687 SW COUNTY ROAD 769  
LAKE SUZY, FLORIDA 34269

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HOWARD, JAMES	01/01/2022	PLATINUM PLAN	ES	\$1581.81

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

J. A. LAMY MANUFACTURING CO.  
108 W PACIFIC ST  
SEDALIA, MO 65301

Invoice Number: 4478-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$21.00**	\$13.86
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$9.60**	\$9.60
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$165.62

J. A. LAMY MANUFACTURING CO.  
108 W PACIFIC ST  
SEDALIA, MO 65301

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

JACARANDA CAPITAL SUPERCUTS NC & SC  
7804 Fairview Rd # 225  
CHARLOTTE, NC 28226

Invoice Number: 4525-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$0.84**	\$8.40
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	2	\$8.00**	\$16.00
OPENAXESSGOLD	Family	1	\$2,157.57	\$2,157.57
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$2,490.57

JACARANDA CAPITAL SUPERCUTS NC & SC  
7804 Fairview Rd # 225  
CHARLOTTE, NC 28226

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ROGERS, TODD	2023-01-01	OPENAXESSGOLD	FAM	\$2157.57

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

JB INDUSTRIES  
5 Salem Road  
Wilton, CT 06897

Invoice Number: 5100-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD PREFERE	Employee & Spouse Only	1	\$78.66	\$78.66
SILVER II	Employee & Spouse Only	1	\$1,298.13	\$1,298.13
VSP CHOICE	Employee & Spouse Only	1	\$11.48	\$11.48
			GRAND TOTAL	\$1,388.27

JB INDUSTRIES  
5 Salem Road  
Wilton, CT 06897

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BERMAN, JAN	10/01/2022	SILVER II	ES	\$1298.13

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

JSM BROKERAGE INC  
2200 Northern Blvd Suite 200  
East Hills, NY 11548

Invoice Number: 5569-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	1	\$653.81	\$653.81
GOLD	Family	1	\$1,215.05	\$1,215.05
			GRAND TOTAL	\$1,868.86



JSM BROKERAGE INC  
2200 Northern Blvd Suite 200  
East Hills, NY 11548

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KNESICH, JOHN	01/01/2022	GOLD	FAM	\$1215.05
MURRAY, THOMAS	08/01/2022	GOLD	EE	\$653.81

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

KALLEN CORP DBA CAPSTONE PRINTING  
222 PURCHASE STREET 323  
RYE, NEW YORK 10580

Invoice Number: 178-2023-01  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
SILVER II	Family	1	\$2,630.45	\$2,630.45
			GRAND TOTAL	\$2,630.45

KALLEN CORP DBA CAPSTONE PRINTING  
222 PURCHASE STREET 323  
RYE, NEW YORK 10580

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FINKELSTEIN, ALAN	11/01/2021	SILVER II	FAM	\$2630.45

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

KANTROWITZ GOLDHAMER & GRAIFM  
135 CHESTNUT RIDGE ROAD SUITE 200  
MONTAVALLE, NJ 07645

Invoice Number: 5036-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTAL	Employee Only	5	\$47.61	\$238.05
DENTAL	Employee & Spouse Only	2	\$89.81	\$179.62
DENTAL	Family	1	\$160.18	\$160.18
PLATINUM	Employee Only	2	\$726.35	\$1,452.70
PLATINUM	Employee & Spouse Only	1	\$1,552.90	\$1,552.90
PLATINUM	Family	1	\$2,172.81	\$2,172.81
SILVER	Employee Only	1	\$443.51	\$443.51
SILVER II	Employee Only	1	\$562.37	\$562.37
VISION	Employee Only	3	\$8.75	\$26.25
VISION	Employee & Spouse Only	2	\$14.73	\$29.46
VISION	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$6,841.61

KANTROWITZ GOLDHAMER & GRAIFM  
135 CHESTNUT RIDGE ROAD SUITE 200  
MONTAVALLE, NJ 07645

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ABDINOOR, LORI	05/01/2022	SILVER II	EE	\$562.37
CASELLA, AMANDA	05/01/2022	SILVER	EE	\$443.51
EMERT, MELISSA	02/01/2022	PLATINUM	ES	\$1552.90
KANTROWITZ, BARRY	02/01/2022	PLATINUM	FAM	\$2172.81
PERLMUTTER, RANDY	02/01/2022	PLATINUM	EE	\$726.35
ROTHSTEIN, BRANDON	02/01/2022	PLATINUM	EE	\$726.35

## MEDICAL PLAN COUNTS

Employee Only	4
Employee & Spouse	1
Employee & Children	0
Family	1



## Account Services

### Monthly Statement

KEYSTONE POLICY CENTER  
1628 STS. JOHN ROAD  
KEYSTONE, COLORADO 80435

Invoice Number: 154-2023-01  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE 4K	Family	1	\$1,867.45	\$1,718.54
GOLD PLAN	Employee Only	3	\$868.34	\$1,989.51
GOLD PLAN	Employee & Spouse Only	1	\$1,736.68	\$1,315.93
GOLD PLAN	Employee & Children	1	\$1,736.68	\$1,218.02
SILVER II	Employee & Spouse Only	1	\$1,567.34	\$1,298.13
SILVER II	Employee & Children	1	\$1,567.34	\$1,298.13
SILVER II	Family	6	\$2,227.29	\$11,068.32
SLIVER HSA	Employee Only	2	\$773.04	\$1,546.08
SLIVER HSA	Family	1	\$2,216.66	\$2,216.66
			GRAND TOTAL	\$23,669.32

KEYSTONE POLICY CENTER  
1628 STS. JOHN ROAD  
KEYSTONE, COLORADO 80435

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ABRAMSON, PAUL	04/01/2022	GOLD PLAN	ES	\$1315.93
ALEXANDER, SARAH	04/01/2022	SILVER II	FAM	\$1844.72
CHAVEZ, MARQUES	04/01/2022	BRONZE 4K	FAM	\$1718.54
DOBIE-GEFFEN, YONI	04/01/2022	SLIVER HSA	FAM	\$2216.66
FAUST, TRACIE	04/01/2022	GOLD PLAN	EE	\$663.17
GEURTS, JONATHAN	04/01/2022	SLIVER HSA	EE	\$773.04
HOUSE, ERNEST	04/01/2022	SILVER II	EC	\$1298.13
HUGGINS, MALLORY	04/01/2022	GOLD PLAN	EE	\$663.17
KING, CALLY	04/01/2022	SILVER II	FAM	\$1844.72
MCCOWAN, ALEXIS	04/01/2022	SLIVER HSA	EE	\$773.04
MIERA, NICOLE	08/01/2022	GOLD PLAN	EC	\$1218.02
MULICA, MATTHEW	04/01/2022	SILVER II	FAM	\$1844.72
O'BRIEN, JUDITH	04/01/2022	SILVER II	FAM	\$1844.72
SCANLAN, CHRISTINE	04/01/2022	SILVER II	ES	\$1298.13
SCHOALES, DUDLEY	04/01/2022	GOLD PLAN	EE	\$663.17
SPERBER, BRADLEY	04/01/2022	SILVER II	FAM	\$1844.72
WILCOX, SUSAN	04/01/2022	SILVER II	FAM	\$1844.72

**MEDICAL PLAN COUNTS**

Employee Only	5
Employee & Spouse	2
Employee & Children	2
Family	8



## Account Services

### Monthly Statement

KINGS PEAK TAX CONSULTING, LLC  
1881 W Traverse Pkwy Ste E #512  
LEHI, UT 84043

Invoice Number: 4450-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.00**	\$2.10
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee & Spouse Only	1	\$0.00	\$55.54
GUARDLOW	Family	2	\$100.74	\$201.48
LIFE	Employee Only	1	\$0.00**	\$7.20
OPENAXESSBRONZE	Family	1	\$1,709.34	\$1,709.34
OPENAXESSCOPPER	Family	1	\$1,490.77	\$1,490.77
OPENAXESSGOLD	Employee Only	1	\$755.08	\$755.08
OPENAXESSGOLD	Family	1	\$2,265.23	\$2,265.23
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$6,750.89



KINGS PEAK TAX CONSULTING, LLC  
1881 W Traverse Pkwy Ste E #512  
LEHI, UT 84043

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
COLE, JOSHUA	2023-01-01	OPENAXESSBRONZE	FAM	\$1709.34
SCHENCK, SKIP	2023-01-01	OPENAXESSGOLD	FAM	\$2265.23
STOLLE, ANDREW	2023-01-01	OPENAXESSGOLD	EE	\$755.08
TOMICH, HALEY	2023-01-01	OPENAXESSCOPPER	FAM	\$1490.77

## MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	3



**Account Services**  
**Monthly Statement**

KISS AND MAKE UP

Invoice Number: 6116-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
SILVER HSA	Employee Only	1	\$672.27	\$672.27
SILVER HSA	Family	1	\$1,927.71	\$1,927.71
			GRAND TOTAL	\$2,599.98

KISS AND MAKE UP

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FEDER, FAYGE	11/01/2022	SILVER HSA	FAM	\$1927.71
FELDER, JILLIAN	11/01/2022	SILVER HSA	EE	\$672.27

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

KITANO ARMS CORP  
66 PARK AVE  
NEW YORK, NY 10016

Invoice Number: 5032-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
SILVER II	Employee Only	10	\$568.94	\$6,490.60
SILVER II	Employee & Spouse Only	3	\$1,098.05	\$3,894.39
SILVER II	Employee & Children	1	\$1,098.05	\$1,298.13
SILVER II	Family	2	\$1,718.19	\$3,689.44
			GRAND TOTAL	\$15,372.56

KITANO ARMS CORP  
66 PARK AVE  
NEW YORK, NY 10016

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BRAITHWAITE, SHARON	11/01/2021	SILVER II	EE	\$649.06
CHIN, JIMMY	11/01/2021	SILVER II	EE	\$649.06
DE GUZMAN, KIM ALYSSE CRUZ	03/01/2022	SILVER II	ES	\$1298.13
FERRER, RAYMOND	11/01/2021	SILVER II	EE	\$649.06
HIZON, GILL	11/01/2021	SILVER II	FAM	\$1844.72
LOPEZ, NARCISA	11/01/2021	SILVER II	EE	\$649.06
MEDUNJANIN, SABRINA	11/01/2021	SILVER II	EE	\$649.06
MITA, MITSUHIRO	11/01/2021	SILVER II	FAM	\$1844.72
NIEVES, JAMIE	11/01/2021	SILVER II	EE	\$649.06
OMOTANI, MAHO	11/01/2021	SILVER II	EE	\$649.06
PASTON, MELISSA	11/01/2021	SILVER II	ES	\$1298.13
PETROVITSKY, OLEG	11/01/2021	SILVER II	EC	\$1298.13
PHAM, MARILYN	11/01/2021	SILVER II	EE	\$649.06
VANCO, HENRY	11/01/2021	SILVER II	ES	\$1298.13
WONG, WINGKEE	11/01/2021	SILVER II	EE	\$649.06
ZAHARAN, ABDEL	11/01/2021	SILVER II	EE	\$649.06

**MEDICAL PLAN COUNTS**

Employee Only	10
Employee & Spouse	3
Employee & Children	1
Family	2



## Account Services

### Monthly Statement

KITCHEN SOLVERS - LA CROSSE, WI  
301 4TH ST S  
LA CROSSE, WI 54601

Invoice Number: 4110-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.00**	\$2.10
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$141.33

KITCHEN SOLVERS - LA CROSSE, WI  
301 4TH ST S  
LA CROSSE, WI 54601

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

KITCHEN SOLVERS OF CORPUS CHRISTI  
2209 Riata Dr  
CORPUS CHRISTI, TX 78418

Invoice Number: 4376-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$2.10**	\$2.10
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$19.10**	\$19.10
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$59.39



KITCHEN SOLVERS OF CORPUS CHRISTI

2209 Riata Dr

CORPUS CHRISTI, TX 78418

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

KITCHEN SOLVERS OF EMERALD COAST

Invoice Number: 5720-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$14.73

KITCHEN SOLVERS OF EMERALD COAST

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

KITCHEN SOLVERS OF GRAYSLAKE

Invoice Number: 5299-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
LIFE	Employee Only	1	\$29.40**	\$29.40
GRAND TOTAL				\$29.40

KITCHEN SOLVERS OF GRAYSLAKE

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

KITCHEN SOLVERS OF NORTH RALEIGH

Invoice Number: 6049-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSSILVER	Employee & Spouse Only	1	\$1,302.36	\$1,302.36
			GRAND TOTAL	\$1,302.36

KITCHEN SOLVERS OF NORTH RALEIGH

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

KLJD CONSULTING  
117 Ayers Ave  
Ojai, CA 93023

Invoice Number: 5099-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTAL	Family	1	\$137.71	\$137.71
SILVER II	Family	1	\$1,961.43	\$1,961.43
VISION	Family	1	\$18.53	\$18.53
			GRAND TOTAL	\$2,117.67



KLJD CONSULTING

117 Ayers Ave

Ojai, CA 93023

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DAVIS, LAUREN	08/01/2021	SILVER II	FAM	\$1961.43

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

KOCH LAW  
521 5th Avenue 17th Floor  
NEW YORK, NY 10175

Invoice Number: 4399-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$0.84**	\$1.68
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Employee & Spouse Only	1	\$0.00	\$89.81
LIFE	Employee Only	3	\$1.80**	\$3.60
OPENAXESSBRONZE	Employee Only	1	\$511.68	\$511.68
OPENAXESSGOLD	Employee Only	1	\$686.44	\$686.44
OPENAXESSSILVER	Employee Only	1	\$575.53	\$575.53
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$1,972.71

KOCH LAW  
521 5th Avenue 17th Floor  
NEW YORK, NY 10175

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KOCH, LEE	2023-01-01	OPENAXESSGOLD	EE	\$686.44
MARSHALL, PATRICK	2023-01-01	OPENAXESSBRONZE	EE	\$511.68
RAMOS, EDITH	2023-01-01	OPENAXESSSILVER	EE	\$575.53

## MEDICAL PLAN COUNTS

Employee Only	3
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

KW NET LEASE ADVISORS

Invoice Number: 5843-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$160.18	\$47.61
OPENAXESSCOPPER	Employee Only	1	\$495.83	\$495.83
			GRAND TOTAL	\$543.44

KW NET LEASE ADVISORS

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MALONE, HOLLY	2023-01-01	OPENAXESSCOPPER	EE	\$495.83

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

LALO PROPERTIES

Invoice Number: 5763-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSBRONZE	Employee & Spouse Only	1	\$1,166.03	\$1,166.03
			GRAND TOTAL	\$1,166.03

LALO PROPERTIES

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LOCHIRCO, MIKE	2023-01-01	OPENAXESSBRONZE	ES	\$1166.03

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

LATITUDE THERAPY SOLUTIONS, LLC

Invoice Number: 6235-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSCOPPER	Employee Only	4	\$511.76	\$2,047.04
OPENAXESSGOLD	Employee Only	2	\$731.05	\$1,462.10
OPENAXESSPLATINUM	Employee Only	1	\$872.26	\$872.26
OPENAXESSSILVER	Employee Only	2	\$616.98	\$1,233.96
			GRAND TOTAL	\$7,986.91



LATITUDE THERAPY SOLUTIONS, LLC

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ADAMS, RYANN	2022-12-01	OPENAXESSGOLD	EE	\$731.05
ADAMS, RYANN	2022-12-01	OPENAXESSGOLD	EE	\$731.05
HILLIARD, ABIGAIL	2022-12-01	OPENAXESSCOPPER	EE	\$511.76
HILLIARD, ABIGAIL	2022-12-01	OPENAXESSCOPPER	EE	\$511.76
HOWARD, SOPHIA	2022-12-01	OPENAXESSPLATINUM	EE	\$872.26
MOEHRLE, ALLISON	2022-12-01	OPENAXESSSILVER	EE	\$616.98
MOEHRLE, ALLISON	2022-12-01	OPENAXESSSILVER	EE	\$616.98
MOORE, ALEXANDRIA	2022-12-01	OPENAXESSCOPPER	EE	\$511.76
MOORE, ALEXANDRIA	2022-12-01	OPENAXESSCOPPER	EE	\$511.76

LATITUDE THERAPY SOLUTIONS, LLC

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## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ADAMS, RYANN	2022-12-01	OPENAXESSGOLD	EE	\$731.05
HILLIARD, ABIGAIL	2022-12-01	OPENAXESSCOPPER	EE	\$511.76
MOEHRLE, ALLISON	2022-12-01	OPENAXESSSILVER	EE	\$616.98
MOORE, ALEXANDRIA	2022-12-01	OPENAXESSCOPPER	EE	\$511.76

## MEDICAL PLAN COUNTS

Employee Only	9
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

LEARN AND EXPLORE ACADEMY  
1123 OCEAN VIEW AVE  
BROOKLYN, NEW YORK 11235

Invoice Number: 5936-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE 4K	Employee Only	1	\$569.88	\$569.88
GOLD	Employee Only	10	\$719.19	\$7,191.90
SILVER HSA	Employee Only	3	\$640.26	\$1,920.78
ADJUSTMENT	PAIGE DEC EE PREMIUM			\$719.19
ADJUSTMENT	WANG NOV/DEC EE PREMIUM			\$1,280.52
			GRAND TOTAL	\$11,682.27

LEARN AND EXPLORE ACADEMY  
1123 OCEAN VIEW AVE  
BROOKLYN, NEW YORK 11235

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CHEAH, NICOLE	07/01/2022	BRONZE 4K	EE	\$569.88
COHEN, SAMANTHA	07/01/2022	GOLD	EE	\$719.19
DICIOCCIO, DELILAH	09/01/2022	SILVER HSA	EE	\$640.26
GERSHMAN, MARINA	07/01/2022	GOLD	EE	\$719.19
HUANG, LIJIA	07/01/2022	SILVER HSA	EE	\$640.26
HURIEIEVA, IANA	07/01/2022	GOLD	EE	\$719.19
KEHOE, CHRISTINA	10/01/2022	GOLD	EE	\$719.19
LEVENTHAL, JUSTIN	07/01/2022	GOLD	EE	\$719.19
MORAN, ASHLEY	07/01/2022	GOLD	EE	\$719.19
PAIGE, VALERIE	12/01/2022	GOLD	EE	\$719.19
WALLACE, RACHEL	07/01/2022	GOLD	EE	\$719.19
WANG, RUIZI	11/01/2022	SILVER HSA	EE	\$640.26
YAM, NIKKI	07/01/2022	GOLD	EE	\$719.19
ZULAIKHA, SAIDI	07/01/2022	GOLD	EE	\$719.19

**MEDICAL PLAN COUNTS**

Employee Only	14
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

LED PHANTOM DISTRIBUTION INC.  
930 KAY AVE  
ADDISON, IL 60101

Invoice Number: 4120-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	4	\$4.20**	\$40.11
GUARDLOW	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
GUARDLOW	Family	1	\$100.74	\$100.74
LIFE	Employee Only	3	\$33.00**	\$42.55
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$404.66

LED PHANTOM DISTRIBUTION INC.  
930 KAY AVE  
ADDISON, IL 60101

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

Legacy by Gersh at Crotched Mountain LLC  
1 VERNEY VALLEY DRIVE  
GREENFIELD, NH 03047

Invoice Number: 5900-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE	Employee Only	3	\$471.77	\$1,415.31
BRONZE 4K	Employee Only	33	\$510.18	\$16,835.94
BRONZE 4K	Employee & Children	2	\$1,012.98	\$2,025.96
BRONZE 4K	Family	1	\$1,522.32	\$1,522.32
GOLD	Employee Only	3	\$648.69	\$1,946.07
GOLD	Employee & Spouse Only	1	\$1,297.38	\$1,297.38
PLATINUM	Employee Only	1	\$759.47	\$759.47
SILVER HSA	Employee Only	6	\$640.26	\$3,841.56
SILVER HSA	Employee & Children	1	\$1,289.33	\$1,289.33
SILVER II	Employee Only	10	\$571.17	\$5,711.70
SILVER II	Family	1	\$1,623.35	\$1,623.35
			GRAND TOTAL	\$38,268.39

Legacy by Gersh at Crotched Mountain LLC  
 1 VERNEY VALLEY DRIVE  
 GREENFIELD, NH 03047

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
AMLAW, KELLY	01/01/2022	GOLD	EE	\$648.69
ARSENAULT, SAMANTHA	01/01/2022	BRONZE 4K	EE	\$510.18
BATTISTELLI, SARAH	03/01/2022	BRONZE 4K	EE	\$510.18
BENNETT, SABRINA	03/01/2022	GOLD	EE	\$648.69
BERK, KYLE	01/01/2022	BRONZE 4K	EE	\$510.18
BILODEAU, PIERRETTE	01/01/2022	SILVER HSA	EE	\$640.26
BLUESTEIN, CINDY	2022-01-01	SILVER II	EE	\$571.17
BOOTH, JONATHAN	01/01/2022	SILVER II	EE	\$571.17
BURKE, ALEXANDER	01/01/2022	BRONZE 4K	EC	\$1012.98
CALLOWAY, ANDREA	07/01/2022	BRONZE 4K	EE	\$510.18
CALLOWAY, ANDREA	07/01/2022	BRONZE 4K	EE	\$510.18
CAREY, SHALE	08/01/2022	BRONZE 4K	EE	\$510.18
CHABOT, EMMA	02/01/2022	SILVER HSA	EE	\$640.26
CHASSE, CORRINA	02/01/2022	BRONZE 4K	EE	\$510.18
CWALINA, JOSELYNE	01/01/2022	SILVER HSA	EC	\$1289.33
DAVIS, HAILEY	01/01/2022	BRONZE 4K	EE	\$510.18
DIXSON, DEBORAH	08/01/2022	BRONZE	EE	\$471.77
DRAGO, STEPHANIE	01/01/2022	BRONZE 4K	EE	\$510.18
ELLIOTT, COLLEEN	01/01/2022	SILVER II	FAM	\$1623.35
FINLEY, AMY	04/01/2022	BRONZE 4K	EE	\$510.18



Legacy by Gersh at Crotched Mountain LLC  
1 VERNEY VALLEY DRIVE  
GREENFIELD, NH 03047

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GOVER , BRITTANY	05/01/2022	SILVER II	EE	\$571.17
GOVER, GRACE	01/01/2022	SILVER HSA	EE	\$640.26
GOWEN, ALEXANDRA	01/01/2022	SILVER II	EE	\$571.17
GRENDELL, KRISTEN	01/01/2022	SILVER II	EE	\$571.17
GUTIERREZ, CRYSTAL	06/01/2022	BRONZE 4K	EE	\$510.18
HECKEL V, FREDERICK	01/01/2022	BRONZE 4K	EE	\$510.18
HELMHOLTZ, STEVEN	01/01/2022	SILVER II	EE	\$571.17
HENDERSON, JONATHAN	01/01/2022	BRONZE 4K	EE	\$510.18
HURLEY, FRANCIS	01/01/2022	GOLD	ES	\$1297.38
JOHNSON, ALYSSA	01/01/2022	BRONZE 4K	EE	\$510.18
KIMBALL, KAYLA	01/01/2022	BRONZE	EE	\$471.77
KONNEH, MOHAMMED	01/01/2022	BRONZE 4K	EE	\$510.18
KRATZ, ASHLEY	01/01/2022	BRONZE 4K	EE	\$510.18
LAPETE, JOCELYN	01/01/2022	GOLD	EE	\$648.69
LAVIGNE, TAYA	01/01/2022	BRONZE 4K	EE	\$510.18
MACDONALD , KARA	05/01/2022	SILVER HSA	EE	\$640.26
MATHIS, LEANNE	01/01/2022	BRONZE 4K	EE	\$510.18
MATTEUZZI, TRAVIS	01/01/2022	BRONZE 4K	EE	\$510.18

Legacy by Gersh at Crotched Mountain LLC  
1 VERNEY VALLEY DRIVE  
GREENFIELD, NH 03047

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MAZNEK, MARGARET	01/01/2022	SILVER II	EE	\$571.17
MCFARLAND, DANIELLE	07/01/2022	BRONZE 4K	EE	\$510.18
MCKENNA, KALI	03/01/2022	SILVER II	EE	\$571.17
MILLER, TREVOR	01/01/2022	BRONZE 4K	EE	\$510.18
MIMS, RAYONA	03/01/2022	SILVER HSA	EE	\$640.26
MITCHELL, JUSTIN	01/01/2022	BRONZE 4K	EE	\$510.18
MIVILLE, ALEXIS	01/01/2022	BRONZE 4K	EE	\$510.18
MORIN, STACEY	01/01/2022	BRONZE 4K	FAM	\$1522.32
MURPHY, RACHEL	01/01/2022	BRONZE 4K	EE	\$510.18
NEAL, JULIA	07/01/2022	BRONZE 4K	EE	\$510.18
NIEMI, PAUL	01/01/2022	BRONZE 4K	EE	\$510.18
OKUNNUBI, ABAYOMI	02/01/2022	BRONZE	EE	\$471.77
PARADIS, BROOKE	01/01/2022	SILVER II	EE	\$571.17
PELLETIER, MARIE	01/01/2022	BRONZE 4K	EE	\$510.18
PROVENCAL, BRITTANY	01/01/2022	BRONZE 4K	EE	\$510.18
QUINN, JOHN	01/01/2022	BRONZE 4K	EE	\$510.18
RAVAGNO, LAUREN	01/01/2022	BRONZE 4K	EE	\$510.18
SINGELAIS, JOANNE	01/01/2022	BRONZE 4K	EE	\$510.18

Legacy by Gersh at Crotched Mountain LLC  
1 VERNEY VALLEY DRIVE  
GREENFIELD, NH 03047

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SKLADONY, SAMUEL	01/01/2022	BRONZE 4K	EE	\$510.18
SOLOMON, AMANDA	07/01/2022	PLATINUM	EE	\$759.47
TEMPLE, MELISSA	01/01/2022	BRONZE 4K	EE	\$510.18
TSHIBAL KATOK, DIEUDONNE	01/01/2022	BRONZE 4K	EC	\$1012.98
VARLEY, ROBERT	01/01/2022	SILVER II	EE	\$571.17
WILLIAMS , MEAGHAN	05/01/2022	SILVER HSA	EE	\$640.26

## MEDICAL PLAN COUNTS

Employee Only	56
Employee & Spouse	1
Employee & Children	3
Family	2



## Account Services

### Monthly Statement

LEONARD C. GREEN COMPANY  
900 ROUTE 9 #601  
WOODBIDGE, NJ 07095

Invoice Number: 5002-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	1	\$610.00	\$610.00
GOLD	Employee & Spouse Only	1	\$1,410.00	\$1,410.00
GOLD	Family	1	\$1,750.00	\$1,750.00
GOLD HSA	Employee Only	6	\$537.00	\$3,222.00
GOLD HSA	Family	1	\$1,689.00	\$1,689.00
			GRAND TOTAL	\$8,681.00

LEONARD C. GREEN COMPANY  
900 ROUTE 9 #601  
WOODBIDGE, NJ 07095

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BAUER, KARLENE	02/01/2022	GOLD HSA	FAM	\$1689.00
CAMPAGNA, DIANE	02/01/2022	GOLD HSA	EE	\$537.00
GREEN, DEBRA	09/01/2022	GOLD HSA	EE	\$537.00
GREEN, JONATHAN	02/01/2022	GOLD	FAM	\$1750.00
LAORDEN, FELI	02/01/2022	GOLD	EE	\$610.00
LEE, JANET	02/01/2022	GOLD HSA	EE	\$537.00
TUMMINIA, DONNA	02/01/2022	GOLD HSA	EE	\$537.00
VITORINO, KATHLEEN	07/01/2022	GOLD HSA	EE	\$537.00
WOLLENBERG, JOHN	02/01/2022	GOLD	ES	\$1410.00
ZHANG, ZHE	02/01/2022	GOLD HSA	EE	\$537.00

## MEDICAL PLAN COUNTS

Employee Only	7
Employee & Spouse	1
Employee & Children	0
Family	2



**Account Services**  
**Monthly Statement**

LG ACADEMY  
513 Birch St.  
BOONTON, NJ 07005

Invoice Number: 4279-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
VSP	Employee Only	1	\$0.00	\$8.75
			GRAND TOTAL	\$8.75

LG ACADEMY  
513 Birch St.  
BOONTON, NJ 07005

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

LIGHTYEAR AI INC

Invoice Number: 5869-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	4	\$719.19	\$2,876.76
GOLD	Family	1	\$2,157.57	\$2,157.57
PLATINUM	Employee Only	3	\$863.03	\$2,589.09
PLATINUM	Family	3	\$2,589.08	\$7,767.24
SILVER	Employee Only	10	\$603.00	\$6,030.00
SILVER	Family	1	\$1,809.00	\$1,809.00
SILVER II	Employee Only	2	\$649.06	\$1,298.12
SILVER II	Employee & Spouse Only	1	\$1,298.13	\$1,298.13
SILVER II	Employee & Children	1	\$1,298.13	\$1,298.13
SILVER II	Family	1	\$1,844.72	\$1,844.72
			GRAND TOTAL	\$28,968.76



LIGHTYEAR AI INC

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ABISI JR., RONALD	04/01/2022	PLATINUM	EE	\$863.03
BLOOMER, TESSA	04/01/2022	GOLD	EE	\$719.19
BUSHKANETS, DANNY	05/01/2022	PLATINUM	EE	\$863.03
CHALOUX, ALEXANDER	04/01/2022	SILVER II	FAM	\$1844.72
COHEN, JUSTIN	04/01/2022	SILVER II	ES	\$1298.13
DEITERS, JACOB	06/01/2022	PLATINUM	FAM	\$2589.08
GAGNE, JAMES	05/01/2022	SILVER II	EC	\$1298.13
GERLACH, AARON	04/01/2022	PLATINUM	FAM	\$2589.08
HIYAMA, MICHAEL	04/01/2022	GOLD	EE	\$719.19
HOUSEMAN, KAITLYN	04/01/2022	SILVER	EE	\$603
LOWE, LINDSAY	06/01/2022	GOLD	EE	\$719.19
MCGILL, MATTHEW	06/01/2022	GOLD	EE	\$719.19
MOORE, THOMAS	04/01/2022	SILVER	FAM	\$1809
MULLEN, TRACY	04/01/2022	SILVER	EE	\$603
PAPP, NICHOLAS	04/01/2022	SILVER II	EE	\$649.06
PINTO, MATTHEW	04/01/2022	PLATINUM	FAM	\$2589.08
ROBERTSON, BLAKE	04/01/2022	SILVER	EE	\$603
RUGGLES, PIPER	05/01/2022	SILVER	EE	\$603
SCHRACK, RYAN	04/01/2022	SILVER	EE	\$603

LIGHTYEAR AI INC

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CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SHIVANI, SUHITH	04/01/2022	SILVER	EE	\$603
STECKI, RANDI	04/01/2022	SILVER II	EE	\$649.06
THANKACHAN, DENNIS	04/01/2022	SILVER	EE	\$603
TSE, VICTORIA	04/01/2022	SILVER	EE	\$603
ULLA, IMRAN	04/01/2022	GOLD	FAM	\$2157.57
WASMER, RODNEY	05/01/2022	PLATINUM	EE	\$863.03
WOOLRIDGE, VIRGINIA	04/01/2022	SILVER	EE	\$603
YOUNGBERG, GUSTAVUS	04/01/2022	SILVER	EE	\$603

MEDICAL PLAN COUNTS

Employee Only	19
Employee & Spouse	1
Employee & Children	1
Family	6



**Account Services**  
**Monthly Statement**

LISBON HOLDING LLC

Invoice Number: 5028-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GRAND TOTAL				\$0.00

LISBON HOLDING LLC

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALLEN, KATHERINE	11/01/2021	VBP8	EE	\$0
ANDERSON, CHRISTINA	10/01/2021	VBP8	ES	\$0
ASHTON, BRANDON	11/01/2021	VBP8	FAM	\$0
GUACCI, ANTHONY	12/01/2021	VB10	FAM	\$0
HUNTER, CASSIDY	10/01/2021	VBP3	EE	\$0
LOGAN, BRIDGETTE	10/01/2021	PLATINUM	EE	\$0
MORTON, DANIEL	10/01/2021	VBP1	EE	\$0
SMITH, NATHAN	11/01/2021	VBP9	EE	\$0
STOKES, LORYN	10/01/2021	VBP1	FAM	\$0
STOUFFER, STEPHEN	10/01/2021	PLATINUM	EE	\$0
TRAN, WILL	10/01/2021	VBP9	EE	\$0
ZHUANG, MABEL	02/01/2022	VBP1	EE	\$0

## MEDICAL PLAN COUNTS

Employee Only	8
Employee & Spouse	1
Employee & Children	0
Family	3



## Account Services

### Monthly Statement

LYNCH DEVELOPMENT CORP  
410 EAST MAIUN ST  
CENTERPORT, NY 11721

Invoice Number: 5921-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
SILVER HSA	Employee & Spouse Only	1	\$1,482.73	\$1,482.73
			GRAND TOTAL	\$1,482.73

LYNCH DEVELOPMENT CORP  
410 EAST MAIUN ST  
CENTERPORT, NY 11721

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MCSWEENEY, JEFFREY	09/01/2022	SILVER HSA	ES	\$1482.73

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

M and F LITTEKEN CO  
1804 East Scott St  
Wichita Falls, TX 76301

Invoice Number: 5040-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE 4K	Employee Only	9	\$761.02	\$6,849.18
BRONZE 4K	Employee & Spouse Only	1	\$1,507.23	\$1,507.23
SILVER II	Employee Only	5	\$841.49	\$4,207.45
			GRAND TOTAL	\$13,324.88

M and F LITTEKEN CO  
1804 East Scott St  
Wichita Falls, TX 76301

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DARNELL, JEAN	12/01/2021	SILVER II	EE	\$841.49
DARNELL, KEVIN	12/01/2021	SILVER II	EE	\$841.49
DARNELL, SHANE	12/01/2021	BRONZE 4K	EE	\$761.02
DITMORE, RON	12/01/2021	BRONZE 4K	EE	\$761.02
HARRISON, LOYD	12/01/2021	BRONZE 4K	EE	\$761.02
LEBOW, CHRISTOPHER	11/01/2022	SILVER II	EE	\$841.49
QUILLEN, JOHN	12/01/2021	BRONZE 4K	EE	\$761.02
REECE, MICHAEL	02/01/2022	SILVER II	EE	\$841.49
RICHARDS, COREY	12/01/2021	BRONZE 4K	EE	\$761.02
RYCKOFF, JOSEPH	12/01/2021	SILVER II	EE	\$841.49
SPURLOCK, JAMIE	12/01/2021	BRONZE 4K	EE	\$761.02
TRILLO, ELIASER	12/01/2021	BRONZE 4K	EE	\$761.02
VANHOUTEN, BRAD	12/01/2022	BRONZE 4K	EE	\$761.02
WILLIAMS, AARON	12/01/2021	BRONZE 4K	EE	\$761.02
WILLIAMS, LARRY	02/01/2022	BRONZE 4K	ES	\$1507.23



M and F LITTEKEN CO  
1804 East Scott St  
Wichita Falls, TX 76301

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
VANHOUTEN, BRAD	12/01/2022	BRONZE 4K	EE	\$761.02

## MEDICAL PLAN COUNTS

Employee Only	14
Employee & Spouse	1
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

MADICORP INC  
87 CRESCENT RD  
NEEDHAM HEIGHTS, MA 02494

Invoice Number: 4215-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
LIFE	Employee Only	1	\$24.70**	\$24.70
			GRAND TOTAL	\$119.92

MADICORP INC  
87 CRESCENT RD  
NEEDHAM HEIGHTS, MA 02494

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

MADISON DAVIS LLC  
303 SOUTH BROADWAY 232  
TARRYTOWN, NY 10591

Invoice Number: 5899-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE	Employee Only	2	\$493.21	\$986.42
BRONZE 4K	Employee Only	5	\$524.29	\$2,621.45
DENTALGUARD	Employee Only	17	\$38.75	\$658.75
DENTALGUARD	Employee & Spouse Only	1	\$78.66	\$78.66
DENTALGUARD	Employee & Children	2	\$89.93	\$179.86
DENTALGUARD	Family	4	\$137.71	\$550.84
GOLD	Employee Only	3	\$661.65	\$1,984.95
GOLD	Employee & Children	1	\$1,323.31	\$1,323.31
GOLD	Family	1	\$1,984.96	\$1,984.96
PLATINUM	Employee Only	1	\$793.99	\$793.99
PLATINUM	Family	2	\$2,381.95	\$4,763.90
SILVER HSA	Employee Only	4	\$589.04	\$2,356.16
SILVER II	Employee Only	6	\$597.14	\$3,582.84
SILVER II	Employee & Children	2	\$1,194.28	\$2,388.56
VSP CHOICE	Employee Only	15	\$6.82	\$102.30
VSP CHOICE	Employee & Spouse Only	1	\$11.48	\$11.48
VSP CHOICE	Employee & Children	2	\$11.70	\$23.40
VSP CHOICE	Family	5	\$18.53	\$92.65
GRAND TOTAL				\$24,484.48

MADISON DAVIS LLC  
303 SOUTH BROADWAY 232  
TARRYTOWN, NY 10591

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BENDER, LISA	06/01/2022	SILVER II	EE	\$597.14
BUZKIN, JARED	06/01/2022	PLATINUM	FAM	\$2381.95
CABIROY, NICOLE	06/01/2022	PLATINUM	FAM	\$2381.95
CEBEL, STEVEN	06/01/2022	SILVER HSA	EE	\$589.04
CHELEDNIK, DEREK	06/01/2022	GOLD	EE	\$661.65
DIFILIPPO, NICHOLAS	10/01/2022	SILVER HSA	EE	\$589.04
DIFILIPPO, NICHOLAS	10/01/2022	SILVER HSA	EE	\$589.04
FORMAN, TODD	11/01/2022	SILVER II	EC	\$1194.28
FREUNDLICH, SAMUEL	06/01/2022	SILVER II	EC	\$1194.28
GALLAGHER, THOMAS	09/01/2022	BRONZE 4K	EE	\$524.29
HAILEY, BROOKE	12/01/2022	BRONZE 4K	EE	\$524.29
KELLY, BRIAN	06/01/2022	BRONZE 4K	EE	\$524.29
KENNEDY, DYLAN	12/01/2022	GOLD	EE	\$661.65
KING, ANNE	06/01/2022	GOLD	FAM	\$1984.96
KLEINMAN, JOSHUA	07/01/2022	GOLD	EC	\$1323.31
LAMFERS , GAGE	08/01/2022	SILVER II	EE	\$597.14
LEVINE, ROSS	06/01/2022	BRONZE 4K	EE	\$524.29
MARICHAK, MICHAEL	06/01/2022	SILVER HSA	EE	\$589.04
MCMANUS, RYAN	06/01/2022	BRONZE 4K	EE	\$524.29
PANGAN, RENATO	06/01/2022	BRONZE	EE	\$493.21

MADISON DAVIS LLC  
 303 SOUTH BROADWAY 232  
 TARRYTOWN, NY 10591

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PUJOLS, KAILEY	07/01/2022	SILVER II	EE	\$597.14
REDA, DANIELLE	06/01/2022	SILVER II	EE	\$597.14
RZASA, SARAH	06/01/2022	SILVER II	EE	\$597.14
SANTICCIOLI, MARK	06/01/2022	PLATINUM	EE	\$793.99
VELAZQUEZ, ALAN	06/01/2022	BRONZE	EE	\$493.21
WALDMAN, ALEX	06/01/2022	SILVER II	EE	\$597.14
YEAGER, MATTHEW	06/01/2022	GOLD	EE	\$661.65
YOUNG, JASON	06/01/2022	WAIVED		\$

MEDICAL PLAN COUNTS

Employee Only	21
Employee & Spouse	0
Employee & Children	3
Family	3



## Account Services

### Monthly Statement

MAGIC TOUCH MECHANICAL  
942 West 1st Ave  
MESA, AZ 85210

Invoice Number: 4555-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$8.40**	\$16.80
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
LIFE	Employee Only	1	\$9.88**	\$9.88
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$178.83

MAGIC TOUCH MECHANICAL

942 West 1st Ave

MESA, AZ 85210

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

MANHATTAN SPACES  
133 W 72nd St Rm 201  
NEW YORK, NY 10023

Invoice Number: 4288-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$124.50

MANHATTAN SPACES

133 W 72nd St Rm 201

NEW YORK, NY 10023

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

MARCO'S PIZZA - LEE'S SUMMIT

Invoice Number: 6105-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$38.19

MARCO'S PIZZA - LEE'S SUMMIT

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

MARCO'S PIZZA - WAUKEE

Invoice Number: 5909-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
LIFE	Employee Only	1	\$3.30**	\$3.30
GRAND TOTAL				\$3.30

MARCO'S PIZZA - WAUKEE

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

MARIA'S TRAVEL  
294 Audubon Ave  
New York, NY 10033

Invoice Number: 5583-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee & Children	1	\$1,438.38	\$1,438.38
			GRAND TOTAL	\$1,438.38

MARIA'S TRAVEL  
294 Audubon Ave  
New York, NY 10033

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MOULTON, RAQUEL	12/01/2021	GOLD	EC	\$1438.38

## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

MARTIN PARTNERS  
335 Ludlow Street, South Tower  
Stamford, CT 06902

Invoice Number: 5041-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
SILVER HSA	Employee Only	2	\$640.26	\$1,280.52
SILVER HSA	Family	1	\$1,835.92	\$1,835.92
			GRAND TOTAL	\$3,116.44

MARTIN PARTNERS  
335 Ludlow Street, South Tower  
Stamford, CT 06902

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GEOTES, CHRISTOPHER	12/01/2021	SILVER HSA	EE	\$640.26
PUTTER, JASON	12/01/2021	SILVER HSA	FAM	\$1835.92
ROSATI-SOCCI, ADELA	12/01/2021	SILVER HSA	EE	\$640.26

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	1



## Account Services

### Monthly Statement

MAXIMUM SECURITY  
709 W JERICHO TURNPIKE  
HUNTINGTON, NY 11743

Invoice Number: 5981-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	3	\$653.81	\$1,961.43
			GRAND TOTAL	\$1,961.43

MAXIMUM SECURITY  
709 W JERICHO TURNPIKE  
HUNTINGTON, NY 11743

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LEUN, MICHAEL	2022-01-01	GOLD	EE	\$653.81
PAWLOWSKA, JOANNA	2022-01-01	GOLD	EE	\$653.81
PREVETE, ERIC	2022-01-01	GOLD	EE	\$653.81

## MEDICAL PLAN COUNTS

Employee Only	3
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

MCELROY TEAM REALTY  
4012 Gateway Drive  
Colleyville, TX 76034

Invoice Number: 4579-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
OPENAXESSGOLD	Employee Only	1	\$686.44	\$686.44
			GRAND TOTAL	\$734.05

MCELROY TEAM REALTY

4012 Gateway Drive

Colleyville, TX 76034

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
VENABLE, FRANCES	2023-01-01	OPENAXESSGOLD	EE	\$686.44

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

MCVEIGH GLOBAL MEETINGS AND EVENTS LLC  
209 W. 40TH ST., SUITE 201  
NEW YORK, NEW YORK 10018

Invoice Number: 186-2023-01  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE 4 K	Employee Only	9	\$526.51	\$5,128.92
GOLD PLAN	Employee Only	2	\$664.47	\$1,326.34
GOLD PLAN	Family	1	\$1,993.40	\$1,968.69
PLATINUM	Employee Only	3	\$797.37	\$2,590.38
PLATINUM	Employee & Children	1	\$1,594.71	\$1,710.10
SILVER HSA	Employee Only	7	\$591.55	\$4,481.82
SILVER II	Employee Only	5	\$599.67	\$3,245.30
SILVER II	Employee & Spouse Only	1	\$1,199.35	\$1,298.13
SILVER II	Employee & Children	1	\$1,199.35	\$1,298.13
SILVER II	Family	1	\$1,704.36	\$1,844.72
			GRAND TOTAL	\$24,892.53

MCVEIGH GLOBAL MEETINGS AND EVENTS LLC  
209 W. 40TH ST., SUITE 201  
NEW YORK, NEW YORK 10018

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ACOCELLA, LYN	01/01/2022	BRONZE 4 K	EE	\$569.88
BARIKIAN, JANINE	11/01/2022	GOLD PLAN	EE	\$663.17
BEIER, SUSANNA	11/01/2022	BRONZE 4 K	EE	\$569.88
BELSKY, SUSAN	01/01/2022	BRONZE 4 K	EE	\$569.88
BOLAND, TIFFANY	07/01/2022	PLATINUM	EE	\$863.46
CAPONE, JOSEPH	01/01/2022	SILVER II	EE	\$649.06
CHEUNG, SAMANTHA	01/01/2022	BRONZE 4 K	EE	\$569.88
CORDARO, RACHEL	04/01/2022	SILVER HSA	EE	\$640.26
DIBUONO, RYAN	11/01/2022	BRONZE 4 K	EE	\$569.88
DURAN, FLORANNA	01/01/2022	PLATINUM	EC	\$1710.1
FORESYTHE, JONATHAN	01/01/2022	BRONZE 4 K	EE	\$569.88
FOX, ASHLEY	10/01/2022	SILVER HSA	EE	\$640.26
GARCY, MEREDITH	01/01/2022	SILVER HSA	EE	\$640.26
GILLIKIN, CARVIE	01/01/2022	PLATINUM	EE	\$863.46
GRANGER, HANNAH	09/01/2022	SILVER HSA	EE	\$640.26
GROVE, JAMES	01/01/2022	SILVER II	EC	\$1298.13
GUBERMAN, JEFF	01/01/2022	GOLD PLAN	FAM	\$1968.69
HARRIS, DEBORAH	01/01/2022	SILVER II	EE	\$649.06
HILL, ALAINA	01/01/2022	SILVER II	EE	\$649.06



MCVEIGH GLOBAL MEETINGS AND EVENTS LLC  
209 W. 40TH ST., SUITE 201  
NEW YORK, NEW YORK 10018

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
JACOBS, RENEE	01/01/2022	SILVER II	ES	\$1298.13
MAURER, SUSANNAH	01/01/2022	SILVER HSA	EE	\$640.26
MOORE, ERICA	05/01/2022	BRONZE 4 K	EE	\$569.88
NELSON, CHEYENNE	01/01/2022	PLATINUM	EE	\$863.46
POTILLO, SHAWN	08/01/2022	SILVER II	FAM	\$1844.72
SIKORSKI, MARGOT	01/01/2022	SILVER HSA	EE	\$640.26
SMILEY, BRITTANY	01/01/2022	SILVER II	EE	\$649.06
SMITH, CARLA	11/01/2022	BRONZE 4 K	EE	\$569.88
SOLTIS, ALEXANDRA	01/01/2022	SILVER HSA	EE	\$640.26
STARR, ROSS	01/01/2022	GOLD PLAN	EE	\$663.17
THOME, SHELBY	06/01/2022	BRONZE 4 K	EE	\$569.88
WALTON, LEAH	07/01/2022	SILVER II	EE	\$649.06

MEDICAL PLAN COUNTS

Employee Only	26
Employee & Spouse	1
Employee & Children	2
Family	2



## Account Services

### Monthly Statement

MEADOWBROOK CARE CENTER  
320 W MERRICK RD  
FREEPORT, NY 11520

Invoice Number: 5066-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE 4K	Employee Only	5	\$538.48	\$2,849.40
BRONZE 4K	Employee & Spouse Only	1	\$1,076.97	\$1,139.75
BRONZE 4K	Family	1	\$1,623.87	\$1,718.54
PLATINUM	Employee Only	8	\$815.49	\$6,907.68
PLATINUM	Employee & Children	3	\$1,630.97	\$5,130.30
PLATINUM	Family	8	\$2,446.45	\$20,463.76
SILVER II	Employee Only	10	\$613.30	\$6,490.60
SILVER II	Employee & Children	1	\$1,226.62	\$1,298.13
SILVER II	Family	4	\$1,743.10	\$7,378.88
ADJUSTMENT	KUMAR DEC EE			\$776.73
			GRAND TOTAL	\$54,153.77

MEADOWBROOK CARE CENTER  
320 W MERRICK RD  
FREEPORT, NY 11520

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
AUGUSTIN, YANICK	01/01/2022	SILVER II	EE	\$649.06
CARALL, LINDA	01/01/2022	SILVER II	EE	\$649.06
COLORIO, MICHAEL	01/01/2022	PLATINUM	FAM	\$2557.97
DICKSON, SUSAN	01/01/2022	SILVER II	EE	\$649.06
DINSAY, BETH	01/01/2022	PLATINUM	EC	\$1710.1
DOYLE, MICHELLE	01/01/2022	PLATINUM	FAM	\$2557.97
DUBE, RONALD	01/01/2022	BRONZE 4K	FAM	\$1718.54
DUFFY, NATALIA	01/01/2022	SILVER II	FAM	\$1844.72
FLYNN, KATHRYN	01/01/2022	SILVER II	EE	\$649.06
GALLA, ANDREW	01/01/2022	BRONZE 4K	EE	\$569.88
GEORGE, CARLA	01/01/2022	PLATINUM	EC	\$1710.1
GOLDBERG, AYELET	01/01/2022	PLATINUM	FAM	\$2557.97
GOMEZ DIAZ, KIANNA	01/01/2022	SILVER II	EE	\$649.06
KEUTMAN, TAMMY	01/01/2022	SILVER II	EE	\$649.06
KLEIN, JENNA	01/01/2022	PLATINUM	EE	\$863.46
KONIECZNY, ANDRZEJ	01/01/2022	PLATINUM	FAM	\$2557.97
KUMAR, PRABHU	12/01/2022	PLATINUM	EE	\$863.46
LEE, CHENG-YU	11/01/2022	BRONZE 4K	EE	\$569.88
MATHEWS, MARY	01/01/2022	SILVER II	FAM	\$1844.72

MEADOWBROOK CARE CENTER  
320 W MERRICK RD  
FREEPORT, NY 11520

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MATHIEU, NANCY	01/01/2022	PLATINUM	EE	\$863.46
MCCORMICK-CARR, BARBARA	01/01/2022	SILVER II	EC	\$1298.13
MILLIONE, KEITH	01/01/2022	BRONZE 4K	EE	\$569.88
MORGULIS, SARAH	01/01/2022	BRONZE 4K	ES	\$1139.75
NEMETH, ROBERT	01/01/2022	PLATINUM	FAM	\$2557.97
NESBITT GADSBY, URSULA	01/01/2022	PLATINUM	EE	\$863.46
OTTENBACHER, TERI	01/01/2022	PLATINUM	EE	\$863.46
PATEL, AMITA	01/01/2022	PLATINUM	EE	\$863.46
PELMAN, JONATHAN	01/01/2022	PLATINUM	FAM	\$2557.97
PHANOR, MARIE	01/01/2022	BRONZE 4K	EE	\$569.88
RADI, JENNIFER	01/01/2022	SILVER II	EE	\$649.06
RODRIGUEZ RAMOS, ODANYS	01/01/2022	BRONZE 4K	EE	\$569.88
RUIZ, GIANCARLO	01/01/2022	PLATINUM	FAM	\$2557.97
SCHWARTZ, SCOTT	01/01/2022	PLATINUM	FAM	\$2557.97
TIRADO, ALEXIS	01/01/2022	PLATINUM	EE	\$863.46
TUMMINELLO, JEAN	01/01/2022	SILVER II	EE	\$649.06
UWAZURIKE, IJEOMA	01/01/2022	SILVER II	FAM	\$1844.72
VIZCARRONDO, LISSETTE	01/01/2022	PLATINUM	EC	\$1710.1

MEADOWBROOK CARE CENTER  
320 W MERRICK RD  
FREEPORT, NY 11520

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
VIZCARRONDO, VERONICA	01/01/2022	SILVER II	FAM	\$1844.72
WILLIAMS, MIKHAEL	01/01/2022	SILVER II	EE	\$649.06
WYNNE, MELISSA	01/01/2022	SILVER II	EE	\$649.06
ZDANKIEWICZ, LISA	01/01/2022	PLATINUM	EE	\$863.46

## MEDICAL PLAN COUNTS

Employee Only	23
Employee & Spouse	1
Employee & Children	4
Family	13



## Account Services

### Monthly Statement

MED-FIT, PLLC  
10171 PLYMOUTH COURT  
PARKER, CO 80134

Invoice Number: 4576-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	2	\$3.00**	\$16.00
			GRAND TOTAL	\$45.44

MED-FIT, PLLC  
10171 PLYMOUTH COURT  
PARKER, CO 80134

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

METRO COMMERCIAL LAUNDRY

Invoice Number: 5511-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$21.00**	\$21.00
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$134.57



METRO COMMERCIAL LAUNDRY

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

MFUSION  
5410 GRIST MILL WOODS WAY  
ALEXANDRIA, VA 22309

Invoice Number: 4154-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee & Spouse Only	1	\$88.18	\$89.81
GUARDHIGH	Employee & Children	1	\$89.81	\$89.81
			GRAND TOTAL	\$179.62

MFUSION

5410 GRIST MILL WOODS WAY

ALEXANDRIA, VA 22309

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

MGS KALAMAZOO  
4412 STADIUM DRIVE  
KALAMAZOO, MI 49008

Invoice Number: 4623-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44

MGS KALAMAZOO  
4412 STADIUM DRIVE  
KALAMAZOO, MI 49008

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

MH HOSPITALITY

Invoice Number: 6163-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
LIFE	Employee Only	1	\$10.80**	\$10.80
GRAND TOTAL				\$10.80

MH HOSPITALITY

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

MH OZONE II

Invoice Number: 6156-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$10.50**	\$21.00
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	2	\$22.92**	\$45.84
OPENAXESSGOLD	Employee Only	1	\$776.66	\$776.66
			GRAND TOTAL	\$872.94



MH OZONE II

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
RIFFEL, BLAIR	2023-01-01	OPENAXESSGOLD	EE	\$776.66

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

MICROTEL WINCHESTER

Invoice Number: 5993-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.84**	\$0.84
GRAND TOTAL				\$0.84

MICROTEL WINCHESTER

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

MICROTEL WYNDHAM FAIRMONT  
20 Southland Dr  
FAIRMONT, WV 26554

Invoice Number: 4263-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$4.20**	\$4.20
GUARDLOW	Employee Only	2	\$29.44	\$58.88
LIFE	Employee Only	1	\$35.75**	\$35.75
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$107.58

MICROTEL WYNDHAM FAIRMONT  
20 Southland Dr  
FAIRMONT, WV 26554

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

MICROTEL WYNDHAM STEUBENVILLE  
875 UNIVERSITY BLVD  
STEUBENVILLE, OH 43952

Invoice Number: 4264-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
MILLENIU	MOABRONZE Employee Only	2	\$438.62	\$877.24
			GRAND TOTAL	\$877.24

MICROTEL WYNDHAM STEUBENVILLE  
875 UNIVERSITY BLVD  
STEUBENVILLE, OH 43952

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BANKS, CATHY	2020-10-01	MILLENIUOMOABRONZE EE		\$438.62
BANKS, CATHY	2020-10-01	MILLENIUOMOABRONZE EE		\$438.62

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

MICROTEL WYNDHAM WAYNESBURG

Invoice Number: 5688-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.84**	\$0.84
GRAND TOTAL				\$0.84



MICROTEL WYNDHAM WAYNESBURG

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

MIND THE GAP INC  
4014 First Ave  
Brooklyn , NY 11232

Invoice Number: 5055-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE 4K	Employee Only	1	\$569.88	\$569.88
GOLD PLAN	Employee Only	2	\$719.19	\$1,438.38
SILVER HSA	Employee Only	2	\$640.26	\$1,280.52
SILVER HSA	Employee & Spouse Only	1	\$1,289.33	\$1,289.33
ADJUSTMENT	YOUNG NOV/DEC EE			\$1,280.52
			GRAND TOTAL	\$5,858.63

MIND THE GAP INC  
4014 First Ave  
Brooklyn , NY 11232

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FALETA, SEMISI	06/01/2022	SILVER HSA	EE	\$640.26
FLOYD, TIMOTHY	01/01/2022	GOLD PLAN	EE	\$719.19
MOWLES, MICHAEL	01/01/2022	GOLD PLAN	EE	\$719.19
ROGALUS, MARK	01/01/2022	BRONZE 4K	EE	\$569.88
WEIG, ALISON	01/01/2022	SILVER HSA	ES	\$1289.33
YOUNG, WILLIAM	11/01/2022	SILVER HSA	EE	\$640.26

## MEDICAL PLAN COUNTS

Employee Only	5
Employee & Spouse	1
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

MIRABI INC DBA DOWN THE HATCH  
179 W 4TH STREET  
NEW YORK, NY 10014

Invoice Number: 5029-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE	Employee Only	9	\$516.03	\$4,644.27
DENTALGUARD PREFER	Employee Only	29	\$47.61	\$1,380.69
DENTALGUARD PREFER	Family	1	\$160.18	\$160.18
GOLD	Employee Only	30	\$573.37	\$17,201.10
GOLD	Employee & Spouse Only	1	\$1,118.07	\$1,118.07
GOLD	Family	2	\$2,006.80	\$4,013.60
VISION	Employee Only	20	\$8.75	\$175.00
VISION	Employee & Spouse Only	1	\$14.73	\$14.73
VISION	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$28,731.40

MIRABI INC DBA DOWN THE HATCH  
179 W 4TH STREET  
NEW YORK, NY 10014

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BENJAMIN, KEITH	2022-01-01	GOLD	FAM	\$2006.80
BOYD, RYAN	2022-01-01	GOLD	EE	\$573.37
CAMPAGNOLA, TOMMY	2022-01-01	BRONZE	EE	\$516.03
CAVALLO, CARA	2022-01-01	BRONZE	EE	\$516.03
CLAYTON, ALEX	2022-01-01	GOLD	EE	\$573.37
COHEN, JOSH	2022-01-01	GOLD	EE	\$573.37
CORWIN, PAIGE	2022-01-01	BRONZE	EE	\$516.03
CRONIN, JAMIESON	2022-01-01	BRONZE	EE	\$516.03
DODD, BRIAN	2022-01-01	GOLD	EE	\$573.37
DOMKE, LLOYD	2022-01-01	GOLD	EE	\$573.37
EVERETT, JARRELL	2022-01-01	GOLD	EE	\$573.37
FEUZ, BRYCE	2022-01-01	GOLD	EE	\$573.37
FOSTER, RYAN	2022-01-01	GOLD	EE	\$573.37
GORHAM, MICHAEL	2022-01-01	BRONZE	EE	\$516.03
GRAVES, KARA	2022-01-01	GOLD	EE	\$573.37
GRISH, KEVIN	2022-01-01	GOLD	EE	\$573.37
GROPMAN, ALEC	2022-01-01	GOLD	EE	\$573.37
HAMMOND, CHRISTOPHER	2022-01-01	BRONZE	EE	\$516.03
JORDAN, RYAN	2022-01-01	GOLD	EE	\$573.37

MIRABI INC DBA DOWN THE HATCH  
179 W 4TH STREET  
NEW YORK, NY 10014

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KAY, JENNIFER	2022-01-01	GOLD	EE	\$573.37
KELLY, BRYN	2022-01-01	GOLD	EE	\$573.37
KUNZ, MADDY	2022-01-01	GOLD	EE	\$573.37
LANZI, THEODORE	2022-01-01	GOLD	EE	\$573.37
LEIGH, MARISSA	2022-01-01	BRONZE	EE	\$516.03
LINDSAY, IAN	2022-01-01	GOLD	EE	\$573.37
MATEUS, ALEX	2022-01-01	GOLD	EE	\$573.37
MATTSON, DUSTIN	03/01/2022	GOLD	ES	\$1118.07
MILLER, NICOLE	2022-01-01	GOLD	EE	\$573.37
MOORE, KATHERINE	2022-01-01	GOLD	EE	\$573.37
MURPHY, JACK	05/01/2022	GOLD	EE	\$573.37
NUNNERY, LINDSAY	2022-01-01	GOLD	EE	\$573.37
PADILLA, CHRISTOPHER	10/01/2022	GOLD	EE	\$573.37
PATRINA, JULIANNE	2022-01-01	GOLD	EE	\$573.37
PIERZ, LINDSEY	2022-01-01	GOLD	EE	\$573.37
POWER, AINE	2022-01-01	GOLD	EE	\$573.37
SHEHADY, RANDY	2022-01-01	GOLD	FAM	\$2006.80
SMALLS, SHAWN	06/01/2022	GOLD	EE	\$573.37

MIRABI INC DBA DOWN THE HATCH  
179 W 4TH STREET  
NEW YORK, NY 10014

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
STONE, MACKENZIE	2022-01-01	GOLD	EE	\$573.37
STOWE, DAN	2022-01-01	BRONZE	EE	\$516.03
WEISS, MARINA	2022-01-01	BRONZE	EE	\$516.03
YARDLEY, JAMES	2022-01-01	GOLD	EE	\$573.37
ZUNIGA, ALDO	2022-01-01	GOLD	EE	\$573.37

## MEDICAL PLAN COUNTS

Employee Only	39
Employee & Spouse	1
Employee & Children	0
Family	2



## Account Services

### Monthly Statement

MITESCO INC  
1660 HIGHWAY 100S SUITE 432  
ST LOUIS PARK, MN 55416

Invoice Number: 5148-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE	Employee Only	2	\$536.10	\$1,072.20
BRONZE	Employee & Spouse Only	1	\$1,085.61	\$1,085.61
GOLD	Employee Only	2	\$719.19	\$1,438.38
GOLD	Employee & Children	1	\$1,438.38	\$1,438.38
SILVER HSA	Employee Only	7	\$640.26	\$4,481.82
SILVER HSA	Employee & Spouse Only	3	\$1,289.33	\$3,867.99
SILVER HSA	Employee & Children	1	\$1,289.33	\$1,289.33
SILVER HSA	Family	2	\$1,835.92	\$3,671.84
			GRAND TOTAL	\$18,345.55



MITESCO INC  
1660 HIGHWAY 100S SUITE 432  
ST LOUIS PARK, MN 55416

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ANDERSON, KAITLIN	03/01/2022	GOLD	EE	\$719.19
ANDERSON, JENNIFER	09/01/2022	SILVER HSA	EC	\$1289.33
AYALA, NATALIA	02/01/2022	BRONZE	EE	\$536.1
BRODMERKEL, EDWARD	07/01/2022	SILVER HSA	ES	\$1289.33
BRYNSTAD, BARBARA	01/01/2022	GOLD	EE	\$719.19
CARLSON, LYNN	02/01/2022	SILVER HSA	FAM	\$1835.92
DIAMOND, LAWRENCE	01/01/2022	SILVER HSA	EE	\$640.26
EVANS, WHITNEY	01/01/2022	BRONZE	EE	\$536.1
FINNEGAN, JESSICA	2022-01-01	GOLD	EC	\$1438.38
JAHNKE, BRETT	09/01/2022	BRONZE	ES	\$1085.61
KREBS, MICHELLE	07/01/2022	SILVER HSA	EE	\$640.26
LINDSTROM, INGRID	01/01/2022	SILVER HSA	EE	\$640.26
MCCULLOUGH, TARA	10/01/2022	SILVER HSA	EE	\$640.26
OLSON, KIMBERLY	10/01/2022	SILVER HSA	ES	\$1289.33
PERRY, MONIKA	04/01/2022	SILVER HSA	EE	\$640.26
RODRIGUEZ, MARIO	01/01/2022	SILVER HSA	FAM	\$1835.92
SMITH, KEVIN	04/01/2022	SILVER HSA	EE	\$640.26
TOURVILLE, STEPHANIE	03/01/2022	SILVER HSA	EE	\$640.26
ZAMORA, JESSICA	04/01/2022	SILVER HSA	ES	\$1289.33

MITESCO INC  
1660 HIGHWAY 100S SUITE 432  
ST LOUIS PARK, MN 55416

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

Employee Only	11
Employee & Spouse	4
Employee & Children	2
Family	2



## Account Services

### Monthly Statement

MODERN VASCULAR LLC  
63 COPPS HILL RD SUITE 200 SUITE 200  
RIDEFIELD, CT 06877

Invoice Number: 5922-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE	Family	1	\$1,628.10	\$1,628.10
DENTALGUARD	Family	1	\$160.18	\$160.18
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$1,812.04

MODERN VASCULAR LLC  
63 COPPS HILL RD SUITE 200 SUITE 200  
RIDEFIELD, CT 06877

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HOWELL, RONALD	05/01/2022	BRONZE	FAM	\$1628.1

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

MODS TRAILER OF NY  
1055 Montauk Highway  
East Patchogue, NY 11772

Invoice Number: 5008-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	2	\$722.25	\$1,444.50
PLATINUM	Employee & Spouse Only	1	\$1,710.71	\$1,710.71
SILVER	Employee Only	1	\$608.18	\$608.18
			GRAND TOTAL	\$3,763.39

MODS TRAILER OF NY  
1055 Montauk Highway  
East Patchogue, NY 11772

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HEISS, KIMBERLY	05/01/2021	GOLD	EE	\$722.25
RECINOS, WILIAN	05/01/2021	SILVER	EE	\$608.18
SHAW, ANTHONY	05/01/2021	PLATINUM	ES	\$1710.71
SHAW, MICHAEL	05/01/2021	GOLD	EE	\$722.25

## MEDICAL PLAN COUNTS

Employee Only	3
Employee & Spouse	1
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

MOMENTUM ADVISORY COLLECTIVE  
1510 PACIFIC AVENUE  
DALLAS, TX 75201

Invoice Number: 5912-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Employee Only	4	\$28.72	\$114.88
DENTALGUARD	Employee & Spouse Only	2	\$61.05	\$122.10
DENTALGUARD	Employee & Children	1	\$66.38	\$66.38
GOLD	Employee Only	4	\$647.05	\$2,588.20
GOLD	Employee & Children	1	\$1,193.30	\$1,193.30
SILVER HSA	Employee & Spouse Only	1	\$1,148.27	\$1,148.27
SILVER II	Employee Only	1	\$605.63	\$605.63
VSP CHOICE	Employee Only	2	\$6.82	\$13.64
VSP CHOICE	Employee & Spouse Only	1	\$11.48	\$11.48
VSP CHOICE	Employee & Children	1	\$11.70	\$11.70
			GRAND TOTAL	\$5,875.58

MOMENTUM ADVISORY COLLECTIVE  
1510 PACIFIC AVENUE  
DALLAS, TX 75201

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GARCIA-NAVARRO, CAROLINA	05/01/2022	GOLD	EC	\$1193.3
HARRIS, NYIALA	07/01/2022	SILVER II	EE	\$605.63
HILL, CHRISTINA	2022-01-01	GOLD	EE	\$647.05
KEENE, STEPHANIE	05/01/2022	GOLD	EE	\$647.05
MERCER, JOHN	05/01/2022	SILVER HSA	ES	\$1148.27
METCALF, JESSICA	11/01/2022	GOLD	EE	\$647.05
VAZQUEZ, SARAH	05/01/2022	GOLD	EE	\$647.05

## MEDICAL PLAN COUNTS

Employee Only	5
Employee & Spouse	1
Employee & Children	1
Family	0





## Account Services

### Monthly Statement

MOMMY TUMMY  
220 Easy 65 N St  
NEW YORK, NY 10065

Invoice Number: 4268-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$21.42**	\$33.60
GUARDHIGH	Employee & Children	1	\$0.00	\$89.81
LIFE	Employee Only	1	\$24.62**	\$22.92
			GRAND TOTAL	\$146.33

MOMMY TUMMY  
220 Easy 65 N St  
NEW YORK, NY 10065

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

MOTEL STUDIO 6 THOUSAND PALMS  
72215 VARNER ROAD  
THOUSAND PALMS, CA 92276

Invoice Number: 4127-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$0.00**	\$30.06
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$68.25

MOTEL STUDIO 6 THOUSAND PALMS  
72215 VARNER ROAD  
THOUSAND PALMS, CA 92276

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

MPIRE HOSPITALITY  
13681 N Highway 183  
AUSTIN, TX 78750

Invoice Number: 4321-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	3	\$29.44	\$88.32
VSP	Employee Only	3	\$8.75	\$26.25
			GRAND TOTAL	\$162.18

MPIRE HOSPITALITY  
13681 N Highway 183  
AUSTIN, TX 78750

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

MSQ CORP  
215-04 Hempstead Ave  
Queens Village, NY 11429

Invoice Number: 5123-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTAL	Employee & Spouse Only	2	\$89.81	\$179.62
PLATINUM	Employee & Spouse Only	2	\$2,079.85	\$4,159.70
VISION	Employee & Spouse Only	2	\$14.73	\$29.46
			GRAND TOTAL	\$4,368.78

MSQ CORP  
215-04 Hempstead Ave  
Queens Village, NY 11429

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ZOLY, CRAIG	02/01/2022	PLATINUM	ES	\$2079.85
ZOLY, KEVIN	02/01/2022	PLATINUM	ES	\$2079.85

## MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	2
Employee & Children	0
Family	0





## Account Services

### Monthly Statement

MUIR SUSTAINABILITY SOLUTIONS LLC WOODSTOCK  
111 SOUTH STREET SUITE 19  
OYSTER BAY, NY 11771

Invoice Number: 6138-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTAL HIGH	Family	1	\$160.18	\$160.18
PLATINUM	Family	1	\$3,050.12	\$3,050.12
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$3,234.06

MUIR SUSTAINABILITY SOLUTIONS LLC WOODSTOCK  
111 SOUTH STREET SUITE 19  
OYSTER BAY, NY 11771

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WOODSTOCK, PAUL	10/01/2022	PLATINUM	FAM	\$3050.12

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

MUJIN CORP  
6300 Kenjoy Dr  
LOUISVILLE, KY 40214

Invoice Number: 4405-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	16	\$21.00**	\$222.39
GUARDHIGH	Employee Only	7	\$47.61	\$333.27
GUARDHIGH	Family	6	\$160.18	\$961.08
GUARDLOW	Employee Only	3	\$29.44	\$88.32
GUARDLOW	Employee & Spouse Only	3	\$0.00	\$166.62
LIFE	Employee Only	16	\$14.40**	\$248.43
OPENAXESSBRONZE	Employee Only	1	\$674.72	\$674.72
OPENAXESSBRONZE	Family	1	\$2,049.07	\$2,049.07
OPENAXESSCOPPER	Employee Only	2	\$624.03	\$1,248.06
OPENAXESSGOLD	Employee Only	4	\$905.15	\$3,620.60
OPENAXESSGOLD	Family	4	\$2,715.45	\$10,861.80
OPENAXESSSILVER	Employee Only	2	\$758.92	\$1,517.84
OPENAXESSSILVER	Employee & Spouse Only	2	\$1,517.83	\$3,035.66
OPENAXESSSILVER	Family	1	\$2,276.75	\$2,276.75
VSP	Employee Only	5	\$8.75	\$43.75
VSP	Employee & Spouse Only	1	\$0.00	\$14.73
VSP	Family	4	\$23.76	\$95.04
			GRAND TOTAL	\$27,458.13

MUJIN CORP  
6300 Kenjoy Dr  
LOUISVILLE, KY 40214

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CLOER, JOSHUA	2023-01-01	OPENAXESSGOLD	FAM	\$2715.45
COATS, BRANDON	2023-01-01	OPENAXESSGOLD	FAM	\$2715.45
CRAY, KEITH	2023-01-01	OPENAXESSSILVER	EE	\$758.92
DOUGHERTY, PATRICIA	2023-01-01	OPENAXESSGOLD	EE	\$905.15
FULTZ, JEREMY	2023-01-01	OPENAXESSCOPPER	EE	\$624.03
GATES, DOMINIC	2023-01-01	OPENAXESSGOLD	EE	\$905.15
GEORGE, MICHAEL	2023-01-01	OPENAXESSBRONZE	EE	\$674.72
GUO, CHUWEI	2023-01-01	OPENAXESSGOLD	EE	\$905.15
HA, VIEN	2023-01-01	OPENAXESSSILVER	ES	\$1517.83
HARTMANN, TRENTON	2023-01-01	OPENAXESSGOLD	EE	\$905.15
LINDELL, BRENT	2023-01-01	OPENAXESSGOLD	FAM	\$2715.45
MARTIN, MIELECIA	2023-01-01	OPENAXESSCOPPER	EE	\$624.03
NAGASAWA, YOSHIKAZU	2023-01-01	OPENAXESSSILVER	FAM	\$2276.75
OTOBE, DAIGO	2023-01-01	OPENAXESSGOLD	FAM	\$2715.45
SPANN, NICHOLAS	2023-01-01	OPENAXESSSILVER	ES	\$1517.83
STANLEY, JOHN PRASANNA	2023-01-01	OPENAXESSBRONZE	FAM	\$2049.07
THOMPSON, JEREMIAH	2023-01-01	OPENAXESSSILVER	EE	\$758.92

**MEDICAL PLAN COUNTS**

Employee Only	9
Employee & Spouse	2
Employee & Children	0
Family	6



**Account Services**  
**Monthly Statement**

MULBERRI, INC

Invoice Number: 5797-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	7	\$13.02**	\$47.04
GUARDHIGH	Employee & Spouse Only	3	\$89.81	\$269.43
GUARDHIGH	Family	4	\$0.00	\$640.72
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
LIFE	Employee Only	6	\$11.30**	\$101.12
VSP	Employee & Spouse Only	2	\$14.73	\$29.46
VSP	Family	2	\$0.00	\$47.52
			GRAND TOTAL	\$1,209.90

MULBERRI, INC

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

NATIONAL HOSPICE MANAGEMENT  
2191 Lemay Ferry Road  
SAINT LOUIS, MO 63125

Invoice Number: 4607-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$4.20**	\$5.05
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
LIFE	Employee Only	1	\$7.15**	\$3.82
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$217.38

## NATIONAL HOSPICE MANAGEMENT

2191 Lemay Ferry Road  
SAINT LOUIS, MO 63125

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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





**Account Services**  
**Monthly Statement**

NEEMA HOSPITALITY MGT. MECHANICSBURG  
1012 WESLEY DRIVE  
MECHANICSBURG, PA 17055

Invoice Number: 4733-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$2.10**	\$15.12
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	2	\$29.44	\$58.88
LIFE	Employee Only	4	\$4.50**	\$132.98
NEEMAOPENAXESSESSE	Employee Only	1	\$489.70	\$489.70
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$753.04

NEEMA HOSPITALITY MGT. MECHANICSBURG  
1012 WESLEY DRIVE  
MECHANICSBURG, PA 17055

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MARKS, RICHARD	2022-01-01	NEEMAOPENAXESSESSIEE		\$489.70

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

NETWORK RUNNERS, INC  
21351 GENTRY DRIVE  
STERLING, VA 20166

Invoice Number: 4593-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0340GUARDDENT	Employee Only	30	\$44.25	\$1,327.50
0340GUARDDENT	Employee & Spouse Only	2	\$92.26	\$184.52
0340GUARDDENT	Employee & Children	2	\$110.46	\$220.92
0340GUARDDENT	Family	3	\$158.46	\$475.38
0340VIS	Employee Only	20	\$9.93	\$198.60
0340VIS	Employee & Spouse Only	2	\$16.74	\$33.48
0340VIS	Family	1	\$27.00	\$27.00
			GRAND TOTAL	\$2,548.58

NETWORK RUNNERS, INC  
21351 GENTRY DRIVE  
STERLING, VA 20166

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

NEW AGE ELECTRIC, INC  
8850 BROOKVILLE ROAD  
SILVER SPRING, MD 20910

Invoice Number: 4177-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Spouse Only	2	\$55.54	\$110.07
GUARDLOW	Family	1	\$100.74	\$100.74
LIFE	Employee Only	1	\$247.00**	\$80.90
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$561.17

NEW AGE ELECTRIC, INC  
8850 BROOKVILLE ROAD  
SILVER SPRING, MD 20910

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

NEW COMPANY INSTRUCTION TRAINING

Invoice Number: 5902-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	4	\$234.56	\$938.24
GUARDHIGH	Employee Only	1	\$30.00	\$30.00
PLATINUM	Employee Only	2	\$123.45	\$246.90
			GRAND TOTAL	\$1,215.14

## NEW COMPANY INSTRUCTION TRAINING

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
AGNO, NEIL	05/01/2022	PLATINUM	EE	\$123.45
BONNER, DEBORAH	05/01/2022	GOLD	EE	\$234.56
CALES, LEAH	03/01/2022	PLATINUM	EE	\$123.45
CO, MARIA JOSEPHINE	05/01/2022	GOLD	EE	\$234.56
CONSTANTINO, ROGER	05/01/2022	GOLD	EE	\$234.56
CUENCA, ROCIO	05/01/2022	GOLD	EE	\$234.56

## MEDICAL PLAN COUNTS

Employee Only	6
Employee & Spouse	0
Employee & Children	0
Family	0





## Account Services

### Monthly Statement

NUAXESS

Invoice Number: 4995-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
PLATINUM	Employee Only	5	\$710.00	\$3,550.00
VB10	Employee Only	9	\$740.10	\$6,660.90
VB10	Employee & Spouse Only	3	\$1,531.64	\$4,594.92
VB10	Employee & Children	2	\$1,531.64	\$3,063.28
VB10	Family	2	\$2,353.71	\$4,707.42
VB13	Employee & Spouse Only	1	\$1,050.33	\$1,050.33
VB13	Family	1	\$1,450.50	\$1,450.50
VB18	Employee Only	8	\$541.90	\$4,335.20
VB18	Family	1	\$1,568.01	\$1,568.01
VB19	Employee & Spouse Only	1	\$1,172.12	\$1,172.12
VB19	Family	5	\$1,835.92	\$9,179.60
VB21	Employee Only	2	\$662.67	\$1,325.34
VB23	Employee Only	2	\$575.53	\$1,151.06
VB23	Family	1	\$2,295.00	\$2,295.00
VBP1	Employee Only	18	\$633.54	\$11,403.72
VBP1	Employee & Spouse Only	2	\$1,307.62	\$2,615.24
VBP1	Employee & Children	1	\$1,307.62	\$1,307.62
VBP1	Family	5	\$2,157.57	\$10,787.85
VBP2	Employee Only	1	\$415.00	\$415.00
VBP2	Employee & Spouse Only	1	\$930.00	\$930.00
VBP2	Family	2	\$1,510.00	\$3,020.00
VBP3	Employee Only	4	\$582.05	\$2,328.20
VBP3	Employee & Children	1	\$1,095.93	\$1,095.93
VBP3	Family	3	\$1,560.53	\$4,681.59
VBP8	Employee Only	1	\$450.75	\$450.75
VBP9	Employee Only	3	\$443.50	\$1,330.50
VBP9	Employee & Spouse Only	2	\$883.92	\$1,767.84
VBP9	Family	1	\$1,430.00	\$1,430.00
GRAND TOTAL				\$89,667.92

NUAXESS

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ACOSTA, EDEN	02/01/2022	VBP1	SI	\$633.54
ANASCO, MARIAANJANETTE	02/01/2022	VB18	EE	\$541.90
BATALI, BENNO	02/01/2022	VB10	EE	\$740.10
BATTLE, CHRIS	02/01/2022	VBP2	FAM	\$1510.00
BERMAN, WILLIAM	02/01/2022	VB19	FAM	\$1835.92
BETALI, MARIO	02/01/2022	VB10	EE	\$740.10
BRAND, HOLLY	02/01/2022	VB10	ES	\$1531.64
BRODSKIY, BIANNA	02/01/2022	VB23	EE	\$575.53
CAMA, SEAN	02/01/2022	VB10	EE	\$740.10
CAPOBIANCO, FREDRICK	02/01/2022	VB10	FAM	\$2353.71
CARTER, NICOLE	02/01/2022	VB10	FAM	\$2353.71
CAVENDER, RAMSE	02/01/2022	VB10	EE	\$740.10
CHRISTOPHERSON, CHELSEA	02/01/2022	VB10	ES	\$1531.64
COFFIE, GEORGE	02/01/2022	VB19	FAM	\$1835.92
COMBS, SUSANLEIGH	02/01/2022	VB19	ES	\$1172.12
COOK, RHONDA	02/01/2022	VBP1	SI	\$633.54
COOK, RICHARD	02/01/2022	VBP1	SI	\$633.54
CORLISS, MATTHEW	03/01/2022	VB21	EE	\$662.67
CRABB, CYPRESS	06/01/2022	PLATINUM	EE	\$710

NUAXESS

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## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CURTY, PATRICIA	02/01/2022	VB10	EE	\$740.10
DALEY, MATTHEW	02/01/2022	VB18	FAM	\$1568.01
DALEY, MELISSA	03/01/2022	VB21	EE	\$662.67
DANSBACH, MARY	02/01/2022	VB10	EE	\$740.10
DEVLIN, THOMAS	02/01/2022	VBP3	FAM	\$1560.53
DONO, THOMAS	02/01/2022	VBP2	EE	\$415.00
DORVIL, CARL	02/01/2022	VBP2	FAM	\$1510.00
ELLIOTT, JOSHUA	02/01/2022	VBP3	EE	\$582.05
ESRIG, MARC	03/01/2022	VB19	FAM	\$1835.92
FANCHER, CORY	02/01/2022	VBP1	EE	\$633.54
FIALLO, ROBERT	02/01/2022	VBP1	FAM	\$2157.57
FRANKEL, JESSE	02/01/2022	VBP1	EE	\$633.54
FRANKEL, MARC	02/01/2022	VBP1	FAM	\$2157.57
FRONTIERE, JOSEPH	02/01/2022	VBP2	ES	\$930.00
FULLER, DAVID	02/01/2022	VBP1	ES	\$1307.62
GAPP, KATARINA	02/01/2022	VBP9	EE	\$443.50
GARCIA, ANDREA	02/01/2022	VBP1	FAM	\$2157.57
GERARDO, GERARDO	02/01/2022	VBP9	FAM	\$1430.00

NUAXESS

,

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GOODWIN, SHANNON	02/01/2022	VBP1	EE	\$633.54
HALL, GLADYS	02/01/2022	VBP1	EE	\$633.54
HODGE, TIFFANY	02/01/2022	VBP9	ES	\$883.92
IPPOLITO, CINDY	02/01/2022	VB18	EE	\$541.90
JOSEPH, ROBYN	02/01/2022	VBP8	EE	\$450.75
KANG, JEAN	02/01/2022	VB18	EE	\$541.90
KIRSHBAUM, JESSE	03/01/2022	PLATINUM	EE	\$710
KNOX, KEITH	02/01/2022	VBP3	EC	\$1095.93
KROMAR, MICHAEL	02/01/2022	VBP1	EE	\$633.54
LEUN, MICHAEL	02/01/2022	VBP1	EE	\$633.54
LEVY, DAVID	02/01/2022	VBP1	FAM	\$2157.57
LOSQUADRO, MAUREEN	02/01/2022	VB10	EC	\$1531.64
LYNCH, KEVIN	02/01/2022	VBP3	FAM	\$1560.53
MASON, ANTOINE	03/01/2022	VBP3	EE	\$582.05
MATOS, JESSE	02/01/2022	VB10	EE	\$740.10
MCDONALD, ANDREA	02/01/2022	VBP1	EE	\$633.54
MCDUGAL, JARADD	02/01/2022	VB18	EE	\$541.90
MEJIAS, AMANDA	02/01/2022	VBP1	EE	\$633.54

NUAXESS

,

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MILLER, BRENNAN	03/01/2022	VBP9	EE	\$443.50
NAIR, SHARANYA	03/01/2022	VBP9	ES	\$883.92
NORDLICHT, MARK	02/01/2022	VBP1	FAM	\$2157.57
OREM, REGENA	03/01/2022	VBP9	EE	\$443.50
PARKER, TAWANDA	02/01/2022	VBP3	EE	\$582.05
PAWLOWSKA, JOANNA	02/01/2022	VBP1	EE	\$633.54
PEREZ, RONALD	02/01/2022	PLATINUM	EE	\$710
PIRAQUIVE, NIKI	02/01/2022	VB23	EE	\$575.53
PITTERS, JENNA	03/01/2022	VB18	EE	\$541.90
POMEROY, JEREMY	02/01/2022	VB10	EC	\$1531.64
PREVETE, ERIC	02/01/2022	VBP1	EE	\$633.54
RAMOS, ANDREA	03/01/2021	VBP3	EE	\$582.05
REBECCA, JOSHUA	02/01/2022	VBP1	EE	\$633.54
REDDY, GURU	02/01/2022	PLATINUM	EE	\$710
ROSENZWEIG, AMY	03/01/2022	VBP1	EE	\$633.54
SANDERS, BRITNEY	11/01/2021	VB13	ES	\$1050.33
SATIN, RICHARD	02/01/2022	VB10	EE	\$740.10
SCHINIK, RON	03/01/2022	VB19	FAM	\$1835.92

NUAXESS

,

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SCHNEIDER, MARK	02/01/2022	VBP1	EE	\$633.54
SHIKHMANter, VLADISLAV	02/01/2022	VB23	FAM	\$2295.00
SHROYER, JULIE	02/01/2022	VBP3	FAM	\$1560.53
SPENCER, NATALIE	03/01/2022	VBP1	EC	\$1307.62
SUYDAM, MARIA	02/01/2022	VBP1	EE	\$633.54
TOMESKI, LIDIJA	02/01/2022	VBP1	EE	\$633.54
TOURVILLE, ERIKA	03/01/2022	VB18	EE	\$541.90
VALENCIA, CARLOS	10/01/2021	VB13	FAM	\$1450.50
VALENTI, VINCENT	03/01/2022	VB19	FAM	\$1835.92
VERDE, BARBARA	02/01/2022	VB10	EE	\$740.10
WALSH, KATIE	02/01/2022	VB18	EE	\$541.90
WEBER, LAWRENCE	02/01/2022	VBP1	ES	\$1307.62
WIENCKOWSKI, NINA	02/01/2022	VB18	EE	\$541.90
ZOLY, KEVIN	02/01/2022	VB10	ES	\$1531.64

MEDICAL PLAN COUNTS

Employee Only	49
Employee & Spouse	10
Employee & Children	4
Family	21



## Account Services

### Monthly Statement

NUE AGENCY  
110 Ogden Avenue  
Dobbs Ferry , NY 10522

Invoice Number: 5124-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
PLATINUM	Employee Only	1	\$736.08	\$736.08
			GRAND TOTAL	\$736.08

NUE AGENCY  
110 Ogden Avenue  
Dobbs Ferry , NY 10522

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
NORWICK, SAMANTHA	10/01/2021	PLATINUM	EE	\$ 736.08

## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

OCEAN PSYCHIATRIC GROUP  
770 Lynnhaven Pkway Ste 240  
Virginia Beach, VA 23452

Invoice Number: 5577-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	1	\$588.43	\$588.43
SILVER	Employee Only	1	\$493.36	\$493.36
			GRAND TOTAL	\$1,081.79

## OCEAN PSYCHIATRIC GROUP

770 Lynnhaven Pkway Ste 240

Virginia Beach, VA 23452

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BRIGGS, MKISHA	03/01/2021	SILVER	EE	\$493.36
LYNCH, DEBORA	03/01/2021	GOLD	EE	\$588.43

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

OFFICE PAVILLION

Invoice Number: 6218-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSSILVER	Employee Only	2	\$651.18	\$1,302.36
			GRAND TOTAL	\$1,953.54

OFFICE PAVILLION

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HELLMAN, TAMI	2022-11-01	OPENAXESSSILVER	EE	\$651.18
HELLMAN, TAMI	2022-11-01	OPENAXESSSILVER	EE	\$651.18

OFFICE PAVILLION

,

PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HELLMAN, TAMI	2022-11-01	OPENAXESSSILVER	EE	\$651.18

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

ONE FOR ISRAEL  
1300 Glade RD  
COLLEYVILLE, TX 76034

Invoice Number: 4565-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Family	1	\$0.00	\$160.18
GUARDLOW	Employee Only	5	\$29.44	\$147.20
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
GUARDLOW	Family	4	\$100.74	\$402.96
LIFE	Employee Only	4	\$7.20**	\$81.72
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Family	2	\$23.76	\$47.52
			GRAND TOTAL	\$912.62

ONE FOR ISRAEL  
1300 Glade RD  
COLLEYVILLE, TX 76034

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

ONE NIGHT PROPERTIES

Invoice Number: 5908-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$8.40**	\$8.40
GUARDHIGH	Employee Only	6	\$47.61	\$285.66
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
GUARDHIGH	Family	2	\$160.18	\$320.36
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$9.60**	\$9.60
OPENAXESSPLATINUM	Employee Only	4	\$887.95	\$3,551.80
OPENAXESSPLATINUM	Employee & Children	1	\$887.95	\$1,751.05
OPENAXESSPLATINUM	Family	2	\$2,614.09	\$5,228.18
VSP	Employee Only	4	\$8.75	\$35.00
VSP	Employee & Children	1	\$15.02	\$15.02
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$11,376.26



## ONE NIGHT PROPERTIES

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FISHOF, POLINA	2023-01-01	OPENAXESSPLATINUM EE		\$887.95
FRISANCO, ERIC	2023-01-01	OPENAXESSPLATINUM EE		\$887.95
KLEIN, MOLLY	2023-01-01	OPENAXESSPLATINUM EE		\$887.95
KOLLENSCHER, AVI	2023-01-01	OPENAXESSPLATINUM FAM		\$2614.09
KRAWITZ, STEFAN	2023-01-01	OPENAXESSPLATINUM EE		\$887.95
SCHWARTZ, ELCHONON	2023-01-01	OPENAXESSPLATINUM EC2		\$1751.05
SINGER, SIMON	2023-01-01	OPENAXESSPLATINUM FAM		\$2614.09

## MEDICAL PLAN COUNTS

Employee Only	4
Employee & Spouse	0
Employee & Children	0
Family	2



## Account Services

### Monthly Statement

ONE PAPER LANE INC

Invoice Number: 5891-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$4.20**	\$8.40
GUARDHIGH	Family	1	\$0.00	\$160.18
GUARDLOW	Family	1	\$100.74	\$100.74
OPENAXESSGOLD	Family	1	\$2,059.31	\$2,059.31
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$2,352.39

ONE PAPER LANE INC

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MIRCHANDANI, GAURAV	2023-01-01	OPENAXESSGOLD	FAM	\$2059.31

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

ONE POINT HR SOLUTIONS  
118 WEST 5TH STREET SUITE 202  
COVINGTON, KY 41011

Invoice Number: 4212-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	11	\$4.20**	\$68.88
GUARDHIGH	Employee Only	9	\$47.61	\$428.49
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Employee & Children	3	\$89.81	\$297.61
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	5	\$29.44	\$147.20
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
GUARDLOW	Family	1	\$100.74	\$100.74
LIFE	Employee Only	12	\$39.60**	\$172.95
OPENAXESSBRONZE	Employee Only	2	\$511.68	\$1,023.36
OPENAXESSCOPPER	Employee Only	2	\$460.52	\$921.04
OPENAXESSGOLD	Employee Only	5	\$686.44	\$3,432.20
OPENAXESSPLATINUM	Employee Only	4	\$755.08	\$3,020.32
OPENAXESSPLATINUM	Employee & Children	2	\$1,510.16	\$3,020.32
OPENAXESSSILVER	Employee Only	1	\$575.53	\$575.53
OPENAXESSSILVER	Family	1	\$1,726.60	\$1,726.60
VSP	Employee Only	8	\$8.75	\$70.00
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$15,359.59

ONE POINT HR SOLUTIONS  
118 WEST 5TH STREET SUITE 202  
COVINGTON, KY 41011

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ADCOCK, LISA	2023-01-01	OPENAXESSPLATINUM	EE	\$755.08
BIONDI, SHERI	2023-01-01	OPENAXESSSILVER	FAM	\$1726.60
CASTALDI, DORA	2023-01-01	OPENAXESSGOLD	EE	\$686.44
COOPER, SARAH	2023-01-01	OPENAXESSPLATINUM	EC2	\$1510.16
DALBEY, TARAH	2023-01-01	OPENAXESSCOPPER	EE	\$460.52
DEABREU, GHERALDINE	2023-01-01	OPENAXESSPLATINUM	EE	\$755.08
GNADT, KIMBERLY	2023-01-01	OPENAXESSGOLD	EE	\$686.44
GUERRERO CANTORAN, MARCELA	2023-01-01	OPENAXESSPLATINUM	EC2	\$1510.16
HILL, ELIZABETH	2023-01-01	OPENAXESSSILVER	EE	\$575.53
INBODEN, AMANDA	2023-01-01	OPENAXESSBRONZE	EE	\$511.68
JACKSON, RITA	2023-01-01	OPENAXESSCOPPER	EE	\$460.52
LOUGH, KELLY	2023-01-01	OPENAXESSPLATINUM	EE	\$755.08
PRINCE, APRIL	2023-01-01	OPENAXESSGOLD	EE	\$686.44
RICKETTS, WILLIAM	2023-01-01	OPENAXESSPLATINUM	EE	\$755.08
SHEFFIELD, JENNIFER	2023-01-01	OPENAXESSGOLD	EE	\$686.44
SOKOL, EMILY	2023-01-01	OPENAXESSBRONZE	EE	\$511.68
SVOB, LISA	2023-01-01	OPENAXESSGOLD	EE	\$686.44

**MEDICAL PLAN COUNTS**

Employee Only	14
Employee & Spouse	0
Employee & Children	0
Family	1



## Account Services

### Monthly Statement

P JUDGE & SONS DBA PORT ELIZABETH TERMINAL & WARE  
TERMINAL 201 BAY ST  
ELIZABETH , NJ 07201

Invoice Number: 5067-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	30	\$562.25	\$16,867.50
GOLD	Employee & Spouse Only	9	\$1,241.08	\$11,169.72
GOLD	Employee & Children	6	\$954.71	\$5,728.26
GOLD	Family	7	\$1,686.20	\$11,803.40
ADJUSTMENT	BOSTIC NOV/DEC EE PREMIUM			\$1,124.50
ADJUSTMENT	ARMSTRONG DEC EE PREMIUM			\$562.25
			GRAND TOTAL	\$47,255.63

P JUDGE & SONS DBA PORT ELIZABETH TERMINAL & WARE  
TERMINAL 201 BAY ST  
ELIZABETH , NJ 07201

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ARMSTRONG, MICHAEL	12/01/2022	GOLD	EE	\$562.25
BOSTIC, CHINYL	11/01/2022	GOLD	EE	\$562.25
BOXILL, JULIAN	01/01/2022	GOLD	EC	\$954.71
CATANIA, JEFFREY	01/01/2022	GOLD	EE	\$562.25
CLERGE, RONALD	01/01/2022	GOLD	EE	\$562.25
COLON, ROSALINA	01/01/2022	GOLD	FAM	\$1686.2
CORDERO, NATHANIEL	01/01/2022	GOLD	EE	\$562.25
CORTES, ANTONIO	01/01/2022	GOLD	EE	\$562.25
DIAS, FERNANDO	01/01/2022	GOLD	EE	\$562.25
DIEKMAN, HENRY	01/01/2022	GOLD	FAM	\$1686.2
EVANS, ZACKERUS	11/01/2022	GOLD	EC	\$954.71
FRANOV, JOAN	01/01/2022	GOLD	EE	\$562.25
GIANNETTINO, FRANK	01/01/2022	GOLD	FAM	\$1686.2
GRANT, FALLON	01/01/2022	GOLD	EE	\$562.25
HARTMAN, CHARLES	01/01/2022	GOLD	ES	\$1241.08
ISIDOR, REYNOLD	01/01/2022	GOLD	ES	\$1241.08
JACKSON, LEAH	01/01/2022	GOLD	EC	\$954.71
JUDGE, BARBARA	01/01/2022	GOLD	EE	\$562.25
JUDGE, ERIN	01/01/2022	GOLD	EE	\$562.25

P JUDGE & SONS DBA PORT ELIZABETH TERMINAL & WARE  
TERMINAL 201 BAY ST  
ELIZABETH , NJ 07201

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
JUDGE, PATRICK	01/01/2022	GOLD	FAM	\$1686.2
KESSLER, ROBERT	01/01/2022	GOLD	ES	\$1241.08
MARLIN, YAKEMA	01/01/2022	GOLD	EE	\$562.25
MCINERNEY, MICHAEL	01/01/2022	GOLD	ES	\$1241.08
MCKEON, COLIN	01/01/2022	GOLD	EE	\$562.25
MINTER, CHARLOTTE	01/01/2022	GOLD	EE	\$562.25
MOORE, KIRK	01/01/2022	GOLD	EE	\$562.25
OWENS, EDWARD	01/01/2022	GOLD	ES	\$1241.08
PARADA, SAMUEL	01/01/2022	GOLD	EE	\$562.25
PHAGOO, KRISHNA	2022-01-01	GOLD	FAM	\$1686.2
PHILLIPS, RAMESH	01/01/2022	GOLD	EE	\$562.25
PIRES, MARIA	10/01/2022	GOLD	EE	\$562.25
ROBINSON, DONTAE	01/01/2022	GOLD	EE	\$562.25
ROCHA, ROENNY	01/01/2022	GOLD	EE	\$562.25
ROCHA-LOPEZ, ARTURO	10/01/2022	GOLD	EE	\$562.25
ROFMAN, MAYA	02/01/2022	GOLD	EE	\$562.25
SALINAS, FERNANDO	01/01/2022	GOLD	ES	\$1241.08
SARLO, CARL	01/01/2022	GOLD	EE	\$562.25



P JUDGE & SONS DBA PORT ELIZABETH TERMINAL & WARE  
 TERMINAL 201 BAY ST  
 ELIZABETH , NJ 07201

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SHARPER, YVONNE	01/01/2022	GOLD	ES	\$1241.08
SHELEPETS, PAMELA	01/01/2022	GOLD	EE	\$562.25
TIGHE, ROBERT	01/01/2022	GOLD	FAM	\$1686.2
VASQUEZ, GRISELLE	09/01/2022	GOLD	EE	\$562.25
VILLANUEVA, CESAR	01/01/2022	GOLD	EC	\$954.71
WHITE, JOHN	01/01/2022	GOLD	ES	\$1241.08
WHITEHALL, PEARLY	01/01/2022	GOLD	EE	\$562.25
WILSON, MATTHEW	01/01/2022	GOLD	EC	\$954.71
WILSON, ROSE	01/01/2022	GOLD	EE	\$562.25
WYNNE, BRANDON	01/01/2022	GOLD	EE	\$562.25
WYNNE, BRIAN	01/01/2022	GOLD	FAM	\$1686.2
WYNNE, MICHAEL	01/01/2022	GOLD	ES	\$1241.08
WYNNE, PATRICK	01/01/2022	GOLD	EE	\$562.25
WYNNE, TERENCE	01/01/2022	GOLD	EC	\$954.71
ZERVOS, MICHAEL	01/01/2022	GOLD	EE	\$562.25

MEDICAL PLAN COUNTS

Employee Only	30
Employee & Spouse	9
Employee & Children	6
Family	7



## Account Services

### Monthly Statement

PARAMOUNT COUNTRY CLUB LLC  
60 Zukor Road  
New City , NY 10956

Invoice Number: 5025-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
PLATINUM	Employee Only	7	\$1,075.29	\$7,527.03
			GRAND TOTAL	\$7,527.03

PARAMOUNT COUNTRY CLUB LLC

60 Zukor Road

New City , NY 10956

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GRAUBARD, DOUGLAS	02/01/2022	PLATINUM	EE	\$1075.29
GRULLON GONZALEZ, GONZALO	02/01/2022	PLATINUM	EE	\$1075.29
JOHNSON, GARY	02/01/2022	PLATINUM	EE	\$1075.29
KERENS, MATTHEW	02/01/2022	PLATINUM	EE	\$1075.29
QUEZADA, MARIA	02/01/2022	PLATINUM	EE	\$1075.29
SOTO, GEORGE	02/01/2022	PLATINUM	EE	\$1075.29
WERK, JEREMY	07/01/2022	PLATINUM	EE	\$1075.29

## MEDICAL PLAN COUNTS

Employee Only	7
Employee & Spouse	0
Employee & Children	0
Family	0



**Account Services**  
**Monthly Statement**

PARASOL ALLIANCE LLC  
5620 North Kedvale Ave  
Chicago, IL 60646

Invoice Number: 5027-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE	Employee Only	1	\$562.85	\$562.85
GOLD	Employee Only	1	\$755.08	\$755.08
PLATINUM	Employee Only	10	\$906.10	\$9,061.00
PLATINUM	Employee & Spouse Only	1	\$1,812.18	\$1,812.18
SILVER II	Employee Only	1	\$681.45	\$681.45
SILVER III (SILVER	Employee Only	1	\$672.21	\$672.21
ADJUSTMENT	SJOBERG DEC EE PREMIUM			\$755.08
			GRAND TOTAL	\$14,299.85

PARASOL ALLIANCE LLC  
5620 North Kedvale Ave  
Chicago, IL 60646

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CAGLE, JACOB	10/01/2022	PLATINUM	EE	\$906.10
FECYK, GORDON	10/01/2021	PLATINUM	EE	\$906.10
HUGHES, JEFFREY	11/01/2021	PLATINUM	EE	\$906.10
HURLIE, JEFFREY	05/01/2022	PLATINUM	EE	\$906.10
KELLY, KEYON	10/01/2022	PLATINUM	EE	\$906.10
KLEKAMP, ZACHERY	02/01/2022	BRONZE	EE	\$562.85
LEONARD, PATRICK	02/01/2022	PLATINUM	ES	\$1812.18
MENGE, BRIAN	11/01/2021	PLATINUM	EE	\$906.10
PETERSON, MIKE	09/01/2022	PLATINUM	EE	\$906.10
REISIG, TIMOTHY	10/01/2022	SILVER II	EE	\$681.45
REUTER, SHELLY	10/01/2021	PLATINUM	EE	\$906.10
RIESEBECK, LISA	10/01/2021	PLATINUM	EE	\$906.10
SCHMITT, REBECCA	02/01/2022	SILVER III (SILVER	EE	\$672.21
SJOBERG, ANTONIA	12/01/2022	GOLD	EE	\$755.08
SUAREZ, GUILLERMO	10/01/2021	PLATINUM	EE	\$906.10

**MEDICAL PLAN COUNTS**

Employee Only	14
Employee & Spouse	1
Employee & Children	0
Family	0



**Account Services**  
**Monthly Statement**

PATIENTLY INC

Invoice Number: 5285-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1512GUARDIANDENTAL	Employee Only	1	\$26.50	\$26.50
			GRAND TOTAL	\$26.50

PATIENTLY INC

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

PATIENTS' RIGHTS ACTION FUND INC  
1562 First Avenue, #296  
New York, NY 10028

Invoice Number: 4588-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	4	\$42.42**	\$105.00
GUARDHIGH	Employee Only	2	\$0.00	\$95.22
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	4	\$8.40**	\$47.80
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$461.40



## PATIENTS' RIGHTS ACTION FUND INC

1562 First Avenue, #296

New York, NY 10028

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

PAV BHAJI HUT  
37100 Fremont Blvd, Suit A  
Fremont, CA 94536

Invoice Number: 4092-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44

PAV BHAJI HUT  
37100 Fremont Blvd, Suit A  
Fremont, CA 94536

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

PAYLOAD SPACE INC  
10401 Venice Blvd Suite #294  
Los Angeles, CA 90034

Invoice Number: 47-2023-01  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
SILVER	Employee Only	3	\$578.18	\$1,734.54
			GRAND TOTAL	\$1,734.54

PAYLOAD SPACE INC  
10401 Venice Blvd Suite #294  
Los Angeles, CA 90034

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DUFFY, RYAN	09/01/2021	SILVER	EE	\$578.18
FELSCHER, JACQUELINE	11/01/2022	SILVER	EE	\$578.18
LEWIS, ARI	09/01/2021	SILVER	EE	\$578.18

## MEDICAL PLAN COUNTS

Employee Only	3
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

PEAK LOAD MANAGEMENT ALLIANCE, INC  
5289 Oakbrook Dr  
PLAINFIELD, IN 46168

Invoice Number: 4523-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee & Spouse Only	1	\$0.00	\$55.54
			GRAND TOTAL	\$145.35

PEAK LOAD MANAGEMENT ALLIANCE, INC  
5289 Oakbrook Dr  
PLAINFIELD, IN 46168

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

PEDEGO ELECTRIC BIKES HARLEM  
306 W 142nd St Apt 7C  
NEW YORK, NY 10030

Invoice Number: 4412-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$133.01



PEDEGO ELECTRIC BIKES HARLEM

306 W 142nd St Apt 7C

NEW YORK, NY 10030

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

PEOPLE FOR ANIMALS  
401 HILLSIDE AVE  
HILLSIDE, NJ 07205

Invoice Number: 5035-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTAL	Employee Only	20	\$47.61	\$952.20
DENTAL	Employee & Spouse Only	2	\$89.81	\$179.62
DENTAL	Employee & Children	1	\$117.99	\$117.99
DENTAL	Family	1	\$160.18	\$160.18
PLATINUM III	Employee Only	5	\$823.72	\$4,118.60
PLATINUM III	Employee & Spouse Only	1	\$982.45	\$982.45
PLATINUM III	Employee & Children	2	\$982.45	\$1,964.90
PLATINUM III	Family	1	\$2,327.27	\$2,327.27
SILVER II	Employee Only	18	\$596.54	\$10,737.72
SILVER II	Employee & Spouse Only	1	\$795.78	\$795.78
VISION	Employee Only	18	\$8.75	\$157.50
VISION	Employee & Spouse Only	1	\$14.73	\$14.73
VISION	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$22,523.96

PEOPLE FOR ANIMALS  
401 HILLSIDE AVE  
HILLSIDE, NJ 07205

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ACOSTA, LAURA	02/01/2022	PLATINUM III	EC	\$982.45
BIELY, IRIS	11/01/2021	PLATINUM III	EE	\$823.72
BROADBECK, MICHELLE	11/01/2021	SILVER II	EE	\$596.54
CALES, LEAH	06/01/2022	PLATINUM III	EE	\$823.72
CAPPADONA, JANINE	10/01/2022	PLATINUM III	FAM	\$ 2327.27
CASTILLO, KATHERINE	05/01/2022	SILVER II	EE	\$596.54
CASTILLO, MONICA	11/01/2021	SILVER II	EE	\$596.54
CROMAN, DAVID	11/01/2021	SILVER II	EE	\$596.54
DODGE, REBECCA	11/01/2021	SILVER II	EE	\$596.54
FOX, CHELSY	11/01/2021	SILVER II	EE	\$596.54
GUILLAUME, JANE	11/01/2021	PLATINUM III	ES	\$ 982.45
HEEB, LAURIE	11/01/2021	PLATINUM III	EE	\$823.72
HILTON, CAROL	11/01/2021	PLATINUM III	EE	\$823.72
HUBBLE, TARA	11/01/2021	SILVER II	EE	\$596.54
JEANETTES, PETER	11/01/2021	SILVER II	EE	\$596.54
KALMER, CHRISTINA	11/01/2021	SILVER II	EE	\$596.54
KELLY, ALJAQUAN	11/01/2022	SILVER II	EE	\$596.54
LEWIS, NYQUILL	01/01/2022	SILVER II	EE	\$596.54
MACKO, NICOLE	11/01/2021	SILVER II	EE	\$596.54

PEOPLE FOR ANIMALS  
401 HILLSIDE AVE  
HILLSIDE, NJ 07205

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MOORE, KEVIN	11/01/2021	SILVER II	ES	\$795.78
MOSCHITTA, AMANDA	11/01/2021	SILVER II	EE	\$596.54
MURGA, MICHELLE	11/01/2022	SILVER II	EE	\$596.54
RODRIGUEZ, GABRIELLE	11/01/2022	SILVER II	EE	\$596.54
RODRIGUEZ, MONICA	11/01/2021	SILVER II	EE	\$596.54
ROMERO, MARILYN	11/01/2021	PLATINUM III	EE	\$823.72
SALIEB, CHRISTINA	02/01/2022	PLATINUM III	EC	\$982.45
WEIR, SAMANTHA	11/01/2021	SILVER II	EE	\$596.54
YOUNG-HARPER, JACQUELYN	11/01/2021	SILVER II	EE	\$596.54

## MEDICAL PLAN COUNTS

Employee Only	23
Employee & Spouse	2
Employee & Children	2
Family	1



**Account Services**  
**Monthly Statement**

PET SUPPLIES PLUS - FARR BETTER PETS

Invoice Number: 5760-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$41.26

PET SUPPLIES PLUS - FARR BETTER PETS

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

PET SUPPLIES PLUS HOUSTON

Invoice Number: 5976-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	3	\$10.50**	\$25.20
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
LIFE	Employee Only	2	\$22.92**	\$25.32
VSP	Employee & Children	1	\$8.75	\$15.02
			GRAND TOTAL	\$140.15

PET SUPPLIES PLUS HOUSTON

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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





**Account Services**  
**Monthly Statement**

PET SUPPLIES PLUS STOCKTON

Invoice Number: 5545-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$0.00	\$47.61
VSP	Employee Only	1	\$0.00	\$8.75
			GRAND TOTAL	\$56.36

PET SUPPLIES PLUS STOCKTON

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

PET SUPPLIES PLUS TURLOCK

Invoice Number: 5748-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.00**	\$0.84
GUARDHIGH	Employee Only	1	\$0.00	\$47.61
VSP	Employee Only	1	\$0.00	\$8.75
			GRAND TOTAL	\$57.20

PET SUPPLIES PLUS TURLOCK

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

PHARMACEUTICAL MEDIA INC  
30 E 33RD STREET  
NEW YORK, NY 10016

Invoice Number: 5014-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
PLATINUM	Employee Only	6	\$907.92	\$5,447.52
PLATINUM	Employee & Spouse Only	1	\$1,815.85	\$1,815.85
PLATINUM	Family	3	\$2,587.59	\$7,762.77
			GRAND TOTAL	\$15,026.14

PHARMACEUTICAL MEDIA INC  
30 E 33RD STREET  
NEW YORK, NY 10016

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALLAS, CHRISTOPHER	07/01/2021	PLATINUM	EE	\$907.92
BENNICASA, GINA	07/01/2021	PLATINUM	EE	\$907.92
COX, FRANK	07/01/2021	PLATINUM	FAM	\$2587.59
DELGADO, SAMIR	07/01/2021	PLATINUM	EE	\$907.92
DWYER, CHRISTINE	07/01/2021	PLATINUM	EE	\$907.92
HOUSTON, SHEMAKA	07/01/2021	PLATINUM	EE	\$907.92
LAI, BETTY	07/01/2021	PLATINUM	FAM	\$2587.59
MALSEED, KATHLEEN	07/01/2021	PLATINUM	EE	\$907.92
SCHULDNER, JOSEPH	04/01/2022	PLATINUM	FAM	\$2587.59
TRIMBOLI, SUSAN	07/01/2021	PLATINUM	ES	\$1815.85

## MEDICAL PLAN COUNTS

Employee Only	6
Employee & Spouse	1
Employee & Children	0
Family	3



## Account Services

### Monthly Statement

PLAY PARK HOSPITALITY

Invoice Number: 5837-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$36.12**	\$36.12
GUARDHIGH	Employee Only	1	\$0.00	\$47.61
GUARDHIGH	Employee & Spouse Only	1	\$0.00	\$89.81
GUARDHIGH	Family	1	\$160.18	\$160.18
LIFE	Employee Only	1	\$2.40**	\$2.40
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$359.88

PLAY PARK HOSPITALITY

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

PMI ADVISORY GROUP

Invoice Number: 5975-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$4.20**	\$4.20
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$14.40**	\$14.40
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$56.79

PMI ADVISORY GROUP

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

PMI GEORGIA  
170 Greencastle Rd  
TYRONE, GA 30290

Invoice Number: 4513-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	4	\$2.52**	\$22.89
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
LIFE	Employee Only	5	\$13.20**	\$65.65
OPENAXESSGOLD	Employee Only	3	\$781.33	\$2,343.99
OPENAXESSGOLD	Family	1	\$2,291.48	\$2,291.48
OPENAXESSPLATINUM	Employee Only	3	\$932.26	\$2,796.78
OPENAXESSSILVER	Employee & Children	1	\$1,292.43	\$1,292.43
VSP	Employee Only	3	\$8.75	\$26.25
			GRAND TOTAL	\$9,198.92

PMI GEORGIA  
170 Greencastle Rd  
TYRONE, GA 30290

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BROWN, BETH	2023-01-01	OPENAXESSPLATINUM	EE	\$932.26
DUHON, VICTORIA	2023-01-01	OPENAXESSGOLD	EE	\$781.33
FLETCHER, JA'NAT	2023-01-01	OPENAXESSPLATINUM	EE	\$932.26
LITTLETON, CHRISTOPHER	2023-01-01	OPENAXESSGOLD	FAM	\$2291.48
MULDOWNEY, ALBERT	2023-01-01	OPENAXESSSILVER	EC	\$1292.43
PRESTON, APRIL	2023-01-01	OPENAXESSGOLD	EE	\$781.33
STRICKLAND, CATHY	2023-01-01	OPENAXESSPLATINUM	EE	\$932.26
SUPENA, MARK	2023-01-01	OPENAXESSGOLD	EE	\$781.33

**MEDICAL PLAN COUNTS**

Employee Only	6
Employee & Spouse	0
Employee & Children	1
Family	1



## Account Services

### Monthly Statement

PMI METROPLEX

Invoice Number: 5761-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
LIFE	Employee Only	2	\$6.00**	\$12.00
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$68.36

PMI METROPLEX

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

PMI MM

Invoice Number: 4559-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Family	1	\$160.18	\$160.18
			GRAND TOTAL	\$160.18

PMI MM

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

PMI OF UTAH  
2940 W MAPLE LOOP DR  
LEHI, UT 84043

Invoice Number: 4558-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$5.04**	\$10.08
GUARDHIGH	Employee Only	3	\$47.61	\$142.83
GUARDHIGH	Employee & Children	1	\$0.00	\$117.99
GUARDHIGH	Family	2	\$160.18	\$320.36
LIFE	Employee Only	1	\$39.60**	\$12.50
OPENAXESSBRONZE	Employee Only	1	\$562.85	\$562.85
OPENAXESSGOLD	Employee Only	1	\$755.08	\$755.08
OPENAXESSSILVER	Employee Only	1	\$633.09	\$633.09
OPENAXESSSILVER	Family	2	\$1,899.27	\$3,798.54
VSP	Employee & Children	2	\$15.02	\$30.04
VSP	Family	2	\$23.76	\$47.52
			GRAND TOTAL	\$6,430.88

PMI OF UTAH  
2940 W MAPLE LOOP DR  
LEHI, UT 84043

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CUNDIFF, JEREMIAH	2023-01-01	OPENAXESSSILVER	FAM	\$1899.27
FRANKLIN, ANGELA	2023-01-01	OPENAXESSBRONZE	EE	\$562.85
GALLAGHER, GLENN	2023-01-01	OPENAXESSSILVER	FAM	\$1899.27
HENDRICKS-MEADERS, ADRIANNE	2023-01-01	OPENAXESSSILVER	EE	\$633.09
WEISS, TIFFANY	2023-01-01	OPENAXESSGOLD	EE	\$755.08

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

PMI RENO  
63 Keystone Ave Ste 104  
RENO, NV 89503

Invoice Number: 4474-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Family	1	\$160.18	\$160.18
OPENAXESSGOLD	Employee Only	1	\$755.08	\$755.08
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$986.63

PMI RENO  
63 Keystone Ave Ste 104  
RENO, NV 89503

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
STARKS, RHONDA	2023-01-01	OPENAXESSGOLD	EE	\$755.08

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

POOLWERX CEDAR PARK TX

Invoice Number: 5882-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	2	\$12.00**	\$24.00
			GRAND TOTAL	\$94.88

POOLWERX CEDAR PARK TX

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

POOLWERX FOREST LANE  
3544 Forest Ln  
DALLAS, TX 75234

Invoice Number: 4290-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	5	\$8.40**	\$42.42
GUARDHIGH	Employee Only	5	\$47.61	\$238.05
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee Only	4	\$29.44	\$117.76
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
LIFE	Employee Only	4	\$19.10**	\$159.13
OPENAXESSGOLD	Employee Only	7	\$593.59	\$4,155.13
OPENAXESSGOLD	Employee & Spouse Only	1	\$1,187.17	\$1,187.17
VSP	Employee Only	9	\$8.75	\$78.75
VSP	Employee & Spouse Only	2	\$14.73	\$29.46
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$6,176.98

POOLWERX FOREST LANE  
3544 Forest Ln  
DALLAS, TX 75234

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CRUZ, MARY	2023-01-01	OPENAXESSGOLD	EE	\$593.59
HAMILTON, JOSEPH	2023-01-01	OPENAXESSGOLD	EE	\$593.59
HOLIFIELD, VICTOR	2023-01-01	OPENAXESSGOLD	ES	\$1187.17
HOOKEER, KEVIN	2023-01-01	OPENAXESSGOLD	EE	\$593.59
SCOTT, TASHINA	2023-01-01	OPENAXESSGOLD	EE	\$593.59
SMITH, JANELL	2023-01-01	OPENAXESSGOLD	EE	\$593.59
TRAYLOR, DEBORAH	2023-01-01	OPENAXESSGOLD	EE	\$593.59
WALLINGFORD GEBBIE, KAREN	2023-01-01	OPENAXESSGOLD	EE	\$593.59

## MEDICAL PLAN COUNTS

Employee Only	7
Employee & Spouse	1
Employee & Children	0
Family	0





## Account Services

### Monthly Statement

POOLWERX NORTH RICHLAND HILLS  
8528 Davis Blvd #190  
NORTH RICHLAND HILLS, TX 76182

Invoice Number: 4343-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$21.00**	\$21.00
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
LIFE	Employee Only	1	\$0.00**	\$0.00
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$77.36

POOLWERX NORTH RICHLAND HILLS

8528 Davis Blvd #190

NORTH RICHLAND HILLS, TX 76182

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

POOLWERX USA  
13901 Midway Rd  
FARMERS BRANCH, TX 75244

Invoice Number: 4289-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	9	\$0.42**	\$117.18
GUARDHIGH	Employee Only	4	\$47.61	\$190.44
GUARDHIGH	Employee & Spouse Only	2	\$89.81	\$179.62
GUARDLOW	Employee Only	6	\$29.44	\$176.64
GUARDLOW	Family	2	\$100.74	\$201.48
LIFE	Employee Only	3	\$0.90**	\$4.10
OPENAXESSGOLD	Employee Only	9	\$593.59	\$5,342.31
OPENAXESSGOLD	Employee & Spouse Only	1	\$1,187.17	\$1,187.17
OPENAXESSGOLD	Employee & Children	1	\$1,187.17	\$1,187.17
OPENAXESSGOLD	Family	1	\$2,225.97	\$2,225.97
OPENAXESSSILVER	Employee Only	1	\$520.90	\$520.90
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Spouse Only	3	\$14.73	\$44.19
			GRAND TOTAL	\$11,394.67

POOLWERX USA  
13901 Midway Rd  
FARMERS BRANCH, TX 75244

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
COOK, GAIL	2023-01-01	OPENAXESSGOLD	EE	\$593.59
FERNANDES, BRIAN	2023-01-01	OPENAXESSGOLD	EE	\$593.59
FUENTES, NALLEY	2023-01-01	OPENAXESSGOLD	EE	\$593.59
JENKINS, NANCY	2023-01-01	OPENAXESSGOLD	EE	\$593.59
JULIAN, ARSHAE	2023-01-01	OPENAXESSGOLD	EE	\$593.59
KAMPER, WAYNE	2023-01-01	OPENAXESSGOLD	FAM	\$2225.97
KIDD, ANDREW	2023-01-01	OPENAXESSGOLD	ES	\$1187.17
MOORE, STEPHEN	2023-01-01	OPENAXESSGOLD	EE	\$593.59
NYABOGA, SIDNER	2023-01-01	OPENAXESSGOLD	EE	\$593.59
O'BRIEN, SHANNON	2023-01-01	OPENAXESSGOLD	EE	\$593.59
OVERDUIN, BLAKE	2023-01-01	OPENAXESSGOLD	EC	\$1187.17
OVERDUIN, CHARMIAN	2023-01-01	OPENAXESSGOLD	EE	\$593.59
PRESSNELL, MIRANDA	2023-01-01	OPENAXESSSILVER	EE	\$520.90

**MEDICAL PLAN COUNTS**

Employee Only	10
Employee & Spouse	1
Employee & Children	1
Family	1



## Account Services

### Monthly Statement

PPD REMODELING & CONSTRUCTION, INC.

Invoice Number: 5834-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$8.82**	\$8.82
GUARDHIGH	Family	1	\$160.18	\$160.18
LIFE	Employee Only	1	\$25.58**	\$25.58
OPENAXESSGOLD	Family	1	\$2,265.23	\$2,265.23
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$2,483.57

PPD REMODELING &amp; CONSTRUCTION, INC.

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MISTINA, BRAD	2023-01-01	OPENAXESSGOLD	FAM	\$2265.23

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

PRESENT MEDIA GROUP DBA FOREST MEDIA GROUP  
110 W 96th St  
NEW YORK, NY 10025

Invoice Number: 4469-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Family	1	\$0.00	\$160.18
OPENAXESSSILVER	Family	1	\$1,899.27	\$1,899.27
			GRAND TOTAL	\$2,059.45

PRESENT MEDIA GROUP DBA FOREST MEDIA GROUP  
110 W 96th St  
NEW YORK, NY 10025

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MEYEROVICH, ARTHUR	2023-01-01	OPENAXESSSILVER	FAM	\$1899.27

## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

PRIME TIME CENTER  
240 BROAD STREET  
EATONTOWN, NJ 07724, NJ 07724

Invoice Number: 5006-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
PLATINUM PLAN	Employee Only	19	\$496.88	\$9,440.72
ADJUSTMENT	SILVESTRI DEC EE			\$496.88
			GRAND TOTAL	\$9,937.60

PRIME TIME CENTER  
240 BROAD STREET  
EATONTOWN, NJ 07724, NJ 07724

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BERAZATEGUI, GRACIELA	02/01/2022	PLATINUM PLAN	EE	\$496.88
BORNEMANN, ALLISON	02/01/2022	PLATINUM PLAN	EE	\$496.88
CASTANHEIRA, DANIEL	02/01/2022	PLATINUM PLAN	EE	\$496.88
FERRARA, DEBRA	02/01/2022	PLATINUM PLAN	EE	\$496.88
FIGLIOLA, AMANDA	02/01/2022	PLATINUM PLAN	EE	\$496.88
HELENA-OLEA, ANABEL	11/01/2022	PLATINUM PLAN	EE	\$496.88
MARAVENTANO, ROSALINDA	02/01/2022	PLATINUM PLAN	EE	\$496.88
O'SULLIVAN, CATHERINE	02/01/2022	PLATINUM PLAN	EE	\$496.88
PAGAN, TATIANA	06/01/2022	PLATINUM PLAN	EE	\$496.88
PAOLANTONIO, KRISTEN	02/01/2022	PLATINUM PLAN	EE	\$496.88
PRYGOCKI, DEANA	07/01/2022	PLATINUM PLAN	EE	\$496.88
RODRIQUEZ, IDALME	02/01/2022	PLATINUM PLAN	EE	\$496.88
SHANLEY, EVANE	02/01/2022	PLATINUM PLAN	EE	\$496.88
SHAW, VAUGHN	02/01/2022	PLATINUM PLAN	EE	\$496.88
SILVESTRI, JENNIFER	12/01/2022	PLATINUM PLAN	EE	\$496.88
SMITH, CARRIE	07/01/2022	PLATINUM PLAN	EE	\$496.88
SMITH, MARK	02/01/2022	PLATINUM PLAN	EE	\$496.88
STARR, SUSAN	02/01/2022	PLATINUM PLAN	EE	\$496.88
STEELMAN, JULIE	02/01/2022	PLATINUM PLAN	EE	\$496.88

PRIME TIME CENTER  
240 BROAD STREET  
EATONTOWN, NJ 07724, NJ 07724

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

Employee Only	19
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

PRIVATE CAPITAL INTELLIGENCE LLC  
240 EAST 82nd STREET 20G  
NEW YORK, NY 10028

Invoice Number: 4257-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$8.40**	\$8.40
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
OPENAXESSGOLD	Employee & Spouse Only	1	\$1,247.35	\$1,247.35
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$1,407.90

PRIVATE CAPITAL INTELLIGENCE LLC  
240 EAST 82nd STREET 20G  
NEW YORK, NY 10028

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FICCA, WILLIAM	2023-01-01	OPENAXESSGOLD	ES	\$1247.35

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

PROOF COMPANY LLC  
13412 VENTURA BLVD  
SHERMAN OAKS, CA 91423

Invoice Number: 4199-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$5.46**	\$2.10
GRAND TOTAL				\$2.10

PROOF COMPANY LLC  
13412 VENTURA BLVD  
SHERMAN OAKS, CA 91423

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

PROPERTY MANAGEMENT INC.  
2940 W Maple Loop Dr Ste 104  
LEHI, UT 84043

Invoice Number: 4527-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	7	\$0.42**	\$85.26
GUARDHIGH	Employee Only	4	\$47.61	\$190.44
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	6	\$29.44	\$176.64
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
GUARDLOW	Employee & Children	2	\$74.61	\$149.22
GUARDLOW	Family	4	\$100.74	\$402.96
LIFE	Employee Only	15	\$7.60**	\$223.38
OPENAXESSBRONZE	Employee Only	4	\$562.85	\$2,251.40
OPENAXESSBRONZE	Family	1	\$1,709.34	\$1,709.34
OPENAXESSCOPPER	Employee Only	1	\$520.57	\$520.57
OPENAXESSCOPPER	Employee & Children	1	\$953.38	\$953.38
OPENAXESSCOPPER	Family	2	\$1,490.77	\$2,981.54
OPENAXESSGOLD	Employee Only	1	\$755.08	\$755.08
OPENAXESSGOLD	Family	1	\$2,265.23	\$2,265.23
OPENAXESSPLATINUM	Employee Only	1	\$906.01	\$906.01
OPENAXESSPLATINUM	Employee & Spouse Only	2	\$1,812.18	\$3,624.36
OPENAXESSPLATINUM	Employee & Children	1	\$1,812.18	\$1,812.18
OPENAXESSSILVER	Employee Only	1	\$633.09	\$633.09
OPENAXESSSILVER	Family	3	\$1,899.27	\$5,697.81
VSP	Employee Only	4	\$8.75	\$35.00
VSP	Employee & Children	2	\$15.02	\$30.04
VSP	Family	4	\$23.76	\$95.04
			GRAND TOTAL	\$25,713.69



PROPERTY MANAGEMENT INC.  
2940 W Maple Loop Dr Ste 104  
LEHI, UT 84043

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALLISON, GREG	2023-01-01	OPENAXESSSILVER	FAM	\$1899.27
BOOTH, KRISTINA	2023-01-01	OPENAXESSPLATINUM	EE	\$906.01
BRANAN, JESICA	2023-01-01	OPENAXESSCOPPER	EE	\$520.57
BROMLEY, TERAH	2023-01-01	OPENAXESSSILVER	FAM	\$1899.27
CARR, KATHRYN	2023-01-01	OPENAXESSGOLD	EE	\$755.08
DROGOWSKI, NATHAN	2023-01-01	OPENAXESSBRONZE	EE	\$562.85
GOODALL, HUNTER	2023-01-01	OPENAXESSCOPPER	FAM	\$1490.77
HEDER, MARIANNE	2023-01-01	OPENAXESSSILVER	FAM	\$1899.27
HOMER, ALAN	2023-01-01	OPENAXESSBRONZE	EE	\$562.85
MANWILL, MEGAN	2023-01-01	OPENAXESSBRONZE	EE	\$562.85
MCELHINEY, AARON	2023-01-01	OPENAXESSGOLD	FAM	\$2265.23
MCFARLAND, PATRICK	2023-01-01	OPENAXESSPLATINUM	ES	\$1812.18
MORLEY, JEFFREY	2023-01-01	OPENAXESSBRONZE	FAM	\$1709.34
PEDRERO, ORLANDO	2023-01-01	OPENAXESSPLATINUM	ES	\$1812.18
PHILIPPS, JAMES	2023-01-01	OPENAXESSBRONZE	EE	\$562.85
PIGGOTT, BRYAN	2023-01-01	OPENAXESSCOPPER	FAM	\$1490.77
SCHRADER, JAMES	2023-01-01	OPENAXESSPLATINUM	EC2	\$1812.18
SEGRETTO, KELLI	2023-01-01	OPENAXESSSILVER	EE	\$633.09
STEEN, GERALD	2023-01-01	OPENAXESSCOPPER	EC	\$953.38

PROPERTY MANAGEMENT INC.  
2940 W Maple Loop Dr Ste 104  
LEHI, UT 84043

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

Employee Only	8
Employee & Spouse	2
Employee & Children	1
Family	7



## Account Services

### Monthly Statement

PRP LEARNING CENTER BALTIMORE MD  
10 RED MAPLE COURT  
OWINGS MILLS, MD 21117

Invoice Number: 4609-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$21.00**	\$35.70
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
LIFE	Employee Only	1	\$22.92**	\$22.92
OPENAXESSPLATINUM	Family	1	\$2,718.29	\$2,718.29
			GRAND TOTAL	\$2,872.13

PRP LEARNING CENTER BALTIMORE MD  
10 RED MAPLE COURT  
OWINGS MILLS, MD 21117

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KARGMAN, DIMITRY	2023-01-01	OPENAXESSPLATINUM FAM		\$2718.29

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

QUALITY INN SELINGROVE  
613 N. SUSQUEHANNA TRAIL  
SELINGROVE, PA 17870

Invoice Number: 4732-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee & Spouse Only	1	\$0.00	\$89.81
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$13.05**	\$0.00
			GRAND TOTAL	\$119.25

QUALITY INN SELINGROVE  
613 N. SUSQUEHANNA TRAIL  
SELINGROVE, PA 17870

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

QUEST CONSULTANTS LLC DBA AERSTONE  
6010 Executive Blvd Suite 1020  
Rockville , MD 20852

Invoice Number: 5031-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE 4K	Employee Only	5	\$598.32	\$2,849.40
BRONZE 4K	Employee & Spouse Only	6	\$1,196.62	\$6,838.50
BRONZE 4K	Family	7	\$1,804.30	\$12,029.78
			GRAND TOTAL	\$21,717.68

QUEST CONSULTANTS LLC DBA AERSTONE  
6010 Executive Blvd Suite 1020  
Rockville , MD 20852

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ARELLANO, JOSEPH	11/01/2022	BRONZE 4K	EE	\$569.88
BROWN, HEATHER	11/01/2021	BRONZE 4K	EE	\$569.88
CANTANIO, ROBERT	11/01/2021	BRONZE 4K	FAM	\$1718.54
CHANG, JUAN	11/01/2021	BRONZE 4K	EE	\$569.88
CURTIS, CHLOE	11/01/2022	BRONZE 4K	ES	\$1139.75
DE LA CRUZ, JUNIBEL	02/01/2022	BRONZE 4K	ES	\$1139.75
DELANCEY, LOU-ANN	11/01/2021	BRONZE 4K	FAM	\$1718.54
LEVINE, GREG	11/01/2021	BRONZE 4K	FAM	\$1718.54
METZKE, LISA	11/01/2021	BRONZE 4K	EE	\$569.88
MORIN, RACHEL	11/01/2021	BRONZE 4K	FAM	\$1718.54
PERRY, ISABELLE	11/01/2021	BRONZE 4K	FAM	\$1718.54
PETTYJOHN, JON	11/01/2021	BRONZE 4K	FAM	\$1718.54
RIVERA, CARLOS	02/01/2022	BRONZE 4K	EE	\$569.88
SONI, NIRALI	12/01/2021	BRONZE 4K	ES	\$1139.75
THOMAS, TEMPLAR	11/01/2022	BRONZE 4K	ES	\$1139.75
WINDER, JASON	01/01/2022	BRONZE 4K	ES	\$1139.75
WRIGHT, JEREMIAH	02/01/2022	BRONZE 4K	FAM	\$1718.54
YATES, JEFFREY	11/01/2021	BRONZE 4K	ES	\$1139.75

**MEDICAL PLAN COUNTS**

Employee Only	5
Employee & Spouse	6
Employee & Children	0
Family	7





## Account Services

### Monthly Statement

RAMADA INN SOUTHBEND

Invoice Number: 6043-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	3	\$1.26**	\$9.66
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
LIFE	Employee Only	1	\$30.06**	\$24.70
OPENAXESSBRONZE	Employee Only	1	\$578.93	\$578.93
OPENAXESSSILVER	Employee Only	1	\$651.18	\$651.18
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$1,329.58

RAMADA INN SOUTHBEND

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KEITH, DEBBIE	2023-01-01	OPENAXESSBRONZE	EE	\$578.93
SCINICO, DAVID	2023-01-01	OPENAXESSSILVER	EE	\$651.18

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



**Account Services**  
**Monthly Statement**

RANDOLPH H BROWNE  
3756 MCLAUGHLIN AVE  
LOS ANGELES, CA 90066

Invoice Number: 5138-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Employee Only	1	\$38.75	\$38.75
PLATINUM	Employee Only	1	\$784.57	\$784.57
			GRAND TOTAL	\$823.32

RANDOLPH H BROWNE  
3756 MCLAUGHLIN AVE  
LOS ANGELES, CA 90066

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BROWNE, RANDOLPH	02/01/2022	PLATINUM	EE	\$784.57

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

REBEL HOSPITALITY LLC  
215 W Ontario Street  
CHICAGO, IL 60654

Invoice Number: 4133-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee Only	2	\$29.44	\$58.88
OPENAXESSPRIME	Employee Only	2	\$686.37	\$1,372.74
OPENAXESSPRIME	Family	2	\$1,967.30	\$3,934.60
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$5,583.76

REBEL HOSPITALITY LLC  
215 W Ontario Street  
CHICAGO, IL 60654

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DAVIS, CYNTHIA	2022-01-01	VBP7	EE	\$
HINES, ANGELIA	2022-01-01	VBP7	EE	\$
HINES, ANGELIA	2023-01-01	OPENAXESSPRIME	EE	\$686.37
JACOBS, KALI	2023-01-01	OPENAXESSPRIME	EE	\$686.37
KLOK, ANTHONY	2023-01-01	OPENAXESSPRIME	FAM	\$1967.30
KORNOTA, EUGENE	2023-01-01	OPENAXESSPRIME	FAM	\$1967.30

## MEDICAL PLAN COUNTS

Employee Only	4
Employee & Spouse	0
Employee & Children	0
Family	2



## Account Services

### Monthly Statement

RECCO HOME CARE SERVICES  
524 HICKSVILLE RD  
MASSAPEQUA, NY 11758

Invoice Number: 5044-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
PLATINUM	Employee Only	6	\$966.59	\$5,799.54
PLATINUM	Employee & Spouse Only	1	\$1,933.18	\$1,933.18
PLATINUM	Family	2	\$2,899.77	\$5,799.54
SILVER II	Employee Only	1	\$791.85	\$791.85
SILVER III HSA	Employee Only	1	\$781.12	\$781.12
ADJUSTMENT	MOY DEC ES			\$1,933.18
			GRAND TOTAL	\$17,038.41

RECCO HOME CARE SERVICES  
524 HICKSVILLE RD  
MASSAPEQUA, NY 11758

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
AUSTIN, ANNETTE	12/01/2021	PLATINUM	EE	\$966.59
BIRKMIRE, TARYN	04/01/2022	PLATINUM	EE	\$966.59
CURTIS, DARCEL	12/01/2021	SILVER II	EE	\$791.85
FEENEY, SANDRA	12/01/2021	PLATINUM	EE	\$966.59
GIAMPAOLO, DONNA	12/01/2021	PLATINUM	EE	\$966.59
GUARINO, RICHARD	12/01/2021	PLATINUM	EE	\$966.59
HERBERT, SARAI	12/01/2021	SILVER III HSA	EE	\$781.12
HOFFMANN, MELISSA	12/01/2021	PLATINUM	FAM	\$2899.77
MOY, DAWNMARIE	12/01/2022	PLATINUM	ES	\$1933.18
RECCO, STACEY	04/01/2022	PLATINUM	FAM	\$2899.77
WEST, ANNA	12/01/2021	PLATINUM	EE	\$966.59

## MEDICAL PLAN COUNTS

Employee Only	8
Employee & Spouse	1
Employee & Children	0
Family	2





## Account Services

### Monthly Statement

RECREATIONAL REALTY AND VEHICLE STORAGE LLC  
3475 VINSON ROAD  
WYLIE, TX 75098

Invoice Number: 5934-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE	Employee Only	5	\$536.10	\$2,680.50
BRONZE 4K	Employee Only	7	\$569.88	\$3,989.16
BRONZE 4K	Employee & Spouse Only	2	\$1,139.75	\$2,279.50
BRONZE 4K	Employee & Children	2	\$1,139.75	\$2,279.50
BRONZE 4K	Family	1	\$1,718.54	\$1,718.54
DENTALGUARD	Employee Only	15	\$38.75	\$581.25
DENTALGUARD	Employee & Spouse Only	3	\$78.66	\$235.98
DENTALGUARD	Employee & Children	2	\$89.93	\$179.86
DENTALGUARD	Family	3	\$137.71	\$413.13
SILVER HSA	Employee Only	3	\$640.26	\$1,920.78
SILVER HSA	Employee & Spouse Only	1	\$1,289.33	\$1,289.33
SILVER HSA	Family	1	\$1,835.92	\$1,835.92
VSP CHOICE	Employee Only	10	\$6.82	\$68.20
VSP CHOICE	Employee & Spouse Only	3	\$11.48	\$34.44
VSP CHOICE	Employee & Children	2	\$11.70	\$23.40
VSP CHOICE	Family	1	\$18.53	\$18.53
ADJUSTMENT	SCHWARTZ FAM SILVER HSA/BRONZE 4K CREDIT			\$-586.90
ADJUSTMENT	BUMGARNER DEC EC			\$1,241.38
ADJUSTMENT	FISHER DEC EE			\$685.83
ADJUSTMENT	HOSEY DEC EE			\$615.45
			GRAND TOTAL	\$21,503.78

RECREATIONAL REALTY AND VEHICLE STORAGE LLC  
3475 VINSON ROAD  
WYLIE, TX 75098

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ABERNETHY, STEVEN	07/01/2022	BRONZE 4K	ES	\$1139.75
BLUMBERG, TOBIAS	06/01/2022	BRONZE	EE	\$536.10
BUMGARNER, MEAGAN	12/01/2022	BRONZE 4K	EC	\$1139.75
CHAREUNSAK, THERESA	06/01/2022	SILVER HSA	FAM	\$1835.92
FISHER, BRANDEE	12/01/2022	SILVER HSA	EE	\$640.26
GILMORE , GUNNAR	10/01/2022	BRONZE 4K	EE	\$569.88
HANSEN, CONRAD	06/01/2022	SILVER HSA	EE	\$640.26
HOSEY, CRYSTAL	12/01/2022	BRONZE 4K	EE	\$569.88
KENNEDY, ROBERT	11/01/2022	BRONZE 4K	EE	\$569.88
MCKASSON, EANN	11/01/2022	BRONZE 4K	EE	\$569.88
MILHEM, KYSHANA	11/01/2022	BRONZE 4K	EC	\$1139.75
O'NEILL, JOHN	07/01/2022	BRONZE	EE	\$536.10
SCHWARTZ, MICHAEL	06/01/2022	BRONZE 4K	FAM	\$1718.54
STIMMEL, THOMAS	06/01/2022	BRONZE 4K	ES	\$1139.75
TAYLOR, SIERRA	06/01/2022	BRONZE 4K	EE	\$569.88
WILLETT, DAVID	06/01/2022	SILVER HSA	EE	\$640.26
WOJTASZEK, CHRISTIAN	06/01/2022	BRONZE	EE	\$536.10
WOJTASZEK, DANIEL	06/01/2022	BRONZE	EE	\$536.10
WOJTASZEK, GARY	06/01/2022	SILVER HSA	ES	\$1289.33

RECREATIONAL REALTY AND VEHICLE STORAGE LLC  
3475 VINSON ROAD  
WYLIE, TX 75098

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WOJTASZEK, KAITLYN	11/01/2022	BRONZE 4K	EE	\$569.88
WOJTASZEK, MATTHEW	06/01/2022	BRONZE	EE	\$536.10
WOORT-MENKER, STEFAN	11/01/2022	BRONZE 4K	EE	\$569.88

## MEDICAL PLAN COUNTS

Employee Only	15
Employee & Spouse	3
Employee & Children	2
Family	2



## Account Services

### Monthly Statement

RED HOUSE STAGING, INC.  
9950 BUSINESS PKWY SUITE 100B  
LANHAM, MD 20706

Invoice Number: 4573-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$2.52**	\$2.52
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDLOW	Employee Only	4	\$29.44	\$117.76
LIFE	Employee Only	1	\$9.60**	\$12.50
			GRAND TOTAL	\$228.00

RED HOUSE STAGING, INC.  
9950 BUSINESS PKWY SUITE 100B  
LANHAM, MD 20706

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

REMAX GOLD  
1312 MATTHEWS MINT HILL RD  
MATTHEWS, NC 28105

Invoice Number: 4106-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSBRONZE	Employee & Spouse Only	1	\$1,036.17	\$1,036.17
			GRAND TOTAL	\$1,036.17

REMAX GOLD  
1312 MATTHEWS MINT HILL RD  
MATTHEWS, NC 28105

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SUTOR, JASON	2023-01-01	OPENAXESSBRONZE	ES	\$1036.17

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

RESIDENCE INN GLENDALE

Invoice Number: 6076-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
LIFE	Employee Only	1	\$0.00**	\$0.00
			GRAND TOTAL	\$47.61



RESIDENCE INN GLENDALE

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

RFC DRILLING. LLC  
6001 W Murphy St  
ODESSA, TX 79763

Invoice Number: 4497-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	34	\$8.40**	\$287.47
GUARDHIGH	Employee Only	15	\$47.61	\$714.15
GUARDHIGH	Employee & Spouse Only	3	\$89.81	\$269.43
GUARDHIGH	Employee & Children	3	\$89.81	\$297.61
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	14	\$29.44	\$412.16
GUARDLOW	Employee & Spouse Only	8	\$55.54	\$444.32
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
GUARDLOW	Family	4	\$100.74	\$402.96
LIFE	Employee Only	37	\$47.85**	\$820.68
OPENAXESSBRONZE	Employee Only	1	\$434.73	\$434.73
OPENAXESSBRONZE	Employee & Spouse Only	1	\$869.46	\$869.46
OPENAXESSBRONZE	Employee & Children	1	\$869.46	\$869.46
OPENAXESSCOPPER	Employee Only	1	\$391.26	\$391.26
OPENAXESSCOPPER	Employee & Spouse Only	3	\$782.52	\$2,347.56
OPENAXESSCOPPER	Employee & Children	2	\$782.52	\$1,565.04
OPENAXESSCOPPER	Family	1	\$1,229.58	\$1,229.58
OPENAXESSGOLD	Employee Only	3	\$748.00	\$1,496.00
OPENAXESSPLATINUM	Employee Only	2	\$822.81	\$1,645.62
OPENAXESSPLATINUM	Employee & Spouse Only	1	\$1,645.61	\$1,645.61
OPENAXESSPLATINUM	Employee & Children	1	\$822.81	\$1,645.61
OPENAXESSPREMIUM	Employee Only	12	\$603.30	\$7,239.60
OPENAXESSPREMIUM	Employee & Spouse Only	7	\$1,233.94	\$8,637.58
OPENAXESSPREMIUM	Employee & Children	1	\$1,233.94	\$1,107.15
OPENAXESSSILVER	Employee Only	2	\$483.04	\$966.08
VSP	Employee Only	21	\$8.75	\$183.75
VSP	Employee & Spouse Only	9	\$14.73	\$132.57
VSP	Employee & Children	3	\$15.02	\$45.06
VSP	Family	3	\$23.76	\$71.28
GRAND TOTAL				\$36,454.13

RFC DRILLING. LLC  
6001 W Murphy St  
ODESSA, TX 79763

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CASTEEL, AARON	2023-01-01	OPENAXESSGOLD	EE	\$748.00
COGGIN, RALPH	2023-01-01	OPENAXESSPREMIUM	ES	\$1233.94
COURVILLE, GEORGE	2023-01-01	OPENAXESSPREMIUM	ES	\$1233.94
DEMPSEY, THOMAS	2023-01-01	OPENAXESSPLATINUM	ES	\$1645.61
DOWDEN, CARL	2023-01-01	OPENAXESSPREMIUM	EE	\$603.30
DUBOSE, MICHEAL	2023-01-01	OPENAXESSCOPPER	ES	\$782.52
FARAGOZA, JOHN	2023-01-01	OPENAXESSSILVER	EE	\$483.04
FAULKNER, CLYDE	2023-01-01	OPENAXESSGOLD	EE	\$0.00
FAULKNER, JONATHON	2023-01-01	OPENAXESSPLATINUM	EE	\$822.81
FERGUSON, JONATHAN	2023-01-01	OPENAXESSBRONZE	ES	\$869.46
FONTENOT, ALLEN	2023-01-01	OPENAXESSCOPPER	ES	\$782.52
FONTENOT, BRYAN	2023-01-01	OPENAXESSGOLD	EE	\$748.00
FONTENOT, GREGORY	2023-01-01	OPENAXESSPREMIUM	EE	\$603.30
GAYLE, CHARLES	2023-01-01	OPENAXESSPREMIUM	EE	\$603.30
GEARLDS, ANDREW	2023-01-01	OPENAXESSSILVER	EE	\$483.04
HAM, JEFF	2023-01-01	OPENAXESSPREMIUM	ES	\$1233.94
HILL, ROBERT	2023-01-01	OPENAXESSPREMIUM	EC2	\$1107.15
JACKSON, MEGAN	2023-01-01	OPENAXESSPLATINUM	EC2	\$1645.61
JONES, JIMMIE	2023-01-01	OPENAXESSPLATINUM	EE	\$822.81

RFC DRILLING. LLC  
6001 W Murphy St  
ODESSA, TX 79763

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LEWIS, JUSTIN	2023-01-01	OPENAXESSCOPPER	EC	\$782.52
LYLES, RODNEY	2023-01-01	OPENAXESSPREMIUM	EE	\$603.30
MALONE, DAVID	2023-01-01	OPENAXESSPREMIUM	ES	\$1233.94
MCMURRY, BRANDON	2023-01-01	OPENAXESSCOPPER	FAM	\$1229.58
MELTON, JOHNALLEN	2023-01-01	OPENAXESSBRONZE	EE	\$434.73
MIRE, JOSHUA	2023-01-01	OPENAXESSPREMIUM	EE	\$603.30
MITCHELL, TONY	2023-01-01	OPENAXESSBRONZE	EC	\$869.46
MURPHY, DAN	2023-01-01	OPENAXESSPREMIUM	EE	\$603.30
MURPHY, WENDELL	2023-01-01	OPENAXESSCOPPER	ES	\$782.52
NAVA, HUMBERTO	2023-01-01	OPENAXESSPREMIUM	EE	\$603.30
OWENS, KEVIN	2023-01-01	OPENAXESSCOPPER	EE	\$391.26
POWELL, RAMSEY	2023-01-01	OPENAXESSPREMIUM	EE	\$603.30
RICHARD, MURPHY	2023-01-01	OPENAXESSPREMIUM	ES	\$1233.94
SMITH, JARVIS	2023-01-01	OPENAXESSPREMIUM	EE	\$603.30
SONNIER, BRENTON	2023-01-01	OPENAXESSPREMIUM	ES	\$1233.94
SONNIER, CURTIS	2023-01-01	OPENAXESSPREMIUM	ES	\$1233.94
TREVINO, HUGO	2023-01-01	OPENAXESSPREMIUM	EE	\$603.30
VEILLON, DUSTIN	2023-01-01	OPENAXESSPREMIUM	EE	\$603.30

RFC DRILLING. LLC  
6001 W Murphy St  
ODESSA, TX 79763

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WHITNEY, COREY	2023-01-01	OPENAXESSPREMIUM	EE	\$603.30
YOUNG, BENJI	2023-01-01	OPENAXESSCOPPER	EC	\$782.52

## MEDICAL PLAN COUNTS

Employee Only	21
Employee & Spouse	12
Employee & Children	3
Family	1



## Account Services

### Monthly Statement

RICHARD FRIEDMAN PLLC

Invoice Number: 6045-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee & Spouse Only	1	\$78.66	\$78.66
SILVER	Employee & Spouse Only	1	\$1,151.18	\$1,151.18
			GRAND TOTAL	\$1,229.84

RICHARD FRIEDMAN PLLC

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FRIEDMAN, RICHARD	02/01/2022	SILVER	ES	\$1151.18

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

RIGHTPRO STAFFING  
100 Reserve Rd  
Danbury, CT 06810

Invoice Number: 4726-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	9	\$0.42**	\$34.86
GUARDHIGH	Employee Only	8	\$47.61	\$380.88
GUARDHIGH	Employee & Children	1	\$89.81	\$117.99
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	6	\$29.44	\$176.64
GUARDLOW	Employee & Children	2	\$74.61	\$149.22
GUARDLOW	Family	2	\$100.74	\$201.48
LIFE	Employee Only	12	\$14.40**	\$190.16
OPENAXESSGOLD	Employee Only	4	\$617.74	\$2,470.96
OPENAXESSGOLD	Family	1	\$1,853.38	\$1,853.38
OPENAXESSSILVER	Employee Only	1	\$517.98	\$517.98
VSP	Employee Only	13	\$8.75	\$113.75
VSP	Employee & Children	3	\$15.02	\$45.06
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$6,436.30



## RIGHTPRO STAFFING

100 Reserve Rd  
Danbury, CT 06810

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GARRISON, HEATHER	2023-01-01	OPENAXESSSILVER	EE	\$517.98
KAIN, KYLE	2023-01-01	OPENAXESSGOLD	EE	\$617.74
KAIN, SIDNEY	2023-01-01	OPENAXESSGOLD	FAM	\$1853.38
NIETO, EDUARDO	2023-01-01	OPENAXESSGOLD	EE	\$617.74
ONWUSI, OBIOMA	2023-01-01	OPENAXESSGOLD	EE	\$617.74
RUSSELL, CANDICE	2023-01-01	OPENAXESSGOLD	EE	\$617.74

## MEDICAL PLAN COUNTS

Employee Only	5
Employee & Spouse	0
Employee & Children	0
Family	1



## Account Services

### Monthly Statement

RIVER RIDERS  
408 ALSTADTS HILL RD  
HARPERS FERRY, WV 25425

Invoice Number: 4221-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$0.00**	\$6.30
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
LIFE	Employee Only	1	\$0.00**	\$15.03
			GRAND TOTAL	\$68.94

RIVER RIDERS  
408 ALSTADTS HILL RD  
HARPERS FERRY, WV 25425

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

RLS FLORIDA  
1943 NW 104TH WAY  
GAINESVILLE, FL 32606

Invoice Number: 4423-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$1.26**	\$1.26
GRAND TOTAL				\$1.26

RLS FLORIDA  
1943 NW 104TH WAY  
GAINESVILLE, FL 32606

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

ROADWAY MANAGEMENT TECHNOLOGIES

Invoice Number: 6236-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSBRONZE	Employee Only	1	\$578.93	\$578.93
			GRAND TOTAL	\$578.93

ROADWAY MANAGEMENT TECHNOLOGIES

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

ROO LOGISTICS

Invoice Number: 6180-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.84**	\$0.84
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
LIFE	Employee Only	1	\$21.01**	\$21.01
			GRAND TOTAL	\$69.46



ROO LOGISTICS

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

ROOSTERS MEN'S GROOMING CENTER  
5361 ROLLINGWOOD DR  
MILFORD, OH 45150

Invoice Number: 4661-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	4	\$0.84**	\$3.36
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
LIFE	Employee Only	1	\$2.40**	\$1.60
OPENAXESSGOLD	Employee Only	1	\$503.84	\$503.84
OPENAXESSGOLD	Employee & Spouse Only	1	\$1,034.47	\$1,034.47
OPENAXESSGOLD	Employee & Children	2	\$950.32	\$1,900.64
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$3,708.86

ROOSTERS MEN'S GROOMING CENTER  
5361 ROLLINGWOOD DR  
MILFORD, OH 45150

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
NELSON, COURTNEY	2023-01-01	OPENAXESSGOLD	EC2	\$950.32
NELSON, JARED	2023-01-01	OPENAXESSGOLD	EE	\$503.84
NELSON, LISA	2023-01-01	OPENAXESSGOLD	ES	\$1034.47
WEAVER, MIRANDA	2023-01-01	OPENAXESSGOLD	EC	\$950.32

## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

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

Invoice Number: 4653-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44

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

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

ROSENBLUM NEWFIELD LLC  
1 LANDMARK SQUARE 5TH FLOOR  
STAMFORD, CT 06901

Invoice Number: 5034-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTAL	Employee Only	5	\$47.61	\$238.05
DENTAL	Family	2	\$160.18	\$320.36
GOLD	Employee Only	1	\$917.14	\$917.14
PLATINUM	Employee Only	2	\$1,116.67	\$2,233.34
PLATINUM	Family	1	\$3,415.44	\$3,415.44
SILVER II	Employee Only	1	\$717.62	\$717.62
SILVER II	Family	1	\$2,177.61	\$2,177.61
VISION	Employee Only	5	\$8.75	\$43.75
VISION	Family	3	\$23.76	\$71.28
			GRAND TOTAL	\$10,134.59

ROSENBLUM NEWFIELD LLC  
1 LANDMARK SQUARE 5TH FLOOR  
STAMFORD, CT 06901

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CARLINO-COFFEY, DIANA	11/01/2021	GOLD	EE	\$917.14
CASTILLO, MARIBEL	11/01/2021	SILVER II	EE	\$717.62
GRAU-BROKOWSKI, ROWENA	11/01/2021	SILVER II	FAM	\$2177.61
NEWFIELD , JAMES	2022-01-01	PLATINUM	FAM	\$3415.44
PADUA, CHARMAGNE	11/01/2021	PLATINUM	EE	\$1116.67
WOODSTOCK, DONNA MARIE	07/01/2022	PLATINUM	EE	\$1116.67

## MEDICAL PLAN COUNTS

Employee Only	4
Employee & Spouse	0
Employee & Children	0
Family	2



## Account Services

### Monthly Statement

RSL SAFETY CORPORATION  
1409 EAST BLVD  
CHARLOTTE, NC 28203

Invoice Number: 4254-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	6	\$0.00**	\$88.20
GUARDHIGH	Employee Only	1	\$0.00	\$47.61
GUARDHIGH	Employee & Spouse Only	1	\$0.00	\$89.81
GUARDLOW	Employee & Spouse Only	1	\$0.00	\$55.54
GUARDLOW	Family	1	\$0.00	\$100.74
LIFE	Employee Only	5	\$0.00**	\$82.72
OPENAXESSGOLD	Employee Only	1	\$617.74	\$617.74
OPENAXESSGOLD	Family	1	\$1,853.38	\$1,853.38
VSP	Employee & Spouse Only	2	\$14.73	\$29.46
VSP	Family	1	\$0.00	\$23.76
			GRAND TOTAL	\$2,988.96



RSL SAFETY CORPORATION  
1409 EAST BLVD  
CHARLOTTE, NC 28203

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MONTAGUE, KELVIN	2023-01-01	OPENAXESSGOLD	FAM	\$1853.38
PETRARCA, DENNIS	2023-01-01	OPENAXESSGOLD	EE	\$617.74

## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

RUBBER KINETICS TANDIUM  
717 N. Union Street  
Wilmington, DE 19805

Invoice Number: 30-2023-01  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTAL	Employee Only	1	\$38.75	\$38.75
GOLD	Employee Only	1	\$591.34	\$591.34
			GRAND TOTAL	\$630.09

## RUBBER KINETICS TANDIUM

717 N. Union Street

Wilmington, DE 19805

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HUANG, KATRINA	07/01/2021	GOLD	EE	\$591.34

## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

RUMSON COUNTRY CLUB  
163 RUMSON ROAD  
RUMSON, NJ 07760

Invoice Number: 5001-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
SILVER HSA II (13)	Employee Only	24	\$445.76	\$10,698.24
SILVER HSA II (13)	Employee & Spouse Only	4	\$1,152.24	\$4,608.96
SILVER HSA II (13)	Employee & Children	3	\$919.71	\$2,759.13
SILVER HSA II (13)	Family	6	\$1,599.47	\$9,596.82
ADJUSTMENT	MARINO DEC ES PREMIUM			\$1,152.24
ADJUSTMENT	GODARD DEC EE PREMIUM			\$445.76
			GRAND TOTAL	\$29,261.15

RUMSON COUNTRY CLUB  
163 RUMSON ROAD  
RUMSON, NJ 07760

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALVAREZ, YANETH	02/01/2022	SILVER HSA II (13)	EC	\$919.71
AQUISE, ROGELIO	05/01/2021	SILVER HSA II (13)	ES	\$1152.24
ATENCO, LISA	02/01/2022	SILVER HSA II (13)	FAM	\$1599.47
BENJAMIN, DANIEL	12/07/2021	SILVER HSA II (13)	FAM	\$1599.47
BUTCH, STEVEN	04/01/2021	SILVER HSA II (13)	FAM	\$1599.47
CAMDEN, RONALD	04/01/2021	SILVER HSA II (13)	EE	\$445.76
CHUTAN, IRENE	04/01/2021	SILVER HSA II (13)	EE	\$445.76
ESTRADA, ROSA	04/01/2021	SILVER HSA II (13)	EE	\$445.76
FEDISON, KEVIN	01/01/2022	SILVER HSA II (13)	EE	\$445.76
FLORENTINO, MANUEL	04/01/2021	SILVER HSA II (13)	EE	\$445.76
GODARD, MICHAEL	12/01/2022	SILVER HSA II (13)	EE	\$445.76
GOGGINS, SEAN	12/01/2021	SILVER HSA II (13)	EE	\$445.76
GUERRA, MICHAEL	11/01/2022	SILVER HSA II (13)	EE	\$445.76
GUILLOTY, FERNANDO	04/01/2021	SILVER HSA II (13)	EE	\$445.76
GUZMAN, EDUARDO	04/01/2021	SILVER HSA II (13)	EE	\$445.76
HARDY, TYLER	12/01/2021	SILVER HSA II (13)	ES	\$1152.24
HOARE, JOANNE	04/01/2021	SILVER HSA II (13)	EE	\$445.76
HUGHES, THOMAS	04/01/2021	SILVER HSA II (13)	EE	\$445.76
KELLY, MELISSA	04/01/2021	SILVER HSA II (13)	EC	\$919.71

RUMSON COUNTRY CLUB  
163 RUMSON ROAD  
RUMSON, NJ 07760

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LADOW, KELLY	02/01/2022	SILVER HSA II (13)	ES	\$1152.24
LAMATTINA, LISA	11/01/2021	SILVER HSA II (13)	EE	\$445.76
LIPPINCOTT, EDWARD	11/01/2022	SILVER HSA II (13)	EE	\$445.76
LYTELL, TARA	04/01/2021	SILVER HSA II (13)	EE	\$445.76
MARINO, CERI	12/01/2022	SILVER HSA II (13)	ES	\$1152.24
MARSHALL, KIMBERLY	04/01/2021	SILVER HSA II (13)	EE	\$445.76
MARTINEZ, JULIAN	04/01/2021	SILVER HSA II (13)	EE	\$445.76
MINKOFF, DANIEL	05/01/2022	SILVER HSA II (13)	FAM	\$1599.47
OBRIEN, BARBARA	04/01/2021	SILVER HSA II (13)	EE	\$445.76
PINTO, SUSAN	04/01/2021	SILVER HSA II (13)	EE	\$445.76
RIVERA, ARIEL	04/01/2021	SILVER HSA II (13)	EE	\$445.76
SEGURA, MARIVEL	10/01/2022	SILVER HSA II (13)	EE	\$445.76
STOVER, BENJAMIN	04/01/2021	SILVER HSA II (13)	FAM	\$1599.47
TERRONES, CLARA	04/01/2021	SILVER HSA II (13)	EE	\$445.76
TUFARIELLO, GLYDER	04/01/2021	SILVER HSA II (13)	EC	\$919.71
VALENCIA QUECHOTL, AUGUSTO	10/01/2021	SILVER HSA II (13)	FAM	\$1599.47
WEST, KEVIN	04/01/2021	SILVER HSA II (13)	EE	\$445.76
WILLIAMS, CINDY	04/01/2021	SILVER HSA II (13)	EE	\$445.76

RUMSON COUNTRY CLUB  
163 RUMSON ROAD  
RUMSON, NJ 07760

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

Employee Only	24
Employee & Spouse	4
Employee & Children	3
Family	6



## Account Services

### Monthly Statement

RUSS BASSETT CORPORATION  
8189 BYRON ROAD  
WHITTIER, CA 90606

Invoice Number: 5069-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE 4K	Employee Only	2	\$501.49	\$1,002.98
BRONZE 4K	Employee & Children	1	\$1,002.98	\$1,002.98
BRONZE 4K	Family	1	\$1,512.32	\$1,512.32
GOLD PLAN	Employee Only	1	\$632.89	\$632.89
SILVER HSA	Employee Only	3	\$563.43	\$1,690.29
SILVER HSA	Employee & Spouse Only	1	\$1,134.61	\$1,134.61
SILVER HSA	Family	4	\$1,615.61	\$6,462.44
			GRAND TOTAL	\$13,438.51



RUSS BASSETT CORPORATION  
8189 BYRON ROAD  
WHITTIER, CA 90606

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BOUASRY, OTT	01/01/2022	BRONZE 4K	EE	\$501.49
CASELLA, PATRICIA	01/01/2022	GOLD PLAN	EE	\$632.89
CREEGAN, EDWARD	01/01/2022	BRONZE 4K	EC	\$1002.98
FINK, PETER	01/01/2022	SILVER HSA	FAM	\$1615.61
GAWIN, MATTHEW	01/01/2022	SILVER HSA	FAM	\$1615.61
GONZALES, PATRICIA	08/01/2022	SILVER HSA	FAM	\$1615.61
GREEN, JESSICA	01/01/2022	SILVER HSA	EE	\$563.43
HIGUERA, BERNARD	08/01/2022	SILVER HSA	EE	\$563.43
HIGUERA, MARIA	01/01/2022	SILVER HSA	EE	\$563.43
MORENO, ANGEL	01/01/2022	BRONZE 4K	EE	\$501.49
NIXON, JEREMY	01/01/2022	SILVER HSA	FAM	\$1615.61
SIMON, TREVOR	01/01/2022	BRONZE 4K	FAM	\$1512.32
STEINBECK, LINN	01/01/2022	SILVER HSA	ES	\$1134.61

## MEDICAL PLAN COUNTS

Employee Only	6
Employee & Spouse	1
Employee & Children	1
Family	5



## Account Services

### Monthly Statement

SANFORD L PIROTIN PC  
323 MADISON STREET  
WESTBURY , NY 11590

Invoice Number: 5990-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE 4K	Employee Only	2	\$569.88	\$1,139.76
			GRAND TOTAL	\$1,139.76

SANFORD L PIROTIN PC  
323 MADISON STREET  
WESTBURY , NY 11590

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KANAS, WILLIAM	04/01/2022	BRONZE 4K	EE	\$569.88
PIROTIN, SANFORD	04/01/2022	BRONZE 4K	EE	\$569.88

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

SARAH CRAVEN

Invoice Number: 6243-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Employee Only	1	\$42.85	\$42.85
GOLD	Employee Only	1	\$776.66	\$776.66
VSP CHOICE	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$828.26

SARAH CRAVEN

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CRAVEN, SARAH	12/01/2022	GOLD	EE	\$776.66

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SATIN AND LEE LAW PD  
200 BROADHOLLOW RD 207  
MELVILLE , NY 11747

Invoice Number: 6009-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
PLATIUM	Family	1	\$3,161.86	\$3,161.86
			GRAND TOTAL	\$3,161.86

SATIN AND LEE LAW PD  
200 BROADHOLLOW RD 207  
MELVILLE , NY 11747

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SATIN, RICHARD	2022-01-01	PLATIUM	FAM	\$3161.86

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SAUL WEALTH ADVISORS  
10 Grand Central, 155 44th Street, 12th floor

Invoice Number: 5897-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Employee Only	1	\$38.75	\$38.75
SILVER	Employee Only	1	\$603.00	\$603.00
VSP CHOICE	Employee Only	1	\$6.82	\$6.82
			GRAND TOTAL	\$648.57



## SAUL WEALTH ADVISORS

10 Grand Central, 155 44th Street, 12th floor

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
D'ONOFRIO, ALLISON	04/01/2022	SILVER	EE	\$603

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SCGH - SUPERCUTS  
31 LOCKWOOD DRIVE  
PRINCETON, NJ 08540

Invoice Number: 4105-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$21.42**	\$21.42
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDLOW	Employee Only	6	\$29.44	\$176.64
GUARDLOW	Employee & Children	2	\$74.61	\$149.22
LIFE	Employee Only	3	\$9.90**	\$23.80
OPENAXESSBRONZE	Employee Only	5	\$363.18	\$1,815.90
OPENAXESSBRONZE	Family	1	\$0.00	\$1,041.91
OPENAXESSGOLD	Employee & Children	1	\$743.96	\$743.96
OPENAXESSSILVER	Employee Only	1	\$384.37	\$384.37
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Children	1	\$15.02	\$15.02
GRAND TOTAL				\$4,476.21

SCGH - SUPERCUTS  
31 LOCKWOOD DRIVE  
PRINCETON, NJ 08540

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

SCHUMAN & BUTZ PC  
1130 Hooper Ave  
Toms River, NJ 08753

Invoice Number: 5587-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
SILVER IV	Family	1	\$1,293.38	\$1,293.38
			GRAND TOTAL	\$1,293.38

SCHUMAN &amp; BUTZ PC

1130 Hooper Ave

Toms River, NJ 08753

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BUTZ, RICHARD	01/01/2022	SILVER IV	FAM	\$1293.38

## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

SCOOTERS COFFEE KINGSPORT  
4287 Fort Henry Dr  
KINGSPORT, TN 37663

Invoice Number: 4486-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$6.00**	\$6.00
			GRAND TOTAL	\$35.44

SCOOTERS COFFEE KINGSPORT

4287 Fort Henry Dr

KINGSPORT, TN 37663

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SEBENZA  
6320 BELL STATION ROAD  
GLENN DALE, MD 20769

Invoice Number: 4166-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$2.95**	\$3.36
GUARDHIGH	Employee Only	3	\$47.61	\$142.83
GUARDHIGH	Family	1	\$0.00	\$160.18
GUARDLOW	Employee Only	2	\$29.44	\$58.88
LIFE	Employee Only	2	\$30.96**	\$14.30
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$397.05



SEBENZA  
6320 BELL STATION ROAD  
GLENN DALE, MD 20769

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SEEMAN FAMILY CHIROPRACTIC  
515 New Brunswick Ave  
Fords, NJ 08863

Invoice Number: 5586-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
SILVER IV	Employee & Spouse Only	1	\$957.11	\$957.11
			GRAND TOTAL	\$957.11

## SEEMAN FAMILY CHIROPRACTIC

515 New Brunswick Ave

Fords, NJ 08863

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SEEMAN, JOSEPH	02/01/2022	SILVER IV	ES	\$957.11

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SELLIN INSURANCE GROUP  
219 E 69TH ST #5HJ  
NEW YORK , NY 10021

Invoice Number: 5913-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
PLATINUM	Employee & Spouse Only	1	\$1,726.05	\$1,726.05
			GRAND TOTAL	\$1,726.05

## SELLIN INSURANCE GROUP

219 E 69TH ST #5HJ  
NEW YORK , NY 10021

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SELLIN, KENNETH	2022-05-01	PLATINUM	ES	\$1726.05

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SENIOR CARE AUTHORITY - BOYNTON BEACH

Invoice Number: 6050-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	2	\$29.44	\$58.88
OPENAXESSCOPPER	Employee Only	2	\$535.44	\$1,070.88
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$1,147.26

SENIOR CARE AUTHORITY - BOYNTON BEACH

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GLACER, JODI	2023-01-01	OPENAXESSCOPPER	EE	\$535.44
MCDONALD, TABITHANETHA	2023-01-01	OPENAXESSCOPPER	EE	\$535.44

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

SENIOR CARE AUTHORITY, LLC  
755 BAYWOOD DRIVE  
PETALUMA, CA 94954

Invoice Number: 4709-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$3.36**	\$7.56
LIFE	Employee Only	1	\$19.76**	\$28.60
GRAND TOTAL				\$36.16



SENIOR CARE AUTHORITY, LLC  
755 BAYWOOD DRIVE  
PETALUMA, CA 94954

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SENIOR HELPERS ALPHARETTA GA  
294 So Main Street  
Alpharetta, GA 30009

Invoice Number: 4209-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$106.49

SENIOR HELPERS ALPHARETTA GA

294 So Main Street

Alpharetta, GA 30009

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SENIOR HELPERS CHRISTIANA DE  
630 CHURCHMANS RD  
NEWARK, DE 19702

Invoice Number: 4205-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee & Children	1	\$0.00	\$74.61
VSP	Employee Only	1	\$0.00	\$8.75
			GRAND TOTAL	\$83.36

SENIOR HELPERS CHRISTIANA DE  
630 CHURCHMANS RD  
NEWARK, DE 19702

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SENIOR HELPERS FORT COLLINS CO  
3101 Kintzley Ct  
LaPorte, CO 80535

Invoice Number: 4668-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	4	\$2.10**	\$44.10
GUARDHIGH	Employee & Children	1	\$89.81	\$89.81
GUARDLOW	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Family	1	\$100.74	\$100.74
LIFE	Employee Only	2	\$3.82**	\$3.82
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Children	2	\$15.02	\$30.04
			GRAND TOTAL	\$336.14

SENIOR HELPERS FORT COLLINS CO

3101 Kintzley Ct

LaPorte, CO 80535

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SENIOR HELPERS GREATER MARIN  
777 Grand Ave Suite 101  
SAN RAFAEL, CA 94901

Invoice Number: 4300-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$21.00**	\$21.00
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$110.63



SENIOR HELPERS GREATER MARIN

777 Grand Ave Suite 101

SAN RAFAEL, CA 94901

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SENIOR HELPERS HARRISBURG PA  
3806 Market St. Ste 3  
Camp Hill, PA 17011

Invoice Number: 4208-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$6.30**	\$1.68
GUARDHIGH	Employee Only	4	\$47.61	\$190.44
GUARDLOW	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Employee & Spouse Only	2	\$55.54	\$111.08
LIFE	Employee Only	1	\$6.00**	\$6.00
VSP	Employee Only	5	\$8.75	\$43.75
GRAND TOTAL				\$411.83

SENIOR HELPERS HARRISBURG PA

3806 Market St. Ste 3

Camp Hill, PA 17011

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SENIOR HELPERS HOUSTON CENTRAL  
1919 N Loop W, Suite 443  
HOUSTON, TX 77008

Invoice Number: 4714-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$137.24

## SENIOR HELPERS HOUSTON CENTRAL

1919 N Loop W, Suite 443

HOUSTON, TX 77008

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SENIOR HELPERS MCKINNEY TX  
2190 ALCOVE DR  
FRISCO, TX 75034

Invoice Number: 4236-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$0.00	\$29.44
GUARDLOW	Employee & Children	1	\$0.00	\$74.61
VSP	Employee Only	1	\$0.00	\$8.75
			GRAND TOTAL	\$112.80

SENIOR HELPERS MCKINNEY TX  
2190 ALCOVE DR  
FRISCO, TX 75034

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SerenaGroup Inc  
125 Cambridge Park Drive  
Cambridge, MA 02140

Invoice Number: 6230-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	6	\$769.53	\$4,617.18
GOLD	Employee & Spouse Only	1	\$1,539.07	\$1,539.07
GOLD	Employee & Children	2	\$1,539.07	\$3,078.14
GOLD	Family	5	\$2,308.60	\$11,543.00
PLATNIUM	Employee Only	5	\$923.44	\$4,617.20
PLATNIUM	Family	4	\$2,770.32	\$11,081.28
SILVER HSA	Employee Only	2	\$685.08	\$1,370.16
SILVER HSA	Employee & Spouse Only	1	\$1,379.58	\$1,379.58
SILVER HSA	Employee & Children	3	\$1,379.58	\$4,138.74
SILVER HSA	Family	2	\$1,964.43	\$3,928.86
SILVER II	Employee Only	6	\$694.49	\$4,166.94
SILVER II	Employee & Spouse Only	1	\$1,389.00	\$1,389.00
SILVER II	Employee & Children	4	\$1,389.00	\$5,556.00
SILVER II	Family	1	\$1,973.85	\$1,973.85
ADJUSTMENT	OLSON DEC EE PREMIUM			\$694.49
ADJUSTMENT	MOORE DEC EE PREMIUM			\$769.53
ADJUSTMENT	MANZANO CERRATO DEC EE PREMIUM			\$769.53
			GRAND TOTAL	\$62,612.55



SerenaGroup Inc  
125 Cambridge Park Drive  
Cambridge, MA 02140

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BASEY BOOTHE, BROOKE	12/01/2022	GOLD	EC	\$1539.07
BEBER, SARAH	12/01/2022	SILVER HSA	EC	\$1379.58
BLASZKOWSKI, KATE	12/01/2022	PLATNIUM	EE	\$923.44
BREISINGER, KRISTY	12/01/2022	PLATNIUM	FAM	\$2770.32
DENTON, PATRICIA	12/01/2022	SILVER HSA	FAM	\$1964.43
ENGLISH, KATHLEEN	12/01/2022	SILVER II	EE	\$694.49
ERWIN, KATHERINE	12/01/2022	GOLD	EE	\$769.53
FLINN, BLAIR	12/01/2022	GOLD	FAM	\$2308.60
GEORGE, ALLYSON	12/01/2022	PLATNIUM	EE	\$923.44
GLODE, SHERRY	12/01/2022	SILVER HSA	ES	\$1379.58
HALL, CHARISSA	12/01/2022	SILVER II	EE	\$694.49
HICKS, LOUANN	12/01/2022	GOLD	EE	\$769.53
JOHNSON, SHAMADA	12/01/2022	SILVER II	EC	\$1389.00
KENNEDY, MEGAN	12/01/2022	GOLD	EC	\$1539.07
KENNEY, JOSEPH	12/01/2022	SILVER HSA	EC	\$1379.58
LALLEY, ANGELA	12/01/2022	PLATNIUM	EE	\$923.44
LANDOR, DORIS	12/01/2022	SILVER II	EC	\$1389.00
LANE, JENNIFER	12/01/2022	SILVER II	EE	\$694.49
LICHTENBERGER, ERIK	12/01/2022	GOLD	ES	\$1539.07

SerenaGroup Inc  
125 Cambridge Park Drive  
Cambridge, MA 02140

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MANZANO CERRATO, KATHERINE	12/01/2022	GOLD	EE	\$769.53
MCCANN, SAVANNA	12/01/2022	SILVER HSA	FAM	\$1964.43
MILLER, DEAN	12/01/2022	PLATNIUM	FAM	\$2770.32
MIMS, LINDSAY	12/01/2022	SILVER II	EE	\$694.49
MOORE, KYNDALL	12/01/2022	GOLD	EE	\$769.53
MOTA BERRUM, BIANCA	12/01/2022	SILVER HSA	EE	\$685.08
NAIL, STEVEN	12/01/2022	SILVER II	ES	\$1389.00
OLSON, DUSTY	12/01/2022	SILVER II	EE	\$694.49
PARATORE, JOSEPH	12/01/2022	GOLD	FAM	\$2308.60
RODRIGUEZ, KENDELL	12/01/2022	PLATNIUM	EE	\$923.44
SCHRECENGOST, NICOLE	12/01/2022	SILVER HSA	EE	\$685.08
SCHRODER, JILL	12/01/2022	SILVER II	FAM	\$1973.85
SCHWEYER, MATTHEW	12/01/2022	SILVER II	EC	\$1389.00
SEILER, SHERRI	12/01/2022	GOLD	FAM	\$2308.60
SERENA, DAVID	12/01/2022	PLATNIUM	EE	\$923.44
SERENA, LAURA	12/01/2022	PLATNIUM	FAM	\$2770.32
SERENA, THOMAS	12/01/2022	PLATNIUM	FAM	\$2770.32
SOUTH, ELIZABETH	12/01/2022	SILVER HSA	EC	\$1379.58

SerenaGroup Inc  
125 Cambridge Park Drive  
Cambridge, MA 02140

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SWEENEY, ANDREA	12/01/2022	SILVER II	EC	\$1389.00
THOMPSON, SILAS	12/01/2022	SILVER II	EE	\$694.49
TRAFELET, NANCY	12/01/2022	GOLD	EE	\$769.53
WALLACE, JULIE	12/01/2022	GOLD	FAM	\$2308.60
WEAVER, MEGHAN	12/01/2022	GOLD	FAM	\$2308.60
YARDLEY, TAYLOR	12/01/2022	GOLD	EE	\$769.53

## MEDICAL PLAN COUNTS

Employee Only	19
Employee & Spouse	3
Employee & Children	9
Family	12



## Account Services

### Monthly Statement

SEVENTH CIRCLE CONSULTING  
435 E 65th St  
New York, NY 10065

Invoice Number: 5582-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTAL GUARD	Employee Only	1	\$47.61	\$47.61
SILVER II	Employee Only	1	\$708.68	\$708.68
			GRAND TOTAL	\$756.29

SEVENTH CIRCLE CONSULTING

435 E 65th St

New York, NY 10065

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PETRAGLIA, CHRISTINE	02/01/2022	SILVER II	EE	\$ 708.68

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SH TOWN SQUARE COMPANY STORE  
9708 BELAIR RD  
BALTIMORE, MD 21236

Invoice Number: 4468-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$16.80**	\$58.80
GUARDLOW	Employee Only	2	\$29.44	\$58.88
LIFE	Employee Only	3	\$1.20**	\$11.10
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Family	1	\$23.76	\$23.76
GRAND TOTAL				\$170.04

SH TOWN SQUARE COMPANY STORE  
9708 BELAIR RD  
BALTIMORE, MD 21236

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SH TOWN SQUARE FRANCHISING  
9708 Belair Rd  
BALTIMORE, MD 21236

Invoice Number: 4359-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$4.20**	\$4.20
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Family	1	\$100.74	\$100.74
LIFE	Employee Only	1	\$59.28**	\$59.28
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$226.17



SH TOWN SQUARE FRANCHISING

9708 Belair Rd

BALTIMORE, MD 21236

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SILVERSEARCH CONSULTING SERVICES INC.  
45 EISENHOWER DRIVE SUITE 555  
PARAMUS, NJ 07652

Invoice Number: 5563-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Employee Only	5	\$38.75	\$143.60
DENTALGUARD	Employee & Children	4	\$89.93	\$265.52
DENTALGUARD	Family	2	\$137.71	\$190.56
GOLD	Employee Only	1	\$708.16	\$719.19
GOLD HSA	Employee Only	2	\$514.78	\$1,089.40
GOLD HSA	Employee & Children	1	\$900.86	\$1,063.57
PLATINUM	Employee Only	4	\$716.75	\$3,453.84
PLATINUM	Employee & Children	3	\$1,254.31	\$5,130.30
PLATINUM	Family	1	\$2,150.24	\$2,557.97
VSP CHOICE	Employee Only	5	\$6.82	\$34.10
VSP CHOICE	Employee & Spouse Only	1	\$11.48	\$11.48
VSP CHOICE	Employee & Children	5	\$11.70	\$58.50
VSP CHOICE	Family	1	\$18.53	\$18.53
			GRAND TOTAL	\$14,736.56

SILVERSEARCH CONSULTING SERVICES INC.  
45 EISENHOWER DRIVE SUITE 555  
PARAMUS, NJ 07652

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ADAMO, JOHN	01/01/2022	PLATINUM	EC	\$1710.1
BRIGANTI, CYNTHIA	2022-05-01	GOLD	EE	\$719.19
GOLDSTEIN, MICHAEL	01/01/2022	PLATINUM	FAM	\$2557.97
HOWARD, JINELL	01/01/2022	PLATINUM	EC	\$1710.1
JENKINS , MARQUES	07/01/2022	GOLD HSA	EC	\$1063.57
KEELEY, MICHAEL	01/01/2022	PLATINUM	EE	\$863.46
KILLMAN, WADE	01/01/2022	GOLD HSA	EE	\$544.70
MEYER, MARGARET	08/01/2022	PLATINUM	EE	\$863.46
PAPADOPOULOS, KONSTANTINOS	01/01/2022	PLATINUM	EE	\$863.46
RUBY, SYDNEY	01/01/2022	GOLD HSA	EE	\$544.70
SILVERBERG, ALISA	01/01/2022	PLATINUM	EC	\$1710.1
ZAMAN, MAHMOODUZ	10/01/2022	PLATINUM	EE	\$863.46

## MEDICAL PLAN COUNTS

Employee Only	7
Employee & Spouse	0
Employee & Children	4
Family	1



**Account Services**  
**Monthly Statement**

SKY LLC  
67 TOWER RD  
WHITE PLAINS, NY 10604

Invoice Number: 4313-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Employee & Children	1	\$89.81	\$89.81
GUARDHIGH	Family	1	\$160.18	\$160.18
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Employee & Children	1	\$15.02	\$15.02
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$449.67

SKY LLC  
67 TOWER RD  
WHITE PLAINS, NY 10604

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SMURFETTE'S TREASURES  
11 Getty Ave  
Paterson, NJ 07503

Invoice Number: 5568-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD PREFERE	Employee & Spouse Only	1	\$78.66	\$78.66
PLATINUM	Employee Only	1	\$853.73	\$853.73
VSP CHOICE	Employee & Spouse Only	1	\$11.48	\$11.48
			GRAND TOTAL	\$943.87

## SMURFETTE'S TREASURES

11 Getty Ave

Paterson, NJ 07503

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BOGHDADY, MARVETT	06/01/2022	PLATINUM	EE	\$853.73

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SOUTHERN MARYLAND ENDOSCOPY CENTER, LLC  
7700 OLD BRANCH AVENUE  
CLINTON, MD 20735

Invoice Number: 4567-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$198.60



SOUTHERN MARYLAND ENDOSCOPY CENTER, LLC  
7700 OLD BRANCH AVENUE  
CLINTON, MD 20735

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SOUTHWEST GROUP  
11209 ADORA CT.  
FT. MEYERS, FL 33912

Invoice Number: 5856-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
PLAINUM	Employee & Spouse Only	1	\$1,726.05	\$1,726.05
			GRAND TOTAL	\$1,726.05

SOUTHWEST GROUP  
11209 ADORA CT.  
FT. MEYERS, FL 33912

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SASSER, RYAN	03/01/2022	PLAINUM	ES	\$1726.05

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

STAFFINGMEDICAL USA  
118 WEST 5TH STREET SUITE 202  
COVINGTON, KY 41011

Invoice Number: 4220-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	3	\$1.26**	\$44.52
GUARDHIGH	Employee Only	5	\$47.61	\$238.05
GUARDLOW	Employee Only	3	\$29.44	\$88.32
LIFE	Employee Only	3	\$5.73**	\$61.70
OPENAXESSGOLD	Employee Only	5	\$686.44	\$3,432.20
VSP	Employee Only	3	\$8.75	\$26.25
GRAND TOTAL				\$4,000.95

STAFFINGMEDICAL USA  
118 WEST 5TH STREET SUITE 202  
COVINGTON, KY 41011

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALBISHARI, OSAMAH	2023-01-01	OPENAXESSGOLD	EE	\$686.44
BENAVIDES, JANIE	2023-01-01	OPENAXESSGOLD	EE	\$686.44
CAGLE, TARA	2023-01-01	OPENAXESSGOLD	EE	\$686.44
CULLING, CHRISTINA	2023-01-01	OPENAXESSGOLD	EE	\$686.44
DIAZ, GRACE	2023-01-01	OPENAXESSGOLD	EE	\$686.44

## MEDICAL PLAN COUNTS

Employee Only	5
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

STAT EXPERTS  
4455 Brookfield Corporate Dr  
Chantilly, VA 20151

Invoice Number: 4598-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0397DENTAL	Employee Only	26	\$36.68	\$935.28
0397DENTAL	Employee & Spouse Only	3	\$73.36	\$216.70
0397DENTAL	Employee & Children	1	\$88.03	\$88.03
0397DENTAL	Family	3	\$143.58	\$423.54
0397VIS	Employee Only	31	\$12.94	\$368.90
0397VIS	Employee & Spouse Only	2	\$30.19	\$50.98
0397VIS	Employee & Children	4	\$24.44	\$90.15
0397VIS	Family	4	\$35.94	\$132.57
ADD	Employee Only	7	\$3.36**	\$22.26
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
LIFE	Employee Only	13	\$9.70**	\$307.25
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$2,692.02

## STAT EXPERTS

4455 Brookfield Corporate Dr

Chantilly, VA 20151

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

STAYBRIDGE SUITES COLUMBUS WORTHINGTON

Invoice Number: 6074-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$6.72**	\$6.72
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
LIFE	Employee Only	1	\$0.00**	\$0.00
			GRAND TOTAL	\$101.94



STAYBRIDGE SUITES COLUMBUS WORTHINGTON

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

STAYBRIDGE SUITES KANSAS CITY - INDEPENDENCE

Invoice Number: 6107-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	3	\$4.20**	\$14.28
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
LIFE	Employee Only	3	\$19.10**	\$137.66
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$208.30

STAYBRIDGE SUITES KANSAS CITY - INDEPENDENCE

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

STAYBRIDGE SUITES RACINE

Invoice Number: 5540-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$146.17

STAYBRIDGE SUITES RACINE

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

STEIN FARKAS SCHWARTZ LLP  
1639 East 13th Street  
Brooklyn, New York 11229

Invoice Number: 5872-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
SILVER HSA	Employee Only	1	\$640.26	\$640.26
SILVER HSA	Employee & Spouse Only	1	\$1,289.33	\$1,289.33
SILVER HSA	Employee & Children	1	\$1,289.33	\$1,289.33
SILVER HSA	Family	2	\$1,835.92	\$3,671.84
			GRAND TOTAL	\$6,890.76

STEIN FARKAS SCHWARTZ LLP

1639 East 13th Street  
Brooklyn, New York 11229

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FARKAS, JOSHUA	2022-04-01	SILVER HSA	FAM	\$1835.92
KOVITZ, CHANA	2022-04-01	SILVER HSA	EE	\$640.26
SCHWARTZ, JEFFREY	2022-04-01	SILVER HSA	EC	\$1289.33
SIEGAL, DANIELLE	2022-04-01	SILVER HSA	FAM	\$1835.92
STEIN, AARON	2022-04-01	SILVER HSA	ES	\$1289.33

## MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	1
Employee & Children	1
Family	2



## Account Services

### Monthly Statement

STELLAR TRANSPORT  
4720 Salisbury Rd Ste 215  
JACKSONVILLE, FL 32256

Invoice Number: 4274-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$56.36



STELLAR TRANSPORT  
4720 Salisbury Rd Ste 215  
JACKSONVILLE, FL 32256

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

STRONG ENTITIES LLC  
137-07 75th Rd  
Flushing , NY 11367

Invoice Number: 5088-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Family	1	\$1,961.43	\$1,961.43
			GRAND TOTAL	\$1,961.43

STRONG ENTITIES LLC

137-07 75th Rd

Flushing , NY 11367

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
AEDER, ZEV	01/01/2021	GOLD	FAM	\$1961.43

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SUBURBAN EXTENDED STAY HOTEL QUANTICO STAFFORD

Invoice Number: 6066-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$4.20**	\$8.40
LIFE	Employee Only	1	\$14.30**	\$14.30
OPENAXESSCOPPER	Employee Only	1	\$535.44	\$535.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$566.89

SUBURBAN EXTENDED STAY HOTEL QUANTICO STAFFORD

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SUBURBAN EXTENDED STAY TRIADELPHIA  
40 ROBINSON DRIVE  
TRIADELPHIA, WV 26059

Invoice Number: 4156-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GRAND TOTAL				\$0.00

SUBURBAN EXTENDED STAY TRIADELPHIA  
40 ROBINSON DRIVE  
TRIADELPHIA, WV 26059

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SUPERCUTS MIAMI  
3193 MARY STREET  
MIAMI, FL 33133

Invoice Number: 4099-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$1.26**	\$1.26
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDLOW	Employee Only	2	\$29.44	\$58.88
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$172.86



SUPERCUTS MIAMI  
3193 MARY STREET  
MIAMI, FL 33133

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SUPERCUTS MURRO ENTERPRISES

Invoice Number: 5654-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$14.70**	\$14.70
LIFE	Employee Only	1	\$13.05**	\$13.05
GRAND TOTAL				\$27.75

SUPERCUTS MURRO ENTERPRISES

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SUPERCUTS MURRO OF FLEMINGTON  
32 ROUTE 31 SUITE 400  
FLEMINGTON, NJ 08822

Invoice Number: 4143-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.42**	\$0.42
LIFE	Employee Only	1	\$85.80**	\$0.00
OPENAXESSPREMIUM	Employee Only	1	\$523.23	\$523.23
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$532.40

SUPERCUTS MURRO OF FLEMINGTON  
32 ROUTE 31 SUITE 400  
FLEMINGTON, NJ 08822

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SCARANO, SARAH	2023-01-01	OPENAXESSPREMIUM	EE	\$523.23

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SUPERCUTS MURRO OF MANSFIELD  
1930 ROUTE 57 SUITE E  
HACKETTSTOWN, NJ 07840

Invoice Number: 4144-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$0.00**	\$0.00
			GRAND TOTAL	\$29.44

SUPERCUTS MURRO OF MANSFIELD  
1930 ROUTE 57 SUITE E  
HACKETTSTOWN, NJ 07840

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SUPERCUTS PHOENIX  
8205 S Priest Dr #12586  
TEMPE, AZ 85284

Invoice Number: 4080-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$6.30**	\$27.30
GUARDHIGH	Employee Only	4	\$47.61	\$190.44
GUARDHIGH	Employee & Children	1	\$0.00	\$117.99
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Spouse Only	1	\$0.00	\$55.54
VSP	Employee Only	4	\$8.75	\$35.00
VSP	Employee & Spouse Only	1	\$0.00	\$14.73
			GRAND TOTAL	\$470.44



SUPERCUTS PHOENIX

8205 S Priest Dr #12586

TEMPE, AZ 85284

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SUPREME GROUP INC  
175 Engineers Rd  
Hauppauge, NY

Invoice Number: 5087-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
PLATINUM	Employee Only	2	\$784.57	\$1,569.14
PLATINUM	Employee & Spouse Only	1	\$1,569.14	\$1,569.14
			GRAND TOTAL	\$3,138.28

SUPREME GROUP INC

175 Engineers Rd

Hauppauge, NY

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FRANZESE, ROSA	07/01/2021	PLATINUM	EE	\$784.57
FUENTES, PEDRO	07/01/2021	PLATINUM	ES	\$1569.14
PRAY, WILLIAM	07/01/2021	PLATINUM	EE	\$784.57

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	1
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

SURE STAY HOTEL BY BEST WESTERN GREENVILLE IL

Invoice Number: 5705-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$2.10**	\$2.10
LIFE	Employee Only	1	\$7.20**	\$7.20
GRAND TOTAL				\$9.30

SURE STAY HOTEL BY BEST WESTERN GREENVILLE IL

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SWA GROUP  
2200 BRIDGEWAY  
SAUSALITO, CA 94965

Invoice Number: 4556-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$2.10**	\$2.10
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
OPENAXESSPLATINUM	Employee Only	2	\$823.72	\$1,647.44
			GRAND TOTAL	\$1,800.30

SWA GROUP  
2200 BRIDGEWAY  
SAUSALITO, CA 94965

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DOMLESKY, ANYA	2023-01-01	OPENAXESSPLATINUM EE		\$823.72
LINDLEY, CARSON	2023-01-01	OPENAXESSPLATINUM EE		\$823.72

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

SWFL SUPERCUTS

Invoice Number: 6228-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSBRONZE	Employee Only	1	\$578.93	\$578.93
OPENAXESSGOLD	Employee Only	2	\$2,329.97	\$1,553.32
OPENAXESSGOLD	Family	1	\$0.00	\$2,329.97
			GRAND TOTAL	\$4,462.22



SWFL SUPERCUTS

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

TALEM HOME CARE  
80 GARDEN CTR  
BROOMFIELD, CO 80020

Invoice Number: 4230-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$21.00**	\$42.00
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Family	1	\$100.74	\$100.74
OPENAXESSBRONZE	Family	2	\$1,398.55	\$2,730.63
OPENAXESSGOLD	Employee Only	3	\$588.38	\$1,765.14
			GRAND TOTAL	\$4,715.56

TALEM HOME CARE  
80 GARDEN CTR  
BROOMFIELD, CO 80020

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CRUTCHER, RANDALL	2023-01-01	OPENAXESSBRONZE	FAM	\$1398.55
CRUTCHER, RANDALL	2022-01-01	OPENAXESSBRONZE	FAM	\$1332.08
PIERCE, LAURA	2022-01-01	OPENAXESSGOLD	EE	\$588.38
PIERCE, MICHAEL	2022-01-01	OPENAXESSGOLD	EE	\$588.38
PIERCE, MICHAEL	2022-01-01	OPENAXESSGOLD	EE	\$588.38

**MEDICAL PLAN COUNTS**

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



## Account Services

### Monthly Statement

TALEM HOME CARE - BROOMFIELD  
80 GARDEN CTR SUITE A6  
BROOMFIELD, CO 80020

Invoice Number: 4231-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSCOPPER	Employee Only	2	\$399.75	\$799.50
OPENAXESSSILVER	Employee Only	2	\$517.98	\$1,035.96
			GRAND TOTAL	\$1,835.46

TALEM HOME CARE - BROOMFIELD  
80 GARDEN CTR SUITE A6  
BROOMFIELD, CO 80020

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SHAW-PATTON, BECKIE	2020-05-01	OPENAXESSCOPPER	EE	\$399.75
SHAW-PATTON, BECKIE	2020-05-01	OPENAXESSCOPPER	EE	\$399.75
VALDEZ, ROBERT	2022-12-01	OPENAXESSSILVER	EE	\$517.98
VALDEZ, ROBERT	2022-12-01	OPENAXESSSILVER	EE	\$517.98

## MEDICAL PLAN COUNTS

Employee Only	4
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

TALEM HOME CARE - COLORADO SPRINGS  
3230 E WOODMEN RD SUITE 110 G  
COLORADO SPRINGS, CO 80920

Invoice Number: 4258-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
OPENAXESSGOLD	Employee Only	2	\$617.74	\$1,235.48
			GRAND TOTAL	\$1,283.09

TALEM HOME CARE - COLORADO SPRINGS  
3230 E WOODMEN RD SUITE 110 G  
COLORADO SPRINGS, CO 80920

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WEST, SHAIENE	2022-12-01	OPENAXESSGOLD	EE	\$617.74
WEST, SHAIENE	2022-12-01	OPENAXESSGOLD	EE	\$617.74

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

TALEM HOME CARE - DENVER  
3600 S BEELER ST. SUITE 320  
DENVER, CO 80237

Invoice Number: 4239-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.00**	\$4.20
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	2	\$29.44	\$58.88
OPENAXESSBRONZE	Employee Only	1	\$438.62	\$438.62
OPENAXESSCOPPER	Employee Only	2	\$399.75	\$799.50
			GRAND TOTAL	\$1,348.81



TALEM HOME CARE - DENVER  
3600 S BEELER ST. SUITE 320  
DENVER, CO 80237

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
COLANGELO, MARIAH	2022-01-01	OPENAXESSBRONZE	EE	\$438.62
ROGERS, MATTHEW	2022-01-01	OPENAXESSCOPPER	EE	\$399.75
ROGERS, MATTHEW	2022-01-01	OPENAXESSCOPPER	EE	\$399.75

## MEDICAL PLAN COUNTS

Employee Only	3
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

TALEM HOME CARE - FORT COLLINS  
2601 S LEMAY AVE SUITE 33  
FORT COLLINS, CO 80525

Invoice Number: 4273-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	1	\$29.44	\$29.44
OPENAXESSBRONZE	Family	2	\$1,398.55	\$2,797.10
OPENAXESSGOLD	Employee Only	2	\$617.74	\$1,235.48
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$4,254.71

TALEM HOME CARE - FORT COLLINS  
2601 S LEMAY AVE SUITE 33  
FORT COLLINS, CO 80525

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KOWALSKI, MARCY	2022-12-01	OPENAXESSBRONZE	FAM	\$1398.55
KOWALSKI, MARCY	2022-12-01	OPENAXESSBRONZE	FAM	\$1398.55
METZ, MIKAYLA	2022-12-01	OPENAXESSGOLD	EE	\$617.74
METZ, MIKAYLA	2022-12-01	OPENAXESSGOLD	EE	\$617.74

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	2



## Account Services

### Monthly Statement

TALEM HOME CARE - MILWAUKEE  
10335 W. Oklahoma Ave  
MILWAUKEE, WI 53227

Invoice Number: 4232-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
LIFE	Employee Only	1	\$1.28**	\$25.20
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$90.31

TALEM HOME CARE - MILWAUKEE

10335 W. Oklahoma Ave

MILWAUKEE, WI 53227

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

TALEM HOME CARE - NASHVILLE

Invoice Number: 5790-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$5.88**	\$16.38
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Spouse Only	1	\$0.00	\$55.54
LIFE	Employee Only	3	\$3.20**	\$24.25
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Spouse Only	1	\$0.00	\$14.73
			GRAND TOTAL	\$205.45

TALEM HOME CARE - NASHVILLE

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

TALENT PRO  
6707 DEMOCRACY BLVD. STE. 905  
BETHESDA, MD 20817

Invoice Number: 4694-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.84**	\$2.94
GUARDHIGH	Employee Only	3	\$47.61	\$142.83
LIFE	Employee Only	1	\$6.00**	\$6.00
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$169.27



TALENT PRO  
6707 DEMOCRACY BLVD. STE. 905  
BETHESDA, MD 20817

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

TALENTUITION  
8340 NORTHFIELD BLVD  
DENVER, CO 80238

Invoice Number: 4081-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44

TALENTUITION  
8340 NORTHFIELD BLVD  
DENVER, CO 80238

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

TANDIUM

Invoice Number: 5015-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GRAND TOTAL				\$0.00

TANDIUM

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HARRINGTON, KAI	07/01/2021	VBP1	FAM	\$0

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

TECH CHAIN SOFTWARE

Invoice Number: 5549-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	4	\$4.20**	\$73.50
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Family	1	\$100.74	\$100.74
LIFE	Employee Only	5	\$14.40**	\$64.25
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$422.43

TECH CHAIN SOFTWARE

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

TECHMASTER  
5 EVIAN COURT  
LAKEWOOD, NJ 08701

Invoice Number: 5573-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
SILVER HSA	Employee Only	1	\$616.85	\$616.85
SILVER HSA	Family	1	\$1.00	\$1.00
			GRAND TOTAL	\$617.85



TECHMASTER  
5 EVIAN COURT  
LAKEWOOD, NJ 08701

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GREENSPOON, GITI	11/01/2021	SILVER HSA	EE	\$616.85
THUMIN, YECHIEL	11/01/2021	SILVER HSA	FAM	\$ 1,631.24

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

TECHNICAL TRAFFIC CONSULTANTS  
30 HEMLOCK DRIVE  
CONGERS, NY 10920

Invoice Number: 243-2023-01  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE PLAN	Employee Only	1	\$547.81	\$547.81
BRONZE PLAN	Employee & Children	1	\$957.87	\$957.87
GOLD PLAN	Employee Only	20	\$711.62	\$14,232.40
GOLD PLAN	Employee & Children	2	\$1,245.34	\$2,490.68
GOLD PLAN	Family	1	\$2,170.45	\$2,170.45
PLATINUM PLAN	Employee Only	1	\$782.78	\$782.78
SILVER II	Employee Only	6	\$761.64	\$4,569.84
SILVER II	Employee & Spouse Only	1	\$1,599.45	\$1,599.45
			GRAND TOTAL	\$28,112.92

TECHNICAL TRAFFIC CONSULTANTS  
30 HEMLOCK DRIVE  
CONGERS, NY 10920

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ANOLIN, LEAH	12/01/2021	GOLD PLAN	EE	\$711.62
BERNSTEIN, WENDY	12/01/2021	SILVER II	EE	\$761.64
BLAKE, LOUISE	12/01/2021	GOLD PLAN	EE	\$711.62
CERRETA, KENNETH	12/01/2021	GOLD PLAN	EE	\$711.62
CHAMORRO, DESIREE	12/01/2021	GOLD PLAN	EE	\$711.62
CLIFFORD, CAROLYN	12/01/2021	GOLD PLAN	EE	\$711.62
CLIFFORD, WILLIAM	12/01/2021	GOLD PLAN	EE	\$711.62
COLETTA, JACQUELINE	12/01/2021	GOLD PLAN	EE	\$711.62
CUCOLO, PATRICIA	12/01/2021	GOLD PLAN	EE	\$711.62
FITZPATRICK, SHAWNESSY	12/01/2021	GOLD PLAN	EC	\$1245.34
HARLAN, EDWARD	12/01/2021	GOLD PLAN	EE	\$711.62
JACOBI, JASON	08/01/2022	BRONZE PLAN	EC	\$957.87
KEEFE, CONNIE	2022-01-01	PLATINUM PLAN	EE	\$782.78
LANGMAN, JULIA	06/01/2022	GOLD PLAN	EE	\$711.62
LEV, ANDRE	12/01/2021	GOLD PLAN	FAM	\$2170.45
MARTINEZ, MALFI	12/01/2021	GOLD PLAN	EE	\$711.62
MAYO, MICHAEL	12/01/2021	GOLD PLAN	EE	\$711.62
MCNULTY, SEAN	01/01/2022	BRONZE PLAN	EE	\$547.81
MCSHERRY, THERESE	12/01/2021	GOLD PLAN	EE	\$711.62

TECHNICAL TRAFFIC CONSULTANTS  
30 HEMLOCK DRIVE  
CONGERS, NY 10920

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MEGALE, LORRAINE	12/01/2021	GOLD PLAN	EE	\$711.62
PERGOLIZZI, ALEXANDER	12/01/2021	GOLD PLAN	EE	\$711.62
PILEGGI, SISTINA	12/01/2021	SILVER II	EE	\$761.64
PRINSLOO, MARILLOUI	12/01/2021	SILVER II	EE	\$761.64
RANDT, ROBERT	12/01/2021	GOLD PLAN	EE	\$711.62
ROHE, ANGELA	12/01/2021	SILVER II	EE	\$761.64
SANCHEZ, CHRISTINA	12/01/2021	SILVER II	ES	\$1599.45
SMITH, DYLAN	09/01/2022	SILVER II	EE	\$761.64
TURNER, KAREN	12/01/2021	GOLD PLAN	EE	\$711.62
TURNER, RONALD	12/01/2021	GOLD PLAN	EE	\$711.62
VANSLYCK, JESSICA	04/01/2022	SILVER II	EE	\$761.64
VANWOERT, PETER	12/01/2021	GOLD PLAN	EE	\$711.62
WOZNIAK, JOANE	12/01/2021	GOLD PLAN	EE	\$711.62
ZAMBRANO, CLAUDIA	12/01/2021	GOLD PLAN	EC	\$1245.34

TECHNICAL TRAFFIC CONSULTANTS  
30 HEMLOCK DRIVE  
CONGERS, NY 10920

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
VANSLYCK, JESSICA	04/01/2022	SILVER II	EE	\$761.64

## MEDICAL PLAN COUNTS

Employee Only	28
Employee & Spouse	1
Employee & Children	3
Family	1



## Account Services

### Monthly Statement

TEMUJIN 10 CT, LLC DBA SUPERCUTS  
800 Westchester Avenue  
Rye Brook, NY-NEW YORK 10573

Invoice Number: 4721-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
LIFE	Employee Only	1	\$0.00**	\$0.00
			GRAND TOTAL	\$47.61

TEMUJIN 10 CT, LLC DBA SUPERCUTS  
800 Westchester Avenue  
Rye Brook, NY-NEW YORK 10573

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

TEMUJIN 11 CT, LLC DBA SUPERCUTS  
800 Westchester Avenue  
Rye Brook, NY 10573

Invoice Number: 4722-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$56.36



TEMUJIN 11 CT, LLC DBA SUPERCUTS

800 Westchester Avenue

Rye Brook, NY 10573

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

TEMUJIN 2 NY, LLC DBA SUPERCUTS  
800 Westchester Avenue  
Rye Brook, NY 10573

Invoice Number: 4720-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	2	\$29.44	\$58.88
OPENAXESSCOPPER	Employee Only	1	\$520.57	\$520.57
			GRAND TOTAL	\$579.45

TEMUJIN 2 NY, LLC DBA SUPERCUTS

800 Westchester Avenue

Rye Brook, NY 10573

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

Employee Only	0
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Employee & Spouse	0
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Employee & Children	0
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Family	0
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## Account Services

### Monthly Statement

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

Invoice Number: 4713-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$8.40**	\$29.40
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
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
			GRAND TOTAL	\$170.74

TEMUJIN 3 NY, LLC DBA SUPERCUTS

800 Westchester Avenue

Rye Brook, NY 10573

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

TEMUJIN 4 NY DBA SUPERCUTS  
800 Westchester Avenue  
Rye Brook, NY 10573

Invoice Number: 4111-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$0.84**	\$2.10
GUARDLOW	Employee Only	3	\$29.44	\$88.32
OPENAXESSCOPPER	Employee Only	1	\$520.57	\$520.57
OPENAXESSSILVER	Employee Only	1	\$633.09	\$633.09
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$1,252.83

TEMUJIN 4 NY DBA SUPERCUTS

800 Westchester Avenue

Rye Brook, NY 10573

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

TEMUJIN 5 NY DBA SUPERCUTS  
800 Westchester Avenue  
Rye Brook, NY 10573

Invoice Number: 4112-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$42.00**	\$63.42
GUARDHIGH	Employee Only	4	\$47.61	\$190.44
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee Only	3	\$29.44	\$88.32
LIFE	Employee Only	2	\$27.70**	\$13.05
OPENAXESSGOLD	Employee Only	1	\$755.08	\$755.08
OPENAXESSSILVER	Employee Only	1	\$633.09	\$633.09
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$1,847.94



TEMUJIN 5 NY DBA SUPERCUTS

800 Westchester Avenue

Rye Brook, NY 10573

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LITWINSKI, SHELLEY	2023-01-01	OPENAXESSGOLD	EE	\$755.08
WILEY, ELIZABETH	2023-01-01	OPENAXESSSILVER	EE	\$633.09

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

TEMUJIN ENTERPRISES 1 LLC , DBA SUPERCUTS  
800 Westchester Avenue  
Rye Brook, NY 10573

Invoice Number: 4723-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$47.61

TEMUJIN ENTERPRISES 1 LLC , DBA SUPERCUTS  
800 Westchester Avenue  
Rye Brook, NY 10573

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

TESSI CONSULTING

Invoice Number: 5732-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$2.10**	\$4.20
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
LIFE	Employee Only	1	\$2.40**	\$2.40
			GRAND TOTAL	\$54.21

TESSI CONSULTING

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

THE 1994 CUP CORP DBA PROFESSIONAL COIN GALLERIES

Invoice Number: 6053-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	2	\$776.66	\$1,553.32
			GRAND TOTAL	\$1,553.32

THE 1994 CUP CORP DBA PROFESSIONAL COIN GALLERIES

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GAROFALO , JAMES	08/01/2022	GOLD	EE	\$776.66
TRINIDA, LORELIGHT	08/01/2022	GOLD	EE	\$776.66

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

THE BOCA GROUP  
METLIFE BUILDING 200 PARK AVENUE EAST MEZZANINE  
NEW YORK, NY 10166

Invoice Number: 5871-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE	Employee Only	4	\$600.43	\$2,401.72
BRONZE	Employee & Children	1	\$1,215.88	\$1,215.88
BRONZE 4K	Employee Only	2	\$638.27	\$1,276.54
GOLD	Employee Only	4	\$805.49	\$3,221.96
GOLD	Employee & Spouse Only	1	\$1,610.99	\$1,610.99
GOLD	Family	2	\$2,416.48	\$4,832.96
SILVER HSA	Employee Only	6	\$717.09	\$4,302.54
SILVER HSA	Family	4	\$2,056.23	\$8,224.92
			GRAND TOTAL	\$27,087.51



THE BOCA GROUP  
 METLIFE BUILDING 200 PARK AVENUE EAST MEZZANINE  
 NEW YORK, NY 10166

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BANAS, JOHN	10/01/2022	GOLD	FAM	\$2416.48
BOLIO, FRED	04/01/2022	BRONZE 4K	EE	\$638.27
CHAUDHRY, ATIF	04/01/2022	SILVER HSA	EE	\$717.09
CIEMNIECKI, MELISSA	04/01/2022	BRONZE	EC	\$1215.88
CROCKWELL, TRACIE	04/01/2022	GOLD	EE	\$805.49
DEBLASIO, DANIEL	04/01/2022	SILVER HSA	FAM	\$2056.23
DYE, WILLIAM	06/01/2022	SILVER HSA	EE	\$717.09
EPSTEIN, DAWN	04/01/2022	BRONZE	EE	\$600.43
GHEORGHIAS, PERICLE	04/01/2022	SILVER HSA	EE	\$717.09
HAYES, BRETT	04/01/2022	BRONZE	EE	\$600.43
LESNIAK, TONY	04/01/2022	SILVER HSA	FAM	\$2056.23
MACHADO, SARAH SILVEIRA	10/01/2022	BRONZE	EE	\$600.43
MARQUEZ, RICHARD	04/01/2022	GOLD	ES	\$1610.99
MILLER, CLARE	04/01/2022	SILVER HSA	EE	\$717.09
MOSKONAS, EMANUEL	04/01/2022	GOLD	EE	\$805.49
MOSKONAS, STAMATOULA	04/01/2022	GOLD	EE	\$805.49
NICHUALS, CONNOR	04/01/2022	SILVER HSA	EE	\$717.09
OFFE, GEORGE	04/01/2022	BRONZE 4K	EE	\$638.27
REILLY, REGINA	04/01/2022	BRONZE	EE	\$600.43

THE BOCA GROUP  
METLIFE BUILDING 200 PARK AVENUE EAST MEZZANINE  
NEW YORK, NY 10166

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SANSEVERO, FRANK	04/01/2022	SILVER HSA	FAM	\$2056.23
SLOANE, SAM	04/01/2022	SILVER HSA	FAM	\$2056.23
SOLIS, PRISCILLA	04/01/2022	GOLD	EE	\$805.49
WERNON, ROBERT	04/01/2022	GOLD	FAM	\$2416.48
ZUMMA, JOSEPH	04/01/2022	SILVER HSA	EE	\$717.09

## MEDICAL PLAN COUNTS

Employee Only	16
Employee & Spouse	1
Employee & Children	1
Family	6



**Account Services**  
**Monthly Statement**

THE CHASELLA GROUP

Invoice Number: 6238-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSPLATINUM	Family	1	\$2,795.95	\$2,795.95
			GRAND TOTAL	\$2,795.95

THE CHASELLA GROUP

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KAPLAN, JAMES	2023-01-01	OPENAXESSPLATINUM FAM		\$2795.95

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

THE DALEY AGENCY INC

Invoice Number: 5858-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
SILVER II	Employee Only	2	\$727.79	\$1,455.58
SILVER II	Family	1	\$2,074.21	\$2,074.21
			GRAND TOTAL	\$3,529.79

THE DALEY AGENCY INC

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DALEY, MATTHEW	02/01/2022	SILVER II	FAM	\$2074.21
IPPOLITO, CINDY	02/01/2022	SILVER II	EE	\$727.79
WIENCKOWSKI, NINA	02/01/2022	SILVER II	EE	\$727.79

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	1



## Account Services

### Monthly Statement

THE FLYING LOCKSMITHS OF MEMPHIS  
408 Cecilia Dr.  
MEMPHIS, TN 38117

Invoice Number: 4606-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	3	\$29.44	\$88.32
LIFE	Employee Only	1	\$9.88**	\$9.88
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$163.31

THE FLYING LOCKSMITHS OF MEMPHIS

408 Cecilia Dr.

MEMPHIS, TN 38117

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

THE FLYING LOCKSMITHS- NASHVILLE EAST  
814 S Church St. Suite 110  
Murfreesboro, TN 37130

Invoice Number: 4748-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
LIFE	Employee Only	3	\$71.63**	\$130.91
			GRAND TOTAL	\$215.89

THE FLYING LOCKSMITHS- NASHVILLE EAST  
814 S Church St. Suite 110  
Murfreesboro, TN 37130

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

THE LAW OFFICES OF MICHAEL SHAWN  
929 Alton Rd Ste 500  
MIAMI BEACH, FL 33139

Invoice Number: 4482-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.00**	\$12.60
GUARDHIGH	Employee Only	1	\$0.00	\$47.61
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee Only	1	\$0.00	\$29.44
OPENAXESSCOPPER	Employee Only	1	\$520.57	\$520.57
OPENAXESSPLATINUM	Employee & Spouse Only	1	\$1,813.12	\$1,813.12
			GRAND TOTAL	\$2,513.15

THE LAW OFFICES OF MICHAEL SHAWN  
929 Alton Rd Ste 500  
MIAMI BEACH, FL 33139

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
RODRIGUEZ, SORAYA	2023-01-01	OPENAXESSCOPPER	EE	\$520.57
SHAWN, MICHAEL	2023-01-01	OPENAXESSPLATINUM ES		\$1813.12

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

THE MELISSA DALEY INSURANCE AGENCY

Invoice Number: 5859-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE 4K	Employee Only	2	\$569.88	\$1,139.76
			GRAND TOTAL	\$1,139.76

THE MELISSA DALEY INSURANCE AGENCY

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CORLISS, MATTHEW	03/01/2022	BRONZE 4K	EE	\$569.88
DALEY, MELISSA	03/01/2022	BRONZE 4K	EE	\$569.88

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

TOUCH POINT MAINTENANCE LLC

Invoice Number: 5844-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
OPENAXESSGOLD	Employee Only	2	\$776.66	\$1,553.32
			GRAND TOTAL	\$2,377.59

TOUCH POINT MAINTENANCE LLC

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HUGHES, AUSTIN	2022-12-01	OPENAXESSGOLD	EE	\$776.66
HUGHES, AUSTIN	2022-12-01	OPENAXESSGOLD	EE	\$776.66



TOUCH POINT MAINTENANCE LLC

,

PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HUGHES, AUSTIN	2022-12-01	OPENAXESSGOLD	EE	\$776.66

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

TRANSCEND BS LLC  
907 SOUGHT STREET 2ND FLOOR  
PEEKSKILL, NY 10566

Invoice Number: 5991-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE 4K	Employee Only	1	\$569.88	\$569.88
DENTALGUARD	Employee Only	1	\$38.75	\$38.75
VSP CHOICE	Employee Only	1	\$6.82	\$6.82
			GRAND TOTAL	\$615.45

TRANSCEND BS LLC  
907 SOUGHT STREET 2ND FLOOR  
PEEKSKILL, NY 10566

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GARRIDO, VICTOR	04/01/2022	BRONZE 4K	EE	\$569.88

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

TROUTBROOK DEVELOPMENT LLC  
18 EAST 87TH - GROUND FLOOR  
NEW YORK, NY 10128

Invoice Number: 4599-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44

TROUTBROOK DEVELOPMENT LLC  
18 EAST 87TH - GROUND FLOOR  
NEW YORK, NY 10128

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

TRUE HEARTS AND HANDS HOSPICE  
1531 CHASE OAKS DRIVE  
KELLER, TX 76248

Invoice Number: 5578-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE	Employee Only	2	\$617.17	\$1,234.34
GOLD	Employee Only	2	\$762.60	\$1,525.20
SILVER	Employee Only	1	\$686.35	\$686.35
			GRAND TOTAL	\$3,445.89

TRUE HEARTS AND HANDS HOSPICE  
1531 CHASE OAKS DRIVE  
KELLER, TX 76248

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BAUTISTA, JESENIA	10/01/2022	BRONZE	EE	\$617.17
BRANSOM, JOHANA	02/01/2022	SILVER	EE	\$686.35
JACKSON, JERRIN	10/01/2022	GOLD	EE	\$762.6
LEMIEUX, TARA	02/01/2022	GOLD	EE	\$762.6
WALTON, JACKEE	10/01/2022	BRONZE	EE	\$617.17

## MEDICAL PLAN COUNTS

Employee Only	5
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

UNICYCIVE THERAPEUTICS, INC  
515 EL CAMINO UNIT A-32  
LOS ALTOS, CA 94202

Invoice Number: 54-2023-01  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD PLAN	Employee & Spouse Only	1	\$1.00	\$1.00
PLATINUM	Employee Only	2	\$992.40	\$1,984.80
PLATINUM	Family	3	\$2,977.18	\$8,931.54
SILVER II	Family	1	\$2,545.49	\$2,545.49
			GRAND TOTAL	\$13,462.83



UNICYCIVE THERAPEUTICS, INC  
515 EL CAMINO UNIT A-32  
LOS ALTOS, CA 94202

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
JERMASEK, DOUG	02/01/2022	SILVER II	FAM	\$2545.49
LUNA, KAYLA	02/01/2022	PLATINUM	FAM	\$2977.18
MEDICHERLA, SATYANARAYANA	10/01/2022	GOLD PLAN	ES	\$ 1,786.31
MILLER, TERESA	08/01/2022	PLATINUM	EE	\$992.40
MOURYA, SANJAY	09/01/2022	PLATINUM	FAM	\$2977.18
REDDY, GURU	02/01/2022	PLATINUM	EE	\$992.40
TOWNSEND, JOHN	02/01/2022	PLATINUM	FAM	\$2977.18

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	1
Employee & Children	0
Family	4



## Account Services

### Monthly Statement

UNION PLAZA CENTER  
33-23 UNION ST  
FLUSHING, NY , NY 11354

Invoice Number: 5065-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE 4 K	Employee Only	3	\$538.48	\$1,709.64
BRONZE 4 K	Employee & Spouse Only	1	\$1,076.97	\$1,139.75
PLATINUM	Employee Only	17	\$815.49	\$14,678.82
PLATINUM	Employee & Spouse Only	6	\$1,630.97	\$10,264.26
PLATINUM	Employee & Children	1	\$1,630.97	\$1,710.10
PLATINUM	Family	4	\$2,446.45	\$10,231.88
SILVER II	Employee Only	9	\$613.30	\$5,841.54
SILVER II	Employee & Children	1	\$1,226.62	\$1,298.13
			GRAND TOTAL	\$46,874.12

UNION PLAZA CENTER  
33-23 UNION ST  
FLUSHING, NY , NY 11354

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CHOI, JIYOUNG	01/01/2022	PLATINUM	FAM	\$2557.97
CHUN, CHOONHEE	01/01/2022	PLATINUM	ES	\$1710.71
COZMA, LIVIAC	01/01/2022	PLATINUM	EE	\$863.46
FRANCIS, COLETTE	01/01/2022	SILVER II	EC	\$1298.13
GRGAS, TANYA	01/01/2022	PLATINUM	EE	\$863.46
HUANG, NANCY	01/01/2022	PLATINUM	EE	\$863.46
HUNG, KAYI	01/01/2022	SILVER II	EE	\$649.06
HUNG, PETER	01/01/2022	PLATINUM	ES	\$1710.71
JEON, WON	01/01/2022	SILVER II	EE	\$649.06
JUNG, HEY-SUN	01/01/2022	SILVER II	EE	\$649.06
KERNEY, JOHN	01/01/2022	PLATINUM	FAM	\$2557.97
KIM, HYEYOUNG	01/01/2022	PLATINUM	EE	\$863.46
KIM, JEONG-HAE	01/01/2022	BRONZE 4 K	ES	\$1139.75
KIM, YINGRI	01/01/2022	PLATINUM	EE	\$863.46
KIM, YOUNEH	01/01/2022	BRONZE 4 K	EE	\$569.88
KIM, YOUNG	01/01/2022	PLATINUM	FAM	\$2557.97
KOCHNER, KAREN	01/01/2022	PLATINUM	EE	\$863.46
LEE, GYOOHWA	01/01/2022	PLATINUM	EE	\$863.46
LEE, YU-JUCHUANG	01/01/2022	SILVER II	EE	\$649.06

UNION PLAZA CENTER  
33-23 UNION ST  
FLUSHING, NY , NY 11354

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LEONG, WAIHONCHRIS	01/01/2022	PLATINUM	EE	\$863.46
LIPSCHUTZ, MOISHE	01/01/2022	PLATINUM	FAM	\$2557.97
LUONGO, ANGELO	01/01/2022	BRONZE 4 K	EE	\$569.88
LUONGO, DEBORAH	01/01/2022	PLATINUM	EE	\$863.46
MEDINA, JENNY	01/01/2022	PLATINUM	EC	\$1710.1
MICHALAK, ABIGAIL	01/01/2022	SILVER II	EE	\$649.06
MOXAM, SILVYLYN	01/01/2022	PLATINUM	ES	\$1710.71
MURPHY, ALLANAT	01/01/2022	PLATINUM	EE	\$863.46
NAM, JUHA	01/01/2022	SILVER II	EE	\$649.06
NI, YING	01/01/2022	PLATINUM	ES	\$1710.71
PARK, SUJEONG	01/01/2022	PLATINUM	EE	\$863.46
PASTOR, CATHERINE	01/01/2022	PLATINUM	EE	\$863.46
PERCIVAL, JUNIOR	01/01/2022	PLATINUM	EE	\$863.46
RHEE, CHARLTON	01/01/2022	PLATINUM	EE	\$863.46
RICHTER, INGRID	01/01/2022	BRONZE 4 K	EE	\$569.88
SEDA, DAVID	01/01/2022	SILVER II	EE	\$649.06
SONG, HUA	01/01/2022	PLATINUM	ES	\$1710.71
SUNG, JISU	01/01/2022	SILVER II	EE	\$649.06

UNION PLAZA CENTER  
33-23 UNION ST  
FLUSHING, NY , NY 11354

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
TADJIEV, LARISSA	01/01/2022	PLATINUM	EE	\$863.46
WANG, YU-HSIN	01/01/2022	SILVER II	EE	\$649.06
WHITE, LENNOX	01/01/2022	PLATINUM	ES	\$1710.71
YAN, BO	01/01/2022	PLATINUM	EE	\$863.46
ZHUANG, YUN	01/01/2022	PLATINUM	EE	\$863.46

## MEDICAL PLAN COUNTS

Employee Only	29
Employee & Spouse	7
Employee & Children	2
Family	4



## Account Services

### Monthly Statement

UNITED PREMIUM FOODS  
1 AMBOY AVE  
WOODBIDGE, NJ 07095

Invoice Number: 4311-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	9	\$2.52**	\$41.58
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Employee & Children	1	\$89.81	\$89.81
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Employee & Spouse Only	2	\$55.54	\$111.08
GUARDLOW	Family	6	\$100.74	\$604.44
LIFE	Employee Only	3	\$7.80**	\$7.80
OPENAXESSBRONZE	Employee Only	4	\$490.68	\$1,962.72
OPENAXESSBRONZE	Employee & Children	1	\$1,553.95	\$1,036.17
OPENAXESSBRONZE	Family	2	\$1,553.95	\$3,107.90
OPENAXESSGOLD	Employee & Spouse Only	1	\$2,059.31	\$1,372.87
OPENAXESSGOLD	Family	2	\$2,059.31	\$4,118.62
OPENAXESSSILVER	Employee Only	1	\$554.54	\$554.54
VSP	Employee & Spouse Only	2	\$14.73	\$29.46
VSP	Employee & Children	2	\$15.02	\$30.04
VSP	Family	6	\$23.76	\$142.56
			GRAND TOTAL	\$13,566.07

UNITED PREMIUM FOODS  
1 AMBOY AVE  
WOODBIDGE, NJ 07095

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
AL ABSI, HAMZA	2023-01-01	OPENAXESSBRONZE	FAM	\$1553.95
COX, MICHAEL	2023-01-01	OPENAXESSGOLD	FAM	\$2059.31
ENGROFF, HENRY	2023-01-01	OPENAXESSBRONZE	EE	\$490.68
KUBOWICZ, SANDRA	2023-01-01	OPENAXESSSILVER	EE	\$554.54
LISTON, BRIAN	2023-01-01	OPENAXESSGOLD	FAM	\$2059.31
MARTIN, ROBERT	2023-01-01	OPENAXESSBRONZE	EE	\$490.68
MAYER, KENNETH	2023-01-01	OPENAXESSGOLD	ES	\$1372.87
OGLESBY, CHARTOINE	2023-01-01	OPENAXESSBRONZE	EC2	\$1036.17
POULSON, ALLYSON	2023-01-01	OPENAXESSBRONZE	EE	\$490.68
ROSA, CHRISTOPHER	2023-01-01	OPENAXESSBRONZE	EE	\$490.68
YAE, JOHN	2023-01-01	OPENAXESSBRONZE	FAM	\$1553.95

## MEDICAL PLAN COUNTS

Employee Only	5
Employee & Spouse	1
Employee & Children	0
Family	4



## Account Services

### Monthly Statement

UPPER EAST SIDE UES MGT 5th AVE  
115 East 61st St Suite 7C  
New York, NY 10065

Invoice Number: 5584-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
SILVER HSA	Employee Only	2	\$704.29	\$1,408.58
SILVER HSA	Employee & Spouse Only	2	\$1,418.26	\$2,836.52
SILVER II	Employee Only	1	\$713.97	\$713.97
			GRAND TOTAL	\$4,959.07



UPPER EAST SIDE UES MGT 5th AVE  
115 East 61st St Suite 7C  
New York, NY 10065

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALONSO, ELIZABETH	10/01/2022	SILVER II	EE	\$713.97
ARASLANOVA, RAKHNA	11/01/2021	SILVER HSA	EE	\$704.29
BENNETT, RAISSA	11/01/2021	SILVER HSA	ES	\$1418.26
CUSH, MEAGHAN	11/01/2021	SILVER HSA	ES	\$1418.26
YOUSSEF, REEHAM	11/01/2021	SILVER HSA	EE	\$704.29

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

UPSHIFT HR LLC

Invoice Number: 5548-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Family	2	\$160.18	\$320.36
LIFE	Employee Only	1	\$0.00**	\$0.00
OPENAXESSPLATINUM	Family	2	\$0.00	\$3,130.08
			GRAND TOTAL	\$3,450.44

UPSHIFT HR LLC

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

VAL FLOORS  
90 TRIANGLE BOULEVARD  
CARLSTADT, NJ 07072 , NJ 07072

Invoice Number: 5079-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
SILVER PLAN	Employee Only	1	\$476.70	\$476.70
			GRAND TOTAL	\$476.70

VAL FLOORS  
90 TRIANGLE BOULEVARD  
CARLSTADT, NJ 07072 , NJ 07072

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SOLSKI, STEVE	01/01/2022	SILVER PLAN	EE	\$476.7

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

VALLEY BETH SHALOM  
15739 VENTURA BLVD  
ENCINO, CA 91436

Invoice Number: 5022-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD PLAN	Employee Only	13	\$663.17	\$8,621.21
GOLD PLAN	Employee & Children	2	\$1,218.02	\$2,436.04
GOLD PLAN	Family	3	\$1,968.69	\$5,906.07
PLATINUM	Employee Only	4	\$793.72	\$3,174.88
PLATINUM	Employee & Spouse Only	2	\$1,566.62	\$3,133.24
ADJUSTMENT	COHN NOV/DEC EE			\$1,326.34
ADJUSTMENT	STARR NOV/DEC EE			\$1,326.34
			GRAND TOTAL	\$25,924.12

VALLEY BETH SHALOM  
15739 VENTURA BLVD  
ENCINO, CA 91436

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BINNS, ALISSA	02/01/2022	PLATINUM	EE	\$793.72
COHEN, LIAT	02/01/2022	GOLD PLAN	EE	\$663.17
COHN, ELIZABETH	11/01/2022	GOLD PLAN	EE	\$663.17
DUBOW, FERN	02/01/2022	PLATINUM	ES	\$1566.62
FELDMAN, JUDITH	07/01/2022	GOLD PLAN	EE	\$663.17
FRONT, AMY	02/01/2022	GOLD PLAN	EE	\$663.17
GABAY, HAVA	02/01/2022	PLATINUM	ES	\$1566.62
GOWN, JACOB	04/01/2022	GOLD PLAN	FAM	\$1968.69
HAM, NICOLE	02/01/2022	GOLD PLAN	EE	\$663.17
HART, MEGHAN	02/01/2022	GOLD PLAN	EC	\$1218.02
HERBST, NANCY	09/01/2022	PLATINUM	EE	\$793.72
KRUGER, CAMRYN	02/01/2022	GOLD PLAN	EE	\$663.17
LEBOVITZ, NOLAN	07/01/2022	GOLD PLAN	FAM	\$1968.69
LEMUNYON, YVONNE	02/01/2022	GOLD PLAN	EE	\$663.17
LIEBERT, ALEXIS	02/01/2022	GOLD PLAN	EE	\$663.17
PUGSLEY, JENNIFER	02/01/2022	PLATINUM	EE	\$793.72
RAFII, JACQUELINE	10/01/2022	GOLD PLAN	EC	\$1218.02
RASSINER, GILLIAN	02/01/2022	PLATINUM	EE	\$793.72
SARVER, ANNETTE	02/01/2022	GOLD PLAN	EE	\$663.17

VALLEY BETH SHALOM  
15739 VENTURA BLVD  
ENCINO, CA 91436

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SE SAR, AIMEE	02/01/2022	GOLD PLAN	FAM	\$1968.69
SINGER, JACLYN	02/01/2022	GOLD PLAN	EE	\$663.17
STARR, IAN	11/01/2022	GOLD PLAN	EE	\$663.17
TSIMERMAN, SUZANA	02/01/2022	GOLD PLAN	EE	\$663.17
WINNETT, ADINA	08/01/2022	GOLD PLAN	EE	\$663.17

## MEDICAL PLAN COUNTS

Employee Only	17
Employee & Spouse	2
Employee & Children	2
Family	3





**Account Services**  
**Monthly Statement**

VESPARUM CAPITAL, LLC

Invoice Number: 6165-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.42**	\$0.42
GRAND TOTAL				\$0.42

VESPARUM CAPITAL, LLC

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

VIA MODA GROUP  
2370 N Terrace Ave  
Milwaukee, WI 53211

Invoice Number: 4719-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$21.00**	\$9.24
GUARDHIGH	Employee Only	5	\$47.61	\$238.05
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
GUARDLOW	Employee Only	3	\$29.44	\$88.32
GUARDLOW	Employee & Children	2	\$74.61	\$149.22
GUARDLOW	Family	1	\$100.74	\$100.74
LIFE	Employee Only	2	\$22.92**	\$30.12
OPENAXESSBRONZE	Employee Only	3	\$446.88	\$1,340.64
OPENAXESSBRONZE	Employee & Children	1	\$446.88	\$805.53
OPENAXESSBRONZE	Family	2	\$1,248.14	\$2,496.28
OPENAXESSGOLD	Employee Only	1	\$648.58	\$648.58
VSP	Employee Only	6	\$8.75	\$52.50
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$6,092.23

VIA MODA GROUP  
2370 N Terrace Ave  
Milwaukee, WI 53211

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GERLOFF ROUZAN, VICKI	2023-01-01	OPENAXESSBRONZE	EE	\$446.88
HANNA, MAKENNA	2023-01-01	OPENAXESSBRONZE	EE	\$446.88
MUELLER, CANDICE	2023-01-01	OPENAXESSGOLD	EE	\$648.58
RUSSELL, BETH	2023-01-01	OPENAXESSBRONZE	EC2	\$805.53
SCHROEDER, DEBRA	2023-01-01	OPENAXESSBRONZE	FAM	\$1248.14
SLOCK, JADEANN	2023-01-01	OPENAXESSBRONZE	EE	\$446.88
VAN DE SYPE, MIRIAM	2023-01-01	OPENAXESSBRONZE	FAM	\$1248.14

## MEDICAL PLAN COUNTS

Employee Only	4
Employee & Spouse	0
Employee & Children	0
Family	2



## Account Services

### Monthly Statement

VIB BY BEST WESTERN  
6201 N 24th Pkwy  
PHOENIX, AZ 85016

Invoice Number: 4382-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	3	\$2.31**	\$14.07
GUARDHIGH	Employee Only	8	\$47.61	\$380.88
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Family	1	\$100.74	\$100.74
LIFE	Employee Only	4	\$6.00**	\$11.90
OPENAXESSGOLD	Employee Only	1	\$686.44	\$686.44
OPENAXESSGOLD	Family	1	\$0.00	\$2,059.31
OPENAXESSPLATINUM	Employee Only	2	\$823.65	\$1,647.30
OPENAXESSPLATINUM	Family	1	\$0.00	\$2,471.17
OPENAXESSSILVER	Employee Only	1	\$575.53	\$575.53
VSP	Employee Only	4	\$8.75	\$35.00
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$8,169.52

VIB BY BEST WESTERN

6201 N 24th Pkwy

PHOENIX, AZ 85016

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
VOGT-NILSEN, ERIKA	2023-01-01	OPENAXESSGOLD	EE	\$686.44
WATKINS, DAVID	2023-01-01	OPENAXESSGOLD	FAM	\$2059.31

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

VIOTAS TEXAS

Invoice Number: 6071-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$8.40**	\$8.40
GUARDHIGH	Family	1	\$0.00	\$160.18
GUARDLOW	Family	1	\$0.00	\$100.74
OPENAXESSBRONZE	Family	1	\$1,480.09	\$1,480.09
			GRAND TOTAL	\$1,749.41

VIOTAS TEXAS

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LOCKERD, PATRICK	2023-01-01	OPENAXESSBRONZE	FAM	\$1480.09

## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

VSN DENTAL  
510 ROUTE 9 NORTH  
MANALAPAN, NJ 07726

Invoice Number: 5992-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD III	Employee Only	1	\$575.53	\$575.53
GOLD III	Family	1	\$2,295.00	\$2,295.00
			GRAND TOTAL	\$2,870.53

VSN DENTAL  
510 ROUTE 9 NORTH  
MANALAPAN, NJ 07726

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BRODSKIY, BRIANNA	2022-01-01	GOLD III	EE	\$575.53
SHIKHMANter, VLADISLAV	2022-01-01	GOLD III	FAM	\$2295.00

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

W S WILSON CORP  
24 HARBOR PARK DRIVE  
PORT WASHINGTON, NY 11050

Invoice Number: 5060-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Employee Only	13	\$38.75	\$503.75
DENTALGUARD	Employee & Spouse Only	2	\$78.66	\$157.32
DENTALGUARD	Employee & Children	3	\$89.93	\$269.79
DENTALGUARD	Family	12	\$137.71	\$1,652.52
GOLD	Employee Only	2	\$845.14	\$1,690.28
GOLD	Employee & Children	1	\$1,436.74	\$1,436.74
PLATINUM	Employee Only	1	\$1,067.29	\$1,067.29
PLATINUM	Employee & Children	2	\$1,814.40	\$3,628.80
SILVER HSA	Family	2	\$1,704.52	\$3,409.04
SILVER II	Employee Only	10	\$664.37	\$6,643.70
SILVER II	Employee & Spouse Only	1	\$1,329.06	\$1,329.06
SILVER II	Family	6	\$1,893.91	\$11,363.46
VSP CHOICE	Employee Only	13	\$6.82	\$88.66
VSP CHOICE	Employee & Spouse Only	2	\$11.48	\$22.96
VSP CHOICE	Employee & Children	3	\$11.70	\$35.10
VSP CHOICE	Family	12	\$18.53	\$222.36
			GRAND TOTAL	\$33,520.83

W S WILSON CORP  
24 HARBOR PARK DRIVE  
PORT WASHINGTON, NY 11050

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BAUGHER, RALPH	01/01/2022	PLATINUM	EC	\$1814.4
BAUGHER, RICHARD	01/01/2022	PLATINUM	EC	\$1814.4
BINNS, WAYNE	01/01/2022	SILVER II	EE	\$664.37
BOUSRI, ANOOP	01/01/2022	SILVER II	FAM	\$1893.91
CONDELL, YOLANDA	02/01/2022	GOLD	EE	\$845.14
CORLEY, ROBERT	01/01/2022	SILVER HSA	FAM	\$1704.52
CRIVILLARO, ANTONINO	01/01/2022	SILVER II	FAM	\$1893.91
D'ANDREA, STEVEN	01/01/2022	SILVER II	FAM	\$1893.91
DAHILL, EDWARD	01/01/2022	SILVER II	EE	\$664.37
FANTACI, ANTHONY	01/01/2022	SILVER II	FAM	\$1893.91
FINNEN, KATHERINE	01/01/2022	SILVER II	EE	\$664.37
GAUDIO , CARMINE	09/01/2022	SILVER II	EE	\$664.37
KAUR, BALJIT	01/01/2022	SILVER II	FAM	\$1893.91
MAGUIRE, JENNIFER	01/01/2022	SILVER II	EE	\$664.37
MALLICK, JESA	04/01/2022	SILVER II	EE	\$664.37
MANAKER, ANNE	01/01/2022	SILVER II	FAM	\$1893.91
MCDONALD, ANDREW	01/01/2022	SILVER II	EE	\$664.37
ORR, TIMOTHY	01/01/2022	SILVER II	EE	\$664.37
PATEL, KALPANA	01/01/2022	SILVER II	EE	\$664.37

W S WILSON CORP  
24 HARBOR PARK DRIVE  
PORT WASHINGTON, NY 11050

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PATEL, PRADIP	01/01/2022	SILVER II	ES	\$1329.06
PINTO, ANA	01/01/2022	SILVER II	EE	\$664.37
RABBITT, PAUL	01/01/2022	GOLD	EC	\$1436.74
STUEK, LARAINÉ	01/01/2022	PLATINUM	EE	\$1067.29
YULE, ROBERT	01/01/2022	GOLD	EE	\$845.14
YULE II, ROBERT	01/01/2022	SILVER HSA	FAM	\$1704.52

## MEDICAL PLAN COUNTS

Employee Only	13
Employee & Spouse	1
Employee & Children	3
Family	8



## Account Services

### Monthly Statement

WAG N' WASH - PHOENIX  
4230 N 7TH AVE  
PHOENIX, AZ 85013

Invoice Number: 4158-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.00**	\$0.84
GUARDHIGH	Employee & Spouse Only	1	\$0.00	\$89.81
GUARDLOW	Employee Only	2	\$29.44	\$58.88
LIFE	Employee Only	1	\$0.00**	\$0.00
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Spouse Only	1	\$0.00	\$14.73
			GRAND TOTAL	\$173.01

WAG N' WASH - PHOENIX  
4230 N 7TH AVE  
PHOENIX, AZ 85013

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

WAG N' WASH - SCOTTSDALE  
7777 E INDIAN SCHOOL RD  
SCOTTSDALE, AZ 85251

Invoice Number: 4159-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
LIFE	Employee Only	2	\$14.40**	\$15.00
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$127.72



WAG N' WASH - SCOTTSDALE  
7777 E INDIAN SCHOOL RD  
SCOTTSDALE, AZ 85251

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

WEBSpace, INC.

Invoice Number: 5974-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$8.40**	\$16.80
GUARDHIGH	Employee & Children	1	\$0.00	\$117.99
LIFE	Employee Only	2	\$27.70**	\$55.40
			GRAND TOTAL	\$190.19

WEBSPACE, INC.

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

WECONNECT GLOBAL  
1013 Centre Rd Ste 403B  
WILMINGTON, DE 19805

Invoice Number: 4352-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$3.36**	\$3.36
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$14.40**	\$9.60
OPENAXESSGOLD	Employee Only	1	\$686.44	\$686.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$785.20

WECONNECT GLOBAL  
1013 Centre Rd Ste 403B  
WILMINGTON, DE 19805

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KLOOSTER, ADAM	2023-01-01	OPENAXESSGOLD	EE	\$686.44

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

WEST BAY HOLDINGS DBA THE CARRINGTON  
3501 NORTHEAST PKWY, LINCOLNWOOD, IL 60712  
LINCOLNWOOD, IL 60712

Invoice Number: 5937-2023-0  
Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE II	Employee Only	13	\$382.60	\$4,973.80
BRONZE II	Employee & Children	1	\$699.22	\$699.22
GOLD II	Employee Only	1	\$550.44	\$550.44
GOLD II	Employee & Spouse Only	1	\$1,128.98	\$1,128.98
SILVER HSA II	Employee Only	7	\$466.10	\$3,262.70
SILVER HSA II	Employee & Children	1	\$818.95	\$818.95
SILVER HSA II	Family	1	\$1,426.59	\$1,426.59
SILVER II	Employee Only	19	\$516.44	\$9,812.36
SILVER II	Employee & Children	1	\$943.79	\$943.79
SILVER II	Family	1	\$1,580.38	\$1,580.38
ADJUSTMENT	SANTOS DEC EE			\$382.60
ADJUSTMENT	HERNANDEZ DEC EE PREMIUM			\$466.10
			GRAND TOTAL	\$26,045.91

WEST BAY HOLDINGS DBA THE CARRINGTON  
3501 NORTHEAST PKWY, LINCOLNWOOD, IL 60712  
LINCOLNWOOD, IL 60712

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ADERIBIGBE, RAHEEMAT	05/01/2022	SILVER II	EE	\$516.44
AGNO, NEIL	05/01/2022	BRONZE II	EE	\$382.60
BONNER, DEBORAH	06/01/2022	SILVER HSA II	EE	\$466.10
CO, MARIA JOSEPHINE	05/01/2022	SILVER HSA II	EE	\$466.10
CONSTANTINO, ROGER	05/01/2022	SILVER II	EE	\$516.44
DIONISIO, JOCELYN	05/01/2022	BRONZE II	EE	\$382.60
DRISCOLL, CAROLYN	05/01/2022	GOLD II	ES	\$1128.98
EZEOKOLI, CAROLINE	05/01/2022	SILVER II	EE	\$516.44
FERNANDEZ, SUZZETTE	05/01/2022	SILVER HSA II	EC	\$818.95
FLORES, HUGO	05/01/2022	SILVER II	EE	\$516.44
GONCALVES, JOAO	05/01/2022	BRONZE II	EE	\$382.60
GRAY, HARVEY	05/01/2022	SILVER II	EE	\$516.44
HANCOCK, BRIAN	05/01/2022	SILVER II	EE	\$516.44
HASAL, MIA	07/01/2022	SILVER II	EE	\$516.44
HERNANDEZ, RAQUEL	12/01/2022	SILVER HSA II	EE	\$466.10
IGBINOVIA, ESSIE	05/01/2022	SILVER II	EE	\$516.44
JAMES, ODETTE	05/01/2022	SILVER II	EE	\$516.44
JULIAN, ANITA	05/01/2022	BRONZE II	EE	\$382.60
KANE , DEBRA	08/01/2022	GOLD II	EE	\$550.44

WEST BAY HOLDINGS DBA THE CARRINGTON  
3501 NORTHEAST PKWY, LINCOLNWOOD, IL 60712  
LINCOLNWOOD, IL 60712

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KANNEH, MARIE	05/01/2022	SILVER II	EE	\$516.44
KING, ARTHUR	05/01/2022	SILVER HSA II	EE	\$466.10
KOLZOW, KATIE	08/01/2022	SILVER II	EE	\$516.44
LECHTENBERG, GREGORY	05/01/2022	SILVER HSA II	FAM	\$1426.59
LIEBERMAN, ERICA	05/01/2022	BRONZE II	EE	\$382.60
MANDIN, ANDREA	05/01/2022	SILVER II	EE	\$516.44
MAYARD, JUDITH	05/01/2022	SILVER HSA II	EE	\$466.10
PANTOJA, ALEXANDER	05/01/2022	BRONZE II	EE	\$382.60
PARRY, GERTRUDE	05/01/2022	SILVER II	EC	\$943.79
PEHAR, MARY ANN	05/01/2022	BRONZE II	EE	\$382.60
PELASKY, JOCELYN	10/01/2022	SILVER II	EE	\$516.44
POKU, KWASI	05/01/2022	BRONZE II	EE	\$382.60
RODRIGUEZ, HAZEL	05/01/2022	SILVER HSA II	EE	\$466.10
ROSARIO, JOEL	05/01/2022	SILVER II	EE	\$516.44
SANTOS, GENARO	05/01/2022	BRONZE II	EE	\$382.60
SANTOS, JULIET	12/01/2022	BRONZE II	EE	\$382.60
SEDA, BENJAMIN JR.	05/01/2022	BRONZE II	EC	\$699.22
SERRANO, JANICE	05/01/2022	SILVER II	EE	\$516.44



WEST BAY HOLDINGS DBA THE CARRINGTON  
3501 NORTHEAST PKWY, LINCOLNWOOD, IL 60712  
LINCOLNWOOD, IL 60712

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
STEPANIUK, JAROSLAW	05/01/2022	BRONZE II	EE	\$382.60
TEJUMADE, TOBI	05/01/2022	SILVER II	EE	\$516.44
TEMPLE, LYLE	05/01/2022	BRONZE II	EE	\$382.60
TUNEA, ISABELA	05/01/2022	BRONZE II	EE	\$382.60
VALDEZ, JORGE	06/01/2022	SILVER HSA II	EE	\$466.10
VAUGHN, ALBERT	05/01/2022	SILVER II	EE	\$516.44
WILKINSON, STACEY	05/01/2022	SILVER II	FAM	\$1580.38
WILLIAMS, BRANDON	10/01/2022	SILVER II	EE	\$516.44
WILSON, DAWN	05/01/2022	SILVER II	EE	\$516.44

## MEDICAL PLAN COUNTS

Employee Only	40
Employee & Spouse	1
Employee & Children	3
Family	2



**Account Services**  
**Monthly Statement**

WILD-OX CONSULTING, INC.  
15508 Williston Rd  
SILVER SPRING, MD 20905

Invoice Number: 4499-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$47.61

WILD-OX CONSULTING, INC.  
15508 Williston Rd  
SILVER SPRING, MD 20905

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

WILLOW TREE, INC.  
1935 PACIFIC AVE  
SAN FRANCISCO, CA 94109

Invoice Number: 4680-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$42.42**	\$42.42
GRAND TOTAL				\$42.42

WILLOW TREE, INC.  
1935 PACIFIC AVE  
SAN FRANCISCO, CA 94109

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

WILSON ASSET MANAGEMENT  
187 Wolf Rd Ste 101  
ALBANY, NY 12205

Invoice Number: 4470-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$47.61

## WILSON ASSET MANAGEMENT

187 Wolf Rd Ste 101

ALBANY, NY 12205

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

WINDOW GENIE OF NORTH INDIANAPOLIS  
4431 SUMMER DR  
ZIONSVILLE, IN 46077

Invoice Number: 4637-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44



WINDOW GENIE OF NORTH INDIANAPOLIS  
4431 SUMMER DR  
ZIONSVILLE, IN 46077

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

WINDOW GENIE OF THE EAST BAY CA  
21001 SAN RAMON VALLEY BLVD, Suite A4-333  
SAN RAMON, CA 94583

Invoice Number: 4619-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$190.34

WINDOW GENIE OF THE EAST BAY CA  
21001 SAN RAMON VALLEY BLVD, Suite A4-333  
SAN RAMON, CA 94583

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

WNW MANAGEMENT

Invoice Number: 6162-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSPLATINUM	Employee & Children	1	\$1,863.96	\$1,863.96
OPENAXESSSILVER	Employee Only	4	\$651.18	\$2,604.72
			GRAND TOTAL	\$5,771.04

WNW MANAGEMENT

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ADAMO, WILLIAM	2022-12-01	OPENAXESSSILVER	EE	\$651.18
ADAMO, WILLIAM	2022-12-01	OPENAXESSSILVER	EE	\$651.18
BROWN, CARLA	2022-12-01	OPENAXESSSILVER	EE	\$651.18
BROWN, CARLA	2022-12-01	OPENAXESSSILVER	EE	\$651.18
REISS, JONATHAN	2022-12-01	OPENAXESSPLATINUM	EC	\$1863.96

WNW MANAGEMENT

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## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ADAMO, WILLIAM	2022-12-01	OPENAXESSSILVER	EE	\$651.18
BROWN, CARLA	2022-12-01	OPENAXESSSILVER	EE	\$651.18

## MEDICAL PLAN COUNTS

Employee Only	4
Employee & Spouse	0
Employee & Children	1
Family	0



## Account Services

### Monthly Statement

WOOF GANG BAKERY INC.  
7575 Dr Phillips Blvd Ste 275  
ORLANDO, FL 32819

Invoice Number: 4457-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	6	\$8.40**	\$20.16
GUARDHIGH	Employee Only	5	\$47.61	\$238.05
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	3	\$29.44	\$88.32
GUARDLOW	Employee & Spouse Only	2	\$0.00	\$111.08
GUARDLOW	Family	3	\$0.00	\$302.22
LIFE	Employee Only	6	\$30.06**	\$113.95
VSP	Employee Only	4	\$8.75	\$35.00
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$1,107.45

WOOF GANG BAKERY INC.  
7575 Dr Phillips Blvd Ste 275  
ORLANDO, FL 32819

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

YOGASIX GOLD COAST

Invoice Number: 5889-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$38.19

YOGASIX GOLD COAST

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

YOGASIX MOUNTAIN VIEW

Invoice Number: 5531-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$38.19

YOGASIX MOUNTAIN VIEW

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

ZOOM HAIR STUDIO CARINI  
75 MONMOUTH STREET  
RED BANK, NJ 07701

Invoice Number: 5585-2023-0  
Coverage Month: JAN  
Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
SILVER IV	Employee Only	1	\$476.70	\$476.70
			GRAND TOTAL	\$476.70

ZOOM HAIR STUDIO CARINI  
75 MONMOUTH STREET  
RED BANK, NJ 07701

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CARINI, MARIE	01/01/2022	SILVER IV	EE	\$476.7

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

ZUGGIT, LLC

Invoice Number: 5641-2023-0

Coverage Month: JAN

Payment Due Date: 12/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$2.10**	\$4.20
LIFE	Employee Only	2	\$16.50**	\$33.00
GRAND TOTAL				\$37.20

ZUGGIT, LLC

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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