



## Account Services

### Monthly Statement

GUESTS INC STRASBURG  
135 S HOLIDAY STREET  
STRASBURG, VA 22657

Invoice Number: GUE2022-04  
Invoice Month: APRIL  
Billing Date: 03/15/2022  
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1096OPENAXE	Employee Only	4	\$653.81	\$2,615.24
1096OPENAXE	Family	1	\$1,961.43	\$1,961.43
1096OPENAXE	Employee Only	1	\$0.00	\$0.00
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$4,732.85

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

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CAVALLARO, DAVID	2021-10-01	1096OPENAXE		\$
CAVALLARO, DAVID	2021-10-01	GUARDHIGH	EC2	\$117.99
FARMER, GRACE	2020-12-01	1096OPENAXE	EE	\$653.81
MILLER, SHANNON	2020-12-01	1096OPENAXE	EE	\$653.81
STEPHENS, KEITH	2020-12-01	1096OPENAXE	FAM	\$1961.43
VOLPINI-HOLLAND, KATHRYN	2022-01-26	1096OPENAXE	EE	\$653.81
VOLPINI-HOLLAND, KATHRYN	2022-01-26	GUARDLOW	EE	\$29.44
VOLPINI-HOLLAND, KATHRYN	2022-01-26	VSP	EE	\$8.75
WALLACE, ROY	2020-12-01	1096OPENAXE	EE	\$653.81

## MEDICAL PLAN COUNTS

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