



Account Services

Monthly Statement

HORIZONS HRS
118 WEST 5TH STREET SUITE 202
COVINGTON, KY 41011

Invoice Number: HOR2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1399OPENAXE	Employee Only	1	\$653.81	\$653.81
GUARDHIGH	Employee Only	3	\$47.61	\$142.83
GUARDLOW	Employee Only	3	\$29.44	\$88.32
VSP	Employee Only	6	\$8.75	\$52.50
			GRAND TOTAL	\$937.46

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

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118 WEST 5TH STREET SUITE 202
COVINGTON, KY 41011

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ENGLE, MYSTIQUE	2022-03-01	GUARDHIGH	EE	\$47.61
ENGLE, MYSTIQUE	2022-03-01	VSP	EE	\$8.75
GRIFFIN, JACQULINE	2022-01-01	GUARDLOW	EE	\$29.44
GRIFFIN, JACQULINE	2022-01-01	VSP	EE	\$8.75
HAMMERS, JAZMINE	2022-04-01	GUARDHIGH	EE	\$47.61
HAMMERS, JAZMINE	2022-04-01	VSP	EE	\$8.75
LEWIS, SHERI	2022-01-01	1399OPENAXE	EE	\$653.81
LEWIS, SHERI	2022-01-01	GUARDLOW	EE	\$29.44
LEWIS, SHERI	2022-01-01	VSP	EE	\$8.75
MINOR, TIMOTHY	2021-01-01	GUARDHIGH	EE	\$47.61
MOUNTS, JACKIE	2022-01-01	VSP	EE	\$8.75
WEAVER, KATHY	2022-01-01	GUARDLOW	EE	\$29.44
WEAVER, KATHY	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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