



Account Services

Monthly Statement

TROUTBROOK DEVELOPMENT LLC
18 EAST 87TH - GROUND FLOOR
NEW YORK, NY 10128

Invoice Number: TRO2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0401OPENAXE	Employee Only	1	\$443.13	\$443.13
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$481.32

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

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NEW YORK, NY 10128

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
TORAL, GABRIELA	2021-01-01	0401OPENAXE	EE	\$443.13
TORAL, GABRIELA	2021-11-01	GUARDLOW	EE	\$29.44
TORAL, GABRIELA	2018-12-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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