



Account Services

Monthly Statement

HOLIDAY INN - SANTA ANA
2726 S GRAND AVE
SANTA ANA, CA 92705

Invoice Number: HOL2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1509OPENAXE	Employee Only	2	\$365.33	\$730.66
1509OPENAXE	Employee Only	1	\$403.36	\$403.36
1509OPENAXE	Employee & Children	1	\$806.72	\$806.72
ADD	Employee Only	1	\$2.10**	\$2.10
GUARDHIGH	Employee Only	3	\$47.61	\$142.83
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee Only	2	\$29.44	\$58.88
VSP	Employee Only	3	\$8.75	\$26.25
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$2,275.34

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

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ANDERSON, ANNETTE	2022-01-01	1509OPENAXE	EE	\$403.36
ANDERSON, ANNETTE	2022-01-01	GUARDLOW	EE	\$29.44
ANDERSON, ANNETTE	2022-01-01	VSP	EE	\$8.75
ATAYDE, FRANCISCO	2022-01-01	1509OPENAXE	EC	\$806.72
ATAYDE, FRANCISCO	2022-01-01	GUARDHIGH	EE	\$47.61
ATAYDE, FRANCISCO	2022-01-01	VSP	EE	\$8.75
BAUTISTA, DOMINGA	2020-08-01	GUARDHIGH	ES	\$89.81
BERMEJO, VICTOR	2022-01-01	ADD		\$2.10
COLBERT, DOCIA	2022-01-01	1509OPENAXE	EE	\$365.33
COLBERT, DOCIA	2022-01-01	GUARDHIGH	EE	\$47.61
GARCIA, IRMA	2020-08-01	GUARDLOW	EE	\$29.44
JAEN, HEBER	2022-01-12	1509OPENAXE	EE	\$365.33
JAEN, HEBER	2022-01-12	GUARDHIGH	EE	\$47.61
JAEN, HEBER	2022-01-12	VSP	EE	\$8.75
TRUJILLO GARCIA, GABRIEL	2020-08-01	VSP	ES	\$14.73

MEDICAL PLAN COUNTS

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