



Account Services

Monthly Statement

TEMUJIN 10 CT, LLC DBA SUPERCUTS
800 Westchester Avenue
Rye Brook, NY-NEW YORK 10573

Invoice Number: TEM2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0893OPENAXE	Employee Only	1	\$719.19	\$719.19
0893OPENAXE	Employee & Spouse Only	1	\$1,438.38	\$1,438.38
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	1	\$9.05	\$9.05
			GRAND TOTAL	\$2,214.23

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

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DAVIDSON, CRYSTAL	2021-09-01	0893OPENAXE	ES	\$1438.38
PEREZ, DAVINA	2018-10-01	GUARDHIGH		\$
PEREZ, DAVINA	2018-10-01	VSP	EE	\$9.05
REARDON, JESSICA	2021-09-01	0893OPENAXE	EE	\$719.19

MEDICAL PLAN COUNTS

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