



## Account Services

### Monthly Statement

1703-SENIOR HELPERS - ROCKFORD  
129 Phelps Avenue  
ROCKFORD, IL 61108

Invoice Number: 1702022-04  
Invoice Month: APRIL  
Billing Date: 03/15/2022  
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	5	\$0.42**	\$4.62
GUARDLOW	Employee Only	4	\$29.44	\$117.76
VSP	Employee Only	4	\$8.75	\$35.00
VSP	Employee & Spouse Only	1	\$14.81	\$14.81
			GRAND TOTAL	\$172.19

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

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**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HUBA, IRENE	2022-01-01	ADD		\$2.10
HUBA, IRENE	2022-01-01	GUARDLOW	EE	\$29.44
HUBA, IRENE	2022-01-01	VSP	EE	\$8.75
HUBA, SHAUN	2022-01-01	ADD		\$0.84
KRUEGER, JILL	2022-01-01	ADD		\$0.42
KRUEGER, JILL	2022-01-01	GUARDLOW	EE	\$29.44
KRUEGER, JILL	2022-01-01	VSP	EE	\$8.75
PASCARELLA, SUSAN	2022-01-01	ADD		\$0.84
PASCARELLA, SUSAN	2022-01-01	GUARDLOW	EE	\$29.44
PASCARELLA, SUSAN	2022-01-01	VSP	EE	\$8.75
TERRELL, JACQUELINE	2022-01-01	ADD		\$0.42
TERRELL, JACQUELINE	2022-01-01	GUARDLOW	EE	\$29.44
TERRELL, JACQUELINE	2022-01-01	VSP	EE	\$8.75
WAHL, JOY	2017-01-01	VSP	ES	\$14.81

**MEDICAL PLAN COUNTS**

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