

Account Services

Monthly Statement

3411-SENIOR HELPERS - MANALAPAN 711 TENNENT RD Englishtown, NJ 07726 Invoice Number: 3412022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$171.20

^{**} Prices vary in PRISM. Individual prices shown in census.



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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALVARADO, BRENDA	2019-01-01	GUARDLOW	EE	\$29.44
ALVARADO, BRENDA	2019-01-01	VSP	EE	\$8.75
SZATKOWSKI, ANTHONY	2019-01-01	GUARDHIGH	EC2	\$117.99
SZATKOWSKI, ANTHONY	2019-01-01	VSP	EC	\$15.02

MEDICAL PLAN COU	NTS
Employee Only	0
Employee & Spouse	0
Employee & Children	0
Family	0