



## Account Services

### Monthly Statement

PMI MM

Invoice Number: PMI2022-04  
Invoice Month: APRIL  
Billing Date: 03/15/2022  
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1869OPENAXE	Family	1	\$2,589.09	\$2,589.09
GUARDHIGH	Family	1	\$160.18	\$160.18
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$2,773.03

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

PMI MM

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HART, STEVEN	2022-01-01	GUARDHIGH	FAM	\$160.18
HART, STEVEN	2022-01-01	1869OPENAXE	FAM	\$2589.09
HART, STEVEN	2022-01-01	VSP	FAM	\$23.76

## MEDICAL PLAN COUNTS

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