



## Account Services

### Monthly Statement

BEACON OF HOPE HOSPICE OF IOWA, INC.  
1020 W 35TH ST  
DAVENPORT, IA 52806

Invoice Number: BEA2022-04  
Invoice Month: APRIL  
Billing Date: 03/15/2022  
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0435OPENACC	Employee Only	2	\$450.74	\$901.48
ADD	Employee Only	8	\$4.20**	\$68.46
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Employee & Spouse Only	2	\$89.81	\$179.62
GUARDLOW	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Family	2	\$100.74	\$201.48
VSP	Employee Only	3	\$8.75	\$26.25
VSP	Employee & Spouse Only	2	\$14.73	\$29.46
VSP	Employee & Children	2	\$15.02	\$30.04
			GRAND TOTAL	\$1,590.89

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

BEACON OF HOPE HOSPICE OF IOWA, INC.  
1020 W 35TH ST  
DAVENPORT, IA 52806

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BALDWIN, KATELYN	2022-04-01	ADD		\$4.20
BEAN, CONNIE	2022-01-01	ADD		\$21.42
BEAN, CONNIE	2022-01-01	GUARDLOW	FAM	\$100.74
BEAN, CONNIE	2022-01-01	VSP	EC2	\$15.02
CRAIG, ANGELA	2022-01-01	ADD		\$2.10
CRAIG, ANGELA	2022-01-01	GUARDLOW	EE	\$29.44
CRAIG, ANGELA	2022-01-01	VSP	EE	\$8.75
DUEX, TANIA	2020-01-01	0435OPENACC		\$
FESSEL, PATCHES	2022-01-01	ADD		\$2.10
FESSEL, PATCHES	2022-01-01	GUARDHIGH	EE	\$47.61
FESSEL, PATCHES	2022-01-01	VSP	EE	\$8.75
GIDDINGS, RODNEY	2022-01-01	ADD		\$31.50
GIDDINGS, RODNEY	2022-01-01	GUARDHIGH	ES	\$89.81
GIDDINGS, RODNEY	2022-01-01	VSP	ES	\$14.73
JOHNSON, PEGGY	2022-01-01	ADD		\$0.84
JOHNSON, PEGGY	2022-01-01	GUARDLOW	EE	\$29.44
JOHNSON, PEGGY	2022-01-01	VSP	EE	\$8.75
LOFQUIST, JENNIFER	2022-01-01	GUARDHIGH	ES	\$89.81
LOFQUIST, JENNIFER	2022-01-01	VSP	ES	\$14.73
NEECE, ALLISON	2020-01-01	0435OPENACC		\$
SCOTT, NICOLE	2022-01-01	ADD		\$4.62
SCOTT, NICOLE	2022-01-01	GUARDLOW	FAM	\$100.74
SCOTT, NICOLE	2022-01-01	VSP	EC2	\$15.02
SOUTHWARD, SCOTT	2022-01-01	GUARDHIGH	EE	\$47.61
TERRONEZ, RAYMOND	2022-01-01	ADD		\$1.68

BEACON OF HOPE HOSPICE OF IOWA, INC.  
1020 W 35TH ST  
DAVENPORT, IA 52806

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
-------------	----------	------	----------	-------

## MEDICAL PLAN COUNTS

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