



Account Services

Monthly Statement

REBEL HOSPITALITY LLC
215 W Ontario Street
CHICAGO, IL 60654

Invoice Number: REB2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1130OPENAXE	Employee Only	5	\$653.75	\$3,268.75
1130OPENAXE	Family	2	\$1,873.80	\$3,747.60
1130OPENEXE	Employee Only	2	\$0.00	\$0.00
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Family	3	\$160.18	\$480.54
GUARDLOW	Employee Only	2	\$29.44	\$58.88
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$7,725.70

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

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DAVIS, CYNTHIA	2020-09-01	1130OPENAXE	EE	\$653.75
DAVIS, CYNTHIA	2020-09-01	GUARDHIGH	EE	\$47.61
HINES, ANGELIA	2022-01-01	1130OPENAXE	EE	\$653.75
HINES, ANGELIA	2022-01-01	GUARDHIGH	ES	\$89.81
HINES, ANGELIA	2022-01-01	VSP	EE	\$8.75
JACOBS, KALI	2022-03-01	1130OPENAXE	EE	\$653.75
JACOBS, KALI	2022-03-01	GUARDLOW	EE	\$29.44
KLOK, ANTHONY	2019-12-01	1130OPENEXE		\$
KLOK, ANTHONY	2020-09-01	1130OPENAXE	FAM	\$1873.80
KLOK, ANTHONY	2021-01-01	GUARDHIGH	FAM	\$160.18
KORNOTA, EUGENE	2020-09-01	1130OPENAXE	FAM	\$1873.80
KORNOTA, EUGENE	2021-01-01	GUARDHIGH	FAM	\$160.18
KORNOTA, EUGENE	2021-01-01	VSP	FAM	\$23.76
LOPROTO, GERALD	2019-12-01	1130OPENEXE		\$
LOPROTO, GERALD	2022-01-01	1130OPENAXE	EE	\$653.75
LOPROTO, GERALD	2022-01-01	GUARDLOW	EE	\$29.44
WAECHTER, LIANA	2020-09-01	1130OPENAXE	EE	\$653.75
WAECHTER, LIANA	2020-09-01	GUARDHIGH	FAM	\$160.18

MEDICAL PLAN COUNTS

Employee Only	5
Employee & Spouse	0
Employee & Children	0
Family	2