[redacted]

HENRY,O.E.	M		$1,453.82	$685.43	$90.07		$2,229.32

[redacted]

[redacted]

HENRY,O.E.	M		$1,453.82	$685.43	$90.07			

[redacted]

Mar.

[redacted]

HENRY,O.E.	M	$1,453.82	$685.43	$90.07		$2,229.32

[redacted]

[redacted]

[redacted]	HENRY,O.E.	M			$1,453.82	$685.43	$90.07			$2,229.32

[redacted]

Social Security Nu	Employee Numbe	Subscriber ID	Name	Sex	Contract Type	HORIZON	PRESCRIPTION	DENTAL	Pay Location Code	

[redacted]

Account Number	Account Name	[redacted]ber	Bill Type	Due Date	Address
[redacted]	TOWNSHIP OF O[redacted]	[redacted]	REGULAR	05/01/18	[redacted]

Adjustments

[redacted]

BROWN,E.	F		$1,389.89	$736.98	$90.07		$2,216.94

[redacted]

[redacted]

			PASKITTI,A	M		$1,389.89	$736.98	$90.07			$2,216.94
[redacted]											

Account Number	Account Name	Invoice Number	Bill Type	Due Date	Address
[redacted]	TOWNSHIP OF O[redacted]	[redacted]	REGULAR	06/01/18	[redacted]

[redacted]

[redacted]

[redacted]	HENRY,O.E.	M	[redacted]	$1,453.82	$685.43	$90.07			$2,229.32

[redacted]

[redacted]

[redacted]

[redacted]	HENRY,O.E.	M	[redacted]	$1,453.82	$685.43	$90.07			$2,229.32

[redacted]

[redacted]

[redacted]

HENRY,O.E.	$1,453.82	$685.43	$90.07			$2,229.32

[redacted]

[redacted]

HENRY,O.E.	M		$1,453.82	$685.43	$90.07			$2,229.32

[redacted]

[redacted]

HENRY,O.E.	M					
		$1,453.82	$685.43	$90.07		$2,229.32

[redacted]

[redacted]

[redacted]

[redacted]	HENRY,O.E.	M	$58.15	$0.00	$0.00		$58.15
	HENRY,O.E.	M	$0.00	$27.42	$0.00		$27.42

[redacted]

[redacted]

[redacted]

			HENRY,O.E.		$1,511.97	$712.85	$90.07			$2,314.89

[redacted]

[redacted]

[redacted]	HENRY,O.E.	M	[redacted]	$1,511.97	$712.85	$90.07	$2,314.89

[redacted]

[redacted]

Account Number	Account Name	Invoice Number	Bill Type	Due Date	Address
[redacted]	TOWNSHIP OF O	[redacted]	REGULAR	12/01/18	[redacted]

Adjustments

[redacted]

Regular Subscribers

Social Security Nu	Employee Number	Subscriber ID	Name	Sex	Contract Type	OMNIA	PRESCRIPTION	DENTAL	Pay Location Code		TOTAL
[redacted]											
			BROWN,E	F	[redacted]	$1,445.49	$766.46	$90.07			$2,302.02
[redacted]											

[redacted]

PASKITTI,A.	M							
			$1,445.49	$766.46	$90.07			$2,302.02

[redacted]

Account Number	Account Name	Invoice Number	Bill Type	Due Date	Address
[redacted]	TOWNSHIP OF C	[redacted]	REGULAR	11/01/18	[redacted]

Adjustments

Adjustment Reaso	EFF	Subscriber ID	Name	Sex	Contract Type	OMNIA	PRESCRIPTION	DENTAL	Pay Location Code		TOTAL
[redacted]											
ADJUSTMENT		[redacted]	BROWN,E.	F		$55.60	$0.00	$0.00			$55.60
ADJUSTMENT			BROWN,E.	F		$0.00	$29.48	$0.00			$29.48

[redacted]

[redacted]

ADJUSTMENT		PASKITTI,A.	M	$55.60	$0.00	$0.00			$55.60
ADJUSTMENT		PASKITTI,A.	M	$0.00	$29.48	$0.00			$29.48

[redacted]

Account Number	Account Name	Invoice Number	Bill Type	Due Date	Address
[redacted]	TOWNSHIP OF O	[redacted]	REGULAR	10/01/18	[redacted]

Adjustments

Adjustment Reaso	EFF	Subscriber ID	Name	Sex	Contract Type	OMNIA	PRESCRIPTION	DENTAL	Pay Location Code		TOTAL

COBRA Subscribers

Social Security NU	Employee Numbe	Subscriber ID	Name	Sex	Contract Type	OMNIA	PRESCRIPTION	DENTAL	Pay Location Code		TOTAL

TEFRA DEFRA Subscribers

[redacted]

[redacted]			BROWN,E.	F		$1,389.89	$736.98	$90.07			$2,216.94

[redacted]

[redacted]

PASKITTI,A.	M	[redacted]	$1,389.89	$736.98	$90.07			$2,216.94

[redacted]

Account Number	Account Name	Invoice Number	Bill Type	Due Date	Address
[redacted]	TOWNSHIP OF O	[redacted]	REGULAR	09/01/18	[redacted]

[redacted]

BROWN,E.	F					
		$1,389.89	$736.98	$90.07		$2,216.94

[redacted]

[redacted]

	PASKITTI,A.	M	$1,389.89	$736.98	$90.07		$2,216.94

[redacted]

Account Number	Bill Type
[redacted]	REGULAR

[redacted]

BROWN,E.	$1,389.89	$736.98	$90.07			$2,216.94

[redacted]

[redacted]	PASKITTI,A.	$1,389.89	$736.98	$90.07			$2,216.94

[redacted]

Account Number	Account Name	Invoice Number	Bill Type	Due Date	Address
[redacted]	TOWNSHIP OF O	[redacted]	REGULAR	07/01/18	[redacted]

[redacted]

BROWN,E.	F	[redacted]	$1,389.89	$736.98	$90.07			$2,216.94

[redacted]

[redacted]		PASKITTI,A.	[redacted]	$1,389.89	$736.98	$90.07				$2,216.94

[redacted]

TOTAL DETAIL BI										
Contract Detail										
				SINGLE	2Adults	FAMILY	TYPE 4	TYPE 5	P & C	TOTAL
OMNIA	REGULAR GROUP			[redacted]						
OMNIA	TEFRA DEFRA									
OMNIA	TOTAL OMN									
PRESCRIPTION	REGULAR GROUP			[redacted]						
PRESCRIPTION	TEFRA DEFRA									
PRESCRIPTION	TOTAL PRESCRI									
DENTAL	REGULAR GROUP			[redacted]						
DENTAL	TEFRA DEFRA									
DENTAL	TOTAL DENT									

Account Number	Account Name	Invoice Number	Bill Type	Due Date	Address
[redacted]	TOWNSHIP OF O	[redacted]	REGULAR	06/01/18	[redacted]

Adjustments

Adjustment Reaso	EFF	Subscriber ID	Name	Sex	Contract Type	OMNIA	PRESCRIPTION	DENTAL	Pay Location Code		TOTAL

COBRA Subscribers

Social Security Nu	Employee Numbe	Subscriber ID	Name	Sex	Contract Type	OMNIA	PRESCRIPTION	DENTAL	Pay Location Code		TOTAL

TEFRA DEFRA Subscribers

Social Security Nu	Employee Numbe	Subscriber ID	Name	Sex	Contract Type	OMNIA	PRESCRIPTION	DENTAL	Pay Location Code		TOTAL
[redacted]		[redacted]									[redacted]

Regular Subscribers

Social Security Nu	Employee Numbe	Subscriber ID	Name	Sex	Contract Type	OMNIA	PRESCRIPTION	DENTAL	Pay Location Code		TOTAL
[redacted]		[redacted]									[redacted]
		[redacted]	BROWN,E.	[redacted]		$1,389.89	$736.98	$90.07			$2,216.94
		[redacted]									[redacted]

[redacted]

[redacted]	[redacted]	PASKITTI,A.	[redacted]	$1,389.89	$736.98	$90.07		$2,216.94

[redacted]

TOTAL DETAIL BI

Contract Detail

		SINGLE	2Adults	FAMILY	TYPE 4	TYPE 5	P & C	TOTAL
OMNIA	REGULAR GROUP	[redacted]						[redacted]
OMNIA	TEFRA DEFRA							
OMNIA	TOTAL OMN							
PRESCRIPTION	REGULAR GROUP							[redacted]
PRESCRIPTION	TEFRA DEFRA							
PRESCRIPTION	TOTAL PRESCRI							
DENTAL	REGULAR GROUP							[redacted]
DENTAL	TEFRA DEFRA							
DENTAL	TOTAL DENT							

Account Number	Account Name	Invoice Number	Bill Type	Due Date	Address
[redacted]	TOWNSHIP OF O	[redacted]	REGULAR	05/01/18	[redacted]

Adjustments

Adjustment Reaso	EFF	Subscriber ID	Name	Sex	Contract Type	OMNIA	PRESCRIPTION	DENTAL	Pay Location Code		TOTAL

COBRA Subscribers

Social Security Nu	Employee Numbe	Subscriber ID	Name	Sex	Contract Type	OMNIA	PRESCRIPTION	DENTAL	Pay Location Code		TOTAL

TEFRA DEFRA Subscribers

Social Security Nu	Employee Numbe	Subscriber ID	Name	Sex	Contract Type	OMNIA	PRESCRIPTION	DENTAL	Pay Location Code		TOTAL
[redacted]		[redacted]									[redacted]

Regular Subscribers

Social Security Nu	Employee Numbe	Subscriber ID	Name	Sex	Contract Type	OMNIA	PRESCRIPTION	DENTAL	Pay Location Code		TOTAL
[redacted]		[redacted]	BROWN,E.			$1,389.89	$736.98	$90.07			$2,216.94

[redacted]

[redacted]									
		PASKITTI,A.	[redacted]	$1,389.89	$736.98	$90.07			$2,216.94
		[redacted]							

TOTAL DETAIL B[redacted]								
Contract Detail								
		SINGLE	2Adults	FAMILY	TYPE 4	TYPE 5	P & C	TOTAL
OMNIA	REGULAR GROUP	[redacted]						
OMNIA	TEFRA DEFRA							
OMNIA	TOTAL OMN							
PRESCRIPTION	REGULAR GROUP	[redacted]						
PRESCRIPTION	TEFRA DEFRA							
PRESCRIPTION	TOTAL PRESCRI							
DENTAL	REGULAR GROUP	[redacted]						
DENTAL	TEFRA DEFRA							
DENTAL	TOTAL DENT							

Account N	Account N	Invoice Nu	Bill Type	Due Date	Address
[redacted]	TOWNSHI	[redacted]	REGULAR	04/01/18	[redacted]

Adjustments

Adjustmen	EFF	Subscriber	Name	Sex	Contract T	OMNIA	C	PRESCRIPTION	DENT.	Pay Location Code	TOTAL

COBRA Subscribers

Social Sec	Employee	Subscriber	Name	Sex	Contract T	OMNIA	C	PRESCRIPTION	DENT.	Pay Location Code	TOTAL

TEFRA DEFRA Subscribers

Social Sec	Employee	Subscriber	Name	Sex	Contract T	OMNIA	C	PRESCRIPTION	DENT.	Pay Location Code	TOTAL
[redacted]			[redacted]								[redacted]

Regular Subscribers

Social Sec	Employee	Subscriber	Name	Sex	Contract T	OMNIA	C	PRESCRIPTION	DENT.	Pay Location Code	TOTAL
[redacted]			[redacted]								[redacted]
			[redacted]	[redacted]	[redacted]	$1,389.89		$736.98	$90.07		$2,216.94
			BROWN,E.								

[redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | $2,216.94

TOTAL DE [redacted]

Contract Detail

	SINGLE	2Adults	FAMILY	TYPE 4	TYPE 5	P & C	TOTAL
OMNI REGULAR GROUP	[redacted]						[redacted]
OMNI TEFRA DEFRA							
OMNI TOTAL							
PRESCRI REGULAR GROUP	[redacted]						[redacted]
PRESCRI TEFRA DEFRA							
PRESCRI TOTAL PF							
DENT REGULAR GROUP	[redacted]						[redacted]
DENT TEFRA DEFRA							
DENT TOTAL							

Account Number	Account Name	Invoice Number	Bill Type	Due Date	Address
[redacted]	TOWNSHIP OF C	[redacted]	REGULAR	03/01/18	[redacted]

Adjustments

Adjustment Reaso	EFF	Subscriber ID	Name	Sex	Contract Type	OMNIA	PRESCRIPTION	DENTAL	Pay Location Code	TOTAL
[redacted]										

COBRA Subscribers

Social Security Nu	Employee Number	Subscriber ID	Name	Sex	Contract Type	OMNIA	PRESCRIPTION	DENTAL	Pay Location Code	TOTAL

TEFRA DEFRA Subscribers

Social Security Nu	Employee Number	Subscriber ID	Name	Sex	Contract Type	OMNIA	PRESCRIPTION	DENTAL	Pay Location Code	TOTAL
[redacted]										

Regular Subscribers

Social Security Nu	Employee Number	Subscriber ID	Name	Sex	Contract Type	OMNIA	PRESCRIPTION	DENTAL	Pay Location Code	TOTAL
[redacted]		[redacted]								[redacted]
			BROWN,E.			$1,389.89	$736.98	$90.07		$2,216.94

[redacted]

PASKITTI,A.		$1,389.89	$736.98	$90.07

TOTAL DETAIL B[redacted]

Contract Detail

		SINGLE	2Adults	FAMILY	TYPE 4	TYPE 5	P & C	TOTAL
OMNIA	REGULAR GROUP	[redacted]						
OMNIA	TEFRA DEFRA							
OMNIA	TOTAL OMN							
PRESCRIPTION	REGULAR GROUP	[redacted]						
PRESCRIPTION	TEFRA DEFRA							
PRESCRIPTION	TOTAL PRESCRI							
DENTAL	REGULAR GROUP	[redacted]						
DENTAL	TEFRA DEFRA							
DENTAL	TOTAL DENT							

Account Number	Account N	Invoice Nu	Bill Type	Due Date	Address
[redacted]	TOWNSHI	[redacted]	REGULAR	02/01/18	[redacted]

Adjustments

Adjustment Reasc	EFF	Subscriber Name	Sex	Contract T	OMNIA	O	PRESCRIPTION	DENT. Pay Location Code	TOTAL

COBRA Subscribers

Social Security Nu	Employee	Subscriber	Name	Sex	Contract T	OMNIA	O	PRESCRIPTION	DENT. Pay Location Code	TOTAL

TEFRA DEFRA Subscribers

Social Security Nu	Employee	Subscriber	Name	Sex	Contract T	OMNIA	O	PRESCRIPTION	DENT. Pay Location Code	TOTAL
[redacted]			[redacted]							[redacted]

Regular Subscribers

Social Security Nu	Employee	Subscriber	Name	Sex	Contract T	OMNIA	O	PRESCRIPTION	DENT. Pay Location Code	TOTAL
[redacted]			[redacted]							[redacted]
[redacted]		[redacted]	BROWN,E.			$1,389.89		$736.98	$90.07	$2,216.94
			[redacted]							[redacted]

[redacted]		[redacted]	PASKITTI,A.	[redacted]	$1,389.89	$736.98	$90.07			$2,216.94

TOTAL DETAIL B					[redacted]					
Contract Detail										
				SINGLE	2Adults	FAMILY	TYPE 4	TYPE 5	P & C	TOTAL
OMNIA	REGULAR GROUP			[redacted]						[redacted]
OMNIA	TEFRA DEFRA									
OMNIA	TOTAL									
PRESCRIPTION	REGULAR GROUP			[redacted]						
PRESCRIPTION	TEFRA DEFRA									
PRESCRIPTION	TOTAL PF									
DENTAL	REGULAR GROUP			[redacted]						
DENTAL	TEFRA DEFRA									
DENTAL	TOTAL									

Account N	Account N	Invoice Nu	Bill Type	Due Date	Address
[redacted]	TOWNSHI	[redacted]	REGULAR	01/26/18	[redacted]

JANAURY WAS BILLED WITH FEBRUARY BILLING

Adjustments

Adjustmen	EFF	Subscriber	Name	Sex	Contract T	OMNIA	PRESCRIPTION	DENT	Pay Location Code	TOTAL

COBRA Subscribers

Social Sec	Employee	Subscriber	Name	Sex	Contract T	OMNIA	PRESCRIPTION	DENT	Pay Location Code	TOTAL

TEFRA DEFRA Subscribers

Social Sec	Employee	Subscriber	Name	Sex	Contract T	OMNIA	PRESCRIPTION	DENT	Pay Location Code	TOTAL
[redacted]										

Regular Subscribers

Social Sec	Employee	Subscriber	Name	Sex	Contract T	OMNIA	PRESCRIPTION	DENT	Pay Location Code	TOTAL
[redacted]			[redacted]							[redacted]
[redacted]		[redacted]	BROWN,E.			$1,389.89	$736.98	$90.07		$2,216.94
			[redacted]							

[redacted]

[redacted]							[redacted]
	3HZN7394	PASKITTI,A.	M	FAMILY	$1,389.89	$736.98	$90.07
	[redacted]						
TOTAL DE					[redacted]		

Contract Detail

	SINGLE	2Adults	FAMILY	TYPE 4	TYPE 5	P & C	TOTAL
OMNI REGULAR GROUP	[redacted]						[redacted]
OMNI TEFRA DEFRA							
OMNI TOTAL							
PRESCRI REGULAR GROUP	[redacted]						
PRESCRI TEFRA DEFRA							
PRESCRI TOTAL PI							
DENT. REGULAR GROUP	[redacted]						
DENT. TEFRA DEFRA							
DENT. TOTAL							