



View/Update Employee - View Personal Details

Employee: **WILLIAM M MAYER**

Employee Id:

Status: **Canceled**

Cancel Reason: **Subscriber Request**

**Personal Details**

MAYER, WILLIAM M - Employee

Social Security #: \_\_\_\_\_ Hire Date: **01/03/2001**  
 Gender: **Male** Effective Date: **02/01/2018**  
 Date of Birth: **09/27/1961**  
 Native Language: **ENGLISH**  
 Preferred Written Language: **ENGLISH** Bus Phone:  
 Preferred Spoken Language: **ENGLISH** Home Phone:  
 Marital Status: **Married** Email Addr:

MAYER, CHRISTINE A - Spouse  
 MAYER, MARY T - Dependent Child  
 MORGAN, JOSEPH T - Dependent Child  
 MORGAN, MICHAEL A - Dependent Child

**Coverage Details**

Plan: **BLUPRE - P506PSN**  
 Tier: **Member**  
 Group/Section: **R00534 - 0000**

Name	Relationship	Effective Date	Cancel Date	Provider
<b>MAYER, WILLIAM M</b>	<b>Employee</b>	<b>02/01/2018</b>	<b>01/01/2019</b>	Details

**Primary Care Physician (PCP)**

Effective Date: **02/01/2018**  
 Medical Group: **IHP - EDWARD**  
 Medical Group #: **243**

<b>MAYER, CHRISTINE A</b>	<b>Spouse</b>	02/01/2018	01/01/2019	Details
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**Primary Care Physician (PCP)**

Effective Date: **02/01/2018**  
 Medical Group: **IHP - EDWARD**  
 Medical Group #: **243**

**Womens Principal Health Care Provider (WPHCP)**

Effective Date: **02/01/2018**  
 Medical Group: **IHP - EDWARD**  
 Medical Group #: **243**

<b>MAYER, MARY T</b>	<b>Dependent Child</b>	02/01/2018	01/01/2019	Details
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**Primary Care Physician (PCP)**

Effective Date: **02/01/2018**  
 Medical Group: **IHP - EDWARD**  
 Medical Group #: **243**

**Womens Principal Health Care Provider (WPHCP)**

Effective Date: 02/01/2018  
 Medical Group: IHP - EDWARD  
 Medical Group #: 243

MORGAN, JOSEPH T      Dependent Child      02/01/2018      01/01/2019      Details

**Primary Care Physician (PCP)**

Effective Date: 02/01/2018  
 Medical Group: IHP - EDWARD  
 Medical Group #: 243

MORGAN, MICHAEL A      Dependent Child      02/01/2018      01/01/2019      Details

**Primary Care Physician (PCP)**

Effective Date: 02/01/2018  
 Medical Group: IHP - EDWARD  
 Medical Group #: 243

**Other Coverage**

Medicare:  
 No one is eligible for Medicare coverage.

**Category Details**

Category Usage	Category Number	Description	Effective Date
PROD	0000	ALL SUBSCRIBERS	02/01/2018
BILL	0000	ALL SUBSCRIBERS	02/01/2018
RPT	0000	ALL SUBSCRIBERS	02/01/2018
MAIL	0000	ALL SUBSCRIBERS	02/01/2018

**Characteristics Details**

Characteristics	Value	Effective Date
CMS Employee Status Code	Active	02/01/2018



Premium Bills - Employee Fees

Bill Profile: 0000599228-ALL SUBSCRIBERS  
 Bill Period: 03/01/2018-04/01/2018 Rebill: NO ProcessDate: 02/14/2018

Employee Fees

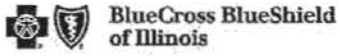
Employee ID: 1  
 Employee Last Name:  
 Classification: ALL  
 Product: ALL  
 Change Reason: ALL

Employees 1 - 5 of 5

Employee ID	Name	Category	Product	Tier	Change Reason	Retro Fee Adjustment	Current Charges	Total Charges*
	MAYER, WILLIAM M	0000	0002-BLUPRE	SUB	Subscriber Add 02/01/2018	\$766.06	\$766.06	\$1,532.12
	MAYER, CHRISTINE A	0000	0002-BLUPRE	SPS	Subscriber Add 02/01/2018	\$445.58	\$445.58	\$891.16
	MAYER, MARY T	0000	0002-BLUPRE	DEP	Subscriber Add 02/01/2018	\$282.06	\$282.06	\$564.12
	MORGAN, JOSEPH T	0000	0002-BLUPRE	DEP	Subscriber Add 02/01/2018	\$273.52	\$273.52	\$547.04
	MORGAN, MICHAEL A	0000	0002-BLUPRE	DEP	Subscriber Add 02/01/2018	\$251.19	\$251.19	\$502.38
<b>Total Fees</b>						<b>\$2,018.41</b>	<b>\$2,018.41</b>	<b>\$4,036.82</b>

\*Total Charges includes the effects of Health Insurer and Reinsurance Fees, plus any federal and state taxes applicable to these fees.

Tier Identifier  
 M - Medicare  
 P - Split Medicare



Premium Bills - Employee Fees

Bill Profile: 0000599228-ALL SUBSCRIBERS  
Bill Period: 04/01/2018-05/01/2018 Rebill: NO ProcessDate: 03/16/2018

Employee Fees

Employee ID:  
Employee Last Name:  
Classification: ALL  
Product: ALL  
Change Reason: ALL

Employees 1 - 5 of 5

Employee ID	Name	Category	Product	Tier	Change Reason	Retro Fee Adjustment	Current Charges	Total Charges*
F	MAYER, WILLIAM M	0000	0002-BLUPRE	SUB			\$766.06	\$766.06
	MAYER, CHRISTINE A	0000	0002-BLUPRE	SPS			\$445.58	\$445.58
	MAYER, MARY T	0000	0002-BLUPRE	DEP			\$282.06	\$282.06
	MORGAN, JOSEPH T	0000	0002-BLUPRE	DEP			\$273.52	\$273.52
	MORGAN, MICHAEL A	0000	0002-BLUPRE	DEP			\$251.19	\$251.19
<b>Total Fees</b>						\$0.00	\$2,018.41	\$2,018.41

\*Total Charges includes the effects of Health Insurer and Reinsurance Fees, plus any federal and state taxes applicable to these fees.

Tier Identifier  
M - Medicare  
P - Split Medicare



**Premium Bills - Employee Fees**  
 Bill Profile: 0000599228-ALL SUBSCRIBERS  
 Bill Period: 05/01/2018-06/01/2018 Rebill: NO ProcessDate: 04/16/2018

**Employee Fees**

**Employee ID:**  
**Employee Last Name:**  
**Classification:** ALL  
**Product:** ALL  
**Change Reason:** ALL

Employees 1 - 5 of 5

Employee ID	Name	Category	Product	Tier	Change Reason	Retro Fee Adjustment	Current Charges	Total Charges*
	MAYER, WILLIAM M	0000	0002-BLUPRE	SUB			\$766.06	\$766.06
	MAYER, CHRISTINE A	0000	0002-BLUPRE	SPS			\$445.58	\$445.58
	MAYER, MARY T	0000	0002-BLUPRE	DEP			\$282.06	\$282.06
	MORGAN, JOSEPH T	0000	0002-BLUPRE	DEP			\$273.52	\$273.52
	MORGAN, MICHAEL A	0000	0002-BLUPRE	DEP			\$251.19	\$251.19
<b>Total Fees</b>						\$0.00	\$2,018.41	\$2,018.41

\*Total Charges includes the effects of Health Insurer and Reinsurance Fees, plus any federal and state taxes applicable to these fees.

Tier Identifier  
 M - Medicare  
 P - Split Medicare



Premium Bills - Employee Fees  
Bill Profile: 0000599228-ALL SUBSCRIBERS  
Bill Period: 06/01/2018-07/01/2018 Rebill: NO ProcessDate: 05/17/2018

Employee Fees

Employee ID:  
Employee Last Name:  
Classification: ALL  
Product: ALL  
Change Reason: ALL

Employees 1 - 5 of 5

Employee ID	Name	Category	Product	Tier	Change Reason	Retro Fee Adjustment	Current Charges	Total Charges*
	MAYER, WILLIAM M	0000	0002-BLUPRE	SUB			\$766.06	\$766.06
	MAYER, CHRISTINE A	0000	0002-BLUPRE	SPS			\$445.58	\$445.58
	MAYER, MARY T	0000	0002-BLUPRE	DEP			\$282.06	\$282.06
	MORGAN, JOSEPH T	0000	0002-BLUPRE	DEP			\$273.52	\$273.52
	MORGAN, MICHAEL A	0000	0002-BLUPRE	DEP			\$251.19	\$251.19
<b>Total Fees</b>						\$0.00	\$2,018.41	\$2,018.41

\*Total Charges includes the effects of Health Insurer and Reinsurance Fees, plus any federal and state taxes applicable to these fees.

Tier Identifier  
M - Medicare  
P - Split Medicare



Premium Bills - Employee Fees

Bill Profile: 0000599228-ALL SUBSCRIBERS  
 Bill Period: 07/01/2018-08/01/2018 Rebill: NO ProcessDate: 06/15/2018

Employee Fees

Employee ID:  
 Employee Last Name:  
 Classification: ALL  
 Product: ALL  
 Change Reason: ALL

Employees 1 - 5 of 5

Employee ID	Name	Category	Product	Tier	Change Reason	Retro Fee Adjustment	Current Charges	Total Charges*
	MAYER, WILLIAM M	0000	0002-BLUPRE	SUB			\$766.06	\$766.06
	MAYER, CHRISTINE A	0000	0002-BLUPRE	SPS			\$445.58	\$445.58
	MAYER, MARY T	0000	0002-BLUPRE	DEP			\$282.06	\$282.06
	MORGAN, JOSEPH T	0000	0002-BLUPRE	DEP			\$273.52	\$273.52
	MORGAN, MICHAEL A	0000	0002-BLUPRE	DEP			\$251.19	\$251.19
<b>Total Fees</b>						\$0.00	\$2,018.41	\$2,018.41

\*Total Charges includes the effects of Health Insurer and Reinsurance Fees, plus any federal and state taxes applicable to these fees.

Tier Identifier  
 M - Medicare  
 P - Split Medicare



**Premium Bills - Employee Fees**

Bill Profile: 0000599228-ALL SUBSCRIBERS

Bill Period: 08/01/2018-09/01/2018 Rebill: NO ProcessDate: 07/17/2018

**Employee Fees**

**Employee ID:**  
**Employee Last Name:**  
**Classification:** ALL  
**Product:** ALL  
**Change Reason:** ALL

Employees 1 - 5 of 5

Employee ID	Name	Category	Product	Tier	Change Reason	Retro Fee Adjustment	Current Charges	Total Charges*
	MAYER, WILLIAM M	0000	0002-BLUPRE	SUB			\$766.06	\$766.06
	MAYER, CHRISTINE A	0000	0002-BLUPRE	SPS			\$445.58	\$445.58
	MAYER, MARY T	0000	0002-BLUPRE	DEP			\$282.06	\$282.06
	MORGAN, JOSEPH T	0000	0002-BLUPRE	DEP			\$273.52	\$273.52
	MORGAN, MICHAEL A	0000	0002-BLUPRE	DEP			\$251.19	\$251.19
<b>Total Fees</b>						\$0.00	\$2,018.41	\$2,018.41

\*Total Charges includes the effects of Health Insurer and Reinsurance Fees, plus any federal and state taxes applicable to these fees.

Tier Identifier  
M - Medicare  
P - Split Medicare





Premium Bills - Employee Fees

Bill Profile: 0000599228-ALL SUBSCRIBERS  
 Bill Period: 09/01/2018-10/01/2018 Rebill: NC ProcessDate: 08/17/2018

Employee Fees

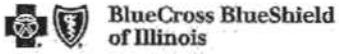
Employee ID:  
 Employee Last Name:  
 Classification: ALL  
 Product: ALL  
 Change Reason: ALL

Employees 1 - 5 of 5

Employee ID	Name	Category	Product	Tier	Change Reason	Retro Fee Adjustment	Current Charges	Total Charges*
	MAYER, WILLIAM M	0000	0002-BLUPRE	SUB			\$766.06	\$766.06
	MAYER, CHRISTINE A	0000	0002-BLUPRE	SPS			\$445.58	\$445.58
	MAYER, MARY T	0000	0002-BLUPRE	DEP			\$282.06	\$282.06
	MORGAN, JOSEPH T	0000	0002-BLUPRE	DEP			\$273.52	\$273.52
	MORGAN, MICHAEL A	0000	0002-BLUPRE	DEP			\$251.19	\$251.19
<b>Total Fees</b>						\$0.00	\$2,018.41	\$2,018.41

\*Total Charges includes the effects of Health Insurer and Reinsurance Fees, plus any federal and state taxes applicable to these fees.

Tier Identifier  
 M - Medicare  
 P - Split Medicare



**Premium Bills - Employee Fees**

Bill Profile: 0000599228-ALL SUBSCRIBERS  
 Bill Period: 10/01/2018-11/01/2018 Rebill: NO ProcessDate: 09/14/2018

**Employee Fees**

**Employee ID:**  
**Employee Last Name:**  
**Classification:** ALL  
**Product:** ALL  
**Change Reason:** ALL

Employees 1 - 5 of 5

Employee ID	Name	Category	Product	Tier	Change Reason	Retro Fee Adjustment	Current Charges	Total Charges*
	MAYER, WILLIAM M	0000	0002-BLUPRE	SUB			\$766.06	\$766.06
	MAYER, CHRISTINE A	0000	0002-BLUPRE	SPS			\$445.58	\$445.58
	MAYER, MARY T	0000	0002-BLUPRE	DEP			\$282.06	\$282.06
	MORGAN, JOSEPH T	0000	0002-BLUPRE	DEP			\$273.52	\$273.52
	MORGAN, MICHAEL A	0000	0002-BLUPRE	DEP			\$251.19	\$251.19
<b>Total Fees</b>						\$0.00	\$2,018.41	\$2,018.41

\*Total Charges includes the effects of Health Insurer and Reinsurance Fees, plus any federal and state taxes applicable to these fees.

Tier Identifier  
 M - Medicare  
 P - Split Medicare



**Premium Bills - Employee Fees**

Bill Profile: 0000599228-ALL SUBSCRIBERS  
 Bill Period: 11/01/2018-12/01/2018 Rebill: NO ProcessDate: 10/17/2018

**Employee Fees**

**Employee ID:**  
**Employee Last Name:**  
**Classification:** ALL  
**Product:** ALL  
**Change Reason:** ALL

Employees 1 - 5 of 5

Employee ID	Name	Category	Product	Tier	Change Reason	Retro Fee Adjustment	Current Charges	Total Charges*
	MAYER, WILLIAM M	0000	0002-BLUPRE	SUB			\$766.06	\$766.06
	MAYER, CHRISTINE A	0000	0002-BLUPRE	SPS			\$445.58	\$445.58
	MAYER, MARY T	0000	0002-BLUPRE	DEP			\$282.06	\$282.06
	MORGAN, JOSEPH T	0000	0002-BLUPRE	DEP			\$273.52	\$273.52
	MORGAN, MICHAEL A	0000	0002-BLUPRE	DEP			\$251.19	\$251.19
<b>Total Fees</b>						\$0.00	\$2,018.41	\$2,018.41

\*Total Charges includes the effects of Health Insurer and Reinsurance Fees, plus any federal and state taxes applicable to these fees.

Tier Identifier  
 M - Medicare  
 P - Split Medicare



**BlueCross BlueShield  
of Illinois**

**Premium Bills - Employee Fees**

Bill Profile: 0000599228-ALL SUBSCRIBERS

Bill Period: 12/01/2018-01/01/2019 Rebill: NO ProcessDate: 11/16/2018

**Employee Fees**

**Employee ID:**  
**Employee Last Name:**  
**Classification:** ALL  
**Product:** ALL  
**Change Reason:** ALL

Employees 1 - 5 of 5

Employee ID	Name	Category	Product	Tier	Change Reason	Retro Fee Adjustment	Current Charges	Total Charges*
	MAYER, WILLIAM M	0000	0002-BLUPRE	SUB			\$766.06	\$766.06
	MAYER, CHRISTINE A	0000	0002-BLUPRE	SPS			\$445.58	\$445.58
	MAYER, MARY T	0000	0002-BLUPRE	DEP			\$282.06	\$282.06
	MORGAN, JOSEPH T	0000	0002-BLUPRE	DEP			\$273.52	\$273.52
	MORGAN, MICHAEL A	0000	0002-BLUPRE	DEP			\$251.19	\$251.19
<b>Total Fees</b>						\$0.00	\$2,018.41	\$2,018.41

\*Total Charges includes the effects of Health Insurer and Reinsurance Fees, plus any federal and state taxes applicable to these fees.

Tier Identifier  
M - Medicare  
P - Split Medicare



Premium Bills - Employee Fees

Bill Profile: 0000599228-ALL SUBSCRIBERS  
 Bill Period: 01/01/2019-02/01/2019 Rebill: NO ProcessDate: 12/17/2018

Employee Fees

Employee ID:  
 Employee Last Name:  
 Classification: ALL  
 Product: ALL  
 Change Reason: ALL

Employees 1 - 5 of 5

Employee ID	Name	Category	Product	Tier	Change Reason	Retro Fee Adjustment	Current Charges	Total Charges*
	MAYER, WILLIAM M	0000	0002-BLUPRE	SUB			\$766.06	\$766.06
	MAYER, CHRISTINE A	0000	0002-BLUPRE	SPS			\$445.58	\$445.58
	MAYER, MARY T	0000	0002-BLUPRE	DEP			\$282.06	\$282.06
	MORGAN, JOSEPH T	0000	0002-BLUPRE	DEP			\$273.52	\$273.52
	MORGAN, MICHAEL A	0000	0002-BLUPRE	DEP			\$251.19	\$251.19
<b>Total Fees</b>						\$0.00	\$2,018.41	\$2,018.41

\*Total Charges includes the effects of Health Insurer and Reinsurance Fees, plus any federal and state taxes applicable to these fees.

Tier Identifier  
 M - Medicare  
 P - Split Medicare



Premium Bills - Employee Fees

Bill Profile: 000599228-ALL SUBSCRIBERS  
Bill Period: 02/01/2019-03/01/2019 Rebill: NO ProcessDate: 01/17/2019

Employee Fees

Employee ID:  
Employee Last Name:  
Classification: ALL  
Product: ALL  
Change Reason: ALL

Employees 1 - 5 of 5

Employee ID	Name	Category	Product	Tier	Change Reason	Retro Fee Adjustment	Current Charges	Total Charges*
	MAYER, WILLIAM M	0000	0002-BLUPRE	SUB	Subscriber Canc 01/01/2019	(\$766.06)	\$0.00	(\$766.06)
	MAYER, CHRISTINE A	0000	0002-BLUPRE	SPS	Subscriber Canc 01/01/2019	(\$445.58)	\$0.00	(\$445.58)
	MAYER, MARY T	0000	0002-BLUPRE	DEP	Subscriber Canc 01/01/2019	(\$282.06)	\$0.00	(\$282.06)
	MORGAN, JOSEPH T	0000	0002-BLUPRE	DEP	Subscriber Canc 01/01/2019	(\$273.52)	\$0.00	(\$273.52)
	MORGAN, MICHAEL A	0000	0002-BLUPRE	DEP	Subscriber Canc 01/01/2019	(\$251.19)	\$0.00	(\$251.19)
<b>Total Fees</b>						<b>(\$2,018.41)</b>	<b>\$0.00</b>	<b>(\$2,018.41)</b>

\*Total Charges includes the effects of Health Insurer and Reinsurance Fees, plus any federal and state taxes applicable to these fees.

Tier Identifier  
M - Medicare  
P - Split Medicare