



Account: 665700 - ALGONQUIN TOWNSHIP		8565
Profile: 0000457658	ALL SUBSCRIBERS	
Bill Date: 06-14-2019	Payment Due Date: 07-01-2019	Page
Bill Period: 07-01-2019 to 08-01-2019		4

SUBSCRIBER FEES

SUBSCRIBER	NAME	CAT	PRODUCT	REL/TIER	CHANGE REASON	RETRO FEE ADJUST	CURRENT CHARGES **	TOTAL CHARGES
000827676192	ADKINS, DENNIS B.	0000	0008-PPO+	SUB			605.44	605.44
000821798679	ALEXANDER, RICHARD S.	0000	0009-BLUEOP	SUB			437.55	437.55
000821798679	ALEXANDER, ETHAN S.	0000	0009-BLUEOP	DEP			275.08	275.08
000821798679	ALEXANDER, ADDISON M.	0000	0009-BLUEOP	DEP			252.62	252.62
000846074720	BALDACCI, NANCY D.	0000	0008-PPO+	SUB			1,011.43	1,011.43
000842909931	CONE, BONNIE A.	0000	0008-PPO+	SUB			1,421.22	1,421.22
000846492782	DOUBEK, BRIAN R.	0000	0008-PPO+	SUB			710.61	710.61
000829531997	FITZGERALD, BRAYDEN	0000	0008-PPO+	SUB			362.41	362.41
000823617015	GAVERS, PAMELA S.	0000	0008-PPO+	SUB			1,056.44	1,056.44
000823617015	GAVERS, ROBERT M.	0000	0008-PPO+	SPS			966.43	966.43
000823617015	GAVERS, KELSEY	0000	0008-PPO+	DEP			445.79	445.79
000823617015	GAVERS, CASEY	0000	0008-PPO+	DEP			473.74	473.74
000824418732	HECKMAN, ANDREW W.	0000	0008-PPO+	SUB			590.28	590.28
000851039168	HOERAUF, ANDRE R.	0000	0008-PPO+	SUB			586.49	586.49
000851039168	HOERAUF, LINDA	0000	0008-PPO+	SPS			582.70	582.70
000851039168	HOERAUF, AVALYN V.	0000	0008-PPO+	DEP			362.41	362.41
000851039168	HOERAUF, DOMINIC	0000	0008-PPO+	DEP			362.41	362.41
000824843369	JORGENSEN, BRIAN M.	0000	0008-PPO+	SUB			642.86	642.86
000824752601	KASZNIAK, RICHARD M.	0000	0008-PPO+	SUB			627.70	627.70
000824810927	LUTZOW, CHARLES A.	0000	0009-BLUEOP	SUB			770.41	770.41
000824810927	LUTZOW, DARLENE J.	0000	0009-BLUEOP	SPS			859.57	859.57
000841617681	MAGANA, SUSAN M.	0000	0009-BLUEOP	SUB			437.55	437.55
000841617681	MAGANA, NATHANIEL G.	0000	0009-BLUEOP	DEP			301.49	301.49
000841617681	MAGANA, ANNASTACIA J.	0000	0009-BLUEOP	DEP			283.66	283.66
000841617681	MAGANA, ANNGELICA R.	0000	0009-BLUEOP	DEP			330.22	330.22
000841617681	MAGANA, ADRIANA E.	0000	0009-BLUEOP	DEP			320.32	320.32
000921244762	NUNES, RONALD D.	0000	0008-PPO+	SUB	Subscriber Add 05/28/2019	530.11	530.11	1,060.22
000827927190	SANDBERG, DANIJELA	0000	0008-PPO+	SUB			661.81	661.81
000827927190	SANDBERG, BLAIR	0000	0008-PPO+	SPS			924.74	924.74
000827927190	SANDBERG, NIKOLA	0000	0008-PPO+	DEP			445.79	445.79
000828494173	SCHOR, COLLEEN J.	0000	0008-PPO+	SUB			1,056.44	1,056.44
000828494173	FORSTROM, NEVIN R.	0000	0008-PPO+	DEP			445.79	445.79
000822978266	TORRES, LUIS E.	0000	0008-PPO+	SUB			459.53	459.53
000843888623	VOSS, RANDALL O.	0000	0008-PPO+	SUB			1,421.22	1,421.22
000843888623	VOSS, HOLLY L.	0000	0008-PPO+	SPS			1,361.05	1,361.05
000843888623	VOSS, JENNIFER C.	0000	0008-PPO+	DEP			473.74	473.74

<b>TOTAL FEES</b>			<b>Total Member Count: 36</b>	<b>530.11</b>	<b>22,857.05</b>	<b>23,387.16</b>
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Tier Identifier  
M= Medicare  
P= Split Medicare

**Do not submit membership changes (cancellations forms, new employee applications) with your bill payment. Documents relating to membership updates should be mailed to: BlueCross and BlueShield of Illinois, P.O. Box 805107, Chicago IL 60680-4112. Please mail your premium payment, with the payment coupon attached, in the enclosed envelope.**

(\* ) = Subscriber or dependent is nearing age 65. Based on employee group size and actively-at-work status, Medicare primary premium rates and claim status may be applicable. Please contact us for more information.