

Monthly Benefit Billing

SSN	Name	Hire Date	Birthdate	Gender	Start Date	Monthly Cost	New Hire
<i>Best Dental Group</i>							
<i>E0</i>							
689-59-5679	Kaptheker, Bettina	1/5/2005	2/7/1954	F	1/5/2005	\$120.00	
560-35-4236	Randall, Wendy	2/7/2002	8/3/1972	F	2/7/2002	\$120.00	
					Coverage Total =	2	\$240.00
<i>E1</i>							
582-84-9312	Baker, Kathryn	2/3/2000	1/24/1973	F	1/1/2003	\$180.00	
328-45-1826	Dolbert, Leroy	8/1/2003	3/7/1974	M	8/1/2003	\$180.00	
					Coverage Total =	2	\$360.00
<i>E2</i>							
425-78-1808	Rodriguez, Antonio	3/1/2000	6/24/1952	M	3/1/2000	\$240.00	
					Coverage Total =	1	\$240.00
					Provider Total =	5	\$840.00
<i>Blue Cross of California</i>							
<i>E0</i>							
689-59-5679	Kaptheker, Bettina	1/5/2005	2/7/1954	F	1/5/2005	\$250.00	
452-15-7845	Thornton, Walter	7/1/2005	5/3/1947	M	7/1/2002	\$250.00	
					Coverage Total =	2	\$500.00
<i>E1</i>							
328-45-1826	Dolbert, Leroy	8/1/2003	3/7/1974	M	8/1/2003	\$350.00	
					Coverage Total =	1	\$350.00
					Provider Total =	3	\$850.00

SSN	Name	Hire Date	Birthdate	Gender	Start Date	Monthly Cost	New Hire
<i>Kaplan Medical Group</i>							
<i>E0</i>							
542-12-4216	Nguyen, Henry	1/1/2003	5/6/1962	M	1/1/2003	\$320.00	
				Coverage Total =	1	\$320.00	
<i>E1</i>							
582-84-9312	Baker, Kathryn	2/3/2000	1/24/1973	F	5/27/2005	\$420.00	
				Coverage Total =	1	\$420.00	
<i>E2</i>							
425-78-1808	Rodriguez, Antonio	3/1/2000	6/24/1952	M	3/1/2000	\$520.00	
				Coverage Total =	1	\$520.00	
				Provider Total =	3	\$1,260.00	
<i>Vision Coverage Plan</i>							
<i>E1</i>							
582-84-9312	Baker, Kathryn	2/3/2000	1/24/1973	F	1/1/2003	\$35.00	
328-45-1826	Dolbert, Leroy	8/1/2003	3/7/1974	M	8/1/2003	\$35.00	
				Coverage Total =	2	\$70.00	
				Provider Total =	2	\$70.00	
				Grand Total =	13	\$3,020.00	