CEDAR HEALTH PLAN

MEMBER PREMIUM STATEMENT

Group coverage - employee only | Cedar Choice PPO

IMPORTANT:	KEEP THIS PORTION OF BILL

ACCOUNT #: POL-04217
INVOICE #: INV-260315-04217

STATEMENT DATE: 03/15/2026
PAYMENT DUE DATE: 04/01/2026

SUMMARY OF TRANSACTIONS

Cedar Choice PPO | CHP0842719 | GRP-04217

DATE:	DESCRIPTION:	AMOUNT:
03/01/2026	Previous Balance	$460.00
03/05/2026	Payment Received, Thank You	$460.00 CREDIT
	Total Past Due:	$0.00
03/15/2026	Premium: 04/01/2026 - 04/30/2026	$460.00
03/15/2026	Premium adjustments	$0.00
03/15/2026	Policy changes	$0.00
	Total Current Balance:	$460.00

Pay This Amount: $460.00

IMPORTANT NOTICE:
This statement covers your April 2026 health-plan premium.
Premium payments are separate from deductibles, copays and coinsurance.
Member: AVERY MORGAN | Member ID: CHP0842719
Coverage effective: 01/01/2026 - 12/31/2026 | Group: GRP-04217

YOU CAN MAKE A PAYMENT:
Online: members.cedarhealth.example
By phone: (512) 555-0120
By mail: Cedar Health Plan, PO Box 24170, Austin, TX 78755

----------**Perforation coupon below**----------

members.cedarhealth.example

CEDAR HEALTH PLAN

MEMBER SERVICES: (512) 555-0120

STATEMENT DATE: 03/15/2026
ACCOUNT #: POL-04217
INVOICE #: INV-260315-04217

Pay this Amount	Due Date	Amount Enclosed
$460.00	04/01/2026	

AVERY MORGAN
4607 WILLOW BEND LN APT 204
AUSTIN, TX 78731

CEDAR HEALTH PLAN
PO BOX 24170
AUSTIN, TX 78755

04217 260315 0000046000 260401 CHP0842719

GRITWORKS SYNTHETIC SAMPLE | NOT AN ISSUED RECORD | GW-IN-04217