01

VSP® Vision Care

Coverage Period	February 2023
Statement Date:	01/18/2023
Client ID:	30062303
Statement Number:	816986840

LLPS INC.
6323 W SAGINAW HWY STE E
LANSING MI 48917-2492

Payment Activity		
Previous Statement Balance:	$	44.90
Payments Received:	$	(44.90)
Remaining Balance:	$	0.00

Current Statement Activity		
Remaining Balance:	$	0.00
Current Charges:	$	44.90
Adjustments:	$	0.00
Amount Due:	$	**44.90**
Payment Due Date:		**Due Upon Receipt**

Paying your bill has never been easier. Access our online tools at **www.vsp.com** by clicking the Employers tab, then going to "Manage Your Plan". You'll have tools at your fingertips that will make paying bills and managing eligibility a snap.

Questions? Please call 800.216.6248 if you have questions regarding your statement.

Please detach and return this portion with your payment.

Client Name:	LLPS INC.	Client ID:	30062303
Coverage Period:	February 2023	Statement Number:	816986840
Statement Date:	01/18/2023	Customer Ref:	3476332

Indicate Amount Paid

☐ Statement Amount: $44.90
Payment Due Date: **Due Upon Receipt**

☐ Other Amount: _____

VSP INSURANCE CO. (CT)
PO BOX 742788
LOS ANGELES CA 90074-2788

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Payment Activity

Payments Received

Date	Description		Amount
01/01/2023	Customer ACH Pymt	$	(44.90)
	Total Payments Received:	**$**	**(44.90)**

Current Statement Activity

Current Charges
Coverage Period February 2023

Division 0001 LLPS INC.

Coverage	Members Billed			Rate		Amount Due
Member Only	1	@	$	11.08	$	11.08
Member + One	2	@	$	16.91	$	33.82
Member + Children	0	@	$	30.32	$	0.00
Member + Family	0	@	$	30.32	$	0.00
Total Membership:	**3**				**$**	**44.90**