

DELTA NATURAL GAS COMPANY, INC.
CASE NO. 2021-00185

FIRST PSC DATA REQUEST
DATED MAY 13, 2021

1. Provide the following expense account data:
 - a. Schedules, in comparative form, showing the operating expense account balance for the base period and each of the three most recent calendar years for each account or subaccount included in the utility's annual report. Show the percentage of increase or decrease of each year over the prior year.
 - b. A listing, with descriptions, of all activities, initiatives or programs undertaken or continued by the utility since its last general rate case for the purpose of minimizing costs, or improving the efficiency of its operations or maintenance activities. Include all quantifiable realized and projected savings.

Response:

- a. See attached.
- b. See the direct testimonies of John B. Brown and William Packer.

Sponsoring Witness:

Andrea Schroeder / John B. Brown

	Base Year	2020	2019	2018	Base Year vs		
					2020	2020 vs 2019	2019 vs 2018
Operating Expenses:							
Operation Expenses (401)							
Gas Production Operating Expense:							
Natural Gas Production Oper Exp:							
9753000 9753000 Nat Gas Prod/Gath Op - Field Lines Expenses	52,345	47,977	45,862	30,616	9.10%	4.61%	49.80%
9754000 9754000 Nat Gas Prod/Gath Op - Field Compressor Sta Exps	129,512	132,804	129,871	133,230	-2.48%	2.26%	-2.52%
Natural Gas Prod & Gath Operation Exp	181,857	180,782	175,733	163,846	0.60%	2.87%	7.25%
Total Natural Gas Production Oper Exp							
9803000 9803000 Oth Gas Supply Op - Nat Gas Transm Line Pur	11,639,858	12,037,014	15,155,069	17,897,066	-3.30%	-20.57%	-15.32%
9805100 9805100 Oth Gas Supply Op - Pur Gas Cost Adjustments	369,965	810,443	(339,958)	(162,849)	-54.35%	-338.39%	108.76%
9813000 9813000 Oth Gas Supply Op - Other Gas Suppl	1,064	865	1,475	587	22.98%	-41.33%	151.15%
Other Gas Supply Operation Expenses	12,010,887	12,848,321	14,816,585	17,734,941	-6.52%	-13.28%	-16.46%
Total Gas Production Operating Exp	12,192,744	13,029,103	14,992,318	17,898,650	-6.42%	-13.09%	-16.24%
Nat Gas Storage, Term & Proc Oper Exp:							
9816000 9816000 UG Storage Op - Well Expenses	75,650	59,119	61,000	51,575	27.96%	-3.08%	18.27%
9818000 9818000 UG Storage Op - Compressor Station Expenses	87,868	61,646	115,465	87,917	42.54%	-46.61%	31.33%
9821000 9821000 UG Storage Op - Purification Expenses	102,594	101,487	87,968	96,746	1.09%	15.37%	-9.07%
9823000 9823000 Gas Losses	1,686	7,568	-	-	-77.72%		
9824000 9824000 UG Storage Op - Other Expenses	3,546	3,221	9,077	7,739	10.10%	-64.52%	17.29%
9825000 9825000 UG Storage Op - Storage Well Royalties	50,569	74,229	31,989	53,109	-31.87%	132.04%	-39.77%
Underground Storage Operation Expense	321,913	307,270	305,499	297,086	4.77%	0.58%	2.83%
Ttl Nat Gas Strg, Term & Proc Oper Exp	321,913	307,270	305,499	297,086	4.77%	0.58%	2.83%
9851000 9851000 Gas Transmission Op - Sys Control & Load Dispatch	111,655	116,252	90,264	-	-3.95%	28.79%	
9856000 9856000 Gas Transmission Op - Mains Expenses	3,351,483	3,405,472	2,927,184	70,788	-1.59%	16.34%	4035.14%
9858000 9858000 Gas Transmission Op - Transm/Compres Gas by Others	290,244	268,836	219,113	288,716	7.96%	22.69%	-24.11%
Gas Transmission Operations Exp	3,753,382	3,790,560	3,236,562	359,504	-0.98%	17.12%	800.29%
9870000 9870000 Gas Distribution Op - Supervision and Engineering	(23,722)	(54,171)	20,068	3,929,266	-56.21%	-369.93%	-99.49%
9871000 9871000 Gas Distribution Op - Distribution Load Dispatching	-	-	-	9,979			
9872000 9872000 Gas Distribution Op - Compr Sta Labor & Expense	398,869	348,757	270,793	-	14.37%	28.79%	
9874000 9874000 Gas Distribution Op - Mains and Services Exps	1,028,079	1,116,491	936,935	486,928	-7.92%	19.16%	92.42%
9875000 9875000 Gas Distribution Op - Meas/Reg Sta Exps-General	-	18	-	35	-100.00%		
9878000 9878000 Gas Distribution Op - Meter/House Reg Exps	170,849	311,887	108,975	342,044	-45.22%	186.20%	-68.14%
9879000 9879000 Gas Distribution Op - Customer Installations Exps	126,421	87,806	87,815	81,588	43.98%	-0.01%	7.63%
9880000 9880000 Gas Distribution Op - Other Expenses	413,831	398,265	414,542	26,220	3.91%	-3.93%	1481.03%
9881000 9881000 Gas Distribution Op - Rents	-	-	-	14,420			
Gas Distribution Operations Exp	2,114,327	2,209,052	1,839,128	4,876,060	-4.29%	20.11%	-62.28%
9902000 9902000 Customer Accounts - Meter Reading Expenses	410,092	359,623	514,152	463,658	14.03%	-30.06%	10.89%
9903000 9903000 Customer Accounts - Customer Records & Collections	896,661	850,395	846,527	867,076	5.44%	0.46%	-2.37%
9904000 9904000 Customer Accounts - Uncollectible Accounts	161,710	178,679	111,873	222,057	-9.50%	59.72%	-49.62%
Customer Accounts Expense	1,468,463	1,388,697	1,472,552	1,552,791	5.74%	-5.69%	-5.17%
9908000 9908000 Customer Service and Informational Expenses - Customer Assistance Expenses				30,000			
Customer Service and Informational Expenses				30,000			

9909000 9909000 Customer Service/Info - Info & Instructional Adver	592	684	394	2,859	-13.50%	73.53%	-86.20%
Customer Service and Informational Expen	592	684	394	2,859	-13.50%	73.53%	-86.20%
9912000 9912000 Sales Expense - Demonstrating & Selling	553	568	652	883	-2.72%	-12.76%	-26.23%
Sales Expense	553	568	652	883	-2.72%	-12.76%	-26.23%
9920000 9920000 Admin & General - Salaries	2,195,736	2,503,293	2,256,294	3,086,156	-12.29%	10.95%	-26.89%
9921000 9921000 Admin & General - Office Supplies & Expenses	2,115,310	1,144,020	1,268,016	656,905	84.90%	-9.78%	93.03%
9922000 9922000 Admin & General - Admin Exp Transferred - Credit	(1,930,381)	(1,845,218)	(1,729,417)	(3,259,430)	4.62%	6.70%	-46.94%
9923000 9923000 Admin & General - Outside Services Employed	1,316,913	791,633	373,589	985,999	66.35%	111.90%	-62.11%
9924000 9924000 Admin & General - Property Insurance	256,870	243,002	165,707	656,430	5.71%	46.65%	-74.76%
9925000 9925000 Admin & General - Injuries & Damages	1,093,498	972,870	1,182,694	16,655	12.40%	-17.74%	7000.92%
9926000 9926000 Admin & General - Employee Benefits	2,449,031	1,909,011	2,436,660	4,236,918	28.29%	-21.65%	-42.49%
9928000 9928000 Admin & General - Regulatory Commission Expenses	199,612	207,412	193,817	182,465	-3.76%	7.01%	6.22%
9930100 9930100 Admin & General - General Advertising Expenses	-	18,851	15,652	-	-100.00%	20.44%	
9930200 9930200 Admin & General - Miscellaneous Expenses	111,482	95,845	103,920	229,886	16.31%	-7.77%	-54.79%
9931000 9931000 Admin & General - Rents	7,828	11,493	11,067	11,508	-31.89%	3.85%	-3.84%
Administrative & General Operations Exp	7,815,898	6,052,212	6,277,998	6,803,493	29.14%	-3.60%	-7.72%
Total Operation Expenses (401)	27,667,873	26,778,148	28,125,103	31,821,327	3.32%	-4.79%	-11.62%
Maintenance Expenses (402)							
Gas Production Maintenance Expenses							
9764000 9764000 Nat Gas Prod/Gath Maint - Field Lines	1,075	769	4,056	2,530	39.86%	-81.05%	60.32%
9765000 9765000 Nat Gas Prod/Gath Maint - Fld Compres Sta Equip	37,030	45,120	30,913	57,191	-17.93%	45.96%	-45.95%
Natural Gas Prod & Gath Maint Exp	38,105	45,888	34,969	59,698	-16.96%	31.23%	-41.42%
Total Nat Gas Production Maint Exp	38,105	45,888	34,969	59,698	-16.96%	31.23%	-41.42%
Total Gas Production Maintenance Exp	38,105	45,888	34,969	59,698	-16.96%	31.23%	-41.42%
Nat Gas Storage, Term & Proc Maint Exp							
9831000 9831000 UG Storage Maint - Structures/Improvements	2,525	(1,705)	2,332	3,421	-248.11%	-173.10%	-31.83%
9832000 9832000 UG Storage Maint - Reservoirs and Wells	14,796	50,430	9,687	56,220	-70.66%	420.59%	-82.77%
9834000 9834000 UG Storage Maint - Compressor Station Equipment	8,819	10,589	8,456	20,285	-16.72%	25.23%	-58.32%
9835000 9835000 UG Main Meas/Reg Equip	189	-	843	574			
9837000 9837000 UG Storage Maint - Other Equipment	444	308	333	60,554	44.19%	-7.48%	-99.45%
Underground Storage Maintenance Exp	26,773	59,623	21,650	141,054	-55.10%	175.39%	-84.65%
Ttl Nat Gas Stor, Term & Proc Maint	26,773	59,623	21,650	141,054	-55.10%	175.39%	-84.65%
9863000 9863000 Gas Transmission Maint - Mains	(80,962)	(94,649)	(60,410)	58	-14.46%	56.68%	-104797.38%
Gas Transmission Maintenance Expense	(80,962)	(94,649)	(60,410)	58	-14.46%	56.68%	-104797.38%
9885000 9885000 Gas Distribution Maint - Supervision & Engineering	107,158	(42,969)	260,359	40,626	-349.38%	-116.50%	540.87%
9886000 9886000 Gas Distribution Maint - Structures/Improvements	33,078	30,992	31,009	30,619	6.73%	-0.06%	1.27%
9887000 9887000 Gas Distribution Maint - Mains	(65,395)	(85,365)	(123,041)	124,754	-23.39%	-30.62%	-198.63%
9889000 9889000 Gas Distribution Maint - Main Meas/Reg Eq-Gen	5	18	-	4,072	-72.75%		-100.00%
9892000 9892000 Gas Distribution Maint - Services	50,454	55,486	44,153	38,272	-9.07%	25.67%	15.37%
9893000 9893000 Gas Distribution Maint - Meters/House Regulators	177,602	160,738	200,926	64,097	10.49%	-20.00%	213.47%
9894000 9894000 Gas Distribution Maint - Other Equipment	188,033	197,095	90,902	143,420	-4.60%	116.82%	-36.62%
Gas Distribution Maintenance Expense	490,935	315,994	504,308	445,860	55.36%	-37.34%	13.11%
9932000 9932000 Admin & General Maint -Other General Plant -Gas	56,968	68,308	70,041	128	-16.60%	-2.47%	54461.81%
9935000 9935000 Admin & General Maint -Maintenance of General Plant	-	-	-	148,624			
Administrative & General Maintenance Exp	56,968	68,308	70,041	148,752	-16.60%	-2.47%	-52.91%
Total Maintenance Expenses (402)	531,819	395,164	570,558	795,445	34.58%	-30.74%	-28.27%

9403000 9403000 Depreciation Expense - Utility Plant	9,473,252	7,608,761	7,227,135	6,742,720	24.50%	5.28%	7.18%
Depreciation Expense (403)	9,473,252	7,608,761	7,227,135	6,742,720	24.50%	5.28%	7.18%
9404000 9404000 Amortization Expense - Utility Plant	413,993	358,923	303,464	27,846	15.34%	18.28%	989.79%
9404200 9404200 Amort & Depl of UG Storage Land & Land Rights	15,785	15,917	15,917	-	-0.83%	0.00%	
Amort & Depletion of Util Plnt (404-405)	429,778	374,841	319,382	27,846	14.66%	17.36%	1046.95%
9408100 9408100 Taxes Other than Income Taxes - Utility Operating	3,893,351	3,688,703	3,384,078	3,310,325	5.55%	9.00%	2.23%
Taxes Other than Income Taxes (408.1)	3,893,351	3,688,703	3,384,078	3,310,325	5.55%	9.00%	2.23%
9409100 9409100 Income Taxes - Utility Operating Income	2,230,132	537,657	1,315,992	1,890,661	314.79%	-59.14%	-30.40%
Income Taxes (409.1)	2,230,132	537,657	1,315,992	1,890,661	314.79%	-59.14%	-30.40%
9410100 9410100 Provision for Deferred Income Taxes - Utility Op I	(687,889)	(448,207)	(376,824)	1,217,050	53.48%	18.94%	-130.96%
Prov for Deferred Income Taxes (410.1)	(687,889)	(448,207)	(376,824)	1,217,050	53.48%	18.94%	-130.96%
Total Operating Expenses	43,538,317	38,935,068	40,565,424	45,805,374	11.82%	-4.02%	-11.44%

Account Number	Account Description	2020	2019	2018	2020 vs 2019	2019 vs 2018
	Operation Expenses (401)					
	Gas Production Operating Expense:					
	Natural Gas Production Oper Exp:					
9753000	9753000 Nat Gas Prod/Gath Op - Field Lines Expenses	47,977.32	45,861.79	30,479.00	x	4.61% 50.47%
9754000	9754000 Nat Gas Prod/Gath Op - Field Compressor Sta Exps	132,804.34	129,870.94	133,230.00	x	2.26% -2.52%
	Natural Gas Prod & Gath Operation Exp	180,781.66	175,732.73	163,709.00	x	2.87% 7.34%
	Total Natural Gas Production Oper Exp	180,781.66	175,732.73	163,709.00	x	2.87% 7.34%
9803000	9803000 Oth Gas Supply Op - Nat Gas Transm Line Pur	11,490,646.13	14,764,885.71	17,039,110.00	x	-22.18% -13.35%
9805100	9805100 Oth Gas Supply Op - Pur Gas Cost Adjustments	528,853.00	(370,849.00)	-		-242.61%
9813000	9813000 Oth Gas Supply Op - Other Gas Suppl	(22.14)	(87.50)	-		-74.70%
	Other Gas Supply Operation Expenses	12,019,476.99	14,393,949.21	17,039,110.00	x	-16.50% -15.52%
	Total Gas Production Operating Exp	12,200,258.65	14,569,681.94	17,202,819.00		-16.26% -15.31%
	Nat Gas Storage, Term & Proc Oper Exp:					
9816000	9816000 UG Storage Op - Well Expenses	59,118.68	61,000.11	51,575.00	x	18.27%
9818000	9818000 UG Storage Op - Compressor Station Expenses	61,646.25	115,464.70	87,917.00	x	-46.61% 31.33%
9821000	9821000 UG Storage Op - Purification Expenses	101,487.03	87,967.77	96,746.00	x	-9.07%
9823000	9823000 UG Storage Op - Gas Losses	7,568.40	-	-		
9824000	9824000 UG Storage Op - Other Expenses	3,220.62	9,076.85	7,739.00	x	-64.52% 17.29%
9825000	9825000 UG Storage Op - Storage Well Royalties	74,229.17	31,989.17	53,109.00	x	132.04% -39.77%
	Underground Storage Operation Expense	307,270.15	305,498.60	297,086.00	x	0.58% 2.83%
	Ttl Nat Gas Strg, Term & Proc Oper Exp	307,270.15	305,498.60	297,086.00	x	0.58% 2.83%
9851000	9851000 Gas Transmission Op - Sys Control & Load Dispatch	116,252.42	90,264.44	-		0.29
9856000	9856000 Gas Transmission Op - Mains Expenses	3,405,472.22	2,927,183.97	70,788.00	x	16.34% 4035.14%
	Gas Transmission Operations Exp	3,521,724.64	3,017,448.41	70,788.00		16.71% 4162.66%
9870000	9870000 Gas Distribution Op - Supervision and Engineering	(54,170.90)	20,068.14	3,929,266.00	x	-369.93% -99.49%
9871000	9871000 Gas Distribution Op - Distribution Load Dispatching			9,979.00	x	-100.00%
9872000	9872000 Gas Distribution Op - Compr Sta Labor & Expense	348,756.86	270,793.13	-		28.79%
9874000	9874000 Gas Distribution Op - Mains and Services Exps	1,116,211.47	936,691.68	-		19.17%
9880000	9880000 Gas Distribution Op - Other Expenses	386,735.45	398,145.35	486,238.00	x	-2.87% -18.12%
9881000	9881000 Gas Distribution Op - Rents			14,420.00	x	-100.00%
	Gas Distribution Operations Exp	1,797,532.88	1,625,698.30	4,439,903.00	x	10.57% -63.38%
9902000	9902000 Customer Accounts - Meter Reading Expenses	-	-	108,589.00	x	-100.00%
9903000	9903000 Customer Accounts - Customer Records & Collections	759,947.15	757,230.94	787,923.00	x	0.36% -3.90%
9904000	9904000 Customer Accounts - Uncollectible Accounts	154,444.00	90,386.00	192,057.00	x	70.87% -52.94%
	Customer Accounts Expense	914,391.15	847,616.94	1,088,569.00	x	7.88% -22.13%
9908000	9908000 Customer Service and Informational Expenses -			30,000.00		
	Customer Assistance Expenses			30,000.00		
	Customer Service and Informational Expenses			30,000.00		
9920000	9920000 Admin & General - Salaries	2,380,800.52	2,158,454.17	2,978,750.00		10.30% -27.54%
9921000	9921000 Admin & General - Office Supplies & Expenses	1,068,828.26	1,184,876.24	578,070.00		-9.79% 104.97%
9922000	9922000 Admin & General - Admin Exp Transferred - Credit	(1,836,421.36)	(1,716,738.88)	(3,245,281.00)		6.97% -47.10%

9923000	9923000 Admin & General - Outside Services Employed	717,427.15	289,200.04	917,876.00	148.07%	-68.49%
9924000	9924000 Admin & General - Property Insurance	241,903.69	162,979.24	655,227.00	48.43%	-75.13%
9925000	9925000 Admin & General - Injuries & Damages	957,418.25	1,145,032.35	-	-16.39%	
9926000	9926000 Admin & General - Employee Benefits	1,704,643.41	2,224,016.64	3,868,457.00	-23.35%	-42.51%
9928000	9928000 Admin & General - Regulatory Commission Expenses	207,412.26	193,816.91	182,465.00	7.01%	6.22%
9930100	9930100 Admin & General - General Advertising Expenses	18,850.64	15,651.24	-	20.44%	
9930200	9930200 Admin & General - Miscellaneous Expenses	95,497.11	103,527.01	229,060.00	-7.76%	-54.80%
	Administrative & General Operations Exp	5,556,359.93	5,760,814.96	6,164,624.00	-3.55%	-6.55%
	Total Operation Expenses (401)	24,297,537.40	26,126,759.15	29,293,790.00	-7.00%	
	Maintenance Expenses (402)					
	Gas Production Maintenance Expenses					
9764000	9764000 Nat Gas Prod/Gath Maint - Field Lines	768.65	4,056.16	2,507.00	-81.05%	61.79%
9765000	9765000 Nat Gas Prod/Gath Maint - Fld Compres Sta Equip	45,119.69	30,912.97	57,191.00	45.96%	-45.95%
	Natural Gas Prod & Gath Maint Exp	45,888.34	34,969.13	59,698.00	31.23%	-41.42%
	Total Nat Gas Production Maint Exp	45,888.34	34,969.13	59,698.00	31.23%	-41.42%
	Total Gas Production Maintenance Exp	45,888.34	34,969.13	59,698.00	31.23%	-41.42%
	Nat Gas Storage, Term & Proc Maint Exp					
9831000	9831000 UG Storage Maint - Structures/Improvements	(1,704.77)	2,332.09	3,421.00	-173.10%	-31.83%
9832000	9832000 UG Storage Maint - Reservoirs and Wells	50,430.35	9,687.18	56,220.00	420.59%	-82.77%
9834000	9834000 UG Storage Maint - Compressor Station Equipment	10,589.10	8,455.78	20,285.00	25.23%	-58.32%
9835000	9835000 UG Storage Maint - Meas/Reg Station Equip	-	842.53	574.00	-100.00%	46.78%
9837000	9837000 UG Storage Maint - Other Equipment	307.93	332.83	60,554.00	-7.48%	-99.45%
	Underground Storage Maintenance Exp	59,622.61	21,650.41	141,054.00	175.39%	-84.65%
	Ttl Nat Gas Stor, Term & Proc Maint	59,622.61	21,650.41	141,054.00	175.39%	-84.65%
9863000	9863000 Gas Transmission Maint - Mains	(94,648.59)	(60,410.39)	-	56.68%	
	Gas Transmission Maintenance Expense	(94,648.59)	(60,410.39)	-	56.68%	
9885000	9885000 Gas Distribution Maint - Supervision & Engineering	(42,969.12)	260,359.17	40,626.00	-116.50%	540.87%
9887000	9887000 Gas Distribution Maint - Mains	(87,968.55)	(123,662.68)	123,946.00	-28.86%	-199.77%
9889000	9889000 Gas Distribution Maint - Maintenance of Measuring and Regulating Station Equipment - General	-	-	4,049.00	N/A	-100.00%
9892000	9892000 Gas Distribution Maint - Services	11,703.01	8,522.00	-	37.33%	
9893000	9893000 Gas Distribution Maint - Meters/House Regulators	159,913.71	200,508.02	64,097.00	-20.25%	212.82%
9894000	9894000 Gas Distribution Maint - Other Equipment	189,163.12	82,361.61	135,642.00	129.67%	-39.28%
	Gas Distribution Maintenance Expense	229,842.17	428,088.12	368,360.00	-46.31%	16.21%
9932000	9932000 Admin & General Maint -Other General Plant -Gas	67,093.52	69,488.17	-	-3.45%	
9935000	9935000 Admin & General Maint -Maintenance of General Plant	-	-	148,624.00		-100.00%
	Administrative & General Maintenance Exp	67,093.52	69,488.17	148,624.00	-3.45%	-53.25%
	Total Maintenance Expenses (402)	307,798.05	493,785.44	717,736.00	-37.67%	-31.20%
9403000	9403000 Depreciation Expense - Utility Plant	7,518,447.03	7,133,424.60	6,658,020.00	5.40%	7.14%
	Depreciation Expense (403)	7,518,447.03	7,133,424.60	6,658,020.00	5.40%	7.14%
9404000	9404000 Amortization Expense - Utility Plant	338,422.33	273,279.37	-	23.84%	
9404200	9404200 Amort & Depl of UG Storage Land & Land Rights	15,917.33	15,917.33	-	0.00%	
	Amort & Depletion of Util Plnt (404-405)	354,339.66	289,196.70	-	22.53%	
9408100	9408100 Taxes Other than Income Taxes - Utility Operating	3,574,784.44	3,284,885.41	3,216,894.00	8.83%	2.11%
	Taxes Other than Income Taxes (408.1)	3,574,784.44	3,284,885.41	3,216,894.00	8.83%	2.11%
9409100	9409100 Income Taxes - Utility Operating Income	890,721.00	1,567,462.00	1,890,661.00	-43.17%	-17.09%

	Income Taxes (409.1)	<u>890,721.00</u>	<u>1,567,462.00</u>	<u>1,890,661.00</u>	-43.17%	-17.09%
9410100	9410100 Provision for Deferred Income Taxes - Utility Op I	<u>(411,581.00)</u>	<u>(377,316.00)</u>	<u>1,528,309.00</u>	9.08%	-124.69%
	Prov for Deferred Income Taxes (410.1)	<u>(411,581.00)</u>	<u>(377,316.00)</u>	<u>1,528,309.00</u>	9.08%	-124.69%
	Total Operating Expenses	36,532,046.58	38,518,197.30	43,305,410.00	-5.16%	-11.05%

Account Number	Account Description	2020	2019	2018	2020 vs 2019	2019 vs 2018
Operation Expenses (401)						
Gas Production Operating Expense:						
Natural Gas Production Oper Exp:						
9753000	9753000 Nat Gas Prod/Gath Op - Field Lines Expenses	0.00	0.00	136.82		
	Natural Gas Prod & Gath Operation Exp	0.00	0.00	136.82		
	Total Natural Gas Production Oper Exp	0.00	0.00	136.82		
9803000	9803000 Oth Gas Supply Op - Nat Gas Transm Line Pur	546,367.41	390,183.38	857,955.96	40.03%	-54.52%
9805100	9805100 Oth Gas Supply Op - Pur Gas Cost Adjustments	281,589.69	30,890.68	-162,848.51	811.57%	-118.97%
9813000	9813000 Oth Gas Supply Op - Other Gas Suppl	887.31	1,562.19	587.18	-43.20%	166.05%
	Other Gas Supply Operation Expenses	828,844.41	422,636.25	695,694.63	96.11%	-39.25%
	Total Gas Production Operating Exp	828,844.41	422,636.25	695,831.45	96.11%	-39.26%
9858000	9858000 Gas Transmission Op - Transm/Compres Gas by Others	268,835.82	219,113.39	288,715.66	22.69%	-24.11%
	Gas Transmission Operations Exp	268,835.82	219,113.39	288,715.66	22.69%	-24.11%
9870000	9870000 Gas Distribution Op - Supervision and Engineering	0.02	0.00	0.00		
9871000	9871000 Gas Distribution Op - Distribution Load Dispatching	0.00	0.00	0.00		
9874000	9874000 Gas Distribution Op - Mains and Services Exps	279.42	243.39	689.75	14.80%	-64.71%
9875000	9875000 Gas Distribution Op - Meas/Reg Sta Exps-General	18.36	0.00	34.61		-100.00%
9878000	9878000 Gas Distribution Op - Meter/House Reg Exps	311,886.71	108,974.86	342,044.30	186.20%	-68.14%
9879000	9879000 Gas Distribution Op - Customer Installations Exps	87,805.56	87,814.66	81,588.40	-0.01%	7.63%
9880000	9880000 Gas Distribution Op - Other Expenses	11,529.35	16,397.12	11,799.83	-29.69%	38.96%
9881000	9881000 Gas Distribution Op - Rents	-	-	-		
	Gas Distribution Operations Exp	411,519.42	213,430.03	436,156.89	92.81%	-51.07%
9902000	9902000 Customer Accounts - Meter Reading Expenses	359,622.60	514,151.65	355,069.18	-30.06%	44.80%
9903000	9903000 Customer Accounts - Customer Records & Collections	90,448.29	89,296.45	79,153.26	1.29%	12.81%
9904000	9904000 Customer Accounts - Uncollectible Accounts	24,234.71	21,487.14	30,000.00	12.79%	-28.38%
	Customer Accounts Expense	474,305.60	624,935.24	464,222.44	-24.10%	34.62%
9909000	9909000 Customer Service/Info - Info & Instructional Adver	684.40	394.39	2,858.73	73.53%	-86.20%
	Customer Service and Informational Expen	684.40	394.39	2,858.73	73.53%	-86.20%
9912000	9912000 Sales Expense - Demonstrating & Selling	568.44	651.55	883.18	-12.76%	-26.23%
	Sales Expense	568.44	651.55	883.18	-12.76%	-26.23%
9920000	9920000 Admin & General - Salaries	122,492.57	97,839.98	107,406.38	25.20%	-8.91%
9921000	9921000 Admin & General - Office Supplies & Expenses	75,191.79	83,139.78	78,835.30	-9.56%	5.46%
9922000	9922000 Admin & General - Admin Exp Transferred - Credit	-8,796.85	-12,677.95	-14,149.17	-30.61%	-10.40%
9923000	9923000 Admin & General - Outside Services Employed	74,206.06	84,389.17	68,122.74	-12.07%	23.88%
9924000	9924000 Admin & General - Property Insurance	1,098.37	2,727.74	1,202.69	-59.73%	126.80%
9925000	9925000 Admin & General - Injuries & Damages	15,451.72	37,661.30	16,655.49	-58.97%	126.12%
9926000	9926000 Admin & General - Employee Benefits	204,367.34	212,643.10	368,461.48	-3.89%	-42.29%
9930100	9930100 Admin & General - General Advertising Expenses	0.00	0.36	0.00	-100.00%	
9930200	9930200 Admin & General - Miscellaneous Expenses	348.01	393.01	825.51	-11.45%	-52.39%
9931000	9931000 Admin & General - Rents	11,493.18	11,066.64	11,508.49	3.85%	-3.84%
	Administrative & General Operations Exp	495,852.19	517,183.13	638,868.91	-4.12%	-19.05%

	Total Operation Expenses (401)	2,480,610.28	1,998,343.98	2,527,537.26	24.13%	-20.94%
	Maintenance Expenses (402)					
	Gas Production Maintenance Expenses					
9764000	9764000 Nat Gas Prod/Gath Maint - Field Lines	0.00	0.00	23.02		-100.00%
	Natural Gas Prod & Gath Maint Exp	0.00	0.00	23.02		-100.00%
	Total Nat Gas Production Maint Exp	0.00	0.00	23.02		-100.00%
	Total Gas Production Maintenance Exp	0.00	0.00	23.02		-100.00%
9863000	9863000 Gas Transmission Maint - Mains	0.00	0.00	57.70		-100.00%
	Gas Transmission Maintenance Expense	0.00	0.00	57.70		-100.00%
9886000	9886000 Gas Distribution Maint - Structures/Improvements	30,991.54	31,008.87	30,619.37	-0.06%	1.27%
9887000	9887000 Gas Distribution Maint - Mains	2,603.33	621.31	807.70	319.01%	-23.08%
9889000	9889000 Gas Distribution Maint - Meas/Reg Sta Equip-Genl	18.35	0.00	23.07		-100.00%
9892000	9892000 Gas Distribution Maint - Services	43,782.62	35,631.05	38,271.62	22.88%	-6.90%
9893000	9893000 Gas Distribution Maint - Meters/House Regulators	823.88	418.39	0.00	96.92%	
9894000	9894000 Gas Distribution Maint - Other Equipment	7,931.81	8,540.51	7,778.33	-7.13%	9.80%
	Gas Distribution Maintenance Expense	86,151.53	76,220.13	77,500.09	13.03%	-1.65%
9932000	9932000 Admin & General Maint -Other General Plant -Gas	1,214.85	552.82	128.37	119.76%	330.65%
	Administrative & General Maintenance Exp	1,214.85	552.82	128.37	119.76%	330.65%
	Total Maintenance Expenses (402)	87,366.38	76,772.95	77,709.18	13.80%	-1.20%
9403000	9403000 Depreciation Expense - Utility Plant	90,314.33	93,710.09	84,699.90	-3.62%	10.64%
	Depreciation Expense (403)	90,314.33	93,710.09	84,699.90	-3.62%	10.64%
9404000	9404000 Amortization Expense - Utility Plant	20,501.16	30,185.06	27,846.16	-32.08%	8.40%
	Amort & Depletion of Util Plnt (404-405)	20,501.16	30,185.06	27,846.16	-32.08%	8.40%
9408100	9408100 Taxes Other than Income Taxes - Utility Operating	113,918.95	99,192.38	93,430.89	14.85%	6.17%
	Taxes Other than Income Taxes (408.1)	113,918.95	99,192.38	93,430.89	14.85%	6.17%
9409100	9409100 Income Taxes - Utility Operating Income	-353,064.00	-251,470.00	0.00	40.40%	
	Income Taxes (409.1)	-353,064.00	-251,470.00	0.00	40.40%	
9410100	9410100 Provision for Deferred Income Taxes - Utility Op I	-36,626.00	492.00	-311,259.00	-7544.31%	-100.16%
	Prov for Deferred Income Taxes (410.1)	-36,626.00	492.00	-311,259.00	-7544.31%	-100.16%
	Total Operating Expenses	2,403,021.10	2,047,226.46	2,499,964.39	17.38%	-18.11%

DELTA NATURAL GAS COMPANY, INC.
CASE NO. 2021-00185

FIRST PSC DATA REQUEST
DATED MAY 13, 2021

2. Provide, in the format provided in Schedule A, schedules showing a comparison of the balance in the revenue accounts for each month of the base period to the same month of the immediately preceding 12-month period for each revenue account or subaccount included in the utility's chart of accounts. Include appropriate footnotes to show the month each rate change was approved and the month the full impact of the change was recorded in the accounts.

Response:

See attached.

Sponsoring Witness:

Andrea Schroeder

Account 480000 Residential Sales	September	October	November	December	January	Febraury	March	April	May	June	July	August	Total
Base Period	1,036,986	1,384,802	2,013,430	3,935,675	3,402,185	3,730,138	2,622,155	1,754,316	1,036,875	1,035,473	970,692	959,168	23,881,894
Previous 12 Months	964,428	1,365,067	2,771,045	3,316,747	3,368,674	3,968,560	2,219,219	1,949,395	1,770,902	797,486	1,003,577	1,017,279	24,512,378
Increase	72,558	19,735		618,928	33,511		402,936			237,987			
(Decrease)			(757,615)			(238,422)		(195,079)	(734,027)		(32,885)	(58,111)	(630,484)

Account 481000 Commercial and Industrial Sales	September	October	November	December	January	Febraury	March	April	May	June	July	August	Total
Base Period	635,624	818,586	1,169,474	2,687,932	2,161,326	2,552,610	1,627,981	1,205,100	664,800	699,600	678,100	650,700	15,551,832
Previous 12 Months	648,773	894,490	1,849,058	2,226,456	2,413,336	2,372,755	1,362,864	1,089,815	885,000	643,209	600,054	619,173	15,604,984
Increase				461,475		179,855	265,116	115,285		56,391	78,046	31,527	
(Decrease)	(13,149)	(75,905)	(679,584)		(252,010)				(220,200)				(53,153)

Account 487000 Forfeited Discounts	September	October	November	December	January	Febraury	March	April	May	June	July	August	Total
Base Period	15	20	-	-	3	-	1,205	1	0	0	0	0	1,244
Previous 12 Months	-	6	-	-	55	55	-	-	-	-	6	11	132
Increase	15	14					1,205	1					
(Decrease)					(51)	(55)					(6)	(11)	

1,112

Account 488000 Miscellaneous Service	September	October	November	December	January	Febraury	March	April	May	June	July	August	Total
Base Period	1,940	6,028	25,801	22,870	18,638	2,190	2,453	500	500	500	500	500	82,420
Previous 12 Months	7,900	9,180	59,415	39,865	11,665	24,615	30,293	6,765	820	880	680	780	192,859
Increase					6,973								
(Decrease)	(5,960)	(3,152)	(33,614)	(16,995)		(22,425)	(27,840)	(6,265)	(320)	(380)	(180)	(280)	(110,439)

Account 4893000 Revenues from Transportation of Gas of Others Through Distribution Facilities	September	October	November	December	January	Febraury	March	April	May	June	July	August	Total
Base Period	571,584	639,817	717,914	878,506	1,052,044	991,811	861,416	417,901	442,700	445,100	388,300	439,601	7,846,694
Previous 12 Months	663,095	700,407	838,378	843,562	843,649	793,381	671,417	627,914	571,454	523,996	506,952	556,367	8,140,574
Increase				34,944	208,396	198,430	189,999						
(Decrease)	(91,512)	(60,590)	(120,464)					(210,013)	(128,754)	(78,896)	(118,652)	(116,766)	(293,880)

Account 4900000 Sales of Products Extracted from Natural Gas	September	October	November	December	January	Febraury	March	April	May	June	July	August	Total
Base Period	-	-	-	-	-	-	-	-	-	-	-	-	-
Previous 12 Months	18,170	54,498	15,667	-	-	-	-	-	-	-	-	-	88,336
Increase													-
(Decrease)	(18,170)	(54,498)	(15,667)										(88,336)

Account 4950000 Other Gas Revenues	September	October	November	December	January	Febraury	March	April	May	June	July	August	Total
Base Period	-	-	-	-	-	-	-	260,900	252,000	243,100	244,700	247,400	1,248,100
Previous 12 Months	-	-	-	-	-	-	-	-	-	-	-	-	-
Increase								260,900	252,000	243,100	244,700	247,400	1,248,100
(Decrease)								-	-	-	-	-	-

Account 4960000 Provision for Rate Refunds	September	October	November	December	January	Febraury	March	April	May	June	July	August	Total
Base Period	(211,392)	(212,084)	(215,785)	(220,492)	(223,122)	(223,747)	(340,298)	(218,200)	(214,800)	(209,700)	(205,500)	(204,300)	(2,699,420)
Previous 12 Months	(205,426)	(205,131)	(210,174)	(218,770)	(221,059)	(221,189)	(222,223)	(221,218)	(220,671)	(216,037)	(213,501)	(211,785)	(2,587,185)
Decrease								3,018	5,871	6,337	8,001	7,485	
(Increase)	(5,965)	(6,953)	(5,611)	(1,722)	(2,063)	(2,558)	(118,075)						(112,235)

Account 400 Total Operating Revenues	September	October	November	December	January	Febraury	March	April	May	June	July	August	Total
Base Period	2,034,757	2,637,168	3,710,833	7,304,491	6,411,074	7,053,001	4,774,912	3,420,518	2,182,075	2,214,073	2,076,792	2,093,069	45,912,763
Previous 12 Months	2,096,941	2,818,516	5,323,389	6,207,861	6,416,319	6,938,177	4,061,570	3,452,671	3,007,505	1,749,535	1,897,769	1,981,825	45,952,078
Increase				1,096,630		114,824	713,342			464,538	179,023	111,244	
(Decrease)	(62,185)	(181,348)	(1,612,555)		(5,245)			(32,153)	(825,430)				(39,315)

Account 480000 Residential Sales	September	October	November	December	January	February	March	April	May	June	July	August	Total
Base Period	998,524	1,325,313	1,883,336	3,701,897	3,100,107	3,514,588	2,475,110						
Previous 12 Months	925,472	1,296,541	2,595,837	3,117,147	3,122,620	3,781,241	2,095,081	1,844,627	1,694,726	749,675	959,839	979,152	23,161,958
Increase	73,052	28,772		584,750			380,029						
(Decrease)			(712,501)		(22,513)	(266,652)							

Account 481000 Commercial and Industrial Sales	September	October	November	December	January	February	March	April	May	June	July	August	Total
Base Period	635,624	818,586	1,169,474	2,687,932	2,161,326	2,552,610	1,627,981						
Previous 12 Months	648,773	894,490	1,849,058	2,226,456	2,413,336	2,372,755	1,362,864	1,089,815	885,000	643,209	600,054	619,173	15,604,984
Increase				461,475			265,116						
(Decrease)	(13,149)	(75,905)	(679,584)		(252,010)	179,855							

Account 487000 Forfeited Discounts	September	October	November	December	January	February	March	April	May	June	July	August	Total
Base Period	-	-	-	-	3	-	1,205						
Previous 12 Months	-	-	-	-	-	-	-	-	-	-	-	-	-
Increase					3		1,205						
(Decrease)													

Account 488000 Miscellaneous Service	September	October	November	December	January	February	March	April	May	June	July	August	Total
Base Period	420	5,395	24,940	21,895	17,410	1,915	2,078						74,053
Previous 12 Months	7,650	8,230	58,515	39,540	11,415	23,400	29,450	6,765	525.00	435	585	480	186,990
Increase					5,995								5,995
(Decrease)	(7,230)	(2,835)	(33,575)	(17,645)		(21,485)	(27,372)						(110,142)

Account 4893000 Revenues from Transportation of Gas of Others Through Distribution Facilities	September	October	November	December	January	February	March	April	May	June	July	August	Total
Base Period	571,584	639,817.10	717,914	878,506	1,052,044	991,811	861,416						5,713,092
Previous 12 Months	663,095	700,407.43	838,378	843,562	843,649	793,381	671,417	627,914	571,454	523,996	506,952	556,367	8,140,574
Increase				34,944	208,396	198,430	189,999						631,769
(Decrease)	(91,512)	(60,590)	(120,464)										(272,566)

Account 4900000 Sales of Products Extracted from Natural Gas	September	October	November	December	January	February	March	April	May	June	July	August	Total
Base Period	-	-	-	-	-	-	-						-
Previous 12 Months	18,170	54,498	15,667	-	-	-	-	-	-	-	-	-	88,336
Increase													-
(Decrease)	(18,170)	(54,498)	(15,667)										(88,336)

Account 4950000 Other Gas Revenues	September	October	November	December	January	February	March	April	May	June	July	August	Total
Base Period	-	-	-	-	-	-	-						-
Previous 12 Months	-	-	-	-	-	-	-	-	-	-	-	-	-
Increase													-
(Decrease)													-

Account 4960000 Provision for Rate Refunds	September	October	November	December	January	February	March	April	May	June	July	August	Total
Base Period	(211,392)	(212,084)	(215,785)	(220,492)	(223,122)	(223,747)	(340,298)						(1,646,920)
Previous 12 Months	(205,426)	(205,131)	(210,174)	(218,770)	(221,059)	(221,189)	(222,223)	(221,218)	(220,671)	(216,037)	(213,501)	(211,785)	(2,587,185)
Decrease													-
(Increase)	(5,965)	(6,953)	(5,611)	(1,722)	(2,063)	(2,558)	(118,075)						(142,947)

Account 480000 Residential Sales	September	October	November	December	January	February	March	April	May	June	July	August	Total
Base Period	38,462	59,489	130,094	233,779	302,077	215,549	147,045.26						
Previous 12 Months	38,956	68,526	175,208	199,600	246,053	187,319	124,138.23	104,767.71	76,175.46	47,811	43,738	38,127	1,350,419
Increase				34,179	56,024	28,230	22,907						
(Decrease)	(494)	(9,037)	(45,114)										

Account 481000 Commercial and Industrial Sales	September	October	November	December	January	February	March	April	May	June	July	August	Total
Base Period	-	-	-	-	-	-	-						
Previous 12 Months	-	-	-	-	-	-	-	-	-	-	-	-	-
Increase													
(Decrease)													

Account 487000 Forfeited Discounts	September	October	November	December	January	February	March	April	May	June	July	August	Total
Base Period	15	20	-	-	0	0.00	-						
Previous 12 Months	-	6	-	-	55	55	-	-	-	-	6	11	
Increase	15	14											
(Decrease)					(55)	(55)							

Account 488000 Miscellaneous Service	September	October	November	December	January	February	March	April	May	June	July	August	Total
Base Period	1,519.78	633	861	975	1,228	275.00	375.00						
Previous 12 Months	250.00	950	900	325	250	1,215.30	843.00	-	295	445	95	300	5,869
Increase	1,270			650	978								
(Decrease)		(317)	(39)			(940)	(468)						

DELTA NATURAL GAS COMPANY, INC.
CASE NO. 2021-00185

FIRST PSC DATA REQUEST
DATED MAY 13, 2021

3. As the historical data becomes available, provide detailed monthly income statements for each forecasted month of the base period including the month in which the Commission hears this case.

Response:

See attached. Delta will supplement this response as additional historical data becomes available.

Sponsoring Witness:

Andrea Schroeder

Account Number	Account Description	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
UTILITY OPERATING INCOME								
Operating Revenues (400)								
9480000	9480000 Residential Sales	(1,036,985.78)	(1,384,801.72)	(2,013,429.69)	(3,935,675.46)	(3,402,184.50)	(3,730,137.66)	(2,622,155.04)
9481000	9481000 Commercial and Industrial Sales	(635,623.96)	(818,585.58)	(1,169,473.91)	(2,687,931.55)	(2,161,326.05)	(2,552,609.59)	(1,627,980.87)
	Sales of Gas (480-484)	(1,672,609.74)	(2,203,387.30)	(3,182,903.60)	(6,623,607.01)	(5,563,510.55)	(6,282,747.25)	(4,250,135.91)
9487000	9487000 Forfeited Discounts	(14.77)	(20.00)	-	-	(3.18)	-	(1,204.91)
9488000	9488000 Miscellaneous Service Revenues	(1,939.78)	(6,028.00)	(25,801.26)	(22,870.00)	(18,637.78)	(2,190.00)	(2,453.20)
9489300	9489300 Revs from Transp of Gas of Others thru Distri Fac.	(571,583.91)	(639,817.10)	(717,913.76)	(878,505.89)	(1,052,044.23)	(991,810.82)	(861,415.86)
9490000	9490000 Sales of Products Extracted from Natural Gas	-	-	-	-	-	-	-
9496000	9496000 Provision for Rate Refunds	211,391.68	212,084.05	215,785.14	220,492.28	223,121.57	223,747.32	340,298.03
	Other Operating Revenues (485-496)	(362,146.78)	(433,781.05)	(527,929.88)	(680,883.61)	(847,563.62)	(770,253.50)	(524,775.94)
	Total Operating Revenues (400)	(2,034,756.52)	(2,637,168.35)	(3,710,833.48)	(7,304,490.62)	(6,411,074.17)	(7,053,000.75)	(4,774,911.85)
Operating Expenses:								
Operation Expenses (401)								
<i>Gas Production Operating Expense:</i>								
<i>Natural Gas Production Oper Exp:</i>								
9753000	9753000 Nat Gas Prod/Gath Op - Field Lines Expenses	2,683.48	2,908.84	2,003.96	3,307.26	10,790.99	2,602.58	1,632.40
9754000	9754000 Nat Gas Prod/Gath Op - Field Compressor Sta Exps	8,621.92	8,947.08	5,428.73	22,012.48	8,406.06	6,393.64	11,210.43
	<i>Natural Gas Prod & Gath Operation Exp</i>	11,305.40	11,855.92	7,432.69	25,319.74	19,197.05	8,996.22	12,842.83
	<i>Total Natural Gas Production Oper Exp</i>	11,305.40	11,855.92	7,432.69	25,319.74	19,197.05	8,996.22	12,842.83
9803000	9803000 Oth Gas Supply Op - Nat Gas Transm Line Pur	225,406.99	266,176.17	487,341.22	962,034.40	2,452,882.04	2,204,148.86	3,216,726.40
9805100	9805100 Oth Gas Supply Op - Pur Gas Cost Adjustments	48,102.41	213,138.17	485,806.53	1,716,743.24	(476,090.28)	185,292.01	(1,895,550.83)
9813000	9813000 Oth Gas Supply Op - Other Gas Suppl	132.85	135.42	57.19	74.81	81.28	78.66	78.54
	<i>Other Gas Supply Operation Expenses</i>	273,642.25	479,449.76	973,204.94	2,678,852.45	1,976,873.04	2,389,519.53	1,321,254.11
	<i>Total Gas Production Operating Exp</i>	284,947.65	491,305.68	980,637.63	2,704,172.19	1,996,070.09	2,398,515.75	1,334,096.94
<i>Nat Gas Storage, Term & Proc Oper Exp:</i>								
9816000	9816000 UG Storage Op - Well Expenses	571.72	1,948.27	2,954.92	10,341.38	10,435.32	11,510.00	8,717.07
9818000	9818000 UG Storage Op - Compressor Station Expenses	8,094.27	6,882.97	5,647.13	20,385.05	(1,682.02)	2,024.01	7,077.65
9821000	9821000 UG Storage Op - Purification Expenses	-	-	13,244.70	32,867.42	9,295.36	-	5,000.00
9825000	9825000 UG Storage Op - Storage Well Royalties	-	143.33	12,000.00	1,071.00	807.50	60.00	13,642.84
	<i>Underground Storage Operation Expense</i>	8,665.99	8,974.57	33,846.75	64,664.85	18,856.16	13,594.01	34,437.56
	<i>Ttl Nat Gas Strg, Term & Proc Oper Exp</i>	8,665.99	8,974.57	33,846.75	64,664.85	18,856.16	13,594.01	34,437.56
9851000	9851000 Gas Transmission Op - Sys Control & Load Dispatch	9,778.12	10,308.02	9,374.43	10,299.05	9,373.52	9,025.91	7,509.15
9856000	9856000 Gas Transmission Op - Mains Expenses	298,263.08	320,720.13	266,631.98	254,481.80	226,767.41	227,990.20	186,472.90
9858000	9858000 Gas Transmission Op - Transm/Compres Gas by Others	3,682.68	5,235.84	12,780.45	27,046.60	53,599.58	50,627.85	47,735.70
	<i>Gas Transmission Operations Exp</i>	311,723.88	336,263.99	288,786.86	291,827.45	289,740.51	287,643.96	241,717.75
9870000	9870000 Gas Distribution Op - Supervision and Engineering	6,515.92	(3,207.18)	(591.31)	(4,527.02)	(7,531.67)	(2,988.94)	(3,798.43)
9872000	9872000 Gas Distribution Op - Compr Sta Labor & Expense	29,334.35	30,924.03	28,123.23	30,897.10	28,120.58	27,077.70	22,527.45
9874000	9874000 Gas Distribution Op - Mains and Services Exps	90,567.48	97,128.92	87,981.43	85,216.34	72,926.45	74,310.21	62,720.60
9878000	9878000 Gas Distribution Op - Meter/House Reg Exps	(76.44)	6,878.06	21,955.84	27,268.08	11,101.60	9,769.92	16,725.97
9879000	9879000 Gas Distribution Op - Customer Installations Exps	3,537.41	7,004.85	7,453.82	20,209.12	19,774.14	27,083.69	9,132.29
9880000	9880000 Gas Distribution Op - Other Expenses	41,880.24	36,980.22	26,423.52	35,143.53	31,363.68	31,132.47	31,009.23
	<i>Gas Distribution Operations Exp</i>	171,758.96	175,708.90	171,346.53	194,207.15	155,754.78	166,385.05	138,317.11
9902000	9902000 Customer Accounts - Meter Reading Expenses	42,071.29	46,257.65	26,830.09	28,537.12	36,446.25	30,318.65	39,298.80
9903000	9903000 Customer Accounts - Customer Records & Collections	67,544.06	71,079.03	75,215.93	75,246.56	40,371.24	68,878.42	106,575.31

9904000	9904000 Customer Accounts - Uncollectible Accounts	919.24	7,763.72	6,145.61	2,197.52	15,239.53	18,126.16	32,844.17
	<i>Customer Accounts Expense</i>	110,534.59	125,100.40	108,191.63	105,981.20	92,057.02	117,323.23	178,718.28
9912000	9912000 Sales Expense - Demonstrating & Selling	-	73.43	43.35	42.86	43.67	42.92	41.57
	<i>Sales Expense</i>	-	73.43	43.35	42.86	43.67	42.92	41.57
9920000	9920000 Admin & General - Salaries	177,037.76	206,214.93	188,635.20	208,893.74	186,122.96	181,373.63	(78,751.65)
9921000	9921000 Admin & General - Office Supplies & Expenses	51,590.73	86,339.52	90,583.77	94,380.79	62,198.35	96,802.13	505,509.99
9922000	9922000 Admin & General - Admin Exp Transferred - Credit	(216,351.55)	(240,561.53)	(194,251.12)	(323,190.91)	(6,085.47)	(12,257.15)	(23,875.87)
9923000	9923000 Admin & General - Outside Services Employed	39,253.66	93,598.27	65,181.91	352,176.90	98,745.25	94,997.68	114,719.60
9924000	9924000 Admin & General - Property Insurance	4,859.96	37,379.50	46,999.45	47,008.18	47,037.63	(26,953.27)	9,678.39
9925000	9925000 Admin & General - Injuries & Damages	72,869.57	(3,035.16)	91,974.16	90,582.25	88,411.90	158,476.67	116,308.01
9926000	9926000 Admin & General - Employee Benefits	195,174.47	120,548.06	85,905.18	209,836.97	200,783.21	236,622.80	248,567.20
9928000	9928000 Admin & General - Regulatory Commission Expenses	15,846.53	15,933.33	15,831.53	15,831.53	15,831.53	15,831.53	15,163.21
9930100	9930100 Admin & General - General Advertising Expenses	1,192.50	1,192.50	-	1,825.00	8,365.04	1,205.88	1,581.52
9930200	9930200 Admin & General - Miscellaneous Expenses	9,118.91	17,561.80	6,619.88	3,117.88	12,503.81	11,035.45	7,068.98
9931000	9931000 Admin & General - Rents	922.22	922.22	922.22	922.22	-	-	-
	<i>Administrative & General Operations Exp</i>	351,514.76	336,093.44	398,402.18	701,384.55	713,914.21	757,135.35	915,969.38
	Total Operation Expenses (401)	1,239,186.81	1,473,520.41	1,981,254.93	4,062,674.64	3,266,436.44	3,740,640.27	2,843,298.59
	Maintenance Expenses (402)							
	<i>Gas Production Maintenance Expenses</i>							
9764000	9764000 Nat Gas Prod/Gath Maint - Field Lines	-	-	-	-	-	-	-
9765000	9765000 Nat Gas Prod/Gath Maint - Fld Compres Sta Equip	3,517.05	1,984.07	2,167.05	1,799.95	5,266.01	768.79	3,307.92
	<i>Natural Gas Prod & Gath Maint Exp</i>	3,517.05	1,984.07	2,167.05	1,799.95	5,266.01	768.79	3,307.92
	<i>Total Nat Gas Production Maint Exp</i>	3,517.05	1,984.07	2,167.05	1,799.95	5,266.01	768.79	3,307.92
	<i>Total Gas Production Maintenance Exp</i>	3,517.05	1,984.07	2,167.05	1,799.95	5,266.01	768.79	3,307.92
	<i>Nat Gas Storage, Term & Proc Maint Exp</i>	-	-	-	-	-	-	-
9831000	9831000 UG Storage Maint - Structures/Improvements	-	777.36	1,171.00	-	-	-	437.54
9832000	9832000 UG Storage Maint - Reservoirs and Wells	-	-	-	-	-	-	-
9834000	9834000 UG Storage Maint - Compressor Station Equipment	1,331.96	198.83	692.26	1,339.13	1,016.09	330.23	317.07
9837000	9837000 UG Storage Maint - Other Equipment	-	-	116.59	-	183.15	-	-
	<i>Underground Storage Maintenance Exp</i>	1,331.96	976.19	1,979.85	1,339.13	1,199.24	330.23	754.61
	<i>Ttl Nat Gas Stor, Term & Proc Maint</i>	1,331.96	976.19	1,979.85	1,339.13	1,199.24	330.23	754.61
9863000	9863000 Gas Transmission Maint - Mains	(5,657.93)	(3,968.41)	(4,142.96)	(7,986.69)	(7,732.26)	(5,442.90)	(11,503.33)
	<i>Gas Transmission Maintenance Expense</i>	(5,657.93)	(3,968.41)	(4,142.96)	(7,986.69)	(7,732.26)	(5,442.90)	(11,503.33)
9885000	9885000 Gas Distribution Maint - Supervision & Engineering	12,002.12	(6,498.31)	(4,200.46)	25,149.82	3,312.25	11,591.51	14,011.56
9886000	9886000 Gas Distribution Maint - Structures/Improvements	2,369.93	2,534.91	2,594.53	2,424.76	3,528.59	4,004.56	4,244.03
9887000	9887000 Gas Distribution Maint - Mains	(11,825.55)	(10,795.46)	(5,996.17)	(1,409.61)	3,648.94	42,253.72	(34,739.17)
9892000	9892000 Gas Distribution Maint - Services	2,718.94	2,929.35	878.81	3,658.15	2,767.95	7,975.94	10,447.71
9893000	9893000 Gas Distribution Maint - Meters/House Regulators	13,572.89	11,609.46	22,857.64	31,707.02	4,329.72	4,542.78	8,497.95
9894000	9894000 Gas Distribution Maint - Other Equipment	18,825.30	12,338.97	17,223.82	6,973.34	10,537.95	8,501.08	50,148.55
	<i>Gas Distribution Maintenance Expense</i>	37,663.63	12,118.92	33,358.17	68,503.48	28,125.40	78,869.59	52,610.63
9932000	9932000 Admin & General Maint -Other General Plant -Gas	1,989.78	1,459.57	3,707.48	1,221.83	6,333.28	8,742.82	2,776.15
	<i>Administrative & General Maintenance Exp</i>	1,989.78	1,459.57	3,707.48	1,221.83	6,333.28	8,742.82	2,776.15
	Total Maintenance Expenses (402)	38,844.49	12,570.34	37,069.59	64,877.70	33,191.67	83,268.53	47,945.98
9403000	9403000 Depreciation Expense - Utility Plant	637,563.56	643,729.27	646,116.44	648,884.60	648,562.51	648,999.44	650,271.89
	<i>Depreciation Expense (403)</i>	637,563.56	643,729.27	646,116.44	648,884.60	648,562.51	648,999.44	650,271.89
9404000	9404000 Amortization Expense - Utility Plant	31,262.72	31,129.02	31,496.30	33,907.53	32,931.07	32,935.74	33,584.59
9404200	9404200 Amort & Depl of UG Storage Land & Land Rights	1,326.45	1,326.44	1,326.45	1,326.44	1,326.44	1,326.45	1,326.44
	<i>Amort & Depletion of Util Plnt (404-405)</i>	32,589.17	32,455.46	32,822.75	35,233.97	34,257.51	34,262.19	34,911.03
9408100	9408100 Taxes Other than Income Taxes - Utility Operating	295,809.69	294,455.26	287,253.84	294,922.85	125,147.40	312,128.50	294,720.86
	<i>Taxes Other than Income Taxes (408.1)</i>	295,809.69	294,455.26	287,253.84	294,922.85	125,147.40	312,128.50	294,720.86

9409100	9409100 Income Taxes - Utility Operating Income	(25,518.00)	(291,742.00)	(292,738.00)	2,068,158.00	-	-	770,282.00
	<i>Income Taxes (409.1)</i>	(25,518.00)	(291,742.00)	(292,738.00)	2,068,158.00	-	-	770,282.00
9410100	9410100 Provision for Deferred Income Taxes - Utility Op I	(89,165.00)	267,276.00	445,731.00	(1,611,542.00)	-	-	193,100.00
	<i>Prov for Deferred Income Taxes (410.1)</i>	(89,165.00)	267,276.00	445,731.00	(1,611,542.00)	-	-	193,100.00
	Total Operating Expenses	2,129,310.72	2,432,264.74	3,137,510.55	5,563,209.76	4,107,595.53	4,819,298.93	4,834,530.35
	NET UTILITY OPERATING INCOME	94,554.20	(204,903.61)	(573,322.93)	(1,741,280.86)	(2,303,478.64)	(2,233,701.82)	59,618.50
	OTHER INCOME & DEDUCTIONS							
	Other Income:							
9415000	9415000 Revenues from Merchandising, Jobbing & Contract Wor	(4,039.84)	(2,670.96)	(4,481.55)	(8,193.62)	(4,434.64)	(2,749.61)	(1,035.14)
	<i>Rev - Mrchndsg/Jobbng/Contrct Wrk (415)</i>	(4,039.84)	(2,670.96)	(4,481.55)	(8,193.62)	(4,434.64)	(2,749.61)	(1,035.14)
9416000	9416000 Costs & Expenses of Merchandising, Jobbing & Contr	110.04	127.80	340.18	3,637.98	585.93	230.84	114.69
	<i>Cst - Mrchndsg/Jobbng/Contrct Wrk (416)</i>	110.04	127.80	340.18	3,637.98	585.93	230.84	114.69
9419000	9419000 Interest & Dividend Income	(65,457.86)	-	-	(129,095.78)	-	-	(43,225.53)
	<i>Interest and Dividend Income (419)</i>	(65,457.86)	-	-	(129,095.78)	-	-	(43,225.53)
9421000	9421000 Miscellaneous Nonoperating Income	(13.32)	(703.93)	(647.97)	(1,085.00)	(456.00)	(1,840.80)	(169.02)
	<i>Miscellaneous Nonoperating Income (421)</i>	(13.32)	(703.93)	(647.97)	(1,085.00)	(456.00)	(1,840.80)	(169.02)
	Total Other Income	(69,400.98)	(3,247.09)	(4,789.34)	(134,736.42)	(4,304.71)	(4,359.57)	(44,315.00)
	Other Income Deductions:							
9426100	9426100 Other Income Deductions - Donations	1,200.00	30.00	325.00	50.00	52.55	45,300.00	75.00
	<i>Donations (426.1)</i>	1,200.00	30.00	325.00	50.00	52.55	45,300.00	75.00
9426300	9426300 Other Income Deductions - Penalties	-	4,023.84	8,000.00	12,000.00	-	4,000.00	-
	<i>Penalties (426.3)</i>	-	4,023.84	8,000.00	12,000.00	-	4,000.00	-
9426400	9426400 Other Income Deductions - Civic/Political Activity	1,002.85	489.10	(83.43)	-	-	413.21	413.21
	<i>Exp Certain Civic, Pol & Rel Activ(426.4)</i>	1,002.85	489.10	(83.43)	-	-	413.21	413.21
	Total Other Income Deductions	2,202.85	4,542.94	8,241.57	12,050.00	52.55	49,713.21	488.21
	NET OTHER INCOME & DEDUCTIONS	(67,198.13)	1,295.85	3,452.23	(122,686.42)	(4,252.16)	45,353.64	(43,826.79)
	INTEREST CHARGES							
9428000	9428000 Amortization of Debt Discount & Exp	16,966.66	16,933.34	16,933.34	16,933.32	16,433.34	16,433.34	16,433.32
	<i>Amort of Debt Discount & Expense (428)</i>	16,966.66	16,933.34	16,933.34	16,933.32	16,433.34	16,433.34	16,433.32
9430000	9430000 Interest on Debt to Associated Companies	169,862.13	170,189.17	170,346.54	169,815.85	174,516.46	171,300.35	167,684.45
	<i>Interest on Debt to Assoc. Companies (430)</i>	169,862.13	170,189.17	170,346.54	169,815.85	174,516.46	171,300.35	167,684.45
9431000	9431000 Other Interest Expense	1,066.75	1,095.83	1,133.03	1,203.92	0.57	-	(27.56)
	<i>Other Interest Expense (431)</i>	1,066.75	1,095.83	1,133.03	1,203.92	0.57	-	(27.56)
9432000	9432000 Allowance Borrowed Funds Used During Construction	(130.06)	(141.29)	(140.50)	(159.52)	(26.31)	(27.69)	(33.90)
	<i>Allow-Brrwed Fnds Usd Durng Const-Cr (432)</i>	(130.06)	(141.29)	(140.50)	(159.52)	(26.31)	(27.69)	(33.90)
	NET INTEREST CHARGES	187,765.48	188,077.05	188,272.41	187,793.57	190,924.06	187,706.00	184,056.31
	TOTAL INC. BEFORE EXTRAORDINARY INC.	215,121.55	(15,530.71)	(381,598.29)	(1,676,173.71)	(2,116,806.74)	(2,000,642.18)	199,848.02
	NET INCOME	215,121.55	(15,530.71)	(381,598.29)	(1,676,173.71)	(2,116,806.74)	(2,000,642.18)	199,848.02

Account Number	Account Description	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
UTILITY OPERATING INCOME								
Operating Revenues (400)								
9480000	9480000 Residential Sales	(998,524.02)	(1,325,312.86)	(1,883,335.80)	(3,701,896.90)	(3,100,107.14)	(3,514,588.33)	(2,475,109.78)
9481000	9481000 Commercial and Industrial Sales	(635,623.96)	(818,585.58)	(1,169,473.91)	(2,687,931.55)	(2,161,326.05)	(2,552,609.59)	(1,627,980.87)
	Sales of Gas (480-484)	(1,634,147.98)	(2,143,898.44)	(3,052,809.71)	(6,389,828.45)	(5,261,433.19)	(6,067,197.92)	(4,103,090.65)
9487000	9487000 Forfeited Discounts	-	-	-	-	(3.18)	-	(1,204.91)
9488000	9488000 Miscellaneous Service Revenues	(420.00)	(5,395.00)	(24,940.00)	(21,895.00)	-17410	(1,915.00)	(2,078.20)
9489300	9489300 Revs from Transp of Gas of Others thru Distri Fac.	(571,583.91)	(639,817.10)	(717,913.76)	(878,505.89)	(1,052,044.23)	(991,810.82)	(861,415.86)
9490000	9490000 Sales of Products Extracted from Natural Gas	-	-	-	-	-	-	-
9496000	9496000 Provision for Rate Refunds	211,391.68	212,084.05	215,785.14	220,492.28	223,121.57	223,747.32	340,298.03
	Other Operating Revenues (485-496)	(360,612.23)	(433,128.05)	(527,068.62)	(679,908.61)	(846,335.84)	(769,978.50)	(524,400.94)
	Total Operating Revenues (400)	(1,994,760.21)	(2,577,026.49)	(3,579,878.33)	(7,069,737.06)	(6,107,769.03)	(6,837,176.42)	(4,627,491.59)
Operating Expenses:								
Operation Expenses (401)								
<i>Gas Production Operating Expense:</i>								
<i>Natural Gas Production Oper Exp:</i>								
9753000	9753000 Nat Gas Prod/Gath Op - Field Lines Expenses	2,683.48	2,908.84	2,003.96	3,307.26	10,790.99	2,602.58	1,632.40
9754000	9754000 Nat Gas Prod/Gath Op - Field Compressor Sta Exps	8,621.92	8,947.08	5,428.73	22,012.48	8,406.06	6,393.64	11,210.43
	<i>Natural Gas Prod & Gath Operation Exp</i>	11,305.40	11,855.92	7,432.69	25,319.74	19,197.05	8,996.22	12,842.83
	<i>Total Natural Gas Production Oper Exp</i>	11,305.40	11,855.92	7,432.69	25,319.74	19,197.05	8,996.22	12,842.83
9803000	9803000 Oth Gas Supply Op - Nat Gas Transm Line Pur	218,714.91	259,144.84	458,650.17	905,372.25	2,341,006.25	2,083,154.17	3,101,062.94
9805100	9805100 Oth Gas Supply Op - Pur Gas Cost Adjustments	50,393.00	206,647.00	459,176.00	1,663,118.00	(490,969.00)	236,808.55	(1,809,048.86)
9813000	9813000 Oth Gas Supply Op - Other Gas Suppl	-	1.96	-	-	0.72	-	-
	<i>Other Gas Supply Operation Expenses</i>	269,107.91	465,793.80	917,826.17	2,568,490.25	1,850,037.97	2,319,962.72	1,292,014.08
	<i>Total Gas Production Operating Exp</i>	280,413.31	477,649.72	925,258.86	2,593,809.99	1,869,235.02	2,328,958.94	1,304,856.91
<i>Nat Gas Storage, Term & Proc Oper Exp:</i>								
9816000	9816000 UG Storage Op - Well Expenses	571.72	1,948.27	2,954.92	10,341.38	10,435.32	11,510.00	8,717.07
9818000	9818000 UG Storage Op - Compressor Station Expenses	8,094.27	6,882.97	5,647.13	20,385.05	(1,682.02)	2,024.01	7,077.65
9821000	9821000 UG Storage Op - Purification Expenses	-	-	13,244.70	32,867.42	9,295.36	-	5,000.00
9825000	9825000 UG Storage Op - Storage Well Royalties	-	143.33	12,000.00	1,071.00	807.50	60.00	13,642.84
	<i>Underground Storage Operation Expense</i>	8,665.99	8,974.57	33,846.75	64,664.85	18,856.16	13,594.01	34,437.56
	<i>Ttl Nat Gas Strg, Term & Proc Oper Exp</i>	8,665.99	8,974.57	33,846.75	64,664.85	18,856.16	13,594.01	34,437.56
9851000	9851000 Gas Transmission Op - Sys Control & Load Dispatch	9,778.12	10,308.02	9,374.43	10,299.05	9,373.52	9,025.91	7,509.15
9856000	9856000 Gas Transmission Op - Mains Expenses	298,263.08	320,720.13	266,631.98	254,481.80	226,767.41	227,990.20	186,472.90
9858000	9858000 Gas Transmission Op - Transm/Compres Gas by Others	-	-	-	-	-	-	-
	<i>Gas Transmission Operations Exp</i>	308,041.20	331,028.15	276,006.41	264,780.85	236,140.93	237,016.11	193,982.05
9870000	9870000 Gas Distribution Op - Supervision and Engineering	6,515.92	(3,207.18)	(591.31)	(4,527.02)	(7,531.67)	(2,988.94)	(3,798.43)
9872000	9872000 Gas Distribution Op - Compr Sta Labor & Expense	29,334.35	30,924.03	28,123.23	30,897.10	28,120.58	27,077.70	22,527.45
9874000	9874000 Gas Distribution Op - Mains and Services Exps	90,567.48	97,128.92	87,981.43	85,105.43	72,665.23	74,083.53	62,720.60
9878000	9878000 Gas Distribution Op - Meter/House Reg Exps	-	-	-	-	-	-	-
9879000	9879000 Gas Distribution Op - Customer Installations Exps	-	-	-	-	-	-	-
9880000	9880000 Gas Distribution Op - Other Expenses	36,720.86	34,191.70	25,899.90	34,342.88	30,765.47	30,577.97	30,399.03
	<i>Gas Distribution Operations Exp</i>	163,138.61	159,037.47	141,413.25	145,818.39	124,019.61	128,750.26	111,848.65
9902000	9902000 Customer Accounts - Meter Reading Expenses	-	-	-	-	-	-	-
9903000	9903000 Customer Accounts - Customer Records & Collections	61,318.58	63,731.67	61,653.90	67,943.88	32,639.29	61,397.26	98,413.71
9904000	9904000 Customer Accounts - Uncollectible Accounts	-	6,800.00	5,300.00	-	12,400.00	16,100.00	25,100.00
	<i>Customer Accounts Expense</i>	61,318.58	70,531.67	66,953.90	67,943.88	45,039.29	77,497.26	123,513.71

9912000	9912000 Sales Expense - Demonstrating & Selling	-	-	-	-	-	-	-
	<i>Sales Expense</i>	-	-	-	-	-	-	-
9920000	9920000 Admin & General - Salaries	172,327.00	199,170.28	183,227.08	194,431.54	179,656.47	175,453.63	(75,181.63)
9921000	9921000 Admin & General - Office Supplies & Expenses	44,594.66	79,321.73	84,296.19	88,019.41	56,572.99	91,497.94	499,667.94
9922000	9922000 Admin & General - Admin Exp Transferred - Credit	(214,787.91)	(237,379.39)	(192,913.06)	(321,744.66)	(4,952.13)	(11,426.24)	(23,600.86)
9923000	9923000 Admin & General - Outside Services Employed	32,906.07	86,685.67	58,388.73	351,788.18	90,739.70	86,812.19	105,771.93
9924000	9924000 Admin & General - Property Insurance	4,701.52	36,857.19	46,477.14	46,477.14	46,515.32	(26,678.26)	9,554.74
9925000	9925000 Admin & General - Injuries & Damages	72,767.85	(5,272.00)	82,759.86	85,540.82	86,200.45	155,420.49	113,493.40
9926000	9926000 Admin & General - Employee Benefits	178,097.83	103,286.07	68,845.36	191,825.70	182,890.37	218,424.50	227,905.22
9928000	9928000 Admin & General - Regulatory Commission Expenses	15,846.53	15,933.33	15,831.53	15,831.53	15,831.53	15,831.53	15,163.21
9930100	9930100 Admin & General - General Advertising Expenses	1,192.50	1,192.50	-	1,825.00	8,365.04	1,205.88	1,581.52
9930200	9930200 Admin & General - Miscellaneous Expenses	9,078.08	17,521.08	6,660.10	3,107.07	12,500.43	11,027.84	7,062.83
9931000	9931000 Admin & General - Rents	-	-	-	-	-	-	-
	<i>Administrative & General Operations Exp</i>	316,724.13	297,316.46	353,572.93	657,101.73	674,320.17	717,569.50	881,418.30
	Total Operation Expenses (401)	1,138,301.82	1,344,538.04	1,797,052.10	3,794,119.69	2,967,611.18	3,503,386.08	2,650,057.18
	Maintenance Expenses (402)							
	<i>Gas Production Maintenance Expenses</i>							
9764000	9764000 Nat Gas Prod/Gath Maint - Field Lines	-	-	-	-	-	-	-
9765000	9765000 Nat Gas Prod/Gath Maint - Fld Compres Sta Equip	3,517.05	1,984.07	2,167.05	1,799.95	5,266.01	768.79	3,307.92
	<i>Natural Gas Prod & Gath Maint Exp</i>	3,517.05	1,984.07	2,167.05	1,799.95	5,266.01	768.79	3,307.92
	<i>Total Nat Gas Production Maint Exp</i>	3,517.05	1,984.07	2,167.05	1,799.95	5,266.01	768.79	3,307.92
	<i>Total Gas Production Maintenance Exp</i>	3,517.05	1,984.07	2,167.05	1,799.95	5,266.01	768.79	3,307.92
	<i>Nat Gas Storage, Term & Proc Maint Exp</i>							
9831000	9831000 UG Storage Maint - Structures/Improvements	-	777.36	1,171.00	-	-	-	437.54
9832000	9832000 UG Storage Maint - Reservoirs and Wells	0.00	-	-	-	-	0.00	-
9834000	9834000 UG Storage Maint - Compressor Station Equipment	1,331.96	198.83	692.26	1,339.13	1,016.09	330.23	317.07
9837000	9837000 UG Storage Maint - Other Equipment	0.00	-	116.59	-	183.15	-	-
	<i>Underground Storage Maintenance Exp</i>	1,331.96	976.19	1,979.85	1,339.13	1,199.24	330.23	754.61
	<i>Ttl Nat Gas Stor, Term & Proc Maint</i>	1,331.96	976.19	1,979.85	1,339.13	1,199.24	330.23	754.61
9863000	9863000 Gas Transmission Maint - Mains	(5,657.93)	(3,968.41)	(4,142.96)	(7,986.69)	(7,732.26)	(5,442.90)	(11,503.33)
	<i>Gas Transmission Maintenance Expense</i>	(5,657.93)	(3,968.41)	(4,142.96)	(7,986.69)	(7,732.26)	(5,442.90)	(11,503.33)
9885000	9885000 Gas Distribution Maint - Supervision & Engineering	12,002.12	(6,498.31)	(4,200.46)	25,149.82	3,312.25	11,591.51	14,011.56
9886000	9886000 Gas Distribution Maint - Structures/Improvements	-	-	-	-	-	-	-
9887000	9887000 Gas Distribution Maint - Mains	(11,825.55)	(11,439.91)	(5,996.17)	(1,499.83)	3,648.94	42,253.72	(34,837.73)
9892000	9892000 Gas Distribution Maint - Services	1,079.38	1,945.83	(105.58)	525.72	751.81	118.61	2,258.84
9893000	9893000 Gas Distribution Maint - Meters/House Regulators	13,572.89	11,609.46	22,857.64	31,707.02	4,329.72	4,542.78	8,497.95
9894000	9894000 Gas Distribution Maint - Other Equipment	17,965.27	11,393.19	16,277.60	6,307.83	10,396.77	7,580.98	50,055.99
	<i>Gas Distribution Maintenance Expense</i>	32,794.11	7,010.26	28,833.03	62,190.56	22,439.49	66,087.60	39,986.61
9932000	9932000 Admin & General Maint -Other General Plant -Gas	1,982.25	1,450.19	3,697.64	1,213.54	6,324.78	8,725.15	2,766.47
	<i>Administrative & General Maintenance Exp</i>	1,982.25	1,450.19	3,697.64	1,213.54	6,324.78	8,725.15	2,766.47
	Total Maintenance Expenses (402)	33,967.44	7,452.30	32,534.61	58,556.49	27,497.26	70,468.87	35,312.28
9403000	9403000 Depreciation Expense - Utility Plant	629,607.96	635,747.50	638,111.12	640,868.38	640,542.84	640,788.97	642,058.82
	<i>Depreciation Expense (403)</i>	629,607.96	635,747.50	638,111.12	640,868.38	640,542.84	640,788.97	642,058.82
9404000	9404000 Amortization Expense - Utility Plant	28,722.81	28,589.17	28,872.51	30,767.51	29,866.73	29,867.06	30,515.99
9404200	9404200 Amort & Depl of UG Storage Land & Land Rights	1,326.45	1,326.44	1,326.45	1,326.44	1,326.44	1,326.45	1,326.44
	<i>Amort & Depletion of Util Plnt (404-405)</i>	30,049.26	29,915.61	30,198.96	32,093.95	31,193.17	31,193.51	31,842.43
9408100	9408100 Taxes Other than Income Taxes - Utility Operating	288,079.30	286,800.67	281,790.38	284,517.58	118,138.94	305,378.07	289,557.96
	<i>Taxes Other than Income Taxes (408.1)</i>	288,079.30	286,800.67	281,790.38	284,517.58	118,138.94	305,378.07	289,557.96
9409100	9409100 Income Taxes - Utility Operating Income	(3,790.00)	(270,259.00)	(258,890.00)	2,040,736.00	-	-	910,750.00
	<i>Income Taxes (409.1)</i>	(3,790.00)	(270,259.00)	(258,890.00)	2,040,736.00	-	-	910,750.00

9410100	9410100 Provision for Deferred Income Taxes - Utility Op I	(88,292.00)	271,096.00	432,004.00	(1,588,433.00)	-	-	136,695.00
	<i>Prov for Deferred Income Taxes (410.1)</i>	(88,292.00)	271,096.00	432,004.00	(1,588,433.00)	-	-	136,695.00
	Total Operating Expenses	2,027,923.78	2,305,291.12	2,952,801.17	5,262,459.09	3,784,983.39	4,551,215.50	4,696,273.67
	NET UTILITY OPERATING INCOME	33,163.57	(271,735.37)	(627,077.16)	(1,807,277.97)	(2,322,785.64)	(2,285,960.92)	68,782.08
	OTHER INCOME & DEDUCTIONS							
	Other Income:							
9415000	9415000 Revenues from Merchandising, Jobbing & Contract Wor	(989.79)	(2,178.46)	(1,811.43)	(7,347.86)	(1,807.22)	(524.05)	(1,035.14)
	<i>Rev - Mrchndng/Jobbng/Contrct Wrk (415)</i>	(989.79)	(2,178.46)	(1,811.43)	(7,347.86)	(1,807.22)	(524.05)	(1,035.14)
9416000	9416000 Costs & Expenses of Merchandising, Jobbing & Contr	110.04	127.80	340.18	3,637.98	585.93	230.84	114.69
	<i>Cst - Mrchndng/Jobbng/Contrct Wrk (416)</i>	110.04	127.80	340.18	3,637.98	585.93	230.84	114.69
9419000	9419000 Interest & Dividend Income	(65,457.86)	-	-	(129,095.78)	-	-	(43,225.53)
	<i>Interest and Dividend Income (419)</i>	(65,457.86)	-	-	(129,095.78)	-	-	(43,225.53)
9421000	9421000 Miscellaneous Nonoperating Income	(13.32)	(703.93)	(647.97)	(1,085.00)	(456.00)	(1,840.80)	(169.02)
	<i>Miscellaneous Nonoperating Income (421)</i>	(13.32)	(703.93)	(647.97)	(1,085.00)	(456.00)	(1,840.80)	(169.02)
	Total Other Income	(66,350.93)	(2,754.59)	(2,119.22)	(133,890.66)	(1,677.29)	(2,134.01)	(44,315.00)
	Other Income Deductions:							
9426100	9426100 Other Income Deductions - Donations	1,200.00	30.00	325.00	50.00	52.55	45,300.00	75.00
	<i>Donations (426.1)</i>	1,200.00	30.00	325.00	50.00	52.55	45,300.00	75.00
9426300	9426300 Other Income Deductions - Penalties	-	4,000.00	8,000.00	12,000.00	-	4,000.00	-
	<i>Penalties (426.3)</i>	-	4,000.00	8,000.00	12,000.00	-	4,000.00	-
9426400	9426400 Other Income Deductions - Civic/Political Activity	1,000.16	486.41	(80.74)	-	-	413.21	413.21
	<i>Exp Certain Civic, Pol & Rel Activ(426.4)</i>	1,000.16	486.41	(80.74)	-	-	413.21	413.21
	Total Other Income Deductions	2,200.16	4,516.41	8,244.26	12,050.00	52.55	49,713.21	488.21
	NET OTHER INCOME & DEDUCTIONS	(64,150.77)	1,761.82	6,125.04	(121,840.66)	(1,624.74)	47,579.20	(43,826.79)
	INTEREST CHARGES							
9428000	9428000 Amortization of Debt Discount & Exp	16,966.66	16,933.34	16,933.34	16,933.32	16,433.34	16,433.34	16,433.32
	<i>Amort of Debt Discount & Expense (428)</i>	16,966.66	16,933.34	16,933.34	16,933.32	16,433.34	16,433.34	16,433.32
9430000	9430000 Interest on Debt to Associated Companies	162,285.89	162,065.45	162,592.10	161,691.58	172,615.23	169,471.41	165,663.70
	<i>Interest on Debt to Assoc. Companies (430)</i>	162,285.89	162,065.45	162,592.10	161,691.58	172,615.23	169,471.41	165,663.70
9431000	9431000 Other Interest Expense	1,067.89	1,095.59	1,133.03	1,178.83	0.57	-	-
	<i>Other Interest Expense (431)</i>	1,067.89	1,095.59	1,133.03	1,178.83	0.57	-	-
9432000	9432000 Allowance Borrowed Funds Used During Construction							
	<i>Allow-Brrwed Fnds Usd Durng Const-Cr (432)</i>							
	NET INTEREST CHARGES	180,320.44	180,094.38	180,658.47	179,803.73	189,049.14	185,904.75	182,097.02
	TOTAL INC. BEFORE EXTRAORDINARY INC.	149,333.24	(89,879.17)	(440,293.65)	(1,749,314.90)	(2,135,361.24)	(2,052,476.97)	207,052.31
	NET INCOME	149,333.24	(89,879.17)	(440,293.65)	(1,749,314.90)	(2,135,361.24)	(2,052,476.97)	207,052.31

Account Number	Account Description	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
UTILITY OPERATING INCOME								
Operating Revenues (400)								
9480000	9480000 Residential Sales	(38,461.76)	(59,488.86)	(130,093.89)	(233,778.56)	(302,077.36)	(215,549.33)	(147,045.26)
9481000	9481000 Commercial and Industrial Sales	-	-	-	-	-	-	-
	Sales of Gas (480-484)	<u>(38,461.76)</u>	<u>(59,488.86)</u>	<u>(130,093.89)</u>	<u>(233,778.56)</u>	<u>(302,077.36)</u>	<u>(215,549.33)</u>	<u>(147,045.26)</u>
9487000	9487000 Forfeited Discounts	(14.77)	(20.00)					
9488000	9488000 Miscellaneous Service Revenues	(1,519.78)	(633.00)	(861.26)	(975.00)	(1,227.78)	(275.00)	(375.00)
9489300	9489300 Revs from Transp of Gas of Others thru Distri Fac.	-	-	-	-	-	-	-
9490000	9490000 Sales of Products Extracted from Natural Gas	-	-	-	-	-	-	-
9496000	9496000 Provision for Rate Refunds	-	-	-	-	-	-	-
	Other Operating Revenues (485-496)	<u>(1,534.55)</u>	<u>(653.00)</u>	<u>(861.26)</u>	<u>(975.00)</u>	<u>(1,227.78)</u>	<u>(275.00)</u>	<u>(375.00)</u>
	Total Operating Revenues (400)	<u>(39,996.31)</u>	<u>(60,141.86)</u>	<u>(130,955.15)</u>	<u>(234,753.56)</u>	<u>(303,305.14)</u>	<u>(215,824.33)</u>	<u>(147,420.26)</u>
Operating Expenses:								
Operation Expenses (401)								
<i>Gas Production Operating Expense:</i>								
<i>Natural Gas Production Oper Exp:</i>								
9753000	9753000 Nat Gas Prod/Gath Op - Field Lines Expenses	-	-	-	-	-	-	-
9754000	9754000 Nat Gas Prod/Gath Op - Field Compressor Sta Exps	-	-	-	-	-	-	-
	<i>Natural Gas Prod & Gath Operation Exp</i>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<i>Total Natural Gas Production Oper Exp</i>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
9803000	9803000 Oth Gas Supply Op - Nat Gas Transm Line Pur	6,692.08	7,031.33	28,691.05	56,662.15	111,875.79	120,994.69	115,663.46
9805100	9805100 Oth Gas Supply Op - Pur Gas Cost Adjustments	(2,290.59)	6,491.17	26,630.53	53,625.24	14,878.72	(51,516.54)	(86,501.97)
9813000	9813000 Oth Gas Supply Op - Other Gas Suppl	132.85	133.46	57.19	74.81	80.56	78.66	78.54
	<i>Other Gas Supply Operation Expenses</i>	<u>4,534.34</u>	<u>13,655.96</u>	<u>55,378.77</u>	<u>110,362.20</u>	<u>126,835.07</u>	<u>69,556.81</u>	<u>29,240.03</u>
	<i>Total Gas Production Operating Exp</i>	<u>4,534.34</u>	<u>13,655.96</u>	<u>55,378.77</u>	<u>110,362.20</u>	<u>126,835.07</u>	<u>69,556.81</u>	<u>29,240.03</u>
<i>Nat Gas Storage, Term & Proc Oper Exp:</i>								
9816000	9816000 UG Storage Op - Well Expenses	-	-	-	-	-	-	-
9818000	9818000 UG Storage Op - Compressor Station Expenses	-	-	-	-	-	-	-
9821000	9821000 UG Storage Op - Purification Expenses	-	-	-	-	-	-	-
9825000	9825000 UG Storage Op - Storage Well Royalties	-	-	-	-	-	-	-
	<i>Underground Storage Operation Expense</i>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<i>Ttl Nat Gas Strg, Term & Proc Oper Exp</i>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
9851000	9851000 Gas Transmission Op - Sys Control & Load Dispatch	-	-	-	-	-	-	-
9856000	9856000 Gas Transmission Op - Mains Expenses	-	-	-	-	-	-	-
9858000	9858000 Gas Transmission Op - Transm/Compres Gas by Others	3,682.68	5,235.84	12,780.45	27,046.60	53,599.58	50,627.85	47,735.70
	<i>Gas Transmission Operations Exp</i>	<u>3,682.68</u>	<u>5,235.84</u>	<u>12,780.45</u>	<u>27,046.60</u>	<u>53,599.58</u>	<u>50,627.85</u>	<u>47,735.70</u>
9870000	9870000 Gas Distribution Op - Supervision and Engineering	-	-	-	-	-	-	-
9872000	9872000 Gas Distribution Op - Compr Sta Labor & Expense	-	-	-	-	-	-	-
9874000	9874000 Gas Distribution Op - Mains and Services Exps	-	-	-	110.91	261.22	226.68	-
9878000	9878000 Gas Distribution Op - Meter/House Reg Exps	(76.44)	6,878.06	21,955.84	27,268.08	11,101.60	9,769.92	16,725.97
9879000	9879000 Gas Distribution Op - Customer Installations Exps	3,537.41	7,004.85	7,453.82	20,209.12	19,774.14	27,083.69	9,132.29
9880000	9880000 Gas Distribution Op - Other Expenses	5,159.38	2,788.52	523.62	800.65	598.21	554.50	610.20
	<i>Gas Distribution Operations Exp</i>	<u>8,620.35</u>	<u>16,671.43</u>	<u>29,933.28</u>	<u>48,388.76</u>	<u>31,735.17</u>	<u>37,634.79</u>	<u>26,468.46</u>
9902000	9902000 Customer Accounts - Meter Reading Expenses	42,071.29	46,257.65	26,830.09	28,537.12	36,446.25	30,318.65	39,298.80
9903000	9903000 Customer Accounts - Customer Records & Collections	6,225.48	7,347.36	13,562.03	7,302.68	7,731.95	7,481.16	8,161.60

9904000	9904000 Customer Accounts - Uncollectible Accounts	919.24	963.72	845.61	2,197.52	2,839.53	2,026.16	7,744.17
	<i>Customer Accounts Expense</i>	49,216.01	54,568.73	41,237.73	38,037.32	47,017.73	39,825.97	55,204.57
9912000	9912000 Sales Expense - Demonstrating & Selling	-	73.43	43.35	42.86	43.67	42.92	41.57
	<i>Sales Expense</i>	-	73.43	43.35	42.86	43.67	42.92	41.57
9920000	9920000 Admin & General - Salaries	4,710.76	7,044.65	5,408.12	14,462.20	6,466.49	5,920.00	(3,570.02)
9921000	9921000 Admin & General - Office Supplies & Expenses	6,996.07	7,017.79	6,287.58	6,361.38	5,625.36	5,304.19	5,842.05
9922000	9922000 Admin & General - Admin Exp Transferred - Credit	(1,563.64)	(3,182.14)	(1,338.06)	(1,446.25)	(1,133.34)	(830.91)	(275.01)
9923000	9923000 Admin & General - Outside Services Employed	6,347.59	6,912.60	6,793.18	388.72	8,005.55	8,185.49	8,947.67
9924000	9924000 Admin & General - Property Insurance	158.44	522.31	522.31	531.04	522.31	(275.01)	123.65
9925000	9925000 Admin & General - Injuries & Damages	101.72	2,236.84	9,214.30	5,041.43	2,211.45	3,056.18	2,814.61
9926000	9926000 Admin & General - Employee Benefits	17,076.64	17,261.99	17,059.82	18,011.27	17,892.84	18,198.30	20,661.98
9928000	9928000 Admin & General - Regulatory Commission Expenses	-	-	-	-	-	-	-
9930100	9930100 Admin & General - General Advertising Expenses	-	-	-	-	-	-	-
9930200	9930200 Admin & General - Miscellaneous Expenses	40.83	40.72	(40.22)	10.81	3.38	7.61	6.15
9931000	9931000 Admin & General - Rents	922.22	922.22	922.22	922.22	-	-	-
	<i>Administrative & General Operations Exp</i>	34,790.63	38,776.98	44,829.25	44,282.82	39,594.04	39,565.85	34,551.08
	Total Operation Expenses (401)	100,884.99	128,982.37	184,202.83	268,554.95	298,825.26	237,254.19	193,241.41
	Maintenance Expenses (402)							
	<i>Gas Production Maintenance Expenses</i>							
9764000	9764000 Nat Gas Prod/Gath Maint - Field Lines							
9765000	9765000 Nat Gas Prod/Gath Maint - Fld Compres Sta Equip							
	<i>Natural Gas Prod & Gath Maint Exp</i>							
	<i>Total Nat Gas Production Maint Exp</i>							
	<i>Total Gas Production Maintenance Exp</i>							
	<i>Nat Gas Storage, Term & Proc Maint Exp</i>							
9831000	9831000 UG Storage Maint - Structures/Improvements							
9832000	9832000 UG Storage Maint - Reservoirs and Wells							
9834000	9834000 UG Storage Maint - Compressor Station Equipment							
9837000	9837000 UG Storage Maint - Other Equipment							
	<i>Underground Storage Maintenance Exp</i>							
	<i>Ttl Nat Gas Stor, Term & Proc Maint</i>							
9863000	9863000 Gas Transmission Maint - Mains							
	<i>Gas Transmission Maintenance Expense</i>							
9885000	9885000 Gas Distribution Maint - Supervision & Engineering							
9886000	9886000 Gas Distribution Maint - Structures/Improvements	2,369.93	2,534.91	2,594.53	2,424.76	3,528.59	4,004.56	4,244.03
9887000	9887000 Gas Distribution Maint - Mains	-	644.45	-	90.22	-	-	98.56
9892000	9892000 Gas Distribution Maint - Services	1,639.56	983.52	984.39	3,132.43	2,016.14	7,857.33	8,188.87
9893000	9893000 Gas Distribution Maint - Meters/House Regulators	-	-	-	-	-	-	-
9894000	9894000 Gas Distribution Maint - Other Equipment	860.03	945.78	946.22	665.51	141.18	920.10	92.56
	<i>Gas Distribution Maintenance Expense</i>	4,869.52	5,108.66	4,525.14	6,312.92	5,685.91	12,781.99	12,624.02
9932000	9932000 Admin & General Maint -Other General Plant -Gas	7.53	9.38	9.84	8.29	8.50	17.67	9.68
	<i>Administrative & General Maintenance Exp</i>	7.53	9.38	9.84	8.29	8.50	17.67	9.68
	Total Maintenance Expenses (402)	4,877.05	5,118.04	4,534.98	6,321.21	5,694.41	12,799.66	12,633.70
9403000	9403000 Depreciation Expense - Utility Plant	7,955.60	7,981.77	8,005.32	8,016.22	8,019.67	8,210.47	8,213.07
	<i>Depreciation Expense (403)</i>	7,955.60	7,981.77	8,005.32	8,016.22	8,019.67	8,210.47	8,213.07
9404000	9404000 Amortization Expense - Utility Plant	2,539.91	2,539.85	2,623.79	3,140.02	3,064.34	3,068.68	3,068.60
9404200	9404200 Amort & Depl of UG Storage Land & Land Rights	-	-	-	-	-	-	-
	<i>Amort & Depletion of Util Plnt (404-405)</i>	2,539.91	2,539.85	2,623.79	3,140.02	3,064.34	3,068.68	3,068.60
9408100	9408100 Taxes Other than Income Taxes - Utility Operating	7,730.39	7,654.59	5,463.46	10,405.27	7,008.46	6,750.43	5,162.90
	<i>Taxes Other than Income Taxes (408.1)</i>	7,730.39	7,654.59	5,463.46	10,405.27	7,008.46	6,750.43	5,162.90

9409100	9409100 Income Taxes - Utility Operating Income	(21,728.00)	(21,483.00)	(33,848.00)	27,422.00	-	-	(140,468.00)
	<i>Income Taxes (409.1)</i>	(21,728.00)	(21,483.00)	(33,848.00)	27,422.00	-	-	(140,468.00)
9410100	9410100 Provision for Deferred Income Taxes - Utility Op I	(873.00)	(3,820.00)	13,727.00	(23,109.00)	-	-	56,405.00
	<i>Prov for Deferred Income Taxes (410.1)</i>	(873.00)	(3,820.00)	13,727.00	(23,109.00)	-	-	56,405.00
	Total Operating Expenses	101,386.94	126,973.62	184,709.38	300,750.67	322,612.14	268,083.43	138,256.68
	NET UTILITY OPERATING INCOME	61,390.63	66,831.76	53,754.23	65,997.11	19,307.00	52,259.10	(9,163.58)
	OTHER INCOME & DEDUCTIONS							
	Other Income:							
9415000	9415000 Revenues from Merchandising, Jobbing & Contract Wor	(3,050.05)	(492.50)	(2,670.12)	(845.76)	(2,627.42)	(2,225.56)	-
	<i>Rev - Mrchndng/Jobbng/Contrct Wrk (415)</i>	(3,050.05)	(492.50)	(2,670.12)	(845.76)	(2,627.42)	(2,225.56)	-
9416000	9416000 Costs & Expenses of Merchandising, Jobbing & Contr							-
	<i>Cst - Mrchndng/Jobbng/Contrct Wrk (416)</i>							-
9419000	9419000 Interest & Dividend Income							-
	<i>Interest and Dividend Income (419)</i>							-
9421000	9421000 Miscellaneous Nonoperating Income							-
	<i>Miscellaneous Nonoperating Income (421)</i>							-
	Total Other Income	(3,050.05)	(492.50)	(2,670.12)	(845.76)	(2,627.42)	(2,225.56)	-
	Other Income Deductions:							
9426100	9426100 Other Income Deductions - Donations						-	-
	<i>Donations (426.1)</i>						-	-
9426300	9426300 Other Income Deductions - Penalties	-	23.84	-	-	-	-	-
	<i>Penalties (426.3)</i>	-	23.84	-	-	-	-	-
9426400	9426400 Other Income Deductions - Civic/Political Activity	2.69	2.69	(2.69)	-	-	-	-
	<i>Exp Certain Civic, Pol & Rel Activ(426.4)</i>	2.69	2.69	(2.69)	-	-	-	-
	Total Other Income Deductions	2.69	26.53	(2.69)	-	-	-	-
	NET OTHER INCOME & DEDUCTIONS	(3,047.36)	(465.97)	(2,672.81)	(845.76)	(2,627.42)	(2,225.56)	-
	INTEREST CHARGES							
9428000	9428000 Amortization of Debt Discount & Exp	-	-	-	-	-	-	-
	<i>Amort of Debt Discount & Expense (428)</i>	-	-	-	-	-	-	-
9430000	9430000 Interest on Debt to Associated Companies	7,576.24	8,123.72	7,754.44	8,124.27	1,901.23	1,828.94	2,020.75
	<i>Interest on Debt to Assoc. Companies (430)</i>	7,576.24	8,123.72	7,754.44	8,124.27	1,901.23	1,828.94	2,020.75
9431000	9431000 Other Interest Expense	(1.14)	0.24	-	25.09	-	-	(27.56)
	<i>Other Interest Expense (431)</i>	(1.14)	0.24	-	25.09	-	-	(27.56)
9432000	9432000 Allowance Borrowed Funds Used During Construction	(130.06)	(141.29)	(140.50)	(159.52)	(26.31)	(27.69)	-33.9
	<i>Allow-Brrwed Fnds Usd Durng Const-Cr (432)</i>	(130.06)	(141.29)	(140.50)	(159.52)	(26.31)	(27.69)	(33.90)
	NET INTEREST CHARGES	7,445.04	7,982.67	7,613.94	7,989.84	1,874.92	1,801.25	1,959.29
	TOTAL INC. BEFORE EXTRAORDINARY INC.	65,788.31	74,348.46	58,695.36	73,141.19	18,554.50	51,834.79	(7,204.29)
	NET INCOME	65,788.31	74,348.46	58,695.36	73,141.19	18,554.50	51,834.79	(7,204.29)

DELTA NATURAL GAS COMPANY, INC.
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4. Provide the utility's cash account balances at the beginning of the most recent calendar year and at the end of each month through the date of this request.

Response:

Date	Peoples KY	Delta
January 1, 2020	\$ 14,653.95	\$ 305,022.15
January 31, 2020	15,205.69	183,871.78
February 29, 2020	16,662.78	303,535.09
March 31, 2020	13,291.89	396,830.83
April 30, 2020	14,853.71	379,883.32
May 31, 2020	11,602.54	163,548.96
June 30, 2020	11,554.43	343,708.61
July 31, 2020	11,228.97	135,919.17
August 31, 2020	10,746.19	160,549.20
September 30, 2020	9,744.37	210,204.39
October 31, 2020	11,874.64	139,619.04
November30, 2020	12,510.73	192,157.40
December 31, 2021	14,439.64	361,496.43
January 31, 2021	16,129.05	202,852.22
February 28, 2021	25,292.85	4,177,959.79
March 31, 2021	12,367.27	387,806.38

Sponsoring Witness:

Andrea Schroeder

DELTA NATURAL GAS COMPANY, INC.
CASE NO. 2021-00185

FIRST PSC DATA REQUEST
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5. Provide the following monthly account balances and a calculation of the average (13-month) account balances for the 12 months preceding the base period:
- a. Plant in service (Account No. 101);
 - b. Plant purchased sold (Account No. 102);
 - c. Property held for future use (Account No. 105);
 - d. Completed construction not classified (Account No. 106);
 - e. Construction work in progress (Account No. 107);
 - f. Depreciation reserve (Account No. 108);
 - g. Materials and supplies (include all accounts and subaccounts);
 - h. Computation and development of minimum cash requirements;
 - i. Balance in accounts payable applicable to amounts included in utility plant in service (If actual is indeterminable, provide a reasonable estimate.);
 - j. Balance in accounts payable applicable to amounts included in plant under construction (If actual is indeterminable, provide a reasonable estimate.); and
 - k. Balance in accounts payable applicable to prepayments by major category or subaccount.

Response:

See attached.

Sponsoring Witness:

Andrea Schroeder

Delta Natural Gas Company, Inc.
Case No. 2021-00185
Monthly Account Balances and Calculation of Average (13-month) Account Balances

Delta	Account	August-2019	September-2019	October-2019	November-2019	December-2019	January-2020	February-2020	March-2020	April-2020	May-2020	June-2020	July-2020	August-2020	Total	13 Mo Avg	
(a)	Plant in service	101	\$ 252,112,578.73	\$ 253,996,053.59	\$ 254,965,172.23	\$ 256,732,351.87	\$ 259,189,626.22	\$ 259,333,563.31	\$ 259,669,771.87	\$ 259,847,761.40	\$ 260,235,348.69	\$ 260,586,850.93	\$ 261,334,366.72	\$ 262,540,433.52	\$ 263,200,803.23	\$ 3,363,744,682.31	\$ 258,749,590.95
(b)	Plant purchased or sold	102	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(c)	Property held for future use	105	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(d)	Completed construction not classified	106	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(e)	Construction work in progress	107	\$ 4,242,728.09	\$ 3,439,330.75	\$ 4,078,110.88	\$ 3,653,124.64	\$ 2,599,787.29	\$ 2,729,419.45	\$ 3,141,342.34	\$ 3,682,773.56	\$ 4,699,586.30	\$ 5,265,573.10	\$ 5,638,113.80	\$ 5,560,459.73	\$ 5,903,738.38	\$ 54,634,088.31	\$ 4,202,622.18
(f)	Depreciation reserve	108	\$ (109,806,220.16)	\$ (110,156,529.25)	\$ (110,687,295.23)	\$ (111,140,720.61)	\$ (111,964,135.43)	\$ (112,386,794.41)	\$ (112,915,736.76)	\$ (113,467,496.24)	\$ (114,080,670.53)	\$ (114,508,844.19)	\$ (115,013,353.39)	\$ (115,538,253.04)	\$ (115,972,408.15)	\$ (1,467,638,457.39)	\$ (112,895,265.95)
(g)	Material and Supplies	154	\$ 594,386.85	\$ 581,091.92	\$ 595,992.27	\$ 542,875.91	\$ 480,359.34	\$ 484,997.57	\$ 520,261.60	\$ 549,092.13	\$ 553,335.39	\$ 571,955.72	\$ 671,519.54	\$ 633,020.21	\$ 617,482.99	\$ 7,396,371.44	\$ 568,951.65
(h)	Computation and development of minimum cash requirements ⁽¹⁾	-															
(i)	Balance in accounts payable applicable to amounts included in utility plant in service (If actual is indeterminable, provide a reasonable estimate.) ⁽²⁾																
(j)	Balance in accounts payable applicable to amounts included in plant under construction	-	\$ (332,451.92)	\$ (396,776.87)	\$ (369,614.32)	\$ (336,639.76)	\$ (16,673.59)	\$ (95,865.49)	\$ (391,559.35)	\$ (174,364.39)	\$ (276,541.63)	\$ (360,694.07)	\$ (460,198.87)	\$ (380,088.23)	\$ (406,597.51)	\$ (3,998,066.00)	\$ (307,543.54)
(k)	Balance in prepayments applicable to amounts included in plant under construction	-	\$ (1,419,429.50)	\$ -	\$ -	\$ (1,522,619.17)	\$ -	\$ -	\$ (546,850.98)	\$ -	\$ -	\$ (497,087.70)	\$ -	\$ -	\$ (3,985,987.35)	\$ (306,614.41)	

Peoples Kentucky	Account	August-2019	September-2019	October-2019	November-2019	December-2019	January-2020	February-2020	March-2020	April-2020	May-2020	June-2020	July-2020	August-2020	Total	13 Mo Avg	
(a)	Plant in service	101	\$ 2,449,218.36	\$ 2,468,662.17	\$ 2,516,356.24	\$ 2,565,652.03	\$ 2,507,569.66	\$ 2,518,913.22	\$ 2,556,667.24	\$ 2,573,233.99	\$ 2,586,535.99	\$ 2,606,724.95	\$ 2,613,008.81	\$ 2,614,220.03	\$ 2,635,656.18	\$ 33,212,418.87	\$ 2,554,801.45
(b)	Plant purchased or sold	102	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(c)	Property held for future use	105	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(d)	Completed construction not classified	106	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(e)	Construction work in progress	107	\$ 88,800.98	\$ 94,076.89	\$ 105,739.80	\$ 62,796.51	\$ 69,069.28	\$ 70,199.14	\$ 71,785.10	\$ 62,544.82	\$ 63,916.20	\$ 46,706.12	\$ 47,944.59	\$ 50,795.49	\$ 52,315.29	\$ 886,690.21	\$ 68,206.94
(f)	Depreciation reserve	108	\$ (656,762.66)	\$ (664,300.17)	\$ (671,909.96)	\$ (670,697.08)	\$ (613,016.23)	\$ (620,570.62)	\$ (628,209.14)	\$ (635,863.37)	\$ (643,560.22)	\$ (651,225.52)	\$ (658,796.12)	\$ (666,533.31)	\$ (674,273.71)	\$ (8,455,718.11)	\$ (650,439.85)
(g)	Material and Supplies	154	\$ 465.98	\$ 465.98	\$ 465.98	\$ 465.98	\$ 465.98	\$ 465.98	\$ 465.98	\$ 465.98	\$ 465.98	\$ 465.98	\$ 465.98	\$ 465.98	\$ 465.98	\$ 6,057.74	\$ 465.98
(h)	Computation and development of minimum cash requirements ⁽¹⁾	-															
(i)	Balance in accounts payable applicable to amounts included in utility plant in service (If actual is indeterminable, provide a reasonable estimate.) ⁽²⁾																
(j)	Balance in accounts payable applicable to amounts included in plant under construction	-	\$ (70.04)	\$ (2,438.76)	\$ (37,383.40)	\$ (32,615.57)	\$ (32,615.57)	\$ (1,535.00)	\$ (55,673.97)	\$ (231.06)	\$ (11,224.60)	\$ (231.06)	\$ -	\$ (1,535.00)	\$ (10,800.00)	\$ (186,354.03)	\$ (14,334.93)
(k)	Balance in prepayments applicable to amounts included in plant under construction	-	\$ (60,600.74)	\$ (79,884.77)	\$ (101,022.63)	\$ (104,008.95)	\$ (90,814.18)	\$ (587,253.85)	\$ (60,395.06)	\$ (53,420.37)	\$ (62,769.94)	\$ (61,835.77)	\$ (76,066.79)	\$ (88,202.93)	\$ (95,343.16)	\$ (1,521,619.14)	\$ (117,047.63)

Note (1): (h) The Company is not required to compute minimum cash requirements, therefore, this information is not available.
 Note (2): (i) The Company records are not maintained in a manner to determine the amount applicable to accounts payable or to reasonably estimate the balances in accounts payable for the account requested.

DELTA NATURAL GAS COMPANY, INC.
CASE NO. 2021-00185

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DATED MAY 13, 2021

6. Provide a detailed analysis of expenses for professional services during the 12 months preceding the base period, as shown in Schedule B, and all workpapers supporting the analysis. At a minimum, the workpapers should show the payee, dollar amount, reference (i.e., voucher no., etc.), account charged, hourly rates and time charged to the company according to each invoice, and a description of the services provided.

Response:

See attached. The supporting workpapers do not include the hourly rates and time charged to Delta. This information is not captured in the accounting system and to provide this information for each transaction listed in the supporting workpapers would require retrieving and examining hundreds of invoices, with no guarantee that the hourly rates and time charged would be recorded on the invoice. Delta requests that it be relieved from providing the hourly rates and time charged for all the listed transactions shown in the supporting workpapers.

Sponsoring Witness:

Andrea Schroeder

1300 Peoples KY
 009/2019 - 008/2020
 9923000 Adm & Gen-Outsd Svcs

Sum of Amount	Column Labels		
Row Labels	Annual Audit	Other	Grand Total
1. Legal		\$2,535.80	\$2,535.80
2. Accounting	\$6,375.19	\$6,837.16	\$13,212.35
3. Other	\$27.21	\$75,242.25	\$75,269.46
Grand Total	\$6,402.40	\$84,615.20	\$91,017.60

Sum of Amount Type	Vendor Name	Document #	Description	Period	Type 2		Grand Total
					Annual Audit	Other	
1. Legal	K & L GATES LLP	1900004318	Legal Services	FEB 2020		\$5.66	\$5.66
1. Legal	K & L GATES LLP	1900004837	Legal Services	MAR 2020		\$41.83	\$41.83
1. Legal	K & L GATES LLP	1900006988	Legal Services	APR 2020		\$7.14	\$7.14
1. Legal	K & L GATES LLP	1900008905	Legal Services	MAY 2020		\$3.17	\$3.17
1. Legal	Stoll Keenon	100003373	Legal Services	JUN 2020		\$1,024.00	\$1,024.00
1. Legal	Stoll Keenon	100003531	Legal Services	JUN 2020		\$1,326.00	\$1,326.00
1. Legal	Stoll Keenon	100003532	Legal Services	JUN 2020		\$128.00	\$128.00
1. Legal Total						\$2,535.80	\$2,535.80
2. Accounting	ADP	100000475	Actg/Auditing Svcs	JAN 2020		\$276.80	\$276.80
2. Accounting	ADP	100000979	Actg/Auditing Svcs	FEB 2020		\$286.80	\$286.80
2. Accounting	ADP	100001232	Actg/Auditing Svcs	FEB 2020		\$112.50	\$112.50
2. Accounting	ADP	100001643	Actg/Auditing Svcs	MAR 2020		\$397.85	\$397.85
2. Accounting	ADP	100002457	Actg/Auditing Svcs	APR 2020		\$276.80	\$276.80
2. Accounting	ADP	100002885	Actg/Auditing Svcs	MAY 2020		\$276.80	\$276.80
2. Accounting	ADP	100003551	Actg/Auditing Svcs	JUN 2020		\$276.80	\$276.80
2. Accounting	ADP	100004239	Actg/Auditing Svcs	JUL 2020		\$276.80	\$276.80
2. Accounting	ADP	100004784	Actg/Auditing Svcs	AUG 2020		\$286.80	\$286.80
2. Accounting	ADP	100005295	Actg/Auditing Svcs	SEP 2019		\$388.35	\$388.35
2. Accounting	ADP	100005924	Actg/Auditing Svcs	OCT 2019		\$276.80	\$276.80
2. Accounting	ADP	100006478	Actg/Auditing Svcs	NOV 2019		\$276.80	\$276.80
2. Accounting	ADP	100007175	Actg/Auditing Svcs	DEC 2019		\$276.80	\$276.80
2. Accounting	PwC	2200000067	Actg/Auditing Svcs	AUG 2020	\$3,279.70		\$3,279.70
2. Accounting	PwC	2200000017	Actg/Auditing Svcs	MAR 2020	\$152.71		\$152.71
2. Accounting	PwC	2200000037	Actg/Auditing Svcs	SEP 2019	\$189.18		\$189.18
2. Accounting	PwC	2200000042	Actg/Auditing Svcs	MAY 2020	\$1,339.00		\$1,339.00
2. Accounting	PwC	2200000064	Actg/Auditing Svcs	JUL 2020	\$1,563.00		\$1,563.00
2. Accounting	PwC	2200000066	Actg/Auditing Svcs	AUG 2020	\$468.53		\$468.53
2. Accounting	PwC	4400000023	Actg/Auditing Svcs	APR 2020	(\$152.71)		(\$152.71)
2. Accounting	PwC	4400000038	Actg/Auditing Svcs	OCT 2019	(\$189.18)		(\$189.18)
2. Accounting	PwC	4400000059	Actg/Auditing Svcs	JUL 2020	(\$1,339.00)		(\$1,339.00)
2. Accounting	PwC	4400000067	Actg/Auditing Svcs	AUG 2020	(\$1,563.00)		(\$1,563.00)
2. Accounting	SCHNEIDER DOWNS & CO INC	1900002615	Actg/Auditing Svcs	NOV 2019		\$569.19	\$569.19
2. Accounting	SCHNEIDER DOWNS & CO INC	1900002329	Actg/Auditing Svcs	SEP 2019		\$569.43	\$569.43
2. Accounting	SCHNEIDER DOWNS & CO INC	1900002348	Actg/Auditing Svcs	OCT 2019		\$189.18	\$189.18
2. Accounting	SCHNEIDER DOWNS & CO INC	1900002351	Actg/Auditing Svcs	OCT 2019		\$569.31	\$569.31
2. Accounting	SCHNEIDER DOWNS & CO INC	1900002598	Actg/Auditing Svcs	NOV 2019		\$86.83	\$86.83
2. Accounting	SCHNEIDER DOWNS & CO INC	1900002616	Actg/Auditing Svcs	NOV 2019		\$217.94	\$217.94
2. Accounting	SCHNEIDER DOWNS & CO INC	1900003101	Actg/Auditing Svcs	DEC 2019		\$948.58	\$948.58
2. Accounting	Deloitte	1900000456	Actg/Auditing Svcs	FEB 2020	\$1,534.76		\$1,534.76
2. Accounting	Deloitte	1900000708	Actg/Auditing Svcs	MAR 2020	\$893.16		\$893.16
2. Accounting	Deloitte	1900000740	Actg/Auditing Svcs	APR 2020	\$160.86		\$160.86
2. Accounting	Deloitte	1900001438	Actg/Auditing Svcs	JUN 2020	\$38.18		\$38.18
2. Accounting	Various vendors < \$1,000					\$0.00	\$0.00
2. Accounting Total					\$6,375.19	\$6,837.16	\$13,212.35
3. Other	ARCOS LLC	5000026509	Contractor Services	OCT 2019		\$30.50	\$30.50
3. Other	AVERTRA CORP	1900000569	IT/Telecom Contr Svc	JAN 2020		\$49.43	\$49.43
3. Other	AVERTRA CORP	1900018146	IT/Telecom Contr Svc	SEP 2019		\$12.35	\$12.35
3. Other	AVERTRA CORP	5000022983	IT/Telecom Contr Svc	SEP 2019		\$183.00	\$183.00
3. Other	AVERTRA CORP	5000024804	IT/Telecom Contr Svc	SEP 2019		\$183.00	\$183.00

3. Other	AVERTRA CORP	5000024805	IT/Telecom Contr Svc	SEP 2019	(\$183.00)	(\$183.00)
3. Other	AVERTRA CORP	5000024806	IT/Telecom Contr Svc	SEP 2019	\$183.00	\$183.00
3. Other	AVERTRA CORP	5000030029	IT/Telecom Contr Svc	NOV 2019	\$183.00	\$183.00
3. Other	AVERTRA CORP	5000030031	IT/Telecom Contr Svc	NOV 2019	\$183.00	\$183.00
3. Other	AVERTRA CORP	5000034124	IT/Telecom Contr Svc	DEC 2019	\$183.00	\$183.00
3. Other	DATATRANS SOLUTIONS INC	5000000746	IT/Telecom Contr Svc	JAN 2020	\$58.38	\$58.38
3. Other	DATATRANS SOLUTIONS INC	5000003108	IT/Telecom Contr Svc	FEB 2020	\$73.56	\$73.56
3. Other	DATATRANS SOLUTIONS INC	5000005601	IT/Telecom Contr Svc	MAR 2020	\$62.74	\$62.74
3. Other	DATATRANS SOLUTIONS INC	5000007621	IT/Telecom Contr Svc	APR 2020	\$62.88	\$62.88
3. Other	DATATRANS SOLUTIONS INC	5000009961	IT/Telecom Contr Svc	MAY 2020	\$52.50	\$52.50
3. Other	DATATRANS SOLUTIONS INC	5000014870	IT/Telecom Contr Svc	JUN 2020	\$73.87	\$73.87
3. Other	DATATRANS SOLUTIONS INC	5000016978	IT/Telecom Contr Svc	JUL 2020	\$58.59	\$58.59
3. Other	DATATRANS SOLUTIONS INC	5000019991	IT/Telecom Contr Svc	AUG 2020	\$73.93	\$73.93
3. Other	DATATRANS SOLUTIONS INC	5000023162	IT/Telecom Contr Svc	SEP 2019	\$73.08	\$73.08
3. Other	DATATRANS SOLUTIONS INC	5000026097	IT/Telecom Contr Svc	OCT 2019	\$66.93	\$66.93
3. Other	DATATRANS SOLUTIONS INC	5000030121	IT/Telecom Contr Svc	NOV 2019	\$64.73	\$64.73
3. Other	DATATRANS SOLUTIONS INC	5000032833	IT/Telecom Contr Svc	DEC 2019	\$74.00	\$74.00
3. Other	ENSYTE ENERGY SOFTWARE	1900006932	IT/Telecom Contr Svc	APR 2020	\$19.37	\$19.37
3. Other	ESKER INC	5000000877	IT/Telecom Contr Svc	JAN 2020	\$2.44	\$2.44
3. Other	ESKER INC	5000002991	IT/Telecom Contr Svc	FEB 2020	\$2.44	\$2.44
3. Other	ESKER INC	5000005607	IT/Telecom Contr Svc	MAR 2020	\$2.44	\$2.44
3. Other	ESKER INC	5000026393	IT/Telecom Contr Svc	OCT 2019	\$2.44	\$2.44
3. Other	ESKER INC	5000030328	IT/Telecom Contr Svc	NOV 2019	\$2.44	\$2.44
3. Other	ESKER INC	5000032831	IT/Telecom Contr Svc	DEC 2019	\$2.44	\$2.44
3. Other	ESKER INC	5000008212	IT/Telecom Contr Svc	APR 2020	\$2.44	\$2.44
3. Other	ESKER INC	5000010442	IT/Telecom Contr Svc	MAY 2020	\$2.44	\$2.44
3. Other	ESKER INC	5000014041	IT/Telecom Contr Svc	JUN 2020	\$2.44	\$2.44
3. Other	ESKER INC	5000016723	IT/Telecom Contr Svc	JUL 2020	\$2.44	\$2.44
3. Other	ESKER INC	5000019998	IT/Telecom Contr Svc	AUG 2020	\$2.44	\$2.44
3. Other	ESKER INC	5000024117	IT/Telecom Contr Svc	SEP 2019	\$2.44	\$2.44
3. Other	Essential Utilities Inc.	100002602	Svcs-Ess Sun-2200	APR 2020	\$545.46	\$545.46
3. Other	Essential Utilities Inc.	100002602	Svcs-Ess Svs-2200	APR 2020	\$4,586.67	\$4,586.67
3. Other	Essential Utilities Inc.	100003123	Svcs-Ess Sun-2200	MAY 2020	\$502.72	\$502.72
3. Other	Essential Utilities Inc.	100003123	Svcs-Ess Svs-2200	MAY 2020	\$4,601.73	\$4,601.73
3. Other	Essential Utilities Inc.	100003745	Svcs-Ess Sun-2200	JUN 2020	\$486.42	\$486.42
3. Other	Essential Utilities Inc.	100003745	Svcs-Ess Svs-2200	JUN 2020	\$4,328.24	\$4,328.24
3. Other	Essential Utilities Inc.	100004367	Svcs-Ess Sun-2200	JUL 2020	\$1,173.25	\$1,173.25
3. Other	Essential Utilities Inc.	100004367	Svcs-Ess Svs-2200	JUL 2020	\$3,680.41	\$3,680.41
3. Other	Essential Utilities Inc.	100004885	Svcs-Ess Sun-2200	AUG 2020	\$338.79	\$338.79
3. Other	Essential Utilities Inc.	100004885	Svcs-Ess Svs-2200	AUG 2020	\$6,193.38	\$6,193.38
3. Other	GROUPEX LIMITED	5000003571	IT/Telecom Contr Svc	FEB 2020	\$0.85	\$0.85
3. Other	GROUPEX LIMITED	5000010557	IT/Telecom Contr Svc	MAY 2020	\$0.56	\$0.56
3. Other	GROUPEX LIMITED	5000028672	IT/Telecom Contr Svc	OCT 2019	\$0.56	\$0.56
3. Other	GXS INC	1500187231	IT/Telecom Contr Svc	NOV 2019	(\$62.53)	(\$62.53)
3. Other	GXS INC	1900018349	IT/Telecom Contr Svc	SEP 2019	\$62.53	\$62.53
3. Other	GXS INC	1900020616	IT/Telecom Contr Svc	OCT 2019	\$62.53	\$62.53
3. Other	GXS INC	1900022930	IT/Telecom Contr Svc	NOV 2019	\$62.53	\$62.53
3. Other	HYLAND LLC	5000026280	IT/Telecom Contr Svc	OCT 2019	\$1.14	\$1.14
3. Other	IDI CONSULTING LLC	1900000360	IT/Telecom Contr Svc	JAN 2020	\$2,225.77	\$2,225.77
3. Other	IDI CONSULTING LLC	1900002573	IT/Telecom Contr Svc	FEB 2020	\$2,035.28	\$2,035.28
3. Other	IDI CONSULTING LLC	1900004850	IT/Telecom Contr Svc	MAR 2020	\$1,911.59	\$1,911.59
3. Other	IDI CONSULTING LLC	1900006686	IT/Telecom Contr Svc	APR 2020	\$2,161.41	\$2,161.41
3. Other	IDI CONSULTING LLC	1900008672	IT/Telecom Contr Svc	MAY 2020	\$1,538.06	\$1,538.06

3. Other	IDI CONSULTING LLC	1900010684	IT/Telecom Contr Svc	JUN 2020	\$1,706.84	\$1,706.84
3. Other	IDI CONSULTING LLC	1900013174	IT/Telecom Contr Svc	JUL 2020	\$2,019.05	\$2,019.05
3. Other	IDI CONSULTING LLC	1900016360	IT/Telecom Contr Svc	AUG 2020	\$1,347.61	\$1,347.61
3. Other	IDI CONSULTING LLC	1900017973	IT/Telecom Contr Svc	SEP 2019	\$2,088.51	\$2,088.51
3. Other	IDI CONSULTING LLC	1900020221	IT/Telecom Contr Svc	OCT 2019	\$3,138.65	\$3,138.65
3. Other	IDI CONSULTING LLC	1900022655	IT/Telecom Contr Svc	NOV 2019	\$2,611.41	\$2,611.41
3. Other	IDI CONSULTING LLC	1900024894	IT/Telecom Contr Svc	DEC 2019	\$2,063.26	\$2,063.26
3. Other	INTERNATIONAL BUSINESS MACHINES	1900000519	IT/Telecom Contr Svc	JAN 2020	\$347.40	\$347.40
3. Other	INTERNATIONAL BUSINESS MACHINES	1900006277	IT/Telecom Contr Svc	MAR 2020	\$320.25	\$320.25
3. Other	INTERNATIONAL BUSINESS MACHINES	1900006278	IT/Telecom Contr Svc	MAR 2020	\$287.21	\$287.21
3. Other	INTERNATIONAL BUSINESS MACHINES	1900007156	IT/Telecom Contr Svc	APR 2020	\$366.18	\$366.18
3. Other	INTERNATIONAL BUSINESS MACHINES	1900010548	IT/Telecom Contr Svc	MAY 2020	\$597.80	\$597.80
3. Other	INTERNATIONAL BUSINESS MACHINES	1900012901	IT/Telecom Contr Svc	JUL 2020	\$253.32	\$253.32
3. Other	INTERNATIONAL BUSINESS MACHINES	1900014566	IT/Telecom Contr Svc	JUL 2020	\$378.75	\$378.75
3. Other	INTERNATIONAL BUSINESS MACHINES	1900019677	IT/Telecom Contr Svc	SEP 2019	\$281.96	\$281.96
3. Other	INTERNATIONAL BUSINESS MACHINES	1900022830	IT/Telecom Contr Svc	NOV 2019	\$237.21	\$237.21
3. Other	INTERNATIONAL BUSINESS MACHINES	1900022832	IT/Telecom Contr Svc	NOV 2019	\$324.52	\$324.52
3. Other	INTERNATIONAL BUSINESS MACHINES	1900024480	IT/Telecom Contr Svc	NOV 2019	\$279.52	\$279.52
3. Other	INTERNATIONAL BUSINESS MACHINES	1900026757	IT/Telecom Contr Svc	DEC 2019	\$389.42	\$389.42
3. Other	ITERES GROUP LP	1900000518	IT/Telecom Contr Svc	JAN 2020	\$100.65	\$100.65
3. Other	ITERES GROUP LP	1900002552	IT/Telecom Contr Svc	FEB 2020	\$87.84	\$87.84
3. Other	ITERES GROUP LP	1900004482	IT/Telecom Contr Svc	MAR 2020	\$55.82	\$55.82
3. Other	ITERES GROUP LP	1900004753	IT/Telecom Contr Svc	MAR 2020	\$93.33	\$93.33
3. Other	ITERES GROUP LP	1900004754	IT/Telecom Contr Svc	MAR 2020	\$79.91	\$79.91
3. Other	ITERES GROUP LP	1900006056	IT/Telecom Contr Svc	MAR 2020	\$65.88	\$65.88
3. Other	ITERES GROUP LP	1900008415	IT/Telecom Contr Svc	APR 2020	\$77.47	\$77.47
3. Other	ITERES GROUP LP	1900008435	IT/Telecom Contr Svc	APR 2020	\$88.45	\$88.45
3. Other	ITERES GROUP LP	1900008671	IT/Telecom Contr Svc	MAY 2020	\$48.19	\$48.19
3. Other	ITERES GROUP LP	1900010546	IT/Telecom Contr Svc	MAY 2020	\$42.09	\$42.09
3. Other	ITERES GROUP LP	1900010784	IT/Telecom Contr Svc	JUN 2020	\$48.50	\$48.50
3. Other	ITERES GROUP LP	1900013133	IT/Telecom Contr Svc	JUL 2020	\$48.80	\$48.80
3. Other	ITERES GROUP LP	1900014371	IT/Telecom Contr Svc	JUL 2020	\$47.58	\$47.58
3. Other	ITERES GROUP LP	1900014563	IT/Telecom Contr Svc	JUL 2020	\$43.92	\$43.92
3. Other	ITERES GROUP LP	1900015119	IT/Telecom Contr Svc	AUG 2020	\$49.41	\$49.41
3. Other	ITERES GROUP LP	1900016710	IT/Telecom Contr Svc	AUG 2020	\$57.95	\$57.95
3. Other	ITERES GROUP LP	1900018128	IT/Telecom Contr Svc	SEP 2019	\$98.82	\$98.82
3. Other	ITERES GROUP LP	1900020008	IT/Telecom Contr Svc	SEP 2019	\$91.50	\$91.50
3. Other	ITERES GROUP LP	1900020617	IT/Telecom Contr Svc	OCT 2019	\$107.97	\$107.97
3. Other	ITERES GROUP LP	1900022831	IT/Telecom Contr Svc	NOV 2019	\$106.14	\$106.14
3. Other	ITERES GROUP LP	1900024478	IT/Telecom Contr Svc	NOV 2019	\$74.42	\$74.42
3. Other	ITERES GROUP LP	1900024479	IT/Telecom Contr Svc	NOV 2019	\$61.00	\$61.00
3. Other	ITERES GROUP LP	1900024890	IT/Telecom Contr Svc	DEC 2019	\$47.78	\$47.78
3. Other	ITERES GROUP LP	1900025149	IT/Telecom Contr Svc	DEC 2019	\$84.18	\$84.18
3. Other	ITERES GROUP LP	1900026756	IT/Telecom Contr Svc	DEC 2019	\$73.20	\$73.20
3. Other	ITERES GROUP LP	1900026868	IT/Telecom Contr Svc	DEC 2019	\$33.33	\$33.33
3. Other	MARVEL TECHNOLOGIES INC	1900002775	IT/Telecom Contr Svc	FEB 2020	\$128.10	\$128.10
3. Other	MARVEL TECHNOLOGIES INC	1900004966	IT/Telecom Contr Svc	MAR 2020	\$122.00	\$122.00
3. Other	MARVEL TECHNOLOGIES INC	1900006621	IT/Telecom Contr Svc	APR 2020	\$134.20	\$134.20
3. Other	MARVEL TECHNOLOGIES INC	1900008670	IT/Telecom Contr Svc	MAY 2020	\$128.10	\$128.10
3. Other	MARVEL TECHNOLOGIES INC	1900010782	IT/Telecom Contr Svc	JUN 2020	\$122.00	\$122.00
3. Other	MARVEL TECHNOLOGIES INC	1900012900	IT/Telecom Contr Svc	JUL 2020	\$103.70	\$103.70
3. Other	MARVEL TECHNOLOGIES INC	1900014802	IT/Telecom Contr Svc	AUG 2020	\$134.20	\$134.20
3. Other	MARVEL TECHNOLOGIES INC	1900018130	IT/Telecom Contr Svc	SEP 2019	\$36.60	\$36.60

3. Other	MARVEL TECHNOLOGIES INC	1900020096	IT/Telecom Contr Svc	OCT 2019	\$122.00	\$122.00
3. Other	MARVEL TECHNOLOGIES INC	1900022701	IT/Telecom Contr Svc	NOV 2019	\$140.30	\$140.30
3. Other	MARVEL TECHNOLOGIES INC	1900024830	IT/Telecom Contr Svc	DEC 2019	\$109.80	\$109.80
3. Other	MARVEL TECHNOLOGIES INC	1900025352	IT/Telecom Contr Svc	DEC 2019	\$115.90	\$115.90
3. Other	MARVEL TECHNOLOGIES INC	5000005783	IT/Telecom Contr Svc	MAR 2020	\$21.35	\$21.35
3. Other	MARVEL TECHNOLOGIES INC	5000005785	IT/Telecom Contr Svc	MAR 2020	\$21.35	\$21.35
3. Other	MARVEL TECHNOLOGIES INC	5000015964	IT/Telecom Contr Svc	JUL 2020	\$21.35	\$21.35
3. Other	MARVEL TECHNOLOGIES INC	5000015965	IT/Telecom Contr Svc	JUL 2020	\$21.35	\$21.35
3. Other	MARVEL TECHNOLOGIES INC	5000015966	IT/Telecom Contr Svc	JUL 2020	\$21.35	\$21.35
3. Other	MARVEL TECHNOLOGIES INC	5000015967	IT/Telecom Contr Svc	JUL 2020	\$21.35	\$21.35
3. Other	MARVEL TECHNOLOGIES INC	5000017573	IT/Telecom Contr Svc	JUL 2020	\$21.35	\$21.35
3. Other	MARVEL TECHNOLOGIES INC	5000023462	IT/Telecom Contr Svc	SEP 2019	\$21.35	\$21.35
3. Other	MARVEL TECHNOLOGIES INC	5000025984	IT/Telecom Contr Svc	OCT 2019	\$21.35	\$21.35
3. Other	MARVEL TECHNOLOGIES INC	5000030028	IT/Telecom Contr Svc	NOV 2019	\$21.35	\$21.35
3. Other	MARVEL TECHNOLOGIES INC	5000032830	IT/Telecom Contr Svc	DEC 2019	\$21.35	\$21.35
3. Other	MARVEL TECHNOLOGIES INC	5000033199	IT/Telecom Contr Svc	DEC 2019	\$21.35	\$21.35
3. Other	OPEN TEXT INC	1900000652	IT/Telecom Contr Svc	JAN 2020	\$62.53	\$62.53
3. Other	OPEN TEXT INC	1900002382	IT/Telecom Contr Svc	FEB 2020	\$62.53	\$62.53
3. Other	OPEN TEXT INC	1900004581	IT/Telecom Contr Svc	MAR 2020	\$62.53	\$62.53
3. Other	OPEN TEXT INC	1900006741	IT/Telecom Contr Svc	APR 2020	\$62.53	\$62.53
3. Other	OPEN TEXT INC	1900008646	IT/Telecom Contr Svc	MAY 2020	\$62.53	\$62.53
3. Other	OPEN TEXT INC	1900010745	IT/Telecom Contr Svc	JUN 2020	\$62.53	\$62.53
3. Other	OPEN TEXT INC	1900012804	IT/Telecom Contr Svc	JUL 2020	\$62.53	\$62.53
3. Other	OPEN TEXT INC	1900014929	IT/Telecom Contr Svc	AUG 2020	\$62.53	\$62.53
3. Other	OPEN TEXT INC	1900024299	IT/Telecom Contr Svc	NOV 2019	\$62.53	\$62.53
3. Other	OPEN TEXT INC	1900025207	IT/Telecom Contr Svc	DEC 2019	\$62.53	\$62.53
3. Other	PEAK TECHNICAL STAFFING USA	1900002024	IT/Telecom Contr Svc	JAN 2020	\$16.96	\$16.96
3. Other	PEAK TECHNICAL STAFFING USA	1900002025	IT/Telecom Contr Svc	JAN 2020	\$22.93	\$22.93
3. Other	PEAK TECHNICAL STAFFING USA	1900002462	IT/Telecom Contr Svc	FEB 2020	\$25.13	\$25.13
3. Other	PEAK TECHNICAL STAFFING USA	1900002463	IT/Telecom Contr Svc	FEB 2020	\$25.13	\$25.13
3. Other	PEAK TECHNICAL STAFFING USA	1900002692	IT/Telecom Contr Svc	FEB 2020	\$25.13	\$25.13
3. Other	PEAK TECHNICAL STAFFING USA	1900002694	IT/Telecom Contr Svc	FEB 2020	\$25.13	\$25.13
3. Other	PEAK TECHNICAL STAFFING USA	1900004329	IT/Telecom Contr Svc	FEB 2020	\$25.13	\$25.13
3. Other	PEAK TECHNICAL STAFFING USA	1900004331	IT/Telecom Contr Svc	FEB 2020	\$25.13	\$25.13
3. Other	PEAK TECHNICAL STAFFING USA	1900004902	IT/Telecom Contr Svc	MAR 2020	\$25.13	\$25.13
3. Other	PEAK TECHNICAL STAFFING USA	1900004903	IT/Telecom Contr Svc	MAR 2020	\$25.13	\$25.13
3. Other	PEAK TECHNICAL STAFFING USA	1900006153	IT/Telecom Contr Svc	MAR 2020	\$25.13	\$25.13
3. Other	PEAK TECHNICAL STAFFING USA	1900006154	IT/Telecom Contr Svc	MAR 2020	\$25.13	\$25.13
3. Other	PEAK TECHNICAL STAFFING USA	1900006685	IT/Telecom Contr Svc	APR 2020	\$25.13	\$25.13
3. Other	PEAK TECHNICAL STAFFING USA	1900008408	IT/Telecom Contr Svc	APR 2020	\$25.13	\$25.13
3. Other	PEAK TECHNICAL STAFFING USA	1900008577	IT/Telecom Contr Svc	MAY 2020	\$20.11	\$20.11
3. Other	PEAK TECHNICAL STAFFING USA	1900008578	IT/Telecom Contr Svc	MAY 2020	\$25.13	\$25.13
3. Other	PEAK TECHNICAL STAFFING USA	1900008580	IT/Telecom Contr Svc	MAY 2020	\$25.13	\$25.13
3. Other	PEAK TECHNICAL STAFFING USA	1900009018	IT/Telecom Contr Svc	MAY 2020	\$25.13	\$25.13
3. Other	PEAK TECHNICAL STAFFING USA	1900010657	IT/Telecom Contr Svc	JUN 2020	\$25.13	\$25.13
3. Other	PEAK TECHNICAL STAFFING USA	1900010658	IT/Telecom Contr Svc	JUN 2020	\$25.13	\$25.13
3. Other	PEAK TECHNICAL STAFFING USA	1900011133	IT/Telecom Contr Svc	JUN 2020	\$25.13	\$25.13
3. Other	PEAK TECHNICAL STAFFING USA	1900012547	IT/Telecom Contr Svc	JUN 2020	\$20.11	\$20.11
3. Other	PEAK TECHNICAL STAFFING USA	1900012760	IT/Telecom Contr Svc	JUL 2020	\$25.13	\$25.13
3. Other	PEAK TECHNICAL STAFFING USA	1900012761	IT/Telecom Contr Svc	JUL 2020	\$25.13	\$25.13
3. Other	PEAK TECHNICAL STAFFING USA	1900013028	IT/Telecom Contr Svc	JUL 2020	\$25.13	\$25.13
3. Other	PEAK TECHNICAL STAFFING USA	1900013029	IT/Telecom Contr Svc	JUL 2020	\$25.13	\$25.13
3. Other	PEAK TECHNICAL STAFFING USA	1900013030	IT/Telecom Contr Svc	JUL 2020	\$25.13	\$25.13

3. Other	PEAK TECHNICAL STAFFING USA	1900014487	IT/Telecom Contr Svc	JUL 2020		\$25.13	\$25.13
3. Other	PEAK TECHNICAL STAFFING USA	1900014488	IT/Telecom Contr Svc	JUL 2020		\$22.62	\$22.62
3. Other	PEAK TECHNICAL STAFFING USA	1900014934	IT/Telecom Contr Svc	AUG 2020		\$25.13	\$25.13
3. Other	PEAK TECHNICAL STAFFING USA	1900014935	IT/Telecom Contr Svc	AUG 2020		\$25.13	\$25.13
3. Other	PEAK TECHNICAL STAFFING USA	1900019674	IT/Telecom Contr Svc	SEP 2019		\$75.40	\$75.40
3. Other	PEAK TECHNICAL STAFFING USA	1900020269	IT/Telecom Contr Svc	OCT 2019		\$25.13	\$25.13
3. Other	PEAK TECHNICAL STAFFING USA	1900020270	IT/Telecom Contr Svc	OCT 2019		\$25.13	\$25.13
3. Other	PEAK TECHNICAL STAFFING USA	1900020472	IT/Telecom Contr Svc	OCT 2019		\$20.11	\$20.11
3. Other	PEAK TECHNICAL STAFFING USA	1900020473	IT/Telecom Contr Svc	OCT 2019		\$20.11	\$20.11
3. Other	PEAK TECHNICAL STAFFING USA	1900022333	IT/Telecom Contr Svc	OCT 2019		\$28.90	\$28.90
3. Other	PEAK TECHNICAL STAFFING USA	1900022334	IT/Telecom Contr Svc	OCT 2019		\$25.13	\$25.13
3. Other	PEAK TECHNICAL STAFFING USA	1900022990	IT/Telecom Contr Svc	NOV 2019		\$28.27	\$28.27
3. Other	PEAK TECHNICAL STAFFING USA	1900022991	IT/Telecom Contr Svc	NOV 2019		\$28.27	\$28.27
3. Other	PEAK TECHNICAL STAFFING USA	1900024303	IT/Telecom Contr Svc	NOV 2019		\$25.13	\$25.13
3. Other	PEAK TECHNICAL STAFFING USA	1900024304	IT/Telecom Contr Svc	NOV 2019		\$25.13	\$25.13
3. Other	PEAK TECHNICAL STAFFING USA	1900024943	IT/Telecom Contr Svc	DEC 2019		\$27.96	\$27.96
3. Other	PEAK TECHNICAL STAFFING USA	1900024944	IT/Telecom Contr Svc	DEC 2019		\$22.30	\$22.30
3. Other	PEAK TECHNICAL STAFFING USA	1900025353	IT/Telecom Contr Svc	DEC 2019		\$29.53	\$29.53
3. Other	PEAK TECHNICAL STAFFING USA	1900025354	IT/Telecom Contr Svc	DEC 2019		\$13.82	\$13.82
3. Other	PNG COMPANIES LLC	100008227	Misc. Outside Svcs	JAN 2020		\$1.00	\$1.00
3. Other	PNG COMPANIES LLC	100018983	Misc. Outside Svcs	FEB 2020		\$0.43	\$0.43
3. Other	PNG COMPANIES LLC	100027613	Misc. Outside Svcs	MAR 2020		\$0.95	\$0.95
3. Other	PNG COMPANIES LLC	100037141	Misc. Outside Svcs	APR 2020		\$0.98	\$0.98
3. Other	PNG COMPANIES LLC	100043228	Misc. Outside Svcs	MAY 2020		\$4.55	\$4.55
3. Other	PNG COMPANIES LLC	100054071	Misc. Outside Svcs	JUN 2020		\$0.24	\$0.24
3. Other	PNG COMPANIES LLC	100063024	Misc. Outside Svcs	JUL 2020		\$0.79	\$0.79
3. Other	PNG COMPANIES LLC	100073773	Misc. Outside Svcs	AUG 2020		\$0.24	\$0.24
3. Other	PNG COMPANIES LLC	100086629	Misc. Outside Svcs	SEP 2019		\$0.98	\$0.98
3. Other	PNG COMPANIES LLC	100096815	Misc. Outside Svcs	OCT 2019		\$0.98	\$0.98
3. Other	PNG COMPANIES LLC	100107282	Misc. Outside Svcs	NOV 2019		\$3.72	\$3.72
3. Other	PNG COMPANIES LLC	100117731	Misc. Outside Svcs	DEC 2019		\$0.98	\$0.98
3. Other	PNG COMPANIES LLC	100054064	Training Services	JUN 2020		\$0.40	\$0.40
3. Other	PNG COMPANIES LLC	100000759	MiscOutsideSvcs 2200	JAN 2020		\$321.82	\$321.82
3. Other	PNG COMPANIES LLC	100001326	MiscOutsideSvcs 2200	FEB 2020		\$437.23	\$437.23
3. Other	PNG COMPANIES LLC	100001907	MiscOutsideSvcs 2200	MAR 2020		\$407.46	\$407.46
3. Other	PNG COMPANIES LLC	100002582	MiscOutsideSvcs 2200	APR 2020		\$331.51	\$331.51
3. Other	PNG COMPANIES LLC	100003091	MiscOutsideSvcs 2200	MAY 2020		\$376.15	\$376.15
3. Other	PNG COMPANIES LLC	100003705	MiscOutsideSvcs 2200	JUN 2020		\$576.95	\$576.95
3. Other	PNG COMPANIES LLC	100004338	MiscOutsideSvcs 2200	JUL 2020		\$482.57	\$482.57
3. Other	PNG COMPANIES LLC	100004850	MiscOutsideSvcs 2200	AUG 2020		\$474.97	\$474.97
3. Other	PNG COMPANIES LLC	100005493	MiscOutsideSvcs 2200	SEP 2019		\$352.60	\$352.60
3. Other	PNG COMPANIES LLC	100006120	MiscOutsideSvcs 2200	OCT 2019		\$405.12	\$405.12
3. Other	PNG COMPANIES LLC	100006666	MiscOutsideSvcs 2200	NOV 2019		\$355.24	\$355.24
3. Other	PNG COMPANIES LLC	100007325	MiscOutsideSvcs 2200	DEC 2019		\$466.10	\$466.10
3. Other	SAP AMERICA INC	5000029255	IT/Telecom Contr Svc	NOV 2019	\$27.21		\$27.21
3. Other	SAP AMERICA INC	5000031093	IT/Telecom Contr Svc	NOV 2019	\$402.60		\$402.60
3. Other	SAP AMERICA INC	5000032076	IT/Telecom Contr Svc	DEC 2019	(\$402.60)		(\$402.60)
3. Other	SAP INDUSTRIES INC	5000032077	IT/Telecom Contr Svc	DEC 2019		\$402.60	\$402.60
3. Other	SAP INDUSTRIES INC	5000032078	IT/Telecom Contr Svc	DEC 2019		(\$402.60)	(\$402.60)
3. Other	SAP INDUSTRIES INC	5000032079	IT/Telecom Contr Svc	DEC 2019		\$402.60	\$402.60
3. Other	SAP INDUSTRIES INC	5000034099	IT/Telecom Contr Svc	DEC 2019		\$138.21	\$138.21
3. Other	SMART ENERGY WATER	1900009166	IT/Telecom Contr Svc	MAY 2020		\$1.92	\$1.92
3. Other	SMART ENERGY WATER	1900012436	IT/Telecom Contr Svc	JUN 2020		\$3.21	\$3.21

3. Other	SMART ENERGY WATER	5000016709	IT/Telecom Contr Svc	JUL 2020	\$2.85	\$2.85
3. Other	SMART ENERGY WATER	5000018423	IT/Telecom Contr Svc	JUL 2020	\$109.80	\$109.80
3. Other	SMART ENERGY WATER	5000020199	IT/Telecom Contr Svc	AUG 2020	\$2.55	\$2.55
3. Other	TESTA CONSULTING SERVICES INC	1900000359	IT/Telecom Contr Svc	JAN 2020	\$68.08	\$68.08
3. Other	TESTA CONSULTING SERVICES INC	1900001928	IT/Telecom Contr Svc	JAN 2020	\$60.51	\$60.51
3. Other	TESTA CONSULTING SERVICES INC	1900020570	IT/Telecom Contr Svc	OCT 2019	\$75.64	\$75.64
3. Other	TESTA CONSULTING SERVICES INC	1900025150	IT/Telecom Contr Svc	DEC 2019	\$60.51	\$60.51
3. Other	TESTA CONSULTING SERVICES INC	1900026870	IT/Telecom Contr Svc	DEC 2019	\$75.64	\$75.64
3. Other	WORKFORCE SOFTWARE LLC	1900008487	IT/Telecom Contr Svc	APR 2020	\$24.71	\$24.71
3. Other	CURRAN TAYLOR INC	5000013904	Contractor Services	JUN 2020	\$24.05	\$24.05
3. Other	MAHLA OFFICE FURNITURE	5000016773	Contractor Services	JUL 2020	\$12.83	\$12.83
3. Other	CLEANWORKS LLC	5000005755	Contractor Services	MAR 2020	\$124.16	\$124.16
3. Other	CLEANWORKS LLC	5000005756	Contractor Services	MAR 2020	(\$124.16)	(\$124.16)
3. Other	CLEANWORKS LLC	5000005757	Contractor Services	MAR 2020	\$124.16	\$124.16
3. Other	MCCUTCHEON ENTERPRISES INC	5000007526	Environment Services	APR 2020	\$34.02	\$34.02
3. Other	AON CONSULTING INC	1900002156	Consultant Services	JAN 2020	\$31.98	\$31.98
3. Other	AON CONSULTING INC	1500001024	Consultant Services	JAN 2020	(\$31.98)	(\$31.98)
3. Other	AON CONSULTING INC	1900000137	Consultant Services	JAN 2020	\$0.45	\$0.45
3. Other	AON CONSULTING INC	1900000478	Consultant Services	JAN 2020	\$102.14	\$102.14
3. Other	AON CONSULTING INC	1900000487	Consultant Services	JAN 2020	\$177.76	\$177.76
3. Other	AON CONSULTING INC	1900002155	Consultant Services	JAN 2020	\$31.98	\$31.98
3. Other	AON CONSULTING INC	1900002243	Consultant Services	JAN 2020	\$229.47	\$229.47
3. Other	AON CONSULTING INC	1900002319	Consultant Services	FEB 2020	\$10.55	\$10.55
3. Other	AON CONSULTING INC	1900002401	Consultant Services	FEB 2020	\$15.99	\$15.99
3. Other	AON CONSULTING INC	1900004374	Consultant Services	FEB 2020	\$15.99	\$15.99
3. Other	AON CONSULTING INC	1900004376	Consultant Services	FEB 2020	\$77.98	\$77.98
3. Other	AON CONSULTING INC	1900022121	Consultant Services	OCT 2019	\$42.78	\$42.78
3. Other	AON CONSULTING INC	1900022163	Consultant Services	OCT 2019	\$15.99	\$15.99
3. Other	PRESIDIO NETWORKED SOLUTIONS INC	5000012338	IT/Telecom Contr Svc	MAY 2020	\$84.62	\$84.62
3. Other	REDWOOD SOFTWARE INC	5000026056	IT/Telecom Contr Svc	OCT 2019	\$45.75	\$45.75
3. Other	DBA ZONE INC (THE)	5000001934	IT/Telecom Contr Svc	JAN 2020	\$26.35	\$26.35
3. Other	DBA ZONE INC (THE)	5000004645	IT/Telecom Contr Svc	FEB 2020	\$26.35	\$26.35
3. Other	DBA ZONE INC (THE)	5000007020	IT/Telecom Contr Svc	MAR 2020	\$26.35	\$26.35
3. Other	DBA ZONE INC (THE)	5000009302	IT/Telecom Contr Svc	APR 2020	\$26.35	\$26.35
3. Other	DBA ZONE INC (THE)	5000012037	IT/Telecom Contr Svc	MAY 2020	\$26.35	\$26.35
3. Other	DBA ZONE INC (THE)	5000015507	IT/Telecom Contr Svc	JUN 2020	\$26.35	\$26.35
3. Other	DBA ZONE INC (THE)	5000018821	IT/Telecom Contr Svc	JUL 2020	\$26.35	\$26.35
3. Other	DBA ZONE INC (THE)	5000026282	IT/Telecom Contr Svc	OCT 2019	\$26.35	\$26.35
3. Other	DBA ZONE INC (THE)	5000029207	IT/Telecom Contr Svc	NOV 2019	\$26.35	\$26.35
3. Other	DBA ZONE INC (THE)	5000031972	IT/Telecom Contr Svc	DEC 2019	\$26.35	\$26.35
3. Other	DBA ZONE INC (THE)	5000034141	IT/Telecom Contr Svc	DEC 2019	\$26.35	\$26.35
3. Other	SECUREWORKS INC	5000030877	IT/Telecom Contr Svc	NOV 2019	\$558.24	\$558.24
3. Other	BITSIGHT TECHNOLOGIES INC	1900024444	IT/Telecom Contr Svc	NOV 2019	\$12.97	\$12.97
3. Other	MIMECAST NORTH AMERICA INC	5000002982	IT/Telecom Contr Svc	FEB 2020	\$23.81	\$23.81
3. Other	MIMECAST NORTH AMERICA INC	5000005597	IT/Telecom Contr Svc	MAR 2020	\$23.81	\$23.81
3. Other	MIMECAST NORTH AMERICA INC	5000006364	IT/Telecom Contr Svc	MAR 2020	\$3.48	\$3.48
3. Other	MIMECAST NORTH AMERICA INC	5000008995	IT/Telecom Contr Svc	APR 2020	\$27.88	\$27.88
3. Other	MIMECAST NORTH AMERICA INC	5000010441	IT/Telecom Contr Svc	MAY 2020	\$27.88	\$27.88
3. Other	MIMECAST NORTH AMERICA INC	5000013656	IT/Telecom Contr Svc	JUN 2020	\$27.88	\$27.88
3. Other	MIMECAST NORTH AMERICA INC	5000016261	IT/Telecom Contr Svc	JUL 2020	\$27.88	\$27.88
3. Other	MIMECAST NORTH AMERICA INC	5000019993	IT/Telecom Contr Svc	AUG 2020	\$27.88	\$27.88
3. Other	MIMECAST NORTH AMERICA INC	5000023016	IT/Telecom Contr Svc	SEP 2019	\$23.81	\$23.81
3. Other	MIMECAST NORTH AMERICA INC	5000026092	IT/Telecom Contr Svc	OCT 2019	\$23.81	\$23.81

3. Other	MIMECAST NORTH AMERICA INC	5000029488	IT/Telecom Contr Svc	NOV 2019	\$23.81	\$23.81
3. Other	MIMECAST NORTH AMERICA INC	5000032832	IT/Telecom Contr Svc	DEC 2019	\$23.81	\$23.81
3. Other	MIMECAST NORTH AMERICA INC	5000034248	IT/Telecom Contr Svc	DEC 2019	\$23.81	\$23.81
3. Other	PAGERDUTY INC	5000023386	IT/Telecom Contr Svc	SEP 2019	\$43.04	\$43.04
3. Other	PROOFPOINT INC	5000006466	IT/Telecom Contr Svc	MAR 2020	\$186.61	\$186.61
3. Other	COMPUTACENTER FUSIONSTORM INC	5000017654	IT/Telecom Contr Svc	JUL 2020	\$173.25	\$173.25
3. Other	SCHNEIDER DOWNS & CO INC	1900000406	IT/Telecom Contr Svc	JAN 2020	\$161.24	\$161.24
3. Other	SCHNEIDER DOWNS & CO INC	1900025261	IT/Telecom Contr Svc	DEC 2019	\$94.55	\$94.55
3. Other	PRIMARY CARE CENTERS OF EASTERN	1900000044	Testing Services	FEB 2020	\$100.00	\$100.00
3. Other	ITU ABSORB TECH INC	5000006457	Misc. Outside Svcs	MAR 2020	\$1.93	\$1.93
3. Other	ALPHAGRAPHICS #514	1900012491	Misc. Outside Svcs	JUN 2020	\$5.75	\$5.75
3. Other	ALPHAGRAPHICS #514	1900012974	Misc. Outside Svcs	JUL 2020	\$2.33	\$2.33
3. Other	ALPHAGRAPHICS #514	1900013262	Misc. Outside Svcs	JUL 2020	\$13.05	\$13.05
3. Other	ALPHAGRAPHICS #514	1900013288	Misc. Outside Svcs	JUL 2020	\$4.44	\$4.44
3. Other	ALPHAGRAPHICS #514	1900014840	Misc. Outside Svcs	AUG 2020	\$4.86	\$4.86
3. Other	ALPHAGRAPHICS #514	1900016711	Misc. Outside Svcs	AUG 2020	\$0.97	\$0.97
3. Other	Peoples Natural Gas	100000543	I/C-OperExp-1000-Peo	JAN 2020	\$1,061.82	\$1,061.82
3. Other	Peoples Natural Gas	100000948	I/C-OperExp-1000-Peo	FEB 2020	\$1,061.82	\$1,061.82
3. Other	Peoples Natural Gas	100001586	I/C-OperExp-1000-Peo	MAR 2020	\$1,061.82	\$1,061.82
3. Other	Peoples Natural Gas	100002244	I/C-OperExp-1000-Peo	APR 2020	\$1,061.82	\$1,061.82
3. Other	Various vendors < \$1,000				(\$640.75)	(\$640.75)
3. Other Total					\$27.21	\$75,242.25
Grand Total					\$6,402.40	\$84,615.20

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Reg. Account	Reg. Account Desc	Natural Account	Natural Account	Vendor	Vendor Desc	Doc Number	Line Item	Document Type	Sender Object Id
9923000	Adm & Gen-Outsd Svcs	5303030	Contractor Services	300003351	ARCOS LLC	5000026509	1	WE	WBS CP.APPL.ALL
9923000	Adm & Gen-Outsd Svcs	5303030	Contractor Services	300003785	CURRAN TAYLOR INC	5000013904	1	WE	WBS CP.CORONA.ALL
9923000	Adm & Gen-Outsd Svcs	5303030	Contractor Services	300004060	MAHLA OFFICE FURNITURE	5000016773	1	WE	WBS CP.CORONA.ALL
9923000	Adm & Gen-Outsd Svcs	5303030	Contractor Services	300004136	CLEANWORKS LLC	5000005755	1	WE	WBS CP.CORONA.ALL
9923000	Adm & Gen-Outsd Svcs	5303030	Contractor Services	300004136	CLEANWORKS LLC	5000005756	1	WE	WBS CP.CORONA.ALL
9923000	Adm & Gen-Outsd Svcs	5303030	Contractor Services	300004136	CLEANWORKS LLC	5000005757	1	WE	WBS CP.CORONA.ALL
9923000	Adm & Gen-Outsd Svcs	5303040	Environment Serv	300000103	MCCUTCHEON ENTERPRISE	5000007526	1	WE	WBS CP.CORONA.ALL
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	100000475	1	SA	CTR SR01/133024
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	100000979	1	SA	CTR SR01/133024
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	100001232	1	SA	CTR SR01/133024
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	100001643	1	SA	CTR SR01/133024
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	100002457	1	SA	CTR SR01/133024
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	100002885	1	SA	CTR SR01/133024
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	100003551	1	SA	CTR SR01/133024
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	100004239	1	SA	CTR SR01/133024
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	100004784	1	SA	CTR SR01/133024
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	100005136	1	SA	CTR SR01/133027
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	100005136	2	SA	CTR SR01/131310
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	100005136	3	SA	CTR SR01/133027
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	100005136	4	SA	CTR SR01/131310
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	100005295	1	SA	CTR SR01/133024
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	100005924	1	SA	CTR SR01/133024
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	100006478	1	SA	CTR SR01/133024
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	100007175	1	SA	CTR SR01/133024
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	1900000456	1	CP	CTR SR01/131310
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	1900000708	1	CP	CTR SR01/131310
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	1900000740	1	CP	CTR SR01/131310
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	1900001438	1	CP	CTR SR01/131310
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	1900002329	1	CP	CTR SR01/133027
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	1900002348	1	CP	CTR SR01/133027
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	1900002351	1	CP	CTR SR01/133027
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	1900002598	1	CP	CTR SR01/133027
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	1900002615	1	CP	CTR SR01/133027
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	1900002616	1	CP	CTR SR01/133027
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	1900003101	1	CP	CTR SR01/133027
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	2200000017	1	AC	CTR SR01/131310
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	2200000037	1	AC	CTR SR01/133027
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	2200000042	1	AC	CTR SR01/131310
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	2200000064	1	AC	CTR SR01/131310
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	2200000066	1	AC	CTR SR01/131310
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	2200000067	1	AC	CTR SR01/131310
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	4400000023	1	AR	CTR SR01/131310
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	4400000038	1	AR	CTR SR01/133027
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	4400000059	1	AR	CTR SR01/131310
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	4400000067	1	AR	CTR SR01/131310

9923000	Adm & Gen-Outsd Svcs	5303220	Legal Services	400000261	K & L GATES LLP	1900004318	1	KR	WBS CP.IT.ALL
9923000	Adm & Gen-Outsd Svcs	5303220	Legal Services	400000261	K & L GATES LLP	1900004837	1	KR	WBS CP.IT.ALL
9923000	Adm & Gen-Outsd Svcs	5303220	Legal Services	400000261	K & L GATES LLP	1900006988	1	KR	WBS CP.IT.ALL
9923000	Adm & Gen-Outsd Svcs	5303220	Legal Services	400000261	K & L GATES LLP	1900008905	1	KR	WBS CP.IT.ALL
9923000	Adm & Gen-Outsd Svcs	5303220	Legal Services	#	Not assigned	100003373	1	SA	CTR SR01/132100
9923000	Adm & Gen-Outsd Svcs	5303220	Legal Services	#	Not assigned	100003531	1	SA	CTR SR01/132100
9923000	Adm & Gen-Outsd Svcs	5303220	Legal Services	#	Not assigned	100003532	1	SA	CTR SR01/132100
9923000	Adm & Gen-Outsd Svcs	5303310	Consultant Services	400003062	AON CONSULTING INC	1500001024	1	KA	WBS CP.BENADMIN.EGC
9923000	Adm & Gen-Outsd Svcs	5303310	Consultant Services	400003062	AON CONSULTING INC	1900000137	1	KR	WBS CP.BENADMIN.EGC
9923000	Adm & Gen-Outsd Svcs	5303310	Consultant Services	400003062	AON CONSULTING INC	1900000478	1	KR	WBS CP.BENADMIN.EGC
9923000	Adm & Gen-Outsd Svcs	5303310	Consultant Services	400003062	AON CONSULTING INC	1900000487	1	KR	WBS CP.BENADMIN.EGC
9923000	Adm & Gen-Outsd Svcs	5303310	Consultant Services	400003062	AON CONSULTING INC	1900002155	1	KR	WBS CP.BENADMIN.EGC
9923000	Adm & Gen-Outsd Svcs	5303310	Consultant Services	400003062	AON CONSULTING INC	1900002156	1	KR	WBS CP.BENADMIN.EGC
9923000	Adm & Gen-Outsd Svcs	5303310	Consultant Services	400003062	AON CONSULTING INC	1900002243	1	KR	WBS CP.BENADMIN.EGC
9923000	Adm & Gen-Outsd Svcs	5303310	Consultant Services	400003062	AON CONSULTING INC	1900002319	1	KR	WBS CP.BENADMIN.EGC
9923000	Adm & Gen-Outsd Svcs	5303310	Consultant Services	400003062	AON CONSULTING INC	1900002401	1	KR	WBS CP.BENADMIN.EGC
9923000	Adm & Gen-Outsd Svcs	5303310	Consultant Services	400003062	AON CONSULTING INC	1900004374	1	KR	WBS CP.BENADMIN.EGC
9923000	Adm & Gen-Outsd Svcs	5303310	Consultant Services	400003062	AON CONSULTING INC	1900004376	1	CP	WBS CP.BENADMIN.EGC
9923000	Adm & Gen-Outsd Svcs	5303310	Consultant Services	400003062	AON CONSULTING INC	1900022121	2	KR	WBS CP.BENADMIN.EGC
9923000	Adm & Gen-Outsd Svcs	5303310	Consultant Services	400003062	AON CONSULTING INC	1900022163	1	KR	WBS CP.BENADMIN.EGC
9923000	Adm & Gen-Outsd Svcs	5303310	Consultant Services	#	Not assigned	2200000074	67	AC	WBS CP.BENADMIN.EGC
9923000	Adm & Gen-Outsd Svcs	5303315	IT/Telecom Contr S	100000055	GROUPEX LIMITED	5000003571	1	WE	WBS CP.APPL.ALL
9923000	Adm & Gen-Outsd Svcs	5303315	IT/Telecom Contr S	100000055	GROUPEX LIMITED	5000010557	1	WE	WBS CP.APPL.ALL
9923000	Adm & Gen-Outsd Svcs	5303315	IT/Telecom Contr S	100000055	GROUPEX LIMITED	5000028672	1	WE	WBS CP.APPL.ALL
9923000	Adm & Gen-Outsd Svcs	5303315	IT/Telecom Contr S	300000290	PRESIDIO NETWORKED SO	5000012338	1	WIEO	WBS CP.TELECOM.ALL
9923000	Adm & Gen-Outsd Svcs	5303315	IT/Telecom Contr S	300000448	SAP AMERICA INC	5000029255	2	WE	WBS CP.APPL.ALL
9923000	Adm & Gen-Outsd Svcs	5303315	IT/Telecom Contr S	300000448	SAP AMERICA INC	5000031093	2	WE	WBS CP.APPL.ALL
9923000	Adm & Gen-Outsd Svcs	5303315	IT/Telecom Contr S	300000448	SAP AMERICA INC	5000032076	2	WE	WBS CP.APPL.ALL
9923000	Adm & Gen-Outsd Svcs	5303315	IT/Telecom Contr S	300001086	INTERNATIONAL BUSINESS	1900000519	1	CP	WBS CP.APPL.ALL
9923000	Adm & Gen-Outsd Svcs	5303315	IT/Telecom Contr S	300001086	INTERNATIONAL BUSINESS	1900006277	1	CP	WBS CP.APPL.ALL
9923000	Adm & Gen-Outsd Svcs	5303315	IT/Telecom Contr S	300001086	INTERNATIONAL BUSINESS	1900006278	1	CP	WBS CP.APPL.ALL
9923000	Adm & Gen-Outsd Svcs	5303315	IT/Telecom Contr S	300001086	INTERNATIONAL BUSINESS	1900007156	1	CP	WBS CP.APPL.ALL
9923000	Adm & Gen-Outsd Svcs	5303315	IT/Telecom Contr S	300001086	INTERNATIONAL BUSINESS	1900010548	1	CP	WBS CP.APPL.ALL
9923000	Adm & Gen-Outsd Svcs	5303315	IT/Telecom Contr S	300001086	INTERNATIONAL BUSINESS	1900012901	2	CP	WBS CP.APPL.ALL
9923000	Adm & Gen-Outsd Svcs	5303315	IT/Telecom Contr S	300001086	INTERNATIONAL BUSINESS	1900014566	2	CP	WBS CP.APPL.ALL
9923000	Adm & Gen-Outsd Svcs	5303315	IT/Telecom Contr S	300001086	INTERNATIONAL BUSINESS	1900019677	1	CP	WBS CP.APPL.ALL
9923000	Adm & Gen-Outsd Svcs	5303315	IT/Telecom Contr S	300001086	INTERNATIONAL BUSINESS	1900022830	1	CP	WBS CP.APPL.ALL
9923000	Adm & Gen-Outsd Svcs	5303315	IT/Telecom Contr S	300001086	INTERNATIONAL BUSINESS	1900022832	1	CP	WBS CP.APPL.ALL
9923000	Adm & Gen-Outsd Svcs	5303315	IT/Telecom Contr S	300001086	INTERNATIONAL BUSINESS	1900024480	1	CP	WBS CP.APPL.ALL
9923000	Adm & Gen-Outsd Svcs	5303315	IT/Telecom Contr S	300001086	INTERNATIONAL BUSINESS	1900026757	1	CP	WBS CP.APPL.ALL
9923000	Adm & Gen-Outsd Svcs	5303315	IT/Telecom Contr S	300001219	GXS INC	1500187231	1	KA	WBS CP.APPL.ALL
9923000	Adm & Gen-Outsd Svcs	5303315	IT/Telecom Contr S	300001219	GXS INC	1900018349	1	KR	WBS CP.APPL.ALL
9923000	Adm & Gen-Outsd Svcs	5303315	IT/Telecom Contr S	300001219	GXS INC	1900020616	1	KR	WBS CP.APPL.ALL
9923000	Adm & Gen-Outsd Svcs	5303315	IT/Telecom Contr S	300001219	GXS INC	1900022930	1	KR	WBS CP.APPL.ALL
9923000	Adm & Gen-Outsd Svcs	5303315	IT/Telecom Contr S	300001548	ENSYTE ENERGY SOFTWARE	1900006932	1	KR	WBS CP.APPL.ALL
9923000	Adm & Gen-Outsd Svcs	5303315	IT/Telecom Contr S	300001608	HYLAND LLC	5000026280	1	WE	WBS CP.APPL.ALL
9923000	Adm & Gen-Outsd Svcs	5303315	IT/Telecom Contr S	300001610	IDI CONSULTING LLC	1900000360	7	CP	WBS CP.APPL.ALL
9923000	Adm & Gen-Outsd Svcs	5303315	IT/Telecom Contr S	300001610	IDI CONSULTING LLC	1900000360	8	CP	WBS CP.IT.ALL
9923000	Adm & Gen-Outsd Svcs	5303315	IT/Telecom Contr S	300001610	IDI CONSULTING LLC	1900000360	9	CP	WBS CP.TELECOM.ALL
9923000	Adm & Gen-Outsd Svcs	5303315	IT/Telecom Contr S	300001610	IDI CONSULTING LLC	1900002573	7	CP	WBS CP.APPL.ALL
9923000	Adm & Gen-Outsd Svcs	5303315	IT/Telecom Contr S	300001610	IDI CONSULTING LLC	1900002573	8	CP	WBS CP.IT.ALL
9923000	Adm & Gen-Outsd Svcs	5303315	IT/Telecom Contr S	300001610	IDI CONSULTING LLC	1900002573	9	CP	WBS CP.TELECOM.ALL
9923000	Adm & Gen-Outsd Svcs	5303315	IT/Telecom Contr S	300001610	IDI CONSULTING LLC	1900004850	8	CP	WBS CP.APPL.ALL

Sender Object Text	Item Tex	Doc. Header Text	FI Ref Doc #	Fiscal year/period	Amount	Type	Type 2	Document #
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	OCT 2019	\$ 30.50	3. Other	Other	5000026509
CORONA VIRUS SUPS AND EXPS FOR PNG COS	#	#	#	JUN 2020	\$ 24.05	3. Other	Other	5000013904
CORONA VIRUS SUPS AND EXPS FOR PNG COS	#	#	#	JUL 2020	\$ 12.83	3. Other	Other	5000016773
CORONA VIRUS SUPS AND EXPS FOR PNG COS	#	#	#	MAR 2020	\$ 124.16	3. Other	Other	5000005755
CORONA VIRUS SUPS AND EXPS FOR PNG COS	#	#	#	MAR 2020	\$ -124.16	3. Other	Other	5000005756
CORONA VIRUS SUPS AND EXPS FOR PNG COS	#	#	#	MAR 2020	\$ 124.16	3. Other	Other	5000005757
CORONA VIRUS SUPS AND EXPS FOR PNG COS	#	#	#	APR 2020	\$ 34.02	3. Other	Other	5000007526
KY EQ HR	#	ADP Fees	ADP FEES	JAN 2020	\$ 276.80	2. Accounting	Other	100000475
KY EQ HR	#	ADP Fees	ADP FEES	FEB 2020	\$ 286.80	2. Accounting	Other	100000979
KY EQ HR	#	ADP Fees	ADP FEES	FEB 2020	\$ 112.50	2. Accounting	Other	100001232
KY EQ HR	#	ADP Fees	ADP FEES	MAR 2020	\$ 397.85	2. Accounting	Other	100001643
KY EQ HR	#	ADP Fees	ADP FEES	APR 2020	\$ 276.80	2. Accounting	Other	100002457
KY EQ HR	#	ADP Fees	ADP FEES	MAY 2020	\$ 276.80	2. Accounting	Other	100002885
KY EQ HR	#	ADP Fees	ADP FEES	JUN 2020	\$ 276.80	2. Accounting	Other	100003551
KY EQ HR	#	ADP Fees	ADP FEES	JUL 2020	\$ 276.80	2. Accounting	Other	100004239
KY EQ HR	#	ADP Fees	ADP FEES	AUG 2020	\$ 286.80	2. Accounting	Other	100004784
KY EQ TRAINING	#	Reclass CC - Acct to HR	RECLASS CC - ACC	SEP 2019	\$ 250.28	2. Accounting	Other	
KY EQ ACCOUNTING	#	Reclass CC - Acct to HR	RECLASS CC - ACC	SEP 2019	\$ -250.28	2. Accounting	Other	
KY EQ TRAINING	#	Reclass CC - Acct to HR	RECLASS CC - ACC	SEP 2019	\$ 476.51	2. Accounting	Other	
KY EQ ACCOUNTING	#	Reclass CC - Acct to HR	RECLASS CC - ACC	SEP 2019	\$ -476.51	2. Accounting	Other	
KY EQ HR	#	ADP Fees	ADP FEES	SEP 2019	\$ 388.35	2. Accounting	Other	100005295
KY EQ HR	#	ADP Fees	ADP FEES	OCT 2019	\$ 276.80	2. Accounting	Other	100005924
KY EQ HR	#	ADP Fees	ADP FEES	NOV 2019	\$ 276.80	2. Accounting	Other	100006478
KY EQ HR	#	ADP Fees	ADP FEES	DEC 2019	\$ 276.80	2. Accounting	Other	100007175
KY EQ ACCOUNTING	#	#	8001023960	FEB 2020	\$ 1,534.76	2. Accounting	Annual Audit	1900000456
KY EQ ACCOUNTING	#	#	8001080719	MAR 2020	\$ 893.16	2. Accounting	Annual Audit	1900000708
KY EQ ACCOUNTING	#	#	8001114163	APR 2020	\$ 160.86	2. Accounting	Annual Audit	1900000740
KY EQ ACCOUNTING	#	#	8001237284	JUN 2020	\$ 38.18	2. Accounting	Annual Audit	1900001438
KY EQ TRAINING	#	#	A046005	SEP 2019	\$ 569.43	2. Accounting	Other	1900002329
KY EQ TRAINING	#	#	A046602	OCT 2019	\$ 189.18	2. Accounting	Other	1900002348
KY EQ TRAINING	#	#	A046633	OCT 2019	\$ 569.31	2. Accounting	Other	1900002351
KY EQ TRAINING	#	#	A048298	NOV 2019	\$ 86.83	2. Accounting	Other	1900002598
KY EQ TRAINING	#	#	A048489	NOV 2019	\$ 569.19	2. Accounting	Other	1900002615
KY EQ TRAINING	#	#	A045787	NOV 2019	\$ 217.94	2. Accounting	Other	1900002616
KY EQ TRAINING	#	#	A049882	DEC 2019	\$ 948.58	2. Accounting	Other	1900003101
KY EQ ACCOUNTING	#	1300 - ACCRUAL	1300 - ACCRUAL	MAR 2020	\$ 152.71	2. Accounting	Annual Audit	2200000017
KY EQ TRAINING	#	1300 - AP ACCRUAL	1300 - AP ACCRUA	SEP 2019	\$ 189.18	2. Accounting	Annual Audit	2200000037
KY EQ ACCOUNTING	#	1300 - 2020 AUDIT ACCRUAL	1300 - 2020 AUDI	MAY 2020	\$ 1,339.00	2. Accounting	Annual Audit	2200000042
KY EQ ACCOUNTING	#	1300 - 2020 AUDIT ACCRUAL	1300 - 2020 AUDI	JUL 2020	\$ 1,563.00	2. Accounting	Annual Audit	2200000064
KY EQ ACCOUNTING	#	PWC Audit August 2020	2020 PWC	AUG 2020	\$ 468.53	2. Accounting	Annual Audit	2200000066
KY EQ ACCOUNTING	#	PWC Audit Jan-July 2020	2020 PWC	AUG 2020	\$ 3,279.70	2. Accounting	Annual Audit	2200000067
KY EQ ACCOUNTING	#	1300 - ACCRUAL	1300 - ACCRUAL	APR 2020	\$ -152.71	2. Accounting	Annual Audit	4400000023
KY EQ TRAINING	#	1300 - AP ACCRUAL	1300 - AP ACCRUA	OCT 2019	\$ -189.18	2. Accounting	Annual Audit	4400000038
KY EQ ACCOUNTING	#	1300 - 2020 AUDIT ACCRUAL	1300 - 2020 AUDI	JUL 2020	\$ -1,339.00	2. Accounting	Annual Audit	4400000059
KY EQ ACCOUNTING	#	1300 - 2020 AUDIT ACCRUAL	1300 - 2020 AUDI	AUG 2020	\$ -1,563.00	2. Accounting	Annual Audit	4400000067

INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	3750021	FEB 2020	\$ 5.66	1. Legal	Other	1900004318
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	3756999	MAR 2020	\$ 41.83	1. Legal	Other	1900004837
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	3767858	APR 2020	\$ 7.14	1. Legal	Other	1900006988
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	3780934	MAY 2020	\$ 3.17	1. Legal	Other	1900008905
KY EQ RATES	#	Stoll Keenon inv reclass	STOLL KEENON INV	JUN 2020	\$ 1,024.00	1. Legal	Other	100003373
KY EQ RATES	#	Stoll Keenon inv reclass	STOLL KEENON INV	JUN 2020	\$ 1,326.00	1. Legal	Other	100003531
KY EQ RATES	#	Stoll Keenon inv reclass	STOLL KEENON INV	JUN 2020	\$ 128.00	1. Legal	Other	100003532
HR BENEFIT ADMIN CONV PAYMENTS-EGC	#	#	M10-0314737	JAN 2020	\$ -31.98	3. Other	Other	1500001024
HR BENEFIT ADMIN CONV PAYMENTS-EGC	#	#	SEL-0000096	JAN 2020	\$ 0.45	3. Other	Other	1900000137
HR BENEFIT ADMIN CONV PAYMENTS-EGC	#	#	M10-0318108	JAN 2020	\$ 102.14	3. Other	Other	1900000478
HR BENEFIT ADMIN CONV PAYMENTS-EGC	#	#	M10-0317782EGC	JAN 2020	\$ 177.76	3. Other	Other	1900000487
HR BENEFIT ADMIN CONV PAYMENTS-EGC	#	#	M10-0314737	JAN 2020	\$ 31.98	3. Other	Other	1900002155
HR BENEFIT ADMIN CONV PAYMENTS-EGC	#	#	M10-0314737	JAN 2020	\$ 31.98	3. Other	Other	1900002156
HR BENEFIT ADMIN CONV PAYMENTS-EGC	#	#	M10-0314302	JAN 2020	\$ 229.47	3. Other	Other	1900002243
HR BENEFIT ADMIN CONV PAYMENTS-EGC	#	#	SEL-0000096	FEB 2020	\$ 10.55	3. Other	Other	1900002319
HR BENEFIT ADMIN CONV PAYMENTS-EGC	#	#	M10-0321940	FEB 2020	\$ 15.99	3. Other	Other	1900002401
HR BENEFIT ADMIN CONV PAYMENTS-EGC	#	#	M10-0316959	FEB 2020	\$ 15.99	3. Other	Other	1900004374
HR BENEFIT ADMIN CONV PAYMENTS-EGC	#	#	M10-0322740	FEB 2020	\$ 77.98	3. Other	Other	1900004376
HR BENEFIT ADMIN CONV PAYMENTS-EGC	#	#	M10-0304105	OCT 2019	\$ 42.78	3. Other	Other	1900022121
HR BENEFIT ADMIN CONV PAYMENTS-EGC	#	#	M10-0303426	OCT 2019	\$ 15.99	3. Other	Other	1900022163
HR BENEFIT ADMIN CONV PAYMENTS-EGC	#	1000 - AP ACCRUAL	1000 - AP ACCRUA	FEB 2020	\$ 91.83	3. Other	Other	
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	FEB 2020	\$ 0.85	3. Other	Other	5000003571
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	MAY 2020	\$ 0.56	3. Other	Other	5000010557
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	OCT 2019	\$ 0.56	3. Other	Other	5000028672
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	MAY 2020	\$ 84.62	3. Other	Other	5000012338
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	NOV 2019	\$ 27.21	3. Other	Annual Audit	5000029255
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	NOV 2019	\$ 402.60	3. Other	Annual Audit	5000031093
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	DEC 2019	\$ -402.60	3. Other	Annual Audit	5000032076
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	C19DEC1	JAN 2020	\$ 347.40	3. Other	Other	1900000519
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	C20JAN1	MAR 2020	\$ 320.25	3. Other	Other	1900006277
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	C20FEB1	MAR 2020	\$ 287.21	3. Other	Other	1900006278
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	C20MAR1	APR 2020	\$ 366.18	3. Other	Other	1900007156
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	C20APR1	MAY 2020	\$ 597.80	3. Other	Other	1900010548
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	C20MAY1	JUL 2020	\$ 253.32	3. Other	Other	1900012901
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	C20JUN1	JUL 2020	\$ 378.75	3. Other	Other	1900014566
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	C19JUL1	SEP 2019	\$ 281.96	3. Other	Other	1900019677
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	C19SEP1	NOV 2019	\$ 237.21	3. Other	Other	1900022830
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	C19AUG1	NOV 2019	\$ 324.52	3. Other	Other	1900022832
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	C19OCT1	NOV 2019	\$ 279.52	3. Other	Other	1900024480
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	C19NOV1	DEC 2019	\$ 389.42	3. Other	Other	1900026757
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	US100465994	NOV 2019	\$ -62.53	3. Other	Other	1500187231
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	US100449918	SEP 2019	\$ 62.53	3. Other	Other	1900018349
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	US100457982	OCT 2019	\$ 62.53	3. Other	Other	1900020616
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	US100465994	NOV 2019	\$ 62.53	3. Other	Other	1900022930
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	32001	APR 2020	\$ 19.37	3. Other	Other	1900006932
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	OCT 2019	\$ 1.14	3. Other	Other	5000026280
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	17984	JAN 2020	\$ 1,736.63	3. Other	Other	1900000360
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	17984	JAN 2020	\$ 348.61	3. Other	Other	1900000360
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	17984	JAN 2020	\$ 140.53	3. Other	Other	1900000360
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	18005	FEB 2020	\$ 1,739.73	3. Other	Other	1900002573
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	18005	FEB 2020	\$ 240.65	3. Other	Other	1900002573
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	18005	FEB 2020	\$ 54.90	3. Other	Other	1900002573
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	18039	MAR 2020	\$ 1,631.41	3. Other	Other	1900004850

INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	18039	MAR 2020	\$ 280.17	3. Other	Other	1900004850
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	18076	APR 2020	\$ 1,791.57	3. Other	Other	1900006686
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	18076	APR 2020	\$ 369.84	3. Other	Other	1900006686
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	18111	MAY 2020	\$ 1,265.60	3. Other	Other	1900008672
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	18111	MAY 2020	\$ 272.45	3. Other	Other	1900008672
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	18135	JUN 2020	\$ 1,418.13	3. Other	Other	1900010684
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	18135	JUN 2020	\$ 288.71	3. Other	Other	1900010684
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	18164	JUL 2020	\$ 1,673.40	3. Other	Other	1900013174
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	18164	JUL 2020	\$ 345.65	3. Other	Other	1900013174
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	18185	AUG 2020	\$ 1,265.91	3. Other	Other	1900016360
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	18185	AUG 2020	\$ 81.70	3. Other	Other	1900016360
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	17867	SEP 2019	\$ 1,739.42	3. Other	Other	1900017973
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	17867	SEP 2019	\$ 221.33	3. Other	Other	1900017973
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	17867	SEP 2019	\$ 127.76	3. Other	Other	1900017973
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	17898	OCT 2019	\$ 2,755.71	3. Other	Other	1900020221
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	17898	OCT 2019	\$ 236.54	3. Other	Other	1900020221
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	17898	OCT 2019	\$ 146.40	3. Other	Other	1900020221
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	17922	NOV 2019	\$ 2,254.62	3. Other	Other	1900022655
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	17922	NOV 2019	\$ 237.91	3. Other	Other	1900022655
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	17922	NOV 2019	\$ 118.87	3. Other	Other	1900022655
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	17936	DEC 2019	\$ 1,686.61	3. Other	Other	1900024894
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	17936	DEC 2019	\$ 271.96	3. Other	Other	1900024894
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	17936	DEC 2019	\$ 104.69	3. Other	Other	1900024894
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	OCT 2019	\$ 45.75	3. Other	Other	5000026056
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	JAN 2020	\$ 58.38	3. Other	Other	5000000746
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	FEB 2020	\$ 73.56	3. Other	Other	5000003108
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	MAR 2020	\$ 62.74	3. Other	Other	5000005601
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	APR 2020	\$ 62.88	3. Other	Other	5000007621
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	MAY 2020	\$ 52.50	3. Other	Other	5000009961
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	JUN 2020	\$ 73.87	3. Other	Other	5000014870
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	JUL 2020	\$ 58.59	3. Other	Other	5000016978
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	AUG 2020	\$ 73.93	3. Other	Other	5000019991
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	SEP 2019	\$ 73.08	3. Other	Other	5000023162
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	OCT 2019	\$ 66.93	3. Other	Other	5000026097
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	NOV 2019	\$ 64.73	3. Other	Other	5000030121
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	DEC 2019	\$ 74.00	3. Other	Other	5000032833
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	JAN 2020	\$ 2.44	3. Other	Other	5000000877
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	FEB 2020	\$ 2.44	3. Other	Other	5000002991
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	MAR 2020	\$ 2.44	3. Other	Other	5000005607
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	APR 2020	\$ 2.44	3. Other	Other	5000008212
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	MAY 2020	\$ 2.44	3. Other	Other	5000010442
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	JUN 2020	\$ 2.44	3. Other	Other	5000014041
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	JUL 2020	\$ 2.44	3. Other	Other	5000016723
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	AUG 2020	\$ 2.44	3. Other	Other	5000019998
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	SEP 2019	\$ 2.44	3. Other	Other	5000024117
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	OCT 2019	\$ 2.44	3. Other	Other	5000026393
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	NOV 2019	\$ 2.44	3. Other	Other	5000030328
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	DEC 2019	\$ 2.44	3. Other	Other	5000032831
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	JAN 2020	\$ 26.35	3. Other	Other	5000001934
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	FEB 2020	\$ 26.35	3. Other	Other	5000004645
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	MAR 2020	\$ 26.35	3. Other	Other	5000007020
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	APR 2020	\$ 26.35	3. Other	Other	5000009302
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	MAY 2020	\$ 26.35	3. Other	Other	5000012037

INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	JUN 2020	\$ 26.35	3. Other	Other	5000015507
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	JUL 2020	\$ 26.35	3. Other	Other	5000018821
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	OCT 2019	\$ 26.35	3. Other	Other	5000026282
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	NOV 2019	\$ 26.35	3. Other	Other	5000029207
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	DEC 2019	\$ 26.35	3. Other	Other	5000031972
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	DEC 2019	\$ 26.35	3. Other	Other	5000034141
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	AIN.10243.2019	JAN 2020	\$ 49.43	3. Other	Other	1900000569
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	AINV.100771.2019	SEP 2019	\$ 12.35	3. Other	Other	1900018146
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	SEP 2019	\$ 183.00	3. Other	Other	5000022983
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	SEP 2019	\$ 183.00	3. Other	Other	5000024804
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	SEP 2019	\$ -183.00	3. Other	Other	5000024805
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	SEP 2019	\$ 183.00	3. Other	Other	5000024806
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	NOV 2019	\$ 183.00	3. Other	Other	5000030029
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	NOV 2019	\$ 183.00	3. Other	Other	5000030031
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	DEC 2019	\$ 183.00	3. Other	Other	5000034124
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	PC0383_20200101	FEB 2020	\$ 128.10	3. Other	Other	1900002775
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	PC0383_20200201	MAR 2020	\$ 122.00	3. Other	Other	1900004966
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	PC0383_20200301	APR 2020	\$ 134.20	3. Other	Other	1900006621
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	PC0383_20200401	MAY 2020	\$ 128.10	3. Other	Other	1900008670
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	PC0383_20200501	JUN 2020	\$ 122.00	3. Other	Other	1900010782
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	PC0383_20200601	JUL 2020	\$ 103.70	3. Other	Other	1900012900
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	PC0383_20200701	AUG 2020	\$ 134.20	3. Other	Other	1900014802
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	PC0383_20190801	SEP 2019	\$ 36.60	3. Other	Other	1900018130
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	PC0383_20190901	OCT 2019	\$ 122.00	3. Other	Other	1900020096
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	PC0383_20191001	NOV 2019	\$ 140.30	3. Other	Other	1900022701
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	PC0383_20191101	DEC 2019	\$ 109.80	3. Other	Other	1900024830
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	PC0383_20191201	DEC 2019	\$ 115.90	3. Other	Other	1900025352
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	MAR 2020	\$ 21.35	3. Other	Other	5000005783
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	MAR 2020	\$ 21.35	3. Other	Other	5000005785
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	JUL 2020	\$ 21.35	3. Other	Other	5000015964
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	JUL 2020	\$ 21.35	3. Other	Other	5000015965
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	JUL 2020	\$ 21.35	3. Other	Other	5000015966
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	JUL 2020	\$ 21.35	3. Other	Other	5000015967
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	JUL 2020	\$ 21.35	3. Other	Other	5000015967
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	JUL 2020	\$ 21.35	3. Other	Other	5000017573
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	SEP 2019	\$ 21.35	3. Other	Other	5000023462
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	OCT 2019	\$ 21.35	3. Other	Other	5000025984
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	NOV 2019	\$ 21.35	3. Other	Other	5000030028
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	DEC 2019	\$ 21.35	3. Other	Other	5000032830
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	DEC 2019	\$ 21.35	3. Other	Other	5000033199
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	NOV 2019	\$ 558.24	3. Other	Other	5000030877
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	6811	NOV 2019	\$ 12.97	3. Other	Other	1900024444
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	FEB 2020	\$ 23.81	3. Other	Other	5000002982
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	MAR 2020	\$ 23.81	3. Other	Other	5000005597
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	MAR 2020	\$ 3.48	3. Other	Other	5000006364
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	APR 2020	\$ 27.88	3. Other	Other	5000008995
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	MAY 2020	\$ 27.88	3. Other	Other	5000010441
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	JUN 2020	\$ 27.88	3. Other	Other	5000013656
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	JUL 2020	\$ 27.88	3. Other	Other	5000016261
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	AUG 2020	\$ 27.88	3. Other	Other	5000019993
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	SEP 2019	\$ 23.81	3. Other	Other	5000023016
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	OCT 2019	\$ 23.81	3. Other	Other	5000026092
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	NOV 2019	\$ 23.81	3. Other	Other	5000029488
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	DEC 2019	\$ 23.81	3. Other	Other	5000032832

INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	DEC 2019	\$ 23.81	3. Other	Other	5000034248
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	SEP 2019	\$ 43.04	3. Other	Other	5000023386
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	3145	MAY 2020	\$ 1.92	3. Other	Other	1900009166
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	3217	JUN 2020	\$ 3.21	3. Other	Other	1900012436
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	JUL 2020	\$ 2.85	3. Other	Other	5000016709
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	JUL 2020	\$ 109.80	3. Other	Other	5000018423
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	AUG 2020	\$ 2.55	3. Other	Other	5000020199
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	MAR 2020	\$ 186.61	3. Other	Other	5000006466
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	JUL 2020	\$ 173.25	3. Other	Other	5000017654
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	DEC 2019	\$ 402.60	3. Other	Other	5000032077
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	DEC 2019	\$ -402.60	3. Other	Other	5000032078
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	DEC 2019	\$ 402.60	3. Other	Other	5000032079
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	DEC 2019	\$ 138.21	3. Other	Other	5000034099
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	130525	JAN 2020	\$ 16.96	3. Other	Other	1900002024
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	130526	JAN 2020	\$ 22.93	3. Other	Other	1900002025
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	131391	FEB 2020	\$ 25.13	3. Other	Other	1900002462
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	131392	FEB 2020	\$ 25.13	3. Other	Other	1900002463
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	132247	FEB 2020	\$ 25.13	3. Other	Other	1900002692
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	132246	FEB 2020	\$ 25.13	3. Other	Other	1900002694
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	133202	FEB 2020	\$ 25.13	3. Other	Other	1900004329
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	133201	FEB 2020	\$ 25.13	3. Other	Other	1900004331
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	134112	MAR 2020	\$ 25.13	3. Other	Other	1900004902
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	134113	MAR 2020	\$ 25.13	3. Other	Other	1900004903
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	135054	MAR 2020	\$ 25.13	3. Other	Other	1900006153
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	135055	MAR 2020	\$ 25.13	3. Other	Other	1900006154
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	135933	APR 2020	\$ 25.13	3. Other	Other	1900006685
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	136597	APR 2020	\$ 25.13	3. Other	Other	1900008408
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	137228	MAY 2020	\$ 20.11	3. Other	Other	1900008577
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	137229	MAY 2020	\$ 25.13	3. Other	Other	1900008578
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	136598	MAY 2020	\$ 25.13	3. Other	Other	1900008580
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	137584	MAY 2020	\$ 25.13	3. Other	Other	1900009018
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	138504	JUN 2020	\$ 25.13	3. Other	Other	1900010657
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	138505	JUN 2020	\$ 25.13	3. Other	Other	1900010658
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	612637	JUN 2020	\$ 25.13	3. Other	Other	1900011133
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	612636	JUN 2020	\$ 20.11	3. Other	Other	1900012547
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	613288	JUL 2020	\$ 25.13	3. Other	Other	1900012760
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	613287	JUL 2020	\$ 25.13	3. Other	Other	1900012761
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	137583	JUL 2020	\$ 25.13	3. Other	Other	1900013028
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	135932	JUL 2020	\$ 25.13	3. Other	Other	1900013029
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	613934	JUL 2020	\$ 25.13	3. Other	Other	1900013030
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	614565	JUL 2020	\$ 25.13	3. Other	Other	1900014487
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	614566	JUL 2020	\$ 22.62	3. Other	Other	1900014488
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	615232	AUG 2020	\$ 25.13	3. Other	Other	1900014934
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	615231	AUG 2020	\$ 25.13	3. Other	Other	1900014935
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	122100	SEP 2019	\$ 75.40	3. Other	Other	1900019674
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	123118	OCT 2019	\$ 25.13	3. Other	Other	1900020269
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	123119	OCT 2019	\$ 25.13	3. Other	Other	1900020270
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	124123	OCT 2019	\$ 20.11	3. Other	Other	1900020472
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	124122	OCT 2019	\$ 20.11	3. Other	Other	1900020473
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	124671	OCT 2019	\$ 28.90	3. Other	Other	1900022333
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	124670	OCT 2019	\$ 25.13	3. Other	Other	1900022334
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	125678	NOV 2019	\$ 28.27	3. Other	Other	1900022990
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	125679	NOV 2019	\$ 28.27	3. Other	Other	1900022991

INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	126635	NOV 2019	\$ 25.13	3. Other	Other	1900024303
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	126634	NOV 2019	\$ 25.13	3. Other	Other	1900024304
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	127586	DEC 2019	\$ 27.96	3. Other	Other	1900024943
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	127585	DEC 2019	\$ 22.30	3. Other	Other	1900024944
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	128948	DEC 2019	\$ 29.53	3. Other	Other	1900025353
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	128947	DEC 2019	\$ 13.82	3. Other	Other	1900025354
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	A050809	JAN 2020	\$ 161.24	3. Other	Other	1900000406
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	A049552	DEC 2019	\$ 94.55	3. Other	Other	1900025261
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1367	JAN 2020	\$ 100.65	3. Other	Other	1900000518
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1372	FEB 2020	\$ 87.84	3. Other	Other	1900002552
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1376	MAR 2020	\$ 55.82	3. Other	Other	1900004482
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1379	MAR 2020	\$ 93.33	3. Other	Other	1900004753
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1382	MAR 2020	\$ 79.91	3. Other	Other	1900004754
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1385	MAR 2020	\$ 65.88	3. Other	Other	1900006056
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1392	APR 2020	\$ 77.47	3. Other	Other	1900008415
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1389	APR 2020	\$ 88.45	3. Other	Other	1900008435
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1395	MAY 2020	\$ 48.19	3. Other	Other	1900008671
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1397	MAY 2020	\$ 42.09	3. Other	Other	1900010546
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1398	JUN 2020	\$ 48.50	3. Other	Other	1900010784
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1403	JUL 2020	\$ 48.80	3. Other	Other	1900013133
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1402	JUL 2020	\$ 47.58	3. Other	Other	1900014371
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1407	JUL 2020	\$ 43.92	3. Other	Other	1900014563
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1408	AUG 2020	\$ 49.41	3. Other	Other	1900015119
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1412	AUG 2020	\$ 57.95	3. Other	Other	1900016710
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1335	SEP 2019	\$ 98.82	3. Other	Other	1900018128
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1340	SEP 2019	\$ 91.50	3. Other	Other	1900020008
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1341	OCT 2019	\$ 107.97	3. Other	Other	1900020617
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1352	NOV 2019	\$ 106.14	3. Other	Other	1900022831
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1359	NOV 2019	\$ 74.42	3. Other	Other	1900024478
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1356	NOV 2019	\$ 61.00	3. Other	Other	1900024479
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1360	DEC 2019	\$ 47.78	3. Other	Other	1900024890
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1362	DEC 2019	\$ 84.18	3. Other	Other	1900025149
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1366	DEC 2019	\$ 73.20	3. Other	Other	1900026756
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1363	DEC 2019	\$ 33.33	3. Other	Other	1900026868
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	5805	JAN 2020	\$ 68.08	3. Other	Other	1900000359
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	5818	JAN 2020	\$ 60.51	3. Other	Other	1900001928
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	5792	OCT 2019	\$ 75.64	3. Other	Other	1900020570
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	5809	DEC 2019	\$ 60.51	3. Other	Other	1900025150
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	5814	DEC 2019	\$ 75.64	3. Other	Other	1900026870
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	US100481867	JAN 2020	\$ 62.53	3. Other	Other	1900000652
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	US100489734	FEB 2020	\$ 62.53	3. Other	Other	1900002382
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	US100497583	MAR 2020	\$ 62.53	3. Other	Other	1900004581
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	US100505351	APR 2020	\$ 62.53	3. Other	Other	1900006741
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	US100509820	MAY 2020	\$ 62.53	3. Other	Other	1900008646
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	US100520680	JUN 2020	\$ 62.53	3. Other	Other	1900010745
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	US100528269	JUL 2020	\$ 62.53	3. Other	Other	1900012804
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	US100535817	AUG 2020	\$ 62.53	3. Other	Other	1900014929
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	US100465994	NOV 2019	\$ 62.53	3. Other	Other	1900024299
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	US100473955	DEC 2019	\$ 62.53	3. Other	Other	1900025207
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	68158	APR 2020	\$ 24.71	3. Other	Other	1900008487
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	reclass Salay WBS	RECLASS SALAY WB	AUG 2020	\$ -430.39	3. Other	Other	
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	19000000462020	JAN 2020	\$ 29.53	3. Other	Other	
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	129794	JAN 2020	\$ 25.13	3. Other	Other	

CORONA VIRUS SUPS AND EXPS FOR PNG COS	#	#	#	MAR 2020	\$ 1.93	3. Other	Other	500006457
CORONA VIRUS SUPS AND EXPS FOR PNG COS	#	#	122522	JUN 2020	\$ 5.75	3. Other	Other	1900012491
CORONA VIRUS SUPS AND EXPS FOR PNG COS	#	#	122604	JUL 2020	\$ 2.33	3. Other	Other	1900012974
CORONA VIRUS SUPS AND EXPS FOR PNG COS	#	#	122655	JUL 2020	\$ 13.05	3. Other	Other	1900013262
CORONA VIRUS SUPS AND EXPS FOR PNG COS	#	#	122898	JUL 2020	\$ 4.44	3. Other	Other	1900013288
CORONA VIRUS SUPS AND EXPS FOR PNG COS	#	#	123090	AUG 2020	\$ 4.86	3. Other	Other	1900014840
CORONA VIRUS SUPS AND EXPS FOR PNG COS	#	#	122401	AUG 2020	\$ 0.97	3. Other	Other	1900016711
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	TR1000003204	22004523	JAN 2020	\$ 1.00	3. Other	Other	100008227
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	TR1000003243	22004772	FEB 2020	\$ 0.43	3. Other	Other	100018983
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	TR1000003274	22004935	MAR 2020	\$ 0.95	3. Other	Other	100027613
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	TR1000003317	22005050	APR 2020	\$ 0.98	3. Other	Other	100037141
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	TR1000003355	22005140	MAY 2020	\$ 4.55	3. Other	Other	100043228
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	TR1000003389	22005241	JUN 2020	\$ 0.24	3. Other	Other	100054071
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	TR1000003429	22005310	JUL 2020	\$ 0.79	3. Other	Other	100063024
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	TR1000003469	22005489	AUG 2020	\$ 0.24	3. Other	Other	100073773
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	22003722	SEP 2019	\$ 0.98	3. Other	Other	100086629
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	22003905	OCT 2019	\$ 0.98	3. Other	Other	100096815
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	TR1000003127	22004173	NOV 2019	\$ 3.72	3. Other	Other	100107282
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	TR1000003161	22004352	DEC 2019	\$ 0.98	3. Other	Other	100117731
KY ACCTNG FINREPORT	#	BILL1300	PNG COS SVC	JAN 2020	\$ 241.26	3. Other	Other	100000759
KY EQ FA ACCOUNTING	#	BILL1300	PNG COS SVC	JAN 2020	\$ 11.19	3. Other	Other	100000759
KY EQ RATES	#	BILL1300	PNG COS SVC	JAN 2020	\$ 2.85	3. Other	Other	100000759
KY EQ HR	#	BILL1300	PNG COS SVC	JAN 2020	\$ 16.96	3. Other	Other	100000759
KY EQ MEDIA RELATION	#	BILL1300	PNG COS SVC	JAN 2020	\$ 24.71	3. Other	Other	100000759
KY EQ TELECOM	#	BILL1300	PNG COS SVC	JAN 2020	\$ -0.62	3. Other	Other	100000759
KY EQ IT	#	BILL1300	PNG COS SVC	JAN 2020	\$ 22.41	3. Other	Other	100000759
KY EQ EXEC STAFF	#	BILL1300	PNG COS SVC	JAN 2020	\$ 3.06	3. Other	Other	100000759
KY ACCTNG FINREPORT	#	BILL1300	PNG COS SVC	FEB 2020	\$ 276.14	3. Other	Other	100001326
KY EQ FA ACCOUNTING	#	BILL1300	PNG COS SVC	FEB 2020	\$ 0.59	3. Other	Other	100001326
KY EQ RATES	#	BILL1300	PNG COS SVC	FEB 2020	\$ 52.03	3. Other	Other	100001326
KY EQ HR	#	BILL1300	PNG COS SVC	FEB 2020	\$ 44.75	3. Other	Other	100001326
KY EQ MEDIA RELATION	#	BILL1300	PNG COS SVC	FEB 2020	\$ 9.05	3. Other	Other	100001326
KY EQ TELECOM	#	BILL1300	PNG COS SVC	FEB 2020	\$ 0.28	3. Other	Other	100001326
KY EQ IT	#	BILL1300	PNG COS SVC	FEB 2020	\$ 54.39	3. Other	Other	100001326
KY ACCTNG FINREPORT	#	BILL1300	PNG COS SVC	FEB 2020	\$ 276.14	3. Other	Other	100001326
KY EQ FA ACCOUNTING	#	BILL1300	PNG COS SVC	FEB 2020	\$ 0.59	3. Other	Other	100001326
KY EQ RATES	#	BILL1300	PNG COS SVC	FEB 2020	\$ 52.03	3. Other	Other	100001326
KY ACCTNG FINREPORT	#	BILL1300	PNG COS SVC	FEB 2020	\$ -276.14	3. Other	Other	100001326
KY EQ FA ACCOUNTING	#	BILL1300	PNG COS SVC	FEB 2020	\$ -0.59	3. Other	Other	100001326
KY EQ RATES	#	BILL1300	PNG COS SVC	FEB 2020	\$ -52.03	3. Other	Other	100001326
KY EQ HR	#	BILL1300	PNG COS SVC	FEB 2020	\$ -44.75	3. Other	Other	100001326
KY EQ MEDIA RELATION	#	BILL1300	PNG COS SVC	FEB 2020	\$ -9.05	3. Other	Other	100001326
KY EQ TELECOM	#	BILL1300	PNG COS SVC	FEB 2020	\$ -0.28	3. Other	Other	100001326
KY EQ IT	#	BILL1300	PNG COS SVC	FEB 2020	\$ -54.39	3. Other	Other	100001326
KY EQ HR	#	BILL1300	PNG COS SVC	FEB 2020	\$ 44.75	3. Other	Other	100001326
KY EQ MEDIA RELATION	#	BILL1300	PNG COS SVC	FEB 2020	\$ 9.05	3. Other	Other	100001326
KY EQ TELECOM	#	BILL1300	PNG COS SVC	FEB 2020	\$ 0.28	3. Other	Other	100001326
KY EQ IT	#	BILL1300	PNG COS SVC	FEB 2020	\$ 54.39	3. Other	Other	100001326
KY ACCTNG FINREPORT	#	BILL1300	PNG COS SVC	MAR 2020	\$ 351.76	3. Other	Other	100001907
KY EQ RATES	#	BILL1300	PNG COS SVC	MAR 2020	\$ -49.88	3. Other	Other	100001907
KY EQ HR	#	BILL1300	PNG COS SVC	MAR 2020	\$ 32.03	3. Other	Other	100001907
KY EQ MEDIA RELATION	#	BILL1300	PNG COS SVC	MAR 2020	\$ 5.36	3. Other	Other	100001907
KY EQ TELECOM	#	BILL1300	PNG COS SVC	MAR 2020	\$ 1.90	3. Other	Other	100001907

KY EQ IT	#	BILL1300	PNG COS SVC	MAR 2020	\$ 56.70	3. Other	Other	100001907
KY EQ IT APPLICATION	#	BILL1300	PNG COS SVC	MAR 2020	\$ 9.59	3. Other	Other	100001907
KY ACCTNG FINREPORT	#	BILL1300	PNG COS SVC	APR 2020	\$ 283.27	3. Other	Other	100002582
KY EQ RATES	#	BILL1300	PNG COS SVC	APR 2020	\$ 0.27	3. Other	Other	100002582
KY EQ HR	#	BILL1300	PNG COS SVC	APR 2020	\$ 14.51	3. Other	Other	100002582
KY EQ MEDIA RELATION	#	BILL1300	PNG COS SVC	APR 2020	\$ 12.73	3. Other	Other	100002582
KY EQ IT	#	BILL1300	PNG COS SVC	APR 2020	\$ 19.39	3. Other	Other	100002582
KY EQ IT APPLICATION	#	BILL1300	PNG COS SVC	APR 2020	\$ 1.34	3. Other	Other	100002582
KY ACCTNG FINREPORT	#	BILL1300	PNG COS SVC	MAY 2020	\$ 283.12	3. Other	Other	100003091
KY EQ RATES	#	BILL1300	PNG COS SVC	MAY 2020	\$ 0.84	3. Other	Other	100003091
KY EQ HR	#	BILL1300	PNG COS SVC	MAY 2020	\$ 13.36	3. Other	Other	100003091
KY EQ MEDIA RELATION	#	BILL1300	PNG COS SVC	MAY 2020	\$ 4.54	3. Other	Other	100003091
KY EQ IT	#	BILL1300	PNG COS SVC	MAY 2020	\$ 72.95	3. Other	Other	100003091
KY EQ IT APPLICATION	#	BILL1300	PNG COS SVC	MAY 2020	\$ 1.34	3. Other	Other	100003091
KY ACCTNG FINREPORT	#	BILL1300	PNG COS SVC	JUN 2020	\$ 459.46	3. Other	Other	100003705
FP A	#	BILL1300	PNG COS SVC	JUN 2020	\$ 49.28	3. Other	Other	100003705
KY EQ RATES	#	BILL1300	PNG COS SVC	JUN 2020	\$ -5.20	3. Other	Other	100003705
KY EQ HR	#	BILL1300	PNG COS SVC	JUN 2020	\$ 12.28	3. Other	Other	100003705
KY EQ MEDIA RELATION	#	BILL1300	PNG COS SVC	JUN 2020	\$ 1.55	3. Other	Other	100003705
KY EQ IT	#	BILL1300	PNG COS SVC	JUN 2020	\$ 58.36	3. Other	Other	100003705
KY EQ IT APPLICATION	#	BILL1300	PNG COS SVC	JUN 2020	\$ 1.22	3. Other	Other	100003705
KY ACCTNG FINREPORT	#	BILL1300	PNG COS SVC	JUL 2020	\$ 338.72	3. Other	Other	100004338
FP A	#	BILL1300	PNG COS SVC	JUL 2020	\$ 82.63	3. Other	Other	100004338
KY EQ HR	#	BILL1300	PNG COS SVC	JUL 2020	\$ 12.37	3. Other	Other	100004338
KY EQ MEDIA RELATION	#	BILL1300	PNG COS SVC	JUL 2020	\$ 7.44	3. Other	Other	100004338
KY EQ IT	#	BILL1300	PNG COS SVC	JUL 2020	\$ 34.04	3. Other	Other	100004338
KY EQ IT APPLICATION	#	BILL1300	PNG COS SVC	JUL 2020	\$ 7.37	3. Other	Other	100004338
KY ACCTNG FINREPORT	#	BILL1300	PNG COS SVC	AUG 2020	\$ 290.34	3. Other	Other	100004850
FP A	#	BILL1300	PNG COS SVC	AUG 2020	\$ 79.12	3. Other	Other	100004850
KY EQ HR	#	BILL1300	PNG COS SVC	AUG 2020	\$ 13.17	3. Other	Other	100004850
KY EQ MEDIA RELATION	#	BILL1300	PNG COS SVC	AUG 2020	\$ 14.22	3. Other	Other	100004850
KY EQ IT	#	BILL1300	PNG COS SVC	AUG 2020	\$ 72.80	3. Other	Other	100004850
KY EQ IT APPLICATION	#	BILL1300	PNG COS SVC	AUG 2020	\$ 5.32	3. Other	Other	100004850
KY ACCTNG FINREPORT	#	BILL1300	PNG COS SVC	SEP 2019	\$ 259.93	3. Other	Other	100005493
KY EQ FA ACCOUNTING	#	BILL1300	PNG COS SVC	SEP 2019	\$ 10.70	3. Other	Other	100005493
FP A	#	BILL1300	PNG COS SVC	SEP 2019	\$ -6.81	3. Other	Other	100005493
KY EQ HR	#	BILL1300	PNG COS SVC	SEP 2019	\$ 24.53	3. Other	Other	100005493
KY EQ MEDIA RELATION	#	BILL1300	PNG COS SVC	SEP 2019	\$ 6.49	3. Other	Other	100005493
KY EQ TELECOM	#	BILL1300	PNG COS SVC	SEP 2019	\$ 19.78	3. Other	Other	100005493
KY EQ IT APPLICATION	#	BILL1300	PNG COS SVC	SEP 2019	\$ 34.04	3. Other	Other	100005493
KY EQ EXEC STAFF	#	BILL1300	PNG COS SVC	SEP 2019	\$ 3.94	3. Other	Other	100005493
KY ACCTNG FINREPORT	#	BILL1300	PNG COS SVC	OCT 2019	\$ 332.10	3. Other	Other	100006120
KY EQ FA ACCOUNTING	#	BILL1300	PNG COS SVC	OCT 2019	\$ 14.08	3. Other	Other	100006120
KY EQ TAX SERVICES	#	BILL1300	PNG COS SVC	OCT 2019	\$ 0.75	3. Other	Other	100006120
KY EQ RATES	#	BILL1300	PNG COS SVC	OCT 2019	\$ 0.99	3. Other	Other	100006120
KY EQ HR	#	BILL1300	PNG COS SVC	OCT 2019	\$ 16.12	3. Other	Other	100006120
KY EQ MEDIA RELATION	#	BILL1300	PNG COS SVC	OCT 2019	\$ 15.48	3. Other	Other	100006120
KY EQ TELECOM	#	BILL1300	PNG COS SVC	OCT 2019	\$ 2.34	3. Other	Other	100006120
KY EQ IT APPLICATION	#	BILL1300	PNG COS SVC	OCT 2019	\$ 19.82	3. Other	Other	100006120
KY EQ EXEC STAFF	#	BILL1300	PNG COS SVC	OCT 2019	\$ 3.44	3. Other	Other	100006120
KY ACCTNG FINREPORT	#	BILL1300	PNG COS SVC	NOV 2019	\$ 264.70	3. Other	Other	100006666
KY EQ FA ACCOUNTING	#	BILL1300	PNG COS SVC	NOV 2019	\$ 10.98	3. Other	Other	100006666
KY EQ HR	#	BILL1300	PNG COS SVC	NOV 2019	\$ 17.27	3. Other	Other	100006666

KY EQ MEDIA RELATION	#	BILL1300	PNG COS SVC	NOV 2019	\$ 9.25	3. Other	Other	100006666
KY EQ TELECOM	#	BILL1300	PNG COS SVC	NOV 2019	\$ 18.43	3. Other	Other	100006666
KY EQ IT	#	BILL1300	PNG COS SVC	NOV 2019	\$ 34.61	3. Other	Other	100006666
KY EQ IT APPLICATION	#	BILL1300	PNG COS SVC	DEC 2019	\$ 12.53	3. Other	Other	100007325
KY ACCTNG FINREPORT	#	BILL1300	PNG COS SVC	DEC 2019	\$ 271.63	3. Other	Other	100007325
KY EQ FA ACCOUNTING	#	BILL1300	PNG COS SVC	DEC 2019	\$ 12.64	3. Other	Other	100007325
FP A	#	BILL1300	PNG COS SVC	DEC 2019	\$ 4.68	3. Other	Other	100007325
KY EQ REG LEGAL	#	BILL1300	PNG COS SVC	DEC 2019	\$ 0.13	3. Other	Other	100007325
KY EQ HR	#	BILL1300	PNG COS SVC	DEC 2019	\$ 17.09	3. Other	Other	100007325
KY EQ MEDIA RELATION	#	BILL1300	PNG COS SVC	DEC 2019	\$ 15.21	3. Other	Other	100007325
KY EQ TELECOM	#	BILL1300	PNG COS SVC	DEC 2019	\$ 25.10	3. Other	Other	100007325
KY EQ IT	#	BILL1300	PNG COS SVC	DEC 2019	\$ 56.70	3. Other	Other	100007325
KY EQ EXEC STAFF	#	BILL1300	PNG COS SVC	DEC 2019	\$ 50.39	3. Other	Other	100007325
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	APR 2020	\$ 687.12	3. Other	Other	100002602
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	APR 2020	\$ 97.46	3. Other	Other	100002602
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	APR 2020	\$ 58.67	3. Other	Other	100002602
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	APR 2020	\$ 413.11	3. Other	Other	100002602
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	APR 2020	\$ 36.41	3. Other	Other	100002602
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	APR 2020	\$ 388.73	3. Other	Other	100002602
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	APR 2020	\$ 216.51	3. Other	Other	100002602
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	APR 2020	\$ 112.88	3. Other	Other	100002602
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	APR 2020	\$ 12.55	3. Other	Other	100002602
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	APR 2020	\$ 223.87	3. Other	Other	100002602
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	APR 2020	\$ 103.01	3. Other	Other	100002602
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	APR 2020	\$ 2,236.35	3. Other	Other	100002602
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	MAY 2020	\$ 749.92	3. Other	Other	100003123
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	MAY 2020	\$ 92.08	3. Other	Other	100003123
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	MAY 2020	\$ 49.24	3. Other	Other	100003123
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	MAY 2020	\$ 396.03	3. Other	Other	100003123
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	MAY 2020	\$ 36.37	3. Other	Other	100003123
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	MAY 2020	\$ 378.84	3. Other	Other	100003123
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	MAY 2020	\$ 207.02	3. Other	Other	100003123
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	MAY 2020	\$ 6.87	3. Other	Other	100003123
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	MAY 2020	\$ 132.37	3. Other	Other	100003123
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	MAY 2020	\$ 12.57	3. Other	Other	100003123
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	MAY 2020	\$ 203.74	3. Other	Other	100003123
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	MAY 2020	\$ 119.05	3. Other	Other	100003123
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	MAY 2020	\$ 2,217.63	3. Other	Other	100003123
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	JUN 2020	\$ 700.86	3. Other	Other	100003745
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	JUN 2020	\$ 82.61	3. Other	Other	100003745
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	JUN 2020	\$ 36.65	3. Other	Other	100003745
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	JUN 2020	\$ 385.89	3. Other	Other	100003745
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	JUN 2020	\$ 33.05	3. Other	Other	100003745
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	JUN 2020	\$ 353.96	3. Other	Other	100003745
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	JUN 2020	\$ 195.82	3. Other	Other	100003745
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	JUN 2020	\$ 20.60	3. Other	Other	100003745
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	JUN 2020	\$ 119.13	3. Other	Other	100003745
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	JUN 2020	\$ 10.68	3. Other	Other	100003745
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	JUN 2020	\$ 167.72	3. Other	Other	100003745
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	JUN 2020	\$ 118.31	3. Other	Other	100003745
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	JUN 2020	\$ 2,102.96	3. Other	Other	100003745
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	JUL 2020	\$ 679.07	3. Other	Other	100004367
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	JUL 2020	\$ 78.26	3. Other	Other	100004367

INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	JUN 2020	\$ 78.87	3. Other	Other	100003745
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	JUN 2020	\$ 1.34	3. Other	Other	100003745
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	JUN 2020	\$ 0.21	3. Other	Other	100003745
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	JUN 2020	\$ 0.77	3. Other	Other	100003745
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	JUN 2020	\$ 47.76	3. Other	Other	100003745
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	JUL 2020	\$ 43.22	3. Other	Other	100004367
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	JUL 2020	\$ 0.27	3. Other	Other	100004367
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	JUL 2020	\$ 0.11	3. Other	Other	100004367
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	JUL 2020	\$ 379.74	3. Other	Other	100004367
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	JUL 2020	\$ 1.10	3. Other	Other	100004367
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	JUL 2020	\$ 657.36	3. Other	Other	100004367
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	JUL 2020	\$ 51.65	3. Other	Other	100004367
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	JUL 2020	\$ 6.28	3. Other	Other	100004367
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	JUL 2020	\$ 0.36	3. Other	Other	100004367
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	JUL 2020	\$ 0.21	3. Other	Other	100004367
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	JUL 2020	\$ 1.25	3. Other	Other	100004367
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	JUL 2020	\$ 31.70	3. Other	Other	100004367
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	AUG 2020	\$ 104.77	3. Other	Other	100004885
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	AUG 2020	\$ 58.11	3. Other	Other	100004885
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	AUG 2020	\$ 2.60	3. Other	Other	100004885
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	AUG 2020	\$ 0.61	3. Other	Other	100004885
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	AUG 2020	\$ 75.84	3. Other	Other	100004885
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	AUG 2020	\$ 1.19	3. Other	Other	100004885
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	AUG 2020	\$ 22.00	3. Other	Other	100004885
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	AUG 2020	\$ 0.20	3. Other	Other	100004885
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	AUG 2020	\$ 24.52	3. Other	Other	100004885
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	AUG 2020	\$ 0.36	3. Other	Other	100004885
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	AUG 2020	\$ 1.55	3. Other	Other	100004885
INTERCO SUPPORT	#	BILL1300-ESSN	PNG COS ESSN	AUG 2020	\$ 47.04	3. Other	Other	100004885
INTERCO SUPPORT	#	SAP Charges	SAP CHARGES	JAN 2020	\$ 1,061.82	3. Other	Other	10000543
INTERCO SUPPORT	#	SAP Charges	SAP CHARGES	FEB 2020	\$ 1,061.82	3. Other	Other	10000948
INTERCO SUPPORT	#	SAP Charges	SAP CHARGES	MAR 2020	\$ 1,061.82	3. Other	Other	100001586
INTERCO SUPPORT	#	SAP Charges	SAP CHARGES	APR 2020	\$ 1,061.82	3. Other	Other	100002244
INTERCO SUPPORT	#	SAP Charges	SAP CHARGES	MAY 2020	\$ 1,061.82			
INTERCO SUPPORT	#	SAP Charges	SAP CHARGES	JUN 2020	\$ 1,061.82			
INTERCO SUPPORT	#	SAP Charges	SAP CHARGES	JUL 2020	\$ 1,061.82			
INTERCO SUPPORT	#	SAP Charges	SAP CHARGES	AUG 2020	\$ 1,061.82			
INTERCO SUPPORT	#	SAP Charges	SAP CHARGES	SEP 2019	\$ 1,061.82			
INTERCO SUPPORT	#	SAP Charges	SAP CHARGES	OCT 2019	\$ 1,061.82			
INTERCO SUPPORT	#	SAP Charges	SAP CHARGES	NOV 2019	\$ 1,061.82			
INTERCO SUPPORT	#	SAP Charges	SAP CHARGES	DEC 2019	\$ 1,061.82			
					\$ 99,512.16			

Various vendors < \$1,000

Period	Description	Vendor Name
OCT 2019	Contractor Services	ARCOS LLC
JUN 2020	Contractor Services	CURRAN TAYLOR INC
JUL 2020	Contractor Services	MAHLA OFFICE FURNITURE
MAR 2020	Contractor Services	CLEANWORKS LLC
MAR 2020	Contractor Services	CLEANWORKS LLC
MAR 2020	Contractor Services	CLEANWORKS LLC
APR 2020	Environment Services	MCCUTCHEON ENTERPRISES INC
JAN 2020	Actg/Auditing Svcs	ADP
FEB 2020	Actg/Auditing Svcs	ADP
FEB 2020	Actg/Auditing Svcs	ADP
MAR 2020	Actg/Auditing Svcs	ADP
APR 2020	Actg/Auditing Svcs	ADP
MAY 2020	Actg/Auditing Svcs	ADP
JUN 2020	Actg/Auditing Svcs	ADP
JUL 2020	Actg/Auditing Svcs	ADP
AUG 2020	Actg/Auditing Svcs	ADP
		Various vendors < \$1,000
		Various vendors < \$1,000
		Various vendors < \$1,000
		Various vendors < \$1,000
SEP 2019	Actg/Auditing Svcs	ADP
OCT 2019	Actg/Auditing Svcs	ADP
NOV 2019	Actg/Auditing Svcs	ADP
DEC 2019	Actg/Auditing Svcs	ADP
FEB 2020	Actg/Auditing Svcs	Deloitte
MAR 2020	Actg/Auditing Svcs	Deloitte
APR 2020	Actg/Auditing Svcs	Deloitte
JUN 2020	Actg/Auditing Svcs	Deloitte
SEP 2019	Actg/Auditing Svcs	SCHNEIDER DOWNS & CO INC
OCT 2019	Actg/Auditing Svcs	SCHNEIDER DOWNS & CO INC
OCT 2019	Actg/Auditing Svcs	SCHNEIDER DOWNS & CO INC
NOV 2019	Actg/Auditing Svcs	SCHNEIDER DOWNS & CO INC
NOV 2019	Actg/Auditing Svcs	SCHNEIDER DOWNS & CO INC
NOV 2019	Actg/Auditing Svcs	SCHNEIDER DOWNS & CO INC
DEC 2019	Actg/Auditing Svcs	SCHNEIDER DOWNS & CO INC
MAR 2020	Actg/Auditing Svcs	PwC
SEP 2019	Actg/Auditing Svcs	PwC
MAY 2020	Actg/Auditing Svcs	PwC
JUL 2020	Actg/Auditing Svcs	PwC
AUG 2020	Actg/Auditing Svcs	PwC
AUG 2020	Actg/Auditing Svcs	PwC
APR 2020	Actg/Auditing Svcs	PwC
OCT 2019	Actg/Auditing Svcs	PwC
JUL 2020	Actg/Auditing Svcs	PwC
AUG 2020	Actg/Auditing Svcs	PwC

FEB 2020	Legal Services	K & L GATES LLP
MAR 2020	Legal Services	K & L GATES LLP
APR 2020	Legal Services	K & L GATES LLP
MAY 2020	Legal Services	K & L GATES LLP
JUN 2020	Legal Services	Stoll Keenon
JUN 2020	Legal Services	Stoll Keenon
JUN 2020	Legal Services	Stoll Keenon
JAN 2020	Consultant Services	AON CONSULTING INC
JAN 2020	Consultant Services	AON CONSULTING INC
JAN 2020	Consultant Services	AON CONSULTING INC
JAN 2020	Consultant Services	AON CONSULTING INC
JAN 2020	Consultant Services	AON CONSULTING INC
JAN 2020	Consultant Services	AON CONSULTING INC
JAN 2020	Consultant Services	AON CONSULTING INC
FEB 2020	Consultant Services	AON CONSULTING INC
FEB 2020	Consultant Services	AON CONSULTING INC
FEB 2020	Consultant Services	AON CONSULTING INC
FEB 2020	Consultant Services	AON CONSULTING INC
OCT 2019	Consultant Services	AON CONSULTING INC
OCT 2019	Consultant Services	AON CONSULTING INC
		Various vendors < \$1,000
FEB 2020	IT/Telecom Contr Svc	GROUPEX LIMITED
MAY 2020	IT/Telecom Contr Svc	GROUPEX LIMITED
OCT 2019	IT/Telecom Contr Svc	GROUPEX LIMITED
MAY 2020	IT/Telecom Contr Svc	PRESIDIO NETWORKED SOLUTIONS INC
NOV 2019	IT/Telecom Contr Svc	SAP AMERICA INC
NOV 2019	IT/Telecom Contr Svc	SAP AMERICA INC
DEC 2019	IT/Telecom Contr Svc	SAP AMERICA INC
JAN 2020	IT/Telecom Contr Svc	INTERNATIONAL BUSINESS MACHINES
MAR 2020	IT/Telecom Contr Svc	INTERNATIONAL BUSINESS MACHINES
MAR 2020	IT/Telecom Contr Svc	INTERNATIONAL BUSINESS MACHINES
APR 2020	IT/Telecom Contr Svc	INTERNATIONAL BUSINESS MACHINES
MAY 2020	IT/Telecom Contr Svc	INTERNATIONAL BUSINESS MACHINES
JUL 2020	IT/Telecom Contr Svc	INTERNATIONAL BUSINESS MACHINES
JUL 2020	IT/Telecom Contr Svc	INTERNATIONAL BUSINESS MACHINES
SEP 2019	IT/Telecom Contr Svc	INTERNATIONAL BUSINESS MACHINES
NOV 2019	IT/Telecom Contr Svc	INTERNATIONAL BUSINESS MACHINES
NOV 2019	IT/Telecom Contr Svc	INTERNATIONAL BUSINESS MACHINES
NOV 2019	IT/Telecom Contr Svc	INTERNATIONAL BUSINESS MACHINES
DEC 2019	IT/Telecom Contr Svc	INTERNATIONAL BUSINESS MACHINES
NOV 2019	IT/Telecom Contr Svc	GXS INC
SEP 2019	IT/Telecom Contr Svc	GXS INC
OCT 2019	IT/Telecom Contr Svc	GXS INC
NOV 2019	IT/Telecom Contr Svc	GXS INC
APR 2020	IT/Telecom Contr Svc	ENSYTE ENERGY SOFTWARE
OCT 2019	IT/Telecom Contr Svc	HYLAND LLC
JAN 2020	IT/Telecom Contr Svc	IDI CONSULTING LLC
JAN 2020	IT/Telecom Contr Svc	IDI CONSULTING LLC
JAN 2020	IT/Telecom Contr Svc	IDI CONSULTING LLC
FEB 2020	IT/Telecom Contr Svc	IDI CONSULTING LLC
FEB 2020	IT/Telecom Contr Svc	IDI CONSULTING LLC
FEB 2020	IT/Telecom Contr Svc	IDI CONSULTING LLC
MAR 2020	IT/Telecom Contr Svc	IDI CONSULTING LLC

MAR 2020	IT/Telecom Contr Svc	IDI CONSULTING LLC
APR 2020	IT/Telecom Contr Svc	IDI CONSULTING LLC
APR 2020	IT/Telecom Contr Svc	IDI CONSULTING LLC
MAY 2020	IT/Telecom Contr Svc	IDI CONSULTING LLC
MAY 2020	IT/Telecom Contr Svc	IDI CONSULTING LLC
JUN 2020	IT/Telecom Contr Svc	IDI CONSULTING LLC
JUN 2020	IT/Telecom Contr Svc	IDI CONSULTING LLC
JUL 2020	IT/Telecom Contr Svc	IDI CONSULTING LLC
JUL 2020	IT/Telecom Contr Svc	IDI CONSULTING LLC
AUG 2020	IT/Telecom Contr Svc	IDI CONSULTING LLC
AUG 2020	IT/Telecom Contr Svc	IDI CONSULTING LLC
SEP 2019	IT/Telecom Contr Svc	IDI CONSULTING LLC
SEP 2019	IT/Telecom Contr Svc	IDI CONSULTING LLC
SEP 2019	IT/Telecom Contr Svc	IDI CONSULTING LLC
OCT 2019	IT/Telecom Contr Svc	IDI CONSULTING LLC
OCT 2019	IT/Telecom Contr Svc	IDI CONSULTING LLC
OCT 2019	IT/Telecom Contr Svc	IDI CONSULTING LLC
NOV 2019	IT/Telecom Contr Svc	IDI CONSULTING LLC
NOV 2019	IT/Telecom Contr Svc	IDI CONSULTING LLC
NOV 2019	IT/Telecom Contr Svc	IDI CONSULTING LLC
DEC 2019	IT/Telecom Contr Svc	IDI CONSULTING LLC
DEC 2019	IT/Telecom Contr Svc	IDI CONSULTING LLC
DEC 2019	IT/Telecom Contr Svc	IDI CONSULTING LLC
OCT 2019	IT/Telecom Contr Svc	REDWOOD SOFTWARE INC
JAN 2020	IT/Telecom Contr Svc	DATATRANS SOLUTIONS INC
FEB 2020	IT/Telecom Contr Svc	DATATRANS SOLUTIONS INC
MAR 2020	IT/Telecom Contr Svc	DATATRANS SOLUTIONS INC
APR 2020	IT/Telecom Contr Svc	DATATRANS SOLUTIONS INC
MAY 2020	IT/Telecom Contr Svc	DATATRANS SOLUTIONS INC
JUN 2020	IT/Telecom Contr Svc	DATATRANS SOLUTIONS INC
JUL 2020	IT/Telecom Contr Svc	DATATRANS SOLUTIONS INC
AUG 2020	IT/Telecom Contr Svc	DATATRANS SOLUTIONS INC
SEP 2019	IT/Telecom Contr Svc	DATATRANS SOLUTIONS INC
OCT 2019	IT/Telecom Contr Svc	DATATRANS SOLUTIONS INC
NOV 2019	IT/Telecom Contr Svc	DATATRANS SOLUTIONS INC
DEC 2019	IT/Telecom Contr Svc	DATATRANS SOLUTIONS INC
JAN 2020	IT/Telecom Contr Svc	ESKER INC
FEB 2020	IT/Telecom Contr Svc	ESKER INC
MAR 2020	IT/Telecom Contr Svc	ESKER INC
APR 2020	IT/Telecom Contr Svc	ESKER INC
MAY 2020	IT/Telecom Contr Svc	ESKER INC
JUN 2020	IT/Telecom Contr Svc	ESKER INC
JUL 2020	IT/Telecom Contr Svc	ESKER INC
AUG 2020	IT/Telecom Contr Svc	ESKER INC
SEP 2019	IT/Telecom Contr Svc	ESKER INC
OCT 2019	IT/Telecom Contr Svc	ESKER INC
NOV 2019	IT/Telecom Contr Svc	ESKER INC
DEC 2019	IT/Telecom Contr Svc	ESKER INC
JAN 2020	IT/Telecom Contr Svc	DBA ZONE INC (THE)
FEB 2020	IT/Telecom Contr Svc	DBA ZONE INC (THE)
MAR 2020	IT/Telecom Contr Svc	DBA ZONE INC (THE)
APR 2020	IT/Telecom Contr Svc	DBA ZONE INC (THE)
MAY 2020	IT/Telecom Contr Svc	DBA ZONE INC (THE)

JUN 2020	IT/Telecom Contr Svc	DBA ZONE INC (THE)
JUL 2020	IT/Telecom Contr Svc	DBA ZONE INC (THE)
OCT 2019	IT/Telecom Contr Svc	DBA ZONE INC (THE)
NOV 2019	IT/Telecom Contr Svc	DBA ZONE INC (THE)
DEC 2019	IT/Telecom Contr Svc	DBA ZONE INC (THE)
DEC 2019	IT/Telecom Contr Svc	DBA ZONE INC (THE)
JAN 2020	IT/Telecom Contr Svc	AVERTRA CORP
SEP 2019	IT/Telecom Contr Svc	AVERTRA CORP
SEP 2019	IT/Telecom Contr Svc	AVERTRA CORP
SEP 2019	IT/Telecom Contr Svc	AVERTRA CORP
SEP 2019	IT/Telecom Contr Svc	AVERTRA CORP
NOV 2019	IT/Telecom Contr Svc	AVERTRA CORP
NOV 2019	IT/Telecom Contr Svc	AVERTRA CORP
DEC 2019	IT/Telecom Contr Svc	AVERTRA CORP
FEB 2020	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
MAR 2020	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
APR 2020	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
MAY 2020	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
JUN 2020	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
JUL 2020	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
AUG 2020	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
SEP 2019	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
OCT 2019	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
NOV 2019	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
DEC 2019	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
DEC 2019	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
MAR 2020	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
MAR 2020	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
JUL 2020	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
JUL 2020	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
JUL 2020	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
JUL 2020	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
JUL 2020	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
SEP 2019	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
OCT 2019	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
NOV 2019	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
DEC 2019	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
DEC 2019	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
NOV 2019	IT/Telecom Contr Svc	SECUREWORKS INC
NOV 2019	IT/Telecom Contr Svc	BITSIGHT TECHNOLOGIES INC
FEB 2020	IT/Telecom Contr Svc	MIMECAST NORTH AMERICA INC
MAR 2020	IT/Telecom Contr Svc	MIMECAST NORTH AMERICA INC
MAR 2020	IT/Telecom Contr Svc	MIMECAST NORTH AMERICA INC
APR 2020	IT/Telecom Contr Svc	MIMECAST NORTH AMERICA INC
MAY 2020	IT/Telecom Contr Svc	MIMECAST NORTH AMERICA INC
JUN 2020	IT/Telecom Contr Svc	MIMECAST NORTH AMERICA INC
JUL 2020	IT/Telecom Contr Svc	MIMECAST NORTH AMERICA INC
AUG 2020	IT/Telecom Contr Svc	MIMECAST NORTH AMERICA INC
SEP 2019	IT/Telecom Contr Svc	MIMECAST NORTH AMERICA INC
OCT 2019	IT/Telecom Contr Svc	MIMECAST NORTH AMERICA INC
NOV 2019	IT/Telecom Contr Svc	MIMECAST NORTH AMERICA INC
DEC 2019	IT/Telecom Contr Svc	MIMECAST NORTH AMERICA INC

DEC 2019	IT/Telecom Contr Svc	MIMECAST NORTH AMERICA INC
SEP 2019	IT/Telecom Contr Svc	PAGERDUTY INC
MAY 2020	IT/Telecom Contr Svc	SMART ENERGY WATER
JUN 2020	IT/Telecom Contr Svc	SMART ENERGY WATER
JUL 2020	IT/Telecom Contr Svc	SMART ENERGY WATER
JUL 2020	IT/Telecom Contr Svc	SMART ENERGY WATER
AUG 2020	IT/Telecom Contr Svc	SMART ENERGY WATER
MAR 2020	IT/Telecom Contr Svc	PROOFPOINT INC
JUL 2020	IT/Telecom Contr Svc	COMPUTACENTER FUSIONSTORM INC
DEC 2019	IT/Telecom Contr Svc	SAP INDUSTRIES INC
DEC 2019	IT/Telecom Contr Svc	SAP INDUSTRIES INC
DEC 2019	IT/Telecom Contr Svc	SAP INDUSTRIES INC
DEC 2019	IT/Telecom Contr Svc	SAP INDUSTRIES INC
JAN 2020	IT/Telecom Contr Svc	PEAK TECHNICAL STAFFING USA
JAN 2020	IT/Telecom Contr Svc	PEAK TECHNICAL STAFFING USA
FEB 2020	IT/Telecom Contr Svc	PEAK TECHNICAL STAFFING USA
FEB 2020	IT/Telecom Contr Svc	PEAK TECHNICAL STAFFING USA
FEB 2020	IT/Telecom Contr Svc	PEAK TECHNICAL STAFFING USA
FEB 2020	IT/Telecom Contr Svc	PEAK TECHNICAL STAFFING USA
FEB 2020	IT/Telecom Contr Svc	PEAK TECHNICAL STAFFING USA
FEB 2020	IT/Telecom Contr Svc	PEAK TECHNICAL STAFFING USA
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MAR 2020	IT/Telecom Contr Svc	PEAK TECHNICAL STAFFING USA
MAR 2020	IT/Telecom Contr Svc	PEAK TECHNICAL STAFFING USA
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JUL 2020	IT/Telecom Contr Svc	PEAK TECHNICAL STAFFING USA
JUL 2020	IT/Telecom Contr Svc	PEAK TECHNICAL STAFFING USA
AUG 2020	IT/Telecom Contr Svc	PEAK TECHNICAL STAFFING USA
AUG 2020	IT/Telecom Contr Svc	PEAK TECHNICAL STAFFING USA
SEP 2019	IT/Telecom Contr Svc	PEAK TECHNICAL STAFFING USA
OCT 2019	IT/Telecom Contr Svc	PEAK TECHNICAL STAFFING USA
OCT 2019	IT/Telecom Contr Svc	PEAK TECHNICAL STAFFING USA
OCT 2019	IT/Telecom Contr Svc	PEAK TECHNICAL STAFFING USA
OCT 2019	IT/Telecom Contr Svc	PEAK TECHNICAL STAFFING USA
OCT 2019	IT/Telecom Contr Svc	PEAK TECHNICAL STAFFING USA
NOV 2019	IT/Telecom Contr Svc	PEAK TECHNICAL STAFFING USA
NOV 2019	IT/Telecom Contr Svc	PEAK TECHNICAL STAFFING USA

NOV 2019	IT/Telecom Contr Svc	PEAK TECHNICAL STAFFING USA
NOV 2019	IT/Telecom Contr Svc	PEAK TECHNICAL STAFFING USA
DEC 2019	IT/Telecom Contr Svc	PEAK TECHNICAL STAFFING USA
DEC 2019	IT/Telecom Contr Svc	PEAK TECHNICAL STAFFING USA
DEC 2019	IT/Telecom Contr Svc	PEAK TECHNICAL STAFFING USA
DEC 2019	IT/Telecom Contr Svc	PEAK TECHNICAL STAFFING USA
JAN 2020	IT/Telecom Contr Svc	SCHNEIDER DOWNS & CO INC
DEC 2019	IT/Telecom Contr Svc	SCHNEIDER DOWNS & CO INC
JAN 2020	IT/Telecom Contr Svc	ITERES GROUP LP
FEB 2020	IT/Telecom Contr Svc	ITERES GROUP LP
MAR 2020	IT/Telecom Contr Svc	ITERES GROUP LP
MAR 2020	IT/Telecom Contr Svc	ITERES GROUP LP
MAR 2020	IT/Telecom Contr Svc	ITERES GROUP LP
MAR 2020	IT/Telecom Contr Svc	ITERES GROUP LP
MAR 2020	IT/Telecom Contr Svc	ITERES GROUP LP
APR 2020	IT/Telecom Contr Svc	ITERES GROUP LP
APR 2020	IT/Telecom Contr Svc	ITERES GROUP LP
MAY 2020	IT/Telecom Contr Svc	ITERES GROUP LP
MAY 2020	IT/Telecom Contr Svc	ITERES GROUP LP
JUN 2020	IT/Telecom Contr Svc	ITERES GROUP LP
JUL 2020	IT/Telecom Contr Svc	ITERES GROUP LP
JUL 2020	IT/Telecom Contr Svc	ITERES GROUP LP
JUL 2020	IT/Telecom Contr Svc	ITERES GROUP LP
JUL 2020	IT/Telecom Contr Svc	ITERES GROUP LP
AUG 2020	IT/Telecom Contr Svc	ITERES GROUP LP
AUG 2020	IT/Telecom Contr Svc	ITERES GROUP LP
SEP 2019	IT/Telecom Contr Svc	ITERES GROUP LP
SEP 2019	IT/Telecom Contr Svc	ITERES GROUP LP
OCT 2019	IT/Telecom Contr Svc	ITERES GROUP LP
NOV 2019	IT/Telecom Contr Svc	ITERES GROUP LP
NOV 2019	IT/Telecom Contr Svc	ITERES GROUP LP
NOV 2019	IT/Telecom Contr Svc	ITERES GROUP LP
DEC 2019	IT/Telecom Contr Svc	ITERES GROUP LP
DEC 2019	IT/Telecom Contr Svc	ITERES GROUP LP
DEC 2019	IT/Telecom Contr Svc	ITERES GROUP LP
DEC 2019	IT/Telecom Contr Svc	ITERES GROUP LP
JAN 2020	IT/Telecom Contr Svc	TESTA CONSULTING SERVICES INC
JAN 2020	IT/Telecom Contr Svc	TESTA CONSULTING SERVICES INC
OCT 2019	IT/Telecom Contr Svc	TESTA CONSULTING SERVICES INC
DEC 2019	IT/Telecom Contr Svc	TESTA CONSULTING SERVICES INC
DEC 2019	IT/Telecom Contr Svc	TESTA CONSULTING SERVICES INC
JAN 2020	IT/Telecom Contr Svc	OPEN TEXT INC
FEB 2020	IT/Telecom Contr Svc	OPEN TEXT INC
MAR 2020	IT/Telecom Contr Svc	OPEN TEXT INC
APR 2020	IT/Telecom Contr Svc	OPEN TEXT INC
MAY 2020	IT/Telecom Contr Svc	OPEN TEXT INC
JUN 2020	IT/Telecom Contr Svc	OPEN TEXT INC
JUL 2020	IT/Telecom Contr Svc	OPEN TEXT INC
AUG 2020	IT/Telecom Contr Svc	OPEN TEXT INC
NOV 2019	IT/Telecom Contr Svc	OPEN TEXT INC
DEC 2019	IT/Telecom Contr Svc	OPEN TEXT INC
APR 2020	IT/Telecom Contr Svc	WORKFORCE SOFTWARE LLC
		Various vendors < \$1,000
		Various vendors < \$1,000
		Various vendors < \$1,000

JUN 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
JUN 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
JUN 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
JUN 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
JUN 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
JUL 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
JUL 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
JUL 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
JUL 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
JUL 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
JUL 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
JUL 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
JUL 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
JUL 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
JUL 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
JUL 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
AUG 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
AUG 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
AUG 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
AUG 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
AUG 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
AUG 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
AUG 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
AUG 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
AUG 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
AUG 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
AUG 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
AUG 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
JAN 2020	I/C-OperExp-1000-Peo	Peoples Natural Gas
FEB 2020	I/C-OperExp-1000-Peo	Peoples Natural Gas
MAR 2020	I/C-OperExp-1000-Peo	Peoples Natural Gas
APR 2020	I/C-OperExp-1000-Peo	Peoples Natural Gas

09/2019-12/2019 01/2020-08/2020

Company Code	Account Number	Text for B/S P&L Item	Total of Reporting Period	Total of the Comparison Period	Absolute Difference	Percentage Difference	Hierarchy Level	
1300	9480000	9480000 Residential Sales	(482,289.72)	(868,129.61)	385,839.89	44.4	8	
1300	9487000	9487000 Forfeited Discounts	(5.62)	(126.52)	120.90	95.6	8	
1300	9488000	9488000 Miscellaneous Service Revenues	(2,425.00)	(3,444.08)	1,019.08	29.6	8	
1300	9803000	9803000 Oth Gas Supply Op - Nat Gas Transm Line Pur	125,273.62	291,106.77	-165,833.15	57.0-	10	
1300	9805100	9805100 Oth Gas Supply Op - Pur Gas Cost Adjustments	68,797.41	(53,565.67)	122,363.08	228.4	10	
1300	9813000	9813000 Oth Gas Supply Op - Other Gas Suppl	481.75	1,163.88	-682.13	58.6-	10	
1300	9858000	9858000 Gas Transmission Op - Transm/Compres Gas by Others	58,629.12	170,367.82	-111,738.70	65.6-	9	
1300	9870000	9870000 Gas Distribution Op - Supervision and Engineering	(0.01)	-	-0.01		9	
1300	9874000	9874000 Gas Distribution Op - Mains and Services Exps	201.50	132.48	69.02	52.1	9	
1300	9878000	9878000 Gas Distribution Op - Meter/House Reg Exps	79,570.20	52,949.32	26,620.88	50.3	9	
1300	9879000	9879000 Gas Distribution Op - Customer Installations Exps	28,731.45	49,609.46	-20,878.01	42.1-	9	
1300	9880000	9880000 Gas Distribution Op - Other Expenses	3,884.42	7,124.95	-3,240.53	45.5-	9	
1300	9902000	9902000 Customer Accounts - Meter Reading Expenses	121,976.73	370,455.50	-248,478.77	67.1-	9	
1300	9903000	9903000 Customer Accounts - Customer Records & Collections	29,471.52	54,858.90	-25,387.38	46.3-	9	
1300	9904000	9904000 Customer Accounts - Uncollectible Accounts	6,560.02	16,561.05	-10,001.03	60.4-	9	
1300	9912000	9912000 Sales Expense - Demonstrating & Selling	189.19	450.93	-261.74	58.0-	9	
1300	9920000	9920000 Admin & General - Salaries	54,478.46	66,214.25	-11,735.79	17.7-	9	
1300	9921000	9921000 Admin & General - Office Supplies & Expenses	23,626.52	56,476.96	-32,850.44	58.2-	9	
1300	9922000	9922000 Admin & General - Admin Exp Transferred - Credit	(3,719.43)	(5,147.86)	1,428.43	27.7	9	
1300	9923000	9923000 Admin & General - Outside Services Employed	27,070.54	63,947.08	-36,876.54	57.7-	9	91,017.62
1300	9924000	9924000 Admin & General - Property Insurance	407.84	993.64	-585.80	59.0-	9	
1300	9925000	9925000 Admin & General - Injuries & Damages	8,382.23	21,067.01	-12,684.78	60.2-	9	
1300	9926000	9926000 Admin & General - Employee Benefits	64,599.98	143,233.38	-78,633.40	54.9-	9	
1300	9930100	9930100 Admin & General - General Advertising Expenses	-	0.36	-0.36	100.0-	9	0.36
1300	9930200	9930200 Admin & General - Miscellaneous Expenses	74.08	340.87	-266.79	78.3-	9	414.95
1300	9931000	9931000 Admin & General - Rents	3,688.88	7,377.76	-3,688.88	50.0-	9	
1300	9886000	9886000 Gas Distribution Maint - Structures/Improvements	10,277.03	21,084.74	-10,807.71	51.3-	9	
1300	9887000	9887000 Gas Distribution Maint - Mains	2,247.05	(113.36)	2,360.41	2,082.2	9	
1300	9892000	9892000 Gas Distribution Maint - Services	9,446.75	28,891.15	-19,444.40	67.3-	9	
1300	9893000	9893000 Gas Distribution Maint - Meters/House Regulators	823.88	418.39	405.49	96.9	9	
1300	9894000	9894000 Gas Distribution Maint - Other Equipment	2,116.26	5,122.97	-3,006.71	58.7-	9	
1300	9932000	9932000 Admin & General Maint -Other General Plant -Gas	63.54	517.78	-454.24	87.7-	9	
1300	9403000	9403000 Depreciation Expense - Utility Plant	30,589.11	61,751.18	-31,162.07	50.5-	8	
1300	9404000	9404000 Amortization Expense - Utility Plant	7,760.94	19,341.49	-11,580.55	59.9-	8	
1300	9408100	9408100 Taxes Other than Income Taxes - Utility Operating	40,180.40	67,938.67	-27,758.27	40.9-	8	
1300	9409100	9409100 Income Taxes - Utility Operating Income	(345,389.00)	(201,833.00)	-143,556.00	71.1-	8	
1300	9410100	9410100 Provision for Deferred Income Taxes - Utility Op I	157,281.00	14,567.00	142,714.00	979.7	8	
1300	9415000	9415000 Revenues from Merchandising,Jobbing & Contract Wor	(5,247.80)	(8,825.43)	3,577.63	40.5	9	
1300	9426300	9426300 Other Income Deductions - Penalties	-	42.26	-42.26	100.0-	8	42.26
1300	9426400	9426400 Other Income Deductions - Civic/Political Activity	1.52	4.21	-2.69	63.9-	8	5.73
1300	9428000	9428000 Amortization of Debt Discount & Exp	2,423.04	17,566.91	-15,143.87	86.2-	7	
1300	9430000	9430000 Interest on Debt to Associated Companies	64,396.33	82,614.72	-18,218.39	22.1-	7	
1300	9431000	9431000 Other Interest Expense	-	(288.86)	288.86	100.0	7	
1300	9432000	9432000 Allowance Borrowed Funds Used During Construction	(665.05)	(1,172.29)	507.24	43.3	7	
1300	NET INCOME		(193,960.68)	(551,647.16)	357,686.48	64.8	3	

Financial Statements

Data Sources

G/L Account Selection

Chart of Accounts	PNGC	to		
G/L account	9400000	to	9999999	
Company code	1300	to		

Selection using search help

Search help ID

Search string

Search help

Transaction Figures Selection

Business Area		to		
Currency type				
Ledger	0L			

Further selections Special evaluations Output control

Financial statement version	FERC	Language	EN
Reporting year	2019		
Reporting periods	9	to	12
Comparison year	2020		
Comparison periods	1	to	8
Plan Version			

List output

Classical list

ALV grid control Layout /EXCEL DSPLY

ALV Tree Control Layout

As structured balance list

Delta Natural Gas
 009/2019 - 008/2020
 9923000 Adm & Gen-Outsd Svcs

Sum of Amount	Column Labels		
Row Labels	Annual Audit	Other	Grand Total
1. Legal		\$88,575.29	\$88,575.29
2. Accounting	(\$30,014.50)	\$20,359.47	(\$9,655.03)
3. Other		\$144,135.86	\$144,135.86
Grand Total	(\$30,014.50)	\$253,070.62	\$223,056.12

Sum of Amount Type	Vendor Name	Account	Document #	Description	Period	Type 2		Grand Total
						Annual Audit	Other	
1. Legal	CSC	9923000	1900005612	Legal Services	NOV 2019		\$190.50	\$190.50
1. Legal	DARRELL L SAUNDERS	9923000	1900000099	Legal Services	JAN 2020		\$50.00	\$50.00
1. Legal	DARRELL L SAUNDERS	9923000	1900000101	Legal Services	JAN 2020		\$50.00	\$50.00
1. Legal	DARRELL L SAUNDERS	9923000	1900000898	Legal Services	FEB 2020		\$400.00	\$400.00
1. Legal	DARRELL L SAUNDERS	9923000	1900001070	Legal Services	MAR 2020		\$300.00	\$300.00
1. Legal	DARRELL L SAUNDERS	9923000	1900001071	Legal Services	MAR 2020		\$950.00	\$950.00
1. Legal	DARRELL L SAUNDERS	9923000	1900001643	Legal Services	APR 2020		\$400.00	\$400.00
1. Legal	DARRELL L SAUNDERS	9923000	1900002150	Legal Services	MAY 2020		\$150.00	\$150.00
1. Legal	DARRELL L SAUNDERS	9923000	1900002151	Legal Services	MAY 2020		\$450.00	\$450.00
1. Legal	DARRELL L SAUNDERS	9923000	1900002777	Legal Services	JUN 2020		\$100.00	\$100.00
1. Legal	DARRELL L SAUNDERS	9923000	1900002778	Legal Services	JUN 2020		\$50.00	\$50.00
1. Legal	DARRELL L SAUNDERS	9923000	1900003314	Legal Services	JUL 2020		\$50.00	\$50.00
1. Legal	DARRELL L SAUNDERS	9923000	1900003320	Legal Services	JUL 2020		\$500.00	\$500.00
1. Legal	DARRELL L SAUNDERS	9923000	1900003888	Legal Services	AUG 2020		\$50.00	\$50.00
1. Legal	DARRELL L SAUNDERS	9923000	1900003892	Legal Services	AUG 2020		\$200.00	\$200.00
1. Legal	DARRELL L SAUNDERS	9923000	1900004515	Legal Services	SEP 2019		\$300.00	\$300.00
1. Legal	DARRELL L SAUNDERS	9923000	1900005208	Legal Services	OCT 2019		\$950.00	\$950.00
1. Legal	DARRELL L SAUNDERS	9923000	1900005681	Legal Services	NOV 2019		\$1,397.50	\$1,397.50
1. Legal	DARRELL L SAUNDERS	9923000	1900006188	Legal Services	DEC 2019		\$50.00	\$50.00
1. Legal	DARRELL L SAUNDERS	9923000	1900006192	Legal Services	DEC 2019		\$50.00	\$50.00
1. Legal	MCCARTER & ENGLISH LLP	9923000	1900000894	Legal Services	FEB 2020		\$356.93	\$356.93
1. Legal	MCCARTER & ENGLISH LLP	9923000	1900001243	Legal Services	MAR 2020		\$492.87	\$492.87
1. Legal	MCCARTER & ENGLISH LLP	9923000	1900001820	Legal Services	APR 2020		\$454.41	\$454.41
1. Legal	MCCARTER & ENGLISH LLP	9923000	1900004006	Legal Services	AUG 2020		\$1,013.83	\$1,013.83
1. Legal	MCCARTER & ENGLISH LLP	9923000	1900004780	Legal Services	SEP 2019		\$292.26	\$292.26
1. Legal	MCCARTER & ENGLISH LLP	9923000	1900004781	Legal Services	SEP 2019		\$274.61	\$274.61
1. Legal	MCCARTER & ENGLISH LLP	9923000	1900005155	Legal Services	OCT 2019		\$373.77	\$373.77
1. Legal	MCCARTER & ENGLISH LLP	9923000	1900005742	Legal Services	NOV 2019		\$692.70	\$692.70
1. Legal	MCCARTER & ENGLISH LLP	9923000	1900006257	Legal Services	DEC 2019		\$1,917.67	\$1,917.67
1. Legal	STOLL KEENON & OGDEN PLLC	9923000	1900000186	Legal Services	JAN 2020		\$1,809.30	\$1,809.30
1. Legal	STOLL KEENON & OGDEN PLLC	9923000	1900000187	Legal Services	JAN 2020		\$122.85	\$122.85
1. Legal	STOLL KEENON & OGDEN PLLC	9923000	1900000735	Legal Services	FEB 2020		\$2,437.20	\$2,437.20
1. Legal	STOLL KEENON & OGDEN PLLC	9923000	1900000736	Legal Services	FEB 2020		\$3,136.16	\$3,136.16
1. Legal	STOLL KEENON & OGDEN PLLC	9923000	1900000740	Legal Services	FEB 2020		\$195.30	\$195.30
1. Legal	STOLL KEENON & OGDEN PLLC	9923000	1900000741	Legal Services	FEB 2020		\$195.30	\$195.30
1. Legal	STOLL KEENON & OGDEN PLLC	9923000	1900001212	Legal Services	MAR 2020		\$211.50	\$211.50
1. Legal	STOLL KEENON & OGDEN PLLC	9923000	1900001213	Legal Services	MAR 2020		\$8,898.35	\$8,898.35
1. Legal	STOLL KEENON & OGDEN PLLC	9923000	1900001658	Legal Services	APR 2020		\$8,208.00	\$8,208.00
1. Legal	STOLL KEENON & OGDEN PLLC	9923000	1900001659	Legal Services	APR 2020		\$2,793.60	\$2,793.60
1. Legal	STOLL KEENON & OGDEN PLLC	9923000	1900002131	Legal Services	MAY 2020		\$5,330.70	\$5,330.70
1. Legal	STOLL KEENON & OGDEN PLLC	9923000	1900002602	Legal Services	JUN 2020		\$3,317.26	\$3,317.26
1. Legal	STOLL KEENON & OGDEN PLLC	9923000	1900002609	Legal Services	JUN 2020		\$115.20	\$115.20
1. Legal	STOLL KEENON & OGDEN PLLC	9923000	1900002615	Legal Services	JUN 2020		\$1,036.80	\$1,036.80
1. Legal	STOLL KEENON & OGDEN PLLC	9923000	1900003215	Legal Services	JUL 2020		\$7,059.60	\$7,059.60
1. Legal	STOLL KEENON & OGDEN PLLC	9923000	1900003216	Legal Services	JUL 2020		\$345.60	\$345.60
1. Legal	STOLL KEENON & OGDEN PLLC	9923000	1900003846	Legal Services	AUG 2020		\$4,425.30	\$4,425.30
1. Legal	STOLL KEENON & OGDEN PLLC	9923000	1900004530	Legal Services	SEP 2019		\$12,148.75	\$12,148.75
1. Legal	STOLL KEENON & OGDEN PLLC	9923000	1900005085	Legal Services	OCT 2019		\$223.20	\$223.20
1. Legal	STOLL KEENON & OGDEN PLLC	9923000	1900005086	Legal Services	OCT 2019		\$2,541.50	\$2,541.50

1. Legal	STOLL KEENON & OGDEN PLLC	9923000	1900005695	Legal Services	NOV 2019	\$1,605.75	\$1,605.75
1. Legal	STOLL KEENON & OGDEN PLLC	9923000	1900005711	Legal Services	NOV 2019	\$11,793.60	\$11,793.60
1. Legal	STOLL KEENON & OGDEN PLLC	9923000	1900006139	Legal Services	DEC 2019	\$1,081.40	\$1,081.40
1. Legal	STOLL KEENON & OGDEN PLLC	9923000	1900006141	Legal Services	DEC 2019	\$4,206.60	\$4,206.60
1. Legal	Pantechs	9923000	100010405	Legal Services	OCT 2019	(\$7,170.58)	(\$7,170.58)
1. Legal	Various vendors < \$1,000	9923000				\$0.00	\$0.00
1. Legal Total						\$88,575.29	\$88,575.29
2. Accounting	ADP	9923000	100000506	Actg/Auditing Svcs	JAN 2020	\$1,374.86	\$1,374.86
2. Accounting	ADP	9923000	100001133	Actg/Auditing Svcs	FEB 2020	\$401.12	\$401.12
2. Accounting	ADP	9923000	100001536	Actg/Auditing Svcs	FEB 2020	\$5,167.01	\$5,167.01
2. Accounting	ADP	9923000	100001991	Actg/Auditing Svcs	MAR 2020	\$403.10	\$403.10
2. Accounting	ADP	9923000	100001992	Actg/Auditing Svcs	MAR 2020	\$397.16	\$397.16
2. Accounting	ADP	9923000	100002300	Actg/Auditing Svcs	MAR 2020	\$490.00	\$490.00
2. Accounting	ADP	9923000	100003175	Actg/Auditing Svcs	APR 2020	\$1,188.20	\$1,188.20
2. Accounting	ADP	9923000	100003748	Actg/Auditing Svcs	MAY 2020	\$769.88	\$769.88
2. Accounting	ADP	9923000	100003942	Actg/Auditing Svcs	MAY 2020	\$477.90	\$477.90
2. Accounting	ADP	9923000	100004810	Actg/Auditing Svcs	JUN 2020	\$1,685.94	\$1,685.94
2. Accounting	ADP	9923000	100005871	Actg/Auditing Svcs	JUL 2020	\$1,327.32	\$1,327.32
2. Accounting	ADP	9923000	100006700	Actg/Auditing Svcs	AUG 2020	\$1,208.04	\$1,208.04
2. Accounting	ADP	9923000	100009321	Actg/Auditing Svcs	SEP 2019	\$410.78	\$410.78
2. Accounting	ADP	9923000	100009560	Actg/Auditing Svcs	SEP 2019	\$404.92	\$404.92
2. Accounting	ADP	9923000	100009793	Actg/Auditing Svcs	SEP 2019	\$4,120.00	\$4,120.00
2. Accounting	ADP	9923000	100009795	Actg/Auditing Svcs	SEP 2019	\$412.00	\$412.00
2. Accounting	ADP	9923000	100009796	Actg/Auditing Svcs	SEP 2019	(\$4,120.00)	(\$4,120.00)
2. Accounting	ADP	9923000	100010450	Actg/Auditing Svcs	OCT 2019	\$1,193.98	\$1,193.98
2. Accounting	ADP	9923000	100011285	Actg/Auditing Svcs	NOV 2019	\$793.64	\$793.64
2. Accounting	ADP	9923000	100011559	Actg/Auditing Svcs	NOV 2019	\$872.40	\$872.40
2. Accounting	ADP	9923000	100012338	Actg/Auditing Svcs	DEC 2019	\$1,381.22	\$1,381.22
2. Accounting	PwC	9923000	2200000102	Actg/Auditing Svcs	AUG 2020	\$4,741.93	\$4,741.93
2. Accounting	PwC	9923000	2200000103	Actg/Auditing Svcs	AUG 2020	\$33,193.32	\$33,193.32
2. Accounting	PwC	9923000	2200000104	Actg/Auditing Svcs	AUG 2020	(\$15,816.00)	(\$15,816.00)
2. Accounting	Deloitte	9923000	1900000456	Actg/Auditing Svcs	FEB 2020	\$15,533.05	\$15,533.05
2. Accounting	Deloitte	9923000	1900000708	Actg/Auditing Svcs	MAR 2020	\$9,039.56	\$9,039.56
2. Accounting	Deloitte	9923000	1900000740	Actg/Auditing Svcs	APR 2020	\$1,628.01	\$1,628.01
2. Accounting	Deloitte	9923000	1900001438	Actg/Auditing Svcs	JUN 2020	\$386.39	\$386.39
2. Accounting	Deloitte/Schneider Downs	9923000	100000780	Actg/Auditing Svcs	JAN 2020	\$8,400.00	\$8,400.00
2. Accounting	Deloitte/Schneider Downs	9923000	100001527	Actg/Auditing Svcs	FEB 2020	\$8,500.00	\$8,500.00
2. Accounting	Deloitte/Schneider Downs	9923000	100009858	Actg/Auditing Svcs	SEP 2019	(\$406.00)	(\$406.00)
2. Accounting	Deloitte/Schneider Downs	9923000	100010688	Actg/Auditing Svcs	OCT 2019	(\$8,600.00)	(\$8,600.00)
2. Accounting	Deloitte/Schneider Downs	9923000	100010946	Actg/Auditing Svcs	NOV 2019	\$17,200.00	\$17,200.00
2. Accounting	Deloitte/Schneider Downs	9923000	100011553	Actg/Auditing Svcs	NOV 2019	\$8,700.00	\$8,700.00
2. Accounting	Deloitte/Schneider Downs	9923000	100012464	Actg/Auditing Svcs	DEC 2019	(\$8.00)	(\$8.00)
2. Accounting	Deloitte/Schneider Downs	9923000	2200000147	Actg/Auditing Svcs	DEC 2019	(\$86,328.00)	(\$86,328.00)
2. Accounting	Deloitte/Schneider Downs	9923000	2200000148	Actg/Auditing Svcs	DEC 2019	(\$84,322.76)	(\$84,322.76)
2. Accounting	Deloitte/Schneider Downs	9923000	4400000039	Actg/Auditing Svcs	APR 2020	(\$1,545.58)	(\$1,545.58)
2. Accounting	Deloitte/Schneider Downs	9923000	4400000119	Actg/Auditing Svcs	DEC 2019	\$86,328.00	\$86,328.00
2. Accounting	Deloitte/Schneider Downs/PwC	9923000	100002298	Actg/Auditing Svcs	MAR 2020	(\$6,418.00)	(\$6,418.00)
2. Accounting	Deloitte/Schneider Downs/PwC	9923000	100003329	Actg/Auditing Svcs	APR 2020	(\$16,900.00)	(\$16,900.00)
2. Accounting	Deloitte/Schneider Downs/PwC	9923000	100003331	Actg/Auditing Svcs	APR 2020	\$8,500.00	\$8,500.00
2. Accounting	Deloitte/Schneider Downs/PwC	9923000	100004046	Actg/Auditing Svcs	MAY 2020	\$8,500.00	\$8,500.00
2. Accounting	Deloitte/Schneider Downs/PwC	9923000	100004961	Actg/Auditing Svcs	JUN 2020	(\$3,382.00)	(\$3,382.00)
2. Accounting	Deloitte/Schneider Downs/PwC	9923000	100005862	Actg/Auditing Svcs	JUL 2020	\$8,600.00	\$8,600.00
2. Accounting	Deloitte/Schneider Downs/PwC	9923000	100006038	Actg/Auditing Svcs	JUL 2020	(\$6,059.00)	(\$6,059.00)

2. Accounting	Deloitte/Schneider Downs/PwC	9923000	100006705	Actg/Auditing Svcs	AUG 2020	\$1,675.00	\$1,675.00
2. Accounting	Deloitte/Schneider Downs/PwC	9923000	2200000029	Actg/Auditing Svcs	FEB 2020	(\$7,200.00)	(\$7,200.00)
2. Accounting	Deloitte/Schneider Downs/PwC	9923000	2200000038	Actg/Auditing Svcs	MAR 2020	\$1,545.58	\$1,545.58
2. Accounting	Deloitte/Schneider Downs/PwC	9923000	2200000071	Actg/Auditing Svcs	MAY 2020	\$13,550.00	\$13,550.00
2. Accounting	Deloitte/Schneider Downs/PwC	9923000	2200000092	Actg/Auditing Svcs	JUN 2020	(\$29,050.00)	(\$29,050.00)
2. Accounting Total						(\$30,014.50)	\$20,359.47
3. Other	ARCOS LLC	9923000	5000026509	Contractor Services	OCT 2019	\$20.50	\$20.50
3. Other	AVERTRA CORP	9923000	1900000569	IT/Telecom Contr Svc	JAN 2020	\$33.22	\$33.22
3. Other	AVERTRA CORP	9923000	1900018146	IT/Telecom Contr Svc	SEP 2019	\$8.30	\$8.30
3. Other	AVERTRA CORP	9923000	5000022983	IT/Telecom Contr Svc	SEP 2019	\$123.00	\$123.00
3. Other	AVERTRA CORP	9923000	5000024804	IT/Telecom Contr Svc	SEP 2019	\$123.00	\$123.00
3. Other	AVERTRA CORP	9923000	5000024805	IT/Telecom Contr Svc	SEP 2019	(\$123.00)	(\$123.00)
3. Other	AVERTRA CORP	9923000	5000024806	IT/Telecom Contr Svc	SEP 2019	\$123.00	\$123.00
3. Other	AVERTRA CORP	9923000	5000030029	IT/Telecom Contr Svc	NOV 2019	\$123.00	\$123.00
3. Other	AVERTRA CORP	9923000	5000030031	IT/Telecom Contr Svc	NOV 2019	\$123.00	\$123.00
3. Other	AVERTRA CORP	9923000	5000034124	IT/Telecom Contr Svc	DEC 2019	\$123.00	\$123.00
3. Other	BATH COUNTY HEALTH CENTER	9923000	1900005207	Misc. Outside Svcs	OCT 2019	\$180.00	\$180.00
3. Other	BLUEGRASS INTEGRATED COMMUNICATIONS	9923000	5000000713	Misc. Outside Svcs	SEP 2019	\$1,152.39	\$1,152.39
3. Other	BLUEGRASS INTEGRATED COMMUNICATIONS	9923000	5000000714	Misc. Outside Svcs	SEP 2019	\$629.43	\$629.43
3. Other	BLUEGRASS INTEGRATED COMMUNICATIONS	9923000	5000000715	Misc. Outside Svcs	SEP 2019	\$450.94	\$450.94
3. Other	BLUEGRASS INTEGRATED COMMUNICATIONS	9923000	5000000716	Misc. Outside Svcs	SEP 2019	\$15,600.40	\$15,600.40
3. Other	BLUEGRASS INTEGRATED COMMUNICATIONS	9923000	5000000717	Misc. Outside Svcs	SEP 2019	\$3,173.25	\$3,173.25
3. Other	BLUEGRASS INTEGRATED COMMUNICATIONS	9923000	5000000718	Misc. Outside Svcs	SEP 2019	\$527.50	\$527.50
3. Other	BLUEGRASS INTEGRATED COMMUNICATIONS	9923000	5000000719	Misc. Outside Svcs	SEP 2019	\$200.00	\$200.00
3. Other	BLUEGRASS INTEGRATED COMMUNICATIONS	9923000	5000000720	Misc. Outside Svcs	SEP 2019	\$175.00	\$175.00
3. Other	BLUEGRASS INTEGRATED COMMUNICATIONS	9923000	5000000721	Misc. Outside Svcs	SEP 2019	\$75.00	\$75.00
3. Other	BLUEGRASS INTEGRATED COMMUNICATIONS	9923000	5000000722	Misc. Outside Svcs	SEP 2019	\$57.50	\$57.50
3. Other	BLUEGRASS INTEGRATED COMMUNICATIONS	9923000	5000000723	Misc. Outside Svcs	SEP 2019	\$29.70	\$29.70
3. Other	BLUEGRASS INTEGRATED COMMUNICATIONS	9923000	5000000724	Misc. Outside Svcs	SEP 2019	\$1,140.00	\$1,140.00
3. Other	BLUEGRASS INTEGRATED COMMUNICATIONS	9923000	5000000725	Misc. Outside Svcs	SEP 2019	\$60.00	\$60.00
3. Other	BLUEGRASS INTEGRATED COMMUNICATIONS	9923000	5000000726	Misc. Outside Svcs	SEP 2019	\$198.99	\$198.99
3. Other	BLUEGRASS INTEGRATED COMMUNICATIONS	9923000	5000000727	Misc. Outside Svcs	SEP 2019	\$733.42	\$733.42
3. Other	BLUEGRASS INTEGRATED COMMUNICATIONS	9923000	5100000665	Misc. Outside Svcs	SEP 2019	\$104.17	\$104.17
3. Other	BLUEGRASS OFFICE SYSTEMS	9923000	5000000650	Contractor Services	JUL 2020	\$2,483.77	\$2,483.77
3. Other	BLUEGRASS OFFICE SYSTEMS	9923000	5100000189	Consultant Services	APR 2020	\$108.99	\$108.99
3. Other	CAPITAL LINK CONSULTANTS	9923000	1900000019	Consultant Services	JAN 2020	\$2,975.00	\$2,975.00
3. Other	CAPITAL LINK CONSULTANTS	9923000	19000000540	Consultant Services	FEB 2020	\$2,975.00	\$2,975.00
3. Other	CAPITAL LINK CONSULTANTS	9923000	19000000983	Consultant Services	MAR 2020	\$2,975.00	\$2,975.00
3. Other	CAPITAL LINK CONSULTANTS	9923000	1900001462	Consultant Services	APR 2020	\$2,975.00	\$2,975.00
3. Other	CAPITAL LINK CONSULTANTS	9923000	1900001957	Consultant Services	MAY 2020	\$2,975.00	\$2,975.00
3. Other	CAPITAL LINK CONSULTANTS	9923000	1900002407	Consultant Services	JUN 2020	\$2,975.00	\$2,975.00
3. Other	CAPITAL LINK CONSULTANTS	9923000	1900003073	Consultant Services	JUL 2020	\$2,975.00	\$2,975.00
3. Other	CAPITAL LINK CONSULTANTS	9923000	1900003642	Consultant Services	AUG 2020	\$2,975.00	\$2,975.00
3. Other	CAPITAL LINK CONSULTANTS	9923000	1900004496	Consultant Services	SEP 2019	\$2,975.00	\$2,975.00
3. Other	CAPITAL LINK CONSULTANTS	9923000	1900004850	Consultant Services	OCT 2019	\$2,975.00	\$2,975.00
3. Other	CAPITAL LINK CONSULTANTS	9923000	1900005509	Consultant Services	NOV 2019	\$2,975.00	\$2,975.00
3. Other	CAPITAL LINK CONSULTANTS	9923000	1900006056	Consultant Services	DEC 2019	\$2,975.00	\$2,975.00
3. Other	CLARK REGIONAL PHYSICIAN PRACTICES	9923000	1900002286	Misc. Outside Svcs	MAY 2020	\$180.00	\$180.00
3. Other	CLARK REGIONAL PHYSICIAN PRACTICES	9923000	1900002702	Misc. Outside Svcs	JUN 2020	\$875.00	\$875.00
3. Other	COLUMBIA GULF TRANSMISSION LLC	9923000	1900000508	Misc. Outside Svcs	FEB 2020	\$1,530.00	\$1,530.00
3. Other	COLUMBIA GULF TRANSMISSION LLC	9923000	1900000552	Misc. Outside Svcs	FEB 2020	\$1,530.00	\$1,530.00
3. Other	COLUMBIA GULF TRANSMISSION LLC	9923000	1900001031	Misc. Outside Svcs	MAR 2020	\$1,530.00	\$1,530.00
3. Other	COLUMBIA GULF TRANSMISSION LLC	9923000	1900001480	Misc. Outside Svcs	APR 2020	\$1,530.00	\$1,530.00

3. Other	COLUMBIA GULF TRANSMISSION LLC	9923000	1900002034	Misc. Outside Svcs	MAY 2020	\$1,530.00	\$1,530.00
3. Other	COLUMBIA GULF TRANSMISSION LLC	9923000	1900002593	Misc. Outside Svcs	JUN 2020	\$1,530.00	\$1,530.00
3. Other	COLUMBIA GULF TRANSMISSION LLC	9923000	1900003217	Misc. Outside Svcs	JUL 2020	\$1,530.00	\$1,530.00
3. Other	COLUMBIA GULF TRANSMISSION LLC	9923000	1900003751	Misc. Outside Svcs	AUG 2020	\$1,530.00	\$1,530.00
3. Other	COLUMBIA GULF TRANSMISSION LLC	9923000	1900004471	Misc. Outside Svcs	SEP 2019	\$1,530.00	\$1,530.00
3. Other	COLUMBIA GULF TRANSMISSION LLC	9923000	1900004876	Misc. Outside Svcs	OCT 2019	\$1,530.00	\$1,530.00
3. Other	COLUMBIA GULF TRANSMISSION LLC	9923000	1900005502	Misc. Outside Svcs	NOV 2019	\$1,530.00	\$1,530.00
3. Other	COLUMBIA GULF TRANSMISSION LLC	9923000	1900006067	Misc. Outside Svcs	DEC 2019	\$1,530.00	\$1,530.00
3. Other	COVERALL SERVICE COMPANY	9923000	5000000001	Contractor Services	JAN 2020	\$2,801.58	\$2,801.58
3. Other	COVERALL SERVICE COMPANY	9923000	5000000090	Contractor Services	FEB 2020	\$2,801.58	\$2,801.58
3. Other	COVERALL SERVICE COMPANY	9923000	5000000160	Contractor Services	MAR 2020	\$2,801.58	\$2,801.58
3. Other	COVERALL SERVICE COMPANY	9923000	5000000351	Contractor Services	MAY 2020	\$2,801.58	\$2,801.58
3. Other	COVERALL SERVICE COMPANY	9923000	5000000455	Contractor Services	JUN 2020	\$2,801.58	\$2,801.58
3. Other	COVERALL SERVICE COMPANY	9923000	5000000571	Contractor Services	JUL 2020	\$2,801.58	\$2,801.58
3. Other	COVERALL SERVICE COMPANY	9923000	5000000632	Contractor Services	SEP 2019	\$2,801.58	\$2,801.58
3. Other	COVERALL SERVICE COMPANY	9923000	5000000687	Contractor Services	AUG 2020	\$2,801.58	\$2,801.58
3. Other	COVERALL SERVICE COMPANY	9923000	5000000755	Contractor Services	OCT 2019	\$2,801.58	\$2,801.58
3. Other	COVERALL SERVICE COMPANY	9923000	5000000870	Contractor Services	NOV 2019	\$2,801.58	\$2,801.58
3. Other	COVERALL SERVICE COMPANY	9923000	5000000978	Misc. Outside Svcs	DEC 2019	\$2,801.58	\$2,801.58
3. Other	DATATRANS SOLUTIONS INC	9923000	5000000746	IT/Telecom Contr Svc	JAN 2020	\$39.24	\$39.24
3. Other	DATATRANS SOLUTIONS INC	9923000	5000003108	IT/Telecom Contr Svc	FEB 2020	\$49.44	\$49.44
3. Other	DATATRANS SOLUTIONS INC	9923000	5000005601	IT/Telecom Contr Svc	MAR 2020	\$42.17	\$42.17
3. Other	DATATRANS SOLUTIONS INC	9923000	5000007621	IT/Telecom Contr Svc	APR 2020	\$42.26	\$42.26
3. Other	DATATRANS SOLUTIONS INC	9923000	5000009961	IT/Telecom Contr Svc	MAY 2020	\$35.29	\$35.29
3. Other	DATATRANS SOLUTIONS INC	9923000	5000014870	IT/Telecom Contr Svc	JUN 2020	\$49.65	\$49.65
3. Other	DATATRANS SOLUTIONS INC	9923000	5000016978	IT/Telecom Contr Svc	JUL 2020	\$39.38	\$39.38
3. Other	DATATRANS SOLUTIONS INC	9923000	5000019991	IT/Telecom Contr Svc	AUG 2020	\$49.69	\$49.69
3. Other	DATATRANS SOLUTIONS INC	9923000	5000023162	IT/Telecom Contr Svc	SEP 2019	\$49.12	\$49.12
3. Other	DATATRANS SOLUTIONS INC	9923000	5000026097	IT/Telecom Contr Svc	OCT 2019	\$44.99	\$44.99
3. Other	DATATRANS SOLUTIONS INC	9923000	5000030121	IT/Telecom Contr Svc	NOV 2019	\$43.51	\$43.51
3. Other	DATATRANS SOLUTIONS INC	9923000	5000032833	IT/Telecom Contr Svc	DEC 2019	\$49.74	\$49.74
3. Other	Delgasco	9923000	100000882	I/C-OperExp-1800-DLG	JAN 2020	(\$45,262.00)	(\$45,262.00)
3. Other	Delgasco	9923000	100001642	I/C-OperExp-1800-DLG	FEB 2020	(\$14,554.00)	(\$14,554.00)
3. Other	Delgasco	9923000	100002423	I/C-OperExp-1800-DLG	MAR 2020	(\$8,702.00)	(\$8,702.00)
3. Other	Delgasco	9923000	100003323	I/C-OperExp-1800-DLG	APR 2020	(\$20,690.00)	(\$20,690.00)
3. Other	Delgasco	9923000	100004123	I/C-OperExp-1800-DLG	MAY 2020	(\$9,589.00)	(\$9,589.00)
3. Other	Delgasco	9923000	100005056	I/C-OperExp-1800-DLG	JUN 2020	(\$4,859.00)	(\$4,859.00)
3. Other	Delgasco	9923000	100005952	I/C-OperExp-1800-DLG	JUL 2020	(\$4,997.53)	(\$4,997.53)
3. Other	Delgasco	9923000	100006833	I/C-OperExp-1800-DLG	AUG 2020	(\$13,077.25)	(\$13,077.25)
3. Other	Delgasco	9923000	100009860	I/C-OperExp-1800-DLG	SEP 2019	(\$22,240.00)	(\$22,240.00)
3. Other	Delgasco	9923000	100010858	I/C-OperExp-1800-DLG	OCT 2019	(\$38,631.00)	(\$38,631.00)
3. Other	Delgasco	9923000	100011696	I/C-OperExp-1800-DLG	NOV 2019	(\$6,980.00)	(\$6,980.00)
3. Other	Delgasco	9923000	100012483	I/C-OperExp-1800-DLG	DEC 2019	(\$8,463.00)	(\$8,463.00)
3. Other	DILIGENT CORPORATION	9923000	5000000812	Misc. Outside Svcs	OCT 2019	\$19,300.00	\$19,300.00
3. Other	DODGE DATA & ANALYTICS	9923000	5000000162	Misc. Outside Svcs	MAR 2020	\$3,624.06	\$3,624.06
3. Other	Enpro	9923000	100000882	I/C-OperExp-1900-ENP	JAN 2020	(\$5,790.00)	(\$5,790.00)
3. Other	Enpro	9923000	100001642	I/C-OperExp-1900-ENP	FEB 2020	(\$2,945.00)	(\$2,945.00)
3. Other	Enpro	9923000	100002423	I/C-OperExp-1900-ENP	MAR 2020	(\$2,060.00)	(\$2,060.00)
3. Other	Enpro	9923000	100003323	I/C-OperExp-1900-ENP	APR 2020	(\$5,932.00)	(\$5,932.00)
3. Other	Enpro	9923000	100004123	I/C-OperExp-1900-ENP	MAY 2020	(\$2,840.00)	(\$2,840.00)
3. Other	Enpro	9923000	100005056	I/C-OperExp-1900-ENP	JUN 2020	(\$1,153.00)	(\$1,153.00)
3. Other	Enpro	9923000	100005952	I/C-OperExp-1900-ENP	JUL 2020	(\$949.27)	(\$949.27)
3. Other	Enpro	9923000	100006833	I/C-OperExp-1900-ENP	AUG 2020	(\$2,388.49)	(\$2,388.49)

3. Other	Enpro	9923000	100009860	I/C-OperExp-1900-ENP	SEP 2019	(\$2,818.00)	(\$2,818.00)
3. Other	Enpro	9923000	100010858	I/C-OperExp-1900-ENP	OCT 2019	(\$4,396.00)	(\$4,396.00)
3. Other	Enpro	9923000	100011696	I/C-OperExp-1900-ENP	NOV 2019	(\$748.00)	(\$748.00)
3. Other	Enpro	9923000	100012483	I/C-OperExp-1900-ENP	DEC 2019	(\$899.00)	(\$899.00)
3. Other	ENSYTE ENERGY SOFTWARE	9923000	1900006932	IT/Telecom Contr Svc	APR 2020	\$13.02	\$13.02
3. Other	ESKER INC	9923000	5000000877	IT/Telecom Contr Svc	JAN 2020	\$1.64	\$1.64
3. Other	ESKER INC	9923000	5000002991	IT/Telecom Contr Svc	FEB 2020	\$1.64	\$1.64
3. Other	ESKER INC	9923000	5000005607	IT/Telecom Contr Svc	MAR 2020	\$1.64	\$1.64
3. Other	ESKER INC	9923000	5000026393	IT/Telecom Contr Svc	OCT 2019	\$1.64	\$1.64
3. Other	ESKER INC	9923000	5000030328	IT/Telecom Contr Svc	NOV 2019	\$1.64	\$1.64
3. Other	ESKER INC	9923000	5000032831	IT/Telecom Contr Svc	DEC 2019	\$1.64	\$1.64
3. Other	Essential Utilities Inc.	9923000	100003369	Svcs-Ess Sun-2200	APR 2020	\$21.21	\$21.21
3. Other	Essential Utilities Inc.	9923000	100003369	Svcs-Ess Svs-2200	APR 2020	\$1,684.81	\$1,684.81
3. Other	Essential Utilities Inc.	9923000	100004128	Svcs-Ess Sun-2200	MAY 2020	\$71.63	\$71.63
3. Other	Essential Utilities Inc.	9923000	100004128	Svcs-Ess Svs-2200	MAY 2020	\$1,730.15	\$1,730.15
3. Other	Essential Utilities Inc.	9923000	100005077	Svcs-Ess Sun-2200	JUN 2020	\$312.59	\$312.59
3. Other	Essential Utilities Inc.	9923000	100005077	Svcs-Ess Svs-2200	JUN 2020	\$1,541.22	\$1,541.22
3. Other	Essential Utilities Inc.	9923000	100006014	Svcs-Ess Sun-2200	JUL 2020	\$73.71	\$73.71
3. Other	Essential Utilities Inc.	9923000	100006014	Svcs-Ess Svs-2200	JUL 2020	\$1,526.61	\$1,526.61
3. Other	Essential Utilities Inc.	9923000	100006844	Svcs-Ess Sun-2200	AUG 2020	\$102.56	\$102.56
3. Other	Essential Utilities Inc.	9923000	100006844	Svcs-Ess Svs-2200	AUG 2020	\$2,453.61	\$2,453.61
3. Other	EVAPAR INC	9923000	5000000392	Contractor Services	MAY 2020	\$3,120.00	\$3,120.00
3. Other	GREEN HOME SOLUTIONS	9923000	5000000652	Contractor Services	JUL 2020	\$20,511.00	\$20,511.00
3. Other	GROUPEX LIMITED	9923000	5000003571	IT/Telecom Contr Svc	FEB 2020	\$0.57	\$0.57
3. Other	GROUPEX LIMITED	9923000	5000010557	IT/Telecom Contr Svc	MAY 2020	\$0.38	\$0.38
3. Other	GROUPEX LIMITED	9923000	5000028672	IT/Telecom Contr Svc	OCT 2019	\$0.38	\$0.38
3. Other	GXS INC	9923000	1500187231	IT/Telecom Contr Svc	NOV 2019	(\$42.03)	(\$42.03)
3. Other	GXS INC	9923000	1900018349	IT/Telecom Contr Svc	SEP 2019	\$42.03	\$42.03
3. Other	GXS INC	9923000	1900020616	IT/Telecom Contr Svc	OCT 2019	\$42.03	\$42.03
3. Other	GXS INC	9923000	1900022930	IT/Telecom Contr Svc	NOV 2019	\$42.03	\$42.03
3. Other	HYLAND LLC	9923000	5000026280	IT/Telecom Contr Svc	OCT 2019	\$0.77	\$0.77
3. Other	IBM CORPORATION	9923000	1900001065	Misc. Outside Svcs	MAR 2020	\$211.49	\$211.49
3. Other	IBM CORPORATION	9923000	1900001481	Misc. Outside Svcs	APR 2020	\$291.71	\$291.71
3. Other	IBM CORPORATION	9923000	1900002421	Misc. Outside Svcs	JUN 2020	\$299.00	\$299.00
3. Other	IDI CONSULTING LLC	9923000	1900000360	IT/Telecom Contr Svc	JAN 2020	\$1,167.24	\$1,167.24
3. Other	IDI CONSULTING LLC	9923000	1900002573	IT/Telecom Contr Svc	FEB 2020	\$1,169.33	\$1,169.33
3. Other	IDI CONSULTING LLC	9923000	1900004850	IT/Telecom Contr Svc	MAR 2020	\$1,096.52	\$1,096.52
3. Other	IDI CONSULTING LLC	9923000	1900006686	IT/Telecom Contr Svc	APR 2020	\$1,204.17	\$1,204.17
3. Other	IDI CONSULTING LLC	9923000	1900008672	IT/Telecom Contr Svc	MAY 2020	\$850.65	\$850.65
3. Other	IDI CONSULTING LLC	9923000	1900010684	IT/Telecom Contr Svc	JUN 2020	\$953.17	\$953.17
3. Other	IDI CONSULTING LLC	9923000	1900013174	IT/Telecom Contr Svc	JUL 2020	\$1,124.74	\$1,124.74
3. Other	IDI CONSULTING LLC	9923000	1900016360	IT/Telecom Contr Svc	AUG 2020	\$850.86	\$850.86
3. Other	IDI CONSULTING LLC	9923000	1900017973	IT/Telecom Contr Svc	SEP 2019	\$1,169.12	\$1,169.12
3. Other	IDI CONSULTING LLC	9923000	1900020221	IT/Telecom Contr Svc	OCT 2019	\$1,852.20	\$1,852.20
3. Other	IDI CONSULTING LLC	9923000	1900022655	IT/Telecom Contr Svc	NOV 2019	\$1,515.40	\$1,515.40
3. Other	IDI CONSULTING LLC	9923000	1900024894	IT/Telecom Contr Svc	DEC 2019	\$1,133.62	\$1,133.62
3. Other	INTERNATIONAL BUSINESS MACHINES	9923000	1900000519	IT/Telecom Contr Svc	JAN 2020	\$233.50	\$233.50
3. Other	INTERNATIONAL BUSINESS MACHINES	9923000	1900006277	IT/Telecom Contr Svc	MAR 2020	\$215.25	\$215.25
3. Other	INTERNATIONAL BUSINESS MACHINES	9923000	1900006278	IT/Telecom Contr Svc	MAR 2020	\$193.04	\$193.04
3. Other	INTERNATIONAL BUSINESS MACHINES	9923000	1900007156	IT/Telecom Contr Svc	APR 2020	\$246.12	\$246.12
3. Other	INTERNATIONAL BUSINESS MACHINES	9923000	1900010548	IT/Telecom Contr Svc	MAY 2020	\$401.80	\$401.80
3. Other	INTERNATIONAL BUSINESS MACHINES	9923000	1900012901	IT/Telecom Contr Svc	JUL 2020	\$170.27	\$170.27
3. Other	INTERNATIONAL BUSINESS MACHINES	9923000	1900014566	IT/Telecom Contr Svc	JUL 2020	\$254.57	\$254.57

3. Other	INTERNATIONAL BUSINESS MACHINES	9923000	1900019677	IT/Telecom Contr Svc	SEP 2019	\$189.52	\$189.52
3. Other	INTERNATIONAL BUSINESS MACHINES	9923000	1900022830	IT/Telecom Contr Svc	NOV 2019	\$159.44	\$159.44
3. Other	INTERNATIONAL BUSINESS MACHINES	9923000	1900022832	IT/Telecom Contr Svc	NOV 2019	\$218.12	\$218.12
3. Other	INTERNATIONAL BUSINESS MACHINES	9923000	1900024480	IT/Telecom Contr Svc	NOV 2019	\$187.87	\$187.87
3. Other	INTERNATIONAL BUSINESS MACHINES	9923000	1900026757	IT/Telecom Contr Svc	DEC 2019	\$261.74	\$261.74
3. Other	IRON MOUNTAIN INC	9923000	1900000058	Misc. Outside Svcs	JAN 2020	\$270.56	\$270.56
3. Other	IRON MOUNTAIN INC	9923000	1900000608	Misc. Outside Svcs	FEB 2020	\$622.88	\$622.88
3. Other	IRON MOUNTAIN INC	9923000	1900001067	Misc. Outside Svcs	MAR 2020	\$860.01	\$860.01
3. Other	IRON MOUNTAIN INC	9923000	1900001516	Misc. Outside Svcs	APR 2020	\$480.16	\$480.16
3. Other	IRON MOUNTAIN INC	9923000	1900002126	Misc. Outside Svcs	MAY 2020	\$476.61	\$476.61
3. Other	IRON MOUNTAIN INC	9923000	1900002678	Misc. Outside Svcs	JUN 2020	\$195.76	\$195.76
3. Other	IRON MOUNTAIN INC	9923000	1900003222	Misc. Outside Svcs	JUL 2020	\$263.65	\$263.65
3. Other	IRON MOUNTAIN INC	9923000	1900003842	Misc. Outside Svcs	AUG 2020	\$583.42	\$583.42
3. Other	IRON MOUNTAIN INC	9923000	1900004525	Misc. Outside Svcs	SEP 2019	\$398.87	\$398.87
3. Other	IRON MOUNTAIN INC	9923000	1900005032	Misc. Outside Svcs	OCT 2019	\$311.27	\$311.27
3. Other	IRON MOUNTAIN INC	9923000	1900005611	Misc. Outside Svcs	NOV 2019	\$341.03	\$341.03
3. Other	IRON MOUNTAIN INC	9923000	1900006152	Misc. Outside Svcs	DEC 2019	\$270.56	\$270.56
3. Other	ITERES GROUP LP	9923000	1900000518	IT/Telecom Contr Svc	JAN 2020	\$67.65	\$67.65
3. Other	ITERES GROUP LP	9923000	1900002552	IT/Telecom Contr Svc	FEB 2020	\$59.04	\$59.04
3. Other	ITERES GROUP LP	9923000	1900004482	IT/Telecom Contr Svc	MAR 2020	\$37.52	\$37.52
3. Other	ITERES GROUP LP	9923000	1900004753	IT/Telecom Contr Svc	MAR 2020	\$62.73	\$62.73
3. Other	ITERES GROUP LP	9923000	1900004754	IT/Telecom Contr Svc	MAR 2020	\$53.71	\$53.71
3. Other	ITERES GROUP LP	9923000	1900006056	IT/Telecom Contr Svc	MAR 2020	\$44.28	\$44.28
3. Other	ITERES GROUP LP	9923000	1900008415	IT/Telecom Contr Svc	APR 2020	\$52.07	\$52.07
3. Other	ITERES GROUP LP	9923000	1900008435	IT/Telecom Contr Svc	APR 2020	\$59.45	\$59.45
3. Other	ITERES GROUP LP	9923000	1900008671	IT/Telecom Contr Svc	MAY 2020	\$32.39	\$32.39
3. Other	ITERES GROUP LP	9923000	1900010546	IT/Telecom Contr Svc	MAY 2020	\$28.29	\$28.29
3. Other	ITERES GROUP LP	9923000	1900010784	IT/Telecom Contr Svc	JUN 2020	\$32.60	\$32.60
3. Other	ITERES GROUP LP	9923000	1900013133	IT/Telecom Contr Svc	JUL 2020	\$32.80	\$32.80
3. Other	ITERES GROUP LP	9923000	1900014371	IT/Telecom Contr Svc	JUL 2020	\$31.98	\$31.98
3. Other	ITERES GROUP LP	9923000	1900014563	IT/Telecom Contr Svc	JUL 2020	\$29.52	\$29.52
3. Other	ITERES GROUP LP	9923000	1900015119	IT/Telecom Contr Svc	AUG 2020	\$33.21	\$33.21
3. Other	ITERES GROUP LP	9923000	1900016710	IT/Telecom Contr Svc	AUG 2020	\$38.95	\$38.95
3. Other	ITERES GROUP LP	9923000	1900018128	IT/Telecom Contr Svc	SEP 2019	\$66.42	\$66.42
3. Other	ITERES GROUP LP	9923000	1900020008	IT/Telecom Contr Svc	SEP 2019	\$61.50	\$61.50
3. Other	ITERES GROUP LP	9923000	1900020617	IT/Telecom Contr Svc	OCT 2019	\$72.57	\$72.57
3. Other	ITERES GROUP LP	9923000	1900022831	IT/Telecom Contr Svc	NOV 2019	\$71.34	\$71.34
3. Other	ITERES GROUP LP	9923000	1900024478	IT/Telecom Contr Svc	NOV 2019	\$50.02	\$50.02
3. Other	ITERES GROUP LP	9923000	1900024479	IT/Telecom Contr Svc	NOV 2019	\$41.00	\$41.00
3. Other	ITERES GROUP LP	9923000	1900024890	IT/Telecom Contr Svc	DEC 2019	\$32.11	\$32.11
3. Other	ITERES GROUP LP	9923000	1900025149	IT/Telecom Contr Svc	DEC 2019	\$56.58	\$56.58
3. Other	ITERES GROUP LP	9923000	1900026756	IT/Telecom Contr Svc	DEC 2019	\$49.20	\$49.20
3. Other	ITERES GROUP LP	9923000	1900026868	IT/Telecom Contr Svc	DEC 2019	\$22.40	\$22.40
3. Other	KENTUCKY CHAMBER OF COMMERCE	9923000	1900005577	Training Services	NOV 2019	\$249.00	\$249.00
3. Other	KING BEE DELIVERY LLC	9923000	1900000172	Misc. Outside Svcs	JAN 2020	\$746.80	\$746.80
3. Other	KING BEE DELIVERY LLC	9923000	1900000173	Misc. Outside Svcs	JAN 2020	\$560.10	\$560.10
3. Other	KING BEE DELIVERY LLC	9923000	1900000292	Misc. Outside Svcs	JAN 2020	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900000486	Misc. Outside Svcs	JAN 2020	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900000561	Misc. Outside Svcs	FEB 2020	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900000596	Misc. Outside Svcs	FEB 2020	\$840.15	\$840.15
3. Other	KING BEE DELIVERY LLC	9923000	1900000722	Misc. Outside Svcs	FEB 2020	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900000828	Misc. Outside Svcs	FEB 2020	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900000924	Misc. Outside Svcs	FEB 2020	\$933.50	\$933.50

3. Other	KING BEE DELIVERY LLC	9923000	1900001041	Misc. Outside Svcs	MAR 2020	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900001158	Misc. Outside Svcs	MAR 2020	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900001241	Misc. Outside Svcs	MAR 2020	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900001354	Misc. Outside Svcs	MAR 2020	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900001467	Misc. Outside Svcs	APR 2020	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900001534	Misc. Outside Svcs	APR 2020	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900001693	Misc. Outside Svcs	APR 2020	\$746.80	\$746.80
3. Other	KING BEE DELIVERY LLC	9923000	1900001805	Misc. Outside Svcs	APR 2020	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900001925	Misc. Outside Svcs	APR 2020	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900002033	Misc. Outside Svcs	MAY 2020	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900002156	Misc. Outside Svcs	MAY 2020	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900002289	Misc. Outside Svcs	MAY 2020	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900002372	Misc. Outside Svcs	MAY 2020	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900002573	Misc. Outside Svcs	JUN 2020	\$746.80	\$746.80
3. Other	KING BEE DELIVERY LLC	9923000	1900002693	Misc. Outside Svcs	JUN 2020	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900002805	Misc. Outside Svcs	JUN 2020	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900002959	Misc. Outside Svcs	JUN 2020	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900003081	Misc. Outside Svcs	JUL 2020	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900003298	Misc. Outside Svcs	JUL 2020	\$746.80	\$746.80
3. Other	KING BEE DELIVERY LLC	9923000	1900003425	Misc. Outside Svcs	JUL 2020	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900003483	Misc. Outside Svcs	JUL 2020	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900003695	Misc. Outside Svcs	AUG 2020	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900003742	Misc. Outside Svcs	AUG 2020	\$933.60	\$933.60
3. Other	KING BEE DELIVERY LLC	9923000	1900003866	Misc. Outside Svcs	AUG 2020	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900003954	Misc. Outside Svcs	AUG 2020	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900004106	Misc. Outside Svcs	AUG 2020	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900004484	Misc. Outside Svcs	SEP 2019	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900004620	Misc. Outside Svcs	SEP 2019	\$746.80	\$746.80
3. Other	KING BEE DELIVERY LLC	9923000	1900004712	Misc. Outside Svcs	SEP 2019	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900004769	Misc. Outside Svcs	SEP 2019	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900004894	Misc. Outside Svcs	OCT 2019	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900005092	Misc. Outside Svcs	OCT 2019	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900005189	Misc. Outside Svcs	OCT 2019	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900005322	Misc. Outside Svcs	OCT 2019	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900005467	Misc. Outside Svcs	OCT 2019	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900005603	Misc. Outside Svcs	NOV 2019	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900005740	Misc. Outside Svcs	NOV 2019	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900005824	Misc. Outside Svcs	NOV 2019	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900005985	Misc. Outside Svcs	DEC 2019	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900006122	Misc. Outside Svcs	DEC 2019	\$560.10	\$560.10
3. Other	KING BEE DELIVERY LLC	9923000	1900006204	Misc. Outside Svcs	DEC 2019	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900006270	Misc. Outside Svcs	DEC 2019	\$933.50	\$933.50
3. Other	KING BEE DELIVERY LLC	9923000	1900006403	Misc. Outside Svcs	DEC 2019	\$933.50	\$933.50
3. Other	KNOWBE4 INC	9923000	5000000877	Misc. Outside Svcs	NOV 2019	\$3,264.80	\$3,264.80
3. Other	MARVEL TECHNOLOGIES INC	9923000	1900002775	IT/Telecom Contr Svc	FEB 2020	\$86.10	\$86.10
3. Other	MARVEL TECHNOLOGIES INC	9923000	1900004966	IT/Telecom Contr Svc	MAR 2020	\$82.00	\$82.00
3. Other	MARVEL TECHNOLOGIES INC	9923000	1900006621	IT/Telecom Contr Svc	APR 2020	\$90.20	\$90.20
3. Other	MARVEL TECHNOLOGIES INC	9923000	1900008670	IT/Telecom Contr Svc	MAY 2020	\$86.10	\$86.10
3. Other	MARVEL TECHNOLOGIES INC	9923000	1900010782	IT/Telecom Contr Svc	JUN 2020	\$82.00	\$82.00
3. Other	MARVEL TECHNOLOGIES INC	9923000	1900012900	IT/Telecom Contr Svc	JUL 2020	\$69.70	\$69.70
3. Other	MARVEL TECHNOLOGIES INC	9923000	1900014802	IT/Telecom Contr Svc	AUG 2020	\$90.20	\$90.20
3. Other	MARVEL TECHNOLOGIES INC	9923000	1900018130	IT/Telecom Contr Svc	SEP 2019	\$24.60	\$24.60
3. Other	MARVEL TECHNOLOGIES INC	9923000	1900020096	IT/Telecom Contr Svc	OCT 2019	\$82.00	\$82.00

3. Other	MARVEL TECHNOLOGIES INC	9923000	1900022701	IT/Telecom Contr Svc	NOV 2019	\$94.30	\$94.30
3. Other	MARVEL TECHNOLOGIES INC	9923000	1900024830	IT/Telecom Contr Svc	DEC 2019	\$73.80	\$73.80
3. Other	MARVEL TECHNOLOGIES INC	9923000	1900025352	IT/Telecom Contr Svc	DEC 2019	\$77.90	\$77.90
3. Other	MARVEL TECHNOLOGIES INC	9923000	5000005783	IT/Telecom Contr Svc	MAR 2020	\$14.35	\$14.35
3. Other	MARVEL TECHNOLOGIES INC	9923000	5000005785	IT/Telecom Contr Svc	MAR 2020	\$14.35	\$14.35
3. Other	MARVEL TECHNOLOGIES INC	9923000	5000015964	IT/Telecom Contr Svc	JUL 2020	\$14.35	\$14.35
3. Other	MARVEL TECHNOLOGIES INC	9923000	5000015965	IT/Telecom Contr Svc	JUL 2020	\$14.35	\$14.35
3. Other	MARVEL TECHNOLOGIES INC	9923000	5000015966	IT/Telecom Contr Svc	JUL 2020	\$14.35	\$14.35
3. Other	MARVEL TECHNOLOGIES INC	9923000	5000015967	IT/Telecom Contr Svc	JUL 2020	\$14.35	\$14.35
3. Other	MARVEL TECHNOLOGIES INC	9923000	5000017573	IT/Telecom Contr Svc	JUL 2020	\$14.35	\$14.35
3. Other	MARVEL TECHNOLOGIES INC	9923000	5000023462	IT/Telecom Contr Svc	SEP 2019	\$14.35	\$14.35
3. Other	MARVEL TECHNOLOGIES INC	9923000	5000025984	IT/Telecom Contr Svc	OCT 2019	\$14.35	\$14.35
3. Other	MARVEL TECHNOLOGIES INC	9923000	5000030028	IT/Telecom Contr Svc	NOV 2019	\$14.35	\$14.35
3. Other	MARVEL TECHNOLOGIES INC	9923000	5000032830	IT/Telecom Contr Svc	DEC 2019	\$14.35	\$14.35
3. Other	MARVEL TECHNOLOGIES INC	9923000	5000033199	IT/Telecom Contr Svc	DEC 2019	\$14.35	\$14.35
3. Other	MCGREGOR & ASSOCIATES INC	9923000	1900000095	Misc. Outside Svcs	JAN 2020	\$150.00	\$150.00
3. Other	MCGREGOR & ASSOCIATES INC	9923000	1900000096	Misc. Outside Svcs	JAN 2020	\$161.00	\$161.00
3. Other	MCGREGOR & ASSOCIATES INC	9923000	1900000693	Misc. Outside Svcs	FEB 2020	\$138.00	\$138.00
3. Other	MCGREGOR & ASSOCIATES INC	9923000	1900000729	Misc. Outside Svcs	FEB 2020	\$1,296.89	\$1,296.89
3. Other	MCGREGOR & ASSOCIATES INC	9923000	1900001483	Misc. Outside Svcs	APR 2020	\$138.00	\$138.00
3. Other	MCGREGOR & ASSOCIATES INC	9923000	1900002067	Misc. Outside Svcs	MAY 2020	\$166.75	\$166.75
3. Other	MCGREGOR & ASSOCIATES INC	9923000	1900002577	Misc. Outside Svcs	JUN 2020	\$161.00	\$161.00
3. Other	MCGREGOR & ASSOCIATES INC	9923000	1900002823	Misc. Outside Svcs	JUN 2020	\$138.00	\$138.00
3. Other	MCGREGOR & ASSOCIATES INC	9923000	1900003312	Misc. Outside Svcs	JUL 2020	\$161.00	\$161.00
3. Other	MCGREGOR & ASSOCIATES INC	9923000	1900003632	Misc. Outside Svcs	JUL 2020	\$275.00	\$275.00
3. Other	MCGREGOR & ASSOCIATES INC	9923000	1900003750	Misc. Outside Svcs	AUG 2020	\$161.00	\$161.00
3. Other	MCGREGOR & ASSOCIATES INC	9923000	1900004469	Misc. Outside Svcs	SEP 2019	\$161.00	\$161.00
3. Other	MCGREGOR & ASSOCIATES INC	9923000	1900004911	Misc. Outside Svcs	OCT 2019	\$161.00	\$161.00
3. Other	MCGREGOR & ASSOCIATES INC	9923000	1900005507	Misc. Outside Svcs	NOV 2019	\$161.00	\$161.00
3. Other	MCGREGOR & ASSOCIATES INC	9923000	1900006130	Misc. Outside Svcs	DEC 2019	\$161.00	\$161.00
3. Other	MILLENNIUM LEARNING CONCEPTS	9923000	1900001036	Training Services	MAR 2020	\$1,100.00	\$1,100.00
3. Other	MILLENNIUM LEARNING CONCEPTS	9923000	5000000165	Training Services	MAR 2020	\$4,400.00	\$4,400.00
3. Other	NATURAL ENERGY ENGINEERING SERVICES	9923000	1500001004	Misc. Outside Svcs	FEB 2020	(\$8,900.38)	(\$8,900.38)
3. Other	NATURAL ENERGY ENGINEERING SERVICES	9923000	1900000598	Misc. Outside Svcs	FEB 2020	\$8,900.38	\$8,900.38
3. Other	NATURAL ENERGY ENGINEERING SERVICES	9923000	1900000770	Misc. Outside Svcs	FEB 2020	\$7,611.25	\$7,611.25
3. Other	NATURAL ENERGY ENGINEERING SERVICES	9923000	1900001455	Misc. Outside Svcs	APR 2020	\$6,105.00	\$6,105.00
3. Other	NATURAL ENERGY ENGINEERING SERVICES	9923000	1900003795	Misc. Outside Svcs	AUG 2020	\$1,817.45	\$1,817.45
3. Other	NEW VISTA OF THE BLUEGRASS INC	9923000	1900000091	Misc. Outside Svcs	JAN 2020	\$497.55	\$497.55
3. Other	NEW VISTA OF THE BLUEGRASS INC	9923000	1900001527	Misc. Outside Svcs	APR 2020	\$497.55	\$497.55
3. Other	NEW VISTA OF THE BLUEGRASS INC	9923000	1900003127	Misc. Outside Svcs	JUL 2020	\$497.55	\$497.55
3. Other	NEW VISTA OF THE BLUEGRASS INC	9923000	1900005075	Misc. Outside Svcs	OCT 2019	\$497.55	\$497.55
3. Other	OPEN TEXT INC	9923000	1900000652	IT/Telecom Contr Svc	JAN 2020	\$42.03	\$42.03
3. Other	OPEN TEXT INC	9923000	1900002012	Misc. Outside Svcs	MAY 2020	\$100.00	\$100.00
3. Other	OPEN TEXT INC	9923000	1900002382	IT/Telecom Contr Svc	FEB 2020	\$42.03	\$42.03
3. Other	OPEN TEXT INC	9923000	1900004581	IT/Telecom Contr Svc	MAR 2020	\$42.03	\$42.03
3. Other	OPEN TEXT INC	9923000	1900006741	IT/Telecom Contr Svc	APR 2020	\$42.03	\$42.03
3. Other	OPEN TEXT INC	9923000	1900008646	IT/Telecom Contr Svc	MAY 2020	\$42.03	\$42.03
3. Other	OPEN TEXT INC	9923000	1900010745	IT/Telecom Contr Svc	JUN 2020	\$42.03	\$42.03
3. Other	OPEN TEXT INC	9923000	1900012804	IT/Telecom Contr Svc	JUL 2020	\$42.03	\$42.03
3. Other	OPEN TEXT INC	9923000	1900014929	IT/Telecom Contr Svc	AUG 2020	\$42.03	\$42.03
3. Other	OPEN TEXT INC	9923000	1900024299	IT/Telecom Contr Svc	NOV 2019	\$42.03	\$42.03
3. Other	OPEN TEXT INC	9923000	1900025207	IT/Telecom Contr Svc	DEC 2019	\$42.03	\$42.03
3. Other	PANTECHS LABORATORIES INC	9923000	1900000772	Misc. Outside Svcs	FEB 2020	\$1,701.30	\$1,701.30

3. Other	PANTECHS LABORATORIES INC	9923000	1900001137	Misc. Outside Svcs	MAR 2020	\$4,346.43	\$4,346.43
3. Other	PANTECHS LABORATORIES INC	9923000	1900005282	Misc. Outside Svcs	OCT 2019	\$2,766.20	\$2,766.20
3. Other	PARADIGM LIAISON SERVICES LLC	9923000	5000000273	Training Services	APR 2020	\$14,663.63	\$14,663.63
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900002024	IT/Telecom Contr Svc	JAN 2020	\$11.40	\$11.40
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900002025	IT/Telecom Contr Svc	JAN 2020	\$15.41	\$15.41
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900002462	IT/Telecom Contr Svc	FEB 2020	\$16.89	\$16.89
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900002463	IT/Telecom Contr Svc	FEB 2020	\$16.89	\$16.89
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900002692	IT/Telecom Contr Svc	FEB 2020	\$16.89	\$16.89
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900002694	IT/Telecom Contr Svc	FEB 2020	\$16.89	\$16.89
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900004329	IT/Telecom Contr Svc	FEB 2020	\$16.89	\$16.89
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900004331	IT/Telecom Contr Svc	FEB 2020	\$16.89	\$16.89
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900004902	IT/Telecom Contr Svc	MAR 2020	\$16.89	\$16.89
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900004903	IT/Telecom Contr Svc	MAR 2020	\$16.89	\$16.89
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900006153	IT/Telecom Contr Svc	MAR 2020	\$16.89	\$16.89
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900006154	IT/Telecom Contr Svc	MAR 2020	\$16.89	\$16.89
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900006685	IT/Telecom Contr Svc	APR 2020	\$16.89	\$16.89
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900008408	IT/Telecom Contr Svc	APR 2020	\$16.89	\$16.89
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900008577	IT/Telecom Contr Svc	MAY 2020	\$13.51	\$13.51
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900008578	IT/Telecom Contr Svc	MAY 2020	\$16.89	\$16.89
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900008580	IT/Telecom Contr Svc	MAY 2020	\$16.89	\$16.89
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900009018	IT/Telecom Contr Svc	MAY 2020	\$16.89	\$16.89
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900010657	IT/Telecom Contr Svc	JUN 2020	\$16.89	\$16.89
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900010658	IT/Telecom Contr Svc	JUN 2020	\$16.89	\$16.89
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900011133	IT/Telecom Contr Svc	JUN 2020	\$16.89	\$16.89
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900012547	IT/Telecom Contr Svc	JUN 2020	\$13.51	\$13.51
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900012760	IT/Telecom Contr Svc	JUL 2020	\$16.89	\$16.89
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900012761	IT/Telecom Contr Svc	JUL 2020	\$16.89	\$16.89
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900013028	IT/Telecom Contr Svc	JUL 2020	\$16.89	\$16.89
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900013029	IT/Telecom Contr Svc	JUL 2020	\$16.89	\$16.89
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900013030	IT/Telecom Contr Svc	JUL 2020	\$16.89	\$16.89
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900014487	IT/Telecom Contr Svc	JUL 2020	\$16.89	\$16.89
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900014488	IT/Telecom Contr Svc	JUL 2020	\$15.20	\$15.20
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900014934	IT/Telecom Contr Svc	AUG 2020	\$16.89	\$16.89
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900014935	IT/Telecom Contr Svc	AUG 2020	\$16.89	\$16.89
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900019674	IT/Telecom Contr Svc	SEP 2019	\$50.68	\$50.68
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900020269	IT/Telecom Contr Svc	OCT 2019	\$16.89	\$16.89
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900020270	IT/Telecom Contr Svc	OCT 2019	\$16.89	\$16.89
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900020472	IT/Telecom Contr Svc	OCT 2019	\$13.51	\$13.51
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900020473	IT/Telecom Contr Svc	OCT 2019	\$13.51	\$13.51
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900022333	IT/Telecom Contr Svc	OCT 2019	\$19.43	\$19.43
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900022334	IT/Telecom Contr Svc	OCT 2019	\$16.89	\$16.89
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900022990	IT/Telecom Contr Svc	NOV 2019	\$19.00	\$19.00
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900022991	IT/Telecom Contr Svc	NOV 2019	\$19.00	\$19.00
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900024303	IT/Telecom Contr Svc	NOV 2019	\$16.89	\$16.89
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900024304	IT/Telecom Contr Svc	NOV 2019	\$16.89	\$16.89
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900024943	IT/Telecom Contr Svc	DEC 2019	\$18.79	\$18.79
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900024944	IT/Telecom Contr Svc	DEC 2019	\$14.99	\$14.99
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900025353	IT/Telecom Contr Svc	DEC 2019	\$19.85	\$19.85
3. Other	PEAK TECHNICAL STAFFING USA	9923000	1900025354	IT/Telecom Contr Svc	DEC 2019	\$9.29	\$9.29
3. Other	PNG COMPANIES LLC	9923000	100000894	MiscOutsideSvcs 2200	JAN 2020	\$405.09	\$405.09
3. Other	PNG COMPANIES LLC	9923000	100001661	MiscOutsideSvcs 2200	FEB 2020	\$463.63	\$463.63
3. Other	PNG COMPANIES LLC	9923000	100002409	MiscOutsideSvcs 2200	MAR 2020	\$759.25	\$759.25
3. Other	PNG COMPANIES LLC	9923000	100003361	MiscOutsideSvcs 2200	APR 2020	\$506.71	\$506.71

3. Other	PNG COMPANIES LLC	9923000	100004088	MiscOutside Svcs	2200	MAY 2020	\$503.30	\$503.30
3. Other	PNG COMPANIES LLC	9923000	100005023	MiscOutside Svcs	2200	JUN 2020	\$818.78	\$818.78
3. Other	PNG COMPANIES LLC	9923000	100005995	MiscOutside Svcs	2200	JUL 2020	\$799.34	\$799.34
3. Other	PNG COMPANIES LLC	9923000	100006811	MiscOutside Svcs	2200	AUG 2020	\$652.85	\$652.85
3. Other	PNG COMPANIES LLC	9923000	100008227	Misc. Outside Svcs		JAN 2020	\$0.68	\$0.68
3. Other	PNG COMPANIES LLC	9923000	100009886	MiscOutside Svcs	2200	SEP 2019	\$536.69	\$536.69
3. Other	PNG COMPANIES LLC	9923000	100010761	MiscOutside Svcs	2200	OCT 2019	\$589.92	\$589.92
3. Other	PNG COMPANIES LLC	9923000	100011609	MiscOutside Svcs	2200	NOV 2019	\$444.43	\$444.43
3. Other	PNG COMPANIES LLC	9923000	100012480	MiscOutside Svcs	2200	DEC 2019	\$476.47	\$476.47
3. Other	PNG COMPANIES LLC	9923000	100018983	Misc. Outside Svcs		FEB 2020	\$0.29	\$0.29
3. Other	PNG COMPANIES LLC	9923000	100027613	Misc. Outside Svcs		MAR 2020	\$0.64	\$0.64
3. Other	PNG COMPANIES LLC	9923000	100037141	Misc. Outside Svcs		APR 2020	\$0.66	\$0.66
3. Other	PNG COMPANIES LLC	9923000	100043228	Misc. Outside Svcs		MAY 2020	\$3.06	\$3.06
3. Other	PNG COMPANIES LLC	9923000	100054071	Misc. Outside Svcs		JUN 2020	\$0.16	\$0.16
3. Other	PNG COMPANIES LLC	9923000	100063024	Misc. Outside Svcs		JUL 2020	\$0.53	\$0.53
3. Other	PNG COMPANIES LLC	9923000	100073773	Misc. Outside Svcs		AUG 2020	\$0.16	\$0.16
3. Other	PNG COMPANIES LLC	9923000	100086629	Misc. Outside Svcs		SEP 2019	\$0.66	\$0.66
3. Other	PNG COMPANIES LLC	9923000	100096815	Misc. Outside Svcs		OCT 2019	\$0.66	\$0.66
3. Other	PNG COMPANIES LLC	9923000	100107282	Misc. Outside Svcs		NOV 2019	\$2.50	\$2.50
3. Other	PNG COMPANIES LLC	9923000	100117731	Misc. Outside Svcs		DEC 2019	\$0.66	\$0.66
3. Other	RED RIVER ENTERPRISE LLC	9923000	5000001059	Contractor Labor-ST		DEC 2019	\$3,150.00	\$3,150.00
3. Other	RED RIVER ENTERPRISE LLC	9923000	5000001060	Contractor Labor-ST		DEC 2019	\$920.00	\$920.00
3. Other	RED RIVER ENTERPRISE LLC	9923000	5000001061	Contractor Labor-ST		DEC 2019	\$600.00	\$600.00
3. Other	RED RIVER ENTERPRISE LLC	9923000	5000001062	Contractor Labor-ST		DEC 2019	\$550.00	\$550.00
3. Other	RED RIVER ENTERPRISE LLC	9923000	5000001063	Contractor Labor-ST		DEC 2019	\$400.00	\$400.00
3. Other	RED RIVER ENTERPRISE LLC	9923000	5000001064	Contractor Labor-ST		DEC 2019	\$275.00	\$275.00
3. Other	RED RIVER ENTERPRISE LLC	9923000	5000001065	Contractor Labor-ST		DEC 2019	\$165.00	\$165.00
3. Other	RED RIVER ENTERPRISE LLC	9923000	5000001066	Contractor Labor-ST		DEC 2019	\$684.00	\$684.00
3. Other	RED RIVER ENTERPRISE LLC	9923000	5000001067	Contractor Labor-ST		DEC 2019	\$375.00	\$375.00
3. Other	SAP AMERICA INC	9923000	5000029255	IT/Telecom Contr Svc		NOV 2019	\$18.29	\$18.29
3. Other	SAP AMERICA INC	9923000	5000031093	IT/Telecom Contr Svc		NOV 2019	\$270.60	\$270.60
3. Other	SAP AMERICA INC	9923000	5000032076	IT/Telecom Contr Svc		DEC 2019	(\$270.60)	(\$270.60)
3. Other	SAP INDUSTRIES INC	9923000	5000032077	IT/Telecom Contr Svc		DEC 2019	\$270.60	\$270.60
3. Other	SAP INDUSTRIES INC	9923000	5000032078	IT/Telecom Contr Svc		DEC 2019	(\$270.60)	(\$270.60)
3. Other	SAP INDUSTRIES INC	9923000	5000032079	IT/Telecom Contr Svc		DEC 2019	\$270.60	\$270.60
3. Other	SAP INDUSTRIES INC	9923000	5000034099	IT/Telecom Contr Svc		DEC 2019	\$92.90	\$92.90
3. Other	SMART ENERGY WATER	9923000	1900009166	IT/Telecom Contr Svc		MAY 2020	\$1.29	\$1.29
3. Other	SMART ENERGY WATER	9923000	1900012436	IT/Telecom Contr Svc		JUN 2020	\$2.16	\$2.16
3. Other	SMART ENERGY WATER	9923000	5000016709	IT/Telecom Contr Svc		JUL 2020	\$1.91	\$1.91
3. Other	SMART ENERGY WATER	9923000	5000018423	IT/Telecom Contr Svc		JUL 2020	\$73.80	\$73.80
3. Other	SMART ENERGY WATER	9923000	5000020199	IT/Telecom Contr Svc		AUG 2020	\$1.72	\$1.72
3. Other	SOFTWARE INFORMATION SYSTEMS LLC	9923000	5000000951	IT/Telecom Contr Svc		NOV 2019	\$3,929.71	\$3,929.71
3. Other	SORRELL CONSTRUCTION SERVICES LLC	9923000	5000000731	Contractor Services		AUG 2020	\$2,000.00	\$2,000.00
3. Other	SOUTHLAND PRINTING COMPANY INC	9923000	1900005997	Misc. Outside Svcs		DEC 2019	\$571.87	\$571.87
3. Other	TCG AMERICA LLC	9923000	5000000057	Contractor Services		JAN 2020	\$4,200.00	\$4,200.00
3. Other	TCG AMERICA LLC	9923000	5000000431	Contractor Services		MAY 2020	\$1,262.50	\$1,262.50
3. Other	TCG AMERICA LLC	9923000	5000000946	Testing Services		NOV 2019	\$1,787.50	\$1,787.50
3. Other	TESTA CONSULTING SERVICES INC	9923000	1900000359	IT/Telecom Contr Svc		JAN 2020	\$45.76	\$45.76
3. Other	TESTA CONSULTING SERVICES INC	9923000	1900001928	IT/Telecom Contr Svc		JAN 2020	\$40.67	\$40.67
3. Other	TESTA CONSULTING SERVICES INC	9923000	1900020570	IT/Telecom Contr Svc		OCT 2019	\$50.84	\$50.84
3. Other	TESTA CONSULTING SERVICES INC	9923000	1900025150	IT/Telecom Contr Svc		DEC 2019	\$40.67	\$40.67
3. Other	TESTA CONSULTING SERVICES INC	9923000	1900026870	IT/Telecom Contr Svc		DEC 2019	\$50.84	\$50.84
3. Other	TIME WARNER	9923000	1900000314	Misc. Outside Svcs		JAN 2020	\$107.24	\$107.24

3. Other	TIME WARNER	9923000	1900000811	Misc. Outside Svcs	FEB 2020	\$107.24	\$107.24
3. Other	TIME WARNER	9923000	1900001215	Misc. Outside Svcs	MAR 2020	\$114.36	\$114.36
3. Other	TIME WARNER	9923000	1900001311	Misc. Outside Svcs	MAR 2020	\$89.27	\$89.27
3. Other	TIME WARNER	9923000	1900001762	Misc. Outside Svcs	APR 2020	\$112.66	\$112.66
3. Other	TIME WARNER	9923000	1900002196	Misc. Outside Svcs	MAY 2020	\$47.15	\$47.15
3. Other	TIME WARNER	9923000	1900002798	Misc. Outside Svcs	JUN 2020	\$112.66	\$112.66
3. Other	TIME WARNER	9923000	1900003439	Misc. Outside Svcs	JUL 2020	\$47.15	\$47.15
3. Other	TIME WARNER	9923000	1900003488	Misc. Outside Svcs	JUL 2020	\$89.27	\$89.27
3. Other	TIME WARNER	9923000	1900003943	Misc. Outside Svcs	AUG 2020	\$112.66	\$112.66
3. Other	TIME WARNER	9923000	1900004664	Misc. Outside Svcs	SEP 2019	\$105.67	\$105.67
3. Other	TIME WARNER	9923000	1900004744	Misc. Outside Svcs	SEP 2019	\$83.89	\$83.89
3. Other	TIME WARNER	9923000	1900005240	Misc. Outside Svcs	OCT 2019	\$107.31	\$107.31
3. Other	TIME WARNER	9923000	1900005251	Misc. Outside Svcs	OCT 2019	\$83.89	\$83.89
3. Other	TIME WARNER	9923000	1900005877	Misc. Outside Svcs	NOV 2019	\$83.96	\$83.96
3. Other	TIME WARNER	9923000	1900006249	Misc. Outside Svcs	DEC 2019	\$107.24	\$107.24
3. Other	TOM MCCAY	9923000	1900000023	Consultant Services	JAN 2020	\$1,000.00	\$1,000.00
3. Other	TOM MCCAY	9923000	1900000542	Consultant Services	FEB 2020	\$1,000.00	\$1,000.00
3. Other	TOM MCCAY	9923000	1900000986	Consultant Services	MAR 2020	\$1,000.00	\$1,000.00
3. Other	TOM MCCAY	9923000	1900001464	Consultant Services	APR 2020	\$1,000.00	\$1,000.00
3. Other	TOM MCCAY	9923000	1900001958	Consultant Services	MAY 2020	\$1,000.00	\$1,000.00
3. Other	TOM MCCAY	9923000	1900002409	Consultant Services	JUN 2020	\$1,000.00	\$1,000.00
3. Other	TOM MCCAY	9923000	1900003075	Consultant Services	JUL 2020	\$1,000.00	\$1,000.00
3. Other	TOM MCCAY	9923000	1900003643	Consultant Services	AUG 2020	\$1,000.00	\$1,000.00
3. Other	TOM MCCAY	9923000	1900004499	Consultant Services	SEP 2019	\$1,000.00	\$1,000.00
3. Other	TOM MCCAY	9923000	1900004854	Consultant Services	OCT 2019	\$1,000.00	\$1,000.00
3. Other	TOM MCCAY	9923000	1900005512	Consultant Services	NOV 2019	\$1,000.00	\$1,000.00
3. Other	TOM MCCAY	9923000	1900006059	Consultant Services	DEC 2019	\$1,000.00	\$1,000.00
3. Other	WORKFORCE SOFTWARE LLC	9923000	1900008487	IT/Telecom Contr Svc	APR 2020	\$16.61	\$16.61
3. Other	Pantechs	9923000	100010405	Misc. Outside Svcs	OCT 2019	\$7,170.58	\$7,170.58
3. Other	Liberty University	9923000	100009547	Training Services	SEP 2019	\$5,429.00	\$5,429.00
3. Other	S&P Global Platts	9923000	100012234	Misc. Outside Svcs	DEC 2019	\$2,264.43	\$2,264.43
3. Other	S&P Global Platts	9923000	100000851	Misc. Outside Svcs	JAN 2020	\$935.96	\$935.96
3. Other	S&P Global Platts	9923000	100001356	Misc. Outside Svcs	FEB 2020	\$875.58	\$875.58
3. Other	S&P Global Platts	9923000	100001988	Misc. Outside Svcs	MAR 2020	\$935.96	\$935.96
3. Other	S&P Global Platts	9923000	100002667	Misc. Outside Svcs	APR 2020	\$905.77	\$905.77
3. Other	S&P Global Platts	9923000	100003825	Misc. Outside Svcs	MAY 2020	\$935.96	\$935.96
3. Other	S&P Global Platts	9923000	100004544	Misc. Outside Svcs	JUN 2020	\$905.77	\$905.77
3. Other	S&P Global Platts	9923000	100005691	Misc. Outside Svcs	JUL 2020	\$935.96	\$935.96
3. Other	S&P Global Platts	9923000	100006479	Misc. Outside Svcs	AUG 2020	\$935.96	\$935.96
3. Other	Various vendors < \$1,000	9923000				\$13,693.58	\$13,693.58
3. Other Total						\$144,135.86	\$144,135.86
Grand Total						(\$30,014.50)	\$253,070.62
							\$223,056.12

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Account	Account Desc	Natural Accou	Natural Account Desc	Vendor	Vendor Desc	Doc Number	Line Item	Document Type	Sender Object Id
9923000	Adm & Gen-Outsd Svcs	5303010	Contractor Labor-ST	300004329	RED RIVER ENTERPRISE	5000001059	1	WE	CTR SR01/169556
9923000	Adm & Gen-Outsd Svcs	5303010	Contractor Labor-ST	300004329	RED RIVER ENTERPRISE	5000001060	1	WE	CTR SR01/169556
9923000	Adm & Gen-Outsd Svcs	5303010	Contractor Labor-ST	300004329	RED RIVER ENTERPRISE	5000001061	1	WE	CTR SR01/169556
9923000	Adm & Gen-Outsd Svcs	5303010	Contractor Labor-ST	300004329	RED RIVER ENTERPRISE	5000001062	1	WE	CTR SR01/169556
9923000	Adm & Gen-Outsd Svcs	5303010	Contractor Labor-ST	300004329	RED RIVER ENTERPRISE	5000001063	1	WE	CTR SR01/169556
9923000	Adm & Gen-Outsd Svcs	5303010	Contractor Labor-ST	300004329	RED RIVER ENTERPRISE	5000001064	1	WE	CTR SR01/169556
9923000	Adm & Gen-Outsd Svcs	5303010	Contractor Labor-ST	300004329	RED RIVER ENTERPRISE	5000001065	1	WE	CTR SR01/169556
9923000	Adm & Gen-Outsd Svcs	5303010	Contractor Labor-ST	300004329	RED RIVER ENTERPRISE	5000001066	1	WE	CTR SR01/169556
9923000	Adm & Gen-Outsd Svcs	5303010	Contractor Labor-ST	300004329	RED RIVER ENTERPRISE	5000001067	1	WE	CTR SR01/169556
9923000	Adm & Gen-Outsd Svcs	5303030	Contractor Services	300003351	ARCOS LLC	5000026509	1	WE	WBS CP.APPL.ALL
9923000	Adm & Gen-Outsd Svcs	5303030	Contractor Services	300004193	TCG AMERICA LLC	5000000057	1	WE	CTR SR01/165102
9923000	Adm & Gen-Outsd Svcs	5303030	Contractor Services	300004193	TCG AMERICA LLC	5000000431	1	WE	CTR SR01/165102
9923000	Adm & Gen-Outsd Svcs	5303030	Contractor Services	300004291	EVAPAR INC	5000000392	1	WE	CTR SR01/169556
9923000	Adm & Gen-Outsd Svcs	5303030	Contractor Services	300004327	BLUEGRASS OFFICE SYS	5000000650	1	WE	CTR SR01/169556
9923000	Adm & Gen-Outsd Svcs	5303030	Contractor Services	300004336	SORRELL CONSTRUCTIO	5000000731	1	WE	CTR SR01/169556
9923000	Adm & Gen-Outsd Svcs	5303030	Contractor Services	300004430	COVERALL SERVICE COM	5000000001	1	WE	CTR SR01/169556
9923000	Adm & Gen-Outsd Svcs	5303030	Contractor Services	300004430	COVERALL SERVICE COM	5000000090	1	WE	CTR SR01/169556
9923000	Adm & Gen-Outsd Svcs	5303030	Contractor Services	300004430	COVERALL SERVICE COM	5000000160	1	WE	CTR SR01/169556
9923000	Adm & Gen-Outsd Svcs	5303030	Contractor Services	300004430	COVERALL SERVICE COM	5000000351	1	WE	CTR SR01/169556
9923000	Adm & Gen-Outsd Svcs	5303030	Contractor Services	300004430	COVERALL SERVICE COM	5000000455	1	WE	CTR SR01/169556
9923000	Adm & Gen-Outsd Svcs	5303030	Contractor Services	300004430	COVERALL SERVICE COM	5000000571	1	WE	CTR SR01/169556
9923000	Adm & Gen-Outsd Svcs	5303030	Contractor Services	300004430	COVERALL SERVICE COM	5000000632	1	WE	CTR SR01/169556
9923000	Adm & Gen-Outsd Svcs	5303030	Contractor Services	300004430	COVERALL SERVICE COM	5000000687	1	WE	CTR SR01/169556
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9923000	Adm & Gen-Outsd Svcs	5303030	Contractor Services	300004430	COVERALL SERVICE COM	5000000870	1	WE	CTR SR01/169556
9923000	Adm & Gen-Outsd Svcs	5303030	Contractor Services	300004956	GREEN HOME SOLUTION	5000000652	1	WE	CTR SR01/169556
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	400001509	STOLL KEENON & OGDE	1900000740	1	CP	CTR SR01/161310
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	400003814	CITY OF MT OLIVET	1900000708	1	CP	CTR SR01/161310
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	ONETIMEC	ONETIMEC	1900000456	1	CP	CTR SR01/161310
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9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	100001536	1	SA	CTR SR01/163024
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	100001991	1	SA	CTR SR01/163024
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9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	100002300	1	SA	CTR SR01/163024
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	100003175	1	SA	CTR SR01/163024
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9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	100003331	2	SA	CTR SR01/161310
9923000	Adm & Gen-Outsd Svcs	5303210	Actg/Auditing Svcs	#	Not assigned	100003748	1	SA	CTR SR01/163024
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9923000	Adm & Gen-Outsd Svcs	5303890	Misc. Outside Svcs	400004193	PANTECHS LABORATORI	1900000772	1	KR	CTR SR01/169935
9923000	Adm & Gen-Outsd Svcs	5303890	Misc. Outside Svcs	400004193	PANTECHS LABORATORI	1900001137	1	KR	CTR SR01/169935
9923000	Adm & Gen-Outsd Svcs	5303890	Misc. Outside Svcs	400004193	PANTECHS LABORATORI	1900005282	1	KR	CTR SR01/169935
9923000	Adm & Gen-Outsd Svcs	5303890	Misc. Outside Svcs	400004295	NEW VISTA OF THE BLU	1900000091	1	KR	CTR SR01/163024
9923000	Adm & Gen-Outsd Svcs	5303890	Misc. Outside Svcs	400004295	NEW VISTA OF THE BLU	1900001527	1	KR	CTR SR01/163024
9923000	Adm & Gen-Outsd Svcs	5303890	Misc. Outside Svcs	400004295	NEW VISTA OF THE BLU	1900003127	1	KR	CTR SR01/163024
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9923000	Adm & Gen-Outsd Svcs	5303890	Misc. Outside Svcs	700002200	PNG COMPANIES LLC	100037141	1	PD	WBS CP.APPL.ALL
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9923000	Adm & Gen-Outsd Svcs	5303890	Misc. Outside Svcs	700002200	PNG COMPANIES LLC	100063024	1	PD	WBS CP.APPL.ALL
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9923000	Adm & Gen-Outsd Svcs	5303890	Misc. Outside Svcs	700002200	PNG COMPANIES LLC	100086629	1	PD	WBS CP.APPL.ALL
9923000	Adm & Gen-Outsd Svcs	5303890	Misc. Outside Svcs	700002200	PNG COMPANIES LLC	100096815	1	PD	WBS CP.APPL.ALL
9923000	Adm & Gen-Outsd Svcs	5303890	Misc. Outside Svcs	700002200	PNG COMPANIES LLC	100107282	1	PD	WBS CP.APPL.ALL
9923000	Adm & Gen-Outsd Svcs	5303890	Misc. Outside Svcs	700002200	PNG COMPANIES LLC	100117731	1	PD	WBS CP.APPL.ALL
9923000	Adm & Gen-Outsd Svcs	5303890	Misc. Outside Svcs	#	Not assigned	100000851	1	SA	CTR SR01/164710
9923000	Adm & Gen-Outsd Svcs	5303890	Misc. Outside Svcs	#	Not assigned	100001356	1	SA	CTR SR01/164710
9923000	Adm & Gen-Outsd Svcs	5303890	Misc. Outside Svcs	#	Not assigned	100001384	2	PD	CTR SR01/163024
9923000	Adm & Gen-Outsd Svcs	5303890	Misc. Outside Svcs	#	Not assigned	100001988	1	SA	CTR SR01/164710
9923000	Adm & Gen-Outsd Svcs	5303890	Misc. Outside Svcs	#	Not assigned	100002113	4	PD	CTR SR01/163024
9923000	Adm & Gen-Outsd Svcs	5303890	Misc. Outside Svcs	#	Not assigned	100002667	1	SA	CTR SR01/164710
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9923000	Adm & Gen-Outsd Svcs	5303890	Misc. Outside Svcs	#	Not assigned	100003825	1	SA	CTR SR01/164710
9923000	Adm & Gen-Outsd Svcs	5303890	Misc. Outside Svcs	#	Not assigned	100004544	1	SA	CTR SR01/164710
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9923000	Adm & Gen-Outsd Svcs	5303890	Misc. Outside Svcs	#	Not assigned	100005691	1	SA	CTR SR01/164710
9923000	Adm & Gen-Outsd Svcs	5303890	Misc. Outside Svcs	#	Not assigned	100005770	1	SA	CTR SR01/163024
9923000	Adm & Gen-Outsd Svcs	5303890	Misc. Outside Svcs	#	Not assigned	100006311	1	PD	CTR SR01/164410
9923000	Adm & Gen-Outsd Svcs	5303890	Misc. Outside Svcs	#	Not assigned	100006325	2	PD	CTR SR01/163024
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9923000	Adm & Gen-Outsd Svcs	5303890	Misc. Outside Svcs	#	Not assigned	100006704	13	SA	CTR SR01/164410
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9923000	Adm & Gen-Outsd Svcs	5303890	Misc. Outside Svcs	#	Not assigned	100010405	1	SA	CTR SR01/169935
9923000	Adm & Gen-Outsd Svcs	5303890	Misc. Outside Svcs	#	Not assigned	100010473	2	PD	CTR SR01/163024
9923000	Adm & Gen-Outsd Svcs	5303890	Misc. Outside Svcs	#	Not assigned	100011369	1	PD	CTR SR01/163024
9923000	Adm & Gen-Outsd Svcs	5303890	Misc. Outside Svcs	#	Not assigned	100012234	1	IC	CTR SR01/164710
9923000	Adm & Gen-Outsd Svcs	5303890	Misc. Outside Svcs	#	Not assigned	100012264	1	PD	CTR SR01/163024
9923000	Adm & Gen-Outsd Svcs	5303890	Misc. Outside Svcs	#	Not assigned	100012295	2	PD	CTR SR01/163024
9923000	Adm & Gen-Outsd Svcs	5303890	Misc. Outside Svcs	#	Not assigned	100012376	1	PD	CTR SR01/163024
9923000	Adm & Gen-Outsd Svcs	5303890	Misc. Outside Svcs	#	Not assigned	100012376	2	PD	CTR SR01/169556
9923000	Adm & Gen-Outsd Svcs	5303991	MiscOutsideSvcs 2200	#	Not assigned	100000894	32	SA	CTR SR01/161311
9923000	Adm & Gen-Outsd Svcs	5303991	MiscOutsideSvcs 2200	#	Not assigned	100001661	112	SA	CTR SR01/161311
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9923000	Adm & Gen-Outsd Svcs	5303991	MiscOutsideSvcs 2200	#	Not assigned	100002409	33	SA	CTR SR01/161311
9923000	Adm & Gen-Outsd Svcs	5303991	MiscOutsideSvcs 2200	#	Not assigned	100002409	34	SA	CTR SR01/165104

Sender Object Text	Item Text	Doc. Header Text	FI Ref Doc #	Fiscal year/period	Amount	Type	Type 2	Document #
FACILITY ADM SETT	#	#	#	DEC 2019	\$ 3,150.00	3. Other	Other	5000001059
FACILITY ADM SETT	#	#	#	DEC 2019	\$ 920.00	3. Other	Other	5000001060
FACILITY ADM SETT	#	#	#	DEC 2019	\$ 600.00	3. Other	Other	5000001061
FACILITY ADM SETT	#	#	#	DEC 2019	\$ 550.00	3. Other	Other	5000001062
FACILITY ADM SETT	#	#	#	DEC 2019	\$ 400.00	3. Other	Other	5000001063
FACILITY ADM SETT	#	#	#	DEC 2019	\$ 275.00	3. Other	Other	5000001064
FACILITY ADM SETT	#	#	#	DEC 2019	\$ 165.00	3. Other	Other	5000001065
FACILITY ADM SETT	#	#	#	DEC 2019	\$ 684.00	3. Other	Other	5000001066
FACILITY ADM SETT	#	#	#	DEC 2019	\$ 375.00	3. Other	Other	5000001067
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	OCT 2019	\$ 20.50	3. Other	Other	5000026509
DELTA TELECOM	#	#	#	JAN 2020	\$ 4,200.00	3. Other	Other	5000000057
DELTA TELECOM	#	#	#	MAY 2020	\$ 1,262.50	3. Other	Other	5000000431
FACILITY ADM SETT	#	#	#	MAY 2020	\$ 3,120.00	3. Other	Other	5000000392
FACILITY ADM SETT	#	#	#	JUL 2020	\$ 2,483.77	3. Other	Other	5000000650
FACILITY ADM SETT	#	#	#	AUG 2020	\$ 2,000.00	3. Other	Other	5000000731
FACILITY ADM SETT	#	#	#	JAN 2020	\$ 2,801.58	3. Other	Other	5000000001
FACILITY ADM SETT	#	#	#	FEB 2020	\$ 2,801.58	3. Other	Other	5000000090
FACILITY ADM SETT	#	#	#	MAR 2020	\$ 2,801.58	3. Other	Other	5000000160
FACILITY ADM SETT	#	#	#	MAY 2020	\$ 2,801.58	3. Other	Other	5000000351
FACILITY ADM SETT	#	#	#	JUN 2020	\$ 2,801.58	3. Other	Other	5000000455
FACILITY ADM SETT	#	#	#	JUL 2020	\$ 2,801.58	3. Other	Other	5000000571
FACILITY ADM SETT	#	#	#	SEP 2019	\$ 2,801.58	3. Other	Other	5000000632
FACILITY ADM SETT	#	#	#	AUG 2020	\$ 2,801.58	3. Other	Other	5000000687
FACILITY ADM SETT	#	#	#	OCT 2019	\$ 2,801.58	3. Other	Other	5000000755
FACILITY ADM SETT	#	#	#	NOV 2019	\$ 2,801.58	3. Other	Other	5000000870
FACILITY ADM SETT	#	#	#	JUL 2020	\$ 20,511.00	3. Other	Other	5000000652
DEL ACCT	#	#	8001114163	APR 2020	\$ 1,628.01	2. Accounting	Annual Audit	1900000740
DEL ACCT	#	#	8001080719	MAR 2020	\$ 9,039.56	2. Accounting	Annual Audit	1900000708
DEL ACCT	#	#	8001023960	FEB 2020	\$ 15,533.05	2. Accounting	Annual Audit	1900000456
DEL ACCT	#	#	8001237284	JUN 2020	\$ 386.39	2. Accounting	Annual Audit	1900001438
DEL HUM RES	#	ADP Fees	ADP FEES	JAN 2020	\$ 1,374.86	2. Accounting	Other	100000506
DEL ACCT	#	JE 90 Operating Expenses	JE 90 OPERATING	JAN 2020	\$ 8,400.00	2. Accounting	Annual Audit	100000780
DEL HUM RES	#	ADP Fees	ADP FEES	FEB 2020	\$ 401.12	2. Accounting	Other	100001133
DEL ACCT	#	JE 90 Operating Expenses	JE 90 OPERATING	FEB 2020	\$ 8,500.00	2. Accounting	Annual Audit	100001527
DEL HUM RES	#	ADP Fees	ADP FEES	FEB 2020	\$ 5,167.01	2. Accounting	Other	100001536
DEL HUM RES	#	ADP Fees	ADP FEES	MAR 2020	\$ 403.10	2. Accounting	Other	100001991
DEL HUM RES	#	ADP Fees	ADP FEES	MAR 2020	\$ 397.16	2. Accounting	Other	100001992
DEL ACCT	#	JE 90 Operating Expenses	JE 90 OPERATING	MAR 2020	\$ -6,418.00	2. Accounting	Annual Audit	100002298
DEL HUM RES	#	ADP Fees	ADP FEES	MAR 2020	\$ 490.00	2. Accounting	Other	100002300
DEL HUM RES	#	ADP Fees	ADP FEES	APR 2020	\$ 1,188.20	2. Accounting	Other	100003175
DEL ACCT	#	Misc CA Liabilities Adj -	MISC CA LIABILIT	APR 2020	\$ -16,900.00	2. Accounting	Annual Audit	100003329
DEL ACCT	#	JE 90 Operating Expenses	JE 90 OPERATING	APR 2020	\$ 8,500.00	2. Accounting	Annual Audit	100003331
DEL HUM RES	#	ADP Fees	ADP FEES	MAY 2020	\$ 769.88	2. Accounting	Other	100003748
DEL HUM RES	#	ADP Fees	ADP FEES	MAY 2020	\$ 477.90	2. Accounting	Other	100003942
DEL ACCT	#	JE 90 Operating Expenses	JE 90 OPERATING	MAY 2020	\$ 8,500.00	2. Accounting	Annual Audit	100004046

DEL HUM RES	#	ADP Fees	ADP FEES	JUN 2020	\$ 1,685.94	2. Accounting	Other	100004810
DEL ACCT	#	JE 90 Operating Expenses	JE 90 OPERATING	JUN 2020	\$ -3,382.00	2. Accounting	Annual Audit	100004961
DEL ACCT	#	JE 90 Operating Expenses	JE 90 OPERATING	JUL 2020	\$ 8,600.00	2. Accounting	Annual Audit	100005862
DEL HUM RES	#	ADP Fees	ADP FEES	JUL 2020	\$ 1,327.32	2. Accounting	Other	100005871
DEL ACCT	#	Accounting Accrual	ACCOUNTING ACCRU	JUL 2020	\$ -6,059.00	2. Accounting	Annual Audit	100006038
DEL HUM RES	#	ADP Fees	ADP FEES	AUG 2020	\$ 1,208.04	2. Accounting	Other	100006700
DEL ACCT	#	Accounting Accrual	ACCOUNTING ACCRU	AUG 2020	\$ 1,675.00	2. Accounting	Annual Audit	100006705
DEL HUM RES	#	ADP Fees	ADP FEES	SEP 2019	\$ 410.78	2. Accounting	Other	100009321
DEL HUM RES	#	ADP Fees	ADP FEES	SEP 2019	\$ 404.92	2. Accounting	Other	100009560
DEL HUM RES	#	ADP Fees	ADP FEES	SEP 2019	\$ 4,120.00	2. Accounting	Other	100009793
DEL HUM RES	#	ADP Fees	ADP FEES	SEP 2019	\$ 412.00	2. Accounting	Other	100009795
DEL HUM RES	#	ADP Fees	ADP FEES	SEP 2019	\$ -4,120.00	2. Accounting	Other	100009796
DEL ACCT	#	JE 90 Operating Expenses	JE 90 OPERATING	SEP 2019	\$ -406.00	2. Accounting	Annual Audit	100009858
DEL HUM RES	#	ADP Fees	ADP FEES	OCT 2019	\$ 1,193.98	2. Accounting	Other	100010450
DEL ACCT	#	JE 90 Operating Expenses	JE 90 OPERATING	OCT 2019	\$ -8,600.00	2. Accounting	Annual Audit	100010688
DEL ACCT	#	JE 90 Operating Expenses	JE 90 OPERATING	NOV 2019	\$ 17,200.00	2. Accounting	Annual Audit	100010946
DEL HUM RES	#	ADP Fees	ADP FEES	NOV 2019	\$ 793.64	2. Accounting	Other	100011285
DEL ACCT	#	JE 90 Operating Expenses	JE 90 OPERATING	NOV 2019	\$ 8,700.00	2. Accounting	Annual Audit	100011553
DEL HUM RES	#	ADP Fees	ADP FEES	NOV 2019	\$ 872.40	2. Accounting	Other	100011559
DEL HUM RES	#	ADP Fees	ADP FEES	DEC 2019	\$ 1,381.22	2. Accounting	Other	100012338
DEL ACCT	#	JE 90 Operating Expenses	JE 90 OPERATING	DEC 2019	\$ -8.00	2. Accounting	Annual Audit	100012464
DEL ACCT	#	ACCRUED ACCOUNTING FEES	ACCRUED ACCOUNTI	FEB 2020	\$ -7,200.00	2. Accounting	Annual Audit	2200000029
DEL ACCT	#	1600 - ACCRUAL	1600 - ACCRUAL	MAR 2020	\$ 1,545.58	2. Accounting	Annual Audit	2200000038
DEL ACCT	#	1600 - 2020 AUDIT ACCRUAL	1600 - 2020 AUDI	MAY 2020	\$ 13,550.00	2. Accounting	Annual Audit	2200000071
DEL ACCT	#	Accounting Accrual Adjust	ACCOUNTING ACCRU	JUN 2020	\$ -29,050.00	2. Accounting	Annual Audit	2200000092
DEL ACCT	#	PWC Audit August 2020	2020 PWC	AUG 2020	\$ 4,741.93	2. Accounting	Annual Audit	2200000102
DEL ACCT	#	PWC Audit Jan-July 2020	2020 PWC	AUG 2020	\$ 33,193.32	2. Accounting	Annual Audit	2200000103
DEL ACCT	#	PWC Audit 2020	2020 PWC	AUG 2020	\$ -15,816.00	2. Accounting	Annual Audit	2200000104
DEL ACCT	#	BONUS ACCRUAL	BONUS ACCRUAL	DEC 2019	\$ -86,328.00	2. Accounting	Annual Audit	2200000147
DEL ACCT	#	ACCRUED ACCOUNTING FEES	ACCRUED ACCOUNTI	DEC 2019	\$ -84,322.76	2. Accounting	Annual Audit	2200000148
DEL ACCT	#	1600 - ACCRUAL	1600 - ACCRUAL	APR 2020	\$ -1,545.58	2. Accounting	Annual Audit	4400000039
DEL ACCT	#	BONUS ACCRUAL	BONUS ACCRUAL	DEC 2019	\$ 86,328.00	2. Accounting	Annual Audit	4400000119
DEL CORPORATE	#	#	919934	JAN 2020	\$ 1,809.30	1. Legal	Other	1900000186
DEL CORPORATE	#	#	920014	JAN 2020	\$ 122.85	1. Legal	Other	1900000187
DEL CORPORATE	#	#	922013	FEB 2020	\$ 2,437.20	1. Legal	Other	1900000735
DEL CORPORATE	#	#	922010	FEB 2020	\$ 3,136.16	1. Legal	Other	1900000736
DEL CORPORATE	#	#	922012	FEB 2020	\$ 195.30	1. Legal	Other	1900000740
DEL CORPORATE	#	#	922011	FEB 2020	\$ 195.30	1. Legal	Other	1900000741
DEL CORPORATE	#	#	924663	MAR 2020	\$ 211.50	1. Legal	Other	1900001212
DEL CORPORATE	#	#	924662	MAR 2020	\$ 8,898.35	1. Legal	Other	1900001213
DEL CORPORATE	#	#	926583	APR 2020	\$ 8,208.00	1. Legal	Other	1900001658
DEL CORPORATE	#	#	926585	APR 2020	\$ 2,793.60	1. Legal	Other	1900001659
DEL CORPORATE	#	#	928657	MAY 2020	\$ 5,330.70	1. Legal	Other	1900002131
DEL CORPORATE	#	#	930521	JUN 2020	\$ 3,317.26	1. Legal	Other	1900002602
DEL CORPORATE	#	#	930522	JUN 2020	\$ 115.20	1. Legal	Other	1900002609
DEL CORPORATE	#	#	930523	JUN 2020	\$ 1,036.80	1. Legal	Other	1900002615
DEL CORPORATE	#	#	932590	JUL 2020	\$ 7,059.60	1. Legal	Other	1900003215
DEL CORPORATE	#	#	932591	JUL 2020	\$ 345.60	1. Legal	Other	1900003216
DEL CORPORATE	#	#	934803	AUG 2020	\$ 4,425.30	1. Legal	Other	1900003846
DEL CORPORATE	#	#	911769	SEP 2019	\$ 12,148.75	1. Legal	Other	1900004530
DEL CORPORATE	#	#	913520	OCT 2019	\$ 223.20	1. Legal	Other	1900005085
DEL CORPORATE	#	#	914040	OCT 2019	\$ 2,541.50	1. Legal	Other	1900005086
DEL CORPORATE	#	#	915791	NOV 2019	\$ 1,605.75	1. Legal	Other	1900005695

DEL CORPORATE	#	#	915792	NOV 2019	\$ 11,793.60	1. Legal	Other	1900005711
DEL CORPORATE	#	#	917799	DEC 2019	\$ 1,081.40	1. Legal	Other	1900006139
DEL CORPORATE	#	#	917800	DEC 2019	\$ 4,206.60	1. Legal	Other	1900006141
DEL CORPORATE	#	#	MTAG-DENNISHOGAN	JAN 2020	\$ 50.00	1. Legal	Other	1900000099
DEL CORPORATE	#	#	JERRY GARLAND	JAN 2020	\$ 50.00	1. Legal	Other	1900000101
DEL CORPORATE	#	#	MTAG-DENNISHOGAN	FEB 2020	\$ 400.00	1. Legal	Other	1900000898
DEL CORPORATE	#	#	JERRY GARLAND	MAR 2020	\$ 300.00	1. Legal	Other	1900001070
DEL CORPORATE	#	#	MTAG-DENNISHOGAN	MAR 2020	\$ 950.00	1. Legal	Other	1900001071
DEL CORPORATE	#	#	JERRY GARLAND	APR 2020	\$ 400.00	1. Legal	Other	1900001643
DEL CORPORATE	#	#	JERRY GARLAND	MAY 2020	\$ 150.00	1. Legal	Other	1900002150
DEL CORPORATE	#	#	MICHAEL MILLS	MAY 2020	\$ 450.00	1. Legal	Other	1900002151
DEL CORPORATE	#	#	MICHAEL MILLS	JUN 2020	\$ 100.00	1. Legal	Other	1900002777
DEL CORPORATE	#	#	JERRY GARLAND	JUN 2020	\$ 50.00	1. Legal	Other	1900002778
DEL CORPORATE	#	#	JERRY GARLAND	JUL 2020	\$ 50.00	1. Legal	Other	1900003314
DEL CORPORATE	#	#	(G&M OIL)	JUL 2020	\$ 500.00	1. Legal	Other	1900003320
DEL CORPORATE	#	#	MTAG-DENNISHOGAN	AUG 2020	\$ 50.00	1. Legal	Other	1900003888
DEL CORPORATE	#	#	JERRY GARLAND	AUG 2020	\$ 200.00	1. Legal	Other	1900003892
DEL EXEC	#	#	MTAG	SEP 2019	\$ 300.00	1. Legal	Other	1900004515
DEL CORPORATE	#	#	MTAG-DENNISHOGAN	OCT 2019	\$ 950.00	1. Legal	Other	1900005208
DEL CORPORATE	#	#	JERRY GARLAND	NOV 2019	\$ 1,397.50	1. Legal	Other	1900005681
DEL CORPORATE	#	#	MTAG-DENNISHOGAN	DEC 2019	\$ 50.00	1. Legal	Other	1900006188
DEL CORPORATE	#	#	JERRY GARLAND	DEC 2019	\$ 50.00	1. Legal	Other	1900006192
DEL CORPORATE	#	#	79030069	NOV 2019	\$ 190.50	1. Legal	Other	1900005612
DEL CORPORATE	#	#	8297439	FEB 2020	\$ 356.93	1. Legal	Other	1900000894
DEL CORPORATE	#	#	8302113	MAR 2020	\$ 492.87	1. Legal	Other	1900001243
DEL CORPORATE	#	#	8306854	APR 2020	\$ 454.41	1. Legal	Other	1900001820
DEL CORPORATE	#	#	8329793	AUG 2020	\$ 1,013.83	1. Legal	Other	1900004006
DEL CORPORATE	#	#	8255767	SEP 2019	\$ 292.26	1. Legal	Other	1900004780
DEL CORPORATE	#	#	8269942	SEP 2019	\$ 274.61	1. Legal	Other	1900004781
DEL CORPORATE	#	#	8273763	OCT 2019	\$ 373.77	1. Legal	Other	1900005155
DEL CORPORATE	#	#	8279725	NOV 2019	\$ 692.70	1. Legal	Other	1900005742
DEL CORPORATE	#	#	8285293	DEC 2019	\$ 1,917.67	1. Legal	Other	1900006257
DEL CORPORATE	#	Reclass AP Invoice	RECLASS AP INVOI	OCT 2019	\$ -7,170.58	1. Legal	Other	100010405
DEL CORPORATE	#	1600 - AP ACCRUAL	1600 - AP ACCRUA	FEB 2020	\$ 10,000.00	1. Legal	Other	
DEL CORPORATE	#	1600 - AP ACCRUAL	1600 - AP ACCRUA	MAR 2020	\$ 12,300.00	1. Legal	Other	
DEL CORPORATE	#	1600 - AP ACCRUAL	1600 - AP ACCRUA	OCT 2019	\$ 12,200.00	1. Legal	Other	
DEL CORPORATE	#	1600 - AP ACCRUAL	1600 - AP ACCRUA	MAR 2020	\$ -10,000.00	1. Legal	Other	
DEL CORPORATE	#	1600 - AP ACCRUAL	1600 - AP ACCRUA	APR 2020	\$ -12,300.00	1. Legal	Other	
DEL CORPORATE	#	1600 - AP ACCRUAL	1600 - AP ACCRUA	NOV 2019	\$ -12,200.00	1. Legal	Other	
FACILITY ADM SETT	#	#	200331-0020	APR 2020	\$ 20.88	3. Other	Other	5100000189
FACILITY ADM SETT	#	#	200331-0020	APR 2020	\$ 88.11	3. Other	Other	5100000189
DEL ADMIN SERVICES	#	1/2020	1/2020	JAN 2020	\$ 1,000.00	3. Other	Other	1900000023
DEL ADMIN SERVICES	#	2/2020	2/2020	FEB 2020	\$ 1,000.00	3. Other	Other	1900000542
DEL ADMIN SERVICES	#	3/2020	3/2020	MAR 2020	\$ 1,000.00	3. Other	Other	1900000986
DEL ADMIN SERVICES	#	4/2020	4/2020	APR 2020	\$ 1,000.00	3. Other	Other	1900001464
DEL ADMIN SERVICES	#	5/2020	5/2020	MAY 2020	\$ 1,000.00	3. Other	Other	1900001958
DEL ADMIN SERVICES	#	6/2020	6/2020	JUN 2020	\$ 1,000.00	3. Other	Other	1900002409
DEL ADMIN SERVICES	#	7/2020	7/2020	JUL 2020	\$ 1,000.00	3. Other	Other	1900003075
DEL ADMIN SERVICES	#	8/2020	8/2020	AUG 2020	\$ 1,000.00	3. Other	Other	1900003643
DEL ADMIN SERVICES	#	9/2019	9/2019	SEP 2019	\$ 1,000.00	3. Other	Other	1900004499
DEL ADMIN SERVICES	#	1/2019	10/2019	OCT 2019	\$ 1,000.00	3. Other	Other	1900004854
DEL ADMIN SERVICES	#	1/2019	11/2019	NOV 2019	\$ 1,000.00	3. Other	Other	1900005512
DEL ADMIN SERVICES	#	12/2019	12/2019	DEC 2019	\$ 1,000.00	3. Other	Other	1900006059

DEL CORPORATE	#	1/2020	1/2020	JAN 2020	\$ 2,975.00	3. Other	Other	1900000019
DEL CORPORATE	#	2/2020	2/2020	FEB 2020	\$ 2,975.00	3. Other	Other	1900000540
DEL CORPORATE	#	3-2020	3/2020	MAR 2020	\$ 2,975.00	3. Other	Other	1900000983
DEL CORPORATE	#	4/2020	4/2020	APR 2020	\$ 2,975.00	3. Other	Other	1900001462
DEL CORPORATE	#	5/2020	5/2020	MAY 2020	\$ 2,975.00	3. Other	Other	1900001957
DEL CORPORATE	#	6/2020	6/2020	JUN 2020	\$ 2,975.00	3. Other	Other	1900002407
DEL CORPORATE	#	7/2020	7/2020	JUL 2020	\$ 2,975.00	3. Other	Other	1900003073
DEL CORPORATE	#	8/2020	8/2020	AUG 2020	\$ 2,975.00	3. Other	Other	1900003642
DEL CORPORATE	#	9/2019	9/2019	SEP 2019	\$ 2,975.00	3. Other	Other	1900004496
DEL CORPORATE	#	10/2019	10/2019	OCT 2019	\$ 2,975.00	3. Other	Other	1900004850
DEL CORPORATE	#	11/2019	11/2019	NOV 2019	\$ 2,975.00	3. Other	Other	1900005509
DEL CORPORATE	#	12/2019	12/2019	DEC 2019	\$ 2,975.00	3. Other	Other	1900006056
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	FEB 2020	\$ 0.57	3. Other	Other	5000003571
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	MAY 2020	\$ 0.38	3. Other	Other	5000010557
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	OCT 2019	\$ 0.38	3. Other	Other	5000028672
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	NOV 2019	\$ 18.29	3. Other	Other	5000029255
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	NOV 2019	\$ 270.60	3. Other	Other	5000031093
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	DEC 2019	\$ -270.60	3. Other	Other	5000032076
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	C19DEC1	JAN 2020	\$ 233.50	3. Other	Other	1900000519
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	C20JAN1	MAR 2020	\$ 215.25	3. Other	Other	1900006277
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	C20FEB1	MAR 2020	\$ 193.04	3. Other	Other	1900006278
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	C20MAR1	APR 2020	\$ 246.12	3. Other	Other	1900007156
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	C20APR1	MAY 2020	\$ 401.80	3. Other	Other	1900010548
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	C20MAY1	JUL 2020	\$ 170.27	3. Other	Other	1900012901
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	C20JUN1	JUL 2020	\$ 254.57	3. Other	Other	1900014566
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	C19JUL1	SEP 2019	\$ 189.52	3. Other	Other	1900019677
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	C19SEP1	NOV 2019	\$ 159.44	3. Other	Other	1900022830
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	C19AUG1	NOV 2019	\$ 218.12	3. Other	Other	1900022832
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	C19OCT1	NOV 2019	\$ 187.87	3. Other	Other	1900024480
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	C19NOV1	DEC 2019	\$ 261.74	3. Other	Other	1900026757
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	US100465994	NOV 2019	\$ -42.03	3. Other	Other	1500187231
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	US100449918	SEP 2019	\$ 42.03	3. Other	Other	1900018349
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	US100457982	OCT 2019	\$ 42.03	3. Other	Other	1900020616
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	US100465994	NOV 2019	\$ 42.03	3. Other	Other	1900022930
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	32001	APR 2020	\$ 13.02	3. Other	Other	1900006932
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	OCT 2019	\$ 0.77	3. Other	Other	5000026280
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	17984	JAN 2020	\$ 1,167.24	3. Other	Other	1900000360
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	18005	FEB 2020	\$ 1,169.33	3. Other	Other	1900002573
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	18039	MAR 2020	\$ 1,096.52	3. Other	Other	1900004850
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	18076	APR 2020	\$ 1,204.17	3. Other	Other	1900006686
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	18111	MAY 2020	\$ 850.65	3. Other	Other	1900008672
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	18135	JUN 2020	\$ 953.17	3. Other	Other	1900010684
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	18164	JUL 2020	\$ 1,124.74	3. Other	Other	1900013174
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	18185	AUG 2020	\$ 850.86	3. Other	Other	1900016360
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	17867	SEP 2019	\$ 1,169.12	3. Other	Other	1900017973
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	17898	OCT 2019	\$ 1,852.20	3. Other	Other	1900020221
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	17922	NOV 2019	\$ 1,515.40	3. Other	Other	1900022655
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	17936	DEC 2019	\$ 1,133.62	3. Other	Other	1900024894
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	JAN 2020	\$ 39.24	3. Other	Other	5000000746
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	FEB 2020	\$ 49.44	3. Other	Other	5000003108
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	MAR 2020	\$ 42.17	3. Other	Other	5000005601
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	APR 2020	\$ 42.26	3. Other	Other	5000007621
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	MAY 2020	\$ 35.29	3. Other	Other	5000009961

INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	JUN 2020	\$ 49.65	3. Other	Other	5000014870
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	JUL 2020	\$ 39.38	3. Other	Other	5000016978
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	AUG 2020	\$ 49.69	3. Other	Other	5000019991
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	SEP 2019	\$ 49.12	3. Other	Other	5000023162
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	OCT 2019	\$ 44.99	3. Other	Other	5000026097
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	NOV 2019	\$ 43.51	3. Other	Other	5000030121
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	DEC 2019	\$ 49.74	3. Other	Other	5000032833
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	JAN 2020	\$ 1.64	3. Other	Other	5000000877
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	FEB 2020	\$ 1.64	3. Other	Other	5000002991
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	MAR 2020	\$ 1.64	3. Other	Other	5000005607
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	OCT 2019	\$ 1.64	3. Other	Other	5000026393
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	NOV 2019	\$ 1.64	3. Other	Other	5000030328
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	DEC 2019	\$ 1.64	3. Other	Other	5000032831
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	AIN.10243.2019	JAN 2020	\$ 33.22	3. Other	Other	1900000569
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	AINV.100771.2019	SEP 2019	\$ 8.30	3. Other	Other	1900018146
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	SEP 2019	\$ 123.00	3. Other	Other	5000022983
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	SEP 2019	\$ 123.00	3. Other	Other	5000024804
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	SEP 2019	\$ -123.00	3. Other	Other	5000024805
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	SEP 2019	\$ 123.00	3. Other	Other	5000024806
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	NOV 2019	\$ 123.00	3. Other	Other	5000030029
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	NOV 2019	\$ 123.00	3. Other	Other	5000030031
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	DEC 2019	\$ 123.00	3. Other	Other	5000034124
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	PC0383_20200101	FEB 2020	\$ 86.10	3. Other	Other	1900002775
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	PC0383_20200201	MAR 2020	\$ 82.00	3. Other	Other	1900004966
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	PC0383_20200301	APR 2020	\$ 90.20	3. Other	Other	1900006621
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	PC0383_20200401	MAY 2020	\$ 86.10	3. Other	Other	1900008670
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	PC0383_20200501	JUN 2020	\$ 82.00	3. Other	Other	1900010782
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	PC0383_20200601	JUL 2020	\$ 69.70	3. Other	Other	1900012900
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	PC0383_20200701	AUG 2020	\$ 90.20	3. Other	Other	1900014802
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	PC0383_20190801	SEP 2019	\$ 24.60	3. Other	Other	1900018130
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	PC0383_20190901	OCT 2019	\$ 82.00	3. Other	Other	1900020096
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	PC0383_20191001	NOV 2019	\$ 94.30	3. Other	Other	1900022701
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	PC0383_20191101	DEC 2019	\$ 73.80	3. Other	Other	1900024830
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	PC0383_20191201	DEC 2019	\$ 77.90	3. Other	Other	1900025352
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	MAR 2020	\$ 14.35	3. Other	Other	5000005783
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	MAR 2020	\$ 14.35	3. Other	Other	5000005785
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	JUL 2020	\$ 14.35	3. Other	Other	5000015964
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	JUL 2020	\$ 14.35	3. Other	Other	5000015965
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	JUL 2020	\$ 14.35	3. Other	Other	5000015966
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	JUL 2020	\$ 14.35	3. Other	Other	5000015967
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	JUL 2020	\$ 14.35	3. Other	Other	5000017573
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	SEP 2019	\$ 14.35	3. Other	Other	5000023462
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	OCT 2019	\$ 14.35	3. Other	Other	5000025984
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	NOV 2019	\$ 14.35	3. Other	Other	5000030028
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	DEC 2019	\$ 14.35	3. Other	Other	5000032830
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	DEC 2019	\$ 14.35	3. Other	Other	5000033199
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	3145	MAY 2020	\$ 1.29	3. Other	Other	1900009166
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	3217	JUN 2020	\$ 2.16	3. Other	Other	1900012436
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	JUL 2020	\$ 1.91	3. Other	Other	5000016709
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	JUL 2020	\$ 73.80	3. Other	Other	5000018423
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	AUG 2020	\$ 1.72	3. Other	Other	5000020199
DEL IT	#	#	#	NOV 2019	\$ 3,929.71	3. Other	Other	5000000951
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	DEC 2019	\$ 270.60	3. Other	Other	5000032077

INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	DEC 2019	\$ -270.60	3. Other	Other	5000032078
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	DEC 2019	\$ 270.60	3. Other	Other	5000032079
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	#	DEC 2019	\$ 92.90	3. Other	Other	5000034099
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	130525	JAN 2020	\$ 11.40	3. Other	Other	1900002024
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	130526	JAN 2020	\$ 15.41	3. Other	Other	1900002025
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	131391	FEB 2020	\$ 16.89	3. Other	Other	1900002462
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	131392	FEB 2020	\$ 16.89	3. Other	Other	1900002463
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	132247	FEB 2020	\$ 16.89	3. Other	Other	1900002692
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	132246	FEB 2020	\$ 16.89	3. Other	Other	1900002694
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	133202	FEB 2020	\$ 16.89	3. Other	Other	1900004329
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	133201	FEB 2020	\$ 16.89	3. Other	Other	1900004331
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	134112	MAR 2020	\$ 16.89	3. Other	Other	1900004902
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	134113	MAR 2020	\$ 16.89	3. Other	Other	1900004903
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	135054	MAR 2020	\$ 16.89	3. Other	Other	1900006153
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	135055	MAR 2020	\$ 16.89	3. Other	Other	1900006154
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	135933	APR 2020	\$ 16.89	3. Other	Other	1900006685
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	136597	APR 2020	\$ 16.89	3. Other	Other	1900008408
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	137228	MAY 2020	\$ 13.51	3. Other	Other	1900008577
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	137229	MAY 2020	\$ 16.89	3. Other	Other	1900008578
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	136598	MAY 2020	\$ 16.89	3. Other	Other	1900008580
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	137584	MAY 2020	\$ 16.89	3. Other	Other	1900009018
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	138504	JUN 2020	\$ 16.89	3. Other	Other	1900010657
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	138505	JUN 2020	\$ 16.89	3. Other	Other	1900010658
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	612637	JUN 2020	\$ 16.89	3. Other	Other	1900011133
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	612636	JUN 2020	\$ 13.51	3. Other	Other	1900012547
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	613288	JUL 2020	\$ 16.89	3. Other	Other	1900012760
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	613287	JUL 2020	\$ 16.89	3. Other	Other	1900012761
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	137583	JUL 2020	\$ 16.89	3. Other	Other	1900013028
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	135932	JUL 2020	\$ 16.89	3. Other	Other	1900013029
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	613934	JUL 2020	\$ 16.89	3. Other	Other	1900013030
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	614565	JUL 2020	\$ 16.89	3. Other	Other	1900014487
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	614566	JUL 2020	\$ 15.20	3. Other	Other	1900014488
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	615232	AUG 2020	\$ 16.89	3. Other	Other	1900014934
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	615231	AUG 2020	\$ 16.89	3. Other	Other	1900014935
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	122100	SEP 2019	\$ 50.68	3. Other	Other	1900019674
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	123118	OCT 2019	\$ 16.89	3. Other	Other	1900020269
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	123119	OCT 2019	\$ 16.89	3. Other	Other	1900020270
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	124123	OCT 2019	\$ 13.51	3. Other	Other	1900020472
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	124122	OCT 2019	\$ 13.51	3. Other	Other	1900020473
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	124671	OCT 2019	\$ 19.43	3. Other	Other	1900022333
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	124670	OCT 2019	\$ 16.89	3. Other	Other	1900022334
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	125678	NOV 2019	\$ 19.00	3. Other	Other	1900022990
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	125679	NOV 2019	\$ 19.00	3. Other	Other	1900022991
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	126635	NOV 2019	\$ 16.89	3. Other	Other	1900024303
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	126634	NOV 2019	\$ 16.89	3. Other	Other	1900024304
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	127586	DEC 2019	\$ 18.79	3. Other	Other	1900024943
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	127585	DEC 2019	\$ 14.99	3. Other	Other	1900024944
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	128948	DEC 2019	\$ 19.85	3. Other	Other	1900025353
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	128947	DEC 2019	\$ 9.29	3. Other	Other	1900025354
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1367	JAN 2020	\$ 67.65	3. Other	Other	1900000518
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1372	FEB 2020	\$ 59.04	3. Other	Other	1900002552
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1376	MAR 2020	\$ 37.52	3. Other	Other	1900004482
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1379	MAR 2020	\$ 62.73	3. Other	Other	1900004753

INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1382	MAR 2020	\$ 53.71	3. Other	Other	1900004754
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1385	MAR 2020	\$ 44.28	3. Other	Other	1900006056
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1392	APR 2020	\$ 52.07	3. Other	Other	1900008415
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1389	APR 2020	\$ 59.45	3. Other	Other	1900008435
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1395	MAY 2020	\$ 32.39	3. Other	Other	1900008671
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1397	MAY 2020	\$ 28.29	3. Other	Other	1900010546
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1398	JUN 2020	\$ 32.60	3. Other	Other	1900010784
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1403	JUL 2020	\$ 32.80	3. Other	Other	1900013133
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1402	JUL 2020	\$ 31.98	3. Other	Other	1900014371
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1407	JUL 2020	\$ 29.52	3. Other	Other	1900014563
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1408	AUG 2020	\$ 33.21	3. Other	Other	1900015119
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1412	AUG 2020	\$ 38.95	3. Other	Other	1900016710
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1335	SEP 2019	\$ 66.42	3. Other	Other	1900018128
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1340	SEP 2019	\$ 61.50	3. Other	Other	1900020008
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1341	OCT 2019	\$ 72.57	3. Other	Other	1900020617
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1352	NOV 2019	\$ 71.34	3. Other	Other	1900022831
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1359	NOV 2019	\$ 50.02	3. Other	Other	1900024478
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1356	NOV 2019	\$ 41.00	3. Other	Other	1900024479
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1360	DEC 2019	\$ 32.11	3. Other	Other	1900024890
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1362	DEC 2019	\$ 56.58	3. Other	Other	1900025149
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1366	DEC 2019	\$ 49.20	3. Other	Other	1900026756
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	1363	DEC 2019	\$ 22.40	3. Other	Other	1900026868
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	5805	JAN 2020	\$ 45.76	3. Other	Other	1900000359
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	5818	JAN 2020	\$ 40.67	3. Other	Other	1900001928
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	5792	OCT 2019	\$ 50.84	3. Other	Other	1900020570
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	5809	DEC 2019	\$ 40.67	3. Other	Other	1900025150
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	5814	DEC 2019	\$ 50.84	3. Other	Other	1900026870
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	US100481867	JAN 2020	\$ 42.03	3. Other	Other	1900000652
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	US100489734	FEB 2020	\$ 42.03	3. Other	Other	1900002382
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	US100497583	MAR 2020	\$ 42.03	3. Other	Other	1900004581
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	US100505351	APR 2020	\$ 42.03	3. Other	Other	1900006741
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	US100509820	MAY 2020	\$ 42.03	3. Other	Other	1900008646
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	US100520680	JUN 2020	\$ 42.03	3. Other	Other	1900010745
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	US100528269	JUL 2020	\$ 42.03	3. Other	Other	1900012804
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	US100535817	AUG 2020	\$ 42.03	3. Other	Other	1900014929
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	US100465994	NOV 2019	\$ 42.03	3. Other	Other	1900024299
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	US100473955	DEC 2019	\$ 42.03	3. Other	Other	1900025207
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	68158	APR 2020	\$ 16.61	3. Other	Other	1900008487
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	reclass Salay WBS	RECLASS SALAY WB	AUG 2020	\$ -289.28	3. Other	Other	
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	19000000462020	JAN 2020	\$ 19.85	3. Other	Other	
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	129794	JAN 2020	\$ 16.89	3. Other	Other	
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	RECORD IT ME ACCRUALS	RECORD IT ME ACC	JAN 2020	\$ 1,127.50	3. Other	Other	
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	RECORD IT ME ACCRUALS	RECORD IT ME ACC	JAN 2020	\$ 246.00	3. Other	Other	
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	RECORD IT ME ACCRUALS	RECORD IT ME ACC	JAN 2020	\$ 123.00	3. Other	Other	
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	RECORD IT ME ACCRUALS	RECORD IT ME ACC	JAN 2020	\$ 88.15	3. Other	Other	
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	RECORD IT ME ACCRUALS	RECORD IT ME ACC	JAN 2020	\$ 82.00	3. Other	Other	
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	RECORD IT ME ACCRUALS	RECORD IT ME ACC	JAN 2020	\$ 32.80	3. Other	Other	
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	RECORD IT ME ACCRUALS	RECORD IT ME ACC	JAN 2020	\$ 42.03	3. Other	Other	
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	RECORD IT ME ACCRUALS	RECORD IT ME ACC	JAN 2020	\$ 45.10	3. Other	Other	
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	RECORD IT ME ACCRUALS	RECORD IT ME ACC	FEB 2020	\$ 1,094.70	3. Other	Other	
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	RECORD IT ME ACCRUALS	RECORD IT ME ACC	FEB 2020	\$ 246.00	3. Other	Other	
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	RECORD IT ME ACCRUALS	RECORD IT ME ACC	FEB 2020	\$ 123.00	3. Other	Other	
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	RECORD IT ME ACCRUALS	RECORD IT ME ACC	FEB 2020	\$ 86.10	3. Other	Other	

DEL HUM RES	#	TR1000003200	16450571	JAN 2020	\$ 913.00	3. Other	Other	
DEL HUM RES	#	TR1000003210	16500480	JAN 2020	\$ 960.00	3. Other	Other	
DEL HUM RES	#	TR1000003276	16450664	MAR 2020	\$ 399.00	3. Other	Other	
DEL EXEC	#	TR1000003276	16450662	MAR 2020	\$ 399.00	3. Other	Other	
DEL EXEC	#	TR1000003276	16450690	MAR 2020	\$ 175.00	3. Other	Other	
DEL EXEC	#	TR1000003319	16450723	APR 2020	\$ 104.00	3. Other	Other	
DEL EXEC	#	TR1000003319	16450782	APR 2020	\$ 175.00	3. Other	Other	
DEL IT	#	TR1000003351	16450754	MAY 2020	\$ 249.50	3. Other	Other	
DEL EXEC	#	TR1000003393	16450812	JUN 2020	\$ 200.00	3. Other	Other	
DEL HUM RES	#	TR1000003393	16450840	JUN 2020	\$ -399.00	3. Other	Other	
DEL EXEC	#	TR1000003425	16450870	JUL 2020	\$ -399.00	3. Other	Other	
DEL HUM RES	#	#	16450331	SEP 2019	\$ 5,429.00	3. Other	Other	100009547
DEL HUM RES	#	#	16450322	SEP 2019	\$ 79.00	3. Other	Other	
DEL EXEC	#	#	16450304	SEP 2019	\$ 150.00	3. Other	Other	
DEL EXEC	#	#	16450363	OCT 2019	\$ 795.00	3. Other	Other	
DEL HUM RES	#	#	16450340	OCT 2019	\$ 474.00	3. Other	Other	
DEL ACCT	#	#	16450351	OCT 2019	\$ 474.00	3. Other	Other	
DEL HUM RES	#	TR1000003133	16450405	NOV 2019	\$ 1,269.00	3. Other	Other	
DELTA TELECOM	#	#	#	NOV 2019	\$ 1,787.50	3. Other	Other	5000000946
DEL IT	#	#	6809045741	MAR 2020	\$ 211.49	3. Other	Other	1900001065
DEL IT	#	#	6809046755	APR 2020	\$ 291.71	3. Other	Other	1900001481
DEL IT	#	#	6809049063	JUN 2020	\$ 299.00	3. Other	Other	1900002421
DEL IT	#	#	#	OCT 2019	\$ 19,300.00	3. Other	Other	5000000812
DEL CORP SER	#	#	#	SEP 2019	\$ 1,152.39	3. Other	Other	5000000713
DEL CORP SER	#	#	#	SEP 2019	\$ 629.43	3. Other	Other	5000000714
DEL CORP SER	#	#	#	SEP 2019	\$ 450.94	3. Other	Other	5000000715
DEL CORP SER	#	#	#	SEP 2019	\$ 15,600.40	3. Other	Other	5000000716
DEL CORP SER	#	#	#	SEP 2019	\$ 3,173.25	3. Other	Other	5000000717
DEL CORP SER	#	#	#	SEP 2019	\$ 527.50	3. Other	Other	5000000718
DEL CORP SER	#	#	#	SEP 2019	\$ 200.00	3. Other	Other	5000000719
DEL CORP SER	#	#	#	SEP 2019	\$ 175.00	3. Other	Other	5000000720
DEL CORP SER	#	#	#	SEP 2019	\$ 75.00	3. Other	Other	5000000721
DEL CORP SER	#	#	#	SEP 2019	\$ 57.50	3. Other	Other	5000000722
DEL CORP SER	#	#	#	SEP 2019	\$ 29.70	3. Other	Other	5000000723
DEL CORP SER	#	#	#	SEP 2019	\$ 1,140.00	3. Other	Other	5000000724
DEL CORP SER	#	#	#	SEP 2019	\$ 60.00	3. Other	Other	5000000725
DEL CORP SER	#	#	#	SEP 2019	\$ 198.99	3. Other	Other	5000000726
DEL CORP SER	#	#	#	SEP 2019	\$ 733.42	3. Other	Other	5000000727
DEL CORP SER	#	#	177246	SEP 2019	\$ 104.17	3. Other	Other	5100000665
DEL IT	#	#	#	NOV 2019	\$ 3,264.80	3. Other	Other	5000000877
DEL ADMIN SERVICES	#	#	#	MAR 2020	\$ 3,624.06	3. Other	Other	5000000162
FACILITY ADM SETT	#	#	#	DEC 2019	\$ 2,801.58	3. Other	Other	5000000978
FACILITY ADM SETT	#	#	CGWN786	JAN 2020	\$ 270.56	3. Other	Other	1900000058
FACILITY ADM SETT	#	#	CJND391	FEB 2020	\$ 622.88	3. Other	Other	1900000608
FACILITY ADM SETT	#	#	CKZK664	MAR 2020	\$ 860.01	3. Other	Other	1900001067
FACILITY ADM SETT	#	#	CMPB209	APR 2020	\$ 480.16	3. Other	Other	1900001516
FACILITY ADM SETT	#	#	CNZZ770	MAY 2020	\$ 476.61	3. Other	Other	1900002126
FACILITY ADM SETT	#	#	CRTX057	JUN 2020	\$ 195.76	3. Other	Other	1900002678
FACILITY ADM SETT	#	#	CTHJ574	JUL 2020	\$ 263.65	3. Other	Other	1900003222
FACILITY ADM SETT	#	#	CVSV610	AUG 2020	\$ 583.42	3. Other	Other	1900003842
FACILITY ADM SETT	#	#	BXKT767	SEP 2019	\$ 398.87	3. Other	Other	1900004525
FACILITY ADM SETT	#	#	BYXX872	OCT 2019	\$ 311.27	3. Other	Other	1900005032
FACILITY ADM SETT	#	#	CBXB992	NOV 2019	\$ 341.03	3. Other	Other	1900005611

FACILITY ADM SETT	#	#	CDKJ833	DEC 2019	\$ 270.56	3. Other	Other	1900006152
FACILITY ADM SETT	#	#	903408901010920	JAN 2020	\$ 107.24	3. Other	Other	1900000314
FACILITY ADM SETT	#	#	903408901020920	FEB 2020	\$ 107.24	3. Other	Other	1900000811
FACILITY ADM SETT	#	#	903408901030920	MAR 2020	\$ 114.36	3. Other	Other	1900001215
FACILITY ADM SETT	#	#	915782901031420	MAR 2020	\$ 89.27	3. Other	Other	1900001311
FACILITY ADM SETT	#	#	903408901040920	APR 2020	\$ 112.66	3. Other	Other	1900001762
FACILITY ADM SETT	#	#	807144701050420	MAY 2020	\$ 47.15	3. Other	Other	1900002196
FACILITY ADM SETT	#	#	903408901060920	JUN 2020	\$ 112.66	3. Other	Other	1900002798
FACILITY ADM SETT	#	#	807144701070420	JUL 2020	\$ 47.15	3. Other	Other	1900003439
FACILITY ADM SETT	#	#	915782901071420	JUL 2020	\$ 89.27	3. Other	Other	1900003488
FACILITY ADM SETT	#	#	903408901080920	AUG 2020	\$ 112.66	3. Other	Other	1900003943
FACILITY ADM SETT	#	#	903408901090919	SEP 2019	\$ 105.67	3. Other	Other	1900004664
FACILITY ADM SETT	#	#	915782901091419	SEP 2019	\$ 83.89	3. Other	Other	1900004744
FACILITY ADM SETT	#	#	903408901100919	OCT 2019	\$ 107.31	3. Other	Other	1900005240
FACILITY ADM SETT	#	#	915782901101419	OCT 2019	\$ 83.89	3. Other	Other	1900005251
FACILITY ADM SETT	#	#	915782901111419	NOV 2019	\$ 83.96	3. Other	Other	1900005877
FACILITY ADM SETT	#	#	903408901121019	DEC 2019	\$ 107.24	3. Other	Other	1900006249
DEL HUM RES	#	#	FLU SHOTS	OCT 2019	\$ 180.00	3. Other	Other	1900005207
DEL HUM RES	#	#	93347	JAN 2020	\$ 150.00	3. Other	Other	1900000095
DEL HUM RES	#	#	93509	JAN 2020	\$ 161.00	3. Other	Other	1900000096
DEL HUM RES	#	#	94410	FEB 2020	\$ 138.00	3. Other	Other	1900000693
DEL HUM RES	#	#	2082020	FEB 2020	\$ 1,296.89	3. Other	Other	1900000729
DEL HUM RES	#	#	96059	APR 2020	\$ 138.00	3. Other	Other	1900001483
DEL HUM RES	#	#	96911	MAY 2020	\$ 166.75	3. Other	Other	1900002067
DEL HUM RES	#	#	97696	JUN 2020	\$ 161.00	3. Other	Other	1900002577
DEL HUM RES	#	#	95296	JUN 2020	\$ 138.00	3. Other	Other	1900002823
DEL HUM RES	#	#	98455	JUL 2020	\$ 161.00	3. Other	Other	1900003312
DEL HUM RES	#	#	98986	JUL 2020	\$ 275.00	3. Other	Other	1900003632
DEL HUM RES	#	#	99380	AUG 2020	\$ 161.00	3. Other	Other	1900003750
DEL HUM RES	#	#	90520	SEP 2019	\$ 161.00	3. Other	Other	1900004469
DEL HUM RES	#	#	91349	OCT 2019	\$ 161.00	3. Other	Other	1900004911
DEL HUM RES	#	#	92020	NOV 2019	\$ 161.00	3. Other	Other	1900005507
DEL HUM RES	#	#	92797	DEC 2019	\$ 161.00	3. Other	Other	1900006130
DEL CORP SER	#	#	400764	DEC 2019	\$ 571.87	3. Other	Other	1900005997
FACILITY ADM SETT	#	#	89118	JAN 2020	\$ 746.80	3. Other	Other	1900000172
FACILITY ADM SETT	#	#	88803	JAN 2020	\$ 560.10	3. Other	Other	1900000173
FACILITY ADM SETT	#	#	89376	JAN 2020	\$ 933.50	3. Other	Other	1900000292
FACILITY ADM SETT	#	#	90032	JAN 2020	\$ 933.50	3. Other	Other	1900000486
FACILITY ADM SETT	#	#	90300	FEB 2020	\$ 933.50	3. Other	Other	1900000561
FACILITY ADM SETT	#	#	89635	FEB 2020	\$ 840.15	3. Other	Other	1900000596
FACILITY ADM SETT	#	#	90568	FEB 2020	\$ 933.50	3. Other	Other	1900000722
FACILITY ADM SETT	#	#	90823	FEB 2020	\$ 933.50	3. Other	Other	1900000828
FACILITY ADM SETT	#	#	91065	FEB 2020	\$ 933.50	3. Other	Other	1900000924
FACILITY ADM SETT	#	#	91345	MAR 2020	\$ 933.50	3. Other	Other	1900001041
FACILITY ADM SETT	#	#	91609	MAR 2020	\$ 933.50	3. Other	Other	1900001158
FACILITY ADM SETT	#	#	91844	MAR 2020	\$ 933.50	3. Other	Other	1900001241
FACILITY ADM SETT	#	#	92100	MAR 2020	\$ 933.50	3. Other	Other	1900001354
FACILITY ADM SETT	#	#	92356	APR 2020	\$ 933.50	3. Other	Other	1900001467
FACILITY ADM SETT	#	#	92619	APR 2020	\$ 933.50	3. Other	Other	1900001534
FACILITY ADM SETT	#	#	92889	APR 2020	\$ 746.80	3. Other	Other	1900001693
FACILITY ADM SETT	#	#	93222	APR 2020	\$ 933.50	3. Other	Other	1900001805
FACILITY ADM SETT	#	#	93441	APR 2020	\$ 933.50	3. Other	Other	1900001925
FACILITY ADM SETT	#	#	93728	MAY 2020	\$ 933.50	3. Other	Other	1900002033

FACILITY ADM SETT	#	#	93951	MAY 2020	\$ 933.50	3. Other	Other	1900002156
FACILITY ADM SETT	#	#	94196	MAY 2020	\$ 933.50	3. Other	Other	1900002289
FACILITY ADM SETT	#	#	94490	MAY 2020	\$ 933.50	3. Other	Other	1900002372
FACILITY ADM SETT	#	#	94726	JUN 2020	\$ 746.80	3. Other	Other	1900002573
FACILITY ADM SETT	#	#	94988	JUN 2020	\$ 933.50	3. Other	Other	1900002693
FACILITY ADM SETT	#	#	95306	JUN 2020	\$ 933.50	3. Other	Other	1900002805
FACILITY ADM SETT	#	#	95603	JUN 2020	\$ 933.50	3. Other	Other	1900002959
FACILITY ADM SETT	#	#	95832	JUL 2020	\$ 933.50	3. Other	Other	1900003081
FACILITY ADM SETT	#	#	96120	JUL 2020	\$ 746.80	3. Other	Other	1900003298
FACILITY ADM SETT	#	#	96374	JUL 2020	\$ 933.50	3. Other	Other	1900003425
FACILITY ADM SETT	#	#	96638	JUL 2020	\$ 933.50	3. Other	Other	1900003483
FACILITY ADM SETT	#	#	97105	AUG 2020	\$ 933.50	3. Other	Other	1900003695
FACILITY ADM SETT	#	#	97365	AUG 2020	\$ 933.60	3. Other	Other	1900003742
FACILITY ADM SETT	#	#	97652	AUG 2020	\$ 933.50	3. Other	Other	1900003866
FACILITY ADM SETT	#	#	97903	AUG 2020	\$ 933.50	3. Other	Other	1900003954
FACILITY ADM SETT	#	#	98201	AUG 2020	\$ 933.50	3. Other	Other	1900004106
FACILITY ADM SETT	#	#	84127	SEP 2019	\$ 933.50	3. Other	Other	1900004484
FACILITY ADM SETT	#	#	84552	SEP 2019	\$ 746.80	3. Other	Other	1900004620
FACILITY ADM SETT	#	#	84788	SEP 2019	\$ 933.50	3. Other	Other	1900004712
FACILITY ADM SETT	#	#	85048	SEP 2019	\$ 933.50	3. Other	Other	1900004769
FACILITY ADM SETT	#	#	85291	OCT 2019	\$ 933.50	3. Other	Other	1900004894
FACILITY ADM SETT	#	#	85550	OCT 2019	\$ 933.50	3. Other	Other	1900005092
FACILITY ADM SETT	#	#	85792	OCT 2019	\$ 933.50	3. Other	Other	1900005189
FACILITY ADM SETT	#	#	86086	OCT 2019	\$ 933.50	3. Other	Other	1900005322
FACILITY ADM SETT	#	#	86316	OCT 2019	\$ 933.50	3. Other	Other	1900005467
FACILITY ADM SETT	#	#	86617	NOV 2019	\$ 933.50	3. Other	Other	1900005603
FACILITY ADM SETT	#	#	86876	NOV 2019	\$ 933.50	3. Other	Other	1900005740
FACILITY ADM SETT	#	#	87110	NOV 2019	\$ 933.50	3. Other	Other	1900005824
FACILITY ADM SETT	#	#	87371	DEC 2019	\$ 933.50	3. Other	Other	1900005985
FACILITY ADM SETT	#	#	87599	DEC 2019	\$ 560.10	3. Other	Other	1900006122
FACILITY ADM SETT	#	#	87869	DEC 2019	\$ 933.50	3. Other	Other	1900006204
FACILITY ADM SETT	#	#	88111	DEC 2019	\$ 933.50	3. Other	Other	1900006270
FACILITY ADM SETT	#	#	88402	DEC 2019	\$ 933.50	3. Other	Other	1900006403
DEL HUM RES	#	#	41917C19475	MAY 2020	\$ 180.00	3. Other	Other	1900002286
DEL HUM RES	#	#	46481C19475	JUN 2020	\$ 875.00	3. Other	Other	1900002702
FACILITY ADM SETT	#	#	7680452005	MAY 2020	\$ 100.00	3. Other	Other	1900002012
DEL GAS SUPPLY PLAN	#	#	3111-1800008532	FEB 2020	\$ 1,530.00	3. Other	Other	1900000508
DEL GAS SUPPLY PLAN	#	#	3111-1800008718	FEB 2020	\$ 1,530.00	3. Other	Other	1900000552
DEL GAS SUPPLY PLAN	#	#	3111-1800008885	MAR 2020	\$ 1,530.00	3. Other	Other	1900001031
DEL GAS SUPPLY PLAN	#	#	3111-1800009057	APR 2020	\$ 1,530.00	3. Other	Other	1900001480
DEL GAS SUPPLY PLAN	#	#	3111-1800009230	MAY 2020	\$ 1,530.00	3. Other	Other	1900002034
DEL GAS SUPPLY PLAN	#	#	3111-1800009380	JUN 2020	\$ 1,530.00	3. Other	Other	1900002593
DEL GAS SUPPLY PLAN	#	#	3111-1800009543	JUL 2020	\$ 1,530.00	3. Other	Other	1900003217
DEL GAS SUPPLY PLAN	#	#	3111-1800009688	AUG 2020	\$ 1,530.00	3. Other	Other	1900003751
DEL GAS SUPPLY PLAN	#	#	3111-1800007659	SEP 2019	\$ 1,530.00	3. Other	Other	1900004471
DEL GAS SUPPLY PLAN	#	#	3111-1800007904	OCT 2019	\$ 1,530.00	3. Other	Other	1900004876
DEL GAS SUPPLY PLAN	#	#	3111-1800008134	NOV 2019	\$ 1,530.00	3. Other	Other	1900005502
DEL GAS SUPPLY PLAN	#	#	3111-1800008359	DEC 2019	\$ 1,530.00	3. Other	Other	1900006067
DEL GAS SUPPLY PLAN	#	#	10541	FEB 2020	\$ -8,900.38	3. Other	Other	1500001004
DEL GAS SUPPLY PLAN	#	#	10541	FEB 2020	\$ 8,900.38	3. Other	Other	1900000598
DEL GAS SUPPLY PLAN	#	#	10541	FEB 2020	\$ 7,611.25	3. Other	Other	1900000770
DEL GAS SUPPLY PLAN	#	#	10555	APR 2020	\$ 6,105.00	3. Other	Other	1900001455
DEL GAS SUPPLY PLAN	#	#	10568	AUG 2020	\$ 1,817.45	3. Other	Other	1900003795

DEL CORPORATE	#	#	244140	FEB 2020	\$ 1,701.30	3. Other	Other	1900000772
DEL CORPORATE	#	#	244616	MAR 2020	\$ 4,346.43	3. Other	Other	1900001137
DEL CORPORATE	#	#	244020	OCT 2019	\$ 2,766.20	3. Other	Other	1900005282
DEL HUM RES	#	#	OCT-DEC 2019	JAN 2020	\$ 497.55	3. Other	Other	1900000091
DEL HUM RES	#	#	JAN-MAR 2020	APR 2020	\$ 497.55	3. Other	Other	1900001527
DEL HUM RES	#	#	APRIL-JUNE 2020	JUL 2020	\$ 497.55	3. Other	Other	1900003127
DEL CORPORATE	#	#	JUL-SEP 2019	OCT 2019	\$ 497.55	3. Other	Other	1900005075
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	TR1000003204	22004523	JAN 2020	\$ 0.68	3. Other	Other	100008227
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	TR1000003243	22004772	FEB 2020	\$ 0.29	3. Other	Other	100018983
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	TR1000003274	22004935	MAR 2020	\$ 0.64	3. Other	Other	100027613
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	TR1000003317	22005050	APR 2020	\$ 0.66	3. Other	Other	100037141
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	TR1000003355	22005140	MAY 2020	\$ 3.06	3. Other	Other	100043228
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	TR1000003389	22005241	JUN 2020	\$ 0.16	3. Other	Other	100054071
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	TR1000003429	22005310	JUL 2020	\$ 0.53	3. Other	Other	100063024
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	TR1000003469	22005489	AUG 2020	\$ 0.16	3. Other	Other	100073773
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	22003722	SEP 2019	\$ 0.66	3. Other	Other	100086629
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	#	22003905	OCT 2019	\$ 0.66	3. Other	Other	100096815
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	TR1000003127	22004173	NOV 2019	\$ 2.50	3. Other	Other	100107282
INVS/SERVICES TO SUPPORT ALL COMPANIES	#	TR1000003161	22004352	DEC 2019	\$ 0.66	3. Other	Other	100117731
DEL GAS SUPPLY PLAN	#	Amortize Platts Jan 2020	AMORTIZE PLATTS	JAN 2020	\$ 935.96	3. Other	Other	100000851
DEL GAS SUPPLY PLAN	#	Amortize Platts Feb 2020	AMORTIZE PLATTS	FEB 2020	\$ 875.58	3. Other	Other	100001356
DEL HUM RES	#	TR1000003245	16450610	FEB 2020	\$ 1,342.00	3. Other	Other	
DEL GAS SUPPLY PLAN	#	Amortize Platts March 202	AMORTIZE PLATTS	MAR 2020	\$ 935.96	3. Other	Other	100001988
DEL HUM RES	#	TR1000003276	16450664	MAR 2020	\$ 280.00	3. Other	Other	
DEL GAS SUPPLY PLAN	#	Amortize Platts April 202	AMORTIZE PLATTS	APR 2020	\$ 905.77	3. Other	Other	100002667
DEL HUM RES	#	TR1000003319	16450780	APR 2020	\$ 1,580.00	3. Other	Other	
DEL HUM RES	#	TR1000003351	16450753	MAY 2020	\$ 317.00	3. Other	Other	
FACILITY ADM SETT	#	TR1000003351	16450803	MAY 2020	\$ 115.67	3. Other	Other	
DEL GAS SUPPLY PLAN	#	Amortize Platts May 2020	AMORTIZE PLATTS	MAY 2020	\$ 935.96	3. Other	Other	100003825
DEL GAS SUPPLY PLAN	#	Amortize Platts June 2020	AMORTIZE PLATTS	JUN 2020	\$ 905.77	3. Other	Other	100004544
FACILITY ADM SETT	#	TR1000003393	16500791	JUN 2020	\$ 39.22	3. Other	Other	
DEL GAS SUPPLY PLAN	#	Amortize Platts July 2020	AMORTIZE PLATTS	JUL 2020	\$ 935.96	3. Other	Other	100005691
DEL HUM RES	#	Reclass AP Invoice	RECLASS AP INVOI	JUL 2020	\$ -1,296.89	3. Other	Other	
DEL CORP SER	#	TR1000003451	16450911	AUG 2020	\$ 225.00	3. Other	Other	
DEL HUM RES	#	TR1000003451	16450930	AUG 2020	\$ 500.00	3. Other	Other	
DEL GAS SUPPLY PLAN	#	Amortize Platts August 20	AMORTIZE PLATTS	AUG 2020	\$ 935.96	3. Other	Other	100006479
DEL CORP SER	#	Accrued Sales Tax	ACCRUED SALES TA	AUG 2020	\$ 13.50	3. Other	Other	
DEL HUM RES	#	#	16450303	SEP 2019	\$ 180.00	3. Other	Other	
DEL HUM RES	#	#	16450301	SEP 2019	\$ 62.45	3. Other	Other	
DEL CORPORATE	#	Reclass AP Invoice	RECLASS AP INVOI	OCT 2019	\$ 7,170.58	3. Other	Other	100010405
DEL HUM RES	#	#	16450370	OCT 2019	\$ 555.00	3. Other	Other	
DEL HUM RES	#	TR1000003133	16450404	NOV 2019	\$ 60.00	3. Other	Other	
DEL GAS SUPPLY PLAN	#	Platts Oct19-Oct20	PLATTS OCT19-20	DEC 2019	\$ 2,264.43	3. Other	Other	100012234
DEL HUM RES	#	TR1000003163	16450482	DEC 2019	\$ 2,555.00	3. Other	Other	
DEL HUM RES	#	TR1000003163	16000250	DEC 2019	\$ 259.00	3. Other	Other	
DEL HUM RES	#	TR1000003179	16450481	DEC 2019	\$ 890.00	3. Other	Other	
FACILITY ADM SETT	#	TR1000003179	16450481	DEC 2019	\$ 491.52	3. Other	Other	
DEL GEN ACCT	#	BILL1600	PNG COS SVC	JAN 2020	\$ 405.09	3. Other	Other	100000894
DEL GEN ACCT	#	BILL1600	PNG COS SVC	FEB 2020	\$ 463.63	3. Other	Other	100001661
DEL GEN ACCT	#	BILL1600	PNG COS SVC	FEB 2020	\$ 463.63	3. Other	Other	100001661
DEL GEN ACCT	#	BILL1600	PNG COS SVC	FEB 2020	\$ -463.63	3. Other	Other	100001661
DEL GEN ACCT	#	BILL1600	PNG COS SVC	MAR 2020	\$ 590.61	3. Other	Other	100002409
DEL IT APPLICATIONS	#	BILL1600	PNG COS SVC	MAR 2020	\$ 168.64	3. Other	Other	100002409

DEL GEN ACCT	#	BILL1600	PNG COS SVC	APR 2020	\$ 475.61	3. Other	Other	100003361
DEL IT APPLICATIONS	#	BILL1600	PNG COS SVC	APR 2020	\$ 31.10	3. Other	Other	100003361
DEL GEN ACCT	#	BILL1600	PNG COS SVC	MAY 2020	\$ 475.36	3. Other	Other	100004088
DEL IT APPLICATIONS	#	BILL1600	PNG COS SVC	MAY 2020	\$ 27.94	3. Other	Other	100004088
DEL GEN ACCT	#	BILL1600	PNG COS SVC	JUN 2020	\$ 771.42	3. Other	Other	100005023
DEL IT APPLICATIONS	#	BILL1600	PNG COS SVC	JUN 2020	\$ 47.36	3. Other	Other	100005023
DEL GEN ACCT	#	BILL1600	PNG COS SVC	JUL 2020	\$ 568.72	3. Other	Other	100005995
DEL IT APPLICATIONS	#	BILL1600	PNG COS SVC	JUL 2020	\$ 230.62	3. Other	Other	100005995
DEL GEN ACCT	#	BILL1600	PNG COS SVC	AUG 2020	\$ 487.48	3. Other	Other	100006811
DEL IT APPLICATIONS	#	BILL1600	PNG COS SVC	AUG 2020	\$ 165.37	3. Other	Other	100006811
DEL GEN ACCT	#	BILL1600	PNG COS SVC	SEP 2019	\$ 436.41	3. Other	Other	100009886
DEL IT APPLICATIONS	#	BILL1600	PNG COS SVC	SEP 2019	\$ 100.28	3. Other	Other	100009886
DEL GEN ACCT	#	BILL1600	PNG COS SVC	OCT 2019	\$ 557.60	3. Other	Other	100010761
TAX SERVICES	#	BILL1600	PNG COS SVC	OCT 2019	\$ 5.78	3. Other	Other	100010761
DEL IT APPLICATIONS	#	BILL1600	PNG COS SVC	OCT 2019	\$ 26.54	3. Other	Other	100010761
DEL GEN ACCT	#	BILL1600	PNG COS SVC	NOV 2019	\$ 444.43	3. Other	Other	100011609
DEL IT APPLICATIONS	#	BILL1600	PNG COS SVC	DEC 2019	\$ 20.38	3. Other	Other	100012480
DEL GEN ACCT	#	BILL1600	PNG COS SVC	DEC 2019	\$ 456.09	3. Other	Other	100012480
INTERCO SUPPORT	#	BILL1600-ESSN	PNG COS ESSN	APR 2020	\$ 1,153.68	3. Other	Other	100003369
INTERCO SUPPORT	#	BILL1600-ESSN	PNG COS ESSN	APR 2020	\$ 455.27	3. Other	Other	100003369
INTERCO SUPPORT	#	BILL1600-ESSN	PNG COS ESSN	APR 2020	\$ 75.86	3. Other	Other	100003369
INTERCO SUPPORT	#	BILL1600-ESSN	PNG COS ESSN	MAY 2020	\$ 1,259.12	3. Other	Other	100004128
INTERCO SUPPORT	#	BILL1600-ESSN	PNG COS ESSN	MAY 2020	\$ 382.06	3. Other	Other	100004128
INTERCO SUPPORT	#	BILL1600-ESSN	PNG COS ESSN	MAY 2020	\$ 88.97	3. Other	Other	100004128
INTERCO SUPPORT	#	BILL1600-ESSN	PNG COS ESSN	JUN 2020	\$ 1,176.76	3. Other	Other	100005077
INTERCO SUPPORT	#	BILL1600-ESSN	PNG COS ESSN	JUN 2020	\$ 284.38	3. Other	Other	100005077
INTERCO SUPPORT	#	BILL1600-ESSN	PNG COS ESSN	JUN 2020	\$ 80.08	3. Other	Other	100005077
INTERCO SUPPORT	#	BILL1600-ESSN	PNG COS ESSN	JUL 2020	\$ 1,140.19	3. Other	Other	100006014
INTERCO SUPPORT	#	BILL1600-ESSN	PNG COS ESSN	JUL 2020	\$ 301.89	3. Other	Other	100006014
INTERCO SUPPORT	#	BILL1600-ESSN	PNG COS ESSN	JUL 2020	\$ 84.53	3. Other	Other	100006014
INTERCO SUPPORT	#	BILL1600-ESSN	PNG COS ESSN	AUG 2020	\$ 1,842.16	3. Other	Other	100006844
INTERCO SUPPORT	#	BILL1600-ESSN	PNG COS ESSN	AUG 2020	\$ 493.69	3. Other	Other	100006844
INTERCO SUPPORT	#	BILL1600-ESSN	PNG COS ESSN	AUG 2020	\$ 117.76	3. Other	Other	100006844
INTERCO SUPPORT	#	BILL1600-ESSN	PNG COS ESSN	APR 2020	\$ 19.70	3. Other	Other	100003369
INTERCO SUPPORT	#	BILL1600-ESSN	PNG COS ESSN	APR 2020	\$ 1.32	3. Other	Other	100003369
INTERCO SUPPORT	#	BILL1600-ESSN	PNG COS ESSN	APR 2020	\$ 0.19	3. Other	Other	100003369
INTERCO SUPPORT	#	BILL1600-ESSN	PNG COS ESSN	MAY 2020	\$ 62.38	3. Other	Other	100004128
INTERCO SUPPORT	#	BILL1600-ESSN	PNG COS ESSN	MAY 2020	\$ 8.98	3. Other	Other	100004128
INTERCO SUPPORT	#	BILL1600-ESSN	PNG COS ESSN	MAY 2020	\$ 0.27	3. Other	Other	100004128
INTERCO SUPPORT	#	BILL1600-ESSN	PNG COS ESSN	JUN 2020	\$ 305.00	3. Other	Other	100005077
INTERCO SUPPORT	#	BILL1600-ESSN	PNG COS ESSN	JUN 2020	\$ 6.70	3. Other	Other	100005077
INTERCO SUPPORT	#	BILL1600-ESSN	PNG COS ESSN	JUN 2020	\$ 0.89	3. Other	Other	100005077
INTERCO SUPPORT	#	BILL1600-ESSN	PNG COS ESSN	JUL 2020	\$ 72.57	3. Other	Other	100006014
INTERCO SUPPORT	#	BILL1600-ESSN	PNG COS ESSN	JUL 2020	\$ 0.89	3. Other	Other	100006014
INTERCO SUPPORT	#	BILL1600-ESSN	PNG COS ESSN	JUL 2020	\$ 0.25	3. Other	Other	100006014
INTERCO SUPPORT	#	BILL1600-ESSN	PNG COS ESSN	AUG 2020	\$ 97.57	3. Other	Other	100006844
INTERCO SUPPORT	#	BILL1600-ESSN	PNG COS ESSN	AUG 2020	\$ 4.74	3. Other	Other	100006844
INTERCO SUPPORT	#	BILL1600-ESSN	PNG COS ESSN	AUG 2020	\$ 0.25	3. Other	Other	100006844
DEL CORPORATE	#	JE 716 ALLOCATN VARIABLE	JE 716 ALLOCATN	JAN 2020	\$ -45,262.00	3. Other	Other	100000882
DEL CORPORATE	#	JE 716 ALLOCATN VARIABLE	JE 716 ALLOCATN	FEB 2020	\$ -14,554.00	3. Other	Other	100001642
DEL CORPORATE	#	JE 716 ALLOCATN VARIABLE	JE 716 ALLOCATN	MAR 2020	\$ -8,702.00	3. Other	Other	100002423
DEL CORPORATE	#	JE 716 ALLOCATN VARIABLE	JE 716 ALLOCATN	APR 2020	\$ -20,690.00	3. Other	Other	100003323
DEL CORPORATE	#	JE 716 ALLOCATN VARIABLE	JE 716 ALLOCATN	MAY 2020	\$ -9,589.00	3. Other	Other	100004123

DEL CORPORATE	#	JE 716 ALLOCATN VARIABLE	JE 716 ALLOCATN	JUN 2020	\$ -4,859.00	3. Other	Other	100005056
DEL CORPORATE	#	JE 716 ALLOCATN VARIABLE	JE 716 ALLOCATN	JUL 2020	\$ -4,997.53	3. Other	Other	100005952
DEL CORPORATE	#	JE 716 ALLOCATN VARIABLE	JE 716 ALLOCATN	AUG 2020	\$ -13,077.25	3. Other	Other	100006833
DEL CORPORATE	#	JE 716 ALLOCATN VARIABLE	JE 716 ALLOCATN	SEP 2019	\$ -22,240.00	3. Other	Other	100009860
DEL CORPORATE	#	JE 716 ALLOCATN VARIABLE	JE 716 ALLOCATN	OCT 2019	\$ -38,631.00	3. Other	Other	100010858
DEL CORPORATE	#	JE 716 ALLOCATN VARIABLE	JE 716 ALLOCATN	NOV 2019	\$ -6,980.00	3. Other	Other	100011696
DEL CORPORATE	#	JE 716 ALLOCATN VARIABLE	JE 716 ALLOCATN	DEC 2019	\$ -8,463.00	3. Other	Other	100012483
DEL CORPORATE	#	JE 716 ALLOCATN VARIABLE	JE 716 ALLOCATN	JAN 2020	\$ -5,790.00	3. Other	Other	100000882
DEL CORPORATE	#	JE 716 ALLOCATN VARIABLE	JE 716 ALLOCATN	FEB 2020	\$ -2,945.00	3. Other	Other	100001642
DEL CORPORATE	#	JE 716 ALLOCATN VARIABLE	JE 716 ALLOCATN	MAR 2020	\$ -2,060.00	3. Other	Other	100002423
DEL CORPORATE	#	JE 716 ALLOCATN VARIABLE	JE 716 ALLOCATN	APR 2020	\$ -5,932.00	3. Other	Other	100003323
DEL CORPORATE	#	JE 716 ALLOCATN VARIABLE	JE 716 ALLOCATN	MAY 2020	\$ -2,840.00	3. Other	Other	100004123
DEL CORPORATE	#	JE 716 ALLOCATN VARIABLE	JE 716 ALLOCATN	JUN 2020	\$ -1,153.00	3. Other	Other	100005056
DEL CORPORATE	#	JE 716 ALLOCATN VARIABLE	JE 716 ALLOCATN	JUL 2020	\$ -949.27	3. Other	Other	100005952
DEL CORPORATE	#	JE 716 ALLOCATN VARIABLE	JE 716 ALLOCATN	AUG 2020	\$ -2,388.49	3. Other	Other	100006833
DEL CORPORATE	#	JE 716 ALLOCATN VARIABLE	JE 716 ALLOCATN	SEP 2019	\$ -2,818.00	3. Other	Other	100009860
DEL CORPORATE	#	JE 716 ALLOCATN VARIABLE	JE 716 ALLOCATN	OCT 2019	\$ -4,396.00	3. Other	Other	100010858
DEL CORPORATE	#	JE 716 ALLOCATN VARIABLE	JE 716 ALLOCATN	NOV 2019	\$ -748.00	3. Other	Other	100011696
DEL CORPORATE	#	JE 716 ALLOCATN VARIABLE	JE 716 ALLOCATN	DEC 2019	\$ -899.00	3. Other	Other	100012483
					\$ 223,056.12			

Various vendors < \$1,000

Period	Description	Vendor Name
DEC 2019	Contractor Labor-ST	RED RIVER ENTERPRISE LLC
DEC 2019	Contractor Labor-ST	RED RIVER ENTERPRISE LLC
DEC 2019	Contractor Labor-ST	RED RIVER ENTERPRISE LLC
DEC 2019	Contractor Labor-ST	RED RIVER ENTERPRISE LLC
DEC 2019	Contractor Labor-ST	RED RIVER ENTERPRISE LLC
DEC 2019	Contractor Labor-ST	RED RIVER ENTERPRISE LLC
DEC 2019	Contractor Labor-ST	RED RIVER ENTERPRISE LLC
DEC 2019	Contractor Labor-ST	RED RIVER ENTERPRISE LLC
DEC 2019	Contractor Labor-ST	RED RIVER ENTERPRISE LLC
OCT 2019	Contractor Services	ARCOS LLC
JAN 2020	Contractor Services	TCG AMERICA LLC
MAY 2020	Contractor Services	TCG AMERICA LLC
MAY 2020	Contractor Services	EVAPAR INC
JUL 2020	Contractor Services	BLUEGRASS OFFICE SYSTEMS
AUG 2020	Contractor Services	SORRELL CONSTRUCTION SERVICES LLC
JAN 2020	Contractor Services	COVERALL SERVICE COMPANY
FEB 2020	Contractor Services	COVERALL SERVICE COMPANY
MAR 2020	Contractor Services	COVERALL SERVICE COMPANY
MAY 2020	Contractor Services	COVERALL SERVICE COMPANY
JUN 2020	Contractor Services	COVERALL SERVICE COMPANY
JUL 2020	Contractor Services	COVERALL SERVICE COMPANY
SEP 2019	Contractor Services	COVERALL SERVICE COMPANY
AUG 2020	Contractor Services	COVERALL SERVICE COMPANY
OCT 2019	Contractor Services	COVERALL SERVICE COMPANY
NOV 2019	Contractor Services	COVERALL SERVICE COMPANY
JUL 2020	Contractor Services	GREEN HOME SOLUTIONS
APR 2020	Actg/Auditing Svcs	Deloitte
MAR 2020	Actg/Auditing Svcs	Deloitte
FEB 2020	Actg/Auditing Svcs	Deloitte
JUN 2020	Actg/Auditing Svcs	Deloitte
JAN 2020	Actg/Auditing Svcs	ADP
JAN 2020	Actg/Auditing Svcs	Deloitte/Schneider Downs
FEB 2020	Actg/Auditing Svcs	ADP
FEB 2020	Actg/Auditing Svcs	Deloitte/Schneider Downs
FEB 2020	Actg/Auditing Svcs	ADP
MAR 2020	Actg/Auditing Svcs	ADP
MAR 2020	Actg/Auditing Svcs	ADP
MAR 2020	Actg/Auditing Svcs	Deloitte/Schneider Downs/PwC
MAR 2020	Actg/Auditing Svcs	ADP
APR 2020	Actg/Auditing Svcs	ADP
APR 2020	Actg/Auditing Svcs	Deloitte/Schneider Downs/PwC
APR 2020	Actg/Auditing Svcs	Deloitte/Schneider Downs/PwC
MAY 2020	Actg/Auditing Svcs	ADP
MAY 2020	Actg/Auditing Svcs	ADP
MAY 2020	Actg/Auditing Svcs	Deloitte/Schneider Downs/PwC

JUN 2020	Actg/Auditing Svcs	ADP
JUN 2020	Actg/Auditing Svcs	Deloitte/Schneider Downs/PwC
JUL 2020	Actg/Auditing Svcs	Deloitte/Schneider Downs/PwC
JUL 2020	Actg/Auditing Svcs	ADP
JUL 2020	Actg/Auditing Svcs	Deloitte/Schneider Downs/PwC
AUG 2020	Actg/Auditing Svcs	ADP
AUG 2020	Actg/Auditing Svcs	Deloitte/Schneider Downs/PwC
SEP 2019	Actg/Auditing Svcs	ADP
SEP 2019	Actg/Auditing Svcs	ADP
SEP 2019	Actg/Auditing Svcs	ADP
SEP 2019	Actg/Auditing Svcs	ADP
SEP 2019	Actg/Auditing Svcs	ADP
SEP 2019	Actg/Auditing Svcs	Deloitte/Schneider Downs
OCT 2019	Actg/Auditing Svcs	ADP
OCT 2019	Actg/Auditing Svcs	Deloitte/Schneider Downs
NOV 2019	Actg/Auditing Svcs	Deloitte/Schneider Downs
NOV 2019	Actg/Auditing Svcs	ADP
NOV 2019	Actg/Auditing Svcs	Deloitte/Schneider Downs
NOV 2019	Actg/Auditing Svcs	ADP
DEC 2019	Actg/Auditing Svcs	ADP
DEC 2019	Actg/Auditing Svcs	Deloitte/Schneider Downs
FEB 2020	Actg/Auditing Svcs	Deloitte/Schneider Downs/PwC
MAR 2020	Actg/Auditing Svcs	Deloitte/Schneider Downs/PwC
MAY 2020	Actg/Auditing Svcs	Deloitte/Schneider Downs/PwC
JUN 2020	Actg/Auditing Svcs	Deloitte/Schneider Downs/PwC
AUG 2020	Actg/Auditing Svcs	PwC
AUG 2020	Actg/Auditing Svcs	PwC
AUG 2020	Actg/Auditing Svcs	PwC
DEC 2019	Actg/Auditing Svcs	Deloitte/Schneider Downs
DEC 2019	Actg/Auditing Svcs	Deloitte/Schneider Downs
APR 2020	Actg/Auditing Svcs	Deloitte/Schneider Downs
DEC 2019	Actg/Auditing Svcs	Deloitte/Schneider Downs
JAN 2020	Legal Services	STOLL KEENON & OGDEN PLLC
JAN 2020	Legal Services	STOLL KEENON & OGDEN PLLC
FEB 2020	Legal Services	STOLL KEENON & OGDEN PLLC
FEB 2020	Legal Services	STOLL KEENON & OGDEN PLLC
FEB 2020	Legal Services	STOLL KEENON & OGDEN PLLC
FEB 2020	Legal Services	STOLL KEENON & OGDEN PLLC
FEB 2020	Legal Services	STOLL KEENON & OGDEN PLLC
MAR 2020	Legal Services	STOLL KEENON & OGDEN PLLC
MAR 2020	Legal Services	STOLL KEENON & OGDEN PLLC
APR 2020	Legal Services	STOLL KEENON & OGDEN PLLC
APR 2020	Legal Services	STOLL KEENON & OGDEN PLLC
MAY 2020	Legal Services	STOLL KEENON & OGDEN PLLC
JUN 2020	Legal Services	STOLL KEENON & OGDEN PLLC
JUN 2020	Legal Services	STOLL KEENON & OGDEN PLLC
JUN 2020	Legal Services	STOLL KEENON & OGDEN PLLC
JUL 2020	Legal Services	STOLL KEENON & OGDEN PLLC
JUL 2020	Legal Services	STOLL KEENON & OGDEN PLLC
AUG 2020	Legal Services	STOLL KEENON & OGDEN PLLC
SEP 2019	Legal Services	STOLL KEENON & OGDEN PLLC
OCT 2019	Legal Services	STOLL KEENON & OGDEN PLLC
OCT 2019	Legal Services	STOLL KEENON & OGDEN PLLC
NOV 2019	Legal Services	STOLL KEENON & OGDEN PLLC

NOV 2019	Legal Services	STOLL KEENON & OGDEN PLLC
DEC 2019	Legal Services	STOLL KEENON & OGDEN PLLC
DEC 2019	Legal Services	STOLL KEENON & OGDEN PLLC
JAN 2020	Legal Services	DARRELL L SAUNDERS
JAN 2020	Legal Services	DARRELL L SAUNDERS
FEB 2020	Legal Services	DARRELL L SAUNDERS
MAR 2020	Legal Services	DARRELL L SAUNDERS
MAR 2020	Legal Services	DARRELL L SAUNDERS
APR 2020	Legal Services	DARRELL L SAUNDERS
MAY 2020	Legal Services	DARRELL L SAUNDERS
MAY 2020	Legal Services	DARRELL L SAUNDERS
JUN 2020	Legal Services	DARRELL L SAUNDERS
JUN 2020	Legal Services	DARRELL L SAUNDERS
JUL 2020	Legal Services	DARRELL L SAUNDERS
JUL 2020	Legal Services	DARRELL L SAUNDERS
AUG 2020	Legal Services	DARRELL L SAUNDERS
AUG 2020	Legal Services	DARRELL L SAUNDERS
SEP 2019	Legal Services	DARRELL L SAUNDERS
OCT 2019	Legal Services	DARRELL L SAUNDERS
NOV 2019	Legal Services	DARRELL L SAUNDERS
DEC 2019	Legal Services	DARRELL L SAUNDERS
DEC 2019	Legal Services	DARRELL L SAUNDERS
NOV 2019	Legal Services	CSC
FEB 2020	Legal Services	MCCARTER & ENGLISH LLP
MAR 2020	Legal Services	MCCARTER & ENGLISH LLP
APR 2020	Legal Services	MCCARTER & ENGLISH LLP
AUG 2020	Legal Services	MCCARTER & ENGLISH LLP
SEP 2019	Legal Services	MCCARTER & ENGLISH LLP
SEP 2019	Legal Services	MCCARTER & ENGLISH LLP
OCT 2019	Legal Services	MCCARTER & ENGLISH LLP
NOV 2019	Legal Services	MCCARTER & ENGLISH LLP
DEC 2019	Legal Services	MCCARTER & ENGLISH LLP
OCT 2019	Legal Services	Pantechs
		Various vendors < \$1,000
		Various vendors < \$1,000
		Various vendors < \$1,000
		Various vendors < \$1,000
		Various vendors < \$1,000
		Various vendors < \$1,000
APR 2020	Consultant Services	BLUEGRASS OFFICE SYSTEMS
APR 2020	Consultant Services	BLUEGRASS OFFICE SYSTEMS
JAN 2020	Consultant Services	TOM MCCAY
FEB 2020	Consultant Services	TOM MCCAY
MAR 2020	Consultant Services	TOM MCCAY
APR 2020	Consultant Services	TOM MCCAY
MAY 2020	Consultant Services	TOM MCCAY
JUN 2020	Consultant Services	TOM MCCAY
JUL 2020	Consultant Services	TOM MCCAY
AUG 2020	Consultant Services	TOM MCCAY
SEP 2019	Consultant Services	TOM MCCAY
OCT 2019	Consultant Services	TOM MCCAY
NOV 2019	Consultant Services	TOM MCCAY
DEC 2019	Consultant Services	TOM MCCAY

JAN 2020	Consultant Services	CAPITAL LINK CONSULTANTS
FEB 2020	Consultant Services	CAPITAL LINK CONSULTANTS
MAR 2020	Consultant Services	CAPITAL LINK CONSULTANTS
APR 2020	Consultant Services	CAPITAL LINK CONSULTANTS
MAY 2020	Consultant Services	CAPITAL LINK CONSULTANTS
JUN 2020	Consultant Services	CAPITAL LINK CONSULTANTS
JUL 2020	Consultant Services	CAPITAL LINK CONSULTANTS
AUG 2020	Consultant Services	CAPITAL LINK CONSULTANTS
SEP 2019	Consultant Services	CAPITAL LINK CONSULTANTS
OCT 2019	Consultant Services	CAPITAL LINK CONSULTANTS
NOV 2019	Consultant Services	CAPITAL LINK CONSULTANTS
DEC 2019	Consultant Services	CAPITAL LINK CONSULTANTS
FEB 2020	IT/Telecom Contr Svc	GROUPEX LIMITED
MAY 2020	IT/Telecom Contr Svc	GROUPEX LIMITED
OCT 2019	IT/Telecom Contr Svc	GROUPEX LIMITED
NOV 2019	IT/Telecom Contr Svc	SAP AMERICA INC
NOV 2019	IT/Telecom Contr Svc	SAP AMERICA INC
DEC 2019	IT/Telecom Contr Svc	SAP AMERICA INC
JAN 2020	IT/Telecom Contr Svc	INTERNATIONAL BUSINESS MACHINES
MAR 2020	IT/Telecom Contr Svc	INTERNATIONAL BUSINESS MACHINES
MAR 2020	IT/Telecom Contr Svc	INTERNATIONAL BUSINESS MACHINES
APR 2020	IT/Telecom Contr Svc	INTERNATIONAL BUSINESS MACHINES
MAY 2020	IT/Telecom Contr Svc	INTERNATIONAL BUSINESS MACHINES
JUL 2020	IT/Telecom Contr Svc	INTERNATIONAL BUSINESS MACHINES
JUL 2020	IT/Telecom Contr Svc	INTERNATIONAL BUSINESS MACHINES
SEP 2019	IT/Telecom Contr Svc	INTERNATIONAL BUSINESS MACHINES
NOV 2019	IT/Telecom Contr Svc	INTERNATIONAL BUSINESS MACHINES
NOV 2019	IT/Telecom Contr Svc	INTERNATIONAL BUSINESS MACHINES
NOV 2019	IT/Telecom Contr Svc	INTERNATIONAL BUSINESS MACHINES
DEC 2019	IT/Telecom Contr Svc	INTERNATIONAL BUSINESS MACHINES
NOV 2019	IT/Telecom Contr Svc	GXS INC
SEP 2019	IT/Telecom Contr Svc	GXS INC
OCT 2019	IT/Telecom Contr Svc	GXS INC
NOV 2019	IT/Telecom Contr Svc	GXS INC
APR 2020	IT/Telecom Contr Svc	ENSYTE ENERGY SOFTWARE
OCT 2019	IT/Telecom Contr Svc	HYLAND LLC
JAN 2020	IT/Telecom Contr Svc	IDI CONSULTING LLC
FEB 2020	IT/Telecom Contr Svc	IDI CONSULTING LLC
MAR 2020	IT/Telecom Contr Svc	IDI CONSULTING LLC
APR 2020	IT/Telecom Contr Svc	IDI CONSULTING LLC
MAY 2020	IT/Telecom Contr Svc	IDI CONSULTING LLC
JUN 2020	IT/Telecom Contr Svc	IDI CONSULTING LLC
JUL 2020	IT/Telecom Contr Svc	IDI CONSULTING LLC
AUG 2020	IT/Telecom Contr Svc	IDI CONSULTING LLC
SEP 2019	IT/Telecom Contr Svc	IDI CONSULTING LLC
OCT 2019	IT/Telecom Contr Svc	IDI CONSULTING LLC
NOV 2019	IT/Telecom Contr Svc	IDI CONSULTING LLC
DEC 2019	IT/Telecom Contr Svc	IDI CONSULTING LLC
JAN 2020	IT/Telecom Contr Svc	DATATRANS SOLUTIONS INC
FEB 2020	IT/Telecom Contr Svc	DATATRANS SOLUTIONS INC
MAR 2020	IT/Telecom Contr Svc	DATATRANS SOLUTIONS INC
APR 2020	IT/Telecom Contr Svc	DATATRANS SOLUTIONS INC
MAY 2020	IT/Telecom Contr Svc	DATATRANS SOLUTIONS INC

JUN 2020	IT/Telecom Contr Svc	DATATRANS SOLUTIONS INC
JUL 2020	IT/Telecom Contr Svc	DATATRANS SOLUTIONS INC
AUG 2020	IT/Telecom Contr Svc	DATATRANS SOLUTIONS INC
SEP 2019	IT/Telecom Contr Svc	DATATRANS SOLUTIONS INC
OCT 2019	IT/Telecom Contr Svc	DATATRANS SOLUTIONS INC
NOV 2019	IT/Telecom Contr Svc	DATATRANS SOLUTIONS INC
DEC 2019	IT/Telecom Contr Svc	DATATRANS SOLUTIONS INC
JAN 2020	IT/Telecom Contr Svc	ESKER INC
FEB 2020	IT/Telecom Contr Svc	ESKER INC
MAR 2020	IT/Telecom Contr Svc	ESKER INC
OCT 2019	IT/Telecom Contr Svc	ESKER INC
NOV 2019	IT/Telecom Contr Svc	ESKER INC
DEC 2019	IT/Telecom Contr Svc	ESKER INC
JAN 2020	IT/Telecom Contr Svc	AVERTRA CORP
SEP 2019	IT/Telecom Contr Svc	AVERTRA CORP
SEP 2019	IT/Telecom Contr Svc	AVERTRA CORP
SEP 2019	IT/Telecom Contr Svc	AVERTRA CORP
SEP 2019	IT/Telecom Contr Svc	AVERTRA CORP
SEP 2019	IT/Telecom Contr Svc	AVERTRA CORP
NOV 2019	IT/Telecom Contr Svc	AVERTRA CORP
NOV 2019	IT/Telecom Contr Svc	AVERTRA CORP
DEC 2019	IT/Telecom Contr Svc	AVERTRA CORP
FEB 2020	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
MAR 2020	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
APR 2020	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
MAY 2020	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
JUN 2020	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
JUL 2020	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
AUG 2020	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
SEP 2019	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
OCT 2019	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
NOV 2019	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
DEC 2019	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
DEC 2019	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
MAR 2020	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
MAR 2020	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
JUL 2020	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
JUL 2020	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
JUL 2020	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
JUL 2020	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
JUL 2020	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
SEP 2019	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
OCT 2019	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
NOV 2019	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
DEC 2019	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
DEC 2019	IT/Telecom Contr Svc	MARVEL TECHNOLOGIES INC
MAY 2020	IT/Telecom Contr Svc	SMART ENERGY WATER
JUN 2020	IT/Telecom Contr Svc	SMART ENERGY WATER
JUL 2020	IT/Telecom Contr Svc	SMART ENERGY WATER
JUL 2020	IT/Telecom Contr Svc	SMART ENERGY WATER
AUG 2020	IT/Telecom Contr Svc	SMART ENERGY WATER
NOV 2019	IT/Telecom Contr Svc	SOFTWARE INFORMATION SYSTEMS LLC
DEC 2019	IT/Telecom Contr Svc	SAP INDUSTRIES INC

		Various vendors < \$1,000
		Various vendors < \$1,000
		Various vendors < \$1,000
		Various vendors < \$1,000
		Various vendors < \$1,000
		Various vendors < \$1,000
		Various vendors < \$1,000
		Various vendors < \$1,000
		Various vendors < \$1,000
		Various vendors < \$1,000
		Various vendors < \$1,000
		Various vendors < \$1,000
SEP 2019	Training Services	Liberty University
		Various vendors < \$1,000
		Various vendors < \$1,000
		Various vendors < \$1,000
		Various vendors < \$1,000
		Various vendors < \$1,000
		Various vendors < \$1,000
NOV 2019	Testing Services	TCG AMERICA LLC
MAR 2020	Misc. Outside Svcs	IBM CORPORATION
APR 2020	Misc. Outside Svcs	IBM CORPORATION
JUN 2020	Misc. Outside Svcs	IBM CORPORATION
OCT 2019	Misc. Outside Svcs	DILIGENT CORPORATION
SEP 2019	Misc. Outside Svcs	BLUEGRASS INTEGRATED COMMUNICATIONS
SEP 2019	Misc. Outside Svcs	BLUEGRASS INTEGRATED COMMUNICATIONS
SEP 2019	Misc. Outside Svcs	BLUEGRASS INTEGRATED COMMUNICATIONS
SEP 2019	Misc. Outside Svcs	BLUEGRASS INTEGRATED COMMUNICATIONS
SEP 2019	Misc. Outside Svcs	BLUEGRASS INTEGRATED COMMUNICATIONS
SEP 2019	Misc. Outside Svcs	BLUEGRASS INTEGRATED COMMUNICATIONS
SEP 2019	Misc. Outside Svcs	BLUEGRASS INTEGRATED COMMUNICATIONS
SEP 2019	Misc. Outside Svcs	BLUEGRASS INTEGRATED COMMUNICATIONS
SEP 2019	Misc. Outside Svcs	BLUEGRASS INTEGRATED COMMUNICATIONS
SEP 2019	Misc. Outside Svcs	BLUEGRASS INTEGRATED COMMUNICATIONS
SEP 2019	Misc. Outside Svcs	BLUEGRASS INTEGRATED COMMUNICATIONS
SEP 2019	Misc. Outside Svcs	BLUEGRASS INTEGRATED COMMUNICATIONS
SEP 2019	Misc. Outside Svcs	BLUEGRASS INTEGRATED COMMUNICATIONS
SEP 2019	Misc. Outside Svcs	BLUEGRASS INTEGRATED COMMUNICATIONS
SEP 2019	Misc. Outside Svcs	BLUEGRASS INTEGRATED COMMUNICATIONS
SEP 2019	Misc. Outside Svcs	BLUEGRASS INTEGRATED COMMUNICATIONS
SEP 2019	Misc. Outside Svcs	BLUEGRASS INTEGRATED COMMUNICATIONS
NOV 2019	Misc. Outside Svcs	KNOWBE4 INC
MAR 2020	Misc. Outside Svcs	DODGE DATA & ANALYTICS
DEC 2019	Misc. Outside Svcs	COVERALL SERVICE COMPANY
JAN 2020	Misc. Outside Svcs	IRON MOUNTAIN INC
FEB 2020	Misc. Outside Svcs	IRON MOUNTAIN INC
MAR 2020	Misc. Outside Svcs	IRON MOUNTAIN INC
APR 2020	Misc. Outside Svcs	IRON MOUNTAIN INC
MAY 2020	Misc. Outside Svcs	IRON MOUNTAIN INC
JUN 2020	Misc. Outside Svcs	IRON MOUNTAIN INC
JUL 2020	Misc. Outside Svcs	IRON MOUNTAIN INC
AUG 2020	Misc. Outside Svcs	IRON MOUNTAIN INC
SEP 2019	Misc. Outside Svcs	IRON MOUNTAIN INC
OCT 2019	Misc. Outside Svcs	IRON MOUNTAIN INC
NOV 2019	Misc. Outside Svcs	IRON MOUNTAIN INC

DEC 2019	Misc. Outside Svcs	IRON MOUNTAIN INC
JAN 2020	Misc. Outside Svcs	TIME WARNER
FEB 2020	Misc. Outside Svcs	TIME WARNER
MAR 2020	Misc. Outside Svcs	TIME WARNER
MAR 2020	Misc. Outside Svcs	TIME WARNER
APR 2020	Misc. Outside Svcs	TIME WARNER
MAY 2020	Misc. Outside Svcs	TIME WARNER
JUN 2020	Misc. Outside Svcs	TIME WARNER
JUL 2020	Misc. Outside Svcs	TIME WARNER
JUL 2020	Misc. Outside Svcs	TIME WARNER
AUG 2020	Misc. Outside Svcs	TIME WARNER
SEP 2019	Misc. Outside Svcs	TIME WARNER
SEP 2019	Misc. Outside Svcs	TIME WARNER
OCT 2019	Misc. Outside Svcs	TIME WARNER
OCT 2019	Misc. Outside Svcs	TIME WARNER
NOV 2019	Misc. Outside Svcs	TIME WARNER
DEC 2019	Misc. Outside Svcs	TIME WARNER
OCT 2019	Misc. Outside Svcs	BATH COUNTY HEALTH CENTER
JAN 2020	Misc. Outside Svcs	MCGREGOR & ASSOCIATES INC
JAN 2020	Misc. Outside Svcs	MCGREGOR & ASSOCIATES INC
FEB 2020	Misc. Outside Svcs	MCGREGOR & ASSOCIATES INC
FEB 2020	Misc. Outside Svcs	MCGREGOR & ASSOCIATES INC
APR 2020	Misc. Outside Svcs	MCGREGOR & ASSOCIATES INC
MAY 2020	Misc. Outside Svcs	MCGREGOR & ASSOCIATES INC
JUN 2020	Misc. Outside Svcs	MCGREGOR & ASSOCIATES INC
JUN 2020	Misc. Outside Svcs	MCGREGOR & ASSOCIATES INC
JUL 2020	Misc. Outside Svcs	MCGREGOR & ASSOCIATES INC
JUL 2020	Misc. Outside Svcs	MCGREGOR & ASSOCIATES INC
AUG 2020	Misc. Outside Svcs	MCGREGOR & ASSOCIATES INC
SEP 2019	Misc. Outside Svcs	MCGREGOR & ASSOCIATES INC
OCT 2019	Misc. Outside Svcs	MCGREGOR & ASSOCIATES INC
NOV 2019	Misc. Outside Svcs	MCGREGOR & ASSOCIATES INC
DEC 2019	Misc. Outside Svcs	MCGREGOR & ASSOCIATES INC
DEC 2019	Misc. Outside Svcs	SOUTHLAND PRINTING COMPANY INC
JAN 2020	Misc. Outside Svcs	KING BEE DELIVERY LLC
JAN 2020	Misc. Outside Svcs	KING BEE DELIVERY LLC
JAN 2020	Misc. Outside Svcs	KING BEE DELIVERY LLC
JAN 2020	Misc. Outside Svcs	KING BEE DELIVERY LLC
FEB 2020	Misc. Outside Svcs	KING BEE DELIVERY LLC
FEB 2020	Misc. Outside Svcs	KING BEE DELIVERY LLC
FEB 2020	Misc. Outside Svcs	KING BEE DELIVERY LLC
FEB 2020	Misc. Outside Svcs	KING BEE DELIVERY LLC
FEB 2020	Misc. Outside Svcs	KING BEE DELIVERY LLC
FEB 2020	Misc. Outside Svcs	KING BEE DELIVERY LLC
MAR 2020	Misc. Outside Svcs	KING BEE DELIVERY LLC
MAR 2020	Misc. Outside Svcs	KING BEE DELIVERY LLC
MAR 2020	Misc. Outside Svcs	KING BEE DELIVERY LLC
MAR 2020	Misc. Outside Svcs	KING BEE DELIVERY LLC
APR 2020	Misc. Outside Svcs	KING BEE DELIVERY LLC
APR 2020	Misc. Outside Svcs	KING BEE DELIVERY LLC
APR 2020	Misc. Outside Svcs	KING BEE DELIVERY LLC
APR 2020	Misc. Outside Svcs	KING BEE DELIVERY LLC
APR 2020	Misc. Outside Svcs	KING BEE DELIVERY LLC
MAY 2020	Misc. Outside Svcs	KING BEE DELIVERY LLC

MAY 2020	Misc. Outside Svcs	KING BEE DELIVERY LLC
MAY 2020	Misc. Outside Svcs	KING BEE DELIVERY LLC
MAY 2020	Misc. Outside Svcs	KING BEE DELIVERY LLC
JUN 2020	Misc. Outside Svcs	KING BEE DELIVERY LLC
JUN 2020	Misc. Outside Svcs	KING BEE DELIVERY LLC
JUN 2020	Misc. Outside Svcs	KING BEE DELIVERY LLC
JUN 2020	Misc. Outside Svcs	KING BEE DELIVERY LLC
JUL 2020	Misc. Outside Svcs	KING BEE DELIVERY LLC
JUL 2020	Misc. Outside Svcs	KING BEE DELIVERY LLC
JUL 2020	Misc. Outside Svcs	KING BEE DELIVERY LLC
JUL 2020	Misc. Outside Svcs	KING BEE DELIVERY LLC
AUG 2020	Misc. Outside Svcs	KING BEE DELIVERY LLC
AUG 2020	Misc. Outside Svcs	KING BEE DELIVERY LLC
AUG 2020	Misc. Outside Svcs	KING BEE DELIVERY LLC
AUG 2020	Misc. Outside Svcs	KING BEE DELIVERY LLC
AUG 2020	Misc. Outside Svcs	KING BEE DELIVERY LLC
SEP 2019	Misc. Outside Svcs	KING BEE DELIVERY LLC
SEP 2019	Misc. Outside Svcs	KING BEE DELIVERY LLC
SEP 2019	Misc. Outside Svcs	KING BEE DELIVERY LLC
SEP 2019	Misc. Outside Svcs	KING BEE DELIVERY LLC
OCT 2019	Misc. Outside Svcs	KING BEE DELIVERY LLC
OCT 2019	Misc. Outside Svcs	KING BEE DELIVERY LLC
OCT 2019	Misc. Outside Svcs	KING BEE DELIVERY LLC
OCT 2019	Misc. Outside Svcs	KING BEE DELIVERY LLC
OCT 2019	Misc. Outside Svcs	KING BEE DELIVERY LLC
NOV 2019	Misc. Outside Svcs	KING BEE DELIVERY LLC
NOV 2019	Misc. Outside Svcs	KING BEE DELIVERY LLC
NOV 2019	Misc. Outside Svcs	KING BEE DELIVERY LLC
DEC 2019	Misc. Outside Svcs	KING BEE DELIVERY LLC
DEC 2019	Misc. Outside Svcs	KING BEE DELIVERY LLC
DEC 2019	Misc. Outside Svcs	KING BEE DELIVERY LLC
DEC 2019	Misc. Outside Svcs	KING BEE DELIVERY LLC
DEC 2019	Misc. Outside Svcs	KING BEE DELIVERY LLC
MAY 2020	Misc. Outside Svcs	CLARK REGIONAL PHYSICIAN PRACTICES
JUN 2020	Misc. Outside Svcs	CLARK REGIONAL PHYSICIAN PRACTICES
MAY 2020	Misc. Outside Svcs	OPEN TEXT INC
FEB 2020	Misc. Outside Svcs	COLUMBIA GULF TRANSMISSION LLC
FEB 2020	Misc. Outside Svcs	COLUMBIA GULF TRANSMISSION LLC
MAR 2020	Misc. Outside Svcs	COLUMBIA GULF TRANSMISSION LLC
APR 2020	Misc. Outside Svcs	COLUMBIA GULF TRANSMISSION LLC
MAY 2020	Misc. Outside Svcs	COLUMBIA GULF TRANSMISSION LLC
JUN 2020	Misc. Outside Svcs	COLUMBIA GULF TRANSMISSION LLC
JUL 2020	Misc. Outside Svcs	COLUMBIA GULF TRANSMISSION LLC
AUG 2020	Misc. Outside Svcs	COLUMBIA GULF TRANSMISSION LLC
SEP 2019	Misc. Outside Svcs	COLUMBIA GULF TRANSMISSION LLC
OCT 2019	Misc. Outside Svcs	COLUMBIA GULF TRANSMISSION LLC
NOV 2019	Misc. Outside Svcs	COLUMBIA GULF TRANSMISSION LLC
DEC 2019	Misc. Outside Svcs	COLUMBIA GULF TRANSMISSION LLC
FEB 2020	Misc. Outside Svcs	NATURAL ENERGY ENGINEERING SERVICES
FEB 2020	Misc. Outside Svcs	NATURAL ENERGY ENGINEERING SERVICES
FEB 2020	Misc. Outside Svcs	NATURAL ENERGY ENGINEERING SERVICES
APR 2020	Misc. Outside Svcs	NATURAL ENERGY ENGINEERING SERVICES
AUG 2020	Misc. Outside Svcs	NATURAL ENERGY ENGINEERING SERVICES

FEB 2020	Misc. Outside Svcs	PANTECHS LABORATORIES INC
MAR 2020	Misc. Outside Svcs	PANTECHS LABORATORIES INC
OCT 2019	Misc. Outside Svcs	PANTECHS LABORATORIES INC
JAN 2020	Misc. Outside Svcs	NEW VISTA OF THE BLUEGRASS INC
APR 2020	Misc. Outside Svcs	NEW VISTA OF THE BLUEGRASS INC
JUL 2020	Misc. Outside Svcs	NEW VISTA OF THE BLUEGRASS INC
OCT 2019	Misc. Outside Svcs	NEW VISTA OF THE BLUEGRASS INC
JAN 2020	Misc. Outside Svcs	PNG COMPANIES LLC
FEB 2020	Misc. Outside Svcs	PNG COMPANIES LLC
MAR 2020	Misc. Outside Svcs	PNG COMPANIES LLC
APR 2020	Misc. Outside Svcs	PNG COMPANIES LLC
MAY 2020	Misc. Outside Svcs	PNG COMPANIES LLC
JUN 2020	Misc. Outside Svcs	PNG COMPANIES LLC
JUL 2020	Misc. Outside Svcs	PNG COMPANIES LLC
AUG 2020	Misc. Outside Svcs	PNG COMPANIES LLC
SEP 2019	Misc. Outside Svcs	PNG COMPANIES LLC
OCT 2019	Misc. Outside Svcs	PNG COMPANIES LLC
NOV 2019	Misc. Outside Svcs	PNG COMPANIES LLC
DEC 2019	Misc. Outside Svcs	PNG COMPANIES LLC
JAN 2020	Misc. Outside Svcs	S&P Global Platts
FEB 2020	Misc. Outside Svcs	S&P Global Platts
		Various vendors < \$1,000
MAR 2020	Misc. Outside Svcs	S&P Global Platts
		Various vendors < \$1,000
APR 2020	Misc. Outside Svcs	S&P Global Platts
		Various vendors < \$1,000
		Various vendors < \$1,000
		Various vendors < \$1,000
MAY 2020	Misc. Outside Svcs	S&P Global Platts
JUN 2020	Misc. Outside Svcs	S&P Global Platts
		Various vendors < \$1,000
JUL 2020	Misc. Outside Svcs	S&P Global Platts
		Various vendors < \$1,000
		Various vendors < \$1,000
		Various vendors < \$1,000
AUG 2020	Misc. Outside Svcs	S&P Global Platts
		Various vendors < \$1,000
		Various vendors < \$1,000
		Various vendors < \$1,000
OCT 2019	Misc. Outside Svcs	Pantechs
		Various vendors < \$1,000
		Various vendors < \$1,000
DEC 2019	Misc. Outside Svcs	S&P Global Platts
		Various vendors < \$1,000
		Various vendors < \$1,000
		Various vendors < \$1,000
		Various vendors < \$1,000
JAN 2020	MiscOutsideSvcs 2200	PNG COMPANIES LLC
FEB 2020	MiscOutsideSvcs 2200	PNG COMPANIES LLC
FEB 2020	MiscOutsideSvcs 2200	PNG COMPANIES LLC
FEB 2020	MiscOutsideSvcs 2200	PNG COMPANIES LLC
MAR 2020	MiscOutsideSvcs 2200	PNG COMPANIES LLC
MAR 2020	MiscOutsideSvcs 2200	PNG COMPANIES LLC





APR 2020	MiscOutsideSvcs 2200	PNG COMPANIES LLC
APR 2020	MiscOutsideSvcs 2200	PNG COMPANIES LLC
MAY 2020	MiscOutsideSvcs 2200	PNG COMPANIES LLC
MAY 2020	MiscOutsideSvcs 2200	PNG COMPANIES LLC
JUN 2020	MiscOutsideSvcs 2200	PNG COMPANIES LLC
JUN 2020	MiscOutsideSvcs 2200	PNG COMPANIES LLC
JUL 2020	MiscOutsideSvcs 2200	PNG COMPANIES LLC
JUL 2020	MiscOutsideSvcs 2200	PNG COMPANIES LLC
AUG 2020	MiscOutsideSvcs 2200	PNG COMPANIES LLC
AUG 2020	MiscOutsideSvcs 2200	PNG COMPANIES LLC
SEP 2019	MiscOutsideSvcs 2200	PNG COMPANIES LLC
SEP 2019	MiscOutsideSvcs 2200	PNG COMPANIES LLC
OCT 2019	MiscOutsideSvcs 2200	PNG COMPANIES LLC
OCT 2019	MiscOutsideSvcs 2200	PNG COMPANIES LLC
OCT 2019	MiscOutsideSvcs 2200	PNG COMPANIES LLC
NOV 2019	MiscOutsideSvcs 2200	PNG COMPANIES LLC
DEC 2019	MiscOutsideSvcs 2200	PNG COMPANIES LLC
DEC 2019	MiscOutsideSvcs 2200	PNG COMPANIES LLC
APR 2020	Svcs-Ess Svcs-2200	Essential Utilities Inc.
APR 2020	Svcs-Ess Svcs-2200	Essential Utilities Inc.
APR 2020	Svcs-Ess Svcs-2200	Essential Utilities Inc.
MAY 2020	Svcs-Ess Svcs-2200	Essential Utilities Inc.
MAY 2020	Svcs-Ess Svcs-2200	Essential Utilities Inc.
MAY 2020	Svcs-Ess Svcs-2200	Essential Utilities Inc.
JUN 2020	Svcs-Ess Svcs-2200	Essential Utilities Inc.
JUN 2020	Svcs-Ess Svcs-2200	Essential Utilities Inc.
JUN 2020	Svcs-Ess Svcs-2200	Essential Utilities Inc.
JUL 2020	Svcs-Ess Svcs-2200	Essential Utilities Inc.
JUL 2020	Svcs-Ess Svcs-2200	Essential Utilities Inc.
JUL 2020	Svcs-Ess Svcs-2200	Essential Utilities Inc.
AUG 2020	Svcs-Ess Svcs-2200	Essential Utilities Inc.
AUG 2020	Svcs-Ess Svcs-2200	Essential Utilities Inc.
AUG 2020	Svcs-Ess Svcs-2200	Essential Utilities Inc.
APR 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
APR 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
APR 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
MAY 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
MAY 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
MAY 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
JUN 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
JUN 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
JUN 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
JUN 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
JUL 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
JUL 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
JUL 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
AUG 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
AUG 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
AUG 2020	Svcs-Ess Sun-2200	Essential Utilities Inc.
JAN 2020	I/C-OperExp-1800-DLG	Delgasco
FEB 2020	I/C-OperExp-1800-DLG	Delgasco
MAR 2020	I/C-OperExp-1800-DLG	Delgasco
APR 2020	I/C-OperExp-1800-DLG	Delgasco
MAY 2020	I/C-OperExp-1800-DLG	Delgasco

JUN 2020	I/C-OperExp-1800-DLG	Delgasco
JUL 2020	I/C-OperExp-1800-DLG	Delgasco
AUG 2020	I/C-OperExp-1800-DLG	Delgasco
SEP 2019	I/C-OperExp-1800-DLG	Delgasco
OCT 2019	I/C-OperExp-1800-DLG	Delgasco
NOV 2019	I/C-OperExp-1800-DLG	Delgasco
DEC 2019	I/C-OperExp-1800-DLG	Delgasco
JAN 2020	I/C-OperExp-1900-ENP	Enpro
FEB 2020	I/C-OperExp-1900-ENP	Enpro
MAR 2020	I/C-OperExp-1900-ENP	Enpro
APR 2020	I/C-OperExp-1900-ENP	Enpro
MAY 2020	I/C-OperExp-1900-ENP	Enpro
JUN 2020	I/C-OperExp-1900-ENP	Enpro
JUL 2020	I/C-OperExp-1900-ENP	Enpro
AUG 2020	I/C-OperExp-1900-ENP	Enpro
SEP 2019	I/C-OperExp-1900-ENP	Enpro
OCT 2019	I/C-OperExp-1900-ENP	Enpro
NOV 2019	I/C-OperExp-1900-ENP	Enpro
DEC 2019	I/C-OperExp-1900-ENP	Enpro





Company Code	Account Number	Text for B/S P&L Item	Total of Reporting Period	Total of the Comparison Period	Absolute Difference	Percentage Difference	Hierarchy Level	Total
1600	9480000	9480000 Residential Sales	(7,934,997.02)	(15,226,961.38)	7,291,964.36	47.9	8	
1600	9481000	9481000 Commercial and Industrial Sales	(5,618,777.87)	(9,986,206.23)	4,367,428.36	43.7	8	
1600	9488000	9488000 Miscellaneous Service Revenues	(113,935.00)	(73,055.00)	-40,880.00	56.0-	8	
1600	9489300	9489300 Revs from Transp of Gas of Others thru Distri Fac.	(3,045,443.13)	(5,095,130.62)	2,049,687.49	40.2	8	
1600	9490000	9490000 Sales of Products Extracted from Natural Gas	(88,335.67)	-	-88,335.67		8	
1600	9496000	9496000 Provision for Rate Refunds	839,502.33	1,747,682.43	-908,180.10	52.0-	8	
1600	9753000	9753000 Nat Gas Prod/Gath Op - Field Lines Expenses	13,155.99	37,073.78	-23,917.79	64.5-	11	
1600	9754000	9754000 Nat Gas Prod/Gath Op - Field Compressor Sta Exps	46,927.34	87,794.13	-40,866.79	46.5-	11	
1600	9803000	9803000 Oth Gas Supply Op - Nat Gas Transm Line Pur	2,911,337.37	9,648,763.96	-6,737,426.59	69.8-	10	
1600	9805100	9805100 Oth Gas Supply Op - Pur Gas Cost Adjustments	1,767,903.00	(1,850,481.00)	3,618,384.00	195.5	10	
1600	9813000	9813000 Oth Gas Supply Op - Other Gas Suppl	(1.82)	(24.10)	22.28	92.4	10	
1600	9816000	9816000 UG Storage Op - Well Expenses	18,983.57	43,302.39	-24,318.82	56.2-	10	
1600	9818000	9818000 UG Storage Op - Compressor Station Expenses	38,463.51	20,636.83	17,826.68	86.4	10	
1600	9821000	9821000 UG Storage Op - Purification Expenses	37,112.04	55,374.91	-18,262.87	33.0-	10	
1600	9823000	9823000 UG Storage Op - Gas Losses	-	7,568.40	-7,568.40	100.0-	10	
1600	9824000	9824000 UG Storage Op - Other Expenses	381.75	3,220.62	-2,838.87	88.1-	10	
1600	9825000	9825000 UG Storage Op - Storage Well Royalties	13,214.33	61,014.84	-47,800.51	78.3-	10	
1600	9851000	9851000 Gas Transmission Op - Sys Control & Load Dispatch	30,915.75	76,492.80	-45,577.05	59.6-	9	
1600	9856000	9856000 Gas Transmission Op - Mains Expenses	978,213.22	2,265,375.23	-1,287,162.01	56.8-	9	
1600	9870000	9870000 Gas Distribution Op - Supervision and Engineering	9,980.70	(52,361.31)	62,342.01	119.1	9	
1600	9872000	9872000 Gas Distribution Op - Compr Sta Labor & Expense	92,747.21	229,478.15	-136,730.94	59.6-	9	
1600	9874000	9874000 Gas Distribution Op - Mains and Services Exps	320,255.46	755,428.21	-435,172.75	57.6-	9	
1600	9880000	9880000 Gas Distribution Op - Other Expenses	118,504.03	255,580.11	-137,076.08	53.6-	9	
1600	9903000	9903000 Customer Accounts - Customer Records & Collections	252,971.26	505,299.12	-252,327.86	49.9-	9	
1600	9904000	9904000 Customer Accounts - Uncollectible Accounts	(19,685.00)	142,344.00	-162,029.00	113.8-	9	
1600	9920000	9920000 Admin & General - Salaries	757,926.63	1,631,644.62	-873,717.99	53.5-	9	
1600	9921000	9921000 Admin & General - Office Supplies & Expenses	327,172.74	772,596.27	-445,423.53	57.7-	9	
1600	9922000	9922000 Admin & General - Admin Exp Transferred - Credit	(842,299.84)	(869,596.34)	27,296.50	3.1	9	
1600	9923000	9923000 Admin & General - Outside Services Employed	35,397.61	187,658.50	-152,260.89	81.1-	9	223,056.11
1600	9924000	9924000 Admin & General - Property Insurance	62,325.21	107,390.70	-45,065.49	42.0-	9	
1600	9925000	9925000 Admin & General - Injuries & Damages	396,068.84	721,621.72	-325,552.88	45.1-	9	
1600	9926000	9926000 Admin & General - Employee Benefits	654,888.69	1,162,588.45	-507,699.76	43.7-	9	
1600	9928000	9928000 Admin & General - Regulatory Commission Expenses	63,303.00	143,969.34	-80,666.34	56.0-	9	
1600	9930100	9930100 Admin & General - General Advertising Expenses	6,052.60	14,640.64	-8,588.04	58.7-	9	20,693.24
1600	9930200	9930200 Admin & General - Miscellaneous Expenses	31,332.61	59,130.78	-27,798.17	47.0-	9	90,463.39
1600	9764000	9764000 Nat Gas Prod/Gath Maint - Field Lines	1,500.00	768.65	731.35	95.1	11	
1600	9765000	9765000 Nat Gas Prod/Gath Maint - Fld Compres Sta Equip	8,495.76	35,651.57	-27,155.81	76.2-	11	
1600	9831000	9831000 UG Storage Maint - Structures/Improvements	-	(3,653.13)	3,653.13	100.0	10	
1600	9832000	9832000 UG Storage Maint - Reservoirs and Wells	4,503.58	50,430.35	-45,926.77	91.1-	10	
1600	9834000	9834000 UG Storage Maint - Compressor Station Equipment	3,383.03	7,026.92	-3,643.89	51.9-	10	
1600	9837000	9837000 UG Storage Maint - Other Equipment	332.83	191.34	141.49	73.9	10	
1600	9863000	9863000 Gas Transmission Maint - Mains	(16,358.39)	(72,892.60)	56,534.21	77.6	9	
1600	9885000	9885000 Gas Distribution Maint - Supervision & Engineering	91,632.86	(69,422.29)	161,055.15	232.0	9	
1600	9887000	9887000 Gas Distribution Maint - Mains	(133,200.08)	(57,207.09)	-75,992.99	132.8-	9	
1600	9892000	9892000 Gas Distribution Maint - Services	1,982.99	8,257.66	-6,274.67	76.0-	9	
1600	9893000	9893000 Gas Distribution Maint - Meters/House Regulators	72,048.28	80,166.70	-8,118.42	10.1-	9	
1600	9894000	9894000 Gas Distribution Maint - Other Equipment	32,723.18	137,219.23	-104,496.05	76.2-	9	
1600	9932000	9932000 Admin & General Maint -Other General Plant -Gas	25,235.40	58,749.90	-33,514.50	57.0-	9	
1600	9403000	9403000 Depreciation Expense - Utility Plant	2,434,274.36	4,974,112.07	-2,539,837.71	51.1-	8	
1600	9404000	9404000 Amortization Expense - Utility Plant	98,242.32	221,470.33	-123,228.01	55.6-	8	

1600	9404200	9404200 Amort & Depl of UG Storage Land & Land Rights	5,305.78	10,611.55	-5,305.77	50.0-	8	
1600	9408100	9408100 Taxes Other than Income Taxes - Utility Operating	990,735.88	2,433,596.51	-1,442,860.63	59.3-	8	
1600	9409100	9409100 Income Taxes - Utility Operating Income	1,479,267.00	(617,076.00)	2,096,343.00	339.7	8	
1600	9410100	9410100 Provision for Deferred Income Taxes - Utility Op I	(1,052,867.00)	562,044.00	-1,614,911.00	287.3-	8	
1600	9415000	9415000 Revenues from Merchandising, Jobbing & Contract Wor	(5,732.75)	(7,817.93)	2,085.18	26.7	9	
1600	9416000	9416000 Costs & Expenses of Merchandising, Jobbing & Contr	5,597.24	1,825.56	3,771.68	206.6	9	
1600	9419000	9419000 Interest & Dividend Income	(89,172.96)	59,078.54	-148,251.50	250.9-	8	
1600	9421000	9421000 Miscellaneous Nonoperating Income	(1,586.77)	(3,290.90)	1,704.13	51.8	8	
1600	9421200	9421200 Loss on Disposition of Property	-	4,250.00	-4,250.00	100.0-	8	
1600	9426100	9426100 Other Income Deductions - Donations	2,031.30	32,417.64	-30,386.34	93.7-	8	34,448.94
1600	9426300	9426300 Other Income Deductions - Penalties	8,000.00	24,000.00	-16,000.00	66.7-	8	32,000.00
1600	9426400	9426400 Other Income Deductions - Civic/Political Activity	849.59	1,049.01	-199.42	19.0-	8	1,898.60
1600	9428000	9428000 Amortization of Debt Discount & Exp	70,033.33	135,733.34	-65,700.01	48.4-	7	
1600	9430000	9430000 Interest on Debt to Associated Companies	671,270.99	1,278,915.86	-607,644.87	47.5-	7	
1600	9431000	9431000 Other Interest Expense	6,710.81	8,720.42	-2,009.61	23.0-	7	
1600	NET INCOME		3,123,200.00	3,115,217.84	7,982.16	0.3	3	

Financial Statements

    Data Sources


G/L Account Selection

Chart of Accounts	PNGC	to		
G/L account	9400000	to	9999999	
Company code	1600 	to		


Selection using search help

Search help ID

Search string

 Search help

Transaction Figures Selection

Business Area	<input type="text"/>	to	<input type="text"/>	
Currency type	<input type="text"/>			
Ledger	0L			

Further selections | Special evaluations | Output control

Financial statement version	FERC	Language	EN
Reporting year	2019		
Reporting periods	9	to	12
Comparison year	2020		
Comparison periods	1	to	8
Plan Version	<input type="text"/>		

List output

Classical list

ALV grid control Layout

ALV Tree Control Layout

As structured balance list

DELTA NATURAL GAS COMPANY, INC.

CASE NO. 2021-00185

FIRST PSC DATA REQUEST

DATED MAY 13, 2021

7. Provide the following information. If any amounts were allocated, show a calculation of the factor used to allocate each amount.
 - a. A detailed analysis of charges booked for advertising expenditures during the 12 months preceding the base period. Include a complete breakdown of Account No. 913 – Advertising Expenses, and any other advertising expenditures included in any other expense accounts, as shown in Schedule C1. The analysis should specify the purpose of the expenditure and the expected benefit to be derived.
 - b. An analysis of Account No. 930 – Miscellaneous General Expenses for the 12 months preceding the base period. Include a complete breakdown of this account as shown in Schedule C2 and provide detailed workpapers supporting this analysis. At a minimum, the analysis should show the date, vendor, reference (i.e., voucher no., etc.), dollar amount, and brief description of each expenditure of \$500 or more, provided that lesser items are grouped by classes as shown in Schedule C2.
 - c. An analysis of Account No. 426 – Other Income Deductions for the 12 months preceding the base period. Include a complete breakdown of this account as shown in Schedule C3, and provide detailed workpapers supporting this analysis. At a minimum, the analysis should show the date, vendor, reference (i.e., voucher no., etc.), dollar amount, and a brief description of each expenditure of \$500 or more, provided that lesser items are grouped by classes as shown in Schedule C3.

Response:

See attached.

Sponsoring Witness:

Andrea Schroeder

Schedule C1

Delta Natural Gas Company, Inc.
Case No. 2021-00182

Analysis of Advertising Expenses
(Including Account No. 913)
For the 12 Months Ended August 2020

Line No.	Item (a)	Sales or Promotional Advertising (b)	Institutional Advertising (c)	Conservation Advertising (d)	Rate Case (e)	Other (f)	Total (g)
1.	Newspaper	\$ 5276.52		\$ 1,342.40		\$ 1,298.96	\$ 7,917.88
2.	Magazines and Other						
3.	Television						
4.	Radio						
5.	Direct Mail	\$ 18,431.28					\$ 18,431.28
6.	Sales Ads						
7.	Total						
8.	Amount Assigned to Kentucky Jurisdictional	\$ 23,707.80		\$ 1,342.40		\$ 1,298.96	\$ 26,349.16

The purpose and benefit for the advertising expenses are to promote/provide:

Safety and Public Awareness
Public Information
Community Relations
Environmental Awareness
Customer Information

Schedule C2

Delta Natural Gas Company, Inc.
Case No. 2021-00185

Analysis of Account No. 930 - Miscellaneous General Expenses
(Including Account No. 913)
For the 12 Months Ended August 2020

Line No.	Item (a)	Amount (b)
1.	Industry Association Dues	\$ 51,878.34
2.	Stockholder and Debt Service Expenses	
3.	Instituitonal Advertising	
4.	Conservation Advertising	
5.	Rate Department Load Studies	
6.	Director's Fees and Expenses	\$ 39,000.00
7.	Dues and Subscriptions	
8.	Miscellaneous	
9.	Total	\$ 90,878.34
10.	Amount Assigned to Kentucky Jurisdictional	\$ 90,878.34

Company	Type	Fiscal year/period	Vendor Name	Doc Number	Natural Account Desc	Total
Delta Gas	Director's Fees and Expenses	APR 2020	RODNEY L SHORT	1900001463	Directors Fees and E	\$ 9,750.00
Delta Gas	Director's Fees and Expenses	JAN 2020	RODNEY L SHORT	1900000021	Directors Fees and E	9,750.00
Delta Gas	Director's Fees and Expenses	JUL 2020	RODNEY L SHORT	1900003074	Directors Fees and E	9,750.00
Delta Gas	Director's Fees and Expenses	OCT 2019	RODNEY L SHORT	1900004852	Directors Fees and E	9,750.00
Delta Gas	Industry Association Dues	APR 2020	MADISON COUNTY HBA	1900001651	Industry Assoc Dues	375.00
Delta Gas	Industry Association Dues	APR 2020	American Gas Association	1900000752	Other Dues&Membershp	7,359.08
Delta Gas	Industry Association Dues	AUG 2020	AT&T	1900004114	Professional Dues	1.85
Delta Gas	Industry Association Dues	AUG 2020	U S CHAMBER OF COMMERCE	1900003992	Industry Assoc Dues	1,000.00
Delta Gas	Industry Association Dues	AUG 2020	Various vendors < \$1,000	100006315	Professional Dues	575.00
Delta Gas	Industry Association Dues	AUG 2020	Various vendors < \$1,000	100006342	Professional Dues	285.00
Delta Gas	Industry Association Dues	AUG 2020	Various vendors < \$1,000	8000039517	Professional Dues	-
Delta Gas	Industry Association Dues	AUG 2020	Tennesse Gas Association	100006317	Industry Assoc Dues	500.00
Delta Gas	Industry Association Dues	DEC 2019	KENTUCKY CHAMBER OF COMMERCE	1900006214	Industry Assoc Dues	297.50
Delta Gas	Industry Association Dues	DEC 2019	KENTUCKY CHAMBER OF COMMERCE	1900006215	Industry Assoc Dues	595.00
Delta Gas	Industry Association Dues	DEC 2019	SOUTHERN GAS ASSOCIATION	1900006205	Industry Assoc Dues	5,279.00
Delta Gas	Industry Association Dues	DEC 2019	Various vendors < \$1,000	100012480	Misc Dues&Sub 2200	22.48
Delta Gas	Industry Association Dues	DEC 2019	Mt. Sterling Chamber of Commerce	100012255	Industry Assoc Dues	600.00
Delta Gas	Industry Association Dues	DEC 2019	Kentucky Press Association/KY Association for Economic Development	100012377	Industry Assoc Dues	650.00
Delta Gas	Industry Association Dues	FEB 2020	JACKSON ENERGY ELECTRIC	1900000276	Other Dues&Membershp	7,570.91
Delta Gas	Industry Association Dues	FEB 2020	KNOX COUNTY CHAMBER OF COMMERCE	1900000756	Industry Assoc Dues	300.00
Delta Gas	Industry Association Dues	FEB 2020	Various vendors < \$1,000	100001366	Industry Assoc Dues	500.00
Delta Gas	Industry Association Dues	FEB 2020	Various vendors < \$1,000	100001368	Other Dues&Membershp	24.37
Delta Gas	Industry Association Dues	FEB 2020	Various vendors < \$1,000	100001406	Industry Assoc Dues	595.00
Delta Gas	Industry Association Dues	FEB 2020	Various vendors < \$1,000	100001413	Other Dues&Membershp	175.00
Delta Gas	Industry Association Dues	FEB 2020	Various vendors < \$1,000	100001419	Industry Assoc Dues	500.00
Delta Gas	Industry Association Dues	FEB 2020	Various vendors < \$1,000	100001661	Misc Dues&Sub 2200	9.39
Delta Gas	Industry Association Dues	JAN 2020	CONSUMER ENERGY ALLIANCE	1900000171	Industry Assoc Dues	2,500.00
Delta Gas	Industry Association Dues	JAN 2020	KENTUCKY OIL & GAS ASSOCIATION	1900000316	Industry Assoc Dues	765.00
Delta Gas	Industry Association Dues	JAN 2020	Various vendors < \$1,000	100000558	Industry Assoc Dues	805.00
Delta Gas	Industry Association Dues	JAN 2020	Various vendors < \$1,000	100000566	Industry Assoc Dues	500.00
Delta Gas	Industry Association Dues	JAN 2020	Various vendors < \$1,000	100000600	Industry Assoc Dues	700.00
Delta Gas	Industry Association Dues	JAN 2020	Various vendors < \$1,000	100000894	Misc Dues&Sub 2200	5.98
Delta Gas	Industry Association Dues	JUL 2020	KENTUCKY SOCIETY OF CPA'S	1900003174	Professional Dues	608.00
Delta Gas	Industry Association Dues	JUL 2020	Various vendors < \$1,000	100005575	Industry Assoc Dues	520.00
Delta Gas	Industry Association Dues	JUL 2020	Various vendors < \$1,000	100005591	Industry Assoc Dues	366.30
Delta Gas	Industry Association Dues	JUN 2020	Various vendors < \$1,000	100004711	Professional Dues	150.00
Delta Gas	Industry Association Dues	JUN 2020	Various vendors < \$1,000	100005023	Misc Dues&Sub 2200	4.90
Delta Gas	Industry Association Dues	MAR 2020	SOUTHERN GAS ASSOCIATION	1900001342	Industry Assoc Dues	2,000.00
Delta Gas	Industry Association Dues	MAR 2020	Various vendors < \$1,000	100002114	Industry Assoc Dues	450.00
Delta Gas	Industry Association Dues	MAR 2020	Various vendors < \$1,000	100002123	Professional Dues	475.00
Delta Gas	Industry Association Dues	MAR 2020	Various vendors < \$1,000	100002134	Industry Assoc Dues	260.00
Delta Gas	Industry Association Dues	NOV 2019	KENTUCKY CHAMBER OF COMMERCE	1900005505	Industry Assoc Dues	2,125.00

Delta Gas	Industry Association Dues	NOV 2019	KENTUCKY CHAMBER OF COMMERCE	1900005576	Industry Assoc Dues	249.00
Delta Gas	Industry Association Dues	NOV 2019	KENTUCKY CHAMBER OF COMMERCE	1900005778	Industry Assoc Dues	1,450.00
Delta Gas	Industry Association Dues	NOV 2019	Various vendors < \$1,000	100011609	Misc Dues&Sub 2200	1.36
Delta Gas	Industry Association Dues	OCT 2019	SOUTHERN GAS ASSOCIATION	1900005320	Other Dues&Membershp	1,320.00
Delta Gas	Industry Association Dues	OCT 2019	Various vendors < \$1,000	100010473	Professional Dues	209.00
Delta Gas	Industry Association Dues	OCT 2019	Various vendors < \$1,000	100010500	Industry Assoc Dues	412.00
Delta Gas	Industry Association Dues	OCT 2019	Various vendors < \$1,000	100010761	Misc Dues&Sub 2200	1.36
Delta Gas	Industry Association Dues	OCT 2019	American Gas Association	1900002397	Other Dues&Membershp	7,570.91
Delta Gas	Industry Association Dues	SEP 2019	U S CHAMBER OF COMMERCE	1900004632	Industry Assoc Dues	800.00
Peoples KY	Industry Association Dues	Feb-20	KY EQ RESTRICTED	1900000276	Industry Assoc Dues	41.83
Peoples KY	Industry Association Dues	Apr 2020	KY EQ RESTRICTED	1900000752	Industry Assoc Dues	40.66
Peoples KY	Industry Association Dues	Oct 2019	KY EQ RESTRICTED	1900002397	Industry Assoc Dues	41.83
Peoples KY	Industry Association Dues	Jan 2020	KY EQ CALL CENTER	8000111975	Industry Assoc Dues	166.74
Peoples KY	Industry Association Dues	Jan 2020	KY ACCTNG FINREPORT	100000759	Industry Assoc Dues	3.56
Peoples KY	Industry Association Dues	Jan 2020	KY EQ AUDITING	100000759	Industry Assoc Dues	0.27
Peoples KY	Industry Association Dues	Jan 2020	KY EQ RATES	100000759	Industry Assoc Dues	0.21
Peoples KY	Industry Association Dues	Jan 2020	KY EQ MEDIA RELATION	100000759	Industry Assoc Dues	1.29
Peoples KY	Industry Association Dues	Jan 2020	KY EQ EXEC STAFF	100000759	Industry Assoc Dues	2.40
Peoples KY	Industry Association Dues	Feb 2020	KY EQ ACCTS PAYABLE	100001326	Industry Assoc Dues	5.26
Peoples KY	Industry Association Dues	Feb 2020	KY EQ MEDIA RELATION	100001326	Industry Assoc Dues	0.61
Peoples KY	Industry Association Dues	Feb 2020	KY EQ EXEC STAFF	100001326	Industry Assoc Dues	1.91
Peoples KY	Industry Association Dues	Feb 2020	KY EQ ACCTS PAYABLE	100001326	Industry Assoc Dues	5.26
Peoples KY	Industry Association Dues	Feb 2020	KY EQ ACCTS PAYABLE	100001326	Industry Assoc Dues	(5.26)
Peoples KY	Industry Association Dues	Feb 2020	KY EQ MEDIA RELATION	100001326	Industry Assoc Dues	(0.61)
Peoples KY	Industry Association Dues	Feb 2020	KY EQ EXEC STAFF	100001326	Industry Assoc Dues	(1.91)
Peoples KY	Industry Association Dues	Feb 2020	KY EQ MEDIA RELATION	100001326	Industry Assoc Dues	0.61
Peoples KY	Industry Association Dues	Feb 2020	KY EQ EXEC STAFF	100001326	Industry Assoc Dues	1.91
Peoples KY	Industry Association Dues	Mar 2020	KY EQ TREASURY	100001907	Industry Assoc Dues	6.24
Peoples KY	Industry Association Dues	Mar 2020	KY EQ RATES	100001907	Industry Assoc Dues	1.05
Peoples KY	Industry Association Dues	Mar 2020	KY EQ MEDIA RELATION	100001907	Industry Assoc Dues	26.59
Peoples KY	Industry Association Dues	Mar 2020	KY EQ EXEC STAFF	100001907	Industry Assoc Dues	0.64
Peoples KY	Industry Association Dues	Apr 2020	KY EQ MEDIA RELATION	100002582	Industry Assoc Dues	0.07
Peoples KY	Industry Association Dues	Apr 2020	KY EQ EXEC STAFF	100002582	Industry Assoc Dues	0.51
Peoples KY	Industry Association Dues	May 2020	KY EQ MEDIA RELATION	100003091	Industry Assoc Dues	0.07
Peoples KY	Industry Association Dues	Jun 2020	KY ACCTNG FINREPORT	100003705	Industry Assoc Dues	2.92
Peoples KY	Industry Association Dues	Jun 2020	KY EQ MEDIA RELATION	100003705	Industry Assoc Dues	0.20
Peoples KY	Industry Association Dues	Jun 2020	KY EQ EXEC STAFF	100003705	Industry Assoc Dues	3.48
Peoples KY	Industry Association Dues	Jul 2020	FP A	100004338	Industry Assoc Dues	1.37
Peoples KY	Industry Association Dues	Jul 2020	KY EQ REG LEGAL	100004338	Industry Assoc Dues	0.48
Peoples KY	Industry Association Dues	Jul 2020	KY EQ MEDIA RELATION	100004338	Industry Assoc Dues	3.20
Peoples KY	Industry Association Dues	Aug 2020	KY EQ MEDIA RELATION	100004850	Industry Assoc Dues	0.64
Peoples KY	Industry Association Dues	Sep 2019	KY EQ IT	100005493	Industry Assoc Dues	1.83
Peoples KY	Industry Association Dues	Sep 2019	KY EQ EXEC STAFF	100005493	Industry Assoc Dues	7.86
Peoples KY	Industry Association Dues	Oct 2019	KY ACCTNG FINREPORT	100006120	Industry Assoc Dues	0.81
Peoples KY	Industry Association Dues	Oct 2019	KY EQ EXEC STAFF	100006120	Industry Assoc Dues	1.84
Peoples KY	Industry Association Dues	Sep 2019	KY ACCTNG FINREPORT	100006666	Industry Assoc Dues	0.81

Peoples KY	Industry Association Dues	Sep 2019 KY EQ AUDITING	100006666	Industry Assoc Dues	0.80
Peoples KY	Industry Association Dues	Sep 2019 KY EQ EXEC STAFF	100006666	Industry Assoc Dues	2.94
Peoples KY	Industry Association Dues	Dec 2019 KY EQ IT APPLICATION	100007325	Industry Assoc Dues	9.66
Peoples KY	Industry Association Dues	Dec 2019 KY ACCTNG FINREPORT	100007325	Industry Assoc Dues	4.04
Peoples KY	Industry Association Dues	Dec 2019 FP A	100007325	Industry Assoc Dues	1.02
Peoples KY	Industry Association Dues	Dec 2019 KY EQ EXEC STAFF	100007325	Industry Assoc Dues	0.64
Peoples KY	Industry Association Dues	Mar 2020 KY EQ TREASURY	100001649	Industry Assoc Dues	28.67
					90,878.34

Schedule C3

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Analysis of Account No. 426 - Other Income Deductions
For the 12 Months Ended August 2020

Line No.	Item (a)	Amount (b)
1.	Donations	\$ 34,289.57
2.	Civic Activities	\$ 1,629.74
3.	Political Activities	
4.	Other	\$ 32,476.22
5.	Total	\$ 68,395.53

Vendor	Doc Number	Description	Fiscal year/period	Total
Clay Pipeline	180000033	Penalties - Other	MAY 2020	\$ (10,800.00)
Delta Energy Assistance Program	100001602	Donation - \$ Energy	FEB 2020	30,000.00
JACKSON ENERGY ELECTRIC	1900000276	Civic/Politic Actvty	FEB 2020	274.59
KENTUCKY CHAMBER OF COMMERCE	1900005505	Civic/Politic Actvty	NOV 2019	375.00
KENTUCKY LABOR CABINET	1900001935	Penalties - Other	APR 2020	10,800.00
KENTUCKY SOCIETY OF CPA'S	1900003174	Civic/Politic Actvty	JUL 2020	32.00
KENTUCKY STATE TREASURER	1900000938	Penalties-Operating	FEB 2020	4,000.00
KENTUCKY STATE TREASURER	1900002388	Penalties-Operating	MAY 2020	4,000.00
KENTUCKY STATE TREASURER	1900002537	Penalties-Operating	JUN 2020	4,000.00
KENTUCKY STATE TREASURER	1900002538	Penalties-Operating	JUN 2020	4,000.00
KENTUCKY STATE TREASURER	1900003080	Penalties-Operating	JUL 2020	4,000.00
KENTUCKY STATE TREASURER	1900003082	Penalties-Operating	JUL 2020	4,000.00
KENTUCKY STATE TREASURER	1900004760	Penalties-Operating	SEP 2019	4,000.00
KENTUCKY STATE TREASURER	1900005802	Penalties-Operating	NOV 2019	4,000.00
U S CHAMBER OF COMMERCE	1900004632	Civic/Politic Actvty	SEP 2019	200.00
Various vendors < \$500	100000562	Civic/Politic Actvty	JAN 2020	256.00
Various vendors < \$500	100000606	Donations 501(c)(3)	JAN 2020	125.00
Various vendors < \$500	100001368	Donations 501(c)(3)	FEB 2020	8.27
Various vendors < \$500	100001419	Donations 501(c)(3)	FEB 2020	250.00
Various vendors < \$500	100003575	Misc Emp Related Exp	MAY 2020	159.37
Various vendors < \$500	100011405	Donations 501(c)(3)	NOV 2019	125.00
Various vendors < \$500	100012474	Donations 501(c)(3)	DEC 2019	25.00
Various vendors < \$500	1900000016	Donations Non 501(c)	JAN 2020	125.00
Various vendors < \$500	1900000357	Donations Non 501(c)	JAN 2020	300.00
Various vendors < \$500	1900000374	Donations Non 501(c)	JAN 2020	50.00
Various vendors < \$500	1900000752	Civic/Politic Actvty	APR 2020	486.42
Various vendors < \$500	1900000809	Donations Non 501(c)	FEB 2020	75.00
Various vendors < \$500	1900001176	Donations 501(c)(3)	MAR 2020	75.00
Various vendors < \$500	1900001244	Donations 501(c)(3)	MAR 2020	250.00
Various vendors < \$500	1900001785	Donations 501(c)(3)	APR 2020	500.00
Various vendors < \$500	1900001819	Donations 501(c)(3)	APR 2020	500.00
Various vendors < \$500	1900002397	Civic/Politic Actvty	OCT 2019	274.59
Various vendors < \$500	1900004519	Donations 501(c)(3)	SEP 2019	500.00
Various vendors < \$500	1900005209	Donations Non 501(c)	OCT 2019	100.00
Various vendors < \$500	1900005449	Donations 501(c)(3)	OCT 2019	106.30
Various vendors < \$500	1900005493	Donations Non 501(c)	NOV 2019	50.00
Various vendors < \$500	1900005494	Donations 501(c)(3)	NOV 2019	50.00
Various vendors < \$500	1900005818	Donations 501(c)(3)	NOV 2019	500.00
Various vendors < \$500	1900005883	Donations 501(c)(3)	NOV 2019	500.00
Various vendors < \$500	1900006207	Donations 501(c)(3)	DEC 2019	75.00

KY EQ RESTRICTED	127672	Civic/Politic Actvty	FEB 2020	1.52
KY EQ RESTRICTED	127672	Civic/Politic Actvty	APR 2020	2.69
KY EQ RESTRICTED	116541	Civic/Politic Actvty	OCT 2019	1.52
TAXES - NON INCOME	8/19/20	Penalties	AUG 2020	42.26
				<hr/>
				\$ 68,395.53

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8. Provide an analysis of the utility's expenses for research and development activities for the base period and the three most recent calendar years. The analysis should include the following:
- a. The basis of fees paid to research organizations and the utility's portion of the total revenue of each organization. Where the contribution is monthly, provide the current rate and the effective date.
 - b. Details of the research activities conducted by each organization.
 - c. Details of services and other benefits provided to the utility by each organization.
 - d. Annual expenditures of each organization with a basic description of the nature of costs incurred by the organization.
 - e. Details of the expected benefits to the utility.

Response:

Delta has supported the research and development efforts of Gas Technology Institute ("GTI") for several years. GTI is an American non-profit research and development organization which develops, demonstrates, and licenses new energy technologies for private and public clients, with a particular focus on the natural gas industry. GTI is located in Des Plaines, Illinois. Through GTI and the UTD (Utilization Technology Development) group Delta annually selects research or product development projects that it wishes to co-fund. Two particular projects are selected each year from a list of several options. Delta makes its selections based on appliances or studies that it feels may offer the greatest benefit to its customers. It is thought that many of these new technologies will impact Delta's customers with greater operating efficiencies, less gas consumption and a positive environmental impact.

Funding for the GTI research and development program is from Delta's customers. This program is not an expense expenditure to Delta, therefore neither the base period nor the forecasted period contains any GTI expenses. A GTI R&D rider is applied to each customer's bill applicable to all customer classifications: residential, small non-residential, large non-residential, interruptible and all transportation by Delta under Delta's system transportation rate schedule. The unit charge applied to the bill is at a rate of \$0.002 per Mcf.

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- a. Delta's customers fund the program \$0.002 per Mcf. Collected payment is made annually to GTI. Below is a Delta Payment Chart:

Calendar Year Payment	Amount	Payment Date
2017	\$10,197.86	8/27/18
2018	\$11,063.68	9/13/19
2019	\$5,774.46	9/28/20
2020	\$5,150.04	Yet To Be Invoiced by GTI UTD

- b. Please see the attachment and the included Addendum provided by GTI UTD.
- c. GTI UTD, as described above, provides research and product development while giving the utility confidential progress reports and later documentation of a final paper and the results which can be made public. As an example, Delta is monitoring research regarding Gas Absorption Heat Pumps and Residential Kitchen Ventilation, which are of use to our customers.
- d. The attachment and the included Addendum highlight Delta's payment history and the funded projects. Please note that Delta collects the monies during a calendar year and is usually not invoiced until the late summer of the following year.
- e. Delta each year fully analyzes the list of proposed GTI UTD projects. Delta selects those that could be the most useful to the customers it serves in the Kentucky market. Delta tries to direct most of the UTD funds toward appliances and HVAC equipment in the residential sector that will one day make it to market. However, Delta is also interested in potential commercial and industrial equipment improvements that can affect economic development. We desire to be more competitive for customer growth and at the same time see improvements that benefit those that we provide gas service. Efficiency, lower operating costs and impacting the environment are all important as a responsible energy provider. Customer satisfaction with Delta's service and the energy value we provide are all important to making life better for those that we serve.

Sponsoring Witness:

John B. Brown

UTD Agreement No. UTD CF-2

EXHIBIT A
2020 UTD Cofunding Form

Company Name: Delta Natural Gas

Company Address: 3617 Lexington Road
Winchester, KY 40391-9706

Company Representative (CR): Mr. John B. Brown

CR Title: President

Signature: _____ Date: _____

Phone: 859-744-6171 x1116 Fax: 859-744-3623 E-mail: jbrown@deltagas.com

Payment of the funding amount shall constitute written acceptance of the terms and conditions of this amendment to the CoFunding Agreement (UTD CF-2). The project/funding noted below shall be subject to all terms and conditions of the original UTD Cofunding Agreement No. UTD CF-2, and its Exhibits and Addendums.

Project Title	Total 2020 Cofunding Contribution US \$	Technical Representative
(1.11.H) Residential Gas Absorption Heat Pump Water Heater – Phase 5: Component Enhancements	\$2,887.23	Jeff Steele
(1.18.H) Economical High-Efficiency Residential Gas Absorption Heat Pump With Integrated Cooling – Phase 2	\$2,887.23	Jeff Steele

Please return this completed form to:

Rich Kooy, P.E.
Vice President Operations
Utilization Technology Development, NFP
1700 South Mount Prospect Road
Des Plaines, IL 60018
rich.kooy@gastechnology.org

UTD Agreement No. UTD CF-2

EXHIBIT A 2019 UTD Cofunding Form

Company Name: Delta Natural Gas

Company Address: 3617 Lexington Road
Winchester, KY 40391-9706

Company Representative (CR): Mr. John B. Brown

CR Title: President

Signature: _____ Date: _____

Phone: 859-744-6171 x1116 Fax: 859-744-3623 E-mail: jbrown@deltagas.com

Payment of the funding amount shall constitute written acceptance of the terms and conditions of this amendment to the CoFunding Agreement (UTD CF-2). The project/funding noted below shall be subject to all terms and conditions of the original UTD Cofunding Agreement No. UTD CF-2, and its Exhibits and Addendums.

Project Title	Total 2019 Cofunding Contribution US \$	Technical Representative
(1.11.H) Residential Gas Absorption Heat Pump Water Heater – Phase 5: Component Enhancements	\$5,531.84	Jeff Steele
(1.18.H) Economical High-Efficiency Residential Gas Absorption Heat Pump With Integrated Cooling – Phase 2	\$5,531.84	Jeff Steele

Please return this completed form to:

Rich Kooy, P.E.
 Vice President Operations
 Utilization Technology Development, NFP
 1700 South Mount Prospect Road
 Des Plaines, IL 60018
 rich.kooy@gastechnology.org

UTD Agreement No. UTD CF-2

ADDENDUM TO EXHIBIT A OF UTD AGREEMENT NO. UTD CF-2:
SUMMARY OF PROJECT COFUNDING PARTICIPATION
2006-2020 PROJECTS

Project	Technical Representative	Amount of Cofunding
(2.E) Field Demonstration of Prototype Super Boiler (2006)	Johnny Caudill	\$6,078.27
(1.6.K) GAX Heat Pump Testing (2006)	Johnny Caudill	\$6,078.27
(1.9.E) Residential Hybrid Gas-Solar Water Heating System Demonstrations (2009)	Johnny Caudill	\$33,309.61
(1.9.A) High Efficiency Gas Heating Rooftop Package (2011)	Johnny Caudill	\$5,638.54
(1.11.G) Integrated Contact Condensing Water Heater (2011)	Johnny Caudill	\$5,638.54
(1.12.I) Gas Options for Super-Efficient Dryer (1.11.T next phase) (2012)	Johnny Caudill	\$5,188.61
(1.12.P) Combo Systems Enhancement (2012)	Johnny Caudill	\$5,188.61
(1.13.F) Application of Innovative Gas Heat Pump Design to Space Conditioning (2013)	Johnny Caudill	\$4,884.39
(1.13.G) Increasing Commercial RTU Thermal Efficiency Above 90% (2013)	Johnny Caudill	\$4,884.39
(1.14.J) Multifamily Infrastructure Challenges	Johnny Caudill	\$5,899.31
(1.14.L) Impact Evaluation of the New Federal Standard on Gas Water Heating	Johnny Caudill	\$5,899.30
(1.11.G) Low Cost Condensing Prototype	Jeff Steele	\$5,190.00
(1.15.G) Residential Kitchen Cooking Ventilation Effectiveness	Jeff Steele	\$5,190.25
(1.15.H - second phase) Maintenance-Free Tankless Heat Exchangers - Coatings Development	Jeff Steele	\$9,000.00
(2.16.A) Next Generation Infrared Burner	Jeff Steele	\$9,000.00
(1.13.F - Phase 3) Gas Absorption Heat Pump for Space Conditioning - Beta Unit Combination Field Demonstration	Jeff Steele	\$8,120.26
(1.14.J - Phase 3) Multifamily Infrastructure Challenges	Jeff Steele	\$8,120.26
(1.11.H) Residential Gas Absorption Heat Pump Water Heater – Phase 5: Component Enhancements	Jeff Steele	\$8,419.07
(1.18.H) Economical High-Efficiency Residential Gas Absorption Heat Pump With Integrated Cooling – Phase 2	Jeff Steele	\$8,419.07
TOTAL COFUNDING		\$150,146.75

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9. Provide the following information for the most recent calendar year concerning the utility and any affiliated service corporation or corporate service division/unit:
- a. A schedule detailing the costs charged, either directly or allocated, by the utility to the service corporation. Indicate the utility's accounts in which these costs were originally recorded. For costs that are allocated, include a description of the allocation factors utilized.
 - b. A schedule detailing the costs charged, either directly or allocated, by the service corporation to the utility. Identify the utility's accounts in which these costs are allocated, include a description of the allocation factors utilized.

Response:

Delta does not have an affiliated service corporation or a corporate service division/unit.

- a. Not applicable.
- b. Not applicable.

Sponsoring Witness:

Andrea Schroeder

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10. Provide the following information for the most recent calendar year concerning all affiliate-related activities not identified in response to Item 9:
- a. The names of affiliates that provided some form of service to the utility and the type of service the utility received from each affiliate.
 - b. The names of affiliates to whom the utility provided some form of service and the type of service the utility provided to each affiliate.
 - c. Identify the service agreement with each affiliate, state whether the service agreement has been previously filed with the Commission, and identify the proceeding in which it was filed. Provide each service agreement that has not been previously filed with the Commission.

Response:

- a. PNG Companies LLC and Essential Utilities, Inc. provide administrative, management and other services to Delta.
- b. Delta provides natural gas transportation, natural gas liquids processing, administrative, management and other services to its affiliates Delta Resources, LLC, Delgasco, LLC, and Enpro, LLC.
- c. Service agreements are listed below for each affiliate for calendar year 2020.

Affiliate	Service Agreement	Filing Reference
PNG Companies LLC, Peoples Gas KY LLC, Delta Resources, LLC, Delgasco, LLC, and Enpro, LLC	Utility Services Agreement	Filed and approved in Case No. 2018-00379

Sponsoring Witness:

William Packer / Andrea Schroeder

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11. Describe the utility's lobbying activities and provide a schedule showing the name, salary, and job title of each individual whose job function involves lobbying on the local, state, or national level.

Response:

Capital Link Consultants, through Greg Coker, provides, among other things, lobbying services to Delta. The base period contains \$26,550 of payments to Capital Link for representation before governmental agencies and legislative bodies at local, state and federal levels on matters directly related to the Company and the conduct of its business. Greg Coker also provides functional representation of the Company at and participation in civic, charitable and community events, monitoring the legislative and regulatory processes, responding to inquiries by federal, state and local governmental agencies and legislative bodies and participation in industry meetings/conferences and assistance in working with local and state media outlets as well as other public relations activities. The \$7,350 paid to Capital Link for lobbying has been removed from operating expenses and charged below the line.

Sponsoring Witness:

John B. Brown

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12. Provide the following information concerning the costs for the preparation of this case:
- a. A detailed schedule of expenses incurred to date for the following categories:
 - (1) Accounting;
 - (2) Engineering;
 - (3) Legal;
 - (4) Consultants; and
 - (5) Other Expenses (Identify separately).
 - b. For each category identified in Item 12.a., the schedule should include the date of each transaction, check number or other document reference, the vendor, the hours worked, the rates per hour, amount, a description of the services performed, and the account number in which the expenditure was recorded. Provide copies of contracts or other documentation that support charges incurred in the preparation of this case. Identify any costs incurred for this case that occurred during the base period.
 - c. An itemized estimate of the total cost to be incurred for this case. Expenses should be broken down into the same categories as identified in Item 12.a., with an estimate of the hours to be worked and the rates per hour. Include a detailed explanation of how the estimate was determined, along with all supporting workpapers and calculations.
 - d. Provide monthly updates of the actual costs incurred in conjunction with this rate case, reported in the manner requested in Items 12.a. and 12.b., and a cumulative total of cost incurred to date for each category. Updates will be due when the utility files its monthly financial statements with the Commission, through the month of the public hearing.

Response:

- a. See attached.
- b. See attached.
- c. See attached. Delta's estimates are based on historical data and discussions with

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the service providers and consultants.

d. Delta will provide monthly updates as requested.

Sponsoring Witness:

John B. Brown

Delta Natural Gas Company, Inc.

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Schedule of Rate Case Preperation Costs

Response to Commisson's Order

Dated

<u>Date</u>	<u>Invoice #</u>	<u>Vendor Name</u>	<u>Hours (1)</u>	<u>Rate/Hr.</u>	<u>Amount</u>	<u>Description</u>	<u>Object Name</u>	<u>WBS Element</u>	<u>Cost Element</u>	<u>Cost Element Name</u>
2/2/2021	946940	Stoll Kennon & Ogden	5.7	\$330.00	\$1,881	Professional legal service - Member	2021 Delta Rate Case Expenses	2021DELTARATECASE	5303220	Legal Service
2/2/2021	946940	Stoll Kennon & Ogden	3.3	\$240.00	\$792.00	Professional legal service - Paralegal	2021 Delta Rate Case Expenses	2021DELTARATECASE	5303220	Legal Service
2/2/2021	946941	Stoll Kennon & Ogden	10.9	\$330.00	\$3,597.00	Professional legal service - Member	2021 Delta Rate Case Expenses	2021DELTARATECASE	5303220	Legal Service
2/2/2021	946941	Stoll Kennon & Ogden	6.1	\$275.00	\$1,677.50	Professional legal service - Associate	2021 Delta Rate Case Expenses	2021DELTARATECASE	5303220	Legal Service
4/5/2021	950867	Stoll Kennon & Ogden	6	\$330.00	\$1,980.00	Professional legal service -Member	2021 Delta Rate Case Expenses	2021DELTARATECASE	5303220	Legal Service
4/5/2021	950867	Stoll Kennon & Ogden	5.2	\$275.00	\$1,430.00	Professional legal services - Associate	2021 Delta Rate Case Expenses	2021DELTARATECASE	5303220	Legal Service
5/5/2021	953018	Stoll Kennon & Ogden	13	\$330.00	\$4,290.00	Professional legal service - Member	2021 Delta Rate Case Expenses	2021DELTARATECASE	5303220	Legal Service
5/5/2021	953018	Stoll Kennon & Ogden	1.6	\$275.00	\$440.00	Professional legal service - Associate	2021 Delta Rate Case Expenses	2021DELTARATECASE	5303220	Legal Service
5/5/2021	953018	Stoll Kennon & Ogden	0.5	\$240.00	\$120.00	Professional legal service - Paralegal	2021 Delta Rate Case Expenses	2021DELTARATECASE	5303220	Legal Service

Total Outside Legal Expenses	\$16,207.50
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2/1/2021	ID 2-1-21	The Prime Group	6	\$230.00	\$1,380.00	Consulting work related to rate case	2021 Delta Rate Case Expenses	2021DELTARATECASE	5303310	Consultant Services
2/1/2021	ID 2-1-21	The Prime Group	1.5	\$230.00	\$231.50	Consulting work related to rate case	2021 Delta Rate Case Expenses	2021DELTARATECASE	5303310	Consultant Services
4/1/2021	ID 4-1-21	The Prime Group	15	\$230.00	\$3,450.00	Consulting work related to rate case	2021 Delta Rate Case Expenses	2021DELTARATECASE	5303310	Consultant Services
4/1/2021	ID 4-1-21	The Prime Group	25.5	\$200.00	\$5,100.00	Consulting work related to rate case	2021 Delta Rate Case Expenses	2021DELTARATECASE	5303310	Consultant Services
4/1/2021	ID 4-1-21	The Prime Group	20	\$170.00	\$3,400.00	Consulting work related to rate case	2021 Delta Rate Case Expenses	2021DELTARATECASE	5303310	Consultant Services
5/1/2021	ID 5-1-21	The Prime Group	6	\$230.00	\$1,380.00	Consulting work related to rate case	2021 Delta Rate Case Expenses	2021DELTARATECASE	5303310	Consultant Services
5/1/2021	ID 5-1-21	The Prime Group	24	\$200.00	\$4,800.00	Consulting work related to rate case	2021 Delta Rate Case Expenses	2021DELTARATECASE	5303310	Consultant Services
5/1/2021	ID 5-1-21	The Prime Group	10	\$170.00	\$1,700.00	Consulting work related to rate case	2021 Delta Rate Case Expenses	2021DELTARATECASE	5303310	Consultant Services
5/1/2021	ID 5-1-21	The Prime Group	3	\$170.00	\$510.00	Consulting work related to rate case	2021 Delta Rate Case Expenses	2021DELTARATECASE	5303310	Consultant Services
6/1/2021	ID 6-1-21	The Prime Group	115	\$230.00	\$26,450.00	Consulting work related to rate case	2021 Delta Rate Case Expenses	2021DELTARATECASE	5303310	Consultant Services
6/1/2021	ID 6-1-21	The Prime Group	119	\$200.00	\$23,800.00	Consulting work related to rate case	2021 Delta Rate Case Expenses	2021DELTARATECASE	5303310	Consultant Services
6/1/2021	ID 6-1-21	The Prime Group	18.5	\$170.00	\$3,145.00	Consulting work related to rate case	2021 Delta Rate Case Expenses	2021DELTARATECASE	5303310	Consultant Services
6/1/2021	ID 6-1-21	The Prime Group	5	\$170.00	\$850.00	Consulting work related to rate case	2021 Delta Rate Case Expenses	2021DELTARATECASE	5303310	Consultant Services

The Prime Group Total	\$76,196.50
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			<u>Bill Days</u>	<u>Daily Rate</u>						
4/16/2021	2841804162021	Regulated Capital Consultants, LLC	0.4375	\$2,600.00	\$1,137.50	Consulting work related to rate case	2021 Delta Rate Case Expenses	2021DELTARATECASE	5303310	Consultant Services
4/16/2021	2841804162021	Regulated Capital Consultants, LLC	1.875	\$2,600.00	\$4,875.00	Consulting work related to rate case	2021 Delta Rate Case Expenses	2021DELTARATECASE	5303310	Consultant Services
4/23/2021	2841804232021	Regulated Capital Consultants, LLC	0.5	\$2,600.00	\$2,600.50	Consulting work related to rate case	2021 Delta Rate Case Expenses	2021DELTARATECASE	5303310	Consultant Services

4/30/2021	2841804302021	Regulated Capital Consultants, LLC	0.625	\$2,600.00	\$2,600.63	Consulting work related to rate case	2021 Delta Rate Case Expenses	2021DELTARATECASE	5303310	Consultant Services
5/7/2021	2841805072021	Regulated Capital Consultants, LLC	0.9375	\$2,600.00	\$2,437.50	Consulting work related to rate case	2021 Delta Rate Case Expenses	2021DELTARATECASE	5303310	Consultant Services
5/21/2021	2841805212021	Regulated Capital Consultants, LLC	0.25	\$2,600.00	\$2,600.25	Consulting work related to rate case	2021 Delta Rate Case Expenses	2021DELTARATECASE	5303310	Consultant Services
5/28/2021	2841805282021	Regulated Capital Consultants, LLC	2.215	\$2,600.00	\$2,602.22	Consulting work related to rate case	2021 Delta Rate Case Expenses	2021DELTARATECASE	5303310	Consultant Services

Regulated Capital Total				\$18,853.59						
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Hours (1)	Rate/Hr.
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6/2/2021	1	P. Moul & Associates	97	\$320.00	\$31,040.00	Consulting work related to rate case	2021 Delta Rate Case Expenses	2021DELTARATECASE	5303310	Consultant Services
6/2/2021	1	P. Moul & Associates	17.75	\$84.00	\$1,491.00	Consulting work related to rate case	2021 Delta Rate Case Expenses	2021DELTARATECASE	5303310	Consultant Services

P.Moul & Assoc. Total				\$32,531.00						
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Total Outside Consultant Expenses				\$143,788.59						
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5/14/2021	246730	Kentucky Secretary of State		\$10.00		Certificate of Existance	2021 Delta Rate Case Expenses	2021DELTARATECASE		State Authorization
5/28/2021		Delta Travel Expense J. Morphew		\$58.72		Travel Meals Employee 50% Non-Ded	2021 Delta Rate Case Expenses	2021DELTARATECASE	5302015	Travel Expenses

Delta Internal Expenses				\$68.72						
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Total Expenses				\$143,857.31						
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RECEIVED
FEB 09 2021
BY:

STOLL · KEENON · OGDEN
PLLC
300 West Vine Street
Suite 2100
Lexington, Kentucky 40507-1801
(859) 231-3000
Tax Id # 61-0421389
February 2, 2021

Delta Natural Gas Company, Inc.
Attn: John Brown, President
3617 Lexington Road
Winchester KY 40391

INVOICE NO.: 946940
SKO File No.: 5522/167632

PAYMENT REMITTANCE

Payments via regular mail:

STOLL · KEENON · OGDEN PLLC
P.O. Box 11969
Lexington, Kentucky 40579-1969

Payments via ACH or EFT:

Stoll Keenon Ogden PLLC IOLTA Account
Fifth Third Bank, Cincinnati OH
ABA/Bank Routing Number: [REDACTED] 1190
Account Number: [REDACTED] 7322
Please reference your account and invoice numbers.
Email remittance notice or questions to
payments@skofirm.com

Re: Peoples Gas Change of Control & Rate Case

Our Reference: 005522/167632/MLB/2400
Fees rendered this bill

\$ 2,673.00

Total Current Charges This Matter

KS \$ 2,673.00

Route - JTB

STOLL · KEENON · OGDEN
PLLC
300 West Vine Street
Suite 2100
Lexington, Kentucky 40507-1801
(859) 231-3000
Tax Id # 61-0421389

February 2, 2021

Delta Natural Gas Company, Inc.
 Attn: John Brown, President
 3617 Lexington Road
 Winchester KY 40391

INVOICE NO.: 946940
 SKO File No.: 5522/167632

MATTER NAME: Peoples Gas Change of Control & Rate Case

TOTAL FEES FOR PROFESSIONAL SERVICES PER ATTACHED 2,673.00

TOTAL CHARGES FOR EXPENSES AND OTHER SERVICES
 PER ATTACHED 0.00

INVOICE TOTAL \$ 2,673.00

TOTAL BALANCE DUE \$2,673.00

BILL DATE: February 2, 2021

Delta Natural Gas Company, Inc.
 Attn: John Brown, President
 3617 Lexington Road
 Winchester, KY 40391

Peoples Gas Change of Control & Rate Cas**LEGAL FEES**

DATE	IND	DESCRIPTION OF SERVICE	HOURS	RATE	AMOUNT
01/15/21	MLB	Review data requests tendered by Commission; emails with J. Brown	0.30	330.00	\$ 99.00
01/17/21	MLB	Work on data responses	0.30	330.00	99.00
01/19/21	MLB	Work on responses to data requests	0.70	330.00	231.00
01/20/21	MLB	Work on responses to data requests and send to client	0.20	330.00	66.00
01/21/21	MLB	Research FERC-account level issues	0.80	330.00	264.00
01/24/21	MLB	Work on responses to PSC data requests	0.60	330.00	198.00
01/25/21	MLB	Work on data responses; phone call with M. Turzai and J. Brown	0.40	330.00	132.00
01/26/21	MLB	Discuss data responses with J. Brown; review and provide comments to data responses	1.10	330.00	363.00
01/27/21	MLB	Emails with E. Bennett regarding witness verifications	0.20	330.00	66.00
01/28/21	MLB	Work on data responses	0.60	330.00	198.00
01/28/21	MML	Communication with M. Braun regarding responses to data requests and begin to work on same	0.30	240.00	72.00
01/29/21	MLB	Work on data responses; draft cover letter; file responses; emails regarding supplemental response to 21b	0.50	330.00	165.00
01/29/21	MML	Review, prepare and finalize responses and attachments to PSC's first data requests; communications with M. Braun regarding same	3.00	240.00	720.00

DATE	IND	DESCRIPTION OF SERVICE	HOURS	RATE	AMOUNT
SUBTOTAL			<u>9.00</u>		<u>\$2,673.00</u>

EXPENSES AND OTHER SERVICES

DATE	DESCRIPTION	AMOUNT
SUBTOTAL		<u>0.00</u>

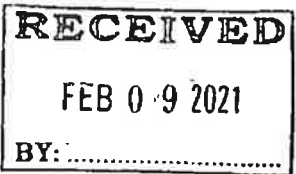
GRAND TOTAL:

\$2,673.00

RS

ATTORNEY/PARALEGAL SUMMARY

TIMEKEEPER	RANK	HOURS	RATE	AMOUNT
M. Braun	Member	5.70	330.00	\$1,881.00
M. M Loy	Paralegal	3.30	240.00	\$792.00



STOLL · KEENON · OGDEN
PLLC
300 West Vine Street
Suite 2100
Lexington, Kentucky 40507-1801
(859) 231-3000
Tax Id # 61-0421389
February 2, 2021

Delta Natural Gas Company, Inc.
Attn: John Brown, President
3617 Lexington Road
Winchester KY 40391

INVOICE NO.: 946941
SKO File No.: 5522/168474

PAYMENT REMITTANCE

Payments via regular mail:

STOLL · KEENON · OGDEN PLLC
P.O. Box 11969
Lexington, Kentucky 40579-1969

Payments via ACH or EFT:

Stoll Keenon Ogden PLLC IOLTA Account
Fifth Third Bank, Cincinnati OH
ABA/Bank Routing Number: [REDACTED] 1190
Account Number: [REDACTED] 7322
Please reference your account and invoice numbers.
Email remittance notice or questions to
payments@skofirm.com

Re: 2021 Rate Case

Our Reference: 005522/168474/MLB/1008
Fees rendered this bill

\$ 4,747.05

Total Current Charges This Matter

\$ 4,747.05

KS

Route - JB

STOLL · KEENON · OGDEN

PLLC

300 West Vine Street

Suite 2100

Lexington, Kentucky 40507-1801

(859) 231-3000

Tax Id # 61-0421389

February 2, 2021

Delta Natural Gas Company, Inc.
Attn: John Brown, President
3617 Lexington Road
Winchester KY 40391

INVOICE NO.: 946941
SKO File No.: 5522/168474

MATTER NAME: 2021 Rate Case

TOTAL FEES FOR PROFESSIONAL SERVICES PER ATTACHED 5,274.50

COURTESY REDUCTION (527.45)

TOTAL CHARGES FOR EXPENSES AND OTHER SERVICES PER ATTACHED 0.00

INVOICE TOTAL \$ 4,747.05

TOTAL BALANCE DUE \$4,747.05

KSO

BILL DATE: February 2, 2021

Delta Natural Gas Company, Inc.
 Attn: John Brown, President
 3617 Lexington Road
 Winchester, KY 40391

2021 Rate Case**LEGAL FEES**

DATE	IND	DESCRIPTION OF SERVICE	HOURS	RATE	AMOUNT
01/12/21	MLB	Prepare filing requirements tracking list; send to J. Brown with other recommendations for rate case preparation process	2.60	330.00	\$ 858.00
01/13/21	MLB	Prepare estimated procedural schedule for rate case	1.40	330.00	462.00
01/14/21	MLB	Emails with J. Brown regarding ROE issues	0.20	330.00	66.00
01/20/21	MLB	Emails with J. Brown and A. McKenzie regarding ROE issues; research ROE witnesses	0.50	330.00	165.00
01/24/21	MLB	Complete and send research regarding Cash Working Capital to J. Brown; assist with presentation for kickoff meeting	2.30	330.00	759.00
01/26/21	MLB	Discuss ROE issues with J. Brown; discuss needed research with K. Brown	0.30	330.00	99.00
01/26/21	KLB	Began compiling testimony history of potential Return on Equity witnesses	1.10	275.00	302.50
01/27/21	MLB	Review ROE research and send email to J. Brown regarding same	0.30	330.00	99.00
01/27/21	KLB	Compiled spreadsheet of testimony history for potential Return on Equity witnesses	5.00	275.00	1,375.00
01/28/21	MLB	Emails regarding ROE issues with J. Brown and potential consultant; draft planning materials for kickoff; phone call with J. Brown regarding application and testimony	1.80	330.00	594.00
01/29/21	MLB	Attend and present during rate case kickoff meeting	1.50	330.00	495.00

DATE	IND	DESCRIPTION OF SERVICE	HOURS	RATE	AMOUNT
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SUBTOTAL			<u>17.00</u>		<u>\$5,274.50</u>
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EXPENSES AND OTHER SERVICES

DATE	DESCRIPTION	AMOUNT
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SUBTOTAL		<u>0.00</u>
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GRAND TOTAL:		<u>\$5,274.50</u>
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ATTORNEY/PARALEGAL SUMMARY

TIMEKEEPER	RANK	HOURS	RATE	AMOUNT
M. Braun	Member	10.90	330.00	\$3,597.00
K. L. Brown	Associate	6.10	275.00	\$1,677.50

STOLL · KEENON · OGDEN
PLLC
300 West Vine Street
Suite 2100
Lexington, Kentucky 40507-1801
(859) 231-3000
Tax Id # 61-0421389
April 5, 2021

Route - JB

Delta Natural Gas Company, Inc.
Attn: John Brown, President
3617 Lexington Road
Winchester KY 40391

INVOICE NO.: 950867
SKO File No.: 5522/168474

PAYMENT REMITTANCE

Payments via regular mail:

STOLL · KEENON · OGDEN PLLC
P.O. Box 11969
Lexington, Kentucky 40579-1969

Payments via ACH or EFT:

Stoll Keenon Ogden PLLC IOLTA Account
Fifth Third Bank, Cincinnati OH
ABA/Bank Routing Number: [REDACTED] 190
Account Number: [REDACTED] 7322
Please reference your account and invoice numbers.
Email remittance notice or questions to
payments@skofirm.com

Re: 2021 Rate Case

Our Reference: 005522/168474/MLB/1008
Fees rendered this bill

\$ 3,069.00

Total Current Charges This Matter

\$ 3,069.00 *KS*

JKM

4-14-21

STOLL · KEENON · OGDEN

PLLC

300 West Vine Street

Suite 2100

Lexington, Kentucky 40507-1801

(859) 231-3000

Tax Id # 61-0421389

April 5, 2021

Delta Natural Gas Company, Inc.
Attn: John Brown, President
3617 Lexington Road
Winchester KY 40391

INVOICE NO.: 950867
SKO File No.: 5522/168474

MATTER NAME: 2021 Rate Case

TOTAL FEES FOR PROFESSIONAL SERVICES PER ATTACHED 3,410.00

COURTESY REDUCTION (341.00)

TOTAL CHARGES FOR EXPENSES AND OTHER SERVICES PER ATTACHED 0.00

INVOICE TOTAL \$ 3,069.00

TOTAL BALANCE DUE \$3,069.00

BILL DATE: April 5, 2021

Delta Natural Gas Company, Inc.
 Attn: John Brown, President
 3617 Lexington Road
 Winchester, KY 40391

2021 Rate Case**LEGAL FEES**

<u>DATE</u>	<u>IND</u>	<u>DESCRIPTION OF SERVICE</u>	<u>HOURS</u>	<u>RATE</u>	<u>AMOUNT</u>
03/10/21	MLB	Phone call with S. Seelye regarding rate design issues	0.30	330.00	\$ 99.00
03/24/21	MLB	Research and send summary to client regarding compensation issues	1.40	330.00	462.00
03/25/21	MLB	Review compensation plans; emails with D. Lirio regarding same	0.80	330.00	264.00
03/29/21	MEW	Researched incentive plan issue	0.50	275.00	137.50
03/30/21	MLB	Prepare for and attend status call with team; emails with J. Brown regarding tariff issues; review M. Wimberly's memorandum regarding compensation issues; emails with J. Brown regarding base period	2.90	330.00	957.00
03/30/21	MEW	Drafted memo re incentive compensation	4.40	275.00	1,210.00
03/31/21	MLB	Emails with J. Brown regarding base period; revise memorandum regarding compensation questions and send to J. Brown	0.60	330.00	198.00
03/31/21	MEW	Edited memo re incentive compensation based on edits from Ms. Braun	0.30	275.00	82.50
SUBTOTAL			11.20		\$3,410.00

EXPENSES AND OTHER SERVICES

<u>DATE</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
SUBTOTAL		0.00
GRAND TOTAL:		\$3,410.00

ATTORNEY/PARALEGAL SUMMARY

TIMEKEEPER	RANK	HOURS	RATE	AMOUNT
M. Braun	Member	6.00	330.00	\$1,980.00
M. Wimberly	Associate	5.20	275.00	\$1,430.00

STOLL · KEENON · OGDEN
PLLC
300 West Vine Street
Suite 2100
Lexington, Kentucky 40507-1801
(859) 231-3000
Tax Id # 61-0421389
May 5, 2021

Route - JB

Delta Natural Gas Company, Inc.
Attn: John Brown, President
3617 Lexington Road
Winchester KY 40391

INVOICE NO.: 953018
SKO File No.: 5522/168474

PAYMENT REMITTANCE

Payments via regular mail:

STOLL · KEENON · OGDEN PLLC
P.O. Box 11969
Lexington, Kentucky 40579-1969

Payments via ACH or EFT:

Stoll Keenon Ogden PLLC IOLTA Account
Fifth Third Bank, Cincinnati OH
ABA/Bank Routing Number: [REDACTED] 190
Account Number: [REDACTED] 322
Please reference your account and invoice numbers.
Email remittance notice or questions to
payments@skofirm.com

Re: 2021 Rate Case

Our Reference: 005522/168474/MLB/1008

Fees rendered this bill

\$ 4,365.00

Total Current Charges This Matter

\$ 4,365.00

198

STOLL · KEENON · OGDEN

PLLC

300 West Vine Street

Suite 2100

Lexington, Kentucky 40507-1801

(859) 231-3000

Tax Id # 61-0421389

May 5, 2021

Delta Natural Gas Company, Inc.
Attn: John Brown, President
3617 Lexington Road
Winchester KY 40391

INVOICE NO.: 953018
SKO File No.: 5522/168474

MATTER NAME: 2021 Rate Case

TOTAL FEES FOR PROFESSIONAL SERVICES PER ATTACHED 4,850.00

COURTESY REDUCTION (485.00)

TOTAL CHARGES FOR EXPENSES AND OTHER SERVICES PER ATTACHED 0.00

INVOICE TOTAL \$ 4,365.00

TOTAL BALANCE DUE \$4,365.00

BILL DATE: May 5, 2021

Delta Natural Gas Company, Inc.
 Attn: John Brown, President
 3617 Lexington Road
 Winchester, KY 40391

2021 Rate Case**LEGAL FEES**

DATE	IND	DESCRIPTION OF SERVICE	HOURS	RATE	AMOUNT
04/05/21	MLB	Emails with J. Brown regarding filing requirements	0.60	330.00	\$ 198.00
04/12/21	MLB	Draft Application for adjustment of rates and CPCN	2.30	330.00	759.00
04/13/21	MLB	Review Long Term Incentive Plan documents and analyze same	0.40	330.00	132.00
04/14/21	MLB	Revise rate case timeline and milestones	0.80	330.00	264.00
04/14/21	MEW	Edited memo re incentive compensation to add two additional types of incentive compensation	1.20	275.00	330.00
04/16/21	MLB	Review M. Wimberly's revised memorandum regarding compensation and send to J. Brown; review prior filings related to tax issues	1.30	330.00	429.00
04/16/21	MEW	Prepared incentive compensation memo to send to client; Accepted edits and edited memo	0.40	275.00	110.00
04/19/21	MLB	Draft notice of intent to file rate case; emails with M. Loy regarding e-filing notice	0.40	330.00	132.00
04/20/21	MML	Communication with M. Braun; review notice of filing; prepare notice of election of electronic service	0.50	240.00	120.00
04/20/21	MLB	Work on rate case customer notice and notices of intent	1.80	330.00	594.00
04/21/21	MLB	Email to J. Brown regarding base period and forecast period issues; review regulations regarding same; emails regarding newspaper notice requirements	0.90	330.00	297.00

DATE	IND	DESCRIPTION OF SERVICE	HOURS	RATE	AMOUNT
04/22/21	MLB	Emails with J. Brown regarding debt issues; emails regarding public notice	0.30	330.00	99.00
04/26/21	MLB	Work on proposed tariff revisions	2.20	330.00	726.00
04/27/21	MLB	Emails with J. Brown regarding notice of intent; finalize same	0.20	330.00	66.00
04/28/21	MLB	File notice of intent with PSC and email copy to AG; draft notice to municipalities pursuant to franchise agreements and review said agreements; work on application	1.60	330.00	528.00
04/29/21	MLB	Emails with J. Steele regarding rate case expense adjustment	0.20	330.00	66.00
SUBTOTAL			15.10		\$4,850.00

EXPENSES AND OTHER SERVICES

DATE	DESCRIPTION	AMOUNT
SUBTOTAL		0.00
GRAND TOTAL:		\$4,850.00

ATTORNEY/PARALEGAL SUMMARY

TIMEKEEPER	RANK	HOURS	RATE	AMOUNT
M. Braun	Member	13.00	330.00	\$4,290.00
M. Wimberly	Associate	1.60	275.00	\$440.00
M. M Loy	Paralegal	0.50	240.00	\$120.00

The Prime Group

Invoice for Services Rendered

Invoice Date: February 1, 2021

To: Delta Natural Gas
3617 Lexington Road
Winchester, KY 40391

Route - JB

Attn: Mr. John Brown

6.00 hours of consulting work by Steve Seelye @ \$230.00/hour during January for reviewing the People's Farm-Tap case with Delta Natural Gas. \$ 1,380.00

1.50 hours of consulting work by Steve Seelye @ \$230.00/hour during January for Rate Case support for Delta Natural Gas. \$ 345.00

Total Amount due for January \$ 1,725.00 *KS*

Please remit payment to: The Prime Group, LLC
P.O. Box 837
Crestwood, KY 40014-0837

Please note that a Late Payment Charge of 3% will be applied to the net amount owed if payment is not received within 60 days of the billing date specified above.

Rate Case
[Signature]
2-15-21

■ The Prime Group ■

February 1, 2021

Mr. John Brown
Delta Natural Gas
3617 Lexington Road
Winchester, KY 40391

Dear John:

Enclosed is an invoice for the consulting services that The Prime Group has provided during January reviewing the Peoples Farm-Tap case and providing rate case support for Delta Natural Gas. Thank you for giving us the opportunity to work with you on this project.

Sincerely,



Jeff Wernert
Principal

Enclosure

The Prime Group

Invoice for Services Rendered

Invoice Date: May 1, 2021

To: Delta Natural Gas
3617 Lexington Road
Winchester, KY 40391

Route- JB

Attn: Mr. John Brown

6.00 hours of consulting work by Steve Seelye @ \$230.00/hour during April for Rate Case preparation and working on a depreciation study for Delta Natural Gas. \$ 1,380.00

24.00 hours of consulting work by Larry Feltner @ \$200.00/hour during April for Rate Case preparation for Delta Natural Gas. \$ 4,800.00

10.00 hours of consulting work by Eric Blake @ \$170.00/hour during April assisting Seelye and Feltner with a depreciation study and cost of service study for Delta Natural Gas. \$ 1,700.00

3.00 hours of consulting work by Jeff Wernert @ \$170.00/hour during April assisting Seelye with a depreciation study for Delta Natural Gas. \$ 510.00

Total Amount due for April \$ 8,390.00 *JP*

Please remit payment to: The Prime Group, LLC
P.O. Box 837
Crestwood, KY 40014-0837



Please note that a Late Payment Charge of 3% will be applied to the net amount owed if payment is not received within 60 days of the billing date specified above.

The Prime Group

Invoice for Services Rendered

Invoice Date: April 1, 2021

To: Delta Natural Gas
3617 Lexington Road
Winchester, KY 40391

Route - JTB

Attn: Mr. John Brown

15.00 hours of consulting work by Steve Seelye @ \$230.00/hour during March for Rate Case preparation and working on a depreciation study for Delta Natural Gas. \$ 3,450.00

25.50 hours of consulting work by Larry Feltner @ \$200.00/hour during March for Rate Case preparation for Delta Natural Gas. \$ 5,100.00

20.00 hours of consulting work by Eric Blake @ \$170.00/hour during March assisting Seelye with a depreciation study for Delta Natural Gas. \$ 3,400.00

Total Amount due for March \$ 11,950.00 *KS*

Please remit payment to: The Prime Group, LLC
P.O. Box 837
Crestwood, KY 40014-0837

John
4-9-21

Please note that a Late Payment Charge of 3% will be applied to the net amount owed if payment is not received within 60 days of the billing date specified above.

■ The Prime Group ■

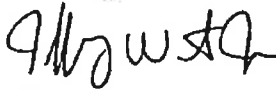
April 1, 2021

Mr. John Brown
Delta Natural Gas
3617 Lexington Road
Winchester, KY 40391

Dear John:

Enclosed is an invoice for the consulting services that The Prime Group has provided during March preparing for a rate case and working on a depreciation study for Delta Natural Gas. Thank you for giving us the opportunity to work with you on this project.

Sincerely,



Jeff Wernert
Principal

Enclosure

■ The Prime Group ■

Invoice for Services Rendered

Invoice Date: June 1, 2021

To: Delta Natural Gas
3617 Lexington Road
Winchester, KY 40391

Attn: Mr. John Brown

115.00 hours of consulting work by Steve Seelye @ \$230.00/hour during May for Rate Case preparation and working on a Depreciation Study for Delta Natural Gas.	\$ 26,450.00
---	--------------

119.00 hours of consulting work by Larry Feltner @ \$200.00/hour during May for working on a Cost of Service study and Rate Case preparation for Delta Natural Gas.	\$ 23,800.00
---	--------------

18.50 hours of consulting work by Eric Blake @ \$170.00/hour during May assisting Seelye and Feltner with a depreciation study and cost of service study for Delta Natural Gas.	\$ 3,145.00
---	-------------

5.00 hours of consulting work by Jeff Wernert @ \$170.00/hour during May assisting Seelye with a depreciation study for Delta Natural Gas.	\$ 850.00
--	-----------

Total Amount due for May	\$ 54,245.00
---------------------------------	---------------------

Please remit payment to: **The Prime Group, LLC**
P.O. Box 837
Crestwood, KY 40014-0837

Please note that a Late Payment Charge of 3% will be applied to the net amount owed if payment is not received within 60 days of the billing date specified above.

Regulated Capital Consultants, LLC

4355 Cobb Pkwy Ste J255

Atlanta, GA 30339

(678) 424-1440

tkizzar@regulatedconsultants.com

Invoice



BILL TO

Delta Natural Gas

Attn: John B. Brown, President

3617 Lexington Road

Winchester, KY 40391

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
2841806042021	06/04/2021	\$2,925.00	06/04/2021	Due on receipt	

PO/PROJECT/CONTRACT

7000005524

W/E	ACTIVITY	BILL DAYS	DAILY RATE	AMOUNT
06/04/2021	PANPILAS FISCHER			0.00
06/04/2021	Delta 2021 Kentucky Rate Case Assistance - Remote	1.125	2,600.00	2,925.00

Please make all checks payable to Regulated Capital Consultants, LLC. If you have questions regarding this invoice, please contact Terry Kizzar at tkizzar@regulatedconsultants.com

BALANCE DUE

\$2,925.00

1600 Rate Case

[Signature]

6-7-21

Regulated Capital Consultants, LLC
 4355 Cobb Pkwy Ste J255
 Atlanta, GA 30339
 (678) 424-1440
 tkizzar@regulatedconsultants.com

Invoice



BILL TO
 Delta Natural Gas
 Attn: John B. Brown, President
 3617 Lexington Road
 Winchester, KY 40391

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
2841804162021	04/16/2021	\$6,012.50	04/16/2021	Due on receipt	

W/E	ACTIVITY	BILL DAYS	DAILY RATE	AMOUNT
04/16/2021	DAVID HADDAD			0.00
04/16/2021	Delta 2021 Kentucky Rate Case Assistance - Remote	0.4375	2,600.00	1,137.50
04/16/2021	PANPILAS FISCHER			0.00
04/16/2021	Delta 2021 Kentucky Rate Case Assistance - Remote	1.875	2,600.00	4,875.00

Please make all checks payable to Regulated Capital Consultants, LLC. If you have questions regarding this invoice, please contact Terry Kizzar at tkizzar@regulatedconsultants.com

BALANCE DUE

\$6,012.50

John B. Brown
 4-19-21

Regulated Capital Consultants, LLC
 4355 Cobb Pkwy Ste J255
 Atlanta, GA 30339
 (678) 424-1440
 tkizzar@regulatedconsultants.com

Invoice



BILL TO
 Delta Natural Gas
 Attn: John B. Brown, President
 3617 Lexington Road
 Winchester, KY 40391

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
2841804232021	04/23/2021	\$1,300.00	04/23/2021	Due on receipt	

PO/PROJECT/CONTRACT
 7000005524

W/E	ACTIVITY	BILL DAYS	DAILY RATE	AMOUNT
04/23/2021	PANPILAS FISCHER			0.00
04/23/2021	Delta 2021 Kentucky Rate Case Assistance - Remote	0.50	2,600.00	1,300.00

Please make all checks payable to Regulated Capital Consultants, LLC. If you have questions regarding this invoice, please contact Terry Kizzar at tkizzar@regulatedconsultants.com

BALANCE DUE

\$1,300.00

KS

JP
 4-27-21

Regulated Capital Consultants, LLC

4355 Cobb Pkwy Ste J255

Atlanta, GA 30339

(678) 424-1440

tkizzar@regulatedconsultants.com

Invoice



BILL TO
 Delta Natural Gas
 Attn: John B. Brown, President
 3617 Lexington Road
 Winchester, KY 40391

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
2841804302021	04/30/2021	\$1,625.00	04/30/2021	Due on receipt	


PO/PROJECT/CONTRACT
 7000005524

W/E	ACTIVITY	BILL DAYS	DAILY RATE	AMOUNT
04/30/2021	PANPILAS FISCHER			0.00
04/30/2021	Delta 2021 Kentucky Rate Case Assistance - Remote	0.625	2,600.00	1,625.00

Please make all checks payable to Regulated Capital Consultants, LLC. If you have questions regarding this invoice, please contact Terry Kizzar at tkizzar@regulatedconsultants.com

BALANCE DUE

\$1,625.00

JS

 5-3-21

Regulated Capital Consultants, LLC
 4355 Cobb Pkwy Ste J255
 Atlanta, GA 30339
 (678) 424-1440
 tkizzar@regulatedconsultants.com

Invoice



BILL TO
 Delta Natural Gas
 Attn: John B. Brown, President
 3617 Lexington Road
 Winchester, KY 40391

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
2841805072021	05/07/2021	\$2,437.50	05/07/2021	Due on receipt	

PO/PROJECT/CONTRACT
 7000005524

W/E	ACTIVITY	BILL DAYS	DAILY RATE	AMOUNT
05/07/2021	PANPILAS FISCHER			0.00
05/07/2021	Delta 2021 Kentucky Rate Case Assistance - Remote	0.9375	2,600.00	2,437.50

Please make all checks payable to Regulated Capital Consultants, LLC. If you have questions regarding this invoice, please contact Terry Kizzar at tkizzar@regulatedconsultants.com

BALANCE DUE

\$2,437.50

Handwritten signature
 5-10-21

Regulated Capital Consultants, LLC

4355 Cobb Pkwy Ste J255

Atlanta, GA 30339

(678) 424-1440

tkizzar@regulatedconsultants.com

Invoice



BILL TO

Delta Natural Gas
 Attn: John B. Brown, President
 3617 Lexington Road
 Winchester, KY 40391

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
2841805212021	05/21/2021	\$650.00	05/21/2021	Due on receipt	

PO/PROJECT/CONTRACT

7000005524

W/E	ACTIVITY	BILL DAYS	DAILY RATE	AMOUNT
05/21/2021	PANPILAS FISCHER			0.00
05/21/2021	Delta 2021 Kentucky Rate Case Assistance - Remote	0.25	2,600.00	650.00

Please make all checks payable to Regulated Capital Consultants, LLC. If you have questions regarding this invoice, please contact Terry Kizzar at tkizzar@regulatedconsultants.com

BALANCE DUE

\$650.00

kes

John B. Brown
 5-25-21

Regulated Capital Consultants, LLC

4355 Cobb Pkwy Ste J255

Atlanta, GA 30339

(678) 424-1440

tkizzar@regulatedconsultants.com

Invoice



BILL TO

Delta Natural Gas

Attn: John B. Brown, President

3617 Lexington Road

Winchester, KY 40391

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
2841805282021	05/28/2021	\$5,525.00	05/28/2021	Due on receipt	

PO/PROJECT/CONTRACT

7000005524

W/E	ACTIVITY	BILL DAYS	DAILY RATE	AMOUNT
05/28/2021	PANPILAS FISCHER			0.00
05/28/2021	Delta 2021 Kentucky Rate Case Assistance - Remote	2.125	2,600.00	5,525.00

Please make all checks payable to Regulated Capital Consultants, LLC. If you have questions regarding this invoice, please contact Terry Kizzar at tkizzar@regulatedconsultants.com

BALANCE DUE

\$5,525.00

John B. Brown 6-1-21
1600 Rate Case

P. MOUL & ASSOCIATES
 251 HOPKINS ROAD
 HADDONFIELD, NJ 08033
 TELEPHONE: 856.428.7515 • E-mail: prmoul@verizon.net

EIN# 22-3282661

June 2, 2021
Case No. 2109

Invoice No. 001

DELTA NATURAL GAS COMPANY, INC.

For professional services rendered by Paul R. Moul, Managing Consultant, for the preparation of cost of capital testimony, including a first draft provided on May 8, 2021, a second draft provided on May 18, 2021, a third draft provided on May 24, 2021, and for the testimony that was finalized on May 24, 2021, and for conference calls on February 2, March 30, 2021, April 7, 2021, April 22, 2021, May 7, 2021, May 12, 2021, May 13, 2021, and May 20, 2021

<u>Consultant</u>	<u>Hours</u>	<u>Rate</u>	<u>Amount</u>
P. Moul	97	\$ 320	\$ 31,040.00
Clerical	17.75	\$ 84	1,491.00
Reimbursement of out-of-pocket costs			-
TOTAL			<u>\$ 32,531.00</u>

*Rate Case
 1600
 JRM
 6-2-21*

P. Moul & Associates

251 Hopkins Road

Haddonfield, NJ 08033

Telephone: 856-428-7515 • Email: prmoul@verizon.net

June 2, 2021

Mr. John B. Brown, President
Delta Natural Gas Company, Inc.
3617 Lexington Road
Winchester, KY 40391

Dear Mr. Brown:

Enclosed please find my initial invoice for professional services concerning the cost of capital evidence for your 2021 rate case (Case No. 2021-00185). This invoice covers my time for the preparation of cost of capital testimony, including a first draft provided on May 8, 2021, a second draft provided on May 18, 2021, a third draft provided on May 24, 2021, and for the testimony that was finalized on May 24, 2021, and for conference calls on February 2, March 30, 2021, April 7, 2021, April 22, 2021, May 7, 2021, May 12, 2021, May 13, 2021, and May 20, 2021.

I believe this invoice is self-explanatory, and would appreciate it if you would place the enclosed in line for payment. Please note that as of January 1, 2001 we changed the form of our business organization. Therefore, I have enclosed Form W-9 which you can pass along to your accounts payable department.

Sincerely,

A handwritten signature in black ink that reads "Paul R. Moul". The signature is written in a cursive style with a large, sweeping initial "P".

Paul R. Moul

/mt
Enclosure

APPLEBEE'S
NEIGHBORHOOD GRILL & BAR
1525 W Lexington Avenue
Winchester, KY 40391
859-737-0111

JAASIEL W TB#55
DATE: 04-23-21 TIME: 12:05 PM GUESTS: 4
Check #: 9100-768036

SOURCE: POS
CARD TYPE: MASTERCARD
CARD NUMBER: *****2974
APPROVAL CODE: 076600
Merchant ID: 061345
Trans Type: AUTH

AID: A0000000041010
TVR: 000008000
TSI: E800
AC: D153CEF1FC34E77F
ARC: 00

We value your feedback!

Visit www.talktoapplebees.com in
the next 3 days & tell us about
your experience.

To enter the survey, you will need
to use the following code.

* Survey Code: 9100042380360 *

Amount: 50.72
Tip: ~~8.00~~
Total: 58.72 *ADP*

ZMTX
2021 DELTA RATE CASE

Cardmember agrees to pay total in
accordance with agreement governing
use of such card.

MILLER Gratuity Examples
MORPHEN 15 % Tip = \$7.18
Nellipawra 20 % Tip = \$9.57
SHERIDAN 25 % Tip = \$11.96

OR
[Signature]
3-3-21

** Guest Copy **

RATE CASE PRIOR MEETING



Kentucky Secretary of State Michael G. Adams

*Certificate for
rate case
EJB*

The transaction was completed successfully. The Certificate of Existence / Authorization for DELTA NATURAL GAS COMPANY, INC. is now ready for viewing and printing.

You can print this page to use as your receipt for payment.

View/Print this certificate (PDF)

Certificate number	246730
Jurisdiction	Kentucky
Certificate Type	Certificate of Existence / Authorization
Certificate Date	5/14/2021
Company	DELTA NATURAL GAS COMPANY, INC.
Company ID	0143383.09.99998
Charge	\$10.00
Certificate Web Address	http://web.sos.ky.gov/corpcertificates/30/2021051400246730.pdf

To order another certificate of this type for a different jurisdiction, click here. DO NOT click the back button if you are attempting to order another document.

Note: If your browser settings allow third party cookies, returning to this page within the next seven days will allow you to view this receipt and download your certificate again.

If your browser does allow cookies, you may click here to list all certificates of this type that you have ordered in the last seven days for this particular company.

Contact Site Map

Privacy Security Disclaimer Accessibility

2021 Rate Application - DELTA NATURAL GAS COMPANY,INC. - Pro Forma Rate Case Expense

Detail of Rate Case Expenses by Expense Component

GL Account # 1242020 Cost Element 5302015 To 5303310

WBS Element # 2021DELTARATECASE

	Estimated						Estimated	Spending
	Billed Hours		Company					
Description of Expense	If Applicable	Vendor	Contact	Rate/Hr.	Rate/Day	Total Units	Expense	To Date
Regulatory	400	Peoples Regulatory/Legal	Victoria Green				\$54,000.00	
Aqua Service - Rate Dept. Expenses	200	Aqua Services, Inc.	Danny Allen				\$18,000.00	
Case Preparation Assistance Lead Lag Study Depreciation Study Billing Analysis/Rate Design Cost of Service Study		The Prime Group LLC.	Steve Seelye 'sseelye@theprimegrouppllc.com'	\$230.00		686	\$158,000.00	\$76,196.50
Rate of Return		P.Moul and Associates	Paul Moul 'Paul Moul' <prmour@verizon.net>	\$320.00		218.75	\$70,000.00	\$32,531.00
Legal		Skoll Kennon Ogden	Monica Braun 'Braun, Monica' <Monica.Braun@skofirm.com>	\$330.00		606	\$200,000.00	\$16,208.50
Tax Consulting		Regulated Capital Consultants	Panpilis Fischer		\$2,600.00	11.53	\$30,000.00	\$18,853.59
Travel Expenses							\$14,000.00	
Other Expenses: supplies, conference calls, transcripts, notification, printing, copying, postage, etc.		Delta Natural Gas Company	Emily Bennett ebennett@deltagas.com				\$86,000.00	\$68.72
Projected	<u>600</u>						<u>\$630,000.00</u>	<u>\$143,858.31</u>

Amortization Period 3

Pro Forma Costs \$210,000.00

Test Year

Pro Forma Adjustment

DELTA NATURAL GAS COMPANY, INC.
CASE NO. 2021-00185

FIRST PSC DATA REQUEST
DATED MAY 13, 2021

13. Provide the following information with regard to uncollectible accounts for the three most recent calendar years:
- a. Reserve account balance at the beginning of the year;
 - b. Charges to the reserve account (accounts charged off);
 - c. Credits to reserve account;
 - d. Current year provision;
 - e. Reserve account balance at the end of the year; and
 - f. Percent of provision to total revenue.

Response:

See attached.

Sponsoring Witness:

Andrea Schroeder

Delta Natural Gas Company						
YEAR	Reserve Balance Beginning of Year	Charges to Reserve Account	Charged to Other Accounts - Recoveries	Current Year Provision	Reserve Account Balance End of Year	Percent of Provision to Total Revenue
	a.	b.	(1) c.	d.	e.	f.
2020	\$ 185,382	\$ 138,218	\$ 99,333	\$ 154,444	\$ 300,941	0.76%
2019	\$ 154,624	\$ 125,289	\$ 65,661	\$ 90,386	\$ 185,382	0.44%
2018	\$ 151,790	\$ 308,782	\$ 119,559	\$ 192,057	\$ 154,624	0.35%

(1) - Information provided is based upon an adjustment for bad debt expense that is recovered through the GCR (gas costs recovery) mechanism

Peoples KY						
YEAR	Reserve Balance Beginning of Year	Charges to Reserve Account	Credits to Reserve Account	Current Year Provision	Reserve Account Balance End of Year	Percent of Provision to Total Revenue
	a.	b.	c.	d.	e.	f.
2020	\$ 16,800	\$ 13,082	\$ 2,020	\$ 25,363	\$ 31,100	2.34%
2019	\$ 31,924	\$ 40,572	\$ 1,213	\$ 24,235	\$ 16,800	0.94%
2018	\$ 30,761	\$ 31,196	\$ 2,358	\$ 30,000	\$ 31,924	1.87%

DELTA NATURAL GAS COMPANY, INC.

CASE NO. 2021-00185

FIRST PSC DATA REQUEST

DATED MAY 13, 2021

14. Provide the amount of excess deferred federal income taxes resulting from the reductions in the corporate tax rate in 1986 and 2018, as of the end of the most recent calendar year. Show the amounts associated with each reduction separately.

Response:

There are no excess deferred federal income taxes resulting from the corporate tax rate reduction in 1986 remaining. In 2018, the Company recorded excess deferred federal income taxes resulting from the Tax Cuts and Jobs Act of 2017 ("TCJA") tax rate reduction in the amount of \$15,053,674. The remaining balance of the TCJA excess deferred federal income taxes at December 31, 2020 is \$13,454,029.

In the course of preparing this response, the Company discovered that the balance of the TCJA excess deferred federal income taxes at March 31, 2021 and December 31, 2022 previously reflected in the filing was inadvertently misstated as \$12,963,541 and \$11,702,934 respectively. The correct amounts are \$13,269,320 and \$11,976,352 respectively. The Company will make this correction in its base period update. This correction has no impact on the revenue requirement.

The amortization of the TCJA excess is currently being returned to customers in the surcredit. As stated in Mr. Packer's Direct Testimony on Page 9, Lines 23-24, the Company is proposing to eliminate the surcredit. The amortization of the TCJA excess will instead be included in base rates. The annual amortization at proposed rates is \$738,775 as shown in Tab 58e, Line 17. This includes amortization approved in PSC Case No. 2018-00040 using the Reverse South Georgia methodology in the amount of \$734,146 per year. There is also additional amortization of \$4,692 per year using the Average Rate Assumption Method for TCJA excess associated with Peoples Gas of Kentucky excess deferred taxes. Including this in the Company's base period update at the current level would decrease the revenue requirement by \$984,377. The Company will also be updating the revenue requirement for the amortization of the Kentucky state income tax rate decrease from 6% to 5% in its base period update. The amortization was not included in the original filing. The annual amortization of the state excess is \$39,600 as shown in Tab 58e, Line 20 results in a decrease to the revenue requirement by \$52,765.

The Company believes that it would be prudent to review the amortization amount in the event of a tax rate increase. Under the current administration, federal tax reform, which includes an increase in the corporate federal income tax rate, is highly likely. The White House issued a statement on March 31, 2021 titled "Fact Sheet: The American Jobs Plan," which outlines the proposals for significant government spending to invest and rebuild the

DELTA NATURAL GAS COMPANY, INC.
CASE NO. 2021-00185

FIRST PSC DATA REQUEST
DATED MAY 13, 2021

U.S. infrastructure. As part of this plan, the White House has proposed an increase in the corporate tax rate from 21% to 28% to help pay for the additional government spending. Adjusting the amount of excess amortization in this case would help to mitigate future increases to customer rates if the federal rate is increased.

Sponsoring Witness:

William Packer

DELTA NATURAL GAS COMPANY, INC.
CASE NO. 2021-00185

FIRST PSC DATA REQUEST
DATED MAY 13, 2021

15. Provide the following tax data for the most recent calendar year:
- a. Income taxes:
- (1) Federal operating income taxes deferred – accelerated tax depreciation.
 - (2) Federal operating income taxes deferred – other (explain).
 - (3) Federal income taxes – operating.
 - (4) Income credits resulting from prior deferrals of federal income taxes.
 - (5) Investment tax credit net.
 - (6) The information in Item 15.a.(1-4) for state income taxes.
 - (7) A reconciliation of book to federal taxable income as shown in Schedule D1 and a calculation of the book federal income tax expense for the base period using book taxable income as the starting point.
 - (8) A reconciliation of book to state taxable income as shown in Schedule D2 and a calculation of the book state income tax expense for the base period using book taxable income as the starting point.
- b. An analysis of Kentucky Other Operating Taxes as shown in Schedule D3.

Response:

15. (a) Income taxes - questions (1-6)- see below:

Question	No	Federal Income Tax Expense:	Dr/(Cr)
15(a)(1)		Deferred (410/411)- accelerated tax depr	929,438
15(a)(2)		Deferred (410/411) - Other (non property	(554,621)

DELTA NATURAL GAS COMPANY, INC.
CASE NO. 2021-00185

FIRST PSC DATA REQUEST
DATED MAY 13, 2021

book vs. tax differences)

15(a)(3)	Operating (409)	374,083
15(a)(4)	Credits from Prior deferrals	None

Investment tax credit:

15(a)(5)(a)	Investment credit realized	None
15(a)(5)(b)	Investment credit amortized	None

State Income Tax Expense:

15(a)(6)	Deferred (410/411)- accelerated tax depr	120,408
15(a)(6)	Deferred (410/411) - Other (non property	(105,585)

book vs. tax differences)

15(a)(6)	Operating (409)	268,850
15(a)(6)	Credits from Prior deferrals	None

15. (a)(7) –Please see Attachment D1 for a reconciliation of book to federal taxable income as shown in Schedule D1. For an itemization of the flow through items and differences between book taxable income and taxable income per tax return, see Attachment A. The calculation of the book federal income tax expense for the base period using book taxable income as a starting point is as follows:

Line No Base Period:

1 Book taxable income (Pre Tax Book Income)

DELTA NATURAL GAS COMPANY, INC.
CASE NO. 2021-00185

FIRST PSC DATA REQUEST
DATED MAY 13, 2021

		4,410,572
2	State Tax Expense (Line 1 X 5%)	220,529
		4,190,043
3	Book taxable income net of state tax tax expense (Line 1- Line 2)	4,190,043
4	Federal Tax Expense (Line 3 X 21%)	879,909

15. (a)(8)- Please see Attachment D2 for a reconciliation of book to state taxable income as shown in Schedule D2. For an itemization of the flow through items and differences between book taxable income and taxable income per tax return, see Attachment A. The calculation of the book state tax expense for the base period using book taxable income as a starting point is as follows:

Line No Base Period:

1	Book taxable income (Pre Tax Book Income)	4,410,572
2	State Tax Expense (Line 1 X 5%)	220,529

15. (b)-For an analysis of Kentucky Other Operating taxes as shown in Schedule D3, please see attached.

Sponsoring Witness:

William Packer / Andrea Schroeder

Schedule D1
Delta Natural Gas Company, Inc.
Case No. 2021-00185
Reconciliation of Book Net Income and Federal Taxable Income 12 Months Ended December
31, 2021

Line No.	Item (a)	Total Company (b)	Total Company Non-Operating (c)	Operating	
				Kentucky Retail (d)	Other Jurisdictional (e)
1.	Net income per books	4,421,753		4,421,753	
2.	Add income taxes:				
3.	Federal income tax – current	374,082		374,082	
4.	Federal income tax – deferred depreciation	929,438		929,438	
5.	Federal income tax – deferred other	(1,355,349)		(1,355,349)	
6.	Investment tax credit adjustment	0		0	
7.	Federal income taxes charged to other income and deductions	0		0	
8.	State income taxes	279,991		279,991	
9.	State income taxes charged to other income and deductions	0		0	
10.	Total	4,649,914		4,649,914	
11.	Flow through items:				
12.	Add (itemize)	69,782		69,782	
13.	Deduct (itemize)	(174,879)		(174,879)	
14.	Book taxable income	4,544,817		4,544,817	
15.	Differences between book taxable income and taxable income per tax return:				
16.	Add (itemize)	2,249,990		2,249,990	
17.	Deduct (itemize)	(4,423,336)		(4,423,336)	
18.	Taxable income per return	2,371,471		2,371,471	

Note: (1) Provide a calculation of the amount shown on Lines 3 through 7 above.

(2) Provide workpapers supporting each calculation including the depreciation for straight-line tax and accelerated tax depreciation.

(3) Provide a schedule setting forth the basis of allocation of each item of revenue or cost above.

Schedule D2					
Delta Natural Gas Company, Inc.					
Case No. 2021-00185					
Reconciliation of Book Net Income and State Taxable Income 12 Months Ended December 31, 2021					
Line No.	Item (a)	Total Company (b)	Total Company Non-Operating (c)	Operating	
				Kentucky Retail (d)	Other Jurisdictional (e)
1.	Net income per books	4,421,753		4,421,753	
2.	Add income taxes:				
3.	Federal income tax – current	374,082		374,082	
4.	Federal income tax – deferred depreciation	929,438		929,438	
5.	Federal income tax – deferred other	(1,355,349)		(1,355,349)	
6.	Investment tax credit adjustment	0		0	
7.	Federal income taxes charged to other income and deductions	0		0	
8.	State income taxes	279,991		279,991	
9.	State income taxes charged to other income and deductions	0		0	
10.	Total	4,649,914		4,649,914	
11.	Flow through items:				
12.	Add (itemize)	69,782		69,782	
13.	Deduct (itemize)	(174,879)		(174,879)	
14.	Book taxable income	4,544,817		4,544,817	
15.	Differences between book taxable income and taxable income per tax return:				
16.	Add (itemize)	2,250,158		2,250,158	
17.	Deduct (itemize)	(2,323,336)		(2,323,336)	
18.	Taxable income per return	4,471,639		4,471,639	

- Note: (1) Provide a calculation of the amount shown on Lines 3 through 7 above.
- (2) Provide workpapers supporting each calculation including the depreciation for straight-line tax and accelerated tax depreciation.
- (3) Provide a schedule setting forth the basis of allocation of each item of revenue or cost allocated above.

Delta Natural Gas Company, Inc.
Case No. 2021-00185
Analysis of Other Operating Taxes
12 Months Ended December 31, 2020
"000 Omitted

Line No.	Item (a)	Charged Expense (b)	Charged to Construction (c)	Charged to Other Accounts (1) (d)	Amounts Accrued (e)	Amount Paid (f)
1.	Kentucky Retail					
	(a) State Income	265			385	208
	(b) Franchise Fees				464	461
	(c) Ad Valorem	3,091			3,091	2,147
	(d) Payroll (employer's portion)	752			752	752
	(e) Other taxes				2,131	2,123
2.	Total Retail [L1(a) through L1(e)]	4,108	-	-	6,823	5,691
3.	Other Jurisdictions	-	-	-	-	-
	Total per books (L2 and L3)	4,108	-	-	6,823	5,691

Amounts applicable to construction or other accounts are allocated and cleared from operating expenses.

DELTA NATURAL GAS COMPANY, INC.

CASE NO. 2021-00185

FIRST PSC DATA REQUEST

DATED MAY 13, 2021

16. Provide a copy of federal and state income tax returns for the most recent tax year, including supporting schedules.

Response:

See attached. The returns are being provided pursuant to a petition for confidential protection.

Sponsoring Witness:

William Packer

**ATTACHMENTS TO DELTA_R_PSCDR1_NUM016_061121
FILED UNDER SEAL PURSUANT TO THE PETITION FOR
CONFIDENTIAL TREATMENT FILED ON
JUNE 11, 2021**

DELTA NATURAL GAS COMPANY, INC.
CASE NO. 2021-00185

FIRST PSC DATA REQUEST
DATED MAY 13, 2021

17. Provide a schedule of franchise fees paid to cities, towns, or municipalities, including the basis of these fees.

Response:

The franchise fees are based on a percentage of gross revenue and assessed on the monthly bills of those customers in the franchise area. The following table includes the franchise location, assessment rate, and total franchise fees paid to each city or municipality in calendar year 2020.

Franchise Location	Assessment Rate	2020 Franchise Payment
Barbourville	5%	\$ 55,416.63
Beattyville	3%	6,217.13
Berea	3%	82,314.89
Clay City	3%	8,448.45
Jeffersonville	3%	10,490.46
Lexington	4%	20,732.40
London	3%	17,527.69
Nicholasville	3%	192,698.61
North Middletown	3.5%	3,148.40
Owingsville	3%	15,132.05
Richmond	3%	28,587.88
Total		\$ 440,714.59

Because franchise fees are a pass through line item on customers' bills, no franchise fees are included in the base or forecast periods in this case.

Sponsoring Witness:

Andrea Schroeder

DELTA NATURAL GAS COMPANY, INC.
CASE NO. 2021-00185

FIRST PSC DATA REQUEST
DATED MAY 13, 2021

18. Provide the journal entries relating to the purchase of utility plant acquired as an operating unit or system by purchase, merger, consolidation, liquidation, or otherwise currently included in rate base. Also, provide a schedule showing the calculation of the acquisition adjustment at the date of purchase for each item of utility plant, the amortization period, and the unamortized balance at the beginning of the base period.

Response:

See attached. Delta is providing the applicable journal entries provided in its last rate case. Delta has acquired no utility plant as an operating unit or system that is currently included in rate base since its last rate case. There was no unamortized balance at the beginning of the base period. There are no journal entries associated with the acquisition of Peoples Gas KY LLC because the entity has not yet been dissolved.

Sponsoring Witness:

Andrea Schroeder

DELTA NATURAL GAS CO., INC

CASE NO. 2010-00116

ITEM 17
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Line Number Delta, effective March 31, 1985, merged with its wholly owned subsidiary, Laurel Valley Pipe Line Company. The journal entry recording this merger was as follows:

	<u>Account Number</u>	<u>Account Description</u>	<u>General Ledger</u>	
			<u>Debit</u>	<u>Credit</u>
1	101	Gas Plant In Service	553,948	
2	1081	Accumulated Provision for Depreciation		328,711
3	117	Gas Stored Underground Non Current	328,092	
4	123	Investment in Subsidiary		226,850
5	1462	Receivable from Subsidiary		253,382
6	232	Accounts Payable		25,769
7	236	Taxes Payable		6,728
8	255	Investment Tax Credit		2,100
9	282	Deferred Income Taxes		38,500

There was no acquisition adjustment when Delta acquired this company in October, 1977, as it was acquired at book value.

DELTA NATURAL GAS CO., INC

CASE NO. 2010-00116

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Line Number Delta acquired approximately 57 miles of transmission lines and related measuring and regulating equipment from The Wisser Oil Company. The acquisition occurred effective January 31, 1982. A copy the journal entries to record the purchase is included below:

	<u>Account Number</u>	<u>Account Description</u>	<u>General Ledger</u>	
			<u>Debit</u>	<u>Credit</u>
1	101	Gas Plant In Service	2,198,023	
2	1081	Accumulated Provision for Depreciation		622,147
3	131	Cash		1,575,876
		To record the purchase of the Wisser Transmission Facilities at 1/31/82		
4	131	Cash	1,575,876	
5	231	Notes Payable		1,575,876
		To record the short-term debt used to finance the purchase of the Wisser Transmission Facilities at 1/31/82		

There was no acquisition adjustment. The assets were purchased at net book value on the date of purchase.

DELTA NATURAL GAS CO., INC

CASE NO. 2010-00116

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Line Number Delta acquired the assets and assumed certain liabilities of People Gas Company of Kentucky. This acquisition occurred effective January 31, 1981. A copy of the journal entry to record the purchase is included below:

	<u>Account Number</u>	<u>Account Description</u>	<u>General Ledger</u>	
			<u>Debit</u>	<u>Credit</u>
1	101	Gas Plant In Service	3,854,706	
2	107	Construction Work In Progress	12,822	
3	1081	Accumulated Provision for Depreciation		1,750,111
4	131	Cash	74,976	
5	142	Accounts Receivable	776,445	
6	144	Reserve for Bad Debts		3,700
7	154	Inventory Materials	45,483	
8	173	Accrued Utility Revenues	151,230	
9	232	Accounts Payable		701,634
10	235	Customer Deposits		151,240
11	236	Taxes Accrued		58,003
12	237	Interest Accrued		20,850
13	241	Tax Collections Payable		4,990
14	231	Note Payable		2,225,134

There was no acquisition adjustment. The assets were purchased at net book value on the date of purchase.

DELTA NATURAL GAS CO., INC

CASE NO. 2010-00116

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Line Number Delta, effective December 31, 1979, merged with its wholly owned subsidiaries, Gas Service Company and Cumberland Valley Pipe Line Co. The journal entry made recording this merger was as follows:

	<u>Account Number</u>	<u>Account Description</u>	<u>General Ledger</u>	
			<u>Debit</u>	<u>Credit</u>
1	101	Gas Plant In Service	5,738,581	
2	107	Construction Work In Progress	30,742	
3	1081	Accumulated Provision for Depreciation		2,184,448
4	114	Gas Plant Acquisition Adjustments	411,160	
5	115	Amortization of Gas Plant Acquisition		240,799
6	121	Non Utility Property	30,330	
7	122	Accumulated Provision for Depreciation		4,787
8	123	Investment in Associated Companies		3,436,099
9	131	Cash	98,825	
10	135	Working Funds	10,215	
11	142	Accounts Receivable Customers	656,298	
12	143	Accounts Receivable Misc.	31,441	
13	144	Provision for Uncollectible Accounts		39,691
14	146	Accounts Receivable from Associated Companies		351,900
15	154	Inventory Construction Materials	39,623	
16	164	Gas Stored Underground	240,235	
17	165	Prepayments	146,293	
18	167	Advance for Gas	73,146	
19	173	Accrued Utility Revenue	394,000	
20	182	Extraordinary Property Loss	7,500	
21	184	Clearing Account	26,121	
22	186	Prepaid Income Tax	14,600	
23	212	Installment Received on Capital Stock		7,440
24	224	Long-Term Debt		133,101
25	231	Notes Payable		500,000
26	232	Accounts Payable		468,949
27	235	Customer Deposits		146,698
28	236	Taxes Accrued		131,973
29	237	Interest Accrued		24,575
30	241	Tax Collection Payable		7,292
31	242	Misc. Accrued Liabilities		1,215
32	243	Accrued Vacation Pay		4,800
33	253	Gas Refunds Payable		143,743
34	265	Deferred Investment Tax Credit		57,400
35	282	Deferred Income Taxes		64,200

There was no acquisition adjustment when Delta purchased these companies in October, 1977. Delta acquired these companies at net book value. The acquisition costs shown above were incurred by Gas Service Company prior to Delta acquiring the properties. The acquisition adjustment was amortized over a 25 year period and is fully amortized, as allowed by the Commission in prior Orders.

DELTA NATURAL GAS CO., INC

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Line Delta, effective December 31, 1971, merged with its wholly owned subsidiary, Delta Natural Gas of
Number Stanton, Inc. The journal entry made recording this merger was as follows:

	<u>Account Number</u>	<u>Account Description</u>	<u>General Ledger</u>	
			<u>Debit</u>	<u>Credit</u>
1	101	Gas Plant In Service	445,663	
2	107	Construction Work In Progress	115	
3	1081	Accumulated Provision for Depreciation		102,635
4	123	Investment in Associated Companies		26,000
5	131	Cash	3,661	
6	135	Special Deposits - Working Fund	675	
7	141	Notes Receivable	550	
8	142	Customers Accounts Receivable	47,722	
9	143	Other Accounts Receivable	3,404	
10	144	Provision for Uncollectible Accounts		706
11	145	Receivable from Associated Company		251,858
12	154	Plant Materials	5,400	
13	155	Merchandise Materials	400	
14	165	Prepayments	4,132	
15	173	Accrued Utility Revenues	20,700	
16	1843	Clearing Account - Transportation Expense		1,185
17	1844	Clearing Account - Miscellaneous	383	
18	1862	Prepaid Taxes - Gas Refunds	2,900	
19	212	Installments Received on Capital Stock		1,215
20	216	Unappropriated Earned Surplus		69,077
21	224	Other Long-Term Debt		13,500
22	232	Accounts Payable		17,736
23	235	Customer Deposits		11,780
24	2361	Federal Income Taxes - Accrued	4,580	
25	2363	Kentucky Sales Taxes - Accrued		1,508
26	2364	Payroll Taxes - Accrued		278
27	2365	Property Taxes - Accrued		1,741
28	2374	Interest Accrued - Customer Deposits		3,480
29	241	Tax Collections - Payable		689
30	2421	Accrued Net Payroll Liability		189
31	2422	Employees Christmas Funds Payable		135
32	243	Accrued Vacation Pay		2,100
33	244	Accrued Insurance Expense		1,185
34	2521	Customer Advances for Construction		2,516
35	253	Refunds Due Under Purchase Gas Clause		9,884
36	265	Reserve for Investment Credit		5,200
37	271	Contribution in Aid of Construction		1,088
38	282	Reserve for Deferred Income Taxes		14,600

There was no acquisition adjustment when Delta acquired this Company in December of 1958.

DELTA NATURAL GAS CO., INC

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Line Delta acquired the North Middletown natural gas distribution system from the City of North Middletown.
 Number The acquisition occurred effective November 18, 1996. A copy of the journal entry to record the purchase is included below:

	<u>Account Number</u>	<u>Account Description</u>	<u>General Ledger</u>	
			<u>Debit</u>	<u>Credit</u>
1	101	Gas Plant in Service	230,000	
2	131	Cash		230,000

There was no acquisition adjustment. The assets were purchased and recorded at cost on the date of purchase.

DELTA NATURAL GAS CO., INC

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Line Number Delta acquired the Annville gas transmission line from Annville Gas Transmission Inc. The acquisition occurred July 1997. A copy of the journal entry to record the purchase is included below:

	<u>Account Number</u>	<u>Account Description</u>	<u>General Ledger</u>	
			<u>Debit</u>	<u>Credit</u>
1	101	Gas Plant In Service	104,634	
2	131	Cash		104,634

There was no acquisition adjustment. The assets were purchased and recorded at cost on the date of purchase.

Property acquired is located in the Jackson County Tax District

DELTA NATURAL GAS CO., INC

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Line Effective April 1999, Delta merged with its wholly owned subsidiaries Tranex and Circle R.
Number The journal entry recording this merger was as follows:

Line Number	Account Number	Account Description	General Ledger	
			Debit	Credit
1	6.108.01	Provision for Depr Plant In Service	2,506,468	
2	6.114	Gas Plant Acquisition Adjustment	1,045,704	
3	6.115	Accum Prov for Fas Plant Acq Adjustment		95,104
4	6.143	Other Accounts Receivable		50,000
5	6.146	Intercompany Clearing Account		95,713
6	6.207	Premiums on Common Stock	1,000,000	
7	6.216	Retained Earnings		139,791
8	6.234.01	Payable to Delta Natural	513,006	
9	6.234.07	Payable to Circle R	28,000	
10	6.236.01	Taxes Accrued Federal Income		37,500
11	6.236.02	Taxes Accrued State Income		6,500
12	6.236.07	Taxes Accrued Est Income Taxes		39,300
13	6.365.01	Tran Land & Land Rights		10,000
14	6.365.02	Transmission Rights of Ways		227,267
15	6.366	Transmission Structures & Improvements		1,622
16	6.367	Transmission Mains		3,664,657
17	6.368	Transmission Compressor Station Equipment		519,600
18	6.369	Transmission Meas & Reg Station Equipment		145,142
19	6.371	Other Equipment - Telemetry		60,982
20	7.111	Accumulated Depreciation	14,000	
21	7.146	Receivable from Tranex		28,000
22	7.201	Common Stock	2,026	
23	7.207	Premiums on Common Stock	407,962	
24	7.236.07	Taxes Accrued Est Income Taxes	4,900	
25	7.303	Misc Intangible Plant		409,988
26	7.216	Retained Earnings	9,100	
27	5.123.07	Investment in Circle R		419,088
28	5.234.01	Payable to Delta Natural	419,088	
29	1.123.06	Investment in Tranex		860,210
30	1.146.05	Receivable from Enpro		419,088
31	1.146.06	Receivable from Tranex		513,006
32	1.146	Intercompany Clearing Account	95,713	
33	1.108.01	Provision for Depr Plant In Service		2,506,468
34	1.114	Gas Plant Acquisition Adjustment		1,045,704
35	1.115	Provision for Amort Acq Adj	95,104	
36	1.367	Transmission Mains	50,000	
37	1.236.01	Taxes Accrued Federal Income	37,500	
38	1.236.02	Taxes Accrued State Income	6,500	
39	1.236.07	Taxes Accrued Est Income Taxes	39,300	
40	1.365.01	Transmission Land & Land Rights	10,000	
41	1.365.02	Transmission Rights of Ways	227,267	
42	1.366	Transmission Structures & Improvements	1,622	
43	1.367	Transmission Mains	3,664,657	
44	1.368	Transmission Compressor Station Equipment	519,600	
45	1.369	Transmission Meas & Reg Station Equipment	145,142	
46	1.371	Transmission Other Equipment	60,982	
47	1.108.01	Provision for Depr Plant In Service		14,000
48	1.236.07	Taxes Accrued Est Income Taxes		4,900
49	1.367	Transmission Mains	409,988	

See next page for Acquisition Adjustment

DELTA NATURAL GAS CO., INC

CASE NO. 2010-00116

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	Acquisition Adjustment for Tranex			
	See Journal Entry 91, Account 1.115			
Line	Tranex was purchased in June 1997 and set up as a subsidiary company.			
Number	Total amount calculated to amortize over 18 years		<u>\$ 1,045,704</u>	
		Amortization		
1	1997	July through December	16,704	
2	1998		58,800	
3	1999	Amorized as Tranex through April 99	19,600	
4		Total Tranex Amortization	<u>95,104</u>	
5		Balance remaining to amortize when merged with Delta 4/99		950,600
6	1999	May thru December	39,200	
7	2000		58,800	
8	2001		58,800	
9	2002		58,800	
10	2003		58,800	
11	2004		58,800	
12	2005		58,800	
13	2006		58,800	
14	2007		58,800	
15	2008		58,800	
16	2009		58,800	
17		Total Amortized as of 12/31/09	<u>722,304</u>	
18		Balance remaining to amortize at end of test year		323,400
19	2010		58,800	
20	2011		58,800	
21	2012		58,800	
22	2013		58,800	
23	2014		58,800	
24	2015	Will be fully amortized 6/30/15	<u>29,400</u>	
25		Total Delta Amortization	<u>950,600</u>	
26		Total Amortization	<u><u>1,045,704</u></u>	

DELTA NATURAL GAS CO., INC

CASE NO. 2010-00116

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Line Number Delta acquired the Mt Olivet natural gas distribution system November 1999.
Property acquired located in Robertson and Mason County.
A copy of the journal entry to record the purchase is included below:

	<u>Account Number</u>	<u>Account Description</u>	<u>General Ledger</u>	
			<u>Debit</u>	<u>Credit</u>
1	1.390	General Structures & Improvements	10,318	
2	1.376	Distribution Mains	127,336	
3	1.380	Distribution Services	27,126	
4	1.381	Distribution Meters	21,807	
5	1.382	Distribution Meter & Reg Installation	1,364	
6	1.383	Distribution Regulators	3,050	
7	1.391	Office Furniture & Equipment	1,895	
8	1.394	Tool, Shop & Garage Equipment	3,830	
9	1.108.01	Prov for Depr Plant In Service		(175,548)
10	1.114.01	Gas Plant Acq Adj - Mt Olivet	464,945	
11	1.106.01	Fixed Asset Clearing		(486,123)
Acquisition Adjustment for Mt Olivet				
See Standard Journal Entry 98, Account 1.115.01				
12		Total amount calculated amortized over 10 years	<u>464,945</u>	
Amortization				
13	1999	Nov & Dec	4,745	
14	2000		46,800	
15	2001		46,800	
16	2002		46,800	
17	2003		46,800	
18	2004		46,800	
19	2005		46,800	
20	2006		46,800	
21	2007		46,800	
22	2008		46,800	
23	2009	Fully amortized 10/31/09	<u>39,000</u>	
24		Total Amortization	<u>464,945</u>	

DELTA NATURAL GAS COMPANY, INC.
CASE NO. 2021-00185

FIRST PSC DATA REQUEST
DATED MAY 13, 2021

19. Provide the utility's rate base, capital structure, and statement of income for the most recent 12 months preceding the base period and for the base period. Provide a reconciliation with detailed explanations.

Response:

See attached.

Sponsoring Witness:

John B. Brown

Delta Natural Gas Co., Inc.

Case No. 2021-00185

PSC Set 1 #19

Provide the utility's rate base, capital structure, and statement of income for the most recent 12 months preceding the base period and for the base period. Provide a reconciliation with detailed explanations.

Line No.		<u>Rate Base</u>	<u>Capitalization</u>
1	Base	\$ 122,344,868	\$ 113,549,214
2	Reconciling Differences:		
3	Materials & Supplies (elim base ave.)	\$ (55,347)	
4	Gas Stored Underground (elim base ave.)	\$ (603,831)	
5	Prepayments (elim base ave.)	\$ (325,309)	
6	Utility Plant in Service	\$ (7,742,789)	
7	Accumulated Depreciation	\$ 2,941,750	
8	Customer Advances	\$ 331,530	
	Unamortized Debt Expense	\$ 147,900	
9	Deferred Taxes	\$ (332,757)	
10	Working Capital	\$ (224,369)	
	Equity - 12 Mo. income / loss net of any dividends		\$ 4,062,276
	Long Term Debt - annual sinking fund (Delta Tranche 2)		\$ 1,500,000
13	Short Term Debt - to supplement internally generated funds		\$ (1,527,365)
14	Preceding Year - 3/31/20	\$ 116,481,645	\$ 117,584,125

DELTA NATURAL GAS COMPANY, INC.
CASE NO. 2021-00185

FIRST PSC DATA REQUEST
DATED MAY 13, 2021

20. Provide the capital structure at the end of the five most recent calendar years and each of the other periods shown in Schedule E1 and Schedule E2.

Response:

See attached.

Sponsoring Witness:

Andrea Schroeder

Schedule E1
Delta Natural Gas Company, Inc.
Case No. 2021-00185
Calculation of Average Capital Structure
12 Months Ended March 31, 2021
"000 Omitted"

Line No.	Type of Capital	2016		2017		2018		2019		2020		2021 Q1	
		Amount	Ratio	Amount	Ratio	Amount	Ratio	Amount	Ratio	Amount	Ratio	Amount	Ratio
1.	Long-Term Debt	\$ 50,500,000	39.58%	\$ 49,000,000	41.26%	\$ 47,500,000	40.94%	\$ 44,500,000	38.32%	\$ 43,000,000	37.19%	\$ 43,000,000	38.66%
2.	Short-Term Debt	\$ -	0.00%	\$ -	0.00%	\$ 3,348,000	2.89%	\$ 4,336,846	3.73%	\$ 15,783,421	13.65%	\$ 7,631,513	6.86%
3.	Preferred & Preference Stock	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
4.	Common Equity	\$ 77,100,000	60.42%	\$ 69,749,837	58.74%	\$ 65,166,405	56.17%	\$ 67,299,543	57.95%	\$ 56,847,226	49.16%	\$ 60,599,654	54.48%
5.	Other	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
6.	Total Capitalization	\$ 127,600,000	100.00%	\$ 118,749,837	100.00%	\$ 116,014,405	100.00%	\$ 116,136,389	100.00%	\$ 115,630,648	100.00%	\$ 111,231,167	100.00%

Schedule E2
Delta Natural Gas Company, Inc.
Case No. 2021-00185
Calculation of Average Capital Structure
12 Months Ended December 31, 2020
"000 Omitted"

Line No.	Item (a)	Total Capital (b)	Long-Term Debt (c)	Short-Term Debt (d)	Preferred Stock (e)	Common Stock (f)	Retained Earnings (g)	Total Common Equity (h)
1.	Balance at beginning of most recent calendar year	116,136	44,500	4,337	-	-	67,300	67,300
2.	January 2020	115,002	44,500	1,645	-	-	68,857	68,857
3.	February 2020	116,781	44,500	1,500	-	-	70,781	70,781
4.	March 2020	118,895	44,500	1,500	-	-	72,895	72,895
5.	April 2020	119,413	44,500	1,500	-	-	73,413	73,413
6.	May 2020	119,468	44,500	1,500	-	-	73,468	73,468
7.	June 2020	115,152	44,500	1,500	-	-	69,152	69,152
8.	July 2020	114,796	44,500	1,500	-	-	68,796	68,796
9.	August 2020	113,837	44,500	1,500	-	-	67,837	67,837
10.	September 2020	113,688	44,500	1,500	-	-	67,688	67,688
11.	October 2020	113,778	44,500	1,500	-	-	67,778	67,778
12.	November 2020	114,218	44,500	1,500	-	-	68,218	68,218
13.	December 2020	115,631	43,000	15,783	-	-	56,847	56,847
14.	Total (L1 through L13)	1,506,795	577,000	36,765	-	-	893,030	893,030
15.	Average Balance (L14 / 13)	115,907	44,385	2,828	-	-	68,695	68,695
16.	Average Capitalization Ratios		38.29%	2.44%	0.00%	0.00%	59.27%	59.27%
17.	End-of-period Capitalization Ratios		37.19%	13.65%	0.00%	0.00%	49.16%	49.16%

DELTA NATURAL GAS COMPANY, INC.
CASE NO. 2021-00185

FIRST PSC DATA REQUEST
DATED MAY 13, 2021

21. Provide the following:
- a. A list of all outstanding issues of long-term debt as of the end of the latest calendar year together with the related information as shown in Schedule F1.
 - b. An analysis of short-term debt as shown in Schedule F2 as of the end of the latest calendar year.

Response:

See attached.

Sponsoring Witness:

William Packer

Question No. 21(a)

Schedule of Outstanding Long-Term Debt
For the Year Ended December 31, 2020

Schedule F1

Line No.	Type of Debt Issue (a)	Date of Issue (b)	Date of Maturity (c)	Amount Outstanding (5) (d)	Coupon Interest Rate (1) (e)	Cost Rate at Issue (2) (f)	Cost Rate at Maturity at 12/31/2020(3) (g)	Bond Rating at Issuance (4) (h)	Type of Obligation (i)	Annualized Cost Col. (d) x Col. (g) (j)
1	Delta 2017 Note		7/14/2024	43,000,000	4.260%	4.260%	4.260%			1,831,800
2	Kentucky 2014 Note Portion due PNG Co - Tranche 2		12/19/2023	181,200	4.100%	4.100%	4.100%			7,429
3	Kentucky 2014 Note Portion due PNG Co - Tranche 3		12/19/2025	137,600	4.250%	4.250%	4.250%			5,848
4										
5										
6										
7										
8										
9	Total Long-Term Debt and Annualized Cost			\$ 43,318,800						\$ 1,845,077
10										\$ -
11	Annualized Cost Rate (Total col (j) / Total Col. (d))				4.259%					

(1) Nominal Rate. (For Variable Rate/Put Rate Bonds - Nominal Rate is interest rate as of 12/31/2020)

(2) Nominal Rate Plus Discount or Premium Amortization

(3) Nominal Rate Plus Discount or Premium Amortization and Issuance Cost and Credit Enhancement Cost

(4) Standard and Poor's / Moody's

(5) Bonds are shown net of discount.

Question No. 21(b)

Schedule of Outstanding Short-Term Debt
For the 12 Months Ended December 31, 2020

Schedule F2

Line No.	Type of Debt Instrument (a)	Date of Issue (b)	Date of Maturity (c)	Amount Outstanding (d)	Nominal Interest Rate (e)	Effective Interest Rate (f)	Annualized Interest Cost Col. (f) x Col. (d) (g)
1	Delta 2017 Note			\$ 1,500,000			\$ -
2	Total Short-Term Debt and Annualized Cost			\$ 1,500,000			\$ -
3	Annualized Cost Rate (Total col (g) / Total Col. (d))			0.000%			
4	Actual Interest Paid or Accrued on Short-Term Debt the Latest Calendar Year						
5	Average Short-Term Debt - Format 3, Schedule 2						
6	Test-Year Interest Cost Rate (Actual Interest / Average Short-Term Debt)						0.000%

DELTA NATURAL GAS COMPANY, INC.
CASE NO. 2021-00185

FIRST PSC DATA REQUEST
DATED MAY 13, 2021

22. Provide a reconciliation and detailed explanation of each difference, if any, in the utility's capitalization and net investment rate base for the base period and forecast period.

Response:

See attached.

Sponsoring Witness:

William Packer

Delta Natural Gas Co., Inc.

Case No. 2021-00185

PSC Set 1 #22

Provide a reconciliation and detailed explanation of each difference, if any, in the utility's capitalization and net investment rate base for the base period and forecast period.

Line No.		<u>Base Period</u>	<u>Forecast Period</u>
1	Rate Base	\$ 122,344,868	\$ 136,735,989
2	Reconciling Differences:		
3	Averaging of M&S, prepayments & gas	\$ (1,931,352)	
4	Other Property & Investments	\$ 2,101,507	
5	Regulatory Liability Gross up	\$ (4,408,533)	
6	Deferred Income Taxes	\$ 5,950,596	
7	Regulatory Assets	\$ 789,453	
8	Deferred Credits	\$ (802,585)	
9	Non-Current Liabilities	\$ (2,599,612)	
10	Working Capital	\$ (8,068,156)	
11	Unrecovered Gas	\$ 163,027	
12	Misc. Deferred Debits	\$ 10,001	
13	13 Mo. Ave. STD reflected at \$0 in Forecast		<u>\$ 2,185,576</u>
14	Capitalization	\$ 113,549,214	\$ 138,921,565

DELTA NATURAL GAS COMPANY, INC.
CASE NO. 2021-00185

FIRST PSC DATA REQUEST
DATED MAY 13, 2021

23. Provide the information shown in Schedule G for each construction project in progress, or planned to be in progress, during the 12 months preceding the base period, the base period, and the forecasted test period.

Response:

See attached. Delta is providing accumulated costs of its construction projects as of August 31, 2020, August 31, 2021, and December 31, 2022.

Sponsoring Witness:

Jonathan Morpew / Andrea Schroeder

Delta Natural Gas Company, Inc
 Case No. 2021-00185
 Construction Projects
 As of August 31, 2020

Delta -1600			Accumulated Costs				
Line No. (A)	Project No. (B)	Description of Project (C)	Construction Amount (D)	AFUDC Capitalized (E)	Indirect Costs Other (F)	Total Cost (G=D+E+F)	Estimated Physical Percent Completed
1	501.19.016.1	REP-6700 FT PL MAIN IN MIDLAND	\$ 25,696.62	\$ -	\$ -	\$ 25,696.62	6%
2	501.20.014.1	REPLACE Aldyl-A PIPE US Hwy 60	\$ 51,418.06	\$ -	\$ -	\$ 51,418.06	10%
3	501.20.015.1	REPLACE Aldyl-A MAIN HWY 60	\$ 66,537.67	\$ -	\$ -	\$ 66,537.67	10%
4	501.20.017.1	INS LVM TRANSM FARMERS PURCH S	\$ 578,671.06	\$ -	\$ -	\$ 578,671.06	90%
5	501.20.020.1	INS LVM APPHARVEST GH ROWAN CO	\$ 50,846.29	\$ -	\$ -	\$ 50,846.29	71%
6	502.19.019.1	REP-2" ML PL ALONG MULTI LOCAT	\$ 424,725.59	\$ -	\$ -	\$ 424,725.59	73%
7	502.19.031.1	REP ALDYL PIPE BEREIA CITY LIMI	\$ 100,939.00	\$ -	\$ -	\$ 100,939.00	10%
8	502.19.032.1	REP IPE BEREIA CITY LIMITS E HA	\$ 20,285.04	\$ -	\$ -	\$ 20,285.04	10%
9	502.20.012.1	INSTALL METER SET BLDG(CLA) AT	\$ 582.28	\$ -	\$ -	\$ 582.28	7%
10	503.19.019.1	REP 26300' PIPE AT MULTIPLE LO	\$ 49,846.58	\$ -	\$ -	\$ 49,846.58	10%
11	505.19.008.1	19STAT-REP 4483 FT KYTC RD PRO	\$ 59,662.05	\$ -	\$ -	\$ 59,662.05	5%
12	505.19.010.1	REL ALONG KY 231 STATE HWY PRO	\$ 2,309.92	\$ -	\$ -	\$ 2,309.92	1%
13	506.19.004.1	19LOND-REP BS PIPE S DIXIE ST	\$ 9,684.96	\$ -	\$ -	\$ 9,684.96	10%
14	506.20.007.1	REP METERSET 804 W 5TH ST	\$ 2,196.85	\$ -	\$ -	\$ 2,196.85	74%
15	510.19.010.1	REP BS WITH PL PIPE PVILLE CIT	\$ 12,600.17	\$ -	\$ -	\$ 12,600.17	9%
16	510.19.011.1	REP BS WITH PL PIPE IN BELL CO	\$ 15,869.53	\$ -	\$ -	\$ 15,869.53	4%
17	510.19.017.1	REP BS SEVERAL LOCATIONS	\$ 85,733.64	\$ -	\$ -	\$ 85,733.64	10%
18	511.19.022.1	BILL-REL MAIN 25E PROJECT HWY	\$ 673,253.04	\$ -	\$ -	\$ 673,253.04	70%
19	511.19.025.1	REP 2" PL 1185 S HWY 1223	\$ 5,821.23	\$ -	\$ -	\$ 5,821.23	100%
20	511.20.010.1	REP ML VARIOUS LOC CORBIN CITY	\$ 111,772.71	\$ -	\$ -	\$ 111,772.71	29%
21	511.20.017.1	REP 3/4" 1" 2" MAINS VARIOS LO	\$ 984.40	\$ -	\$ -	\$ 984.40	0%
22	512.20.004.1	REPLACE 4" PLASTIC ALONG KY 63	\$ 3,544.45	\$ -	\$ -	\$ 3,544.45	18%
23	512.20.007.1	REPLAC ALDYL-A MAIN BURNING SP	\$ 57,946.16	\$ -	\$ -	\$ 57,946.16	5%
24	525.19.006.1	REP- COATED STEEL TYNER JACKSO	\$ 94,233.06	\$ -	\$ -	\$ 94,233.06	100%
25	525.19.017.1	REP KY 11 LEE COUNTY HWY 4" ST	\$ 1,143.45	\$ -	\$ -	\$ 1,143.45	5%
26	525.19.031.1	REP 6" CS TL 108 MEADOWLARK DR	\$ 1,223.26	\$ -	\$ -	\$ 1,223.26	100%
27	525.20.014.1	EXT 6" CS FOR APP HARVEST-I	\$ 896.79	\$ -	\$ -	\$ 896.79	2%
28	526.19.005.1	19MIDD-REP CRANK & ROD CAN MTN	\$ 12,563.93	\$ -	\$ -	\$ 12,563.93	100%
29	D9525.MISCMTRMAT	DELTA MISC METER MATERIAL	\$ 42,954.99	\$ -	\$ -	\$ 42,954.99	NA
30	DELTAOH.CON	DELTA OVERHEAD - CONSTRUCTION	\$ 148,493.14	\$ -	\$ -	\$ 148,493.14	NA
31	SW.DELT.CPMS.PH4.2	SW CPMS PH4 - IN HOUSE	\$ 28,349.76	\$ -	\$ -	\$ 28,349.76	65%
32	SW.DELT.HANA.UPGRD.2	SW BW HANA UPGRADE - IN HOUSE	\$ 429.02	\$ -	\$ -	\$ 429.02	98%
33	SW.DELT.SAP.20.LICEN.3	SW SAP 2020 LICENSES - PURCHAS	\$ 17,946.65	\$ -	\$ -	\$ 17,946.65	100%
34	SW.DELT.WFO.PH5.2	SW WORKFORCE OPT PH5 - IN HOUS	\$ 42,008.39	\$ -	\$ -	\$ 42,008.39	71%
35	SW.DELTA.CRB.2	SW.DELTA.CRB.2 IN-HOUSE	\$ 3,016,082.27	\$ -	\$ -	\$ 3,016,082.27	74%
36	SW.DELTA.MITEL.MIGRTN.3	SW MITEL PHONE MIGTATION - PUR	\$ 2,951.02	\$ -	\$ -	\$ 2,951.02	22%
37	SW.DELTA.PERCEP.UPGRD.2	SW PERCEPTIVE UPGRADE - IN HOU	\$ 2,709.60	\$ -	\$ -	\$ 2,709.60	100%
38	SW.DELTA.PERCEP.UPGRD.3	SW PERCEPTIVE UPGRADE - PURCHA	\$ 4,409.53	\$ -	\$ -	\$ 4,409.53	100%
39	SW.SIP.DELT.EAM.REDSGN.2	SW EAM REDESIGN - IN HOUSE	\$ 76,384.23	\$ -	\$ -	\$ 76,384.23	42%
40	SW.SIP.DELT.WORKDAY.2	SW WORKDAY IMPLEMENT - IN HOUS	\$ 31.99	\$ -	\$ -	\$ 31.99	0%
TOTAL			\$ 5,903,738.38	\$ -	\$ -	\$ 5,903,738.38	

PKYC - 1300			Accumulated Costs				
Line No. (A)	Project No. (B)	Description of Project (C)	Construction Amount (D)	AFUDC Capitalized (E)	Indirect Costs Other (F) *	Total Cost (G=D+E+F)	Estimated Physical Percent Completed**
41	SW.PKYC.CRM.PH1.2	SW CRM REPLACE PH1 - IN HOUSE	\$ 45,504.11	\$ 2,134.59	\$ -	\$ 47,638.70	70%
42	SW.PKYC.DELINQ.CUST.2	SW DELINQUENT CUST MODEL - IN	\$ 813.72	\$ 12.36	\$ -	\$ 826.08	99%
43	SW.PKYC.HANA.UPGRD.2	SW BW HANA UPGRADE - IN HOUSE	\$ 35.93	\$ 0.18	\$ -	\$ 36.11	98%
44	SW.PKYC.OQRMS.2	SW OPER QUALIFICATION - IN HOU	\$ 330.94	\$ -	\$ -	\$ 330.94	50%
45	SW.PKYC.PERCEP.UPGRD.2	SW PERCEPTIVE UPGRADE - IN HOU	\$ 228.75	\$ 2.94	\$ -	\$ 231.69	99%
46	SW.PKYC.PERCEP.UPGRD.3	SW PERCEPTIVE UPGRADE - PURCHA	\$ 371.25	\$ 3.79	\$ -	\$ 375.04	99%
47	SW.PKYC.SAP.20.LICEN.3	SW SAP 2020 LICENSES - PURCHAS	\$ 1,499.52	\$ 3.96	\$ -	\$ 1,503.48	99%
48	SW.PKYC.WFO.PH5.2	SW WORKFORCE OPT PH5 - IN HOUS	\$ 3,528.40	\$ 27.69	\$ -	\$ 3,556.09	71%
49	SW.SIP.PKYC.WORKDAY.2	SW WORKDAY IMPLEMENT - IN HOUS	\$ 2.67	\$ 0.01	\$ -	\$ 2.68	0%
TOTAL			\$ 52,315.29	\$ 2,185.52	\$ -	\$ 54,500.81	

Delta Natural Gas Company, Inc
 Case No. 2021-00185
 Construction Projects
 As of August 31, 2021

Delta -1600			Accumulated Costs				
Line No. (A)	Project No. (B)	Description of Project (C)	Construction Amount (D)	AFUDC Capitalized (E)	Indirect Costs Other (F)	Total Cost (G=D+E+F)	Estimated Physical Percent Completed
1	501.20.014.1	REPLACE Aldyl-A PIPE US Hwy 60	51,509.58	\$ -	\$ -	\$ 51,509.58	10%
2	501.20.015.1	REPLACE Aldyl-A MAIN HWY 60	68,009.96	\$ -	\$ -	\$ 68,009.96	10%
3	501.20.021.1	REP MAIN VARIOUS RD CAMARGO	45,168.25	\$ -	\$ -	\$ 45,168.25	5%
4	502.19.031.1	REP ALDYL PIPE BEREA CITY LIM	280,939.00	\$ -	\$ -	\$ 280,939.00	10%
5	502.19.032.1	REP IPE BEREA CITY LIMITS E HA	207,155.04	\$ -	\$ -	\$ 207,155.04	50%
6	503.19.019.1	REP 26300' PIPE AT MULTIPLE LO	1,210,000.00	\$ -	\$ -	\$ 1,210,000.00	95%
7	505.19.008.1	19STAT-REP 4483 FT KYTC RD PRO	65,170.50	\$ -	\$ -	\$ 65,170.50	10%
8	506.19.004.1	19LOND-REP BS PIPE S DIXIE ST	9,684.96	\$ -	\$ -	\$ 9,684.96	10%
9	506.21.001.1	REP KY 129 and HWY 229	80,000.00	\$ -	\$ -	\$ 80,000.00	5%
10	506.21.005.1	REP KY 192 5th Street Portion	19,000.00	\$ -	\$ -	\$ 19,000.00	5%
11	507.20.004.1	REP 2" PE MAIN ON SILER ST	942.16	\$ -	\$ -	\$ 942.16	10%
12	507.21.001.1	REP 2" CS PENNY LN & KY 296	1,542.97	\$ -	\$ -	\$ 1,542.97	10%
13	510.19.017.1	REP BS SEVERAL LOCATIONS	85,733.64	\$ -	\$ -	\$ 85,733.64	10%
14	510.21.005.1	REP DOWNSTREAM PIPE KI PINEVIL	121.92	\$ -	\$ -	\$ 121.92	5%
15	511.21.001.1	REP PIPE LAUREL COUNTY CORB	60.66	\$ -	\$ -	\$ 60.66	5%
16	511.21.002.1	REP 8" CS ELLISON STREET	60.66	\$ -	\$ -	\$ 60.66	5%
17	512.20.007.1	REPLAC ALDYL-A MAIN BURNING SP	57,946.16	\$ -	\$ -	\$ 57,946.16	5%
18	525.19.017.1	REP KY 11 LEE COUNTY HWY 4" ST	1,258.36	\$ -	\$ -	\$ 1,258.36	10%
19	526.19.005.1	19MIDD-REP CRANK & ROD CAN MTN	14,483.93	\$ -	\$ -	\$ 14,483.93	95%
20	525.21.004.1	Croley Bend Transmission Line Replcmt	5,121.33	\$ -	\$ -	\$ 5,121.33	2%
21	501.21.004.1	Rep Main City Mt Olivet	17,333.00	\$ -	\$ -	\$ 17,333.00	10%
22	501.21.005.1	Rep Main Hwy 62 Sardis	17,333.00	\$ -	\$ -	\$ 17,333.00	10%
23	501.21.006.1	Rep a main thru Hwy 62 to Sardis	17,334.00	\$ -	\$ -	\$ 17,334.00	10%
24	525.21.021.1	21BEREA-INS-M&R STATION LINCOLN CO	2,574,600.00	\$ -	\$ -	\$ 2,574,600.00	10%
25	525.21.022.1	21BEREA-INS-8" TRANS LINE LINCOLN CO	249,612.00	\$ -	\$ -	\$ 249,612.00	20%
26	D9525.MISCMTRMAT	DELTA MISC METER MATERIAL	31,200.00	\$ -	\$ -	\$ 31,200.00	NA
27	DELTAOH.CON	DELTA OVERHEAD - CONSTRUCTION	258,700.00	\$ -	\$ -	\$ 258,700.00	NA
28	DELTAOH.GA	DELTA OVERHEAD - G&A	250,000.00	\$ -	\$ -	\$ 250,000.00	NA
29	SW.DELT.CPMS.PH5.2	SW CPMS PH5 - IN HOUSE	30,000.00	\$ -	\$ -	\$ 30,000.00	67%
30	SW.DELT.DUNNING.2	SW DUNNING STRATEGY - IN HOUSE	10,000.00	\$ -	\$ -	\$ 10,000.00	25%
31	SW.DELT.WFO.PH6.2	SW WORKFORCE OPT PH6 - IN HOUS	40,000.00	\$ -	\$ -	\$ 40,000.00	67%
32	SW.SIP.DELT.CONT.MGT.2	SW SIP CONTRACT MGMT - IN HOUS	25,000.00	\$ -	\$ -	\$ 25,000.00	15%
33	SW.SIP.DELT.PWRPLN.BLD.2	SW SIP POWERPLAN BUILDOUT - IN	100,000.00	\$ -	\$ -	\$ 100,000.00	67%
34	SW.SIP.DELT.SAP.BPC.2	SW SIP SAP BPC IMPLEMENT - IN	25,000.00	\$ -	\$ -	\$ 25,000.00	50%
35	SW.SIP.DELT.SRVR.INFRA.3	SW SIP SERVER INFRASTRUCTURE -	23,090.29	\$ -	\$ -	\$ 23,090.29	75%
36	SW.SIP.DELT.WORKDAY.2	SW WORKDAY IMPLEMENT - IN HOUS	31.99	\$ -	\$ -	\$ 31.99	0%
37	SW.DELT.SIP.VALMS21.2	SW SIP VERTICAL ASSET MGMT IMPL	30,000.00	\$ -	\$ -	\$ 30,000.00	40%
38	SW.SIP.DELT.WRKMG21.2	SW SIP WORK MANAGEMENT IMPL	30,000.00	\$ -	\$ -	\$ 30,000.00	40%
39	VENTYX.VERS9.8.2	SW Ventyx Upgrade	5,000.00	\$ -	\$ -	\$ 5,000.00	50%
TOTAL			\$ 5,938,143.36	\$ -	\$ -	\$ 5,938,143.36	

Delta Natural Gas Company, Inc
 Case No. 2021-00185
 Construction Projects
 As of December 31, 2022

Delta -1600			Accumulated Costs				
Line No. (A)	Project No. (B)	Description of Project (C)	Construction Amount (D)	AFUDC Capitalized (E)	Indirect Costs Other (F)	Total Cost (G=D+E+F)	Estimated Physical Percent Completed
1	501.20.021.1	REP MAIN VARIOUS RD CAMARGO (2023)	\$ 45,168.25	\$ -	\$ -	\$ 45,168.25	10%
2	506.19.004.1	19LOND-REP BS PIPE S DIXIE ST (2023)	\$ 9,684.96	\$ -	\$ -	\$ 9,684.96	10%
3	511.21.001.1	REP PIPE LAUREL COUNTY CORB (2023)	\$ 60.66	\$ -	\$ -	\$ 60.66	10%
4	511.21.002.1	REP 8" CS ELLISON STREET (2023)	\$ 60.66	\$ -	\$ -	\$ 60.66	10%
5	512.20.007.1	REPLAC ALDYL-A MAIN BURNING SP (2023)	\$ 57,946.16	\$ -	\$ -	\$ 57,946.16	10%
6	N/A	Outside Engineering Services PRP Projects	\$ 400,000.00	\$ -	\$ -	\$ 400,000.00	10%
7	N/A	Nicholasville Transmission Line	\$ 1,750,299.00	\$ -	\$ -	\$ 1,750,299.00	10%
8	DELTAOH.CON	DELTA OVERHEAD - CONSTRUCTION	\$ 80,000.00	\$ -	\$ -	\$ 80,000.00	NA
9	DELTAOH.GA	DELTA OVERHEAD - G&A	\$ 240,000.00	\$ -	\$ -	\$ 240,000.00	NA
10	N/A	Computer Software	\$ 393,700.00	\$ -	\$ -	\$ 393,700.00	40%
11			\$ -	\$ -	\$ -	\$ -	0%
12			\$ -	\$ -	\$ -	\$ -	0%
13			\$ -	\$ -	\$ -	\$ -	0%
14			\$ -	\$ -	\$ -	\$ -	0%
15			\$ -	\$ -	\$ -	\$ -	0%
16			\$ -	\$ -	\$ -	\$ -	0%
17			\$ -	\$ -	\$ -	\$ -	0%
18			\$ -	\$ -	\$ -	\$ -	0%
19			\$ -	\$ -	\$ -	\$ -	0%
20			\$ -	\$ -	\$ -	\$ -	0%
21			\$ -	\$ -	\$ -	\$ -	0%
22			\$ -	\$ -	\$ -	\$ -	0%
23			\$ -	\$ -	\$ -	\$ -	0%
24			\$ -	\$ -	\$ -	\$ -	0%
25			\$ -	\$ -	\$ -	\$ -	0%
26			\$ -	\$ -	\$ -	\$ -	0%
27			\$ -	\$ -	\$ -	\$ -	0%
28			\$ -	\$ -	\$ -	\$ -	0%
29			\$ -	\$ -	\$ -	\$ -	0%
30			\$ -	\$ -	\$ -	\$ -	0%
31			\$ -	\$ -	\$ -	\$ -	0%
32			\$ -	\$ -	\$ -	\$ -	0%
33			\$ -	\$ -	\$ -	\$ -	0%
34			\$ -	\$ -	\$ -	\$ -	0%
35			\$ -	\$ -	\$ -	\$ -	0%
36			\$ -	\$ -	\$ -	\$ -	0%
37			\$ -	\$ -	\$ -	\$ -	0%
38			\$ -	\$ -	\$ -	\$ -	0%
39			\$ -	\$ -	\$ -	\$ -	0%
40			\$ -	\$ -	\$ -	\$ -	0%
41			\$ -	\$ -	\$ -	\$ -	0%
42			\$ -	\$ -	\$ -	\$ -	0%
TOTAL			\$ 2,976,919.69	\$ -	\$ -	\$ 2,976,919.69	

DELTA NATURAL GAS COMPANY, INC.

CASE NO. 2021-00185

FIRST PSC DATA REQUEST

DATED MAY 13, 2021

24. Provide, in the format provided in Schedule H, an analysis of the utility's Construction Work in Progress (CWIP) as defined in the Uniform System of Accounts for each project identified in Schedule G.

Response:

See attached. Delta does not budget at the individual project level and thus cannot provide the budget estimates by project. Delta also does not estimate project completion dates in a manner that allows Delta to compile historical estimated project completion dates. For the 12 months preceding the base period, Delta is unable to provide the historical estimated project completion dates.

Sponsoring Witness:

Jonathan Morphew / Andrea Schroeder

Delta Natural Gas Company, Inc
Case No. 2021-00185
Construction Work in Progress - Percent Complete*
as of August 31, 2020

Line No. (A)	Project No. (B)	Date Construction Work Began (C)	Estimated Project Completion Date (D)	Percent of Elapsed Time (E)	Original Budget Estimate (F)	Most Recent Budget Estimate (G)	Total Project Expenditures (H)	Percent of Total Expenditures (I) = (G/H)
1	501.19.016.1	May-19	NA	NA	NA	NA	\$ 25,696.62	NA
2	501.20.014.1	Apr-20	NA	NA	NA	NA	\$ 51,418.06	NA
3	501.20.015.1	Apr-20	NA	NA	NA	NA	\$ 66,537.67	NA
4	501.20.017.1	Apr-20	NA	NA	NA	NA	\$ 578,671.06	NA
5	501.20.020.1	May-20	NA	NA	NA	NA	\$ 50,846.29	NA
6	502.19.019.1	Jun-19	NA	NA	NA	NA	\$ 424,725.59	NA
7	502.19.031.1	Nov-19	NA	NA	NA	NA	\$ 100,939.00	NA
8	502.19.032.1	Nov-19	NA	NA	NA	NA	\$ 20,285.04	NA
9	502.20.012.1	Mar-20	NA	NA	NA	NA	\$ 582.28	NA
10	503.19.019.1	Aug-19	NA	NA	NA	NA	\$ 49,846.58	NA
11	505.19.008.1	Aug-19	NA	NA	NA	NA	\$ 59,662.05	NA
12	505.19.010.1	Sep-19	NA	NA	NA	NA	\$ 2,309.92	NA
13	506.19.004.1	May-19	NA	NA	NA	NA	\$ 9,684.96	NA
14	506.20.007.1	Aug-20	NA	NA	NA	NA	\$ 2,196.85	NA
15	510.19.010.1	May-19	NA	NA	NA	NA	\$ 12,600.17	NA
16	510.19.011.1	May-19	NA	NA	NA	NA	\$ 15,869.53	NA
17	510.19.017.1	Dec-19	NA	NA	NA	NA	\$ 85,733.64	NA
18	511.19.022.1	Jul-19	NA	NA	NA	NA	\$ 673,253.04	NA
19	511.19.025.1	Oct-19	NA	NA	NA	NA	\$ 5,821.23	NA
20	511.20.010.1	Apr-20	NA	NA	NA	NA	\$ 111,772.71	NA
21	511.20.017.1	Jul-20	NA	NA	NA	NA	\$ 984.40	NA
22	512.20.004.1	Jun-20	NA	NA	NA	NA	\$ 3,544.45	NA
23	512.20.007.1	Apr-20	NA	NA	NA	NA	\$ 57,946.16	NA
24	525.19.006.1	May-20	NA	NA	NA	NA	\$ 94,233.06	NA
25	525.19.017.1	Aug-19	NA	NA	NA	NA	\$ 1,143.45	NA
26	525.19.031.1	Oct-19	NA	NA	NA	NA	\$ 1,223.26	NA
27	525.20.014.1	Jul-20	NA	NA	NA	NA	\$ 896.79	NA
28	526.19.005.1	Mar-20	NA	NA	NA	NA	\$ 12,563.93	NA
29	D9525.MISCMTRMAT	NA	NA	NA	NA	NA	\$ 42,954.99	NA
30	DELTAOH.CON	NA	NA	NA	NA	NA	\$ 148,493.14	NA
31	SW.DELT.CPMS.PH4.2	Feb-20	NA	NA	NA	NA	\$ 28,349.76	NA
32	SW.DELT.HANA.UPGRD.2	Jul-20	NA	NA	NA	NA	\$ 429.02	NA
33	SW.DELT.SAP.20.LICEN.3	Aug-20	NA	NA	NA	NA	\$ 17,946.65	NA
34	SW.DELT.WFO.PH5.2	Feb-20	NA	NA	NA	NA	\$ 42,008.39	NA
35	SW.DELTA.CRB.2	Feb-19	NA	NA	NA	NA	\$ 3,016,082.27	NA
36	SW.DELTA.MITEL.MIGRTN.3	Dec-19	NA	NA	NA	NA	\$ 2,951.02	NA
37	SW.DELTA.PERCEP.UPGRD.2	Oct-19	NA	NA	NA	NA	\$ 2,709.60	NA
38	SW.DELTA.PERCEP.UPGRD.3	May-20	NA	NA	NA	NA	\$ 4,409.53	NA
39	SW.SIP.DELT.EAM.REDSGN.2	Jun-20	NA	NA	NA	NA	\$ 76,384.23	NA
40	SW.SIP.DELT.WORKDAY.2	Jun-20	NA	NA	NA	NA	\$ 31.99	NA

Delta Natural Gas Company, Inc
 Case No. 2021-00185
 Construction Work in Progress - Percent Complete*
 as of August 31, 2020

Line No. (A)	Project No. (B)	Date Construction Work Began (C)	Estimated Project Completion Date (D)	Percent of Elapsed Time (E)	Original Budget Estimate (F)	Most Recent Budget Estimate (G)	Total Project Expenditures (H)	Percent of Total Expenditures (I) = (G/H)
							<u>\$ 5,903,738.38</u>	
PKYC - 1300								
Line No. (A)	Project No. (B)							
1	SW.PKYC.CRM.PH1.2	Jan-18	NA	NA	NA	NA	\$ 47,638.70	NA
2	SW.PKYC.DELINQ.CUST.2	Feb-20	NA	NA	NA	NA	\$ 826.08	NA
3	SW.PKYC.HANA.UPGRD.2	Jul-20	NA	NA	NA	NA	\$ 36.11	NA
4	SW.PKYC.OQRMS.2	Aug-20	NA	NA	NA	NA	\$ 330.94	NA
5	SW.PKYC.PERCEP.UPGRD.2	Oct-19	NA	NA	NA	NA	\$ 231.69	NA
6	SW.PKYC.PERCEP.UPGRD.3	May-20	NA	NA	NA	NA	\$ 375.04	NA
7	SW.PKYC.SAP.20.LICEN.3	Aug-20	NA	NA	NA	NA	\$ 1,503.48	NA
8	SW.PKYC.WFO.PH5.2	Feb-20	NA	NA	NA	NA	\$ 3,556.09	NA
9	SW.SIP.PKYC.WORKDAY.2	Jun-20	NA	NA	NA	NA	\$ 2.68	NA
							<u>\$ 54,500.81</u>	

*Should be based on expenditures including AFUDC

Delta Natural Gas Company, Inc
 Case No. 2021-00185
 Construction Work in Progress - Percent Complete*
 as of August 31, 2021

Line No. (A)	Project No. (B)	Date Construction Work Began (C)	Estimated Project Completion Date (D)	Percent of Elapsed Time (E)	Original Budget Estimate (F)	Most Recent Budget Estimate (G)	Total Project Expenditures (H)	Percent of Total Expenditures (I) = (G/H)
1	501.20.014.1	Apr-20	Dec-22	52%	NA	NA	\$ 51,509.58	NA
2	501.20.015.1	Apr-20	Dec-22	52%	NA	NA	\$ 68,009.96	NA
3	501.20.021.1	Jun-20	Dec-23	36%	NA	NA	\$ 45,168.25	NA
4	502.19.031.1	Nov-19	Dec-21	85%	NA	NA	\$ 280,939.00	NA
5	502.19.032.1	Nov-19	Dec-21	85%	NA	NA	\$ 207,155.04	NA
6	503.19.019.1	Aug-19	Dec-21	86%	NA	NA	\$ 1,210,000.00	NA
7	505.19.008.1	Aug-19	Jan-22	83%	NA	NA	\$ 65,170.50	NA
8	506.19.004.1	Jun-19	Dec-23	49%	NA	NA	\$ 9,684.96	NA
9	506.21.001.1	Mar-21	Dec-22	24%	NA	NA	\$ 80,000.00	NA
10	506.21.005.1	Mar-21	Dec-22	24%	NA	NA	\$ 19,000.00	NA
11	507.20.004.1	Sep-20	Dec-22	41%	NA	NA	\$ 942.16	NA
12	507.21.001.1	Mar-21	Dec-21	56%	NA	NA	\$ 1,542.97	NA
13	510.19.017.1	Jan-20	Dec-22	54%	NA	NA	\$ 85,733.64	NA
14	510.21.005.1	Apr-21	Dec-22	23%	NA	NA	\$ 121.92	NA
15	511.21.001.1	Feb-21	Dec-23	18%	NA	NA	\$ 60.66	NA
16	511.21.002.1	Feb-21	Dec-23	18%	NA	NA	\$ 60.66	NA
17	512.20.007.1	Apr-20	Dec-23	38%	NA	NA	\$ 57,946.16	NA
18	525.19.017.1	Sep-19	Jan-22	83%	NA	NA	\$ 1,258.36	NA
19	526.19.005.1	Mar-20	Dec-21	82%	NA	NA	\$ 14,483.93	NA
20	525.21.004.1	Feb-21	Dec-22	28%	NA	NA	\$ 5,121.33	NA
21	501.21.004.1	Apr-21	Dec-22	22%	NA	NA	\$ 17,333.00	NA
22	501.21.005.1	Apr-21	Dec-22	22%	NA	NA	\$ 17,333.00	NA
23	501.21.006.1	Apr-21	Dec-22	22%	NA	NA	\$ 17,334.00	NA
24	525.21.021.1	Jun-21	Dec-22	14%	NA	NA	\$ 2,574,600.00	NA
25	525.21.022.1	Jun-21	Dec-22	14%	NA	NA	\$ 249,612.00	NA
26	D9525.MISCMTMAT	NA	NA	NA	NA	NA	\$ 31,200.00	NA
27	DELTAOH.CON	NA	NA	NA	NA	NA	\$ 258,700.00	NA
28	DELTAOH.GA	NA	NA	NA	NA	NA	\$ 250,000.00	NA
29	SW.DELT.CPMS.PH5.2	Feb-21	Dec-21	63%	NA	NA	\$ 30,000.00	NA
30	SW.DELT.DUNNING.2	Apr-21	Dec-21	55%	NA	NA	\$ 10,000.00	NA
31	SW.DELT.WFO.PH6.2	Feb-21	Dec-21	61%	NA	NA	\$ 40,000.00	NA
32	SW.SIP.DELT.CONT.MGT.2	Jan-21	Jun-22	42%	NA	NA	\$ 25,000.00	NA
33	SW.SIP.DELT.PWRPLN.BLD.2	Apr-21	Dec-21	55%	NA	NA	\$ 100,000.00	NA
34	SW.SIP.DELT.SAP.BPC.2	Apr-21	Apr-22	38%	NA	NA	\$ 25,000.00	NA
35	SW.SIP.DELT.SRVR.INFRA.3	May-21	Apr-22	33%	NA	NA	\$ 23,090.29	NA
36	SW.SIP.DELT.WORKDAY.2	Jun-20	Dec-22	48%	NA	NA	\$ 31.99	NA
37	SW.SIP.DELT.VALMS21.2	May-21	Dec-21	49%	NA	NA	\$ 30,000.00	NA
38	SW.SIP.DELT.WRKMGT21.2	May-21	Dec-21	49%	NA	NA	\$ 30,000.00	NA
39	VENTYX.VERS9.8.2	Jun-21	Dec-21	42%	NA	NA	\$ 5,000.00	NA
							\$ 5,938,143.36	

Line No. (A)	Project No. (B)	Date Construction Work Began (C)	Estimated Project Completion Date (D)	Percent of Elapsed Time (E)	Original Budget Estimate (F)	Most Recent Budget Estimate (G)	Total Project Expenditures (H)	Percent of Total Expenditures (I) = (G/H)
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*Should be based on expenditures including AFUDC

Schedule H

Delta Natural Gas Company, Inc
 Case No. 2021-00185
 Construction Work in Progress - Percent Complete*
 as of December 31, 2022

Line No. (A)	Project No. (B)	Date Construction Work Began (C)	Estimated Project Completion Date (D)	Percent of Elapsed Time (E)	Original Budget Estimate (F)	Most Recent Budget Estimate (G)	Total Project Expenditures (H)	Percent of Total Expenditures (I) = (G/H)
1	501.20.021.1	Jun-20	Dec-23	72%	N/A	N/A	\$ 45,168.25	N/A
2	506.19.004.1	Jun-19	Dec-23	78%	N/A	N/A	\$ 9,684.96	N/A
3	511.21.001.1	Feb-21	Dec-23	65%	N/A	N/A	\$ 60.66	N/A
4	511.21.002.1	Feb-21	Dec-23	65%	N/A	N/A	\$ 60.66	N/A
5	512.20.007.1	Apr-20	Dec-23	73%	N/A	N/A	\$ 57,946.16	N/A
6	Outside Engineering Services PRP Proj	Jan-22	Dec-24	33%	N/A	N/A	\$ 400,000.00	N/A
7	Nicholasville Transmission Line	Jan-22	Dec-23	50%	N/A	N/A	\$ 1,750,299.00	N/A
8	DELTAOH.CON	NA	NA	NA	N/A	N/A	\$ 80,000.00	N/A
9	DELTAOH.GA	NA	NA	NA	N/A	N/A	\$ 240,000.00	N/A
10	Computer Software	Sep-22	Mar-23	57%	N/A	N/A	\$ 393,700.00	N/A
							<u>2,976,919.69</u>	

as of date

12/31/2022

*Should be based on expenditures including AFUDC

DELTA NATURAL GAS COMPANY, INC.
CASE NO. 2021-00185

FIRST PSC DATA REQUEST
DATED MAY 13, 2021

25. Concerning the utility's construction projects:
- a. For each project started during the last five calendar years, provide the information requested in the format contained in Schedule I1. For each project, include the amount of any cost variance and delay encountered, and explain in detail the reasons for such variances and delays.
 - b. Using the data included in Schedule I1, calculate the annual "Slippage Factor" associated with those construction projects. The Slippage Factor should be calculated as shown in Schedule I2.
 - c. In determining the capital additions reflected in the base period and forecasted test period, explain whether the utility recognized a Slippage Factor.

Response:

- a. See attached. Delta has historically not budgeted at the project level so is instead providing historical budget information at the FERC account level for the last five years. Delta is providing actual spend by both FERC account and project.
- b. See attached. Delta calculated the Slippage Factor using all capital shown in Schedule I1.
- c. Delta did not recognize a Slippage Factor in either the base period or forecasted test period. The calculation shown in response to part b produces a 5-year average slippage factor of 109.482%. Recognizing a Slippage Factor would have increased Delta's revenue requirement and Delta declined to recognize it to lessen the impact of the rate increase on customers. Delta's calculation of the Slippage Factor demonstrates the reasonableness of Delta's accuracy in projecting capital additions given the years of being both over and under budget.

Sponsoring Witness:

Jonathan Morphew / Andrea Schroeder

Delta Natural Gas Company, Inc.
Case No. 2021-00185

Construction Projects
For 5 Years ended December 31, 2020

Project No.	Project Title/Description	Annual Actual Cost	Annual Original Budget	Variance in Dollars	Variance as Percent	Percent of Budget	Total Actual Project Cost	Total Budget Project Cost	Variance in Dollars	Date Original Budget Start	Date Original Budget End	Date Actual Start	Date Actual End	
Year 2016														
525819	PURCHASE PORTABLE H2S ANALYZER	14,966					14,966			Jan-16	Dec-16	12/10/2015	4/19/2016	
695	LABORATORY EQUIPMENT	22,081					22,081			Jan-16	Dec-16	NA	NA	
1395		37,047	26,500	(10,547)	-39.80%	0.41%	37,047							
530035	Pipe from Admin Office to Srv	3,216					14,558			Jan-16	Dec-16	1/8/2016	3/22/2017	
690	GEN STRUCTURES & IMPROVEMENTS	73,846					73,846			Jan-16	Dec-16	NA	NA	
1390		77,061	55,200	(21,861)	-39.60%	0.85%	88,404							
691	OFFICE FURNITURE & EQUIPMENT	37,417					37,417			Jan-16	Dec-16	NA	NA	
1391		37,417	14,400	(23,017)	-159.84%	0.41%	37,417							Unexpected replacements
692	TRANSPORTATION EQUIPMENT	629,079					629,079			Jan-16	Dec-16	NA	NA	
1392		629,079	654,000	24,921	3.81%	6.90%	629,079							
697	COMMUNICATION EQUIPMENT	4,219					4,219			Jan-16	Dec-16	NA	NA	
1397		4,219	6,000	1,781	29.69%	0.05%	4,219							
63002	COMPUTER SOFTWARE	90,960					90,960			Jan-16	Dec-16	NA	NA	
530036	Purchase of Laptop Computers	38,041					48,927			Jan-16	Dec-16	5/1/2016	08/29/2017	
139902		129,001	1,276,700	1,147,699	89.90%	1.42%	139,887							System conversion delayed due to proposed acquisition
63003	COMPUTER HARDWARE	7,097					7,097			Jan-16	Dec-16	NA	NA	
139903		7,097	185,300	178,203	96.17%	0.08%	7,097							System conversion delayed due to proposed acquisition
630031	COMPUTERIZED OFFICE EQUIPMENT	25,520					25,520			Jan-16	Dec-16	NA	NA	
1399031		25,520	24,000	(1,520)	-6.34%	0.28%	25,520							
625	GATHERING RIGHTS OF WAY	17					17			Jan-16	Dec-16	NA	NA	
1325		17	0	(17)	-100.00%	0.00%	17							Unanticipated expenditures in budget
526179	REPLACE CORN CREEK LINE ON HWY	10,138					150,512			Jan-16	Dec-16	10/22/2018	12/19/2018	
526182	RELOCATION ON HWY 2011 FOR BRI	98,180					97,314			Jan-16	Dec-16	9/13/2016	10/19/2016	
526183	EXT to HPR set for 99 Clara As	2,082					2,082			Jan-16	Dec-16	5/23/2016	5/23/2016	
526186	TAP AND EXTEND ON CROLEY BEND	2,309					2,309			Jan-16	Dec-16	8/23/2016	8/23/2016	
1332		112,708	99,300	(13,408)	-13.50%	1.24%	252,217							
525839	REPAIR EROSION AT KETTLE ISLAN	7,615					7,615			Jan-16	Dec-16	6/16/2016	6/20/2016	
526180	AIR QUALITY PERMIT WOODBINE CO	3,538					3,925			Jan-16	Dec-16	1/7/2016	2/1/2017	
526181	AIR QUALITY PERMIT LIFORD COMP	2,969					3,357			Jan-16	Dec-16	1/7/2016	2/1/2017	
526184	INSTALL DEHYDRATOR AT KETTLE I	31,305					31,305			Jan-16	Dec-16	6/14/2016	6/28/2016	
1333		45,427	0	(45,427)	-100.00%	0.50%	46,202							Projects not anticipated at the time of the Budget preparation
525789	CONSTRUCT GARAGE ON CANADA MOU	1,195					102,096			Jan-16	Dec-16	6/30/2015	12/31/2015	
525808	INSTALL FENCE AROUND GARAGE ON	(2,060)					4,120			Jan-16	Dec-16	10/7/2015	10/15/2015	
1351		(865)	0	865	-100.00%	-0.01%	106,216							Projects not anticipated at the time of the Budget preparation
525840	ACCUMULATE COST DRILL STORAGE	234,832					3,284,933			Jan-16	Dec-16	7/1/2016	9/1/2017	
1352		234,832	1,500,000	1,265,168	84.34%	2.58%	3,284,933							Timing - Most charges appear for these projects in 2017
525787	RELOCATION ON CM NEAR STATION	373,789					375,933			Jan-16	Dec-16	7/21/2016	9/15/2016	
525807	INSTALL RECTIFIER RTU CLEAR CR	6,669					7,006			Jan-16	Dec-16	1/28/2016	1/28/2016	
525827	LOWER PIPE IN LITTLE CLEAR CRE	81,401					82,415			Jan-16	Dec-16	8/8/2016	8/24/2016	
1353		461,859	37,500	(424,359)	-1131.62%	5.07%	465,354							Projects not anticipated at the time of the Budget preparation
525834	REPLACE RINGS ON CM # 3 COMPRE	20,398					20,398			Jan-16	Dec-16	4/11/2016	5/16/2016	
525856	UPGRADE EXPANSION JOINT ON UNI	3,740					6,746			Jan-16	Dec-16	11/3/2016	1/30/2017	
1354		24,138	-	(24,138)	-100.00%	0.26%	24,138							Unanticipated expenditures in budget
1355		0	150,000	150,000	100.00%	0.00%	0							Anticipated expenditures didn't materialize
525804	MODIFY PLC PROGRAM FOR NGL PUM	(1,275)					2,550			Jan-16	Dec-16	10/19/2015	10/27/2015	
525836	UPGRADE PUMPS ON CM STRIPPING	6,603					6,603			Jan-16	Dec-16	5/2/2016	9/2/2016	
525855	REBUILD LIQUIDS PUMP ON CANADA	2,045					2,018			Jan-16	Dec-16	11/3/2016	1/16/2017	
1356		7,372	225,000	217,628	96.72%	0.08%	11,171							Anticipated projects didn't materialize - don't see these carry-over to 2017

Project No.	Project Title/Description	Annual Actual Cost	Annual Original Budget	Variance in Dollars	Variance as Percent	Percent of Budget	Total Actual Project Cost	Total Budget Project Cost	Variance in Dollars	Date Original Budget Start	Date Original Budget End	Date Actual Start	Date Actual End	
525694	PURCHASE BUNDY REGULATOR STATI	2,000					23,991			Jan-16	Dec-16	9/3/2014	2/3/2015	
525835	PURCHASE HOUSE ON GABBARD FORK	80,501					80,501			Jan-16	Dec-16	4/22/2016	6/15/2016	
136501		82,501	0	(82,501)	-100.00%	0.91%	104,492							Projects not anticipated at the time of the Budget preparation
66502	TRANSMISSION RIGHTS OF WAY	3,247					3,247			Jan-16	Dec-16	NA	NA	
136502		3,247	18,000	14,753	81.96%	0.04%	3,247							Expenditures less than anticipated
525768	INSTALL RECTIFIER AT WOLF CREE	1,074					5,464			Jan-16	Dec-16	1/29/2016	1/29/2016	
525776	RELOCATE ALONG HWY 25 IN MADIS	92,648					189,562			Jan-16	Dec-16	6/20/2016	6/21/2017	
525778	REPAIR MBM LINE NEAR HORSE CRE	13,033					13,033			Jan-16	Dec-16	2/13/2015	8/18/2015	
525783	REPLACE SWAFFORD VALVE ON MBM	779					38,987			Jan-16	Dec-16	5/1/2015	8/18/2015	
525796	RELOCATION ON HWY 3376 IN RICH	96					96			Jan-16	Dec-16	6/13/2016	7/25/2016	
525800	REPLACE ON OLD LOG MOUNTAIN RO	2,316					444,825			Jan-16	Dec-16	10/3/2018	11/27/2018	
525805	Rep Rectifier Unit at Farmers Due to Flood	5,961					6,752			Jan-16	Dec-16	9/18/2015	2/15/2016	
525806	INSTALL RECTIFIER RTU MIDDLESB	6,575					7,064			Jan-16	Dec-16	9/24/2015	1/27/2016	
525812	ACCUMULATE COST TO REPAIR VALV	5,777					5,783			Jan-16	Dec-16	11/4/2015	11/4/2015	
525816	BARRICADE FOR VALVE ON SULPHUR	1,296					2,974			Jan-16	Dec-16	12/10/2015	1/19/2016	
525817	BARRICADE FOR VALVE JESSAMINE	1,007					2,550			Jan-16	Dec-16	12/10/2015	1/26/2016	
525818	BARRICADE FOR VALVE JOHN WATTS	1,318					2,788			Jan-16	Dec-16	12/10/2015	1/19/2016	
525824	EM ON STRAIGHT CREEK RECTIFIER	6,765					6,765			Jan-16	Dec-16	2/9/2016	5/26/2016	
525825	EM ON KETTLE ISLAND RECTIFIER	6,639					6,639			Jan-16	Dec-16	2/9/2016	5/26/2016	
525826	RELOCATE 2101 JOHN WATTS DR NV	110,632					110,632			Jan-16	Dec-16	7/15/2016	9/19/2016	
525828	REPAIR EXPOSED TRANEX PIPELINE	7,160					7,160			Jan-16	Dec-16	2/18/2016	6/14/2016	
525829	REPAIR EXPOSED JWB/PROCTOR HOL	9,986					9,986			Jan-16	Dec-16	5/20/2016	6/7/2016	
525830	REPAIR SLIDE ON RCR/MUDDY CREE	11,871					11,871			Jan-16	Dec-16	5/13/2016	6/10/2016	
525831	EM ON VEACH RECTIFIER	6,460					6,460			Jan-16	Dec-16	3/15/2016	8/30/2016	
525832	EM ON GABBARD FORK RECTIFIER	6,460					6,460			Jan-16	Dec-16	3/15/2016	8/30/2016	
525838	ACCUMULATE COST PIPELINE INTEG	15,669					15,669			Jan-16	Dec-16	9/16/2016	9/23/2016	
525842	ELECTRIC RECTIFIER MONITOR DEW	6,264					6,264			Jan-16	Dec-16	6/27/2016	11/18/2016	
525843	ELECTRIC RECTIFIER MONITOR DEW	6,758					6,758			Jan-16	Dec-16	6/27/2016	11/18/2016	
525848	INSTALL BARRICADE WOODBINE COM	11,912					11,912			Jan-16	Dec-16	9/12/2016	9/30/2016	
525849	REPLACE EXPOSED PIPE ON REYNOL	216					216			Jan-16	Dec-16	8/5/2019	8/20/2019	
525852	RECTIFIER MONITORING KISSY BRA	5,091					11,054			Jan-16	Dec-16	3/17/2017	3/30/2017	
525853	RECTIFIER MONITOR WALLY'S PAY	5,091					6,391			Jan-16	Dec-16	1/25/2017	2/1/2017	
525854	REPLACEMENT ON BALLARD FORD RO	918					918			Jan-16	Dec-16	7/1/2019	7/18/2019	
1367		349,773	245,250	(104,523)	-42.62%	3.84%	945,033							
525810	EMISSIONS TESTING AT GABBARD F	7,042					7,042			Jan-16	Dec-16	1/25/2016	1/26/2016	
525822	AIR QUALITY PERMIT EAST/WEST C	3,317					3,317			Jan-16	Dec-16	1/14/2016	2/1/2017	
525823	AIR QUALITY PERMIT RADER CREEK	3,193					3,193			Jan-16	Dec-16	1/14/2016	2/1/2017	
525833	SUPPORT COOLING TOWERS RED LIC	5,295					5,295			Jan-16	Dec-16	3/22/2016	5/16/2016	
1368		18,847	0	(18,847)	-100.00%	0.21%	18,847							Projects not anticipated at the time of the Budget preparation
525774	REPLACE ODORIZER AT KINGSTON	1,106					46,301			Jan-16	Dec-16	12/8/2014	2/1/2016	
525821	INSTALL TELEMETRY FOR STATION	4,350					4,350			Jan-16	Dec-16	1/13/2016	1/28/2016	
525845	REPLACE ODORIZER AT KINGSTON S	58,890					60,125			Jan-16	Dec-16	7/8/2016	3/30/2017	
525846	RELOCATE CRUTCHER ODORIZER GAB	22,736					22,736			Jan-16	Dec-16	7/7/2016	7/19/2016	
1369		87,082	66,600	(20,482)	-30.75%	0.96%	133,513							
1371		0	9,000	9,000	100.00%	0.00%	0							Expenditures less than anticipated
674	DISTR LAND AND LAND RIGHTS	1,272					1,272			Jan-16	Dec-16	NA	NA	
1374		1,272	6,000	4,728	78.80%	0.01%	1,272							Expenditures less than anticipated
1375		0	5,000	5,000	100.00%	0.00%	0							Expenditures less than anticipated
50103344	Inst. 2" rd crossing to Barry	361					3,994			Jan-16	Dec-16	10/6/2010	10/8/2010	
50103405	Ext Dist 300' for North Fork A	6,636					18,424			Jan-16	Dec-16	2/11/2015	3/16/2015	
50103427	Ext Dist 235' For North Fork A	2,139					2,139			Jan-16	Dec-16	12/3/2015	2/12/2016	
50103428	Ext. 2" Dist. to serve 100 Blu	1,901					12,401			Jan-16	Dec-16	12/3/2015	12/10/2015	
50103429	Ext 2" dist to 180 Nicole Lane	4,225					4,614			Jan-16	Dec-16	2/29/2016	3/2/2016	
50103430	Ext 2" dist to 250 Redwood Lan	3,261					3,926			Jan-16	Dec-16	1/29/2016	2/5/2016	
50103432	Inst. 3/4" rd crossing to 264 E	1,095					1,095			Jan-16	Dec-16	3/7/2016	3/7/2016	
50103433	Inst. Rd Xing to 268 Primrose	2,236					2,236			Jan-16	Dec-16	3/15/2016	3/21/2016	
50103434	Inst RD. Xing to 655 Eagle DR.	933					933			Jan-16	Dec-16	3/15/2016	3/18/2016	
50103435	Int rd xing to 140 Sunny Hill	2,275					2,275			Jan-16	Dec-16	3/24/2016	3/29/2016	
50103436	Inst. Rd xing to serve Bobby R	749					749			Jan-16	Dec-16	4/5/2016	4/8/2016	

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50103437	Ext dist. 150' to serve 330 To	4,255					4,255			Jan-16	Dec-16	4/1/2016	4/22/2016
50103438	Inst Rding to serve 10929 Hwy	2,733					2,733			Jan-16	Dec-16	5/2/2016	7/27/2016
50103439	Ext. Dist. 75' to serve 2472 M	3,332					3,332			Jan-16	Dec-16	8/16/2016	8/19/2016
50103440	Ext. 2" Dist to serve 55 Shawn	4,148					4,530			Jan-16	Dec-16	8/3/2016	8/22/2016
50103441	Ext Dist 200' Long Branch Rd.	4,143					4,143			Jan-16	Dec-16	10/24/2016	11/11/2016
50103442	Inst. Rd Crossing at 5390 Hwy	5,937					5,937			Jan-16	Dec-16	9/23/2016	11/9/2016
50103444	Inst. rd Xing to serve 1418 Am	2,433					2,433			Jan-16	Dec-16	11/15/2016	11/16/2016
50103445	EXt dist to serve lot B Lake P	1,202					1,202			Jan-16	Dec-16	10/26/2016	11/14/2016
50103446	Inst. Rd. xing to serve 57 Wri	3,286					3,781			Jan-16	Dec-16	11/7/2016	11/7/2016
50103449	Inst Rd xing to serve 137 Bath	2,058					2,646			Jan-16	Dec-16	11/16/2016	12/22/2016
50106154	Rep and relocate 175' 2" bare	8,074					8,074			Jan-16	Dec-16	4/7/2016	4/19/2016
501303	Ext 2" plas Dist main 1650' Hw	22,885					22,885			Jan-16	Dec-16	10/26/2015	6/20/2016
501304	Ext. 4" Dist. 1045' on Hwy 801	18,121					18,121			Jan-16	Dec-16	11/16/2015	3/18/2016
501305	Relocate 600' 2" plas.Mt. Oliv	147					147			Jan-16	Dec-16	2/3/2016	2/22/2016
501307	Ext 2" Dist. to serve Bayou Ln	20,545					23,037			Jan-16	Dec-16	9/8/2016	11/1/2016
50203460	Ins xing at at Jct Hwy 595 & L	10,235					10,235			Jan-16	Dec-16	11/17/2015	11/19/2016
50203462	Ext to Bethel Baptist Church G	7,687					7,687			Jan-16	Dec-16	1/5/2016	2/23/2016
50203463	Ext along Hwy 25 to Keeton Dr	22,029					22,029			Jan-16	Dec-16	12/3/2015	1/14/2016
50203464	Ins xing at 137 Pennington Str	664					664			Jan-16	Dec-16	12/2/2015	1/1/2016
50203465	Ext to 121 Vervain Court	3,299					3,299			Jan-16	Dec-16	11/20/2015	2/22/2016
50203466	Ins xing at 401 Red Square Cou	1,139					1,139			Jan-16	Dec-16	12/28/2015	3/9/2016
50203467	Ins xing at 80 Christi Dr.	441					441			Jan-16	Dec-16	2/12/2016	3/4/2016
50203468	Ins xing at 204 Twin Lakes Sub	2,413					2,413			Jan-16	Dec-16	2/29/2016	3/16/2016
50203469	Ins xing at 206 Twin Lakes Sub	1,530					1,530			Jan-16	Dec-16	3/7/2016	3/15/2016
50203470	Ext to 302 Terri Ave in Sun Cr	6,687					6,687			Jan-16	Dec-16	3/16/2016	4/29/2016
50203471	Ext from 172 Glades Rd to 354	5,602					5,602			Jan-16	Dec-16	4/8/2016	7/22/2016
50203472	Ext from Meadow Ridge Rd to De	8,665					8,665			Jan-16	Dec-16	5/31/2016	6/8/2016
50203473	Ins xing at 109 Parkway Ave.	1,648					1,648			Jan-16	Dec-16	5/17/2016	5/25/2016
50203474	Ins xing at 110 Tanglewood Tra	2,370					2,370			Jan-16	Dec-16	6/3/2016	6/3/2016
50203475	Ins xing at 110 Twin Lakes Dri	944					944			Jan-16	Dec-16	7/15/2016	7/19/2016
50203477	Ins xing at 132 Tuscany Dr.	1,325					1,325			Jan-16	Dec-16	8/26/2016	9/6/2016
50203478	Ins xing to 928 & 932 Cabernet	1,363					1,363			Jan-16	Dec-16	10/24/2016	11/8/2016
50203479	Extend main to 119 Vervain Ct.	2,196					2,196			Jan-16	Dec-16	10/26/2016	11/22/2016
50203480	Ext to 102 Hughes Ave.	935					935			Jan-16	Dec-16	11/14/2016	11/17/2016
50206265	Rep 103 Parkway to 308 Chestnu	14,796					14,796			Jan-16	Dec-16	5/13/2016	5/23/2016
50206266	Rel main at Lot 505 Field Cres	2,392					2,392			Jan-16	Dec-16	6/27/2016	6/27/2016
50206267	Rel main on Hwy 595 at Science	44,254					44,254			Jan-16	Dec-16	7/22/2016	9/12/2016
50206268	Rep Main at 212 Chestnut Stree	13,197					13,197			Jan-16	Dec-16	8/17/2016	9/2/2016
502396	Rel along Hwy 1016,1617 & 3376	641					42,619			Jan-16	Dec-16	8/6/2018	9/5/2018
502446	Rel from Ellispe St to Berea B	318,771					237,358			Jan-16	Dec-16	3/23/2016	2/6/2017
50303736	Inst main New lot 120 Tara Lan	2,975					4,463			Jan-16	Dec-16	8/18/2015	8/19/2015
50303741	Inst Road crossing 278 Manitob	770					3,739			Jan-16	Dec-16	10/12/2015	10/19/2015
50303744	Inst Road crossing 605 Harlan	215					1,539			Jan-16	Dec-16	11/5/2015	11/12/2015
50303746	Inst Road Crossing 1541 S Main	3,890					3,890			Jan-16	Dec-16	2/9/2016	3/7/2016
50303747	Inst Roadcrossing 336 Manitoba	2,193					2,193			Jan-16	Dec-16	12/14/2015	1/15/2016
50303748	Inst Roadcrossing 356 Manitoba	4,152					4,152			Jan-16	Dec-16	12/14/2015	1/7/2016
50303749	Inst RoadCrossing 344 Manitoba	1,739					1,739			Jan-16	Dec-16	12/14/2015	1/13/2016
50303750	Inst Road Crossing 4552 Windst	1,798					1,798			Jan-16	Dec-16	1/15/2016	1/19/2016
50303751	Inst 2 in Dist 241 Manitoba La	1,441					1,441			Jan-16	Dec-16	2/18/2016	2/23/2016
50303752	Inst Road Crossing 193 Carolyn	1,642					1,642			Jan-16	Dec-16	2/18/2016	3/21/2016
50303753	Inst Road Crossing 211 Waldon W	2,005					2,005			Jan-16	Dec-16	2/18/2016	3/9/2016
50303754	Inst Road Crossing 106 Creekro	2,200					2,200			Jan-16	Dec-16	2/18/2016	7/25/2016
50303755	Inst 2 in Dist for 1232 Orchar	7,979					7,979			Jan-16	Dec-16	2/29/2016	3/16/2016
50303756	Inst 2 in Dist 1425 Short Shun	8,659					8,659			Jan-16	Dec-16	3/7/2016	3/14/2016
50303758	Inst Road Crossing 4676 Windst	3,059					3,059			Jan-16	Dec-16	4/7/2016	5/5/2016
50303759	Inst Road Crossing 100 Tenhop	3,575					3,575			Jan-16	Dec-16	5/2/2016	5/3/2016
50303760	Inst Road Crossing 155 Carolyn	1,225					1,225			Jan-16	Dec-16	5/31/2016	7/15/2016
50303761	Inst Road crossing 1206 Clear	346					346			Jan-16	Dec-16	7/12/2016	7/13/2016
50303762	Inst Road Crossing160 Bernie T	1,659					1,659			Jan-16	Dec-16	7/15/2016	8/16/2016
50303763	Inst Road Crossing 282 Manitob	1,108					1,108			Jan-16	Dec-16	8/1/2016	10/19/2016

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50303764	Inst 2in Dist 112 Susan Trace	2,770					2,770			Jan-16	Dec-16	8/1/2016	8/15/2016
50303766	Extened 2 in Dist 713 Brasher	2,756					2,756			Jan-16	Dec-16	8/1/2016	9/22/2016
50303767	Inst 2 in Dist to 101-209 Cobu	5,900					5,900			Jan-16	Dec-16	9/28/2016	10/17/2016
50303768	Inst Road Crossing 1408 Orchar	2,073					2,073			Jan-16	Dec-16	9/29/2016	10/19/2016
50303770	Inst Road Crossing 145 Lowry L	1,285					1,285			Jan-16	Dec-16	9/30/2016	11/18/2016
50303771	Inst Road Crossing 108 Anderso	3,025					3,025			Jan-16	Dec-16	10/4/2016	11/17/2016
50303772	Inst Road Crossing 4700 Windst	1,764					1,764			Jan-16	Dec-16	10/25/2016	11/30/2016
50303773	Inst 2in Dist 332 Manitoba	1,346					1,346			Jan-16	Dec-16	11/1/2016	11/29/2016
50303774	Inst 2 in Dist 100 & 104 Golden	2,545					2,545			Jan-16	Dec-16	11/2/2016	12/7/2016
50303776	Inst Rosd Crossing 209 Anglian	1,640					1,640			Jan-16	Dec-16	11/4/2016	12/5/2016
50303778	Inst Main 313 Squires Way	12,522					12,522			Jan-16	Dec-16	11/10/2016	12/29/2016
50306341	Rep 1 in Dist 104 to 110 E Map	12,470					12,470			Jan-16	Dec-16	4/20/2016	5/3/2016
50306343	Rep 1 in Dist 523 N Main St	3,598					3,598			Jan-16	Dec-16	9/8/2016	9/15/2016
50306344	Rep Main 107 Willow Drive	8,861					8,861			Jan-16	Dec-16	10/18/2016	10/19/2016
503335	Rep from 110 Illhardt to Rainb	260,200					272,758			Jan-16	Dec-16	4/7/2016	2/9/2017
503341	Rep 215 Thur 203 Elm St	403					154,770			Jan-16	Dec-16	7/10/2013	10/17/2013
503360	Inst 2 in Main Legacy Farms	12,383					12,383			Jan-16	Dec-16	10/23/2015	3/28/2016
503362	Inst Main to serve 9 Lots Grey	24,527					24,527			Jan-16	Dec-16	12/21/2015	4/7/2016
503364	Extend Dist Sulpher Well Point	47,594					47,594			Jan-16	Dec-16	9/8/2016	10/12/2016
50503473	ET Distribution at 480 E Colle	116					10,630			Jan-16	Dec-16	10/1/2015	10/16/2015
50503475	ET for 335 Caudill Rd.	881					881			Jan-16	Dec-16	12/28/2015	2/12/2016
50503476	ET for 75 Cottonwood Ln.	871					871			Jan-16	Dec-16	2/4/2016	2/4/2016
50503477	ET to 2129 Murphy St - Camargo	2,740					2,740			Jan-16	Dec-16	1/19/2016	3/24/2016
50503478	ET for 1490 Irvine Rd	1,916					1,916			Jan-16	Dec-16	6/2/2016	6/29/2016
50503480	ET for 11 Homestead Estates	4,274					4,274			Jan-16	Dec-16	7/15/2016	8/4/2016
50506173	RT along 369 N Main St Stanton	4,844					4,844			Jan-16	Dec-16	6/27/2016	6/28/2016
50506174	RT- Road crossing 104 11th St.	1,819					1,819			Jan-16	Dec-16	7/7/2016	7/7/2016
505215	EX- 1200 W College Ave. Hatton	246					331			Jan-16	Dec-16	NA	NA
505216	EX Dist. on Welch Rd & Hwy 213	60,473					213,184			Jan-16	Dec-16	11/6/2015	1/4/2016
50603586	Install Rd. Xing 369 Sunshine	490					2,060			Jan-16	Dec-16	10/20/2015	11/12/2015
50603589	3/4 Pl Rd Crossing 528 Saddle	2,267					2,267			Jan-16	Dec-16	1/6/2016	2/5/2016
50603590	Extend 2" Plastic Main Air Par	10,293					10,293			Jan-16	Dec-16	1/14/2016	3/9/2016
50603591	Install Rd. Crossing 69 Ray Ov	1,258					1,258			Jan-16	Dec-16	1/20/2016	2/18/2016
50603592	3/4 PL Road Crossing 130 Nola	863					863			Jan-16	Dec-16	1/25/2016	2/8/2016
50603593	Install Road Crossing 288 Roya	1,738					1,738			Jan-16	Dec-16	5/12/2016	6/22/2016
50603594	Install Rd. Xing 911 TLC Lane	616					616			Jan-16	Dec-16	8/15/2016	9/26/2016
50603595	Install Rd Xing 1467 Old Whitl	862					862			Jan-16	Dec-16	10/10/2016	10/24/2016
50603596	Extend 2" Plastic 84 Dempsey L	4,648					4,648			Jan-16	Dec-16	10/25/2016	11/18/2016
50603598	Extend 2" Main 607 Don's Drive	5,095					5,095			Jan-16	Dec-16	11/29/2016	12/9/2016
50606097	Relocate 4" Plastic Main Hwy 3	20,176					20,176			Jan-16	Dec-16	4/15/2016	5/20/2016
50606098	Replace 1" BS Main 2006 N. Mai	4,864					4,864			Jan-16	Dec-16	8/1/2016	8/15/2016
506336	Extend Gas Main Hwy 521 Laurel	36,467					39,062			Jan-16	Dec-16	10/3/2016	11/14/2016
50703205	Install 2" Plastic 10th Street	3,175					3,175			Jan-16	Dec-16	7/11/2014	1/11/2016
50703214	Extend Main to 205 S 13th Stre	(131)					8,156			Jan-16	Dec-16	12/3/2015	12/31/2015
50703215	Extend Main 530 BLVD of Champi	6,739					6,739			Jan-16	Dec-16	1/5/2016	1/11/2016
50703216	3/4 Pl Rd Xing 210 Rev. Bill Pe	8,126					8,126			Jan-16	Dec-16	8/24/2016	8/30/2016
50706147	Replace 2" PL 10th Street at B	3,808					3,808			Jan-16	Dec-16	12/17/2015	1/1/2016
50706148	Relocate 4" PL Lynn Drive	6,196					6,196			Jan-16	Dec-16	2/18/2016	3/15/2016
50706149	Relocate 2" Plastic 125 Hwy 92	6,484					7,035			Jan-16	Dec-16	11/21/2016	11/28/2016
50706152	Replace 2" BS Wofford Church R	7,691					7,691			Jan-16	Dec-16	7/22/2016	7/27/2016
507203	Repl. BS Wburg Housing Mackey	91,760					92,104			Jan-16	Dec-16	3/10/2016	8/3/2016
507204	Replace Gas Mains Shawnee Stre	55,680					55,680			Jan-16	Dec-16	5/9/2016	7/20/2016
50803384	New 3/4" pl rd xing Artemus.	1,637					1,637			Jan-16	Dec-16	3/30/2016	4/7/2016
50803385	New 2" pl main extension Wildc	26,253					26,253			Jan-16	Dec-16	6/14/2016	6/30/2016
50803386	New 2" pl main ext. Sowders Rd	13,246					13,246			Jan-16	Dec-16	6/28/2016	7/18/2016
50803387	New 2" pl main extension 620 O	3,745					3,745			Jan-16	Dec-16	10/4/2016	10/4/2016
50803388	New 3/4" X-ing @ 601 Hampton C	2,261					2,261			Jan-16	Dec-16	9/29/2016	10/10/2016
50803389	Extension @ 846 TYE BEND ROAD	2,173					2,173			Jan-16	Dec-16	10/5/2016	10/6/2016
50803390	2" Extension @ Benny Lane	7,949					7,949			Jan-16	Dec-16	10/11/2016	10/14/2016
50803391	New 3/4" X-ing @ 171 Factory R	1,657					1,657			Jan-16	Dec-16	11/22/2016	11/22/2016

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50803392	New 2" pl main Ext 3217&3393 K	10,943					10,943			Jan-16	Dec-16	11/28/2016	12/7/2016
50803394	New 3/4" X-ing @ 2670 KY 6	2,219					2,219			Jan-16	Dec-16	12/21/2016	12/21/2016
50806179	Repl 2" bare steel Morningside	14,165					14,165			Jan-16	Dec-16	3/31/2016	4/6/2016
50806180	Repl 2" pl main Edgewood Drive	12,912					12,912			Jan-16	Dec-16	3/17/2016	3/28/2016
50806181	Repl steel Main xing on 3439.	9,537					9,537			Jan-16	Dec-16	7/20/2016	7/22/2016
50806182	Repl pl main at Higgins Hollow	13,888					14,754			Jan-16	Dec-16	8/16/2016	8/24/2016
50806183	Replacement @ Simmons Lane	3,343					3,343			Jan-16	Dec-16	8/26/2016	8/29/2016
50806184	Repl 3/4" pl rd xing 111 Goodm	2,294					2,294			Jan-16	Dec-16	9/2/2016	9/7/2016
508233	Rep. on South Main & Pitzer St	110,716					110,716			Jan-16	Dec-16	2/8/2016	5/27/2016
508237	Relocate on KY 1487	27,031					27,148			Jan-16	Dec-16	1/11/2016	4/5/2016
508240	Repl from Broughton Hollow to	169,264					169,264			Jan-16	Dec-16	5/12/2016	6/20/2016
508244	Bville Municipal Housing, Shel	0					35,657			Jan-16	Dec-16	4/3/2017	5/2/2017
51003156	New 2" pl main 100 Larch Ave.P	3,876					6,090			Jan-16	Dec-16	11/20/2015	8/31/2016
51003157	New 3/4" pl Rd Xing Pine Mtn S	2,360					2,360			Jan-16	Dec-16	6/1/2016	6/1/2016
51003158	New 2" pl main ext. Hwy 190	2,472					2,472			Jan-16	Dec-16	6/2/2016	6/2/2016
51003159	New 3/4" pl main rd xing @ Red	8,334					5,841			Jan-16	Dec-16	10/14/2016	10/18/2016
51003160	New 3/4" Main Xing 894 Happy H	1,090					1,090			Jan-16	Dec-16	9/9/2016	9/9/2016
51003161	New 2" main ext. 1390 Hwy 441	5,725					5,725			Jan-16	Dec-16	9/12/2016	9/14/2016
51003162	New 1/2" pl main rd xing Hwy 2	157					157			Jan-16	Dec-16	8/25/2016	8/25/2016
51006208	Ck & Rd xing of Ky 2013	11,179					11,179			Jan-16	Dec-16	6/29/2016	7/1/2016
51006212	Repl main Hwy 66 and Hwy 2011	3,259					3,259			Jan-16	Dec-16	5/20/2016	5/23/2016
51006213	Repl with 2" pl main 20th St.	7,480					7,480			Jan-16	Dec-16	9/2/2016	9/8/2016
51006214	Repl with 2" pl Dean Hill Rd.	12,254					12,254			Jan-16	Dec-16	9/15/2016	9/21/2016
51006215	Repl Road crossing 204 Dean Hi	2,616					2,616			Jan-16	Dec-16	10/5/2016	10/6/2016
510199	Relocate on US 119	168,874					224,157			Jan-16	Dec-16	6/12/2015	5/9/2016
510206	Repl 2" BS with 2" pl M'Boro T	156,484					162,560			Jan-16	Dec-16	10/13/2016	11/15/2016
51103678	Install Rd Crossing 1402 Palme	1,841					1,841			Jan-16	Dec-16	1/6/2016	1/6/2016
51103684	Install Rd Crossing 4120 S. La	(16)					1,295			Jan-16	Dec-16	12/21/2015	12/21/2015
51103685	3/4 PL Rd Xing 274 N Hwy 1223	771					771			Jan-16	Dec-16	4/11/2016	4/11/2016
51103686	Extend 2" PL to 74 Oakridge Ro	3,439					3,439			Jan-16	Dec-16	4/14/2016	4/15/2016
51103687	3/4 PL Rd. Xing 985 Gordon Hill	1,483					1,483			Jan-16	Dec-16	6/20/2016	6/20/2016
51103689	Install 3/4 PL Xing 76 Tuit Ac	554					554			Jan-16	Dec-16	8/19/2016	8/19/2016
51103690	Install Rd Xing 238 B Fred Bar	1,368					1,368			Jan-16	Dec-16	8/11/2016	8/11/2016
51103691	3/4" Pl Rd. Xing 254 Buckland	951					951			Jan-16	Dec-16	8/22/2016	8/22/2016
51103692	Install 3/4 Pl Rd Xing 120 Nob	1,751					1,751			Jan-16	Dec-16	9/15/2016	9/15/2016
51103693	Extend 2" PL. 97 Shylark Drive	2,927					2,927			Jan-16	Dec-16	9/26/2016	9/27/2016
51103694	Install Rd Xing 83 Woodhills E	1,060					1,060			Jan-16	Dec-16	9/14/2016	9/14/2016
51103695	Extend 2" Plastic Main Hwy 25E	12,150					12,150			Jan-16	Dec-16	12/13/2016	12/30/2016
51103696	Extend 2" PL Main US Hwy 25 an	5,456					5,456			Jan-16	Dec-16	10/10/2016	10/12/2016
51103697	Install Rd Xing 3/4 PL 529 Mil	547					547			Jan-16	Dec-16	9/30/2016	9/30/2016
51103698	Install RD XING 3/4 PL 24 Chur	5,479					5,479			Jan-16	Dec-16	10/18/2016	10/19/2016
51103699	Extend 2" Main Triplet Drive	9,626					9,626			Jan-16	Dec-16	11/29/2016	12/5/2016
51103700	Install Pl Rd Xing at 905 W 7t	1,841					1,841			Jan-16	Dec-16	12/19/2016	12/20/2016
51103701	Install Rd Xing 4711 E. Hwy 5	2,432					2,762			Jan-16	Dec-16	12/28/2016	12/28/2016
51106241	Replace R/R Xing 1676 Hwy 26	13,894					17,123			Jan-16	Dec-16	5/31/2016	6/6/2016
51106266	Replace Road Crossing Laurel A	994					994			Jan-16	Dec-16	4/18/2016	4/18/2016
51106267	Replace 2" Aldy A Campground	11,096					11,096			Jan-16	Dec-16	6/7/2016	6/15/2016
51106268	Replace 2" Plastic Bacon Creek	3,273					3,273			Jan-16	Dec-16	6/16/2016	6/17/2016
511459	Replace RR Xing Boone Ave & Hw	92,295					95,550			Jan-16	Dec-16	4/19/2016	5/27/2016
511483	Repl. Gordon I75 to Martin Lan	434,836					441,125			Jan-16	Dec-16	7/6/2016	10/14/2016
511488	Extend gas main Hickory Hill	10,098					10,098			Jan-16	Dec-16	9/26/2016	9/29/2016
51203223	Ins xing at 56 Arrowhead Court	871					871			Jan-16	Dec-16	1/12/2016	1/12/2016
51203224	Ins xing at 6622 N. Hwy 421	6,022					6,022			Jan-16	Dec-16	1/29/2016	1/29/2016
51203225	Ext from Hwy 638 to 134 Libert	16,168					16,168			Jan-16	Dec-16	6/7/2016	6/14/2016
51203226	Ext main to 69 Popular Lane	1,185					1,185			Jan-16	Dec-16	6/6/2016	6/6/2016
51203227	Install xing at 953 Colony Roa	1,331					1,331			Jan-16	Dec-16	8/31/2016	8/31/2016
51203228	Ins xing at 25 Wade Hacker Roa	335					335			Jan-16	Dec-16	7/18/2016	7/18/2016
51203229	Ext main to serve 139 Webb Str	4,780					4,780			Jan-16	Dec-16	9/2/2016	9/9/2016
51203230	Ins xing at 2175 South Hwy 421	1,845					1,845			Jan-16	Dec-16	9/7/2016	9/7/2016
51203231	Ins xing at 96 Erbie Couch Roa	880					880			Jan-16	Dec-16	10/5/2016	10/5/2016

Project No.	Project Title/Description	Annual Actual Cost	Annual Original Budget	Variance in Dollars	Variance as Percent	Percent of Budget	Total Actual Project Cost	Total Budget Project Cost	Variance in Dollars	Date Original Budget Start	Date Original Budget End	Date Actual Start	Date Actual End
51203232	Ins xing at 250 Crawfish Road	1,791					1,791			Jan-16	Dec-16	11/10/2016	11/14/2016
51206080	Rep xing at Jct. Baker & Walnu	13,739					13,739			Jan-16	Dec-16	2/22/2016	2/26/2016
51206093	Rep main at 104 Lyttleton Road	4,700					4,700			Jan-16	Dec-16	8/4/2016	8/4/2016
512168	Rel main along Hwy 421 due to	140,888					601,331			Jan-16	Dec-16	10/21/2016	6/7/2017
512174	Ext along North Street in Annv	311					17,514			Jan-16	Dec-16	12/7/2015	12/29/2015
512175	Rel along Memorial Drive due t	236					173,734			Jan-16	Dec-16	11/29/2017	6/7/2018
1376		3,058,586	2,400,000	(658,586)	-27.44%	33.56%	4,162,728						
505214	RS- Airport Beltline / Hwy. 15	250					14,385			Jan-16	Dec-16	10/12/2015	10/16/2015
508241	Valve installation for Reg Sta	1,883					1,883			Jan-16	Dec-16	9/30/2016	9/30/2016
1378		2,133	72,000	69,867	97.04%	0.02%	16,268						
502455	Rel Kingston Pur Station odori	2,712					2,712			Jan-16	Dec-16	7/8/2016	7/18/2016
505218	Update controllers on West Ben	8,246					8,897			Jan-16	Dec-16	11/2/2017	11/2/2017
512176	Update contoller at Oneida Odo	10,532					11,911			Jan-16	Dec-16	12/13/2016	1/26/2017
525844	UPDATE ODORIZER CONTROL MIDDLE	15,303					15,303			Jan-16	Dec-16	8/17/2016	8/31/2016
1379		36,793	25,000	(11,793)	-47.17%	0.40%	38,823						
501012429	SP 5624-Flemingsburg Rd	119					119			Jan-16	Dec-16	3/19/2015	3/19/2015
501012456	INS SL To-3030-Hwy-460-East	(758)					(758)			Jan-16	Dec-16	NA	NA
501012465	INS SL To 24-Central Ridge Rd	397					397			Jan-16	Dec-16	6/17/2016	6/17/2016
501012466	SP -118-Central Ridge Rd	410					410			Jan-16	Dec-16	6/17/2016	6/17/2016
501012467	SP-62-Central Ridge Rd	433					433			Jan-16	Dec-16	6/17/2016	6/17/2016
501012468	SP-44-Central Ridge Rd	398					398			Jan-16	Dec-16	6/17/2016	6/17/2016
501012474	INS SL To Jackson Dr	1,256					1,256			Jan-16	Dec-16	2/12/2016	2/12/2016
501012478	INS SL To-100-Bluestone Rd	(91)					(91)			Jan-16	Dec-16	12/10/2015	12/10/2015
501012479	INS SL To 250-Redwood Lane	5,006					5,006			Jan-16	Dec-16	2/9/2016	2/9/2016
501012480	INS SL To-180-Nicole Lane	1,773					1,773			Jan-16	Dec-16	3/7/2016	3/7/2016
501012482	SP To 330-Hwy-36	858					858			Jan-16	Dec-16	11/17/2015	11/17/2015
501012485	INS SL To 218-North Middletown	839					839			Jan-16	Dec-16	1/19/2016	1/19/2016
501012486	INS SL To-82-Sycamore St	695					695			Jan-16	Dec-16	4/1/2016	4/1/2016
501012487	INS SL To 6743-Hwy -60-East	3,125					3,125			Jan-16	Dec-16	5/23/2016	5/23/2016
501012488	INS SL To 268-Primrose Dr	974					974			Jan-16	Dec-16	3/21/2016	3/21/2016
501012489	INS SL To-104-*8-Sycamore St	762					762			Jan-16	Dec-16	4/1/2016	4/1/2016
501012490	INS SL To 4200-Salt Well Rd	688					688			Jan-16	Dec-16	3/30/2016	3/30/2016
501012491	INS SL To 340-Rice Rd	1,939					1,939			Jan-16	Dec-16	3/8/2016	3/8/2016
501012492	INS SL To-264-Eagle Dr	1,072					1,072			Jan-16	Dec-16	3/7/2016	3/7/2016
501012493	INS SL To 300-College Rd	878					878			Jan-16	Dec-16	1/26/2016	1/26/2016
501012494	INS SL To 3400-Kentontown Rd	1,022					1,022			Jan-16	Dec-16	1/27/2016	1/27/2016
501012495	INS SL To 68-Old Campus Rd	2,212					2,212			Jan-16	Dec-16	3/24/2016	3/24/2016
501012496	INS SL To 14-Hwy-36 Frenchgurg	1,984					1,984			Jan-16	Dec-16	3/28/2016	3/28/2016
501012497	INS SL To100-Morgan Fork Rd	2,152					2,152			Jan-16	Dec-16	3/9/2016	3/9/2016
501012498	INS SL To 726-McCasusey Ridge	359					359			Jan-16	Dec-16	2/4/2016	2/4/2016
501012499	INS SL To-4850- Ky Hwy-801-N	1,169					1,169			Jan-16	Dec-16	2/12/2016	2/12/2016
501012500	INS SL To 77-Double Eagle Ct	1,185					1,185			Jan-16	Dec-16	3/7/2016	3/7/2016
501012501	INS SL To 300-Main St	965					965			Jan-16	Dec-16	3/30/2016	3/30/2016
501012502	INS SL To 11671-Hwy-60	2,481					2,481			Jan-16	Dec-16	3/23/2016	3/23/2016
501012503	SP -375-N-Main St	967					967			Jan-16	Dec-16	2/22/2016	2/22/2016
501012504	INS SL To 375-N-Main St	1,051					1,051			Jan-16	Dec-16	2/22/2016	2/22/2016
501012505	INS SL To 140 Sunny Hill Dr	1,012					1,012			Jan-16	Dec-16	3/29/2016	3/29/2016
501012506	INS SL To 655-Eagle Dr	851					851			Jan-16	Dec-16	3/18/2016	3/18/2016
501012507	SP To 1261-Ky Hwy 60 West	1,821					1,821			Jan-16	Dec-16	4/8/2016	4/8/2016
501012508	INS SL To 330-Tower Rd	1,335					1,335			Jan-16	Dec-16	4/22/2016	4/22/2016
501012509	INS SL To 10929-Hwy-60	897					897			Jan-16	Dec-16	7/27/2016	7/27/2016
501012510	INS SL To 205-Limousine Ln	2,569					2,569			Jan-16	Dec-16	5/26/2016	5/26/2016
501012513	ins new sl	735					735			Jan-16	Dec-16	5/19/2016	5/19/2016
501012514	INS SL To 375- North Main St	1,686					1,686			Jan-16	Dec-16	7/1/2016	7/1/2016
501012516	Install new SL at 13 Maze Ave	730					730			Jan-16	Dec-16	6/30/2016	6/30/2016
501012517	Install new SL 88 Water St.	2,533					2,533			Jan-16	Dec-16	8/25/2016	8/25/2016
501012518	Install new SL Hwy 460	1,402					1,402			Jan-16	Dec-16	7/5/2016	7/5/2016
501012519	INS SL To 2472-McBrayer Rd	2,145					2,145			Jan-16	Dec-16	8/8/2016	8/8/2016
501012520	INS SL To 1600-McBrayer Rd-28	1,615					1,615			Jan-16	Dec-16	8/5/2016	8/5/2016
501012522	Install new SL in Frenchburg	2,047					2,047			Jan-16	Dec-16	8/1/2016	8/1/2016

Timing of projects - Expenditures less than anticipated

Project No.	Project Title/Description	Annual Actual Cost	Annual Original Budget	Variance in Dollars	Variance as Percent	Percent of Budget	Total Actual Project Cost	Total Budget Project Cost	Variance in Dollars	Date Original Budget Start	Date Original Budget End	Date Actual Start	Date Actual End
501012523	Install new SL in Frenchburg	1,995					1,995			Jan-16	Dec-16	8/2/2016	8/2/2016
501012524	INS SL To 294-Long Branch Rd	262					262			Jan-16	Dec-16	10/14/2016	10/14/2016
501012525	INS SL To 114-Old Hwy 60-West	2,551					2,551			Jan-16	Dec-16	10/10/2016	10/10/2016
501012526	INS SL To 275-Leasure Lane	2,288					2,288			Jan-16	Dec-16	10/11/2016	10/11/2016
501012527	INS SL To 4169-Saltwell Rd	2,064					2,064			Jan-16	Dec-16	8/31/2016	10/12/2016
501012529	INS SL To 5390-Ky-Hwy-60	1,542					1,542			Jan-16	Dec-16	12/21/2016	12/21/2016
501012530	Ins SL at 11172 Hwy 60	2,006					2,006			Jan-16	Dec-16	10/13/2016	10/13/2016
501012531	INS SL To 457-Cave Run Lake Rd	666					666			Jan-16	Dec-16	11/3/2016	11/3/2016
501012534	INS SLTo 1645-Blue Licks Pike	2,170					2,170			Jan-16	Dec-16	12/21/2016	12/21/2016
501012535	Ins new SL at 57 Wright Rd.	621					621			Jan-16	Dec-16	11/4/2016	11/4/2016
501012536	Ins new SL at 173 Bayou Ln	360					360			Jan-16	Dec-16	11/1/2016	11/1/2016
501012537	Ins new SL at 26 Bayou Ln	578					578			Jan-16	Dec-16	10/26/2016	10/26/2016
501012538	Ins new SL at 150 Bayou Ln	374					374			Jan-16	Dec-16	11/1/2016	11/1/2016
501012539	Ins new SL at 110 Bayou Ln	397					397			Jan-16	Dec-16	11/1/2016	11/1/2016
501012540	Ins new SL at 11540 hwy 60 eas	1,265					1,265			Jan-16	Dec-16	11/4/2016	11/4/2016
501012541	INS SL To BLDG 1-Lot-B Industr	1,304					1,304			Jan-16	Dec-16	11/1/2016	11/1/2016
501012542	INS SL To 48-Coldiron Hollow R	2,128					2,128			Jan-16	Dec-16	11/14/2016	11/14/2016
501012543	Install new SL at 1418 Amos Ri	2,213					2,213			Jan-16	Dec-16	11/15/2016	11/15/2016
501012544	Install new SL at 1585 Main St	2,001					2,001			Jan-16	Dec-16	11/14/2016	11/14/2016
501012547	INS SL To 51178-Ky Hwy 62	704					704			Jan-16	Dec-16	12/13/2016	12/13/2016
501012549	INS SL To 137-Bath Ave	1,308					1,308			Jan-16	Dec-16	12/22/2016	12/22/2016
501012550	Ins SL to 9243 Hwy 60	2,294					2,294			Jan-16	Dec-16	12/21/2016	12/21/2016
501012551	Ins new SL at 1977 Hwy 36	1,804					1,804			Jan-16	Dec-16	12/19/2016	12/19/2016
501012553	Ins new SL to garage building	1,458					1,458			Jan-16	Dec-16	12/20/2016	12/20/2016
501012554	INS SL To 517-Main St	945					945			Jan-16	Dec-16	12/16/2016	12/16/2016
502013926	SVC 110 Tanglewood Trail	203					203			Jan-16	Dec-16	1/4/2016	1/4/2016
502013942	SVC 148 Troon Ct.	207					207			Jan-16	Dec-16	10/29/2015	10/29/2015
502013960	SVC 137 Pennington St.	576					576			Jan-16	Dec-16	1/11/2016	1/11/2016
502013961	SVC 250 Herndon St. #9	59					59			Jan-16	Dec-16	1/4/2016	1/4/2016
502013962	SVC 1000 Scaffold Cane Rd.	695					695			Jan-16	Dec-16	2/1/2016	2/1/2016
502013963	SVC 2522 Hwy 1016	56					56			Jan-16	Dec-16	1/5/2016	1/5/2016
502013965	SVC 136 Troon Ct.	480					480			Jan-16	Dec-16	2/5/2016	2/5/2016
502013966	SVC 153 Tuscany Dr.	705					705			Jan-16	Dec-16	1/4/2016	1/4/2016
502013967	SVC 136 Tuscany Dr.	998					998			Jan-16	Dec-16	1/5/2016	1/5/2016
502013968	SVC 284 Avawam Dr.	52					52			Jan-16	Dec-16	1/4/2016	1/4/2016
502013969	SVC 121 Vervain Ct.	803					803			Jan-16	Dec-16	3/1/2016	3/1/2016
502013970	SVC 2029 Lucille Dr.	1,308					1,308			Jan-16	Dec-16	2/4/2016	2/4/2016
502013971	SVC 170 Old Wallaceton Rd.	54					54			Jan-16	Dec-16	1/5/2016	1/5/2016
502013972	SVC 154 General Nelson Dr.	6					6			Jan-16	Dec-16	1/4/2016	1/4/2016
502013973	SVC 908 Westchester Way	1,500					1,500			Jan-16	Dec-16	3/9/2016	3/9/2016
502013974	Cointuation SVC BGAD Bldg #S-1	1,741					1,741			Jan-16	Dec-16	1/27/2016	1/27/2016
502013975	SVC 1101 Richmond Rd.	3,239					3,239			Jan-16	Dec-16	1/7/2016	1/7/2016
502013976	SVC 2228 Scaffold Cane Rd.	45					45			Jan-16	Dec-16	1/4/2016	1/4/2016
502013977	SVC 10200 Hwy 52 E	3,090					3,090			Jan-16	Dec-16	1/6/2016	1/6/2016
502013978	SVC 109 Ivy Creek Dr.	783					783			Jan-16	Dec-16	2/5/2016	2/5/2016
502013979	SVC 176 Tuscany Dr.	722					722			Jan-16	Dec-16	1/4/2016	1/4/2016
502013980	SVC 153 Tuscany Dr.	605					605			Jan-16	Dec-16	2/3/2016	2/3/2016
502013981	SVC 133 Tuscany Dr.	701					701			Jan-16	Dec-16	1/4/2016	1/4/2016
502013982	SVC 308 Bocote Dr.	949					949			Jan-16	Dec-16	3/7/2016	3/7/2016
502013983	SVC 401 Red Square Ct.	690					690			Jan-16	Dec-16	3/9/2016	3/9/2016
502013984	SVC 157 Bridgestone Dr.	1,047					1,047			Jan-16	Dec-16	1/11/2016	1/11/2016
502013985	SVC 3121 Lexington Rd.	834					834			Jan-16	Dec-16	1/20/2016	1/20/2016
502013986	SVC 700 Oakmont Trail	1,270					1,270			Jan-16	Dec-16	3/9/2016	3/9/2016
502013987	SVC 213 S. Broadway St.	2,574					2,574			Jan-16	Dec-16	3/14/2016	3/14/2016
502013988	SVC 365 Gadwall Dr.	1,806					1,806			Jan-16	Dec-16	2/5/2016	2/5/2016
502013989	SVC 536 Calico Rd.	1,269					1,269			Jan-16	Dec-16	2/18/2016	2/18/2016
502013990	Replace svc at 1740 Berea Road	12,234					12,234			Jan-16	Dec-16	2/29/2016	2/29/2016
502013991	SVC 400 B W. Jefferson St.	1,421					1,421			Jan-16	Dec-16	3/11/2016	3/11/2016
502013992	SVC 116 Jefferson St.	623					623			Jan-16	Dec-16	3/7/2016	3/7/2016
502013993	SVC 125 Tuscany Way	2,253					2,253			Jan-16	Dec-16	2/12/2016	2/12/2016

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502013994	SVC 163 Glen Eagle Blvd.	1,525					1,525			Jan-16	Dec-16	3/8/2016	3/8/2016
502013995	SVC 1011 Burnell Dr.	1,003					1,003			Jan-16	Dec-16	2/18/2016	2/18/2016
502013996	SVC 80 Christi Dr.	598					598			Jan-16	Dec-16	3/4/2016	3/4/2016
502013997	SVC 310 E. Haiti Rd.	1,215					1,215			Jan-16	Dec-16	3/10/2016	3/10/2016
502013998	SVC 126 Legacy Dr.	942					942			Jan-16	Dec-16	3/7/2016	3/7/2016
502013999	SVC 217 Trillium Loop	971					971			Jan-16	Dec-16	3/4/2016	3/4/2016
502014001	SVC 116 Spring Circle #3	894					894			Jan-16	Dec-16	3/10/2016	3/10/2016
502014002	SVC 158 Angel Rd.	1,588					1,588			Jan-16	Dec-16	3/14/2016	3/14/2016
502014003	SVC 914 Kenblue Ln.	679					679			Jan-16	Dec-16	3/15/2016	3/15/2016
502014004	SVC 918 Kenblue Ln.	432					432			Jan-16	Dec-16	3/28/2016	3/28/2016
502014005	SVC 302 Terri Ave.	436					436			Jan-16	Dec-16	4/29/2016	4/29/2016
502014006	REP SVC 1207 Berea Rd.	2,811					2,811			Jan-16	Dec-16	5/6/2016	5/6/2016
502014007	REP SVC 436 Chestnut St.	1,997					1,997			Jan-16	Dec-16	3/29/2016	3/29/2016
502014008	SVC 2026 Lucille Dr.	2,974					2,974			Jan-16	Dec-16	4/19/2016	4/19/2016
502014009	SVC 116 Lester St.	1,247					1,247			Jan-16	Dec-16	5/10/2016	5/10/2016
502014010	SVC 431 Avawam Dr.	2,062					2,062			Jan-16	Dec-16	5/10/2016	5/10/2016
502014011	SVC 320 Gadwall Dr.	755					755			Jan-16	Dec-16	5/4/2016	5/4/2016
502014012	SVC 806 Muirfield Trail	1,352					1,352			Jan-16	Dec-16	4/18/2016	4/18/2016
502014013	SVC 700 Chestnut St.	1,697					1,697			Jan-16	Dec-16	4/21/2016	4/21/2016
502014014	Ins svc at 212 Richmond Rd. N.	2,861					2,861			Jan-16	Dec-16	5/6/2016	5/6/2016
502014015	Ext svc at 603 Chestnut Street	172					172			Jan-16	Dec-16	5/16/2016	5/16/2016
502014016	REP SVC 301 Richmond Rd.	3,648					3,648			Jan-16	Dec-16	10/14/2016	10/14/2016
502014017	SVC 757 Kirksville Rd.	4,724					4,724			Jan-16	Dec-16	6/1/2016	6/1/2016
502014018	Rep svc at 109 Parkway Ave.	1,255					1,255			Jan-16	Dec-16	6/1/2016	6/1/2016
502014019	SVC 295 Inverness Trail	815					815			Jan-16	Dec-16	6/1/2016	6/1/2016
502014020	SVC 613 Torrey Pines Trail	1,828					1,828			Jan-16	Dec-16	6/1/2016	6/1/2016
502014021	SVC 110 Tanglewood Trail	976					976			Jan-16	Dec-16	6/1/2016	6/1/2016
502014022	SVC 220 Banyan Blvd.	1,230					1,230			Jan-16	Dec-16	6/1/2016	6/1/2016
502014023	SVC 140 Banyan Blvd.	1,226					1,226			Jan-16	Dec-16	6/1/2016	6/1/2016
502014024	REP SVC 105 High St.	1,525					1,525			Jan-16	Dec-16	6/1/2016	6/1/2016
502014025	SVC 101 Deer Creek Dr.	453					453			Jan-16	Dec-16	6/8/2016	6/8/2016
502014027	SVC 421 Opossum Kingdom Rd.	1,082					1,082			Jan-16	Dec-16	7/6/2016	7/6/2016
502014028	SVC 3320 Lexington Rd.	1,070					1,070			Jan-16	Dec-16	7/11/2016	7/11/2016
502014029	SVC 1060 Meadow Ridge Dr.	2,109					2,109			Jan-16	Dec-16	7/8/2016	7/8/2016
502014030	Ins svc at 172 Tuscanny Drive	997					997			Jan-16	Dec-16	7/18/2016	7/18/2016
502014031	SVC 425 Shady Brook Dr.	1,231					1,231			Jan-16	Dec-16	7/12/2016	7/12/2016
502014032	REP SVC 107 Parkway Ave.	1,056					1,056			Jan-16	Dec-16	7/13/2016	7/13/2016
502014033	SVC 168 Tuscany Way	994					994			Jan-16	Dec-16	7/18/2016	7/18/2016
502014034	REP SVC 211 Mt. Vernon Rd.	3,429					3,429			Jan-16	Dec-16	7/11/2016	7/11/2016
502014035	SVC 110 Twin Lakes Dr.	750					750			Jan-16	Dec-16	7/18/2016	7/18/2016
502014036	SVC 228 Oak Branch Dr.	1,315					1,315			Jan-16	Dec-16	8/9/2016	8/9/2016
502014037	SVC 117 Wannamaker Dr.	1,080					1,080			Jan-16	Dec-16	7/20/2016	7/20/2016
502014038	SVC 612 Falcon Crest Dr.	2,610					2,610			Jan-16	Dec-16	7/19/2016	7/19/2016
502014039	SVC 393 Avawam Dr.	1,062					1,062			Jan-16	Dec-16	7/20/2016	7/20/2016
502014040	rep svc	1,961					1,961			Jan-16	Dec-16	7/22/2016	7/22/2016
502014041	SVC 623 Chestnut St.	437					437			Jan-16	Dec-16	7/27/2016	7/27/2016
502014042	SVC 446 Bay Hill Circle	798					798			Jan-16	Dec-16	8/12/2016	8/12/2016
502014043	SVC 1338 Diana Dr.	730					730			Jan-16	Dec-16	8/9/2016	8/9/2016
502014044	SVC 606 Sawgrass Ct.	1,586					1,586			Jan-16	Dec-16	8/15/2016	8/15/2016
502014045	SVC 100 Troon Ct.	1,124					1,124			Jan-16	Dec-16	8/11/2016	8/11/2016
502014046	SVC 112 Rolling Ridge Rd.	3,508					3,508			Jan-16	Dec-16	8/10/2016	8/10/2016
502014047	SVC 212 Apache Dr.	649					649			Jan-16	Dec-16	8/10/2016	8/10/2016
502014048	SVC 114 Lorraine Ct.	506					506			Jan-16	Dec-16	8/22/2016	8/22/2016
502014049	SVC 132 Tuscany Way	543					543			Jan-16	Dec-16	9/7/2016	9/7/2016
502014050	SVC 3127 Lexington Rd.	1,162					1,162			Jan-16	Dec-16	9/26/2016	9/26/2016
502014051	110 B BATTLEFIELD CIRCLE	301					301			Jan-16	Dec-16	8/31/2016	8/31/2016
502014052	SVC 120 Tuscany Way	1,370					1,370			Jan-16	Dec-16	9/12/2016	9/12/2016
502014053	SVC 145 Oak Meadow Dr.	885					885			Jan-16	Dec-16	9/7/2016	9/7/2016
502014054	SVC 1006 Vineyard Way	1,052					1,052			Jan-16	Dec-16	9/9/2016	9/9/2016
502014055	SVC 345 Rash Rd.	1,376					1,376			Jan-16	Dec-16	9/7/2016	9/7/2016

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502014056	SVC 307 Hampton Hall Dr.	1,632					1,632			Jan-16	Dec-16	9/16/2016	9/16/2016
502014057	SVC 156 East Side Ave.	617					617			Jan-16	Dec-16	9/15/2016	9/15/2016
502014058	SVC 132 Liberty Ave.	947					947			Jan-16	Dec-16	9/15/2016	9/15/2016
502014059	SVC 1325 Diana Dr.	980					980			Jan-16	Dec-16	9/15/2016	9/15/2016
502014060	REP SVC 1058 Big Hill Rd.	504					504			Jan-16	Dec-16	10/25/2016	10/25/2016
502014061	SVC 314 Angel Rd.	888					888			Jan-16	Dec-16	9/22/2016	9/22/2016
502014062	SVC 112 Barberrry Ln.	662					662			Jan-16	Dec-16	9/22/2016	9/22/2016
502014063	SVC 154 Silver Creek Dr.	1,081					1,081			Jan-16	Dec-16	9/22/2016	9/22/2016
502014064	SVC 928 Cabernet Dr.	950					950			Jan-16	Dec-16	9/23/2016	9/23/2016
502014065	SVC 934 Cabernet Dr.	974					974			Jan-16	Dec-16	9/23/2016	9/23/2016
502014066	REP SVC 106 Glades St.	1,267					1,267			Jan-16	Dec-16	10/27/2016	10/27/2016
502014067	SVC 916 Falling Waters Ln.	367					367			Jan-16	Dec-16	10/18/2016	10/18/2016
502014068	SVC 125 Gadwall Dr.	480					480			Jan-16	Dec-16	11/1/2016	11/1/2016
502014069	SVC 509 Birch Ct.	374					374			Jan-16	Dec-16	11/1/2016	11/1/2016
502014070	SVC 104 Belfair Ct.	554					554			Jan-16	Dec-16	10/12/2016	10/12/2016
502014071	SVC 928 Cabernet Dr.	688					688			Jan-16	Dec-16	11/9/2016	11/9/2016
502014072	SVC 932 Cabernet Dr.	604					604			Jan-16	Dec-16	11/9/2016	11/9/2016
502014073	SVC 618 Dove Ln.	831					831			Jan-16	Dec-16	11/1/2016	11/1/2016
502014074	SVC 638 Chestnut St.	1,007					1,007			Jan-16	Dec-16	10/26/2016	10/26/2016
502014075	SVC 126 Raven Dr.	1,558					1,558			Jan-16	Dec-16	10/27/2016	10/27/2016
502014076	SVC 505 Field Crest Ct.	1,184					1,184			Jan-16	Dec-16	11/1/2016	11/1/2016
502014077	SVC 509 Windsong Ct.	787					787			Jan-16	Dec-16	11/1/2016	11/1/2016
502014078	SVC 206 Kenway Ave.	2,507					2,507			Jan-16	Dec-16	10/28/2016	10/28/2016
502014079	SVC 3012 Woodfield Circle	396					396			Jan-16	Dec-16	11/1/2016	11/1/2016
502014080	SVC 447 Gumbottom Rd.	624					624			Jan-16	Dec-16	2/2/2017	2/2/2017
502014081	SVC 102 Hughes Ave.	865					865			Jan-16	Dec-16	11/18/2016	11/18/2016
502014082	Ins svc at 144 Oliver Drive	1,744					1,744			Jan-16	Dec-16	1/3/2017	1/3/2017
502014084	SVC 2466 Battlefield Memorial	671					671			Jan-16	Dec-16	1/4/2017	1/4/2017
502014086	SVC 405 Buckwalter Ct.	529					529			Jan-16	Dec-16	11/15/2016	11/15/2016
502014088	SVC 271 N. Main St.	1,009					1,009			Jan-16	Dec-16	1/3/2017	1/3/2017
502014090	SVC 119 Vervain Ct.	1,085					1,085			Jan-16	Dec-16	11/22/2016	11/22/2016
502014091	SVC 121 Industry Dr.	2,209					2,209			Jan-16	Dec-16	12/12/2016	12/12/2016
502014092	SVC 250 Herndon St. #3	941					941			Jan-16	Dec-16	1/3/2017	1/3/2017
502014093	SVC 250 Herndon St. #13	811					811			Jan-16	Dec-16	1/3/2017	1/3/2017
502014095	SVC 251 Scaffold Cane Rd.	761					761			Jan-16	Dec-16	1/3/2017	1/3/2017
502014102	Ins svc at 160 Herndon Ln.	2,740					2,740			Jan-16	Dec-16	1/4/2017	1/4/2017
502014103	SVC 402 Buckwalter Ct.	1,007					1,007			Jan-16	Dec-16	1/4/2017	1/4/2017
502016000	Install Curb Valves on Service	2,403					2,403			Jan-16	Dec-16	NA	NA
503016000	Install Curb Valves on Service	1,408					1,408			Jan-16	Dec-16	NA	NA
503016638	Inst New SVC 203 Natchez Trace	525					525			Jan-16	Dec-16	10/9/2015	10/9/2015
503016667	Install New SVC 200 Two Oaks D	544					544			Jan-16	Dec-16	11/16/2015	11/16/2015
503016676	Inst New SVC 116 Tara Lane	1,030					1,030			Jan-16	Dec-16	1/6/2016	1/6/2016
503016677	Inst New SVC 400 Southbrook Dr	373					373			Jan-16	Dec-16	1/4/2016	1/4/2016
503016678	Inst New SVC 130 Lone Oak Dr	1,471					1,471			Jan-16	Dec-16	1/5/2016	1/5/2016
503016679	Inst New SVC 111 Lincoln St	691					691			Jan-16	Dec-16	1/12/2016	1/12/2016
503016680	Inst New SVC 144 Phesant Run	469					469			Jan-16	Dec-16	1/1/2016	1/1/2016
503016681	Inst New SVC 336 Manitoba	559					559			Jan-16	Dec-16	1/14/2016	1/14/2016
503016682	Inst New SVC 356 Manitoba Lane	559					559			Jan-16	Dec-16	1/7/2016	1/7/2016
503016683	Inst new SVC 344 Manitoba Lane	565					565			Jan-16	Dec-16	1/13/2016	1/13/2016
503016684	Inst New SVC 102 Floyd Ct	693					693			Jan-16	Dec-16	1/11/2016	1/11/2016
503016685	Inst New SVC 100 Floyd CT	696					696			Jan-16	Dec-16	1/11/2016	1/11/2016
503016686	Inst New SVC 4552 Windstar Way	589					589			Jan-16	Dec-16	1/15/2016	1/15/2016
503016687	Install new SVC 116 Franklin C	1,168					1,168			Jan-16	Dec-16	1/27/2016	1/27/2016
503016688	Inst New SVC 601 Broadway	914					914			Jan-16	Dec-16	1/27/2016	1/27/2016
503016689	Inst New SVC 327 Manitoba Lane	989					989			Jan-16	Dec-16	2/22/2016	2/22/2016
503016690	Inst New SVC 241 Manitoba Lane	642					642			Jan-16	Dec-16	2/23/2016	2/23/2016
503016691	Inst New SVC 281 Manitoba Lane	804					804			Jan-16	Dec-16	3/1/2016	3/1/2016
503016692	Inst New SVC 4624 Windstar Way	1,280					1,280			Jan-16	Dec-16	3/2/2016	3/2/2016
503016693	Inst New SVC 4596 Windstar Way	1,583					1,583			Jan-16	Dec-16	3/1/2016	3/1/2016
503016694	Rep SVC 100 Sparks Ave	2,821					2,821			Jan-16	Dec-16	1/28/2016	1/28/2016

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503016695	Move SVC & Meter 100 Sparks #2	423					423			Jan-16	Dec-16	8/3/2016	8/3/2016
503016696	Inst New SVC 452 Corman Dr	405					405			Jan-16	Dec-16	2/18/2016	2/18/2016
503016697	Inst New SVC 317 Lebeau Dr	1,259					1,259			Jan-16	Dec-16	3/1/2016	3/1/2016
503016698	Inst New SVC 110 Retail Rd	1,202					1,202			Jan-16	Dec-16	3/2/2016	3/2/2016
503016699	Inst New SVC 1541 S Main St	2,059					2,059			Jan-16	Dec-16	7/6/2016	7/6/2016
503016700	Inst New SVC 211 Waldon Way	749					749			Jan-16	Dec-16	3/8/2016	3/8/2016
503016701	Inst New SVC 1425 Short Shun R	2,312					2,312			Jan-16	Dec-16	6/13/2016	6/13/2016
503016702	Inst New SVC 257 Manitoba Lane	351					351			Jan-16	Dec-16	3/18/2016	3/18/2016
503016703	Inst New SVC 193 Carolyn Lane	722					722			Jan-16	Dec-16	3/21/2016	3/21/2016
503016704	Inst New SVC 204 Lebeau Dr	1,225					1,225			Jan-16	Dec-16	3/30/2016	3/30/2016
503016705	Inst New SVC 105 Cimmaron	1,221					1,221			Jan-16	Dec-16	4/11/2016	4/11/2016
503016706	Inst New SVC 301 Patmore	689					689			Jan-16	Dec-16	4/8/2016	4/8/2016
503016707	Inst New SVC 221 Patmore	937					937			Jan-16	Dec-16	4/8/2016	4/8/2016
503016708	Inst New SVC 101 Daffodil Cour	2,997					2,997			Jan-16	Dec-16	4/12/2016	4/12/2016
503016709	Inst New SVC 124 Kurtzland Dr	800					800			Jan-16	Dec-16	5/3/2016	5/3/2016
503016710	Inst New SVC 124 Meadowlark La	1,389					1,389			Jan-16	Dec-16	6/10/2016	6/10/2016
503016711	Inst new SVC 4417 Largo Lane	1,347					1,347			Jan-16	Dec-16	4/11/2016	4/11/2016
503016712	404 N 3rd St	543					543			Jan-16	Dec-16	5/18/2016	5/18/2016
503016713	Rep SVC 500 N 3rd St	491					491			Jan-16	Dec-16	5/18/2016	5/18/2016
503016714	Rep SVC 502 N 3rd St	1,076					1,076			Jan-16	Dec-16	5/16/2016	5/16/2016
503016715	Rep SVC 504 N 3rd St	1,030					1,030			Jan-16	Dec-16	5/16/2016	5/16/2016
503016716	Rep SVC 506 N 3rd St	590					590			Jan-16	Dec-16	5/16/2016	5/16/2016
503016717	Rep SVC 508 N 3rd St	663					663			Jan-16	Dec-16	5/16/2016	5/16/2016
503016718	Rep SVC 510 N 3rd St	607					607			Jan-16	Dec-16	5/16/2016	5/16/2016
503016719	Rep SVC 512 N 3rd St	953					953			Jan-16	Dec-16	5/16/2016	5/16/2016
503016720	Rep SVC 514 N 3rd St	482					482			Jan-16	Dec-16	5/16/2016	5/16/2016
503016721	Rep SVC 518 N 3rd St	993					993			Jan-16	Dec-16	5/20/2016	5/20/2016
503016722	Rep SVC 520 N 3rd St	386					386			Jan-16	Dec-16	5/20/2016	5/20/2016
503016723	Rep SVC 524 N 3rd St	798					798			Jan-16	Dec-16	5/20/2016	5/20/2016
503016724	Rep SVC 526 N 3rd St	1,493					1,493			Jan-16	Dec-16	5/20/2016	5/20/2016
503016725	Rep SVC 528 N 3rd St	860					860			Jan-16	Dec-16	5/20/2016	5/20/2016
503016726	Rep SVC 501 N 3rd St	881					881			Jan-16	Dec-16	5/18/2016	5/18/2016
503016727	Rep SVC 503 N 3rd St	473					473			Jan-16	Dec-16	6/10/2016	6/10/2016
503016728	Rep SVC 509 N 3rd St	289					289			Jan-16	Dec-16	5/5/2016	5/5/2016
503016729	Rep SVC 511 N 3rd St	715					715			Jan-16	Dec-16	5/5/2016	5/5/2016
503016730	Rep Svc 513 N 3rd St	535					535			Jan-16	Dec-16	5/5/2016	5/5/2016
503016731	Rep SVC 515 N 3rd St	457					457			Jan-16	Dec-16	5/5/2016	5/5/2016
503016732	Rep SVC 517 N 3rd St	477					477			Jan-16	Dec-16	5/5/2016	5/5/2016
503016733	Inst New SVC 261 Manitoba	1,265					1,265			Jan-16	Dec-16	4/13/2016	4/13/2016
503016734	Inst New SVC 100 Tenhob Dr	375					375			Jan-16	Dec-16	5/3/2016	5/3/2016
503016735	Inst New SVC 4676 Windstar Way	753					753			Jan-16	Dec-16	5/5/2016	5/5/2016
503016736	Inst New SVC 4680 Windstar Way	761					761			Jan-16	Dec-16	5/4/2016	5/4/2016
503016737	Inst New SVC 129 Patmore Lane	814					814			Jan-16	Dec-16	5/6/2016	5/6/2016
503016738	Inst New SVC 133 Patmore Lane	1,049					1,049			Jan-16	Dec-16	5/6/2016	5/6/2016
503016739	Rep SVC 106 E Maple St	445					445			Jan-16	Dec-16	5/11/2016	5/11/2016
503016741	Rep SVC 108 E Maple St	522					522			Jan-16	Dec-16	5/11/2016	5/11/2016
503016742	Inst New SVC 102 S Main St	520					520			Jan-16	Dec-16	5/11/2016	5/11/2016
503016743	Rep Svc 114 S Main St	437					437			Jan-16	Dec-16	5/11/2016	5/11/2016
503016744	Inst 211 S Lexington Ave	824					824			Jan-16	Dec-16	6/10/2016	6/10/2016
503016745	Inst New SVC 1351 Clear Creek	1,588					1,588			Jan-16	Dec-16	6/14/2016	6/14/2016
503016746	Rep SVC 100 Stephens Dr	441					441			Jan-16	Dec-16	6/10/2016	6/10/2016
503016747	Rep SVC 102 Stephens Dr	430					430			Jan-16	Dec-16	6/10/2016	6/10/2016
503016748	Rep SVC 104 Stephens Dr	637					637			Jan-16	Dec-16	6/10/2016	6/10/2016
503016749	Rep SVC 106 Stephens Dr	413					413			Jan-16	Dec-16	6/10/2016	6/10/2016
503016750	Rep SVC 108 Stephens Dr	983					983			Jan-16	Dec-16	6/10/2016	6/10/2016
503016751	rep SVC 113 Stephens Dr	606					606			Jan-16	Dec-16	6/10/2016	6/10/2016
503016752	Rep SVC 111 Stephens Dr	692					692			Jan-16	Dec-16	6/10/2016	6/10/2016
503016753	Rep SVC 109 Stephens Dr	752					752			Jan-16	Dec-16	6/10/2016	6/10/2016
503016754	Rep SVC 107 Stephens Dr	529					529			Jan-16	Dec-16	6/10/2016	6/10/2016
503016755	Rep SVC 105 Stephens Dr	649					649			Jan-16	Dec-16	6/10/2016	6/10/2016

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503016756	Rep SVC 103 Stephens Dr	805					805			Jan-16	Dec-16	6/10/2016	6/10/2016
503016757	Rep SVC 503 N 3rd St	801					801			Jan-16	Dec-16	10/7/2016	10/7/2016
503016758	Inst New SVC 1232 Orchard Dr	1,654					1,654			Jan-16	Dec-16	6/9/2016	6/9/2016
503016759	Inst New SVC 161 Bernie Trail	1,045					1,045			Jan-16	Dec-16	6/27/2016	6/27/2016
503016760	Inst New SVC 121 Anderson Way	995					995			Jan-16	Dec-16	7/11/2016	7/11/2016
503016761	Ints New Service 132 Tara Lane	1,926					1,926			Jan-16	Dec-16	6/20/2016	6/20/2016
503016762	Inst New SVC 107 Jessamine Ave	824					824			Jan-16	Dec-16	6/20/2016	6/20/2016
503016763	Inst New SVC 140 Combs Lane	1,148					1,148			Jan-16	Dec-16	6/21/2016	6/21/2016
503016764	Rep SVC 125 Stellar Dr	288					288			Jan-16	Dec-16	6/10/2016	6/10/2016
503016765	Inst New SVC 149 Bernie Trail	1,276					1,276			Jan-16	Dec-16	6/27/2016	6/27/2016
503016766	Inst New SVC 1206 Clear Creek	1,166					1,166			Jan-16	Dec-16	7/12/2016	7/12/2016
503016767	Inst New SVC 155 Carolyn Lane	669					669			Jan-16	Dec-16	7/15/2016	7/15/2016
503016768	Inst New SVC 4537 Biltmore Pla	1,172					1,172			Jan-16	Dec-16	7/13/2016	7/13/2016
503016769	Inst New SVC 140 Carolyn Lane	693					693			Jan-16	Dec-16	7/15/2016	7/15/2016
503016770	Inst New SVC 106 Creek Rock	434					434			Jan-16	Dec-16	7/25/2016	7/25/2016
503016771	Inst New SVC 100 Petunia	1,018					1,018			Jan-16	Dec-16	8/11/2016	8/11/2016
503016772	Inst New SVC 140 Patmore	737					737			Jan-16	Dec-16	9/20/2016	9/20/2016
503016773	Inst New SVC 124 Allie Run	914					914			Jan-16	Dec-16	9/16/2016	9/16/2016
503016774	Inst New SVC 343 Manitoba	2,290					2,290			Jan-16	Dec-16	8/11/2016	8/11/2016
503016775	Inst New SVC 125 Anderson Way	210					210			Jan-16	Dec-16	8/25/2016	8/25/2016
503016776	Inst New SVC 160 Bernie Trail	1,854					1,854			Jan-16	Dec-16	8/16/2016	8/16/2016
503016777	Inst New SVC 112 Susan Trace	734					734			Jan-16	Dec-16	8/15/2016	8/15/2016
503016778	Rep SVC 103 Robin Rd	1,680					1,680			Jan-16	Dec-16	10/7/2016	10/7/2016
503016779	Rep SVC 102 Robin Rd	958					958			Jan-16	Dec-16	10/7/2016	10/7/2016
503016780	Rep SVC 104 Robin Rd	599					599			Jan-16	Dec-16	10/7/2016	10/7/2016
503016781	Rep SVC 106 Robin Rd	1,021					1,021			Jan-16	Dec-16	10/7/2016	10/7/2016
503016782	Rep SVC 108 Robin Rd	1,065					1,065			Jan-16	Dec-16	10/7/2016	10/7/2016
503016783	Rep SVC 105 Robin Rd	747					747			Jan-16	Dec-16	10/7/2016	10/7/2016
503016784	Rep SVC 107 Robin Rd	660					660			Jan-16	Dec-16	10/7/2016	10/7/2016
503016785	Rep SVC 109 Robin Rd	665					665			Jan-16	Dec-16	10/7/2016	10/7/2016
503016786	Rep SVC 111 Robin RD	741					741			Jan-16	Dec-16	10/7/2016	10/7/2016
503016787	Rep SVC 113 Robin Rd	1,094					1,094			Jan-16	Dec-16	10/7/2016	10/7/2016
503016788	Rep SVC 115 Robin Rd	796					796			Jan-16	Dec-16	10/7/2016	10/7/2016
503016789	Rep SVC 121 Robin Rd	650					650			Jan-16	Dec-16	10/7/2016	10/7/2016
503016790	Rep SVC 123 Robin RD	1,077					1,077			Jan-16	Dec-16	10/7/2016	10/7/2016
503016791	Rep SVC 101Meadowlark Lane	637					637			Jan-16	Dec-16	10/14/2016	10/14/2016
503016792	Rep SVC 105 Meadowlark Lane	927					927			Jan-16	Dec-16	10/14/2016	10/14/2016
503016793	Rep SVC 107 Meadowlark Lane	732					732			Jan-16	Dec-16	10/14/2016	10/14/2016
503016794	Inst New SVC 119 Robin Rd	817					817			Jan-16	Dec-16	10/7/2016	10/7/2016
503016795	Rep SVC 103 Meadowlark Lane	926					926			Jan-16	Dec-16	10/7/2016	10/7/2016
503016796	Inst New SVC 116 Patmore	700					700			Jan-16	Dec-16	9/20/2016	9/20/2016
503016797	Rep SVC 105 Hillcrest	1,645					1,645			Jan-16	Dec-16	8/29/2016	8/29/2016
503016798	Inst New SVC 319 E Maple St	2,310					2,310			Jan-16	Dec-16	8/30/2016	8/30/2016
503016799	Inst New SVC 229 Kimberly	970					970			Jan-16	Dec-16	9/22/2016	9/22/2016
503016801	Inst SVC 4540 Windstar Way	398					398			Jan-16	Dec-16	9/20/2016	9/20/2016
503016802	Inst New SVC 305 Cannonball Dr	816					816			Jan-16	Dec-16	9/23/2016	9/23/2016
503016803	Rep SVC 2101 Jhon Watts Dr	996					996			Jan-16	Dec-16	10/3/2016	10/3/2016
503016804	Rep SVC 2010 Jhon Watts Dr	1,011					1,011			Jan-16	Dec-16	10/3/2016	10/3/2016
503016805	Inst New SVC New House on Witt	765					765			Jan-16	Dec-16	9/22/2016	9/22/2016
503016806	Inst New SVC 128 Lansdown Dr	826					826			Jan-16	Dec-16	9/23/2016	9/23/2016
503016807	Inst New SVC 319 Manitoba	1,575					1,575			Jan-16	Dec-16	10/24/2016	10/24/2016
503016808	Inst New SVC 317 Patmore	1,136					1,136			Jan-16	Dec-16	10/18/2016	10/18/2016
503016809	Inst New SVC 282 Manitoba	556					556			Jan-16	Dec-16	10/19/2016	10/19/2016
503016810	Inst new SVC 501 1/2 Broadway	2,448					2,448			Jan-16	Dec-16	10/17/2016	10/17/2016
503016811	Inst New SVC 209 Coburn Dr	297					297			Jan-16	Dec-16	10/19/2016	10/19/2016
503016812	Inst New SVC 201 Coburn Dr	297					297			Jan-16	Dec-16	10/19/2016	10/19/2016
503016813	Inst New SVC 1408 Orchard Dr	580					580			Jan-16	Dec-16	10/19/2016	10/19/2016
503016814	Inst New SVC 401 Stonegate	1,295					1,295			Jan-16	Dec-16	10/26/2016	10/26/2016
503016815	Inst New SVC 274 Manitoba Lane	1,190					1,190			Jan-16	Dec-16	10/20/2016	10/20/2016
503016816	Inst New SVC 110 Paddock Dr	1,168					1,168			Jan-16	Dec-16	10/18/2016	10/18/2016

Project No.	Project Title/Description	Annual Actual Cost	Annual Original Budget	Variance in Dollars	Variance as Percent	Percent of Budget	Total Actual Project Cost	Total Budget Project Cost	Variance in Dollars	Date Original Budget Start	Date Original Budget End	Date Actual Start	Date Actual End
503016817	Inst New SVC 145 Lowry Lane	1,431					1,431			Jan-16	Dec-16	11/1/2016	11/1/2016
503016819	Rep SVC 107 Willow Dr	351					351			Jan-16	Dec-16	12/5/2016	12/5/2016
503016820	Inst New SVC 4413 Largo Lane	1,235					1,235			Jan-16	Dec-16	10/24/2016	10/24/2016
503016821	Rep SVC 1118 Keene Rd	383					383			Jan-16	Dec-16	11/7/2016	11/7/2016
503016822	Rep SVC 1124 Keene Rd	381					381			Jan-16	Dec-16	11/7/2016	11/7/2016
503016823	Rep SVC 1140 Keene Rd	362					362			Jan-16	Dec-16	11/7/2016	11/7/2016
503016824	Rep SVC 1100 Keene Rd	420					420			Jan-16	Dec-16	11/7/2016	11/7/2016
503016825	Rep SVC 100 Rainbow Dr	279					279			Jan-16	Dec-16	11/7/2016	11/7/2016
503016826	Rep SVC 100 Rainbow House	247					247			Jan-16	Dec-16	11/7/2016	11/7/2016
503016827	Rep SVC 102 Rainbow Dr	551					551			Jan-16	Dec-16	12/5/2016	12/5/2016
503016828	Rep SVC 108 Rainbow	292					292			Jan-16	Dec-16	12/5/2016	12/5/2016
503016829	Rep SVC 101 Rainbow Dr	992					992			Jan-16	Dec-16	11/7/2016	11/7/2016
503016830	Rep SVC 103 Rainbow Dr	378					378			Jan-16	Dec-16	12/5/2016	12/5/2016
503016831	Rep SVC 107 Rainbow Dr	426					426			Jan-16	Dec-16	12/5/2016	12/5/2016
503016832	Inst New SVC 4504 Arvice Ct	2,020					2,020			Jan-16	Dec-16	11/3/2016	11/3/2016
503016833	Inst New SVC 1040 Lauderdale	1,491					1,491			Jan-16	Dec-16	11/9/2016	11/9/2016
503016834	Inst New SVC 1032 Lauderdale	1,224					1,224			Jan-16	Dec-16	11/23/2016	11/23/2016
503016835	Inst New SVC 113 Allie Run	1,244					1,244			Jan-16	Dec-16	11/8/2016	11/8/2016
503016836	Inst New SVC 1304 Orchard Dr	1,537					1,537			Jan-16	Dec-16	11/7/2016	11/7/2016
503016837	Inst New SVC 4753 Windstar Way	1,080					1,080			Jan-16	Dec-16	11/3/2016	11/3/2016
503016838	Inst New SVC 101 Petunia Court	1,085					1,085			Jan-16	Dec-16	11/4/2016	11/4/2016
503016839	Inst New SVC 532 Hawks Nest	1,056					1,056			Jan-16	Dec-16	11/4/2016	11/4/2016
503016840	Inst New SVC 120 Allie Run	1,006					1,006			Jan-16	Dec-16	11/8/2016	11/8/2016
503016841	Rep SVC 111 Rainbow Dr	448					448			Jan-16	Dec-16	12/5/2016	12/5/2016
503016842	Rep SVC 113 Rainbow Dr	906					906			Jan-16	Dec-16	12/5/2016	12/5/2016
503016843	Rep SVC 112 Rainbow Dr	432					432			Jan-16	Dec-16	12/5/2016	12/5/2016
503016844	Rep SVC 114 Rainbow DR	882					882			Jan-16	Dec-16	1/25/2017	1/25/2017
503016845	Rep SVC 116 Rainbow Dr	676					676			Jan-16	Dec-16	1/25/2017	1/25/2017
503016846	Rep SVC 118 Rainbow Dr	325					325			Jan-16	Dec-16	2/6/2017	2/6/2017
503016847	Rep SVC 117 Rainbow Dr	417					417			Jan-16	Dec-16	1/26/2017	1/26/2017
503016848	Rep SVC 120 Rainbow Dr	447					447			Jan-16	Dec-16	1/25/2017	1/25/2017
503016849	Rep SVC 122 Rainbow Dr	389					389			Jan-16	Dec-16	1/25/2017	1/25/2017
503016850	Rep SVC 124 Rainbow Dr	633					633			Jan-16	Dec-16	1/26/2017	1/26/2017
503016851	Rep SVC 123 Rainbow Dr	633					633			Jan-16	Dec-16	1/25/2017	1/25/2017
503016852	Inst New SVC 132 Tara Lane	1,092					1,092			Jan-16	Dec-16	12/1/2016	12/1/2016
503016853	Inst New SVC 125 Patmore	875					875			Jan-16	Dec-16	11/9/2016	11/9/2016
503016854	Inst New SVC 141 Patmore	882					882			Jan-16	Dec-16	12/14/2016	12/14/2016
503016855	Rep SVC 105 Rainbow Dr	354					354			Jan-16	Dec-16	12/5/2016	12/5/2016
503016856	Rep SVC 110 Rainbow Dr	479					479			Jan-16	Dec-16	12/5/2016	12/5/2016
503016857	Inst SVC 108 Anderson Way	379					379			Jan-16	Dec-16	11/17/2016	11/17/2016
503016858	Inst New SVC 216 Manoah Lane	808					808			Jan-16	Dec-16	12/1/2016	12/1/2016
503016859	Inst New SVC 117 Bernie Trail	279					279			Jan-16	Dec-16	11/18/2016	11/18/2016
503016860	Inst New SVC 4700 Windstar Way	893					893			Jan-16	Dec-16	12/1/2016	12/1/2016
503016861	Inst New SVC 4517 Windstar Way	203					203			Jan-16	Dec-16	12/1/2016	12/1/2016
503016862	Inst New SVC 405 Hawthorne Dr	1,784					1,784			Jan-16	Dec-16	11/22/2016	11/22/2016
503016863	Inst New SVC 536 Thames	1,107					1,107			Jan-16	Dec-16	12/16/2016	12/16/2016
503016864	Inst New SVC 313 Squires Way	260					260			Jan-16	Dec-16	1/4/2017	1/4/2017
503016865	Inst New SVC 332 Manitoba	474					474			Jan-16	Dec-16	12/1/2016	12/1/2016
503016866	Inst New SVC 328 Manitoba	480					480			Jan-16	Dec-16	12/1/2016	12/1/2016
503016867	Inst New SVC 339 Manitoba	472					472			Jan-16	Dec-16	12/1/2016	12/1/2016
503016868	Inst New SVC 265 Manitoba	618					618			Jan-16	Dec-16	12/13/2016	12/13/2016
503016869	Inst New SVC 707 Brasher	1,041					1,041			Jan-16	Dec-16	1/4/2017	1/4/2017
503016870	Inst SVC 101 Wells Court	817					817			Jan-16	Dec-16	12/1/2016	12/1/2016
503016871	Inst New SVC 840 Harlan Dr	991					991			Jan-16	Dec-16	11/22/2016	11/22/2016
503016872	Inst New SVC 117 Heritage	1,207					1,207			Jan-16	Dec-16	11/22/2016	11/22/2016
503016873	Inst New SVC 124 Crowe Lane	809					809			Jan-16	Dec-16	12/2/2016	12/2/2016
503016874	Inst New SVC 176 Bernie Trail	940					940			Jan-16	Dec-16	12/8/2016	12/8/2016
503016875	Rep SVC 119 Rainbow Dr	417					417			Jan-16	Dec-16	1/25/2017	1/25/2017
503016876	Inst New SVC 857 Harlan Dr	421					421			Jan-16	Dec-16	12/2/2016	12/2/2016
503016878	Inst New SVC 209 Angliana	749					749			Jan-16	Dec-16	12/2/2016	12/2/2016

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503016879	Inst New SVC 100 Golden Burley	366					366			Jan-16	Dec-16	12/7/2016	12/7/2016
503016880	Inst New SVC 104 Golden Burley	367					367			Jan-16	Dec-16	12/7/2016	12/7/2016
503016881	Inst New SVC 101 Burley Ridge	930					930			Jan-16	Dec-16	12/5/2016	12/5/2016
503016883	Inst New SVC 1305 Orchard Dr	1,418					1,418			Jan-16	Dec-16	12/9/2016	12/9/2016
503016884	Rep SVC 125 Rainbow	460					460			Jan-16	Dec-16	2/10/2017	2/10/2017
503016885	Rep SVC 126 Rainbow Dr	459					459			Jan-16	Dec-16	2/10/2017	2/10/2017
503016886	Rep SVC 127 Rainbow Dr	567					567			Jan-16	Dec-16	2/10/2017	2/10/2017
503016887	Rep SVC 129 Rainbow Dr	567					567			Jan-16	Dec-16	2/10/2017	2/10/2017
503016888	Inst New SVC 213 Woodfield Way	1,329					1,329			Jan-16	Dec-16	12/8/2016	12/8/2016
503016890	Inst New SVC 1002 Pinoak Dr	849					849			Jan-16	Dec-16	12/13/2016	12/13/2016
503016892	Inst New SVC 309 Patmore Dr	664					664			Jan-16	Dec-16	12/14/2016	12/14/2016
503016893	Inst New SVC 95 Oscar Ray Rd	312					312			Jan-16	Dec-16	12/14/2016	12/14/2016
503016894	Inst New SVC 306 W Brown St	149					149			Jan-16	Dec-16	12/13/2016	12/13/2016
505012600	SL to 150 Turtle Crk. Lane	(109)					(109)			Jan-16	Dec-16	12/18/2015	12/18/2015
505012603	SL to 710 Hwy 213	2,854					2,854			Jan-16	Dec-16	7/26/2016	7/27/2016
505012616	SL to 1176 Hwy 11 S.	4,188					4,188			Jan-16	Dec-16	3/21/2016	3/21/2016
505012617	SL to 4845 Main St. Clay City	1,206					1,206			Jan-16	Dec-16	2/5/2016	2/5/2016
505012618	SL to 128 Fay St. Jeffersonvil	1,009					1,009			Jan-16	Dec-16	2/3/2016	2/3/2016
505012619	SL to 132 Fay St Jeffersonvill	5,806					5,806			Jan-16	Dec-16	2/3/2016	2/3/2016
505012620	SL to 55 E Adams Ridge Rd	809					809			Jan-16	Dec-16	6/3/2016	6/3/2016
505012621	SL to 288 Derickson Ln.	599					599			Jan-16	Dec-16	2/12/2016	2/12/2016
505012622	SL to 335 Caudill Rd.	597					597			Jan-16	Dec-16	2/12/2016	2/12/2016
505012623	SL to 75 Cottonwood Ln.	1,062					1,062			Jan-16	Dec-16	2/4/2016	2/4/2016
505012624	SL to 189 Second Ave. C City	1,072					1,072			Jan-16	Dec-16	2/18/2016	2/18/2016
505012625	New SL to 915 Welch Rd	1,190					1,190			Jan-16	Dec-16	3/23/2016	3/23/2016
505012626	SL to 1820 Welch Rd	1,237					1,237			Jan-16	Dec-16	3/23/2016	3/23/2016
505012627	SL to 814 Proctor Rd. Beattyvi	1,951					1,951			Jan-16	Dec-16	3/17/2016	3/17/2016
505012628	SL to 441 Snow Creek Rd.	1,062					1,062			Jan-16	Dec-16	2/19/2016	2/19/2016
505012629	SL to 2129 Murphy St. - Camarg	724					724			Jan-16	Dec-16	3/24/2016	3/24/2016
505012630	SL to 3326 Cane Crk. Rd.	1,768					1,768			Jan-16	Dec-16	2/19/2016	2/19/2016
505012631	SL to 45 E Fourth St. Beattyvi	1,637					1,637			Jan-16	Dec-16	3/21/2016	3/21/2016
505012632	New SL to 115 Oak Hill Dr.	1,029					1,029			Jan-16	Dec-16	2/22/2016	2/22/2016
505012633	SL to 315 Caudill Rd	1,068					1,068			Jan-16	Dec-16	7/6/2016	7/6/2016
505012634	SL to 7635 Chase Lane	630					630			Jan-16	Dec-16	6/3/2016	6/3/2016
505012635	SL to 98 Court Street	1,202					1,202			Jan-16	Dec-16	8/2/2016	8/2/2016
505012636	SL to 1490 Irvine Rd	596					596			Jan-16	Dec-16	6/29/2016	6/29/2016
505012637	SP to 35 Bright St	1,868					1,868			Jan-16	Dec-16	6/3/2016	6/3/2016
505012638	SL to 1592 Irvine Rd. Clay Cit	1,886					1,886			Jan-16	Dec-16	6/30/2016	6/30/2016
505012639	SP to 165 Church St.	1,278					1,278			Jan-16	Dec-16	10/7/2016	10/7/2016
505012640	SP to 57 W Church St.	781					781			Jan-16	Dec-16	4/4/2017	4/4/2017
505012641	SL to 10669 Main St. Jefferson	1,736					1,736			Jan-16	Dec-16	7/25/2016	7/25/2016
505012642	SL to 11 Homestead Estates	334					334			Jan-16	Dec-16	8/8/2016	8/8/2016
505012643	SL to 460 B Compton Road	1,820					1,820			Jan-16	Dec-16	9/28/2016	9/28/2016
505012644	Sl to 145 Durbin Rd.	1,361					1,361			Jan-16	Dec-16	9/30/2016	9/30/2016
505012645	SN for 714 Clay Lick Rd	997					997			Jan-16	Dec-16	9/29/2016	9/29/2016
505012646	SP for 147 8th Ave.	1,244					1,244			Jan-16	Dec-16	9/27/2016	9/27/2016
505012648	SL to 90 Woody Ware Rd.	846					846			Jan-16	Dec-16	11/17/2016	11/17/2016
505012650	SL to 190 Pearl St. Stanton	908					908			Jan-16	Dec-16	11/16/2016	11/16/2016
505012651	SL to 8295 Winchester Rd.	74					74			Jan-16	Dec-16	10/24/2016	10/24/2016
505012652	SL to 3244 Hwy. 52 W.	1,779					1,779			Jan-16	Dec-16	12/28/2016	12/28/2016
505012653	SL to 21 E Center St	957					957			Jan-16	Dec-16	11/18/2016	11/18/2016
505012654	SL to 2724 Morris Crk. Rd	1,046					1,046			Jan-16	Dec-16	11/16/2016	11/16/2016
505012655	SL to 4403 Hwy 460 Camargo	919					919			Jan-16	Dec-16	11/17/2016	11/17/2016
505012656	SL to 296 Mill Knob Rd.	1,022					1,022			Jan-16	Dec-16	12/29/2016	12/29/2016
505012657	SL to 4615 Camargo Rd	942					942			Jan-16	Dec-16	11/17/2016	11/17/2016
505012658	SL to 90 Woody Ware Rd	(0)					(0)			Jan-16	Dec-16	11/17/2016	11/17/2016
505012659	SL to 7675 Chase Lane	235					235			Jan-16	Dec-16	1/16/2017	1/16/2017
505012663	SL to 170 Forest Lake	1,678					1,678			Jan-16	Dec-16	12/30/2016	12/30/2016
505012669	SL for 494 N Main St.	265					265			Jan-16	Dec-16	12/28/2016	12/28/2016
506012310	Install Serv. 204 N. McWhorter	340					340			Jan-16	Dec-16	11/3/2015	11/3/2015

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506012320	Replace Service 505 Taylor Dri	(16)					(16)			Jan-16	Dec-16	12/23/2015	12/23/2015
506012321	Install service 2495 N. Laurel	1,433					1,433			Jan-16	Dec-16	1/7/2016	1/7/2016
506012322	Cont. Service 1785 Hampton Roa	676					676			Jan-16	Dec-16	1/7/2016	1/7/2016
506012323	Install Service 528 Saddle Roa	1,405					1,405			Jan-16	Dec-16	2/5/2016	2/5/2016
506012324	Install Service 1280 S Laurel	906					906			Jan-16	Dec-16	1/7/2016	1/7/2016
506012325	New 3/4 PL SL at 321 Parman St	1,974					1,974			Jan-16	Dec-16	1/15/2016	1/15/2016
506012326	Install Service 200 Air Park D	612					612			Jan-16	Dec-16	3/9/2016	3/9/2016
506012327	Install Serv. 69 Ray Overby Rd	1,088					1,088			Jan-16	Dec-16	2/18/2016	2/18/2016
506012328	Install Service 130 Nola Lane	1,015					1,015			Jan-16	Dec-16	2/8/2016	2/8/2016
506012329	Install Serv 1040 E 4th Street	1,917					1,917			Jan-16	Dec-16	2/19/2016	2/19/2016
506012330	Install Serv 1752 Hwy 192W	1,294					1,294			Jan-16	Dec-16	2/22/2016	2/22/2016
506012331	Install Service 505 S. McFadde	907					907			Jan-16	Dec-16	3/9/2016	3/9/2016
506012332	Replace Service 515 Taylor Dri	2,703					2,703			Jan-16	Dec-16	4/26/2016	4/26/2016
506012333	Install Service 288 Royal Driv	1,695					1,695			Jan-16	Dec-16	6/22/2016	6/22/2016
506012334	Ext 3/4 PL SL at 211 Whitley S	2,268					2,268			Jan-16	Dec-16	6/3/2016	6/3/2016
506012335	Repl SL at 818 N Mill St	2,596					2,596			Jan-16	Dec-16	6/6/2016	6/6/2016
506012336	Replace Serv. 2006 N. Main Str	1,892					1,892			Jan-16	Dec-16	7/6/2016	7/6/2016
506012337	Install Serv. 2009 E. Laurel R	1,344					1,344			Jan-16	Dec-16	8/5/2016	8/5/2016
506012338	Install Service 406 Boggs Road	1,306					1,306			Jan-16	Dec-16	8/4/2016	8/4/2016
506012339	Install Service 225 Royal Driv	1,260					1,260			Jan-16	Dec-16	8/1/2016	8/1/2016
506012340	Install New SL at 75 Miracle L	1,252					1,252			Jan-16	Dec-16	8/5/2016	8/5/2016
506012341	New SL at 2191 N Laurel Rd	1,232					1,232			Jan-16	Dec-16	8/4/2016	8/4/2016
506012342	Install Serv 911 TLC Lane	1,922					1,922			Jan-16	Dec-16	9/26/2016	9/26/2016
506012343	Repl SL at 503 N Main St	379					379			Jan-16	Dec-16	8/31/2016	8/31/2016
506012344	New SL at 41 Shiloh Dr	2,674					2,674			Jan-16	Dec-16	9/27/2016	9/27/2016
506012345	New SL at 201 Faith Assembly C	1,511					1,511			Jan-16	Dec-16	10/20/2016	10/20/2016
506012346	Install Service 244 Cedar Ridg	1,892					1,892			Jan-16	Dec-16	9/28/2016	9/28/2016
506012347	Install Service 388 W Hwy 192	4,771					4,771			Jan-16	Dec-16	10/24/2016	10/24/2016
506012348	Install Service 1467 Old Whitl	656					656			Jan-16	Dec-16	10/24/2016	10/24/2016
506012349	Install Service 84 Dempsey Ln	902					902			Jan-16	Dec-16	11/18/2016	11/18/2016
506012350	New SL at 494 Kirkwood Dr	2,992					2,992			Jan-16	Dec-16	10/24/2016	10/24/2016
506012351	New SL at 414 Clark Dr	1,235					1,235			Jan-16	Dec-16	10/25/2016	10/25/2016
506012352	New 3/4 PL SL at 590 Laurel Rd	649					649			Jan-16	Dec-16	11/1/2016	11/1/2016
506012353	New 3/4 pl sl @ 604 Laurel Rd.	652					652			Jan-16	Dec-16	11/7/2016	11/7/2016
506012354	New 3/4 PL SL @ 668 Laurel Rd	902					902			Jan-16	Dec-16	11/1/2016	11/1/2016
506012355	New PL SL @ 732 Laurel Rd	696					696			Jan-16	Dec-16	11/1/2016	11/1/2016
506012356	New PL SL @ 770 Laurel Rd.	790					790			Jan-16	Dec-16	11/1/2016	11/1/2016
506012357	New PL SL @ 795 Laurel Rd	675					675			Jan-16	Dec-16	11/9/2016	11/9/2016
506012358	Install Service 607 Don's Driv	1,104					1,104			Jan-16	Dec-16	12/9/2016	12/9/2016
506012359	New 3/4 PL SL at 627 Laurel Rd	675					675			Jan-16	Dec-16	11/7/2016	11/7/2016
506012360	New 1 PL SL at 616 S Laurel Rd	454					454			Jan-16	Dec-16	11/4/2016	11/4/2016
506012361	3/4" PL SL @ 507 Laruel Rd.	641					641			Jan-16	Dec-16	11/9/2016	11/9/2016
506012362	3/4" PL SL @ 717 Philpot Rd	504					504			Jan-16	Dec-16	11/29/2016	11/29/2016
506012363	Install Service 545 Maple Grov	641					641			Jan-16	Dec-16	11/15/2016	11/15/2016
506012364	New 3/4 PL SL at 753 Laurel Rd	517					517			Jan-16	Dec-16	11/7/2016	11/7/2016
506012365	Install 1" Service 25 Alamo Dr	1,877					1,877			Jan-16	Dec-16	12/5/2016	12/5/2016
506012366	Install Service 16 Valley Dale	497					497			Jan-16	Dec-16	11/29/2016	11/29/2016
506012368	Install Service 119 Pearl Stre	438					438			Jan-16	Dec-16	12/1/2016	12/1/2016
506012369	Install Service 96 Boone Trail	431					431			Jan-16	Dec-16	12/1/2016	12/1/2016
507011363	Install Service 530 Blvd of Ch	1,040					1,040			Jan-16	Dec-16	1/11/2016	1/11/2016
507011364	Install Service 657 S. Hwy 25W	309					309			Jan-16	Dec-16	1/12/2016	1/12/2016
507011365	Install Serv. 383 Tyes Ferry R	3,008					3,008			Jan-16	Dec-16	2/26/2016	2/26/2016
507011366	Install Service 67 Joan Street	874					874			Jan-16	Dec-16	4/11/2016	4/11/2016
507011367	Install Service 859 Croley Ben	3,373					3,373			Jan-16	Dec-16	4/21/2016	4/21/2016
507011368	Install Service 104 Savoy Ch.	574					574			Jan-16	Dec-16	3/15/2016	3/15/2016
507011369	Replace Service 126 Savoy Chur	2,282					2,282			Jan-16	Dec-16	6/2/2016	6/2/2016
507011370	Install Service 300 Wolf Creek	3,672					3,672			Jan-16	Dec-16	6/7/2016	6/7/2016
507011371	Repl SL at 1044 Shawnee Dr	441					441			Jan-16	Dec-16	7/6/2016	7/6/2016
507011372	Repl SL at 1042 Shawnee Dr	437					437			Jan-16	Dec-16	7/6/2016	7/6/2016
507011373	Repl SL at 1041 Shawnee Dr	269					269			Jan-16	Dec-16	7/6/2016	7/6/2016

Project No.	Project Title/Description	Annual Actual Cost	Annual Original Budget	Variance in Dollars	Variance as Percent	Percent of Budget	Total Actual Project Cost	Total Budget Project Cost	Variance in Dollars	Date Original Budget Start	Date Original Budget End	Date Actual Start	Date Actual End
507011374	Repl SL at 228 Cemetery Rd	304					304			Jan-16	Dec-16	6/3/2016	6/3/2016
507011375	Repl SL at 238 Cemetery Rd	549					549			Jan-16	Dec-16	8/3/2016	8/3/2016
507011376	Repl SL at 164 Cemetery Rd	327					327			Jan-16	Dec-16	8/1/2016	8/1/2016
507011377	Repl SL at 180 Cemetery Rd	323					323			Jan-16	Dec-16	8/1/2016	8/1/2016
507011378	Repl SL at 29 Mackey Ave	138					138			Jan-16	Dec-16	8/1/2016	8/1/2016
507011379	Repl SL at 49 Mackey Ave	334					334			Jan-16	Dec-16	8/1/2016	8/1/2016
507011380	Repl SL at 1043 Shawnee Dr	428					428			Jan-16	Dec-16	7/6/2016	7/6/2016
507011381	Repl SL at 1046 Shawnee Dr	278					278			Jan-16	Dec-16	7/6/2016	7/6/2016
507011382	Repl SL at 150 Cemetery Rd	326					326			Jan-16	Dec-16	8/1/2016	8/1/2016
507011383	Repl SL at 61 Mackey Ave	522					522			Jan-16	Dec-16	8/1/2016	8/1/2016
507011384	Repl SL at 136 Cemetery Rd	330					330			Jan-16	Dec-16	8/1/2016	8/1/2016
507011385	Repl SL at 73 Mackey Ave	134					134			Jan-16	Dec-16	8/1/2016	8/1/2016
507011386	Repl SL at 124 cemetery RD	326					326			Jan-16	Dec-16	8/1/2016	8/1/2016
507011387	Repl SL at 85 Mackey Ave	329					329			Jan-16	Dec-16	8/1/2016	8/1/2016
507011388	Repl SL at 101 Mackey Ave	372					372			Jan-16	Dec-16	8/3/2016	8/3/2016
507011389	Repl SL at 8 Mahan St	297					297			Jan-16	Dec-16	7/1/2016	7/1/2016
507011390	Repl SL at 20 Mahan St	302					302			Jan-16	Dec-16	7/20/2016	7/20/2016
507011391	Repl SL at 40 Mahan St	426					426			Jan-16	Dec-16	7/6/2016	7/6/2016
507011392	Repl SL at 67 Mahan St	219					219			Jan-16	Dec-16	7/8/2016	7/8/2016
507011393	Repl SL at 85 Mahan St	325					325			Jan-16	Dec-16	7/8/2016	7/8/2016
507011394	Repl SL at 312 Cemetery RD	301					301			Jan-16	Dec-16	7/18/2016	7/18/2016
507011395	Repl SL at 326 Cemetery Rd	265					265			Jan-16	Dec-16	7/18/2016	7/18/2016
507011396	Repl SL at 348 Cemetery Rd	315					315			Jan-16	Dec-16	7/8/2016	7/8/2016
507011397	Install Service 605 Moore Road	657					657			Jan-16	Dec-16	7/1/2016	7/1/2016
507011398	Repl SL at 270 Cemetery Rd	272					272			Jan-16	Dec-16	7/6/2016	7/6/2016
507011399	Repl SL at 332 Cemetery Rd	318					318			Jan-16	Dec-16	7/8/2016	7/8/2016
507011400	Repl SL at 51 Mahan	268					268			Jan-16	Dec-16	7/18/2016	7/18/2016
507011401	Repl SL at 110 Mahan St	317					317			Jan-16	Dec-16	7/13/2016	7/13/2016
507011402	Repl SL at 100 Mahan St	291					291			Jan-16	Dec-16	7/13/2016	7/13/2016
507011403	Repl SL at 90 Mahan St	228					228			Jan-16	Dec-16	7/15/2016	7/15/2016
507011404	Repl SL at 74 Mahan St	226					226			Jan-16	Dec-16	7/15/2016	7/15/2016
507011405	Repl SL at 53 Delsuemar	485					485			Jan-16	Dec-16	7/19/2016	7/19/2016
507011406	Repl SL at 82 Charles St	557					557			Jan-16	Dec-16	7/19/2016	7/19/2016
507011407	Repl SL at 71 Charles St	674					674			Jan-16	Dec-16	7/19/2016	7/19/2016
507011408	Repl SL at 54 Charles St	224					224			Jan-16	Dec-16	7/19/2016	7/19/2016
507011409	Repl SL at 56 Mahan St	221					221			Jan-16	Dec-16	7/18/2016	7/18/2016
507011410	Repl SL at 41 Mahan St	285					285			Jan-16	Dec-16	7/18/2016	7/18/2016
507011412	Repl SL at 30 Mahan St	322					322			Jan-16	Dec-16	7/21/2016	7/21/2016
507011413	Repl SL at 24 Mackey Ave	289					289			Jan-16	Dec-16	7/21/2016	7/21/2016
507011414	Repl SL at 40 Mackey Ave	292					292			Jan-16	Dec-16	7/21/2016	7/21/2016
507011415	Repl SL at 237 West Street	2,066					2,066			Jan-16	Dec-16	8/12/2016	8/12/2016
507011416	Repl SL at 52 Mackey Ave	227					227			Jan-16	Dec-16	8/3/2016	8/3/2016
507011417	Repl SL at 78 Mackey Ave	239					239			Jan-16	Dec-16	8/3/2016	8/3/2016
507011418	Repl SL at 114 Mackey Ave	525					525			Jan-16	Dec-16	8/3/2016	8/3/2016
507011419	Repl SL at 132 Mackey Ave	362					362			Jan-16	Dec-16	8/3/2016	8/3/2016
507011420	Repl SL at 153B Mackey Ave	232					232			Jan-16	Dec-16	8/3/2016	8/3/2016
507011421	Repl SL at 139 Mackey Ave	232					232			Jan-16	Dec-16	8/3/2016	8/3/2016
507011422	Repl SL at 129 Mackey Ave	232					232			Jan-16	Dec-16	8/3/2016	8/3/2016
507011423	Repl SL at 125 Mackey Ave	232					232			Jan-16	Dec-16	8/3/2016	8/3/2016
507011424	Repl SL at 119 Mackey Ave	232					232			Jan-16	Dec-16	8/3/2016	8/3/2016
507011425	Repl SL at 107 Mackey Ave	232					232			Jan-16	Dec-16	8/3/2016	8/3/2016
507011426	Repl SL at 355 Forest Ave	562					562			Jan-16	Dec-16	7/27/2016	7/27/2016
507011427	Install Service 3040 Croley Be	353					353			Jan-16	Dec-16	8/23/2016	8/23/2016
507011428	Install Serv210 Rev Bill Perki	1,884					1,884			Jan-16	Dec-16	8/30/2016	8/30/2016
507011429	Cont. Service 1063 Wolf Cr Riv	1,236					1,236			Jan-16	Dec-16	9/13/2016	9/13/2016
507011430	Install Service 253 Westside S	2,475					2,475			Jan-16	Dec-16	9/12/2016	9/12/2016
507011431	Install Service 1225 N Hwy 26	2,508					2,508			Jan-16	Dec-16	10/21/2016	10/21/2016
507011432	Service Continuation 2394 Hwy	1,049					1,049			Jan-16	Dec-16	10/19/2016	10/19/2016
507011434	Replace Serv. 30 W Hwy 92	1,628					1,628			Jan-16	Dec-16	10/28/2016	10/28/2016
507011436	Cont. Service 789 Ballard Ford	1,945					1,945			Jan-16	Dec-16	10/26/2016	10/26/2016

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507011437	Install Service 9209 Hwy 26 Ap	821					821			Jan-16	Dec-16	12/8/2016	12/8/2016
507011438	Install Service 120 Siler St.	686					686			Jan-16	Dec-16	12/19/2016	12/19/2016
508011996	New 3/4" pl ser 1520 Ky 459	315					315			Jan-16	Dec-16	10/21/2016	10/21/2016
508012007	NEW SRV @ 227 Edgewood Drive	1,189					1,189			Jan-16	Dec-16	3/24/2016	3/24/2016
508012008	New 3/4" pl ser 606 Valentine	2,607					2,607			Jan-16	Dec-16	4/1/2016	4/1/2016
508012009	New SRV @ 1155 HWY 1304	531					531			Jan-16	Dec-16	1/29/2016	1/29/2016
508012010	New SRV @ 290 Cumberland Ave A	329					329			Jan-16	Dec-16	2/5/2016	2/5/2016
508012011	New 3/4" pl ser Artemus	1,720					1,720			Jan-16	Dec-16	4/7/2016	4/7/2016
508012012	Relocate SRV @ 95 Peacock Hill	612					612			Jan-16	Dec-16	4/11/2016	4/11/2016
508012013	RPL @ 107 Spring Street	251					251			Jan-16	Dec-16	4/5/2016	4/5/2016
508012014	RPL @ 104 E Knox Street	314					314			Jan-16	Dec-16	4/1/2016	4/1/2016
508012015	RPL @ 103 Morningside Drive	316					316			Jan-16	Dec-16	4/1/2016	4/1/2016
508012016	Relocate/Ext SRV @ 244 Cumber.	553					553			Jan-16	Dec-16	4/19/2016	4/19/2016
508012017	RPL CS SRV @ 209 S MAIN ST	844					844			Jan-16	Dec-16	5/6/2016	5/6/2016
508012018	RPL CS SRV @ 219 S Main Street	2,209					2,209			Jan-16	Dec-16	5/8/2016	5/8/2016
508012019	RPL CS SRV @ 227 S Main Street	1,189					1,189			Jan-16	Dec-16	5/6/2016	5/6/2016
508012020	RPL CS SRV @ 230 S Main Street	1,193					1,193			Jan-16	Dec-16	5/6/2016	5/6/2016
508012021	RPL CS SRV @ 223 S Main Street	1,193					1,193			Jan-16	Dec-16	5/6/2016	5/6/2016
508012022	RPL CS SRV @ 226 S Main Street	2,663					2,663			Jan-16	Dec-16	5/6/2016	5/6/2016
508012023	RPL SRV @ 102 Pitzer Street	2,837					2,837			Jan-16	Dec-16	5/19/2016	5/19/2016
508012024	NEW SRV @ 16 Knox Plaza	671					671			Jan-16	Dec-16	5/23/2016	5/23/2016
508012025	New SRV @ 1708 Evergreen Road	870					870			Jan-16	Dec-16	5/23/2016	5/23/2016
508012026	RPL @ 108 Broughton Hollow RD	822					822			Jan-16	Dec-16	5/20/2016	5/20/2016
508012027	RPL SRV @ 161 Broughton Hollow	2,058					2,058			Jan-16	Dec-16	5/20/2016	5/20/2016
508012028	RPL/Relocate @ 111 Spring Stre	743					743			Jan-16	Dec-16	6/2/2016	6/2/2016
508012029	RPL SRV @ 108 Spring Street	1,161					1,161			Jan-16	Dec-16	6/2/2016	6/2/2016
508012030	RPL SRV @ 101 Spring Street	1,179					1,179			Jan-16	Dec-16	6/2/2016	6/2/2016
508012031	RPL SRV @ 114 Morningside Driv	1,892					1,892			Jan-16	Dec-16	6/2/2016	6/2/2016
508012032	RPL SRV @ 140 Clyde Gambrel Lo	560					560			Jan-16	Dec-16	6/1/2016	6/1/2016
508012033	RPL SRV @ 376 Overlook Aposta	2,016					2,016			Jan-16	Dec-16	6/16/2016	6/16/2016
508012034	New 3/4" pl ser for 90 Wildcat	789					789			Jan-16	Dec-16	6/23/2016	6/23/2016
508012035	New 3/4" pl ser 101 Wildcat Dr	793					793			Jan-16	Dec-16	6/24/2016	6/24/2016
508012036	New 3/4" pl ser 276 Wildcat Dr	2,963					2,963			Jan-16	Dec-16	6/22/2016	6/22/2016
508012037	New 3/4" pl ser 58 Bill Sowder	797					797			Jan-16	Dec-16	6/21/2016	6/21/2016
508012038	New 3/4" pl ser 60 Bill Sowder	626					626			Jan-16	Dec-16	6/27/2016	6/27/2016
508012039	New 3/4" pl ser 90 1/2 Wildcat	1,072					1,072			Jan-16	Dec-16	6/23/2016	6/23/2016
508012040	New SRV @ 3813 KY 225	677					677			Jan-16	Dec-16	7/18/2016	7/18/2016
508012041	New SRV @ 3809 KY 225	715					715			Jan-16	Dec-16	7/18/2016	7/18/2016
508012042	New SRV @ 3801 KY 225	699					699			Jan-16	Dec-16	7/18/2016	7/18/2016
508012043	Move MTR/EXT SRV @ 217 Edgewoo	482					482			Jan-16	Dec-16	7/25/2016	7/25/2016
508012044	Replace/Relocate @ 24 Simmons	1,157					1,157			Jan-16	Dec-16	8/29/2016	8/29/2016
508012045	NEW SERVICE @4258 N KY 11	376					376			Jan-16	Dec-16	8/8/2016	8/8/2016
508012046	New SRV @ 142 KY 1809	2,112					2,112			Jan-16	Dec-16	9/1/2016	9/1/2016
508012047	RPL/Relocate @ 25 Burrow Drive	1,316					1,316			Jan-16	Dec-16	8/31/2016	8/31/2016
508012048	RPL/RLC @ 111 GOODMAN ROAD	7,040					7,040			Jan-16	Dec-16	9/2/2016	9/2/2016
508012049	New SRV @ 1734 Evergreen Road	1,324					1,324			Jan-16	Dec-16	10/5/2016	10/5/2016
508012050	New SRV @ 620 OLD 25E	2,110					2,110			Jan-16	Dec-16	10/7/2016	10/7/2016
508012051	New SRV @ 620 1/2 OLD 25E	449					449			Jan-16	Dec-16	10/4/2016	10/4/2016
508012052	RPL @ 226 Terrell Lane	533					533			Jan-16	Dec-16	9/22/2016	9/22/2016
508012053	NEW SRV @ 601 Hampton Cem. RD	783					783			Jan-16	Dec-16	10/10/2016	10/10/2016
508012054	RPL @ 205 Manchester Street	595					595			Jan-16	Dec-16	9/28/2016	9/28/2016
508012055	RPL SRV @ 3119 KY 6	1,237					1,237			Jan-16	Dec-16	10/3/2016	10/3/2016
508012056	RPL SRV @ 212 Judge Street	1,276					1,276			Jan-16	Dec-16	10/3/2016	10/3/2016
508012057	RPL SRV @ 139 Pine Street #1	2,673					2,673			Jan-16	Dec-16	10/4/2016	10/4/2016
508012058	New SRV @ 6 Redstone Drive	306					306			Jan-16	Dec-16	10/12/2016	10/12/2016
508012059	New SRV @ 1645 KY 225	857					857			Jan-16	Dec-16	10/12/2016	10/12/2016
508012060	New SRV @ 41 Doris Lane	685					685			Jan-16	Dec-16	10/12/2016	10/12/2016
508012061	New Srv @ 120 Evergreen Drive	711					711			Jan-16	Dec-16	10/14/2016	10/14/2016
508012062	New SRV @ 324 Knox Street	911					911			Jan-16	Dec-16	10/14/2016	10/14/2016
508012063	Replace/Relocate SRV @ 2659 KY	1,222					1,222			Jan-16	Dec-16	10/27/2016	10/27/2016

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508012064	Repl ser 233 Old Evergreen Rd	552					552			Jan-16	Dec-16	10/27/2016	10/27/2016
508012065	RPL/RLC SRV @ 617 Old US 25E	347					347			Jan-16	Dec-16	10/26/2016	10/26/2016
508012066	RPL/RLC @ 704 Pitzer Street	454					454			Jan-16	Dec-16	10/24/2016	10/24/2016
508012067	RPL/RLC SRV @ 177 School Stree	2,692					2,692			Jan-16	Dec-16	11/7/2016	11/8/2016
508012068	NEW SRV @ 295 KY 1232	2,430					2,430			Jan-16	Dec-16	10/28/2016	10/28/2016
508012069	NEW SRV @ 259 KY 1232	1,217					1,217			Jan-16	Dec-16	10/27/2016	10/27/2016
508012070	New SRV @ 101 Morningside Driv	2,699					2,699			Jan-16	Dec-16	11/9/2016	11/9/2016
508012072	New SRV @ 171 Factory Road	996					996			Jan-16	Dec-16	11/28/2016	11/28/2016
508012073	New SRV @ 321 Church Hill Road	2,750					2,750			Jan-16	Dec-16	11/28/2016	11/28/2016
508012074	New SRV @ 80 KY 1530	1,211					1,211			Jan-16	Dec-16	12/14/2016	12/14/2016
508012075	New 3/4" pl ser for 3217 KY 34	2,327					2,327			Jan-16	Dec-16	12/2/2016	12/2/2016
508012076	New 3/4" pl ser 3393 KY 3441	506					506			Jan-16	Dec-16	12/5/2016	12/5/2016
508012077	New SRV @ 162 Manchester Stree	1,108					1,108			Jan-16	Dec-16	12/20/2016	12/20/2016
508012078	New SRV @ Dixon TLR PK #11	318					318			Jan-16	Dec-16	12/1/2016	12/1/2016
508012079	New SRV @ 275 Evergreen Road	1,365					1,365			Jan-16	Dec-16	12/13/2016	12/13/2016
508012080	New SRV @ 67 Leona Baker Lane	1,080					1,080			Jan-16	Dec-16	12/22/2016	12/22/2016
508012081	New SRV @ 144 Sampson Lane	1,165					1,165			Jan-16	Dec-16	12/20/2016	12/20/2016
510011423	New @ 100 Larch Ave.	3,891					3,891			Jan-16	Dec-16	8/22/2016	8/31/2016
510011424	New @ 800 Exeter Ave.	441					441			Jan-16	Dec-16	2/11/2016	2/11/2016
510011425	Replace Service 118 Chester S	847					847			Jan-16	Dec-16	8/8/2016	8/8/2016
510011426	Repl Ser 221 S 20th St. Middle	962					962			Jan-16	Dec-16	3/15/2016	3/15/2016
510011427	New @ 2707 I/2 Apt#3 Cumb Ave.	345					345			Jan-16	Dec-16	3/16/2016	3/16/2016
510011428	Replace @ 171 Owens Lane.	175					175			Jan-16	Dec-16	4/4/2016	4/4/2016
510011429	New 3/4" pl ser Pine Mtn State	6,296					6,296			Jan-16	Dec-16	6/2/2016	6/2/2016
510011430	New 3/4" pl ser Pine Mtn Park	2,154					2,154			Jan-16	Dec-16	6/2/2016	6/2/2016
510011431	New 3/4" pl ser Pine Mtn Park	1,792					1,792			Jan-16	Dec-16	6/2/2016	6/2/2016
510011432	New 3/4" pl ser Forestry Dept.	7,895					7,895			Jan-16	Dec-16	5/25/2016	6/1/2016
510011433	Replace @ 707 Manchester Ave.	696					696			Jan-16	Dec-16	6/15/2016	6/15/2016
510011434	New 3/4" pl ser 887 Hwy 119	2,058					2,058			Jan-16	Dec-16	4/29/2016	4/29/2016
510011435	Replace 3/4" pl ser Save-a-lot	2,558					2,558			Jan-16	Dec-16	4/28/2016	4/28/2016
510011436	New @ 313 Cherry ST.	1,340					1,340			Jan-16	Dec-16	5/10/2016	5/10/2016
510011437	Replace @ 256 Chasteen Dr.	682					682			Jan-16	Dec-16	5/19/2016	5/19/2016
510011438	Repl 3/4" pl ser 99 Clara Ashe	5,342					5,342			Jan-16	Dec-16	5/19/2016	6/23/2016
510011439	New 3/4" pl ser 1012 Exeter Av	271					271			Jan-16	Dec-16	6/9/2016	6/9/2016
510011440	Repl 1" pl ser Mboro Public Li	600					600			Jan-16	Dec-16	6/9/2016	6/9/2016
510011441	New 3/4" pl ser 61 Paula Drive	5,377					5,377			Jan-16	Dec-16	8/23/2016	8/24/2016
510011442	New 3/4" pl ser 894 Happy Holl	1,339					1,339			Jan-16	Dec-16	9/9/2016	9/9/2016
510011443	New 1/2" pl service Hwy 221 Pi	2,373					2,373			Jan-16	Dec-16	8/25/2016	8/25/2016
510011444	Repl 3/4" pl ser 737 Dorton B	1,997					1,997			Jan-16	Dec-16	9/8/2016	9/8/2016
510011445	New @ 1420 Dorchester Ave.	1,884					1,884			Jan-16	Dec-16	8/30/2016	8/30/2016
510011446	Repl Ser First Presb. Church N	264					264			Jan-16	Dec-16	9/8/2016	9/8/2016
510011447	Repl Service Bell County Histo	312					312			Jan-16	Dec-16	9/8/2016	9/8/2016
510011448	New @ 3090 Hwy 441.	762					762			Jan-16	Dec-16	9/14/2016	9/14/2016
510011449	New @ Mack Ave.	2,512					2,512			Jan-16	Dec-16	9/21/2016	9/23/2016
510011450	Repl ser 204 Dean Hill Pinevil	2,338					2,338			Jan-16	Dec-16	10/6/2016	10/6/2016
510011451	Replace @ 421 W TN Ave.	2,432					2,432			Jan-16	Dec-16	10/6/2016	10/6/2016
510011452	New @ M.boro Bell Co Airport.	2,878					2,878			Jan-16	Dec-16	10/10/2016	10/10/2016
510011453	New @ 62 Cannon Creek Lake Hil	3,110					3,110			Jan-16	Dec-16	10/11/2016	10/11/2016
510011454	Replace @ 103 Georgeann Dr.	667					667			Jan-16	Dec-16	11/1/2016	11/1/2016
510011455	Replace @ 105 Georgeann Dr	498					498			Jan-16	Dec-16	11/1/2016	11/1/2016
510011456	Replace @ 109 George ann Dr.	505					505			Jan-16	Dec-16	11/1/2016	11/1/2016
510011457	Replace @ 116 Georgeann Dr.	517					517			Jan-16	Dec-16	11/1/2016	11/1/2016
510011458	Replace @ 118 Georgeann DR.	703					703			Jan-16	Dec-16	11/1/2016	11/1/2016
510011459	Replace @ 119 Georgeann DR.	293					293			Jan-16	Dec-16	11/1/2016	11/1/2016
510011460	Replace @ 120 Georgeann DR.	521					521			Jan-16	Dec-16	11/1/2016	11/1/2016
510011461	Replace @ 121 Georgeann DR.	293					293			Jan-16	Dec-16	11/3/2016	11/3/2016
510011462	Replace @ 203 Georgeann DR.	667					667			Jan-16	Dec-16	11/1/2016	11/1/2016
510011463	Replace @ 202 Georgeann DR.	1,161					1,161			Jan-16	Dec-16	11/1/2016	11/1/2016
510011464	Replace @ 204 Georgeann DR.	693					693			Jan-16	Dec-16	11/1/2016	11/1/2016
510011465	Replace @ 205 Georgeann DR.	636					636			Jan-16	Dec-16	11/1/2016	11/1/2016

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510011466	Replace @ 206 Georgeann DR.	469					469			Jan-16	Dec-16	11/1/2016	11/1/2016
510011467	Replace @ 1204 Dorchester Ave.	692					692			Jan-16	Dec-16	10/25/2016	10/25/2016
510011468	Replace @ 1201 Dorchester Ave.	502					502			Jan-16	Dec-16	10/25/2016	10/25/2016
510011469	Repl ser 1120 Gloucester Ave.	698					698			Jan-16	Dec-16	10/26/2016	10/26/2016
510011470	New 3/4" pl ser 3074 US HWY 11	1,093					1,093			Jan-16	Dec-16	11/9/2016	11/9/2016
510011471	Replace @ 1118 Gloucester Ave.	808					808			Jan-16	Dec-16	11/4/2016	11/4/2016
510011472	Replace @ 1204 Gloucester Ave.	942					942			Jan-16	Dec-16	11/4/2016	11/4/2016
510011473	Replace @ 1208 Gloucester Ave.	781					781			Jan-16	Dec-16	11/4/2016	11/4/2016
510011474	Replace @ 1304 Gloucester Ave.	725					725			Jan-16	Dec-16	11/4/2016	11/4/2016
510011475	Replace @ 1308 Gloucester Ave.	1,383					1,383			Jan-16	Dec-16	11/4/2016	11/4/2016
510011476	Replace @ 200 N petersboro Ave	1,149					1,149			Jan-16	Dec-16	11/8/2016	11/8/2016
510011477	Replace @ 1012 Gloucester Ave.	513					513			Jan-16	Dec-16	11/8/2016	11/8/2016
510011478	Replace @210 N Petersboro Ave.	535					535			Jan-16	Dec-16	11/8/2016	11/8/2016
510011479	Replace @ 1001 Dorchester Ave.	1,098					1,098			Jan-16	Dec-16	11/8/2016	11/8/2016
510011480	Repl ser 501 Lothberry St.	494					494			Jan-16	Dec-16	11/10/2016	11/10/2016
510011481	Repl ser 205 16th St.	124					124			Jan-16	Dec-16	11/10/2016	11/10/2016
510011482	New 1" pl ser 1240 N 12th St.	2,422					2,422			Jan-16	Dec-16	11/18/2016	11/23/2016
510011483	Replace @ 1235 Dorchester Ave.	380					380			Jan-16	Dec-16	11/15/2016	11/15/2016
510011484	Replace @ 1203 Dorchester Ave.	462					462			Jan-16	Dec-16	11/15/2016	11/15/2016
510011485	Repl ser 1109 Dorchester	520					520			Jan-16	Dec-16	11/15/2016	11/15/2016
510011486	New @ 3053 Hwy 25E.	527					527			Jan-16	Dec-16	11/21/2016	11/21/2016
510011487	New @ 2002 Cumb Ave.	759					759			Jan-16	Dec-16	11/28/2016	11/28/2016
510011488	New @ 809 Exeter Ave.	327					327			Jan-16	Dec-16	11/22/2016	11/22/2016
510016000	Install Curb Valves on Service	483					483			Jan-16	Dec-16	NA	NA
511013681	New 3/4" pl ser 901 S Main St.	1,383					1,383			Jan-16	Dec-16	2/22/2016	2/22/2016
511013782	Install Service 1402 Palmer St	626					626			Jan-16	Dec-16	4/5/2016	4/5/2016
511013783	New SL at 220 N Main St	340					340			Jan-16	Dec-16	12/2/2015	12/2/2015
511013787	Install Serv 251 Campground Ro	673					673			Jan-16	Dec-16	4/6/2016	4/6/2016
511013793	Install Service 2404 5th Stree	60					60			Jan-16	Dec-16	12/18/2015	12/18/2015
511013794	Install Service 26 McKenzie Tr	978					978			Jan-16	Dec-16	1/5/2016	1/5/2016
511013795	Install Service 45 Cypress St.	976					976			Jan-16	Dec-16	1/5/2016	1/5/2016
511013796	Install Service 509 Oak Street	244					244			Jan-16	Dec-16	2/19/2016	2/19/2016
511013797	Install Serv. 520 Hazel Fork R	1,348					1,348			Jan-16	Dec-16	4/12/2016	4/12/2016
511013798	Install Service 72 Elkhorn Ln	624					624			Jan-16	Dec-16	3/7/2016	3/7/2016
511013800	3/4 PL Serv. 274 N Hwy 1223	636					636			Jan-16	Dec-16	4/11/2016	4/11/2016
511013801	Install Service 74 Oak Ridge R	1,422					1,422			Jan-16	Dec-16	6/1/2016	6/1/2016
511013802	Install Service 1880 CumFalls	607					607			Jan-16	Dec-16	4/5/2016	4/5/2016
511013803	Extend Service 412 W 3rd Stree	843					843			Jan-16	Dec-16	4/19/2016	4/19/2016
511013804	Install Serv 161 Trails End	1,749					1,749			Jan-16	Dec-16	4/27/2016	4/27/2016
511013805	Cont. Service 116 Scenic View	1,361					1,361			Jan-16	Dec-16	4/29/2016	4/29/2016
511013806	Install Service 98 Shelter Cov	1,598					1,598			Jan-16	Dec-16	5/6/2016	5/6/2016
511013807	Install Service 27 McKenzie Tr	1,376					1,376			Jan-16	Dec-16	5/6/2016	5/6/2016
511013808	New 3/4 PL SL at 129 Ballard D	1,327					1,327			Jan-16	Dec-16	6/1/2016	6/1/2016
511013809	Replace Serv 967 Hwy 25W	1,303					1,303			Jan-16	Dec-16	5/13/2016	5/13/2016
511013810	Replace Serv 923 Hwy 25W	1,220					1,220			Jan-16	Dec-16	5/12/2016	5/12/2016
511013811	3/4 Pl Serv 985 Gordon Hill Pl	1,031					1,031			Jan-16	Dec-16	6/20/2016	6/20/2016
511013812	Cont SL at 1301 W 7th St	1,295					1,295			Jan-16	Dec-16	6/8/2016	6/8/2016
511013813	Cont SL at 200 W 8th St	421					421			Jan-16	Dec-16	6/7/2016	6/7/2016
511013814	Repl SL at 2189 HWY 2392	6,321					6,321			Jan-16	Dec-16	6/14/2016	6/14/2016
511013815	Repl SL at 329 Barton Mill Rd	357					357			Jan-16	Dec-16	6/15/2016	6/15/2016
511013816	Install service 401 Ford St #4	977					977			Jan-16	Dec-16	6/16/2016	6/16/2016
511013817	Cont of SL at 272 Campground R	999					999			Jan-16	Dec-16	6/16/2016	6/16/2016
511013818	Cont at 15 Riverside Loop	594					594			Jan-16	Dec-16	6/20/2016	6/20/2016
511013819	New SL at 314 Oak Ridge Ch Rd	267					267			Jan-16	Dec-16	7/12/2016	7/12/2016
511013820	New SL at 216 W Center St	1,980					1,980			Jan-16	Dec-16	7/29/2016	7/29/2016
511013821	Install Service 76 Tuit Acres	388					388			Jan-16	Dec-16	8/19/2016	8/19/2016
511013822	Install Service 238 B Fred Bar	597					597			Jan-16	Dec-16	8/11/2016	8/11/2016
511013823	Instal 3/4 PL Service 254 Buck	682					682			Jan-16	Dec-16	8/22/2016	8/22/2016
511013824	Repl SL at 2385 Gordon Hill	402					402			Jan-16	Dec-16	9/2/2016	9/2/2016
511013825	Repl SL at 2419 Gordon Hill	211					211			Jan-16	Dec-16	9/2/2016	9/2/2016

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511013827	Repl SL at 2509 Gordon Hill	271					271			Jan-16	Dec-16	9/2/2016	9/2/2016
511013828	Repl SL at 207 Texas Ave	401					401			Jan-16	Dec-16	8/4/2016	8/4/2016
511013829	Repl SL at 36 Texas Ave	396					396			Jan-16	Dec-16	8/4/2016	8/4/2016
511013830	Repl SL at 1874 Gordon Hill Pi	366					366			Jan-16	Dec-16	8/4/2016	8/4/2016
511013831	Repl SL at 1875 Gordon Hill Pi	575					575			Jan-16	Dec-16	8/5/2016	8/5/2016
511013832	Repl SL at 1906 Gordon Hill Pi	594					594			Jan-16	Dec-16	8/5/2016	8/5/2016
511013833	Repl SL at 1950 Gordon Hill Pi	554					554			Jan-16	Dec-16	8/5/2016	8/5/2016
511013834	Repl SL at 8 Civic Center Dr	646					646			Jan-16	Dec-16	8/10/2016	8/10/2016
511013835	Cont. Service 64 Blue Bird Cir	2,726					2,726			Jan-16	Dec-16	8/11/2016	8/11/2016
511013836	Install 3/4 PL Serv. 120 Noble	1,256					1,256			Jan-16	Dec-16	9/15/2016	9/15/2016
511013837	Repl. Service 58 Johnson Rd	173					173			Jan-16	Dec-16	9/2/2016	9/2/2016
511013838	Repl Service 54 Partin Rd	501					501			Jan-16	Dec-16	9/2/2016	9/2/2016
511013839	Repl Service 405 Leona Wyatt R	333					333			Jan-16	Dec-16	9/2/2016	9/2/2016
511013840	Repl Serv. 319 Leona Wyatt Rd	361					361			Jan-16	Dec-16	9/2/2016	9/2/2016
511013841	Install Serv. 97 Skylark Drive	438					438			Jan-16	Dec-16	9/27/2016	9/27/2016
511013842	Install Serv 83 Woodhills Est	648					648			Jan-16	Dec-16	9/14/2016	9/14/2016
511013843	Install Service 3950 Lily Subl	474					474			Jan-16	Dec-16	9/13/2016	9/13/2016
511013844	Repl SL at 75 Martin Drive	939					939			Jan-16	Dec-16	9/2/2016	9/2/2016
511013845	Repl SL at 550 Leona Wyatt Rd	530					530			Jan-16	Dec-16	9/2/2016	9/2/2016
511013846	Repl SL at 563 Leona Wyatt Rd	843					843			Jan-16	Dec-16	9/2/2016	9/2/2016
511013847	Repl SL at 588 Leona Wyatt Rd	593					593			Jan-16	Dec-16	9/2/2016	9/2/2016
511013848	Repl SL at 2241 Gordon Hill Pi	494					494			Jan-16	Dec-16	10/1/2016	10/1/2016
511013849	Repl SL at 2232 Gordon Hill Pi	476					476			Jan-16	Dec-16	10/1/2016	10/1/2016
511013850	RPL SL at 47 Leona Wyatt Rd	216					216			Jan-16	Dec-16	10/1/2016	10/1/2016
511013851	Repl SL at 81 Leona Wyatt Rd	293					293			Jan-16	Dec-16	10/1/2016	10/1/2016
511013852	Repl SL at 2215 Gordon Hill Rd	208					208			Jan-16	Dec-16	10/1/2016	10/1/2016
511013853	Repl SL at 10 Dantley Dr	239					239			Jan-16	Dec-16	10/1/2016	10/1/2016
511013854	Repl SL at 2095 Gordon Hill PK	370					370			Jan-16	Dec-16	10/1/2016	10/1/2016
511013855	RPL SL at 200 Leona Wyatt Rd	214					214			Jan-16	Dec-16	10/1/2016	10/1/2016
511013856	Repl SL at 104 Reasor St	2,484					2,484			Jan-16	Dec-16	9/29/2016	9/29/2016
511013857	Cont. of Service 4255 Falls Hw	671					671			Jan-16	Dec-16	10/31/2016	10/31/2016
511013858	Install Service 529 Millcreek	1,940					1,940			Jan-16	Dec-16	9/30/2016	9/30/2016
511013859	Install Service 300 Cobbleston	1,897					1,897			Jan-16	Dec-16	10/17/2016	10/17/2016
511013860	Install Service 1 Trillium Way	2,131					2,131			Jan-16	Dec-16	10/18/2016	10/18/2016
511013861	Install Service Lot 11 Hickory	363					363			Jan-16	Dec-16	9/29/2016	9/29/2016
511013862	Cont SL at 10755 N US HWY 25	1,182					1,182			Jan-16	Dec-16	9/28/2016	9/28/2016
511013863	Install Service 197 Park Hills	423					423			Jan-16	Dec-16	10/1/2016	10/1/2016
511013864	Repl SL at 2071 Gordon Hill Pi	1,026					1,026			Jan-16	Dec-16	10/1/2016	10/1/2016
511013865	Repl SL at 2073 Gordon Hill Pi	847					847			Jan-16	Dec-16	10/1/2016	10/1/2016
511013866	New SL at 5709 S HWY 25	362					362			Jan-16	Dec-16	10/12/2016	10/12/2016
511013867	Install New PL SL at 24 Church	899					899			Jan-16	Dec-16	10/19/2016	10/19/2016
511013868	Repl SL at 60 Old Dantley Rd	670					670			Jan-16	Dec-16	10/14/2016	10/14/2016
511013869	Install 3/4* PL Serv. 102 W 3r	1,014					1,014			Jan-16	Dec-16	10/20/2016	10/20/2016
511013871	Install Service 608 3rd Street	1,002					1,002			Jan-16	Dec-16	11/4/2016	11/4/2016
511013872	Install service 835 Parkside R	594					594			Jan-16	Dec-16	11/2/2016	11/2/2016
511013873	New 3/4 PL SL at 570 Watch Rd	2,261					2,261			Jan-16	Dec-16	11/3/2016	11/3/2016
511013874	New 3/4 PL SL at 2140 E Hwy 31	495					495			Jan-16	Dec-16	11/15/2016	11/15/2016
511013875	Install Service 28 Laurel Ridg	557					557			Jan-16	Dec-16	12/19/2016	12/19/2016
511013876	New Plastic SL at 510 23rd St	440					440			Jan-16	Dec-16	12/2/2016	12/2/2016
511013877	Install Service 3001 Sunset Dr	432					432			Jan-16	Dec-16	12/2/2016	12/2/2016
511013878	Install Service 401 Ford St. A	700					700			Jan-16	Dec-16	12/9/2016	12/9/2016
511013879	Install Service Lot 5 Triplett	919					919			Jan-16	Dec-16	12/2/2016	12/2/2016
511013880	Install Service 331-1 Kennedy	1,087					1,087			Jan-16	Dec-16	12/29/2016	12/29/2016
511013881	Install Service 861 AGC Road	495					495			Jan-16	Dec-16	12/14/2016	12/14/2016
511013882	Install Service 1032 Cardinal	503					503			Jan-16	Dec-16	12/21/2016	12/21/2016
511013883	New 3/4 PL SL at 905 W 7th St	509					509			Jan-16	Dec-16	12/21/2016	12/21/2016
511013884	New PI SL at 2140 E HWY 312	1,475					1,475			Jan-16	Dec-16	12/30/2016	12/30/2016
511013885	Install Service 4711 E Hwy 552	533					533			Jan-16	Dec-16	12/28/2016	12/28/2016
511013886	Install Service 8726 Ky 1232	590					590			Jan-16	Dec-16	12/29/2016	12/29/2016
511013887	New SL at 11166 N US HWY 25E	2,543					2,543			Jan-16	Dec-16	12/27/2016	12/27/2016

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512011070	Ins svc at 582 B Lyttleton Roa	340					340			Jan-16	Dec-16	11/13/2015	11/13/2015
512011084	Ins svc at 8275 N. Hwy 421	4,693					4,693			Jan-16	Dec-16	2/9/2016	2/9/2016
512011086	Ins svc at 6622 N. Hwy 421	2,250					2,250			Jan-16	Dec-16	1/29/2016	1/29/2016
512011087	Ins svc at 146 North St. in An	340					340			Jan-16	Dec-16	12/29/2015	12/29/2015
512011094	Ins svc at 56 Arrowhead Court	725					725			Jan-16	Dec-16	1/14/2016	1/14/2016
512011095	Ins svc at 115 locust Street	1,689					1,689			Jan-16	Dec-16	1/7/2016	1/7/2016
512011096	Ins svc at 8653 North Hwy 421	2,993					2,993			Jan-16	Dec-16	2/4/2016	2/4/2016
512011097	Ins svc at 1154 Hwy 3445	2,504					2,504			Jan-16	Dec-16	2/8/2016	2/8/2016
512011098	Ins svc at 582C Lyttleton Road	2,231					2,231			Jan-16	Dec-16	1/27/2016	1/27/2016
512011099	Ins svc at 365 Wayne Street	1,037					1,037			Jan-16	Dec-16	2/18/2016	2/18/2016
512011100	Ins svc at 119 Anderson street	2,164					2,164			Jan-16	Dec-16	2/25/2016	2/25/2016
512011101	Ins svc at 202 Maple Street	1,533					1,533			Jan-16	Dec-16	7/19/2016	7/19/2016
512011102	Ins svc at 845 Muddy Gap Road	4,582					4,582			Jan-16	Dec-16	7/12/2016	7/12/2016
512011103	Extend svc at 8387 North Hwy	944					944			Jan-16	Dec-16	7/15/2016	7/15/2016
512011104	Ext svc at 9040 N. Hwy 421	2,542					2,542			Jan-16	Dec-16	7/14/2016	7/14/2016
512011105	Ins svc at 69 Popular Lane	769					769			Jan-16	Dec-16	6/6/2016	6/6/2016
512011106	Ins svc at 134 Liberty Road	800					800			Jan-16	Dec-16	6/9/2016	6/9/2016
512011107	Install service line	386					386			Jan-16	Dec-16	6/7/2016	6/14/2016
512011108	run service @ 85 Liberty Rd.	1,286					1,286			Jan-16	Dec-16	6/13/2016	6/13/2016
512011109	Ran service line @ 63 Libert R	1,166					1,166			Jan-16	Dec-16	6/13/2016	6/13/2016
512011110	Ins svc at 25 Wade Hacker Road	2,599					2,599			Jan-16	Dec-16	7/18/2016	7/18/2016
512011111	Ext svc at 469 Railroad Ave.	650					650			Jan-16	Dec-16	7/1/2016	7/1/2016
512011112	Ins svc at 575 Roark Road	2,395					2,395			Jan-16	Dec-16	9/1/2016	9/1/2016
512011113	Install svc at 953 Colony Road	1,092					1,092			Jan-16	Dec-16	8/31/2016	8/31/2016
512011114	Ins svc to 139 Webb Street	1,645					1,645			Jan-16	Dec-16	9/9/2016	9/9/2016
512011115	Ext svc at 116 Wayne Street	1,283					1,283			Jan-16	Dec-16	7/27/2016	7/27/2016
512011116	Ins svc at 2175 South Hwy 421	1,159					1,159			Jan-16	Dec-16	9/7/2016	9/27/2016
512011117	Ins svc at 355 Sapling Fork Ro	2,316					2,316			Jan-16	Dec-16	9/6/2016	9/6/2016
512011118	ins serv at 96 ernie couch rd.	723					723			Jan-16	Dec-16	10/5/2016	10/5/2016
512011119	Ext svc at 2829 north hwy 421	788					788			Jan-16	Dec-16	10/26/2016	10/26/2016
512011121	run serv. at 37 whinding rd.	808					808			Jan-16	Dec-16	10/7/2016	10/7/2016
512011122	run serv. at 464ham hollow rd	2,852					2,852			Jan-16	Dec-16	10/6/2016	10/6/2016
512011123	Ins svc at 250 Crawfish Road	1,631					1,631			Jan-16	Dec-16	11/14/2016	11/14/2016
512011124	Rep svc at 389 Wallace Street	629					629			Jan-16	Dec-16	10/13/2016	10/13/2016
512011125	Ins svc at 663 Roark Road	908					908			Jan-16	Dec-16	11/11/2016	11/11/2016
512011129	Ins svc at 3735 Hwy 3630	798					798			Jan-16	Dec-16	11/11/2016	11/11/2016
512011130	Ins svc at 11 Lyttleton Church	465					465			Jan-16	Dec-16	12/9/2016	12/9/2016
512011131	Ins svc at 239 Crawfish Road	2,152					2,152			Jan-16	Dec-16	12/13/2016	12/13/2016
512011132	Install svc at 207 Church Stre	286					286			Jan-16	Dec-16	11/21/2016	11/21/2016
512011133	Rep svc at 1038 Chop Bottom Ro	2,317					2,317			Jan-16	Dec-16	11/16/2016	11/16/2016
512011134	Ins svc at 308 Bowling Street	432					432			Jan-16	Dec-16	12/13/2016	12/13/2016
512011135	Run service at 7007 North HWY	1,462					1,462			Jan-16	Dec-16	12/14/2016	12/14/2016
512011137	Rep svc at 3715 South Hwy 421	371					371			Jan-16	Dec-16	3/13/2017	3/13/2017
512011138	Ins svc at 1051 North Hwy 421	1,735					1,735			Jan-16	Dec-16	12/16/2016	12/16/2016
512011139	Ins svc at 221 Third Street	1,563					1,563			Jan-16	Dec-16	12/15/2016	12/15/2016
512011141	Ins svc at 3644 Hwy 3630	928					928			Jan-16	Dec-16	12/19/2016	12/19/2016
512016000	Install Curb Valves on Service	509					509			Jan-16	Dec-16	NA	NA
1380		950,700	880,000	(70,700)	-8.03%	10.43%	950,700						
53004	METERS	610,963					610,963			Jan-16	Dec-16	NA	NA
1381		610,963	582,300	(28,663)	-4.92%	6.70%	610,963						
50102	METER INSTALLATIONS-OWINGSVILLE	13,086					13,086			Jan-16	Dec-16	NA	NA
50202	METER INSTALLATIONS - BEREA	27,489					27,489			Jan-16	Dec-16	NA	NA
50302	METER INSTALLATIONS - NICHOLASVILLE	31,997					31,997			Jan-16	Dec-16	NA	NA
50502	METER INSTALLATIONS-STANTON	7,277					7,277			Jan-16	Dec-16	NA	NA
50602	METER INSTALLATIONS-LONDON	8,392					8,392			Jan-16	Dec-16	NA	NA
50702	METER INSTALLATIONS-WILLIAMSBURG	3,741					3,741			Jan-16	Dec-16	NA	NA
50802	METER INSTALLATIONS-BARBORVILLE	9,896					9,896			Jan-16	Dec-16	NA	NA
51002	METER INSTALLATIONS-MIDDLESBORO	5,453					5,453			Jan-16	Dec-16	NA	NA
51102	METER INSTALLATIONS-CORBIN	10,710					10,710			Jan-16	Dec-16	NA	NA
51202	METER INSTALLATIONS-MANCHESTER	11,222					11,222			Jan-16	Dec-16	NA	NA

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1382		129,264	128,400	(864)	-0.67%	1.42%	129,264							
53005	REGULATORS	105,111					105,111			Jan-16	Dec-16	NA	NA	
1383		105,111	110,400	5,289	4.79%	1.15%	105,111							
502453	Ins new Lvm for Okonite at 174	10,271					10,271			Jan-16	Dec-16	1/25/2016	3/3/2016	
503363	Inst LVM 1541 S Main St	5,426					5,426			Jan-16	Dec-16	7/14/2016	7/14/2016	
1385		15,697	36,000	20,303	56.40%	0.17%	15,697							Fewer projects than anticipated in Budget
694	TOOLS, SHOP & GARAGE EQUIPMENT	23,636					23,636			Jan-16	Dec-16	NA	NA	
1394		23,636	40,800	17,164	42.07%	0.26%	23,636							
696	POWER OPERATED EQUIPMENT	174,822					174,822			Jan-16	Dec-16	NA	NA	
1396		174,822	225,000	50,178	22.30%	1.92%	174,822							
1398		0	9,600	9,600	100.00%	0.00%	0							Anticipated projects didn't materialize
2016 TOTAL		7,482,356	9,113,250	1,630,894	17.90%	82.10%	12,593,331							

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695	LABORATORY EQUIPMENT	7,322					7,322			Jan-17	Dec-17	NA	NA	
1395		7,322	8,000	678	8.48%	0.10%	7,322							
530035	Pipe from Admin Office to Srv	11,342					14,558			Jan-17	Dec-17	05/01/2016	03/31/2017	
690	GEN STRUCTURES & IMPROVEMENTS	69,378					69,378			Jan-17	Dec-17	NA	NA	
1390		80,720	55,200	(25,520)	-46.23%	1.07%	83,936							
692	TRANSPORTATION EQUIPMENT	705,583					705,583			Jan-17	Dec-17	NA	NA	
1392		705,583	552,000	(153,583)	-27.82%	9.39%	705,583							
697	COMMUNICATION EQUIPMENT	6,254					6,254			Jan-17	Dec-17	NA	NA	
1397		6,254	6,000	(254)	-4.24%	0.08%	6,254							
63002	COMPUTER SOFTWARE	12,558					12,558			Jan-17	Dec-17	NA	NA	
139902		12,558	75,700	63,142	83.41%	0.17%	12,558							Delayed projects due to acquisition
530036	Purchase of Laptop Computers	10,886					48,927			Jan-17	Dec-17	05/01/2016	8/29/2017	
63003	COMPUTER HARDWARE	250					250			Jan-17	Dec-17	NA	NA	
139903		11,136	222,800	211,664	95.00%	0.15%	49,177							Delayed projects due to acquisition
139931		0	24,000	24,000	100.00%	0.00%	0							Delayed projects due to acquisition
526179	REPLACE CORN CREEK LINE ON HWY	123					150,512			Jan-17	Dec-17	10/22/2018	12/19/2018	
526182	RELOCATION ON HWY 2011 FOR BRI	(865)					97,314			Jan-17	Dec-17	9/13/2016	10/19/2016	
526185	REPLACE LINE IN ELLISON BEND A	18,148					18,148			Jan-17	Dec-17	3/17/2017	3/23/2017	
1332		17,405	131,100	113,695	86.72%	0.23%	265,974							Project Timing - some project costs carryover to 2018
526180	AIR QUALITY PERMIT WOODBINE CO	388					3,925			Jan-17	Dec-17	1/31/2017	2/1/2017	
526181	AIR QUALITY PERMIT LIFORD COMP	388					3,357			Jan-17	Dec-17	1/31/2017	2/1/2017	
526188	REPLACE GLYCOL PUMP AT WOODBIN	3,720					3,720			Jan-17	Dec-17	7/26/2017	10/31/2017	
526190	OVERHAUL LIFORD COMPRESSOR ENG	5,824					5,908			Jan-17	Dec-17	9/21/2017	12/4/2017	
526191	OVERHAUL JOHNSON COMPRESSOR EN	5,352					5,352			Jan-17	Dec-17	9/21/2017	10/31/2017	
1333		15,672	40,000	24,328	60.82%	0.21%	22,263							Fewer projects than anticipated in Budget
525873	COVER EXISTING DECK ON CM BUIL	5,183					5,183			Jan-17	Dec-17	4/5/2017	7/21/2017	
1351		5,183	0	(5,183)	-100.00%	0.07%	5,183							Projects not anticipated at the time of the Budget preparation
525648	DRILL NEW WELL ON CANADA MOUNT	(784)					1,097,329			Jan-17	Dec-17	3/22/2013	10/25/2013	
525840	ACCUMULATE COST DRILL STORAGE	3,079,123					3,284,933			Jan-17	Dec-17	7/1/2016	9/1/2017	
1352		3,078,339	0	(3,078,339)	-100.00%	40.96%	4,382,261							Project Timing
525827	LOWER PIPE IN LITTLE CLEAR CRE	1,014					82,415			Jan-17	Dec-17	8/8/2016	8/24/2016	
525857	EXTENSION TO PEET 2 STORAGE WE	147,842					147,842			Jan-17	Dec-17	3/14/2017	7/10/2017	
1353		148,855	0	(148,855)	-100.00%	1.98%	230,257							Project Timing
525856	UPGRADE EXPANSION JOINT ON UNI	3,006					6,746			Jan-17	Dec-17	11/3/2016	1/30/2017	
525860	UPGRADE CANADA MTN COMPRESSOR	17,647					17,647			Jan-17	Dec-17	12/19/2016	2/9/2017	
525868	UPGRADE CANADA MT. # 1 COMPRES	21,863					21,863			Jan-17	Dec-17	2/6/2017	5/24/2017	
525869	UPGRADE CANADA MT. # 2 COMPRES	17,239					17,239			Jan-17	Dec-17	2/6/2017	5/18/2017	
525889	Repairs to Canada Mtn Compr #2	4,121					23,203			Jan-17	Dec-17	12/18/2017	4/6/2018	
1354		63,876	76,700	12,824	16.72%	0.85%	86,697							
525766	MEASUREMENT AT CM STRIPPING PL	0					49,897			Jan-17	Dec-17	2/3/2015	2/3/2015	
525858	INSTALL M&R FOR PEET 2 WELL	160,578					160,578			Jan-17	Dec-17	5/2/2017	7/31/2017	
1355		160,578	0	(160,578)	-100.00%	2.14%	210,474							Project Timing
525784	REPLACE MOTOR AT CM STRIPPING	18,071					70,960			Jan-17	Dec-17	4/29/2015	8/23/2017	

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50203483	Ins xing at 1044 Burgany Pass	1,624					1,624			Jan-17	Dec-17	3/9/2017	3/9/2017
50203484	Ins xing to 900 Falling Waters	1,130					1,130			Jan-17	Dec-17	4/28/2017	5/2/2017
50203485	Ins xing at 1604 Merlot Ct. in	1,108					1,108			Jan-17	Dec-17	6/28/2017	6/28/2017
50203486	Ext to 412 Pepper Ln from Hwy	15,886					15,886			Jan-17	Dec-17	9/6/2017	9/25/2017
50203487	Ext to 101 Interstate Drive	16,284					22,275			Jan-17	Dec-17	10/10/2017	10/17/2017
50203488	Ins xing Campus Dr. on Berea C	2,075					2,075			Jan-17	Dec-17	8/9/2017	8/9/2017
50203489	Ins xing to 1510 Phyllis Dr. i	913					913			Jan-17	Dec-17	8/29/2017	8/29/2017
50203490	Ins xing at 207 Herndon Lane	909					909			Jan-17	Dec-17	8/29/2017	8/29/2017
50203491	INT X-ing to 106 Plantation Dr	1,725					1,725			Jan-17	Dec-17	8/28/2017	8/28/2017
50203492	Ins xing at 327 Opossum Kingdo	1,629					1,629			Jan-17	Dec-17	10/12/2017	10/12/2017
50203493	Ins Xing to 1052 Vineyard Way	1,872					3,502			Jan-17	Dec-17	11/22/2017	11/22/2017
50203494	Ins xing at 173 Old Wallaceton	2,170					3,191			Jan-17	Dec-17	12/11/2017	12/11/2017
50203495	Ins xing at 201 Short Street	1,737					1,737			Jan-17	Dec-17	11/20/2017	11/22/2017
50203496	Ins xing at 175 Plantation Dri	1,853					1,853			Jan-17	Dec-17	12/15/2017	12/15/2017
50203498	Ext to 215 Vervain Ct. for Mar	3,764					3,764			Jan-17	Dec-17	12/12/2017	12/14/2017
50203499	Ins X-ing to 193 Plantation Dr	1,199					1,199			Jan-17	Dec-17	12/18/2017	12/18/2017
50206261	Rep steel xing at 741 Kirksvil	2,380					2,380			Jan-17	Dec-17	2/20/2017	2/20/2017
50206269	Rep from 564 to 605 W. Jeffers	5,854					5,854			Jan-17	Dec-17	2/10/2017	2/13/2017
50206270	Rep main on Valley St. & North	25,916					25,916			Jan-17	Dec-17	4/10/2017	4/27/2017
50206271	Rep main at 580 Big Hill Road	1,915					1,915			Jan-17	Dec-17	1/18/2017	1/18/2017
50206273	Rep main at 235 Boggs lane	2,275					2,275			Jan-17	Dec-17	4/21/2017	4/21/2017
50206274	Rep belt line at 45 Casey Circ	27,827					27,827			Jan-17	Dec-17	9/18/2017	9/22/2017
50206275	Rep 2" plastic main at 620 Big	1,266					1,266			Jan-17	Dec-17	12/27/2017	12/27/2017
502446	Rel from Ellipse St to Berea B	(100,150)					237,358			Jan-17	Dec-17	4/18/2016	2/6/2017
502457	Ext to October Glory at Golden	42,627					42,627			Jan-17	Dec-17	2/21/2017	3/14/2017
502460	Ext to serve Berkley Hall Phas	8,955					8,955			Jan-17	Dec-17	12/4/2017	12/7/2017
50303765	Inst Road Crossing 1200 Cook L	782					782			Jan-17	Dec-17	1/16/2017	1/16/2017
50303774	Inst 2 in Dist 100 &104 Golden	(105)					2,440			Jan-17	Dec-17	12/5/2016	12/7/2016
50303775	Inst2 in Dist Talbott SUB Unit	11,466					11,466			Jan-17	Dec-17	2/14/2017	2/17/2017
50303777	Inst Road Crossing 101 Rogers	2,928					2,928			Jan-17	Dec-17	1/9/2017	1/9/2017
50303779	Inst 2 in Dist 148 Susan Trace	2,068					2,068			Jan-17	Dec-17	1/4/2017	1/4/2017
50303780	Inst Road Crossing 236 Queensw	3,829					3,829			Jan-17	Dec-17	1/10/2017	1/12/2017
50303781	Inst 2in Dist 4525 Biltmore Pl	1,463					1,463			Jan-17	Dec-17	2/20/2017	2/20/2017
50303782	Inst Road Crossing 244 Manitob	5,205					5,205			Jan-17	Dec-17	2/20/2017	2/22/2017
50303783	Inst 2 in Dist to serve 1228 O	2,602					2,602			Jan-17	Dec-17	3/8/2017	3/8/2017
50303784	Inst Road Crossing 4628 Windst	1,347					1,347			Jan-17	Dec-17	5/8/2017	5/8/2017
50303785	Inst Road Crossing 232 Queensw	1,742					1,742			Jan-17	Dec-17	5/16/2017	5/16/2017
50303786	Inst 2in Dist 4692 Windstar Wa	1,330					1,330			Jan-17	Dec-17	7/3/2017	7/3/2017
50303787	Inst 2 in Dist 112&114 Anderso	2,636					2,636			Jan-17	Dec-17	7/12/2017	7/12/2017
50303788	Inst Roadcrossing Lot 170 Burl	1,500					1,500			Jan-17	Dec-17	7/14/2017	7/14/2017
50303789	Inst Roadcrossing lot 414 Angl	1,465					1,465			Jan-17	Dec-17	7/7/2017	7/7/2017
50303790	Inst 2 in Dist to serve 901 Hi	3,718					3,718			Jan-17	Dec-17	7/10/2017	7/11/2017
50303791	Inst 2in Dist 270 Manitoba Lan	4,271					4,271			Jan-17	Dec-17	6/29/2017	6/30/2017
50303792	Inst 2 in main to serve 100 Sq	7,119					7,119			Jan-17	Dec-17	10/25/2017	11/10/2017
50303794	Inst Road crossing 4592 Windst	1,709					1,709			Jan-17	Dec-17	7/17/2017	7/18/2017
50303795	Inst 2in Dist 112 Golden Burle	4,926					6,134			Jan-17	Dec-17	10/5/2017	10/10/2017
50303796	Inst 2 in Dist 320 and 324 Squires Way	2,549					2,549			Jan-17	Dec-17	11/2/2017	11/2/2017
50303800	Inst Crossing 305 Broadway	1,423					1,423			Jan-17	Dec-17	9/27/2017	9/27/2017
50303801	Inst 2in Dist to serve 136 Car	6,934					6,934			Jan-17	Dec-17	10/17/2017	10/19/2017
50303802	Inst 2 in to server 11 Lots Wa	7,170					7,170			Jan-17	Dec-17	9/5/2017	9/6/2017
50303803	Inst 2in Main To serve 7 lots	4,766					4,766			Jan-17	Dec-17	9/7/2017	9/7/2017
50303804	Inst Road Crossing to serve 30	534					534			Jan-17	Dec-17	10/12/2017	10/12/2017
50303805	Inst Road Crossing 252 Southpo	1,436					1,436			Jan-17	Dec-17	10/10/2017	10/11/2017
50303806	Inst 2 in dist lot 358 Loose L	2,407					2,407			Jan-17	Dec-17	10/30/2017	10/31/2017
50303808	Inst 2 in Dist to 8 lots Witts	7,161					7,161			Jan-17	Dec-17	11/13/2017	11/16/2017
50303809	Inst 2in Distto 9 lots Rowanbe	4,604					4,604			Jan-17	Dec-17	10/12/2017	10/16/2017
50303810	Inst Roadcrossing 316 South Po	1,139					1,139			Jan-17	Dec-17	11/8/2017	11/8/2017
50303811	Inst 2 in Dist to serve 320 Ma	984					984			Jan-17	Dec-17	11/9/2017	11/9/2017
50303812	Inst 2 in dist 1201 South Main	9,855					9,871			Jan-17	Dec-17	12/15/2017	12/21/2017
50303813	Inst 2 in Dist to serve 401 Sh	1,462					1,462			Jan-17	Dec-17	12/14/2017	12/14/2017

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50306321	Rep Main 508 to 610 W Main St	18,728					19,765			Jan-17	Dec-17	4/24/2017	5/3/2017
50306323	Rep Main103 to 121 E Brown St	47,196					47,196			Jan-17	Dec-17	7/14/2017	7/27/2017
50306324	Rep Main 200-206 East Main St	33,106					33,106			Jan-17	Dec-17	6/19/2017	6/27/2017
50306342	Rep 2 in Dist 302 to 306 Lake	6,510					6,510			Jan-17	Dec-17	4/17/2017	4/20/2017
50306345	Rep Main 200S Central to 700 E	16,436					16,596			Jan-17	Dec-17	8/10/2017	8/15/2017
50306346	Relocate Beltline 500 E Maple	4,709					4,709			Jan-17	Dec-17	5/3/2017	5/18/2017
50306348	Rep 2 in Dist 103 to 123 Jeffe	32,486					32,746			Jan-17	Dec-17	7/31/2017	8/8/2017
50306349	Rep Road crossing 501 Greenbri	1,133					1,133			Jan-17	Dec-17	6/8/2017	6/8/2017
503335	Rep from 110 Illhardt to Rainb	12,558					272,758			Jan-17	Dec-17	4/7/2016	2/9/2017
503347	Rep Main Pleasant Veiv To Barr	34,345					34,345			Jan-17	Dec-17	6/28/2017	7/12/2017
503348	Rep Main 506 to 816 Richmond A	104,912					104,912			Jan-17	Dec-17	5/11/2017	6/15/2017
503361	Relocate 2 & 4 Southbrook Subdi	24,061					24,146			Jan-17	Dec-17	7/31/2017	12/8/2017
503365	Inst Dist Main Ashtree 5&6 Pha	61,901					61,901			Jan-17	Dec-17	3/21/2017	4/13/2017
503366	Inst 2 in Main Dist Sunrise Es	34,227					34,227			Jan-17	Dec-17	2/23/2017	3/20/2017
503368	Rep MainShun & Cedar Lane	124,458					125,627			Jan-17	Dec-17	8/16/2017	10/9/2017
503369	Inst Main Phase#3 LU Carlton	10,984					18,143			Jan-17	Dec-17	10/31/2017	11/14/2017
503372	Ext 4in Dist to serve 920 Sulp	20,089					20,172			Jan-17	Dec-17	11/20/2017	12/8/2017
50503479	ET to 57 W Church St.	2,840					2,840			Jan-17	Dec-17	3/30/2017	4/4/2017
50503481	ET to 10930 Main St. Jefferson	5,479					5,479			Jan-17	Dec-17	1/9/2017	1/11/2017
50503482	ET to 240 E. Church St. Stanto	5,025					5,025			Jan-17	Dec-17	4/4/2017	4/6/2017
50503483	ET for 455 & 485 Clay Lick Rd	12,194					12,194			Jan-17	Dec-17	1/18/2017	1/26/2017
50503484	ET to 274 Maple St.	1,235					1,235			Jan-17	Dec-17	5/4/2017	6/8/2017
50503485	ET / Rd. Crossing for 14 Sons	7,428					7,428			Jan-17	Dec-17	7/20/2017	7/24/2017
50506175	RT at 2622 Campton Rd.	4,839					4,839			Jan-17	Dec-17	2/13/2017	2/14/2017
50506176	RT at 573 W College Ave.	1,999					1,999			Jan-17	Dec-17	1/13/2017	1/31/2017
50506177	RT on HWY 213 Jeffersonville	8,213					8,213			Jan-17	Dec-17	2/27/2017	3/3/2017
50506179	RT on 33 Morton Hollow Rd.	2,991					2,991			Jan-17	Dec-17	7/25/2017	7/26/2017
50506180	DT 60' Main on Hwy. 52	4,795					2,891			Jan-17	Dec-17	10/24/2017	10/24/2017
50506181	RT Near 25 Best Place Beattyvi	2,068					2,543			Jan-17	Dec-17	9/28/2017	9/28/2017
505217	Relocate Main on KY 52 Beattyv	14,968					14,970			Jan-17	Dec-17	8/11/2017	8/30/2017
505220	RP Dist. Main on US 460 J-vill	479					112,075			Jan-17	Dec-17	6/25/2018	8/20/2018
50603597	Extend 4" PL Hwy 363 London	24,102					24,102			Jan-17	Dec-17	1/4/2017	1/30/2017
50603599	Extend Main 1515 Barrett Road	3,509					3,509			Jan-17	Dec-17	2/6/2017	2/8/2017
50603600	3/4" PL Rd. Xing 369 Cedar Rid	850					850			Jan-17	Dec-17	2/10/2017	2/10/2017
50603601	Install Rd Xing 212 East 5th S	1,205					1,205			Jan-17	Dec-17	8/4/2017	8/4/2017
50603602	Install 3/4 Rd Xing at 82 Stag	1,540					1,540			Jan-17	Dec-17	9/27/2017	9/27/2017
50603603	Extend 2" Main 420 Boggs Road	3,459					3,459			Jan-17	Dec-17	9/28/2017	9/29/2017
50603604	Install Rd Xing 380 Philpot Ro	1,167					1,167			Jan-17	Dec-17	10/18/2017	10/18/2017
50603605	Install Rd Xing 735 Whitley St	1,306					1,306			Jan-17	Dec-17	10/17/2017	10/17/2017
50603606	Extend 2" Pl Main 105 Rosedale	1,750					1,750			Jan-17	Dec-17	10/19/2017	10/19/2017
50603607	Install Rd Xing 75 W Clay Ct	1,017					1,017			Jan-17	Dec-17	10/20/2017	10/20/2017
50603609	Install Rd Xing 3245 Old Whitl	1,634					1,634			Jan-17	Dec-17	11/27/2017	12/28/2017
50603610	Install Rd. Xing 2627 Somerset	2,290					2,290			Jan-17	Dec-17	11/27/2017	11/29/2017
506336	Extend Gas Main Hwy 521 Laurel	2,595					39,062			Jan-17	Dec-17	10/25/2016	11/14/2016
506337	Extend 2" Pl. Ray Overbey Road	13,365					13,365			Jan-17	Dec-17	7/14/2017	7/25/2017
50703217	3/4 PL Road Xing 1330 Browns C	2,614					2,614			Jan-17	Dec-17	1/18/2017	1/19/2017
50703218	Install Rd Xing 330 Pine Stree	817					817			Jan-17	Dec-17	3/24/2017	3/24/2017
50703219	Extend Main to Service 627 Moo	4,338					4,338			Jan-17	Dec-17	10/10/2017	10/12/2017
50703220	Install Road Xing 130 Shelby H	961					961			Jan-17	Dec-17	10/13/2017	10/13/2017
50703221	Ext 1" Main at 40 W HWY 92	240					240			Jan-17	Dec-17	12/19/2017	12/19/2017
50706149	Relocate 2" Plastic 125 Hwy 92	551					7,035			Jan-17	Dec-17	11/21/2016	11/28/2016
507203	Repl. BS Wburg Housing Mackey	344					92,104			Jan-17	Dec-17	6/24/2016	8/3/2016
507205	Repl 3" BS George Hayes & Savo	83,679					83,679			Jan-17	Dec-17	5/2/2017	6/7/2017
507206	Replace 2" BS Croley Bend Road	41,197					41,197			Jan-17	Dec-17	7/17/2017	8/3/2017
50803395	New 2" PE extension 187 Treuha	4,990					4,990			Jan-17	Dec-17	3/13/2017	3/15/2017
50803396	New 3/4" Xing @ 700 Pitzer ST	631					631			Jan-17	Dec-17	3/10/2017	3/10/2017
50803397	New 3/4" EXT. @ 291 Dakota Trai	2,292					2,292			Jan-17	Dec-17	3/16/2017	3/16/2017
50803398	New 3/4" Xing @ 1086 HWY 3085	1,095					1,095			Jan-17	Dec-17	8/22/2017	8/22/2017
50803399	New 3/4" Xing @ 560 Hampton Ce	262					262			Jan-17	Dec-17	9/27/2017	9/27/2017
50803400	2" PE ext for JM Hall, Sampson	4,522					4,522			Jan-17	Dec-17	10/24/2017	10/26/2017

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50806182	Repl pl main at Higgins Hollow	866					14,754			Jan-17	Dec-17	8/16/2016	8/24/2016
50806188	Repl main on Ky 3441. Davis Be	17,055					17,055			Jan-17	Dec-17	7/31/2017	8/8/2017
50806190	Repl 115' of 4" PE on KY 3439	20,879					20,879			Jan-17	Dec-17	7/12/2017	7/24/2017
50806191	Repl bare steel main Corgy St.	5,282					5,282			Jan-17	Dec-17	6/15/2017	6/16/2017
50806193	Repl 1" BS main Simmons Lane B	4,388					4,388			Jan-17	Dec-17	8/30/2017	9/7/2017
508244	Bville Municipal Housing, Shel	35,657					35,657			Jan-17	Dec-17	4/3/2017	5/2/2017
508245	Repl Main Bville Housing Autho	33,091					33,091			Jan-17	Dec-17	4/3/2017	4/20/2017
508246	New 1" pl main offTransmission	4,927					4,927			Jan-17	Dec-17	1/10/2017	2/16/2017
508247	Repl 3000' of main on Gooden B	73,676					73,676			Jan-17	Dec-17	8/17/2017	11/2/2017
508248	Replace 1500' of main on Catro	69,080					69,080			Jan-17	Dec-17	8/4/2017	9/22/2017
51003159	New 3/4" pl main rd xing @ Red	(2,493)					5,841			Jan-17	Dec-17	10/14/2016	10/18/2016
51003163	New 2" PE Ext Pineville City	2,942					2,942			Jan-17	Dec-17	4/7/2017	4/10/2017
51003164	New 3/4" pl rd xing 202 Nelson	381					381			Jan-17	Dec-17	3/17/2017	3/17/2017
51003165	New 3/4" pl rd xing for Pinevi	1,069					1,069			Jan-17	Dec-17	4/10/2017	4/10/2017
51003166	New road crosing @ 110 N 11th	2,356					2,356			Jan-17	Dec-17	10/2/2017	11/1/2017
51003167	Main ext @ 312B Wildwood Rd.	1,770					1,770			Jan-17	Dec-17	11/1/2017	11/2/2017
51006217	Repl 6" CS behind Mboro Walmar	45,646					45,646			Jan-17	Dec-17	3/28/2017	4/28/2017
51006220	Repl main at inters.35th & Dor	4,448					4,448			Jan-17	Dec-17	7/31/2017	8/1/2017
51006221	Relocate 2" pl main 2674 Hwy 2	614					614			Jan-17	Dec-17	3/30/2017	3/30/2017
510206	Repl 2" BS with 2" pl M'Boro T	6,076					162,560			Jan-17	Dec-17	10/13/2016	11/15/2016
510207	Repl BS main on Sherwood, Elmw	76,230					76,230			Jan-17	Dec-17	6/15/2017	7/18/2017
510208	BS & UCS repl Brentwood,Englew	42,427					42,427			Jan-17	Dec-17	6/12/2017	7/12/2017
510210	Repl 6" BS pipe 18th to 24th	144,495					144,495			Jan-17	Dec-17	9/21/2017	11/2/2017
51103650	Extend Main 350 West City Dam	3,300					19,834			Jan-17	Dec-17	9/26/2013	10/4/2013
51103701	Install Rd Xing 4711 E. Hwy 5	330					2,762			Jan-17	Dec-17	12/28/2016	12/28/2016
51103702	3/4 PL Rd Xing 227 Hickory Hill	589					589			Jan-17	Dec-17	1/10/2017	1/10/2017
51103703	Install 3/4 PL Rd. Xing 41 Lon	641					641			Jan-17	Dec-17	2/14/2017	2/14/2017
51103704	Extend 2" PL 71 Diamond Grove	4,257					4,257			Jan-17	Dec-17	3/20/2017	3/23/2017
51103705	Install Rd Xing 205 Nelson Str	817					817			Jan-17	Dec-17	3/27/2017	3/27/2017
51103706	3/4" Rd Xing 627 Mill Creek Rd	517					517			Jan-17	Dec-17	7/7/2017	7/7/2017
51103707	3/4 Rd Xing at 217 Verbena Dr	1,363					1,363			Jan-17	Dec-17	7/12/2017	7/13/2017
51103708	Install Road Xing 140 Tuit Acr	467					467			Jan-17	Dec-17	7/26/2017	7/26/2017
51103709	Install Road Xing 500 Ruffian	490					490			Jan-17	Dec-17	7/27/2017	7/27/2017
51103710	Extend Main 231 Crawford Ln.	5,059					5,059			Jan-17	Dec-17	10/2/2017	10/4/2017
51103711	Install Rd Xing Lot 4 Triplett	596					596			Jan-17	Dec-17	11/8/2017	11/9/2017
51103712	Extend 2" main to 147 Triplett	1,977					1,977			Jan-17	Dec-17	11/8/2017	11/9/2017
51103713	Install Rd Xing 4695 E. HWY 55	5,685					5,685			Jan-17	Dec-17	11/10/2017	11/10/2017
51103714	New PL Rd Xing at 110 Acton St	2,213					2,213			Jan-17	Dec-17	11/27/2017	11/28/2017
51103715	Main Ext to serve 136 Silver E	5,596					5,596			Jan-17	Dec-17	11/30/2017	12/7/2017
51103716	Rd Xing for 1111 Oak Grove Chu	1,887					1,887			Jan-17	Dec-17	11/30/2017	11/30/2017
51103717	Install 3/4" Pl Rd Xing 1008 M	1,030					1,030			Jan-17	Dec-17	11/29/2017	11/29/2017
51103718	Install Rd Xing 1110 S. Main S	2,311					2,311			Jan-17	Dec-17	12/6/2017	12/6/2017
51106270	Replace 2" BS Ravenwood	9,983					9,983			Jan-17	Dec-17	5/3/2017	5/8/2017
51106272	Replace/Relocate 6" Stl Hwy 25	30,425					30,425			Jan-17	Dec-17	11/6/2017	11/27/2017
51106276	Replace 4" CS Main 1177 AGC Rd	10,620					10,620			Jan-17	Dec-17	10/6/2017	10/11/2017
511480	Replace BS Kentucky & Poplar S	140,005					140,005			Jan-17	Dec-17	8/16/2017	10/4/2017
511483	Repl. Gordon I75 to Martin Lan	6,289					441,125			Jan-17	Dec-17	7/6/2016	10/14/2016
511489	Replace Roosevelt, Adams, Tang	65,798					65,798			Jan-17	Dec-17	5/6/2017	6/13/2017
511490	Extend Main Monhollen Drive Co	11,362					11,362			Jan-17	Dec-17	1/26/2017	2/2/2017
511493	Replace 5th St. and Woodland A	51,365					51,365			Jan-17	Dec-17	7/19/2017	8/16/2017
511494	Replace Bare Steel Corbin Syst	63,656					67,019			Jan-17	Dec-17	10/18/2017	11/14/2017
511495	Extend Dist Main Sandy Rock Es	7,099					7,099			Jan-17	Dec-17	11/20/2017	11/22/2017
51203233	Ins xing at 8200 North Hwy 421	2,322					2,322			Jan-17	Dec-17	2/2/2017	2/2/2017
51203234	Ext main along Justice lane in	9,379					9,379			Jan-17	Dec-17	2/16/2017	2/23/2017
51203235	Ins xing at 139 Marcum Street	999					999			Jan-17	Dec-17	2/6/2017	2/6/2017
51203236	Ext from 122 to 98 Center Stre	3,287					3,287			Jan-17	Dec-17	1/31/2017	1/31/2017
51203237	Ins xing at 1011/2 Locust Stre	765					765			Jan-17	Dec-17	2/9/2017	2/9/2017
51203238	Ext to 665 Justice Lane in Lib	2,043					2,043			Jan-17	Dec-17	2/23/2017	2/28/2017
51203239	Ext to 601 Justice Lane	4,615					4,615			Jan-17	Dec-17	5/22/2017	5/26/2017
51203240	Ext from Hwy 421 to 110 Dairy	6,444					6,444			Jan-17	Dec-17	5/9/2017	6/7/2017

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51203241	Install xing at Jct of Memoria	2,964					2,964			Jan-17	Dec-17	6/12/2017	6/13/2017
51203242	Ext from 62 to 110 Needmore Ho	5,381					5,381			Jan-17	Dec-17	5/17/2017	5/22/2017
51206094	Rep main at 62 Needmore Hollow	1,396					1,396			Jan-17	Dec-17	5/16/2017	5/16/2017
51206095	Rep main from Hacker St. to 20	19,882					19,882			Jan-17	Dec-17	6/6/2017	6/27/2017
51206096	Rel main at 65 Glendale Dr.	5,831					5,831			Jan-17	Dec-17	11/13/2017	11/15/2017
512168	Rel main along Hwy 421 due to	185,758					601,331			Jan-17	Dec-17	10/21/2016	5/3/2019
512175	Rel along Memorial Drive due t	70,272					173,734			Jan-17	Dec-17	11/29/2017	6/7/2018
1376		2,540,200	3,200,000	659,800	20.62%	33.80%	4,610,242						
503367	Relocate 2in Station 500 E Map	3,844					3,844			Jan-17	Dec-17	5/8/2017	5/18/2017
1378		3,844	72,000	68,157	94.66%	0.05%	3,844						
505218	Update controllers on West Ben	651					8,897			Jan-17	Dec-17	11/2/2017	11/2/2017
512176	Update contoller at Oneida Odo	1,379					11,911			Jan-17	Dec-17	12/13/2016	1/26/2017
1379		2,029	25,000	22,971	91.88%	0.03%	20,807						
501012447	Install SL to 266 High St.	1,325					1,325			Jan-17	Dec-17	5/24/2017	5/24/2017
501012475	SP To-1050-Dry Creek Rd	883					883			Jan-17	Dec-17	8/17/2017	8/17/2017
501012511	Ins new SL 567 Thatchers Mill	1,185					1,185			Jan-17	Dec-17	11/21/2017	11/21/2017
501012512	SN 790-South Main St CANCELLED	63					63			Jan-17	Dec-17	NA	NA
501012521	INS SL To 55-Shawnee Dr	1,277					1,277			Jan-17	Dec-17	5/22/2017	5/22/2017
501012524	INS SL To 294-Long Branch Rd	141					141			Jan-17	Dec-17	10/14/2016	10/14/2016
501012528	INS SL To 581-McBrayer Rd	2,757					2,757			Jan-17	Dec-17	5/19/2017	5/19/2017
501012532	SP To 130-Wyoming Rd	1,980					1,980			Jan-17	Dec-17	6/2/2017	6/2/2017
501012546	INS SL To 10-Hyatt Lane	1,507					1,507			Jan-17	Dec-17	1/20/2017	1/20/2017
501012548	INS SL To 15-Johnson Rd	1,149					1,149			Jan-17	Dec-17	1/19/2017	1/19/2017
501012551	Ins new SL at 1977 Hwy 36	108					108			Jan-17	Dec-17	12/19/2016	12/19/2016
501012552	INS SL To 2323-McBrayer Rd	503					503			Jan-17	Dec-17	2/2/2017	2/2/2017
501012555	INS SL To 10657- Hwy-60-East	892					892			Jan-17	Dec-17	2/8/2017	2/8/2017
501012556	SN-1533-Eagle Dr	294					294			Jan-17	Dec-17	8/7/2017	8/7/2017
501012557	Ins new SL 576 Main St	833					833			Jan-17	Dec-17	2/8/2017	2/8/2017
501012558	INS SL To 91-Old Ky Hwy 801-N	347					347			Jan-17	Dec-17	4/4/2017	4/4/2017
501012559	Install new SL 168 Main St.	131					131			Jan-17	Dec-17	8/15/2017	8/15/2017
501012560	INS SL To 2001-Eagle Dr	1,329					1,329			Jan-17	Dec-17	5/22/2017	5/22/2017
501012561	INS SL To 91-Roxanne St	1,151					1,151			Jan-17	Dec-17	3/23/2017	3/23/2017
501012562	New SL to 403 Red Bud Ct.	52					52			Jan-17	Dec-17	6/2/2017	6/2/2017
501012563	INS SL To 181-Starlight Lane	4,063					4,063			Jan-17	Dec-17	5/18/2017	5/18/2017
501012564	951-Ellington Loop	1,051					1,051			Jan-17	Dec-17	4/4/2017	4/4/2017
501012566	SP -27-Ceder Creek Dr	1,100					1,100			Jan-17	Dec-17	5/23/2017	5/23/2017
501012567	INS SL To 27-Cedar Creek Dr	1,023					1,023			Jan-17	Dec-17	5/23/2017	5/23/2017
501012568	INS SL To 336-Rice Rd	3,053					3,053			Jan-17	Dec-17	5/23/2017	5/23/2017
501012569	SP-1890-Ky Hwy-60-West	1,304					1,304			Jan-17	Dec-17	5/17/2017	5/17/2017
501012571	Install new SL at 364 old hwy	1,472					1,472			Jan-17	Dec-17	9/27/2017	9/27/2017
501012572	Install new SL to 80 Frarley R	1,126					1,126			Jan-17	Dec-17	9/13/2017	9/13/2017
501012573	INS SL To 35-Spring Street Nor	795					795			Jan-17	Dec-17	9/26/2017	9/26/2017
501012574	INS SL To 50-Gudgell Ave	1,997					1,997			Jan-17	Dec-17	9/29/2017	9/29/2017
501012575	INS SL To 79-South Main St	929					929			Jan-17	Dec-17	10/2/2017	10/2/2017
501012576	INS SL To 218-Bee Lick Rd	589					589			Jan-17	Dec-17	1/25/2018	1/25/2018
501012577	INS SL To 1323-Blue Licks Pike	2,793					2,793			Jan-17	Dec-17	10/4/2017	10/4/2017
501012578	INS SL To 9187-Hwy-60-East	902					902			Jan-17	Dec-17	10/31/2017	10/31/2017
501012579	INS SL To 179-East Main St	843					843			Jan-17	Dec-17	10/31/2017	10/31/2017
501012580	INS SL To 70-Raffitt Rd Sallti	1,092					1,092			Jan-17	Dec-17	11/2/2017	11/2/2017
501012581	INS SL To 325-Slate Ave	834					834			Jan-17	Dec-17	10/30/2017	10/30/2017
501012582	INS SL To -134-Hwy 801-South	1,244					1,244			Jan-17	Dec-17	11/8/2017	11/8/2017
501012583	INS SL To 331-E-High St	1,396					1,396			Jan-17	Dec-17	10/30/2017	10/30/2017
501012586	Install new SL	672					672			Jan-17	Dec-17	11/2/2017	11/2/2017
501012588	INS SL To 1212-Eagle Dr	790					790			Jan-17	Dec-17	12/21/2017	12/21/2017
501012589	Install new SL	738					738			Jan-17	Dec-17	12/8/2017	12/8/2017
501012590	INS SL To 210-Redwood Lane	790					790			Jan-17	Dec-17	12/20/2017	12/20/2017
501012591	Install new SL	700					700			Jan-17	Dec-17	11/22/2017	11/22/2017
501012593	INS SL To 166-Maple Lane	753					753			Jan-17	Dec-17	12/29/2017	12/29/2017
501012594	INS SL To 201-Maple Lane	768					768			Jan-17	Dec-17	12/29/2017	12/29/2017

Fewer projects than anticipated in Budget

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501012596	Ins new SL to 59 Cherry Ln	1,115					1,115			Jan-17	Dec-17	12/8/2017	12/8/2017
501012597	Ins new SL to 1093 Twin Oaks B	1,248					1,248			Jan-17	Dec-17	12/20/2017	12/20/2017
501012598	Ins new SL at 3137 Hwy 60 Owi	537					537			Jan-17	Dec-17	12/13/2017	12/13/2017
501012599	INS SL To 60-Kolb Dr	497					497			Jan-17	Dec-17	12/21/2017	12/21/2017
501012600	Ins new SL at 710 E.Hwy 60	1,249					1,249			Jan-17	Dec-17	12/27/2017	12/27/2017
501012601	INS SL To 335-Harrisburg Ave	981					981			Jan-17	Dec-17	12/29/2017	12/29/2017
501017000	Excess Flow Valve on Services	75					75			Jan-17	Dec-17	NA	NA
502013744	SVC 1054 Vineyard Way	1,011					1,011			Jan-17	Dec-17	12/28/2017	12/28/2017
502013764	SVC 626 Apricot Dr.	697					697			Jan-17	Dec-17	12/29/2017	12/29/2017
502013927	Rep svc at 741 Kirksville Rd.	877					877			Jan-17	Dec-17	2/20/2017	2/20/2017
502014000	SVC 100 Trillium Loop	1,091					1,091			Jan-17	Dec-17	5/2/2017	5/2/2017
502014009	SVC 116 Lester St.	196					196			Jan-17	Dec-17	5/10/2016	5/10/2016
502014080	SVC 447 Gumbottom Rd.	453					453			Jan-17	Dec-17	2/2/2017	2/2/2017
502014082	Ins svc at 144 Oliver Drive	146					146			Jan-17	Dec-17	1/3/2017	1/3/2017
502014083	Ins svc at 1029 Trevor Drive	1,658					1,658			Jan-17	Dec-17	1/4/2017	1/4/2017
502014084	SVC 2466 Battlefield Memorial	23					23			Jan-17	Dec-17	1/4/2017	1/4/2017
502014085	SVC 591 Paint Lick Rd.	1,683					1,683			Jan-17	Dec-17	1/27/2017	1/27/2017
502014087	SVC 3025 Woodfield Circle	1,144					1,144			Jan-17	Dec-17	1/10/2017	1/10/2017
502014088	SVC 271 N. Main St.	90					90			Jan-17	Dec-17	1/3/2017	1/3/2017
502014089	SVC 120 Oak Meadow Dr.	868					868			Jan-17	Dec-17	1/4/2017	1/4/2017
502014092	SVC 250 Herndon St. #3	36					36			Jan-17	Dec-17	1/3/2017	1/3/2017
502014093	SVC 250 Herndon St. #13	40					40			Jan-17	Dec-17	1/3/2017	1/3/2017
502014094	SVC 497 Upper Hines Creek	1,053					1,053			Jan-17	Dec-17	1/11/2017	1/11/2017
502014095	SVC 251 Scaffold Cane Rd.	162					162			Jan-17	Dec-17	1/3/2017	1/3/2017
502014096	SVC 109 Shermans Ln.	1,678					1,678			Jan-17	Dec-17	1/24/2017	1/24/2017
502014097	SVC 405 North Creek Ct.	1,239					1,239			Jan-17	Dec-17	1/12/2017	1/12/2017
502014098	Ins SVC at 161 Tuscany Way	678					678			Jan-17	Dec-17	1/9/2017	1/9/2017
502014099	Ins svc at 121 Tuscany Way lot	889					889			Jan-17	Dec-17	1/25/2017	1/25/2017
502014100	Ins svc at 409 Balite Way Lot	1,212					1,212			Jan-17	Dec-17	1/5/2017	1/5/2017
502014101	Ins svc at 815 Muirfield Trail	1,155					1,155			Jan-17	Dec-17	2/1/2017	2/1/2017
502014102	Ins svc at 160 Herndon Ln.	321					321			Jan-17	Dec-17	1/4/2017	1/4/2017
502014103	SVC 402 Buckwalter Ct.	224					224			Jan-17	Dec-17	1/4/2017	1/4/2017
502014104	SVC 241 Braedens Way	838					838			Jan-17	Dec-17	1/17/2017	1/17/2017
502014105	SVC 156 Tuscany Way	1,478					1,478			Jan-17	Dec-17	1/26/2017	1/26/2017
502014106	SVC 101 Shermans Ln.	2,585					2,585			Jan-17	Dec-17	2/1/2017	2/1/2017
502014107	Rep svc at 138 Mt. View Drive	2,278					2,278			Jan-17	Dec-17	2/7/2017	2/7/2017
502014108	Replace svc at 54 Arrowhead Dr	1,147					1,147			Jan-17	Dec-17	2/3/2017	2/3/2017
502014109	SVC 107 Raven Dr.	857					857			Jan-17	Dec-17	2/3/2017	2/3/2017
502014110	SVC 230 Hawks Circle	917					917			Jan-17	Dec-17	2/9/2017	2/9/2017
502014111	Ins sva at 450 Paint Lick Road	1,156					1,156			Jan-17	Dec-17	2/16/2017	2/16/2017
502014112	SVC 124 Oak Meadow Dr.	1,201					1,201			Jan-17	Dec-17	3/8/2017	3/8/2017
502014113	SVC 109 Vervain Ct.	629					629			Jan-17	Dec-17	3/10/2017	3/10/2017
502014114	SVC 1044 Burgandy Pass	659					659			Jan-17	Dec-17	3/9/2017	3/9/2017
502014115	SVC 158 Lorraine Ct.	1,276					1,276			Jan-17	Dec-17	3/8/2017	3/8/2017
502014116	SVC 230 Hawks Circle	914					914			Jan-17	Dec-17	3/13/2017	3/13/2017
502014117	SVC 112 Troon Ct.	1,164					1,164			Jan-17	Dec-17	3/27/2017	3/27/2017
502014118	SVC 109 Tuscany Dr.	1,463					1,463			Jan-17	Dec-17	3/24/2017	3/24/2017
502014119	SVC 1511 Phyllis Dr.	993					993			Jan-17	Dec-17	3/21/2017	3/21/2017
502014120	SVC 620 Apricot Dr.	1,502					1,502			Jan-17	Dec-17	6/20/2017	6/20/2017
502014121	SVC 100 Hampton Hall Dr.	1,437					1,437			Jan-17	Dec-17	3/22/2017	3/22/2017
502014122	SVC 505 Forest Oaks Dr.	1,458					1,458			Jan-17	Dec-17	3/27/2017	3/27/2017
502014123	SVC 511 Forest Oaks Dr.	1,953					1,953			Jan-17	Dec-17	5/10/2017	5/10/2017
502014124	SVC 401 Avawam Dr.	1,268					1,268			Jan-17	Dec-17	3/28/2017	3/28/2017
502014125	SVC 146 Raven Dr.	2,818					2,818			Jan-17	Dec-17	3/22/2017	3/22/2017
502014126	REP SVC 1998 Berea Rd.	1,696					1,696			Jan-17	Dec-17	3/28/2017	3/28/2017
502014127	REP SVC 115 Northland Dr.	552					552			Jan-17	Dec-17	4/26/2017	4/26/2017
502014128	REP SVC 107 Northland Dr.	553					553			Jan-17	Dec-17	4/26/2017	4/26/2017
502014129	SVC 900 Falling Waters Ln.	689					689			Jan-17	Dec-17	5/1/2017	5/1/2017
502014130	REP SVC 118 Valley St.	370					370			Jan-17	Dec-17	4/24/2017	4/24/2017
502014131	REP SVC 112 Valley St.	656					656			Jan-17	Dec-17	4/25/2017	4/25/2017

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502014132	REP SVC 117 Valley St.	383					383			Jan-17	Dec-17	4/21/2017	4/21/2017
502014133	REP SVC 115 Valley St.	637					637			Jan-17	Dec-17	4/24/2017	4/24/2017
502014134	REP SVC 111 Valley St.	527					527			Jan-17	Dec-17	4/25/2017	4/25/2017
502014135	REP SVC 110 Highway Dr.	461					461			Jan-17	Dec-17	4/24/2017	4/24/2017
502014136	SVC 954 Commercial Dr.	3,225					3,225			Jan-17	Dec-17	5/2/2017	5/2/2017
502014137	REP SVC 424 Chestnut St.	2,410					2,410			Jan-17	Dec-17	4/20/2017	4/20/2017
502014138	SVC 268 Avawam Dr.	1,704					1,704			Jan-17	Dec-17	4/18/2017	4/18/2017
502014139	REP SVC 115-C Northland Dr.	595					595			Jan-17	Dec-17	4/26/2017	4/26/2017
502014140	SVC 116 Ivy Creek Dr.	1,078					1,078			Jan-17	Dec-17	5/3/2017	5/3/2017
502014141	SVC 113 Shermans Ln.	1,071					1,071			Jan-17	Dec-17	5/3/2017	5/3/2017
502014142	SVC 1009 Rubrum Way	1,073					1,073			Jan-17	Dec-17	5/5/2017	5/5/2017
502014143	SVC 108 Avawam Dr.	2,901					2,901			Jan-17	Dec-17	5/9/2017	5/9/2017
502014144	rep svc 226 peach bloom hill	2,036					2,036			Jan-17	Dec-17	5/8/2017	5/8/2017
502014145	SVC 126 Aishlin's Ct.	906					906			Jan-17	Dec-17	6/20/2017	6/20/2017
502014146	SVC 249 Banyan Blvd.	1,083					1,083			Jan-17	Dec-17	6/19/2017	6/19/2017
502014147	SVC 1604 Merlot Ct.	1,229					1,229			Jan-17	Dec-17	7/3/2017	7/3/2017
502014148	SVC 147 Gleneagles Blvd.	1,359					1,359			Jan-17	Dec-17	6/26/2017	6/26/2017
502014149	SVC 201 Dale Ave.	1,307					1,307			Jan-17	Dec-17	6/26/2017	6/26/2017
502014150	SVC 479 Avawam Dr.	1,294					1,294			Jan-17	Dec-17	6/22/2017	6/22/2017
502014151	rep svc 3787 sweetgrass way	504					504			Jan-17	Dec-17	6/15/2017	6/15/2017
502014152	new svc 800 muirfield dr	2,801					2,801			Jan-17	Dec-17	6/22/2017	6/22/2017
502014153	SVC 1045 Rubrum Way	1,002					1,002			Jan-17	Dec-17	6/20/2017	6/20/2017
502014154	SVC 212 Chestnut St.	2,207					2,207			Jan-17	Dec-17	6/27/2017	6/27/2017
502014155	SVC 435 Avawam Dr.	1,717					1,717			Jan-17	Dec-17	7/13/2017	7/13/2017
502014156	REP SVC 100 Glades St.	1,007					1,007			Jan-17	Dec-17	7/21/2017	7/21/2017
502014157	svc 1033 rubrum way	823					823			Jan-17	Dec-17	7/19/2017	7/19/2017
502014158	svc 109 Kenton Ave	819					819			Jan-17	Dec-17	7/17/2017	7/17/2017
502014159	svc 108 parkway	1,090					1,090			Jan-17	Dec-17	7/14/2017	7/14/2017
502014160	SVC Bldg #50628	1,685					1,685			Jan-17	Dec-17	7/20/2017	7/20/2017
502014161	SVC 404 Buckwalter Ct.	1,073					1,073			Jan-17	Dec-17	7/21/2017	7/21/2017
502014162	SVC 4121 Loblolly Ln.	161					161			Jan-17	Dec-17	7/25/2017	7/25/2017
502014163	REP SVC 212 Chestnut St.	939					939			Jan-17	Dec-17	7/26/2017	7/26/2017
502014164	SVC 1500 Phyllis Dr.	343					343			Jan-17	Dec-17	8/23/2017	8/23/2017
502014165	SVC 501 Spyglass Hill Dr.	545					545			Jan-17	Dec-17	7/27/2017	7/27/2017
502014166	SVC 312 Prestwick Circle	2,275					2,275			Jan-17	Dec-17	7/27/2017	7/27/2017
502014167	SVC 205 River Run Dr.	1,012					1,012			Jan-17	Dec-17	9/11/2017	9/11/2017
502014168	SVC Campus Dr. at Science Buil	465					465			Jan-17	Dec-17	8/9/2017	8/9/2017
502014169	new svc 316 preswick	661					661			Jan-17	Dec-17	8/17/2017	8/17/2017
502014170	new svc 308 preswick circle	628					628			Jan-17	Dec-17	8/16/2017	8/16/2017
502014171	new svc 106 troon ct	474					474			Jan-17	Dec-17	8/15/2017	8/15/2017
502014172	SVC 1510 Phyllis Dr	122					122			Jan-17	Dec-17	8/29/2017	8/29/2017
502014173	SVC 106 Plantation Dr.	575					575			Jan-17	Dec-17	8/29/2017	8/29/2017
502014174	SVC 412 Pepper Dr.	645					645			Jan-17	Dec-17	9/26/2017	9/26/2017
502014175	SVC 113 Bridgestone Dr.	1,281					1,281			Jan-17	Dec-17	8/31/2017	8/31/2017
502014176	SVC 221 Elkmont Dr.	937					937			Jan-17	Dec-17	8/30/2017	8/30/2017
502014177	SVC 207 Herndon Ln.	683					683			Jan-17	Dec-17	8/30/2017	8/30/2017
502014178	SVC 809 Paint Lick Rd.	2,815					2,815			Jan-17	Dec-17	10/3/2017	10/3/2017
502014179	new svc 256 banyans blvd	331					331			Jan-17	Dec-17	8/24/2017	8/24/2017
502014180	SVC 100 Barringer Ln.	1,160					1,160			Jan-17	Dec-17	8/29/2017	8/29/2017
502014181	rep svc 798 west jefferson	785					785			Jan-17	Dec-17	8/31/2017	8/31/2017
502014182	SVC 413 Pepper Dr.	470					470			Jan-17	Dec-17	9/26/2017	9/26/2017
502014183	SVC 405 Koa Ct.	899					899			Jan-17	Dec-17	9/7/2017	9/7/2017
502014184	SVC 101 Interstate Dr.	1,562					1,562			Jan-17	Dec-17	10/18/2017	10/18/2017
502014185	SVC 304 Eimsleigh Dr.	946					946			Jan-17	Dec-17	9/6/2017	9/6/2017
502014186	SVC 1003 Cherry Ct.	465					465			Jan-17	Dec-17	9/18/2017	9/18/2017
502014187	SVC 804 Colleton Ct.	1,065					1,065			Jan-17	Dec-17	9/15/2017	9/15/2017
502014188	SVC 101 Interstate Dr. #B	444					444			Jan-17	Dec-17	10/18/2017	10/18/2017
502014189	SVC 181 Braedens Way	473					473			Jan-17	Dec-17	9/19/2017	9/19/2017
502014190	SVC 3089 Hwy 1016	1,039					1,039			Jan-17	Dec-17	9/11/2017	9/11/2017
502014191	SVC 768 Eastern Bypass	4,177					4,177			Jan-17	Dec-17	9/13/2017	9/13/2017

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502014192	SVC 424 Pepper Dr.	1,095					1,095			Jan-17	Dec-17	9/26/2017	9/26/2017
502014193	SVC 324 Inverness Trail	1,080					1,080			Jan-17	Dec-17	10/10/2017	10/10/2017
502014194	rep svc 143 east haiti rd	763					763			Jan-17	Dec-17	10/12/2017	10/12/2017
502014195	SVC 904 Falling Waters Ln.	142					142			Jan-17	Dec-17	10/6/2017	10/6/2017
502014196	new svc 1500 chardonnay way	813					813			Jan-17	Dec-17	10/12/2017	10/12/2017
502014197	new svc 1601 merlot ctr	859					859			Jan-17	Dec-17	10/11/2017	10/11/2017
502014198	new svc opossum kingdom	2,248					2,248			Jan-17	Dec-17	10/12/2017	10/12/2017
502014199	new svc1016 vineyard way	663					663			Jan-17	Dec-17	10/11/2017	10/11/2017
502014200	SVC 604 Imperial Lakes Dr.	1,000					1,000			Jan-17	Dec-17	10/16/2017	10/16/2017
502014201	SVC 403 N. Powell Ave.	476					476			Jan-17	Dec-17	10/13/2017	10/13/2017
502014202	SVC 904 Kenblue Ln.	610					610			Jan-17	Dec-17	10/16/2017	10/16/2017
502014203	SVC 901 Kenblue Ln.	592					592			Jan-17	Dec-17	10/16/2017	10/16/2017
502014204	SVC 1052 Vineyard Way	698					698			Jan-17	Dec-17	11/6/2017	11/6/2017
502014205	SVC 1155 Mayde Rd.	437					437			Jan-17	Dec-17	10/13/2017	10/13/2017
502014206	SVC 1065 Berea Rd.	2,681					2,681			Jan-17	Dec-17	11/20/2017	11/20/2017
502014207	SVC 173 Old Wallceton Rd.	1,084					1,084			Jan-17	Dec-17	12/21/2017	12/21/2017
502014208	SVC Bldg #30290 in BGAD	3,082					3,082			Jan-17	Dec-17	11/15/2017	11/15/2017
502014209	SVC 29 Old Wallceton Rd.	998					998			Jan-17	Dec-17	11/15/2017	11/15/2017
502014211	SVC 124 Haiti Rd.	1,039					1,039			Jan-17	Dec-17	11/3/2017	11/3/2017
502014212	SVC 201 Short St.	250					250			Jan-17	Dec-17	11/22/2017	11/22/2017
502014213	SVC 87 Powell Valley Rd.	552					552			Jan-17	Dec-17	11/14/2017	11/14/2017
502014214	SVC 128 Quality Dr.	1,070					1,070			Jan-17	Dec-17	11/14/2017	11/14/2017
502014215	SVC 1020 Trevor Dr.	485					485			Jan-17	Dec-17	11/14/2017	11/14/2017
502014216	SVC 175 Plantation Dr.	617					617			Jan-17	Dec-17	12/19/2017	12/19/2017
502014217	SVC 113 Bob-O-Link Dr.	1,046					1,046			Jan-17	Dec-17	11/15/2017	11/15/2017
502014219	SVC 205 Hampton Hall Dr.	453					453			Jan-17	Dec-17	11/29/2017	11/29/2017
502014220	SVC 126 General Cleburne Dr.	526					526			Jan-17	Dec-17	11/27/2017	11/27/2017
502014221	SVC 2000 Woodwind Ct.	1,058					1,058			Jan-17	Dec-17	12/12/2017	12/12/2017
502014222	SVC 410 Vinery Dr.	570					570			Jan-17	Dec-17	12/6/2017	12/6/2017
502014224	SVC 261 Banyan Blvd.	452					452			Jan-17	Dec-17	11/28/2017	11/28/2017
502014225	SVC 255 Banyan Blvd.	440					440			Jan-17	Dec-17	11/28/2017	11/28/2017
502014226	SVC 3316 Lexington Rd.	679					679			Jan-17	Dec-17	12/12/2017	12/12/2017
502014227	SVC 145 Gadwall Dr.	1,223					1,223			Jan-17	Dec-17	12/12/2017	12/12/2017
502014228	SVC 201 Adams St.	602					602			Jan-17	Dec-17	12/6/2017	12/6/2017
502014229	SVC 1762 Big Hill Rd.	428					428			Jan-17	Dec-17	12/12/2017	12/12/2017
502014230	SVC 200 Herndon Ln.	1,048					1,048			Jan-17	Dec-17	12/13/2017	12/13/2017
502014231	rep svc 580 scaffold cane	570					570			Jan-17	Dec-17	12/7/2017	12/7/2017
502014232	SVC 111 Cartersville Rd.	599					599			Jan-17	Dec-17	12/13/2017	12/13/2017
502014233	SVC 217 Vervain Ct.	828					828			Jan-17	Dec-17	12/14/2017	12/14/2017
502014234	SVC 215 Vervain Ct.	819					819			Jan-17	Dec-17	12/14/2017	12/14/2017
502014235	SVC 193 Plantation Dr.	828					828			Jan-17	Dec-17	12/18/2017	12/18/2017
502014236	SVC 260 Supreme Ct.	610					610			Jan-17	Dec-17	12/13/2017	12/13/2017
502014237	SVC 391 N. Richmond Rd.	994					994			Jan-17	Dec-17	12/14/2017	12/14/2017
502014238	SVC 100 Walker Branch Dr.	879					879			Jan-17	Dec-17	12/29/2017	12/29/2017
502014239	SVC 70 Dixie Plaza	661					661			Jan-17	Dec-17	12/29/2017	12/29/2017
502017000	Excess Flow Valve on Services	1,858					1,858			Jan-17	Dec-17	NA	NA
502018000	Farm Tap Revisions on Services	5,126					5,126			Jan-17	Dec-17	NA	NA
503016544	Inst New SVC 832 Harlan Dr	778					778			Jan-17	Dec-17	11/28/2017	11/28/2017
503016800	Inst New SVC 101 Jay Dee Ct	1,168					1,168			Jan-17	Dec-17	3/15/2017	3/15/2017
503016818	Inst New SVC 500 Shelburne Way	1,170					1,170			Jan-17	Dec-17	3/3/2017	3/3/2017
503016844	Rep SVC 114 Rainbow DR	131					131			Jan-17	Dec-17	1/25/2017	1/25/2017
503016845	Rep SVC 116 Rainbow Dr	140					140			Jan-17	Dec-17	1/25/2017	1/25/2017
503016846	Rep SVC 118 Rainbow Dr	125					125			Jan-17	Dec-17	2/6/2017	2/6/2017
503016847	Rep SVC 117 Rainbow Dr	136					136			Jan-17	Dec-17	1/26/2017	1/26/2017
503016848	Rep SVC 120 Rainbow Dr	131					131			Jan-17	Dec-17	1/25/2017	1/25/2017
503016849	Rep SVC 122 Rainbow Dr	130					130			Jan-17	Dec-17	1/25/2017	1/25/2017
503016850	Rep SVC 124 Rainbow Dr	133					133			Jan-17	Dec-17	1/26/2017	1/26/2017
503016851	Rep SVC 123 Rainbow Dr	128					128			Jan-17	Dec-17	1/25/2017	1/25/2017
503016864	Inst New SVC 313 Squires Way	219					219			Jan-17	Dec-17	1/4/2017	1/4/2017
503016869	Inst New SVC 707 Brasher	241					241			Jan-17	Dec-17	1/4/2017	1/4/2017

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503016875	Rep SVC 119 Rainbow Dr	124					124			Jan-17	Dec-17	1/25/2017	1/25/2017
503016877	Rep SVC 110 Bertrum Ct	557					557			Jan-17	Dec-17	6/5/2017	6/5/2017
503016882	Inst New SVC 1512 Orchard Dr	961					961			Jan-17	Dec-17	1/5/2017	1/5/2017
503016884	Rep SVC 125 Rainbow	397					397			Jan-17	Dec-17	2/10/2017	2/10/2017
503016885	Rep SVC 126 Rainbow Dr	131					131			Jan-17	Dec-17	2/10/2017	2/10/2017
503016886	Rep SVC 127 Rainbow Dr	391					391			Jan-17	Dec-17	2/10/2017	2/10/2017
503016887	Rep SVC 129 Rainbow Dr	445					445			Jan-17	Dec-17	2/10/2017	2/10/2017
503016889	Inst New SVC 105 Heritage Dr	551					551			Jan-17	Dec-17	1/12/2017	1/12/2017
503016895	Inst New SVC 104 Westgate Dr	889					889			Jan-17	Dec-17	1/5/2017	1/5/2017
503016896	Inst New SVC 1200 Cook Lane	781					781			Jan-17	Dec-17	1/16/2017	1/16/2017
503016897	Inst New SVC 101 Rogers Rest C	399					399			Jan-17	Dec-17	1/9/2017	1/9/2017
503016898	Inst New SVC 220 # A Louisa Dr	1,023					1,023			Jan-17	Dec-17	1/16/2017	1/16/2017
503016899	Inst New SVC 148 Susan Trace	382					382			Jan-17	Dec-17	1/4/2017	1/4/2017
503016900	Inst New SVC 240 Queensway	549					549			Jan-17	Dec-17	1/12/2017	1/12/2017
503016901	Inst New SVC 120 Tara Lane	1,466					1,466			Jan-17	Dec-17	2/13/2017	2/13/2017
503016902	Inst New SVC 220 #3 Louisa Dr	900					900			Jan-17	Dec-17	1/16/2017	1/16/2017
503016903	Inst New SVC 220 # 4 Louias Dr	512					512			Jan-17	Dec-17	1/16/2017	1/16/2017
503016904	Inst New SVC 201 Manoah	1,343					1,343			Jan-17	Dec-17	2/10/2017	2/10/2017
503016905	Inst New SVC 347 Manitoba	1,046					1,046			Jan-17	Dec-17	3/16/2017	3/16/2017
503016906	Inst New SVC 250 Queensway Dr	1,424					1,424			Jan-17	Dec-17	2/13/2017	2/13/2017
503016907	Rep SVC 130 Rainbow Dr	661					661			Jan-17	Dec-17	2/10/2017	2/10/2017
503016908	Inst New SVC 4521 Biltmore Pla	444					444			Jan-17	Dec-17	2/21/2107	2/21/2017
503016909	Inst New SVC 4525 Biltmore Pla	454					454			Jan-17	Dec-17	2/21/2017	2/21/2017
503016910	Inst New SVC 248 Manitoba	1,249					1,249			Jan-17	Dec-17	2/21/2017	2/21/2017
503016911	Inst New SVC 504 Butler Blvd	1,592					1,592			Jan-17	Dec-17	3/15/2017	3/15/2017
503016912	Inst New SVC 129 Glenbrook Ct	829					829			Jan-17	Dec-17	3/3/2017	3/3/2017
503016913	Inst New SVC 353 Ashmoor Dr	908					908			Jan-17	Dec-17	3/16/2017	3/16/2017
503016914	Inst New SVC 1228 Orchard Dr	808					808			Jan-17	Dec-17	3/8/2017	3/8/2017
503016915	Inst New SVC 1395 S Main St	579					579			Jan-17	Dec-17	3/8/2017	3/8/2017
503016916	Inst New SVC 892 Union Mill Rd	1,198					1,198			Jan-17	Dec-17	3/14/2017	3/14/2017
503016917	Inst New SVC 890 Union Mill Rd	1,216					1,216			Jan-17	Dec-17	3/14/2017	3/14/2017
503016918	Inst New SVC 113 Petunia Court	1,075					1,075			Jan-17	Dec-17	3/20/2017	3/20/2017
503016919	Inst New SVC 333 Meadowcrest P	1,551					1,551			Jan-17	Dec-17	3/19/2017	3/19/2017
503016920	Inst New SVC 305 Patmore Dr	1,196					1,196			Jan-17	Dec-17	4/12/2017	4/12/2017
503016921	Inst New SVC 116 Loose Leaf Dr	1,247					1,247			Jan-17	Dec-17	4/12/2017	4/12/2017
503016922	Inst New SVC 137 Allie Run	1,152					1,152			Jan-17	Dec-17	5/4/2017	5/4/2017
503016923	Rep SVC 302 Lake St	562					562			Jan-17	Dec-17	4/18/2017	4/18/2017
503016924	Rep SVC 304 Lake St	367					367			Jan-17	Dec-17	4/18/2017	4/18/2017
503016925	Rep Svc 306 Lake St	332					332			Jan-17	Dec-17	4/18/2017	4/18/2017
503016926	Inst New SVC 280 Hambrick Dr	1,567					1,567			Jan-17	Dec-17	5/8/2017	5/8/2017
503016927	Rep SVC 401 Talbott Dr	1,063					1,063			Jan-17	Dec-17	5/4/2017	5/4/2017
503016928	Rep SVC 508 W Main St	953					953			Jan-17	Dec-17	5/4/2017	5/4/2017
503016929	Inst New SVC 4628 Windstar Way	388					388			Jan-17	Dec-17	5/8/2017	5/8/2017
503016930	INST New SVC 125 Loose Leaf Ct	933					933			Jan-17	Dec-17	5/15/2017	5/15/2017
503016931	Inst New SVC 225 Queensway Dr	973					973			Jan-17	Dec-17	5/17/2017	5/17/2017
503016932	Inst New SVC 244 Queensway Dr	1,231					1,231			Jan-17	Dec-17	5/18/2017	5/18/2017
503016933	Inst New SVC 232 Queensway Dr	878					878			Jan-17	Dec-17	5/16/2017	5/16/2017
503016934	Inst New SVC 220 Queensway Dr	917					917			Jan-17	Dec-17	5/17/2017	5/17/2017
503016935	Rep SVC 104 Glencove Dr	791					791			Jan-17	Dec-17	6/7/2017	6/7/2017
503016936	Rep SVC 108 Glencove Dr	812					812			Jan-17	Dec-17	6/7/2017	6/7/2017
503016937	Rep SVC 110 Glencove Dr	807					807			Jan-17	Dec-17	6/7/2017	6/7/2017
503016938	Rep SVC 111 Glencove Dr	1,542					1,542			Jan-17	Dec-17	6/7/2017	6/7/2017
503016939	Rep SVC 107 Glencove Dr	1,496					1,496			Jan-17	Dec-17	6/7/2017	6/7/2017
503016940	Rep SVC 506 Richmond AVE	579					579			Jan-17	Dec-17	6/7/2017	6/7/2017
503016941	Rep SVC 510 Richmond Ave	826					826			Jan-17	Dec-17	6/7/2017	6/7/2017
503016942	Rep SVC 518 Richmond AVE	1,196					1,196			Jan-17	Dec-17	6/5/2017	6/5/2017
503016943	Rep SVC 608 Richmond AVE	523					523			Jan-17	Dec-17	6/7/2017	6/7/2017
503016944	Inst New SVC 2235 Vince Rd	2,415					2,415			Jan-17	Dec-17	5/19/2017	5/19/2017
503016945	Rep SVC 109 Glencove	156					156			Jan-17	Dec-17	6/7/2017	6/7/2017
503016947	Inst New SVC 777 E Brannon Rd	2,651					2,651			Jan-17	Dec-17	6/12/2017	6/12/2017

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503016948	Inst New SVC 108 Susan Trace	1,040					1,040			Jan-17	Dec-17	6/13/2017	6/13/2017
503016949	Inst New SVC 541 Richmond Ave	654					654			Jan-17	Dec-17	6/7/2017	6/7/2017
503016950	Rep SVC 604 Richmond AVE	647					647			Jan-17	Dec-17	6/7/2017	6/7/2017
503016951	Rep SVC 114 Bertrum Ct	542					542			Jan-17	Dec-17	6/5/2017	6/5/2017
503016952	Inst New SVC 902 Corbitt Dr	1,166					1,166			Jan-17	Dec-17	6/6/2017	6/6/2017
503016953	Inst New SVC 1000 Corbitt Dr	1,187					1,187			Jan-17	Dec-17	6/6/2017	6/6/2017
503016954	Rep SVC 122 Bertrum Ct	725					725			Jan-17	Dec-17	6/5/2017	6/5/2017
503016955	Rep SVC 118 Bertrum Ct	761					761			Jan-17	Dec-17	6/5/2017	6/5/2017
503016956	Inst New SVC 1002 Corbitt Dr	1,163					1,163			Jan-17	Dec-17	6/7/2017	6/7/2017
503016957	Rep SVC 403 Talbott Dr	1,572					1,572			Jan-17	Dec-17	6/8/2017	6/8/2017
503016958	Inst New SVC 198 Banta lane ga	1,499					1,499			Jan-17	Dec-17	7/14/2017	7/14/2017
503016959	Inst New SVC 3000 Elizabeth Dr	1,265					1,265			Jan-17	Dec-17	6/13/2017	6/13/2017
503016960	Inst New SVC 201 Cameron Dr	1,088					1,088			Jan-17	Dec-17	6/14/2017	6/14/2017
503016961	Rep SVC 501 Lake St	806					806			Jan-17	Dec-17	6/14/2017	6/14/2017
503016962	Rep SVC 200 E Main St	743					743			Jan-17	Dec-17	6/26/2017	6/26/2017
503016963	Rep SVC 200 1/2 E Main St	543					543			Jan-17	Dec-17	6/26/2017	6/26/2017
503016964	Rep SVC 204 E Main St	656					656			Jan-17	Dec-17	6/26/2017	6/26/2017
503016965	Inst New SVC 208 E Main St	612					612			Jan-17	Dec-17	7/10/2017	7/10/2017
503016966	Rep SVC 204 1/2 E Main St	658					658			Jan-17	Dec-17	6/26/2017	6/26/2017
503016967	Rep SVC 204 E Linden St	623					623			Jan-17	Dec-17	7/10/2017	7/10/2017
503016968	Rep SVC 108 S Maple St	530					530			Jan-17	Dec-17	6/20/2017	6/20/2017
503016969	Rep SVC 106- S Maple St	640					640			Jan-17	Dec-17	6/20/2017	6/20/2017
503016970	Inst New SVC 4692 Windstar Way	637					637			Jan-17	Dec-17	7/3/2017	7/3/2017
503016971	Inst New SVC 272 Manitoba	631					631			Jan-17	Dec-17	7/3/2017	7/3/2017
503016972	Rep SVC 520 N Lexington Ave	925					925			Jan-17	Dec-17	7/10/2017	7/10/2017
503016973	Rep SVC 518 N Lexington AVE	545					545			Jan-17	Dec-17	7/10/2017	7/10/2017
503016974	Rep SVC 516 N Lexington AVE	538					538			Jan-17	Dec-17	7/10/2017	7/10/2017
503016975	Rep SVC 111 Pleasant Veiw	1,312					1,312			Jan-17	Dec-17	7/10/2017	7/10/2017
503016976	Rep SVC 113 Pleasant Veiv	1,092					1,092			Jan-17	Dec-17	7/10/2017	7/10/2017
503016977	Inst New SVC 276 Hambrick	1,682					1,682			Jan-17	Dec-17	7/5/2017	7/5/2017
503016978	Inst New SVC 213 Angliana	587					587			Jan-17	Dec-17	7/6/2017	7/6/2017
503016979	Inst New SVC 4696 Windstar Way	708					708			Jan-17	Dec-17	7/3/2017	7/3/2017
503016980	Inst New SVC 522 N Lexington A	751					751			Jan-17	Dec-17	7/10/2017	7/10/2017
503016981	Inst New SVC 313 Hawthorne Dr	1,037					1,037			Jan-17	Dec-17	7/13/2017	7/13/2017
503016982	Rep SVC 105 E Morrison	481					481			Jan-17	Dec-17	7/5/2017	7/5/2017
503016983	Rep SVC 109 E Morrison	325					325			Jan-17	Dec-17	7/5/2017	7/5/2017
503016984	Inst New SVC 200 Hutchins	319					319			Jan-17	Dec-17	7/10/2017	7/10/2017
503016985	Inst New SVC 901 Hickory Hill	574					574			Jan-17	Dec-17	7/10/2017	7/10/2017
503016986	Rep SVC 103 E Brown St	451					451			Jan-17	Dec-17	7/14/2017	7/14/2017
503016987	Rep SVC 105 E Brown St	444					444			Jan-17	Dec-17	7/14/2017	7/14/2017
503016988	Rep SVC 107 E Brown St	449					449			Jan-17	Dec-17	7/14/2017	7/14/2017
503016989	Rep SVC 111 E Brown St	432					432			Jan-17	Dec-17	7/17/2017	7/17/2017
503016990	Rep SVC 113 E Brown St	446					446			Jan-17	Dec-17	7/17/2017	7/17/2017
503016991	Rep SVC 115 E Brown St	105					105			Jan-17	Dec-17	7/17/2017	7/17/2017
503016992	Rep SVC 117 E Brown St	472					472			Jan-17	Dec-17	7/17/2017	7/17/2017
503016993	Rep SVC 119 E Brown St	446					446			Jan-17	Dec-17	7/17/2017	7/17/2017
503016994	Rep SVC 109 E Brown St	446					446			Jan-17	Dec-17	7/14/2017	7/14/2017
503016995	Inst New SVC 4592 Windstar Way	759					759			Jan-17	Dec-17	7/18/2017	7/18/2017
503016996	Inst new SVC 112 Anderson Way	838					838			Jan-17	Dec-17	8/22/2017	8/22/2017
503016997	Inst New SVC 237 Queensway Dr	968					968			Jan-17	Dec-17	8/1/2017	8/1/2017
503016998	Inst New SVC 114 Petunia	1,628					1,628			Jan-17	Dec-17	9/19/2017	9/19/2017
503016999	Inst New SVC 120 Petunia	1,484					1,484			Jan-17	Dec-17	9/20/2017	9/20/2017
503017000	Excess Flow Valve on Services	3,078					3,078			Jan-17	Dec-17	NA	NA
503017001	Inst New SVC 121 Petunia	707					707			Jan-17	Dec-17	8/1/2017	8/1/2017
503017002	Inst New SVC 313 Patmore	653					653			Jan-17	Dec-17	8/1/2017	8/1/2017
503017003	Inst New SVC 229 Queensway Dr	1,056					1,056			Jan-17	Dec-17	8/1/2017	8/1/2017
503017004	REP SVC 308 E Chestnut	574					574			Jan-17	Dec-17	8/3/2017	8/3/2017
503017005	Rep SVC 112 Lincoln St	407					407			Jan-17	Dec-17	8/3/2017	8/3/2017
503017006	Rep SVC 108 Lincoln St	387					387			Jan-17	Dec-17	8/3/2017	8/3/2017
503017007	Rep SVC 303 E Chestnut	202					202			Jan-17	Dec-17	8/3/2017	8/3/2017

Project No.	Project Title/Description	Annual Actual Cost	Annual Original Budget	Variance in Dollars	Variance as Percent	Percent of Budget	Total Actual Project Cost	Total Budget Project Cost	Variance in Dollars	Date Original Budget Start	Date Original Budget End	Date Actual Start	Date Actual End
503017008	Inst New SVC 2557 Wilmore Rd	586					586			Jan-17	Dec-17	8/2/2017	8/2/2017
503017009	Inst New SVC 305 Broadway	1,400					1,400			Jan-17	Dec-17	9/27/2017	9/27/2017
503017010	Inst New SVC 1154 Short Shun	680					680			Jan-17	Dec-17	8/9/2017	8/9/2017
503017011	Rep SVC 206 E Maple St	568					568			Jan-17	Dec-17	8/8/2017	8/8/2017
503017012	Rep SVC 104 York St	397					397			Jan-17	Dec-17	8/8/2017	8/8/2017
503017013	Rep SVC 102 York St	147					147			Jan-17	Dec-17	8/9/2017	8/9/2017
503017014	Rep SVC 108 Foxwood Dr CANCELLED	160					160			Jan-17	Dec-17	NA	NA
503017015	Rep SVC 524 W Maple St	446					446			Jan-17	Dec-17	10/2/2017	10/2/2017
503017016	Rep SVC 606 W Maple St	312					312			Jan-17	Dec-17	8/17/2017	8/17/2017
503017017	Rep SVC 608 W Maple St	581					581			Jan-17	Dec-17	8/17/2017	8/17/2017
503017018	Rep SVC 610 W Maple St	599					599			Jan-17	Dec-17	8/17/2017	8/17/2017
503017019	Rep SVC 700 W Maple St	416					416			Jan-17	Dec-17	9/21/2017	9/21/2017
503017020	REP SVC 203 Cedar Ln	361					361			Jan-17	Dec-17	10/2/2017	10/2/2017
503017021	REP SVC 205 Cedar Ln	421					421			Jan-17	Dec-17	10/2/2017	10/2/2017
503017022	REP SVC 702 West Maple St	242					242			Jan-17	Dec-17	8/17/2017	8/17/2017
503017023	REP SVC 101 Lyndelle	461					461			Jan-17	Dec-17	9/21/2017	9/21/2017
503017024	Rep Svc 103 Lyndelle	433					433			Jan-17	Dec-17	9/21/2017	9/21/2017
503017025	Rep Svc 105 Lyndelle	447					447			Jan-17	Dec-17	9/21/2017	9/21/2017
503017026	Rep Svc 107 Lyndelle	427					427			Jan-17	Dec-17	9/21/2017	9/21/2017
503017028	Rep Svc 101 Willow Dr	429					429			Jan-17	Dec-17	9/22/2017	9/22/2017
503017029	Rep Svc 103 Willow Dr	430					430			Jan-17	Dec-17	9/22/2017	9/22/2017
503017030	Rep Svc 105 Willow Dr	418					418			Jan-17	Dec-17	9/22/2017	9/22/2017
503017031	Rep Svc 107 Willow Dr	720					720			Jan-17	Dec-17	9/22/2017	9/22/2017
503017032	Rep Svc 109 Willow Dr	434					434			Jan-17	Dec-17	9/22/2017	9/22/2017
503017033	Rep SVC 111 Willow Dr	431					431			Jan-17	Dec-17	9/22/2017	9/22/2017
503017034	Rep SVC 113 Willow Dr	439					439			Jan-17	Dec-17	9/22/2017	9/22/2017
503017035	Rep SVC 112 Willow Dr	432					432			Jan-17	Dec-17	9/22/2017	9/22/2017
503017036	Rep SVC 110 Willow Dr	444					444			Jan-17	Dec-17	9/22/2017	9/22/2017
503017037	Rep SVC 108 Willow Dr	436					436			Jan-17	Dec-17	9/22/2017	9/22/2017
503017038	Rep SVC 106 Willow Dr	430					430			Jan-17	Dec-17	9/22/2017	9/22/2017
503017039	Rep SVC 104 Willow Dr	431					431			Jan-17	Dec-17	9/22/2017	9/22/2017
503017040	Rep SVC 102 Willow Dr	413					413			Jan-17	Dec-17	9/22/2017	9/22/2017
503017041	Rep SVC 100 Willow Dr	426					426			Jan-17	Dec-17	9/22/2017	9/22/2017
503017042	Rep Svc 110 Lyndelle Dr	375					375			Jan-17	Dec-17	10/2/2017	10/2/2017
503017043	Rep SVC 207 Cedar Ln	391					391			Jan-17	Dec-17	10/2/2017	10/2/2017
503017044	Rep SVC 209 Cedar Ln	479					479			Jan-17	Dec-17	10/2/2017	10/2/2017
503017045	Rep SVC 210 Cedar LN	411					411			Jan-17	Dec-17	10/2/2017	10/2/2017
503017046	Rep SVC 208 Cedar Ln	481					481			Jan-17	Dec-17	10/2/2017	10/2/2017
503017047	Rep SVC 206 Cedar Ln	422					422			Jan-17	Dec-17	10/2/2017	10/2/2017
503017048	Rep SVC 204 Cedar Ln	429					429			Jan-17	Dec-17	10/2/2017	10/2/2017
503017049	Rep SVC 202 Cedar	420					420			Jan-17	Dec-17	10/2/2017	10/2/2017
503017050	Rep SVC 200 Cedar Ln	436					436			Jan-17	Dec-17	10/2/2017	10/2/2017
503017051	Rep SVC 102 Cedar Ln	435					435			Jan-17	Dec-17	10/2/2017	10/2/2017
503017052	Rep SVC 100 Cedar Ln	1,884					1,884			Jan-17	Dec-17	10/6/2017	10/6/2017
503017053	Rep SVC 103 Cypress	409					409			Jan-17	Dec-17	9/7/2017	9/7/2017
503017054	Rep SVC 105 Cypress	432					432			Jan-17	Dec-17	9/7/2017	9/7/2017
503017055	Rep SVC 104 Cypress	582					582			Jan-17	Dec-17	9/7/2017	9/7/2017
503017056	Rep SVC 102 Cypress	413					413			Jan-17	Dec-17	9/7/2017	9/7/2017
503017057	Rep SVC 100 Cypress	427					427			Jan-17	Dec-17	9/7/2017	9/7/2017
503017058	Rep SVC 601 Broadway	409					409			Jan-17	Dec-17	10/6/2017	10/6/2017
503017059	Rep SVC 100 Shun	424					424			Jan-17	Dec-17	8/17/2017	8/17/2017
503017060	Rep SVC 102 Shun	417					417			Jan-17	Dec-17	8/17/2017	8/17/2017
503017061	Rep SVC 104 Shun	593					593			Jan-17	Dec-17	8/17/2017	8/17/2017
503017062	Rep SVC 106 Shun	445					445			Jan-17	Dec-17	8/17/2017	8/17/2017
503017063	Rep SVC 200 Shun	858					858			Jan-17	Dec-17	9/7/2017	9/7/2017
503017065	Rep SVC 206 Shun	418					418			Jan-17	Dec-17	9/7/2017	9/7/2017
503017066	Rep SVC 300 Shun	454					454			Jan-17	Dec-17	9/1/2017	9/1/2017
503017067	Rep SVC 304 Shun	443					443			Jan-17	Dec-17	9/1/2017	9/1/2017
503017068	Rep SVC 500 Shun	408					408			Jan-17	Dec-17	10/6/2017	10/6/2017
503017069	Rep SVC 306 Shun	496					496			Jan-17	Dec-17	9/1/2017	9/1/2017

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503017070	Rep SVC 535 W Brown	299					299			Jan-17	Dec-17	9/1/2017	9/1/2017
503017071	Rep SVC 535 W Brown	405					405			Jan-17	Dec-17	9/7/2017	9/7/2017
503017072	Inst New SVC 100 Witts Lane	1,031					1,031			Jan-17	Dec-17	8/22/2017	8/22/2017
503017073	Inst New SVC 360 E Brannon Rd	1,973					1,973			Jan-17	Dec-17	8/21/2017	8/21/2017
503017074	Rep SVC 290 E Brannon Road	2,292					2,292			Jan-17	Dec-17	9/29/2017	9/29/2017
503017075	Inst New SVC 121 Golden Burley	1,083					1,083			Jan-17	Dec-17	8/23/2017	8/23/2017
503017076	Inst New SVC 228 Queensway Dr	1,052					1,052			Jan-17	Dec-17	9/22/2017	9/22/2017
503017077	Rep SVC 204 Shun Pike	418					418			Jan-17	Dec-17	9/7/2017	9/7/2017
503017079	Inst New SVC 304 Richmond Ave	561					561			Jan-17	Dec-17	9/21/2017	9/21/2017
503017080	Inst New SVC 124 Waxwing	395					395			Jan-17	Dec-17	9/6/2017	9/6/2017
503017081	Inst New SVC 128 Waxwing	390					390			Jan-17	Dec-17	9/6/2017	9/6/2017
503017082	Inst New SVC 105 Rowanberry	451					451			Jan-17	Dec-17	9/6/2017	9/6/2017
503017083	Inst New SVC 117 Rowanberry	504					504			Jan-17	Dec-17	9/6/2017	9/6/2017
503017084	Inst New SVC 108 Golden Burley	868					868			Jan-17	Dec-17	10/5/2017	10/5/2017
503017085	Inst New SVC 112 Golden Burley	855					855			Jan-17	Dec-17	10/5/2017	10/5/2017
503017086	Inst New SVC 192 Rowaberry Dr	1,016					1,016			Jan-17	Dec-17	9/25/2017	9/25/2017
503017087	Inst new SVC 188 Rowaberry Dr	825					825			Jan-17	Dec-17	9/25/2017	9/25/2017
503017088	Inst New SVC 184 Rowaberry Dr	683					683			Jan-17	Dec-17	10/12/2017	10/12/2017
503017089	Inst New SVC 104 Runnymede Ct	1,419					1,419			Jan-17	Dec-17	9/18/2017	9/18/2017
503017090	Inst New SVC 504 Shelburne Way	1,107					1,107			Jan-17	Dec-17	9/21/2017	9/21/2017
503017091	Inst New SVC 160 Waxwing	923					923			Jan-17	Dec-17	9/26/2017	9/26/2017
503017092	Inst New SVC 252 South Point D	1,083					1,083			Jan-17	Dec-17	10/11/2017	10/11/2017
503017093	Inst Newn SVC 308 Angela Ct	611					611			Jan-17	Dec-17	10/12/2017	10/12/2017
503017094	Inst New SVC 136 Carolyn Lane	1,194					1,194			Jan-17	Dec-17	10/17/2017	10/17/2017
503017095	Rep SVC 523 Hickory Hill	438					438			Jan-17	Dec-17	10/6/2017	10/6/2017
503017096	Inst New SVC 408 Lantana Park	583					583			Jan-17	Dec-17	10/24/2017	10/24/2017
503017097	Inst New SVC 205 Lost Creek	878					878			Jan-17	Dec-17	10/27/2017	10/27/2017
503017098	Inst New SVC 125 Ridgeview	1,392					1,392			Jan-17	Dec-17	10/25/2017	10/25/2017
503017099	Inst New SVC 116 Waxwing	528					528			Jan-17	Dec-17	10/20/2017	10/20/2017
503017100	Inst New SVC 209 Lebeau	681					681			Jan-17	Dec-17	10/24/2017	10/24/2017
503017101	Inst New SVC 607 Edgewood Dr	671					671			Jan-17	Dec-17	10/24/2017	10/24/2017
503017102	Inst New SVC 101 Rowanberry	920					920			Jan-17	Dec-17	10/19/2017	10/19/2017
503017103	Inst New SVC 141 Rowanberry	730					730			Jan-17	Dec-17	10/20/2017	10/20/2017
503017104	Inst New SVC 145 Rowanberry	723					723			Jan-17	Dec-17	10/20/2017	10/20/2017
503017105	Inst New SVC 133 Rowanberry	921					921			Jan-17	Dec-17	10/19/2017	10/19/2017
503017106	Inst New SVC 100 Anderson Way	1,224					1,224			Jan-17	Dec-17	10/26/2017	10/26/2017
503017107	Inst New SVC 217 Leann Dr	488					488			Jan-17	Dec-17	10/25/2017	10/25/2017
503017108	Inst New SVC 105 Bridgeside Dr	585					585			Jan-17	Dec-17	10/26/2017	10/26/2017
503017109	Inst New SVC 132 Waxwing Lane	624					624			Jan-17	Dec-17	11/8/2017	11/8/2017
503017110	Inst New SVC 133 Waxwing Lane	625					625			Jan-17	Dec-17	11/8/2017	11/8/2017
503017111	Inst new SVC 145 Waxwing Lane	738					738			Jan-17	Dec-17	11/8/2017	11/8/2017
503017112	Inst new SVC 149 Rowaberry Dr	528					528			Jan-17	Dec-17	11/9/2017	11/9/2017
503017113	Inst New SVC 105 Loose Leaf	309					309			Jan-17	Dec-17	11/1/2017	11/1/2017
503017114	Inst New SVC 616 Homestead Dr	714					714			Jan-17	Dec-17	11/1/2017	11/1/2017
503017115	Inst New SVC 316 South Point D	781					781			Jan-17	Dec-17	11/8/2017	11/8/2017
503017116	Inst New SVC 5001 Park Central	1,804					1,804			Jan-17	Dec-17	11/9/2017	11/9/2017
503017117	Inst New SVC 230 Locust Height	481					481			Jan-17	Dec-17	11/8/2017	11/8/2017
503017118	Inst New SVC 324 Manitoba	528					528			Jan-17	Dec-17	11/9/2017	11/9/2017
503017119	Inst New SVC 401 W College St	1,519					1,519			Jan-17	Dec-17	11/10/2017	11/10/2017
503017120	Inst New SVC 100 Charlotte Cir	871					871			Jan-17	Dec-17	11/8/2017	11/8/2017
503017121	Inst New SVC 164 Rowaberry Dr	514					514			Jan-17	Dec-17	11/9/2017	11/9/2017
503017122	Inst New SVC 153 Rowanberry Dr	522					522			Jan-17	Dec-17	11/9/2017	11/9/2017
503017123	Inst New SVC 121 Rowanberry Dr	525					525			Jan-17	Dec-17	11/9/2017	11/9/2017
503017124	Inst New SVC 152 Waxwing Dr	521					521			Jan-17	Dec-17	11/10/2017	11/10/2017
503017125	Inst New SVC 144 Waxwing Dr	517					517			Jan-17	Dec-17	11/10/2017	11/10/2017
503017126	Inst New SVC 108 Waxwing Dr	525					525			Jan-17	Dec-17	11/10/2017	11/10/2017
503017127	Inst New SVC 140 Woodveiw Dr	696					696			Jan-17	Dec-17	11/27/2017	11/27/2017
503017128	Inst New SVC 5200 Sulpher Well	1,489					1,489			Jan-17	Dec-17	11/17/2017	11/17/2017
503017130	Inst New SVC 221 Queensway Dr	545					545			Jan-17	Dec-17	12/1/2017	12/1/2017
503017131	Inst New SVC 920 Sulpher Well	1,070					1,070			Jan-17	Dec-17	12/8/2017	12/8/2017

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503017132	Rep SVC 880 Sulpher Well Road	291					291			Jan-17	Dec-17	12/8/2017	12/8/2017
503017133	Rep SVC 920 Sulpher Well Rd	298					298			Jan-17	Dec-17	12/8/2017	12/8/2017
503017134	Inst New SVC 156 Waxwing	724					724			Jan-17	Dec-17	12/1/2017	12/1/2017
503017135	Inst New SVC 140 Waxwing	530					530			Jan-17	Dec-17	12/5/2017	12/5/2017
503017136	Inst new SVC 129 Waxwing	624					624			Jan-17	Dec-17	12/15/2017	12/15/2017
503017137	Inst New SVC 125 Waxwing	722					722			Jan-17	Dec-17	12/15/2017	12/15/2017
503017138	Inst New SVC 105 Waxwing	631					631			Jan-17	Dec-17	12/15/2017	12/15/2017
503017139	Inst New SVC 160 Rowanberry	729					729			Jan-17	Dec-17	12/18/2017	12/18/2017
503017141	Inst New SVC 109 Rowanberry	524					524			Jan-17	Dec-17	12/5/2017	12/5/2017
503017142	Inst New SVC 108 Rest Court	663					663			Jan-17	Dec-17	11/28/2017	11/28/2017
503017143	Inst New SVC 124 Stanley Dr	687					687			Jan-17	Dec-17	11/27/2017	11/27/2017
503017144	Inst New SVC 105 Anderson Way	995					995			Jan-17	Dec-17	11/29/2017	11/29/2017
503017146	Inst New SVC 209 Burley Ridge	755					755			Jan-17	Dec-17	12/1/2017	12/1/2017
503017147	Inst New SVC 229 Burley Ridge	1,059					1,059			Jan-17	Dec-17	12/1/2017	12/1/2017
503017148	Inst New SVC 102 Witts Lane	404					404			Jan-17	Dec-17	12/1/2017	12/1/2017
503017149	Inst New SVC 109 Callis Circle	778					778			Jan-17	Dec-17	12/1/2017	12/1/2017
503017150	Inst New SVC 124 Wyatt Dr	1,846					1,846			Jan-17	Dec-17	12/4/2017	12/4/2017
503017151	Inst New SVC 100 Day Lily Dr	1,155					1,155			Jan-17	Dec-17	12/22/2017	12/22/2017
503017152	Inst New SVC 5208 Grey Oak Dr	792					792			Jan-17	Dec-17	12/20/2017	12/20/2017
503017153	Inst New SVC 321 Patmore Dr	754					754			Jan-17	Dec-17	12/20/2017	12/20/2017
503017154	Inst New SVC 129 Fairway Dr	1,519					1,519			Jan-17	Dec-17	1/2/2018	1/2/2018
503017155	Inst New SVC 120 Waxwing	626					626			Jan-17	Dec-17	12/19/2017	12/19/2017
503017156	Inst New SVC 128 Rowanberry La	629					629			Jan-17	Dec-17	12/19/2017	12/19/2017
503017157	Inst New SVC 156 Rowanberry	631					631			Jan-17	Dec-17	12/18/2017	12/18/2017
503017158	Inst New SVC 148 Rowanberry	631					631			Jan-17	Dec-17	12/18/2017	12/18/2017
503017160	Inst New SVC 161 Rowanberry	1,012					1,012			Jan-17	Dec-17	1/3/2018	1/3/2018
503017162	Inst New SVC 290 Manitoba Lane	1,153					1,153			Jan-17	Dec-17	12/19/2017	12/19/2017
503017164	Inst New SVC 403 S Main Stree	1,107					1,107			Jan-17	Dec-17	12/14/2017	12/14/2017
503017165	Inst New SVC 1201 S Main St	641					641			Jan-17	Dec-17	12/18/2017	12/18/2017
503017167	Inst New SVC 409 Shelburne Way	789					789			Jan-17	Dec-17	12/14/2017	12/14/2017
503017168	Inst New SVC 116 Queensway Dr	502					502			Jan-17	Dec-17	12/21/2017	12/21/2017
503017169	Inst New SVC 101 Wyatt Court	759					759			Jan-17	Dec-17	1/2/2018	1/2/2018
503017170	Inst New SVC 305 W Chestnut S	759					759			Jan-17	Dec-17	1/3/2018	1/3/2018
505012640	SP to 57 W Church St.	129					129			Jan-17	Dec-17	4/4/2017	4/4/2017
505012647	SL to 10930 Main St. Jefferson	2,156					2,156			Jan-17	Dec-17	1/11/2017	1/11/2017
505012649	SP to 806 N Main St Stanton	467					467			Jan-17	Dec-17	4/7/2017	4/7/2017
505012656	SL to 296 Mill Knob Rd.	0					-			Jan-17	Dec-17	12/26/2016	12/29/2016
505012659	SL to 7675 Chase Lane	1,288					1,288			Jan-17	Dec-17	1/16/2017	1/16/2017
505012660	SL to 10045 Main St. Jefferson	2,615					2,615			Jan-17	Dec-17	1/4/2017	1/4/2017
505012661	SL to 495 Forge Mill Rd.	858					858			Jan-17	Dec-17	2/10/2017	2/10/2017
505012662	SL to 255 Country Club Rd.	1,096					1,096			Jan-17	Dec-17	3/29/2017	3/29/2017
505012663	SL to 170 Forest Lake	(46)					(46)			Jan-17	Dec-17	12/30/2016	12/30/2016
505012664	SL to 315 Halls Branch Rd	1,057					1,057			Jan-17	Dec-17	11/17/2017	11/17/2017
505012665	SL to 560 S. Main St.	166					166			Jan-17	Dec-17	1/19/2017	1/19/2017
505012666	SL to 710 Hwy. 213	1,476					1,476			Jan-17	Dec-17	1/16/2017	1/16/2017
505012667	SL to 6807 Camargo Levee Rd.	1,468					1,468			Jan-17	Dec-17	1/16/2017	1/16/2017
505012668	SL to 274 Maple St.	725					725			Jan-17	Dec-17	6/8/2017	6/8/2017
505012670	SL for 455 Clay Lick Rd	684					684			Jan-17	Dec-17	1/26/2017	1/26/2017
505012671	SL for 485 Clay Lick Rd	732					732			Jan-17	Dec-17	1/26/2017	1/26/2017
505012672	SL to 28 Main St. Beattyville	11					11			Jan-17	Dec-17	1/11/2017	1/11/2017
505012674	SP for 725 New Cut Rd.	839					839			Jan-17	Dec-17	1/19/2017	1/19/2017
505012675	New SL to 898 Frunace Rd	2,193					2,193			Jan-17	Dec-17	2/16/2017	2/16/2017
505012676	SL to 240 A & B E. Church St.	972					972			Jan-17	Dec-17	4/10/2017	4/10/2017
505012677	SP to 573 W. College Ave.	1,375					1,375			Jan-17	Dec-17	1/31/2017	1/31/2017
505012678	SL to 156 Pearl St	1,199					1,199			Jan-17	Dec-17	2/15/2017	2/15/2017
505012679	SL to 143 W Halls Rd	1,520					1,520			Jan-17	Dec-17	2/15/2017	2/15/2017
505012680	SL to 530 Pamela Drive	842					842			Jan-17	Dec-17	2/10/2017	2/10/2017
505012681	SL to 2622 Campton Rd	356					356			Jan-17	Dec-17	2/14/2017	2/14/2017
505012682	SL to 14 Sons Rd.	346					346			Jan-17	Dec-17	7/20/2017	7/20/2017
505012683	SP for 80 Washington St.	617					617			Jan-17	Dec-17	5/8/2017	5/8/2017

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505012684	SL to 1424 Woody Ware Rd.	2,761					2,761			Jan-17	Dec-17	7/7/2017	7/7/2017
505012685	SL to 11030 Main St. Jefferson	1,448					1,448			Jan-17	Dec-17	6/27/2017	6/27/2017
505012686	SP to 5180 Main St.	1,155					1,155			Jan-17	Dec-17	6/28/2017	6/28/2017
505012687	SL to 755 Breckenridge St.	2,126					2,126			Jan-17	Dec-17	7/18/2017	7/18/2017
505012688	SL to 10625 Main St.	842					842			Jan-17	Dec-17	10/3/2017	10/3/2017
505012689	SP to 1060 Hwy 52 W.	229					229			Jan-17	Dec-17	9/5/2017	9/5/2017
505012690	SL to 614 George Drake Rd	569					569			Jan-17	Dec-17	10/2/2017	10/2/2017
505012691	SL to 1920 Bedford Rd.	942					942			Jan-17	Dec-17	10/4/2017	10/4/2017
505012692	SL to 112 Old Grand Ave.	1,448					1,448			Jan-17	Dec-17	10/5/2017	10/5/2017
505012693	SL to 111 Airport Rd.	74					74			Jan-17	Dec-17	10/10/2017	10/10/2017
505012694	SL to 321 E College Ave.	965					965			Jan-17	Dec-17	10/2/2017	10/2/2017
505012695	SL to 11328 Main St	1,908					1,908			Jan-17	Dec-17	10/3/2017	10/4/2017
505012696	SL to 8698 Winchester Rd.	1,304					1,304			Jan-17	Dec-17	11/9/2017	11/9/2017
505012697	SL to 187 11th St.	1,005					1,005			Jan-17	Dec-17	11/10/2017	11/10/2017
505012698	SL to 109 Ladonna Dr.	703					703			Jan-17	Dec-17	11/9/2017	11/9/2017
505012699	SL to 1921 Hwy 11 S.	1,776					1,776			Jan-17	Dec-17	11/16/2017	11/16/2017
505012701	SP for 1236 E. College Ave.	1,024					1,024			Jan-17	Dec-17	11/20/2017	11/20/2017
505012702	SL to 35 11th Street	904					904			Jan-17	Dec-17	12/7/2017	12/7/2017
505012703	SL to 287 E College Ave.	747					747			Jan-17	Dec-17	12/7/2017	12/7/2017
506012300	Install Service 274 Brookside Deleted	764					764			Jan-17	Dec-17	2/8/2017	2/8/2017
506012367	Install Service 820 Whitley St	2,186					2,186			Jan-17	Dec-17	1/12/2017	1/12/2017
506012370	Install Service 2471 N. Laurel	846					846			Jan-17	Dec-17	1/12/2017	1/12/2017
506012371	Install Service 413 E 3rd Stre	1,985					1,985			Jan-17	Dec-17	1/9/2017	1/19/2017
506012372	Install Service 1207 W. 5th St	1,102					1,102			Jan-17	Dec-17	1/24/2017	1/24/2017
506012373	New SL at 1775 Keavy Rd	2,357					2,357			Jan-17	Dec-17	2/2/2017	2/2/2017
506012374	New SL at 1792 Keavy Rd	3,090					3,090			Jan-17	Dec-17	2/2/2017	2/2/2017
506012375	Install Service 369 Cedar Ridg	778					778			Jan-17	Dec-17	2/10/2017	2/10/2017
506012376	Install Service 305 Johnson Ad	1,399					1,399			Jan-17	Dec-17	1/25/2017	1/25/2017
506012377	Repl 3/4 PL SL at 1846 Mallard	531					531			Jan-17	Dec-17	5/11/2017	5/11/2017
506012378	Install Service 285 Kirkwood D	1,036					1,036			Jan-17	Dec-17	3/17/2017	3/17/2017
506012379	Install Service 20 Perry Lane	715					715			Jan-17	Dec-17	4/12/2017	4/12/2017
506012380	Install Service 168 Perry Lane	796					796			Jan-17	Dec-17	4/12/2017	4/12/2017
506012381	Install service 309 Chestnut S	1,231					1,231			Jan-17	Dec-17	4/13/2017	4/13/2017
506012382	New SL at 660 Beechwood Drive	1,383					1,383			Jan-17	Dec-17	5/11/2017	5/11/2017
506012383	Install Service 70 Caudill Lan	547					547			Jan-17	Dec-17	7/3/2017	7/3/2017
506012384	Install Service 539 Conley Roa	1,105					1,105			Jan-17	Dec-17	7/6/2017	7/6/2017
506012385	Service Line Continuation 910	1,353					1,353			Jan-17	Dec-17	7/13/2017	7/13/2017
506012386	Install Serv. 421 E. 5th Stree	1,107					1,107			Jan-17	Dec-17	7/17/2017	7/17/2017
506012387	Install Service 203 Kirkwood D	1,133					1,133			Jan-17	Dec-17	7/17/2017	7/17/2017
506012388	Install service 204 Ray Overbe	324					324			Jan-17	Dec-17	7/21/2017	7/21/2017
506012389	Install Service 290A Ray Overb	545					545			Jan-17	Dec-17	7/24/2017	7/24/2017
506012390	Install Service 216 Ray Overbe	464					464			Jan-17	Dec-17	7/21/2017	7/21/2017
506012391	Install Service 178 Ray Overbe	423					423			Jan-17	Dec-17	7/21/2017	7/21/2017
506012392	Install Service 180 Ray Overbe	422					422			Jan-17	Dec-17	7/21/2017	7/21/2017
506012393	Install Service 290 B Ray Over	431					431			Jan-17	Dec-17	7/21/2017	7/21/2017
506012394	Install Service 200 Ray Overbe	291					291			Jan-17	Dec-17	7/21/2017	7/21/2017
506012395	New 3/4" PL SL at 777 N Laurel	2,110					2,110			Jan-17	Dec-17	7/20/2017	7/20/2017
506012396	Install Service 212 East 5th S	660					660			Jan-17	Dec-17	8/4/2017	8/4/2017
506012397	Install Service 105 CVB Lane L	3,616					3,616			Jan-17	Dec-17	10/4/2017	10/4/2017
506012399	Install 3/4 PL SL at 82 Stage	557					557			Jan-17	Dec-17	9/27/2017	9/27/2017
506012400	Install service 420 Boggs Rd A	602					602			Jan-17	Dec-17	10/2/2017	10/2/2017
506012401	Install Service 420 Boggs Rd A	597					597			Jan-17	Dec-17	10/2/2017	10/2/2017
506012402	New PL SL at 4148 Keavy Rd	1,317					1,317			Jan-17	Dec-17	11/14/2017	11/14/2017
506012403	Install Service 380 Philpot Rd	610					610			Jan-17	Dec-17	10/18/2017	10/18/2017
506012404	Install Service 735 Whitley St	1,021					1,021			Jan-17	Dec-17	10/17/2017	10/17/2017
506012405	Install Service 1528 W. Laurel	570					570			Jan-17	Dec-17	10/25/2017	10/25/2017
506012406	Install Service 105 Rosedale	542					542			Jan-17	Dec-17	10/19/2017	10/19/2017
506012407	Install Service 75 W Clay Cour	468					468			Jan-17	Dec-17	10/20/2017	10/20/2017
506012409	Install Service 2842 Somerset	2,209					2,209			Jan-17	Dec-17	10/26/2017	10/26/2017
506012410	Install SL at 3245 Old Whitley	584					584			Jan-17	Dec-17	11/28/2017	11/28/2017

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506012411	New 3/4 PL SL at 939 Court Rd	2,058					2,058			Jan-17	Dec-17	10/27/2017	10/27/2017
506012412	New 3/4 PL SL at 707 Laurel Rd	2,116					2,116			Jan-17	Dec-17	11/15/2017	11/15/2017
506012413	Install Service 2627 Somerset	568					568			Jan-17	Dec-17	11/29/2017	11/29/2017
506012414	Continuation Service 134 Littl	577					577			Jan-17	Dec-17	11/29/2017	11/29/2017
506012415	Install Service 3435 Rough Cre	609					609			Jan-17	Dec-17	11/29/2017	11/29/2017
506012416	Install Serv 88 Lincoln Drive	554					554			Jan-17	Dec-17	12/7/2017	12/7/2017
506012417	Install Serv. 409 East 5th Str	474					474			Jan-17	Dec-17	12/8/2017	12/8/2017
506012418	Install Serv. 420 Tobacco Road	2,029					2,029			Jan-17	Dec-17	12/21/2017	12/21/2017
506017000	Excess Flow Valve on Services	3,187					3,187			Jan-17	Dec-17	NA	NA
507011405	Repl SL at 53 Delsuemar	1,125					1,125			Jan-17	Dec-17	7/19/2016	7/19/2016
507011433	Replace Serv. 100 W Hwy 92	1,034					1,034			Jan-17	Dec-17	1/26/2017	1/26/2017
507011435	Install 1" Service 40 W Hwy 92	1,723					1,723			Jan-17	Dec-17	12/19/2017	12/19/2017
507011438	Install Service 120 Siler St.	287					287			Jan-17	Dec-17	12/19/2016	12/19/2016
507011439	Install Service 1330 Browns Cr	609					609			Jan-17	Dec-17	1/19/2017	1/19/2017
507011440	Install Service 99 Cardinal Hg	626					626			Jan-17	Dec-17	2/24/2017	2/24/2017
507011441	Install Service 330 Pine Stree	773					773			Jan-17	Dec-17	3/24/2017	3/24/2017
507011442	Repl 3/4 SL at 6604 HWY 26	1,937					1,937			Jan-17	Dec-17	5/22/2017	5/22/2017
507011443	Repl SL at 585 George Hayes Rd	357					357			Jan-17	Dec-17	5/16/2017	5/16/2017
507011444	Repl SL at 564 George Hayes Rd	226					226			Jan-17	Dec-17	5/16/2017	5/16/2017
507011445	Replace Service Savoy Clear Cr	373					373			Jan-17	Dec-17	6/1/2017	6/1/2017
507011446	Repl SL at 710 Savoy Clear Cre	226					226			Jan-17	Dec-17	6/1/2017	6/1/2017
507011447	New Pl SL at 4665 HWY 25	1,246					1,246			Jan-17	Dec-17	8/1/2017	8/1/2017
507011448	Replace Service 2168 Croley Be	457					457			Jan-17	Dec-17	8/2/2017	8/2/2017
507011450	Service Continuation 1057 Hwy	1,041					1,041			Jan-17	Dec-17	9/11/2017	9/11/2017
507011451	Install new SL at 113 Taylor C	1,876					1,876			Jan-17	Dec-17	9/15/2017	9/15/2017
507011452	Cont of SL at 52 Crisp Ct	2,062					2,062			Jan-17	Dec-17	9/14/2017	9/14/2017
507011453	Cont SL at 150 Lockland Dr	1,205					1,205			Jan-17	Dec-17	9/20/2017	9/20/2017
507011454	Install Service 627 Moore Stre	557					557			Jan-17	Dec-17	10/12/2017	10/12/2017
507011455	Install Ser 130 Shelby Hurst R	605					605			Jan-17	Dec-17	10/13/2017	10/13/2017
507011456	Install Service 80 Everett Rai	1,386					1,386			Jan-17	Dec-17	10/16/2017	10/16/2017
507011457	New SL at 899 Savoy Clear Cree	1,216					1,216			Jan-17	Dec-17	10/16/2017	10/16/2017
507011458	Install Service 1585 Hwy 26	1,511					1,511			Jan-17	Dec-17	11/28/2017	11/28/2017
507011459	New SL at 55 Julia Ln	1,056					1,056			Jan-17	Dec-17	11/17/2017	11/17/2017
507011460	Install Serv 1059 US Hwy 25W	1,133					1,133			Jan-17	Dec-17	12/8/2017	12/8/2017
507011461	Install New PL SL at 67 Joan S	376					376			Jan-17	Dec-17	12/15/2017	12/15/2017
507011462	New SL at 1150 Ellison Bend Rd	940					940			Jan-17	Dec-17	12/12/2017	12/12/2017
507011463	New SL at 1660 Old Corbin Pike	1,122					1,122			Jan-17	Dec-17	12/22/2017	12/22/2017
507011465	New PL SL at 305 Westside St	1,037					1,037			Jan-17	Dec-17	12/19/2017	12/19/2017
507018000	Farm Tap Revisions to Services	20,752					20,752			Jan-17	Dec-17	NA	NA
508012071	RPL/Relocate @ 202 Court Squar	1,121					1,121			Jan-17	Dec-17	5/11/2017	5/11/2017
508012082	NEW SRV @ 2670 KY 6	547					547			Jan-17	Dec-17	2/27/2017	2/27/2017
508012083	New SRV @ 221 3rd Street	234					234			Jan-17	Dec-17	2/2/2017	2/2/2017
508012084	New SRV @ 284 Noeville Hollow	1,463					1,463			Jan-17	Dec-17	2/3/2017	2/3/2017
508012085	New ser 164 Reeder Loop, Bvill	357					357			Jan-17	Dec-17	1/10/2017	1/10/2017
508012086	New SRV Line @ 2465 S US 25E	622					622			Jan-17	Dec-17	1/19/2017	1/19/2017
508012087	SRV RPL @ 102 Matthew Street	851					851			Jan-17	Dec-17	1/24/2017	1/24/2017
508012088	New SRV @ 54 Taylor Lane	752					752			Jan-17	Dec-17	2/6/2017	2/6/2017
508012089	New SRV @ 170 Elm Street	500					500			Jan-17	Dec-17	1/31/2017	1/31/2017
508012090	RPL SRV @ 227 Sampson Lane	542					542			Jan-17	Dec-17	1/31/2017	1/31/2017
508012091	New SRV @ 291 Dakota Trail	592					592			Jan-17	Dec-17	3/16/2017	3/16/2017
508012092	New SRV @ 700 Pitzer Street #2	505					505			Jan-17	Dec-17	3/10/2017	3/10/2017
508012094	New SRV @ 187 Truehaft BLVD #7	923					923			Jan-17	Dec-17	3/14/2017	3/14/2017
508012096	Extend SRV @ 327 Catron Avenue	1,785					1,785			Jan-17	Dec-17	6/13/2017	6/13/2017
508012097	RPL Steel SRV @ 103 Shelby Str	539					539			Jan-17	Dec-17	4/5/2017	4/5/2017
508012098	RPL Steel SRV @ 105 Shelby Str	539					539			Jan-17	Dec-17	4/5/2017	4/5/2017
508012099	RPL Steel SRV @ 107 Shelby Str	541					541			Jan-17	Dec-17	4/5/2017	4/5/2017
508012100	RPL Steel SRV @ 109 Shelby Str	412					412			Jan-17	Dec-17	4/7/2017	4/7/2017
508012101	RPL Steel SRV @ 200 Judge Stre	380					380			Jan-17	Dec-17	4/5/2017	4/5/2017
508012102	RPL Steel SRV @ 202 Judge Stre	380					380			Jan-17	Dec-17	4/5/2017	4/5/2017
508012103	RPL Steel SRV @ 204 Judge Stre	373					373			Jan-17	Dec-17	4/5/2017	4/5/2017

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508012104	RPL Steel SRV @ 206 Judge Stre	373					373			Jan-17	Dec-17	4/5/2017	4/5/2017
508012105	RPL Steel SRV @ 208 Judge Stre	240					240			Jan-17	Dec-17	4/5/2017	4/5/2017
508012106	RPL Steel SRV @ 210 Judge Stre	238					238			Jan-17	Dec-17	4/5/2017	4/5/2017
508012107	RPL Steel SRV @ 214 Judge Stre	246					246			Jan-17	Dec-17	4/5/2017	4/5/2017
508012108	RPL Steel SRV @ 111 Mayhew Str	212					212			Jan-17	Dec-17	4/26/2017	4/26/2017
508012109	RPL Steel SRV @ 100 Lake Avenu	273					273			Jan-17	Dec-17	4/5/2017	4/5/2017
508012110	RPL Steel SRV @ 113 Mayhew ST	213					213			Jan-17	Dec-17	4/26/2017	4/26/2017
508012111	RPL Steel SRV @ 102 Lake Avenu	372					372			Jan-17	Dec-17	4/5/2017	4/5/2017
508012112	RPL Steel SRV @ 112 Shelby ST	363					363			Jan-17	Dec-17	4/26/2017	4/26/2017
508012113	RPL Steel SRV @ 110 Shelby Str	364					364			Jan-17	Dec-17	4/26/2017	4/26/2017
508012114	RPL Steel SRV @ 108 Mayhew ST	215					215			Jan-17	Dec-17	4/26/2017	4/26/2017
508012115	RPL Steel SRV @ 106 Mayhew Str	216					216			Jan-17	Dec-17	4/26/2017	4/26/2017
508012116	RPL Steel SRV @ 113 Shelby ST	411					411			Jan-17	Dec-17	4/7/2017	4/7/2017
508012117	RPL Steel SRV @ 111 Shelby ST	411					411			Jan-17	Dec-17	4/7/2017	4/7/2017
508012118	RPL Steel SRV @ 102 Mayhew Str	216					216			Jan-17	Dec-17	4/26/2017	4/26/2017
508012119	RPL Steel SRV @ 104 Mayhew Str	345					345			Jan-17	Dec-17	4/26/2017	4/26/2017
508012120	RPL Steel SRV @ 106 Shelby Str	365					365			Jan-17	Dec-17	4/26/2017	4/26/2017
508012121	RPL Steel SRV @ 108 Shelby Str	346					346			Jan-17	Dec-17	4/26/2017	4/26/2017
508012122	RPL Steel SRV @ 201 Lake Avenu	390					390			Jan-17	Dec-17	4/10/2017	4/10/2017
508012123	Repl ser 101 Lake Ave.	232					232			Jan-17	Dec-17	4/10/2017	4/10/2017
508012124	Repl ser 103 Lake Avenue	232					232			Jan-17	Dec-17	4/10/2017	4/10/2017
508012125	Repl 3/4" pl ser 105 Lake Aven	373					373			Jan-17	Dec-17	4/10/2017	4/10/2017
508012126	RPL Steel SRV @ 109 Lake Avenu	248					248			Jan-17	Dec-17	4/10/2017	4/10/2017
508012127	Replace ser 107 Lake Avenue	227					227			Jan-17	Dec-17	4/10/2017	4/10/2017
508012128	RPL Steel SRV @ 115 Sampson La	359					359			Jan-17	Dec-17	4/26/2017	4/26/2017
508012129	RPL Steel SRV @ 113 Sampson La	218					218			Jan-17	Dec-17	4/26/2017	4/26/2017
508012130	RPL Steel SRV @ 111 Sampson La	216					216			Jan-17	Dec-17	4/26/2017	4/26/2017
508012131	RPL Steel SRV @ 109 Sampson La	217					217			Jan-17	Dec-17	4/26/2017	4/26/2017
508012132	RPL Steel SRV @ 103 Mayhew Str	336					336			Jan-17	Dec-17	4/26/2017	4/26/2017
508012133	RPL Steel SRV @ 101 Mayhew Str	366					366			Jan-17	Dec-17	4/26/2017	4/26/2017
508012134	RPL Steel SRV @ 111 Lake Avenu	353					353			Jan-17	Dec-17	4/20/2017	4/20/2017
508012135	RPL Steel SRV @ 108 Lake Avenu	356					356			Jan-17	Dec-17	4/20/2017	4/20/2017
508012136	RPL Steel SRV @ 106 Lake Avenu	359					359			Jan-17	Dec-17	4/20/2017	4/20/2017
508012137	RPL Steel SRV @ 104 Lake Avenu	361					361			Jan-17	Dec-17	4/20/2017	4/20/2017
508012138	RPL Steel SRV @ 223 Judge Stre	374					374			Jan-17	Dec-17	4/20/2017	4/20/2017
508012139	RPL Steel SRV @ 221 Judge Stre	237					237			Jan-17	Dec-17	4/20/2017	4/20/2017
508012140	RPL Steel SRV @ 219 Judge Stre	397					397			Jan-17	Dec-17	4/20/2017	4/20/2017
508012141	RPL Steel SRV @ 217 Judge Stre	388					388			Jan-17	Dec-17	4/20/2017	4/20/2017
508012142	RPL Steel SRV @ 215 Judge Stre	226					226			Jan-17	Dec-17	4/20/2017	4/20/2017
508012143	RPL Steel SRV @ 213 Judge Stre	355					355			Jan-17	Dec-17	4/20/2017	4/20/2017
508012144	RPL Steel SRV @ 205 Judge Stre	374					374			Jan-17	Dec-17	4/20/2017	4/20/2017
508012145	RPL Steel SRV @ 203 Judge Stre	353					353			Jan-17	Dec-17	4/20/2017	4/20/2017
508012146	RPL Steel SRV @ 201 Judge Stre	351					351			Jan-17	Dec-17	4/20/2017	4/20/2017
508012147	RPL Steel SRV @ 105 Mayhew Str	213					213			Jan-17	Dec-17	4/26/2017	4/26/2017
508012148	RPL Steel SRV @ 107 Mayhew Str	213					213			Jan-17	Dec-17	4/26/2017	4/26/2017
508012149	RPL Steel SRV @ 109 Mayhew Str	221					221			Jan-17	Dec-17	4/26/2017	4/26/2017
508012150	RPL Steel SRV @ 104 Shelby Str	224					224			Jan-17	Dec-17	4/26/2017	4/26/2017
508012151	RPL Steel SRV @ 102 Shelby Str	347					347			Jan-17	Dec-17	4/26/2017	4/26/2017
508012152	RPL Steel SRV @ 829 N Main Str	350					350			Jan-17	Dec-17	4/26/2017	4/26/2017
508012153	RPL Steel SRV @ 827 N Main Str	366					366			Jan-17	Dec-17	4/26/2017	4/26/2017
508012154	RPL Steel SRV @ 640 Manchester	709					709			Jan-17	Dec-17	4/19/2017	4/19/2017
508012155	RPL BS SRV @ 96 Green Street	624					624			Jan-17	Dec-17	5/8/2017	5/8/2017
508012156	New SRV @ 3161 KY 6	1,935					1,935			Jan-17	Dec-17	5/10/2017	5/10/2017
508012157	NEW SRV @ 108 Ketcham Street	1,952					1,952			Jan-17	Dec-17	6/21/2017	6/21/2017
508012158	New SRV @ 118 Pine Street	1,662					1,662			Jan-17	Dec-17	6/16/2017	6/16/2017
508012159	Rpl Srv @ 205 Broadway Street	972					972			Jan-17	Dec-17	6/13/2017	6/13/2017
508012160	RPL SRV @ 102 Corgi Street	696					696			Jan-17	Dec-17	6/23/2017	6/23/2017
508012161	New 1" pl ser for Tractor Supp	2,565					2,565			Jan-17	Dec-17	6/20/2017	6/20/2017
508012162	New 3/4" PE SRV @ 917 N Main S	1,130					1,130			Jan-17	Dec-17	8/9/2017	8/9/2017
508012163	New SRV @ 560 Hampton Cemetary	854					854			Jan-17	Dec-17	9/27/2017	9/27/2017

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508012164	RPL/RLC @ 128 Simmons Lane	605					605			Jan-17	Dec-17	9/6/2017	9/6/2017
508012165	RPL 1" BS SRV @ 207 Henson Lan	407					407			Jan-17	Dec-17	9/1/2017	9/1/2017
508012166	Repl 1" bs service 109 Henson	405					405			Jan-17	Dec-17	9/1/2017	9/1/2017
508012167	RPL 1" BS SRV @ 205 Henson Lan	407					407			Jan-17	Dec-17	9/1/2017	9/1/2017
508012168	Repl 1" bs ser 107 Henson Ln.	507					507			Jan-17	Dec-17	9/1/2017	9/1/2017
508012169	RPL 1" BS SRV @ 203 Henson Lan	407					407			Jan-17	Dec-17	9/1/2017	9/1/2017
508012170	Repl 1" bs ser 402 Catron Ave.	179					179			Jan-17	Dec-17	9/1/2017	9/1/2017
508012171	RPL 1" BS SRV @ 201 Henson Lan	407					407			Jan-17	Dec-17	9/1/2017	9/1/2017
508012172	New SRV @ 1086 HWY 3085 APT 1	383					383			Jan-17	Dec-17	8/22/2017	8/22/2017
508012173	Repl ser 45 Willie Harrison La	288					288			Jan-17	Dec-17	11/2/2017	11/2/2017
508012174	Repl ser 100 Willie Harrison L	385					385			Jan-17	Dec-17	11/2/2017	11/2/2017
508012175	Repl service 153 Ky 3153	296					296			Jan-17	Dec-17	11/1/2017	11/1/2017
508012176	RPL Service @89 Leona Baker Ln	552					552			Jan-17	Dec-17	9/6/2017	9/6/2017
508012177	Repl ser 80 J. Goodin Br. Rd	804					804			Jan-17	Dec-17	9/1/2017	9/1/2017
508012178	Repl ser 80 J. Goodin Br Rd. P	834					834			Jan-17	Dec-17	9/1/2017	9/1/2017
508012179	RPL SRV @ 2820 S US HWY 25E	1,241					1,241			Jan-17	Dec-17	11/1/2017	11/1/2017
508012180	RPL/RLC @ 105 LAY STREET	707					707			Jan-17	Dec-17	9/18/2017	9/18/2017
508012181	RPL/RLC SRV @ 468 Sunny Brook	1,051					1,051			Jan-17	Dec-17	9/19/2017	9/19/2017
508012182	RPL/RLC @ 3096 KY 223	1,792					1,792			Jan-17	Dec-17	9/18/2017	9/18/2017
508012183	New SRV @ 9 Mayhew Cem. Road	1,011					1,011			Jan-17	Dec-17	9/20/2017	9/20/2017
508012184	New SRV at 1909 KY 3439	1,950					1,950			Jan-17	Dec-17	9/28/2017	9/28/2017
508012185	RPL 1" BS SRV @ 2846 NEW US 25	132					132			Jan-17	Dec-17	9/18/2017	9/18/2017
508012186	RPL/RLC SRV @ 280 KY 718	2,785					2,785			Jan-17	Dec-17	9/29/2017	9/29/2017
508012187	New 3/4" pl Ser JM Hall, Samps	395					395			Jan-17	Dec-17	10/20/2017	10/20/2017
508012188	New 3/4" pl ser 68 Ky 1530, JC	1,634					1,634			Jan-17	Dec-17	10/31/2017	10/31/2017
508012189	New 3/4" PE ser 3984 KY 3439	813					813			Jan-17	Dec-17	10/31/2017	10/31/2017
508012190	RPL/RLC @ 1364 HWY 3439	994					994			Jan-17	Dec-17	11/2/2017	11/2/2017
508012191	New SRV @ 1364 KY 3439 #2	1,966					1,966			Jan-17	Dec-17	11/14/2017	11/14/2017
508012192	New SRV @ 6316 N KY 11	1,466					1,466			Jan-17	Dec-17	10/30/2017	10/30/2017
508012193	RPL SRV @ 123 KY 3441	292					292			Jan-17	Dec-17	10/27/2017	10/27/2017
508012194	New SRV @ 1788 KY 3439	1,393					1,393			Jan-17	Dec-17	11/1/2017	11/1/2017
508012195	New SRV @ 277 KY 1232	944					944			Jan-17	Dec-17	11/2/2017	11/2/2017
508012196	New SRV @ 4034 KY 3439	1,214					1,214			Jan-17	Dec-17	11/1/2017	11/1/2017
508012197	New 3/4" pl ser 51 Coconut Dr.	782					782			Jan-17	Dec-17	11/20/2017	11/20/2017
508012198	New 3/4" pl ser 603 South Main	734					734			Jan-17	Dec-17	11/20/2017	11/20/2017
508012199	RPL SRV @ 2553 KY 225	1,226					1,226			Jan-17	Dec-17	11/22/2017	11/22/2017
508012200	RPL SRV @ 36 Appaloosa TRL	633					633			Jan-17	Dec-17	11/21/2017	11/21/2017
508012201	New SRV @ 1909 KY 3439	858					858			Jan-17	Dec-17	11/21/2017	11/21/2017
508012202	New SRV @ 2320 N KY 11 #2	452					452			Jan-17	Dec-17	11/27/2017	11/27/2017
508012203	New SRV @ 134 Sandy Hill Road	251					251			Jan-17	Dec-17	11/30/2017	11/30/2017
508012204	New SRV @ 223 Gregory Lane	483					483			Jan-17	Dec-17	12/4/2017	12/4/2017
508017000	Excess Flow Valve on Services	2,938					2,938			Jan-17	Dec-17	NA	NA
508018000	Farm Tap Revisions to Services	48,807					48,807			Jan-17	Dec-17	NA	NA
510011449	New @ Mack Ave.	195					195			Jan-17	Dec-17	9/21/2016	9/23/2016
510011474	Replace @ 1304 Gloucester Ave.	78					78			Jan-17	Dec-17	11/4/2016	11/4/2016
510011475	Replace @ 1308 Gloucester Ave.	88					88			Jan-17	Dec-17	11/4/2016	11/4/2016
510011491	New @ 1477 Hwy 1477	3,837					3,837			Jan-17	Dec-17	2/17/2017	2/17/2017
510011492	Replace @ 111 Oakwood Rd.	756					756			Jan-17	Dec-17	2/17/2017	2/17/2017
510011493	New @ 603 Dorchester Ave.	2,379					2,379			Jan-17	Dec-17	10/4/2017	10/4/2017
510011494	New @ Nelson Ln.	1,227					1,227			Jan-17	Dec-17	3/17/2017	3/17/2017
510011496	New @ N15th ST.	2,806					2,806			Jan-17	Dec-17	10/17/2017	10/17/2017
510011497	New 3/4" plastic serv Pinevill	1,851					1,851			Jan-17	Dec-17	4/21/2017	4/21/2017
510011498	New 3/4" pl ser for Pineville	1,225					1,225			Jan-17	Dec-17	4/21/2017	4/21/2017
510011499	Repl ser 118 Ridgewood Circle	186					186			Jan-17	Dec-17	6/1/2017	6/1/2017
510011500	Replace @ 600 Elmwood Rd.	575					575			Jan-17	Dec-17	7/14/2017	7/14/2017
510011501	Replace @ 609 Elmwood Rd.	772					772			Jan-17	Dec-17	7/14/2017	7/14/2017
510011502	Replace @ 610 Elmwood Rd.	562					562			Jan-17	Dec-17	7/14/2017	7/14/2017
510011503	Repace @ 807 N 25th St.	433					433			Jan-17	Dec-17	7/14/2017	7/14/2017
510011504	Replace @ 411 Englewood Rd.	209					209			Jan-17	Dec-17	7/10/2017	7/10/2017
510011505	New 3/4" pl ser for 320 Cedar	1,614					1,614			Jan-17	Dec-17	6/22/2017	6/22/2017

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510011506	Replace @ 103 Brentwood Circle	491					491			Jan-17	Dec-17	7/10/2017	7/10/2017
510011507	Replace @ 102 Brentwood Circle	914					914			Jan-17	Dec-17	7/10/2017	7/10/2017
510011508	Replace @ 114 Brentwood Circle	684					684			Jan-17	Dec-17	7/10/2017	7/10/2017
510011509	Move meter to house 3116 Cumb	2,067					2,067			Jan-17	Dec-17	6/29/2017	6/29/2017
510011510	Replace @ 110 Hollywood Dr.	431					431			Jan-17	Dec-17	7/14/2017	7/14/2017
510011511	Replace @ 103 Hollywood Dr.	188					188			Jan-17	Dec-17	7/14/2017	7/14/2017
510011512	Replace @ 1206 Gordon Lane.	793					793			Jan-17	Dec-17	7/14/2017	7/14/2017
510011513	Replace @ 155 Hidden Acres.	1,129					1,129			Jan-17	Dec-17	7/14/2017	7/14/2017
510011514	Replace @ 109 Hollywood Dr.	317					317			Jan-17	Dec-17	7/12/2017	7/12/2017
510011515	Replace @ 260 Sherwood Rd.	596					596			Jan-17	Dec-17	7/12/2017	7/12/2017
510011516	Replace @ 302 Sherwood Rd.	423					423			Jan-17	Dec-17	7/12/2017	7/12/2017
510011517	Replace @ 306 Sherwood Rd.	1,198					1,198			Jan-17	Dec-17	7/12/2017	7/12/2017
510011518	Replace @ 314 Sherwood Rd.	458					458			Jan-17	Dec-17	7/14/2017	7/14/2017
510011519	New @ Peet #2 Well Canada Mtn.	182					182			Jan-17	Dec-17	8/3/2017	8/3/2017
510011520	Replace @ 1420 Dorchester Ave.	2,460					2,460			Jan-17	Dec-17	8/18/2017	8/18/2017
510011521	New @ 12908 Robert L Madon Byp	7,693					7,693			Jan-17	Dec-17	10/17/2017	10/17/2017
510011522	Replace @ 2202 Cumb Ave.	321					321			Jan-17	Dec-17	10/30/2017	10/30/2017
510011523	New @ 110 N 11th ST.	2,449					2,449			Jan-17	Dec-17	11/1/2017	11/1/2017
510011524	New @ 1100 N25th ST.	1,049					1,049			Jan-17	Dec-17	10/2/2017	10/2/2017
510011525	New @ 239 N 12th ST.	1,102					1,102			Jan-17	Dec-17	10/3/2017	10/3/2017
510011526	Replace @ 223 S 20th ST.	437					437			Jan-17	Dec-17	10/30/2017	10/30/2017
510011527	Replace @ 105 E winchester Ave	830					830			Jan-17	Dec-17	10/30/2017	10/30/2017
510011528	Replace @ 316 W Chester Ave.	468					468			Jan-17	Dec-17	10/30/2017	10/30/2017
510011529	Replace @ 318 W Chester Ave.	467					467			Jan-17	Dec-17	10/30/2017	10/30/2017
510011530	New @ 103 Hidden Acres.	1,439					1,439			Jan-17	Dec-17	10/6/2017	10/6/2017
510011531	New 1" PE ser SE Comm College	2,642					2,642			Jan-17	Dec-17	8/16/2018	8/16/2018
510011532	New @ 312B Wildwood Rd.	446					446			Jan-17	Dec-17	11/2/2017	11/2/2017
510011533	New @ 865 Bellwood Rd.	1,055					1,055			Jan-17	Dec-17	11/7/2017	11/7/2017
510011534	New @ 905 Chester Ave.	238					238			Jan-17	Dec-17	11/9/2017	11/9/2017
510011535	New @ 628 Winchester Ave.	1,611					1,611			Jan-17	Dec-17	11/8/2017	11/9/2017
510011536	New @ 318 S 21st ST.	1,086					1,086			Jan-17	Dec-17	11/7/2017	11/7/2017
510011537	New @ 36 Hurst RD.	679					679			Jan-17	Dec-17	11/9/2017	11/9/2017
510011538	New @ 107 Bloomsbury Ave.	210					210			Jan-17	Dec-17	11/5/2017	11/5/2017
510011539	New @ 416 S 26th St.	143					143			Jan-17	Dec-17	11/16/2017	11/16/2017
510011540	New @ 2002 W Chester Ave.	897					897			Jan-17	Dec-17	11/28/2017	11/28/2017
510011541	New @ 212 Sycamore ST.	696					696			Jan-17	Dec-17	12/11/2017	12/11/2017
510016000	Install Curb Valves on Service	5,525					5,525			Jan-17	Dec-17	NA	NA
510018000	Farm Tap Revision on Services	1,127					1,127			Jan-17	Dec-17	NA	NA
511013724	Repl SL for 1605 Gordon Hill P	361					361			Jan-17	Dec-17	10/3/2017	10/3/2017
511013773	Install service 207 Owens Road Deleted	510					510			Jan-17	Dec-17	1/31/2017	1/31/2017
511013799	New PL SL at 28 RC Ledington R DELETED	646					646			Jan-17	Dec-17	2/1/2017	2/1/2017
511013870	Install 1" Service 841 Moore H	1,352					1,352			Jan-17	Dec-17	8/21/2017	8/21/2017
511013884	New PI SL at 2140 E HWY 312	42					42			Jan-17	Dec-17	12/30/2016	12/30/2016
511013888	Install Service 500 Horse Cree	1,258					1,258			Jan-17	Dec-17	1/5/2017	1/5/2017
511013889	Instal Service 174 Bonanza Tra	1,164					1,164			Jan-17	Dec-17	1/16/2017	1/16/2017
511013890	Install Service 239 E. B'Ville	817					817			Jan-17	Dec-17	1/16/2017	1/16/2017
511013891	3/4 PL Service 227 Hickory Hill	980					980			Jan-17	Dec-17	1/10/2017	1/10/2017
511013892	Install Service 381 Ike Monhol	2,269					2,269			Jan-17	Dec-17	2/3/2017	2/3/2017
511013893	Install 3/4 Service 41 Lonnie	534					534			Jan-17	Dec-17	2/14/2017	2/14/2017
511013894	Install Service 271 Clay Ave	525					525			Jan-17	Dec-17	1/31/2017	1/31/2017
511013895	Install Service 7041 B'Ville R	1,256					1,256			Jan-17	Dec-17	3/2/2017	3/2/2017
511013896	Install Service 401 17th Stree	683					683			Jan-17	Dec-17	2/8/2017	2/8/2017
511013897	Install Service 71 Diamond Gro	902					902			Jan-17	Dec-17	3/22/2017	3/22/2017
511013898	Install Service 224 Sutton Mil	711					711			Jan-17	Dec-17	2/8/2017	2/8/2017
511013899	Cont. Service 350 West City Da	507					507			Jan-17	Dec-17	2/14/2017	2/14/2017
511013900	Install Service 205 Nelson Str	544					544			Jan-17	Dec-17	3/27/2017	3/27/2017
511013901	Cont PL SL at 332 N KY 830	512					512			Jan-17	Dec-17	2/21/2017	2/21/2017
511013902	Install Service 16 Perkins Str	4,494					4,494			Jan-17	Dec-17	3/30/2017	3/30/2017
511013903	Install Service 165 Ky 2408 Gr	2,846					2,846			Jan-17	Dec-17	4/4/2017	4/4/2017
511013904	Install Service 201 N KY 1223	1,881					1,881			Jan-17	Dec-17	5/4/2017	5/4/2017

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511013905	Install Service 31 Booneway	1,038					1,038			Jan-17	Dec-17	5/10/2017	5/10/2017
511013906	Replace Service 1155 Ravenwood	226					226			Jan-17	Dec-17	5/8/2017	5/8/2017
511013907	Cont SL at 242 Felts School Rd	476					476			Jan-17	Dec-17	5/9/2017	5/9/2017
511013908	Repl SL at 10233 S US HWY 25	1,640					1,640			Jan-17	Dec-17	5/23/2017	5/23/2017
511013909	Repl 3/4 PL SL at 703 Adams St	514					514			Jan-17	Dec-17	6/1/2017	6/1/2017
511013910	Install Service 750 Hancock Av	616					616			Jan-17	Dec-17	5/22/2017	5/22/2017
511013911	Replace Service 1301 Tangle Wo	376					376			Jan-17	Dec-17	6/1/2017	6/1/2017
511013912	Repl SL at 1303 Tanglewood Dr	400					400			Jan-17	Dec-17	6/1/2017	6/1/2017
511013913	Repl SL at 1307 Tanglewood Dr	701					701			Jan-17	Dec-17	6/7/2017	6/7/2017
511013914	Repl SL at 717 Redbud PL	149					149			Jan-17	Dec-17	6/8/2017	6/8/2017
511013915	Repl SL at 1401 Tanglewood Dr	895					895			Jan-17	Dec-17	6/12/2017	6/12/2017
511013916	Install Service 627 Mill Creek	609					609			Jan-17	Dec-17	7/7/2017	7/7/2017
511013917	New PI SL at 217 Verbena Dr	866					866			Jan-17	Dec-17	7/13/2017	7/13/2017
511013918	New plastic SL at 511 College	1,085					1,085			Jan-17	Dec-17	7/25/2017	7/25/2017
511013919	Install HPR and Service 834 Ky	2,471					2,471			Jan-17	Dec-17	7/13/2017	7/13/2017
511013920	Repl 3/4 PL SL at 405 Gordon S	1,094					1,094			Jan-17	Dec-17	7/5/2017	7/5/2017
511013921	Replace Service 144 Barton Mil	1,761					1,761			Jan-17	Dec-17	7/11/2017	7/11/2017
511013922	Cont SL at 1025 Gordon Hill Pi	331					331			Jan-17	Dec-17	7/12/2017	7/12/2017
511013923	Install Service 275 Ike Monhol	2,305					2,305			Jan-17	Dec-17	7/26/2017	7/26/2017
511013924	New PL SL at 189 Triplett Dr	480					480			Jan-17	Dec-17	7/20/2017	7/20/2017
511013925	Install Service 140 Tuit Acres	1,171					1,171			Jan-17	Dec-17	7/26/2017	7/26/2017
511013926	Install Service 500 Ruffian Tr	599					599			Jan-17	Dec-17	7/27/2017	7/27/2017
511013927	Install Service 3472 Level Gre	1,603					1,603			Jan-17	Dec-17	7/27/2017	7/27/2017
511013928	Repl SL at 240 W Woodland Acre	1,052					1,052			Jan-17	Dec-17	8/3/2017	8/3/2017
511013929	Repl SL at 214 W Woodland Acre	1,272					1,272			Jan-17	Dec-17	8/3/2017	8/3/2017
511013930	Repl SL at 394 W Woodland Acre	559					559			Jan-17	Dec-17	8/1/2017	8/1/2017
511013931	Repl SL at 302 W Woodland Acre	421					421			Jan-17	Dec-17	8/1/2017	8/1/2017
511013932	Install Service 3475 #B Cumber	1,026					1,026			Jan-17	Dec-17	10/5/2017	10/5/2017
511013933	Service Continuation 202 Popla	544					544			Jan-17	Dec-17	8/3/2017	8/3/2017
511013934	Serv. Cont. 68 Sampson Street	528					528			Jan-17	Dec-17	8/4/2017	8/4/2017
511013935	Repl 3/4 PL SL at 50 Woods St	179					179			Jan-17	Dec-17	8/14/2017	8/14/2017
511013936	Install Service 531 Roy Kidd A	473					473			Jan-17	Dec-17	9/28/2017	9/28/2017
511013937	Install Service 6534 Ky 1232	304					304			Jan-17	Dec-17	10/3/2017	10/3/2017
511013938	Repl SL at 313 W 4th St	333					333			Jan-17	Dec-17	9/14/2017	9/14/2017
511013939	Install Service 215 Silver Eag	1,443					1,443			Jan-17	Dec-17	10/10/2017	10/10/2017
511013940	Repl SL at 524 KY 1629	1,101					1,101			Jan-17	Dec-17	10/11/2017	10/11/2017
511013941	Install Service 292 N Hwy 1223	2,157					2,157			Jan-17	Dec-17	10/12/2017	10/12/2017
511013942	New PL SL at 231 Crawford LN 1	497					497			Jan-17	Dec-17	10/5/2017	10/5/2017
511013943	New SL at 231 Crawford Ln Apt	504					504			Jan-17	Dec-17	10/5/2017	10/5/2017
511013944	New SL at 110 Millcreek Dr	394					394			Jan-17	Dec-17	10/6/2017	10/6/2017
511013945	New 3/4 PL SL at 19 Gilliam St	1,054					1,054			Jan-17	Dec-17	10/13/2017	10/13/2017
511013946	Repl SL at 17 Gilliam St	1,114					1,114			Jan-17	Dec-17	10/13/2017	10/13/2017
511013947	New 3/4 PL SL at 62 McCarty Ln	1,142					1,142			Jan-17	Dec-17	11/8/2017	11/8/2017
511013948	New SL at Lot 4 Triplett Dr	561					561			Jan-17	Dec-17	11/10/2017	11/10/2017
511013949	Repl 3/4 PL SL at 207 Debbie L	422					422			Jan-17	Dec-17	11/13/2017	11/13/2017
511013950	Repl 3/4 PL SL at 214 Debbie L	414					414			Jan-17	Dec-17	11/13/2017	11/13/2017
511013951	Repl 3/4 PL SL at 206 Debbie L	418					418			Jan-17	Dec-17	11/13/2017	11/13/2017
511013952	Repl 3/4 PL SL at 200 Debbie L	579					579			Jan-17	Dec-17	11/13/2017	11/13/2017
511013953	Rep PL SL at 89 Parsons Ln	603					603			Jan-17	Dec-17	11/13/2017	11/13/2017
511013954	Repl 3/4 PL SL at 215 Barton M	244					244			Jan-17	Dec-17	11/13/2017	11/13/2017
511013955	New SL at 290 Hickory Hills	1,063					1,063			Jan-17	Dec-17	11/10/2017	11/10/2017
511013956	New SL at 318 Hickory Hills	1,111					1,111			Jan-17	Dec-17	11/10/2017	11/10/2017
511013958	New 3/4 PL SL at 4695 E Hwy 55	630					630			Jan-17	Dec-17	11/10/2017	11/10/2017
511013959	Repl PL SL at 273 Barton Mill	252					252			Jan-17	Dec-17	11/13/2017	11/13/2017
511013960	Repl PL SL at 104 Reasor St	600					600			Jan-17	Dec-17	11/13/2017	11/13/2017
511013961	Repl PL SL at 140 Reasor St	599					599			Jan-17	Dec-17	11/13/2017	11/13/2017
511013962	Repl SL at 261 Fairview St	170					170			Jan-17	Dec-17	11/13/2017	11/13/2017
511013963	Repl SL at 206 N Mitchell Ave	168					168			Jan-17	Dec-17	11/13/2017	11/13/2017
511013964	Install Service 365 Ruffian Tr	675					675			Jan-17	Dec-17	11/13/2017	11/13/2017
511013965	Install Service 506 1/2 Roy Ki	496					496			Jan-17	Dec-17	11/13/2017	11/13/2017

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511013966	Repl SL at 1406 Alta Ave	1,317					1,317			Jan-17	Dec-17	11/9/2017	11/9/2017
511013967	Cont SL at 1312 S Roosevelt St	810					810			Jan-17	Dec-17	11/9/2017	11/9/2017
511013968	New 3/4 PL SL at 110 Acton St	572					572			Jan-17	Dec-17	11/28/2017	11/28/2017
511013969	Install Service 4477 E Hwy 552	699					699			Jan-17	Dec-17	11/13/2017	11/13/2017
511013970	Repl 3/4 PL SL at 70 Knox St	789					789			Jan-17	Dec-17	11/14/2017	11/14/2017
511013971	New PL SL at 136 Silver Eagle	1,362					1,362			Jan-17	Dec-17	12/1/2017	12/1/2017
511013972	New SL at 1111 Oak Grove Churc	577					577			Jan-17	Dec-17	11/30/2017	11/30/2017
511013973	Install Service Hwy 25 Dale Gr	614					614			Jan-17	Dec-17	11/28/2017	11/28/2017
511013974	New 3/4 PL SL at 107 Martin Rd	300					300			Jan-17	Dec-17	11/21/2017	11/21/2017
511013975	Install 3/4" Pl. Service 1008	876					876			Jan-17	Dec-17	11/29/2017	11/29/2017
511013976	Install 3/4" Plastic Ser. 1110	898					898			Jan-17	Dec-17	12/6/2017	12/6/2017
511013977	Install Serv 151 Hanes Baker R	2,008					2,008			Jan-17	Dec-17	12/11/2017	12/11/2017
511013978	Install Serv. 1213 Forest Circ	491					491			Jan-17	Dec-17	12/6/2017	12/6/2017
511013979	Install Serv 1897 Falls Hwy	1,020					1,020			Jan-17	Dec-17	12/6/2017	12/6/2017
511013981	New SL at 184 Silver Eagle Dr	591					591			Jan-17	Dec-17	12/1/2017	12/1/2017
511013982	New SL at 10 Courtney Ln	594					594			Jan-17	Dec-17	12/1/2017	12/1/2017
511013983	New SL at 71 Silver Eagle Dr	620					620			Jan-17	Dec-17	12/1/2017	12/1/2017
511013988	Repl SL at 1012 S Main St	369					369			Jan-17	Dec-17	12/21/2017	12/21/2017
511016000	Install Curb Valves on Service	1,362					1,362			Jan-17	Dec-17	NA	NA
511017000	Excess Flow Valve on Services	1,290					1,290			Jan-17	Dec-17	NA	NA
511018000	Farm Tap Revisions on Services	7,820					7,820			Jan-17	Dec-17	NA	NA
512011121	run serv. at 37 whinding rd.	673					673			Jan-17	Dec-17	10/7/2016	10/7/2016
512011123	Ins svc at 250 Crawfish Road	351					351			Jan-17	Dec-17	11/14/2016	11/14/2016
512011126	Ins svc at 3555 S. Hwy 421	532					532			Jan-17	Dec-17	3/13/2017	3/13/2017
512011127	Ins svc at 3693 South Hwy 421	704					704			Jan-17	Dec-17	3/16/2017	3/16/2017
512011128	Ins svc at 3729 South Hwy 421	5,967					5,967			Jan-17	Dec-17	3/16/2017	3/17/2017
512011131	Ins svc at 239 Crawfish Road	421					421			Jan-17	Dec-17	12/13/2016	12/13/2016
512011136	Install svc at 601 Justice Lan	415					415			Jan-17	Dec-17	6/13/2017	6/13/2017
512011137	Rep svc at 3715 South Hwy 421	115					115			Jan-17	Dec-17	3/13/2017	3/13/2017
512011140	Ins svc at 3737 South Hwy 421	626					626			Jan-17	Dec-17	3/14/2017	3/14/2017
512011142	Ins svc at 98 Center Street	2,662					2,662			Jan-17	Dec-17	2/1/2017	2/1/2017
512011143	Ins svc at 8200 North Hwy 421	478					478			Jan-17	Dec-17	2/2/2017	2/2/2017
512011144	Rep at 4229 south hwy 421	2,147					2,147			Jan-17	Dec-17	3/15/2017	3/15/2017
512011145	Ins svc at 513 Roark Road	817					817			Jan-17	Dec-17	1/10/2017	1/10/2017
512011146	Ins svc at 139 Marcum Street	798					798			Jan-17	Dec-17	2/6/2017	2/6/2017
512011147	Ins svc at 1011/2 Locust stree	1,165					1,165			Jan-17	Dec-17	2/9/2017	2/9/2017
512011148	Replace svc at 112 Center Stre	469					469			Jan-17	Dec-17	2/1/2017	2/1/2017
512011149	Ins svc at 805 Justice Lane.	573					573			Jan-17	Dec-17	3/6/2017	3/13/2017
512011150	run serv. at 665 justice dr.	593					593			Jan-17	Dec-17	3/6/2017	3/6/2017
512011151	Rep service line 3760 Hwy 421	1,785					1,785			Jan-17	Dec-17	3/14/2017	3/14/2017
512011152	ins service	866					866			Jan-17	Dec-17	3/30/2017	3/30/2017
512011153	Ins svc at 60 Needmore Road.	280					280			Jan-17	Dec-17	5/26/2017	5/26/2017
512011154	Ins service at 110 Dairy Farm	605					605			Jan-17	Dec-17	6/9/2017	6/9/2017
512011155	Ins svc at 361 West Fox Trail	7,127					7,127			Jan-17	Dec-17	6/29/2017	6/29/2017
512011156	Install svc to serve Seven Day	713					713			Jan-17	Dec-17	6/13/2017	6/13/2017
512011157	Ins svc to 110 Heedmore Hollow	410					410			Jan-17	Dec-17	5/26/2017	5/26/2017
512011158	Ins svc at 71 Hwy 149	480					480			Jan-17	Dec-17	6/8/2017	6/8/2017
512011159	Replace svc at 104 Church St.	1,152					1,152			Jan-17	Dec-17	6/20/2017	6/20/2017
512011160	Ext svc at 8200 North Hwy 421	103					103			Jan-17	Dec-17	6/26/2017	6/26/2017
512011161	Ext svc at Hwy North 421 at D	837					837			Jan-17	Dec-17	7/7/2017	7/7/2017
512011162	Ins svc at 150 Freedom Road	3,512					3,512			Jan-17	Dec-17	9/20/2017	9/20/2017
512011163	Install svc at 6000 N. Hwy 421	1,527					1,527			Jan-17	Dec-17	9/22/2017	9/22/2017
512011164	Rep svc at 1805 S.Hwy 421	802					802			Jan-17	Dec-17	9/21/2017	9/21/2017
512011165	Ins svc at 596 Justice Ln.	1,060					1,060			Jan-17	Dec-17	9/21/2017	9/21/2017
512011166	Ins svc at 735 Memorial Drive	1,208					1,208			Jan-17	Dec-17	9/26/2017	9/26/2017
512011167	Ext svc at 173 Charlie Sizemor	680					680			Jan-17	Dec-17	9/25/2017	9/25/2017
512011168	Ins svc at 470 Bowling Street	1,064					1,064			Jan-17	Dec-17	9/25/2017	9/25/2017
512011169	Ins svc at 1496 N. Hwy 687	2,250					2,250			Jan-17	Dec-17	10/24/2017	10/24/2017
512011170	Ins svc at 204 Pennington Hill	989					989			Jan-17	Dec-17	10/25/2017	10/25/2017
512011171	Ins svc at 161 House Branch Ro	895					895			Jan-17	Dec-17	10/25/2017	10/25/2017

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512011172	Ins svc at 506 Sapling Fork Ro	312					312			Jan-17	Dec-17	10/12/2017	10/12/2017
512011173	Ins svc at 138 Freedom Road	2,893					2,893			Jan-17	Dec-17	11/1/2017	11/1/2017
512011174	Ins svc at 1329 Fox Hollow Roa	437					437			Jan-17	Dec-17	12/11/2017	12/11/2017
512011175	Ins svc at 67 Overbrook Road	1,815					1,815			Jan-17	Dec-17	10/30/2017	10/30/2017
512011176	Ins svc at 8020 North Hwy 421	1,235					1,235			Jan-17	Dec-17	10/27/2017	10/27/2017
512011177	Ins svc at 48 Price Hollow Roa	1,164					1,164			Jan-17	Dec-17	10/26/2017	10/26/2017
512011178	Ins svc at 114 Lawyer Street	2,388					2,388			Jan-17	Dec-17	11/10/2017	11/10/2017
512011179	Rep svc at 789 Lyttleton Road	239					239			Jan-17	Dec-17	12/1/2017	12/1/2017
512011180	Ins svc at 286 Town Branch Roa	774					774			Jan-17	Dec-17	12/1/2017	12/1/2017
512018000	Farm Tap Revisions to Services	47,263					47,263			Jan-17	Dec-17	NA	NA
1380		980,259	880,000	(100,259)	-11.39%	13.04%	980,259						
53004	METERS	545,644					545,644			Jan-17	Dec-17	NA	NA
1381		545,644	618,000	72,356	11.71%	7.26%	545,644						
50102	METER INSTALLATIONS-OWINGSVILLE	9,423					9,423			Jan-17	Dec-17	NA	NA
50202	METER INSTALLATIONS - BEREA	29,902					29,902			Jan-17	Dec-17	NA	NA
50302	METER INSTALLATIONS - NICHOLASVILLE	35,286					35,286			Jan-17	Dec-17	NA	NA
50502	METER INSTALLATIONS-STANTON	8,112					8,112			Jan-17	Dec-17	NA	NA
50602	METER INSTALLATIONS-LONDON	7,535					7,535			Jan-17	Dec-17	NA	NA
50702	METER INSTALLATIONS-WILLIAMSBURG	2,974					2,974			Jan-17	Dec-17	NA	NA
50802	METER INSTALLATIONS-BARBORVILLE	7,469					7,469			Jan-17	Dec-17	NA	NA
51002	METER INSTALLATIONS-MIDDLESBORO	5,437					5,437			Jan-17	Dec-17	NA	NA
51102	METER INSTALLATIONS-CORBIN	11,114					11,114			Jan-17	Dec-17	NA	NA
51202	METER INSTALLATIONS-MANCHESTER	10,016					10,016			Jan-17	Dec-17	NA	NA
1382		127,269	158,400	31,131	19.65%	1.69%	127,269						
53005	REGULATORS	147,304					147,304			Jan-17	Dec-17	NA	NA
1383		147,304	126,300	(21,004)	-16.63%	1.96%	147,304						
503370	Inst LVM 777 E Brannon Rd	5,984					5,984			Jan-17	Dec-17	7/17/2017	7/19/2017
505219	MS for 125 E. Elkins St.	724					724			Jan-17	Dec-17	9/18/2017	9/18/2017
506339	Instal Large Meter 105 CVB Lan	4,939					4,939			Jan-17	Dec-17	10/4/2017	10/5/2017
510209	Upsize meter for M'boro School	6,039					6,039			Jan-17	Dec-17	8/11/2017	8/21/2017
512158	REBUILD ONEIDA BAPTIST INSTITUTES METER	13					7,177			Jan-17	Dec-17	NA	NA
1385		17,700	36,000	18,300	50.83%	0.24%	24,864						Fewer projects than anticipated in budget
1391		0	19,200	19,200	100.00%	0.00%	0						Anticipated projects did not materialize
694	TOOLS, SHOP & GARAGE EQUIPMENT	60,604					60,604			Jan-17	Dec-17	NA	NA
1394		60,604	191,000	130,396	68.27%	0.81%	60,604						Requested purchases within the budget delayed or reconsidered
696	POWER OPERATED EQUIPMENT	315,120					315,120			Jan-17	Dec-17	NA	NA
1396		315,120	305,000	(10,120)	-3.32%	4.19%	315,120						
1398		0	5,000	5,000	100.00%	0.00%	0						Anticipated projects did not materialize
2017 TOTAL		9,531,363	7,515,200	(2,016,163)	-26.83%	126.83%	13,703,374						
Year 2018													
690	GEN STRUCTURES & IMPROVEMENTS	83,584					83,584			Jan-18	Dec-18	NA	NA
1390		83,584	55,200	(28,384)	-51.42%	1.13%	83,584						Improvements needed unexpectedly
692	TRANSPORTATION EQUIPMENT	765,134					765,134			Jan-18	Dec-18	NA	NA
1392		765,134	552,000	(213,134)	-38.61%	10.31%	765,134						
63002	COMPUTER SOFTWARE	2,525,426					2,525,426			Jan-18	Dec-18	NA	NA
139902		2,525,426	75,700	(2,449,726)	-3236.10%	34.02%	2,525,426						Computer conversion post-aquisition not budgeted
63003	COMPUTER HARDWARE	4,556					4,556			Jan-18	Dec-18	NA	NA
139903		4,556	222,800	218,244	97.96%	0.06%	4,556						Hardware upgrades not necessary for new system
1399031		0	24,000	24,000	100.00%	0.00%	0						Hardware upgrades not necessary for new system
625	GATHERING RIGHTS OF WAY	17					17			Jan-18	Dec-18	NA	NA
1325		17	0	(17)	-100.00%	0.00%	17						Expenditure not anticipated in budget
526179	REPLACE CORN CREEK LINE ON HWY	140,252					150,512			Jan-18	Dec-18	10/22/2018	12/19/2018
526192	Repair erosion areas Red Bird	7,018					7,018			Jan-18	Dec-18	7/30/2018	7/31/2018
1332		147,270	50,000	(97,270)	-194.54%	1.98%	157,530						Project timing - Much of this cost budgeted in 2017

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526190	OVERHAUL LIFORD COMPRESSOR ENG	84					5,908			Jan-18	Dec-18	N/A	N/A	
526194	INSTALL COMPRESSOR AT EAST/WES	74,120					74,120			Jan-18	Dec-18	12/3/2018	1/7/2019	
526195	Replace portion of Veach Compr	5,587					5,587			Jan-18	Dec-18	7/25/2018	10/1/2018	
1333		79,791	32,000	(47,791)	-149.35%	1.07%	85,615							Expenditures not anticipated in budget
525909	Install gates/fence on CM	17,406					17,406			Jan-18	Dec-18	10/8/2018	10/17/2018	
1351		17,406	0	(17,406)	-100.00%	0.23%	17,406							Expenditures not anticipated in budget
525840	ACCUMULATE COST DRILL STORAGE	(29,023)					(29,023)			Jan-18	Dec-18	7/1/2016	9/1/2017	
525894	Acidize Peet #2 Storage Well	73,243					73,243			Jan-18	Dec-18	NA	7/3/2018	
1352		44,221	0	(44,221)	-100.00%	0.60%	44,221							Expenditures not anticipated in budget
525896	Repair drip and barricade asse	8,696					8,696			Jan-18	Dec-18	4/10/2018	4/11/2018	
1353		8,696	0	(8,696)	-100.00%	0.12%	8,696							Expenditures not anticipated in budget
525883	INSTALL LIGHTING FOR CM UNIT #	12,132					12,132			Jan-18	Dec-18	7/26/2017	12/28/2018	
525886	OVERHAUL CANADA MT COMPRESSOR	13,694					13,694			Jan-18	Dec-18	5/4/2018	6/29/2018	
525887	OVERHAUL CANADA MT COMPRESSOR	10,420					10,420			Jan-18	Dec-18	3/1/2018	6/29/2018	
525889	Repairs to Canada Mtn Compr #2	19,082					23,203			Jan-18	Dec-18	12/18/2017	4/6/2018	
525892	Rep cooler louvers on CM Compr	3,590					3,590			Jan-18	Dec-18	2/27/2018	6/28/2018	
525893	Replace cooler louvers on CM Compressor #2	3,589					3,589			Jan-18	Dec-18	2/27/2018	6/28/2018	
1354		62,506	60,000	(2,506)	-4.18%	0.84%	66,628							
525784	REPLACE MOTOR AT CM STRIPPING	28					70,960			Jan-18	Dec-18	4/29/2015	8/23/2017	
525912	Replace pump on Processing Pla	4,395					4,395			Jan-18	Dec-18	8/20/2018	8/31/2018	
525913	Rep. glycol pump Processing PI	4,130					4,130			Jan-18	Dec-18	NA	10/12/2018	
1356		8,552	24,000	15,448	64.37%	0.12%	79,485							Fewer projects than anticipated in budget
66502	TRANSMISSION RIGHTS OF WAY	34					34			Jan-18	Dec-18	NA	NA	
136502		34	39,200	39,166	99.91%	0.00%	34							Fewer projects than anticipated in budget
525890	Heater at Gabbard Fork Compr B	1,351					1,351			Jan-18	Dec-18	2/27/2018	3/9/2018	
525891	Heater at Red Lick Compr Bldg	1,437					1,437			Jan-18	Dec-18	2/27/2018	3/9/2018	
1366		2,787	0	(2,787)	-100.00%	0.04%	2,787							Expenditures not anticipated in budget
525776	RELOCATE ALONG HWY 25 IN MADIS	51,126					189,562			Jan-18	Dec-18	6/20/2016	6/21/2017	
525795	RELOCATE SOUTHBROOK SUBDIVISIO	71					44,771			Jan-18	Dec-18	7/31/2017	10/19/2017	
525800	REPLACE ON OLD LOG MOUNTAIN RO	442,508					444,825			Jan-18	Dec-18	10/3/2018	11/27/2018	
525874	ROAD CROSSING TO 3850 HWY 60 W	5,550					5,550			Jan-18	Dec-18	3/22/2018	3/27/2018	
525878	INSTALL EM ON WOODBINE RECTIFI	133					6,585			Jan-18	Dec-18	8/30/2017	12/29/2017	
525885	Rel 8" on Ky Route 26 in Woodb	58,318					58,440			Jan-18	Dec-18	11/7/2018	11/29/2018	
525895	Repair underground valve stem	6,915					6,915			Jan-18	Dec-18	4/9/2018	4/11/2018	
525897	Replace valves at Garnet Drive	11,672					11,672			Jan-18	Dec-18	10/5/2018	10/10/2018	
525901	Repair Erosion of MBM in Blueh	2,927					2,927			Jan-18	Dec-18	8/20/2018	8/20/2018	
525903	REPLACE A SECTION OF THE WCB L	11,216					11,216			Jan-18	Dec-18	6/12/2018	6/18/2018	
525905	REPLACE VALVE AT BUCKEYE ROAD	37,586					37,586			Jan-18	Dec-18	9/17/2018	9/21/2018	
525907	Install 2" tap on JWB line	2,688					2,688			Jan-18	Dec-18	7/13/2018	7/13/2018	
525908	Replace fitting on JWB line	7,155					7,155			Jan-18	Dec-18	7/18/2018	7/18/2018	
525916	Extend to Morehead Utilities	117,747					117,747			Jan-18	Dec-18	10/30/2018	11/29/2018	
1367		755,613	525,200	(230,413)	-43.87%	10.18%	947,639							
525899	Rebuild Gabbard Fork #1 Compre	19,693					19,693			Jan-18	Dec-18	4/12/2018	6/15/2018	
525900	Rebuild Gabbard Fork #2 Compre	20,477					20,477			Jan-18	Dec-18	4/12/2018	5/18/2018	
1368		40,170	24,000	(16,170)	-67.37%	0.54%	40,170							Expenditures were more than anticipated in budget
525864	INSTALL TAP ON SOMERSET CANCELLED	(4,734)					(4,734)			Jan-18	Dec-18	NA	NA	
525914	Rep. Thermal Generator @ sta 1	9,411					9,411			Jan-18	Dec-18	9/27/2018	12/3/2018	
525918	Rep. valves at Roundhill Reg S	7,913					7,913			Jan-18	Dec-18	10/23/2018	10/29/2018	
1369		12,591	62,100	49,509	79.72%	0.17%	12,591							Expenditures were less than anticipated in budget
1371		0	9,000	9,000	100.00%	0.00%	0							Anticipated projects did not materialize
674	DISTR LAND AND LAND RIGHTS	14,831					14,831			Jan-18	Dec-18	NA	NA	
1374		14,831	6,000	(8,831)	-147.18%	0.20%	14,831							Expenditures were more than anticipated in budget
1375		0	5,000	5,000	100.00%	0.00%	0							Anticipated projects did not materialize
50103455	Ext 2" plus 76' to serve 567 T	359					4,062			Jan-18	Dec-18	12/18/2017	12/19/2017	
50103456	Inst Rd xing to serve 1212 Eag	(7)					707			Jan-18	Dec-18	12/21/2017	12/21/2017	
50103458	Ext dist 645' Maple lane Hicco	15,566					18,711			Jan-18	Dec-18	12/28/2017	3/19/2018	
50103459	Ext 2" dist to serve Steve Mor	12,581					12,581			Jan-18	Dec-18	12/7/2017	2/6/2018	

Project No.	Project Title/Description	Annual Actual Cost	Annual Original Budget	Variance in Dollars	Variance as Percent	Percent of Budget	Total Actual Project Cost	Total Budget Project Cost	Variance in Dollars	Date Original Budget Start	Date Original Budget End	Date Actual Start	Date Actual End
50103460	Inst Rd. Xing to serve 1376 Hw	2,727					2,727			Jan-18	Dec-18	1/10/2018	1/23/2018
50103461	Inst Rd Xing to 3137 Hwy 60 E	2,989					2,989			Jan-18	Dec-18	2/9/2018	2/20/2018
50103462	Ext dist. 250' to serve 340 R	3,400					3,400			Jan-18	Dec-18	6/27/2018	6/28/2018
50103463	Ins Rd . Xing to serve 50 Sun	1,709					1,709			Jan-18	Dec-18	6/1/2018	6/1/2018
50103464	Extend 732 ft of 2" main on W	8,557					8,557			Jan-18	Dec-18	4/12/2018	4/17/2018
50103465	Ins Road Crossing to 39 Chruuch	744					744			Jan-18	Dec-18	4/9/2018	4/9/2018
50103466	Ext 210 ft. of 2" plastic in M	2,238					2,238			Jan-18	Dec-18	6/25/2018	6/27/2018
50103467	Ins Road Xing to serve7 Grayso	603					603			Jan-18	Dec-18	8/16/2018	8/16/2018
50103468	Ext 575 ft on Jackson Dr. in H	13,294					13,294			Jan-18	Dec-18	6/21/2018	6/22/2018
50103469	Ins Rd. Xing at 2599 Hwy 801	6,254					6,254			Jan-18	Dec-18	8/13/2018	8/15/2018
50103470	Ins Road Xing at 1133 Eagle Dr	836					836			Jan-18	Dec-18	10/18/2018	10/18/2018
50103471	Ins Road Xing in Frenchburg	2,320					2,320			Jan-18	Dec-18	10/16/2018	10/17/2018
50103472	Ins Rd. xing in Frenchburg	1,107					1,107			Jan-18	Dec-18	10/17/2018	10/17/2018
50103473	Ins. Rd. Xing Hwy 519 in Moreh	2,261					2,261			Jan-18	Dec-18	12/6/2018	12/7/2018
50103474	Ext 275ft of 2" plastic on Woo	4,402					4,402			Jan-18	Dec-18	12/17/2018	12/19/2018
50103476	Ins Rd. Xing to 115 Oakwood D	1,151					1,151			Jan-18	Dec-18	12/19/2018	12/19/2018
50106163	Replace 550 ft of main in Fren	30,596					30,596			Jan-18	Dec-18	7/9/2018	7/24/2018
50106164	Replace 630 ft of bare steel i	18,060					18,060			Jan-18	Dec-18	7/16/2018	8/23/2018
50106165	Replace 600 ft of Bare Steel i	32,457					20,166			Jan-18	Dec-18	8/21/2018	9/4/2018
50106167	Replace 300 ft of 1" Steel Mai	8,883					8,883			Jan-18	Dec-18	4/4/2018	4/6/2018
50106168	Replace 2" road crossing in Mi	3,429					3,429			Jan-18	Dec-18	5/1/2018	5/1/2018
50106169	Replace 1" steel crossing in O	813					813			Jan-18	Dec-18	4/17/2018	4/17/2018
50106172	Relocate 2" plastic in SaltLic	1,982					1,982			Jan-18	Dec-18	7/25/2018	7/26/2018
50106174	Rep 550 ft of UCS in Sharpstur	14,399					14,399			Jan-18	Dec-18	8/31/2018	9/6/2018
50106176	Rep 375 ft of UCS in Midland a	297					297			Jan-18	Dec-18	11/1/2018	NA
50106177	Rep 125 ft of 2" UCS in Midlan	6,719					6,719			Jan-18	Dec-18	8/28/2018	8/30/2018
50106178	Rep 2" road crossing in Farmer	5,170					5,170			Jan-18	Dec-18	8/29/2018	8/30/2018
50106181	Rep creek crossing on Dry Cree	30,678					30,678			Jan-18	Dec-18	10/19/2018	11/16/2018
501308	Relocate app. 1400' Dist Main	1					27,820			Jan-18	Dec-18	9/5/2017	9/21/2017
501309	Relocate 1200' Dist Main US60	13,369					13,369			Jan-18	Dec-18	5/2/2018	5/14/2018
501311	Ext. Dist. 1164'to Woodlock Su	14,878					14,878			Jan-18	Dec-18	4/2/2018	4/1/2018
501312	Rep and Rel 490' of 2" Plastic	4,997					4,997			Jan-18	Dec-18	3/19/2018	5/29/2018
501313	Extend 1400 ft of 2" Main for	4,939					4,939			Jan-18	Dec-18	5/30/2018	5/31/2018
501314	Relocate 1400 ft of 4" pl.on H	521					521			Jan-18	Dec-18	4/23/2019	4/24/2019
501319	Uprate Distribution pressure	8,255					8,255			Jan-18	Dec-18	1/16/2019	1/16/2019
50203487	Ext to 101 Interstate Drive	5,990					22,275			Jan-18	Dec-18	10/10/2017	10/17/2017
50203493	Ins Xing to 1052 Vineyard Way	1,629					3,502			Jan-18	Dec-18	11/22/2017	11/22/2017
50203494	Ins xing at 173 Old Wallaceton	1,021					3,191			Jan-18	Dec-18	12/11/2017	12/11/2017
50203497	Ins X-ing at 2035 Speedwell Rd	1,324					1,324			Jan-18	Dec-18	1/10/2018	1/10/2018
50203500	Ins xing at 1028 Rubrum Way	1,285					1,285			Jan-18	Dec-18	1/25/2018	1/25/2018
50203501	Ins xing at 912 falling Waters	831					831			Jan-18	Dec-18	1/26/2018	1/26/2018
50203502	Ext to 103 Westwood Dr.	2,414					2,414			Jan-18	Dec-18	3/26/2018	3/27/2018
50203503	EXT along Phyllis Dr. in Homes	10,876					10,876			Jan-18	Dec-18	2/26/2018	3/5/2018
50203504	X-ing to 313 Sweet Grass Way	1,036					1,036			Jan-18	Dec-18	4/5/2018	4/6/2018
50203505	Int Xing at 108 Blue Ridge Dr.	942					942			Jan-18	Dec-18	6/14/2018	6/14/2018
50203506	X-ing at 108 Spanish Wells Ct.	1,474					1,474			Jan-18	Dec-18	7/3/2018	7/3/2018
50203507	EXT 2" plastic main to 974 Kir	2,409					2,409			Jan-18	Dec-18	10/4/2018	10/4/2018
50203508	EXT 2" plastic main from Baker	11,974					11,974			Jan-18	Dec-18	9/18/2018	9/21/2018
50203509	INS X-ing to 112 Spanish Wells	1,457					1,457			Jan-18	Dec-18	9/10/2018	9/10/2018
50203510	EXT Main to 112 Deer Ln.	6,586					6,586			Jan-18	Dec-18	10/10/2018	10/12/2018
50203511	EXT Main to 320 Southern Aster	2,051					2,051			Jan-18	Dec-18	10/16/2018	10/16/2018
50203512	Ins X-ing to 106 Spanish Wells	6,066					6,066			Jan-18	Dec-18	11/6/2018	11/6/2018
50203513	INS X-ing to 185 Plantation Dr	1,058					1,058			Jan-18	Dec-18	12/17/2018	12/17/2018
50206275	Rep 2" plastic main at 620 Big	584					1,850			Jan-18	Dec-18	12/27/2017	12/27/2017
50206276	Rel main on 208 S. Broadway	4,207					4,207			Jan-18	Dec-18	4/2/2018	4/3/2018
50206277	REP from 414 Chestnut St. to 4	37,482					37,482			Jan-18	Dec-18	10/22/2018	10/29/2018
50206278	REP main line at 123 & 125 Hol	954					954			Jan-18	Dec-18	3/23/2018	3/23/2018
50206283	REP main on Hwy 25, Clarksvill	31,784					31,784			Jan-18	Dec-18	6/20/2018	7/2/2018
50206284	REP main at 104 & 106 Hillcres	2,721					2,721			Jan-18	Dec-18	6/5/2018	6/5/2018
50206286	REP main on Dinsmore Street	14,568					14,568			Jan-18	Dec-18	6/6/2018	6/13/2018

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50206287	REP Xing at 1784 Big Hill Rd.	4,885					4,885			Jan-18	Dec-18	4/26/2018	4/27/2018
50206288	REP Xing going to 272 Invernes	1,379					1,379			Jan-18	Dec-18	4/30/2018	4/30/2018
50206289	REP main from 1031 Hwy 1016 to	15,353					15,353			Jan-18	Dec-18	9/18/2018	10/3/2018
50206290	REP X-ing at 110 & 112 Salter	2,071					2,071			Jan-18	Dec-18	9/11/2018	9/11/2018
50206291	REP Xing at 120 & 122 Salter R	1,627					1,627			Jan-18	Dec-18	9/12/2018	9/12/2018
50206292	REP Xing at 124 & 126 Salter R	3,147					3,147			Jan-18	Dec-18	9/13/2018	9/13/2018
50206293	REP Xing at 202 & 204 Salter R	1,653					1,653			Jan-18	Dec-18	9/14/2018	9/14/2018
50206295	REP 2" Main at 1717 Berea Rd.	10,230					10,230			Jan-18	Dec-18	10/5/2018	10/5/2018
502396	Rel along Hwy 1016,1617 & 3376	41,963					42,619			Jan-18	Dec-18	8/6/2018	9/5/2018
502446	Rel from Ellipse St to Berea B	18,737					237,358			Jan-18	Dec-18	4/18/2016	2/6/2017
502458	Ext from Pavilionway to Boggs	13					13			Jan-18	Dec-18	3/13/2019	4/16/2019
502459	Ext from Pumkin Run Road along	21,728					21,728			Jan-18	Dec-18	7/26/2018	8/3/2018
502462	Ext along Menelaus Rd to serve	24,421					24,421			Jan-18	Dec-18	10/16/2018	10/18/2018
502463	REP along Hwy 25 South from Ch	21,586					21,586			Jan-18	Dec-18	6/13/2018	6/18/2018
502464	REP main on S. Broadway St.	125,617					125,617			Jan-18	Dec-18	11/6/2018	12/10/2018
50303745	Inst 2in Main Southveiw & Kimb	9,414					9,414			Jan-18	Dec-18	10/29/2018	10/31/2018
50303757	Inst 2 in Dist 151 Dewey Drive	4,730					4,730			Jan-18	Dec-18	10/11/2018	10/12/2018
50303793	Inst 2in Roadcrossing Alltec C	5,934					5,934			Jan-18	Dec-18	3/23/2018	4/18/2018
50303795	Inst 2in Dist 112 Golden Burle	1,208					6,134			Jan-18	Dec-18	10/5/2017	10/10/2017
50303807	Inst Roadcrossing 202 Deerfiel	1,232					1,232			Jan-18	Dec-18	5/21/2018	5/21/2018
50303812	Inst 2 in dist 1201 South Main	17					9,871			Jan-18	Dec-18	12/15/2017	12/21/2017
50303814	Inst Road crossing 4075 Sulphe	3,503					3,503			Jan-18	Dec-18	2/9/2018	2/12/2018
50303815	Inst Road Crossing to serve 12	2,367					2,367			Jan-18	Dec-18	3/5/2018	3/6/2018
50303816	Inst 2in Dist for Johnson Hall	2,651					2,651			Jan-18	Dec-18	5/16/2018	5/16/2018
50303817	Inst Road crossing 104 Maxwell	2,725					2,725			Jan-18	Dec-18	3/13/2018	3/13/2018
50303818	Inst 2 in Dist to serve 305 Sq	2,238					2,238			Jan-18	Dec-18	6/18/2018	6/19/2019
50303819	Inst Road crossing to serve 34	1,062					1,062			Jan-18	Dec-18	6/8/2018	6/8/2018
50303820	Inst 2 in Dits to server 113 L	1,389					1,389			Jan-18	Dec-18	7/11/2018	7/11/2018
50303821	Inst Road crossing to serve 22	1,363					1,363			Jan-18	Dec-18	7/18/2018	7/18/2018
50303822	Inst Road Crossing 212 Burley	4,165					4,165			Jan-18	Dec-18	7/20/2018	7/23/2018
50303823	Inst Road Crossing 1360 Clear	1,740					1,740			Jan-18	Dec-18	8/3/2018	8/3/2018
50303824	Inst Roadcrossing 2995 Sulpher	2,625					2,625			Jan-18	Dec-18	9/6/2018	9/6/2018
50303826	Inst Road Crossing for 1404 Or	2,782					2,782			Jan-18	Dec-18	9/7/2018	9/7/2018
50303827	Inst 2 in Dist 500 Corbitt Dr	3,072					3,072			Jan-18	Dec-18	8/10/2018	8/11/2018
50303828	Inst main across lot to serve	947					947			Jan-18	Dec-18	8/21/2018	8/21/2018
50303830	Inst Road crossing 112 Maxwell	1,683					1,683			Jan-18	Dec-18	10/10/2018	10/10/2018
50303831	Inst Road crossing to serve 35	1,474					1,474			Jan-18	Dec-18	10/23/2018	10/23/2018
50303832	Inst Road Crossing 229 Ashvill	1,479					1,479			Jan-18	Dec-18	10/24/2018	10/24/2018
50303833	Inst 2in main to serve 2 New	3,112					3,112			Jan-18	Dec-18	12/6/2018	12/7/2018
50303834	EXT to serve 200 Louisa Dr	8,381					8,381			Jan-18	Dec-18	11/26/2018	11/28/2018
50303835	Inst Road crossing to serve 46	1,377					1,377			Jan-18	Dec-18	12/3/2018	12/5/2018
50303836	Inst Main EXT 840 Sulpher Well	3,779					3,779			Jan-18	Dec-18	11/30/2018	12/3/2018
50306319	Rep From Liberty to Glen Cove	(924)					30,012			Jan-18	Dec-18	4/8/2015	4/30/2015
50306321	Rep Main 508 to 610 W Main St	1,037					19,765			Jan-18	Dec-18	4/24/2017	5/3/2017
50306345	Rep Main 200S Central to 700 E	160					16,596			Jan-18	Dec-18	8/10/2017	8/15/2017
50306348	Rep 2 in Dist 103 to 123 Jeffe	260					32,746			Jan-18	Dec-18	7/31/2017	8/8/2017
50306352	RepRoad crossing for 609 E Mai	6,263					6,263			Jan-18	Dec-18	6/13/2018	6/14/2018
50306356	Rep 8in Value on Belt Line N-v	40,667					40,667			Jan-18	Dec-18	9/26/2018	10/5/2018
50306357	Rep Creek Crossing 513 N 2nd S	3,964					3,964			Jan-18	Dec-18	9/13/2018	9/14/2018
50306358	Rep Road Crossing 301 W Maple	789					789			Jan-18	Dec-18	7/3/2018	7/3/2018
50306359	Rep 2in Dist 532 Alta Ave	5,520					5,520			Jan-18	Dec-18	9/11/2018	9/12/2018
503361	Relocate 2 & 4 Southbrook Subdi	85					24,146			Jan-18	Dec-18	7/31/2017	12/8/2017
503368	Rep MainShun & Cedar Lane	1,169					125,627			Jan-18	Dec-18	8/16/2017	10/9/2017
503369	Inst Main Phase#3 LU Carlton	7,159					18,143			Jan-18	Dec-18	10/31/2017	11/14/2017
503372	Ext 4in Dist to serve 920 Sulp	83					20,172			Jan-18	Dec-18	11/20/2017	12/8/2017
503373	EXT to serve 31 Lots Hammond F	64,987					64,987			Jan-18	Dec-18	9/14/2018	10/2/2018
503374	Inst 4in Dist Marshall Branch	69,362					69,362			Jan-18	Dec-18	4/18/2018	6/7/2018
503375	Rep Main 309 Thru 103 Hickory	146,882					146,882			Jan-18	Dec-18	4/16/2018	5/21/2018
503376	Rep Main 700 thru709 N Main St	40,687					40,687			Jan-18	Dec-18	5/25/2018	6/12/2018
503377	EXT 4in Dist to serve Clays Mi	27,522					27,522			Jan-18	Dec-18	9/7/2018	9/18/2018

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503380	EXT to serve East Brannon Road	40,078					40,078			Jan-18	Dec-18	10/8/2018	10/12/2018
50503487	ET to 389 N Main St. Bldg. B	674					674			Jan-18	Dec-18	4/13/2018	4/13/2018
50503488	ET to 895 Gibson Lane	3,952					3,952			Jan-18	Dec-18	4/16/2018	4/18/2018
50503489	ET to 755 Hwy 213	2,678					2,678			Jan-18	Dec-18	10/24/2018	10/25/2018
50503490	ET 211 Baker Bar Sub	1,349					1,349			Jan-18	Dec-18	12/12/2018	12/12/2018
50503491	ET at 10650 Main St	3,710					3,710			Jan-18	Dec-18	12/10/2018	12/12/2018
50506181	RT Near 25 Best Place Beattyvi	475					2,543			Jan-18	Dec-18	9/28/2017	9/28/2017
50506184	RT - Bare Steel Replacement	115					115			Jan-18	Dec-18	NA	NA
50506185	RT - Bare Steel Replacement	6,531					6,531			Jan-18	Dec-18	8/23/2018	8/27/2018
50506186	RT - Bare Steel Replacement	1,477					1,477			Jan-18	Dec-18	8/22/2018	8/22/2018
50506189	RT at 265 Hwy 1050	3,395					3,395			Jan-18	Dec-18	8/23/2018	8/23/2018
50506190	RT at 5339 Main St.	2,157					2,157			Jan-18	Dec-18	12/26/2018	12/26/2018
50506191	RT near 3530 N. Bend Rd.	6,662					6,662			Jan-18	Dec-18	10/22/2018	10/24/2018
50506192	RT near 431 W College Ave	5,597					5,597			Jan-18	Dec-18	10/8/2018	10/9/2018
505217	Relocate Main on KY 52 Beattyv	1					14,970			Jan-18	Dec-18	8/11/2017	8/30/2017
505220	RP Dist. Main on US 460 J-vill	111,596					112,075			Jan-18	Dec-18	6/25/2018	8/20/2018
505221	RP on 1700 Hwy 11 S. Beattyvil	32,678					32,678			Jan-18	Dec-18	10/30/2018	11/5/2018
50603608	Install 1" Rd Xing 227 Airpark	738					738			Jan-18	Dec-18	2/23/2018	2/23/2018
50603611	Install Rd Xing 180 Abbuhl Roa	508					508			Jan-18	Dec-18	1/25/2018	1/25/2018
50603612	Install Rd Xing 701 E 9th St	1,104					1,104			Jan-18	Dec-18	5/4/2018	5/4/2018
50603613	Install Rd Xing 311 N. McWhort	2,881					2,881			Jan-18	Dec-18	7/18/2018	7/19/2019
50603614	New PL RD Xing at 1704 N Main	988					988			Jan-18	Dec-18	6/29/2018	6/29/2018
50603615	New PL Rd Xing at 91 Oakwood D	1,736					1,736			Jan-18	Dec-18	6/15/2018	6/15/2018
50603616	New PL RD Xing at 1936 Mallard	1,254					1,254			Jan-18	Dec-18	7/19/2018	7/20/2018
50603617	3/4 PI Rd Xing 581 Bill Mays R	2,052					2,052			Jan-18	Dec-18	6/14/2018	6/14/2018
50603618	New 2" PL Main EXT at Chera Ly	8,056					8,056			Jan-18	Dec-18	7/24/2018	7/26/2018
50603619	Extend 2" PL 70 Amerillo Dr. L	5,815					5,815			Jan-18	Dec-18	9/13/2018	9/14/2018
50603620	Install Rd Xing 81 Clover Bott	1,017					1,017			Jan-18	Dec-18	9/13/2018	9/13/2018
50603621	Extend 2" Pl main for 7063 Hwy	10,047					10,047			Jan-18	Dec-18	10/18/2018	10/22/2018
50606104	Replace Main 113 Spring Street	1,978					1,978			Jan-18	Dec-18	8/24/2018	8/24/2018
506340	Extend Gas Main Hwy 80 W Carre	22,755					22,755			Jan-18	Dec-18	3/2/2018	3/19/2018
506341	Extend Dist Main Noelle Lane	12,976					12,976			Jan-18	Dec-18	4/17/2018	4/27/2018
506342	Ext Dist Main Elk Run Estates	28,375					28,375			Jan-18	Dec-18	8/27/2018	9/7/2018
50703222	Extend Main to 640 West HWY 92	6,303					6,303			Jan-18	Dec-18	5/1/2018	5/3/2018
50703223	Install Road Xing at 225 Corde	313					313			Jan-18	Dec-18	5/2/2018	5/2/2018
50703224	Install PI Rd Xing at 212 S 11	318					318			Jan-18	Dec-18	6/28/2018	6/28/2018
50703226	Install Rd Xing 125 W Hwy 192	254					254			Jan-18	Dec-18	10/19/2018	10/19/2018
50706155	Repl. 2" UCS Walnut Street	14,899					14,899			Jan-18	Dec-18	8/20/2018	8/24/2018
50706156	Repl 4" PL 1050 Hwy 92W	6,054					6,054			Jan-18	Dec-18	6/8/2018	7/13/2018
50706157	Replace 2" PI Hwy 25W Wburg	4,587					4,587			Jan-18	Dec-18	11/21/2018	11/21/2018
50706158	Replace 2" BS Alley 3rd to 4th	30,711					30,711			Jan-18	Dec-18	11/29/2018	11/29/2018
50803401	New 3/4" PE RD Xing @ Kickapoo	1,079					1,079			Jan-18	Dec-18	1/9/2018	1/9/2018
50803402	New 2" PE main ext. S. HWY 180	2,938					2,938			Jan-18	Dec-18	2/20/2018	2/21/2018
50803403	New 3/4" PE RD XING @ 160 CH.H	1,297					1,297			Jan-18	Dec-18	5/15/2018	5/15/2018
50803404	New 2" PE main ext. Commerce S	2,967					2,967			Jan-18	Dec-18	3/27/2018	3/27/2018
50803405	New 3/4" plastic rd xing 99 Ad	979					979			Jan-18	Dec-18	3/23/2018	3/23/2018
50803407	New 2" pe main ext for 108 Che	6,402					6,402			Jan-18	Dec-18	7/31/2018	8/3/2018
50803408	2" PE Ext. for W. Shelton 291	5,886					5,886			Jan-18	Dec-18	10/24/2018	10/29/2018
50803409	New 3/4" PE RD XING @ 567 Hamp	1,183					1,183			Jan-18	Dec-18	11/1/2018	11/1/2018
50803410	Install New Road Crossing	411					411			Jan-18	Dec-18	12/11/2018	12/11/2018
50806195	RPL 1" BS Main on Adams Lane	4,391					4,391			Jan-18	Dec-18	4/12/2018	4/18/2018
50806196	RPL @ Old Evergreen Road	1,467					1,467			Jan-18	Dec-18	4/4/2018	4/4/2018
50806200	Relocate 200' of 2" PE Valenti	2,015					2,015			Jan-18	Dec-18	5/16/2018	5/16/2018
50806202	Repl 2" Adyl A on Mathew St. B	286					286			Jan-18	Dec-18	5/8/2018	5/9/2018
50806203	RPL/RLC 2" PL Main @ 2837 KY 3	657					657			Jan-18	Dec-18	8/17/2018	8/17/2018
50806204	Repl 2" PE main Hwy 930 by Ram	1,586					1,586			Jan-18	Dec-18	8/28/2018	8/28/2018
508250	New 2" pl extension Knox Centa	26,455					26,455			Jan-18	Dec-18	6/8/2018	6/29/2018
508251	Repl 4" BS main Pitzer St.(Hwy	87,293					87,293			Jan-18	Dec-18	5/2/2018	5/25/2018
51003168	2" PE EXT @ Capps Hill Road	9,459					9,459			Jan-18	Dec-18	5/24/2018	5/24/2018
51006223	Repl 4" BS Cherry St. Pinevill	71,063					71,063			Jan-18	Dec-18	7/16/2018	7/27/2018

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510211	Repl BS mains Old 119 and Hwy	250,392					250,392			Jan-18	Dec-18	5/30/2018	7/12/2018
510212	Repl 2" BS main on Bird Branch	51,982					51,982			Jan-18	Dec-18	6/4/2018	7/12/2018
51103720	Install Rd Xing 275 Corinth Ce	535					535			Jan-18	Dec-18	1/29/2018	1/29/2018
51103721	Instal Rd Xing 106 Man O War	663					663			Jan-18	Dec-18	2/5/2018	2/5/2018
51103722	Install Rd Xing 41 Red Bud Lan	772					772			Jan-18	Dec-18	2/6/2015	2/6/2018
51103723	Extend Main to 14141 N US 25E	7,936					7,936			Jan-18	Dec-18	7/5/2018	7/11/2018
51103724	Install Rd Xing 606 Adkins Str	653					653			Jan-18	Dec-18	7/27/2018	7/27/2018
51103726	Extend Dist Main 944 W Cumberl	2,618					2,618			Jan-18	Dec-18	7/30/2018	7/30/2018
51103727	Install Rd Xing 1737 Hwy 26	375					375			Jan-18	Dec-18	6/11/2018	6/11/2018
51103728	Ext 2" Dist Elk Run Estates	10,967					10,967			Jan-18	Dec-18	9/5/2018	9/7/2018
51103729	Install Rd Xing 616 John Stree	1,484					1,484			Jan-18	Dec-18	9/19/2018	9/19/2018
51103730	Install Rd Xing 437 Edgewater	1,551					1,551			Jan-18	Dec-18	9/20/2018	9/20/2018
51103732	New PL RD XING at 7063 Hwy 229	1,663					1,663			Jan-18	Dec-18	10/18/2018	10/22/2018
51103735	Ext Main Martin Road Corbin	2,910					2,910			Jan-18	Dec-18	12/4/2018	12/6/2018
51103740	New 3/4" PE ser xing 21 Lyric	833					833			Jan-18	Dec-18	12/26/2018	12/26/2018
51106278	Replace 1" BS Cross Street	6,022					6,022			Jan-18	Dec-18	8/2/2018	8/2/2018
51106279	Replace 1 1/4 BS Stewart & Fal	8,197					8,197			Jan-18	Dec-18	7/30/2018	7/31/2018
51106282	Repl. UCS Various Areas Whittle	6,592					6,592			Jan-18	Dec-18	8/3/2018	8/7/2018
51106284	Replace UCS Knox County Corbin	21,314					21,314			Jan-18	Dec-18	8/7/2018	8/16/2018
51106285	Repl 2" Rd Xing KY RT 2384	8,694					8,694			Jan-18	Dec-18	8/8/2018	8/15/2018
51106287	Repl Road Xing at 102 Forego T	1,179					1,179			Jan-18	Dec-18	9/7/2018	9/7/2018
51106289	Repl 4" steel main Fairway Dri	4,834					4,834			Jan-18	Dec-18	10/24/2018	10/24/2018
511486	Replace 6" Steel Wyrick, Hwy 1	332,408					332,408			Jan-18	Dec-18	3/19/2018	6/7/2018
511494	Replace Bare Steel Corbin Syst	3,363					67,019			Jan-18	Dec-18	10/18/2017	11/14/2017
511500	Extend Dist. Main 440 Hammock	16,232					16,232			Jan-18	Dec-18	3/29/2018	4/10/2018
511502	Relocate Dist. Mains US 25E Co	160,005					160,005			Jan-18	Dec-18	8/13/2018	11/16/2018
511503	Extend Dist Main Martin Road A	25,109					25,109			Jan-18	Dec-18	8/21/2018	9/13/2018
511504	Replace 4" BS AGC Road Corbin	236,256					236,256			Jan-18	Dec-18	7/17/2018	9/5/2018
511507	Extend Distribution Lakeside E	27,319					27,319			Jan-18	Dec-18	9/18/2018	10/3/2018
51203243	Ext on Island Cr. to 3864 N. H	6,377					6,377			Jan-18	Dec-18	2/1/2018	2/8/2018
51203244	Ext to 3251 Hwy 638	8,324					8,324			Jan-18	Dec-18	2/27/2018	3/6/2018
51203245	Xing to 635 Jarve Hollow Rd.	2,119					2,119			Jan-18	Dec-18	2/21/2018	2/23/2018
51203246	X-ing to 22 Mill Pond Dr.	2,663					2,663			Jan-18	Dec-18	3/16/2018	3/16/2018
51203247	Ins X-ing to 647 Crawfish Rd.	1,345					1,345			Jan-18	Dec-18	7/17/2018	7/17/2018
51203248	INS X-ing to 25 Marcum Hill Rd	3,075					3,075			Jan-18	Dec-18	10/1/2018	10/1/2018
51203249	INS X-ing at 55 Swafford St.	3,187					3,187			Jan-18	Dec-18	10/4/2018	10/4/2018
51206097	REP from Lyttleton Rd. to 59 H	20,034					20,034			Jan-18	Dec-18	10/5/2018	10/17/2018
51206099	REP at Clay Co Shopping Center	10,144					10,144			Jan-18	Dec-18	6/26/2018	6/29/2018
51206101	REP main at Marie Langdon Dr.	4,736					4,736			Jan-18	Dec-18	4/16/2018	NA
51206103	REP main at 65 Glendale Rd.	5,772					5,772			Jan-18	Dec-18	5/2/2018	5/4/2018
512168	Rel main along Hwy 421 due to	272,728					601,331			Jan-18	Dec-18	10/21/2016	6/7/2017
512175	Rel along Memorial Drive due t	103,226					173,734			Jan-18	Dec-18	11/29/2017	6/7/2018
512178	REP from S. Hwy 11 to Blue Hol	13,513					13,513			Jan-18	Dec-18	8/9/2018	8/16/2018
1376		3,489,545	3,200,000	(289,545)	-9.05%	47.00%	4,526,746						
501320	Ins new Reg station in Clearfi	42,384					42,384			Jan-18	Dec-18	10/15/2018	11/29/2018
507211	Rebuild Reg. Station Hwy 26	2,581					2,581			Jan-18	Dec-18	7/27/2018	7/27/2018
1378		44,965	72,000	27,035	37.55%	0.61%	44,965						
1379		0	25,000	25,000	100.00%	0.00%	0						
501012512	SN 790-South Main St CANCELLED	(63)					(63)			Jan-18	Dec-18	NA	NA
501012533	Ins SL to 190 Mckenzie rd	576					576			Jan-18	Dec-18	6/27/2018	6/27/2018
501012545	INS SL To 1211-Eagle Dr	1,038					1,038			Jan-18	Dec-18	10/23/2018	10/23/2018
501012565	INS SL To 3850-Ky Hwy-60-West	2,192					2,192			Jan-18	Dec-18	1/23/2018	1/23/2018
501012570	INS SL To 7-Grayson Dr	1,058					1,058			Jan-18	Dec-18	8/16/2018	8/16/2018
501012576	INS SL To 218-Bee Lick Rd	297					297			Jan-18	Dec-18	1/25/2018	1/25/2018
501012584	INS SL To 382-E-High Street	3,367					3,367			Jan-18	Dec-18	2/9/2018	2/9/2018
501012585	Install new SL	3,198					3,198			Jan-18	Dec-18	1/10/2018	1/10/2018
501012587	Install new SL	859					859			Jan-18	Dec-18	1/23/2018	1/23/2018
501012588	INS SL To 1212-Eagle Dr	(7)					(7)			Jan-18	Dec-18	12/21/2017	12/21/2017
501012590	INS SL To 210-Redwood Lane	(9)					(9)			Jan-18	Dec-18	12/20/2017	12/20/2017
501012592	Install SL @ 458 W Walnut St	831					831			Jan-18	Dec-18	10/9/2018	10/9/2018

Anticipated projects did not materialize

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501012593	INS SL To 166-Maple Lane	(7)					(7)			Jan-18	Dec-18	12/29/2017	12/29/2017
501012594	INS SL To 201-Maple Lane	(5)					(5)			Jan-18	Dec-18	12/29/2017	12/29/2017
501012595	INS SL To 1060-Sharkey Rd	2,819					2,819			Jan-18	Dec-18	8/6/2018	8/6/2018
501012597	Ins new SL to 1093 Twin Oaks B	(9)					(9)			Jan-18	Dec-18	12/20/2017	12/20/2017
501012598	Ins new SL at 3137 Hwy 60 Owi	4					4			Jan-18	Dec-18	12/13/2017	12/13/2017
501012599	INS SL To 60-Kolb Dr	(5)					(5)			Jan-18	Dec-18	12/21/2017	12/21/2017
501012600	Ins new SL at 710 E.Hwy 60	83					83			Jan-18	Dec-18	12/27/2017	12/27/2017
501012602	221-Fleetwood Lane	1,147					1,147			Jan-18	Dec-18	2/6/2018	2/6/2018
501012603	INS SL To-213-Maple Lane	635					635			Jan-18	Dec-18	2/8/2018	2/8/2018
501012604	Ins new SL to 163 Main St. Sal	523					523			Jan-18	Dec-18	2/8/2018	2/8/2018
501012605	INS SL To 340-Rice Rd	327					327			Jan-18	Dec-18	6/28/2018	6/28/2018
501012606	Ins new SL to 156 Ratliff Rd S	1,457					1,457			Jan-18	Dec-18	4/11/2018	4/11/2018
501012607	Replace SL to 40 Wyoming Rd.	929					929			Jan-18	Dec-18	2/9/2018	2/9/2018
501012608	INS SL To 797-Slate Ave	859					859			Jan-18	Dec-18	1/22/2018	1/22/2018
501012609	INS SL To -11-Double Eagle Way	868					868			Jan-18	Dec-18	5/14/2018	5/14/2018
501012610	INS SL To 50-Sun Eagle Dr	1,166					1,166			Jan-18	Dec-18	5/14/2018	5/14/2018
501012611	INS SL To 119-Woodlock Dr	606					606			Jan-18	Dec-18	4/9/2018	4/9/2018
501012612	INS SL To 362-Mort Stull Rd	327					327			Jan-18	Dec-18	2/9/2018	2/9/2018
501012613	INS SL To 131-Ky Hwy 36	518					518			Jan-18	Dec-18	2/12/2018	2/12/2018
501012614	INS SL To 55-Woodlock Dr	549					549			Jan-18	Dec-18	4/9/2018	4/9/2018
501012615	INS SL To 39-Church Street	764					764			Jan-18	Dec-18	4/9/2018	4/9/2018
501012616	INS SL To 68-Wisteria Lane	1,023					1,023			Jan-18	Dec-18	5/15/2018	5/15/2018
501012618	INS SL To 92-Wisteria Lane	1,712					1,712			Jan-18	Dec-18	5/16/2018	5/16/2018
501012619	INS SL To 204-Kimberly Lane	1,042					1,042			Jan-18	Dec-18	4/10/2018	4/10/2018
501012620	Replace SL at 59 Water St	2,665					2,665			Jan-18	Dec-18	4/6/2018	4/6/2018
501012621	Replace SL at 117 Sunny Hill	1,619					1,619			Jan-18	Dec-18	7/11/2018	7/11/2018
501012622	INS SL To 235-Eagle Dr	1,276					1,276			Jan-18	Dec-18	5/16/2018	5/16/2018
501012623	Continuation of SL @ 53 Hardin	487					487			Jan-18	Dec-18	12/6/2018	12/6/2018
501012624	INS SL To 300-Derrickson Lane	1,233					1,233			Jan-18	Dec-18	10/4/2018	10/4/2018
501012625	INS SL To 50-Davis Rd	1,213					1,213			Jan-18	Dec-18	8/3/2018	8/3/2018
501012626	INS SL To 11204 Hwy 60-East	1,287					1,287			Jan-18	Dec-18	7/10/2018	7/10/2018
501012627	Ins SL to 9420 Hwy 60	966					966			Jan-18	Dec-18	5/11/2018	5/11/2018
501012629	Ins SL to 602 Thatchers Mill R	1,905					1,905			Jan-18	Dec-18	6/4/2018	6/4/2018
501012630	Ins SL to 108 Smoot	825					825			Jan-18	Dec-18	7/10/2018	7/10/2018
501012631	REP-SL-To 529-Hwy-460-West	395					395			Jan-18	Dec-18	7/9/2018	7/9/2018
501012632	1094-Twin Oakes	493					493			Jan-18	Dec-18	7/13/2018	7/13/2018
501012633	SP SL To 98-Indian Creek Rd	579					579			Jan-18	Dec-18	7/12/2018	7/12/2018
501012634	RP SL To Angie Baker	438					438			Jan-18	Dec-18	7/11/2018	7/11/2018
501012635	SP SL To 622-Wyoming Rd	243					243			Jan-18	Dec-18	7/17/2018	7/17/2018
501012636	Rep SL @447 Wyoming Rd	427					427			Jan-18	Dec-18	7/19/2018	7/19/2018
501012637	Rep SL to 154 Cecil	274					274			Jan-18	Dec-18	7/23/2018	7/23/2018
501012638	Install SL 484 Main St.	871					871			Jan-18	Dec-18	8/2/2018	8/2/2018
501012639	Install SL @ 29 Coopertown Ct	1,072					1,072			Jan-18	Dec-18	8/15/2018	8/15/2018
501012640	INS SL To 2599-Ky Hwy-801-N	483					483			Jan-18	Dec-18	8/14/2018	8/14/2018
501012641	INS SL To 72-Denton Dr	1,394					1,394			Jan-18	Dec-18	10/5/2018	10/5/2018
501012642	Rep Service Line	1,173					1,173			Jan-18	Dec-18	8/29/2018	8/29/2018
501012643	Move SL @ 875 McCausey Ridge	717					717			Jan-18	Dec-18	8/15/2018	8/15/2018
501012644	Install SL @ 177 Ramey Road	831					831			Jan-18	Dec-18	9/21/2018	9/21/2018
501012645	Rocky AdkinsTeck Dr	2,875					2,875			Jan-18	Dec-18	11/5/2018	11/5/2018
501012646	1133-Eagle Dr	718					718			Jan-18	Dec-18	10/18/2018	10/18/2018
501012647	SN To-2038-McBrayer rd	699					699			Jan-18	Dec-18	10/18/2018	10/18/2018
501012648	Ins SL to 11435 Hwy 60	912					912			Jan-18	Dec-18	9/21/2018	9/21/2018
501012649	Replace SL @113 Crescent Dr.	384					384			Jan-18	Dec-18	8/27/2018	8/27/2018
501012650	Ins SL to 98 Oaklawn Dr	944					944			Jan-18	Dec-18	9/5/2018	9/5/2018
501012651	Rep SL to 107 Oaklawn	669					669			Jan-18	Dec-18	9/6/2018	9/6/2018
501012652	Rep SL to 147 Oaklawn Dr	705					705			Jan-18	Dec-18	9/6/2018	9/6/2018
501012653	Rep SL to 50 Main St	508					508			Jan-18	Dec-18	9/6/2018	9/6/2018
501012654	Rep SL to 78 Main St	703					703			Jan-18	Dec-18	9/6/2018	9/6/2018
501012655	Rep SL to 100 Main St	699					699			Jan-18	Dec-18	9/6/2018	9/6/2018
501012656	Rep SL to 118 Main St	660					660			Jan-18	Dec-18	9/6/2018	9/6/2018

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501012657	Replace SL @ 106 Briery Ridge	465					465			Jan-18	Dec-18	8/30/2018	8/30/2018
501012658	Rep SL to 329 Main St. Mt. Oli	2,705					2,705			Jan-18	Dec-18	9/4/2018	9/5/2018
501012659	INS SL To 64-Owens Rd	928					928			Jan-18	Dec-18	9/20/2018	9/20/2018
501012660	Ins SL to 1223 Thatchersmill r	1,223					1,223			Jan-18	Dec-18	10/2/2018	10/2/2018
501012661	Ins SL to 785 Austerlitz Rd	783					783			Jan-18	Dec-18	3/1/2019	3/1/2019
501012662	INS SL To 411-Morgan Fork Rd	744					744			Jan-18	Dec-18	10/1/2018	10/1/2018
501012663	Ins SL to 621 Wynn Flat Rd	141					141			Jan-18	Dec-18	10/18/2018	10/18/2018
501012664	UNS SL To 212-Circle Dr	1,177					1,177			Jan-18	Dec-18	10/1/2018	10/1/2018
501012665	Ins SL to 67 Water St	1,683					1,683			Jan-18	Dec-18	10/24/2018	10/24/2018
501012666	Ins SL to 168 Smoot Dr	1,603					1,603			Jan-18	Dec-18	10/8/2018	10/8/2018
501012667	Ins SL to 141 Old Hwy 60	1,663					1,663			Jan-18	Dec-18	10/2/2018	10/2/2018
501012668	SN111-Summit Dr	768					768			Jan-18	Dec-18	10/4/2018	10/4/2018
501012669	Install SL @ 142 Bible Camp Ln	1,677					1,677			Jan-18	Dec-18	10/17/2018	10/17/2018
501012670	INS SL To 495-Bluestone Rd	1,230					1,230			Jan-18	Dec-18	NA	NA
501012671	Rep SL to 177 Kimberly Ln	1,100					1,100			Jan-18	Dec-18	10/18/2018	10/18/2018
501012672	INS SL To 1739-Hwy-519	2,075					2,075			Jan-18	Dec-18	12/7/2018	12/7/2018
501012673	Install SL @ 442 Main St #6	838					838			Jan-18	Dec-18	10/19/2018	10/19/2018
501012674	INS SL To 20-HiBiscus Ct	899					899			Jan-18	Dec-18	10/19/2018	10/19/2018
501012675	INS SL To 365-Freestone Rd	2,776					2,776			Jan-18	Dec-18	10/31/2018	10/31/2018
501012676	Continue SL at 16 Old Midland	669					669			Jan-18	Dec-18	10/25/2018	10/25/2018
501012677	Ins SL to 52 Suddith St	886					886			Jan-18	Dec-18	10/25/2018	10/25/2018
501012679	INS SL To 4095-Owingsville Rd	2,339					2,339			Jan-18	Dec-18	10/30/2018	10/30/2018
501012680	Ins SL at 103 Joe Harmon Rd.	1,447					1,447			Jan-18	Dec-18	12/7/2018	12/7/2018
501012681	SL To 278-Sayre Dr	372					372			Jan-18	Dec-18	12/3/2018	12/3/2018
501012682	INS SL To 774-Bluebank Rd	1,625					1,625			Jan-18	Dec-18	12/5/2018	12/5/2018
501012684	INS SL To188-Sayre Dr	506					506			Jan-18	Dec-18	12/3/2018	12/3/2018
501012685	Install SL @10842 Hwy 60 E	551					551			Jan-18	Dec-18	12/6/2018	12/6/2018
501012686	Install SL to RCS Bus Garage	2,198					2,198			Jan-18	Dec-18	11/28/2018	11/30/2018
501012687	Install SL @ 275 Woodland Ln	757					757			Jan-18	Dec-18	12/10/2018	12/10/2018
501012688	Install @ 279 Woodland Ln	757					757			Jan-18	Dec-18	12/10/2018	12/10/2018
501012689	Install SL @ 283 Woodland Ln	757					757			Jan-18	Dec-18	12/10/2018	12/10/2018
501012690	Install SL @ 301 Lantern Way	731					731			Jan-18	Dec-18	12/6/2018	12/6/2018
501012691	Ins SL to 120 Willow Brook CT	875					875			Jan-18	Dec-18	12/4/2018	12/4/2018
501012692	Install SL @ 8137 E Hwy 60	517					517			Jan-18	Dec-18	12/5/2018	12/5/2018
501012693	INS SL To 156-Barber Rd	90					90			Jan-18	Dec-18	12/3/2018	12/3/2018
501012694	Ins SL to 465 Myneir Rd	1,692					1,692			Jan-18	Dec-18	12/11/2018	12/11/2018
501012695	INS SL To 115-Oakwood Dr	260					260			Jan-18	Dec-18	12/19/2018	12/19/2018
501017000	Excess Flow Valve on Services	53					53			Jan-18	Dec-18	NA	NA
502013882	SVC 345 Gadwall Dr.	897					897			Jan-18	Dec-18	3/16/2018	3/16/2018
502013929	SVC 1701 Brassfield Rd.	1,991					1,991			Jan-18	Dec-18	9/15/2015	9/15/2015
502013943	SVC 116 Glen Eagles Blvd.	1,084					1,084			Jan-18	Dec-18	1/3/2018	1/3/2018
502013964	SVC 111 St. Annes Ct.	1,274					1,274			Jan-18	Dec-18	1/9/2018	1/9/2018
502014210	SVC 3306 Lexington Rd.	972					972			Jan-18	Dec-18	1/9/2018	1/9/2018
502014212	SVC 201 Short St.	799					799			Jan-18	Dec-18	11/22/2017	11/22/2017
502014218	new svc 363 avawam	787					787			Jan-18	Dec-18	3/16/2018	3/16/2018
502014223	SVC 2035 Speedwell Rd.	855					855			Jan-18	Dec-18	1/10/2018	1/10/2018
502014240	SVC 766 Kirksville Rd.	1,242					1,242			Jan-18	Dec-18	2/1/2018	2/1/2018
502014241	SVC 165 Chapel Ln.	660					660			Jan-18	Dec-18	2/1/2018	2/1/2018
502014242	SVC 114 Oak Meadow Dr.	397					397			Jan-18	Dec-18	2/1/2018	2/1/2018
502014243	SVC 407 Vinery Dr.	352					352			Jan-18	Dec-18	2/1/2018	2/1/2018
502014244	SVC 100 Mallard Dr.	1,081					1,081			Jan-18	Dec-18	1/24/2018	1/24/2018
502014245	SVC 275 Avawam Dr.	1,034					1,034			Jan-18	Dec-18	1/22/2018	1/22/2018
502014246	SVC 224 Dudley Ct.	674					674			Jan-18	Dec-18	1/22/2018	1/22/2018
502014247	SVC 200 Upper Hines Creek Rd.	1,467					1,467			Jan-18	Dec-18	1/23/2018	1/23/2018
502014248	SVC 547 Kirksville Rd.	452					452			Jan-18	Dec-18	2/1/2018	2/1/2018
502014249	SVC 20 Old Wallaceton Rd.	514					514			Jan-18	Dec-18	2/1/2018	2/1/2018
502014250	SVC 912 Falling Waters Ln.	476					476			Jan-18	Dec-18	1/26/2018	1/26/2018
502014251	SVC 404 Hwy 1016	660					660			Jan-18	Dec-18	2/1/2018	2/1/2018
502014252	SVC 1028 Rubrum Way	326					326			Jan-18	Dec-18	1/25/2018	1/25/2018
502014253	SVC 1001 Rubrum Way	708					708			Jan-18	Dec-18	1/24/2018	1/24/2018

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502014254	SVC 1005 Rubrum Way	496					496			Jan-18	Dec-18	1/24/2018	1/24/2018
502014255	SVC 1037 Rubrum Way	568					568			Jan-18	Dec-18	2/1/2018	2/1/2018
502014256	SVC 103 Westwood Dr.	844					844			Jan-18	Dec-18	3/27/2018	3/27/2018
502014257	new svc	611					611			Jan-18	Dec-18	2/23/2018	2/23/2018
502014258	new svc 280 glades rd	901					901			Jan-18	Dec-18	4/9/2018	4/9/2018
502014259	new svc 208 laurel dr	1,064					1,064			Jan-18	Dec-18	3/22/2018	3/22/2018
502014260	new svc 3441 berea rd	741					741			Jan-18	Dec-18	3/8/2018	3/8/2018
502014261	new svc 4140 loblolly ln	666					666			Jan-18	Dec-18	3/16/2018	3/16/2018
502014262	REP SVC Bldg #228 in BGAD	2,022					2,022			Jan-18	Dec-18	3/8/2018	3/8/2018
502014263	REP SVC 123 Holly Hill Dr.	421					421			Jan-18	Dec-18	3/23/2018	3/23/2018
502014264	REP SVC 125 Holly Hill Dr.	422					422			Jan-18	Dec-18	3/23/2018	3/23/2018
502014265	SVC 1522 Phyllis Dr.	450					450			Jan-18	Dec-18	3/6/2018	3/6/2018
502014266	new svc 1520 phyllis dr	535					535			Jan-18	Dec-18	3/6/2018	3/6/2018
502014267	new svc 215 adams st.	486					486			Jan-18	Dec-18	3/22/2018	3/22/2018
502014268	new svc 537 avawam	788					788			Jan-18	Dec-18	4/6/2018	4/6/2018
502014269	new svc #15 fairway dr	916					916			Jan-18	Dec-18	3/22/2018	3/22/2018
502014270	new svc 1300 poosey ridge	1,737					1,737			Jan-18	Dec-18	3/22/2018	3/22/2018
502014271	new svc 375 avawam dr	844					844			Jan-18	Dec-18	4/6/2018	4/6/2018
502014272	install new svc 313 sweetgrass	598					598			Jan-18	Dec-18	4/6/2018	4/6/2018
502014273	new svc 4920 walnut meadow rd	554					554			Jan-18	Dec-18	4/6/2018	4/6/2018
502014274	new svc 272 Inverness Trail	457					457			Jan-18	Dec-18	5/2/2018	5/2/2018
502014275	New Svc 964 Shenandoah	1,613					1,613			Jan-18	Dec-18	12/26/2018	12/26/2018
502014276	new svc 1013 rubrum	668					668			Jan-18	Dec-18	4/9/2018	4/9/2018
502014277	SVC 509 Spyglass Hill Dr.	783					783			Jan-18	Dec-18	4/11/2018	4/11/2018
502014278	new svc 308 payne dr	579					579			Jan-18	Dec-18	5/8/2018	5/8/2018
502014279	new svcm 304 payne dr	576					576			Jan-18	Dec-18	5/8/2018	5/8/2018
502014282	new svc 108 blue ridge dr	925					925			Jan-18	Dec-18	6/14/2018	6/14/2018
502014283	new svc 141 dale ave	1,334					1,334			Jan-18	Dec-18	6/20/2018	6/20/2018
502014284	new svc 941 falling waters	951					951			Jan-18	Dec-18	5/8/2018	5/8/2018
502014285	new svc 1521 phyllis dr	863					863			Jan-18	Dec-18	6/20/2018	6/20/2018
502014286	new svc 100 continental dr	8,482					8,482			Jan-18	Dec-18	7/9/2018	7/9/2018
502014287	new svc 557 gen cruft	1,803					1,803			Jan-18	Dec-18	6/26/2018	6/26/2018
502014288	Replace steel service 203 Fee	816					816			Jan-18	Dec-18	6/21/2018	6/21/2018
502014289	new svc 4009 loblolly	296					296			Jan-18	Dec-18	5/22/2018	5/22/2018
502014290	new svc 1633 speedwell rd	756					756			Jan-18	Dec-18	6/21/2018	6/21/2018
502014291	new svc 330 pinnacle view dr	570					570			Jan-18	Dec-18	6/21/2018	6/21/2018
502014292	Rep Svc 507 Prospect St	473					473			Jan-18	Dec-18	6/14/2018	6/14/2018
502014293	rep svc 263 my vermon rd #17	114					114			Jan-18	Dec-18	6/14/2018	6/14/2018
502014294	new svc 217 banyans blvd	998					998			Jan-18	Dec-18	6/20/2018	6/20/2018
502014295	rep svc 111 adams st	400					400			Jan-18	Dec-18	6/20/2018	6/20/2018
502014296	rep svc 413 oak st	691					691			Jan-18	Dec-18	6/26/2018	6/26/2018
502014297	rep svc 222 east haiti rd	414					414			Jan-18	Dec-18	6/20/2018	6/20/2018
502014298	rep svc 122 battlefield	453					453			Jan-18	Dec-18	6/26/2018	6/26/2018
502014299	rep svc 122 battlefield	441					441			Jan-18	Dec-18	6/26/2018	6/26/2018
502014300	rep svc 2415 battlefield	620					620			Jan-18	Dec-18	7/12/2018	7/12/2018
502014302	rep svc 204 clarksville ln	385					385			Jan-18	Dec-18	6/26/2018	6/26/2018
502014303	new svc 180 central park ave	774					774			Jan-18	Dec-18	7/17/2018	7/17/2018
502014304	SVC 108 Spanish Wells Ct.	261					261			Jan-18	Dec-18	7/12/2018	7/12/2018
502014305	rep svc 102 crescent dr	725					725			Jan-18	Dec-18	7/17/2018	7/17/2018
502014306	new svc 140 wannamaker blvd	343					343			Jan-18	Dec-18	7/25/2018	7/25/2018
502014307	new svc 243 inverness tr	1,128					1,128			Jan-18	Dec-18	7/24/2018	7/24/2018
502014308	new svc 103 pin oak dr	4,722					4,722			Jan-18	Dec-18	8/29/2018	8/29/2018
502014309	new svc 400 A southern Cross D	2,578					2,578			Jan-18	Dec-18	8/20/2018	8/20/2018
502014310	new svc 400 B Southern Cross D	531					531			Jan-18	Dec-18	8/7/2018	8/7/2018
502014311	New Svc 404 A Southern Cross D	776					776			Jan-18	Dec-18	8/7/2018	8/7/2018
502014312	New Svc 404 B Southern Cross D	527					527			Jan-18	Dec-18	8/7/2018	8/7/2018
502014313	New svc 105 George St	1,062					1,062			Jan-18	Dec-18	8/24/2018	8/24/2018
502014314	new svc 113 spanish wells ct	1,441					1,441			Jan-18	Dec-18	8/21/2018	8/21/2018
502014315	REP SVC 1569 Hwy 1016	445					445			Jan-18	Dec-18	8/13/2018	8/13/2018
502014316	REP SVC 1495 Hwy 1016	406					406			Jan-18	Dec-18	8/13/2018	8/13/2018

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502014317	REP SVC 1835 Big Hill Rd.	928					928			Jan-18	Dec-18	8/28/2018	8/28/2018
502014318	rep svc 109 cherry rd	1,055					1,055			Jan-18	Dec-18	8/22/2018	8/22/2018
502014319	rep scv 107 cherry rd	1,524					1,524			Jan-18	Dec-18	8/23/2018	8/23/2018
502014320	rep svc 111 cherry rd	1,055					1,055			Jan-18	Dec-18	8/23/2018	8/23/2018
502014321	REP SVC 128 Short Line Pike	473					473			Jan-18	Dec-18	8/20/2018	8/20/2018
502014322	new svc 974 kirksville rd	1,246					1,246			Jan-18	Dec-18	10/8/2018	10/8/2018
502014323	new svc berea college	9,159					9,159			Jan-18	Dec-18	9/18/2018	9/18/2018
502014324	new svc 108 oliver st	1,391					1,391			Jan-18	Dec-18	9/21/2018	9/21/2018
502014325	new svc draper bldg	3,081					3,081			Jan-18	Dec-18	9/6/2018	9/6/2018
502014326	new svc 114 spanish wells ct	1,341					1,341			Jan-18	Dec-18	9/4/2018	9/4/2018
502014327	new svc 801 stone ridge dr	1,452					1,452			Jan-18	Dec-18	9/21/2018	9/21/2018
502014328	new svc 112 spanish wells ct	1,924					1,924			Jan-18	Dec-18	9/14/2018	9/14/2018
502014329	New svc 100 Donald Dr	1,141					1,141			Jan-18	Dec-18	9/24/2018	9/24/2018
502014331	REP SVC 70 Central Ave.	622					622			Jan-18	Dec-18	9/14/2018	9/14/2018
502014332	REP SVC 1083 Hwy 1016	658					658			Jan-18	Dec-18	9/27/2018	9/27/2018
502014333	REP SVC 1103 Hwy 1016	662					662			Jan-18	Dec-18	9/27/2018	9/27/2018
502014334	REP SVC 110 Salter Rd.	775					775			Jan-18	Dec-18	9/17/2018	9/17/2018
502014335	REP SVC 112 Salter Rd.	767					767			Jan-18	Dec-18	9/17/2018	9/17/2018
502014336	REP SVC 122 Salter Rd.	655					655			Jan-18	Dec-18	9/14/2018	9/14/2018
502014337	REP SVC 202 Salter Rd.	654					654			Jan-18	Dec-18	9/14/2018	9/14/2018
502014338	New Svc 957 Shenandoah	869					869			Jan-18	Dec-18	9/17/2018	9/17/2018
502014339	New Svc 937 Falling Waters	1,115					1,115			Jan-18	Dec-18	9/24/2018	9/24/2018
502014340	New Svc 112 Deer Ln	1,738					1,738			Jan-18	Dec-18	10/17/2018	10/17/2018
502014341	New Svc 105 St Annes Ct	2,201					2,201			Jan-18	Dec-18	9/24/2018	9/24/2018
502014342	REP SVC 306 Center St.	2,076					2,076			Jan-18	Dec-18	10/19/2018	10/19/2018
502014348	REP SVC 418 Center St.	1,774					1,774			Jan-18	Dec-18	10/19/2018	10/19/2018
502014350	REP SVC 231 Jackson St.	2,597					2,597			Jan-18	Dec-18	10/17/2018	10/17/2018
502014353	REP SVC 1031 Hwy 1016	683					683			Jan-18	Dec-18	9/21/2018	9/21/2018
502014354	new svc 435 southern cross dr	1,020					1,020			Jan-18	Dec-18	10/19/2018	10/19/2018
502014355	new svc 320 southern aster	1,879					1,879			Jan-18	Dec-18	10/19/2018	10/19/2018
502014356	new svc 100 oliver st	668					668			Jan-18	Dec-18	9/21/2018	9/21/2018
502014357	new svc 2020 pleasant point ct	3,435					3,435			Jan-18	Dec-18	10/17/2018	10/17/2018
502014358	new svc 1057 rubrum way	3,211					3,211			Jan-18	Dec-18	10/17/2018	10/17/2018
502014359	new svc 113 pearl st	2,035					2,035			Jan-18	Dec-18	10/19/2018	10/19/2018
502014360	rep svc 401 north powell ave	2,095					2,095			Jan-18	Dec-18	10/29/2018	10/29/2018
502014361	new svc 179 mt view dr	1,848					1,848			Jan-18	Dec-18	10/19/2018	10/19/2018
502014362	new svc 408 southern cross dr	1,103					1,103			Jan-18	Dec-18	10/17/2018	10/17/2018
502014363	new svc 141 old wallaceton rd	2,670					2,670			Jan-18	Dec-18	12/6/2018	12/6/2018
502014364	new svc 228 savanna dr	1,175					1,175			Jan-18	Dec-18	11/30/2018	11/30/2018
502014365	new svc 2490 battlefield mem h	696					696			Jan-18	Dec-18	11/7/2018	11/7/2018
502014366	new svc 314 savanna dr	2,039					2,039			Jan-18	Dec-18	12/6/2018	12/6/2018
502014367	new svc 246 Savanna Dr	1,228					1,228			Jan-18	Dec-18	11/30/2018	11/30/2018
502014368	new svc 751 Industrial Dr	587					587			Jan-18	Dec-18	10/19/2018	10/19/2018
502014369	REP SVC 114 Walnut St.	227					227			Jan-18	Dec-18	10/26/2018	10/26/2018
502014370	REP SVC 112 Walnut St.	417					417			Jan-18	Dec-18	10/26/2018	10/26/2018
502014371	REP SVC 110 Walnut St.	319					319			Jan-18	Dec-18	10/26/2018	10/26/2018
502014372	REP SVC 108 Walnut St.	431					431			Jan-18	Dec-18	10/26/2018	10/26/2018
502014373	REP SVC 102 Walnut St.	363					363			Jan-18	Dec-18	10/26/2018	10/26/2018
502014374	REP SVC 414 Chestnut St.	515					515			Jan-18	Dec-18	10/24/2018	10/24/2018
502014375	REP SVC 440 Chestnut St.	79					79			Jan-18	Dec-18	10/24/2018	10/24/2018
502014376	REP SVC 67 Mary St.	256					256			Jan-18	Dec-18	10/31/2018	10/31/2018
502014377	new svc 238 east haiti	1,310					1,310			Jan-18	Dec-18	11/29/2018	11/29/2018
502014378	new svc 417 balite way	1,003					1,003			Jan-18	Dec-18	11/7/2018	11/7/2018
502014379	new svc 264 banyans	990					990			Jan-18	Dec-18	11/7/2018	11/7/2018
502014380	SVC 1607 Big Hill Rd.	2,458					2,458			Jan-18	Dec-18	12/6/2018	12/6/2018
502014381	rep svc 115 cherry rd ct	499					499			Jan-18	Dec-18	11/27/2018	11/27/2018
502014382	new svc 412 southern cross dr	1,882					1,882			Jan-18	Dec-18	11/12/2018	11/12/2018
502014383	new svc 115 legacy	1,185					1,185			Jan-18	Dec-18	11/8/2018	11/8/2018
502014384	SVC 106 Spanish Wells Ct.	1,021					1,021			Jan-18	Dec-18	11/6/2018	11/6/2018
502014385	new svc 205 gen clebune	1,204					1,204			Jan-18	Dec-18	12/6/2018	12/6/2018

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502014386	bew svc 412 red square	987					987			Jan-18	Dec-18	12/6/2018	12/6/2018
502014387	new svc 128 hickory meadow	1,203					1,203			Jan-18	Dec-18	12/6/2018	12/6/2018
502014388	REP SVC 118 Mt. Vernon Rd.	610					610			Jan-18	Dec-18	11/12/2018	11/12/2018
502014391	REP SVC 133 Christmas Ridge Rd	453					453			Jan-18	Dec-18	11/29/2018	11/29/2018
502014392	New Svc 185 Plantation dr	1,198					1,198			Jan-18	Dec-18	NA	NA
502014393	New Svc 221 Delancy Dr	963					963			Jan-18	Dec-18	11/30/2018	11/30/2018
502014394	New Svc 122 Cherry Rd Ct	1,273					1,273			Jan-18	Dec-18	11/30/2018	11/30/2018
502014395	rep svc 119 cherry rd ct	469					469			Jan-18	Dec-18	11/27/2018	11/27/2018
502014396	new svc 743 oakmont tr	1,800					1,800			Jan-18	Dec-18	12/6/2018	12/6/2018
502014397	REP SVC 130 Cherry Rd.	509					509			Jan-18	Dec-18	11/27/2018	11/27/2018
502014398	New svc 329 Bocote Dr.Berea KY	799					799			Jan-18	Dec-18	12/27/2018	12/27/2018
502014399	New svc 284 River Run Dr.	1,746					1,746			Jan-18	Dec-18	12/6/2018	12/6/2018
502014400	REP SVC 144 Christmas Ridge	426					426			Jan-18	Dec-18	11/29/2018	11/29/2018
502014402	rep svc 96 neely st	517					517			Jan-18	Dec-18	11/30/2018	11/30/2018
502014403	new svc 750 opossum kingdom	2,393					2,393			Jan-18	Dec-18	12/26/2018	12/26/2018
502014404	new svc 416 southern cross	1,125					1,125			Jan-18	Dec-18	12/26/2018	12/26/2018
502014408	REP SVC 101 Water St.	291					291			Jan-18	Dec-18	11/30/2018	11/30/2018
502014409	new svc 1424 scaffold cane rd	1,798					1,798			Jan-18	Dec-18	12/26/2018	12/26/2018
502014411	new svc 1444 scaffold cane rd	799					799			Jan-18	Dec-18	12/26/2018	12/26/2018
502014412	rep 107 boone st	72					72			Jan-18	Dec-18	12/6/2018	12/6/2018
502014413	rep svc 101 pearl st	226					226			Jan-18	Dec-18	12/6/2018	12/6/2018
502014414	rep svc 103 pearl st	593					593			Jan-18	Dec-18	12/6/2018	12/6/2018
502014419	new svc 640 king luke dr	912					912			Jan-18	Dec-18	12/26/2018	12/26/2018
502014421	new svc 219 trilliom loop	799					799			Jan-18	Dec-18	12/27/2018	12/27/2018
502014423	new svc 148 raven dr	1,198					1,198			Jan-18	Dec-18	NA	NA
502014424	new svc 227 trillium loop	399					399			Jan-18	Dec-18	12/21/2018	12/21/2018
502017000	Excess Flow Valve on Services	189					189			Jan-18	Dec-18	NA	NA
502018000	Farm Tap Revisions on Services	823					823			Jan-18	Dec-18	NA	NA
503016000	Install Curb Valves on Service	2,743					2,743			Jan-18	Dec-18	NA	NA
503016891	Inst New SVC 4604 Windstar Way	822					822			Jan-18	Dec-18	12/7/2018	12/7/2018
503017014	Rep SVC 108 Foxwood Dr CANCELLED	(160)					(160)			Jan-18	Dec-18	NA	NA
503017073	Inst New SVC 360 E Brannon Rd	20					20			Jan-18	Dec-18	8/21/2017	8/21/2017
503017129	Inst New SVC 233 Qyeensway Dr	298					298			Jan-18	Dec-18	1/25/2018	1/25/2018
503017140	Inst New SVC 140 Rowanberry	943					943			Jan-18	Dec-18	10/17/2018	10/17/2018
503017145	Inst new SVC Alltec Computrex	655					655			Jan-18	Dec-18	NA	6/18/2018
503017147	Inst New SVC 229 Burley Ridge	8					8			Jan-18	Dec-18	12/1/2017	12/1/2017
503017154	Inst New SVC 129 Fairway Dr	62					62			Jan-18	Dec-18	1/2/2018	1/2/2018
503017157	Inst New SVC 156 Rowanberry	492					492			Jan-18	Dec-18	12/18/2017	12/18/2017
503017159	Inst New SVC 165 Rowanberry	715					715			Jan-18	Dec-18	3/5/2018	3/5/2018
503017160	Inst New SVC 161 Rowanberry	76					76			Jan-18	Dec-18	1/3/2018	1/3/2018
503017161	Inst New SVC 269 Manitoba Lane	387					387			Jan-18	Dec-18	1/23/2018	1/23/2018
503017164	Inst New SVC 403 S Main Stree	88					88			Jan-18	Dec-18	12/14/2017	12/14/2017
503017166	Inst New SVC 401 Shelburne Way	969					969			Jan-18	Dec-18	1/10/2018	1/10/2018
503017169	Inst New SVC 101 Wyatt Court	79					79			Jan-18	Dec-18	1/2/2018	1/2/2018
503017170	Inst New SVC 305 W Chestnut S	30					30			Jan-18	Dec-18	1/3/2018	1/3/2018
503017171	Inst New SVC 117 Weatfield CT	1,105					1,105			Jan-18	Dec-18	2/1/2018	2/1/2018
503017172	Inst New SVC 137 Carolyn Lane	1,904					1,904			Jan-18	Dec-18	1/24/2018	1/24/2018
503017173	Inst New SVC 4548 Windstar Way	1,007					1,007			Jan-18	Dec-18	1/23/2018	1/23/2018
503017174	Inst New SVC 514 Alta AVE	988					988			Jan-18	Dec-18	1/10/2018	1/10/2018
503017175	Inst New SVC 140 Wyatt Ct	670					670			Jan-18	Dec-18	1/25/2018	1/25/2018
503017176	Inst New SVC 1314 Shun Rd #2	2,592					2,592			Jan-18	Dec-18	1/30/2018	1/30/2018
503017177	Inst New SVC 101 Callis Circle	600					600			Jan-18	Dec-18	3/1/2018	3/1/2018
503017178	Inst New SVC 205 Bernie Trail	741					741			Jan-18	Dec-18	1/25/2018	1/25/2018
503017179	Inst New SVC 916 Union Mill Rd	726					726			Jan-18	Dec-18	2/1/2018	2/1/2018
503017180	Inst New SVC 912 Union Mill Rd	2,777					2,777			Jan-18	Dec-18	2/8/2018	2/8/2018
503017181	Inst New SVC 101 Pleasant Grov	502					502			Jan-18	Dec-18	1/22/2018	1/22/2018
503017182	Inst New SVC 101 Brook Ct	497					497			Jan-18	Dec-18	1/22/2018	1/22/2018
503017183	Inst New SVC 104 Wyatt Court	795					795			Jan-18	Dec-18	2/6/2018	2/6/2018
503017184	Inst new SVC 4575 Sulpher Well	968					968			Jan-18	Dec-18	2/9/2018	2/9/2018
503017185	Inst new SVC 129 Vincewood Dr	391					391			Jan-18	Dec-18	3/1/2018	3/1/2018

Project No.	Project Title/Description	Annual Actual Cost	Annual Original Budget	Variance in Dollars	Variance as Percent	Percent of Budget	Total Actual Project Cost	Total Budget Project Cost	Variance in Dollars	Date Original Budget Start	Date Original Budget End	Date Actual Start	Date Actual End
503017186	Inst New SVC 245 Manitoba Lane	782					782			Jan-18	Dec-18	3/1/2018	3/1/2018
503017187	Inst New SVC 249 Manitoba	793					793			Jan-18	Dec-18	3/2/2018	3/2/2018
503017188	Inst New SVC 500 W Maple St	2,520					2,520			Jan-18	Dec-18	3/8/2018	3/8/2018
503017189	Inst new SVC 172 Rowanberry	590					590			Jan-18	Dec-18	3/2/2018	3/2/2018
503017190	inst New SVC 148 Waxwing	714					714			Jan-18	Dec-18	3/14/2018	3/14/2018
503017191	Inst New SVC 178 E Brannon Rd	2,542					2,542			Jan-18	Dec-18	3/16/2018	3/16/2018
503017192	Inst New SVC 213 Burley Ridge	945					945			Jan-18	Dec-18	3/8/2018	3/8/2018
503017193	Inst New SVC 221 Burley Ridge	1,796					1,796			Jan-18	Dec-18	3/8/2018	3/8/2018
503017194	Inst New SVC 104 Maxwell	1,187					1,187			Jan-18	Dec-18	4/5/2018	4/5/2018
503017195	Inst New SVC 108 Maxwell	617					617			Jan-18	Dec-18	3/13/2018	3/13/2018
503017196	Inst New SVC 124 Petunia	524					524			Jan-18	Dec-18	4/5/2018	4/5/2018
503017197	Inst SVC 220 N Plaza Dr	675					675			Jan-18	Dec-18	3/16/2018	3/16/2018
503017198	inst new SVC 141 Waxwing	502					502			Jan-18	Dec-18	3/14/2018	3/14/2018
503017199	Inst new SVC 421 B Bennett Dr	1,779					1,779			Jan-18	Dec-18	3/16/2018	3/16/2018
503017200	Inst New SVC 901 Corbitt Dr	958					958			Jan-18	Dec-18	4/10/2018	4/10/2018
503017201	Inst new SVC 813 Corbitt Drive	1,413					1,413			Jan-18	Dec-18	4/9/2018	4/9/2018
503017202	Inst new SVC 504 Brannon Meado	818					818			Jan-18	Dec-18	4/5/2018	4/5/2018
503017203	Inst New SVC 136 Rowanberry	544					544			Jan-18	Dec-18	4/5/2018	4/5/2018
503017204	Inst New SVC 132 Rowanberry	544					544			Jan-18	Dec-18	4/5/2018	4/5/2018
503017205	Inst New SVC 129 Rowanberry	993					993			Jan-18	Dec-18	4/11/2018	4/11/2018
503017206	Inst New SVC 125 Rowanberry	792					792			Jan-18	Dec-18	4/11/2018	4/11/2018
503017207	Inst New SVC 313 Patmore	986					986			Jan-18	Dec-18	4/4/2018	4/4/2018
503017208	Inst New SVC 254 Manitoba Lane	1,734					1,734			Jan-18	Dec-18	4/5/2018	4/5/2018
503017209	Inst New SVC 250 Manitoba Lane	791					791			Jan-18	Dec-18	4/4/2018	4/4/2018
503017210	Inst New SVC 202 Deerfield Cir	1,063					1,063			Jan-18	Dec-18	5/21/2018	5/21/2018
503017211	Inst New SVC 120 Roseburg	1,145					1,145			Jan-18	Dec-18	4/5/2018	4/5/2018
503017212	Inst New SVC 240 Hambrick	1,269					1,269			Jan-18	Dec-18	4/6/2018	4/6/2018
503017213	Inst New SVC 3031 Catnip Hill	279					279			Jan-18	Dec-18	4/4/2018	4/4/2018
503017214	Rep SVC 307 Hickory Hill Dr	545					545			Jan-18	Dec-18	5/2/2018	5/2/2018
503017215	Rep SVC 305 Hickory Hill	255					255			Jan-18	Dec-18	5/7/2018	5/7/2018
503017216	Rep SVC 301 Hickory Hill	333					333			Jan-18	Dec-18	5/4/2018	5/4/2018
503017217	Rep SVC 207 Hickory Hill	334					334			Jan-18	Dec-18	5/7/2018	5/7/2018
503017218	Rep SVC 206 Hickory Hill	289					289			Jan-18	Dec-18	5/2/2018	5/2/2018
503017219	Rep SVC 205 Hickory Hill	325					325			Jan-18	Dec-18	5/7/2018	5/7/2018
503017220	Rep SVC 203 Hickory Hill Rd	339					339			Jan-18	Dec-18	5/3/2018	5/3/2018
503017221	Rep SVC 204 Hickory Hill	424					424			Jan-18	Dec-18	5/2/2018	5/2/2018
503017222	Rep SVC 200 Hickory Hill	326					326			Jan-18	Dec-18	5/2/2018	5/2/2018
503017223	Rep SVC 201 Hickory Hill	204					204			Jan-18	Dec-18	5/3/2018	5/3/2018
503017224	Rep SVC 202 Hickory Hill	313					313			Jan-18	Dec-18	5/2/2018	5/2/2018
503017225	Reo SVC 105 Hickory Hill	696					696			Jan-18	Dec-18	5/4/2018	5/4/2018
503017226	Rep SVC 103 Hickory Hill	411					411			Jan-18	Dec-18	5/7/2018	5/7/2018
503017227	Rep SVC 423 S 3rd St	396					396			Jan-18	Dec-18	5/14/2018	5/14/2018
503017228	Rep SVC 419 S 3rd St	539					539			Jan-18	Dec-18	5/14/2018	5/14/2018
503017229	Rep SVC 100 Holly Hill Ct	249					249			Jan-18	Dec-18	5/18/2018	5/18/2018
503017230	Rep SVC 102 Holly Hill Ct	994					994			Jan-18	Dec-18	5/3/2018	5/3/2018
503017231	Rep SVC 101 Holly Hill Ct	415					415			Jan-18	Dec-18	5/3/2018	5/3/2018
503017232	Rep SVC 517 S Main St	413					413			Jan-18	Dec-18	5/7/2018	5/7/2018
503017233	Rep SVC 505 S Main St	524					524			Jan-18	Dec-18	5/4/2018	5/4/2018
503017234	Rep SVC 201 Linden Lane	409					409			Jan-18	Dec-18	5/3/2018	5/3/2018
503017235	Rep SVC 202 Linden Lane	414					414			Jan-18	Dec-18	5/4/2018	5/4/2018
503017236	Rep SVC 204 Linden Lane	437					437			Jan-18	Dec-18	5/4/2018	5/4/2018
503017237	Rep SVC 203 Linden Lane	743					743			Jan-18	Dec-18	5/17/2018	5/17/2018
503017238	Rep SVC 100 Heather Way	401					401			Jan-18	Dec-18	5/18/2018	5/18/2018
503017239	Rep SVC 101 Heather Way	397					397			Jan-18	Dec-18	5/7/2018	5/7/2018
503017240	Rep SVC 103 Heather Way	404					404			Jan-18	Dec-18	5/7/2018	5/7/2018
503017241	REp SVC 102 Heaather Way	402					402			Jan-18	Dec-18	5/18/2018	5/18/2018
503017242	REp SVC 101 Natchez Trace	398					398			Jan-18	Dec-18	5/18/2018	5/18/2018
503017243	Rep SVC 100 Natchez Trace	393					393			Jan-18	Dec-18	5/8/2018	5/8/2018
503017244	Rep SVC 102 Natchez Trace	417					417			Jan-18	Dec-18	5/8/2018	5/8/2018
503017245	104 Natchez Trace	582					582			Jan-18	Dec-18	5/8/2018	5/8/2018

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503017246	Rep SVC 201 Natchez Trace	395					395			Jan-18	Dec-18	5/9/2018	5/9/2018
503017247	Rep SVC 202 Natchez Trace	403					403			Jan-18	Dec-18	5/9/2018	5/9/2018
503017249	Rep SVC 701 S Main	2,217					2,217			Jan-18	Dec-18	5/17/2018	5/17/2018
503017250	Rep SVC 105 Heather Way	386					386			Jan-18	Dec-18	5/7/2018	5/7/2018
503017251	Inst New SVC 3003 Park Central	848					848			Jan-18	Dec-18	4/17/2018	4/17/2018
503017252	Rep SVC 208 Hickory Hill Rd	581					581			Jan-18	Dec-18	5/14/2018	5/14/2018
503017253	Inst New SVC 100 Morning Veiw	941					941			Jan-18	Dec-18	5/2/2018	5/2/2018
503017254	Inst New SVC 101 Sunrise	1,150					1,150			Jan-18	Dec-18	5/2/2018	5/2/2018
503017255	Inst New SVC 1129 Orchard Dr	1,295					1,295			Jan-18	Dec-18	5/2/2018	5/2/2018
503017256	Inst New SVC 105 Allie Run	711					711			Jan-18	Dec-18	5/2/2018	5/2/2018
503017257	Rep SVC 100 Hickory Hill	469					469			Jan-18	Dec-18	5/18/2018	5/18/2018
503017258	Inst New SVC 103 Winslow Way	1,095					1,095			Jan-18	Dec-18	5/1/2018	5/1/2018
503017259	Inst New SVC 1040 Marshall Bra	1,264					1,264			Jan-18	Dec-18	6/1/2018	6/1/2018
503017260	Inst New SVC 1110 Marshall Bra	647					647			Jan-18	Dec-18	5/10/2018	5/10/2018
503017261	Inst New SVC 1074 Marshall Bra	2,913					2,913			Jan-18	Dec-18	5/9/2018	5/9/2018
503017262	Inst New SVC 1094 Marshall Bra	1,935					1,935			Jan-18	Dec-18	5/9/2018	5/9/2018
503017263	Inst New SVC 120 Loose Leaf Ct	1,096					1,096			Jan-18	Dec-18	5/25/2018	5/25/2018
503017264	Inst New SVC 100 Squire Way	895					895			Jan-18	Dec-18	6/4/2018	6/4/2018
503017265	Inst New SVC 508 Shelburne Way	891					891			Jan-18	Dec-18	5/2/2018	5/2/2018
503017266	Inst New SVC 217 Burley Ridge	947					947			Jan-18	Dec-18	5/2/2018	5/2/2018
503017267	Rep SVC 603 S Main St	431					431			Jan-18	Dec-18	5/17/2018	5/17/2018
503017268	Inst New SVC 114 Anderson Way	1,011					1,011			Jan-18	Dec-18	5/14/2018	5/14/2018
503017269	Inst New SVC 116 Anderson Way	906					906			Jan-18	Dec-18	5/15/2018	5/15/2018
503017270	Inst New SVC 101 Waxwing Lane	1,076					1,076			Jan-18	Dec-18	5/22/2018	5/22/2018
503017271	Inst New SVC 121 Waxwing Lane	1,277					1,277			Jan-18	Dec-18	6/1/2018	6/1/2018
503017272	Inst new SVC 390 E Brannon Rd	1,731					1,731			Jan-18	Dec-18	6/5/2018	6/5/2018
503017273	Inst New SVC 137 Rowanberry	700					700			Jan-18	Dec-18	5/15/2018	5/15/2018
503017274	Inst New SVC 780 E Brannon	1,251					1,251			Jan-18	Dec-18	5/15/2018	5/15/2018
503017275	Inst New SVC 421 South Point D	2,036					2,036			Jan-18	Dec-18	6/1/2018	6/1/2018
503017276	Inst New SVC Jhonson Hall East	1,515					1,515			Jan-18	Dec-18	5/18/2018	5/18/2018
503017277	Inst New SVC Kinlaw Library	2,066					2,066			Jan-18	Dec-18	5/18/2018	5/18/2018
503017278	Rep SVC 205 Natchez Trace	373					373			Jan-18	Dec-18	5/18/2018	5/18/2018
503017279	Inst New SVC 513 Thames Circle	1,075					1,075			Jan-18	Dec-18	5/18/2018	5/18/2018
503017280	Rep SVC 416 A W Brown St	413					413			Jan-18	Dec-18	6/1/2018	6/1/2018
503017281	nst New SVC 3012 Vince Road	427					427			Jan-18	Dec-18	6/6/2018	6/6/2018
503017282	Inst New SVC 3006 Vince Road	433					433			Jan-18	Dec-18	6/6/2018	6/6/2018
503017283	Rep SVC 701 N Main St	610					610			Jan-18	Dec-18	6/1/2018	6/1/2018
503017284	Rep SVC 705 N Main St	377					377			Jan-18	Dec-18	6/1/2018	6/1/2018
503017285	Rep SVC 709 N Main St	371					371			Jan-18	Dec-18	6/1/2018	6/1/2018
503017286	Inst New SVC 258 Manitoba Lane	885					885			Jan-18	Dec-18	6/11/2018	6/11/2018
503017287	Inst New SVC 105 Maxwell Dr	896					896			Jan-18	Dec-18	6/5/2018	6/5/2018
503017288	Rep SVC 706 N Main St	45					45			Jan-18	Dec-18	6/5/2018	6/5/2018
503017289	Inst New SVC 344 Whitfeild Dr	1,039					1,039			Jan-18	Dec-18	6/7/2018	6/7/2018
503017290	Rep SVC 314 N 3rd St	1,018					1,018			Jan-18	Dec-18	6/8/2018	6/8/2018
503017291	Rep SVC 110 Ilhardt	368					368			Jan-18	Dec-18	6/8/2018	6/8/2018
503017292	Rep SVC 112 Ilhardt	420					420			Jan-18	Dec-18	6/8/2018	6/8/2018
503017293	Rep SVC 114 Ilhardt	725					725			Jan-18	Dec-18	6/8/2018	6/8/2018
503017294	Rep SVC 116 Ilhardt	188					188			Jan-18	Dec-18	6/11/2018	6/11/2018
503017295	Inst New SVC 100 Waxwing	1,139					1,139			Jan-18	Dec-18	7/10/2018	7/10/2018
503017296	Inst New SVC 104 Waxwing	891					891			Jan-18	Dec-18	6/11/2018	6/11/2018
503017297	Inst New SVC 121 Arbee Dr	843					843			Jan-18	Dec-18	6/12/2018	6/12/2018
503017298	Inst New SVC 2138 Jessamine St	1,203					1,203			Jan-18	Dec-18	6/14/2018	6/14/2018
503017299	Inst New SVC 111 Shun Rd	689					689			Jan-18	Dec-18	6/19/2018	6/19/2018
503017300	Inst New SVC 113 Shun Road	1,703					1,703			Jan-18	Dec-18	6/22/2018	6/22/2018
503017301	Inst New SVC 1028 Lauderdale D	1,036					1,036			Jan-18	Dec-18	6/18/2018	6/18/2018
503017302	Inst New SVC 1020 Lauderdale D	1,035					1,035			Jan-18	Dec-18	6/18/2018	6/18/2018
503017304	Inst New SVC 305 Squires Way	814					814			Jan-18	Dec-18	6/18/2018	6/18/2018
503017305	Inst New SVC 136 Waxwing Lane	1,072					1,072			Jan-18	Dec-18	6/19/2018	6/19/2018
503017306	Rep SVC 301 W Maple St	969					969			Jan-18	Dec-18	7/3/2018	7/3/2018
503017307	Inst New SVC 152 Rowanberry Dr	939					939			Jan-18	Dec-18	7/9/2018	7/9/2018

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503017308	Inst New SVC 157 Rowanberry Dr	941					941			Jan-18	Dec-18	7/9/2018	7/9/2018
503017309	Inst new SVC 109 Loose Leaf Ct	1,356					1,356			Jan-18	Dec-18	8/15/2018	8/15/2018
503017310	Inst New SVC 113 Loose Leaf Ct	953					953			Jan-18	Dec-18	7/18/2018	7/18/2018
503017311	Inst New SVC 208 N Town Branch	1,539					1,539			Jan-18	Dec-18	7/16/2018	7/16/2018
503017312	Inst New SVC 168 Rowanberry	1,140					1,140			Jan-18	Dec-18	7/12/2018	7/12/2018
503017313	Inst New SVC 148 Rowanberry	936					936			Jan-18	Dec-18	7/17/2018	7/17/2018
503017314	Inst New SVC 266 Manitoba Lane	1,427					1,427			Jan-18	Dec-18	8/6/2018	8/6/2018
503017315	Inst New SVC 262 Manitoba Lane	1,411					1,411			Jan-18	Dec-18	8/6/2018	8/6/2018
503017316	Inst New SVC 123 Tara Lane	1,158					1,158			Jan-18	Dec-18	7/26/2018	7/26/2018
503017317	Inst New SVC 224 Burley Ridge	915					915			Jan-18	Dec-18	7/18/2018	7/18/2018
503017318	Inst New SVC 212 Burley Ridge	1,156					1,156			Jan-18	Dec-18	7/26/2018	7/26/2018
503017319	Inst New SVC 117 Golden Burley	1,740					1,740			Jan-18	Dec-18	8/2/2018	8/2/2018
503017320	Inst New SVC 511 W Maple St	1,745					1,745			Jan-18	Dec-18	10/30/2018	10/30/2018
503017321	Inst New SVC 1404 Orchard Dr	508					508			Jan-18	Dec-18	9/7/2018	9/7/2018
503017322	Inst New SVC 176 Rowanberry La	1,025					1,025			Jan-18	Dec-18	7/24/2018	7/24/2018
503017323	Inst New SVC 112 Waxwing Lane	939					939			Jan-18	Dec-18	7/24/2018	7/24/2018
503017324	Inst New SVC 1360 Clearcreek R	1,471					1,471			Jan-18	Dec-18	8/3/2018	8/3/2018
503017325	Rep SVC 133 Shannon Prwk	1,112					1,112			Jan-18	Dec-18	7/30/2018	7/30/2018
503017326	Rep SVC 114 Wood St	1,106					1,106			Jan-18	Dec-18	8/7/2018	8/7/2018
503017327	Rep SVC 506 E Main St	1,289					1,289			Jan-18	Dec-18	8/9/2018	8/9/2018
503017328	Inst New SVC 500 Corbitt Dr	1,356					1,356			Jan-18	Dec-18	8/13/2018	8/13/2018
503017329	Rep Svc 137 Shannon Park	1,891					1,891			Jan-18	Dec-18	8/14/2018	8/14/2018
503017330	Inst New SVC 200 Burley Ridge	688					688			Jan-18	Dec-18	8/20/2018	8/20/2018
503017331	Inst New SVC 405 Shelburne Way	1,151					1,151			Jan-18	Dec-18	8/23/2018	8/23/2018
503017332	Inst New SVC 205 Burley Ridge	1,391					1,391			Jan-18	Dec-18	8/22/2018	8/22/2018
503017333	Inst New SVC 524 Hawks Nest Pt	767					767			Jan-18	Dec-18	8/24/2018	8/24/2018
503017334	Inst New SVC 205 Cameron Dr	1,076					1,076			Jan-18	Dec-18	8/27/2018	8/24/2018
503017336	Inst New SVC 372 Ashmoor Dr	1,049					1,049			Jan-18	Dec-18	9/6/2018	9/6/2018
503017337	Inst New SVC 534 Alta Ave	1,930					1,930			Jan-18	Dec-18	9/11/2018	9/11/2018
503017338	Inst New SVC 101 Morning Veiw	2,161					2,161			Jan-18	Dec-18	9/5/2018	9/5/2018
503017339	Inst New SVC 2995 Sulpher Well	477					477			Jan-18	Dec-18	9/6/2018	9/6/2018
503017340	Inst New SVC 2995 Sulpher Well	455					455			Jan-18	Dec-18	9/6/2018	9/6/2018
503017341	Inst New SVC 1173 Orchard Dr	2,143					2,143			Jan-18	Dec-18	9/18/2018	9/18/2018
503017342	Rep SVC 534 Alta Ave	1,482					1,482			Jan-18	Dec-18	9/12/2018	9/12/2018
503017343	Rep SVC 528 Alta AVE	393					393			Jan-18	Dec-18	9/12/2018	9/12/2018
503017344	Rep SVC 530 Alta Ave	376					376			Jan-18	Dec-18	9/12/2018	9/12/2018
503017345	Rep SVC 532 Alta Ave	262					262			Jan-18	Dec-18	9/12/2018	9/12/2018
503017346	Inst New SVC 9587 Harrodsburg	301					301			Jan-18	Dec-18	10/1/2018	10/1/2018
503017347	Inst New SVC 9588 Harrodsburg	1,077					1,077			Jan-18	Dec-18	11/1/2018	11/1/2018
503017348	Inst New SVC 117 Burley Ridge	955					955			Jan-18	Dec-18	10/22/2018	10/22/2018
503017349	Insdt new SVC 225 Burley Ridge	961					961			Jan-18	Dec-18	10/22/2018	10/22/2018
503017350	Inst New SVC 121 Patmore	1,569					1,569			Jan-18	Dec-18	11/7/2018	11/7/2018
503017351	Inst New SVC 104 Patmore	1,151					1,151			Jan-18	Dec-18	11/1/2018	11/1/2018
503017352	Inst New SVC 124 Rowanberry La	1,335					1,335			Jan-18	Dec-18	10/18/2018	10/18/2018
503017353	Inst New SVC 137 Waxwing Lane	883					883			Jan-18	Dec-18	12/3/2018	12/3/2018
503017354	Inst New SVC 701 N 2nd St	854					854			Jan-18	Dec-18	10/17/2018	10/17/2018
503017355	Inst New SVC 122 Stellar Dr	2,534					2,534			Jan-18	Dec-18	10/19/2018	10/19/2018
503017356	Inst New SVC 229 Sunrise Dr	1,697					1,697			Jan-18	Dec-18	11/1/2018	11/1/2018
503017357	Rep SVC 1010 Jessamine Station	2,268					2,268			Jan-18	Dec-18	10/16/2018	10/16/2018
503017359	Inst New SVC 356 Bernie Trail	797					797			Jan-18	Dec-18	10/23/2018	10/23/2018
503017360	Inst New SVC 142 Woodveiw Dr	891					891			Jan-18	Dec-18	10/23/2018	10/23/2018
503017361	Inst New SVC 121 1/2 E Oak St	874					874			Jan-18	Dec-18	10/23/2018	10/23/2018
503017362	Inst New SVC 229 Ashville Dr	580					580			Jan-18	Dec-18	10/24/2018	10/24/2018
503017363	Inst New SVC 513 Hawks Nest	661					661			Jan-18	Dec-18	10/29/2018	10/29/2018
503017364	Inst New SVC 716 Pinoak Dr	303					303			Jan-18	Dec-18	10/24/2018	10/24/2018
503017365	Rep SVC 117 Garden Park	1,721					1,721			Jan-18	Dec-18	10/25/2018	10/25/2018
503017366	Inst New SVC 4097 Lexington Rd	3,261					3,261			Jan-18	Dec-18	NA	11/2/2018
503017367	Inst New SVC 320 Manitoba Lane	880					880			Jan-18	Dec-18	12/3/2018	12/3/2018
503017368	Inst New SVC 113 Waxwing Lane	1,106					1,106			Jan-18	Dec-18	11/7/2018	11/7/2018
503017369	Inst New SVC 101 N 2nd St	3,880					3,880			Jan-18	Dec-18	11/5/2018	11/5/2018

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503017370	Inst New SVC 102 1/2 N Central	1,229					1,229			Jan-18	Dec-18	11/6/2018	11/6/2018
503017371	Inst New SVC 116 Macarthur CT	1,196					1,196			Jan-18	Dec-18	12/3/2018	12/3/2018
503017372	Inst New SVC 1060 Elizabeth Dr	1,520					1,520			Jan-18	Dec-18	12/3/2018	12/3/2018
503017373	Inst New SVC 309 Mason Springs	1,204					1,204			Jan-18	Dec-18	12/3/2018	12/3/2018
503017374	Inst New SVC 105 Wyatt Dr	1,103					1,103			Jan-18	Dec-18	12/4/2018	12/4/2018
503017375	Inst New SVC 128 Wyatt Dr	1,726					1,726			Jan-18	Dec-18	12/5/2018	12/5/2018
503017376	Inst New SVC 101 Juniper Dr	613					613			Jan-18	Dec-18	12/4/2018	12/4/2018
503017379	Inst New SVC 200 Louisa Dr #1	364					364			Jan-18	Dec-18	12/7/2018	12/7/2018
503017380	Inst New SVC 200 Louisa Dr #2	386					386			Jan-18	Dec-18	12/7/2018	12/7/2018
503017381	Inst New SVC 200 Louisa Dr # 4	386					386			Jan-18	Dec-18	12/7/2018	12/7/2018
503017382	Inst New SVC 4668 Windstar Way	1,527					1,527			Jan-18	Dec-18	12/5/2018	12/5/2018
503017383	Inst New SVC 105 Means Dr	1,192					1,192			Jan-18	Dec-18	12/3/2018	12/3/2018
503017384	Inst New SVC 121 Wheatfield Ct	1,730					1,730			Jan-18	Dec-18	12/11/2018	12/11/2018
503017385	Inst New SVC 116 Angela Trail	1,466					1,466			Jan-18	Dec-18	12/6/2018	12/6/2018
503017386	Inst New SVC 4593 Windstar Way	896					896			Jan-18	Dec-18	12/5/2018	12/5/2018
503017391	Inst New SVC 411 N Main St	417					417			Jan-18	Dec-18	12/10/2018	12/10/2018
503017392	Inst New SVC 317 Weslyn Way	1,325					1,325			Jan-18	Dec-18	12/11/2018	12/11/2018
503017393	inst New SVC 227 Lakeveiw Dr	227					227			Jan-18	Dec-18	12/17/2018	12/17/2018
505012673	SL to 901 Hwy 11 S.	1,992					1,992			Jan-18	Dec-18	1/29/2018	1/29/2018
505012704	SL to 389 N Main St. Bldg. B	513					513			Jan-18	Dec-18	4/13/2018	4/13/2018
505012706	SL to 1326 E. College Ave	803					803			Jan-18	Dec-18	2/12/2018	2/12/2018
505012707	SL to 1329 Beechfork Rd.	557					557			Jan-18	Dec-18	2/19/2018	2/19/2018
505012708	SL to 1359 Caudill Rd.	924					924			Jan-18	Dec-18	4/12/2018	4/12/2018
505012709	SL to 4082 Camargo Rd.	245					245			Jan-18	Dec-18	5/23/2018	5/23/2018
505012710	SP- 4078 Camargo Rd.	278					278			Jan-18	Dec-18	5/4/2018	5/4/2018
505012712	SL- to 895 Gibson Lane	1,734					1,734			Jan-18	Dec-18	5/30/2018	5/30/2018
505012713	SN to 2764 McCormick Rd.	1,785					1,785			Jan-18	Dec-18	6/28/2018	6/28/2018
505012714	SP at 439 N Main St.	851					851			Jan-18	Dec-18	7/10/2018	7/10/2018
505012715	SL to 8925 HWY 460	141					141			Jan-18	Dec-18	8/10/2018	8/10/2018
505012716	SL to 10035 Hwy 460	510					510			Jan-18	Dec-18	7/17/2018	7/17/2018
505012718	SP to 10050 Hwy 460	427					427			Jan-18	Dec-18	7/17/2018	7/17/2018
505012719	SP to 9940 Hwy 460	414					414			Jan-18	Dec-18	7/17/2018	7/17/2018
505012720	SP to 9930 Hwy 460	529					529			Jan-18	Dec-18	7/17/2018	7/17/2018
505012721	SP to 9950 Main St.	385					385			Jan-18	Dec-18	7/17/2018	7/17/2018
505012722	SP-Relace Service to 9140 Main	742					742			Jan-18	Dec-18	7/19/2018	7/19/2018
505012723	SP - to 8950 Main St.	1,506					1,506			Jan-18	Dec-18	8/13/2018	8/13/2018
505012724	SL to 110 Fay St.	225					225			Jan-18	Dec-18	8/13/2018	8/13/2018
505012725	SP to 8975 Main St.	980					980			Jan-18	Dec-18	8/10/2018	8/10/2018
505012726	SL to 461 W College Ave	2,774					2,774			Jan-18	Dec-18	9/18/2018	9/18/2018
505012727	SL to 5900 Camargo Levee Rd	2,249					2,249			Jan-18	Dec-18	9/13/2018	9/13/2018
505012728	SP to 38 Snow Creek Rd.	1,144					1,144			Jan-18	Dec-18	8/27/2018	8/27/2018
505012729	SL to 755 Hwy 213	1,391					1,391			Jan-18	Dec-18	10/19/2018	10/19/2018
505012730	SL for 211 Baker Bar Sub	375					375			Jan-18	Dec-18	12/12/2018	12/12/2018
505012731	SL to 10650 Main St	444					444			Jan-18	Dec-18	12/12/2018	12/12/2018
505012732	SL to 284 Twelfth St.	592					592			Jan-18	Dec-18	12/12/2018	12/12/2018
505012733	SL to 4689 Camargo Levee Rd	356					356			Jan-18	Dec-18	12/18/2018	12/18/2018
505012734	SL to 8826 Winchester Rd	965					965			Jan-18	Dec-18	11/2/2018	11/2/2018
505012735	SL to 2531 Black Creek Rd.	392					392			Jan-18	Dec-18	12/13/2018	12/13/2018
505012736	SL to 281 Skinner Branch	873					873			Jan-18	Dec-18	12/13/2018	12/13/2018
505012737	Rel serv to 5339 Main St	130					130			Jan-18	Dec-18	12/26/2018	12/26/2018
505012738	SL to 592 George Drake Rd.	754					754			Jan-18	Dec-18	11/1/2018	11/1/2018
505012739	SL to 2382 Bedford Rd.	1,022					1,022			Jan-18	Dec-18	12/27/2018	12/27/2018
505012740	SL to 505 Breckinridge St	730					730			Jan-18	Dec-18	11/12/2018	11/12/2018
505012741	SL to 633 E Pendleton	1,948					1,948			Jan-18	Dec-18	11/2/2018	11/2/2018
505012742	SL to 8169 Main St.	1,421					1,421			Jan-18	Dec-18	12/12/2018	12/12/2018
505012743	SL to 1441 Pompeii Rd	1,074					1,074			Jan-18	Dec-18	12/14/2018	12/14/2018
505012744	SL to 4312 Camargo Rd	1,723					1,723			Jan-18	Dec-18	12/18/2018	12/18/2018
505012747	SL to 200 Evans Ln	314					314			Jan-18	Dec-18	12/14/2018	12/14/2018
505012748	SL to 6709 Winchester Rd	403					403			Jan-18	Dec-18	12/13/2018	12/13/2018
505012750	SL to 139 Shady Acres LN.	1,451					1,451			Jan-18	Dec-18	12/12/2018	12/12/2018

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506012408	Install Service 227 Airpark Dr	1,538					1,538			Jan-18	Dec-18	2/23/2018	2/23/2018
506012418	Install Serv. 420 Tobacco Road	1,308					1,308			Jan-18	Dec-18	12/21/2017	12/21/2017
506012419	Install Serv. 180 Abbuhl Road	791					791			Jan-18	Dec-18	1/25/2018	1/25/2018
506012420	Repl SL at 723 Whitley St	1,264					1,264			Jan-18	Dec-18	1/24/2018	1/24/2018
506012421	Install Service 207 Bruner Lan	874					874			Jan-18	Dec-18	1/23/2018	1/23/2018
506012422	Cont. of Service 10580 E Laure	467					467			Jan-18	Dec-18	1/23/2018	1/23/2018
506012423	New SL at 444 N McWhorter St	1,047					1,047			Jan-18	Dec-18	4/17/2018	4/17/2018
506012424	Install service 1313 N Mill St	1,139					1,139			Jan-18	Dec-18	4/17/2018	4/17/2018
506012425	New PL SL 607 Don's Dr. Suite	1,148					1,148			Jan-18	Dec-18	4/18/2018	4/18/2018
506012426	New 1" PL 607 Don's Dr. Suite	1,155					1,155			Jan-18	Dec-18	4/18/2018	4/18/2018
506012427	New PL SL 607 Don's Dr. Suite	2,192					2,192			Jan-18	Dec-18	4/19/2018	4/19/2018
506012428	New SL at 300 Carrera Dr	541					541			Jan-18	Dec-18	3/19/2018	3/19/2018
506012429	Install 3/4" PL SL. 701 E 9th	302					302			Jan-18	Dec-18	5/4/2018	5/4/2018
506012430	Install Service 311 N. McWhort	642					642			Jan-18	Dec-18	7/19/2018	7/19/2018
506012431	Install new SL @ 109 Noelle In	359					359			Jan-18	Dec-18	4/18/2018	4/18/2018
506012432	Install New SL @ 114 Noelle Ln	307					307			Jan-18	Dec-18	4/18/2018	4/18/2018
506012433	Install New SL @ 192 Noelle In	450					450			Jan-18	Dec-18	4/25/2018	4/25/2018
506012434	Install New SL @ 201 Noelle Ln	449					449			Jan-18	Dec-18	4/25/2018	4/25/2018
506012435	Install new SL at 295 Noelle L	326					326			Jan-18	Dec-18	4/25/2018	4/25/2018
506012436	Install New SL @ 581 Bill Mays	1,177					1,177			Jan-18	Dec-18	6/13/2018	6/13/2018
506012437	Install Service 1649 N Hwy 192	1,085					1,085			Jan-18	Dec-18	6/13/2018	6/13/2018
506012438	New SL at 1704 N Main St	765					765			Jan-18	Dec-18	6/29/2018	6/29/2018
506012439	New SL at 91 Oakwood Dr.	1,044					1,044			Jan-18	Dec-18	6/15/2018	6/15/2018
506012440	New SL at 1936 Mallard Dr	820					820			Jan-18	Dec-18	7/20/2018	7/20/2018
506012441	New HPR Tap and Service 2396 R	2,404					2,404			Jan-18	Dec-18	8/15/2018	8/15/2018
506012442	New PL SL at 104 Chera Lynn St	2,132					2,132			Jan-18	Dec-18	7/25/2018	7/25/2018
506012443	New Sl at 105 Chera Lynn St	796					796			Jan-18	Dec-18	7/24/2018	7/24/2018
506012444	Install 3/4" PL Service 70 Ame	866					866			Jan-18	Dec-18	9/14/2018	9/14/2018
506012445	Install Service 81 Clover Bott	1,065					1,065			Jan-18	Dec-18	9/13/2018	9/13/2018
506012446	New SL at 8281 Keavy Rd	1,323					1,323			Jan-18	Dec-18	12/6/2018	12/6/2018
506012447	Cont. Service 1303 S Main St	2,148					2,148			Jan-18	Dec-18	11/28/2018	11/28/2018
506012449	New SL at 101 Wendon Way	2,376					2,376			Jan-18	Dec-18	11/27/2018	11/27/2018
506012452	New SL at 1593 Wyan Road	3,280					3,280			Jan-18	Dec-18	11/16/2018	11/16/2018
506012453	New SL at 3256 Old Whitley Roa	3,275					3,275			Jan-18	Dec-18	11/20/2018	11/20/2018
506012454	New SL at 3620 Barbourville Ro	1,403					1,403			Jan-18	Dec-18	11/20/2018	11/20/2018
506012456	New 1" PE ser Texas Roadhouse	770					770			Jan-18	Dec-18	12/10/2018	12/10/2018
507011464	New SL at 131 Browns Cerek Rd	955					955			Jan-18	Dec-18	1/10/2018	1/10/2018
507011466	New SL 854 Savoy Clear Creek R	905					905			Jan-18	Dec-18	1/3/2018	1/3/2018
507011467	Install Service 953 Becks Cree	1,009					1,009			Jan-18	Dec-18	1/10/2018	1/10/2018
507011468	New 3/4 PL SL at 114 Crisp CT	2,078					2,078			Jan-18	Dec-18	5/1/2018	5/1/2018
507011469	New SL at 107 Cardinal Heights	1,759					1,759			Jan-18	Dec-18	4/30/2018	4/30/2018
507011470	New SL at 640 West HWY 92#1	241					241			Jan-18	Dec-18	5/2/2018	5/2/2018
507011471	New SL at 640 West HWY 92#2	227					227			Jan-18	Dec-18	5/2/2018	5/2/2018
507011472	New SL at 640 West HWY 92 #3	219					219			Jan-18	Dec-18	5/2/2018	5/2/2018
507011473	New SL at 640 West HWY 92 #4	218					218			Jan-18	Dec-18	5/2/2018	5/2/2018
507011474	New SL at 640 West HWY 92 #5	268					268			Jan-18	Dec-18	5/2/2018	5/2/2018
507011475	New SL at 640 West HWY 92 #6	178					178			Jan-18	Dec-18	5/2/2018	5/2/2018
507011476	New SL at 225 Cordell Rd	1,197					1,197			Jan-18	Dec-18	5/2/2018	5/2/2018
507011477	Repl SL at 897 Savoy ClearCrea	614					614			Jan-18	Dec-18	4/20/2018	4/20/2018
507011478	New SL at 640 W HWY 92 #7	382					382			Jan-18	Dec-18	5/1/2018	5/1/2018
507011479	New SL at 212 S 11th St	1,700					1,700			Jan-18	Dec-18	6/28/2018	6/28/2018
507011480	Cont SL at 65 Falin Ln	1,305					1,305			Jan-18	Dec-18	7/17/2018	7/17/2018
507011481	Repl SL at 95 N ELM St	1,317					1,317			Jan-18	Dec-18	7/16/2018	7/16/2018
507011482	Repl SL at 810 Main St	1,055					1,055			Jan-18	Dec-18	6/26/2018	6/26/2018
507011483	New SL at 744 Savoy Clear CK R	1,726					1,726			Jan-18	Dec-18	8/16/2018	8/16/2018
507011484	Cont of SL at 1012 Redbird Rd	1,270					1,270			Jan-18	Dec-18	7/5/2018	7/5/2018
507011485	Repl SL at 201 1/2 S 8th Stree	313					313			Jan-18	Dec-18	8/21/2018	8/21/2018
507011486	Repl SL at 710 Walnut Street	309					309			Jan-18	Dec-18	8/21/2018	8/21/2018
507011487	Repl SL at 703 Walnut Street	317					317			Jan-18	Dec-18	8/21/2018	8/21/2018
507011488	Install Service 465 N. 6th Str	1,083					1,083			Jan-18	Dec-18	10/18/2018	10/18/2018

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507011489	Install Service 3814 Tidal Wav	3,417					3,417			Jan-18	Dec-18	11/17/2018	11/17/2018
507011490	New SL at 11 Sunrise Circle Ln	920					920			Jan-18	Dec-18	10/16/2018	10/16/2018
507011491	Install Service 1169 Ellison B	1,022					1,022			Jan-18	Dec-18	10/16/2018	10/16/2018
507011492	Replace Serv. 269 RD Rains Roa	899					899			Jan-18	Dec-18	10/19/2018	10/19/2018
507011493	Install Service 125 W Hwy 92	836					836			Jan-18	Dec-18	10/19/2018	10/19/2018
507011494	New SL at 834 Hemlock Sub	1,787					1,787			Jan-18	Dec-18	10/22/2018	10/22/2018
507011495	Repl ser 322 Main St. Wburg	292					292			Jan-18	Dec-18	11/30/2018	11/30/2018
507011496	Repl ser 312 Main St. Wburg	391					391			Jan-18	Dec-18	11/30/2018	11/30/2018
507011497	Repl ser Millie's on Main 310	383					383			Jan-18	Dec-18	11/30/2018	11/30/2018
507011498	Repl ser 116 N 4th St.	444					444			Jan-18	Dec-18	11/30/2018	11/30/2018
507011499	New 1" CS ser for Garage hwy 2	1,971					1,971			Jan-18	Dec-18	12/5/2018	12/5/2018
507011500	New SL at 123 Crisp Ct	647					647			Jan-18	Dec-18	12/7/2018	12/7/2018
507011501	New ser 70 Highland Park Dr. T	668					668			Jan-18	Dec-18	12/6/2018	12/6/2018
507016000	Install Curb Valves on Service	2,370					2,370			Jan-18	Dec-18	NA	NA
507018000	Farm Tap Revisions to Services	926					926			Jan-18	Dec-18	NA	NA
508012205	RPL 1" BS SRV @ 500 OLD 25E	350					350			Jan-18	Dec-18	4/18/2018	4/18/2018
508012206	RPL 1" BS SRV @ 502 OLD 25E	527					527			Jan-18	Dec-18	4/18/2018	4/18/2018
508012207	RPL SRV @ 1621 Evergreen Road	373					373			Jan-18	Dec-18	4/4/2018	4/4/2018
508012208	New 3/4" PE SRV @ 35 Kickapoo	301					301			Jan-18	Dec-18	1/9/2018	1/9/2018
508012209	New SRV at 6388 S KY 11	1,182					1,182			Jan-18	Dec-18	1/11/2018	1/11/2018
508012210	RPL SRV @ 33 Mountain Side Dri	546					546			Jan-18	Dec-18	1/3/2018	1/3/2018
508012211	New 3/4" pl ser Flatlick for F	2,125					2,125			Jan-18	Dec-18	1/10/2018	1/10/2018
508012212	New SRV @ 108 Magnolia Street	1,893					1,893			Jan-18	Dec-18	1/24/2018	1/24/2018
508012213	New 3/4" pe service Hwy 1809 B	1,064					1,064			Jan-18	Dec-18	4/6/2018	4/6/2018
508012214	Repl 3/4" ser 305 Knox St.	253					253			Jan-18	Dec-18	2/8/2018	2/8/2018
508012215	NEW SRV @ 312 Cumberland Avenue	585					585			Jan-18	Dec-18	3/28/2018	3/28/2018
508012216	New SRV @ 160 Church Hill Road	2,820					2,820			Jan-18	Dec-18	5/15/2018	5/15/2018
508012217	NEW SRV @ 207 KY 1809	310					310			Jan-18	Dec-18	2/20/2018	2/20/2018
508012218	New PE SRV @ 250 Commerce Stre	623					623			Jan-18	Dec-18	3/29/2018	3/29/2018
508012219	New SRV @ 159 Happy Days Lane	403					403			Jan-18	Dec-18	3/13/2018	3/13/2018
508012220	New SRV @ 403 College Street	713					713			Jan-18	Dec-18	3/22/2018	3/22/2018
508012221	New SRV @ 55 Circle Crest RD	1,067					1,067			Jan-18	Dec-18	3/20/2018	3/20/2018
508012222	New 3/4" pl ser B. Collett Ada	630					630			Jan-18	Dec-18	3/23/2018	3/23/2018
508012224	New SRV @ 498 Dancye BR RD	2,603					2,603			Jan-18	Dec-18	4/12/2018	4/12/2018
508012225	RPL Section of SRV @ 223 Grego	169					169			Jan-18	Dec-18	4/11/2018	4/11/2018
508012226	RPL/Relocate SRV @ 6131 S KY 1	1,991					1,991			Jan-18	Dec-18	5/7/2018	5/7/2018
508012227	New SRV @ 179 Gregory Lane	812					812			Jan-18	Dec-18	5/8/2018	5/8/2018
508012228	New SRV @ 15 Kelly Lane	2,016					2,016			Jan-18	Dec-18	5/7/2018	5/7/2018
508012229	Repl ser 968 KY 459 with 3/4"	424					424			Jan-18	Dec-18	5/7/2018	5/7/2018
508012230	Repl ser 719 Pitzer St. with 3	297					297			Jan-18	Dec-18	5/8/2018	5/8/2018
508012231	Repl ser 710 Pitzer St. with 3	729					729			Jan-18	Dec-18	5/23/2018	5/23/2018
508012232	Repl ser 706 Pitzer St. with 3	452					452			Jan-18	Dec-18	5/11/2018	5/11/2018
508012233	Repl ser 704 Pitzer St. with 3	428					428			Jan-18	Dec-18	5/10/2018	5/10/2018
508012234	Repl ser 614 Pitzer St. with 3	319					319			Jan-18	Dec-18	5/15/2018	5/15/2018
508012235	Repl 3/4" PE serv 54 Circle Cr	128					128			Jan-18	Dec-18	5/17/2018	5/17/2018
508012236	Repl ser 700 Pitzer St.	287					287			Jan-18	Dec-18	5/17/2018	5/17/2018
508012237	New 1" PE service Knox Central	3,692					3,692			Jan-18	Dec-18	6/29/2018	6/29/2018
508012238	RPL ALDYL A SRV @ 104 Second S	340					340			Jan-18	Dec-18	6/7/2018	6/7/2018
508012239	New SRV @ 365 Smith Creek Road	3,850					3,850			Jan-18	Dec-18	7/9/2018	7/10/2018
508012240	New 3/4" pe ser for Terry L.10	742					742			Jan-18	Dec-18	8/3/2018	8/3/2018
508012241	New SRV @ 5857 N KY 11	887					887			Jan-18	Dec-18	8/20/2018	8/20/2018
508012242	RPL/RLC SRV @ 2839 KY 3439	835					835			Jan-18	Dec-18	8/17/2018	8/17/2018
508012243	RPL SRV @ 719 Manchester Stree	551					551			Jan-18	Dec-18	9/11/2018	9/11/2018
508012244	New 3/4" PE Ser 291 AJ Cemeter	1,839					1,839			Jan-18	Dec-18	10/29/2018	10/29/2018
508012245	New 3/4" PE Service 40 Indian	1,907					1,907			Jan-18	Dec-18	10/2/2018	10/2/2018
508012246	New SRV @ 567 Hampton Cem. Roa	1,287					1,287			Jan-18	Dec-18	11/1/2018	11/1/2018
508012247	New Service @ 122 Dozier Branc	2,020					2,020			Jan-18	Dec-18	10/31/2018	10/31/2018
508012248	New Service 536 N. Ky Hwy 11	465					465			Jan-18	Dec-18	10/30/2018	10/30/2018
508012249	New Service 68 Texas Lane	2,399					2,399			Jan-18	Dec-18	11/2/2018	11/2/2018
508012250	New 3/4" Service Line	1,214					1,214			Jan-18	Dec-18	10/31/2018	10/31/2018

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508012251	New 3/4" Service Line	1,180					1,180			Jan-18	Dec-18	11/5/2018	11/5/2018
508012252	Install New Service Line for A	5,729					5,729			Jan-18	Dec-18	11/19/2018	11/20/2018
508012253	Install New Service Line JM Ha	654					654			Jan-18	Dec-18	12/12/2018	12/12/2018
508012254	Install New Service Line	1,513					1,513			Jan-18	Dec-18	12/11/2018	12/11/2018
508012255	New SL for Travis Hubbard	1,078					1,078			Jan-18	Dec-18	12/13/2018	12/13/2018
508012256	Install New SL for Derrick Pof	1,399					1,399			Jan-18	Dec-18	12/12/2018	12/12/2018
508016000	Install Curb Valves on Service	1,529					1,529			Jan-18	Dec-18	NA	NA
508017000	Excess Flow Valve on Services	142					142			Jan-18	Dec-18	NA	NA
508018000	Farm Tap Revisions to Services	28,124					28,124			Jan-18	Dec-18	NA	NA
510011495	Replace @ 129 Pine ST.	606					606			Jan-18	Dec-18	7/27/2018	7/27/2018
510011531	New 1" PE ser SE Comm College	2,457					2,457			Jan-18	Dec-18	8/16/2018	8/16/2018
510011542	New @ 526 Va Ave.	364					364			Jan-18	Dec-18	1/22/2018	1/22/2018
510011543	Replace @ 406 Exeter Ave.	426					426			Jan-18	Dec-18	1/11/2018	1/11/2018
510011544	New 3/4" pl ser 202 Parker Lan	1,100					1,100			Jan-18	Dec-18	1/25/2018	1/25/2018
510011546	Replace @ 5 Cherokee Dr.	528					528			Jan-18	Dec-18	2/13/2018	2/13/2018
510011547	New @ 10693 Hwy 25E.	605					605			Jan-18	Dec-18	3/5/2018	3/5/2018
510011548	New @ 607 Manchester Ave.	2,221					2,221			Jan-18	Dec-18	4/10/2018	4/10/2018
510011549	New 3/4" pe service 119 Pine S	2,252					2,252			Jan-18	Dec-18	4/11/2018	4/11/2018
510011550	New SRV @ 166 Capps Hill Road	1,746					1,746			Jan-18	Dec-18	5/18/2018	5/18/2018
510011551	New @ 802 Gloucester Ave	1,698					1,698			Jan-18	Dec-18	5/17/2018	5/17/2018
510011552	Relocate to house.	2,484					2,484			Jan-18	Dec-18	5/9/2018	5/9/2018
510011553	Relocate section of service li	3,288					3,288			Jan-18	Dec-18	5/16/2018	5/16/2018
510011554	Replace @ 712 Cirencester Ave.	1,941					1,941			Jan-18	Dec-18	7/12/2018	7/12/2018
510011555	Replace @ 139 Old bell Hi Road	302					302			Jan-18	Dec-18	6/7/2018	6/7/2018
510011556	Replace @ 214 Old Bell Hi Road	309					309			Jan-18	Dec-18	6/7/2018	6/23/2018
510011557	Replace @ 74 Paynes Ln.	290					290			Jan-18	Dec-18	6/15/2018	6/22/2018
510011558	Replace @ 678 Old Bell Hi Road	285					285			Jan-18	Dec-18	6/22/2018	7/12/2018
510011559	Replace @ 773 @ Old Bell Hi Rd	1,211					1,211			Jan-18	Dec-18	7/12/2018	7/12/2018
510011560	Replace @ 955 Old Bell Hi Rd.	563					563			Jan-18	Dec-18	7/12/2018	7/12/2018
510011561	Replace @ 1049 Old Bell Hi Rd.	567					567			Jan-18	Dec-18	7/12/2018	7/12/2018
510011562	Replace @ 2513 Hwy119.	451					451			Jan-18	Dec-18	7/12/2018	7/12/2018
510011563	Replace @ 6 Mink Ln.	458					458			Jan-18	Dec-18	7/12/2018	7/12/2018
510011564	Replace @ 363 Bird Br Rd.	176					176			Jan-18	Dec-18	7/12/2018	7/12/2018
510011565	Replace @ 231 Bird Br Rd.	548					548			Jan-18	Dec-18	6/27/2018	6/27/2018
510011566	Replace @ 201 Bird Br Rd.	552					552			Jan-18	Dec-18	6/20/2018	6/22/2018
510011567	Replace @ 170 Bird Br Rd.	733					733			Jan-18	Dec-18	6/22/2018	6/22/2018
510011568	Relocate meter @ 2920 W Cumb A	1,157					1,157			Jan-18	Dec-18	7/10/2018	7/11/2018
510011569	Replace @ 612 N25th ST.	1,457					1,457			Jan-18	Dec-18	7/11/2018	7/11/2018
510011570	Replace section of Service @ P	2,929					2,929			Jan-18	Dec-18	8/23/2018	8/23/2018
510011571	New @ 591 Hwy 221.	3,406					3,406			Jan-18	Dec-18	NA	NA
510011572	New @ 720 Balmoral RD.	2,243					2,243			Jan-18	Dec-18	11/8/2018	11/8/2018
510011573	New @ 739 N19th ST.	2,352					2,352			Jan-18	Dec-18	11/12/2018	11/12/2018
510011575	Install new @ 608 N 25th ST.	242					242			Jan-18	Dec-18	12/14/2018	12/14/2018
510011578	New @ 1420 Dorchester Ave.	1,008					1,008			Jan-18	Dec-18	12/18/2018	12/18/2018
510011579	New @ 1420 Dorchester Ave.	2,528					2,528			Jan-18	Dec-18	12/17/2018	12/19/2018
510011580	New @ 3190 Hwy 441.	723					723			Jan-18	Dec-18	12/17/2018	12/17/2018
510016000	Install Curb Valves on Service	2,266					2,266			Jan-18	Dec-18	NA	NA
510018000	Farm Tap Revision on Services	9,958					9,958			Jan-18	Dec-18	NA	NA
511013980	Repl SL at 1440 A G C Rd	321					321			Jan-18	Dec-18	9/4/2018	9/4/2018
511013984	Install 2" PL Serv 440 Hammock	910					910			Jan-18	Dec-18	1/25/2018	1/25/2018
511013985	Install Serv 798 W Cumberland	385					385			Jan-18	Dec-18	1/25/2018	1/25/2018
511013986	Install Serv 902 W Cumberland	372					372			Jan-18	Dec-18	1/25/2018	1/25/2018
511013987	Install Service 204 15th, Stre	238					238			Jan-18	Dec-18	2/9/2018	2/9/2018
511013989	Replace Service 329 Park Hill	928					928			Jan-18	Dec-18	2/8/2018	2/8/2018
511013990	Install Service 136 N Hwy 1223	701					701			Jan-18	Dec-18	1/31/2018	1/31/2018
511013991	Install Service 275 Corinth Ce	569					569			Jan-18	Dec-18	1/29/2018	1/29/2018
511013992	Install Service 106 Man O War	547					547			Jan-18	Dec-18	2/5/2018	2/5/2018
511013993	Install Service 41 Red Bud Lan	514					514			Jan-18	Dec-18	2/6/2018	2/6/2018
511013994	Install Service 99 Kelso Trail	915					915			Jan-18	Dec-18	2/5/2018	2/5/2018
511013995	Install Service 865 Watch Road	1,335					1,335			Jan-18	Dec-18	2/8/2018	2/8/2018

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511013996	Install service 987 N Hwy 830	400					400			Jan-18	Dec-18	2/26/2018	2/26/2018
511013997	Install Service 922 1/2 Scuffl	377					377			Jan-18	Dec-18	2/26/2018	2/26/2018
511013998	Install Service 135 Kennedy Av	3,369					3,369			Jan-18	Dec-18	4/25/2018	4/25/2018
511013999	New SL at 325 N Hamlin Ave	617					617			Jan-18	Dec-18	3/13/2018	3/13/2018
511014000	Install Service 406 W 4th Stre	385					385			Jan-18	Dec-18	4/20/2018	4/20/2018
511014001	Instal Service 1737 Hwy 26	2,089					2,089			Jan-18	Dec-18	6/11/2018	6/11/2018
511014002	Repl SL at 132 E Center St #A	184					184			Jan-18	Dec-18	3/28/2018	3/28/2018
511014003	Repl SL At 55 S Monroe St	509					509			Jan-18	Dec-18	3/28/2018	3/28/2018
511014004	Repl PL SL at 81 E Monroe St	257					257			Jan-18	Dec-18	3/28/2018	3/28/2018
511014005	Install Service 410 5th Street	979					979			Jan-18	Dec-18	4/24/2018	4/24/2018
511014006	Repl SL at 8797 KY 1232	247					247			Jan-18	Dec-18	5/21/2018	5/21/2018
511014007	Repl SL at 158 E Wyrick St	572					572			Jan-18	Dec-18	5/21/2018	5/21/2018
511014008	Repl SL at 57 E Wyrick St	618					618			Jan-18	Dec-18	5/21/2018	5/21/2018
511014009	Repl SL at 138 E Wyrick St	886					886			Jan-18	Dec-18	5/21/2018	5/21/2018
511014010	Repl SL at 85 E Wyrick St	387					387			Jan-18	Dec-18	5/21/2018	5/21/2018
511014011	Repl SL at 175 E Wyrick St	459					459			Jan-18	Dec-18	5/21/2018	5/21/2018
511014012	Repl SL at 46 E Wyrick St	618					618			Jan-18	Dec-18	5/21/2018	5/21/2018
511014013	Repl SL at 178 E Wyrick St	1,000					1,000			Jan-18	Dec-18	5/21/2018	5/21/2018
511014014	Install Service 606 Adkins Str	695					695			Jan-18	Dec-18	7/27/2018	7/27/2018
511014015	Repl PL SL at 9 E Wyrick St	350					350			Jan-18	Dec-18	5/21/2018	5/21/2018
511014016	Repl SL at 141 W Cumberland Ga	375					375			Jan-18	Dec-18	4/20/2018	4/20/2018
511014017	Repl SL at 8745 Ky Rt 1232	385					385			Jan-18	Dec-18	5/21/2018	5/21/2018
511014018	Repl PL Sl at 8741 Hwy 1232	447					447			Jan-18	Dec-18	5/21/2018	5/21/2018
511014019	Cont SL at 677 Black Diamond R	553					553			Jan-18	Dec-18	5/11/2018	5/11/2018
511014020	Install Service 384 Cumb. Gap	2,076					2,076			Jan-18	Dec-18	9/18/2018	9/18/2018
511014021	Install Service 944 W. Cumberl	1,579					1,579			Jan-18	Dec-18	7/30/2018	7/30/2018
511014022	New SL at 14141 N US HWY 25E	1,301					1,301			Jan-18	Dec-18	7/12/2018	7/12/2018
511014023	Cont Sl at 302 City Dam Rd	324					324			Jan-18	Dec-18	5/18/2018	5/18/2018
511014024	Install Service 179 Pinnacle D	771					771			Jan-18	Dec-18	6/18/2018	6/18/2018
511014025	01 Cont. 706 S Ky Street	601					601			Jan-18	Dec-18	9/25/2018	9/25/2018
511014026	Repl SL at 203 Walden St	1,224					1,224			Jan-18	Dec-18	6/18/2018	6/18/2018
511014027	Replace Service 31 Boone Way	515					515			Jan-18	Dec-18	6/22/2018	6/22/2018
511014028	Repl SL at 32 Valley Brook Pl	594					594			Jan-18	Dec-18	9/4/2018	9/4/2018
511014029	Repl SL at 1386 A G C Rd	588					588			Jan-18	Dec-18	9/4/2018	9/4/2018
511014030	Repl SL at 259 A G C Rd	748					748			Jan-18	Dec-18	9/4/2018	9/4/2018
511014031	Repl SL at 1 Monte Vista Dr	342					342			Jan-18	Dec-18	7/31/2018	7/31/2018
511014032	Service Continuation 1019 Plea	1,024					1,024			Jan-18	Dec-18	9/4/2018	9/4/2018
511014033	Install Service 149 Highland A	1,920					1,920			Jan-18	Dec-18	9/5/2018	9/5/2018
511014034	Repl SL at 795 A G C Rd	603					603			Jan-18	Dec-18	9/4/2018	9/4/2018
511014035	Repl SL at 1222 A G C Rd	562					562			Jan-18	Dec-18	9/4/2018	9/4/2018
511014036	Repl SL at	196					196			Jan-18	Dec-18	9/4/2018	9/4/2018
511014037	Istall service 616 John Street	647					647			Jan-18	Dec-18	9/19/2018	9/19/2018
511014038	75 Tennessee Ave Corbin	309					309			Jan-18	Dec-18	8/16/2018	8/16/2018
511014039	Install Service 3516 Ky 1232	1,047					1,047			Jan-18	Dec-18	9/4/2018	9/4/2018
511014040	Install Service 73 Bottom Stre	1,694					1,694			Jan-18	Dec-18	9/6/2018	9/6/2018
511014041	Install Service 51 N Cornett R	1,478					1,478			Jan-18	Dec-18	9/4/2018	9/4/2018
511014042	Repl SL at 1405 A G C Rd	1,056					1,056			Jan-18	Dec-18	9/4/2018	9/4/2018
511014043	Repl SL at 212 Laurel Whitley	355					355			Jan-18	Dec-18	8/28/2018	8/28/2018
511014044	New SL at 88 N Cornett Rd	1,296					1,296			Jan-18	Dec-18	9/12/2018	9/12/2018
511014045	Repl SL at 102 Forego Trail	920					920			Jan-18	Dec-18	9/7/2018	9/7/2018
511014046	Install Service 437 Edgewater	401					401			Jan-18	Dec-18	NA	NA
511014047	New PL SL at 283 Martin Rd	594					594			Jan-18	Dec-18	9/4/2018	9/4/2018
511014048	New SL at 315 Martin Rd	1,367					1,367			Jan-18	Dec-18	9/4/2018	9/4/2018
511014049	New SL at 420 Martin Road	2,860					2,860			Jan-18	Dec-18	9/11/2018	9/11/2018
511014050	New SL at 373 Martin Rd	898					898			Jan-18	Dec-18	9/6/2018	9/6/2018
511014051	New SL at 484 Martin Road	1,195					1,195			Jan-18	Dec-18	9/12/2018	9/12/2018
511014052	New SL at 500 Martin Road	726					726			Jan-18	Dec-18	9/13/2018	9/13/2018
511014053	New SL at 564 Martin Road	1,162					1,162			Jan-18	Dec-18	9/18/2018	9/18/2018
511014054	New SL at 602 Martin Road	2,232					2,232			Jan-18	Dec-18	9/18/2018	9/18/2018
511014055	Install service 2036 Fariston	1,037					1,037			Jan-18	Dec-18	10/9/2018	10/9/2018

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511014057	New SL at 7063 HWY 229	780					780			Jan-18	Dec-18	10/19/2018	10/19/2018
511014059	New SL at 155 Martin Road	143					143			Jan-18	Dec-18	10/3/2018	10/3/2018
511014060	Uninstall Service 106 Bonanza TR	1,087					1,087			Jan-18	Dec-18	10/9/2018	10/9/2018
511014061	New 3/4" pe ser 420 Sam Parker	1,615					1,615			Jan-18	Dec-18	12/27/2018	12/27/2018
511014062	New SL at 356 Lakeside Estates	1,835					1,835			Jan-18	Dec-18	10/5/2018	10/5/2018
511014063	New SL at 490 Lakeside Estates	1,188					1,188			Jan-18	Dec-18	10/5/2018	10/5/2018
511014064	New SL at 378 Lakeside Estates	1,534					1,534			Jan-18	Dec-18	10/5/2018	10/5/2018
511014065	Replace Service 855 US Hwy 25E	1,919					1,919			Jan-18	Dec-18	10/5/2018	10/5/2018
511014066	install service 2713 E Hwy 312	354					354			Jan-18	Dec-18	12/6/2018	12/6/2018
511014068	Repl SL at 98 Park Hills Road	72					72			Jan-18	Dec-18	10/10/2018	10/10/2018
511014069	New SL at 386 Lakeside Estates	1,376					1,376			Jan-18	Dec-18	10/12/2018	10/12/2018
511014070	Repl SL at 8 Ashwood Dr #4	568					568			Jan-18	Dec-18	10/26/2018	10/26/2018
511014071	Repl SL at 26 Piper Dr	1,805					1,805			Jan-18	Dec-18	11/9/2018	11/9/2018
511014073	New 3/4" pl ser 60 Dugger Lane	5,947					5,947			Jan-18	Dec-18	11/27/2018	11/27/2018
511014074	Repl SL at 87 Blair Park Subdi	1,229					1,229			Jan-18	Dec-18	11/19/2018	11/19/2018
511014075	Install new SL at 43 Cotton Ro	2,548					2,548			Jan-18	Dec-18	11/21/2018	11/21/2018
511014076	New SL at 304 5th Street	164					164			Jan-18	Dec-18	11/19/2018	11/19/2018
511014077	New SL at 1400 Roosevelt St	958					958			Jan-18	Dec-18	12/4/2018	12/4/2018
511014078	New SL at 794 Horse Creek Rd	2,230					2,230			Jan-18	Dec-18	11/29/2018	11/29/2018
511014079	New SL at 1032 W 5th St	820					820			Jan-18	Dec-18	12/3/2018	12/3/2018
511014080	New SL at 3441 HWY 26	1,991					1,991			Jan-18	Dec-18	12/3/2018	12/3/2018
511014081	New SL at 122 World Dr	2,189					2,189			Jan-18	Dec-18	11/28/2018	11/28/2018
511014083	New SL at 2348 Gordon Hill Pik	742					742			Jan-18	Dec-18	12/7/2018	12/7/2018
511014084	New SL at 155 Sunshine Hills	671					671			Jan-18	Dec-18	12/10/2018	12/10/2018
511014085	New 3/4" PE ser	756					756			Jan-18	Dec-18	12/10/2018	12/10/2018
511014087	New SL at 71 Talon Trail	1,253					1,253			Jan-18	Dec-18	12/26/2018	12/26/2018
511014088	New SL at 178 Mcfadden Circle	762					762			Jan-18	Dec-18	12/27/2018	12/27/2018
511014089	New 3/4" PE ser 175 Les Campbe	762					762			Jan-18	Dec-18	12/20/2018	12/20/2018
511018000	Farm Tap Revisions on Services	478					478			Jan-18	Dec-18	NA	NA
512011145	Ins svc at 513 Roark Road	276					276			Jan-18	Dec-18	1/10/2017	1/10/2017
512011181	Ins svc at 635 Jarve Hollow Ro	3,132					3,132			Jan-18	Dec-18	2/23/2018	3/23/2018
512011182	Ins svc at 1956 Hwy 30 East	2,684					2,684			Jan-18	Dec-18	3/19/2018	3/19/2018
512011183	Ins svc at 3864 N. Hwy 421	340					340			Jan-18	Dec-18	2/8/2018	2/8/2018
512011184	Ins svc to 3251 Hwy 638	1,759					1,759			Jan-18	Dec-18	3/5/2018	3/6/2018
512011185	Ins svc at 2727 S. Hwy 421 # 3	515					515			Jan-18	Dec-18	1/29/2018	1/29/2018
512011186	Ins svc at 136 freedom Road	1,702					1,702			Jan-18	Dec-18	1/26/2018	1/26/2018
512011187	REP SVC 3874 N. Hwy 421	687					687			Jan-18	Dec-18	2/8/2018	2/8/2018
512011188	SVC 3910 N. Hwy 421	516					516			Jan-18	Dec-18	2/8/2018	2/8/2018
512011189	Ins svc at 1746 n. Hwy 421	1,112					1,112			Jan-18	Dec-18	3/7/2018	3/7/2018
512011191	REP SVC 407 Richmond Rd.	4,343					4,343			Jan-18	Dec-18	2/20/2018	2/21/2018
512011192	REP SVC 22 Mill Pond Dr.	755					755			Jan-18	Dec-18	3/16/2018	3/16/2018
512011193	SVC 211 Church St.	1,897					1,897			Jan-18	Dec-18	5/22/2018	5/22/2018
512011194	new svc 33 glennedale drive	1,950					1,950			Jan-18	Dec-18	5/7/2018	5/7/2018
512011195	REP SVC 50 Marcum St.	114					114			Jan-18	Dec-18	6/5/2018	6/5/2018
512011196	NEW SVC 647 Crawfish Rd.	639					639			Jan-18	Dec-18	7/17/2018	7/17/2018
512011197	Extend Service to 361 West Tra	59					59			Jan-18	Dec-18	6/13/2018	6/13/2018
512011199	Continuation of service line	640					640			Jan-18	Dec-18	8/8/2018	8/8/2018
512011200	Extend Service Line	1,236					1,236			Jan-18	Dec-18	8/7/2018	8/7/2018
512011201	Rep. Service line	338					338			Jan-18	Dec-18	6/29/2018	6/29/2018
512011202	Rep. Service Line	338					338			Jan-18	Dec-18	6/29/2018	6/29/2018
512011203	Rep. Service Line Premise# 419	339					339			Jan-18	Dec-18	6/29/2018	6/29/2018
512011204	new Service Line	2,730					2,730			Jan-18	Dec-18	10/3/2018	10/3/2018
512011205	SVC 85 Hwy 80	1,275					1,275			Jan-18	Dec-18	8/29/2018	8/29/2018
512011206	SVC 379 Colony Rd.	1,996					1,996			Jan-18	Dec-18	8/28/2018	8/28/2018
512011207	SVC 48 Needmore Hollow Rd	2,032					2,032			Jan-18	Dec-18	8/27/2018	8/27/2018
512011208	Service Line New	810					810			Jan-18	Dec-18	10/1/2018	10/1/2018
512011209	Replace Service Line	1,708					1,708			Jan-18	Dec-18	8/16/2018	8/16/2018
512011210	SVC 55 Swafford St.	411					411			Jan-18	Dec-18	10/4/2018	10/4/2018
512011211	Make Tap And Run Service Line	2,261					2,261			Jan-18	Dec-18	11/14/2018	11/14/2018
512011212	Make Tap And Run Service Line	1,205					1,205			Jan-18	Dec-18	11/12/2018	11/12/2018

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512011214	Make Tap and Run Service Line	905					905			Jan-18	Dec-18	11/14/2018	11/14/2018
512018000	Farm Tap Revisions to Services	52,041					52,041			Jan-18	Dec-18	NA	NA
1380		964,897	880,000	(84,897)	-9.65%	13.00%	964,897						
53004	METERS	555,428					555,428			Jan-18	Dec-18	NA	NA
1381		555,428	618,000	62,572	10.12%	7.48%	555,428						
50102	METER INSTALLATIONS-OWINGSVILLE	11,479					11,479			Jan-18	Dec-18	NA	NA
50202	METER INSTALLATIONS - BEREA	15,124					15,124			Jan-18	Dec-18	NA	NA
50302	METER INSTALLATIONS - NICHOLASVILLE	32,360					32,360			Jan-18	Dec-18	NA	NA
50502	METER INSTALLATIONS-STANTON	3,122					3,122			Jan-18	Dec-18	NA	NA
50602	METER INSTALLATIONS-LONDON	5,027					5,027			Jan-18	Dec-18	NA	NA
50702	METER INSTALLATIONS-WILLIAMSBURG	3,920					3,920			Jan-18	Dec-18	NA	NA
50802	METER INSTALLATIONS-BARBORVILLE	7,328					7,328			Jan-18	Dec-18	NA	NA
51002	METER INSTALLATIONS-MIDDLESBORO	3,788					3,788			Jan-18	Dec-18	NA	NA
51102	METER INSTALLATIONS-CORBIN	10,644					10,644			Jan-18	Dec-18	NA	NA
51202	METER INSTALLATIONS-MANCHESTER	8,545					8,545			Jan-18	Dec-18	NA	NA
1382		101,337	158,400	57,063	36.02%	1.36%	101,337						
53005	REGULATORS	98,425					98,425			Jan-18	Dec-18	NA	NA
1383		98,425	126,300	27,875	22.07%	1.33%	98,425						
503371	Inst LVM Alltech Computrex Dr	6,536					6,536			Jan-18	Dec-18	2/27/2018	3/23/2018
507210	Rebuild AL2300 Meter Set Maple	1,179					1,179			Jan-18	Dec-18	9/4/2018	9/4/2018
511501	Install LVM 440 Hammock Road	4,241					4,241			Jan-18	Dec-18	2/16/2018	NA
512158	REBUILD ONEIDA BAPTIST INSTITUTES METER SET MUI	7,164					7,177			Jan-18	Dec-18	12/1/2005	NA
1385		19,120	36,000	16,880	46.89%	0.26%	19,133						
1391		0	19,200	19,200	100.00%	0.00%	0						
694	TOOLS, SHOP & GARAGE EQUIPMENT	156,540					156,540			Jan-18	Dec-18	NA	NA
1394		156,540	191,000	34,460	18.04%	2.11%	156,540						
1395		0	16,000	16,000	100.00%	0.00%	0						
696	POWER OPERATED EQUIPMENT	248,203					248,203			Jan-18	Dec-18	NA	NA
1396		248,203	305,000	56,797	18.62%	3.34%	248,203						
1397		0	6,000	6,000	100.00%	0.00%	0						
1398		0	5,000	5,000	100.00%	0.00%	0						
TOTAL 2018		10,251,645	7,424,100	(2,827,545)	-38.09%	138.09%	11,572,024						

Anticipated projects did not materialize

Anticipated projects did not materialize

Anticipated projects did not materialize

Anticipated projects did not materialize

Year 2019

SW.DELTA.CRB.2	SW.DELTA.CRB.2 IN-HOUSE	\$ 1,789,801					\$ 4,001,478			Jan-19	Dec-19	2019 2	
SW.DELTA.DATA.PROTECT.3	SW DELL DATA PROTECTION - PURCHASED	\$ 37,468					\$ 37,468			Jan-19	Dec-19	2019 12	2020 2
SW.DELTA.DELTA.PWRTAX.2	SW DELTA POWERTAX MIGRATE - IN HOUSE	\$ 197,087					\$ 224,211			Jan-19	Dec-19	2019 8	2020 5
SW.DELTA.EE.LICENSE.3	SW ESRI ENTERPRISE LICENSE - PURCHASED	\$ 81,672					\$ 81,672			Jan-19	Dec-19	2019 10	2019 11
SW.DELTA.GASTAR.ENHAN.2	SW GASTAR ENHANCEMENTS - IN HOUSE	\$ 3,360					\$ 3,360			Jan-19	Dec-19	2019 9	2020 5
SW.DELTA.MITEL.MIGRTN.3	SW MITEL PHONE MIGRATION - PURCHASED	\$ 2,951					\$ 13,437			Jan-19	Dec-19	2019 12	2020 10
SW.DELTA.P6.LICENSE.3	SW PRIMAVERA P6 LICENSE - PURCHASED	\$ 1,140					\$ 1,140			Jan-19	Dec-19	2019 12	2020 5
SW.DELTA.PERC.PUPGRD.2	SW PERCEPTIVE UPGRADE - IN HOUSE	\$ 216					\$ 2,710			Jan-19	Dec-19	2019 9	2021 3
SW.DELTA.REVUE.3	SW.DELTA.REVUE 2018 eXtreme - PURCHASED	\$ 5,714					\$ 5,714			Jan-19	Dec-19	2019 2	2019 4
SW.DELTA.SAP.1	SAP.PH1	\$ 128,220					\$ 128,220			Jan-19	Dec-19	2019 1	2019 1
SW.DELTA.SAP.S4.HANA.2	SW SAP S4 HANA - IN HOUSE	\$ 307,810					\$ 319,555			Jan-19	Dec-19	2019 11	2019 11
SW.DELTA.SAP.S4.HANA.3	SW SAP S4 HANA - PURCHASED	\$ 151,265					\$ 151,265			Jan-19	Dec-19	2019 11	2019 11
3030		\$ 2,706,704	1,614,900	(1,091,804)	-67.61%	19.83%	\$ 4,970,230						
526-179	REPLACE CORN CREEK LINE ON HWY 27	\$ 81,927					\$ 232,340			Jan-19	Dec-19	2018 12	2019 9
3320		\$ 81,927	56,600	(25,327)	-44.75%	0.60%	\$ 232,340						
511.19.010.1	REBUILD WOODBINE COMPRESSOR	\$ 7,355					\$ 7,355			Jan-19	Dec-19	2019 6	2019 7
526-194	INSTALL COMPRESSOR AT EAST/WEST STA	\$ 35,199					\$ 109,264			Jan-19	Dec-19	2018 12	2019 5
3330		\$ 42,554	35,500	(7,054)	-19.87%	0.31%	\$ 116,619						
507.19.001.1	INST ELECTRONIC METERS	\$ 106,160					\$ 106,160			Jan-19	Dec-19	2019 2	2019 6
3340		\$ 106,160	78,000	(28,160)	-36.10%	0.78%	\$ 106,160						
525-840	PEET 2 WELL REFUND	-\$ 16,218					\$ (16,218)			Jan-19	Dec-19	2019 3	2019 3
3520		-\$ 16,218	0	16,218	100.00%	-0.12%	\$ (16,218)						
510.19.002.1	19MIDD-REB CANADA MTN COMPRESSOR #2	\$ 14,527					\$ 14,527			Jan-19	Dec-19	2019 4	2019 6
510.19.003.1	19MIDD-REB CANADA MTN COMPRESSOR #5	\$ 19,476					\$ 19,476			Jan-19	Dec-19	2019 4	2019 6
510.19.006.1	REB- CANADA MTN COMPRESSOR #1	\$ 22,687					\$ 22,687			Jan-19	Dec-19	2019 4	2019 6
525.19.018.1	REP EXHAUST EXP JOINT ON CM #5 COMPR	\$ 4,547					\$ 4,547			Jan-19	Dec-19	2019 8	2019 11

Software upgrades exceeded budget

Refund not anticipated in budget

Project No.	Project Title/Description	Annual Actual Cost	Annual Original Budget	Variance in Dollars	Variance as Percent	Percent of Budget	Total Actual Project Cost	Total Budget Project Cost	Variance in Dollars	Date Original Budget Start	Date Original Budget End	Date Actual Start	Date Actual End	
3540		\$ 61,237	67,700	6,463	9.55%	0.45%	\$ 61,237							
510.19.007.1	ADD ELECTRONIC MEETERING CAMTN 6	\$ 17,078					\$ 17,078			Jan-19	Dec-19	2019 2	2019 5	Project costs more than anticipated in budget
3550		\$ 17,078	9,000	(8,078)	-89.76%	0.13%	\$ 17,078							
510.19.008.1	REP GLYCOL PUMP CANADA MTN	\$ 9,499					\$ 9,499			Jan-19	Dec-19	2019 3	2019 6	Project costs less than anticipated in budget
3560		\$ 9,499	24,000	14,501	60.42%	0.07%	\$ 9,499							Anticipated projects did not materialize
3650		\$ 0	2,600	2,600	100.00%	0.00%	\$ 0							
525.19.005.1	19WILL-REP SMALL RD TILE WITH LARGER	\$ 9,365					\$ 9,365			Jan-19	Dec-19	2019 2	2019 6	
3660		\$ 9,365	11,200	1,835	16.39%	0.07%	\$ 9,365							
501.19.005.1	EXT-EXTEND TO NEW REG STA HWY 60	\$ 8,222					\$ 8,222			Jan-19	Dec-19	2019 1	2019 3	
501.19.021.1	EXT STEEL KY 801 APP HARVEST-I	\$ 343,651					\$ 343,651			Jan-19	Dec-19	2019 10	2019 12	
501.19.034.1	INST HPR ON HWY 801 WEDDING CHAPEL-R	\$ 4,125					\$ 4,125			Jan-19	Dec-19	2019 11	2020 2	
503.19.001.1	USU-HYDRO SURVEY KY RIVER	\$ 21,122					\$ 21,122			Jan-19	Dec-19	2019 1	2019 6	
512.19.007.1	REP-TRANEX PIPE NEAR HWY 421	\$ 9,576					\$ 9,576			Jan-19	Dec-19	2019 5	2019 7	
512.19.010.1	REPAIR TRANEX TRANS COLLINS FORK	\$ 75,508					\$ 75,508			Jan-19	Dec-19	2019 9	2019 10	
525.19.004.1	19CORB-REL 8" LINE ON KY RT 26 WOODBINE	\$ 487					\$ 487			Jan-19	Dec-19	2019 11	2020 1	
525.19.010.1	REPAIR-CM LAND SLIDE TANS LINE	\$ 3,079					\$ 3,079			Jan-19	Dec-19	2019 5	2019 7	
525.19.011.1	REPAIR SLIDE AREA IN KENSEE HALLOW	\$ 5,389					\$ 5,389			Jan-19	Dec-19	2019 5	2019 7	
525.19.012.1	REP-30 FEET STEEL BELL CO CRK BANK	\$ 33,280					\$ 33,280			Jan-19	Dec-19	2019 9	2020 1	
525.19.017.1	REP KY 11 LEE COUNTY HWY 4" STEEL-BILL	\$ 1,143					\$ 1,258			Jan-19	Dec-19	2019 8		
525.19.019.1	REPAIR DITCHLINE EROSION KY 687	\$ 3,995					\$ 3,995			Jan-19	Dec-19	2019 8	2019 9	
525.19.020.1	EXT 2" CS TRANS HALF HILL ESTATES - R	\$ 23,699					\$ 23,699			Jan-19	Dec-19	2019 9	2019 10	
525.19.021.8	RETIRE 1" TRAN MAIN 1261 HWY 60	\$ 2,539					\$ 2,539			Jan-19	Dec-19	2019 8	2019 8	
525.19.023.8	RET 91' 2" STL TO PUGS REG STAT FARMERS	\$ 1,213					\$ 1,213			Jan-19	Dec-19	2019 9	2019 11	
525.19.026.1	EXT TO REG STAT ON INDUSTRY RD - R	\$ 3,402					\$ 3,402			Jan-19	Dec-19	2019 11	2020 1	
525.19.027.1	EXT TO REG STAT ALONG KY 801 - R	\$ 8,234					\$ 8,234			Jan-19	Dec-19	2019 11	2020 1	
525.19.028.1	INST PIPE TO SERVE REG STAT RICE RD	\$ 10,363					\$ 10,363			Jan-19	Dec-19	2019 10	2020 1	
525.19.030.1	REP 4" STEEL FARMERS PS TO MMRC	\$ 4,943					\$ 9,006			Jan-19	Dec-19	2019 12	2020 1	
525.19.031.1	REP 6" CS TL 108 MEADOWLARK DR	\$ 1,223					\$ 1,223			Jan-19	Dec-19	2019 11		
525-800	REP-LOG MOUNTAIN-DUE TO FILL	\$ 41,762					\$ 41,762			Jan-19	Dec-19	2019 1	2019 1	
525-849	REPLACE EXPOSED PIPE ON REYNOLDS RD	\$ 86,542					\$ 86,758			Jan-19	Dec-19	2018 12	2019 9	
525-854	REPLACEMENT ON BALLARD FORD ROAD	\$ 50,148					\$ 51,066			Jan-19	Dec-19	2018 12	2019 8	
525-916	EXT-MOREHEAD UTILITIES	\$ 4,829					\$ 4,829			Jan-19	Dec-19	2019 1	2019 1	
3670		\$ 748,474	482,400	(266,074)	-55.16%	5.48%	\$ 761,661							Expenditures more than anticipated in budget due to timing of certain projects and unforeseen projects not planned for
502.19.008.1	REPAIR CRANKSHAFT REDLICK #2 COMP	\$ 115,928					\$ 115,928			Jan-19	Dec-19	2019 3	2019 6	
525.19.001.1	COST-FOR EMISSIONS TEST GFCS	\$ 12,468					\$ 12,468			Jan-19	Dec-19	2019 1	2019 6	
525.19.013.1	REBUILD EAST WEST#1 COMPRESSOR	\$ 17,237					\$ 17,237			Jan-19	Dec-19	2019 7	2019 10	
525.19.014.1	REBUILD RED LICK#3 COMPRESSOR	\$ 13,622					\$ 13,622			Jan-19	Dec-19	2019 8	2019 11	
525.19.015.1	REBUILD RED LICK #1 COMPRESSOR	\$ 17,062					\$ 17,062			Jan-19	Dec-19	2019 8	2019 11	
3680		\$ 176,316	59,100	(117,216)	-198.33%	1.29%	\$ 176,316							Project costs more than anticipated in budget - Some projects required due to unforeseen circumstances
525.19.016.1	REP REG AT ROUNDHILL PURCHASES STATION	\$ 6,197					\$ 6,197			Jan-19	Dec-19	2019 7	2019 8	
525.19.022.1	REP-KPI PRODUCER STATION 521	\$ 11,316					\$ 11,316			Jan-19	Dec-19	2019 10	2019 10	
525.19.024.1	REBUILD PURCHASE STATION AT FARMERS	\$ 31,902					\$ 31,902			Jan-19	Dec-19	2019 9	2019 10	
525.19.025.8	METER TUBE AT STAT 525 SACKER BR	\$ 5,314					\$ 5,314			Jan-19	Dec-19	2019 10	2019 10	
525.19.029.1	REB METER STAT 138 NEAR E/W COMPR BILL	-\$ 7,077					\$ (7,077)			Jan-19	Dec-19	2019 11	2020 1	
525.19.032.1	REL ODORIZATION INJECTION UNIT STA 526	\$ 5,518					\$ 6,965			Jan-19	Dec-19	2019 11	2020 1	
3690		\$ 53,168	48,700	(4,468)	-9.18%	0.39%	\$ 54,615							
3710		\$ 0	9,100	9,100	100.00%	0.00%	\$ 0							Anticipated projects did not materialize
501.19.002.2	19OWNG-EASE 4" ALONGKY 158 IN SHARKEY	\$ 16					\$ 16			Jan-19	Dec-19	2019 2	2019 6	
503.19.006.2	EASE-490' FT 2" MAIN FOR CUSTOMER	\$ 24					\$ 24			Jan-19	Dec-19	2019 2	2019 6	
508.19.003.2	EASE-PLASTIC ON US25E BOOKER HOLLOW	\$ 22					\$ 22			Jan-19	Dec-19	2019 3	2019 4	
508.19.004.2	EASE PL 1,570' REMINGTON RD	\$ 90					\$ 90			Jan-19	Dec-19	2019 3	2019 4	
508.19.009.2	EASEMENTS FOR ORDER 13627	\$ 249					\$ 249			Jan-19	Dec-19	2019 4	2019 9	
510.19.009.2	EASEMENTS FOR CM# 13427	\$ 25					\$ 25			Jan-19	Dec-19	2019 4	2020 2	
511.19.005.1	19CORB-REP 8" S ALONG BARTON MILL EASEMT	\$ 2,729					\$ 2,860			Jan-19	Dec-19	2019 1	2020 1	
3740		\$ 3,156	6,000	2,844	47.41%	0.02%	\$ 3,286							
503.19.022.1	INST FENCE HALF HILL REG STATION	\$ 3,740					\$ 3,740			Jan-19	Dec-19	2019 10	2019 11	
3750		\$ 3,740	40,700	36,960	90.81%	0.03%	\$ 3,740							Some anticipated projects did not materialize
501.19.001.1	INST PLA PIPE EXT HWY 158	\$ 1,955					\$ 1,955			Jan-19	Dec-19	2019 3	2019 4	

Project No.	Project Title/Description	Annual Actual Cost	Annual Original Budget	Variance in Dollars	Variance as Percent	Percent of Budget	Total Actual Project Cost	Total Budget Project Cost	Variance in Dollars	Date Original Budget Start	Date Original Budget End	Date Actual Start	Date Actual End
501.19.002.1	19OWNG-REL 4" P ALONG KY158 SHARKEY BILL	\$ 108,875					\$ 19,560			Jan-19	Dec-19	2019 2	2019 6
501.19.003.1	EXT 1950 4" PLA FARMER	\$ 49,649					\$ 49,649			Jan-19	Dec-19	2019 1	2019 3
501.19.006.1	19OWNG-REP 1904 SARDIS RD MT OLIVET	\$ 3,858					\$ 3,858			Jan-19	Dec-19	2019 4	2019 6
501.19.014.1	REP US 460 FRENCHBURG DOT PROJ BILL	\$ 310,445					\$ 275,983			Jan-19	Dec-19	2019 7	2019 9
501.19.014.2	19OWNG-EASE PERMITS US 460	\$ 1,323					\$ 1,323			Jan-19	Dec-19	2019 3	2019 9
501.19.015.1	REP-SINK HOLE 6745 PARIS RD CLARK CO	\$ 875					\$ 875			Jan-19	Dec-19	2019 4	2019 11
501.19.016.1	REP-6700 FT PL MAIN IN MIDLAND	\$ 24,907					\$ 452,183			Jan-19	Dec-19	2019 5	2020 12
501.19.017.8	RET MAIN ALONG KY 1722 IN FARMERS	\$ 1,242					\$ 1,242			Jan-19	Dec-19	2019 6	2019 6
501.19.018.1	REP-3/4 PL MAIN HWY 60 OWINGSVILLE	\$ 3,824					\$ 3,824			Jan-19	Dec-19	2019 7	2019 8
501.19.019.1	RET PL DUJE LEAK RD XING ON SCOTT COURT	\$ 228					\$ 228			Jan-19	Dec-19	2019 6	2019 8
501.19.020.1	LOWER 300FT MAIN HWY 801 ROWAN CO	\$ 3,829					\$ 3,829			Jan-19	Dec-19	2019 7	2019 9
501.19.022.1	EXT 2" PL KY 801 & RICE RD-R	\$ 88,047					\$ 99,734			Jan-19	Dec-19	2019 10	2019 12
501.19.027.1	REP US 60 ROWAN CO 2" STEEL	\$ 8,841					\$ 8,841			Jan-19	Dec-19	2019 9	2019 10
501.19.028.8	RET 80 FT PUGS REG STAT	\$ 1,213					\$ 1,213			Jan-19	Dec-19	2019 9	2019 9
501.19.029.1	19OWNG-EXT 2" PIPE HWY 801 ROWAN CO-R	\$ 2,564					\$ 2,680			Jan-19	Dec-19	2019 10	2020 1
501.19.030.1	EXT 2" PL KY 801 & RICE RD-R	\$ 2,450					\$ 2,450			Jan-19	Dec-19	2019 10	2020 2
501.19.031.1	19OWNG-EXT 4" PL KY HWY 801-R	\$ 9,660					\$ 9,660			Jan-19	Dec-19	2019 10	2019 12
501.19.032.1	19OWNG-EXT PIPE MOREHEAD MACHINE-R	\$ 4,364					\$ 4,364			Jan-19	Dec-19	2019 11	2020 1
501.19.035.1	INST OUTLET PIPE HWY 801 ROWAN CO - R	\$ 1,556					\$ 2,225			Jan-19	Dec-19	2019 11	2020 1
501.19.036.1	EXT 1000FT RODNEY HITCH BLVD ROWAN CO-R	\$ 82,239					\$ 87,307			Jan-19	Dec-19	2019 10	2020 1
501.19.038.1	INSTL HPR & 2" PL AT 600 RIDGEVIEW DR-R	\$ 4,179					\$ 4,758			Jan-19	Dec-19	2019 11	2020 1
501.19.039.1	LOWER 2" PL MAIN REDWOOD LN ROWAN CO	\$ 925					\$ 925			Jan-19	Dec-19	2019 11	2020 2
501-06-176	REP 375 FT UCS - BATH - FMC SYSTEM	-\$ 297					\$ 297			Jan-19	Dec-19	2018 12	2019 9
501-309	Relocate 1200' Dist Main US60 & Ky 2	\$ 1,121					\$ 14,278			Jan-19	Dec-19	2018 12	2019 4
501-314	Relocate 1400 ft of 4" pl.on Hwy 15	-\$ 521					\$ 521			Jan-19	Dec-19	2018 12	2019 2
502.19.001.1	EXT-MAIN LINE TO ORCHARD HILLS	\$ 14,210					\$ 14,210			Jan-19	Dec-19	2019 1	2019 3
502.19.002.1	19BERA-EXT AT STONEY CREEK SUBDIV	\$ 34,760					\$ 34,760			Jan-19	Dec-19	2019 2	2019 3
502.19.003.1	19BERA-REP CHESTNUT AND WALNUT STREETS	\$ 75					\$ 75			Jan-19	Dec-19	2019 4	2019 11
502.19.004.1	EXT-MAIN TO MENELAUS RD	\$ 534					\$ 534			Jan-19	Dec-19	2019 4	2019 11
502.19.005.1	EXT- MAIN TO 103 TRILLIUM LOOP	\$ 1,530					\$ 1,530			Jan-19	Dec-19	2019 2	2019 3
502.19.006.1	REP-2" CS KY 1016 MADISON CO	\$ 1,928					\$ 1,928			Jan-19	Dec-19	2019 3	2019 12
502.19.007.1	REP-DIST MAIN HWY KY 627 BILL	\$ 74,867					\$ 74,867			Jan-19	Dec-19	2019 4	2019 7
502.19.009.2	EXT-STONEY CRK MADISON CO - R	\$ 67,761					\$ 67,761			Jan-19	Dec-19	2019 7	2019 10
502.19.010.8	RET-ML 1648 BERA RD TO 1716 BERA	\$ 1,822					\$ 1,822			Jan-19	Dec-19	2019 6	2019 6
502.19.011.1	REP-MAIN N POWELL TO 105 WILSON	\$ 23,072					\$ 23,072			Jan-19	Dec-19	2019 4	2019 5
502.19.012.1	RET50FT UCS 2" 2536 & 2544 CURTIS PK	\$ 1,650					\$ 1,650			Jan-19	Dec-19	2019 6	2019 7
502.19.017.1	EXT ML SERVE INDIAN HILLS SUBD-R	\$ 30,643					\$ 30,643			Jan-19	Dec-19	2019 8	2019 9
502.19.018.8	RET AT 2247 BATTLEFIELD MEMORIAL HWY	\$ 2,351					\$ 2,351			Jan-19	Dec-19	2019 6	2019 6
502.19.019.1	REP-2" ML PL ALONG MULTI LOCATION	\$ 41,452					\$ 582,256			Jan-19	Dec-19	2019 5	2020 10
502.19.020.1	EXT OF DIST PIPE ALONG MASON LAKE RD - R	\$ 72,870					\$ 72,870			Jan-19	Dec-19	2019 9	2019 10
502.19.021.8	RET 3/4" PL MAIN 645 CALICO RD	\$ 413					\$ 413			Jan-19	Dec-19	2019 7	2019 7
502.19.022.8	RET 3/4" PL MAIN 46 REDD HILL	\$ 413					\$ 413			Jan-19	Dec-19	2019 7	2019 7
502.19.024.8	RET ML 301 S POWELL ST FOR LEAK	\$ 217					\$ 217			Jan-19	Dec-19	2019 7	2019 7
502.19.026.1	EXT TO 420 SMITH LN 2333 HWY 25-R	\$ 37,420					\$ 37,420			Jan-19	Dec-19	2019 9	2019 9
502.19.028.1	EXT FROM 974 TO 980 KIRKSVILLE RD - R	\$ 8,583					\$ 8,583			Jan-19	Dec-19	2019 9	2019 10
502.19.029.1	EXT ML ORCHARD HILLS SUBD PAGE DR-R	\$ 4,075					\$ 4,075			Jan-19	Dec-19	2019 10	2019 10
502.19.030.1	REP ML 103 ELKINS ST DUE TO LEAK	\$ 2,412					\$ 2,412			Jan-19	Dec-19	2019 10	2019 10
502.19.031.1	REP ALDYL PIPE BERA CITY LIMITS	\$ 31,874					\$ 100,939			Jan-19	Dec-19	2019 11	
502.19.032.1	REP IPE BERA CITY LIMITS E HAITI RD	\$ 5,907					\$ 20,285			Jan-19	Dec-19	2019 11	
502.19.033.8	RET ML GOING TO 532 RANIER DR	\$ 65					\$ 65			Jan-19	Dec-19	2019 11	2019 11
502.19.036.1	EXT 2" PL BIG HILL AVE TO 720 BIG -R	\$ 3,378					\$ 3,378			Jan-19	Dec-19	2019 12	2019 12
502-396	Rel along Hwy 1016,1617 & 3376 BILL	\$ 4,415					\$ 47,035			Jan-19	Dec-19	2018 12	2019 9
502-442	Rep Rail Road Xing at Ford Estill H	-\$ 7,824					\$ 7,824			Jan-19	Dec-19	2018 12	2019 3
502-458	Ext from Pavilionway to Boggs Ln.	\$ 73,232					\$ 73,245			Jan-19	Dec-19	2018 12	2019 5
502-464	REP main on S. Broadway St.	\$ 16,191					\$ 141,397			Jan-19	Dec-19	2018 12	2019 9
503.19.002.1	19NICH-EXT 24 LOTS IN EQUESTRIAN RESERVE	\$ 29,831					\$ 29,831			Jan-19	Dec-19	2019 1	2019 4
503.19.003.1	EXT-DIST PIPING IN HOOVER ESTATES	\$ 25,480					\$ 25,480			Jan-19	Dec-19	2019 3	2019 4
503.19.004.1	EXT-DIST PIPE 3228 NICHOLASVILLE	\$ 13,242					\$ 13,242			Jan-19	Dec-19	2019 3	2019 3
503.19.005.1	EXT-DIST PIPE TO CONNELL DEVELOPM	\$ 116,699					\$ 116,699			Jan-19	Dec-19	2019 8	2019 9
503.19.006.1	EXT-490' FT 2" MAIN FOR CUSTOMERS	\$ 6,753					\$ 6,753			Jan-19	Dec-19	2019 3	2019 6
503.19.007.1	EXT-DIST PIPING ASHTREE NICHOLASVILLE	\$ 140,647					\$ 140,647			Jan-19	Dec-19	2019 5	2019 8
503.19.008.1	EXT-BRANNON RESERVE SUBDIVISION - R	\$ 5,814					\$ 5,814			Jan-19	Dec-19	2019 10	2019 10
503.19.009.1	EXT-BRANNON RD CLAYS MILL CHURCH	\$ 12,082					\$ 12,082			Jan-19	Dec-19	2019 4	2019 5

Project No.	Project Title/Description	Annual Actual Cost	Annual Original Budget	Variance in Dollars	Variance as Percent	Percent of Budget	Total Actual Project Cost	Total Budget Project Cost	Variance in Dollars	Date Original Budget Start	Date Original Budget End	Date Actual Start	Date Actual End
503.19.009.2	ADDL EXT BRANNON RD CLAYS MILL CHURCH	\$ 2,737					\$ 2,737			Jan-19	Dec-19	2019 6	2019 6
503.19.010.1	INSTALL-ML PIPE E GATE SUBDIVISION	\$ 16,437					\$ 16,437			Jan-19	Dec-19	2019 6	2019 7
503.19.011.1	REL 2" PL AT W JESSAMINE HIGH SCHOOL	\$ 14,369					\$ 14,369			Jan-19	Dec-19	2019 7	2019 8
503.19.012.1	REP 7610 FT PL PIPE NICHOLASVILLE	\$ 296,846					\$ 338,401			Jan-19	Dec-19	2019 6	2019 12
503.19.013.1	EXT-SERVE LOT FOR JEFF GAIL 2" PL-R	\$ 2,119					\$ 2,119			Jan-19	Dec-19	2019 7	2019 8
503.19.015.1	EXT- DIST PIPE INTO ASHTREE PHASE 3-R	\$ 45,172					\$ 45,172			Jan-19	Dec-19	2019 8	2019 8
503.19.016.1	EXT- DIST SHUN RD DEVELOPMENT-R	\$ 98,478					\$ 98,478			Jan-19	Dec-19	2019 9	2019 10
503.19.016.2	EXT HALF ACRE DEVELPMT OFF SHUN RD	\$ 38,639					\$ 38,639			Jan-19	Dec-19	2019 11	2019 11
503.19.018.1	EXT 2" PL TO 615 E BRANNON RD-R	\$ 7,181					\$ 7,181			Jan-19	Dec-19	2019 8	2019 9
503.19.019.1	REP 26300' PIPE AT MULTIPLE LOCATIONS	\$ 49,564					\$ 236,411			Jan-19	Dec-19	2019 8	
503.19.020.1	EXT 2" PL TO SERVE 808 WEST MAPLE ST-R	\$ 6,178					\$ 6,178			Jan-19	Dec-19	2019 9	2019 9
503.19.021.1	EXT PL ML IN EAST GATE SUBDIVISION - R	\$ 36,908					\$ 36,908			Jan-19	Dec-19	2019 10	2019 10
503.19.023.1	INST 600FT 2" PL 1936 HARRODSBURG RD	\$ 17,263					\$ 17,485			Jan-19	Dec-19	2019 11	2019 12
503-368	SEWER LINE DAMAGE	\$ 5,613					\$ 5,613			Jan-19	Dec-19	2019 4	2019 4
505.19.001.1	EXT FOR POWELL VALLEY MILLWORKS	\$ 11,319					\$ 11,319			Jan-19	Dec-19	2019 5	2019 10
505.19.002.1	REL-8800 FT OF MAIN IN JVILLE BILL	\$ 124,630					\$ 124,630			Jan-19	Dec-19	2019 1	2019 11
505.19.003.1	19STAT-REL PL MAIN IN BEATTYVILLE BILL	\$ 1,583					\$ 1,583			Jan-19	Dec-19	2019 4	2019 11
505.19.004.1	INST PL LINE 257 INDUST PK RD	\$ 14,766					\$ 14,766			Jan-19	Dec-19	2019 4	2019 5
505.19.005.1	REP-200FT OF 2" PL MAIN CANE CK	\$ 4,988					\$ 4,988			Jan-19	Dec-19	2019 5	2019 5
505.19.006.1	EXT-2" PL ALONG COOPER LN SUBD-R	\$ 3,181					\$ 3,181			Jan-19	Dec-19	2019 5	2019 5
505.19.008.1	19STAT-REP 4483 FT KYTC RD PROJECT	\$ 14,037					\$ 65,171			Jan-19	Dec-19	2019 7	
505.19.010.1	REL ALONG KY 231 STATE HWY PROJECT-BILL	\$ 583					\$ 306,371			Jan-19	Dec-19	2019 9	2020 12
505-06-184	RT - Bare Steel Replacement CANCELLED	\$ -115					\$ 115			Jan-19	Dec-19	2018 12	2019 9
505-06-190	INST PLA PIPE CLAY CITY	\$ 192					\$ 192			Jan-19	Dec-19	2019 1	2019 1
505-215	EXT Dist. From College Av. Cancelled	\$ -331					\$ 331			Jan-19	Dec-19	2018 12	2019 9
505-220	RP Dist. Main on US 460 J-ville BILL	-\$ 111,807					\$ 208,725			Jan-19	Dec-19	2018 12	2019 3
505-221	REP ON 1700 HWY 11 S BEATTYVILLE BILL	-\$ 19,176					\$ (19,176)			Jan-19	Dec-19	2019 7	2019 9
506.19.001.1	19LOND-EXT 4" PLASTIC 3612 LILY RD	\$ 21,661					\$ 21,661			Jan-19	Dec-19	2019 3	2019 3
506.19.002.1	EXT- 2" PL 7063 HWY 229 LAUREL CO	\$ 1,604					\$ 1,604			Jan-19	Dec-19	2019 4	2019 11
506.19.004.1	19LOND-REP BS PIPE S DIXIE ST LONDON	\$ 9,685					\$ 9,685			Jan-19	Dec-19	2019 5	
506.19.005.1	REL-DELTAS FACILITIES FOR HWY PRJ	\$ 63,623					\$ 63,623			Jan-19	Dec-19	2019 5	2019 8
506.19.006.1	EXT-4" PL MAIN ON 401 LILY RD-R	\$ 14,564					\$ 14,608			Jan-19	Dec-19	2019 7	2019 8
506.19.007.1	EXT TO D VAUGHN 1378 WYAN RD - R	\$ 5,754					\$ 5,754			Jan-19	Dec-19	2019 8	2019 8
506.19.009.1	EXT 2" PLAS TO ELK RUN PHASE 2 & 3 - R	\$ 27,102					\$ 27,124			Jan-19	Dec-19	2019 8	2019 9
506.19.010.1	REP HWY 25 JAMISON LN TO CARTER LN	\$ 10,548					\$ 10,757			Jan-19	Dec-19	2019 8	2020 1
506.19.012.1	RECLASS SERV LINE TO DIST MAIN UNIV DR-R	\$ 1,242					\$ 1,242			Jan-19	Dec-19	2019 11	2020 3
507.19.002.1	REP-BS PIPE IN WILLIAMSBURG KY	\$ 73,090					\$ 73,090			Jan-19	Dec-19	2019 4	2019 5
507.19.003.1	INST PLASTIC MAIN LINE 2640 N HWY	\$ 4,070					\$ 4,070			Jan-19	Dec-19	2019 3	2019 4
507.19.003.2	19WILL-EASE 2640 N HWY MAIN LINE	\$ 807					\$ 807			Jan-19	Dec-19	2019 4	2019 4
507.19.004.1	REP-STEEL PIPE IN WILLIAMSBURG	\$ 296,802					\$ 296,802			Jan-19	Dec-19	2019 4	2019 9
507.19.005.1	REP BS PIPE HWY26 BALLARD FORD AREA	\$ 23,671					\$ 164,110			Jan-19	Dec-19	2019 5	2020 6
507.19.007.1	EXT PL DIST MAIN 198 LEE PRICE RD - R	\$ 6,013					\$ 6,013			Jan-19	Dec-19	2019 8	2019 8
507.19.008.1	REP FROM 1950 to 2080 CROLEY BEND ROAD	\$ 8,432					\$ 8,432			Jan-19	Dec-19	2019 8	2019 9
507-185.1	EXT 180 TAYLOR RIDGE RD EXT DEP AGREEMT	-\$ 10,794					\$ (10,794)			Jan-19	Dec-19	2019 12	2019 12
508.19.001.1	REP-BS MAIN IN BARBOURVILLE CITY	\$ 34,132					\$ 34,132			Jan-19	Dec-19	2019 6	2019 10
508.19.002.1	REP-BS MAIN IN BARBOURVILLE-KNOX	\$ 216,267					\$ 216,267			Jan-19	Dec-19	2019 6	2019 9
508.19.003.1	EXT-PLASTIC ON US 25E BOOGER HOLW	\$ 25,731					\$ 25,731			Jan-19	Dec-19	2019 3	2019 4
508.19.004.1	EXT-PL 1.570' REMINGTON RD	\$ 16,095					\$ 16,095			Jan-19	Dec-19	2019 3	2019 4
508.19.005.1	REL-PIPE 1325 MIDDLE FORK CRK BILL	\$ 5,168					\$ 261			Jan-19	Dec-19	2019 4	2019 5
508.19.006.1	19BARB-REP STEEL PIPE W/ PLASTIC IN CITY	\$ 196,349					\$ 196,349			Jan-19	Dec-19	2019 5	2019 11
508.19.007.1	19BARB-REP STEEL W/PLASTIC IN COUNTY	\$ 199,696					\$ 199,696			Jan-19	Dec-19	2019 5	2019 9
508.19.010.8	RET-2" PL MAIN NOT USING GAS	\$ 579					\$ 579			Jan-19	Dec-19	2019 5	2019 5
508.19.011.1	EXT 104 CHESTNUT ST FOR K MILLS - R	\$ 3,321					\$ 3,321			Jan-19	Dec-19	2019 9	2019 9
508.19.012.1	EXT AUSTIN CLAY JAX RD KNOX - R	\$ 10,984					\$ 10,984			Jan-19	Dec-19	2019 9	2019 9
510.19.001.1	EXT-MAIN from lot 102 to 103	\$ 4,662					\$ 4,662			Jan-19	Dec-19	2019 1	2019 3
510.19.010.1	REP BS WITH PL PIPE PVILLE CITY LIMITS	\$ 12,309					\$ 146,159			Jan-19	Dec-19	2019 5	2020 9
510.19.011.1	REP BS WITH PL PIPE IN BELL CO	\$ 15,261					\$ 363,558			Jan-19	Dec-19	2019 5	2020 10
510.19.012.1	REP-CS BS VARIOUS LOCATIONS BELL	\$ 971					\$ 327,590			Jan-19	Dec-19	2019 7	2020 7
510.19.013.1	EXT 2" PL TO 105 HOLLYWOOD DR - R	\$ 4,913					\$ 4,913			Jan-19	Dec-19	2019 9	2019 10
510.19.014.1	REP 2" AND 4" BS 19TH STREET IN MBORO	\$ 65,661					\$ 65,661			Jan-19	Dec-19	2019 9	2019 12
510.19.015.1	EXT 2" PL US 25E FOR 10693 US 25E-R	\$ 3,332					\$ 3,332			Jan-19	Dec-19	2019 10	2019 11
510.19.016.1	19MIDD-EXT 4" PL MAIN SOLID STEEL SOLU-C	\$ 4,632					\$ 4,632			Jan-19	Dec-19	2019 12	2019 12
510-175.1	EXT BELL CO VOCTNL SCHOOL EXT DEP AGRMT	-\$ 13,000					\$ (13,000)			Jan-19	Dec-19	2019 12	2019 12

Project No.	Project Title/Description	Annual Actual Cost	Annual Original Budget	Variance in Dollars	Variance as Percent	Percent of Budget	Total Actual Project Cost	Total Budget Project Cost	Variance in Dollars	Date Original Budget Start	Date Original Budget End	Date Actual Start	Date Actual End
511.19.003.1	19CORB-EXT 3 HOUSES GREYSTONE ESTATES	\$ 5,872					\$ 5,872			Jan-19	Dec-19	2019 2	2019 4
511.19.004.1	EXT-MAIN-6423 KY RT 1232	\$ 4,645					\$ 4,645			Jan-19	Dec-19	2019 1	2019 3
511.19.008.1	EXT-Main To Serve 71 Talon Trail	\$ 4,920					\$ 4,920			Jan-19	Dec-19	2019 1	2019 3
511.19.009.1	REP2" BS HWY 830 MOORE HILL	\$ 369,618					\$ 410,186			Jan-19	Dec-19	2019 2	2019 12
511.19.011.1	REP-4" BS AMERICAN GREETING CARD	\$ 2,595					\$ 2,595			Jan-19	Dec-19	2019 3	2019 11
511.19.013.1	REP-PIPE TOM TOWN HOLLOW RD	\$ 272,805					\$ 272,805			Jan-19	Dec-19	2019 4	2019 6
511.19.014.1	INST-4" PLASTIC GREEN RD IN LONDON	\$ 6,745					\$ 6,745			Jan-19	Dec-19	2019 4	2019 5
511.19.015.1	REP-BS IN CORBIN KNOX CO AREA	\$ 8,411					\$ 31,091			Jan-19	Dec-19	2019 5	2020 4
511.19.016.1	REP-8 IN CS WITH 4 IN PIPE BARTON MILL	\$ 786,561					\$ 821,351			Jan-19	Dec-19	2019 8	2019 11
511.19.018.1	REP 2" BARE STEEL ON MOCCASIN AVE	\$ 13,942					\$ 13,942			Jan-19	Dec-19	2019 5	2019 7
511.19.020.1	EXT MAIN 315' TO 915 OAK RIDGE ROAD-R	\$ 7,134					\$ 7,134			Jan-19	Dec-19	2019 5	2019 6
511.19.021.1	REP-BS VARIOUS LOC IN CORB SYS	\$ 17,465					\$ 62,283			Jan-19	Dec-19	2019 5	2020 6
511.19.022.1	BILL-REL MAIN 25E PROJECT HWY 25 TO I75	\$ 104,432					\$ 956,691			Jan-19	Dec-19	2019 6	2020 10
511.19.023.1	REL 100' OF 4" PL COMMONWEALTH AV	\$ 8,434					\$ 8,434			Jan-19	Dec-19	2019 8	2019 8
511.19.024.1	EXT 150' 2" PL TO 300 E LEWIS STREET- R	\$ 3,146					\$ 3,146			Jan-19	Dec-19	2019 9	2019 10
511.19.025.1	REP 2" PL 1185 S HWY 1223	\$ 5,821					\$ 5,821			Jan-19	Dec-19	2019 10	2020 9
511.19.026.8	RET 2" PL MAIN 3/4 MAIN LONDON AVE	\$ 86					\$ 86			Jan-19	Dec-19	2019 10	2019 10
511.19.027.1	INST 2" ML 119 WELDON POINTE - R	\$ 4,731					\$ 5,478			Jan-19	Dec-19	2019 12	2020 1
511-03-740	10411669 CORBIN CITY-WHITLEY COUNTY (COR	\$ 13					\$ 13			Jan-19	Dec-19	2019 1	2019 1
511-502	Relocate Dist. Mains US 25E Corbin BILL	\$ 12,836					\$ 172,573			Jan-19	Dec-19	2018 12	2019 9
512.19.003.1	19MANC-REP 70' 8" MAIN ON ISLAND CREEK	\$ 83,523					\$ 83,523			Jan-19	Dec-19	2019 10	2019 12
512.19.004.1	19MANC-EXT 2" P 153' TO 9820 HWY 421	\$ 5,966					\$ 5,966			Jan-19	Dec-19	2019 1	2019 3
512.19.008.1	REP-990 FT CS AT MARIE LANGDON DR	\$ 9,110					\$ 9,110			Jan-19	Dec-19	2019 2	2019 8
512.19.009.1	REP TRANSP LINE RIVERS,BAKER,WALTERS ST	\$ 237,443					\$ 237,443			Jan-19	Dec-19	2019 9	2019 12
512.19.012.1	EXT ML TO NEW POST OFFICE ONEIDA	\$ 5,624					\$ 5,624			Jan-19	Dec-19	2019 6	2019 7
512.19.013.1	REP ALYDA-A PIPE MULTI LOCATIONS	\$ 408,957					\$ 448,192			Jan-19	Dec-19	2019 5	2019 12
512-06-101	REP main at Marie Langdon Dr.	-\$ 4,736					\$ 4,736			Jan-19	Dec-19	2018 12	2019 2
512-168	Rel main along Hwy 421 due to BILL	\$ 989,670					\$ 1,365,116			Jan-19	Dec-19	2018 12	2019 8
525.19.009.8	RETIRE 30' CS DISTR 2712 WOLF CRK RD	\$ 1,831					\$ 1,831			Jan-19	Dec-19	2019 5	2019 5
3760		\$ 7,042,088	6,000,000	(1,042,088)	-17.37%	51.60%	\$ 11,617,529						
501.19.004.1	INST NEW REG STA - FARMERS	\$ 11,462					\$ 11,462			Jan-19	Dec-19	2019 1	2019 11
501.19.010.8	RET 1" STAT AT JONES TRAILOR PK	\$ 1,749					\$ 1,749			Jan-19	Dec-19	2019 3	2019 3
501.19.011.8	RET-PUGGS RED STATION IN FARMERS	\$ 1,215					\$ 1,215			Jan-19	Dec-19	2019 3	2019 3
501.19.023.1	INST REG STAT RICE RD NEAR KY 801	\$ 8,941					\$ 8,941			Jan-19	Dec-19	2019 9	2019 12
501.19.024.2	INST REG STAT WHISPERING OAKS DR	\$ 6,513					\$ 7,406			Jan-19	Dec-19	2019 10	2019 12
501.19.025.1	INST REG STAT INDUSTRIAL PK	\$ 8,668					\$ 8,668			Jan-19	Dec-19	2019 9	2019 12
501.19.026.1	INST REG STAT KY 801 INDUST PK	\$ 12,602					\$ 12,602			Jan-19	Dec-19	2019 8	2019 12
501-319	Uprate Distribution pressure	\$ 1,335					\$ 9,590			Jan-19	Dec-19	2018 12	2019 5
501-320	10433806 Ins Reg Sta. in Clearfield	\$ 431					\$ 431			Jan-19	Dec-19	2019 1	2019 1
503.19.017.1	REG STATION TO SERVE HALFHILL ESTATES	\$ 10,074					\$ 10,074			Jan-19	Dec-19	2019 9	2019 10
3780		\$ 62,989	72,000	9,011	12.52%	0.46%	\$ 72,138						
3790		\$ 0	25,000	25,000	100.00%	0.00%	0						
502-01-8000	Farm Tap Revisions on Services	-\$ 823					\$ (823)			Jan-19	Dec-19	NA	NA
507-01-8000	Farm Tap Revisions to Services	-\$ 926					\$ (926)			Jan-19	Dec-19	NA	NA
508-01-8000	Farm Tap Revisions to Services	-\$ 462					\$ (462)			Jan-19	Dec-19	NA	NA
511-01-8000	Farm Tap Revisions on Services	-\$ 478					\$ (478)			Jan-19	Dec-19	NA	NA
D9200.BARBORVILLE CITY	Service Installations (New)	\$ 12,046					\$ 12,046			Jan-19	Dec-19	NA	NA
D9200.BATH	Service Installations (New)	\$ 3,123					\$ 3,123			Jan-19	Dec-19	NA	NA
D9200.BEATTYVILLE CITY	Service Installations (New)	\$ 6,004					\$ 6,004			Jan-19	Dec-19	NA	NA
D9200.BELL	Service Installations (New)	\$ 10,039					\$ 10,039			Jan-19	Dec-19	NA	NA
D9200.BEREA CITY	Service Installations (New)	\$ 47,295					\$ 47,295			Jan-19	Dec-19	NA	NA
D9200.BOURBON	Service Installations (New)	\$ 234					\$ 234			Jan-19	Dec-19	NA	NA
D9200.CLAY	Service Installations (New)	\$ 34,611					\$ 34,611			Jan-19	Dec-19	NA	NA
D9200.CLAY CITY	Service Installations (New)	\$ 5,896					\$ 5,896			Jan-19	Dec-19	NA	NA
D9200.CORBIN CITY.KNOX	Service Installations (New)	\$ 4,257					\$ 4,257			Jan-19	Dec-19	NA	NA
D9200.CORBIN CITY.WHITLE	Service Installations (New)	\$ 30,280					\$ 30,280			Jan-19	Dec-19	NA	NA
D9200.FAYETTE	Service Installations (New)	\$ 11,655					\$ 11,655			Jan-19	Dec-19	NA	NA
D9200.FRENCHBURG CITY	Service Installations (New)	\$ 21,818					\$ 21,818			Jan-19	Dec-19	NA	NA
D9200.GARRARD	Service Installations (New)	\$ 1,711					\$ 1,711			Jan-19	Dec-19	NA	NA
D9200.JACKSON	Service Installations (New)	\$ 4,512					\$ 4,512			Jan-19	Dec-19	NA	NA
D9200.JESSAMINE	Service Installations (New)	\$ 34,521					\$ 34,521			Jan-19	Dec-19	NA	NA
D9200.KNOX	Service Installations (New)	\$ 77,509					\$ 77,509			Jan-19	Dec-19	NA	NA
D9200.LAUREL	Service Installations (New)	\$ 77,351					\$ 77,351			Jan-19	Dec-19	NA	NA

Anticipated projects did not materialize

Project No.	Project Title/Description	Annual Actual Cost	Annual Original Budget	Variance in Dollars	Variance as Percent	Percent of Budget	Total Actual Project Cost	Total Budget Project Cost	Variance in Dollars	Date Original Budget Start	Date Original Budget End	Date Actual Start	Date Actual End
D9200.LEE	Service Installations (New)	\$ 4,355					\$ 4,355			Jan-19	Dec-19	NA	NA
D9200.LONDON CITY	Service Installations (New)	\$ 41,426					\$ 41,426			Jan-19	Dec-19	NA	NA
D9200.MADISON	Service Installations (New)	\$ 162,473					\$ 162,473			Jan-19	Dec-19	NA	NA
D9200.MANCHESTER CITY	Service Installations (New)	\$ 3,584					\$ 3,584			Jan-19	Dec-19	NA	NA
D9200.MASON	Service Installations (New)	\$ 1,614					\$ 1,614			Jan-19	Dec-19	NA	NA
D9200.MENIFEE	Service Installations (New)	\$ 3,230					\$ 3,230			Jan-19	Dec-19	NA	NA
D9200.MIDDLESBORO CITY	Service Installations (New)	\$ 26,997					\$ 26,997			Jan-19	Dec-19	NA	NA
D9200.MONTGOMERY	Service Installations (New)	\$ 11,122					\$ 11,122			Jan-19	Dec-19	NA	NA
D9200.N MIDDLETOWN CITY	Service Installations (New)	\$ 3,024					\$ 3,024			Jan-19	Dec-19	NA	NA
D9200.NICHOLASVILLE CITY	Service Installations (New)	\$ 173,135					\$ 173,135			Jan-19	Dec-19	NA	NA
D9200.OWINGSVILLE CITY	Service Installations (New)	\$ 814					\$ 814			Jan-19	Dec-19	NA	NA
D9200.PINEVILLE CITY	Service Installations (New)	\$ 4,067					\$ 4,067			Jan-19	Dec-19	NA	NA
D9200.POWELL	Service Installations (New)	\$ 17,804					\$ 17,804			Jan-19	Dec-19	NA	NA
D9200.RICHMOND CITY	Service Installations (New)	\$ 27,834					\$ 27,834			Jan-19	Dec-19	NA	NA
D9200.ROBERTSON	Service Installations (New)	\$ 1,684					\$ 1,684			Jan-19	Dec-19	NA	NA
D9200.ROWAN	Service Installations (New)	\$ 48,285					\$ 48,285			Jan-19	Dec-19	NA	NA
D9200.STANTON CITY	Service Installations (New)	\$ 10,438					\$ 10,438			Jan-19	Dec-19	NA	NA
D9200.WHITLEY	Service Installations (New)	\$ 42,459					\$ 42,459			Jan-19	Dec-19	NA	NA
D9200.WILLIAMSBURG CITY	Service Installations (New)	\$ 3,364					\$ 3,364			Jan-19	Dec-19	NA	NA
D9200.WILMORE CITY	Service Installations (New)	\$ 3,265					\$ 3,265			Jan-19	Dec-19	NA	NA
D9500.BARBOURVILLE CITY	Service Installations (Replaced)	\$ 26,937					\$ 26,937			Jan-19	Dec-19	NA	NA
D9500.BEREA CITY	Service Installations (Replaced)	\$ 8,189					\$ 8,189			Jan-19	Dec-19	NA	NA
D9500.CLAY	Service Installations (Replaced)	\$ 37,913					\$ 37,913			Jan-19	Dec-19	NA	NA
D9500.CLAY CITY	Service Installations (Replaced)	\$ 976					\$ 976			Jan-19	Dec-19	NA	NA
D9500.CORBIN CITY.KNOX	Service Installations (Replaced)	\$ 4,363					\$ 4,363			Jan-19	Dec-19	NA	NA
D9500.CORBIN CITY.WHITLE	Service Installations (Replaced)	\$ 54,486					\$ 54,486			Jan-19	Dec-19	NA	NA
D9500.FRENCHBURG CITY	Service Installations (Replaced)	\$ 13,331					\$ 13,331			Jan-19	Dec-19	NA	NA
D9500.JESSAMINE	Service Installations (Replaced)	\$ 1,307					\$ 1,307			Jan-19	Dec-19	NA	NA
D9500.KNOX	Service Installations (Replaced)	\$ 53,395					\$ 53,395			Jan-19	Dec-19	NA	NA
D9500.LAUREL	Service Installations (Replaced)	\$ 15,006					\$ 15,006			Jan-19	Dec-19	NA	NA
D9500.LONDON CITY	Service Installations (Replaced)	\$ 5,101					\$ 5,101			Jan-19	Dec-19	NA	NA
D9500.MADISON	Service Installations (Replaced)	\$ 6,606					\$ 6,606			Jan-19	Dec-19	NA	NA
D9500.MANCHESTER CITY	Service Installations (Replaced)	\$ 17,701					\$ 17,701			Jan-19	Dec-19	NA	NA
D9500.MONTGOMERY	Service Installations (Replaced)	\$ 2,822					\$ 2,822			Jan-19	Dec-19	NA	NA
D9500.MT OLIVET CITY	Service Installations (Replaced)	\$ 3,398					\$ 3,398			Jan-19	Dec-19	NA	NA
D9500.N MIDDLETOWN CITY	Service Installations (Replaced)	\$ 2,419					\$ 2,419			Jan-19	Dec-19	NA	NA
D9500.NICHOLASVILLE CITY	Service Installations (Replaced)	\$ 1,015					\$ 1,015			Jan-19	Dec-19	NA	NA
D9500.POWELL	Service Installations (Replaced)	\$ 13					\$ 13			Jan-19	Dec-19	NA	NA
D9500.ROBERTSON	Service Installations (Replaced)	\$ 2,441					\$ 2,441			Jan-19	Dec-19	NA	NA
D9500.ROWAN	Service Installations (Replaced)	\$ 1,385					\$ 1,385			Jan-19	Dec-19	NA	NA
D9500.SALT LICK CITY	Service Installations (Replaced)	\$ 1,660					\$ 1,660			Jan-19	Dec-19	NA	NA
D9500.STANTON CITY	Service Installations (Replaced)	\$ 3,160					\$ 3,160			Jan-19	Dec-19	NA	NA
D9500.WHITLEY	Service Installations (Replaced)	\$ 2,275					\$ 2,275			Jan-19	Dec-19	NA	NA
D9500.WILLIAMSBURG CITY	Service Installations (Replaced)	\$ 12,157					\$ 12,157			Jan-19	Dec-19	NA	NA
D9500.WILMORE CITY	Service Installations (Replaced)	\$ 12,895					\$ 12,895			Jan-19	Dec-19	NA	NA
D9525.FARMTAP	DELTA FARMTAP FABRICATIONS	\$ 5,210					\$ 5,210			Jan-19	Dec-19	NA	NA
D9600.BARBOURVILLE CITY	Service Installations (Retire)	\$ 4,534					\$ 4,534			Jan-19	Dec-19	NA	NA
D9600.BATH	Service Installations (Retire)	\$ 6,515					\$ 6,515			Jan-19	Dec-19	NA	NA
D9600.BEATTYVILLE CITY	Service Installations (Retire)	\$ 3,722					\$ 3,722			Jan-19	Dec-19	NA	NA
D9600.BELL	Service Installations (Retire)	\$ 10,283					\$ 10,283			Jan-19	Dec-19	NA	NA
D9600.BEREA CITY	Service Installations (Retire)	\$ 4,642					\$ 4,642			Jan-19	Dec-19	NA	NA
D9600.CLAY	Service Installations (Retire)	\$ 22,129					\$ 22,129			Jan-19	Dec-19	NA	NA
D9600.CLAY CITY	Service Installations (Retire)	\$ 2,685					\$ 2,685			Jan-19	Dec-19	NA	NA
D9600.CORBIN CITY.KNOX	Service Installations (Retire)	\$ 2,634					\$ 2,634			Jan-19	Dec-19	NA	NA
D9600.CORBIN CITY.WHITLE	Service Installations (Retire)	\$ 11,656					\$ 11,656			Jan-19	Dec-19	NA	NA
D9600.FAYETTE	Service Installations (Retire)	\$ 1,400					\$ 1,400			Jan-19	Dec-19	NA	NA
D9600.FRENCHBURG CITY	Service Installations (Retire)	\$ 1,489					\$ 1,489			Jan-19	Dec-19	NA	NA
D9600.GARRARD	Service Installations (Retire)	\$ 1,067					\$ 1,067			Jan-19	Dec-19	NA	NA
D9600.KNOX	Service Installations (Retire)	\$ 21,209					\$ 21,209			Jan-19	Dec-19	NA	NA
D9600.LAUREL	Service Installations (Retire)	\$ 20,027					\$ 20,027			Jan-19	Dec-19	NA	NA
D9600.LEE	Service Installations (Retire)	\$ 629					\$ 629			Jan-19	Dec-19	NA	NA
D9600.LONDON CITY	Service Installations (Retire)	\$ 3,916					\$ 3,916			Jan-19	Dec-19	NA	NA
D9600.MADISON	Service Installations (Retire)	\$ 10,318					\$ 10,318			Jan-19	Dec-19	NA	NA

Project No.	Project Title/Description	Annual Actual Cost	Annual Original Budget	Variance in Dollars	Variance as Percent	Percent of Budget	Total Actual Project Cost	Total Budget Project Cost	Variance in Dollars	Date Original Budget Start	Date Original Budget End	Date Actual Start	Date Actual End
D9600.MANCHESTER CITY	Service Installations (Retire)	\$ 3,069					\$ 3,069			Jan-19	Dec-19	NA	NA
D9600.MENIFEE	Service Installations (Retire)	\$ 1,838					\$ 1,838			Jan-19	Dec-19	NA	NA
D9600.MIDDLESBORO CITY	Service Installations (Retire)	\$ 33,316					\$ 33,316			Jan-19	Dec-19	NA	NA
D9600.MONTGOMERY	Service Installations (Retire)	\$ 7,620					\$ 7,620			Jan-19	Dec-19	NA	NA
D9600.MT OLIVET CITY	Service Installations (Retire)	\$ 8,306					\$ 8,306			Jan-19	Dec-19	NA	NA
D9600.N MIDDLETOWN CITY	Service Installations (Retire)	\$ 596					\$ 596			Jan-19	Dec-19	NA	NA
D9600.NICHOLASVILLE CITY	Service Installations (Retire)	\$ 26,522					\$ 26,522			Jan-19	Dec-19	NA	NA
D9600.OWINGSVILLE CITY	Service Installations (Retire)	\$ 1,216					\$ 1,216			Jan-19	Dec-19	NA	NA
D9600.PINEVILLE CITY	Service Installations (Retire)	\$ 10,741					\$ 10,741			Jan-19	Dec-19	NA	NA
D9600.POWELL	Service Installations (Retire)	\$ 12,999					\$ 12,999			Jan-19	Dec-19	NA	NA
D9600.ROBERTSON	Service Installations (Retire)	\$ 3,608					\$ 3,608			Jan-19	Dec-19	NA	NA
D9600.ROWAN	Service Installations (Retire)	\$ 7,744					\$ 7,744			Jan-19	Dec-19	NA	NA
D9600.SALT LICK CITY	Service Installations (Retire)	\$ 893					\$ 893			Jan-19	Dec-19	NA	NA
D9600.SHARPSBURG CITY	Service Installations (Retire)	\$ 460					\$ 460			Jan-19	Dec-19	NA	NA
D9600.STANTON CITY	Service Installations (Retire)	\$ 9,412					\$ 9,412			Jan-19	Dec-19	NA	NA
D9600.WHITLEY	Service Installations (Retire)	\$ 15,851					\$ 15,851			Jan-19	Dec-19	NA	NA
D9600.WILLIAMSBURG CITY	Service Installations (Retire)	\$ 3,360					\$ 3,360			Jan-19	Dec-19	NA	NA
D9600.WILMORE CITY	Service Installations (Retire)	\$ 3,889					\$ 3,889			Jan-19	Dec-19	NA	NA
3800		\$ 1,547,600	1,345,000	(202,600)	-15.06%	11.34%	\$ 1,547,600						
D9700.1.ERT	Purchase ERT Device	\$ 246,919					\$ 246,919			Jan-19	Dec-19	NA	NA
D9700.1.MTR	Purchase Meters	\$ 83,050					\$ 83,050			Jan-19	Dec-19	NA	NA
D9700.1.OMD	Purchase Other Measuring Devices/Gauges	\$ 34,460					\$ 34,460			Jan-19	Dec-19	NA	NA
3810		\$ 364,430	507,700	143,270	28.22%	2.67%	\$ 364,430						
D3800.BARBOURVILLE CITY	Inst New Meter/Manifold	\$ 2,420					\$ 2,420			Jan-19	Dec-19	NA	NA
D3800.BATH	Inst New Meter/Manifold	\$ 884					\$ 884			Jan-19	Dec-19	NA	NA
D3800.BEATTYVILLE CITY	Inst New Meter/Manifold	\$ 331					\$ 331			Jan-19	Dec-19	NA	NA
D3800.BELL	Inst New Meter/Manifold	\$ 1,812					\$ 1,812			Jan-19	Dec-19	NA	NA
D3800.BEREA CITY	Inst New Meter/Manifold	\$ 12,185					\$ 12,185			Jan-19	Dec-19	NA	NA
D3800.BOURBON	Inst New Meter/Manifold	\$ 429					\$ 429			Jan-19	Dec-19	NA	NA
D3800.CLAY	Inst New Meter/Manifold	\$ 3,921					\$ 3,921			Jan-19	Dec-19	NA	NA
D3800.CLAY CITY	Inst New Meter/Manifold	\$ 843					\$ 843			Jan-19	Dec-19	NA	NA
D3800.CORBIN CITY.KNOX	Inst New Meter/Manifold	\$ 2,394					\$ 2,394			Jan-19	Dec-19	NA	NA
D3800.CORBIN CITY.WHITLE	Inst New Meter/Manifold	\$ 5,184					\$ 5,184			Jan-19	Dec-19	NA	NA
D3800.FAYETTE	Inst New Meter/Manifold	\$ 2,699					\$ 2,699			Jan-19	Dec-19	NA	NA
D3800.FRENCHBURG CITY	Inst New Meter/Manifold	\$ 4,600					\$ 4,600			Jan-19	Dec-19	NA	NA
D3800.GARRARD	Inst New Meter/Manifold	\$ 369					\$ 369			Jan-19	Dec-19	NA	NA
D3800.JACKSON	Inst New Meter/Manifold	\$ 534					\$ 534			Jan-19	Dec-19	NA	NA
D3800.JESSAMINE	Inst New Meter/Manifold	\$ 5,136					\$ 5,136			Jan-19	Dec-19	NA	NA
D3800.KNOX	Inst New Meter/Manifold	\$ 10,247					\$ 10,247			Jan-19	Dec-19	NA	NA
D3800.LAUREL	Inst New Meter/Manifold	\$ 18,937					\$ 18,937			Jan-19	Dec-19	NA	NA
D3800.LEE	Inst New Meter/Manifold	\$ 761					\$ 761			Jan-19	Dec-19	NA	NA
D3800.LESLIE	Inst New Meter/Manifold	\$ 3,469					\$ 3,469			Jan-19	Dec-19	NA	NA
D3800.LONDON CITY	Inst New Meter/Manifold	\$ 8,193					\$ 8,193			Jan-19	Dec-19	NA	NA
D3800.MADISON	Inst New Meter/Manifold	\$ 24,615					\$ 24,615			Jan-19	Dec-19	NA	NA
D3800.MANCHESTER CITY	Inst New Meter/Manifold	\$ 2,523					\$ 2,523			Jan-19	Dec-19	NA	NA
D3800.MASON	Inst New Meter/Manifold	\$ 76					\$ 76			Jan-19	Dec-19	NA	NA
D3800.MENIFEE	Inst New Meter/Manifold	\$ 808					\$ 808			Jan-19	Dec-19	NA	NA
D3800.MIDDLESBORO CITY	Inst New Meter/Manifold	\$ 4,621					\$ 4,621			Jan-19	Dec-19	NA	NA
D3800.MONTGOMERY	Inst New Meter/Manifold	\$ 1,625					\$ 1,625			Jan-19	Dec-19	NA	NA
D3800.MT OLIVET CITY	Inst New Meter/Manifold	\$ 61					\$ 61			Jan-19	Dec-19	NA	NA
D3800.N MIDDLETOWN CITY	Inst New Meter/Manifold	\$ 689					\$ 689			Jan-19	Dec-19	NA	NA
D3800.NICHOLASVILLE CITY	Inst New Meter/Manifold	\$ 36,138					\$ 36,138			Jan-19	Dec-19	NA	NA
D3800.OWINGSVILLE CITY	Inst New Meter/Manifold	\$ 607					\$ 607			Jan-19	Dec-19	NA	NA
D3800.PINEVILLE CITY	Inst New Meter/Manifold	\$ 637					\$ 637			Jan-19	Dec-19	NA	NA
D3800.POWELL	Inst New Meter/Manifold	\$ 3,654					\$ 3,654			Jan-19	Dec-19	NA	NA
D3800.RICHMOND CITY	Inst New Meter/Manifold	\$ 5,632					\$ 5,632			Jan-19	Dec-19	NA	NA
D3800.ROBERTSON	Inst New Meter/Manifold	\$ 729					\$ 729			Jan-19	Dec-19	NA	NA
D3800.ROWAN	Inst New Meter/Manifold	\$ 8,431					\$ 8,431			Jan-19	Dec-19	NA	NA
D3800.STANTON CITY	Inst New Meter/Manifold	\$ 1,588					\$ 1,588			Jan-19	Dec-19	NA	NA
D3800.WHITLEY	Inst New Meter/Manifold	\$ 7,499					\$ 7,499			Jan-19	Dec-19	NA	NA
D3800.WILLIAMSBURG CITY	Inst New Meter/Manifold	\$ 1,531					\$ 1,531			Jan-19	Dec-19	NA	NA
D3800.WILMORE CITY	Inst New Meter/Manifold	\$ 736					\$ 736			Jan-19	Dec-19	NA	NA
D4500.BARBOURVILLE CITY	Meter Installations (Retire)	\$ 80					\$ 80			Jan-19	Dec-19	NA	NA

Project No.	Project Title/Description	Annual Actual Cost	Annual Original Budget	Variance in Dollars	Variance as Percent	Percent of Budget	Total Actual Project Cost	Total Budget Project Cost	Variance in Dollars	Date Original Budget Start	Date Original Budget End	Date Actual Start	Date Actual End	
D4500.BATH	Meter Installations (Retire)	\$ 725					\$ 725			Jan-19	Dec-19	NA	NA	
D4500.BEATTYVILLE CITY	Meter Installations (Retire)	\$ 41					\$ 41			Jan-19	Dec-19	NA	NA	
D4500.BEREA CITY	Meter Installations (Retire)	\$ 1,476					\$ 1,476			Jan-19	Dec-19	NA	NA	
D4500.CLAY	Meter Installations (Retire)	\$ 740					\$ 740			Jan-19	Dec-19	NA	NA	
D4500.CLAY CITY	Meter Installations (Retire)	\$ 286					\$ 286			Jan-19	Dec-19	NA	NA	
D4500.CORBIN CITY.KNOX	Meter Installations (Retire)	\$ 49					\$ 49			Jan-19	Dec-19	NA	NA	
D4500.CORBIN CITY.WHITLE	Meter Installations (Retire)	\$ 411					\$ 411			Jan-19	Dec-19	NA	NA	
D4500.FRENCHBURG CITY	Meter Installations (Retire)	\$ 511					\$ 511			Jan-19	Dec-19	NA	NA	
D4500.JESSAMINE	Meter Installations (Retire)	\$ 965					\$ 965			Jan-19	Dec-19	NA	NA	
D4500.KNOX	Meter Installations (Retire)	\$ 286					\$ 286			Jan-19	Dec-19	NA	NA	
D4500.LAUREL	Meter Installations (Retire)	\$ 1,263					\$ 1,263			Jan-19	Dec-19	NA	NA	
D4500.LEE	Meter Installations (Retire)	\$ 89					\$ 89			Jan-19	Dec-19	NA	NA	
D4500.LONDON CITY	Meter Installations (Retire)	\$ 307					\$ 307			Jan-19	Dec-19	NA	NA	
D4500.MADISON	Meter Installations (Retire)	\$ 2,513					\$ 2,513			Jan-19	Dec-19	NA	NA	
D4500.MANCHESTER CITY	Meter Installations (Retire)	\$ 327					\$ 327			Jan-19	Dec-19	NA	NA	
D4500.MENIFEE	Meter Installations (Retire)	\$ 725					\$ 725			Jan-19	Dec-19	NA	NA	
D4500.MONTGOMERY	Meter Installations (Retire)	\$ 94					\$ 94			Jan-19	Dec-19	NA	NA	
D4500.N MIDDLETOWN CITY	Meter Installations (Retire)	\$ 255					\$ 255			Jan-19	Dec-19	NA	NA	
D4500.NICHOLASVILLE CITY	Meter Installations (Retire)	\$ 946					\$ 946			Jan-19	Dec-19	NA	NA	
D4500.OWINGSVILLE CITY	Meter Installations (Retire)	\$ 725					\$ 725			Jan-19	Dec-19	NA	NA	
D4500.POWELL	Meter Installations (Retire)	\$ 227					\$ 227			Jan-19	Dec-19	NA	NA	
D4500.RICHMOND CITY	Meter Installations (Retire)	\$ 6					\$ 6			Jan-19	Dec-19	NA	NA	
D4500.ROBERTSON	Meter Installations (Retire)	\$ 371					\$ 371			Jan-19	Dec-19	NA	NA	
D4500.ROWAN	Meter Installations (Retire)	\$ 1,525					\$ 1,525			Jan-19	Dec-19	NA	NA	
D4500.SALT LICK CITY	Meter Installations (Retire)	\$ 255					\$ 255			Jan-19	Dec-19	NA	NA	
D4500.STANTON CITY	Meter Installations (Retire)	\$ 53					\$ 53			Jan-19	Dec-19	NA	NA	
D4500.WHITLEY	Meter Installations (Retire)	\$ 575					\$ 575			Jan-19	Dec-19	NA	NA	
3820		\$ 203,375	120,000	(83,375)	-69.48%	1.49%	\$ 203,375							Increased expenditures due to increased amount / location of PRP project activity
D9700.1.REG	Purchase Regulators	\$ 124,266					\$ 124,266			Jan-19	Dec-19	NA	NA	
3830		\$ 124,266	99,500	(24,766)	-24.89%	0.91%	\$ 124,266							
501.19.012.1	UPGRADE-BATH CO HS AL2300 METER	\$ 2,676					\$ 2,676			Jan-19	Dec-19	2019 2	2019 5	
501.19.037.1	REG & RELIEF VALVE FAMILY DOLLAR WAREHS	\$ 9,941					\$ 9,941			Jan-19	Dec-19	2019 10	2020 2	
502.19.014.1	REL-BEREA WALMART LV METER	\$ 1,329					\$ 1,329			Jan-19	Dec-19	2019 4	2019 5	
502.19.016.1	REL METER AT GILL INDUSTRIES - I	\$ 2,989					\$ 2,989			Jan-19	Dec-19	2019 8	2019 10	
502.19.025.1	REB AND REL METER HYSTER/YALE PLANT - I	\$ 15,184					\$ 20,914			Jan-19	Dec-19	2019 8	2020 1	
503.19.014.1	REWORK METER E JESSAMINE HIGH SCHOOL-C	\$ 2,013					\$ 2,013			Jan-19	Dec-19	2019 8	2019 9	
506.19.003.8	REMOVE-METER SET 1710 W HWY LOND	\$ 1,739					\$ 1,739			Jan-19	Dec-19	2019 5	2019 5	
506.19.008.1	LVM LONDON TOBACCO MARKET HEMP DRYERS	\$ 7,404					\$ 7,404			Jan-19	Dec-19	2019 8	2019 10	
508.19.008.1	INST-LVM KNOX CO DETENTION CENT	\$ 6,564					\$ 6,564			Jan-19	Dec-19	2019 6	2019 7	
511.19.012.1	INST-METER SET 400 HAMMOCK RD	\$ 6,162					\$ 6,162			Jan-19	Dec-19	2019 2	2019 5	
511-501	Install LVM 440 Hammock Road	-\$ 4,241					\$ 4,241			Jan-19	Dec-19	2018 12	2019 3	
512.19.005.1	19MANC-REL METER AT PACES CRK SCHOOL	\$ 6,509					\$ 5,530			Jan-19	Dec-19	2019 3	2019 6	
512-158	REBUILD ONEIDA BAPTIST INSTITUTES M	-\$ 7,177					\$ 7,177			Jan-19	Dec-19	2018 12	2019 12	
3850		\$ 51,091	36,000	(15,091)	-41.92%	0.37%	\$ 78,679							
FCDELT.19.01	INST GENERATOR WINCHESTER OFFICE	\$ 35,360					\$ 35,360			Jan-19	Dec-19	2019 1	2019 9	
FCDELT.19.03	REP AC AIR HANDLER IN CS/ACCTNG DEPT	\$ 4,137					\$ 4,137			Jan-19	Dec-19	2019 7	2019 7	
FCDELT.19.04	WBURG OFFICE ROOF COATING	\$ 16,507					\$ 16,507			Jan-19	Dec-19	2019 9	2019 9	
FCDELT.19.05	REP GUTTERS WBURG OFFICE BLDG	\$ 2,450					\$ 2,450			Jan-19	Dec-19	2019 9	2019 9	
FCDELT.19.06	REP GUTTERS LONDON OFFICE BLDG	\$ 3,300					\$ 3,300			Jan-19	Dec-19	2019 11	2019 12	
FCDELT.19.07	RESEAL & STRIPE WINCHESTER PARKING LOT	\$ 11,058					\$ 11,058			Jan-19	Dec-19	2019 8	2019 9	
FCDELT.19.08	OFFICE AC/HEAT FAN COIL UNIT - J CROFT	\$ 4,600					\$ 4,572			Jan-19	Dec-19	2019 11	2019 12	
FCDELT.19.09	OFFICE AC/HEAT FAN COIL UNIT - D FULLER	\$ 4,600					\$ 4,572			Jan-19	Dec-19	2019 11	2019 12	
FCDELT.19.10	OFFICE AC/HEAT FAN COIL UNIT - D KING	\$ 4,600					\$ 4,572			Jan-19	Dec-19	2019 11	2019 12	
FCDELT.19.11	LED LIGHT FIXTURES FOR BEREA OFFICE	\$ 5,200					\$ 5,200			Jan-19	Dec-19	2019 10	2019 10	
FCDELT.19.13	30' X 40' STORAGE BUILDING - STANTON	\$ 29,800					\$ 29,800			Jan-19	Dec-19	2019 10	2019 10	
FCDELT.19.14	LED LIGHT FIXTURES FOR CORBIN OFFICE	\$ 3,328					\$ 3,328			Jan-19	Dec-19	2019 9	2019 11	
FCDELT.19.17	LENNOX HVAC SYSTEM FOR WINCH SERV CTR	\$ 3,455					\$ 3,455			Jan-19	Dec-19	2019 10	2019 11	
FCDELT.19.18	SEAL AND STRIPE PARKING LOT NICHOLASVL	\$ 2,100					\$ 2,100			Jan-19	Dec-19	2019 10	2019 11	
FCDELT.19.19	SCOTSMAN ICE MACHINE/WATER DISP-WINCHSTR	\$ 8,616					\$ 8,616			Jan-19	Dec-19	2019 12	2019 12	
FCDELT.19.20	REP EXTERIOR DOOR AT WINCH SERV CTR	\$ 2,250					\$ 2,250			Jan-19	Dec-19	2019 11	2019 12	
3900		\$ 141,362	127,200	(14,162)	-11.13%	1.04%	\$ 141,278							
D7000.19.4	IMAGERUNNER IRC3525i III COPIER - WINCH	\$ 4,023					\$ 4,023			Jan-19	Dec-19	2019 10	2019 10	

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D7000.19.5	NEOPOST IN700 MAILING SYSTEM	\$ 6,741					\$ 6,741			Jan-19	Dec-19	2019 12	2019 12
D9700.19.1	CANON C3525 COPIER FOR BARBOURVILLE	\$ 3,800					\$ 3,800			Jan-19	Dec-19	2019 8	2019 8
3910		\$ 14,563	48,000	33,437	69.66%	0.11%	\$ 14,563						
D7000.19.2	DELL VxRAIL e560 4 NODE SOLUTION	\$ 106,363					\$ 106,363			Jan-19	Dec-19	2019 10	2019 11
D7000.19.3	DELL POWEREDGE T440 BACKUP SERVER	\$ 12,895					\$ 12,895			Jan-19	Dec-19	2019 10	2019 11
3912		\$ 119,258	1,855,700	1,736,442	93.57%	0.87%	\$ 119,258						
DELTVEH.19.216302	2019 TOYOTA AVALON TOURING AWD	\$ 41,009					\$ 41,009			Jan-19	Dec-19	2019 1	2019 1
DELTVEH.19.216304	2019 CHEVROLET SILVERADO 1500 WT 4X4	\$ 32,163					\$ 32,163			Jan-19	Dec-19	2019 2	2019 3
DELTVEH.19.216305	2019 CHEVROLET SILVERADO 1500 WT 4X4	\$ 31,698					\$ 31,698			Jan-19	Dec-19	2019 6	2019 6
DELTVEH.19.216306	2019 CHEVROLET SILVERADO 1500 WT 4X4	\$ 33,840					\$ 33,840			Jan-19	Dec-19	2019 3	2019 3
DELTVEH.19.216307	2019 CHEVROLET SILVERADO 1500 WT 4X4	\$ 33,840					\$ 33,840			Jan-19	Dec-19	2019 3	2019 3
DELTVEH.19.216308	2019 CHEVROLET SILVERADO 1500 WT 4X4	\$ 32,124					\$ 32,124			Jan-19	Dec-19	2019 7	2019 7
DELTVEH.19.216309	2019 CHEVROLET SILVERADO 1500 WT 4X4	\$ 32,124					\$ 32,124			Jan-19	Dec-19	2019 8	2019 8
DELTVEH.19.216398	2019 CHEVROLET SILVERADO 1500 WT 4X4	\$ 33,422					\$ 33,422			Jan-19	Dec-19	2019 4	2019 4
DELTVEH.19.216399	2019 CHEVROLET SILVERADO 1500 WT 4X4	\$ 33,990					\$ 33,990			Jan-19	Dec-19	2019 4	2019 4
DELTVEH.19.216402	2019 CHEVROLET TRAVERSE AWD LS	\$ 32,490					\$ 32,490			Jan-19	Dec-19	2019 5	2019 6
DELTVEH.19.216404	2019 HOMESTEADER 610 MB DUMPT TRAILER	\$ 5,232					\$ 5,232			Jan-19	Dec-19	2019 8	2019 8
DELTVEH.19.216435	2019 CHEVROLET SILVERADO 1500 4WD	\$ 33,990					\$ 33,990			Jan-19	Dec-19	2019 8	2019 8
DELTVEH.19.216442	2020 CHEVROLET SILVERADO 1500 WT 4X4 DOU	\$ 34,390					\$ 34,390			Jan-19	Dec-19	2019 12	2019 12
DELTVEH.19.216443	2020 CHEVROLET SILVERADO 1500 WT 4X4 DOU	\$ 34,390					\$ 34,390			Jan-19	Dec-19	2019 12	2019 12
DELTVEH.19.216444	2020 CHEVROLET SILVERADO 2500 HD WT	\$ 7,950					\$ 44,250			Jan-19	Dec-19	2019 12	2020 2
DELTVEH.19.216459	2020 CHEVROLET SILVERADO 1500 WT 4X4 DOU	\$ 34,390					\$ 34,390			Jan-19	Dec-19	2019 12	2019 12
DELTVEH.19.216510	2020 GATORMADE 14K EQUIP TRAILER	\$ 5,342					\$ 5,342			Jan-19	Dec-19	2019 11	2019 12
DELTVEH.19.9	SALVAGE	-\$ 104,990					\$(104,990)			Jan-19	Dec-19	NA	NA
3920		\$ 387,395	552,000	164,605	29.82%	2.84%	\$ 423,695						
D7400.19.1	GPS EQUIP - WINCHESTER OFFICE	\$ 16,212					\$ 16,212			Jan-19	Dec-19	2019 2	2019 5
D7400.19.10	DW UTILIGUARD T5 PIPE LOCATOR - OVILLE	\$ 5,120					\$ 5,120			Jan-19	Dec-19	2019 12	2019 12
D7400.19.11	DW UTILIGUARD T5 PIPE LOCATOR - CORBIN	\$ 5,120					\$ 5,120			Jan-19	Dec-19	2019 12	2019 12
D7400.19.12	DW UTILIGUARD T5 PIPE LOCATOR - MBORO	\$ 5,120					\$ 5,120			Jan-19	Dec-19	2019 12	2019 12
D7400.19.2	HOT PRESSURE WASHER - BVILLE TRANSM	\$ 6,042					\$ 6,042			Jan-19	Dec-19	2019 6	2019 6
D7400.19.3	FLYWHEEL PULLING TOOL - BVILLE TRANSM	\$ 4,072					\$ 4,072			Jan-19	Dec-19	2019 7	2019 8
D7400.19.5	JAMESON MAIN LINE TRACER - CONTSTR CREWS	\$ 2,313					\$ 2,313			Jan-19	Dec-19	2019 9	2019 9
D7400.19.6	DW 2" HOLE HOG BORING TOOL - BARBOURVILL	\$ 3,067					\$ 3,067			Jan-19	Dec-19	2019 9	2019 9
D7400.19.7	DW UTILIGUARD T5 PIPE LOCATOR - NVILLE	\$ 5,187					\$ 5,187			Jan-19	Dec-19	2019 9	2019 9
D7400.19.8	MUSTANG PS-62B 2" SQUEEZE TOOL - OVILLE	\$ 3,498					\$ 3,498			Jan-19	Dec-19	2019 12	2019 12
D7400.19.9	DW UTILIGUARD T5 PIPE LOCATOR - BEREA	\$ 5,120					\$ 5,120			Jan-19	Dec-19	2019 12	2019 12
3940		\$ 60,871	94,000	33,129	35.24%	0.45%	\$ 60,871						
D7400.19.4	DIGITAL DISPLAY GC580 FOR CHROMATOGRAPH	\$ 5,427					\$ 5,427			Jan-19	Dec-19	2019 7	2019 8
3950		\$ 5,427	8,000	2,573	32.17%	0.04%	\$ 5,427						
DELTVEH.19.216069	2019 LINCOLN CLASSIC WELDING MACHINE	\$ 17,050					\$ 17,050			Jan-19	Dec-19	2019 3	2019 5
DELTVEH.19.216111	2019 ATLAS COPCO HYDRAULIC BREAKER	\$ 19,027					\$ 19,027			Jan-19	Dec-19	2019 7	2019 9
DELTVEH.19.216118	2019 100' FIRESTICK DRILL RODS FOR DRILL	\$ 4,865					\$ 4,865			Jan-19	Dec-19	2019 3	2019 5
DELTVEH.19.216125.1	2019 2.3" TCI CUTTERS	\$ 4,756					\$ 4,756			Jan-19	Dec-19	2019 6	2019 6
DELTVEH.19.216125.2	2019 ROCKMASTER 5.5" TRI-CONE BIT	\$ 4,247					\$ 4,247			Jan-19	Dec-19	2019 6	2019 6
DELTVEH.19.216288.1	2019 VERMEER HDD BORING MACHINE	\$ 128,209					\$ 128,209			Jan-19	Dec-19	2019 3	2019 5
DELTVEH.19.216508	2019 VOLVO ECR40D COMPACT EXCAVATOR	\$ 49,873					\$ 49,873			Jan-19	Dec-19	2019 11	2019 12
3960		\$ 228,028	200,000	(28,028)	-14.01%	1.67%	\$ 228,028						
3970		\$ 0	6,000	6,000	100.00%	0.00%	0						
3980		\$ 0	5,000	5,000	100.00%	0.00%	0						
2019 TOTAL		\$ 14,355,903	13,646,600	(709,303)	-5.20%	105.20%							

Equipment had longer life than expected

Hardware not necessary with new system

No projects required

No projects required

Year 2020

SW.DELT.CHROMATGH.3	SW CHROMATOGRAPH UPGRADE - PURCHASED	\$ 4,401					\$ 4,401			Jan-20	Dec-20	2020 11	2020 11
SW.DELT.CPMS.PH4.2	SW CPMS PH4 - IN HOUSE	\$ 43,625					\$ 43,625			Jan-20	Dec-20	2020 1	2020 12
SW.DELT.CYBER.RISK.3	SW CYBER RISK SCORECARD - PURCHASED	\$ 10,412					\$ 10,412			Jan-20	Dec-20	2020 9	
SW.DELT.FLOWCALUPG.3	SW FLOWCAL 10 AND ORACLE 19 UPGRADE PROJ	\$ 41,130					\$ 74,200			Jan-20	Dec-20	2020 1	
SW.DELT.GASTAR.2020.2	SW GASTAR ENHANCEMENT 2020 - IN HOUSE	\$ 1,680					\$ 1,680			Jan-20	Dec-20	2020 11	2021 3
SW.DELT.HANA.UPGRD.2	SW BW HANA UPGRADE - IN HOUSE	\$ 437					\$ 437			Jan-20	Dec-20	2020 10	2021 3
SW.DELT.MITELWEBCONF.3	SW MITEL 10 WEB CONFERENCE PORTS	\$ 4,583					\$ 4,583			Jan-20	Dec-20	2020 6	2020 12
SW.DELT.SAP.20.LICEN.3	SW SAP 2020 LICENSES - PURCHASED	\$ 17,947					\$ 17,947			Jan-20	Dec-20	2020 11	2020 11
SW.DELT.WFO.PH5.2	SW WORKFORCE OPT PH5 - IN HOUSE	\$ 58,906					\$ 58,928			Jan-20	Dec-20	2020 7	2020 12

Project No.	Project Title/Description	Annual Actual Cost	Annual Original Budget	Variance in Dollars	Variance as Percent	Percent of Budget	Total Actual Project Cost	Total Budget Project Cost	Variance in Dollars	Date Original Budget Start	Date Original Budget End	Date Actual Start	Date Actual End	
SW.DELTA.CRB.2	SW.DELTA.CRB.2 IN-HOUSE	\$ 1,636,544					\$ 4,001,478			Jan-20	Dec-20	2019 2	2020 12	
SW.DELTA.DELTA.PWR TAX.2	SW DELTA POWERTAX MIGRATE - IN HOUSE	\$ 27,124					\$ 224,211			Jan-20	Dec-20	2019 8	2020 5	
SW.DELTA.MITEL.MIGRTN.3	SW MITEL PHONE MIGRATION - PURCHASED	\$ 10,486					\$ 13,437			Jan-20	Dec-20	2019 12	2020 10	
SW.DELTA.PERCEP.UPGRD.2	SW PERCEPTIVE UPGRADE - IN HOUSE	\$ 2,493					\$ 2,710			Jan-20	Dec-20	2019 9	2021 3	
SW.DELTA.PERCEP.UPGRD.3	SW PERCEPTIVE UPGRADE - PURCHASED	\$ 4,410					\$ 4,410			Jan-20	Dec-20	2020 4	2021 3	
SW.DELTA.SAP.S4.HANA.2	SW SAP S4 HANA - IN HOUSE	\$ 11,745					\$ 319,555			Jan-20	Dec-20	2019 11	2019 11	
SW.SIP.DELT.COFENSE.3	SW SIP COFENSE - PURCHASED	\$ 4,355					\$ 4,605			Jan-20	Dec-20	2020 12		
SW.SIP.DELT.CONT.MGT.2	SW SIP CONTRACT MGMT - IN HOUSE	\$ 864					\$ 7,884			Jan-20	Dec-20	2020 12		
SW.SIP.DELT.EAM.REDSGN.2	SW EAM REDESIGN - IN HOUSE	\$ 167,909					\$ 171,302			Jan-20	Dec-20	2020 5		
SW.SIP.DELT.NORMSHIELD.3	SW SIP NORMSHIELD - PURCHASED	\$ 1,307					\$ 1,309			Jan-20	Dec-20	2020 12		
SW.SIP.DELT.QUALYS.3	SW SIP QUALYS - PURCHASED	\$ 5,668					\$ 5,691			Jan-20	Dec-20	2020 12		
SW.SIP.DELT.RELIAQUEST.3	SW SIP RELIAQUEST - PURCHASED	\$ 11,856					\$ 8,170			Jan-20	Dec-20	2020 12		
SW.SIP.DELT.SANS.3	SW SIP SANS - PURCHASED	\$ 2,854					\$ 2,854			Jan-20	Dec-20	2020 12		
SW.SIP.DELT.SPLUNK.3	SW SIP SPLUNK - PURCHASED	\$ 7,708					\$ 12,567			Jan-20	Dec-20	2020 12		
SW.SIP.DELT.WORKDAY.2	SW WORKDAY IMPLEMENT - IN HOUSE	\$ 32					\$ 32			Jan-20	Dec-20	2020 5		
3030		\$ 2,078,474	0	(2,078,474)	-100%	15.40%	\$ 4,996,427							Changing of budget account #
526.20.012.8	RET 4" GATH MAIN STAT 223 & 230	\$ 3,971					\$ 3,971			Jan-20	Dec-20	2020 8		
3320		\$ 3,971	65,800	61,829	94%	0.03%	\$ 3,971							Fewer project C.O.R. expenditures than anticipated in budget
526.20.001.1	CONNECT STNY FRK EWL LINE TO EW #2 COMPR	\$ 6,927					\$ 6,927			Jan-20	Dec-20	2020 2	2020 3	
526-194	INSTALL COMPRESSOR AT EAST/WEST STA	-\$ 55					\$ 109,264			Jan-20	Dec-20	2018 12	2019 5	
3330		\$ 6,871	20,200	13,329	66%	0.05%	\$ 116,191							Project expenditures less than anticipated in budget
526.20.006.1	INSTALL EM AT METER STATIONS IN BELL CO	\$ 54,642					\$ 54,642			Jan-20	Dec-20	2020 2	2020 7	
526.20.007.1	INSTALL EM AT METER STATIONS IN KNOX CO	\$ 20,161					\$ 20,161			Jan-20	Dec-20	2020 5	2020 7	
526.20.008.1	INSTALL EM AT METER STATIONS IN WHITLEY	\$ 20,478					\$ 20,478			Jan-20	Dec-20	2020 3	2020 7	
526.20.011.1	REP METER TUBE STAT 138 BAILEY GA	\$ 6,199					\$ 6,199			Jan-20	Dec-20	2020 5	2020 6	
3340		\$ 101,480	97,100	(4,380)	-5%	0.75%	\$ 101,480							
3530		\$ 0	11,200	11,200	100%	0.00%	\$ 0							Anticipated projects did not materialize
525.20.013.1	REP PNEUMATIC CONTROLLER CM #5 COMPRSR	\$ 2,782					\$ 2,782			Jan-20	Dec-20	2020 5	2020 5	
526.19.005.1	19MIDD-REP CRANK & ROD CAN MTN #5 COMP	\$ 12,564					\$ 12,564			Jan-20	Dec-20	2020 3		
3540		\$ 15,346	57,500	42,154	73%	0.11%	\$ 15,346							Project expenditures less than anticipated in budget
3560		\$ 0	109,200	109,200	100%	0.00%	\$ 0							Anticipated projects did not materialize
525.20.016.1	REP INSTL BLDG FOR FARMERS PURCH	\$ 86,671					\$ 86,671			Jan-20	Dec-20	2020 10	2020 11	
3660		\$ 86,671	0	(86,671)	-100.00%	0.64%	\$ 86,671							Project not anticipated in budget
501.19.021.1	EXT STEEL KY 801 APP HARVEST-I	\$ 6,031					\$ 349,683			Jan-20	Dec-20	2019 10	2019 12	
501.19.034.1	INST HPR ON HWY 801 WEDDING CHAPEL-R	\$ 58					\$ 4,183			Jan-20	Dec-20	2019 11	2020 2	
512.19.010.1	REPAIR TRANEX TRANS COLLINS FORK	\$ 1,786					\$ 77,294			Jan-20	Dec-20	2019 9	2019 10	
525.19.030.1	REP 4" STEEL FARMERS PS TO MMRC	\$ 4,062					\$ 9,006			Jan-20	Dec-20	2019 12	2020 1	
525.20.005.1	EXT 3186 BATTLEFIELD MEM HWY - R	\$ 1,890					\$ 1,890			Jan-20	Dec-20	2020 3	2020 3	
525.20.006.1	INSTL CHK VALV ATCBC-1A PREWITT BEND RD	\$ 3,421					\$ 3,421			Jan-20	Dec-20	2020 2	2020 3	
525.20.007.1	REP GRND BED on 8" NEAR INTERS OF RT 80	\$ 7,812					\$ 7,812			Jan-20	Dec-20	2020 3	2020 7	
525.20.008.1	REP STRAIGHT CRK RECTIFIER MONITOR RTU	\$ 4,589					\$ 4,589			Jan-20	Dec-20	2020 3	2020 4	
525.20.009.1	REP ARTEMUS RECTIFIER MONITOR RTU	\$ 4,589					\$ 4,589			Jan-20	Dec-20	2020 4	2020 4	
525.20.014.1	EXT 6" CS FOR APP HARVEST-I	\$ 56,679					\$ 56,679			Jan-20	Dec-20	2020 7	2020 9	
525.20.015.1	REPAIR TRANEX PIPE KY RT 2004	\$ 9,751					\$ 9,751			Jan-20	Dec-20	2020 9	2020 10	
525.20.017.1	20MIDD-REP TRANS KY ROUTE 66 XING	\$ 7,187					\$ 7,187			Jan-20	Dec-20	2020 8	2020 8	
525.20.018.1	REP RECTIFIER KY 221 BELL CO	\$ 4,480					\$ 4,483			Jan-20	Dec-20	2020 9	2020 11	
525.20.021.1	EXT 4" & 8" SPEEDWELL RD APPHARV-I	\$ 75,549					\$ 75,549			Jan-20	Dec-20	2020 11	2020 12	
3670		\$ 187,884	802,000	614,116	77%	1.39%	\$ 616,115							Expenditures less than anticipated in budget due to the timing of certain projects
525.20.019.1	REB GABBARD FORK #3 COMP	\$ 12,772					\$ 12,772			Jan-20	Dec-20	2020 9	2020 11	
3680		\$ 12,772	31,400	18,628	59%	0.09%	\$ 12,772							Expenditures less than anticipated
501.20.017.1	INS LVM TRANSM FARMERS PURCH STATION	\$ 840,992					\$ 643,540			Jan-20	Dec-20	2020 4	2020 10	
525.19.032.1	REL ODORIZATION INJECTION UNIT STA 526	\$ 1,447					\$ 6,965			Jan-20	Dec-20	2019 11	2020 1	
525.20.011.1	REP REGS AT OWINGSVIL PURCH STAT#1001	\$ 2,012					\$ 2,012			Jan-20	Dec-20	2020 2	2020 3	
525.20.022.1	REP RELIEF VALVE FMC STAT 1010	\$ 505					\$ 505			Jan-20	Dec-20	2020 12	2020 12	
3690		\$ 844,956	294,000	(550,956)	-187%	6.26%	\$ 653,021							Expenditures more than anticipated for Farmers P/S
3710		\$ 0	9,800	9,800	100%	0.00%	\$ 0							Anticipated projects did not materialize
511.19.005.1	19CORB-REP 8' S ALONG BARTON MILL EASEMT	\$ 131					\$ 2,860			Jan-20	Dec-20	2019 1	2020 1	
3740		\$ 131	6,000	5,869	98%	0.00%	\$ 2,860							Expenditures less than anticipated
501.20.018.1	INS FENCE REG STAT RICE RD	\$ 5,084					\$ 5,084			Jan-20	Dec-20	2020 6	2020 6	

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3750		\$ 5,084	6,200	1,116	18%	0.04%	\$ 5,084						
501.19.002.1	19OWNG-REL 4" P ALONG KY158 SHARKEY BILL	-\$ 89,315					\$ 19,560			Jan-20	Dec-20	2019 2	2019 6
501.19.014.1	REP US 460 FRENCHBURG DOT PROJ BILL	-\$ 34,462					\$ 275,983			Jan-20	Dec-20	2019 7	2019 9
501.19.016.1	REP-6700 FT PL MAIN IN MIDLAND	\$ 416,221					\$ 452,183			Jan-20	Dec-20	2019 5	2020 12
501.19.022.1	EXT 2" PL KY 801 & RICE RD-R	\$ 11,687					\$ 99,734			Jan-20	Dec-20	2019 10	2019 12
501.19.029.1	19OWNG-EXT 2" PIPE HWY 801 ROWAN CO-R	\$ 116					\$ 2,680			Jan-20	Dec-20	2019 10	2020 1
501.19.035.1	INST OUTLET PIPE HWY 801 ROWAN CO - R	\$ 670					\$ 2,225			Jan-20	Dec-20	2019 11	2020 1
501.19.036.1	EXT 1000FT RODNEY HITCH BLVD ROWAN CO-R	\$ 5,068					\$ 87,307			Jan-20	Dec-20	2019 10	2020 1
501.19.038.1	INSTL HPR & 2" PL AT 600 RIDGEVIEW DR-R	\$ 580					\$ 4,758			Jan-20	Dec-20	209 11	2020 1
501.20.001.8	RET 2" STL RD XING HWY 36 IN FRENCHBURG	\$ 1,611					\$ 1,611			Jan-20	Dec-20	2020 1	2020 1
501.20.003.8	RETIRE RD XING MCBRAYER RD CLEARFIELD	\$ 524					\$ 524			Jan-20	Dec-20	2020 1	2020 2
501.20.004.1	REP MAIN 121 AND 139 WARREN LN	\$ 1,507					\$ 1,507			Jan-20	Dec-20	2020 2	2020 2
501.20.005.1	EXTEND MAIN RICE RD JOSH LAYNE-R	\$ 2,975					\$ 2,975			Jan-20	Dec-20	2020 6	2020 6
501.20.006.1	RELOCATE DIST PIPE KY 801 APPHARVEST	\$ 10,135					\$ 10,135			Jan-20	Dec-20	2020 5	2020 6
501.20.007.1	REP MAIN BYPASS RD SALT LICK	\$ 4,990					\$ 4,990			Jan-20	Dec-20	2020 2	2020 2
501.20.009.1	INSTAL BAYOU LN DANNY CHIDLERS-R	\$ 4,117					\$ 4,117			Jan-20	Dec-20	2020 6	2020 6
501.20.010.1	REP 200' MAIN 1830 HWY 60-R	\$ 13,529					\$ 13,529			Jan-20	Dec-20	2020 6	2020 6
501.20.011.8	RET MAIN XING FLEMINGSBURG RD	\$ 57					\$ 57			Jan-20	Dec-20	2020 7	2020 7
501.20.014.1	REPLACE Aldyl-A PIPE US Hwy 60	\$ 51,510					\$ 51,510			Jan-20	Dec-20	2020 4	
501.20.015.1	REPLACE Aldyl-A MAIN HWY 60	\$ 68,010					\$ 68,010			Jan-20	Dec-20	2020 4	
501.20.016.1	REPLACE PL MAIN WOODS LN SALT LICK	\$ 4,191					\$ 4,191			Jan-20	Dec-20	2020 4	2020 4
501.20.022.1	REP PL MAIN CECIL AVE IN OWINGSVI	\$ 5,554					\$ 5,554			Jan-20	Dec-20	2020 5	
501.20.024.1	20OWNG-REP MAIN CECIL AVE OWINGSVILLE	\$ 59,655					\$ 60,335			Jan-20	Dec-20	2020 7	2020 7
501.20.026.1	EXT MAIN HWY 32 ROWAN CO - R	\$ 6,873					\$ 6,873			Jan-20	Dec-20	2020 9	2020 9
501.20.027.1	20OWNG-EXT MAIN 212 MCKENZIE RD - R	\$ 2,067					\$ 2,067			Jan-20	Dec-20	2020 9	2020 9
501.20.029.8	RET 2" PL DRIVEWAY ENTR 6498 FLEMINGSBRG	\$ 511					\$ 511			Jan-20	Dec-20	2020 9	2020 9
501.20.031.1	REP 250FT PL MAIN HWY 801	\$ 18,614					\$ 18,614			Jan-20	Dec-20	2020 11	2020 11
501.20.034.8	RET 110FT 6440 HWY 801	\$ 114					\$ 114			Jan-20	Dec-20	2020 12	2020 12
502.19.013.1	REP 520FT UCS 2516 BATTLEFIELD MEM	\$ 8,978					\$ 8,978			Jan-20	Dec-20	2020 1	2020 1
502.19.019.1	REP-2" ML PL ALONG MULTI LOCATION	\$ 540,805					\$ 582,256			Jan-20	Dec-20	2019 5	2020 10
502.19.023.1	REP PL BS 326 ESTILL ST TO RICHMOND RD	\$ 12,436					\$ 12,436			Jan-20	Dec-20	2020 1	2020 1
502.19.027.8	RET ML 323 FOREST ST	\$ 234					\$ 234			Jan-20	Dec-20	2020 1	2020 1
502.19.031.1	REP ALDYL PIPE BEREA CITY LIMITS	\$ 69,065					\$ 100,939			Jan-20	Dec-20	2019 11	
502.19.032.1	REP IPE BEREA CITY LIMITS E HAITI RD	\$ 14,378					\$ 20,285			Jan-20	Dec-20	2019 11	
502.19.035.1	REP MAIN 2" PL 1124 PARK AVE	\$ 5,563					\$ 5,563			Jan-20	Dec-20	2020 1	2020 1
502.20.001.1	EXT TRILLIUM LOOP PHASE 2 TWIN LAKES-R	\$ 12,237					\$ 12,237			Jan-20	Dec-20	2020 1	2020 1
502.20.002.1	INST HPR & EXT TO 3196 BATTLEFILED RD-R	\$ 6,413					\$ 6,413			Jan-20	Dec-20	2020 3	2020 4
502.20.008.1	EXT MAIN BILL ROBERTSON WAY-I	\$ 13,167					\$ 13,167			Jan-20	Dec-20	2020 5	2020 7
502.20.010.1	EXTEND MAIN LINE ALONG PAGE DR ORC HILLS	\$ 4,422					\$ 4,422			Jan-20	Dec-20	2020 3	2020 4
502.20.011.1	EXTEND MAIN LINE ALONG KINCAID LN - R	\$ 16,982					\$ 16,982			Jan-20	Dec-20	2020 4	2020 5
502.20.013.1	EXT MAIN LINE 852 RIDGEWOOD DR-R	\$ 3,193					\$ 3,193			Jan-20	Dec-20	2020 5	2020 5
502.20.014.1	REP VALVE LAUREL DR AND ELLIPSE	\$ 10,081					\$ 10,081			Jan-20	Dec-20	2020 7	2020 8
502.20.016.8	RET RD XING KIRKSVILLE RD & CURTIS PIKE	\$ 2,037					\$ 2,037			Jan-20	Dec-20	2020 9	2020 9
502.20.018.1	REP 1" STEEL 447 DUNCANNON LN	\$ 3,175					\$ 3,471			Jan-20	Dec-20	2020 10	2020 12
502.20.021.8	RET RD XING 189 KAYE ST	\$ 107					\$ 107			Jan-20	Dec-20	2020 12	2020 12
503.19.012.1	REP 7610 FT PL PIPE NICHOLASVILLE	\$ 41,556					\$ 338,401			Jan-20	Dec-20	2019 6	2019 12
503.19.019.1	REP 26300' PIPE AT MULTIPLE LOCATIONS	\$ 283					\$ 236,411			Jan-20	Dec-20	2019 8	
503.19.023.1	INST 600FT 2" PL 1936 HARRODSBURG RD	\$ 222					\$ 17,485			Jan-20	Dec-20	2019 11	2019 12
503.20.002.1	INSTALL IN NOLAND PROPERTY PH3-R	\$ 72,712					\$ 72,712			Jan-20	Dec-20	2020 5	2020 6
503.20.003.8	RET 2"PLASTIC ASBURY COLLEGE PARK LOT-R	\$ 1,075					\$ 1,075			Jan-20	Dec-20	2020 2	2020 2
503.20.004.1	REP 2" ALDYL PLAS WILMORE SYSTEM	\$ 477,603					\$ 477,603			Jan-20	Dec-20	2020 4	2020 8
503.20.005.1	EXT 2" MAIN 203 WILDWOOD LANE-R	\$ 1,217					\$ 1,217			Jan-20	Dec-20	2020 3	2020 4
503.20.006.1	EXT 8 LOTS OFF PARK CENTRAL DRIVE-R	\$ 17,412					\$ 17,412			Jan-20	Dec-20	2020 6	2020 6
503.20.007.1	INSTALL ON WILLIAMS RD EST GATE SUBDIV-R	\$ 28,395					\$ 28,395			Jan-20	Dec-20	2020 4	2020 5
503.20.008.1	EXT BRANNON RESERVE DEVELOPMENT-R	\$ 11,520					\$ 11,520			Jan-20	Dec-20	2020 8	2020 8
503.20.009.1	REP ON N MAIN ST FOR POLICE STATION	\$ 4,324					\$ 4,324			Jan-20	Dec-20	2020 7	2020 7
503.20.010.1	INS 2" ML COLLINS SUB PHASE 2-R	\$ 28,838					\$ 28,838			Jan-20	Dec-20	2020 10	2020 10
503.20.012.1	INS 2" PL 409 WOOSPOINT WAY WILMORE-R	\$ 3,770					\$ 3,770			Jan-20	Dec-20	2020 10	2020 10
503.20.013.1	EXT 270 FT 211 & 212 GRANDVIEW-R	\$ 2,801					\$ 2,801			Jan-20	Dec-20	2020 12	2020 12
505.19.008.1	19STAT-REP 4483 FT KYTC RD PROJECT	\$ 45,625					\$ 65,171			Jan-20	Dec-20	2019 7	
505.19.010.1	REL ALONG KY 231 STATE HWY PROJECT-BILL	\$ 287,340					\$ 306,371			Jan-20	Dec-20	2019 9	2020 12
505.19.011.1	REL ALONG HWY 213 STATE HWY PJCT-BILL	\$ 17,679					\$ 19,534			Jan-20	Dec-20	2020 12	2020 12
505.20.001.1	REP MAIN ON 2ND St. IN CLAY CITY	\$ 4,823					\$ 4,823			Jan-20	Dec-20	2020 6	2020 6

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505.20.002.1	REPLACE MAIN N BEND RD	\$ 8,873					\$ 8,873			Jan-20	Dec-20	2020 7	2020 7
505.20.006.1	REP PL MAIN 4727 MAIN ST CLAY CIT	\$ 10,510					\$ 10,510			Jan-20	Dec-20	2020 6	2020 6
505.20.007.1	2REP BS HWY 213 JEFFERSONVILLE	\$ 6,128					\$ 6,128			Jan-20	Dec-20	2020 7	2020 7
505.20.008.8	RET PL MAIN S FORK RD BEATTYVILLE	\$ 118					\$ 118			Jan-20	Dec-20	2020 6	2020 7
505.20.010.1	REP 2" PL STRANGE STREET	\$ 6,034					\$ 6,034			Jan-20	Dec-20	2020 8	2020 8
505.20.011.1	EXT 3/4"PL 91 REPRESENTATIVE DR-R	\$ 1,241					\$ 1,241			Jan-20	Dec-20	2020 10	2020 11
506.19.006.1	EXT-4" PL MAIN ON 401 LILY RD-R	\$ 44					\$ 14,608			Jan-20	Dec-20	2019 7	2019 8
506.19.009.1	EXT 2" PLAS TO ELK RUN PHASE 2 & 3 - R	\$ 22					\$ 27,124			Jan-20	Dec-20	2019 8	2019 9
506.19.010.1	REP HWY 25 JAMISON LN TO CARTER LN	\$ 209					\$ 10,757			Jan-20	Dec-20	2019 8	2020 1
506.19.011.1	EXT 2" PL KY 472 LAUREL CO FIRE DEPT C	\$ 12,454					\$ 12,454			Jan-20	Dec-20	2020 1	2020 1
506.19.013.1	EXT 160' 2" TO 345 CROWN POINT ESTATES-R	\$ 1,738					\$ 1,738			Jan-20	Dec-20	2020 1	2020 1
506.19.014.1	EXT 1 1/4" ML TO LAUREL RD & RADER LN-R	\$ 5,501					\$ 5,501			Jan-20	Dec-20	2020 1	2020 1
506.19.015.1	REP MAIN 192 DOGWOOD TRAIL	\$ 12,111					\$ 12,111			Jan-20	Dec-20	2020 2	2020 3
506.20.002.1	EXT PL MAIN EAST LAUREL RD-R	\$ 10,031					\$ 10,031			Jan-20	Dec-20	2020 6	2020 6
506.20.003.1	REP PLEXCO MAIN SUNNYSIDE LN CT RD	\$ 7,773					\$ 7,898			Jan-20	Dec-20	2020 9	2020 9
506.20.005.8	RET MAINLINE N MAIN ST	\$ 47					\$ 47			Jan-20	Dec-20	2020 8	2020 8
506.20.006.1	REP 4" MAIN LIPEROTE WAY KY 472	\$ 9,435					\$ 9,435			Jan-20	Dec-20	2020 8	2020 8
506.20.008.1	EXT 2" PL RD XING KY 363 KY 552 R	\$ 18,167					\$ 19,490			Jan-20	Dec-20	2020 12	2020 12
506.20.009.1	EXT 2" PL 16 RIVER OAK CIRCLE-R	\$ 2,521					\$ 2,521			Jan-20	Dec-20	2020 12	2020 12
507.19.005.1	REP BS PIPE HWY26 BALLARD FORD AREA	\$ 140,376					\$ 164,110			Jan-20	Dec-20	2019 5	2020 6
507.20.002.1	REP 2" CS 7TH ST & WALNUT STREET APTS	\$ 28,088					\$ 28,088			Jan-20	Dec-20	2020 3	2020 4
507.20.003.8	RET 2" PL EAGLE POINT DR	\$ 1,218					\$ 1,218			Jan-20	Dec-20	2020 7	2020 8
507.20.004.1	REP 2" PE MAIN ON SILER ST	\$ 942					\$ 942			Jan-20	Dec-20	2020 9	
507.20.005.8	RET 1" CS 214 N 3RD ST	\$ 1,977					\$ 1,977			Jan-20	Dec-20	2020 8	2020 9
507.20.008.1	EXT TO 7 WASANO DRIVE- R	\$ 5,266					\$ 5,266			Jan-20	Dec-20	2020 9	2020 9
507.20.009.1	EXT S 10 STREET UOF CUMBERLANDS-C	\$ 8,084					\$ 8,146			Jan-20	Dec-20	2020 11	2020 11
508.19.005.1	REL-PIPE 1325 MIDDLE FORK CRK BILL	-\$ 4,907					\$ 261			Jan-20	Dec-20	2019 4	2019 5
508.20.001.1	REP 2" PL KNOX PLAZA	\$ 7,090					\$ 7,090			Jan-20	Dec-20	2020 9	2020 9
508.20.002.1	REP 2" VALVE EAST PF S KY 11	\$ 1,653					\$ 1,653			Jan-20	Dec-20	2020 9	2020 10
508.20.003.1	EXT 2" PL KY 6 DOWNTOWN BARBOURVILLE-R	\$ 10,888					\$ 10,888			Jan-20	Dec-20	2020 9	2020 10
508.20.004.1	INS-2" PL 74 CHURCH OF GOD LANE-R	\$ 4,119					\$ 4,264			Jan-20	Dec-20	2020 12	2020 12
508.20.005.1	INS 2" PL 6354 HWY 11 APPROX 250' - R	\$ 5,999					\$ 6,081			Jan-20	Dec-20	2020 12	2020 12
510.19.010.1	REP BS WITH PL PIPE PVILLE CITY LIMITS	\$ 133,850					\$ 146,159			Jan-20	Dec-20	2019 5	2020 9
510.19.011.1	REP BS WITH PL PIPE IN BELL CO	\$ 348,298					\$ 363,558			Jan-20	Dec-20	2019 5	2020 10
510.19.012.1	REP-CS BS VARIOUS LOCATIONS BELL	\$ 326,619					\$ 327,590			Jan-20	Dec-20	2019 7	2020 7
510.19.017.1	REP BS SEVERAL LOCATIONS	\$ 85,734					\$ 85,734			Jan-20	Dec-20	2020 1	
510.20.002.1	REP MAINLINE VALVE 2" KY TN AVE	\$ 6,935					\$ 6,935			Jan-20	Dec-20	2020 6	2020 7
510.20.003.1	EXT 2" PL HWY 2014 DOLLAR GEN - C	\$ 2,620					\$ 2,620			Jan-20	Dec-20	2020 7	2020 7
510.20.004.1	REP XING CHICHESTER AVE MIDD	\$ 3,702					\$ 3,702			Jan-20	Dec-20	2020 8	2020 8
511.19.009.1	REP2" BS HWY 830 MOORE HILL	\$ 40,569					\$ 410,186			Jan-20	Dec-20	2019 2	2019 12
511.19.015.1	REP-BS IN CORBIN KNOX CO AREA	\$ 22,680					\$ 31,091			Jan-20	Dec-20	2019 5	2020 4
511.19.016.1	REP-8 IN CS WITH 4 IN PIPE BARTON MILL	\$ 34,790					\$ 821,351			Jan-20	Dec-20	2019 8	2019 11
511.19.019.1	REP BS FROM INDIAN OAK DR TO WATCH RD	\$ 30,440					\$ 30,440			Jan-20	Dec-20	2020 2	2020 4
511.19.021.1	REP-BS VARIOUS LOC IN CORB SYS	\$ 44,693					\$ 62,283			Jan-20	Dec-20	2019 5	2020 6
511.19.022.1	BILL-REL MAIN 25E PROJECT HWY 25 TO I75	\$ 849,665					\$ 956,691			Jan-20	Dec-20	2019 6	2020 10
511.19.027.1	INST 2" ML 119 WELDON POINTE - R	\$ 747					\$ 5,478			Jan-20	Dec-20	2019 12	2020 1
511.20.001.1	REP ALONG FAIRSTON ROAD IN LAUREL CO	\$ 495,076					\$ 495,076			Jan-20	Dec-20	2020 5	2020 7
511.20.002.1	EXT HICKORY HILLS DR KY 1259 - I	\$ 4,585					\$ 4,585			Jan-20	Dec-20	2020 9	2020 9
511.20.004.1	EXT ALONG ASHLEY ACRES DRIVE-R	\$ 8,380					\$ 8,380			Jan-20	Dec-20	2020 4	2020 6
511.20.007.8	RETIRE MAIN VILLAGWOOD TRAILER PK	\$ 285					\$ 285			Jan-20	Dec-20	2020 7	
511.20.008.1	REP SUNFIRE LANE CORBIN	\$ 14,151					\$ 14,214			Jan-20	Dec-20	2020 4	2020 6
511.20.009.1	REP MAIN VARIOUS LOC CORBIN	\$ 129,865					\$ 134,196			Jan-20	Dec-20	2020 10	2020 11
511.20.010.1	REP ML VARIOUS LOC CORBIN CITY	\$ 364,440					\$ 379,204			Jan-20	Dec-20	2020 4	2020 11
511.20.013.1	INS 2" PL HICKORY RIDGE LOT 3-R	\$ 3,391					\$ 3,391			Jan-20	Dec-20	2020 5	2020 5
511.20.014.8	RET MAIN AT 4295 KY 1232	\$ 2,355					\$ 2,355			Jan-20	Dec-20	2020 5	2020 5
511.20.015.1	REP BARE STEEL HWY 26 WOODBINE	\$ 22,775					\$ 22,837			Jan-20	Dec-20	2020 6	2020 7
511.20.016.1	EXT P AMERICAN GREETING CARD RD-R	\$ 5,917					\$ 6,042			Jan-20	Dec-20	2020 6	2020 7
511.20.017.1	REP 3/4" 1" 2" MAINS VARIOS LOCATI	\$ 984					\$ 298,749			Jan-20	Dec-20	2020 6	
511.20.018.1	REP MAIN 1205 W CUMBERLAND GAP	\$ 44,635					\$ 44,635			Jan-20	Dec-20	2020 7	2020 7
511.20.019.1	EXT 2" MEADOWLARK CIRCLE-R	\$ 2,951					\$ 2,951			Jan-20	Dec-20	2020 9	2020 10
511.20.020.1	EXT 2" PE SANDY ROCK ESTATE SUB-R	\$ 7,694					\$ 7,694			Jan-20	Dec-20	2020 9	2020 9
511.20.022.1	EXT 2" PL STORE @ 6851 KY 229-C	\$ 12,338					\$ 12,338			Jan-20	Dec-20	2020 9	2020 9
511.20.023.8	RET 2" PL 512 MASTER ST DR	\$ 3,581					\$ 3,581			Jan-20	Dec-20	2020 9	2020 9

Project No.	Project Title/Description	Annual Actual Cost	Annual Original Budget	Variance in Dollars	Variance as Percent	Percent of Budget	Total Actual Project Cost	Total Budget Project Cost	Variance in Dollars	Date Original Budget Start	Date Original Budget End	Date Actual Start	Date Actual End
511.20.024.8	20CORB-RET 177 55 BYRLEY RD	\$ 131					\$ 131			Jan-20	Dec-20	2020 10	2020 10
511.20.025.1	EXT 2" PL 1823 S MAIN ST-R	\$ 1,759					\$ 1,821			Jan-20	Dec-20	2020 11	2020 11
511.20.026.1	EXT 2" PL 1177 WATCH RD-R	\$ 4,810					\$ 4,810			Jan-20	Dec-20	2020 11	2020 11
511.20.028.1	EXT 2" PL 96 FUTURE DR - C	\$ 5,900					\$ 6,612			Jan-20	Dec-20	2020 12	2020 12
511.20.029.1	EXT 1700' OAKLAWN CIRCILE-R	\$ 104,003					\$ 105,543			Jan-20	Dec-20	2020 12	2020 12
511.20.031.1	EXT 2" PL 1445 BARTON MILL RD-R	\$ 8,744					\$ 11,111			Jan-20	Dec-20	2020 12	2020 12
512.19.006.1	REP-CS CK XING BALD KNOB RD	\$ 4,443					\$ 4,443			Jan-20	Dec-20	2020 1	2020 1
512.19.011.8	RET 2" HWY66 DUE TO HWY PROJECT ONEIDA	\$ 1,513					\$ 1,513			Jan-20	Dec-20	2019 10	2020 10
512.19.013.1	REP ALYDA-A PIPE MULTI LOCATIONS	\$ 39,235					\$ 448,192			Jan-20	Dec-20	2019 5	2019 12
512.19.014.1	REP 4" PL KY 3472 MEMORIAL DR	\$ 57,524					\$ 57,524			Jan-20	Dec-20	2020 4	2020 6
512.19.015.1	EXT 2" PL FROM 3998 TO 4110 HWY 80 - R	\$ 6,998					\$ 6,998			Jan-20	Dec-20	2020 1	2020 1
512.19.017.1	REP 2"PL 210 MARIE LONDON DR	\$ 13,337					\$ 13,337			Jan-20	Dec-20	2020 1	2020 1
512.20.001.1	REPLACE ALYDA-A PIPE PHASE 2	\$ 91,365					\$ 91,365			Jan-20	Dec-20	2020 4	2020 6
512.20.002.1	REP 150' 1 1/4" PL KY 687 CLAY COUNTY	\$ 12,769					\$ 12,769			Jan-20	Dec-20	2020 6	2020 7
512.20.003.1	EXT MN LINE HED START RD-W HUDSON-R	\$ 5,259					\$ 5,259			Jan-20	Dec-20	2020 3	2020 4
512.20.004.1	REPLACE 4" PLASTIC ALONG KY 638 -R	\$ 3,544					\$ 19,688			Jan-20	Dec-20	2020 6	2021 2
512.20.005.1	EXT MAIN LINE 186 BARRETT L WILLIAMS-R	\$ 4,361					\$ 4,361			Jan-20	Dec-20	2020 5	2020 6
512.20.006.8	RET 20' 2" PL 8821 KY290 BRIDGE	\$ 1,684					\$ 1,684			Jan-20	Dec-20	2020 3	2020 4
512.20.007.1	REPLAC ALDYL-A MAIN BURNING SPRINGSUS421	\$ 57,946					\$ 57,946			Jan-20	Dec-20	2020 3	
512.20.010.1	REP 3/4" MAIN 87 JACKSON SMITH RD	\$ 1,620					\$ 1,620			Jan-20	Dec-20	2020 7	2020 7
512.20.012.1	EXT 2" PL 159 MATHIS LN - R	\$ 15,639					\$ 15,822			Jan-20	Dec-20	2020 12	2020 12
512-168	Rel main along Hwy 421 due to BILL	\$ 215					\$ 1,365,116			Jan-20	Dec-20	2018 12	2019 8
3760		\$ 6,158,872	8,200,000	2,041,128	25%	45.62%	\$ 8,384,169						
501.19.024.2	INST REG STAT WHISPERING OAKS DR	\$ 894					\$ 7,406			Jan-20	Dec-20	2019 10	2019 12
501.20.013.1	REPLACE STAT PIPE OVILLE TBS ID01007	\$ 2,330					\$ 2,330			Jan-20	Dec-20	2020 4	2020 5
502.20.019.1	REP SPEEDWELL RD REG STAT 02039	\$ 6,299					\$ 8,326			Jan-20	Dec-20	2020 11	2020 11
505.20.004.1	REP REGULATORS AT TBS RAILROAD ST	\$ 2,493					\$ 2,493			Jan-20	Dec-20	2020 2	2020 4
505.20.005.1	REPLACE WOODY WARE RD STATION 05020	\$ 2,283					\$ 2,283			Jan-20	Dec-20	2020 4	2020 5
506.20.004.8	RET MARTIN CUPP REG STAT NEAR 7TH #6007	\$ 1,455					\$ 1,455			Jan-20	Dec-20	2020 7	2020 8
525.20.010.1	REP DISTR REG STAT 9019 DUE FLOOD KY2013	\$ 4,932					\$ 4,932			Jan-20	Dec-20	2020 3	2020 4
3780		\$ 20,687	72,000	51,313	71%	0.15%	\$ 29,226						
3790		\$ 0	25,000	25,000	100%	0.00%	0						
501.20.008.1	INS EXT HPR OLD HWY 801 FARMERS-R	\$ 4,859					\$ 4,859			Jan-20	Dec-20	2020 3	2020 4
D9200.BARBORVILLE CITY	Service Installations (New)	\$ 10,995					\$ 10,995			Jan-20	Dec-20	NA	NA
D9200.BATH	Service Installations (New)	\$ 22,757					\$ 22,757			Jan-20	Dec-20	NA	NA
D9200.BEATTYVILLE CITY	Service Installations (New)	\$ 205					\$ 205			Jan-20	Dec-20	NA	NA
D9200.BELL	Service Installations (New)	\$ 20,249					\$ 20,249			Jan-20	Dec-20	NA	NA
D9200.BEREA CITY	Service Installations (New)	\$ 46,598					\$ 46,598			Jan-20	Dec-20	NA	NA
D9200.BOURBON	Service Installations (New)	\$ 2,722					\$ 2,722			Jan-20	Dec-20	NA	NA
D9200.CLARK	Service Installations (New)	\$ 6,007					\$ 6,007			Jan-20	Dec-20	NA	NA
D9200.CLAY	Service Installations (New)	\$ 52,966					\$ 52,966			Jan-20	Dec-20	NA	NA
D9200.CLAY CITY	Service Installations (New)	\$ 498					\$ 498			Jan-20	Dec-20	NA	NA
D9200.CORBIN CITY.KNOX	Service Installations (New)	\$ 6,582					\$ 6,582			Jan-20	Dec-20	NA	NA
D9200.CORBIN CITY.WHITLE	Service Installations (New)	\$ 7,853					\$ 7,853			Jan-20	Dec-20	NA	NA
D9200.FAYETTE	Service Installations (New)	\$ 6,708					\$ 6,708			Jan-20	Dec-20	NA	NA
D9200.FRENCHBURG CITY	Service Installations (New)	\$ 5,199					\$ 5,199			Jan-20	Dec-20	NA	NA
D9200.JACKSON	Service Installations (New)	\$ 2,234					\$ 2,234			Jan-20	Dec-20	NA	NA
D9200.JESSAMINE	Service Installations (New)	\$ 27,665					\$ 27,665			Jan-20	Dec-20	NA	NA
D9200.KNOX	Service Installations (New)	\$ 59,824					\$ 59,824			Jan-20	Dec-20	NA	NA
D9200.LAUREL	Service Installations (New)	\$ 87,791					\$ 87,791			Jan-20	Dec-20	NA	NA
D9200.LEE	Service Installations (New)	\$ 3,864					\$ 3,864			Jan-20	Dec-20	NA	NA
D9200.LONDON CITY	Service Installations (New)	\$ 37,203					\$ 37,203			Jan-20	Dec-20	NA	NA
D9200.MADISON	Service Installations (New)	\$ 125,759					\$ 125,759			Jan-20	Dec-20	NA	NA
D9200.MANCHESTER CITY	Service Installations (New)	\$ 4,895					\$ 4,895			Jan-20	Dec-20	NA	NA
D9200.MASON	Service Installations (New)	\$ 880					\$ 880			Jan-20	Dec-20	NA	NA
D9200.MENIFEE	Service Installations (New)	\$ 8,163					\$ 8,163			Jan-20	Dec-20	NA	NA
D9200.MIDDLESBORO CITY	Service Installations (New)	\$ 31,291					\$ 31,291			Jan-20	Dec-20	NA	NA
D9200.MONTGOMERY	Service Installations (New)	\$ 18,960					\$ 18,960			Jan-20	Dec-20	NA	NA
D9200.MT OLIVET CITY	Service Installations (New)	\$ 6,103					\$ 6,103			Jan-20	Dec-20	NA	NA
D9200.N MIDDLETOWN CITY	Service Installations (New)	\$ 5,855					\$ 5,855			Jan-20	Dec-20	NA	NA
D9200.NICHOLASVILLE CITY	Service Installations (New)	\$ 262,378					\$ 262,378			Jan-20	Dec-20	NA	NA
D9200.OWINGSVILLE CITY	Service Installations (New)	\$ 1,479					\$ 1,479			Jan-20	Dec-20	NA	NA
D9200.PINEVILLE CITY	Service Installations (New)	\$ 201					\$ 201			Jan-20	Dec-20	NA	NA

Expenditures less than anticipated
Anticipated projects did not materialize

Project No.	Project Title/Description	Annual Actual Cost	Annual Original Budget	Variance in Dollars	Variance as Percent	Percent of Budget	Total Actual Project Cost	Total Budget Project Cost	Variance in Dollars	Date Original Budget Start	Date Original Budget End	Date Actual Start	Date Actual End
D9200.POWELL	Service Installations (New)	\$ 10,013					\$ 10,013			Jan-20	Dec-20	NA	NA
D9200.RICHMOND CITY	Service Installations (New)	\$ 47,492					\$ 47,492			Jan-20	Dec-20	NA	NA
D9200.ROWAN	Service Installations (New)	\$ 78,591					\$ 78,591			Jan-20	Dec-20	NA	NA
D9200.SHARPSBURG CITY	Service Installations (New)	\$ 4,123					\$ 4,123			Jan-20	Dec-20	NA	NA
D9200.STANTON CITY	Service Installations (New)	\$ 5,166					\$ 5,166			Jan-20	Dec-20	NA	NA
D9200.WHITLEY	Service Installations (New)	\$ 48,526					\$ 48,526			Jan-20	Dec-20	NA	NA
D9200.WILLIAMSBURG CITY	Service Installations (New)	\$ 19,437					\$ 19,437			Jan-20	Dec-20	NA	NA
D9200.WILMORE CITY	Service Installations (New)	\$ 18,574					\$ 18,574			Jan-20	Dec-20	NA	NA
D9500.BARBOURVILLE CITY	Service Installations (Replaced)	\$ 7,676					\$ 7,676			Jan-20	Dec-20	NA	NA
D9500.BATH	Service Installations (Replaced)	\$ 16,163					\$ 16,163			Jan-20	Dec-20	NA	NA
D9500.BELL	Service Installations (Replaced)	\$ 39,265					\$ 39,265			Jan-20	Dec-20	NA	NA
D9500.BEREA CITY	Service Installations (Replaced)	\$ 12,716					\$ 12,716			Jan-20	Dec-20	NA	NA
D9500.CLAY	Service Installations (Replaced)	\$ 9,892					\$ 9,892			Jan-20	Dec-20	NA	NA
D9500.CLAY CITY	Service Installations (Replaced)	\$ 3,646					\$ 3,646			Jan-20	Dec-20	NA	NA
D9500.CORBIN CITY.KNOX	Service Installations (Replaced)	\$ 4,544					\$ 4,544			Jan-20	Dec-20	NA	NA
D9500.CORBIN CITY.WHITLE	Service Installations (Replaced)	\$ 49,924					\$ 49,924			Jan-20	Dec-20	NA	NA
D9500.FRENCHBURG CITY	Service Installations (Replaced)	\$ 273					\$ 273			Jan-20	Dec-20	NA	NA
D9500.JESSAMINE	Service Installations (Replaced)	\$ 268					\$ 268			Jan-20	Dec-20	NA	NA
D9500.KNOX	Service Installations (Replaced)	\$ 7,721					\$ 7,721			Jan-20	Dec-20	NA	NA
D9500.LAUREL	Service Installations (Replaced)	\$ 58,965					\$ 58,965			Jan-20	Dec-20	NA	NA
D9500.LONDON CITY	Service Installations (Replaced)	\$ 9,676					\$ 9,676			Jan-20	Dec-20	NA	NA
D9500.MADISON	Service Installations (Replaced)	\$ 6,579					\$ 6,579			Jan-20	Dec-20	NA	NA
D9500.MANCHESTER CITY	Service Installations (Replaced)	\$ 1,084					\$ 1,084			Jan-20	Dec-20	NA	NA
D9500.MIDDLESBORO CITY	Service Installations (Replaced)	\$ 3,413					\$ 3,413			Jan-20	Dec-20	NA	NA
D9500.MONTGOMERY	Service Installations (Replaced)	\$ 4,366					\$ 4,366			Jan-20	Dec-20	NA	NA
D9500.N MIDDLETOWN CITY	Service Installations (Replaced)	\$ 617					\$ 617			Jan-20	Dec-20	NA	NA
D9500.OWINGSVILLE CITY	Service Installations (Replaced)	\$ 10,000					\$ 10,000			Jan-20	Dec-20	NA	NA
D9500.PINEVILLE CITY	Service Installations (Replaced)	\$ 1,291					\$ 1,291			Jan-20	Dec-20	NA	NA
D9500.POWELL	Service Installations (Replaced)	\$ 5,280					\$ 5,280			Jan-20	Dec-20	NA	NA
D9500.RICHMOND CITY	Service Installations (Replaced)	\$ 43,589					\$ 43,589			Jan-20	Dec-20	NA	NA
D9500.ROBERTSON	Service Installations (Replaced)	\$ 1,921					\$ 1,921			Jan-20	Dec-20	NA	NA
D9500.ROWAN	Service Installations (Replaced)	\$ 3,177					\$ 3,177			Jan-20	Dec-20	NA	NA
D9500.SALT LICK CITY	Service Installations (Replaced)	\$ 2,157					\$ 2,157			Jan-20	Dec-20	NA	NA
D9500.STANTON CITY	Service Installations (Replaced)	\$ 15,227					\$ 15,227			Jan-20	Dec-20	NA	NA
D9500.WHITLEY	Service Installations (Replaced)	\$ 20,015					\$ 20,015			Jan-20	Dec-20	NA	NA
D9500.WILLIAMSBURG CITY	Service Installations (Replaced)	\$ 5,561					\$ 5,561			Jan-20	Dec-20	NA	NA
D9500.WILMORE CITY	Service Installations (Replaced)	\$ 71,409					\$ 71,409			Jan-20	Dec-20	NA	NA
D9525.FARMTAP	DELTA FARMTAP FABRICATIONS	-\$ 5,210					\$ (5,210)			Jan-20	Dec-20	NA	NA
D9525.MISCMTRMAT	DELTA MISC METER MATERIAL	\$ 10,969					\$ 10,969			Jan-20	Dec-20	NA	NA
D9600.BARBOURVILLE CITY	Service Installations (Retire)	\$ 7,421					\$ 7,421			Jan-20	Dec-20	NA	NA
D9600.BATH	Service Installations (Retire)	\$ 476					\$ 476			Jan-20	Dec-20	NA	NA
D9600.BEATTYVILLE CITY	Service Installations (Retire)	\$ 13					\$ 13			Jan-20	Dec-20	NA	NA
D9600.BELL	Service Installations (Retire)	\$ 8,284					\$ 8,284			Jan-20	Dec-20	NA	NA
D9600.BEREA CITY	Service Installations (Retire)	\$ 11,240					\$ 11,240			Jan-20	Dec-20	NA	NA
D9600.CLAY	Service Installations (Retire)	\$ 9,855					\$ 9,855			Jan-20	Dec-20	NA	NA
D9600.CLAY CITY	Service Installations (Retire)	\$ 51					\$ 51			Jan-20	Dec-20	NA	NA
D9600.CORBIN CITY.KNOX	Service Installations (Retire)	\$ 3,659					\$ 3,659			Jan-20	Dec-20	NA	NA
D9600.CORBIN CITY.WHITLE	Service Installations (Retire)	\$ 19,783					\$ 19,783			Jan-20	Dec-20	NA	NA
D9600.FRENCHBURG CITY	Service Installations (Retire)	\$ 123					\$ 123			Jan-20	Dec-20	NA	NA
D9600.JESSAMINE	Service Installations (Retire)	\$ 1,944					\$ 1,944			Jan-20	Dec-20	NA	NA
D9600.KNOX	Service Installations (Retire)	\$ 19,038					\$ 19,038			Jan-20	Dec-20	NA	NA
D9600.LAUREL	Service Installations (Retire)	\$ 11,961					\$ 11,961			Jan-20	Dec-20	NA	NA
D9600.LEE	Service Installations (Retire)	\$ 51					\$ 51			Jan-20	Dec-20	NA	NA
D9600.LONDON CITY	Service Installations (Retire)	\$ 11,929					\$ 11,929			Jan-20	Dec-20	NA	NA
D9600.MADISON	Service Installations (Retire)	\$ 10,476					\$ 10,476			Jan-20	Dec-20	NA	NA
D9600.MANCHESTER CITY	Service Installations (Retire)	\$ 1,941					\$ 1,941			Jan-20	Dec-20	NA	NA
D9600.MIDDLESBORO CITY	Service Installations (Retire)	\$ 12,221					\$ 12,221			Jan-20	Dec-20	NA	NA
D9600.MONTGOMERY	Service Installations (Retire)	\$ 112					\$ 112			Jan-20	Dec-20	NA	NA
D9600.N MIDDLETOWN CITY	Service Installations (Retire)	\$ 294					\$ 294			Jan-20	Dec-20	NA	NA
D9600.NICHOLASVILLE CITY	Service Installations (Retire)	\$ 28,329					\$ 28,329			Jan-20	Dec-20	NA	NA
D9600.OWINGSVILLE CITY	Service Installations (Retire)	\$ 267					\$ 267			Jan-20	Dec-20	NA	NA
D9600.PINEVILLE CITY	Service Installations (Retire)	\$ 778					\$ 778			Jan-20	Dec-20	NA	NA
D9600.POWELL	Service Installations (Retire)	\$ 2,772					\$ 2,772			Jan-20	Dec-20	NA	NA

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D9600.RICHMOND CITY	Service Installations (Retire)	\$ 1,381					\$ 1,381			Jan-20	Dec-20	NA	NA
D9600.ROWAN	Service Installations (Retire)	\$ 1,255					\$ 1,255			Jan-20	Dec-20	NA	NA
D9600.SALT LICK CITY	Service Installations (Retire)	\$ 168					\$ 168			Jan-20	Dec-20	NA	NA
D9600.SHARPSBURG CITY	Service Installations (Retire)	\$ 494					\$ 494			Jan-20	Dec-20	NA	NA
D9600.STANTON CITY	Service Installations (Retire)	\$ 469					\$ 469			Jan-20	Dec-20	NA	NA
D9600.WHITLEY	Service Installations (Retire)	\$ 7,339					\$ 7,339			Jan-20	Dec-20	NA	NA
D9600.WILLIAMSBURG CITY	Service Installations (Retire)	\$ 5,229					\$ 5,229			Jan-20	Dec-20	NA	NA
D9600.WILMORE CITY	Service Installations (Retire)	\$ 832					\$ 832			Jan-20	Dec-20	NA	NA
3800		\$ 1,713,017	1,500,000	(213,017)	-14%	12.69%	\$ 1,713,017						
D9700.1.ERT	Purchase ERT Device	\$ 283,500					\$ 283,500			Jan-20	Dec-20	NA	NA
D9700.1.MTR	Purchase Meters	\$ 99,983					\$ 99,983			Jan-20	Dec-20	NA	NA
D9700.1.OMD	Purchase Other Measuring Devices/Gauges	\$ 17,055					\$ 17,055			Jan-20	Dec-20	NA	NA
3810		\$ 400,538	476,400	75,862	16%	2.97%	\$ 400,538						
D3800.BARBOURVILLE CITY	Inst New Meter/Manifold	\$ 2,024					\$ 2,024			Jan-20	Dec-20	NA	NA
D3800.BATH	Inst New Meter/Manifold	\$ 6,667					\$ 6,667			Jan-20	Dec-20	NA	NA
D3800.BEATTYVILLE CITY	Inst New Meter/Manifold	\$ 240					\$ 240			Jan-20	Dec-20	NA	NA
D3800.BELL	Inst New Meter/Manifold	\$ 2,155					\$ 2,155			Jan-20	Dec-20	NA	NA
D3800.BEREA CITY	Inst New Meter/Manifold	\$ 12,937					\$ 12,937			Jan-20	Dec-20	NA	NA
D3800.BOURBON	Inst New Meter/Manifold	\$ 850					\$ 850			Jan-20	Dec-20	NA	NA
D3800.CLAY	Inst New Meter/Manifold	\$ 11,405					\$ 11,405			Jan-20	Dec-20	NA	NA
D3800.CLAY CITY	Inst New Meter/Manifold	\$ 704					\$ 704			Jan-20	Dec-20	NA	NA
D3800.CORBIN CITY.KNOX	Inst New Meter/Manifold	\$ 1,799					\$ 1,799			Jan-20	Dec-20	NA	NA
D3800.CORBIN CITY.WHITLE	Inst New Meter/Manifold	\$ 4,710					\$ 4,710			Jan-20	Dec-20	NA	NA
D3800.FAYETTE	Inst New Meter/Manifold	\$ 1,941					\$ 1,941			Jan-20	Dec-20	NA	NA
D3800.FRENCHBURG CITY	Inst New Meter/Manifold	\$ 1,016					\$ 1,016			Jan-20	Dec-20	NA	NA
D3800.JACKSON	Inst New Meter/Manifold	\$ 672					\$ 672			Jan-20	Dec-20	NA	NA
D3800.JESSAMINE	Inst New Meter/Manifold	\$ 9,586					\$ 9,586			Jan-20	Dec-20	NA	NA
D3800.KNOX	Inst New Meter/Manifold	\$ 11,729					\$ 11,729			Jan-20	Dec-20	NA	NA
D3800.LAUREL	Inst New Meter/Manifold	\$ 22,631					\$ 22,631			Jan-20	Dec-20	NA	NA
D3800.LEE	Inst New Meter/Manifold	\$ 935					\$ 935			Jan-20	Dec-20	NA	NA
D3800.LONDON CITY	Inst New Meter/Manifold	\$ 7,363					\$ 7,363			Jan-20	Dec-20	NA	NA
D3800.MADISON	Inst New Meter/Manifold	\$ 35,455					\$ 35,455			Jan-20	Dec-20	NA	NA
D3800.MANCHESTER CITY	Inst New Meter/Manifold	\$ 1,682					\$ 1,682			Jan-20	Dec-20	NA	NA
D3800.MASON	Inst New Meter/Manifold	\$ 741					\$ 741			Jan-20	Dec-20	NA	NA
D3800.MENIFEE	Inst New Meter/Manifold	\$ 2,045					\$ 2,045			Jan-20	Dec-20	NA	NA
D3800.MIDDLESBORO CITY	Inst New Meter/Manifold	\$ 6,313					\$ 6,313			Jan-20	Dec-20	NA	NA
D3800.MONTGOMERY	Inst New Meter/Manifold	\$ 3,858					\$ 3,858			Jan-20	Dec-20	NA	NA
D3800.MT OLIVET CITY	Inst New Meter/Manifold	\$ 1,906					\$ 1,906			Jan-20	Dec-20	NA	NA
D3800.N MIDDLETOWN CITY	Inst New Meter/Manifold	\$ 2,375					\$ 2,375			Jan-20	Dec-20	NA	NA
D3800.NICHOLASVILLE CITY	Inst New Meter/Manifold	\$ 88,216					\$ 88,216			Jan-20	Dec-20	NA	NA
D3800.OWINGSVILLE CITY	Inst New Meter/Manifold	\$ 2,690					\$ 2,690			Jan-20	Dec-20	NA	NA
D3800.PINEVILLE CITY	Inst New Meter/Manifold	\$ 192					\$ 192			Jan-20	Dec-20	NA	NA
D3800.POWELL	Inst New Meter/Manifold	\$ 4,392					\$ 4,392			Jan-20	Dec-20	NA	NA
D3800.RICHMOND CITY	Inst New Meter/Manifold	\$ 8,425					\$ 8,425			Jan-20	Dec-20	NA	NA
D3800.ROBERTSON	Inst New Meter/Manifold	\$ 60					\$ 60			Jan-20	Dec-20	NA	NA
D3800.ROWAN	Inst New Meter/Manifold	\$ 12,709					\$ 12,709			Jan-20	Dec-20	NA	NA
D3800.SHARPSBURG CITY	Inst New Meter/Manifold	\$ 2,102					\$ 2,102			Jan-20	Dec-20	NA	NA
D3800.STANTON CITY	Inst New Meter/Manifold	\$ 2,010					\$ 2,010			Jan-20	Dec-20	NA	NA
D3800.WHITLEY	Inst New Meter/Manifold	\$ 9,122					\$ 9,122			Jan-20	Dec-20	NA	NA
D3800.WILLIAMSBURG CITY	Inst New Meter/Manifold	\$ 2,334					\$ 2,334			Jan-20	Dec-20	NA	NA
D3800.WILMORE CITY	Inst New Meter/Manifold	\$ 8,092					\$ 8,092			Jan-20	Dec-20	NA	NA
D4500.BARBOURVILLE CITY	Meter Installations (Retire)	\$ 199					\$ 199			Jan-20	Dec-20	NA	NA
D4500.BATH	Meter Installations (Retire)	\$ 98					\$ 98			Jan-20	Dec-20	NA	NA
D4500.BELL	Meter Installations (Retire)	\$ 29					\$ 29			Jan-20	Dec-20	NA	NA
D4500.BEREA CITY	Meter Installations (Retire)	\$ 683					\$ 683			Jan-20	Dec-20	NA	NA
D4500.CLAY	Meter Installations (Retire)	\$ 389					\$ 389			Jan-20	Dec-20	NA	NA
D4500.CLAY CITY	Meter Installations (Retire)	\$ 70					\$ 70			Jan-20	Dec-20	NA	NA
D4500.CORBIN CITY.KNOX	Meter Installations (Retire)	\$ 238					\$ 238			Jan-20	Dec-20	NA	NA
D4500.CORBIN CITY.WHITLE	Meter Installations (Retire)	\$ 864					\$ 864			Jan-20	Dec-20	NA	NA
D4500.FRENCHBURG CITY	Meter Installations (Retire)	\$ 58					\$ 58			Jan-20	Dec-20	NA	NA
D4500.KNOX	Meter Installations (Retire)	\$ 1,077					\$ 1,077			Jan-20	Dec-20	NA	NA
D4500.LAUREL	Meter Installations (Retire)	\$ 119					\$ 119			Jan-20	Dec-20	NA	NA
D4500.LEE	Meter Installations (Retire)	\$ 48					\$ 48			Jan-20	Dec-20	NA	NA

Project No.	Project Title/Description	Annual Actual Cost	Annual Original Budget	Variance in Dollars	Variance as Percent	Percent of Budget	Total Actual Project Cost	Total Budget Project Cost	Variance in Dollars	Date Original Budget Start	Date Original Budget End	Date Actual Start	Date Actual End
D4500.LONDON CITY	Meter Installations (Retire)	\$ 417					\$ 417			Jan-20	Dec-20	NA	NA
D4500.MADISON	Meter Installations (Retire)	\$ 783					\$ 783			Jan-20	Dec-20	NA	NA
D4500.MANCHESTER CITY	Meter Installations (Retire)	\$ 54					\$ 54			Jan-20	Dec-20	NA	NA
D4500.MIDDLESBORO CITY	Meter Installations (Retire)	\$ 303					\$ 303			Jan-20	Dec-20	NA	NA
D4500.MONTGOMERY	Meter Installations (Retire)	\$ 97					\$ 97			Jan-20	Dec-20	NA	NA
D4500.NICHOLASVILLE CITY	Meter Installations (Retire)	\$ 3,439					\$ 3,439			Jan-20	Dec-20	NA	NA
D4500.OWINGSVILLE CITY	Meter Installations (Retire)	\$ 251					\$ 251			Jan-20	Dec-20	NA	NA
D4500.PINEVILLE CITY	Meter Installations (Retire)	\$ 31					\$ 31			Jan-20	Dec-20	NA	NA
D4500.POWELL	Meter Installations (Retire)	\$ 666					\$ 666			Jan-20	Dec-20	NA	NA
D4500.RICHMOND CITY	Meter Installations (Retire)	\$ 66					\$ 66			Jan-20	Dec-20	NA	NA
D4500.ROWAN	Meter Installations (Retire)	\$ 295					\$ 295			Jan-20	Dec-20	NA	NA
D4500.SALT LICK CITY	Meter Installations (Retire)	\$ 102					\$ 102			Jan-20	Dec-20	NA	NA
D4500.SHARPSBURG CITY	Meter Installations (Retire)	\$ 56					\$ 56			Jan-20	Dec-20	NA	NA
D4500.STANTON CITY	Meter Installations (Retire)	\$ 152					\$ 152			Jan-20	Dec-20	NA	NA
D4500.WHITLEY	Meter Installations (Retire)	\$ 340					\$ 340			Jan-20	Dec-20	NA	NA
D4500.WILLIAMSBURG CITY	Meter Installations (Retire)	\$ 1,591					\$ 1,591			Jan-20	Dec-20	NA	NA
D4500.WILMORE CITY	Meter Installations (Retire)	\$ 260					\$ 260			Jan-20	Dec-20	NA	NA
3820		\$ 306,855	120,000	(186,855)	-156%	2.27%	\$ 306,855						
D9700.1.REG	Purchase Regulators	\$ 174,269					\$ 174,269			Jan-20	Dec-20	NA	NA
3830		\$ 174,269	148,500	(25,769)	-17%	1.29%	\$ 174,269						
501.20.012.1	INS LVM WHISKEY BARREL PLANT RODNEY HITC	\$ 6,538					\$ 6,538			Jan-20	Dec-20	2020 6	2020 6
501.20.020.1	INS LVM APPHARVEST GH ROWAN CO	\$ 71,902					\$ 71,902			Jan-20	Dec-20	2020 6	2020 9
501.20.030.1	INS LVM 369 WYNN FLAT RD-C	\$ 8,884					\$ 8,884			Jan-20	Dec-20	2020 10	2020 11
502.19.025.1	REB AND REL METER HYSTER/YALE PLANT - I	\$ 5,730					\$ 20,914			Jan-20	Dec-20	2019 8	2020 1
502.20.009.1	INSTALL AL2300 METER SET ASAHU FORGE - I	\$ 5,561					\$ 5,561			Jan-20	Dec-20	2020 4	2020 5
502.20.012.1	INSTALL METER SET BLDG(CLA) AT BGAD	\$ 8,463					\$ 8,463			Jan-20	Dec-20	2020 3	2020 11
502.20.017.1	REB METER SET 503 BATTLEFIELD MEM HWY-C	\$ 7,232					\$ 7,247			Jan-20	Dec-20	2020 10	2020 10
506.19.008.1	LVM LONDON TOBACCO MARKET HEMP DRYERS	\$ 0					\$ 7,404			Jan-20	Dec-20	2019 8	2019 10
506.20.001.1	INS METER SET ST.JOE'S MEDICAL-C	\$ 6,265					\$ 6,265			Jan-20	Dec-20	2020 3	2020 3
506.20.007.1	UPG METER FIRST BAP CHURCH 804 5TH ST-C	\$ 2,973					\$ 2,973			Jan-20	Dec-20	2020 8	2020 9
510.20.005.8	RET 2300 METER SET 502 ASHBURY AV-I	\$ 1,765					\$ 1,765			Jan-20	Dec-20	2020 10	2020 10
511.20.006.8	REMV METER ASPHALT MACH 10265 HWY 25	\$ 335					\$ 335			Jan-20	Dec-20	2020 3	2020 3
511.20.012.8	RET SCHOOL METERSET 275 S LAUREL RD	\$ 474					\$ 474			Jan-20	Dec-20	2020 5	2020 5
3850		\$ 126,122	36,000	(90,122)	-250%	0.93%	\$ 148,724						
FCDELT.19.08	OFFICE AC/HEAT FAN COIL UNIT - J CROFT	-\$ 28					\$ 4,572			Jan-20	Dec-20	2019 11	2019 12
FCDELT.19.09	OFFICE AC/HEAT FAN COIL UNIT - D FULLER	-\$ 28					\$ 4,572			Jan-20	Dec-20	2019 11	2019 12
FCDELT.19.10	OFFICE AC/HEAT FAN COIL UNIT - D KING	-\$ 28					\$ 4,572			Jan-20	Dec-20	2019 11	2019 12
FCDELT.19.12	SEALCOAT AND STRIPE PARKING LOT MBORO	\$ 2,230					\$ 2,230			Jan-20	Dec-20	2020 3	2020 3
FCDELT.20.01	REP WOOD PLANK FENCE AT WINCH OFFC BLDG	\$ 3,100					\$ 3,100			Jan-20	Dec-20	2020 3	2020 4
FCDELT.20.02	5 TON HVAC SYSTEM FOR MANCHESTER OFFICE	\$ 6,000					\$ 6,000			Jan-20	Dec-20	2020 8	2020 8
FCDELT.20.03	2 TON LENNOX HVAC SYSTEM WINCH METERSHOP	\$ 5,450					\$ 5,450			Jan-20	Dec-20	2020 8	2020 8
FCDELT.20.04	5 TON TEMPSTAR HVAC SYSTEM CORBIN OFFC	\$ 6,447					\$ 6,447			Jan-20	Dec-20	2020 8	2020 8
3900		\$ 23,143	548,400	525,257	96%	0.17%	\$ 36,943						
3910		\$ 0	24,000	24,000	100%	0.00%	0						
D7000.20.1	CISCO 4221 ROUTER FOR VERIZON LINE	\$ 2,285					\$ 2,285			Jan-20	Dec-20	2020 6	2020 7
D7000.20.10	CATALYST 9300 24 PORT POE SWITCH-OWNGSVL	\$ 5,191					\$ 5,191			Jan-20	Dec-20	2020 8	2020 8
D7000.20.11	CATALYST 9300 48 PORT POE SWITCH-MBORO	\$ 7,726					\$ 7,726			Jan-20	Dec-20	2020 8	2020 8
D7000.20.12	DELL XE3 PC FOR CHROMATOGRAH AT SERV CTR	\$ 4,761					\$ 4,761			Jan-20	Dec-20	2020 11	2020 11
D7000.20.13	DATA DOMAIN 3300 TO BACKUP SERVERS	\$ 29,309					\$ 35,669			Jan-20	Dec-20	2020 10	2020 10
D7000.20.2	CATALYST 9300 48 PORT POE SWITCH - BERE A	\$ 7,726					\$ 7,726			Jan-20	Dec-20	2020 8	2020 8
D7000.20.3	CATALYST 9300 48 PORT POE SWITCH - NVILL	\$ 7,726					\$ 7,726			Jan-20	Dec-20	2020 8	2020 8
D7000.20.4	CATALYST 9300 48 PORT POE SWITCH-BARBVL	\$ 7,726					\$ 7,726			Jan-20	Dec-20	2020 8	2020 8
D7000.20.5	CATALYST 9300 48 PORT POE SWITCH-CORB OF	\$ 7,726					\$ 7,726			Jan-20	Dec-20	2020 8	2020 8
D7000.20.6	CATALYST 9300 24 PORT POE SWITCH-STANTON	\$ 5,191					\$ 5,191			Jan-20	Dec-20	2020 8	2020 8
D7000.20.7	CATALYST 9300 24 PORT POE SWITCH-CORB WH	\$ 5,191					\$ 5,191			Jan-20	Dec-20	2020 8	2020 8
D7000.20.8	CATALYST 9300 24 PORT POE SWITCH - WBURG	\$ 5,191					\$ 5,191			Jan-20	Dec-20	2020 8	2020 8
D7000.20.9	CATALYST 9300 24 PORT POE SWITCH - MANCH	\$ 5,191					\$ 5,191			Jan-20	Dec-20	2020 8	2020 8
3912		\$ 100,937	39,600	(61,337)	-155%	0.75%	\$ 107,297						
DELVEH.19.216439	2020 CHEVROLET 3500 DOUBLE CAB	\$ 48,062					\$ 48,062			Jan-20	Dec-20	2020 5	2020 5
DELVEH.19.216440	2020 CHEVROLET SILVERADO 1500 WT 4X4 DOU	\$ 34,390					\$ 34,390			Jan-20	Dec-20	2020 1	2020 1

Increased expenditures due to increased amount / location of PRP project activity

Increased expenditures due to unanticipated increased demand for LVM

Budgeted projects not done due to COVID

Anticipated projects did not materialize

More extensive replacement of network for new system

Project No.	Project Title/Description	Annual Actual Cost	Annual Original Budget	Variance in Dollars	Variance as Percent	Percent of Budget	Total Actual Project Cost	Total Budget Project Cost	Variance in Dollars	Date Original Budget Start	Date Original Budget End	Date Actual Start	Date Actual End
DELVEH.19.216444	2020 CHEVROLET SILVERADO 2500 HD WT	\$ 36,300					\$ 44,250			Jan-20	Dec-20	2019 12	2020 2
DELVEH.19.216445	2020 CHEVROLET SILVERADO 2500 HD WT	\$ 42,299					\$ 42,299			Jan-20	Dec-20	2020 5	2020 5
DELVEH.19.216446	2020 CHEVROLET SILVERADO 2500 HD WT	\$ 42,299					\$ 42,299			Jan-20	Dec-20	2020 5	2020 5
DELVEH.19.216447	2020 CHEVROLET SILVERADO 2500 HD WT	\$ 42,299					\$ 42,299			Jan-20	Dec-20	2020 5	2020 5
DELVEH.19.9	SALVAGE	-\$ 94,210					\$ (94,210)			Jan-20	Dec-20	NA	NA
DELVEH.20.216612	CHALLENGER 508CS 5X8 TRAILER	\$ 2,438					\$ 2,438			Jan-20	Dec-20	2020 2	2020 2
DELVEH.20.216614	2020 CHEVROLET SILVERADO 1500 4X4 TRANSM	\$ 34,690					\$ 34,690			Jan-20	Dec-20	2020 7	2020 7
DELVEH.20.216615	2020 FORD F-350 SUPER DUTY SUPER CAB	\$ 47,643					\$ 47,643			Jan-20	Dec-20	2020 7	2020 7
DELVEH.20.216616	2020 CHEVROLET SILVERADO 2500 HD 4X4	\$ 36,190					\$ 36,190			Jan-20	Dec-20	2020 3	2020 3
DELVEH.20.216617	2020 FORD F-350 SUPER DUTY SUPER CAB 4X4	\$ 49,808					\$ 49,808			Jan-20	Dec-20	2020 8	2020 8
DELVEH.20.216622	2020 CHEVY SILVERADO 1500 4X4 DBL CAB	\$ 35,690					\$ 35,690			Jan-20	Dec-20	2020 7	2020 7
DELVEH.20.216623	2020 FORD F-150 4X4 SUPERCAB	\$ 35,334					\$ 35,334			Jan-20	Dec-20	2020 6	2020 6
DELVEH.20.216624	2020 CHEVY SILVERADO 2500HD 4X4 DBL CAB	\$ 42,801					\$ 42,801			Jan-20	Dec-20	2020 11	2020 11
DELVEH.20.9	SALVAGE	-\$ 89,433					\$ (89,433)			Jan-20	Dec-20	NA	NA
3920		\$ 346,599	552,000	205,401	37%	2.57%	\$ 354,549						
D7400.20.1	RADIODETECTION PCMX SHORT LOCATOR CORR	\$ 11,703					\$ 11,703			Jan-20	Dec-20	2020 5	2020 6
D7400.20.2	KUBOTA ZERO TURN 54" DECK MOWER - TRANSM	\$ 6,783					\$ 6,783			Jan-20	Dec-20	2020 4	2020 5
D7400.20.3	CUB CADET ST54 RIDING LAWN MOWER-TRANSM	\$ 2,756					\$ 2,756			Jan-20	Dec-20	2020 6	2020 7
D7400.20.4	GAS MAIN RODDER PIPELINE LOCATOR	\$ 3,652					\$ 3,652			Jan-20	Dec-20	2020 5	2020 6
D7400.20.5	PIT BULL 14 FACER TO TRIM PLASTIC PIPE	\$ 2,188					\$ 2,188			Jan-20	Dec-20	2020 9	2020 9
3940		\$ 27,082	48,000	20,918	44%	0.20%	\$ 27,082						
D7400.20.6	PGC 1000 GAS CHROMATOGRAPH - GAS CONTROL	\$ 21,435					\$ 28,728			Jan-20	Dec-20	2020 12	2020 12
3950		\$ 21,435	41,800	20,365	49%	0.16%	\$ 28,728						
DELVEH.20.216124	REP KUBOTA ENG FOR VERMEER HDD WINCHR	\$ 12,494					\$ 12,494			Jan-20	Dec-20	2020 11	2020 12
DELVEH.20.216125	PDC REAMER AT30 FOR DW HDD TOOL WINCHR	\$ 8,087					\$ 8,087			Jan-20	Dec-20	2020 11	2020 11
DELVEH.20.216631	2019 CATERPILLAR 305.5E2 HYD EXCAVATOR	\$ 67,390					\$ 67,390			Jan-20	Dec-20	2020 3	2020 3
3960		\$ 87,971	146,900	58,929	40%	0.65%	\$ 87,971						
3970		\$ 0	6,000	6,000	100%	0.00%	0						
3980		\$ 0	4,800	4,800	100%	0.00%	0						
2020 TOTAL		\$ 12,851,168	\$ 13,499,800	\$ 648,632	4.80%	95.20%	\$ 18,409,306						

Anticipated projects did not materialize
Anticipated projects did not materialize

Delta Natural Gas Company, Inc.
Case No. 2021-00185
Calculation of Capital Construction Project Slippage Factor

Source: Schedule I1 - Construction Projects

Year	Annual Actual Cost	Annual Original Budget	Variance in Dollars	Variance as Percent	Slippage Factor
1	7,482,356	9,113,250	1,630,894	17.90%	82.104%
2	9,531,363	7,515,200	(2,016,163)	-26.83%	126.828%
3	10,251,645	7,424,100	(2,827,545)	-38.09%	138.086%
4	14,355,903	13,646,600	(709,303)	-5.20%	105.198%
5	12,851,168	13,499,800	648,632	4.80%	95.195%
Totals	54,472,435	51,198,950	(3,273,485)	-6.39%	106.394%
5 Year Average Slippage Factor (Mathematic Average of Yearly Slippage Factors / 5 years)					109.482%

The Annual Actual Cost, Annual Original Budget, Variance in Dollars, and Variance as Percent are to be taken from Schedule I1. Total all projects for a given year.

The Slippage Factor is calculated by dividing the Annual Actual Cost by the Annual Original Budget. Calculate a Slippage Factor for each year and the Totals line. Carry Slippage Factor percentages to 3 decimal places.

DELTA NATURAL GAS COMPANY, INC.
CASE NO. 2021-00185

FIRST PSC DATA REQUEST
DATED MAY 13, 2021

26. Describe in detail how the base period capitalization rate was determined. If different rates were used for specific expenses (i.e., payroll, clearing accounts, depreciation, etc.), indicate the rate and how it was determined. Indicate all proposed changes to the capitalization rate and how the changes were determined.

Response:

There is no predetermined capitalization rate. Employees charge their labor to either expense or capital based on activity performed. The clearing account overheads are distributed between capital and operating expense based on the labor charged. Non-labor costs are charged to capital or operating expense based on the type of activity (i.e., in support of a capital project or normal operating expenses).

Sponsoring Witness:

Andrea Schroeder

DELTA NATURAL GAS COMPANY, INC.
CASE NO. 2021-00185

FIRST PSC DATA REQUEST
DATED MAY 13, 2021

27. Provide a calculation of the rate or rates used to capitalize interest during construction for the three most recent calendar years. Explain each component entering into the calculation of the rate(s).

Response:

No interest has been capitalized during the periods referred to by this request.

Sponsoring Witness:

Andrea Schroeder

DELTA NATURAL GAS COMPANY, INC.
CASE NO. 2021-00185

FIRST PSC DATA REQUEST
DATED MAY 13, 2021

28. State whether any changes have been made to the utility's internal accounting manuals, directives, and policies and procedures since the utility's most recent rate case. If so, provide each item that was changed and identify the changes.

Response:

See attached. Because Delta has not filed a rate case since 2010, it is providing a summary of all its significant accounting policies from its final 10-K filed in 2017, as those are still in use. Delta does not have record of each change in its accounting manuals, directives, policies, and procedures since its last rate case in 2010. Because of the 2017 PNG Companies, LLC acquisition, the 2020 Aqua America/Essential Utilities, Inc. ("Essential") acquisition, and the 2021 Peoples Gas of Kentucky ("Peoples") transfer, Delta is in the process of evaluating the differences in its accounting manuals, directives, policies, and procedures compared to those of Essential and Peoples and which of those accounting documents are applicable to Delta.

Sponsoring Witness:

Andrea Schroeder

DELTA NATURAL GAS COMPANY, INC.**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS****(1) Summary of Significant Accounting Policies****Principles of Consolidation**

Delta Natural Gas Company, Inc. (“Delta” or “the Company”) distributes or transports natural gas to approximately 36,000 customers. Our distribution and transportation systems are located in central and southeastern Kentucky and we own and operate an underground storage field in southeastern Kentucky. We transport natural gas to our industrial customers who purchase their natural gas in the open market. We also transport natural gas on behalf of local producers and customers not on our distribution system and extract liquids from natural gas in our storage field and our pipeline systems that are sold at market prices. We have three wholly-owned subsidiaries. Delta Resources, Inc. buys natural gas and resells it to industrial or other large use customers on Delta's system. Delgasco, Inc. buys natural gas and resells it to Delta Resources, Inc. and to customers not on Delta's system. Enpro, Inc. owns and operates natural gas production properties and undeveloped acreage. All subsidiaries of Delta are included in the consolidated financial statements. Intercompany balances and transactions have been eliminated.

On February 20, 2017, we entered into an Agreement and Plan of Merger (“Merger Agreement”) with PNG Companies, LLC (“PNG”), hereinafter referred to as the “Merger”. For further information, see Note 18 of the Notes to Consolidated Financial Statements.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash Equivalents

For the purposes of the Consolidated Statements of Cash Flows, all temporary cash investments with a maturity of three months or less at the date of purchase are considered cash equivalents.

Property, Plant and Equipment and Depreciation

Property, plant and equipment is stated at original cost, which includes materials, labor, labor related costs and an allocation of general and administrative costs. A betterment or replacement of a unit of property is accounted for as an addition of utility plant. Construction work in progress has been included in the rate base for determining customer rates, and therefore an allowance for funds used during construction has not been recorded. The cost of regulated plant retired or disposed of in the normal course of business is deducted from plant accounts and such cost, less salvage value, is charged to the accumulated provision for depreciation.

Property, plant and equipment is comprised of the following major classes of assets:

(\$000)	2017	2016
Regulated segment		
Distribution, transmission and storage	219,477	214,660
General, miscellaneous and intangibles	23,578	23,145
Construction work in progress	3,902	1,422
Total regulated segment	246,957	239,227
Non-regulated segment		
Total property, plant and equipment	249,611	241,834

All expenditures for maintenance and repairs of units of property are charged to the appropriate maintenance expense accounts in the month incurred.

We determine the provision for depreciation using the straight-line method and by the application of rates to various classes of utility plant. The rates are based upon the estimated service lives of the properties and were equivalent to composite rates of 2.7% of average depreciable plant for 2017, and 2.8% for 2016 and 2015.

As approved by the Kentucky Public Service Commission, we accrue asset removal costs for certain types of property through depreciation expense with a corresponding increase to regulatory liabilities on the Consolidated Balance Sheets. When this depreciable utility plant and equipment is retired any related removal costs incurred are charged against the regulatory liability.

Our pipe replacement program tariff allows us to adjust our regulated rates annually to earn a return on capital incurred subsequent to our last rate case which are associated with the replacement of pipe and related facilities. The pipe replacement program is designed to additionally recover the costs associated with the mandatory retirement or relocation of facilities.

Impairment of Long-Lived Assets

We evaluate long-lived assets for impairment when events or changes in circumstances indicate that the carrying value of such assets may not be recoverable. The determination of whether an impairment has occurred is based on an estimate of undiscounted future cash flows attributable to the assets, as compared with the carrying value of the assets. If an impairment has occurred, the amount of the impairment recognized is determined by estimating the fair value of the assets and recording a provision for an impairment loss if the carrying value is greater than the fair value. In the opinion of management, our long-lived assets are appropriately valued in the accompanying consolidated financial statements. There were no impairments of long-lived assets during 2017, 2016 or 2015.

Natural Gas In Storage

We operate a natural gas underground storage field that we utilize to inject and store natural gas during the non-heating season, and we then withdraw natural gas during the heating season to meet our customers' needs. The potential exists for differences between actual volumes stored versus our perpetual records primarily due to differences in measurement of injections and withdrawals or the risks of natural gas escaping from the field. We periodically analyze the volumes, pressure and other data relating to the storage field in order to substantiate the natural gas inventory carried in our perpetual inventory records. The periodic analysis of the storage field data utilizes trends in the underlying data and can require multiple periods of observation to determine if differences exist. The analysis can result in adjustments to our perpetual inventory records. The natural gas in storage inventory is recorded at average cost.

Regulated Revenues

We bill our regulated sales of natural gas at tariff rates approved by the Kentucky Public Service Commission. Our customers are billed on a monthly basis; however, the billing cycle for certain classes of customers do not necessarily coincide with the calendar month-end. For these customers, we apply the unbilled method of accounting, where we estimate and accrue revenues applicable to customers, but not yet billed. The related natural gas costs are charged to expense. At the end of each month, natural gas service which has been rendered from the date the customer's meter was last read to the month-end is unbilled. Unbilled revenues are included in accounts receivable and unbilled natural gas costs are included in deferred natural gas costs on the accompanying Consolidated Balance Sheets. Unbilled amounts include the following:

(000)	2017	2016
Unbilled revenues (\$)	1,653	1,452
Unbilled natural gas costs (\$)	445	319
Unbilled volumes (Mcf)	70	63

We record on-system transportation services in the period in which we transport natural gas to the end-use customer within our system. On-system transportation customers receive their natural gas supply from third-party shippers delivering natural gas into Delta's system. We bill on-system transportation services at tariff rates, as approved by the Kentucky Public Service Commission, which include both fixed monthly charges and volumetric rates. Delta Resources utilizes Delta's on-system transportation service and Delta recognizes revenue from Delta Resources at tariff rates, which eliminates upon consolidation.

We record off-system transportation services in the period in which we transport natural gas to an interstate pipeline on behalf of third-party shippers delivering natural gas into Delta's system. We bill off-system transportation services at tariff rates, as approved by the Kentucky Public Service Commission, which are volumetric rates. Delgasco utilizes Delta's off-system transportation service and Delta recognizes revenue from Delgasco at tariff rates, which eliminates upon consolidation.

The daily volumes of natural gas delivered from third-party shippers supplying our transportation customers rarely equal the daily volumes billed to our customers, resulting in periodic transportation imbalances. These imbalances are short-term in duration, and Delta monitors the activity and regularly notifies the shippers when they have an imbalance. Transportation imbalances in turn create imbalances of the natural gas supply on Delta's system, thus requiring Delta to purchase either more or less volumes of natural gas to meet our customers' natural gas requirements, and they are included on the Consolidated Balance Sheets in either accounts payable or prepayments, respectively. Consistent with the regulatory treatment for our natural gas cost recovery tariff (as further discussed in Note 14 of the Notes to Consolidated Financial Statements), imbalances do not impact our results of operations, as the net impact of the imbalances offset against the regulatory asset/liability related to our natural gas cost recovery tariff.

Non-Regulated Revenues

Delta Resources enters into contracts whereby it is obligated to supply one-hundred percent of its customers' natural gas requirements at either fixed or index-based rates. Delta Resources recognizes revenue in the period in which actual metered volumes are delivered to the customer. Delta Resources utilizes Delta's on-system transportation service and records such transportation expenses at tariff rates that eliminate upon consolidation.

Delgasco enters into contracts to deliver fixed quantities of natural gas to its customers at either fixed or index-based rates. Delgasco recognizes revenue based upon the period in which the customer takes possession of the natural gas. Delgasco utilizes Delta's off-system transportation service and records such transportation expenses at tariff rates that eliminate upon consolidation.

Enpro produces natural gas which supplies a portion of Delgasco's natural gas requirements and recognizes the sale of natural gas in the period in which Delgasco takes possession of the natural gas. Revenues and related natural gas costs between Enpro and Delgasco are both within the non-regulated segment and eliminate upon consolidation.

We recognize revenue from natural gas liquids in the period in which the customer takes possession of the natural gas liquids. Factors that affect revenue from the sale of natural gas liquids include the hydrocarbon content of the liquids, the market price for natural gas liquids and the volumes of natural gas liquids sold.

Regulated Purchased Natural Gas Expense

Our regulated natural gas rates include a natural gas cost recovery tariff approved by the Kentucky Public Service Commission which provides for a dollar-tracker that matches revenues and natural gas costs and provides eventual dollar-for-dollar recovery of all natural gas costs incurred by the regulated segment and recovery of the uncollectible natural gas cost portion of bad debt expense. We expense natural gas costs based on the amount of natural gas costs recovered through revenue. Any differences between actual natural gas costs and those natural gas costs billed are deferred and reflected in the computation of future billings to customers using the natural gas cost recovery mechanism.

Excise Taxes

Delta collects certain excise taxes levied by state or local governments from our customers. These taxes are accounted for on a net basis and therefore are not included as revenues in the accompanying Consolidated Statements of Income.

Accounts Receivable / Allowance for Doubtful Accounts

We record an allowance for doubtful accounts to reflect the expected net realizable value of accounts receivable. Accounts receivable are charged off when deemed to be uncollectible or when turned over to a collection agency to pursue.

Rate Regulated Basis of Accounting

We account for our regulated segment in accordance with applicable regulatory guidance. The economic effects of regulation can result in a regulated company recovering costs from customers in a period different from the period in which the costs would be charged to expense by a non-regulated enterprise. When this results, costs are deferred as assets on the Consolidated Balance Sheets (“regulatory assets”) and recorded as expenses when such amounts are reflected in rates. Additionally, regulators can impose liabilities upon a regulated company for amounts previously collected from customers and for current collection in rates of costs that are expected to be incurred in the future (“regulatory liabilities”). The amounts recorded as regulatory assets and regulatory liabilities are as follows:

(\$000)	2017	2016
Regulatory assets		
Current assets		
Deferred natural gas costs	2,098	674
Other assets		
Conservation/efficiency program expenses	258	243
Loss on extinguishment of debt	2,468	2,689
Asset retirement obligations	5,640	5,121
Accrued pension	7,069	10,828
Total other assets	15,435	18,881
Total regulatory assets	17,533	19,555
Regulatory liabilities		
Long-term liabilities		
Accrued cost of removal on long-lived assets	549	487
Regulatory liability for deferred income taxes	586	651
Total regulatory liabilities	1,135	1,138

All of our regulatory assets and liabilities have been approved for recovery by the Kentucky Public Service Commission and are currently being recovered or refunded through our regulated natural gas rates. In addition, the unrecovered balance of the loss on extinguishment of debt is included in rate base and, therefore, earns a return. The weighted average recovery period of the other regulatory assets which are not earning a return is 28 years.

Derivatives

Certain of our natural gas purchase and sale contracts qualify as derivatives. All such contracts have been designated as normal purchases and sales and as such are accounted for under the accrual basis and are not recorded at fair value in the accompanying consolidated financial statements.

Marketable Securities

We have a supplemental retirement benefit agreement with Glenn R. Jennings, our Chairman of the Board, President and Chief Executive Officer, that is a non-qualified deferred compensation plan. The agreement establishes an irrevocable rabbi trust, in which the assets of the trust are earmarked to pay benefits under the agreement. We have recognized a liability related to the obligation to pay these benefits to Mr. Jennings. We make discretionary contributions to the trust in order to fund the related deferred compensation liability.

The assets of the trust consist of exchange traded securities and exchange traded mutual funds and are classified as trading securities. The assets are recorded at fair value on the Consolidated Balance Sheets based on observable market prices from active markets. Net realized and unrealized gains and losses are included in earnings each period to effectively offset the corresponding earnings impact associated with the change in the fair value of the deferred compensation liability to which the assets relate.

DELTA NATURAL GAS COMPANY, INC.
CASE NO. 2021-00185

FIRST PSC DATA REQUEST
DATED MAY 13, 2021

29. Provide the utility's long-term construction planning program.

Response:

The construction planning process is conducted on a continual basis. Every year, Delta performs a concentrated planning effort in order to maintain reliability in system supply and operations. Delta monitors and periodically reviews the progression and accuracy of system projects to ensure projects are completed successfully and timelines are met. In addition to the annual planning, Delta also prepares a four-year budget forecast of future projects.

All construction project planning is performed by thoroughly analyzing the existing system. Delta uses GasWorks software for pressure and volume calculations, which aids the design process. Potential load projections are considered in this process in addition to researching low pressure areas and potential bottleneck areas, which restrict volume and supply. Having knowledge of potential issues contributes to future system planning. Existing pressure ratings and volume capabilities play a significant role and impact the outcome of system design.

Engineering project design includes approximately 16 miles of pipe replacement annually. These replacement projects are designed to reduce bare and unprotected coated steel piping, as well as vintage plastic. These projects decrease the number of leaks throughout the system and enhance public safety by reducing methane emissions. The design for these projects is normally performed one year in advance of the construction.

Delta normally anticipates and budgets for distribution main extensions based on historic activity. The amount of economic activity plays an important role in the number of extensions to be constructed each year, making it very challenging to predict.

The rise in volumes needed from system growth generates the need for continual monitoring of transmission supply as well. Load demands of this type normally provide ample time for project design and construction. However, new industrial loads can and have created the need for transmission extensions or volume upgrades on a more urgent schedule. The continual process of facility analysis, planning, and design, provides a reliable supply of natural gas and the continual improvement of system facilities results in greater public safety.

Sponsoring Witness:

Jonathan Morphew

DELTA NATURAL GAS COMPANY, INC.
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FIRST PSC DATA REQUEST
DATED MAY 13, 2021

30. Provide a copy of the utility's most recent depreciation study. If no such study exists, provide a copy of the utility's most recent depreciation schedule. The schedule should include a list of all facilities by account number, service life and accrual rate for each plant item, the methodology that supports the schedule, and the date the schedule was last updated.

Response:

Delta's most recent depreciation study was provided as an exhibit to the direct testimony of William Steven Seelye.

Sponsoring Witness:

William Steven Seelye

DELTA NATURAL GAS COMPANY, INC.

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FIRST PSC DATA REQUEST

DATED MAY 13, 2021

31. For each of the following Accounting Standards Codification (ASC), provide the information listed concerning implementation by the utility.
- a. ASC 410-20, "Asset Retirement Obligations"
 - (1) The effect on the financial statements.
 - (2) Whether the base period or forecasted test period includes any impact of the implementation. If so, provide a detailed description of the impact.
 - b. A schedule comparing the depreciation rates utilized by the utility prior to and after the adoption of ASC 410-20. The schedule should identify the assets corresponding to the affected depreciation rates.
 - c. ASC 715-20, "Defined Benefit Plans – General."
 - (1) The effect on the financial statements.
 - (2) Whether the base period or forecasted test period includes any impact of the implementation. If so, provide a detailed description of the impact.

Response:

- a.
 - (1) Upon initial adoption of SFAS No. 143 on July 1, 2002, now referred to as Accounting Standards Codification (ASC) 410-20, Delta recorded an asset retirement obligation for eleven storage tanks which are estimated to be retired periodically over the next twenty-two years. Upon adoption of Interpretation No. 47 on June 30, 2007, Delta recorded asset retirement obligations for its distribution mains and services. Any costs associated with the removal of mains and services are capitalized into the cost of the new main and/or service and the expense is recognized through depreciation expense at the Commission approved rate. Consistent with industry practice, upon adoption of Interpretation No. 47 there has been no change in how the removal costs are expensed.
 - (2) Neither the base period nor the forecasted test period includes any impact from the implementation.
- b. Depreciation rates did not change as a result of adopting ASC 410-20, formerly referred to as SFAS No. 143 and Interpretation No. 47.

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c.

(1) Delta adopted SFAS No. 158, now referred to as Accounting Standards Codification (“ASC”) 715-20, effective June 30, 2007. The adoption of Statement No. 158 resulted in an increase in regulatory assets of \$3,935,000, offset by a decrease in prepaid pension cost of \$3,935,000 and had no impact on Delta’s consolidated results of operations or cash flows.

(2) Neither the base period nor the forecasted test period includes any impact from the implementation.

Sponsoring Witness:

William Packer / William Steven Seelye / John B. Brown

DELTA NATURAL GAS COMPANY, INC.
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DATED MAY 13, 2021

32. Provide a complete description of the utility's Other Post-Employment Benefits package(s) provided to its employees.

Response:

Delta has never offered Other Post-Employment Benefits to its employees.

The 9 Peoples-Kentucky employees belong to an OPEB plan having a frozen account balance which can be used upon retirement to pay for pre- or post-65 medical coverage. The test year includes \$18,616 for this plan. See the two attachments providing additional details about Peoples' OPEB plan.

Sponsoring Witness:

William Packer / John B. Brown



Medical Spending Account Plan for Eligible Retirees

Summary Plan Description

This Summary Plan Description, revised February 22, 2012, reflects Plan provisions as of January 1, 2012 and supersedes any and all previous versions.

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Medical Spending Account Plan Overview

The EQT Corporation Medical Spending Account Plan (referred to as the "Plan" in this Summary Plan Description) gives eligible Company employees a way to cover some portion of the cost of health care coverage during retirement. This Plan is one component of the EQT Corporation Comprehensive Welfare Plan for Retirees that includes this Plan and other Company-sponsored retiree health care coverage options (medical, dental, vision). For purposes of eligibility for this Plan, the term "Company" includes EQT Corporation and all participating divisions, subsidiaries, and business segments of EQT Corporation.

Here are some highlights and an overview of the Plan.

Feature	Facts								
Eligibility	<p>You are eligible for a Medical Spending Account (referred to as an "MSA") if you retire or terminate employment from the Company after December 31, 2002, and one of the following statements applies to you:</p> <ul style="list-style-type: none"> ◆ You are a non-represented full-time or Part Time employee and you terminate employment or retire from the Company at age 55 or later with at least five Years of Service. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> ◆ You are a represented employee, your hire or latest rehire date is on or before the applicable date on the following chart, and your collective bargaining agreement provides for your participation in this Plan. Represented employees hired after the applicable date on the chart below are not eligible to participate in this Plan. <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Union</th> <th style="text-align: center;">Eligible for Plan if Date of Hire or Latest Rehire Is On or Before*</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">IBEW Local 1956</td> <td style="text-align: center;">November 28, 1998</td> </tr> <tr> <td style="text-align: center;">USW Local 12050</td> <td style="text-align: center;">December 31, 2008</td> </tr> <tr> <td style="text-align: center;">IBEW Local 1935</td> <td style="text-align: center;">May 21, 2004</td> </tr> </tbody> </table> <p>*Effective January 1, 2006, employees who are represented by United Steelworkers, Local Union 12050 must be age 55 or older and have at least 5 Years of Service when they terminate employment or retire from the Company to be eligible. All other represented employees must either: (i) be age 55 or older and have at least 5 Years of Service when they terminate employment or retire from the Company or (ii) meet the applicable "points" requirement under their collective bargaining agreement to be eligible.</p>	Union	Eligible for Plan if Date of Hire or Latest Rehire Is On or Before*	IBEW Local 1956	November 28, 1998	USW Local 12050	December 31, 2008	IBEW Local 1935	May 21, 2004
Union	Eligible for Plan if Date of Hire or Latest Rehire Is On or Before*								
IBEW Local 1956	November 28, 1998								
USW Local 12050	December 31, 2008								
IBEW Local 1935	May 21, 2004								

Feature	Facts
Medical Spending Account	<p>If you are eligible for the Plan when your employment with the Company ends, you will have access to an MSA. Under the terms of the Plan in effect as of January 1, 2012, the Company will make a credit to your MSA on your behalf equal to \$1,000 for each full Year of Service with the Company (as defined on Page 5).</p> <p>Catch-Up Credit—If you were age 50 or older and actively employed by the Company on December 31, 2002, you are eligible for an additional Company contribution to your MSA known as the Catch-Up Credit. The amount of the credit depends on your age as of December 31, 2002, as explained more fully under "Catch-Up Credit" in the "How the Plan Works" section below.</p> <p>The MSA is provided at no cost to you. You may be reimbursed from your MSA for your cost of coverage in the Company's retiree health care coverage options (if you enroll), for other health care coverage you buy on your own on an after-tax basis, and/or for eligible health care expenses that are not covered by another source.</p>
Company-Sponsored Retiree Health Care Coverage Options	<p>The MSA provides income to help reimburse you for health care expenses after your employment with the Company ends—it is not health care coverage. If you are eligible, you may enroll in the Company's retiree health care coverage options that include medical, dental, and vision coverage for retirees under age 65 ("early retirees") or medical and dental coverage for retirees age 65 or older. You will pay the full cost of coverage if you enroll in the Company-sponsored retiree health care coverage, but you can be reimbursed for this cost through the MSA.</p>

IMPORTANT NOTE

This Summary Plan Description (referred to as the "SPD") explains key features of the Medical Spending Account Plan, as required under the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Plan is a component part of the EQT Corporation Comprehensive Welfare Plan for Retirees that includes medical, dental, and vision coverage offered to eligible retirees. Those benefit coverages are described in separate SPDs.

In this SPD, the term "Plan" refers ONLY to the Medical Spending Account Plan, not to the entire Comprehensive Welfare Plan for Retirees, of which this Plan is only a part. Please read this SPD and any enrollment material carefully so that you understand the provisions of the Plan and the benefits you may be eligible to receive.

This SPD summarizes the Plan's provisions as of January 1, 2012 and supersedes any and all previous communication. If you terminated employment or retired from the Company prior to January 1, 2012, your benefit will be determined under the terms of the Plan in effect as of the date your employment ended, unless provided expressly otherwise.

This SPD does not amend or modify the terms of the Comprehensive Welfare Plan for Retirees, and the provisions of any retiree health care benefits other than the Medical Spending Account are governed by the terms of the official plan document for the Comprehensive Welfare Plan for Retirees (including any of its component plans).

If there is a conflict between the SPD and the Plan document, or between advice given to you by a Plan representative and the Plan document, the Plan document will control. Any conflicts between this SPD and the Comprehensive Welfare Plan for Retirees shall be governed by the terms of the Comprehensive Welfare Plan for Retirees Plan document, as may be amended.

Questions? Problems	
<p>The Company's Benefits Solutions Center, administered by Buck Consultants, can help you with questions about your EQT benefits, including retiree health coverage. However, Benefit Concepts, Inc. (BCI) administers the MSA and billing for EQT COBRA and retiree health coverage. Here is the contact information.</p>	
<p>For EQT Benefit Questions/Issues EQT Benefit Solutions Center 1.888.246.2449 or 1.800.250.1891 (after retirement) Monday-Friday, 8:00 am-6:00 pm</p>	<p>For MSA or EQT Retiree Health Coverage Billing Questions/Issues Benefit Concepts, Inc. 1.866.629.6415 Monday-Friday, 8:30 am-9:30 pm</p>

Eligibility And Service

WHO IS ELIGIBLE FOR THE PLAN

You are eligible for an MSA if you retire or terminate employment from the Company after December 31, 2002, and one of the following statements applies to you:

- ◆ You are a non-represented full-time or Part Time I employee and you terminate employment or retire from the Company at age 55 or later with at least five Years of Service.

OR

- ◆ You are a represented employee, your hire or latest rehire date is on or before the applicable date on the following chart, and your collective bargaining agreement provides for your participation in this Plan. Represented employees hired after the applicable date on the chart below are not eligible to participate in the Plan.

Union	Eligible for Plan if Date of Hire or Latest Rehire Is On or Before*
IBEW Local 1956	November 28, 1998
USW Local 12050	December 31, 2008
IBEW Local 1935	May 21, 2004
<p>*Effective January 1, 2006, employees who are represented by United Steelworkers, Local Union 12050 must be age 55 or older and have at least 5 Years of Service when they terminate employment or retire from the Company to be eligible. All other represented employees must either: (i) be age 55 or older and have at least 5 Years of Service when they terminate employment or retire from the Company or (ii) meet the applicable "points" requirement under their collective bargaining agreement to be eligible.</p>	

If a union decertifies or otherwise ceases to be an employee representative, eligibility and all terms of coverage for employees formerly represented by such union will be based upon the same eligibility requirements and terms of coverage that apply to other non-represented employees, as then in effect at retirement, and not on any eligibility requirements or terms of coverage that may have been set forth in a prior collective bargaining agreement. However, if you retired prior to the date that the union decertified or otherwise ceases to be an employee representative, the terms of coverage may be governed by a prior collective bargaining agreement.

You also may be eligible for the Plan if you become disabled under the terms of the Plan while you are working for the Company. See "If You Become Disabled" for more information.

Special provisions that apply to rehired employees are described in more detail in the "If You Are Rehired" section.

YEARS OF SERVICE

Your service with the Company is used to determine if you are eligible for the Plan and the value of your MSA balance.

Years Of Service For Eligibility

For *eligibility* in the Plan, your Years of Service will include years and completed months of service with the Company, including service with Stat Oil, the Carnegie Companies, Union Drilling or any other company acquired by the Company.

If you are rehired and are eligible for this Plan after your rehire date, your Years of Service for eligibility purposes will include the total time you have worked for the Company.

Years Of Service For Determining MSA Balance

The Years of Service used to determine the value of your MSA include the full years (months are not counted) you work for the Company, including time you are on an authorized leave of absence or layoff. Generally, service with Stat Oil or any other company acquired by the Company will not be used to determine the value of your MSA. However, if you retire or terminate employment on or after January 1, 2008, service with the Carnegie Companies will be used to determine the value of your MSA. For former Union Drilling employees, service with Union Drilling will be used to determine the value of your MSA if you retire or terminate employment on or after January 1, 2009.

If you are rehired, were not eligible for this Plan when you left the Company, and are eligible for this Plan after your rehire date, the Years of Service used to determine the value of your MSA will begin on the date that you were last rehired.

Examples

If You Were Hired On	And You Retire On	Your Eligibility For The Plan Is Based On	Your MSA Balance Is Based On
June 15, 1983	May 15, 2007	23 years and 11 months of service	23 full years of service
June 15, 1983	November 15, 2007	24 years and 5 months of service	24 full years of service

IF YOU BECOME DISABLED

If you are considered to have become disabled while you are working for the Company, the following provisions apply to your MSA:

- ◆ If you are eligible for the Company's Long Term Disability (LTD) Plan, you will be considered "disabled" for this Plan if you are entitled to receive benefits under the LTD Plan, as determined by the insurance company. If you are entitled to LTD benefits, you will receive credit under this Plan (for eligibility and for the amount of your MSA) for full Years of Service until the earlier of when your LTD benefits end, you retire, or you no longer get credit for Years of Service under any applicable Company rules and internal policies.

However, to actually have an MSA, you must have met the eligibility requirements described above ***at the earliest time you are no longer receiving credit for service under this Plan***. You may access your MSA only after you are no longer receiving service credit.

- ◆ **If at the relevant time you are a union represented employee and not eligible for the Company's LTD Plan**, you will be considered "disabled" for this Plan if you are totally and permanently disabled as the result of an injury or disease that is expected to prevent you from ever working in any occupation covered by your collective bargaining agreement. Injury or illness sustained while serving in the armed forces or merchant marine of any nation is not covered. Note that you must be actively employed by the Company as a member of the union at the time of your disability and have at least 10 years of eligibility service with your union to be considered "disabled" for purposes of determining your eligibility for an MSA. If you are so disabled, you will receive credit under this Plan for full Years of Service up to your disability retirement date (as determined under the terms of the pension plan that was collectively-bargained for you and others), and you may access your MSA as of your determined disability retirement date.

IF YOU TRANSFER

If you transfer into a business segment or eligible group that offers this Plan, you can later become eligible for an MSA under the Plan after the date of the transfer ***provided you terminate employment from the Company while in that business segment or eligible group and meet the other eligibility requirements***. However, to actually have an MSA, you must meet the applicable age/service requirements when your employment with the Company ends. If you transfer to a business segment or group that does not offer this Plan, you will not be eligible for an MSA if you terminate employment from the Company while in that business segment or group, no matter what age you are or service you have.

If you are eligible for the MSA and you meet the applicable age/service requirements for this Plan when your employment with the Company ends, your Years of Service with the Company (adjusted, if you are rehired) will be used to determine both your eligibility for the MSA and the value of your MSA as described below.

IF YOU DIE

Benefits under the MSA do not arise unless you terminate employment with the Company for reasons other than death. This means that if you die while you are an active employee (that is before your employment with the Company ends), there will be no MSA benefit for your surviving spouse, if any, or your dependent children, if any. It does not matter whether you met the applicable age/service requirements for an MSA at the time of your death, there will be no MSA benefit for anyone if you die at a time while employed by the Company.

IF YOU ARE REHIRED

You are considered a vested terminated employee if:

- ◆ You are an eligible full-time or Part Time I non-represented employee or a represented employee in Local 12050, and your employment with the Company ends while you are employed by a business segment or group that offers this Plan and after you are age 55 and have completed at least five Years of Service, or

- ◆ You are an eligible represented employee (other than in Local 12050) and your employment with the Company ends after you qualify for retirement under the terms of the pension plan that was collectively-bargained for you and others.

If you are a vested terminated employee, you are entitled to access your MSA when your employment with the Company ends. Your MSA balance is determined as of the date your employment with the Company ends.

The following chart shows how termination and rehire affect your MSA, assuming you are rehired on or after the effective date of this SPD (or, for represented employees, after the date specified in your collective bargaining agreement). This chart describes the most common situations, but it is not intended to cover every situation. For example, if you are rehired more than once, or, if you have an employment transfer and are rehired, this chart does not explain all of the provisions that could affect your MSA. Contact the EQT Benefit Solutions Center if you have questions.

Note: Since the MSA is intended to help reimburse you for health care premiums and expenses after your employment with the Company ends, you are not eligible for, and may not access, your MSA while you are an active employee.

If you are rehired and you are:	Then...
<p>A full-time or Part-Time non-represented employee</p>	<ul style="list-style-type: none"> ➤ Your Years of Service after you are rehired will be used to determine your eligibility for the MSA. ➤ If you were a vested terminated employee (that is, as explained above, eligible for an MSA) when your employment ended the first time, your Years of Service after you are rehired will be used to increase the value of your MSA when your employment ends. ➤ If you were not a vested terminated employee (that is, as explained above, not eligible for an MSA) when your employment ended the first time, the value of your MSA will be determined based on your Years of Service beginning on your latest rehire date. However, all of your Years of Service with the Company will be used to determine if you are eligible for an MSA when you terminate employment. ➤ You may enroll in the Company's health care options for active employees after you are rehired. ➤ After you terminate employment again, if you are eligible, you may enroll in the Company's retiree health care options, if any, regardless of whether or not you were enrolled in the retiree health care options when you were rehired.

If you are rehired and you are:	Then...
<p>A full-time or Part-Time I non-represented employee (continued)</p>	<ul style="list-style-type: none"> ➤ If you are rehired after you have enrolled in the Company's retiree health care options, you may remain in those plans, if any, while you are re-employed, provided you continue to make your contributions. ➤ You may NOT access your MSA while you are reemployed.
<p>A represented employee hired or rehired after the date specified in your collective bargaining agreement</p>	<ul style="list-style-type: none"> ➤ Your Years of Service after you are rehired will be used to determine your eligibility for the MSA. ➤ If you were a vested terminated employee (that is, as explained above, eligible for an MSA) when your employment ended the first time, your Years of Service after you are rehired will NOT be used to increase the value of your MSA. Your MSA will be the same amount that it was when you were rehired. ➤ If you were not a vested terminated employee (that is, as explained above, not eligible for an MSA) when your employment ended for the first time, you will not be eligible for this Plan when you are rehired. ➤ You may enroll in the Company's health care options for active employees. If you make this election and are enrolled in the Company's retiree health care options, you will forfeit your right to re-enroll in the Company's retiree health care options when you terminate employment again, even if you pay the full cost. If you are NOT enrolled in the Company's retiree health care options when you are rehired, you may enroll in these plans, if any, when you terminate employment again. ➤ If you are rehired after enrolling in the Company's retiree health care options, you may remain in those plans, if any, while you are re-employed, provided you continue to make your contributions. ➤ You may NOT access your MSA while you are reemployed.

How The Plan Works

If you are eligible, the Company will make a credit to an MSA on your behalf to help reimburse you for health care expenses that you pay after your employment with the Company ends. This section describes:

- ◆ How the value of your MSA is determined;
- ◆ How you use your MSA; and
- ◆ How you can enroll in the Company's retiree health care options.

THE VALUE OF YOUR MSA

The Company pays the full cost of your MSA. At the present time, the Company will credit \$1,000 for each full Year of Service with the Company up to the date your employment ends or the date you retire—**whichever occurs first**. For more information about service for this purpose, see "Years of Service for Determining MSA Balance." To determine the value of your MSA, multiply your **full** Years of Service with the Company by the current credit amount of \$1,000. For example, if you have 25½ Years of Service when your employment ends, your MSA account balance would be \$25,000 (25 years times \$1,000).

If you have met the eligibility requirements, your MSA balance is available following your termination of employment. It is a fixed amount that does not earn interest or otherwise grow. The Company may adjust the amount it credits for employees who become eligible in the future or otherwise amend, modify, or discontinue the MSA.

If you are eligible for the MSA when your employment with the Company ends, your MSA balance will be determined as of your date of termination and you will receive a statement that will show the amount of your MSA, including the Catch-Up Credit, if applicable. Even if you have met the eligibility requirements before your employment with the Company ends, you may not access your MSA until after your employment with the Company ends.

Catch-Up Credit

If you were age 50 or older on December 31, 2002 as an employee of the Company, the Company provides an additional one-time "Catch-Up Credit" to your MSA, as follows:

If You Were This Age on December 31, 2002	Your Catch-Up Credit Will Equal
50 but less than 55	\$5,000
55 but less than 60	\$10,000
60 or Older	\$15,000

For example, if you were age 52 on December 31, 2002, the one-time Catch-Up Credit added to your MSA balance will be \$5,000. If you have 20 Years of Service when your employment with the Company ends, your total MSA balance would be \$25,000 (20 years times \$1,000 plus \$5,000 Catch-Up Credit).

USING YOUR MSA

If you are eligible for an MSA when your employment with the Company ends, your account is available immediately. You may receive reimbursement from your MSA for premiums or for certain other eligible health care expenses that are not covered by another source. The premiums and expenses must be incurred after your coverage under the Plan is in effect.

Premiums

You may be reimbursed from your MSA for your cost of coverage in the Company-sponsored retiree health care medical/dental/vision options, the cost of continuation coverage (COBRA) under a Company medical plan, *or* for the cost of health care coverage from another source, provided you pay for such coverage with after-tax dollars. For example, you could enroll in the Company-sponsored retiree health care coverage options—or you could enroll as your spouse's dependent if he/she is covered under another employer's health care plan—or you could buy individual health care coverage.

Note: If you enroll in one or more of the Company's retiree health care plans and stop paying premiums while coverage remains in effect, overdue premium payments will be deducted directly from your MSA, and without your involvement in a reimbursement, when the Plan Administrator determines that circumstances support this action.

Other Eligible Health Care Expenses

You may use your MSA to receive reimbursement for certain eligible health care expenses that you have incurred and paid for, but that are not covered by any medical, dental, or vision plan. The expenses must qualify as "eligible"—as defined by the IRS and determined by the Claims Administrator—and you may not receive payment for them from any other source. Your eligible expenses include those that are incurred for yourself or for your spouse or your dependent children, if they qualify as dependents within the meaning of the Company's retiree health care plan. Although you can submit claims for the eligible expenses of your dependents (spouse/children) who qualify, on their own they are not covered individuals under the Plan, except in some limited circumstances if steps are taken by you, as described in the "Continuation of Health Care Coverage (COBRA)" section below.

Eligible expenses include but are not limited to the following:

- ◆ Deductibles, copayments, and out-of-pocket expenses under your health care coverage which includes medical, dental, vision, or HMO plans;
- ◆ Health care expenses that exceed what the applicable plan considers reasonable and customary;
- ◆ Routine physical exams or associated tests that are not covered by health care coverage;
- ◆ Smoking cessation programs and the cost of medication to aid in coping with nicotine withdrawal;
- ◆ Charges for vision care, such as examinations, eyeglasses, or contact lenses (and supplies), or laser eye surgery, that are not covered under any other plan; and
- ◆ Charges for hearing aids and examinations.

A complete list of eligible health care expenses can be obtained from the IRS in Publication 502 (call 1-800-TAX FORM) or you can download a copy of the publication from the IRS website at <http://www.irs.gov>. This IRS publication is designed to provide guidance for taxpayers who take a deduction for medical expenses on their tax return. It does not include the rules for the Plan, but it does give you a list of expenses that are—and are not—eligible for reimbursement from your MSA.

Non-Eligible Expenses

You cannot use your MSA to be reimbursed for:

- ◆ Expenses that were already paid under a medical, dental, or vision plan;
- ◆ Non-prescription or over-the-counter items except insulin;
- ◆ Medical supplies not related to a disease or defect;
- ◆ Cosmetic surgery unless necessary to correct a deformity that is congenital or that resulted from an accident or disfiguring disease;
- ◆ Expenses not eligible for tax deduction from the IRS (such as expenses for health clubs, even if prescribed by a physician);
- ◆ Expenses you plan to itemize on your Federal income tax return (currently, you may itemize only if your expenses exceed 7.5% of your adjusted gross income); or
- ◆ Expenses (even if eligible) submitted after any maximum time limit set by the Plan or Plan Administrator.

ENROLLING IN THE COMPANY'S RETIREE HEALTH CARE COVERAGE OPTIONS

If you are eligible for the MSA when your employment with the Company ends, you may enroll in the Company-sponsored retiree medical, dental, and/or vision benefit plans, if any, offered to eligible retirees through the Comprehensive Welfare Plan for Retirees. **You must enroll for these plans when you terminate employment with the Company—you may not defer enrollment until a later date—even if you have coverage from another source.** You also may enroll dependents **who are eligible for coverage at the time your employment with the Company ends.** You pay the full cost of coverage for you and any covered dependents.

You will receive additional information about your Company-sponsored retiree health care coverage options, including the cost of this coverage and an application form. You may continue the existing coverage you have as an active employee for a limited time through COBRA and then enroll in the Company-sponsored retiree health care coverage options when your COBRA coverage for those Company plans ends.

If you elect COBRA coverage to continue existing coverage you have as an active employee, you would pay up to 100% of the cost plus up to 2% for administrative expenses.

- ◆ **If you do not take COBRA**, you must enroll in the Company's retiree health care coverage options immediately after your employment with the Company ends, or you will permanently forfeit your right to enroll in retiree health care coverage.
- ◆ **If you do take COBRA**, you must enroll in the Company's retiree health care coverage options immediately after your COBRA coverage ends for whatever reason, or you will permanently forfeit your right to enroll in retiree health care coverage.

Note: Your decision to enroll or to waive participation in the Company-sponsored retiree health care coverage options does NOT affect your right to any MSA that may be offered by the Company. If you do not enroll in the Company retiree health care options, you will still have your right to any MSA that may be offered by the Company.

Receiving Reimbursement From Your MSA

This section reviews how to submit claims for reimbursement from your MSA and how to request a review of any claim that is denied.

ACCOUNT BALANCE

If you are eligible for the MSA when your employment with the Company ends, you will receive statements of your MSA balance at least two times each year.

Requests for reimbursement for eligible expenses may be submitted as long as there is a balance remaining for your MSA. However, the Plan will not reimburse claims submitted more than 12 months after the date you (or, if they become eligible, your dependents) are no longer eligible. See "If You Die" and "Continuation Of Health Care Coverage (COBRA)."

If you are participating in the Company-sponsored retiree health care coverage options at the time that your MSA balance is depleted (reaches zero), you may continue to participate in those plans while they are still offered, provided you continue to pay the full cost of such coverage.

REIMBURSEMENT REQUEST FORMS

You may request reimbursement from your MSA by completing a Medical Spending Account (MSA) Claim Form or other similar materials requested by the Claims Administrator. A sample form is enclosed at the end of this description, or you may request a form from Benefit Concepts, Inc. (1.866.629.6415). Submit your completed, signed form—with appropriate documentation—to the address below.

Benefit Concepts, Inc.
P.O. Box 90
Barrington, RI 02806-0090

REIMBURSEMENT OF ELIGIBLE PREMIUMS

You may be reimbursed for health care plan premiums that are eligible expenses for you, your eligible spouse, and/or your eligible dependents. Except as described in the next paragraph, you must pay the health care plan premium first and then submit an MSA Claim Form and proof that you have paid for the health care coverage. If you enroll in one or more of the Company's retiree health care plans and stop paying premiums while coverage remains in effect, overdue premium payments will be deducted directly from your MSA (and without your involvement in a reimbursement), when the Plan Administrator determines that circumstances support this action.

If You Enroll In The Company's Retiree Health Care Plans

If you have an MSA and you enroll in the Company-sponsored retiree health care medical, dental, and/or vision coverage options when your employment with the Company ends (or, if later, when COBRA coverage ends), you must pay for your coverage AND submit an MSA Claim Form—but you do not need to provide proof of payment. You will be reimbursed for your contributions for coverage from your MSA automatically after BCI has processed your monthly payment—provided BCI has received your MSA Claim Form for the expense. Note that the payments and MSA claim forms need to be mailed to separate addresses.

If you enroll in one or more of the Company's retiree health care plans and stop paying premiums while coverage remains in effect, overdue premium payments will be deducted directly from your MSA (and without your involvement in a reimbursement), when the Plan Administrator determines that circumstances support this action.

If your health care coverage is provided through another source, such as your spouse's employer, you may be reimbursed for your contributions for coverage only if your contributions are made on an *after-tax basis*. Pre-tax contributions will not be reimbursed.

Proof of payment can include any of the following:

- ◆ If you pay by check or have premiums automatically withdrawn from your bank account, you may submit a copy of your bank statement showing the deduction; feel free to mark out account numbers or any other confidential information. Canceled checks and credit card statements/receipts will NOT be accepted.
- ◆ A copy of a cashier's check or money order.
- ◆ A statement from an insurance company showing that premiums have been received.
- ◆ Your or your spouse's payroll stubs showing after tax payment of medical premiums.
- ◆ Other documentation showing that premiums have been paid.

REIMBURSEMENT OF OTHER ELIGIBLE HEALTH CARE EXPENSES

You must submit an MSA Claim Form for all expenses, including reimbursement for EQT health coverage. With each MSA Claim Form, you also must submit acceptable documentation for each expense, except for reimbursement for EQT health coverage. See the MSA Claim Form instructions.

NO TAXES DEDUCTED

After the claim has been processed, you will be reimbursed from your MSA. Under current regulations, the money you receive from your MSA when you submit an eligible expense is not considered income and therefore, it is not taxable. However, there is no guarantee that any amounts reimbursed from your MSA under this Plan will be excludable from your gross income for Federal, state, or local income tax purposes.

OVERPAYMENTS

If benefits are paid in error, the Plan reserves the right to have the overpayment refunded. This right to recovery applies when benefits have been paid by the Plan in excess of the amount the Plan is obligated to pay, including situations where claims or bills are, or later prove to be, incomplete, inaccurate, or fraudulent. The Plan Administrator and/or its delegates and representatives can take any action necessary and advisable in order to recover excess payments.

If you, or anyone else who may be involved, does not promptly refund an overpayment to the Plan on request, the Plan may reduce your MSA balance and any future benefit payments to you (including those on behalf of your dependents who may be eligible) until the full amount of the overpayment is recovered.

CLAIM APPEAL PROCESS

The Claims Administrator processes all claims for reimbursements from your MSA under an Administrative Services Only (ASO) contract. As part of the claims administration process, the Claims Administrator will:

- ◆ Process claims for benefits due under the Plan;
- ◆ Provide written explanations of the reasons for denied claims;
- ◆ Handle claimant requests for reviews of denied claims; and
- ◆ Make the final decision on denied claims.

For employees who are not eligible for the Company's LTD Plan, the Company may determine if you are considered totally and permanently disabled and eligible for an MSA under the Plan. For employees who are eligible for the LTD Plan, the insurance carrier for the Company's LTD Plan determines if you are "disabled" and eligible for an MSA under the Plan. See "If You Become Disabled."

Under ERISA, you have the right to appeal a denied claim. The following section describes the claim appeal process.

NOTE: The provisions outlined here apply to claims for reimbursement under the Plan and, for employees who are not eligible for the Company's LTD Plan, to determinations of eligibility for an MSA under the Plan due to disability. This section does not apply to claims for benefits from the Company-sponsored retiree health care coverage options. If you enroll in the Company-sponsored retiree health care coverage options when your employment with the Company ends (or, if later, when COBRA coverage ends), you will receive separate booklets that describe the provisions of that coverage, including the claim appeal process.

Claim Denial Notices

If your claim is wholly or partially denied, any adverse benefit determination will:

- ◆ State the specific reasons for the determination;
- ◆ Refer to specific Plan provisions on which the determination is based;
- ◆ Describe additional material or information necessary to complete the claim and the reason why such information is necessary;
- ◆ Disclose any internal rule, guidelines, protocol, or similar criterion relied on in making the adverse determination (or state that such information will be provided free of charge upon request);
- ◆ Describe Plan procedures and time limits for appealing the determination, and your right to obtain information about those procedures and the right to sue under Section 502 of ERISA if your claim is denied on review.

Claim Review Time Line

By law, your claim must be evaluated and processed within a certain period of time. You have the right to appeal a claim that is denied, provided you make your request within the time period allowed. If you do not request an appeal within the time period allowed, you will lose your right to appeal. This chart shows the time requirements for each type of claim.

Claim Review Time Limit Chart		
	All Claims Except Disability Claims	Disability Claims for Employees Not Eligible For The LTD Plan*
Deadline for Plan Notice of Initial Claim Denial Decision	30 days after receiving the initial claim	45 days after receiving the initial claim
	45 days after receiving the claim if Plan needs extension for special circumstances and if Plan provides a written extension notice during initial 30-day period	75 days after receiving the claim if Plan needs more claimant information and if Plan provides a written extension notice during initial 45-day period. 105 days if Plan needs another extension
Deadline for Claimant to Complete Claim	45 days after receiving extension notice	45 days after receiving extension notice
Deadline for Claimant to Appeal Decision	180 days after receiving claim denial	180 days after receiving claim denial
Deadline for Plan Notice of Appeal Decision	60 days after receiving the appeal	45 days after receiving appeal. 90 days after receiving the appeal if Plan needs an extension
*Disability-related claims for employees who are eligible for the Company's LTD Plan are determined by the insurance carrier for that Plan.		

If The Plan Needs An Extension

If the Plan requests an extension of time to determine if you are disabled and eligible for the Plan as a result of that disability, the notice requesting the extension will describe the standards upon which the entitlement to benefits is based, explain the unresolved issues preventing a decision, and describe the additional information needed to resolve those issues. If the extension is based on your failure to provide required information, the period for making a benefit determination will be counted from the date on which you are sent the extension notification to the date you respond to the request for additional information.

Appealing A Denied Claim

You have the right to appeal any adverse benefit determination with which you disagree. Your appeal must be made in writing within 180 days following receipt of the adverse benefit determination. Generally, written appeals should be submitted to the Plan Administrator at EQT Corporation, EQT Plaza, 625 Liberty Avenue-Suite 1700, Pittsburgh, PA 15222-3111. However, claims for LTD Plan benefits (and for determination of disability for the MSA) are determined by MetLife and written appeals should be submitted to Metropolitan Life Insurance Company, One Madison Avenue, New York, NY 10010.

You may submit written comments, documents, or other information in support of your appeal and have access, upon request, to all relevant Plan documents free of charge. The review of the claim denial will take into account all new information, whether or not presented or available at the initial claim review, and will not be influenced by the initial claim decision.

A different person from the one who made the initial claim determination will conduct the appeal review, and such person will not work under the original decisionmaker's authority. If your claim was denied on the grounds of medical judgment, the Plan will consult with a health professional with appropriate training and experience. This health care professional will not be the individual who was consulted during the initial determination or his or her subordinate. If the advice of a medical or vocational expert was obtained by the Plan in connection with the denial of your claim, the Plan will provide you with the name of each such expert, regardless of whether the advice was relied upon.

If your appeal is denied, the denial notice will contain the following information:

- ◆ The specific reasons for the appeal determination;
- ◆ A reference to the specific Plan provisions on which the determination was based;
- ◆ A statement that you are entitled to receive upon request, and without charge, reasonable access to or copies of all documents, records, or other information relevant to your claim;
- ◆ A statement describing your right to bring a civil lawsuit under Section 502 of ERISA if your claim is denied on review; and
- ◆ A statement disclosing any internal rule, guidelines, protocol or similar criterion relied on in making the adverse determination (or a statement that such information will be provided free of charge upon request).

The appeal determination notice may be provided in written or electronic form. Electronic notices will be provided in a form that complies with any applicable legal requirements.

The procedure outlined above applies to you, your eligible dependents, or any other person who has a right to benefits under the Plan.

Designation Of An Authorized Representative

You may authorize someone else to file and pursue a claim or file an appeal on your behalf. If you do so, you must notify the Company in writing of your choice of an authorized representative. Your notice must include the representative's name, address, phone number and a statement indicating the extent to which he or she is authorized to pursue the claim and/or file an appeal on your behalf. A consent form that you may use for this purpose will be provided to you upon request.

IMPORTANT—You Must Follow Plan Claim Procedures First

No claimants can bring any legal action to recover benefits under the Plan unless they have timely pursued and exercised the claim and appeal rights described above. A claimant who wishes to seek judicial review of a denied appeal must file any civil action within the time period prescribed by applicable law or you will be prohibited from commencing such action.

Other Important Information

SITUATIONS THAT MAY RESULT IN LOSS OF COVERAGE OR REDUCTION OF BENEFITS

It is important to be aware that the following events can result in a loss or reduction of benefits:

- ◆ You will be entitled to an MSA only if you meet the eligibility requirements (see "Who Is Eligible for the Plan").
- ◆ If you are a represented employee, your employment with the Company ends *after you are eligible for an MSA under this Plan*, and you are rehired after the date specified in your collective bargaining agreement for eligibility for Plan participation, additional Years of Service will not increase your MSA balance, unless you are rehired as a non-represented employee. In addition, you may not access your MSA while you are an active employee (see "If You Are Rehired").
- ◆ If your employment with Company ended prior to January 1, 2008 (or prior to January 1, 2009 for former Union Drilling employees), Years of Service with Stat Oil, the Carnegie Companies, Union Drilling, or any other company acquired by the Company will not be used to determine your MSA balance, but will be used to determine your eligibility for an MSA under the Plan.
- ◆ If you are rehired and are eligible for an MSA after your rehire date, but you were not eligible for an MSA when you first terminated employment with the Company, the Years of Service before your latest rehire date will not be used to determine your MSA balance, but will be used to determine your eligibility for an MSA under the Plan.
- ◆ Company-initiated Plan amendments or termination can affect your participation and benefits (see "Amendment Or Termination Of The Plan").
- ◆ If you use all of the money in your MSA, you are not eligible for additional reimbursements. However, if you are participating in the Company-sponsored retiree health care coverage options, you may continue to participate in those plans, provided you continue to pay the full cost of such coverage.

IF YOUR EMPLOYMENT ENDS

You are entitled to an MSA only if you meet the eligibility requirements outlined in the "Who Is Eligible for the Plan" section at the time your employment with the Company ends. If your employment with the Company ends and you have not then met the eligibility requirements applicable to you, you are not entitled to an MSA.

IF YOU DIE

If you die before becoming entitled to an MSA, no MSA benefits will be available to your surviving spouse or dependent children. For instance, if you die while you are an active employee, there will be no MSA benefit for your surviving spouse or dependent children, even if you met the age and service requirements for an MSA at the time of your death. You must terminate your employment for reasons other than death in order to become entitled to an MSA.

If you die after becoming entitled to an MSA, claims for eligible expenses incurred prior to your death may be submitted until 12 months after the date of death.

Generally, your MSA may not be used for expenses incurred after your death. However, once you are entitled to an MSA, your spouse or dependent children, if eligible and covered, may be entitled to access the balance of your MSA account for eligible health care expenses incurred by them for up to 36 months after your death or until there is no money left in the MSA account, whichever occurs first. This is considered COBRA continuation coverage as summarized in the "Continuation of Health Care Coverage (COBRA)" section below.

Continuation Of Health Care Coverage (COBRA)

A Federal law, known as the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), requires employers who sponsor health care plans to offer a temporary extension of coverage to specific persons who would otherwise lose coverage due to a "qualifying event." This section generally summarizes: the terms of COBRA coverage *as it applies to your MSA (not to the Company retiree health care options)*; when COBRA coverage may become available to you, and, if they are eligible and covered, to your spouse (or ex-spouse) and dependent children; and what needs to be done to protect a right to receive COBRA coverage.

A person who qualifies for and elects COBRA coverage under this Plan has the right to access an MSA balance for a limited period of time—or until there is no more money in the MSA account—whichever occurs first. This section provides a summary description of COBRA coverage.

The Plan Administrator is responsible for ensuring that the Plan offers COBRA coverage as required. The Plan Administrator (EQT Corporation) has delegated the day-to-day administration of COBRA coverage to:

Benefit Concepts, Inc. (BCI)
 P.O. Box 246
 Barrington, RI 02806
 (BCI may be reached at 1.866.629.6415.)

COBRA continuation health coverage must be made available in certain instances when health coverage would otherwise end due to a "qualifying event." Specific qualifying events are listed in the chart on the next page. Whether an event is a qualifying event depends on whether coverage under a plan relates to a former employee, spouse or a dependent child. The maximum period that COBRA coverage will last depends upon the qualifying event that happens.

COBRA coverage must be offered to each person who is a "qualified beneficiary." A qualified beneficiary is someone who is covered by the Plan when a qualifying event occurs and who will lose coverage under the Plan as a result of that qualifying event. For this purpose, your covered dependents include **ONLY** individuals who would qualify as dependents within the meaning of the Company's retiree health care plan.

A loss of coverage occurs if benefits are no longer available under the same terms and conditions as a result of the event.

Generally, under COBRA, qualified beneficiaries who elect COBRA coverage must pay up to 102% of the full cost for this COBRA coverage. However, the Company currently does not charge qualified beneficiaries to continue to access the MSA for the COBRA continuation period, but the Company reserves the right to impose a cost in the future.

Individuals covered by the Plan who are covered by Medicare may, in some circumstances, also be allowed to elect COBRA coverage.

Although you, as a former EQT employee, may elect COBRA coverage for all qualified beneficiaries in the family, each qualified beneficiary (or the individual responsible for a minor or incapacitated individual) has the independent right to elect or decline COBRA coverage for himself or herself.

The rights to COBRA coverage apply separately to you, your covered spouse and/or covered dependent children.

COBRA QUALIFYING EVENTS

This chart shows the qualifying events that may entitle you (or your covered spouse and/or covered dependent children) to COBRA coverage and the maximum length of time coverage may continue (in certain cases, this maximum period may be cut short).

Qualifying Event that occurs after you have become entitled to an MSA	Who May Continue Coverage	Maximum Period (may be shorter)
Divorce	Covered ex-spouse and/or covered dependent children eligible to receive MSA benefits at the time of your divorce	36 months
You Die	Covered spouse and/or dependent eligible to receive MSA benefits at the time of your death	36 months
Loss of Dependent Status	Covered dependent children eligible to receive MSA benefits at the time of the loss of dependent status	36 months
Former employer (the Company) declares bankruptcy)	Covered former employee, spouse and dependent children eligible to receive MSA benefits at the time bankruptcy is declared	For former employee, until death. For others, until the earlier of their death or 36 months after death of former employee

After a qualifying event, any individual who can and does elect COBRA coverage properly will have a separate MSA benefit that is equal to no more than the remaining MSA benefit that is in place when the qualifying event occurs. For this purpose, all eligible expenses incurred prior to a qualifying event, but submitted and reimbursed after the qualifying event, will reduce and be a downward adjustment to the remaining MSA benefit that is in place when the qualifying event occurs (and so will also reduce and adjust downward the separate MSA benefit of those who elect COBRA coverage properly).

In order to establish future MSA benefits for those who elect COBRA coverage properly, eligible expenses incurred before a qualifying event must be submitted within a limited period of time after a qualifying event. The Plan Administrator will determine and set the applicable time limit, which can be as short as 30 days, but will be no more than 12 months, after the last effective date for giving the Plan Administrator timely notice of the qualifying

event. Contact the Plan Administrator to confirm the applicable time period as soon as you have an idea that a qualifying event might occur. Expenses incurred before a qualifying event, but submitted after the limited time period set by the Plan Administrator will not be reimbursed under the Plan.

THE COST OF CONTINUED COVERAGE

For this Plan, COBRA coverage gives those who have a qualifying event the right to access all or only some portion of the remaining MSA balance for up to a limited period of time (as shown above). Currently, there is no cost for this coverage, but the Company reserves the right to impose a cost in the future.

HOW TO APPLY FOR COBRA COVERAGE

When the qualifying event is the death of the former EQT employee, the employer must notify the Plan Administrator of the qualifying event within 30 days. However, you or your covered spouse or covered dependent(s) must notify the Plan Administrator (by calling BCI at 1.866.629.6415) within 60 days after the following events to be eligible to continue coverage under the Plan:

- ◆ the date that you and your covered spouse divorce (your covered spouse is the person to whom you are legally married at the time your employment with the Company ends and you become entitled to an MSA); or
- ◆ the date your covered dependent child stops being covered under the relevant terms set forth in the applicable legal documents (e.g., for reasons such as reaching the age limit for coverage).

Once your notice has been received, the Plan Administrator will in turn notify you, your covered spouse, or covered dependent children (individually or jointly) of your right to elect COBRA coverage. You will not need to provide evidence of good health to obtain COBRA coverage.

If you (or your covered spouse or covered dependent children) fail to provide the Company with timely notice if a qualifying event occurs, the right to COBRA coverage will be lost. If you have questions about what steps to take or whom to notify, contact BCI at 1.866.629.6415.

In the event of Company bankruptcy, the Plan Administrator will initiate notification of the right to elect COBRA coverage.

60-day Deadline To Elect COBRA

To elect COBRA coverage, you (or your covered spouse or covered dependent children) must submit a completed COBRA application to BCI. You will have 60 days from the time coverage stops or the date you receive the application to respond (whichever is later). You and each qualified covered dependent have the right to make an individual election. If you or your qualified covered dependent does not file your application for COBRA coverage within the 60-day timeframe, you will lose the opportunity to continue COBRA coverage.

WHEN COBRA COVERAGE ENDS

After you or your covered dependents properly choose to continue coverage in the Plan and continue for the full continuation period allowed, COBRA coverage will end, no matter what the MSA balance is, if any. However, COBRA coverage will stop before the maximum continuation period shown in the chart earlier in this section if one of the following events occurs during that period:

- ◆ The premium, if any is required, for the individual's COBRA coverage is not received on time (to be considered timely, payment must be received within 30 days of the due date (or 45 days of the election of COBRA coverage for the initial payment));
- ◆ The individual becomes enrolled in Medicare after COBRA coverage begins;
- ◆ The covered person's MSA balance is used entirely and reduced to zero;
- ◆ Any reasonable grounds for which the Plan terminates coverage of a participant (e.g., such as fraud); or
- ◆ The Company no longer provides group health coverage of a type that is required to be considered along with this Plan for purposes of COBRA.

Once COBRA coverage is cancelled, it will not be reinstated. No one may continue COBRA coverage under a Company health care plan for more than 36 months for any reason, except for the limited extension that applies if the Company declares bankruptcy.

GENERAL INFORMATION

This section on COBRA coverage does not amend or change the Plan's termination of coverage provision. It simply provides a continuation of coverage right that is required to be offered by law.

If You Have Questions

If you have questions about your right to COBRA coverage, you should contact BCI at 1.866.629.6415 or the Company's Human Resources Department. You also may contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA). Addresses and phone numbers of Regional and District EBSA Offices are available through their website at www.dol.gov/ebsa.

Keep The Plan Informed Of Address Changes

In order to protect your family's COBRA rights, you should keep BCI informed of any changes in the addresses of family members. The address is: Benefit Concepts, Inc., P.O. Box 246, Barrington, RI 02806. You should also keep a copy, for your records, of any notices sent to the Plan Administrator or to BCI.

Plan Contact Information

For additional information about your rights and obligations under the Plan and Federal law, you may contact EQT Corporation (the Plan Administrator) or BCI, the COBRA Administrator:

Plan Administrator
 EQT Corporation
 625 Liberty Avenue-Suite 1700
 Pittsburgh, PA 15222-3111
 412.553.5700

Benefit Concepts, Inc. (BCI)
 P.O. Box 246
 Barrington, RI 02806
 1.866.629.6415, Monday-Friday from 8:30 am
 to 9:30 pm Eastern Time.

Operation Of The Plan

This section gives you information about how the Plan is administered.

PLAN NAME AND PLAN TYPE

Effective February 9, 2009, the official name of the Plan described in this SPD is the "EQT Corporation Medical Spending Account Plan." The Plan is one component part of the EQT Corporation Comprehensive Welfare Plan for Retirees.

The Plan is a welfare plan. It is intended to qualify as a medical reimbursement plan under Sections 105 and 106 of the Internal Revenue Code of 1986 and the regulations thereunder, and as a health care reimbursement arrangement as defined under IRS Notice 2002-45.

PLAN SPONSOR

This Plan is sponsored by the Company. The Company, on its own behalf and on behalf of its affiliates, sponsors this Plan for the benefit of eligible employees and their covered dependents. The address for the Plan Sponsor is:

EQT Corporation
EQT Plaza
625 Liberty Avenue-Suite 1700
Pittsburgh, PA 15222-3100
412-553-5700

Participating Employers

You may receive from the Plan Administrator, upon written request, information as to whether a particular affiliated employer is a participating employer in the Plan and, if so, the employer's address.

PLAN ADMINISTRATOR

The Plan Administrator is the Company and can be reached at the address shown above under "Plan Sponsor." The Plan Administrator is responsible for administering and operating the Plan according to the terms of ERISA, and the Plan document.

The Plan Administrator is the named fiduciary of the Plan and has the power and authority to interpret and construe the provisions of the Plan and has sole discretion in making determinations under the Plan, including but not limited to, determinations of fact, eligibility for benefits, deciding any dispute that may arise regarding the rights of participants or their dependents in the Plan and interpreting any ambiguous Plan provisions. To the extent permitted by law, all interpretations and decisions of the Plan Administrator are final and binding on all interested parties. The Plan Administrator may delegate any or all of this authority to a third party, including a Claims Administrator.

AGENT FOR SERVICE OF LEGAL PROCESS

If it becomes necessary for a claimant to take legal action because of a dispute relating to this Plan, the claimant may contact the agent for service of legal process:

Plan Administrator
EQT Corporation
EQT Plaza
625 Liberty Avenue-Suite 1700
Pittsburgh, PA 15222-3100
412-553-5700

CLAIMS ADMINISTRATOR

As the Claims Administrator, the following company provides administrative services for the Company and, on its behalf, processes MSA reimbursement requests under the Plan:

Benefits Concepts, Inc.
P.O. Box 246
Barrington, RI 02806
1.866.629.6415

**PLAN YEAR, IDENTIFICATION NUMBERS, AND
PLAN RECORDS**

For purposes of accounting and all reports to the U.S. Department of Labor and other regulatory bodies, a Plan Year is established for each benefit plan. The Plan Year for this Plan begins on January 1 and ends on December 31.

The Employer Identification Number (EIN) for the Company is 25-0464690. The Plan Number is 506. The initial effective date of the Plan was January 1, 2003.

Copies of the Plan document, collective bargaining agreement (if applicable), benefit descriptions, and the latest annual report are available for your inspection during normal working hours in the Company's Human Resources Department at the address shown above under "Plan Sponsor."

Union Information As Of January 1, 2012

The Plan is provided pursuant to collective bargaining agreements between the Company and the following unions:

- ◆ United Steelworkers, Local Union 12050,
- ◆ International Brotherhood of Electrical Workers (IBEW), Local Union 1935, and
- ◆ International Brotherhood of Electrical Workers (IBEW), Local Union 1956.

A copy of the relevant collective bargaining agreements between the Company and the unions may be obtained by participants and beneficiaries upon written request to the Plan Administrator. By law, the Company may charge up to 25 cents per page for the collective bargaining agreement document. You may examine the agreement at the Company's Human Resources Department at any time. The agreement also will be made available at your location within 10 calendar days of your written request.

PLAN ASSETS AND FUNDING

The Plan is self-insured and unfunded. There is no trust or other fund from which benefits are paid. All benefits are paid from the Company's general assets, but the Company may choose to use other funding approaches if it considers them to be necessary or appropriate. Separate MSA accounts are not established. The MSA accounts referred to in the Plan are unfunded bookkeeping accounts to which no interest or income is credited.

ERISA Rights

The Employee Retirement Income Security Act of 1974 ("ERISA") provides that all Plan participants are entitled to certain rights and protections, as described below.

RECEIVE INFORMATION ABOUT YOUR PLAN AND BENEFITS

- ◆ You can examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all documents governing the Plan. These include collective bargaining agreements and a copy of the latest annual report (Form 5500 Series), if required, filed in connection with the Plan with the U.S. Department of Labor, and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- ◆ You may obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan. These include collective bargaining agreements, copies of the latest annual report (Form 5500 Series), if required, and updated Summary Plan Description. The Plan Administrator may make a reasonable charge for the copies.
- ◆ You also are entitled to receive a summary of the Plan's annual financial report (if required by law).

PRUDENT ACTIONS BY PLAN FIDUCIARIES

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the benefit Plan. The people who operate your Plan are called "fiduciaries" of the Plan, and they have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries.

No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare plan benefit or exercising your rights under ERISA.

CONTINUE GROUP HEALTH PLAN COVERAGE

You may continue health care coverage for yourself, your spouse, or your dependents if there is a loss of coverage under the Plan as a result of a qualifying event under COBRA. You or your dependents may have to pay for such coverage. For the rules governing your COBRA continuation coverage rights, see the Plan document and for a summary of those rules, see the "Continuation of Health Care Coverage (COBRA)" section above.

ENFORCE YOUR RIGHTS

If your claim for a Plan benefit is denied or ignored, in whole or in part, you have a right to:

- ◆ Know why this was done;
- ◆ Obtain copies of documents relating to the decision, without charge; and
- ◆ To appeal any denial, all within certain timeframes.

Under ERISA, there are steps you can take to enforce the above rights. For example, you may file suit in Federal court if:

- ◆ You request a copy of Plan documents or the latest annual report from the Plan (if required by law) and do not receive them within 30 days. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day (adjusted periodically for inflation) until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator.
- ◆ You have exhausted your administrative claims and appeals under the Plan and still have a claim for benefits that is denied or ignored, in whole or in part.
- ◆ You disagree with the Plan's decision, or lack thereof, concerning the qualified status of a medical child support order.
- ◆ The Plan fiduciaries misuse the Plan's money (see "Plan Assets and Funding") or if you are discriminated against for asserting your rights. You may also seek assistance from the U.S. Department of Labor.

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

ASSISTANCE WITH YOUR QUESTIONS

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, which is listed in your telephone directory. You may also contact:

Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue N.W.
Washington, D.C. 20210

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

AMENDMENT OR TERMINATION OF THE PLAN

There may be business, legal, or other reasons for an employer to change or to discontinue an employee benefit plan. The Company reserves the right to amend, modify, suspend, or terminate the Plan in whole, or in part, at any time, for any reason, subject to obligations (if any) under a collective bargaining agreement where applicable. The Company's right to amend or terminate the Plan includes, but is not limited to, changes in: the eligibility requirements; premiums or other payments charged; benefits provided and termination of all or a portion of the coverage provided under the Plan.

If the Plan is amended or terminated, you will be subject to all the changes effective as a result of such amendment or termination and your rights will be reduced, terminated, altered or increased accordingly, as of the effective date of the amendment or termination. In the event that the Plan is amended or terminated, you do not have ongoing rights to any Plan benefit, other than payment of any covered eligible expenses you incurred prior to the Plan amendment or termination. If the Plan is terminated, any remaining balance in your MSA will be forfeited.

This SPD is **not** intended to be the governing document in cases of conflict or legal question. In case of any discrepancies between this SPD and the Plan, the Plan document will govern.

This SPD does not amend or modify the Comprehensive Welfare Plan for Retirees, and any retiree health care benefits other than the MSA are governed by the terms of the Comprehensive Welfare Plan for Retirees. If you have any questions regarding the Comprehensive Welfare Plan for Retirees, you should refer to the Plan document. Any conflicts between this SPD and the Comprehensive Welfare Plan for Retirees shall be governed by the terms of the plan document for the Comprehensive Welfare Plan for Retirees, as may be amended.

APPENDIX: REIMBURSEMENT FORM

A copy of the Medical Spending Account Reimbursement Form follows. Contact Benefit Concepts, Inc. (1.866.629.6415) if you have questions or need additional copies.

MEDICAL SPENDING ACCOUNT CLAIM FORM FILING INSTRUCTIONS

Who Can File A Claim

- Only Retirees participating in the Medical Spending Account can file a claim for reimbursement.
- Retirees can file a claim during the Plan Year and for a certain period after the Plan Year ends, if allowed by the plan. Please see your Summary Plan Description for additional details.
- EQT Plan year runs from January 1 – December 31

What Expenses Can Be Claimed

- Only expenses for services INCURRED or premiums paid, if applicable, while you were covered under the Plan can be claimed for reimbursement.
- Requests for reimbursement for eligible expenses may be submitted as long as there is a balance remaining for your MSA. However, the Plan will not reimburse claims submitted more than 12 months after the date you (or, if they become eligible, your dependents) are no longer eligible. See "If you Die" and "Continuation Of Health Care Coverage (COBRA)" sections of the MSA SPD.
- Expenses are incurred when you are provided with the Health Care related services that give rise to the expense and not when you are formally billed or charged for or pay for the expense.
- Expenses must be qualifying as outlined by the Plan.
 - Eligible Expenses include but are not limited to:
 - Eligible health care expenses as defined by the IRS that are not paid by any other source
 - Government sponsored programs Part B, Part D and MAPD premiums
 - Individually purchased insured coverage, such as Long-term care
 - COBRA premiums for health coverage

How Do I Complete The Form

- Complete the Plan Year Information by listing the beginning and ending dates of the plan year.
- Complete the Retiree Information section by listing your name, social security number, address and email address.
- Complete the Medical Spending Account expense section by indicating the date of service, the provider's name, the recipient of the expense, the expense type, the relationship of the recipient to the employee, and the amount being requested.

IMPORTANT

- When completing the Medical Spending Account expense section, list each claim expense separately on the form.

Key Note: You must make an entry for each piece of substantiation/receipt you have for expenses incurred on a given date. For example, if you have 30 separate prescription receipts, all from different dates of service, you must enter them as 30 separate claims. Claim forms that have expenses with different dates of service combined together, will be returned to you.

Key Note: If more than one eligible expense is incurred on the same day and are listed on one piece of substantiation/receipt, you may enter those expenses as one claim.

- Complete multiple claim forms if the number of expenses that you are seeking reimbursement for is greater than the number of spaces available on the form. Do not simply sign the form and attach a spreadsheet listing all expenses. Forms received in this format will be returned to you.

Key Note: If multiple claim forms are used, make sure that the substantiation for expenses listed on a particular claim form is placed directly behind that claim form.

- Once all claims are listed, total the amounts requested and list the total in the Total Reimbursement Requested box.
- Read the Medical Spending Account Expense Certification carefully, then sign and date the form.

Substantiation

- Include photocopies of your expense substantiation with this claim form. Please do not staple the substantiation to the claim form, and **DO NOT send original receipts.**
- All substantiation must be received in an 8 ½" x 11" format. **If substantiation is not received in this format, your claim form and documentation will be returned to you.**
- Substantiation must contain the following pieces of information:
 - Provider Name
 - Date the service was incurred
 - Recipient of the service
 - Description of service provided
 - Expense amount
- Cancelled checks and credit card statements/receipts are not considered valid substantiation.



MSA – EQT

P O Box 90
Barrington, RI 02806-0090
Fax 866-629-6390
www.AvantServe.com

EQT Corporation

MEDICAL SPENDING ACCOUNT CLAIM FORM

Plan Year Information From: _____ To: _____

Retiree Information

First Name: _____ Last Name: _____ Last 4 digits of Social Security Number: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Email Address: _____

Medical Spending Account Expenses

1 **Date of Service:** _____ **Provider:** _____ **Expense for Name:** _____
Expense Type: Medical - Co-Pay Medical - Deductible Medical - Coinsurance Medical - General Expenses Dental - General Expenses Dental - Orthodontia Drugs - Prescription Drugs - Over the Counter Vision Insurance Premiums - Company/Gvt sponsored
Relationship To Retiree: Self Spouse Domestic Partner Dependent Child Other: _____
Amount Requested: _____

2 **Date of Service:** _____ **Provider:** _____ **Expense for Name:** _____
Expense Type: Medical - Co-Pay Medical - Deductible Medical - Coinsurance Medical - General Expenses Dental - General Expenses Dental - Orthodontia Drugs - Prescription Drugs - Over the Counter Vision Insurance Premiums - Company/Gvt sponsored
Relationship To Retiree: Self Spouse Domestic Partner Dependent Child Other: _____
Amount Requested: _____

3 **Date of Service:** _____ **Provider:** _____ **Expense for Name:** _____
Expense Type: Medical - Co-Pay Medical - Deductible Medical - Coinsurance Medical - General Expenses Dental - General Expenses Dental - Orthodontia Drugs - Prescription Drugs - Over the Counter Vision Insurance Premiums - Company/Gvt Sponsor
Relationship To Retiree: Self Spouse Domestic Partner Dependent Child Other: _____
Amount Requested: _____

4 **Date of Service:** _____ **Provider:** _____ **Expense for Name:** _____
Expense Type: Medical - Co-Pay Medical - Deductible Medical - Coinsurance Medical - General Expenses Dental - General Expenses Dental - Orthodontia Drugs - Prescription Drugs - Over the Counter Vision Insurance Premiums - Company/GVT sponsored
Relationship To Retiree: Self Spouse Domestic Partner Dependent Child Other: _____
Amount Requested: _____

Total Reimbursement Requested: \$ _____

Medical Spending Account Expense Certification

I certify that all services or premiums, if applicable, for which reimbursement is requested under the Plan were incurred by myself or my eligible dependents during the applicable coverage period, that the expenses associated with these services have not been reimbursed and I will not seek reimbursement under any other health plan.

I understand that I am fully responsible for the sufficiency and accuracy of all information relating to health care claims that are provided by me.

Signature: _____ **Date:** _____



PNG Salaried Plan

Substantive Plan Provisions

The following summary of plan provisions represents our understanding of the substantive plan.

Effective December 31, 2015, Salaried active employees hired before January 1, 2008 were converted to a medical savings account (MSA) of \$700 for each year of service through 2015.

Effective December 31, 2015, RMA benefits were frozen for active Salaried employees hired on or after January 1, 2008

At the end of 2015, eligible participants were given the option to retire as part of a Voluntary Retirement Program (VRP) during the first half of 2016. Those who elect the VRP receive retiree medical benefits fully paid by PNG for a period of two years. After two years, employees hired before January 1, 2008 receive subsidized coverage until age 65.

Covered employees Full-time employees hired before January 1, 2008

Medical Benefits

Retirees Hired Before January 1, 2008

Eligibility	Retirement after age 55 with 10 years of service
Survivor eligibility	Eligibility continues beyond death of retiree or active participant eligible to retire.

Plan Benefits

	In Network (Enhanced/Standard)	Out of Network
Deductible		
Individual	\$505/\$1,515	\$3,031
Family	\$1,012/\$3,037	\$6,061
Copayment	80%/70%	50%
Out-of-pocket limit		
Individual	\$1,516/\$4,549	\$9,098
Family	\$3,033/\$9,118	\$18,196
Maximum out of pocket		
Individual	\$6,850	N/A
Family	\$13,700	N/A
Primary care visit	\$15/\$30	50%

Generic drugs and formulary drugs: 80% coinsurance. Maximum out of pocket: \$585 per individual; \$1,171 per family. The retiree is responsible for the difference in cost of the brand is chose when generic is available. No benefits are paid for non-network pharmacies

Dependant Coverage

Eligible dependents may participate in the plan if covered at the time of the employee's retirement. Coverage for the spouse continues after the death of the retiree.

**Retiree Medical Contribution
Schedule Pre-65**

Age + Service at Retirement	Years of service			
	<45	45-49	50-52	53 and 54
95+	40%	40%	25%	19%
94	42%	41%	26%	20%
93	44%	42%	27%	21%
92	46%	43%	28%	22%
91	48%	44%	29%	23%
90	50%	45%	30%	24%
89	53%	46%	31%	25%
88	56%	47%	32%	26%
87	59%	48%	33%	27%
86	62%	49%	34%	28%
85	65%	50%	35%	29%
84	68%	51%	36%	30%
83	71%	52%	37%	31%
82	74%	53%	38%	32%
81	77%	54%	39%	33%
80	80%	55%	40%	34%
79	83%	56%	42%	35%
78	86%	57%	44%	36%
77	89%	58%	46%	38%
76	92%	59%	48%	40%
75	95%	60%	50%	42%
74	98%	64%	52%	45%
73	100%	68%	54%	47%
72	100%	72%	56%	49%
71	100%	76%	58%	51%
70	100%	80%	60%	53%
69	100%	80%	60%	55%
68	100%	80%	60%	57%
67	100%	80%	63%	60%
66	100%	80%	64%	61%
65	100%	80%	70%	63%

Retiree Contributions Post-65 Retiree pays full Medicare HMO premium

Retirees Hired On or After January 1, 2008

Eligibility	Active employees hired on or after January 1, 2008 who retire on or after age 58 with three years of service
Plan Type	A participant's Retiree Medical Account (RMA) is credited with \$6,500 annually, beginning at the later of age 45 and date of hire and ending at the earlier of age 65 and date of retirement. After termination of employment, the RMA is credited with interest based on 30-year Treasury rates. The RMW can be used to pay medical premiums and out-of-pocket expenses incurred after retirement.
Dependent Coverage	Eligible dependents can receive 90% of the value of RMA
Lifetime or annual maximums	None
Retiree Contributions	None
Other Coverage	Access only to company-sponsored group health plans

Life Insurance Benefits

Eligibility	Full-time employees who retire on or after age 55 and 10 years of service with life insurance coverage at the time of retirement Effective December 31, 2015, retiree life insurance coverage was eliminated for active Salaried employees
--------------------	---

Benefits

Participants at Least Age 55 as of January 1, 2005 50% of final pay, up to a maximum of \$50,000

Participant Not Age 55 as of January 1, 2005 \$10,000

Future Plan Changes

No future plan changes were recognized in determining postretirement welfare cost. Willis Towers Watson is not aware of any future plan changes that are required to be reflected other than scheduled postretirement welfare increases provided for in the Collective Bargaining Agreement

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year

Temporary Deviations

Willis Towers Watson is not aware of any temporary deviations

DELTA NATURAL GAS COMPANY, INC.

CASE NO. 2021-00185

FIRST PSC DATA REQUEST

DATED MAY 13, 2021

33. Provide a complete description of the financial reporting and ratemaking treatment of the utility's pension costs.

Response:

Rate-making treatment is consistent with financial reporting treatment. Essential Utilities, Inc. (formerly Aqua America, Inc.) (the "Company") maintains the Essential Utilities, Inc. Pension Plan (formerly the Retirement Income Plan for Aqua America, Inc. and Subsidiaries) (the "Plan"), as amended and restated effective January 1, 2014 and subsequently amended from time to time. The Plan comprises Parts A, B, C and D.

The Company intends that the Plan at all times meet the requirements of the Internal Revenue Code of 1986, as amended for favorable tax treatment, applicable sections of the Employee Retirement Income Security Act of 1974, as amended, and certain other laws and regulations and may be modified from time to time in response to these laws and regulations.

The Plan Merger

The Company acquired all of the issued and outstanding limited liability company membership interests of LDC Funding LLC on March 16, 2020. The direct or indirect subsidiaries of LDC Funding LLC sponsor the Delta Natural Gas Company, Inc. Defined Benefit Retirement Plan as amended and restated effective April 1, 2011 (the "Delta Plan"), the Peoples Natural Gas Company LLC DB Plan for Former Employees of Equitable Gas Company effective December 17, 2013 (the "EGC Plan"), the PNG Companies LLC Pension Plan as amended and restated effective January 1, 2013 (the "PNG Plan"), and the Pension Plan for Hourly-Paid Employees of Peoples TWP Plan LLC as amended and restated effective January 1, 2013 (the "TWP Plan") (collectively, the "Peoples Plans").

Effective April 1, 2020 (the "Merger Effective Date"), the Peoples Plans are merged with and into the Plan and the Plan is amended with the addition of Parts E, F, G and H to the Plan. Part E of the merged Plan covers employees previously covered by the Delta Plan. Part F of the merged Plan covers employees previously covered by the EGC Plan. Part G of the merged Plan covers employees previously covered by the PNG Plan. Part H of the merged Plan covers employees previously covered by the TWP Plan.

Background – Part E of the Plan

The Delta Natural Gas Company established the Delta Plan effective October 1, 1970. The Delta Plan was most recently amended and restated effective March 30, 2020. Except as otherwise provided herein, effective as of the Merger Date, the provisions set forth in this

DELTA NATURAL GAS COMPANY, INC.
CASE NO. 2021-00185

FIRST PSC DATA REQUEST
DATED MAY 13, 2021

Part E of the Plan are intended to reflect the provisions of the Delta Plan in effect immediately prior to the Merger Effective Date (including all amendments to the Plan adopted prior to such date), and are applicable only to eligible Employees in the employ of an Employer on or after the Merger Effective Date.

Freezing the Plan Benefit

The Board approved the amendment of Part E of the Plan to provide for the cessation of all accruals effective May 1, 2021. The actuary, Willis Towers Watson, has estimated, due to the combination of the impact of freezing the plan benefits and strong investment performance, that the Plan will yield \$880,000 of pension income during the forecasted test year of 2022.

Base period pension expense was reflected as \$418,734 in Tab 57 – Schedule #-2.5. In preparing this response, the Company discovered that a credit balance of (7,074) was erroneously netted with that number and separate pension expense accounts containing \$14,301 of charges were erroneously not included in the base year.

With these corrections, base year pension expense for Delta was \$440,109. The \$(808,439) adjustment reflected on Tab 57 – Schedule D-2.5 brought test year pension expense for Delta to \$(368,330). In order for total test year periodic pension expense to yield (\$880,000) of pension income in the test year, as estimated by Willis Towers Watson, Delta must reduce pension expense by an additional (\$511,670). The Company will make this correction and reflect the accompanying reduction in revenue requirement in its base period update.

Sponsoring Witness:

William Packer / John B. Brown

DELTA NATURAL GAS COMPANY, INC.
CASE NO. 2021-00185

FIRST PSC DATA REQUEST
DATED MAY 13, 2021

34. Provide detailed descriptions of all early retirement plans or other staff reduction programs the utility has offered or intends to offer its employees during either the base period or the forecasted test period. Include all cost-benefit analyses associated with these programs.

Response:

Delta has not offered and does not intend to offer an early retirement plan or other staff reduction program. Therefore, no cost-benefit analysis has been conducted.

Sponsoring Witness:

William Packer

DELTA NATURAL GAS COMPANY, INC.
CASE NO. 2021-00185

FIRST PSC DATA REQUEST
DATED MAY 13, 2021

35. Provide all current labor contracts and the most recent labor contracts previously in effect.

Response:

Delta does not have any labor contracts.

Sponsoring Witness:

William Packer

DELTA NATURAL GAS COMPANY, INC.
CASE NO. 2021-00185

FIRST PSC DATA REQUEST
DATED MAY 13, 2021

36. Provide the information requested in Schedule J for budgeted and actual numbers of full- and part-time employees, regular wages, overtime wages, and total wages by employee group, by month, for the three most recent calendar years, the base period, and the forecasted test period. Explain any variance exceeding 5 percent.

Response:

See attached.

Sponsoring Witness:

William Packer

Delta Natural Gas Company, Inc.
Case No. 2021-00185

Monthly Payroll Variance Analysis
As of December 31,2018

Workpaper Reference No.(s):

Month	Employee Group	Number of Full-Time Employees		Number of Part-Time Employees		Monthly Budget			Monthly Actual			Variance Percent		
		Budgeted	Actual (A)	Budgeted	Actual	Reg.	OT	Total	Reg.	OT	Total	Reg. (B)	OT (C)	Total
Jan	Salary	159	155			615,833	15,185.39	631,019	718,683	33,622	752,305	14%	55%	16%
Jan	Hourly			19	4	13,167	1,814.61	14,981	1,129	101	1,231	-1066%	-1690%	-1117%
Feb	Salary	159	155			615,833	15,185.39	631,019	695,869	4,900	700,769	12%	-210%	10%
Feb	Hourly			19	4	13,167	1,814.61	14,981	990	61	1,051	-1230%	-2870%	-1326%
Mar	Salary	159	155			615,833	15,185.39	631,019	784,779	4,010	788,789	22%	-279%	20%
Mar	Hourly			19	5	13,167	1,814.61	14,981	1,155	99	1,255	-1040%	-1726%	-1094%
Apr	Salary	159	154			615,833	15,185.39	631,019	670,645	4,166	674,812	8%	-264%	6%
Apr	Hourly			19	5	13,167	1,814.61	14,981	1,120	168	1,287	-1076%	-982%	-1064%
May	Salary	159	156			615,833	15,185.39	631,019	644,042	1,314	645,355	4%	-1056%	2%
May	Hourly			19	5	13,167	1,814.61	14,981	1,268	140	1,408	-938%	-1199%	-964%
Jun	Salary	159	154			615,833	15,185.39	631,019	711,659	1,855	713,514	13%	-719%	12%
Jun	Hourly			19	16	13,167	1,814.61	14,981	1,295	121	1,415	-917%	-1406%	-958%
Jul	Salary	156	153			631,143	19,296.71	650,440	687,700	936	688,636	8%	-1962%	6%
Jul	Hourly			18	15	12,333	2,226.54	14,560	1,242	91	1,333	-893%	-2349%	-992%
Aug	Salary	156	154			631,143	19,296.71	650,440	676,585	7,846	684,431	7%	-146%	5%
Aug	Hourly			18	14	12,333	2,226.54	14,560	1,359	97	1,455	-808%	-2203%	-900%
Sep	Salary	156	154			631,143	19,296.71	650,440	696,038	334	696,372	9%	-5678%	7%
Sep	Hourly			18	11	12,333	2,226.54	14,560	1,354	99	1,452	-811%	-2155%	-902%
Oct	Salary	156	151			631,143	19,296.71	650,440	627,420	5,777	633,197	-1%	-234%	-3%
Oct	Hourly			18	12	12,333	2,226.54	14,560	1,443	116	1,558	-755%	-1823%	-834%
Nov	Salary	156	150			631,143	19,296.71	650,440	624,258	2,966	627,224	-1%	-551%	-4%
Nov	Hourly			18	9	12,333	2,226.54	14,560	1,417	108	1,525	-770%	-1968%	-855%
Dec	Salary	156	151			633,143	19,296.71	652,440	607,035	8,527	615,562	-4%	-126%	-6%
Dec	Hourly			18	6	12,333	2,226.54	14,560	1,426	69	1,495	-765%	-3121%	-874%
		Total:				7,636,861	231,140	7,868,000	8,159,908	77,522	8,237,430	6%	-198%	4%

- (A) The last pay period of each month was used for the actual employee headcount number.
- (B) The budget numbers shown are net of expected capitalized labor while the actual numbers are stated gross. This accounts for the actual numbers being higher than budget despite the fact that actual headcount was lower than budget.
- (C) Overtime was significantly under budget. Overtime is a function of unexpected emergencies/ projects and is difficult to accurately predict.

Delta Natural Gas Company, Inc.
Case No. 2021-00185

Monthly Payroll Variance Analysis
As of December 31,2019

Workpaper Reference No.(s):

Month	Employee Group	Number of Full-Time Employees		Number of Part-Time Employees		Monthly Budget			Monthly Actual (A)			Variance Percent		
		Budgeted	Actual (B)	Budgeted	Actual (B)	Reg.	OT	Total	Reg.	OT	Total	Reg. (C)	OT (D)	Total
Jan	Salary	156	153			617,955	29,687	647,642	729,260	48,350	777,610	15%	39%	17%
Jan	Hourly			18	3	1,609	60	1,669	1,624	11	1,635	1%	-469%	-2%
Feb	Salary	156	154			609,892	22,900	632,792	631,724	29,333	661,057	3%	22%	4%
Feb	Hourly			18	3	1,400	33	1,433	1,230	4	1,234	-14%	-676%	-16%
Mar	Salary	156	157			616,608	22,943	639,551	804,036	32,335	836,371	23%	29%	24%
Mar	Hourly			18	4	1,515	59	1,574	1,458	17	1,475	-4%	-243%	-7%
Apr	Salary	156	155			614,692	22,500	637,192	722,712	23,279	745,991	15%	3%	15%
Apr	Hourly			18	3	1,588	101	1,689	1,468	137	1,605	-8%	26%	-5%
May	Salary	156	153			619,847	23,051	642,898	749,905	19,477	769,383	17%	-18%	16%
May	Hourly			18	5	1,663	87	1,750	1,507	109	1,616	-10%	20%	-8%
Jun	Salary	156	156			613,945	20,766	634,711	678,982	14,081	693,063	10%	-47%	8%
Jun	Hourly			18	13	1,447	72	1,519	1,340	114	1,454	-8%	37%	-4%
Jul	Salary	156	159			617,563	21,142	638,705	782,360	23,502	805,862	21%	10%	21%
Jul	Hourly			14	12	1,670	51	1,721	1,486	80	1,566	-12%	36%	-10%
Aug	Salary	156	153			619,415	21,144	640,559	711,165	25,804	736,969	13%	18%	13%
Aug	Hourly			14	10	1,600	54	1,654	1,496	111	1,607	-7%	51%	-3%
Sep	Salary	156	156			611,928	22,627	634,555	700,229	30,959	731,188	13%	27%	13%
Sep	Hourly			14	9	1,528	56	1,584	1,432	73	1,505	-7%	23%	-5%
Oct	Salary	156	157			619,803	23,293	643,096	765,947	44,354	810,301	19%	47%	21%
Oct	Hourly			14	8	1,674	63	1,737	1,539	91	1,630	-9%	31%	-7%
Nov	Salary	156	157			616,608	25,888	642,496	701,737	39,319	741,056	12%	34%	13%
Nov	Hourly			14	8	1,542	62	1,604	1,510	90	1,599	-2%	31%	0%
Dec	Salary	156	158			614,692	26,291	640,983	574,378	17,088	591,466	-7%	-54%	-8%
Dec	Hourly			14	5	1,614.00	37.00	1,651	1,527	88	1,615	-6%	58%	-2%
		Total:				7,411,798	282,967	7,694,765	8,570,053	348,804	8,918,857	14%	19%	14%

- (A) The salary and hourly monthly actual totals may not be the same as the payroll register because the monthly actual totals include the accrual and allocation.
- (B) The last pay period of each month was used for the actual employee headcount number.
- (C) Large variances between months caused by some months having 3 pay periods, since starting in 2019, Delta moved to paying every two weeks rather than twice a month. Contributing to being consistently over budget throughout the year, was a change to Delta's On Call policy for customer service employees where they would receive some additional compensation on weeks they were on call. The budget numbers shown are net of expected capitalized labor while the actual numbers are stated gross. This explains the overall unfavorable budget variance despite the fact average headcount was the same.
- (D) Overtime is a function of unexpected emergencies/ projects and is difficult to accurately predict.

Delta Natural Gas Company, Inc.
Case No. 2021-00185

Monthly Payroll Variance Analysis
As of December 31, 2020

Workpaper Reference No.(s):

Month	Employee Group	Number of Full-Time Employees		Number of Part-Time Employees		Monthly Budget			Monthly Actual (A)			Variance Percent		
		Budgeted	(B) Actual	Budgeted	(B) Actual	Reg.	OT	Total	Reg.	OT	Total	Reg. (C)	OT (D)	Total
Jan	Salary	161	157			661,501	11,855	673,356	767,611	17,856	785,467	14%	34%	14%
Jan	Hourly			14	3	1,686	61	1,747	1,610	69	1,679	-5%	12%	-4%
Feb	Salary	161	158			654,221	4,731	658,952	746,138	29,280	775,417	12%	84%	15%
Feb	Hourly			14	3	1,461	35	1,496	2,501	74	2,575	42%	53%	42%
Mar	Salary	161	157			661,574	4,786	666,360	785,596	17,877	803,474	16%	73%	17%
Mar	Hourly			14	4	1,667	61	1,728	1,668	88	1,756	0%	31%	2%
Apr	Salary	161	158			660,580	4,353	664,933	786,358	18,556	804,914	16%	77%	17%
Apr	Hourly			14	1	1,674	104	1,778	1,673	5	1,677	0%	-2171%	-6%
May	Salary	161	157			658,838	4,925	663,763	742,413	13,880	756,293	11%	65%	12%
May	Hourly			14	1	1,599	90	1,689	1,575	4	1,578	-2%	-2393%	-7%
Jun	Salary	161	157			660,812	2,568	663,380	791,155	22,744	813,898	16%	89%	18%
Jun	Hourly			14	1	1,678	74	1,752	1,685	10	1,695	0%	-621%	-3%
Jul	Salary	161	155			663,674	2,966	666,640	819,492	19,531	839,023	19%	85%	21%
Jul	Hourly			14	1	1,761	53	1,814	1,671	11	1,681	-5%	-404%	-8%
Aug	Salary	161	156			657,833	2,929	660,762	657,590	21,601	679,190	0%	86%	3%
Aug	Hourly			14	8	1,608	56	1,664	1,564	8	1,572	-3%	-603%	-6%
Sep	Salary	161	155			660,610	4,469	665,079	747,514	36,737	784,251	12%	88%	15%
Sep	Hourly			14	8	1,686	58	1,744	1,549	11	1,560	-9%	-416%	-12%
Oct	Salary	161	158			660,615	5,112	665,727	790,673	27,953	818,627	16%	82%	19%
Oct	Hourly			14	9	1,688	66	1,754	1,560	9	1,569	-8%	-597%	-12%
Nov	Salary	161	156			657,780	7,852	665,632	737,869	15,677	753,545	11%	50%	12%
Nov	Hourly			14	9	1,622	63	1,685	1,437	131	1,569	-13%	52%	-7%
Dec	Salary	161	154			660,193	8,246	668,439	737,154	30,458	767,611	10%	73%	13%
Dec	Hourly			14	2	1,777	39	1,816	1,677	22	1,699	-6%	-78%	-7%
Total		161	156.5			7,938,138	65,552	8,003,690	9,129,731	272,591	9,402,322	13%	76%	15%

- (A) The salary and hourly monthly actual totals may not be the same as the payroll register because the monthly actual totals include the accrual and allocation.
- (B) The last pay period of each month was used for the actual employee headcount number.
- (C) The budget numbers shown are net of expected capitalized labor while the actual numbers are stated gross. This accounts for the actual numbers being higher than budget despite the fact that actual headcount was lower than budget.
- (D) Overtime is a function of unexpected emergencies/ projects and is difficult to accurately predict.

Delta Natural Gas Company, Inc.
Case No. 2021-00185

Based Period
As of August 31, 2021

Workpaper Reference No.(s):

Month	Employee Group	Number of Full-Time Employees		Number of Part-Time Employees		Monthly Budget			Monthly Actual			Variance Percent		
		Budgeted	Actual	Budgeted	Actual	Reg.	OT	Total	Reg.	OT	Total	Reg.	OT (A)	Total
Sep-20	Salary	161	155			660,610	4,469	665,079	747,514	36,737	784,251	11.6%	87.8%	15.2%
Sep-20	Hourly			14	8	1,686	58	1,744	1,549	11	1,560	-8.9%	-416.5%	-11.8%
Oct-20	Salary	161	158			660,615	5,112	665,727	790,673	27,953	818,627	16.4%	81.7%	18.7%
Oct-20	Hourly			14	9	1,688	66	1,754	1,560	9	1,569	-8.2%	-596.9%	-11.8%
Nov-20	Salary	161	156			657,780	7,852	665,632	737,869	15,677	753,545	10.9%	49.9%	11.7%
Nov-20	Hourly			14	9	1,622	63	1,685	1,437	131	1,569	-12.9%	52.0%	-7.4%
Dec-20	Salary	161	154			660,193	8,246	668,439	737,154	30,458	767,611	10.4%	72.9%	12.9%
Dec-20	Hourly			14	2	1,777	39	1,816	1,677	22	1,699	-5.9%	-77.8%	-6.9%
Jan-21	Salary	161	151			759,233	22,588	781,821	725,212	22,196	747,408	-4.7%	-1.8%	-4.6%
Jan-21	Hourly			0	1	1,709	45	1,754	7,639	(50)	7,590	77.6%	190.6%	76.9%
Feb-21	Salary	161	151			723,086	28,418	751,504	682,689	37,800	720,489	-5.9%	24.8%	-4.3%
Feb-21	Hourly			0	1	1,630	18	1,648	9,429	8	9,437	82.7%	-122.5%	82.5%
Mar-21	Salary	161	149			852,160	37,970	890,130	349,890	22,764	372,654	-143.6%	-66.8%	-138.9%
Mar-21	Hourly			0	1	1,951	42	1,993	6,255	11	6,266	68.8%	-289.2%	68.2%
Apr-21	Salary	161				819,218	22,805	842,023						
Apr-21	Hourly			0		1,869	114	1,983						
May-21	Salary	161				782,013	22,176	804,189						
May-21	Hourly			0		1,787	96	1,883						
Jun-21	Salary	161				819,358	15,864	835,222						
Jun-21	Hourly			0		1,869	93	1,962						
Jul-21	Salary	161				819,372	20,178	839,550						
Jul-21	Hourly			0		1,869	59	1,928						
Aug-21	Salary	161				819,297	33,788	853,085						
Aug-21	Hourly			0		1,870	73	1,943						
Average:			153		4	9,054,262	230,232	9,284,494	4,800,547	193,727	4,994,274			
Actual Period Total						4,985,740	114,986	5,100,726	4,800,547	193,727	4,994,274	-3.9%	40.6%	-2.1%

(A) Overtime is a function of unexpected emergencies/ projects and is difficult to accurately predict.

DELTA NATURAL GAS COMPANY, INC.
CASE NO. 2021-00185

FIRST PSC DATA REQUEST
DATED MAY 13, 2021

37. For each employee group, state the amount, percentage increase, and effective dates for general wage increases and, separately, for merit increases granted or to be granted in the past two calendar years, the base period, and the forecasted test period.

Response:

See attached. Merit increases are granted annually on April 1st. There are no general wage increases. A portion of this attachment is confidential and is being filed pursuant to a petition for confidential protection.

Sponsoring Witness:

William Packer

Delta Natural Gas Company, Inc

Case No 2021-00185

PSC-1 Item 37

Analysis of Compensation and Benefits Data in Gross Documents for the 12 months ending 12/31/2022

Employee categories	Merit Compensation		Average Merit %
	Effective 4/1/2022		
Corporate Officers (Individually)			
John Brown	\$	-	0%
Total KY Jurisdictional			
Corporate Officers (Collectively)			
Total Amount	\$	-	0%
Total KY Jurisdictional			
Directors			
Total Amount	\$	11,746.12	3%
Total KY Jurisdictional	\$	11,746.12	
Managers			
Total Amount	\$	12,952.08	3%
Total KY Jurisdictional	\$	12,952.08	
Supervisors			
Total Amount	\$	38,957.35	3%
Total KY Jurisdictional	\$	38,957.35	
Exempt			
Total Amount	\$	39,978.38	3%
Total KY Jurisdictional	\$	39,978.38	
Non-Exempt			
Total Amount	\$	143,627.99	3%
Total KY Jurisdictional	\$	143,627.99	
Total Amount	\$	247,261.92	
Total KY Jurisdictional	\$	247,261.92	

Projects a 3% merit on current salaries

Delta Natural Gas Company, Inc

Case No 2021-00185

PSC-1 Item 37

Analysis of Compensation and Benefits Data in Gross Documents for the 12 months ending 8/31/2021

Employee categories	Merit Compensation effective 4/1/2021	Average Merit %	Realignment increase to Base effective 5/1/2021	Total Increase to Base
Corporate Officers (Individually)				
John Brown	\$ -	0.0%	\$ -	\$ -
Total KY Jurisdictional	\$ -		\$ -	\$ -
Corporate Officers (Collectively)				
Total Amount	\$ -	0.0%	\$ -	\$ -
Total KY Jurisdictional	\$ -		\$ -	\$ -
Directors				
Total Amount	\$ 6,776.00	1.8%	\$ 15,661.50	\$ 22,437.50
Total KY Jurisdictional	\$ 6,776.00		\$ 15,661.50	\$ 22,437.50
Managers				
Total Amount	\$ 13,554.00	3.4%	\$ 6,982.06	\$ 20,536.06
Total KY Jurisdictional	\$ 13,554.00		\$ 6,982.06	\$ 20,536.06
Supervisors				
Total Amount	\$ 34,674.66	3.0%	\$ 104,841.69	\$ 139,516.35
Total KY Jurisdictional	\$ 34,674.66		\$ 104,841.69	\$ 139,516.35
Exempt				
Total Amount	\$ 29,879.89	2.8%	\$ 36,904.22	\$ 66,784.11
Total KY Jurisdictional	\$ 29,879.89		\$ 36,904.22	\$ 66,784.11
Non-Exempt				
Total Amount	\$ 129,203.63	3.0%	\$ 135,347.11	\$ 264,550.74
Total KY Jurisdictional	\$ 129,203.63		\$ 135,347.11	\$ 264,550.74
Total Amount	\$ 214,088.18		\$ 299,736.58	
Total KY Jurisdictional	\$ 214,088.18		\$ 299,736.58	

Realignment increase moved dollars from incentive into base to align compensation packages with Essential plans.

Delta Natural Gas Company, Inc

Case No 2021-00185

PSC-1 Item 37

Analysis of Compensation and Benefits Data in Gross Documents for the 12 months ending 12/31/2020

Employee categories	Merit Compensation effective 4/1/2020	Average Merit %
Corporate Officers (Individually)		
John Brown	\$ [REDACTED]	5.0%
Total KY Jurisdictional	\$ [REDACTED]	
Corporate Officers (Collectively)		
Total Amount	\$ [REDACTED]	5.0%
Total KY Jurisdictional	\$ [REDACTED]	
Directors		
Total Amount	\$ 17,600	5.0%
Total KY Jurisdictional	\$ 17,600	
Managers		
Total Amount	\$ 27,700	4.6%
Total KY Jurisdictional	\$ 27,700	
Supervisors		
Total Amount	\$ 48,805	4.2%
Total KY Jurisdictional	\$ 48,805	
Exempt		
Total Amount	\$ 44,703	3.3%
Total KY Jurisdictional	\$ 44,703	
Non-Exempt		
Total Amount	\$ 284,324	6.0%
Total KY Jurisdictional	\$ 284,324	
Total Amount	\$ 438,131.75	
Total KY Jurisdictional	\$ 438,131.75	

Delta Natural Gas Company, Inc

Case No 2021-00185

PSC-1 Item 37

Analysis of Compensation and Benefits Data in Gross Documents for the 12 months ending 12/31/2019

Employee categories	Merit Compensation effective 2/24/2019	Average Merit %
Corporate Officers (Individually)		
John Brown	\$ [REDACTED]	3%
Total KY Jurisdictional	\$ [REDACTED]	
Corporate Officers (Collectively)		
Total Amount	\$ [REDACTED]	3%
Total KY Jurisdictional	\$ [REDACTED]	
Directors		
Total Amount	\$ 10,200.00	3%
Total KY Jurisdictional	\$ 10,200.00	
Managers		
Total Amount	\$ 23,700.00	4%
Total KY Jurisdictional	\$ 23,700.00	
Supervisors		
Total Amount	\$ 65,532.89	6%
Total KY Jurisdictional	\$ 65,532.89	
Exempt		
Total Amount	\$ 42,950.03	3%
Total KY Jurisdictional	\$ 42,950.03	
Non-Exempt		
Total Amount	\$ 128,576.97	3%
Total KY Jurisdictional	\$ 128,576.97	
Total Amount	\$ 279,659.89	3%
Total KY Jurisdictional	\$ 279,659.89	

DELTA NATURAL GAS COMPANY, INC.
CASE NO. 2021-00185

FIRST PSC DATA REQUEST
DATED MAY 13, 2021

38. For the base period and three most recent calendar years, provide a schedule reflecting the job title, duties and responsibilities of each executive officer, the number of employees who report to each officer, and to whom each officer reports, and the percentage annual increase and the effective date of each increase. For employees elected to executive officer status since the test year in the utility's most recent rate case, provide the salaries for the persons they replaced.

Response:

See attached. A portion of this attachment is confidential and is being filed pursuant to a petition for confidential protection.

Sponsoring Witness:

William Packer

No. 38

There is only one employee considered an officer during this period of time. Please see the salary information below for John Brown. Please also refer to Filing Requirement Tab 60 – 807 KAR 5:001 Section 16(8)(g) for the details of Mr. Brown’s base period compensation.

2018				2019				2020				2021				
Old Salary	New Salary	Inc \$	Inc %	Old Salary	New Salary	Inc \$	Inc %	Old Salary	New Salary	Inc \$	Inc %	Old Salary	New Salary	Inc \$	Inc %	
[REDACTED]			9.8%	[REDACTED]			3.0%	[REDACTED]			5.0%	[REDACTED]				0.0%
Effective 07/01/2018				Effective 02/24/2019				Effective 02/23/2020				Effective 04/01/2021				

Please note the 9.8% increase in 2018 was in recognition of increased responsibility being promoted to President from Chief Operating Officer. The previous President’s salary, who retired in September 2018, was [REDACTED] per year at the time.

John Brown, President Delta Gas reports to Michael Huwar, President, Peoples Natural Gas.

John Brown, President Delta Gas, has 4 direct reports listed below.

Manager	Employee
John Brown	Emily Bennett
John Brown	Donald Cartwright
John Brown	Jonathan Morphew
John Brown	Jeffrey Steele

Please see the job descriptions below:

Delta Natural Gas Company, Inc.

Job Description

Job Title: President – John Brown

Reports To: President – Peoples Natural Gas

Section: Operations

Function:

Oversees and directs all Operations of the Company, Business Development, regulatory relations, and external relations. Is responsible for the design and administration of the rates of the Company to fully return the cost of service, produce a fair return and distribute costs equitably among customers.

Duties:

1. Directs, administers and coordinates the activities of the Company along with the duties of the Director of Operations, Director of Gas Supply, Manager of Development and Administration.
2. Directs and coordinates presentation of rate and other regulatory applications and presents testimony in PSC, FERC or other regulatory proceedings as required.
3. Supervises the continuous review of rates and cost of service to identify areas in which rate adjustments are needed to produce acceptable rates of return.
4. Directs rate design and cost of service studies.
5. Directs, coordinates and assists in the preparation and filing of Gas Cost Recovery (GCR) filings.
6. Interprets and keeps abreast of state and national regulatory trends and informs management of the effects of such trends.
7. Directs the development of Operating and Capital budgets.

8. Monitors PSC rule and regulation changes and recommends Company practice changes resulting therefrom; directs filing of Company tariffs, Rules and Regulations and Company practices as required with the PSC.
9. Plans and directs the Business Development Team.
10. Assists in contact with various agencies and outside groups, so as to stay aware of, and provide input to, regulatory and other matters that would impact the Company.
11. Directs and coordinates Company meetings.
12. Signs and/or seals documents requiring the signature and/or the Corporate Seal of the Company.
13. Prepares presentations for meetings of the State Presidents and for meetings of Board of Directors, as required.
14. Assures sound working relationships are maintained with customers, vendors, public and governmental bodies, legal counsel and outside consultants.
15. Coordinates continuing succession planning and implementation of changes as applicable.
16. Promote effective communication and cooperation among all employees enabling timely and accurate information to flow inside and outside the organization.
17. Performs any and all other duties which may be requested by authorized personnel.

Qualifications:

EDUCATION:

- Bachelor's degree in Engineering, Law, Business, Finance, Accounting or equivalent experience

PROFESSIONAL CERTIFICATIONS:

- Professional Engineering License or CPA desirable

PREVIOUS EXPERIENCE REQUIRED:

- Minimum of 15 years experience, preferable in the regulated sector; should also have at least one professional specialty (e.g. finance, engineering, etc.)

OTHER JOB RESPONSIBILITIES:

Number of Employees Supervised:

- Direct: 4
- Indirect: All other employees in Operations

PUBLIC CONTACTS:

- Contact with Kentucky PSC, FERC, attorneys and consultants

OTHER JOB REQUIREMENTS:

- Must possess a valid drivers license

Remarks: In addition to the above qualifications all employees must meet the general qualifications and requirements pertaining to all jobs.

DELTA NATURAL GAS COMPANY, INC.
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FIRST PSC DATA REQUEST
DATED MAY 13, 2021

39. Provide, in the format provided in Schedule K, the following information for the utility's compensation and benefits, for the three most recent calendar years and the base period. Provide the information individually for each corporate officer and by category for Directors, Managers, Supervisors, Exempt, Non-Exempt, Union, and Non-Union Hourly. Provide the amounts, in gross dollars, separately for total company operations and jurisdictional operations.
- a. Regular salary or wages.
 - b. Overtime pay.
 - c. Excess vacation payout
 - d. Standby/Dispatch pay.
 - e. Bonus and incentive pay.
 - f. Any other forms of incentives, including stock options or forms of deferred compensation (specify).
 - g. Other amounts paid and reported on the employees' W-2 (specify).
 - h. Healthcare benefit cost.
 - (1) Amount paid by the utility.
 - (2) Amount paid by the employee.
 - i. Dental benefits cost.
 - (1) Amount paid by the utility.
 - (2) Amount paid by the employee.
 - j. Vision benefits cost.
 - (1) Amount paid by the utility.
 - (2) Amount paid by the employee.
 - k. Life insurance cost.

DELTA NATURAL GAS COMPANY, INC.

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FIRST PSC DATA REQUEST

DATED MAY 13, 2021

- (1) Amount paid by the utility.
- (2) Amount paid by the employee.
- l. Accidental death and disability benefits.
 - (1) Amount paid by the utility.
 - (2) Amount paid by the employee.
- m. Defined Benefit Retirement cost.
 - (1) Amount paid by the utility.
 - (2) Amount paid by the employee.
- n. Defined Contribution – 401(k) or similar plan cost. Provide the amount paid by the utility.
- o. Cost of any other benefit available to an employee, including fringe benefits (specify).

Response:

See attached. This attachment is confidential and is being filed pursuant to a petition for confidential protection. Delta notes the following about the attachment:

- Delta developed the forecasted portion of the base period by using the totals contained in its rate model and allocating the totals among employee groups using 2020 actual ratios.
- Regarding the jurisdictional amounts shown on the attachment, all employees work for the regulated utility. A few employees, though, charge some hours to Delta's affiliated non-regulated companies. Associated benefits are allocated to those non-regulated companies.
- Reports by employer group are unavailable for Long-Term Disability (LTD). Only the overall volume and amount are available.
- Reports by employer group are unavailable for Basic Life Insurance and AD&D. Only the overall volume and amount are available.
- Reports by employer group are unavailable for Defined Retirement Amount. Only the overall volume and amount are available.
- For more information regarding life insurance and AD&D insurance, please see

DELTA NATURAL GAS COMPANY, INC.
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DATED MAY 13, 2021

the response to Question Nos. 41 and 43.

Sponsoring Witness:

William Packer

**ATTACHMENT TO DELTA_R_PSCDR1_NUM039_061121
FILED UNDER SEAL PURSUANT TO THE PETITION FOR
CONFIDENTIAL TREATMENT FILED ON
JUNE 11, 2021**

DELTA NATURAL GAS COMPANY, INC.

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FIRST PSC DATA REQUEST

DATED MAY 13, 2021

40. For each benefit listed in Item 39 above for which an employee is required to pay part of the cost, provide a detailed explanation as to how the employee contribution rate was determined.

Response:

Essential Utilities works with a third-party expert to appropriately budget and track expenses related to employee benefits for its affiliates, including Delta. As a self-funded plan sponsor, Essential utilizes expert guidance to establish processes for tracking cost and forecasting expenses. Once Essential has established an annual budget, it relies on national benchmarks to establish an appropriate level of cost sharing with employees through payroll contributions. In addition, it regularly evaluates its current vendors and the marketplace to ensure its programs are cost effective and competitive for attracting and retaining employees.

Sponsoring Witness:

William Packer

DELTA NATURAL GAS COMPANY, INC.
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FIRST PSC DATA REQUEST
DATED MAY 13, 2021

41. Provide a listing of all health care plan categories, dental plan categories, and vision plan categories available to corporate officers individually and to groups defined as Directors, Managers, Supervisors, Exempt, Non-Exempt, Union, and Non-Union Hourly employees (e.g., single, family). Include the associated employee contribution rates and employer contribution rates of the total premium cost for each category, and each plan's deductible(s) amounts.

Response:

Delta offers a variety of benefits offerings to attract and retain a strong workforce. Employees, regardless of their salary plan, are eligible for medical, dental, vision, and other voluntary programs. The employee's spouse and dependents are eligible for these coverages as well.

Please see the following attachments:

- 1) Benefit Plans list
- 2) 2021 Rate Sheet for PNG & Delta which shows 2021 total premium, employee, and employer rates broken out in tier levels.
- 3) 2021 Essential Utilities Delta New Hire Guide which explains each benefit including the employee cost as well as plan design (deductibles, maximum out of pocket costs, co-pays, etc.)
- 4) 2021 Essential Utilities PNG NU_USW_IBEW New Hire Guide which explains each benefit including the employee cost as well as plan design (deductibles, maximum out of pocket costs, co-pays, etc.)

Please note that the Employer Rates LTD Insurance are not in any of the above attachments. Please find the necessary information below:

LTD: The LTD rate for Delta employees through Mutual of Omaha is \$0.87 per \$100 of covered monthly payroll. For non-executive management employees, the max covered payroll amount to use when calculating premium is \$7,500. For executive management, the max covered payroll amount is \$22,500.

LTD: The LTD rate for PNG KY employees through MetLife is \$0.471 per \$100 of covered monthly payroll and pays 60% of the first \$25,000 in monthly pre-disability earnings up to a maximum benefit of \$15,000.

Sponsoring Witness:

William Packer

Essential Utilities – 2021 Benefits

Provision	Peoples Natural Gas KY	Delta
Medical	Highmark – Fully-Insured (contract expires 12/31/2022) 1 HDHP Plan	Independence Blue Cross – Self-Insured 2 PPO Plans / 1 HDHP HM Stop Loss: \$250K deductible
Rx	Carved-in with Highmark (Highmark’s PBM is ESI)	Carved-out to Express Scripts through RxBenefits
HSA Seed Amount	\$1,250 / \$1,750	\$350 / \$700
Dental	Delta Dental 2 Dental Plans (base / buy-up)	
Vision	VSP 2 Vision Plans (base/buy-up)	
Life Vendor	MetLife (Life & AD&D, Survivors Income, Life Rider Benefit)	Mutual of Omaha (Life & AD&D, Vol Life)
Disability Vendor	MetLife	Mutual of Omaha (LTD)
Voluntary Benefits Vendor	Voya (Accident, Critical Illness & Hospital Indemnity) Legal Shield (Legal Services)	

MONTHLY BENEFITS COST SHARING - PNG NON-UNION

2021

	Full-Time Benefits							
	2021 - Fully Insured				Domestic Partner Breakdown			
	Total Premium	Employee Cost	Employer Cost	% of Total Premium	Employee Cost	Addtl Post Tax	ER Credit	Provider Cost
MEDICAL - \$1,500 HDHP								
EE Only	\$495.13	\$73.71	\$421.42	14.9%				
EE + Child	\$1,191.25	\$176.90	\$1,014.35	14.8%				
EE + Children	\$1,191.25	\$176.90	\$1,014.35	14.8%				
EE + Spouse	\$1,333.85	\$199.02	\$1,134.83	14.9%				
EE + Family	\$1,531.90	\$228.50	\$1,303.40	14.9%				
EE & Domestic Partner	\$1,333.85	\$199.02	\$1,134.83	14.9%	\$73.71	\$125.31	\$1,134.83	\$1,333.85
EE + Child & Domestic Prtnr	\$1,531.90	\$228.50	\$1,303.40	14.9%	\$176.90	\$51.60	\$1,303.40	\$1,531.90
EE + Child(ren) & Domestic Prtnr	\$1,531.90	\$228.50	\$1,303.40	14.9%	\$176.90	\$51.60	\$1,303.40	\$1,531.90
HSA EMPLOYER CONTRIBUTIONS								
	<u>Annual</u>							
EE Only	\$1,250.00							
EE + Family	\$1,750.00							
VISION - BASE PLAN								
	<u>Total Premium</u>	<u>Employee Cost</u>	<u>Employer Cost</u>	<u>% of Total Premium</u>	<u>Employee Cost</u>	<u>Addtl Post Tax</u>	<u>ER Credit</u>	<u>Provider Cost</u>
Employee	\$5.51	\$1.10	\$4.41	20.0%				
Employee and Child	\$11.80	\$2.36	\$9.44	20.0%				
Employee and Children	\$11.80	\$2.36	\$9.44	20.0%				
Employee and Spouse	\$11.03	\$2.21	\$8.82	20.0%				
Family	\$18.86	\$3.77	\$15.09	20.0%				
EE & Domestic Partner	\$11.03	\$2.21	\$8.82	20.0%	\$1.10	\$1.11	\$8.82	\$11.03
EE + Child & Domestic Prtnr	\$18.86	\$3.77	\$15.09	20.0%	\$2.36	\$1.41	\$15.09	\$18.86
EE + Children & Domestic Prtnr	\$18.86	\$3.77	\$15.09	20.0%	\$2.36	\$1.41	\$15.09	\$18.86
VISION - BUY-UP PLAN								
	<u>Total Premium</u>	<u>Employee Cost</u>	<u>Employer Cost</u>	<u>% of Total Premium</u>	<u>Employee Cost</u>	<u>Addtl Post Tax</u>	<u>ER Credit</u>	<u>Provider Cost</u>
Employee	\$8.06	\$3.65	\$4.41	45.3%				
Employee and Child	\$17.25	\$7.81	\$9.44	45.3%				
Employee and Children	\$17.25	\$7.81	\$9.44	45.3%				
Employee and Spouse	\$16.13	\$7.31	\$8.82	45.3%				
Family	\$27.58	\$12.49	\$15.09	45.3%				
EE & Domestic Partner	\$16.13	\$7.31	\$8.82	45.3%	\$3.65	\$3.65	\$8.82	\$16.13
EE + Child & Domestic Prtnr	\$27.58	\$12.49	\$15.09	45.3%	\$7.81	\$4.68	\$15.09	\$27.58
EE + Children & Domestic Prtnr	\$27.58	\$12.49	\$15.09	45.3%	\$7.81	\$4.68	\$15.09	\$27.58
DENTAL - BASE PLAN								
	<u>Total Premium</u>	<u>Employee Cost</u>	<u>Employer Cost</u>	<u>% of Total Premium</u>	<u>Employee Cost</u>	<u>Addtl Post Tax</u>	<u>ER Credit</u>	<u>Provider Cost</u>
Employee	\$31.10	\$8.55	\$22.55	27.5%				
Employee and Child	\$77.85	\$21.41	\$56.44	27.5%				
Employee and Children	\$77.85	\$21.41	\$56.44	27.5%				
Employee and Spouse	\$62.95	\$17.31	\$45.64	27.5%				
Family	\$119.83	\$32.95	\$86.88	27.5%				
EE & Domestic Partner	\$62.95	\$17.31	\$45.64	27.5%	\$8.55	\$8.76	\$45.64	\$62.95
EE + Child & Domestic Prtnr	\$119.83	\$32.95	\$86.88	27.5%	\$21.41	\$11.54	\$86.88	\$119.83
EE + Children & Domestic Prtnr	\$119.83	\$32.95	\$86.88	27.5%	\$21.41	\$11.54	\$86.88	\$119.83
DENTAL - BUY-UP PLAN								
	<u>Total Premium</u>	<u>Employee Cost</u>	<u>Employer Cost</u>	<u>% of Total Premium</u>	<u>Employee Cost</u>	<u>Addtl Post Tax</u>	<u>ER Credit</u>	<u>Provider Cost</u>
Employee	\$35.37	\$12.82	\$22.55	36.3%				
Employee and Child	\$84.43	\$27.99	\$56.44	33.2%				
Employee and Children	\$84.43	\$27.99	\$56.44	33.2%				
Employee and Spouse	\$71.57	\$25.93	\$45.64	36.2%				
Family	\$131.24	\$44.36	\$86.88	33.8%				
EE & Domestic Partner	\$71.57	\$25.93	\$45.64	36.2%	\$12.82	\$13.11	\$45.64	\$71.57
EE + Child & Domestic Prtnr	\$131.24	\$44.36	\$86.88	33.8%	\$27.99	\$16.37	\$86.88	\$131.24
EE + Children & Domestic Prtnr	\$131.24	\$44.36	\$86.88	33.8%	\$27.99	\$16.37	\$86.88	\$131.24

	Part-Time Benefits							
	2021 - Fully Insured				Domestic Partner Breakdown			
	Total Premium	Employee Cost	Employer Cost	% of Total Premium	Employee Cost	Addtl Post Tax	ER Credit	Provider Cost
EE Only	\$495.13	\$211.42	\$283.71	42.7%				
EE + Child	\$1,191.25	\$508.66	\$682.59	42.7%				
EE + Children	\$1,191.25	\$508.66	\$682.59	42.7%				
EE + Spouse	\$1,333.85	\$569.55	\$764.30	42.7%				
EE + Family	\$1,531.90	\$654.12	\$877.78	42.7%				
EE & Domestic Partner	\$1,333.85	\$569.55	\$764.30	42.7%	\$211.42	\$358.13	\$764.30	\$1,333.85
EE + Child & Domestic Prtnr	\$1,531.90	\$654.12	\$877.78	42.7%	\$508.66	\$145.46	\$877.78	\$1,531.90
EE + Child(ren) & Domestic Prtnr	\$1,531.90	\$654.12	\$877.78	42.7%	\$508.66	\$145.46	\$877.78	\$1,531.90
VISION - BASE PLAN								
	<u>Total Premium</u>	<u>Employee Cost</u>	<u>Employer Cost</u>	<u>% of Total Premium</u>	<u>Employee Cost</u>	<u>Addtl Post Tax</u>	<u>ER Credit</u>	<u>Provider Cost</u>
Employee	\$5.51	\$5.51	\$0.00	100.0%				
Employee and Child	\$11.80	\$11.80	\$0.00	100.0%				
Employee and Children	\$11.80	\$11.80	\$0.00	100.0%				
Employee and Spouse	\$11.03	\$11.03	\$0.00	100.0%				
Family	\$18.86	\$18.86	\$0.00	100.0%				
EE & Domestic Partner	\$11.03	\$11.03	\$0.00	100.0%	\$5.51	\$5.52	\$0.00	\$11.03
EE + Child & Domestic Prtnr	\$18.86	\$18.86	\$0.00	100.0%	\$11.80	\$7.06	\$0.00	\$18.86
EE + Children & Domestic Prtnr	\$18.86	\$18.86	\$0.00	100.0%	\$11.80	\$7.06	\$0.00	\$18.86
VISION - BUY-UP PLAN								
	<u>Total Premium</u>	<u>Employee Cost</u>	<u>Employer Cost</u>	<u>% of Total Premium</u>	<u>Employee Cost</u>	<u>Addtl Post Tax</u>	<u>ER Credit</u>	<u>Provider Cost</u>
Employee	\$8.06	\$8.06	\$0.00	100.0%				
Employee and Child	\$17.25	\$17.25	\$0.00	100.0%				
Employee and Children	\$17.25	\$17.25	\$0.00	100.0%				
Employee and Spouse	\$16.13	\$16.13	\$0.00	100.0%				
Family	\$27.58	\$27.58	\$0.00	100.0%				
EE & Domestic Partner	\$16.13	\$16.13	\$0.00	100.0%	\$8.06	\$8.07	\$0.00	\$16.13
EE + Child & Domestic Prtnr	\$27.58	\$27.58	\$0.00	100.0%	\$17.25	\$10.33	\$0.00	\$27.58
EE + Children & Domestic Prtnr	\$27.58	\$27.58	\$0.00	100.0%	\$17.25	\$10.33	\$0.00	\$27.58
DENTAL - BASE PLAN								
	<u>Total Premium</u>	<u>Employee Cost</u>	<u>Employer Cost</u>	<u>% of Total Premium</u>	<u>Employee Cost</u>	<u>Addtl Post Tax</u>	<u>ER Credit</u>	<u>Provider Cost</u>
Employee	\$31.10	\$31.10	\$0.00	100.0%				
Employee and Child	\$77.85	\$77.85	\$0.00	100.0%				
Employee and Children	\$77.85	\$77.85	\$0.00	100.0%				
Employee and Spouse	\$62.95	\$62.95	\$0.00	100.0%				
Family	\$119.83	\$119.83	\$0.00	100.0%				
EE & Domestic Partner	\$62.95	\$62.95	\$0.00	100.0%	\$31.10	\$31.85	\$0.00	\$62.95
EE + Child & Domestic Prtnr	\$119.83	\$119.83	\$0.00	100.0%	\$77.85	\$41.98	\$0.00	\$119.83
EE + Children & Domestic Prtnr	\$119.83	\$119.83	\$0.00	100.0%	\$77.85	\$41.98	\$0.00	\$119.83
DENTAL - BUY-UP PLAN								
	<u>Total Premium</u>	<u>Employee Cost</u>	<u>Employer Cost</u>	<u>% of Total Premium</u>	<u>Employee Cost</u>	<u>Addtl Post Tax</u>	<u>ER Credit</u>	<u>Provider Cost</u>
Employee	\$35.37	\$35.37	\$0.00	100.0%				
Employee and Child	\$84.43	\$84.43	\$0.00	100.0%				
Employee and Children	\$84.43	\$84.43	\$0.00	100.0%				
Employee and Spouse	\$71.57	\$71.57	\$0.00	100.0%				
Family	\$131.24	\$131.24	\$0.00	100.0%				
EE & Domestic Partner	\$71.57	\$71.57	\$0.00	100.0%	\$35.37	\$36.20	\$0.00	\$71.57
EE + Child & Domestic Prtnr	\$131.24	\$131.24	\$0.00	100.0%	\$84.43	\$46.81	\$0.00	\$131.24
EE + Children & Domestic Prtnr	\$131.24	\$131.24	\$0.00	100.0%	\$84.43	\$46.81	\$0.00	\$131.24

MONTHLY BENEFITS COST SHARING - DELTA

2021

	2021 - Self Insured - Contribution Band 1			
	Total Premium	Employee Cost	Employer Cost	% of Total Premium
MEDICAL - \$1,000 PPO 1				
EE Only	\$663.78	\$94.95	\$568.83	14.3%
EE + Child	\$1,045.22	\$150.15	\$895.07	14.4%
EE + Children	\$1,524.54	\$217.91	\$1,306.63	14.3%
EE + Spouse	\$1,471.33	\$210.23	\$1,261.10	14.3%
EE + Family	\$2,040.37	\$228.94	\$1,811.43	11.2%
MEDICAL - \$500 PPO 2				
EE Only	\$719.12	\$110.78	\$608.34	15.4%
EE + Child	\$1,141.00	\$175.18	\$965.82	15.4%
EE + Children	\$1,469.97	\$240.54	\$1,229.43	14.4%
EE + Spouse	\$1,411.13	\$234.21	\$1,176.92	14.5%
EE + Family	\$2,240.27	\$251.09	\$1,989.18	11.2%
MEDICAL - \$1,500 HDHP				
EE Only	\$549.48	\$86.96	\$462.52	15.8%
EE + Child	\$855.26	\$135.34	\$719.92	15.8%
EE + Children	\$1,205.89	\$190.83	\$1,015.06	15.8%
EE + Spouse	\$1,167.26	\$184.72	\$982.54	15.8%
EE + Family	\$1,580.51	\$212.06	\$1,368.45	13.4%
HSA EMPLOYER CONTRIBUTIONS				
	Annual			
EE Only	\$350.00			
EE + Family	\$700.00			
VISION - BASE PLAN				
	Total Premium	Employee Cost	Employer Cost	% of Total Premium
Employee	\$5.51	\$1.10	\$4.41	20.0%
Employee and Child	\$11.80	\$2.36	\$9.44	20.0%
Employee and Children	\$11.80	\$2.36	\$9.44	20.0%
Employee and Spouse	\$11.03	\$2.21	\$8.82	20.0%
Family	\$18.86	\$3.77	\$15.09	20.0%
VISION - BASE PLAN (OFFICER)				
	Total Premium	Employee Cost	Employer Cost	% of Total Premium
Employee	\$5.51	\$1.38	\$4.13	25.0%
Employee and Child	\$11.80	\$2.95	\$8.85	25.0%
Employee and Children	\$11.80	\$2.95	\$8.85	25.0%
Employee and Spouse	\$11.03	\$2.76	\$8.27	25.0%
Family	\$18.86	\$4.72	\$14.14	25.0%
VISION - BUY-UP PLAN				
	Total Premium	Employee Cost	Employer Cost	% of Total Premium
Employee	\$8.06	\$3.65	\$4.41	45.3%
Employee and Child	\$17.25	\$7.81	\$9.44	45.3%
Employee and Children	\$17.25	\$7.81	\$9.44	45.3%
Employee and Spouse	\$16.13	\$7.31	\$8.82	45.3%
Family	\$27.58	\$12.49	\$15.09	45.3%
VISION - BUY-UP PLAN (OFFICER)				
	Total Premium	Employee Cost	Employer Cost	% of Total Premium
Employee	\$8.06	\$3.93	\$4.13	48.8%
Employee and Child	\$17.25	\$8.40	\$8.85	48.7%
Employee and Children	\$17.25	\$8.40	\$8.85	48.7%
Employee and Spouse	\$16.13	\$7.86	\$8.27	48.7%
Family	\$27.58	\$13.44	\$14.14	48.7%
DENTAL - BASE PLAN				
	Total Premium	Employee Cost	Employer Cost	% of Total Premium
Employee	\$31.10	\$8.55	\$22.55	27.5%
Employee and Child	\$77.85	\$21.41	\$56.44	27.5%
Employee and Children	\$77.85	\$21.41	\$56.44	27.5%
Employee and Spouse	\$62.95	\$17.31	\$45.64	27.5%
Family	\$119.83	\$32.95	\$86.88	27.5%
DENTAL - BASE PLAN (OFFICER)				
	Total Premium	Employee Cost	Employer Cost	% of Total Premium
Employee	\$31.10	\$10.11	\$20.99	32.5%
Employee and Child	\$77.85	\$25.30	\$52.55	32.5%
Employee and Children	\$77.85	\$25.30	\$52.55	32.5%
Employee and Spouse	\$62.95	\$20.46	\$42.49	32.5%
Family	\$119.83	\$38.94	\$80.89	32.5%
DENTAL - BUY-UP PLAN				
	Total Premium	Employee Cost	Employer Cost	% of Total Premium
Employee	\$35.37	\$12.82	\$22.55	36.3%
Employee and Child	\$84.43	\$27.99	\$56.44	33.2%
Employee and Children	\$84.43	\$27.99	\$56.44	33.2%
Employee and Spouse	\$71.57	\$25.93	\$45.64	36.2%
Family	\$131.24	\$44.36	\$86.88	33.8%
DENTAL - BUY-UP PLAN (OFFICER)				
	Total Premium	Employee Cost	Employer Cost	% of Total Premium
Employee	\$35.37	\$14.38	\$20.99	40.7%
Employee and Child	\$84.43	\$31.88	\$52.55	37.8%
Employee and Children	\$84.43	\$31.88	\$52.55	37.8%
Employee and Spouse	\$71.57	\$29.08	\$42.49	40.6%
Family	\$131.24	\$50.35	\$80.89	38.4%

	2021 - Self Insured - Contribution Band 2					2021 - Self Insured - Contribution Band 3			
	Total Premium	Employee Cost	Employer Cost	% of Total Premium		Total Premium	Employee Cost	Employer Cost	% of Total Premium
EE Only	\$663.78	\$111.71	\$552.07	16.8%	\$663.78	\$139.63	\$524.15	21.0%	
EE + Child	\$1,045.22	\$176.65	\$868.57	16.9%	\$1,045.22	\$220.81	\$824.41	21.1%	
EE + Children	\$1,524.54	\$256.36	\$1,268.18	16.8%	\$1,524.54	\$320.45	\$1,204.09	21.0%	
EE + Spouse	\$1,471.33	\$247.33	\$1,224.00	16.8%	\$1,471.33	\$309.16	\$1,162.17	21.0%	
EE + Family	\$2,040.37	\$269.34	\$1,771.03	13.2%	\$2,040.37	\$336.67	\$1,703.70	16.3%	
EE Only	\$719.12	\$130.32	\$588.80	18.1%	\$719.12	\$162.90	\$556.22	22.7%	
EE + Child	\$1,141.00	\$206.09	\$934.91	18.1%	\$1,141.00	\$257.61	\$883.39	22.6%	
EE + Children	\$1,469.97	\$282.99	\$1,186.98	16.9%	\$1,469.97	\$353.74	\$1,116.23	21.2%	
EE + Spouse	\$1,411.13	\$275.54	\$1,135.59	17.1%	\$1,411.13	\$344.43	\$1,066.70	21.4%	
EE + Family	\$2,240.27	\$295.40	\$1,944.87	13.2%	\$2,240.27	\$369.25	\$1,871.02	16.5%	
EE Only	\$549.48	\$104.35	\$445.13	19.0%	\$549.48	\$133.33	\$416.15	24.3%	
EE + Child	\$855.26	\$162.41	\$692.85	19.0%	\$855.26	\$207.53	\$647.73	24.3%	
EE + Children	\$1,205.89	\$229.00	\$976.89	19.0%	\$1,205.89	\$292.61	\$913.28	24.3%	
EE + Spouse	\$1,167.26	\$221.66	\$945.60	19.0%	\$1,167.26	\$283.24	\$884.02	24.3%	
EE + Family	\$1,580.51	\$257.42	\$1,323.09	16.3%	\$1,580.51	\$383.51	\$1,197.00	24.3%	

Employees making less than \$60,000 a year will pay contributions under Band 1 for medical benefits
 Employees making more than \$60,000 a year will pay contributions under Band 2 for medical benefits
 Designated officers will pay contributions under Band 3 for medical benefits
 Delta does not have domestic partner eligibility



2021 Benefits Enrollment Guide



FIND YOUR BEST FIT
Your 2021 Benefit Choices



WELCOME

To Essential Utilities and Your 2021 Benefits

Essential Utilities is excited to have you join our team. We're committed to helping you and your family live healthy in all aspects of your life, which is why we provide you with a comprehensive, highly competitive benefits package. Your Essential Utilities benefits provide choices and the flexibility to decide what options best meet your needs.

Use this guide to better understand the benefits offered by Essential Utilities, then be sure to enroll during your enrollment period, so that you receive the benefits you want for 2021.



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What You Need to Know

- The Flexible Spending Accounts (FSAs) and Health Savings Account (HSA) require an active election, so if you do not elect an amount, there will be no money loaded into the account.
- You must enroll during your enrollment period (within 30 days of your hire date) to contribute to all of the FSA's and the HSA for 2021.
- Enroll within 30 days from your date of hire. If you don't enroll within this time period, you will not have benefits coverage, except for plans and programs that are fully paid by Essential Utilities, such as basic life, AD&D insurance, long-term disability, and employee assistance through Health Advocate.
- After your enrollment opportunity ends, you won't be able to change your benefits until the next Open Enrollment, unless you experience a qualifying life event, such as marriage, divorce, birth, adoption, or a change in your or your spouse's employment status that affects your benefits eligibility. You must notify Human Resources within 30 days of a life event to change your benefits.

Delta Gas Employees have access to a choice of:

- 3 **Medical** plans — **Independence Blue Cross**
- 2 **Dental** plans — **Delta Dental**
- 2 **Vision** plans — **VSP**
- **Flexible Spending Accounts (FSA)**
- Support with **Diabetes & Hypertension**
- **Telemedicine**
- **Chronic Condition Management**
- **Voluntary Benefits**

Important Information

Each year, Essential Utilities strives to keep their benefit package market competitive by offering new programs and empowering employees with choices that fit their needs.

- There will be 3 medical plan options for you to choose from through Independence Blue Cross.
- A High Deductible Health Plan will be offered along with a Health Savings Account, which includes seed money from Essential Utilities.
- There is a Medical Compare Price Tool – a fast and easy way to model which plan might work for you and your family.

Who Can Enroll?

- **All full-time/part-time employees (averaging 30+ hrs./wk.)** – Eligible to enroll in Essential Utilities' benefits program the first day of employment; must choose benefits within 30 days of hire date.
- **Eligible dependents** – Includes employee's spouse and children to age 26, plus disabled dependent children of any age who meet plan criteria.

Benefit Summaries and Notices Online

You can find detailed information about each plan, including a breakdown of costs, in each plan's Summary of Benefits and Coverage (SBC). The SBCs summarize important information about your health coverage options in a standard format to help you compare costs and features across plans. If you would like copies of the SBC's, please email benefitsdept@aquaamerica.com.

HEALTH

Quality health coverage is one of the valuable benefits you enjoy as an Essential Utilities employee. Our benefits program offers plans to help keep you and your family healthy and also provide important protection in the event of illness or injury.

Medical

Essential Utilities offers two Preferred Provider Organization (PPO) plans and one High Deductible Health Plan (HDHP). For additional information, please go to ibx.com.

2021 Medical Plan Options

- PPO 1 (Pay Later) – \$1,000 Deductible Plan, a preferred provider organization plan with copays for primary care and specialist services, including urgent care. Once you reach your deductible, the plan pays 80% up to your out-of-pocket maximum.
- PPO 2 (Pay Now) – \$500 Deductible Plan, a preferred provider organization plan that has a higher payroll deduction with lower copays and out-of-pocket maximum. For eligible deductible services, the plan pays 100% once you meet your annual deductible.
- HDHP \$1,500 Deductible Plan (HDHP with HSA Account) – A high deductible health plan with a deductible that must be met before the plan starts paying. Once you reach your deductible, the plan pays 80% up to your out-of-pocket maximum. There is a Health Savings Account (HSA) that is offered alongside the HDHP \$1,500 where you as the employee can contribute tax-free dollars to help cover the deductible. You have the ability to take the HSA account with you when you leave Essential Utilities. Essential Utilities funds the Health Savings Account (HSA) account \$350 for single coverage and \$700 for family coverage.

Key Features

All of Essential Utilities' medical plans offer:

- Comprehensive, affordable coverage for a wide range of health care services.
- Flexibility to see any provider you want, although you'll save money when you stay in-network.
- Free in-network preventive care, with services such as annual physicals, recommended immunizations, well-woman and well-child exams, flu shots, and routine cancer screenings covered at 100%.
- Prescription drug coverage included with each medical plan (see above right).
- Acupuncture coverage provided with each medical plan.
- Financial protection through annual out-of-pocket maximums that limit the amount you'll pay each year.
- Choice of five coverage levels: employee, employee + child, employee + children, employee + spouse, and family.

Important: Your Prescription Coverage

Prescription drug coverage will be included with your medical coverage. This coverage will be offered through RxBenefits, a full-service pharmacy benefits administrator that provides an exceptional customer service experience to employees.

Essential Utilities is able to offer the Express Scripts formulary to employees and their dependents. Once you enroll for medical coverage, you automatically receive prescription drug coverage. Online account access will be offered through the Express Scripts website at express-scripts.com.

Mandatory Mail Order for Maintenance Medications – If you take a prescription drug for three months or more, it is considered a maintenance drug and you will be required to use the 90-day supply mail-order program. You may use a participating pharmacy for your first 30-day supply and up to two refills. After three initial fills, you must use mail order, or you will be required to pay the entire cost of the prescription at the retail pharmacy. Remember: You save one copay by using mail order.

Exclusive Home Delivery Program – You will be able to choose Walgreens retail pharmacies for 90-day medications. **Members pay the same low copay at Walgreens or for home delivery.** Home delivery copays are extended to 90-day medications filled at Walgreens, so you will receive the same value no matter which option you choose. Note: You will not be penalized with 100% of the drug cost for 90-day maintenance medications filled at Walgreens.





Compare Medical Plans

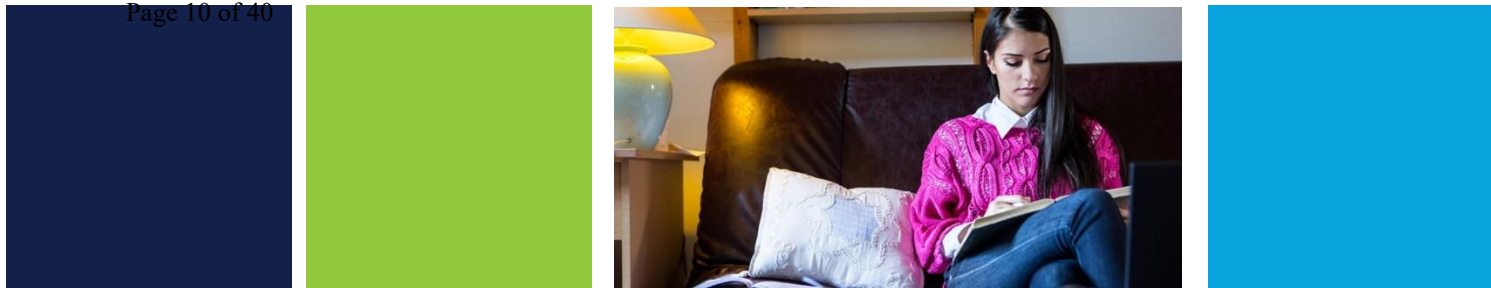
The chart below provides a comparison of key coverage features and costs for all three medical plans. To find an in-network provider, contact Independence Blue Cross at **800.275.2583** or visit ibx.com.

	PPO 1 - \$1,000 (Pay Later)	PPO 2 - \$500 (Pay Now)	HDHP - \$1,500 (with HSA)	All Plans
	In-network	In-network	In-network	Out-of-network
Annual deductible				
Per person/per family	\$1,000/\$3,000	\$500/\$1,500	\$1,500/\$4,500 (True Family)	\$5,000/\$15,000
Coinsurance	80% after deductible	100% after deductible	80% after deductible	50% after deductible
Out-of-pocket maximum				
Per person/per family	\$3,000/\$9,000	\$1,000/\$3,000	\$3,000/\$9,000	\$15,000/\$45,000
Medical coverage				
Doctor's office visits	\$35 copay, NO deductible	\$20 copay, NO deductible	80% after deductible	50% after deductible
Preventive care	100%, NO deductible	100%, NO deductible	100% NO deductible	
Specialist visits (includes acupuncture)	\$50 copay, NO deductible	100% after deductible	80% after deductible	
Radiology – routine	80% after deductible	100% after deductible	80% after deductible	
Inpatient hospital	\$200/day, max \$1,000 per admission	100% after deductible	80% after deductible	
Emergency room	80% after deductible	100% after deductible	80% after deductible	
Urgent care	\$50 copay, NO deductible	100% after deductible	80% after deductible	50% after deductible
Retail prescription drugs (30-day supply)				
Generic	\$10 copay	\$5 copay	80% after deductible	Same as in-network
Preferred brand-name	\$25 copay	\$25 copay		
Nonpreferred brand-name	80% (\$50 min, \$100 max)	\$50 copay		
Mail-order prescription drugs (90-day supply)				
Generic	\$20 copay	\$10 copay	80% after deductible	Same as in-network
Preferred brand-name	\$50 copay	\$50 copay		
Nonpreferred brand-name	80% (\$100 min, \$200 max)	\$100 copay		

For help in choosing the medical plan that works best for you, please visit:

medplancompare.com/essentialutilities

- **Medical Plan** – The Blue Cross network is the PPO Network for all plans, which means you do not have to select a Primary Care Physician (PCP) or get referrals. There is also a High Deductible Health Plan with an HSA account that is funded \$350 for a single enrollee and \$700 for a family. You are able to contribute into the account pretax up to the IRS maximums, which are listed on page 4.
- **Out of Network Benefits** – Should you choose to receive care or prescriptions outside of the PPO Network, the benefits are the same regardless of the plan you select, as indicated in the chart above.



Health Savings Accounts (HSAs)

If you enroll in the HDHP, you are eligible to participate in the HSA.

Tax-advantaged HSAs are a great way to save money. An HSA is one of the few savings vehicles that offer a triple tax advantage to the owner — tax-free (pretax or tax-deductible) contributions; tax-free earnings (investment, interest) on accumulated funds; and tax-free distributions for qualified medical expenses. Only employees who enroll in the HDHP \$1,500 deductible plan for 2021 are eligible to open an HSA account.

Essential Utilities offers an HSA administered through HealthEquity.

Health Savings Account

- HSAs are funded, individually owned accounts connected with a High Deductible Health Plan.
- Pay for eligible health care, dental, and vision expenses, such as plan deductibles, copays, and coinsurance.
- Contribute up to \$3,600 for single coverage and \$7,200 for family coverage in 2021.
- A catch-up contribution of an additional \$1,000 is allowed if you will be age 55+ by December 31, 2021. This extra "catch-up contribution" for older individuals is set by statute and does not increase from year to year.
- Contribution limits include Essential Utilities' funding of \$350 for single and \$700 for family coverage.
- HSA elections do not automatically carry forward each year.

What's an Eligible Expense?

- Health Savings Account – Plan deductibles, copays, coinsurance, dental, vision, and other health care expenses. To learn more, see IRS Publication 969 at [irs.gov](https://www.irs.gov).

Financial Benefits to Health Savings Accounts

- Funds roll over and are non-taxable (Federally) for health purposes; HSAs can be used for qualified health care expenses.
- HSAs are not "use it or lose it" accounts. Funds roll over from year to year, and if you leave Essential Utilities you take the account with you.
- Funds are "real money." Once funds are deposited into the account, they are owned by employees.
- HSAs are portable, earn interest, and can be invested.

Do You Qualify for an HSA?

To be an eligible individual and qualify for an HSA, you must meet the following requirements.

- You are covered under a high deductible health plan (HDHP) on the first day of the month.
- You aren't enrolled in Medicare.
- You can't be claimed as a dependent on someone else's 2021 tax return.

2021 HSA Contribution Limits	
HSA Contribution Limit (Employer + Employee)	Self-only: \$3,600 Family: \$7,200
HSA Catch-Up Contribution (age 55 or older)	\$1,000
Essential Utilities HSA Contribution	Self-only: \$350 Family: \$700

IF YOU TAKE NO ACTION:

If do not actively elect an HSA account through HealthEquity, **you will not receive the \$350/\$700** that Essential Utilities contributes and there will be \$0 for you to help pay your deductible.

MEDICAL PLAN COSTS

While health care costs continue to rise, Essential Utilities is committed to keeping costs manageable. The amount you pay is deducted from your paycheck before taxes. Your specific cost is determined by your plan choice, coverage election, and salary.

Compare Medical Costs

The chart below lists the **per pay** employee payroll contributions for the 2021 plan year. The rate will differ depending on your plan choice, coverage election (employee only, employee + spouse, etc.), and salary.

Salary < \$60k Employee Contributions	PPO 1 - \$1,000	PPO 2 - \$500	HDHP \$1,500
Employee only	\$43.82	\$51.13	\$40.14
Employee + spouse	\$97.03	\$108.10	\$85.26
Employee + one child	\$69.30	\$80.85	\$62.46
Employee + children	\$100.57	\$111.02	\$88.08
Employee + family	\$105.66	\$115.89	\$97.87
Salary \$60k + Employee Contributions	PPO 1 - \$1,000	PPO 2 - \$500	HDHP \$1,500
Employee only	\$51.56	\$60.15	\$48.16
Employee + spouse	\$114.15	\$127.17	\$102.30
Employee + one child	\$81.53	\$95.12	\$74.96
Employee + children	\$118.32	\$130.61	\$105.69
Employee + family	\$124.31	\$136.34	\$118.81
Officer Employee Contributions	PPO 1 - \$1,000	PPO 2 - \$500	HDHP \$1,500
Employee only	\$64.44	\$75.18	\$61.54
Employee + spouse	\$142.69	\$158.97	\$130.73
Employee + one child	\$101.91	\$118.90	\$95.78
Employee + children	\$147.90	\$163.26	\$135.05
Employee + family	\$155.39	\$170.42	\$177.00

Money Saving Tips

To stretch your health care dollars, remember to:

- **See in-network providers** – They've agreed to the plan's negotiated rates. Visit your plan website to search for in-network providers near you.
- **Use the mail-order pharmacy** – It will save you time and money when refilling long-term prescriptions and is required for maintenance medications.
- **FSA & HSA** – For more information on flexible spending and health savings accounts, please see pages 4 & 10.



Supplemental Medical Plans

Supplemental medical plans provide cash payments in the event of a significant medical expense. You pay the full cost of coverage through post-tax payroll deductions. Be sure to consider your anticipated medical needs for the coming year — for example, a major surgery — when deciding if supplemental coverage is right for you.

Note: You can continue your supplemental medical coverage if you leave Essential Utilities.

Critical Illness Insurance (Voya)

When a serious illness strikes, such as a heart attack, stroke, or cancer, critical illness insurance can provide a lump-sum benefit to cover out-of-pocket expenses for your treatments that are not covered by your medical plan. You can also use the money to take care of your everyday living expenses, such as housekeeping services, special transportation services, and daycare. Plus, you can use the benefits more than once. Diagnoses must be at least 180 days apart or the conditions can't be related to each other.

You will have three levels of coverage to choose from: \$10,000, \$15,000, \$20,000, and \$30,000.

Critical Illness Insurance (per pay)

Employee: \$30,000 / Spouse: \$15,000 / Child(ren) \$15,000 Wellness Included					Employee: \$20,000 / Spouse: \$10,000 / Child(ren) \$10,000 Wellness Included				
Attained Age	EE Only	EE + SP	EE + CH	Family	Attained Age	EE Only	EE + SP	EE + CH	Family
Under 25	\$3.07	\$4.68	\$4.11	\$5.72	Under 25	\$2.24	\$3.51	\$2.93	\$4.20
25 – 29	\$4.04	\$6.07	\$5.08	\$7.11	25 – 29	\$2.88	\$4.43	\$3.58	\$5.12
30 – 34	\$5.42	\$8.08	\$6.46	\$9.12	30 – 34	\$3.81	\$5.77	\$4.50	\$6.46
35 – 39	\$6.81	\$10.02	\$7.85	\$11.05	35 – 39	\$4.73	\$7.06	\$5.42	\$7.75
40 – 44	\$9.30	\$13.62	\$10.34	\$14.65	40 – 44	\$6.39	\$9.46	\$7.08	\$10.15
45 – 49	\$15.81	\$22.89	\$16.85	\$23.93	45 – 49	\$10.73	\$15.65	\$11.42	\$16.34
50 – 54	\$19.96	\$28.78	\$21.00	\$29.82	50 – 54	\$13.50	\$19.57	\$14.19	\$20.26
55 – 59	\$24.81	\$35.70	\$25.85	\$36.74	55 – 59	\$16.73	\$24.18	\$17.42	\$24.88
60 – 64	\$31.04	\$44.56	\$32.08	\$45.60	60 – 64	\$20.88	\$30.09	\$21.58	\$30.78
65 – 69	\$39.58	\$57.37	\$41.08	\$58.41	65 – 69	\$26.88	\$38.63	\$27.58	\$39.32
70+	\$42.12	\$60.35	\$44.54	\$61.38	70+	\$28.27	\$40.62	\$28.96	\$41.31
Employee: \$15,000 / Spouse: \$7,500 / Child(ren) \$7,500 Wellness Included					Employee: \$10,000 / Spouse: \$5,000 / Child(ren) \$5,000 Wellness Included				
Attained Age	EE Only	EE + SP	EE + CH	Family	Attained Age	EE Only	EE + SP	EE + CH	Family
Under 25	\$1.82	\$2.92	\$2.34	\$3.44	Under 25	\$1.41	\$2.33	\$1.75	\$2.68
25 – 29	\$2.31	\$3.61	\$2.83	\$4.14	25 – 29	\$1.73	\$2.79	\$2.08	\$3.14
30 – 34	\$3.00	\$4.62	\$3.52	\$5.14	30 – 34	\$2.19	\$3.46	\$2.54	\$3.81
35 – 39	\$3.69	\$5.58	\$4.21	\$6.11	35 – 39	\$2.65	\$4.11	\$3.00	\$4.45
40 – 44	\$4.94	\$7.38	\$5.46	\$7.91	40 – 44	\$3.48	\$5.31	\$3.83	\$5.65
45 – 49	\$8.19	\$12.02	\$8.71	\$12.54	45 – 49	\$5.65	\$8.40	\$6.00	\$8.75
50 – 54	\$10.27	\$14.97	\$10.79	\$15.49	50 – 54	\$7.04	\$10.36	\$7.38	\$10.71
55 – 59	\$12.69	\$18.43	\$13.21	\$18.95	55 – 59	\$8.65	\$12.67	\$9.00	\$13.02
60 – 64	\$15.81	\$22.86	\$16.33	\$23.38	60 – 64	\$10.73	\$15.62	\$11.08	\$15.97
65 – 69	\$20.31	\$29.26	\$20.83	\$29.78	65 – 69	\$13.73	\$19.89	\$14.08	\$20.24
70+	\$21.35	\$30.75	\$21.87	\$31.27	70+	\$14.42	\$20.88	\$14.77	\$21.23



Covered critical illnesses include:

- Heart attack
- End-stage renal (kidney) failure
- Coronary artery bypass
- Stroke
- Coma
- Major organ failure
- Cancer

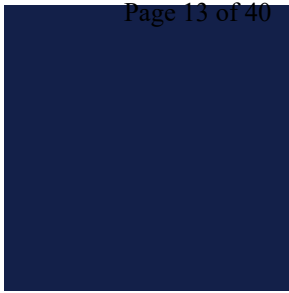
Wellness Benefit:

This provides an annual benefit payment if you complete a health screening test.

- Your annual benefit amount is \$50 for completing a health screening test.
- Your spouse's annual benefit amount is \$50 for completing a health screening test.
- The annual benefit amount for each child is 50% of your benefit amount with an annual maximum of \$100 for all children.

Benefit Payments:

- Benefits are paid directly to you, unless assigned to someone else.



Accident Insurance (Voya)

Accident insurance supplements your primary medical plan by providing cash benefits in cases of accidental injuries. You can use this money to help pay for medical expenses not paid by your medical plan (such as your deductible or coinsurance) or for anything else (such as everyday living expenses). If you apply, you automatically receive the base plan — no health questions to answer.

Benefits are Paid:

- Directly to you, unless assigned to someone else
- In addition to any other coverage like your primary medical plan or an Accidental Death & Dismemberment (AD&D) plan

You Receive a Cash Benefit up to a Specific Amount for:

- Accidental death or dismemberment
- Dislocation or fracture
- Initial hospital confinement
- Intensive care
- Ambulance and other medical expenses
- Outpatient physician’s treatment

Accident Insurance Rates (per pay)

Coverage Options	Low Plan	High Plan
Employee	\$1.52	\$5.30
Employee + spouse	\$2.93	\$10.39
Employee + children	\$3.18	\$10.92
Family	\$4.59	\$16.01

For additional details, please reference the Voya Plan Summaries, which are listed on go.voya.com/eu.

Hospital Indemnity (Voya)

A trip to the hospital can be stressful, and so can the bills. Even with a major medical plan, you may still be responsible for copays, deductibles, and other out-of-pocket costs.

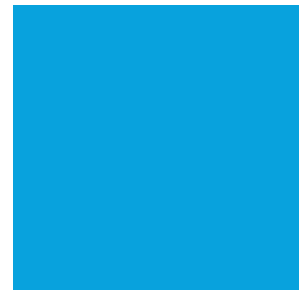
A voluntary hospital indemnity insurance plan can help by supplementing your major medical insurance coverage with cash benefits when you’re admitted to the hospital due to a covered sickness or accident. This money is paid directly to you — unless assigned to someone else — that you can use to cover expenses that your medical plan doesn’t cover.

Use this money to help cover the cost of your hospital stay and time out of work. Hospital indemnity benefits are paid in addition to any other insurance. There are no pre-existing condition exclusions with this plan, but similar to medical insurance, benefits are subject to carrier review. You can select the benefit coverage amount based on your individual needs and budget:

Hospital Indemnity Insurance Rates (per pay)

Coverage Options	Low Plan		High Plan	
	Daily Benefit	Rate	Daily Benefit	Rate
Employee	\$100	\$4.55	\$200	\$9.31
Employee + spouse	\$100	\$11.98	\$200	\$24.53
Employee + children	\$100	\$8.46	\$200	\$17.34
Family	\$100	\$15.90	\$200	\$32.55

For additional details, please reference the Voya Plan Summaries, which are listed on go.voya.com/eu.



Vision

Having vision coverage allows you to save money on eligible eye care expenses, such as periodic eye exams, eyeglasses, contact lenses, and more for yourself and your covered dependents.

ACTION REQUIRED:

If you want to be enrolled in vision benefits for 2021, you need to make an active election. A paper election **will be required** for all eligible employees.

VSP Base Plan		
	In-network	Out-of-network
Exam (once per calendar year)	\$0 copay	Up to \$45
Prescription glasses	\$20 copay	See Lenses
Lenses (once per calendar year)	Copay included in prescription glasses	Single vision: Up to \$30 Lined bifocal: Up to \$50 Lined trifocal: Up to \$65 Progressive: Up to \$50
Frames (once per calendar year)	Copay included in prescription glasses; \$175 allowance for wide selection and \$195 allowance for featured frame brands, plus 20% off amount over allowance; \$100 Costco allowance	Up to \$70
Contact lenses (instead of glasses)	\$150 allowance; up to \$50 copay for fitting/evaluation	Up to \$105
LASIK	Average 15% off regular price, or 5% off promotional price*	
ProTec Safety Glasses (every other calendar year)	\$0 Copay Certified according to ANSI requirements Polycarbonate lenses, scratch-resistant coating, and tints covered in full	Single vision: Upto \$35 Lined bifocal: Up to \$45 Lined trifocal: Up to \$60 Frame: Up to \$25

* Discounts only apply for contracted facilities.

VSP Buy-Up Plan
With the EasyOptions Buy-Up Plan, you can choose to upgrade your vision plan based on your needs.
<p style="text-align: center;">\$250 Frame Allowance -OR- Anti-Reflective Lenses -OR- Progressive Lenses -OR- Photochromic Lenses -OR- In Lieu of Glasses \$200 Contact Lens Allowance</p>

Per Pay Vision Paycheck Deductions (before-tax)

Coverage Election	VSP Vision Base Plan		VSP Vision Buy-up Plan	
	Employees	Officers	Employees	Officers
Employee	\$0.51	\$0.64	\$1.68	\$1.81
Employee + child	\$1.09	\$1.36	\$3.60	\$3.88
Employee + children	\$1.09	\$1.36	\$3.60	\$3.88
Employee + spouse	\$1.02	\$1.27	\$3.37	\$3.63
Family	\$1.74	\$2.18	\$5.76	\$6.20



Dental

Healthy teeth and gums are important to your overall wellness. That's why it's important to have regular dental checkups and maintain good oral hygiene. You have two dental plans to choose from for 2021. You can elect to receive dental coverage even if you are waiving Essential Utilities' medical coverage. Learn about the dental plans available to help you maintain your oral health.

Keep in mind, our Delta Dental plans allow you to use any dentist you wish; however, selecting a participating dentist will significantly reduce your out-of-pocket costs.

	Delta Dental Base Plan		Delta Dental Buy-up Plan	
	In-network	Out-of-network	In-network	Out-of-network
Annual deductible (employee only/family)	\$0/\$0	\$50/\$100	\$0/\$0	\$50/\$150
Annual maximum	\$2,000	\$1,500	\$2,000	\$2,000
Preventive/diagnostic services	100%	\$100%	100%	100%
Basic services	85%	80%	90%	90%
Major services	70%	65%	70%	70%
Oral surgery	70%	50%	90%	90%
Prosthodontics	60%	40%	70%	70%
Orthodontics (eligibility)	Child dependents up to age 26		Both Adults and Child dependents up to age 26	
Orthodontics (plan design)	50% \$1,500 lifetime max.	50% \$1,000 lifetime max.	50% \$1,500 lifetime max.	50% \$1,500 lifetime max.

Per Pay Dental Paycheck Deductions (before-tax)

Coverage Election	Delta Dental Base Plan		Delta Dental Buy-up Plan	
	Employees	Officers	Employees	Officers
Employee	\$3.95	\$4.67	\$5.92	\$6.64
Employee + child	\$9.88	\$11.68	\$12.92	\$14.71
Employee + children	\$9.88	\$11.68	\$12.92	\$14.71
Employee + spouse	\$7.99	\$9.44	\$11.97	\$13.42
Family	\$15.21	\$17.97	\$20.47	\$23.24

ACTION REQUIRED:

If you want to be enrolled in dental benefits for 2021, you need to make an active election. A paper election **will be required** for all eligible employees.

Money-Saving Tip

Remember, you can use your Health Care Flexible Spending Account or Health Savings Account for qualified out-of-pocket dental and vision expenses.





Flexible Spending Accounts (FSAs)

Tax-advantaged FSAs are a great way to save money. The money you contribute to these accounts comes out of your paycheck without being taxed, and you withdraw it tax-free when you pay for eligible health care and dependent care expenses.

Essential Utilities offers you the following FSAs administered through HealthEquity for 2021:

Health Care FSA

- Pay for eligible health care expenses, such as plan deductibles, copays, and coinsurance.
- Contribute up to \$2,750 in 2021.

Dependent Care FSA

- Pay for eligible dependent care expenses, such as day care for a child so you and/or your spouse can work, look for work, or attend school full time.
- Contribute up to \$5,000 per household in 2021, or \$2,500 if you are married and filing separately.

Use It or Lose It

Keep in mind, FSAs are “use-it-or-lose-it” accounts. You will forfeit any unused amount remaining in the account at the end of the plan year. In addition, you can incur expenses up until March 15, 2022, and have the money withdrawn from your 2021 FSA.

Additionally, you have 90 days from the end of the plan year (until March 31, 2022) to submit any claims that you incurred anytime during 2021 but had not submitted for reimbursement.

After this run-out period, any remaining balances from the prior year are forfeited.

Managing Your FSAs

When you enroll in a Health Care FSA, HealthEquity will send you a debit card, which you can use to pay for eligible expenses. Depending on the transaction, you may need to submit receipts or other documentation to HealthEquity. You can review claims and manage your accounts online at [wageworks.com](https://www.wageworks.com) or by using HealthEquity’s robust EZ Receipts mobile app. Download it on the Apple App Store or Google Play.

What’s an Eligible Expense?

- **Health Care FSA** – Plan deductibles, copays, coinsurance, and other health care expenses. To learn more, see IRS Publication 502 at [irs.gov](https://www.irs.gov).
- **Dependent Care FSA** – Child daycare, babysitters (for dependents under age 13), home care for dependent elders, and related expenses. To learn more, see IRS Publication 503 at [irs.gov](https://www.irs.gov).

ADDITIONAL PROGRAMS AVAILABLE

Essential Utilities offers additional benefits to you and your dependents to help with work/life balance and to assist you with affordable legal protection, if needed. These benefits are provided at no cost to you, with the exception of the LegalShield plan.

MDLIVE®

Telemedicine

MDLIVE is a telemedicine benefit where employees and their dependents have access to a doctor from the convenience of a smart phone, tablet, or computer 24 hours a day. Currently, this benefit is provided by Essential Utilities at \$0 cost to the employee.

MDLIVE provides employees 24/7 access to treatment for non-emergency conditions such as: allergies, cold and flu, ear infections, insect bites, respiratory infections, sore throat, pink eye, and much more. Employees also have access to Behavioral Health Services like addiction, grief and loss, parenting issues, men's and women's issues, relationship issues, and more.

Independence

Disease/Condition Care Management

Your Independent Blue Cross medical plan options provide certain disease/condition management services under the Plan. You can talk to a Registered Nurse Health Coach 24/7 to get answers to your health-related questions and concerns, big or small. These nurses can answer questions related to health issues, treatment instructions, tests, or procedures. They can also help you understand your medications and why you take them, prepare for a planned admission or procedure, and coordinate your discharge and follow-ups, and work with you and your doctor to address health concerns. You or a family member may receive calls and assistance from a nurse related to an upcoming hospital stay, your discharge from the hospital, chemotherapy treatment, or a complex medical situation. Please contact your medical carrier at the number on your ID card if you have any questions.

Livongo™

Diabetes Management

Livongo is a benefit provided by Essential Utilities for those employees and their dependents that are covered under the company-sponsored medical plan and have been diagnosed with diabetes. The program provides a cellular-enabled blood glucose meter, unlimited refills on test strips, tips with every check, and 24/7 coaching to help you keep control of your diabetes.

Essential Utilities is happy to cover 100% of the costs of this program to help employees and their families with their diabetes diagnosis.

Livongo will reach out to you and your dependents so you can choose to opt in.



Contact information for all of the additional programs offered at Essential Utilities are on page 15 of this Benefits Enrollment Guide.

ADDITIONAL PROGRAMS (continued)

Essential Utilities is proud to offer the following programs for you and your dependents to help you at each stage of your health. As a company, we feel like it is crucial to invest in our employees to help you manage your physical, emotional, and financial wellbeing.



Health Benefit at No Cost that Helps Make Living with Hypertension Easier

Livongo for Hypertension helps make managing blood pressure easier with advanced technology and expertise from health coaches. If you and your family are enrolled in an Essential Utilities medical plan and have hypertension, you can participate in Livongo's hypertension management program. The program offers:

- An advanced blood pressure monitor and cuff
- Personalized messages
- 24/7 coaching from chronic condition professionals

Essential Utilities is happy to cover 100% of the costs of this program to help employees and their families with their hypertension diagnosis. Livongo will reach out to you and your dependents so you can choose to opt in.



Legal Services – Voluntary Benefit!

LegalShield allows members access to a lawyer for most personal matters, no matter how trivial or traumatic, all without worrying about high hourly legal costs. LegalShield provides identity theft protection, consulting, and restoration.

LegalShield Membership Includes:

- Legal Advice – personal legal issues
- Letters/calls made on your behalf
- Contracts & documents reviewed up to 15 pages
- Residential Loan Document Assistance
- Attorneys prepare your Will, your Living Will and your Healthcare Power of Attorney
- Moving Traffic Violations (available 15 days after enrollment)
- Trial defense including Pre-trial & Trial
- Uncontested Divorce, separation, adoption and/or name change representation (available 90 days after enrollment)
- IRS audit assistance
- 25% preferred member discount (bankruptcy, criminal charges, other matters)
- 24/7 emergency access for covered situations

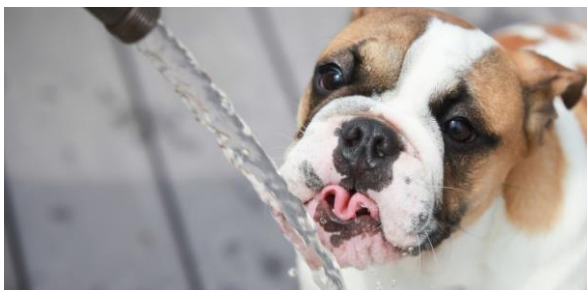
LegalShield plans cover the member, member's spouse, never married dependent children under age 26 living at home; dependent children under age 18 for whom the member is legal guardian; never married dependent children up to age 26 if a full-time college student; and physically or mentally disabled dependent children.

Affordable Legal Protection:

\$9.81/pay

For more information, visit:

benefits.legalshield.com/essential



Focus on Wellness

Essential Utilities is committed to helping you feel your best and live well. We offer benefits and programs that support your total health and make it easier to pursue your wellness goals.

Wellness program

You play an important role in managing your health care costs by maintaining or moving toward a healthy lifestyle. Essential Utilities' wellness programs and resources are here to help you. In addition to complimentary nutrition and wellness counseling, you can also receive reimbursements and discounts through Independence Blue Cross for the following:

- Weight-loss programs and gym memberships
- Smoking cessation
- Alternative health services including acupuncture

Visit ibx.com to learn more.

Take Advantage of Preventive Care

Good preventive care can help you stay healthy and detect any "silent" problems early, when they're most likely to be treatable. Most in-network preventive services are covered in full, so there's no excuse to skip it.

- Have a routine physical exam each year. You'll build a relationship with your doctor and can reduce your risk for many serious conditions.
- Get regular dental cleanings. Numerous studies show a link between regular dental cleanings and disease prevention — including lower risks of heart disease, diabetes, and stroke.
- See your eye doctor at least once every year. If you have certain health risks, such as diabetes or high blood pressure, your doctor may recommend more frequent eye exams. Essential Utilities provides benefits for an eye exam once a year.

Navigate Health Care with Health Advocate

We want to make sure you're aware of your Health Advocate benefit. Your Health Advocate program offers a wide range of personalized services to help you navigate the health care and insurance systems, address wellness or work/life issues, and improve your health! Your conversations with Health Advocate will be conducted in a confidential manner, fully protecting your privacy.

Under the Health Advocate Empowered Health program, you, your spouse and dependent children, your parents and parents-in-law have access to a wide selection of benefits and services:

- Health advocacy
- Wellness coaching
- Tobacco Cessation Program
- Employee and Work/Life Assistance
- 24/7 NurseLine™
- Health care pricing support
- Personal health dashboard
- Healthy reminders

Get Started Using Health Advocate

Simply call Health Advocate anytime, 24/7 at **855.424.6400**. You can also access a special member website at: healthAdvocate.com/essentialutilities



FINANCIAL

It's important to plan for your own and your family's financial security and peace of mind. That's why Essential Utilities provides a variety of benefits to help you protect yourself, your family, and your assets from the unexpected.

Employee Basic Life/AD&D

The company provides you with basic life and accidental death and dismemberment (AD&D) insurance through Mutual of Omaha so that you can protect those you love and provide them with added peace of mind.

Voluntary Supplemental Life/AD&D

If you want added protection, you can purchase voluntary supplemental life and/or AD&D insurance through Mutual of Omaha for yourself, your spouse, and your children. You pay the full cost through payroll deductions.

- Employee – Coverage available in \$10,000 increments to a maximum of the lesser of 5 times your salary or \$500,000. Once you purchase coverage for the first time, you can increase it up to \$130,000, your guaranteed issue amount, with no health questions. If you decline coverage when first eligible, you will have to answer some health questions.
- Spouse – Purchase voluntary supplemental life/AD&D insurance for your spouse in \$5,000 increments up to \$250,000 (not to exceed 100% of corresponding employee supplemental coverage amount). Once you purchase coverage for your spouse for the first time, they can increase their coverage up to \$50,000, their guaranteed issue amount, with no health questions or exams, if eligible. If you decline spouse coverage when first eligible, some health questions may be required.
- Children – Choose \$10,000 of supplemental life/AD&D for your dependent children. No statement of health is required for child supplemental life coverage.

It is important to evaluate your current situation and also any future family needs. Consider purchasing additional coverage for yourself and your dependents, as needed.

Long-Term Disability

A disability can be one of the biggest medical financial risks you face. If you become ill or injured and need to miss work for an extended period of time, a long-term disability insurance program from Mutual of Omaha can help protect your financial wellbeing. Essential Utilities provides you with long-term disability.

Have you Named a Beneficiary?

Be sure you've selected a beneficiary for all your life and accident insurance policies. The beneficiary will receive the benefit paid by a policy in the event of the policyholder's death. It's important to designate a beneficiary and keep that information up-to-date.

To update your beneficiaries, contact the Human Resources Benefits Department at **800.292.1910**, or email benefitsdept@aquaaamerica.com.



ENROLL

After you've carefully considered your benefit options and anticipated needs, it's time to make your benefit selections. Follow the instructions you received to enroll yourself and any eligible dependents in health and insurance benefits for 2021.

How to enroll



You will be required to fill out the enclosed enrollment form and provide to Donna Fuller by your enrollment deadline.

If You Need Help Enrolling

Please contact the Human Resources Benefits Department at **800.292.1910**, or email benefitsdept@aquaamerica.com.

DON'T MISS OUT!

Enroll within 30 days of your hire date to receive the benefits you want for 2021.

Important contacts

Contact the Human Resources Benefits Department at **800.292.1910**, or email benefitsdept@aquaamerica.com for general benefit questions. You can also contact the appropriate provider listed below to learn more about a specific benefit plan.

BENEFIT PLAN	PROVIDER	PHONE NUMBER	WEBSITE
Medical	Independence Blue Cross	800.275.2583	ibx.com
Prescription Drug	RxBenefits	800.334.8134	express-scripts.com
Vision	VSP	800.877.7195	vsp.com
Dental	Delta Dental	800.932.0783	deltadentalins.com
Flexible Spending Accounts (FSAs) and Health Savings Accounts (HSAs)	HealthEquity (formerly WageWorks)	877.924.3967	wageworks.com
Telemedicine	MDLIVE	877.930.1344	Members can register here, after 1/1/21: mdlive.com/essentialutilities
Diabetes & Hypertension Management	Livongo	800.945.4355	Members can register here, after 1/1/21: get.livongo.com/essentialutilities/hi
Disease Management	Independence Blue Cross	800.275.2583	ibx.com
Health Advocacy	Health Advocate	855.424.6400	healthadvocate.com/essentialutilities
Group Accident, Group Critical Illness, Group Hospital Indemnity	Voya	877.236.7564	go.voya.com/eu
Group Voluntary Life/AD&D and Long-Term Disability Insurance	Mutual of Omaha	800.775.8805	mutualofomaha.com
Legal Services	Legal Shield	888.807.0407	benefits.legalshield.com/essential
401(k)	BPAS	866.401.5272	bpas.com
ESPP	Computer Share	800.205.8314	us.computershare.com/employee/login



While every effort has been made to ensure the accuracy of this benefits guide, the plan documents and contracts will prevail in case of a discrepancy between this guide and the plan documents and contracts. In addition, the company reserves the right to modify or terminate any benefit plans at any time.

The information in this booklet constitutes as a Summary of Material Modifications (SMM) of the Essential Utilities Benefits Handbook for the noted plan changes. Effective January 1, 2021, this benefits guide, along with a copy of the Summary Plan Description (SPD) in the Essential Utilities Benefits Handbook, will comprise the SPD. Please retain this guide for reference.



Non Union, USW, and IBEW 2021 Benefits Enrollment Guide



FIND YOUR BEST FIT
Your 2021 Benefit Choices



WELCOME

To Essential Utilities and Your 2021 Benefits

Essential Utilities is excited to have you join our team. We're committed to helping you and your family live healthy in all aspects of your life, which is why we provide you with a comprehensive, highly competitive benefits package. Your Essential Utilities benefits provide choices and the flexibility to decide what options best meet your needs.

Use this guide to better understand the benefits offered by Essential Utilities, then be sure to enroll during your enrollment period, so that you receive the benefits you want for 2021.



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What You Need to Know

- The Flexible Spending Accounts (FSAs) and Health Savings Account (HSA) require an active election, so if you do not elect an amount, there will be no money loaded into the account.
- You must enroll during your enrollment period (within 30 days of your hire date) to contribute to all of the FSA's and the HSA for 2021.
- Enroll within 31 days from your date of hire. If you don't enroll within this time period, you will not have benefits coverage, except for plans and programs that are fully paid by Essential Utilities, such as basic life, AD&D insurance, and long-term disability.
- Please ensure that you enroll your dependents and update your beneficiary designations to make sure they are current.
- After your enrollment opportunity ends, you won't be able to change your benefits until the next Open Enrollment, unless you experience a qualifying life event, such as marriage, divorce, birth, adoption, or a change in your or your spouse's employment status that affects your benefits eligibility. You must notify Human Resources within 31 days of a life event to change your benefits.

Important Information

Who Can Enroll?

- **Regular full time and part time employees**, who are scheduled to work at least 1,000 hours during the year. You must choose benefits within **31 days of hire date**. You will be eligible for benefits on your date of hire.
- **Eligible dependents** – Includes the employee's spouse/domestic partner, and children to age 26, plus disabled dependent children of any age who meet plan criteria.

What to Expect in 2021:

Each year, Essential Utilities strives to keep their benefit package market competitive by offering new programs and empowering employees with choices that fit their needs.

- There will be 2 Dental plan options and 2 Vision plan options for you to choose from.
- A High Deductible Health Plan will be offered along with a Health Savings Account, which includes seed money from Essential Utilities.
- Hospital Indemnity and Legal Services benefits will be offered as part of our benefit suite.

Benefit Summaries and Notices Online

You can find detailed information about each plan, including a breakdown of costs, in each plan's Summary of Benefits and Coverage (SBC). The SBCs summarize important information about your health coverage options in a standard format to help you compare costs and features across plans. To view the SBCs along with the required legal notices regarding your plans, please visit PeoplesPlace.

HEALTH

Quality health coverage is one of the valuable benefits you enjoy as an Essential Utilities employee. Our benefits program offers plans to help keep you and your family healthy and also provide important protection in the event of illness or injury.

Medical

Essential Utilities will be offering a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA). The medical/Rx benefit will be offered through Highmark BCBS.

2021 Medical Plan Option

- HDHP \$1,500 Deductible Plan (HDHP with HSA), a high deductible health plan with a deductible that must be met before the plan starts paying. Once you reach your deductible, the plan pays 80% up to your out-of-pocket maximum.
- There is a Health Savings Account (HSA), which is offered alongside of the HDHP \$1,500 where you as the employee can contribute tax-free dollars to help cover the deductible. You have the ability to take the account with you when you leave Essential Utilities.

Key Features

The medical plan offers:

- Comprehensive, affordable coverage for a wide range of health care services.
- Flexibility to see any provider you want, although you'll save money when you stay in-network.
- Free in-network preventive care, with services such as annual physicals, recommended immunizations, well-woman and well-child exams, flu shots, and routine cancer screenings covered at 100%. In addition, some preventive prescription drugs will be covered at 100%, no deductible.
- Prescription drug coverage included with the medical plan.
- Financial protection through annual out-of-pocket maximums that limit the amount you'll pay each year.
- Choice of six coverage levels: employee, employee + spouse, employee + child(ren), employee + family, employee + domestic partner, employee + child(ren) + domestic partner.

Additional Medical Plan Features

Virtual Visits

- A virtual visit, included as a covered service under your medical plan, lets you see and talk to a doctor from the comfort of your home or office without an appointment.
- The cost of this visit is typically less than an office visit, urgent care, or emergency room treatment.
- Consider a virtual visit when your doctor isn't available, you become ill while traveling, or you're considering visiting a hospital emergency room for a non-emergency health condition.
- To learn more and register for care, go to [amwell.com](https://www.amwell.com) or [doctorondemand.com](https://www.doctorondemand.com).

Health Coach

- Access to a Health Coach who provides information and support is included in the medical plan — at no cost to you.
- Health Coaches are specifically trained to answer your questions and support you in making informed health decisions. Even if you are healthy, you can call a Health Coach to help you set goals that will keep you well.
- A Health Coach may also call you if you have a health condition to offer you programs to meet your needs, with no obligation to participate.
- Health Coach services are free, and all conversations remain completely confidential.

Call **888.258.3428** for assistance.

Declining Medical Coverage

It is important to enroll in the medical plan to protect your family against significant costs in the event of injury or illness. However, Essential Utilities recognizes that you may have an opportunity to enroll for medical benefits from another external program or receive coverage as the spouse or dependent under a Essential Utilities medical plan. You have the option of waiving the Essential Utilities medical coverage and receiving a \$100 per month payment. ***In order to be eligible, you must document coverage under another external program. Human Resources will contact employees to obtain verification.***



Medical Plan

The chart below provides key plan coverage features for the HDHP. To find an in-network provider, contact Highmark BCBS at **800.241.5704** or visit **highmark.com**.

	Highmark HDHP	
	In-Network	Out-of-Network
Annual deductible		
Per person/per family	\$1,500/\$3,000	\$3,000/\$6,000
Coinsurance	80% after deductible	60% after deductible
Out-of-pocket maximum		
Limit Per person/per family	\$3,000/\$6,000	\$7,000/\$14,000
Maximum Per person/per family	\$3,000/\$6,000	Not Applicable
Medical coverage		
Primary care services	80% after deductible	50% after deductible
Preventive care	100%, no deductible	50% after deductible
Specialist care services	80% after deductible	50% after deductible
Radiology – routine	80% after deductible	50% after deductible
Radiology – MRI, CT & PET scan	80% after deductible	50% after deductible
Physical/occupational therapies	80% after deductible	50% after deductible
Inpatient hospital	80% after deductible	50% after deductible
Emergency	80% after deductible	80% after deductible
Urgent care	80% after deductible	50% after deductible
Retail prescription drugs (31/60/90 day supply)		
Generic	80% after deductible	
Preferred brand-name	80% after deductible	
Nonpreferred brand-name	80% after deductible	
Specialty	80% after deductible	
Mail-order prescription drugs (90-day supply)		
Generic	80% after deductible	
Preferred brand-name	80% after deductible	
Nonpreferred brand-name	80% after deductible	
Specialty	80% after deductible	
Prescription Drug Deductible	Integrated with medical deductible	



Health Savings Account (HSA)

If you enroll in the HDHP, you are eligible to participate in the Health Savings Account (HSA).

Tax-advantaged HSAs are a great way to save money. An HSA is one of the few savings vehicles that offer a triple tax advantage to the owner — tax-free (pretax or tax-deductible) contributions; tax-free earnings (investment, interest) on accumulated funds; and tax-free distributions for qualified medical expenses.

The HSA is administered through **Chard Snyder**.

Health Savings Account

- HSAs are funded, individually owned accounts connected with a High Deductible Health Plan.
- Pay for eligible health care, dental, and vision expenses, such as plan deductibles, copays, and coinsurance.
- Contribute up to \$3,600 for single coverage and \$7,200 for family coverage in 2021.
- A catch-up contribution of an additional \$1,000 is allowed if you will be age 55+ by December 31, 2021. This extra "catch-up contribution" for older individuals is set by statute and does not increase from year to year.
- Contribution limits include Essential Utilities' funding of \$1,250 for single and \$1,750 for family coverage.
- HSA elections automatically carry forward each year.

What's an Eligible Expense?

- Health Savings Account – Plan deductibles, copays, coinsurance, dental, vision, and other health care expenses. To learn more, see IRS Publication 969 at [irs.gov](https://www.irs.gov).

Financial Benefits to Health Savings Accounts

- Funds roll over and are non-taxable (Federally) for health purposes; HSAs can be used for qualified health care expenses.
- HSAs are not "use it or lose it" accounts. Funds roll over from year to year, and if you leave Essential Utilities you take the account with you.
- Funds are "real money." Once funds are deposited into the account, they are owned by employees.
- HSAs are portable, earn interest, and can be invested.

Do You Qualify for an HSA?

To be an eligible individual and qualify for an HSA, you must meet the following requirements.

- You are covered under a high deductible health plan (HDHP) on the first day of the month.
- You aren't enrolled in Medicare.
- You can't be claimed as a dependent on someone else's 2021 tax return.

2021 HSA Contribution Limits	
HSA Contribution Limit (Employer + Employee)	Self-only: \$3,600 Family: \$7,200
HSA Catch-Up Contribution (age 55 or older)	\$1,000
Essential Utilities HSA Contribution	Self-only: \$1,250 Family: \$1,750

Money in an HSA grows tax-free and can be withdrawn tax-free if it is used to pay for qualified health care expenses (for a list of eligible expenses, see IRS Publication 502, available at [irs.gov](https://www.irs.gov)). If money is used for ineligible expenses, you will pay ordinary income tax on the amount withdrawn plus a 20% penalty tax if you withdraw the money for ineligible expenses before age 65. After age 65, withdrawals for ineligible expenses are only subject to ordinary income tax.

IMPORTANT!

You must actively select an HSA contribution amount of at least \$5 per pay period for 2021 in order to receive the Essential Utilities HSA contribution to your account.

MEDICAL PLAN COSTS

While health care costs continue to rise, Essential Utilities is committed to keeping costs manageable. The amount you pay is deducted from your paycheck before taxes. Your specific cost is determined by your coverage election and salary.

Medical Costs

The chart below lists the **per pay** employee payroll contributions for the 2021 plan year. The contribution amounts apply to employees who are non-union and represented by USW or IBEW.

Coverage Elections	Highmark HDHP
Employee only	\$34.02
Employee + spouse	\$91.86
Employee + child(ren)	\$81.65
Employee + family	\$105.46
Employee + domestic partner	\$91.86
Employee + child(ren) + domestic Partner	\$105.46

Money-Saving Tips

To stretch your health care dollars, remember to:

- **See in-network providers** – They've agreed to the plan's negotiated rates. Visit your plan website to search for in-network providers near you.
- **Use the mail-order pharmacy** – It will save you time and money when refilling long-term prescriptions.
- **HSA** – For more information on health savings accounts, please see page 4.



Supplemental Medical Plans

Supplemental medical plans provide cash payments in the event of a significant medical expense. You pay the full cost of coverage through post-tax payroll deductions. Be sure to consider your anticipated medical needs for the coming year — for example, a major surgery — when deciding if supplemental coverage is right for you.

Note: You can continue your supplemental medical coverage if you leave Essential Utilities.

Critical Illness Insurance (Voya)

When a serious illness strikes, such as a heart attack, stroke, or cancer, critical illness insurance can provide a lump-sum benefit to cover out-of-pocket expenses for your treatments that are not covered by your medical plan. You can also use the money to take care of your everyday living expenses, such as housekeeping services, special transportation services, and daycare. Plus, you can use the benefits more than once. Diagnoses must be at least 180 days apart or the conditions can't be related to each other.

You will have three levels of coverage to choose from: \$10,000, \$15,000, \$20,000, and \$30,000.

Critical Illness Insurance Costs (per pay)

Employee: \$30,000 / Spouse: \$15,000 / Child(ren) \$15,000 Wellness Included					Employee: \$20,000 / Spouse: \$10,000 / Child(ren) \$10,000 Wellness Included				
Attained Age	EE Only	EE + SP	EE + CH	Family	Attained Age	EE Only	EE + SP	EE + CH	Family
Under 25	\$3.07	\$4.68	\$4.11	\$5.72	Under 25	\$2.24	\$3.51	\$2.93	\$4.20
25 – 29	\$4.04	\$6.07	\$5.08	\$7.11	25 – 29	\$2.88	\$4.43	\$3.58	\$5.12
30 – 34	\$5.42	\$8.08	\$6.46	\$9.12	30 – 34	\$3.81	\$5.77	\$4.50	\$6.46
35 – 39	\$6.81	\$10.02	\$7.85	\$11.05	35 – 39	\$4.73	\$7.06	\$5.42	\$7.75
40 – 44	\$9.30	\$13.62	\$10.34	\$14.65	40 – 44	\$6.39	\$9.46	\$7.08	\$10.15
45 – 49	\$15.81	\$22.89	\$16.85	\$23.93	45 – 49	\$10.73	\$15.65	\$11.42	\$16.34
50 – 54	\$19.96	\$28.78	\$21.00	\$29.82	50 – 54	\$13.50	\$19.57	\$14.19	\$20.26
55 – 59	\$24.81	\$35.70	\$25.85	\$36.74	55 – 59	\$16.73	\$24.18	\$17.42	\$24.88
60 – 64	\$31.04	\$44.56	\$32.08	\$45.60	60 – 64	\$20.88	\$30.09	\$21.58	\$30.78
65 – 69	\$39.58	\$57.37	\$41.08	\$58.41	65 – 69	\$26.88	\$38.63	\$27.58	\$39.32
70+	\$42.12	\$60.35	\$44.54	\$61.38	70+	\$28.27	\$40.62	\$28.96	\$41.31
Employee: \$15,000 / Spouse: \$7,500 / Child(ren) \$7,500 Wellness Included					Employee: \$10,000 / Spouse: \$5,000 / Child(ren) \$5,000 Wellness Included				
Attained Age	EE Only	EE + SP	EE + CH	Family	Attained Age	EE Only	EE + SP	EE + CH	Family
Under 25	\$1.82	\$2.92	\$2.34	\$3.44	Under 25	\$1.41	\$2.33	\$1.75	\$2.68
25 – 29	\$2.31	\$3.61	\$2.83	\$4.14	25 – 29	\$1.73	\$2.79	\$2.08	\$3.14
30 – 34	\$3.00	\$4.62	\$3.52	\$5.14	30 – 34	\$2.19	\$3.46	\$2.54	\$3.81
35 – 39	\$3.69	\$5.58	\$4.21	\$6.11	35 – 39	\$2.65	\$4.11	\$3.00	\$4.45
40 – 44	\$4.94	\$7.38	\$5.46	\$7.91	40 – 44	\$3.48	\$5.31	\$3.83	\$5.65
45 – 49	\$8.19	\$12.02	\$8.71	\$12.54	45 – 49	\$5.65	\$8.40	\$6.00	\$8.75
50 – 54	\$10.27	\$14.97	\$10.79	\$15.49	50 – 54	\$7.04	\$10.36	\$7.38	\$10.71
55 – 59	\$12.69	\$18.43	\$13.21	\$18.95	55 – 59	\$8.65	\$12.67	\$9.00	\$13.02
60 – 64	\$15.81	\$22.86	\$16.33	\$23.38	60 – 64	\$10.73	\$15.62	\$11.08	\$15.97
65 – 69	\$20.31	\$29.26	\$20.83	\$29.78	65 – 69	\$13.73	\$19.89	\$14.08	\$20.24
70+	\$21.35	\$30.75	\$21.87	\$31.27	70+	\$14.42	\$20.88	\$14.77	\$21.23

Covered critical illnesses include:

- Heart attack
- End-stage renal (kidney) failure
- Coronary artery bypass
- Stroke
- Coma
- Major organ failure
- Cancer



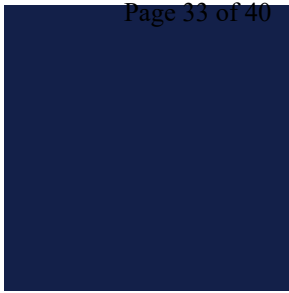
Wellness Benefit:

This provides an annual benefit payment if you complete a health screening test.

- Your annual benefit amount is \$50 for completing a health screening test.
- Your spouse's annual benefit amount is \$50 for completing a health screening test.
- The annual benefit amount for each child is 50% of your benefit amount with an annual maximum of \$100 for all children.

Benefits Payments:

- Benefits are paid directly to you, unless assigned to someone else.



Accident Insurance (Voya)

Accident insurance supplements your primary medical plan by providing cash benefits in cases of accidental injuries. You can use this money to help pay for medical expenses not paid by your medical plan (such as your deductible or coinsurance) or for anything else (such as everyday living expenses). If you apply, you automatically receive the base plan — no health questions to answer.

Benefits are Paid:

- Directly to you, unless assigned to someone else
- In addition to any other coverage, like your primary medical plan or an Accidental Death & Dismemberment (AD&D) plan

You Receive a Cash Benefit up to a Specific Amount for:

- Accidental death or dismemberment
- Dislocation or fracture
- Initial hospital confinement
- Intensive care
- Ambulance and other medical expenses
- Outpatient physician’s treatment

Accident Insurance Rates (per pay)

Coverage Options	Low Plan	High Plan
Employee	\$1.52	\$5.30
Employee + spouse	\$2.93	\$10.39
Employee + children	\$3.18	\$10.92
Family	\$4.59	\$16.01

For additional details, please reference the Voya Plan Summaries, which are listed on PeoplesPlace or go.voya.com/eu.

Hospital Indemnity (Voya)

A trip to the hospital can be stressful, and so can the bills. Even with a major medical plan, you may still be responsible for copays, deductibles, and other out-of-pocket costs.

A voluntary hospital indemnity insurance plan can help by supplementing your major medical insurance coverage with cash benefits when you’re admitted to the hospital due to a covered sickness or accident. This money is paid directly to you — unless assigned to someone else — and can be used to cover expenses that your medical plan doesn’t cover.

Use this money to help cover the cost of your hospital stay and time out of work. Hospital indemnity benefits are paid in addition to any other insurance. There are no pre-existing condition exclusions with this plan, but similar to medical insurance, benefits are subject to carrier review. You can select the benefit coverage amount based on your individual needs and budget:

Hospital Indemnity Insurance Rates (per pay)

Coverage Options	Low Plan		High Plan	
	Daily Benefit	Rate	Daily Benefit	Rate
Employee	\$100	\$4.55	\$200	\$9.31
Employee + spouse	\$100	\$11.98	\$200	\$24.53
Employee + children	\$100	\$8.46	\$200	\$17.34
Family	\$100	\$15.90	\$200	\$32.55

For additional details, please reference the Voya Plan Summaries, which are listed on PeoplesPlace or go.voya.com/eu.



Vision

Having vision coverage allows you to save money on eligible eye care expenses, such as periodic eye exams, eyeglasses, contact lenses, and more for yourself and your covered dependents.

VSP Base Plan		
	In-network	Out-of-network
Exam (once per calendar year)	\$0 copay	Up to \$45
Prescription glasses	\$20 copay	See Lenses
Lenses (once per calendar year)	Copay included in prescription glasses	Single vision: Up to \$30 Lined bifocal: Up to \$50 Lined trifocal: Up to \$65 Progressive: Up to \$50
Frames (once per calendar year)	Copay included in prescription glasses; \$175 allowance for wide selection and \$195 allowance for featured frame brands, plus 20% off amount over allowance; \$100 Costco allowance	Up to \$70
Contact lenses (instead of glasses)	\$150 allowance; up to \$50 copay for fitting/evaluation	Up to \$105
LASIK	Average 15% off regular price, or 5% off promotional price*	
ProTec Safety Glasses (every other calendar year)	\$0 Copay Certified according to ANSI requirements Polycarbonate lenses, scratch-resistant coating, and tints covered in full	Single vision: Up to \$35 Lined bifocal: Up to \$45 Lined trifocal: Up to \$60 Frame: Up to \$25

* Discounts only apply for contracted facilities.

VSP Buy-Up Plan
With the EasyOptions Buy-Up Plan, you can choose to upgrade your vision plan based on your needs.
<p>\$250 Frame Allowance</p> <p>-OR-</p> <p>Anti-Reflective Lenses</p> <p>-OR-</p> <p>Progressive Lenses</p> <p>-OR-</p> <p>Photochromic Lenses</p> <p>-OR-</p> <p>In Lieu of Glasses</p> <p>\$200 Contact Lens Allowance</p>

Vision Per Pay Deductions (before-tax)

Coverage Election	VSP Vision Base Plan	VSP Vision Buy-up Plan
Employee only	\$0.51	\$1.68
Employee + spouse	\$1.02	\$3.37
Employee + child(ren)	\$1.09	\$3.60
Employee + family	\$1.74	\$5.76
Employee + domestic partner	\$1.02	\$3.37
Employee + child(ren) + domestic partner	\$1.74	\$5.76



Dental

Healthy teeth and gums are important to your overall wellness. That's why it's important to have regular dental checkups and maintain good oral hygiene. You have two dental plans to choose from for 2021. You can elect to receive dental coverage even if you are waiving Essential Utilities' medical coverage. Learn about the dental plans available to help you maintain your oral health.

Keep in mind, our Delta Dental plans allow you to use any dentist you wish; however, selecting a participating dentist will significantly reduce your out-of-pocket costs.

Monthly Per Paycheck Deductions (before-tax)

Coverage Election	Delta Dental Base Plan	Delta Dental Buy-up Plan
Employee only	\$3.95	\$5.92
Employee + spouse	\$7.99	\$11.97
Employee + child(ren)	\$9.88	\$12.92
Employee + family	\$15.21	\$20.47
Employee + domestic partner	\$7.99	\$11.97
Employee + child(ren) + domestic partner	\$15.21	\$20.47

	Delta Dental Base Plan		Delta Dental Buy-up Plan	
	In-network	Out-of-network	In-network	Out-of-network
Annual deductible (employee only/family)	\$0/\$0	\$50/\$100	\$0/\$0	\$50/\$150
Annual maximum	\$2,000	\$1,500	\$2,000	\$2,000
Preventive/diagnostic services	100%	\$100%	100%	100%
Basic services	85%	80%	90%	90%
Major services	70%	65%	70%	70%
Oral surgery	70%	50%	90%	90%
Prosthodontics	60%	40%	70%	70%
Orthodontics (eligibility)	Child dependents up to age 26		Both Adults and Child dependents up to age 26	
Orthodontics (plan design)	50% \$1,500 lifetime max.	50% \$1,000 lifetime max.	50% \$1,500 lifetime max.	50% \$1,500 lifetime max.

Money Saving Tip

Remember, you can use your Health Savings Account for qualified out-of-pocket dental and vision expenses.



ADDITIONAL PROGRAM FOR 2021!

Essential Utilities is proud to offer the additional benefit below for you and your dependents to help with work/life balance. As a company, we feel like it is crucial to invest in our employees to help you manage your physical, emotional, and financial well-being.



Legal Services

LegalShield allows members access to a lawyer for most personal matters, no matter how trivial or traumatic, all without worrying about high hourly legal costs. LegalShield provides identity theft protection, consulting, and restoration.

LegalShield Membership Includes:

- Legal Advice – personal legal issues
- Letters/calls made on your behalf
- Contracts & documents reviewed up to 15 pages
- Residential Loan Document Assistance
- Attorneys prepare your Will, your Living Will and your Healthcare Power of Attorney
- Moving Traffic Violations (available 15 days after enrollment)
- Trial defense including Pre-trial & Trial
- Uncontested Divorce, separation, adoption and/or name change representation (available 90 days after enrollment)
- IRS audit assistance
- 25% preferred member discount (bankruptcy, criminal charges, other matters)
- 24/7 emergency access for covered situations

LegalShield plans cover the member, member's spouse, never married dependent children under age 26 living at home; dependent children under age 18 for whom the member is legal guardian; never married dependent children up to age 26 if a full-time college student; and physically or mentally disabled dependent children.

Affordable Legal Protection:

\$9.81/pay

For more information, visit:

benefits.legalshield.com/essential

FINANCIAL

It's important to plan for your own and your family's financial security and peace of mind. That's why Essential Utilities provides a variety of benefits to help you protect yourself, your family, and your assets from the unexpected.

Employee Basic Life/AD&D

The company provides you with basic life and accidental death and dismemberment (AD&D) insurance through MetLife so that you can protect those you love from the unexpected. There is no cost to you for this coverage. Your benefit amount is equal to your base annual salary up to \$750,000.

Voluntary Supplemental Life/AD&D

Employee – If you want added protection, you can purchase voluntary supplemental life and/or AD&D insurance through MetLife for yourself. You pay the full cost through payroll deductions. You may elect coverage on an after-tax basis up to four times your salary rounded to the next \$1,000, up to a maximum of \$750,000.

Once you purchase coverage, no Statement of Health Form is required if you increase coverage by only one increment more than your current coverage and the total amount requested is less than \$300,000. Any increases above one increment or a total purchase over \$300,000 will require a Statement of Health Form. The total amount of Employer-provided basic life/AD&D and voluntary life/AD&D insurance cannot exceed \$1.5 million.

Spouse/Domestic Partner – You may also purchase life and/or AD&D insurance through MetLife for your spouse or domestic partner up to \$250,000 in \$5,000 increments. Spousal optional life insurance cannot exceed 100% of your total coverage. No Statement of Health form required if buying \$50,000 or less in coverage.

Child Voluntary Life -- Optional child life insurance through MetLife provides \$2,500, \$5,000, \$7,500, or \$10,000 of coverage for dependent children from 15 days to 19 years old, or 25 years old if a child is a full-time student. The cost for coverage is \$0.28 per \$2,500 of coverage after tax, regardless of the number of children covered.

Don't Forget to Name a Beneficiary

Be sure you have selected a beneficiary for all your life and AD&D insurance policies. The beneficiary will receive the benefit paid by a policy in the event of the policyholder's death. It's important to designate a beneficiary and keep that information up to date. You will automatically be named as the beneficiary for Spousal and Dependent life benefits.

Sick Leave and Long-Term Disability Insurance

The loss of income due to illness or disability can cause serious financial hardship for your family. Essential Utilities' sick time and disability insurance programs work together to replace a portion of your income when you are unable to work.

The disability benefits you receive allow you to continue paying your bills and meeting your financial obligations during this difficult time. You and your family need income protection in the event you cannot work for a long period of time because of an accident or personal illness. In such a situation, Essential Utilities offers company-provided paid sick time benefits and long-term disability (LTD) insurance at no cost to you.

Review sick time and LTD benefits below.

	Sick Leave	Long-Term Disability
Who Pays	Company Paid	Company Paid
Benefit Provided	Based on years of service and a combination of 100% and 50% of your weekly salary	Up to 60% of monthly earnings
Maximum Benefit Payable	52 weeks (with 30+ years of service)	\$15,000 per month
Maximum Benefit Duration	180 days	Until you are no longer considered disabled or you reach normal retirement age, whichever comes first
Waiting Period	None	180 days plus the exhaustion of all sick and vacation time
Administered By	Essential Utilities	MetLife



401(k) Savings Plan

Essential Utilities sponsors 401(k) plans, which allow employees the ability to save for retirement on a tax-deferred basis through the Newport Group.

Employees are automatically enrolled in a plan as a percentage of their base salary according to the schedule below.

Employees may make **pretax and Roth** contributions to the plan up to the IRS limit of \$19,500.

- Employees may also make **catch-up** contributions when they reach age 50 to a higher IRS limit of \$26,000.
- Employees may also make **after-tax** contributions up to 20% of their salary. Roth contributions allow your earnings in the plan to grow tax-free, but after-tax contributions do not.

How Do I Make Changes?

newportgroup.com
844.749.9981

For first-time users

Login ID: SSN

Password: Date of Birth (mmddyyyy)

(Note: You will be prompted to change your Login ID and password.)

Matching Contributions

Essential Utilities matches contributions in both plans. A matching contribution to the plan means that if you choose to contribute to the plan, the company will also make a contribution to your account. Essential Utilities' match is based on the schedule below. In addition to the matching contributions, you receive a non-elective contribution to each plan whether or not you decide to contribute to the plan.

Employees may elect up to \$19,500 in 2021. Employees age 50+ may make an additional catch-up contribution of \$6,500.

Employee Group	USW	IBEW
Auto Enrollment	4%	4%
Match	125% up to 5%	50% up to 6%
Non-Elective	3%	6%

IMPORTANT CONTACTS

Contact the appropriate provider listed below to learn more about a specific benefit plan.

BENEFIT PLAN	PROVIDER	PHONE NUMBER	WEBSITE
Medical	Highmark	800.241.5704	highmarkbcbs.com
Prescription Drug	Highmark	800.241.5704	highmarkbcbs.com
Vision	VSP	800.877.7195	vsp.com
Dental	Delta Dental	800.932.0783	deltadentalins.com
Health Savings Accounts (HSAs) & Transportation Spending Account	Chard Snyder	800.982.7715	Chard-snyder.com
Telemedicine	Amwell or Doctor On Demand		amwell.com or doctorondemand.com
Health Coach	Highmark	888.258.3428	highmarkbcbs.com
Basic & Voluntary Life/AD&D and Disability	MetLife	800.942.0854	metlife.com/mybenefits
Group Accident, Group Critical Illness, Group Hospital Indemnity	Voya	877.236.7564	go.voya.com/eu
Legal Services	Legal Shield	888.807.0407	benefits.legalshield.com/essential
401(k)	Newport Group	844.749.9981	newportgroup.com
EAP	LifeSolutions	800.647.3327	lifesolutionsforyou.com (Company Code: PNG)
Computer Share	ESPP	800.205.8314	us.computershare.com/employee/login

If You Need Help Enrolling

Please contact your HR Team at HRHelp@peoples-gas.com or at **412.208.7050**.



While every effort has been made to ensure the accuracy of this benefits guide, the plan documents and contracts will prevail in case of a discrepancy between this guide and the plan documents and contracts. In addition, the company reserves the right to modify or terminate any benefit plans at any time.

The information in this booklet constitutes as a Summary of Material Modifications (SMM) of the Essential Utilities Benefits Handbook for the noted plan changes. Effective January 1, 2021, this benefits guide, along with a copy of the Summary Plan Description (SPD) in the Essential Utilities Benefits Handbook, will comprise the SPD. Please retain this guide for reference.

DELTA NATURAL GAS COMPANY, INC.
CASE NO. 2021-00185

FIRST PSC DATA REQUEST
DATED MAY 13, 2021

42. Provide each medical insurance policy that the utility currently maintains.

Response:

See the following attachments:

Delta:

- 1) Essential Utilities (10491262) 2021 Bklt – HDHP
- 2) Essential Utilities (10105003) 2021 Bklt – PPO1
- 3) Essential Utilities (10105005) 2021 Bklt – PPO2

Peoples KY:

- 4) Highmark GE _10429513_20200101 1500

Sponsoring Witness:

William Packer



Everything you need to know about your health plan

Independence 

Personal Choice
PPO Choice Advantage



Questions?

Visit ibx.com or

Call 1-800-ASK BLUE
(TTY: 711)

Welcome to Independence Blue Cross

Thank you for choosing Independence Blue Cross (Independence). Our goal is to provide you with health care coverage that can help you manage your health care needs. This Benefit Booklet will help you understand your Independence coverage so that you can take full advantage of your membership by becoming familiar with the benefits and services available to you.

You'll find valuable information on:

- What services are and are not covered by your health insurance
- How decisions are made about what is covered
- How to use our member website, ibx.com
- How to get in touch with us if you have a problem

If you have any other questions, feel free to call Customer Service at 1-800-ASK-BLUE (TTY: 711) and we will be happy to assist you.

Again, thank you for being a member of Independence. We look forward to providing you with quality health care coverage.

Introduction to your health plan

You have Personal Choice[®] PPO coverage, which means you have the freedom to see any doctor or specialist in or out of our large network, without a referral. You will also receive the highest level of benefits when you receive care through our "preferred" network.

Using your ID card

You and your covered dependents will each receive an Independence identification (ID) card. It is important to take your ID card with you wherever you go because it contains information like what to pay when visiting your doctor, specialist, or the emergency room (ER). You should present your ID card when you receive care, including doctor visits or when checking in at the ER.

You can also access a digital version of your ID card by registering at ibx.com.

If any information on your ID card is incorrect, you misplace an ID card, or need to print out a temporary ID card, you may do so through ibx.com, our member website. You may also call 1-800-ASK-BLUE (TTY: 711) and we will issue you a new ID card.

Get Connected

When you receive your ID card, call the toll-free number on the sticker affixed to the card to confirm receipt. You will also be given the option to sign up for IBX Wire, a free text and email messaging service. IBX Wire is an innovative way for you to receive timely and helpful communications on your smartphone. If you choose to opt in, you will have access to a private message board and will receive text or email messages about once every other week that communicate helpful, relevant information about your health plan, maximizing your benefits, and well-being programs.

Locating a network physician or hospital

You have access to our expansive provider network of physicians, specialists, and hospitals. You may search our provider network by going to ibx.com/providerfinder. Provider and facility profiles include interactive location maps and details on specialties, staff languages spoken, patients accepted, and more. You may also call 1-800-ASK-BLUE (TTY: 711) and a Customer Service associate will help you locate a provider.

All network providers are required to provide coverage 24 hours a day, 7 days a week, either in office or by on-call/answering services. However, you may choose to use an alternative care setting such as an urgent care or retail health clinic.

Rights and responsibilities

A list of your rights and responsibilities is available at <https://www.ibx.com/quality-management#member>, or call the Customer Service telephone number on the back of your member ID Card.

How to receive care

Scheduling an appointment

Simply call your doctor's office and request an appointment. If possible, call network providers 24 hours in advance if you are unable to make it to a scheduled appointment.

Access after normal business hours

Urgent or emergency medical advice should be available 24 hours a day, 7 days a week. If an urgent issue arises after normal business hours, call your doctor's office for instructions on how to reach your doctor or covering physician. A physician should call you within 30 minutes.

Obtaining precertification

You are not required to obtain precertification when you are treated in a Personal Choice network hospital or facility or by a Personal Choice network physician. If your Personal Choice network provider fails to obtain precertification, you will not be responsible for financial penalties.

When you must obtain precertification:

If you are receiving care from a BlueCard PPO provider, another Blue plan provider, or an out-of-network provider, you are responsible for initiating precertification or prior authorization.

Call 1-800-ASK-BLUE (TTY: 711) to speak with a Care Management and Coordination team member to obtain precertification for your need.

Preventive care

Preventive care is an important part of getting and staying healthy as possible. Our preventive care services can help you and your family avoid developing health problems and prevent minor issues from becoming major health concerns such as diabetes and colon cancer.

You can use our Preventive Care Guidelines tool to see which services are recommended for your age and gender. Visit ibx.com, click on the Stay Healthy tab, Health and wellness perks, and Preventive care to access the tool. You can also view or download our guide to Preventive care for adults and children.



Stay in the know

Get important plan information, health reminders, and money-saving tips and discounts sent directly to your smartphone.

Text IBX to 73529 to register.*

Using your preventive care benefits

Quality care and prevention are vital to your long-term health and well-being. That's why we cover 100 percent of certain preventive services, offering them without a copayment, coinsurance, or deductible if received from your in-network provider.

Covered preventive services include, but are not limited to:

- Screenings for:
 - breast, cervical, and colon cancer
 - vitamin deficiencies during pregnancy
 - diabetes
 - high cholesterol
 - high blood pressure
- Routine vaccinations for children, adolescents, and adults as determined by the CDC (Centers for Disease Control and Prevention)
- Women's preventive health services*, such as:
 - well-woman visits (annually)
 - screening for gestational diabetes
 - human papillomavirus (HPV) DNA testing
 - counseling for sexually transmitted infections
 - counseling and screening for human immunodeficiency virus (HIV)
 - screening and counseling for interpersonal and domestic violence
 - breastfeeding support, supplies (breast pumps), and counseling
 - generic formulary contraceptives, certain brand formulary contraceptives, and FDA-approved over-the-counter female contraceptives with a prescription

Be sure to consult with your doctor for preventive services and/or screenings.

* Medical contraceptive procedures, including implantable contraceptive devices and injectable contraceptives, are covered with no cost-sharing when performed by participating In-network providers. If your health plan includes a prescription drug benefit, certain FDA approved contraceptives are covered with no cost-sharing when the prescription is filled at a participating In-network pharmacy. Other exemptions may apply. Refer to your member handbook and/or benefit booklet to determine if your plan covers in-network preventive services and/or preventive drugs with no cost-sharing.

Emergency care

In the event of an emergency, go immediately to the emergency room of the nearest hospital. If you believe your situation is particularly severe, call 911 for assistance.

A medical emergency is typically thought of as a medical or psychiatric condition in which symptoms are so severe, that the absence of immediate medical attention could place one's health in serious jeopardy. Most times, a hospital emergency room is not the most appropriate place for you to be treated.

Hospital emergency rooms provide emergency care and must prioritize patients' needs. The most seriously hurt or ill patients are treated first. If you are not in that category, you could wait a long time.

For urgent or routine care, contact with your doctor. Health care practitioners, or PCPs, provide coverage 24 hours a day, 7 days a week.

Urgent care

Urgent care is necessary treatment for a non-life-threatening, unexpected illness or accidental injury that requires prompt medical attention when your doctor is

Know where to go for care

lbx.com/findcarenow

unavailable. Examples include sore throat, fever, sinus infection, ear ache, cuts, rashes, sprains, and broken bones.

You may visit an urgent care center which offers a convenient, safe, and affordable treatment alternative to emergency room care when you can't get an appointment with your own doctor.

Retail health clinic

Retail health clinics are another alternative when you can't get an appointment with your own doctor for non-emergency care. Retail health clinics use certified nurse practitioners who treat minor, uncomplicated illness or injury. Some retail health clinics may also offer flu shots and vaccinations.

Not sure what facility to use? Go to ibx.com/findcarenow to help you decide where to go for care.

Virtual care

Many plans now include the ability to see a doctor virtually for telemedicine, telebehavioral health, and teledermatology services. Virtual care helps increase access to care, provides an alternative option to ER and urgent care visits, and can reduce costs. If available, members may also receive telemedicine services through their primary care physician or specialists and pay their health plan's cost-share. Check your plan benefits in this book to see if virtual care is covered. For more information visit ibx.com/findcarenow.

You're covered while traveling with BlueCard® PPO

You can travel with the peace of mind knowing that Blue goes with you wherever you go. With BlueCard PPO, you simply present your ID card to any participating Blue Cross® and/or Blue Shield® PPO provider across the country and your costs are the same as if you were being treated by an in-network local doctor or hospital.

If you run into a medical emergency when you are far away from home, you have two different options:

- In a true emergency, go to the nearest ER.
- In an urgent care situation, find a BlueCard provider in the area. Call 1-800-810-BLUE (TTY: 711) to find an in-network provider in the area. You may also visit an urgent care center for medical issues if an in-network provider is unavailable and if you do not require the medical services of an emergency room. You may also visit the BlueCard Doctor and Hospital Finder at www.bcbs.com.

Receiving services for mental health, alcohol, or substance use disorder

Magellan Healthcare administers your mental health and substance use disorder benefits like outpatient or inpatient mental health or substance use disorder services. Call 1-800-ASK-BLUE (TTY: 711). Refer to the terms and conditions of your group health plan to find out if you have coverage for mental health and substance use disorder benefits.

Out of the area and need care?

Call 1-800-810-BLUE (TTY: 711) to find an in-network provider in the area.

Manage your account online

On ibx.com you can conveniently and securely view your benefits and claims information and use the tools that help you take control of your health. As an Independence Blue Cross member, you and your dependents 18 years of age and older can create your own accounts on ibx.com.

Register on ibx.com

To register, simply go to ibx.com, click *Register*, and then follow the directions. You will need information from your ID card to register, so be sure to have it handy.

Once you're registered, log on to ibx.com to:

- View your benefits information
- Review claims information
- Review annual out-of-pocket expenses
- Request a replacement ID card and print a temporary ID card
- View and print referrals
- Download forms

Set communications preferences to receive text and email alerts

Online tools to help make informed health care decisions

The ibx.com website also provides you with tools and resources to help you make informed health care decisions:

- **Find a Doctor** helps you find the participating doctors and hospitals that are equipped to handle your needs. Simple navigation helps you get fast and accurate results. Plus, when you select your health plan type your results are customized based on your network, making it easy to locate a participating doctor, specialist, hospital, or other medical facility. You'll even be able to read patient ratings and reviews and rate your doctors and write your own reviews.
- **Care Cost Estimator** is a tool that helps you save money and avoid unplanned expenses, just like you'd want to for any important purchase. Now you can compare providers side-by-side and estimate out-of-pocket costs – all based on your specific health plan.
- **Health Navigator** allows members to match medical symptoms with relevant assessments and appropriate treatments. The tool can help you decide on the best place to seek care such as at your doctor's office, an urgent care center, retail clinic or emergency room.
- **Well-being Profile** is an easy-to-use health survey that only takes 15 minutes to complete. It gives you a snapshot of your current health and health history, lifestyle habits, overall well-being, and risk factors. Based on your answers, it gives you a private and personalized report detailing what you are doing well, suggested areas of improvement, and recommended focus areas.
- **Achieve Well-being** online tools and resources help you achieve what's important to you in a way that's simple, easy, and fun. Here's how it works:
 - Complete the Well-being Profile.
 - Start a program.
 - Develop your action plan to get fit, eat right, sleep better, manage stress, or achieve your own health goal.
 - Sync your devices to track your progress.
 - Stay motivated with tokens and badges for achievements.

Look for reminders, encouraging emails, and text messaging.

- **Health Trackers** allow you to chart your health progress over time. Keep a record of your weight, physical activity, blood pressure, labs, screenings and more.
- **Personal Health Record** helps you store, maintain, track, and manage your health information in one centralized and secure location. Your Personal Health Record is updated once we process claims received from participating providers.



Take advantage of member discounts

Get rewarded for taking small steps every day that can add up to big changes in your health. With Healthy LifestylesSM reimbursements, you can get money back for your healthy choices on fitness center fees, weight management programs, and programs to help you quit tobacco. Our exclusive savings and discount programs — Blue InsiderSM, Blue365®, and GlobalFit® — offer you discounts to local, regional, and national companies. Learn more at ibx.com/stay-healthy/health-and-wellness-perks.

Manage your health on the go with the IBX app

Download the free IBX app for your smartphone to help you make the most of your health plan. The IBX app gives you easy access to your health care coverage 24/7, wherever you are. Use the IBX app to:

- View and share your ID card
- Check the status of referrals and claims
- Access benefits information
- Find doctors, hospitals, urgent care centers, and retail health clinics
- Track deductibles and spending accounts
- Review your health history and prescribed medications
- Access your personalized well-being tools and programs

Download from the App store or Google Marketplace. Log in to the app with the same username and password you use for ibx.com.

Connect with us on Social Media

“Like” the Independence Blue Cross page on Facebook or follow us on Twitter and Instagram, and you’ll find a whole new approach to making healthy lifestyle changes, one step at a time.

- Receive health and wellness tips that can help you improve your well-being
- Enter contests and promotions
- Connect with other health-minded individuals
- Learn how to incorporate fitness, good nutrition, and stress management into your everyday life with practical advice.

Member support

When you need us, we're here for you. You can contact us to discuss anything pertaining to your health care, including:

- Benefits and eligibility
- Claims status
- Requesting a new ID card
- Well-being programs

Email

To send a secure email to Customer Service, log on to ibx.com and click on the *Contact Us link*. On the Contact Us page you will see a link that allows you to send your inquiries or comments directly to Customer Service.

Mail

Independence Blue Cross
1901 Market Street
Philadelphia, PA 19103-1480

Our walk-in service, located at 1919 Market Street, 2nd Floor, is open Monday through Friday from 8 a.m. to 5 p.m.

Call

Call 1-800-ASK-BLUE (TTY: 711) to speak to one of our experienced Customer Service team members, who are available to answer your questions Monday through Friday, 8 a.m. to 6 p.m.

Services for members with special needs

If a language other than English is your primary language, call Customer Service at 1-800-ASK-BLUE (TTY: 711) and they will work with you through an interpreter over the telephone to help you understand your benefits and answer any questions you may have.

Your one-stop shop

ibx.com

THE PERSONAL CHOICE HEALTH BENEFITS PROGRAM

A COMPREHENSIVE MAJOR MEDICAL GROUP BENEFIT BOOKLET

Administered by

QCC Insurance Company
(Called "the Claims Administrator")
A Pennsylvania Corporation
Located at
1901 Market Street
Philadelphia, PA 19103

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Language Assistance Services

Spanish: ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

Chinese: 注意: 如果您讲中文, 您可以得到免费的语言协助服务。致电 1-800-275-2583。

Korean: 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-275-2583 번으로 전화하십시오.

Portuguese: ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para 1-800-275-2583.

Gujarati: સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-800-275-2583 કોલ કરો.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi 1-800-275-2583.

Russian: ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Тел.: 1-800-275-2583.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-275-2583.

Italian: ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-275-2583.

Arabic: ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-800-275-2583.

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sévis éd pou lang ki disponib gratis pou ou. Rele 1-800-275-2583.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Tumawag sa 1-800-275-2583.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-275-2583.

Pennsylvania Dutch: BASS UFF: Wann du Pennsylvania Deitsch schwetzsch, kannscht du Hilf griege in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Nummer 1-800-275-2583.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-275-2583।

German: ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Wählen Sie 1-800-275-2583.

Japanese: 備考: 母国語が日本語の方は、言語アシスタンスサービス(無料)をご利用いただけます。1-800-275-2583へお電話ください。

Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. با شماره 1-800-275-2583 تماس بگیرید.

Navajo: Dii baa akó ninizin: Dii saad bee yánilti'go Diné Bizaad, saad bee áká'ánida'áwo'déé', t'áá jiiik'eh. Hódiilnih koji' 1-800-275-2583.

Urdu:

توجه درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583

Mon-Khmer, Cambodian: សូមមេត្តាចាប់អារម្មណ៍៖ ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះ ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-800-275-2583។

Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Program does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103, By phone: 1-888-377-3933 (TTY: 711) By fax: 215-761-0245, By email: civilrightscoordinator@1901market.com. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800- 368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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INTRODUCTION

Thank you for joining QCC Insurance Company (the Claims Administrator). Our goal is to provide Members with access to quality health care coverage. This Benefit Booklet is a summary of the Members benefits and the procedures required in order to receive the benefits and services to which Members are entitled. Members' specific benefits covered by the Claims Administrator are described in the **Description of Covered Services** section of this Benefit Booklet. Benefits, exclusions and limitations appear in the **Exclusions – What Is Not Covered** and the **Schedule of Covered Services** sections of this Benefit Booklet.

Please remember that this Benefit Booklet is a summary of the provisions and benefits provided in the Program selected by the Member's Group. Additional information is contained in the Group Program Document available through the Member's Group benefits administrator. The information in this Benefit Booklet is subject to the provisions of the Group Program Document. If changes are made to the Members Group's Program, the Member will be notified by the Members Group benefits administrator. Group Program Document changes will apply to benefits for services received after the effective date of change.

If changes are made to this Program, the Member will be notified. Changes will apply to benefits for services received on or after the effective date unless otherwise required by applicable law. The effective date is the *later* of:

- The effective date of the change;
- The Members Effective Date of coverage; or
- The Group Program Document anniversary date coinciding with or next following that service's effective date.

Please read the Benefit Booklet thoroughly and keep it handy. It will answer most questions regarding the Claims Administrator's procedures and services. **If Members have any other questions, they should call the Claims Administrator's Customer Service Department ("Customer Service") at the telephone number shown on the Members Identification Card ("ID Card").**

Any rights of a Member to receive benefits under the Group Program Document and Benefit Booklet are personal to the Member and may not be assigned in whole or in part to any person, Provider or entity, nor may benefits be transferred, either before or after Covered Services are rendered. However, a Member can assign benefit payments to the custodial parent of a Dependent covered under the Group Program Document and Benefit Booklet, as required by law.

See **Important Notices** section for updated language and coverage changes that may affect this Benefit Booklet.

Your Costs		
Benefit Period	Calendar Year (1/1 – 12/31)	
	IN-NETWORK	OUT-OF-NETWORK
Program Deductible		
Individual	\$1,500	\$5,000
Family	\$4,500	\$15,000*
<p><i>Note for Program Deductible shown above:</i> In each Benefit Period, the Deductibles shown above apply to all Covered Services except as otherwise specified in the Schedule of Covered Services. In each Benefit Period, the Family Deductible will be applied to all family members covered under a Family Coverage. A Deductible will not be applied to any covered family member once the Family Deductible has been satisfied for all covered family members combined. The In-Network Care Individual Deductible and In-Network Care Family Deductible amounts may be subject to an annual cost of living adjustment for high deductible health plans that are compatible with a health savings account. Any annual adjustment will be made in accordance with Internal Revenue Code section 223. Members will be notified in advance of any changes to the In-Network Care Individual Deductible and In-Network Care Family Deductible amounts.</p>		
Coinsurance	20% for Covered Services, except as otherwise specified in the Schedule of Covered Services .	50% for Covered Services, except as otherwise specified in the Schedule of Covered Services .

	IN-NETWORK	OUT-OF-NETWORK
Out-of-Pocket Limit		
Individual	\$3,000	\$15,000
Family	\$9,000	\$45,000
<p><i>Note for Out-of-Pocket Limit shown above: When a Member Incurs the level of In-Network Out-of-Pocket expenses listed above of Copayments, Deductible and Coinsurance expense in one Benefit Period for In-Network Covered Services, the Coinsurance percentage will be reduced to 0% and no additional Copayment(s) or Deductible(s) will be required for the balance of the Benefit Period. After the Family In-Network Out-of-Pocket Limit amount have been met for Covered Services by Members under the same Family Coverage in a Benefit Period, the Coinsurance will be reduced to 0% and no additional Copayment(s) or Deductible(s) will be required for the balance of the Benefit Period. However, no family member will contribute more than the individual In-Network Out-of-Pocket amount. The amount of the In-Network Care Individual Out-of-Pocket Limit and In-Network Care Family Out-of-Pocket Limit will only include expenses for Essential Health Benefits. The In-Network dollar amount specified above shall not include any expense Incurred for Penalties associated with failure to Precertify required services or for amounts that exceed the Health Benefit Plan's payment (see the Covered Expense definition for details). When a Member Incurs the level of Out-of-Network Out-of-Pocket expenses listed above of Coinsurance expense in one Benefit Period for Out-of-Network Covered Services, the Coinsurance percentage will be reduced to 0% for the balance of the Benefit Period. After the Family Out-of-Network Out-of-Pocket Limit amount have been met for Covered Services by Members under the same Family Coverage in a Benefit Period, the Coinsurance will be reduced to 0% for the balance of the Benefit Period. However, no family member will contribute more than the individual Out-of-Network Out-of-Pocket amount. The Out-of-Network dollar amount specified above shall not include any expense Incurred for any Deductible, Copayments or Penalties associated with failure to Precertify required services or for amounts that exceed the Health Benefit Plan's payment (see the Covered Expense definition for details). The amount of the In-Network Care Individual Out-of-Pocket Limit and In-Network Care Family Out-of-Pocket Limit may be subject to an annual cost of living adjustment for high deductible health plans that are compatible with a health savings account. Any annual adjustment will be made in accordance with Internal Revenue Code section 223. Members will be notified in advance of any changes to the In-Network Care Individual Out-of-Pocket Limit and In-Network Care Family Out-of-Pocket Limit amounts.</i></p>		
Lifetime Maximum	Unlimited	Unlimited

SCHEDULE OF COVERED SERVICES

This ***Schedule of Covered Services*** is an overview of the benefits you are entitled to. More details can be found in ***the Description of Covered Services*** section.

Subject to the exclusions, conditions and limitations of this Program, a Member is entitled to benefits for the Covered Services described in this ***Schedule of Covered Services*** during a Benefit Period, subject to any Copayment, Deductible, Coinsurance, Out-of-Pocket Limit or Lifetime Maximum. The percentages for Coinsurance and Covered Services shown in this ***Schedule of Covered Services*** are not always calculated on actual charges. For an explanation on how Coinsurance is calculated, see the "Covered Expense" definition in the ***Important Definitions*** section.

Some Covered Services must be Precertified before the Covered Person receives the services. Failure to obtain a required Precertification for a Covered Service could result in a reduction of benefits. More information on Precertification is found in the ***General Information*** section.

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Acupuncture⁽⁴⁾	20%, after Deductible	50%, after Deductible
<i>Note for Acupuncture shown above: Benefit Period Maximum: 20 In-Network/Out-of-Network visits</i>		
Alcohol Or Drug Abuse And Dependency⁽³⁾		
Inpatient Hospital Detoxification and Rehabilitation	20%, after Deductible*	50%, after Deductible**
Hospital and Non-Hospital Residential Care	20%, after Deductible*	50%, after Deductible**
Outpatient Treatment	20%, after Deductible	50%, after Deductible
<p>* In-Network Benefit Period Maximum: Unlimited Inpatient days. This maximum is combined for all In-Network Inpatient Hospital Services, Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency benefits.</p> <p>** Out-of-Network Benefit Period Maximum: 70 Inpatient days. This maximum is combined for all Out-of-Network Inpatient Hospital Services, Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency benefits. This maximum is part of, not separate from, In-Network days maximum.</p>		
Ambulance Services/Transport⁽⁴⁾		
Emergency	20%, after Deductible	20%, after In-Network Deductible
Non-Emergency	20%, after Deductible	50%, after Deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Autism Spectrum Disorders⁽⁴⁾	Same cost-sharing as any other medical service within the applicable medical service (For example, Therapy Services, Diagnostic Services, etc.)	Same cost-sharing as any other medical service within the applicable medical service (For example, Therapy Services, Diagnostic Services, etc.)
<p><i>Note for Autism Spectrum Disorders shown above:</i></p> <p>Annual Benefit Maximum for non-essential benefits: \$42,220.</p> <p>Benefit Period Maximums and visit limits do not apply</p> <p>If this Program does not provide coverage for prescription drugs, Autism Spectrum Disorders medications are covered less the applicable Coinsurance per 30 day prescription order:</p> <p>Generic Coinsurance – 30% Brand Coinsurance – 30%</p>		
Blood⁽³⁾	20%, after Deductible	50%, after Deductible
Colorectal Cancer Screening⁽⁴⁾	20%, after Deductible	50%, after Deductible
Diabetic Education Program⁽⁴⁾	20%, after Deductible	Not Covered
Diabetic Equipment And Supplies⁽⁴⁾	20%, after Deductible	40%, after Deductible
Durable Medical Equipment And Consumable Medical Supplies⁽⁴⁾	20%, after Deductible	40%, after Deductible
Emergency Care Services⁽⁴⁾	20%, after Deductible	20%, after In-Network Deductible
Home Health Care⁽⁴⁾	20%, after Deductible	50%, after Deductible
<p><i>Note for Home Health Care shown above: Benefit Period Maximum: 60 visits</i></p>		
Hospice Services⁽³⁾	20%, after Deductible	50%, after Deductible
<p><i>Note for Hospice Services shown above: Respite Care: Maximum of seven In-Network/Out-of-Network days every six months.</i></p>		

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Hospital Services⁽²⁾		
Facility Charge	20%, after Deductible*	50%, after Deductible**
Professional Charge	20%, after Deductible	50%, after Deductible
<p>* In-Network Benefit Period Maximum: Unlimited Inpatient days. This maximum is combined for all In-Network Inpatient Hospital Services, Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency benefits.</p> <p>** Out-of-Network Benefit Period Maximum: 70 Inpatient days. This maximum is combined for all Out-of-Network Inpatient Hospital Services, Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency benefits. This maximum is part of, not separate from, In-Network days maximum.</p>		
Immunizations⁽¹⁾	None, Deductible does not apply	50%, Deductible does not apply
Injectable Medications⁽⁴⁾		
Specialty Drug		
Home/Office	20%, after Deductible	50%, after Deductible
Outpatient	20%, after Deductible	50%, after Deductible
Standard Injectable Drugs	20%, after Deductible	50%, after Deductible
Laboratory and Pathology Tests⁽⁴⁾		
Freestanding Laboratory	20%, after Deductible	50%, after Deductible
Hospital-Based Laboratory	20%, after Deductible	50%, after Deductible
Maternity/OB-GYN/Family Services⁽³⁾		
Artificial Insemination	20%, after Deductible	50%, after Deductible
Elective Abortions		
Professional Service	20%, after Deductible	50%, after Deductible
Outpatient Facility Charges	20%, after Deductible	50%, after Deductible
Maternity/Obstetrical Care		
Professional Service	20%, after Deductible	50%, after Deductible
Facility Service: Inpatient/Birthing Center	20%, after Deductible	50%, after Deductible
Newborn Care	20%, after Deductible	50%, after Deductible
Medical Care⁽²⁾	20%, after Deductible	50%, after Deductible
Medical Foods and Nutritional Formulas⁽⁴⁾	20%, after Deductible	50%, after Deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Mental Health/Psychiatric Care ⁽³⁾		
Inpatient	20%, after Deductible*	50%, after Deductible**
Outpatient	20%, after Deductible	50%, after Deductible
<p>* In-Network Benefit Period Maximum: Unlimited Inpatient days. This maximum is combined for all In-Network Inpatient Hospital Services, Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency benefits.</p> <p>** Out-of-Network Benefit Period Maximum: 70 Inpatient days. This maximum is combined for all Out-of-Network Inpatient Hospital Services, Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency benefits. This maximum is part of, not separate from, In-Network days maximum.</p>		
Methadone Treatment ⁽⁴⁾	None, after Deductible	50%, after Deductible
Nutrition Counseling For Weight Management ⁽¹⁾	None, Deductible does not apply	50%, after Deductible
<i>Note for Nutrition Counseling For Weight Management shown above: Benefit Period Maximum: 6 In-Network/Out-of-Network visits</i>		
Orthotics ⁽⁴⁾	20%, after Deductible	50%, after Deductible
Podiatric Care ⁽⁴⁾	20%, after Deductible	50%, after Deductible
Preventive Care – Adult ⁽¹⁾	None, Deductible does not apply	50%, Deductible does not apply
Routine/Preventive Colonoscopy		
Providers that are not Hospital based	None, Deductible does not apply	Not Covered
Providers that are Hospital based	None, Deductible does not apply	50%, after Deductible
<p>* The Copayment will be waived if the In-Network Provider determines that it is Medically Necessary to have the service performed by a Provider that is Hospital based.</p> <p><i>Note for Routine/Preventive Colonoscopy shown above: There is no cost-share applied if the preventive colonoscopy service is performed at a facility that is not Hospital based (For example, an Ambulatory Surgical Facility); if the preventive colonoscopy service is performed at a Hospital based facility, the Hospital based Copayment shown above will apply.</i></p>		
Preventive Care – Pediatric ⁽¹⁾	None, Deductible does not apply	50%, after Deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Primary Care Physician Office Visits/Retail Clinics⁽¹⁾	20%, after Deductible	50%, after Deductible
<i>Note for Primary Care Physician Office Visits/Retail Clinics shown above: If a Member receives Covered Services in addition to an office visit, additional Copayments, Deductibles or Coinsurance may apply.</i>		
Prosthetic Devices⁽⁴⁾	20%, after Deductible	50%, after Deductible
Radiology Services – Non-Routine⁽⁴⁾ (including MRI/MRA, CT scans, PET scans)		
Providers that are not Hospital based	20%, after Deductible	50%, after Deductible
Providers that are Hospital based	20%, after Deductible	50%, after Deductible
Radiology Services – Routine⁽⁴⁾ (including MRI/MRA, CT scans, PET scans)		
Providers that are not Hospital based	20%, after Deductible	50%, after Deductible
Providers that are Hospital based	20%, after Deductible	50%, after Deductible
Skilled Nursing Facility Services⁽²⁾	20%, after Deductible	50%, after Deductible
<i>Note for Skilled Nursing Facility Services shown above: Benefit Period Maximum: 120 In-Network/Out-of-Network Inpatient days</i>		

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Sleep Studies⁽⁴⁾		
Home/Freestanding Sleep Center	20%, after Deductible	50%, after Deductible
Facility Charge	20%, after Deductible	50%, after Deductible
Smoking Cessation⁽¹⁾	None, Deductible does not apply.	50%, Deductible does not apply
Specialist Office Visits⁽⁴⁾	20%, after Deductible	50%, after Deductible
<i>Note for Specialist Office Visits shown above: If a Member receives Covered Services in addition to an office visit, additional Copayments, Deductibles or Coinsurance may apply.</i>		
Spinal Manipulation Services⁽⁴⁾	20%, after Deductible	50%, after Deductible
<i>Note for Spinal Manipulation Services shown above: Benefit Period Maximum: 20 In-Network/Out-of-Network visits.</i>		
Surgical Services⁽³⁾		
Outpatient Ambulatory Surgical Center	20%, after Deductible	50%, after Deductible
Outpatient Facility Charge	20%, after Deductible	50%, after Deductible
Outpatient Professional Charge	20%, after Deductible	50%, after Deductible
Outpatient Anesthesia	20%, after Deductible	50%, after Deductible
Second Surgical Opinion	20%, after Deductible	50%, after Deductible
<i>Note for Surgical Services shown above: If more than one surgical procedure is performed by the same Professional Provider during the same operative session, the Claims Administrator will pay 100% of the Covered Service for the highest paying procedure and 50% of the Covered Services for each additional procedure.</i>		
Therapy Services⁽⁴⁾		
Cardiac Rehabilitation Therapy	20%, after Deductible	50%, after Deductible
<i>Note for Cardiac Rehabilitation Therapy shown above Benefit Period Maximum: 36 In-Network/Out-of-Network sessions.</i>		
Chemotherapy	20%, after Deductible	50%, after Deductible
Dialysis	20%, after Deductible	50%, after Deductible
Infusion Therapy		
Home/Office	20%, after Deductible	50%, after Deductible
Outpatient	20%, after Deductible	50%, after Deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Physical Therapy/Occupational Therapy		
Providers that are not Hospital based	20%, after Deductible	50%, after Deductible
Providers that are Hospital based	20%, after Deductible	50%, after Deductible
<p><i>Note for Physical Therapy/Occupational Therapy shown above:</i> Benefit Period Maximum: 50 In Network/Out of Network sessions of Physical Therapy/Occupational Therapy combined.</p> <p>Benefit Period Maximum amounts that apply to Physical Therapy do not apply to the treatment of lymphedema related to mastectomy.</p>		
Pulmonary Rehabilitation Therapy	20%, after Deductible	50%, after Deductible
<p><i>Note for Pulmonary Rehabilitation Therapy shown above:</i> Benefit Period Maximum: 36 In-Network/Out-of-Network sessions</p>		
Radiation Therapy	20%, after Deductible	50%, after Deductible
Respiratory Therapy	20%, after Deductible	50%, after Deductible
Speech Therapy	20%, after Deductible	50%, after Deductible
<p><i>Note for Speech Therapy shown above:</i> Benefit Period Maximum: 30 In-Network/Out-of-Network sessions.</p>		
Transplant Services⁽³⁾		
Inpatient Facility Charges	20%, after Deductible	50%, after Deductible
Outpatient Facility Charges	20%, after Deductible	50%, after Deductible
Urgent Care Centers⁽⁴⁾	20%, after Deductible	50%, after Deductible
Women's Preventive Care⁽¹⁾	None, Deductible does not apply.	50%, Deductible does not apply
<p><i>Note for Women's Preventive Care shown above: Contraceptives mandated by the Women's Preventive Services provision of PPACA, are covered at 100% for generic products and for certain brand products when a generic alternative or equivalent to the brand product does not exist. All other Brand contraceptive products are not covered.</i></p>		

(1) Located in the Primary & Preventive Care Section of the ***Description of Covered Services***

(2) Located in the Inpatient Section of the ***Description of Covered Services***

(3) Located in the Inpatient/Outpatient Section of the ***Description of Covered Services***

(4) Located in the Outpatient Section of the ***Description of Covered Services***

DESCRIPTION OF COVERED SERVICES

Subject to the exclusions, conditions and limitations of this Program, a Member is entitled to benefits for the Covered Services described in this **Description of Covered Services** section during a Benefit Period, subject to any Copayment, Deductible, Coinsurance, Out-of-Pocket Limit or Lifetime Maximum. These amounts and percentages, and other cost-sharing requirements are specified in the **Schedule of Covered Services**.

Covered Services may be provided by either an In-Network or Out-of-Network Provider. However, the Member will maximize the benefits available when Covered Services are provided by a Provider that belongs to the Personal Choice Network (an In-Network Provider) and has a contract with the Claims Administrator to provide services and supplies to the Member. The Member will be held harmless for Out-of-Network differentials if: an In-Network Provider fails to provide written notice to the Member of the Provider's Out-of-Network status for certain services; or, an In-Network Provider provides a written order for certain services to be performed by an In-Network Provider that has Out-of-Network status for those services and that Provider performs such service. The **General Information** section provides more detail regarding In-Network and Out-of-Network Providers, the Personal Choice Network, and the reimbursement of Covered Services provided by Facility Providers and Professional Providers.

Some Covered Services must be Precertified before the Member receives the services. Precertification of services is a vital program feature that reviews Medical Necessity of certain procedures and/or admissions. In certain cases, Precertification helps determine whether a different treatment may be available that is equally effective yet less traumatic. Precertification also helps determine the most appropriate setting for certain services. Failure to obtain a required Precertification for a Covered Service could result in a reduction of benefits. More information on Precertification is found in the **General Information** section.

PRIMARY AND PREVENTIVE CARE

A Member is entitled to benefits for Primary Care and Preventive Care Covered Services when deemed Medically Necessary and billed for by a Provider. Cost-sharing requirements are specified in the **Schedule of Covered Services**.

"Preventive Care" services generally describe health care services performed to catch the early warning signs of health problems. These services are performed when the Member has no symptoms of disease. "Primary Care" services generally describe health care services performed to treat an illness or injury.

The Claims Administrator reviews the schedule of Covered Services, at certain times. Reviews are based on recommendations from organizations such as:

- The American Academy of Pediatrics;
- The American College of Physicians;
- The U.S. Preventive Services Task Force; and
- The American Cancer Society.

Accordingly, the frequency and eligibility of Covered Services are subject to change. A list of Preventive Care Covered Services can be found in the Preventive Schedule document. A complete listing of recommendations and guidelines can be found at <https://www.healthcare.gov/preventive-care-benefits/>.

The Claims Administrator reserves the right to modify the Preventive Schedule document at any time. However, the Member has to be given a written notice of the change, before the change takes effect.

Immunizations

The Claims Administrator will provide coverage for the following:

- Pediatric immunizations;
- Adult immunizations; and
- The agents used for the immunizations.

All immunizations, and the agents used for them, must conform to the standards set by the *Advisory Committee on Immunization Practices (ACIP) of the Center for Disease Control, U.S. Department of Health and Human Services*.

Pediatric and adult immunization schedules can be found in the Preventive Schedule document.

The benefits for these pediatric immunizations are limited to Members under 21 years of age.

Nutrition Counseling for Weight Management

The Claims Administrator will provide coverage for nutrition counseling visits or sessions for the purpose of weight management. However, they need to be performed and billed by any of the following Providers, in an office setting:

- By the Member's Physician;
- By a Specialist; or
- By a Registered Dietitian (RD).

This benefit is in addition to any other nutrition counseling Covered Services described in this Benefit Booklet.

Osteoporosis Screening (Bone Mineral Density Testing or BMDT)

The Claims Administrator will provide coverage for Bone Mineral Density Testing (BMDT), in accordance with the Preventive Schedule document. The method used needs to be one that is approved by the U.S. Food and Drug Administration. This test determines the amount of mineral in a specific area of the bone. It is used to measure bone strength, which depends on both bone density and bone quality. Bone quality refers to how the bone is built, architecture, turnover and mineralization of bone.

A BMDT must be prescribed by a Professional Provider legally authorized to prescribe such items under law.

Preventive Care - Adult

The Claims Administrator will provide coverage for routine physical examinations, including a complete medical history, and other Covered Services, in accordance with the Preventive Schedule document.

Preventive Care - Pediatric

The Claims Administrator will provide coverage for routine physical examinations, including a complete medical history, and other Covered Services, in accordance with the Preventive Schedule document.

Primary Care Physician Office Visits/Retail Clinics

The Claims Administrator will provide coverage for Medical Care visits, by a Primary Care Provider, for any of the following services:

- The examination of an illness or injury;
- The diagnosis of an illness or injury; and
- The treatment of an illness or injury.

For the purpose of this benefit, "Office Visits" include:

- Medical Care visits to a Provider's office;
- Medical Care visits by a Provider to a Member's residence; or
- Medical Care consultations by a Provider on an Outpatient basis.

In addition to Office Visits a Member may receive Medical Care at a Retail Clinic. Retail Clinics are staffed by certified family nurse practitioners, who are trained to diagnose, treat, and write prescriptions when clinically appropriate. Nurse practitioners are supported by a local Physician who is on-call during clinic hours to provide guidance and direction when necessary.

Examples of treatment and services that are provided at a Retail Clinic include, but are not limited to:

- | | |
|---------------------------------|----------------------------------|
| ▪ Sore throat; | ▪ Minor burns; |
| ▪ Ear, eye, or sinus infection; | ▪ Skin infections or rashes; and |
| ▪ Allergies; | ▪ Pregnancy testing. |

Smoking Cessation

Smoking cessation includes clinical preventive services rated "A" or "B" in the current recommendations of the United States Preventive Services Task Force (USPSTF) as described under the Preventive Services provision of the Patient Protection and Affordable Care Act.

Women's Preventive Care

The Claims Administrator will provide coverage for an initial physical examination for pregnant women to confirm pregnancy, screening for gestational diabetes, and other Covered Services, in accordance with the Preventive Schedule document. Covered Services and Supplies include, but are not limited to, the following:

- Routine Gynecological Exam, Pap Smear: Members are covered for one routine gynecological exam each Benefit Period. This includes the following:
 - A pelvic exam and clinical breast exam; and
 - Routine Pap smears.

These must be done in accordance with the recommendations of the *American College of Obstetricians and Gynecologists*.

- Mammograms: Coverage will be provided for screening mammograms. The Claims Administrator will only provide coverage for benefits for mammography if the following applies:
 - It is performed by a qualified mammography service provider.
 - That service provider is properly certified by the appropriate state or federal agency.
 - That certification is done in accordance with the Mammography Quality Assurance Act of 1992.
- Breastfeeding comprehensive support and counseling from trained providers; access to breastfeeding supplies, including coverage for rental of hospital-grade breastfeeding pumps under Durable Medical Equipment supplier with Medical Necessity review; and coverage for lactation support and counseling provided during postpartum hospitalization, Mother's Option visits, and obstetrician or pediatrician visits for pregnant and nursing women at no cost share to the Member when provided by an In-Network Provider.

If a Member's Physician determines that they require more than one well-women visit annually to obtain all recommended preventive services (based on the women's health status, health needs and other risk factors), the additional visit(s) will be provided without cost-sharing.

INPATIENT SERVICES

Unless otherwise specified in this Benefit Booklet, services for Inpatient Care are Covered Services when they are:

- Deemed Medically Necessary;
- Provided by a Facility Provider and billed by a Provider; and
- Preapproved by the Claims Administrator.

Look in the ***Schedule of Covered Services*** section to find how much of those or other costs the Member is required to share (pay).

Hospital Services

- Ancillary Services
The Claims Administrator will provide coverage for all ancillary services usually provided and billed for by Hospitals, except for personal convenience items. This includes, but is not limited to:
 - Meals, including special meals or dietary services, as required by the Member's condition;
 - Use of operating room, delivery room, recovery room, or other specialty service rooms and any equipment or supplies in those rooms;
 - Casts, surgical dressings, and supplies, devices or appliances surgically inserted within the body;
 - Oxygen and oxygen therapy;
 - Anesthesia when administered by a Hospital employee, and the supplies and use of anesthetic equipment;
 - Therapy Services when administered by a person who is appropriately licensed and authorized to perform such services;
 - All drugs and medications (including intravenous injections and solutions);
 - For use while in the Hospital;
 - Which are released for general use; and
 - Which are commercially available to Hospitals.
 - Use of special care units, including, but not limited to intensive care units or coronary care units; and
 - Pre-admission testing.

- **Room and Board**

The Claims Administrator will provide coverage for general nursing care and such other services as are covered by the Hospital's regular charges for accommodations in the following:

- An average semi-private room, as designated by the Hospital; or a private room, when designated by the Claims Administrator as semi-private for the purposes of this Program in Hospitals having primarily private rooms;
- A private room, when Medically Necessary;
- A special care unit, such as intensive or coronary care, when such a designated unit with concentrated facilities, equipment and supportive services is required to provide an intensive level of care for a critically ill patient;
- A bed in a general ward; and
- Nursery facilities.

Benefits are provided up to the number of days specified in the ***Schedule of Covered Services***.

A Copayment may apply to an In-Network Inpatient Admission, if specified in the ***Schedule of Covered Services***. For purposes of calculating the total Copayment due, an admission occurring within ten calendar days of discharge date from a previous admission shall be treated as part of the previous admission.

In computing the number of days of benefits:

- The Claims Administrator will count the day of the Member's admission; but not the day of the Member's discharge.
- If the Member is admitted and discharged on the same day, it will be counted as one day.

The Claims Administrator will only provide coverage for days spent during an uninterrupted stay in a Hospital.

It will not provide coverage for:

- Time spent outside of the Hospital, if the Member interrupts the stay and then stay past midnight on the day the interruption occurs; or
- Time spent in the Hospital after the discharge hour that the Member's attending Physician has recommended that further Inpatient care is not required.

Medical Care

The Claims Administrator will provide coverage for Medical Care rendered to the Member, in the following way, except as specifically provided.

It is Medical Care that is rendered:

- By a Professional Provider who is in charge of the case;
- While the Member is an Inpatient in a Hospital, Rehabilitation Hospital or Skilled Nursing Facility; and
- For a condition not related to Surgery, pregnancy, radiation therapy or Mental Illness.

Such care includes Inpatient intensive Medical Care rendered to the Member:

- While the Member's condition requires a Professional Provider's constant attendance and treatment; and
- For a prolonged period of time.
- Concurrent Care
The Claims Administrator will provide coverage for the following services, while the Member is an Inpatient, when they occur together:
 - Services rendered to the Member by a Professional Provider:
 - Who is not in charge of the case; but
 - Whose particular skills are required for the treatment of complicated conditions.
 - Services rendered to the Member as an Inpatient in a:
 - Hospital;
 - Rehabilitation Hospital; or
 - Skilled Nursing Facility.

This does not include:

 - Observation or reassurance of the Member;
 - Standby services;
 - Routine preoperative physical examinations;
 - Medical Care routinely performed in the pre- or post-operative or pre- or post-natal periods; or
 - Medical Care required by a Facility Provider's rules and regulations.

- Consultations

- The Claims Administrator will provide coverage for Consultation services when rendered in both of the following ways:
- By a Professional Provider, at the request of the attending Professional Provider; and
 - While the Member is an Inpatient in a:
 - Hospital;
 - Rehabilitation Hospital; or
 - Skilled Nursing Facility.

Benefits are limited to one consultation per consultant during any Inpatient confinement.

Consultations do not include staff consultations which are required by the Facility Provider's rules and regulations.

Skilled Nursing Facility Services

The Claims Administrator will provide coverage for a Skilled Nursing Facility:

- When Medically Necessary as determined by the Claims Administrator.
- Up to the Maximum days specified in the ***Schedule of Covered Services***.

The Member must require treatment:

- By skilled nursing personnel;
- Which can be provided only on an Inpatient basis in a Skilled Nursing Facility.

A Copayment may apply to an In-Network Inpatient Admission, if specified in the ***Schedule of Covered Services***. For purposes of calculating the total Copayment due, an admission occurring within ten calendar days of discharge date from any previous admission shall be treated as part of the previous admission.

In computing the number of days of benefits:

- The Claims Administrator will count the day of the Member's admission; but not the day of the Member's discharge.
- If the Member is admitted and discharged on the same day, it will be counted as one day.

The Claims Administrator will only provide coverage for days spent during an uninterrupted stay in a Skilled Nursing Facility.

It will not provide coverage for:

- Time spent outside of the Skilled Nursing Facility, if the Member interrupts their stay and then stays past midnight on the day the interruption occurs;
- Time spent if the Member remains past midnight of the day on which the interruption occurred; or
- Time spent in the Skilled Nursing Facility after the discharge hour that the Member's attending Physician has recommended that further Inpatient care is not required.

INPATIENT/OUTPATIENT SERVICES

The Member is entitled to benefits for Covered Services while the Member is an Inpatient in a Facility Provider or on an Outpatient basis when both of the following happen:

- Deemed Medically Necessary; and
- Billed for by a Provider.

Look in the ***Schedule of Covered Services*** section to find how much of those or other costs the Member is required to share (pay).

Blood

The Claims Administrator will provide coverage for the administration of blood and blood processing from donors. In addition, benefits are also provided for:

- Autologous blood drawing, storage or transfusion.
 - This refers to a process that allows the Member to have their own blood drawn and stored for personal use.
 - One example would be self-donation, in advance of planned Surgery.
- Whole blood, blood plasma and blood derivatives:
 - Which are not classified as drugs in the official formularies; and
 - Which have not been replaced by a donor.

Hospice Services

The Claims Administrator will provide coverage for palliative and supportive services provided to a terminally ill Member through a Hospice program by a Hospice Provider. This also includes Respite Care.

- Who is eligible: The Member will be eligible for Hospice benefits if both of the following occur:
 - The Member's attending Physician certifies that the Member has a terminal illness, with a medical prognosis of six months or less; and
 - The Member elects to receive care primarily to relieve pain.
- The goal of care and what is included: Hospice Care provides services to make the Member as comfortable and pain-free as possible. This is primarily comfort care, and it includes:
 - Pain relief;
 - Physical care;
 - Counseling; and
 - Other services, that would help the Member cope with a terminal illness, rather than cure it.
- What happens to the treatment of the Member's illness: When the Member elects to receive Hospice Care:
 - Benefits for treatment provided to cure the terminal illness are no longer provided.
 - The Member can also change their mind and elect to *not* receive Hospice Care anymore.
- How long Hospice care continues: Benefits for Covered Hospice Services shall be provided until whichever occurs first:
 - The Member's discharge from Hospice Care; or
 - The Member's death.
- Respite Care for the Caregiver: If the Member were to receive Hospice Care primarily in the home, the Member's primary caregiver may need to be relieved, for a short period. In such a case, the Claims Administrator will provide coverage for the Member to receive the same kind of care in the following way:
 - On a short-term basis;
 - As an Inpatient; and
 - In a Medicare certified Skilled Nursing Facility.

This can only be arranged when the Hospice considers such care necessary to relieve primary caregivers in the Member's home.

Maternity/OB-GYN/Family Services

- Artificial Insemination
Services performed by a Professional Provider for the promotion of fertilization of a female recipient's own ova (eggs):
 - By the introduction of mature sperm from partner or donor into the recipient's vagina or uterus, with accompanying:
 - Simple sperm preparation;
 - Sperm washing; and/or
 - Thawing.
- Elective Abortions
The Claims Administrator will provide coverage for services provided in a Facility Provider that is a Hospital or Birth Center. It also includes services performed by a Professional Provider for the voluntary termination of a pregnancy by a Member, which is a Covered Expense under this Program.

- Maternity/Obstetrical Care

The Claims Administrator will provide coverage for Covered Services rendered in the care and management of a pregnancy for a Member.

- Pre-notification - The Claims Administrator should be notified of the need for maternity care within one month of the first prenatal visit to the Physician or midwife.
- Facility and Professional Services - The Claims Administrator will provide coverage for:
 - Facility services: Provided by a Facility Provider that is a Hospital or Birth Center; and
 - Professional services: Performed by a Professional Provider or certified midwife.
- Scope of Care - The Claims Administrator will provide coverage for:
 - Prenatal care; and
 - Postnatal care.
- Type of delivery - Maternity care Inpatient benefits will be provided for:
 - 48 hours for vaginal deliveries; and
 - 96 hours for cesarean deliveries.

Except as otherwise approved by the Claims Administrator.

- Home Health Care for Early Discharge: In the event of early post-partum discharge from an Inpatient Admission:
 - Benefits are provided for Home Health Care, as provided for in the Home Health Care benefit.

- Newborn Care

- A Member's newborn child will be entitled to benefits provided by this Program:
 - From the date of birth up to a maximum of 31 days.
- Such coverage within the 31 days will include care which is necessary for the treatment of:
 - Medically diagnosed congenital defects;
 - Medically diagnosed birth abnormalities;
 - Medically diagnosed prematurity; and
 - Routine nursery care.
- Coverage for a newborn may be continued beyond 31 days under conditions specified in the **General Information** section of this Benefit Booklet.

Mental Health/Psychiatric Care

The Claims Administrator will provide coverage for the treatment of Mental Illness and Serious Mental Illness based on the services provided and reported by the Provider. Upon request, the Claims Administrator will make available the criteria for Medical Necessity determinations made under the Program for Mental Health/Psychiatric Care to any current or potential Member, Dependent or In-Network Provider.

- Regarding the provision of care other than Mental Health/Psychiatric Care: When a Provider renders Medical Care, other than Mental Health/Psychiatric Care, for a Member with Mental Illness and Serious Mental Illness, payment for such Medical Care:
 - Will be based on the Medical Benefits available; and
 - Will not be subject to the Mental Health/Psychiatric Care limitations. Emergency Care will be considered In-Network Care.

- Inpatient Treatment

The Claims Administrator will provide coverage, subject to the Benefit Period limitation(s) stated in the **Schedule of Covered Services**, during an Inpatient Admission for treatment of Mental Illness and Serious Mental Illness. For maximum benefits, treatment must be received from an In-Network Facility Provider and Inpatient visits for the treatment of Mental Illness and Serious Mental Illness must be performed by an In-Network Professional Provider.

Covered Services include treatments such as:

- Psychiatric visits;
- Psychiatric consultations;
- Individual and group psychotherapy;
- Electroconvulsive therapy;
- Psychological testing; and
- Psychopharmacologic management.

A Copayment may apply to an In-Network Inpatient Admission, if specified in the **Schedule of Covered Services**. For purposes of calculating the total Copayment due, an admission occurring within ten calendar days of discharge date from a previous admission shall be treated as part of the previous admission.

- Outpatient Treatment

The Claims Administrator will provide coverage for Outpatient treatment of Mental Illness and Serious Mental Illness. For maximum benefits, treatment must be performed by an In-Network Professional Provider/In-Network Facility Provider.

Covered Services include treatments such as:

- Psychiatric visits;
- Psychiatric consultations;
- Individual and group psychotherapy;
- Licensed Clinical Social Worker visits;
- Masters Prepared Therapist visits;
- Tele-Behavioral Health services;
- Electroconvulsive therapy;
- Psychological testing;
- Psychopharmacologic management; and
- Psychoanalysis.

- Benefit Period Maximums for Mental Health/Psychiatric Care

All Inpatient Mental Health/Psychiatric Care for both Mental Illness and Serious Mental Illness are covered up to the Maximum day amount(s) per Benefit Period specified in the **Schedule of Covered Services**. Out-of-Network Benefit Period maximums are part of, not separate from, In-Network Benefit Period maximums.

Routine Patient Costs Associated With Qualifying Clinical Trials

- The Claims Administrator provides coverage for Routine Patient Costs Associated with Participation in a Qualifying Clinical Trial (see the **Important Definitions** section).
- To ensure coverage and appropriate claims processing, the Claims Administrator must be notified in advance of the Member's participation in a Qualifying Clinical Trial. Benefits are payable if the Qualifying Clinical Trial is conducted by an In-Network Professional Provider, and conducted in an In-Network Facility Provider. If there is no comparable Qualifying Clinical Trial being performed by an In-Network Professional Provider, and in an In-Network Facility Provider, then the Claims Administrator will consider the services by an Out-of-

Network Provider, participating in the clinical trial, as covered if the clinical trial is deemed a Qualifying Clinical Trial (see **Important Definitions** section) by the Claims Administrator.

Surgical Services

The Claims Administrator will provide coverage for surgical services provided:

- By a Professional Provider, and/or a Facility Provider
- For the treatment of disease or injury.

Separate payment will not be made for:

- Inpatient preoperative care or all postoperative care normally provided by the surgeon as part of the surgical procedure.

Covered Services also include:

- Congenital Cleft Palate - The orthodontic treatment of congenital cleft palates:
 - That involve the maxillary arch (the part of the upper jaw that holds the teeth);
 - That is performed together with bone graft Surgery; and
 - That is performed to correct bony deficits that are present with extremely wide clefts affecting the alveolus.
- Mastectomy Care - The Claims Administrator will provide coverage for the following when performed after a mastectomy:
 - All stages of reconstruction of the breast on which the mastectomy has been performed;
 - Surgery and reconstruction of the other breast to produce a symmetrical appearance;
 - Prosthesis and physical complications all stages of mastectomy, including lymphedemas; and
 - Surgery to reestablish symmetry or alleviate functional impairment, including, but not limited to:
 - Augmentation;
 - Mammoplasty;
 - Reduction mammoplasty; and
 - Mastopexy.
- Coverage is also provided for:
 - The surgical procedure performed in connection with the initial and subsequent insertion or removal of Prosthetic Devices (either before or after Surgery) to replace the removed breast or portions of it;
 - The treatment of physical complications at all stages of the mastectomy, including lymphedemas. Treatment of lymphedemas is not subject to any benefit Maximum amounts that may apply to "Physical Therapy" services as provided under the subsection entitled "Therapy Services" of this section; and
 - Routine neonatal circumcisions and any voluntary surgical procedure for sterilization.

- Anesthesia

- The Claims Administrator will provide coverage for the administration of Anesthesia:
 - In connection with the performance of Covered Services;
 - When rendered by or under the direct supervision of a Professional Provider other than the surgeon, assistant surgeon or attending Professional Provider (except an Obstetrician providing Anesthesia during labor and delivery and an oral surgeon providing services otherwise covered under this Benefit Booklet).
- General Anesthesia, along with hospitalization and all related medical expenses normally incurred as a result of the administration of general Anesthesia, when rendered in conjunction with dental care provided to Members age seven or under and for developmentally disabled Members when determined by the Claims Administrator to be Medically Necessary and when a successful result cannot be expected for treatment under local Anesthesia, or when a superior result can be expected from treatment under general Anesthesia.

- Assistant at Surgery

The Claims Administrator will provide coverage for an assistant surgeon's services if:

- The assistant surgeon actively assists the operating surgeon in the performance of covered Surgery;
- An intern, resident, or house staff member is not available; and
- The Member's condition or the type of Surgery must require the active assistance of an assistant surgeon as determined by the Claims Administrator.

Surgical assistance is not covered when performed by a Professional Provider who themselves performs and bills for another surgical procedure during the same operative session.

- Hospital Admission for Dental Procedures or Dental Surgery

The Claims Administrator will provide coverage for a Hospital admission in connection with dental procedures or Surgery only when:

- The Member has an existing non-dental physical disorder or condition; and
- Hospitalization is Medically Necessary to ensure the Member's health.

Dental procedures or Surgery performed during such a confinement will only be covered for the services described in "Oral Surgery" and "Assistant at Surgery" provisions.

- Oral Surgery

The Claims Administrator will provide coverage for Covered Services provided by a Professional Provider and/or Facility Provider for:

- Orthognathic Surgery – Surgery on the bones of the jaw (maxilla or mandible) to correct their position and/or structure for the following clinical indications only:
 - For accidents: The initial treatment of Accidental Injury/trauma (That is, fractured facial bones and fractured jaws), in order to restore proper function.
 - For congenital defects: In cases where it is documented that a severe congenital defect (That is, cleft palate) results in speech difficulties that have not responded to non-surgical interventions.
 - For chewing and breathing problems: In cases where it is documented (using objective measurements) that chewing or breathing function is materially compromised (defined as greater than two standard deviations from normal) where such compromise is not amenable to non-surgical treatments, and where it is shown that orthognathic Surgery will decrease airway resistance, improve breathing, or restore swallowing.

- Other Oral Surgery - Defined as Surgery on or involving the teeth, mouth, tongue, lips, gums, and contiguous structures. Covered Service will only be provided for:
 - Surgical removal of impacted teeth which are partially or completely covered by bone;
 - Surgical treatment of cysts, infections, and tumors performed on the structures of the mouth; and
 - Surgical removal of teeth prior to cardiac Surgery, Radiation Therapy or organ transplantation.

To the extent that the Member has available dental coverage, the Claims Administrator reserves the right to seek recovery from the Provider.

The Claims Administrator has the right to decide which facts are needed. The Claims Administrator may, without consent of or notice to any person, release to or obtain from any other organization or person any information, with respect to any person, which the Claims Administrator deems necessary for such purposes. Any person claiming benefits under this Program shall furnish to the Claims Administrator such information as may be necessary to implement this provision.

- Second Surgical Opinion (Voluntary)
The Claims Administrator will provide coverage for consultations for Surgery to determine the Medical Necessity of an elective surgical procedure.
 - "Elective Surgery" is that Surgery which is not of an Emergency or life threatening nature;
 - Such Covered Services must be performed and billed by a Professional Provider other than the one who initially recommended performing the Surgery.

Transplant Services

When a Member is the recipient of transplanted human organs, marrow, or tissues, benefits are provided for all Inpatient and Outpatient transplants, which are beyond the Experimental/Investigative stage. Benefits, are also provided for those services to the Member which are directly and specifically related to the covered transplantation. This includes services for the examination of such transplanted organs, marrow, or tissue and the processing of Blood provided to a Member:

- When both the recipient and the donor are Members, the payment of their respective medical expenses shall be covered by their respective benefit programs.
- When only the recipient is a Member, and the donor has no available coverage or source for funding, benefits provided to the donor will be charged against the recipient's coverage under this Program. The donor benefits are limited to only those not provided or available to the donor from any other source. This includes, but is not limited to, other insurance coverage, or coverage by the Claims Administrator or any government program. When only the recipient is a Member and the donor has available coverage or a source for funding, the donor must use such coverage or source for funding as no benefits are provided to the donor under this Program.
- When only the donor is a Member, the donor is entitled to the benefits of this Program for all related donor expenses, subject to the following additional limitations:
 - The benefits are limited to only those benefits not provided or available to the donor from any other source for funding or coverage in accordance with the terms of this Program;
 - and
 - No benefits will be provided to the donor recipient.

- If any organ or tissue is sold rather than donated to the Member recipient, no benefits will be payable for the purchase price of such organ or tissue.

Treatment for Alcohol or Drug Abuse and Dependency

- Alcohol Or Drug Abuse And Dependency is a disease that can be described as follows: It is an addiction to alcohol and/or drugs. It is also the compulsive behavior that results from this addiction.
 - This addiction makes it hard for a person to function well with other people.
 - It makes it hard for a person to function well in the work that they do.
 - It will also cause person's body and mind to become quite ill if the alcohol and/or drugs are taken away.
- The Claims Administrator will provide coverage for the care and treatment of Alcohol Or Drug Abuse And Dependency:
 - Provided by a licensed Hospital or licensed Facility Provider or an appropriately licensed behavioral health Provider.
 - Subject to the Maximum(s) shown in the **Schedule of Covered Services**; and
 - According to the provisions outlined below.
- For maximum benefits, treatment must be received from an In-Network Provider.
- To Access Treatment for Alcohol Or Drug Abuse And Dependency:
 - Call the behavioral health management company at the phone number shown on the Members ID Card.

Upon request, the Claims Administrator will make available the criteria for Medical Necessity determinations made under the Program for Alcohol Or Drug Abuse And Dependency to any current or potential Member, Dependent or In-Network Provider.

- Inpatient Treatment
 - Inpatient Detoxification
Covered Services include:
 - Lodging and dietary services;
 - Physician, Psychologist, nurse, certified addictions counselor, Master's Prepared Therapists, and trained staff services;
 - Diagnostic x-rays;
 - Psychiatric, psychological and medical laboratory testing; and
 - Drugs, medicines, use of equipment and supplies.

A Copayment may apply to an In-Network Inpatient Admission, if specified in the **Schedule of Covered Services**. For purposes of calculating the total Copayment due, any admission occurring within ten calendar days of discharge date from any previous admission shall be treated as part of the previous admission.

- Hospital and Non-Hospital Residential Treatment
Hospital or Non-Hospital Residential Treatment of Alcohol Or Drug Abuse And Dependency shall be covered on the same basis as any other illness covered under this Program.

Covered services include:

- Lodging and dietary services;
- Physician, Psychologist, nurse, certified addictions counselor and trained staff services;
- Rehabilitation therapy and counseling;
- Family counseling and intervention;
- Psychiatric, psychological and medical laboratory testing; and
- Drugs, medicines, use of equipment and supplies.

A Copayment may apply to an In-Network Inpatient Admission, if specified in the **Schedule of Covered Services**. For purposes of calculating the total Copayment due, any admission occurring within ten calendar days of discharge date from any previous admission shall be treated as part of the previous admission.

▪ **Outpatient Treatment**

– Covered services include:

- Diagnosis and treatment of substance abuse, including Outpatient Detoxification by the appropriately licensed behavioral health Provider;
- Appropriately licensed behavioral health providers including Physician, Psychologist, nurse, certified addictions counselor, Master's Prepared Therapists, and trained staff services;
- Telebehavioral Health services;
- Rehabilitation therapy and counseling;
- Family counseling and intervention;
- Psychiatric, psychological and medical laboratory testing; and
- Medication management and use of equipment and supplies.

OUTPATIENT SERVICES

Unless otherwise specified in this Benefit Booklet, services for Outpatient Care are Covered Services when:

- Deemed Medically Necessary; and
- Billed for by a Provider.

Look in the **Schedule of Covered Services** section to find how much of those or other costs the Member is required to share (pay).

Acupuncture

The Claims Administrator will provide coverage for Acupuncture up to the limits specified in the **Schedule of Covered Services** for all Covered Services.

Ambulance Services/Transport

The Claims Administrator will provide coverage for ambulance services. However, these services need to be:

- Medically Necessary as determined by the Claims Administrator; and
- Used for transportation in a specially designed and equipped vehicle that is used only to transport the sick or injured and only when the following applies;
 - The vehicle is licensed as an ambulance, where required by applicable law;
 - The ambulance transport is appropriate for the Member's clinical condition;
 - The use of any other method of transportation, such as taxi, private car, wheel-chair van or other type of private or public vehicle transport would endanger the Member's health

- or be inappropriate for the Member’s medical condition; and
- The ambulance transport satisfies the destination and other requirements as stated under Regarding Emergency Ambulance transport or Regarding Non-Emergency Ambulance transports.

In addition, the Claims Administrator will provide coverage for services provided by a licensed Emergency services Provider who initiates necessary intervention to evaluate and, if necessary, stabilize the condition of the Member and subsequently determines the Member does not require transport or the Member refuses to be transported. These services must be Medically Necessary as determined by the Claims Administrator.

Benefits are payable for air or sea ambulance transportation only if the Member’s condition, and the distance to the nearest facility able to treat the Member's condition, justify the use of an alternative to land transport.

- Regarding Emergency Ambulance transport: The ambulance must be transporting the Member:
 - From the Member’s home, or the scene of an accident or Medical Emergency;
 - To the nearest Hospital, or other Emergency Care Facility, that can provide the Medically Necessary Covered Services for the Member’s condition.
- Regarding Non-Emergency Ambulance transports: Non-Emergency air or ground facility transport may be covered when Medically Necessary as determined by the Claims Administrator (For example, sending facility does not have the required services to effectively treat the Member, such as trauma or burn care). Non-Emergency air or ground transport may be covered to transport the Member back to an In-Network Facility Provider as determined by the Claims Administrator, when:
 - The transfer is Medically Necessary (as determined by the Claims Administrator’s definition of Medical Necessity); and
 - The Member’s medical condition requires uninterrupted care and attendance by qualified medical staff during transport by ground ambulance, or by air transport when transfer cannot be safely provided by land ambulance.

Non-Emergency ambulance transports are not provided for family members or companions or for the convenience of the Member, the family, or the Provider treating the Member.

Autism Spectrum Disorders (ASD)

The Claims Administrator will provide coverage for the diagnostic assessment and treatment of Autism Spectrum Disorders (ASD) for Members under 21 years of age subject to the Annual Benefit Maximum specified in the ***Schedule of Covered Services***.

Diagnostic assessment is defined as Medically Necessary assessments, evaluations or tests performed by a licensed Physician, licensed Physician assistant, licensed Psychologist or Certified Registered Nurse practitioner, or Autism Service Provider to diagnose whether an individual has an Autism Spectrum Disorder. Results of the diagnostic assessment shall be valid for a period of not less than 12 months, unless a licensed Physician or licensed Psychologist determines an earlier assessment is necessary.

Treatment of Autism Spectrum Disorders shall be identified in an ASD Treatment Plan and shall include any Medically Necessary Pharmacy Care, Psychiatric Care, Psychological Care, Rehabilitative Care and Therapeutic Care that is:

- Prescribed, ordered or provided by a licensed Physician, licensed Physician assistant, licensed Psychologist, Licensed Clinical Social Worker or Certified Registered Nurse practitioner;
- Provided by an Autism Service Provider, including a Behavior Specialist; or
- Provided by a person, entity or group that works under the direction of an Autism Service Provider.

An ASD Treatment Plan shall be developed by a licensed Physician or licensed Psychologist pursuant to a comprehensive evaluation or reevaluation performed in a manner consistent with the most recent clinical report or recommendations of the American Academy of Pediatrics. The ASD Treatment Plan may be reviewed by the Claims Administrator once every six months. A more or less frequent review can be agreed upon by the Claims Administrator and the licensed Physician or licensed Psychologist developing the ASD Treatment Plan.

Treatment of Autism Spectrum Disorders will include any of the following Medically Necessary services that are listed in an ASD Treatment Plan developed by a licensed Physician or licensed Psychologist:

- Applied Behavioral Analysis - The design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior or to prevent loss of attained skill or function, including the use of direct observation, measurement and functional analysis of the relations between environment and behavior.
- Pharmacy Care - Medications prescribed by a licensed Physician, licensed physician assistant or Certified Registered Nurse practitioner and any assessment, evaluation or test prescribed or ordered by a licensed Physician, licensed physician assistant or Certified Registered Nurse practitioner to determine the need or effectiveness of such medications. If this Program provides benefits for prescription drugs the ASD medications may be purchased at a pharmacy, subject to the cost-sharing arrangement applicable to the prescription drug coverage. If this Program does not provide coverage for prescription drugs, ASD medications may be purchased at a pharmacy, and the Member will be reimbursed at 100% less the applicable Coinsurance amount shown in the **Schedule of Covered Services**. Benefits are available for up to a 30 day supply.
- Psychiatric Care - Direct or consultative services provided by a Physician who specializes in psychiatry.
- Psychological Care - Direct or consultative services provided by a Psychologist.
- Rehabilitative Care - Professional services and treatment programs, including applied behavioral analysis, provided by an Autism Service Provider to produce socially significant improvements in human behavior or to prevent loss of attained skill or function.
- Therapeutic Care - Services provided by speech language pathologists, occupational therapists or physical therapists.

Upon full or partial denial of coverage for any Autism Spectrum Disorders benefits, a Member shall be entitled to file an Appeal. The Appeal process will:

- Provide internal review followed by independent external review; and
- Have levels, expedited and standard Appeal time frames, and other terms established by the Claims Administrator consistent with applicable Pennsylvania and federal law.

Appeal filing procedures will be described in notices denying any Autism Spectrum Disorders benefits. Full Appeal process descriptions will be provided after a new Appeal is initiated and can also be obtained at any time by contacting Member Services.

Colorectal Cancer Screening

The Claims Administrator will provide coverage for colorectal cancer screening for Symptomatic Members, Nonsymptomatic Members over age 50, and Nonsymptomatic Members under age 50 who are at high risk or increased risk for colorectal cancer. Coverage for colorectal cancer screening must be in accordance with the current American Cancer Society guidelines, and consistent with approved medical standards and practices. The method and frequency of screening to be utilized shall be:

- Coverage for Symptomatic Members shall include a colonoscopy, sigmoidoscopy or any combination of colorectal cancer screening tests at a frequency determined by a treating Physician.
- Coverage for Nonsymptomatic Members over age 50 shall include, but not be limited to:
 - An annual fecal occult blood test;
 - A sigmoidoscopy, a screening barium enema, or a test consistent with approved medical standards and practices to detect colon cancer, at least once every five years; and
 - A colonoscopy at least once every ten years.
- Coverage for Nonsymptomatic Members under age 50 who are at high or increased risk for colorectal cancer shall include a colonoscopy or any combination of colorectal cancer screening tests.

"Nonsymptomatic Member at high or increased risk" means a Member who poses a higher than average risk for colorectal cancer according to the current American Cancer Society guidelines on screening for colorectal cancer.

"Symptomatic Member" means a Member who experiences a change in bowel habits, rectal bleeding or persistent stomach cramps, weight loss or abdominal pain.

Consumable Medical Supplies

The Claims Administrator will provide coverage for the purchase of Consumable Medical Supplies when:

- It is used in the Member's home; and
- It is obtained through a Professional Provider.

Diabetic Education Program

When prescribed by a Professional Provider legally authorized to prescribe such items under law, the Claims Administrator will provide coverage for diabetes Outpatient self-management training and education, including medical nutrition, for the treatment of:

- Insulin-dependent diabetes;
- Insulin-using diabetes;
- Gestational diabetes; and
- Noninsulin-using diabetes.

When Physician certification must occur: The attending Physician must certify that a Member requires diabetic education on an Outpatient basis, under the following circumstances:

- Upon the initial diagnosis of diabetes;

- Upon a significant change in the Member's symptoms or condition; or
- Upon the introduction of new medication or a therapeutic process in the treatment or management of the Member's symptoms or condition.

Requirements that must be met: Outpatient diabetic education services will be covered when they meet specific requirements.

- These requirements are based on the certification programs for Outpatient diabetic education developed by the American Diabetes Association and the Pennsylvania Department of Health.
- Specific requirements: Outpatient diabetic education services and education program must:
 - Be provided by an In-Network Provider; and
 - Be conducted under the supervision of a licensed health care professional with expertise in diabetes, and subject to the requirements of the Claims Administrator.

Covered services include Outpatient sessions that include, but may not be limited to, the following information:

- | | |
|--|---|
| <ul style="list-style-type: none"> ▪ Initial assessment of the Member's needs; ▪ Family involvement and/or social support; ▪ Psychological adjustment for the Member; ▪ General facts/overview on diabetes; ▪ Prevention and treatment of complications for chronic diabetes, (That is, foot, skin and eye care); | <ul style="list-style-type: none"> ▪ Nutrition including its impact on blood glucose levels; ▪ Exercise and activity; ▪ Medications; ▪ Monitoring and use of the monitoring results; ▪ Use of community resources; and ▪ Pregnancy and gestational diabetes' if Applicable. |
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Diabetic Equipment and Supplies

- Coverage and costs: The Claims Administrator will provide coverage for diabetic equipment and supplies purchased from a Durable Medical Equipment Provider. This is subject to any applicable Deductible, Copayment and/or Coinsurance requirements applicable to Durable Medical Equipment benefits.
- When diabetic equipment and supplies can be purchased at a pharmacy: If this Program provides benefits for prescription drugs (other than coverage for insulin and oral agents only):
 - Certain Diabetic Equipment and Supplies, including insulin and oral agents, may be purchased at a pharmacy, if available;
 - This will be subject to the cost-sharing arrangements, applicable to the prescription drug coverage.
- When diabetic equipment and supplies are not available at a pharmacy:
 - The diabetic equipment and supplies will be provided under the Durable Medical Equipment benefit;
 - This will be subject to the cost-sharing arrangements applicable to Durable Medical Equipment.
- Covered Diabetic Equipment:
 - Blood glucose monitors;
 - Insulin pumps;
 - Insulin infusion devices; and
 - Orthotics and podiatric appliances for the prevention of complications associated with

diabetes.

- Covered Diabetic Supplies:
 - Blood testing strips;
 - Visual reading and urine test strips;
 - Insulin and insulin analogs*;
 - Injection aids;
 - Insulin syringes;
 - Lancets and lancet devices;
 - Monitor supplies;
 - Pharmacological agents for controlling blood sugar levels*;
 - and
 - Glucagon emergency kits.

* **Note:** If this Program does not provide coverage for prescription drugs, insulin and oral agents are covered as provided under the 'Insulin and Oral Agents' benefits.

Diabetic Equipment and Supplies

- Coverage and costs: The Claims Administrator will provide coverage for diabetic equipment and supplies purchased from a Durable Medical Equipment Provider. This is subject to any applicable Deductible, Copayment and/or Coinsurance requirements applicable to Durable Medical Equipment benefits.
- When diabetic equipment and supplies can be purchased at a Pharmacy: This Program provides benefits for Prescription Drugs:
 - Certain Diabetic Equipment and Supplies, including insulin and oral agents, may be purchased at a Pharmacy, if available;
 - This will be subject to the cost-sharing arrangements, applicable to the Prescription Drug coverage.
- When diabetic equipment and supplies are not available at a Pharmacy:
 - The diabetic equipment and supplies will be provided under the Durable Medical Equipment benefit;
 - This will be subject to the cost-sharing arrangements applicable to Durable Medical Equipment.
- Covered Diabetic Equipment:
 - Blood glucose monitors;
 - Insulin pumps;
 - Insulin infusion devices; and
 - Orthotics and podiatric appliances for the prevention of complications associated with diabetes.
- Covered Diabetic Supplies:
 - Blood testing strips;
 - Visual reading and urine test strips;
 - Insulin and insulin analogs*;
 - Injection aids;
 - Insulin syringes;
 - Lancets and lancet devices;
 - Monitor supplies;
 - Pharmacological agents for controlling blood sugar levels; and
 - Glucagon emergency kits.

Diagnostic Services

The Claims Administrator will provide coverage for the following Diagnostic Services, when ordered by a Professional Provider and billed by a Professional Provider, and/or a Facility Provider:

- Routine Diagnostic Services, including, but not limited to:
 - Routine radiology: Consisting of x-rays, mammograms, ultrasound, and nuclear medicine;
 - Routine medical procedures: Consisting of ECG, EEG and other diagnostic medical procedures approved by the Claims Administrator; and
 - Allergy testing: Consisting of percutaneous, intracutaneous and patch tests.

- Non-Routine Diagnostic Services, including, but not limited to:
 - Nuclear Cardiology Imaging;
 - MRI/MRA;
 - CT Scans;
 - PET Scans; and
 - Sleep Studies.
- Diagnostic laboratory and pathology tests.
- Genetic testing and counseling.
This includes services provided to a Member at risk for a specific disease that is a result of:
 - Family history; or
 - Exposure to environmental factors that are known to cause physical or mental disorders.

When clinical usefulness of specific genetic tests has been established by the Claims Administrator, these services are covered for the purpose of:

- Diagnosis;
- Screening;
- Predicting the course of a disease;
- Judging the response to a therapy;
- Examining risk for a disease; or
- Reproductive decision-making.

Durable Medical Equipment

The Claims Administrator will provide coverage for the rental or, at the option of the Claims Administrator, the purchase of Durable Medical Equipment when:

- Prescribed by a Professional Provider and required for therapeutic use; and
- Determined to be Medically Necessary by the Claims Administrator.

Although an item may be classified as Durable Medical Equipment it may not be covered in every instance. Durable Medical Equipment, as defined in the **Important Definitions** section, that includes equipment that meets the following criteria:

- It is durable and can withstand repeated use. An item is considered durable if it can withstand: repeated use, (That is, the type of item that could normally be rented). Medical Supplies of an expendable nature are not considered "durable" (For example, see the "Non-reusable supplies" provisions of the "Durable Medical Equipment" exclusion of the **Exclusions - What Is Not Covered** section of this Program);
- It customarily and primarily serves a medical purpose;
- It is generally not useful to a person without an illness or injury. The item must be expected to make a meaningful contribution to the treatment of the Member's illness, injury, or to improvement of a malformed body part; and
- It is appropriate for home use.

▪ Replacement and Repair:

The Claims Administrator will provide coverage for the repair or replacement of Durable Medical Equipment when the equipment does not function properly; and is no longer useful for its intended purpose, in the following limited situations:

- Due to a change in a Member's condition: When a change in the Member's condition requires a change in the Durable Medical Equipment the Claims Administrator will provide repair or replacement of the equipment;
- Due to breakage: When the Durable Medical Equipment is broken due to significant damage, defect, or wear, the Claims Administrator will provide repair or replacement only if the equipment's warranty has expired and it has exceeded its reasonable useful life as determined by the Claims Administrator.

Breakage under warranty: If the Durable Medical Equipment breaks while it is under warranty, replacement and repair is subject to the terms of the warranty. Contacts with the manufacturer or other responsible party to obtain replacement or repairs based on the warranty are the responsibility of:

- The Claims Administrator in the case of rented equipment; and
- The Member in the case of purchased equipment.

Breakage during reasonable useful lifetime: The Claims Administrator will not be responsible if the Durable Medical Equipment breaks during its reasonable useful lifetime for any reason not covered by warranty. (For example, the Claims Administrator will not provide benefits for repairs and replacements needed because the equipment was abused or misplaced.)

Cost to repair vs. cost to replace: The Claims Administrator will provide benefits to repair Durable Medical Equipment when the cost to repair is less than the cost to replace it. For purposes of replacement or repair of Durable Medical Equipment:

- Replacement means the removal and substitution of Durable Medical Equipment or one of its components necessary for proper functioning;
- A repair is a restoration of the Durable Medical Equipment or one of its components to correct problems due to wear or damage or defect.

Emergency Care Services

- The In-Network level of benefits provided: Benefits for Emergency Care Services provided by a Hospital Emergency Room or other Outpatient Emergency Facility are provided by the Claims Administrator. They are provided at the In-Network level of benefits, regardless of whether the Member is treated by a In-Network or Out-of-Network Provider.
- Where to call and where to go: If Emergency Services are required, whether the Member is located in or outside the Personal Choice Network service area: Call 911 or seek treatment immediately at the emergency department of the closest Hospital or Outpatient Emergency Facility.
- What Emergency Care is: Emergency Care services are Outpatient services and supplies provided by a Hospital or Facility Provider and/or Professional Provider for initial treatment of the Emergency.
- Examples of an Emergency include:
 - Heart attack;
 - Loss of consciousness or respiration;
 - Cardiovascular accident;
 - Convulsions;
 - Severe Accidental Injury; and
 - Other acute medical conditions as determined by the Claims Administrator.

Note: Should any dispute arise as to whether an Emergency existed or as to the duration of an Emergency: The determination by the Claims Administrator shall be final.

Home Health Care

- Covered Services: The Claims Administrator will provide coverage for the following services when performed by a licensed Home Health Care Provider:
 - Professional services of appropriately licensed and certified individuals;
 - Intermittent skilled nursing care;
 - Physical Therapy;
 - Speech Therapy;
 - Well mother/well baby care following release from an Inpatient maternity stay; and
 - Care within 48 hours following release from an Inpatient Admission when the discharge

- occurs within 48 hours following a mastectomy.
- Regarding well mother/well baby care: With respect to well mother/well baby care following early release from an Inpatient maternity stay, Home Health Care services must be provided within 48 hours if:
 - Discharge occurs earlier than 48 hours of a vaginal delivery; or
 - Discharge occurs earlier than 96 hours of a cesarean delivery.
 No cost-sharing shall apply to these benefits when they are provided after an early discharge from the Inpatient maternity stay.
 - Regarding other medical services and supplies: The Claims Administrator will also provide coverage for certain other medical services and supplies, when provided along with a primary service. Such other services and supplies include:
 - Occupational Therapy;
 - Medical social services; and
 - Home health aides in conjunction with skilled services and other services which may be approved by the Claims Administrator.
 - Regarding Medical Necessity: Home Health Care benefits will be provided only when prescribed by the Member's attending Physician, in a written Plan Of Treatment and approved by the Claims Administrator as Medically Necessary.
 - Regarding the issue of being confined: There is no requirement that the Member be previously confined in a Hospital or Skilled Nursing Facility prior to receiving Home Health Care.
 - Regarding being Homebound: With the exception of Home Health Care provided to a Member, immediately following an Inpatient release for maternity care, the Member must be Homebound in order to be eligible to receive Home Health Care benefits by a Home Health Care Provider.

Limitations: This benefit is subject to the limits shown in the ***Schedule of Covered Services***.

Injectable Medications

The Claims Administrator will provide coverage for injectable medications required in the treatment of an injury or illness when administered by a Professional Provider.

- Specialty Drugs
 - Refer to a medication that meets certain criteria including, but not limited to:
 - The drug is used in the treatment of a rare, complex, or chronic disease;
 - A high level of involvement is required by a healthcare provider to administer the drug;
 - Complex storage and/or shipping requirements are necessary to maintain the drug's stability;
 - The drug requires comprehensive patient monitoring and education by a healthcare provider regarding safety, side effects, and compliance; and
 - Access to the drug may be limited.

To obtain a list of Specialty Drugs please logon to www.ibx.com/preapproval or Call the Customer Service telephone number shown on the Member's Identification Card.

- Coinsurance applies:
 - The purchase of all Specialty Drugs is subject to:
 - ❖ Coinsurance, if dispensed by an In-Network Provider; or
 - ❖ Coinsurance, if dispensed by an Out-of-Network Provider.
 - The Coinsurance amounts are shown in the ***Schedule of Covered Services***.
- Coinsurance amounts will apply:

- To each 30 day supply of medication dispensed for medications administered on a regularly scheduled basis; or
- To each course/series of injections if administered on an intermittent basis.

A 90 day supply of medication may be dispensed for some medications that are used for the treatment of a chronic illness.

▪ **Standard Injectable Drugs**

- Standard Injectable Drugs refer to a medication that is either injectable or infusible, but is not defined by the Claims Administrator to be a Self-Administered Prescription Drug or a Specialty Drug.
- Standard Injectable Drugs include, but are not limited to:
 - Allergy injections and extractions; and
 - Injectable medications such as antibiotics and steroid injections that are administered by a Professional Provider.
- Self-Administered Prescription Drugs generally are not covered.
- For more information on Self-Administered Prescription Drugs:
 - Please refer to the ***Exclusions - What Is Not Covered*** section and the description of "Insulin and Oral Agents" coverage in the ***Description of Covered Services*** section.

Insulin and Oral Agents

The Claims Administrator will provide coverage for Insulin and oral agents to control blood sugar as prescribed by a Physician and dispensed by a licensed pharmacy. Benefits are available for up to a 30 day supply when dispensed from a retail pharmacy.

Medical Foods and Nutritional Formulas

- The Claims Administrator will provide coverage for Medical Foods when provided for the therapeutic treatment of inherited errors of metabolism (IEMs) such as:
 - Phenylketonuria;
 - Branched-chain ketonuria;
 - Galactosemia; and
 - Homocystinuria.

Coverage is provided when administered on an Outpatient basis, either orally or through a tube.

- The Claims Administrator will provide coverage for Nutritional Formulas when the Nutritional Formula is taken orally or through a tube by an infant or child suffering from Severe Systemic Protein Allergy, food protein-induced enterocolitis syndrome, eosinophilic disorders, or short-bowel syndrome that do not respond to treatment with standard milk or soy protein formulas and casein hydrolyzed formulas.

The Claims Administrator will provide coverage for Medical Foods and Nutritional Formulas when provided through a Durable Medical Equipment supplier or in connection with Infusion Therapy as provided for in this Program.

An estimated basal caloric requirement for Medical Foods and Nutritional Formula is not required for IEMs, or for when administered through a tube.

Non-Surgical Dental Services

The Claims Administrator will provide coverage only for:

- The initial treatment of Accidental Injury/trauma, (That is, fractured facial bones and fractured jaws), in order to restore proper function.

Restoration of proper function includes the dental services required for the initial restoration or replacement of Sound Natural Teeth, required for the initial treatment for the Accidental Injury/trauma. This includes:

- The first caps;
 - Crowns;
 - Bridges; and
 - Dentures (but not dental implants).
- The preparation of the jaws and gums required for initial replacement of Sound Natural Teeth. Injury as a result of chewing or biting is not considered an Accidental Injury. See the exclusion of dental services in the ***Exclusions - What Is Not Covered*** section for more information on what dental services are not covered.

Observation Room

The Claims Administrator will provide coverage for Observation Room Covered Services, when Medically Necessary as determined by the Claims Administrator. Cost-sharing requirements are specified in the ***Schedule of Covered Services***.

Orthotics (Devices Used for Support of Bones and Joints)

The Claims Administrator will provide coverage for:

- The first purchase and fitting: This is the initial purchase and fitting (per medical episode) of orthotic devices which are Medically Necessary as determined by the Claims Administrator. This does not include foot orthotics, unless the Member requires foot orthotics as a result of diabetes.
- Replacements due to growth: The replacement of covered orthotics for Dependent children when required due to natural growth.

Podiatric Care

The Claims Administrator will provide coverage for:

- Capsular or surgical treatment of bunions;
- Ingrown toenail Surgery; and
- Other non-routine Medically Necessary foot care.

In addition, for Members with peripheral vascular and/or peripheral neuropathic diseases, including but not limited to diabetes, benefits for routine foot care services are covered.

Prosthetic Devices

The Claims Administrator will provide coverage for expenses Incurred for Prosthetic Devices (except dental prostheses) required as a result of illness or injury. Expenses for Prosthetic Devices are subject to medical review by the Claims Administrator to determine eligibility and Medical Necessity.

Such expenses may include, but not be limited to:

- The purchase, fitting, necessary adjustments and repairs of Prosthetic Devices which replace all or part of an absent body organ including contiguous tissue or which replace all or part of the function of an inoperative or malfunctioning body organ;
- The supplies and replacement of parts necessary for the proper functioning of the Prosthetic Device;
- Breast prostheses required to replace the removed breast or portions thereof as a result of mastectomy and prostheses inserted during reconstructive Surgery incident and subsequent to mastectomy; and
- Benefits are provided for the following visual Prosthetics when Medically Necessary and prescribed for one of the following conditions:
 - Initial contact lenses prescribed for treatment of infantile glaucoma;
 - Initial pinhole glasses prescribed for use after Surgery for detached retina;
 - Initial corneal or scleral lenses prescribed:
 - In connection with the treatment of keratoconus; or
 - To reduce a corneal irregularity other than astigmatism;
 - Initial scleral lenses prescribed to retain moisture in cases where normal tearing is not present or adequate; and
 - Initial pair of basic eyeglasses when prescribed to perform the function of a human lens (aphakia) lost as a result of:
 - Accidental Injury;
 - Trauma; or
 - Ocular Surgery.

The repair and replacement provisions do not apply to this item.

Benefits for replacement of a Prosthetic Device or its parts will be provided:

- When there has been a significant change in the Member's medical condition that requires the replacement;
- If the prostheses breaks because it is defective;
- If the prostheses breaks because it exceeds its life expectancy, as determined by the manufacturer; or
- For a Dependent's child due to the normal growth process when Medically Necessary.

The Claims Administrator will provide benefits to repair Prosthetic Devices when the cost to repair is less than the cost to replace it. For purposes of replacement or repair of the prostheses, replacement means the removal and substitution of the prostheses or one of its components necessary for proper functioning. A repair is a restoration of the prostheses or one of its components to correct problems due to wear or damage. However, the Claims Administrator will not provide benefits for repairs and replacements needed because the prostheses was abused or misplaced.

If a Prosthetic Device breaks and is under warranty, it is the responsibility of the Member to work with the manufacturer to replace or repair it.

Specialist Office Visit

The Claims Administrator will provide coverage for Specialist Services Medical Care provided in the office by a Provider other than a Primary Care Provider.

For the purpose of this benefit "in the office" includes:

- Medical Care visits to a Provider's office;
- Medical Care visits by a Provider to the Member's residence; or
- Medical Care consultations by a Provider on an Outpatient basis.

Spinal Manipulation Services

The Claims Administrator will provide coverage for the detection and correction of structural imbalance or dislocation (subluxation) of the Member's spine resulting from, or related to any of the following:

- Distortion of, or in, the vertebral column;
- Misalignment of, or in, the vertebral column; or
- Dislocation (Subluxation) of, or in, the vertebral column.

The detection and correction can be done by: Manual or mechanical means (by hand or machine).

This service will be provided for, up to the limits specified in the ***Schedule of Covered Services*** for spinal manipulations.

Therapy Services

The Claims Administrator will provide coverage, subject to the Benefit Period Maximums specified in the ***Schedule of Covered Services***, for the following services prescribed by a Physician and performed by a Professional Provider, a therapist who is registered or licensed by the appropriate authority to perform the applicable therapeutic service, and/or Facility Provider, which are used in treatment of an illness or injury to promote recovery of the Member.

- Cardiac Rehabilitation Therapy
Refers to a medically supervised rehabilitation program designed to improve a patient's tolerance for physical activity or exercise.
- Chemotherapy
The treatment of malignant disease by chemical or biological antineoplastic agents used to kill or slow the growth of cancerous cells. The cost of these drugs/biologics is covered, provided if it meets all of the criteria listed below:
 - Drugs/biologics are approved by the U.S. Food and Drug Administration (FDA) as antineoplastic agents;
 - The FDA approved use is based on reliable evidence demonstrating positive effect on health outcomes and/or the use is supported by the established referenced Compendia identified in the Health Benefit Plan's policies; and
 - Drugs/biologics are eligible for coverage when they are injected or infused into the body by a Professional Provider.

Note: If this Program does not provide coverage for prescription drugs, oral antineoplastic agents are covered as provided under the benefits described above.

- Dialysis
The treatment of acute renal failure or chronic irreversible renal insufficiency for removal of waste materials from the body by hemodialysis, peritoneal dialysis, hemoperfusion, or chronic ambulatory peritoneal dialysis (CAPD), or continuous cyclical peritoneal dialysis (CCPD).
- Infusion Therapy
The infusion of drug, hydration, or nutrition (parenteral or enteral) into the body by a Professional Provider. Infusion therapy includes all professional services, supplies, and equipment that are required to safely and effectively administer the therapy. Infusion may be provided in a variety of settings (For example, home, office, Outpatient) depending on the level of skill required to prepare the drug, administer the infusion, and monitor the Member. The type of Professional Provider who can administer the infusion depends on whether the drug is considered to be a Specialty Drug infusion or a Standard Injectable Drug infusion, as determined by the Claims Administrator.
- Occupational Therapy
Includes treatment of a physically disabled person by means of constructive activities designed and adapted to promote the restoration of the person's ability to satisfactorily accomplish the ordinary tasks of daily living. Coverage will also include services rendered by a registered, licensed occupational therapist.
- Physical Therapy
Includes treatment by physical means, heat, hydrotherapy or similar modalities, physical agents, bio-mechanical and neuro-physiological principles, and devices to relieve pain, restore maximum function, and prevent disability following disease, injury, or loss of body part, including the treatment of functional loss following hand and/or foot Surgery.
- Pulmonary Rehabilitation Therapy
Includes treatment through a multidisciplinary program which combines Physical Therapy with an educational process directed towards the stabilization of pulmonary diseases and the improvement of functional status.
- Respiratory Therapy
Includes the introduction of dry or moist gases into the lungs for treatment purposes. Coverage will also include services by a respiratory therapist.
- Speech Therapy
Includes treatment for the correction of a speech impairment resulting from disease, Surgery, injury, congenital anomalies, or previous therapeutic processes. Coverage will also include services by a speech therapist.

Urgent Care Centers

The Claims Administrator will provide coverage for Urgent Care Centers, when Medically Necessary as determined by the Claims Administrator.

- Urgent Care Centers are designed to offer immediate evaluation and treatment for health conditions that require medical attention:
 - In a non-Emergency situation;
 - That cannot wait to be addressed by the Member's Professional Provider or Retail Clinic.
- Cost-sharing requirements are specified in the ***Schedule of Covered Services***.

EXCLUSIONS – WHAT IS NOT COVERED

Except as specifically provided in this Benefit Booklet, no benefits will be provided for services, supplies or charges:

Alternative Therapies/Complementary Medicine

For Alternative Therapies/Complementary Medicine, including but not limited to:

- Music therapy;
- Dance therapy;
- Equestrian/hippotherapy;
- Homeopathy;
- Primal therapy;
- Rolfing;
- Psychodrama;
- Vitamin or other dietary supplements and therapy;
- Naturopathy;
- Hypnotherapy;
- Bioenergetic therapy;
- Qi Gong;
- Ayurvedic therapy;
- Aromatherapy;
- Massage therapy;
- Therapeutic touch;
- Recreational, wilderness, educational and sleep therapies.

Ambulance Services/Transport

For ambulance services except as specifically provided under this Program.

Assisted Fertilization Techniques

For assisted fertilization techniques such as, but not limited to, in-vitro fertilization, gamete intra-fallopian transfer (GIFT) and zygote intra-fallopian transfer (ZIFT).

Autism

- For Autism Spectrum Disorders services that exceed the Annual Benefit Maximum shown in the ***Schedule of Covered Services***.
- For the diagnosis and treatment of Autism Spectrum Disorders that is provided through a school as part of an individualized education program.
- For the diagnosis and treatment of Autism Spectrum Disorders that is not included in the ASD Treatment Plan for Autism Spectrum Disorders.

Benefit Maximums

For charges Incurred for expenses in excess of Benefit Maximums as specified in the ***Schedule of Covered Services***.

Cognitive Rehabilitation Therapy

For Cognitive Rehabilitation Therapy, except when provided integral to other supportive therapies, such as, but not limited to physical, occupational and speech therapies in a multidisciplinary, goal-oriented and integrated treatment program designed to improve

management and independence following neurological damage to the central nervous system caused by illness or trauma (For example: stroke, acute brain insult, encephalopathy).

Consumable Medical Supplies

For Consumable Medical Supplies, any item that meets the following criteria is not a covered Consumable Medical Supply and will not be covered:

- The item is for comfort or convenience.
- The item is not primarily medical in nature. Items not covered include, but are not limited to:
 - Ear plugs;
 - Ice pack;
 - Silverware/utensils;
 - Feeding chairs; and
 - Toilet seats.
- The item has features of a medical nature which are not required by the member's condition.
- The item is generally not prescribed by an eligible Provider.

Some examples of not covered Consumable Medical Supplies are:

- Incontinence pads;
- Lamb's wool pads;
- Face masks (surgical);
- Disposable gloves, sheets and bags;
- Bandages;
- Antiseptics; and
- Skin preparations.

Cosmetic Surgery

For services and operations for cosmetic purposes

- Which are done to improve the appearance of any portion of the body; and
- From which no improvement in physiologic function can be expected.

However, benefits are payable to correct:

- A condition resulting from an accident; and
- Functional impairment which results from a covered disease, injury or congenital birth defect.

This exclusion does not apply to mastectomy related charges as provided for and defined in the "Surgical Services" section in the ***Description of Covered Services***.

Cranial Protheses (Including Wigs)

For cranial protheses, including wigs intended to replace hair.

Day Rehabilitation Program

For Day Rehabilitation Program services.

Dental Care

- For dental services related to:
 - The care, filling, removal or replacement of teeth, including dental implants to replace teeth or to treat congenital anodontia, ectodermal dysplasia or dentinogenesis imperfecta; and

- The treatment of injuries to or diseases of the teeth, gums or structures directly supporting or attached to the teeth, except as otherwise specifically stated in this Benefit Booklet.
- Specific services not covered include, but are not limited to (unless otherwise described in this Benefit Booklet):
 - Apicoectomy (dental root resection);
 - Prophylaxis of any kind;
 - Root canal treatments;
 - Soft tissue impactions;
 - Alveolectomy;
 - Bone grafts or other procedures provided to augment an atrophic mandible or maxilla in preparation of the mouth for dentures or dental implants; and
 - Treatment of periodontal disease;
- For dental implants for any reason.
- For dentures, unless for the initial treatment of an Accidental Injury/trauma.
- For Orthodontic treatment, except for appliances used for palatal expansion to treat congenital cleft palate.
- For injury as a result of chewing or biting (neither is considered an Accidental Injury).

Diagnostic Screening Examinations

For diagnostic screening examinations, except for mammograms and preventive care as provided in the "Primary and Preventive Care", "Women's Preventive Care" and "Diagnostic Services" subsections of the **Description of Covered Services**.

Durable Medical Equipment

For the following examples of equipment that do not meet the definition of Durable Medical Equipment include, but are not limited to:

- Comfort and convenience items, such as massage devices, portable whirlpool pumps, telephone alert systems, bed-wetting alarms, and ramps.
- Equipment used for environmental control, such as air cleaners, air conditioners, dehumidifiers, portable room heaters, and heating and cooling plants.
- Equipment inappropriate for home use. This is an item that generally requires professional supervision for proper operation, such as:
 - Diathermy machines;
 - Medcolator;
 - Data transmission devices used for telemedicine purposes;
 - Pulse tachometer;
 - Translift chairs; and
 - Traction units.
- Non-reusable supplies other than a supply that is an integral part of the Durable Medical Equipment item required for the Durable Medical Equipment function. This means the equipment is not durable or is not a component of the Durable Medical Equipment.
- Equipment that is not primarily medical in nature. Equipment which is primarily and customarily used for a non-medical purpose may or may not be considered "medical" in nature. This is true even though the item may have some medically related use. Such items include, but are not limited to:
 - Equipment For Safety;
 - Exercise equipment;
 - Speech teaching machines;
 - Strollers;

- Toileting systems;
 - Electronically-controlled heating and cooling units for pain relief;
 - Bathtub lifts;
 - Stairglides; and
 - Elevators.
- Equipment with features of a medical nature which are not required by the Member's condition, such as a gait trainer. The therapeutic benefits of the item cannot be clearly disproportionate to its cost, if there exists a Medical Necessity and realistically feasible alternative item that serves essentially the same purpose.
 - Duplicate equipment for use when traveling or for an additional residence, whether or not prescribed by a Professional Provider.
 - Services not primarily billed for by a Provider such as delivery, set-up and service activities and installation and labor of rented or purchased equipment.
 - Modifications to vehicles, dwellings and other structures. This includes any modifications made to a vehicle, dwelling or other structure to accommodate a Member's disability or any modifications made to a vehicle, dwelling or other structure to accommodate a Durable Medical Equipment item, such as customization to a wheelchair.

Effective Date

Which were Incurred prior to the Member's Effective Date of coverage.

Experimental/Investigative

Which are Experimental/Investigative in nature, except, as approved by the Claims Administrator, Routine Patient Costs Associated With Qualifying Clinical Trials that meets the definition of a Qualifying Clinical Trial under this Benefit Booklet.

Foot Orthotics

For supportive devices for the foot (orthotics), such as, but not limited to:

- Foot inserts;
- Arch supports;
- Heel pads and heel cups; and
- Orthopedic/corrective shoes.

This exclusion does not apply to orthotics and podiatric appliances required for the prevention of complications associated with diabetes.

Hearing Aids

For hearing or audiometric examinations, and Hearing Aids and the fitting thereof; and, routine examinations. Services and supplies related to these items are not covered.

Cochlear electromagnetic hearing devices, a semi-implantable Hearing Aid, is not covered. Cochlear electromagnetic hearing devices are not considered cochlear implants.

High Cost Technical Equipment

For equipment costs related to services performed on high cost technological equipment as defined by the Claims Administrator, such as, but not limited to:

- Computer Tomography (CT) scanners;
- Magnetic Resonance Imagers (MRI); and
- Linear accelerators.

Immunizations for Employment or Travel

For Immunizations required for employment purposes or travel.

Laboratory and Pathology Tests for Employment

For laboratory and pathology tests in connection with obtaining or continuing employment.

Medical Foods And Nutritional Formulas

- For appetite suppressants;
- For oral non-elemental nutritional supplements (For example, Boost, Ensure, NeoSure, PediaSure, Scandishake), casein hydrolyzed formulas (For example, Nutramigen, Alimentun, Pregestimil), or other nutritional products including, but not limited to, banked breast milk, basic milk, milk-based, and soy-based products. This exclusion does not apply to Medical Foods and Nutritional Formulas as provided for and defined in the "Medical Foods and Nutritional Formulas" section in the **Description of Covered Services**;
- For elemental semi-solid foods (For example, Neocate Nutra);
- For products that replace fluids and electrolytes (For example, Electrolyte Gastro, Pedialyte);
- For oral additives (For example, Duocal, fiber, probiotics, or vitamins) and food thickeners (For example, Thick-It, Resource ThickenUp); and
- For supplies associated with the oral administration of formula (For example, bottles, nipples).

Medical Supplies

For Medical Supplies such as but not limited to thermometers, ovulation kits, early pregnancy or home pregnancy testing kits.

Medical Necessity

Which are not Medically Necessary as determined by the Claims Administrator for the diagnosis or treatment of illness or injury.

Mental Health/Psychiatric Care

- For vocational or religious counseling; and
- For activities that are primarily of an educational nature.

Military Service

For any loss sustained or expenses Incurred in the following ways:

- During military service while on active duty as a member of the armed forces of any nation; or
- As a result of enemy action or act of war, whether declared or undeclared.

Miscellaneous

- For care in a:
 - Nursing home;
 - Home for the aged;
 - Convalescent home;
 - School;
 - Camp;
 - Institution for intellectually disabled children; or
 - Custodial Care in a Skilled Nursing Facility.
- For broken appointments.
- For Telephone consultations.
- For completion of a claim form.

- For marriage counseling.
- For Custodial Care, domiciliary care or rest cures.
- Which are not billed and performed by a Provider as defined under this coverage as a "Professional Provider", "Facility Provider" or "Ancillary Service Provider" except as otherwise indicated under the subsections entitled:
 - "Therapy Services"; and
 - "Ambulance Services/Transport" in the **Description of Covered Services** section.
- Performed by a Professional Provider enrolled in an education or training program when such services are:
 - Related to the education or training program; and are
 - Provided through a Hospital or university.
- For weight reduction and premarital blood tests. This exclusion does not apply to nutrition visits as set forth in the **Description of Covered Services** section under the subsection entitled "Nutrition Counseling for Weight Management".
- For any Therapy Service provided for:
 - Work hardening activities/programs; or
 - Evaluations not associated with therapy.

Motor Vehicle

For injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is:

- Paid under a plan or policy of motor vehicle insurance, including a certified self-insured plan; or
- Payable in any manner under the Pennsylvania Motor Vehicle Financial Responsibility Law.

Non-Covered Services

Any services, supplies or treatments not specifically listed as covered benefits in this Program.

Obesity

For treatment of obesity, including surgical treatment of obesity.

This exclusion does not apply to nutrition counseling visits/sessions as described in the "Nutrition Counseling for Weight Management" provision in this Benefit Booklet.

Orthoptic/Pleoptic Therapy

For treatment associated with Orthoptic/Pleoptic Therapy.

Over-The-Counter Drugs

For over-the-counter drugs and any other medications that may be dispensed without a doctor's prescription, except for medications administered during an Inpatient Admission. This exclusion does not apply to over-the-counter medicines that are prescribed by a Physician in accordance with applicable law.

Personal Hygiene and Convenience Items

For personal hygiene and convenience items such as, but not limited to the following, whether or not recommended by a Provider:

- Air conditioners;
- Humidifiers;
- Physical fitness or exercise equipment;
- Radio;
- Beauty/barber shop services;
- Guest trays;
- Wigs;
- Chairlifts;
- Stairglides;
- Elevators;
- Sauna;
- Television;
- Spa or health club memberships;
- Whirlpool;
- Telephone;
- Guest Service; or
- Hot tub or equivalent device.

Physical Examinations

For routine physical examinations for non-preventive purposes, such as:

- Pre-marital examinations;
- Physicals for college;
- Camp or travel; and
- Examinations for insurance, licensing and employment.
- Drugs obtained through mail order prescription drug services of an Out-of-Network Mail Order Pharmacy; and

Prescription Drugs

- For prescription drugs, except as may be provided by a prescription drug rider attached to this Benefit Booklet. This exclusion does NOT apply to insulin, insulin analogs and pharmacological agents for controlling blood sugar levels, as provided for the treatment of diabetes and contraceptive methods, including contraceptive drugs and devices, injectable contraceptives, IUDs and implants; sterilization procedures, and patient education and counseling, not including abortifacient drugs, for generic products and for those methods that do not have a generic equivalent. Brand contraceptives are excluded.
- For drugs and medicines for which the Member has coverage under a free-standing prescription drug program provided through the Enrolled Group.

Private Duty Nursing

For Inpatient and Outpatient Private Duty Nursing services.

Relative Counseling or Consultations

For counseling or consultation with a Member's relatives, or Hospital charges for a Member's relatives or guests, except as may be specifically provided or allowed in the "Treatment for Alcohol Or Drug Abuse And Dependency" or "Transplant Services" sections of the **Description of Covered Services**.

Responsibility of Another Party

- For which a Member would have no legal obligation to pay, or another party has primary responsibility.
- Received from a dental or medical department maintained by or on behalf of an employer, a mutual benefit association, labor union, trust, or similar person or group.

Responsibility of Medicare

Claims paid or payable by Medicare when Medicare is primary. For purposes of this Program exclusion, coverage is not available for a service, supply or charge that is "payable under Medicare" when the Member is eligible to enroll for Medicare benefits, regardless of whether the Member actually enrolls for, pays applicable premium for, maintains, claims or receives Medicare benefits. The amount excluded for these claims will be either the amount "payable under Medicare" or the applicable plan fee schedule for the service, at the discretion of the Claims Administrator.

Reversal of a Sterilization

For any Surgery performed for the reversal of a sterilization procedure.

Routine Foot Care

As defined in the Claims Administrator's Medical Policy unless associated with Medically Necessary treatment of peripheral vascular disease and/or peripheral neuropathic disease, including but not limited to diabetes.

Self-Administered Prescription Drugs

For Self-Administered Prescription Drugs, regardless of whether the drugs are provided or administered by a Provider. Drugs are considered Self-Administered Prescription Drugs even when initial medical supervision and/or instruction is required prior to patient self-administration.

This exclusion does not apply to Self-Administered Prescription Drugs that are:

- Mandated to be covered by law, such as insulin or any drugs required for the treatment of diabetes, unless these drugs are covered by a Free-Standing Prescription Drug Contract issued to the Group by the Claims Administrator; or
- Required for treatment of an Emergency condition that requires a Self-Administered Prescription Drug.

Sexual Dysfunction

For sex therapy or other forms of counseling for treatment of sexual dysfunction when performed by a non-licensed sex therapist.

Skilled Nursing Facility

For Skilled Nursing Facility services in connection with the following:

- When confinement in a Skilled Nursing Facility is intended solely to assist the Member with the activities of daily living or to provide an institutional environment for the convenience of a Member;
- For the treatment of Alcohol And Drug Abuse Or Dependency, and Mental Illness; or
- After the Member has reached the maximum level of recovery possible for their particular condition and no longer requires definitive treatment other than routine Custodial Care.

Temporomandibular Joint Syndrome (TMJ)

For treatment of temporomandibular joint syndrome (TMJ), also known as craniomandibular disorders (CMD), with intraoral devices or with any non-surgical method to alter vertical dimension.

Termination Date

Which were or are Incurred after the date of termination of the Member's coverage except as provided in the **General Information** section.

Travel

For travel, whether or not it has been recommended by a Professional Provider or if it is required to receive treatment at an out of area Provider.

Veteran's Administration or Department of Defense

To the extent a Member is legally entitled to receive when provided by the Veteran's Administration or by the Department of Defense in a government facility reasonably accessible by the Member.

Vision

- For correction of myopia or hyperopia by means of corneal microsurgery, such as:
 - Keratomileusis;
 - Keratophakia;
 - Radial keratotomy and all related services.
- For eyeglasses, lenses or contact lenses and the vision examination for prescribing or fitting eyeglasses or contact lenses except as otherwise described in this Benefit Booklet.

Worker's Compensation

For any occupational illness or bodily injury which occurs in the course of employment if benefits or compensation are available, in whole or in part, under the provisions of:

- Worker's Compensation Law; or
- Any similar Occupational Disease Law or Act.

This exclusion applies whether or not the Member claims the benefits or compensation.

GENERAL INFORMATION

ELIGIBILITY, CHANGE AND TERMINATION RULES UNDER THE PROGRAM

Effective Date: The date the Group agrees that all eligible persons may apply and become covered for the benefits as set forth in this Program and described in this Benefit Booklet. If a person becomes an eligible person after the Group's Effective Date, that date becomes the eligible person's effective date under this Program.

Eligible Person

The Employee is eligible to be covered under this Program if the Employee is determined by the Group as eligible to apply for coverage and sign the Application.

Eligibility shall not be affected by the Employee's physical condition and determination of eligibility for the coverage by the employer shall be final and binding.

Eligible Dependent

The Employee's family is eligible for coverage (Dependent coverage) under this Program when the Employee is eligible for Employee coverage. An eligible Dependent is defined as the Employee's spouse under a legally valid existing marriage, the Employee's child(ren), including any stepchild, legally adopted child, a child placed for adoption or any child whose coverage is the Employee's responsibility under the terms of a qualified release or court order. The limiting age for covered children is the first of the month following the month in which they reach age 26.

In addition, a full-time student will be considered eligible for coverage when they are on a Medically Necessary leave of absence from an Accredited Educational Institution. The Dependent child will be eligible for coverage until the earlier of one year from the first day of the leave of absence or the date on which the coverage otherwise would terminate. The limiting age referenced above will be applicable regardless of the status of the Medically Necessary leave of absence.

A full-time student who is eligible for coverage under this Program who is:

- A member of the Pennsylvania National Guard or any reserve component of the U.S. armed forces and who is called or ordered to active duty, other than active duty for training for a period of 30 or more consecutive days; or
- A member of the Pennsylvania National Guard who is ordered to active state duty, including duty under Pa. C.S. Ch. 76 (relates to Emergency Management Assistance Compact), for a period of 30 or more consecutive days.

Eligibility for these Dependents will be extended for a period equal to the duration of the Dependent's service on duty or active state duty or until the individual is no longer a full-time student regardless of the age of the Dependent when the educational program at the Accredited Educational Institution was interrupted due to military duty.

As proof of eligibility, the Employee must submit a form to the Claims Administrator approved by the Department of Military & Veterans Affairs (DMVA):

- Notifying the Claims Administrator that the Dependent has been placed on active duty;
- Notifying the Claims Administrator that the Dependent is no longer on active duty; or
- Showing that the Dependent has re-enrolled as a full-time student in an Accredited Educational Institution for the first term or semester starting 60 or more days after their release from active duty.

Eligibility will be continued past the limiting age for unmarried children, regardless of age, who are incapable of self-support because of mental or physical incapacitation and who are dependent on the Employee for over half of their support. The Claims Administrator may require proof of eligibility under the prior Claims Administrator's plan and also from time to time under this Program.

The newborn child(ren) of the Employee or the Employee's Dependent shall be entitled to the benefits provided by this Program from the date of birth for a period of 31 days. Coverage of newborn children within such 31 days shall include care which is necessary for the treatment of medically diagnosed congenital defects, birth abnormalities, prematurity and routine nursery care. To be eligible for Dependent coverage beyond the 31 day period, the Employee must enroll the newborn child within such 31 days. To continue coverage beyond 31 days for a newborn child, who does not otherwise qualify for coverage as a Dependent, the Employee must apply within 31 days after the birth of the newborn and the appropriate rate must be paid when billed.

A newly acquired Dependent shall be eligible for coverage under this Program on the date the Dependent is acquired provided that the Employee applies to the Claims Administrator for addition of the Dependent within 31 days after the Dependent is acquired and the Employee makes timely payment of the appropriate rate. If Application is made later than 31 days after the Dependent is acquired, coverage shall become effective on the first billing date following 30 days after the Employee's Application is accepted by the Claims Administrator.

A Dependent child of a custodial parent covered under this Program may be enrolled under the terms of a qualified medical release or court order, as required by law.

No Dependent may be eligible for coverage as a Dependent of more than one Member of the Enrolled Group. No individual may be eligible for coverage hereunder as a Member and as a Dependent of a Member at the same time.

Benefits to Which the Member Is Entitled

The liability of the Claims Administrator is limited to the benefits specified in this Benefit Booklet. The Claims Administrator's determination of the benefit provisions applicable for the services rendered to the Member shall be conclusive.

Termination of Coverage at Termination Of Employment Or Membership In The Group

When a Member ceases to be an eligible Employee or eligible Dependent, or the required contribution is not paid, the Member's coverage will terminate at the end of the last month for which payment was made. However, if benefits under this Program are provided by and/or approved by the Claims Administrator before the Claims Administrator receives notice of the Member's termination under this Program, the cost of such benefits will be the sole responsibility of the Member. In that circumstance, the Claims Administrator will consider the effective date of termination of a Member under this Program to be not more than 60 days

before the first day of the month in which the Group notified the Claims Administrator of such termination.

Consumer Rights

Each Member has the right to access, review and copy their own health and membership records and request amendments to their records. This includes information pertaining to claim payments, payment methodology, reduction or denial, medical information secured from other agents, plans or providers.

For more information about accessing, reviewing or copying records, call Member Services at the toll-free number referenced on the Identification Card.

Member/Provider Relationship

- The choice of a Provider is solely the Member's choice.
- The Claims Administrator does not furnish Covered Services but only makes payment for Covered Services received by persons covered under this Program. The Claims Administrator is not liable for any act or omission of any Provider. The Claims Administrator has no responsibility for a Provider's failure or refusal to render Covered Services to a Member.

COVERAGE CONTINUATION

Termination of the Member's Coverage and Conversion Privilege Under This Program

- Termination of this Program – Termination of the Group coverage (this Program) automatically terminates all coverage for the Member (an Enrolled Employee) and the Member's eligible Dependents. The privilege of conversion to a conversion contract shall be available to any Member who has been continuously covered under the Program Document for at least three months (or covered for similar benefits under any group plan that this Program replaced).

It is the responsibility of the Group or the Group's Applicant Agent to notify the Member and the Member's eligible Dependents of the termination of coverage. However, coverage will be terminated regardless of whether the notice is given.

Rescission: If it is proven that the Member or the Member's eligible Dependent obtained or attempted to obtain benefits or payment for benefits, through fraud or intentional misrepresentation of material fact, the Claims Administrator, may, upon notice to the Member, terminate the coverage. The Member will receive written notice at least 30 days prior to termination but will have the right to utilize the **Complaint and Appeal Process** to appeal cancellation.

The privilege of conversion is available for the Member and the Member's eligible Dependents except in the following circumstances:

- The Group terminates this Program in favor of group coverage by another organization;
or
- The Group terminates the Member in anticipation of terminating this Program in favor of group coverage by another organization.

- **Notice of Conversion** – Written notice of termination and the privilege of conversion to a conversion contract shall be given within 60 days after the date of termination of this Program. Once the Member receives notice and the Member elects a conversion plan, payment for coverage under the conversion contract must be made within 31 days. Evidence of insurability is not required. Upon receipt of this payment, the conversion contract will be effective on the date of the Member's termination under this Program.

Conversion coverage shall not be available if the Member is eligible for another health care program which is available in the Group where the Member is employed or with which the Member is affiliated to the extent that the conversion coverage would result in over-insurance.

If the Member's coverage or the coverage of the Member's eligible dependent terminates because of the Member's death, the Member's change in employment status, divorce of dependent spouse, or change in a dependent's eligibility status, the terminated Member will be eligible to apply within 31 days of termination (or termination of the continuation privileges under COBRA) to conversion coverage, of the type for which that Member is then qualified at the rate then in effect. This conversion coverage may be different from the coverage provided under this Program. Evidence of insurability is not required.

Continuation Of Coverage At Termination Of Employment Or Membership Due To Total Disability

The Member's protection under this Program may be extended after the date the Member ceases to be a Member under this Program because of termination of employment or membership in the Group. It will be extended if, on that date, the Member is Totally Disabled from an illness or injury. The extension is only for that illness or injury and any related illness or injury. It will be for the time the Member remains Totally Disabled from any such illness or injury, but not beyond 12 months if the Member ceases to be a Member because the Member's coverage under this Program ends.

Coverage under this Program will apply during an extension as if the Member was still a Member. In addition, coverage will apply only to the extent that other coverage for the Covered Services is not provided for the Member through the Claims Administrator by the Group. Continuation of coverage is subject to payment of the applicable premium.

Continuation Of Incapacitated Child

If an unmarried child is incapable of self-support because of mental or physical incapacity and is dependent on the Member (an enrolled Employee) for over half of the child's support, the Member may apply to the Claims Administrator to continue coverage of such child under this Program upon such terms and conditions as the Claims Administrator may determine. Coverage of such Dependent child shall terminate upon the child's marriage. Continuation of benefits under this provision will only apply if the child was eligible as a Dependent and mental or physical incapacity commenced prior to age 26.

The child must be unmarried, incapable of self-support and the disability must have commenced prior to attaining 26 years of age. The disability must be certified by the attending Physician; furthermore, the disability is subject to annual medical review. In a case where a handicapped child is over 26 years of age and joining the Claims Administrator for the first time, the handicapped child must have been covered under the prior Claims Administrator and submit proof from the prior Claims Administrator that the child was covered as a handicapped person.

When The Employee Terminates Employment - Continuation Of Coverage Provisions Consolidated Omnibus Budget Reconciliation Act Of 1985, As Amended (COBRA)

The Employee should contact their Employer for more information about COBRA and the events that may allow the Employee or the Employee's eligible Dependents to temporarily extend health care coverage.

INFORMATION ABOUT PROVIDER REIMBURSEMENT

The Member's Personal Choice Network Plan (this Program) is a program, which allows the Member to maximize the Member's health care benefits by utilizing the Personal Choice Network, which is comprised of Providers that have a contractual arrangement with the Claims Administrator. These Providers are called "In-Network Providers". In-Network Providers are doctors, Hospitals and other health care professionals and institutions that are part of the Personal Choice Network, which is designed to provide access to care through a selected managed network of Providers. Services by In-Network Providers are delivered through a selected, managed network of Providers designed to provide quality care. The Personal Choice Network includes Hospitals, Primary Care Physicians and specialists, and a wide range of Ancillary Service Providers, including suppliers of Durable Medical Equipment, Hospice care and Home Health Care Agencies, Skilled Nursing Facilities, Free Standing Dialysis Facilities and Ambulatory Surgical Facilities.

When the Member receives health care through a Provider that is a member of the Personal Choice Network, the Member incurs lower out-of-pocket expenses, and there are no claim forms to fill out. Benefits are also provided if the Member chooses to receive health care through a Provider that is not an In-Network Provider. However, the level of benefits will be reduced, and the Member will be responsible for a greater share of out-of-pocket expenses, and the amount of the Member's expenses could be substantial. The Member may have to reach a Deductible before receiving benefits, and the Member may be required to file a claim form.

A directory of the In-Network Providers who belong to the Personal Choice Network is available to the Member upon request. It will identify the Professional Providers who have agreed to become In-Network Professional Providers and will also identify the Hospitals in the Network with which the In-Network Professional Providers are affiliated. Also included in the directory is a listing of the Ancillary Service Providers affiliated with the Personal Choice Network. The directory is updated periodically throughout the year, and the Claims Administrator reserves the right to add or delete Physicians and/or Hospitals at any given time. It is important to know that continued participation of any one doctor, Hospital or other Provider cannot be guaranteed. For information regarding Providers that participate in the Personal Choice Network, call 1-800-ASK BLUE (TTY: 711).

The Claims Administrator covers only care that is "Medically Necessary". Medically Necessary care is care that is needed for the Member's particular condition and that the Member receives at the most appropriate level of service. Examples of different levels of service are Hospital Inpatient care, treatment in Short Procedure Units and Hospital Outpatient Care.

Some of the services the Member receives through this Program must be Precertified before the Member receives them, to determine whether they are Medically Necessary. Failure to Precertify services to be provided by an Out-of-Network Provider, when required, may result in a reduction of benefits. Precertification of services is a vital program feature that reviews the Medically Necessary of certain procedures/admissions. In certain cases, Precertification helps determine whether a different treatment may be available that is equally effective. Precertification also helps determine the most appropriate setting for certain services. Innovations in health care enable doctors to provide services, once provided exclusively in an Inpatient setting, in many different settings - such as an Outpatient department of a Hospital or a doctor's office.

When the Member seeks medical treatment that requires Precertification, the Member is not responsible for obtaining the Precertification if treatment is provided by an In-Network Provider (That is, a Provider in the Personal Choice Network). In addition, if the In-Network Provider fails to obtain a required Precertification of services, the Member will be held harmless from any associated financial Penalties assessed by the Program as a result. If the request for Precertification is denied, the Member will be notified in writing that the admission/service will not be paid because it is considered to be medically inappropriate. If the Member decides to continue treatment or care that has not been approved, the Member will be asked to do the following:

- Acknowledge this in writing.
- Request to have services provided.
- State the Member's willingness to assume financial liability.

When the Member seeks treatment from an Out-of-Network Provider or a BlueCard Provider (excluding Inpatient Admissions), the Member is responsible for initiating the Precertification process. The Member or the Member's Provider should call the Precertification number listed on the Member's Identification Card, and give their name, facility's name, diagnosis, and procedure or reason for admission. Failure to Precertify required services will result in a reduction of benefits payable to the Member.

Payment Of Providers

- In-Network Provider Reimbursement
Personal Choice reimbursement programs for health care Providers are intended to encourage the provision of quality, cost-effective care for Personal Choice members. Set forth below is a general description of Personal Choice reimbursement programs, by type of Personal Choice Network health care Provider.

Please note that these programs may change from time to time, and the arrangements with particular Providers may be modified as new contracts are negotiated. If the Member has any questions about how the Member's health care Provider is compensated, the Member should speak to their healthcare Provider directly or contact Customer Services.

- Physicians
Personal Choice Network Physicians, including Primary Care Provider (PCPs) and specialists, are paid on a fee-for-service basis, meaning that payment is made according to the Claims Administrator's Personal Choice fee schedule for the specific medical services that the Physician performs.

- Institutional Providers

Hospitals: For most Inpatient medical and surgical services, Hospitals are paid per diem rates, which are specific amounts paid for each day a Member is in the Hospital. These rates usually vary according to the intensity of the Covered Services provided. Some Hospitals are also paid case rates, which are set dollar amounts paid for a complete Hospital stay related to a specific procedure or diagnosis, (For example, transplants). For most Outpatient and Emergency Services and procedures, most Hospitals are paid specific rates based on the type of Covered Service performed. For a few Covered Services, Hospitals are paid based on a percentage of billed charges. Most Hospitals are paid through a combination of the above payment mechanisms for various services.

The Claims Administrator implemented a quality incentive program with a few Hospitals. This program provides increased reimbursement to these Hospitals based on them meeting specific quality criteria, including "Patient Safety Measures". Such patient safety measures are consistent with recommendations by the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry and are designed to help reduce medical and medication errors. Other criteria are directed at improved patient outcomes, higher nursing staff ratios, and electronic submissions. This is a new incentive program that is expected to evolve over time.

Skilled Nursing Facilities, Rehabilitation Hospitals, and other care facilities: Most Skilled Nursing Facilities and other special care facilities are paid per diem rates, which are specific amounts paid for each day a Member is in the facility. These amounts may vary according to the intensity of the Covered Services provided.

Ambulatory Surgical Facilities (ASFs): Most ASFs are paid specific rates based on the type of Covered Service performed. For a few services, some ASFs are paid based on a percentage of billed charges.

- Physician Group Practices, Physician Associations and Integrated Delivery Systems Certain Physician group practices, independent physician associations (IPAs) and integrated hospital/physician organizations called Integrated Delivery Systems (IDS) employ or contract with individual Physicians to provide medical services. These groups are paid as described in the Physician's reimbursement section outlined above. These groups may pay their affiliated Physicians a salary and/or provide incentives based on production, quality, service, or other performance standards.
- Ancillary Service Providers, certain Facility Providers and Mental Health/Psychiatric Care and Alcohol Or Drug Abuse And Dependency Providers, Ancillary Service Providers, such as Durable Medical Equipment Providers, laboratory Providers, Home Health Care Agencies, and mental health/psychiatric care and Alcohol and Drug Abuse Providers are paid on the basis of fee-for-service payments according to the Claims Administrator's Personal Choice fee schedule for the specific Covered Services performed. In some cases, such as for mental health/psychiatric care and Alcohol and Drug Abuse benefits, one vendor arranges for all such services through a contracted set of providers. The Claims Administrator reimburses the contracted Providers of these vendors on a fee-for-service basis. An affiliate of Independence Blue Cross has less than a 3% ownership interest in this mental health/psychiatric care and Alcohol and Drug Abuse vendor.

- Payment of Out-of-Network Providers

For Covered Services received from an Out-of-Network Provider, not successfully negotiated through the Price Protection Program payment will be made directly to the Member and the Member will be responsible for reimbursing the Out-of-Network Provider. However, Claims Administrator reserves the right, in its sole discretion, to make payments directly to the Out-of-Network Provider.

- Payment Methods

A Member or the Provider may submit bills directly to the Claims Administrator, and, to the extent that benefits are payable within the terms and conditions of this Benefit Booklet, reimbursement will be furnished as detailed below. The Member's benefits for Covered Services are based on the rate of reimbursement as set forth under "Covered Expense" in the **Important Definitions** section of this Benefit Booklet.

- Facility Providers

- In-Network Facility Providers

In-Network Facility Providers are members of the Personal Choice Network and have a contractual arrangement with the Claims Administrator for the provision of services to Members. Benefits will be provided as specified in the **Schedule of Covered Services** for Covered Services which have been performed by an In-Network Facility Provider. The Claims Administrator will compensate In-Network Facility Providers in accordance with the contracts entered into between such Providers and the Claims Administrator. BlueCard Providers will be compensated by the Blue Cross and Blue Shield Plans with which they contract. No payment will be made directly to the Member for Covered Services rendered by any In-Network Facility Provider.

- Out-of-Network Facility Providers

Out-of-Network Facility Providers include facilities that are not part of the Personal Choice Network. The Claims Administrator may have a contractual arrangement with a facility even if it is not part of the Personal Choice Network.

The Claims Administrator will provide benefits for Covered Services provided by an Out-of-Network Facility Provider at the Out-of-Network Coinsurance level specified in the **Schedule of Covered Services**. The reimbursement rate is specified under "Covered Expense" in the **Important Definitions** section of this Benefit Booklet.

If the Claims Administrator determines that Covered Services were for Emergency Care as defined herein, the Member normally will not be subject to the cost-sharing Penalties that would ordinarily be applicable to Out-of-Network services. Emergency admissions must be certified within two business days of admission, or as soon as reasonably possible, as determined by the Claims Administrator. Payment for Emergency Services provided by Out-of-Network Providers will be the negotiated amount through the Price Protection Program, or the greater of:

- ❖ The median of the amounts paid to In-Network Providers for Emergency Services;
- ❖ The amount paid to Out-of-Network Facility Providers; or
- ❖ The amount paid by Medicare.

Once Covered Services are rendered by a Facility Provider, the Claims Administrator will not honor a Member's request not to pay for claims submitted by the Facility Provider. The Member will have no liability to any person because of its rejection of the request.

– Professional Providers

➤ In-Network Providers

The Claims Administrator is authorized by the Member to make payment directly to the In-Network Professional Providers furnishing Covered Services for which benefits are provided under this Program. In-Network Professional Providers have agreed to accept the rate of reimbursement determined by a contract as payment in full for Covered Services. BlueCard Providers will be compensated by the Blue Cross and Blue Shield Plans with which they contract. In-Network Professional Providers will make no additional charge to Members for Covered Services except in the case of certain Copayments, Coinsurance or other cost-sharing features as specified under this Program. The Member is responsible within 60 days of the date in which the Claims Administrator finalizes such services to pay, or make arrangements to pay, such amounts to the In-Network Professional Provider.

Benefit amounts, as specified in the **Schedule of Covered Services** of this Program, refer to Covered Services rendered by a Professional Provider which are regularly included in such Provider's charges and are billed by and payable to such Provider. Any dispute between the In-Network Professional Provider and a Member with respect to balance billing shall be submitted to the Claims Administrator for determination. The decision of the Claims Administrator shall be final.

Once Covered Services are rendered by a Professional Provider, the Claims Administrator will not honor a Member's request not to pay for claims submitted by the Professional Provider. The Claims Administrator will have no liability to any person because of its rejection of the request.

➤ Emergency Care by Out-of-Network Providers

If the Claims Administrator determines that Covered Services provided by an Out-of-Network Provider were for Emergency Care, the Member will be subject to the In-Network cost-sharing levels. Penalties that ordinarily would be applicable to Out-of-Network Covered Services will not be applied. For Emergency Care, not successfully negotiated through the Price Protection Program the Claims Administrator will reimburse the Member for Covered Services at the Out-of-Network Provider reimbursement rate. However, if Emergency Care is provided by certain Out-of-Network Providers (For example, ambulance services), in accordance with applicable law, the Claims Administrator will reimburse the Out-of-Network Provider at an In-Network rate directly. In this instance the specified Out-of-Network Provider will not bill the Member for amounts in excess of the Claims Administrator's payment for the Emergency Care. For payment of Covered Services provided by an Out-of-Network Provider, please refer to the definition of "Covered Expense" in the **Important Definitions** section of this Benefit Booklet. Inpatient admissions for Emergency Care must be certified within two business days of admission, or as soon as reasonably possible, as determined by the Claims Administrator. Payment for Emergency Services provided by Out-of-Network Providers will be the negotiated amount through the Price Protection Program, or the greater of:

- ❖ The median of the amounts paid to In-Network Providers for Emergency Services;
- ❖ The amount paid to Out-of-Network Professional Providers; or
- ❖ The amount paid by Medicare.

Unless a claim is successfully negotiated through the Price Protection Program, an Out-of-Network Provider who provided Emergency Care can bill the Member directly for their services, for either the Provider's charges or amounts in excess of the Claims Administrator's payment for the Emergency Care, (That is, balance billing). In such situations, Emergency Care claims eligible for the balance bill advocacy services of the Price Protection Program may be initiated by the Member contacting the Claims Administrator. The Member will need to contact the Claims Administrator at the Customer Service telephone number listed on the Member's I.D. card. For Emergency Care claims that are ineligible for balance bill advocacy services of the Price Protection Program, the Member should still contact the Claims Administrator. Upon such notification, the Claims Administrator will resolve the balance-billing for Emergency Care claims ineligible for the balance bill advocacy services of the Price Protection Program.

➤ **Out-of-Network Hospital-Based Provider Reimbursement**

When the Member receives Covered Services from an Out-of-Network Hospital-Based Provider while the Member is an Inpatient at an In-Network Hospital or other In-Network Facility Provider and are being treated by an In-Network Professional Provider, the Member will receive the In-Network cost-sharing level of benefits for the Covered Services provided by the Out-of-Network Hospital-Based Provider. For such Covered Services, not successfully negotiated through the Price Protection Program, payment will be made to the Member, who will be responsible for reimbursing the Out-of-Network Hospital-Based Provider. For payment of Covered Services provided by an Out-of-Network Professional Provider, please refer to the definition of "Covered Expense" in the **Important Definitions** section of this Benefit Booklet.

Unless a claim is successfully negotiated through the Price Protection Program, an Out-of-Network Hospital-Based Provider can bill the Member directly for their services, for either the Provider's charges or amounts in excess of the Claims Administrator's payment to the Out-of-Network Hospital-Based Providers, (That is, balance billing). In such situations, claims eligible for the balance bill advocacy services of the Price Protection Program may be initiated by the Member contacting the Claims Administrator. The Member will need to contact the Claims Administrator at the Customer Service telephone number listed on the Member's I.D. card. For claims that are ineligible for balance bill advocacy services of the Price Protection Program, the Member should still contact the Claims Administrator. Upon such notification, the Claims Administrator will resolve the balance-billing for claims ineligible for the balance bill advocacy services of the Price Protection Program.

Note that when the Member elects to see an Out-of-Network Hospital-Based Provider for follow-up care or any other service where the Member has the ability to select an In-Network Provider, the Covered Services will be covered at an Out-of-Network benefit level. Except for Emergency Care, if an Out-of-Network Provider admits the Member to a Hospital or other Facility Provider, Covered Services provided by an Out-of-Network Hospital-Based Provider will be reimbursed at the Out-of-Network benefit level. For such Covered Services, not successfully negotiated

through the Price Protection Program, payment will be made to the Member and the Member will be responsible for reimbursing the Out-of-Network Hospital-Based Provider. For payment of Covered Services provided by an Out-of-Network Professional Provider, please refer to the definition of "Covered Expense" in the **Important Definitions** section of this Benefit Booklet.

- **Inpatient Hospital Consultations by an Out-of-Network Professional Provider**
When the Member receives Covered Services for an Inpatient hospital consultation from an Out-of-Network Professional Provider while the Member is Inpatient at an In-Network Facility Provider, and the Covered Services are referred by an In-Network Professional Provider, the Member will receive the In-Network cost-sharing level of benefits for the Inpatient hospital consultation.

For such Covered Services, not successfully negotiated through the Price Protection Program, payment will be made to the Member and the Member will be responsible for reimbursing the Out-of-Network Professional Provider. For payment of Covered Services provided by an Out-of-Network Professional Provider, please refer to the definition of "Covered Expense" in the **Important Definitions** section of this Benefit Booklet.

Unless a claim is successfully negotiated through the Price Protection Program, an Out-of-Network Hospital-Based Provider can bill the Member directly for their services, for either the Provider's charges or amounts in excess of the Claims Administrator's payment to the Out-of-Network Hospital-Based Providers, (That is, balance billing). In such situations, claims eligible for the balance bill advocacy services of the Price Protection Program may be initiated by the Member contacting the Claims Administrator. The Member will need to contact the Claims Administrator at the Customer Service telephone number listed on the Member's I.D. card. For claims that are ineligible for balance bill advocacy services of the Price Protection Program, the Member should still contact the Claims Administrator. Upon such notification, the Claims Administrator will resolve the balance-billing for claims ineligible for the balance bill advocacy services of the Price Protection Program.

Note that when the Member elects to see an Out-of-Network Hospital-Based Provider for follow-up care or any other service where the Member has the ability to select an In-Network Provider, the Covered Services will be covered at an Out-of-Network benefit level. Except for Emergency Care, if an Out-of-Network Provider admits the Member to a Hospital or other Facility Provider, Covered Services provided by an Out-of-Network Hospital-Based Provider will be reimbursed at the Out-of-Network benefit level. For such Covered Services, not successfully negotiated through the Price Protection Program, payment will be made to the Member and the Member will be responsible for reimbursing the Out-of-Network Hospital-Based Provider. For payment of Covered Services provided by an Out-of-Network Professional Provider, please refer to the definition of "Covered Expense" in the **Important Definitions** section of this Benefit Booklet.

- **Out-of-Network Professional Provider Reimbursement**
Except as set forth above, when a Member seeks care from an Out-of-Network Professional Provider, benefits will be provided to the Member at the Out-of-Network Coinsurance level specified in the **Schedule of Covered Services**. For payment of

Covered Services provided by an Out-of-Network Professional Provider, please refer to the definition of "Covered Expense" in the **Important Definitions** section of this Benefit Booklet. When a Member seeks care and receives Covered Services not successfully negotiated through the Price Protection Program, from an Out-of-Network Professional Provider, the Member will be responsible to reimburse the Out-of-Network Professional Provider for the difference between the Claims Administrator's payment and the Out-of-Network Professional Provider's charge. In such situations, claims eligible for the balance bill advocacy services of the Price Protection Program may be initiated by the Member contacting the Claims Administrator. The Member will need to contact the Claims Administrator at the Customer Service telephone number listed on the Member's I.D. card.

– Ancillary Service Providers

➤ In-Network Ancillary Service Providers

In-Network Ancillary Service Providers include members of the Personal Choice Network that have a contractual relationship with the Claims Administrator for the provision of services or supplies to Members. Benefits will be provided as specified in the **Schedule of Covered Services** for the provision of services or supplies provided to Members by In-Network Ancillary Service Providers. The Claims Administrator will compensate In-Network Ancillary Service Providers in the Personal Choice Network in accordance with the contracts entered into between such Providers and the Claims Administrator. No payment will be made directly to the Member for Covered Services rendered by any In-Network Ancillary Service Provider.

➤ Out-of-Network Ancillary Service Providers

Out-of-Network Ancillary Service Providers are not members of the Personal Choice Network. Benefits will be provided to the Member at the Out-of-Network Coinsurance level specified in the **Schedule of Covered Services**. The Member will be penalized by the application of higher cost-sharing as detailed in the **Schedule of Covered Services**. For payment of Covered Services provided by an Out-of-Network Ancillary Service Provider, please refer to the definition of "Covered Expense" in the **Important Definitions** section of this Benefit Booklet. When a Member seeks care and receives Covered Services not successfully negotiated through the Price Protection Program, from an Out-of-Network Ancillary Service Provider, the Member will be responsible to reimburse the Out-of-Network Ancillary Service Provider for the difference between the Claims Administrator's payment and the Out-of-Network Ancillary Service Provider's charge.

In such situations, claims eligible for the balance bill advocacy services of the Price Protection Program may be initiated by the Member contacting the Claims Administrator. The Member will need to contact the Claims Administrator at the Customer Service telephone number listed on the Member's I.D. card.

– Assignment of Benefits to Providers

The right of a Member to receive benefit payments under this Program is personal to the Member and is not assignable in whole or in part to any person, Hospital, or other entity nor may benefits of this Program be transferred, either before or after Covered Services are rendered. However, a Member can assign benefit payments to the custodial parent of a Dependent covered under this Program, as required by law.

Unless a claim is successfully negotiated through the Price Protection Program, an Out-of-Network Hospital-Based Provider can bill the Member directly for their services, for

either the Provider's charges or amounts in excess of the Claims Administrator's payment to the Out-of-Network Hospital-Based Providers, (That is, balance billing). In such situations, claims eligible for the balance bill advocacy services of the Price Protection Program may be initiated by the Member contacting the Claims Administrator. The Member will need to contact the Claims Administrator at the Customer Service telephone number listed on the Member's I.D. card. For claims that are ineligible for balance bill advocacy services of the Price Protection Program, the Member should still contact the Claims Administrator. Upon such notification, the Claims Administrator will resolve the balance-billing for claims ineligible for the balance bill advocacy services of the Price Protection Program.

Note that when the Member elects to see an Out-of-Network Hospital-Based Provider for follow-up care or any other service where the Member has the ability to select an In-Network Provider, the Covered Services will be covered at an Out-of-Network benefit level. Except for Emergency Care, if an Out-of-Network Provider admits the Member to a Hospital or other Facility Provider, Covered Services provided by an Out-of-Network Hospital-Based Provider will be reimbursed at the Out-of-Network benefit level. For such Covered Services, not successfully negotiated through the Price Protection Program, payment will be made to the Member and the Member will be responsible for reimbursing the Out-of-Network Hospital-Based Provider. For payment of Covered Services provided by an Out-of-Network Professional Provider, please refer to the definition of "Covered Expense" in the **Important Definitions** section of this Benefit Booklet.

- Inpatient Hospital Consultations by an Out-of-Network Professional Provider
When the Member receives Covered Services for an Inpatient Hospital consultation from an Out-of-Network Professional Provider while the Member is Inpatient at an In-Network Facility Provider, and the Covered Services are referred by an In-Network Professional Provider, the Member will receive the In-Network cost-sharing level of benefits for the Inpatient Hospital consultation.

For such Covered Services, not successfully negotiated through the Price Protection Program, payment will be made to the Member and the Member will be responsible for reimbursing the Out-of-Network Professional Provider. For payment of Covered Services provided by an Out-of-Network Professional Provider, please refer to the definition of "Covered Expense" in the **Important Definitions** section of this Benefit Booklet.

Unless a claim is successfully negotiated through the Price Protection Program, an Out-of-Network Hospital-Based Provider can bill the Member directly for their services, for either the Provider's charges or amounts in excess of the Claims Administrator's payment to the Out-of-Network Hospital-Based Providers, (That is, balance billing). In such situations, Emergency Care claims eligible for the balance bill advocacy services of the Price Protection Program may be initiated by the Member contacting the Claims Administrator. The Member will need to contact the Claims Administrator at the Customer Service telephone number listed on the Member's I.D. card. For Emergency Care claims that are ineligible for balance bill advocacy services of the Price Protection Program, the Member should still contact the Claims Administrator. Upon such notification, the Claims Administrator will resolve the balance-billing for Emergency Care claims ineligible for the balance bill advocacy services of the Price Protection Program.

Note that when the Member elects to see an Out-of-Network Professional Provider for follow-up care or any other service when the Member has the ability to select an In-Network Provider, the Covered Services will be covered at an Out-of-Network benefit level. Except for Emergency Care, if an Out-of-Network Professional Provider admits the Member to a Hospital or other Facility Provider, services provided by Out-of-Network Professional Provider will be reimbursed at the Out-of-Network benefit level. For such Covered Services, not successfully negotiated through the Price Protection Program, payment will be made to the Member and the Member will be responsible for reimbursing the Out-of-Network Professional Provider. For payment of Covered Services provided by an Out-of-Network Professional Provider, please refer to the definition of "Covered Expense" in the **Important Definitions** section of this Benefit Booklet.

– Out-of-Network Professional Provider Reimbursement

Except as set forth above, when a Member seeks care from an Out-of-Network Professional Provider, benefits will be provided to the Member at the Out-of-Network Coinsurance level specified in the **Schedule of Covered Services**. For payment of Covered Services provided by an Out-of-Network Professional Provider, please refer to the definition of "Covered Expense" in the **Important Definitions** section of this Benefit Booklet. When a Member seeks care and receives Covered Services not successfully negotiated through the Price Protection Program, from an Out-of-Network Professional Provider, the Member will be responsible to reimburse the Out-of-Network Professional Provider for the difference between the Claims Administrator's payment and the Out-of-Network Professional Provider's charge.

In such situations, claims eligible for the balance bill advocacy services of the Price Protection Program may be initiated by the Member contacting the Claims Administrator. The Member will need to contact the Claims Administrator at the Customer Service telephone number listed on the Member's I.D. card.

▪ Ancillary Service Providers

– In-Network Ancillary Service Providers

In-Network Ancillary Service Providers include members of the PPO Network that have a contractual relationship with the Claims Administrator for the provision of services or supplies to Members. Benefits will be provided as specified in the **Schedule of Covered Services** for the provision of services or supplies provided to Members by In-Network Ancillary Service Providers. The Claims Administrator will compensate In-Network Ancillary Service Providers in the PPO Network in accordance with the contracts entered into between such Providers and the Claims Administrator. No payment will be made directly to the Member for Covered Services rendered by any In-Network Ancillary Service Provider.

- **Out-of-Network Ancillary Service Providers**
Out-of-Network Ancillary Service Providers are not members of the PPO Network. Benefits will be provided to the Member at the Out-of-Network Coinsurance level specified in the ***Schedule of Covered Services***. The Member will be penalized by the application of higher cost-sharing as detailed in the ***Schedule of Covered Services***. For payment of Covered Services provided by an Out-of-Network Ancillary Service Provider, please refer to the definition of "Covered Expense" in the ***Important Definitions*** section of this Benefit Booklet. When a Member seeks care and receives Covered Services not successfully negotiated through the Price Protection Program, from an Out-of-Network Ancillary Service Provider, the Member will be responsible to reimburse the Out-of-Network Ancillary Service Provider for the difference between the Claims Administrator's payment and the Out-of-Network Ancillary Service Provider's charge. In such situations, claims eligible for the balance bill advocacy services of the Price Protection Program may be initiated by the Member contacting the Claims Administrator. The Member will need to contact the Claims Administrator at the Customer Service telephone number listed on the Member's I.D. card.

BlueCard Program

- Out-of-Area Services

Overview

The Claims Administrator has a variety of relationships with other Blue Cross and/or Blue Shield Licensees. Generally, these relationships are called "Inter-Plan Arrangements." These Inter-Plan Arrangements work based on rules and procedures issued by the Blue Cross Blue Shield Association ("Association"). Whenever the Member accesses healthcare services outside of the geographic area the Claims Administrator serves, the claims for these services may be processed through one of these Inter-Plan Arrangements. The Inter-Plan Arrangements are described below.

When the Member receives care outside of the Claims Administrator's service area, the Member will receive it from one of two kinds of providers. Most providers ("participating providers") contract with the local Blue Cross and/or Blue Shield Licensee in that other geographic area ("Host Blue"). Some providers ("nonparticipating providers") don't contract with the Host Blue. the Claims Administrator explains below how the Claims Administrator pays both kinds of providers.

Inter-Plan Arrangements Eligibility - Claim Types

All claim types are eligible to be processed through Inter-Plan Arrangements, as described above, except for all Dental Care Benefits except when paid as medical claims/benefits, and those Prescription Drug Benefits or Vision Care Benefits that may be administered by a third party contracted by the Claims Administrator to provide the specific service or services.

- BlueCard® Program
Under the BlueCard® Program, when the Member receives Covered Services within the geographic area served by a Host Blue, the Claims Administrator will remain responsible for doing what we agreed to in the contract. However, the Host Blue is responsible for contracting with and generally handling all interactions with its participating providers.

When the Member receives Covered Services outside the Claims Administrator's service area and the claim is processed through the BlueCard Program, the amount the Member pays for Covered Services is calculated based on the lower of:

- The billed charges for Covered Services; or
- The negotiated price that the Host Blue makes available to the Claims Administrator.

Often this "negotiated price" will be a simple discount that reflects an actual price that the Host Blue pays to the Member's healthcare provider. Sometimes, it is an estimated price that takes into account special arrangements with the Member's healthcare provider or provider group that may include types of settlements, incentive payments and/or other credits or charges. Occasionally, it may be an average price, based on a discount that results in expected average savings for similar types of healthcare providers after taking into account the same types of transactions as with an estimated price.

Estimated pricing and average pricing also take into account adjustments to correct for over- or underestimation of past pricing of claims, as noted above. However, such adjustments will not affect the price the Claims Administrator has used for the Member's claim because they will not be applied after a claim has already been paid.

- Special Cases: Value-Based Programs

BlueCard® Program

If the Member receives Covered Services under a Value-Based Program inside a Host Blue's service area, the Member will not be responsible for paying any of the Provider Incentives, risk-sharing, and/or Care Coordinator Fees that are a part of such an arrangement, except when a Host Blue passes these fees to the Claims Administrator through average pricing or fee schedule adjustments.

Value-Based Programs: Negotiated (non-BlueCard Program) Arrangements

If the Claims Administrator has entered into a Negotiated Arrangement with a Host Blue to provide Value-Based Programs to the Group on the Member's behalf, the Claims Administrator will follow the same procedures for Value-Based Programs administration and Care Coordinator Fees as noted above for the BlueCard Program.

- Nonparticipating Providers Outside the Claims Administrator's Service Area

- Member Liability Calculation

When Covered Services are provided outside of the Claims Administrator's service area by nonparticipating providers, the amount the Member pays for such services will normally be based on either the Host Blue's nonparticipating provider local payment or the pricing arrangements required by applicable state law. In these situations, the Member may be responsible for the difference between the amount that the nonparticipating provider bills and the payment the Claims Administrator will make for the Covered Services as set forth in this paragraph. Federal or state law, as applicable, will govern payments for out-of-network emergency services.

- Exceptions

In certain situations, the Claims Administrator may use other payment methods, such as billed charges for Covered Services, the payment we would make if the healthcare services had been obtained within our service area, or a special negotiated payment to determine the amount the Claims Administrator will pay for services provided by nonparticipating providers. In these situations, the Member may be liable for the difference between the amount that the nonparticipating provider bills and the payment the Claims Administrator will make for the Covered Services as set forth in this paragraph.

- Blue Cross Blue Shield Global Core

If the Member is outside the United States, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands (hereinafter "BlueCard service area"), the Member may be able to take advantage of the Blue Cross Blue Shield Global Core when accessing Covered Services. The Blue Cross Blue Shield Global Core is unlike the BlueCard Program available in the BlueCard service area in certain ways. For instance, although the Blue Cross Blue Shield Global Core assists the Member with accessing a network of inpatient, outpatient and professional providers, the network is not served by a Host Blue. As such, when the Member receives care from providers outside the BlueCard service area, the Member will typically have to pay the providers and submit the claims themselves to obtain reimbursement for these services.

If the Member needs medical assistance services (including locating a doctor or hospital) outside the BlueCard service area, the Member should call the Blue Cross Blue Shield Global Core Service Center at 1.800.810.BLUE (2583) (TTY: 711) or call collect at 1.804.673.1177 (TTY: 711), 24 hours a day, seven days a week. An assistance coordinator, working with a medical professional, can arrange a physician appointment or hospitalization, if necessary.

- Inpatient Services

In most cases, if the Member contacts the service center for assistance, hospitals will not require the Member to pay for covered inpatient services, except for the Member's deductibles, coinsurance, etc. In such cases, the hospital will submit the Member's claims to the service center to begin claims processing. However, if the Member paid in full at the time of service, the Member must submit a claim to receive reimbursement for Covered Services. **The Member must contact the Claims Administrator to obtain precertification for non-emergency inpatient services.**

- **Outpatient Services**
Physicians, urgent care centers and other outpatient providers located outside the BlueCard service area will typically require the Member to pay in full at the time of service. The Member must submit a claim to obtain reimbursement for Covered Services.

SERVICES AND SUPPLIES REQUIRING PRECERTIFICATION

Precertification Review

When required, Precertification review evaluates the Medical Necessity, including the appropriateness of the setting, of proposed services for coverage under the Member's benefit plan. Examples of these services include planned or elective Inpatient Admissions and selected Outpatient procedures. For groups located in the Personal Choice Network service area, Precertification review may be initiated by the Provider or the Member depending on whether the Provider is a Personal Choice Network Provider. For Member's located outside the Claims Administrator's Personal Choice Network who are accessing BlueCard Providers, the Member is responsible for initiating or requesting the Provider to initiate the Precertification review (excluding Inpatient Admissions). Where Precertification review is required, the Claims Administrator's coverage of the proposed procedure is contingent upon the review being completed and receipt of the approval certification. Coverage penalties may be applied where Precertification review is required for a procedure but is not obtained.

While the majority of services requiring Precertification review are reviewed for Medical Necessity of the requested procedure setting (For example, Inpatient, Short Procedure Unit, or Outpatient setting), other elements of the Medical Necessity of the procedure may not always be evaluated and may be automatically approved based on the procedure or diagnosis for which the procedure is requested or an agreement with the performing provider. Precertification review is not required for Emergency services and is not performed where an agreement with the Claims Administrator's local In-Network Provider does not require such review.

The following information provides more specific information of this Program's Precertification requirements.

- Inpatient Pre-Admission Review
 - In-Network Inpatient Admissions
In accordance with the criteria and procedures described above, Inpatient Admissions, other than an Emergency or maternity admission, must be Precertified in accordance with the standards of the Claims Administrator as to the Medical Necessity of the admission. The Precertification requirements for Emergency admissions are set forth in the "Emergency Admission Review" subsection of this **General Information** section. An In-Network Hospital, Skilled Nursing Facility, or other Facility Provider in the Personal Choice Network will verify the Precertification at or before the time of admission. The Hospital, Skilled Nursing Facility or other Facility Provider, is responsible to Precertify an Inpatient Admission under the BlueCard Program. The Claims Administrator will not authorize the Hospital, Skilled Nursing Facility or other Facility Provider admission if Precertification is required and is not obtained in advance. For Member's who reside in the Claims Administrator's local Personal Choice Network service area, the Claims Administrator will hold the Member harmless and the Member will not be financially responsible for admissions to Hospitals, Skilled Nursing Facilities or other Facility

Providers in the Personal Choice Network which fail to conform to the pre-admission certification requirements unless:

- The Provider provides prior written notice that the admission will not be paid by the Claims Administrator; and
- The Member acknowledges this fact in writing together with a request to be admitted which states that the Member will assume financial liability for such Facility Provider admission.

– Out-of-Network Inpatient Admissions

For an Out-of-Network Inpatient Admission, the Member is responsible to have the admission (other than for an Emergency or maternity admission) certified in advance as an approved admission.

- To obtain Precertification, the Member is responsible to contact or have the admitting Physician or other Facility Provider contact the Claims Administrator prior to admission to the Hospital, Skilled Nursing Facility, or other Facility Provider. The Claims Administrator will notify the Member, admitting Physician and the Facility Provider of the determination. The Member is eligible for Inpatient benefits at the Out-of-Network level shown in the **Schedule of Covered Services** if, and only if, prior approval of such benefits has been certified in accordance with the provisions of this Benefit Booklet.
- If such prior approval for a Medically Necessary Inpatient Admission has not been certified as required, there will be a Penalty for non-compliance and the amount, as shown below, will be deemed not to be Covered Services under this Program. Such Penalty, and any difference in what is covered by the Claims Administrator and the Member's obligation to the Provider, will be the sole responsibility of, and payable by, the Member.

If a Member elects to be admitted to the Facility Provider after review and notification that the reason for admission is not approved for an Inpatient level of care, Inpatient benefits will not be provided and the Member will be financially liable for non-covered Inpatient charges.

- If Precertification is denied, the Member, the Physician or the Facility Provider may Appeal the determination and submit information in support of the claim for Inpatient benefits. A final determination concerning eligibility for Inpatient benefits will be made and the Member, Physician, or Facility Provider will be so notified.

▪ Emergency Admission Review

– In-Network Admissions

It is the responsibility of the In-Network Provider to notify the Claims Administrator of the In-Network Emergency admission.

– Out-of-Network Provider Admissions

- Members are responsible for notifying the Claims Administrator of an Out-of-Network Provider Emergency admission within two business days of the admission, or as soon as reasonably possible, as determined by the Claims Administrator.
- Failure to initiate Emergency admission review will result in a reduction in Covered Expense for Out-of-Network services. Such Penalty, as shown below, will be the sole responsibility of, and payable by, the Member.
- If the Member elects to remain hospitalized after the Claims Administrator and the attending Physician have determined that an Inpatient level of care is not Medically

Necessary, the Member will be financially liable for non-covered Inpatient charges from the date of notification.

- Concurrent and Retrospective Review

Concurrent review may be performed while services are being performed. This may occur during an Inpatient stay and typically evaluates the expected and current length of stay to determine if continued hospitalization is Medically Necessary. When performed, the review assesses the level of care provided to the Member and coordinates discharge planning. Concurrent review continues until the patient is discharged. Not all Inpatient stays are reviewed concurrently. Concurrent Review is generally not performed where an Inpatient Facility is paid based on a per case or diagnosis-related basis, or where an agreement with the Facility does not require such review.

Retrospective/Post Service review:

Retrospective review occurs after services have been provided. This may be for a variety of reasons, including the Claims Administrator not being notified of a Member's admission until after discharge or where medical charts are unavailable at the time of concurrent review. Certain services are only reviewed on a retrospective/post-service basis.

In addition to these standard utilization reviews, the Claims Administrator also may determine coverage of certain procedures and other benefits available to Members through Prenotification as required by the Member's benefit plan, and discharge planning.

Pre-notification. Pre-notification is advance notification to the Claims Administrator of an Inpatient Admission or Outpatient service where no Medical Necessity review is required, such as maternity admissions/deliveries. Pre-notification is primarily used to identify Members for Concurrent review needs, to ascertain discharge planning needs proactively, and to identify Members who may benefit from Case Management programs.

Discharge Planning. Discharge Planning is performed during an Inpatient Admission and is used to identify and coordinate a Member's needs and benefits coverage following the Inpatient stay, such as covered home care, ambulance transport, acute rehabilitation, or Skilled Nursing Facility placement. Discharge Planning involves the Claims Administrator's authorization of covered post-Hospital services and identifying and referring Members to Disease Management or Case Management benefits.

Selective Medical Review. In addition to the foregoing requirements, the Claims Administrator reserves the right, under its utilization and quality management programs, to perform a medical review prior to, during or following the performance of certain Covered Services ("Selective Medical Review") that are otherwise not subject to review as described above. In addition, the Claims Administrator reserves the right to waive medical review for certain Covered Services for certain Providers, if the Claims Administrator determines that those Providers have an established record of meeting the utilization and/or quality management standards for these Covered Services. Coverage penalties are not applied to Members where required Selective Medical Review is not obtained by the Provider.

Other Precertification Requirements

Precertification is required by the Claims Administrator in advance for certain services. **To obtain a list of services that require Precertification, please go to www.ibx.com/preapproval or call the Customer Service telephone number that is listed**

on the Member's Identification Card. When a Member plans to receive any of these listed procedures, the Claims Administrator will review the Medical Necessity for the procedure or treatment in accordance with the criteria and procedures described above and grant prior approval of benefits accordingly.

Surgical, diagnostic and other procedures, listed on the Precertification requirements list, that are performed during an Emergency, as determined by the Claims Administrator, do not require Precertification. However, the Claims Administrator should be notified within two business days of Emergency services for such procedures, or as soon as reasonably possible, as determined by the Claims Administrator.

- In-Network Care
In-Network Providers in the Personal Choice Network must contact the Claims Administrator to initiate Precertification. The Claims Administrator will verify the results of the Precertification with the Member and with the In-Network Provider. If the In-Network Provider is a BlueCard Provider, however, the Member must initiate Precertification (excluding Inpatient Admissions).

If such prior approval is not obtained and the Member undergoes the surgical, diagnostic or other procedure or treatment that requires Precertification, then benefits will be provided for Medically Necessary treatment, subject to a Penalty.

For In-Network Providers in the Personal Choice Network, the Claims Administrator will hold the Member harmless and the Member will not be financially responsible for this financial Penalty for the In-Network Provider's failure to comply with the Precertification requirements or determination, unless a Member elects to receive the treatment after review and written notification that the procedure is not covered as Medically Necessary. In which case benefits will not be provided and the Member will be financially liable for non-covered charges.

- Out-of-Network Care
For Out-of-Network Care and care provided by BlueCard Providers (excluding Inpatient Admissions), the Member is responsible to have the Provider performing the service contact the Claims Administrator to initiate Precertification. The Claims Administrator will verify the results of the Precertification with the Member and the Provider.

If such prior approval is not obtained and the Member undergoes the surgical, diagnostic or other procedure or treatment that requires Precertification, then benefits will be provided for Medically Necessary treatment, but the Provider's charge less any applicable Coinsurance, Copayments, Deductibles shall be subject to a Penalty, as reflected below. Such Penalty, and any difference in what is covered by the Claims Administrator and the Member's obligation to the Provider, will be the sole responsibility of, and payable by, the Member.

Precertification Penalty:

If the Provider is a BlueCard[®] Provider of another Blue Plan (excluding Inpatient Admissions) or the Member uses an Out-of-Network Provider, the Member must obtain Precertification if required. The Member will be subject to a 20% reduction in benefits if Precertification is not obtained.

In addition to the Precertification requirements referenced above, the Member should contact the Claims Administrator for certain categories of treatment (listed below) so that the Member will know prior to receiving treatment whether it is a Covered Service. This applies to In-Network Providers in the Personal Choice Network and to Members (and their Providers) who elect to receive treatment provided by either BlueCard Providers or Out-of-Network Providers. Those categories of treatment (in any setting) include:

- Any surgical procedure that may be considered potentially cosmetic;
- Any procedure, treatment, drug or device that represents "emerging technology"; and
- Services that might be considered Experimental/Investigative.

The Member's Provider should be able to assist in determining whether a proposed treatment falls into one of these three categories. Also, the Claims Administrator encourages the Member's Provider to place the call for the Member.

For more information, please see the **Important Notices** section of this Benefit Booklet that pertain to Experimental/Investigative Services, Cosmetic services, Medically Necessary services and Emerging Technology.

Disease Management and Decision Support Programs

Disease Management and Decision Support programs help Members to be effective partners in their health care by providing information and support to Members with certain chronic conditions as well as those with everyday health concerns. Disease Management is a systematic, population-based approach that involves identifying Members with certain chronic diseases, intervening with specific information or support to follow Provider's treatment plan, and measuring clinical and other outcomes. Decision Support involves identifying Members who may be facing certain treatment option decisions and offering them information to assist in informed, collaborative decisions with their Physicians. Decision Support also includes the availability of general health information, personal health coaching, Provider information, or other programs to assist in health care decisions.

Disease Management interventions are designed to help Members manage their chronic condition in partnership with their Physician(s). Disease Management programs, when successful, can help such Members avoid long term complications, as well as relapses that would otherwise result in Hospital or Emergency room care. Disease Management programs also include outreach to Members to obtain needed preventive services, or other services recommended for chronic conditions. Information and support may occur in the form of telephonic health coaching, print, audio library or videotape, or Internet formats.

The Claims Administrator will utilize medical information such as claims data to operate the Disease Management or Decision Support program, (For example, to identify Members with chronic disease, to predict which Members would most likely benefit from these services, and to communicate results to the Member's treating Physician(s)). The Claims Administrator will decide what chronic conditions are included in the Disease Management or Decision Support program.

Participation by a Member in Disease Management or Decision Support programs is voluntary. A Member may continue in the Disease Management or Decision Support program until any of the following occurs:

- The Member notifies the Claims Administrator that they have declined participation;
- The Claims Administrator determines that the program, or aspects of the program, will not continue; or

- The Member's Employer decides not to offer the programs.

Out-Of-Area Care for Dependent Students

If an unmarried Dependent child is a full-time student in an Accredited Educational Institution located outside the area served by the Personal Choice Network, the student may be eligible to receive Out-of-Network care at the In-Network level of benefits. Charges for treatment will be paid at the In-Network level of benefits when the Dependent student receives care from Providers as described in the "BlueCard Program" subsection of the **General Information** section. However, treatment provided by an educational facility's infirmary for Urgent Care, (For example, may also be paid at the In-Network level of benefits, but the Claims Administrator should be notified within 48 hours of treatment to insure Covered Services are treated as In-Network Covered Services). Nothing in this provision will act to continue coverage of a Dependent child past the date when such child's coverage would otherwise be terminated under this Program.

UTILIZATION REVIEW PROCESS AND CRITERIA

Utilization Review Process

A basic condition of IBC's, and its subsidiary QCC Insurance Company's ("the Claims Administrator") benefit plan coverage is that in order for a health care service to be covered or payable, the services must be Medically Necessary. To assist the Claims Administrator in making coverage determinations for requested health care services, the Claims Administrator uses established IBC Medical Policies and medical guidelines based on clinically credible evidence to determine the Medical Necessity of the requested services. The appropriateness of the requested setting in which the services are to be performed is part of this assessment. The process of determining the Medical Necessity of requested health care services for coverage determinations based on the benefits available under a Member's benefit plan is called utilization review.

It is not practical to verify Medical Necessity on all procedures on all occasions; therefore, certain procedures may be determined by the Claims Administrator to be Medically Necessary and automatically approved based on the accepted Medical Necessity of the procedure itself, the diagnosis reported or an agreement with the performing Provider. An example of such automatically approved services is an established list of services received in an Emergency room which has been approved by the Claims Administrator based on the procedure meeting Emergency criteria and the severity of diagnosis reported (For example, rule out myocardial infarction, or major trauma). Other requested services, such as certain elective Inpatient or Outpatient procedures may be reviewed on a procedure specific or setting basis.

Utilization review generally includes several components which are based on when the review is performed. When the review is required before a service is performed it is called a Precertification review. Reviews occurring during a hospital stay are called a concurrent review, and those reviews occurring after services have been performed are called either retrospective or post-service reviews. The Claims Administrator follows applicable state and federally required standards for the timeframes in which such reviews are to be performed.

Generally, where a requested service is not automatically approved and must undergo Medical Necessity review, nurses perform the initial case review and evaluation for coverage approval using the Claims Administrator's Medical Policies, established guidelines and evidence-based clinical criteria and protocols; however only a Medical Director employed by the Claims Administrator may deny coverage for a procedure based on Medical Necessity. The evidence-

based clinical protocols evaluate the Medical Necessity of specific procedures and the majority are computer-based. Information provided in support of the request is entered into the computer-based system and evaluated against the clinical protocols. Nurses apply applicable benefit plan policies and procedures, taking into consideration the individual Member's condition and applying sound professional judgment. When the clinical criteria are not met, the given service request is referred to a Medical Director for further review for approval or denial. Independent medical consultants may also be engaged to provide clinical review of specific cases or for specific conditions. Should a procedure be denied for coverage based on lack of Medical Necessity, a letter is sent to the requesting Provider and Member in accordance with applicable law.

The Claims Administrator's utilization review program encourages peer dialogue regarding coverage decisions based on Medical Necessity by providing Physicians with direct access to the Claims Administrator's Medical Directors to discuss coverage of a case. Medical Directors and nurses are salaried, and contracted external Physician and other professional consultants are compensated on a per case reviewed basis, regardless of the coverage determination. The Claims Administrator does not specifically reward or provide financial incentives to individuals performing utilization review services for issuing denials of coverage. There are no financial incentives for such individuals which would encourage utilization review decisions that result in underutilization.

Clinical Criteria, Guidelines and Resources

The following guidelines, clinical criteria and other resources are used to help make Medical Necessity coverage decisions:

Clinical Decision Support Criteria: Clinical Decision Support Criteria is an externally validated and computer-based system used to assist the Claims Administrator in determining Medical Necessity. This evidence-based, Clinical Decision Support Criteria is nationally recognized and validated. Using a model based on evaluating intensity of service and severity of illness, these criteria assist our clinical staff evaluating the Medical Necessity of coverage based on a Member's specific clinical needs. Clinical Decision Support Criteria helps promote consistency in the Claims Administrator's plan determinations for similar medical issues and requests, and reduces practice variation among the Claims Administrator's clinical staff to minimize subjective decision-making.

Clinical Decision Support Criteria may be applied for Covered Services including but not limited to the following:

- Some elective surgeries-settings for Inpatient and Outpatient procedures (For example, hysterectomy and sinus Surgery);
- Inpatient hospitalizations;
- Inpatient Rehabilitation;
- Home Health;
- Durable Medical Equipment;
- Skilled Nursing Facility.

Centers for Medicare and Medicaid Services (CMS) Guidelines: A set of guidelines adopted and published by CMS for coverage of services by Medicare for Medicare Members.

IBC Medical Policies: IBC maintains an internally developed set of policies that document the coverage and conditions for certain medical/surgical procedures and ancillary services.

Covered Services for which IBC's Medical Policies are applied include, but are not limited to:

- Ambulance;
- Infusion;
- Speech Therapy;
- Occupational Therapy;
- Durable Medical Equipment;
- Review of potential cosmetic procedures.

IBC (and QCC) Internally Developed Guidelines: A set of guidelines developed specifically by IBC (and QCC), as needed, with input by clinical experts based on accepted practice guidelines within the specific fields and reflecting IBC Medical Policies for coverage.

Delegation of Utilization Review Activities And Criteria

In certain instances, the Claims Administrator has delegated certain utilization review activities, including Precertification review, concurrent review, and Case Management, to integrated delivery systems and/or entities with an expertise in medical management of a certain membership population (such as, Neonates/premature infants) or type of benefit or service (such as mental health/psychiatric care and Alcohol and Drug Abuse or radiology). In such instances, a formal delegation and oversight process is established in accordance with applicable law and nationally-recognized accreditation standards. In such cases, the delegate's utilization review criteria are generally used, with the Claims Administrator's approval.

Utilization Review and Criteria for Mental Health/Psychiatric Care and Alcohol and Drug Abuse Services

Utilization Review activities for mental health/psychiatric care and Alcohol and Drug Abuse services have been delegated by IBC (and QCC) to a behavioral health management company, which administers the mental health/psychiatric care and Alcohol and Drug Abuse benefits for the majority of the Claims Administrator's Members.

COORDINATION OF BENEFITS

Coordination of Benefits

This Program's Coordination of Benefits (COB) provision is designed to conserve funds associated with health care.

- Definitions

In addition to the Definitions of this Program for purposes of this provision only:

"Plan" shall mean any group arrangement providing health care benefits or Covered Services through:

- Individual, group, (except hospital indemnity plans), blanket (except student accident) or franchise insurance coverage;
- The Plan, health maintenance organization and other prepayment coverage;
- Coverage under labor management trusted plans, union welfare plans, Employer organization plans, or Employee benefit organization plans; and
- Coverage under any tax supported or government program to the extent permitted by law.

- Determination of Benefits

COB applies when an Employee has health care coverage under any other group health care plan (Plan) for services covered under this Program, or when the Employee has coverage under any tax-supported or governmental program unless such program's benefits are, to the extent permitted by law, excess to those of any private insurance coverage.

When COB applies, payments may be coordinated between the Claims Administrator and the other Plan in order to avoid duplication of benefits.

Benefits under this Program will be provided in full when the Claims Administrator is primary, that is, when the Claims Administrator determines benefits first. If another Plan is primary, the Claims Administrator will provide benefits as described below.

When an Employee has group health care coverage under this Program and another Plan, the following will apply to determine which coverage is primary:

- If the other Plan does not include rules for coordinating benefits, such other Plan will be primary.
 - If the other Plan includes rules for coordinating benefits:
 - The Plan covering the patient other than as a Dependent shall be primary.
 - The Plan covering the patient as a Dependent of the parent whose date of birth, excluding year of birth, occurs earlier in the calendar year shall be primary, unless the child's parents are separated or divorced and there is no joint custody agreement. If both parents have the same birthday, the Plan which covered the parent longer shall be primary.
 - Except as provided in the following paragraph, if the child's parents are separated or divorced and there is no joint custody agreement, benefits for the child are determined as follows:
 - ❖ First, the Plan covering the child as a Dependent of the parent with custody;
 - ❖ Then, the Plan of the spouse of the parent with custody of the child;
 - ❖ Finally, the Plan of the parent not having custody of the child.
 - When there is a court decree which establishes financial responsibility for the health care expenses of the Dependent child and the Plan covering the parent with such financial responsibility has actual knowledge of the court decree, benefits of that Plan are determined first.
 - If the specific terms of the court decree state that the parents shall share joint custody, without stating that one of the parents is responsible for the health care expenses of the child, the Plans covering the child shall follow the order of benefit determination rules outlined above in the paragraph that begins "The Plan covering the patient as a Dependent...".
 - The Plan covering the patient as an Employee who is neither laid off nor retired (or as that Employee's Dependent) is primary to a Plan which covers that patient as a laid off or retired Employee (or as that Employee's Dependent). However, if the other Plan does not have the rule described immediately above and if, as a result, the Plans do not agree on the order of benefits, this rule does not apply.
 - If none of the above rules apply, the Plan which covered the Employee longer shall be primary.
- Effect on Benefits
 When the Claims Administrator's Plan is secondary, the benefits under this Program will be reduced so that the Claims Administrator will pay no more than the difference, if any, between the benefits provided under the other Plan for services covered under this Program and the total Covered Services provided to the Employee. Benefits payable under another Plan include benefits that would have been payable had the claim been duly made therefore. In no event will the Claims Administrator payment exceed the amount that would have been payable under this Program if the Claims Administrator were primary.

When the benefits are reduced under the primary Plan because an Employee does not comply with the Plan provision, or does not maximize benefits available under the primary Plan, the amount of such reduction will not be considered an allowable benefit. Examples of such provisions are Penalties and increased Coinsurance related to Precertification of admissions and services, In-Network Provider arrangements and other cost-sharing features.

Certain facts are needed to apply COB. The Claims Administrator has the right to decide which facts are needed. The Claims Administrator may, without consent of or notice to any person, release to or obtain from any other organization or person any information, with respect to any person, which the Claims Administrator deems necessary for such purposes. Any person claiming benefits under this Program shall furnish to the Claims Administrator such information as may be necessary to implement this provision. The Claims Administrator, however, shall not be required to determine the existence of any other Plan or the amount of benefits payable under any such Plan, and the payment of benefits under this Program shall be affected by the benefits that would be payable under any and all other Plans only to the extent that the Claims Administrator is furnished with information relative to such other Plans.

- Right of Recovery

Whenever payments which should have been made under this Program in accordance with this provision have been made under any other Plan, the Claims Administrator shall have the right, exercisable alone and in its sole discretion, to pay over to any organization making such other payments any amounts it shall determine to be warranted in order to satisfy the intent of this provision. Amounts so paid shall be deemed to be benefits provided under this Program and, to the extent of such payments, the Claims Administrator shall be fully discharged from liability under this Program.

Whenever payments have been made by the Claims Administrator in a total amount, at any time, in excess of the maximum amount of payment necessary at that time to satisfy the intent of this provision, irrespective of to whom paid, the Claims Administrator shall have the right to recover such payments to the extent of such excess from among one or more of the following, as the Claims Administrator shall determine:

- The person the Claims Administrator has paid or for whom they have paid;
- Insurance companies; or
- Any other organizations.

The Member, on the Member's own behalf and on behalf of the Member's Dependents, shall, upon request, execute and deliver such instruments and papers as may be required and do whatever else is reasonably necessary to secure such rights to the Claims Administrator.

SUBROGATION AND REIMBURSEMENT RIGHTS

By accepting benefits for Covered Services, the Member agrees that the Claims Administrator has the right to enforce subrogation and reimbursement rights. This section explains these rights and the responsibilities of each Member pertaining to subrogation and reimbursement. The term Member includes Eligible Dependents. The term Responsible Third Party refers to any person or entity, including any insurance company, health benefits plan or other third party, that has an obligation (whether by contract, common law or otherwise) to pay damages, pay

compensation, provide benefits or make any type of payment to the Member for an injury or illness.

The Claims Administrator or the Plan Administrator, as applicable, retains full discretionary authority to interpret and apply these subrogation and reimbursement rights based on the facts presented.

Subrogation Rights

Subrogation rights arise when the Claims Administrator pays benefits on behalf of a Member and the Member has a right to receive damages, compensation, benefits or payments of any kind (whether by a court judgment, settlement or otherwise) from a Responsible Third Party. The Claims Administrator is subrogated to the Member's right to recover from the Responsible Third Party. This means that the Claims Administrator "stands in your shoes" - and assumes the Member's right to pursue and receive the damages, compensation, benefits or payments from the Responsible Third Party to the full extent that the Claims Administrator has reimbursed the Member for medical expenses or paid medical expenses on the Member's behalf, plus the costs and fees that are incurred by the Claims Administrator to enforce these rights. The right to pursue a subrogation claim is not contingent upon whether or not the Member pursues the Responsible Third Party for any recovery.

Reimbursement Rights

If a Member obtains any recovery - regardless of how it's described or structured - from a Responsible Third Party, the Member must fully reimburse the Claims Administrator for all medical expenses that were paid to the Member or on the Member's behalf, plus the costs and fees that are incurred by the Claims Administrator to enforce these rights. The Claims Administrator has a right to full reimbursement.

Lien

By accepting benefits for Covered Services from the Claims Administrator, the Member agrees to a first priority equitable lien by agreement on any payment, reimbursement, settlement or judgment received by the Member, or anyone acting on the Member's behalf, from any Responsible Third Party. As a result, the Member must repay to the Claims Administrator the full amount of the medical expenses that were paid to the Member or on the Member's behalf out of the amounts recovered from the Responsible Third Party (plus the costs and fees that are incurred by the Claims Administrator to enforce these rights) first, before funds are allotted toward any other form of damages, whether or not there is an admission of fault or liability by the Responsible Third Party. The Claims Administrator has a lien on any amounts recovered by the Member from a Responsible Third Party, regardless of whether or not the amount is designated as payment for medical expenses. This lien will remain in effect until the Claims Administrator is reimbursed in full.

Constructive Trust

If the Member (or anyone acting on the Member's behalf) receive damages, compensation, benefits or payments of any type from a Responsible Third Party (whether by a court judgment, settlement or otherwise), the Member agrees to maintain the funds in a separate, identifiable account and that the Claims Administrator has a lien on the monies. In addition the Member agrees to serve as the trustee over the monies for the benefit of Claims Administrator to the full extent that the Claims Administrator has reimbursed the Member for medical expenses or paid medical expenses on the member's behalf, plus the attorney's fees and the costs of collection incurred by the Claims Administrator.

- These subrogation and reimbursement rights apply regardless of whether money is received through a court decision, settlement, or any other type of resolution.
- These subrogation and reimbursement rights apply even if the recovery is designated or described as covering damages other than medical expenses (such as property damage or pain and suffering).
- These subrogation and reimbursement rights apply with respect to any recoveries made by the Member, including amounts recovered under an uninsured or underinsured motorist policy.
- The Claims Administrator is entitled to recover the full amount of the benefits paid to the Member or on the Member's behalf plus the costs and fees that are incurred by the Claims Administrator to enforce these rights without regard to whether the Member has been made whole or received full compensation for other damages (including property damage or pain and suffering). The recovery rights of the Claims Administrator will not be reduced by the "made whole" doctrine or "double recovery" doctrine.
- The Claims Administrator will not pay, offset any recovery, or in any way be responsible for attorneys' fees or costs associated with pursuing a claim against a Responsible Third Party unless the Claims Administrator agrees to do so in writing. The recovery rights of the Claims Administrator will not be reduced by the "common fund" doctrine.
- In addition to any Coordination of Benefits rules described in this Benefit Booklet, the benefits paid by the Claims Administrator will be secondary to any no-fault auto insurance benefits and to any worker's compensation benefits (no matter how any settlement or award is characterized) to the fullest extent permitted by law.
- These subrogation and reimbursement rights apply and will not be decreased, restricted, or eliminated in any way if the Member receives or has the right to recover no-fault insurance benefits. All rights under this section are enforceable against the heirs, estate, legal guardians or legal representatives of the Member.
- The Claims Administrator is entitled to recover the full amount of the medical benefits paid without regard to any claim of fault on the Member's part.

Obligations of Member

- Immediately notify the Claims Administrator or its designee in writing if the Member asserts a claim against a Responsible Third Party, whether informally or through judicial or administrative proceedings.
- Immediately notify the Claims Administrator or its designee in writing whenever a Responsible Third Party contacts the Member or the Member's representative – or the Member or the Member's representative contact a Responsible Third Party - to discuss a potential settlement or resolution.
- Refuse any offer to settle, adjust or resolve a claim for damages, benefits or compensation that involves an injury, illness or medical expenses in any way, unless and until the Member receives written authorization from the Claims Administrator or its delegated representative.
- Fully cooperate with the Claims Administrator and its designated representative, as needed, to allow for the enforcement of these subrogation and reimbursement rights and promptly

supply information/documentation when requested and promptly execute any and all forms/documents that may be needed.

- Avoid taking any action that may prejudice or harm the Claims Administrator ability to enforce these subrogation and reimbursement rights to the fullest extent possible.
- Fully reimburse the Claims Administrator or its designated representative immediately upon receiving compensation of any kind (whether by court judgment, settlement or otherwise) from a Responsible Third Party.
- Serve as trustee for any and all monies paid to (or payable to) the Member or for the Member's benefit by any Responsible Third Party to the full extent the Claims Administrator paid benefits for an injury or illness.
- All of these Obligations apply to the heirs, estate, legal guardians or legal representatives of the Member.

IMPORTANT: Failure to Cooperate

If the Member fails or refuses to sign forms or documents as requested or otherwise fail or refuse to cooperate or abide by any of the obligations described above, the Claims Administrator or Plan Administrator, as applicable, has full discretion and authority to reduce or withhold benefit payments to recover subrogation/reimbursement amounts that are owed and/or to terminate the Member's participation in the Program.

CLAIM PROCEDURES

How To File A Claim

The Member is never required to file a claim when Covered Services are provided by In-Network Providers. When the Member receives care from an Out-of-Network Provider, the Member will need to file a claim to receive benefits. If the Member does not have a claim form, the Member should call the Claims Administrator's Member Services Department at the number listed on the Member's Identification Card, and a claim form will be sent to the Member. The Member should fill out the claim form and return it with their itemized bills to the Claims Administrator at the address listed on the claim form no later than 20 days after completion of the Covered Services. The claim should include the date and information required by the Claims Administrator to determine benefits. An expense will be considered Incurred on the date the service or supply was rendered.

If it was not possible to file the claim within the 20-day period, the Member's benefits will not be reduced, but in no event will the Claims Administrator be required to accept the claim more than 12 months after the end of the Benefit Period in which the Covered Services are rendered.

Release Of Information

Each Member agrees that any person or entity having information relating to an illness or injury for which benefits are claimed under this Program may furnish to the Claims Administrator, upon its request, any information (including copies of records relating to the illness or injury). In addition, the Claims Administrator may furnish similar information to other entities providing similar benefits at their request.

The Claims Administrator may furnish other plans or plan sponsored entities with membership and/or coverage information for the purpose of claims processing or facilitating patient care.

When the Claims Administrator needs to obtain consent for the release of personal health information, authorization of care and treatment, or to have access to information from a Member who is unable to provide it, the Claims Administrator will obtain consent from the

parent, legal guardian, next of kin, or other individual with appropriate legal authority to make decisions on behalf of the Member.

Limitation Of Actions

No legal action may be taken to recover benefits prior to 60 days after notice of claim has been given as specified above, and no such action may be taken later than three years after the date Covered Services are rendered.

Claim Forms

The Claims Administrator will furnish to the Member or to the Group, for delivery to the Member, such claim forms as are required for filing proof of loss for Covered Services provided by Out-of-Network Providers.

Timely Filing

The Claims Administrator will not be liable under this Program unless proper notice is furnished to the Claims Administrator that Covered Services have been rendered to a Member. Written notice must be given within 90 days after completion of the Covered Services. The notice must include the date and information required by the Claims Administrator to determine benefits. An expense will be considered Incurred on the date the service or supply was rendered.

Failure to give notice to the Claims Administrator within the time specified will not reduce any benefit if it is shown that the notice was given as soon as reasonably possible, but in no event will the Claims Administrator be required to accept notice more than 12 months after the end of the Benefit Period in which the Covered Services are rendered.

The above is not applicable to claims administered by In-Network Providers.

Time of Payment of Claims

Claim payments for benefits payable under this Program will be processed immediately upon receipt of due written proof of loss. Subject to due written proof of loss, all benefits for loss for which this Program provides periodic benefits will be paid not more than 30 days after receipt of proof of loss and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

Payment of Claims

If any indemnity of this Program shall be payable to the estate of the Member, or to a Member or beneficiary who is a minor or otherwise not competent to give a valid release, the Claims Administrator may pay such indemnity, up to an amount not exceeding \$1,000, to any relative by blood or connection by marriage of the Member or beneficiary who is deemed by the Claims Administrator to be equitably entitled thereto. Any payment made by the Claims Administrator in good faith pursuant to this provision shall fully discharge the Claims Administrator to the extent of such payment.

Physical Examinations and Autopsy

The Claims Administrator at its own expense shall have the right and opportunity to examine the Member when and so often as it may reasonably require during the pendency of claim under this Program; and the Claims Administrator shall also have the right and opportunity to make an autopsy in case of death, where it is not prohibited by law.

Special Circumstances

In the event that Special Circumstances result in a severe impact to the availability of providers and services, to the procedures required for obtaining benefits for Covered Services under this Program (For example, obtaining Precertification, use of In-Network Providers), or to the administration of this Program by the Claims Administrator, the Claims Administrator may on a selective basis, waive certain procedural requirements of this Program. Such waiver shall be specific as to the requirements that are waived and shall last for such period as required by the Special Circumstances as defined below.

The Claims Administrator shall make a good faith effort to provide access to Covered Services in so far as practical and according to its best judgment. Neither the Claims Administrator nor the Providers in the Claims Administrator's PPO network shall incur liability or obligation for delay or failure to provide or arrange for Covered Services if such failure or delay is caused by Special Circumstances.

Special Circumstances as recognized in the community, and by the Claims Administrator and appropriate regulatory authority, are extraordinary circumstances not within the control of the Claims Administrator, including but not limited to:

- Major disaster;
- Epidemic;
- Pandemic;
- The complete or partial destruction of facilities;
- Riot; or
- Civil insurrection.

COMPLAINT AND APPEAL PROCESS

Member Complaint Process

The Claims Administrator has a process for Members to express complaints. To register a Complaint, Members should call the Member Services Department at the telephone number on their Identification Card or write to the Claims Administrator at the following address:

General Correspondence
1901 Market Street
Philadelphia, PA 19103

Most Member concerns are resolved informally at this level. However, if the Claims Administrator is unable to immediately resolve the Member Complaint, it will be investigated, and the Member will receive a response in writing within 30 days.

Member Appeal Process

Filing an Appeal. The Claims Administrator maintains procedures for the resolution of Member Appeals. Member Appeals may be filed within 180 days of the receipt of a decision from the Claims Administrator stating an adverse benefit determination. An Appeal occurs when the Member or, after obtaining the Member's authorization, either the Provider or another authorized representative requests a change of a previous decision made by the Claims Administrator by following the procedures described here. (In order to authorize someone else to be the Member's representative for the Appeal, the Member must complete a valid authorization form. The Member must contact the Claims Administrator as directed below to obtain a "Member/Enrollee Authorization to Appeal by Provider or Other Representative" form or for questions regarding the requirements for an authorized representative.)

The Member or other authorized person on behalf of the Member, may request an Appeal by calling or writing to the Claims Administrator, as defined in the letter notifying the Member of the decision or as follows:

Member Appeals Department
P.O. Box 41820
Philadelphia, PA, 19101-1820

Toll Free Phone: 1-888-671-5276 (TTY: 711)
Toll Free Fax: 1-888-671-5274 or
Phila. Fax: 215-988-6558

Changes in Member Appeals Process. Please note that the Member Appeals process may change at any time due to changes in the applicable state and federal laws and regulations and/or accreditation standards, to improve or facilitate the Member Appeals process, or to reflect other decisions regarding the administration of Member Appeals process for this Program.

Copies of the Member Appeals Process Descriptions. Descriptions of the timeframes and procedures for the Member Appeals process maintained by the Claims Administrator are available from the following sources:

On the Internet at the Website for the Member's Health Plan. Copies are available there at any time. To see samples of the Member Appeals process, search for "member appeals" in the general search engine. To review a description of the Member Appeals process for the Member's health plan, the Member must log in with the Member's personalized password.

Customer Service. To obtain a description of the Member Appeals process for the Member's health plan, call Customer Service at the telephone number listed on the Member's Identification Card. Customer Service will mail the Member a copy of the description.

When an Appeal is Filed. As part of the Member Appeal process, a description is provided for the type of Member Appeal that has been filed. The description is sent with the acknowledgment letter for the Member Appeal.

IMPORTANT DEFINITIONS

The terms below have the following meaning when describing the benefits in this Benefit Booklet. They will be helpful to you (the Member) in fully understanding your benefits.

Accidental Injury

Injury to the body that is solely caused by an accident, and not by any other causes.

Accredited Educational Institution

A publicly or privately operated academic institution of higher learning which:

- Provides recognized courses or a course of instruction.
- Confers any of the following, when a student completes the course of study:
 - A diploma;
 - A degree; or
 - Another recognized certification of completion.
- Is duly recognized, and declared as such, by the appropriate authority, as follows:
 - An authority of the state in which such institution must also be accredited by a nationally recognized accrediting association as recognized by the United States Secretary of Education.

The definition may include, but is not limited to Colleges and Universities; and Technical or specialized schools.

Acupuncture

A therapeutic procedure performed by the insertion of one or more specially manufactured solid metallic needles into a specific location(s) on the body. The intent is to stimulate Acupuncture points, with or without subsequent manual manipulation.

Alcohol Or Drug Abuse And Dependency

Any use of alcohol or other drugs which produces a pattern of pathological use that:

- Causes impairment in the way people relate to others; or
- Causes impairment in the way people function in their jobs or careers; or
- Produces a dependency that makes a person physically ill, when the alcohol or drug is taken away.

Alternative Therapies/Complementary Medicine

Complementary and alternative medicine, is defined as a group of diverse medical and health care systems, practices, and products, currently not considered to be part of conventional medicine based on recognition by the National Institutes of Health.

Ambulatory Surgical Facility

A facility operated, licensed or approved as an Ambulatory Surgical Facility by the responsible state agency, which provides specialty or multispecialty Outpatient surgical treatment or procedure that is not located on the premises of a Hospital.

It is a Facility Provider which:

- Has an organized staff of Physicians;
- Is licensed as required; and

- Has been approved by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); or
- Has been approved by the Accreditation Association for Ambulatory Health Care, Inc.; or
- Has been approved by the Claims Administrator.

It is also a Facility Provider which:

- Has permanent facilities and equipment for the primary purposes of performing surgical procedures on an Outpatient basis;
- Provides treatment, by or under the supervision of Physicians and nursing services, whenever the patient is in the facility;
- Does not provide Inpatient accommodations; and
- Is not, other than incidentally, a facility used as an office or clinic for the private practice of a Professional Provider.

Ancillary Service Provider

An individual or entity that provides Covered Services, supplies or equipment such as, but not limited to:

- Infusion Therapy Services;
- Durable Medical Equipment; and
- Ambulance services.

Anesthesia

The process of giving the Member an approved drug or agent, in order to:

- Cause the Member's muscles to relax;
- Cause the Member to lose feeling; or
- Cause the Member to lose consciousness.

Appeal

A request by a Member, or the Member's representative or Provider, acting on the Member's behalf upon written consent, to change a previous decision made by the Claims Administrator.

- **Administrative Appeal:** An Appeal by or on behalf of a Member that focuses on unresolved disputes or objections regarding coverage terms such as contract exclusions and non-covered benefits. Administrative Appeal may present issues related to Medical Necessity, but these are not the primary issues that affect the outcome of the Appeal.
- **Medical Necessity Appeal:** A request for the Claims Administrator to change its decision, based primarily on Medical Necessity, to deny or limit the provision of a Covered Service.
- **Expedited Appeal:** A faster review of a Medical Necessity Appeal, conducted when the Claims Administrator determines that a delay in decision making would seriously jeopardize the Member's life, health, or ability to regain maximum function.

Applicant And Employee/Member

You, the Employee who applies for coverage under the Program.

Application And Application Card

The request of the Applicant for coverage:

- Either written or via electronic transfer; and
- Set forth in a format approved by the Claims Administrator.

Attention Deficit Disorder

A disease that makes a person have a hard time paying attention; be too impulsive; and be overly active.

Autism Service Provider

A person, entity or group that provides treatment of Autism Spectrum Disorders (ASD), using an ASD Treatment Plan, and that is either:

- Licensed or certified in this Commonwealth; or
- Enrolled in the Commonwealth's medical assistance program on or before the effective date of the Pennsylvania Autism Spectrum Disorders law.

An Autism Service Provider shall include a Behavioral Specialist.

Autism Spectrum Disorders (ASD)

Any of the Pervasive Developmental Disorders defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), or its successor.

Autism Spectrum Disorders Treatment Plan (ASD Treatment Plan)

A plan for the treatment of Autism Spectrum Disorders:

- Developed by: A licensed Physician or licensed Psychologist who is a Professional Provider; and
- Based on: A comprehensive evaluation or reevaluation, performed in a manner consistent with the most recent clinical report or recommendations of the American Academy of Pediatrics.

Behavioral Specialist

An individual with appropriate certification or licensure by the applicable state, who designs, implements or evaluates a behavior modification intervention component of an ASD (Autism Spectrum Disorder) Treatment Plan, through Applied Behavioral Analysis which includes:

- Skill acquisition and reduction of problematic behavior;
- Improve function and/or behavior significantly; or
- Prevent loss of attained skill or function.

Benefit Period

The specified period of time as shown in the ***Schedule of Covered Services*** within which the Member has to use Covered Services in order to be eligible for payment by their Claims Administrator. A charge shall be considered Incurred on the date the service or supply was provided to the Member.

Birth Center

A Facility Provider approved by the Claims Administrator which:

- Is primarily organized and staffed to provide maternity care;
- Is where a woman can go to receive maternity care and give birth;
- Is licensed as required in the state where it is situated; and
- Is under the supervision of a Physician or a licensed certified midwife.

BlueCard Program

A program that allows a Member travelling or living outside of their plan's area to receive coverage for services at an "In-Network" benefit level if the Member receives services from Blue Cross Blue Shield providers that participate in the BlueCard Program.

BlueCard Provider

A Provider that participates in the BlueCard Program as an In-Network Provider.

Care Coordinator Fee

A fixed amount paid by a /Blue Cross and/or Blue Shield Licensee to providers periodically for Care Coordination under a Value-Based Program.

Case Management

Comprehensive Case Management programs serve Members who have been diagnosed with an illness or injury that is complex, catastrophic, or chronic.

The objectives of Case Management are to:

- Make it easier for Members to get the service and care they need in an efficient way;
- Link the Member with appropriate health care or support services;
- Assist Providers in coordinating prescribed services;
- Monitor the quality of services delivered; and
- Improve Members' health outcomes.

Case Management supports Members and Providers by:

- Locating services;
- Coordinating services; and/or
- Evaluating services.

These steps are taken, across various levels and sites of care, for a Member who has been diagnosed with a complex, catastrophic or chronic illness and/or injury.

Certified Registered Nurse

Any one of the following types of nurses who are certified by the state Board of Nursing or a national nursing organization recognized by the State Board of Nursing:

- A certified registered nurse anesthetist;
- A certified community health nurse;
- A certified registered nurse practitioner;
- A certified psychiatric mental health nurse; or
- A certified entrestomal therapy nurse;
- A certified clinical nurse specialist.

This excludes any registered professional nurses employed by:

- A health care facility; or
- An anesthesiology group.

Cognitive Rehabilitation Therapy

Cognitive rehabilitation is a medically prescribed, multidisciplinary approach that consists of tasks that:

- Establish new ways for a person to compensate for brain function that has been lost due to injury, trauma, stroke, or encephalopathy; or
- Reinforce or re-establish previously learned patterns of behavior.

It consists of a variety of therapy modalities which lessen and ease problems caused by deficits in:

- Attention;
- Visual processing;
- Language;
- Memory;
- Reasoning; and
- Problem solving.

Cognitive rehabilitation is performed by any of the following professionals, using a team approach:

- A Physician;
- A neuropsychologist;
- A Psychologist; as well as, a physical, occupational or speech therapist.

Coinsurance

A type of cost-sharing in which the Member assumes a percentage of the Covered Expense for Covered Services (such as 20%). The Coinsurance percentage is listed in the ***Schedule of Covered Services***.

It is the amount that the Member is obliged to pay for covered medical services, after the Member has satisfied any Copayment(s) or Deductible(s) required by this Program.

Compendia

Compendia are reference documents used by the Claims Administrator to determine if a prescription drug should be covered. Compendia provide:

- Summaries of how drugs work;
- Information about which drugs are recommended to treat specific diseases; and
- The appropriate dosing schedule for each drug.

Over the years, some Compendia have merged with other publications. The Claims Administrator only reviews current Compendia when making coverage decisions.

Complaint

Any expression of dissatisfaction, verbal or written, by a Member.

Conditions For Departments (for Qualifying Clinical Trials)

The conditions described in this paragraph, for a study or investigation conducted by the Department of Veteran Affairs, Defense or Energy, are that the study or investigation has been reviewed and approved through a system of peer review that the Government determines:

- To be comparable to the system of peer review of studies and investigations used by the National Institutes of Health (NIH); and
- Assures unbiased review of the highest scientific standards by Qualified Individuals who have no interest in the outcome of the review.

Consumable Medical Supply

Non-durable medical supplies that cannot withstand repeated use, are usually disposable, and are generally not useful to a person in the absence of illness or injury.

Copayment

A type of cost-sharing in which the Member pays a flat dollar amount each time a Covered Service is provided (such as a \$10 or \$15 Copayment per office visit). Copayments, if any, are identified in the ***Schedule of Covered Services***.

Covered Expense

Refers to the basis on which a Member's Deductibles, Coinsurance, benefit Maximums and benefits are calculated.

- For Covered Services provided by a Facility Provider, the term "Covered Expense" means the following:
 - For Covered Services provided by an In-Network Facility Provider, "Covered Expense" means the amount payable to the Provider under the contractual arrangement in effect with the Claims Administrator.
 - For Covered Services provided by an In-Network Facility or BlueCard Provider, "Covered Expense" for Inpatient services means the amount payable to the Provider under the contractual arrangement in effect with the Claims Administrator or the BlueCard Provider.
 - For Covered Services provided by an Out-of-Network Facility Provider, not successfully negotiated through the Price Protection Program, "Covered Expense" for Outpatient services means the lesser of the Medicare Allowable Payment for Facilities or the Facility Provider's charges. For Covered Services that are not recognized or reimbursed by the Medicare traditional program, the amount is determined by reimbursing the lesser of the Claims Administrator's applicable proprietary fee schedule or the Provider's charges. For Covered Services not recognized or reimbursed by the Medicare traditional program or the Claims Administrator's applicable proprietary fee schedule, the amount is determined by reimbursing 50% of the Facility Provider's charges for Covered Services.
 - For Covered Services provided by an Out-of-Network Facility Provider, not successfully negotiated through the Price Protection Program, "Covered Expense" for Inpatient services means the lesser of the Medicare Allowable Payment for Facilities or the Facility Provider's charges. For Covered Services that are not recognized or reimbursed by the Medicare traditional program, the amount is determined by reimbursing the lesser of the Claims Administrator's applicable proprietary fee schedule or the Provider's charges. For Covered Services not recognized or reimbursed by the Medicare traditional program or the Claims Administrator's applicable proprietary fee schedule, the amount is determined by the applicable Claims Administrator's proprietary fee schedule for the closest analogous Covered Service.
- For Covered Services provided by a Professional Provider, "Covered Expense" means the following:
 - For Covered Services by an In-Network Professional Provider or BlueCard Provider, "Covered Expense" means the rate of reimbursement for Covered Services that the Professional Provider has agreed to accept as set forth by contract with the Claims Administrator, or the BlueCard Provider;
 - For an Out-of-Network Professional Provider, not successfully negotiated through the Price Protection Program, "Covered Expense" means the lesser of the Medicare

Professional Allowable Payment or of the Provider's charges for Covered Services. For Covered Services that are not recognized or reimbursed by the Medicare traditional program, the amount is determined by reimbursing the lesser of the Claims Administrator's applicable proprietary fee schedule or the Provider's charges. For Covered Services not recognized or reimbursed by the Medicare traditional program or the Claims Administrator's applicable proprietary fee schedule, the amount is determined by reimbursing 50% of the Professional Provider's charges for Covered Services.

- For Covered Services provided by an Ancillary Service Provider, "Covered Expense" means the following:
 - For Covered Services provided by an In-Network Ancillary Service Provider or BlueCard Provider "Covered Expense" means the amount payable to the Provider under the contractual arrangement in effect with the Claims Administrator or BlueCard Provider.
 - For Covered Services provided by an Out-of-Network Ancillary Service Provider, not successfully negotiated through the Price Protection Program, "Covered Expense" means the lesser of the Medicare Ancillary Allowable Payment or the Provider's charges. For Covered Services that are not recognized or reimbursed by the Medicare traditional program, the amount is determined by reimbursing the lesser of the Claims Administrator's applicable proprietary fee schedule or the Provider's charges. For Covered Services not recognized or reimbursed by the Medicare traditional program or the Claims Administrator's applicable proprietary fee schedule, the amount is determined by reimbursing 50% of the Out-of-Network Ancillary Service Provider's charges for Covered Services.
- Nothing in this section shall be construed to mean that the Claims Administrator would provide coverage for services other than Covered Services.

Covered Service

A service or supply specified in this Benefit Booklet for which benefits will be provided by the Claims Administrator.

Custodial Care (Domiciliary Care)

Care provided primarily for Maintenance of the patient or care which is designed essentially:

- To assist the patient in meeting their activities of daily living; and
- Which is not primarily provided for its therapeutic value in the treatment of an illness, disease, bodily injury, or condition.

Custodial Care includes help in tasks which do not require the technical skills or professional training of medical or nursing personnel in order to be performed safely and effectively.

Such tasks include, but are not limited to:

- Walking;
- Bathing;
- Dressing;
- Feeding;
- Preparation of special diets; and
- Supervision over self-administration of medications.

Day Rehabilitation Program

A level of Outpatient Care consisting of four to seven hours of daily rehabilitative therapies and other medical services five days per week.

The Member returns home:

- Each evening; and
- For the entire weekend.

Therapies provided may include a combination of therapies, such as:

- Physical Therapy;
- Occupational Therapy; and
- Speech Therapy.

Other medical services such as:

- Nursing services;
- Psychological therapy; and
- Case Management services.

Day Rehabilitation sessions also include a combination of:

- One-to-one therapy; and
- Group therapy.

Decision Support

Services that help Members make well-informed decisions about Health care and support their ability to follow their Provider's treatment plan. Some examples of support services are:

- Major treatment choices; and
- Every day health choices.

Deductible

A specified amount of Covered Expense for the Covered Services that is Incurred, by the Member, before the Claims Administrator will assume any liability.

- A specific dollar amount that the Member's Claims Administrator may require that the Member pay out-of-pocket each Benefit Period, before the Program begins to make payments for claims.

Detoxification

The process by which a person who is alcohol or drug intoxicated, or alcohol or drug dependent, is assisted under the following circumstances:

- In a state licensed Facility Provider; or
- In the case of opiates, by an appropriately licensed behavioral health provider, in an ambulatory (Outpatient) setting.

This treatment process will occur through the period of time necessary to eliminate, by metabolic or other means, any or each of the following problems:

- The intoxicating alcohol or drug;
- Alcohol or drug dependency factors; or
- Alcohol in combination with drugs, as determined by a licensed Physician, while keeping the physiological and psychological risk to the patient at a minimum.

Disease Management

An approved program designed to identify and help people, who have a particular chronic disease, to stay as healthy as possible.

- Disease Management programs use a population-based approach to:
 - Identify Members who have or are at risk for a particular chronic medical condition;
 - Intervene with specific programs of care; and
 - Measure and improve outcomes.
- Disease Management programs use evidence-based guidelines to:
 - Educate and support Members and Providers;
 - Matching interventions to Members with greatest opportunity for improved clinical or functional outcomes.
- To assist Members with chronic disease(s), Disease Management programs may employ:
 - Education;
 - Provider feedback and support statistics;
 - Compliance monitoring and reporting; and/or
 - Preventive medicine.
- Disease Management interventions are intended to both:
 - Improve delivery of services in various active stages of the disease process; as well as to reduce/prevent relapse or acute exacerbation of the condition.

Durable Medical Equipment (DME)

Equipment that meets the following criteria:

- It is durable. (That is, an item that can withstand repeated use.)
- It is medical equipment. (That is, equipment that is primarily and customarily used for medical purposes, and is not generally useful in the absence of illness or injury.)
- It is generally not useful to a person without an illness or injury.
- It is appropriate for use in the home.

Durable Medical Equipment includes, but is not limited to:

- | | |
|----------------------|---------------------------|
| ▪ Diabetic supplies; | ▪ Home oxygen equipment; |
| ▪ Canes; | ▪ Hospital beds; |
| ▪ Crutches; | ▪ Traction equipment; and |
| ▪ Walkers; | ▪ Wheelchairs. |
| ▪ Commode chairs; | |

Effective Date

The date on which coverage for a Member begins under the Program. All coverage begins at 12:01 a.m. on the date reflected on the records of the Claims Administrator.

Emergency

The sudden and unexpected onset of a medical or psychiatric condition manifesting itself in acute symptoms of sufficient severity or severe pain, such that a prudent layperson who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

- Placing the Member's health, or in the case of a pregnant Member, the health of the unborn child, in jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.

Emergency Care

Covered Services and supplies provided to a Member in, or for, an Emergency:

- By a Hospital or Facility Provider and/or Professional Provider; and
- On an Outpatient basis; and
- In a Hospital Emergency Room or Outpatient Emergency Facility.

Employee

An individual of the Group contracting with the Claims Administrator and:

- Who meets the eligibility requirements for enrollment; and
- Who, at enrollment, is specified as meeting the eligibility requirements; and
- In whose name the Identification Card is issued.

Equipment For Safety

Equipment used to keep people safe.

These are:

- Items that are not primarily used for the diagnosis, care or treatment of disease or injury.
- Items which are primarily used to prevent injury or provide a safe surrounding.

Examples include:

- Restraints;
- Safety straps;
- Safety enclosures; and
- Car seats.

Essential Health Benefits

A set of health care service categories that must be covered by certain plans in accordance with the Affordable Care Act. Essential health benefits must include items and services within at least the following 10 categories:

- Ambulatory patient services;
- Emergency services;
- Hospitalization;
- Maternity and newborn care;
- Mental health and substance use disorder services, including behavioral health treatment;
- Prescription Drugs;
- Rehabilitative and habilitative services And devices;
- Laboratory services;
- Preventive and wellness services and Chronic disease management; and
- Pediatric services, including oral and vision care.

Experimental/Investigative Services

A drug, biological product, device, medical treatment or procedure, or diagnostic test which meets any of the following criteria:

- Is the subject of: Ongoing clinical trials;
- Is the research, experimental, study or investigational arm of an ongoing clinical trial(s) or is otherwise under a systematic, intensive investigation to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment or diagnosis;
- Is not of proven benefit for the particular diagnosis or treatment of the Member's particular condition;
- Is not generally recognized by the medical community, as clearly demonstrated by Reliable Evidence, as effective and appropriate for the diagnosis or treatment of the Member's particular condition; or
- Is generally recognized, based on Reliable Evidence, by the medical community as a diagnostic or treatment intervention for which additional study regarding its safety and efficacy for the diagnosis or treatment of the Member's particular condition, is recommended.

Any drug, biological product, device, medical treatment or procedure, or diagnostic test is not considered Experimental/Investigative if it meets all of the criteria listed below:

- When required, the drug, biological product, device, medical treatment or procedure, or diagnostic test must have final approval from the appropriate governmental regulatory bodies (For example, FDA).
- Reliable Evidence demonstrates that the drug, biological product, device, medical treatment or procedure or diagnostic test meets technical standards, is clinically valid, and has a definite positive effect on health outcomes.
- Reliable Evidence demonstrates that the drug, biological product, device, medical treatment or procedure or diagnostic test leads to measurable improvement in health outcomes (That is, the beneficial effects outweigh any harmful effects).
- Reliable Evidence clearly demonstrates that the drug, biological product, device, medical treatment or procedure or diagnostic test is at least as effective in improving health outcomes as established technology, or is usable in appropriate clinical contexts in which established technology is not employable.
- Reliable Evidence clearly demonstrates that improvement in health outcomes, as defined in the previous bullet, is possible in standard conditions of medical practice, outside clinical investigatory settings.
- Reliable Evidence shows that the prevailing opinion among experts regarding the drug, biological product, device, medical treatment or procedure or diagnostic test is that studies or clinical trials have determined its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment for a particular diagnosis.

Any approval granted as an interim step in the FDA regulatory process (For example, An Investigational New Drug Exemption as defined by the FDA), is not sufficient. Once FDA approval has been granted for a particular diagnosis or condition, use of a drug or biological product (For example, infusible agent) for another diagnosis, condition, or in a manner that does not align with the FDA approval shall require that one or more of the established reference Compendia identified in the Claims Administrator policies recognize the usage as appropriate medical treatment.

Facility Provider

An institution or entity licensed, where required, to provide care.

Such facilities include:

- Ambulatory Surgical Facility;
- Birth Center;
- Free Standing Dialysis Facility;
- Free Standing Ambulatory Care Facility;
- Home Health Care Agency;
- Hospice;
- Hospital;
- Non-Hospital Facility;
- Psychiatric Hospital;
- Rehabilitation Hospital;
- Residential Treatment Facility;
- Short Procedure Unit;
- Skilled Nursing Facility.

Family Coverage

Coverage purchased for the Member and one or more of the Member's Dependents.

Free Standing Ambulatory Care Facility

A Facility Provider, other than a Hospital, that provides treatment or services on an Outpatient or partial basis.

In addition, the facility:

- Is not, other than incidentally, used as an office or clinic for the private practice of a Physician.
- Is licensed by the state in which it is located and be accredited by the appropriate regulatory body.

Free Standing Dialysis Facility

A Facility Provider that provides dialysis services for people who have serious kidney disease.

In addition, the facility:

- Is primarily engaged in providing dialysis treatment, Maintenance or training to patients on an Outpatient or home care basis.
- Is licensed or approved by the appropriate governmental agency; and
- Is approved by the Claims Administrator.

Group or (Enrolled Group)

A group of Employees which has been accepted by the Claims Administrator, consisting of all those Applicants whose charges are remitted by the Applicant's Agent together with all the Employees, listed on the Application Cards or amendments thereof, who have been accepted by the Claims Administrator.

Hearing Aid

A Prosthetic Device that amplifies sound through simple acoustic amplification or through transduction of sound waves into mechanical energy that is perceived as sound. A Hearing Aid is comprised of:

- A microphone to pick up sound;
- An amplifier to increase the sound;
- A receiver to transmit the sound to the ear; and
- A battery for power.

A Hearing Aid may also have a transducer that changes sound energy into a different form of energy. The separate parts of a Hearing Aid can be packaged together into a small self-contained unit, or may remain separate or even require surgical implantation into the ear or part of the ear. Generally, a Hearing Aid will be categorized into one of the following common styles:

- Behind-The-Ear;
- In-The-Ear;
- In-The-Canal;
- Completely-In-The-Canal; or
- Implantable (Can Be Partial or Complete).

A Hearing Aid is not a cochlear implant.

Home

For purposes of the Home Health Care and Homebound Covered Services only, this is the place where the Member lives.

This place may be:

- A private residence/domicile;
- An assisted living facility;
- A long-term care facility; or
- A Skilled Nursing Facility at a custodial level of care.

Homebound

Being unable to safely leave Home due to severe restrictions on the Member's mobility.

A person can be considered Homebound when: Leaving Home would do the following:

- Involve a considerable effort by the Member; and
- Leave the Member unable to use transportation, without another's assistance.

The following individuals will NOT automatically be considered Homebound: But must meet both requirements shown above:

- A child;
- An unlicensed driver; or
- An individual who cannot drive.

Home Health Care Provider

A Facility Provider, approved by the Claims Administrator, that is engaged in providing, either directly or through an arrangement, health care services to Members:

- On an intermittent basis in the Member's Home.
- In accordance with an approved home health care Plan Of Treatment.

Hospice

A Facility Provider that is engaged in providing palliative care rather than curative care to terminally ill individuals.

The Hospice must be:

- Certified by Medicare to provide Hospice services, or accredited as a Hospice by the appropriate regulatory agency; and
- Appropriately licensed in the state where it located.

Hospital

An approved facility that provides Inpatient, as well as Outpatient Care, and that meet the requirements listed below.

The term Hospital specifically refers to a short-term, acute care, general Hospital which has been approved by The Joint Commission on Accreditation of Healthcare Organizations; and/or by the American Osteopathic Hospital Association or by the Claims Administrator, and which meets the following requirements:

- Is a duly licensed institution;
- Is primarily engaged in providing Inpatient diagnostic and therapeutic services for the diagnosis, treatment, and care of injured and sick persons by or under the supervision of Physicians;
- Has organized departments of medicine;
- Provides 24-hour nursing service by or under the supervision of Registered Nurses;
- Is not, other than incidentally, any of the following:
 - Skilled Nursing Facility;
 - Nursing home;
 - School;
 - Custodial Care home;
 - Health resort;
 - Spa or sanitarium;
 - Place for rest;
 - Place for aged;
 - Place for treatment of Mental Illness;
 - Place for treatment of Alcohol or Drug Abuse;
 - Place for provision of rehabilitation care;
 - Place for treatment of pulmonary tuberculosis;
 - Place for provision of Hospice care.

Hospital-Based Provider

A Physician who provides Medically Necessary services in a Hospital or other In-Network Facility Provider and meets the requirements listed below:

- The Medically Necessary services must be supplemental to the primary care being provided in the Hospital or In-Network Facility Provider;
- The Medically Necessary services must be those for which the Member has limited or no control of the selection of such Physician;
- Hospital-Based Providers include Physicians in the specialties of:
 - Radiology;
 - Anesthesiology;
 - Pathology; and/or
 - Other specialties, as determined by the Claims Administrator.

When these Physicians provide services other than in the Hospital or other In-Network Facility, they are not considered Hospital-Based Providers.

Identification Card (ID Card)

The currently effective card issued to the Member by the Claims Administrator which must be presented when a Covered Service is requested.

Immediate Family

The Employee's:

- Spouse;
- Parent;
- Child, stepchild;
- Brother, sister; or
- Persons who ordinarily reside in the household of the Member

Incurred

A charge shall be considered Incurred (acquired) on the date a Member receives the service or supply for which the charge is made.

Independent Clinical Laboratory

A laboratory that performs clinical pathology procedure and that is not affiliated or associated with a:

- Hospital;
- Physician; or
- Facility Provider.

In-Network Ancillary Service Provider

An Ancillary Service Provider that is:

- A member of the Personal Choice Network or is a BlueCard Provider; and
- Has agreed to a rate of reimbursement determined by contract for the provision of "in-network" Covered Services to Members.

In-Network Facility Provider

A Facility Provider that is:

- A member of the Personal Choice Network or is a BlueCard Provider; and
- Has agreed to a rate of reimbursement determined by contract for the provision of "in-network" Covered Services to Members.

In-Network Professional Provider

A Professional Provider that is:

- A member of the Personal Choice Network or is a BlueCard Provider; and
- Has agreed to a rate of reimbursement determined by contract for the provision of "in-network" Covered Services to Members.

In-Network Provider

A Facility Provider, Professional Provider or Ancillary Service Provider that is:

- A member of the Personal Choice Network or is a BlueCard Provider; and
- Authorized to perform specific "in-network" Covered Services at the In-Network level of benefits.

Inpatient Admission (Inpatient)

The actual entry of a Member, who is to receive Inpatient services as a registered bed patient, and for whom a room and board charge is made, into any of the following:

- Hospital;
- Extended care facility; or
- Facility Provider.

The Inpatient Admission shall continue until such time as the Member is actually discharged from the facility.

Inpatient Care For Alcohol Or Drug Abuse And Dependency

The provision of medical, nursing, counseling or therapeutic services 24 hours a day in a Hospital or Non-Hospital Facility, according to individualized treatment plans.

Intensive Outpatient Program

A planned, structured program that coordinates and uses the services of various health professionals, to treat patients in crisis who suffer from:

- Mental Illness;
- Serious Mental Illness; or
- Alcohol Or Drug Abuse And Dependency.

Intensive Outpatient Program treatment is an alternative to Inpatient Hospital treatment or Partial Hospitalization treatment and focuses on alleviation of symptoms and improvement in the level of functioning required to stabilize the patient until they are able to transition to less intensive Outpatient treatment, as required.

Licensed Clinical Social Worker

A social worker who:

- Has graduated from a school accredited by the Council on Social Work Education with a Doctoral or Master's Degree; and
- Is licensed by the appropriate state authority.

Licensed Practical Nurse (LPN)

A nurse who:

- Has graduated from a formal practical or nursing education program; and
- Is licensed by the appropriate state authority.

Life-Threatening Disease Or Condition (for Qualifying Clinical Trials)

Any disease or condition from which the likelihood of death is probable unless the course of the disease or condition is interrupted.

Limiting Age For Dependents

The age at which a child is no longer eligible as a Dependent under the Member's coverage. The Limiting Age for covered children is shown in the **General Information** section.

Maintenance

A continuation of the Member's care and management when:

- The maximum therapeutic value of a Medically Necessary treatment plan has been achieved;
- No additional functional improvement is apparent or expected to occur;
- The provision of Covered Services for a condition ceases to be of therapeutic value; and
- It is no longer Medically Necessary.

This includes Maintenance services that seek to:

- Prevent disease;
- Promote health; and
- Prolong and enhance the quality of life.

Managed Care Organization (MCO)

A generic term for any organization that manages and controls medical service.

It includes:

- HMOs;
- PPOs;
- Managed indemnity insurance programs; and
- Managed Blue Cross or Blue Shield programs.

Master's Prepared Therapist

A therapist who:

- Holds a Master's Degree in an acceptable human services-related field of study;
- Is licensed as a therapist at an independent practice level; and
- Is licensed by the appropriate state authority to provide therapeutic services for the treatment of Mental Health/Psychiatric Services (including treatment of Serious Mental Illness).

Maximum

A limit on the amount of Covered Services that a Member may receive. The Maximum may apply to all Covered Services or selected types. When the Maximum is expressed in dollars, this Maximum is measured by the Covered Expenses, less Deductibles, Coinsurance and Copayment amounts paid by Members for the Covered Services to which the Maximum applies. The Maximum may not be measured by the actual amounts paid by the Claims Administrator to the Providers. A Maximum may also be expressed in number of days or number of services for a specified period of time.

- Benefit Maximum - the greatest amount of a specific Covered Service that a Member may receive.
- Lifetime Maximum - the greatest amount of Covered Services that a Member may receive in the Member's lifetime.

Medical Care

Services rendered by a Professional Provider for the treatment of an illness or injury. These are services that must be rendered within the scope of their license.

Medical Foods

Liquid nutritional products which are specifically formulated to treat one of the following genetic diseases: phenylketonuria, branched-chain ketonuria, galactosemia, homocystinuria.

Medically Necessary (Medical Necessity)

Shall mean:

- Health care services that a Physician, exercising prudent clinical judgment, would provide to a patient for the purpose of:
 - Preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms.
- Health care services that a Physician, exercising prudent clinical judgment, would provide to a patient, that are:
 - In accordance with generally accepted standards of medical practice;
 - Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease;
 - Not primarily for the convenience of the patient, Physician, or other health care provider; and
 - Not more costly than an alternative service or sequence of services that are at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.
- For these purposes, "generally accepted standards of medical practice" means standards that are based on:
 - Credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, Physician Specialty Society recommendations; and
 - The views of Physicians practicing in relevant clinical areas; and
 - Any other relevant factors.

Medical Policy

Medical Policy is used to determine whether Covered Services are Medically Necessary.

Medical Policy is developed based on various sources including, but not limited to:

- Peer-reviewed scientific literature published in journals and textbooks; and
- Guidelines put forth by governmental agencies; and
- Respected professional organizations; and
- Recommendations of experts in the relevant medical specialty.

Medicare

The programs of health care for the aged and disabled established by Title XVIII of the Social Security Act of 1965, as amended.

Medicare Allowable Payment for Facilities

The payment amount, as determined by the Medicare program, for the Covered Service for a Facility Provider.

Medicare Ancillary Allowable Payment

The payment amount, as determined by the Medicare program, for the Covered Service for an Ancillary Service Provider.

Medicare Professional Allowable Payment

The payment amount, as determined by the Medicare program, for the Covered Service based on the Medicare Par Physician Fee Schedule – Pennsylvania Locality 01.

Member

An enrolled Employee or their Eligible Dependent(s) who have satisfied the specifications of the **General Information** section.

A Member does NOT mean any person who is eligible for Medicare, except as specifically stated in this Benefit Booklet.

Mental Illness

Any of various conditions, wherein mental treatment is provided by a qualified mental health Provider.

- These various conditions must be categorized as mental disorders by the most current edition of the International Classification of Diseases (ICD) or Diagnostic and Statistical Manual (DSM).
- For purposes of this Program, conditions categorized as Mental Illness do not include those conditions listed under Serious Mental Illness or Autism Spectrum Disorders.
- The benefit limits for Mental Illness, Serious Mental Illness, and Autism Spectrum Disorders are separate and not cumulative.

Methadone Treatment

Provision and supervision of methadone hydrochloride in prescribed doses for the treatment of opioid dependency.

Negotiated Arrangement a.k.a., Negotiated National Account Arrangement

An agreement negotiated between a Control/Home Licensee and one or more Par/Host Licensees for any National Account that is not delivered through the BlueCard Program.

Non-Hospital Facility

A Facility Provider, licensed by the Department of Health for the care or treatment of Members diagnosed with Alcohol Or Drug Abuse And Dependency. This does NOT include transitional living facilities.

Non-Hospital Facilities, shall include, but not be limited to the following, for Partial Hospitalization programs:

- Residential Treatment Facilities; and
- Free Standing Ambulatory Care Facilities.

Non-Hospital Residential Treatment

The provision of medical, nursing, counseling, or therapeutic services to Members diagnosed with Alcohol Or Drug Abuse And Dependency:

- In a residential environment;
- According to individualized treatment plans.

Nutritional Formula

Liquid nutritional products which are formulated to supplement or replace normal food products.

Observation Room

Observation Room services involve the use of a bed and periodic monitoring by the Facility Provider's nursing or other ancillary staff in order to evaluate and treat a Member's condition or determine the need for possible Inpatient Admission. Observation Room services are considered Outpatient Care services and generally do not exceed 24 hours. These services can be provided in any location within a Facility Provider.

Out-of-Network Ancillary Service Provider

An Ancillary Service Provider that is NOT a member of the Personal Choice Network or is NOT a BlueCard Provider.

Out-of-Network Facility Provider

A Facility Provider that is NOT a member of the Personal Choice Network or is NOT a BlueCard Provider.

Out-of-Network Professional Provider

A Professional Provider who is NOT a:

- Member of the Personal Choice Network; or
- BlueCard Provider.

Out-of-Network Provider

A Facility Provider, Professional Provider or Ancillary Service Provider that is NOT a:

- Member of the Personal Choice Network; or
- BlueCard Provider.

Out-of-Pocket Limit

A specified dollar amount of Covered Expense Incurred by the Member for Covered Services in a Benefit Period. The Out-of-Pocket Limits are calculated as follows:

- The In-Network Out-of-Pocket Limit expense includes Copayments, Coinsurance and Deductibles, if applicable. The amount of the In-Network Care Individual Out-of-Pocket Limit and In-Network Care Family Out-of-Pocket Limit will only include expenses for Essential Health Benefits. When the In-Network Out-of-Pocket Limit is reached, the level of benefits is increased as set forth in the ***Schedule of Covered Services***.
- The Out-of-Network Out-of-Pocket Limit expense includes Coinsurance but does not include any Copayments, Deductibles, Penalties, or amounts that exceed the, Claims Administrator's payment (see the definition for "Covered Expense" for more details). When the Out-of-Network Out-of-Pocket Limit is reached, the level of benefits is increased, as specified in the ***Schedule of Covered Services***.

Outpatient Care (or Outpatient)

Medical, nursing, counseling or therapeutic treatment provided to a Member who does not require an overnight stay in a Hospital or other Inpatient Facility.

Outpatient Diabetic Education Program

An Outpatient Diabetic Education Program, provided by an In-Network Provider that has been recognized by the Department of Health or the American Diabetes Association as meeting the national standards for Diabetes Patient Education Programs established by the National Diabetes Advisory Board.

Partial Hospitalization

Medical, nursing, counseling or therapeutic services that are:

- Provided on a planned and regularly scheduled basis in a Hospital or Facility Provider; and
- Designed for a patient who would benefit from more intensive services than are offered in Outpatient treatment (Intensive Outpatient Program or Outpatient office visit) but who does not require Inpatient confinement.

Penalty

A type of cost-sharing in which the Member is assessed a percentage reduction in benefits payable for failure to obtain Precertification of certain Covered Services. Penalties, if any, are identified and explained in detail in the **General Information** section.

Personal Choice Network

The network of Providers with whom the Claims Administrator has contractual arrangements.

Pervasive Developmental Disorders (PDD)

Disorders characterized by severe and pervasive impairment in several areas of development:

- Reciprocal social interaction skills;
- Communication skills; or
- The presence of stereotyped behavior, interests and activities.

Examples are:

- Asperger's syndrome; and
- Childhood disintegrative disorder.

Physician

A person who is a doctor of medicine (M.D.) or a doctor of osteopathy (D.O.), licensed and legally entitled to practice medicine in all its branches, perform Surgery and dispense drugs.

Plan Of Treatment

A plan of care which is prescribed in writing by a Professional Provider for the treatment of an injury or illness. The Plan of Treatment should include goals and duration of treatment, and be limited in scope and extent to that care which is Medically Necessary for the Member's diagnosis and condition.

Precertification (or Precertify)

Prior assessment by the Claims Administrator or a designated agent that proposed services, such as hospitalization, are Medically Necessary for a Member and covered by this Program. Payment for services depends on whether the Member and the category of service are covered under this Program.

Preferred Provider Organization (PPO)

A type of managed care plan that:

- Offers the freedom to choose a Physician like a traditional health care plan; and
- Provides the Physician visits and preventive benefits normally associated with an HMO (Health Maintenance Organization).

In a PPO, an individual is:

- Not required to select a primary care Physician to coordinate care; and
- Not required to obtain referrals to see specialists.

Prenotification (Prenotify)

The requirement that a Member provide prior notice to the Claims Administrator that proposed services, such as maternity care, are scheduled to be performed.

- No Penalty will be applied for failure to comply with this requirement.
- Payment for services depends on whether the Member and the category of service are covered under this Program.
- To Prenotify, the Member should call the telephone number on the ID card, prior to obtaining the proposed service.

Preventive Care

Means:

- Evidence-based items or services that are rated "A" or "B" in the current recommendations of the United States Preventive Services Task Force with respect to the Member;
- Immunizations for routine use for Members of all ages as recommended by the Advisory Committee on Immunization Practices of the Centers of Disease Control and Prevention with respect to the Member;
- Evidence-informed preventive care and screenings for Members who are infants, children, and adolescents, as included in the comprehensive guidelines supported by the Health Resources and Services Administration;
- Evidence-informed preventive care and screenings for Members as included in the comprehensive guidelines supported by the Health Resources and Services Administration; and
- Any other evidence-based or evidence-informed items as determined by the federal and/or state law.

Price Protection Program

Program in which the Claims Administrator, or its vendor, will negotiate Out-of-Network claims with the Out-of-Network Provider to attempt to obtain a discount from billed charges and hold the Member harmless from Provider balance billing. When the Out-of-Network Provider agrees to a negotiated amount (referred to as a "successfully negotiated claim"), the Claims Administrator will reimburse the Out-of-Network Provider directly and the Member shall be responsible for any Member cost sharing. If the Out-of-Network Provider does not agree to a negotiated amount, the claim reimbursement will be governed by the terms of the Benefit Booklet including the Covered Expense definition, and the Member may be subject to balance billing.

If the Out-of-Network Provider does not agree to a negotiated amount, and the Member is balanced billed, the Member can notify the Claims Administrator. The Member will need to contact the Claims Administrator at the Customer Service telephone number listed on the Member's I.D. card. The Member may be directed to the Claim Administrator's vendor for balance bill advocacy.

- **The Price Protection Program applies to** Out-of-Network Provider charges at an invoiced amount determined by the Claims Administrator.
- **The Price Protection Program does not apply to:**
 - In-Network claims;
 - Claims when the Member has not satisfied the Out-of-Network Deductible in full;

- Claims, which are less than \$1,000 in billed charges, from an Out-of-Network Provider outside of the following Pennsylvania counties:
 - Bucks;
 - Chester;
 - Delaware;
 - Montgomery; and
 - Philadelphia;
- Claims, which are less than \$250 in billed charges, from an Out-of-Network Provider within the following Pennsylvania counties:
 - Bucks;
 - Chester;
 - Delaware;
 - Montgomery; and
 - Philadelphia;
- Non-Covered Services;
- Claims originating outside of the United States;
- Medicare claims;
- Coordination of Benefits claims;
- Claims that have already been successfully negotiated or adjusted.

Primary Care Provider

A Professional Provider as listed in the Personal Choice Network directory under "Primary Care Physicians" (General Practice, Family Practice or Internal Medicine), "Obstetricians/Gynecologists" or "Pediatricians".

Primary Care Services

Basic, routine Medical Care traditionally provided to individuals with:

- Common illnesses; and
- Common injuries; and
- Chronic illnesses.

Private Duty Nursing

Private Duty Nursing is Medically Necessary, complex skilled nursing care provided in the Member's private residence by a Registered Nurse (RN) or a Licensed Practical Nurse (LPN). It provides continuous monitoring and observation of a Member who requires frequent skilled nursing care on an hourly basis. Private Duty Nursing must be ordered by a Professional Provider who is involved in the oversight of the Member's care, in accordance with the Provider's scope of practice.

Professional Provider

A person or practitioner with an unrestricted, unsanctioned license, who is licensed, where required, and performing services within the scope of such licensure. The Professional Providers are:

- Audiologist;
- Autism Service Provider;
- Behavior Specialist;
- Certified Midwife;
- Certified Registered Nurse;
- Chiropractor;
- Dentist;
- Independent Clinical Laboratory;
- Licensed Clinical Social Worker;
- Master's Prepared Therapist;
- Optometrist;
- Physical Therapist;
- Physician;
- Physician Assistant;
- Podiatrist;
- Psychologist;
- Registered Dietitian;
- Speech-Language Pathologist;
- Teacher of the hearing impaired.

Program

The benefit plan provided by the Group through an arrangement with the Claims Administrator.

Prosthetics (or Prosthetic Devices)

Devices (except dental Prosthetics), which replace all or part of:

- An absent body organ including contiguous tissue; or
- The function of a permanently inoperative or malfunctioning body organ.

Provider

A Facility Provider, PHO Facility Provider, Professional Provider, PHO Professional Provider, Ancillary Service Provider or PHO Ancillary Service Provider licensed where required.

Provider Incentive

An additional amount of compensation paid to a healthcare provider by a Blue Cross and/or Blue Shield Plan, based on the provider's compliance with agreed-upon procedural and/or outcome measures for a particular group/population of Members.

Psychiatric Hospital

A Facility Provider, approved by the Claims Administrator, which is primarily engaged in providing diagnostic and therapeutic services for the Inpatient treatment of Mental Illness.

- Such services are provided by or under the supervision of an organized staff of Physicians.
- Continuous nursing services are provided under the supervision of a Registered Nurse.

Psychologist

A Psychologist who is:

- Licensed in the state in which they practice; or
- Otherwise duly qualified to practice by a state in which there is no Psychologist licensure.

Qualified Individual (for Clinical Trials)

A Member who meets the following conditions:

- The Member is eligible to participate in an approved clinical trial according to the trial protocol with respect to treatment of cancer or other Life-Threatening Disease or Condition; and

- Either:
 - The referring health care professional is a health care provider participating in the clinical trial and has concluded that the Member's participation in such trial would be appropriate based upon the individual meeting the conditions described above; or
 - The Member provides medical and scientific information establishing that their participation in such trial would be appropriate based upon the Member meeting the conditions described above.

Qualifying Clinical Trial

A phase I, II, III, or IV clinical trial that is conducted in relation to the prevention, detection, or treatment of cancer or other Life-Threatening Disease Or Condition and is described in any of the following:

- Federally funded trials: the study or investigation is approved or funded (which may include funding through in-kind contributions) by one or more of the following:
 - The National Institutes of Health (NIH);
 - The Centers for Disease Control and Prevention (CDC);
 - The Agency for Healthcare Research and Quality (AHRQ);
 - The Centers for Medicare and Medicaid Services (CMS);
 - Cooperative group or center of any of the entities described above or the Department of Defense (DOD) or the Department of Veterans Affairs (VA);
 - Any of the following, if the Conditions For Departments are met:
 - The Department of Veterans Affairs (VA);
 - The Department of Defense (DOD); or
 - The Department of Energy (DOE).
- The study of investigation is conducted under an investigational new drug application reviewed by the Food and Drug Administration (FDA); or
- The study or investigation is a drug trial that is exempt from having such an investigational new drug application.

In the absence of meeting the criteria listed above, the Clinical Trial must be approved by the Claims Administrator as a Qualifying Clinical Trial.

Registered Dietitian (RD)

A dietitian registered by a nationally recognized professional association of dietitians.

- A Registered Dietitian (RD) is a food and nutrition expert who has met the minimum academic and professional requirements to qualify for the credential "RD."

Registered Nurse (R.N.)

A nurse who:

- Has graduated from a formal program of nursing education (diploma school, associate degree or baccalaureate program); and
- Is licensed by the appropriate state authority.

Rehabilitation Hospital

A Facility Provider, approved by the Claims Administrator, which is primarily engaged in providing rehabilitation care services on an Inpatient basis.

- Rehabilitation care services consist of:
 - The combined use of medical, social, educational, and vocational services to enable patients disabled by disease or injury to achieve the highest possible level of functional ability.
- Services are provided by or under:
 - The supervision of an organized staff of Physicians.
- Continuous nursing services are provided:
 - Under the supervision of a Registered Nurse.

Reliable Evidence

Peer-reviewed reports of clinical studies that have been designed according to accepted scientific standards such that potential biases are minimized to the fullest extent, and generalizations may be made about safety and effectiveness of the technology outside of the research setting. Studies are to be published or accepted for publication, in medical or scientific journals that meet nationally recognized requirements for scientific manuscripts and that are generally recognized by the relevant medical community as authoritative. Furthermore, evidence-based guidelines from respected professional organizations and governmental entities may be considered Reliable Evidence if generally accepted by the relevant medical community.

Residential Treatment Facility

A Facility Provider licensed and approved by the appropriate government agency and approved by the Claims Administrator, which provides treatment for:

- Mental Illness;
- Serious Mental Illness; or
- Alcohol Or Drug Abuse And Dependency to partial, Outpatient or live-in patients who do not require acute Medical Care.

Retail Clinics

Retail Clinics are staffed by certified nurse practitioners trained to diagnose, treat and write prescriptions when clinically appropriate.

- Services are available to treat basic medical needs for: Urgent Care.
- Examples of needs are:

– Sore throat;	– Minor burns;
– Ear, eye or sinus infection;	– Skin infections or rashes; and
– Allergies;	– Pregnancy testing.

Routine Patient Costs Associated With Qualifying Clinical Trials

Routine patient costs include all items and services consistent with the coverage provided under this Program that is typically covered for a Qualified Individual who is not enrolled in a clinical trial.

Routine patient costs do NOT include:

- The investigational item, device, or service itself;
- Items and services that are provided solely to satisfy data collection and analysis needs and that are not used in the direct clinical management of the patient; and
- A service that is clearly inconsistent with widely accepted and established standards of care

for a particular diagnosis.

Self-Administered Prescription Drug

A Prescription Drug that can be administered safely and effectively by either the Member or a caregiver, without medical supervision, regardless of whether initial medical supervision and/or instruction is required. Examples of Self-Administered Prescription Drugs include, but are not limited to:

- Oral drugs;
- Self-Injectable Drugs;
- Inhaled drugs; and
- Topical drugs.

Self-Injectable Prescription Drug (Self-Injectable Drug)

A Prescription Drug that:

- Is introduced into a muscle or under the skin with a syringe and needle; and
- Can be administered safely and effectively by either the Member or a caregiver without medical supervision, regardless of whether initial medical supervision and/or instruction is required.

Serious Mental Illness

Means any of the following biologically based Mental Illnesses: As defined by the American Psychiatric Association, in the most recent edition of the International Classification of Diseases (ICD) or Diagnostic and Statistical Manual of Mental Disorders (DSM):

- Schizophrenia;
- Bipolar disorder;
- Obsessive-compulsive disorder;
- Major depressive disorder;
- Panic disorder;
- Anorexia nervosa;
- Bulimia nervosa;
- Schizo-affective disorder;
- Delusional disorder; and
- Any other Mental Illness that is considered to be "Serious Mental Illness" by law.

Benefits are provided for diagnosis and treatment of these conditions when:

- Determined to be Medically Necessary; and
- Provided by a Provider.

Covered Services may be provided on an Outpatient or Inpatient basis.

Severe Systemic Protein Allergy

Means allergic symptoms to ingested proteins of sufficient magnitude to cause:

- Weight loss or failure to gain weight;
- Skin rash;
- Respiratory symptoms; and
- Gastrointestinal symptoms of significant magnitude to cause gastrointestinal bleeding and vomiting.

Short Procedure Unit

A unit which is approved by the Claims Administrator and which is designed to handle the following kinds of procedures on an Outpatient basis:

- Lengthy diagnostic procedures; or
- Minor surgical procedures.

In the absence of a Short Procedure Unit these are procedures which would otherwise have resulted in an Inpatient Admission.

Skilled Nursing Facility

An institution or a distinct part of an institution, other than one which:

- Is primarily for the care and treatment of Mental Illness, tuberculosis, or Alcohol Or Drug Abuse And Dependency.

It is also an institution which:

- Is accredited as a Skilled Nursing Facility or extended care facility by the Joint Commission on Accreditation of Healthcare Organizations; or
- Is certified as a Skilled Nursing Facility or extended care facility under the Medicare Law; or
- Is otherwise acceptable to the Claims Administrator.

Sleep Studies

Refers to the continuous and simultaneous monitoring and recording of various physiologic and pathophysiologic sleep parameters. Sleep tests are performed to:

- Diagnose sleep disorders (For example, narcolepsy, sleep apnea, parasomnias);
- Initiate treatment for a sleep disorder; and/or
- Evaluate an individual's response to therapies such as continuous positive airway pressure (CPAP) or bi-level positive airway pressure device (BPAP).

Sound Natural Teeth

Teeth that are:

- Stable;
- Functional;
- Free from decay and advanced periodontal disease;
- In good repair at the time of the Accidental Injury/trauma; and
- Are not man-made.

Specialist Services

All Professional Provider services providing Medical Care or mental health/psychiatric care in any generally accepted medical or surgical specialty or subspecialty.

Specialty Drug

A medication that meets certain criteria including, but not limited to:

- The drug is used in the treatment of a rare, complex, or chronic disease.
- A high level of involvement is required by a Professional Provider to administer the drug.
- Complex storage and/or shipping requirements are necessary to maintain the drug's stability.
- The drug requires comprehensive patient monitoring and education by a Professional Provider regarding safety, side effects, and compliance.
- Access to the drug may be limited.

- Some Generic Drugs are included in this category and are subject to the Specialty Drug cost-sharing.

The Claims Administrator reserves the right to determine which Specialty Drug vendors and/or Professional Providers can dispense or administer certain Specialty Drugs.

Standard Injectable Drug

A medication that is either injectable or infusible:

- But is not defined by the Claims Administrator to be a Self-Administered Prescription Drug or a Specialty Drug. Instead, these drugs need to be administered by a Professional Provider.

Standard Injectable Drugs include, but are not limited to:

- Allergy injections and extractions; and
- Injectable medications such as antibiotics and steroid injections that are administered by a Professional Provider.

Surgery

The performance of generally accepted operative and cutting procedures including:

- Specialized instrumentations;
- Endoscopic examinations; and
- Other invasive procedures.

Payment for Surgery includes an allowance for related Inpatient preoperative and postoperative care.

Treatment of burns, fractures and dislocations are also considered Surgery.

Therapy Service

The following services or supplies prescribed by a Physician and used for the treatment of an illness or injury to promote the recovery of the Member:

- Cardiac Rehabilitation Therapy
Medically supervised rehabilitation program designed to improve a patient's tolerance for physical activity or exercise.
- Chemotherapy
The treatment of malignant disease by chemical or biological antineoplastic agents used to kill or slow the growth of cancerous cells.
- Dialysis
The treatment that removes waste materials from the body for people with:
 - Acute renal failure; or
 - Chronic irreversible renal insufficiency.
- Infusion Therapy
The infusion of:
 - Drug;
 - Hydration; or
 - Nutrition (parenteral or enteral);

- Into the body by a Professional Provider.

Infusion therapy includes: All professional services, supplies, and equipment that are required to safely and effectively administer the therapy.

Infusion may be provided in a variety of settings (For example, home, office, Outpatient) depending on the level of skill required to:

- Prepare the drug;
- Administer the infusion; and
- Monitor the Member.

The type of Professional Provider who can administer the infusion depends on whether the drug is considered to be a Specialty Drug infusion or a Standard Injectable Drug infusion, as determined by the Claims Administrator.

- Occupational Therapy

Medically prescribed treatment concerned with improving or restoring neuromusculoskeletal (nerve, muscle and bone) functions which have been impaired by:

- Illness or injury;
- Congenital anomaly (a birth defect); or
- Prior therapeutic intervention.

Occupational Therapy also includes medically prescribed treatment concerned with improving the Member's ability to perform those tasks required for independent functioning, where such function has been permanently lost or reduced by:

- Illness or injury;
- Congenital anomaly (a birth defect); or
- Prior therapeutic intervention (Prior treatment).

This does NOT include services specifically directed towards the improvement of vocational skills and social functioning.

- Physical Therapy

Medically prescribed treatment of physical disabilities or impairments resulting from:

- Disease;
- Injury;
- Congenital anomaly; or
- Prior therapeutic intervention by the use of therapeutic exercise and other interventions that focus on improving:

<ul style="list-style-type: none"> ➤ Posture; ➤ Mobility; ➤ Strength; ➤ Endurance; ➤ Balance; 	<ul style="list-style-type: none"> ➤ Coordination; ➤ Joint Mobility; ➤ Flexibility; and ➤ The functional activities of daily living.
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- Pulmonary Rehabilitation Therapy

A multidisciplinary, comprehensive program for Members who have a chronic lung disease. Pulmonary rehabilitation is designed to:

- Reduce symptoms of disease;
 - Improve functional status; and
 - Stabilize or reverse manifestations of the disease.
- **Radiation Therapy**
The treatment of disease by:
 - X-Ray;
 - Gamma ray;
 - Accelerated particles;
 - Mesons; or
 - Neutrons, radium, radioactive isotopes, or other radioactive substances regardless of the method of delivery.
 - **Respiratory Therapy**
Medically prescribed treatment of diseases or disorders of the respiratory system with therapeutic gases and vaporized medications delivered by inhalation.
 - **Speech Therapy**
Medically prescribed services that are necessary for the diagnosis and/or treatment of speech and language disorders, due to conditions or events that result in communication disabilities and/or swallowing disorders:
 - Disease;
 - Surgery;
 - Injury;
 - Congenital and developmental anomalies (birth defects); or
 - Previous therapeutic processes.

Total Disability (or Totally Disabled)

Means that a Covered Employee who, due to illness or injury:

- Cannot perform any duty of their occupation or any occupation for which the Employee is, or may be, suited by education, training and experience; and
- Is not, in fact, engaged in any occupation for wage or profit.

A Dependent is totally disabled if: They cannot engage in the normal activities of a person in good health and of like age and sex.

The Totally Disabled person must be under the regular care of a Physician.

Urgent Care

Urgent Care needs are for sudden illness or Accidental Injury that require prompt medical attention but are not life-threatening and are not Emergency medical conditions when your Professional Provider is unavailable. Examples of Urgent Care needs include stitches, fractures, sprains, ear infections, sore throats, rashes, X-rays that are not Preventive Care.

Urgent Care Centers

Facility Provider designed to offer immediate evaluation and treatment for sudden health conditions and accidental injuries that:

- Require medical attention in a non-Emergency situation; and
- When the Member's Professional Provider's office is unavailable.

Urgent Care is not the same as: Emergency Services (see definition of "Urgent Care" above).

Value-Based Program (VBP)

An outcomes-based payment arrangement and/or a coordinated care model facilitated with one or more local providers that is evaluated against cost and quality metrics/factors and is reflected in provider payment.

IMPORTANT NOTICES

Regarding Experimental/Investigative Treatment:

The Claims Administrator does not cover treatment it determines to be Experimental/Investigative in nature because that treatment is not accepted by the general medical community for the condition being treated or not approved as required by federal or governmental agencies. However, the Claims Administrator acknowledges that situations exist when a Member and their Physician agree to utilize Experimental/Investigative treatment. If a Member receives Experimental/Investigative treatment, the Member shall be responsible for the cost of the treatment. A Member or their Physician should contact the Claims Administrator to determine whether a treatment is considered Experimental/Investigative. The term "Experimental/Investigative" is defined in the **Important Definitions** section.

Regarding Treatment Which Is Not Medically Necessary:

The Claims Administrator only covers treatment which it determines Medically Necessary. An In-Network Provider accepts the Claims Administrator's decision and contractually is not permitted to bill the Member for treatment which the Claims Administrator determines is not Medically Necessary unless the In-Network Provider specifically advises the Member in writing, and the Member agrees in writing that such services are not covered by the Claims Administrator, and that the Member will be financially responsible for such services. An Out-of-Network Provider, however, is not obligated to accept the Claims Administrator's determination and the Member may not be reimbursed for treatment which the Claims Administrator determines is not Medically Necessary. The Member is responsible for these charges when treatment is received by an Out-of-Network Provider. The Member can avoid these charges simply by choosing an In-Network Provider for the Member's care. The term "Medically Necessary" is defined in the **Important Definitions** section.

Regarding Treatment for Cosmetic Purposes:

The Claims Administrator does not cover treatment which it determines is for cosmetic purposes because it is not necessitated as part of the Medically Necessary treatment of an illness, injury or congenital birth defect. However, the Claims Administrator acknowledges that situations exist when a Member and their Physician decide to pursue a course of treatment for cosmetic purposes. In such cases, the Member is responsible for the cost of the treatment. A Member or their Physician should contact the Claims Administrator to determine whether treatment is for cosmetic purposes. The exclusion for services and operations for cosmetic purposes is detailed in the **Exclusions - What Is Not Covered** section.

Regarding Coverage for Emerging Technology:

While the Claims Administrator does not cover treatment it determines to be Experimental/Investigative, it routinely performs technology assessments in order to determine when new treatment modalities are safe and effective. A technology assessment is the review and evaluation of available clinical and scientific information from expert sources. These sources include but are not limited to articles published by governmental agencies, national peer review journals, national experts, clinical trials, and manufacturer's literature. The Claims Administrator uses the technology assessment process to assure that new drugs, procedures or devices ("emerging technology") are safe and effective before approving them as Covered Services. When new technology becomes available or at the request of a practitioner or Member, the Claims Administrator researches all scientific information available from these expert sources. Following this analysis, the Claims Administrator makes a decision about when a new drug, procedure or device has been proven to be safe and effective and uses this information to determine when an item becomes a Covered Service for the condition being treated or not approved as required by federal or governmental agencies. A Member or their Provider should contact the Claims Administrator to determine whether a proposed treatment is considered "emerging technology" and whether the Provider is considered an eligible Provider to perform the "emerging technology" Covered Service. The Claims Administrator maintains the discretion to limit eligible Providers for certain "emerging technology" Covered Services.

Regarding Use of Out-of-Network Providers

While Personal Choice has an extensive network, it may not contain every provider that the Member elects to see. To receive the Maximum benefits available under this Program, the Member must obtain Covered Services from In-Network Providers that participate in the Personal Choice Network or is a BlueCard Provider.

In addition, the Members Personal Choice program allows the Member to obtain Covered Services from Out-of-Network Providers. If the Member uses an Out-of-Network Provider the Member will be reimbursed for Covered Services but will incur significantly higher out-of-pocket expenses including Deductibles, Coinsurance. In certain instances, the Out-of-Network Provider also may charge the Member for the balance of the Provider's bill. This is true regardless of the reason the Member uses an Out-of-Network Provider including, but not limited to, by choice, for level of expertise, for convenience, for location, because of the nature of the services, based on the recommendation of a Provider or network sufficiency. However, if Emergency Care is provided by certain Out-of-Network Providers (For example, ambulance services), in accordance with applicable law, the Claims Administrator will reimburse the Out-of-Network Provider at an In-Network rate directly. In this instance the specified Out-of-Network Provider will not bill the Member for amounts in excess of the Claims Administrator's payment for the Emergency Care. For payment of Covered Services provided by an Out-of-Network Provider, please refer to the definition of "Covered Expense".

For Covered Services not successfully negotiated through the Price Protection Program, received from an Out-of-Network Provider, payment will be made directly to the Member and the Member will be responsible for reimbursing the Out-of-Network Provider. However, the Claims Administrator reserves the right, in its sole discretion, to make payments directly to the Out-of-Network Provider

For specific terms regarding Out-of-Network Providers, please refer to the following sections: **Important Definitions**; including but not limited to the definition of "Covered Expense" and "Out-of-Network Provider", Payment of Providers and Payment Methods.

Regarding Non-Discrimination Rights

The Member has the right to receive health care services without discrimination:

- Based on race, ethnicity, age, mental or physical disability, genetic information, color, religion, gender, national origin, source of payment, sexual orientation, or sex, including stereotypes and gender identity;
- For Medically Necessary health services made available on the same terms for all individuals, regardless of sex assigned at birth, gender identity, or recorded gender;
- Based on an individual's sex assigned at birth, gender identity, or recorded gender, if it is different from the one to which such health service is ordinarily available;
- Related to gender transition if such denial or limitation results in discriminating against a transgender individual.

Discretionary Authority

The Claims Administrator or Plan Administrator, as applicable, retains discretionary authority to interpret the benefit plan and the facts presented to make benefit determinations. Benefits under this Program will be provided only if the Claims Administrator or Plan Administrator, as applicable, determines in its discretion that the Member is entitled to them.

REMEMBER: Whenever a Provider suggests a new treatment option that may fall under the category of "Experimental/Investigative", "cosmetic", or "emerging technology", the Member, or their Provider, should contact the Claims Administrator for a coverage determination. That way the Member and the Provider will know in advance if the treatment will be covered by the Claims Administrator.

In the event the treatment is not covered by the Claims Administrator, the Member can make an informed decision about whether to pursue alternative treatment options or be financially responsible for the non-covered service.

For more information on when to contact the Claims Administrator for coverage determinations, please see the Precertification and Prenotification requirements in the *General Information* section.

RIGHTS AND RESPONSIBILITIES

To obtain a list of "Rights and Responsibilities", please log on to http://www.ibx.com/members/quality_management/member_rights.html or the Member should call the Customer Service telephone number that is listed on their Identification Card to receive a printed copy.

LANGUAGE AND COVERAGE CHANGES

2021 PREVENTIVE SCHEDULE

This schedule is a reference tool for planning your preventive care and lists items/services required under the Patient Protection and Affordable Care Act of 2010 (PPACA), as amended. In accordance with the PPACA, the schedule is reviewed and updated periodically based on the recommendations of the U.S. Preventive Services Task Force, Health Resources and Services Administration, U.S. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, and other applicable laws and regulations. Accordingly, the content of this schedule is subject to change. Your specific needs for preventive services may vary according to your personal risk factors. Your health care provider is always your best resource for determining if you're at increased risk for a condition. Some services may require precertification/preapproval. If you have questions about this schedule, precertification/preapproval, or your benefit coverage, please call the Customer Service number on the back of your ID card.

PREVENTIVE CARE SERVICES FOR ADULTS

VISITS	
Preventive exams Services that may be provided during the preventive exam include but are not limited to the following: <ul style="list-style-type: none"> • High blood pressure screening • Behavioral counseling for skin cancer • Obesity Screening • Unhealthy drug use screening 	One exam annually for all adults
SCREENINGS	
Abdominal aortic aneurysm (AAA) screening	Once in a lifetime for asymptomatic males age 65 to 75 years with a history of smoking
Abnormal blood glucose and Type 2 diabetes mellitus screening and intensive counseling interventions	Abnormal blood glucose and type 2 diabetes screening for adults 40 to 70 years who are overweight or obese Intensive behavioral counseling interventions for individuals 40 to 70 years who are overweight or obese with abnormal blood glucose up to 24 sessions per year
Colorectal cancer screening	Adults age 50 to 75 years using any of the following tests: <ul style="list-style-type: none"> • Fecal occult blood testing: once a year • Highly sensitive fecal immunochemical testing: once a year • Flexible sigmoidoscopy: once every five years • CT colonography: once every five years • Stool DNA testing: once every three years • Colonoscopy: once every 10 years
Depression screening	Annually for all adults
Hepatitis B virus (HBV) screening	All asymptomatic adults at high risk for HBV infection

Hepatitis C virus (HCV) screening	All asymptomatic adults
High Blood Pressure Screening	Adults age 18 years or older with increased risk once a year Adults age 18 to 39 years with no other risk factors once every 3 to 5 years Adults age 40 years once a year
Human immunodeficiency virus (HIV) screening	All adults
Latent tuberculosis infection screening	Asymptomatic adults age 18 years or older at increased risk for tuberculosis
Lipid disorder screening	Adults 40 years or older once every 5 years
Lung cancer screening	Adults age 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years
Syphilis infection screening	All adults at increased risk for syphilis infection
Unhealthy alcohol use screening and behavioral counseling interventions	Screening for all adults not diagnosed with alcohol abuse or dependence or not seeking treatment for alcohol abuse or dependence Behavioral counseling in a primary care setting for individuals with a positive screening result
THERAPY AND COUNSELING	
Behavioral counseling for prevention of sexually transmitted infections	All sexually active adults
Behavioral interventions for weight loss	Behavioral intervention for adults with a body mass index (BMI) of 30kg/m ² or higher
Exercise Interventions for the prevention of falls	Community-dwelling adults age 65 years and older with an increased risk of falls
Intensive behavioral counseling interventions to promote a healthful diet and physical activities for cardiovascular disease prevention	Adults age 18 years and older diagnosed as overweight or obese with known cardiovascular disease risk factors
Nutritional counseling for weight management	6 visits per year
Tobacco use counseling	All adults who use tobacco products
MEDICATIONS	
Low Dose Aspirin	Adults 50-59 years of age for the primary prevention of cardiovascular disease and colorectal cancer
Pre-exposure prophylaxis for the prevention of HIV infection	Adults at high risk for HIV infection
Prescription bowel preparation	Adults 50 years and older when used in conjunction with a preventive colorectal cancer screening procedure (That is, flexible sigmoidoscopy, colonoscopy, virtual colonoscopy)
Statin	Adults 40-75 with no history of cardiovascular disease, with one or more risk factors for cardiovascular disease and a 10 year cardiovascular disease event risk of greater than 10%
Tobacco cessation medication	All adults who use tobacco products

IMMUNIZATIONS				
Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
Influenza inactivated (IIV) or Influenza recombinant (RIV) or Influenza live, attenuated (LAIV)	1 dose annually			
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV) (preferred) or Zoster live (ZVL)			2 doses or 1 dose	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal conjugate (PCV13)	1 dose			65 years and older
Pneumococcal polysaccharide (PPSV23)	1 or 2 doses depending on indication			1 dose
Hepatitis A (HepA)	2 or 3 doses depending on vaccine			
Hepatitis B (HepB)	2 or 3 doses depending on vaccine			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations			
Haemophilus influenzae type b (Hib)	19 through 23 years	1 or 3 doses depending on indication		

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

 Recommended vaccination for adults with an additional risk factor or another indication

 Recommended vaccination based on shared clinical decision-making

 No recommendation/Not applicable

PREVENTIVE CARE SERVICES FOR FEMALES, INCLUDING PREGNANT FEMALES

VISITS	
Prenatal Care Visits Services that may be provided during the prenatal care visits include, but are not limited to the following: <ul style="list-style-type: none"> • Preeclampsia Screening 	For all pregnant females
Well-woman visits Services that may be provided during the well-woman visit include but are not limited to the following: <ul style="list-style-type: none"> • BRCA-related cancer risk assessment • Discussion of chemoprevention for breast cancer • Intimate partner violence screening • Primary care interventions to promote and support breastfeeding • Recommended preventive preconception and prenatal care services • Urinary Incontinence Screening 	At least annually
SCREENINGS	
Anxiety Screening	All females
Bacteriuria screening	All asymptomatic pregnant females at 12 to 16 weeks' gestation or at the first prenatal visit, if later
Counseling Interventions to Prevent Perinatal Depression	Pregnant or postpartum females at increased risk for perinatal depression without a current diagnosis of depression 20 sessions over a 70 week period
BRCA-related cancer risk assessment, genetic counseling, and BRCA mutation testing	Genetic counseling for asymptomatic females with an ancestry associated with BRCA gene mutations, personal history or family history of a BRCA-related cancer BRCA mutation testing, as indicated, following genetic counseling
Breast cancer screening (2D or 3D mammography)	All females age 40 years and older

Cervical cancer screening (Pap test)	Ages 21 to 65: Every three years Ages 30 to 65: Every 5 years with a combination of Pap test and human papillomavirus (HPV) testing, for those who want to lengthen the screening interval
Chlamydia screening	Sexually active females age 24 years and younger or older sexually active females who are at increased risk for infection
Diabetes Mellitus Screening After Pregnancy	Females with a history of gestational diabetes who are currently not pregnant and who have not been previously diagnosed with type 2 diabetes mellitus
Depression Screening	All pregnant and post-partum females
Gestational diabetes mellitus screening	Asymptomatic pregnant females after 24 weeks of gestation or at the first prenatal visit for pregnant females identified to be at high risk for diabetes
Gonorrhea screening	Sexually active females age 24 years and younger or older sexually active females who are at increased risk for infection
Hepatitis B virus (HBV) screening	All pregnant females or asymptomatic adolescents and adults at high risk for HBV infection
Human immunodeficiency virus (HIV) screening	All pregnant females
Human papillomavirus (HPV) screening	Age 30 and older: Every five years Ages 30 to 65: Every five years with a combination of Pap test and HPV testing, for those that want to lengthen the screening interval
Osteoporosis (bone mineral density) screening	Every two years for females younger than 65 years who are at increased risk for osteoporosis Every two years for females 65 years and older without a history of osteoporotic fracture or without a history of osteoporosis secondary to another condition
RhD incompatibility screening	All pregnant females and follow-up testing for females at higher risk
Syphilis screening	All pregnant females at first prenatal visit For high-risk pregnant females, repeat testing in the third trimester and at delivery Females at increased risk for syphilis infection
Tobacco Use Counseling	All pregnant females who smoke tobacco products
Unhealthy alcohol use screening and behavioral counseling interventions	Screening for all pregnant females Behavioral counseling in a primary care setting with a positive screening result

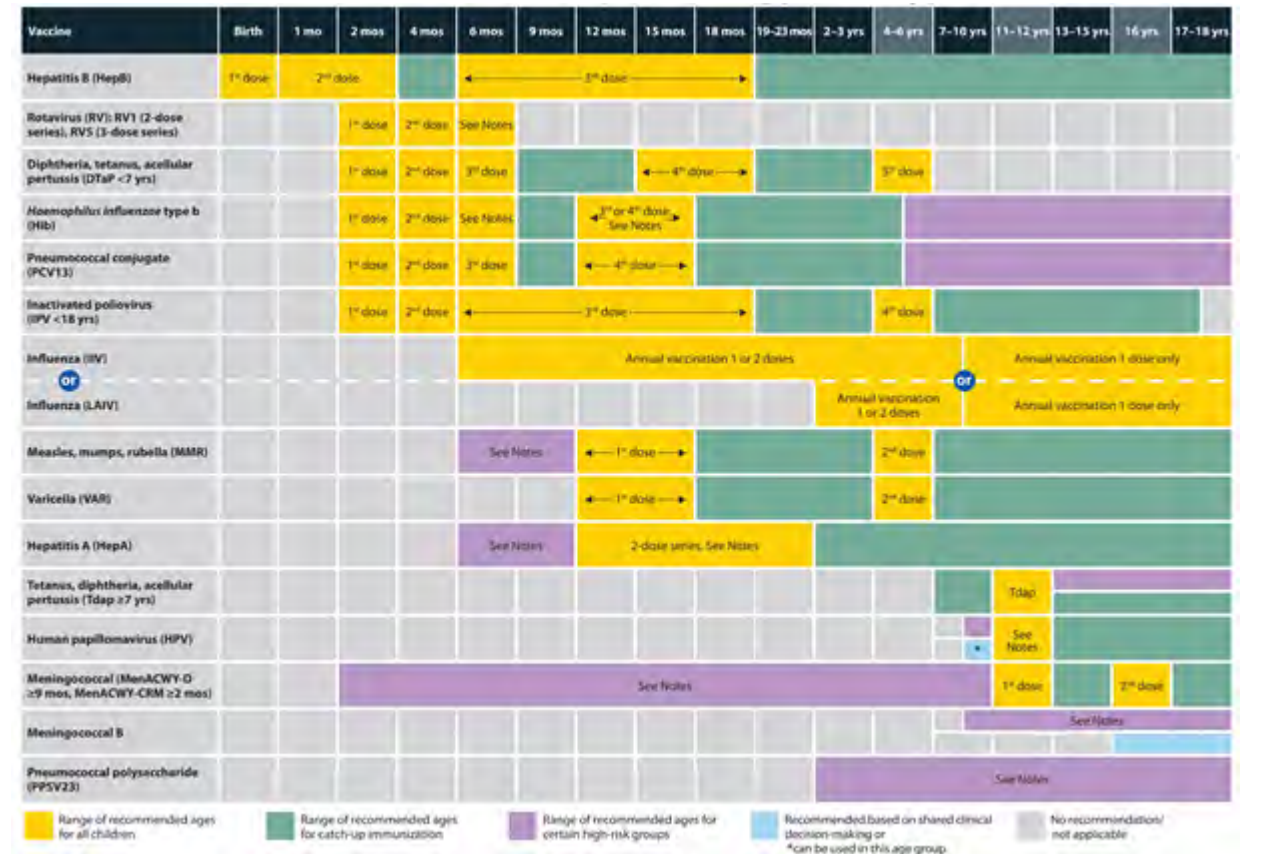
MEDICATIONS	
Breast cancer chemoprevention	Asymptomatic females age 35 years and older without a prior diagnosis of breast cancer, or ductal carcinoma in situ, who are at high risk for breast cancer and at low risk for adverse effects from breast cancer chemoprevention
Folic Acid	Daily folic acid supplements for all females planning for or capable of pregnancy
Low Dose Aspirin	Aspirin for pregnant females who are at high risk for preeclampsia after 12 weeks of gestation
MISCELLANEOUS	
Breastfeeding supplies/support/counseling	Comprehensive lactation support/counseling for all pregnant women and during the postpartum period Breastfeeding supplies
Reproductive education and counseling, contraception, and sterilization	All females with reproductive capacity

PREVENTIVE CARE SERVICES FOR CHILDREN

VISITS	
Pre-birth exams	All expectant parents for the purpose of establishing a pediatric medical home
Preventive exams Services that may be provided during the preventive exam include but are not limited to the following: <ul style="list-style-type: none"> • Behavioral counseling for skin cancer prevention • Blood pressure screening • Congenital heart defect screening • Counseling and education provided by healthcare providers to prevent initiation of tobacco use • Developmental surveillance • Dyslipidemia risk assessment • Hearing risk assessment for children 29 days or older • Height, weight, and body mass index measurements • Obesity screening • Oral health risk assessment • Psychosocial/behavioral assessment 	All children up to 21 years of age, with preventive exams provided at: <ul style="list-style-type: none"> • 3-5 days after birth • By 1 month • 2 months • 4 months • 6 months • 9 months • 12 months • 15 months • 18 months • 24 months • 30 months • 3 years-21 years: annual exams
SCREENINGS	
Alcohol, tobacco, and drug use screening and behavioral counseling intervention	Annually for all children 11 years of age and older Annual behavioral counseling in a primary care setting for children with a positive screening result for drug or alcohol use/misuse
Autism and developmental screening	All children
Bilirubin Screening	All newborns
Chlamydia screening	All sexually active children up to age 21 years
Depression screening	Annually for all children age 12 years to 21 years
Dyslipidemia screening	Following a positive risk assessment or in children where laboratory testing is indicated
Gonorrhea screening	All sexually active children up to age 21 years
Hearing screening for newborns	All newborns
Hearing screening for children 29 days or older	Following a positive risk assessment or in children where hearing screening is indicated

Hepatitis B virus (HBV) screening	All asymptomatic adolescents at high risk for HBV infection
Human immunodeficiency virus (HIV) screening	All children
Iron Deficiency Screening	All children
Lead poisoning screening	All children at risk of lead exposure
Newborn metabolic screening panel (For example, congenital hypothyroidism, hemoglobinopathies {sickle cell disease}, phenylketonuria {PKU})	All newborns
Syphilis screening	All sexually active children up to age 21 years
Vision screening	All children up to age 21 years
ADDITIONAL SCREENING SERVICES AND COUNSELING	
Behavioral counseling for prevention of sexually transmitted infections	Semiannually for all sexually active adolescents at increased risk for sexually transmitted infections
Obesity Screening and Behavioral Counseling	Screening is part of the preventive exam for children ages 6 years and older. Behavioral counseling for children ages 6 years and older with an age- and sex-specific body mass index (BMI) in the 95th percentile or greater
MEDICATIONS	
Fluoride	Oral fluoride for children age 6 months to 16 years whose water supply is deficient in fluoride
Prophylactic ocular topical medication for gonorrhea	All newborns within 24 hours after birth
MISCELLANEOUS	
Fluoride varnish application	Every three months for all infants and children starting at age of primary tooth eruption to 5 years of age
Tuberculosis testing	All children up to age 21 years

IMMUNIZATIONS (NOTE: FOR AGE 19 TO 21 YEARS, REFER TO THE ADULT SCHEDULE LISTED ABOVE)





**INDEPENDENCE BLUE CROSS
NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT
YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET
ACCESS TO THIS INFORMATION¹**

PLEASE REVIEW IT CAREFULLY.

Independence Blue Cross² values you as a customer, and protection of your privacy is very important to us. In conducting our business, we will create and maintain records that contain protected health information about you and the health care provided to you as a member of our health plans.

Note: "Protected health information" or "PHI" is information about you, including information that can reasonably be used to identify you and that relates to your past, present or future physical or mental health or condition, the provision of health care to you or the payment for that care.

We protect your privacy by:

- limiting who may see your PHI;
- limiting how we may use or disclose your PHI;
- informing you of our legal duties with respect to your PHI;
- explaining our privacy policies; and
- adhering to the policies currently in effect.

This Notice describes our privacy practices, which include how we may use, disclose, collect, handle, and protect our members' protected health information. We are required by certain federal and state laws to maintain the privacy of your protected health information. We also are required by the federal Health Insurance Portability and Accountability Act (or "HIPAA") Privacy Rule to give you this Notice about our privacy practices, our legal duties, and your rights concerning your protected health information.

¹ If you are enrolled in a self-insured group benefit program, this Notice is not applicable. If you are enrolled in such a program, you should contact your Group Benefit Manager for information about your group's privacy practices. If you are enrolled in the Federal Employee Service Benefit Plan, you will receive a separate Notice.

² For purposes of this Notice, "Independence Blue Cross" refers to the following companies: Independence Blue Cross, Keystone Health Plan East, QCC Insurance Company, and Vista Health Plan, Inc. - independent licensees of the Blue Cross and Blue Shield Association.

This revised Notice took effect on July 18, 2017, and will remain in effect until we replace or modify it.

Copies of this Notice

You may request a copy of our Notice at any time. If you want more information about our privacy practices, or have questions or concerns, please contact Member Services by calling the telephone number on the back of your Member Identification Card, or contact us using the contact information at the end of this Notice.

Changes to this Notice

The terms of this Notice apply to all records that are created or retained by us which contain your PHI. We reserve the right to revise or amend the terms of this Notice. A revised or amended Notice will be effective for all of the PHI that we already have about you, as well as for any PHI we may create or receive in the future. We are required by law to comply with whatever Privacy Notice is currently in effect. You will be notified of any material change to our Privacy Notice before the change becomes effective. When necessary, a revised Notice will be mailed to the address that we have on record for the contract holder of your member contract, and will also be posted on our web site at www.ibx.com.

Potential Impact of State Law

The HIPAA Privacy Rule generally does not “preempt” (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections. As a result, to the extent state law applies, the privacy laws of a particular state, or other federal laws, rather than the HIPAA Privacy Rule, might impose a privacy standard under which we will be required to operate. For example, where such laws have been enacted, we will follow more stringent state privacy laws that relate to uses and disclosures of the protected health information concerning HIV or AIDS, mental health, substance abuse/chemical dependency, genetic testing, reproductive rights, etc.

How We May Use and Disclose Your Protected Health Information (PHI)

In order to administer our health benefit programs effectively, we will collect, use and disclose PHI for certain of our activities, including payment of covered services and health care operations.

The following categories describe the different ways in which we may use and disclose your PHI. Please note that every permitted use or disclosure of your PHI is not listed below. However, the different ways we will, or might, use or disclose your PHI do fall within one of the permitted categories described below.

Treatment: We may disclose information to doctors, pharmacies, hospitals and other health care providers who take care of you to assist in your treatment or the coordination of your care.

Payment: We may use and disclose your PHI for all payment activities including, but not limited to, collecting premiums or to determine or fulfill our responsibility to provide health care coverage under our health plans. This may include coordinating benefits with other health care programs or insurance carriers, such as Medicare or Medicaid. For example, we may use and disclose your PHI to pay claims for services provided to you by doctors or hospitals which are covered by your health plan(s), or to determine if requested services are covered under your health plan. We may also use and disclose your PHI to conduct business with other Independence Blue Cross affiliate companies.

Health Care Operations: We may use and disclose your PHI to conduct and support our business and management activities as a health insurance issuer. For example, we may use and disclose your PHI to determine our premiums for your health plan, to conduct quality assessment and improvement activities, to conduct business planning activities, to conduct fraud detection programs, to conduct or arrange for medical review, or to engage in care coordination of health care services.

We may also use and disclose your PHI to offer you one of our value added programs like smoking cessation or discounted health related services, or to provide you with information about one of our disease management programs or other available Independence Blue Cross health products or health services.

We may also use and disclose your PHI to provide you with reminders to obtain preventive health services, and to inform you of treatment alternatives and/or health related benefits and services that may be of interest to you.

Marketing: Your PHI will not be sold, used or disclosed for marketing purposes without your authorization except where permitted by law. Such exceptions may include: a marketing communication to you that is in the form of (a) a face-to-face communication, or (b) a promotional gift of nominal value.

Release of Information to Plan Sponsors: Plan sponsors are employers or other organizations that sponsor a group health plan. We may disclose PHI to the plan sponsor of your group health plan as follows:

- We may disclose “summary health information” to your plan sponsor to use to obtain premium bids for providing health insurance coverage or to modify, amend or terminate its group health plan. “Summary health information” is information that summarizes claims history, claims expenses, or types of claims experience for the individuals who participate in the plan sponsor’s group health plan;
- We may disclose PHI to your plan sponsor to verify enrollment/disenrollment in your group health plan;
- We may disclose your PHI to the plan sponsor of your group health plan so that the plan sponsor can administer the group health plan; and
- If you are enrolled in a group health plan, your plan sponsor may have met certain requirements of the HIPAA Privacy Rule that will permit us to disclose PHI to the plan sponsor. Sometimes the plan sponsor of a group health plan is the employer. In those circumstances, we may disclose PHI to your employer. You should talk to your employer to find out how this information will be used.

Research: We may use or disclose your PHI for research purposes if certain conditions are met. Before we disclose your PHI for research purposes without your written permission, an Institutional Review Board (a board responsible under federal law for reviewing and approving research involving human subjects) or Privacy Board reviews the research proposal to ensure that the privacy of your PHI is protected, and to approve the research.

Required by Law: We may disclose your PHI when required to do so by applicable law. For example, the law requires us to disclose your PHI:

- When required by the Secretary of the U.S. Department of Health and Human Services to investigate our compliance efforts; and

- To health oversight agencies, to allow them to conduct certain Health Oversight Activities described below.

Public Health Activities: We may disclose your PHI to public health agencies for public health activities that are permitted or required by law, such as to:

- prevent or control disease, injury or disability;
- maintain vital records, such as births and deaths;
- report child abuse and neglect;
- notify a person about potential exposure to a communicable disease;
- notify a person about a potential risk for spreading or contracting a disease or condition;
- report reactions to drugs or problems with products or devices;
- notify individuals if a product or device they may be using has been recalled; and
- notify appropriate government agency(ies) and authority(ies) about the potential abuse or neglect of an adult patient, including domestic violence.

Health Oversight Activities: We may disclose your PHI to a health oversight agency for activities authorized by law, such as: audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Health oversight agencies seeking this information include government agencies that oversee: (i) the health care system; (ii) government benefit programs; (iii) other government regulatory programs; and (iv) compliance with civil rights laws.

Lawsuits and Other Legal Disputes: We may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process once we have met all administrative requirements of the HIPAA Privacy Rule.

Law Enforcement: We may disclose your PHI to law enforcement officials under certain conditions. For example, we may disclose PHI:

- to permit identification and location of witnesses, victims, and fugitives;
- in response to a search warrant or court order;
- as necessary to report a crime on our premises;
- to report a death that we believe may be the result of criminal conduct; or
- in an emergency, to report a crime.

Coroners, Medical Examiners, or Funeral Directors: We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We also may disclose, as authorized by law, information to funeral directors so that they may carry out their duties.

Organ and Tissue Donation: We may use or disclose your PHI to organizations that handle organ and tissue donation and distribution, banking, or transplantation.

To Prevent a Serious Threat to Health or Safety: As permitted by law, we may disclose your PHI if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Military and National Security: We may disclose to military authorities the PHI of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials PHI required for lawful intelligence, counter-intelligence, and other national security activities.

Inmates: If you are a prison inmate, we may disclose your PHI to the prison or to a law enforcement official for: (1) the prison to provide health care to you; (2) your health and safety, and the health and safety of others; or (3) the safety and security of the prison.

Underwriting: We will not use genetic information about you for underwriting purposes.

Workers' Compensation: As part of your workers' compensation claim, we may have to disclose your PHI to a worker's compensation carrier.

To You: When you ask us to, we will disclose to you your PHI that is in a "designated record set." Generally, a designated record set contains medical, enrollment, claims and billing records we may have about you, as well as other records that we use to make decisions about your health care benefits. You can request the PHI from your designated record set as described in the section below called "Your Privacy Rights Concerning Your Protected Health Information."

To Your Personal Representative: If you tell us to, we will disclose your PHI to someone who is qualified to act as your personal representative according to any relevant state laws. In order for us to disclose your PHI to your personal representative, you must send us a completed Independence Blue Cross Personal Representative Designation Form and documentation that supports the person's qualification according to state law (such as a power of attorney or guardianship). To request the Independence Blue Cross Personal Representative Designation Form, please contact Member Services at the telephone number listed on the back of your Member Identification card, print the form from our web site at www.ibx.com, or write us at the address at the end of this Notice. However, the HIPAA Privacy Rule permits us to choose not to treat that person as your personal representative when we have a reasonable belief that: (i) you have been, or may be, subjected to domestic violence, abuse or neglect by the person; (ii) treating the person as your personal representative could endanger you; or (iii) in our professional judgment, it is not in your best interest to treat the person as your personal representative.

To Family and Friends: Unless you object, we may disclose your PHI to a friend or family member who has been identified as being involved in your health care. We also may disclose your PHI to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you are not present or able to agree to these disclosures of your PHI, then we may, using our professional judgment, determine whether the disclosure is in your best interest.

Parents as Personal Representatives of Minors: In most cases, we may disclose your minor child's PHI to you. However, we may be required to deny a parent's access to a minor's PHI according to applicable state law.

Health Information Exchanges

We share your health information electronically through certain Health Information Exchanges (“HIEs”). A HIE is a secure electronic data sharing network. In accordance with applicable federal and state privacy and security requirements, regional health care providers participate in HIEs to exchange patient information in real-time to help facilitate delivery of health care, avoid duplication of services, and more efficiently coordinate care. As a participant in HIEs, Independence shares your health information we may have received when a claim has been submitted for services you have received among authorized participating providers, such as physicians, hospitals, and health systems for the purpose of treatment, payment and health care operations as permitted by law. During an emergency, patients and their families may forget critical portions of their medical history which may be very important to the treating physician who is trying to make a quick, accurate diagnosis in order to treat the sick patient. Independence, through its participation in an HIE, makes pertinent medical history, including diagnoses, studies, lab results, medications and the treating physicians we may receive on a claim available to participating emergency room physicians while the patient is receiving care. This is invaluable to the physician, expediting the diagnosis and proper treatment of the patient.

Your treating providers who participate with an HIE, and also submit health information with the HIE, will have the ability to access your health information through the HIE and send records to your treating physicians. Through direct requests to the HIE, we will receive various types of protected health information such as pharmacy or laboratory services, or information when you have been discharged from a hospital which may be used to coordinate your care, provide case management services, or otherwise reduce duplicative services and improve the overall quality of care to our members. All providers that participate in HIEs agree to comply with certain privacy and security standards relating to their use and disclosure of the health information available through the HIE.

As an Independence member, you have the right to opt-out which means your health information will not be accessible through the HIE. Through the regional HIE (www.hsxsepa.org/patient-options-opt-out-back) website or the State HIE (www.dhs.pa.gov/providers/Providers/Documents/opt%20out.pdf) website consumers or providers can access an online, fax, or mail form permitting patients to remove themselves (opt-out) or reinstate themselves (opt back in) to the HIE. It will take approximately one business day to process an opt-out request. If you choose to opt-out of the HIE, your health care providers will not be able to access your information through the HIE. Even if you opt-out, this will not prevent your health information from being made available and released through other means (i.e. fax, secure email) to authorized individuals, such as network providers for paying claims, coordinating care, or administering your health benefits in accordance with the law and in the normal course of conducting our business as permitted under applicable law. For more information on HIEs, please go to www.hsxsepa.org/consumers-0 or to <https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Information%20Technology/Health-Information-Exchange-Citizens.aspx>.

Right to Provide an Authorization for Other Uses and Disclosures

- Other uses and disclosures of your PHI that are not described above will be made only with your written authorization.
- You may give us written authorization permitting us to use your PHI or disclose it to anyone for any purpose.
- We will obtain your written authorization for uses and disclosures of your PHI that are not identified by this Notice, or are not otherwise permitted by applicable law.

Any authorization that you provide to us regarding the use and disclosure of your PHI may be revoked by you in writing at any time. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Of course, we are unable to take back any disclosures that we have already made with your authorization. We may also be required to disclose PHI as necessary for purposes of payment for services received by you prior to the date when you revoked your authorization.

Your authorization must be in writing and contain certain elements to be considered a valid authorization. For your convenience, you may use our approved Independence Blue Cross Authorization Form. To request the Independence Blue Cross Authorization Form, please contact Member Services at the telephone number listed on the back of your Member Identification card, print the form from our web site at www.ibx.com, or write us at the address at the end of this Notice.

Your Privacy Rights Concerning Your Protected Health Information (PHI)

You have the following rights regarding the PHI that we maintain about you. Requests to exercise your rights as listed below must be in writing. For your convenience, you may use our approved Independence Blue Cross form(s). To request a form, please contact Member Services at the telephone number listed on the back of your Member Identification card or write to us at the address listed at the end of this Notice.

Right to Access Your PHI: You have the right to inspect or get copies of your PHI contained in a designated record set. Generally, a “designated record set” contains medical, enrollment, claims and billing records we may have about you, as well as other records that we may use to make decisions about your health care benefits. However, you may not inspect or copy psychotherapy notes or certain other information that may be contained in a designated record set.

You may request that we provide copies of your PHI in a format other than photocopies such as by electronic means in certain situations. We will use the format you request unless we cannot practicably do so. We may charge a reasonable fee for copies of PHI (based on our costs), for postage, and for a custom summary or explanation of PHI. You will receive notification of any fee(s) to be charged before we release your PHI, and you will have the opportunity to modify your request in order to avoid and/or reduce the fee. In certain situations, we may deny your request for access to your PHI. If we do, we will tell you our reasons in writing, and explain your right to have the denial reviewed.

Right to Amend Your PHI: You have the right to request that we amend your PHI if you believe there is a mistake in your PHI, or that important information is missing. Approved amendments made to your PHI will also be sent to those who need to know, including (where appropriate) Independence Blue Cross's vendors (known as "Business Associates"). We may also deny your request if, for instance, we did not create the information you want amended. If we deny your request to amend your PHI, we will tell you our reasons in writing, and explain your right to file a written statement of disagreement.

Right to an Accounting of Certain Disclosures: You may request, in writing, that we tell you when we or our Business Associates have disclosed your PHI (an "Accounting"). Any accounting of disclosures will **not** include those we made:

- for payment, or health care operations;
- to you or individuals involved in your care;
- with your authorization;
- for national security purposes;
- to correctional institution personnel; or
- before April 14, 2003.

The first accounting in any 12-month period is without charge. We may charge you a reasonable fee (based on our cost) for each subsequent accounting request within a 12-month period. If a subsequent request is received, we will notify you of any fee to be charged, and we will give you an opportunity to withdraw or modify your request in order to avoid or reduce the fee.

Right to Request Restrictions: You have the right to request, in writing, that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to your request. However, if we do agree, we will be bound by our agreement except when required by law, in emergencies, or when information is necessary to treat you. An approved restriction continues until you revoke it in writing, or until we tell you that we are terminating our agreement to a restriction.

Right to Request Confidential Communications: You have the right to request that we use alternate means or an alternative location to communicate with you in confidence about your PHI. For instance, you may ask that we contact you by mail, rather than by telephone, or at work, rather than at home. Your written request must clearly state that the disclosure of all or part of your PHI at your current address or method of contact we have on record could be an endangerment to you. We will require that you provide a reasonable alternate address or other method of contact for the confidential communications. In assessing reasonableness, we will consider our ability to continue to receive payment and conduct health care operations effectively, and the subscriber's right to payment information. We may exclude certain communications that are commonly provided to all members from confidential communications. Examples of such communications include benefit booklets and newsletters.

Right to a Paper Copy of This Notice: You have the right to receive a paper copy of our Notice of Privacy Practices. You can request a copy at any time, even if you have agreed to receive this Notice electronically. To request a paper copy of this Notice, please contact Member Services at the telephone number on the back of your Member Identification Card.

Right to Notification of a Breach of Your PHI: You have the right to and will be notified following a breach of your unsecured PHI or if a security breach occurs involving your PHI.

Your Right to File a Privacy Complaint

If you believe your privacy rights have been violated, or if you are dissatisfied with Independence Blue Cross's privacy practices or procedures, you may file a complaint with the Independence Blue Cross Privacy Office and with the Secretary of the U.S. Department of Health and Human Services.

You will not be penalized for filing a complaint.

To file a privacy complaint with us, you may contact Member Services at the telephone number on the back of your member ID card, or you may contact the Privacy Office as follows:

Independence Blue Cross
Privacy Office
P.O. Box 41762
Philadelphia, PA 19101 - 1762

Fax: (215) 241-4023 or 1-888-678-7006 (toll-free)

E-mail: Privacy@ibx.com

Phone: 215-241-4735 or 1-888-678-7005 (toll-free)



Benefits underwritten or administered by QCC Insurance Company, a subsidiary of Independence Blue Cross – independent licensees of the Blue Cross and Blue Shield Association.

Independence Blue Cross is an independent licensee of the Blue Cross and Blue Shield Association.



Everything you need to know about your health plan

Independence 
PPO



Questions?

Visit ibx.com or

Call **1-800-ASK BLUE**
(TTY: 711)

Welcome to Independence Blue Cross

Thank you for choosing Independence Blue Cross (Independence). Our goal is to provide you with health care coverage that can help you manage your health care needs. This Benefit Booklet will help you understand your Independence coverage so that you can take full advantage of your membership by becoming familiar with the benefits and services available to you.

You'll find valuable information on:

- What services are and are not covered by your health insurance
- How decisions are made about what is covered
- How to use our member website, ibx.com
- How to get in touch with us if you have a problem

If you have any other questions, feel free to call Customer Service at 1-800-ASK-BLUE (TTY: 711) and we will be happy to assist you.

Again, thank you for being a member of Independence. We look forward to providing you with quality health care coverage.

Introduction to your health plan

You have Blue Card[®] PPO coverage, which lets you visit any doctor or hospital in the Blue Cross Blue Shield network across the country, without a referral. Your PPO plan also allows you to visit out-of-network doctors and hospitals, but you'll pay more than you would when choosing in-network providers.

Using your ID card

You and your covered dependents will each receive an Independence identification (ID) card. It is important to take your ID card with you wherever you go because it contains information like what you will pay when visiting your doctor, specialist, or the emergency room (ER). You should present your ID card when you receive care, including doctor visits or when checking in at the ER.

You can also access a digit version of your ID card by registering at ibx.com.

If any information on your ID card is incorrect, you misplace an ID card, or need to print out a temporary ID card, you may do so through ibx.com, our member website. You may also call 1-800-ASK-BLUE (TTY: 711) and we will issue you a new ID card.

Get connected

When you receive your ID card, call the toll-free number on the sticker affixed to the card to confirm receipt. You will also be given the option to sign up for IBX Wire, a free text and email messaging service. IBX Wire is an innovative way for you to receive timely and helpful communications on your smartphone. If you choose to opt in, you will have access to a private message board and will receive text or email messages about once every other week that communicate helpful, relevant information about your health plan, maximizing your benefits, and well-being programs.

Locating a network physician or hospital

You have access to our expansive provider network of physicians, specialists, and hospitals. You may search our provider network by going to ibx.com/providerfinder. Provider and facility profiles include interactive location maps and details on specialties, staff languages spoken, patients accepted, and more. You may also call 1-800-ASK-BLUE (TTY: 711) and a Customer Service associate will help you locate a provider.

All network providers are required to provide coverage 24 hours a day, 7 days a week, either in office or by on-call/answering services. However, you may choose to use an alternative care setting such as an urgent care or retail health clinic.

Rights and responsibilities

A list of your rights and responsibilities is available at <https://www.ibx.com/quality-management#member>, or the Member can call the Customer Service telephone number listed your ID Card.

How to receive care

Scheduling an appointment

Simply call your doctor's office and request an appointment. If possible, call network providers 24 hours in advance if you are unable to make it to a scheduled appointment.

Access after normal business hours

Urgent or emergency medical advice should be available 24 hours a day, 7 days a week. If an urgent issue arises after normal business hours, call your doctor's office for instructions on how to reach your doctor or covering physician. A physician should call you within 30 minutes.

Obtaining precertification

You are not required to obtain precertification when you are treated in a Personal Choice network hospital or facility or by a Personal Choice network physician. If your Personal Choice network provider fails to obtain precertification, you will not be responsible for financial penalties.

When you must obtain precertification:

If you are receiving care from a BlueCard PPO provider, another Blue plan provider, or an out-of-network provider, you are responsible for initiating precertification or prior authorization.

Call 1-800-ASK-BLUE (TTY: 711) to speak with a Care Management and Coordination team member to obtain precertification for your need.

Preventive care

Preventive care is an important part of getting and staying healthy as possible. Our preventive care services can help you and your family avoid developing health problems and prevent minor issues from becoming major health concerns such as diabetes and colon cancer.

You can use our Preventive Care Guidelines tool to see which services are recommended for your age and gender. Visit ibx.com, click on the Stay Healthy tab, Health and wellness perks, and Preventive care to access the tool. You can also view or download our guide to Preventive care for adults and children.



Stay in the know

Get important plan information, health reminders, and money-saving tips and discounts sent directly to your smartphone.

Text IBX to 73529 to sign up.*

Using your preventive care benefits

Quality care and prevention are vital to your long-term health and well-being. That's why we cover 100 percent of certain preventive services, offering them without a copayment, coinsurance, or deductible if received from your in-network provider.

Covered preventive services include, but are not limited to:

- Screenings for:
 - breast, cervical, and colon cancer
 - vitamin deficiencies during pregnancy
 - diabetes
 - high cholesterol
 - high blood pressure
- Routine vaccinations for children, adolescents, and adults as determined by the CDC (Centers for Disease Control and Prevention)
- Women's preventive health services*, such as:
 - well-woman visits (annually)
 - screening for gestational diabetes
 - human papillomavirus (HPV) DNA testing
 - counseling for sexually transmitted infections
 - counseling and screening for human immunodeficiency virus (HIV)
 - screening and counseling for interpersonal and domestic violence
 - breastfeeding support, supplies (breast pumps), and counseling
 - generic formulary contraceptives, certain brand formulary contraceptives, and FDA-approved over-the-counter female contraceptives with a prescription

Be sure to consult with your doctor for preventive services and/or screenings.

* Medical contraceptive procedures, including implantable contraceptive devices and injectable contraceptives, are covered with no cost-sharing when performed by participating In-network providers. If your health plan includes a prescription drug benefit, certain FDA approved contraceptives are covered with no cost-sharing when the prescription is filled at a participating In-network pharmacy. Other exemptions may apply.

Emergency care

In the event of an emergency, go immediately to the emergency room of the nearest hospital. If you believe your situation is particularly severe, call 911 for assistance.

A medical emergency is typically thought of as a medical or psychiatric condition in which symptoms are so severe, that the absence of immediate medical attention could place one's health in serious jeopardy. Most times, a hospital emergency room is not the most appropriate place for you to be treated.

Hospital emergency rooms provide emergency care and must prioritize patients' needs. The most seriously hurt or ill patients are treated first. If you are not in that category, you could wait a long time.

For urgent or routine care, contact your doctor. Health care practitioners, or PCPs, provide coverage 24 hours a day, 7 days a week.

Know where to go for care

lbx.com/findcarenow

Urgent care

Urgent care is necessary treatment for a non-life-threatening, unexpected illness or accidental injury that requires prompt medical attention when your doctor is unavailable. Examples include sore throat, fever, sinus infection, ear ache, cuts, rashes, sprains, and broken bones.

You may visit an urgent care center which offers a convenient, safe, and affordable treatment alternative to emergency room care when you can't get an appointment with your own doctor.

Retail health clinic

Retail health clinics are another alternative when you can't get an appointment with your own doctor for non-emergency care. Retail health clinics use certified nurse practitioners who treat minor, uncomplicated illness or injury. Some retail health clinics may also offer flu shots and vaccinations.

Not sure what facility to use? Go to ibx.com/findcarenow to help you decide where to go for care.

Virtual care

Many plans now include the ability to see a doctor virtually for telemedicine, telebehavioral health, and teledermatology services. Virtual care helps increase access to care, provides an alternative option to ER and urgent care visits, and can reduce costs. If available, members may also receive telemedicine services through their primary care physician or specialists and pay their health plan's cost-share. Check your plan benefits in this book to see if virtual care is covered. For more information visit ibx.com/findcarenow.

You're covered while traveling with BlueCard® PPO

You can travel with the peace of mind knowing that Blue goes with you wherever you go. With BlueCard PPO, you simply present your ID card to any participating Blue Cross® and/or Blue Shield® PPO provider across the country and your costs are the same as if you were being treated by an in-network local doctor or hospital.

If you run into a medical emergency when you are far away from home, you have two different options:

- In a true emergency, go to the nearest ER.
- In an urgent care situation, find a BlueCard provider in the area. Call 1-800-810-BLUE (TTY: 711) to find an in-network provider in the area. You may also visit an urgent care center for medical issues if an in-network provider is unavailable and if you do not require the medical services of an emergency room. You may also visit the BlueCard Doctor and Hospital Finder at www.bcbs.com.

Receiving services for mental health, alcohol, or substance use disorder

Magellan Healthcare administers your mental health and substance use disorder benefits like outpatient or inpatient mental health or substance use disorder services. Call 1-800-ASK-BLUE (TTY: 711). Refer to the terms and conditions of your group health plan to find out if you have coverage for mental health and substance use disorder benefits.

Out of the area and need care?

Call 1-800-810-BLUE (TTY: 711) to find an in-network provider in the area.

Manage your account online

On ibx.com you can conveniently and securely view your benefits and claims information and use the tools that help you take control of your health. As an Independence Blue Cross member, you and your dependents 18 years of age and older can create your own accounts on ibx.com.

Register on ibx.com

To register, simply go to ibx.com, click *Register*, and then follow the directions. You will need information from your ID card to register, so be sure to have it handy.

Once you're registered, log on to ibx.com to:

- View your benefits information
- Review claims information
- Review annual out-of-pocket expenses
- Request a replacement ID card and print a temporary ID card
- View and print referrals
- Download forms

Set communications preferences to receive text and email alerts

Online tools to help make informed health care decisions

The ibx.com website also provides you with tools and resources to help you make informed health care decisions:

- **Find a Doctor** helps you find the participating doctors and hospitals that are equipped to handle your needs. Simple navigation helps you get fast and accurate results. Plus, when you select your health plan type, your results are customized based on your network, making it easy to locate a participating doctor, specialist, hospital, or other medical facility. You'll even be able to read patient ratings and reviews and rate your doctors and write your own reviews.
- **Care Cost Estimator** is a tool that helps you save money and avoid unplanned expenses, just like you'd want to for any important purchase. Now you can compare providers side-by-side and estimate out-of-pocket costs – all based on your specific health plan.
- **Health Navigator** allows members to match medical symptoms with relevant assessments and appropriate treatments. The tool can help you decide on the best place to seek care such as at your doctor's office, an urgent care center, retail clinic or emergency room.
- **Well-being Profile** is an easy-to-use health survey that only takes 15 minutes to complete. It gives you a snapshot of your current health and health history, lifestyle habits, overall well-being, and risk factors. Based on your answers, it gives you a private and personalized report detailing what you are doing well, suggested areas of improvement, and recommended focus areas.
- **Achieve Well-being** online tools and resources help you achieve what's important to you in a way that's simple, easy, and fun. Here's how it works:
 - Complete the Well-being Profile.
 - Start a program.
 - Develop your action plan to get fit, eat right, sleep better, manage stress, or achieve your own health goal.
 - Sync your devices to track your progress.
 - Stay motivated with tokens and badges for achievements.
 - Look for reminders, encouraging emails, and text messages.

Your one-stop shop

ibx.com

- **Health Trackers** allow you to chart your health progress over time. Keep a record of your weight, physical activity, blood pressure, labs, screenings and more.
- **Personal Health Record** helps you store, maintain, track, and manage your health information in one centralized and secure location. Your Personal Health Record is updated once we process claims received from participating providers.
- **On to Better Health** is a set of online self-help tools and resources available through Magellan Healthcare for the most common behavioral health conditions. These innovative tools increase early screening and treatment and help members achieve greater health and well-being. Modules include:
 - Depression
 - Anxiety
 - Insomnia
 - Obsessive compulsive disorder
 - Substance use disorder
 - Chronic pain



Take advantage of member discounts

Get rewarded for taking small steps every day that can add up to big changes in your health. Our Healthy Lifestyles Solutions discount programs — Blue InsiderSM, Blue365[®], and GlobalFit[®] — offer you discounts to local, regional, and national companies. Learn more at ibx.com/stay-healthy/health-and-wellnessperks.

Manage your health on the go with the IBX app

Download the free IBX app for your smartphone to help you make the most of your health plan. The IBX app gives you easy access to your health care coverage 24/7, wherever you are. Use the IBX app to:

- View and share your ID card
- Check the status of referrals and claims
- Access benefits information
- Find doctors, hospitals, urgent care centers, and retail health clinics
- Track deductibles and spending accounts
- Review your health history and prescribed medications
- Access your personalized well-being tools and programs

Download from the App store or Google Marketplace. Log in to the app with the same username and password you use for ibx.com.

Connect with us on Social Media

“Like” the Independence Blue Cross page on Facebook or follow us on Twitter and Instagram, and you’ll find a whole new approach to making healthy lifestyle changes, one step at a time.

- Receive health and wellness tips that can help you improve your well-being
- Enter contests and promotions
- Connect with other health-minded individuals
- Learn how to incorporate fitness, good nutrition, and stress management into your everyday life with practical advice

Member support

When you need us, we're here for you. You can contact us to discuss anything pertaining to your health care, including:

- Benefits and eligibility
- Claims status
- Requesting a new ID card
- Well-being programs

Email

To send a secure email to Customer Service, log on to ibx.com and click on the *Contact Us link*. On the Contact Us page you will see a link that allows you to send your inquiries or comments directly to Customer Service.

Mail

Independence Blue Cross
1901 Market Street
Philadelphia, PA 19103-1480

Our walk-in service, located at 1919 Market Street, 2nd Floor, is open Monday through Friday from 8 a.m. to 5 p.m.

Call

Call 1-800-ASK-BLUE (TTY: 711) to speak to one of our experienced Customer Service team members, who are available to answer your questions Monday through Friday, 8 a.m. to 6 p.m.

Services for members with special needs

If a language other than English is your primary language, call Customer Service at 1-800-ASK-BLUE (TTY: 711) and they will work with you through an interpreter over the telephone to help you understand your benefits and answer any questions you may have.

THE PREFERRED PROVIDER ORGANIZATION HEALTH BENEFITS PROGRAM

A COMPREHENSIVE MAJOR MEDICAL GROUP BENEFIT BOOKLET

Administered by

QCC Insurance Company
(Called "the Claims Administrator")
A Pennsylvania Corporation
Located at
1901 Market Street
Philadelphia, PA 19103

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Language Assistance Services

Spanish: ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

Chinese: 注意: 如果您讲中文, 您可以得到免费的语言协助服务。致电 1-800-275-2583。

Korean: 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-275-2583 번으로 전화하십시오.

Portuguese: ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para 1-800-275-2583.

Gujarati: સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-800-275-2583 કોલ કરો.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi 1-800-275-2583.

Russian: ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Тел.: 1-800-275-2583.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-275-2583.

Italian: ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-275-2583.

Arabic: ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-800-275-2583.

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sévis éd pou lang ki disponib gratis pou ou. Rele 1-800-275-2583.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Tumawag sa 1-800-275-2583.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-275-2583.

Pennsylvania Dutch: BASS UFF: Wann du Pennsylvania Deitsch schwetzsch, kannscht du Hilf griege in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Nummer 1-800-275-2583.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-275-2583।

German: ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Wählen Sie 1-800-275-2583.

Japanese: 備考: 母国語が日本語の方は、言語アシスタンスサービス(無料)をご利用いただけます。1-800-275-2583へお電話ください。

Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. با شماره 1-800-275-2583 تماس بگیرید.

Navajo: Dii baa akó ninizin: Dii saad bee yánilti'go Diné Bizaad, saad bee áká'ánida'áwo'déé', t'áá jiiik'eh. Hódiilnih koji' 1-800-275-2583.

Urdu:

توجہ درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583

Mon-Khmer, Cambodian: សូមមេត្តាចាប់អារម្មណ៍៖ ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះ ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-800-275-2583។

Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Program does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103, By phone: 1-888-377-3933 (TTY: 711) By fax: 215-761-0245, By email: civilrightscoordinator@1901market.com. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800- 368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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INTRODUCTION

Thank you for joining QCC Insurance Company (the Claims Administrator). Our goal is to provide Members with access to quality health care coverage. This Benefit Booklet is a summary of the Members benefits and the procedures required in order to receive the benefits and services to which Members are entitled. Members' specific benefits covered by the Claims Administrator are described in the **Description of Covered Services** section of this Benefit Booklet. Benefits, exclusions and limitations appear in the **Exclusions – What Is Not Covered** and the **Schedule of Covered Services** sections of this Benefit Booklet.

Please remember that this Benefit Booklet is a summary of the provisions and benefits provided in the Program selected by the Member's Group. Additional information is contained in the Group Program Document available through the Member's Group benefits administrator. The information in this Benefit Booklet is subject to the provisions of the Group Program Document. If changes are made to the Members Group's Program, the Member will be notified by the Members Group benefits administrator. Group Program Document changes will apply to benefits for services received after the effective date of change.

If changes are made to this Program, the Member will be notified. Changes will apply to benefits for services received on or after the effective date unless otherwise required by applicable law. The effective date is the *later* of:

- The effective date of the change;
- The Members Effective Date of coverage; or
- The Group Program Document anniversary date coinciding with or next following that service's effective date.

Please read the Benefit Booklet thoroughly and keep it handy. It will answer most questions regarding the Claims Administrator's procedures and services. **If Members have any other questions, they should call the Claims Administrator's Customer Service Department ("Customer Service") at the telephone number shown on the Members Identification Card ("ID Card").**

Any rights of a Member to receive benefits under the Group Program Document and Benefit Booklet are personal to the Member and may not be assigned in whole or in part to any person, Provider or entity, nor may benefits be transferred, either before or after Covered Services are rendered. However, a Member can assign benefit payments to the custodial parent of a Dependent covered under the Group Program Document and Benefit Booklet, as required by law.

See **Important Notices** section for updated language and coverage changes that may affect this Benefit Booklet.

<h1>Your Costs</h1>			
Benefit Period		Calendar Year (1/1 – 12/31)	
		IN-NETWORK	OUT-OF-NETWORK
Program Deductible⁽¹⁾			
Individual		\$1,000	\$5,000
Family		\$3,000*	\$15,000*
<p>* In each Benefit Period, it will be applied to all family members covered under a Family Coverage. A Deductible will not be applied to any covered family member once that covered family member has satisfied the individual Deductible, or the family Deductible has been satisfied for all covered family members combined.</p>			
Coinsurance⁽¹⁾		20% for Covered Services, except as otherwise specified in the <i>Schedule of Covered Services</i> .	50% for Covered Services, except as otherwise specified in the <i>Schedule of Covered Services</i> .
		IN-NETWORK	OUT-OF-NETWORK
Out-of-Pocket Limit			
Individual		\$3,000	\$15,000
Family		\$9,000	\$45,000
<p><i>Note for Out-Of-Pocket Limit shown above: When a Member Incurs the level of In-Network Out-of-Pocket expenses listed above of Copayment, Deductible and Coinsurance expense in one Benefit Period for In-Network Covered Services, the Coinsurance percentage will be reduced to 0% and no additional Copayment(s) or Deductible(s) will be required for the balance of that Benefit Period. After the Family In-Network Out-of-Pocket Limit amount has been met for Covered Services by Members under the same Family Coverage in a Benefit Period, the Coinsurance percentage will be reduced to 0% and no additional Copayment(s) or Deductible(s) will be required for the balance of that Benefit Period. However, no family member will contribute more than the individual In-Network Out-of-Pocket amount. The amount of the In-Network Care Individual Out-of-Pocket Limit and In-Network Care Family Out-of-Pocket Limit will only include expenses for Essential Health Benefits. The In-Network dollar amounts specified shall not include any expense Incurred for any Penalty amount. When a Member Incurs the level of Out-of-Network Out-of-Pocket expenses listed above of Deductible and Coinsurance expense in one Benefit Period for Out-of-Network Covered Services, the Coinsurance percentage will be reduced to 0% and no additional Deductible(s) will be required for the balance of that Benefit Period. After the Family Out-of-Network Out-of-Pocket Limit amount has been met for Covered Services by Members under the same Family Coverage in a Benefit Period, the Coinsurance percentage will be reduced to 0% and no additional Deductible(s) will be required for the balance of that Benefit Period. However, no family member will contribute more than the individual Out-of-Network Out-of-Pocket amount. The Out-of-Network dollar amounts specified shall not include any expense Incurred for any Deductible, Penalty or Copayment amount.</i></p>			
Lifetime Maximum		Unlimited	Unlimited

SCHEDULE OF COVERED SERVICES

This **Schedule of Covered Services** is an overview of the benefits you are entitled to. More details can be found in the **Description of Covered Services** section.

Subject to the exclusions, conditions and limitations of this Program, a Member is entitled to benefits for the Covered Services described in this **Schedule of Covered Services** during a Benefit Period, subject to any Copayment, Deductible, Coinsurance, Out-of-Pocket Limit or Lifetime Maximum. The percentages for Coinsurance and Covered Services shown in this **Schedule of Covered Services** are not always calculated on actual charges. For an explanation on how Coinsurance is calculated, see the "Covered Expense" definition in the **Important Definitions** section.

Some Covered Services must be Precertified before the Member receives the services. Failure to obtain a required Precertification for a Covered Service could result in a reduction of benefits. More information on Precertification is found in the **General Information** section.

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Acupuncture⁽⁴⁾	\$50 Copayment per visit, Deductible does not apply	50%, after Deductible
<i>Note for Acupuncture shown above: Benefit Period Maximum: 20 In-Network/Out-of-Network visits</i>		
Alcohol Or Drug Abuse And Dependency⁽³⁾		
Inpatient Hospital Detoxification and Rehabilitation	\$200 Copayment per day, to a maximum of \$1,000 per admission, after Deductible*	50%, after Deductible**
Hospital and Non-Hospital Residential Care	\$200 Copayment per day, to a maximum of \$1,000 per admission, after Deductible*	50%, after Deductible**
Outpatient Treatment	\$50 Copayment per visit, Deductible does not apply	50%, after Deductible
<p>* In-Network Benefit Period Maximum: Unlimited Inpatient days. This maximum is combined for all In-Network Inpatient Hospital Services, Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency benefits.</p> <p>** Out-of-Network Benefit Period Maximum: 70 Inpatient days. This maximum is combined for all Out-of-Network Inpatient Hospital Services, Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency benefits. This maximum is part of, not separate from, In-Network days maximum.</p>		
Ambulance Services/Transport⁽⁴⁾		
Emergency	20%, after Deductible	20%, after In-Network Deductible
Non-Emergency	20%, after Deductible	50%, after Deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Autism Spectrum Disorders⁽⁴⁾	Same cost-sharing as any other medical service within the applicable medical service (For Example, Therapy Services, Diagnostic Services, etc.)	Same cost-sharing as any other medical service within the applicable medical service (For Example, Therapy Services, Diagnostic Services, etc.)
<i>Note for Autism Spectrum Disorders shown above:</i> Annual Benefit Maximum for non-essential benefits: \$42,220. Benefit Period Maximums and visit limits do not apply.		
If this Plan does not provide coverage for prescription drugs, Autism Spectrum Disorders medications are covered less the applicable Coinsurance per 30 day prescription order: Generic Copayment - 30% Brand Copayment - 30% Deductibles do not apply		
Blood⁽³⁾	20%, after Deductible	50%, after Deductible
Colorectal Cancer Screening⁽⁴⁾	20%, after Deductible	50%, after Deductible
Day Rehabilitation Program⁽⁴⁾	20%, after Deductible	50%, after Deductible
<i>Note for Day Rehabilitation Program shown above:</i> Benefit Period Maximum: 30 In-Network/Out-of-Network visits		
Diabetic Education Program⁽⁴⁾	20%, after Deductible	Not Covered
<i>Note for Diabetic Education Program shown above:</i> Copayments, Deductibles and Maximum amounts do not apply to this benefit		
Diabetic Equipment And Supplies⁽⁴⁾	50%, after Deductible	50%, after Deductible
Diagnostic/Radiology Services - Non-Routine⁽⁴⁾ (including MRI/MRA, CT scans, PET scans, Sleep Studies)	20%, after Deductible	50%, after Deductible
Diagnostic/Radiology Services – Routine⁽⁴⁾	20%, after Deductible	50%, after Deductible
Durable Medical Equipment And Consumable Medical Supplies⁽⁴⁾	50%, after Deductible	50%, after Deductible
Emergency Care Services⁽⁴⁾	20%, after Deductible	20%, after In-Network Deductible
Home Health Care⁽⁴⁾	20%, after Deductible	50%, after Deductible
Hospice Services	20%, after Deductible	50%, after Deductible
<i>Note for Hospice Services shown above:</i> Respite Care: Maximum of seven In-Network/Out-of-Network days every six months.		

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Hospital Services⁽²⁾		
Facility Charge	\$200 Copayment per day, to a maximum of \$1,000 per admission*	50%, after Deductible**
Professional Charge	20%, after Deductible	50%, after Deductible
<p>* In-Network Benefit Period Maximum: Unlimited Inpatient days. This maximum is combined for all In-Network Inpatient Hospital Services, Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency benefits.</p> <p>** Out-of-Network Benefit Period Maximum: 70 Inpatient days. This maximum is combined for all Out-of-Network Inpatient Hospital Services, Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency benefits. This maximum is part of, not separate from, In-Network days maximum.</p>		
Immunizations⁽¹⁾	None, Deductible does not apply	50%, Deductible does not apply
Injectable Medications⁽⁴⁾		
Specialty Drug	\$100 Copayment per Injection, Deductible does not apply	50%, after Deductible
Standard Injectable Drugs	None, Deductible does not apply	50%, after Deductible
Laboratory and Pathology Tests⁽⁴⁾	None, Deductible does not apply	50%, after Deductible
Maternity/OB-GYN/Family Services⁽³⁾		
Artificial Insemination	\$35 Copayment per visit, Deductible does not apply	50%, after Deductible
Elective Abortions		
Professional Service	\$35 Copayment per Provider per date of service, Deductible does not apply.	50%, after Deductible
Outpatient Facility Charges	20%, after Deductible	50%, after Deductible
Maternity/Obstetrical Care		
Professional Service	Single Copayment of \$35, Deductible does not apply.	50%, after Deductible
Facility Service: Inpatient/Birthing Center	\$200 Copayment per day, to a maximum of \$1,000 per admission	50%, after Deductible
Newborn Care	20%, after Deductible	50%, after deductible
Medical Care⁽²⁾	20%, after Deductible	50%, after Deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Medical Foods and Nutritional Formulas⁽⁴⁾	20%, after Deductible	50%, Deductible does not apply
Mental Health/Psychiatric Care⁽³⁾		
Inpatient	\$200 Copayment per day, to a maximum of \$1,000 per admission*	50%, after Deductible**
Outpatient	\$50 Copayment per visit, Deductible does not apply	50%, after Deductible
<p>* In-Network Benefit Period Maximum: Unlimited Inpatient days. This maximum is combined for all In-Network Inpatient Hospital Services, Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency benefits.</p> <p>** Out-of-Network Benefit Period Maximum: 70 Inpatient days. This maximum is combined for all Out-of-Network Inpatient Hospital Services, Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency benefits. This maximum is part of, not separate from, In-Network days maximum.</p>		
Methadone Treatment⁽⁴⁾	None, Deductible does not apply	50%, after Deductible
Nutrition Counseling For Weight Management⁽¹⁾	None, Deductible does not apply	50%, after Deductible
<i>Note for Nutrition Counseling For Weight Management shown above: Benefit Period Maximum: 6 In-Network/Out-of-Network visits</i>		
Orthotics⁽⁴⁾	50%, after Deductible	50%, after Deductible
Podiatric Care⁽⁴⁾	\$50 Copayment per visit, after Deductible	50%, after Deductible
Preventive Care – Adult⁽¹⁾	None, Deductible does not apply	50%, Deductible does not apply
Preventive Care – Pediatric⁽¹⁾	None, Deductible does not apply	50%, Deductible does not apply
Primary Care Physician Office Visits/Retail Clinics⁽¹⁾	\$35 Copayment per visit , Deductible does not apply	50%, after Deductible
<i>Note for Primary Care Physician Office Visits/Retail Clinics shown above: If a Member receives Covered Services in addition to an office visit, additional Copayments, Deductibles or Coinsurance may apply.</i>		
Private Duty Nursing Services⁽⁴⁾	20%, after Deductible	50%, after Deductible
<i>Note for Private Duty Nursing Services shown above: Benefit Period Maximum: 360 In-Network/Out-of-Network hours.</i>		
Prosthetic Devices	50%, after Deductible	50%, after Deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Skilled Nursing Facility Services⁽²⁾		
Inpatient	None, after Deductible	50%, after Deductible
<i>Note for Skilled Nursing Facility Services shown above: Benefit Period Maximum: 120 In-Network/Out-of-Network Inpatient days</i>		
Smoking Cessation⁽¹⁾	None, Deductible does not apply.	50%, Deductible does not apply
Specialist Office Visits⁽⁴⁾	\$50 Copayment per visit, Deductible does not apply	50%, after Deductible
<i>Note for Specialist Office Visits shown above: If a Member receives Covered Services in addition to an office visit, additional Copayments, Deductibles or Coinsurance may apply.</i>		
Spinal Manipulation Services⁽⁴⁾	\$50 Copayment per visit, Deductible does not apply	50%, after Deductible
<i>Note for Spinal Manipulation Services shown above: Benefit Period Maximum: 20 In-Network/Out-of-Network visits.</i>		
Surgical Services⁽³⁾		
Outpatient Facility Charge	20%, after Deductible	50%, after Deductible
Outpatient Professional Charge	20%, after Deductible	50%, after Deductible
Outpatient Anesthesia	20%, after Deductible	50%, after Deductible
Second Surgical Opinion	\$50 Copayment per opinion, Deductible does not apply	50%, after Deductible
<i>Note for Surgical Services shown above: If more than one surgical procedure is performed by the same Professional Provider during the same operative session, the Claims Administrator will pay 100% of the Covered Service for the highest paying procedure and 50% of the Covered Services for each additional procedure.</i>		
Therapy Services⁽⁴⁾		
Cardiac Rehabilitation Therapy	\$50 Copayment per session, Deductible does not apply	50%, after Deductible
<i>Note for Cardiac Rehabilitation Therapy shown above: Benefit Period Maximum: 36 In-Network/Out-of-Network sessions.</i>		
Chemotherapy	20%, after Deductible	50%, after Deductible
Dialysis	20%, after Deductible	50%, after Deductible
Infusion Therapy	20%, after Deductible	50%, after Deductible
Orthoptic/Pleoptic Therapy	\$50 Copayment per Provider per date of service, Deductible does not apply	50%, after Deductible
<i>Note for Orthoptic/Pleoptic Therapy shown above: Lifetime Maximum: 8 In-Network/Out-of-Network sessions.</i>		

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Physical Therapy/Occupational Therapy	\$50 Copayment per Provider per date of service, Deductible does not apply	50%, after Deductible
<p><i>Note for Physical Therapy/Occupational Therapy shown above:</i> Benefit Period Maximum: 50 In-Network/Out-of-Network sessions of Physical Therapy/Occupational Therapy combined.</p> <p>Benefit Period Maximum amounts that apply to Physical Therapy do not apply to the treatment of lymphedema related to mastectomy.</p>		
Pulmonary Rehabilitation Therapy	\$50 Copayment per Provider per date of service, Deductible does not apply	50%, after Deductible
<p><i>Note for Pulmonary Rehabilitation Therapy shown above:</i> Benefit Period Maximum: 36 In-Network/Out-of-Network sessions.</p>		
Radiation Therapy	20%, after Deductible	50%, after Deductible
Speech Therapy	\$50 Copayment per Provider per date of service, Deductible does not apply	50%, after Deductible
<p><i>Note for Speech Therapy shown above:</i> Benefit Period Maximum: 30 In-Network/Out-of-Network sessions.</p>		
Transplant Services⁽³⁾		
Inpatient Facility Charges	\$200 Copayment per day, to a maximum of \$1,000 per admission, after Deductible	50%, after Deductible
Outpatient Facility Charges	20%, after Deductible	50%, after Deductible
Urgent Care Centers⁽⁴⁾	\$50 Copayment per visit, Deductible does not apply.	50%, after Deductible
Women's Preventive Care⁽¹⁾	None, Deductible does not apply.	50%, Deductible does not apply
<p><i>Note for Women's Preventive Care shown above: Contraceptives mandated by the Women's Preventive Services provision of PPACA, are covered at 100% for generic products and for certain brand products when a generic alternative or equivalent to the brand product does not exist. All other Brand contraceptive products are not covered.</i></p>		

(1) Located in the Primary & Preventive Care Section of the ***Description of Covered Services***

(2) Located in the Inpatient Section of the ***Description of Covered Services***

(3) Located in the Inpatient/Outpatient Section of the ***Description of Covered Services***

(4) Located in the Outpatient Section of the ***Description of Covered Services***

DESCRIPTION OF COVERED SERVICES

Subject to the exclusions, conditions and limitations of this Program, a Member is entitled to benefits for the Covered Services described in this **Description of Covered Services** section during a Benefit Period, subject to any Copayment, Deductible, Coinsurance, Out-of-Pocket Limit or Lifetime Maximum. These amounts and percentages, and other cost-sharing requirements are specified in the **Schedule of Covered Services**.

Covered Services may be provided by either an In-Network or Out-of-Network Provider. However, the Member will maximize the benefits available when Covered Services are provided by a Provider that belongs to the Preferred Provider Organization network or another Blue Cross and Blue Shield Plan's BlueCard network (an "In-Network" Provider) that has a contract with the Claims Administrator or another Blue Cross and Blue Shield Plan to provide services and supplies to the Member. To locate a BlueCard network Provider, go to www.bcbs.com or call 1-800-810-BLUE (2583) (TTY: 711).

Some Covered Services must be Precertified before the Member receives the services. Precertification of services is a vital program feature that reviews Medical Necessity of certain procedures and/or admissions. In certain cases, Precertification helps determine whether a different treatment may be available that is equally effective yet less traumatic. Precertification also helps determine the most appropriate setting for certain services. Failure to obtain a required Precertification for a Covered Service could result in a reduction of benefits. More information on Precertification is found in the **General Information** section.

PRIMARY AND PREVENTIVE CARE

A Member is entitled to benefits for Primary Care and Preventive Care Covered Services when deemed Medically Necessary and billed for by a Provider. Cost-sharing requirements are specified in the **Schedule of Covered Services**.

"Preventive Care" services generally describe health care services performed to catch the early warning signs of health problems. These services are performed when the Member has no symptoms of disease. "Primary Care" services generally describe health care services performed to treat an illness or injury.

The Claims Administrator reviews the schedule of Covered Services, at certain times. Reviews are based on recommendations from organizations such as:

- The American Academy of Pediatrics;
- The American College of Physicians;
- The U.S. Preventive Services Task Force; and
- The American Cancer Society.

Accordingly, the frequency and eligibility of Covered Services are subject to change. A list of Preventive Care Covered Services can be found in the Preventive Schedule document. A complete listing of recommendations and guidelines can be found at <https://www.healthcare.gov/preventive-care-benefits/>.

The Claims Administrator reserves the right to modify the Preventive Schedule document at any time. However, the Member has to be given a written notice of the change, before the change takes effect.

Immunizations

The Claims Administrator will provide coverage for the following:

- Pediatric immunizations;
- Adult immunizations; and
- The agents used for the immunizations.

All immunizations, and the agents used for them, must conform to the standards set by the *Advisory Committee on Immunization Practices (ACIP) of the Center for Disease Control, U.S. Department of Health and Human Services.*

Pediatric and adult immunization schedules can be found in the Preventive Schedule document.

The benefits for these pediatric immunizations are limited to Members under 21 years of age.

Nutrition Counseling for Weight Management

The Claims Administrator will provide coverage for nutrition counseling visits or sessions for the purpose of weight management. However, they need to be performed and billed by any of the following Providers, in an office setting:

- By the Member's Physician;
- By a Specialist; or
- By a Registered Dietitian (RD).

This benefit is in addition to any other nutrition counseling Covered Services described in this Benefit Booklet.

Osteoporosis Screening (Bone Mineral Density Testing or BMDT)

The Claims Administrator will provide coverage for Bone Mineral Density Testing (BMDT), in accordance with the Preventive Schedule document. The method used needs to be one that is approved by the U.S. Food and Drug Administration. This test determines the amount of mineral in a specific area of the bone. It is used to measure bone strength, which depends on both bone density and bone quality. Bone quality refers to how the bone is built, architecture, turnover and mineralization of bone.

A BMDT must be prescribed by a Professional Provider legally authorized to prescribe such items under law.

Preventive Care - Adult

The Claims Administrator will provide coverage for routine physical examinations, including a complete medical history, and other Covered Services, in accordance with the Preventive Schedule document.

Preventive Care - Pediatric

The Claims Administrator will provide coverage for routine physical examinations, including a complete medical history, and other Covered Services, in accordance with the Preventive Schedule document.

Primary Care Physician Office Visits/Retail Clinics

The Claims Administrator will provide coverage for Medical Care visits, by a Primary Care Provider, for any of the following services:

- The examination of an illness or injury;
- The diagnosis of an illness or injury; and
- The treatment of an illness or injury.

For the purpose of this benefit, "Office Visits" include:

- Medical Care visits to a Provider's office;
- Medical Care visits by a Provider to a Member's residence; or
- Medical Care consultations by a Provider on an Outpatient basis.

In addition to Office Visits a Member may receive Medical Care at a Retail Clinic. Retail Clinics are staffed by certified family nurse practitioners, who are trained to diagnose, treat, and write prescriptions when clinically appropriate. Nurse practitioners are supported by a local Physician who is on-call during clinic hours to provide guidance and direction when necessary.

Examples of treatment and services that are provided at a Retail Clinic include, but are not limited to:

- | | |
|---|--|
| <ul style="list-style-type: none"> ▪ Sore throat; ▪ Ear, eye, or sinus infection; ▪ Allergies; | <ul style="list-style-type: none"> ▪ Minor burns; ▪ Skin infections or rashes; and ▪ Pregnancy testing. |
|---|--|

Smoking Cessation

Smoking cessation includes clinical preventive services rated "A" or "B" in the current recommendations of the United States Preventive Services Task Force (USPSTF) as described under the Preventive Services provision of the Patient Protection and Affordable Care Act.

Women's Preventive Care

The Claims Administrator will provide coverage for an initial physical examination for pregnant women to confirm pregnancy, screening for gestational diabetes, and other Covered Services, in accordance with the Preventive Schedule document. Covered Services and Supplies include, but are not limited to, the following:

- Routine Gynecological Exam, Pap Smear: Members are covered for one routine gynecological exam each Benefit Period. This includes the following:
 - A pelvic exam and clinical breast exam; and
 - Routine Pap smears.

These must be done in accordance with the recommendations of the *American College of Obstetricians and Gynecologists*.
- Mammograms: Coverage will be provided for screening mammograms. The Claims Administrator will only provide coverage for benefits for mammography if the following applies:
 - It is performed by a qualified mammography service provider.
 - That service provider is properly certified by the appropriate state or federal agency.
 - That certification is done in accordance with the Mammography Quality Assurance Act of 1992.
- Breastfeeding comprehensive support and counseling from trained providers; access to breastfeeding supplies, including coverage for rental of hospital-grade breastfeeding pumps under Durable Medical Equipment supplier with Medical Necessity review; and coverage for

lactation support and counseling provided during postpartum hospitalization, Mother's Option visits, and obstetrician or pediatrician visits for pregnant and nursing women at no cost share to the Member when provided by an In-Network Provider.

If a Member's Physician determines that they require more than one well-women visit annually to obtain all recommended preventive services (based on the women's health status, health needs and other risk factors), the additional visit(s) will be provided without cost-sharing.

INPATIENT SERVICES

Unless otherwise specified in this Benefit Booklet, services for Inpatient Care are Covered Services when they are:

- Deemed Medically Necessary;
- Provided by a Facility Provider and billed by a Provider; and
- Preapproved by the Claims Administrator.

Look in the ***Schedule of Covered Services*** section to find how much of those or other costs the Member is required to share (pay).

Hospital Services

▪ Ancillary Services

The Claims Administrator will provide coverage for all ancillary services usually provided and billed for by Hospitals, except for personal convenience items. This includes, but is not limited to:

- Meals, including special meals or dietary services, as required by the Member's condition;
- Use of operating room, delivery room, recovery room, or other specialty service rooms and any equipment or supplies in those rooms;
- Casts, surgical dressings, and supplies, devices or appliances surgically inserted within the body;
- Oxygen and oxygen therapy;
- Anesthesia when administered by a Hospital employee, and the supplies and use of anesthetic equipment;
- Therapy Services when administered by a person who is appropriately licensed and authorized to perform such services;
- All drugs and medications (including intravenous injections and solutions);
 - For use while in the Hospital;
 - Which are released for general use; and
 - Which are commercially available to Hospitals.
- Use of special care units, including, but not limited to intensive care units or coronary care units; and
- Pre-admission testing.

▪ Room and Board

The Claims Administrator will provide coverage for general nursing care and such other services as are covered by the Hospital's regular charges for accommodations in the following:

- An average semi-private room, as designated by the Hospital; or a private room, when designated by the Claims Administrator as semi-private for the purposes of this Program in Hospitals having primarily private rooms;
- A private room, when Medically Necessary;

- A special care unit, such as intensive or coronary care, when such a designated unit with concentrated facilities, equipment and supportive services is required to provide an intensive level of care for a critically ill patient;
- A bed in a general ward; and
- Nursery facilities.

Benefits are provided up to the number of days specified in the ***Schedule of Covered Services***.

A Copayment may apply to an In-Network Inpatient Admission, if specified in the ***Schedule of Covered Services***. For purposes of calculating the total Copayment due, an admission occurring within ten calendar days of discharge date from a previous admission shall be treated as part of the previous admission.

In computing the number of days of benefits:

- The Claims Administrator will count the day of the Member's admission; but not the day of the Member's discharge.
- If the Member is admitted and discharged on the same day, it will be counted as one day.

The Claims Administrator will only provide coverage for days spent during an uninterrupted stay in a Hospital.

It will not provide coverage for:

- Time spent outside of the Hospital, if the Member interrupts the stay and then stay past midnight on the day the interruption occurs; or
- Time spent in the Hospital after the discharge hour that the Member's attending Physician has recommended that further Inpatient care is not required.

Medical Care

The Claims Administrator will provide coverage for Medical Care rendered to the Member, in the following way, except as specifically provided.

It is Medical Care that is rendered:

- By a Professional Provider who is in charge of the case;
- While the Member is an Inpatient in a Hospital, Rehabilitation Hospital or Skilled Nursing Facility; and
- For a condition not related to Surgery, pregnancy, radiation therapy or Mental Illness.

Such care includes Inpatient intensive Medical Care rendered to the Member:

- While the Member's condition requires a Professional Provider's constant attendance and treatment; and
- For a prolonged period of time.

Concurrent Care

The Claims Administrator will provide coverage for the following services, while the Member is an Inpatient, when they occur together:

- Services rendered to the Member by a Professional Provider:
 - Who is not in charge of the case; but
 - Whose particular skills are required for the treatment of complicated conditions.

- Services rendered to the Member as an Inpatient in a:
 - Hospital;
 - Rehabilitation Hospital; or
 - Skilled Nursing Facility.

This does not include:

- Observation or reassurance of the Member;
 - Standby services;
 - Routine preoperative physical examinations;
 - Medical Care routinely performed in the pre- or post-operative or pre- or post-natal periods; or
 - Medical Care required by a Facility Provider's rules and regulations.
- Consultations
The Claims Administrator will provide coverage for Consultation services when rendered in both of the following ways:
 - By a Professional Provider, at the request of the attending Professional Provider; and
 - While the Member is an Inpatient in a:
 - Hospital;
 - Rehabilitation Hospital; or
 - Skilled Nursing Facility.

Benefits are limited to one consultation per consultant during any Inpatient confinement.

Consultations do not include staff consultations which are required by the Facility Provider's rules and regulations.

Skilled Nursing Facility Services

The Claims Administrator will provide coverage for a Skilled Nursing Facility:

- When Medically Necessary as determined by the Claims Administrator.
- Up to the Maximum days specified in the ***Schedule of Covered Services***.

The Member must require treatment:

- By skilled nursing personnel;
- Which can be provided only on an Inpatient basis in a Skilled Nursing Facility.

A Copayment may apply to an In-Network Inpatient Admission, if specified in the ***Schedule of Covered Services***. For purposes of calculating the total Copayment due, an admission occurring within ten calendar days of discharge date from any previous admission shall be treated as part of the previous admission.

In computing the number of days of benefits:

- The Claims Administrator will count the day of the Member's admission; but not the day of the Member's discharge.
- If the Member is admitted and discharged on the same day, it will be counted as one day.

The Claims Administrator will only provide coverage for days spent during an uninterrupted stay in a Skilled Nursing Facility.

It will not provide coverage for:

- Time spent outside of the Skilled Nursing Facility, if the Member interrupts their stay and then stays past midnight on the day the interruption occurs;
- Time spent if the Member remains past midnight of the day on which the interruption occurred; or
- Time spent in the Skilled Nursing Facility after the discharge hour that the Member's attending Physician has recommended that further Inpatient care is not required.

INPATIENT/OUTPATIENT SERVICES

The Member is entitled to benefits for Covered Services while the Member is an Inpatient in a Facility Provider or on an Outpatient basis when both of the following happen:

- Deemed Medically Necessary; and
- Billed for by a Provider.

Look in the ***Schedule of Covered Services*** section to find how much of those or other costs the Member is required to share (pay).

Blood

The Claims Administrator will provide coverage for the administration of blood and blood processing from donors. In addition, benefits are also provided for:

- Autologous blood drawing, storage or transfusion.
 - This refers to a process that allows the Member to have their own blood drawn and stored for personal use.
 - One example would be self-donation, in advance of planned Surgery.
- Whole blood, blood plasma and blood derivatives:
 - Which are not classified as drugs in the official formularies; and
 - Which have not been replaced by a donor.

Hospice Services

The Claims Administrator will provide coverage for palliative and supportive services provided to a terminally ill Member through a Hospice program by a Hospice Provider. This also includes Respite Care.

- Who is eligible: The Member will be eligible for Hospice benefits if both of the following occur:
 - The Member's attending Physician certifies that the Member has a terminal illness, with a medical prognosis of six months or less; and
 - The Member elects to receive care primarily to relieve pain.
- The goal of care and what is included: Hospice Care provides services to make the Member as comfortable and pain-free as possible. This is primarily comfort care, and it includes:
 - Pain relief;
 - Physical care;
 - Counseling; and
 - Other services, that would help the Member cope with a terminal illness, rather than cure it.
- What happens to the treatment of the Member's illness: When the Member elects to receive Hospice Care:
 - Benefits for treatment provided to cure the terminal illness are no longer provided.
 - The Member can also change their mind and elect to *not* receive Hospice Care anymore.
- How long Hospice care continues: Benefits for Covered Hospice Services shall be provided until whichever occurs first:
 - The Member's discharge from Hospice Care; or
 - The Member's death.
- Respite Care for the Caregiver: If the Member were to receive Hospice Care primarily in the home, the Member's primary caregiver may need to be relieved, for a short period. In such a case, the Claims Administrator will provide coverage for the Member to receive the same kind of care in the following way:
 - On a short-term basis;
 - As an Inpatient; and
 - In a Medicare certified Skilled Nursing Facility.

This can only be arranged when the Hospice considers such care necessary to relieve primary caregivers in the Member's home.

Maternity/OB-GYN/Family Services

- Artificial Insemination
Services performed by a Professional Provider for the promotion of fertilization of a female recipient's own ova (eggs):
 - By the introduction of mature sperm from partner or donor into the recipient's vagina or uterus, with accompanying:
 - Simple sperm preparation;
 - Sperm washing; and/or
 - Thawing.
- Elective Abortions
The Claims Administrator will provide coverage for services provided in a Facility Provider that is a Hospital or Birth Center. It also includes services performed by a Professional Provider for the voluntary termination of a pregnancy by a Member, which is a Covered Expense under this Program.

- Maternity/Obstetrical Care

The Claims Administrator will provide coverage for Covered Services rendered in the care and management of a pregnancy for a Member.

- Pre-notification - The Claims Administrator should be notified of the need for maternity care within one month of the first prenatal visit to the Physician or midwife.
- Facility and Professional Services - The Claims Administrator will provide coverage for:
 - Facility services: Provided by a Facility Provider that is a Hospital or Birth Center; and
 - Professional services: Performed by a Professional Provider or certified midwife.
- Scope of Care - The Claims Administrator will provide coverage for:
 - Prenatal care; and
 - Postnatal care.
- Type of delivery - Maternity care Inpatient benefits will be provided for:
 - 48 hours for vaginal deliveries; and
 - 96 hours for cesarean deliveries.

Except as otherwise approved by the Claims Administrator.

- Home Health Care for Early Discharge: In the event of early post-partum discharge from an Inpatient Admission:
 - Benefits are provided for Home Health Care, as provided for in the Home Health Care benefit.

- Newborn Care

- A Member's newborn child will be entitled to benefits provided by this Program:
 - From the date of birth up to a maximum of 31 days.
- Such coverage within the 31 days will include care which is necessary for the treatment of:
 - Medically diagnosed congenital defects;
 - Medically diagnosed birth abnormalities;
 - Medically diagnosed prematurity; and
 - Routine nursery care.
- Coverage for a newborn may be continued beyond 31 days under conditions specified in the **General Information** section of this Benefit Booklet.

Mental Health/Psychiatric Care

The Claims Administrator will provide coverage for the treatment of Mental Illness and Serious Mental Illness based on the services provided and reported by the Provider. Upon request, the Claims Administrator will make available the criteria for Medical Necessity determinations made under the Program for Mental Health/Psychiatric Care to any current or potential Member, Dependent or In-Network Provider.

- Regarding the provision of care other than Mental Health/Psychiatric Care: When a Provider renders Medical Care, other than Mental Health/Psychiatric Care, for a Member with Mental Illness and Serious Mental Illness, payment for such Medical Care:
 - Will be based on the Medical Benefits available; and
 - Will not be subject to the Mental Health/Psychiatric Care limitations. Emergency Care will be considered In-Network Care.

- Inpatient Treatment

The Claims Administrator will provide coverage, subject to the Benefit Period limitation(s) stated in the **Schedule of Covered Services**, during an Inpatient Admission for treatment of Mental Illness and Serious Mental Illness. For maximum benefits, treatment must be received from an In-Network Facility Provider and Inpatient visits for the treatment of Mental Illness and Serious Mental Illness must be performed by an In-Network Professional Provider.

Covered Services include treatments such as:

- Psychiatric visits;
- Psychiatric consultations;
- Individual and group psychotherapy;
- Electroconvulsive therapy;
- Psychological testing; and
- Psychopharmacologic management.

A Copayment may apply to an In-Network Inpatient Admission, if specified in the **Schedule of Covered Services**. For purposes of calculating the total Copayment due, an admission occurring within ten calendar days of discharge date from a previous admission shall be treated as part of the previous admission.

- Outpatient Treatment

The Claims Administrator will provide coverage for Outpatient treatment of Mental Illness and Serious Mental Illness. For maximum benefits, treatment must be performed by an In-Network Professional Provider/In-Network Facility Provider.

Covered Services include treatments such as:

- Psychiatric visits;
- Psychiatric consultations;
- Individual and group psychotherapy;
- Licensed Clinical Social Worker visits;
- Masters Prepared Therapist visits;
- Tele-Behavioral Health services;
- Electroconvulsive therapy;
- Psychological testing;
- Psychopharmacologic management; and
- Psychoanalysis.

- Benefit Period Maximums for Mental Health/Psychiatric Care

All Inpatient Mental Health/Psychiatric Care for both Mental Illness and Serious Mental Illness are covered up to the Maximum day amount(s) per Benefit Period specified in the **Schedule of Covered Services**. Out-of-Network Benefit Period maximums are part of, not separate from, In-Network Benefit Period maximums.

Routine Patient Costs Associated With Qualifying Clinical Trials

- The Claims Administrator provides coverage for Routine Patient Costs Associated with Participation in a Qualifying Clinical Trial (see the **Important Definitions** section).
- To ensure coverage and appropriate claims processing, the Claims Administrator must be notified in advance of the Member's participation in a Qualifying Clinical Trial. Benefits are payable if the Qualifying Clinical Trial is conducted by an In-Network Professional Provider, and conducted in an In-Network Facility Provider. If there is no comparable Qualifying Clinical Trial being performed by an In-Network Professional Provider, and in an In-Network Facility Provider, then the Claims Administrator will consider the services by an Out-of-

Network Provider, participating in the clinical trial, as covered if the clinical trial is deemed a Qualifying Clinical Trial (see **Important Definitions** section) by the Claims Administrator.

Surgical Services

The Claims Administrator will provide coverage for surgical services provided:

- By a Professional Provider, and/or a Facility Provider
- For the treatment of disease or injury.

Separate payment will not be made for:

- Inpatient preoperative care or all postoperative care normally provided by the surgeon as part of the surgical procedure.

Covered Services also include:

- Congenital Cleft Palate - The orthodontic treatment of congenital cleft palates:
 - That involve the maxillary arch (the part of the upper jaw that holds the teeth);
 - That is performed together with bone graft Surgery; and
 - That is performed to correct bony deficits that are present with extremely wide clefts affecting the alveolus.
- Mastectomy Care - The Claims Administrator will provide coverage for the following when performed after a mastectomy:
 - All stages of reconstruction of the breast on which the mastectomy has been performed;
 - Surgery and reconstruction of the other breast to produce a symmetrical appearance;
 - Prosthesis and physical complications all stages of mastectomy, including lymphedemas; and
 - Surgery to reestablish symmetry or alleviate functional impairment, including, but not limited to:
 - Augmentation;
 - Mammoplasty;
 - Reduction mammoplasty; and
 - Mastopexy.
- Coverage is also provided for:
 - The surgical procedure performed in connection with the initial and subsequent insertion or removal of Prosthetic Devices (either before or after Surgery) to replace the removed breast or portions of it;
 - The treatment of physical complications at all stages of the mastectomy, including lymphedemas. Treatment of lymphedemas is not subject to any benefit Maximum amounts that may apply to "Physical Therapy" services as provided under the subsection entitled "Therapy Services" of this section; and
 - Routine neonatal circumcisions and any voluntary surgical procedure for sterilization.

- Anesthesia

- The Claims Administrator will provide coverage for the administration of Anesthesia:
 - In connection with the performance of Covered Services;
 - When rendered by or under the direct supervision of a Professional Provider other than the surgeon, assistant surgeon or attending Professional Provider (except an Obstetrician providing Anesthesia during labor and delivery and an oral surgeon providing services otherwise covered under this Benefit Booklet).
- General Anesthesia, along with hospitalization and all related medical expenses normally incurred as a result of the administration of general Anesthesia, when rendered in conjunction with dental care provided to Members age seven or under and for developmentally disabled Members when determined by the Claims Administrator to be Medically Necessary and when a successful result cannot be expected for treatment under local Anesthesia, or when a superior result can be expected from treatment under general Anesthesia.

- Assistant at Surgery

The Claims Administrator will provide coverage for an assistant surgeon's services if:

- The assistant surgeon actively assists the operating surgeon in the performance of covered Surgery;
- An intern, resident, or house staff member is not available; and
- The Member's condition or the type of Surgery must require the active assistance of an assistant surgeon as determined by the Claims Administrator.

Surgical assistance is not covered when performed by a Professional Provider who themselves performs and bills for another surgical procedure during the same operative session.

- Hospital Admission for Dental Procedures or Dental Surgery

The Claims Administrator will provide coverage for a Hospital admission in connection with dental procedures or Surgery only when:

- The Member has an existing non-dental physical disorder or condition; and
- Hospitalization is Medically Necessary to ensure the Member's health.

Dental procedures or Surgery performed during such a confinement will only be covered for the services described in "Oral Surgery" and "Assistant at Surgery" provisions.

- Oral Surgery

The Claims Administrator will provide coverage for Covered Services provided by a Professional Provider and/or Facility Provider for:

- Orthognathic Surgery – Surgery on the bones of the jaw (maxilla or mandible) to correct their position and/or structure for the following clinical indications only:
 - For accidents: The initial treatment of Accidental Injury/trauma (That is, fractured facial bones and fractured jaws), in order to restore proper function.
 - For congenital defects: In cases where it is documented that a severe congenital defect (That is, cleft palate) results in speech difficulties that have not responded to non-surgical interventions.
 - For chewing and breathing problems: In cases where it is documented (using objective measurements) that chewing or breathing function is materially compromised (defined as greater than two standard deviations from normal) where such compromise is not amenable to non-surgical treatments, and where it is shown that orthognathic Surgery will decrease airway resistance, improve breathing, or restore swallowing.

- Other Oral Surgery - Defined as Surgery on or involving the teeth, mouth, tongue, lips, gums, and contiguous structures. Covered Service will only be provided for:
 - Surgical removal of impacted teeth which are partially or completely covered by bone;
 - Surgical treatment of cysts, infections, and tumors performed on the structures of the mouth; and
 - Surgical removal of teeth prior to cardiac Surgery, Radiation Therapy or organ transplantation.

To the extent that the Member has available dental coverage, the Claims Administrator reserves the right to seek recovery from the Provider.

The Claims Administrator has the right to decide which facts are needed. The Claims Administrator may, without consent of or notice to any person, release to or obtain from any other organization or person any information, with respect to any person, which the Claims Administrator deems necessary for such purposes. Any person claiming benefits under this Program shall furnish to the Claims Administrator such information as may be necessary to implement this provision.

- Second Surgical Opinion (Voluntary)
The Claims Administrator will provide coverage for consultations for Surgery to determine the Medical Necessity of an elective surgical procedure.
 - "Elective Surgery" is that Surgery which is not of an Emergency or life threatening nature;
 - Such Covered Services must be performed and billed by a Professional Provider other than the one who initially recommended performing the Surgery.

Transplant Services

When a Member is the recipient of transplanted human organs, marrow, or tissues, benefits are provided for all Inpatient and Outpatient transplants, which are beyond the Experimental/Investigative stage. Benefits, are also provided for those services to the Member which are directly and specifically related to the covered transplantation. This includes services for the examination of such transplanted organs, marrow, or tissue and the processing of Blood provided to a Member:

- When both the recipient and the donor are Members, the payment of their respective medical expenses shall be covered by their respective benefit programs.
- When only the recipient is a Member, and the donor has no available coverage or source for funding, benefits provided to the donor will be charged against the recipient's coverage under this Program. The donor benefits are limited to only those not provided or available to the donor from any other source. This includes, but is not limited to, other insurance coverage, or coverage by the Claims Administrator or any government program. When only the recipient is a Member and the donor has available coverage or a source for funding, the donor must use such coverage or source for funding as no benefits are provided to the donor under this Program.
- When only the donor is a Member, the donor is entitled to the benefits of this Program for all related donor expenses, subject to the following additional limitations:
 - The benefits are limited to only those benefits not provided or available to the donor from any other source for funding or coverage in accordance with the terms of this Program;
 - and
 - No benefits will be provided to the donor recipient.

- If any organ or tissue is sold rather than donated to the Member recipient, no benefits will be payable for the purchase price of such organ or tissue.

Treatment for Alcohol or Drug Abuse and Dependency

- Alcohol Or Drug Abuse And Dependency is a disease that can be described as follows: It is an addiction to alcohol and/or drugs. It is also the compulsive behavior that results from this addiction.
 - This addiction makes it hard for a person to function well with other people.
 - It makes it hard for a person to function well in the work that they do.
 - It will also cause person's body and mind to become quite ill if the alcohol and/or drugs are taken away.
- The Claims Administrator will provide coverage for the care and treatment of Alcohol Or Drug Abuse And Dependency:
 - Provided by a licensed Hospital or licensed Facility Provider or an appropriately licensed behavioral health Provider.
 - Subject to the Maximum(s) shown in the **Schedule of Covered Services**; and
 - According to the provisions outlined below.
- For maximum benefits, treatment must be received from an In-Network Provider.
- To Access Treatment for Alcohol Or Drug Abuse And Dependency:
 - Call the behavioral health management company at the phone number shown on the Members ID Card.

Upon request, the Claims Administrator will make available the criteria for Medical Necessity determinations made under the Program for Alcohol Or Drug Abuse And Dependency to any current or potential Member, Dependent or In-Network Provider.

- Inpatient Treatment
 - Inpatient Detoxification
Covered Services include:
 - Lodging and dietary services;
 - Physician, Psychologist, nurse, certified addictions counselor, Master's Prepared Therapists, and trained staff services;
 - Diagnostic x-rays;
 - Psychiatric, psychological and medical laboratory testing; and
 - Drugs, medicines, use of equipment and supplies.

A Copayment may apply to an In-Network Inpatient Admission, if specified in the **Schedule of Covered Services**. For purposes of calculating the total Copayment due, any admission occurring within ten calendar days of discharge date from any previous admission shall be treated as part of the previous admission.

- Hospital and Non-Hospital Residential Treatment
Hospital or Non-Hospital Residential Treatment of Alcohol Or Drug Abuse And Dependency shall be covered on the same basis as any other illness covered under this Program.

Covered services include:

- Lodging and dietary services;
- Physician, Psychologist, nurse, certified addictions counselor and trained staff services;
- Rehabilitation therapy and counseling;
- Family counseling and intervention;
- Psychiatric, psychological and medical laboratory testing; and
- Drugs, medicines, use of equipment and supplies.

A Copayment may apply to an In-Network Inpatient Admission, if specified in the **Schedule of Covered Services**. For purposes of calculating the total Copayment due, any admission occurring within ten calendar days of discharge date from any previous admission shall be treated as part of the previous admission.

▪ **Outpatient Treatment**

– Covered services include:

- Diagnosis and treatment of substance abuse, including Outpatient Detoxification by the appropriately licensed behavioral health Provider;
- Appropriately licensed behavioral health providers including Physician, Psychologist, nurse, certified addictions counselor, Master's Prepared Therapists, and trained staff services;
- Telebehavioral Health services;
- Rehabilitation therapy and counseling;
- Family counseling and intervention;
- Psychiatric, psychological and medical laboratory testing; and
- Medication management and use of equipment and supplies.

OUTPATIENT SERVICES

Unless otherwise specified in this Benefit Booklet, services for Outpatient Care are Covered Services when:

- Deemed Medically Necessary; and
- Billed for by a Provider.

Look in the **Schedule of Covered Services** section to find how much of those or other costs the Member is required to share (pay).

Acupuncture

The Claims Administrator will provide coverage for Acupuncture up to the limits specified in the **Schedule of Covered Services** for all Covered Services.

Ambulance Services/Transport

The Claims Administrator will provide coverage for ambulance services. However, these services need to be:

- Medically Necessary as determined by the Claims Administrator; and
- Used for transportation in a specially designed and equipped vehicle that is used only to transport the sick or injured and only when the following applies;
 - The vehicle is licensed as an ambulance, where required by applicable law;
 - The ambulance transport is appropriate for the Member's clinical condition;
 - The use of any other method of transportation, such as taxi, private car, wheel-chair van or other type of private or public vehicle transport would endanger the Member's health

- or be inappropriate for the Member’s medical condition; and
- The ambulance transport satisfies the destination and other requirements as stated under Regarding Emergency Ambulance transport or Regarding Non-Emergency Ambulance transports.

In addition, the Claims Administrator will provide coverage for services provided by a licensed Emergency services Provider who initiates necessary intervention to evaluate and, if necessary, stabilize the condition of the Member and subsequently determines the Member does not require transport or the Member refuses to be transported. These services must be Medically Necessary as determined by the Claims Administrator.

Benefits are payable for air or sea ambulance transportation only if the Member’s condition, and the distance to the nearest facility able to treat the Member's condition, justify the use of an alternative to land transport.

- Regarding Emergency Ambulance transport: The ambulance must be transporting the Member:
 - From the Member’s home, or the scene of an accident or Medical Emergency;
 - To the nearest Hospital, or other Emergency Care Facility, that can provide the Medically Necessary Covered Services for the Member’s condition.
- Regarding Non-Emergency Ambulance transports: Non-Emergency air or ground facility transport may be covered when Medically Necessary as determined by the Claims Administrator (For example, sending facility does not have the required services to effectively treat the Member, such as trauma or burn care). Non-Emergency air or ground transport may be covered to transport the Member back to an In-Network Facility Provider as determined by the Claims Administrator, when:
 - The transfer is Medically Necessary (as determined by the Claims Administrator’s definition of Medical Necessity); and
 - The Member’s medical condition requires uninterrupted care and attendance by qualified medical staff during transport by ground ambulance, or by air transport when transfer cannot be safely provided by land ambulance.

Non-Emergency ambulance transports are not provided for family members or companions or for the convenience of the Member, the family, or the Provider treating the Member.

Autism Spectrum Disorders (ASD)

The Claims Administrator will provide coverage for the diagnostic assessment and treatment of Autism Spectrum Disorders (ASD) for Members under 21 years of age subject to the Annual Benefit Maximum specified in the ***Schedule of Covered Services***.

Diagnostic assessment is defined as Medically Necessary assessments, evaluations or tests performed by a licensed Physician, licensed Physician assistant, licensed Psychologist or Certified Registered Nurse practitioner, or Autism Service Provider to diagnose whether an individual has an Autism Spectrum Disorder. Results of the diagnostic assessment shall be valid for a period of not less than 12 months, unless a licensed Physician or licensed Psychologist determines an earlier assessment is necessary.

Treatment of Autism Spectrum Disorders shall be identified in an ASD Treatment Plan and shall include any Medically Necessary Pharmacy Care, Psychiatric Care, Psychological Care, Rehabilitative Care and Therapeutic Care that is:

- Prescribed, ordered or provided by a licensed Physician, licensed Physician assistant, licensed Psychologist, Licensed Clinical Social Worker or Certified Registered Nurse practitioner;
- Provided by an Autism Service Provider, including a Behavior Specialist; or
- Provided by a person, entity or group that works under the direction of an Autism Service Provider.

An ASD Treatment Plan shall be developed by a licensed Physician or licensed Psychologist pursuant to a comprehensive evaluation or reevaluation performed in a manner consistent with the most recent clinical report or recommendations of the American Academy of Pediatrics. The ASD Treatment Plan may be reviewed by the Claims Administrator once every six months. A more or less frequent review can be agreed upon by the Claims Administrator and the licensed Physician or licensed Psychologist developing the ASD Treatment Plan.

Treatment of Autism Spectrum Disorders will include any of the following Medically Necessary services that are listed in an ASD Treatment Plan developed by a licensed Physician or licensed Psychologist:

- Applied Behavioral Analysis - The design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior or to prevent loss of attained skill or function, including the use of direct observation, measurement and functional analysis of the relations between environment and behavior.
- Pharmacy Care - Medications prescribed by a licensed Physician, licensed physician assistant or Certified Registered Nurse practitioner and any assessment, evaluation or test prescribed or ordered by a licensed Physician, licensed physician assistant or Certified Registered Nurse practitioner to determine the need or effectiveness of such medications. If this Program provides benefits for prescription drugs the ASD medications may be purchased at a pharmacy, subject to the cost-sharing arrangement applicable to the prescription drug coverage. If this Program does not provide coverage for prescription drugs, ASD medications may be purchased at a pharmacy, and the Member will be reimbursed at 100% less the applicable Coinsurance amount shown in the **Schedule of Covered Services**. Benefits are available for up to a 30 day supply.
- Psychiatric Care - Direct or consultative services provided by a Physician who specializes in psychiatry.
- Psychological Care - Direct or consultative services provided by a Psychologist.
- Rehabilitative Care - Professional services and treatment programs, including applied behavioral analysis, provided by an Autism Service Provider to produce socially significant improvements in human behavior or to prevent loss of attained skill or function.
- Therapeutic Care - Services provided by speech language pathologists, occupational therapists or physical therapists.

Upon full or partial denial of coverage for any Autism Spectrum Disorders benefits, a Member shall be entitled to file an Appeal. The Appeal process will:

- Provide internal review followed by independent external review; and
- Have levels, expedited and standard Appeal time frames, and other terms established by the Claims Administrator consistent with applicable Pennsylvania and federal law.

Appeal filing procedures will be described in notices denying any Autism Spectrum Disorders benefits. Full Appeal process descriptions will be provided after a new Appeal is initiated and can also be obtained at any time by contacting Member Services.

Colorectal Cancer Screening

The Claims Administrator will provide coverage for colorectal cancer screening for Symptomatic Members, Nonsymptomatic Members over age 50, and Nonsymptomatic Members under age 50 who are at high risk or increased risk for colorectal cancer. Coverage for colorectal cancer screening must be in accordance with the current American Cancer Society guidelines, and consistent with approved medical standards and practices. The method and frequency of screening to be utilized shall be:

- Coverage for Symptomatic Members shall include a colonoscopy, sigmoidoscopy or any combination of colorectal cancer screening tests at a frequency determined by a treating Physician.
- Coverage for Nonsymptomatic Members over age 50 shall include, but not be limited to:
 - An annual fecal occult blood test;
 - A sigmoidoscopy, a screening barium enema, or a test consistent with approved medical standards and practices to detect colon cancer, at least once every five years; and
 - A colonoscopy at least once every ten years.
- Coverage for Nonsymptomatic Members under age 50 who are at high or increased risk for colorectal cancer shall include a colonoscopy or any combination of colorectal cancer screening tests.

"Nonsymptomatic Member at high or increased risk" means a Member who poses a higher than average risk for colorectal cancer according to the current American Cancer Society guidelines on screening for colorectal cancer.

"Symptomatic Member" means a Member who experiences a change in bowel habits, rectal bleeding or persistent stomach cramps, weight loss or abdominal pain.

Consumable Medical Supplies

The Claims Administrator will provide coverage for the purchase of Consumable Medical Supplies when:

- It is used in the Member's home; and
- It is obtained through a Professional Provider.

Day Rehabilitation Program

The Claims Administrator will provide coverage for a Medically Necessary Day Rehabilitation Program when provided by a Facility Provider under the following conditions:

- Intensity of need for therapy: The Member must require intensive Therapy services, such as Physical, Occupational and/or speech Therapy 5 days per week for 4 to 7 hours per day;
- Ability to communicate: The Member must have the ability to communicate (verbally or non-verbally); their needs; they must also have the ability to consistently follow directions and to manage their own behavior with minimal to moderate intervention by professional staff;
- Willingness to participate: The Member must be willing to participate in a Day Rehabilitation Program; and
- Family support: The Member's family must be able to provide adequate support and assistance in the home and must demonstrate the ability to continue the rehabilitation program in the home.

Limitations: This benefit is subject to the limits shown in the ***Schedule of Covered Services***.

Diabetic Education Program

When prescribed by a Professional Provider legally authorized to prescribe such items under law, the Claims Administrator will provide coverage for diabetes Outpatient self-management training and education, including medical nutrition, for the treatment of:

- Insulin-dependent diabetes;
- Insulin-using diabetes;
- Gestational diabetes; and
- Noninsulin-using diabetes.

When Physician certification must occur: The attending Physician must certify that a Member requires diabetic education on an Outpatient basis, under the following circumstances:

- Upon the initial diagnosis of diabetes;
- Upon a significant change in the Member's symptoms or condition; or
- Upon the introduction of new medication or a therapeutic process in the treatment or management of the Member's symptoms or condition.

Requirements that must be met: Outpatient diabetic education services will be covered when they meet specific requirements.

- These requirements are based on the certification programs for Outpatient diabetic education developed by the American Diabetes Association and the Pennsylvania Department of Health.
- Specific requirements: Outpatient diabetic education services and education program must:
 - Be provided by an In-Network Provider; and
 - Be conducted under the supervision of a licensed health care professional with expertise in diabetes, and subject to the requirements of the Claims Administrator.

Covered services include Outpatient sessions that include, but may not be limited to, the following information:

- Initial assessment of the Member's needs;
- Family involvement and/or social support;
- Psychological adjustment for the Member;
- General facts/overview on diabetes;
- Prevention and treatment of complications for chronic diabetes, (That is, foot, skin and eye care);
- Nutrition including its impact on blood glucose levels;
- Exercise and activity;
- Medications;
- Monitoring and use of the monitoring results;
- Use of community resources; and
- Pregnancy and gestational diabetes' if Applicable.

Diabetic Equipment and Supplies

- Coverage and costs: The Claims Administrator will provide coverage for diabetic equipment and supplies purchased from a Durable Medical Equipment Provider. This is subject to any applicable Deductible, Copayment and/or Coinsurance requirements applicable to Durable Medical Equipment benefits.
- When diabetic equipment and supplies can be purchased at a pharmacy: If this Program provides benefits for prescription drugs (other than coverage for insulin and oral agents only):
 - Certain Diabetic Equipment and Supplies, including insulin and oral agents, may be purchased at a pharmacy, if available;
 - This will be subject to the cost-sharing arrangements, applicable to the prescription drug coverage.
- When diabetic equipment and supplies are not available at a pharmacy:
 - The diabetic equipment and supplies will be provided under the Durable Medical Equipment benefit;
 - This will be subject to the cost-sharing arrangements applicable to Durable Medical Equipment.
- Covered Diabetic Equipment:
 - Blood glucose monitors;
 - Insulin pumps;
 - Insulin infusion devices; and
 - Orthotics and podiatric appliances for the prevention of complications associated with diabetes.
- Covered Diabetic Supplies:

<ul style="list-style-type: none"> – Blood testing strips; – Visual reading and urine test strips; – Insulin and insulin analogs*; – Injection aids; – Insulin syringes; 	<ul style="list-style-type: none"> – Lancets and lancet devices; – Monitor supplies; – Pharmacological agents for controlling blood sugar levels*; – and – Glucagon emergency kits.
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* **Note:** If this Program does not provide coverage for prescription drugs, insulin and oral agents are covered as provided under the 'Insulin and Oral Agents' benefits.

Diabetic Equipment and Supplies

- Coverage and costs: The Claims Administrator will provide coverage for diabetic equipment

and supplies purchased from a Durable Medical Equipment Provider. This is subject to any applicable Deductible, Copayment and/or Coinsurance requirements applicable to Durable Medical Equipment benefits.

- When diabetic equipment and supplies can be purchased at a Pharmacy: This Program provides benefits for Prescription Drugs:
 - Certain Diabetic Equipment and Supplies, including insulin and oral agents, may be purchased at a Pharmacy, if available;
 - This will be subject to the cost-sharing arrangements, applicable to the Prescription Drug coverage.
- When diabetic equipment and supplies are not available at a Pharmacy:
 - The diabetic equipment and supplies will be provided under the Durable Medical Equipment benefit;
 - This will be subject to the cost-sharing arrangements applicable to Durable Medical Equipment.
- Covered Diabetic Equipment:
 - Blood glucose monitors;
 - Insulin pumps;
 - Insulin infusion devices; and
 - Orthotics and podiatric appliances for the prevention of complications associated with diabetes.
- Covered Diabetic Supplies:

– Blood testing strips;	– Lancets and lancet devices;
– Visual reading and urine test strips;	– Monitor supplies;
– Insulin and insulin analogs;	– Pharmacological agents for controlling blood sugar levels; and
– Injection aids;	– Glucagon emergency kits.
– Insulin syringes;	

Diagnostic Services

The Claims Administrator will provide coverage for the following Diagnostic Services, when ordered by a Professional Provider and billed by a Professional Provider, and/or a Facility Provider:

- Routine Diagnostic Services, including, but not limited to:
 - Routine radiology: Consisting of x-rays, mammograms, ultrasound, and nuclear medicine;
 - Routine medical procedures: Consisting of ECG, EEG and other diagnostic medical procedures approved by the Claims Administrator; and
 - Allergy testing: Consisting of percutaneous, intracutaneous and patch tests.
- Non-Routine Diagnostic Services, including, but not limited to:
 - Nuclear Cardiology Imaging;
 - MRI/MRA;
 - CT Scans;
 - PET Scans; and
 - Sleep Studies.
- Diagnostic laboratory and pathology tests.
- Genetic testing and counseling.

This includes services provided to a Member at risk for a specific disease that is a result of:

 - Family history; or
 - Exposure to environmental factors that are known to cause physical or mental disorders.

When clinical usefulness of specific genetic tests has been established by the Claims Administrator, these services are covered for the purpose of:

- Diagnosis;
- Screening;
- Predicting the course of a disease;
- Judging the response to a therapy;
- Examining risk for a disease; or
- Reproductive decision-making.

Durable Medical Equipment

The Claims Administrator will provide coverage for the rental or, at the option of the Claims Administrator, the purchase of Durable Medical Equipment when:

- Prescribed by a Professional Provider and required for therapeutic use; and
- Determined to be Medically Necessary by the Claims Administrator.

Although an item may be classified as Durable Medical Equipment it may not be covered in every instance. Durable Medical Equipment, as defined in the **Important Definitions** section, that includes equipment that meets the following criteria:

- It is durable and can withstand repeated use. An item is considered durable if it can withstand: repeated use, (That is, the type of item that could normally be rented). Medical Supplies of an expendable nature are not considered "durable" (For example, see the "Non-reusable supplies" provisions of the "Durable Medical Equipment" exclusion of the **Exclusions - What Is Not Covered** section of this Program);
- It customarily and primarily serves a medical purpose;
- It is generally not useful to a person without an illness or injury. The item must be expected to make a meaningful contribution to the treatment of the Member's illness, injury, or to improvement of a malformed body part; and
- It is appropriate for home use.

- **Replacement and Repair:**

The Claims Administrator will provide coverage for the repair or replacement of Durable Medical Equipment when the equipment does not function properly; and is no longer useful for its intended purpose, in the following limited situations:

- Due to a change in a Member's condition: When a change in the Member's condition requires a change in the Durable Medical Equipment the Claims Administrator will provide repair or replacement of the equipment;
- Due to breakage: When the Durable Medical Equipment is broken due to significant damage, defect, or wear, the Claims Administrator will provide repair or replacement only if the equipment's warranty has expired and it has exceeded its reasonable useful life as determined by the Claims Administrator.

Breakage under warranty: If the Durable Medical Equipment breaks while it is under warranty, replacement and repair is subject to the terms of the warranty. Contacts with the manufacturer or other responsible party to obtain replacement or repairs based on the warranty are the responsibility of:

- The Claims Administrator in the case of rented equipment; and
- The Member in the case of purchased equipment.

Breakage during reasonable useful lifetime: The Claims Administrator will not be responsible if the Durable Medical Equipment breaks during its reasonable useful lifetime for any reason not covered by warranty. (For example, the Claims Administrator will not provide benefits for repairs and replacements needed because the equipment was abused or misplaced.)

Cost to repair vs. cost to replace: The Claims Administrator will provide benefits to repair Durable Medical Equipment when the cost to repair is less than the cost to replace it. For purposes of replacement or repair of Durable Medical Equipment:

- Replacement means the removal and substitution of Durable Medical Equipment or one of its components necessary for proper functioning;
- A repair is a restoration of the Durable Medical Equipment or one of its components to correct problems due to wear or damage or defect.

Emergency Care Services

- The In-Network level of benefits provided: Benefits for Emergency Care Services provided by a Hospital Emergency Room or other Outpatient Emergency Facility are provided by the Claims Administrator. They are provided at the In-Network level of benefits, regardless of whether the Member is treated by a In-Network or Out-of-Network Provider.
- Where to call and where to go: If Emergency Services are required, whether the Member is located in or outside the PPO Network service area: Call 911 or seek treatment immediately at the emergency department of the closest Hospital or Outpatient Emergency Facility.
- What Emergency Care is: Emergency Care services are Outpatient services and supplies provided by a Hospital or Facility Provider and/or Professional Provider for initial treatment of the Emergency.
- Examples of an Emergency include:
 - Heart attack;
 - Loss of consciousness or respiration;
 - Cardiovascular accident;
 - Convulsions;
 - Severe Accidental Injury; and
 - Other acute medical conditions as determined by the Claims Administrator.

Note: Should any dispute arise as to whether an Emergency existed or as to the duration of an Emergency: The determination by the Claims Administrator shall be final.

Home Health Care

- Covered Services: The Claims Administrator will provide coverage for the following services when performed by a licensed Home Health Care Provider:
 - Professional services of appropriately licensed and certified individuals;
 - Intermittent skilled nursing care;
 - Physical Therapy;
 - Speech Therapy;
 - Well mother/well baby care following release from an Inpatient maternity stay; and
 - Care within 48 hours following release from an Inpatient Admission when the discharge occurs within 48 hours following a mastectomy.
- Regarding well mother/well baby care: With respect to well mother/well baby care following early release from an Inpatient maternity stay, Home Health Care services must be provided within 48 hours if:
 - Discharge occurs earlier than 48 hours of a vaginal delivery; or
 - Discharge occurs earlier than 96 hours of a cesarean delivery.
 No cost-sharing shall apply to these benefits when they are provided after an early discharge from the Inpatient maternity stay.
- Regarding other medical services and supplies: The Claims Administrator will also provide coverage for certain other medical services and supplies, when provided along with a primary service. Such other services and supplies include:
 - Occupational Therapy;

- Medical social services; and
- Home health aides in conjunction with skilled services and other services which may be approved by the Claims Administrator.
- Regarding Medical Necessity: Home Health Care benefits will be provided only when prescribed by the Member's attending Physician, in a written Plan Of Treatment and approved by the Claims Administrator as Medically Necessary.
- Regarding the issue of being confined: There is no requirement that the Member be previously confined in a Hospital or Skilled Nursing Facility prior to receiving Home Health Care.
- Regarding being Homebound: With the exception of Home Health Care provided to a Member, immediately following an Inpatient release for maternity care, the Member must be Homebound in order to be eligible to receive Home Health Care benefits by a Home Health Care Provider.

Injectable Medications

The Claims Administrator will provide coverage for injectable medications required in the treatment of an injury or illness when administered by a Professional Provider.

- Specialty Drugs
 - Refer to a medication that meets certain criteria including, but not limited to:
 - The drug is used in the treatment of a rare, complex, or chronic disease;
 - A high level of involvement is required by a healthcare provider to administer the drug;
 - Complex storage and/or shipping requirements are necessary to maintain the drug's stability;
 - The drug requires comprehensive patient monitoring and education by a healthcare provider regarding safety, side effects, and compliance; and
 - Access to the drug may be limited.

To obtain a list of Specialty Drugs please logon to www.ibx.com/preapproval or Call the Customer Service telephone number shown on the Member's Identification Card.

- Coinsurance applies:
 - The purchase of all Specialty Drugs is subject to:
 - ❖ Coinsurance, if dispensed by an In-Network Provider; or
 - ❖ Coinsurance, if dispensed by an Out-of-Network Provider.
 - The Coinsurance amounts are shown in the **Schedule of Covered Services**.
- Coinsurance amounts will apply:
 - To each 30 day supply of medication dispensed for medications administered on a regularly scheduled basis; or
 - To each course/series of injections if administered on an intermittent basis.

A 90 day supply of medication may be dispensed for some medications that are used for the treatment of a chronic illness.

- **Standard Injectable Drugs**
 - Standard Injectable Drugs refer to a medication that is either injectable or infusible, but is not defined by the Claims Administrator to be a Self-Administered Prescription Drug or a Specialty Drug.
 - Standard Injectable Drugs include, but are not limited to:
 - Allergy injections and extractions; and
 - Injectable medications such as antibiotics and steroid injections that are administered by a Professional Provider.
 - Self-Administered Prescription Drugs generally are not covered.
 - For more information on Self-Administered Prescription Drugs:
 - Please refer to the **Exclusions - What Is Not Covered** section and the description of "Insulin and Oral Agents" coverage in the **Description of Covered Services** section.

Insulin and Oral Agents

The Claims Administrator will provide coverage for Insulin and oral agents to control blood sugar as prescribed by a Physician and dispensed by a licensed pharmacy. Benefits are available for up to a 30 day supply when dispensed from a retail pharmacy.

Medical Foods and Nutritional Formulas

- The Claims Administrator will provide coverage for Medical Foods when provided for the therapeutic treatment of inherited errors of metabolism (IEMs) such as:
 - Phenylketonuria;
 - Branched-chain ketonuria;
 - Galactosemia; and
 - Homocystinuria.

Coverage is provided when administered on an Outpatient basis, either orally or through a tube.

- The Claims Administrator will provide coverage for Nutritional Formulas when the Nutritional Formula is taken orally or through a tube by an infant or child suffering from Severe Systemic Protein Allergy, food protein-induced enterocolitis syndrome, eosinophilic disorders, or short-bowel syndrome that do not respond to treatment with standard milk or soy protein formulas and casein hydrolyzed formulas.

The Claims Administrator will provide coverage for Medical Foods and Nutritional Formulas when provided through a Durable Medical Equipment supplier or in connection with Infusion Therapy as provided for in this Program.

An estimated basal caloric requirement for Medical Foods and Nutritional Formula is not required for IEMs, or for when administered through a tube.

Non-Surgical Dental Services

The Claims Administrator will provide coverage only for:

- The initial treatment of Accidental Injury/trauma, (That is, fractured facial bones and fractured jaws), in order to restore proper function.

Restoration of proper function includes the dental services required for the initial restoration or replacement of Sound Natural Teeth, required for the initial treatment for the Accidental Injury/trauma. This includes:

- The first caps;
 - Crowns;
 - Bridges; and
 - Dentures (but not dental implants).
- The preparation of the jaws and gums required for initial replacement of Sound Natural Teeth. Injury as a result of chewing or biting is not considered an Accidental Injury. See the exclusion of dental services in the **Exclusions - What Is Not Covered** section for more information on what dental services are not covered.

Observation Room

The Claims Administrator will provide coverage for Observation Room Covered Services, when Medically Necessary as determined by the Claims Administrator. Cost-sharing requirements are specified in the **Schedule of Covered Services**.

Orthotics (Devices Used for Support of Bones and Joints)

The Claims Administrator will provide coverage for:

- The first purchase and fitting: This is the initial purchase and fitting (per medical episode) of orthotic devices which are Medically Necessary as determined by the Claims Administrator. This does not include foot orthotics, unless the Member requires foot orthotics as a result of diabetes.
- Replacements due to growth: The replacement of covered orthotics for Dependent children when required due to natural growth.

Podiatric Care

The Claims Administrator will provide coverage for:

- Capsular or surgical treatment of bunions;
- Ingrown toenail Surgery; and
- Other non-routine Medically Necessary foot care.

In addition, for Members with peripheral vascular and/or peripheral neuropathic diseases, including but not limited to diabetes, benefits for routine foot care services are covered.

Private Duty Nursing Services

The Claims Administrator will provide coverage up to the number of hours as specified in the **Schedule of Covered Services** for Outpatient services for Private Duty Nursing performed by a Licensed Registered Nurse (RN) or a Licensed Practical Nurse (LPN) when ordered by a Physician and which are Medically Necessary as determined by the Claims Administrator.

Prosthetic Devices

The Claims Administrator will provide coverage for expenses Incurred for Prosthetic Devices (except dental prostheses) required as a result of illness or injury. Expenses for Prosthetic Devices are subject to medical review by the Claims Administrator to determine eligibility and Medical Necessity.

Such expenses may include, but not be limited to:

- The purchase, fitting, necessary adjustments and repairs of Prosthetic Devices which replace all or part of an absent body organ including contiguous tissue or which replace all or part of the function of an inoperative or malfunctioning body organ;
- The supplies and replacement of parts necessary for the proper functioning of the Prosthetic Device;
- Breast prostheses required to replace the removed breast or portions thereof as a result of mastectomy and prostheses inserted during reconstructive Surgery incident and subsequent to mastectomy; and
- Benefits are provided for the following visual Prosthetics when Medically Necessary and prescribed for one of the following conditions:
 - Initial contact lenses prescribed for treatment of infantile glaucoma;
 - Initial pinhole glasses prescribed for use after Surgery for detached retina;
 - Initial corneal or scleral lenses prescribed:
 - In connection with the treatment of keratoconus; or
 - To reduce a corneal irregularity other than astigmatism;
 - Initial scleral lenses prescribed to retain moisture in cases where normal tearing is not present or adequate; and
 - Initial pair of basic eyeglasses when prescribed to perform the function of a human lens (aphakia) lost as a result of:
 - Accidental Injury;
 - Trauma; or
 - Ocular Surgery.

The repair and replacement provisions do not apply to this item.

Benefits for replacement of a Prosthetic Device or its parts will be provided:

- When there has been a significant change in the Member's medical condition that requires the replacement;
- If the prostheses breaks because it is defective;
- If the prostheses breaks because it exceeds its life expectancy, as determined by the manufacturer; or
- For a Dependent's child due to the normal growth process when Medically Necessary.

The Claims Administrator will provide benefits to repair Prosthetic Devices when the cost to repair is less than the cost to replace it. For purposes of replacement or repair of the prostheses, replacement means the removal and substitution of the prostheses or one of its components necessary for proper functioning. A repair is a restoration of the prostheses or one of its components to correct problems due to wear or damage. However, the Claims Administrator will not provide benefits for repairs and replacements needed because the prostheses was abused or misplaced.

If a Prosthetic Device breaks and is under warranty, it is the responsibility of the Member to work with the manufacturer to replace or repair it.

Specialist Office Visit

The Claims Administrator will provide coverage for Specialist Services Medical Care provided in the office by a Provider other than a Primary Care Provider.

For the purpose of this benefit "in the office" includes:

- Medical Care visits to a Provider's office;
- Medical Care visits by a Provider to the Member's residence; or
- Medical Care consultations by a Provider on an Outpatient basis.

Spinal Manipulation Services

The Claims Administrator will provide coverage for the detection and correction of structural imbalance or dislocation (subluxation) of the Member's spine resulting from, or related to any of the following:

- Distortion of, or in, the vertebral column;
- Misalignment of, or in, the vertebral column; or
- Dislocation (Subluxation) of, or in, the vertebral column.

The detection and correction can be done by: Manual or mechanical means (by hand or machine).

This service will be provided for, up to the limits specified in the ***Schedule of Covered Services*** for spinal manipulations.

Therapy Services

The Claims Administrator will provide coverage, subject to the Benefit Period Maximums specified in the ***Schedule of Covered Services***, for the following services prescribed by a Physician and performed by a Professional Provider, a therapist who is registered or licensed by the appropriate authority to perform the applicable therapeutic service, and/or Facility Provider, which are used in treatment of an illness or injury to promote recovery of the Member.

- Cardiac Rehabilitation Therapy
Refers to a medically supervised rehabilitation program designed to improve a patient's tolerance for physical activity or exercise.
- Chemotherapy
The treatment of malignant disease by chemical or biological antineoplastic agents used to kill or slow the growth of cancerous cells. The cost of these drugs/biologics is covered, provided if it meets all of the criteria listed below:
 - Drugs/biologics are approved by the U.S. Food and Drug Administration (FDA) as antineoplastic agents;
 - The FDA approved use is based on reliable evidence demonstrating positive effect on health outcomes and/or the use is supported by the established referenced Compendia identified in the Health Benefit Plan's policies; and
 - Drugs/biologics are eligible for coverage when they are injected or infused into the body by a Professional Provider.

Note: If this Program does not provide coverage for prescription drugs, oral antineoplastic agents are covered as provided under the benefits described above.

- Dialysis
The treatment of acute renal failure or chronic irreversible renal insufficiency for removal of waste materials from the body by hemodialysis, peritoneal dialysis, hemoperfusion, or chronic ambulatory peritoneal dialysis (CAPD), or continuous cyclical peritoneal dialysis (CCPD).
- Infusion Therapy
The infusion of drug, hydration, or nutrition (parenteral or enteral) into the body by a Professional Provider. Infusion therapy includes all professional services, supplies, and equipment that are required to safely and effectively administer the therapy. Infusion may be provided in a variety of settings (For example, home, office, Outpatient) depending on the level of skill required to prepare the drug, administer the infusion, and monitor the Member. The type of Professional Provider who can administer the infusion depends on whether the drug is considered to be a Specialty Drug infusion or a Standard Injectable Drug infusion, as determined by the Claims Administrator.
- Occupational Therapy
Includes treatment of a physically disabled person by means of constructive activities designed and adapted to promote the restoration of the person's ability to satisfactorily accomplish the ordinary tasks of daily living. Coverage will also include services rendered by a registered, licensed occupational therapist.
- Orthoptic/Pleoptic Therapy
Includes treatment through an evaluation and training session program for the correction of oculomotor dysfunction as a result of a vision disorder, eye Surgery, or injury resulting in the lack of vision depth perception.
- Physical Therapy
Includes treatment by physical means, heat, hydrotherapy or similar modalities, physical agents, bio-mechanical and neuro-physiological principles, and devices to relieve pain, restore maximum function, and prevent disability following disease, injury, or loss of body part, including the treatment of functional loss following hand and/or foot Surgery.
- Pulmonary Rehabilitation Therapy
Includes treatment through a multidisciplinary program which combines Physical Therapy with an educational process directed towards the stabilization of pulmonary diseases and the improvement of functional status.
- Speech Therapy
Includes treatment for the correction of a speech impairment resulting from disease, Surgery, injury, congenital anomalies, or previous therapeutic processes. Coverage will also include services by a speech therapist.

Urgent Care Centers

The Claims Administrator will provide coverage for Urgent Care Centers, when Medically Necessary as determined by the Claims Administrator.

- Urgent Care Centers are designed to offer immediate evaluation and treatment for health conditions that require medical attention:
 - In a non-Emergency situation;
 - That cannot wait to be addressed by the Member's Professional Provider or Retail Clinic.

Cost-sharing requirements are specified in the ***Schedule of Covered Services***.

EXCLUSIONS – WHAT IS NOT COVERED

Except as specifically provided in this Benefit Booklet, no benefits will be provided for services, supplies or charges:

Alternative Therapies/Complementary Medicine

For Alternative Therapies/Complementary Medicine, including but not limited to:

- Music therapy;
- Dance therapy;
- Equestrian/hippotherapy;
- Homeopathy;
- Primal therapy;
- Rolfing;
- Psychodrama;
- Vitamin or other dietary supplements and therapy;
- Naturopathy;
- Hypnotherapy;
- Bioenergetic therapy;
- Qi Gong;
- Ayurvedic therapy;
- Aromatherapy;
- Massage therapy;
- Therapeutic touch;
- Recreational, wilderness, educational and sleep therapies.

Ambulance Services/Transport

For ambulance services except as specifically provided under this Program.

Assisted Fertilization Techniques

For assisted fertilization techniques such as, but not limited to, in-vitro fertilization, gamete intra-fallopian transfer (GIFT) and zygote intra-fallopian transfer (ZIFT).

Autism

- For Autism Spectrum Disorders services that exceed the Annual Benefit Maximum shown in the ***Schedule of Covered Services***.
- For the diagnosis and treatment of Autism Spectrum Disorders that is provided through a school as part of an individualized education program.
- For the diagnosis and treatment of Autism Spectrum Disorders that is not included in the ASD Treatment Plan for Autism Spectrum Disorders.

Benefit Maximums

For charges Incurred for expenses in excess of Benefit Maximums as specified in the ***Schedule of Covered Services***.

Cognitive Rehabilitation Therapy

For Cognitive Rehabilitation Therapy, except when provided integral to other supportive therapies, such as, but not limited to physical, occupational and speech therapies in a multidisciplinary, goal-oriented and integrated treatment program designed to improve

management and independence following neurological damage to the central nervous system caused by illness or trauma (For example: stroke, acute brain insult, encephalopathy).

Consumable Medical Supplies

For Consumable Medical Supplies, any item that meets the following criteria is not a covered Consumable Medical Supply and will not be covered:

- The item is for comfort or convenience.
- The item is not primarily medical in nature. Items not covered include, but are not limited to:
 - Ear plugs;
 - Ice pack;
 - Silverware/utensils;
 - Feeding chairs; and
 - Toilet seats.
- The item has features of a medical nature which are not required by the member's condition.
- The item is generally not prescribed by an eligible Provider.

Some examples of not covered Consumable Medical Supplies are:

- Incontinence pads;
- Lamb's wool pads;
- Face masks (surgical);
- Disposable gloves, sheets and bags;
- Bandages;
- Antiseptics; and
- Skin preparations.

Cosmetic Surgery

For services and operations for cosmetic purposes

- Which are done to improve the appearance of any portion of the body; and
- From which no improvement in physiologic function can be expected.

However, benefits are payable to correct:

- A condition resulting from an accident; and
- Functional impairment which results from a covered disease, injury or congenital birth defect.

This exclusion does not apply to mastectomy related charges as provided for and defined in the "Surgical Services" section in the ***Description of Covered Services***.

Cranial Protheses (Including Wigs)

For cranial protheses, including wigs intended to replace hair.

Dental Care

- For dental services related to:
 - The care, filling, removal or replacement of teeth, including dental implants to replace teeth or to treat congenital anodontia, ectodermal dysplasia or dentinogenesis imperfecta; and
 - The treatment of injuries to or diseases of the teeth, gums or structures directly supporting or attached to the teeth, except as otherwise specifically stated in this Benefit Booklet.

- Specific services not covered include, but are not limited to (unless otherwise described in this Benefit Booklet):
 - Apicoectomy (dental root resection);
 - Prophylaxis of any kind;
 - Root canal treatments;
 - Soft tissue impactions;
 - Alveolectomy;
 - Bone grafts or other procedures provided to augment an atrophic mandible or maxilla in preparation of the mouth for dentures or dental implants; and
 - Treatment of periodontal disease;
- For dental implants for any reason.
- For dentures, unless for the initial treatment of an Accidental Injury/trauma.
- For Orthodontic treatment, except for appliances used for palatal expansion to treat congenital cleft palate.
- For injury as a result of chewing or biting (neither is considered an Accidental Injury).

Diagnostic Screening Examinations

For diagnostic screening examinations, except for mammograms and preventive care as provided in the "Primary and Preventive Care", "Women's Preventive Care" and "Diagnostic Services" subsections of the **Description of Covered Services**.

Durable Medical Equipment

For the following examples of equipment that do not meet the definition of Durable Medical Equipment include, but are not limited to:

- Comfort and convenience items, such as massage devices, portable whirlpool pumps, telephone alert systems, bed-wetting alarms, and ramps.
- Equipment used for environmental control, such as air cleaners, air conditioners, dehumidifiers, portable room heaters, and heating and cooling plants.
- Equipment inappropriate for home use. This is an item that generally requires professional supervision for proper operation, such as:
 - Diathermy machines;
 - Medcolator;
 - Data transmission devices used for telemedicine purposes;
 - Pulse tachometer;
 - Translift chairs; and
 - Traction units.
- Non-reusable supplies other than a supply that is an integral part of the Durable Medical Equipment item required for the Durable Medical Equipment function. This means the equipment is not durable or is not a component of the Durable Medical Equipment.
- Equipment that is not primarily medical in nature. Equipment which is primarily and customarily used for a non-medical purpose may or may not be considered "medical" in nature. This is true even though the item may have some medically related use. Such items include, but are not limited to:
 - Equipment For Safety;
 - Exercise equipment;
 - Speech teaching machines;
 - Strollers;

- Toileting systems;
 - Electronically-controlled heating and cooling units for pain relief;
 - Bathtub lifts;
 - Stairglides; and
 - Elevators.
- Equipment with features of a medical nature which are not required by the Member's condition, such as a gait trainer. The therapeutic benefits of the item cannot be clearly disproportionate to its cost, if there exists a Medical Necessity and realistically feasible alternative item that serves essentially the same purpose.
 - Duplicate equipment for use when traveling or for an additional residence, whether or not prescribed by a Professional Provider.
 - Services not primarily billed for by a Provider such as delivery, set-up and service activities and installation and labor of rented or purchased equipment.
 - Modifications to vehicles, dwellings and other structures. This includes any modifications made to a vehicle, dwelling or other structure to accommodate a Member's disability or any modifications made to a vehicle, dwelling or other structure to accommodate a Durable Medical Equipment item, such as customization to a wheelchair.

Effective Date

Which were Incurred prior to the Member's Effective Date of coverage.

Experimental/Investigative

Which are Experimental/Investigative in nature, except, as approved by the Claims Administrator, Routine Patient Costs Associated With Qualifying Clinical Trials that meets the definition of a Qualifying Clinical Trial under this Benefit Booklet.

Foot Orthotics

For supportive devices for the foot (orthotics), such as, but not limited to:

- Foot inserts;
- Arch supports;
- Heel pads and heel cups; and
- Orthopedic/corrective shoes.

This exclusion does not apply to orthotics and podiatric appliances required for the prevention of complications associated with diabetes.

Hearing Aids

For hearing or audiometric examinations, and Hearing Aids and the fitting thereof; and, routine examinations. Services and supplies related to these items are not covered.

Cochlear electromagnetic hearing devices, a semi-implantable Hearing Aid, is not covered. Cochlear electromagnetic hearing devices are not considered cochlear implants.

High Cost Technical Equipment

For equipment costs related to services performed on high cost technological equipment as defined by the Claims Administrator, such as, but not limited to:

- Computer Tomography (CT) scanners;
- Magnetic Resonance Imagers (MRI); and
- Linear accelerators.

Immunizations for Employment or Travel

For Immunizations required for employment purposes or travel.

Laboratory and Pathology Tests for Employment

For laboratory and pathology tests in connection with obtaining or continuing employment.

Medical Foods And Nutritional Formulas

- For appetite suppressants;
- For oral non-elemental nutritional supplements (For example, Boost, Ensure, NeoSure, PediaSure, Scandishake), casein hydrolyzed formulas (For example, Nutramigen, Alimentun, Pregestimil), or other nutritional products including, but not limited to, banked breast milk, basic milk, milk-based, and soy-based products. This exclusion does not apply to Medical Foods and Nutritional Formulas as provided for and defined in the "Medical Foods and Nutritional Formulas" section in the **Description of Covered Services**;
- For elemental semi-solid foods (For example, Neocate Nutra);
- For products that replace fluids and electrolytes (For example, Electrolyte Gastro, Pedialyte);
- For oral additives (For example, Duocal, fiber, probiotics, or vitamins) and food thickeners (For example, Thick-It, Resource ThickenUp); and
- For supplies associated with the oral administration of formula (For example, bottles, nipples).

Medical Supplies

For Medical Supplies such as but not limited to thermometers, ovulation kits, early pregnancy or home pregnancy testing kits.

Medical Necessity

Which are not Medically Necessary as determined by the Claims Administrator for the diagnosis or treatment of illness or injury.

Mental Health/Psychiatric Care

- For vocational or religious counseling; and
- For activities that are primarily of an educational nature.

Military Service

For any loss sustained or expenses Incurred in the following ways:

- During military service while on active duty as a member of the armed forces of any nation; or
- As a result of enemy action or act of war, whether declared or undeclared.

Miscellaneous

- For care in a:
 - Nursing home;
 - Home for the aged;
 - Convalescent home;
 - School;
 - Camp;
 - Institution for intellectually disabled children; or
 - Custodial Care in a Skilled Nursing Facility.
- For broken appointments.
- For Telephone consultations.
- For completion of a claim form.

- For marriage counseling.
- For Custodial Care, domiciliary care or rest cures.
- Which are not billed and performed by a Provider as defined under this coverage as a "Professional Provider", "Facility Provider" or "Ancillary Service Provider" except as otherwise indicated under the subsections entitled:
 - "Therapy Services"; and
 - "Ambulance Services/Transport" in the **Description of Covered Services** section.
- Performed by a Professional Provider enrolled in an education or training program when such services are:
 - Related to the education or training program; and are
 - Provided through a Hospital or university.
- For weight reduction and premarital blood tests. This exclusion does not apply to nutrition visits as set forth in the **Description of Covered Services** section under the subsection entitled "Nutrition Counseling for Weight Management".
- For any Therapy Service provided for:
 - Work hardening activities/programs; or
 - Evaluations not associated with therapy.

Motor Vehicle

For injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is:

- Paid under a plan or policy of motor vehicle insurance, including a certified self-insured plan; or
- Payable in any manner under the Pennsylvania Motor Vehicle Financial Responsibility Law.

Non-Covered Services

Any services, supplies or treatments not specifically listed as covered benefits in this Program.

Obesity

For treatment of obesity, including, but not limited to:

- Weight management programs;
- Dietary aids, supplements, injections and medications;
- Weight training, fitness training, or lifestyle modification programs, including such programs provided under the supervision of a clinician; and
- Group nutrition counseling.

This exclusion does not apply to:

- Surgical procedures specifically intended to result in weight loss (including bariatric surgery) when the Claims Administrator:
 - Determines the Surgery is Medically Necessary; and
 - The Surgery is limited to one surgical procedure per lifetime regardless (or even) if:
 - A new or different diagnosis is the indication for the Surgery;
 - A new or different type of Surgery is intended or performed;
 - A revision, repeat, or reversal of any previous weight loss Surgery is intended or performed.

The exclusion of coverage for a repeat, reversal or revision of a previous Surgery does not apply when the intended procedure is performed to treat technical failure or complication of a prior surgical procedure which if left untreated, would result in endangering the health of the

Member. Failure to maintain weight loss or any condition resulting from or associated with obesity does not constitute technical failure.

- Nutrition counseling visits/sessions as described in the "Nutrition Counseling for Weight Management" provision in this Benefit Booklet.

Over-The-Counter Drugs

For over-the-counter drugs and any other medications that may be dispensed without a doctor's prescription, except for medications administered during an Inpatient Admission. This exclusion does not apply to over-the-counter medicines that are prescribed by a Physician in accordance with applicable law.

Personal Hygiene and Convenience Items

For personal hygiene and convenience items such as, but not limited to the following, whether or not recommended by a Provider:

- | | |
|--|--|
| <ul style="list-style-type: none"> ▪ Air conditioners; ▪ Humidifiers; ▪ Physical fitness or exercise equipment; ▪ Radio; ▪ Beauty/barber shop services; ▪ Guest trays; ▪ Wigs; ▪ Chairlifts; ▪ Stairglides; | <ul style="list-style-type: none"> ▪ Elevators; ▪ Sauna; ▪ Television; ▪ Spa or health club memberships; ▪ Whirlpool; ▪ Telephone; ▪ Guest Service; or ▪ Hot tub or equivalent device. |
|--|--|

Physical Examinations

For routine physical examinations for non-preventive purposes, such as:

- Pre-marital examinations;
- Physicals for college;
- Camp or travel; and
- Examinations for insurance, licensing and employment.

Prescription Drugs

- For prescription drugs, except as may be provided by a prescription drug rider attached to this Benefit Booklet. This exclusion does NOT apply to insulin, insulin analogs and pharmacological agents for controlling blood sugar levels, as provided for the treatment of diabetes and contraceptive methods, including contraceptive drugs and devices, injectable contraceptives, IUDs and implants; sterilization procedures, and patient education and counseling, not including abortifacient drugs, for generic products and for those methods that do not have a generic equivalent. Brand contraceptives are excluded.
- For drugs and medicines for which the Member has coverage under a free-standing prescription drug program provided through the Enrolled Group.

Private Duty Nursing

- For Private Duty Nursing services in connection with the following:
 - Nursing care which is primarily custodial in nature; such as care that primarily consists of bathing, feeding, exercising, homemaking, moving the patient and giving oral medication;
 - Services provided by a nurse who ordinarily resides in the Member's home or is a

- member of the Member's Immediate Family; and
- Services provided by a home health aide or a nurse's aide.
- For Inpatient Private Duty Nursing services.

Relative Counseling or Consultations

For counseling or consultation with a Member's relatives, or Hospital charges for a Member's relatives or guests, except as may be specifically provided or allowed in the "Treatment for Alcohol Or Drug Abuse And Dependency" or "Transplant Services" sections of the **Description of Covered Services**.

Responsibility of Another Party

- For which a Member would have no legal obligation to pay, or another party has primary responsibility.
- Received from a dental or medical department maintained by or on behalf of an employer, a mutual benefit association, labor union, trust, or similar person or group.

Responsibility of Medicare

Claims paid or payable by Medicare when Medicare is primary. For purposes of this Program exclusion, coverage is not available for a service, supply or charge that is "payable under Medicare" when the Member is eligible to enroll for Medicare benefits, regardless of whether the Member actually enrolls for, pays applicable premium for, maintains, claims or receives Medicare benefits. The amount excluded for these claims will be either the amount "payable under Medicare" or the applicable plan fee schedule for the service, at the discretion of the Claims Administrator.

Reversal of a Sterilization

For any Surgery performed for the reversal of a sterilization procedure.

Routine Foot Care

As defined in the Claims Administrator's Medical Policy unless associated with Medically Necessary treatment of peripheral vascular disease and/or peripheral neuropathic disease, including but not limited to diabetes.

Self-Administered Prescription Drugs

For Self-Administered Prescription Drugs, regardless of whether the drugs are provided or administered by a Provider. Drugs are considered Self-Administered Prescription Drugs even when initial medical supervision and/or instruction is required prior to patient self-administration.

This exclusion does not apply to Self-Administered Prescription Drugs that are:

- Mandated to be covered by law, such as insulin or any drugs required for the treatment of diabetes, unless these drugs are covered by a Free-Standing Prescription Drug Contract issued to the Group by the Claims Administrator; or
- Required for treatment of an Emergency condition that requires a Self-Administered Prescription Drug.

Sexual Dysfunction

For sex therapy or other forms of counseling for treatment of sexual dysfunction when performed by a non-licensed sex therapist.

Skilled Nursing Facility

For Skilled Nursing Facility services in connection with the following:

- When confinement in a Skilled Nursing Facility is intended solely to assist the Member with the activities of daily living or to provide an institutional environment for the convenience of a Member;
- For the treatment of Alcohol And Drug Abuse Or Dependency, and Mental Illness; or
- After the Member has reached the maximum level of recovery possible for their particular condition and no longer requires definitive treatment other than routine Custodial Care.

Temporomandibular Joint Syndrome (TMJ)

For treatment of temporomandibular joint syndrome (TMJ), also known as craniomandibular disorders (CMD), with intraoral devices or with any non-surgical method to alter vertical dimension.

Termination Date

Which were or are Incurred after the date of termination of the Member's coverage except as provided in the **General Information** section.

Travel

For travel, whether or not it has been recommended by a Professional Provider or if it is required to receive treatment at an out of area Provider.

Veteran's Administration or Department of Defense

To the extent a Member is legally entitled to receive when provided by the Veteran's Administration or by the Department of Defense in a government facility reasonably accessible by the Member.

Vision

- For correction of myopia or hyperopia by means of corneal microsurgery, such as:
 - Keratomileusis;
 - Keratophakia;
 - Radial keratotomy and all related services.
- For eyeglasses, lenses or contact lenses and the vision examination for prescribing or fitting eyeglasses or contact lenses except as otherwise described in this Benefit Booklet.

Worker's Compensation

For any occupational illness or bodily injury which occurs in the course of employment if benefits or compensation are available, in whole or in part, under the provisions of:

- Worker's Compensation Law; or
- Any similar Occupational Disease Law or Act.

This exclusion applies whether or not the Member claims the benefits or compensation.

GENERAL INFORMATION

ELIGIBILITY, CHANGE AND TERMINATION RULES UNDER THE PROGRAM

Effective Date: The date the Group agrees that all eligible persons may apply and become covered for the benefits as set forth in this Program and described in this Benefit Booklet. If a person becomes an eligible person after the Group's Effective Date, that date becomes the eligible person's effective date under this Program.

Eligible Person

The Employee is eligible to be covered under this Program if the Employee is determined by the Group as eligible to apply for coverage and sign the Application.

Eligibility shall not be affected by the Employee's physical condition and determination of eligibility for the coverage by the employer shall be final and binding.

Eligible Dependent

The Employee's family is eligible for coverage (Dependent coverage) under this Program when the Employee is eligible for Employee coverage. An eligible Dependent is defined as the Employee's spouse under a legally valid existing marriage, the Employee's child(ren), including any stepchild, legally adopted child, a child placed for adoption or any child whose coverage is the Employee's responsibility under the terms of a qualified release or court order. The limiting age for covered children is the first of the month following the month in which they reach age 26.

In addition, a full-time student will be considered eligible for coverage when they are on a Medically Necessary leave of absence from an Accredited Educational Institution. The Dependent child will be eligible for coverage until the earlier of one year from the first day of the leave of absence or the date on which the coverage otherwise would terminate. The limiting age referenced above will be applicable regardless of the status of the Medically Necessary leave of absence.

A full-time student who is eligible for coverage under this Program who is:

- A member of the Pennsylvania National Guard or any reserve component of the U.S. armed forces and who is called or ordered to active duty, other than active duty for training for a period of 30 or more consecutive days; or
- A member of the Pennsylvania National Guard who is ordered to active state duty, including duty under Pa. C.S. Ch. 76 (relates to Emergency Management Assistance Compact), for a period of 30 or more consecutive days.

Eligibility for these Dependents will be extended for a period equal to the duration of the Dependent's service on duty or active state duty or until the individual is no longer a full-time student regardless of the age of the Dependent when the educational program at the Accredited Educational Institution was interrupted due to military duty.

As proof of eligibility, the Employee must submit a form to the Claims Administrator approved by the Department of Military & Veterans Affairs (DMVA):

- Notifying the Claims Administrator that the Dependent has been placed on active duty;
- Notifying the Claims Administrator that the Dependent is no longer on active duty; or
- Showing that the Dependent has re-enrolled as a full-time student in an Accredited Educational Institution for the first term or semester starting 60 or more days after their release from active duty.

Eligibility will be continued past the limiting age for unmarried children, regardless of age, who are incapable of self-support because of mental or physical incapacitation and who are dependent on the Employee for over half of their support. The Claims Administrator may require proof of eligibility under the prior Claims Administrator's plan and also from time to time under this Program.

The newborn child(ren) of the Employee or the Employee's Dependent shall be entitled to the benefits provided by this Program from the date of birth for a period of 31 days. Coverage of newborn children within such 31 days shall include care which is necessary for the treatment of medically diagnosed congenital defects, birth abnormalities, prematurity and routine nursery care. To be eligible for Dependent coverage beyond the 31 day period, the Employee must enroll the newborn child within such 31 days. To continue coverage beyond 31 days for a newborn child, who does not otherwise qualify for coverage as a Dependent, the Employee must apply within 31 days after the birth of the newborn and the appropriate rate must be paid when billed.

A newly acquired Dependent shall be eligible for coverage under this Program on the date the Dependent is acquired provided that the Employee applies to the Claims Administrator for addition of the Dependent within 31 days after the Dependent is acquired and the Employee makes timely payment of the appropriate rate. If Application is made later than 31 days after the Dependent is acquired, coverage shall become effective on the first billing date following 30 days after the Employee's Application is accepted by the Claims Administrator.

A Dependent child of a custodial parent covered under this Program may be enrolled under the terms of a qualified medical release or court order, as required by law.

No Dependent may be eligible for coverage as a Dependent of more than one Member of the Enrolled Group. No individual may be eligible for coverage hereunder as a Member and as a Dependent of a Member at the same time.

Benefits to Which the Member Is Entitled

The liability of the Claims Administrator is limited to the benefits specified in this Benefit Booklet. The Claims Administrator's determination of the benefit provisions applicable for the services rendered to the Member shall be conclusive.

Termination of Coverage at Termination Of Employment Or Membership In The Group

When a Member ceases to be an eligible Employee or eligible Dependent, or the required contribution is not paid, the Member's coverage will terminate at the end of the last month for which payment was made. However, if benefits under this Program are provided by and/or approved by the Claims Administrator before the Claims Administrator receives notice of the Member's termination under this Program, the cost of such benefits will be the sole responsibility of the Member. In that circumstance, the Claims Administrator will consider the effective date of termination of a Member under this Program to be not more than 60 days

before the first day of the month in which the Group notified the Claims Administrator of such termination.

Consumer Rights

Each Member has the right to access, review and copy their own health and membership records and request amendments to their records. This includes information pertaining to claim payments, payment methodology, reduction or denial, medical information secured from other agents, plans or providers.

For more information about accessing, reviewing or copying records, call Member Services at the toll-free number referenced on the Identification Card.

Member/Provider Relationship

- The choice of a Provider is solely the Member's choice.
- The Claims Administrator does not furnish Covered Services but only makes payment for Covered Services received by persons covered under this Program. The Claims Administrator is not liable for any act or omission of any Provider. The Claims Administrator has no responsibility for a Provider's failure or refusal to render Covered Services to a Member.

COVERAGE CONTINUATION

Termination of the Member's Coverage and Conversion Privilege Under This Program

- Termination of this Program – Termination of the Group coverage (this Program) automatically terminates all coverage for the Member (an Enrolled Employee) and the Member's eligible Dependents. The privilege of conversion to a conversion contract shall be available to any Member who has been continuously covered under the Program Document for at least three months (or covered for similar benefits under any group plan that this Program replaced).

It is the responsibility of the Group or the Group's Applicant Agent to notify the Member and the Member's eligible Dependents of the termination of coverage. However, coverage will be terminated regardless of whether the notice is given.

Rescission: If it is proven that the Member or the Member's eligible Dependent obtained or attempted to obtain benefits or payment for benefits, through fraud or intentional misrepresentation of material fact, the Claims Administrator, may, upon notice to the Member, terminate the coverage. The Member will receive written notice at least 30 days prior to termination but will have the right to utilize the **Complaint and Appeal Process** to appeal cancellation.

The privilege of conversion is available for the Member and the Member's eligible Dependents except in the following circumstances:

- The Group terminates this Program in favor of group coverage by another organization;
or
- The Group terminates the Member in anticipation of terminating this Program in favor of group coverage by another organization.

- **Notice of Conversion** – Written notice of termination and the privilege of conversion to a conversion contract shall be given within 60 days after the date of termination of this Program. Once the Member receives notice and the Member elects a conversion plan, payment for coverage under the conversion contract must be made within 31 days. Evidence of insurability is not required. Upon receipt of this payment, the conversion contract will be effective on the date of the Member's termination under this Program.

Conversion coverage shall not be available if the Member is eligible for another health care program which is available in the Group where the Member is employed or with which the Member is affiliated to the extent that the conversion coverage would result in over-insurance.

If the Member's coverage or the coverage of the Member's eligible dependent terminates because of the Member's death, the Member's change in employment status, divorce of dependent spouse, or change in a dependent's eligibility status, the terminated Member will be eligible to apply within 31 days of termination (or termination of the continuation privileges under COBRA) to conversion coverage, of the type for which that Member is then qualified at the rate then in effect. This conversion coverage may be different from the coverage provided under this Program. Evidence of insurability is not required.

Continuation Of Coverage At Termination Of Employment Or Membership Due To Total Disability

The Member's protection under this Program may be extended after the date the Member ceases to be a Member under this Program because of termination of employment or membership in the Group. It will be extended if, on that date, the Member is Totally Disabled from an illness or injury. The extension is only for that illness or injury and any related illness or injury. It will be for the time the Member remains Totally Disabled from any such illness or injury, but not beyond 12 months if the Member ceases to be a Member because the Member's coverage under this Program ends.

Coverage under this Program will apply during an extension as if the Member was still a Member. In addition, coverage will apply only to the extent that other coverage for the Covered Services is not provided for the Member through the Claims Administrator by the Group. Continuation of coverage is subject to payment of the applicable premium.

Continuation Of Incapacitated Child

If an unmarried child is incapable of self-support because of mental or physical incapacity and is dependent on the Member (an enrolled Employee) for over half of the child's support, the Member may apply to the Claims Administrator to continue coverage of such child under this Program upon such terms and conditions as the Claims Administrator may determine. Coverage of such Dependent child shall terminate upon the child's marriage. Continuation of benefits under this provision will only apply if the child was eligible as a Dependent and mental or physical incapacity commenced prior to age 26.

The child must be unmarried, incapable of self-support and the disability must have commenced prior to attaining 26 years of age. The disability must be certified by the attending Physician; furthermore, the disability is subject to annual medical review. In a case where a handicapped child is over 26 years of age and joining the Claims Administrator for the first time, the handicapped child must have been covered under the prior Claims Administrator and submit proof from the prior Claims Administrator that the child was covered as a handicapped person.

When The Employee Terminates Employment - Continuation Of Coverage Provisions Consolidated Omnibus Budget Reconciliation Act Of 1985, As Amended (COBRA)

The Employee should contact their Employer for more information about COBRA and the events that may allow the Employee or the Employee's eligible Dependents to temporarily extend health care coverage.

INFORMATION ABOUT PROVIDER REIMBURSEMENT

The Member's PPO Network Plan (this Program) is a program, which allows the Member to maximize the Member's health care benefits by utilizing the PPO Network, which is comprised of Providers that have a contractual arrangement with the Claims Administrator. These Providers are called "In-Network Providers". In-Network Providers are doctors, Hospitals and other health care professionals and institutions that are part of the PPO network, which is designed to provide access to care through a selected managed network of Providers. Services by In-Network Providers are delivered through a selected, managed network of Providers designed to provide quality care. The Hospitals, Primary Care Physicians and specialists, and a wide range of Ancillary Service Providers, including suppliers of Durable Medical Equipment, Hospice care and Home Health Care Agencies, Skilled Nursing Facilities, Free Standing Dialysis Facilities and Ambulatory Surgical Facilities.

When the Member receives health care through a Provider that is a member of the PPO Network, the Member incurs limited out-of-pocket expenses, and there are no claim forms to fill out. Benefits are also provided if the Member chooses to receive health care through a Provider that is not an In-Network Provider. However, the level of benefits will be reduced, and the Member will be responsible for a greater share of out-of-pocket expenses, and the amount of the Member's expenses could be substantial. The Member may have to reach a Deductible before receiving benefits and the Member may be required to file a claim form.

To locate a BlueCard network Provider, go to www.bcbs.com or call 1-800-810-BLUE (2583) (TTY: 711). The Claims Administrator covers only care that is "Medically Necessary". Medically Necessary care is care that is needed for the Member's particular condition and that the Member receives at the most appropriate level of service. Examples of different levels of service are Hospital Inpatient care, treatment in Short Procedure Units and Hospital Outpatient care.

Some of the services the Member receives through this Program must be Precertified before the Member receives them, to determine whether they are Medically Necessary. Failure to Precertify services, when required, may result in a reduction of benefits. Precertification of services is a vital program feature that reviews Medical Necessity of certain procedures/admissions. In certain cases, Precertification helps determine whether a different treatment may be available that is equally effective. Precertification also helps determine the most appropriate setting for certain services. Innovations in health care enable doctors to provide services, once provided exclusively in an Inpatient setting, in many different settings – such as an Outpatient department of a Hospital or a doctor's office.

When the Member seeks medical treatment that requires Precertification (excluding Inpatient Admissions), the Member must ask their Provider to initiate the Precertification process. The Precertification number is located on the Member's Identification Card. The Member should instruct their Provider to call the Precertification number listed on the Member's Identification Card, and give the Member's name, facility's name, diagnosis, and procedure or reason for

admission. Failure to Precertify required services will result in a reduction of benefits payable to the Member.

If the request for Precertification is denied, the Member will be notified in writing that the admission/service will not be paid because it is considered to be medically inappropriate. If the Member decides to continue treatment or care that has not been approved, the Member will be asked to do the following:

- Acknowledge this in writing.
- Request to have services provided.
- The Member states their willingness to assume financial liability.

Unless a claim is successfully negotiated through the Price Protection Program, an Out-of-Network Hospital-Based Provider can bill the Member directly for their services, for either the Provider's charges or amounts in excess of the Claims Administrator's payment to the Out-of-Network Hospital-Based Providers, (That is, balance billing). In such situations, claims eligible for the balance bill advocacy services of the Price Protection Program may be initiated by the Member contacting the Claims Administrator. The Member will need to contact the Claims Administrator at the Customer Service telephone number listed on the Member's I.D. card. For claims that are ineligible for balance bill advocacy services of the Price Protection Program, the Member should still contact the Claims Administrator. Upon such notification, the Claims Administrator will resolve the balance-billing for claims ineligible for the balance bill advocacy services of the Price Protection Program.

Note that when the Member elects to see an Out-of-Network Hospital-Based Provider for follow-up care or any other service where the Member has the ability to select an In-Network Provider, the Covered Services will be covered at an Out-of-Network benefit level. Except for Emergency Care, if an Out-of-Network Provider admits the Member to a Hospital or other Facility Provider, Covered Services provided by an Out-of-Network Hospital-Based Provider will be reimbursed at the Out-of-Network benefit level. For such Covered Services, not successfully negotiated through the Price Protection Program, payment will be made to the Member and the Member will be responsible for reimbursing the Out-of-Network Hospital-Based Provider. For payment of Covered Services provided by an Out-of-Network Professional Provider, please refer to the definition of "Covered Expense" in the ***Important Definitions*** section of this Benefit Booklet.

Unless a claim is successfully negotiated through the Price Protection Program, an Out-of-Network Hospital-Based Provider can bill the Member directly for their services, for either the Provider's charges or amounts in excess of the Claims Administrator's payment to the Out-of-Network Hospital-Based Providers, (That is, balance billing). In such situations, claims eligible for the balance bill advocacy services of the Price Protection Program may be initiated by the Member contacting the Claims Administrator. The Member will need to contact the Claims Administrator at the Customer Service telephone number listed on the Member's I.D. card. For claims that are ineligible for balance bill advocacy services of the Price Protection Program, the Member should still contact the Claims Administrator. Upon such notification, the Claims Administrator will resolve the balance-billing for claims ineligible for the balance bill advocacy services of the Price Protection Program.

Note that when the Member elects to see an Out-of-Network Hospital-Based Provider for follow-up care or any other service where the Member has the ability to select an In-Network Provider, the Covered Services will be covered at an Out-of-Network benefit level. Except for Emergency Care, if an Out-of-Network Provider admits the Member to a Hospital or other Facility Provider, Covered Services provided by an Out-of-Network Hospital-Based Provider will be reimbursed at the Out-of-Network benefit level. For such Covered Services, not successfully negotiated through the Price Protection Program, payment will be made to the Member and the Member will be responsible for reimbursing the Out-of-Network Hospital-Based Provider. For payment of Covered Services provided by an Out-of-Network Professional Provider, please refer to the definition of "Covered Expense" in the **Important Definitions** section of this Benefit Booklet.

Payment Of Providers

A Member or the Provider may submit bills directly to the Claims Administrator, and, to the extent that benefits and indemnity are payable within the terms and conditions of this Benefit Booklet, reimbursement will be furnished as detailed below. The Member's benefits for Covered Services are based on the rate of reimbursement as set forth under "Covered Expense" in the **Important Definitions** section of this Benefit Booklet.

– Facility Providers

➤ In-Network Facility Providers

In-Network Facility Providers are members of the PPO Network and have a contractual arrangement with the Claims Administrator for the provision of services to Members. Benefits will be provided as specified in the **Schedule of Covered Services** for Covered Services which have been performed by an In-Network Facility Provider. The Claims Administrator will compensate In-Network Facility Providers in accordance with the contracts entered into between such Providers and the Claims Administrator. BlueCard Providers will be compensated by the Blue Cross and Blue Shield Plans with which they contract. No payment will be made directly to the Member for Covered Services rendered by any In-Network Facility Provider.

➤ Out-of-Network Facility Providers

Out-of-Network Facility Providers include facilities that are not part of the PPO Network. The Claims Administrator may have a contractual arrangement with a facility even if it is not part of the PPO Network.

The Claims Administrator will provide benefits for Covered Services provided by an Out-of-Network Facility Provider at the Out-of-Network Coinsurance level specified in the **Schedule of Covered Services**. The reimbursement rate is specified under "Covered Expense" in the **Important Definitions** section of this Benefit Booklet.

If the Claims Administrator determines that Covered Services were for Emergency Care as defined herein, the Member normally will not be subject to the cost-sharing Penalties that would ordinarily be applicable to Out-of-Network services. Emergency admissions must be certified within two business days of admission, or as soon as reasonably possible, as determined by the Claims Administrator. Payment for Emergency Services provided by Out-of-Network Providers will be the negotiated amount through the Price Protection Program, or the greater of:

- ❖ The median of the amounts paid to In-Network Providers for Emergency Services;

- ❖ The amount paid to Out-of-Network Facility Providers; or
- ❖ The amount paid by Medicare.

Once Covered Services are rendered by a Facility Provider, the Program will not honor a Member's request not to pay for claims submitted by the Facility Provider. The Member will have no liability to any person because of its rejection of the request.

– Professional Providers

➤ In-Network Providers

The Claims Administrator is authorized by the Member to make payment directly to the In-Network Professional Providers furnishing Covered Services for which benefits are provided under this Program. In-Network Professional Providers have agreed to accept the rate of reimbursement determined by a contract as payment in full for Covered Services. BlueCard Providers will be compensated by the Blue Cross and Blue Shield Plans with which they contract. In-Network Professional Providers will make no additional charge to Members for Covered Services except in the case of certain Copayments, Coinsurance or other cost-sharing features as specified under this Program. The Member is responsible within 60 days of the date in which the Claims Administrator finalizes such services to pay, or make arrangements to pay, such amounts to the In-Network Professional Provider.

Benefit amounts, as specified in the **Schedule of Covered Services** of this coverage, refer to Covered Services rendered by a Professional Provider which are regularly included in such Provider's charges and are billed by and payable to such Provider. Any dispute between the In-Network Professional Provider and a Member with respect to balance billing shall be submitted to the Claims Administrator for determination. The decision of the Claims Administrator shall be final.

Once Covered Services are rendered by a Professional Provider, the Claims Administrator will not honor a Member's request not to pay for claims submitted by the Professional Provider. The Claims Administrator will have no liability to any person because of its rejection of the request.

➤ Emergency Care by Out-of-Network Providers

If the Claims Administrator determines that Covered Services provided by an Out-of-Network Provider were for Emergency Care, the Member will be subject to the In-Network cost-sharing levels. Penalties that ordinarily would be applicable to Out-of-Network Covered Services will not be applied. For Emergency Care, not successfully negotiated through the Price Protection Program the Claims Administrator will reimburse the Member for Covered Services at the Out-of-Network Provider reimbursement rate. For payment of Covered Services provided by an Out-of-Network Provider, please refer to the definition of "Covered Expense" in the **Important Definitions** section of this Benefit Booklet. Inpatient admissions for Emergency Care must be certified within two business days of admission, or as soon as reasonably possible, as determined by the Claims Administrator. Payment for Emergency Services provided by Out-of-Network Providers will be the negotiated amount through the Price Protection Program, or the greater of:

- ❖ The median of the amounts paid to In-Network Providers for Emergency Services;

- ❖ The amount paid to Out-of-Network Professional Providers; or
- ❖ The amount paid by Medicare.

Unless a claim is successfully negotiated through the Price Protection Program, an Out-of-Network Hospital-Based Provider can bill the Member directly for their services, for either the Provider's charges or amounts in excess of the Claims Administrator's payment to the Out-of-Network Hospital-Based Providers, (That is, balance billing). In such situations, Emergency Care claims eligible for the balance bill advocacy services of the Price Protection Program may be initiated by the Member contacting the Claims Administrator. The Member will need to contact the Claims Administrator at the Customer Service telephone number listed on the Member's I.D. card. For Emergency Care claims that are ineligible for balance bill advocacy services of the Price Protection Program, the Member should still contact the Claims Administrator. Upon such notification, the Claims Administrator will resolve the balance-billing for Emergency Care claims ineligible for the balance bill advocacy services of the Price Protection Program.

➤ **Out-of-Network Hospital-Based Provider Reimbursement**

When the Member receives Covered Services from an Out-of-Network Hospital-Based Provider while the Member is an Inpatient at an In-Network Hospital or other In-Network Facility Provider and are being treated by an In-Network Professional Provider, the Member will receive the In-Network cost-sharing level of benefits for the Covered Services provided by the Out-of-Network Hospital-Based Provider. For such Covered Services, not successfully negotiated through the Price Protection Program, payment will be made to the Member, who will be responsible for reimbursing the Out-of-Network Hospital-Based Provider. For payment of Covered Services provided by an Out-of-Network Professional Provider, please refer to the definition of "Covered Expense" in the **Important Definitions** section of this Benefit Booklet.

Unless a claim is successfully negotiated through the Price Protection Program, an Out-of-Network Hospital-Based Provider can bill the Member directly for their services, for either the Provider's charges or amounts in excess of the Claims Administrator's payment to the Out-of-Network Hospital-Based Providers, (That is, balance billing). In such situations, claims eligible for the balance bill advocacy services of the Price Protection Program may be initiated by the Member contacting the Claims Administrator. The Member will need to contact the Claims Administrator at the Customer Service telephone number listed on the Member's I.D. card. For claims that are ineligible for balance bill advocacy services of the Price Protection Program, the Member should still contact the Claims Administrator. Upon such notification, the Claims Administrator will resolve the balance-billing for claims ineligible for the balance bill advocacy services of the Price Protection Program.

Note that when the Member elects to see an Out-of-Network Hospital-Based Provider for follow-up care or any other service where the Member has the ability to select an In-Network Provider, the Covered Services will be covered at an Out-of-Network benefit level. Except for Emergency Care, if an Out-of-Network Provider admits the Member to a Hospital or other Facility Provider, Covered Services provided by an Out-of-Network Hospital-Based Provider will be reimbursed at the Out-of-Network benefit level. For such Covered Services, not successfully negotiated through the Price Protection Program, payment will be made to the Member and the Member will be responsible for

reimbursing the Out-of-Network Hospital-Based Provider. For payment of Covered Services provided by an Out-of-Network Professional Provider, please refer to the definition of "Covered Expense" in the ***Important Definitions*** section of this Benefit Booklet.

- Payment of Out-of-Network Providers

For Covered Services not successfully negotiated through the Price Protection Program, received from an Out-of-Network Provider, payment will be made directly to the Member and the Member will be responsible for reimbursing the Out-of-Network Provider. However, Claims Administrator reserves the right, in its sole discretion, to make payments directly to the Out-of-Network Provider.

- Assignment of Benefits to Providers

The right of a Member to receive benefit payments under this Program is personal to the Member and is not assignable in whole or in part to any person, Hospital, or other entity nor may benefits of this Program be transferred, either before or after Covered Services are rendered. However, a Member can assign benefit payments to the custodial parent of a Dependent covered under the Benefit Booklet, as required by law.

BlueCard Program

- Out-of-Area Services

Overview

The Claims Administrator has a variety of relationships with other Blue Cross and/or Blue Shield Licensees. Generally, these relationships are called "Inter-Plan Arrangements." These Inter-Plan Arrangements work based on rules and procedures issued by the Blue Cross Blue Shield Association ("Association"). Whenever the Member accesses healthcare services outside of the geographic area the Claims Administrator serves, the claims for these services may be processed through one of these Inter-Plan Arrangements. The Inter-Plan Arrangements are described below.

When the Member receives care outside of the Claims Administrator's service area, the Member will receive it from one of two kinds of providers. Most providers ("participating providers") contract with the local Blue Cross and/or Blue Shield Licensee in that other geographic area ("Host Blue"). Some providers ("nonparticipating providers") don't contract with the Host Blue. the Claims Administrator explains below how the Claims Administrator pays both kinds of providers.

Inter-Plan Arrangements Eligibility - Claim Types

All claim types are eligible to be processed through Inter-Plan Arrangements, as described above, except for all Dental Care Benefits except when paid as medical claims/benefits, and those Prescription Drug Benefits or Vision Care Benefits that may be administered by a third party contracted by the Claims Administrator to provide the specific service or services.

- BlueCard® Program
Under the BlueCard® Program, when the Member receives Covered Services within the geographic area served by a Host Blue, the Claims Administrator will remain responsible for doing what we agreed to in the contract. However, the Host Blue is responsible for contracting with and generally handling all interactions with its participating providers.

When the Member receives Covered Services outside the Claims Administrator's service area and the claim is processed through the BlueCard Program, the amount the Member pays for Covered Services is calculated based on the lower of:

- The billed charges for Covered Services; or
- The negotiated price that the Host Blue makes available to the Claims Administrator.

Often this "negotiated price" will be a simple discount that reflects an actual price that the Host Blue pays to the Member's healthcare provider. Sometimes, it is an estimated price that takes into account special arrangements with the Member's healthcare provider or provider group that may include types of settlements, incentive payments and/or other credits or charges. Occasionally, it may be an average price, based on a discount that results in expected average savings for similar types of healthcare providers after taking into account the same types of transactions as with an estimated price.

Estimated pricing and average pricing also take into account adjustments to correct for over- or underestimation of past pricing of claims, as noted above. However, such adjustments will not affect the price the Claims Administrator has used for the Member's claim because they will not be applied after a claim has already been paid.

- Special Cases: Value-Based Programs

BlueCard® Program

If the Member receives Covered Services under a Value-Based Program inside a Host Blue's service area, the Member will not be responsible for paying any of the Provider Incentives, risk-sharing, and/or Care Coordinator Fees that are a part of such an arrangement, except when a Host Blue passes these fees to the Claims Administrator through average pricing or fee schedule adjustments.

Value-Based Programs: Negotiated (non-BlueCard Program) Arrangements

If the Claims Administrator has entered into a Negotiated Arrangement with a Host Blue to provide Value-Based Programs to the Group on the Member's behalf, the Claims Administrator will follow the same procedures for Value-Based Programs administration and Care Coordinator Fees as noted above for the BlueCard Program.

- Nonparticipating Providers Outside the Claims Administrator's Service Area

- Member Liability Calculation

When Covered Services are provided outside of the Claims Administrator's service area by nonparticipating providers, the amount the Member pays for such services will normally be based on either the Host Blue's nonparticipating provider local payment or the pricing arrangements required by applicable state law. In these situations, the Member may be responsible for the difference between the amount that the nonparticipating provider bills and the payment the Claims Administrator will make for the Covered Services as set forth in this paragraph. Federal or state law, as applicable, will govern payments for out-of-network emergency services.

- Exceptions

In certain situations, the Claims Administrator may use other payment methods, such as billed charges for Covered Services, the payment we would make if the healthcare services had been obtained within our service area, or a special negotiated payment to determine the amount the Claims Administrator will pay for services provided by nonparticipating providers. In these situations, the Member may be liable for the difference between the amount that the nonparticipating provider bills and the payment the Claims Administrator will make for the Covered Services as set forth in this paragraph.

- Blue Cross Blue Shield Global Core

If the Member is outside the United States, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands (hereinafter "BlueCard service area"), the Member may be able to take advantage of the Blue Cross Blue Shield Global Core when accessing Covered Services. The Blue Cross Blue Shield Global Core is unlike the BlueCard Program available in the BlueCard service area in certain ways. For instance, although the Blue Cross Blue Shield Global Core assists the Member with accessing a network of inpatient, outpatient and professional providers, the network is not served by a Host Blue. As such, when the Member receives care from providers outside the BlueCard service area, the Member will typically have to pay the providers and submit the claims themselves to obtain reimbursement for these services.

If the Member needs medical assistance services (including locating a doctor or hospital) outside the BlueCard service area, the Member should call the Blue Cross Blue Shield Global Core Service Center at 1.800.810.BLUE (2583) (TTY: 711) or call collect at 1.804.673.1177 (TTY: 711), 24 hours a day, seven days a week. An assistance coordinator, working with a medical professional, can arrange a physician appointment or hospitalization, if necessary.

- Inpatient Services

In most cases, if the Member contacts the service center for assistance, hospitals will not require the Member to pay for covered inpatient services, except for the Member's deductibles, coinsurance, etc. In such cases, the hospital will submit the Member's claims to the service center to begin claims processing. However, if the Member paid in full at the time of service, the Member must submit a claim to receive reimbursement for Covered Services. **The Member must contact the Claims Administrator to obtain precertification for non-emergency inpatient services.**

- **Outpatient Services**
Physicians, urgent care centers and other outpatient providers located outside the BlueCard service area will typically require the Member to pay in full at the time of service. The Member must submit a claim to obtain reimbursement for Covered Services.

SERVICES AND SUPPLIES REQUIRING PRECERTIFICATION

Precertification Review

When required, Precertification review evaluates the Medical Necessity, including the appropriateness of the setting, of proposed services for coverage under the Member's benefit plan. Examples of these services include planned or elective Inpatient Admissions and selected Outpatient procedures. For groups located in the PPO Network service area, Precertification review may be initiated by the Provider or the Member depending on whether the Provider is a PPO Network Provider. For Member's located outside the Claims Administrator's PPO Network who are accessing BlueCard Providers, the Member is responsible for initiating or requesting the Provider to initiate the Precertification review (excluding Inpatient Admissions). Where Precertification review is required, the Claims Administrator's coverage of the proposed procedure is contingent upon the review being completed and receipt of the approval certification. Coverage penalties may be applied where Precertification review is required for a procedure but is not obtained.

While the majority of services requiring Precertification review are reviewed for Medical Necessity of the requested procedure setting (For example, Inpatient, Short Procedure Unit, or Outpatient setting), other elements of the Medical Necessity of the procedure may not always be evaluated and may be automatically approved based on the procedure or diagnosis for which the procedure is requested or an agreement with the performing provider. Precertification review is not required for Emergency services and is not performed where an agreement with the Claims Administrator's local In-Network Provider does not require such review.

The following information provides more specific information of this Program's Precertification requirements.

- Inpatient Pre-Admission Review
 - In-Network Inpatient Admissions
In accordance with the criteria and procedures described above, Inpatient Admissions, other than an Emergency or maternity admission, must be Precertified in accordance with the standards of the Claims Administrator as to the Medical Necessity of the admission. The Precertification requirements for Emergency admissions are set forth in the "Emergency Admission Review" subsection of this **General Information** section. An In-Network Hospital, Skilled Nursing Facility, or other Facility Provider in the Personal Choice Network will verify the Precertification at or before the time of admission. The Hospital, Skilled Nursing Facility or other Facility Provider, is responsible to Precertify an Inpatient Admission under the BlueCard Program. The Claims Administrator will not authorize the Hospital, Skilled Nursing Facility or other Facility Provider admission if Precertification is required and is not obtained in advance. For Member's who reside in the Claims Administrator's local Personal Choice Network service area, the Claims Administrator will hold the Member harmless and the Member will not be financially responsible for admissions to Hospitals, Skilled Nursing Facilities or other Facility

Providers in the Personal Choice Network which fail to conform to the pre-admission certification requirements unless:

- The Provider provides prior written notice that the admission will not be paid by the Claims Administrator; and
- The Member acknowledges this fact in writing together with a request to be admitted which states that the Member will assume financial liability for such Facility Provider admission.

– Out-of-Network Inpatient Admissions

For an Out-of-Network Inpatient Admission, the Member is responsible to have the admission (other than for an Emergency or maternity admission) certified in advance as an approved admission.

- To obtain Precertification, the Member is responsible to contact or have the admitting Physician or other Facility Provider contact the Claims Administrator prior to admission to the Hospital, Skilled Nursing Facility, or other Facility Provider. The Claims Administrator will notify the Member, admitting Physician and the Facility Provider of the determination. The Member is eligible for Inpatient benefits at the Out-of-Network level shown in the **Schedule of Covered Services** if, and only if, prior approval of such benefits has been certified in accordance with the provisions of this Benefit Booklet.
- If such prior approval for a Medically Necessary Inpatient Admission has not been certified as required, there will be a Penalty for non-compliance and the amount, as shown below, will be deemed not to be Covered Services under this Program. Such Penalty, and any difference in what is covered by the Claims Administrator and the Member's obligation to the Provider, will be the sole responsibility of, and payable by, the Member.

If a Member elects to be admitted to the Facility Provider after review and notification that the reason for admission is not approved for an Inpatient level of care, Inpatient benefits will not be provided and the Member will be financially liable for non-covered Inpatient charges.

- If Precertification is denied, the Member, the Physician or the Facility Provider may Appeal the determination and submit information in support of the claim for Inpatient benefits. A final determination concerning eligibility for Inpatient benefits will be made and the Member, Physician, or Facility Provider will be so notified.

▪ Emergency Admission Review

– In-Network Admissions

It is the responsibility of the In-Network Provider to notify the Claims Administrator of the In-Network Emergency admission.

– Out-of-Network Provider Admissions

- Members are responsible for notifying the Claims Administrator of an Out-of-Network Provider Emergency admission within two business days of the admission, or as soon as reasonably possible, as determined by the Claims Administrator.
- Failure to initiate Emergency admission review will result in a reduction in Covered Expense for Out-of-Network services. Such Penalty, as shown below, will be the sole responsibility of, and payable by, the Member.
- If the Member elects to remain hospitalized after the Claims Administrator and the attending Physician have determined that an Inpatient level of care is not Medically

Necessary, the Member will be financially liable for non-covered Inpatient charges from the date of notification.

- Concurrent and Retrospective Review

Concurrent review may be performed while services are being performed. This may occur during an Inpatient stay and typically evaluates the expected and current length of stay to determine if continued hospitalization is Medically Necessary. When performed, the review assesses the level of care provided to the Member and coordinates discharge planning. Concurrent review continues until the patient is discharged. Not all Inpatient stays are reviewed concurrently. Concurrent Review is generally not performed where an Inpatient Facility is paid based on a per case or diagnosis-related basis, or where an agreement with the Facility does not require such review.

Retrospective/Post Service review:

Retrospective review occurs after services have been provided. This may be for a variety of reasons, including the Claims Administrator not being notified of a Member's admission until after discharge or where medical charts are unavailable at the time of concurrent review. Certain services are only reviewed on a retrospective/post-service basis.

In addition to these standard utilization reviews, the Claims Administrator also may determine coverage of certain procedures and other benefits available to Members through Prenotification as required by the Member's benefit plan, and discharge planning.

Pre-notification. Pre-notification is advance notification to the Claims Administrator of an Inpatient Admission or Outpatient service where no Medical Necessity review is required, such as maternity admissions/deliveries. Pre-notification is primarily used to identify Members for Concurrent review needs, to ascertain discharge planning needs proactively, and to identify Members who may benefit from Case Management programs.

Discharge Planning. Discharge Planning is performed during an Inpatient Admission and is used to identify and coordinate a Member's needs and benefits coverage following the Inpatient stay, such as covered home care, ambulance transport, acute rehabilitation, or Skilled Nursing Facility placement. Discharge Planning involves the Claims Administrator's authorization of covered post-Hospital services and identifying and referring Members to Disease Management or Case Management benefits.

Selective Medical Review. In addition to the foregoing requirements, the Claims Administrator reserves the right, under its utilization and quality management programs, to perform a medical review prior to, during or following the performance of certain Covered Services ("Selective Medical Review") that are otherwise not subject to review as described above. In addition, the Claims Administrator reserves the right to waive medical review for certain Covered Services for certain Providers, if the Claims Administrator determines that those Providers have an established record of meeting the utilization and/or quality management standards for these Covered Services. Coverage penalties are not applied to Members where required Selective Medical Review is not obtained by the Provider.

Other Precertification Requirements

Precertification is required by the Claims Administrator in advance for certain services. **To obtain a list of services that require Precertification, please go to www.ibx.com/preapproval or call the Customer Service telephone number that is listed**

on the Member's Identification Card. When a Member plans to receive any of these listed procedures, the Claims Administrator will review the Medical Necessity for the procedure or treatment in accordance with the criteria and procedures described above and grant prior approval of benefits accordingly.

Surgical, diagnostic and other procedures, listed on the Precertification requirements list, that are performed during an Emergency, as determined by the Claims Administrator, do not require Precertification. However, the Claims Administrator should be notified within two business days of Emergency services for such procedures, or as soon as reasonably possible, as determined by the Claims Administrator.

- **In-Network Care**
In-Network Providers in the Personal Choice Network must contact the Claims Administrator to initiate Precertification. The Claims Administrator will verify the results of the Precertification with the Member and with the In-Network Provider. If the In-Network Provider is a BlueCard Provider, however, the Member must initiate Precertification (excluding Inpatient Admissions).

If such prior approval is not obtained and the Member undergoes the surgical, diagnostic or other procedure or treatment that requires Precertification, then benefits will be provided for Medically Necessary treatment, subject to a Penalty.

For In-Network Providers in the Personal Choice Network, the Claims Administrator will hold the Member harmless and the Member will not be financially responsible for this financial Penalty for the In-Network Provider's failure to comply with the Precertification requirements or determination, unless a Member elects to receive the treatment after review and written notification that the procedure is not covered as Medically Necessary. In which case benefits will not be provided and the Member will be financially liable for non-covered charges.

- **Out-of-Network Care**
For Out-of-Network Care and care provided by BlueCard Providers (excluding Inpatient Admissions), the Member is responsible to have the Provider performing the service contact the Claims Administrator to initiate Precertification. The Claims Administrator will verify the results of the Precertification with the Member and the Provider.

If such prior approval is not obtained and the Member undergoes the surgical, diagnostic or other procedure or treatment that requires Precertification, then benefits will be provided for Medically Necessary treatment, but the Provider's charge less any applicable Coinsurance, Copayments, Deductibles shall be subject to a Penalty, as reflected below. Such Penalty, and any difference in what is covered by the Claims Administrator and the Member's obligation to the Provider, will be the sole responsibility of, and payable by, the Member.

Precertification Penalty:

If the Provider is a BlueCard[®] Provider of another Blue Plan (excluding Inpatient Admissions) or the Member uses an Out-of-Network Provider, the Member must obtain Precertification if required. The Member will be subject to a 20% reduction in benefits if Precertification is not obtained.

In addition to the Precertification requirements referenced above, the Member should contact the Claims Administrator for certain categories of treatment (listed below) so that the Member will know prior to receiving treatment whether it is a Covered Service. This applies to In-Network Providers in the PPO Network and to Members (and their Providers) who elect to receive treatment provided by either BlueCard Providers or Out-of-Network Providers. Those categories of treatment (in any setting) include:

- Any surgical procedure that may be considered potentially cosmetic;
- Any procedure, treatment, drug or device that represents "emerging technology"; and
- Services that might be considered Experimental/Investigative.

The Member's Provider should be able to assist in determining whether a proposed treatment falls into one of these three categories. Also, the Claims Administrator encourages the Member's Provider to place the call for the Member.

For more information, please see the **Important Notices** section of this Benefit Booklet that pertain to Experimental/Investigative Services, Cosmetic services, Medically Necessary services and Emerging Technology.

- The Member notifies the Claims Administrator that they have declined participation;
- The Claims Administrator determines that the program, or aspects of the program, will not continue; or
- The Member's Employer decides not to offer the programs.

Out-Of-Area Care for Dependent Students

If an unmarried Dependent child is a full-time student in an Accredited Educational Institution located outside the area served by the local BlueCard network, the student may be eligible to receive Out-of-Network care at the In-Network level of benefits. Charges for treatment will be paid at the In-Network level of benefits when the Dependent student receives care from Providers as described in the "BlueCard Program" subsection of the **General Information** section. However, treatment provided by an educational facility's infirmary for Urgent Care, (For example, may also be paid at the In-Network level of benefits, but the Claims Administrator should be notified within 48 hours of treatment to insure Covered Services are treated as In-Network Covered Services). Nothing in this provision will act to continue coverage of a Dependent child past the date when such child's coverage would otherwise be terminated under this Program.

UTILIZATION REVIEW PROCESS AND CRITERIA

Utilization Review Process

A basic condition of IBC's, and its subsidiary QCC Insurance Company's ("the Claims Administrator") benefit plan coverage is that in order for a health care service to be covered or payable, the services must be Medically Necessary. To assist the Claims Administrator in making coverage determinations for requested health care services, the Claims Administrator uses established IBC Medical Policies and medical guidelines based on clinically credible evidence to determine the Medical Necessity of the requested services. The appropriateness of the requested setting in which the services are to be performed is part of this assessment. The process of determining the Medical Necessity of requested health care services for coverage determinations based on the benefits available under a Member's benefit plan is called utilization review.

It is not practical to verify Medical Necessity on all procedures on all occasions; therefore, certain procedures may be determined by the Claims Administrator to be Medically Necessary and automatically approved based on the accepted Medical Necessity of the procedure itself, the diagnosis reported or an agreement with the performing Provider. An example of such automatically approved services is an established list of services received in an Emergency room which has been approved by the Claims Administrator based on the procedure meeting Emergency criteria and the severity of diagnosis reported (For example, rule out myocardial infarction, or major trauma). Other requested services, such as certain elective Inpatient or Outpatient procedures may be reviewed on a procedure specific or setting basis.

Utilization review generally includes several components which are based on when the review is performed. When the review is required before a service is performed it is called a Precertification review. Reviews occurring during a hospital stay are called a concurrent review, and those reviews occurring after services have been performed are called either retrospective or post-service reviews. The Claims Administrator follows applicable state and federally required standards for the timeframes in which such reviews are to be performed.

Generally, where a requested service is not automatically approved and must undergo Medical Necessity review, nurses perform the initial case review and evaluation for coverage approval using the Claims Administrator's Medical Policies, established guidelines and evidence-based clinical criteria and protocols; however only a Medical Director employed by the Claims Administrator may deny coverage for a procedure based on Medical Necessity. The evidence-based clinical protocols evaluate the Medical Necessity of specific procedures and the majority are computer-based. Information provided in support of the request is entered into the computer-based system and evaluated against the clinical protocols. Nurses apply applicable benefit plan policies and procedures, taking into consideration the individual Member's condition and applying sound professional judgment. When the clinical criteria are not met, the given service request is referred to a Medical Director for further review for approval or denial. Independent medical consultants may also be engaged to provide clinical review of specific cases or for specific conditions. Should a procedure be denied for coverage based on lack of Medical Necessity, a letter is sent to the requesting Provider and Member in accordance with applicable law.

The Claims Administrator's utilization review program encourages peer dialogue regarding coverage decisions based on Medical Necessity by providing Physicians with direct access to the Claims Administrator's Medical Directors to discuss coverage of a case. Medical Directors and nurses are salaried, and contracted external Physician and other professional consultants are compensated on a per case reviewed basis, regardless of the coverage determination. The Claims Administrator does not specifically reward or provide financial incentives to individuals performing utilization review services for issuing denials of coverage. There are no financial incentives for such individuals which would encourage utilization review decisions that result in underutilization.

Clinical Criteria, Guidelines and Resources

The following guidelines, clinical criteria and other resources are used to help make Medical Necessity coverage decisions:

Clinical Decision Support Criteria: Clinical Decision Support Criteria is an externally validated and computer-based system used to assist the Claims Administrator in determining Medical Necessity. This evidence-based, Clinical Decision Support Criteria is nationally recognized and validated. Using a model based on evaluating intensity of service and severity of illness, these

criteria assist our clinical staff evaluating the Medical Necessity of coverage based on a Member's specific clinical needs. Clinical Decision Support Criteria helps promote consistency in the Claims Administrator's plan determinations for similar medical issues and requests, and reduces practice variation among the Claims Administrator's clinical staff to minimize subjective decision-making.

Clinical Decision Support Criteria may be applied for Covered Services including but not limited to the following:

- Some elective surgeries-settings for Inpatient and Outpatient procedures (For example, hysterectomy and sinus Surgery);
- Inpatient hospitalizations;
- Inpatient Rehabilitation;
- Home Health;
- Durable Medical Equipment;
- Skilled Nursing Facility.

Centers for Medicare and Medicaid Services (CMS) Guidelines: A set of guidelines adopted and published by CMS for coverage of services by Medicare for Medicare Members.

IBC Medical Policies: IBC maintains an internally developed set of policies that document the coverage and conditions for certain medical/surgical procedures and ancillary services.

Covered Services for which IBC's Medical Polices are applied include, but are not limited to:

- Ambulance;
- Infusion;
- Speech Therapy;
- Occupational Therapy;
- Durable Medical Equipment;
- Review of potential cosmetic procedures.

IBC (and QCC) Internally Developed Guidelines: A set of guidelines developed specifically by IBC (and QCC), as needed, with input by clinical experts based on accepted practice guidelines within the specific fields and reflecting IBC Medical Policies for coverage.

Delegation of Utilization Review Activities And Criteria

In certain instances, the Claims Administrator has delegated certain utilization review activities, including Precertification review, concurrent review, and Case Management, to integrated delivery systems and/or entities with an expertise in medical management of a certain membership population (such as, Neonates/premature infants) or type of benefit or service (such as mental health/psychiatric care and Alcohol and Drug Abuse or radiology). In such instances, a formal delegation and oversight process is established in accordance with applicable law and nationally-recognized accreditation standards. In such cases, the delegate's utilization review criteria are generally used, with the Claims Administrator's approval.

Utilization Review and Criteria for Mental Health/Psychiatric Care and Alcohol and Drug Abuse Services

Utilization Review activities for mental health/psychiatric care and Alcohol and Drug Abuse services have been delegated by IBC (and QCC) to a behavioral health management company, which administers the mental health/psychiatric care and Alcohol and Drug Abuse benefits for the majority of the Claims Administrator's Members.

COORDINATION OF BENEFITS

Coordination of Benefits

This Program's Coordination of Benefits (COB) provision is designed to conserve funds associated with health care.

- Definitions

In addition to the Definitions of this Program for purposes of this provision only: "Plan" shall mean any group arrangement providing health care benefits or Covered Services through:

- Individual, group, (except hospital indemnity plans), blanket (except student accident) or franchise insurance coverage;
- The Plan, health maintenance organization and other prepayment coverage;
- Coverage under labor management trusted plans, union welfare plans, Employer organization plans, or Employee benefit organization plans; and
- Coverage under any tax supported or government program to the extent permitted by law.

- Determination of Benefits

COB applies when an Employee has health care coverage under any other group health care plan (Plan) for services covered under this Program, or when the Employee has coverage under any tax-supported or governmental program unless such program's benefits are, to the extent permitted by law, excess to those of any private insurance coverage. When COB applies, payments may be coordinated between the Claims Administrator and the other Plan in order to avoid duplication of benefits.

Benefits under this Program will be provided in full when the Claims Administrator is primary, that is, when the Claims Administrator determines benefits first. If another Plan is primary, the Claims Administrator will provide benefits as described below.

When an Employee has group health care coverage under this Program and another Plan, the following will apply to determine which coverage is primary:

- If the other Plan does not include rules for coordinating benefits, such other Plan will be primary.
- If the other Plan includes rules for coordinating benefits:
 - The Plan covering the patient other than as a Dependent shall be primary.
 - The Plan covering the patient as a Dependent of the parent whose date of birth, excluding year of birth, occurs earlier in the calendar year shall be primary, unless the child's parents are separated or divorced and there is no joint custody agreement. If both parents have the same birthday, the Plan which covered the parent longer shall be primary.
 - Except as provided in the following paragraph, if the child's parents are separated or divorced and there is no joint custody agreement, benefits for the child are determined as follows:
 - ❖ First, the Plan covering the child as a Dependent of the parent with custody;
 - ❖ Then, the Plan of the spouse of the parent with custody of the child;
 - ❖ Finally, the Plan of the parent not having custody of the child.
 - When there is a court decree which establishes financial responsibility for the health care expenses of the Dependent child and the Plan covering the parent with such financial responsibility has actual knowledge of the court decree, benefits of that Plan are determined first.
 - If the specific terms of the court decree state that the parents shall share joint custody, without stating that one of the parents is responsible for the health care expenses of the child, the Plans covering the child shall follow the order of benefit determination rules outlined above in the paragraph that begins "The Plan covering the patient as a Dependent..."

- The Plan covering the patient as an Employee who is neither laid off nor retired (or as that Employee's Dependent) is primary to a Plan which covers that patient as a laid off or retired Employee (or as that Employee's Dependent). However, if the other Plan does not have the rule described immediately above and if, as a result, the Plans do not agree on the order of benefits, this rule does not apply.
- If none of the above rules apply, the Plan which covered the Employee longer shall be primary.

- Effect on Benefits

When the Claims Administrator's Plan is secondary, the benefits under this Program will be reduced so that the Claims Administrator will pay no more than the difference, if any, between the benefits provided under the other Plan for services covered under this Program and the total Covered Services provided to the Employee. Benefits payable under another Plan include benefits that would have been payable had the claim been duly made therefore. In no event will the Claims Administrator payment exceed the amount that would have been payable under this Program if the Claims Administrator were primary.

When the benefits are reduced under the primary Plan because an Employee does not comply with the Plan provision, or does not maximize benefits available under the primary Plan, the amount of such reduction will not be considered an allowable benefit. Examples of such provisions are Penalties and increased Coinsurance related to Precertification of admissions and services, In-Network Provider arrangements and other cost-sharing features.

Certain facts are needed to apply COB. The Claims Administrator has the right to decide which facts are needed. The Claims Administrator may, without consent of or notice to any person, release to or obtain from any other organization or person any information, with respect to any person, which the Claims Administrator deems necessary for such purposes. Any person claiming benefits under this Program shall furnish to the Claims Administrator such information as may be necessary to implement this provision. The Claims Administrator, however, shall not be required to determine the existence of any other Plan or the amount of benefits payable under any such Plan, and the payment of benefits under this Program shall be affected by the benefits that would be payable under any and all other Plans only to the extent that the Claims Administrator is furnished with information relative to such other Plans.

- Right of Recovery

Whenever payments which should have been made under this Program in accordance with this provision have been made under any other Plan, the Claims Administrator shall have the right, exercisable alone and in its sole discretion, to pay over to any organization making such other payments any amounts it shall determine to be warranted in order to satisfy the intent of this provision. Amounts so paid shall be deemed to be benefits provided under this Program and, to the extent of such payments, the Claims Administrator shall be fully discharged from liability under this Program.

Whenever payments have been made by the Claims Administrator in a total amount, at any time, in excess of the maximum amount of payment necessary at that time to satisfy the intent of this provision, irrespective of to whom paid, the Claims Administrator shall have the right to recover such payments to the extent of such excess from among one or more of the following, as the Claims Administrator shall determine:

- The person the Claims Administrator has paid or for whom they have paid;
- Insurance companies; or
- Any other organizations.

The Member, on the Member's own behalf and on behalf of the Member's Dependents, shall, upon request, execute and deliver such instruments and papers as may be required and do whatever else is reasonably necessary to secure such rights to the Claims Administrator.

SUBROGATION AND REIMBURSEMENT RIGHTS

By accepting benefits for Covered Services, the Member agrees that the Claims Administrator has the right to enforce subrogation and reimbursement rights. This section explains these rights and the responsibilities of each Member pertaining to subrogation and reimbursement. The term Member includes Eligible Dependents. The term Responsible Third Party refers to any person or entity, including any insurance company, health benefits plan or other third party, that has an obligation (whether by contract, common law or otherwise) to pay damages, pay compensation, provide benefits or make any type of payment to the Member for an injury or illness.

The Claims Administrator or the Plan Administrator, as applicable, retains full discretionary authority to interpret and apply these subrogation and reimbursement rights based on the facts presented.

Subrogation Rights

Subrogation rights arise when the Claims Administrator pays benefits on behalf of a Member and the Member has a right to receive damages, compensation, benefits or payments of any kind (whether by a court judgment, settlement or otherwise) from a Responsible Third Party. The Claims Administrator is subrogated to the Member's right to recover from the Responsible Third Party. This means that the Claims Administrator "stands in your shoes" - and assumes the Member's right to pursue and receive the damages, compensation, benefits or payments from the Responsible Third Party to the full extent that the Claims Administrator has reimbursed the Member for medical expenses or paid medical expenses on the Member's behalf, plus the costs and fees that are incurred by the Claims Administrator to enforce these rights. The right to pursue a subrogation claim is not contingent upon whether or not the Member pursues the Responsible Third Party for any recovery.

Reimbursement Rights

If a Member obtains any recovery - regardless of how it's described or structured - from a Responsible Third Party, the Member must fully reimburse the Claims Administrator for all medical expenses that were paid to the Member or on the Member's behalf, plus the costs and fees that are incurred by the Claims Administrator to enforce these rights. The Claims Administrator has a right to full reimbursement.

Lien

By accepting benefits for Covered Services from the Claims Administrator, the Member agrees to a first priority equitable lien by agreement on any payment, reimbursement, settlement or judgment received by the Member, or anyone acting on the Member's behalf, from any Responsible Third Party. As a result, the Member must repay to the Claims Administrator the full amount of the medical expenses that were paid to the Member or on the Member's behalf out of the amounts recovered from the Responsible Third Party (plus the costs and fees that are incurred by the Claims Administrator to enforce these rights) first, before funds are allotted toward any other form of damages, whether or not there is an admission of fault or liability by the Responsible Third Party. The Claims Administrator has a lien on any amounts recovered by the Member from a Responsible Third Party, regardless of whether or not the amount is designated as payment for medical expenses. This lien will remain in effect until the Claims Administrator is reimbursed in full.

Constructive Trust

If the Member (or anyone acting on the Member's behalf) receive damages, compensation, benefits or payments of any type from a Responsible Third Party (whether by a court judgment, settlement or otherwise), the Member agrees to maintain the funds in a separate, identifiable account and that the Claims Administrator has a lien on the monies. In addition the Member agrees to serve as the trustee over the monies for the benefit of Claims Administrator to the full extent that the Claims Administrator has reimbursed the Member for medical expenses or paid medical expenses on the member's behalf, plus the attorney's fees and the costs of collection incurred by the Claims Administrator.

- These subrogation and reimbursement rights apply regardless of whether money is received through a court decision, settlement, or any other type of resolution.
- These subrogation and reimbursement rights apply even if the recovery is designated or described as covering damages other than medical expenses (such as property damage or pain and suffering).
- These subrogation and reimbursement rights apply with respect to any recoveries made by the Member, including amounts recovered under an uninsured or underinsured motorist policy.
- The Claims Administrator is entitled to recover the full amount of the benefits paid to the Member or on the Member's behalf plus the costs and fees that are incurred by the Claims Administrator to enforce these rights without regard to whether the Member has been made whole or received full compensation for other damages (including property damage or pain and suffering). The recovery rights of the Claims Administrator will not be reduced by the "made whole" doctrine or "double recovery" doctrine.
- The Claims Administrator will not pay, offset any recovery, or in any way be responsible for attorneys' fees or costs associated with pursuing a claim against a Responsible Third Party unless the Claims Administrator agrees to do so in writing. The recovery rights of the Claims Administrator will not be reduced by the "common fund" doctrine.
- In addition to any Coordination of Benefits rules described in this Benefit Booklet, the benefits paid by the Claims Administrator will be secondary to any no-fault auto insurance benefits and to any worker's compensation benefits (no matter how any settlement or award is characterized) to the fullest extent permitted by law.
- These subrogation and reimbursement rights apply and will not be decreased, restricted, or eliminated in any way if the Member receives or has the right to recover no-fault insurance benefits. All rights under this section are enforceable against the heirs, estate, legal guardians or legal representatives of the Member.
- The Claims Administrator is entitled to recover the full amount of the medical benefits paid without regard to any claim of fault on the Member's part.

Obligations of Member

- Immediately notify the Claims Administrator or its designee in writing if the Member asserts a claim against a Responsible Third Party, whether informally or through judicial or administrative proceedings.
- Immediately notify the Claims Administrator or its designee in writing whenever a Responsible Third Party contacts the Member or the Member's representative – or the Member or the Member's representative contact a Responsible Third Party - to discuss a potential settlement or resolution.
- Refuse any offer to settle, adjust or resolve a claim for damages, benefits or compensation that involves an injury, illness or medical expenses in any way, unless and until the Member receives written authorization from the Claims Administrator or its delegated representative.
- Fully cooperate with the Claims Administrator and its designated representative, as needed, to allow for the enforcement of these subrogation and reimbursement rights and promptly supply information/documentation when requested and promptly execute any and all forms/documents that may be needed.
- Avoid taking any action that may prejudice or harm the Claims Administrator ability to enforce these subrogation and reimbursement rights to the fullest extent possible.
- Fully reimburse the Claims Administrator or its designated representative immediately upon receiving compensation of any kind (whether by court judgment, settlement or otherwise) from a Responsible Third Party.
- Serve as trustee for any and all monies paid to (or payable to) the Member or for the Member's benefit by any Responsible Third Party to the full extent the Claims Administrator paid benefits for an injury or illness.
- All of these Obligations apply to the heirs, estate, legal guardians or legal representatives of the Member.

IMPORTANT: Failure to Cooperate

If the Member fails or refuses to sign forms or documents as requested or otherwise fail or refuse to cooperate or abide by any of the obligations described above, the Claims Administrator or Plan Administrator, as applicable, has full discretion and authority to reduce or withhold benefit payments to recover subrogation/reimbursement amounts that are owed and/or to terminate the Member's participation in the Program.

CLAIM PROCEDURES**How To File A Claim**

Most BlueCard Providers will file claims for the Member. The Member should present their Identification Card at the time the services are performed. The Member may call 1-800-810-BLUE (2583) (TTY: 711) for assistance in finding BlueCard In-Network Providers. When the Member receives care from an Out-of-Network Provider, the Member will need to file a claim to receive benefits. If the Member does not have a claim form, the Member should call the number listed on the Member's Identification Card, and a claim form will be sent to the Member. The Member should fill out the claim form and return it with their itemized bills to the Claims Administrator at the address listed on the claim form no later than 20 days after completion of the Covered Services. The claim should include the following information:

- The Member's name and address;
- Date of Service;
- Type of service and diagnosis;
- Itemized charges; and
- Provider's complete name and address.

An expense will be considered Incurred on the date the service or supply was rendered.

If it was not possible to file the claim within the 20-day period, the Member's benefits will not be reduced, but in no event will the Claims Administrator be required to accept the claim more than 12 months after the end of the Benefit Period in which the Covered Services are rendered.

Release Of Information

Each Member agrees that any person or entity having information relating to an illness or injury for which benefits are claimed under this Program may furnish to the Claims Administrator, upon its request, any information (including copies of records relating to the illness or injury). In addition, the Claims Administrator may furnish similar information to other entities providing similar benefits at their request.

The Claims Administrator may furnish other plans or plan sponsored entities with membership and/or coverage information for the purpose of claims processing or facilitating patient care.

When the Claims Administrator needs to obtain consent for the release of personal health information, authorization of care and treatment, or to have access to information from a Member who is unable to provide it, the Claims Administrator will obtain consent from the parent, legal guardian, next of kin, or other individual with appropriate legal authority to make decisions on behalf of the Member.

Limitation Of Actions

No legal action may be taken to recover benefits prior to 60 days after notice of claim has been given as specified above, and no such action may be taken later than three years after the date Covered Services are rendered.

Claim Forms

The Claims Administrator will furnish to the Member or to the Group, for delivery to the Member, such claim forms as are required for filing proof of loss for Covered Services provided by Out-of-Network Providers.

Timely Filing

The Claims Administrator will not be liable under this Program unless proper notice is furnished to the Claims Administrator that Covered Services have been rendered to a Member. Written notice must be given within 90 days after completion of the Covered Services. The notice must include the date and information required by the Claims Administrator to determine benefits. An expense will be considered Incurred on the date the service or supply was rendered.

Failure to give notice to the Claims Administrator within the time specified will not reduce any benefit if it is shown that the notice was given as soon as reasonably possible, but in no event will the Claims Administrator be required to accept notice more than 12 months after the end of the Benefit Period in which the Covered Services are rendered.

The above is not applicable to claims administered by In-Network Providers.

Time of Payment of Claims

Claim payments for benefits payable under this Program will be processed immediately upon receipt of due written proof of loss. Subject to due written proof of loss, all benefits for loss for which this Program provides periodic benefits will be paid not more than 30 days after receipt of

proof of loss and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

Payment of Claims

If any indemnity of this Program shall be payable to the estate of the Member, or to a Member or beneficiary who is a minor or otherwise not competent to give a valid release, the Claims Administrator may pay such indemnity, up to an amount not exceeding \$1,000, to any relative by blood or connection by marriage of the Member or beneficiary who is deemed by the Claims Administrator to be equitably entitled thereto. Any payment made by the Claims Administrator in good faith pursuant to this provision shall fully discharge the Claims Administrator to the extent of such payment.

Physical Examinations and Autopsy

The Claims Administrator at its own expense shall have the right and opportunity to examine the Member when and so often as it may reasonably require during the pendency of claim under this Program; and the Claims Administrator shall also have the right and opportunity to make an autopsy in case of death, where it is not prohibited by law.

Special Circumstances

In the event that Special Circumstances result in a severe impact to the availability of providers and services, to the procedures required for obtaining benefits for Covered Services under this Program (For example, obtaining Precertification, use of In-Network Providers), or to the administration of this Program by the Claims Administrator, the Claims Administrator may on a selective basis, waive certain procedural requirements of this Program. Such waiver shall be specific as to the requirements that are waived and shall last for such period as required by the Special Circumstances as defined below.

The Claims Administrator shall make a good faith effort to provide access to Covered Services in so far as practical and according to its best judgment. Neither the Claims Administrator nor the Providers in the Claims Administrator's PPO network shall incur liability or obligation for delay or failure to provide or arrange for Covered Services if such failure or delay is caused by Special Circumstances.

Special Circumstances as recognized in the community, and by the Claims Administrator and appropriate regulatory authority, are extraordinary circumstances not within the control of the Claims Administrator, including but not limited to:

- Major disaster;
- Epidemic;
- Pandemic;
- The complete or partial destruction of facilities;
- Riot; or
- Civil insurrection.

COMPLAINT AND APPEAL PROCESS

Member Complaint Process

The Claims Administrator has a process for Members to express complaints. To register a Complaint, Members should call the Member Services Department at the telephone number on their Identification Card or write to the Claims Administrator at the following address:

General Correspondence
1901 Market Street
Philadelphia, PA 19103

Most Member concerns are resolved informally at this level. However, if the Claims Administrator is unable to immediately resolve the Member Complaint, it will be investigated, and the Member will receive a response in writing within 30 days.

Member Appeal Process

Filing an Appeal. The Claims Administrator maintains procedures for the resolution of Member Appeals. Member Appeals may be filed within 180 days of the receipt of a decision from the Claims Administrator stating an adverse benefit determination. An Appeal occurs when the Member or, after obtaining the Member's authorization, either the Provider or another authorized representative requests a change of a previous decision made by the Claims Administrator by following the procedures described here. (In order to authorize someone else to be the Member's representative for the Appeal, the Member must complete a valid authorization form. The Member must contact the Claims Administrator as directed below to obtain a "Member/Enrollee Authorization to Appeal by Provider or Other Representative" form or for questions regarding the requirements for an authorized representative.)

The Member or other authorized person on behalf of the Member, may request an Appeal by calling or writing to the Claims Administrator, as defined in the letter notifying the Member of the decision or as follows:

Member Appeals Department
P.O. Box 41820
Philadelphia, PA, 19101-1820

Toll Free Phone: 1-888-671-5276 (TTY: 711)
Toll Free Fax: 1-888-671-5274 or
Phila. Fax: 215-988-6558

Changes in Member Appeals Process. Please note that the Member Appeals process may change at any time due to changes in the applicable state and federal laws and regulations and/or accreditation standards, to improve or facilitate the Member Appeals process, or to reflect other decisions regarding the administration of Member Appeals process for this Program.

Copies of the Member Appeals Process Descriptions. Descriptions of the timeframes and procedures for the Member Appeals process maintained by the Claims Administrator are available from the following sources:

On the Internet at the Website for the Member's Health Plan. Copies are available there at any time. To see samples of the Member Appeals process, search for "member appeals" in the general search engine. To review a description of the Member Appeals process for the Member's health plan, the Member must log in with the Member's personalized password.

Customer Service. To obtain a description of the Member Appeals process for the Member's health plan, call Customer Service at the telephone number listed on the Member's Identification Card. Customer Service will mail the Member a copy of the description.

When an Appeal is Filed. As part of the Member Appeal process, a description is provided for the type of Member Appeal that has been filed. The description is sent with the acknowledgment letter for the Member Appeal.

IMPORTANT DEFINITIONS

The terms below have the following meaning when describing the benefits in this Benefit Booklet. They will be helpful to you (the Member) in fully understanding your benefits.

Accidental Injury

Injury to the body that is solely caused by an accident, and not by any other causes.

Accredited Educational Institution

A publicly or privately operated academic institution of higher learning which:

- Provides recognized courses or a course of instruction.
- Confers any of the following, when a student completes the course of study:
 - A diploma;
 - A degree; or
 - Another recognized certification of completion.
- Is duly recognized, and declared as such, by the appropriate authority, as follows:
 - An authority of the state in which such institution must also be accredited by a nationally recognized accrediting association as recognized by the United States Secretary of Education.

The definition may include, but is not limited to Colleges and Universities; and Technical or specialized schools.

Acupuncture

A therapeutic procedure performed by the insertion of one or more specially manufactured solid metallic needles into a specific location(s) on the body. The intent is to stimulate Acupuncture points, with or without subsequent manual manipulation.

Alcohol Or Drug Abuse And Dependency

Any use of alcohol or other drugs which produces a pattern of pathological use that:

- Causes impairment in the way people relate to others; or
- Causes impairment in the way people function in their jobs or careers; or
- Produces a dependency that makes a person physically ill, when the alcohol or drug is taken away.

Alternative Therapies/Complementary Medicine

Complementary and alternative medicine, is defined as a group of diverse medical and health care systems, practices, and products, currently not considered to be part of conventional medicine based on recognition by the National Institutes of Health.

Ambulatory Surgical Facility

A facility operated, licensed or approved as an Ambulatory Surgical Facility by the responsible state agency, which provides specialty or multispecialty Outpatient surgical treatment or procedure that is not located on the premises of a Hospital.

It is a Facility Provider which:

- Has an organized staff of Physicians;
- Is licensed as required; and

- Has been approved by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); or
- Has been approved by the Accreditation Association for Ambulatory Health Care, Inc.; or
- Has been approved by the Claims Administrator.

It is also a Facility Provider which:

- Has permanent facilities and equipment for the primary purposes of performing surgical procedures on an Outpatient basis;
- Provides treatment, by or under the supervision of Physicians and nursing services, whenever the patient is in the facility;
- Does not provide Inpatient accommodations; and
- Is not, other than incidentally, a facility used as an office or clinic for the private practice of a Professional Provider.

Ancillary Service Provider

An individual or entity that provides Covered Services, supplies or equipment such as, but not limited to:

- Infusion Therapy Services;
- Durable Medical Equipment; and
- Ambulance services.

Anesthesia

The process of giving the Member an approved drug or agent, in order to:

- Cause the Member's muscles to relax;
- Cause the Member to lose feeling; or
- Cause the Member to lose consciousness.

Appeal

A request by a Member, or the Member's representative or Provider, acting on the Member's behalf upon written consent, to change a previous decision made by the Claims Administrator.

- **Administrative Appeal:** An Appeal by or on behalf of a Member that focuses on unresolved disputes or objections regarding coverage terms such as contract exclusions and non-covered benefits. Administrative Appeal may present issues related to Medical Necessity, but these are not the primary issues that affect the outcome of the Appeal.
- **Medical Necessity Appeal:** A request for the Claims Administrator to change its decision, based primarily on Medical Necessity, to deny or limit the provision of a Covered Service.
- **Expedited Appeal:** A faster review of a Medical Necessity Appeal, conducted when the Claims Administrator determines that a delay in decision making would seriously jeopardize the Member's life, health, or ability to regain maximum function.

Applicant And Employee/Member

You, the Employee who applies for coverage under the Program.

Application And Application Card

The request of the Applicant for coverage:

- Either written or via electronic transfer; and
- Set forth in a format approved by the Claims Administrator.

Attention Deficit Disorder

A disease that makes a person have a hard time paying attention; be too impulsive; and be overly active.

Autism Service Provider

A person, entity or group that provides treatment of Autism Spectrum Disorders (ASD), using an ASD Treatment Plan, and that is either:

- Licensed or certified in this Commonwealth; or
- Enrolled in the Commonwealth's medical assistance program on or before the effective date of the Pennsylvania Autism Spectrum Disorders law.

An Autism Service Provider shall include a Behavioral Specialist.

Autism Spectrum Disorders (ASD)

Any of the Pervasive Developmental Disorders defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), or its successor.

Autism Spectrum Disorders Treatment Plan (ASD Treatment Plan)

A plan for the treatment of Autism Spectrum Disorders:

- Developed by: A licensed Physician or licensed Psychologist who is a Professional Provider; and
- Based on: A comprehensive evaluation or reevaluation, performed in a manner consistent with the most recent clinical report or recommendations of the American Academy of Pediatrics.

Behavioral Specialist

An individual with appropriate certification or licensure by the applicable state, who designs, implements or evaluates a behavior modification intervention component of an ASD (Autism Spectrum Disorder) Treatment Plan, through Applied Behavioral Analysis which includes:

- Skill acquisition and reduction of problematic behavior;
- Improve function and/or behavior significantly; or
- Prevent loss of attained skill or function.

Benefit Period

The specified period of time as shown in the ***Schedule of Covered Services*** within which the Member has to use Covered Services in order to be eligible for payment by their Claims Administrator. A charge shall be considered Incurred on the date the service or supply was provided to the Member.

Birth Center

A Facility Provider approved by the Claims Administrator which:

- Is primarily organized and staffed to provide maternity care;
- Is where a woman can go to receive maternity care and give birth;
- Is licensed as required in the state where it is situated; and
- Is under the supervision of a Physician or a licensed certified midwife.

BlueCard Program

A program that allows a Member travelling or living outside of their plan's area to receive coverage for services at an "In-Network" benefit level if the Member receives services from Blue Cross Blue Shield providers that participate in the BlueCard Program.

BlueCard Provider

A Provider that participates in the BlueCard Program as an In-Network Provider.

Care Coordinator Fee

A fixed amount paid by a /Blue Cross and/or Blue Shield Licensee to providers periodically for Care Coordination under a Value-Based Program.

Case Management

Comprehensive Case Management programs serve Members who have been diagnosed with an illness or injury that is complex, catastrophic, or chronic.

The objectives of Case Management are to:

- Make it easier for Members to get the service and care they need in an efficient way;
- Link the Member with appropriate health care or support services;
- Assist Providers in coordinating prescribed services;
- Monitor the quality of services delivered; and
- Improve Members' health outcomes.

Case Management supports Members and Providers by:

- Locating services;
- Coordinating services; and/or
- Evaluating services.

These steps are taken, across various levels and sites of care, for a Member who has been diagnosed with a complex, catastrophic or chronic illness and/or injury.

Certified Registered Nurse

Any one of the following types of nurses who are certified by the state Board of Nursing or a national nursing organization recognized by the State Board of Nursing:

- A certified registered nurse anesthetist;
- A certified community health nurse;
- A certified registered nurse practitioner;
- A certified psychiatric mental health nurse; or
- A certified entrestomal therapy nurse;
- A certified clinical nurse specialist.

This excludes any registered professional nurses employed by:

- A health care facility; or
- An anesthesiology group.

Cognitive Rehabilitation Therapy

Cognitive rehabilitation is a medically prescribed, multidisciplinary approach that consists of tasks that:

- Establish new ways for a person to compensate for brain function that has been lost due to injury, trauma, stroke, or encephalopathy; or
- Reinforce or re-establish previously learned patterns of behavior.

It consists of a variety of therapy modalities which lessen and ease problems caused by deficits in:

- Attention;
- Visual processing;
- Language;
- Memory;
- Reasoning; and
- Problem solving.

Cognitive rehabilitation is performed by any of the following professionals, using a team approach:

- A Physician;
- A neuropsychologist;
- A Psychologist; as well as, a physical, occupational or speech therapist.

Coinsurance

A type of cost-sharing in which the Member assumes a percentage of the Covered Expense for Covered Services (such as 20%). The Coinsurance percentage is listed in the ***Schedule of Covered Services***.

It is the amount that the Member is obliged to pay for covered medical services, after the Member has satisfied any Copayment(s) or Deductible(s) required by this Program.

Compendia

Compendia are reference documents used by the Claims Administrator to determine if a prescription drug should be covered. Compendia provide:

- Summaries of how drugs work;
- Information about which drugs are recommended to treat specific diseases; and
- The appropriate dosing schedule for each drug.

Over the years, some Compendia have merged with other publications. The Claims Administrator only reviews current Compendia when making coverage decisions.

Complaint

Any expression of dissatisfaction, verbal or written, by a Member.

Conditions For Departments (for Qualifying Clinical Trials)

The conditions described in this paragraph, for a study or investigation conducted by the Department of Veteran Affairs, Defense or Energy, are that the study or investigation has been reviewed and approved through a system of peer review that the Government determines:

- To be comparable to the system of peer review of studies and investigations used by the National Institutes of Health (NIH); and
- Assures unbiased review of the highest scientific standards by Qualified Individuals who have no interest in the outcome of the review.

Consumable Medical Supply

Non-durable medical supplies that cannot withstand repeated use, are usually disposable, and are generally not useful to a person in the absence of illness or injury.

Copayment

A type of cost-sharing in which the Member pays a flat dollar amount each time a Covered Service is provided (such as a \$10 or \$15 Copayment per office visit). Copayments, if any, are identified in the ***Schedule of Covered Services***.

Covered Expense

Refers to the basis on which a Member's Deductibles, Coinsurance, benefit Maximums and benefits are calculated.

- For Covered Services provided by a Facility Provider, the term "Covered Expense" means the following:
 - For Covered Services provided by an In-Network Facility or BlueCard Provider, "Covered Expense" for Outpatient services means the amount payable to the Provider under the contractual arrangement in effect with the Claims Administrator or the BlueCard Provider.
 - For Covered Services provided by an In-Network Facility or BlueCard Provider, "Covered Expense" for Inpatient services means the amount payable to the Provider under the contractual arrangement in effect with the Claims Administrator or the BlueCard Provider.
 - For Covered Services provided by an Out-of-Network Facility Provider, not successfully negotiated through the Price Protection Program, "Covered Expense" for Outpatient services means the lesser of the Medicare Allowable Payment for Facilities or the Facility Provider's charges. For Covered Services that are not recognized or reimbursed by the Medicare traditional program, the amount is determined by reimbursing the lesser of the Claims Administrator's applicable proprietary fee schedule or the Provider's charges. For Covered Services not recognized or reimbursed by the Medicare traditional program or the Claims Administrator's applicable proprietary fee schedule, the amount is determined by reimbursing 50% of the Facility Provider's charges for Covered Services.
 - For Covered Services provided by an Out-of-Network Facility Provider, not successfully negotiated through the Price Protection Program, "Covered Expense" for Inpatient services means the lesser of the Medicare Allowable Payment for Facilities or the Facility Provider's charges. For Covered Services that are not recognized or reimbursed by the Medicare traditional program, the amount is determined by reimbursing the lesser of the Claims Administrator's applicable proprietary fee schedule or the Provider's charges. For Covered Services not recognized or reimbursed by the Medicare traditional program or the Claims Administrator's applicable proprietary fee schedule, the amount is determined by the applicable Claims Administrator's proprietary fee schedule for the closest analogous Covered Service.
- For Covered Services provided by a Professional Provider, "Covered Expense" means the following:
 - For Covered Services by an In-Network Professional Provider or BlueCard Provider, "Covered Expense" means the rate of reimbursement for Covered Services that the Professional Provider has agreed to accept as set forth by contract with the Claims Administrator, or the BlueCard Provider;

- For an Out-of-Network Professional Provider, not successfully negotiated through the Price Protection Program, "Covered Expense" means the lesser of the Medicare Professional Allowable Payment or of the Provider's charges for Covered Services. For Covered Services that are not recognized or reimbursed by the Medicare traditional program, the amount is determined by reimbursing the lesser of the Claims Administrator's applicable proprietary fee schedule or the Provider's charges. For Covered Services not recognized or reimbursed by the Medicare traditional program or the Claims Administrator's applicable proprietary fee schedule, the amount is determined by reimbursing 50% of the Professional Provider's charges for Covered Services.
- For Covered Services provided by an Ancillary Service Provider, "Covered Expense" means the following:
 - For Covered Services provided by an In-Network Ancillary Service Provider or BlueCard Provider "Covered Expense" means the amount payable to the Provider under the contractual arrangement in effect with the Claims Administrator or BlueCard Provider.
 - For Covered Services provided by an Out-of-Network Ancillary Service Provider, not successfully negotiated through the Price Protection Program, "Covered Expense" means the lesser of the Medicare Ancillary Allowable Payment or the Provider's charges. For Covered Services that are not recognized or reimbursed by the Medicare traditional program, the amount is determined by reimbursing the lesser of the Claims Administrator's applicable proprietary fee schedule or the Provider's charges. For Covered Services not recognized or reimbursed by the Medicare traditional program or the Claims Administrator's applicable proprietary fee schedule, the amount is determined by reimbursing 50% of the Out-of-Network Ancillary Service Provider's charges for Covered Services.
- Nothing in this section shall be construed to mean that the Claims Administrator would provide coverage for services other than Covered Services.

Covered Service

A service or supply specified in this Benefit Booklet for which benefits will be provided by the Claims Administrator.

Custodial Care (Domiciliary Care)

Care provided primarily for Maintenance of the patient or care which is designed essentially:

- To assist the patient in meeting their activities of daily living; and
- Which is not primarily provided for its therapeutic value in the treatment of an illness, disease, bodily injury, or condition.

Custodial Care includes help in tasks which do not require the technical skills or professional training of medical or nursing personnel in order to be performed safely and effectively.

Such tasks include, but are not limited to:

- Walking;
- Bathing;
- Dressing;
- Feeding;
- Preparation of special diets; and
- Supervision over self-administration of medications.

Day Rehabilitation Program

A level of Outpatient Care consisting of four to seven hours of daily rehabilitative therapies and other medical services five days per week.

The Member returns home:

- Each evening; and
- For the entire weekend.

Therapies provided may include a combination of therapies, such as:

- Physical Therapy;
- Occupational Therapy; and
- Speech Therapy.

Other medical services such as:

- Nursing services;
- Psychological therapy; and
- Case Management services.

Day Rehabilitation sessions also include a combination of:

- One-to-one therapy; and
- Group therapy.

Deductible

A specified amount of Covered Expense for the Covered Services that is Incurred, by the Member, before the Claims Administrator will assume any liability.

- A specific dollar amount that the Member's Claims Administrator may require that the Member pay out-of-pocket each Benefit Period, before the Program begins to make payments for claims.

Detoxification

The process by which a person who is alcohol or drug intoxicated, or alcohol or drug dependent, is assisted under the following circumstances:

- In a state licensed Facility Provider; or
- In the case of opiates, by an appropriately licensed behavioral health provider, in an ambulatory (Outpatient) setting.

This treatment process will occur through the period of time necessary to eliminate, by metabolic or other means, any or each of the following problems:

- The intoxicating alcohol or drug;
- Alcohol or drug dependency factors; or
- Alcohol in combination with drugs, as determined by a licensed Physician, while keeping the physiological and psychological risk to the patient at a minimum.

Durable Medical Equipment (DME)

Equipment that meets the following criteria:

- It is durable. (That is, an item that can withstand repeated use.)
- It is medical equipment. (That is, equipment that is primarily and customarily used for medical purposes, and is not generally useful in the absence of illness or injury.)
- It is generally not useful to a person without an illness or injury.
- It is appropriate for use in the home.

Durable Medical Equipment includes, but is not limited to:

- Diabetic supplies;
- Canes;
- Crutches;
- Walkers;
- Commode chairs;
- Home oxygen equipment;
- Hospital beds;
- Traction equipment; and
- Wheelchairs.

Effective Date

The date on which coverage for a Member begins under the Program. All coverage begins at 12:01 a.m. on the date reflected on the records of the Claims Administrator.

Emergency

The sudden and unexpected onset of a medical or psychiatric condition manifesting itself in acute symptoms of sufficient severity or severe pain, such that a prudent layperson who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

- Placing the Member's health, or in the case of a pregnant Member, the health of the unborn child, in jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.

Emergency Care

Covered Services and supplies provided to a Member in, or for, an Emergency:

- By a Hospital or Facility Provider and/or Professional Provider; and
- On an Outpatient basis; and
- In a Hospital Emergency Room or Outpatient Emergency Facility.

Employee

An individual of the Group contracting with the Claims Administrator and:

- Who meets the eligibility requirements for enrollment; and
- Who, at enrollment, is specified as meeting the eligibility requirements; and
- In whose name the Identification Card is issued.

Equipment For Safety

Equipment used to keep people safe.

These are:

- Items that are not primarily used for the diagnosis, care or treatment of disease or injury.
- Items which are primarily used to prevent injury or provide a safe surrounding.

Examples include:

- Restraints;
- Safety straps;
- Safety enclosures; and
- Car seats.

Essential Health Benefits

A set of health care service categories that must be covered by certain plans in accordance with the Affordable Care Act. Essential health benefits must include items and services within

at least the following 10 categories:

- Ambulatory patient services;
- Emergency services;
- Hospitalization;
- Maternity and newborn care;
- Mental health and substance use disorder services, including behavioral health treatment;
- Prescription Drugs;
- Rehabilitative and habilitative services And devices;
- Laboratory services;
- Preventive and wellness services and Chronic disease management; and
- Pediatric services, including oral and vision care.

Experimental/Investigative Services

A drug, biological product, device, medical treatment or procedure, or diagnostic test which meets any of the following criteria:

- Is the subject of: Ongoing clinical trials;
- Is the research, experimental, study or investigational arm of an ongoing clinical trial(s) or is otherwise under a systematic, intensive investigation to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment or diagnosis;
- Is not of proven benefit for the particular diagnosis or treatment of the Member's particular condition;
- Is not generally recognized by the medical community, as clearly demonstrated by Reliable Evidence, as effective and appropriate for the diagnosis or treatment of the Member's particular condition; or
- Is generally recognized, based on Reliable Evidence, by the medical community as a diagnostic or treatment intervention for which additional study regarding its safety and efficacy for the diagnosis or treatment of the Member's particular condition, is recommended.

Any drug, biological product, device, medical treatment or procedure, or diagnostic test is not considered Experimental/Investigative if it meets all of the criteria listed below:

- When required, the drug, biological product, device, medical treatment or procedure, or diagnostic test must have final approval from the appropriate governmental regulatory bodies (For example, FDA).
- Reliable Evidence demonstrates that the drug, biological product, device, medical treatment or procedure or diagnostic test meets technical standards, is clinically valid, and has a definite positive effect on health outcomes.
- Reliable Evidence demonstrates that the drug, biological product, device, medical treatment or procedure or diagnostic test leads to measurable improvement in health outcomes (That is, the beneficial effects outweigh any harmful effects).
- Reliable Evidence clearly demonstrates that the drug, biological product, device, medical treatment or procedure or diagnostic test is at least as effective in improving health outcomes as established technology, or is usable in appropriate clinical contexts in which established technology is not employable.
- Reliable Evidence clearly demonstrates that improvement in health outcomes, as defined in the previous bullet, is possible in standard conditions of medical practice, outside clinical investigatory settings.
- Reliable Evidence shows that the prevailing opinion among experts regarding the drug, biological product, device, medical treatment or procedure or diagnostic test is that studies or clinical trials have determined its maximum tolerated dose, its toxicity, its safety, its

efficacy or its efficacy as compared with a standard means of treatment for a particular diagnosis.

Any approval granted as an interim step in the FDA regulatory process (For example, An Investigational New Drug Exemption as defined by the FDA), is not sufficient. Once FDA approval has been granted for a particular diagnosis or condition, use of a drug or biological product (For example, infusible agent) for another diagnosis, condition, or in a manner that does not align with the FDA approval shall require that one or more of the established reference Compendia identified in the Claims Administrator policies recognize the usage as appropriate medical treatment.

Facility Provider

An institution or entity licensed, where required, to provide care.

Such facilities include:

- Ambulatory Surgical Facility;
- Birth Center;
- Free Standing Dialysis Facility;
- Free Standing Ambulatory Care Facility;
- Home Health Care Agency;
- Hospice;
- Hospital;
- Non-Hospital Facility;
- Psychiatric Hospital;
- Rehabilitation Hospital;
- Residential Treatment Facility;
- Short Procedure Unit;
- Skilled Nursing Facility.

Family Coverage

Coverage purchased for the Member and one or more of the Member's Dependents.

Free Standing Ambulatory Care Facility

A Facility Provider, other than a Hospital, that provides treatment or services on an Outpatient or partial basis.

In addition, the facility:

- Is not, other than incidentally, used as an office or clinic for the private practice of a Physician.
- Is licensed by the state in which it is located and be accredited by the appropriate regulatory body.

Free Standing Dialysis Facility

A Facility Provider that provides dialysis services for people who have serious kidney disease.

In addition, the facility:

- Is primarily engaged in providing dialysis treatment, Maintenance or training to patients on an Outpatient or home care basis.
- Is licensed or approved by the appropriate governmental agency; and
- Is approved by the Claims Administrator.

Group or (Enrolled Group)

A group of Employees which has been accepted by the Claims Administrator, consisting of all those Applicants whose charges are remitted by the Applicant's Agent together with all the

Employees, listed on the Application Cards or amendments thereof, who have been accepted by the Claims Administrator.

Hearing Aid

A Prosthetic Device that amplifies sound through simple acoustic amplification or through transduction of sound waves into mechanical energy that is perceived as sound. A Hearing Aid is comprised of:

- A microphone to pick up sound;
- An amplifier to increase the sound;
- A receiver to transmit the sound to the ear; and
- A battery for power.

A Hearing Aid may also have a transducer that changes sound energy into a different form of energy. The separate parts of a Hearing Aid can be packaged together into a small self-contained unit, or may remain separate or even require surgical implantation into the ear or part of the ear. Generally, a Hearing Aid will be categorized into one of the following common styles:

- Behind-The-Ear;
- In-The-Ear;
- In-The-Canal;
- Completely-In-The-Canal; or
- Implantable (Can Be Partial or Complete).

A Hearing Aid is not a cochlear implant.

Home

For purposes of the Home Health Care and Homebound Covered Services only, this is the place where the Member lives.

This place may be:

- A private residence/domicile;
- An assisted living facility;
- A long-term care facility; or
- A Skilled Nursing Facility at a custodial level of care.

Homebound

Being unable to safely leave Home due to severe restrictions on the Member's mobility.

A person can be considered Homebound when: Leaving Home would do the following:

- Involve a considerable effort by the Member; and
- Leave the Member unable to use transportation, without another's assistance.

The following individuals will NOT automatically be considered Homebound: But must meet both requirements shown above:

- A child;
- An unlicensed driver; or
- An individual who cannot drive.

Home Health Care Provider

A Facility Provider, approved by the Claims Administrator, that is engaged in providing, either directly or through an arrangement, health care services to Members:

- On an intermittent basis in the Member's Home.
- In accordance with an approved home health care Plan Of Treatment.

Hospice

A Facility Provider that is engaged in providing palliative care rather than curative care to terminally ill individuals.

The Hospice must be:

- Certified by Medicare to provide Hospice services, or accredited as a Hospice by the appropriate regulatory agency; and
- Appropriately licensed in the state where it located.

Hospital

An approved facility that provides Inpatient, as well as Outpatient Care, and that meet the requirements listed below.

The term Hospital specifically refers to a short-term, acute care, general Hospital which has been approved by The Joint Commission on Accreditation of Healthcare Organizations; and/or by the American Osteopathic Hospital Association or by the Claims Administrator, and which meets the following requirements:

- Is a duly licensed institution;
- Is primarily engaged in providing Inpatient diagnostic and therapeutic services for the diagnosis, treatment, and care of injured and sick persons by or under the supervision of Physicians;
- Has organized departments of medicine;
- Provides 24-hour nursing service by or under the supervision of Registered Nurses;
- Is not, other than incidentally, any of the following:
 - Skilled Nursing Facility;
 - Nursing home;
 - School;
 - Custodial Care home;
 - Health resort;
 - Spa or sanitarium;
 - Place for rest;
 - Place for aged;
 - Place for treatment of Mental Illness;
 - Place for treatment of Alcohol or Drug Abuse;
 - Place for provision of rehabilitation care;
 - Place for treatment of pulmonary tuberculosis;
 - Place for provision of Hospice care.

Hospital-Based Provider

A Physician who provides Medically Necessary services in a Hospital or other In-Network Facility Provider and meets the requirements listed below:

- The Medically Necessary services must be supplemental to the primary care being provided in the Hospital or In-Network Facility Provider;
- The Medically Necessary services must be those for which the Member has limited or no control of the selection of such Physician;
- Hospital-Based Providers include Physicians in the specialties of:
 - Radiology;
 - Anesthesiology;

- Pathology; and/or
- Other specialties, as determined by the Claims Administrator.

When these Physicians provide services other than in the Hospital or other In-Network Facility, they are not considered Hospital-Based Providers.

Identification Card (ID Card)

The currently effective card issued to the Member by the Claims Administrator which must be presented when a Covered Service is requested.

Immediate Family

The Employee's:

- Spouse;
- Parent;
- Child, stepchild;
- Brother, sister; or
- Persons who ordinarily reside in the household of the Member

Incurred

A charge shall be considered Incurred (acquired) on the date a Member receives the service or supply for which the charge is made.

Independent Clinical Laboratory

A laboratory that performs clinical pathology procedure and that is not affiliated or associated with a:

- Hospital;
- Physician; or
- Facility Provider.

In-Network Ancillary Service Provider

An Ancillary Service Provider that is:

- A member of the PPO Network or is a BlueCard Provider; and
- Has agreed to a rate of reimbursement determined by contract for the provision of "in-network" Covered Services to Members.

In-Network Facility Provider

A Facility Provider that is:

- A member of the PPO Network or is a BlueCard Provider; and
- Has agreed to a rate of reimbursement determined by contract for the provision of "in-network" Covered Services to Members.

In-Network Professional Provider

A Professional Provider that is:

- A member of the PPO Network or is a BlueCard Provider; and
- Has agreed to a rate of reimbursement determined by contract for the provision of "in-network" Covered Services to Members.

In-Network Provider

A Facility Provider, Professional Provider or Ancillary Service Provider that is:

- A member of the PPO Network or is a BlueCard Provider; and
- Authorized to perform specific "in-network" Covered Services at the In-Network level of benefits.

Inpatient Admission (Inpatient)

The actual entry of a Member, who is to receive Inpatient services as a registered bed patient, and for whom a room and board charge is made, into any of the following:

- Hospital;
- Extended care facility; or
- Facility Provider.

The Inpatient Admission shall continue until such time as the Member is actually discharged from the facility.

Inpatient Care For Alcohol Or Drug Abuse And Dependency

The provision of medical, nursing, counseling or therapeutic services 24 hours a day in a Hospital or Non-Hospital Facility, according to individualized treatment plans.

Intensive Outpatient Program

A planned, structured program that coordinates and uses the services of various health professionals, to treat patients in crisis who suffer from:

- Mental Illness;
- Serious Mental Illness; or
- Alcohol Or Drug Abuse And Dependency.

Intensive Outpatient Program treatment is an alternative to Inpatient Hospital treatment or Partial Hospitalization treatment and focuses on alleviation of symptoms and improvement in the level of functioning required to stabilize the patient until they are able to transition to less intensive Outpatient treatment, as required.

Licensed Clinical Social Worker

A social worker who:

- Has graduated from a school accredited by the Council on Social Work Education with a Doctoral or Master's Degree; and
- Is licensed by the appropriate state authority.

Licensed Practical Nurse (LPN)

A nurse who:

- Has graduated from a formal practical or nursing education program; and
- Is licensed by the appropriate state authority.

Life-Threatening Disease Or Condition (for Qualifying Clinical Trials)

Any disease or condition from which the likelihood of death is probable unless the course of the disease or condition is interrupted.

Limiting Age For Dependents

The age at which a child is no longer eligible as a Dependent under the Member's coverage. The Limiting Age for covered children is shown in the **General Information** section.

Maintenance

A continuation of the Member's care and management when:

- The maximum therapeutic value of a Medically Necessary treatment plan has been achieved;
- No additional functional improvement is apparent or expected to occur;
- The provision of Covered Services for a condition ceases to be of therapeutic value; and
- It is no longer Medically Necessary.

This includes Maintenance services that seek to:

- Prevent disease;
- Promote health; and
- Prolong and enhance the quality of life.

Managed Care Organization (MCO)

A generic term for any organization that manages and controls medical service.

It includes:

- HMOs;
- PPOs;
- Managed indemnity insurance programs; and
- Managed Blue Cross or Blue Shield programs.

Master's Prepared Therapist

A therapist who:

- Holds a Master's Degree in an acceptable human services-related field of study;
- Is licensed as a therapist at an independent practice level; and
- Is licensed by the appropriate state authority to provide therapeutic services for the treatment of Mental Health/Psychiatric Services (including treatment of Serious Mental Illness).

Maximum

A limit on the amount of Covered Services that a Member may receive. The Maximum may apply to all Covered Services or selected types. When the Maximum is expressed in dollars, this Maximum is measured by the Covered Expenses, less Deductibles, Coinsurance and Copayment amounts paid by Members for the Covered Services to which the Maximum applies. The Maximum may not be measured by the actual amounts paid by the Claims Administrator to the Providers. A Maximum may also be expressed in number of days or number of services for a specified period of time.

- Benefit Maximum - the greatest amount of a specific Covered Service that a Member may receive.
- Lifetime Maximum - the greatest amount of Covered Services that a Member may receive in the Member's lifetime.

Medical Care

Services rendered by a Professional Provider for the treatment of an illness or injury. These are services that must be rendered within the scope of their license.

Medical Foods

Liquid nutritional products which are specifically formulated to treat one of the following genetic diseases: phenylketonuria, branched-chain ketonuria, galactosemia, homocystinuria.

Medically Necessary (Medical Necessity)

Shall mean:

- Health care services that a Physician, exercising prudent clinical judgment, would provide to a patient for the purpose of:
 - Preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms.
- Health care services that a Physician, exercising prudent clinical judgment, would provide to a patient, that are:
 - In accordance with generally accepted standards of medical practice;
 - Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease;
 - Not primarily for the convenience of the patient, Physician, or other health care provider; and
 - Not more costly than an alternative service or sequence of services that are at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.
- For these purposes, "generally accepted standards of medical practice" means standards that are based on:
 - Credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, Physician Specialty Society recommendations; and
 - The views of Physicians practicing in relevant clinical areas; and
 - Any other relevant factors.

Medical Policy

Medical Policy is used to determine whether Covered Services are Medically Necessary.

Medical Policy is developed based on various sources including, but not limited to:

- Peer-reviewed scientific literature published in journals and textbooks; and
- Guidelines put forth by governmental agencies; and
- Respected professional organizations; and
- Recommendations of experts in the relevant medical specialty.

Medicare

The programs of health care for the aged and disabled established by Title XVIII of the Social Security Act of 1965, as amended.

Medicare Allowable Payment for Facilities

The payment amount, as determined by the Medicare program, for the Covered Service for a Facility Provider.

Medicare Ancillary Allowable Payment

The payment amount, as determined by the Medicare program, for the Covered Service for an Ancillary Service Provider.

Medicare Professional Allowable Payment

The payment amount, as determined by the Medicare program, for the Covered Service based on the Medicare Par Physician Fee Schedule – Pennsylvania Locality 01.

Member

An enrolled Employee or their Eligible Dependent(s) who have satisfied the specifications of the **General Information** section.

A Member does NOT mean any person who is eligible for Medicare, except as specifically stated in this Benefit Booklet.

Mental Illness

Any of various conditions, wherein mental treatment is provided by a qualified mental health Provider.

- These various conditions must be categorized as mental disorders by the most current edition of the International Classification of Diseases (ICD) or Diagnostic and Statistical Manual (DSM).
- For purposes of this Program, conditions categorized as Mental Illness do not include those conditions listed under Serious Mental Illness or Autism Spectrum Disorders.
- The benefit limits for Mental Illness, Serious Mental Illness, and Autism Spectrum Disorders are separate and not cumulative.

Methadone Treatment

Provision and supervision of methadone hydrochloride in prescribed doses for the treatment of opioid dependency.

Negotiated Arrangement a.k.a., Negotiated National Account Arrangement

An agreement negotiated between a Control/Home Licensee and one or more Par/Host Licensees for any National Account that is not delivered through the BlueCard Program.

Non-Hospital Facility

A Facility Provider, licensed by the Department of Health for the care or treatment of Members diagnosed with Alcohol Or Drug Abuse And Dependency. This does NOT include transitional living facilities.

Non-Hospital Facilities, shall include, but not be limited to the following, for Partial Hospitalization programs:

- Residential Treatment Facilities; and
- Free Standing Ambulatory Care Facilities.

Non-Hospital Residential Treatment

The provision of medical, nursing, counseling, or therapeutic services to Members diagnosed with Alcohol Or Drug Abuse And Dependency:

- In a residential environment;
- According to individualized treatment plans.

Nutritional Formula

Liquid nutritional products which are formulated to supplement or replace normal food products.

Observation Room

Observation Room services involve the use of a bed and periodic monitoring by the Facility Provider's nursing or other ancillary staff in order to evaluate and treat a Member's condition or determine the need for possible Inpatient Admission. Observation Room services are considered Outpatient Care services and generally do not exceed 24 hours. These services can be provided in any location within a Facility Provider.

Out-of-Network Ancillary Service Provider

An Ancillary Service Provider that is NOT a member of the PPO Network or is NOT a BlueCard Provider.

Out-of-Network Facility Provider

A Facility Provider that is NOT a member of the PPO Network or is NOT a BlueCard Provider.

Out-of-Network Professional Provider

A Professional Provider who is NOT a:

- Member of the PPO Network; or
- BlueCard Provider.

Out-of-Network Provider

A Facility Provider, Professional Provider or Ancillary Service Provider that is NOT a:

- Member of the PPO Network; or
- BlueCard Provider.

Out-of-Pocket Limit

A specified dollar amount of Covered Expense Incurred by the Member for Covered Services in a Benefit Period. The Out-of-Pocket Limits are calculated as follows:

- The In-Network Out-of-Pocket Limit expense includes Copayments, Coinsurance and Deductibles, if applicable. The amount of the In-Network Care Individual Out-of-Pocket Limit and In-Network Care Family Out-of-Pocket Limit will only include expenses for Essential Health Benefits. When the In-Network Out-of-Pocket Limit is reached, the level of benefits is increased as set forth in the ***Schedule of Covered Services***.
- The Out-of-Network Out-of-Pocket Limit expense includes Coinsurance but does not include any Copayments, Deductibles, Penalties, or amounts that exceed the, Claims Administrator's payment (see the definition for "Covered Expense" for more details). When the Out-of-Network Out-of-Pocket Limit is reached, the level of benefits is increased, as specified in the ***Schedule of Covered Services***.

Outpatient Care (or Outpatient)

Medical, nursing, counseling or therapeutic treatment provided to a Member who does not require an overnight stay in a Hospital or other Inpatient Facility.

Outpatient Diabetic Education Program

An Outpatient Diabetic Education Program, provided by an In-Network Provider that has been recognized by the Department of Health or the American Diabetes Association as meeting the

national standards for Diabetes Patient Education Programs established by the National Diabetes Advisory Board.

Partial Hospitalization

Medical, nursing, counseling or therapeutic services that are:

- Provided on a planned and regularly scheduled basis in a Hospital or Facility Provider; and
- Designed for a patient who would benefit from more intensive services than are offered in Outpatient treatment (Intensive Outpatient Program or Outpatient office visit) but who does not require Inpatient confinement.

Penalty

A type of cost-sharing in which the Member is assessed a percentage reduction in benefits payable for failure to obtain Precertification of certain Covered Services. Penalties, if any, are identified and explained in detail in the **General Information** section.

Pervasive Developmental Disorders (PDD)

Disorders characterized by severe and pervasive impairment in several areas of development:

- Reciprocal social interaction skills;
- Communication skills; or
- The presence of stereotyped behavior, interests and activities.

Examples are:

- Asperger's syndrome; and
- Childhood disintegrative disorder.

Physician

A person who is a doctor of medicine (M.D.) or a doctor of osteopathy (D.O.), licensed and legally entitled to practice medicine in all its branches, perform Surgery and dispense drugs.

Plan Of Treatment

A plan of care which is prescribed in writing by a Professional Provider for the treatment of an injury or illness. The Plan of Treatment should include goals and duration of treatment, and be limited in scope and extent to that care which is Medically Necessary for the Member's diagnosis and condition.

Precertification (or Precertify)

Prior assessment by the Claims Administrator or a designated agent that proposed services, such as hospitalization, are Medically Necessary for a Member and covered by this Program. Payment for services depends on whether the Member and the category of service are covered under this Program.

Preferred Provider Organization (PPO)

A type of managed care plan that:

- Offers the freedom to choose a Physician like a traditional health care plan; and
- Provides the Physician visits and preventive benefits normally associated with an HMO (Health Maintenance Organization).

In a PPO, an individual is:

- Not required to select a primary care Physician to coordinate care; and
- Not required to obtain referrals to see specialists.

Preferred Provider Organization (PPO) Network

The network of Providers with whom the Claims Administrator has contractual arrangements.

Prenotification (Prenotify)

The requirement that a Member provide prior notice to the Claims Administrator that proposed services, such as maternity care, are scheduled to be performed.

- No Penalty will be applied for failure to comply with this requirement.
- Payment for services depends on whether the Member and the category of service are covered under this Program.
- To Prenotify, the Member should call the telephone number on the ID card, prior to obtaining the proposed service.

Preventive Care

Means:

- Evidence-based items or services that are rated "A" or "B" in the current recommendations of the United States Preventive Services Task Force with respect to the Member;
- Immunizations for routine use for Members of all ages as recommended by the Advisory Committee on Immunization Practices of the Centers of Disease Control and Prevention with respect to the Member;
- Evidence-informed preventive care and screenings for Members who are infants, children, and adolescents, as included in the comprehensive guidelines supported by the Health Resources and Services Administration;
- Evidence-informed preventive care and screenings for Members as included in the comprehensive guidelines supported by the Health Resources and Services Administration; and
- Any other evidence-based or evidence-informed items as determined by the federal and/or state law.

Price Protection Program

Program in which the Claims Administrator, or its vendor, will negotiate Out-of-Network claims with the Out-of-Network Provider to attempt to obtain a discount from billed charges and hold the Member harmless from Provider balance billing. When the Out-of-Network Provider agrees to a negotiated amount (referred to as a "successfully negotiated claim"), the Claims Administrator will reimburse the Out-of-Network Provider directly and the Member shall be responsible for any Member cost sharing. If the Out-of-Network Provider does not agree to a negotiated amount, the claim reimbursement will be governed by the terms of the Benefit Booklet including the Covered Expense definition, and the Member may be subject to balance billing.

If the Out-of-Network Provider does not agree to a negotiated amount, and the Member is balanced billed, the Member can notify the Claims Administrator. The Member will need to contact the Claims Administrator at the Customer Service telephone number listed on the Member's I.D. card. The Member may be directed to the Claim Administrator's vendor for balance bill advocacy.

- **The Price Protection Program applies to** Out-of-Network Provider charges at an invoiced amount determined by the Claims Administrator.
- **The Price Protection Program does not apply to:**
 - In-Network claims;
 - Claims when the Member has not satisfied the Out-of-Network Deductible in full;
 - Claims, which are less than \$1,000 in billed charges, from an Out-of-Network Provider outside of the following Pennsylvania counties:
 - Bucks;
 - Chester;
 - Delaware;
 - Montgomery; and
 - Philadelphia;
 - Claims, which are less than \$250 in billed charges, from an Out-of-Network Provider within the following Pennsylvania counties:
 - Bucks;
 - Chester;
 - Delaware;
 - Montgomery; and
 - Philadelphia;
 - Non-Covered Services;
 - Claims originating outside of the United States;
 - Medicare claims;
 - Coordination of Benefits claims;
 - Claims that have already been successfully negotiated or adjusted.

Primary Care Provider

A Professional Provider as listed in the PPO Network directory under "Primary Care Physicians" (General Practice, Family Practice or Internal Medicine), "Obstetricians/Gynecologists" or "Pediatricians".

Primary Care Services

Basic, routine Medical Care traditionally provided to individuals with:

- Common illnesses; and
- Common injuries; and
- Chronic illnesses.

Private Duty Nursing

Private Duty Nursing is Medically Necessary, complex skilled nursing care provided in the Member's private residence by a Registered Nurse (RN) or a Licensed Practical Nurse (LPN). It provides continuous monitoring and observation of a Member who requires frequent skilled nursing care on an hourly basis. Private Duty Nursing must be ordered by a Professional Provider who is involved in the oversight of the Member's care, in accordance with the Provider's scope of practice.

Professional Provider

A person or practitioner with an unrestricted, unsanctioned license, who is licensed, where required, and performing services within the scope of such licensure. The Professional Providers are:

- Audiologist;
- Autism Service Provider;
- Behavior Specialist;
- Certified Midwife;
- Certified Registered Nurse;
- Chiropractor;
- Dentist;
- Independent Clinical Laboratory;
- Licensed Clinical Social Worker;
- Master's Prepared Therapist;
- Optometrist;
- Physical Therapist;
- Physician;
- Physician Assistant;
- Podiatrist;
- Psychologist;
- Registered Dietitian;
- Speech-Language Pathologist;
- Teacher of the hearing impaired.

Program

The benefit plan provided by the Group through an arrangement with the Claims Administrator.

Prosthetics (or Prosthetic Devices)

Devices (except dental Prosthetics), which replace all or part of:

- An absent body organ including contiguous tissue; or
- The function of a permanently inoperative or malfunctioning body organ.

Provider

A Facility Provider, PHO Facility Provider, Professional Provider, PHO Professional Provider, Ancillary Service Provider or PHO Ancillary Service Provider licensed where required.

Provider Incentive

An additional amount of compensation paid to a healthcare provider by a Blue Cross and/or Blue Shield Plan, based on the provider's compliance with agreed-upon procedural and/or outcome measures for a particular group/population of Members.

Psychiatric Hospital

A Facility Provider, approved by the Claims Administrator, which is primarily engaged in providing diagnostic and therapeutic services for the Inpatient treatment of Mental Illness.

- Such services are provided by or under the supervision of an organized staff of Physicians.
- Continuous nursing services are provided under the supervision of a Registered Nurse.

Psychologist

A Psychologist who is:

- Licensed in the state in which they practice; or
- Otherwise duly qualified to practice by a state in which there is no Psychologist licensure.

Qualified Individual (for Clinical Trials)

A Member who meets the following conditions:

- The Member is eligible to participate in an approved clinical trial according to the trial protocol with respect to treatment of cancer or other Life-Threatening Disease or Condition; and

- Either:
 - The referring health care professional is a health care provider participating in the clinical trial and has concluded that the Member's participation in such trial would be appropriate based upon the individual meeting the conditions described above; or
 - The Member provides medical and scientific information establishing that their participation in such trial would be appropriate based upon the Member meeting the conditions described above.

Qualifying Clinical Trial

A phase I, II, III, or IV clinical trial that is conducted in relation to the prevention, detection, or treatment of cancer or other Life-Threatening Disease Or Condition and is described in any of the following:

- Federally funded trials: the study or investigation is approved or funded (which may include funding through in-kind contributions) by one or more of the following:
 - The National Institutes of Health (NIH);
 - The Centers for Disease Control and Prevention (CDC);
 - The Agency for Healthcare Research and Quality (AHRQ);
 - The Centers for Medicare and Medicaid Services (CMS);
 - Cooperative group or center of any of the entities described above or the Department of Defense (DOD) or the Department of Veterans Affairs (VA);
 - Any of the following, if the Conditions For Departments are met:
 - The Department of Veterans Affairs (VA);
 - The Department of Defense (DOD); or
 - The Department of Energy (DOE).
- The study of investigation is conducted under an investigational new drug application reviewed by the Food and Drug Administration (FDA); or
- The study or investigation is a drug trial that is exempt from having such an investigational new drug application.

In the absence of meeting the criteria listed above, the Clinical Trial must be approved by the Claims Administrator as a Qualifying Clinical Trial.

Registered Dietitian (RD)

A dietitian registered by a nationally recognized professional association of dietitians.

- A Registered Dietitian (RD) is a food and nutrition expert who has met the minimum academic and professional requirements to qualify for the credential "RD."

Registered Nurse (R.N.)

A nurse who:

- Has graduated from a formal program of nursing education (diploma school, associate degree or baccalaureate program); and
- Is licensed by the appropriate state authority.

Rehabilitation Hospital

A Facility Provider, approved by the Claims Administrator, which is primarily engaged in providing rehabilitation care services on an Inpatient basis.

- Rehabilitation care services consist of:
 - The combined use of medical, social, educational, and vocational services to enable patients disabled by disease or injury to achieve the highest possible level of functional ability.
- Services are provided by or under:
 - The supervision of an organized staff of Physicians.
- Continuous nursing services are provided:
 - Under the supervision of a Registered Nurse.

Reliable Evidence

Peer-reviewed reports of clinical studies that have been designed according to accepted scientific standards such that potential biases are minimized to the fullest extent, and generalizations may be made about safety and effectiveness of the technology outside of the research setting. Studies are to be published or accepted for publication, in medical or scientific journals that meet nationally recognized requirements for scientific manuscripts and that are generally recognized by the relevant medical community as authoritative. Furthermore, evidence-based guidelines from respected professional organizations and governmental entities may be considered Reliable Evidence if generally accepted by the relevant medical community.

Residential Treatment Facility

A Facility Provider licensed and approved by the appropriate government agency and approved by the Claims Administrator, which provides treatment for:

- Mental Illness;
- Serious Mental Illness; or
- Alcohol Or Drug Abuse And Dependency to partial, Outpatient or live-in patients who do not require acute Medical Care.

Retail Clinics

Retail Clinics are staffed by certified nurse practitioners trained to diagnose, treat and write prescriptions when clinically appropriate.

- Services are available to treat basic medical needs for: Urgent Care.
- Examples of needs are:

– Sore throat;	– Minor burns;
– Ear, eye or sinus infection;	– Skin infections or rashes; and
– Allergies;	– Pregnancy testing.

Routine Patient Costs Associated With Qualifying Clinical Trials

Routine patient costs include all items and services consistent with the coverage provided under this Program that is typically covered for a Qualified Individual who is not enrolled in a clinical trial.

Routine patient costs do NOT include:

- The investigational item, device, or service itself;
- Items and services that are provided solely to satisfy data collection and analysis needs and that are not used in the direct clinical management of the patient; and
- A service that is clearly inconsistent with widely accepted and established standards of care

for a particular diagnosis.

Self-Administered Prescription Drug

A Prescription Drug that can be administered safely and effectively by either the Member or a caregiver, without medical supervision, regardless of whether initial medical supervision and/or instruction is required. Examples of Self-Administered Prescription Drugs include, but are not limited to:

- Oral drugs;
- Self-Injectable Drugs;
- Inhaled drugs; and
- Topical drugs.

Self-Injectable Prescription Drug (Self-Injectable Drug)

A Prescription Drug that:

- Is introduced into a muscle or under the skin with a syringe and needle; and
- Can be administered safely and effectively by either the Member or a caregiver without medical supervision, regardless of whether initial medical supervision and/or instruction is required.

Serious Mental Illness

Means any of the following biologically based Mental Illnesses: As defined by the American Psychiatric Association, in the most recent edition of the International Classification of Diseases (ICD) or Diagnostic and Statistical Manual of Mental Disorders (DSM):

- Schizophrenia;
- Bipolar disorder;
- Obsessive-compulsive disorder;
- Major depressive disorder;
- Panic disorder;
- Anorexia nervosa;
- Bulimia nervosa;
- Schizo-affective disorder;
- Delusional disorder; and
- Any other Mental Illness that is considered to be "Serious Mental Illness" by law.

Benefits are provided for diagnosis and treatment of these conditions when:

- Determined to be Medically Necessary; and
- Provided by a Provider.

Covered Services may be provided on an Outpatient or Inpatient basis.

Severe Systemic Protein Allergy

Means allergic symptoms to ingested proteins of sufficient magnitude to cause:

- Weight loss or failure to gain weight;
- Skin rash;
- Respiratory symptoms; and
- Gastrointestinal symptoms of significant magnitude to cause gastrointestinal bleeding and vomiting.

Short Procedure Unit

A unit which is approved by the Claims Administrator and which is designed to handle the following kinds of procedures on an Outpatient basis:

- Lengthy diagnostic procedures; or
- Minor surgical procedures.

In the absence of a Short Procedure Unit these are procedures which would otherwise have resulted in an Inpatient Admission.

Skilled Nursing Facility

An institution or a distinct part of an institution, other than one which:

- Is primarily for the care and treatment of Mental Illness, tuberculosis, or Alcohol Or Drug Abuse And Dependency.

It is also an institution which:

- Is accredited as a Skilled Nursing Facility or extended care facility by the Joint Commission on Accreditation of Healthcare Organizations; or
- Is certified as a Skilled Nursing Facility or extended care facility under the Medicare Law; or
- Is otherwise acceptable to the Claims Administrator.

Sleep Studies

Refers to the continuous and simultaneous monitoring and recording of various physiologic and pathophysiologic sleep parameters. Sleep tests are performed to:

- Diagnose sleep disorders (For example, narcolepsy, sleep apnea, parasomnias);
- Initiate treatment for a sleep disorder; and/or
- Evaluate an individual's response to therapies such as continuous positive airway pressure (CPAP) or bi-level positive airway pressure device (BPAP).

Sound Natural Teeth

Teeth that are:

- Stable;
- Functional;
- Free from decay and advanced periodontal disease;
- In good repair at the time of the Accidental Injury/trauma; and
- Are not man-made.

Specialist Services

All Professional Provider services providing Medical Care or mental health/psychiatric care in any generally accepted medical or surgical specialty or subspecialty.

Specialty Drug

A medication that meets certain criteria including, but not limited to:

- The drug is used in the treatment of a rare, complex, or chronic disease.
- A high level of involvement is required by a Professional Provider to administer the drug.
- Complex storage and/or shipping requirements are necessary to maintain the drug's stability.
- The drug requires comprehensive patient monitoring and education by a Professional Provider regarding safety, side effects, and compliance.
- Access to the drug may be limited.

- Some Generic Drugs are included in this category and are subject to the Specialty Drug cost-sharing.

The Claims Administrator reserves the right to determine which Specialty Drug vendors and/or Professional Providers can dispense or administer certain Specialty Drugs.

Standard Injectable Drug

A medication that is either injectable or infusible:

- But is not defined by the Claims Administrator to be a Self-Administered Prescription Drug or a Specialty Drug. Instead, these drugs need to be administered by a Professional Provider.

Standard Injectable Drugs include, but are not limited to:

- Allergy injections and extractions; and
- Injectable medications such as antibiotics and steroid injections that are administered by a Professional Provider.

Surgery

The performance of generally accepted operative and cutting procedures including:

- Specialized instrumentations;
- Endoscopic examinations; and
- Other invasive procedures.

Payment for Surgery includes an allowance for related Inpatient preoperative and postoperative care.

Treatment of burns, fractures and dislocations are also considered Surgery.

Therapy Service

The following services or supplies prescribed by a Physician and used for the treatment of an illness or injury to promote the recovery of the Member:

- Cardiac Rehabilitation Therapy
Medically supervised rehabilitation program designed to improve a patient's tolerance for physical activity or exercise.
- Chemotherapy
The treatment of malignant disease by chemical or biological antineoplastic agents used to kill or slow the growth of cancerous cells.
- Dialysis
The treatment that removes waste materials from the body for people with:
 - Acute renal failure; or
 - Chronic irreversible renal insufficiency.
- Infusion Therapy
The infusion of:
 - Drug;
 - Hydration; or
 - Nutrition (parenteral or enteral);

- Into the body by a Professional Provider.

Infusion therapy includes: All professional services, supplies, and equipment that are required to safely and effectively administer the therapy.

Infusion may be provided in a variety of settings (For example, home, office, Outpatient) depending on the level of skill required to:

- Prepare the drug;
- Administer the infusion; and
- Monitor the Member.

The type of Professional Provider who can administer the infusion depends on whether the drug is considered to be a Specialty Drug infusion or a Standard Injectable Drug infusion, as determined by the Claims Administrator.

- Occupational Therapy

Medically prescribed treatment concerned with improving or restoring neuromusculoskeletal (nerve, muscle and bone) functions which have been impaired by:

- Illness or injury;
- Congenital anomaly (a birth defect); or
- Prior therapeutic intervention.

Occupational Therapy also includes medically prescribed treatment concerned with improving the Member's ability to perform those tasks required for independent functioning, where such function has been permanently lost or reduced by:

- Illness or injury;
- Congenital anomaly (a birth defect); or
- Prior therapeutic intervention (Prior treatment).

This does NOT include services specifically directed towards the improvement of vocational skills and social functioning.

- Orthoptic/Pleoptic Therapy

Medically prescribed treatment for the correction of oculomotor dysfunction resulting in the lack of vision depth perception.

Such dysfunction results from:

- Vision disorder;
- Eye Surgery; or
- Injury.

Treatment involves a program which includes evaluation and training sessions.

- Physical Therapy

Medically prescribed treatment of physical disabilities or impairments resulting from:

- Disease;
- Injury;
- Congenital anomaly; or

- Prior therapeutic intervention by the use of therapeutic exercise and other interventions that focus on improving:
 - Posture;
 - Mobility;
 - Strength;
 - Endurance;
 - Balance;
 - Coordination;
 - Joint Mobility;
 - Flexibility; and
 - The functional activities of daily living.
- Pulmonary Rehabilitation Therapy
A multidisciplinary, comprehensive program for Members who have a chronic lung disease. Pulmonary rehabilitation is designed to:
 - Reduce symptoms of disease;
 - Improve functional status; and
 - Stabilize or reverse manifestations of the disease.
- Radiation Therapy
The treatment of disease by:
 - X-Ray;
 - Gamma ray;
 - Accelerated particles;
 - Mesons; or
 - Neutrons, radium, radioactive isotopes, or other radioactive substances regardless of the method of delivery.
- Respiratory Therapy
Medically prescribed treatment of diseases or disorders of the respiratory system with therapeutic gases and vaporized medications delivered by inhalation.
- Speech Therapy
Medically prescribed services that are necessary for the diagnosis and/or treatment of speech and language disorders, due to conditions or events that result in communication disabilities and/or swallowing disorders:
 - Disease;
 - Surgery;
 - Injury;
 - Congenital and developmental anomalies (birth defects); or
 - Previous therapeutic processes.

Total Disability (or Totally Disabled)

Means that a Covered Employee who, due to illness or injury:

- Cannot perform any duty of their occupation or any occupation for which the Employee is, or may be, suited by education, training and experience; and
- Is not, in fact, engaged in any occupation for wage or profit.

A Dependent is totally disabled if: They cannot engage in the normal activities of a person in good health and of like age and sex.

The Totally Disabled person must be under the regular care of a Physician.

Urgent Care

Urgent Care needs are for sudden illness or Accidental Injury that require prompt medical attention but are not life-threatening and are not Emergency medical conditions when your Professional Provider is unavailable. Examples of Urgent Care needs include stitches, fractures, sprains, ear infections, sore throats, rashes, X-rays that are not Preventive Care.

Urgent Care Centers

Facility Provider designed to offer immediate evaluation and treatment for sudden health conditions and accidental injuries that:

- Require medical attention in a non-Emergency situation; and
- When the Member's Professional Provider's office is unavailable.

Urgent Care is not the same as: Emergency Services (see definition of "Urgent Care" above).

Value-Based Program (VBP)

An outcomes-based payment arrangement and/or a coordinated care model facilitated with one or more local providers that is evaluated against cost and quality metrics/factors and is reflected in provider payment.

IMPORTANT NOTICES

Regarding Experimental/Investigative Treatment:

The Claims Administrator does not cover treatment it determines to be Experimental/Investigative in nature because that treatment is not accepted by the general medical community for the condition being treated or not approved as required by federal or governmental agencies. However, the Claims Administrator acknowledges that situations exist when a Member and their Physician agree to utilize Experimental/Investigative treatment. If a Member receives Experimental/Investigative treatment, the Member shall be responsible for the cost of the treatment. A Member or their Physician should contact the Claims Administrator to determine whether a treatment is considered Experimental/Investigative. The term "Experimental/Investigative" is defined in the **Important Definitions** section.

Regarding Treatment Which Is Not Medically Necessary:

The Claims Administrator only covers treatment which it determines Medically Necessary. An In-Network Provider accepts the Claims Administrator's decision and contractually is not permitted to bill the Member for treatment which the Claims Administrator determines is not Medically Necessary unless the In-Network Provider specifically advises the Member in writing, and the Member agrees in writing that such services are not covered by the Claims Administrator, and that the Member will be financially responsible for such services. An Out-of-Network Provider, however, is not obligated to accept the Claims Administrator's determination and the Member may not be reimbursed for treatment which the Claims Administrator determines is not Medically Necessary. The Member is responsible for these charges when treatment is received by an Out-of-Network Provider. The Member can avoid these charges simply by choosing an In-Network Provider for the Member's care. The term "Medically Necessary" is defined in the **Important Definitions** section.

Regarding Treatment for Cosmetic Purposes:

The Claims Administrator does not cover treatment which it determines is for cosmetic purposes because it is not necessitated as part of the Medically Necessary treatment of an illness, injury or congenital birth defect. However, the Claims Administrator acknowledges that situations exist when a Member and their Physician decide to pursue a course of treatment for cosmetic purposes. In such cases, the Member is responsible for the cost of the treatment. A Member or their Physician should contact the Claims Administrator to determine whether treatment is for cosmetic purposes. The exclusion for services and operations for cosmetic purposes is detailed in the **Exclusions - What Is Not Covered** section.

Regarding Coverage for Emerging Technology:

While the Claims Administrator does not cover treatment it determines to be Experimental/Investigative, it routinely performs technology assessments in order to determine when new treatment modalities are safe and effective. A technology assessment is the review and evaluation of available clinical and scientific information from expert sources. These sources include but are not limited to articles published by governmental agencies, national peer review journals, national experts, clinical trials, and manufacturer's literature. The Claims Administrator uses the technology assessment process to assure that new drugs, procedures or devices ("emerging technology") are safe and effective before approving them as Covered Services. When new technology becomes available or at the request of a practitioner or Member, the Claims Administrator researches all scientific information available from these expert sources. Following this analysis, the Claims Administrator makes a decision about when a new drug, procedure or device has been proven to be safe and effective and uses this information to determine when an item becomes a Covered Service for the condition being treated or not approved as required by federal or governmental agencies. A Member or their Provider should contact the Claims Administrator to determine whether a proposed treatment is considered "emerging technology" and whether the Provider is considered an eligible Provider to perform the "emerging technology" Covered Service. The Claims Administrator maintains the discretion to limit eligible Providers for certain "emerging technology" Covered Services.

Regarding Use of Out-of-Network Providers

While PPO has an extensive network, it may not contain every provider that the Member elects to see. To receive the Maximum benefits available under this Program, the Member must obtain Covered Services from In-Network Providers that participate in the PPO Network or is a BlueCard Provider.

In addition, the Members PPO program allows the Member to obtain Covered Services from Out-of-Network Providers. If the Member uses an Out-of-Network Provider the Member will be reimbursed for Covered Services but will incur significantly higher out-of-pocket expenses including Deductibles, Coinsurance. In certain instances, the Out-of-Network Provider also may charge the Member for the balance of the Provider's bill. This is true regardless of the reason the Member uses an Out-of-Network Provider including, but not limited to, by choice, for level of expertise, for convenience, for location, because of the nature of the services, based on the recommendation of a Provider or network sufficiency. However, if Emergency Care is provided by certain Out-of-Network Providers (For example, ambulance services), in accordance with applicable law, the Claims Administrator will reimburse the Out-of-Network Provider at an In-Network rate directly. In this instance the specified Out-of-Network Provider will not bill the Member for amounts in excess of the Claims Administrator's payment for the Emergency Care. For payment of Covered Services provided by an Out-of-Network Provider, please refer to the definition of "Covered Expense".

For Covered Services not successfully negotiated through the Price Protection Program, received from an Out-of-Network Provider, payment will be made directly to the Member and the Member will be responsible for reimbursing the Out-of-Network Provider. However, the Claims Administrator reserves the right, in its sole discretion, to make payments directly to the Out-of-Network Provider

For specific terms regarding Out-of-Network Providers, please refer to the following sections: **Important Definitions**; including but not limited to the definition of "Covered Expense" and "Out-of-Network Provider", Payment of Providers and Payment Methods.

Regarding Non-Discrimination Rights

The Member has the right to receive health care services without discrimination:

- Based on race, ethnicity, age, mental or physical disability, genetic information, color, religion, gender, national origin, source of payment, sexual orientation, or sex, including stereotypes and gender identity;
- For Medically Necessary health services made available on the same terms for all individuals, regardless of sex assigned at birth, gender identity, or recorded gender;
- Based on an individual's sex assigned at birth, gender identity, or recorded gender, if it is different from the one to which such health service is ordinarily available;
- Related to gender transition if such denial or limitation results in discriminating against a transgender individual.

Discretionary Authority

The Claims Administrator or Plan Administrator, as applicable, retains discretionary authority to interpret the benefit plan and the facts presented to make benefit determinations. Benefits under this Program will be provided only if the Claims Administrator or Plan Administrator, as applicable, determines in its discretion that the Member is entitled to them.

REMEMBER: Whenever a Provider suggests a new treatment option that may fall under the category of "Experimental/Investigative", "cosmetic", or "emerging technology", the Member, or their Provider, should contact the Claims Administrator for a coverage determination. That way the Member and the Provider will know in advance if the treatment will be covered by the Claims Administrator.

In the event the treatment is not covered by the Claims Administrator, the Member can make an informed decision about whether to pursue alternative treatment options or be financially responsible for the non-covered service.

For more information on when to contact the Claims Administrator for coverage determinations, please see the Precertification and Prenotification requirements in the *General Information* section.

RIGHTS AND RESPONSIBILITIES

To obtain a list of "Rights and Responsibilities", please log on to http://www.ibx.com/members/quality_management/member_rights.html or the Member should call the Customer Service telephone number that is listed on their Identification Card to receive a printed copy.

LANGUAGE AND COVERAGE CHANGES

2021 PREVENTIVE SCHEDULE

This schedule is a reference tool for planning your preventive care and lists items/services required under the Patient Protection and Affordable Care Act of 2010 (PPACA), as amended. In accordance with the PPACA, the schedule is reviewed and updated periodically based on the recommendations of the U.S. Preventive Services Task Force, Health Resources and Services Administration, U.S. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, and other applicable laws and regulations. Accordingly, the content of this schedule is subject to change. Your specific needs for preventive services may vary according to your personal risk factors. Your health care provider is always your best resource for determining if you're at increased risk for a condition. Some services may require precertification/preapproval. If you have questions about this schedule, precertification/preapproval, or your benefit coverage, please call the Customer Service number on the back of your ID card.

PREVENTIVE CARE SERVICES FOR ADULTS

VISITS	
Preventive exams Services that may be provided during the preventive exam include but are not limited to the following: <ul style="list-style-type: none"> • High blood pressure screening • Behavioral counseling for skin cancer • Obesity Screening • Unhealthy drug use screening 	One exam annually for all adults
SCREENINGS	
Abdominal aortic aneurysm (AAA) screening	Once in a lifetime for asymptomatic males age 65 to 75 years with a history of smoking
Abnormal blood glucose and Type 2 diabetes mellitus screening and intensive counseling interventions	Abnormal blood glucose and type 2 diabetes screening for adults 40 to 70 years who are overweight or obese Intensive behavioral counseling interventions for individuals 40 to 70 years who are overweight or obese with abnormal blood glucose up to 24 sessions per year
Colorectal cancer screening	Adults age 50 to 75 years using any of the following tests: <ul style="list-style-type: none"> • Fecal occult blood testing: once a year • Highly sensitive fecal immunochemical testing: once a year • Flexible sigmoidoscopy: once every five years • CT colonography: once every five years • Stool DNA testing: once every three years • Colonoscopy: once every 10 years
Depression screening	Annually for all adults
Hepatitis B virus (HBV) screening	All asymptomatic adults at high risk for HBV infection

Hepatitis C virus (HCV) screening	All asymptomatic adults
High Blood Pressure Screening	Adults age 18 years or older with increased risk once a year Adults age 18 to 39 years with no other risk factors once every 3 to 5 years Adults age 40 years once a year
Human immunodeficiency virus (HIV) screening	All adults
Latent tuberculosis infection screening	Asymptomatic adults age 18 years or older at increased risk for tuberculosis
Lipid disorder screening	Adults 40 years or older once every 5 years
Lung cancer screening	Adults age 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years
Syphilis infection screening	All adults at increased risk for syphilis infection
Unhealthy alcohol use screening and behavioral counseling interventions	Screening for all adults not diagnosed with alcohol abuse or dependence or not seeking treatment for alcohol abuse or dependence Behavioral counseling in a primary care setting for individuals with a positive screening result
THERAPY AND COUNSELING	
Behavioral counseling for prevention of sexually transmitted infections	All sexually active adults
Behavioral interventions for weight loss	Behavioral intervention for adults with a body mass index (BMI) of 30kg/m ² or higher
Exercise Interventions for the prevention of falls	Community-dwelling adults age 65 years and older with an increased risk of falls
Intensive behavioral counseling interventions to promote a healthful diet and physical activities for cardiovascular disease prevention	Adults age 18 years and older diagnosed as overweight or obese with known cardiovascular disease risk factors
Nutritional counseling for weight management	6 visits per year
Tobacco use counseling	All adults who use tobacco products
MEDICATIONS	
Low Dose Aspirin	Adults 50-59 years of age for the primary prevention of cardiovascular disease and colorectal cancer
Pre-exposure prophylaxis for the prevention of HIV infection	Adults at high risk for HIV infection
Prescription bowel preparation	Adults 50 years and older when used in conjunction with a preventive colorectal cancer screening procedure (That is, flexible sigmoidoscopy, colonoscopy, virtual colonoscopy)
Statin	Adults 40-75 with no history of cardiovascular disease, with one or more risk factors for cardiovascular disease and a 10 year cardiovascular disease event risk of greater than 10%
Tobacco cessation medication	All adults who use tobacco products

IMMUNIZATIONS				
Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
Influenza inactivated (IIV) or Influenza recombinant (RIV) or Influenza live, attenuated (LAIV)	1 dose annually			
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV) (preferred) or Zoster live (ZVL)			2 doses or 1 dose	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal conjugate (PCV13)	1 dose			65 years and older
Pneumococcal polysaccharide (PPSV23)	1 or 2 doses depending on indication			1 dose
Hepatitis A (HepA)	2 or 3 doses depending on vaccine			
Hepatitis B (HepB)	2 or 3 doses depending on vaccine			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations			
Haemophilus influenzae type b (Hib)	19 through 23 years	1 or 3 doses depending on indication		

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

 Recommended vaccination for adults with an additional risk factor or another indication

 Recommended vaccination based on shared clinical decision-making

 No recommendation/ Not applicable

PREVENTIVE CARE SERVICES FOR FEMALES, INCLUDING PREGNANT FEMALES

VISITS	
Prenatal Care Visits Services that may be provided during the prenatal care visits include, but are not limited to the following: <ul style="list-style-type: none"> • Preeclampsia Screening 	For all pregnant females
Well-woman visits Services that may be provided during the well-woman visit include but are not limited to the following: <ul style="list-style-type: none"> • BRCA-related cancer risk assessment • Discussion of chemoprevention for breast cancer • Intimate partner violence screening • Primary care interventions to promote and support breastfeeding • Recommended preventive preconception and prenatal care services • Urinary Incontinence Screening 	At least annually
SCREENINGS	
Anxiety Screening	All females
Bacteriuria screening	All asymptomatic pregnant females at 12 to 16 weeks' gestation or at the first prenatal visit, if later
Counseling Interventions to Prevent Perinatal Depression	Pregnant or postpartum females at increased risk for perinatal depression without a current diagnosis of depression 20 sessions over a 70 week period
BRCA-related cancer risk assessment, genetic counseling, and BRCA mutation testing	Genetic counseling for asymptomatic females with an ancestry associated with BRCA gene mutations, personal history or family history of a BRCA-related cancer BRCA mutation testing, as indicated, following genetic counseling
Breast cancer screening (2D or 3D mammography)	All females age 40 years and older

Cervical cancer screening (Pap test)	Ages 21 to 65: Every three years Ages 30 to 65: Every 5 years with a combination of Pap test and human papillomavirus (HPV) testing, for those who want to lengthen the screening interval
Chlamydia screening	Sexually active females age 24 years and younger or older sexually active females who are at increased risk for infection
Diabetes Mellitus Screening After Pregnancy	Females with a history of gestational diabetes who are currently not pregnant and who have not been previously diagnosed with type 2 diabetes mellitus
Depression Screening	All pregnant and post-partum females
Gestational diabetes mellitus screening	Asymptomatic pregnant females after 24 weeks of gestation or at the first prenatal visit for pregnant females identified to be at high risk for diabetes
Gonorrhea screening	Sexually active females age 24 years and younger or older sexually active females who are at increased risk for infection
Hepatitis B virus (HBV) screening	All pregnant females or asymptomatic adolescents and adults at high risk for HBV infection
Human immunodeficiency virus (HIV) screening	All pregnant females
Human papillomavirus (HPV) screening	Age 30 and older: Every five years Ages 30 to 65: Every five years with a combination of Pap test and HPV testing, for those that want to lengthen the screening interval
Osteoporosis (bone mineral density) screening	Every two years for females younger than 65 years who are at increased risk for osteoporosis Every two years for females 65 years and older without a history of osteoporotic fracture or without a history of osteoporosis secondary to another condition
RhD incompatibility screening	All pregnant females and follow-up testing for females at higher risk
Syphilis screening	All pregnant females at first prenatal visit For high-risk pregnant females, repeat testing in the third trimester and at delivery Females at increased risk for syphilis infection
Tobacco Use Counseling	All pregnant females who smoke tobacco products
Unhealthy alcohol use screening and behavioral counseling interventions	Screening for all pregnant females Behavioral counseling in a primary care setting with a positive screening result

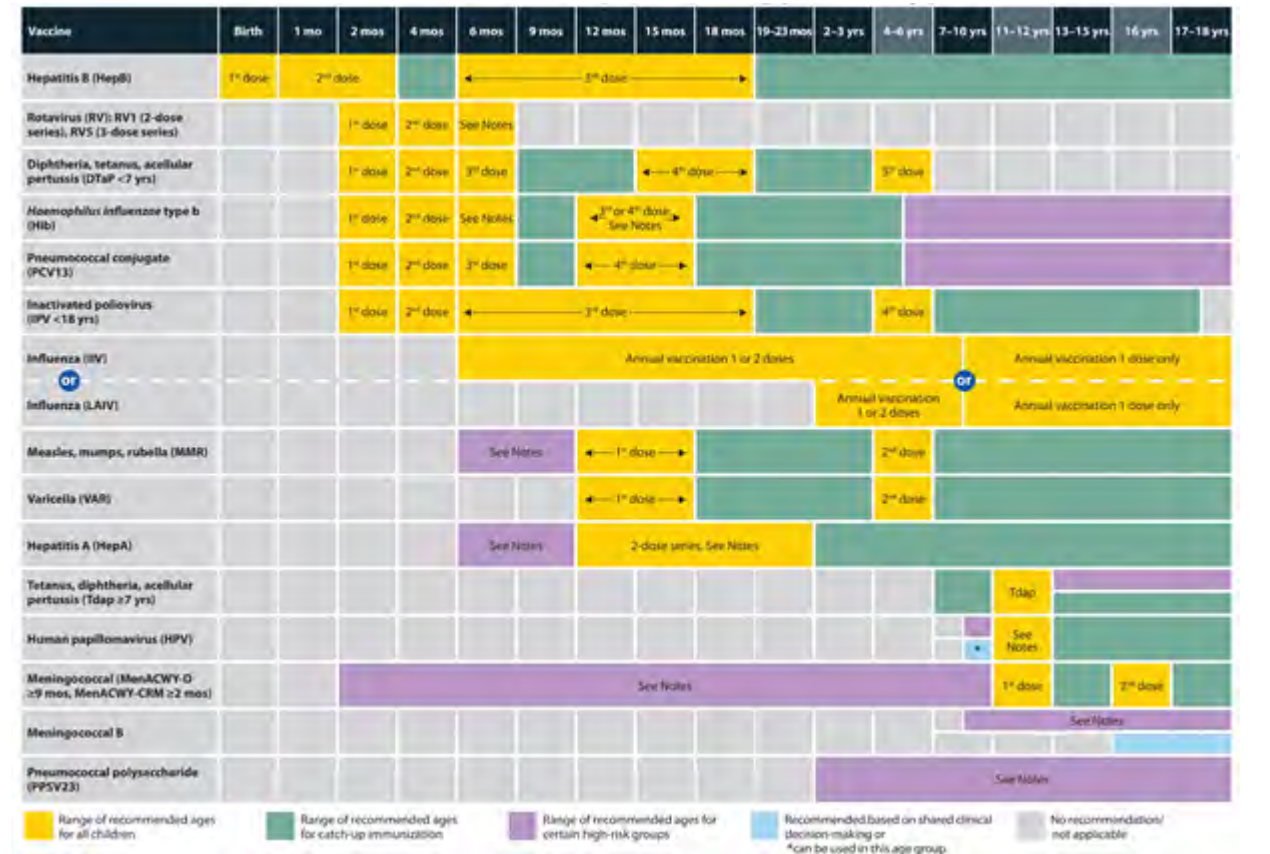
MEDICATIONS	
Breast cancer chemoprevention	Asymptomatic females age 35 years and older without a prior diagnosis of breast cancer, or ductal carcinoma in situ, who are at high risk for breast cancer and at low risk for adverse effects from breast cancer chemoprevention
Folic Acid	Daily folic acid supplements for all females planning for or capable of pregnancy
Low Dose Aspirin	Aspirin for pregnant females who are at high risk for preeclampsia after 12 weeks of gestation
MISCELLANEOUS	
Breastfeeding supplies/support/counseling	Comprehensive lactation support/counseling for all pregnant women and during the postpartum period Breastfeeding supplies
Reproductive education and counseling, contraception, and sterilization	All females with reproductive capacity

PREVENTIVE CARE SERVICES FOR CHILDREN

VISITS	
Pre-birth exams	All expectant parents for the purpose of establishing a pediatric medical home
Preventive exams Services that may be provided during the preventive exam include but are not limited to the following: <ul style="list-style-type: none"> • Behavioral counseling for skin cancer prevention • Blood pressure screening • Congenital heart defect screening • Counseling and education provided by healthcare providers to prevent initiation of tobacco use • Developmental surveillance • Dyslipidemia risk assessment • Hearing risk assessment for children 29 days or older • Height, weight, and body mass index measurements • Obesity screening • Oral health risk assessment • Psychosocial/behavioral assessment 	All children up to 21 years of age, with preventive exams provided at: <ul style="list-style-type: none"> • 3-5 days after birth • By 1 month • 2 months • 4 months • 6 months • 9 months • 12 months • 15 months • 18 months • 24 months • 30 months • 3 years-21 years: annual exams
SCREENINGS	
Alcohol, tobacco, and drug use screening and behavioral counseling intervention	Annually for all children 11 years of age and older Annual behavioral counseling in a primary care setting for children with a positive screening result for drug or alcohol use/misuse
Autism and developmental screening	All children
Bilirubin Screening	All newborns
Chlamydia screening	All sexually active children up to age 21 years
Depression screening	Annually for all children age 12 years to 21 years
Dyslipidemia screening	Following a positive risk assessment or in children where laboratory testing is indicated
Gonorrhea screening	All sexually active children up to age 21 years
Hearing screening for newborns	All newborns
Hearing screening for children 29 days or older	Following a positive risk assessment or in children where hearing screening is indicated

Hepatitis B virus (HBV) screening	All asymptomatic adolescents at high risk for HBV infection
Human immunodeficiency virus (HIV) screening	All children
Iron Deficiency Screening	All children
Lead poisoning screening	All children at risk of lead exposure
Newborn metabolic screening panel (For example, congenital hypothyroidism, hemoglobinopathies {sickle cell disease}, phenylketonuria {PKU})	All newborns
Syphilis screening	All sexually active children up to age 21 years
Vision screening	All children up to age 21 years
ADDITIONAL SCREENING SERVICES AND COUNSELING	
Behavioral counseling for prevention of sexually transmitted infections	Semiannually for all sexually active adolescents at increased risk for sexually transmitted infections
Obesity Screening and Behavioral Counseling	Screening is part of the preventive exam for children ages 6 years and older. Behavioral counseling for children ages 6 years and older with an age- and sex-specific body mass index (BMI) in the 95th percentile or greater
MEDICATIONS	
Fluoride	Oral fluoride for children age 6 months to 16 years whose water supply is deficient in fluoride
Prophylactic ocular topical medication for gonorrhea	All newborns within 24 hours after birth
MISCELLANEOUS	
Fluoride varnish application	Every three months for all infants and children starting at age of primary tooth eruption to 5 years of age
Tuberculosis testing	All children up to age 21 years

IMMUNIZATIONS (NOTE: FOR AGE 19 TO 21 YEARS, REFER TO THE ADULT SCHEDULE LISTED ABOVE)





**INDEPENDENCE BLUE CROSS
NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT
YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET
ACCESS TO THIS INFORMATION¹**

PLEASE REVIEW IT CAREFULLY.

Independence Blue Cross² values you as a customer, and protection of your privacy is very important to us. In conducting our business, we will create and maintain records that contain protected health information about you and the health care provided to you as a member of our health plans.

Note: "Protected health information" or "PHI" is information about you, including information that can reasonably be used to identify you and that relates to your past, present or future physical or mental health or condition, the provision of health care to you or the payment for that care.

We protect your privacy by:

- limiting who may see your PHI;
- limiting how we may use or disclose your PHI;
- informing you of our legal duties with respect to your PHI;
- explaining our privacy policies; and
- adhering to the policies currently in effect.

This Notice describes our privacy practices, which include how we may use, disclose, collect, handle, and protect our members' protected health information. We are required by certain federal and state laws to maintain the privacy of your protected health information. We also are required by the federal Health Insurance Portability and Accountability Act (or "HIPAA") Privacy Rule to give you this Notice about our privacy practices, our legal duties, and your rights concerning your protected health information.

¹ If you are enrolled in a self-insured group benefit program, this Notice is not applicable. If you are enrolled in such a program, you should contact your Group Benefit Manager for information about your group's privacy practices. If you are enrolled in the Federal Employee Service Benefit Plan, you will receive a separate Notice.

² For purposes of this Notice, "Independence Blue Cross" refers to the following companies: Independence Blue Cross, Keystone Health Plan East, QCC Insurance Company, and Vista Health Plan, Inc. - independent licensees of the Blue Cross and Blue Shield Association.

This revised Notice took effect on July 18, 2017, and will remain in effect until we replace or modify it.

Copies of this Notice

You may request a copy of our Notice at any time. If you want more information about our privacy practices, or have questions or concerns, please contact Member Services by calling the telephone number on the back of your Member Identification Card, or contact us using the contact information at the end of this Notice.

Changes to this Notice

The terms of this Notice apply to all records that are created or retained by us which contain your PHI. We reserve the right to revise or amend the terms of this Notice. A revised or amended Notice will be effective for all of the PHI that we already have about you, as well as for any PHI we may create or receive in the future. We are required by law to comply with whatever Privacy Notice is currently in effect. You will be notified of any material change to our Privacy Notice before the change becomes effective. When necessary, a revised Notice will be mailed to the address that we have on record for the contract holder of your member contract, and will also be posted on our web site at www.ibx.com.

Potential Impact of State Law

The HIPAA Privacy Rule generally does not “preempt” (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections. As a result, to the extent state law applies, the privacy laws of a particular state, or other federal laws, rather than the HIPAA Privacy Rule, might impose a privacy standard under which we will be required to operate. For example, where such laws have been enacted, we will follow more stringent state privacy laws that relate to uses and disclosures of the protected health information concerning HIV or AIDS, mental health, substance abuse/chemical dependency, genetic testing, reproductive rights, etc.

How We May Use and Disclose Your Protected Health Information (PHI)

In order to administer our health benefit programs effectively, we will collect, use and disclose PHI for certain of our activities, including payment of covered services and health care operations.

The following categories describe the different ways in which we may use and disclose your PHI. Please note that every permitted use or disclosure of your PHI is not listed below. However, the different ways we will, or might, use or disclose your PHI do fall within one of the permitted categories described below.

Treatment: We may disclose information to doctors, pharmacies, hospitals and other health care providers who take care of you to assist in your treatment or the coordination of your care.

Payment: We may use and disclose your PHI for all payment activities including, but not limited to, collecting premiums or to determine or fulfill our responsibility to provide health care coverage under our health plans. This may include coordinating benefits with other health care programs or insurance carriers, such as Medicare or Medicaid. For example, we may use and disclose your PHI to pay claims for services provided to you by doctors or hospitals which are covered by your health plan(s), or to determine if requested services are covered under your health plan. We may also use and disclose your PHI to conduct business with other Independence Blue Cross affiliate companies.

Health Care Operations: We may use and disclose your PHI to conduct and support our business and management activities as a health insurance issuer. For example, we may use and disclose your PHI to determine our premiums for your health plan, to conduct quality assessment and improvement activities, to conduct business planning activities, to conduct fraud detection programs, to conduct or arrange for medical review, or to engage in care coordination of health care services.

We may also use and disclose your PHI to offer you one of our value added programs like smoking cessation or discounted health related services, or to provide you with information about one of our disease management programs or other available Independence Blue Cross health products or health services.

We may also use and disclose your PHI to provide you with reminders to obtain preventive health services, and to inform you of treatment alternatives and/or health related benefits and services that may be of interest to you.

Marketing: Your PHI will not be sold, used or disclosed for marketing purposes without your authorization except where permitted by law. Such exceptions may include: a marketing communication to you that is in the form of (a) a face-to-face communication, or (b) a promotional gift of nominal value.

Release of Information to Plan Sponsors: Plan sponsors are employers or other organizations that sponsor a group health plan. We may disclose PHI to the plan sponsor of your group health plan as follows:

- We may disclose “summary health information” to your plan sponsor to use to obtain premium bids for providing health insurance coverage or to modify, amend or terminate its group health plan. “Summary health information” is information that summarizes claims history, claims expenses, or types of claims experience for the individuals who participate in the plan sponsor’s group health plan;
- We may disclose PHI to your plan sponsor to verify enrollment/disenrollment in your group health plan;
- We may disclose your PHI to the plan sponsor of your group health plan so that the plan sponsor can administer the group health plan; and
- If you are enrolled in a group health plan, your plan sponsor may have met certain requirements of the HIPAA Privacy Rule that will permit us to disclose PHI to the plan sponsor. Sometimes the plan sponsor of a group health plan is the employer. In those circumstances, we may disclose PHI to your employer. You should talk to your employer to find out how this information will be used.

Research: We may use or disclose your PHI for research purposes if certain conditions are met. Before we disclose your PHI for research purposes without your written permission, an Institutional Review Board (a board responsible under federal law for reviewing and approving research involving human subjects) or Privacy Board reviews the research proposal to ensure that the privacy of your PHI is protected, and to approve the research.

Required by Law: We may disclose your PHI when required to do so by applicable law. For example, the law requires us to disclose your PHI:

- When required by the Secretary of the U.S. Department of Health and Human Services to investigate our compliance efforts; and

- To health oversight agencies, to allow them to conduct certain Health Oversight Activities described below.

Public Health Activities: We may disclose your PHI to public health agencies for public health activities that are permitted or required by law, such as to:

- prevent or control disease, injury or disability;
- maintain vital records, such as births and deaths;
- report child abuse and neglect;
- notify a person about potential exposure to a communicable disease;
- notify a person about a potential risk for spreading or contracting a disease or condition;
- report reactions to drugs or problems with products or devices;
- notify individuals if a product or device they may be using has been recalled; and
- notify appropriate government agency(ies) and authority(ies) about the potential abuse or neglect of an adult patient, including domestic violence.

Health Oversight Activities: We may disclose your PHI to a health oversight agency for activities authorized by law, such as: audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Health oversight agencies seeking this information include government agencies that oversee: (i) the health care system; (ii) government benefit programs; (iii) other government regulatory programs; and (iv) compliance with civil rights laws.

Lawsuits and Other Legal Disputes: We may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process once we have met all administrative requirements of the HIPAA Privacy Rule.

Law Enforcement: We may disclose your PHI to law enforcement officials under certain conditions. For example, we may disclose PHI:

- to permit identification and location of witnesses, victims, and fugitives;
- in response to a search warrant or court order;
- as necessary to report a crime on our premises;
- to report a death that we believe may be the result of criminal conduct; or
- in an emergency, to report a crime.

Coroners, Medical Examiners, or Funeral Directors: We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We also may disclose, as authorized by law, information to funeral directors so that they may carry out their duties.

Organ and Tissue Donation: We may use or disclose your PHI to organizations that handle organ and tissue donation and distribution, banking, or transplantation.

To Prevent a Serious Threat to Health or Safety: As permitted by law, we may disclose your PHI if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Military and National Security: We may disclose to military authorities the PHI of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials PHI required for lawful intelligence, counter-intelligence, and other national security activities.

Inmates: If you are a prison inmate, we may disclose your PHI to the prison or to a law enforcement official for: (1) the prison to provide health care to you; (2) your health and safety, and the health and safety of others; or (3) the safety and security of the prison.

Underwriting: We will not use genetic information about you for underwriting purposes.

Workers' Compensation: As part of your workers' compensation claim, we may have to disclose your PHI to a worker's compensation carrier.

To You: When you ask us to, we will disclose to you your PHI that is in a "designated record set." Generally, a designated record set contains medical, enrollment, claims and billing records we may have about you, as well as other records that we use to make decisions about your health care benefits. You can request the PHI from your designated record set as described in the section below called "Your Privacy Rights Concerning Your Protected Health Information."

To Your Personal Representative: If you tell us to, we will disclose your PHI to someone who is qualified to act as your personal representative according to any relevant state laws. In order for us to disclose your PHI to your personal representative, you must send us a completed Independence Blue Cross Personal Representative Designation Form and documentation that supports the person's qualification according to state law (such as a power of attorney or guardianship). To request the Independence Blue Cross Personal Representative Designation Form, please contact Member Services at the telephone number listed on the back of your Member Identification card, print the form from our web site at www.ibx.com, or write us at the address at the end of this Notice. However, the HIPAA Privacy Rule permits us to choose not to treat that person as your personal representative when we have a reasonable belief that: (i) you have been, or may be, subjected to domestic violence, abuse or neglect by the person; (ii) treating the person as your personal representative could endanger you; or (iii) in our professional judgment, it is not in your best interest to treat the person as your personal representative.

To Family and Friends: Unless you object, we may disclose your PHI to a friend or family member who has been identified as being involved in your health care. We also may disclose your PHI to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you are not present or able to agree to these disclosures of your PHI, then we may, using our professional judgment, determine whether the disclosure is in your best interest.

Parents as Personal Representatives of Minors: In most cases, we may disclose your minor child's PHI to you. However, we may be required to deny a parent's access to a minor's PHI according to applicable state law.

Health Information Exchanges

We share your health information electronically through certain Health Information Exchanges (“HIEs”). A HIE is a secure electronic data sharing network. In accordance with applicable federal and state privacy and security requirements, regional health care providers participate in HIEs to exchange patient information in real-time to help facilitate delivery of health care, avoid duplication of services, and more efficiently coordinate care. As a participant in HIEs, Independence shares your health information we may have received when a claim has been submitted for services you have received among authorized participating providers, such as physicians, hospitals, and health systems for the purpose of treatment, payment and health care operations as permitted by law. During an emergency, patients and their families may forget critical portions of their medical history which may be very important to the treating physician who is trying to make a quick, accurate diagnosis in order to treat the sick patient. Independence, through its participation in an HIE, makes pertinent medical history, including diagnoses, studies, lab results, medications and the treating physicians we may receive on a claim available to participating emergency room physicians while the patient is receiving care. This is invaluable to the physician, expediting the diagnosis and proper treatment of the patient.

Your treating providers who participate with an HIE, and also submit health information with the HIE, will have the ability to access your health information through the HIE and send records to your treating physicians. Through direct requests to the HIE, we will receive various types of protected health information such as pharmacy or laboratory services, or information when you have been discharged from a hospital which may be used to coordinate your care, provide case management services, or otherwise reduce duplicative services and improve the overall quality of care to our members. All providers that participate in HIEs agree to comply with certain privacy and security standards relating to their use and disclosure of the health information available through the HIE.

As an Independence member, you have the right to opt-out which means your health information will not be accessible through the HIE. Through the regional HIE (www.hsxsepa.org/patient-options-opt-out-back) website or the State HIE (www.dhs.pa.gov/providers/Providers/Documents/opt%20out.pdf) website consumers or providers can access an online, fax, or mail form permitting patients to remove themselves (opt-out) or reinstate themselves (opt back in) to the HIE. It will take approximately one business day to process an opt-out request. If you choose to opt-out of the HIE, your health care providers will not be able to access your information through the HIE. Even if you opt-out, this will not prevent your health information from being made available and released through other means (i.e. fax, secure email) to authorized individuals, such as network providers for paying claims, coordinating care, or administering your health benefits in accordance with the law and in the normal course of conducting our business as permitted under applicable law. For more information on HIEs, please go to www.hsxsepa.org/consumers-0 or to <https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Information%20Technology/Health-Information-Exchange-Citizens.aspx>.

Right to Provide an Authorization for Other Uses and Disclosures

- Other uses and disclosures of your PHI that are not described above will be made only with your written authorization.
- You may give us written authorization permitting us to use your PHI or disclose it to anyone for any purpose.
- We will obtain your written authorization for uses and disclosures of your PHI that are not identified by this Notice, or are not otherwise permitted by applicable law.

Any authorization that you provide to us regarding the use and disclosure of your PHI may be revoked by you in writing at any time. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Of course, we are unable to take back any disclosures that we have already made with your authorization. We may also be required to disclose PHI as necessary for purposes of payment for services received by you prior to the date when you revoked your authorization.

Your authorization must be in writing and contain certain elements to be considered a valid authorization. For your convenience, you may use our approved Independence Blue Cross Authorization Form. To request the Independence Blue Cross Authorization Form, please contact Member Services at the telephone number listed on the back of your Member Identification card, print the form from our web site at www.ibx.com, or write us at the address at the end of this Notice.

Your Privacy Rights Concerning Your Protected Health Information (PHI)

You have the following rights regarding the PHI that we maintain about you. Requests to exercise your rights as listed below must be in writing. For your convenience, you may use our approved Independence Blue Cross form(s). To request a form, please contact Member Services at the telephone number listed on the back of your Member Identification card or write to us at the address listed at the end of this Notice.

Right to Access Your PHI: You have the right to inspect or get copies of your PHI contained in a designated record set. Generally, a “designated record set” contains medical, enrollment, claims and billing records we may have about you, as well as other records that we may use to make decisions about your health care benefits. However, you may not inspect or copy psychotherapy notes or certain other information that may be contained in a designated record set.

You may request that we provide copies of your PHI in a format other than photocopies such as by electronic means in certain situations. We will use the format you request unless we cannot practicably do so. We may charge a reasonable fee for copies of PHI (based on our costs), for postage, and for a custom summary or explanation of PHI. You will receive notification of any fee(s) to be charged before we release your PHI, and you will have the opportunity to modify your request in order to avoid and/or reduce the fee. In certain situations, we may deny your request for access to your PHI. If we do, we will tell you our reasons in writing, and explain your right to have the denial reviewed.

Right to Amend Your PHI: You have the right to request that we amend your PHI if you believe there is a mistake in your PHI, or that important information is missing. Approved amendments made to your PHI will also be sent to those who need to know, including (where appropriate) Independence Blue Cross's vendors (known as "Business Associates"). We may also deny your request if, for instance, we did not create the information you want amended. If we deny your request to amend your PHI, we will tell you our reasons in writing, and explain your right to file a written statement of disagreement.

Right to an Accounting of Certain Disclosures: You may request, in writing, that we tell you when we or our Business Associates have disclosed your PHI (an "Accounting"). Any accounting of disclosures will **not** include those we made:

- for payment, or health care operations;
- to you or individuals involved in your care;
- with your authorization;
- for national security purposes;
- to correctional institution personnel; or
- before April 14, 2003.

The first accounting in any 12-month period is without charge. We may charge you a reasonable fee (based on our cost) for each subsequent accounting request within a 12-month period. If a subsequent request is received, we will notify you of any fee to be charged, and we will give you an opportunity to withdraw or modify your request in order to avoid or reduce the fee.

Right to Request Restrictions: You have the right to request, in writing, that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to your request. However, if we do agree, we will be bound by our agreement except when required by law, in emergencies, or when information is necessary to treat you. An approved restriction continues until you revoke it in writing, or until we tell you that we are terminating our agreement to a restriction.

Right to Request Confidential Communications: You have the right to request that we use alternate means or an alternative location to communicate with you in confidence about your PHI. For instance, you may ask that we contact you by mail, rather than by telephone, or at work, rather than at home. Your written request must clearly state that the disclosure of all or part of your PHI at your current address or method of contact we have on record could be an endangerment to you. We will require that you provide a reasonable alternate address or other method of contact for the confidential communications. In assessing reasonableness, we will consider our ability to continue to receive payment and conduct health care operations effectively, and the subscriber's right to payment information. We may exclude certain communications that are commonly provided to all members from confidential communications. Examples of such communications include benefit booklets and newsletters.

Right to a Paper Copy of This Notice: You have the right to receive a paper copy of our Notice of Privacy Practices. You can request a copy at any time, even if you have agreed to receive this Notice electronically. To request a paper copy of this Notice, please contact Member Services at the telephone number on the back of your Member Identification Card.

Right to Notification of a Breach of Your PHI: You have the right to and will be notified following a breach of your unsecured PHI or if a security breach occurs involving your PHI.

Your Right to File a Privacy Complaint

If you believe your privacy rights have been violated, or if you are dissatisfied with Independence Blue Cross's privacy practices or procedures, you may file a complaint with the Independence Blue Cross Privacy Office and with the Secretary of the U.S. Department of Health and Human Services.

You will not be penalized for filing a complaint.

To file a privacy complaint with us, you may contact Member Services at the telephone number on the back of your member ID card, or you may contact the Privacy Office as follows:

Independence Blue Cross
Privacy Office
P.O. Box 41762
Philadelphia, PA 19101 - 1762

Fax: (215) 241-4023 or 1-888-678-7006 (toll-free)

E-mail: Privacy@ibx.com

Phone: 215-241-4735 or 1-888-678-7005 (toll-free)



Benefits underwritten or administered by QCC Insurance Company, a subsidiary of Independence Blue Cross – independent licensees of the Blue Cross and Blue Shield Association.

Independence Blue Cross is an independent licensee of the Blue Cross and Blue Shield Association.



Everything you need to know about your health plan

Independence 
PPO



Questions?

Visit ibx.com or

Call 1-800-ASK BLUE
(TTY: 711)

Welcome to Independence Blue Cross

Thank you for choosing Independence Blue Cross (Independence). Our goal is to provide you with health care coverage that can help you manage your health care needs. This Benefit Booklet will help you understand your Independence coverage so that you can take full advantage of your membership by becoming familiar with the benefits and services available to you.

You'll find valuable information on:

- What services are and are not covered by your health insurance
- How decisions are made about what is covered
- How to use our member website, ibx.com
- How to get in touch with us if you have a problem

If you have any other questions, feel free to call Customer Service at 1-800-ASK-BLUE (TTY: 711) and we will be happy to assist you.

Again, thank you for being a member of Independence. We look forward to providing you with quality health care coverage.

Introduction to your health plan

You have Blue Card[®] PPO coverage, which lets you visit any doctor or hospital in the Blue Cross Blue Shield network across the country, without a referral. Your PPO plan also allows you to visit out-of-network doctors and hospitals, but you'll pay more than you would when choosing in-network providers.

Using your ID card

You and your covered dependents will each receive an Independence identification (ID) card. It is important to take your ID card with you wherever you go because it contains information like what you will pay when visiting your doctor, specialist, or the emergency room (ER). You should present your ID card when you receive care, including doctor visits or when checking in at the ER.

You can also access a digit version of your ID card by registering at ibx.com.

If any information on your ID card is incorrect, you misplace an ID card, or need to print out a temporary ID card, you may do so through ibx.com, our member website. You may also call 1-800-ASK-BLUE (TTY: 711) and we will issue you a new ID card.

Get connected

When you receive your ID card, call the toll-free number on the sticker affixed to the card to confirm receipt. You will also be given the option to sign up for IBX Wire, a free text and email messaging service. IBX Wire is an innovative way for you to receive timely and helpful communications on your smartphone. If you choose to opt in, you will have access to a private message board and will receive text or email messages about once every other week that communicate helpful, relevant information about your health plan, maximizing your benefits, and well-being programs.

Locating a network physician or hospital

You have access to our expansive provider network of physicians, specialists, and hospitals. You may search our provider network by going to ibx.com/providerfinder. Provider and facility profiles include interactive location maps and details on specialties, staff languages spoken, patients accepted, and more. You may also call 1-800-ASK-BLUE (TTY: 711) and a Customer Service associate will help you locate a provider.

All network providers are required to provide coverage 24 hours a day, 7 days a week, either in office or by on-call/answering services. However, you may choose to use an alternative care setting such as an urgent care or retail health clinic.

Rights and responsibilities

A list of your rights and responsibilities is available at <https://www.ibx.com/quality-management#member>, or the Member can call the Customer Service telephone number listed your ID Card.

How to receive care

Scheduling an appointment

Simply call your doctor's office and request an appointment. If possible, call network providers 24 hours in advance if you are unable to make it to a scheduled appointment.

Access after normal business hours

Urgent or emergency medical advice should be available 24 hours a day, 7 days a week. If an urgent issue arises after normal business hours, call your doctor's office for instructions on how to reach your doctor or covering physician. A physician should call you within 30 minutes.

Obtaining precertification

You are not required to obtain precertification when you are treated in a Personal Choice network hospital or facility or by a Personal Choice network physician. If your Personal Choice network provider fails to obtain precertification, you will not be responsible for financial penalties.

When you must obtain precertification:

If you are receiving care from a BlueCard PPO provider, another Blue plan provider, or an out-of-network provider, you are responsible for initiating precertification or prior authorization.

Call 1-800-ASK-BLUE (TTY: 711) to speak with a Care Management and Coordination team member to obtain precertification for your need.

Preventive care

Preventive care is an important part of getting and staying healthy as possible. Our preventive care services can help you and your family avoid developing health problems and prevent minor issues from becoming major health concerns such as diabetes and colon cancer.

You can use our Preventive Care Guidelines tool to see which services are recommended for your age and gender. Visit ibx.com, click on the Stay Healthy tab, Health and wellness perks, and Preventive care to access the tool. You can also view or download our guide to Preventive care for adults and children.



Stay in the know

Get important plan information, health reminders, and money-saving tips and discounts sent directly to your smartphone.

Text IBX to 73529 to sign up.*

Using your preventive care benefits

Quality care and prevention are vital to your long-term health and well-being. That's why we cover 100 percent of certain preventive services, offering them without a copayment, coinsurance, or deductible if received from your in-network provider.

Covered preventive services include, but are not limited to:

- Screenings for:
 - breast, cervical, and colon cancer
 - vitamin deficiencies during pregnancy
 - diabetes
 - high cholesterol
 - high blood pressure
- Routine vaccinations for children, adolescents, and adults as determined by the CDC (Centers for Disease Control and Prevention)
- Women's preventive health services*, such as:
 - well-woman visits (annually)
 - screening for gestational diabetes
 - human papillomavirus (HPV) DNA testing
 - counseling for sexually transmitted infections
 - counseling and screening for human immunodeficiency virus (HIV)
 - screening and counseling for interpersonal and domestic violence
 - breastfeeding support, supplies (breast pumps), and counseling
 - generic formulary contraceptives, certain brand formulary contraceptives, and FDA-approved over-the-counter female contraceptives with a prescription

Be sure to consult with your doctor for preventive services and/or screenings.

* Medical contraceptive procedures, including implantable contraceptive devices and injectable contraceptives, are covered with no cost-sharing when performed by participating In-network providers. If your health plan includes a prescription drug benefit, certain FDA approved contraceptives are covered with no cost-sharing when the prescription is filled at a participating In-network pharmacy. Other exemptions may apply.

Emergency care

In the event of an emergency, go immediately to the emergency room of the nearest hospital. If you believe your situation is particularly severe, call 911 for assistance.

A medical emergency is typically thought of as a medical or psychiatric condition in which symptoms are so severe, that the absence of immediate medical attention could place one's health in serious jeopardy. Most times, a hospital emergency room is not the most appropriate place for you to be treated.

Hospital emergency rooms provide emergency care and must prioritize patients' needs. The most seriously hurt or ill patients are treated first. If you are not in that category, you could wait a long time.

For urgent or routine care, contact your doctor. Health care practitioners, or PCPs, provide coverage 24 hours a day, 7 days a week.

Know where to go for care

lbx.com/findcarenow

Urgent care

Urgent care is necessary treatment for a non-life-threatening, unexpected illness or accidental injury that requires prompt medical attention when your doctor is unavailable. Examples include sore throat, fever, sinus infection, ear ache, cuts, rashes, sprains, and broken bones.

You may visit an urgent care center which offers a convenient, safe, and affordable treatment alternative to emergency room care when you can't get an appointment with your own doctor.

Retail health clinic

Retail health clinics are another alternative when you can't get an appointment with your own doctor for non-emergency care. Retail health clinics use certified nurse practitioners who treat minor, uncomplicated illness or injury. Some retail health clinics may also offer flu shots and vaccinations.

Not sure what facility to use? Go to ibx.com/findcarenow to help you decide where to go for care.

Virtual care

Many plans now include the ability to see a doctor virtually for telemedicine, telebehavioral health, and teledermatology services. Virtual care helps increase access to care, provides an alternative option to ER and urgent care visits, and can reduce costs. If available, members may also receive telemedicine services through their primary care physician or specialists and pay their health plan's cost-share. Check your plan benefits in this book to see if virtual care is covered. For more information visit ibx.com/findcarenow.

You're covered while traveling with BlueCard® PPO

You can travel with the peace of mind knowing that Blue goes with you wherever you go. With BlueCard PPO, you simply present your ID card to any participating Blue Cross® and/or Blue Shield® PPO provider across the country and your costs are the same as if you were being treated by an in-network local doctor or hospital.

If you run into a medical emergency when you are far away from home, you have two different options:

- In a true emergency, go to the nearest ER.
- In an urgent care situation, find a BlueCard provider in the area. Call 1-800-810-BLUE (TTY: 711) to find an in-network provider in the area. You may also visit an urgent care center for medical issues if an in-network provider is unavailable and if you do not require the medical services of an emergency room. You may also visit the BlueCard Doctor and Hospital Finder at www.bcbs.com.

Receiving services for mental health, alcohol, or substance use disorder

Magellan Healthcare administers your mental health and substance use disorder benefits like outpatient or inpatient mental health or substance use disorder services. Call 1-800-ASK-BLUE (TTY: 711). Refer to the terms and conditions of your group health plan to find out if you have coverage for mental health and substance use disorder benefits.

Out of the area and need care?

Call 1-800-810-BLUE (TTY: 711) to find an in-network provider in the area.

Manage your account online

On ibx.com you can conveniently and securely view your benefits and claims information and use the tools that help you take control of your health. As an Independence Blue Cross member, you and your dependents 18 years of age and older can create your own accounts on ibx.com.

Register on ibx.com

To register, simply go to ibx.com, click *Register*, and then follow the directions. You will need information from your ID card to register, so be sure to have it handy.

Once you're registered, log on to ibx.com to:

- View your benefits information
- Review claims information
- Review annual out-of-pocket expenses
- Request a replacement ID card and print a temporary ID card
- View and print referrals
- Download forms

Set communications preferences to receive text and email alerts

Online tools to help make informed health care decisions

The ibx.com website also provides you with tools and resources to help you make informed health care decisions:

- **Find a Doctor** helps you find the participating doctors and hospitals that are equipped to handle your needs. Simple navigation helps you get fast and accurate results. Plus, when you select your health plan type, your results are customized based on your network, making it easy to locate a participating doctor, specialist, hospital, or other medical facility. You'll even be able to read patient ratings and reviews and rate your doctors and write your own reviews.
- **Care Cost Estimator** is a tool that helps you save money and avoid unplanned expenses, just like you'd want to for any important purchase. Now you can compare providers side-by-side and estimate out-of-pocket costs – all based on your specific health plan.
- **Health Navigator** allows members to match medical symptoms with relevant assessments and appropriate treatments. The tool can help you decide on the best place to seek care such as at your doctor's office, an urgent care center, retail clinic or emergency room.
- **Well-being Profile** is an easy-to-use health survey that only takes 15 minutes to complete. It gives you a snapshot of your current health and health history, lifestyle habits, overall well-being, and risk factors. Based on your answers, it gives you a private and personalized report detailing what you are doing well, suggested areas of improvement, and recommended focus areas.
- **Achieve Well-being** online tools and resources help you achieve what's important to you in a way that's simple, easy, and fun. Here's how it works:
 - Complete the Well-being Profile.
 - Start a program.
 - Develop your action plan to get fit, eat right, sleep better, manage stress, or achieve your own health goal.
 - Sync your devices to track your progress.
 - Stay motivated with tokens and badges for achievements.
 - Look for reminders, encouraging emails, and text messages.

Your one-stop shop

ibx.com

- **Health Trackers** allow you to chart your health progress over time. Keep a record of your weight, physical activity, blood pressure, labs, screenings and more.
- **Personal Health Record** helps you store, maintain, track, and manage your health information in one centralized and secure location. Your Personal Health Record is updated once we process claims received from participating providers.
- **On to Better Health** is a set of online self-help tools and resources available through Magellan Healthcare for the most common behavioral health conditions. These innovative tools increase early screening and treatment and help members achieve greater health and well-being. Modules include:
 - Depression
 - Anxiety
 - Insomnia
 - Obsessive compulsive disorder
 - Substance use disorder
 - Chronic pain



Take advantage of member discounts

Get rewarded for taking small steps every day that can add up to big changes in your health. Our Healthy Lifestyles Solutions discount programs — Blue InsiderSM, Blue365[®], and GlobalFit[®] — offer you discounts to local, regional, and national companies. Learn more at ibx.com/stay-healthy/health-and-wellnessperks.

Manage your health on the go with the IBX app

Download the free IBX app for your smartphone to help you make the most of your health plan. The IBX app gives you easy access to your health care coverage 24/7, wherever you are. Use the IBX app to:

- View and share your ID card
- Check the status of referrals and claims
- Access benefits information
- Find doctors, hospitals, urgent care centers, and retail health clinics
- Track deductibles and spending accounts
- Review your health history and prescribed medications
- Access your personalized well-being tools and programs

Download from the App store or Google Marketplace. Log in to the app with the same username and password you use for ibx.com.

Connect with us on Social Media

“Like” the Independence Blue Cross page on Facebook or follow us on Twitter and Instagram, and you’ll find a whole new approach to making healthy lifestyle changes, one step at a time.

- Receive health and wellness tips that can help you improve your well-being
- Enter contests and promotions
- Connect with other health-minded individuals
- Learn how to incorporate fitness, good nutrition, and stress management into your everyday life with practical advice

Member support

When you need us, we're here for you. You can contact us to discuss anything pertaining to your health care, including:

- Benefits and eligibility
- Claims status
- Requesting a new ID card
- Well-being programs

Email

To send a secure email to Customer Service, log on to ibx.com and click on the *Contact Us link*. On the Contact Us page you will see a link that allows you to send your inquiries or comments directly to Customer Service.

Mail

Independence Blue Cross
1901 Market Street
Philadelphia, PA 19103-1480

Our walk-in service, located at 1919 Market Street, 2nd Floor, is open Monday through Friday from 8 a.m. to 5 p.m.

Call

Call 1-800-ASK-BLUE (TTY: 711) to speak to one of our experienced Customer Service team members, who are available to answer your questions Monday through Friday, 8 a.m. to 6 p.m.

Services for members with special needs

If a language other than English is your primary language, call Customer Service at 1-800-ASK-BLUE (TTY: 711) and they will work with you through an interpreter over the telephone to help you understand your benefits and answer any questions you may have.

THE PREFERRED PROVIDER ORGANIZATION HEALTH BENEFITS PROGRAM

A COMPREHENSIVE MAJOR MEDICAL GROUP BENEFIT BOOKLET

Administered by

QCC Insurance Company
(Called "the Claims Administrator")
A Pennsylvania Corporation
Located at
1901 Market Street
Philadelphia, PA 19103

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Language Assistance Services

Spanish: ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

Chinese: 注意: 如果您讲中文, 您可以得到免费的语言协助服务。致电 1-800-275-2583。

Korean: 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-275-2583 번으로 전화하십시오.

Portuguese: ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para 1-800-275-2583.

Gujarati: સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-800-275-2583 કોલ કરો.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi 1-800-275-2583.

Russian: ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Тел.: 1-800-275-2583.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-275-2583.

Italian: ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-275-2583.

Arabic: ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-800-275-2583.

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sévis éd pou lang ki disponib gratis pou ou. Rele 1-800-275-2583.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Tumawag sa 1-800-275-2583.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-275-2583.

Pennsylvania Dutch: BASS UFF: Wann du Pennsylvania Deitsch schwetzsch, kannscht du Hilf griege in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Nummer 1-800-275-2583.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-275-2583।

German: ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Wählen Sie 1-800-275-2583.

Japanese: 備考: 母国語が日本語の方は、言語アシスタンスサービス(無料)をご利用いただけます。1-800-275-2583へお電話ください。

Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. با شماره 1-800-275-2583 تماس بگیرید.

Navajo: Dii baa akó ninizin: Dii saad bee yánilti'go Diné Bizaad, saad bee áká'ánida'áwo'déé', t'áá jiiik'eh. Hódiilnih koji' 1-800-275-2583.

Urdu:

توجه درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583

Mon-Khmer, Cambodian: សូមមេត្តាចាប់អារម្មណ៍៖ ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះ ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-800-275-2583។

Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Program does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103, By phone: 1-888-377-3933 (TTY: 711) By fax: 215-761-0245, By email: civilrightscoordinator@1901market.com. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800- 368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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INTRODUCTION

Thank you for joining QCC Insurance Company (the Claims Administrator). Our goal is to provide Members with access to quality health care coverage. This Benefit Booklet is a summary of the Members benefits and the procedures required in order to receive the benefits and services to which Members are entitled. Members' specific benefits covered by the Claims Administrator are described in the **Description of Covered Services** section of this Benefit Booklet. Benefits, exclusions and limitations appear in the **Exclusions – What Is Not Covered** and the **Schedule of Covered Services** sections of this Benefit Booklet.

Please remember that this Benefit Booklet is a summary of the provisions and benefits provided in the Program selected by the Member's Group. Additional information is contained in the Group Program Document available through the Member's Group benefits administrator. The information in this Benefit Booklet is subject to the provisions of the Group Program Document. If changes are made to the Members Group's Program, the Member will be notified by the Members Group benefits administrator. Group Program Document changes will apply to benefits for services received after the effective date of change.

If changes are made to this Program, the Member will be notified. Changes will apply to benefits for services received on or after the effective date unless otherwise required by applicable law. The effective date is the *later* of:

- The effective date of the change;
- The Members Effective Date of coverage; or
- The Group Program Document anniversary date coinciding with or next following that service's effective date.

Please read the Benefit Booklet thoroughly and keep it handy. It will answer most questions regarding the Claims Administrator's procedures and services. **If Members have any other questions, they should call the Claims Administrator's Customer Service Department ("Customer Service") at the telephone number shown on the Members Identification Card ("ID Card").**

Any rights of a Member to receive benefits under the Group Program Document and Benefit Booklet are personal to the Member and may not be assigned in whole or in part to any person, Provider or entity, nor may benefits be transferred, either before or after Covered Services are rendered. However, a Member can assign benefit payments to the custodial parent of a Dependent covered under the Group Program Document and Benefit Booklet, as required by law.

See **Important Notices** section for updated language and coverage changes that may affect this Benefit Booklet.

<h1>Your Costs</h1>			
Benefit Period		Calendar Year (1/1 – 12/31)	
		IN-NETWORK	OUT-OF-NETWORK
Program Deductible⁽¹⁾			
Individual		\$500	\$5,000
Family		\$1,500*	\$15,000*
* In each Benefit Period, it will be applied to all family members covered under a Family Coverage. A Deductible will not be applied to any covered family member once that covered family member has satisfied the individual Deductible, or the family Deductible has been satisfied for all covered family members combined.			
Coinsurance⁽¹⁾		0% for Covered Services, except as otherwise specified in the <i>Schedule of Covered Services</i> .	50% for Covered Services, except as otherwise specified in the <i>Schedule of Covered Services</i> .
		IN-NETWORK	OUT-OF-NETWORK
Out-of-Pocket Limit			
Individual		\$1,000	\$15,000
Family		\$3,000	\$45,000
<p><i>Note for Out-Of-Pocket Limit shown above: When a Member Incurs the level of In-Network Out-of-Pocket expenses listed above of Copayment, Deductible and Coinsurance expense in one Benefit Period for In-Network Covered Services, the Coinsurance percentage will be reduced to 0% and no additional Copayment(s) or Deductible(s) will be required for the balance of that Benefit Period. After the Family In-Network Out-of-Pocket Limit amount has been met for Covered Services by Members under the same Family Coverage in a Benefit Period, the Coinsurance percentage will be reduced to 0% and no additional Copayment(s) or Deductible(s) will be required for the balance of that Benefit Period. However, no family member will contribute more than the individual In-Network Out-of-Pocket amount. The amount of the In-Network Care Individual Out-of-Pocket Limit and In-Network Care Family Out-of-Pocket Limit will only include expenses for Essential Health Benefits. The In-Network dollar amounts specified shall not include any expense Incurred for any Penalty amount. When a Member Incurs the level of Out-of-Network Out-of-Pocket expenses listed above of Deductible and Coinsurance expense in one Benefit Period for Out-of-Network Covered Services, the Coinsurance percentage will be reduced to 0% and no additional Deductible(s) will be required for the balance of that Benefit Period. After the Family Out-of-Network Out-of-Pocket Limit amount has been met for Covered Services by Members under the same Family Coverage in a Benefit Period, the Coinsurance percentage will be reduced to 0% and no additional Deductible(s) will be required for the balance of that Benefit Period. However, no family member will contribute more than the individual Out-of-Network Out-of-Pocket amount. The Out-of-Network dollar amounts specified shall not include any expense Incurred for any Deductible, Penalty or Copayment amount.</i></p>			
Lifetime Maximum		Unlimited	Unlimited

SCHEDULE OF COVERED SERVICES

This **Schedule of Covered Services** is an overview of the benefits you are entitled to. More details can be found in the **Description of Covered Services** section.

Subject to the exclusions, conditions and limitations of this Program, a Member is entitled to benefits for the Covered Services described in this **Schedule of Covered Services** during a Benefit Period, subject to any Copayment, Deductible, Coinsurance, Out-of-Pocket Limit or Lifetime Maximum. The percentages for Coinsurance and Covered Services shown in this **Schedule of Covered Services** are not always calculated on actual charges. For an explanation on how Coinsurance is calculated, see the "Covered Expense" definition in the **Important Definitions** section.

Some Covered Services must be Precertified before the Member receives the services. Failure to obtain a required Precertification for a Covered Service could result in a reduction of benefits. More information on Precertification is found in the **General Information** section.

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Acupuncture⁽⁴⁾	None, after Deductible	50%, after Deductible
<i>Note for Acupuncture shown above: Benefit Period Maximum: 20 In-Network/Out-of-Network visits</i>		
Alcohol Or Drug Abuse And Dependency⁽³⁾		
Inpatient Hospital Detoxification and Rehabilitation	0%, after Deductible*	50%, after Deductible**
Hospital and Non-Hospital Residential Care	0%, after Deductible*	50%, after Deductible**
Outpatient Treatment	None, after Deductible	50%, after Deductible
<p>* In-Network Benefit Period Maximum: Unlimited Inpatient days. This maximum is combined for all In-Network Inpatient Hospital Services, Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency benefits.</p> <p>** Out-of-Network Benefit Period Maximum: 70 Inpatient days. This maximum is combined for all Out-of-Network Inpatient Hospital Services, Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency benefits. This maximum is part of, not separate from, In-Network days maximum.</p>		
Ambulance Services/Transport⁽⁴⁾		
Emergency	None, after Deductible	None, after In-Network Deductible
Non-Emergency	None, after Deductible	50%, after Deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Autism Spectrum Disorders⁽⁴⁾	Same cost-sharing as any other medical service within the applicable medical service (For Example, Therapy Services, Diagnostic Services, etc.)	Same cost-sharing as any other medical service within the applicable medical service (For Example, Therapy Services, Diagnostic Services, etc.)
<i>Note for Autism Spectrum Disorders shown above:</i> Annual Benefit Maximum for non-essential benefits: \$42,220. Benefit Period Maximums and visit limits do not apply.		
If this Plan does not provide coverage for prescription drugs, Autism Spectrum Disorders medications are covered less the applicable Coinsurance per 30 day prescription order: Generic Copayment - 30% Brand Copayment - 30% Deductibles do not apply		
Blood⁽³⁾	None, after Deductible	50%, after Deductible
Colorectal Cancer Screening⁽⁴⁾	None, after Deductible	50%, after Deductible
Day Rehabilitation Program⁽⁴⁾	None, after Deductible	50%, after Deductible
<i>Note for Day Rehabilitation Program shown above:</i> Benefit Period Maximum: 30 In-Network/Out-of-Network visits		
Diabetic Education Program⁽⁴⁾	None, after Deductible	Not Covered
<i>Note for Diabetic Education Program shown above:</i> Copayments, Deductibles and Maximum amounts do not apply to this benefit		
Diabetic Equipment And Supplies⁽⁴⁾	50%, after Deductible	50%, after Deductible
Diagnostic/Radiology Services - Non-Routine⁽⁴⁾ (including MRI/MRA, CT scans, PET scans, Sleep Studies)	\$100 Copayment, Deductible does not apply	50%, after Deductible
Diagnostic/Radiology Services – Routine⁽⁴⁾	None, after Deductible	50%, after Deductible
Diagnostic Mammograms	None, Deductible does not apply	50%, Deductible does not apply
Durable Medical Equipment And Consumable Medical Supplies⁽⁴⁾	50%, after Deductible	50%, after Deductible
Emergency Care Services⁽⁴⁾	None, after Deductible	None, after In-Network Deductible
Home Health Care⁽⁴⁾	None, after Deductible	50%, after Deductible
Hospice Services	None, after Deductible	50%, after Deductible
<i>Note for Hospice Services shown above:</i> Respite Care: Maximum of seven In-Network/Out-of-Network days every six months.		

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Hospital Services⁽²⁾		
Facility Charge	None, after Deductible*	50%, after Deductible**
Professional Charge	None, after Deductible	50%, after Deductible
<p>* In-Network Benefit Period Maximum: Unlimited Inpatient days. This maximum is combined for all In-Network Inpatient Hospital Services, Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency benefits.</p> <p>** Out-of-Network Benefit Period Maximum: 70 Inpatient days. This maximum is combined for all Out-of-Network Inpatient Hospital Services, Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency benefits. This maximum is part of, not separate from, In-Network days maximum.</p>		
Immunizations⁽¹⁾	None, Deductible does not apply	50%, Deductible does not apply
Injectable Medications⁽⁴⁾		
Specialty Drug	\$100 Copayment per injection, Deductible does not apply	50%, after Deductible
Standard Injectable Drugs	None, Deductible does not apply	50%, after Deductible
Laboratory and Pathology Tests⁽⁴⁾	None	50%, after Deductible
Maternity/OB-GYN/Family Services⁽³⁾		
Artificial Insemination	\$20 Copayment per visit, Deductible does not apply	50%, after Deductible
Elective Abortions		
Professional Service	\$20 Copayment per Provider per date of service, Deductible does not apply	50%, after Deductible
Outpatient Facility Charges	None, after Deductible	50%, after Deductible
Maternity/Obstetrical Care		
Professional Service	Single Copayment of \$20, Deductible does not apply	50%, after Deductible
Facility Service: Inpatient/Birthing Center	None, after Deductible	50%, after Deductible
Newborn Care	None, after Deductible	50%, after deductible
Medical Care⁽²⁾	None, after Deductible	50%, after Deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Medical Foods and Nutritional Formulas⁽⁴⁾	Deductible does not apply, after Deductible	50%, Deductible does not apply
Mental Health/Psychiatric Care⁽³⁾		
Inpatient	None, after Deductible*	50%, after Deductible**
Outpatient	None, after Deductible	50%, after Deductible
<p>* In-Network Benefit Period Maximum: Unlimited Inpatient days. This maximum is combined for all In-Network Inpatient Hospital Services, Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency benefits.</p> <p>** Out-of-Network Benefit Period Maximum: 70 Inpatient days. This maximum is combined for all Out-of-Network Inpatient Hospital Services, Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency benefits. This maximum is part of, not separate from, In-Network days maximum.</p>		
Methadone Treatment⁽⁴⁾	None, Deductible does not apply	50%, after Deductible
Nutrition Counseling For Weight Management⁽¹⁾	None, Deductible does not apply	50%, after Deductible
<i>Note for Nutrition Counseling For Weight Management shown above: Benefit Period Maximum: 6 In-Network/Out-of-Network visits</i>		
Orthotics⁽⁴⁾	50%, after Deductible	50%, after Deductible
Podiatric Care⁽⁴⁾	None, after Deductible	50%, after Deductible
Preventive Care – Adult⁽¹⁾	None, Deductible does not apply	50%, Deductible does not apply
Preventive Care – Pediatric⁽¹⁾	None, Deductible does not apply	50%, Deductible does not apply
Primary Care Physician Office Visits/Retail Clinics⁽¹⁾	\$20 Copayment per visit, Deductible does not apply	50%, after Deductible
<i>Note for Primary Care Physician Office Visits/Retail Clinics shown above: If a Member receives Covered Services in addition to an office visit, additional Copayments, Deductibles or Coinsurance may apply.</i>		
Private Duty Nursing Services⁽⁴⁾	None, after Deductible	50%, after Deductible
<i>Note for Private Duty Nursing Services shown above: Benefit Period Maximum: 360 In-Network/Out-of-Network hours.</i>		
Prosthetic Devices	50%, after Deductible	50%, after Deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Skilled Nursing Facility Services⁽²⁾		
Inpatient	None, after Deductible	50%, after Deductible
<i>Note for Skilled Nursing Facility Services shown above: Benefit Period Maximum: 120 In-Network/Out-of-Network Inpatient days</i>		
Smoking Cessation⁽¹⁾	None, Deductible does not apply.	50%, Deductible does not apply
Specialist Office Visits⁽⁴⁾	None, after Deductible	50%, after Deductible
<i>Note for Specialist Office Visits shown above: If a Member receives Covered Services in addition to an office visit, additional Copayments, Deductibles or Coinsurance may apply.</i>		
Spinal Manipulation Services⁽⁴⁾	\$50 Copayment per visit, Deductible does not apply	50%, after Deductible
<i>Note for Spinal Manipulation Services shown above: Benefit Period Maximum: 20 In-Network/Out-of-Network visits.</i>		
Surgical Services⁽³⁾		
Outpatient Facility Charge	None, after Deductible	50%, after Deductible
Outpatient Professional Charge	None, after Deductible	50%, after Deductible
Outpatient Anesthesia	None, after Deductible	50%, after Deductible
Second Surgical Opinion	None, after Deductible	50%, after Deductible
<i>Note for Surgical Services shown above: If more than one surgical procedure is performed by the same Professional Provider during the same operative session, the Claims Administrator will pay 100% of the Covered Service for the highest paying procedure and 50% of the Covered Services for each additional procedure.</i>		
Therapy Services⁽⁴⁾		
Cardiac Rehabilitation Therapy	None, after Deductible	50%, after Deductible
<i>Note for Cardiac Rehabilitation Therapy shown above: Benefit Period Maximum: 36 In-Network/Out-of-Network sessions.</i>		
Chemotherapy	None, after Deductible	50%, after Deductible
Dialysis	None, after Deductible	50%, after Deductible
Infusion Therapy	None, after Deductible	50%, after Deductible
Orthoptic/Pleoptic Therapy	\$50 Copayment per Provider per date of service, Deductible does not apply	50%, after Deductible
<i>Note for Orthoptic/Pleoptic Therapy shown above: Lifetime Maximum: 8 In-Network/Out-of-Network sessions.</i>		

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Physical Therapy/Occupational Therapy	\$50 Copayment per Provider per date of service, Deductible does not apply	50%, after Deductible
<p><i>Note for Physical Therapy/Occupational Therapy shown above: Benefit Period Maximum: 50 In-Network/Out-of-Network sessions of Physical Therapy/Occupational Therapy combined.</i></p> <p>Benefit Period Maximum amounts that apply to Physical Therapy do not apply to the treatment of lymphedema related to mastectomy.</p>		
Pulmonary Rehabilitation Therapy	None, after Deductible	50%, after Deductible
<p><i>Note for Pulmonary Rehabilitation Therapy shown above: Benefit Period Maximum: 36 In-Network/Out-of-Network sessions.</i></p>		
Radiation Therapy	None, after Deductible	50%, after Deductible
Speech Therapy	\$50 Copayment per Provider per date of service, Deductible does not apply	50%, after Deductible
<p><i>Note for Speech Therapy shown above: Benefit Period Maximum: 30 In-Network/Out-of-Network sessions.</i></p>		
Transplant Services⁽³⁾		
Inpatient Facility Charges	None, after Deductible	50%, after Deductible
Outpatient Facility Charges	None, after Deductible	50%, after Deductible
Urgent Care Centers⁽⁴⁾	None, after Deductible	50%, after Deductible
Women's Preventive Care⁽¹⁾	None, Deductible does not apply.	50%, Deductible does not apply
<p><i>Note for Women's Preventive Care shown above: Contraceptives mandated by the Women's Preventive Services provision of PPACA, are covered at 100% for generic products and for certain brand products when a generic alternative or equivalent to the brand product does not exist. All other Brand contraceptive products are not covered.</i></p>		

- (1) Located in the Primary & Preventive Care Section of the ***Description of Covered Services***
(2) Located in the Inpatient Section of the ***Description of Covered Services***
(3) Located in the Inpatient/Outpatient Section of the ***Description of Covered Services***
(4) Located in the Outpatient Section of the ***Description of Covered Services***

DESCRIPTION OF COVERED SERVICES

Subject to the exclusions, conditions and limitations of this Program, a Member is entitled to benefits for the Covered Services described in this **Description of Covered Services** section during a Benefit Period, subject to any Copayment, Deductible, Coinsurance, Out-of-Pocket Limit or Lifetime Maximum. These amounts and percentages, and other cost-sharing requirements are specified in the **Schedule of Covered Services**.

Covered Services may be provided by either an In-Network or Out-of-Network Provider. However, the Member will maximize the benefits available when Covered Services are provided by a Provider that belongs to the Preferred Provider Organization network or another Blue Cross and Blue Shield Plan's BlueCard network (an "In-Network" Provider) that has a contract with the Claims Administrator or another Blue Cross and Blue Shield Plan to provide services and supplies to the Member. To locate a BlueCard network Provider, go to www.bcbs.com or call 1-800-810-BLUE (2583) (TTY: 711).

Some Covered Services must be Precertified before the Member receives the services. Precertification of services is a vital program feature that reviews Medical Necessity of certain procedures and/or admissions. In certain cases, Precertification helps determine whether a different treatment may be available that is equally effective yet less traumatic. Precertification also helps determine the most appropriate setting for certain services. Failure to obtain a required Precertification for a Covered Service could result in a reduction of benefits. More information on Precertification is found in the **General Information** section.

PRIMARY AND PREVENTIVE CARE

A Member is entitled to benefits for Primary Care and Preventive Care Covered Services when deemed Medically Necessary and billed for by a Provider. Cost-sharing requirements are specified in the **Schedule of Covered Services**.

"Preventive Care" services generally describe health care services performed to catch the early warning signs of health problems. These services are performed when the Member has no symptoms of disease. "Primary Care" services generally describe health care services performed to treat an illness or injury.

The Claims Administrator reviews the schedule of Covered Services, at certain times. Reviews are based on recommendations from organizations such as:

- The American Academy of Pediatrics;
- The American College of Physicians;
- The U.S. Preventive Services Task Force; and
- The American Cancer Society.

Accordingly, the frequency and eligibility of Covered Services are subject to change. A list of Preventive Care Covered Services can be found in the Preventive Schedule document. A complete listing of recommendations and guidelines can be found at <https://www.healthcare.gov/preventive-care-benefits/>.

The Claims Administrator reserves the right to modify the Preventive Schedule document at any time. However, the Member has to be given a written notice of the change, before the change takes effect.

Immunizations

The Claims Administrator will provide coverage for the following:

- Pediatric immunizations;
- Adult immunizations; and
- The agents used for the immunizations.

All immunizations, and the agents used for them, must conform to the standards set by the *Advisory Committee on Immunization Practices (ACIP) of the Center for Disease Control, U.S. Department of Health and Human Services.*

Pediatric and adult immunization schedules can be found in the Preventive Schedule document.

The benefits for these pediatric immunizations are limited to Members under 21 years of age.

Nutrition Counseling for Weight Management

The Claims Administrator will provide coverage for nutrition counseling visits or sessions for the purpose of weight management. However, they need to be performed and billed by any of the following Providers, in an office setting:

- By the Member's Physician;
- By a Specialist; or
- By a Registered Dietitian (RD).

This benefit is in addition to any other nutrition counseling Covered Services described in this Benefit Booklet.

Osteoporosis Screening (Bone Mineral Density Testing or BMDT)

The Claims Administrator will provide coverage for Bone Mineral Density Testing (BMDT), in accordance with the Preventive Schedule document. The method used needs to be one that is approved by the U.S. Food and Drug Administration. This test determines the amount of mineral in a specific area of the bone. It is used to measure bone strength, which depends on both bone density and bone quality. Bone quality refers to how the bone is built, architecture, turnover and mineralization of bone.

A BMDT must be prescribed by a Professional Provider legally authorized to prescribe such items under law.

Preventive Care - Adult

The Claims Administrator will provide coverage for routine physical examinations, including a complete medical history, and other Covered Services, in accordance with the Preventive Schedule document.

Preventive Care - Pediatric

The Claims Administrator will provide coverage for routine physical examinations, including a complete medical history, and other Covered Services, in accordance with the Preventive Schedule document.

Primary Care Physician Office Visits/Retail Clinics

The Claims Administrator will provide coverage for Medical Care visits, by a Primary Care Provider, for any of the following services:

- The examination of an illness or injury;
- The diagnosis of an illness or injury; and
- The treatment of an illness or injury.

For the purpose of this benefit, "Office Visits" include:

- Medical Care visits to a Provider's office;
- Medical Care visits by a Provider to a Member's residence; or
- Medical Care consultations by a Provider on an Outpatient basis.

In addition to Office Visits a Member may receive Medical Care at a Retail Clinic. Retail Clinics are staffed by certified family nurse practitioners, who are trained to diagnose, treat, and write prescriptions when clinically appropriate. Nurse practitioners are supported by a local Physician who is on-call during clinic hours to provide guidance and direction when necessary.

Examples of treatment and services that are provided at a Retail Clinic include, but are not limited to:

- | | |
|---|--|
| <ul style="list-style-type: none"> ▪ Sore throat; ▪ Ear, eye, or sinus infection; ▪ Allergies; | <ul style="list-style-type: none"> ▪ Minor burns; ▪ Skin infections or rashes; and ▪ Pregnancy testing. |
|---|--|

Smoking Cessation

Smoking cessation includes clinical preventive services rated "A" or "B" in the current recommendations of the United States Preventive Services Task Force (USPSTF) as described under the Preventive Services provision of the Patient Protection and Affordable Care Act.

Women's Preventive Care

The Claims Administrator will provide coverage for an initial physical examination for pregnant women to confirm pregnancy, screening for gestational diabetes, and other Covered Services, in accordance with the Preventive Schedule document. Covered Services and Supplies include, but are not limited to, the following:

- Routine Gynecological Exam, Pap Smear: Members are covered for one routine gynecological exam each Benefit Period. This includes the following:
 - A pelvic exam and clinical breast exam; and
 - Routine Pap smears.
 These must be done in accordance with the recommendations of the *American College of Obstetricians and Gynecologists*.
- Mammograms: Coverage will be provided for screening mammograms. The Claims Administrator will only provide coverage for benefits for mammography if the following applies:
 - It is performed by a qualified mammography service provider.
 - That service provider is properly certified by the appropriate state or federal agency.
 - That certification is done in accordance with the Mammography Quality Assurance Act of 1992.
- Breastfeeding comprehensive support and counseling from trained providers; access to breastfeeding supplies, including coverage for rental of hospital-grade breastfeeding pumps under Durable Medical Equipment supplier with Medical Necessity review; and coverage for

lactation support and counseling provided during postpartum hospitalization, Mother's Option visits, and obstetrician or pediatrician visits for pregnant and nursing women at no cost share to the Member when provided by an In-Network Provider.

If a Member's Physician determines that they require more than one well-women visit annually to obtain all recommended preventive services (based on the women's health status, health needs and other risk factors), the additional visit(s) will be provided without cost-sharing.

INPATIENT SERVICES

Unless otherwise specified in this Benefit Booklet, services for Inpatient Care are Covered Services when they are:

- Deemed Medically Necessary;
- Provided by a Facility Provider and billed by a Provider; and
- Preapproved by the Claims Administrator.

Look in the ***Schedule of Covered Services*** section to find how much of those or other costs the Member is required to share (pay).

Hospital Services

▪ Ancillary Services

The Claims Administrator will provide coverage for all ancillary services usually provided and billed for by Hospitals, except for personal convenience items. This includes, but is not limited to:

- Meals, including special meals or dietary services, as required by the Member's condition;
- Use of operating room, delivery room, recovery room, or other specialty service rooms and any equipment or supplies in those rooms;
- Casts, surgical dressings, and supplies, devices or appliances surgically inserted within the body;
- Oxygen and oxygen therapy;
- Anesthesia when administered by a Hospital employee, and the supplies and use of anesthetic equipment;
- Therapy Services when administered by a person who is appropriately licensed and authorized to perform such services;
- All drugs and medications (including intravenous injections and solutions);
 - For use while in the Hospital;
 - Which are released for general use; and
 - Which are commercially available to Hospitals.
- Use of special care units, including, but not limited to intensive care units or coronary care units; and
- Pre-admission testing.

▪ Room and Board

The Claims Administrator will provide coverage for general nursing care and such other services as are covered by the Hospital's regular charges for accommodations in the following:

- An average semi-private room, as designated by the Hospital; or a private room, when designated by the Claims Administrator as semi-private for the purposes of this Program in Hospitals having primarily private rooms;
- A private room, when Medically Necessary;

- A special care unit, such as intensive or coronary care, when such a designated unit with concentrated facilities, equipment and supportive services is required to provide an intensive level of care for a critically ill patient;
- A bed in a general ward; and
- Nursery facilities.

Benefits are provided up to the number of days specified in the ***Schedule of Covered Services***.

A Copayment may apply to an In-Network Inpatient Admission, if specified in the ***Schedule of Covered Services***. For purposes of calculating the total Copayment due, an admission occurring within ten calendar days of discharge date from a previous admission shall be treated as part of the previous admission.

In computing the number of days of benefits:

- The Claims Administrator will count the day of the Member's admission; but not the day of the Member's discharge.
- If the Member is admitted and discharged on the same day, it will be counted as one day.

The Claims Administrator will only provide coverage for days spent during an uninterrupted stay in a Hospital.

It will not provide coverage for:

- Time spent outside of the Hospital, if the Member interrupts the stay and then stay past midnight on the day the interruption occurs; or
- Time spent in the Hospital after the discharge hour that the Member's attending Physician has recommended that further Inpatient care is not required.

Medical Care

The Claims Administrator will provide coverage for Medical Care rendered to the Member, in the following way, except as specifically provided.

It is Medical Care that is rendered:

- By a Professional Provider who is in charge of the case;
- While the Member is an Inpatient in a Hospital, Rehabilitation Hospital or Skilled Nursing Facility; and
- For a condition not related to Surgery, pregnancy, radiation therapy or Mental Illness.

Such care includes Inpatient intensive Medical Care rendered to the Member:

- While the Member's condition requires a Professional Provider's constant attendance and treatment; and
- For a prolonged period of time.

▪ Concurrent Care

The Claims Administrator will provide coverage for the following services, while the Member is an Inpatient, when they occur together:

- Services rendered to the Member by a Professional Provider:
 - Who is not in charge of the case; but
 - Whose particular skills are required for the treatment of complicated conditions.

- Services rendered to the Member as an Inpatient in a:
 - Hospital;
 - Rehabilitation Hospital; or
 - Skilled Nursing Facility.

This does not include:

- Observation or reassurance of the Member;
 - Standby services;
 - Routine preoperative physical examinations;
 - Medical Care routinely performed in the pre- or post-operative or pre- or post-natal periods; or
 - Medical Care required by a Facility Provider's rules and regulations.
- Consultations
The Claims Administrator will provide coverage for Consultation services when rendered in both of the following ways:
 - By a Professional Provider, at the request of the attending Professional Provider; and
 - While the Member is an Inpatient in a:
 - Hospital;
 - Rehabilitation Hospital; or
 - Skilled Nursing Facility.

Benefits are limited to one consultation per consultant during any Inpatient confinement.

Consultations do not include staff consultations which are required by the Facility Provider's rules and regulations.

Skilled Nursing Facility Services

The Claims Administrator will provide coverage for a Skilled Nursing Facility:

- When Medically Necessary as determined by the Claims Administrator.
- Up to the Maximum days specified in the ***Schedule of Covered Services***.

The Member must require treatment:

- By skilled nursing personnel;
- Which can be provided only on an Inpatient basis in a Skilled Nursing Facility.

A Copayment may apply to an In-Network Inpatient Admission, if specified in the ***Schedule of Covered Services***. For purposes of calculating the total Copayment due, an admission occurring within ten calendar days of discharge date from any previous admission shall be treated as part of the previous admission.

In computing the number of days of benefits:

- The Claims Administrator will count the day of the Member's admission; but not the day of the Member's discharge.
- If the Member is admitted and discharged on the same day, it will be counted as one day.

The Claims Administrator will only provide coverage for days spent during an uninterrupted stay in a Skilled Nursing Facility.

It will not provide coverage for:

- Time spent outside of the Skilled Nursing Facility, if the Member interrupts their stay and then stays past midnight on the day the interruption occurs;
- Time spent if the Member remains past midnight of the day on which the interruption occurred; or
- Time spent in the Skilled Nursing Facility after the discharge hour that the Member's attending Physician has recommended that further Inpatient care is not required.

INPATIENT/OUTPATIENT SERVICES

The Member is entitled to benefits for Covered Services while the Member is an Inpatient in a Facility Provider or on an Outpatient basis when both of the following happen:

- Deemed Medically Necessary; and
- Billed for by a Provider.

Look in the ***Schedule of Covered Services*** section to find how much of those or other costs the Member is required to share (pay).

Blood

The Claims Administrator will provide coverage for the administration of blood and blood processing from donors. In addition, benefits are also provided for:

- Autologous blood drawing, storage or transfusion.
 - This refers to a process that allows the Member to have their own blood drawn and stored for personal use.
 - One example would be self-donation, in advance of planned Surgery.
- Whole blood, blood plasma and blood derivatives:
 - Which are not classified as drugs in the official formularies; and
 - Which have not been replaced by a donor.

Hospice Services

The Claims Administrator will provide coverage for palliative and supportive services provided to a terminally ill Member through a Hospice program by a Hospice Provider. This also includes Respite Care.

- Who is eligible: The Member will be eligible for Hospice benefits if both of the following occur:
 - The Member's attending Physician certifies that the Member has a terminal illness, with a medical prognosis of six months or less; and
 - The Member elects to receive care primarily to relieve pain.
- The goal of care and what is included: Hospice Care provides services to make the Member as comfortable and pain-free as possible. This is primarily comfort care, and it includes:
 - Pain relief;
 - Physical care;
 - Counseling; and
 - Other services, that would help the Member cope with a terminal illness, rather than cure it.
- What happens to the treatment of the Member's illness: When the Member elects to receive Hospice Care:
 - Benefits for treatment provided to cure the terminal illness are no longer provided.
 - The Member can also change their mind and elect to *not* receive Hospice Care anymore.
- How long Hospice care continues: Benefits for Covered Hospice Services shall be provided until whichever occurs first:
 - The Member's discharge from Hospice Care; or
 - The Member's death.
- Respite Care for the Caregiver: If the Member were to receive Hospice Care primarily in the home, the Member's primary caregiver may need to be relieved, for a short period. In such a case, the Claims Administrator will provide coverage for the Member to receive the same kind of care in the following way:
 - On a short-term basis;
 - As an Inpatient; and
 - In a Medicare certified Skilled Nursing Facility.

This can only be arranged when the Hospice considers such care necessary to relieve primary caregivers in the Member's home.

Maternity/OB-GYN/Family Services

- Artificial Insemination
Services performed by a Professional Provider for the promotion of fertilization of a female recipient's own ova (eggs):
 - By the introduction of mature sperm from partner or donor into the recipient's vagina or uterus, with accompanying:
 - Simple sperm preparation;
 - Sperm washing; and/or
 - Thawing.
- Elective Abortions
The Claims Administrator will provide coverage for services provided in a Facility Provider that is a Hospital or Birth Center. It also includes services performed by a Professional Provider for the voluntary termination of a pregnancy by a Member, which is a Covered Expense under this Program.

- Maternity/Obstetrical Care

The Claims Administrator will provide coverage for Covered Services rendered in the care and management of a pregnancy for a Member.

- Pre-notification - The Claims Administrator should be notified of the need for maternity care within one month of the first prenatal visit to the Physician or midwife.
- Facility and Professional Services - The Claims Administrator will provide coverage for:
 - Facility services: Provided by a Facility Provider that is a Hospital or Birth Center; and
 - Professional services: Performed by a Professional Provider or certified midwife.
- Scope of Care - The Claims Administrator will provide coverage for:
 - Prenatal care; and
 - Postnatal care.
- Type of delivery - Maternity care Inpatient benefits will be provided for:
 - 48 hours for vaginal deliveries; and
 - 96 hours for cesarean deliveries.

Except as otherwise approved by the Claims Administrator.

- Home Health Care for Early Discharge: In the event of early post-partum discharge from an Inpatient Admission:
 - Benefits are provided for Home Health Care, as provided for in the Home Health Care benefit.

- Newborn Care

- A Member's newborn child will be entitled to benefits provided by this Program:
 - From the date of birth up to a maximum of 31 days.
- Such coverage within the 31 days will include care which is necessary for the treatment of:
 - Medically diagnosed congenital defects;
 - Medically diagnosed birth abnormalities;
 - Medically diagnosed prematurity; and
 - Routine nursery care.
- Coverage for a newborn may be continued beyond 31 days under conditions specified in the **General Information** section of this Benefit Booklet.

Mental Health/Psychiatric Care

The Claims Administrator will provide coverage for the treatment of Mental Illness and Serious Mental Illness based on the services provided and reported by the Provider. Upon request, the Claims Administrator will make available the criteria for Medical Necessity determinations made under the Program for Mental Health/Psychiatric Care to any current or potential Member, Dependent or In-Network Provider.

- Regarding the provision of care other than Mental Health/Psychiatric Care: When a Provider renders Medical Care, other than Mental Health/Psychiatric Care, for a Member with Mental Illness and Serious Mental Illness, payment for such Medical Care:
 - Will be based on the Medical Benefits available; and
 - Will not be subject to the Mental Health/Psychiatric Care limitations. Emergency Care will be considered In-Network Care.

- Inpatient Treatment

The Claims Administrator will provide coverage, subject to the Benefit Period limitation(s) stated in the **Schedule of Covered Services**, during an Inpatient Admission for treatment of Mental Illness and Serious Mental Illness. For maximum benefits, treatment must be received from an In-Network Facility Provider and Inpatient visits for the treatment of Mental Illness and Serious Mental Illness must be performed by an In-Network Professional Provider.

Covered Services include treatments such as:

- Psychiatric visits;
- Psychiatric consultations;
- Individual and group psychotherapy;
- Electroconvulsive therapy;
- Psychological testing; and
- Psychopharmacologic management.

A Copayment may apply to an In-Network Inpatient Admission, if specified in the **Schedule of Covered Services**. For purposes of calculating the total Copayment due, an admission occurring within ten calendar days of discharge date from a previous admission shall be treated as part of the previous admission.

- Outpatient Treatment

The Claims Administrator will provide coverage for Outpatient treatment of Mental Illness and Serious Mental Illness. For maximum benefits, treatment must be performed by an In-Network Professional Provider/In-Network Facility Provider.

Covered Services include treatments such as:

- Psychiatric visits;
- Psychiatric consultations;
- Individual and group psychotherapy;
- Licensed Clinical Social Worker visits;
- Masters Prepared Therapist visits;
- Tele-Behavioral Health services;
- Electroconvulsive therapy;
- Psychological testing;
- Psychopharmacologic management; and
- Psychoanalysis.

- Benefit Period Maximums for Mental Health/Psychiatric Care

All Inpatient Mental Health/Psychiatric Care for both Mental Illness and Serious Mental Illness are covered up to the Maximum day amount(s) per Benefit Period specified in the **Schedule of Covered Services**. Out-of-Network Benefit Period maximums are part of, not separate from, In-Network Benefit Period maximums.

Routine Patient Costs Associated With Qualifying Clinical Trials

- The Claims Administrator provides coverage for Routine Patient Costs Associated with Participation in a Qualifying Clinical Trial (see the **Important Definitions** section).
- To ensure coverage and appropriate claims processing, the Claims Administrator must be notified in advance of the Member's participation in a Qualifying Clinical Trial. Benefits are payable if the Qualifying Clinical Trial is conducted by an In-Network Professional Provider, and conducted in an In-Network Facility Provider. If there is no comparable Qualifying Clinical Trial being performed by an In-Network Professional Provider, and in an In-Network Facility Provider, then the Claims Administrator will consider the services by an Out-of-

Network Provider, participating in the clinical trial, as covered if the clinical trial is deemed a Qualifying Clinical Trial (see **Important Definitions** section) by the Claims Administrator.

Surgical Services

The Claims Administrator will provide coverage for surgical services provided:

- By a Professional Provider, and/or a Facility Provider
- For the treatment of disease or injury.

Separate payment will not be made for:

- Inpatient preoperative care or all postoperative care normally provided by the surgeon as part of the surgical procedure.

Covered Services also include:

- Congenital Cleft Palate - The orthodontic treatment of congenital cleft palates:
 - That involve the maxillary arch (the part of the upper jaw that holds the teeth);
 - That is performed together with bone graft Surgery; and
 - That is performed to correct bony deficits that are present with extremely wide clefts affecting the alveolus.
- Mastectomy Care - The Claims Administrator will provide coverage for the following when performed after a mastectomy:
 - All stages of reconstruction of the breast on which the mastectomy has been performed;
 - Surgery and reconstruction of the other breast to produce a symmetrical appearance;
 - Prosthesis and physical complications all stages of mastectomy, including lymphedemas; and
 - Surgery to reestablish symmetry or alleviate functional impairment, including, but not limited to:
 - Augmentation;
 - Mammoplasty;
 - Reduction mammoplasty; and
 - Mastopexy.
- Coverage is also provided for:
 - The surgical procedure performed in connection with the initial and subsequent insertion or removal of Prosthetic Devices (either before or after Surgery) to replace the removed breast or portions of it;
 - The treatment of physical complications at all stages of the mastectomy, including lymphedemas. Treatment of lymphedemas is not subject to any benefit Maximum amounts that may apply to "Physical Therapy" services as provided under the subsection entitled "Therapy Services" of this section; and
 - Routine neonatal circumcisions and any voluntary surgical procedure for sterilization.

- Anesthesia

- The Claims Administrator will provide coverage for the administration of Anesthesia:
 - In connection with the performance of Covered Services;
 - When rendered by or under the direct supervision of a Professional Provider other than the surgeon, assistant surgeon or attending Professional Provider (except an Obstetrician providing Anesthesia during labor and delivery and an oral surgeon providing services otherwise covered under this Benefit Booklet).
- General Anesthesia, along with hospitalization and all related medical expenses normally incurred as a result of the administration of general Anesthesia, when rendered in conjunction with dental care provided to Members age seven or under and for developmentally disabled Members when determined by the Claims Administrator to be Medically Necessary and when a successful result cannot be expected for treatment under local Anesthesia, or when a superior result can be expected from treatment under general Anesthesia.

- Assistant at Surgery

The Claims Administrator will provide coverage for an assistant surgeon's services if:

- The assistant surgeon actively assists the operating surgeon in the performance of covered Surgery;
- An intern, resident, or house staff member is not available; and
- The Member's condition or the type of Surgery must require the active assistance of an assistant surgeon as determined by the Claims Administrator.

Surgical assistance is not covered when performed by a Professional Provider who themselves performs and bills for another surgical procedure during the same operative session.

- Hospital Admission for Dental Procedures or Dental Surgery

The Claims Administrator will provide coverage for a Hospital admission in connection with dental procedures or Surgery only when:

- The Member has an existing non-dental physical disorder or condition; and
- Hospitalization is Medically Necessary to ensure the Member's health.

Dental procedures or Surgery performed during such a confinement will only be covered for the services described in "Oral Surgery" and "Assistant at Surgery" provisions.

- Oral Surgery

The Claims Administrator will provide coverage for Covered Services provided by a Professional Provider and/or Facility Provider for:

- Orthognathic Surgery – Surgery on the bones of the jaw (maxilla or mandible) to correct their position and/or structure for the following clinical indications only:
 - For accidents: The initial treatment of Accidental Injury/trauma (That is, fractured facial bones and fractured jaws), in order to restore proper function.
 - For congenital defects: In cases where it is documented that a severe congenital defect (That is, cleft palate) results in speech difficulties that have not responded to non-surgical interventions.
 - For chewing and breathing problems: In cases where it is documented (using objective measurements) that chewing or breathing function is materially compromised (defined as greater than two standard deviations from normal) where such compromise is not amenable to non-surgical treatments, and where it is shown that orthognathic Surgery will decrease airway resistance, improve breathing, or restore swallowing.

- Other Oral Surgery - Defined as Surgery on or involving the teeth, mouth, tongue, lips, gums, and contiguous structures. Covered Service will only be provided for:
 - Surgical removal of impacted teeth which are partially or completely covered by bone;
 - Surgical treatment of cysts, infections, and tumors performed on the structures of the mouth; and
 - Surgical removal of teeth prior to cardiac Surgery, Radiation Therapy or organ transplantation.

To the extent that the Member has available dental coverage, the Claims Administrator reserves the right to seek recovery from the Provider.

The Claims Administrator has the right to decide which facts are needed. The Claims Administrator may, without consent of or notice to any person, release to or obtain from any other organization or person any information, with respect to any person, which the Claims Administrator deems necessary for such purposes. Any person claiming benefits under this Program shall furnish to the Claims Administrator such information as may be necessary to implement this provision.

- Second Surgical Opinion (Voluntary)
The Claims Administrator will provide coverage for consultations for Surgery to determine the Medical Necessity of an elective surgical procedure.
 - "Elective Surgery" is that Surgery which is not of an Emergency or life threatening nature;
 - Such Covered Services must be performed and billed by a Professional Provider other than the one who initially recommended performing the Surgery.

Transplant Services

When a Member is the recipient of transplanted human organs, marrow, or tissues, benefits are provided for all Inpatient and Outpatient transplants, which are beyond the Experimental/Investigative stage. Benefits, are also provided for those services to the Member which are directly and specifically related to the covered transplantation. This includes services for the examination of such transplanted organs, marrow, or tissue and the processing of Blood provided to a Member:

- When both the recipient and the donor are Members, the payment of their respective medical expenses shall be covered by their respective benefit programs.
- When only the recipient is a Member, and the donor has no available coverage or source for funding, benefits provided to the donor will be charged against the recipient's coverage under this Program. The donor benefits are limited to only those not provided or available to the donor from any other source. This includes, but is not limited to, other insurance coverage, or coverage by the Claims Administrator or any government program. When only the recipient is a Member and the donor has available coverage or a source for funding, the donor must use such coverage or source for funding as no benefits are provided to the donor under this Program.
- When only the donor is a Member, the donor is entitled to the benefits of this Program for all related donor expenses, subject to the following additional limitations:
 - The benefits are limited to only those benefits not provided or available to the donor from any other source for funding or coverage in accordance with the terms of this Program;
 - and
 - No benefits will be provided to the donor recipient.

- If any organ or tissue is sold rather than donated to the Member recipient, no benefits will be payable for the purchase price of such organ or tissue.

Treatment for Alcohol or Drug Abuse and Dependency

- Alcohol Or Drug Abuse And Dependency is a disease that can be described as follows: It is an addiction to alcohol and/or drugs. It is also the compulsive behavior that results from this addiction.
 - This addiction makes it hard for a person to function well with other people.
 - It makes it hard for a person to function well in the work that they do.
 - It will also cause person's body and mind to become quite ill if the alcohol and/or drugs are taken away.
- The Claims Administrator will provide coverage for the care and treatment of Alcohol Or Drug Abuse And Dependency:
 - Provided by a licensed Hospital or licensed Facility Provider or an appropriately licensed behavioral health Provider.
 - Subject to the Maximum(s) shown in the **Schedule of Covered Services**; and
 - According to the provisions outlined below.
- For maximum benefits, treatment must be received from an In-Network Provider.
- To Access Treatment for Alcohol Or Drug Abuse And Dependency:
 - Call the behavioral health management company at the phone number shown on the Members ID Card.

Upon request, the Claims Administrator will make available the criteria for Medical Necessity determinations made under the Program for Alcohol Or Drug Abuse And Dependency to any current or potential Member, Dependent or In-Network Provider.

- Inpatient Treatment
 - Inpatient Detoxification
Covered Services include:
 - Lodging and dietary services;
 - Physician, Psychologist, nurse, certified addictions counselor, Master's Prepared Therapists, and trained staff services;
 - Diagnostic x-rays;
 - Psychiatric, psychological and medical laboratory testing; and
 - Drugs, medicines, use of equipment and supplies.

A Copayment may apply to an In-Network Inpatient Admission, if specified in the **Schedule of Covered Services**. For purposes of calculating the total Copayment due, any admission occurring within ten calendar days of discharge date from any previous admission shall be treated as part of the previous admission.

- Hospital and Non-Hospital Residential Treatment
Hospital or Non-Hospital Residential Treatment of Alcohol Or Drug Abuse And Dependency shall be covered on the same basis as any other illness covered under this Program.

Covered services include:

- Lodging and dietary services;
- Physician, Psychologist, nurse, certified addictions counselor and trained staff services;
- Rehabilitation therapy and counseling;
- Family counseling and intervention;
- Psychiatric, psychological and medical laboratory testing; and
- Drugs, medicines, use of equipment and supplies.

A Copayment may apply to an In-Network Inpatient Admission, if specified in the **Schedule of Covered Services**. For purposes of calculating the total Copayment due, any admission occurring within ten calendar days of discharge date from any previous admission shall be treated as part of the previous admission.

▪ **Outpatient Treatment**

– Covered services include:

- Diagnosis and treatment of substance abuse, including Outpatient Detoxification by the appropriately licensed behavioral health Provider;
- Appropriately licensed behavioral health providers including Physician, Psychologist, nurse, certified addictions counselor, Master's Prepared Therapists, and trained staff services;
- Telebehavioral Health services;
- Rehabilitation therapy and counseling;
- Family counseling and intervention;
- Psychiatric, psychological and medical laboratory testing; and
- Medication management and use of equipment and supplies.

OUTPATIENT SERVICES

Unless otherwise specified in this Benefit Booklet, services for Outpatient Care are Covered Services when:

- Deemed Medically Necessary; and
- Billed for by a Provider.

Look in the **Schedule of Covered Services** section to find how much of those or other costs the Member is required to share (pay).

Acupuncture

The Claims Administrator will provide coverage for Acupuncture up to the limits specified in the **Schedule of Covered Services** for all Covered Services.

Ambulance Services/Transport

The Claims Administrator will provide coverage for ambulance services. However, these services need to be:

- Medically Necessary as determined by the Claims Administrator; and
- Used for transportation in a specially designed and equipped vehicle that is used only to transport the sick or injured and only when the following applies;
 - The vehicle is licensed as an ambulance, where required by applicable law;
 - The ambulance transport is appropriate for the Member's clinical condition;
 - The use of any other method of transportation, such as taxi, private car, wheel-chair van or other type of private or public vehicle transport would endanger the Member's health

- or be inappropriate for the Member’s medical condition; and
- The ambulance transport satisfies the destination and other requirements as stated under Regarding Emergency Ambulance transport or Regarding Non-Emergency Ambulance transports.

In addition, the Claims Administrator will provide coverage for services provided by a licensed Emergency services Provider who initiates necessary intervention to evaluate and, if necessary, stabilize the condition of the Member and subsequently determines the Member does not require transport or the Member refuses to be transported. These services must be Medically Necessary as determined by the Claims Administrator.

Benefits are payable for air or sea ambulance transportation only if the Member’s condition, and the distance to the nearest facility able to treat the Member's condition, justify the use of an alternative to land transport.

- Regarding Emergency Ambulance transport: The ambulance must be transporting the Member:
 - From the Member’s home, or the scene of an accident or Medical Emergency;
 - To the nearest Hospital, or other Emergency Care Facility, that can provide the Medically Necessary Covered Services for the Member’s condition.
- Regarding Non-Emergency Ambulance transports: Non-Emergency air or ground facility transport may be covered when Medically Necessary as determined by the Claims Administrator (For example, sending facility does not have the required services to effectively treat the Member, such as trauma or burn care). Non-Emergency air or ground transport may be covered to transport the Member back to an In-Network Facility Provider as determined by the Claims Administrator, when:
 - The transfer is Medically Necessary (as determined by the Claims Administrator’s definition of Medical Necessity); and
 - The Member’s medical condition requires uninterrupted care and attendance by qualified medical staff during transport by ground ambulance, or by air transport when transfer cannot be safely provided by land ambulance.

Non-Emergency ambulance transports are not provided for family members or companions or for the convenience of the Member, the family, or the Provider treating the Member.

Autism Spectrum Disorders (ASD)

The Claims Administrator will provide coverage for the diagnostic assessment and treatment of Autism Spectrum Disorders (ASD) for Members under 21 years of age subject to the Annual Benefit Maximum specified in the ***Schedule of Covered Services***.

Diagnostic assessment is defined as Medically Necessary assessments, evaluations or tests performed by a licensed Physician, licensed Physician assistant, licensed Psychologist or Certified Registered Nurse practitioner, or Autism Service Provider to diagnose whether an individual has an Autism Spectrum Disorder. Results of the diagnostic assessment shall be valid for a period of not less than 12 months, unless a licensed Physician or licensed Psychologist determines an earlier assessment is necessary.

Treatment of Autism Spectrum Disorders shall be identified in an ASD Treatment Plan and shall include any Medically Necessary Pharmacy Care, Psychiatric Care, Psychological Care, Rehabilitative Care and Therapeutic Care that is:

- Prescribed, ordered or provided by a licensed Physician, licensed Physician assistant, licensed Psychologist, Licensed Clinical Social Worker or Certified Registered Nurse practitioner;
- Provided by an Autism Service Provider, including a Behavior Specialist; or
- Provided by a person, entity or group that works under the direction of an Autism Service Provider.

An ASD Treatment Plan shall be developed by a licensed Physician or licensed Psychologist pursuant to a comprehensive evaluation or reevaluation performed in a manner consistent with the most recent clinical report or recommendations of the American Academy of Pediatrics. The ASD Treatment Plan may be reviewed by the Claims Administrator once every six months. A more or less frequent review can be agreed upon by the Claims Administrator and the licensed Physician or licensed Psychologist developing the ASD Treatment Plan.

Treatment of Autism Spectrum Disorders will include any of the following Medically Necessary services that are listed in an ASD Treatment Plan developed by a licensed Physician or licensed Psychologist:

- Applied Behavioral Analysis - The design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior or to prevent loss of attained skill or function, including the use of direct observation, measurement and functional analysis of the relations between environment and behavior.
- Pharmacy Care - Medications prescribed by a licensed Physician, licensed physician assistant or Certified Registered Nurse practitioner and any assessment, evaluation or test prescribed or ordered by a licensed Physician, licensed physician assistant or Certified Registered Nurse practitioner to determine the need or effectiveness of such medications. If this Program provides benefits for prescription drugs the ASD medications may be purchased at a pharmacy, subject to the cost-sharing arrangement applicable to the prescription drug coverage. If this Program does not provide coverage for prescription drugs, ASD medications may be purchased at a pharmacy, and the Member will be reimbursed at 100% less the applicable Coinsurance amount shown in the **Schedule of Covered Services**. Benefits are available for up to a 30 day supply.
- Psychiatric Care - Direct or consultative services provided by a Physician who specializes in psychiatry.
- Psychological Care - Direct or consultative services provided by a Psychologist.
- Rehabilitative Care - Professional services and treatment programs, including applied behavioral analysis, provided by an Autism Service Provider to produce socially significant improvements in human behavior or to prevent loss of attained skill or function.
- Therapeutic Care - Services provided by speech language pathologists, occupational therapists or physical therapists.

Upon full or partial denial of coverage for any Autism Spectrum Disorders benefits, a Member shall be entitled to file an Appeal. The Appeal process will:

- Provide internal review followed by independent external review; and
- Have levels, expedited and standard Appeal time frames, and other terms established by the Claims Administrator consistent with applicable Pennsylvania and federal law.

Appeal filing procedures will be described in notices denying any Autism Spectrum Disorders benefits. Full Appeal process descriptions will be provided after a new Appeal is initiated and can also be obtained at any time by contacting Member Services.

Colorectal Cancer Screening

The Claims Administrator will provide coverage for colorectal cancer screening for Symptomatic Members, Nonsymptomatic Members over age 50, and Nonsymptomatic Members under age 50 who are at high risk or increased risk for colorectal cancer. Coverage for colorectal cancer screening must be in accordance with the current American Cancer Society guidelines, and consistent with approved medical standards and practices. The method and frequency of screening to be utilized shall be:

- Coverage for Symptomatic Members shall include a colonoscopy, sigmoidoscopy or any combination of colorectal cancer screening tests at a frequency determined by a treating Physician.
- Coverage for Nonsymptomatic Members over age 50 shall include, but not be limited to:
 - An annual fecal occult blood test;
 - A sigmoidoscopy, a screening barium enema, or a test consistent with approved medical standards and practices to detect colon cancer, at least once every five years; and
 - A colonoscopy at least once every ten years.
- Coverage for Nonsymptomatic Members under age 50 who are at high or increased risk for colorectal cancer shall include a colonoscopy or any combination of colorectal cancer screening tests.

"Nonsymptomatic Member at high or increased risk" means a Member who poses a higher than average risk for colorectal cancer according to the current American Cancer Society guidelines on screening for colorectal cancer.

"Symptomatic Member" means a Member who experiences a change in bowel habits, rectal bleeding or persistent stomach cramps, weight loss or abdominal pain.

Consumable Medical Supplies

The Claims Administrator will provide coverage for the purchase of Consumable Medical Supplies when:

- It is used in the Member's home; and
- It is obtained through a Professional Provider.

Day Rehabilitation Program

The Claims Administrator will provide coverage for a Medically Necessary Day Rehabilitation Program when provided by a Facility Provider under the following conditions:

- Intensity of need for therapy: The Member must require intensive Therapy services, such as Physical, Occupational and/or speech Therapy 5 days per week for 4 to 7 hours per day;
- Ability to communicate: The Member must have the ability to communicate (verbally or non-verbally); their needs; they must also have the ability to consistently follow directions and to manage their own behavior with minimal to moderate intervention by professional staff;
- Willingness to participate: The Member must be willing to participate in a Day Rehabilitation Program; and
- Family support: The Member's family must be able to provide adequate support and assistance in the home and must demonstrate the ability to continue the rehabilitation program in the home.

Limitations: This benefit is subject to the limits shown in the ***Schedule of Covered Services***.

Diabetic Education Program

When prescribed by a Professional Provider legally authorized to prescribe such items under law, the Claims Administrator will provide coverage for diabetes Outpatient self-management training and education, including medical nutrition, for the treatment of:

- Insulin-dependent diabetes;
- Insulin-using diabetes;
- Gestational diabetes; and
- Noninsulin-using diabetes.

When Physician certification must occur: The attending Physician must certify that a Member requires diabetic education on an Outpatient basis, under the following circumstances:

- Upon the initial diagnosis of diabetes;
- Upon a significant change in the Member's symptoms or condition; or
- Upon the introduction of new medication or a therapeutic process in the treatment or management of the Member's symptoms or condition.

Requirements that must be met: Outpatient diabetic education services will be covered when they meet specific requirements.

- These requirements are based on the certification programs for Outpatient diabetic education developed by the American Diabetes Association and the Pennsylvania Department of Health.
- Specific requirements: Outpatient diabetic education services and education program must:
 - Be provided by an In-Network Provider; and
 - Be conducted under the supervision of a licensed health care professional with expertise in diabetes, and subject to the requirements of the Claims Administrator.

Covered services include Outpatient sessions that include, but may not be limited to, the following information:

- Initial assessment of the Member's needs;
- Family involvement and/or social support;
- Psychological adjustment for the Member;
- General facts/overview on diabetes;
- Prevention and treatment of complications for chronic diabetes, (That is, foot, skin and eye care);
- Nutrition including its impact on blood glucose levels;
- Exercise and activity;
- Medications;
- Monitoring and use of the monitoring results;
- Use of community resources; and
- Pregnancy and gestational diabetes' if Applicable.

Diabetic Equipment and Supplies

- Coverage and costs: The Claims Administrator will provide coverage for diabetic equipment and supplies purchased from a Durable Medical Equipment Provider. This is subject to any applicable Deductible, Copayment and/or Coinsurance requirements applicable to Durable Medical Equipment benefits.
- When diabetic equipment and supplies can be purchased at a pharmacy: If this Program provides benefits for prescription drugs (other than coverage for insulin and oral agents only):
 - Certain Diabetic Equipment and Supplies, including insulin and oral agents, may be purchased at a pharmacy, if available;
 - This will be subject to the cost-sharing arrangements, applicable to the prescription drug coverage.
- When diabetic equipment and supplies are not available at a pharmacy:
 - The diabetic equipment and supplies will be provided under the Durable Medical Equipment benefit;
 - This will be subject to the cost-sharing arrangements applicable to Durable Medical Equipment.
- Covered Diabetic Equipment:
 - Blood glucose monitors;
 - Insulin pumps;
 - Insulin infusion devices; and
 - Orthotics and podiatric appliances for the prevention of complications associated with diabetes.
- Covered Diabetic Supplies:

<ul style="list-style-type: none"> – Blood testing strips; – Visual reading and urine test strips; – Insulin and insulin analogs*; – Injection aids; – Insulin syringes; 	<ul style="list-style-type: none"> – Lancets and lancet devices; – Monitor supplies; – Pharmacological agents for controlling blood sugar levels*; – and – Glucagon emergency kits.
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* **Note:** If this Program does not provide coverage for prescription drugs, insulin and oral agents are covered as provided under the 'Insulin and Oral Agents' benefits.

Diabetic Equipment and Supplies

- Coverage and costs: The Claims Administrator will provide coverage for diabetic equipment

and supplies purchased from a Durable Medical Equipment Provider. This is subject to any applicable Deductible, Copayment and/or Coinsurance requirements applicable to Durable Medical Equipment benefits.

- When diabetic equipment and supplies can be purchased at a Pharmacy: This Program provides benefits for Prescription Drugs:
 - Certain Diabetic Equipment and Supplies, including insulin and oral agents, may be purchased at a Pharmacy, if available;
 - This will be subject to the cost-sharing arrangements, applicable to the Prescription Drug coverage.
- When diabetic equipment and supplies are not available at a Pharmacy:
 - The diabetic equipment and supplies will be provided under the Durable Medical Equipment benefit;
 - This will be subject to the cost-sharing arrangements applicable to Durable Medical Equipment.
- Covered Diabetic Equipment:
 - Blood glucose monitors;
 - Insulin pumps;
 - Insulin infusion devices; and
 - Orthotics and podiatric appliances for the prevention of complications associated with diabetes.
- Covered Diabetic Supplies:

– Blood testing strips;	– Lancets and lancet devices;
– Visual reading and urine test strips;	– Monitor supplies;
– Insulin and insulin analogs;	– Pharmacological agents for controlling blood sugar levels; and
– Injection aids;	– Glucagon emergency kits.
– Insulin syringes;	

Diagnostic Services

The Claims Administrator will provide coverage for the following Diagnostic Services, when ordered by a Professional Provider and billed by a Professional Provider, and/or a Facility Provider:

- Routine Diagnostic Services, including, but not limited to:
 - Routine radiology: Consisting of x-rays, mammograms, ultrasound, and nuclear medicine;
 - Routine medical procedures: Consisting of ECG, EEG and other diagnostic medical procedures approved by the Claims Administrator; and
 - Allergy testing: Consisting of percutaneous, intracutaneous and patch tests.
- Non-Routine Diagnostic Services, including, but not limited to:
 - Nuclear Cardiology Imaging;
 - MRI/MRA;
 - CT Scans;
 - PET Scans; and
 - Sleep Studies.
- Diagnostic laboratory and pathology tests.
- Genetic testing and counseling.

This includes services provided to a Member at risk for a specific disease that is a result of:

 - Family history; or
 - Exposure to environmental factors that are known to cause physical or mental disorders.

When clinical usefulness of specific genetic tests has been established by the Claims Administrator, these services are covered for the purpose of:

- Diagnosis;
- Screening;
- Predicting the course of a disease;
- Judging the response to a therapy;
- Examining risk for a disease; or
- Reproductive decision-making.

Durable Medical Equipment

The Claims Administrator will provide coverage for the rental or, at the option of the Claims Administrator, the purchase of Durable Medical Equipment when:

- Prescribed by a Professional Provider and required for therapeutic use; and
- Determined to be Medically Necessary by the Claims Administrator.

Although an item may be classified as Durable Medical Equipment it may not be covered in every instance. Durable Medical Equipment, as defined in the **Important Definitions** section, that includes equipment that meets the following criteria:

- It is durable and can withstand repeated use. An item is considered durable if it can withstand: repeated use, (That is, the type of item that could normally be rented). Medical Supplies of an expendable nature are not considered "durable" (For example, see the "Non-reusable supplies" provisions of the "Durable Medical Equipment" exclusion of the **Exclusions - What Is Not Covered** section of this Program);
- It customarily and primarily serves a medical purpose;
- It is generally not useful to a person without an illness or injury. The item must be expected to make a meaningful contribution to the treatment of the Member's illness, injury, or to improvement of a malformed body part; and
- It is appropriate for home use.

- **Replacement and Repair:**

The Claims Administrator will provide coverage for the repair or replacement of Durable Medical Equipment when the equipment does not function properly; and is no longer useful for its intended purpose, in the following limited situations:

- Due to a change in a Member's condition: When a change in the Member's condition requires a change in the Durable Medical Equipment the Claims Administrator will provide repair or replacement of the equipment;
- Due to breakage: When the Durable Medical Equipment is broken due to significant damage, defect, or wear, the Claims Administrator will provide repair or replacement only if the equipment's warranty has expired and it has exceeded its reasonable useful life as determined by the Claims Administrator.

Breakage under warranty: If the Durable Medical Equipment breaks while it is under warranty, replacement and repair is subject to the terms of the warranty. Contacts with the manufacturer or other responsible party to obtain replacement or repairs based on the warranty are the responsibility of:

- The Claims Administrator in the case of rented equipment; and
- The Member in the case of purchased equipment.

Breakage during reasonable useful lifetime: The Claims Administrator will not be responsible if the Durable Medical Equipment breaks during its reasonable useful lifetime for any reason not covered by warranty. (For example, the Claims Administrator will not provide benefits for repairs and replacements needed because the equipment was abused or misplaced.)

Cost to repair vs. cost to replace: The Claims Administrator will provide benefits to repair Durable Medical Equipment when the cost to repair is less than the cost to replace it. For purposes of replacement or repair of Durable Medical Equipment:

- Replacement means the removal and substitution of Durable Medical Equipment or one of its components necessary for proper functioning;
- A repair is a restoration of the Durable Medical Equipment or one of its components to correct problems due to wear or damage or defect.

Emergency Care Services

- The In-Network level of benefits provided: Benefits for Emergency Care Services provided by a Hospital Emergency Room or other Outpatient Emergency Facility are provided by the Claims Administrator. They are provided at the In-Network level of benefits, regardless of whether the Member is treated by a In-Network or Out-of-Network Provider.
- Where to call and where to go: If Emergency Services are required, whether the Member is located in or outside the PPO Network service area: Call 911 or seek treatment immediately at the emergency department of the closest Hospital or Outpatient Emergency Facility.
- What Emergency Care is: Emergency Care services are Outpatient services and supplies provided by a Hospital or Facility Provider and/or Professional Provider for initial treatment of the Emergency.
- Examples of an Emergency include:
 - Heart attack;
 - Loss of consciousness or respiration;
 - Cardiovascular accident;
 - Convulsions;
 - Severe Accidental Injury; and
 - Other acute medical conditions as determined by the Claims Administrator.

Note: Should any dispute arise as to whether an Emergency existed or as to the duration of an Emergency: The determination by the Claims Administrator shall be final.

Home Health Care

- Covered Services: The Claims Administrator will provide coverage for the following services when performed by a licensed Home Health Care Provider:
 - Professional services of appropriately licensed and certified individuals;
 - Intermittent skilled nursing care;
 - Physical Therapy;
 - Speech Therapy;
 - Well mother/well baby care following release from an Inpatient maternity stay; and
 - Care within 48 hours following release from an Inpatient Admission when the discharge occurs within 48 hours following a mastectomy.
- Regarding well mother/well baby care: With respect to well mother/well baby care following early release from an Inpatient maternity stay, Home Health Care services must be provided within 48 hours if:
 - Discharge occurs earlier than 48 hours of a vaginal delivery; or
 - Discharge occurs earlier than 96 hours of a cesarean delivery.
 No cost-sharing shall apply to these benefits when they are provided after an early discharge from the Inpatient maternity stay.
- Regarding other medical services and supplies: The Claims Administrator will also provide coverage for certain other medical services and supplies, when provided along with a primary service. Such other services and supplies include:
 - Occupational Therapy;

- Medical social services; and
- Home health aides in conjunction with skilled services and other services which may be approved by the Claims Administrator.
- Regarding Medical Necessity: Home Health Care benefits will be provided only when prescribed by the Member's attending Physician, in a written Plan Of Treatment and approved by the Claims Administrator as Medically Necessary.
- Regarding the issue of being confined: There is no requirement that the Member be previously confined in a Hospital or Skilled Nursing Facility prior to receiving Home Health Care.
- Regarding being Homebound: With the exception of Home Health Care provided to a Member, immediately following an Inpatient release for maternity care, the Member must be Homebound in order to be eligible to receive Home Health Care benefits by a Home Health Care Provider.

Injectable Medications

The Claims Administrator will provide coverage for injectable medications required in the treatment of an injury or illness when administered by a Professional Provider.

- Specialty Drugs
 - Refer to a medication that meets certain criteria including, but not limited to:
 - The drug is used in the treatment of a rare, complex, or chronic disease;
 - A high level of involvement is required by a healthcare provider to administer the drug;
 - Complex storage and/or shipping requirements are necessary to maintain the drug's stability;
 - The drug requires comprehensive patient monitoring and education by a healthcare provider regarding safety, side effects, and compliance; and
 - Access to the drug may be limited.

To obtain a list of Specialty Drugs please logon to www.ibx.com/preapproval or Call the Customer Service telephone number shown on the Member's Identification Card.

- Coinsurance applies:
 - The purchase of all Specialty Drugs is subject to:
 - ❖ Coinsurance, if dispensed by an In-Network Provider; or
 - ❖ Coinsurance, if dispensed by an Out-of-Network Provider.
 - The Coinsurance amounts are shown in the **Schedule of Covered Services**.
- Coinsurance amounts will apply:
 - To each 30 day supply of medication dispensed for medications administered on a regularly scheduled basis; or
 - To each course/series of injections if administered on an intermittent basis.

A 90 day supply of medication may be dispensed for some medications that are used for the treatment of a chronic illness.

- **Standard Injectable Drugs**
 - Standard Injectable Drugs refer to a medication that is either injectable or infusible, but is not defined by the Claims Administrator to be a Self-Administered Prescription Drug or a Specialty Drug.
 - Standard Injectable Drugs include, but are not limited to:
 - Allergy injections and extractions; and
 - Injectable medications such as antibiotics and steroid injections that are administered by a Professional Provider.
 - Self-Administered Prescription Drugs generally are not covered.
 - For more information on Self-Administered Prescription Drugs:
 - Please refer to the **Exclusions - What Is Not Covered** section and the description of "Insulin and Oral Agents" coverage in the **Description of Covered Services** section.

Insulin and Oral Agents

The Claims Administrator will provide coverage for Insulin and oral agents to control blood sugar as prescribed by a Physician and dispensed by a licensed pharmacy. Benefits are available for up to a 30 day supply when dispensed from a retail pharmacy.

Medical Foods and Nutritional Formulas

- The Claims Administrator will provide coverage for Medical Foods when provided for the therapeutic treatment of inherited errors of metabolism (IEMs) such as:
 - Phenylketonuria;
 - Branched-chain ketonuria;
 - Galactosemia; and
 - Homocystinuria.

Coverage is provided when administered on an Outpatient basis, either orally or through a tube.

- The Claims Administrator will provide coverage for Nutritional Formulas when the Nutritional Formula is taken orally or through a tube by an infant or child suffering from Severe Systemic Protein Allergy, food protein-induced enterocolitis syndrome, eosinophilic disorders, or short-bowel syndrome that do not respond to treatment with standard milk or soy protein formulas and casein hydrolyzed formulas.

The Claims Administrator will provide coverage for Medical Foods and Nutritional Formulas when provided through a Durable Medical Equipment supplier or in connection with Infusion Therapy as provided for in this Program.

An estimated basal caloric requirement for Medical Foods and Nutritional Formula is not required for IEMs, or for when administered through a tube.

Non-Surgical Dental Services

The Claims Administrator will provide coverage only for:

- The initial treatment of Accidental Injury/trauma, (That is, fractured facial bones and fractured jaws), in order to restore proper function.

Restoration of proper function includes the dental services required for the initial restoration or replacement of Sound Natural Teeth, required for the initial treatment for the Accidental Injury/trauma. This includes:

- The first caps;
 - Crowns;
 - Bridges; and
 - Dentures (but not dental implants).
- The preparation of the jaws and gums required for initial replacement of Sound Natural Teeth. Injury as a result of chewing or biting is not considered an Accidental Injury. See the exclusion of dental services in the **Exclusions - What Is Not Covered** section for more information on what dental services are not covered.

Observation Room

The Claims Administrator will provide coverage for Observation Room Covered Services, when Medically Necessary as determined by the Claims Administrator. Cost-sharing requirements are specified in the **Schedule of Covered Services**.

Orthotics (Devices Used for Support of Bones and Joints)

The Claims Administrator will provide coverage for:

- The first purchase and fitting: This is the initial purchase and fitting (per medical episode) of orthotic devices which are Medically Necessary as determined by the Claims Administrator. This does not include foot orthotics, unless the Member requires foot orthotics as a result of diabetes.
- Replacements due to growth: The replacement of covered orthotics for Dependent children when required due to natural growth.

Podiatric Care

The Claims Administrator will provide coverage for:

- Capsular or surgical treatment of bunions;
- Ingrown toenail Surgery; and
- Other non-routine Medically Necessary foot care.

In addition, for Members with peripheral vascular and/or peripheral neuropathic diseases, including but not limited to diabetes, benefits for routine foot care services are covered.

Private Duty Nursing Services

The Claims Administrator will provide coverage up to the number of hours as specified in the **Schedule of Covered Services** for Outpatient services for Private Duty Nursing performed by a Licensed Registered Nurse (RN) or a Licensed Practical Nurse (LPN) when ordered by a Physician and which are Medically Necessary as determined by the Claims Administrator.

Prosthetic Devices

The Claims Administrator will provide coverage for expenses Incurred for Prosthetic Devices (except dental prostheses) required as a result of illness or injury. Expenses for Prosthetic Devices are subject to medical review by the Claims Administrator to determine eligibility and Medical Necessity.

Such expenses may include, but not be limited to:

- The purchase, fitting, necessary adjustments and repairs of Prosthetic Devices which replace all or part of an absent body organ including contiguous tissue or which replace all or part of the function of an inoperative or malfunctioning body organ;
- The supplies and replacement of parts necessary for the proper functioning of the Prosthetic Device;
- Breast prostheses required to replace the removed breast or portions thereof as a result of mastectomy and prostheses inserted during reconstructive Surgery incident and subsequent to mastectomy; and
- Benefits are provided for the following visual Prosthetics when Medically Necessary and prescribed for one of the following conditions:
 - Initial contact lenses prescribed for treatment of infantile glaucoma;
 - Initial pinhole glasses prescribed for use after Surgery for detached retina;
 - Initial corneal or scleral lenses prescribed:
 - In connection with the treatment of keratoconus; or
 - To reduce a corneal irregularity other than astigmatism;
 - Initial scleral lenses prescribed to retain moisture in cases where normal tearing is not present or adequate; and
 - Initial pair of basic eyeglasses when prescribed to perform the function of a human lens (aphakia) lost as a result of:
 - Accidental Injury;
 - Trauma; or
 - Ocular Surgery.

The repair and replacement provisions do not apply to this item.

Benefits for replacement of a Prosthetic Device or its parts will be provided:

- When there has been a significant change in the Member's medical condition that requires the replacement;
- If the prostheses breaks because it is defective;
- If the prostheses breaks because it exceeds its life expectancy, as determined by the manufacturer; or
- For a Dependent's child due to the normal growth process when Medically Necessary.

The Claims Administrator will provide benefits to repair Prosthetic Devices when the cost to repair is less than the cost to replace it. For purposes of replacement or repair of the prostheses, replacement means the removal and substitution of the prostheses or one of its components necessary for proper functioning. A repair is a restoration of the prostheses or one of its components to correct problems due to wear or damage. However, the Claims Administrator will not provide benefits for repairs and replacements needed because the prostheses was abused or misplaced.

If a Prosthetic Device breaks and is under warranty, it is the responsibility of the Member to work with the manufacturer to replace or repair it.

Specialist Office Visit

The Claims Administrator will provide coverage for Specialist Services Medical Care provided in the office by a Provider other than a Primary Care Provider.

For the purpose of this benefit "in the office" includes:

- Medical Care visits to a Provider's office;
- Medical Care visits by a Provider to the Member's residence; or
- Medical Care consultations by a Provider on an Outpatient basis.

Spinal Manipulation Services

The Claims Administrator will provide coverage for the detection and correction of structural imbalance or dislocation (subluxation) of the Member's spine resulting from, or related to any of the following:

- Distortion of, or in, the vertebral column;
- Misalignment of, or in, the vertebral column; or
- Dislocation (Subluxation) of, or in, the vertebral column.

The detection and correction can be done by: Manual or mechanical means (by hand or machine).

This service will be provided for, up to the limits specified in the ***Schedule of Covered Services*** for spinal manipulations.

Therapy Services

The Claims Administrator will provide coverage, subject to the Benefit Period Maximums specified in the ***Schedule of Covered Services***, for the following services prescribed by a Physician and performed by a Professional Provider, a therapist who is registered or licensed by the appropriate authority to perform the applicable therapeutic service, and/or Facility Provider, which are used in treatment of an illness or injury to promote recovery of the Member.

- Cardiac Rehabilitation Therapy
Refers to a medically supervised rehabilitation program designed to improve a patient's tolerance for physical activity or exercise.
- Chemotherapy
The treatment of malignant disease by chemical or biological antineoplastic agents used to kill or slow the growth of cancerous cells. The cost of these drugs/biologics is covered, provided if it meets all of the criteria listed below:
 - Drugs/biologics are approved by the U.S. Food and Drug Administration (FDA) as antineoplastic agents;
 - The FDA approved use is based on reliable evidence demonstrating positive effect on health outcomes and/or the use is supported by the established referenced Compendia identified in the Health Benefit Plan's policies; and
 - Drugs/biologics are eligible for coverage when they are injected or infused into the body by a Professional Provider.

Note: If this Program does not provide coverage for prescription drugs, oral antineoplastic agents are covered as provided under the benefits described above.

- Dialysis
The treatment of acute renal failure or chronic irreversible renal insufficiency for removal of waste materials from the body by hemodialysis, peritoneal dialysis, hemoperfusion, or chronic ambulatory peritoneal dialysis (CAPD), or continuous cyclical peritoneal dialysis (CCPD).
- Infusion Therapy
The infusion of drug, hydration, or nutrition (parenteral or enteral) into the body by a Professional Provider. Infusion therapy includes all professional services, supplies, and equipment that are required to safely and effectively administer the therapy. Infusion may be provided in a variety of settings (For example, home, office, Outpatient) depending on the level of skill required to prepare the drug, administer the infusion, and monitor the Member. The type of Professional Provider who can administer the infusion depends on whether the drug is considered to be a Specialty Drug infusion or a Standard Injectable Drug infusion, as determined by the Claims Administrator.
- Occupational Therapy
Includes treatment of a physically disabled person by means of constructive activities designed and adapted to promote the restoration of the person's ability to satisfactorily accomplish the ordinary tasks of daily living. Coverage will also include services rendered by a registered, licensed occupational therapist.
- Orthoptic/Pleoptic Therapy
Includes treatment through an evaluation and training session program for the correction of oculomotor dysfunction as a result of a vision disorder, eye Surgery, or injury resulting in the lack of vision depth perception.
- Physical Therapy
Includes treatment by physical means, heat, hydrotherapy or similar modalities, physical agents, bio-mechanical and neuro-physiological principles, and devices to relieve pain, restore maximum function, and prevent disability following disease, injury, or loss of body part, including the treatment of functional loss following hand and/or foot Surgery.
- Pulmonary Rehabilitation Therapy
Includes treatment through a multidisciplinary program which combines Physical Therapy with an educational process directed towards the stabilization of pulmonary diseases and the improvement of functional status.
- Speech Therapy
Includes treatment for the correction of a speech impairment resulting from disease, Surgery, injury, congenital anomalies, or previous therapeutic processes. Coverage will also include services by a speech therapist.

Urgent Care Centers

The Claims Administrator will provide coverage for Urgent Care Centers, when Medically Necessary as determined by the Claims Administrator.

- Urgent Care Centers are designed to offer immediate evaluation and treatment for health conditions that require medical attention:
 - In a non-Emergency situation;
 - That cannot wait to be addressed by the Member's Professional Provider or Retail Clinic.

Cost-sharing requirements are specified in the ***Schedule of Covered Services***.

EXCLUSIONS – WHAT IS NOT COVERED

Except as specifically provided in this Benefit Booklet, no benefits will be provided for services, supplies or charges:

Alternative Therapies/Complementary Medicine

For Alternative Therapies/Complementary Medicine, including but not limited to:

- Music therapy;
- Dance therapy;
- Equestrian/hippotherapy;
- Homeopathy;
- Primal therapy;
- Rolfing;
- Psychodrama;
- Vitamin or other dietary supplements and therapy;
- Naturopathy;
- Hypnotherapy;
- Bioenergetic therapy;
- Qi Gong;
- Ayurvedic therapy;
- Aromatherapy;
- Massage therapy;
- Therapeutic touch;
- Recreational, wilderness, educational and sleep therapies.

Ambulance Services/Transport

For ambulance services except as specifically provided under this Program.

Assisted Fertilization Techniques

For assisted fertilization techniques such as, but not limited to, in-vitro fertilization, gamete intra-fallopian transfer (GIFT) and zygote intra-fallopian transfer (ZIFT).

Autism

- For Autism Spectrum Disorders services that exceed the Annual Benefit Maximum shown in the ***Schedule of Covered Services***.
- For the diagnosis and treatment of Autism Spectrum Disorders that is provided through a school as part of an individualized education program.
- For the diagnosis and treatment of Autism Spectrum Disorders that is not included in the ASD Treatment Plan for Autism Spectrum Disorders.

Benefit Maximums

For charges Incurred for expenses in excess of Benefit Maximums as specified in the ***Schedule of Covered Services***.

Cognitive Rehabilitation Therapy

For Cognitive Rehabilitation Therapy, except when provided integral to other supportive therapies, such as, but not limited to physical, occupational and speech therapies in a multidisciplinary, goal-oriented and integrated treatment program designed to improve

management and independence following neurological damage to the central nervous system caused by illness or trauma (For example: stroke, acute brain insult, encephalopathy).

Consumable Medical Supplies

For Consumable Medical Supplies, any item that meets the following criteria is not a covered Consumable Medical Supply and will not be covered:

- The item is for comfort or convenience.
- The item is not primarily medical in nature. Items not covered include, but are not limited to:
 - Ear plugs;
 - Ice pack;
 - Silverware/utensils;
 - Feeding chairs; and
 - Toilet seats.
- The item has features of a medical nature which are not required by the member's condition.
- The item is generally not prescribed by an eligible Provider.

Some examples of not covered Consumable Medical Supplies are:

- Incontinence pads;
- Lamb's wool pads;
- Face masks (surgical);
- Disposable gloves, sheets and bags;
- Bandages;
- Antiseptics; and
- Skin preparations.

Cosmetic Surgery

For services and operations for cosmetic purposes

- Which are done to improve the appearance of any portion of the body; and
- From which no improvement in physiologic function can be expected.

However, benefits are payable to correct:

- A condition resulting from an accident; and
- Functional impairment which results from a covered disease, injury or congenital birth defect.

This exclusion does not apply to mastectomy related charges as provided for and defined in the "Surgical Services" section in the ***Description of Covered Services***.

Cranial Protheses (Including Wigs)

For cranial protheses, including wigs intended to replace hair.

Dental Care

- For dental services related to:
 - The care, filling, removal or replacement of teeth, including dental implants to replace teeth or to treat congenital anodontia, ectodermal dysplasia or dentinogenesis imperfecta; and
 - The treatment of injuries to or diseases of the teeth, gums or structures directly supporting or attached to the teeth, except as otherwise specifically stated in this Benefit Booklet.

- Specific services not covered include, but are not limited to (unless otherwise described in this Benefit Booklet):
 - Apicoectomy (dental root resection);
 - Prophylaxis of any kind;
 - Root canal treatments;
 - Soft tissue impactions;
 - Alveolectomy;
 - Bone grafts or other procedures provided to augment an atrophic mandible or maxilla in preparation of the mouth for dentures or dental implants; and
 - Treatment of periodontal disease;
- For dental implants for any reason.
- For dentures, unless for the initial treatment of an Accidental Injury/trauma.
- For Orthodontic treatment, except for appliances used for palatal expansion to treat congenital cleft palate.
- For injury as a result of chewing or biting (neither is considered an Accidental Injury).

Diagnostic Screening Examinations

For diagnostic screening examinations, except for mammograms and preventive care as provided in the "Primary and Preventive Care", "Women's Preventive Care" and "Diagnostic Services" subsections of the ***Description of Covered Services***.

Durable Medical Equipment

For the following examples of equipment that do not meet the definition of Durable Medical Equipment include, but are not limited to:

- Comfort and convenience items, such as massage devices, portable whirlpool pumps, telephone alert systems, bed-wetting alarms, and ramps.
- Equipment used for environmental control, such as air cleaners, air conditioners, dehumidifiers, portable room heaters, and heating and cooling plants.
- Equipment inappropriate for home use. This is an item that generally requires professional supervision for proper operation, such as:
 - Diathermy machines;
 - Medcolator;
 - Data transmission devices used for telemedicine purposes;
 - Pulse tachometer;
 - Translift chairs; and
 - Traction units.
- Non-reusable supplies other than a supply that is an integral part of the Durable Medical Equipment item required for the Durable Medical Equipment function. This means the equipment is not durable or is not a component of the Durable Medical Equipment.
- Equipment that is not primarily medical in nature. Equipment which is primarily and customarily used for a non-medical purpose may or may not be considered "medical" in nature. This is true even though the item may have some medically related use. Such items include, but are not limited to:
 - Equipment For Safety;
 - Exercise equipment;
 - Speech teaching machines;
 - Strollers;

- Toileting systems;
 - Electronically-controlled heating and cooling units for pain relief;
 - Bathtub lifts;
 - Stairglides; and
 - Elevators.
- Equipment with features of a medical nature which are not required by the Member's condition, such as a gait trainer. The therapeutic benefits of the item cannot be clearly disproportionate to its cost, if there exists a Medical Necessity and realistically feasible alternative item that serves essentially the same purpose.
 - Duplicate equipment for use when traveling or for an additional residence, whether or not prescribed by a Professional Provider.
 - Services not primarily billed for by a Provider such as delivery, set-up and service activities and installation and labor of rented or purchased equipment.
 - Modifications to vehicles, dwellings and other structures. This includes any modifications made to a vehicle, dwelling or other structure to accommodate a Member's disability or any modifications made to a vehicle, dwelling or other structure to accommodate a Durable Medical Equipment item, such as customization to a wheelchair.

Effective Date

Which were Incurred prior to the Member's Effective Date of coverage.

Experimental/Investigative

Which are Experimental/Investigative in nature, except, as approved by the Claims Administrator, Routine Patient Costs Associated With Qualifying Clinical Trials that meets the definition of a Qualifying Clinical Trial under this Benefit Booklet.

Foot Orthotics

For supportive devices for the foot (orthotics), such as, but not limited to:

- Foot inserts;
- Arch supports;
- Heel pads and heel cups; and
- Orthopedic/corrective shoes.

This exclusion does not apply to orthotics and podiatric appliances required for the prevention of complications associated with diabetes.

Hearing Aids

For hearing or audiometric examinations, and Hearing Aids and the fitting thereof; and, routine examinations. Services and supplies related to these items are not covered.

Cochlear electromagnetic hearing devices, a semi-implantable Hearing Aid, is not covered. Cochlear electromagnetic hearing devices are not considered cochlear implants.

High Cost Technical Equipment

For equipment costs related to services performed on high cost technological equipment as defined by the Claims Administrator, such as, but not limited to:

- Computer Tomography (CT) scanners;
- Magnetic Resonance Imagers (MRI); and
- Linear accelerators.

Unless the acquisition of such equipment by a Professional Provider was approved:

- Through the Certificate of Need (CON) process; and/or
- By the Claims Administrator.

Home Blood Pressure Machines

For home blood pressure machines, except for Members:

- With pregnancy-induced hypertension;
- With hypertension complicated by pregnancy;
- With end-stage renal disease receiving home dialysis; or
- Who are eligible for home blood pressure machine benefits as required based on ACA preventive mandates.

Home Health Care

For Home Health Care services and supplies in connection with Home health services for the following:

- Custodial services, food, housing, homemaker services, Home delivered meals and supplementary dietary assistance;
- Rental or purchase of Durable Medical Equipment;
- Rental or purchase of medical appliances (For example, braces) and Prosthetic Devices (For example, artificial limbs); supportive environmental materials and equipment, such as:
 - Handrails;
 - Ramps;
 - Telephones;
 - Air conditioners and similar services;
 - Appliances; and
 - Devices.
- Prescription drugs;
- Provided by family members, relatives, and friends;
- A Member's transportation, including services provided by voluntary ambulance associations for which the Member is not obligated to pay;
- Emergency or non-Emergency Ambulance services;
- Visiting teachers, friendly visitors, vocational guidance and other counselors, and services related to diversional Occupational Therapy and/or social services;
- Services provided to individuals (other than a Member released from an Inpatient maternity stay), who are not essentially Homebound for medical reasons; and
- Visits by any Provider personnel solely for the purpose of assessing a Member's condition and determining whether or not the Member requires and qualifies for Home Health Care services and will or will not be provided services by the Provider.

Hospice Care

For Hospice Care benefits for the following:

- Services and supplies for which there is no charge;
- Research studies directed to life lengthening methods of treatment;
- Services or expenses Incurred in regard to the Member's personal, legal and financial affairs (such as preparation and execution of a will or other disposition of personal and real property);
- Care provided by family members, relatives, and friends; and
- Private Duty Nursing.

Immediate Family

Rendered by a member of the Member's Immediate Family.

Immunizations for Employment or Travel

For Immunizations required for employment purposes or travel.

Laboratory and Pathology Tests for Employment

For laboratory and pathology tests in connection with obtaining or continuing employment.

Medical Foods And Nutritional Formulas

- For appetite suppressants;
- For oral non-elemental nutritional supplements (For example, Boost, Ensure, NeoSure, PediaSure, Scandishake), casein hydrolyzed formulas (For example, Nutramigen, Alimentun, Pregestimil), or other nutritional products including, but not limited to, banked breast milk, basic milk, milk-based, and soy-based products. This exclusion does not apply to Medical Foods and Nutritional Formulas as provided for and defined in the "Medical Foods and Nutritional Formulas" section in the **Description of Covered Services**;
- For elemental semi-solid foods (For example, Neocate Nutra);
- For products that replace fluids and electrolytes (For example, Electrolyte Gastro, Pedialyte);
- For oral additives (For example, Duocal, fiber, probiotics, or vitamins) and food thickeners (For example, Thick-It, Resource ThickenUp); and
- For supplies associated with the oral administration of formula (For example, bottles, nipples).

Medical Supplies

For Medical Supplies such as but not limited to thermometers, ovulation kits, early pregnancy or home pregnancy testing kits.

Medical Necessity

Which are not Medically Necessary as determined by the Claims Administrator for the diagnosis or treatment of illness or injury.

Mental Health/Psychiatric Care

- For vocational or religious counseling; and
- For activities that are primarily of an educational nature.

Military Service

For any loss sustained or expenses Incurred in the following ways:

- During military service while on active duty as a member of the armed forces of any nation; or
- As a result of enemy action or act of war, whether declared or undeclared.

Miscellaneous

- For care in a:
 - Nursing home;
 - Home for the aged;
 - Convalescent home;
 - School;
 - Camp;
 - Institution for intellectually disabled children; or
 - Custodial Care in a Skilled Nursing Facility.
- For broken appointments.
- For Telephone consultations.
- For completion of a claim form.

- For marriage counseling.
- For Custodial Care, domiciliary care or rest cures.
- Which are not billed and performed by a Provider as defined under this coverage as a "Professional Provider", "Facility Provider" or "Ancillary Service Provider" except as otherwise indicated under the subsections entitled:
 - "Therapy Services"; and
 - "Ambulance Services/Transport" in the **Description of Covered Services** section.
- Performed by a Professional Provider enrolled in an education or training program when such services are:
 - Related to the education or training program; and are
 - Provided through a Hospital or university.
- For weight reduction and premarital blood tests. This exclusion does not apply to nutrition visits as set forth in the **Description of Covered Services** section under the subsection entitled "Nutrition Counseling for Weight Management".
- For any Therapy Service provided for:
 - Work hardening activities/programs; or
 - Evaluations not associated with therapy.

Motor Vehicle

For injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is:

- Paid under a plan or policy of motor vehicle insurance, including a certified self-insured plan; or
- Payable in any manner under the Pennsylvania Motor Vehicle Financial Responsibility Law.

Non-Covered Services

Any services, supplies or treatments not specifically listed as covered benefits in this Program.

Obesity

For treatment of obesity, including, but not limited to:

- Weight management programs;
- Dietary aids, supplements, injections and medications;
- Weight training, fitness training, or lifestyle modification programs, including such programs provided under the supervision of a clinician; and
- Group nutrition counseling.

This exclusion does not apply to:

- Surgical procedures specifically intended to result in weight loss (including bariatric surgery) when the Claims Administrator:
 - Determines the Surgery is Medically Necessary; and
 - The Surgery is limited to one surgical procedure per lifetime regardless (or even) if:
 - A new or different diagnosis is the indication for the Surgery;
 - A new or different type of Surgery is intended or performed;
 - A revision, repeat, or reversal of any previous weight loss Surgery is intended or performed.

The exclusion of coverage for a repeat, reversal or revision of a previous Surgery does not apply when the intended procedure is performed to treat technical failure or complication of a prior surgical procedure which if left untreated, would result in endangering the health of the

Member. Failure to maintain weight loss or any condition resulting from or associated with obesity does not constitute technical failure.

- Nutrition counseling visits/sessions as described in the "Nutrition Counseling for Weight Management" provision in this Benefit Booklet.

Over-The-Counter Drugs

For over-the-counter drugs and any other medications that may be dispensed without a doctor's prescription, except for medications administered during an Inpatient Admission. This exclusion does not apply to over-the-counter medicines that are prescribed by a Physician in accordance with applicable law.

Personal Hygiene and Convenience Items

For personal hygiene and convenience items such as, but not limited to the following, whether or not recommended by a Provider:

- Air conditioners;
- Humidifiers;
- Physical fitness or exercise equipment;
- Radio;
- Beauty/barber shop services;
- Guest trays;
- Wigs;
- Chairlifts;
- Stairglides;
- Elevators;
- Sauna;
- Television;
- Spa or health club memberships;
- Whirlpool;
- Telephone;
- Guest Service; or
- Hot tub or equivalent device.

Physical Examinations

For routine physical examinations for non-preventive purposes, such as:

- Pre-marital examinations;
- Physicals for college;
- Camp or travel; and
- Examinations for insurance, licensing and employment.

Prescription Drugs

- For prescription drugs, except as may be provided by a prescription drug rider attached to this Benefit Booklet. This exclusion does NOT apply to insulin, insulin analogs and pharmacological agents for controlling blood sugar levels, as provided for the treatment of diabetes and contraceptive methods, including contraceptive drugs and devices, injectable contraceptives, IUDs and implants; sterilization procedures, and patient education and counseling, not including abortifacient drugs, for generic products and for those methods that do not have a generic equivalent. Brand contraceptives are excluded.
- For drugs and medicines for which the Member has coverage under a free-standing prescription drug program provided through the Enrolled Group.

Private Duty Nursing

- For Private Duty Nursing services in connection with the following:
 - Nursing care which is primarily custodial in nature; such as care that primarily consists of bathing, feeding, exercising, homemaking, moving the patient and giving oral medication;
 - Services provided by a nurse who ordinarily resides in the Member's home or is a

- member of the Member's Immediate Family; and
- Services provided by a home health aide or a nurse's aide.
- For Inpatient Private Duty Nursing services.

Relative Counseling or Consultations

For counseling or consultation with a Member's relatives, or Hospital charges for a Member's relatives or guests, except as may be specifically provided or allowed in the "Treatment for Alcohol Or Drug Abuse And Dependency" or "Transplant Services" sections of the **Description of Covered Services**.

Responsibility of Another Party

- For which a Member would have no legal obligation to pay, or another party has primary responsibility.
- Received from a dental or medical department maintained by or on behalf of an employer, a mutual benefit association, labor union, trust, or similar person or group.

Responsibility of Medicare

Claims paid or payable by Medicare when Medicare is primary. For purposes of this Program exclusion, coverage is not available for a service, supply or charge that is "payable under Medicare" when the Member is eligible to enroll for Medicare benefits, regardless of whether the Member actually enrolls for, pays applicable premium for, maintains, claims or receives Medicare benefits. The amount excluded for these claims will be either the amount "payable under Medicare" or the applicable plan fee schedule for the service, at the discretion of the Claims Administrator.

Reversal of a Sterilization

For any Surgery performed for the reversal of a sterilization procedure.

Routine Foot Care

As defined in the Claims Administrator's Medical Policy unless associated with Medically Necessary treatment of peripheral vascular disease and/or peripheral neuropathic disease, including but not limited to diabetes.

Self-Administered Prescription Drugs

For Self-Administered Prescription Drugs, regardless of whether the drugs are provided or administered by a Provider. Drugs are considered Self-Administered Prescription Drugs even when initial medical supervision and/or instruction is required prior to patient self-administration.

This exclusion does not apply to Self-Administered Prescription Drugs that are:

- Mandated to be covered by law, such as insulin or any drugs required for the treatment of diabetes, unless these drugs are covered by a Free-Standing Prescription Drug Contract issued to the Group by the Claims Administrator; or
- Required for treatment of an Emergency condition that requires a Self-Administered Prescription Drug.

Sexual Dysfunction

For sex therapy or other forms of counseling for treatment of sexual dysfunction when performed by a non-licensed sex therapist.

Skilled Nursing Facility

For Skilled Nursing Facility services in connection with the following:

- When confinement in a Skilled Nursing Facility is intended solely to assist the Member with the activities of daily living or to provide an institutional environment for the convenience of a Member;
- For the treatment of Alcohol And Drug Abuse Or Dependency, and Mental Illness; or
- After the Member has reached the maximum level of recovery possible for their particular condition and no longer requires definitive treatment other than routine Custodial Care.

Temporomandibular Joint Syndrome (TMJ)

For treatment of temporomandibular joint syndrome (TMJ), also known as craniomandibular disorders (CMD), with intraoral devices or with any non-surgical method to alter vertical dimension.

Termination Date

Which were or are Incurred after the date of termination of the Member's coverage except as provided in the **General Information** section.

Travel

For travel, whether or not it has been recommended by a Professional Provider or if it is required to receive treatment at an out of area Provider.

Veteran's Administration or Department of Defense

To the extent a Member is legally entitled to receive when provided by the Veteran's Administration or by the Department of Defense in a government facility reasonably accessible by the Member.

Vision

- For correction of myopia or hyperopia by means of corneal microsurgery, such as:
 - Keratomileusis;
 - Keratophakia;
 - Radial keratotomy and all related services.
- For eyeglasses, lenses or contact lenses and the vision examination for prescribing or fitting eyeglasses or contact lenses except as otherwise described in this Benefit Booklet.

Worker's Compensation

For any occupational illness or bodily injury which occurs in the course of employment if benefits or compensation are available, in whole or in part, under the provisions of:

- Worker's Compensation Law; or
- Any similar Occupational Disease Law or Act.

This exclusion applies whether or not the Member claims the benefits or compensation.

GENERAL INFORMATION

ELIGIBILITY, CHANGE AND TERMINATION RULES UNDER THE PROGRAM

Effective Date: The date the Group agrees that all eligible persons may apply and become covered for the benefits as set forth in this Program and described in this Benefit Booklet. If a person becomes an eligible person after the Group's Effective Date, that date becomes the eligible person's effective date under this Program.

Eligible Person

The Employee is eligible to be covered under this Program if the Employee is determined by the Group as eligible to apply for coverage and sign the Application.

Eligibility shall not be affected by the Employee's physical condition and determination of eligibility for the coverage by the employer shall be final and binding.

Eligible Dependent

The Employee's family is eligible for coverage (Dependent coverage) under this Program when the Employee is eligible for Employee coverage. An eligible Dependent is defined as the Employee's spouse under a legally valid existing marriage, the Employee's child(ren), including any stepchild, legally adopted child, a child placed for adoption or any child whose coverage is the Employee's responsibility under the terms of a qualified release or court order. The limiting age for covered children is the first of the month following the month in which they reach age 26.

In addition, a full-time student will be considered eligible for coverage when they are on a Medically Necessary leave of absence from an Accredited Educational Institution. The Dependent child will be eligible for coverage until the earlier of one year from the first day of the leave of absence or the date on which the coverage otherwise would terminate. The limiting age referenced above will be applicable regardless of the status of the Medically Necessary leave of absence.

A full-time student who is eligible for coverage under this Program who is:

- A member of the Pennsylvania National Guard or any reserve component of the U.S. armed forces and who is called or ordered to active duty, other than active duty for training for a period of 30 or more consecutive days; or
- A member of the Pennsylvania National Guard who is ordered to active state duty, including duty under Pa. C.S. Ch. 76 (relates to Emergency Management Assistance Compact), for a period of 30 or more consecutive days.

Eligibility for these Dependents will be extended for a period equal to the duration of the Dependent's service on duty or active state duty or until the individual is no longer a full-time student regardless of the age of the Dependent when the educational program at the Accredited Educational Institution was interrupted due to military duty.

As proof of eligibility, the Employee must submit a form to the Claims Administrator approved by the Department of Military & Veterans Affairs (DMVA):

- Notifying the Claims Administrator that the Dependent has been placed on active duty;
- Notifying the Claims Administrator that the Dependent is no longer on active duty; or
- Showing that the Dependent has re-enrolled as a full-time student in an Accredited Educational Institution for the first term or semester starting 60 or more days after their release from active duty.

Eligibility will be continued past the limiting age for unmarried children, regardless of age, who are incapable of self-support because of mental or physical incapacitation and who are dependent on the Employee for over half of their support. The Claims Administrator may require proof of eligibility under the prior Claims Administrator's plan and also from time to time under this Program.

The newborn child(ren) of the Employee or the Employee's Dependent shall be entitled to the benefits provided by this Program from the date of birth for a period of 31 days. Coverage of newborn children within such 31 days shall include care which is necessary for the treatment of medically diagnosed congenital defects, birth abnormalities, prematurity and routine nursery care. To be eligible for Dependent coverage beyond the 31 day period, the Employee must enroll the newborn child within such 31 days. To continue coverage beyond 31 days for a newborn child, who does not otherwise qualify for coverage as a Dependent, the Employee must apply within 31 days after the birth of the newborn and the appropriate rate must be paid when billed.

A newly acquired Dependent shall be eligible for coverage under this Program on the date the Dependent is acquired provided that the Employee applies to the Claims Administrator for addition of the Dependent within 31 days after the Dependent is acquired and the Employee makes timely payment of the appropriate rate. If Application is made later than 31 days after the Dependent is acquired, coverage shall become effective on the first billing date following 30 days after the Employee's Application is accepted by the Claims Administrator.

A Dependent child of a custodial parent covered under this Program may be enrolled under the terms of a qualified medical release or court order, as required by law.

No Dependent may be eligible for coverage as a Dependent of more than one Member of the Enrolled Group. No individual may be eligible for coverage hereunder as a Member and as a Dependent of a Member at the same time.

Benefits to Which the Member Is Entitled

The liability of the Claims Administrator is limited to the benefits specified in this Benefit Booklet. The Claims Administrator's determination of the benefit provisions applicable for the services rendered to the Member shall be conclusive.

Termination of Coverage at Termination Of Employment Or Membership In The Group

When a Member ceases to be an eligible Employee or eligible Dependent, or the required contribution is not paid, the Member's coverage will terminate at the end of the last month for which payment was made. However, if benefits under this Program are provided by and/or approved by the Claims Administrator before the Claims Administrator receives notice of the Member's termination under this Program, the cost of such benefits will be the sole responsibility of the Member. In that circumstance, the Claims Administrator will consider the effective date of termination of a Member under this Program to be not more than 60 days

before the first day of the month in which the Group notified the Claims Administrator of such termination.

Consumer Rights

Each Member has the right to access, review and copy their own health and membership records and request amendments to their records. This includes information pertaining to claim payments, payment methodology, reduction or denial, medical information secured from other agents, plans or providers.

For more information about accessing, reviewing or copying records, call Member Services at the toll-free number referenced on the Identification Card.

Member/Provider Relationship

- The choice of a Provider is solely the Member's choice.
- The Claims Administrator does not furnish Covered Services but only makes payment for Covered Services received by persons covered under this Program. The Claims Administrator is not liable for any act or omission of any Provider. The Claims Administrator has no responsibility for a Provider's failure or refusal to render Covered Services to a Member.

COVERAGE CONTINUATION

Termination of the Member's Coverage and Conversion Privilege Under This Program

- Termination of this Program – Termination of the Group coverage (this Program) automatically terminates all coverage for the Member (an Enrolled Employee) and the Member's eligible Dependents. The privilege of conversion to a conversion contract shall be available to any Member who has been continuously covered under the Program Document for at least three months (or covered for similar benefits under any group plan that this Program replaced).

It is the responsibility of the Group or the Group's Applicant Agent to notify the Member and the Member's eligible Dependents of the termination of coverage. However, coverage will be terminated regardless of whether the notice is given.

Rescission: If it is proven that the Member or the Member's eligible Dependent obtained or attempted to obtain benefits or payment for benefits, through fraud or intentional misrepresentation of material fact, the Claims Administrator, may, upon notice to the Member, terminate the coverage. The Member will receive written notice at least 30 days prior to termination but will have the right to utilize the **Complaint and Appeal Process** to appeal cancellation.

The privilege of conversion is available for the Member and the Member's eligible Dependents except in the following circumstances:

- The Group terminates this Program in favor of group coverage by another organization;
or
- The Group terminates the Member in anticipation of terminating this Program in favor of group coverage by another organization.

- **Notice of Conversion** – Written notice of termination and the privilege of conversion to a conversion contract shall be given within 60 days after the date of termination of this Program. Once the Member receives notice and the Member elects a conversion plan, payment for coverage under the conversion contract must be made within 31 days. Evidence of insurability is not required. Upon receipt of this payment, the conversion contract will be effective on the date of the Member's termination under this Program.

Conversion coverage shall not be available if the Member is eligible for another health care program which is available in the Group where the Member is employed or with which the Member is affiliated to the extent that the conversion coverage would result in over-insurance.

If the Member's coverage or the coverage of the Member's eligible dependent terminates because of the Member's death, the Member's change in employment status, divorce of dependent spouse, or change in a dependent's eligibility status, the terminated Member will be eligible to apply within 31 days of termination (or termination of the continuation privileges under COBRA) to conversion coverage, of the type for which that Member is then qualified at the rate then in effect. This conversion coverage may be different from the coverage provided under this Program. Evidence of insurability is not required.

Continuation Of Coverage At Termination Of Employment Or Membership Due To Total Disability

The Member's protection under this Program may be extended after the date the Member ceases to be a Member under this Program because of termination of employment or membership in the Group. It will be extended if, on that date, the Member is Totally Disabled from an illness or injury. The extension is only for that illness or injury and any related illness or injury. It will be for the time the Member remains Totally Disabled from any such illness or injury, but not beyond 12 months if the Member ceases to be a Member because the Member's coverage under this Program ends.

Coverage under this Program will apply during an extension as if the Member was still a Member. In addition, coverage will apply only to the extent that other coverage for the Covered Services is not provided for the Member through the Claims Administrator by the Group. Continuation of coverage is subject to payment of the applicable premium.

Continuation Of Incapacitated Child

If an unmarried child is incapable of self-support because of mental or physical incapacity and is dependent on the Member (an enrolled Employee) for over half of the child's support, the Member may apply to the Claims Administrator to continue coverage of such child under this Program upon such terms and conditions as the Claims Administrator may determine. Coverage of such Dependent child shall terminate upon the child's marriage. Continuation of benefits under this provision will only apply if the child was eligible as a Dependent and mental or physical incapacity commenced prior to age 26.

The child must be unmarried, incapable of self-support and the disability must have commenced prior to attaining 26 years of age. The disability must be certified by the attending Physician; furthermore, the disability is subject to annual medical review. In a case where a handicapped child is over 26 years of age and joining the Claims Administrator for the first time, the handicapped child must have been covered under the prior Claims Administrator and submit proof from the prior Claims Administrator that the child was covered as a handicapped person.

When The Employee Terminates Employment - Continuation Of Coverage Provisions Consolidated Omnibus Budget Reconciliation Act Of 1985, As Amended (COBRA)

The Employee should contact their Employer for more information about COBRA and the events that may allow the Employee or the Employee's eligible Dependents to temporarily extend health care coverage.

INFORMATION ABOUT PROVIDER REIMBURSEMENT

The Member's PPO Network Plan (this Program) is a program, which allows the Member to maximize the Member's health care benefits by utilizing the PPO Network, which is comprised of Providers that have a contractual arrangement with the Claims Administrator. These Providers are called "In-Network Providers". In-Network Providers are doctors, Hospitals and other health care professionals and institutions that are part of the PPO network, which is designed to provide access to care through a selected managed network of Providers. Services by In-Network Providers are delivered through a selected, managed network of Providers designed to provide quality care. The Hospitals, Primary Care Physicians and specialists, and a wide range of Ancillary Service Providers, including suppliers of Durable Medical Equipment, Hospice care and Home Health Care Agencies, Skilled Nursing Facilities, Free Standing Dialysis Facilities and Ambulatory Surgical Facilities.

When the Member receives health care through a Provider that is a member of the PPO Network, the Member incurs limited out-of-pocket expenses, and there are no claim forms to fill out. Benefits are also provided if the Member chooses to receive health care through a Provider that is not an In-Network Provider. However, the level of benefits will be reduced, and the Member will be responsible for a greater share of out-of-pocket expenses, and the amount of the Member's expenses could be substantial. The Member may have to reach a Deductible before receiving benefits and the Member may be required to file a claim form.

To locate a BlueCard network Provider, go to www.bcbs.com or call 1-800-810-BLUE (2583) (TTY: 711). The Claims Administrator covers only care that is "Medically Necessary". Medically Necessary care is care that is needed for the Member's particular condition and that the Member receives at the most appropriate level of service. Examples of different levels of service are Hospital Inpatient care, treatment in Short Procedure Units and Hospital Outpatient care.

Some of the services the Member receives through this Program must be Precertified before the Member receives them, to determine whether they are Medically Necessary. Failure to Precertify services, when required, may result in a reduction of benefits. Precertification of services is a vital program feature that reviews Medical Necessity of certain procedures/admissions. In certain cases, Precertification helps determine whether a different treatment may be available that is equally effective. Precertification also helps determine the most appropriate setting for certain services. Innovations in health care enable doctors to provide services, once provided exclusively in an Inpatient setting, in many different settings – such as an Outpatient department of a Hospital or a doctor's office.

When the Member seeks medical treatment that requires Precertification (excluding Inpatient Admissions), the Member must ask their Provider to initiate the Precertification process. The Precertification number is located on the Member's Identification Card. The Member should instruct their Provider to call the Precertification number listed on the Member's Identification Card, and give the Member's name, facility's name, diagnosis, and procedure or reason for

admission. Failure to Precertify required services will result in a reduction of benefits payable to the Member.

If the request for Precertification is denied, the Member will be notified in writing that the admission/service will not be paid because it is considered to be medically inappropriate. If the Member decides to continue treatment or care that has not been approved, the Member will be asked to do the following:

- Acknowledge this in writing.
- Request to have services provided.
- The Member states their willingness to assume financial liability.

Unless a claim is successfully negotiated through the Price Protection Program, an Out-of-Network Hospital-Based Provider can bill the Member directly for their services, for either the Provider's charges or amounts in excess of the Claims Administrator's payment to the Out-of-Network Hospital-Based Providers, (That is, balance billing). In such situations, claims eligible for the balance bill advocacy services of the Price Protection Program may be initiated by the Member contacting the Claims Administrator. The Member will need to contact the Claims Administrator at the Customer Service telephone number listed on the Member's I.D. card. For claims that are ineligible for balance bill advocacy services of the Price Protection Program, the Member should still contact the Claims Administrator. Upon such notification, the Claims Administrator will resolve the balance-billing for claims ineligible for the balance bill advocacy services of the Price Protection Program.

Note that when the Member elects to see an Out-of-Network Hospital-Based Provider for follow-up care or any other service where the Member has the ability to select an In-Network Provider, the Covered Services will be covered at an Out-of-Network benefit level. Except for Emergency Care, if an Out-of-Network Provider admits the Member to a Hospital or other Facility Provider, Covered Services provided by an Out-of-Network Hospital-Based Provider will be reimbursed at the Out-of-Network benefit level. For such Covered Services, not successfully negotiated through the Price Protection Program, payment will be made to the Member and the Member will be responsible for reimbursing the Out-of-Network Hospital-Based Provider. For payment of Covered Services provided by an Out-of-Network Professional Provider, please refer to the definition of "Covered Expense" in the ***Important Definitions*** section of this Benefit Booklet.

Unless a claim is successfully negotiated through the Price Protection Program, an Out-of-Network Hospital-Based Provider can bill the Member directly for their services, for either the Provider's charges or amounts in excess of the Claims Administrator's payment to the Out-of-Network Hospital-Based Providers, (That is, balance billing). In such situations, claims eligible for the balance bill advocacy services of the Price Protection Program may be initiated by the Member contacting the Claims Administrator. The Member will need to contact the Claims Administrator at the Customer Service telephone number listed on the Member's I.D. card. For claims that are ineligible for balance bill advocacy services of the Price Protection Program, the Member should still contact the Claims Administrator. Upon such notification, the Claims Administrator will resolve the balance-billing for claims ineligible for the balance bill advocacy services of the Price Protection Program.

Note that when the Member elects to see an Out-of-Network Hospital-Based Provider for follow-up care or any other service where the Member has the ability to select an In-Network Provider, the Covered Services will be covered at an Out-of-Network benefit level. Except for Emergency Care, if an Out-of-Network Provider admits the Member to a Hospital or other Facility Provider, Covered Services provided by an Out-of-Network Hospital-Based Provider will be reimbursed at the Out-of-Network benefit level. For such Covered Services, not successfully negotiated through the Price Protection Program, payment will be made to the Member and the Member will be responsible for reimbursing the Out-of-Network Hospital-Based Provider. For payment of Covered Services provided by an Out-of-Network Professional Provider, please refer to the definition of "Covered Expense" in the **Important Definitions** section of this Benefit Booklet.

Payment Of Providers

A Member or the Provider may submit bills directly to the Claims Administrator, and, to the extent that benefits and indemnity are payable within the terms and conditions of this Benefit Booklet, reimbursement will be furnished as detailed below. The Member's benefits for Covered Services are based on the rate of reimbursement as set forth under "Covered Expense" in the **Important Definitions** section of this Benefit Booklet.

– Facility Providers

➤ In-Network Facility Providers

In-Network Facility Providers are members of the PPO Network and have a contractual arrangement with the Claims Administrator for the provision of services to Members. Benefits will be provided as specified in the **Schedule of Covered Services** for Covered Services which have been performed by an In-Network Facility Provider. The Claims Administrator will compensate In-Network Facility Providers in accordance with the contracts entered into between such Providers and the Claims Administrator. BlueCard Providers will be compensated by the Blue Cross and Blue Shield Plans with which they contract. No payment will be made directly to the Member for Covered Services rendered by any In-Network Facility Provider.

➤ Out-of-Network Facility Providers

Out-of-Network Facility Providers include facilities that are not part of the PPO Network. The Claims Administrator may have a contractual arrangement with a facility even if it is not part of the PPO Network.

The Claims Administrator will provide benefits for Covered Services provided by an Out-of-Network Facility Provider at the Out-of-Network Coinsurance level specified in the **Schedule of Covered Services**. The reimbursement rate is specified under "Covered Expense" in the **Important Definitions** section of this Benefit Booklet.

If the Claims Administrator determines that Covered Services were for Emergency Care as defined herein, the Member normally will not be subject to the cost-sharing Penalties that would ordinarily be applicable to Out-of-Network services. Emergency admissions must be certified within two business days of admission, or as soon as reasonably possible, as determined by the Claims Administrator. Payment for Emergency Services provided by Out-of-Network Providers will be the negotiated amount through the Price Protection Program, or the greater of:

- ❖ The median of the amounts paid to In-Network Providers for Emergency Services;

- ❖ The amount paid to Out-of-Network Facility Providers; or
- ❖ The amount paid by Medicare.

Once Covered Services are rendered by a Facility Provider, the Program will not honor a Member's request not to pay for claims submitted by the Facility Provider. The Member will have no liability to any person because of its rejection of the request.

– Professional Providers

➤ In-Network Providers

The Claims Administrator is authorized by the Member to make payment directly to the In-Network Professional Providers furnishing Covered Services for which benefits are provided under this Program. In-Network Professional Providers have agreed to accept the rate of reimbursement determined by a contract as payment in full for Covered Services. BlueCard Providers will be compensated by the Blue Cross and Blue Shield Plans with which they contract. In-Network Professional Providers will make no additional charge to Members for Covered Services except in the case of certain Copayments, Coinsurance or other cost-sharing features as specified under this Program. The Member is responsible within 60 days of the date in which the Claims Administrator finalizes such services to pay, or make arrangements to pay, such amounts to the In-Network Professional Provider.

Benefit amounts, as specified in the **Schedule of Covered Services** of this coverage, refer to Covered Services rendered by a Professional Provider which are regularly included in such Provider's charges and are billed by and payable to such Provider. Any dispute between the In-Network Professional Provider and a Member with respect to balance billing shall be submitted to the Claims Administrator for determination. The decision of the Claims Administrator shall be final.

Once Covered Services are rendered by a Professional Provider, the Claims Administrator will not honor a Member's request not to pay for claims submitted by the Professional Provider. The Claims Administrator will have no liability to any person because of its rejection of the request.

➤ Emergency Care by Out-of-Network Providers

If the Claims Administrator determines that Covered Services provided by an Out-of-Network Provider were for Emergency Care, the Member will be subject to the In-Network cost-sharing levels. Penalties that ordinarily would be applicable to Out-of-Network Covered Services will not be applied. For Emergency Care, not successfully negotiated through the Price Protection Program the Claims Administrator will reimburse the Member for Covered Services at the Out-of-Network Provider reimbursement rate. For payment of Covered Services provided by an Out-of-Network Provider, please refer to the definition of "Covered Expense" in the **Important Definitions** section of this Benefit Booklet. Inpatient admissions for Emergency Care must be certified within two business days of admission, or as soon as reasonably possible, as determined by the Claims Administrator. Payment for Emergency Services provided by Out-of-Network Providers will be the negotiated amount through the Price Protection Program, or the greater of:

- ❖ The median of the amounts paid to In-Network Providers for Emergency Services;

- ❖ The amount paid to Out-of-Network Professional Providers; or
- ❖ The amount paid by Medicare.

Unless a claim is successfully negotiated through the Price Protection Program, an Out-of-Network Hospital-Based Provider can bill the Member directly for their services, for either the Provider's charges or amounts in excess of the Claims Administrator's payment to the Out-of-Network Hospital-Based Providers, (That is, balance billing). In such situations, Emergency Care claims eligible for the balance bill advocacy services of the Price Protection Program may be initiated by the Member contacting the Claims Administrator. The Member will need to contact the Claims Administrator at the Customer Service telephone number listed on the Member's I.D. card. For Emergency Care claims that are ineligible for balance bill advocacy services of the Price Protection Program, the Member should still contact the Claims Administrator. Upon such notification, the Claims Administrator will resolve the balance-billing for Emergency Care claims ineligible for the balance bill advocacy services of the Price Protection Program.

➤ **Out-of-Network Hospital-Based Provider Reimbursement**

When the Member receives Covered Services from an Out-of-Network Hospital-Based Provider while the Member is an Inpatient at an In-Network Hospital or other In-Network Facility Provider and are being treated by an In-Network Professional Provider, the Member will receive the In-Network cost-sharing level of benefits for the Covered Services provided by the Out-of-Network Hospital-Based Provider. For such Covered Services, not successfully negotiated through the Price Protection Program, payment will be made to the Member, who will be responsible for reimbursing the Out-of-Network Hospital-Based Provider. For payment of Covered Services provided by an Out-of-Network Professional Provider, please refer to the definition of "Covered Expense" in the **Important Definitions** section of this Benefit Booklet.

Unless a claim is successfully negotiated through the Price Protection Program, an Out-of-Network Hospital-Based Provider can bill the Member directly for their services, for either the Provider's charges or amounts in excess of the Claims Administrator's payment to the Out-of-Network Hospital-Based Providers, (That is, balance billing). In such situations, claims eligible for the balance bill advocacy services of the Price Protection Program may be initiated by the Member contacting the Claims Administrator. The Member will need to contact the Claims Administrator at the Customer Service telephone number listed on the Member's I.D. card. For claims that are ineligible for balance bill advocacy services of the Price Protection Program, the Member should still contact the Claims Administrator. Upon such notification, the Claims Administrator will resolve the balance-billing for claims ineligible for the balance bill advocacy services of the Price Protection Program.

Note that when the Member elects to see an Out-of-Network Hospital-Based Provider for follow-up care or any other service where the Member has the ability to select an In-Network Provider, the Covered Services will be covered at an Out-of-Network benefit level. Except for Emergency Care, if an Out-of-Network Provider admits the Member to a Hospital or other Facility Provider, Covered Services provided by an Out-of-Network Hospital-Based Provider will be reimbursed at the Out-of-Network benefit level. For such Covered Services, not successfully negotiated through the Price Protection Program, payment will be made to the Member and the Member will be responsible for

reimbursing the Out-of-Network Hospital-Based Provider. For payment of Covered Services provided by an Out-of-Network Professional Provider, please refer to the definition of "Covered Expense" in the ***Important Definitions*** section of this Benefit Booklet.

- Payment of Out-of-Network Providers

For Covered Services not successfully negotiated through the Price Protection Program, received from an Out-of-Network Provider, payment will be made directly to the Member and the Member will be responsible for reimbursing the Out-of-Network Provider. However, Claims Administrator reserves the right, in its sole discretion, to make payments directly to the Out-of-Network Provider.

- Assignment of Benefits to Providers

The right of a Member to receive benefit payments under this Program is personal to the Member and is not assignable in whole or in part to any person, Hospital, or other entity nor may benefits of this Program be transferred, either before or after Covered Services are rendered. However, a Member can assign benefit payments to the custodial parent of a Dependent covered under the Benefit Booklet, as required by law.

BlueCard Program

- Out-of-Area Services

Overview

The Claims Administrator has a variety of relationships with other Blue Cross and/or Blue Shield Licensees. Generally, these relationships are called "Inter-Plan Arrangements." These Inter-Plan Arrangements work based on rules and procedures issued by the Blue Cross Blue Shield Association ("Association"). Whenever the Member accesses healthcare services outside of the geographic area the Claims Administrator serves, the claims for these services may be processed through one of these Inter-Plan Arrangements. The Inter-Plan Arrangements are described below.

When the Member receives care outside of the Claims Administrator's service area, the Member will receive it from one of two kinds of providers. Most providers ("participating providers") contract with the local Blue Cross and/or Blue Shield Licensee in that other geographic area ("Host Blue"). Some providers ("nonparticipating providers") don't contract with the Host Blue. the Claims Administrator explains below how the Claims Administrator pays both kinds of providers.

Inter-Plan Arrangements Eligibility - Claim Types

All claim types are eligible to be processed through Inter-Plan Arrangements, as described above, except for all Dental Care Benefits except when paid as medical claims/benefits, and those Prescription Drug Benefits or Vision Care Benefits that may be administered by a third party contracted by the Claims Administrator to provide the specific service or services.

- BlueCard® Program
Under the BlueCard® Program, when the Member receives Covered Services within the geographic area served by a Host Blue, the Claims Administrator will remain responsible for doing what we agreed to in the contract. However, the Host Blue is responsible for contracting with and generally handling all interactions with its participating providers.

When the Member receives Covered Services outside the Claims Administrator's service area and the claim is processed through the BlueCard Program, the amount the Member pays for Covered Services is calculated based on the lower of:

- The billed charges for Covered Services; or
- The negotiated price that the Host Blue makes available to the Claims Administrator.

Often this "negotiated price" will be a simple discount that reflects an actual price that the Host Blue pays to the Member's healthcare provider. Sometimes, it is an estimated price that takes into account special arrangements with the Member's healthcare provider or provider group that may include types of settlements, incentive payments and/or other credits or charges. Occasionally, it may be an average price, based on a discount that results in expected average savings for similar types of healthcare providers after taking into account the same types of transactions as with an estimated price.

Estimated pricing and average pricing also take into account adjustments to correct for over- or underestimation of past pricing of claims, as noted above. However, such adjustments will not affect the price the Claims Administrator has used for the Member's claim because they will not be applied after a claim has already been paid.

- Special Cases: Value-Based Programs

BlueCard® Program

If the Member receives Covered Services under a Value-Based Program inside a Host Blue's service area, the Member will not be responsible for paying any of the Provider Incentives, risk-sharing, and/or Care Coordinator Fees that are a part of such an arrangement, except when a Host Blue passes these fees to the Claims Administrator through average pricing or fee schedule adjustments.

Value-Based Programs: Negotiated (non-BlueCard Program) Arrangements

If the Claims Administrator has entered into a Negotiated Arrangement with a Host Blue to provide Value-Based Programs to the Group on the Member's behalf, the Claims Administrator will follow the same procedures for Value-Based Programs administration and Care Coordinator Fees as noted above for the BlueCard Program.

- Nonparticipating Providers Outside the Claims Administrator's Service Area

- Member Liability Calculation

When Covered Services are provided outside of the Claims Administrator's service area by nonparticipating providers, the amount the Member pays for such services will normally be based on either the Host Blue's nonparticipating provider local payment or the pricing arrangements required by applicable state law. In these situations, the Member may be responsible for the difference between the amount that the nonparticipating provider bills and the payment the Claims Administrator will make for the Covered Services as set forth in this paragraph. Federal or state law, as applicable, will govern payments for out-of-network emergency services.

- Exceptions

In certain situations, the Claims Administrator may use other payment methods, such as billed charges for Covered Services, the payment we would make if the healthcare services had been obtained within our service area, or a special negotiated payment to determine the amount the Claims Administrator will pay for services provided by nonparticipating providers. In these situations, the Member may be liable for the difference between the amount that the nonparticipating provider bills and the payment the Claims Administrator will make for the Covered Services as set forth in this paragraph.

- Blue Cross Blue Shield Global Core

If the Member is outside the United States, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands (hereinafter "BlueCard service area"), the Member may be able to take advantage of the Blue Cross Blue Shield Global Core when accessing Covered Services. The Blue Cross Blue Shield Global Core is unlike the BlueCard Program available in the BlueCard service area in certain ways. For instance, although the Blue Cross Blue Shield Global Core assists the Member with accessing a network of inpatient, outpatient and professional providers, the network is not served by a Host Blue. As such, when the Member receives care from providers outside the BlueCard service area, the Member will typically have to pay the providers and submit the claims themselves to obtain reimbursement for these services.

If the Member needs medical assistance services (including locating a doctor or hospital) outside the BlueCard service area, the Member should call the Blue Cross Blue Shield Global Core Service Center at 1.800.810.BLUE (2583) (TTY: 711) or call collect at 1.804.673.1177 (TTY: 711), 24 hours a day, seven days a week. An assistance coordinator, working with a medical professional, can arrange a physician appointment or hospitalization, if necessary.

- Inpatient Services

In most cases, if the Member contacts the service center for assistance, hospitals will not require the Member to pay for covered inpatient services, except for the Member's deductibles, coinsurance, etc. In such cases, the hospital will submit the Member's claims to the service center to begin claims processing. However, if the Member paid in full at the time of service, the Member must submit a claim to receive reimbursement for Covered Services. **The Member must contact the Claims Administrator to obtain precertification for non-emergency inpatient services.**

- **Outpatient Services**
Physicians, urgent care centers and other outpatient providers located outside the BlueCard service area will typically require the Member to pay in full at the time of service. The Member must submit a claim to obtain reimbursement for Covered Services.

SERVICES AND SUPPLIES REQUIRING PRECERTIFICATION

Precertification Review

When required, Precertification review evaluates the Medical Necessity, including the appropriateness of the setting, of proposed services for coverage under the Member's benefit plan. Examples of these services include planned or elective Inpatient Admissions and selected Outpatient procedures. For groups located in the PPO Network service area, Precertification review may be initiated by the Provider or the Member depending on whether the Provider is a PPO Network Provider. For Member's located outside the Claims Administrator's PPO Network who are accessing BlueCard Providers, the Member is responsible for initiating or requesting the Provider to initiate the Precertification review (excluding Inpatient Admissions). Where Precertification review is required, the Claims Administrator's coverage of the proposed procedure is contingent upon the review being completed and receipt of the approval certification. Coverage penalties may be applied where Precertification review is required for a procedure but is not obtained.

While the majority of services requiring Precertification review are reviewed for Medical Necessity of the requested procedure setting (For example, Inpatient, Short Procedure Unit, or Outpatient setting), other elements of the Medical Necessity of the procedure may not always be evaluated and may be automatically approved based on the procedure or diagnosis for which the procedure is requested or an agreement with the performing provider. Precertification review is not required for Emergency services and is not performed where an agreement with the Claims Administrator's local In-Network Provider does not require such review.

The following information provides more specific information of this Program's Precertification requirements.

- Inpatient Pre-Admission Review
 - In-Network Inpatient Admissions
In accordance with the criteria and procedures described above, Inpatient Admissions, other than an Emergency or maternity admission, must be Precertified in accordance with the standards of the Claims Administrator as to the Medical Necessity of the admission. The Precertification requirements for Emergency admissions are set forth in the "Emergency Admission Review" subsection of this **General Information** section. An In-Network Hospital, Skilled Nursing Facility, or other Facility Provider in the Personal Choice Network will verify the Precertification at or before the time of admission. The Hospital, Skilled Nursing Facility or other Facility Provider, is responsible to Precertify an Inpatient Admission under the BlueCard Program. The Claims Administrator will not authorize the Hospital, Skilled Nursing Facility or other Facility Provider admission if Precertification is required and is not obtained in advance. For Member's who reside in the Claims Administrator's local Personal Choice Network service area, the Claims Administrator will hold the Member harmless and the Member will not be financially responsible for admissions to Hospitals, Skilled Nursing Facilities or other Facility

Providers in the Personal Choice Network which fail to conform to the pre-admission certification requirements unless:

- The Provider provides prior written notice that the admission will not be paid by the Claims Administrator; and
- The Member acknowledges this fact in writing together with a request to be admitted which states that the Member will assume financial liability for such Facility Provider admission.

– Out-of-Network Inpatient Admissions

For an Out-of-Network Inpatient Admission, the Member is responsible to have the admission (other than for an Emergency or maternity admission) certified in advance as an approved admission.

- To obtain Precertification, the Member is responsible to contact or have the admitting Physician or other Facility Provider contact the Claims Administrator prior to admission to the Hospital, Skilled Nursing Facility, or other Facility Provider. The Claims Administrator will notify the Member, admitting Physician and the Facility Provider of the determination. The Member is eligible for Inpatient benefits at the Out-of-Network level shown in the **Schedule of Covered Services** if, and only if, prior approval of such benefits has been certified in accordance with the provisions of this Benefit Booklet.
- If such prior approval for a Medically Necessary Inpatient Admission has not been certified as required, there will be a Penalty for non-compliance and the amount, as shown below, will be deemed not to be Covered Services under this Program. Such Penalty, and any difference in what is covered by the Claims Administrator and the Member's obligation to the Provider, will be the sole responsibility of, and payable by, the Member.

If a Member elects to be admitted to the Facility Provider after review and notification that the reason for admission is not approved for an Inpatient level of care, Inpatient benefits will not be provided and the Member will be financially liable for non-covered Inpatient charges.

- If Precertification is denied, the Member, the Physician or the Facility Provider may Appeal the determination and submit information in support of the claim for Inpatient benefits. A final determination concerning eligibility for Inpatient benefits will be made and the Member, Physician, or Facility Provider will be so notified.

▪ Emergency Admission Review

– In-Network Admissions

It is the responsibility of the In-Network Provider to notify the Claims Administrator of the In-Network Emergency admission.

– Out-of-Network Provider Admissions

- Members are responsible for notifying the Claims Administrator of an Out-of-Network Provider Emergency admission within two business days of the admission, or as soon as reasonably possible, as determined by the Claims Administrator.
- Failure to initiate Emergency admission review will result in a reduction in Covered Expense for Out-of-Network services. Such Penalty, as shown below, will be the sole responsibility of, and payable by, the Member.
- If the Member elects to remain hospitalized after the Claims Administrator and the attending Physician have determined that an Inpatient level of care is not Medically

Necessary, the Member will be financially liable for non-covered Inpatient charges from the date of notification.

- Concurrent and Retrospective Review

Concurrent review may be performed while services are being performed. This may occur during an Inpatient stay and typically evaluates the expected and current length of stay to determine if continued hospitalization is Medically Necessary. When performed, the review assesses the level of care provided to the Member and coordinates discharge planning. Concurrent review continues until the patient is discharged. Not all Inpatient stays are reviewed concurrently. Concurrent Review is generally not performed where an Inpatient Facility is paid based on a per case or diagnosis-related basis, or where an agreement with the Facility does not require such review.

Retrospective/Post Service review:

Retrospective review occurs after services have been provided. This may be for a variety of reasons, including the Claims Administrator not being notified of a Member's admission until after discharge or where medical charts are unavailable at the time of concurrent review. Certain services are only reviewed on a retrospective/post-service basis.

In addition to these standard utilization reviews, the Claims Administrator also may determine coverage of certain procedures and other benefits available to Members through Prenotification as required by the Member's benefit plan, and discharge planning.

Pre-notification. Pre-notification is advance notification to the Claims Administrator of an Inpatient Admission or Outpatient service where no Medical Necessity review is required, such as maternity admissions/deliveries. Pre-notification is primarily used to identify Members for Concurrent review needs, to ascertain discharge planning needs proactively, and to identify Members who may benefit from Case Management programs.

Discharge Planning. Discharge Planning is performed during an Inpatient Admission and is used to identify and coordinate a Member's needs and benefits coverage following the Inpatient stay, such as covered home care, ambulance transport, acute rehabilitation, or Skilled Nursing Facility placement. Discharge Planning involves the Claims Administrator's authorization of covered post-Hospital services and identifying and referring Members to Disease Management or Case Management benefits.

Selective Medical Review. In addition to the foregoing requirements, the Claims Administrator reserves the right, under its utilization and quality management programs, to perform a medical review prior to, during or following the performance of certain Covered Services ("Selective Medical Review") that are otherwise not subject to review as described above. In addition, the Claims Administrator reserves the right to waive medical review for certain Covered Services for certain Providers, if the Claims Administrator determines that those Providers have an established record of meeting the utilization and/or quality management standards for these Covered Services. Coverage penalties are not applied to Members where required Selective Medical Review is not obtained by the Provider.

Other Precertification Requirements

Precertification is required by the Claims Administrator in advance for certain services. **To obtain a list of services that require Precertification, please go to www.ibx.com/preapproval or call the Customer Service telephone number that is listed**

on the Member's Identification Card. When a Member plans to receive any of these listed procedures, the Claims Administrator will review the Medical Necessity for the procedure or treatment in accordance with the criteria and procedures described above and grant prior approval of benefits accordingly.

Surgical, diagnostic and other procedures, listed on the Precertification requirements list, that are performed during an Emergency, as determined by the Claims Administrator, do not require Precertification. However, the Claims Administrator should be notified within two business days of Emergency services for such procedures, or as soon as reasonably possible, as determined by the Claims Administrator.

- **In-Network Care**

In-Network Providers in the Personal Choice Network must contact the Claims Administrator to initiate Precertification. The Claims Administrator will verify the results of the Precertification with the Member and with the In-Network Provider. If the In-Network Provider is a BlueCard Provider, however, the Member must initiate Precertification (excluding Inpatient Admissions).

If such prior approval is not obtained and the Member undergoes the surgical, diagnostic or other procedure or treatment that requires Precertification, then benefits will be provided for Medically Necessary treatment, subject to a Penalty.

For In-Network Providers in the Personal Choice Network, the Claims Administrator will hold the Member harmless and the Member will not be financially responsible for this financial Penalty for the In-Network Provider's failure to comply with the Precertification requirements or determination, unless a Member elects to receive the treatment after review and written notification that the procedure is not covered as Medically Necessary. In which case benefits will not be provided and the Member will be financially liable for non-covered charges.

- **Out-of-Network Care**

For Out-of-Network Care and care provided by BlueCard Providers (excluding Inpatient Admissions), the Member is responsible to have the Provider performing the service contact the Claims Administrator to initiate Precertification. The Claims Administrator will verify the results of the Precertification with the Member and the Provider.

If such prior approval is not obtained and the Member undergoes the surgical, diagnostic or other procedure or treatment that requires Precertification, then benefits will be provided for Medically Necessary treatment, but the Provider's charge less any applicable Coinsurance, Copayments, Deductibles shall be subject to a Penalty, as reflected below. Such Penalty, and any difference in what is covered by the Claims Administrator and the Member's obligation to the Provider, will be the sole responsibility of, and payable by, the Member.

Precertification Penalty:

If the Provider is a BlueCard® Provider of another Blue Plan (excluding Inpatient Admissions) or the Member uses an Out-of-Network Provider, the Member must obtain Precertification if required. The Member will be subject to a 20% reduction in benefits if Precertification is not obtained.

In addition to the Precertification requirements referenced above, the Member should contact the Claims Administrator for certain categories of treatment (listed below) so that the Member will know prior to receiving treatment whether it is a Covered Service. This applies to In-Network Providers in the PPO Network and to Members (and their Providers) who elect to receive treatment provided by either BlueCard Providers or Out-of-Network Providers. Those categories of treatment (in any setting) include:

- Any surgical procedure that may be considered potentially cosmetic;
- Any procedure, treatment, drug or device that represents "emerging technology"; and
- Services that might be considered Experimental/Investigative.

The Member's Provider should be able to assist in determining whether a proposed treatment falls into one of these three categories. Also, the Claims Administrator encourages the Member's Provider to place the call for the Member.

For more information, please see the **Important Notices** section of this Benefit Booklet that pertain to Experimental/Investigative Services, Cosmetic services, Medically Necessary services and Emerging Technology.

Disease Management and Decision Support Programs

Disease Management and Decision Support programs help Members to be effective partners in their health care by providing information and support to Members with certain chronic conditions as well as those with everyday health concerns. Disease Management is a systematic, population-based approach that involves identifying Members with certain chronic diseases, intervening with specific information or support to follow Provider's treatment plan, and measuring clinical and other outcomes. Decision Support involves identifying Members who may be facing certain treatment option decisions and offering them information to assist in informed, collaborative decisions with their Physicians. Decision Support also includes the availability of general health information, personal health coaching, Provider information, or other programs to assist in health care decisions.

Disease Management interventions are designed to help Members manage their chronic condition in partnership with their Physician(s). Disease Management programs, when successful, can help such Members avoid long term complications, as well as relapses that would otherwise result in Hospital or Emergency room care. Disease Management programs also include outreach to Members to obtain needed preventive services, or other services recommended for chronic conditions. Information and support may occur in the form of telephonic health coaching, print, audio library or videotape, or Internet formats.

The Claims Administrator will utilize medical information such as claims data to operate the Disease Management or Decision Support program, (For example, to identify Members with chronic disease, to predict which Members would most likely benefit from these services, and to communicate results to the Member's treating Physician(s)). The Claims Administrator will decide what chronic conditions are included in the Disease Management or Decision Support program.

Participation by a Member in Disease Management or Decision Support programs is voluntary. A Member may continue in the Disease Management or Decision Support program until any of the following occurs:

- The Member notifies the Claims Administrator that they have declined participation;
- The Claims Administrator determines that the program, or aspects of the program, will not continue; or

- The Member's Employer decides not to offer the programs.

Out-Of-Area Care for Dependent Students

If an unmarried Dependent child is a full-time student in an Accredited Educational Institution located outside the area served by the local BlueCard network, the student may be eligible to receive Out-of-Network care at the In-Network level of benefits. Charges for treatment will be paid at the In-Network level of benefits when the Dependent student receives care from Providers as described in the "BlueCard Program" subsection of the **General Information** section. However, treatment provided by an educational facility's infirmary for Urgent Care, (For example, may also be paid at the In-Network level of benefits, but the Claims Administrator should be notified within 48 hours of treatment to insure Covered Services are treated as In-Network Covered Services). Nothing in this provision will act to continue coverage of a Dependent child past the date when such child's coverage would otherwise be terminated under this Program.

UTILIZATION REVIEW PROCESS AND CRITERIA

Utilization Review Process

A basic condition of IBC's, and its subsidiary QCC Insurance Company's ("the Claims Administrator") benefit plan coverage is that in order for a health care service to be covered or payable, the services must be Medically Necessary. To assist the Claims Administrator in making coverage determinations for requested health care services, the Claims Administrator uses established IBC Medical Policies and medical guidelines based on clinically credible evidence to determine the Medical Necessity of the requested services. The appropriateness of the requested setting in which the services are to be performed is part of this assessment. The process of determining the Medical Necessity of requested health care services for coverage determinations based on the benefits available under a Member's benefit plan is called utilization review.

It is not practical to verify Medical Necessity on all procedures on all occasions; therefore, certain procedures may be determined by the Claims Administrator to be Medically Necessary and automatically approved based on the accepted Medical Necessity of the procedure itself, the diagnosis reported or an agreement with the performing Provider. An example of such automatically approved services is an established list of services received in an Emergency room which has been approved by the Claims Administrator based on the procedure meeting Emergency criteria and the severity of diagnosis reported (For example, rule out myocardial infarction, or major trauma). Other requested services, such as certain elective Inpatient or Outpatient procedures may be reviewed on a procedure specific or setting basis.

Utilization review generally includes several components which are based on when the review is performed. When the review is required before a service is performed it is called a Precertification review. Reviews occurring during a hospital stay are called a concurrent review, and those reviews occurring after services have been performed are called either retrospective or post-service reviews. The Claims Administrator follows applicable state and federally required standards for the timeframes in which such reviews are to be performed.

Generally, where a requested service is not automatically approved and must undergo Medical Necessity review, nurses perform the initial case review and evaluation for coverage approval using the Claims Administrator's Medical Policies, established guidelines and evidence-based clinical criteria and protocols; however only a Medical Director employed by the Claims Administrator may deny coverage for a procedure based on Medical Necessity. The evidence-

based clinical protocols evaluate the Medical Necessity of specific procedures and the majority are computer-based. Information provided in support of the request is entered into the computer-based system and evaluated against the clinical protocols. Nurses apply applicable benefit plan policies and procedures, taking into consideration the individual Member's condition and applying sound professional judgment. When the clinical criteria are not met, the given service request is referred to a Medical Director for further review for approval or denial. Independent medical consultants may also be engaged to provide clinical review of specific cases or for specific conditions. Should a procedure be denied for coverage based on lack of Medical Necessity, a letter is sent to the requesting Provider and Member in accordance with applicable law.

The Claims Administrator's utilization review program encourages peer dialogue regarding coverage decisions based on Medical Necessity by providing Physicians with direct access to the Claims Administrator's Medical Directors to discuss coverage of a case. Medical Directors and nurses are salaried, and contracted external Physician and other professional consultants are compensated on a per case reviewed basis, regardless of the coverage determination. The Claims Administrator does not specifically reward or provide financial incentives to individuals performing utilization review services for issuing denials of coverage. There are no financial incentives for such individuals which would encourage utilization review decisions that result in underutilization.

Clinical Criteria, Guidelines and Resources

The following guidelines, clinical criteria and other resources are used to help make Medical Necessity coverage decisions:

Clinical Decision Support Criteria: Clinical Decision Support Criteria is an externally validated and computer-based system used to assist the Claims Administrator in determining Medical Necessity. This evidence-based, Clinical Decision Support Criteria is nationally recognized and validated. Using a model based on evaluating intensity of service and severity of illness, these criteria assist our clinical staff evaluating the Medical Necessity of coverage based on a Member's specific clinical needs. Clinical Decision Support Criteria helps promote consistency in the Claims Administrator's plan determinations for similar medical issues and requests, and reduces practice variation among the Claims Administrator's clinical staff to minimize subjective decision-making.

Clinical Decision Support Criteria may be applied for Covered Services including but not limited to the following:

- Some elective surgeries-settings for Inpatient and Outpatient procedures (For example, hysterectomy and sinus Surgery);
- Inpatient hospitalizations;
- Inpatient Rehabilitation;
- Home Health;
- Durable Medical Equipment;
- Skilled Nursing Facility.

Centers for Medicare and Medicaid Services (CMS) Guidelines: A set of guidelines adopted and published by CMS for coverage of services by Medicare for Medicare Members.

IBC Medical Policies: IBC maintains an internally developed set of policies that document the coverage and conditions for certain medical/surgical procedures and ancillary services.

Covered Services for which IBC's Medical Policies are applied include, but are not limited to:

- Ambulance;
- Infusion;
- Speech Therapy;
- Occupational Therapy;
- Durable Medical Equipment;
- Review of potential cosmetic procedures.

IBC (and QCC) Internally Developed Guidelines: A set of guidelines developed specifically by IBC (and QCC), as needed, with input by clinical experts based on accepted practice guidelines within the specific fields and reflecting IBC Medical Policies for coverage.

Delegation of Utilization Review Activities And Criteria

In certain instances, the Claims Administrator has delegated certain utilization review activities, including Precertification review, concurrent review, and Case Management, to integrated delivery systems and/or entities with an expertise in medical management of a certain membership population (such as, Neonates/premature infants) or type of benefit or service (such as mental health/psychiatric care and Alcohol and Drug Abuse or radiology). In such instances, a formal delegation and oversight process is established in accordance with applicable law and nationally-recognized accreditation standards. In such cases, the delegate's utilization review criteria are generally used, with the Claims Administrator's approval.

Utilization Review and Criteria for Mental Health/Psychiatric Care and Alcohol and Drug Abuse Services

Utilization Review activities for mental health/psychiatric care and Alcohol and Drug Abuse services have been delegated by IBC (and QCC) to a behavioral health management company, which administers the mental health/psychiatric care and Alcohol and Drug Abuse benefits for the majority of the Claims Administrator's Members.

COORDINATION OF BENEFITS

Coordination of Benefits

This Program's Coordination of Benefits (COB) provision is designed to conserve funds associated with health care.

▪ Definitions

In addition to the Definitions of this Program for purposes of this provision only: "Plan" shall mean any group arrangement providing health care benefits or Covered Services through:

- Individual, group, (except hospital indemnity plans), blanket (except student accident) or franchise insurance coverage;
- The Plan, health maintenance organization and other prepayment coverage;
- Coverage under labor management trusted plans, union welfare plans, Employer organization plans, or Employee benefit organization plans; and
- Coverage under any tax supported or government program to the extent permitted by law.

▪ Determination of Benefits

COB applies when an Employee has health care coverage under any other group health care plan (Plan) for services covered under this Program, or when the Employee has coverage under any tax-supported or governmental program unless such program's benefits are, to the extent permitted by law, excess to those of any private insurance coverage.

When COB applies, payments may be coordinated between the Claims Administrator and the other Plan in order to avoid duplication of benefits.

Benefits under this Program will be provided in full when the Claims Administrator is primary, that is, when the Claims Administrator determines benefits first. If another Plan is primary, the Claims Administrator will provide benefits as described below.

When an Employee has group health care coverage under this Program and another Plan, the following will apply to determine which coverage is primary:

- If the other Plan does not include rules for coordinating benefits, such other Plan will be primary.
 - If the other Plan includes rules for coordinating benefits:
 - The Plan covering the patient other than as a Dependent shall be primary.
 - The Plan covering the patient as a Dependent of the parent whose date of birth, excluding year of birth, occurs earlier in the calendar year shall be primary, unless the child's parents are separated or divorced and there is no joint custody agreement. If both parents have the same birthday, the Plan which covered the parent longer shall be primary.
 - Except as provided in the following paragraph, if the child's parents are separated or divorced and there is no joint custody agreement, benefits for the child are determined as follows:
 - ❖ First, the Plan covering the child as a Dependent of the parent with custody;
 - ❖ Then, the Plan of the spouse of the parent with custody of the child;
 - ❖ Finally, the Plan of the parent not having custody of the child.
 - When there is a court decree which establishes financial responsibility for the health care expenses of the Dependent child and the Plan covering the parent with such financial responsibility has actual knowledge of the court decree, benefits of that Plan are determined first.
 - If the specific terms of the court decree state that the parents shall share joint custody, without stating that one of the parents is responsible for the health care expenses of the child, the Plans covering the child shall follow the order of benefit determination rules outlined above in the paragraph that begins "The Plan covering the patient as a Dependent...".
 - The Plan covering the patient as an Employee who is neither laid off nor retired (or as that Employee's Dependent) is primary to a Plan which covers that patient as a laid off or retired Employee (or as that Employee's Dependent). However, if the other Plan does not have the rule described immediately above and if, as a result, the Plans do not agree on the order of benefits, this rule does not apply.
 - If none of the above rules apply, the Plan which covered the Employee longer shall be primary.
- Effect on Benefits
 When the Claims Administrator's Plan is secondary, the benefits under this Program will be reduced so that the Claims Administrator will pay no more than the difference, if any, between the benefits provided under the other Plan for services covered under this Program and the total Covered Services provided to the Employee. Benefits payable under another Plan include benefits that would have been payable had the claim been duly made therefore. In no event will the Claims Administrator payment exceed the amount that would have been payable under this Program if the Claims Administrator were primary.

When the benefits are reduced under the primary Plan because an Employee does not comply with the Plan provision, or does not maximize benefits available under the primary Plan, the amount of such reduction will not be considered an allowable benefit. Examples of such provisions are Penalties and increased Coinsurance related to Precertification of admissions and services, In-Network Provider arrangements and other cost-sharing features.

Certain facts are needed to apply COB. The Claims Administrator has the right to decide which facts are needed. The Claims Administrator may, without consent of or notice to any person, release to or obtain from any other organization or person any information, with respect to any person, which the Claims Administrator deems necessary for such purposes. Any person claiming benefits under this Program shall furnish to the Claims Administrator such information as may be necessary to implement this provision. The Claims Administrator, however, shall not be required to determine the existence of any other Plan or the amount of benefits payable under any such Plan, and the payment of benefits under this Program shall be affected by the benefits that would be payable under any and all other Plans only to the extent that the Claims Administrator is furnished with information relative to such other Plans.

- Right of Recovery

Whenever payments which should have been made under this Program in accordance with this provision have been made under any other Plan, the Claims Administrator shall have the right, exercisable alone and in its sole discretion, to pay over to any organization making such other payments any amounts it shall determine to be warranted in order to satisfy the intent of this provision. Amounts so paid shall be deemed to be benefits provided under this Program and, to the extent of such payments, the Claims Administrator shall be fully discharged from liability under this Program.

Whenever payments have been made by the Claims Administrator in a total amount, at any time, in excess of the maximum amount of payment necessary at that time to satisfy the intent of this provision, irrespective of to whom paid, the Claims Administrator shall have the right to recover such payments to the extent of such excess from among one or more of the following, as the Claims Administrator shall determine:

- The person the Claims Administrator has paid or for whom they have paid;
- Insurance companies; or
- Any other organizations.

The Member, on the Member's own behalf and on behalf of the Member's Dependents, shall, upon request, execute and deliver such instruments and papers as may be required and do whatever else is reasonably necessary to secure such rights to the Claims Administrator.

SUBROGATION AND REIMBURSEMENT RIGHTS

By accepting benefits for Covered Services, the Member agrees that the Claims Administrator has the right to enforce subrogation and reimbursement rights. This section explains these rights and the responsibilities of each Member pertaining to subrogation and reimbursement. The term Member includes Eligible Dependents. The term Responsible Third Party refers to any person or entity, including any insurance company, health benefits plan or other third party, that has an obligation (whether by contract, common law or otherwise) to pay damages, pay

compensation, provide benefits or make any type of payment to the Member for an injury or illness.

The Claims Administrator or the Plan Administrator, as applicable, retains full discretionary authority to interpret and apply these subrogation and reimbursement rights based on the facts presented.

Subrogation Rights

Subrogation rights arise when the Claims Administrator pays benefits on behalf of a Member and the Member has a right to receive damages, compensation, benefits or payments of any kind (whether by a court judgment, settlement or otherwise) from a Responsible Third Party. The Claims Administrator is subrogated to the Member's right to recover from the Responsible Third Party. This means that the Claims Administrator "stands in your shoes" - and assumes the Member's right to pursue and receive the damages, compensation, benefits or payments from the Responsible Third Party to the full extent that the Claims Administrator has reimbursed the Member for medical expenses or paid medical expenses on the Member's behalf, plus the costs and fees that are incurred by the Claims Administrator to enforce these rights. The right to pursue a subrogation claim is not contingent upon whether or not the Member pursues the Responsible Third Party for any recovery.

Reimbursement Rights

If a Member obtains any recovery - regardless of how it's described or structured - from a Responsible Third Party, the Member must fully reimburse the Claims Administrator for all medical expenses that were paid to the Member or on the Member's behalf, plus the costs and fees that are incurred by the Claims Administrator to enforce these rights. The Claims Administrator has a right to full reimbursement.

Lien

By accepting benefits for Covered Services from the Claims Administrator, the Member agrees to a first priority equitable lien by agreement on any payment, reimbursement, settlement or judgment received by the Member, or anyone acting on the Member's behalf, from any Responsible Third Party. As a result, the Member must repay to the Claims Administrator the full amount of the medical expenses that were paid to the Member or on the Member's behalf out of the amounts recovered from the Responsible Third Party (plus the costs and fees that are incurred by the Claims Administrator to enforce these rights) first, before funds are allotted toward any other form of damages, whether or not there is an admission of fault or liability by the Responsible Third Party. The Claims Administrator has a lien on any amounts recovered by the Member from a Responsible Third Party, regardless of whether or not the amount is designated as payment for medical expenses. This lien will remain in effect until the Claims Administrator is reimbursed in full.

Constructive Trust

If the Member (or anyone acting on the Member's behalf) receive damages, compensation, benefits or payments of any type from a Responsible Third Party (whether by a court judgment, settlement or otherwise), the Member agrees to maintain the funds in a separate, identifiable account and that the Claims Administrator has a lien on the monies. In addition the Member agrees to serve as the trustee over the monies for the benefit of Claims Administrator to the full extent that the Claims Administrator has reimbursed the Member for medical expenses or paid medical expenses on the member's behalf, plus the attorney's fees and the costs of collection incurred by the Claims Administrator.

- These subrogation and reimbursement rights apply regardless of whether money is received through a court decision, settlement, or any other type of resolution.
- These subrogation and reimbursement rights apply even if the recovery is designated or described as covering damages other than medical expenses (such as property damage or pain and suffering).
- These subrogation and reimbursement rights apply with respect to any recoveries made by the Member, including amounts recovered under an uninsured or underinsured motorist policy.
- The Claims Administrator is entitled to recover the full amount of the benefits paid to the Member or on the Member's behalf plus the costs and fees that are incurred by the Claims Administrator to enforce these rights without regard to whether the Member has been made whole or received full compensation for other damages (including property damage or pain and suffering). The recovery rights of the Claims Administrator will not be reduced by the "made whole" doctrine or "double recovery" doctrine.
- The Claims Administrator will not pay, offset any recovery, or in any way be responsible for attorneys' fees or costs associated with pursuing a claim against a Responsible Third Party unless the Claims Administrator agrees to do so in writing. The recovery rights of the Claims Administrator will not be reduced by the "common fund" doctrine.
- In addition to any Coordination of Benefits rules described in this Benefit Booklet, the benefits paid by the Claims Administrator will be secondary to any no-fault auto insurance benefits and to any worker's compensation benefits (no matter how any settlement or award is characterized) to the fullest extent permitted by law.
- These subrogation and reimbursement rights apply and will not be decreased, restricted, or eliminated in any way if the Member receives or has the right to recover no-fault insurance benefits. All rights under this section are enforceable against the heirs, estate, legal guardians or legal representatives of the Member.
- The Claims Administrator is entitled to recover the full amount of the medical benefits paid without regard to any claim of fault on the Member's part.

Obligations of Member

- Immediately notify the Claims Administrator or its designee in writing if the Member asserts a claim against a Responsible Third Party, whether informally or through judicial or administrative proceedings.
- Immediately notify the Claims Administrator or its designee in writing whenever a Responsible Third Party contacts the Member or the Member's representative – or the Member or the Member's representative contact a Responsible Third Party - to discuss a potential settlement or resolution.
- Refuse any offer to settle, adjust or resolve a claim for damages, benefits or compensation that involves an injury, illness or medical expenses in any way, unless and until the Member receives written authorization from the Claims Administrator or its delegated representative.
- Fully cooperate with the Claims Administrator and its designated representative, as needed, to allow for the enforcement of these subrogation and reimbursement rights and promptly

supply information/documentation when requested and promptly execute any and all forms/documents that may be needed.

- Avoid taking any action that may prejudice or harm the Claims Administrator ability to enforce these subrogation and reimbursement rights to the fullest extent possible.
- Fully reimburse the Claims Administrator or its designated representative immediately upon receiving compensation of any kind (whether by court judgment, settlement or otherwise) from a Responsible Third Party.
- Serve as trustee for any and all monies paid to (or payable to) the Member or for the Member's benefit by any Responsible Third Party to the full extent the Claims Administrator paid benefits for an injury or illness.
- All of these Obligations apply to the heirs, estate, legal guardians or legal representatives of the Member.

IMPORTANT: Failure to Cooperate

If the Member fails or refuses to sign forms or documents as requested or otherwise fail or refuse to cooperate or abide by any of the obligations described above, the Claims Administrator or Plan Administrator, as applicable, has full discretion and authority to reduce or withhold benefit payments to recover subrogation/reimbursement amounts that are owed and/or to terminate the Member's participation in the Program.

CLAIM PROCEDURES

How To File A Claim

Most BlueCard Providers will file claims for the Member. The Member should present their Identification Card at the time the services are performed. The Member may call 1-800-810-BLUE (2583) (TTY: 711) for assistance in finding BlueCard In-Network Providers. When the Member receives care from an Out-of-Network Provider, the Member will need to file a claim to receive benefits. If the Member does not have a claim form, the Member should call the number listed on the Member's Identification Card, and a claim form will be sent to the Member. The Member should fill out the claim form and return it with their itemized bills to the Claims Administrator at the address listed on the claim form no later than 20 days after completion of the Covered Services. The claim should include the following information:

- The Member's name and address;
- Date of Service;
- Type of service and diagnosis;
- Itemized charges; and
- Provider's complete name and address.

An expense will be considered Incurred on the date the service or supply was rendered.

If it was not possible to file the claim within the 20-day period, the Member's benefits will not be reduced, but in no event will the Claims Administrator be required to accept the claim more than 12 months after the end of the Benefit Period in which the Covered Services are rendered.

Release Of Information

Each Member agrees that any person or entity having information relating to an illness or injury for which benefits are claimed under this Program may furnish to the Claims Administrator, upon its request, any information (including copies of records relating to the illness or injury). In addition, the Claims Administrator may furnish similar information to other entities providing similar benefits at their request.

The Claims Administrator may furnish other plans or plan sponsored entities with membership and/or coverage information for the purpose of claims processing or facilitating patient care.

When the Claims Administrator needs to obtain consent for the release of personal health information, authorization of care and treatment, or to have access to information from a Member who is unable to provide it, the Claims Administrator will obtain consent from the parent, legal guardian, next of kin, or other individual with appropriate legal authority to make decisions on behalf of the Member.

Limitation Of Actions

No legal action may be taken to recover benefits prior to 60 days after notice of claim has been given as specified above, and no such action may be taken later than three years after the date Covered Services are rendered.

Claim Forms

The Claims Administrator will furnish to the Member or to the Group, for delivery to the Member, such claim forms as are required for filing proof of loss for Covered Services provided by Out-of-Network Providers.

Timely Filing

The Claims Administrator will not be liable under this Program unless proper notice is furnished to the Claims Administrator that Covered Services have been rendered to a Member. Written notice must be given within 90 days after completion of the Covered Services. The notice must include the date and information required by the Claims Administrator to determine benefits. An expense will be considered Incurred on the date the service or supply was rendered.

Failure to give notice to the Claims Administrator within the time specified will not reduce any benefit if it is shown that the notice was given as soon as reasonably possible, but in no event will the Claims Administrator be required to accept notice more than 12 months after the end of the Benefit Period in which the Covered Services are rendered.

The above is not applicable to claims administered by In-Network Providers.

Time of Payment of Claims

Claim payments for benefits payable under this Program will be processed immediately upon receipt of due written proof of loss. Subject to due written proof of loss, all benefits for loss for which this Program provides periodic benefits will be paid not more than 30 days after receipt of proof of loss and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

Payment of Claims

If any indemnity of this Program shall be payable to the estate of the Member, or to a Member or beneficiary who is a minor or otherwise not competent to give a valid release, the Claims Administrator may pay such indemnity, up to an amount not exceeding \$1,000, to any relative by blood or connection by marriage of the Member or beneficiary who is deemed by the Claims Administrator to be equitably entitled thereto. Any payment made by the Claims Administrator in good faith pursuant to this provision shall fully discharge the Claims Administrator to the extent of such payment.

Physical Examinations and Autopsy

The Claims Administrator at its own expense shall have the right and opportunity to examine the Member when and so often as it may reasonably require during the pendency of claim under this Program; and the Claims Administrator shall also have the right and opportunity to make an autopsy in case of death, where it is not prohibited by law.

Special Circumstances

In the event that Special Circumstances result in a severe impact to the availability of providers and services, to the procedures required for obtaining benefits for Covered Services under this Program (For example, obtaining Precertification, use of In-Network Providers), or to the administration of this Program by the Claims Administrator, the Claims Administrator may on a selective basis, waive certain procedural requirements of this Program. Such waiver shall be specific as to the requirements that are waived and shall last for such period as required by the Special Circumstances as defined below.

The Claims Administrator shall make a good faith effort to provide access to Covered Services in so far as practical and according to its best judgment. Neither the Claims Administrator nor the Providers in the Claims Administrator's PPO network shall incur liability or obligation for delay or failure to provide or arrange for Covered Services if such failure or delay is caused by Special Circumstances.

Special Circumstances as recognized in the community, and by the Claims Administrator and appropriate regulatory authority, are extraordinary circumstances not within the control of the Claims Administrator, including but not limited to:

- Major disaster;
- Epidemic;
- Pandemic;
- The complete or partial destruction of facilities;
- Riot; or
- Civil insurrection.

COMPLAINT AND APPEAL PROCESS

Member Complaint Process

The Claims Administrator has a process for Members to express complaints. To register a Complaint, Members should call the Member Services Department at the telephone number on their Identification Card or write to the Claims Administrator at the following address:

General Correspondence
1901 Market Street
Philadelphia, PA 19103

Most Member concerns are resolved informally at this level. However, if the Claims Administrator is unable to immediately resolve the Member Complaint, it will be investigated, and the Member will receive a response in writing within 30 days.

Member Appeal Process

Filing an Appeal. The Claims Administrator maintains procedures for the resolution of Member Appeals. Member Appeals may be filed within 180 days of the receipt of a decision from the Claims Administrator stating an adverse benefit determination. An Appeal occurs when the Member or, after obtaining the Member's authorization, either the Provider or another authorized representative requests a change of a previous decision made by the Claims Administrator by following the procedures described here. (In order to authorize someone else to be the Member's representative for the Appeal, the Member must complete a valid authorization form. The Member must contact the Claims Administrator as directed below to

obtain a “Member/Enrollee Authorization to Appeal by Provider or Other Representative” form or for questions regarding the requirements for an authorized representative.)

The Member or other authorized person on behalf of the Member, may request an Appeal by calling or writing to the Claims Administrator, as defined in the letter notifying the Member of the decision or as follows:

Member Appeals Department
P.O. Box 41820
Philadelphia, PA, 19101-1820

Toll Free Phone: 1-888-671-5276 (TTY: 711)
Toll Free Fax: 1-888-671-5274 or
Phila. Fax: 215-988-6558

Changes in Member Appeals Process. Please note that the Member Appeals process may change at any time due to changes in the applicable state and federal laws and regulations and/or accreditation standards, to improve or facilitate the Member Appeals process, or to reflect other decisions regarding the administration of Member Appeals process for this Program.

Copies of the Member Appeals Process Descriptions. Descriptions of the timeframes and procedures for the Member Appeals process maintained by the Claims Administrator are available from the following sources:

On the Internet at the Website for the Member’s Health Plan. Copies are available there at any time. To see samples of the Member Appeals process, search for “member appeals” in the general search engine. To review a description of the Member Appeals process for the Member’s health plan, the Member must log in with the Member’s personalized password.

Customer Service. To obtain a description of the Member Appeals process for the Member’s health plan, call Customer Service at the telephone number listed on the Member’s Identification Card. Customer Service will mail the Member a copy of the description.

When an Appeal is Filed. As part of the Member Appeal process, a description is provided for the type of Member Appeal that has been filed. The description is sent with the acknowledgment letter for the Member Appeal.

IMPORTANT DEFINITIONS

The terms below have the following meaning when describing the benefits in this Benefit Booklet. They will be helpful to you (the Member) in fully understanding your benefits.

Accidental Injury

Injury to the body that is solely caused by an accident, and not by any other causes.

Accredited Educational Institution

A publicly or privately operated academic institution of higher learning which:

- Provides recognized courses or a course of instruction.
- Confers any of the following, when a student completes the course of study:
 - A diploma;
 - A degree; or
 - Another recognized certification of completion.
- Is duly recognized, and declared as such, by the appropriate authority, as follows:
 - An authority of the state in which such institution must also be accredited by a nationally recognized accrediting association as recognized by the United States Secretary of Education.

The definition may include, but is not limited to Colleges and Universities; and Technical or specialized schools.

Acupuncture

A therapeutic procedure performed by the insertion of one or more specially manufactured solid metallic needles into a specific location(s) on the body. The intent is to stimulate Acupuncture points, with or without subsequent manual manipulation.

Alcohol Or Drug Abuse And Dependency

Any use of alcohol or other drugs which produces a pattern of pathological use that:

- Causes impairment in the way people relate to others; or
- Causes impairment in the way people function in their jobs or careers; or
- Produces a dependency that makes a person physically ill, when the alcohol or drug is taken away.

Alternative Therapies/Complementary Medicine

Complementary and alternative medicine, is defined as a group of diverse medical and health care systems, practices, and products, currently not considered to be part of conventional medicine based on recognition by the National Institutes of Health.

Ambulatory Surgical Facility

A facility operated, licensed or approved as an Ambulatory Surgical Facility by the responsible state agency, which provides specialty or multispecialty Outpatient surgical treatment or procedure that is not located on the premises of a Hospital.

It is a Facility Provider which:

- Has an organized staff of Physicians;
- Is licensed as required; and

- Has been approved by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); or
- Has been approved by the Accreditation Association for Ambulatory Health Care, Inc.; or
- Has been approved by the Claims Administrator.

It is also a Facility Provider which:

- Has permanent facilities and equipment for the primary purposes of performing surgical procedures on an Outpatient basis;
- Provides treatment, by or under the supervision of Physicians and nursing services, whenever the patient is in the facility;
- Does not provide Inpatient accommodations; and
- Is not, other than incidentally, a facility used as an office or clinic for the private practice of a Professional Provider.

Ancillary Service Provider

An individual or entity that provides Covered Services, supplies or equipment such as, but not limited to:

- Infusion Therapy Services;
- Durable Medical Equipment; and
- Ambulance services.

Anesthesia

The process of giving the Member an approved drug or agent, in order to:

- Cause the Member's muscles to relax;
- Cause the Member to lose feeling; or
- Cause the Member to lose consciousness.

Appeal

A request by a Member, or the Member's representative or Provider, acting on the Member's behalf upon written consent, to change a previous decision made by the Claims Administrator.

- **Administrative Appeal:** An Appeal by or on behalf of a Member that focuses on unresolved disputes or objections regarding coverage terms such as contract exclusions and non-covered benefits. Administrative Appeal may present issues related to Medical Necessity, but these are not the primary issues that affect the outcome of the Appeal.
- **Medical Necessity Appeal:** A request for the Claims Administrator to change its decision, based primarily on Medical Necessity, to deny or limit the provision of a Covered Service.
- **Expedited Appeal:** A faster review of a Medical Necessity Appeal, conducted when the Claims Administrator determines that a delay in decision making would seriously jeopardize the Member's life, health, or ability to regain maximum function.

Applicant And Employee/Member

You, the Employee who applies for coverage under the Program.

Application And Application Card

The request of the Applicant for coverage:

- Either written or via electronic transfer; and
- Set forth in a format approved by the Claims Administrator.

Attention Deficit Disorder

A disease that makes a person have a hard time paying attention; be too impulsive; and be overly active.

Autism Service Provider

A person, entity or group that provides treatment of Autism Spectrum Disorders (ASD), using an ASD Treatment Plan, and that is either:

- Licensed or certified in this Commonwealth; or
- Enrolled in the Commonwealth's medical assistance program on or before the effective date of the Pennsylvania Autism Spectrum Disorders law.

An Autism Service Provider shall include a Behavioral Specialist.

Autism Spectrum Disorders (ASD)

Any of the Pervasive Developmental Disorders defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), or its successor.

Autism Spectrum Disorders Treatment Plan (ASD Treatment Plan)

A plan for the treatment of Autism Spectrum Disorders:

- Developed by: A licensed Physician or licensed Psychologist who is a Professional Provider; and
- Based on: A comprehensive evaluation or reevaluation, performed in a manner consistent with the most recent clinical report or recommendations of the American Academy of Pediatrics.

Behavioral Specialist

An individual with appropriate certification or licensure by the applicable state, who designs, implements or evaluates a behavior modification intervention component of an ASD (Autism Spectrum Disorder) Treatment Plan, through Applied Behavioral Analysis which includes:

- Skill acquisition and reduction of problematic behavior;
- Improve function and/or behavior significantly; or
- Prevent loss of attained skill or function.

Benefit Period

The specified period of time as shown in the ***Schedule of Covered Services*** within which the Member has to use Covered Services in order to be eligible for payment by their Claims Administrator. A charge shall be considered Incurred on the date the service or supply was provided to the Member.

Birth Center

A Facility Provider approved by the Claims Administrator which:

- Is primarily organized and staffed to provide maternity care;
- Is where a woman can go to receive maternity care and give birth;
- Is licensed as required in the state where it is situated; and
- Is under the supervision of a Physician or a licensed certified midwife.

BlueCard Program

A program that allows a Member travelling or living outside of their plan's area to receive coverage for services at an "In-Network" benefit level if the Member receives services from Blue Cross Blue Shield providers that participate in the BlueCard Program.

BlueCard Provider

A Provider that participates in the BlueCard Program as an In-Network Provider.

Care Coordinator Fee

A fixed amount paid by a /Blue Cross and/or Blue Shield Licensee to providers periodically for Care Coordination under a Value-Based Program.

Case Management

Comprehensive Case Management programs serve Members who have been diagnosed with an illness or injury that is complex, catastrophic, or chronic.

The objectives of Case Management are to:

- Make it easier for Members to get the service and care they need in an efficient way;
- Link the Member with appropriate health care or support services;
- Assist Providers in coordinating prescribed services;
- Monitor the quality of services delivered; and
- Improve Members' health outcomes.

Case Management supports Members and Providers by:

- Locating services;
- Coordinating services; and/or
- Evaluating services.

These steps are taken, across various levels and sites of care, for a Member who has been diagnosed with a complex, catastrophic or chronic illness and/or injury.

Certified Registered Nurse

Any one of the following types of nurses who are certified by the state Board of Nursing or a national nursing organization recognized by the State Board of Nursing:

- A certified registered nurse anesthetist;
- A certified community health nurse;
- A certified registered nurse practitioner;
- A certified psychiatric mental health nurse; or
- A certified entrestomal therapy nurse;
- A certified clinical nurse specialist.

This excludes any registered professional nurses employed by:

- A health care facility; or
- An anesthesiology group.

Cognitive Rehabilitation Therapy

Cognitive rehabilitation is a medically prescribed, multidisciplinary approach that consists of tasks that:

- Establish new ways for a person to compensate for brain function that has been lost due to injury, trauma, stroke, or encephalopathy; or
- Reinforce or re-establish previously learned patterns of behavior.

It consists of a variety of therapy modalities which lessen and ease problems caused by deficits in:

- Attention;
- Visual processing;
- Language;
- Memory;
- Reasoning; and
- Problem solving.

Cognitive rehabilitation is performed by any of the following professionals, using a team approach:

- A Physician;
- A neuropsychologist;
- A Psychologist; as well as, a physical, occupational or speech therapist.

Coinsurance

A type of cost-sharing in which the Member assumes a percentage of the Covered Expense for Covered Services (such as 20%). The Coinsurance percentage is listed in the ***Schedule of Covered Services***.

It is the amount that the Member is obliged to pay for covered medical services, after the Member has satisfied any Copayment(s) or Deductible(s) required by this Program.

Compendia

Compendia are reference documents used by the Claims Administrator to determine if a prescription drug should be covered. Compendia provide:

- Summaries of how drugs work;
- Information about which drugs are recommended to treat specific diseases; and
- The appropriate dosing schedule for each drug.

Over the years, some Compendia have merged with other publications. The Claims Administrator only reviews current Compendia when making coverage decisions.

Complaint

Any expression of dissatisfaction, verbal or written, by a Member.

Conditions For Departments (for Qualifying Clinical Trials)

The conditions described in this paragraph, for a study or investigation conducted by the Department of Veteran Affairs, Defense or Energy, are that the study or investigation has been reviewed and approved through a system of peer review that the Government determines:

- To be comparable to the system of peer review of studies and investigations used by the National Institutes of Health (NIH); and
- Assures unbiased review of the highest scientific standards by Qualified Individuals who have no interest in the outcome of the review.

Consumable Medical Supply

Non-durable medical supplies that cannot withstand repeated use, are usually disposable, and are generally not useful to a person in the absence of illness or injury.

Copayment

A type of cost-sharing in which the Member pays a flat dollar amount each time a Covered Service is provided (such as a \$10 or \$15 Copayment per office visit). Copayments, if any, are identified in the ***Schedule of Covered Services***.

Covered Expense

Refers to the basis on which a Member's Deductibles, Coinsurance, benefit Maximums and benefits are calculated.

- For Covered Services provided by a Facility Provider, the term "Covered Expense" means the following:
 - For Covered Services provided by an In-Network Facility or BlueCard Provider, "Covered Expense" for Outpatient services means the amount payable to the Provider under the contractual arrangement in effect with the Claims Administrator or the BlueCard Provider.
 - For Covered Services provided by an In-Network Facility or BlueCard Provider, "Covered Expense" for Inpatient services means the amount payable to the Provider under the contractual arrangement in effect with the Claims Administrator or the BlueCard Provider.
 - For Covered Services provided by an Out-of-Network Facility Provider, not successfully negotiated through the Price Protection Program, "Covered Expense" for Outpatient services means the lesser of the Medicare Allowable Payment for Facilities or the Facility Provider's charges. For Covered Services that are not recognized or reimbursed by the Medicare traditional program, the amount is determined by reimbursing the lesser of the Claims Administrator's applicable proprietary fee schedule or the Provider's charges. For Covered Services not recognized or reimbursed by the Medicare traditional program or the Claims Administrator's applicable proprietary fee schedule, the amount is determined by reimbursing 50% of the Facility Provider's charges for Covered Services.
 - For Covered Services provided by an Out-of-Network Facility Provider, not successfully negotiated through the Price Protection Program, "Covered Expense" for Inpatient services means the lesser of the Medicare Allowable Payment for Facilities or the Facility Provider's charges. For Covered Services that are not recognized or reimbursed by the Medicare traditional program, the amount is determined by reimbursing the lesser of the Claims Administrator's applicable proprietary fee schedule or the Provider's charges. For Covered Services not recognized or reimbursed by the Medicare traditional program or the Claims Administrator's applicable proprietary fee schedule, the amount is determined by the applicable Claims Administrator's proprietary fee schedule for the closest analogous Covered Service.
- For Covered Services provided by a Professional Provider, "Covered Expense" means the following:
 - For Covered Services by an In-Network Professional Provider or BlueCard Provider, "Covered Expense" means the rate of reimbursement for Covered Services that the Professional Provider has agreed to accept as set forth by contract with the Claims Administrator, or the BlueCard Provider;

- For an Out-of-Network Professional Provider, not successfully negotiated through the Price Protection Program, "Covered Expense" means the lesser of the Medicare Professional Allowable Payment or of the Provider's charges for Covered Services. For Covered Services that are not recognized or reimbursed by the Medicare traditional program, the amount is determined by reimbursing the lesser of the Claims Administrator's applicable proprietary fee schedule or the Provider's charges. For Covered Services not recognized or reimbursed by the Medicare traditional program or the Claims Administrator's applicable proprietary fee schedule, the amount is determined by reimbursing 50% of the Professional Provider's charges for Covered Services.
- For Covered Services provided by an Ancillary Service Provider, "Covered Expense" means the following:
 - For Covered Services provided by an In-Network Ancillary Service Provider or BlueCard Provider "Covered Expense" means the amount payable to the Provider under the contractual arrangement in effect with the Claims Administrator or BlueCard Provider.
 - For Covered Services provided by an Out-of-Network Ancillary Service Provider, not successfully negotiated through the Price Protection Program, "Covered Expense" means the lesser of the Medicare Ancillary Allowable Payment or the Provider's charges. For Covered Services that are not recognized or reimbursed by the Medicare traditional program, the amount is determined by reimbursing the lesser of the Claims Administrator's applicable proprietary fee schedule or the Provider's charges. For Covered Services not recognized or reimbursed by the Medicare traditional program or the Claims Administrator's applicable proprietary fee schedule, the amount is determined by reimbursing 50% of the Out-of-Network Ancillary Service Provider's charges for Covered Services.
- Nothing in this section shall be construed to mean that the Claims Administrator would provide coverage for services other than Covered Services.

Covered Service

A service or supply specified in this Benefit Booklet for which benefits will be provided by the Claims Administrator.

Custodial Care (Domiciliary Care)

Care provided primarily for Maintenance of the patient or care which is designed essentially:

- To assist the patient in meeting their activities of daily living; and
- Which is not primarily provided for its therapeutic value in the treatment of an illness, disease, bodily injury, or condition.

Custodial Care includes help in tasks which do not require the technical skills or professional training of medical or nursing personnel in order to be performed safely and effectively.

Such tasks include, but are not limited to:

- Walking;
- Bathing;
- Dressing;
- Feeding;
- Preparation of special diets; and
- Supervision over self-administration of medications.

Day Rehabilitation Program

A level of Outpatient Care consisting of four to seven hours of daily rehabilitative therapies and other medical services five days per week.

The Member returns home:

- Each evening; and
- For the entire weekend.

Therapies provided may include a combination of therapies, such as:

- Physical Therapy;
- Occupational Therapy; and
- Speech Therapy.

Other medical services such as:

- Nursing services;
- Psychological therapy; and
- Case Management services.

Day Rehabilitation sessions also include a combination of:

- One-to-one therapy; and
- Group therapy.

Decision Support

Services that help Members make well-informed decisions about Health care and support their ability to follow their Provider's treatment plan. Some examples of support services are:

- Major treatment choices; and
- Every day health choices.

Deductible

A specified amount of Covered Expense for the Covered Services that is Incurred, by the Member, before the Claims Administrator will assume any liability.

- A specific dollar amount that the Member's Claims Administrator may require that the Member pay out-of-pocket each Benefit Period, before the Program begins to make payments for claims.

Detoxification

The process by which a person who is alcohol or drug intoxicated, or alcohol or drug dependent, is assisted under the following circumstances:

- In a state licensed Facility Provider; or
- In the case of opiates, by an appropriately licensed behavioral health provider, in an ambulatory (Outpatient) setting.

This treatment process will occur through the period of time necessary to eliminate, by metabolic or other means, any or each of the following problems:

- The intoxicating alcohol or drug;
- Alcohol or drug dependency factors; or
- Alcohol in combination with drugs, as determined by a licensed Physician, while keeping the physiological and psychological risk to the patient at a minimum.

Disease Management

An approved program designed to identify and help people, who have a particular chronic disease, to stay as healthy as possible.

- Disease Management programs use a population-based approach to:
 - Identify Members who have or are at risk for a particular chronic medical condition;
 - Intervene with specific programs of care; and
 - Measure and improve outcomes.
- Disease Management programs use evidence-based guidelines to:
 - Educate and support Members and Providers;
 - Matching interventions to Members with greatest opportunity for improved clinical or functional outcomes.
- To assist Members with chronic disease(s), Disease Management programs may employ:
 - Education;
 - Provider feedback and support statistics;
 - Compliance monitoring and reporting; and/or
 - Preventive medicine.
- Disease Management interventions are intended to both:
 - Improve delivery of services in various active stages of the disease process; as well as to reduce/prevent relapse or acute exacerbation of the condition.

Durable Medical Equipment (DME)

Equipment that meets the following criteria:

- It is durable. (That is, an item that can withstand repeated use.)
- It is medical equipment. (That is, equipment that is primarily and customarily used for medical purposes, and is not generally useful in the absence of illness or injury.)
- It is generally not useful to a person without an illness or injury.
- It is appropriate for use in the home.

Durable Medical Equipment includes, but is not limited to:

- | | |
|----------------------|---------------------------|
| ▪ Diabetic supplies; | ▪ Home oxygen equipment; |
| ▪ Canes; | ▪ Hospital beds; |
| ▪ Crutches; | ▪ Traction equipment; and |
| ▪ Walkers; | ▪ Wheelchairs. |
| ▪ Commode chairs; | |

Effective Date

The date on which coverage for a Member begins under the Program. All coverage begins at 12:01 a.m. on the date reflected on the records of the Claims Administrator.

Emergency

The sudden and unexpected onset of a medical or psychiatric condition manifesting itself in acute symptoms of sufficient severity or severe pain, such that a prudent layperson who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

- Placing the Member's health, or in the case of a pregnant Member, the health of the unborn child, in jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.

Emergency Care

Covered Services and supplies provided to a Member in, or for, an Emergency:

- By a Hospital or Facility Provider and/or Professional Provider; and
- On an Outpatient basis; and
- In a Hospital Emergency Room or Outpatient Emergency Facility.

Employee

An individual of the Group contracting with the Claims Administrator and:

- Who meets the eligibility requirements for enrollment; and
- Who, at enrollment, is specified as meeting the eligibility requirements; and
- In whose name the Identification Card is issued.

Equipment For Safety

Equipment used to keep people safe.

These are:

- Items that are not primarily used for the diagnosis, care or treatment of disease or injury.
- Items which are primarily used to prevent injury or provide a safe surrounding.

Examples include:

- Restraints;
- Safety straps;
- Safety enclosures; and
- Car seats.

Essential Health Benefits

A set of health care service categories that must be covered by certain plans in accordance with the Affordable Care Act. Essential health benefits must include items and services within at least the following 10 categories:

- Ambulatory patient services;
- Emergency services;
- Hospitalization;
- Maternity and newborn care;
- Mental health and substance use disorder services, including behavioral health treatment;
- Prescription Drugs;
- Rehabilitative and habilitative services And devices;
- Laboratory services;
- Preventive and wellness services and Chronic disease management; and
- Pediatric services, including oral and vision care.

Experimental/Investigative Services

A drug, biological product, device, medical treatment or procedure, or diagnostic test which meets any of the following criteria:

- Is the subject of: Ongoing clinical trials;
- Is the research, experimental, study or investigational arm of an ongoing clinical trial(s) or is otherwise under a systematic, intensive investigation to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment or diagnosis;
- Is not of proven benefit for the particular diagnosis or treatment of the Member's particular condition;
- Is not generally recognized by the medical community, as clearly demonstrated by Reliable Evidence, as effective and appropriate for the diagnosis or treatment of the Member's particular condition; or
- Is generally recognized, based on Reliable Evidence, by the medical community as a diagnostic or treatment intervention for which additional study regarding its safety and efficacy for the diagnosis or treatment of the Member's particular condition, is recommended.

Any drug, biological product, device, medical treatment or procedure, or diagnostic test is not considered Experimental/Investigative if it meets all of the criteria listed below:

- When required, the drug, biological product, device, medical treatment or procedure, or diagnostic test must have final approval from the appropriate governmental regulatory bodies (For example, FDA).
- Reliable Evidence demonstrates that the drug, biological product, device, medical treatment or procedure or diagnostic test meets technical standards, is clinically valid, and has a definite positive effect on health outcomes.
- Reliable Evidence demonstrates that the drug, biological product, device, medical treatment or procedure or diagnostic test leads to measurable improvement in health outcomes (That is, the beneficial effects outweigh any harmful effects).
- Reliable Evidence clearly demonstrates that the drug, biological product, device, medical treatment or procedure or diagnostic test is at least as effective in improving health outcomes as established technology, or is usable in appropriate clinical contexts in which established technology is not employable.
- Reliable Evidence clearly demonstrates that improvement in health outcomes, as defined in the previous bullet, is possible in standard conditions of medical practice, outside clinical investigatory settings.
- Reliable Evidence shows that the prevailing opinion among experts regarding the drug, biological product, device, medical treatment or procedure or diagnostic test is that studies or clinical trials have determined its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment for a particular diagnosis.

Any approval granted as an interim step in the FDA regulatory process (For example, An Investigational New Drug Exemption as defined by the FDA), is not sufficient. Once FDA approval has been granted for a particular diagnosis or condition, use of a drug or biological product (For example, infusible agent) for another diagnosis, condition, or in a manner that does not align with the FDA approval shall require that one or more of the established reference Compendia identified in the Claims Administrator policies recognize the usage as appropriate medical treatment.

Facility Provider

An institution or entity licensed, where required, to provide care.

Such facilities include:

- Ambulatory Surgical Facility;
- Birth Center;
- Free Standing Dialysis Facility;
- Free Standing Ambulatory Care Facility;
- Home Health Care Agency;
- Hospice;
- Hospital;
- Non-Hospital Facility;
- Psychiatric Hospital;
- Rehabilitation Hospital;
- Residential Treatment Facility;
- Short Procedure Unit;
- Skilled Nursing Facility.

Family Coverage

Coverage purchased for the Member and one or more of the Member's Dependents.

Free Standing Ambulatory Care Facility

A Facility Provider, other than a Hospital, that provides treatment or services on an Outpatient or partial basis.

In addition, the facility:

- Is not, other than incidentally, used as an office or clinic for the private practice of a Physician.
- Is licensed by the state in which it is located and be accredited by the appropriate regulatory body.

Free Standing Dialysis Facility

A Facility Provider that provides dialysis services for people who have serious kidney disease.

In addition, the facility:

- Is primarily engaged in providing dialysis treatment, Maintenance or training to patients on an Outpatient or home care basis.
- Is licensed or approved by the appropriate governmental agency; and
- Is approved by the Claims Administrator.

Group or (Enrolled Group)

A group of Employees which has been accepted by the Claims Administrator, consisting of all those Applicants whose charges are remitted by the Applicant's Agent together with all the Employees, listed on the Application Cards or amendments thereof, who have been accepted by the Claims Administrator.

Hearing Aid

A Prosthetic Device that amplifies sound through simple acoustic amplification or through transduction of sound waves into mechanical energy that is perceived as sound. A Hearing Aid is comprised of:

- A microphone to pick up sound;
- An amplifier to increase the sound;
- A receiver to transmit the sound to the ear; and
- A battery for power.

A Hearing Aid may also have a transducer that changes sound energy into a different form of energy. The separate parts of a Hearing Aid can be packaged together into a small self-contained unit, or may remain separate or even require surgical implantation into the ear or part of the ear. Generally, a Hearing Aid will be categorized into one of the following common styles:

- Behind-The-Ear;
- In-The-Ear;
- In-The-Canal;
- Completely-In-The-Canal; or
- Implantable (Can Be Partial or Complete).

A Hearing Aid is not a cochlear implant.

Home

For purposes of the Home Health Care and Homebound Covered Services only, this is the place where the Member lives.

This place may be:

- A private residence/domicile;
- An assisted living facility;
- A long-term care facility; or
- A Skilled Nursing Facility at a custodial level of care.

Homebound

Being unable to safely leave Home due to severe restrictions on the Member's mobility.

A person can be considered Homebound when: Leaving Home would do the following:

- Involve a considerable effort by the Member; and
- Leave the Member unable to use transportation, without another's assistance.

The following individuals will NOT automatically be considered Homebound: But must meet both requirements shown above:

- A child;
- An unlicensed driver; or
- An individual who cannot drive.

Home Health Care Provider

A Facility Provider, approved by the Claims Administrator, that is engaged in providing, either directly or through an arrangement, health care services to Members:

- On an intermittent basis in the Member's Home.
- In accordance with an approved home health care Plan Of Treatment.

Hospice

A Facility Provider that is engaged in providing palliative care rather than curative care to terminally ill individuals.

The Hospice must be:

- Certified by Medicare to provide Hospice services, or accredited as a Hospice by the appropriate regulatory agency; and
- Appropriately licensed in the state where it located.

Hospital

An approved facility that provides Inpatient, as well as Outpatient Care, and that meet the requirements listed below.

The term Hospital specifically refers to a short-term, acute care, general Hospital which has been approved by The Joint Commission on Accreditation of Healthcare Organizations; and/or by the American Osteopathic Hospital Association or by the Claims Administrator, and which meets the following requirements:

- Is a duly licensed institution;
- Is primarily engaged in providing Inpatient diagnostic and therapeutic services for the diagnosis, treatment, and care of injured and sick persons by or under the supervision of Physicians;
- Has organized departments of medicine;
- Provides 24-hour nursing service by or under the supervision of Registered Nurses;
- Is not, other than incidentally, any of the following:
 - Skilled Nursing Facility;
 - Nursing home;
 - School;
 - Custodial Care home;
 - Health resort;
 - Spa or sanitarium;
 - Place for rest;
 - Place for aged;
 - Place for treatment of Mental Illness;
 - Place for treatment of Alcohol or Drug Abuse;
 - Place for provision of rehabilitation care;
 - Place for treatment of pulmonary tuberculosis;
 - Place for provision of Hospice care.

Hospital-Based Provider

A Physician who provides Medically Necessary services in a Hospital or other In-Network Facility Provider and meets the requirements listed below:

- The Medically Necessary services must be supplemental to the primary care being provided in the Hospital or In-Network Facility Provider;
- The Medically Necessary services must be those for which the Member has limited or no control of the selection of such Physician;
- Hospital-Based Providers include Physicians in the specialties of:
 - Radiology;
 - Anesthesiology;
 - Pathology; and/or
 - Other specialties, as determined by the Claims Administrator.

When these Physicians provide services other than in the Hospital or other In-Network Facility, they are not considered Hospital-Based Providers.

Identification Card (ID Card)

The currently effective card issued to the Member by the Claims Administrator which must be presented when a Covered Service is requested.

Immediate Family

The Employee's:

- Spouse;
- Parent;
- Child, stepchild;
- Brother, sister; or
- Persons who ordinarily reside in the household of the Member

Incurred

A charge shall be considered Incurred (acquired) on the date a Member receives the service or supply for which the charge is made.

Independent Clinical Laboratory

A laboratory that performs clinical pathology procedure and that is not affiliated or associated with a:

- Hospital;
- Physician; or
- Facility Provider.

In-Network Ancillary Service Provider

An Ancillary Service Provider that is:

- A member of the PPO Network or is a BlueCard Provider; and
- Has agreed to a rate of reimbursement determined by contract for the provision of "in-network" Covered Services to Members.

In-Network Facility Provider

A Facility Provider that is:

- A member of the PPO Network or is a BlueCard Provider; and
- Has agreed to a rate of reimbursement determined by contract for the provision of "in-network" Covered Services to Members.

In-Network Professional Provider

A Professional Provider that is:

- A member of the PPO Network or is a BlueCard Provider; and
- Has agreed to a rate of reimbursement determined by contract for the provision of "in-network" Covered Services to Members.

In-Network Provider

A Facility Provider, Professional Provider or Ancillary Service Provider that is:

- A member of the PPO Network or is a BlueCard Provider; and
- Authorized to perform specific "in-network" Covered Services at the In-Network level of benefits.

Inpatient Admission (Inpatient)

The actual entry of a Member, who is to receive Inpatient services as a registered bed patient, and for whom a room and board charge is made, into any of the following:

- Hospital;
- Extended care facility; or
- Facility Provider.

The Inpatient Admission shall continue until such time as the Member is actually discharged from the facility.

Inpatient Care For Alcohol Or Drug Abuse And Dependency

The provision of medical, nursing, counseling or therapeutic services 24 hours a day in a Hospital or Non-Hospital Facility, according to individualized treatment plans.

Intensive Outpatient Program

A planned, structured program that coordinates and uses the services of various health professionals, to treat patients in crisis who suffer from:

- Mental Illness;
- Serious Mental Illness; or
- Alcohol Or Drug Abuse And Dependency.

Intensive Outpatient Program treatment is an alternative to Inpatient Hospital treatment or Partial Hospitalization treatment and focuses on alleviation of symptoms and improvement in the level of functioning required to stabilize the patient until they are able to transition to less intensive Outpatient treatment, as required.

Licensed Clinical Social Worker

A social worker who:

- Has graduated from a school accredited by the Council on Social Work Education with a Doctoral or Master's Degree; and
- Is licensed by the appropriate state authority.

Licensed Practical Nurse (LPN)

A nurse who:

- Has graduated from a formal practical or nursing education program; and
- Is licensed by the appropriate state authority.

Life-Threatening Disease Or Condition (for Qualifying Clinical Trials)

Any disease or condition from which the likelihood of death is probable unless the course of the disease or condition is interrupted.

Limiting Age For Dependents

The age at which a child is no longer eligible as a Dependent under the Member's coverage. The Limiting Age for covered children is shown in the **General Information** section.

Maintenance

A continuation of the Member's care and management when:

- The maximum therapeutic value of a Medically Necessary treatment plan has been achieved;
- No additional functional improvement is apparent or expected to occur;
- The provision of Covered Services for a condition ceases to be of therapeutic value; and
- It is no longer Medically Necessary.

This includes Maintenance services that seek to:

- Prevent disease;
- Promote health; and
- Prolong and enhance the quality of life.

Managed Care Organization (MCO)

A generic term for any organization that manages and controls medical service.

It includes:

- HMOs;
- PPOs;
- Managed indemnity insurance programs; and
- Managed Blue Cross or Blue Shield programs.

Master's Prepared Therapist

A therapist who:

- Holds a Master's Degree in an acceptable human services-related field of study;
- Is licensed as a therapist at an independent practice level; and
- Is licensed by the appropriate state authority to provide therapeutic services for the treatment of Mental Health/Psychiatric Services (including treatment of Serious Mental Illness).

Maximum

A limit on the amount of Covered Services that a Member may receive. The Maximum may apply to all Covered Services or selected types. When the Maximum is expressed in dollars, this Maximum is measured by the Covered Expenses, less Deductibles, Coinsurance and Copayment amounts paid by Members for the Covered Services to which the Maximum applies. The Maximum may not be measured by the actual amounts paid by the Claims Administrator to the Providers. A Maximum may also be expressed in number of days or number of services for a specified period of time.

- Benefit Maximum - the greatest amount of a specific Covered Service that a Member may receive.
- Lifetime Maximum - the greatest amount of Covered Services that a Member may receive in the Member's lifetime.

Medical Care

Services rendered by a Professional Provider for the treatment of an illness or injury. These are services that must be rendered within the scope of their license.

Medical Foods

Liquid nutritional products which are specifically formulated to treat one of the following genetic diseases: phenylketonuria, branched-chain ketonuria, galactosemia, homocystinuria.

Medically Necessary (Medical Necessity)

Shall mean:

- Health care services that a Physician, exercising prudent clinical judgment, would provide to a patient for the purpose of:
 - Preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms.
- Health care services that a Physician, exercising prudent clinical judgment, would provide to a patient, that are:
 - In accordance with generally accepted standards of medical practice;
 - Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease;
 - Not primarily for the convenience of the patient, Physician, or other health care provider; and
 - Not more costly than an alternative service or sequence of services that are at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.
- For these purposes, "generally accepted standards of medical practice" means standards that are based on:
 - Credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, Physician Specialty Society recommendations; and
 - The views of Physicians practicing in relevant clinical areas; and
 - Any other relevant factors.

Medical Policy

Medical Policy is used to determine whether Covered Services are Medically Necessary.

Medical Policy is developed based on various sources including, but not limited to:

- Peer-reviewed scientific literature published in journals and textbooks; and
- Guidelines put forth by governmental agencies; and
- Respected professional organizations; and
- Recommendations of experts in the relevant medical specialty.

Medicare

The programs of health care for the aged and disabled established by Title XVIII of the Social Security Act of 1965, as amended.

Medicare Allowable Payment for Facilities

The payment amount, as determined by the Medicare program, for the Covered Service for a Facility Provider.

Medicare Ancillary Allowable Payment

The payment amount, as determined by the Medicare program, for the Covered Service for an Ancillary Service Provider.

Medicare Professional Allowable Payment

The payment amount, as determined by the Medicare program, for the Covered Service based on the Medicare Par Physician Fee Schedule – Pennsylvania Locality 01.

Member

An enrolled Employee or their Eligible Dependent(s) who have satisfied the specifications of the **General Information** section.

A Member does NOT mean any person who is eligible for Medicare, except as specifically stated in this Benefit Booklet.

Mental Illness

Any of various conditions, wherein mental treatment is provided by a qualified mental health Provider.

- These various conditions must be categorized as mental disorders by the most current edition of the International Classification of Diseases (ICD) or Diagnostic and Statistical Manual (DSM).
- For purposes of this Program, conditions categorized as Mental Illness do not include those conditions listed under Serious Mental Illness or Autism Spectrum Disorders.
- The benefit limits for Mental Illness, Serious Mental Illness, and Autism Spectrum Disorders are separate and not cumulative.

Methadone Treatment

Provision and supervision of methadone hydrochloride in prescribed doses for the treatment of opioid dependency.

Negotiated Arrangement a.k.a., Negotiated National Account Arrangement

An agreement negotiated between a Control/Home Licensee and one or more Par/Host Licensees for any National Account that is not delivered through the BlueCard Program.

Non-Hospital Facility

A Facility Provider, licensed by the Department of Health for the care or treatment of Members diagnosed with Alcohol Or Drug Abuse And Dependency. This does NOT include transitional living facilities.

Non-Hospital Facilities, shall include, but not be limited to the following, for Partial Hospitalization programs:

- Residential Treatment Facilities; and
- Free Standing Ambulatory Care Facilities.

Non-Hospital Residential Treatment

The provision of medical, nursing, counseling, or therapeutic services to Members diagnosed with Alcohol Or Drug Abuse And Dependency:

- In a residential environment;
- According to individualized treatment plans.

Nutritional Formula

Liquid nutritional products which are formulated to supplement or replace normal food products.

Observation Room

Observation Room services involve the use of a bed and periodic monitoring by the Facility Provider's nursing or other ancillary staff in order to evaluate and treat a Member's condition or determine the need for possible Inpatient Admission. Observation Room services are considered Outpatient Care services and generally do not exceed 24 hours. These services can be provided in any location within a Facility Provider.

Out-of-Network Ancillary Service Provider

An Ancillary Service Provider that is NOT a member of the PPO Network or is NOT a BlueCard Provider.

Out-of-Network Facility Provider

A Facility Provider that is NOT a member of the PPO Network or is NOT a BlueCard Provider.

Out-of-Network Professional Provider

A Professional Provider who is NOT a:

- Member of the PPO Network; or
- BlueCard Provider.

Out-of-Network Provider

A Facility Provider, Professional Provider or Ancillary Service Provider that is NOT a:

- Member of the PPO Network; or
- BlueCard Provider.

Out-of-Pocket Limit

A specified dollar amount of Covered Expense Incurred by the Member for Covered Services in a Benefit Period. The Out-of-Pocket Limits are calculated as follows:

- The In-Network Out-of-Pocket Limit expense includes Copayments, Coinsurance and Deductibles, if applicable. The amount of the In-Network Care Individual Out-of-Pocket Limit and In-Network Care Family Out-of-Pocket Limit will only include expenses for Essential Health Benefits. When the In-Network Out-of-Pocket Limit is reached, the level of benefits is increased as set forth in the ***Schedule of Covered Services***.
- The Out-of-Network Out-of-Pocket Limit expense includes Coinsurance but does not include any Copayments, Deductibles, Penalties, or amounts that exceed the, Claims Administrator's payment (see the definition for "Covered Expense" for more details). When the Out-of-Network Out-of-Pocket Limit is reached, the level of benefits is increased, as specified in the ***Schedule of Covered Services***.

Outpatient Care (or Outpatient)

Medical, nursing, counseling or therapeutic treatment provided to a Member who does not require an overnight stay in a Hospital or other Inpatient Facility.

Outpatient Diabetic Education Program

An Outpatient Diabetic Education Program, provided by an In-Network Provider that has been recognized by the Department of Health or the American Diabetes Association as meeting the national standards for Diabetes Patient Education Programs established by the National Diabetes Advisory Board.

Partial Hospitalization

Medical, nursing, counseling or therapeutic services that are:

- Provided on a planned and regularly scheduled basis in a Hospital or Facility Provider; and
- Designed for a patient who would benefit from more intensive services than are offered in Outpatient treatment (Intensive Outpatient Program or Outpatient office visit) but who does not require Inpatient confinement.

Penalty

A type of cost-sharing in which the Member is assessed a percentage reduction in benefits payable for failure to obtain Precertification of certain Covered Services. Penalties, if any, are identified and explained in detail in the **General Information** section.

Pervasive Developmental Disorders (PDD)

Disorders characterized by severe and pervasive impairment in several areas of development:

- Reciprocal social interaction skills;
- Communication skills; or
- The presence of stereotyped behavior, interests and activities.

Examples are:

- Asperger's syndrome; and
- Childhood disintegrative disorder.

Physician

A person who is a doctor of medicine (M.D.) or a doctor of osteopathy (D.O.), licensed and legally entitled to practice medicine in all its branches, perform Surgery and dispense drugs.

Plan Of Treatment

A plan of care which is prescribed in writing by a Professional Provider for the treatment of an injury or illness. The Plan of Treatment should include goals and duration of treatment, and be limited in scope and extent to that care which is Medically Necessary for the Member's diagnosis and condition.

Precertification (or Precertify)

Prior assessment by the Claims Administrator or a designated agent that proposed services, such as hospitalization, are Medically Necessary for a Member and covered by this Program. Payment for services depends on whether the Member and the category of service are covered under this Program.

Preferred Provider Organization (PPO)

A type of managed care plan that:

- Offers the freedom to choose a Physician like a traditional health care plan; and
- Provides the Physician visits and preventive benefits normally associated with an HMO (Health Maintenance Organization).

In a PPO, an individual is:

- Not required to select a primary care Physician to coordinate care; and
- Not required to obtain referrals to see specialists.

Preferred Provider Organization (PPO) Network

The network of Providers with whom the Claims Administrator has contractual arrangements.

Prenotification (Prenotify)

The requirement that a Member provide prior notice to the Claims Administrator that proposed services, such as maternity care, are scheduled to be performed.

- No Penalty will be applied for failure to comply with this requirement.
- Payment for services depends on whether the Member and the category of service are covered under this Program.
- To Prenotify, the Member should call the telephone number on the ID card, prior to obtaining the proposed service.

Preventive Care

Means:

- Evidence-based items or services that are rated "A" or "B" in the current recommendations of the United States Preventive Services Task Force with respect to the Member;
- Immunizations for routine use for Members of all ages as recommended by the Advisory Committee on Immunization Practices of the Centers of Disease Control and Prevention with respect to the Member;
- Evidence-informed preventive care and screenings for Members who are infants, children, and adolescents, as included in the comprehensive guidelines supported by the Health Resources and Services Administration;
- Evidence-informed preventive care and screenings for Members as included in the comprehensive guidelines supported by the Health Resources and Services Administration; and
- Any other evidence-based or evidence-informed items as determined by the federal and/or state law.

Price Protection Program

Program in which the Claims Administrator, or its vendor, will negotiate Out-of-Network claims with the Out-of-Network Provider to attempt to obtain a discount from billed charges and hold the Member harmless from Provider balance billing. When the Out-of-Network Provider agrees to a negotiated amount (referred to as a "successfully negotiated claim"), the Claims Administrator will reimburse the Out-of-Network Provider directly and the Member shall be responsible for any Member cost sharing. If the Out-of-Network Provider does not agree to a negotiated amount, the claim reimbursement will be governed by the terms of the Benefit Booklet including the Covered Expense definition, and the Member may be subject to balance billing.

If the Out-of-Network Provider does not agree to a negotiated amount, and the Member is balanced billed, the Member can notify the Claims Administrator. The Member will need to contact the Claims Administrator at the Customer Service telephone number listed on the Member's I.D. card. The Member may be directed to the Claim Administrator's vendor for balance bill advocacy.

- **The Price Protection Program applies to** Out-of-Network Provider charges at an invoiced amount determined by the Claims Administrator.
- **The Price Protection Program does not apply to:**
 - In-Network claims;
 - Claims when the Member has not satisfied the Out-of-Network Deductible in full;

- Claims, which are less than \$1,000 in billed charges, from an Out-of-Network Provider outside of the following Pennsylvania counties:
 - Bucks;
 - Chester;
 - Delaware;
 - Montgomery; and
 - Philadelphia;
- Claims, which are less than \$250 in billed charges, from an Out-of-Network Provider within the following Pennsylvania counties:
 - Bucks;
 - Chester;
 - Delaware;
 - Montgomery; and
 - Philadelphia;
- Non-Covered Services;
- Claims originating outside of the United States;
- Medicare claims;
- Coordination of Benefits claims;
- Claims that have already been successfully negotiated or adjusted.

Primary Care Provider

A Professional Provider as listed in the PPO Network directory under "Primary Care Physicians" (General Practice, Family Practice or Internal Medicine), "Obstetricians/Gynecologists" or "Pediatricians".

Primary Care Services

Basic, routine Medical Care traditionally provided to individuals with:

- Common illnesses; and
- Common injuries; and
- Chronic illnesses.

Private Duty Nursing

Private Duty Nursing is Medically Necessary, complex skilled nursing care provided in the Member's private residence by a Registered Nurse (RN) or a Licensed Practical Nurse (LPN). It provides continuous monitoring and observation of a Member who requires frequent skilled nursing care on an hourly basis. Private Duty Nursing must be ordered by a Professional Provider who is involved in the oversight of the Member's care, in accordance with the Provider's scope of practice.

Professional Provider

A person or practitioner with an unrestricted, unsanctioned license, who is licensed, where required, and performing services within the scope of such licensure. The Professional Providers are:

- Audiologist;
- Autism Service Provider;
- Behavior Specialist;
- Certified Midwife;
- Certified Registered Nurse;
- Chiropractor;
- Dentist;
- Independent Clinical Laboratory;
- Licensed Clinical Social Worker;
- Master's Prepared Therapist;
- Optometrist;
- Physical Therapist;
- Physician;
- Physician Assistant;
- Podiatrist;
- Psychologist;
- Registered Dietitian;
- Speech-Language Pathologist;
- Teacher of the hearing impaired.

Program

The benefit plan provided by the Group through an arrangement with the Claims Administrator.

Prosthetics (or Prosthetic Devices)

Devices (except dental Prosthetics), which replace all or part of:

- An absent body organ including contiguous tissue; or
- The function of a permanently inoperative or malfunctioning body organ.

Provider

A Facility Provider, PHO Facility Provider, Professional Provider, PHO Professional Provider, Ancillary Service Provider or PHO Ancillary Service Provider licensed where required.

Provider Incentive

An additional amount of compensation paid to a healthcare provider by a Blue Cross and/or Blue Shield Plan, based on the provider's compliance with agreed-upon procedural and/or outcome measures for a particular group/population of Members.

Psychiatric Hospital

A Facility Provider, approved by the Claims Administrator, which is primarily engaged in providing diagnostic and therapeutic services for the Inpatient treatment of Mental Illness.

- Such services are provided by or under the supervision of an organized staff of Physicians.
- Continuous nursing services are provided under the supervision of a Registered Nurse.

Psychologist

A Psychologist who is:

- Licensed in the state in which they practice; or
- Otherwise duly qualified to practice by a state in which there is no Psychologist licensure.

Qualified Individual (for Clinical Trials)

A Member who meets the following conditions:

- The Member is eligible to participate in an approved clinical trial according to the trial protocol with respect to treatment of cancer or other Life-Threatening Disease or Condition; and

- Either:
 - The referring health care professional is a health care provider participating in the clinical trial and has concluded that the Member's participation in such trial would be appropriate based upon the individual meeting the conditions described above; or
 - The Member provides medical and scientific information establishing that their participation in such trial would be appropriate based upon the Member meeting the conditions described above.

Qualifying Clinical Trial

A phase I, II, III, or IV clinical trial that is conducted in relation to the prevention, detection, or treatment of cancer or other Life-Threatening Disease Or Condition and is described in any of the following:

- Federally funded trials: the study or investigation is approved or funded (which may include funding through in-kind contributions) by one or more of the following:
 - The National Institutes of Health (NIH);
 - The Centers for Disease Control and Prevention (CDC);
 - The Agency for Healthcare Research and Quality (AHRQ);
 - The Centers for Medicare and Medicaid Services (CMS);
 - Cooperative group or center of any of the entities described above or the Department of Defense (DOD) or the Department of Veterans Affairs (VA);
 - Any of the following, if the Conditions For Departments are met:
 - The Department of Veterans Affairs (VA);
 - The Department of Defense (DOD); or
 - The Department of Energy (DOE).
- The study of investigation is conducted under an investigational new drug application reviewed by the Food and Drug Administration (FDA); or
- The study or investigation is a drug trial that is exempt from having such an investigational new drug application.

In the absence of meeting the criteria listed above, the Clinical Trial must be approved by the Claims Administrator as a Qualifying Clinical Trial.

Registered Dietitian (RD)

A dietitian registered by a nationally recognized professional association of dietitians.

- A Registered Dietitian (RD) is a food and nutrition expert who has met the minimum academic and professional requirements to qualify for the credential "RD."

Registered Nurse (R.N.)

A nurse who:

- Has graduated from a formal program of nursing education (diploma school, associate degree or baccalaureate program); and
- Is licensed by the appropriate state authority.

Rehabilitation Hospital

A Facility Provider, approved by the Claims Administrator, which is primarily engaged in providing rehabilitation care services on an Inpatient basis.

- Rehabilitation care services consist of:
 - The combined use of medical, social, educational, and vocational services to enable patients disabled by disease or injury to achieve the highest possible level of functional ability.
- Services are provided by or under:
 - The supervision of an organized staff of Physicians.
- Continuous nursing services are provided:
 - Under the supervision of a Registered Nurse.

Reliable Evidence

Peer-reviewed reports of clinical studies that have been designed according to accepted scientific standards such that potential biases are minimized to the fullest extent, and generalizations may be made about safety and effectiveness of the technology outside of the research setting. Studies are to be published or accepted for publication, in medical or scientific journals that meet nationally recognized requirements for scientific manuscripts and that are generally recognized by the relevant medical community as authoritative. Furthermore, evidence-based guidelines from respected professional organizations and governmental entities may be considered Reliable Evidence if generally accepted by the relevant medical community.

Residential Treatment Facility

A Facility Provider licensed and approved by the appropriate government agency and approved by the Claims Administrator, which provides treatment for:

- Mental Illness;
- Serious Mental Illness; or
- Alcohol Or Drug Abuse And Dependency to partial, Outpatient or live-in patients who do not require acute Medical Care.

Retail Clinics

Retail Clinics are staffed by certified nurse practitioners trained to diagnose, treat and write prescriptions when clinically appropriate.

- Services are available to treat basic medical needs for: Urgent Care.
- Examples of needs are:

– Sore throat;	– Minor burns;
– Ear, eye or sinus infection;	– Skin infections or rashes; and
– Allergies;	– Pregnancy testing.

Routine Patient Costs Associated With Qualifying Clinical Trials

Routine patient costs include all items and services consistent with the coverage provided under this Program that is typically covered for a Qualified Individual who is not enrolled in a clinical trial.

Routine patient costs do NOT include:

- The investigational item, device, or service itself;
- Items and services that are provided solely to satisfy data collection and analysis needs and that are not used in the direct clinical management of the patient; and
- A service that is clearly inconsistent with widely accepted and established standards of care

for a particular diagnosis.

Self-Administered Prescription Drug

A Prescription Drug that can be administered safely and effectively by either the Member or a caregiver, without medical supervision, regardless of whether initial medical supervision and/or instruction is required. Examples of Self-Administered Prescription Drugs include, but are not limited to:

- Oral drugs;
- Self-Injectable Drugs;
- Inhaled drugs; and
- Topical drugs.

Self-Injectable Prescription Drug (Self-Injectable Drug)

A Prescription Drug that:

- Is introduced into a muscle or under the skin with a syringe and needle; and
- Can be administered safely and effectively by either the Member or a caregiver without medical supervision, regardless of whether initial medical supervision and/or instruction is required.

Serious Mental Illness

Means any of the following biologically based Mental Illnesses: As defined by the American Psychiatric Association, in the most recent edition of the International Classification of Diseases (ICD) or Diagnostic and Statistical Manual of Mental Disorders (DSM):

- Schizophrenia;
- Bipolar disorder;
- Obsessive-compulsive disorder;
- Major depressive disorder;
- Panic disorder;
- Anorexia nervosa;
- Bulimia nervosa;
- Schizo-affective disorder;
- Delusional disorder; and
- Any other Mental Illness that is considered to be "Serious Mental Illness" by law.

Benefits are provided for diagnosis and treatment of these conditions when:

- Determined to be Medically Necessary; and
- Provided by a Provider.

Covered Services may be provided on an Outpatient or Inpatient basis.

Severe Systemic Protein Allergy

Means allergic symptoms to ingested proteins of sufficient magnitude to cause:

- Weight loss or failure to gain weight;
- Skin rash;
- Respiratory symptoms; and
- Gastrointestinal symptoms of significant magnitude to cause gastrointestinal bleeding and vomiting.

Short Procedure Unit

A unit which is approved by the Claims Administrator and which is designed to handle the following kinds of procedures on an Outpatient basis:

- Lengthy diagnostic procedures; or
- Minor surgical procedures.

In the absence of a Short Procedure Unit these are procedures which would otherwise have resulted in an Inpatient Admission.

Skilled Nursing Facility

An institution or a distinct part of an institution, other than one which:

- Is primarily for the care and treatment of Mental Illness, tuberculosis, or Alcohol Or Drug Abuse And Dependency.

It is also an institution which:

- Is accredited as a Skilled Nursing Facility or extended care facility by the Joint Commission on Accreditation of Healthcare Organizations; or
- Is certified as a Skilled Nursing Facility or extended care facility under the Medicare Law; or
- Is otherwise acceptable to the Claims Administrator.

Sleep Studies

Refers to the continuous and simultaneous monitoring and recording of various physiologic and pathophysiologic sleep parameters. Sleep tests are performed to:

- Diagnose sleep disorders (For example, narcolepsy, sleep apnea, parasomnias);
- Initiate treatment for a sleep disorder; and/or
- Evaluate an individual's response to therapies such as continuous positive airway pressure (CPAP) or bi-level positive airway pressure device (BPAP).

Sound Natural Teeth

Teeth that are:

- Stable;
- Functional;
- Free from decay and advanced periodontal disease;
- In good repair at the time of the Accidental Injury/trauma; and
- Are not man-made.

Specialist Services

All Professional Provider services providing Medical Care or mental health/psychiatric care in any generally accepted medical or surgical specialty or subspecialty.

Specialty Drug

A medication that meets certain criteria including, but not limited to:

- The drug is used in the treatment of a rare, complex, or chronic disease.
- A high level of involvement is required by a Professional Provider to administer the drug.
- Complex storage and/or shipping requirements are necessary to maintain the drug's stability.
- The drug requires comprehensive patient monitoring and education by a Professional Provider regarding safety, side effects, and compliance.
- Access to the drug may be limited.

- Some Generic Drugs are included in this category and are subject to the Specialty Drug cost-sharing.

The Claims Administrator reserves the right to determine which Specialty Drug vendors and/or Professional Providers can dispense or administer certain Specialty Drugs.

Standard Injectable Drug

A medication that is either injectable or infusible:

- But is not defined by the Claims Administrator to be a Self-Administered Prescription Drug or a Specialty Drug. Instead, these drugs need to be administered by a Professional Provider.

Standard Injectable Drugs include, but are not limited to:

- Allergy injections and extractions; and
- Injectable medications such as antibiotics and steroid injections that are administered by a Professional Provider.

Surgery

The performance of generally accepted operative and cutting procedures including:

- Specialized instrumentations;
- Endoscopic examinations; and
- Other invasive procedures.

Payment for Surgery includes an allowance for related Inpatient preoperative and postoperative care.

Treatment of burns, fractures and dislocations are also considered Surgery.

Therapy Service

The following services or supplies prescribed by a Physician and used for the treatment of an illness or injury to promote the recovery of the Member:

- Cardiac Rehabilitation Therapy
Medically supervised rehabilitation program designed to improve a patient's tolerance for physical activity or exercise.
- Chemotherapy
The treatment of malignant disease by chemical or biological antineoplastic agents used to kill or slow the growth of cancerous cells.
- Dialysis
The treatment that removes waste materials from the body for people with:
 - Acute renal failure; or
 - Chronic irreversible renal insufficiency.
- Infusion Therapy
The infusion of:
 - Drug;
 - Hydration; or
 - Nutrition (parenteral or enteral);

- Into the body by a Professional Provider.

Infusion therapy includes: All professional services, supplies, and equipment that are required to safely and effectively administer the therapy.

Infusion may be provided in a variety of settings (For example, home, office, Outpatient) depending on the level of skill required to:

- Prepare the drug;
- Administer the infusion; and
- Monitor the Member.

The type of Professional Provider who can administer the infusion depends on whether the drug is considered to be a Specialty Drug infusion or a Standard Injectable Drug infusion, as determined by the Claims Administrator.

- Occupational Therapy

Medically prescribed treatment concerned with improving or restoring neuromusculoskeletal (nerve, muscle and bone) functions which have been impaired by:

- Illness or injury;
- Congenital anomaly (a birth defect); or
- Prior therapeutic intervention.

Occupational Therapy also includes medically prescribed treatment concerned with improving the Member's ability to perform those tasks required for independent functioning, where such function has been permanently lost or reduced by:

- Illness or injury;
- Congenital anomaly (a birth defect); or
- Prior therapeutic intervention (Prior treatment).

This does NOT include services specifically directed towards the improvement of vocational skills and social functioning.

- Orthoptic/Pleoptic Therapy

Medically prescribed treatment for the correction of oculomotor dysfunction resulting in the lack of vision depth perception.

Such dysfunction results from:

- Vision disorder;
- Eye Surgery; or
- Injury.

Treatment involves a program which includes evaluation and training sessions.

- Physical Therapy

Medically prescribed treatment of physical disabilities or impairments resulting from:

- Disease;
- Injury;
- Congenital anomaly; or

- Prior therapeutic intervention by the use of therapeutic exercise and other interventions that focus on improving:
 - Posture;
 - Mobility;
 - Strength;
 - Endurance;
 - Balance;
 - Coordination;
 - Joint Mobility;
 - Flexibility; and
 - The functional activities of daily living.
- Pulmonary Rehabilitation Therapy
A multidisciplinary, comprehensive program for Members who have a chronic lung disease. Pulmonary rehabilitation is designed to:
 - Reduce symptoms of disease;
 - Improve functional status; and
 - Stabilize or reverse manifestations of the disease.
- Radiation Therapy
The treatment of disease by:
 - X-Ray;
 - Gamma ray;
 - Accelerated particles;
 - Mesons; or
 - Neutrons, radium, radioactive isotopes, or other radioactive substances regardless of the method of delivery.
- Respiratory Therapy
Medically prescribed treatment of diseases or disorders of the respiratory system with therapeutic gases and vaporized medications delivered by inhalation.
- Speech Therapy
Medically prescribed services that are necessary for the diagnosis and/or treatment of speech and language disorders, due to conditions or events that result in communication disabilities and/or swallowing disorders:
 - Disease;
 - Surgery;
 - Injury;
 - Congenital and developmental anomalies (birth defects); or
 - Previous therapeutic processes.

Total Disability (or Totally Disabled)

Means that a Covered Employee who, due to illness or injury:

- Cannot perform any duty of their occupation or any occupation for which the Employee is, or may be, suited by education, training and experience; and
- Is not, in fact, engaged in any occupation for wage or profit.

A Dependent is totally disabled if: They cannot engage in the normal activities of a person in good health and of like age and sex.

The Totally Disabled person must be under the regular care of a Physician.

Urgent Care

Urgent Care needs are for sudden illness or Accidental Injury that require prompt medical attention but are not life-threatening and are not Emergency medical conditions when your Professional Provider is unavailable. Examples of Urgent Care needs include stitches, fractures, sprains, ear infections, sore throats, rashes, X-rays that are not Preventive Care.

Urgent Care Centers

Facility Provider designed to offer immediate evaluation and treatment for sudden health conditions and accidental injuries that:

- Require medical attention in a non-Emergency situation; and
- When the Member's Professional Provider's office is unavailable.

Urgent Care is not the same as: Emergency Services (see definition of "Urgent Care" above).

Value-Based Program (VBP)

An outcomes-based payment arrangement and/or a coordinated care model facilitated with one or more local providers that is evaluated against cost and quality metrics/factors and is reflected in provider payment.

IMPORTANT NOTICES

Regarding Experimental/Investigative Treatment:

The Claims Administrator does not cover treatment it determines to be Experimental/Investigative in nature because that treatment is not accepted by the general medical community for the condition being treated or not approved as required by federal or governmental agencies. However, the Claims Administrator acknowledges that situations exist when a Member and their Physician agree to utilize Experimental/Investigative treatment. If a Member receives Experimental/Investigative treatment, the Member shall be responsible for the cost of the treatment. A Member or their Physician should contact the Claims Administrator to determine whether a treatment is considered Experimental/Investigative. The term "Experimental/Investigative" is defined in the **Important Definitions** section.

Regarding Treatment Which Is Not Medically Necessary:

The Claims Administrator only covers treatment which it determines Medically Necessary. An In-Network Provider accepts the Claims Administrator's decision and contractually is not permitted to bill the Member for treatment which the Claims Administrator determines is not Medically Necessary unless the In-Network Provider specifically advises the Member in writing, and the Member agrees in writing that such services are not covered by the Claims Administrator, and that the Member will be financially responsible for such services. An Out-of-Network Provider, however, is not obligated to accept the Claims Administrator's determination and the Member may not be reimbursed for treatment which the Claims Administrator determines is not Medically Necessary. The Member is responsible for these charges when treatment is received by an Out-of-Network Provider. The Member can avoid these charges simply by choosing an In-Network Provider for the Member's care. The term "Medically Necessary" is defined in the **Important Definitions** section.

Regarding Treatment for Cosmetic Purposes:

The Claims Administrator does not cover treatment which it determines is for cosmetic purposes because it is not necessitated as part of the Medically Necessary treatment of an illness, injury or congenital birth defect. However, the Claims Administrator acknowledges that situations exist when a Member and their Physician decide to pursue a course of treatment for cosmetic purposes. In such cases, the Member is responsible for the cost of the treatment. A Member or their Physician should contact the Claims Administrator to determine whether treatment is for cosmetic purposes. The exclusion for services and operations for cosmetic purposes is detailed in the **Exclusions - What Is Not Covered** section.

Regarding Coverage for Emerging Technology:

While the Claims Administrator does not cover treatment it determines to be Experimental/Investigative, it routinely performs technology assessments in order to determine when new treatment modalities are safe and effective. A technology assessment is the review and evaluation of available clinical and scientific information from expert sources. These sources include but are not limited to articles published by governmental agencies, national peer review journals, national experts, clinical trials, and manufacturer's literature. The Claims Administrator uses the technology assessment process to assure that new drugs, procedures or devices ("emerging technology") are safe and effective before approving them as Covered Services. When new technology becomes available or at the request of a practitioner or Member, the Claims Administrator researches all scientific information available from these expert sources. Following this analysis, the Claims Administrator makes a decision about when a new drug, procedure or device has been proven to be safe and effective and uses this information to determine when an item becomes a Covered Service for the condition being treated or not approved as required by federal or governmental agencies. A Member or their Provider should contact the Claims Administrator to determine whether a proposed treatment is considered "emerging technology" and whether the Provider is considered an eligible Provider to perform the "emerging technology" Covered Service. The Claims Administrator maintains the discretion to limit eligible Providers for certain "emerging technology" Covered Services.

Regarding Use of Out-of-Network Providers

While PPO has an extensive network, it may not contain every provider that the Member elects to see. To receive the Maximum benefits available under this Program, the Member must obtain Covered Services from In-Network Providers that participate in the PPO Network or is a BlueCard Provider.

In addition, the Members PPO program allows the Member to obtain Covered Services from Out-of-Network Providers. If the Member uses an Out-of-Network Provider the Member will be reimbursed for Covered Services but will incur significantly higher out-of-pocket expenses including Deductibles, Coinsurance. In certain instances, the Out-of-Network Provider also may charge the Member for the balance of the Provider's bill. This is true regardless of the reason the Member uses an Out-of-Network Provider including, but not limited to, by choice, for level of expertise, for convenience, for location, because of the nature of the services, based on the recommendation of a Provider or network sufficiency. However, if Emergency Care is provided by certain Out-of-Network Providers (For example, ambulance services), in accordance with applicable law, the Claims Administrator will reimburse the Out-of-Network Provider at an In-Network rate directly. In this instance the specified Out-of-Network Provider will not bill the Member for amounts in excess of the Claims Administrator's payment for the Emergency Care. For payment of Covered Services provided by an Out-of-Network Provider, please refer to the definition of "Covered Expense".

For Covered Services not successfully negotiated through the Price Protection Program, received from an Out-of-Network Provider, payment will be made directly to the Member and the Member will be responsible for reimbursing the Out-of-Network Provider. However, the Claims Administrator reserves the right, in its sole discretion, to make payments directly to the Out-of-Network Provider

For specific terms regarding Out-of-Network Providers, please refer to the following sections: **Important Definitions**; including but not limited to the definition of "Covered Expense" and "Out-of-Network Provider", Payment of Providers and Payment Methods.

Regarding Non-Discrimination Rights

The Member has the right to receive health care services without discrimination:

- Based on race, ethnicity, age, mental or physical disability, genetic information, color, religion, gender, national origin, source of payment, sexual orientation, or sex, including stereotypes and gender identity;
- For Medically Necessary health services made available on the same terms for all individuals, regardless of sex assigned at birth, gender identity, or recorded gender;
- Based on an individual's sex assigned at birth, gender identity, or recorded gender, if it is different from the one to which such health service is ordinarily available;
- Related to gender transition if such denial or limitation results in discriminating against a transgender individual.

Discretionary Authority

The Claims Administrator or Plan Administrator, as applicable, retains discretionary authority to interpret the benefit plan and the facts presented to make benefit determinations. Benefits under this Program will be provided only if the Claims Administrator or Plan Administrator, as applicable, determines in its discretion that the Member is entitled to them.

REMEMBER: Whenever a Provider suggests a new treatment option that may fall under the category of "Experimental/Investigative", "cosmetic", or "emerging technology", the Member, or their Provider, should contact the Claims Administrator for a coverage determination. That way the Member and the Provider will know in advance if the treatment will be covered by the Claims Administrator.

In the event the treatment is not covered by the Claims Administrator, the Member can make an informed decision about whether to pursue alternative treatment options or be financially responsible for the non-covered service.

For more information on when to contact the Claims Administrator for coverage determinations, please see the Precertification and Prenotification requirements in the *General Information* section.

RIGHTS AND RESPONSIBILITIES

To obtain a list of "Rights and Responsibilities", please log on to http://www.ibx.com/members/quality_management/member_rights.html or the Member should call the Customer Service telephone number that is listed on their Identification Card to receive a printed copy.

LANGUAGE AND COVERAGE CHANGES

2021 PREVENTIVE SCHEDULE

This schedule is a reference tool for planning your preventive care and lists items/services required under the Patient Protection and Affordable Care Act of 2010 (PPACA), as amended. In accordance with the PPACA, the schedule is reviewed and updated periodically based on the recommendations of the U.S. Preventive Services Task Force, Health Resources and Services Administration, U.S. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, and other applicable laws and regulations. Accordingly, the content of this schedule is subject to change. Your specific needs for preventive services may vary according to your personal risk factors. Your health care provider is always your best resource for determining if you're at increased risk for a condition. Some services may require precertification/preapproval. If you have questions about this schedule, precertification/preapproval, or your benefit coverage, please call the Customer Service number on the back of your ID card.

PREVENTIVE CARE SERVICES FOR ADULTS

VISITS	
Preventive exams Services that may be provided during the preventive exam include but are not limited to the following: <ul style="list-style-type: none"> • High blood pressure screening • Behavioral counseling for skin cancer • Obesity Screening • Unhealthy drug use screening 	One exam annually for all adults
SCREENINGS	
Abdominal aortic aneurysm (AAA) screening	Once in a lifetime for asymptomatic males age 65 to 75 years with a history of smoking
Abnormal blood glucose and Type 2 diabetes mellitus screening and intensive counseling interventions	Abnormal blood glucose and type 2 diabetes screening for adults 40 to 70 years who are overweight or obese Intensive behavioral counseling interventions for individuals 40 to 70 years who are overweight or obese with abnormal blood glucose up to 24 sessions per year
Colorectal cancer screening	Adults age 50 to 75 years using any of the following tests: <ul style="list-style-type: none"> • Fecal occult blood testing: once a year • Highly sensitive fecal immunochemical testing: once a year • Flexible sigmoidoscopy: once every five years • CT colonography: once every five years • Stool DNA testing: once every three years • Colonoscopy: once every 10 years
Depression screening	Annually for all adults
Hepatitis B virus (HBV) screening	All asymptomatic adults at high risk for HBV infection

Hepatitis C virus (HCV) screening	All asymptomatic adults
High Blood Pressure Screening	Adults age 18 years or older with increased risk once a year Adults age 18 to 39 years with no other risk factors once every 3 to 5 years Adults age 40 years once a year
Human immunodeficiency virus (HIV) screening	All adults
Latent tuberculosis infection screening	Asymptomatic adults age 18 years or older at increased risk for tuberculosis
Lipid disorder screening	Adults 40 years or older once every 5 years
Lung cancer screening	Adults age 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years
Syphilis infection screening	All adults at increased risk for syphilis infection
Unhealthy alcohol use screening and behavioral counseling interventions	Screening for all adults not diagnosed with alcohol abuse or dependence or not seeking treatment for alcohol abuse or dependence Behavioral counseling in a primary care setting for individuals with a positive screening result
THERAPY AND COUNSELING	
Behavioral counseling for prevention of sexually transmitted infections	All sexually active adults
Behavioral interventions for weight loss	Behavioral intervention for adults with a body mass index (BMI) of 30kg/m ² or higher
Exercise Interventions for the prevention of falls	Community-dwelling adults age 65 years and older with an increased risk of falls
Intensive behavioral counseling interventions to promote a healthful diet and physical activities for cardiovascular disease prevention	Adults age 18 years and older diagnosed as overweight or obese with known cardiovascular disease risk factors
Nutritional counseling for weight management	6 visits per year
Tobacco use counseling	All adults who use tobacco products
MEDICATIONS	
Low Dose Aspirin	Adults 50-59 years of age for the primary prevention of cardiovascular disease and colorectal cancer
Pre-exposure prophylaxis for the prevention of HIV infection	Adults at high risk for HIV infection
Prescription bowel preparation	Adults 50 years and older when used in conjunction with a preventive colorectal cancer screening procedure (That is, flexible sigmoidoscopy, colonoscopy, virtual colonoscopy)
Statin	Adults 40-75 with no history of cardiovascular disease, with one or more risk factors for cardiovascular disease and a 10 year cardiovascular disease event risk of greater than 10%
Tobacco cessation medication	All adults who use tobacco products

IMMUNIZATIONS				
Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
Influenza inactivated (IIV) or Influenza recombinant (RIV) or Influenza live, attenuated (LAIV)	1 dose annually			
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV) (preferred) or Zoster live (ZVL)			2 doses or 1 dose	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal conjugate (PCV13)	1 dose			65 years and older
Pneumococcal polysaccharide (PPSV23)	1 or 2 doses depending on indication			1 dose
Hepatitis A (HepA)	2 or 3 doses depending on vaccine			
Hepatitis B (HepB)	2 or 3 doses depending on vaccine			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations			
Haemophilus influenzae type b (Hib)	19 through 23 years	1 or 3 doses depending on indication		

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

 Recommended vaccination for adults with an additional risk factor or another indication

 Recommended vaccination based on shared clinical decision-making

 No recommendation/ Not applicable

PREVENTIVE CARE SERVICES FOR FEMALES, INCLUDING PREGNANT FEMALES

VISITS	
Prenatal Care Visits Services that may be provided during the prenatal care visits include, but are not limited to the following: <ul style="list-style-type: none"> • Preeclampsia Screening 	For all pregnant females
Well-woman visits Services that may be provided during the well-woman visit include but are not limited to the following: <ul style="list-style-type: none"> • BRCA-related cancer risk assessment • Discussion of chemoprevention for breast cancer • Intimate partner violence screening • Primary care interventions to promote and support breastfeeding • Recommended preventive preconception and prenatal care services • Urinary Incontinence Screening 	At least annually
SCREENINGS	
Anxiety Screening	All females
Bacteriuria screening	All asymptomatic pregnant females at 12 to 16 weeks' gestation or at the first prenatal visit, if later
Counseling Interventions to Prevent Perinatal Depression	Pregnant or postpartum females at increased risk for perinatal depression without a current diagnosis of depression 20 sessions over a 70 week period
BRCA-related cancer risk assessment, genetic counseling, and BRCA mutation testing	Genetic counseling for asymptomatic females with an ancestry associated with BRCA gene mutations, personal history or family history of a BRCA-related cancer BRCA mutation testing, as indicated, following genetic counseling
Breast cancer screening (2D or 3D mammography)	All females age 40 years and older

Cervical cancer screening (Pap test)	Ages 21 to 65: Every three years Ages 30 to 65: Every 5 years with a combination of Pap test and human papillomavirus (HPV) testing, for those who want to lengthen the screening interval
Chlamydia screening	Sexually active females age 24 years and younger or older sexually active females who are at increased risk for infection
Diabetes Mellitus Screening After Pregnancy	Females with a history of gestational diabetes who are currently not pregnant and who have not been previously diagnosed with type 2 diabetes mellitus
Depression Screening	All pregnant and post-partum females
Gestational diabetes mellitus screening	Asymptomatic pregnant females after 24 weeks of gestation or at the first prenatal visit for pregnant females identified to be at high risk for diabetes
Gonorrhea screening	Sexually active females age 24 years and younger or older sexually active females who are at increased risk for infection
Hepatitis B virus (HBV) screening	All pregnant females or asymptomatic adolescents and adults at high risk for HBV infection
Human immunodeficiency virus (HIV) screening	All pregnant females
Human papillomavirus (HPV) screening	Age 30 and older: Every five years Ages 30 to 65: Every five years with a combination of Pap test and HPV testing, for those that want to lengthen the screening interval
Osteoporosis (bone mineral density) screening	Every two years for females younger than 65 years who are at increased risk for osteoporosis Every two years for females 65 years and older without a history of osteoporotic fracture or without a history of osteoporosis secondary to another condition
RhD incompatibility screening	All pregnant females and follow-up testing for females at higher risk
Syphilis screening	All pregnant females at first prenatal visit For high-risk pregnant females, repeat testing in the third trimester and at delivery Females at increased risk for syphilis infection
Tobacco Use Counseling	All pregnant females who smoke tobacco products
Unhealthy alcohol use screening and behavioral counseling interventions	Screening for all pregnant females Behavioral counseling in a primary care setting with a positive screening result

MEDICATIONS	
Breast cancer chemoprevention	Asymptomatic females age 35 years and older without a prior diagnosis of breast cancer, or ductal carcinoma in situ, who are at high risk for breast cancer and at low risk for adverse effects from breast cancer chemoprevention
Folic Acid	Daily folic acid supplements for all females planning for or capable of pregnancy
Low Dose Aspirin	Aspirin for pregnant females who are at high risk for preeclampsia after 12 weeks of gestation
MISCELLANEOUS	
Breastfeeding supplies/support/counseling	Comprehensive lactation support/counseling for all pregnant women and during the postpartum period Breastfeeding supplies
Reproductive education and counseling, contraception, and sterilization	All females with reproductive capacity

PREVENTIVE CARE SERVICES FOR CHILDREN

VISITS	
Pre-birth exams	All expectant parents for the purpose of establishing a pediatric medical home
Preventive exams Services that may be provided during the preventive exam include but are not limited to the following: <ul style="list-style-type: none"> Behavioral counseling for skin cancer prevention Blood pressure screening Congenital heart defect screening Counseling and education provided by healthcare providers to prevent initiation of tobacco use Developmental surveillance Dyslipidemia risk assessment Hearing risk assessment for children 29 days or older Height, weight, and body mass index measurements Obesity screening Oral health risk assessment Psychosocial/behavioral assessment 	All children up to 21 years of age, with preventive exams provided at: <ul style="list-style-type: none"> 3-5 days after birth By 1 month 2 months 4 months 6 months 9 months 12 months 15 months 18 months 24 months 30 months 3 years-21 years: annual exams
SCREENINGS	
Alcohol, tobacco, and drug use screening and behavioral counseling intervention	Annually for all children 11 years of age and older Annual behavioral counseling in a primary care setting for children with a positive screening result for drug or alcohol use/misuse
Autism and developmental screening	All children
Bilirubin Screening	All newborns
Chlamydia screening	All sexually active children up to age 21 years
Depression screening	Annually for all children age 12 years to 21 years
Dyslipidemia screening	Following a positive risk assessment or in children where laboratory testing is indicated
Gonorrhea screening	All sexually active children up to age 21 years
Hearing screening for newborns	All newborns
Hearing screening for children 29 days or older	Following a positive risk assessment or in children where hearing screening is indicated

Hepatitis B virus (HBV) screening	All asymptomatic adolescents at high risk for HBV infection
Human immunodeficiency virus (HIV) screening	All children
Iron Deficiency Screening	All children
Lead poisoning screening	All children at risk of lead exposure
Newborn metabolic screening panel (For example, congenital hypothyroidism, hemoglobinopathies {sickle cell disease}, phenylketonuria {PKU})	All newborns
Syphilis screening	All sexually active children up to age 21 years
Vision screening	All children up to age 21 years
ADDITIONAL SCREENING SERVICES AND COUNSELING	
Behavioral counseling for prevention of sexually transmitted infections	Semiannually for all sexually active adolescents at increased risk for sexually transmitted infections
Obesity Screening and Behavioral Counseling	Screening is part of the preventive exam for children ages 6 years and older. Behavioral counseling for children ages 6 years and older with an age- and sex-specific body mass index (BMI) in the 95th percentile or greater
MEDICATIONS	
Fluoride	Oral fluoride for children age 6 months to 16 years whose water supply is deficient in fluoride
Prophylactic ocular topical medication for gonorrhea	All newborns within 24 hours after birth
MISCELLANEOUS	
Fluoride varnish application	Every three months for all infants and children starting at age of primary tooth eruption to 5 years of age
Tuberculosis testing	All children up to age 21 years

IMMUNIZATIONS (NOTE: FOR AGE 19 TO 21 YEARS, REFER TO THE ADULT SCHEDULE LISTED ABOVE)

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
Hepatitis B (HepB)	1 st dose	2 nd dose			← 3 rd dose →												
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 st dose	2 nd dose	See Notes												
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)		1 st dose	2 nd dose	3 rd dose			← 4 th dose →					5 th dose					
Neisseria meningitidis type b (Hib)		1 st dose	2 nd dose	See Notes			3 rd or 4 th dose See Notes										
Pneumococcal conjugate (PCV13)		1 st dose	2 nd dose	3 rd dose			← 4 th dose →										
Inactivated poliovirus (IPV <18 yrs)		1 st dose	2 nd dose		← 3 rd dose →							4 th dose					
Influenza (IV) OR Influenza (LAIV)					Annual vaccination 1 or 2 doses								Annual vaccination 1 dose only				
													Annual vaccination 1 or 2 doses			Annual vaccination 1 dose only	
Mumps, measles, rubella (MMR)					See Notes		← 1 st dose →					2 nd dose					
Varicella (VAR)							← 1 st dose →					2 nd dose					
Hepatitis A (HepA)					See Notes		2-dose series. See Notes										
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)																Tdap	
Human papillomavirus (HPV)																See Notes	
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos)				See Notes											1 st dose		2 nd dose
Meningococcal B																See Notes	
Pneumococcal polysaccharide (PPSV23)																See Notes	

Range of recommended ages for all children
 Range of recommended ages for catch-up immunization
 Range of recommended ages for certain high-risk groups
 Recommended based on shared clinical decision-making or *can be used in this age group
 No recommendations/not applicable



**INDEPENDENCE BLUE CROSS
NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT
YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET
ACCESS TO THIS INFORMATION¹**

PLEASE REVIEW IT CAREFULLY.

Independence Blue Cross² values you as a customer, and protection of your privacy is very important to us. In conducting our business, we will create and maintain records that contain protected health information about you and the health care provided to you as a member of our health plans.

Note: "Protected health information" or "PHI" is information about you, including information that can reasonably be used to identify you and that relates to your past, present or future physical or mental health or condition, the provision of health care to you or the payment for that care.

We protect your privacy by:

- limiting who may see your PHI;
- limiting how we may use or disclose your PHI;
- informing you of our legal duties with respect to your PHI;
- explaining our privacy policies; and
- adhering to the policies currently in effect.

This Notice describes our privacy practices, which include how we may use, disclose, collect, handle, and protect our members' protected health information. We are required by certain federal and state laws to maintain the privacy of your protected health information. We also are required by the federal Health Insurance Portability and Accountability Act (or "HIPAA") Privacy Rule to give you this Notice about our privacy practices, our legal duties, and your rights concerning your protected health information.

¹ If you are enrolled in a self-insured group benefit program, this Notice is not applicable. If you are enrolled in such a program, you should contact your Group Benefit Manager for information about your group's privacy practices. If you are enrolled in the Federal Employee Service Benefit Plan, you will receive a separate Notice.

² For purposes of this Notice, "Independence Blue Cross" refers to the following companies: Independence Blue Cross, Keystone Health Plan East, QCC Insurance Company, and Vista Health Plan, Inc. - independent licensees of the Blue Cross and Blue Shield Association.

This revised Notice took effect on July 18, 2017, and will remain in effect until we replace or modify it.

Copies of this Notice

You may request a copy of our Notice at any time. If you want more information about our privacy practices, or have questions or concerns, please contact Member Services by calling the telephone number on the back of your Member Identification Card, or contact us using the contact information at the end of this Notice.

Changes to this Notice

The terms of this Notice apply to all records that are created or retained by us which contain your PHI. We reserve the right to revise or amend the terms of this Notice. A revised or amended Notice will be effective for all of the PHI that we already have about you, as well as for any PHI we may create or receive in the future. We are required by law to comply with whatever Privacy Notice is currently in effect. You will be notified of any material change to our Privacy Notice before the change becomes effective. When necessary, a revised Notice will be mailed to the address that we have on record for the contract holder of your member contract, and will also be posted on our web site at www.ibx.com.

Potential Impact of State Law

The HIPAA Privacy Rule generally does not “preempt” (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections. As a result, to the extent state law applies, the privacy laws of a particular state, or other federal laws, rather than the HIPAA Privacy Rule, might impose a privacy standard under which we will be required to operate. For example, where such laws have been enacted, we will follow more stringent state privacy laws that relate to uses and disclosures of the protected health information concerning HIV or AIDS, mental health, substance abuse/chemical dependency, genetic testing, reproductive rights, etc.

How We May Use and Disclose Your Protected Health Information (PHI)

In order to administer our health benefit programs effectively, we will collect, use and disclose PHI for certain of our activities, including payment of covered services and health care operations.

The following categories describe the different ways in which we may use and disclose your PHI. Please note that every permitted use or disclosure of your PHI is not listed below. However, the different ways we will, or might, use or disclose your PHI do fall within one of the permitted categories described below.

Treatment: We may disclose information to doctors, pharmacies, hospitals and other health care providers who take care of you to assist in your treatment or the coordination of your care.

Payment: We may use and disclose your PHI for all payment activities including, but not limited to, collecting premiums or to determine or fulfill our responsibility to provide health care coverage under our health plans. This may include coordinating benefits with other health care programs or insurance carriers, such as Medicare or Medicaid. For example, we may use and disclose your PHI to pay claims for services provided to you by doctors or hospitals which are covered by your health plan(s), or to determine if requested services are covered under your health plan. We may also use and disclose your PHI to conduct business with other Independence Blue Cross affiliate companies.

Health Care Operations: We may use and disclose your PHI to conduct and support our business and management activities as a health insurance issuer. For example, we may use and disclose your PHI to determine our premiums for your health plan, to conduct quality assessment and improvement activities, to conduct business planning activities, to conduct fraud detection programs, to conduct or arrange for medical review, or to engage in care coordination of health care services.

We may also use and disclose your PHI to offer you one of our value added programs like smoking cessation or discounted health related services, or to provide you with information about one of our disease management programs or other available Independence Blue Cross health products or health services.

We may also use and disclose your PHI to provide you with reminders to obtain preventive health services, and to inform you of treatment alternatives and/or health related benefits and services that may be of interest to you.

Marketing: Your PHI will not be sold, used or disclosed for marketing purposes without your authorization except where permitted by law. Such exceptions may include: a marketing communication to you that is in the form of (a) a face-to-face communication, or (b) a promotional gift of nominal value.

Release of Information to Plan Sponsors: Plan sponsors are employers or other organizations that sponsor a group health plan. We may disclose PHI to the plan sponsor of your group health plan as follows:

- We may disclose “summary health information” to your plan sponsor to use to obtain premium bids for providing health insurance coverage or to modify, amend or terminate its group health plan. “Summary health information” is information that summarizes claims history, claims expenses, or types of claims experience for the individuals who participate in the plan sponsor’s group health plan;
- We may disclose PHI to your plan sponsor to verify enrollment/disenrollment in your group health plan;
- We may disclose your PHI to the plan sponsor of your group health plan so that the plan sponsor can administer the group health plan; and
- If you are enrolled in a group health plan, your plan sponsor may have met certain requirements of the HIPAA Privacy Rule that will permit us to disclose PHI to the plan sponsor. Sometimes the plan sponsor of a group health plan is the employer. In those circumstances, we may disclose PHI to your employer. You should talk to your employer to find out how this information will be used.

Research: We may use or disclose your PHI for research purposes if certain conditions are met. Before we disclose your PHI for research purposes without your written permission, an Institutional Review Board (a board responsible under federal law for reviewing and approving research involving human subjects) or Privacy Board reviews the research proposal to ensure that the privacy of your PHI is protected, and to approve the research.

Required by Law: We may disclose your PHI when required to do so by applicable law. For example, the law requires us to disclose your PHI:

- When required by the Secretary of the U.S. Department of Health and Human Services to investigate our compliance efforts; and

- To health oversight agencies, to allow them to conduct certain Health Oversight Activities described below.

Public Health Activities: We may disclose your PHI to public health agencies for public health activities that are permitted or required by law, such as to:

- prevent or control disease, injury or disability;
- maintain vital records, such as births and deaths;
- report child abuse and neglect;
- notify a person about potential exposure to a communicable disease;
- notify a person about a potential risk for spreading or contracting a disease or condition;
- report reactions to drugs or problems with products or devices;
- notify individuals if a product or device they may be using has been recalled; and
- notify appropriate government agency(ies) and authority(ies) about the potential abuse or neglect of an adult patient, including domestic violence.

Health Oversight Activities: We may disclose your PHI to a health oversight agency for activities authorized by law, such as: audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Health oversight agencies seeking this information include government agencies that oversee: (i) the health care system; (ii) government benefit programs; (iii) other government regulatory programs; and (iv) compliance with civil rights laws.

Lawsuits and Other Legal Disputes: We may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process once we have met all administrative requirements of the HIPAA Privacy Rule.

Law Enforcement: We may disclose your PHI to law enforcement officials under certain conditions. For example, we may disclose PHI:

- to permit identification and location of witnesses, victims, and fugitives;
- in response to a search warrant or court order;
- as necessary to report a crime on our premises;
- to report a death that we believe may be the result of criminal conduct; or
- in an emergency, to report a crime.

Coroners, Medical Examiners, or Funeral Directors: We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We also may disclose, as authorized by law, information to funeral directors so that they may carry out their duties.

Organ and Tissue Donation: We may use or disclose your PHI to organizations that handle organ and tissue donation and distribution, banking, or transplantation.

To Prevent a Serious Threat to Health or Safety: As permitted by law, we may disclose your PHI if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Military and National Security: We may disclose to military authorities the PHI of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials PHI required for lawful intelligence, counter-intelligence, and other national security activities.

Inmates: If you are a prison inmate, we may disclose your PHI to the prison or to a law enforcement official for: (1) the prison to provide health care to you; (2) your health and safety, and the health and safety of others; or (3) the safety and security of the prison.

Underwriting: We will not use genetic information about you for underwriting purposes.

Workers' Compensation: As part of your workers' compensation claim, we may have to disclose your PHI to a worker's compensation carrier.

To You: When you ask us to, we will disclose to you your PHI that is in a "designated record set." Generally, a designated record set contains medical, enrollment, claims and billing records we may have about you, as well as other records that we use to make decisions about your health care benefits. You can request the PHI from your designated record set as described in the section below called "Your Privacy Rights Concerning Your Protected Health Information."

To Your Personal Representative: If you tell us to, we will disclose your PHI to someone who is qualified to act as your personal representative according to any relevant state laws. In order for us to disclose your PHI to your personal representative, you must send us a completed Independence Blue Cross Personal Representative Designation Form and documentation that supports the person's qualification according to state law (such as a power of attorney or guardianship). To request the Independence Blue Cross Personal Representative Designation Form, please contact Member Services at the telephone number listed on the back of your Member Identification card, print the form from our web site at www.ibx.com, or write us at the address at the end of this Notice. However, the HIPAA Privacy Rule permits us to choose not to treat that person as your personal representative when we have a reasonable belief that: (i) you have been, or may be, subjected to domestic violence, abuse or neglect by the person; (ii) treating the person as your personal representative could endanger you; or (iii) in our professional judgment, it is not in your best interest to treat the person as your personal representative.

To Family and Friends: Unless you object, we may disclose your PHI to a friend or family member who has been identified as being involved in your health care. We also may disclose your PHI to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you are not present or able to agree to these disclosures of your PHI, then we may, using our professional judgment, determine whether the disclosure is in your best interest.

Parents as Personal Representatives of Minors: In most cases, we may disclose your minor child's PHI to you. However, we may be required to deny a parent's access to a minor's PHI according to applicable state law.

Health Information Exchanges

We share your health information electronically through certain Health Information Exchanges (“HIEs”). A HIE is a secure electronic data sharing network. In accordance with applicable federal and state privacy and security requirements, regional health care providers participate in HIEs to exchange patient information in real-time to help facilitate delivery of health care, avoid duplication of services, and more efficiently coordinate care. As a participant in HIEs, Independence shares your health information we may have received when a claim has been submitted for services you have received among authorized participating providers, such as physicians, hospitals, and health systems for the purpose of treatment, payment and health care operations as permitted by law. During an emergency, patients and their families may forget critical portions of their medical history which may be very important to the treating physician who is trying to make a quick, accurate diagnosis in order to treat the sick patient. Independence, through its participation in an HIE, makes pertinent medical history, including diagnoses, studies, lab results, medications and the treating physicians we may receive on a claim available to participating emergency room physicians while the patient is receiving care. This is invaluable to the physician, expediting the diagnosis and proper treatment of the patient.

Your treating providers who participate with an HIE, and also submit health information with the HIE, will have the ability to access your health information through the HIE and send records to your treating physicians. Through direct requests to the HIE, we will receive various types of protected health information such as pharmacy or laboratory services, or information when you have been discharged from a hospital which may be used to coordinate your care, provide case management services, or otherwise reduce duplicative services and improve the overall quality of care to our members. All providers that participate in HIEs agree to comply with certain privacy and security standards relating to their use and disclosure of the health information available through the HIE.

As an Independence member, you have the right to opt-out which means your health information will not be accessible through the HIE. Through the regional HIE (www.hsxsepa.org/patient-options-opt-out-back) website or the State HIE (www.dhs.pa.gov/providers/Providers/Documents/opt%20out.pdf) website consumers or providers can access an online, fax, or mail form permitting patients to remove themselves (opt-out) or reinstate themselves (opt back in) to the HIE. It will take approximately one business day to process an opt-out request. If you choose to opt-out of the HIE, your health care providers will not be able to access your information through the HIE. Even if you opt-out, this will not prevent your health information from being made available and released through other means (i.e. fax, secure email) to authorized individuals, such as network providers for paying claims, coordinating care, or administering your health benefits in accordance with the law and in the normal course of conducting our business as permitted under applicable law. For more information on HIEs, please go to www.hsxsepa.org/consumers-0 or to <https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Information%20Technology/Health-Information-Exchange-Citizens.aspx>.

Right to Provide an Authorization for Other Uses and Disclosures

- Other uses and disclosures of your PHI that are not described above will be made only with your written authorization.
- You may give us written authorization permitting us to use your PHI or disclose it to anyone for any purpose.
- We will obtain your written authorization for uses and disclosures of your PHI that are not identified by this Notice, or are not otherwise permitted by applicable law.

Any authorization that you provide to us regarding the use and disclosure of your PHI may be revoked by you in writing at any time. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Of course, we are unable to take back any disclosures that we have already made with your authorization. We may also be required to disclose PHI as necessary for purposes of payment for services received by you prior to the date when you revoked your authorization.

Your authorization must be in writing and contain certain elements to be considered a valid authorization. For your convenience, you may use our approved Independence Blue Cross Authorization Form. To request the Independence Blue Cross Authorization Form, please contact Member Services at the telephone number listed on the back of your Member Identification card, print the form from our web site at www.ibx.com, or write us at the address at the end of this Notice.

Your Privacy Rights Concerning Your Protected Health Information (PHI)

You have the following rights regarding the PHI that we maintain about you. Requests to exercise your rights as listed below must be in writing. For your convenience, you may use our approved Independence Blue Cross form(s). To request a form, please contact Member Services at the telephone number listed on the back of your Member Identification card or write to us at the address listed at the end of this Notice.

Right to Access Your PHI: You have the right to inspect or get copies of your PHI contained in a designated record set. Generally, a “designated record set” contains medical, enrollment, claims and billing records we may have about you, as well as other records that we may use to make decisions about your health care benefits. However, you may not inspect or copy psychotherapy notes or certain other information that may be contained in a designated record set.

You may request that we provide copies of your PHI in a format other than photocopies such as by electronic means in certain situations. We will use the format you request unless we cannot practicably do so. We may charge a reasonable fee for copies of PHI (based on our costs), for postage, and for a custom summary or explanation of PHI. You will receive notification of any fee(s) to be charged before we release your PHI, and you will have the opportunity to modify your request in order to avoid and/or reduce the fee. In certain situations, we may deny your request for access to your PHI. If we do, we will tell you our reasons in writing, and explain your right to have the denial reviewed.

Right to Amend Your PHI: You have the right to request that we amend your PHI if you believe there is a mistake in your PHI, or that important information is missing. Approved amendments made to your PHI will also be sent to those who need to know, including (where appropriate) Independence Blue Cross's vendors (known as "Business Associates"). We may also deny your request if, for instance, we did not create the information you want amended. If we deny your request to amend your PHI, we will tell you our reasons in writing, and explain your right to file a written statement of disagreement.

Right to an Accounting of Certain Disclosures: You may request, in writing, that we tell you when we or our Business Associates have disclosed your PHI (an "Accounting"). Any accounting of disclosures will **not** include those we made:

- for payment, or health care operations;
- to you or individuals involved in your care;
- with your authorization;
- for national security purposes;
- to correctional institution personnel; or
- before April 14, 2003.

The first accounting in any 12-month period is without charge. We may charge you a reasonable fee (based on our cost) for each subsequent accounting request within a 12-month period. If a subsequent request is received, we will notify you of any fee to be charged, and we will give you an opportunity to withdraw or modify your request in order to avoid or reduce the fee.

Right to Request Restrictions: You have the right to request, in writing, that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to your request. However, if we do agree, we will be bound by our agreement except when required by law, in emergencies, or when information is necessary to treat you. An approved restriction continues until you revoke it in writing, or until we tell you that we are terminating our agreement to a restriction.

Right to Request Confidential Communications: You have the right to request that we use alternate means or an alternative location to communicate with you in confidence about your PHI. For instance, you may ask that we contact you by mail, rather than by telephone, or at work, rather than at home. Your written request must clearly state that the disclosure of all or part of your PHI at your current address or method of contact we have on record could be an endangerment to you. We will require that you provide a reasonable alternate address or other method of contact for the confidential communications. In assessing reasonableness, we will consider our ability to continue to receive payment and conduct health care operations effectively, and the subscriber's right to payment information. We may exclude certain communications that are commonly provided to all members from confidential communications. Examples of such communications include benefit booklets and newsletters.

Right to a Paper Copy of This Notice: You have the right to receive a paper copy of our Notice of Privacy Practices. You can request a copy at any time, even if you have agreed to receive this Notice electronically. To request a paper copy of this Notice, please contact Member Services at the telephone number on the back of your Member Identification Card.

Right to Notification of a Breach of Your PHI: You have the right to and will be notified following a breach of your unsecured PHI or if a security breach occurs involving your PHI.

Your Right to File a Privacy Complaint

If you believe your privacy rights have been violated, or if you are dissatisfied with Independence Blue Cross's privacy practices or procedures, you may file a complaint with the Independence Blue Cross Privacy Office and with the Secretary of the U.S. Department of Health and Human Services.

You will not be penalized for filing a complaint.

To file a privacy complaint with us, you may contact Member Services at the telephone number on the back of your member ID card, or you may contact the Privacy Office as follows:

Independence Blue Cross
Privacy Office
P.O. Box 41762
Philadelphia, PA 19101 - 1762

Fax: (215) 241-4023 or 1-888-678-7006 (toll-free)

E-mail: Privacy@ibx.com

Phone: 215-241-4735 or 1-888-678-7005 (toll-free)



Benefits underwritten or administered by QCC Insurance Company, a subsidiary of Independence Blue Cross – independent licensees of the Blue Cross and Blue Shield Association.

Independence Blue Cross is an independent licensee of the Blue Cross and Blue Shield Association.

PPO BLUE

PPO PROGRAM

Peoples Natural Gas Company

Salaried PNG

**Group 10429513, 104295-14, 104295-15, 104295-16, 104295-17, 104295-63,
104295-64, 104295-65, 104295-66, 104295-67**

Effective January 1, 2020

Discrimination is Against the Law

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex assigned at birth, gender identity or recorded gender. Furthermore, the Claims Administrator/Insurer will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Claims Administrator/Insurer will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual. The Claims Administrator/Insurer:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Claims Administrator/Insurer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。

请拨打您的身份证背面的号码（TTY：711）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga lib्रेng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المعونة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

ATTENTION: Si c'est créole que vous connaissez, il y a un certain service de langues qui est gratis et disponible pour vous-même. Composez le numéro qui est au dos de votre carte d'identité. (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

注: 日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。ID カードの裏に明記されている番号に電話をおかけください (TTY: 711)。

توجه: اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.

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This Booklet is not a Contract

This booklet does not constitute a contract of benefits and provisions. The complete set of terms of coverage is set forth in the Group Contract issued by Highmark Blue Cross Blue Shield, an Independent Licensee of the Blue Cross Blue Shield Association. This booklet is merely a description of the principal features of your health care program.

Non-Assignment

Highmark is authorized by the member to make payments directly to providers furnishing Covered Services provided under the program described in this benefit booklet; however, Highmark reserves the right to make these payments directly to the member. The right of a member to receive payment for a Covered Service described in this benefits booklet is not assignable, except to the extent required by law, nor may benefits described in this benefit booklet be transferred either before or after Covered Services are rendered. Any (direct or indirect) attempt to accomplish such an assignment shall be null and void. Nothing contained in this benefit booklet shall be construed to make Highmark, the group health plan or the group health plan sponsor liable to any assignee to whom a member may be liable for medical care, treatment, or services.

Introduction to Your Health Care Program

This booklet provides you with the information you need to understand your health care program. We encourage you to take the time to review this information, so you understand how your health care program works.

Refer to the Summary of Benefits at the end of this booklet. The Summary of Benefits will tell you what you need to know about your benefits, exclusions and how your plan works.

This program is a **high deductible health plan** of inpatient and outpatient benefits, most of which are provided at both network and out-of-network benefit levels. Health care coverage is based on guidelines from the U.S. Treasury Department. These guidelines require: 1) a minimum deductible amount, 2) a maximum out-of-pocket amount, 3) all medical and drug services, with the exception of preventive care, must be applied toward the deductible, and 4) all medical and drug services must be applied toward the out-of-pocket amount. You must be enrolled in a qualified HDHP to establish and contribute to a health savings account.

For a number of reasons, we think you'll be pleased with your health care program:

- **Your health care program gives you freedom of choice.** You are not required to select a primary care physician to receive covered care. You have access to a large provider network of physicians, hospitals, and other providers in the Highmark service area, as well as providers across the country who are part of the local Blue Cross and Blue Shield PPO network. For a higher level of coverage, you need to receive care from one of these network providers. However, you can go outside the network and still receive care at the lower level of coverage. To locate a network provider near you, or to learn whether your current physician is in the network, log onto your Highmark member website, www.highmarkbcbs.com.
- **Your health care program gives you "stay healthy" care.** You are covered for a range of preventive care, including physical examinations and selected diagnostic tests. Preventive care is a proactive approach to health management that can help you stay on top of your health status and prevent more serious, costly care down the road.

You can review your Preventive Care Guidelines online at your member website. And, as a member of your health care program, you get important extras. Along with 24-hour assistance with any health care question via Blues On Call, your member website connects you to a range of self-service tools that can help you manage your coverage. You can also access programs and services designed to help you make and maintain healthy improvements. And you can access a wide range of care cost and care provider quality tools to assure you spend your health care dollars wisely.

We understand that prescription drug coverage is of particular concern to our members. You'll find in-depth information on these benefits in this booklet.

If you have any questions on your health care program, please call the Member Service toll-free telephone number on the back of your ID card. For TTY/TDD hearing impaired service, please dial 711 and the number on the back of your ID card.

Information for Non-English-Speaking Members

Non-English-speaking members have access to clear benefits information. They can call the toll-free Member Service telephone number on the back of their ID card to be connected to a language services interpreter line. Highmark Member Service representatives are trained to make the connection.

As always, we value you as a member, look forward to providing your coverage, and wish you good health.

How Your Benefits Are Applied

To help you understand your coverage and how it works, here's an explanation of some benefit terms found on the Summary of Benefits, which is included at the end of this booklet. For specific amounts, refer to the Summary of Benefits.

Benefit Period

The specified period of time during which charges for covered services must be incurred in order to be eligible for payment by Highmark. A charge shall be considered incurred on the date you receive the service or supply for which the charge is made. Refer to the Summary of Benefits for the benefit period under this program.

Medical and Prescription Drug Cost-Sharing Provisions

Cost sharing is a requirement that you pay part of your expenses for covered services. The terms "copayment," "deductible" and "coinsurance" describe methods of such payment.

Coinsurance

The coinsurance is the specific percentage of the plan allowance for covered services that is your responsibility. You may be required to pay any applicable coinsurance at the time you receive care from a provider. Refer to the Plan Payment Level in the Summary of Benefits for the percentage amounts paid by the program.

Copayment

The copayment for certain covered services is the specific, upfront dollar amount which will be deducted from the plan allowance and is your responsibility. See the Summary of Benefits for the copayment amounts.

Deductible

The deductible is a specified dollar amount you must pay for covered services each benefit period before the program begins to provide payment for benefits. See the Summary of Benefits for the deductible amount. You may be required to pay any applicable deductible at the time you receive care from a provider.

Family Deductible

The family deductible is a specified dollar amount of covered services that must be incurred by covered family members before the program begins to provide payment for benefits. See the Summary of Benefits for the family deductible amount.

For a family with several covered dependents, the deductible you pay for all covered family members, regardless of family size, is specified under family deductible. To reach this total, the entire family deductible must be satisfied in one benefit period by one or more family members. Benefits for any individual member of the family will not be payable until the family deductible has been satisfied. Once the family deductible is met, no further deductible amounts must be satisfied by any covered family member.

Out-of-Pocket Limit

The out-of-pocket limit refers to the specified dollar amount of expense incurred for covered services in a benefit period. When the specified dollar amount is attained, the level of benefit increases as specified in the Summary of Benefits. See the Summary of Benefits for the out-of-pocket limit.

Total Maximum Out-of-Pocket

The total maximum out-of-pocket, as mandated by the federal government, refers to the specified dollar amount of deductible, coinsurance, copayments incurred for network covered services, covered medications and any qualified medical expenses in a benefit period. When the specified individual dollar amount is attained by you, or the specified family dollar amount is attained by you or your covered family members, your program begins to pay 100% of all covered expenses and no additional coinsurance, copayments and deductible will be incurred for network covered services and covered medications in that benefit period. See the Summary of Benefits for the total maximum out-of-pocket. The total maximum out-of-pocket does not include out-of-network cost-sharing or amounts in excess of the plan allowance.

However, if any covered family member has incurred an amount equal to the individual total maximum out-of-pocket, the benefits payable for covered services for that particular individual family member will be payable at 100% of the plan allowance during the remainder of the benefit period.

Maximum

The greatest amount of benefits that the program will provide for covered services within a prescribed period of time. This could be expressed in dollars, number of days or number of services.

Covered Services - Medical Program

Your health care program may provide benefits for the following services you receive from a provider when such services are determined to be medically necessary and appropriate. All benefit limits, deductibles and copayment amounts are described in the Summary of Benefits included at the end of this booklet. For specific covered services, refer to the Summary of Benefits.

Network care is covered at a higher level of benefits than out-of-network care. For the lowest out-of-pocket costs, use a network provider. To make sure that a provider is in the network, call Member Service at the number on the back of your member ID card. Or visit www.highmarkbcbs.com.

Ambulance Service

Ambulance service providing local transportation by means of a specially designed and equipped vehicle used only for transporting the sick and injured:

- from your home, the scene of an accident or medical emergency to a hospital or skilled nursing facility;
- between hospitals; or
- between a hospital and a skilled nursing facility;

when such facility is the closest institution that can provide covered services appropriate for your condition. If there is no facility in the local area that can provide covered services appropriate for your condition, then ambulance service means transportation to the closest facility outside the local area that can provide the necessary service.

Ambulance service includes an emergency medical services (EMS) agency licensed by the state.

Transportation and other emergency services provided by an ambulance service will be considered emergency ambulance service if the injury or condition is considered emergency care. Refer to the Terms You Should Know section for a definition of emergency care services.

Benefits are provided for emergency care services rendered by an ambulance service even when transport is not required or refused by you.

Use of an ambulance as transportation to an emergency room for an injury or condition that does not satisfy the criteria of emergency care will not be covered as emergency ambulance services.

Local transportation by means of a specially designed and equipped vehicle used only for transporting the sick and injured:

- from a hospital to your home, or
- from a skilled nursing facility to your home.

Anesthesia for Non-Covered Dental Procedures (Limited)

Benefits will be provided for general anesthesia and associated hospital and medical services normally related to the administration of general anesthesia which are rendered in connection with non-covered dental procedures or non-covered oral surgery. Benefits are provided for members age seven or under and for developmentally disabled members when determined by Highmark to be medically necessary and appropriate and when a successful result cannot be expected for treatment under local anesthesia, or when a superior result can be expected from treatment under general anesthesia.

Autism Spectrum Disorders

Benefits are provided to members under 21 years of age for the following:

Diagnostic Assessment of Autism Spectrum Disorders

Medically necessary and appropriate assessments, evaluations or tests performed by a physician, licensed physician assistant, psychologist or certified registered nurse practitioner to diagnose whether an individual has an autism spectrum disorder.

Treatment of Autism Spectrum Disorders

Services must be specified in a treatment plan developed by a physician or psychologist following a comprehensive evaluation or reevaluation performed in a manner consistent with the most recent clinical report or recommendations of the American Academy of Pediatrics. Highmark may review a treatment plan for autism spectrum disorders once every six months, or as agreed upon between Highmark and the physician or psychologist developing the treatment plan.

Treatment may include the following medically necessary and appropriate services:

Pharmacy care

Any assessment, evaluation, test or prescription drug prescribed or ordered by a physician, licensed physician assistant or certified registered nurse practitioner to determine the need or effectiveness of a prescription drug approved by the Food and Drug Administration (FDA) and designated by Highmark for the treatment of autism spectrum disorders.

Psychiatric and psychological care

Direct or consultative services provided by a psychologist or by a physician who specializes in psychiatry.

Rehabilitative care

Professional services and treatment programs, including Applied Behavioral Analysis, provided by an autism service provider to produce socially significant improvements in human behavior or to prevent loss of an attained skill or function.

Therapeutic care

Services that are provided by a speech language pathologist, occupational therapist or physical therapist.

Dental Services Related to Accidental Injury

Dental services initially rendered by a physician which are required as a result of accidental injury to the jaws, sound natural teeth, mouth or face. Follow-up services, if any, that are provided after the initial treatment are not covered. Injury as a result of chewing or biting shall not be considered an accidental injury.

Diabetes Treatment

Coverage is provided for the following when required in connection with the treatment of diabetes and when prescribed by a physician legally authorized to prescribe such items under the law:

- Equipment and supplies: Blood glucose monitors, monitor supplies, and insulin infusion devices
- Diabetes Education Program*: When your physician certifies that you require diabetes education as an outpatient, coverage is provided for the following when rendered through a diabetes education program:
 - Visits medically necessary and appropriate upon the diagnosis of diabetes
 - Subsequent visits under circumstances whereby your physician: a) identifies or diagnoses a significant change in your symptoms or conditions that necessitates changes in your self-management, or b) identifies, as medically necessary and appropriate, a new medication or therapeutic process relating to your treatment and/or management of diabetes

***Diabetes Education Program** – an outpatient program of self-management, training and education, including medical nutrition therapy, for the treatment of diabetes. Such outpatient program must be conducted under the supervision of a licensed health care professional with expertise in diabetes. Outpatient diabetes education services will be covered subject to Highmark's criteria. These criteria are based on the certification

programs for outpatient diabetes education developed by the American Diabetes Association (ADA) and the Pennsylvania Department of Health.

Diagnostic Services

Benefits will be provided for the following covered services when ordered by a professional provider:

Advanced Imaging Services

Include, but are not limited to, computed tomography (CT), computed tomographic angiography (CTA), magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), positron emission tomography (PET scan), positron emission tomography/computed tomography (PET/CT scan).

Basic Diagnostic Services

- **Standard Imaging Services** - procedures such as skeletal x-rays, ultrasound and fluoroscopy
- **Laboratory and Pathology Services** - procedures such as non-routine Papanicolaou (PAP) smears, blood tests, urinalysis, biopsies and cultures
- **Diagnostic Medical Services** - procedures such as electrocardiograms (ECG), electroencephalograms (EEG), echocardiograms, pulmonary studies, stress tests, audiology testing
- **Allergy Testing Services** - allergy testing procedures such as percutaneous, intracutaneous, and patch tests

Durable Medical Equipment

The rental or, at the option of Highmark, the purchase, adjustment, repairs and replacement of durable medical equipment for therapeutic use when prescribed by a professional provider within the scope of their license. Rental costs cannot exceed the total cost of purchase.

Enteral Foods

Enteral foods is a liquid source of nutrition equivalent to a prescription drug that is administered orally or enterally and which may contain some or all nutrients necessary to meet minimum daily nutritional requirements. Enteral foods are intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements are identified through medical evaluation.

Coverage is provided for enteral foods when administered on an outpatient basis for:

- amino acid-based elemental medical formulae ordered by a physician for infants and children for food protein allergies, food protein-induced enterocolitis syndrome, eosinophilic disorders and short bowel syndrome; and
- nutritional supplements administered under the direction of a physician for the therapeutic treatment of phenylketonuria, branched-chain ketonuria, galactosemia and homocystinuria and;
- enteral formulae prescribed by a physician, when administered on an outpatient basis, considered to be your sole source of nutrition and provided:
 - through a feeding tube (nasogastric, gastrostomy, jejunostomy, etc.) and utilized instead of regular shelf food or regular infant formulas; or
 - orally and identified as one of the following types of defined formulae with: hydrolyzed (pre-digested) protein or amino acids, specialized content for special metabolic needs, modular components, or standardized nutrients.

Once it is determined that you meet the above criteria, coverage for enteral formulae will continue as long as it represents at least 50% of your daily caloric requirement.

Coverage for enteral formulae excludes the following:

- Blenderized food, baby food, or regular shelf food
- Milk or soy-based infant formulae with intact proteins
- Any formulae, when used for the convenience of you or your family members
- Nutritional supplements or any other substance utilized for the sole purpose of weight loss or gain, or for caloric supplementation, limitation or maintenance
- Semisynthetic intact protein/protein isolates, natural intact protein/protein isolates, and intact protein/protein isolates, when provided orally

This coverage does not include normal food products used in the dietary management of the disorders included above.

Home Health Care/Hospice Care Services

This program covers the following services you receive from a home health care agency, hospice or a hospital program for home health care and/or hospice care:

- Skilled nursing services of a Registered Nurse (RN) or Licensed Practical Nurse (LPN), excluding private duty nursing services

- Physical medicine, speech therapy and occupational therapy
- Medical and surgical supplies provided by the home health care agency or hospital program for home health care or hospice care
- Oxygen and its administration
- Medical social service consultations
- Health aide services when you are also receiving covered nursing services or therapy and rehabilitation services
- Family counseling related to the member's terminal condition

No home health care/hospice benefits will be provided for:

- dietitian services;
- homemaker services;
- maintenance therapy;
- dialysis treatment;
- custodial care; and
- food or home-delivered meals.

Home Infusion and Suite Infusion Therapy Services

Benefits will be provided when performed by a home infusion and/or suite infusion therapy provider at an infusion suite or in a home setting. This includes pharmaceuticals, pharmacy services, intravenous solutions, medical/surgical supplies and nursing services associated with infusion therapy. Specific adjunct non-intravenous therapies are included when administered only in conjunction with infusion therapy. Benefits for certain infusion therapy prescription drugs as identified by Highmark and which are appropriate for self-administration will be provided only when received from a participating pharmacy provider.

Hospital Services

This program covers the following services received in a facility provider. Benefits will be covered only when, and so long as, they are determined to be medically necessary and appropriate for the treatment of the patient's condition.

Inpatient Services

Bed and Board

Bed, board and general nursing services are covered when you occupy:

- a room with two or more beds;
- a private room. Private room allowance is the average semi-private room charge; or
- a bed in a special care unit which is a designated unit which has concentrated all facilities, equipment and supportive services for the provision of an intensive level of care for critically ill patients.

Ancillary Services

Hospital services and supplies including, but not restricted to:

- use of operating, delivery and treatment rooms and equipment;
- drugs and medicines provided to you while you are an inpatient in a facility provider;
- whole blood, administration of blood, blood processing, and blood derivatives;
- anesthesia, anesthesia supplies and services rendered in a facility provider by an employee of the facility provider. Administration of anesthesia ordered by the attending professional provider and rendered by a professional provider other than the surgeon or assistant at surgery;
- medical and surgical dressings, supplies, casts and splints;
- diagnostic services; or
- therapy and rehabilitation services.

Outpatient Services

Ancillary Services

Hospital services and supplies including, but not restricted to:

- use of operating, delivery and treatment rooms and equipment;
- drugs and medicines provided to you while you are an outpatient in a facility provider. However, benefits for certain therapeutic injectables and infusion therapy prescription drugs as identified by Highmark and which are appropriate for self-administration will be provided only when received from a participating pharmacy provider;
- whole blood, administration of blood, blood processing, and blood derivatives;
- anesthesia, anesthesia supplies and services rendered in a facility provider by an employee of the facility provider. Administration of anesthesia ordered by the attending professional provider and rendered by a professional provider other than the surgeon or assistant at surgery;
- medical and surgical dressings, supplies, casts and splints.

Emergency Care Services

In emergency situations, where you must be treated immediately, go directly to your nearest hospital emergency provider; or call "911" or your area's emergency number.

Emergency care services are services and supplies, including drugs and medicines, for the outpatient emergency treatment of bodily injuries resulting from an accident or a medical condition. Also included is a medical screening examination and ancillary services necessary to evaluate such injury or emergency medical condition and further medical examination and treatment as required to stabilize the patient.

Once the crisis has passed, call your physician to receive appropriate follow-up care.

Refer to the Terms You Should Know section for a definition of emergency care services. Treatment for any occupational injury for which benefits are provided under any worker's compensation law or any similar occupational disease law is not covered.

Pre-Admission Testing

Tests and studies, as indicated in the Basic Diagnostic Services subsection above, required in connection with your admission rendered or accepted by a hospital on an outpatient basis prior to a scheduled admission to the hospital as an inpatient.

Surgery

Hospital services and supplies for outpatient surgery including removal of sutures, anesthesia, anesthesia supplies and services rendered by an employee of the facility provider, other than the surgeon or assistant at surgery.

Inpatient Medical Services

Medical care by a professional provider when you are an inpatient for a condition not related to surgery, pregnancy or mental illness, except as specifically provided.

Concurrent Care

Medical care rendered concurrently with surgery during one inpatient stay by a professional provider other than the operating surgeon for treatment of a medical condition separate from the condition for which surgery was performed. Medical care by two or more professional providers rendered concurrently during one inpatient stay when the nature or severity of your condition requires the skills of separate physicians.

Consultation

Consultation services rendered to an inpatient by another professional provider at the request of the attending professional provider. Consultation does not include staff consultations which are required by facility provider rules and regulations.

Inpatient Medical Care Visits

Benefits are provided for inpatient medical care visits.

Intensive Medical Care

Medical care rendered to you when your condition requires a professional provider's constant attendance and treatment for a prolonged period of time.

Routine Newborn Care

Professional provider visits to examine newborn infant while the mother is an inpatient.

Maternity Services

Hospital, medical and surgical services rendered by a facility provider or professional provider for:

Complications of Pregnancy

Physical effects directly caused by pregnancy but which are not considered from a medical viewpoint to be the effect of normal pregnancy, including conditions related to ectopic pregnancy or those that require cesarean section.

Maternity Home Health Care Visit

You are covered for one maternity home health care visit provided at your home within 48 hours of discharge when the discharge from a facility provider occurs prior to: (a) 48 hours of inpatient care following a normal vaginal delivery, or (b) 96 hours of inpatient care following a cesarean delivery. This visit shall be made by a network provider whose scope of practice includes postpartum care. The visit includes parent education, assistance and training in breast and bottle feeding, infant screening, clinical tests, and the performance of any necessary maternal and neonatal physical assessments. The visit may, at your sole discretion, occur at the office of your network provider. The visit is subject to all the terms of this program and is exempt from any copayment, coinsurance or deductible amounts.

Under state law, entities such as Highmark which issue health insurance to your employer or union, are generally prohibited from restricting benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, state law does not prohibit the mother's or newborn's attending provider from discharging the mother or newborn earlier than 48 hours (or 96 hours as applicable) if the mother and newborn meet the medical criteria for a safe discharge contained in guidelines which recognize treatment standards used to determine the appropriate length of stay; including those of the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists. In any case, health insurance issuers like Highmark can only require that

a provider obtain authorization for prescribing an inpatient hospital stay that exceeds 48 hours (or 96 hours).

Normal Pregnancy

Normal pregnancy includes any condition usually associated with the management of a difficult pregnancy but is not considered a complication of pregnancy.

Nursery Care

Covered services provided to the newborn child from the moment of birth, including care which is necessary for the treatment of medically diagnosed congenital defects, birth abnormalities, prematurity and routine nursery care. Routine nursery care includes inpatient medical visits by a professional provider. Benefits will continue for a maximum of 31 days. To be covered as a dependent beyond the 31-day period, the newborn child must be enrolled as a dependent under this program within such period. Refer to the General Information section for further eligibility information.

If you are pregnant, now is the time to enroll in the Baby Blueprints® Maternity Education and Support Program offered by Highmark. Please refer to the Member Services section of this booklet for more information.

Mental Health Care Services

Your mental health is just as important as your physical health. That's why your program provides professional, confidential mental health care that addresses your individual needs. You have access to a wide range of mental health and substance abuse professional providers, so you can get the appropriate level of responsive, confidential care.

You are covered for a full range of counseling and treatment services. Your program covers the following services you receive from a provider to treat mental illness:

Inpatient Facility Services

Inpatient hospital services provided by a facility provider or residential treatment facility provider that satisfies the criteria established by the plan for the treatment of mental illness.

Inpatient Medical Services

Covered inpatient medical services provided by a professional provider:

- Individual psychotherapy
- Group psychotherapy
- Psychological testing
- Counseling with family members to assist in your diagnosis and treatment

- Electroshock treatment or convulsive drug therapy including anesthesia when administered concurrently with the treatment by the same professional provider

Partial Hospitalization Mental Health Care Services

Benefits are only available for mental health care services provided on a partial hospitalization basis when received through a partial hospitalization program. A mental health care service provided on a partial hospitalization basis will be deemed an outpatient care visit and is subject to any outpatient care cost-sharing amounts.

Outpatient Mental Health Care Services

Inpatient facility service and inpatient medical benefits (except room and board) provided by a facility provider or professional provider as previously described, are also available when you are an outpatient, including a virtual visit between you and a specialist or approved telemedicine provider via an audio and video telecommunications system.

Orthotic Devices

Purchase, fitting, necessary adjustment, repairs and replacement of a rigid or semi-rigid supportive device which restricts or eliminates motion of a weak or diseased body part.

Outpatient Medical Care Services (Office Visits)

Medical care rendered by a professional provider when you are an outpatient for a condition not related to surgery, pregnancy or mental illness, except as specifically provided. Covered services include medical care visits, telemedicine services and consultations for the examination, diagnosis and treatment of an injury or illness.

Please note that as a Highmark member, you enjoy many convenient options for where you can receive outpatient care. You can physically go to one of the following providers:

- Primary care provider's (PCP) or specialist's office
- Physician's office located in an outpatient hospital/hospital satellite setting
- Urgent Care Center
- Retail site, such as in a pharmacy or other retail store

Or you can interact with a professional provider as follows:

- A virtual visit between you and a PCP or retail clinic via an audio and video telecommunications system
- A virtual visit via an audio and video telecommunications system for the treatment of mental illness or substance abuse
- A virtual visit between you and a specialist via the internet or similar electronic communications for the treatment of skin conditions or diseases

- A specialist virtual visit between you and a specialist via audio and video telecommunications. Benefits are provided for a specialist virtual visit when you communicate with the specialist from any location, such as your home, office or another mobile location, or if you travel to a provider-based location referred to as a provider originating site. If you communicate with the specialist from a provider originating site, you will be responsible for the specialist virtual visit provider originating site fee. Benefits will not be provided for a specialist virtual visit if the visit is related to the treatment of mental illness or substance abuse.

Different types of providers and their locations may require different payment amounts. The specific amounts you are responsible for paying depend on your particular Highmark benefits.

Allergy Extract/Injections

Benefits are provided for allergy extract and allergy injections.

Therapeutic Injections

Therapeutic injections required in the diagnosis, prevention and treatment of an injury or illness. However, benefits for certain therapeutic injectables as identified by Highmark and which are appropriate for self-administration will be provided only when received from a participating pharmacy provider.

Pediatric Extended Care Services

Benefits are provided for care received from a pediatric extended care facility that is licensed by the state and is primarily engaged in providing basic non-residential services to infants and/or young children who have complex medical needs requiring skilled nursing and therapeutic care and who may be technologically dependent.

Services rendered by a pediatric extended care facility pursuant to a treatment plan for which benefits may include one or more of the following:

- Skilled nursing services of a Registered Nurse (RN) or Licensed Practical Nurse (LPN)
- Physical medicine, speech therapy and occupational therapy
- Respiratory therapy
- Medical and surgical supplies provided by the pediatric extended care facility
- Acute health care support
- Ongoing assessments of health status, growth and development

Pediatric extended care services will be covered for children eight years of age or under, pursuant to the attending physician's treatment plan only when provided in a pediatric extended care facility, and when approved by Highmark.

A prescription from the child's attending physician is necessary for admission to such facility.

No benefits are payable after the child has reached the maximum level of recovery possible for his or her particular condition and no longer requires definitive treatment other than routine supportive care.

Prescription Drugs (Outpatient)

Injectable insulin and drugs that under Federal law may only be dispensed by written prescription and are approved for general use by the FDA. The drugs must be dispensed for your outpatient use by a pharmacy provider on or after your effective date.

Preventive Care Services

Benefits will be provided for covered services. Refer to the Summary of Benefits for your program's specific level of coverage.

Adult and Pediatric Care

Routine physical examinations, regardless of medical necessity and appropriateness, including a complete medical history for adults, and other items and services.

Well-woman benefits are provided for items and services including, but not limited to, an initial physical examination to confirm pregnancy, screening for gestational diabetes, coverage for contraceptive methods and counseling for all members capable of pregnancy and breastfeeding support and counseling.

Adult Immunizations

Benefits are provided for adult immunizations, including the immunizing agent, when required for the prevention of disease.

Colorectal Cancer Screenings

Benefits are provided for the following tests or procedures when ordered by a physician for the purpose of early detection of colorectal cancer:

- Basic diagnostic laboratory and pathology screening services such as a fecal-occult blood or fecal immunochemical test
- Basic diagnostic standard imaging screening services such as barium enema

- Surgical screening services such as flexible sigmoidoscopy and colonoscopy and hospital services related to such surgical screening services
- Such other basic diagnostic laboratory and pathology, basic diagnostic standard imaging, surgical screening tests, basic diagnostic medical and advanced imaging screening services consistent with approved medical standards and practices for the detection of colon cancer

Benefits are provided for members 50 years of age or older as follows, or more frequently and regardless of age when prescribed by a physician:

- An annual fecal-occult blood test or fecal immunochemical test
- A sigmoidoscopy every five years
- A screening barium enema or test consistent with approved medical standards and practices to detect colon cancer every five years
- A colonoscopy every 10 years

If you are determined to be at high or increased risk, regardless of age, benefits are provided for a colonoscopy or any other combination of covered services related to colorectal cancer screening when prescribed by a physician and in accordance with the American Cancer Society guidelines on screening for colorectal cancer as of January 1, 2008.

Colorectal cancer screening services which are otherwise not described herein and are prescribed by a physician for a symptomatic member are not considered preventive care services. The payment for these services will be consistent with similar medically necessary and appropriate covered services.

Diabetes Prevention Program

Benefits are provided if you meet certain medical criteria of having a high risk of developing type 2 diabetes and when you are enrolled in a diabetes prevention program that is offered through a network diabetes prevention provider. Coverage is limited to one enrollment in a diabetes prevention program per year, regardless of whether you complete the diabetes prevention program.

Mammographic Screening

Benefits are provided for the following:

- An annual routine mammographic screening starting at 40 years of age or older pursuant to the 2002 recommendations by the United States Preventive Services Task Force.
- Mammographic screenings for all members regardless of age when such services are prescribed by a physician.

Benefits for mammographic screening are payable only if performed by a mammography service provider who is properly certified by the Pennsylvania Department of Health in accordance with the Mammography Quality Assurance Act of 1992.

Pediatric Immunizations

Benefits are provided to members under 21 years of age and dependent children for those pediatric immunizations, including the immunizing agents, which conform with the standards of the Advisory Committee on Immunization Practices of the Center for Disease Control and U.S. Department of Health and Human Services. Benefits are not subject to the program deductibles or dollar limits.

Routine Gynecological Examination and Pap Test

Benefits are provided for one routine gynecological examination, including a pelvic and clinical breast examination, and one routine Papanicolaou smear (pap test) per calendar year. Benefits are not subject to program deductibles or maximums.

Routine Screening Tests and Procedures

Benefits are provided for routine screening tests and procedures, regardless of medical necessity and appropriateness.

Tobacco Use, Counseling and Interventions

Benefits are provided for screenings for tobacco use and, for those who use tobacco products, two tobacco cessation attempts per year. A tobacco cessation attempt includes four tobacco cessation counseling sessions and covered medications.

Private Duty Nursing Services

Services of an actively practicing Registered Nurse (RN) or Licensed Practical Nurse (LPN) when ordered by a physician, providing such nurse does not ordinarily reside in your home or is not a member of your immediate family.

- If you are an inpatient in a facility provider only when Highmark determines that the nursing services required are of a nature or degree of complexity or quantity that could not be provided by the regular nursing staff.
- If you are at home only when Highmark determines that the nursing services require the skills of an RN or an LPN.

Prosthetic Appliances

Purchase, fitting, necessary adjustments, repairs, and replacements of prosthetic devices and supplies which replace all or part of an absent body organ and its adjoining tissues, or replace all or part of the function of a permanently inoperative or malfunctioning body organ (excluding dental appliances and the replacement of cataract lenses). Initial and

subsequent prosthetic devices to replace the removed breast(s) or a portion thereof are also covered.

Skilled Nursing Facility Services

Services rendered in a skilled nursing facility to the same extent benefits are available to an inpatient of a hospital.

No benefits are payable:

- after you have reached the maximum level of recovery possible for your particular condition and no longer require definitive treatment other than routine supportive care;
- when confinement is intended solely to assist you with the activities of daily living or to provide an institutional environment for your convenience; or
- for treatment of substance abuse or mental illness.

Spinal Manipulations

Spinal manipulations for the detection and correction by manual or mechanical means of structural imbalance or subluxation resulting from or related to distortion, misalignment, or subluxation of or in the vertebral column.

Substance Abuse Services

Benefits are provided for individual and group counseling and psychotherapy, psychological testing, and family counseling for the treatment of substance abuse when rendered by a facility provider or professional provider and include the following:

- Inpatient hospital or substance abuse treatment facility services for detoxification
- Substance abuse treatment facility services for non-hospital inpatient residential treatment and rehabilitation services
- Outpatient hospital or substance abuse treatment facility or outpatient substance abuse treatment facility services for rehabilitation therapy

For purposes of this benefit, a substance abuse service provided on a partial hospitalization basis shall be deemed an outpatient care visit and is subject to any outpatient care cost-sharing amounts.

Surgical Services

This program covers the following services you receive from a professional provider. See the Health Care Management section for additional information which may affect your benefits.

Anesthesia

Administration of anesthesia for covered surgery when ordered by the attending professional provider and rendered by a professional provider other than the surgeon or the assistant at surgery. Benefits will also be provided for the administration of anesthesia for covered oral surgical procedures in an outpatient setting when ordered and administered by the attending professional provider.

Assistant at Surgery

Services of a physician who actively assists the operating surgeon in the performance of covered surgery. Benefits will be provided for an assistant at surgery only if a house staff member, intern or resident is not available.

Mastectomy and Breast Cancer Reconstruction

Benefits are provided for a mastectomy performed on an inpatient or outpatient basis and for the following:

- All stages of reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses; and
- Treatment of physical complications of mastectomy, including lymphedema

Benefits are also provided for one home health care visit, as determined by your physician, within 48 hours after discharge, if such discharge occurred within 48 hours after an admission for a mastectomy.

Special Surgery

- Oral Surgery

Benefits are provided for the following limited oral surgical procedures determined to be medically necessary and appropriate:

- Extraction of impacted third molars when partially or totally covered by bone
- Extraction of teeth in preparation for radiation therapy
- Mandibular staple implant, provided the procedure is not done to prepare the mouth for dentures
- Lingual frenectomy, frenotomy or frenoplasty (to correct tongue-tie)

- Facility provider and anesthesia services rendered in a facility setting in conjunction with non-covered dental procedures when determined by Highmark to be medically necessary and appropriate due to your age and/or medical condition
- Accidental injury to the jaw or structures contiguous to the jaw except teeth
- The correction of a non-dental physiological condition which has resulted in a severe functional impairment
- Treatment for tumors and cysts requiring pathological examination of the jaw, cheeks, lips, tongue, roof and floor of the mouth
- Orthodontic treatment of congenital cleft palates involving the maxillary arch, performed in conjunction with bone graft surgery to correct the bony deficits associated with extremely wide clefts affecting the alveolus
- Sterilization
 - Sterilization and its reversal regardless of medical necessity and appropriateness.

Second Surgical Opinion

A consulting physician's opinion and directly related diagnostic services to confirm the need for recommended elective surgery.

Keep in mind that:

- the second opinion consultant must not be the physician who first recommended elective surgery;
- elective surgery is covered surgery that may be deferred and is not an emergency;
- use of a second surgical opinion is at your option;
- if the first opinion for elective surgery and the second opinion conflict, then a third opinion and directly related diagnostic services are covered services; and
- if the consulting opinion is against elective surgery and you decide to have the elective surgery, the surgery is a covered service. In such instance, you will be eligible for a maximum of two such consultations involving the elective surgical procedure in question, but limited to one consultation per consultant.

Surgery

- Surgery performed by a professional provider. Separate payment will not be made for pre- and post-operative services.

- If more than one surgical procedure is performed by the same professional provider during the same operation, the total benefits payable will be the amount payable for the highest paying procedure and no allowance shall be made for additional procedures except where Highmark deems that an additional allowance is warranted.

Therapy and Rehabilitation Services

*Benefits will be provided for the following services when such services are ordered by a physician:

- Cardiac rehabilitation
- Chemotherapy
- Dialysis treatment
- Infusion therapy when performed by a facility provider or ancillary provider and for self-administration if the components are furnished and billed by a facility provider or ancillary provider. Benefits for certain infusion therapy prescription drugs as identified by Highmark and which are appropriate for self-administration will be provided only when received from a participating pharmacy provider.
- Occupational therapy
- Physical medicine
- Radiation therapy
- Respiratory therapy
- Speech therapy

*Refer to the Summary of Benefits for therapy and rehabilitation services covered under your plan.

Transplant Services

Benefits will be provided for covered services furnished by a hospital which are directly and specifically related to the transplantation of organs, bones, tissue or blood stem cells.

If a human organ, bone, tissue or blood stem cell transplant is provided from a living donor to a human transplant recipient:

- when both the recipient and the donor are members, each is entitled to the benefits of their program;
- when only the recipient is a member, both the donor and the recipient are entitled to the benefits of this program subject to the following additional limitations: 1) the

donor benefits are limited to only those not provided or available to the donor from any other source, including, but not limited to, other insurance coverage, other Blue Cross or Blue Shield coverage or any government program; and 2) benefits provided to the donor will be charged against the recipient's coverage under this program to the extent that benefits remain and are available under this program after benefits for the recipient's own expenses have been paid;

- when only the donor is a member, the donor is entitled to the benefits of this program, subject to the following additional limitations: 1) the benefits are limited to only those not provided or available to the donor from any other source in accordance with the terms of this program; and 2) no benefits will be provided to the non-member transplant recipient; and
- if any organ, tissue or blood stem cell is sold rather than donated to the member recipient, no benefits will be payable for the purchase price of such organ, tissue or blood stem cell; however, other costs related to evaluation and procurement are covered up to the member recipient's program limit.

Covered Services - Prescription Drug Program

Prescription drugs are covered when you purchase them through the pharmacy network applicable to your program. For convenience and choice, these pharmacies include both major chains and independent stores. To locate a network pharmacy, go to your member website, log in and choose **Prescriptions**. Or call Member Service at the number on the back of your ID card.

Your program may also include a formulary. The formulary is a list of FDA-approved prescription drugs. It covers products in every major treatment category. The formulary is on your member website. You can also call Member Service for more information.

A drug formulary may restrict coverage of some drugs. To help manage costs, coverage will be for the generic drug if it is available. Generic drugs have the same active ingredient as brand names. Generic drugs must also meet the same FDA requirements.

Your program may also include a mandatory generic penalty (MGP) provision. The MGP provision provides that if you receive a brand name drug when a generic equivalent is available you must pay the price difference between the brand and generic prices in addition to the applicable copayment or coinsurance amount.

To help contain costs, if a generic drug is available, you will be given the generic. As you probably know, generic drugs have the same chemical composition and therapeutic effects as brand names and must meet the same FDA requirements.

Should you purchase a brand name drug when a generic is available and authorized by your doctor, you must pay the price difference between the brand and generic prices in addition to the applicable copayment or coinsurance amount.

Covered Drugs

Covered drugs include:

- those which, under Federal law, are required to bear the legend: "Caution: Federal law prohibits dispensing without a prescription;"
- legend drugs under applicable state law and dispensed by a licensed pharmacist;
- compounded medications, consisting of the mixture of at least two ingredients other than water, one of which must be a legend drug (drug that requires a pharmacist dispenses it);
- preventive drugs that are offered in accordance with a predefined schedule and are prescribed for preventive purposes. Highmark periodically reviews the schedule based on legislative requirements and the advice of the American Academy of Pediatrics, the U.S. Preventive Services Task Force, the Blue Cross Blue Shield

Association and medical consultants. Therefore, the frequency and eligibility of services is subject to change. For a current schedule of covered preventive drugs, log onto your member website, or call Member Service at the toll-free telephone number listed on the back of your ID card;

- prescribed injectable insulin;
- diabetic supplies, including needles and syringes;
- continuous glucose monitoring devices when prescribed by your provider in connection with a covered service and when purchased at a participating pharmacy provider for outpatient use; and
- certain drugs that may require prior authorization

Continuous Glucose Monitoring Devices

Coverage is provided for continuous glucose monitoring devices prescribed by your provider in connection with a covered service, when purchased at a participating pharmacy provider for outpatient use. Receiver kits are limited to one (1) per benefit period. Sensor kits are limited to one (1) refill every thirty (30) days. Transmitter kits are limited to one (1) refill every ninety (90) days.

What Is Not Covered

Except as specifically provided in this program or as Highmark is mandated or required to provide based on state or federal law, no benefits will be provided for services, supplies, prescription drugs or charges:

Key Word	Exclusion
Acupuncture	<ul style="list-style-type: none"> For acupuncture services.
Allergy Testing	<ul style="list-style-type: none"> For allergy testing, except as provided herein.
Ambulance	<ul style="list-style-type: none"> For ambulance services, except as provided herein.
Assisted Fertilization	<ul style="list-style-type: none"> Related to treatment provided specifically for the purpose of assisted fertilization, including pharmacological or hormonal treatments used in conjunction with assisted fertilization.
Comfort/Convenience Items	<ul style="list-style-type: none"> For personal hygiene and convenience items such as, but not limited to, air conditioners, humidifiers, or physical fitness equipment, stair glides, elevators/lifts or "barrier free" home modifications, whether or not specifically recommended by a professional provider or professional other provider.
Compounded Medications	<ul style="list-style-type: none"> For compounded medications.
Cosmetic Surgery	<ul style="list-style-type: none"> For a cosmetic or reconstructive procedure or surgery done to improve the appearance of any portion of the body, and from which no improvement in physiological function can be expected, except: a) as otherwise provided herein, b) when required to correct a condition directly resulting from an accident; c) when necessary to correct a functional impairment which directly results from a covered disease or injury, or d) to correct a congenital birth defect.
Court Ordered Services	<ul style="list-style-type: none"> For otherwise covered services ordered by a court or other tribunal unless medically necessary and appropriate or if the reimbursement of such services is required by law.
Custodial Care	<ul style="list-style-type: none"> For custodial care, domiciliary care, protective and supportive care including educational services, rest cures and convalescent care.
Dental Care	<ul style="list-style-type: none"> Directly related to the care, filling, removal or replacement of teeth, the treatment of injuries to or diseases of the teeth, gums or structures directly supporting or attached to

- the teeth. These include, but are not limited to, apicoectomy (dental root resection), root canal treatments, soft tissue impactions, alveolectomy and treatment of periodontal disease, except for dental expenses related to accidental injury, anesthesia for non-covered dental procedures and orthodontic treatment for congenital cleft palates as provided herein.
- Diabetes Prevention Program
 - For a diabetes prevention program offered by other than a network diabetes prevention provider.
 - Effective Date
 - Rendered prior to your effective date of coverage.
 - Enteral Foods
 - For the following services associated with the additional enteral foods benefits provided under your program: blenderized food, baby food, or regular shelf food; milk or soy-based infant formulae with intact proteins; any formulae, when used for the convenience of you or your family members; nutritional supplements or any other substance utilized for the sole purpose of weight loss or gain, or for caloric supplementation, limitation or maintenance; semisynthetic intact protein/protein isolates, natural intact protein/protein isolates, and intact protein/protein isolates, when provided orally; normal food products used in the dietary management of the disorders provided herein.
 - Experimental/
Investigative
 - Which are experimental/investigative in nature.
 - Eyeglasses/Contact Lenses
 - For eyeglasses or contact lenses and the vision examination for prescribing or fitting eyeglasses or contact lenses, (except for the initial pair of contact lenses/glasses prescribed following cataract extraction in place of surgically implanted lenses, or sclera shells intended for use in the treatment of disease or injury).
 - Felonies
 - For any illness or injury you suffered during your commission of a felony.
 - Foot Care
 - For palliative or cosmetic foot care including flat foot conditions, supportive devices for the foot, corrective shoes, the treatment of subluxations of the foot, care of corns, bunions, (except capsular or bone surgery), calluses, toe nails (except surgery for ingrown toe nails), fallen arches, weak feet, chronic foot strain, and symptomatic

- complaints of the feet, except when such devices or services are related to the treatment of diabetes.
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| Health Care Management program | <ul style="list-style-type: none"> • For any care, treatment, prescription drug or service which has been disallowed under the provisions of Health Care Management program. |
| Hearing Care Services | <ul style="list-style-type: none"> • For hearing aid devices, tinnitus maskers, or examinations for the prescription or fitting of hearing aids. |
| Home Health Care | <ul style="list-style-type: none"> • For the following services you receive from a home health care agency, hospice or a hospital program for home health care and/or hospice care: dietitian services; homemaker services; maintenance therapy; dialysis treatment; custodial care; food or home-delivered meals. |
| Immunizations | <ul style="list-style-type: none"> • For immunizations required for foreign travel or employment, except as provided herein. • For immunizations/biologicals, except as provided herein. |
| Inpatient Admissions | <ul style="list-style-type: none"> • For inpatient admissions which are primarily for diagnostic studies. • For inpatient admissions which are primarily for physical medicine services. |
| Learning Disabilities | <ul style="list-style-type: none"> • For any care that is related to conditions such as learning disabilities or intellectual disabilities, which extends beyond traditional medical management or non-medically necessary inpatient confinement. This exclusion does not apply to care related to autism spectrum disorders. Care which extends beyond traditional medical management includes the following: a) services that are primarily educational in nature, such as academic skills training or those for remedial education and vocational training, including tutorial services; b) neuropsychological testing, educational testing (such as I.Q., mental ability, achievement and aptitude testing), except for specific evaluation purposes directly related to medical treatment; c) services related to the treatment of learning disorders or learning disabilities; and d) services provided primarily for social or environmental change or for respite care. • For any care that is related to autism spectrum disorders which extends beyond traditional medical management, except as otherwise provided herein. Care which extends |

beyond traditional medical management includes the following: a) services that are primarily educational in nature, such as academic skills training or those for remedial education and vocational training including tutorial services; b) neuropsychological testing, educational testing (such as I.Q., mental ability, achievement and aptitude testing); except for specific evaluation purposes directly related to medical treatment; and c) services provided primarily for respite care.

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| Legal Obligation | <ul style="list-style-type: none"> • For which you would have no legal obligation to pay. |
| Medically Necessary and Appropriate | <ul style="list-style-type: none"> • Which are not medically necessary and appropriate as determined by Highmark. |
| Medicare | <ul style="list-style-type: none"> • For any amounts you are required to pay under the deductible and/or coinsurance provisions of Medicare or any Medicare supplemental coverage. • To the extent payment has been made under Medicare when Medicare is primary; however, this exclusion shall not apply when the group is obligated by law to offer you all the benefits of this program and you elect this coverage as primary. |
| Military Service | <ul style="list-style-type: none"> • For loss sustained or expenses incurred while on active duty as a member of the armed forces of any nation, or losses sustained or expenses incurred as a result of an act of war whether declared or undeclared. • To the extent benefits are provided to members of the armed forces while on active duty or to patients in Veteran's Administration facilities for service connected illness or injury, unless you have a legal obligation to pay. |
| Miscellaneous | <ul style="list-style-type: none"> • For telephone consultations which do not involve telemedicine services, charges for failure to keep a scheduled visit, or charges for completion of a claim form. • For any other medical or dental service or treatment or prescription drug except as provided herein or as mandated by law. |
| Motor Vehicle Accident | <ul style="list-style-type: none"> • For treatment or services for injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is paid or payable under a plan or policy of motor vehicle insurance, including a certified or qualified plan of |

self-insurance, or any fund or program for the payment of extraordinary medical benefits established by law, including medical benefits payable in any manner under the Pennsylvania Motor Vehicle Financial Responsibility Act.

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| Nutritional Counseling | <ul style="list-style-type: none"> • For nutritional counseling except as provided herein or otherwise set forth in the predefined preventive schedule. Please refer to the Preventive Services section of Covered Services for more information. |
| Obesity | <ul style="list-style-type: none"> • For treatment of obesity, except for medical and surgical treatment of morbid obesity or as otherwise set forth in the predefined preventive schedule. Please refer to the Preventive Services section of Covered Services for more information. |
| Oral Surgery | <ul style="list-style-type: none"> • For oral surgery procedures, except for the treatment of accidental injury to the jaw, sound and natural teeth, mouth or face, except as provided herein. |
| Physical Examinations | <ul style="list-style-type: none"> • For routine or periodic physical examinations, the completion of forms, and the preparation of specialized reports solely for insurance, licensing, employment or other non-preventive purposes, such as pre-marital examinations, physicals for school, camp, sports or travel, which are not medically necessary and appropriate, except as provided herein or as mandated by law. |
| Prescription Drugs | <ul style="list-style-type: none"> • For a prescription drug when such drug or medication is used for unlabeled or unapproved indications and where such use has not been approved by the Food and Drug Administration (FDA). • For any amounts you are required to pay directly to the pharmacy provider for each prescription order or refill order. • For any drug or medication which is otherwise excluded herein. • For any drug requiring refrigeration (if delivered through the mail) or injectables, except insulin and other injectables used to treat diabetes. • For any drugs and supplies which can be purchased without a prescription order, except as provided herein. • For any drugs prescribed for cosmetic purposes only. |

- For any over-the-counter drug, except as provided herein.
 - For any prescription drug purchased through mail order but not dispensed by a designated mail order pharmacy provider.
 - For any prescription for more than the retail days supply or mail-service days supply as outlined in the Summary of Benefits.
 - For any selected diagnostic agents.
 - For charges by any pharmacy provider or pharmacist except as provided herein.
 - For charges for therapeutic devices or appliances (e.g. support garments and other non-medical substances).
 - For hair growth stimulants.
 - Prescription drugs to which you are entitled, with or without charge, under a plan or program of any government or governmental body.
 - For any prescription drugs or supplies purchased at or dispensed by a non-participating pharmacy provider, except in connection with emergency care services as described herein.
- Preventive Care Services
- For preventive care services, wellness services or programs, except as provided herein.
- Provider of Service
- Performed by a professional provider enrolled in an education or training program when such services are related to the education or training program.
 - Received from a dental or medical department maintained, in whole or in part, by or on behalf of an employer, a mutual benefit association, labor union, trust, or similar person or group.
 - Rendered by a provider who is a member of your immediate family.
 - Rendered by other than providers.
 - Which are not prescribed by or performed by or upon the direction of a professional provider.

- Which are submitted by a certified registered nurse and another professional provider for the same services performed on the same date for the same member.
- Respite Care
- For respite care.
- Sexual Dysfunction
- For treatment of sexual dysfunction that is not related to organic disease or injury.
- Skilled Nursing
- For skilled nursing facility services after you have reached the maximum level of recovery possible for your particular condition and no longer require definitive treatment other than routine supportive care; when confinement is intended solely to assist you with the activities of daily living or to provide an institutional environment for your convenience; or for treatment of substance abuse or mental illness.
- Smoking (nicotine) Cessation
- For nicotine cessation support programs and/or classes except as otherwise set forth in the predefined preventive schedule. Please refer to the Preventive Services section of Covered Services for more information.
- Termination Date
- Incurred after the date of termination of your coverage except as provided herein.
- Therapy
- For outpatient therapy and rehabilitation services for which there is no expectation of restoring or improving a level of function or when no additional functional progress is expected to occur.
- TMJ
- For treatment of temporomandibular joint (jaw hinge) syndrome with intra-oral prosthetic devices, or any other method to alter vertical dimensions and/or restore or maintain the occlusion and treatment of temporomandibular joint dysfunction not caused by documented organic joint disease or physical trauma.
- Vision Correction Surgery
- For the correction of myopia, hyperopia or presbyopia, including but not limited to corneal microsurgery, such as keratomileusis, keratophakia, radial keratotomy, corneal ring implants, Laser-Assisted in Situ Keratomileusis (LASIK) and all related services.
- Weight Reduction
- For weight reduction programs, including all diagnostic testing related to weight reduction programs, unless medically necessary and appropriate.

Well-Baby Care

- For well-baby care visits, except as provided herein.

Workers' Compensation

- For any illness or bodily injury which occurs in the course of employment if benefits or compensation are available, in whole or in part, under the provisions of any federal, state, or local government's workers' compensation, occupational disease or similar type legislation. This exclusion applies whether or not you claim the benefits or compensation.

How Your Health Care Program Works

Your program is responsive, flexible coverage that lets you get the medically necessary and appropriate care you want from the health care provider you select.

Here is how your health care program works. When you or a covered family member needs certain medical services, including:

- Primary care provider office visits
- Specialist office visits
- Physical, speech and occupational therapy
- Diagnostic services
- Inpatient and outpatient hospital services
- Home health or hospice care

Network Care

Network care is care you receive from providers in your program's network.

When you receive health care within the network, you enjoy maximum coverage and maximum convenience. You present your ID card to the provider who submits your claim.

Out-of-Network Care

Out-of-network care is care you receive from providers who are not in your program's network.

Out-of-network providers are not in the program's network. When using out-of-network providers, you may still have coverage for most eligible services, except you will share more financial and paperwork responsibilities. In addition, you may be responsible for paying any differences between the program's payments and the provider's actual charges. Finally, you may need to file your own claims and obtain precertification for inpatient care. You should always check with the provider before getting care to understand at what level your care will be covered.

Remember: If you want to enjoy maximum benefits coverage, you need to be sure you receive care from a network provider. See the Summary of Benefits for your coverage details.

Even though a hospital may be in our network, not every doctor providing services in that hospital is in the network. For example: If you are having surgery, make sure that all of your providers, including surgeons, anesthesiologists and radiologists, are in the network.

Provider Reimbursement and Member Liability

Highmark uses the Plan Allowance to calculate the benefit payable and the financial liability of the member for Medically Necessary and Appropriate Services covered under this plan. Refer to the Terms You Should Know section for the definition of Plan Allowance.

Highmark's payment is determined by first subtracting any deductible and/or copayment liability from the Plan Allowance. The coinsurance percentage set forth in the Summary of Benefits is then applied to that amount. This amount represents Highmark's payment. Any remaining coinsurance amount is the member's responsibility. The member's total cost-sharing liability is the sum of the coinsurance plus any deductible and/or copayment obligations.

When a member receives covered services from an out-of-network provider, in addition to the member's cost-sharing liability described above, the member is responsible for the difference between Highmark's payment and the provider's billed charge. If a member receives services which are not covered under this plan, the member is responsible for all charges associated with those services.

Out-of-Area Care

Your program also provides coverage for you and your eligible dependents when you receive care from providers located outside the Plan Service Area. For specific details, see the Inter-Plan Arrangements section of this booklet.

If you are traveling and an urgent injury or illness occurs, you should seek treatment from the nearest hospital, emergency room or clinic: If the treatment results in an admission the provider must obtain precertification from Highmark. However, it is important that you confirm Highmark's determination of medical necessity and appropriateness. If precertification is not obtained and the admission is not considered to be medically necessary and appropriate, you will be responsible for all costs associated with the stay. For specific details, see the Health Care Management section of this booklet.

Inter-Plan Arrangements

Out-of-Area Services

Highmark has a variety of relationships with other Blue Cross and/or Blue Shield licensees referred to generally as "inter-plan arrangements." These inter-plan arrangements operate under rules and procedures issued by the Blue Cross Blue Shield Association. Whenever members access health care services outside the geographic area served by Highmark Inc. within Pennsylvania, the claim for those services may be processed through one of these inter-plan arrangements, as described generally below.

Typically, when accessing care outside the Highmark geographic area within Pennsylvania, members obtain care from health care providers that have a contractual agreement

("participating providers") with the local Blue Cross and/or Blue Shield Licensee in that other geographic area ("Host Blue"). In some instances, members may obtain care from health care providers in the Host Blue geographic area that do not have a contractual agreement ("non-participating providers") with the Host Blue. Highmark remains responsible for fulfilling our contractual obligations to you. Highmark's payment practices in both instances are described below.

BlueCard® Program

The BlueCard® Program is an inter-plan arrangement. Under this arrangement, when members access covered services outside the Highmark geographic area within Pennsylvania, the Host Blue will be responsible for contracting and handling all interactions with its participating health care providers. The financial terms of the BlueCard Program are described generally below.

Liability Calculation Method per Claim

Unless subject to a fixed dollar copayment, the calculation of the member liability on claims for covered services will be based on the lower of the participating provider's billed charges for covered services or the negotiated price made available to Highmark by the Host Blue.

Host Blues determine a negotiated price, which is reflected in the terms of each Host Blue's health care provider contracts. The negotiated price made available to Highmark by the Host Blue may be represented by one of the following:

- an actual price - An actual price is a negotiated rate of payment in effect at the time a claim is processed without any other increases or decreases, or
- an estimated price - An estimated price is a negotiated rate of payment in effect at the time a claim is processed, reduced or increased by a percentage to take into account certain payments negotiated with the provider and other claim- and non-claim-related transactions. Such transactions may include, but are not limited to, anti-fraud and abuse recoveries, provider refunds not applied on a claim-specific basis, retrospective settlements and performance-related bonuses or incentives, or
- an average price - An average price is a percentage of billed charges for covered services in effect at the time a claim is processed representing the aggregate payments negotiated by the Host Blue with all of its health care providers or a similar classification of its providers and other claim- and non-claim-related transactions. Such transactions may include the same ones as noted above for an estimated price.

Host Blues determine whether or not they will use an actual, estimated or average price. Host Blues using either an estimated price or an average price may prospectively increase or reduce such prices to correct for over- or underestimation of past prices, (ie, prospective adjustment may mean that a current price reflects additional amounts or credits for claims already paid or anticipated to be paid to providers or refunds received or anticipated to be

received from providers). However, the BlueCard Program requires that the amount paid by the member is a final price; no future price adjustment will result in increases or decreases to the pricing of past claims. The method of claims payment by Host Blues is taken into account by Highmark in determining your premiums.

Special Cases: Value-Based Programs

Highmark has included a factor for bulk distributions from Host Blues in your premium for Value-Based Programs when applicable under your program. Additional information is available upon request.

Return of Overpayments

Recoveries of overpayments from a Host Blue or its participating and non-participating providers can arise in several ways, including, but not limited to, anti-fraud and abuse recoveries, audits/health care provider/hospital bill audits, credit balance audits, utilization review refunds and unsolicited refunds. Recoveries will be applied so that corrections will be made, in general, on either a claim-by-claim or prospective basis. If recovery amounts are passed on a claim-by-claim basis from a Host Blue to Highmark, they will be credited to your account. In some cases, the Host Blue will engage a third party to assist in identification or collection of overpayments. The fees of such a third party may be charged to you as a percentage of the recovery.

Non-Participating Providers Outside of the Highmark Geographic Area within Pennsylvania

Member Liability Calculation

When covered services are provided outside of the Highmark geographic area within Pennsylvania by non-participating providers, the amount(s) a member pays for such services will generally be based on either the Host Blue's non-participating provider local payment or the pricing arrangements required by applicable law. In these situations, the member may be responsible for the difference between the amount that the non-participating provider bills and the payment Highmark will make for the covered services as set forth in this paragraph. Payments for out-of-network emergency services are governed by applicable federal and state law.

Exceptions

In some exception cases, Highmark may pay claims from non-participating health care providers outside of the Highmark geographic area within Pennsylvania based on the provider's billed charge. This may occur in situations where a member did not have reasonable access to the participating provider, as determined by Highmark in Highmark's sole and absolute discretion or by applicable law. In other exception cases, Highmark may pay such claims based on the payment Highmark would make if Highmark were paying a non-participating provider inside the Plan service area. This may occur where the Host Blue's corresponding payment would be more than the plan in-service area non-

participating provider payment. Highmark may choose to negotiate a payment with such provider on an exception basis.

Unless otherwise stated, in any of these exception situations, the member may be responsible for the difference between the amount that the non-participating health care provider bills and payment Highmark will make for the covered services as set forth in this paragraph.

Blue Cross Blue Shield Global Core Program

If members are outside the United States (hereinafter "BlueCard service area"), they may be able to take advantage of the Blue Cross Blue Shield Global Core Program when accessing covered services. The Blue Cross Blue Shield Global Core Program is unlike the BlueCard Program available in the BlueCard service area in certain ways. For instance, although the Blue Cross Blue Shield Global Core Program assists members with accessing a network of inpatient, outpatient and professional providers, the network is not served by a Host Blue. As such, when members receive care from providers outside the BlueCard service area, they will typically have to pay the providers and submit the claims themselves to obtain reimbursement for these services.

Inpatient Services

In most cases, if members contact the Blue Cross Blue Shield Global Core service center ("service center") for assistance, hospitals will not require members to pay for inpatient covered services, except for their cost-sharing amounts. In such cases, the hospital will submit member claims to the service center to initiate claims processing. However, if the member paid in full at the time of service, the member must submit a claim to obtain reimbursement for covered services. **Members must contact Highmark to obtain precertification or preauthorization for non-emergency inpatient services.**

Outpatient Services

Physicians, urgent care centers and other outpatient providers located outside the BlueCard service area will typically require members to pay in full at the time of service. Members must submit a claim to obtain reimbursement for covered services.

Submitting a Blue Cross Blue Shield Global Core Claim

When members pay for covered services outside the BlueCard service area, they must submit a claim to obtain reimbursement. For institutional and professional claims, members should complete a Blue Cross Blue Shield Global Core International claim form and send the claim form with the provider's itemized bill(s) to the service center address on the form to initiate claims processing. The claim form is available from Highmark, the service center or online at www.bcbsglobalcore.com. If members need assistance with their claim submissions, they should call the service center at 800-810-BLUE (2583) or call collect at 804-673-1177, 24 hours a day, seven days a week.

Your Provider Network

The network includes: primary care physicians; a wide range of specialists; mental health and substance abuse providers; community and specialty hospitals; and laboratories.

To determine if your physician is in the network, call the Member Service toll-free telephone number on the back of your ID card, or log onto www.highmarkbcbs.com.

Getting your care "through the network" also assures you get quality care. All physicians are carefully evaluated before they are accepted into the network. We consider educational background, office procedures and performance history to determine eligibility. Then we monitor care on an ongoing basis through office record reviews and patient satisfaction surveys.

Please note that while you or a family member can use the services, including behavioral health and well-woman care, of any network physician or specialist without a referral and receive the maximum coverage under your benefit program, you are encouraged to select a personal or primary care physician. This helps establish an ongoing relationship based on knowledge and trust and helps make your care consistent. Your personal physician can help you select an appropriate specialist and work closely with that specialist when the need arises. In addition, primary care providers or their covering physicians are on call 24/7.

Remember:

It is *your* responsibility to ensure that you receive network care. You may want to double-check any provider recommendations to make sure the doctor or facility is in the network.

How to Obtain Information Regarding Your Physician

To view information regarding your PCP or network specialist, visit your member website at www.highmarkbcbs.com and click on "Find a Doctor" to start your search. Search for the physician, then click on the provider's name to view the following information:

- Name, address, telephone numbers
- Professional qualifications
- Specialty
- Medical school attended
- Residency completion
- Board certification status
- Hospital affiliations

In addition to this information, to obtain more information on network providers, you may call Member Service at the toll-free telephone number on the back of your ID card.

Eligible Providers

Eligible network providers include facilities, general practitioners, internists, obstetricians/gynecologists and a wide range of specialists.

Facility Providers

- Hospital
- Psychiatric hospital
- Rehabilitation hospital
- Ambulatory surgical facility
- Birthing facility
- Day/night psychiatric facility
- Freestanding dialysis facility
- Freestanding nuclear magnetic resonance facility/magnetic resonance imaging facility
- Home health care agency
- Hospice
- Outpatient substance abuse treatment facility
- Outpatient physical rehabilitation facility
- Outpatient psychiatric facility
- Pediatric extended care facility
- Pharmacy provider
- Residential treatment facility
- Skilled nursing facility
- State-owned psychiatric hospital
- Substance abuse treatment facility

Professional Providers

- Audiologist
- Behavior specialist
- Certified registered nurse*
- Chiropractor
- Clinical social worker
- Dentist
- Dietician-nutritionist
- Licensed practical nurse
- Marriage and family therapist
- Nurse-midwife
- Occupational therapist
- Optometrist
- Physical therapist
- Physician
- Podiatrist
- Professional counselor

- Psychologist
- Registered nurse
- Respiratory therapist
- Speech-language pathologist
- Teacher of hearing impaired

Ancillary Providers:

- Ambulance service
- Clinical laboratory
- Diabetes prevention provider
- Home infusion therapy provider
- Independent diagnostic testing facility (IDTF)
- Suite infusion therapy provider
- Suppliers

Contracting Suppliers (for the sale or lease of):

- Durable medical equipment
- Supplies
- Orthotics
- Prosthetics

**Excluded from eligibility are registered nurses employed by a health care facility or by an anesthesiology group.*

Prescription Drug Providers

You must purchase drugs from a network pharmacy to be eligible for benefits under this program. *No benefits are available if drugs are purchased from a non-network pharmacy.*

- **Network Pharmacy:** Network pharmacies have an arrangement with Highmark to provide prescription drugs to you at an agreed upon price. When you purchase covered drugs from a pharmacy in the network applicable to your program, present your prescription and ID card to the pharmacist. (Prescriptions that the pharmacy receives by phone from your physician or dentist may also be covered.) You should request and retain a receipt for any amounts you have paid if needed for income tax or any other purpose.

If you travel within the United States and need to refill a prescription, call Member Service for help. They can help you find a network pharmacy near the area you are visiting. You also can use the member website to find a pharmacy. Once you have the name and address of the network pharmacy, take the prescription bottle to that pharmacy. The pharmacist will contact your home pharmacy to start the refill process.

Note: Save the new medicine container. This will make it easier to transfer the prescription back to your pharmacy at home.

- **Mail Order Pharmacy:** Express Scripts® is your program's mail order pharmacy. This option offers savings and convenience for prescriptions you may take on an ongoing basis.

To start using mail order:

1. Ask your doctor to write a prescription for up to a 90-day supply, plus refills for up to one year, if appropriate.
2. Complete the Pharmacy Mail Order Form and Health, Allergy & Medication Questionnaire. You can get these forms by calling Member Service or from your member website. After logging in, click on the "Prescriptions" tab. Scroll down the page to "Forms to Manage Your Plan" and click on "Mail order form and health questionnaire (PDF)".
3. Send the completed forms and your payment to the address listed on the mail order form. It usually takes about five days to get your prescription after it has been processed.

Your mail order will include directions for ordering refills.

- **Exclusive Pharmacy Provider:** The exclusive pharmacy provider has an agreement, either directly or indirectly, with Highmark pertaining to the payment and exclusive dispensing of selected prescription drugs provided to you. Please refer to the Covered Services - Prescription Drug Program section for a list of the selected prescription drug categories.

Health Care Management

Medical Management

For your benefits to be paid under your program, services and supplies must be considered medically necessary and appropriate. However, not all medically necessary and appropriate services are covered under your program.

Highmark, or its designated agent, is responsible for determining whether care is medically necessary and provided in the appropriate setting.

A Highmark nurse will review your request for an inpatient admission to ensure it is appropriate for the treatment of your condition, illness, disease or injury, in accordance with standards of good medical practice, and the most appropriate supply or level of service that can safely be provided to you. When applied to hospitalization, this further means that you require acute care as an inpatient due to the nature of the services rendered for your condition and you cannot receive safe or adequate care as an outpatient.

Emergency Care Services - No Prior Approval Requirement

In the event that you require emergency care services, all charges for such covered services will be paid at the network services level of benefits. No prior authorization is required for emergency care services. In the event of an inpatient admission, you, your provider or a family member must notify Highmark within forty-eight (48) hours of the admission, or as soon as reasonably possible. Once you are stabilized Highmark reserves the right to transfer your care from an out-of-network provider to a network provider.

Pre-Admission Certification

When you require inpatient facility care, benefits for covered services will be provided as follows:

In-Area Network Care

When you use a network facility provider for inpatient care, the facility will contact Highmark prior to the proposed admission, or within 48 hours or as soon as reasonably possible after an emergency admission, to obtain precertification for the admission.

You will be held harmless whenever precertification for an admission is not obtained. If the admission is determined not to be medically necessary and appropriate, you will be held harmless, except when Highmark provides prior written notice to you that the admission will not be covered. In such case, you will be financially responsible for charges for that admission.

Out-of-Area Network Care

In the event of a proposed inpatient stay or emergency admission to a network facility provider located outside the plan service area, the facility will contact Highmark prior to the proposed admission, or within 48 hours or as soon as reasonably possible after an emergency admission, to obtain precertification for the admission. **You are also responsible** for contacting Highmark at the toll-free number listed on the back of your ID card to confirm Highmark's determination of medical necessity and appropriateness.

If precertification for a medically necessary and appropriate inpatient admission has been obtained, benefits for covered services will be provided. If a network facility does not contact Highmark for precertification, the inpatient admission will be reviewed for medical necessity and appropriateness. **It is important that you confirm Highmark's determination of medical necessity and appropriateness. If your admission is determined not to be medically necessary and appropriate, you will be responsible for the full amount of the network facility provider's charge.**

If you elect to be admitted after receiving written notification from Highmark that any portion of the proposed admission is not medically necessary and appropriate, you will be financially responsible for all charges associated with that portion of care. In an emergency admission, if you elect to remain hospitalized after receiving written notification Highmark that the level of care is no longer medically necessary and appropriate, you will be financially responsible for all charges from the date appearing on the written notification.

Out-of-area network providers are not obligated to abide by any determination of medical necessity and appropriateness rendered by Highmark. You may, therefore, receive services which are not medically necessary and appropriate for which you will be solely responsible.

Out-of-Network Care

In the event of a proposed inpatient stay or emergency admission to an out-of-network facility provider, **you are responsible** for notifying Highmark prior to your proposed admission or within 48 hours or as soon as reasonably possible after an emergency admission. However, some facility providers will contact Highmark and obtain precertification of the inpatient admission on your behalf. Be sure to verify that your provider is contacting Highmark for precertification. If not, you are responsible for contacting Highmark.

If precertification for a medically necessary and appropriate inpatient admission has been obtained, benefits for covered services will be provided. If you do not contact Highmark for precertification as required, the inpatient admission will be reviewed for medical necessity and appropriateness. **If your admission is determined not to be medically necessary and appropriate, you will be responsible for the full amount of the out-of-network facility provider's charge.**

If you elect to be admitted after receiving written notification from Highmark that any portion of the proposed admission is not medically necessary and appropriate, you will be financially responsible for all charges associated with that portion of care. In an emergency admission, if you elect to remain hospitalized after receiving written notification Highmark that the level of care is no longer medically necessary and appropriate, you will be financially responsible for all charges from the date appearing on the written notification.

Care Utilization Review Process

In order to assess whether care is provided in the appropriate setting, Highmark administers a care utilization review program comprised of prospective, concurrent and/or retrospective reviews. In addition, Highmark assists hospitals with discharge planning. These activities are conducted by a Highmark nurse working with a medical director. Here is a brief description of these review procedures:

Prospective Review

Prospective review, also known as precertification or pre-service review, begins upon receipt of treatment information.

After receiving the request for care, Highmark:

- verifies your eligibility for coverage and availability of benefits;
- reviews diagnosis and plan of treatment;
- assesses whether care is medically necessary and appropriate;
- authorizes care and assigns an appropriate length of stay for inpatient admissions

Concurrent Review

Concurrent review may occur during the course of ongoing treatment and is used to assess the medical necessity and appropriateness of the length of stay and level of care.

Discharge Planning

Discharge planning is a process that begins prior to your scheduled hospital admission. Working with you, your family, your attending physician(s) and hospital staff, Highmark will help plan for and coordinate your discharge to assure that you receive safe and uninterrupted care when needed at the time of discharge.

Outpatient Procedure or Covered Service Precertification

Precertification may be required to determine the medical necessity and appropriateness of certain outpatient procedures or covered services as determined by Highmark prior to the receipt of services.

In-Area Network Care

Network providers are responsible for the precertification of such procedure or covered service and you will not be financially responsible whenever certification for such procedure or covered service is not obtained by the network provider. If the procedure or covered service is deemed not to be medically necessary and appropriate, you will not be financially responsible, except when Highmark provides prior written notice to you that charges for the procedure or covered service will not be covered. In such case, you will be financially responsible for such procedure or covered service.

Out-of-Area Care

Whenever you utilize a network provider located out-of-area, it is your responsibility to first contact Highmark to confirm the medical necessity and appropriateness of such procedure or covered service. If you do not contact Highmark for certification, that procedure or covered service may be reviewed after it is received to determine medical necessity and appropriateness. If the procedure or covered service is determined to be medically necessary and appropriate, benefits will be paid in accordance with the plan. If the procedure or covered service is determined not to be medically necessary and appropriate, no benefits will be provided. In such case you will be financially responsible for the full amount of the charge of the network provider located out-of-area.

Out-of-Network Care

Whenever you utilize an out-of-network provider, it is your responsibility to first contact Highmark to confirm the medical necessity and appropriateness and/or obtain precertification of such procedure or covered service. If you do not contact Highmark for precertification, that procedure or covered service may be reviewed after it is received to determine medical necessity and appropriateness. If the procedure or covered service is determined to be medically necessary and appropriate, benefits will be paid in accordance with the plan. You will be financially responsible for the difference between what is covered by the plan and the full amount of the out-of-network provider's charge. If such procedure or covered service is determined not to be medically necessary and appropriate, no benefits will be provided. In such case, you will be financially responsible for the full amount of the out-of-network provider's charge.

If you have any questions regarding Highmark's determination of medical necessity and appropriateness of certain outpatient procedures or covered services, you can contact Highmark via the toll-free Member Service telephone number located on the back of your ID card.

Retrospective Review

Retrospective review may occur when a service or procedure has been rendered without the required precertification.

Case Management Services

Case Management is a voluntary program in which a case manager, with input from you and your health care providers, assists when you are facing and/or recovering from a hospital admission, dealing with multiple medical problems or facing catastrophic needs. Highmark case managers can provide educational support, assist in coordinating needed health care services, put you in touch with community resources, assist in addressing obstacles to your recovery such as benefit and caregiver issues and answer your questions.

Individual Case Management

Highmark shall provide such alternative benefits, in its sole discretion, only when, and for so long as, it determines that the services are medically necessary and appropriate, cost effective, and that the total benefits paid for such procedures/services do not exceed the total benefits to which you would otherwise be entitled to.

This may include offering you a home recovery care option so that treatment for specific medical conditions can be provided in your home when it is determined that you can be safely treated for such condition in that setting. In connection with the home recovery care option, case management will largely focus on stepped-up care coordination services and may include, in Highmark's sole discretion, non-emergency transportation to provider locations.

Highmark, in its sole discretion, reserves the right to limit access and/or modify benefit(s), regardless of the disease or condition, when Highmark identifies utilization patterns that could potentially result in harm to you or the public.

You can call and request case management services if you feel you need it by contacting Member Services at the telephone number listed on the back of your ID card.

Selection of Providers

You have the option of choosing where and from whom to receive covered services. You may utilize a network provider or an out-of-network provider. However, covered services received from a network provider are usually provided at a higher level of benefits than those received from an out-of-network provider and certain non-emergency services may only be covered when rendered by a network provider. Please note that benefits for covered telemedicine services are only provided when such services are rendered by a designated telemedicine provider.

In the event you require non-emergency covered services that are not available within the network, Highmark may refer you to an out-of-network provider. You must notify Highmark prior to receiving a covered service from an out-of-network provider in order for Highmark to facilitate this arrangement. In such cases, services will be covered at the network level so that you will not be responsible for any greater out-of-pocket amount than if services had been rendered by a network provider. You will not be responsible for any difference between Highmark's payment and the out-of-network provider's billed charge.

Prescription Drug Management

Your prescription drug program provides the following provisions which will determine the medical necessity and appropriateness of covered medications and supplies.

Early Refill

No coverage is provided for any refill of a covered medication that is dispensed before your predicted use of at least 90% of the days' supply of the previously dispensed covered medication, unless your physician obtains precertification from Highmark for an earlier refill.

Unexpected Event

If your prescription is lost or stolen due to an event such as a fire or theft, you may be able to get an early refill. Call Member Service at the number on your member ID card for help. You will need a copy of the report from the fire department, police department or other agency.

Please note: The early refill authorization does not apply to events that can be controlled, such as spilling or losing the medicine.

Traveling Abroad

If you will be out of the country when it is time to refill your prescription, call Member Service for help. Be sure to have your member ID card and your prescription information. Please allow at least five business days to complete the request.

Individual Case Management

Highmark, in its sole discretion, reserves the right to limit access and/or modify benefit(s), regardless of the disease or condition, when Highmark identifies utilization patterns that could potentially result in harm to you or the public.

Managed Prescription Drug Coverage

A prescription order or refill which may exceed the manufacturer's recommended dosage over a specified period of time may be denied by Highmark when presented to the pharmacy provider. Highmark may contact the prescribing physician to determine if the

covered medication is medically necessary and appropriate. The covered medication will be dispensed if it is determined by Highmark to be medically necessary and appropriate.

Preauthorization

Certain prescription drugs may require preauthorization to ensure the medical necessity and appropriateness of the prescription order. The prescribing physician must obtain authorization from Highmark prior to prescribing certain covered medications. The specific drugs or drug classifications which require preauthorization may be obtained by calling the toll-free Member Service telephone number appearing on your ID card.

Precertification, Preauthorization and Pre-Service Claims Review Processes

The precertification, preauthorization and pre-service claims review processes information described below applies to both medical and prescription drug management.

Authorized Representatives

You have a right to designate an authorized representative to file or pursue a request for precertification or other pre-service claim on your behalf. Highmark reserves the right to establish reasonable procedures for determining whether an individual has been authorized to act on your behalf. Procedures adopted by Highmark will, in the case of an urgent care claim, permit a physician or other professional health care provider with knowledge of your medical condition to act as your authorized representative.

Decisions Involving Requests for Precertification and Other Non-Urgent Care Pre-Service Claims

You will receive written notice of any decision on a request for precertification or other pre-service claim, whether the decision is adverse or not, within a reasonable period of time appropriate to the medical circumstances involved. That period of time will not exceed 15 days from the date Highmark receives the claim.

Decisions Involving Urgent Care Claims

If your request involves an urgent care claim, Highmark will make a decision on your request as soon as possible taking into account the medical exigencies involved. You will receive notice of the decision that has been made on your urgent care claim no later than 72 hours following receipt of the claim.

If Highmark determines in connection with an urgent care claim that you have not provided sufficient information to determine whether or to what extent benefits are provided under your coverage, your physician will be notified within 24 hours following Highmark's receipt of the claim of the specific information needed to complete your claim. Your physician will then be given not less than 48 hours to provide the specific information to Highmark. Highmark will thereafter notify you of its determination on your claim as soon

as possible but not later than 48 hours after the earlier of (i) its receipt of the additional specific information, or (ii) the date Highmark informed your physician that it must receive the additional specific information.

Similarly, when your urgent care claim seeks to extend a previously approved course of treatment and that request is made at least 24 hours prior to the expiration of the previously approved course of treatment, Highmark will notify you of its decision as soon as possible, but no later than 24 hours following receipt of the request.

Notices of Determination Involving Precertification Requests and Other Pre-Service Claims

Any time your request for precertification or other pre-service claim is approved, you will be notified in writing that the request has been approved. If your request for precertification or approval of any other pre-service claim has been denied, you will receive written notification of that denial which will include, among other items, the specific reason or reasons for the adverse benefit determination and a statement describing your right to file an internal appeal or request an external review.

For a description of your right to file an appeal concerning an adverse benefit determination involving a request for precertification or any other pre-service claim, see the Appeal Procedure subsection in the How to File a Claim section of this benefit booklet.

General Information

Who is Eligible for Coverage

*The following eligibility information applies **only** if your group provides coverage for dependents. Your group administrator can determine if you have dependent coverage.*

The group is responsible for determining if a person is eligible for coverage and for reporting such eligibility to Highmark. Highmark reserves the right to request, at any time, documentation relative to eligibility for coverage of any individual enrolled for coverage.

You may enroll your:

- Spouse under a legally valid existing marriage
- Children under 26 years of age, unless otherwise extended pursuant to applicable state or federal law, including:
 - Newborn children
 - Stepchildren
 - Children legally placed for adoption
 - Legally adopted children and children for whom the employee or the employee's spouse is the child's legal guardian
 - Children awarded coverage pursuant to an order of court

An eligible dependent child's coverage automatically terminates and all benefits hereunder cease at the end of the month the dependent reaches the limiting age or ceases to be an eligible dependent as indicated above, whether or not notice to terminate is received by Highmark.

- Unmarried children over age 26 who are not able to support themselves due to intellectual disability, physical disability, mental illness or developmental disability that started before age 26. Coverage automatically terminates and all benefits hereunder cease, except as otherwise indicated, on the day following the date on which the disability ceases, whether or not notice to terminate is received by Highmark.

NOTE: To the extent mandated by the requirements of Pennsylvania Act 83 of 2005, eligibility will be continued past the limiting age for children who are enrolled as dependents under their parent's coverage at the time they are called or ordered into active military duty. They must be a member of the Pennsylvania National Guard or any reserve component of the armed forces of the United States, who is called or ordered to active duty, other than active duty for training, for a period of 30 or more consecutive days, or be

a member of the Pennsylvania National Guard ordered to active state duty for a period of 30 or more consecutive days. If they become a full-time student for the first term or semester starting 60 or more days after their release from active duty, they shall be eligible for coverage as a dependent past the limiting age for a period equal to the duration of their service on active duty or active state duty.

For the purposes of this note, full-time student shall mean a dependent who is enrolled in, and regularly attending, an accredited school, college or university, or a licensed technical or specialized school for 15 or more credit hours per semester, or, if less than 15 credit hours per semester, the number of credit hours deemed by the school to constitute full-time student status.

A dependent child who takes a medically necessary leave of absence from school, or who changes enrollment status (such as changing from full-time to part-time) due to a serious illness or injury may continue coverage for one year from the first day of the medically necessary leave of absence or other change in enrollment, or until the date coverage would otherwise terminate under the terms of this program, whichever is earlier. Highmark may require certification from the dependent child's treating physician in order to continue such coverage.

*The following Domestic Partner provision applies **only** if your group provides coverage for this benefit. Your group administrator can determine if you are eligible for this coverage.*

- A domestic partner** shall be considered for eligibility as long as a domestic partnership (a voluntary relationship between two domestic partners) exists with you. In addition, the children of the domestic partner shall be considered for eligibility as if they were your children as long as the domestic partnership exists.

**"Domestic Partner" means a member of a domestic partnership consisting of two partners, each of whom has registered with a domestic partner registry in effect in the municipality/governmental entity within which the domestic partner currently resides, or who meets the definition of a domestic partner as defined by the state or local government where the individual currently resides or meets all of the following:

- Is unmarried, at least 18 years of age, resides with the other partner and intends to continue to reside with the other partner for an indefinite period of time
- Is not related to the other partner by adoption or blood
- Is the sole domestic partner of the other partner and has been a member of this domestic partnership for the last six months
- Agrees to be jointly responsible for the basic living expenses and welfare of the other partner

- Meets (or agrees to meet) the requirements of any applicable federal, state, or local laws or ordinances for domestic partnerships which are currently enacted, or which may be enacted in the future

To be eligible for dependent coverage, proof that dependents meet the above criteria may be required.

Changes in Membership Status

In order for there to be consistent coverage for you and your dependents, you must keep your Employee Benefit Department informed about any address changes or changes in family status (births, adoptions, deaths, marriages, divorces, etc.) that may affect your coverage.

Your newborn child may be covered under your program for a maximum of 31 days from the moment of birth. To be covered as a dependent beyond the 31-day period, the newborn child must be enrolled as a dependent under this program within such period.

Medicare

If you or a dependent are entitled to Medicare benefits your program will not duplicate payments or benefits provided under Medicare. However, your program may supplement the Medicare benefits, including the deductible and coinsurance not covered by Medicare, provided the services are eligible under your group's program. Contact your plan administrator for specific details.

Covered Active Employees Age 65 or Over

If you are age 65 or over and actively employed in a group with 20 or more employees, you will remain covered under the program for the same benefits available to employees under age 65. As a result:

- the program will pay all eligible expenses first.
- Medicare will then pay for Medicare eligible expenses, if any, not paid for by the program.

- or -

Non-Covered Active Employees Age 65 or Over

If you are age 65 or over and actively employed, you may elect not to be covered under your program. In such a case, Medicare will be your only coverage. If you choose this option, you will not be eligible for any benefits under the program. Contact your plan administrator for specific details.

Spouses Age 65 or Over of Active Employees

If you are actively employed in a group with 20 or more employees, your spouse has the same choices for benefit coverage as indicated above for the employee age 65 and over.

Regardless of the choice made by you or your spouse, each one of you should apply for Medicare Part A coverage about three months prior to becoming age 65. If you elect to be covered under the program, you may wait to enroll for Medicare Part B. You will be able to enroll for Part B later during special enrollment periods without penalty.

Leave of Absence or Layoff

Upon your return to work following a leave of absence or layoff that continued beyond the period of your coverage, your group's program may, in some cases, allow you to resume your coverage. You should consult with your plan administrator/employer to determine whether your group program has adopted such a policy.

Continuation of Coverage

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is a federal law that covers group health plans sponsored by an employer (private sector or state/local government) that employed at least 20 employees on more than 50 percent of its typical business days in the previous calendar year. Employers that are subject to COBRA must temporarily extend their health care coverage to certain categories of employees and their covered dependents when, due to certain "qualifying events," they are no longer eligible for group coverage.

Act 2 of 2009 is a Pennsylvania law that is sometimes referred to as "mini-COBRA" since it is similar in purpose to federal COBRA. However, unlike federal COBRA, mini-COBRA only applies to employers who employed between 2 and 19 employees on a typical business day during the previous calendar year.

Contact your employer for more information about COBRA and the events that may allow you or your dependents to temporarily extend health care coverage.

Conversion

If your employer does not offer continuation of coverage, or if you do not wish to continue coverage through your employer's program, you may be able to enroll in an individual conversion program available from Highmark. Also, conversion is available to anyone who has elected continued coverage through your employer's program and the term of that coverage has expired.

If your coverage through your employer is discontinued for any reason, except as specified below, you may be able to convert to a direct payment program.

The conversion opportunity is not available if either of the following applies:

- You are eligible for another group health care benefits program through your place of employment.
- When your employer's program is terminated and replaced by another health care benefits program.

Termination of Your Coverage Under the Employer Contract

Your coverage can be terminated in the following instances:

- When you cease to be an employee, the group shall promptly notify Highmark that you are no longer eligible for coverage and that your coverage should be terminated as follows:
 - When prompt notification is received, coverage will be terminated no earlier than the date on which you cease to be eligible.
 - When a group requests a retroactive termination of coverage, coverage will be terminated no earlier than the first day of the month preceding the month in which Highmark received notice from the group.
- When you fail to pay the required contribution, your coverage will terminate at the end of the last month for which payment was made.
- Termination of the employer contract automatically terminates the coverage of all the members. It is the responsibility of the employer to notify you of the termination of coverage. However, coverage will be terminated regardless of whether the notice is given to you by the employer.
- If it is proven that you obtained or attempted to obtain benefits or payment for benefits through fraud or intentional misrepresentation of a material fact, Highmark may, upon 30-day advance written notice to you, terminate your coverage under the program.
- It is understood that you have an affirmative obligation to notify the group or Highmark as soon as the domestic partnership has been terminated. Upon termination of the domestic partnership, coverage of the former domestic partner and the children of the former domestic partner will terminate at the end of the month the domestic partnership terminated.

Benefits After Termination of Coverage

- If you are an inpatient on the day your coverage terminates, facility provider benefits for inpatient covered services will be continued as follows:
 - Until the maximum amount of benefits has been paid; or

- Until the inpatient stay ends; or
 - Until you become covered, without limitation as to the condition for which you are receiving inpatient care, under another group program; whichever occurs first.
- If you are pregnant on the date coverage terminates, no additional coverage will be provided.
 - If you are totally disabled at the time your coverage terminates due to termination of active employment, benefits will be continued for covered services directly related to the condition causing such total disability. This benefit extension does not apply to covered services relating to other conditions, illnesses, diseases or injuries and is not available if your termination was due to fraud or intentional misrepresentation of a material fact. This total disability extension of benefits will be provided as long as you remain so disabled as follows:
 - Up to a maximum period of 12 consecutive months; or
 - Until the maximum amount of benefits has been paid; or
 - Until the total disability ends; or
 - Until you become covered without limitation as to the disabling condition under other group coverage, whichever occurs first.
 - If you are required to pay any premium, your benefits will not be continued if your coverage is terminated because you failed to pay the required premium.

Coordination of Benefits

Most health care programs, including your health care program, contain a coordination of benefits provision. This provision is used when you, your spouse or your covered dependents are eligible for payment under more than one health care program. The object of coordination of benefits is to ensure that your covered expenses will be paid, while preventing duplicate benefit payments.

Here is how the coordination of benefits provision works:

- When your other coverage does not mention "coordination of benefits," then that coverage pays first. Benefits paid or payable by the other coverage will be taken into account in determining if additional benefit payments can be made under your program.
- When the person who received care is covered as an employee under one contract, and as a dependent under another, then the employee coverage pays first.

- When a dependent child is covered under two contracts whose parents are married or are living together, whether or not they have ever been married, the contract which covers the person as a dependent of the parent whose birthday (month and day) falls earliest in the calendar year will be primary. But, if both parents have the same birthday, the program which covered the parent longer will be the primary program.
- If the dependent child's parents are divorced or separated or not living together, whether or not they have ever been married, the following applies:
 - if a court decree states that one of the parents is responsible for the dependent child's health care expenses or health care coverage, that contract is the primary program;
 - if a court decree states that both parents are responsible for the dependent child's health care expenses or health care coverage, the provision for married or living together above shall determine the order of benefits;
 - if a court decree states the parents have joint custody without specifying that one parent has responsibility for the health care expenses or health care coverage of the dependent child, the provision for married or living together above shall determine the order of benefits; or
 - if there is no court decree allocating responsibility for the dependent child's health care expenses or health care coverage, the order of benefits for the child are as follows:
 - i. the contract covering the custodial parent;
 - ii. the contract covering the spouse of custodial parent;
 - iii. the contract covering the non-custodial parent; and then
 - iv. the contract covering the spouse of the non-custodial parent
- If none of the above circumstances applies, the coverage you have had for the longest time pays first, provided that:
 - the benefits of a program covering the person as an employee other than a laid-off or retired employee or as the dependent of such person shall be determined before the benefits of a program covering the person as a laid-off or retired employee or as a dependent of such person and if
 - the other program does not have this provision regarding laid-off or retired employees, and, as a result, plans do not agree on the order of benefits, then this rule is ignored.

If you receive more than you should have when your benefits are coordinated, you will be expected to repay any overpayment.

NOTE: In the event the other coverage is a non-high deductible health plan, certain tax advantages of this high deductible health plan, when used in connection with a Health Savings Account, may be lost. Please consult your tax advisor for information.

Prescription drug benefits are not coordinated against any other health care or drug benefit coverage.

Subrogation

Subrogation means that if you incur health care expenses for injuries caused by another person or organization, the person or organization causing the accident may be responsible for paying these expenses.

For example, if you or one of your dependents receives benefits through your program for injuries caused by another person or organization, Highmark has the right, through subrogation, to seek repayment from the other person or organization or any applicable insurance company for benefits already paid.

Highmark will provide eligible benefits when needed, but you may be asked to show documents or take other necessary actions to support Highmark in any subrogation efforts.

A Recognized Identification Card

Carry your ID card with you at all times, destroy any previously issued cards, and show this card to the hospital, doctor, pharmacy, or other health care professional whenever you need medical care.

If your card is lost or stolen, please contact Highmark Member Service immediately. You can also request additional or replacement cards online by logging onto www.highmarkbcbs.com.

Below is a sample of the type of information that will be displayed on your ID card:

- Your name and your dependent's name, if applicable
- Identification number
- Group number
- Copayment for physician office visits and emergency room visits
- Pharmacy network logo (when applicable)
- Member Service toll-free number (on back of card)
- Toll-free telephone number for Out-of-network facility admissions (on back of card)
- Suitcase symbol

There is a logo of a suitcase on your ID card. This suitcase logo lets hospitals and doctors know that you are a member of a Blue Cross and Blue Shield plan, and that you have access to Blue providers nationwide.

How to File a Claim

In most instances, hospitals and physicians will submit a claim on your behalf. If your claim is not submitted directly by the provider, you may be required to file the claim yourself.

If you receive medications from a network pharmacy and present your ID card, you will not have to file a claim. If you forget your ID card when you go to a network pharmacy, the pharmacy may ask you to pay in full for the prescription.

If you have to file a claim, the procedure is simple. Just take the following steps:

- **Know Your Benefits.** Review this information to see if the services you received are eligible under your medical program.
- **Get an Itemized Bill.** Itemized bills must include:
 - The name and address of the service or pharmacy provider
 - The patient's full name
 - The date of service or supply or purchase
 - A description of the service or medication/supply
 - The amount charged
 - For a medical service, the diagnosis or nature of illness
 - For durable medical equipment, the doctor's certification
 - For private duty nursing, the nurse's license number, charge per day and shift worked, and signature of provider prescribing the service;
 - For ambulance services, the total mileage
 - Drug and medicine bills must show the prescription name and number and the prescribing provider's name.

Please note: If you've already made payment for the services you received, you must also submit proof of payment (receipt from the provider) with your claim form. Cancelled checks, cash register receipts or personal itemizations are not acceptable as itemized bills.

- **Copy Itemized Bills.** You must submit originals, so you may want to make copies for your records. Once your claim is received, itemized bills cannot be returned.
- **Complete a Claim Form.** Make sure all information is completed properly, and then sign and date the form. *Claim forms can be downloaded from the member website by entering "forms" in the search box. Claim forms are also available from your employee benefits department, or call the Member Service telephone number on the back of your ID card.*

- **Attach Itemized Bills to the Claim Form and Mail.** After you complete the above steps, attach all itemized bills to the claim form and mail everything to the address on the back of your ID card.

Remember: Multiple services or medications for the same family member can be filed with one claim form. However, a separate claim form must be completed for each member.

If you file the claim yourself, your claim must be submitted within 90 days of the date of service, but in no event will it be accepted later than one year from the 90-day timeframe.

Your Explanation of Benefits Statement

When you submit a claim, you will receive an Explanation of Benefits (EOB) statement that lists:

- The provider's actual charge
- The allowable amount as determined by Highmark
- The copayment; deductible and coinsurance amounts, if any, that you are required to pay
- Total benefits payable
- The total amount you owe

In those instances when you are not required to submit a claim because, for example, the network provider will submit the bill as a claim for payment under its contract with Highmark, you will receive an EOB only when you are required to pay amounts other than your required copayment.

You can get your EOBs online. Simply register on your member website. Your EOB can also be mailed to you. If you do not owe a payment to the provider, you may not receive an EOB.

How to Voice a Complaint

In the event that you are dissatisfied with any aspect of your health care benefits or you have an objection regarding participating health care providers, coverage, operations or management policies, please contact Highmark via the toll-free Member Service telephone number located on the back of your ID card or by mail at the address listed below. Please include your identification and group numbers as displayed on your ID card.

Highmark Blue Cross Blue Shield
P.O. Box 226
Pittsburgh, PA 15222

A representative will review, research and respond to your inquiry as quickly as possible.

If the informal dissatisfaction process is not successful and does not meet your needs, you have the right to have your objection reviewed by our Member Grievance and Appeals Department. For details about how this process works, please refer to the Appeal Procedure section of this booklet or call Member Service at the number on your member ID card.

Fraud or Provider Abuse

If you think that a provider is committing fraud, please let us know. Examples of fraud include: Submitting claims for services that you did not get; Adding extra charges for services that you did not get; Giving you treatment for services you did not need. Please call the local state toll-free Fraud Hotline.

Additional Information on How to File a Claim

Member Inquiries

General inquiries regarding your eligibility for coverage and benefits do not involve the filing of a claim, and should be made by directly contacting the Member Service Department using the telephone number on your ID card.

Filing Benefit Claims

– *Authorized Representatives*

You have the right to designate an authorized representative to file or pursue a request for reimbursement or other post-service claim on your behalf. Highmark reserves the right to establish reasonable procedures for determining whether an individual has been authorized to act on your behalf.

– *Requests for Precertification and Other Pre-Service Claims*

For a description of how to file a request for precertification or other pre-service claim, see the Precertification, Preauthorization and Pre-Service Claims Review Processes subsection in the Health Care Management section of this benefit booklet.

– *Requests for Reimbursement and Other Post-Service Claims*

When a hospital, physician or other provider submits its own reimbursement claim, the amount paid to that provider will be determined in accordance with the provider's agreement with Highmark or the local licensee of the Blue Cross Blue Shield Association serving your area. Highmark will notify you of the amount that was paid to the provider. Any remaining amounts that you are required to pay in the form of a copayment, coinsurance or program deductible will also be identified in that EOB or

notice. If you believe that the copayment, coinsurance or deductible amount identified in that EOB or notice is not correct or that any portion of those amounts are covered under your benefit program, you may file a claim with Highmark. For instructions on how to file such claims, you should contact the Member Service Department using the telephone number on your ID card.

Determinations on Benefit Claims

- ***Notice of Benefit Determinations Involving Requests for Precertification and Other Pre-Service Claims***

For a description of the time frames in which requests for precertification or other pre-service claims will be determined by Highmark and the notice you will receive concerning its decision, whether adverse or not, see the Precertification, Preauthorization and Pre-Service Claims Review Processes subsection in the Health Care Management section of this benefit booklet.

- ***Notice of Adverse Benefit Determinations Involving Requests for Reimbursement and Other Post-Service Claims***

Highmark will notify you in writing of its determination on your request for reimbursement or other post-service claim within a reasonable period of time following receipt of your claim. That period of time will not exceed 30 days from the date your claim was received. However, this 30-day period of time may be extended one time by Highmark for an additional 15 days, provided that Highmark determines that the additional time is necessary due to matters outside its control, and notifies you of the extension prior to the expiration of the initial 30-day post-service claim determination period. If an extension of time is necessary because you failed to submit information necessary for Highmark to make a decision on your post-service claim, the notice of extension that is sent to you will specifically describe the information that you must submit. In this event, you will have at least 45 days in which to submit the information before a decision is made on your post-service claim.

If your request for reimbursement or other post-service claim is denied, you will receive written notification of that denial which will include, among other items, the specific reason or reasons for the adverse benefit determination and a statement describing your right to file an appeal.

For a description of your right to file an appeal concerning an adverse benefit determination of a request for reimbursement or any other post-service claim, see the Appeal Procedure subsection below.

Appeal Procedure

Internal Appeal Process

Highmark maintains an internal appeal process involving one level of review. This appeal process is mandatory and must be exhausted before you are permitted to pursue legal action in accordance with §502 of the Employee Retirement Income Security Act of 1974 (ERISA).

At any time during the appeal process, you may choose to designate an authorized representative to participate in the appeal process on your behalf. You or your authorized representative shall notify Highmark in writing of the designation. For purposes of the appeal process, "you" includes designees, legal representatives and, in the case of a minor, parents entitled or authorized to act on your behalf. Highmark reserves the right to establish reasonable procedures for determining whether an individual has been authorized to act on your behalf. Such procedures as adopted by Highmark shall, in the case of an urgent care claim, permit a physician or other health care provider with knowledge of your medical condition to act as your authorized representative.

At any time during the appeal process, you may contact the Member Service Department at the toll-free telephone number listed on your ID card to inquire about the filing or status of your appeal.

If you receive notification that your coverage has been rescinded or that a claim has been denied by Highmark, in whole or in part, you may appeal the decision. Your appeal must be submitted within 180 days from the date of your receipt of notification of the adverse decision.

Upon request to Highmark, you may review all documents, records and other information relevant to your appeal and shall have the right to submit or present additional evidence or testimony which includes any written or oral statements, comments and/or remarks, documents, records, information, data or other material in support of your appeal. Your appeal will be reviewed by a representative from the Member Grievance and Appeals Department. The representative shall not have been involved or be the subordinate of any individual that was involved in any previous decision to deny the claim or matter which is the subject of your appeal. In rendering a decision on your appeal, the Member Grievance and Appeals Department will take into account all evidence, comments, testimony, documents, records, and other information submitted by you without regard to whether such information was previously submitted to or considered by Highmark. The Member Grievance and Appeals Department will afford no deference to any prior adverse decision on the claim which is the subject of your appeal.

Each appeal will be promptly investigated and Highmark will provide written notification of its decision within the following time frames:

- When the appeal involves a non-urgent care pre-service claim, within a reasonable period of time appropriate to the medical circumstances involved not to exceed 30 days following receipt of the appeal;
- When the appeal involves an urgent care claim, as soon as possible taking into account the medical exigencies involved but not later than 72 hours following receipt of the appeal; or
- When the appeal involves a post-service claim or a decision by Highmark to rescind coverage, within a reasonable period of time not to exceed 30 days following receipt of the appeal.

If Highmark fails to provide notice of its decision within the above-stated time frames or otherwise fails to strictly adhere to these appeal procedures, you may be permitted to request an external review and/or pursue any applicable legal action.

In the event Highmark renders an adverse decision on your internal appeal, the notification shall include, among other items, the specific reason or reasons for the adverse decision and a statement regarding your right to request an external review and/or pursue any applicable legal action.

External Review Process

You shall have four months from the receipt of the notice of Highmark's decision to appeal the denial resulting from the internal appeal process by requesting an external review of the decision. To be eligible for external review, Highmark's decision to be reviewed must involve:

- a claim that was denied involving medical judgment, including application of Highmark's requirements as to medical necessity, appropriateness, health care setting, level of care, effectiveness of a covered service or a determination that the treatment is experimental or investigational, or
- a determination made by Highmark to rescind your coverage.

In the case of a denied claim, the request for external review may be filed by either you or your health care provider, with your written consent in the format required by or acceptable to Highmark. The request for external review should include any reasons, material justification and all reasonable necessary supporting information as part of the external review filing.

Preliminary Review and Notification

Within five business days from receipt of the request for external review, Highmark will complete a preliminary review of the external review request to determine:

- in the case of a denied claim, whether you are or were covered under this program at the time the covered service which is the subject of the denied claim was or would have been received;
- whether you have exhausted Highmark's internal appeal process, unless otherwise not required to exhaust that process; and
- whether you have provided all of the information and any applicable forms required by Highmark to process the external review request.

Within one business day following completion of its preliminary review of the request, Highmark shall notify you, or the health care provider filing the external review request on your behalf, of its determination.

In the event that the external review request is not complete, the notification will describe the information or materials needed to complete the request in which case you, or the health care provider filing the external review request on your behalf, must correct and/or complete the external review request no later than the end of the four month period in which you were required to initiate an external review of Highmark's decision, or alternatively, 48 hours following receipt of Highmark's notice of its preliminary review, whichever is later.

In the event that the external review request is complete but not eligible for external review, notification by Highmark will include the reasons why the request is ineligible for external review and contact information that you may use to receive additional information and assistance.

Final Review and Notification

Requests that are complete and eligible for external review will be assigned to an independent review organization (IRO) to conduct the external review. The assigned IRO will notify you, or the health care provider filing the external review on your behalf, that the request has been accepted and is eligible for external review. The notice will further state that the IRO has been assigned to conduct the external review and that any additional information which you or the health care provider may have in support of the request must be submitted, in writing, within 10 business days following receipt of the notice. Any additional information timely submitted by you or the health care provider and received by the assigned IRO will be forwarded to Highmark. Upon receipt of the information, Highmark shall be permitted an opportunity to reconsider its prior decision regarding the claim that was denied or the matter which is the subject of the external review request.

The assigned IRO will review all of the information and documents that it timely received and make a decision on the external review request. The decision shall be made without regard or deference to the decision that was made in Highmark's internal appeal process. The assigned IRO shall provide written notice of its final external review decision to Highmark and you, or the health care provider filing the external review request on your behalf, within 45 days from receipt by the IRO of the external review request. Written notice of the decision shall provide, among other information, a statement of the principal reasons for the decision including the rationale and standards relied upon by the IRO, a statement regarding the right to pursue any applicable legal action that may be available to you and current contact information for the Pennsylvania Insurance Department Office of Consumer Services or such other applicable office of health insurance consumer assistance or ombudsman.

Expedited External Review (applies to urgent care claims only)

If Highmark's initial decision or the denial resulting from Highmark's internal appeal process involves an urgent care claim, you or the health care provider on behalf of you may request an expedited external review of Highmark's decision. Requests for expedited external review are subject to review by Highmark to determine whether they are timely, complete and eligible for external review. When the request involves a denied urgent care claim, Highmark must complete its preliminary review and provide notice of its eligibility determination immediately upon receipt of the request for expedited external review. If the request is eligible for expedited external review, Highmark must then transmit all necessary documents and information that was considered in denying the urgent care claim involved to an assigned IRO in an expeditious manner. The assigned IRO will conduct the review and provide notice of its final external review decision as expeditiously as your medical condition or circumstances require, but in no event more than 72 hours following receipt by the IRO of the request for expedited external review. If notice of the decision by the IRO is not provided in writing, the IRO must provide within 48 hours following initial notice of its final external review decision, written confirmation of that decision to Highmark and you, or the health care provider filing the expedited external review request on your behalf.

Member Assistance Services

You may obtain assistance with Highmark's internal appeal and external review procedures as described herein by contacting the Pennsylvania Insurance Department Office of Consumer Services or such other applicable office of health insurance consumer assistance or ombudsman.

Autism Spectrum Disorders Expedited Review and Appeal Procedures

Upon denial, in whole or in part, of a pre-service claim or post-service claim for diagnostic assessment or treatment of autism spectrum disorders, there is an appeal procedure for expedited internal review which you may choose as an alternative to those procedures set

forth above. In order to obtain an expedited review, you or your authorized representative shall identify the particular claim as one related to the diagnostic assessment or treatment of an autism spectrum disorder to the Member Service Department and request an expedited review which will be provided by Highmark. If, based on the information provided at the time the request is made, the claim cannot be determined as one based on services for the diagnostic assessment or treatment of autism spectrum disorders, Highmark may request from you or the health care provider additional clinical information including the treatment plan described in the Covered Services section of the booklet.

An appeal of a denial of a claim for services for the diagnostic assessment or treatment of an autism spectrum disorder is subject to review by a Review Committee. The request to have the decision reviewed by the Review Committee may be communicated orally or be submitted in writing within 180 days from the date the denial of the claim is received, and may include any written information from you or the health care provider. The Review Committee shall be comprised of three employees of Highmark who were not involved or the subordinate of any individual that was previously involved in any decision to deny coverage or payment for the health care service. The Review Committee will hold an informal hearing to consider the appeal. When arranging the hearing, Highmark will notify you or the health care provider of the hearing procedures and rights at such hearing, including your or the health care provider's right to be present at the review and to present a case. If you or the health care provider cannot appear in person at the review, Highmark shall provide you or the health care provider the opportunity to communicate with the Review Committee by telephone or other appropriate means.

Highmark shall conduct the expedited internal review and notify you or your authorized representative of its decision as soon as possible but not later than 48 hours following the receipt of your request for an expedited review. The notification to you and the health care provider shall include, among other items, the specific reason or reasons for the adverse decision including any clinical rationale, the procedure for obtaining an expedited external review and a statement regarding your right to pursue legal action in accordance with §502 of the Employee Retirement Income Security Act of 1974 (ERISA).

Following the receipt of the expedited internal review decision, you may contact Highmark to request an expedited external review pursuant to the expedited external review procedure for autism spectrum disorders established by the Pennsylvania Insurance Department.

Member Service

When you have questions about a claim, benefits or coverage, our Member Service Representatives are here to help you. Just call Member Service at the toll-free number on your member ID card or log in to your Highmark member website at www.highmarkbcbs.com. For TTY/TDD hearing impaired service, please dial 711 and the number on the back of your ID card.

As a Highmark member, you have access to a wide range of readily available health education tools and support services, all geared to help you "Have a Greater Hand in Your Health."

Blues On Callsm - 24/7 Health Decision Support

Just call **1-888-BLUE-428 (1-888-258-3428)** to be connected to a specially-trained wellness professional. You can talk to a Health Coach whenever you like, any time of the day, any day of the week.

Health Coaches are specially-trained registered nurses, dietitians and respiratory therapists who can help you make more informed health care and self-care (when appropriate) decisions. They can assist with a health symptom assessment, provide health-related information, and discuss your treatment options. Please be assured that your discussions with your Health Coach are kept strictly confidential.

Help with common illnesses, injuries and questions

Health Coaches can address any health topic that concerns you:

- Everyday conditions, such as a rash, an earache or a sprain
- A recent diagnosis you've received
- A scheduled medical test
- Planned surgery or other medical procedure
- Questions to ask your doctor at your next appointment
- How to care for a child or elder

You don't have to be ill to talk to a Health Coach. Call to learn about programs and other resources available to help you manage:

- Stress
- Personal nutrition
- Weight management
- Physical activities
- Insomnia
- Depression

Help with chronic conditions

If you have diabetes, asthma, congestive heart failure, chronic obstructive pulmonary disease or coronary artery disease, you need to manage your condition every day in order to stay healthy and avoid hospital stays. That means keeping track of medications, tests, doctor appointments and your diet. Your Blues On Call Health Coach can help you work more closely with your doctor and get more involved in taking good care of yourself.

You can even establish a relationship with a specific Health Coach and schedule time to talk about your concerns and conditions.

myCare Navigatorsm - 24/7 Health Advocate Support

Getting the right care and finding the right doctor and wellness services for you and your family is now as quick and easy as calling myCare Navigator at **1-888-BLUE-428**.

Your dedicated health advocate can help you and your family members:

- locate a primary care physician or get an appointment with a hard-to-reach specialist;
- get your medical records transferred;
- get a second opinion;
- understand your health care options;
- locate wellness resources, such as services for your special needs child or quality elder care for a parent; or
- handle billing questions and make the most of your care dollars.

Get the help you need to navigate the health care system easily and effectively. The same number that connects you to Blues On Call now connects you to your health advocate, myCare Navigator. So call **1-888-BLUE-428** for *total* care support!

Highmark Website

As a Highmark member, you have a wealth of health information at your fingertips. It's easy to access all your online offerings. Whether you are looking for a health care provider or managing your claims...want to make informed health care decisions on treatment options, or lead a healthier lifestyle, Highmark can help with online tools and resources.

Go to www.highmarkbcbs.com. Then click on the Members tab and log in to your home page to take advantage of all kinds of programs and resources to help you understand your health status, including an online Wellness Profile. Then, take steps toward real health improvement.

Baby Blueprints®

If You Are Pregnant, Now Is the Time to Enroll in Baby Blueprints

If you are expecting a baby, this is an exciting time for you. It's also a time when you have many questions and concerns about your health and your developing baby's health.

To help you understand and manage every stage of pregnancy and childbirth, Highmark offers the Baby Blueprints Maternity Education and Support Program.

By enrolling in this free program, you will have access to online information on all aspects of pregnancy and childbirth. Baby Blueprints will also provide you with personal support from a nurse health coach available to you throughout your pregnancy.

Easy Enrollment

Just call toll-free at 1-866-918-5267. You can enroll at any time during your pregnancy.

Member Rights and Responsibilities

Your participation in your health care program is vital to maintaining quality in your program and services. Your importance to this process is reflected in the following statement of principles.

You have the right to:

1. Receive information about Highmark, its products and its services, its practitioners and providers, and your rights and responsibilities.
2. Be treated with respect and recognition of your dignity and right to privacy.
3. Participate with practitioners in decision-making regarding your health care. This includes the right to be informed of your diagnosis and treatment plan in terms that you understand and participate in decisions about your care.
4. Have a candid discussion of appropriate and/or medically necessary treatment options for your condition(s), regardless of cost or benefit coverage. Highmark does not restrict the information shared between practitioners and patients and has policies in place, directing practitioners to openly communicate information with their patients regarding all treatment options regardless of benefit coverage.
5. Voice a complaint or file an appeal about Highmark or the care provided and receive a reply within a reasonable period of time.
6. Make recommendations regarding the HighmarkMembers' Rights and Responsibilities policies.

You have a responsibility to:

1. Supply to the extent possible, information that the organization needs in order to make care available to you, and that its practitioners and providers need in order to care for you.
2. Follow the plans and instructions for care that you have agreed on with your practitioners.
3. Communicate openly with the physician you choose. Ask questions and make sure you understand the explanations and instructions you are given, and participate in developing mutually agreed upon treatment goals. Develop a relationship with your doctor based on trust and cooperation.

How We Protect Your Right to Confidentiality

We have established policies and procedures to protect the privacy of our members' protected health information ("PHI") in all forms, including PHI given verbally, from unauthorized or improper use. Some of the ways we protect your privacy include not discussing PHI outside of our offices, e.g., in hallways, elevators, as well as verifying your identity before we discuss PHI with you over the phone. As permitted by law, we may use or disclose protected health information for treatment, payment and health care operations, such as: claims management, routine audits, coordination of care, quality assessment and measurement, case management, utilization review, performance

measurement, customer service, credentialing, medical review and underwriting. With the use of measurement data, we are able to manage members' health care needs, even targeting certain individuals for quality improvement programs, such as health, wellness and disease management programs.

If we ever use your protected health information for non-routine uses, we will ask you to give us your permission by signing a special authorization form, except with regard to court orders and subpoenas.

You have the right to access the information your doctor has been keeping in your medical records, and any such request should be directed first to your network physician.

You benefit from the many safeguards we have in place to protect the use of data we maintain. This includes requiring our employees to sign statements in which they agree to protect your confidentiality, using computer passwords to limit access to your protected health information, and including confidentiality language in our contracts with physicians, hospitals, vendors and other health care providers.

Our Privacy Department reviews and approves policies regarding the handling of confidential information.

Recognizing that you have a right to privacy in all settings, we even inspect the privacy of examination rooms when we conduct on-site visits to physicians' offices. It's all part of safeguarding the confidentiality of your protected health information.

Terms You Should Know

*The following terms apply **only** if your group provides coverage for this benefit. Depending on your health care program not all terms may apply. Your group administrator can determine if you are eligible for this coverage. Please refer to the Schedule of Benefits section of this booklet*

Applied Behavioral Analysis - The design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior or to prevent loss of attained skill or function, including the use of direct observation, measurement and functional analysis of the relations between environment and behavior.

Assisted Fertilization - Any method used to enhance the possibility of conception through retrieval or manipulation of the sperm or ovum. This includes, but is not limited to, Artificial Insemination, In Vitro Fertilization (IVF), Gamete Intra-Fallopian Transfer (GIFT), Zygote Intra-Fallopian Transfer (ZIFT), Tubal Embryo Transfer (TET), Peritoneal Ovum Sperm Transfer, Zona Drilling, and sperm microinjection.

Autism Spectrum Disorders - Any disorder defined as an autism spectrum disorder by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, or its successor.

Benefit Period - The specified period of time during which charges for covered services must be incurred in order to be eligible for payment by your program. A charge shall be considered incurred on the date you receive the service or supply for which the charge is made.

Blues On Call - A 24-hour health decision support program that gives you ready access to a specially-trained health coach.

Board-Certified - A designation given to those physicians who, after meeting strict standards of knowledge and practices, are certified by the professional board representing their specialty.

Brand Drug - A recognized trade name prescription drug product, usually either the innovator product for new drugs still under patent protection or a more expensive product marketed under a brand name for multi-source drugs and noted as such in the pharmacy database used by Highmark.

Claim – A request for precertification, preauthorization or prior approval of a covered service or for the payment or reimbursement of the charges or costs associated with a covered service. Claims include:

- **Pre-Service Claim** – A request for precertification, preauthorization or prior approval of a covered service which under the terms of your coverage must be approved before you receive the covered service.
- **Urgent Care Claim** – A pre-service claim which, if decided within the time periods established for making non-urgent care pre-service claim decisions, could seriously jeopardize your life, health or ability to regain maximum function or, in the opinion of a physician with knowledge of your medical condition, would subject you to severe pain that cannot be adequately managed without the service. Whether a request involves an urgent care claim will be determined by your attending physician or provider.
- **Post-Service Claim** – A request for payment or reimbursement of the charges or costs associated with a covered service that you have received.

Covered Services - A service or supply specified by your program which is eligible for payment when rendered by a provider.

Custodial Care - Care provided primarily for maintenance of the patient or which is designed essentially to assist the patient in meeting the activities of daily living and which is not primarily provided for its therapeutic value in the treatment of an illness, disease, bodily injury, or condition.

Designated Agent - An entity that has contracted, either directly or indirectly, with your health care program to perform a function and/or service in the administration of this program. Such function and/or service may include, but is not limited to, medical management and provider referral.

Diabetes Prevention Program - A 12-month program using curriculum approved by the Centers for Disease Control to deliver a prevention lifestyle intervention for those at high risk of developing type 2 diabetes. The program includes behavioral and motivational content focusing on moderate changes in both diet and physical activity.

Diabetes Prevention Provider - An entity that offers a diabetes prevention program.

Emergency Care Services - The treatment of bodily injuries resulting from an accident, or following the sudden onset of a medical condition, or following, in the case of a chronic condition, a sudden and unexpected medical event that manifests itself by acute symptoms of sufficient severity or severe pain, such that a prudent layperson who

possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in:

- placing your health or, with respect to a pregnant member, the health of the member or the unborn child in serious jeopardy;
- causing serious impairment to bodily functions; and/or
- causing serious dysfunction of any bodily organ or part

and for which care is sought as soon as possible after the medical condition becomes evident to you.

Exclusions - Services, supplies or charges that are not covered by your program.

Experimental/Investigative - The use of any treatment, service, procedure, facility, equipment, drug, device or supply (intervention) which is not determined by Highmark Inc. to be medically effective for the condition being treated. Highmark will consider an intervention to be experimental/investigative if: the intervention does not have Food and Drug Administration (FDA) approval to be marketed for the specific relevant indication(s); or, available scientific evidence does not permit conclusions concerning the effect of the intervention on health outcomes; or, the intervention is not proven to be as safe and as effective in achieving an outcome equal to or exceeding the outcome of alternative therapies; or, the intervention does not improve health outcomes; or, the intervention is not proven to be applicable outside the research setting. If an intervention, as defined above, is determined to be experimental/investigative at the time of the service, it will not receive retroactive coverage, even if it is found to be in accordance with the above criteria at a later date.

Medical researchers constantly experiment with new medical equipment, drugs and other technologies. In turn, health care plans must evaluate these technologies.

Highmark believes that decisions for evaluating new technologies, as well as new applications of existing technologies, for medical and behavioral health procedures, pharmaceuticals and devices should be made by medical professionals. That is why a panel of more than 400 medical professionals work with our nationally recognized Medical Affairs Committee to review new technologies and new applications for existing technologies for medical and behavioral health procedures and devices. To stay current and patient-responsive, these reviews are ongoing and all-encompassing, considering factors such as product efficiency, safety and effectiveness. If the technology passes the test, the Medical Affairs Committee recommends it be considered as acceptable medical practice and a covered benefit. Technology that does not merit this status is usually considered "experimental/investigative" and is not generally covered. However, it may be re-evaluated in the future.

A similar process is followed for evaluating new pharmaceuticals. The Pharmacy and Therapeutics (P & T) Committee assesses new pharmaceuticals based on national and international data, research that is currently underway and expert opinion from leading clinicians. The P & T Committee consists of at least one Highmark-employed pharmacist and/or medical director, five board-certified, actively practicing network physicians and two Doctors of Pharmacy currently providing clinical pharmacy services within the Highmark service area. At the committee's discretion, advice, support and consultation may also be sought from physician subcommittees in the following specialties: cardiology, dermatology, endocrinology, hematology/oncology, obstetrics/gynecology, ophthalmology, psychiatry, infectious disease, neurology, gastroenterology and urology. Issues that are addressed during the review process include clinical efficacy, unique value, safety, patient compliance, local physician and specialist input and pharmacoeconomic impact. After the review is complete, the P & T Committee makes recommendations.

Highmark recognizes that situations may occur when you elect to pursue experimental/investigative treatment. If you have a concern that a service you will receive may be experimental/investigational, you or the hospital and/or professional provider may contact Highmark's Member Service to determine coverage.

Explanation of Benefits (EOB) - This is the statement you'll receive from Highmark after your claim is processed. It lists: the provider's charge, allowable amount, copayment, deductible and coinsurance amounts, if any, you're required to pay; total benefits payable; and total amount you owe.

Generic Drug - A drug that is available from more than one manufacturing source and accepted by the FDA as a substitute for those products having the same active ingredients as a brand drug and listed in the FDA "Approved Drug Products with Therapeutic Equivalence Evaluations," otherwise known as the Orangebook, and noted as such in the pharmacy database used by Highmark.

Highmark Blue Shield Service Area - The geographic area, within Pennsylvania, in which Highmark Blue Shield operates as a hospital plan corporation consisting of the following counties in central Pennsylvania:

Adams	Franklin	Lehigh	Perry
Berks	Fulton	Mifflin	Schuylkill
Centre (part)	Juniata	Montour	Snyder
Columbia	Lancaster	Northampton	Union
Cumberland	Lebanon	Northumberland	York
Dauphin			

Immediate Family - Your spouse, child, stepchild, parent, brother, sister, mother-in-law, father-in-law, brother-in-law, sister-in-law, daughter-in-law, son-in-law, grandchild, grandparent, stepparent, stepbrother or stepsister.

Infertility - The medically documented inability to conceive with unprotected sexual intercourse between partners of the opposite biological sex for a period of at least 12 months. The inability to conceive may be due to either partner.

Inpatient - A member who is a registered bed patient in a hospital or skilled nursing facility and for whom a room and board charge is made.

Maintenance Prescription Drug - A prescription drug prescribed for the control of a chronic disease or illness, or to alleviate the pain and discomfort associated with a chronic disease or illness.

Maximum - The greatest amount payable by the program for covered services. This could be expressed in dollars, number of days, or number of services for a specified period of time. There are two types of maximums:

Program Maximum - The greatest amount payable by the program for all covered services.

Benefit Maximum - The greatest amount payable by the program for a specific covered service.

Medically Necessary and Appropriate (Medical Necessity and Appropriateness) - Services, covered medications or supplies that a provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are: (i) in accordance with generally accepted standards of medical practice; and (ii) clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease; and (iii) not primarily for the convenience of the patient, physician, or other provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

Highmark reserves the right, utilizing the criteria set forth in this definition, to render the final determination as to whether a service, covered medications or supply is medically necessary and appropriate. No benefits hereunder will be provided unless Highmark determines that the service, covered medications or supply is medically necessary and appropriate.

Medicare Eligible Expenses - Expenses of the kinds covered by Medicare, to the extent recognized as reasonable and medically necessary and appropriate by Medicare. If this program provides for benefits not covered by Medicare, Highmark reserves the right to determine whether such benefits are medically necessary and appropriate.

Multi-Source Brand Drug - A recognized trade name drug product that does not have patent protection and for which a generic equivalent exists.

Network - Depending on where you receive services, the network is designated as one of the following:

- **Keystone Health Plan West Network** - all Keystone Health Plan West facility providers and Keystone Health Plan West professional providers that have entered into a network agreement, either directly or indirectly, with Highmark.
- **Highmark Blue Shield Participating Facility Provider Network** - all Highmark Blue Shield participating facility providers that have entered into an agreement, either directly or indirectly, with Highmark.
- **PremierBlue Shield Preferred Professional Provider Network** - all PremierBlue Shield Preferred Professional providers who have an agreement, either directly or indirectly, with Highmark.

Network Provider - An ancillary provider, professional provider or facility provider who has entered into an agreement, either directly or indirectly, with Highmark Blue Cross Blue Shield or with any licensee of the Blue Cross Blue Shield Association located out-of-area, pertaining to payment as a participant in your network for covered services rendered to a member.

Network Service - A service, treatment or care that is provided by a network provider.

Partial Hospitalization - The provision of medical, nursing, counseling or therapeutic mental health care services or substance abuse services on a planned and regularly scheduled basis in a facility provider designed for a patient or client who would benefit from more intensive services than are generally offered through outpatient treatment but who does not require inpatient care.

Participating Pharmacy Provider - A Pharmacy Provider that has an agreement, either directly or indirectly, with Highmark pertaining to the payment of covered medications or specific covered medical devices provided to the member.

Plan - Refers to Highmark, which is an independent licensee of the Blue Cross Blue Shield Association. Any reference to the plan may also include its designated agent as defined herein and with whom the plan has contracted, either directly or indirectly, to perform a function or service in the administration of this program.

Plan Allowance - The amount used to determine payment by Highmark for covered services provided to you and to determine your liability. Plan allowance is based on the type of provider who renders such services or as required by law. The plan allowance for an in area out-of-network provider is based on an adjusted contractual allowance for like services rendered by a network provider in the same geographic region. You will be responsible for any difference between the provider's billed charges and Highmark's payment. The plan allowance for an out-of-area provider is determined based on prices received from local licensees of the Blue Cross Blue Shield Association in accordance with your health care program's participation in the BlueCard program described in the How Your Health Care Program Works section of this booklet.

The plan allowance for an out-of-area network state-owned psychiatric hospital is what is required by law.

Plan Service Area - The geographic area consisting of the following counties in western Pennsylvania:

Allegheny	Centre (part)	Forest	Mercer
Armstrong	Clarion	Greene	Potter
Beaver	Clearfield	Huntingdon	Somerset
Bedford	Crawford	Indiana	Venango
Blair	Elk	Jefferson	Warren
Butler	Erie	Lawrence	Washington
Cambria	Fayette	McKean	Westmoreland
Cameron			

Precertification (Preauthorization) - The process through which medical necessity and appropriateness of inpatient admissions, services or place of services is determined by Highmark prior to or after an admission or the performance of a procedure or service.

Preferred Provider Organization (PPO) Program - A program that does not require the selection of a primary care physician, but is based on a provider network made up of physicians, hospitals and other health care facilities. Using this provider network helps assure that you receive maximum coverage for eligible services.

Prescription Drugs - Any drugs or medications ordered by a professional provider by means of a valid prescription order, bearing the federal legend: "Caution: Federal law

prohibits dispensing without a prescription," or a legend drug under applicable state law and dispensed by a licensed pharmacist. Also included are prescribed injectable insulin and other pharmacological agents used to control blood sugar, diabetic supplies, disposable insulin syringes, as well as compounded medications, consisting of the mixture of at least two ingredients other than water, one of which must be a legend drug.

Primary Care Provider (PCP) - A physician whose practice is limited to family practice, general practice, internal medicine or pediatrics, or a certified registered nurse practitioner each of whom has an agreement with Highmark pertaining to payment as a network participant and has specifically contracted with Highmark to: a) be designated as a PCP; b) supervise, coordinate and provide specific basic medical services to you; and c) maintain continuity of patient care.

Provider's Allowable Price - The amount at which a participating pharmacy provider has agreed, either directly or indirectly, with the health plan to provide covered medications or specific medical devices to you under this program.

Single Source Brand Drug - A recognized brand drug under patent protection which prohibits the manufacturing of generic equivalent products.

Specialist - A physician, other than a primary care provider, whose practice is limited to a particular branch of medicine or surgery.

Telemedicine Service - A real time interaction between you and a designated telemedicine provider conducted by means of telephonic or audio and video telecommunications system, for the purpose of providing specific outpatient medical care services.

Totally Disabled (or Total Disability) - A condition resulting from illness or injury as a result of which, and as certified by a physician, for an initial period of 24 months, you are continuously unable to perform all of the substantial and material duties of your regular occupation. However: (i) after 24 months of continuous disability, "totally disabled" (or total disability) means your inability to perform all of the substantial and material duties of any occupation for which you are reasonably suited by education, training or experience; (ii) during the entire period of total disability, you may not be engaged in any activity whatsoever for wage or profit and must be under the regular care and attendance of a physician, other than your immediate family. If you do not usually engage in any occupation for wages or profits, "totally disabled" (or total disability) means you are substantially unable to engage in the normal activities of an individual of the same age and sex.

Urgent Care Center - A formally structured hospital-based or freestanding full-service, walk-in health care clinic, outside of a hospital-based emergency room, that is open twelve hours a day, Monday through Friday and eight hours a day on Saturdays and Sundays, that primarily treats patients who have an injury or illness that requires immediate care, but is not serious enough to warrant a visit to an emergency room. An urgent care center can also provide the same services as a family physician or primary care provider, such as treatment of minor illnesses and injuries, physicals, x-rays and immunizations.

You or Your - Refers to individuals who are covered under the program.

Highmark is a registered mark of Highmark Inc.

PPO Blue, Blues On Call and myCare Navigator are service marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield companies.

Baby Blueprints, BlueCard, Blue Cross, Blue Shield and the Cross and Shield symbols are registered service marks of the Blue Cross Blue Shield Association.

The Blue Cross Blue Shield Association is an independent company that does not provide Highmark Blue Cross Blue Shield products and services.

Express Scripts is a registered trademark of Express Scripts Holding Company.

You are hereby notified, your health care benefit program is between the Group, on behalf of itself and its employees and Highmark Blue Cross Blue Shield. Highmark Blue Cross Blue Shield is an independent corporation operating under licenses from the Blue Cross and Blue Shield Association ("the Association"), which is a national association of independent Blue Cross and Blue Shield companies throughout the United States. Although all of these independent Blue Cross and Blue Shield companies operate from a license with the Association, each of them is a separate and distinct operation. The Association allows Highmark Blue Cross Blue Shield to use the familiar Blue Cross and Blue Shield words and symbols. Highmark Blue Cross Blue Shield shall be liable to the Group, on behalf of itself and its employees, for any Highmark Blue Cross Blue Shield obligations under your health care benefit program.

Summary of Benefits

This Summary of Benefits outlines your covered services. More details can be found in the Covered Services section.

Benefits	Network	Out-of-Network
General Provisions		
The following are your PPO Blue program cost-sharing provisions which include your medical and prescription drug benefits		
Benefit Period ¹	Contract Year	
Deductible (per benefit period) ²		
Individual	\$1,500	\$3,000
Family	\$3,000	\$6,000
Plan Payment Level - Based on the plan allowance	80% after deductible until out-of-pocket limit is met; then 100%	60% after deductible until out-of-pocket limit is met; then 100%
Out-of-Pocket Limits ³		
Individual	\$3,000	\$7,000
Family	\$6,000	\$14,000
Total Maximum Out-of-Pocket See the section "How Your Benefits Are Applied" for exclusions/details		
Individual	\$3,000	None
Family	\$6,000	None
Lifetime Maximum (per member)	Unlimited	
Office/Clinic/Urgent Care Visits		
Retail Clinic Visits (including virtual visits)	80% after deductible	60% after deductible
Primary Care Physician Office Visits (including virtual visits) ^{4,5}	80% after deductible	60% after deductible
Specialist Office Visits (including virtual visits) ⁴	80% after deductible	60% after deductible
Virtual Visit Originating Site Fee ⁴	80% after deductible	60% after deductible
Urgent Care Center Visits	80% after deductible	60% after deductible
Telemedicine Services ⁶	80% after deductible	Not Covered
Preventive Care Services ⁷		
Adult		
Routine physical exams	100%; deductible does not apply	Not Covered
Adult Immunizations	100%; deductible does not apply	60% after deductible
Routine screening tests and procedures	100%; deductible does not apply	60% after deductible
Routine gynecological exams, including a PAP Test	100%; deductible does not apply	60%; deductible does not apply
Mammograms		
Routine	100%; deductible does not apply	60% after deductible
Medically Necessary	80% after deductible	60% after deductible
Colorectal Cancer Screening	100%; deductible does not apply	60% after deductible
Pediatric		
Routine physical exams	100%; deductible does not apply	60% after deductible
Pediatric immunizations	100%; deductible does not apply	60%; deductible does not apply
Routine screening tests and procedures	100%; deductible does not apply	60% after deductible

Benefits	Network	Out-of-Network
Hospital and Medical/Surgical Expenses (including maternity)		
Hospital Services - Inpatient	80% after deductible	60% after deductible
Hospital Services - Outpatient⁸	80% after deductible	60% after deductible
Maternity (non-preventive facility and professional services)	80% after deductible	60% after deductible
Medical/Surgical Expenses (except office visits)	80% after deductible	60% after deductible
Emergency Services		
Emergency Room Services	80% after deductible	Same as network services
Emergency Ambulance Service	80% after deductible	80% after network deductible
Non-Emergency Ambulance Service	80% after deductible	80% after network deductible
Therapy and Rehabilitation Services		
Infusion Therapy	80% after deductible	60% after deductible
Occupational Therapy	80% after deductible	60% after deductible
Physical Medicine	80% after deductible	60% after deductible
Radiation Therapy	80% after deductible	60% after deductible
Respiratory Therapy	80% after deductible	60% after deductible
Speech Therapy	80% after deductible	60% after deductible
Spinal Manipulations	80% after deductible	60% after deductible
Other Therapy Services (Cardiac Rehabilitation, Chemotherapy, and Dialysis Treatment)	80% after deductible	60% after deductible
Mental Health/Substance Abuse Services		
Mental Health Care Services - Inpatient	80% after deductible	60% after deductible
Mental Health Care Services - Outpatient (including virtual visits) ⁶	80% after deductible	60% after deductible
Substance Abuse Services - Inpatient Detoxification	80% after deductible	60% after deductible
Substance Abuse Services - Inpatient Residential Treatment and Rehabilitation Services	80% after deductible	60% after deductible
Substance Abuse Services - Outpatient	80% after deductible	60% after deductible
Other Services		
Allergy Extracts and Injections	80% after deductible	60% after deductible
Anesthesia for Non-Covered Dental Procedures (Limited)	80% after deductible	60% after deductible
Autism Spectrum Disorders including Applied Behavioral Analysis⁹	80% after deductible	60% after deductible
Assisted Fertilization Treatment	Not Covered	
Dental Services Related to Accidental Injury	80% after deductible	60% after deductible
Diabetes Treatment	80% after deductible	60% after deductible
Diagnostic Services <i>Advanced Imaging</i> (MRI, CAT Scan, PET scan, etc.)	80% after deductible	60% after deductible
Basic Diagnostic Services <ul style="list-style-type: none"> • standard imaging • diagnostic medical • lab/pathology • allergy testing 	80% after deductible	60% after deductible
Durable Medical Equipment	80% after deductible	60% after deductible

Benefits	Network	Out-of-Network
Enteral Foods	80% after deductible	60% after deductible
Home Infusion and Suite Infusion Therapy Services	80% after deductible	60% after deductible
Home Health Care	80% after deductible	60% after deductible
Hospice	80% after deductible	60% after deductible
Infertility Counseling, Testing and Treatment ¹⁰	80% after deductible	60% after deductible
Orthotics	80% after deductible	60% after deductible
Pediatric Extended Care Services	80% after deductible	60% after deductible
	Limit: 100 days per benefit period	
Private Duty Nursing	80% after deductible	60% after deductible
Prosthetics	80% after deductible	60% after deductible
Skilled Nursing Facility Care	80% after deductible	60% after deductible
Transplant Services	80% after deductible	60% after deductible
Precertification/Authorization Requirements	Yes ¹¹	

Note: Certain benefits may be subject to day, visit, and/or hour limits. In connection with such benefits, all services you receive during a benefit period will reduce the remaining number of days, visits, and/or hours available under that benefit, regardless of whether you have satisfied your deductible.

- ¹ Your group's benefit period is based on a contract year. The contract year is a consecutive 12-month period beginning on January 1.
- ² The individual deductible only applies for a member with individual coverage. For a member with family coverage, the family deductible must be met by one or more members of the family before benefits will be paid.
- ³ The individual out-of-pocket limit only applies for a member with individual coverage. For a member with family coverage, the family out-of-pocket limit must be met by one or more members of the family before benefits are payable at 100%.
- ⁴ You **may** be responsible for a facility fee, clinic charge or similar fee or charge (in addition to any professional fees) if your office visit or service is provided at a hospital, facility provider, ancillary provider, retail clinic or urgent care center. The specialist virtual visit is subject to availability within your service area.
- ⁵ A physician whose practice is limited to family practice, general practice, internal medicine or pediatrics.
- ⁶ Telemedicine services are provided for acute care for minor illnesses when provided by an approved telemedicine provider. Virtual behavioral health visits provided by an approved telemedicine provider are eligible under the outpatient mental health benefits.
- ⁷ Services are limited to those on the Highmark Preventive Schedule and the Women's Health Preventive Schedule. Gender, age and frequency limits may apply.
- ⁸ Other cost sharing provisions and/or limits may apply to specific benefits, i.e., physical medicine, therapies, diagnostic services, mental health/substance abuse visits.
- ⁹ Coverage for eligible members to age 21. Services will be paid according to the benefit category, i.e., speech therapy. Treatment for autism spectrum disorders does not reduce visit/day limits.
- ¹⁰ If testing is required, cost sharing may apply as outlined under Diagnostic Services. Treatment includes coverage for the correction of a physical or medical problem associated with infertility. Infertility drug therapy may or may not be covered depending on your group's prescription drug program.
- ¹¹ Be sure your provider is aware that Highmark Utilization Management must be contacted for authorization prior to a planned inpatient admission or within 48 hours of an emergency or unplanned inpatient admission. Also note that certain outpatient procedures require prior authorization. If authorization is not obtained and it is later determined that all or part of the services received were not medically necessary or appropriate you will be responsible for the payment of any costs not covered by your health plan.

Prescription Drug Benefits Mandatory Generic ¹	Retail Pharmacy Up to 31/60/90-day supply ^{2 3}	Maintenance Prescription Drugs through Mail Order Up to 90-day supply
Pharmacy Network	National Plus	Express Scripts Pharmacy
The following are your PPO Blue program cost-sharing provisions which include your medical and prescription drug benefits⁴		
Deductible (per benefit period) <i>Combined Retail and Mail Order</i>	\$1,500 Individual \$3,000 Family	
Out-Of-Pocket Limit	\$3,000 Individual \$6,000 Family	
Total Maximum Out-Of-Pocket	\$3,000 Individual \$6,000 Family	
Plan Payment Level - Based on the provider's allowable price	80% after PPO program deductible until out-of-pocket limit is met; then 100%	
Preventive Medications		
Preventive Covered Drugs⁵ Plan Payment Level - Based on the provider's allowable price	100%; deductibles, coinsurance and/or copayments do not apply	

¹ You are responsible for the payment differential when a generic drug is authorized by the physician and the patient purchases a brand name drug. Your payment is the price difference between the brand drug and generic drug in addition to the brand drug copayment or coinsurance amounts which may apply.

² Your program offers a choice of three ranges of day supply: Up to 31 days, between 32 days and 60 days, and between 61 days and 90 days.

³ Certain retail participating pharmacy providers may have agreed to make covered medications available at the same cost-sharing and quantity limits as the mail order coverage. You may contact Highmark at the toll-free number or the Web site appearing on the back of your ID card for a listing of those pharmacies who have agreed to do so.

⁴ At a retail or mail order pharmacy, if your deductible has not been met, you pay the entire cost for your prescription drug at the discounted rate Highmark has negotiated. The amount you paid for your prescription will be applied to your deductible. If your deductible has been met, you will only pay any member coinsurance or copayment required based on the plan payment level indicated above. You will pay this amount at the pharmacy when you have your prescription filled.

⁵ This includes prescriptions and over-the-counter drugs that are set forth within the predefined schedule and that are prescribed for preventive purposes. Please refer to the Covered Services - Prescription Drug Program section for more information.

Si necesita ayuda para traducir esta información, por favor comuníquese con el departamento de Servicios a miembros de Highmark al número al réves de su tarjeta de identificación de Highmark. Estos servicios están disponibles de lunes a viernes, de 8:00 a 19:00, y los sábados de 8:00 a 17:00.

HIGHMARK INC. NOTICE OF PRIVACY PRACTICES

PART I – NOTICE OF PRIVACY PRACTICES (HIPAA)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

THIS NOTICE ALSO DESCRIBES HOW WE COLLECT, USE AND DISCLOSE NON-PUBLIC PERSONAL FINANCIAL INFORMATION.

Our Legal Duties

At Highmark Inc. ("Highmark"), we are committed to protecting the privacy of your "Protected Health Information" (PHI). PHI is your individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health plan, your employer, or a health care clearinghouse that relates to: (i) your past, present, or future physical or mental health or condition; (ii) the provision of health care to you; or (iii) the past, present, or future payment for the provision of health care to you.

This Notice describes our privacy practices, which include how we may use, disclose, collect, handle, and protect our members' protected health information. We are required by applicable federal and state laws to maintain the privacy of your protected health information. We also are required by the HIPAA Privacy Rule (45 C.F.R. parts 160 and 164, as amended) to give you this Notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We are also required to notify affected individuals following a breach of unsecured health information.

We will inform you of these practices the first time you become a Highmark customer. We must follow the privacy practices that are described in this Notice as long as it is in effect. This Notice became effective September 23, 2013, and will remain in effect unless we replace it.

On an ongoing basis, we will review and monitor our privacy practices to ensure the privacy of our members' protected health information. Due to changing circumstances, it may become necessary to revise our privacy practices and the terms of this Notice. We reserve the right to make the changes in our privacy practices and the new terms of our Notice will become effective for all protected health information that we maintain, including protected health information we created or received

before we made the changes. Before we make a material change in our privacy practices, we will change this Notice and notify all affected members in writing in advance of the change. Any change to this notice will be posted on our website and we will further notify you of any changes in our annual mailing.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

I. Uses and Disclosures of Protected Health Information

In order to administer our health benefit programs effectively, we will collect, use and disclose protected health information for certain of our activities, including payment and health care operations.

A. Uses and Disclosures of Protected Health Information for Payment and Health Care Operations

The following is a description of how we may use and/or disclose protected health information about you for payment and health care operations:

Payment

We may use and disclose your protected health information for all activities that are included within the definition of "payment" as set out in 45 C.F.R. § 164.501. We have not listed in this Notice all of the activities included within the definition of "payment," so please refer to 45 C.F.R. § 164.501 for a complete list.

For example:

We may use and disclose your protected health information to pay claims from doctors, hospitals, pharmacies and others for services delivered to you that are covered by your health plan, to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, and/or to issue explanations of benefits to the person who subscribes to the health plan in which you participate.

Health Care Operations

We may use and disclose your protected health information for all activities that are included within the definition of "health care operations" as set out in 45 C.F.R. § 164.501. We have not listed in this Notice all of the activities included within the definition of "health care operations," so please refer to 45 C.F.R. § 164.501 for a complete list.

For example:

We may use and disclose your protected health information to rate our risk and determine the premium for your health plan, to conduct quality assessment and improvement activities, to credential health care providers, to engage in care coordination or case management, and/or to manage our business.

B. Uses and Disclosures of Protected Health Information to Other Entities

We also may use and disclose protected health information to other covered entities, business associates, or other individuals (as permitted by the HIPAA Privacy Rule) who assist us in administering our programs and delivering health services to our members.

(i) Business Associates.

In connection with our payment and health care operations activities, we contract with individuals and entities (called “business associates”) to perform various functions on our behalf or to provide certain types of services (such as member service support, utilization management, subrogation, or pharmacy benefit management). To perform these functions or to provide the services, business associates will receive, create, maintain, use, or disclose protected health information, but only after we require the business associates to agree in writing to contract terms designed to appropriately safeguard your information.

(ii) Other Covered Entities.

In addition, we may use or disclose your protected health information to assist health care providers in connection with *their* treatment or payment activities, or to assist other covered entities in connection with certain of *their* health care operations. For example, we may disclose your protected health information to a health care provider when needed by the provider to render treatment to you, and we may disclose protected health information to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing or credentialing.

II. Other Possible Uses and Disclosures of Protected Health Information

In addition to uses and disclosures for payment, and health care operations, we may use and/or disclose your protected health information for the following purposes:

A. To Plan Sponsors

We may disclose your protected health information to the plan sponsor of your group health plan to permit the plan sponsor to perform plan administration functions. For example, a plan sponsor may contact us regarding a member’s question, concern, issue regarding claim, benefits, service, coverage, etc. We

may also disclose summary health information (this type of information is defined in the HIPAA Privacy Rule) about the enrollees in your group health plan to the plan sponsor to obtain premium bids for the health insurance coverage offered through your group health plan or to decide whether to modify, amend or terminate your group health plan.

B. Required by Law

We may use or disclose your protected health information to the extent that federal or state law requires the use or disclosure. For example, we must disclose your protected health information to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws.

C. Public Health Activities

We may use or disclose your protected health information for public health activities that are permitted or required by law. For example, we may use or disclose information for the purpose of preventing or controlling disease, injury, or disability.

D. Health Oversight Activities

We may disclose your protected health information to a health oversight agency for activities authorized by law, such as: audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee: (i) the health care system; (ii) government benefit programs; (iii) other government regulatory programs; and (iv) compliance with civil rights laws.

E. Abuse or Neglect

We may disclose your protected health information to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence.

F. Legal Proceedings

We may disclose your protected health information: (1) in the course of any judicial or administrative proceeding; (2) in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized); and (3) in response to a subpoena, a discovery request, or other lawful process, once we have met all administrative requirements of the HIPAA Privacy Rule. For example, we may disclose your protected health information in response to a subpoena for such information.

G. Law Enforcement

Under certain conditions, we also may disclose your protected health information to law enforcement officials. For example, some of the reasons for such a disclosure may include, but not be limited to: (1) it is required by law or some other legal process; or (2) it is necessary to locate or identify a suspect, fugitive, material witness, or missing person.

H. Coroners, Medical Examiners, Funeral Directors, and Organ Donation

We may disclose protected health information to a coroner or medical examiner for purposes of identifying a deceased person, determining a cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We also may disclose, as authorized by law, information to funeral directors so that they may carry out their duties. Further, we may disclose protected health information to organizations that handle organ, eye, or tissue donation and transplantation.

I. Research

We may disclose your protected health information to researchers when an institutional review board or privacy board has: (1) reviewed the research proposal and established protocols to ensure the privacy of the information; and (2) approved the research.

J. To Prevent a Serious Threat to Health or Safety

Consistent with applicable federal and state laws, we may disclose your protected health information if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

K. Military Activity and National Security, Protective Services

Under certain conditions, we may disclose your protected health information if you are, or were, Armed Forces personnel for activities deemed necessary by appropriate military command authorities. If you are a member of foreign military service, we may disclose, in certain circumstances, your information to the foreign military authority. We also may disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, and for the protection of the President, other authorized persons, or heads of state.

L. Inmates

If you are an inmate of a correctional institution, we may disclose your protected health information to the correctional institution or to a law enforcement official for: (1) the institution to provide health care to you; (2) your health and safety and the health and safety of others; or (3) the safety and security of the correctional institution.

M. Workers' Compensation

We may disclose your protected health information to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

N. Others Involved in Your Health Care

Unless you object, we may disclose your protected health information to a friend or family member that you have identified as being involved in your health care. We also may disclose your information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you are not present or able to agree to these disclosures of your protected health information, then we may, using our professional judgment, determine whether the disclosure is in your best interest.

O. Underwriting

We may disclose your protected health information for underwriting purposes; however, we are prohibited from using or disclosing your genetic information for these purposes.

P. Health Information Exchange

We all participate in a Health Information Exchange (HIE). An HIE is primarily a secure electronic data sharing network. In accordance with federal and state privacy regulations, regional health care providers participate in the HIE to exchange patient information in order to facilitate health care, avoid duplication of services, such as tests, and to reduce the likelihood that medical errors will occur.

The HIE allows your health information to be shared among authorized participating healthcare providers, such as health systems, hospitals and physicians, for the purposes of Treatment, Payment or Healthcare Operations purposes. Examples of this health information may include:

- General laboratory, pathology, transcribed radiology reports and EKG Images
- Results of outpatient diagnostic testing (GI testing, cardiac testing, neurological testing, etc.)
- Health Maintenance documentation/Medication
- Allergy documentation/Immunization profiles
- Progress notes, Urgent Care visit progress notes
- Consultation notes
- Inpatient operative reports
- Discharge summary/Emergency room visit discharge summary notes

All participating providers who provide services to you will have the ability to access your information. Providers that do not provide services to you will not have access to your information. Information may be provided to others as necessary for referral, consultation, treatment or the provision of other healthcare services, such as pharmacy or laboratory services. All participating providers have agreed to a set of standards relating to their use and disclosure of the information available through the HIE. Your health information shall be available to all participating providers through the HIE.

You cannot choose to have only certain providers access your information. Patients who do not want their health information to be accessible through the HIE may choose not to participate or may "opt-out."

In order to opt-out, you must complete an opt-out Form, which is available at highmark.com or by calling the customer service number located on the back of your membership card. You should be aware, if you choose to opt-out, your health care providers will not be able to access your health information through the HIE. Even if you chose to opt-out, your information will be sent to the HIE, but provider will not be able to access this information. Additionally, your opt-out does not affect the ability of participating providers to access health information entered into the HIE prior to your opt-out submission.

III. Required Disclosures of Your Protected Health Information

The following is a description of disclosures that we are required by law to make:

A. Disclosures to the Secretary of the U.S. Department of Health and Human Services

We are required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Rule.

B. Disclosures to You

We are required to disclose to you most of your protected health information that is in a "designated record set" (defined below) when you request access to this information. We also are required to provide, upon your request, an accounting of many disclosures of your protected health information that are for reasons other than payment and health care operations.

IV. Other Uses and Disclosures of Your Protected Health Information

Sometimes we are required to obtain your written authorization for use or disclosure of your health information. The uses and disclosures that require an authorization under 45 C.F.R. § 164.508(a) are:

1. For marketing purposes

2. If we intend to see your PHI
3. For use of Psychotherapy notes, which are notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of a conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. An Authorization for use of psychotherapy notes is required unless:
 - a. Used by the person who created the psychotherapy note for treatment purposes, or
 - b. Used or disclosed for the following purposes:
 - (i) the provider's own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint family or individual counseling;
 - (ii) for the provider to defend itself in a legal action or other proceeding brought by an individual that is the subject of the notes;
 - (iii) if required for enforcement purposes;
 - (iv) if mandated by law;
 - (v) if permitted for oversight of the provider that created the note;
 - (vi) to a coroner or medical examiner for investigation of the death of any individual in certain circumstances; or
 - (vii) if needed to avert a serious and imminent threat to health or safety.

Other uses and disclosures of your protected health information that are not described above will be made only with your written authorization. If you provide us with such an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of protected health information. However, the revocation will not be effective for information that we already have used or disclosed, relying on the authorization.

V. Your Individual Rights

The following is a description of your rights with respect to your protected health information:

A. Right to Access

You have the right to look at or get copies of your protected health information in a designated record set. Generally, a "designated record set" contains medical and billing records, as well as other records that are used to make decisions about your health care benefits. However, you may not inspect or

copy psychotherapy notes or certain other information that may be contained in a designated record set.

You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so, if you request the information in an electronic format that is not readily producible, we will provide the information in a readable electronic format as mutually agreed upon. You must make a request in writing to obtain access to your protected health information.

To inspect and/or copy your protected health information, you may obtain a form to request access by using the contact information listed at the end of this Notice. You may also request access by sending us a letter to the address at the end of this Notice. The first request within a 12-month period will be free. If you request access to your designated record set more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. If you request an alternative format, we will charge a cost-based fee for providing your protected health information in that format. If you prefer, we will prepare a summary or an explanation of your protected health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.

We may deny your request to inspect and copy your protected health information in certain limited circumstances. If you are denied access to your information, you may request that the denial be reviewed. A licensed health care professional chosen by us will review your request and the denial. The person performing this review will not be the same one who denied your initial request. Under certain conditions, our denial will not be reviewable. If this event occurs, we will inform you in our denial that the decision is not reviewable.

B. Right to an Accounting

You have a right to an accounting of certain disclosures of your protected health information that are for reasons other than treatment, payment or health care operations. You should know that most disclosures of protected health information will be for purposes of payment or health care operations.

An accounting will include the date(s) of the disclosure, to whom we made the disclosure, a brief description of the information disclosed, and the purpose for the disclosure.

You may request an accounting by contacting us at the Customer Service phone number on the back of your identification card, or submitting your request in writing to the Highmark Privacy Department, 120 Fifth Avenue Place

1814, Pittsburgh, PA 15222. Your request may be for disclosures made up to 6 years before the date of your request, but in no event, for disclosures made before April 14, 2003.

The first list you request within a 12-month period will be free. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.

C. Right to Request a Restriction

You have the right to request a restriction on the protected health information we use or disclose about you for treatment, payment or health care operations. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement unless the information is needed to provide emergency treatment to you. Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing. We have a right to terminate this restriction, however if we do so, we must inform you of this restriction.

You may request a restriction by contacting us at the Customer Service phone number on the back of your identification card, or writing to the Highmark Privacy Department, 120 Fifth Avenue Place 1814, Pittsburgh, PA 15222. In your request tell us: (1) the information whose disclosure you want to limit; and (2) how you want to limit our use and/or disclosure of the information.

D. Right to Request Confidential Communications

If you believe that a disclosure of all or part of your protected health information may endanger you, you have the right to request that we communicate with you in confidence about your protected health information by alternative means or to an alternative location. For example, you may ask that we contact you only at your work address or via your work e-mail.

You must make your request in writing, and you must state that the information could endanger you if it is not communicated in confidence by the alternative means or to the alternative location you want. We must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit us to collect premiums and pay claims under your health plan, including issuance of explanations of benefits to the subscriber of the health plan in which you participate.

In the event that a Confidential Communication is placed against you, then you will no longer have the ability to access any of your health and/or policy information online.

E. Right to Request Amendment

If you believe that your protected health information is incorrect or incomplete, you have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended.

We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

F. Right to a Paper Copy of this Notice

If you receive this Notice on our web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form. Please contact us using the information listed at the end of this Notice to obtain this Notice in written form.

VI. Questions and Complaints

If you want more information about our privacy policies or practices or have questions or concerns, please contact us using the information listed below.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information or in response to a request you made to amend or restrict the use or disclosure of your protected health information or to have us communicate with you in confidence by alternative means or at an alternative location, you may complain to us using the contact information listed below.

You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to protect the privacy of your protected health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Office: Highmark Privacy Department
Telephone: 1-866-228-9424 (toll free)
Fax: 1-412-544-4320
Address: 120 Fifth Avenue Place 1814
Pittsburgh, PA 15222

PART II – NOTICE OF PRIVACY PRACTICES (GRAMM-LEACH-BLILEY)

Highmark is committed to protecting its members' privacy. This notice describes our policies and practices for collecting, handling and protecting personal information about our members. We will inform each group of these policies the first time the group becomes a Highmark member and will annually reaffirm our privacy policy for as long as the group remains a Highmark customer. We will continually review our privacy policy and monitor our business practices to help ensure the security of our members' personal information. Due to changing circumstances, it may become necessary to revise our privacy policy in the future. Should such a change be required, we will notify all affected customers in writing in advance of the change.

In order to administer our health benefit programs effectively, we must collect, use and disclose non-public personal financial information. Non-public personal financial information is information that identifies an individual member of a Highmark health plan. It may include the member's name, address, telephone number and Social Security number or it may relate to the member's participation in the plan, the provision of health care services or the payment for health care services. Non-public personal financial information does not include publicly available information or statistical information that does not identify individual persons.

Information we collect and maintain: We collect non-public personal financial information about our members from the following sources:

- We receive information from the members themselves, either directly or through their employers or group administrators. This information includes personal data provided on applications, surveys or other forms, such as name, address, Social Security number, date of birth, marital status, dependent information and employment information. It may also include information submitted to us in writing, in person, by telephone or electronically in connection with inquiries or complaints.
- We collect and create information about our members' transactions with Highmark, our affiliates, our agents and health care providers. Examples are: information provided on health care claims (including the name of the health care provider, a diagnosis code and the services provided), explanations of benefits/payments (including the reasons for claim decision, the amount charged by the provider and the amount we paid), payment history, utilization review, appeals and grievances.

Information we may disclose and the purpose: We do not sell any personal information about our members or former members for marketing purposes. We use and disclose the personal information we collect (as described above) only as necessary to deliver health care products and services to our members or to comply with legal requirements. Some examples are:

- We use personal information internally to manage enrollment, process claims, monitor the quality of the health services provided to our members, prevent fraud, audit our own performance or to respond to members' requests for information, products or services.
- We share personal information with our affiliated companies, health care providers, agents, other insurers, peer review organizations, auditors, attorneys or consultants who assist us in administering our programs and delivering health services to our members. Our contracts with all such service providers require them to protect the confidentiality of our members' personal information.
- We may share personal information with other insurers that cooperate with us to jointly market or administer health insurance products or services. All contracts with other insurers for this purpose require them to protect the confidentiality of our members' personal information.
- We may disclose information under order of a court of law in connection with a legal proceeding.
- We may disclose information to government agencies or accrediting organizations that monitor our compliance with applicable laws and standards.
- We may disclose information under a subpoena or summons to government agencies that investigate fraud or other violations of law.

How we protect information: We restrict access to our members' non-public personal information to those employees, agents, consultants and health care providers who need to know that information to provide health products or services. We maintain physical, electronic, and procedural safeguards that comply with state and federal regulations to guard non-public personal financial information from unauthorized access, use and disclosure.

For questions about this Privacy Notice, please contact:

Contact Office: Highmark Privacy Department
Telephone: 1-866-228-9424 (toll free)
Fax: 1-412-544-4320
Address: 120 Fifth Avenue Place 1814
Pittsburgh, PA 15222

DELTA NATURAL GAS COMPANY, INC.

CASE NO. 2021-00185

FIRST PSC DATA REQUEST

DATED MAY 13, 2021

43. Provide a listing of all life insurance plan categories available to corporate officers individually and to groups defined as Directors, Managers, Supervisors, Exempt, Non-Exempt, Union, and Non-Union Hourly employees. Include the associated employee contribution rates and employer contribution rates of the total premium cost for each plan category.

Response:

Essential provides basic life and accidental death and dismemberment (“AD&D”) insurance for Delta employees through Mutual of Omaha. The benefit is 2x base earnings (rounded up to the next 1,000 increment), to a maximum of \$250,000. The life rate Essential pays for the employer paid basic life is \$0.08 per \$1,000 of benefit.

Essential provides basic life and AD&D insurance for Peoples KY employees through MetLife. The life rate Essential pays for the employer paid basic life is \$0.143 per \$1,000 of pay (rounded up to next 1,000 increment), to a maximum of \$750,000.

Please see the following attachments:

- 1) Delta Group Life_C1_120219
- 2) Delta Group Life_M1_120219
- 3) 146094 Peoples Natural Gas SPD (Non-Union Life)
- 4) 146094 Peoples Natural Gas Company LLC Cert2 28 Life 29

Sponsoring Witness:

William Packer

YOUR GROUP TERM LIFE BENEFITS



FOR EMPLOYEES OF:

Delta Natural Gas Company, Inc.

CLASS(ES):

All Eligible Employees Subject to the Policyholder's Eligibility Requirements

REVISION EFFECTIVE DATE:

January 1, 2020

PUBLICATION DATE:

December 2, 2019

NOTICE(S)

THIS CERTIFICATE DESCRIBES THE BENEFITS THAT ARE AVAILABLE TO YOU. PLEASE READ YOUR CERTIFICATE CAREFULLY. BENEFITS ARE PROVIDED THROUGH A GROUP POLICY ISSUED IN THE STATE OF KENTUCKY.

FRAUD WARNING

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

If You have any questions about or concerns with this insurance, please first contact the Policyholder or Your benefits administrator. If, after doing so, You still have a question or concern, You may contact Us at:

United of Omaha Life Insurance Company
Mutual of Omaha Plaza
Omaha, Nebraska 68175
Call Toll-Free: 1-800-775-8805
www.mutualofomaha.com

When contacting Us, please have Your Policy number available.

IF YOU ARE NOT SATISFIED WITH YOUR CERTIFICATE, YOU MAY RETURN IT TO US WITHIN 30 DAYS AFTER YOU RECEIVE IT, UNLESS A CLAIM HAS PREVIOUSLY BEEN RECEIVED BY US UNDER YOUR CERTIFICATE. WE WILL REFUND WITHIN 30 DAYS OF OUR RECEIPT OF THE RETURNED CERTIFICATE ANY PREMIUM THAT HAS BEEN PAID AND THE CERTIFICATE WILL THEN BE CONSIDERED TO HAVE NEVER BEEN ISSUED. YOU SHOULD BE AWARE THAT IF YOU ELECT TO RETURN THE CERTIFICATE FOR A REFUND OF PREMIUMS, LOSSES WHICH OTHERWISE WOULD HAVE BEEN COVERED UNDER YOUR CERTIFICATE WILL NOT BE COVERED.

ABOUT LIVING BENEFITS (ACCELERATED BENEFIT)

LIFE INSURANCE BENEFITS (BENEFITS PAYABLE BY REASON OF THE DEATH OF YOU) WILL BE REDUCED IF BENEFITS ARE PAID UNDER THE LIVING BENEFITS (ACCELERATED BENEFIT) PROVISION.

This disclosure is a brief summary of the Living Benefits (Accelerated Benefit) provision and its effect on life insurance benefits.

An eligible Insured Person may receive payment of part of the amount of life insurance in effect for the Insured Person while living if the Insured Person has been diagnosed with a terminal condition. A terminal condition means an injury or sickness that is expected to result in death within the number of months stated in the Certificate, as certified by a Physician. Please refer to the Living Benefits (Accelerated Benefit) provision of this Certificate for information regarding who is eligible for this benefit and the complete definition of Terminal Condition.

This benefit is included in the premium paid for life insurance. There is no separate premium charge for this benefit. The premium for life insurance does not change if benefits are paid under the Living Benefits (Accelerated Benefit) provision.

The Living Benefits offered under this contract **may or may not** qualify for favorable tax treatment under the Internal Revenue Code of 1986 (as amended). Whether such benefits qualify depends on factors such as the life expectancy of You at the time benefits are accelerated or whether You use the benefits to pay for necessary long-term care expenses, such as nursing home care. If the Living Benefits qualify for favorable tax treatment, the benefits will be excludable from Your income and not subject to federal taxation. Tax laws relating to Living Benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which You could receive Living Benefits excludable from income under federal law.

Receipt of Living Benefits may affect Your, Your Spouse's or Your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect Your, Your Spouse's or Your family's eligibility for public assistance.

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ADDITIONAL SUMMARY PLAN DESCRIPTION INFORMATION

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CERTIFICATE OF INSURANCE

UNITED OF OMAHA LIFE INSURANCE COMPANY

Home Office:
Mutual of Omaha Plaza
Omaha, Nebraska 68175

United of Omaha Life Insurance Company certifies that Group Policy Number GLUG-B58N (the Policy) has been issued to Delta Natural Gas Company, Inc. (the Policyholder).

Insurance is provided for Employees of the Policyholder subject to the terms and conditions of the Policy.

Please read this Certificate carefully. The benefits described in this Certificate are effective only if You are eligible for the insurance, become insured and remain insured as described in this Certificate and according to the terms and conditions of the Policy.

If the provisions of this Certificate and those of the Policy do not agree, the provisions of the Policy will apply. The Policy is part of a contract between United of Omaha Life Insurance Company and the Policyholder, and may be amended, changed or terminated without Your consent or notice to You.

This Certificate replaces any certificate previously issued under the Policy.


Chief Executive Officer


Corporate Secretary

SCHEDULE

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of the Policy.

CLASS(ES)

All Eligible Employees Subject to the Policyholder's Eligibility Requirements

LIFE INSURANCE FOR YOU (THE EMPLOYEE)

Your amount of life insurance is an amount equal to 2 times Your Annual Earnings, but in no event less than \$10,000 or more than \$250,000. Your amount of life insurance will be rounded to the next higher multiple of \$1,000.

Your amount of life insurance is subject to any reductions indicated in the Benefit Reductions provision in this Schedule. If You have questions regarding the amount of Your life insurance, You may contact the Policyholder.

GUARANTEE ISSUE AMOUNT(S) AND EVIDENCE OF INSURABILITY

Guarantee Issue Amount(s) is/are subject to any reductions indicated in the Benefit Reductions provision of this Schedule.

Guarantee Issue Amount For You (The Employee)

Your Guarantee Issue Amount is \$175,000, unless You were insured under a Prior Plan. If You were insured under a Prior Plan, Your Guarantee Issue Amount is equal to the amount of insurance that was in-force for You under a Prior Plan the day before the Policy Effective Date, but in no event more than the maximum amount of insurance stated in the Life Insurance for You (the Employee) section of this Schedule.

BENEFIT REDUCTIONS

As You grow older, the amount of life insurance for You will be reduced according to the following schedule:

At the Age of:	The Original Amount of Insurance Will Reduce to:
70	65%
75	50%

Reductions become effective on the first day of the Policy month that coincides with or follows the day You reach the specified age. Any reduced amount of insurance will round to the nearest dollar.

If You are age 70 or older on the date insurance becomes effective, the amount of life insurance for You will be reduced as shown above. Thereafter, the amount of life insurance will continue to reduce in accord with the schedule above.

ELIGIBILITY

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of the Policy.

DEFINITIONS

Actively Working, Active Work means an Employee is performing the normal duties of his or her regular job for the Policyholder on a regular and continuous basis 40 or more hours each week. An Employee will be considered to be actively working on any day that is a regular paid holiday or day of vacation, or regular or scheduled non-working day, provided the Employee was actively working on the last preceding regular work day.

Disability Elimination Period means the period of time that must be satisfied before You are eligible to continue benefits, beginning on the date Your Injury or Sickness occurred. The length of the disability elimination period is shown in the Continuation of Insurance for Total Disability with Waiver of Premium provision.

Eligibility Waiting Period means a continuous period of Active Work that an Employee must satisfy before becoming eligible for insurance as described in the When an Employee Becomes Eligible for Insurance (Eligibility Waiting Period) provision.

Partial Disability, Partially Disabled means that, because of an Injury or Sickness lasting longer than 12 months, You are unable to perform the normal duties of Your regular job for the Policyholder on a regular or continuous basis, but are able to satisfy all other requirements of the Active Work definition.

Recurrent Disability means a Total Disability which is related to or due to the same cause(s) of a prior Total Disability for which You were approved for coverage under the Continuation of Insurance for Total Disability with Waiver of Premium provision of the Policy.

Total Disability, Totally Disabled means that because of an Injury or Sickness You are completely and continuously unable to perform any work or engage in any occupation.

WHEN AN EMPLOYEE BECOMES ELIGIBLE FOR INSURANCE (ELIGIBILITY WAITING PERIOD)

An Employee who has completed an Eligibility Waiting Period of 40 days on or before the Policy Effective Date becomes eligible for insurance under the Policy on the Policy Effective Date.

An Employee who is not eligible for insurance under the Policy on the Policy Effective Date, or an Employee who is hired after the Policy Effective Date, becomes eligible for insurance under the Policy on the day following completion of an Eligibility Waiting Period of 40 days.

The day on which an Employee becomes eligible for insurance under the Policy may not be the same as the day on which insurance begins. The When Insurance Begins provision describes the day on which insurance begins.

CONTINUITY OF INSURANCE UPON TRANSFER OF INSURANCE CARRIER

If there is a conflict between this provision and any other provision of the Policy, this provision shall control.

If the Policy replaces a Prior Plan, the Policy will provide insurance for an Employee who:

- a) was insured under the Prior Plan on the day before the Policy Effective Date;
- b) is otherwise eligible under the Policy, but is not Actively Working on the Policy Effective Date due to:
 1. Injury or Sickness; or
 2. a leave of absence protected under:
 - a. the federal Family and Medical Leave Act (FMLA) or Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto; or
 - b. any other applicable federal or state law that allows for continuation of insurance in certain instances;

- c) is not eligible for benefits or continuation of insurance under any provision of the Prior Plan;
- d) is not a retired Employee; and
- e) is not Totally Disabled on the Policy Effective Date.

Insurance under this provision is subject to the following conditions:

- a) insurance under the Policy may not exceed Your amount of insurance under the Prior Plan on the day before the Policy Effective Date;
- b) the benefit payable under the Policy will be the amount which would have been paid by the Prior Plan had insurance remained in-force under the Prior Plan, less the amount of any benefit payable under the Prior Plan;
- c) the Policyholder must notify Us in writing prior to the Policy Effective Date of the amount of Your insurance under the Prior Plan on the day before the Policy Effective Date;
- d) insurance is subject to uninterrupted payment of premium to Us when due; and
- e) insurance is subject to any reductions shown in the Schedule and all other terms and conditions of the Policy.

We reserve the right to request any information We need from the Policyholder to determine whether the conditions necessary to be eligible for insurance under this provision have been satisfied.

Insurance under this provision will end on the earliest of:

- a) the day the Employee returns to Active Work for the Policyholder or begins employment with any other employer;
- b) the last day the Employee would have been insured under the Prior Plan, if the Prior Plan had not ended or terminated;
- c) the day the Employee's insurance under the Policy ends for any reason shown in the When Insurance Ends provision; or
- d) the last day of the twelfth month following the Policy Effective Date.

If an Employee is eligible for insurance under this provision, the Employee will not be eligible for insurance under any continuation provision in this Certificate.

If Your insurance under this provision ends and You have not returned to Active Work, You may be able to obtain insurance under the Conversion provision.

Persons who are not eligible for insurance under this provision may be eligible to apply for conversion of insurance under the Prior Plan and should contact the Policyholder for additional information.

WHEN INSURANCE BEGINS

An eligible Employee will become insured on the first day of the month that coincides with or follows the latest of the day:

- a) the Employee begins Active Work; or
- b) the Employee submits a Written Request to enroll for insurance, if applicable.

If the Employee is not Actively Working on the day insurance would otherwise begin, insurance will begin on the day the Employee returns to Active Work.

An eligible Employee must provide Evidence of Insurability if it is required. An eligible Employee will become insured for any amount of insurance that requires Evidence of Insurability, including any amount of insurance in excess of the Guarantee Issue Amount (if applicable) for the Employee on the first day of the month that follows the day We approve Evidence of Insurability.

EXCEPTIONS TO WHEN INSURANCE BEGINS

This provision does not apply if the Employee is eligible for coverage under the Continuity of Insurance Upon Transfer of Insurance Carrier provision.

Insurance for an Employee who is:

- a) Totally Disabled;
- b) confined in a Hospital as an inpatient;
- c) confined in any institution or facility other than a Hospital; or
- d) confined at home and under the care or supervision of a Physician;

on the day insurance is to begin will not take effect until the day after the Employee has completed one full day of Active Work.

Insurance for an Employee who is not Actively Working on the Policy Effective Date due to Injury or Sickness will not take effect until the day after the Employee has completed one full day of Active Work.

CHANGES TO INSURANCE BENEFITS

Any allowable change in Your class or amount of insurance, whether requested by You or the Policyholder, or as a result of the terms of the Policy, will take effect on the first day of the month that coincides with or follows the date of the request or the change.

For any increase in insurance, We will use the Policyholder's records and/or the premium We have received to verify that the amount of insurance being requested is the appropriate insurance amount for which the Insured Person is eligible under the terms of the Policy.

If You are not Actively Working on the day any increase in insurance would otherwise take effect, the increase will become effective the first day of the month that coincides with or follows the day after You return to Active Work.

REINSTATEMENT OF INSURANCE

You may be eligible to reinstate insurance that has ended in accordance with this provision.

Reinstated insurance will take effect on the first day of the month that coincides with or follows the date You become eligible for insurance. If You are not Actively Working on the day the reinstated insurance would otherwise take effect, insurance will become effective on the day after You return to Active Work.

The following reinstatement option(s) is/are available:

Involuntary Reduction in Hours

If insurance ended because the Employee was no longer Actively Working due to an involuntary reduction of hours worked, insurance may be reinstated without satisfying another Eligibility Waiting Period if the Employee returns to Active Work and there was no break in employment with the Policyholder after the date insurance ended.

Rehired Employee Due to Layoff or Termination

If insurance ended because the Employee was no longer Actively Working due to layoff or termination of employment with the Policyholder, insurance may be reinstated without satisfying another Eligibility Waiting Period if the Employee is rehired and returns to Active Work within 90 days from the date insurance ended.

Rehired Employee Due to Leave of Absence

If insurance ended due to an approved leave of absence, insurance may be reinstated within 90 days from the date insurance ended without satisfying another Eligibility Waiting Period upon return to Active Work. If insurance ended due to military leave, insurance may be reinstated upon return to Active Work immediately after discharge from active duty without satisfying another Eligibility Waiting Period.

Transfer From Conversion

If insurance was obtained under the Conversion provision while an Employee was not Actively Working, insurance may be reinstated up to the amount of insurance that was in effect on the last day of Active Work.

WHEN INSURANCE ENDS

Insurance will end on the earliest of the day:

- a) an Insured Person is no longer eligible for insurance under the Policy; or
- b) an Insured Person begins active duty in the Armed Forces, National Guard or Reserves of any state or country (except for temporary active duty of 31 days or less).

Insurance will also end:

- a) on the day the Policy terminates; or
- b) in accordance with the Grace Period provision.

NOTICE TO YOU WHEN INSURANCE ENDS

The Policyholder is required to notify You when insurance under the Policy ends if:

- a) You cease to be eligible for insurance under the Policy; or
- b) the Policy is discontinued and is not replaced by another policy or plan with no interruption in coverage.

Notice shall be provided within 15 days from the date insurance ends for You, and shall include information about any options available to continue or obtain insurance.

EXCEPTIONS TO WHEN INSURANCE ENDS

If insurance for You would otherwise end, You may be able to continue or obtain insurance under one of the following provisions:

- a) Continuation of Insurance for Layoff or Leave
- b) Continuation of Insurance for Injury or Sickness
- c) Continuation of Insurance for Partial Disability
- d) Continuation of Insurance for Total Disability with Waiver of Premium
- e) Conversion

CONTINUATION OF INSURANCE FOR LAYOFF OR LEAVE

If there is a conflict between this provision and any other provision of the Policy, this provision shall control.

You may be able to continue insurance from the day You cease to be Actively Working in the event of:

- a) a temporary involuntary layoff; or
- b) a leave of absence approved by the Policyholder due to any personal reason.

In addition, the federal Family Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Contact the Policyholder for additional information regarding any other continuation options that may be available.

Any insurance continued under this provision will be subject to the following conditions:

- a) insurance may not be continued beyond the earliest of:
 - 1. 12 weeks for Your temporary involuntary layoff;
 - 2. 12 weeks for Your leave of absence; or
 - 3. the time period allowed by FMLA, USERRA or applicable federal or state law that allows for continuation;
- b) the amount of insurance may not be increased while insurance is continued under this provision;

- c) We receive notification of the approved layoff or leave from the Policyholder within 31 days from the date You cease Active Work; and
- d) We continue to receive premium payment when due (premiums must be paid by You or on Your behalf).

Insurance under this provision will end on the earliest of the day:

- a) the time period in a) in the preceding paragraph has been satisfied;
- b) Your temporary involuntary layoff becomes permanent, if insurance is continued under this provision due to Your temporary involuntary layoff;
- c) You return to Active Work;
- d) You begin full-time employment with an employer other than the Policyholder; or
- e) the Policy terminates.

Insurance under this provision will also end in accordance with the Grace Period provision.

If continued insurance under this provision ends and You have not returned to Active Work, You may be able to continue or obtain insurance under the Continuation of Insurance for Injury or Sickness provision or Conversion provision.

If Your leave is due to an Injury or Sickness which may result in Your Total Disability, We must receive notification of Your potential Total Disability on Our total disability claim form within 6 months of the date Your Injury or Sickness occurred, or as soon as reasonably possible.

See the Options for Payment of Premium for Continued Insurance provision for premium payment options.

CONTINUATION OF INSURANCE FOR INJURY OR SICKNESS

If there is a conflict between this provision and any other provision of the Policy, this provision shall control.

When Your insurance would otherwise end due to Your Injury or Sickness, You may be able to continue insurance under this provision. In such circumstances, the total continuation period under this provision and the Continuation of Insurance for Layoff or Leave provision, if You were previously insured under this provision, shall not exceed 12 months.

Insurance may be continued under this provision if the following conditions are satisfied:

- a) We receive notification of Your Injury or Sickness from the Policyholder within 31 days from the date You cease Active Work or Your insurance would otherwise end; and
- b) We continue to receive timely premium payment when due (premiums must be paid by You or on Your behalf).

The amount of insurance may not be increased while insured under this provision.

Insurance under this provision will end on the earliest of the day:

- a) that is 12 months from the day You cease Active Work;
- b) You return to Active Work;
- c) You begin full-time employment with an employer other than the Policyholder; or
- d) the Policy terminates.

Insurance under this provision will also end in accordance with the Grace Period provision.

If continued insurance under this provision ends and You have not returned to Active Work, You may be able to continue or obtain insurance under the Continuation of Insurance for Partial Disability provision, Continuation of Insurance for Total Disability with Waiver of Premium provision or Conversion provision.

If Your leave is due to an Injury or Sickness which may result in Your Total Disability, We must receive notification of Your potential Total Disability on Our total disability claim form within 6 months of the date Your Injury or Sickness occurred, or as soon as reasonably possible.

See the Options for Payment of Premium for Continued Insurance provision of this Certificate for premium payment options.

CONTINUATION OF INSURANCE FOR PARTIAL DISABILITY

If there is a conflict between this provision and any other provision of the Policy, this provision shall control.

When You are no longer eligible to continue insurance under the Continuation of Insurance for Injury or Sickness provision, You may be able to continue insurance under this provision due to Your Partial Disability.

Insurance may be continued under this provision if the following conditions are satisfied:

- a) You are Partially Disabled, but not Totally Disabled;
- b) We receive notification of Your Partial Disability from the Policyholder within 31 days from the date You are no longer eligible to continue insurance under the Continuation of Insurance for Injury or Sickness provision; and
- c) We continue to receive timely premium payment when due (premiums must be paid by You or on Your behalf).

The amount of insurance may not be increased while insured under this provision.

Insurance under this provision will end on the earliest of the day:

- a) You return to Active Work;
- b) Your Injury or Sickness results in Your Total Disability and You are eligible to continue insurance under the Continuation of Insurance for Total Disability with Waiver of Premium provision;
- c) You begin full-time employment with an employer other than the Policyholder; or
- d) the Policy terminates.

Insurance under this provision will also end in accordance with the Grace Period provision.

If Your insurance under this provision ends and You have not returned to Active Work, You may be able to obtain insurance under the Continuation of Insurance for Total Disability with Waiver of Premium provision or Conversion provision.

If Your Partial Disability may result in Your Total Disability, We must receive notification of Your potential Total Disability on Our total disability claim form within 6 months of the date Your Injury or Sickness occurred, or as soon as reasonably possible.

See the Options for Payment of Premium for Continued Insurance provision of this Certificate for premium payment options.

CONTINUATION OF INSURANCE FOR TOTAL DISABILITY WITH WAIVER OF PREMIUM

If there is a conflict between this provision and any other provision of the Policy, this provision shall control.

When Your insurance ends under the Continuation of Insurance for Injury or Sickness provision or Continuation of Insurance for Partial Disability provision, You may be able to continue insurance under this provision due to Your Total Disability. After satisfaction of the Disability Elimination Period, and upon submission of proof of Total Disability acceptable to Us, Your insurance may be continued without payment of premium until insurance ends in accordance with this provision.

We must receive notification of Your potential Total Disability on Our total disability claim form within 6 months of the date Your Injury or Sickness occurred, or as soon as reasonably possible.

Insurance may be continued under this provision if the following conditions are satisfied:

- a) You are Totally Disabled;
- b) You were under age 60 at the time You became Totally Disabled;
- c) the Disability Elimination Period is satisfied; and
- d) proof of Total Disability is provided to Us (as described below in this provision).

The amount of insurance may not be increased while insured under this provision.

If You are age 60 or older and become Totally Disabled, You may be able to obtain insurance under the Conversion provision.

About the Disability Elimination Period

The Disability Elimination Period is a period of 6 consecutive months. Any period of time in which You are insured under the Continuation of Insurance for Injury or Sickness provision will apply toward satisfaction of the Disability Elimination Period.

Proof of Total Disability

You must submit to Us acceptable proof of Total Disability approved by Our authorized representative in Our home office before the end of the Disability Elimination Period or as soon as reasonably possible thereafter.

In order to confirm that You are Totally Disabled, We have the right to have You examined by a Physician of Our choice at Our expense.

If You are approved for continuation of insurance under this provision, We will periodically require proof of continuing Total Disability. We may have You examined by a Physician of Our choice at any time during the first two years of Total Disability and once a year thereafter at Our expense. If an additional examination is required due to questionable or disputed results of an examination, any additional examination may be at Your expense.

When Continuation of Insurance for Total Disability is Approved

We will notify You in writing if Your proof of Total Disability is approved by Us. Any premium paid for Your insurance from the day You ceased to be Actively Working will be refunded in a lump sum within 31 days of Your approval.

Once You are approved for insurance under this provision, a Recurrent Disability will be treated as part of Your prior claim and You will not be required to satisfy another Disability Elimination Period if:

- a) You were continuously insured under the Policy for the period between Your prior claim and Your Recurrent Disability; and
- b) Your Recurrent Disability occurs within 6 months of the end of Your prior claim.

When Continuation of Insurance for Total Disability is Not Approved

We will notify You in writing if Your proof of Total Disability is not approved by Us. If at any time while You are insured under this provision We determine that You are no longer Totally Disabled, We will notify You in writing that You are no longer eligible to continue insurance under this provision.

If You are ineligible for insurance under this provision or Your insurance under this provision ends, You will have 31 days from the date of Our notice to submit a Written Request for insurance under the Conversion provision, if You have not returned to Active Work or You are not eligible for insurance under the Continuation of Insurance for Partial Disability provision.

When Insurance Under this Provision Ends

Insurance under this provision will end on the day:

- a) You are eligible to continue insurance under the Continuation of Insurance for Partial Disability provision; or
- b) You return to Active Work.

Insurance under this provision will also end on the earliest of the day:

- a) You are no longer Totally Disabled;
- b) that is 90 days after the date of Our request to You for proof of Total Disability if such proof has not been received by Us;
- c) You fail to obtain an examination from a Physician of Our choice as described in the Proof of Total Disability provision by a date established by Us;
- d) You reach age 65; or
- e) You begin full-time employment with an employer other than the Policyholder.

Insurance under this provision will also end in accordance with the Grace Period provision.

CONVERSION

This provision allows for conversion of life insurance.

When Employment or Class Membership Ends or the Amount of Insurance Reduces

If group life insurance ends because Your employment or membership in a class (as shown under Class(es) on the Schedule) ends or Your benefit amount reduces, You may apply for an individual policy of life insurance other than term insurance ("Conversion Policy").

The Conversion Policy issued under this provision will be:

- a) any type of individual policy of life insurance then customarily issued by Us for purposes of conversion, except term insurance; and
- b) issued without any supplemental benefits.

Premium shall be based on the standard premium rate for the Conversion Policy according to the amount of insurance, class of risk, gender and age of the applicant on the date the Conversion Policy takes effect.

The Conversion Policy will become effective on the later of the date of issue or 31 days after the date insurance under the Policy ended or was reduced.

When the Policy or a Class Terminates

You may apply for a Conversion Policy if insurance under the Policy ends due to termination of the Policy or termination of Your class (as shown under Class(es) on the Schedule), provided You have been insured under the Policy or any Prior Plan for at least 5 consecutive years.

The Conversion Policy issued under this provision will be:

- a) any type of individual policy of life insurance then customarily issued by Us for purposes of conversion, except term insurance;
- b) issued without any supplemental benefits;
- c) for an amount of life insurance that does not exceed the lesser of:
 1. \$10,000; or
 2. the amount of insurance that ended under the Policy less the amount of any other group life insurance for which the applicant becomes eligible within 31 days after insurance under the Policy ended.

Premium shall be based on the standard premium rate for the Conversion Policy according to the amount of insurance, class of risk, gender and age of the applicant on the date the Conversion Policy takes effect.

The Conversion Policy will become effective on the later of the date of issue or 31 days after the date insurance under the Policy ended or was reduced.

Notice of the Right to Obtain Insurance Under this Provision

The conversion period is the period of time that is 31 days from the date insurance under the Policy ends or reduces ("Conversion Period"). When insurance ends under the Policy, notice of the right to convert may be given. If notice is not given at least 15 days after the start of the Conversion Period, an extension of the period of time in which to apply for a Conversion Policy will be allowed. Any extension will expire on the earlier of:

- a) 15 days after notice has been received; or
- b) 60 days after the end of the Conversion Period, even if notice is not received.

If You are entitled to obtain a Conversion Policy and die within 31 days after insurance under the Policy ends or reduces, We will pay the amount of life insurance which could have been converted, even if You did not apply for a Conversion Policy.

How to Request Insurance Under this Provision

Insurance is available without providing Evidence of Insurability. You must submit a Written Request for a Conversion Policy. The Written Request and the initial premium due must be submitted to Us within the Conversion Period.

Conversion Insurance and Your Return to Active Work

If You are issued a Conversion Policy and again become eligible for insurance under the Policy, insurance under the Policy will become effective (subject to all eligibility requirements) only if any Conversion Policy(ies) is/are surrendered to Us.

PREMIUM PAYMENTS

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of the Policy.

OPTIONS FOR PAYMENT OF PREMIUM FOR CONTINUED INSURANCE

When insurance is continued We must receive premium payment when due for insurance to remain effective, unless otherwise stated or allowed in the Policy. Premium payment may be made in the following ways:

- a) the Policyholder may pay the premiums; or
- b) You may pay premium to the Policyholder who will then submit premium to Us.

Contact the Policyholder to determine which option is available to You.

Payment of premium does not guarantee eligibility for coverage.

GRACE PERIOD

All premiums must be paid within the grace period. There is a grace period of 31 days for payment of premiums. This means that, except for the initial premium, if premium is not paid on or before the date it is due, the premium must be paid in the 31-day period that follows. We will consider premium to be paid on the date We receive it.

Insurance will stay in force during the grace period, unless You or the Policyholder provides Us with written notice that insurance will terminate during the grace period. If We receive such notice, insurance will terminate on the date requested.

If any premium due is not paid during the grace period, insurance will end on the last day of the grace period. If insurance ends, it may be reinstated as described in the Reinstatement of Insurance provision.

PREMIUM CHANGES

If You request a change in the amount of insurance, the Policyholder will provide You with notice of Your new premium amount upon request if You are responsible for the payment of premiums for insurance.

If there is a change in the amount of the premium for insurance in accordance with the terms of the Policy, or a change in the amount of insurance as the result of a request of the Policyholder, the Policyholder will provide You with notice of the change at least 15 days prior to the date of the change if You are responsible for the payment of premiums for insurance.

Premium amounts will change if:

- a) You reach an age at which benefits are reduced as described in the Benefit Reductions provision in the Schedule; or
- b) premium rates under the Policy are changed.

LIFE INSURANCE BENEFITS

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of the Policy.

BENEFITS

In the event of death while insured under the Policy, We will pay the amount of life insurance in effect at the time of death for You. Benefits payable by reason of Your death will be paid to Your beneficiary.

BENEFICIARY DESIGNATION

At the time You elect(ed) insurance under the Policy or any Prior Plan, a beneficiary should be designated. Beneficiary records will be kept by the Policyholder, Plan Administrator or the office where beneficiary records for the Policy are kept. The most current beneficiary designation in effect under a Prior Plan will be accepted as a beneficiary designation under the Policy.

If You have not designated a beneficiary, or no beneficiary survives You, in the event of Your death, benefits will be paid to:

- a) Your surviving Spouse; if none, then to
- b) Your surviving natural and/or adopted child(ren), in equal shares; if none, then to
- c) Your surviving parent(s), in equal shares; if none, then to
- d) Your estate.

Certain states are community property states. If You live in a community property state and You designate someone other than Your Spouse as a beneficiary, state law may require that Your Spouse consent to such designation. If You do not obtain Your Spouse's consent to the designation, then such designation may not be effective. Community property states as of the Policy Effective Date include: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin.

BENEFICIARY CHANGE

Your beneficiary may be changed, subject to any restrictions or limitations in the Policy. To make a change, a Written Request should be provided to the Policyholder, Plan Administrator or to the office where beneficiary records for the Policy are kept. If You do not know where the records are kept, then You may send the Written Request to Us. When received by the Policyholder, the change will take effect as of the date the Written Request is signed. The change will not apply to any payments or other action taken by Us before the Written Request was received.

FACILITY OF PAYMENT

We may pay an amount of up to \$2,000 to any person or entity that has incurred expenses related to Your death and subsequent burial. An amount, if paid, will be deducted from the amount of life insurance benefits payable.

LIVING BENEFITS (ACCELERATED BENEFIT)

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of the Policy.

The benefits received under this section may be taxable. Receipt of Living Benefits may adversely affect eligibility for Medicaid or other government benefits or entitlements. You should consult Your personal tax advisor or the Social Security Administration before requesting Living Benefits.

DEFINITIONS

Living Benefits means an advance payment of part of Your life insurance death benefit.

Terminal Condition means an Injury or Sickness that is expected to result in Your death within the next 12 months as certified by an attending Physician's written statement.

ABOUT LIVING BENEFITS

If You incur a Terminal Condition while insured under the Policy, You, Your Spouse or Your legal representative may submit a Written Request for Living Benefits.

The maximum amount of Living Benefits available is 75% of the amount of life insurance for You in effect at the time of the request or \$187,500, whichever is less. The minimum amount is 10% of the amount of life insurance in effect for You at the time of the request or \$1,000, whichever is greater.

We will pay Living Benefits to You in a lump sum, provided You are living at the time payment is made.

The amount of life insurance benefits payable for You in the event of death will be reduced by the amount of Living Benefits paid for You.

APPLYING FOR LIVING BENEFITS

To apply for Living Benefits, You, Your Spouse or Your legal representative must provide Us:

- a) a Written Request for Living Benefits;
- b) satisfactory proof of Your Terminal Condition, including an attending Physician's written statement; and
- c) a statement of consent from any beneficiary(ies) or assignee(s).

You, Your Spouse or Your legal representative will receive information at the time of benefit payment about the amount of life insurance remaining in force after payment of Living Benefits.

CONDITIONS OF LIVING BENEFITS

Living Benefits are subject to the following conditions:

- a) Living Benefits are payable for You only once under the Policy;
- b) You can request Living Benefits in any \$1,000 increment, subject to the limits specified in this section;
- c) Premium must continue to be paid on the full amount of life insurance, unless subject to waiver of premium under the Continuation of Insurance for Total Disability with Waiver of Premium provision; and
- d) The amount of insurance You may obtain under the Conversion provision will be reduced by the amount of Living Benefits paid for You.

WHEN LIVING BENEFITS ARE NOT AVAILABLE

Living Benefits are not available:

- a) when You have irrevocably assigned life insurance under the Policy;
- b) if such benefits were paid under a Prior Plan;
- c) when all or a portion of the life insurance benefits under the Policy are to be paid to a former Spouse as part of a divorce agreement or pursuant to a court order;
- d) for any Terminal Condition caused by a suicide attempt or an intentionally self-inflicted Injury;
- e) during any Conversion Period;
- f) if the required premium is due and unpaid on the date the Written Request for Living Benefits is made;
- g) if requested after insurance under the Policy ends; or
- h) if requested after the Policy terminates.

PAYMENT OF CLAIMS

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of the Policy.

CLAIM FORMS

Before benefits are paid, We must be given written proof of loss as described in this section.

HOW TO OBTAIN PLAN BENEFITS

Forward the completed claim form to:

Benefits Administrator
Delta Natural Gas Company, Inc.
3617 Lexington Rd
Winchester, Kentucky 40391

CLAIM ASSISTANCE

For assistance with filing a claim or an explanation of how a claim was paid, contact:

United of Omaha Life Insurance Company
Mutual of Omaha Plaza
Omaha, Nebraska 68175
Call Toll-Free: 1-800-775-8805

PROOF OF LOSS

The Insured Person or the beneficiary has 90 days from the date of loss to furnish Us with a completed claim form and other information needed to prove loss. Failure to furnish such proof within this time period shall not invalidate nor reduce any claim if:

- a) it was not reasonably possible to give proof within that 90-day period; and
- b) proof is furnished as soon as reasonably possible, but not later than one year after the date of loss, unless the Insured Person or the beneficiary is not legally capable.

We may occasionally require an Insured Person to be examined by a Physician of Our choice to assist in determining whether benefits are payable. We will pay for these examinations. We will not require more than a reasonable number of examinations. Where not prohibited by law, We may also require an autopsy. We will pay for this autopsy.

PAYMENT OF CLAIMS

Benefits will be paid after We receive acceptable written proof of loss. Benefits will be paid only if We determine that the claimant is entitled to benefits under the terms of the Policy. We may require supporting information which may include, but which is not limited to, the following:

- a) clinical records;
- b) charts;
- c) x-rays; and
- d) other diagnostic aids.

Benefits will be paid to the Insured Person or the beneficiary in accord with the Life Insurance Benefits section.

MODE OF PAYMENT

Life insurance benefits will be available in one lump sum.

REFUND TO US

If it is found that We paid more benefits than We should have paid under the Policy, We will have the right to a refund from You or the recipient of benefits.

We also have a right to recover any payments due to:

- a) fraud or misrepresentation; or
- b) any error We make in processing a claim.

You or the recipient of benefits must reimburse Us in full. We will determine the method by which the repayment is to be made.

CLAIM REVIEW AND APPEAL PROCEDURES FOR LIFE BENEFITS

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of the Policy.

IMPORTANT NOTICE: In addition to the requirements described in this document, applicable state laws may contain requirements for claims review and appeal procedures. To the extent that any requirement in this document is inconsistent with any state law requirement, the requirement that is most favorable to the person insured under the Policy shall prevail. If you have any questions, please contact Us.

DEFINITIONS

The definitions set forth below shall apply to both the singular and plural versions of the defined term.

Adverse Benefit Determination means a denial, reduction, or termination of a benefit or a failure to provide or make payment (in whole or in part) for a benefit. This includes, without limitation, any such denial, reduction or termination of a benefit, or failure to provide or make payment, that is based upon ineligibility for insurance under the Policy.

Claimant means the person who submits a claim for benefits under the Policy, including the authorized representative of such person.

CLAIM REVIEW PROCEDURES

Once We receive information necessary to evaluate the claim, We will make a decision within the time periods set forth below. In the event an extension is necessary due to matters beyond Our control, We will notify the Claimant of the extension and the circumstances requiring the extension.

Except where the Claimant voluntarily agrees to provide Us with additional time, extensions are limited as set forth below. If an extension is necessary due to the Claimant's failure to submit complete information, We will notify the Claimant of the additional information required. Such notice of incomplete information will be sent within the time periods set forth below.

In order for Us to continue processing the claim, the missing information must be provided to Us within the time periods set forth below. The Claimant may contact Us at any time for additional details about the processing of the claim.

INITIAL CLAIM DECISION

The period of time within which a claim decision will be made begins at the time the claim is filed, without regard to whether all the information necessary to make a claim decision accompanies the filing. The applicable time periods are shown below:

- a) Initial claim decision period: 90 days
- b) Extension period: 90 days

If additional information is needed, We will notify the Claimant within 15 days of Our receipt of the claim. Once the Claimant receives Our request for additional information, the Claimant will be given no less than 30 days to submit the additional information to Us. We will make Our determination within 60 days of Our receipt of the additional information. If We do not receive the additional information within the specified time period, We will make Our determination based upon the available information.

CLAIM DENIALS

If a request for a claim is denied, in whole or in part, the Claimant will receive notice of the denial, which will include:

- a) the specific reason(s) for the denial;
- b) reference to the specific Policy provisions on which the denial is based;
- c) a description of the appeal procedures and time limits applicable to such procedures, including the right to request an appeal within 60 days and the right to bring a civil action following the appeal process; and
- d) any other information which may be required under state or federal laws and regulations.

Additionally, if an internal rule, guideline, protocol or other similar criterion was relied upon in making the Adverse Benefit Determination, the Claimant has the right to request information about such internal rule, guideline, protocol or other similar criterion that was used in making the Adverse Benefit Determination, free of charge.

OPPORTUNITY TO REQUEST AN APPEAL

The Claimant shall have a reasonable opportunity to appeal a claim review decision. As part of the appeal, there will be a full and fair review of the claim review decision.

The Claimant will have no later than 60 days from the Claimant's receipt of notification of Our claim review decision to submit a request for an appeal. The request for an appeal should include:

- a) the Insured Person's name;
- b) the name of the person filing the appeal if different from the Claimant;
- c) the Policy number; and
- d) the nature of the appeal.

The request for an appeal can be submitted in any manner and should include any additional information that may have been omitted from Our review or that should be considered by Us. The notification regarding Our claim review decision will include instructions on how and where to submit an appeal.

By requesting an appeal, the Claimant has authorized Us, or anyone designated by Us, to review any and all records (including, but not limited to, medical records) which We determine may be relevant to the appeal.

RESPONSE TO APPEALS

We will respond no later than 60 days from Our receipt of the request for an appeal. However, if We determine that an extension is required, We will notify the Claimant in writing of the extension prior to the termination of the initial appeal period. In no event will the extension exceed 60 days from the end of the initial appeal period. The extension notice will indicate the special circumstances requiring the extension and the date by which We expect to render the appeal decision.

When We make Our determination, the Claimant will be provided with:

- a) information regarding the decision; and
- b) information regarding other internal or external appeal or dispute resolution alternatives, including any required state mandated appeal rights.

The period of time within which an appeal decision is required to be made will begin at the time an appeal is filed, without regard to whether all the information necessary to make an appeal decision accompanies the filing. If a period of time is extended as described above due to the Claimant's failure to submit information necessary to decide a claim, the period for making the appeal decision shall be "tolled" or suspended from the date on which the extension notice is sent until the earlier of (1) the date on which We receive the response; or (2) the date established by Us in the notice of extension for the furnishing of the requested information.

CLAIM REVIEW AND APPEAL PROCEDURES FOR CONTINUATION OF INSURANCE FOR TOTAL DISABILITY BENEFITS

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of this Certificate.

DEFINITIONS

The definitions set forth below shall apply to both the singular and plural versions of the defined term.

Adverse Benefit Determination means a denial, reduction, or termination of a benefit or a failure to provide or make payment (in whole or in part) for a benefit. This includes, without limitation, and such denial, reduction or termination of a benefit, or failure to provide or make payment, that is based upon ineligibility for insurance under the Policy.

Claimant means the person who submits a claim for benefits under the Policy, including the authorized representative of such person.

CLAIM REVIEW PROCEDURES

Once We receive information necessary to evaluate the claim, We will make a decision within the time periods set forth below. In the event an extension is necessary due to matters beyond Our control, We will notify the Claimant of the extension and the circumstances requiring the extension.

Except when the Claimant voluntarily agrees to provide Us with additional time, extensions are limited as set forth below. If an extension is necessary due to the Claimant's failure to submit complete information, We will notify the Claimant of the additional information required. Such notice of incomplete information will be sent within the time periods set forth below.

In order for Us to continue processing the claim, the missing information must be provided to Us within the time periods set forth below. The Claimant may contact Us at any time for additional details about the processing of the claim.

INITIAL CLAIM DECISION

The period of time within which a claim decision will be made begins at the time the claim is filed, without regard to whether all the information necessary to make a claim decision accompanies the filing. The applicable time periods are shown below:

- a) initial claim decision period: 45 days unless additional information is requested as set forth below;
- b) extension period: 30 days; and
- c) maximum number of extensions: two.

If additional information is needed, We will notify the Claimant within 10 days of Our receipt of the claim. Once the Claimant receives Our request for additional information, the Claimant will be given no less than 45 days to submit the additional information to Us. We will make Our determination within 15 days of Our receipt of the additional information. If We do not receive the additional information within the specified time period, We will make Our determination based upon the available information.

CLAIM DENIALS

If a request for a claim is denied, in whole or in part, the Claimant will receive notice of the denial, which will include:

- a) the specific reason(s) for the denial;
- b) reference to the specific Policy provisions on which the denial is based;
- c) a description of the appeal procedures and time limits applicable to such procedures, including the right to request an appeal within 180 days and the right to bring a civil action following the appeal process; and
- d) any other information which may be required under state or federal laws and regulations.

Additionally, if an internal rule, guideline, protocol or other similar criterion was relied upon in making the Adverse Benefit Determination, the Claimant has the right to request information about such internal rule, guideline, protocol or other similar criterion that was used in making the Adverse Benefit Determination, free of charge.

OPPORTUNITY TO REQUEST AN APPEAL

The Claimant shall have a reasonable opportunity to appeal a claim review decision. As part of the appeal, there will be a full and fair review of the claim review decision.

The Claimant will have no later than 180 days from the Claimant's receipt of notification of Our claim review decision to submit a request for an appeal. The request for an appeal should include:

- a) the Claimant's name;
- b) the name of the person filing the appeal if different from the Claimant;
- c) the Policy number; and
- d) the nature of the appeal.

The request for an appeal can be submitted in any manner and should include any additional information that may have been omitted from Our review or that should be considered by Us. The notification regarding Our claim review decision will include instructions on how and where to submit an appeal.

By requesting an appeal, the Claimant has authorized Us, or anyone designated by Us, to review any and all records (including, but not limited to, medical records) which We determine may be relevant to the appeal.

A document, record, or other information will be considered relevant to a claim if it:

- a) was relied upon in making the claim decision;
- b) was submitted, considered, or generated in the course of making the claim decision, without regard to whether it was relied upon in making the claim decision; or
- c) demonstrates compliance with administrative processes and safeguards designed to ensure and verify that claim decisions are made in accordance with the Policy and that, where appropriate, Policy provisions have been applied consistently with respect to similarly situated claimants.

RESPONSE TO APPEALS

We will respond no later than 45 days from Our receipt of the request for an appeal. However, if We determine that an extension is required, We will notify the Claimant in writing of the extension prior to the termination of the initial appeal period. In no event will the extension exceed 45 days from the end of the initial appeal period. The extension notice will indicate the special circumstances requiring the extension and the date by which We expect to render the appeal decision.

When We make Our determination, the Claimant will be provided with:

- a) information regarding the decision; and
- b) information regarding other internal or external appeal or dispute resolution alternatives, including any required state mandated appeal rights.

The period of time within which an appeal decision is required to be made will begin at the time an appeal is filed, without regard to whether all the information necessary to make an appeal decision accompanies the filing. If a period of time is extended as described above due to the Claimant's failure to submit information necessary to decide a claim, the period for making the appeal decision shall be "tolled" or suspended from the date on which the extension notice is sent until the earlier of (1) the date on which We receive the response; or (2) the date established by Us in the notice of extension for the furnishing of the requested information.

STANDARD PROVISIONS

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of the Policy.

INSURANCE CONTRACT

The insurance contract consists of:

- a) the Policy;
- b) the Policyholder's signed application attached to the Policy; and
- c) any signed application for You.

Statements in an application are considered representations and not warranties. We will not use any statements in an Insured Person's application to deny a claim or to contest the validity of this insurance unless We provide You or Your beneficiary with a copy of that application.

CHANGES IN THE INSURANCE CONTRACT

The insurance contract may be changed (including reducing or terminating benefits or increasing premium costs) any time We and the Policyholder both agree to a change. No one else has the authority to change the insurance contract. A change in the insurance contract:

- a) does not require the consent of any Insured Person or beneficiary; and
- b) must be:
 1. in writing;
 2. made a part of the Policy; and
 3. signed by Our authorized representative in Our home office.

A change may affect any class of Insured Persons included in the Policy.

INCONTESTABILITY

We will not use any statements in an Insured Person's application to contest the validity of this insurance after it has been in-force during the lifetime of the Insured Person for two years.

LEGAL ACTIONS

No legal action can be brought until at least 60 days after We have been given written proof of loss. No legal action can be brought more than three years after the date written proof of loss is required, unless otherwise required by state law in Your state of residence.

GENERAL DEFINITIONS

The following capitalized terms have the meanings assigned in this section. These terms are used throughout the Policy.

Annual Earnings means Your gross annual earnings received from the Policyholder and in effect immediately prior to the date of loss, as determined by the Policyholder and verified by the premium received by Us.

Your annual earnings include Your contributions to deferred compensation plans.

Your annual earnings do not include commissions, bonuses, overtime pay, other extra compensation, shift differential, or the Policyholder's contributions to deferred compensation plans.

Certificate means this document that describes the benefits, terms, conditions, exclusions and limitations of the insurance provided under the Policy.

Employee means a person who is:

- a) a citizen or permanent resident of the United States; or
- b) lawfully and legally able to work in the United States pursuant to applicable federal and state laws; and
- c) receiving compensation from the Policyholder for work performed for the Policyholder at:
 1. the Policyholder's usual place of business;
 2. an alternative work site at the direction of the Policyholder; or
 3. a location to which the employee must travel to perform the job; and
- d) currently satisfying the Policyholder's eligibility requirements for insurance in this Class/Classification.

An employee does not include a person:

- a) who resides outside the United States for a period in excess of 12 consecutive months unless written approval has been received from Our authorized representative in Our home office;
- b) working on a seasonal or temporary basis; or
- c) performing services for the Policyholder as an independent contractor, including persons reporting income on a 1099 form or subject to the terms of a leasing agreement between the Policyholder and a leasing organization.

Evidence of Insurability means proof of good health acceptable to Us. This proof may be obtained through questionnaires, physical exams or written documentation, as required by Us.

Hospital means an accredited facility licensed by the proper authority of the area in which it is located to provide care and treatment for the condition causing confinement. A hospital does not include a facility or institution or part of a facility or institution which is licensed or used principally as a clinic, convalescent home, rest home, nursing home or home for the aged, halfway house or board and care facilities.

Injury, Injuries means an accidental bodily injury that requires treatment by a Physician. It must result in loss independently of Sickness and other causes.

Our, We, Us means United of Omaha Life Insurance Company.

Physician means any of the following licensed practitioners:

- a) a doctor of medicine (MD), osteopathy (DO), podiatry (DPM) or chiropractic (DC);
- b) a licensed doctoral clinical psychologist;
- c) a Master's level counselor and licensed or certified social worker who is acting under the supervision of a doctor of medicine or a licensed doctoral clinical psychologist;
- d) a licensed physician's assistant (PA) or nurse practitioner (NP); or
- e) where required by law, any other licensed practitioner of a healing art who is acting within the scope of his/her license.

A physician does not include:

- a) a naturopathic doctor;
- b) an acupuncturist;
- c) a physician in training; or
- d) You, Your Spouse or a child, brother, sister or parent of You or Your Spouse or any person who lives with You.

Plan Administrator means the person or entity designated as the plan administrator for the Policyholder's group life insurance plan.

Policy means the group policy issued to the Policyholder by Us, including this Certificate.

Policy Anniversary means January 1 of each Policy Year.

Policy Effective Date means January 1, 2017.

Policy Year means the period commencing on the Policy Effective Date and ending on the next succeeding Policy Anniversary and, thereafter, each 12-month period commencing on the Policy Anniversary.

Prior Plan means any policy or plan of benefits:

- a) replaced by insurance under part or all of the Policy; and
- b) in effect and maintained or sponsored by the Policyholder on the day before the Policy Effective Date.

Schedule means the section of the Certificate identified as the "Schedule".

Sickness means a disease, disorder or condition that requires treatment by a Physician.

Spouse means the person to whom You are legally married.

Written Request means a request that is signed, dated and submitted to the Policyholder or Us. The request must be on a form We supply or be in a form and content acceptable to Us.

You, Your, Insured Person means the Employee who is insured under the Policy.

ADDITIONAL SUMMARY PLAN DESCRIPTION INFORMATION

The Employee Retirement Income Security Act of 1974 (ERISA) requires that certain information be furnished to eligible participants in an employee benefits plan. The employee benefits plan maintained by the Policyholder shall be referred to herein as the "Plan."

This document, in conjunction with Your Certificate, is Your ERISA Summary Plan Description for the insurance benefits described herein.

Contributions are made solely by the Policyholder. Contributions are based on the amount of insurance premiums necessary to provide Plan coverage.

The benefits under the Plan are fully insured by Us under a group insurance policy issued by Us. Benefits under the Policy are guaranteed to the extent all Policy provisions are met and subject to all terms and conditions of the Policy (including, but not limited to, all exclusions, limitations and exceptions in the Policy). Our home office is located at Mutual of Omaha Plaza, Omaha, Nebraska 68175.

EMPLOYER IDENTIFICATION NUMBER AND PLAN NUMBER

The Employer Identification Number (EIN) is: 61-0458329

The Plan Number is: 504

PLAN ADMINISTRATOR

The Plan is provided through and administered by:

Delta Natural Gas Company, Inc.
3617 Lexington Rd
Winchester, KY 40391
Phone: (859) 744-6171

AGENT FOR SERVICE OF LEGAL PROCESS

The agent for service of legal process upon the Plan is:

Delta Natural Gas Company, Inc.
3617 Lexington Rd
Winchester, KY 40391
Phone: (859) 744-6171

PLAN YEAR

Each 12-month period beginning on January 1 is a "plan year" for the purposes of accounting and all reports to the U.S. Department of Labor and other regulatory bodies.

STATEMENT OF ERISA RIGHTS

As a participant in the Plan, You are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Plan participants shall be entitled to:

a) Receive Information About Your Plan and Benefits

1. Examine, without charge, at the Plan Administrator's office and at other specified locations all documents governing the Plan, including insurance contracts and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
2. Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and copies of the latest annual report (Form 5500 Series) and updated Summary Plan Description. The Plan Administrator may make a reasonable charge for the copies.
3. Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

b) Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate Your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of You and other Plan participants and beneficiaries. No one, including Your employer or any other person, may fire You or otherwise discriminate against You in any way to prevent You from obtaining a benefit or exercising Your rights under ERISA.

c) Enforce Your Rights

If Your claim for a benefit is denied or ignored, in whole or in part, You have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps You can take to enforce the above rights. For instance, if You request a copy of Plan documents or the latest annual report from the Plan and do not receive them within 30 days, You may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay You up to \$110 a day until You receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator. If You have a claim for benefits which is denied or ignored, in whole or in part, You may file suit in a state or Federal court. In addition, if You disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, You may file suit in Federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if You are discriminated against for asserting Your rights, You may seek assistance from the U.S. Department of Labor, or You may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If You are successful the court may order the person You have sued to pay these costs and fees. If You lose, the court may order You to pay these costs and fees, for example, if it finds Your claim is frivolous.

d) Assistance with Your Questions

If You have any questions about Your Plan, You should contact the Plan Administrator. If You have any questions about this statement or about Your rights under ERISA, or if You need assistance in obtaining documents from the Plan Administrator, You should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in Your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about Your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

PLAN DISCLOSURES

You are entitled to request from the Plan Administrator, without charge, information applicable to the Plan's benefits and procedures. In addition, Your Certificate includes, as applicable, a description of:

- a) employee eligibility requirements;
- b) when insurance ends;
- c) state or federal continuation rights; and
- d) claims procedures.

PLAN CHANGES

The persons with authority to change, including the authority to terminate, the Plan on behalf of the Policyholder are the Policyholder's Board of Directors or other governing body, or any person or persons authorized by resolution of the Board or other governing body to take such action. Please refer to the provision in Your Certificate entitled "Changes in the Insurance Contract" for information about how the Policy can be changed. The Policyholder's benefits area authorized to apply for and accept the Policy and any changes to the Policy on behalf of the Policyholder.

Group Term Life Benefits

Delta Natural Gas Company, Inc.

Group Number: G000B58N

United of Omaha Life Insurance Company

**Home Office:
Mutual of Omaha Plaza
Omaha, Nebraska 68175**



Mutual of Omaha

UNITED OF OMAHA LIFE INSURANCE COMPANY

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Mutual of Omaha Plaza, Omaha, NE 68175



Home Office: Mutual of Omaha Plaza, Omaha, Nebraska 68175

This Policy is issued to **Delta Natural Gas Company, Inc.** (the "Policyholder").

This Policy is a legal contract between the Policyholder and Us. It is issued in consideration of payment of premiums and the Policyholder's application.

This Policy will be interpreted under the Employee Retirement Income Security Act of 1974, as amended (ERISA). This Policy is issued in the State of Kentucky. To the extent state law is not preempted by ERISA, and only to that extent, this Policy will also be interpreted under the law of the State of Kentucky, without giving effect to the principles of conflicts of law of that State or any other state. Any part of this Policy which is in conflict with the applicable laws of the State of Kentucky is changed to conform to the minimum requirements of that State's laws.

This Policy is effective January 1, 2017 at the Policyholder's main office.

We agree to pay benefits subject to the terms, conditions, and limitations of this Policy.

The Certificate is made a part of this Policy.

GROUP POLICY NO. GLUG-B58N

As Revised January 1, 2020

Publication Date: December 2, 2019


Chief Executive Officer


Corporate Secretary

GENERAL PROVISIONS

Capitalized terms are defined in the Certificate or other documents made a part of this Policy.

PREMIUM CHANGES

We reserve the right to change premium rates any time after:

- a) the most recent premium rate guarantee date described in this Policy;
- b) there is an increase or decrease of 10% or more in the Policyholder's Employee population or the number of Employees insured under this Policy;
- c) Our liability or cost of administration is changed due to a change in federal, state, or local law;
- d) this Policy's terms are changed; or
- e) there is a change which materially affects the risk assumed for insurance provided by this Policy.

We must give the Policyholder at least 90 days advance Written Notice of any premium rate change.

PAYMENT OF PREMIUMS

The premium for this Policy equals the sum of the individual premiums for each Insured Person. The first premium is due on the effective date of this Policy. Subsequent premiums are due on the first day of each subsequent month or other modal period agreed to in writing by an authorized representative in Our home office. Premium payments must be made to Our home office or to a location We designate, using a payment method We accept. We will consider premium to be paid on the date We receive it.

GRACE PERIOD

This Policy has a 31 day grace period. This means that, except for the initial premium, if the premium is not paid on or before the date it is due, it may be paid in the 31-day period that follows. This Policy will stay in force during the grace period, unless the Policyholder gives Us written notice that this Policy will terminate during the grace period. If We receive such notice, We will terminate this Policy on the date requested.

TERMINATION

Following at least 60 days advance written notice to the Policyholder, We have the right to terminate this Policy:

- a) if the number of Employees insured is less than 10 or less than 100% of those eligible for insurance;
- b) any time after the most recent premium rate guarantee date described in this Policy; or
- c) if the Policyholder does not perform any of its duties under this Policy.

The Policyholder has the right to terminate this Policy at any time. The Policyholder must give Us written notice of at least 31 days before the date this Policy is to terminate, unless the Policyholder gives Us written notice that this Policy will terminate during the grace period.

This Policy will automatically terminate at the end of the grace period if the Policyholder fails to pay its portion of the premium.

If this Policy terminates for any reason:

- a) all unpaid premiums up to the date of termination are due, including premiums for the grace period or any part of the grace period; and
- b) all unpaid premiums are due no later than the date of termination.

Termination of this Policy will not affect benefits otherwise payable for a claim incurred while this Policy is in force.

REINSTATEMENT AFTER TERMINATION

If this Policy terminates for any reason, the Policyholder may request to reinstate it. We will reinstate only if:

- a) an authorized representative in Our home office agrees in writing to reinstate this Policy;
- b) the Policyholder agrees in writing to accept any written conditions of reinstatement that We impose;
- c) all past due premiums are paid, including any premium for the time insurance was in effect during the grace period; and
- d) the premium due from the date of reinstatement until the next premium due date is paid.

CERTIFICATES

We will issue the Policyholder a Certificate for delivery to each Insured Person. The Certificate describes the benefits, terms, conditions, exclusions and limitations of the insurance provided under this Policy.

MISSTATEMENT OF AGE OR GENDER

If an Insured Person's age or gender is misstated, We may adjust the premium or the benefits payable. An adjustment of the benefits payable will be based on what the premium would have purchased at the correct age or gender.

INCONTESTABILITY

We will not contest this Policy after it has been in force two years, except for nonpayment of premium.

POLICYHOLDER RESPONSIBILITIES

The Policyholder will notify:

- a) both the Insured Person and Us when the Insured Person's insurance under this Policy ends if the Insured Person ceases to be eligible for insurance under this Policy;
- b) each Insured Person and Us when insurance under this Policy ends if this Policy is terminated and is not replaced by another policy or plan with no interruption in coverage; and
- c) Us when the amount of insurance coverage for which an Insured Person is eligible changes.

Notice shall be provided within 31 days from the date insurance ends or the amount of insurance coverage changes for the Insured Person. Notice to the Insured Person shall include information about any options available to continue or obtain insurance.

If We do not receive notice under a) above within this 31-day time period, We may require the Policyholder to reimburse Us for the amount of any claims paid on behalf of any ineligible person and/or any dependents of such person during the time the person was ineligible. The Policyholder must reimburse Us for claims under this provision within 60 days after receipt of Our written request for payment.

The Policyholder is responsible for keeping the following records:

- a) persons insured by classification and any persons eligible but not insured;
- b) the amount of money the Policyholder contributes toward premiums;
- c) beneficiary designation information, if applicable; and
- d) any other information which We may reasonably request.

The Policyholder will provide Us with copies of these records upon request. These records must be open to Us for inspection at any reasonable time. The Policyholder will provide, as We require, any information on Our forms which is needed for insurance administration.

ASSIGNMENT

No assignment of this Policy is binding upon Us unless an officer in Our home office agrees to it in writing and not until it is recorded with Us at Our home office.

PREMIUM RIDER

This rider is made a part of Group Policy GLUG-B58N.

This rider is effective January 1, 2020.

CLASS(ES)

All Eligible Employees Subject to the Policyholder's Eligibility Requirements

LIFE INSURANCE PREMIUMS

The monthly premium for life insurance is as follows:

Employee \$0.08 for each \$1,000

RATE GUARANTEE DATE

January 1, 2021 or any date thereafter agreed to in writing by Our authorized representative in Our home office.

PREMIUM ALLOCATION

The total amount of premium paid or remitted by the Policyholder for this Policy and any other group insurance policy the Policyholder has with Us or any of Our affiliates ("Other Policy") will be allocated to this Policy and each Other Policy on a pro-rata basis. This means that if the Policyholder does not pay or remit the full premium that is due for this Policy or any Other Policy by the due date, the full amount of premium for this Policy and each Other Policy will be past due, resulting in termination of this Policy and each Other Policy in accordance with the applicable grace period for this Policy and each Other Policy.

PUBLICATION DATE

December 2, 2019

UNITED OF OMAHA LIFE INSURANCE COMPANY
Mutual of Omaha Plaza, Omaha, Nebraska 68175


Corporate Secretary

ADDITIONAL SERVICES DISCLOSURE

From time to time, We or Our affiliates may offer, provide, or arrange through a third party to provide certain services to Policyholders and/or their Employees. Some services may be provided at a reduced cost.

The additional services may include one or more of the following:

- employee assistance program
- travel assistance
- identity theft
- Family and Medical Leave Act administration
- benefit administration
- care advocacy
- healthcare financial management
- medical cost and quality comparisons
- medical second opinion
- surgery benefit management
- pharmaceutical cost comparisons
- audit services
- payroll services

We are not responsible for the provision of services by our affiliates or third parties. We are also not liable to Policyholders or their Employees for the failure to provide or the negligent provision of such services by Our affiliates or third parties.

LIFE INSURANCE

INTRODUCTION

To help meet your needs for life insurance, Dominion provides four different benefits.

- **Employee Life Insurance** provides insurance protection for you.
- **Dependent Life Insurance** provides insurance protection for your dependents.
- **Accidental Death and Dismemberment** pays benefits if you suffer a dismemberment or die in an accident.
- **Business Travel Accident** pays benefits if you suffer a dismemberment or die while traveling on Dominion business.

Benefits described in the Summary Plan Descriptions (SPDs) are current as of the date indicated at the bottom of the page. Dominion may subsequently provide additional materials that supplement, update or amend the SPDs which will provide you with information regarding changes to your benefits.

Please see the "Additional Information" Summary Plan Description document for details on other rights pertaining to your participation in Dominion's Benefit Plans.

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LIFE INSURANCE

EMPLOYEE LIFE INSURANCE

ELIGIBILITY

Regular, full-time and part-time non-union employees scheduled to work at least 1,000 hours per year are eligible for Employee Life Insurance coverage.

ENROLLMENT

New Hire

Coverage starts on your first day of work with Dominion. You have 31 days to elect Employee Life Insurance coverage.

- If you enroll within 31 days following your first day of work, coverage starts on your first day of work; and
- If you do not elect coverage within the first 31 days following your first day of work, you automatically have 1 times your annual base pay in Employee Life Insurance. Coverage starts on your first day of work. Your next opportunity to change your level of life coverage is the next annual Open Enrollment, unless you experience a Qualifying Life Event. A *Statement of Health* must be approved by MetLife before coverage can be increased more than one level.

If you are not in an active pay status or actively at work on the date your Employee Life Insurance is to be effective, your coverage does not become effective until the day you are actively at work.

You may elect coverage up to 5 times your annual base pay without a *Statement of Health*.

You may elect coverage from 6 up to 11 times your annual base pay; however, a *Statement of Health* approved by MetLife is required.

Statement of Health

Pending approval of your *Statement of Health*, your coverage is the maximum amount not requiring a *Statement of Health*. A physical exam or additional information from your doctor may be required and, in some cases, your request for increased Employee Life Insurance coverage may be denied. If the *Statement of Health* is approved by MetLife, your new coverage takes effect on the date MetLife approves the increase. If the *Statement of Health* is not approved, your coverage remains at the maximum amount not requiring a *Statement of Health*. A life insurance *Statement of Health* form can be accessed from DomNet or by contacting the Human Resources Center at 1-800-730-7230.

Qualifying Life Events for Employee Life Insurance

If you experience a Qualifying Life Event, you may be permitted to change your Employee Life coverage during the middle of a plan year without waiting until the next Open Enrollment period. Depending on the event, you can add, increase, drop or decrease your coverage level, provided that changes you make following a Qualifying Life Event must be on account of and consistent with the event.

Following is a listing of the types of changes that may be permitted following the various Qualifying Life Events:

LIFE INSURANCE

Event	Enrollment or Increase Permitted	Cancellation or Decrease Permitted
Dependent child events		
Birth, adoption, placement for adoption, appointment of legal guardianship, or death of child	Enroll or increase coverage if child is gained	Drop or decrease coverage if child is lost
Satisfying or ceasing to satisfy dependent requirements	Enroll or increase coverage if child gains dependent status	Drop or decrease coverage if child loses dependent status
Employee events		
Employee's change in employment or benefit eligibility status*	Enroll or increase coverage	Drop or decrease coverage
Spouse events		
Marriage	Enroll or increase coverage	Drop or decrease coverage
Divorce, annulment or death of spouse	Enroll or increase coverage	Drop or decrease coverage
Spouse's change in employment or benefit eligibility status *	Enroll or increase coverage	Drop or decrease coverage

*Changes in employment status that allow an Employee Life coverage change may include: termination or commencement of employment, commencement of or return from unpaid leave, changes in status such as full-time to part-time or union to non-union (or vice versa), and similar events that affect your benefits eligibility. A change that does not affect the level of coverage for which you are eligible (e.g., changing from union to non-union where the plan design for both groups is the same) is not a Qualifying Life Event.

A late enrollment requires a *Statement of Health* approved by MetLife. A late enrollment is a request made later than 31 days after you first become eligible. For example, if you waive Employee Life coverage as a new hire, then experience a Qualifying Life Event and elect Employee Life coverage more than 31 days after your date of hire, a *Statement of Health* approved by MetLife is required.

IMPORTANT! When you have a Qualifying Life Event, you must complete an Employee Benefits Enrollment and Life Event Changes form. Your form must be received in the Human Resources Center **within 31 days of the event**. If your form is not received within 31 days of the event – or if your event does not allow a coverage change - you must wait until the next annual Open Enrollment or another Qualifying Life Event to make a change to your coverage.

Qualifying Life Event changes take effect:

- Adding or increasing coverage (for changes that do not require an approved *Statement of Health*)

LIFE INSURANCE

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- If the form is received in the Human Resources Center before or on the date of the event, the effective date is the date of the event; or
- If the form is received in the Human Resources Center after the date of the event, but within 31 days of the event, the effective date is the first of the month following receipt of the form.
- Canceling or decreasing coverage
 - If the form is received in the Human Resources Center before or during the month of the event, the effective date is the end of the month of the event; or
 - If the form is received in the Human Resources Center during the month after the event, but within 31 days of the event, the effective date is the last day of the month when the form was received in the Human Resources Center.

If you are not in an active pay status on the date an increase in your Employee Life Insurance is to take effect, your increased level of coverage does not become effective until the day you return to active pay status.

Open Enrollment

Changes you make at Open Enrollment are effective the following January 1. You can increase your Employee Life Insurance coverage:

- One level up to 5 times your annual base pay without a *Statement of Health*; or
- Two or more levels (or any level over 5 times), up to 11 times your annual base pay if a *Statement of Health* is approved by MetLife

A *Statement of Health* approved by MetLife is required for any level over 1 times if you previously waived coverage.

If you are not in an active pay status on the date an increase in your Employee Life Insurance is to take effect, your increased level of coverage does not become effective until the day you return to active pay status.

Rehire/Reinstate

If your employment is terminated and you return to work for Dominion in an eligible category for benefits enrollment, your benefit enrollment election depends on the number of days you did not work for Dominion:

- If you return to work in 31 days or less from your termination date, your benefit elections are the same elections that were in effect on your termination date. If the same benefit election(s) are not available, you are eligible to make a new election, but only for the plan that changed, if another plan is available; or
- If you return to work after 31 days from your termination date, you are required to make new benefit elections.

AMOUNT OF COVERAGE

Your Employee Life Insurance amount is determined by two factors:

- The level of coverage you choose; and
- Your annual base pay for full-time employees or your hourly rate times 1,040 for part-time employees. *Note: If you transfer from full-time to part-time employment status at any time after becoming eligible for retirement, the base pay used to determine your life insurance amount will be your annual base pay in effect immediately prior to your transfer to part-time status.*

LIFE INSURANCE

Annual base pay means your pay (prior to any pre-tax contributions you make toward benefits) rounded to the next higher \$1,000. Annual base pay does not include bonuses, supplements, overtime or other special payments.

You automatically are covered for Employee Life Insurance in the amount of 1 times your annual base pay (rounded to the next higher \$1,000) to a maximum of \$1,500,000 at no cost to you.

You also may choose Supplemental Life Insurance coverage based on multiples of your annual base pay to total 2 times annual base pay up to 11 times annual base pay to a maximum of \$2,500,000.

The maximum Employee Life Insurance coverage provided under the Plan, including Supplemental Life, is \$4,000,000 per employee.

The maximum amount of combined Employee Life Insurance and AD&D coverage is \$6 million.

For new employees, the maximum amount of coverage available without a *Statement of Health* is 5 times your annual base pay.

You can waive Employee Life Insurance by submitting your request in writing to the Human Resources Center, OJRP-13, or by emailing your request to the Human Resources Center at HR.Center@dom.com.

Your Employee Life Insurance amount and any related pay-based contributions are automatically adjusted when your pay changes.

Coverage in excess of \$50,000 is subject to imputed income taxes. Employee contributions are deducted from your pay on an after-tax basis. Any death benefits that are received under the Plan are tax free to beneficiaries. However, interest earned on the claim from the date of death to the date the claim is paid is taxable.

Examples of Employee Life Insurance benefits:

Full-Time Employee

An employee's annual base pay is \$40,000 and he elects Employee Life Insurance coverage equal to two times his annual base pay.

The annual base pay is rounded to the next higher \$1,000, i.e. \$40,000 rounds to \$41,000. The rounded amount of coverage is multiplied by two, i.e. \$41,000 x 2 = \$82,000.

Part-Time Employee

An employee's base pay is \$14.00 per hour and he elects Employee Life Insurance coverage equal to two times his annual base pay.

The annual base pay is the hourly base pay times 1,040, i.e. \$14.00 x 1,040 = \$14,560. The annual base pay is rounded to the next higher \$1,000, i.e. \$14,560 rounds to \$15,000. The rounded amount of coverage is multiplied by two, i.e. \$15,000 x 2 = \$30,000. *Note: As explained elsewhere in this document, life insurance benefits for employees who transfer from full-time to part-time status after reaching retirement eligibility are based on the employee's base pay in effect immediately prior to transferring to part-time status.*

LIFE INSURANCE

BENEFICIARY

When you first enroll, you must designate a beneficiary. Your most recent beneficiary as indicated by Dominion records receives the amount of your Employee Life Insurance if you die while coverage is in effect. You may change your beneficiary designation at any time by completing and sending a new form to the Human Resources Center in Richmond. You can access the *Life Insurance Beneficiary Designation* form on DomNet, or by contacting the Human Resources Center at 1-800-730-7230. The change is effective the date the form is received in the Human Resources Center.

If you die without a valid beneficiary, benefits are paid in the following order to your:

- spouse;
- children (in equal shares);
- parents (in equal shares);
- siblings (in equal shares); or
- estate.

WILL PREP

If you elect or are enrolled in Supplemental Life Insurance, you and/or your spouse may have a will prepared at no cost. MetLife is offering this service through its company, Hyatt Legal Plans. MetLife fully covers the cost associated with having your will prepared or updated when you use an attorney in the Hyatt Legal Plans network. For more information, contact Hyatt Legal Plans at 1-800-821-6400.

ACCELERATED BENEFIT

This feature allows you to receive up to 80% of your Employee Life Insurance benefit if you have been diagnosed with a terminal illness with 12 months or less to live. Your request is subject to an independent medical review and approval by MetLife. Payment is generally paid in a lump sum up to a maximum payment of \$500,000. You may use the accelerated benefit payment in whatever way you choose; for example, to help pay medical bills, nursing home expenses, or living expenses. Upon your death, your Employee Life Insurance benefit will be reduced by the amount of the accelerated benefit payment. For additional information, contact the Human Resources Center at 1-800-730-7230.

SPECIAL COVERAGE RULES

Leave of Absence

If you are granted an approved leave of absence, you can continue your Employee Life Insurance coverage under the Plan.

If You Become Disabled

If you are approved for disability benefits under the Long-Term Disability Plan, the amount of your Employee Life Insurance coverage during disability is 1 times your annual base pay on your last day worked (rounded to the next higher \$1,000). Upon your retirement, you become eligible for life insurance coverage for retirees.

When You Retire

Dominion offers a life insurance benefit for eligible employees upon retirement. Retiree Life Insurance offers a payment to your beneficiary(ies) in the event of your death.

LIFE INSURANCE

You are eligible to participate in Retiree Life Insurance if you:

- Were hired prior to January 1, 2005; and
- Have at least 10 years of Pension Service

If you were not age 55 by January 1, 2005, you automatically receive Retiree Life Insurance coverage in the amount of \$10,000.

If you were age 55 or older by January 1, 2005, you automatically receive Retiree Life Insurance coverage in the amount of 50% of your final base compensation up to a maximum benefit of \$50,000. No further reductions apply. For example, if your annual base compensation when you retire is \$39,500, your life insurance benefit during retirement is \$20,000. *Note: If you were age 55 or older on January 1, 2005, and you transfer from full-time to part-time employment status on or after January 1, 2005,, the final base compensation used to determine your life insurance amount during retirement will be your annual base pay in effect immediately prior to your transfer to part-time status.*

As a retiree, you are also eligible for the accelerated benefit described above.

FILING A CLAIM

A claim can be initiated by contacting your local HR representative or the HR Center at 1-800-730-7230.

CLAIM APPEAL

Initial Determination

After MetLife receives your claim for benefits, MetLife will review your claim and notify you of its decision to approve or deny your claim.

Such notification will be provided to you within a reasonable period, not to exceed 90 days from the date MetLife received your claim, unless MetLife notifies you within that period that there are special circumstances requiring an extension of time of up to 90 additional days.

If MetLife denies your claim in whole or in part, the notification of the claims decision will state the reason why your claim was denied and reference the specific Plan provision(s) on which the denial is based. If the claim is denied because MetLife did not receive sufficient information, the claims decision will describe the additional information needed and explain why such information is needed. The notification will also include a description of the Plan review procedures and time limits, including a statement of your right to bring a civil action if your claim is denied after an appeal.

Appealing the Initial Determination

In the event a claim has been denied in whole or in part, you or, if applicable, your beneficiary can request a review of your claim by MetLife. This request for review should be sent in writing to:

MetLife Group Insurance Claims Review
P.O. Box 3016
Utica, NY 13504

LIFE INSURANCE

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Claims should be sent within 60 days after you or, if applicable, your beneficiary received notice of denial of the claim. When requesting a review, please state the reason you or, if applicable, your beneficiary believes the claim was improperly denied and submit in writing any written comments, documents, records or other information you or, if applicable, your beneficiary wishes to have considered. Upon your written request, MetLife will provide you free of charge with copies of relevant documents, records and other information.

MetLife will re-evaluate all the information, will conduct a full and fair review of the claim, and you or, if applicable, your beneficiary will be notified of the decision. Such notification will be provided within a reasonable period not to exceed 60 days from the date MetLife received your request for review, unless MetLife notifies you within that period that there are special circumstances requiring an extension of time of up to 60 additional days.

If MetLife denies the claim on appeal, MetLife will send you a final written decision that states the reason(s) why the claim you appealed is being denied, references any specific Plan provision (s) on which the denial is based, explains any voluntary appeal procedures offered by the Plan, and includes a statement of your right to bring a civil action if your claim is denied after an appeal. Upon written request, MetLife will provide you free of charge with copies of relevant documents and records.

WHEN COVERAGE ENDS

Employee Life Insurance coverage ends if any of the following occurs:

- Your employment with Dominion terminates;
- You cease to meet the eligibility requirements;
- You have been awarded Long-Term Disability (LTD) and the LTD benefit payment ends, or you reach age 65 — whichever is earlier (you do not qualify for a benefit from the Life Insurance Plan when LTD ends); or
- The termination of Employee Life Insurance causes coverage to end.

Coverage ends on the last day of the month in which one of these events occurs.

If you die within 31 days after your group coverage ends or undergoes a reduction, benefits equal to the prior amount are paid even if you have applied for an individual policy. Benefits are not, however, paid from both the group policy and the conversion policy (see "Conversion to an Individual Policy" below).

CONVERSION TO AN INDIVIDUAL POLICY

If you leave Dominion, you may convert your Employee Life Insurance coverage under the Plan to an individual policy. Retirees and employees who become eligible for an LTD benefit may also convert the portion of their coverage reduced or lost due to retirement or disability.

If you want to convert to an individual policy, apply to MetLife within 31 days after your group coverage ends by contacting the Human Resources Center at 1-800-730-7230 to obtain the appropriate forms. If you apply within 31 days after your group coverage ends, you do *not* need a doctor's exam to be insured. The cost of your coverage depends on your age and other factors at the time of conversion.

Conversion policies take effect at the end of the 31-day period during which you apply for coverage.

LIFE INSURANCE

DEPENDENT LIFE INSURANCE

ELIGIBILITY

Regular, full-time and part-time non-union employees scheduled to work at least 1,000 hours per year are eligible to purchase Dependent Life Insurance (which includes Spouse Life and/or Child Life) coverage for eligible dependents.

Eligible dependents include your:

- Spouse
- Unmarried children (including natural children, legally adopted children, children placed with you for adoption, stepchildren who live with you, or other children for whom you are the legal guardian and who live with you) who are:
 - Under age 19;
 - Age 19 to 25 and a full-time student (full-time student status is determined by the school your child attends); or
 - Disabled, regardless of age, provided they became disabled before age 19 (or before age 25 while a full-time student). Proof of disability must be submitted to MetLife at the time a claim is submitted.

Notes: A full-time student who is temporarily away from your home while at school continues to qualify as living with you. MetLife may require verification of full-time student status at the time a claim is submitted.

ENROLLMENT

New Hire

Your first day of work with Dominion is your employment date. You may enroll and elect Dependent Life coverage at that time.

- If you elect Dependent Life Insurance coverage within the first 31 days following your employment date, dependent coverage starts as of your employment date; or
- If you do not make a Dependent Life Insurance election within the first 31 days of employment, you may elect coverage during a subsequent Open Enrollment with coverage effective the following January 1; or within 31 days of a Qualifying Life Event.

You can elect levels of Spouse Life coverage up to \$250,000. A *Statement of Health* approved by MetLife is required for Spouse Life coverage of \$50,000 or more.

You can elect levels of Child Life coverage up to \$10,000 without a *Statement of Health*.

Statement of Health

Pending approval of the *Statement of Health*, your Spouse Life coverage is the maximum amount not requiring a *Statement of Health*. A physical exam or additional information from a doctor may be required and, in some cases, your request for increased Spouse Life coverage may be denied. If the *Statement of Health* is approved by MetLife, your new coverage takes effect on the date MetLife approves the increase. If the *Statement of Health* is not approved, your coverage remains at the maximum amount not requiring a *Statement of Health*. A life insurance *Statement of Health* form can be accessed from DomNet or by contacting the Human Resources Center at 1-800-730-7230.

LIFE INSURANCE

Qualifying Life Events for Spouse Life

If you experience a Qualifying Life Event, you may be permitted to change your Spouse Life coverage during the middle of a plan year without waiting until the next Open Enrollment period. Depending on the event, you can add, increase, drop or decrease the coverage level, provided that changes you make following a Qualifying Life Event must be on account of and consistent with the event.

Following is a listing of the types of Spouse Life changes that may be permitted following the various Qualifying Life Events:

Event	Enrollment or Increase Permitted	Cancellation or Decrease Permitted
Dependent child events		
Birth, adoption, placement for adoption, appointment of legal guardianship, or death of child	Enroll or increase Spouse Life if child is gained	Drop or decrease Spouse Life if child is lost
Satisfying or ceasing to satisfy dependent requirements (e.g., becoming full-time student or reaching age 25)	Enroll or increase Spouse Life if child gains dependent status	Drop or decrease Spouse Life if child loses dependent status
Employee events		
Employee's change in employment or benefit eligibility status*	Enroll or increase Spouse Life consistent with event	Drop or decrease Spouse Life consistent with event
Spouse events		
Marriage	Enroll in Spouse Life coverage	N/A
Divorce, annulment or death of spouse	N/A	Drop Spouse Life coverage
Spouse's change in employment or benefit eligibility status *	Enroll or increase Spouse Life if spouse lost other coverage	Drop or decrease Spouse Life if spouse gained other coverage

*Changes in employment status that allow a Spouse Life coverage change may include: termination or commencement of employment, commencement of or return from unpaid leave, changes in status such as full-time to part-time or union to non-union (or vice versa), and similar events that affect your or your spouse's benefits eligibility.

If a spouse first becomes eligible as a result of a Qualifying Life Event, Spouse Life coverage up to \$25,000 may be added without a *Statement of Health*. A *Statement of Health* approved by MetLife is required for Spouse Life coverage levels greater than \$25,000.

LIFE INSURANCE

Otherwise, a late enrollment in Spouse Life requires a *Statement of Health* approved by MetLife before the coverage can become effective. A late enrollment is a request made later than 31 days after your spouse first becomes eligible.

Qualifying Life Events for Child Life

If you experience a Qualifying Life Event, you may be permitted to change your Child Life coverage during the middle of a plan year without waiting until the next Open Enrollment period. Depending on the event, you can add, increase, drop or decrease the coverage level, provided that changes you make following a Qualifying Life Event must be on account of and consistent with the event.

Following is a listing of the types of Child Life changes that may be permitted following the various Qualifying Life Events:

Event	Enrollment or Increase Permitted	Cancellation or Decrease Permitted
Dependent child events		
Birth, adoption, placement for adoption, appointment of legal guardianship, or death of child	Enroll or increase Child Life if child is gained	Drop or decrease Child Life if child is lost
Satisfying or ceasing to satisfy dependent requirements (e.g., becoming full-time student or reaching age 25)	Enroll or increase Child Life if child gains dependent status	Drop or decrease Child Life if child loses dependent status
Employee events		
Employee's change in employment or benefit eligibility status*	Enroll or increase Child Life consistent with event	Drop or decrease Child Life consistent with event
Spouse events		
Marriage	Enroll or increase Child Life	Drop or decrease Child Life
Divorce, annulment or death of spouse	Enroll or increase Child Life	Drop or decrease Child Life
Spouse's change in employment or benefit eligibility status *	Enroll or increase Child Life consistent with event	Drop or decrease Child Life consistent with event

*Changes in employment status that allow a Child Life coverage change may include: termination or commencement of employment, commencement of or return from unpaid leave, changes in status such as full-time to part-time or union to non-union (or vice versa), and similar events that affect your, your spouse's or your child's benefits eligibility.

Child Life coverage can be added or increased to any level up to a maximum amount of \$10,000.

LIFE INSURANCE

IMPORTANT! When you experience a Qualifying Life Event, you must complete an *Employee Benefits Enrollment and Life Event Changes* form. Your form must be received in the Human Resources Center **within 31 days of the event** or you must wait until the next annual Open Enrollment to make a change to your benefits.

If a spouse or child becomes **ineligible** as a result of a Qualifying Life Event, that person's coverage will automatically be dropped effective at the end of the month in which the event occurs, regardless of when Dominion receives notice of the event. However, if you do not return your paperwork to drop the ineligible person **within 31 days of the event**, you will not be permitted to change your payroll deduction amounts until the next annual Open Enrollment or another Qualifying Life Event and you must continue to pay the same amount to the Plan even though the affected person is no longer receiving coverage under the Plan.

Qualifying Life Event changes take effect:

- Adding or increasing coverage for changes that do not require an approved *Statement of Health*
 - If the form is received in the Human Resources Center before or on the date of the event, the effective date is the date of the event; or
 - If the form is received in the Human Resources Center after the date of the event but within 31 days of the event, the effective date is the first of the month following receipt of the form.
- Canceling or decreasing coverage
 - If the form is received in the Human Resources Center before or during the month of the event, the effective date is the end of the month of the event; or
 - If the form is received in the Human Resources Center during the month after the event, but within 31 days of the event, the effective date is the last day of the month when the form was received in the Human Resources Center.

Open Enrollment

During Open Enrollment in the fall of each year, you can elect or cancel coverage or change the amount of coverage for your spouse and/or dependent child(ren). Changes you make are effective the following January 1.

You can elect levels of Spouse Life coverage up to \$250,000. A *Statement of Health* approved by MetLife is required for Spouse Life coverage of \$50,000 or more.

Rehire/Reinstate

If your employment terminates and you return to work for Dominion in an eligible category for benefits enrollment, your benefit enrollment election depends on the number of days you did not work for Dominion:

- If you return to work in 31 days or less from your termination date your benefit elections are the same elections that were in effect on your termination date. If the same benefit election(s) are not available you are eligible to make a new election, but only for the plan that changed, if another plan is available; or
- If you return to work after 31 days from your termination date, you are required to make new benefit elections.

LIFE INSURANCE

AMOUNT OF COVERAGE

Payroll contributions for Dependent Life Insurance are deducted from your pay on an after-tax basis. Any death benefits that may be received under the Plan are tax free to you.

Spouse Life

You can elect Dependent Life Insurance for your spouse in the following amounts:

- \$5,000;
- \$10,000;
- \$25,000;
- \$50,000;
- \$100,000;
- \$150,000;
- \$200,000, or
- \$250,000.

The amount of insurance you elect for your spouse cannot exceed 100% of the amount of Employee Life Insurance you elect for yourself.

A *Statement of Health* approved by MetLife is required when electing Spouse Dependent Life coverage of \$50,000 or more.

Child Life

The coverage amount that you elect covers each of your eligible children for that amount, regardless of the number of children you have. You may elect Dependent Life Insurance for your child(ren) in the following amounts:

- \$2,500 per child;
- \$5,000 per child; or
- \$10,000 per child.

If both you and your spouse work for Dominion, you may be insured both as an employee and as a dependent. You and your spouse both may provide coverage for your dependent children. In the event of death, a benefit is paid under each policy covering the deceased individual.

BENEFICIARY

Dependent Life Insurance pays *you* a benefit if a covered dependent should die. You are automatically the beneficiary of any benefits that may be paid from the Dependent Life Insurance Plan.

If you are not alive, benefits are paid in the following order to your:

- spouse;
- children (in equal shares);
- parents (in equal shares);
- siblings (in equal shares); or
- estate.

LIFE INSURANCE

ACCELERATED BENEFIT OPTION

If you are enrolled in Spouse Life of \$25,000 or more, your spouse is eligible for an accelerated benefit. See "Accelerated Benefit Option" under Employee Life.

SPECIAL COVERAGE RULES

Leave of Absence

If you are granted an approved leave of absence, your Dependent Life coverage under this Plan can continue.

FILING A CLAIM

A claim can be initiated by contacting your local HR representative or the HR Center at 1-800-730-7230.

CLAIM APPEAL

See "Claim Appeal" under Employee Life.

WHEN COVERAGE ENDS

Coverage for your spouse and children end if any of the following occur:

- You retire. Retirement status is effective on the last day of the month;
- You are awarded Long-Term Disability by Dominion;
- You die;
- You are no longer eligible for Employee Life Insurance coverage;
- Your employment with Dominion terminates;
- Your dependents no longer qualify as eligible dependents;
- You stop making payments during an unpaid leave of absence; or
- The termination of the Plan causes coverage to end.

Coverage for children who are not full-time students ends on the last day of the month they reach age 19. Coverage for children who are full-time students ends on the last day of the month in which they are no longer a full-time student or reach age 25, whichever comes first.

Coverage for children who marry ceases on the last day of the month during which the marriage occurs.

CONVERSION TO AN INDIVIDUAL POLICY

Your dependents may convert their life insurance coverage to an individual policy if their coverage ends for any reason other than an election to waive the dependent coverage.

If your dependent wants an individual policy, he or she must apply to MetLife within 31 days after your group coverage ends. If this is done within 31 days, your dependent does *not* need a doctor's exam to get coverage. The cost of coverage varies based on the ages of your dependents and other factors at the time of conversion.

LIFE INSURANCE

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If your covered dependent dies within 31 days after group coverage ends, benefits are paid regardless of whether your dependent has applied for an individual policy. Benefits are not, however, paid from both the group policy and the conversion policy, if any.

LIFE INSURANCE

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

ELIGIBILITY

If you are a regular, full-time or part-time non-union employee scheduled to work at least 1,000 hours per year, and you are enrolled in Employee Life Insurance, you are covered by AD&D.

ENROLLMENT

New Hire

Your AD&D coverage starts on the same date as your Employee Life. You do not enroll for AD&D coverage.

AMOUNT OF COVERAGE

You automatically are covered for AD&D in the amount of 1 times your annual base pay (rounded to the next higher \$1,000).

The amount of AD&D coverage you have is determined by two factors:

- The level of Employee Life Insurance coverage you elect; and
- Your annual base pay for full-time employees, or your hourly rate times 1,040 for part-time employees. *Note: If you transfer from full-time to part-time employment status at any time after becoming eligible for retirement, the base pay used to determine your life insurance amount will be your annual base pay in effect immediately prior to your transfer to part-time status.*

Annual base pay means your pay (prior to any pre-tax contributions you make toward benefits) rounded up to the next higher \$1,000. Annual base pay does not include bonuses, supplements, overtime or other special payments.

The maximum AD&D benefit is \$2,000,000 per employee. The maximum combined benefit (Employee Life plus AD&D) is \$6,000,000.

The amount of your AD&D coverage automatically changes when your pay changes. If you are not in an active pay status and actively at work (or otherwise physically capable of being actively at work) on the day your base pay changes, the resulting change in the amount of your AD&D coverage does not become effective until you return to active work.

Death Benefit

If MetLife determines your death was due to an accident, your beneficiary receives AD&D benefits *in addition* to your Employee Life Insurance benefits. Your AD&D amount is the same as your Employee Life Insurance amount.

Example of AD&D Death Benefit

An employee's annual base pay is \$40,000, and he elects Employee Life Insurance coverage equal to 1 times his annual base pay:

In the event of an accidental death, the beneficiary receives an AD&D benefit of \$41,000 (annual base pay rounded to the next higher \$1,000).

LIFE INSURANCE

(In addition, the beneficiary receives the Employee Life Insurance benefit of \$41,000, for a total benefit of \$82,000.)

Dismemberment Benefit

The following table shows the percentage of the AD&D benefit you receive in the event of a covered loss.

Covered losses*	Percentage of AD&D benefit coverage
Both hands or both feet	100%
One hand and one foot	100%
Entire sight of both eyes	100%
One hand or one foot and the entire sight of one eye	100%
Speech and hearing	100%
One arm or one leg	75%
One hand or one foot	50%
Entire sight of one eye	50%
Speech or hearing	50%
Thumb and index finger of same hand	25%
Paralysis of both arms and both legs	100%
Paralysis of both legs	50%
Paralysis of the arm and leg on either side of the body	50%

**Note: The loss of a foot means permanent severance at or above the ankle but below the knee; loss of a hand means permanent severance at or above the wrist but below the elbow; loss of an arm means permanent severance at or above the elbow; loss of a leg means permanent severance at or above the knee; loss of sight means complete and uncorrectable loss; loss of thumb and index finger means permanent severance through or above the third joint from the tip of the index finger and the second joint from the tip of the thumb; loss of speech means the entire and irrecoverable loss of speech that continues for 6 consecutive months following the accidental injury; loss of hearing means the entire and irrecoverable loss of hearing in both ears that continues for 6 consecutive months following the accidental injury; paralysis means the loss of use of a limb without severance (a physician must determine the paralysis to be permanent, complete and irreversible).*

If you suffer one or more losses in a single accident, you do not receive more than 100% of the AD&D benefit provided by the Plan.

Example of AD&D Dismemberment Benefit

An employee's annual base pay is \$40,000, and he elects Employee Life Insurance coverage equal to 1 times his annual base pay. The employee's AD&D coverage is \$41,000 (annual base pay rounded to the next higher \$1,000).

Should the employee lose one hand in an accident, the employee receives a payment of 50% of the \$41,000 AD&D benefit amount, i.e. \$20,500.

LIFE INSURANCE

SPECIAL CIRCUMSTANCES

Air Bag Benefit

If your air bag is deployed during an accident and you die as a result of the accident while driving or riding in a passenger car and wearing a properly fastened seat belt, an additional benefit will be paid in the amount of 5% of the AD&D benefit, to a maximum of \$10,000. When the Air Bag Benefit and the Seat Belt Benefit both apply, the combined additional benefit can not exceed 15% of the AD&D benefit amount, up to a combined maximum of \$35,000.

Brain Damage Benefit

If you suffer brain damage that manifests itself within 30 days of an accidental injury requiring hospitalization for at least 5 days and the brain damage persists for 12 consecutive months after the injury, an additional benefit will be paid equal to 100% of the AD&D benefit amount.

Child Care Benefit

The Child Care Benefit provides up to an additional \$5,000 per year and an overall maximum of 12% of the AD&D benefit amount for each eligible dependent child, 12 years of age or younger, to attend a licensed child care center for up to 4 consecutive years as long as the eligible child is enrolled in a child care center at the time of your accidental death.

If no child qualifies, \$1,000 will be paid to your beneficiary.

Child Education Benefit

The Child Education Benefit provides an additional benefit equal to the tuition charges for each eligible dependent child to attend college or another accredited institution for up to 4 consecutive years as long as the child is enrolled in an accredited college, university or vocational school above the 12th grade level at the time of your accidental death; or is at the 12th grade level and, within one year after your accidental death, enrolls as a full-time student in an accredited college, university or vocational school. The benefit amount will not exceed \$10,000 per year and an overall maximum of 20% of your AD&D benefit amount.

If at the time of the accident there are no dependents who qualify for the education benefit, the plan will pay an additional benefit of \$1,000 to your designated beneficiary.

Coma Benefit

If you go into a coma, independent of other causes, within 30 days of an accidental injury and remain comatose for 7 consecutive days, an additional benefit will be paid equal to 1% monthly of your AD&D benefit amount up to a maximum of 60 months.

Common Carrier Benefit

The Common Carrier Benefit pays an additional benefit in an amount equal to 100% of the AD&D benefit amount if you die as a result of an accidental injury while traveling in a common carrier.

Exposure

A loss may be considered the direct result of an accidental injury if it results from unavoidable exposure to the elements and such exposure was a direct result of an accident.

LIFE INSURANCE

Hospital Confinement Benefit

Hospital Confinement Benefit pays an additional monthly benefit for up to 12 continuous months equal to 1% of the AD&D benefit amount if you are confined in a hospital as a result of an accidental injury. Benefits begin on the 5th day of continuous confinement and are subject to a monthly limit of \$2,500.

Benefits will be pro-rated for a partial month of confinement. If you are hospitalized more than once for any one accident, only the first confinement will be eligible.

Presumption of Death

You will be presumed to have died as a result of an accidental injury if the aircraft or other vehicle operated by a common carrier in which you are traveling disappears, sinks or is wrecked and your body is not found within 1 year of the date the aircraft or other vehicle was scheduled to have arrived at its destination; or, if not traveling in an aircraft or other vehicle operated by a common carrier, the date you are reported missing to authorities.

Seat Belt Benefit

If you die from injuries sustained in an accident while driving or riding in a passenger car and were wearing a properly fastened seat belt, an additional benefit will be paid equal to 10% of the AD&D benefit amount, subject to a minimum benefit of \$1,000, up to a maximum of \$25,000. When the Seat Belt Benefit and the Air Bag Benefit both apply, the combined additional benefit can not exceed 15% of the AD&D amount, up to a combined maximum of \$35,000.

Spouse Education Benefit

If your spouse is enrolled in an accredited school on the date of your death, or enrolls in such a school within 12 months of your death, an additional amount will be paid equal to the tuition charges for 1 academic year up to \$5,000 per year. The overall maximum additional benefit is 3% of the AD&D benefit amount. If there is no spouse who qualifies, \$1,000 will be paid to your beneficiary.

BENEFICIARY

The beneficiary you designate for Employee Life Insurance also receives your benefit from AD&D if MetLife determines your death was due to an accident. You may change this designation at any time by completing and sending a *Life Insurance Beneficiary Designation* form to the Human Resources Center, OJRP-13. You can access this form through DomNet or by contacting the Human Resources Center, 1-800-730-7230. The change is effective the date the form is received in the Human Resources Center. If you die without a valid beneficiary, death benefits are paid in the same manner as Employee Life Insurance.

WHAT AD&D DOES NOT COVER

Benefits are not paid for any loss caused or contributed to by:

- Physical or mental illness or infirmity or the diagnosis or treatment of such illness or infirmity;
- Infection, other than infection occurring in an external accidental wound;
- Suicide or attempted suicide;
- Intentionally self-inflicted injury;

LIFE INSURANCE

- Service in the armed forces of any country or international authority, except the United States National Guard;
- Any incident related to:
 - Travel in an aircraft as a pilot, crew member, flight student or while acting in any capacity other than as a passenger;
 - Travel in an aircraft for the purpose of parachuting or otherwise exiting from such aircraft while it is in flight;
 - Parachuting or otherwise exiting from an aircraft while such aircraft is in flight, except for self-preservation; or
 - Travel in an aircraft or device used:
 - § For testing or experimental purposes;
 - § By or for any military authority ; or
 - § For travel or designed for travel beyond the earth's atmosphere;
- Committing or attempting to commit a felony;
- The voluntary intake or use by any means of:
 - Any drug, medication or sedative, unless it is:
 - § Taken or used as prescribed by a Physician, or
 - § An "over the counter" drug, medication or sedative taken as directed;
 - Alcohol in combination with any drug, medication or sedative;
 - Poison, gas, or fumes; or
- War, whether declared or undeclared; or act of war, insurrection, rebellion or riot.

Exclusion for Intoxication

Benefits are not payable under AD&D for any loss if you are intoxicated at time of the incident and the operator of the vehicle or other device involved in the incident. Intoxicated means that your blood alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident occurred.

FILING A CLAIM

A claim can be initiated by contacting your local HR representative or the HR Center at 1-800-730-7230.

CLAIM APPEAL

See "Claim Appeal" under Employee Life.

WHEN COVERAGE ENDS

AD&D coverage ends if any of the following occurs:

- You retire. Retirement status is effective on the last day of the month;
- You terminate employment with Dominion;
- You are awarded Long-Term Disability by Dominion;
- You die; or
- Dominion terminates the Plan.

LIFE INSURANCE

BUSINESS TRAVEL ACCIDENT

ELIGIBILITY

Regular, full-time and part-time non-union employees scheduled to work at least 1,000 hours per year, who travel on Dominion business away from the office or work location are covered by Business Travel Accident insurance.

Business travel means “travel” undertaken at the request of Dominion that is intended to further Dominion’s business. Travel time includes the period from the time you leave your home, office or work location, whichever occurs last, to the time you return to your home, office or work location, whichever occurs first. Travel also includes the time spent at your hotel, conference, or any activity reasonably related to your business trip. “Travel” includes travel by foot, automobile, train, boat, motorcycle or aircraft, as well as boarding or leaving any of the above. The term “aircraft” includes:

- Any commercial aircraft;
- Any aircraft leased/owned by Dominion; or
- Any aircraft operated by the Military Airlift Command or similar military transport service of another country.

The aircraft must be certified as airworthy and operated by a certified pilot. Coverage is included for aircraft accidents caused by hijacking, air piracy or any unlawful seizure or attempted seizure of an aircraft.

ENROLLMENT

Coverage starts on your first day of work with Dominion. You do not enroll for Business Travel Accident coverage.

AMOUNT OF COVERAGE

Death Benefit

- \$250,000 if you die in an accident while on Dominion business; or
- \$250,000 if you die in an accident while on a Dominion-leased aircraft.

See Age Reduction Schedule below.

Benefits are paid for losses that result directly from bodily injury caused while traveling on Dominion business away from your office or work location.

A percentage of the death benefit is paid if you permanently lose certain limbs, eyesight, speech or hearing in an air travel accident while on Dominion business.

The maximum benefit for losses from the same accident where several employees are involved is \$5,000,000. The benefit amount for guests and spouses of covered officers is \$200,000.

LIFE INSURANCE

AGE REDUCTION SCHEDULE

Age at date of loss	Benefit amount based on selected principal sum
70-74	65%
75-79	45%
80-84	30%
85 and over	15%

Business Travel Accident benefits are in addition to all other insurance benefits.

Dismemberment Benefit

You receive a benefit if, as a result of and within one year of a Business Travel Accident, you experience any of the following losses:

- A limb;
- The sight in one or both eyes;
- Your speech or hearing; or
- Your thumb and index finger of the same hand.

The following table shows the losses and their corresponding benefit amounts:

If you lose	Percentage of Business Travel Accident benefit coverage
Both hands or both feet	100%
Speech and hearing	100%
One hand and one foot	100%
Entire sight of both eyes	100%
One hand or one foot and the entire sight of one eye	100%
One hand or one foot	50%
Speech or hearing	50%
Entire sight of one eye	50%
Thumb and index finger of the same hand	25%

If you suffer more than one loss in a single accident, you do not receive more than 100% of the Business Travel Accident benefit.

The loss of a foot means the actual severance at or above the ankle; loss of a hand means severance at or above the wrist; loss of sight, hearing, or speech means complete and irrecoverable loss; loss of thumb and index finger means the actual severance through or above the joint that connects the thumb or finger to the hand.

BENEFICIARY

The beneficiary for your benefits under Business Travel Accident is the same as the designated beneficiary for benefits under Employee Life Insurance.

WHAT THE PLAN DOES NOT COVER

The Business Travel Accident Plan does not pay for any loss due to:

- Suicide or attempted suicide or intentionally self-inflicted injuries;
- Sickness or disease, or diagnostic tests or treatment, except for infection that occurs directly from an accidental cut or wound;
- Everyday travel to and from work;

LIFE INSURANCE

- Loss caused by or resulting from illness, disease, or bodily infirmity;
- Travel undertaken on a bona fide vacation;
- Service in the armed forces of any country; or
- Committing or attempting to commit a felony.

Also, unless prior written approval has been received from the insurance company, the Plan does not pay for any loss due to:

- An accident that occurs while the aircraft is used for training or instruction;
- Flying that requires a special permit or waiver; and
- War or act of war, declared or certain undeclared.*

*The insurance company has a list of countries designated as "War Risk Zones." Travel to any country on this list needs approval from the insurance company before coverage is provided.

WHEN COVERAGE ENDS

Your Business Travel Accident coverage ends if any of the following occurs:

- You are awarded Long Term Disability benefits by Dominion;
- Your employment with Dominion ends;
- You retire. Retirement status is effective on the last day of the month; or
- Dominion terminates the Plan.

If your coverage under this Plan is terminated, you are still able to receive benefits in accordance with Business Travel Accident provisions for losses that occurred while your coverage was in effect.

FILING A CLAIM

To request a claim form for Business Travel Accident insurance, you or your beneficiary can contact the HR Center at 1-800-730-7230.

For a non-fatal accident under Business Travel Accident, all related medical information must be provided with the claim form. In the case of a death, a certified copy of the death certificate stating the cause of death must be provided.

The insurance company may, at their own expense:

- Have doctors examine you as often as reasonably necessary when a claim is pending or benefits are being paid; and
- Request an autopsy in the case of death, except in cases where the law forbids it.

CLAIM APPEAL

Initial Determination

After Life Insurance Company of North America receives your claim for benefits, they will review your claim and notify you of their decision to approve or deny your claim.

Such notification will be provided to you within a reasonable period, not to exceed 90 days from the date Life Insurance Company of North America received your claim, unless they notify you within that period that there are special circumstances requiring an extension of time of up to 90 additional days.

LIFE INSURANCE

If Life Insurance Company of North America denies your claim in whole or in part, the notification of the claims decision will state the reason why your claim was denied and reference the specific Plan provision(s) on which the denial is based. If the claim is denied because Life Insurance Company of North America did not receive sufficient information, the claims decision will describe the additional information needed and explain why such information is needed. The notification will also include a description of the Plan review procedures and time limits, including a statement of your right to bring a civil action if your claim is denied after an appeal.

Appealing the Initial Determination

In the event a claim has been denied in whole or in part, you or, if applicable, your beneficiary can request a review of your claim. This request for review should be sent in writing to:

Life Insurance Company of North America
1600 W. Carson
Pittsburgh, PA 15219

Claims should be sent within 60 days after you or, if applicable, your beneficiary received notice of denial of the claim. When requesting a review, please state the reason you or, if applicable, your beneficiary believes the claim was improperly denied and submit in writing any written comments, documents, records or other information you or, if applicable, your beneficiary wishes to have considered. Upon your written request, Life Insurance Company of North America will provide you free of charge with copies of relevant documents, records and other information.

Life Insurance Company of North America will re-evaluate all the information, will conduct a full and fair review of the claim, and you or, if applicable, your beneficiary will be notified of the decision. Such notification will be provided within a reasonable period not to exceed 60 days from the date they received your request for review, unless they notify you within that period that there are special circumstances requiring an extension of time of up to 60 additional days.

If Life Insurance Company of North America denies the claim on appeal, they will send you a final written decision that states the reason(s) why the claim you appealed is being denied, references any specific Plan provision (s) on which the denial is based, any voluntary appeal procedures offered by the Plan, and a statement of your right to bring a civil action if your claim is denied after an appeal. Upon written request, Life Insurance Company of North America will provide you free of charge with copies of relevant documents and records.

LIFE INSURANCE

DISCRETIONARY AUTHORITY

Dominion Resources Services, Inc., as the Plan Administrator, has the broadest discretion permissible under ERISA and any other applicable laws. Dominion Resources Services, Inc., as the Plan Administrator, has delegated to MetLife (for Employee and Dependent Life and AD&D) and to Life Insurance Company of North America (for Business Travel Accident) full discretionary authority to make benefit determinations under the Plan. MetLife and Life Insurance Company of North America may act directly or through their employees and agents. Benefit determinations include determining eligibility for benefits and the amount of any benefits, resolving factual disputes, and interpreting and enforcing the provisions of the Plan. All benefit determinations must be reasonable and based on the terms of the Plan and the facts and circumstances of each claim. Benefits under the Plan will be paid only if MetLife or Life Insurance Company of North America, as appropriate, decides in its discretion that you are entitled to them.

PLAN DOCUMENTS

This information has been prepared to describe the Life Insurance benefits available to you and your eligible dependents. If there is a conflict between this information and the official documents and contracts that govern the operations of the Life Insurance benefits, those official documents and contracts govern.

YOUR BENEFIT PLAN

Peoples Natural Gas Company LLC

**For Full-Time and Part-Time Employees
and
For Full-Time and Part-Time Employees
Represented by UWUA Local 69-1**

Basic Life Insurance

Supplemental Life Insurance

Dependent Life Insurance

Accidental Death and Dismemberment Insurance

Supplemental Accidental Death and Dismemberment Insurance

Certificate Date: January 1, 2011

Peoples Natural Gas Company LLC
1201 Pitt Street
Pittsburgh, PA 15221

TO OUR EMPLOYEES:

All of us appreciate the protection and security insurance provides.

This certificate describes the benefits that are available to you. We urge you to read it carefully.

Peoples Natural Gas Company LLC



Metropolitan Life Insurance Company
200 Park Avenue, New York, New York 10166

CERTIFICATE OF INSURANCE

Metropolitan Life Insurance Company ("MetLife"), a stock company, certifies that You and Your Dependents are insured for the benefits described in this certificate, subject to the provisions of this certificate. This certificate is issued to You under the Group Policy and it includes the terms and provisions of the Group Policy that describe Your insurance. **PLEASE READ THIS CERTIFICATE CAREFULLY.**

This certificate is part of the Group Policy. The Group Policy is a contract between MetLife and the Policyholder and may be changed or ended without Your consent or notice to You.

Policyholder: Peoples Natural Gas Company LLC

Group Policy Number: 146094-1-G

Type of Insurance: Term Life & Accidental Death and Dismemberment Insurance

MetLife Toll Free Number(s):
For Claim Information FOR LIFE CLAIMS: 1-800-638-6420

THIS CERTIFICATE ONLY DESCRIBES TERM LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE.

THE BENEFITS OF THE POLICY PROVIDING YOU COVERAGE ARE GOVERNED PRIMARILY BY THE LAWS OF A STATE OTHER THAN FLORIDA.

THE GROUP INSURANCE POLICY PROVIDING COVERAGE UNDER THIS CERTIFICATE WAS ISSUED IN A JURISDICTION OTHER THAN MARYLAND AND MAY NOT PROVIDE ALL THE BENEFITS REQUIRED BY MARYLAND LAW.

WE ARE REQUIRED BY STATE LAW TO INCLUDE THE NOTICE(S) WHICH APPEAR ON THIS PAGE AND IN THE NOTICE(S) SECTION WHICH FOLLOWS THIS PAGE. PLEASE READ THE(SE) NOTICE(S) CAREFULLY.

For Texas Residents:

Para Residentes de Texas:

IMPORTANT NOTICE

AVISO IMPORTANTE

To obtain information or make a complaint:

Para obtener información o para someter una queja:

You may call MetLife's toll free telephone number for information or to make a complaint at

Usted puede llamar al numero de teléfono gratis de MetLife para información o para someter una queja al

1-800-638-6420

1-800-638-6420

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at

Puede comunicarse con el Departamento de Seguros de Texas para obtener información acerca de compañías, coberturas, derechos o quejas al

1-800-252-3439

1-800-252-3439

You may write the Texas Department of Insurance

Puede escribir al Departamento de Seguros de Texas

P.O. Box 149104
Austin, TX 78714-9104
Fax # (512) 475-1771

P.O. Box 149104
Austin, TX 78714-9104
Fax # (512) 475-1771

Web: <http://www.tdi.state.tx.us>

Web: <http://www.tdi.state.tx.us>

Email: ConsumerProtection@tdi.state.tx.us

Email: ConsumerProtection@tdi.state.tx.us

PREMIUM OR CLAIM DISPUTES: Should You have a dispute concerning Your premium or about a claim, You should contact MetLife first. If the dispute is not resolved, You may contact the Texas Department of Insurance.

DISPUTAS SOBRE PRIMAS O RECLAMOS: Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con MetLife primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

ATTACH THIS NOTICE TO YOUR CERTIFICATE:

This notice is for information only and does not become a part or condition of the attached document.

UNA ESTE AVISO A SU CERTIFICADO:

Este aviso es solo para propósito de información y no se convierte en parte o condición del documento adjunto.

NOTICE FOR RESIDENTS OF ALL STATES

LIFE INSURANCE BENEFITS WILL BE REDUCED IF AN ACCELERATED BENEFIT IS PAID

DISCLOSURE: The Life Insurance accelerated benefit offered under this certificate is intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. If this benefit qualifies for such favorable tax treatment, the benefit will be excludable from Your income and not subject to federal taxation. Tax laws relating to accelerated benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which You could receive an accelerated benefit excludable from income under federal law.

DISCLOSURE: Receipt of an accelerated benefit may affect Your, Your Spouse's or Your family's eligibility for public assistance programs such as Medical Assistance (Medicaid), Aid to Families with Dependent Children (AFDC), Supplementary Social Security Income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such payment will affect Your, Your Spouse's and Your family's eligibility for public assistance.

NOTICE FOR RESIDENTS OF TEXAS

Definition of Child

For Texas Residents (Life Insurance):

The term also includes Your grandchildren. The limiting age for children and grandchildren will not be less than 25 regardless of student status or military service status. Grandchildren must be able to be claimed by You as a dependent for Federal Income Tax purposes at the time You applied for Insurance.

NOTICE FOR RESIDENTS OF ARKANSAS

If You have a question concerning Your coverage or a claim, first contact the Policyholder or group account administrator. If, after doing so, You still have a concern, You may call the toll free telephone number shown on the Certificate Face Page.

If You are still concerned after contacting both the Policyholder and MetLife, You should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201
(501) 371-2640 or (800) 852-5494

NOTICE FOR RESIDENTS OF CALIFORNIA

IMPORTANT NOTICE

TO OBTAIN ADDITIONAL INFORMATION, OR TO MAKE A COMPLAINT, CONTACT THE POLICYHOLDER OR THE METLIFE CLAIM OFFICE SHOWN ON THE EXPLANATION OF BENEFITS YOU RECEIVE AFTER FILING A CLAIM.

IF, AFTER CONTACTING THE POLICYHOLDER AND/OR METLIFE, YOU FEEL THAT A SATISFACTORY SOLUTION HAS NOT BEEN REACHED, YOU MAY FILE A COMPLAINT WITH THE CALIFORNIA INSURANCE DEPARTMENT AT:

**DEPARTMENT OF INSURANCE
300 SOUTH SPRING STREET
LOS ANGELES, CA 90013
1 (800) 927-4357**

NOTICE FOR RESIDENTS OF GEORGIA

IMPORTANT NOTICE

The laws of the state of Georgia prohibit insurers from unfairly discriminating against any person based upon his or her status as a victim of family violence.

NOTICE FOR RESIDENTS OF IDAHO

If You have a question concerning Your coverage or a claim, first contact the Policyholder. If, after doing so, You still have a concern, You may call the toll free telephone number shown on the Certificate Face Page.

If You are still concerned after contacting both the Policyholder and MetLife, You should feel free to contact:

Idaho Department of Insurance
Consumer Affairs
700 West State Street, 3rd Floor
PO Box 83720
Boise, Idaho 83720-0043
1-800-721-3272 or www.DOI.Idaho.gov

NOTICE FOR RESIDENTS OF ILLINOIS

IMPORTANT NOTICE

To make a complaint to MetLife, You may write to:

MetLife
200 Park Avenue
New York, New York 10166

The address of the Illinois Department of Insurance is:

Illinois Department of Insurance
Public Services Division
Springfield, Illinois 62767

NOTICE FOR MASSACHUSETTS RESIDENTS

CONTINUATION OF ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE

1. If Your AD&D Insurance ends due to a Plant Closing or Covered Partial Closing, such insurance will be continued for 90 days after the date it ends.
2. If Your AD&D Insurance ends because:
 - You cease to be in an Eligible Class; or
 - Your employment terminates;

for any reason other than a Plant Closing or Covered Partial Closing, such insurance will continue for 31 days after the date it ends.

Continuation of Your AD&D Insurance under the CONTINUATION WITH PREMIUM PAYMENT subsection will end before the end of continuation periods shown above if You become covered for similar benefits under another plan.

Plant Closing and **Covered Partial Closing** have the meaning set forth in Massachusetts Annotated Laws, Chapter 151A, Section 71A.

NOTICE FOR RESIDENTS OF MINNESOTA

This is a life insurance policy which pays accelerated death benefits at your option under conditions specified in the policy. This policy is not a long-term care policy meeting the requirements of sections M.S.62A.46 to 62A.56 or chapter 62S.

**NOTICE FOR RESIDENTS OF MINNESOTA
CONTINUATION OF BASIC LIFE INSURANCE WITH PREMIUM PAYMENT**

If Your Life Insurance ends due to termination of Your employment for any reason other than gross misconduct, You may continue such insurance for You.

If You are eligible for continuation of Life insurance, Your employer will notify You of:

- Your right to elect to continue Life Insurance for You;
- the amount You must pay each month to Your employer to keep such insurance in force;
- instructions for payment; and
- the time that payments are due.

The amount of the premium You will be required to pay for continuation of Life Insurance will not exceed 102 percent of the amount of premium required to be paid for active employees in Your class for such insurance (this includes any premium amounts paid by the employer as well as the employee).

You will have 60 days within which to elect to continue Life Insurance under this section. The 60 day period begins to run on the date Life Insurance would otherwise end or on the date upon which notice of the right to continue Life Insurance is received, whichever is later. If You die during the 60 day election period, we will consider You to have elected to continue Life Insurance under this section.

If Your employer fails to notify You of Your right to continue insurance under this section, or fails to forward a required premium to Us that You have paid, causing insurance for You to end, then Your employer will become liable for these benefits to the same extent as, and in place of, us.

If You continue Life Insurance under this section, any reductions in Life Insurance that would have applied if You were Actively at Work apply to the continued insurance.

Continuation of Life Insurance under this section will end on the earliest of:

- the date the group policy ends for all employees or for the class of employees to which you belonged when Your Active Work ceased;
- the date you fail to make a required premium payment when due;
- the date you become covered for life insurance under this or any other group term life insurance plan.
- the end of 18 months following the date Your Active Work ended.

When a continuation under this section ends, You may buy an individual policy of life insurance from Us. The details of this option are described in the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU. For the purpose of that section, the end of this continuation will be considered the end of your employment.

Effect of Previous Conversion

If You converted Life Insurance to an individual policy, We will only pay Life Insurance under this section if such individual policy is returned to Us. If it is returned to Us, We will refund to Your estate the premiums paid for such policy without interest, less any debt incurred under such policy.

If such individual policy is not returned to Us, We will pay the life insurance in effect under the individual policy.

We will not pay insurance under both the Group Policy and the individual policy.

NOTICE FOR RESIDENTS OF MISSOURI

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

EXCLUSIONS

If You reside in Missouri the exclusion for "suicide or attempted suicide" is as follows:

"suicide or attempted suicide while sane"

NOTICE FOR RESIDENTS OF NORTH CAROLINA

Read your Certificate Carefully.

IMPORTANT CANCELLATION INFORMATION

Please Read The Provisions Entitled

**DATE YOUR INSURANCE ENDS and DATE YOUR INSURANCE FOR
YOUR DEPENDENTS ENDS**

Found on Pages e/ee and e/dep

NOTICE FOR RESIDENTS OF NORTH CAROLINA

UNDER NORTH CAROLINA GENERAL STATUTE SECTION 58-50-40, NO PERSON, EMPLOYER, PRINCIPAL, AGENT, TRUSTEE, OR THIRD PARTY ADMINISTRATOR, WHO IS RESPONSIBLE FOR THE PAYMENT OF GROUP HEALTH OR LIFE INSURANCE OR GROUP HEALTH PLAN PREMIUMS, SHALL:

- (1) CAUSE THE CANCELLATION OR NONRENEWAL OF GROUP HEALTH OR LIFE INSURANCE, HOSPITAL, MEDICAL, OR DENTAL SERVICE CORPORATION PLAN, MULTIPLE EMPLOYER WELFARE ARRANGEMENT, OR GROUP HEALTH PLAN COVERAGES AND THE CONSEQUENTIAL LOSS OF THE COVERAGES OF THE PERSONS INSURED, BY WILLFULLY FAILING TO PAY THOSE PREMIUMS IN ACCORDANCE WITH THE TERMS OF THE INSURANCE OR PLAN CONTRACT, AND
- (2) WILLFULLY FAIL TO DELIVER, AT LEAST 45 DAYS BEFORE THE TERMINATION OF THOSE COVERAGES, TO ALL PERSONS COVERED BY THE GROUP POLICY A WRITTEN NOTICE OF THE PERSON'S INTENTION TO STOP PAYMENT OF PREMIUMS. THIS WRITTEN NOTICE MUST ALSO CONTAIN A NOTICE TO ALL PERSONS COVERED BY THE GROUP POLICY OF THEIR RIGHTS TO HEALTH INSURANCE CONVERSION POLICIES UNDER ARTICLE 53 OF CHAPTER 58 OF THE GENERAL STATUTES AND THEIR RIGHTS TO PURCHASE INDIVIDUAL POLICIES UNDER THE FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT AND UNDER ARTICLE 68 OF CHAPTER 58 OF THE GENERAL STATUTES.

VIOLATION OF THIS LAW IS A FELONY. ANY PERSON VIOLATING THIS LAW IS ALSO SUBJECT TO A COURT ORDER REQUIRING THE PERSON TO COMPENSATE PERSONS INSURED FOR EXPENSES OR LOSSES INCURRED AS A RESULT OF THE TERMINATION OF THE INSURANCE.

NOTICE FOR RESIDENTS OF UTAH

**Notice of Protection Provided by
Utah Life and Health Insurance Guaranty Association**

This notice provides a brief summary of the Utah Life and Health Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Utah law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your life, health, or annuity insurance company becomes financially unable to meet its obligations and is taken over by its insurance regulatory agency. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Utah law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Association are:

- Life Insurance
 - o \$500,000 in death benefits
 - o \$200,000 in cash surrender or withdrawal values
- Health Insurance
 - o \$500,000 in hospital, medical and surgical insurance benefits
 - o \$500,000 in long-term care insurance benefits
 - o \$500,000 in disability income insurance benefits
 - o \$500,000 in other types of health insurance benefits
- Annuities
 - o \$250,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$500,000. Special rules may apply with regard to hospital, medical and surgical insurance benefits.

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. Coverage is conditioned on residency in this state and there are substantial limitations and exclusions. For a complete description of coverage, consult Utah Code, Title 3 IA, Chapter 28.

Insurance companies and agents are prohibited by Utah law to use the existence of the Association or its coverage to encourage you to purchase insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between Utah law and this notice, Utah law will control.

To learn more about the above protections, as well as protections relating to group contracts or retirement plans, please visit the Association's website at www.utlifega.org or contact:

Utah Life and Health Insurance Guaranty Assoc.
60 East South Temple, Suite 500
Salt Lake City UT 84111
(801) 320-9955

Utah Insurance Department
3110 State Office Building
Salt Lake City UT 84114-6901
(801) 538-3800

A written complaint about misuse of this Notice or the improper use of the existence of the Association may be filed with the Utah Insurance Department at the above address.

NOTICE FOR RESIDENTS OF VIRGINIA

IMPORTANT INFORMATION REGARDING YOUR INSURANCE

In the event You need to contact someone about this insurance for any reason please contact Your agent. If no agent was involved in the sale of this insurance, or if You have additional questions You may contact the insurance company issuing this insurance at the following address and telephone number:

MetLife
200 Park Avenue
New York, New York 10166
Attn: Corporate Consumer Relations Department

To phone in a claim related question, You may call Claims Customer Service at:
1-800-275-4638

If You have been unable to contact or obtain satisfaction from the company or the agent, You may contact the Virginia State Corporation Commission's Bureau of Insurance at:

The Office of the Managed Care Ombudsman
Bureau of Insurance
P.O. Box 1157
Richmond, VA 23218
1-877-310-6560 - toll-free
1-804-371-9691 - locally
www.scc.virginia.gov - web address
ombudsman@scc.virginia.gov - email

NOTICE FOR RESIDENTS OF WISCONSIN

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

PROBLEMS WITH YOUR INSURANCE? - If You are having problems with Your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve Your problem.

MetLife
Attn: Corporate Consumer Relations Department
200 Park Avenue
New York, NY 10166-0188
1-800-638-5433

You can also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE**, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can contact the **OFFICE OF THE COMMISSIONER OF INSURANCE** by contacting:

Office of the Commissioner of Insurance
Complaints Department
P.O. Box 7873
Madison, WI 53707-7873
1-800-236-8517 outside of Madison or 608-266-0103 in Madison.

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SCHEDULE OF BENEFITS (continued)

This schedule shows the benefits that are available under the Group Policy. You and Your Dependents will only be insured for the benefits:

- for which You and Your Dependents become and remain eligible;
- which You elect, if subject to election; and
- which are in effect.

BENEFIT

BENEFIT AMOUNTS AND HIGHLIGHTS

Life Insurance For You

Basic Life Insurance

For Full-Time and Part-Time employees; and
 For Full-Time and Part-Time employees represented by UWUA Local 69-1:

Basic Life Insurance is **NOT** Portability Eligible Insurance

For Active Employees	An amount equal to Your Basic Annual Earnings rounded to the next higher \$1,000
Maximum Basic Life Benefit.....	\$750,000
Accelerated Benefit Option	Up to 80% of Your Basic Life amount not to exceed \$500,000

For Retirees:

For employees hired prior to January 1, 2005, with at least 10 years of pension service.

Under age 55 on January 1, 2005.....	\$10,000
If age 55 or older on January 1, 2005.....	An amount equal to the lesser of 50% of Your Basic Annual Earnings on the day before the date You retire or \$50,000
For employees represented by UWUA Local 69-1 with at least 10 years of pension service.....	An amount equal to the lesser of 50% of Your Basic Annual Earnings on the day before the date You retire or \$50,000
Maximum Retiree Life Benefit	\$50,000

SCHEDULE OF BENEFITS (continued)

Supplemental Life Insurance

For Full-Time and Part-Time employees; and
 For Full-Time and Part-Time employees represented by UWUA Local 69-1:

Supplemental Life Insurance is Portability Eligible Insurance

For Active Employees who elect:

Option 1	An amount equal to Your Basic Annual Earnings rounded to the next higher \$1,000
Option 2	An amount equal Your Basic Annual Earnings rounded to the next higher \$1,000, multiplied by 2
Option 3	An amount equal to Your Basic Annual Earnings rounded to the next higher \$1,000, multiplied by 3
Option 4	An amount equal to Your Basic Annual Earnings rounded to the next higher \$1,000, multiplied by 4
Maximum Supplemental Life Benefit.....	\$750,000
Non-Medical Issue Amount.....	\$300,000
Accelerated Benefit Option	Up to 80% of Your Supplemental Life amount not to exceed \$500,000

ESTATE RESOLUTION SERVICES

The following Estate Resolution Services are provided at no additional cost to individuals insured for Group Supplemental Life Insurance coverage as described below. If You are eligible to receive these Estate Resolution Services and You or Your Spouse (for the Will Preparation Service) or You or a Beneficiary (for the Probate Service) would like to speak with a representative from Hyatt Legal Services or get the name of a Plan Attorney that you can speak with about these Services, please call (800) 821-6400.

THE FOLLOWING APPLIES TO RESIDENTS OF ALL STATES OTHER THAN TEXAS

Will Preparation Service

If You elect Group Supplemental Life Insurance coverage, a Will Preparation Service (the “Service”) will be made available to You, through a MetLife affiliate (the “Affiliate”), while Your Group Supplemental Life Insurance coverage is in effect. This Service will be made available at no cost to You. It enables You to have a will prepared for You and Your Spouse free of charge by attorneys designated by the Affiliate. If You have a will prepared by an attorney not designated by the Affiliate, You must pay for the attorney’s services directly. Upon Proof of such payment, You will be reimbursed for the attorney’s services in an amount equal to the lesser of the amount You paid for the attorney’s services and the amount customarily reimbursed for such services by the Affiliate.

SCHEDULE OF BENEFITS (continued)**Probate Service**

If You become insured for Group Supplemental Life Insurance coverage and die while such Group Supplemental Life Insurance coverage is in effect, a probate benefit (the "Benefit") will be made available to Your estate, through a MetLife affiliate ("Affiliate").

The Benefit provides for certain probate services to be made available upon Your death, free of charge by attorneys designated by the Affiliate. If probate services are provided by an attorney not designated by the Affiliate, Your estate must pay for those attorney's services directly. Upon Proof of such payment, Your estate will be reimbursed for the attorney's services in an amount equal to the lesser of the amount Your estate paid for the attorney's services and the amount customarily reimbursed for such services by the Affiliate.

This Benefit will be provided at no cost to You and will end on the date Your Group Supplemental Life Insurance coverage ends.

THE FOLLOWING APPLIES TO RESIDENTS OF TEXAS ONLY**Will Preparation Service**

If You elect Group Supplemental Life Insurance coverage, a Will Preparation Service (the "Service") will be made available to You through a MetLife affiliate (the "Affiliate"), as agreed to by the Policyholder and MetLife, while Your Group Supplemental Life Insurance coverage is in effect under this Policy.

Will Preparation Service means a service covering the preparation of wills and codicils for You and Your Spouse. The creation of any testamentary trust is covered. The Will Preparation Service does not include tax planning.

This Service will be made available at no cost to You. It enables You to have a will prepared for You and Your Spouse free of charge by attorneys designated by the Affiliate. If You have a will prepared by an attorney not designated by the Affiliate, You must pay for the attorney's services directly. Upon Proof of such payment, You will be reimbursed for the attorney's services in an amount equal to the lesser of the amount You paid for the attorney's services and the amount customarily reimbursed for such services by the Affiliate.

Probate Service

If You become insured for Group Supplemental Life Insurance coverage and die while such Group Supplemental Life Insurance coverage is in effect, a probate benefit (the "Benefit") will be made available to Your estate, through a MetLife affiliate ("Affiliate").

The Benefit includes attorney representation and payment of legal fees for the executor or administrator of insured employee's estate including representation for the preparation of all documents and all of the court proceedings needed to transfer probate assets from the estate to insured employee's heirs; and the completion of correspondence necessary to transfer non-probate assets such as proceeds from insurance policies, joint bank accounts, stock accounts or a house; and associated tax filings.

The Benefit provides for such services to be made available upon Your death, free of charge by attorneys designated by the Affiliate. If probate services are provided by an attorney not designated by the Affiliate, Your estate must pay for those attorney's services directly. Upon Proof of such payment, Your estate will be reimbursed for the attorney's services in an amount equal to the lesser of the amount Your estate paid for the attorney's services and the amount customarily reimbursed for such services by the Affiliate.

This Benefit will be provided at no cost to You and will end on the date Your Group Supplemental Life Insurance coverage ends.

SCHEDULE OF BENEFITS (continued)

Accidental Death and Dismemberment Insurance (AD&D) for You

Full Amount for Basic AD&D

For Full-Time and Part-Time employees; and
 For Full-Time and Part-Time employees represented by UWUA Local 69-1:

Accidental Death and Dismemberment Insurance for You is **NOT** Portability Eligible Insurance

For Active Employees An amount equal to Your Basic Life Insurance

Maximum Accidental Death and Dismemberment Full Amount..... \$750,000

Additional Benefits:

- Seat Belt Benefit Yes
- Air Bag Use Benefit..... Yes
- Child Care Benefit..... Yes
- Child Education Benefit..... Yes
- Spouse Education Benefit..... Yes
- Hospital Confinement Benefit..... Yes
- Common Carrier Benefit Yes

Schedule of Covered Losses for Accidental Death and Dismemberment Insurance

All amounts listed are stated as percentages of the Full Amount.

Covered Losses

- Loss of life 100%
- Loss of a hand permanently severed at or above the wrist but below the elbow 50%
- Loss of a foot permanently severed at or above the ankle but below the knee..... 50%
- Loss of an arm permanently severed at or above the elbow..... 75%
- Loss of a leg permanently severed at or above the knee..... 75%
- Loss of sight in one eye 50%

Loss of sight means permanent and uncorrectable loss of sight in the eye. Visual acuity must be 20/200 or worse in the eye or the field of vision must be less than 20 degrees.

- Loss of any combination of hand, foot, or sight of one eye, as defined above 100%
- Loss of the thumb and index finger of same hand..... 25%

Loss of thumb and index finger of same hand means that the thumb and index finger are permanently severed through or above the third joint from the tip of the index finger and the second joint from the tip of the thumb.

SCHEDULE OF BENEFITS (continued)

Loss of speech and loss of hearing	100%
Loss of speech or loss of hearing	50%

Loss of speech means the entire and irrecoverable loss of speech that continues for 6 consecutive months following the accidental injury.

Loss of hearing means the entire and irrecoverable loss of hearing in both ears that continues for 6 consecutive months following the accidental injury.

Paralysis of both arms and both legs.....	100%
Paralysis of both legs.....	50%
Paralysis of the arm and leg on either side of the body.....	50%
Paralysis of one arm or leg	25%

Paralysis means loss of use of a limb, without severance. A Physician must determine the paralysis to be permanent, complete and irreversible.

Brain Damage	100%
--------------------	------

Brain Damage means permanent and irreversible physical damage to the brain causing the complete inability to perform all the substantial and material functions and activities normal to everyday life. Such damage must manifest itself within 30 days of the accidental injury, require a hospitalization of at least 5 days and persists for 12 consecutive months after the date of the accidental injury.

Coma	1% monthly beginning on the 7th day of the Coma for the duration of the Coma to a maximum of 60 months
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Coma means a state of deep and total unconsciousness from which the comatose person cannot be aroused. Such state must begin within 30 days of the accidental injury and continue for 7 consecutive days.

SCHEDULE OF BENEFITS (continued)

Full Amount for Supplemental AD&D

For Full-Time and Part-Time employees; and
 For Full-Time and Part-Time employees represented by UWUA Local 69-1:

Supplemental Accidental Death and Dismemberment Insurance for You is Portability Eligible Insurance

Additional Benefits:

Seat Belt Benefit	Yes
Air Bag Use Benefit.....	Yes
Child Care Benefit.....	NONE
Child Education Benefit.....	NONE
Spouse Education Benefit.....	NONE
Hospital Confinement Benefit.....	NONE
Common Carrier Benefit	Yes

Schedule of Covered Losses for Supplemental Accidental Death and Dismemberment Insurance

All amounts listed are stated as percentages of the Full Amount.

Covered Losses

Loss of life	100%
Loss of a hand permanently severed at or above the wrist but below the elbow	50%
Loss of a foot permanently severed at or above the ankle but below the knee.....	50%
Loss of an arm permanently severed at or above the elbow.....	75%
Loss of a leg permanently severed at or above the knee.....	75%
Loss of sight in one eye	50%

Loss of sight means permanent and uncorrectable loss of sight in the eye. Visual acuity must be 20/200 or worse in the eye or the field of vision must be less than 20 degrees.

Loss of any combination of hand, foot, or sight of one eye, as defined above	100%
Loss of the thumb and index finger of same hand.....	25%

Loss of thumb and index finger of same hand means that the thumb and index finger are permanently severed through or above the third joint from the tip of the index finger and the second joint from the tip of the thumb.

Loss of speech and loss of hearing	100%
Loss of speech or loss of hearing.....	50%

Loss of speech means the entire and irrecoverable loss of speech that continues for 6 consecutive months following the accidental injury.

SCHEDULE OF BENEFITS (continued)

Loss of hearing means the entire and irrecoverable loss of hearing in both ears that continues for 6 consecutive months following the accidental injury.

Paralysis of both arms and both legs.....	100%
Paralysis of both legs.....	50%
Paralysis of the arm and leg on either side of the body.....	50%
Paralysis of one arm or leg	25%

Paralysis means loss of use of a limb, without severance. A Physician must determine the paralysis to be permanent, complete and irreversible.

Brain Damage	100%
--------------------	------

Brain Damage means permanent and irreversible physical damage to the brain causing the complete inability to perform all the substantial and material functions and activities normal to everyday life. Such damage must manifest itself within 30 days of the accidental injury, require a hospitalization of at least 5 days and persists for 12 consecutive months after the date of the accidental injury.

Coma	1% monthly beginning on the 7th day of the Coma for the duration of the Coma to a maximum of 60 months
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Coma means a state of deep and total unconsciousness from which the comatose person cannot be aroused. Such state must begin within 30 days of the accidental injury and continue for 7 consecutive days.

If You Are Age 70 Or Older

If you are age 70 or older on the effective date of Your insurance, the amount of Your Basic Life and Basic Accidental Death and Dismemberment insurance on Your effective date of insurance will be limited to 50% of such insurance.

If You are under age 70 on the effective date of Your insurance, the amount of Your Basic Life and Basic Accidental Death and Dismemberment insurance on and after age 70 will be 50% of such insurance in effect on the day before Your 70th birthday.

SCHEDULE OF BENEFITS (continued)

Life Insurance For Your Dependents

For Full-Time and Part-Time employees; and
 For Full-Time and Part-Time employees represented by UWUA Local 69-1:

Life Insurance for Your Dependents is Portability Eligible Insurance

For Your Spouse.....	An amount, elected by You, which is a multiple of \$5,000
Minimum Spouse Dependent Life Benefit	\$5,000
Maximum Spouse Dependent Life Benefit	The lesser of 100% of Your total Basic and Supplemental Life Benefits or \$250,000
Non-Medical Issue Amount.....	\$50,000
Accelerated Benefit Option	Up to 80% of Your Dependent Life amount not to exceed \$200,000

For each of Your Children

All Employees who elect:

Option 1	\$2,500
Option 2	\$5,000
Option 3	\$7,500
Option 4	\$10,000
Minimum Child Dependent Life Benefit	\$2,500
Maximum Child Dependent Life Benefit	\$10,000

SCHEDULE OF BENEFITS (continued)

Portability Eligible Life and AD&D Insurance

Life and AD&D Insurance For You:

Portability Eligible Life Insurance For You:

Minimum Portability Eligible Life Insurance Amount	\$10,000
Maximum Portability Eligible Life Insurance Amount	The lesser of Your total Life Insurance in effect on the date You elect to Port or \$2,000,000.

In any combination of AD&D Insurance:

Minimum Portability Eligible AD&D Insurance Amount	\$10,000
Maximum Portability Eligible AD&D Insurance Amount	The lesser of Your total AD&D Insurance in effect on the date You elect to Port or \$1,000,000.

If Your Portability Eligible Insurance ends due to the end of the Group Policy or the amendment of the Group Policy to end the Portability Eligible Insurance for an eligible class of which You are a member, the maximum amount of insurance that You may Port is the lesser of:

- the amount of Your Portability Eligible Insurance that ends under the Group Policy less the amount of life insurance for which You become eligible under any group policy issued to replace this Group Policy; or
- \$10,000.

Life Insurance For Your Spouse

Portability Eligible Dependent Spouse Life Insurance

When Porting Dependent Spouse Life Insurance along with Insurance for You

Minimum Portability Eligible Dependent Spouse Life Insurance Amount.....	\$2,500
Maximum Portability Eligible Dependent Spouse Life Insurance Amount.....	The lesser of Your total Dependent Spouse Life Insurance in effect on the date You elect to Port or \$250,000.

SCHEDULE OF BENEFITS (continued)

When Porting Dependent Spouse Life Insurance alone

Minimum Portability Eligible
Dependent Spouse Life Insurance Amount..... \$10,000

Maximum Portability Eligible
Dependent Spouse Life Insurance Amount..... The lesser of Your total
Dependent Spouse Life
Insurance in effect on the
date You elect to Port or
\$250,000.

If Your Portability Eligible Insurance or Your Portability Eligible Dependent Insurance ends due to the end of the Group Policy or the amendment of the Group Policy to end the Portability Eligible Insurance or Your Portability Eligible Dependent Insurance for an eligible class of which You are a member, the maximum amount of insurance that You may Port is the lesser of:

- the amount of Your Portability Eligible Insurance or Portability Eligible Dependent Insurance that ends under the Group Policy less the amount of life insurance for which You become eligible under any group policy issued to replace this Group Policy; or
- \$10,000.

Life Insurance For Your Children

Portability Eligible Dependent Child Life Insurance

Minimum Portability Eligible
Dependent Child Life Insurance Amount..... \$1,000

Maximum Portability Eligible
Dependent Child Life Insurance Amount..... The lesser of Your total
Dependent Child Life
Insurance in effect on the
date You elect to Port or
\$25,000.

If Your Portability Eligible Insurance or Your Portability Eligible Dependent Insurance ends due to the end of the Group Policy or the amendment of the Group Policy to end the Portability Eligible Insurance or Your Portability Eligible Dependent Insurance for an eligible class of which You are a member, the maximum amount of insurance that You may Port is the lesser of:

- the amount of Your Portability Eligible Insurance or Portability Eligible Dependent Insurance that ends under the Group Policy less the amount of life insurance for which You become eligible under any group policy issued to replace this Group Policy; or
- \$10,000.

DEFINITIONS

As used in this certificate, the terms listed below will have the meanings set forth below. When defined terms are used in this certificate, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

Actively at Work or Active Work means that You are performing all of the usual and customary duties of Your job on a Full-Time or Part-Time basis. This must be done at:

- the Policyholder's place of business;
- an alternate place approved by the Policyholder; or
- a place to which the Policyholder's business requires You to travel.

You will be deemed to be Actively at Work during weekends or Policyholder approved vacations, holidays or business closures if You were Actively at Work on the last scheduled work day preceding such time off.

Basic Annual Earnings means Your gross annual rate of pay as determined by Your Policyholder, excluding overtime and other extra pay.

Beneficiary means the person(s) to whom We will pay insurance as determined in accordance with the GENERAL PROVISIONS section.

Child means the following (See Notice for Texas Residents):

Your natural child, adopted child (including a child from the date of placement with the adopting parents until the legal adoption) or stepchild who in each case is:

- at least 15 days old, under age 19, unmarried and supported by You; or
- under age 25 and who is:
 - a full-time student at an accredited school, college or university that is licensed in the jurisdiction where it is located;
 - unmarried;
 - supported by You; and
 - not employed on a full-time basis.

The term does not include any person who:

- is in service in the armed forces of any country or international authority. However, service in reserve forces does not constitute service in the armed forces, unless in connection with such reserve service an individual is on active military duty as determined by the applicable military authority other than weekend or summer training. For purposes of this provision reserve forces are defined as reserve forces of any branch of the military of the United States or of any other country or international authority, including but not limited to the National Guard of the United States or the national guard of any other country; or
- is insured under the Group Policy as an employee.

Common Carrier means a government regulated entity that is in the business of transporting fare paying passengers.

The term does not include:

- chartered or other privately arranged transportation;
- taxis; or
- limousines.

DEFINITIONS (continued)

Contributory Insurance means insurance for which the Policyholder requires You to pay any part of the premium.

Contributory Insurance includes: Supplemental Life Insurance, Supplemental Accidental Death and Dismemberment Insurance and Dependent Life Insurance.

Dependent(s) means Your Spouse and/or Child.

Full-Time means Active Work of at least 40 hours per week on the Policyholder's regular work schedule for the eligible class of employees to which You belong.

Hospital means a facility which is licensed as such in the jurisdiction in which it is located and:

- provides a broad range of medical and surgical services on a 24 hour a day basis for injured and sick persons by or under the supervision of a staff of Physicians; and
- provides a broad range of nursing care on a 24 hour a day basis by or under the direction of a registered professional nurse.

Hospitalized means:

- admission for inpatient care in a Hospital;
- receipt of care in the following:
 - a hospice facility;
 - an intermediate care facility; or
 - a long term care facility; or
- receipt of the following treatment, wherever performed:
 - chemotherapy;
 - radiation therapy; or
 - dialysis.

Noncontributory Insurance means insurance for which the Policyholder does not require You to pay any part of the premium.

Part-Time means Active Work of at least 1,000 hours per year but less than 40 hours per week on the Policyholder's regular work schedule for the eligible class of employees to which You belong.

Physician means:

- a person licensed to practice medicine in the jurisdiction where such services are performed; or
- any other person whose services, according to applicable law, must be treated as Physician's services for purposes of the Group Policy. Each such person must be licensed in the jurisdiction where he performs the service and must act within the scope of that license. He must also be certified and/or registered if required by such jurisdiction.

The term does not include:

- You;
- Your Spouse; or
- any member of Your immediate family including Your and/or Your Spouse's:
 - parents;
 - children (natural, step or adopted);

DEFINITIONS (continued)

- siblings;
- grandparents; or
- grandchildren.

Proof means Written evidence satisfactory to Us that a person has satisfied the conditions and requirements for any benefit described in this certificate. When a claim is made for any benefit described in this certificate, Proof must establish:

- the nature and extent of the loss or condition;
- Our obligation to pay the claim; and
- the claimant's right to receive payment.

Proof must be provided at the claimant's expense.

Signed means any symbol or method executed or adopted by a person with the present intention to authenticate a record, which is on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

Spouse means Your lawful spouse.

The term does not include any person who:

- is in service in the armed forces of any country or international authority. However, service in reserve forces does not constitute service in the armed forces, unless in connection with such reserve service an individual is on active military duty as determined by the applicable military authority other than weekend or summer training. For purposes of this provision reserve forces are defined as reserve forces of any branch of the military of the United States or of any other country or international authority, including but not limited to the National Guard of the United States or the national guard of any other country; or
- is insured under the Group Policy as an employee.

We, Us and **Our** mean MetLife.

Written or **Writing** means a record which is on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

You and **Your** mean an employee who is insured under the Group Policy for the insurance described in this certificate.

ELIGIBILITY PROVISIONS: INSURANCE FOR YOU

ELIGIBLE CLASS(ES)

All Full-Time and Part-Time employees of the Policyholder.

All Full-Time and Part-Time employees represented by UWUA Local 69-1 of the Policyholder who did not elect to continue Survivors' Income Benefit Insurance.

You are eligible for insurance if You were Actively at Work and covered for insurance on the day immediately preceding the date of Your retirement and have retired in accord with the Policyholder's retirement plan. Please be aware that:

- references to Active Work and Actively at Work will not apply; and
- end of employment will mean the end of the person's status as a retiree, as stated in the Policyholder's retirement plan.

DATE YOU ARE ELIGIBLE FOR INSURANCE

You may only become eligible for the insurance available for Your eligible class as shown in the SCHEDULE OF BENEFITS.

If You are in an eligible class on January 1, 2011, You will be eligible for the insurance described in this certificate on that date.

If You enter an eligible class after January 1, 2011, You will be eligible for the insurance described in this certificate on the date You enter that class.

Previous Employment With The Policyholder

If You were employed by the Policyholder and insured by Us under a policy of group life insurance when Your employment ended, You will not be eligible for life insurance under this Group Policy if You are re-hired by the Policyholder within 2 years after such employment ended, unless You surrender:

- any individual policy of life insurance to which You converted when Your employment ended; and
- any certificate of insurance continued as ported insurance when such employment ended.

The cash value, if any, of such surrendered insurance will be paid to You.

ENROLLMENT PROCESS

If You are eligible for insurance, You may enroll for such insurance by completing the required form. In addition, You must give evidence of Your Insurability satisfactory to Us at Your expense if You are required to do so under the section entitled EVIDENCE OF INSURABILITY. If You enroll for Contributory Insurance, You must also give the Policyholder Written permission to deduct premiums from Your pay for such insurance. You will be notified by the Policyholder how much You will be required to contribute.

The insurance listed below is part of a flexible benefits plan established by the Policyholder. Subject to the rules of the flexible benefits plan and the Group Policy, You may enroll for:

- Supplemental Life Insurance and
- Supplemental Accidental Death and Dismemberment Insurance;

only when You are first eligible or during an annual enrollment period or if You have a Qualifying Event. You should contact the Policyholder for more information regarding the flexible benefits plan.

ELIGIBILITY PROVISIONS: INSURANCE FOR YOU (continued)**DATE YOUR INSURANCE THAT IS PART OF THE FLEXIBLE BENEFITS PLAN TAKES EFFECT****Enrollment When First Eligible**

If You complete the enrollment process within 31 days of becoming eligible for insurance, such insurance will take effect as follows:

- if You are **not required** to give evidence of Your insurability, such insurance will take effect on the date You become eligible for such insurance if You are Actively at Work on that date.
- if You are **required** to give evidence of Your insurability and We determine that You are insurable, the benefit will take effect on the date We state in Writing, provided You are Actively at Work on that date. Supplemental Accidental Death and Dismemberment Insurance does not require evidence of Your Insurability but such insurance will not take effect until the day Your Supplemental Life Insurance takes effect.

If You do not complete the enrollment process within 31 days of becoming eligible, You will not be able to enroll for insurance until the next annual enrollment period, as determined by the Policyholder, following the date You first became eligible. At that time You will be able to enroll for insurance for which You are then eligible.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the day You resume Active Work. In addition to having been Actively at Work on the date Your Contributory Life Insurance benefit is to take effect, You must also have been Actively at Work for at least 20 hours during the 7 calendar days preceding that date.

Enrollment During An Annual Enrollment Period

During any annual enrollment period as determined by the Policyholder, You may enroll for insurance for which You are eligible or choose a different option than the one for which You are currently enrolled. The insurance enrolled for or changes to Your insurance made during an annual enrollment period will take effect as follows:

- for any amount for which You are **not required** to give evidence of Your insurability, such insurance will take effect on the first day of the calendar year following the annual enrollment period, if You are Actively at Work on that date.
- for any amount for which You are **required** to give evidence of Your insurability and We determine that You are insurable, such insurance will take effect on the date We state in Writing, if You are Actively at Work on that date. Supplemental Accidental Death and Dismemberment Insurance does not require evidence of Your Insurability but such insurance will not take effect until the day Your Supplemental Life Insurance takes effect.

If You are not Actively at Work on the date an amount of insurance would otherwise take effect, that amount of insurance will take effect on the day You resume Active Work. For a Contributory Life Insurance Benefit to take effect, in addition to having been Actively at Work on the date the insurance benefit is to take effect, You must also have been Actively at Work for at least 20 hours during the 7 calendar days preceding that date.

ELIGIBILITY PROVISIONS: INSURANCE FOR YOU (continued)**Enrollment Due to a Qualifying Event**

Under the rules of the flexible benefit plan, You may enroll for insurance for which You are eligible or change the amount of Your insurance between annual enrollment periods only if You have a Qualifying Event.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

Qualifying Event includes:

- marriage;
- the birth, adoption or placement for adoption of a dependent child;
- divorce, legal separation or annulment;
- the death of a dependent; or
- a change in Your or Your dependent's employment status, such as beginning or ending employment, strike, lockout, taking or ending a leave of absence, changes in worksite or work schedule, if it causes You or Your dependent to gain or lose eligibility for group coverage.

If You have a Qualifying Event, You will have 31 days from the date of that change to make a request. This request must be consistent with the nature of the Qualifying Event. The insurance enrolled for, or changes to Your insurance, made as a result of a Qualifying Event will take effect as follows:

- for any amount for which You are **not required** to give evidence of Your insurability, such insurance will take effect on the date of the Qualifying Event, if You are Actively at Work on that date.
- for any amount for which You are **required** to give evidence of Your insurability and We determine that You are insurable, such insurance will take effect on the date We state in Writing, if You are Actively at Work on that date. Supplemental Accidental Death and Dismemberment Insurance does not require evidence of Your Insurability but such insurance will not take effect until the day Your Supplemental Life Insurance takes effect.

If You are not Actively at Work on the date an amount of insurance would otherwise take effect, that amount of insurance will take effect on the day You resume Active Work. For a Contributory Life Insurance Benefit to take effect, in addition to having been Actively at Work on the date the insurance benefit is to take effect, You must also have been Actively at Work for at least 20 hours during the 7 calendar days preceding that date.

DATE YOUR INSURANCE THAT IS NOT PART OF THE FLEXIBLE BENEFITS PLAN TAKES EFFECT**Rules for Noncontributory Insurance**

When You complete the enrollment process for Noncontributory Insurance, such insurance will take effect on the date You become eligible, provided You are Actively at Work on that date.

If You are not Actively at Work on the date the Noncontributory Insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

ELIGIBILITY PROVISIONS: INSURANCE FOR YOU (continued)**Increase in Insurance**

An increase in insurance due to an increase in Your earnings will take effect as follows:

- if You are **required** to give evidence of insurability for the entire increase in insurance and We approve Your evidence of insurability, the increase will take effect on the date We state in Writing. If We do not approve Your evidence of insurability, or You do not submit evidence of insurability, the increase in insurance will not take effect.
- if You are **required** to give evidence of insurability for a portion of the increase in insurance:
 - the portion of the increase in insurance that is not subject to evidence of insurability will take effect on the date of the increase in Your earnings.
 - if We approve Your evidence of insurability, the portion of the increase in insurance that is subject to evidence of insurability will take effect on the date We state in writing. If We do not approve Your evidence of insurability or You do not submit evidence of insurability, the increase in insurance will not take effect.
- if You are **not required** to give evidence of insurability, the increase will take effect on the date of the increase in Your earnings.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the day You resume Active Work. For a Contributory Life Insurance Benefit to take effect, in addition to having been Actively at Work on the date the insurance benefit is to take effect, You must also have been Actively at Work for at least 20 hours during the 7 calendar days preceding that date.

DATE YOUR INSURANCE ENDS

Your insurance will end on the earliest of:

1. the date the Group Policy ends; or
2. the date insurance ends for Your class; or
3. the end of the period for which the last premium has been paid for You; or
4. the last day of the calendar month in which Your employment ends; Your employment will end if You cease to be Actively at Work in any eligible class, except as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT; or
5. the last day of the calendar month prior to the date You retire in accordance with the Policyholder's retirement plan, unless You are eligible to receive retiree benefits.

Please refer to the section entitled ELIGIBILITY FOR CONTINUATION OF CERTAIN INSURANCE WHILE YOU ARE TOTALLY DISABLED for information concerning continuation of Your Life Insurance if insurance ends while You are Totally Disabled. Please refer to the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU for information concerning the option to convert to an individual policy of life insurance if Your Life Insurance ends.

In certain cases insurance may be continued as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT.

ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS

ELIGIBLE CLASS(ES) FOR DEPENDENT INSURANCE

All Full-Time and Part-Time employees of the Policyholder.

All Full-Time and Part-Time employees represented by UWUA Local 69-1 of the Policyholder who did not elect to continue Survivor Income Benefit Insurance.

DATE YOU ARE ELIGIBLE FOR DEPENDENT INSURANCE

You may only become eligible for the Dependent insurance available for Your eligible class as shown in the SCHEDULE OF BENEFITS.

You will be eligible for Dependent insurance described in this certificate on the latest of:

1. January 1, 2011; and
2. the date You enter a class eligible for insurance; and
3. the date You obtain a Dependent.

No person may be insured as a Dependent of more than one employee.

ENROLLMENT PROCESS

In order to enroll for Life Insurance for Your Dependents, You must either (a) already be enrolled for Supplemental Life Insurance for You or (b) enroll at the same time for Supplemental Life Insurance for You.

If You are eligible for Dependent insurance, You may enroll for such insurance by completing an enrollment form for each Dependent to be insured. In addition, each of Your Dependents must give evidence of insurability satisfactory to Us at Your expense if required to do so under the section entitled EVIDENCE OF INSURABILITY. If You enroll for Contributory Insurance, You must also give the Policyholder written permission to deduct premiums from Your pay for such insurance. You will be notified by the Policyholder how much You will be required to contribute.

The insurance listed below is part of a flexible benefits plan established by the Policyholder. Subject to the rules of the flexible benefits plan and the Group Policy, You may enroll for:

- Dependent Life Insurance;

only when You are first eligible or during an annual enrollment period or if You have a Qualifying Event. You should contact the Policyholder for more information regarding the flexible benefits plan.

When You become eligible under the flexible benefits plan, You may choose an option for Dependent Life Insurance.

ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS (continued)**DATE INSURANCE THAT IS PART OF THE FLEXIBLE BENEFITS PLAN TAKES EFFECT FOR YOUR DEPENDENTS****Enrollment When First Eligible**

If You complete the enrollment process for Dependent insurance within 31 days of becoming eligible for insurance, such insurance will take effect for each enrolled Dependent as follows:

- if the Dependent is **not required** to give evidence of insurability, such insurance will take effect on the date You become eligible for such insurance if You are Actively at Work on that date and the Dependent satisfies the Additional Requirement stated below.
- if the Dependent is **required** to give evidence of insurability and We determine that the Dependent is insurable, such insurance will take effect on the date We state in Writing, if You are Actively at Work on that date and the Dependent satisfies the Additional Requirement stated below.

If You do not complete the enrollment process for any Dependent within 31 days of becoming eligible, You will not be able to enroll for Dependent insurance until the next annual enrollment period, as determined by the Policyholder, in accordance with the rules of the flexible benefits plan. At that time You will be able to enroll for Dependent insurance:

- for which You are then eligible; and
- for Your Dependents who are then eligible.

If You are not Actively at Work on the date Dependent insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

Enrollment During An Annual Enrollment Period

During any annual enrollment period, You may enroll for Dependent insurance for which You are eligible or change the amount of Your Dependent insurance. The insurance enrolled for or changes to Your insurance made during the annual enrollment period will take effect for each enrolled Dependent as follows:

- if the Dependent is **not required** to give evidence of insurability, such insurance will take effect on the first day of the calendar year following the annual enrollment period, if You are Actively at Work on that date and the Dependent satisfies the Additional Requirement stated below.
- if the Dependent is **required** to give evidence of insurability and We determine that the Dependent is insurable, such insurance will take effect on the date We state in Writing, if You are Actively at Work on that date and the Dependent satisfies the Additional Requirement stated below.

If You are not Actively at Work on the date Dependent insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

Enrollment Due to a Qualifying Event

Under the rules of the flexible benefit plan, You may enroll for Dependent insurance for which You are eligible or change the amount of Your Dependent insurance between annual enrollment periods only if You have a Qualifying Event.

Qualifying Event includes:

- marriage;
- the birth, adoption or placement for adoption of a dependent child;
- divorce, legal separation or annulment;
- the death of a dependent; or

ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS (continued)

- a change in Your or Your dependent's employment status, such as beginning or ending employment, strike, lockout, taking or ending a leave of absence, changes in worksite or work schedule, if it causes You or Your dependent to gain or lose eligibility for group coverage.

If You have a Qualifying Event, You will have 31 days from the date of that change to make a request. This request must be consistent with the nature of the Qualifying Event. The insurance enrolled for or changes to Your insurance made as a result of a Qualifying Event will take effect for each enrolled Dependent as follows:

- if the Dependent is **not required** to give evidence of insurability, such insurance will take effect on the date of the Qualifying Event, if You are Actively at Work on that date and the Dependent satisfies the Additional Requirement stated below.
- if the Dependent is **required** to give evidence of insurability and We determine that the Dependent is insurable, such insurance will take effect on the date We state in Writing, if You are Actively at Work on that date and the Dependent satisfies the Additional Requirement stated below.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

Additional Requirement

On the date Dependent insurance is scheduled to take effect, the Dependent must not be:

- confined at home under a Physician's care;
- receiving or applying to receive disability benefits from any source; or
- Hospitalized.

If the Dependent does not meet this requirement on such date, insurance for the Dependent will take effect on the date that Dependent is no longer:

- confined;
- receiving or applying to receive disability benefits from any source; or
- Hospitalized.

ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS (continued)

DATE YOUR INSURANCE FOR YOUR DEPENDENTS ENDS

A Dependent's insurance will end on the earliest of:

1. for Dependent Life Insurance, the date all of the Life Insurance under the Group Policy ends; or
2. the date You die; or
3. the date the Group Policy ends; or
4. the date Your Employee Life Insurance under the Group Policy ends; or
5. the date Insurance for Your Dependents ends under the Group Policy; or
6. the date Insurance for Your Dependents ends for Your class; or
7. the last day of the calendar month the person ceases to be a Dependent; or
8. the last day of the calendar month in which Your employment ends; Your employment will end if You cease to be Actively at Work in any eligible class, except as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT; or
9. the last day of the calendar month prior to the date You retire in accordance with the Policyholder's retirement plan, unless You are eligible to receive retiree benefits; or
10. the end of the period for which the last premium has been paid for the Dependent.

Please refer to the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS for information concerning the option to convert to an individual policy of life insurance if Life Insurance for a Dependent ends.

In certain cases insurance may be continued as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT.

CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT**FOR MENTALLY OR PHYSICALLY HANDICAPPED CHILDREN**

Insurance for a Dependent Child may be continued past the age limit if the child is incapable of self-sustaining employment because of a mental or physical handicap as defined by applicable law. Proof of such handicap must be sent to Us within 31 days after the date the Child attains the age limit and at reasonable intervals after such date.

Subject to the DATE YOUR INSURANCE FOR YOUR DEPENDENTS ENDS subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS, insurance will continue while such Child:

- remains incapable of self-sustaining employment because of a mental or physical handicap; and
- continues to qualify as a Child, except for the age limit.

FOR FAMILY AND MEDICAL LEAVE

Certain leaves of absence may qualify for continuation of insurance under the Family and Medical Leave Act of 1993 (FMLA), or other legally mandated leave of absence or similar laws. Please contact the Policyholder for information regarding such legally mandated leave of absence laws.

AT YOUR OPTION: PORTABILITY**For Life and Accidental Death and Dismemberment Insurance**

If Your Portability Eligible Insurance or Portability Eligible Dependent Insurance ends for any of the reasons stated below, You have the option to continue that insurance under another group policy in accordance with the conditions and requirements of this section. This is referred to as Porting. Evidence of Your insurability will not be required.

For purposes of this subsection the term "Portability Eligible Insurance" refers to Your Life Insurance and Accidental Death and Dismemberment Insurance benefits for which the Portability Eligible Insurance is shown as available in the SCHEDULE OF BENEFITS.

If Insurance for Your Dependents is in effect, the term "Portability Eligible Dependent Insurance" refers to Your Life Insurance for Your Dependents for which the Portability Eligible Dependent Insurance is shown as available in the SCHEDULE OF BENEFITS.

When Porting is an Option

Porting may only be exercised by a request in Writing during the Request Period specified below.

If You choose not to Port, Life Insurance benefits may be converted in accordance with the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU or the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS.

1. You may choose to Port if Portability Eligible Insurance and/or Portability Eligible Dependent Insurance ends because:
 - You become retired from active service with the Employer; or
 - Your employment ends, due to a reason other than retirement; or
 - You cease to be in a class that is eligible for such insurance; or
 - The Policy is amended to end the Portability Eligible Insurance or Portability Eligible Dependent Insurance, unless such insurance is replaced by similar insurance under another group insurance policy issued to the Policyholder or its successor; or
 - This Policy has ended, unless such insurance is replaced by similar insurance under another group insurance policy issued to the Policyholder or its successor.

CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT (continued)

2. You may choose to Port the reduced amount of insurance if Your Portability Eligible Insurance is reduced due to:
 - Your age; or
 - An amendment to the Plan which affects the amount of insurance for Your class.
3. Your former Dependent Spouse may choose to Port if their Portability Eligible Dependent Insurance on his or her own life ends because:
 - You die; or
 - Your marriage ends in divorce or annulment

provided that former Dependent Spouse satisfies the Additional Requirement subsection of the ELIGIBILITY PROVISIONS; INSURANCE FOR YOUR DEPENDENTS.

4. Your former Dependent Spouse may also Port Portability Eligible Dependent Insurance on Your Dependent Child if Your former Dependent Spouse Ports insurance on his or her own life. If Your former Dependent Spouse Ports that insurance on that Dependent Child, that Porting will have no effect on the insurance You may have on that Dependent Child.
5. Your former Dependent Child may request to Port Portability Eligible Dependent Insurance on his or her own life if that insurance ends because Your former Dependent Child no longer meets the definition of Child.

If a request is made under this subsection, We will issue a new certificate of insurance which will explain the new insurance benefits. The insurance benefits under the new certificate may not be the same as those that ended under this Policy.

A request under this subsection may be made, if on the date the Portability Eligible Insurance ended, the following requirements are met:

- the Group Policy is in effect;
- With respect to any amount of Portability Eligible Life Insurance or Portability Eligible Dependent Life Insurance that is to be Ported, no application has been made to convert that amount of insurance to an individual policy of life insurance as provided in the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU or the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS; and
- the person making the request resides in a jurisdiction that permits this Portability feature.

Request Period

For You or a former Dependent to Port, We must receive a completed request form within the Request Period as described below.

If written notice of the option to Port is given within 15 days before or after the date such insurance ends, the Request Period:

- begins on the date the insurance ends, and
- expires 31 days after the date.

CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT (continued)

If written notice of the option to Port is given more than 15 days after but within 91 days of the date such insurance ends, the Request Period:

- begins on the date the insurance ends, and
- expires 45 days after the date of the notice.

If written notice of the option to Port is not given within 91 days of the date such insurance ends, the Request Period:

- begins on the date the insurance ends, and
- expires at the end of such 91 day period.

Amount of the New Certificate

The amount of Ported Insurance for You and for Your Dependents that may be continued is shown in the SCHEDULE OF BENEFITS. However, at the time of Porting You may change the amount of Portability Eligible Insurance in the following circumstances:

Your Increase in Amount**For Portability Eligible Life Insurance**

At the time of Porting, You may increase the amount of Your Portability Eligible Life Insurance. This may be done in increments of \$25,000, up to a maximum increase of \$250,000. To be eligible for this increased amount, You must provide evidence of Your insurability satisfactory to us, at Your expense. If We approve the increase, it will take effect on the date We state in Writing.

For Portability Eligible Accidental Death and Dismemberment Insurance

At the time of Porting, You may increase the amount of Your Portability Eligible Accidental Death and Dismemberment Insurance. This may be done in increments of \$25,000, up to a maximum increase of \$250,000. This increase will take effect on the date We state in Writing.

Dependent Spouse Increase in Amount**For Portability Eligible Dependent Life Insurance**

At the time of Porting, the amount of Your Spouse's (or Your former Dependent Spouse's) Portability Eligible Dependent Life Insurance may be increased. This may be done in increments of \$25,000, up to a maximum increase of \$250,000. To be eligible for this increased amount, Your Spouse (or Your former Dependent Spouse) must provide evidence of insurability satisfactory to us, at Your Spouse's (or Your former Dependent Spouse's) expense. If We approve the increase, it will take effect on the date We state in Writing.

Dependent Child Increase in Amount**For Portability Eligible Dependent Life Insurance**

At the time of Porting, if Your former Dependent Child is making the request to continue Portability Eligible Dependent Life Insurance because he or she no longer meets the definition of a Child, that former Dependent Child is eligible to increase coverage. This may be done in increments of \$25,000 up to a maximum increase of \$250,000. To be eligible for this increased amount, Your former Dependent Child must give evidence of insurability satisfactory to Us at Your former Dependent Child's expense. If we approve the increase, it will take effect on the date We state in Writing.

CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT (continued)**You and/or Your Dependent(s) Decrease in Amount**

If We receive a request to decrease an amount of insurance, any such decrease will take place on the date We state in Writing.

Premiums for the New Certificate

All premium payments must be made directly to Us. When We issue the new certificate, We will also provide a schedule of premiums and payment instructions.

You are not required to provide evidence of insurability to Port Your existing amount of Portability Eligible Life Insurance. However, to qualify for a lower premium rate, You may give us, at Your expense, evidence of Your insurability satisfactory to Us. If We determine that the evidence satisfies Us, We will notify You that the lower premium rates will apply to You.

Your former Dependents are not required to provide evidence of insurability to Port their existing amount of Portability Eligible Dependent Life Insurance. However, to qualify for a lower premium rate, they may give us, at their expense, evidence of their insurability satisfactory to Us. If We determine that the evidence satisfies Us, We will notify them that the lower premium rates will apply to them.

Right to Convert Life Insurance Amounts Not Ported

Any amount of Life Insurance not Ported under this subsection may be converted under the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU or the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS.

If You Die Within 31 Days of the Date Portability Eligible Life Insurance Ends

If You die within 31 days of the date Portability Eligible Life Insurance ends and an application to Port is not received by Us during such period, We will determine whether Your life insurance qualifies for payment. This determination will be made in accordance with the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU.

If a former Dependent Dies Within 31 Days of the Date Portability Eligible Life Dependent Insurance Ends

If a former Dependent dies within 31 days of the date Portability Eligible Dependent Life Insurance ends and an application for a new certificate is not received by Us during such period, We will determine whether Your life insurance qualifies for payment. This determination will be made in accordance with the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS.

If You are Totally Disabled on the Date Your Employment Ends

If You are Totally Disabled on the date Your employment ends and You elect to Port as provided in this subsection, You may at a later date become approved for the continuation of insurance under the section entitled LIFE INSURANCE: ELIGIBILITY FOR CONTINUATION IF LIFE INSURANCE ENDS WHILE YOU ARE TOTALLY DISABLED. If You are so approved, all Ported insurance continued under this Portability subsection will end, including Life Insurance, Accidental Death and Dismemberment Insurance and Dependent Life Insurance.

CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT (continued)

AT THE POLICYHOLDER'S OPTION

The Policyholder has elected to continue insurance by paying premiums for employees who cease Active Work in an eligible class for any of the reasons specified below;

1. for the period You cease Active Work in an eligible class due to injury or sickness, up to 180 days;
2. for the period You cease Active Work in an eligible class due to any other Policyholder approved leave of absence, up to 12 month.

At the end of any of the continuation periods listed above, Your insurance will be affected as follows:

- if You resume Active Work in an eligible class at this time, You will continue to be insured under the Group Policy;
- if You do not resume Active Work in an eligible class at this time, Your employment will be considered to end and Your insurance will end in accordance with the DATE YOUR INSURANCE ENDS subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOU.

If Your insurance ends, Your Dependents' insurance will also end in accordance with the DATE YOUR INSURANCE FOR YOUR DEPENDENTS ENDS subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS.

EVIDENCE OF INSURABILITY

We require evidence of insurability satisfactory to Us as follows:

1. in order to receive an increase in the amount of Your Supplemental Life Insurance over the Non-Medical Issue Amount as shown in the SCHEDULE OF BENEFITS due to an increase in Your Basic Annual Earnings.
If You do not give Us evidence of insurability or the evidence of insurability is not accepted by Us as satisfactory, the increase in Your Life Insurance will be limited to the Non-Medical Issue Amount.
2. in order to become covered for an amount of Supplemental Life Insurance greater than the Non-Medical Issue Amount as shown in the SCHEDULE OF BENEFITS.
If You do not give Us evidence of Your insurability, or if such evidence of insurability is not accepted by Us as satisfactory, the amount of Your Supplemental Life Insurance will be limited to the Non-Medical Issue Amount.
3. if You make a request during an annual enrollment period to increase the amount of Your Supplemental Life Insurance to an option which is more than one level **above** Your current amount of Supplemental Life Insurance.
If You do not give Us evidence of insurability or the evidence of insurability is not accepted by Us as satisfactory, the amount of Your Supplemental Life Insurance will not be increased by more than one level, up to the Non-Medical Issue Amount as shown in the SCHEDULE OF BENEFITS.
4. if You make a request during an annual enrollment period to increase the amount of Your Supplemental Life Insurance which is **below** the Non-Medical Issue Amount to an option one level higher which is **above** the Non-Medical Issue Amount.
If You do not give Us evidence of insurability or the evidence of insurability is not accepted by Us as satisfactory, the amount of Your Supplemental Life Insurance will not be increased.
5. if You make a request within **31 days of a Qualifying Event** to increase the amount of Your Supplemental Life Insurance to an option which is more than one level **above** Your current amount of Supplemental Life Insurance.
If You do not give Us evidence of insurability or the evidence of insurability is not accepted by Us as satisfactory, the amount of Your Supplemental Life Insurance will not be increased by more than one level, up to the Non-Medical Issue Amount as shown in the SCHEDULE OF BENEFITS.
6. if You make a request within **31 days of a Qualifying Event** to increase the amount of Your Supplemental Life Insurance which is **below** the Non-Medical Issue Amount to an option one level higher which is **above** the Non-Medical Issue Amount.
If You do not give Us evidence of insurability or the evidence of insurability is not accepted by Us as satisfactory, the amount of Your Supplemental Life Insurance will not be increased.
The Non-Medical Issue Limit is shown in the SCHEDULE OF BENEFITS.
7. if You make a late request for Supplemental Life Insurance. A late request is one made more than 31 days after You become eligible.
If You do not give Us evidence of insurability or the evidence of insurability is not accepted by Us as satisfactory, You will not be covered for Supplemental Life Insurance.
8. if You make a late request within **31 days of a Qualifying Event** for Supplemental Life Insurance. A late request is one made more than 31 days after You become eligible.
If You do not give Us evidence of insurability or the evidence of insurability is not accepted by Us as satisfactory, You will not be covered for more than the first level of Supplemental Life Insurance.
9. in order to become covered for an amount of Life Insurance for Your Dependent Spouse greater than the Non-Medical Issue Amount for Your Dependent Spouse as shown in the SCHEDULE OF BENEFITS.
If You do not give Us evidence of the insurability of Your Dependent Spouse, or if such evidence of insurability is not accepted by Us as satisfactory, the amount of Life Insurance for Your Dependent Spouse will be limited to the Non-Medical Issue Amount for Your Dependent Spouse.

EVIDENCE OF INSURABILITY (continued)

10. if You make a request during an annual enrollment period to increase the amount of Your Life Insurance for Your Dependent Spouse to an option which is more than one level **above** Your Dependent Spouse's current amount of Life Insurance.

If You do not give Us evidence of insurability or the evidence of insurability is not accepted by Us as satisfactory, the amount of Your Spouse's Dependent Life Insurance will not be increased by more than one level up to the Non-Medical Issue Amount as shown in the SCHEDULE OF BENEFITS.

11. if You make a request during an annual enrollment period to increase the amount of Your Life Insurance for Dependent Spouse which is **below** the Non-Medical Issue Amount to an option one level higher which is **above** the Non-Medical Issue Amount.

If You do not give Us evidence of insurability or the evidence of insurability is not accepted by Us as satisfactory, the amount of Your Spouse's Dependent Life Insurance will not be increased.

12. if You make a request within **31 days of a Qualifying Event** to increase the amount of Your Life Insurance for Dependent Spouse to an option which is more than one level **above** Your Dependent Spouse's current amount of Life Insurance.

If You do not give Us evidence of insurability or the evidence of insurability is not accepted by Us as satisfactory, the amount of Your Dependent Spouse's Life Insurance will not be increased by more than one level up to the Non-Medical Issue Amount as shown in the SCHEDULE OF BENEFITS.

13. if You make a request within **31 days of a Qualifying Event** to increase the amount of Your Life Insurance for Dependent Spouse which is **below** the Non-Medical Issue Amount to an option one level higher which is **above** the Non-Medical Issue Amount.

If You do not give Us evidence of insurability or the evidence of insurability is not accepted by Us as satisfactory, the amount of Life Insurance for Your Dependent Spouse will not be increased.

The Non-Medical Issue Limit is shown in the SCHEDULE OF BENEFITS.

14. if You make a late request for Life Insurance for Your Dependents. A late request is one made more than 31 days after Your Dependent becomes eligible.

If You do not give Us evidence of insurability or the evidence of insurability is not accepted by Us as satisfactory, Your Dependents will not be covered for Life Insurance.

15. if You make a late request within **31 days of a Qualifying Event** for Life Insurance for your Dependents. A late request is one made more than 31 days after You become eligible.

If You do not give Us evidence of insurability or the evidence of insurability is not accepted by Us as satisfactory, Your Dependents will not be covered for more than the first level of Life Insurance.

The evidence of insurability is to be given at Your expense.

LIFE INSURANCE: FOR YOU

If You die, Proof of Your death must be sent to Us. When We receive such Proof with the claim, We will review the claim and, if We approve it, will pay the Beneficiary the Life Insurance in effect on the date of Your death.

PAYMENT OPTIONS

We will pay the Life Insurance in one sum. Other modes of payment may be available upon request. For details, call Our toll free number shown on the Certificate Face Page.

LIFE INSURANCE: FOR YOUR DEPENDENTS

If a Dependent dies, Proof of the Dependent's death must be sent to Us. When We receive such Proof with the claim, We will review the claim and, if We approve it, will pay the Beneficiary the Life Insurance in effect on the life of such Dependent on the date of death.

PAYMENT OPTIONS

We will pay the Life Insurance in one sum. Other modes of payment may be available upon request. For details, call Our toll free number shown on the Certificate Face Page.

LIFE INSURANCE: ACCELERATED BENEFIT OPTION (ABO) FOR YOU

For purposes of this section, the term "ABO Eligible Life Insurance" refers to each of Your Life Insurance benefits for which the Accelerated Benefit Option is shown as available in the SCHEDULE OF BENEFITS.

If You become Terminally Ill, You or Your legal representative have the option to request Us to pay ABO Eligible Life Insurance before Your death. This is called an accelerated benefit. The request must be made while ABO Eligible Life Insurance is in effect.

Terminally Ill or Terminal Illness means that due to injury or sickness, You are expected to die within 12 months.

Requirements For Payment of an Accelerated Benefit

Subject to the conditions and requirements of this section, We will pay an accelerated benefit to You or Your legal representative if:

- the amount of each ABO Eligible Life Insurance benefit to be accelerated equals or exceeds \$20,000; and
- the ABO Eligible Life Insurance to be accelerated has not been assigned; and
- We have received Proof that You are Terminally Ill.

We will only pay an accelerated benefit for each ABO Eligible Life Insurance benefit once.

Proof of Your Terminal Illness

We will require the following Proof of Your Terminal Illness:

- a completed accelerated benefit claim form;
- a signed Physician's certification that You are Terminally Ill; and
- an examination by a Physician of Our choice, at Our expense, if We request it.

You or Your legal representative should contact the Policyholder to obtain a claim form and information regarding the accelerated benefit.

Upon Our receipt of Your request to accelerate benefits, We will send You a letter with information about the accelerated benefit payment You requested. Our letter will describe the amount of the accelerated benefits We will pay and the amount of Life Insurance remaining after the accelerated benefit is paid.

Accelerated Benefit Amount

We will pay an accelerated benefit up to the percentage shown in the SCHEDULE OF BENEFITS for each ABO Eligible Life Insurance benefit in effect for You, subject to the following:

Maximum Accelerated Benefit Amount. The maximum amount We will pay for each ABO Eligible Life Insurance benefit is shown in the SCHEDULE OF BENEFITS.

Scheduled Reduction of an ABO Eligible Life Insurance Benefit. If an ABO Eligible Life Insurance benefit is scheduled to reduce within the 12 month period after the date You or Your legal representative request an accelerated benefit, We will calculate the accelerated benefit using the amount of such ABO Eligible Life Insurance that will be in effect immediately after the reduction(s) scheduled for such period.

Scheduled End of an ABO Eligible Life Insurance Benefit. If an ABO Eligible Life Insurance benefit is scheduled to end within 12 months after the date You or Your legal representative request an accelerated benefit, We will not pay an accelerated benefit for such ABO Eligible Life Insurance benefit.

LIFE INSURANCE: ACCELERATED BENEFIT OPTION (ABO) FOR YOU (continued)

Previous Conversion of an ABO Eligible Life Insurance Benefit. We will not pay an accelerated benefit for any amount of ABO Eligible Life Insurance which You previously converted under the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU.

We will pay the accelerated benefit in one sum unless You or Your legal representative select another payment mode.

Effect of Payment of an Accelerated Benefit

On premium for Your Life Insurance. After We pay the accelerated benefit, any premium You are required to pay will be based upon the amount of Your Life Insurance remaining after the accelerated benefit is paid.

On Your Life Insurance at Your death. The amount of Life Insurance that We will pay at Your death will be decreased by the amount of the accelerated benefit paid by Us.

On Your Life Insurance at conversion. The amount to which You are entitled to convert under the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU will be decreased by the amount of the accelerated benefit paid by Us.

On Your Accidental Death and Dismemberment Insurance. Payment of an accelerated benefit will not affect Your Accidental Death and Dismemberment Insurance.

Date Your Option to Accelerate Benefits Ends

The accelerated benefit option will end on the earliest of:

- the date the ABO Eligible Life Insurance ends;
- the date You or Your legal representative assign all ABO Eligible Life Insurance; or
- the date You or Your legal representative have accelerated all ABO Eligible Life Insurance benefits.

LIFE INSURANCE: ACCELERATED BENEFIT OPTION (ABO) FOR YOUR SPOUSE

If Your Spouse becomes Terminally Ill, You or Your legal representative have the option to request Us to pay Life Insurance for Your Spouse before their death. This is called an accelerated benefit. The request must be made while Life Insurance for Your Spouse is in effect.

Terminally Ill or Terminal Illness means that due to injury or sickness, Your Spouse is expected to die within 12 months.

Requirements For Payment of an Accelerated Benefit

Subject to the conditions and requirements of this section, We will pay an accelerated benefit to You or Your legal representative if:

- the amount of Life Insurance for the Terminally Ill Spouse equals or exceeds ; and
- the ABO Eligible Life Insurance to be accelerated has not been assigned; and
- We have received Proof that Your Spouse is Terminally Ill.

We will only pay an accelerated benefit for Life Insurance for Your Spouse once.

Proof of Your Spouse's Terminal Illness

We will require the following Proof of Your Spouse's Terminal Illness:

- a completed accelerated benefit claim form;
- a signed Physician's certification that Your Spouse is Terminally Ill; and
- an examination by a Physician of Our choice, at Our expense, if We request it.

You or Your legal representative should contact the Policyholder to obtain a claim form and information regarding the accelerated benefit.

Upon Our receipt of Your request to accelerate benefits, We will send You a letter with information about the accelerated benefit payment You requested. Our letter will describe the amount of the accelerated benefits We will pay and the amount of Life Insurance remaining after the accelerated benefit is paid.

Accelerated Benefit Amount

We will pay an accelerated benefit up to the percentage shown in the SCHEDULE OF BENEFITS for the amount of Life Insurance in effect for a Terminally Ill Spouse, subject to the following:

Maximum Accelerated Benefit Amount. The maximum amount We will pay is shown in the SCHEDULE OF BENEFITS.

Scheduled Reduction of Life Insurance for a Terminally Ill Spouse. If the Life Insurance in effect for a Terminally Ill Spouse is scheduled to reduce within the month period after the date You or Your legal representative request an accelerated benefit, We will calculate the accelerated benefit using the amount of Life Insurance that will be in effect for Your Spouse immediately after the reduction(s) scheduled for such period.

Scheduled end of Life Insurance for a Terminally Ill Spouse. If the Life Insurance in effect for a Terminally Ill Spouse is scheduled to end within months after the date You or Your legal representative request an accelerated benefit, We will not pay an accelerated benefit.

We will pay the accelerated benefit in one sum unless You or Your legal representative select another payment mode.

LIFE INSURANCE: ACCELERATED BENEFIT OPTION (ABO) FOR YOUR SPOUSE (continued)

Effect of Payment of an Accelerated Benefit

On Premium for Life Insurance. Any premium You are required to pay for Life Insurance for Your Spouse for whom We paid an accelerated benefit will be based upon the amount of Life Insurance for Your Spouse remaining after payment of the accelerated benefit.

On Payment of Life Insurance at a Dependent's death. The amount of Life Insurance that We will pay at death of Your Spouse for whom We paid an accelerated benefit will be decreased by the amount of the accelerated benefit paid by Us for such Dependent.

On Life Insurance at conversion. The amount to which Your Spouse for whom We paid an accelerated benefit is entitled to convert under the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS provision will be decreased by the amount of the accelerated benefit paid by Us for Your Spouse.

Date Your Option to Accelerate Benefits Ends

The accelerated benefit option for Your Spouse will end on the earliest of:

- the date Life Insurance for Your Spouse ends;
- the date Your rights in Life Insurance for Your Spouse are assigned; or
- the date You or Your legal representative have accelerated all Dependent Life Insurance benefits.

LIFE INSURANCE: CONVERSION OPTION FOR YOU

If Your life insurance ends or is reduced for any of the reasons stated below, You have the option to buy an individual policy of life insurance (“new policy”) from Us during the Application Period in accordance with the conditions and requirements of this section. This is referred to as the “option to convert”. Evidence of Your insurability will not be required.

When You Will Have the Option to Convert

You will have the option to convert when:

A. Your life insurance ends because:

- You cease to be in an eligible class;
- Your employment ends;
- this Group Policy ends, provided You have been insured for life insurance for at least 5 continuous years; or
- this Group Policy is amended to end all life insurance for an eligible class of which You are a member, provided You have been insured for at least 5 continuous years; or

B. Your life insurance is reduced:

- on or after the date You attain age 60;
- because You change from one eligible class to another; or
- due to an amendment of this Group Policy.

If You opt not to convert a reduction in the amount of Your life insurance as described above, You will not have the option to convert that amount at a later date.

A reduction in the amount of Your life insurance as a result of the payment of an accelerated benefit will not give rise to a right to convert under this section.

Application Period

If You opt to convert Your life insurance for any of the reasons stated above, We must receive a completed conversion application form from You within the Application Period described below.

If You are given Written notice of the option to convert within 15 days before or after the date Your life insurance ends or is reduced, the Application Period begins on the date that such life insurance ends or is reduced and expires 31 days after such date.

If You are given Written notice of the option to convert more than 15 days after the date Your life insurance ends or is reduced, the Application Period begins on the date such life insurance ends or is reduced and expires 15 days from the date of such notice. In no event will the Application Period exceed 91 days from the date Your life insurance ends or is reduced.

LIFE INSURANCE: CONVERSION OPTION FOR YOU (continued)**Option Conditions**

The option to convert is subject to the following:

- A. Our receipt within the Application Period of:
- Your Written application for the new policy; and
 - the premium due for such new policy;
- B. the premium rates for the new policy will be based on:
- Our rates then in use;
 - the form and amount of insurance for which you apply;
 - Your class of risk; and
 - Your age;
- C. the new policy may be on any form then customarily offered by Us excluding term insurance;
- D. the new policy will be issued without an accidental death and dismemberment benefit, an accelerated benefit option, a waiver of premium benefit or any other rider or additional benefit; and
- E. the new policy will take effect on the 32nd day after the date Your life insurance ends or is reduced; this will be the case regardless of the duration of the Application Period.

Maximum Amount of the New Policy

If Your Life Insurance ends due to the end of this Group Policy or the amendment of this Group Policy to end all life insurance for an eligible class of which You are a member, the maximum amount of insurance that You may elect for the new policy is the lesser of:

- the amount of Your life insurance that ends under this Group Policy less the amount of life insurance for which You become eligible under any group policy within 31 days after the date insurance ends under this Group Policy; or
- \$10,000.

If Your life insurance ends or is reduced due to the Policyholder's organizational restructuring, the maximum amount of insurance that You may elect for the new policy is the amount of Your life insurance that ends under this Group Policy less the amount of life insurance for which You become eligible under any other group policy within 31 days after the date insurance ends under this Group Policy.

If Your life insurance ends or is reduced for any other reason, the maximum amount of insurance that You may elect for the new policy is the amount of Your life insurance which ends under this Group Policy.

If You Die Within 31 Days After Your Life Insurance Ends Or Is Reduced,

If You die within 31 days after Your life insurance ends or is reduced by an amount You are entitled to convert, Proof of Your death must be sent to Us. When We receive such Proof with the claim, We will review the claim and if We approve it will pay the Beneficiary. The amount We will pay is the amount You were entitled to convert.

The amount You were entitled to convert will not be paid as insurance under both a new individual conversion policy and the Group Policy.

LIFE INSURANCE: CONVERSION OPTION FOR YOU (continued)

If You Become Eligible To Have Insurance Continued Due To Your Total Disability

If You obtain a new individual conversion policy because Your life insurance ends or is reduced and You later become eligible to have insurance continued under the section entitled ELIGIBILITY FOR CONTINUATION OF CERTAIN INSURANCE WHILE YOU ARE TOTALLY DISABLED, We will only continue Your life insurance under such section if the conversion policy is returned to Us.

If the conversion policy is returned to Us, We will refund to Your estate the premium paid for such policy without interest, less any debt incurred under such policy.

We will not pay a benefit for insurance under both the Group Policy and the new individual conversion policy.

LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS

If life insurance for a Dependent ends or is reduced for any of the reasons stated below, You or that Dependent will have the option to buy from Us an individual policy of life insurance on the life of the Dependent ("new policy") during the Application Period in accordance with the conditions and requirements of this section. This is referred to as "the option to convert". Evidence of the Dependent's insurability will not be required.

When You or a Dependent Will Have the Option to Convert

You will have the option to convert life insurance for a Dependent when:

A. life insurance for the Dependent ends because:

- You cease to be in an eligible class;
- Your employment ends;
- this Group Policy ends, provided You have been insured for life insurance for the Dependent for at least 5 continuous years; or
- this Group Policy is amended to end all life insurance for Dependents for an eligible class of which You are a member, provided You have been insured for life insurance for the Dependent for at least 5 continuous years; or

B. life insurance for the Dependent is reduced:

- on or after the date You attain age 60;
- because You change from one eligible class to another; or
- due to an amendment of this Group Policy.

A Dependent will have the option to convert when:

- life insurance for such Dependent ends because that Dependent ceases to qualify as a Dependent as defined in this certificate, or
- You die.

If You opt not to convert a reduction in the amount of life insurance for a Dependent, You will not have the option to convert that amount at a later date.

A reduction in the amount of life insurance for a Dependent as a result of the payment of an accelerated benefit will not give rise to a right to convert under this section.

You must notify the Policyholder in the event that a Dependent ceases to qualify as a Dependent as defined in this certificate.

Application Period

If You or a Dependent opt to convert as stated above, We must receive a completed conversion application form within the Application Period described below.

If Written notice of the option to convert is given within 15 days before or after the date life insurance for a Dependent ends or is reduced, the Application Period begins on the date that such life insurance ends or is reduced and expires 31 days after such date.

If Written notice of the option to convert is given more than 15 days after the date life insurance for the Dependent ends or is reduced, the Application Period begins on the date such life insurance ends or is reduced and expires 15 days from the date of such notice. In no event will the Application Period exceed 91 days from the date Life Insurance for the Dependent ends or is reduced.

LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS (continued)**Option Conditions**

The option to convert is subject to the following:

- A. Our receipt within the Application Period of:
 - a Written application for the new policy for the Dependent; and
 - the premium due for such new policy;
- B. the premium rates for the new policy will be based on:
 - Our rates then in use;
 - the form and amount of insurance which is applied for;
 - the Dependent's class of risk; and
 - the Dependent's age;
- C. the new policy may be on any form then customarily offered by Us excluding term insurance;
- D. the new policy will be issued without an accidental death and dismemberment benefit, an accelerated benefit option, waiver of premium benefit or any other rider or additional benefit; and
- E. the new policy will take effect on the 32nd day after the date Life Insurance for the Dependent ends or is reduced; this will be the case regardless of the duration of the Application Period.

Maximum Amount of the New Policy

If Life Insurance for a Dependent ends due to the end of this Group Policy or the amendment of this Group Policy to end all life insurance for Dependents for an eligible class of which You are a member, the maximum amount of insurance that may be elected for the new policy is the lesser of:

- the amount of Life Insurance for the Dependent that ends under this Group Policy less the amount of life insurance for Dependents for which You become eligible under any group policy within 31 days after the date insurance ends under this Group Policy; or
- \$10,000.

If life insurance for a Dependent ends or is reduced due to the Policyholder's organizational restructuring, the maximum amount of insurance that may be elected for the new policy is the amount of life insurance for the Dependent that ends under this Group Policy less the amount of life insurance for dependents for which You become eligible under any other group policy within 31 days after the date insurance ends under this Group Policy.

If Your life insurance for a Dependent ends or is reduced for any other reason, the maximum amount of insurance that You may elect for the new policy is the amount of Your life insurance for a Dependent that ends under this Group Policy.

If a Dependent Dies Within the 31 Days After Life Insurance for a Dependent Ends Or Is Reduced

If a Dependent dies within 31 days after the date life insurance for the Dependent ends or is reduced by an amount eligible for convert, Proof of the Dependent's death must be sent to Us. When we receive such Proof with the claim, We will review the claim and if We approve it, will pay the Beneficiary. The amount We will pay is the amount that could have been converted.

The amount that could have been converted will not be paid as insurance under both a new individual conversion policy and the Group Policy.

ELIGIBILITY FOR CONTINUATION OF CERTAIN INSURANCE WHILE YOU ARE TOTALLY DISABLED

If You become Totally Disabled while You are insured for Continuation Eligible Insurance under this policy, You may qualify to continue certain insurance under this section. If continued, premium payment will not be required. We will determine if You qualify for this continuation after We receive Proof that You have satisfied the conditions of this section.

Total Disability must start before You attain age 60 and while You are insured for Continuation Eligible Insurance.

Your Total Disability must continue without interruption from the date You became Totally Disabled through the end of the Continuation Waiting Period.

DEFINITIONS

For the purpose of this section, "Continuation Eligible Insurance" means

- Basic Life Insurance; and
- Supplemental Life Insurance, if You were insured for Supplemental Life Insurance for 12 months before Total Disability began;
- Basic Accidental Death and Dismemberment Insurance if You continue Basic or Supplemental Life Insurance;
- Supplemental Accidental Death and Dismemberment Insurance if You continue Basic or Supplemental Life Insurance;

to the extent that such insurance was in effect for You on the date Your Total Disability began.

Continuation Eligible Insurance does not include Life Insurance amounts accelerated under the section entitled LIFE INSURANCE: ACCELERATED BENEFIT OPTION FOR YOU.

Continuation Waiting Period means the period which starts on the date You become Totally Disabled and ends 6 consecutive months later.

Total Disability or **Totally Disabled** means, for purposes of this section, that due to an injury or sickness:

- You are unable to perform the material duties of Your regular job; and
- You are unable to perform any other job for which You are fit by education, training or experience.

TOTAL DISABILITY AND PROOF REQUIREMENTS

If You become disabled You should contact Us as soon as reasonably possible. After the Continuation Waiting Period ends, You must send Us Proof that You were Totally Disabled with no interruption throughout the Continuation Waiting Period. You must do this within the time frame specified in the section entitled FILING A CLAIM.

As part of such Proof, We may choose a Physician to examine You to verify that You are Totally Disabled. We will pay for the exam.

After We receive and review Your Proof, We will determine if You qualify. We will notify You in writing of Our decision.

To verify that You continue to be Totally Disabled without interruption, We may require from time to time that You send Us Proof that You continue to be Totally Disabled. We will not ask for Proof more than once each year.

ELIGIBILITY FOR CONTINUATION OF CERTAIN INSURANCE WHILE YOU ARE TOTALLY DISABLED (Continued)

IF YOU DIE OR SUSTAIN A LOSS COVERED BY THE CONTINUED INSURANCE DURING CONTINUATION

If You die or sustain a loss for which You believe benefits may be payable during the continuation, Proof of the death must be sent to Us. In addition to the Proof which is otherwise required for the insurance, the Proof must show that Your Total Disability continued with no interruption from the date We informed You that the continuation was approved until the date of the death or the date of loss.

When We receive such Proof with the claim, We will review the claim and if We approve it, will pay any benefit payable under the insurance continued under this section.

EFFECT OF PREVIOUS CONVERSION

If You converted any portion of Your Continuation Eligible Life Insurance to an individual policy, We will only pay the life insurance under this section if the individual policy is returned to Us. If it is returned to Us, We will refund to Your estate the premiums paid for such policy without interest, less any debt incurred under such policy.

If such individual policy is not returned to Us, We will pay the life insurance in effect under the individual policy.

We will not pay insurance under both the Group Policy and the individual policy.

EFFECT OF PREVIOUS ELECTION TO PORT COVERAGE

If You ported any portion of Your Continuation Eligible Insurance to a certificate under another policy, We will only pay insurance under this section if the other policy's certificate is surrendered to Us. If it is returned to Us, We will refund to Your estate the premiums paid under such policy without interest.

If that certificate is not returned to Us, We will pay any insurance which applies under the other policy's certificate.

We will not pay insurance under both this Group Policy and the other policy.

DATE CONTINUATION ENDS

The Continuation Eligible Insurance continued under this section may be continued in a reduced amount on account of Your age or the payment of accelerated benefits and will end at the earliest of:

1. the date You die;
2. the date Your Total Disability ends;
3. the date You do not give Us Proof of Total Disability, as required;
4. the date You refuse to be examined by Our Physician, as required; or
5. the date You attain age 65.

Option To Convert Your Continuation Eligible Life Insurance

When a continuation under this section ends, You may buy an individual policy of life insurance from Us. The details of this option are described in the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU. For the purpose of that section, the end of this continuation will be considered the end of Your employment. You may not use the conversion option described in those sections if before the end of the Application Period for conversion You return to Active Work in an eligible class and become insured under the Group Policy. You will not be able to convert any of Your Continuation Eligible Life Insurance which You have already converted to an individual policy.

ELIGIBILITY FOR CONTINUATION OF CERTAIN INSURANCE WHILE YOU ARE TOTALLY DISABLED (Continued)

Option To Port Your Continuation Eligible Insurance

When a continuation under this section ends, You may elect to port to a different policy the insurance which has been continued under this section. The details of this option are described in the At Your Option: Portability subsection of the CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT section. For the purpose of that section, the end of this continuation will be considered the end of Your employment. You may not use the portability option described in that section if before the end of the Portability Request Period, You return to Active Work in an eligible class and become insured under the Group Policy. You will not be able to port any of Your Continuation Eligible Insurance which You have already converted to an individual policy.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

If You sustain an accidental injury that is the Direct and Sole Cause of a Covered Loss described in the SCHEDULE OF BENEFITS, Proof of the accidental injury and Covered Loss must be sent to Us. When We receive such Proof We will review the claim and, if We approve it, will pay the insurance in effect on the date of the injury.

Direct and Sole Cause means that the Covered Loss was a direct result of the accidental injury, independent of other causes.

We will deem a loss to be the direct result of an accidental injury if it results from unavoidable exposure to the elements and such exposure was a direct result of an accident.

PRESUMPTION OF DEATH

You will be presumed to have died as a result of an accidental injury if:

- the aircraft or other vehicle in which You were traveling disappears, sinks, or is wrecked; and
- the body of the person who has disappeared is not found within 1 year of:
 - the date the aircraft or other vehicle was scheduled to have arrived at its destination, if traveling in an aircraft or other vehicle operated by a Common Carrier; or
 - the date the person is reported missing to the authorities, if traveling in any other aircraft or other vehicle.

EXCLUSIONS (See notice page for residents of Missouri)

We will not pay benefits under this section for any loss caused or contributed to by:

1. physical or mental illness or infirmity, or the diagnosis or treatment of such illness or infirmity;
2. infection, other than infection occurring in an external accidental wound;
3. suicide or attempted suicide;
4. intentionally self-inflicted injury;
5. service in the armed forces of any country or international authority. However, service in reserve forces does not constitute service in the armed forces, unless in connection with such reserve service an individual is on active military duty as determined by the applicable military authority other than weekend or summer training. For purposes of this provision reserve forces are defined as reserve forces of any branch of the military of the United States or of any other country or international authority, including but not limited to the National Guard of the United States or the national guard of any other country;
6. any incident related to:
 - travel in an aircraft as a pilot, crew member, flight student or while acting in any capacity other than as a passenger;
 - travel in an aircraft for the purpose of parachuting or otherwise exiting from such aircraft while it is in flight;
 - parachuting or otherwise exiting from an aircraft while such aircraft is in flight, except for self-preservation;
 - travel in an aircraft or device used:
 - for testing or experimental purposes;
 - by or for any military authority; or
 - for travel or designed for travel beyond the earth's atmosphere;
7. committing or attempting to commit a felony;

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)

8. the voluntary intake or use by any means of:
 - any drug, medication or sedative, unless it is:
 - taken or used as prescribed by a Physician; or
 - an “over the counter” drug, medication or sedative taken as directed;
 - alcohol in combination with any drug, medication, or sedative; or
 - poison, gas, or fumes; or
9. war, whether declared or undeclared; or act of war, insurrection, rebellion, riot, or terrorist act.

Exclusion for Intoxication

We will not pay benefits under this section for any loss if the injured party is intoxicated at the time of the incident and is the operator of a vehicle or other device involved in the incident.

Intoxicated means that the injured person’s blood alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident occurred.

BENEFIT PAYMENT

For loss of Your life, We will pay benefits to Your Beneficiary.

For any other loss sustained by You We will pay benefits to You.

If You sustain more than one Covered Loss due to an accidental injury, the amount We will pay, on behalf of any such injured person, will not exceed the Full Amount.

We will pay benefits in one sum. Other modes of payment may be available upon request. For details call Our toll free number shown on the Certificate Face Page.

APPLICABILITY OF PROVISIONS

The provisions set forth in this ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section apply to all Accidental Death and Dismemberment Insurance – Additional Benefit sections included in this certificate except as may otherwise be provided in such Additional Benefit sections.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)**ADDITIONAL BENEFIT: SEAT BELT USE**

If You die as a result of an accidental injury, We will pay this additional Seat Belt Use benefit if:

1. We pay a benefit for loss of life under the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that the deceased person:
 - was in an accident while driving or riding as a passenger in a Passenger Car;
 - was wearing a Seat Belt which was properly fastened at the time of the accident; and
 - died as a result of injuries sustained in the accident.

A police officer investigating the accident must certify that the Seat Belt was properly fastened. A copy of such certification must be submitted to Us with the claim for benefits.

Passenger Car means any validly registered four-wheel private passenger car, four-wheel drive vehicle, sports-utility vehicle, pick-up truck or mini-van. It does not include any commercially licensed car, any private car being used for commercial purposes, or any vehicle used for recreational or professional racing.

Seat Belt means any restraint device that:

- meets published United States Government safety standards;
- is properly installed by the car manufacturer; and
- is not altered after the installation.

The term includes any child restraint device that meets the requirements of state law.

BENEFIT AMOUNT

The Seat Belt Use benefit is an additional benefit equal to 10% of the Full Amount shown in the SCHEDULE OF BENEFITS. However, the amount We will pay for this benefit will not be less than \$1,000 or more than \$25,000.

BENEFIT PAYMENT

For loss of Your life, We will pay benefits to Your Beneficiary.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)**ADDITIONAL BENEFIT: AIR BAG USE**

If You die as a result of an accidental injury, We will pay this additional benefit if:

1. We pay a benefit for loss of life under the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that the deceased person:
 - was in an accident while driving or riding as a passenger in a Passenger Car equipped with an Air Bag(s);
 - was riding in a seat protected by an Air Bag;
 - was wearing a Seat Belt which was properly fastened at the time of the accident; and
 - died as a result of injuries sustained in the accident.

A police officer investigating the accident must certify that the Seat Belt was properly fastened and that the Passenger Car in which the deceased was traveling was equipped with Air Bags. A copy of such certification must be submitted to Us with the claim for benefits.

Passenger Car means any validly registered four-wheel private passenger car, four-wheel drive vehicle, sports-utility vehicle, pick-up truck or mini-van. It does not include any commercially licensed car, any private car being used for commercial purposes, or any vehicle used for recreational or professional racing.

Seat Belt means any restraint device that:

- meets published United States government safety standards;
- is properly installed by the car manufacturer; and
- is not altered after the installation.

The term includes any child restraint device that meets the requirements of state law.

Air Bag means an inflatable restraint device that:

- meets published United States government safety standards;
- is properly installed by the car manufacturer; and
- is not altered after the installation.

BENEFIT AMOUNT

The Air Bag Use Benefit is an additional benefit equal to 5% of the Full Amount shown in the SCHEDULE OF BENEFITS. However, the amount We will pay for this benefit will not be less than \$1,000 or more than \$10,000.

BENEFIT PAYMENT

For loss of Your life, We will pay benefits to Your Beneficiary.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)

ADDITIONAL BENEFIT: CHILD CARE

If You die as a result of an accidental injury, We will pay this additional Child Care benefit if:

1. We pay a benefit for loss of life under the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that:
 - on the date of Your death a Child was enrolled in a Child Care Center; or
 - within 12 months after the date of Your death a Child was enrolled in a Child Care Center.

Child Care Center means a facility that:

- is operated and licensed according to the law of the jurisdiction where it is located; and
- provides care and supervision for children in a group setting on a regularly scheduled and daily basis.

BENEFIT AMOUNT

For each Child who qualifies for this benefit, We will pay an amount equal to the Child Care Center charges incurred for a period of up to 4 consecutive years, not to exceed:

- an annual maximum of \$5,000; and
- an overall maximum of 12% of the Full Amount shown in the SCHEDULE OF BENEFITS.

We will not pay for Child Care Center charges incurred after the date a Child attains age 12.

We may require Proof of the Child's continued enrollment in a Child Care Center during the period for which a benefit is claimed.

BENEFIT PAYMENT

We will pay this benefit quarterly when We receive Proof that Child Care Center charges have been paid. Payment will be made to the person who pays such charges on behalf of the Child.

If this benefit is in effect on the date You die and there is no Child who could qualify for it, We will pay \$1,000 to Your Beneficiary in one sum.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)

ADDITIONAL BENEFIT: CHILD EDUCATION

If You die as a result of an accidental injury, We will pay this additional Child Education benefit if:

1. We pay a benefit for loss of life under the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that on the date of Your death a Child was:
 - enrolled as a full-time student in an accredited college, university or vocational school above the 12th grade level; or
 - at the 12th grade level and, within one year after the date of Your death, enrolls as a full-time student in an accredited college, university or vocational school.

BENEFIT AMOUNT

For each Child who qualifies for this benefit, We will pay an amount equal to the tuition charges incurred for a period of up to 4 consecutive academic years, not to exceed:

- an academic year maximum of \$10,000; and
- an overall maximum of 20% of the Full Amount shown in the SCHEDULE OF BENEFITS.

We may require Proof of the Child's continued enrollment as a full-time student during the period for which a benefit is claimed.

BENEFIT PAYMENT

We will pay this benefit semi-annually when We receive Proof that tuition charges have been paid. Payment will be made to the person who pays such charges on behalf of the Child.

If this benefit is in effect on the date You die and there is no Child who could qualify for it, We will pay \$1,000 to Your Beneficiary in one sum.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)

ADDITIONAL BENEFIT: SPOUSE EDUCATION

If You die as a result of an accidental injury, We will pay this additional Spouse Education benefit if:

1. We pay a benefit for loss of life under the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that:
 - on the date of Your death, Your Spouse was enrolled as a full-time student in an accredited school; or
 - within 12 months after the date of Your death, Your Spouse enrolls as a full-time student in an accredited school.

BENEFIT AMOUNT

We will pay an amount equal to the tuition charges incurred for a period of up to 1 academic year, not to exceed:

- an academic year maximum of \$5,000; and
- an overall maximum of 3% of the Full Amount shown in the SCHEDULE OF BENEFITS.

We may require Proof of the Spouse's continued enrollment as a full-time student during the period for which a benefit is claimed.

BENEFIT PAYMENT

We will pay this benefit semi-annually when We receive Proof that tuition charges have been paid. Payment will be made to the Spouse.

If this benefit is in effect on the date You die and there is no Spouse who could qualify for it, We will pay \$1,000 to Your Beneficiary in one sum.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)

ADDITIONAL BENEFIT: HOSPITAL CONFINEMENT

Subject to the provisions of the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE, We will pay this additional benefit if:

1. We receive Proof that You are confined in a Hospital as a result of an accidental injury which is the direct result of such confinement independent of other causes; and
2. This benefit is in effect on the date of the injury.

BENEFIT AMOUNT

We will pay an amount for each full month of Hospital Confinement equal to the lesser of:

- 1% of the Full Amount shown in the SCHEDULE OF BENEFITS; and
- \$2,500.

We will pay this benefit on a monthly basis beginning on the 5th day of confinement, for up to 12 months of continuous confinement. This benefit will be paid on a pro-rata basis for any partial month of confinement.

We will only pay benefits for one period of continuous confinement for any accidental injury. That period will be the first period of confinement that qualifies for payment.

BENEFIT PAYMENT

Benefit payments will be made monthly. Payment will be made to You.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)

ADDITIONAL BENEFIT: COMMON CARRIER

If You die as a result of an accidental injury, We will pay this additional benefit if:

1. We pay a benefit for loss of life under the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that the injury resulting in the deceased's death occurred while traveling in a Common Carrier.

BENEFIT AMOUNT

The Common Carrier Benefit is an amount equal to the Full Amount shown in the SCHEDULE OF BENEFITS.

BENEFIT PAYMENT

For loss of Your life, We will pay benefits to Your Beneficiary.

FILING A CLAIM

The Policyholder should have a supply of claim forms. Obtain a claim form from the Policyholder and fill it out carefully. Return the completed claim form with the required Proof to the Policyholder. The Policyholder will certify Your insurance under the Group Policy and send the certified claim form and Proof to Us.

When We receive the claim form and Proof, We will review the claim and, if We approve it, We will pay benefits subject to the terms and provisions of this certificate and the Group Policy.

CLAIMS FOR LIFE INSURANCE BENEFITS

When a claimant files a claim for Life Insurance benefits, Proof should be sent to Us as soon as is reasonably possible after the death of an insured.

When a claimant files a claim to continue Life Insurance while being Totally Disabled, Proof should be sent to Us as soon as reasonably possible, but in all events must be received by Us within 12 months of the date the claimant became Totally Disabled, except in the case of legal incapacity of the claimant.

CLAIMS FOR OTHER INSURANCE BENEFITS

When a claimant files a claim for any other insurance benefits described in this certificate, both the notice of claim and the required Proof should be sent to Us within 90 days of the date of a loss.

Notice of claim and Proof may also be given to Us by following the steps set forth below:

Step 1

A claimant may give Us notice by calling Us at the toll free number shown in the Certificate Face Page within 20 days of the date of a loss.

Step 2

We will send a claim form to the claimant and explain how to complete it. The claimant should receive the claim form within 15 days of giving Us notice of claim.

Step 3

When the claimant receives the claim form, the claimant should fill it out as instructed and return it with the required Proof described in the claim form.

If the claimant does not receive a claim form within 15 days after giving Us notice of claim, Proof may be sent using any form sufficient to provide Us with the required Proof.

Step 4

The claimant must give Us Proof not later than 90 days after the date of the loss.

If notice of claim or Proof is not given within the time limits described in this section, the delay will not cause a claim to be denied or reduced if such notice and Proof are given as soon as is reasonably possible.

Time Limit on Legal Actions. A legal action on a claim may only be brought against Us during a certain period. This period begins 60 days after the date Proof is filed and ends 3 years after the date such Proof is required.

GENERAL PROVISIONS

Assignment

The rights and benefits under the Group Policy are not assignable prior to a claim for benefits, except as required by law. We are not responsible for the validity of an assignment.

Beneficiary

You may designate a Beneficiary in Your application or enrollment form. You may change Your Beneficiary at any time. To do so, You must send a Signed and dated, Written request to the Policyholder using a form satisfactory to Us. Your Written request to change the Beneficiary must be sent to the Policyholder within 30 days of the date You Sign such request.

You do not need the Beneficiary's consent to make a change. When We receive the change, it will take effect as of the date You Signed it. The change will not apply to any payment made in good faith by Us before the change request was recorded.

If two or more Beneficiaries are designated and their shares are not specified, they will share the insurance equally.

If there is no Beneficiary designated or no surviving designated Beneficiary at Your death, We may determine the Beneficiary to be one or more of the following who survive You:

- Your Spouse;
- Your child(ren);
- Your parent(s); or
- Your sibling(s).

Instead of making payment to any of the above, We may pay Your estate. Any payment made in good faith will discharge our liability to the extent of such payment. If a Beneficiary or a payee is a minor or incompetent to receive payment, We will pay that person's guardian.

For Your Life Insurance for Your Dependents, We may pay You as the Beneficiary if alive. If you are not alive, We may determine the Beneficiary to be one or more of the following who survive You:

- Your Spouse;
- Your child(ren);
- Your parent(s); or
- Your sibling(s).

Instead of making payment to any of the above, We may pay Your estate. Any payment made in good faith will discharge our liability to the extent of such payment.

If You and any Dependent die within a 24 hour period, We will pay the Dependent's Life Insurance to the Beneficiary receiving payment of your Life Insurance or We may pay Your estate. If a Beneficiary or a payee is a minor or incompetent to receive payment, We will pay that person's guardian.

Suicide

For Supplemental Life

If You commit suicide within 2 years from the date Life Insurance for You takes effect, We will not pay such insurance and Our liability will be limited as follows:

- any premium paid by You will be returned to the Beneficiary; and
- any premium paid by the Policyholder will be returned to the Policyholder.

GENERAL PROVISIONS (continued)

If You commit suicide within 2 years from the date an increase in Your Life Insurance takes effect, We will pay to the Beneficiary the amount of Insurance in effect on the day before the increase. Any premium You paid for the increase will be returned to the Beneficiary. Any premium paid by the Policyholder for the increase will be returned to the Policyholder.

For Dependent Life

If a Dependent commits suicide within 2 years from the date Life Insurance for such Dependent takes effect, We will not pay such insurance and Our liability will be limited as follows:

- any premium paid by You will be returned to the Beneficiary; and
- any premium paid by the Policyholder will be returned to the Policyholder.

If a Dependent commits suicide within 2 years from the date an increase in Life Insurance for such Dependent takes effect, We will pay to the Beneficiary the amount of Insurance in effect on the day before the increase. Any premium You paid for the increase will be returned to the Beneficiary. Any premium paid by the Policyholder for the increase will be returned to the Policyholder.

Entire Contract

Your insurance is provided under a contract of group insurance with the Policyholder. The entire contract with the Policyholder is made up of the following:

1. the Group Policy and its Exhibits, which include the certificate(s);
2. the Policyholder's application; and
3. any amendments and/or endorsements to the Group Policy.

Incontestability: Statements Made by You

Any statement made by You will be considered a representation and not a warranty. We will not use such statement to avoid Life Insurance, reduce benefits or defend a claim unless the following requirements are met:

1. the statement is in a Written application or enrollment form;
2. You have Signed the application or enrollment form; and
3. a copy of the application or enrollment form has been given to You or Your Beneficiary.

For Life Insurance

We will not use Your statements which relate to insurability to contest life insurance after it has been in force for 2 years during Your life. In addition, We will not use such statements to contest an increase or benefit addition to such insurance after the increase or benefit has been in force for 2 years during Your life.

For Accidental Death and Dismemberment Insurance

We will not use Your statements which relate to insurability to contest Accidental Death and Dismemberment Insurance after it has been in force for 2 years during Your life, unless the statement is fraudulent. In addition, We will not use such statements to contest an increase or benefit addition to such insurance after the increase or benefit has been in force for 2 years during Your life, unless the statement is fraudulent.

Misstatement of Age

If Your or Your Dependent's age is misstated, the correct age will be used to determine if insurance is in effect and, as appropriate, We will adjust the benefits and/or premiums.

GENERAL PROVISIONS (continued)

Conformity with Law

If the terms and provisions of this certificate do not conform to any applicable law, this certificate shall be interpreted to so conform.

Physical Exams

If a claim is submitted for insurance benefits other than life insurance benefits, We have the right to ask the insured to be examined by a Physician(s) of Our choice as often as is reasonably necessary to process the claim. We will pay the cost of such exam.

Autopsy

We have the right to make a reasonable request for an autopsy where permitted by law. Any such request will set forth the reasons We are requesting the autopsy.

THIS IS THE END OF THE CERTIFICATE.
THE FOLLOWING IS ADDITIONAL INFORMATION.

ERISA INFORMATION**NAME AND ADDRESS OF EMPLOYER AND PLAN ADMINISTRATOR**

Peoples Natural Gas Company LLC
 1201 Pitt Street
 Pittsburgh, PA 15221

EMPLOYER IDENTIFICATION NUMBER: 27-3041583

PLAN NUMBER	COVERAGE	PLAN NAME
501	All Coverages	Peoples Natural Gas Company LLC

TYPE OF ADMINISTRATION

The above listed benefits are insured by Metropolitan Life Insurance Company ("MetLife").

AGENT FOR SERVICE OF LEGAL PROCESS

For disputes arising under the Plan, service of legal process may be made upon the Plan administrator at the above address. For disputes seeking payment of benefits, service of legal process may be made upon MetLife by serving MetLife's designated agent to accept service of process.

ELIGIBILITY FOR INSURANCE; DESCRIPTION OR SUMMARY OF BENEFITS

Your MetLife certificate describes the eligibility requirements for insurance provided by MetLife under the Plan. It also includes a detailed description of the insurance provided by MetLife under the Plan.

PLAN TERMINATION OR CHANGES

The group policy sets forth those situations in which the Employer and/or MetLife have the rights to end the policy.

The Employer reserves the right to change or terminate the Plan at any time. Therefore, there is no guarantee that you will be eligible for the insurance described herein for the duration of your employment. Any such action will be taken only after careful consideration.

Your consent or the consent of your beneficiary is not required to terminate, modify, amend, or change the Plan.

In the event Your insurance ends in accordance with the DATE YOUR INSURANCE ENDS and DATE YOUR INSURANCE FOR YOUR DEPENDENTS ENDS subsections of Your certificate, you may still be eligible to receive benefits. The circumstances under which benefits are available are described in Your MetLife certificate.

CONTRIBUTIONS

No contribution is required for Basic Life Insurance and Accidental Death and Dismemberment Insurance.

You must make a contribution to the cost of Supplemental Life Insurance, Supplemental Accidental Death and Dismemberment Insurance and Dependent Life Insurance.

The total premium rate for insurance provided under the Plan by MetLife is set by MetLife.

PLAN YEAR

The Plan's fiscal records are kept on a Plan year basis beginning each January 1st and ending on the following December 31st.

Qualified Domestic Relations Orders/Qualified Medical Child Support Orders

You and your beneficiaries can obtain, without charge, from the Plan Administrator a copy of any procedures governing Qualified Domestic Relations Orders (QDRO) and Qualified Medical Child Support Orders (QMCSO).

CLAIMS INFORMATION**Procedures for Presenting Claims for Life and Accidental Death and Dismemberment Benefits**

All claim forms needed to file for benefits under the group insurance program can be obtained from the Employer who will also be ready to answer questions about the insurance benefits and to assist you or, if applicable, the claimant in filing claims. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim. Be sure all questions are answered fully.

Routine Questions

If there is any question about a claim payment, an explanation may be requested from the employer who is usually able to provide the necessary information.

CLAIM SUBMISSION

In submitting claims for life and accidental death and dismemberment benefits ("Benefits"), the claimant must complete the appropriate claim form and submit the required Proof as described in the certificate.

Claim forms must be submitted in accordance with the instructions on the claim form.

Initial Determination

After MetLife receives your claim for Benefits, MetLife will review your claim and notify you of its decision to approve or deny your claim.

Such notification will be provided to you within a reasonable period, not to exceed 90 days from the date we received your claim, unless MetLife notifies you within that period that there are special circumstances requiring an extension of time of up to 90 additional days.

If MetLife denies your claim in whole or in part, the notification of the claims decision will state the reason why your claim was denied and reference the specific Plan provision(s) on which the denial is based. If the claim is denied because MetLife did not receive sufficient information, the claims decision will describe the additional information needed and explain why such information is needed. The notification will also include a description of the Plan review procedures and time limits, including a statement of your right to bring a civil action if your claim is denied after an appeal.

Appealing the Initial Determination

In the event a claim has been denied in whole or in part, you or, if applicable, your beneficiary can request a review of your claim by MetLife. This request for review should be sent in writing to Group Insurance Claims Review at the address of MetLife's office which processed the claim within 60 days after you or, if applicable, your beneficiary received notice of denial of the claim. When requesting a review, please state the reason you or, if applicable, your beneficiary believe the claim was improperly denied and submit in writing any written comments, documents, records or other information you or, if applicable, your beneficiary deem appropriate. Upon your written request, MetLife will provide you free of charge with copies of relevant documents, records and other information.

MetLife will re-evaluate all the information, will conduct a full and fair review of the claim, and you or, if applicable, your beneficiary will be notified of the decision. Such notification will be provided within a reasonable period not to exceed 60 days from the date we received your request for review, unless MetLife notifies you within that period that there are special circumstances requiring an extension of time of up to 60 additional days.

If MetLife denies the claim on appeal, MetLife will send you a final written decision that states the reason(s) why the claim you appealed is being denied, references any specific Plan provision(s) on which the denial is based, any voluntary appeal procedures offered by the Plan, and a statement of your right to bring a civil action if your claim is denied after an appeal. Upon written request, MetLife will provide you free of charge with copies of documents, records and other information relevant to your claim.

Claims Involving Disability Determinations in connection with Life Insurance

Routine Questions

If there is any question about a claim payment, an explanation may be requested from the Employer who is usually able to provide the necessary information.

Claim Submission

For any claim which requires a determination of disability in connection with life insurance, the claimant must complete the appropriate claim form and submit the required proof as described in the certificate. For example, if your Plan provides that you are not required to continue paying for your life insurance coverage after you are found to be disabled, or if your plan provides that a portion of your life insurance benefits are payable to you after you are found to be disabled, your request for such determination is treated as a claim involving a disability determination.

Claim forms must be submitted in accordance with the instructions on the claim form.

Initial Determination

After MetLife receives your claim involving a disability determination, your claim will be reviewed and you will be notified of the decision to approve or deny your claim.

Such notification will be provided to you within a reasonable period, not to exceed 45 days from the date we received your claim; except for situations requiring an extension of time because of matters beyond the control of the Plan, in which case MetLife may have up to two (2) additional extensions of 30 days each to provide you such notification. If MetLife needs an extension, it will notify you prior to the expiration of the initial 45 day period (or prior to the expiration of the first 30 day extension period if a second 30 day extension period is needed), state the reason why the extension is needed, and state when it will make its determination. If an extension is needed because you did not provide sufficient information or filed an incomplete claim, the time from the date of MetLife's notice requesting further information and an extension until MetLife receives the requested information does not count toward the time period MetLife is allowed to notify you as to its claim decision. You will have 45 days to provide the requested information from the date you receive the extension notice requesting further information from MetLife.

If MetLife denies your claim in whole or in part, the notification of the claims decision will state the reason why your claim was denied and reference the specific Plan provision(s) on which the denial is based. If the claim

is denied because MetLife did not receive sufficient information, the claims decision will describe the additional information needed and explain why such information is needed. Further, if an internal rule, protocol, guideline or other criteria was relied upon in making the denial, the claims decision will state the rule, protocol, guideline or other criteria or indicate that such rule, protocol, guideline or other criteria was relied upon and that you may request a copy free of charge. The notification will also include a description of the Plan review procedures and time limits, including a statement of your right to bring a civil action if your claim is denied after an appeal.

Appealing the Initial Determination

If MetLife denies your claim, you may appeal the decision. Upon your written request, MetLife will provide you free of charge with copies of documents, records and other information relevant to your claim. You must submit your appeal to MetLife at the address indicated on the claim form within 180 days of receiving MetLife's decision. Appeals must be in writing and must include at least the following information:

- Name of Employee
- Name of the Plan
- Reference to the initial decision
- An explanation why you are appealing the initial determination

As part of your appeal, you may submit any written comments, documents, records, or other information relating to your claim.

After MetLife receives your written request appealing the initial determination, MetLife will conduct a full and fair review of your claim. Deference will not be given to the initial denial, and MetLife's review will look at the claim anew. The review on appeal will take into account all comments, documents, records, and other information that you submit relating to your claim without regard to whether such information was submitted or considered in the initial determination. The person who will review your appeal will not be the same person as the person who made the initial decision to deny your claim. In addition, the person who is reviewing the appeal will not be a subordinate of the person who made the initial decision to deny your claim. If the initial denial is based in whole or in part on a medical judgment, MetLife will consult with a health care professional with appropriate training and experience in the field of medicine involved in the medical judgment. This health care professional will not have consulted on the initial determination, and will not be a subordinate of any person who was consulted on the initial determination.

MetLife will notify you in writing of its final decision within a reasonable period of time, but no later than 45 days after MetLife's receipt of your written request for review, except that under special circumstances MetLife may have up to an additional 45 days to provide written notification of the final decision. If such an extension is required, MetLife will notify you prior to the expiration of the initial 45-day period, state the reason(s) why such an extension is needed, and state when it will make its determination. If an extension is needed because you did not provide sufficient information, the time period from MetLife's notice to you of the need for an extension to when MetLife receives the requested information does not count toward the time MetLife is allowed to notify you of its final decision. You will have 45 days to provide the requested information from the date you receive the notice from MetLife.

If MetLife denies the claim on appeal, MetLife will send you a final written decision that states the reason(s) why the claim you appealed is being denied, references any specific Plan provision(s) on which the denial is based, any voluntary appeal procedures offered by the Plan, and a statement of your right to bring a civil action if your claim is denied after an appeal. If an internal rule, protocol, guideline or other criteria was relied upon in denying the claim on appeal, the final written decision will state the rule, protocol, guideline or other criteria or indicate that such rule, protocol, guideline or other criteria was relied upon and that you may request a copy free of charge. Upon written request, MetLife will provide you free of charge with copies of documents, records and other information relevant to your claim.

Discretionary Authority of Plan Administrator and Other Plan Fiduciaries

In carrying out their respective responsibilities under the Plan, the Plan administrator and other Plan fiduciaries shall have discretionary authority to interpret the terms of the Plan and to determine eligibility for and entitlement to Plan benefits in accordance with the terms of the Plan. Any interpretation or determination made pursuant to such discretionary authority shall be given full force and effect, unless it can be shown that the interpretation or determination was arbitrary and capricious.

STATEMENT OF ERISA RIGHTS

The following statement is required by federal law and regulation.

As a participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all participants shall be entitled to:

Receive Information About Your Plan and Benefits

Examine, without charge, at the Plan administrator's office and at other specified locations, all Plan documents, including insurance contracts and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and copies of the latest annual report (Form 5500 Series) and updated summary plan descriptions. The administrator may make a reasonable charge for the copies.

Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries.

No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a welfare benefit is denied or ignored in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court.

In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in a Federal court.

If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court.

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees.

If you lose, the court may order you to pay these costs and fees; for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about your Plan, you should contact the Plan administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

FUTURE OF THE PLAN

It is hoped that the Plan will be continued indefinitely, but Peoples Natural Gas Company LLC reserves the right to change or terminate the Plan in the future. Any such action would be taken only after careful consideration.

The Board of Directors of Peoples Natural Gas Company LLC shall be empowered to amend or terminate the Plan or any benefit under the Plan at any time.

Supplementary ERISA Information For Legal Services

The ERISA information set forth above which pertains to Group Supplemental Life Insurance also applies to Legal Services – Will Preparation Benefit and Estate Resolution Benefit, except as noted below:

Coverage

Legal Services – Will Preparation Benefit and Estate Resolution Benefit

Type of Administration

Legal Services – Will Preparation Benefit and Estate Resolution Benefit is administered by Hyatt Legal Plans, Inc.

Agent for Service of Legal Process

For disputes arising under those portions of the Plan administered by Hyatt Legal Plans, Inc, service of legal process may be made upon Hyatt Legal Plans, Inc.

Eligibility For Will Preparation Benefit and Estate Resolution Benefit - Description or Summary of Benefits

Your MetLife Group Supplemental Life Insurance certificate describes the eligibility requirements for the Legal Services - Will Preparation Benefit and Estate Resolution Benefit under the Plan. It also includes a summary description of the benefit. For more detailed information, you may contact the provider, Hyatt Legal Plans, Inc. by phone at 1-800-821-6400.

Plan Termination or Changes

The Will Preparation Benefit and Estate Resolution Benefit is being provided by Hyatt Legal Plans, Inc. through an agreement between MetLife and Hyatt Legal Plans, Inc. and may be terminated at any time.

Contributions

No contribution is required for Legal Services – Will Preparation Benefit and Estate Resolution Benefit.

Claims Information

Claims information for Legal Services – Will Preparation Benefit and Estate Resolution Benefit may be obtained by contacting the provider, Hyatt Legal Plans, Inc. by phone at 1-800-821-6400.

For information about the Will Preparation Service and Estate Resolution Service, you may contact the provider, Hyatt Legal Plans, Inc. by phone.

Phone: 1-800-821-6400

DELTA NATURAL GAS COMPANY, INC.
CASE NO. 2021-00185

FIRST PSC DATA REQUEST
DATED MAY 13, 2021

44. Provide a listing of all retirement plans available to corporate officers individually and to groups defined as Directors, Managers, Supervisors, Exempt, Non-Exempt, Union, and Non-Union Hourly employees. Include the associated employee contribution rates, if any, and employer contribution rates of the total cost for each plan category.

Response:

The following plans are available to all employee groups. Defined Benefit is defined as “DB.”

- Delta 401(k) Plan - Prior to 4/30/2021:
 - Non-DB employees: 100% match on 4% of pay & 4% non-elective contribution
 - DB (accruing) employees: 100% match on 4% of pay
- Delta 401(k) Plan – Effective 5/1/2021:
 - Non-DB employees: 100% match on 6% of pay & 3% non-elective contribution
 - DB (frozen) employees: 100% match on 6% of pay and 3% non-elective contribution
- Peoples KY 401(k) Plan:
 - 125% match on 5% of pay & 3% non-matching employer contribution

Please see the attachment, which provides the total cost for each plan category. Employee names are redacted.

Sponsoring Witness:

William Packer

DELTA USES FISCAL YEAR FOR NON-ELECTIVE CONTRIBUTIONS

Row Labels	Sum of Employee Contribution	Sum of Non Elective	Sum of Employer Match	Sum of Employee Catchup
Peoples KY				
2018	\$ 38,304.68	\$ 17,135.60	\$ 34,309.35	\$ -
2019	\$ 40,708.95	\$ 17,289.23	\$ 35,416.25	\$ -
2020				
Exempt	\$ 5,114.67	\$ 1,917.94	\$ 3,995.90	\$ -
Non-Exempt	\$ 31,183.75	\$ 13,784.04	\$ 28,108.56	\$ -
Supervisor	\$ 7,388.95	\$ 2,770.86	\$ 5,772.62	\$ -
2020 Total	\$ 43,687.37	\$ 18,472.84	\$ 37,877.08	\$ -
Peoples KY Total	\$ 122,701.00	\$ 52,897.67	\$ 107,602.68	\$ -
Delta				
2018	\$ 534,302.25	\$ -	\$ 268,211.35	\$ 27,798.50
2019	\$ 494,225.80	\$ -	\$ 247,222.87	\$ 13,480.00
2020				
Director	\$ 30,248.55	\$ -	\$ 15,196.33	\$ 6,212.62
Exempt	\$ 86,473.84	\$ -	\$ 40,022.52	\$ -
Manager	\$ 76,756.65	\$ -	\$ 27,369.41	\$ -
Non-Exempt	\$ 266,529.83	\$ -	\$ 148,059.85	\$ -
Officer	\$ 16,569.17	\$ -	\$ 7,606.52	\$ 8,885.18
Part Time	\$ 43.96	\$ -	\$ 43.96	\$ -
Supervisor	\$ 128,209.64	\$ -	\$ 50,952.11	\$ -
2020 Total	\$ 604,831.64	\$ -	\$ 289,250.70	\$ 15,097.80
Delta Total	\$ 1,633,359.69	\$ -	\$ 804,684.92	\$ 56,376.30
Grand Total	\$ 1,756,060.69	\$ 52,897.67	\$ 912,287.60	\$ 56,376.30

Row Labels	Sum of Non Elective 07012017 - 06302018	Sum of Non Elective 07012018 - 06302019	Sum of Non Elective 07012019 - 06302020
Exempt	\$ 6,611.14	\$ 10,377.60	\$ 10,958.18
Manager	\$ 7,200.00	\$ 8,225.54	\$ 4,217.02
Non-Exempt	\$ 77,391.78	\$ 70,368.33	\$ 88,544.05
Supervisor	\$ 5,432.38	\$ 7,490.06	\$ 7,944.68
Grand Total	\$ 96,635.30	\$ 96,461.53	\$ 111,663.93

File Number	Group Comp	Name	Non Electiv	Non Electiv	Non Elective
65902	Non-Exempt		1428.00	1477.59	1547.76
66075	Exempt				1974.65
65903	Non-Exempt		1484.00	1536.14	1617.92
65904	Non-Exempt		1504.00	1618.60	1703.42
65905	Non-Exempt		1209.79	1272.99	1440.61
65908	Non-Exempt		1300.00	1363.59	1521.51
65911	Non-Exempt		1244.00	1332.76	1375.16
65912	Supervisor		1788.00	2151.50	2236.66
65915	Non-Exempt		1188.00	1245.09	1290.68
65916	Non-Exempt		1180.00	1219.80	
65918	Non-Exempt		1165.00	1432.23	1547.30
65920	Non-Exempt		1308.00	1446.45	1552.63
65922	Non-Exempt		1440.00	1485.56	1554.58
65926	Non-Exempt		1179.93	1469.61	1539.66
65927	Non-Exempt			1469.61	1538.38
65928	Non-Exempt		1304.00		
65931	Exempt		1489.14	1734.16	
66048	Non-Exempt		1464.00	1071.07	1580.93
65937	Non-Exempt		1180.00	1219.80	1256.70
65939	Manager		3683.33	4232.31	
65940	Non-Exempt		1344.00	1392.52	1458.42
65942	Non-Exempt		1576.00	1650.31	1731.05
65944	Non-Exempt		1724.00	1686.00	1755.30
65946	Non-Exempt		1756.00	1840.69	1950.52
65948	Non-Exempt		1444.00	1494.91	1572.62
65949	Exempt		1724.00	1816.28	1874.28
65951	Non-Exempt		1728.00	1793.92	1923.72
66064	Non-Exempt				1395.89
65953	Non-Exempt			1339.68	1417.16
65955	Exempt			1600.96	1195.34
65956	Non-Exempt		1308.00	1356.66	1399.20
65959	Non-Exempt		1188.00	1227.77	1265.82
65962	Non-Exempt		1304.00	1348.69	1507.96
65961	Non-Exempt		1324.66	1471.17	1587.08
	Non-Exempt		1436.00		
66111	Non-Exempt				1534.66
65964	Exempt		1674.00	1834.99	
65966	Non-Exempt		1440.00	1498.89	
65967	Non-Exempt		1756.00		
66041	Non-Exempt				1534.59
65971	Non-Exempt				1534.59
65972	Non-Exempt		1436.00	1481.57	
66066	Non-Exempt				1366.61
65974	Non-Exempt		1264.00	1332.76	1375.16
66042	Non-Exempt				1534.59

	Non-Exempt		672.17		
66124	Exempt				1688.44
65978	Non-Exempt		1580.00	1630.38	1707.48
	Non-Exempt		1724.00		
65981	Non-Exempt		1248.00		
66123	Non-Exempt				
65985	Non-Exempt		1436.00	1481.57	1551.81
65986	Non-Exempt		1444.00	1507.04	1593.89
65987	Non-Exempt				1397.17
66087	Non-Exempt				1396.93
65984	Non-Exempt		1308.00	1447.83	1557.95
65983	Non-Exempt		1311.51		
65991	Non-Exempt		1190.56	1348.69	1411.12
65991	Manager		3516.67	3993.23	4217.02
65993	Non-Exempt			1465.64	1557.43
65996	Supervisor		1740.38	3287.08	3452.71
66040	Non-Exempt				1669.05
65998	Non-Exempt		1468.00	1517.43	1587.74
65999	Non-Exempt		1448.00	1496.29	1575.38
66002	Non-Exempt				1397.17
66003	Non-Exempt		1413.28	1486.94	1536.35
66004	Exempt		1724.00	1775.38	2272.23
66006	Non-Exempt		1436.00		
66008	Non-Exempt		1360.26	1474.98	1547.76
66009	Non-Exempt		1122.37	1364.27	1541.82
66010	Supervisor		1904.00	2051.48	2255.31
66013	Non-Exempt		1412.50	1477.59	
66015	Non-Exempt		1548.00	1635.92	1845.19
66061	Non-Exempt				1334.27
66146	Non-Exempt		1584.00	587.94	1566.14
66021	Exempt			1615.83	1953.24
66038	Non-Exempt				1247.42
66024	Non-Exempt		1304.00		
66028	Non-Exempt		1436.00	1485.56	1538.07
	Non-Exempt		1440.00		
66033	Non-Exempt		1428.00	1472.21	1539.66
66034	Non-Exempt			1468.23	1534.59
66065	Non-Exempt				1395.89
66036	Non-Exempt		1304.00	1255.59	1211.56
66050	Non-Exempt		1436.00	1561.06	1687.49
	Non-Exempt		1398.96		
66037	Non-Exempt		1330.79	1626.74	1702.54

Row Labels	Sum of Non Elective	Sum of Employee Contribution	Sum of Employee Catchup	Sum of Employer Match
F37	\$ 52,897.67	\$ 122,701.00	\$ -	\$ 107,602.68
Exempt	\$ 5,426.50	\$ 13,786.38	\$ -	\$ 11,305.08
Non-Exempt	\$ 39,603.01	\$ 87,933.01	\$ -	\$ 79,905.70
Supervisor	\$ 7,868.16	\$ 20,981.61	\$ -	\$ 16,391.90
XWK	\$ -	\$ 1,099,057.44	\$ 28,577.80	\$ 536,473.57
Director	\$ -	\$ 57,607.63	\$ 12,212.62	\$ 28,600.28
Exempt	\$ -	\$ 152,205.53	\$ -	\$ 74,552.78
Manager	\$ -	\$ 147,449.90	\$ 240.00	\$ 54,220.53
Non-Exempt	\$ -	\$ 473,909.11	\$ -	\$ 264,042.22
Officer	\$ -	\$ 35,569.17	\$ 14,885.18	\$ 18,806.54
Part Time	\$ -	\$ 78.68	\$ -	\$ 78.68
Supervisor	\$ -	\$ 232,237.42	\$ 1,240.00	\$ 96,172.54
Grand Total	\$ 52,897.67	\$ 1,221,758.44	\$ 28,577.80	\$ 644,076.25

Row Labels	Sum of Employer Match	Sum of Non Elective	Sum of Employee Catchup	Sum of Employee Contribution
F37	\$ 107,602.68	\$ 52,897.67	\$ -	\$ 122,701.00
2018	\$ 34,309.35	\$ 17,135.60	\$ -	\$ 38,304.68
Exempt	\$ 3,582.67	\$ 1,719.82	\$ -	\$ 4,012.60
Non-Exempt	\$ 25,500.75	\$ 12,907.36	\$ -	\$ 27,602.80
Supervisor	\$ 5,225.93	\$ 2,508.42	\$ -	\$ 6,689.28
2019	\$ 35,416.25	\$ 17,289.23	\$ -	\$ 40,708.95
Exempt	\$ 3,726.51	\$ 1,788.74	\$ -	\$ 4,659.11
Non-Exempt	\$ 26,296.39	\$ 12,911.61	\$ -	\$ 29,146.46
Supervisor	\$ 5,393.35	\$ 2,588.88	\$ -	\$ 6,903.38
2020	\$ 37,877.08	\$ 18,472.84	\$ -	\$ 43,687.37
Exempt	\$ 3,995.90	\$ 1,917.94	\$ -	\$ 5,114.67
Non-Exempt	\$ 28,108.56	\$ 13,784.04	\$ -	\$ 31,183.75
Supervisor	\$ 5,772.62	\$ 2,770.86	\$ -	\$ 7,388.95
XWK	\$ 804,684.92	\$ -	\$ 28,577.80	\$ 1,099,057.44
2018	\$ 268,211.35			
Director	\$ 20,406.75			
Exempt	\$ 32,254.15			
Manager	\$ 26,782.92			
Non-Exempt	\$ 122,423.88			
Officer	\$ 19,936.63			
Part Time	\$ 378.72			
Supervisor	\$ 46,028.30			
2019	\$ 247,222.87	\$ -	\$ 13,480.00	\$ 494,225.80
Director	\$ 13,403.95	\$ -	\$ 6,000.00	\$ 27,359.08
Exempt	\$ 34,530.26	\$ -	\$ -	\$ 65,731.69
Manager	\$ 26,851.12	\$ -	\$ 240.00	\$ 70,693.25
Non-Exempt	\$ 115,982.37	\$ -	\$ -	\$ 207,379.28
Officer	\$ 11,200.02	\$ -	\$ 6,000.00	\$ 19,000.00
Part Time	\$ 34.72	\$ -	\$ -	\$ 34.72
Supervisor	\$ 45,220.43	\$ -	\$ 1,240.00	\$ 104,027.78
2020	\$ 289,250.70	\$ -	\$ 15,097.80	\$ 604,831.64
Director	\$ 15,196.33	\$ -	\$ 6,212.62	\$ 30,248.55
Exempt	\$ 40,022.52	\$ -	\$ -	\$ 86,473.84
Manager	\$ 27,369.41	\$ -	\$ -	\$ 76,756.65
Non-Exempt	\$ 148,059.85	\$ -	\$ -	\$ 266,529.83
Officer	\$ 7,606.52	\$ -	\$ 8,885.18	\$ 16,569.17
Part Time	\$ 43.96	\$ -	\$ -	\$ 43.96
Supervisor	\$ 50,952.11	\$ -	\$ -	\$ 128,209.64
Grand Total	\$ 912,287.60	\$ 52,897.67	\$ 28,577.80	\$ 1,221,758.44

Payroll Company Code	File Number	Comp Group	First Name	Last Name	Pay Date1	Year	Non Elective	Employee Contribution	Employee Catchup	Employer Match
XWK	65929	Director			01/18/2019	2019	\$0.00	\$325.25	\$0.00	\$216.83
XWK	65929	Director			02/01/2019	2019	\$0.00	\$361.38	\$0.00	\$240.92
XWK	65929	Director			02/15/2019	2019	\$0.00	\$361.38	\$0.00	\$240.92
XWK	65929	Director			03/01/2019	2019	\$0.00	\$361.38	\$0.00	\$240.92
XWK	65929	Director			03/15/2019	2019	\$0.00	\$372.23	\$0.00	\$248.15
XWK	65929	Director			03/29/2019	2019	\$0.00	\$372.23	\$0.00	\$248.15
XWK	65929	Director			04/12/2019	2019	\$0.00	\$372.23	\$0.00	\$248.15
XWK	65929	Director			04/26/2019	2019	\$0.00	\$372.23	\$0.00	\$248.15
XWK	65929	Director			05/10/2019	2019	\$0.00	\$372.23	\$0.00	\$248.15
XWK	65929	Director			05/24/2019	2019	\$0.00	\$372.23	\$0.00	\$248.15
XWK	65929	Director			06/07/2019	2019	\$0.00	\$372.23	\$0.00	\$248.15
XWK	65929	Director			06/21/2019	2019	\$0.00	\$372.23	\$0.00	\$248.15
XWK	65929	Director			07/05/2019	2019	\$0.00	\$372.23	\$0.00	\$248.15
XWK	65929	Director			07/19/2019	2019	\$0.00	\$372.23	\$0.00	\$248.15
XWK	65929	Director			08/02/2019	2019	\$0.00	\$372.23	\$0.00	\$248.15
XWK	65929	Director			08/16/2019	2019	\$0.00	\$372.23	\$0.00	\$248.15
XWK	65929	Director			08/30/2019	2019	\$0.00	\$372.23	\$0.00	\$248.15
XWK	65929	Director			09/13/2019	2019	\$0.00	\$372.23	\$0.00	\$248.15
XWK	65929	Director			09/27/2019	2019	\$0.00	\$372.23	\$0.00	\$248.15
XWK	65929	Director			10/11/2019	2019	\$0.00	\$372.23	\$0.00	\$248.15
XWK	65929	Director			10/25/2019	2019	\$0.00	\$372.23	\$0.00	\$248.15
XWK	65929	Director			11/08/2019	2019	\$0.00	\$372.23	\$0.00	\$248.15
XWK	65929	Director			11/22/2019	2019	\$0.00	\$372.23	\$0.00	\$248.15
XWK	65929	Director			12/06/2019	2019	\$0.00	\$372.23	\$0.00	\$248.15
XWK	65929	Director			12/20/2019	2019	\$0.00	\$372.23	\$0.00	\$248.15
XWK	65929	Director			01/03/2020	2020	\$0.00	\$372.23	\$0.00	\$248.15
XWK	65929	Director			01/17/2020	2020	\$0.00	\$372.23	\$0.00	\$248.15
XWK	65929	Director			01/31/2020	2020	\$0.00	\$372.23	\$0.00	\$248.15
XWK	65929	Director			02/14/2020	2020	\$0.00	\$372.23	\$0.00	\$248.15
XWK	65929	Director			02/28/2020	2020	\$0.00	\$372.23	\$0.00	\$248.15
XWK	65929	Director			03/13/2020	2020	\$0.00	\$390.91	\$0.00	\$260.61
XWK	65929	Director			03/27/2020	2020	\$0.00	\$390.91	\$0.00	\$260.61
XWK	65929	Director			04/09/2020	2020	\$0.00	\$390.91	\$0.00	\$260.61
XWK	65929	Director			04/24/2020	2020	\$0.00	\$390.91	\$0.00	\$260.61
XWK	65929	Director			05/08/2020	2020	\$0.00	\$390.91	\$0.00	\$260.61
XWK	65929	Director			05/22/2020	2020	\$0.00	\$390.91	\$0.00	\$260.61
XWK	65929	Director			06/05/2020	2020	\$0.00	\$390.91	\$0.00	\$260.61
XWK	65929	Director			06/19/2020	2020	\$0.00	\$390.91	\$0.00	\$260.61
XWK	65929	Director			07/02/2020	2020	\$0.00	\$390.91	\$0.00	\$260.61
XWK	65929	Director			07/17/2020	2020	\$0.00	\$390.91	\$0.00	\$260.61
XWK	65929	Director			07/31/2020	2020	\$0.00	\$390.91	\$0.00	\$260.61
XWK	65929	Director			08/14/2020	2020	\$0.00	\$390.91	\$0.00	\$260.61
XWK	65929	Director			08/28/2020	2020	\$0.00	\$390.91	\$0.00	\$260.61
XWK	65929	Director			09/11/2020	2020	\$0.00	\$390.91	\$0.00	\$260.61
XWK	65929	Director			09/25/2020	2020	\$0.00	\$390.91	\$0.00	\$260.61

XWK	65929	Director	[REDACTED]	10/09/2020	2020	\$0.00	\$390.91	\$0.00	\$260.61
XWK	65929	Director	[REDACTED]	10/23/2020	2020	\$0.00	\$390.91	\$0.00	\$260.61
XWK	65929	Director	[REDACTED]	11/06/2020	2020	\$0.00	\$390.91	\$0.00	\$260.61
XWK	65929	Director	[REDACTED]	11/20/2020	2020	\$0.00	\$390.91	\$0.00	\$260.61
XWK	65929	Director	[REDACTED]	12/04/2020	2020	\$0.00	\$390.91	\$0.00	\$260.61
XWK	65929	Director	[REDACTED]	12/18/2020	2020	\$0.00	\$390.91	\$0.00	\$260.61
XWK	65929	Director	[REDACTED]	12/31/2020	2020	\$0.00	\$390.91	\$0.00	\$260.61
XWK	65990	Director	[REDACTED]	01/18/2019	2019	\$0.00	\$639.35	\$240.00	\$255.74
XWK	65990	Director	[REDACTED]	02/01/2019	2019	\$0.00	\$710.39	\$240.00	\$284.15
XWK	65990	Director	[REDACTED]	02/15/2019	2019	\$0.00	\$710.39	\$240.00	\$284.15
XWK	65990	Director	[REDACTED]	03/01/2019	2019	\$0.00	\$710.39	\$240.00	\$284.15
XWK	65990	Director	[REDACTED]	03/15/2019	2019	\$0.00	\$731.54	\$240.00	\$292.62
XWK	65990	Director	[REDACTED]	03/29/2019	2019	\$0.00	\$731.54	\$240.00	\$292.62
XWK	65990	Director	[REDACTED]	04/12/2019	2019	\$0.00	\$731.54	\$240.00	\$292.62
XWK	65990	Director	[REDACTED]	04/26/2019	2019	\$0.00	\$731.54	\$240.00	\$292.62
XWK	65990	Director	[REDACTED]	05/10/2019	2019	\$0.00	\$731.54	\$240.00	\$292.62
XWK	65990	Director	[REDACTED]	05/24/2019	2019	\$0.00	\$731.54	\$240.00	\$292.62
XWK	65990	Director	[REDACTED]	06/07/2019	2019	\$0.00	\$731.54	\$240.00	\$292.62
XWK	65990	Director	[REDACTED]	06/21/2019	2019	\$0.00	\$731.54	\$240.00	\$292.62
XWK	65990	Director	[REDACTED]	07/05/2019	2019	\$0.00	\$731.54	\$240.00	\$292.62
XWK	65990	Director	[REDACTED]	07/19/2019	2019	\$0.00	\$731.54	\$240.00	\$292.62
XWK	65990	Director	[REDACTED]	08/02/2019	2019	\$0.00	\$731.54	\$240.00	\$292.62
XWK	65990	Director	[REDACTED]	08/16/2019	2019	\$0.00	\$731.54	\$240.00	\$292.62
XWK	65990	Director	[REDACTED]	08/30/2019	2019	\$0.00	\$731.54	\$240.00	\$292.62
XWK	65990	Director	[REDACTED]	09/13/2019	2019	\$0.00	\$731.54	\$240.00	\$292.62
XWK	65990	Director	[REDACTED]	09/27/2019	2019	\$0.00	\$731.54	\$240.00	\$292.62
XWK	65990	Director	[REDACTED]	10/11/2019	2019	\$0.00	\$731.54	\$240.00	\$292.62
XWK	65990	Director	[REDACTED]	10/25/2019	2019	\$0.00	\$731.54	\$240.00	\$292.62
XWK	65990	Director	[REDACTED]	11/08/2019	2019	\$0.00	\$731.54	\$240.00	\$292.62
XWK	65990	Director	[REDACTED]	11/22/2019	2019	\$0.00	\$731.54	\$240.00	\$292.62
XWK	65990	Director	[REDACTED]	12/06/2019	2019	\$0.00	\$731.54	\$240.00	\$292.62
XWK	65990	Director	[REDACTED]	12/20/2019	2019	\$0.00	\$731.54	\$240.00	\$292.62
XWK	65990	Director	[REDACTED]	01/03/2020	2020	\$0.00	\$731.54	\$240.74	\$292.62
XWK	65990	Director	[REDACTED]	01/17/2020	2020	\$0.00	\$731.54	\$240.74	\$292.62
XWK	65990	Director	[REDACTED]	01/31/2020	2020	\$0.00	\$731.54	\$240.74	\$292.62
XWK	65990	Director	[REDACTED]	02/14/2020	2020	\$0.00	\$731.54	\$240.74	\$292.62
XWK	65990	Director	[REDACTED]	02/28/2020	2020	\$0.00	\$731.54	\$240.74	\$292.62
XWK	65990	Director	[REDACTED]	03/13/2020	2020	\$0.00	\$768.08	\$240.74	\$307.23
XWK	65990	Director	[REDACTED]	03/27/2020	2020	\$0.00	\$768.08	\$240.74	\$307.23
XWK	65990	Director	[REDACTED]	04/09/2020	2020	\$0.00	\$768.08	\$240.74	\$307.23
XWK	65990	Director	[REDACTED]	04/24/2020	2020	\$0.00	\$768.08	\$240.74	\$307.23
XWK	65990	Director	[REDACTED]	05/08/2020	2020	\$0.00	\$768.08	\$240.74	\$307.23
XWK	65990	Director	[REDACTED]	05/22/2020	2020	\$0.00	\$768.08	\$240.74	\$307.23
XWK	65990	Director	[REDACTED]	06/05/2020	2020	\$0.00	\$768.08	\$240.74	\$307.23
XWK	65990	Director	[REDACTED]	06/19/2020	2020	\$0.00	\$768.08	\$240.74	\$307.23
XWK	65990	Director	[REDACTED]	07/02/2020	2020	\$0.00	\$768.08	\$240.74	\$307.23

XWK	65990	Director		07/17/2020	2020	\$0.00	\$768.08	\$240.74	\$307.23
XWK	65990	Director		07/31/2020	2020	\$0.00	\$768.08	\$240.74	\$307.23
XWK	65990	Director		08/14/2020	2020	\$0.00	\$768.08	\$240.74	\$307.23
XWK	65990	Director		08/28/2020	2020	\$0.00	\$768.08	\$240.74	\$307.23
XWK	65990	Director		09/11/2020	2020	\$0.00	\$768.08	\$240.74	\$307.23
XWK	65990	Director		09/25/2020	2020	\$0.00	\$768.08	\$240.74	\$307.23
XWK	65990	Director		10/09/2020	2020	\$0.00	\$768.08	\$240.74	\$307.23
XWK	65990	Director		10/23/2020	2020	\$0.00	\$768.08	\$240.74	\$307.23
XWK	65990	Director		11/06/2020	2020	\$0.00	\$768.08	\$240.74	\$307.23
XWK	65990	Director		11/20/2020	2020	\$0.00	\$768.08	\$240.74	\$307.23
XWK	65990	Director		12/04/2020	2020	\$0.00	\$768.08	\$240.74	\$307.23
XWK	65990	Director		12/18/2020	2020	\$0.00	\$768.08	\$194.12	\$307.23
XWK	65990	Director		12/31/2020	2020	\$0.00	\$0.00	\$0.00	\$307.23
XWK	65929	Director		2018	2018				5421.96
XWK		Director		2018	2018				7439.94
XWK	65990	Director		2018	2018				4574.85
XWK		Director		2018	2018				2970.00
XWK	65929	Director			2018			8133.00	
XWK		Director			2018			14880.06	4500
XWK	65990	Director			2018			19201.50	5298.5
XWK		Director			2018			5940.00	
F37	65201	Exempt		01/05/2018	2018	\$64.58	\$150.68	\$0.00	\$134.54
F37	65201	Exempt		01/19/2018	2018	\$64.58	\$150.68	\$0.00	\$134.54
F37	65201	Exempt		02/02/2018	2018	\$64.58	\$150.68	\$0.00	\$134.54
F37	65201	Exempt		02/16/2018	2018	\$64.58	\$150.68	\$0.00	\$134.54
F37	65201	Exempt		03/02/2018	2018	\$64.58	\$150.68	\$0.00	\$134.54
F37	65201	Exempt		03/16/2018	2018	\$66.52	\$155.20	\$0.00	\$138.57
F37	65201	Exempt		03/29/2018	2018	\$66.52	\$155.20	\$0.00	\$138.57
F37	65201	Exempt		04/13/2018	2018	\$66.52	\$155.20	\$0.00	\$138.57
F37	65201	Exempt		04/27/2018	2018	\$66.52	\$155.20	\$0.00	\$138.57
F37	65201	Exempt		05/11/2018	2018	\$66.52	\$155.20	\$0.00	\$138.57
F37	65201	Exempt		05/25/2018	2018	\$66.52	\$155.20	\$0.00	\$138.57
F37	65201	Exempt		06/08/2018	2018	\$66.52	\$155.20	\$0.00	\$138.57
F37	65201	Exempt		06/22/2018	2018	\$66.52	\$155.20	\$0.00	\$138.57
F37	65201	Exempt		07/06/2018	2018	\$66.52	\$155.20	\$0.00	\$138.57
F37	65201	Exempt		07/20/2018	2018	\$66.52	\$155.20	\$0.00	\$138.57
F37	65201	Exempt		08/03/2018	2018	\$66.52	\$155.20	\$0.00	\$138.57
F37	65201	Exempt		08/17/2018	2018	\$66.52	\$155.20	\$0.00	\$138.57
F37	65201	Exempt		08/31/2018	2018	\$66.52	\$155.20	\$0.00	\$138.57
F37	65201	Exempt		09/14/2018	2018	\$66.52	\$155.20	\$0.00	\$138.57
F37	65201	Exempt		09/28/2018	2018	\$66.52	\$155.20	\$0.00	\$138.57
F37	65201	Exempt		10/12/2018	2018	\$66.52	\$155.20	\$0.00	\$138.57
F37	65201	Exempt		10/26/2018	2018	\$66.52	\$155.20	\$0.00	\$138.57
F37	65201	Exempt		11/09/2018	2018	\$66.52	\$155.20	\$0.00	\$138.57
F37	65201	Exempt		11/23/2018	2018	\$66.52	\$155.20	\$0.00	\$138.57
F37	65201	Exempt		12/07/2018	2018	\$66.52	\$155.20	\$0.00	\$138.57

F37	65201	Exempt		12/21/2018	2018	\$66.52	\$155.20	\$0.00	\$138.57
F37	65201	Exempt		01/04/2019	2019	\$66.52	\$155.20	\$0.00	\$138.57
F37	65201	Exempt		01/18/2019	2019	\$66.52	\$155.20	\$0.00	\$138.57
F37	65201	Exempt		02/01/2019	2019	\$66.52	\$155.20	\$0.00	\$138.57
F37	65201	Exempt		02/15/2019	2019	\$66.52	\$155.20	\$0.00	\$138.57
F37	65201	Exempt		03/01/2019	2019	\$66.52	\$155.20	\$0.00	\$138.57
F37	65201	Exempt		03/15/2019	2019	\$69.34	\$184.91	\$0.00	\$144.46
F37	65201	Exempt		03/29/2019	2019	\$69.34	\$184.91	\$0.00	\$144.46
F37	65201	Exempt		04/12/2019	2019	\$69.34	\$184.91	\$0.00	\$144.46
F37	65201	Exempt		04/26/2019	2019	\$69.34	\$184.91	\$0.00	\$144.46
F37	65201	Exempt		05/10/2019	2019	\$69.34	\$184.91	\$0.00	\$144.46
F37	65201	Exempt		05/24/2019	2019	\$69.34	\$184.91	\$0.00	\$144.46
F37	65201	Exempt		06/07/2019	2019	\$69.34	\$184.91	\$0.00	\$144.46
F37	65201	Exempt		06/21/2019	2019	\$69.34	\$184.91	\$0.00	\$144.46
F37	65201	Exempt		07/05/2019	2019	\$69.34	\$184.91	\$0.00	\$144.46
F37	65201	Exempt		07/19/2019	2019	\$69.34	\$184.91	\$0.00	\$144.46
F37	65201	Exempt		08/02/2019	2019	\$69.34	\$184.91	\$0.00	\$144.46
F37	65201	Exempt		08/16/2019	2019	\$69.34	\$184.91	\$0.00	\$144.46
F37	65201	Exempt		08/30/2019	2019	\$69.34	\$184.91	\$0.00	\$144.46
F37	65201	Exempt		09/13/2019	2019	\$69.34	\$184.91	\$0.00	\$144.46
F37	65201	Exempt		09/27/2019	2019	\$69.34	\$184.91	\$0.00	\$144.46
F37	65201	Exempt		10/11/2019	2019	\$69.34	\$184.91	\$0.00	\$144.46
F37	65201	Exempt		10/25/2019	2019	\$69.34	\$184.91	\$0.00	\$144.46
F37	65201	Exempt		11/08/2019	2019	\$69.34	\$184.91	\$0.00	\$144.46
F37	65201	Exempt		11/22/2019	2019	\$69.34	\$184.91	\$0.00	\$144.46
F37	65201	Exempt		12/06/2019	2019	\$69.34	\$184.91	\$0.00	\$144.46
F37	65201	Exempt		12/20/2019	2019	\$69.34	\$184.91	\$0.00	\$144.46
F37	65201	Exempt		01/03/2020	2020	\$69.34	\$184.91	\$0.00	\$144.46
F37	65201	Exempt		01/17/2020	2020	\$69.34	\$184.91	\$0.00	\$144.46
F37	65201	Exempt		01/31/2020	2020	\$69.34	\$184.91	\$0.00	\$144.46
F37	65201	Exempt		02/14/2020	2020	\$69.34	\$184.91	\$0.00	\$144.46
F37	65201	Exempt		02/28/2020	2020	\$69.34	\$184.91	\$0.00	\$144.46
F37	65201	Exempt		03/13/2020	2020	\$71.42	\$190.46	\$0.00	\$148.80
F37	65201	Exempt		03/27/2020	2020	\$71.42	\$190.46	\$0.00	\$148.80
F37	65201	Exempt		04/09/2020	2020	\$71.42	\$190.46	\$0.00	\$148.80
F37	65201	Exempt		04/24/2020	2020	\$71.42	\$190.46	\$0.00	\$148.80
F37	65201	Exempt		05/08/2020	2020	\$71.42	\$190.46	\$0.00	\$148.80
F37	65201	Exempt		05/22/2020	2020	\$71.42	\$190.46	\$0.00	\$148.80
F37	65201	Exempt		06/05/2020	2020	\$71.42	\$190.46	\$0.00	\$148.80
F37	65201	Exempt		06/19/2020	2020	\$71.42	\$190.46	\$0.00	\$148.80
F37	65201	Exempt		07/02/2020	2020	\$71.42	\$190.46	\$0.00	\$148.80
F37	65201	Exempt		07/17/2020	2020	\$71.42	\$190.46	\$0.00	\$148.80
F37	65201	Exempt		07/31/2020	2020	\$71.42	\$190.46	\$0.00	\$148.80
F37	65201	Exempt		08/14/2020	2020	\$71.42	\$190.46	\$0.00	\$148.80
F37	65201	Exempt		08/28/2020	2020	\$71.42	\$190.46	\$0.00	\$148.80
F37	65201	Exempt		09/11/2020	2020	\$71.42	\$190.46	\$0.00	\$148.80

F37	65201	Exempt		09/25/2020	2020	\$71.42	\$190.46	\$0.00	\$148.80
F37	65201	Exempt		10/09/2020	2020	\$71.42	\$190.46	\$0.00	\$148.80
F37	65201	Exempt		10/23/2020	2020	\$71.42	\$190.46	\$0.00	\$148.80
F37	65201	Exempt		11/06/2020	2020	\$71.42	\$190.46	\$0.00	\$148.80
F37	65201	Exempt		11/20/2020	2020	\$71.42	\$190.46	\$0.00	\$148.80
F37	65201	Exempt		12/04/2020	2020	\$71.42	\$190.46	\$0.00	\$148.80
F37	65201	Exempt		12/18/2020	2020	\$71.42	\$190.46	\$0.00	\$148.80
F37	65201	Exempt		12/31/2020	2020	\$71.42	\$190.46	\$0.00	\$148.80
XWK	65913	Exempt		01/18/2019	2019	\$0.00	\$283.29	\$0.00	\$94.43
XWK	65913	Exempt		02/01/2019	2019	\$0.00	\$314.77	\$0.00	\$104.92
XWK	65913	Exempt		02/15/2019	2019	\$0.00	\$314.77	\$0.00	\$104.92
XWK	65913	Exempt		03/01/2019	2019	\$0.00	\$314.77	\$0.00	\$104.92
XWK	65913	Exempt		03/15/2019	2019	\$0.00	\$325.85	\$0.00	\$108.62
XWK	65913	Exempt		03/29/2019	2019	\$0.00	\$325.85	\$0.00	\$108.62
XWK	65913	Exempt		04/12/2019	2019	\$0.00	\$353.00	\$0.00	\$108.62
XWK	65913	Exempt		04/26/2019	2019	\$0.00	\$353.00	\$0.00	\$108.62
XWK	65913	Exempt		05/10/2019	2019	\$0.00	\$353.00	\$0.00	\$108.62
XWK	65913	Exempt		05/24/2019	2019	\$0.00	\$353.00	\$0.00	\$108.62
XWK	65913	Exempt		06/07/2019	2019	\$0.00	\$353.00	\$0.00	\$108.62
XWK	65913	Exempt		06/21/2019	2019	\$0.00	\$353.00	\$0.00	\$108.62
XWK	65913	Exempt		07/05/2019	2019	\$0.00	\$353.00	\$0.00	\$108.62
XWK	65913	Exempt		07/19/2019	2019	\$0.00	\$353.00	\$0.00	\$108.62
XWK	65913	Exempt		08/02/2019	2019	\$0.00	\$353.00	\$0.00	\$108.62
XWK	65913	Exempt		08/16/2019	2019	\$0.00	\$353.00	\$0.00	\$108.62
XWK	65913	Exempt		08/30/2019	2019	\$0.00	\$353.00	\$0.00	\$108.62
XWK	65913	Exempt		09/13/2019	2019	\$0.00	\$353.00	\$0.00	\$108.62
XWK	65913	Exempt		09/27/2019	2019	\$0.00	\$353.00	\$0.00	\$108.62
XWK	65913	Exempt		10/11/2019	2019	\$0.00	\$353.00	\$0.00	\$108.62
XWK	65913	Exempt		10/25/2019	2019	\$0.00	\$353.00	\$0.00	\$108.62
XWK	65913	Exempt		11/08/2019	2019	\$0.00	\$353.00	\$0.00	\$108.62
XWK	65913	Exempt		11/22/2019	2019	\$0.00	\$353.00	\$0.00	\$108.62
XWK	65913	Exempt		12/06/2019	2019	\$0.00	\$353.00	\$0.00	\$108.62
XWK	65913	Exempt		12/20/2019	2019	\$0.00	\$353.00	\$0.00	\$108.62
XWK	65913	Exempt		01/03/2020	2020	\$0.00	\$353.00	\$0.00	\$108.62
XWK	65913	Exempt		01/17/2020	2020	\$0.00	\$353.00	\$0.00	\$108.62
XWK	65913	Exempt		01/31/2020	2020	\$0.00	\$353.00	\$0.00	\$108.62
XWK	65913	Exempt		02/14/2020	2020	\$0.00	\$353.00	\$0.00	\$108.62
XWK	65913	Exempt		02/28/2020	2020	\$0.00	\$353.00	\$0.00	\$108.62
XWK	65913	Exempt		03/13/2020	2020	\$0.00	\$362.96	\$0.00	\$111.68
XWK	65913	Exempt		03/27/2020	2020	\$0.00	\$362.96	\$0.00	\$111.68
XWK	65913	Exempt		04/09/2020	2020	\$0.00	\$418.80	\$0.00	\$111.68
XWK	65913	Exempt		04/24/2020	2020	\$0.00	\$418.80	\$0.00	\$111.68
XWK	65913	Exempt		05/08/2020	2020	\$0.00	\$418.80	\$0.00	\$111.68
XWK	65913	Exempt		05/22/2020	2020	\$0.00	\$418.80	\$0.00	\$111.68
XWK	65913	Exempt		06/05/2020	2020	\$0.00	\$418.80	\$0.00	\$111.68
XWK	65913	Exempt		06/19/2020	2020	\$0.00	\$418.80	\$0.00	\$111.68

XWK	65913	Exempt		07/02/2020	2020	\$0.00	\$418.80	\$0.00	\$111.68
XWK	65913	Exempt		07/17/2020	2020	\$0.00	\$418.80	\$0.00	\$111.68
XWK	65913	Exempt		07/31/2020	2020	\$0.00	\$418.80	\$0.00	\$111.68
XWK	65913	Exempt		08/14/2020	2020	\$0.00	\$418.80	\$0.00	\$111.68
XWK	65913	Exempt		08/28/2020	2020	\$0.00	\$418.80	\$0.00	\$111.68
XWK	65913	Exempt		09/11/2020	2020	\$0.00	\$418.80	\$0.00	\$111.68
XWK	65913	Exempt		09/25/2020	2020	\$0.00	\$418.80	\$0.00	\$111.68
XWK	65913	Exempt		10/09/2020	2020	\$0.00	\$418.80	\$0.00	\$111.68
XWK	65913	Exempt		10/23/2020	2020	\$0.00	\$418.80	\$0.00	\$111.68
XWK	65913	Exempt		11/06/2020	2020	\$0.00	\$418.80	\$0.00	\$111.68
XWK	65913	Exempt		11/20/2020	2020	\$0.00	\$418.80	\$0.00	\$111.68
XWK	65913	Exempt		12/04/2020	2020	\$0.00	\$418.80	\$0.00	\$111.68
XWK	65913	Exempt		12/18/2020	2020	\$0.00	\$418.80	\$0.00	\$111.68
XWK	65913	Exempt		12/31/2020	2020	\$0.00	\$418.80	\$0.00	\$111.68
XWK	65931	Exempt		01/18/2019	2019	\$0.00	\$59.54	\$0.00	\$59.54
XWK	65931	Exempt		02/01/2019	2019	\$0.00	\$66.15	\$0.00	\$66.15
XWK	65931	Exempt		02/15/2019	2019	\$0.00	\$66.15	\$0.00	\$66.15
XWK	65931	Exempt		03/01/2019	2019	\$0.00	\$66.15	\$0.00	\$66.15
XWK	65931	Exempt		03/15/2019	2019	\$0.00	\$68.46	\$0.00	\$68.46
XWK	65931	Exempt		03/29/2019	2019	\$0.00	\$68.46	\$0.00	\$68.46
XWK	65931	Exempt		04/12/2019	2019	\$0.00	\$68.46	\$0.00	\$68.46
XWK	65931	Exempt		04/26/2019	2019	\$0.00	\$68.46	\$0.00	\$68.46
XWK	65931	Exempt		05/10/2019	2019	\$0.00	\$68.46	\$0.00	\$68.46
XWK	65931	Exempt		05/24/2019	2019	\$0.00	\$68.46	\$0.00	\$68.46
XWK	65931	Exempt		06/07/2019	2019	\$0.00	\$68.46	\$0.00	\$68.46
XWK	65931	Exempt		06/21/2019	2019	\$0.00	\$68.46	\$0.00	\$68.46
XWK	65931	Exempt		07/05/2019	2019	\$0.00	\$68.46	\$0.00	\$68.46
XWK	65931	Exempt		07/19/2019	2019	\$0.00	\$68.46	\$0.00	\$68.46
XWK	65931	Exempt		08/02/2019	2019	\$0.00	\$68.46	\$0.00	\$68.46
XWK	65931	Exempt		08/16/2019	2019	\$0.00	\$68.46	\$0.00	\$68.46
XWK	65931	Exempt		08/30/2019	2019	\$0.00	\$68.46	\$0.00	\$68.46
XWK	65931	Exempt		09/13/2019	2019	\$0.00	\$68.46	\$0.00	\$68.46
XWK	65931	Exempt		09/27/2019	2019	\$0.00	\$68.46	\$0.00	\$68.46
XWK	65931	Exempt		10/11/2019	2019	\$0.00	\$68.46	\$0.00	\$68.46
XWK	65931	Exempt		10/25/2019	2019	\$0.00	\$68.46	\$0.00	\$68.46
XWK	65931	Exempt		11/08/2019	2019	\$0.00	\$68.46	\$0.00	\$68.46
XWK	65931	Exempt		11/22/2019	2019	\$0.00	\$68.46	\$0.00	\$68.46
XWK	65931	Exempt		12/06/2019	2019	\$0.00	\$68.46	\$0.00	\$68.46
XWK	65931	Exempt		12/20/2019	2019	\$0.00	\$68.46	\$0.00	\$68.46
XWK	65931	Exempt		01/03/2020	2020	\$0.00	\$68.46	\$0.00	\$68.46
XWK	65931	Exempt		01/17/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65935	Exempt		01/18/2019	2019	\$0.00	\$105.58	\$0.00	\$84.46
XWK	65935	Exempt		02/01/2019	2019	\$0.00	\$117.31	\$0.00	\$93.85
XWK	65935	Exempt		02/15/2019	2019	\$0.00	\$117.31	\$0.00	\$93.85
XWK	65935	Exempt		03/01/2019	2019	\$0.00	\$117.31	\$0.00	\$93.85
XWK	65935	Exempt		03/15/2019	2019	\$0.00	\$119.81	\$0.00	\$95.85

XWK	65935	Exempt		03/29/2019	2019	\$0.00	\$119.81	\$0.00	\$95.85
XWK	65935	Exempt		04/12/2019	2019	\$0.00	\$119.81	\$0.00	\$95.85
XWK	65935	Exempt		04/26/2019	2019	\$0.00	\$119.81	\$0.00	\$95.85
XWK	65935	Exempt		05/10/2019	2019	\$0.00	\$119.81	\$0.00	\$95.85
XWK	65935	Exempt		05/24/2019	2019	\$0.00	\$119.81	\$0.00	\$95.85
XWK	65935	Exempt		06/07/2019	2019	\$0.00	\$119.81	\$0.00	\$95.85
XWK	65935	Exempt		06/21/2019	2019	\$0.00	\$119.81	\$0.00	\$95.85
XWK	65935	Exempt		07/05/2019	2019	\$0.00	\$119.81	\$0.00	\$95.85
XWK	65935	Exempt		07/19/2019	2019	\$0.00	\$119.81	\$0.00	\$95.85
XWK	65935	Exempt		08/02/2019	2019	\$0.00	\$119.81	\$0.00	\$95.85
XWK	65935	Exempt		08/16/2019	2019	\$0.00	\$119.81	\$0.00	\$95.85
XWK	65935	Exempt		08/30/2019	2019	\$0.00	\$119.81	\$0.00	\$95.85
XWK	65935	Exempt		09/13/2019	2019	\$0.00	\$119.81	\$0.00	\$95.85
XWK	65935	Exempt		09/27/2019	2019	\$0.00	\$119.81	\$0.00	\$95.85
XWK	65935	Exempt		10/11/2019	2019	\$0.00	\$119.81	\$0.00	\$95.85
XWK	65935	Exempt		10/25/2019	2019	\$0.00	\$119.81	\$0.00	\$95.85
XWK	65935	Exempt		11/08/2019	2019	\$0.00	\$119.81	\$0.00	\$95.85
XWK	65935	Exempt		11/22/2019	2019	\$0.00	\$119.81	\$0.00	\$95.85
XWK	65935	Exempt		12/06/2019	2019	\$0.00	\$119.81	\$0.00	\$95.85
XWK	65935	Exempt		12/20/2019	2019	\$0.00	\$119.81	\$0.00	\$95.85
XWK	65935	Exempt		01/03/2020	2020	\$0.00	\$119.81	\$0.00	\$95.85
XWK	65935	Exempt		01/17/2020	2020	\$0.00	\$119.81	\$0.00	\$95.85
XWK	65935	Exempt		01/31/2020	2020	\$0.00	\$119.81	\$0.00	\$95.85
XWK	65935	Exempt		02/14/2020	2020	\$0.00	\$119.81	\$0.00	\$95.85
XWK	65935	Exempt		02/28/2020	2020	\$0.00	\$119.81	\$0.00	\$95.85
XWK	65935	Exempt		03/13/2020	2020	\$0.00	\$122.68	\$0.00	\$98.14
XWK	65935	Exempt		03/27/2020	2020	\$0.00	\$122.68	\$0.00	\$98.14
XWK	65935	Exempt		04/09/2020	2020	\$0.00	\$122.68	\$0.00	\$98.14
XWK	65935	Exempt		04/24/2020	2020	\$0.00	\$122.68	\$0.00	\$98.14
XWK	65935	Exempt		05/08/2020	2020	\$0.00	\$122.68	\$0.00	\$98.14
XWK	65935	Exempt		05/22/2020	2020	\$0.00	\$122.68	\$0.00	\$98.14
XWK	65935	Exempt		06/05/2020	2020	\$0.00	\$122.68	\$0.00	\$98.14
XWK	65935	Exempt		06/19/2020	2020	\$0.00	\$122.68	\$0.00	\$98.14
XWK	65935	Exempt		07/02/2020	2020	\$0.00	\$122.68	\$0.00	\$98.14
XWK	65935	Exempt		07/17/2020	2020	\$0.00	\$122.68	\$0.00	\$98.14
XWK	65935	Exempt		07/31/2020	2020	\$0.00	\$122.68	\$0.00	\$98.14
XWK	65935	Exempt		08/14/2020	2020	\$0.00	\$122.68	\$0.00	\$98.14
XWK	65935	Exempt		08/28/2020	2020	\$0.00	\$122.68	\$0.00	\$98.14
XWK	65935	Exempt		09/11/2020	2020	\$0.00	\$122.68	\$0.00	\$98.14
XWK	65935	Exempt		09/25/2020	2020	\$0.00	\$122.68	\$0.00	\$98.14
XWK	65935	Exempt		10/09/2020	2020	\$0.00	\$122.68	\$0.00	\$98.14
XWK	65935	Exempt		10/23/2020	2020	\$0.00	\$122.68	\$0.00	\$98.14
XWK	65935	Exempt		11/06/2020	2020	\$0.00	\$122.68	\$0.00	\$98.14
XWK	65935	Exempt		11/20/2020	2020	\$0.00	\$122.68	\$0.00	\$98.14
XWK	65935	Exempt		12/04/2020	2020	\$0.00	\$122.68	\$0.00	\$98.14
XWK	65935	Exempt		12/18/2020	2020	\$0.00	\$122.68	\$0.00	\$98.14

XWK	65935	Exempt		12/31/2020	2020	\$0.00	\$122.68	\$0.00	\$98.14
XWK	65947	Exempt		01/18/2019	2019	\$0.00	\$214.27	\$0.00	\$85.71
XWK	65947	Exempt		02/01/2019	2019	\$0.00	\$238.08	\$0.00	\$95.23
XWK	65947	Exempt		02/15/2019	2019	\$0.00	\$238.08	\$0.00	\$95.23
XWK	65947	Exempt		03/01/2019	2019	\$0.00	\$238.08	\$0.00	\$95.23
XWK	65947	Exempt		03/15/2019	2019	\$0.00	\$245.39	\$0.00	\$98.15
XWK	65947	Exempt		03/29/2019	2019	\$0.00	\$245.39	\$0.00	\$98.15
XWK	65947	Exempt		04/12/2019	2019	\$0.00	\$245.39	\$0.00	\$98.15
XWK	65947	Exempt		04/26/2019	2019	\$0.00	\$245.39	\$0.00	\$98.15
XWK	65947	Exempt		05/10/2019	2019	\$0.00	\$245.39	\$0.00	\$98.15
XWK	65947	Exempt		05/24/2019	2019	\$0.00	\$245.39	\$0.00	\$98.15
XWK	65947	Exempt		06/07/2019	2019	\$0.00	\$245.39	\$0.00	\$98.15
XWK	65947	Exempt		06/21/2019	2019	\$0.00	\$245.39	\$0.00	\$98.15
XWK	65947	Exempt		07/05/2019	2019	\$0.00	\$245.39	\$0.00	\$98.15
XWK	65947	Exempt		07/19/2019	2019	\$0.00	\$245.39	\$0.00	\$98.15
XWK	65947	Exempt		08/02/2019	2019	\$0.00	\$245.39	\$0.00	\$98.15
XWK	65947	Exempt		08/16/2019	2019	\$0.00	\$245.39	\$0.00	\$98.15
XWK	65947	Exempt		08/30/2019	2019	\$0.00	\$245.39	\$0.00	\$98.15
XWK	65947	Exempt		09/13/2019	2019	\$0.00	\$245.39	\$0.00	\$98.15
XWK	65947	Exempt		09/27/2019	2019	\$0.00	\$245.39	\$0.00	\$98.15
XWK	65947	Exempt		10/11/2019	2019	\$0.00	\$245.39	\$0.00	\$98.15
XWK	65947	Exempt		10/25/2019	2019	\$0.00	\$245.39	\$0.00	\$98.15
XWK	65947	Exempt		11/08/2019	2019	\$0.00	\$245.39	\$0.00	\$98.15
XWK	65947	Exempt		11/22/2019	2019	\$0.00	\$245.39	\$0.00	\$98.15
XWK	65947	Exempt		12/06/2019	2019	\$0.00	\$245.39	\$0.00	\$98.15
XWK	65947	Exempt		12/20/2019	2019	\$0.00	\$245.39	\$0.00	\$98.15
XWK	65947	Exempt		01/03/2020	2020	\$0.00	\$294.46	\$0.00	\$98.15
XWK	65947	Exempt		01/17/2020	2020	\$0.00	\$294.46	\$0.00	\$98.15
XWK	65947	Exempt		01/31/2020	2020	\$0.00	\$294.46	\$0.00	\$98.15
XWK	65947	Exempt		02/14/2020	2020	\$0.00	\$294.46	\$0.00	\$98.15
XWK	65947	Exempt		02/28/2020	2020	\$0.00	\$294.46	\$0.00	\$98.15
XWK	65947	Exempt		03/13/2020	2020	\$0.00	\$307.39	\$0.00	\$102.46
XWK	65947	Exempt		03/27/2020	2020	\$0.00	\$307.39	\$0.00	\$102.46
XWK	65947	Exempt		04/09/2020	2020	\$0.00	\$358.62	\$0.00	\$102.46
XWK	65947	Exempt		04/24/2020	2020	\$0.00	\$358.62	\$0.00	\$102.46
XWK	65947	Exempt		05/08/2020	2020	\$0.00	\$358.62	\$0.00	\$102.46
XWK	65947	Exempt		05/22/2020	2020	\$0.00	\$358.62	\$0.00	\$102.46
XWK	65947	Exempt		06/05/2020	2020	\$0.00	\$358.62	\$0.00	\$102.46
XWK	65947	Exempt		06/19/2020	2020	\$0.00	\$358.62	\$0.00	\$102.46
XWK	65947	Exempt		07/02/2020	2020	\$0.00	\$358.62	\$0.00	\$102.46
XWK	65947	Exempt		07/17/2020	2020	\$0.00	\$358.62	\$0.00	\$102.46
XWK	65947	Exempt		07/31/2020	2020	\$0.00	\$358.62	\$0.00	\$102.46
XWK	65947	Exempt		08/14/2020	2020	\$0.00	\$358.62	\$0.00	\$102.46
XWK	65947	Exempt		08/28/2020	2020	\$0.00	\$358.62	\$0.00	\$102.46
XWK	65947	Exempt		09/11/2020	2020	\$0.00	\$358.62	\$0.00	\$102.46
XWK	65947	Exempt		09/25/2020	2020	\$0.00	\$358.62	\$0.00	\$102.46

XWK	65947	Exempt		10/09/2020	2020	\$0.00	\$358.62	\$0.00	\$102.46
XWK	65947	Exempt		10/23/2020	2020	\$0.00	\$358.62	\$0.00	\$102.46
XWK	65947	Exempt		11/06/2020	2020	\$0.00	\$358.62	\$0.00	\$102.46
XWK	65947	Exempt		11/20/2020	2020	\$0.00	\$358.62	\$0.00	\$102.46
XWK	65947	Exempt		12/04/2020	2020	\$0.00	\$358.62	\$0.00	\$102.46
XWK	65947	Exempt		12/18/2020	2020	\$0.00	\$358.62	\$0.00	\$102.46
XWK	65947	Exempt		12/31/2020	2020	\$0.00	\$358.62	\$0.00	\$102.46
XWK	65949	Exempt		01/18/2019	2019	\$0.00	\$62.58	\$0.00	\$62.58
XWK	65949	Exempt		02/01/2019	2019	\$0.00	\$69.54	\$0.00	\$69.54
XWK	65949	Exempt		02/15/2019	2019	\$0.00	\$69.54	\$0.00	\$69.54
XWK	65949	Exempt		03/01/2019	2019	\$0.00	\$69.54	\$0.00	\$69.54
XWK	65949	Exempt		03/15/2019	2019	\$0.00	\$71.23	\$0.00	\$71.23
XWK	65949	Exempt		03/29/2019	2019	\$0.00	\$71.23	\$0.00	\$71.23
XWK	65949	Exempt		04/12/2019	2019	\$0.00	\$71.23	\$0.00	\$71.23
XWK	65949	Exempt		04/26/2019	2019	\$0.00	\$71.23	\$0.00	\$71.23
XWK	65949	Exempt		05/10/2019	2019	\$0.00	\$71.23	\$0.00	\$71.23
XWK	65949	Exempt		05/24/2019	2019	\$0.00	\$71.23	\$0.00	\$71.23
XWK	65949	Exempt		06/07/2019	2019	\$0.00	\$71.23	\$0.00	\$71.23
XWK	65949	Exempt		06/21/2019	2019	\$0.00	\$71.23	\$0.00	\$71.23
XWK	65949	Exempt		07/05/2019	2019	\$0.00	\$71.23	\$0.00	\$71.23
XWK	65949	Exempt		07/19/2019	2019	\$0.00	\$71.23	\$0.00	\$71.23
XWK	65949	Exempt		08/02/2019	2019	\$0.00	\$71.23	\$0.00	\$71.23
XWK	65949	Exempt		08/16/2019	2019	\$0.00	\$71.23	\$0.00	\$71.23
XWK	65949	Exempt		08/30/2019	2019	\$0.00	\$71.23	\$0.00	\$71.23
XWK	65949	Exempt		09/13/2019	2019	\$0.00	\$71.23	\$0.00	\$71.23
XWK	65949	Exempt		09/27/2019	2019	\$0.00	\$71.23	\$0.00	\$71.23
XWK	65949	Exempt		10/11/2019	2019	\$0.00	\$71.23	\$0.00	\$71.23
XWK	65949	Exempt		10/25/2019	2019	\$0.00	\$71.23	\$0.00	\$71.23
XWK	65949	Exempt		11/08/2019	2019	\$0.00	\$71.23	\$0.00	\$71.23
XWK	65949	Exempt		11/22/2019	2019	\$0.00	\$71.23	\$0.00	\$71.23
XWK	65949	Exempt		12/06/2019	2019	\$0.00	\$71.23	\$0.00	\$71.23
XWK	65949	Exempt		12/20/2019	2019	\$0.00	\$71.23	\$0.00	\$71.23
XWK	65949	Exempt		01/03/2020	2020	\$0.00	\$71.23	\$0.00	\$71.23
XWK	65949	Exempt		01/17/2020	2020	\$0.00	\$71.23	\$0.00	\$71.23
XWK	65949	Exempt		01/31/2020	2020	\$0.00	\$71.23	\$0.00	\$71.23
XWK	65949	Exempt		02/14/2020	2020	\$0.00	\$71.23	\$0.00	\$71.23
XWK	65949	Exempt		02/28/2020	2020	\$0.00	\$71.23	\$0.00	\$71.23
XWK	65949	Exempt		03/13/2020	2020	\$0.00	\$74.02	\$0.00	\$74.02
XWK	65949	Exempt		03/27/2020	2020	\$0.00	\$74.02	\$0.00	\$74.02
XWK	65949	Exempt		04/09/2020	2020	\$0.00	\$74.02	\$0.00	\$74.02
XWK	65949	Exempt		04/24/2020	2020	\$0.00	\$74.02	\$0.00	\$74.02
XWK	65949	Exempt		05/08/2020	2020	\$0.00	\$74.02	\$0.00	\$74.02
XWK	65949	Exempt		05/22/2020	2020	\$0.00	\$74.02	\$0.00	\$74.02
XWK	65949	Exempt		06/05/2020	2020	\$0.00	\$74.02	\$0.00	\$74.02
XWK	65949	Exempt		06/19/2020	2020	\$0.00	\$74.02	\$0.00	\$74.02
XWK	65949	Exempt		07/02/2020	2020	\$0.00	\$74.02	\$0.00	\$74.02

XWK	65949	Exempt		07/17/2020	2020	\$0.00	\$74.02	\$0.00	\$74.02
XWK	65949	Exempt		07/31/2020	2020	\$0.00	\$74.02	\$0.00	\$74.02
XWK	65949	Exempt		08/14/2020	2020	\$0.00	\$74.02	\$0.00	\$74.02
XWK	65949	Exempt		08/28/2020	2020	\$0.00	\$74.02	\$0.00	\$74.02
XWK	65949	Exempt		09/11/2020	2020	\$0.00	\$74.02	\$0.00	\$74.02
XWK	65949	Exempt		09/25/2020	2020	\$0.00	\$74.02	\$0.00	\$74.02
XWK	65949	Exempt		10/09/2020	2020	\$0.00	\$74.02	\$0.00	\$74.02
XWK	65949	Exempt		10/23/2020	2020	\$0.00	\$74.02	\$0.00	\$74.02
XWK	65949	Exempt		11/06/2020	2020	\$0.00	\$74.02	\$0.00	\$74.02
XWK	65949	Exempt		11/20/2020	2020	\$0.00	\$74.02	\$0.00	\$74.02
XWK	65949	Exempt		12/04/2020	2020	\$0.00	\$74.02	\$0.00	\$74.02
XWK	65949	Exempt		12/18/2020	2020	\$0.00	\$74.02	\$0.00	\$74.02
XWK	65949	Exempt		12/31/2020	2020	\$0.00	\$74.02	\$0.00	\$74.02
XWK	65950	Exempt		01/18/2019	2019	\$0.00	\$257.54	\$0.00	\$85.85
XWK	65950	Exempt		02/01/2019	2019	\$0.00	\$286.15	\$0.00	\$95.38
XWK	65950	Exempt		02/15/2019	2019	\$0.00	\$286.15	\$0.00	\$95.38
XWK	65950	Exempt		03/01/2019	2019	\$0.00	\$286.15	\$0.00	\$95.38
XWK	65950	Exempt		03/15/2019	2019	\$0.00	\$297.23	\$0.00	\$99.08
XWK	65950	Exempt		03/29/2019	2019	\$0.00	\$297.23	\$0.00	\$99.08
XWK	65950	Exempt		03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65950	Exempt		04/12/2019	2019	\$0.00	\$346.77	\$0.00	\$99.08
XWK	65950	Exempt		04/26/2019	2019	\$0.00	\$346.77	\$0.00	\$99.08
XWK	65950	Exempt		05/10/2019	2019	\$0.00	\$346.77	\$0.00	\$99.08
XWK	65950	Exempt		05/24/2019	2019	\$0.00	\$346.77	\$0.00	\$99.08
XWK	65950	Exempt		06/07/2019	2019	\$0.00	\$346.77	\$0.00	\$99.08
XWK	65950	Exempt		06/21/2019	2019	\$0.00	\$346.77	\$0.00	\$99.08
XWK	65950	Exempt		07/05/2019	2019	\$0.00	\$346.77	\$0.00	\$99.08
XWK	65950	Exempt		07/19/2019	2019	\$0.00	\$346.77	\$0.00	\$99.08
XWK	65950	Exempt		08/02/2019	2019	\$0.00	\$346.77	\$0.00	\$99.08
XWK	65950	Exempt		08/16/2019	2019	\$0.00	\$346.77	\$0.00	\$99.08
XWK	65950	Exempt		08/30/2019	2019	\$0.00	\$346.77	\$0.00	\$99.08
XWK	65950	Exempt		09/13/2019	2019	\$0.00	\$346.77	\$0.00	\$99.08
XWK	65950	Exempt		09/27/2019	2019	\$0.00	\$346.77	\$0.00	\$99.08
XWK	65950	Exempt		10/11/2019	2019	\$0.00	\$346.77	\$0.00	\$99.08
XWK	65950	Exempt		10/25/2019	2019	\$0.00	\$346.77	\$0.00	\$99.08
XWK	65950	Exempt		11/08/2019	2019	\$0.00	\$346.77	\$0.00	\$99.08
XWK	65950	Exempt		11/22/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65950	Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65950	Exempt		12/20/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65950	Exempt		01/03/2020	2020	\$0.00	\$445.85	\$0.00	\$99.08
XWK	65950	Exempt		01/17/2020	2020	\$0.00	\$445.85	\$0.00	\$99.08
XWK	65950	Exempt		01/31/2020	2020	\$0.00	\$445.85	\$0.00	\$99.08
XWK	65950	Exempt		02/14/2020	2020	\$0.00	\$445.85	\$0.00	\$99.08
XWK	65950	Exempt		02/28/2020	2020	\$0.00	\$445.85	\$0.00	\$99.08
XWK	65950	Exempt		03/13/2020	2020	\$0.00	\$491.47	\$0.00	\$109.22
XWK	65950	Exempt		03/27/2020	2020	\$0.00	\$491.47	\$0.00	\$109.22

XWK	65950	Exempt	[REDACTED]	04/09/2020	2020	\$0.00	\$546.08	\$0.00	\$109.22
XWK	65950	Exempt	[REDACTED]	04/24/2020	2020	\$0.00	\$546.08	\$0.00	\$109.22
XWK	65950	Exempt	[REDACTED]	05/08/2020	2020	\$0.00	\$546.08	\$0.00	\$109.22
XWK	65950	Exempt	[REDACTED]	05/22/2020	2020	\$0.00	\$546.08	\$0.00	\$109.22
XWK	65950	Exempt	[REDACTED]	06/05/2020	2020	\$0.00	\$546.08	\$0.00	\$109.22
XWK	65950	Exempt	[REDACTED]	06/19/2020	2020	\$0.00	\$546.08	\$0.00	\$109.22
XWK	65950	Exempt	[REDACTED]	07/02/2020	2020	\$0.00	\$546.08	\$0.00	\$109.22
XWK	65950	Exempt	[REDACTED]	07/17/2020	2020	\$0.00	\$546.08	\$0.00	\$109.22
XWK	65950	Exempt	[REDACTED]	07/31/2020	2020	\$0.00	\$546.08	\$0.00	\$109.22
XWK	65950	Exempt	[REDACTED]	08/14/2020	2020	\$0.00	\$546.08	\$0.00	\$109.22
XWK	65950	Exempt	[REDACTED]	08/28/2020	2020	\$0.00	\$546.08	\$0.00	\$109.22
XWK	65950	Exempt	[REDACTED]	09/11/2020	2020	\$0.00	\$546.08	\$0.00	\$109.22
XWK	65950	Exempt	[REDACTED]	09/25/2020	2020	\$0.00	\$546.08	\$0.00	\$109.22
XWK	65950	Exempt	[REDACTED]	10/09/2020	2020	\$0.00	\$546.08	\$0.00	\$109.22
XWK	65950	Exempt	[REDACTED]	10/23/2020	2020	\$0.00	\$546.08	\$0.00	\$109.22
XWK	65950	Exempt	[REDACTED]	11/06/2020	2020	\$0.00	\$546.08	\$0.00	\$109.22
XWK	65950	Exempt	[REDACTED]	11/20/2020	2020	\$0.00	\$546.08	\$0.00	\$109.22
XWK	65950	Exempt	[REDACTED]	12/04/2020	2020	\$0.00	\$546.08	\$0.00	\$109.22
XWK	65950	Exempt	[REDACTED]	12/18/2020	2020	\$0.00	\$546.08	\$0.00	\$109.22
XWK	65950	Exempt	[REDACTED]	12/31/2020	2020	\$0.00	\$546.08	\$0.00	\$109.22
XWK	65955	Exempt	[REDACTED]	01/18/2019	2019	\$0.00	\$55.52	\$0.00	\$55.52
XWK	65955	Exempt	[REDACTED]	02/01/2019	2019	\$0.00	\$61.69	\$0.00	\$61.69
XWK	65955	Exempt	[REDACTED]	02/15/2019	2019	\$0.00	\$61.69	\$0.00	\$61.69
XWK	65955	Exempt	[REDACTED]	03/01/2019	2019	\$0.00	\$61.69	\$0.00	\$61.69
XWK	65955	Exempt	[REDACTED]	03/15/2019	2019	\$0.00	\$63.54	\$0.00	\$63.54
XWK	65955	Exempt	[REDACTED]	03/29/2019	2019	\$0.00	\$63.54	\$0.00	\$63.54
XWK	65955	Exempt	[REDACTED]	04/12/2019	2019	\$0.00	\$63.54	\$0.00	\$63.54
XWK	65955	Exempt	[REDACTED]	04/26/2019	2019	\$0.00	\$63.54	\$0.00	\$63.54
XWK	65955	Exempt	[REDACTED]	05/10/2019	2019	\$0.00	\$63.54	\$0.00	\$63.54
XWK	65955	Exempt	[REDACTED]	05/24/2019	2019	\$0.00	\$63.54	\$0.00	\$63.54
XWK	65955	Exempt	[REDACTED]	06/07/2019	2019	\$0.00	\$63.54	\$0.00	\$63.54
XWK	65955	Exempt	[REDACTED]	06/21/2019	2019	\$0.00	\$63.54	\$0.00	\$63.54
XWK	65955	Exempt	[REDACTED]	07/05/2019	2019	\$0.00	\$63.54	\$0.00	\$63.54
XWK	65955	Exempt	[REDACTED]	07/19/2019	2019	\$0.00	\$63.54	\$0.00	\$63.54
XWK	65955	Exempt	[REDACTED]	08/02/2019	2019	\$0.00	\$63.54	\$0.00	\$63.54
XWK	65955	Exempt	[REDACTED]	08/16/2019	2019	\$0.00	\$63.54	\$0.00	\$63.54
XWK	65955	Exempt	[REDACTED]	08/30/2019	2019	\$0.00	\$63.54	\$0.00	\$63.54
XWK	65955	Exempt	[REDACTED]	09/13/2019	2019	\$0.00	\$63.54	\$0.00	\$63.54
XWK	65955	Exempt	[REDACTED]	09/27/2019	2019	\$0.00	\$49.26	\$0.00	\$49.26
XWK	65955	Exempt	[REDACTED]	10/11/2019	2019	\$0.00	\$49.26	\$0.00	\$49.26
XWK	65955	Exempt	[REDACTED]	10/25/2019	2019	\$0.00	\$49.26	\$0.00	\$49.26
XWK	65955	Exempt	[REDACTED]	11/08/2019	2019	\$0.00	\$49.26	\$0.00	\$49.26
XWK	65955	Exempt	[REDACTED]	11/22/2019	2019	\$0.00	\$46.40	\$0.00	\$46.40
XWK	65955	Exempt	[REDACTED]	12/06/2019	2019	\$0.00	\$46.40	\$0.00	\$46.40
XWK	65955	Exempt	[REDACTED]	12/20/2019	2019	\$0.00	\$57.62	\$0.00	\$57.62
XWK	65955	Exempt	[REDACTED]	01/03/2020	2020	\$0.00	\$63.54	\$0.00	\$63.54

XWK	65955	Exempt		01/17/2020	2020	\$0.00	\$63.54	\$0.00	\$63.54
XWK	65955	Exempt		01/31/2020	2020	\$0.00	\$63.54	\$0.00	\$63.54
XWK	65955	Exempt		02/14/2020	2020	\$0.00	\$63.54	\$0.00	\$63.54
XWK	65955	Exempt		02/28/2020	2020	\$0.00	\$3.54	\$0.00	\$3.54
XWK	65955	Exempt		03/13/2020	2020	\$0.00	\$3.38	\$0.00	\$3.38
XWK	65955	Exempt		03/27/2020	2020	\$0.00	\$4.18	\$0.00	\$4.18
XWK	65955	Exempt		04/09/2020	2020	\$0.00	\$5.38	\$0.00	\$5.38
XWK	65955	Exempt		04/24/2020	2020	\$0.00	\$5.38	\$0.00	\$5.38
XWK	65955	Exempt		05/08/2020	2020	\$0.00	\$5.38	\$0.00	\$5.38
XWK	65955	Exempt		05/22/2020	2020	\$0.00	\$54.55	\$0.00	\$54.55
XWK	65955	Exempt		06/05/2020	2020	\$0.00	\$65.38	\$0.00	\$65.38
XWK	65955	Exempt		06/19/2020	2020	\$0.00	\$65.38	\$0.00	\$65.38
XWK	65955	Exempt		07/02/2020	2020	\$0.00	\$65.38	\$0.00	\$65.38
XWK	65955	Exempt		07/17/2020	2020	\$0.00	\$65.38	\$0.00	\$65.38
XWK	65955	Exempt		07/31/2020	2020	\$0.00	\$65.38	\$0.00	\$65.38
XWK	65955	Exempt		08/14/2020	2020	\$0.00	\$65.38	\$0.00	\$65.38
XWK	65955	Exempt		08/28/2020	2020	\$0.00	\$65.38	\$0.00	\$65.38
XWK	65955	Exempt		09/11/2020	2020	\$0.00	\$65.38	\$0.00	\$65.38
XWK	65955	Exempt		09/25/2020	2020	\$0.00	\$65.38	\$0.00	\$65.38
XWK	65955	Exempt		10/09/2020	2020	\$0.00	\$47.06	\$0.00	\$47.06
XWK	65955	Exempt		10/23/2020	2020	\$0.00	\$65.38	\$0.00	\$65.38
XWK	65955	Exempt		11/06/2020	2020	\$0.00	\$65.38	\$0.00	\$65.38
XWK	65955	Exempt		11/20/2020	2020	\$0.00	\$59.28	\$0.00	\$59.28
XWK	65955	Exempt		12/04/2020	2020	\$0.00	\$65.38	\$0.00	\$65.38
XWK	65955	Exempt		12/18/2020	2020	\$0.00	\$65.38	\$0.00	\$65.38
XWK	65955	Exempt		12/31/2020	2020	\$0.00	\$65.38	\$0.00	\$65.38
XWK	65964	Exempt		01/18/2019	2019	\$0.00	\$236.77	\$0.00	\$63.14
XWK	65964	Exempt		02/01/2019	2019	\$0.00	\$263.08	\$0.00	\$70.15
XWK	65964	Exempt		02/15/2019	2019	\$0.00	\$263.08	\$0.00	\$70.15
XWK	65964	Exempt		03/01/2019	2019	\$0.00	\$263.08	\$0.00	\$70.15
XWK	65964	Exempt		03/15/2019	2019	\$0.00	\$270.58	\$0.00	\$72.15
XWK	65964	Exempt		03/29/2019	2019	\$0.00	\$270.58	\$0.00	\$72.15
XWK	65964	Exempt		04/12/2019	2019	\$0.00	\$270.58	\$0.00	\$72.15
XWK	65964	Exempt		04/26/2019	2019	\$0.00	\$270.58	\$0.00	\$72.15
XWK	65964	Exempt		05/10/2019	2019	\$0.00	\$270.58	\$0.00	\$72.15
XWK	65964	Exempt		05/24/2019	2019	\$0.00	\$270.58	\$0.00	\$72.15
XWK	65964	Exempt		06/07/2019	2019	\$0.00	\$270.58	\$0.00	\$72.15
XWK	65964	Exempt		06/21/2019	2019	\$0.00	\$270.58	\$0.00	\$72.15
XWK	65964	Exempt		07/05/2019	2019	\$0.00	\$270.58	\$0.00	\$72.15
XWK	65964	Exempt		07/19/2019	2019	\$0.00	\$270.58	\$0.00	\$72.15
XWK	65964	Exempt		08/02/2019	2019	\$0.00	\$270.58	\$0.00	\$72.15
XWK	65964	Exempt		08/16/2019	2019	\$0.00	\$270.58	\$0.00	\$72.15
XWK	65964	Exempt		08/30/2019	2019	\$0.00	\$270.58	\$0.00	\$72.15
XWK	65964	Exempt		09/13/2019	2019	\$0.00	\$270.58	\$0.00	\$72.15
XWK	65964	Exempt		09/27/2019	2019	\$0.00	\$270.58	\$0.00	\$72.15
XWK	65964	Exempt		10/11/2019	2019	\$0.00	\$270.58	\$0.00	\$72.15

XWK	65964	Exempt		10/25/2019	2019	\$0.00	\$270.58	\$0.00	\$72.15
XWK	65964	Exempt		11/08/2019	2019	\$0.00	\$270.58	\$0.00	\$72.15
XWK	65964	Exempt		11/22/2019	2019	\$0.00	\$270.58	\$0.00	\$72.15
XWK	65964	Exempt		12/06/2019	2019	\$0.00	\$270.58	\$0.00	\$72.15
XWK	65964	Exempt		12/20/2019	2019	\$0.00	\$270.58	\$0.00	\$72.15
XWK	65964	Exempt		01/03/2020	2020	\$0.00	\$270.58	\$0.00	\$72.15
XWK	65964	Exempt		01/17/2020	2020	\$0.00	\$270.58	\$0.00	\$72.15
XWK	65964	Exempt		01/31/2020	2020	\$0.00	\$270.58	\$0.00	\$72.15
XWK	65964	Exempt		02/14/2020	2020	\$0.00	\$270.58	\$0.00	\$72.15
XWK	65964	Exempt		02/28/2020	2020	\$0.00	\$270.58	\$0.00	\$72.15
XWK	65964	Exempt		03/13/2020	2020	\$0.00	\$135.29	\$0.00	\$36.08
XWK	65964	Exempt		12/18/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65964	Exempt		12/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65979	Exempt		01/18/2019	2019	\$0.00	\$56.08	\$0.00	\$56.08
XWK	65979	Exempt		02/01/2019	2019	\$0.00	\$62.31	\$0.00	\$62.31
XWK	65979	Exempt		02/15/2019	2019	\$0.00	\$62.31	\$0.00	\$62.31
XWK	65979	Exempt		03/01/2019	2019	\$0.00	\$62.31	\$0.00	\$62.31
XWK	65979	Exempt		03/15/2019	2019	\$0.00	\$65.42	\$0.00	\$65.42
XWK	65979	Exempt		03/29/2019	2019	\$0.00	\$65.42	\$0.00	\$65.42
XWK	65979	Exempt		04/12/2019	2019	\$0.00	\$65.42	\$0.00	\$65.42
XWK	65979	Exempt		04/26/2019	2019	\$0.00	\$65.42	\$0.00	\$65.42
XWK	65979	Exempt		05/10/2019	2019	\$0.00	\$65.42	\$0.00	\$65.42
XWK	65979	Exempt		05/24/2019	2019	\$0.00	\$65.42	\$0.00	\$65.42
XWK	65979	Exempt		06/07/2019	2019	\$0.00	\$65.42	\$0.00	\$65.42
XWK	65979	Exempt		06/21/2019	2019	\$0.00	\$65.42	\$0.00	\$65.42
XWK	65979	Exempt		07/05/2019	2019	\$0.00	\$65.42	\$0.00	\$65.42
XWK	65979	Exempt		07/19/2019	2019	\$0.00	\$65.42	\$0.00	\$65.42
XWK	65979	Exempt		08/02/2019	2019	\$0.00	\$65.42	\$0.00	\$65.42
XWK	65979	Exempt		08/16/2019	2019	\$0.00	\$65.42	\$0.00	\$65.42
XWK	65979	Exempt		08/30/2019	2019	\$0.00	\$65.42	\$0.00	\$65.42
XWK	65979	Exempt		09/13/2019	2019	\$0.00	\$65.42	\$0.00	\$65.42
XWK	65979	Exempt		09/27/2019	2019	\$0.00	\$65.42	\$0.00	\$65.42
XWK	65979	Exempt		10/11/2019	2019	\$0.00	\$65.42	\$0.00	\$65.42
XWK	65979	Exempt		10/25/2019	2019	\$0.00	\$65.42	\$0.00	\$65.42
XWK	65979	Exempt		11/08/2019	2019	\$0.00	\$65.42	\$0.00	\$65.42
XWK	65979	Exempt		11/22/2019	2019	\$0.00	\$65.42	\$0.00	\$65.42
XWK	65979	Exempt		12/06/2019	2019	\$0.00	\$65.42	\$0.00	\$65.42
XWK	65979	Exempt		12/20/2019	2019	\$0.00	\$65.42	\$0.00	\$65.42
XWK	65979	Exempt		01/03/2020	2020	\$0.00	\$65.42	\$0.00	\$65.42
XWK	65979	Exempt		01/17/2020	2020	\$0.00	\$65.42	\$0.00	\$65.42
XWK	65979	Exempt		01/31/2020	2020	\$0.00	\$65.42	\$0.00	\$65.42
XWK	65979	Exempt		02/14/2020	2020	\$0.00	\$65.42	\$0.00	\$65.42
XWK	65979	Exempt		02/28/2020	2020	\$0.00	\$65.42	\$0.00	\$65.42
XWK	65979	Exempt		03/13/2020	2020	\$0.00	\$67.15	\$0.00	\$67.15
XWK	65979	Exempt		03/27/2020	2020	\$0.00	\$67.15	\$0.00	\$67.15
XWK	65979	Exempt		04/09/2020	2020	\$0.00	\$67.15	\$0.00	\$67.15

XWK	65979	Exempt		04/24/2020	2020	\$0.00	\$67.15	\$0.00	\$67.15
XWK	65979	Exempt		05/08/2020	2020	\$0.00	\$67.15	\$0.00	\$67.15
XWK	65979	Exempt		05/22/2020	2020	\$0.00	\$67.15	\$0.00	\$67.15
XWK	65979	Exempt		06/05/2020	2020	\$0.00	\$67.15	\$0.00	\$67.15
XWK	65979	Exempt		06/19/2020	2020	\$0.00	\$67.15	\$0.00	\$67.15
XWK	65979	Exempt		07/02/2020	2020	\$0.00	\$67.15	\$0.00	\$67.15
XWK	65979	Exempt		07/17/2020	2020	\$0.00	\$67.15	\$0.00	\$67.15
XWK	65979	Exempt		07/31/2020	2020	\$0.00	\$67.15	\$0.00	\$67.15
XWK	65979	Exempt		08/14/2020	2020	\$0.00	\$67.15	\$0.00	\$67.15
XWK	65979	Exempt		08/28/2020	2020	\$0.00	\$67.15	\$0.00	\$67.15
XWK	65979	Exempt		09/11/2020	2020	\$0.00	\$67.15	\$0.00	\$67.15
XWK	65979	Exempt		09/25/2020	2020	\$0.00	\$67.15	\$0.00	\$67.15
XWK	65979	Exempt		10/09/2020	2020	\$0.00	\$67.15	\$0.00	\$67.15
XWK	65979	Exempt		10/23/2020	2020	\$0.00	\$67.15	\$0.00	\$67.15
XWK	65979	Exempt		11/06/2020	2020	\$0.00	\$67.15	\$0.00	\$67.15
XWK	65979	Exempt		11/20/2020	2020	\$0.00	\$67.15	\$0.00	\$67.15
XWK	65979	Exempt		12/04/2020	2020	\$0.00	\$67.15	\$0.00	\$67.15
XWK	65979	Exempt		12/18/2020	2020	\$0.00	\$67.15	\$0.00	\$67.15
XWK	65979	Exempt		12/31/2020	2020	\$0.00	\$67.15	\$0.00	\$67.15
XWK	65988	Exempt		01/18/2019	2019	\$0.00	\$142.79	\$0.00	\$114.23
XWK	65988	Exempt		02/01/2019	2019	\$0.00	\$158.65	\$0.00	\$126.92
XWK	65988	Exempt		02/15/2019	2019	\$0.00	\$158.65	\$0.00	\$126.92
XWK	65988	Exempt		03/01/2019	2019	\$0.00	\$158.65	\$0.00	\$126.92
XWK	65988	Exempt		03/15/2019	2019	\$0.00	\$165.96	\$0.00	\$132.77
XWK	65988	Exempt		03/29/2019	2019	\$0.00	\$165.96	\$0.00	\$132.77
XWK	65988	Exempt		04/12/2019	2019	\$0.00	\$331.92	\$0.00	\$132.77
XWK	65988	Exempt		04/26/2019	2019	\$0.00	\$331.92	\$0.00	\$132.77
XWK	65988	Exempt		05/10/2019	2019	\$0.00	\$331.92	\$0.00	\$132.77
XWK	65988	Exempt		05/24/2019	2019	\$0.00	\$331.92	\$0.00	\$132.77
XWK	65988	Exempt		06/07/2019	2019	\$0.00	\$331.92	\$0.00	\$132.77
XWK	65988	Exempt		06/21/2019	2019	\$0.00	\$331.92	\$0.00	\$132.77
XWK	65988	Exempt		07/05/2019	2019	\$0.00	\$331.92	\$0.00	\$132.77
XWK	65988	Exempt		07/19/2019	2019	\$0.00	\$331.92	\$0.00	\$132.77
XWK	65988	Exempt		08/02/2019	2019	\$0.00	\$331.92	\$0.00	\$132.77
XWK	65988	Exempt		08/16/2019	2019	\$0.00	\$331.92	\$0.00	\$132.77
XWK	65988	Exempt		08/30/2019	2019	\$0.00	\$331.92	\$0.00	\$132.77
XWK	65988	Exempt		09/13/2019	2019	\$0.00	\$331.92	\$0.00	\$132.77
XWK	65988	Exempt		09/27/2019	2019	\$0.00	\$331.92	\$0.00	\$132.77
XWK	65988	Exempt		10/11/2019	2019	\$0.00	\$331.92	\$0.00	\$132.77
XWK	65988	Exempt		10/25/2019	2019	\$0.00	\$346.16	\$0.00	\$138.46
XWK	65988	Exempt		11/08/2019	2019	\$0.00	\$346.16	\$0.00	\$138.46
XWK	65988	Exempt		11/22/2019	2019	\$0.00	\$346.16	\$0.00	\$138.46
XWK	65988	Exempt		12/06/2019	2019	\$0.00	\$346.16	\$0.00	\$138.46
XWK	65988	Exempt		12/20/2019	2019	\$0.00	\$346.16	\$0.00	\$138.46
XWK	65988	Exempt		01/03/2020	2020	\$0.00	\$346.16	\$0.00	\$138.46
XWK	65988	Exempt		01/17/2020	2020	\$0.00	\$346.16	\$0.00	\$138.46

XWK	65988	Exempt		01/31/2020	2020	\$0.00	\$346.16	\$0.00	\$138.46
XWK	65988	Exempt		02/14/2020	2020	\$0.00	\$346.16	\$0.00	\$138.46
XWK	65988	Exempt		02/28/2020	2020	\$0.00	\$346.16	\$0.00	\$138.46
XWK	65988	Exempt		03/13/2020	2020	\$0.00	\$359.60	\$0.00	\$143.84
XWK	65988	Exempt		03/27/2020	2020	\$0.00	\$359.60	\$0.00	\$143.84
XWK	65988	Exempt		04/09/2020	2020	\$0.00	\$359.60	\$0.00	\$143.84
XWK	65988	Exempt		04/24/2020	2020	\$0.00	\$359.60	\$0.00	\$143.84
XWK	65988	Exempt		05/08/2020	2020	\$0.00	\$359.60	\$0.00	\$143.84
XWK	65988	Exempt		05/22/2020	2020	\$0.00	\$359.60	\$0.00	\$143.84
XWK	65988	Exempt		06/05/2020	2020	\$0.00	\$359.60	\$0.00	\$143.84
XWK	65988	Exempt		06/19/2020	2020	\$0.00	\$359.60	\$0.00	\$143.84
XWK	65988	Exempt		07/02/2020	2020	\$0.00	\$359.60	\$0.00	\$143.84
XWK	65988	Exempt		07/17/2020	2020	\$0.00	\$359.60	\$0.00	\$143.84
XWK	65988	Exempt		07/31/2020	2020	\$0.00	\$359.60	\$0.00	\$143.84
XWK	65988	Exempt		08/14/2020	2020	\$0.00	\$359.60	\$0.00	\$143.84
XWK	65988	Exempt		08/28/2020	2020	\$0.00	\$359.60	\$0.00	\$143.84
XWK	65988	Exempt		09/11/2020	2020	\$0.00	\$359.60	\$0.00	\$143.84
XWK	65988	Exempt		09/25/2020	2020	\$0.00	\$359.60	\$0.00	\$143.84
XWK	65988	Exempt		10/09/2020	2020	\$0.00	\$359.60	\$0.00	\$143.84
XWK	65988	Exempt		10/23/2020	2020	\$0.00	\$359.60	\$0.00	\$143.84
XWK	65988	Exempt		11/06/2020	2020	\$0.00	\$359.60	\$0.00	\$143.84
XWK	65988	Exempt		11/20/2020	2020	\$0.00	\$359.60	\$0.00	\$143.84
XWK	65988	Exempt		12/04/2020	2020	\$0.00	\$359.60	\$0.00	\$143.84
XWK	65988	Exempt		12/18/2020	2020	\$0.00	\$359.60	\$0.00	\$143.84
XWK	65988	Exempt		12/31/2020	2020	\$0.00	\$359.60	\$0.00	\$143.84
XWK	65994	Exempt		01/18/2019	2019	\$0.00	\$115.96	\$0.00	\$92.77
XWK	65994	Exempt		02/01/2019	2019	\$0.00	\$128.85	\$0.00	\$103.08
XWK	65994	Exempt		02/15/2019	2019	\$0.00	\$128.85	\$0.00	\$103.08
XWK	65994	Exempt		03/01/2019	2019	\$0.00	\$128.85	\$0.00	\$103.08
XWK	65994	Exempt		03/15/2019	2019	\$0.00	\$130.96	\$0.00	\$104.77
XWK	65994	Exempt		03/29/2019	2019	\$0.00	\$130.96	\$0.00	\$104.77
XWK	65994	Exempt		04/12/2019	2019	\$0.00	\$130.96	\$0.00	\$104.77
XWK	65994	Exempt		04/26/2019	2019	\$0.00	\$130.96	\$0.00	\$104.77
XWK	65994	Exempt		05/10/2019	2019	\$0.00	\$130.96	\$0.00	\$104.77
XWK	65994	Exempt		05/24/2019	2019	\$0.00	\$130.96	\$0.00	\$104.77
XWK	65994	Exempt		06/07/2019	2019	\$0.00	\$130.96	\$0.00	\$104.77
XWK	65994	Exempt		06/21/2019	2019	\$0.00	\$130.96	\$0.00	\$104.77
XWK	65994	Exempt		07/05/2019	2019	\$0.00	\$104.77	\$0.00	\$83.82
XWK	65994	Exempt		07/19/2019	2019	\$0.00	\$130.96	\$0.00	\$104.77
XWK	65994	Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66004	Exempt		01/18/2019	2019	\$0.00	\$91.38	\$0.00	\$60.92
XWK	66004	Exempt		02/01/2019	2019	\$0.00	\$101.54	\$0.00	\$67.69
XWK	66004	Exempt		02/15/2019	2019	\$0.00	\$101.54	\$0.00	\$67.69
XWK	66004	Exempt		03/01/2019	2019	\$0.00	\$101.54	\$0.00	\$67.69
XWK	66004	Exempt		03/15/2019	2019	\$0.00	\$105.23	\$0.00	\$70.15
XWK	66004	Exempt		03/29/2019	2019	\$0.00	\$105.23	\$0.00	\$70.15

XWK	66004	Exempt	[REDACTED]	04/12/2019	2019	\$0.00	\$105.23	\$0.00	\$70.15
XWK	66004	Exempt	[REDACTED]	04/26/2019	2019	\$0.00	\$105.23	\$0.00	\$70.15
XWK	66004	Exempt	[REDACTED]	05/10/2019	2019	\$0.00	\$105.23	\$0.00	\$70.15
XWK	66004	Exempt	[REDACTED]	05/24/2019	2019	\$0.00	\$105.23	\$0.00	\$70.15
XWK	66004	Exempt	[REDACTED]	06/07/2019	2019	\$0.00	\$105.23	\$0.00	\$70.15
XWK	66004	Exempt	[REDACTED]	06/21/2019	2019	\$0.00	\$105.23	\$0.00	\$70.15
XWK	66004	Exempt	[REDACTED]	07/05/2019	2019	\$0.00	\$105.23	\$0.00	\$70.15
XWK	66004	Exempt	[REDACTED]	07/19/2019	2019	\$0.00	\$105.23	\$0.00	\$70.15
XWK	66004	Exempt	[REDACTED]	08/02/2019	2019	\$0.00	\$105.23	\$0.00	\$70.15
XWK	66004	Exempt	[REDACTED]	08/16/2019	2019	\$0.00	\$105.23	\$0.00	\$70.15
XWK	66004	Exempt	[REDACTED]	08/30/2019	2019	\$0.00	\$111.02	\$0.00	\$74.02
XWK	66004	Exempt	[REDACTED]	09/13/2019	2019	\$0.00	\$111.02	\$0.00	\$74.02
XWK	66004	Exempt	[REDACTED]	09/27/2019	2019	\$0.00	\$111.02	\$0.00	\$74.02
XWK	66004	Exempt	[REDACTED]	10/11/2019	2019	\$0.00	\$111.02	\$0.00	\$74.02
XWK	66004	Exempt	[REDACTED]	10/25/2019	2019	\$0.00	\$140.78	\$0.00	\$93.86
XWK	66004	Exempt	[REDACTED]	11/08/2019	2019	\$0.00	\$140.78	\$0.00	\$93.86
XWK	66004	Exempt	[REDACTED]	11/22/2019	2019	\$0.00	\$140.78	\$0.00	\$93.86
XWK	66004	Exempt	[REDACTED]	12/06/2019	2019	\$0.00	\$140.78	\$0.00	\$93.86
XWK	66004	Exempt	[REDACTED]	12/20/2019	2019	\$0.00	\$140.78	\$0.00	\$93.86
XWK	66004	Exempt	[REDACTED]	01/03/2020	2020	\$0.00	\$140.78	\$0.00	\$93.86
XWK	66004	Exempt	[REDACTED]	01/17/2020	2020	\$0.00	\$140.78	\$0.00	\$93.86
XWK	66004	Exempt	[REDACTED]	01/31/2020	2020	\$0.00	\$140.78	\$0.00	\$93.86
XWK	66004	Exempt	[REDACTED]	02/14/2020	2020	\$0.00	\$140.78	\$0.00	\$93.86
XWK	66004	Exempt	[REDACTED]	02/28/2020	2020	\$0.00	\$140.78	\$0.00	\$93.86
XWK	66004	Exempt	[REDACTED]	03/13/2020	2020	\$0.00	\$141.94	\$0.00	\$94.62
XWK	66004	Exempt	[REDACTED]	03/27/2020	2020	\$0.00	\$141.94	\$0.00	\$94.62
XWK	66004	Exempt	[REDACTED]	04/09/2020	2020	\$0.00	\$141.94	\$0.00	\$94.62
XWK	66004	Exempt	[REDACTED]	04/24/2020	2020	\$0.00	\$141.94	\$0.00	\$94.62
XWK	66004	Exempt	[REDACTED]	05/08/2020	2020	\$0.00	\$141.94	\$0.00	\$94.62
XWK	66004	Exempt	[REDACTED]	05/22/2020	2020	\$0.00	\$141.94	\$0.00	\$94.62
XWK	66004	Exempt	[REDACTED]	06/05/2020	2020	\$0.00	\$141.94	\$0.00	\$94.62
XWK	66004	Exempt	[REDACTED]	06/19/2020	2020	\$0.00	\$141.94	\$0.00	\$94.62
XWK	66004	Exempt	[REDACTED]	07/02/2020	2020	\$0.00	\$141.94	\$0.00	\$94.62
XWK	66004	Exempt	[REDACTED]	07/17/2020	2020	\$0.00	\$141.94	\$0.00	\$94.62
XWK	66004	Exempt	[REDACTED]	07/31/2020	2020	\$0.00	\$141.94	\$0.00	\$94.62
XWK	66004	Exempt	[REDACTED]	08/14/2020	2020	\$0.00	\$141.94	\$0.00	\$94.62
XWK	66004	Exempt	[REDACTED]	08/28/2020	2020	\$0.00	\$141.94	\$0.00	\$94.62
XWK	66004	Exempt	[REDACTED]	09/11/2020	2020	\$0.00	\$141.94	\$0.00	\$94.62
XWK	66004	Exempt	[REDACTED]	09/25/2020	2020	\$0.00	\$141.94	\$0.00	\$94.62
XWK	66004	Exempt	[REDACTED]	10/09/2020	2020	\$0.00	\$141.94	\$0.00	\$94.62
XWK	66004	Exempt	[REDACTED]	10/23/2020	2020	\$0.00	\$141.94	\$0.00	\$94.62
XWK	66004	Exempt	[REDACTED]	11/06/2020	2020	\$0.00	\$141.94	\$0.00	\$94.62
XWK	66004	Exempt	[REDACTED]	11/20/2020	2020	\$0.00	\$141.94	\$0.00	\$94.62
XWK	66004	Exempt	[REDACTED]	12/04/2020	2020	\$0.00	\$141.94	\$0.00	\$94.62
XWK	66004	Exempt	[REDACTED]	12/18/2020	2020	\$0.00	\$141.94	\$0.00	\$94.62
XWK	66004	Exempt	[REDACTED]	12/31/2020	2020	\$0.00	\$141.94	\$0.00	\$94.62

XWK	66014	Exempt		01/18/2019	2019	\$0.00	\$88.89	\$0.00	\$88.89
XWK	66014	Exempt		02/01/2019	2019	\$0.00	\$98.77	\$0.00	\$98.77
XWK	66014	Exempt		02/15/2019	2019	\$0.00	\$98.77	\$0.00	\$98.77
XWK	66014	Exempt		03/01/2019	2019	\$0.00	\$98.77	\$0.00	\$98.77
XWK	66014	Exempt		03/15/2019	2019	\$0.00	\$101.69	\$0.00	\$101.69
XWK	66014	Exempt		03/29/2019	2019	\$0.00	\$101.69	\$0.00	\$101.69
XWK	66014	Exempt		04/12/2019	2019	\$0.00	\$101.69	\$0.00	\$101.69
XWK	66014	Exempt		04/26/2019	2019	\$0.00	\$101.69	\$0.00	\$101.69
XWK	66014	Exempt		05/10/2019	2019	\$0.00	\$101.69	\$0.00	\$101.69
XWK	66014	Exempt		05/24/2019	2019	\$0.00	\$101.69	\$0.00	\$101.69
XWK	66014	Exempt		06/07/2019	2019	\$0.00	\$101.69	\$0.00	\$101.69
XWK	66014	Exempt		06/21/2019	2019	\$0.00	\$101.69	\$0.00	\$101.69
XWK	66014	Exempt		07/05/2019	2019	\$0.00	\$101.69	\$0.00	\$101.69
XWK	66014	Exempt		07/19/2019	2019	\$0.00	\$101.69	\$0.00	\$101.69
XWK	66014	Exempt		08/02/2019	2019	\$0.00	\$101.69	\$0.00	\$101.69
XWK	66014	Exempt		08/16/2019	2019	\$0.00	\$101.69	\$0.00	\$101.69
XWK	66014	Exempt		08/30/2019	2019	\$0.00	\$101.69	\$0.00	\$101.69
XWK	66014	Exempt		09/13/2019	2019	\$0.00	\$101.69	\$0.00	\$101.69
XWK	66014	Exempt		09/27/2019	2019	\$0.00	\$101.69	\$0.00	\$101.69
XWK	66014	Exempt		10/11/2019	2019	\$0.00	\$101.69	\$0.00	\$101.69
XWK	66014	Exempt		10/25/2019	2019	\$0.00	\$101.69	\$0.00	\$101.69
XWK	66014	Exempt		11/08/2019	2019	\$0.00	\$101.69	\$0.00	\$101.69
XWK	66014	Exempt		11/22/2019	2019	\$0.00	\$101.69	\$0.00	\$101.69
XWK	66014	Exempt		12/06/2019	2019	\$0.00	\$101.69	\$0.00	\$101.69
XWK	66014	Exempt		12/20/2019	2019	\$0.00	\$101.69	\$0.00	\$101.69
XWK	66014	Exempt		01/03/2020	2020	\$0.00	\$101.69	\$0.00	\$101.69
XWK	66014	Exempt		01/17/2020	2020	\$0.00	\$101.69	\$0.00	\$101.69
XWK	66014	Exempt		01/31/2020	2020	\$0.00	\$101.69	\$0.00	\$101.69
XWK	66014	Exempt		02/14/2020	2020	\$0.00	\$101.69	\$0.00	\$101.69
XWK	66014	Exempt		02/28/2020	2020	\$0.00	\$101.69	\$0.00	\$101.69
XWK	66014	Exempt		03/13/2020	2020	\$0.00	\$104.77	\$0.00	\$104.77
XWK	66014	Exempt		03/27/2020	2020	\$0.00	\$104.77	\$0.00	\$104.77
XWK	66014	Exempt		04/09/2020	2020	\$0.00	\$104.77	\$0.00	\$104.77
XWK	66014	Exempt		04/24/2020	2020	\$0.00	\$104.77	\$0.00	\$104.77
XWK	66014	Exempt		05/08/2020	2020	\$0.00	\$104.77	\$0.00	\$104.77
XWK	66014	Exempt		05/22/2020	2020	\$0.00	\$104.77	\$0.00	\$104.77
XWK	66014	Exempt		06/05/2020	2020	\$0.00	\$104.77	\$0.00	\$104.77
XWK	66014	Exempt		06/19/2020	2020	\$0.00	\$104.77	\$0.00	\$104.77
XWK	66014	Exempt		07/02/2020	2020	\$0.00	\$104.77	\$0.00	\$104.77
XWK	66014	Exempt		07/17/2020	2020	\$0.00	\$104.77	\$0.00	\$104.77
XWK	66014	Exempt		07/31/2020	2020	\$0.00	\$104.77	\$0.00	\$104.77
XWK	66014	Exempt		08/14/2020	2020	\$0.00	\$104.77	\$0.00	\$104.77
XWK	66014	Exempt		08/28/2020	2020	\$0.00	\$104.77	\$0.00	\$104.77
XWK	66014	Exempt		09/11/2020	2020	\$0.00	\$104.77	\$0.00	\$104.77
XWK	66014	Exempt		09/25/2020	2020	\$0.00	\$104.77	\$0.00	\$104.77
XWK	66014	Exempt		10/09/2020	2020	\$0.00	\$104.77	\$0.00	\$104.77

XWK	66014	Exempt		10/23/2020	2020	\$0.00	\$104.77	\$0.00	\$104.77
XWK	66014	Exempt		11/06/2020	2020	\$0.00	\$104.77	\$0.00	\$104.77
XWK	66014	Exempt		11/20/2020	2020	\$0.00	\$104.77	\$0.00	\$104.77
XWK	66014	Exempt		12/04/2020	2020	\$0.00	\$104.77	\$0.00	\$104.77
XWK	66014	Exempt		12/18/2020	2020	\$0.00	\$104.77	\$0.00	\$104.77
XWK	66014	Exempt		12/31/2020	2020	\$0.00	\$104.77	\$0.00	\$104.77
XWK	66020	Exempt		01/18/2019	2019	\$0.00	\$74.77	\$0.00	\$74.77
XWK	66020	Exempt		02/01/2019	2019	\$0.00	\$83.08	\$0.00	\$83.08
XWK	66020	Exempt		02/15/2019	2019	\$0.00	\$83.08	\$0.00	\$83.08
XWK	66020	Exempt		03/01/2019	2019	\$0.00	\$83.08	\$0.00	\$83.08
XWK	66020	Exempt		03/15/2019	2019	\$0.00	\$88.00	\$0.00	\$88.00
XWK	66020	Exempt		03/29/2019	2019	\$0.00	\$88.00	\$0.00	\$88.00
XWK	66020	Exempt		04/12/2019	2019	\$0.00	\$88.00	\$0.00	\$88.00
XWK	66020	Exempt		04/26/2019	2019	\$0.00	\$88.00	\$0.00	\$88.00
XWK	66020	Exempt		05/10/2019	2019	\$0.00	\$88.00	\$0.00	\$88.00
XWK	66020	Exempt		05/24/2019	2019	\$0.00	\$88.00	\$0.00	\$88.00
XWK	66020	Exempt		06/07/2019	2019	\$0.00	\$88.00	\$0.00	\$88.00
XWK	66020	Exempt		06/21/2019	2019	\$0.00	\$88.00	\$0.00	\$88.00
XWK	66020	Exempt		07/05/2019	2019	\$0.00	\$88.00	\$0.00	\$88.00
XWK	66020	Exempt		07/19/2019	2019	\$0.00	\$88.00	\$0.00	\$88.00
XWK	66020	Exempt		08/02/2019	2019	\$0.00	\$88.00	\$0.00	\$88.00
XWK	66020	Exempt		08/16/2019	2019	\$0.00	\$88.00	\$0.00	\$88.00
XWK	66020	Exempt		08/30/2019	2019	\$0.00	\$88.00	\$0.00	\$88.00
XWK	66020	Exempt		09/13/2019	2019	\$0.00	\$88.00	\$0.00	\$88.00
XWK	66020	Exempt		09/27/2019	2019	\$0.00	\$88.00	\$0.00	\$88.00
XWK	66020	Exempt		10/11/2019	2019	\$0.00	\$88.00	\$0.00	\$88.00
XWK	66020	Exempt		10/25/2019	2019	\$0.00	\$88.00	\$0.00	\$88.00
XWK	66020	Exempt		11/08/2019	2019	\$0.00	\$88.00	\$0.00	\$88.00
XWK	66020	Exempt		11/22/2019	2019	\$0.00	\$88.00	\$0.00	\$88.00
XWK	66020	Exempt		12/06/2019	2019	\$0.00	\$88.00	\$0.00	\$88.00
XWK	66020	Exempt		12/20/2019	2019	\$0.00	\$88.00	\$0.00	\$88.00
XWK	66020	Exempt		01/03/2020	2020	\$0.00	\$88.00	\$0.00	\$88.00
XWK	66020	Exempt		01/17/2020	2020	\$0.00	\$88.00	\$0.00	\$88.00
XWK	66020	Exempt		01/31/2020	2020	\$0.00	\$88.00	\$0.00	\$88.00
XWK	66020	Exempt		02/14/2020	2020	\$0.00	\$88.00	\$0.00	\$88.00
XWK	66020	Exempt		02/28/2020	2020	\$0.00	\$88.00	\$0.00	\$88.00
XWK	66020	Exempt		03/13/2020	2020	\$0.00	\$90.78	\$0.00	\$90.78
XWK	66020	Exempt		03/27/2020	2020	\$0.00	\$90.78	\$0.00	\$90.78
XWK	66020	Exempt		04/09/2020	2020	\$0.00	\$90.78	\$0.00	\$90.78
XWK	66020	Exempt		04/24/2020	2020	\$0.00	\$90.78	\$0.00	\$90.78
XWK	66020	Exempt		05/08/2020	2020	\$0.00	\$90.78	\$0.00	\$90.78
XWK	66020	Exempt		05/22/2020	2020	\$0.00	\$90.78	\$0.00	\$90.78
XWK	66020	Exempt		06/05/2020	2020	\$0.00	\$90.78	\$0.00	\$90.78
XWK	66020	Exempt		06/19/2020	2020	\$0.00	\$90.78	\$0.00	\$90.78
XWK	66020	Exempt		07/02/2020	2020	\$0.00	\$90.78	\$0.00	\$90.78
XWK	66020	Exempt		07/17/2020	2020	\$0.00	\$90.78	\$0.00	\$90.78

XWK	66020	Exempt		07/31/2020	2020	\$0.00	\$90.78	\$0.00	\$90.78
XWK	66020	Exempt		08/14/2020	2020	\$0.00	\$90.78	\$0.00	\$90.78
XWK	66020	Exempt		08/28/2020	2020	\$0.00	\$90.78	\$0.00	\$90.78
XWK	66020	Exempt		09/11/2020	2020	\$0.00	\$90.78	\$0.00	\$90.78
XWK	66020	Exempt		09/25/2020	2020	\$0.00	\$90.78	\$0.00	\$90.78
XWK	66020	Exempt		10/09/2020	2020	\$0.00	\$90.78	\$0.00	\$90.78
XWK	66020	Exempt		10/23/2020	2020	\$0.00	\$90.78	\$0.00	\$90.78
XWK	66020	Exempt		11/06/2020	2020	\$0.00	\$90.78	\$0.00	\$90.78
XWK	66020	Exempt		11/20/2020	2020	\$0.00	\$90.78	\$0.00	\$90.78
XWK	66020	Exempt		12/04/2020	2020	\$0.00	\$90.78	\$0.00	\$90.78
XWK	66020	Exempt		12/18/2020	2020	\$0.00	\$90.78	\$0.00	\$90.78
XWK	66020	Exempt		12/31/2020	2020	\$0.00	\$90.78	\$0.00	\$90.78
XWK	66021	Exempt		01/18/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66021	Exempt		02/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66021	Exempt		02/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66021	Exempt		03/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66021	Exempt		03/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66021	Exempt		03/29/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66021	Exempt		04/12/2019	2019	\$0.00	\$63.69	\$0.00	\$63.69
XWK	66021	Exempt		04/26/2019	2019	\$0.00	\$63.69	\$0.00	\$63.69
XWK	66021	Exempt		05/10/2019	2019	\$0.00	\$63.69	\$0.00	\$63.69
XWK	66021	Exempt		05/24/2019	2019	\$0.00	\$63.69	\$0.00	\$63.69
XWK	66021	Exempt		06/07/2019	2019	\$0.00	\$63.69	\$0.00	\$63.69
XWK	66021	Exempt		06/21/2019	2019	\$0.00	\$63.69	\$0.00	\$63.69
XWK	66021	Exempt		07/05/2019	2019	\$0.00	\$63.69	\$0.00	\$63.69
XWK	66021	Exempt		07/19/2019	2019	\$0.00	\$63.69	\$0.00	\$63.69
XWK	66021	Exempt		08/02/2019	2019	\$0.00	\$63.69	\$0.00	\$63.69
XWK	66021	Exempt		08/16/2019	2019	\$0.00	\$63.69	\$0.00	\$63.69
XWK	66021	Exempt		08/30/2019	2019	\$0.00	\$63.69	\$0.00	\$63.69
XWK	66021	Exempt		09/13/2019	2019	\$0.00	\$63.69	\$0.00	\$63.69
XWK	66021	Exempt		09/27/2019	2019	\$0.00	\$63.69	\$0.00	\$63.69
XWK	66021	Exempt		10/11/2019	2019	\$0.00	\$63.69	\$0.00	\$63.69
XWK	66021	Exempt		10/25/2019	2019	\$0.00	\$63.69	\$0.00	\$63.69
XWK	66021	Exempt		11/08/2019	2019	\$0.00	\$63.69	\$0.00	\$63.69
XWK	66021	Exempt		11/22/2019	2019	\$0.00	\$63.69	\$0.00	\$63.69
XWK	66021	Exempt		12/06/2019	2019	\$0.00	\$63.69	\$0.00	\$63.69
XWK	66021	Exempt		12/20/2019	2019	\$0.00	\$84.32	\$0.00	\$84.32
XWK	66021	Exempt		01/03/2020	2020	\$0.00	\$84.32	\$0.00	\$84.32
XWK	66021	Exempt		01/17/2020	2020	\$0.00	\$84.32	\$0.00	\$84.32
XWK	66021	Exempt		01/31/2020	2020	\$0.00	\$84.32	\$0.00	\$84.32
XWK	66021	Exempt		02/14/2020	2020	\$0.00	\$84.32	\$0.00	\$84.32
XWK	66021	Exempt		02/28/2020	2020	\$0.00	\$84.32	\$0.00	\$84.32
XWK	66021	Exempt		03/13/2020	2020	\$0.00	\$85.38	\$0.00	\$85.38
XWK	66021	Exempt		03/27/2020	2020	\$0.00	\$85.38	\$0.00	\$85.38
XWK	66021	Exempt		04/09/2020	2020	\$0.00	\$85.38	\$0.00	\$85.38
XWK	66021	Exempt		04/24/2020	2020	\$0.00	\$85.38	\$0.00	\$85.38

XWK	66021	Exempt		05/08/2020	2020	\$0.00	\$85.38	\$0.00	\$85.38
XWK	66021	Exempt		05/22/2020	2020	\$0.00	\$85.38	\$0.00	\$85.38
XWK	66021	Exempt		06/05/2020	2020	\$0.00	\$85.38	\$0.00	\$85.38
XWK	66021	Exempt		06/19/2020	2020	\$0.00	\$85.38	\$0.00	\$85.38
XWK	66021	Exempt		07/02/2020	2020	\$0.00	\$85.38	\$0.00	\$85.38
XWK	66021	Exempt		07/17/2020	2020	\$0.00	\$85.38	\$0.00	\$85.38
XWK	66021	Exempt		07/31/2020	2020	\$0.00	\$85.38	\$0.00	\$85.38
XWK	66021	Exempt		08/14/2020	2020	\$0.00	\$85.38	\$0.00	\$85.38
XWK	66021	Exempt		08/28/2020	2020	\$0.00	\$85.38	\$0.00	\$85.38
XWK	66021	Exempt		09/11/2020	2020	\$0.00	\$85.38	\$0.00	\$85.38
XWK	66021	Exempt		09/25/2020	2020	\$0.00	\$85.38	\$0.00	\$85.38
XWK	66021	Exempt		10/09/2020	2020	\$0.00	\$85.38	\$0.00	\$85.38
XWK	66021	Exempt		10/23/2020	2020	\$0.00	\$85.38	\$0.00	\$85.38
XWK	66021	Exempt		11/06/2020	2020	\$0.00	\$85.38	\$0.00	\$85.38
XWK	66021	Exempt		11/20/2020	2020	\$0.00	\$85.38	\$0.00	\$85.38
XWK	66021	Exempt		12/04/2020	2020	\$0.00	\$85.38	\$0.00	\$85.38
XWK	66021	Exempt		12/18/2020	2020	\$0.00	\$85.38	\$0.00	\$85.38
XWK	66021	Exempt		12/31/2020	2020	\$0.00	\$85.38	\$0.00	\$85.38
XWK	66026	Exempt		01/18/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		02/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		02/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		03/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		03/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		03/29/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		04/12/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		04/26/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		05/10/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		05/24/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		06/07/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		08/02/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		08/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		09/13/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		09/27/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		10/11/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		10/25/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		11/08/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		11/22/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		12/20/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		01/03/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		01/17/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		01/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00

XWK	66026	Exempt		02/14/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		02/28/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		03/13/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		03/27/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		04/09/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		04/24/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		05/08/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		05/22/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		06/05/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		06/19/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		07/02/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		07/17/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		07/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		08/14/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		08/28/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		09/11/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		09/25/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		10/09/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		10/23/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		11/06/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		11/20/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		12/04/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		12/18/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66026	Exempt		12/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66031	Exempt		01/18/2019	2019	\$0.00	\$327.12	\$0.00	\$130.85
XWK	66031	Exempt		02/01/2019	2019	\$0.00	\$363.46	\$0.00	\$145.38
XWK	66031	Exempt		02/15/2019	2019	\$0.00	\$363.46	\$0.00	\$145.38
XWK	66031	Exempt		03/01/2019	2019	\$0.00	\$363.46	\$0.00	\$145.38
XWK	66031	Exempt		03/15/2019	2019	\$0.00	\$376.92	\$0.00	\$150.77
XWK	66031	Exempt		03/29/2019	2019	\$0.00	\$376.92	\$0.00	\$150.77
XWK	66031	Exempt		04/12/2019	2019	\$0.00	\$376.92	\$0.00	\$150.77
XWK	66031	Exempt		04/26/2019	2019	\$0.00	\$376.92	\$0.00	\$150.77
XWK	66031	Exempt		05/10/2019	2019	\$0.00	\$376.92	\$0.00	\$150.77
XWK	66031	Exempt		05/24/2019	2019	\$0.00	\$376.92	\$0.00	\$150.77
XWK	66031	Exempt		06/07/2019	2019	\$0.00	\$376.92	\$0.00	\$150.77
XWK	66031	Exempt		06/21/2019	2019	\$0.00	\$376.92	\$0.00	\$150.77
XWK	66031	Exempt		07/05/2019	2019	\$0.00	\$376.92	\$0.00	\$150.77
XWK	66031	Exempt		07/19/2019	2019	\$0.00	\$376.92	\$0.00	\$150.77
XWK	66031	Exempt		08/02/2019	2019	\$0.00	\$376.92	\$0.00	\$150.77
XWK	66031	Exempt		08/16/2019	2019	\$0.00	\$376.92	\$0.00	\$150.77
XWK	66031	Exempt		08/30/2019	2019	\$0.00	\$376.92	\$0.00	\$150.77
XWK	66031	Exempt		09/13/2019	2019	\$0.00	\$376.92	\$0.00	\$150.77
XWK	66031	Exempt		09/27/2019	2019	\$0.00	\$376.92	\$0.00	\$150.77
XWK	66031	Exempt		10/11/2019	2019	\$0.00	\$376.92	\$0.00	\$150.77
XWK	66031	Exempt		10/25/2019	2019	\$0.00	\$376.92	\$0.00	\$150.77
XWK	66031	Exempt		11/08/2019	2019	\$0.00	\$376.92	\$0.00	\$150.77

XWK	66031	Exempt		11/22/2019	2019	\$0.00	\$376.92	\$0.00	\$150.77
XWK	66031	Exempt		12/06/2019	2019	\$0.00	\$376.92	\$0.00	\$150.77
XWK	66031	Exempt		12/20/2019	2019	\$0.00	\$376.92	\$0.00	\$150.77
XWK	66031	Exempt		01/03/2020	2020	\$0.00	\$527.69	\$0.00	\$150.77
XWK	66031	Exempt		01/17/2020	2020	\$0.00	\$527.69	\$0.00	\$150.77
XWK	66031	Exempt		01/31/2020	2020	\$0.00	\$527.69	\$0.00	\$150.77
XWK	66031	Exempt		02/14/2020	2020	\$0.00	\$527.69	\$0.00	\$150.77
XWK	66031	Exempt		02/28/2020	2020	\$0.00	\$527.69	\$0.00	\$150.77
XWK	66031	Exempt		03/13/2020	2020	\$0.00	\$549.25	\$0.00	\$156.93
XWK	66031	Exempt		03/27/2020	2020	\$0.00	\$549.25	\$0.00	\$156.93
XWK	66031	Exempt		04/09/2020	2020	\$0.00	\$588.48	\$0.00	\$156.93
XWK	66031	Exempt		04/24/2020	2020	\$0.00	\$588.48	\$0.00	\$156.93
XWK	66031	Exempt		05/08/2020	2020	\$0.00	\$588.48	\$0.00	\$156.93
XWK	66031	Exempt		05/22/2020	2020	\$0.00	\$588.48	\$0.00	\$156.93
XWK	66031	Exempt		06/05/2020	2020	\$0.00	\$588.48	\$0.00	\$156.93
XWK	66031	Exempt		06/19/2020	2020	\$0.00	\$588.48	\$0.00	\$156.93
XWK	66031	Exempt		07/02/2020	2020	\$0.00	\$588.48	\$0.00	\$156.93
XWK	66031	Exempt		07/17/2020	2020	\$0.00	\$588.48	\$0.00	\$156.93
XWK	66031	Exempt		07/31/2020	2020	\$0.00	\$588.48	\$0.00	\$156.93
XWK	66031	Exempt		08/14/2020	2020	\$0.00	\$588.48	\$0.00	\$156.93
XWK	66031	Exempt		08/28/2020	2020	\$0.00	\$588.48	\$0.00	\$156.93
XWK	66031	Exempt		09/11/2020	2020	\$0.00	\$588.48	\$0.00	\$156.93
XWK	66031	Exempt		09/25/2020	2020	\$0.00	\$588.48	\$0.00	\$156.93
XWK	66031	Exempt		10/09/2020	2020	\$0.00	\$588.48	\$0.00	\$156.93
XWK	66031	Exempt		10/23/2020	2020	\$0.00	\$588.48	\$0.00	\$156.93
XWK	66031	Exempt		11/06/2020	2020	\$0.00	\$588.48	\$0.00	\$156.93
XWK	66031	Exempt		11/20/2020	2020	\$0.00	\$588.48	\$0.00	\$156.93
XWK	66031	Exempt		12/04/2020	2020	\$0.00	\$588.48	\$0.00	\$156.93
XWK	66031	Exempt		12/18/2020	2020	\$0.00	\$588.48	\$0.00	\$156.93
XWK	66031	Exempt		12/31/2020	2020	\$0.00	\$588.48	\$0.00	\$156.93
XWK	66035	Exempt		01/18/2019	2019	\$0.00	\$120.67	\$0.00	\$80.45
XWK	66035	Exempt		02/01/2019	2019	\$0.00	\$134.08	\$0.00	\$89.38
XWK	66035	Exempt		02/15/2019	2019	\$0.00	\$134.08	\$0.00	\$89.38
XWK	66035	Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66055	Exempt		02/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66055	Exempt		02/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66055	Exempt		03/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66055	Exempt		03/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66055	Exempt		03/29/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66055	Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66075	Exempt		03/29/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66075	Exempt		04/12/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66075	Exempt		04/26/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66075	Exempt		05/10/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66075	Exempt		05/24/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66075	Exempt		06/07/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00

XWK	66075	Exempt		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66075	Exempt		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66075	Exempt		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66075	Exempt		08/02/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66075	Exempt		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66075	Exempt		08/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66075	Exempt		09/13/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66075	Exempt		09/27/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66075	Exempt		10/11/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66075	Exempt		10/25/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66075	Exempt		11/08/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66075	Exempt		11/22/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66075	Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66075	Exempt		12/20/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66075	Exempt		01/03/2020	2020	\$0.00	\$75.38	\$0.00	\$75.38
XWK	66075	Exempt		01/17/2020	2020	\$0.00	\$75.38	\$0.00	\$75.38
XWK	66075	Exempt		01/31/2020	2020	\$0.00	\$75.38	\$0.00	\$75.38
XWK	66075	Exempt		02/14/2020	2020	\$0.00	\$75.38	\$0.00	\$75.38
XWK	66075	Exempt		02/28/2020	2020	\$0.00	\$75.38	\$0.00	\$75.38
XWK	66075	Exempt		03/13/2020	2020	\$0.00	\$77.22	\$0.00	\$77.22
XWK	66075	Exempt		03/27/2020	2020	\$0.00	\$77.22	\$0.00	\$77.22
XWK	66075	Exempt		04/09/2020	2020	\$0.00	\$77.22	\$0.00	\$77.22
XWK	66075	Exempt		04/24/2020	2020	\$0.00	\$77.22	\$0.00	\$77.22
XWK	66075	Exempt		05/08/2020	2020	\$0.00	\$77.22	\$0.00	\$77.22
XWK	66075	Exempt		05/22/2020	2020	\$0.00	\$77.22	\$0.00	\$77.22
XWK	66075	Exempt		06/05/2020	2020	\$0.00	\$77.22	\$0.00	\$77.22
XWK	66075	Exempt		06/19/2020	2020	\$0.00	\$77.22	\$0.00	\$77.22
XWK	66075	Exempt		07/02/2020	2020	\$0.00	\$77.22	\$0.00	\$77.22
XWK	66075	Exempt		07/17/2020	2020	\$0.00	\$77.22	\$0.00	\$77.22
XWK	66075	Exempt		07/31/2020	2020	\$0.00	\$77.22	\$0.00	\$77.22
XWK	66075	Exempt		08/14/2020	2020	\$0.00	\$77.22	\$0.00	\$77.22
XWK	66075	Exempt		08/28/2020	2020	\$0.00	\$77.22	\$0.00	\$77.22
XWK	66075	Exempt		09/11/2020	2020	\$0.00	\$77.22	\$0.00	\$77.22
XWK	66075	Exempt		09/25/2020	2020	\$0.00	\$77.22	\$0.00	\$77.22
XWK	66075	Exempt		10/09/2020	2020	\$0.00	\$77.22	\$0.00	\$77.22
XWK	66075	Exempt		10/23/2020	2020	\$0.00	\$77.22	\$0.00	\$77.22
XWK	66075	Exempt		11/06/2020	2020	\$0.00	\$77.22	\$0.00	\$77.22
XWK	66075	Exempt		11/20/2020	2020	\$0.00	\$77.22	\$0.00	\$77.22
XWK	66075	Exempt		12/04/2020	2020	\$0.00	\$77.22	\$0.00	\$77.22
XWK	66075	Exempt		12/18/2020	2020	\$0.00	\$77.22	\$0.00	\$77.22
XWK	66075	Exempt		12/31/2020	2020	\$0.00	\$77.22	\$0.00	\$77.22
XWK	66124	Exempt		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66124	Exempt		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66124	Exempt		08/02/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66124	Exempt		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66124	Exempt		08/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00

XWK	66124	Exempt		09/13/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66124	Exempt		09/27/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66124	Exempt		10/11/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66124	Exempt		10/25/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66124	Exempt		11/08/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66124	Exempt		11/22/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66124	Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66124	Exempt		12/20/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66124	Exempt		01/03/2020	2020	\$0.00	\$82.69	\$0.00	\$66.15
XWK	66124	Exempt		01/17/2020	2020	\$0.00	\$82.69	\$0.00	\$66.15
XWK	66124	Exempt		01/31/2020	2020	\$0.00	\$82.69	\$0.00	\$66.15
XWK	66124	Exempt		02/14/2020	2020	\$0.00	\$82.69	\$0.00	\$66.15
XWK	66124	Exempt		02/28/2020	2020	\$0.00	\$82.69	\$0.00	\$66.15
XWK	66124	Exempt		03/13/2020	2020	\$0.00	\$85.00	\$0.00	\$68.00
XWK	66124	Exempt		03/27/2020	2020	\$0.00	\$85.00	\$0.00	\$68.00
XWK	66124	Exempt		04/09/2020	2020	\$0.00	\$85.00	\$0.00	\$68.00
XWK	66124	Exempt		04/24/2020	2020	\$0.00	\$85.00	\$0.00	\$68.00
XWK	66124	Exempt		05/08/2020	2020	\$0.00	\$85.00	\$0.00	\$68.00
XWK	66124	Exempt		05/22/2020	2020	\$0.00	\$85.00	\$0.00	\$68.00
XWK	66124	Exempt		06/05/2020	2020	\$0.00	\$85.00	\$0.00	\$68.00
XWK	66124	Exempt		06/19/2020	2020	\$0.00	\$85.00	\$0.00	\$68.00
XWK	66124	Exempt		07/02/2020	2020	\$0.00	\$85.00	\$0.00	\$68.00
XWK	66124	Exempt		07/17/2020	2020	\$0.00	\$85.00	\$0.00	\$68.00
XWK	66124	Exempt		07/31/2020	2020	\$0.00	\$85.00	\$0.00	\$68.00
XWK	66124	Exempt		08/14/2020	2020	\$0.00	\$85.00	\$0.00	\$68.00
XWK	66124	Exempt		08/28/2020	2020	\$0.00	\$85.00	\$0.00	\$68.00
XWK	66124	Exempt		09/11/2020	2020	\$0.00	\$85.00	\$0.00	\$68.00
XWK	66124	Exempt		09/25/2020	2020	\$0.00	\$85.00	\$0.00	\$68.00
XWK	66124	Exempt		10/09/2020	2020	\$0.00	\$85.00	\$0.00	\$68.00
XWK	66124	Exempt		10/23/2020	2020	\$0.00	\$85.00	\$0.00	\$68.00
XWK	66124	Exempt		11/06/2020	2020	\$0.00	\$85.00	\$0.00	\$68.00
XWK	66124	Exempt		11/20/2020	2020	\$0.00	\$85.00	\$0.00	\$68.00
XWK	66124	Exempt		12/04/2020	2020	\$0.00	\$85.00	\$0.00	\$68.00
XWK	66124	Exempt		12/18/2020	2020	\$0.00	\$85.00	\$0.00	\$68.00
XWK	66124	Exempt		12/31/2020	2020	\$0.00	\$85.00	\$0.00	\$68.00
XWK	66179	Exempt		12/20/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66179	Exempt		01/03/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66179	Exempt		01/17/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66179	Exempt		01/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66179	Exempt		02/14/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66179	Exempt		02/28/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66179	Exempt		03/13/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66179	Exempt		03/27/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66179	Exempt		04/09/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66179	Exempt		04/24/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66179	Exempt		05/08/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00

XWK	66179	Exempt		05/22/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66179	Exempt		06/05/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66179	Exempt		06/19/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66179	Exempt		07/02/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66179	Exempt		07/17/2020	2020	\$0.00	\$102.12	\$0.00	\$81.70
XWK	66179	Exempt		07/31/2020	2020	\$0.00	\$102.12	\$0.00	\$81.70
XWK	66179	Exempt		08/14/2020	2020	\$0.00	\$102.12	\$0.00	\$81.70
XWK	66179	Exempt		08/28/2020	2020	\$0.00	\$102.12	\$0.00	\$81.70
XWK	66179	Exempt		09/11/2020	2020	\$0.00	\$102.12	\$0.00	\$81.70
XWK	66179	Exempt		09/25/2020	2020	\$0.00	\$102.12	\$0.00	\$81.70
XWK	66179	Exempt		10/09/2020	2020	\$0.00	\$102.12	\$0.00	\$81.70
XWK	66179	Exempt		10/23/2020	2020	\$0.00	\$102.12	\$0.00	\$81.70
XWK	66179	Exempt		11/06/2020	2020	\$0.00	\$102.12	\$0.00	\$81.70
XWK	66179	Exempt		11/20/2020	2020	\$0.00	\$102.12	\$0.00	\$81.70
XWK	66179	Exempt		12/04/2020	2020	\$0.00	\$102.12	\$0.00	\$81.70
XWK	66179	Exempt		12/18/2020	2020	\$0.00	\$102.12	\$0.00	\$81.70
XWK	66179	Exempt		12/31/2020	2020	\$0.00	\$102.12	\$0.00	\$81.70
XWK	65913	Exempt		2018	2018				2684.04
XWK	65931	Exempt		2018	2018				1611.67
XWK	65935	Exempt		2018	2018				2410.08
XWK	65947	Exempt		2018	2018				2416.08
XWK	65949	Exempt		2018	2018				1765.92
XWK	65950	Exempt		2018	2018				2418.00
XWK	65964	Exempt		2018	2018				1713.96
XWK	65979	Exempt		2018	2018				1600.44
XWK	65988	Exempt		2018	2018				3254.04
XWK	66004	Exempt		2018	2018				1741.92
XWK	66014	Exempt		2018	2018				2528.04
XWK	66020	Exempt		2018	2018				2133.96
XWK	66031	Exempt		2018	2018				3680.04
XWK	66035	Exempt		2018	2018				2295.96
XWK	65913	Exempt			2018		8052.00		
XWK	65931	Exempt			2018		1611.67		
XWK	65935	Exempt			2018		3012.48		
XWK	65947	Exempt			2018		6040.08		
XWK	65949	Exempt			2018		1765.92		
XWK	65950	Exempt			2018		6959.52		
XWK	65964	Exempt			2018		6427.44		
XWK	65979	Exempt			2018		1600.44		
XWK	65988	Exempt			2018		4067.52		
XWK	66004	Exempt			2018		2613.00		
XWK	66014	Exempt			2018		2528.04		
XWK	66020	Exempt			2018		2133.96		
XWK	66031	Exempt			2018		9200.04		
XWK	66035	Exempt			2018		5995.56		
XWK	65934	Manager		01/18/2019	2019	\$0.00	\$609.23	\$240.00	\$152.31

XWK	65934	Manager		02/01/2019	2019	\$0.00	\$676.92	\$0.00	\$169.23
XWK	65934	Manager		02/15/2019	2019	\$0.00	\$676.92	\$0.00	\$169.23
XWK	65934	Manager		03/01/2019	2019	\$0.00	\$676.92	\$0.00	\$169.23
XWK	65934	Manager		03/15/2019	2019	\$0.00	\$704.00	\$0.00	\$176.00
XWK	65934	Manager		03/29/2019	2019	\$0.00	\$704.00	\$0.00	\$176.00
XWK	65934	Manager		03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65934	Manager		04/12/2019	2019	\$0.00	\$704.00	\$0.00	\$176.00
XWK	65934	Manager		04/26/2019	2019	\$0.00	\$704.00	\$0.00	\$176.00
XWK	65934	Manager		05/10/2019	2019	\$0.00	\$704.00	\$0.00	\$176.00
XWK	65934	Manager		05/24/2019	2019	\$0.00	\$704.00	\$0.00	\$176.00
XWK	65934	Manager		06/07/2019	2019	\$0.00	\$704.00	\$0.00	\$176.00
XWK	65934	Manager		06/21/2019	2019	\$0.00	\$704.00	\$0.00	\$176.00
XWK	65934	Manager		07/05/2019	2019	\$0.00	\$704.00	\$0.00	\$176.00
XWK	65934	Manager		07/19/2019	2019	\$0.00	\$704.00	\$0.00	\$176.00
XWK	65934	Manager		08/02/2019	2019	\$0.00	\$704.00	\$0.00	\$176.00
XWK	65934	Manager		08/16/2019	2019	\$0.00	\$704.00	\$0.00	\$176.00
XWK	65934	Manager		08/30/2019	2019	\$0.00	\$704.00	\$0.00	\$176.00
XWK	65934	Manager		09/13/2019	2019	\$0.00	\$704.00	\$0.00	\$176.00
XWK	65934	Manager		09/27/2019	2019	\$0.00	\$704.00	\$0.00	\$176.00
XWK	65934	Manager		10/11/2019	2019	\$0.00	\$704.00	\$0.00	\$176.00
XWK	65934	Manager		10/25/2019	2019	\$0.00	\$704.00	\$0.00	\$176.00
XWK	65934	Manager		11/08/2019	2019	\$0.00	\$704.00	\$0.00	\$176.00
XWK	65934	Manager		11/22/2019	2019	\$0.00	\$704.00	\$0.00	\$176.00
XWK	65934	Manager		12/06/2019	2019	\$0.00	\$704.00	\$0.00	\$176.00
XWK	65934	Manager		12/20/2019	2019	\$0.00	\$704.00	\$0.00	\$176.00
XWK	65934	Manager		01/03/2020	2020	\$0.00	\$704.00	\$0.00	\$176.00
XWK	65934	Manager		01/17/2020	2020	\$0.00	\$704.00	\$0.00	\$176.00
XWK	65934	Manager		01/31/2020	2020	\$0.00	\$704.00	\$0.00	\$176.00
XWK	65934	Manager		02/14/2020	2020	\$0.00	\$704.00	\$0.00	\$176.00
XWK	65934	Manager		02/28/2020	2020	\$0.00	\$704.00	\$0.00	\$176.00
XWK	65934	Manager		03/13/2020	2020	\$0.00	\$731.64	\$0.00	\$182.93
XWK	65934	Manager		03/27/2020	2020	\$0.00	\$731.64	\$0.00	\$182.93
XWK	65934	Manager		04/09/2020	2020	\$0.00	\$731.64	\$0.00	\$182.93
XWK	65934	Manager		04/24/2020	2020	\$0.00	\$731.64	\$0.00	\$182.93
XWK	65934	Manager		05/08/2020	2020	\$0.00	\$731.64	\$0.00	\$182.93
XWK	65934	Manager		05/22/2020	2020	\$0.00	\$731.64	\$0.00	\$182.93
XWK	65934	Manager		06/05/2020	2020	\$0.00	\$731.64	\$0.00	\$182.93
XWK	65934	Manager		06/19/2020	2020	\$0.00	\$731.64	\$0.00	\$182.93
XWK	65934	Manager		07/02/2020	2020	\$0.00	\$731.64	\$0.00	\$182.93
XWK	65934	Manager		07/17/2020	2020	\$0.00	\$731.64	\$0.00	\$182.93
XWK	65934	Manager		07/31/2020	2020	\$0.00	\$731.64	\$0.00	\$182.93
XWK	65934	Manager		08/14/2020	2020	\$0.00	\$731.64	\$0.00	\$182.93
XWK	65934	Manager		08/28/2020	2020	\$0.00	\$731.64	\$0.00	\$182.93
XWK	65934	Manager		09/11/2020	2020	\$0.00	\$731.64	\$0.00	\$182.93
XWK	65934	Manager		09/25/2020	2020	\$0.00	\$731.64	\$0.00	\$182.93
XWK	65934	Manager		10/09/2020	2020	\$0.00	\$731.64	\$0.00	\$182.93

XWK	65934	Manager		10/23/2020	2020	\$0.00	\$731.64	\$0.00	\$182.93
XWK	65934	Manager		11/06/2020	2020	\$0.00	\$731.64	\$0.00	\$182.93
XWK	65934	Manager		11/20/2020	2020	\$0.00	\$731.64	\$0.00	\$182.93
XWK	65934	Manager		11/27/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65934	Manager		12/04/2020	2020	\$0.00	\$731.64	\$0.00	\$182.93
XWK	65934	Manager		12/18/2020	2020	\$0.00	\$731.64	\$0.00	\$182.93
XWK	65934	Manager		12/31/2020	2020	\$0.00	\$731.64	\$0.00	\$182.93
XWK	65939	Manager		01/18/2019	2019	\$0.00	\$145.38	\$0.00	\$145.38
XWK	65939	Manager		02/01/2019	2019	\$0.00	\$161.54	\$0.00	\$161.54
XWK	65939	Manager		02/15/2019	2019	\$0.00	\$161.54	\$0.00	\$161.54
XWK	65939	Manager		03/01/2019	2019	\$0.00	\$161.54	\$0.00	\$161.54
XWK	65939	Manager		03/15/2019	2019	\$0.00	\$166.92	\$0.00	\$166.92
XWK	65939	Manager		03/29/2019	2019	\$0.00	\$166.92	\$0.00	\$166.92
XWK	65939	Manager		04/12/2019	2019	\$0.00	\$166.92	\$0.00	\$166.92
XWK	65939	Manager		04/26/2019	2019	\$0.00	\$166.92	\$0.00	\$166.92
XWK	65939	Manager		05/10/2019	2019	\$0.00	\$166.92	\$0.00	\$166.92
XWK	65939	Manager		05/24/2019	2019	\$0.00	\$166.92	\$0.00	\$166.92
XWK	65939	Manager		06/07/2019	2019	\$0.00	\$166.92	\$0.00	\$166.92
XWK	65939	Manager		06/21/2019	2019	\$0.00	\$166.92	\$0.00	\$166.92
XWK	65939	Manager		07/05/2019	2019	\$0.00	\$166.92	\$0.00	\$166.92
XWK	65939	Manager		07/19/2019	2019	\$0.00	\$166.92	\$0.00	\$166.92
XWK	65939	Manager		08/02/2019	2019	\$0.00	\$166.92	\$0.00	\$166.92
XWK	65939	Manager		08/16/2019	2019	\$0.00	\$166.92	\$0.00	\$166.92
XWK	65939	Manager		08/30/2019	2019	\$0.00	\$166.92	\$0.00	\$166.92
XWK	65939	Manager		09/13/2019	2019	\$0.00	\$166.92	\$0.00	\$166.92
XWK	65939	Manager		09/27/2019	2019	\$0.00	\$166.92	\$0.00	\$166.92
XWK	65939	Manager		10/11/2019	2019	\$0.00	\$166.92	\$0.00	\$166.92
XWK	65939	Manager		10/25/2019	2019	\$0.00	\$166.92	\$0.00	\$166.92
XWK	65939	Manager		11/08/2019	2019	\$0.00	\$166.92	\$0.00	\$166.92
XWK	65939	Manager		11/22/2019	2019	\$0.00	\$166.92	\$0.00	\$166.92
XWK	65939	Manager		12/06/2019	2019	\$0.00	\$166.92	\$0.00	\$166.92
XWK	65939	Manager		12/20/2019	2019	\$0.00	\$166.92	\$0.00	\$166.92
XWK	65939	Manager		01/03/2020	2020	\$0.00	\$166.92	\$0.00	\$166.92
XWK	65939	Manager		01/17/2020	2020	\$0.00	\$166.92	\$0.00	\$166.92
XWK	65939	Manager		01/31/2020	2020	\$0.00	\$166.92	\$0.00	\$166.92
XWK	65939	Manager		02/14/2020	2020	\$0.00	\$166.92	\$0.00	\$166.92
XWK	65939	Manager		02/28/2020	2020	\$0.00	\$166.92	\$0.00	\$166.92
XWK	65939	Manager		03/13/2020	2020	\$0.00	\$171.84	\$0.00	\$171.84
XWK	65939	Manager		03/27/2020	2020	\$0.00	\$178.22	\$0.00	\$178.22
XWK	65939	Manager		04/09/2020	2020	\$0.00	\$184.61	\$0.00	\$184.61
XWK	65939	Manager		04/24/2020	2020	\$0.00	\$184.61	\$0.00	\$184.61
XWK	65939	Manager		05/08/2020	2020	\$0.00	\$92.30	\$0.00	\$92.30
XWK	65939	Manager		12/18/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65939	Manager		12/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65982	Manager		01/18/2019	2019	\$0.00	\$521.83	\$0.00	\$139.15
XWK	65982	Manager		02/01/2019	2019	\$0.00	\$579.81	\$0.00	\$154.62

XWK	65982	Manager		02/15/2019	2019	\$0.00	\$579.81	\$0.00	\$154.62
XWK	65982	Manager		03/01/2019	2019	\$0.00	\$579.81	\$0.00	\$154.62
XWK	65982	Manager		03/15/2019	2019	\$0.00	\$614.42	\$0.00	\$163.85
XWK	65982	Manager		03/29/2019	2019	\$0.00	\$614.42	\$0.00	\$163.85
XWK	65982	Manager		03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65982	Manager		04/12/2019	2019	\$0.00	\$614.42	\$0.00	\$163.85
XWK	65982	Manager		04/26/2019	2019	\$0.00	\$614.42	\$0.00	\$163.85
XWK	65982	Manager		05/10/2019	2019	\$0.00	\$614.42	\$0.00	\$163.85
XWK	65982	Manager		05/24/2019	2019	\$0.00	\$614.42	\$0.00	\$163.85
XWK	65982	Manager		06/07/2019	2019	\$0.00	\$614.42	\$0.00	\$163.85
XWK	65982	Manager		06/21/2019	2019	\$0.00	\$614.42	\$0.00	\$163.85
XWK	65982	Manager		07/05/2019	2019	\$0.00	\$614.42	\$0.00	\$163.85
XWK	65982	Manager		07/19/2019	2019	\$0.00	\$614.42	\$0.00	\$163.85
XWK	65982	Manager		08/02/2019	2019	\$0.00	\$614.42	\$0.00	\$163.85
XWK	65982	Manager		08/16/2019	2019	\$0.00	\$614.42	\$0.00	\$163.85
XWK	65982	Manager		08/30/2019	2019	\$0.00	\$614.42	\$0.00	\$163.85
XWK	65982	Manager		09/13/2019	2019	\$0.00	\$614.42	\$0.00	\$163.85
XWK	65982	Manager		09/27/2019	2019	\$0.00	\$614.42	\$0.00	\$163.85
XWK	65982	Manager		10/11/2019	2019	\$0.00	\$614.42	\$0.00	\$163.85
XWK	65982	Manager		10/25/2019	2019	\$0.00	\$614.42	\$0.00	\$163.85
XWK	65982	Manager		11/08/2019	2019	\$0.00	\$614.42	\$0.00	\$163.85
XWK	65982	Manager		11/22/2019	2019	\$0.00	\$614.42	\$0.00	\$163.85
XWK	65982	Manager		12/06/2019	2019	\$0.00	\$614.42	\$0.00	\$163.85
XWK	65982	Manager		12/20/2019	2019	\$0.00	\$614.42	\$0.00	\$163.85
XWK	65982	Manager		01/03/2020	2020	\$0.00	\$614.42	\$0.00	\$163.85
XWK	65982	Manager		01/17/2020	2020	\$0.00	\$614.42	\$0.00	\$163.85
XWK	65982	Manager		01/31/2020	2020	\$0.00	\$614.42	\$0.00	\$163.85
XWK	65982	Manager		02/14/2020	2020	\$0.00	\$614.42	\$0.00	\$163.85
XWK	65982	Manager		02/28/2020	2020	\$0.00	\$614.42	\$0.00	\$163.85
XWK	65982	Manager		03/13/2020	2020	\$0.00	\$638.64	\$0.00	\$170.30
XWK	65982	Manager		03/27/2020	2020	\$0.00	\$638.64	\$0.00	\$170.30
XWK	65982	Manager		04/09/2020	2020	\$0.00	\$638.64	\$0.00	\$170.30
XWK	65982	Manager		04/24/2020	2020	\$0.00	\$638.64	\$0.00	\$170.30
XWK	65982	Manager		05/08/2020	2020	\$0.00	\$638.64	\$0.00	\$170.30
XWK	65982	Manager		05/22/2020	2020	\$0.00	\$638.64	\$0.00	\$170.30
XWK	65982	Manager		06/05/2020	2020	\$0.00	\$638.64	\$0.00	\$170.30
XWK	65982	Manager		06/19/2020	2020	\$0.00	\$638.64	\$0.00	\$170.30
XWK	65982	Manager		07/02/2020	2020	\$0.00	\$638.64	\$0.00	\$170.30
XWK	65982	Manager		07/17/2020	2020	\$0.00	\$638.64	\$0.00	\$170.30
XWK	65982	Manager		07/31/2020	2020	\$0.00	\$638.64	\$0.00	\$170.30
XWK	65982	Manager		08/14/2020	2020	\$0.00	\$638.64	\$0.00	\$170.30
XWK	65982	Manager		08/28/2020	2020	\$0.00	\$638.64	\$0.00	\$170.30
XWK	65982	Manager		09/11/2020	2020	\$0.00	\$638.64	\$0.00	\$170.30
XWK	65982	Manager		09/25/2020	2020	\$0.00	\$638.64	\$0.00	\$170.30
XWK	65982	Manager		10/09/2020	2020	\$0.00	\$638.64	\$0.00	\$170.30
XWK	65982	Manager		10/23/2020	2020	\$0.00	\$638.64	\$0.00	\$170.30

XWK	65982	Manager		11/06/2020	2020	\$0.00	\$638.64	\$0.00	\$170.30
XWK	65982	Manager		11/20/2020	2020	\$0.00	\$638.64	\$0.00	\$170.30
XWK	65982	Manager		11/27/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65982	Manager		12/04/2020	2020	\$0.00	\$638.64	\$0.00	\$170.30
XWK	65982	Manager		12/18/2020	2020	\$0.00	\$638.64	\$0.00	\$170.30
XWK	65982	Manager		12/31/2020	2020	\$0.00	\$638.64	\$0.00	\$170.30
XWK	65992	Manager		01/18/2019	2019	\$0.00	\$205.62	\$0.00	\$137.08
XWK	65992	Manager		02/01/2019	2019	\$0.00	\$228.46	\$0.00	\$152.31
XWK	65992	Manager		02/15/2019	2019	\$0.00	\$228.46	\$0.00	\$152.31
XWK	65992	Manager		03/01/2019	2019	\$0.00	\$228.46	\$0.00	\$152.31
XWK	65992	Manager		03/15/2019	2019	\$0.00	\$236.54	\$0.00	\$157.69
XWK	65992	Manager		03/29/2019	2019	\$0.00	\$236.54	\$0.00	\$157.69
XWK	65992	Manager		04/12/2019	2019	\$0.00	\$236.54	\$0.00	\$157.69
XWK	65992	Manager		04/26/2019	2019	\$0.00	\$236.54	\$0.00	\$157.69
XWK	65992	Manager		05/10/2019	2019	\$0.00	\$236.54	\$0.00	\$157.69
XWK	65992	Manager		05/24/2019	2019	\$0.00	\$236.54	\$0.00	\$157.69
XWK	65992	Manager		06/07/2019	2019	\$0.00	\$236.54	\$0.00	\$157.69
XWK	65992	Manager		06/21/2019	2019	\$0.00	\$236.54	\$0.00	\$157.69
XWK	65992	Manager		07/05/2019	2019	\$0.00	\$236.54	\$0.00	\$157.69
XWK	65992	Manager		07/19/2019	2019	\$0.00	\$236.54	\$0.00	\$157.69
XWK	65992	Manager		08/02/2019	2019	\$0.00	\$236.54	\$0.00	\$157.69
XWK	65992	Manager		08/16/2019	2019	\$0.00	\$236.54	\$0.00	\$157.69
XWK	65992	Manager		08/30/2019	2019	\$0.00	\$236.54	\$0.00	\$157.69
XWK	65992	Manager		09/13/2019	2019	\$0.00	\$236.54	\$0.00	\$157.69
XWK	65992	Manager		09/27/2019	2019	\$0.00	\$236.54	\$0.00	\$157.69
XWK	65992	Manager		10/11/2019	2019	\$0.00	\$236.54	\$0.00	\$157.69
XWK	65992	Manager		10/25/2019	2019	\$0.00	\$236.54	\$0.00	\$157.69
XWK	65992	Manager		11/08/2019	2019	\$0.00	\$236.54	\$0.00	\$157.69
XWK	65992	Manager		11/22/2019	2019	\$0.00	\$236.54	\$0.00	\$157.69
XWK	65992	Manager		12/06/2019	2019	\$0.00	\$236.54	\$0.00	\$157.69
XWK	65992	Manager		12/20/2019	2019	\$0.00	\$236.54	\$0.00	\$157.69
XWK	65992	Manager		01/03/2020	2020	\$0.00	\$236.54	\$0.00	\$157.69
XWK	65992	Manager		01/17/2020	2020	\$0.00	\$236.54	\$0.00	\$157.69
XWK	65992	Manager		01/31/2020	2020	\$0.00	\$236.54	\$0.00	\$157.69
XWK	65992	Manager		02/14/2020	2020	\$0.00	\$236.54	\$0.00	\$157.69
XWK	65992	Manager		02/28/2020	2020	\$0.00	\$236.54	\$0.00	\$157.69
XWK	65992	Manager		03/13/2020	2020	\$0.00	\$258.48	\$0.00	\$172.32
XWK	65992	Manager		03/27/2020	2020	\$0.00	\$258.48	\$0.00	\$172.32
XWK	65992	Manager		04/09/2020	2020	\$0.00	\$258.48	\$0.00	\$172.32
XWK	65992	Manager		04/24/2020	2020	\$0.00	\$258.48	\$0.00	\$172.32
XWK	65992	Manager		05/08/2020	2020	\$0.00	\$258.48	\$0.00	\$172.32
XWK	65992	Manager		05/22/2020	2020	\$0.00	\$258.48	\$0.00	\$172.32
XWK	65992	Manager		06/05/2020	2020	\$0.00	\$258.48	\$0.00	\$172.32
XWK	65992	Manager		06/19/2020	2020	\$0.00	\$258.48	\$0.00	\$172.32
XWK	65992	Manager		07/02/2020	2020	\$0.00	\$258.48	\$0.00	\$172.32
XWK	65992	Manager		07/17/2020	2020	\$0.00	\$258.48	\$0.00	\$172.32

XWK	65992	Manager		07/31/2020	2020	\$0.00	\$258.48	\$0.00	\$172.32
XWK	65992	Manager		08/14/2020	2020	\$0.00	\$258.48	\$0.00	\$172.32
XWK	65992	Manager		08/28/2020	2020	\$0.00	\$258.48	\$0.00	\$172.32
XWK	65992	Manager		09/11/2020	2020	\$0.00	\$258.48	\$0.00	\$172.32
XWK	65992	Manager		09/25/2020	2020	\$0.00	\$258.48	\$0.00	\$172.32
XWK	65992	Manager		10/09/2020	2020	\$0.00	\$258.48	\$0.00	\$172.32
XWK	65992	Manager		10/23/2020	2020	\$0.00	\$258.48	\$0.00	\$172.32
XWK	65992	Manager		11/06/2020	2020	\$0.00	\$258.48	\$0.00	\$172.32
XWK	65992	Manager		11/20/2020	2020	\$0.00	\$258.48	\$0.00	\$172.32
XWK	65992	Manager		11/27/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65992	Manager		12/04/2020	2020	\$0.00	\$258.48	\$0.00	\$172.32
XWK	65992	Manager		12/18/2020	2020	\$0.00	\$258.48	\$0.00	\$172.32
XWK	65992	Manager		12/31/2020	2020	\$0.00	\$258.48	\$0.00	\$172.32
XWK	66019	Manager		01/18/2019	2019	\$0.00	\$595.39	\$0.00	\$119.08
XWK	66019	Manager		02/01/2019	2019	\$0.00	\$661.53	\$0.00	\$132.31
XWK	66019	Manager		02/15/2019	2019	\$0.00	\$661.54	\$0.00	\$132.31
XWK	66019	Manager		03/01/2019	2019	\$0.00	\$661.53	\$0.00	\$132.31
XWK	66019	Manager		03/15/2019	2019	\$0.00	\$686.92	\$0.00	\$137.38
XWK	66019	Manager		03/29/2019	2019	\$0.00	\$686.92	\$0.00	\$137.38
XWK	66019	Manager		03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66019	Manager		04/12/2019	2019	\$0.00	\$686.92	\$0.00	\$137.38
XWK	66019	Manager		04/26/2019	2019	\$0.00	\$686.92	\$0.00	\$137.38
XWK	66019	Manager		05/10/2019	2019	\$0.00	\$686.92	\$0.00	\$137.38
XWK	66019	Manager		05/24/2019	2019	\$0.00	\$686.92	\$0.00	\$137.38
XWK	66019	Manager		06/07/2019	2019	\$0.00	\$686.92	\$0.00	\$137.38
XWK	66019	Manager		06/21/2019	2019	\$0.00	\$686.92	\$0.00	\$137.38
XWK	66019	Manager		07/05/2019	2019	\$0.00	\$686.92	\$0.00	\$137.38
XWK	66019	Manager		07/19/2019	2019	\$0.00	\$686.92	\$0.00	\$137.38
XWK	66019	Manager		08/02/2019	2019	\$0.00	\$686.92	\$0.00	\$137.38
XWK	66019	Manager		08/16/2019	2019	\$0.00	\$686.92	\$0.00	\$137.38
XWK	66019	Manager		08/30/2019	2019	\$0.00	\$686.92	\$0.00	\$137.38
XWK	66019	Manager		09/13/2019	2019	\$0.00	\$686.92	\$0.00	\$137.38
XWK	66019	Manager		09/27/2019	2019	\$0.00	\$686.92	\$0.00	\$137.38
XWK	66019	Manager		10/11/2019	2019	\$0.00	\$686.92	\$0.00	\$137.38
XWK	66019	Manager		10/25/2019	2019	\$0.00	\$686.92	\$0.00	\$137.38
XWK	66019	Manager		11/08/2019	2019	\$0.00	\$686.92	\$0.00	\$137.38
XWK	66019	Manager		11/22/2019	2019	\$0.00	\$686.92	\$0.00	\$137.38
XWK	66019	Manager		12/06/2019	2019	\$0.00	\$686.92	\$0.00	\$137.38
XWK	66019	Manager		12/20/2019	2019	\$0.00	\$686.92	\$0.00	\$137.38
XWK	66019	Manager		01/03/2020	2020	\$0.00	\$686.94	\$0.00	\$137.40
XWK	66019	Manager		01/17/2020	2020	\$0.00	\$686.94	\$0.00	\$137.40
XWK	66019	Manager		01/31/2020	2020	\$0.00	\$686.94	\$0.00	\$137.40
XWK	66019	Manager		02/14/2020	2020	\$0.00	\$686.94	\$0.00	\$137.40
XWK	66019	Manager		02/28/2020	2020	\$0.00	\$686.94	\$0.00	\$137.40
XWK	66019	Manager		03/13/2020	2020	\$0.00	\$710.06	\$0.00	\$142.00
XWK	66019	Manager		03/27/2020	2020	\$0.00	\$710.06	\$0.00	\$142.00

XWK	66019	Manager		04/09/2020	2020	\$0.00	\$710.06	\$0.00	\$142.00
XWK	66019	Manager		04/24/2020	2020	\$0.00	\$710.06	\$0.00	\$142.00
XWK	66019	Manager		05/08/2020	2020	\$0.00	\$710.06	\$0.00	\$142.00
XWK	66019	Manager		05/22/2020	2020	\$0.00	\$710.06	\$0.00	\$142.00
XWK	66019	Manager		06/05/2020	2020	\$0.00	\$710.06	\$0.00	\$142.00
XWK	66019	Manager		06/19/2020	2020	\$0.00	\$710.06	\$0.00	\$142.00
XWK	66019	Manager		07/02/2020	2020	\$0.00	\$710.06	\$0.00	\$142.00
XWK	66019	Manager		07/17/2020	2020	\$0.00	\$710.06	\$0.00	\$142.00
XWK	66019	Manager		07/31/2020	2020	\$0.00	\$710.06	\$0.00	\$142.00
XWK	66019	Manager		08/14/2020	2020	\$0.00	\$710.06	\$0.00	\$142.00
XWK	66019	Manager		08/28/2020	2020	\$0.00	\$710.06	\$0.00	\$142.00
XWK	66019	Manager		09/11/2020	2020	\$0.00	\$710.06	\$0.00	\$142.00
XWK	66019	Manager		09/25/2020	2020	\$0.00	\$710.06	\$0.00	\$142.00
XWK	66019	Manager		10/09/2020	2020	\$0.00	\$710.06	\$0.00	\$142.00
XWK	66019	Manager		10/23/2020	2020	\$0.00	\$710.06	\$0.00	\$142.00
XWK	66019	Manager		11/06/2020	2020	\$0.00	\$710.06	\$0.00	\$142.00
XWK	66019	Manager		11/20/2020	2020	\$0.00	\$710.06	\$0.00	\$142.00
XWK	66019	Manager		11/27/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66019	Manager		12/04/2020	2020	\$0.00	\$710.06	\$0.00	\$142.00
XWK	66019	Manager		12/18/2020	2020	\$0.00	\$710.06	\$0.00	\$142.00
XWK	66019	Manager		12/31/2020	2020	\$0.00	\$710.06	\$0.00	\$142.00
XWK	66023	Manager		01/18/2019	2019	\$0.00	\$219.88	\$0.00	\$109.94
XWK	66023	Manager		02/01/2019	2019	\$0.00	\$244.31	\$0.00	\$122.15
XWK	66023	Manager		02/15/2019	2019	\$0.00	\$244.31	\$0.00	\$122.15
XWK	66023	Manager		03/01/2019	2019	\$0.00	\$244.31	\$0.00	\$122.15
XWK	66023	Manager		03/15/2019	2019	\$0.00	\$252.31	\$0.00	\$126.15
XWK	66023	Manager		03/29/2019	2019	\$0.00	\$252.31	\$0.00	\$126.15
XWK	66023	Manager		03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66023	Manager		04/12/2019	2019	\$0.00	\$252.31	\$0.00	\$126.15
XWK	66023	Manager		04/26/2019	2019	\$0.00	\$252.31	\$0.00	\$126.15
XWK	66023	Manager		05/10/2019	2019	\$0.00	\$252.31	\$0.00	\$126.15
XWK	66023	Manager		05/24/2019	2019	\$0.00	\$252.31	\$0.00	\$126.15
XWK	66023	Manager		06/07/2019	2019	\$0.00	\$252.31	\$0.00	\$126.15
XWK	66023	Manager		06/21/2019	2019	\$0.00	\$252.31	\$0.00	\$126.15
XWK	66023	Manager		07/05/2019	2019	\$0.00	\$252.31	\$0.00	\$126.15
XWK	66023	Manager		07/19/2019	2019	\$0.00	\$252.31	\$0.00	\$126.15
XWK	66023	Manager		08/02/2019	2019	\$0.00	\$252.31	\$0.00	\$126.15
XWK	66023	Manager		08/16/2019	2019	\$0.00	\$252.31	\$0.00	\$126.15
XWK	66023	Manager		08/30/2019	2019	\$0.00	\$252.31	\$0.00	\$126.15
XWK	66023	Manager		09/13/2019	2019	\$0.00	\$252.31	\$0.00	\$126.15
XWK	66023	Manager		09/27/2019	2019	\$0.00	\$252.31	\$0.00	\$126.15
XWK	66023	Manager		10/11/2019	2019	\$0.00	\$252.31	\$0.00	\$126.15
XWK	66023	Manager		10/25/2019	2019	\$0.00	\$252.31	\$0.00	\$126.15
XWK	66023	Manager		11/08/2019	2019	\$0.00	\$252.31	\$0.00	\$126.15
XWK	66023	Manager		11/22/2019	2019	\$0.00	\$252.31	\$0.00	\$126.15
XWK	66023	Manager		12/06/2019	2019	\$0.00	\$252.31	\$0.00	\$126.15

XWK	66023	Manager		12/20/2019	2019	\$0.00	\$252.31	\$0.00	\$126.15
XWK	66023	Manager		01/03/2020	2020	\$0.00	\$252.31	\$0.00	\$126.15
XWK	66023	Manager		01/17/2020	2020	\$0.00	\$252.31	\$0.00	\$126.15
XWK	66023	Manager		01/31/2020	2020	\$0.00	\$252.31	\$0.00	\$126.15
XWK	66023	Manager		02/14/2020	2020	\$0.00	\$252.31	\$0.00	\$126.15
XWK	66023	Manager		02/28/2020	2020	\$0.00	\$252.31	\$0.00	\$126.15
XWK	66023	Manager		03/13/2020	2020	\$0.00	\$260.02	\$0.00	\$130.01
XWK	66023	Manager		03/27/2020	2020	\$0.00	\$260.02	\$0.00	\$130.01
XWK	66023	Manager		04/09/2020	2020	\$0.00	\$260.02	\$0.00	\$130.01
XWK	66023	Manager		04/24/2020	2020	\$0.00	\$260.02	\$0.00	\$130.01
XWK	66023	Manager		05/08/2020	2020	\$0.00	\$260.02	\$0.00	\$130.01
XWK	66023	Manager		05/22/2020	2020	\$0.00	\$260.02	\$0.00	\$130.01
XWK	66023	Manager		06/05/2020	2020	\$0.00	\$260.02	\$0.00	\$130.01
XWK	66023	Manager		06/19/2020	2020	\$0.00	\$260.02	\$0.00	\$130.01
XWK	66023	Manager		07/02/2020	2020	\$0.00	\$260.02	\$0.00	\$130.01
XWK	66023	Manager		07/17/2020	2020	\$0.00	\$260.02	\$0.00	\$130.01
XWK	66023	Manager		07/31/2020	2020	\$0.00	\$260.02	\$0.00	\$130.01
XWK	66023	Manager		08/14/2020	2020	\$0.00	\$260.02	\$0.00	\$130.01
XWK	66023	Manager		08/28/2020	2020	\$0.00	\$260.02	\$0.00	\$130.01
XWK	66023	Manager		09/11/2020	2020	\$0.00	\$260.02	\$0.00	\$130.01
XWK	66023	Manager		09/25/2020	2020	\$0.00	\$260.02	\$0.00	\$130.01
XWK	66023	Manager		10/09/2020	2020	\$0.00	\$260.02	\$0.00	\$130.01
XWK	66023	Manager		10/23/2020	2020	\$0.00	\$260.02	\$0.00	\$130.01
XWK	66023	Manager		11/06/2020	2020	\$0.00	\$260.02	\$0.00	\$130.01
XWK	66023	Manager		11/20/2020	2020	\$0.00	\$260.02	\$0.00	\$130.01
XWK	66023	Manager		12/04/2020	2020	\$0.00	\$260.02	\$0.00	\$130.01
XWK	66023	Manager		12/18/2020	2020	\$0.00	\$260.02	\$0.00	\$130.01
XWK	66023	Manager		12/31/2020	2020	\$0.00	\$260.02	\$0.00	\$130.01
XWK	66027	Manager		01/18/2019	2019	\$0.00	\$169.79	\$0.00	\$135.83
XWK	66027	Manager		02/01/2019	2019	\$0.00	\$188.65	\$0.00	\$150.92
XWK	66027	Manager		02/15/2019	2019	\$0.00	\$188.65	\$0.00	\$150.92
XWK	66027	Manager		03/01/2019	2019	\$0.00	\$188.65	\$0.00	\$150.92
XWK	66027	Manager		03/15/2019	2019	\$0.00	\$196.15	\$0.00	\$156.92
XWK	66027	Manager		03/29/2019	2019	\$0.00	\$196.15	\$0.00	\$156.92
XWK	66027	Manager		03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66027	Manager		04/12/2019	2019	\$0.00	\$196.15	\$0.00	\$156.92
XWK	66027	Manager		04/26/2019	2019	\$0.00	\$196.15	\$0.00	\$156.92
XWK	66027	Manager		05/10/2019	2019	\$0.00	\$196.15	\$0.00	\$156.92
XWK	66027	Manager		05/24/2019	2019	\$0.00	\$196.15	\$0.00	\$156.92
XWK	66027	Manager		06/07/2019	2019	\$0.00	\$196.15	\$0.00	\$156.92
XWK	66027	Manager		06/21/2019	2019	\$0.00	\$196.15	\$0.00	\$156.92
XWK	66027	Manager		07/05/2019	2019	\$0.00	\$196.15	\$0.00	\$156.92
XWK	66027	Manager		07/19/2019	2019	\$0.00	\$196.15	\$0.00	\$156.92
XWK	66027	Manager		08/02/2019	2019	\$0.00	\$196.15	\$0.00	\$156.92
XWK	66027	Manager		08/16/2019	2019	\$0.00	\$196.15	\$0.00	\$156.92
XWK	66027	Manager		08/30/2019	2019	\$0.00	\$196.15	\$0.00	\$156.92

XWK	66027	Manager		09/13/2019	2019	\$0.00	\$196.15	\$0.00	\$156.92
XWK	66027	Manager		09/27/2019	2019	\$0.00	\$196.15	\$0.00	\$156.92
XWK	66027	Manager		10/11/2019	2019	\$0.00	\$196.15	\$0.00	\$156.92
XWK	66027	Manager		10/25/2019	2019	\$0.00	\$196.15	\$0.00	\$156.92
XWK	66027	Manager		11/08/2019	2019	\$0.00	\$196.15	\$0.00	\$156.92
XWK	66027	Manager		11/22/2019	2019	\$0.00	\$196.15	\$0.00	\$156.92
XWK	66027	Manager		12/06/2019	2019	\$0.00	\$196.15	\$0.00	\$156.92
XWK	66027	Manager		12/20/2019	2019	\$0.00	\$196.15	\$0.00	\$156.92
XWK	66027	Manager		01/03/2020	2020	\$0.00	\$196.18	\$0.00	\$156.96
XWK	66027	Manager		01/17/2020	2020	\$0.00	\$196.18	\$0.00	\$156.96
XWK	66027	Manager		01/31/2020	2020	\$0.00	\$196.18	\$0.00	\$156.96
XWK	66027	Manager		02/14/2020	2020	\$0.00	\$196.18	\$0.00	\$156.96
XWK	66027	Manager		02/28/2020	2020	\$0.00	\$196.18	\$0.00	\$156.96
XWK	66027	Manager		03/13/2020	2020	\$0.00	\$203.82	\$0.00	\$163.03
XWK	66027	Manager		03/27/2020	2020	\$0.00	\$203.82	\$0.00	\$163.03
XWK	66027	Manager		04/09/2020	2020	\$0.00	\$203.82	\$0.00	\$163.03
XWK	66027	Manager		04/24/2020	2020	\$0.00	\$203.82	\$0.00	\$163.03
XWK	66027	Manager		05/08/2020	2020	\$0.00	\$203.82	\$0.00	\$163.03
XWK	66027	Manager		05/22/2020	2020	\$0.00	\$203.82	\$0.00	\$163.03
XWK	66027	Manager		06/05/2020	2020	\$0.00	\$203.82	\$0.00	\$163.03
XWK	66027	Manager		06/19/2020	2020	\$0.00	\$203.82	\$0.00	\$163.03
XWK	66027	Manager		07/02/2020	2020	\$0.00	\$203.82	\$0.00	\$163.03
XWK	66027	Manager		07/17/2020	2020	\$0.00	\$203.82	\$0.00	\$163.03
XWK	66027	Manager		07/31/2020	2020	\$0.00	\$203.82	\$0.00	\$163.03
XWK	66027	Manager		08/14/2020	2020	\$0.00	\$203.82	\$0.00	\$163.03
XWK	66027	Manager		08/28/2020	2020	\$0.00	\$203.82	\$0.00	\$163.03
XWK	66027	Manager		09/11/2020	2020	\$0.00	\$203.82	\$0.00	\$163.03
XWK	66027	Manager		09/25/2020	2020	\$0.00	\$203.82	\$0.00	\$163.03
XWK	66027	Manager		10/09/2020	2020	\$0.00	\$203.82	\$0.00	\$163.03
XWK	66027	Manager		10/23/2020	2020	\$0.00	\$203.82	\$0.00	\$163.03
XWK	66027	Manager		11/06/2020	2020	\$0.00	\$203.82	\$0.00	\$163.03
XWK	66027	Manager		11/20/2020	2020	\$0.00	\$203.82	\$0.00	\$163.03
XWK	66027	Manager		11/27/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66027	Manager		12/04/2020	2020	\$0.00	\$203.82	\$0.00	\$163.03
XWK	66027	Manager		12/18/2020	2020	\$0.00	\$203.82	\$0.00	\$163.03
XWK	66027	Manager		12/31/2020	2020	\$0.00	\$203.82	\$0.00	\$163.03
XWK		65934 Manager			2018 2018				4143.96
XWK		65939 Manager			2018 2018				3860.04
XWK		65982 Manager			2018 2018				3960.00
XWK		65991 Manager			2018 2018				3680.04
XWK		Manager			2018 2018				1209.00
XWK		66019 Manager			2018 2018				3285.96
XWK		66023 Manager			2018 2018				3115.92
XWK		66027 Manager			2018 2018				3528.00
XWK		65934 Manager			2018		16575.96	6000	
XWK		65939 Manager			2018		3860.04		

XWK	65982	Manager		2018			14850.12	
XWK	65991	Manager		2018			5520.00	
XWK		Manager		2018			1813.50	
XWK	66019	Manager		2018			16430.04	
XWK	66023	Manager		2018			6232.08	
XWK	66027	Manager		2018			4410.12	
F37	65191	Non-Exempt	01/05/2018	2018	\$76.53	\$153.06	\$0.00	\$159.44
F37	65191	Non-Exempt	01/19/2018	2018	\$76.53	\$153.06	\$0.00	\$159.44
F37	65191	Non-Exempt	02/02/2018	2018	\$76.53	\$153.06	\$0.00	\$159.44
F37	65191	Non-Exempt	02/16/2018	2018	\$76.53	\$153.06	\$0.00	\$159.44
F37	65191	Non-Exempt	03/02/2018	2018	\$76.53	\$153.06	\$0.00	\$159.44
F37	65191	Non-Exempt	03/16/2018	2018	\$78.83	\$157.66	\$0.00	\$164.23
F37	65191	Non-Exempt	03/29/2018	2018	\$78.83	\$157.66	\$0.00	\$164.23
F37	65191	Non-Exempt	04/13/2018	2018	\$78.83	\$157.66	\$0.00	\$164.23
F37	65191	Non-Exempt	04/27/2018	2018	\$78.83	\$157.66	\$0.00	\$164.23
F37	65191	Non-Exempt	05/11/2018	2018	\$78.83	\$157.66	\$0.00	\$164.23
F37	65191	Non-Exempt	05/25/2018	2018	\$78.83	\$157.66	\$0.00	\$164.23
F37	65191	Non-Exempt	06/08/2018	2018	\$78.83	\$157.66	\$0.00	\$164.23
F37	65191	Non-Exempt	06/22/2018	2018	\$78.83	\$157.66	\$0.00	\$164.23
F37	65191	Non-Exempt	07/06/2018	2018	\$78.83	\$157.66	\$0.00	\$164.23
F37	65191	Non-Exempt	07/20/2018	2018	\$78.83	\$157.66	\$0.00	\$164.23
F37	65191	Non-Exempt	08/03/2018	2018	\$78.83	\$157.66	\$0.00	\$164.23
F37	65191	Non-Exempt	08/17/2018	2018	\$78.83	\$157.66	\$0.00	\$164.23
F37	65191	Non-Exempt	08/31/2018	2018	\$78.83	\$157.66	\$0.00	\$164.23
F37	65191	Non-Exempt	09/14/2018	2018	\$78.83	\$157.66	\$0.00	\$164.23
F37	65191	Non-Exempt	09/28/2018	2018	\$78.83	\$157.66	\$0.00	\$164.23
F37	65191	Non-Exempt	10/12/2018	2018	\$78.83	\$157.66	\$0.00	\$164.23
F37	65191	Non-Exempt	10/26/2018	2018	\$78.83	\$157.66	\$0.00	\$164.23
F37	65191	Non-Exempt	11/09/2018	2018	\$78.83	\$157.66	\$0.00	\$164.23
F37	65191	Non-Exempt	11/23/2018	2018	\$78.83	\$157.66	\$0.00	\$164.23
F37	65191	Non-Exempt	12/07/2018	2018	\$78.83	\$157.66	\$0.00	\$164.23
F37	65191	Non-Exempt	12/21/2018	2018	\$78.83	\$157.66	\$0.00	\$164.23
F37	65191	Non-Exempt	01/04/2019	2019	\$78.84	\$157.68	\$0.00	\$164.25
F37	65191	Non-Exempt	01/18/2019	2019	\$78.83	\$157.66	\$0.00	\$164.23
F37	65191	Non-Exempt	02/01/2019	2019	\$78.83	\$157.66	\$0.00	\$164.23
F37	65191	Non-Exempt	02/15/2019	2019	\$78.83	\$157.66	\$0.00	\$164.23
F37	65191	Non-Exempt	03/01/2019	2019	\$78.83	\$157.66	\$0.00	\$164.23
F37	65191	Non-Exempt	03/15/2019	2019	\$81.19	\$162.39	\$0.00	\$169.15
F37	65191	Non-Exempt	03/29/2019	2019	\$81.19	\$162.39	\$0.00	\$169.15
F37	65191	Non-Exempt	04/12/2019	2019	\$81.19	\$162.39	\$0.00	\$169.15
F37	65191	Non-Exempt	04/26/2019	2019	\$81.19	\$162.39	\$0.00	\$169.15
F37	65191	Non-Exempt	05/10/2019	2019	\$81.19	\$162.39	\$0.00	\$169.15
F37	65191	Non-Exempt	05/24/2019	2019	\$81.19	\$162.39	\$0.00	\$169.15
F37	65191	Non-Exempt	06/07/2019	2019	\$81.19	\$162.39	\$0.00	\$169.15
F37	65191	Non-Exempt	06/21/2019	2019	\$81.19	\$162.39	\$0.00	\$169.15
F37	65191	Non-Exempt	07/05/2019	2019	\$81.19	\$162.39	\$0.00	\$169.15

F37	65191	Non-Exempt		07/19/2019	2019	\$81.19	\$162.39	\$0.00	\$169.15
F37	65191	Non-Exempt		08/02/2019	2019	\$81.19	\$162.39	\$0.00	\$169.15
F37	65191	Non-Exempt		08/16/2019	2019	\$81.19	\$162.39	\$0.00	\$169.15
F37	65191	Non-Exempt		08/30/2019	2019	\$81.19	\$162.39	\$0.00	\$169.15
F37	65191	Non-Exempt		09/13/2019	2019	\$81.19	\$162.39	\$0.00	\$169.15
F37	65191	Non-Exempt		09/27/2019	2019	\$81.19	\$162.39	\$0.00	\$169.15
F37	65191	Non-Exempt		10/11/2019	2019	\$81.19	\$162.39	\$0.00	\$169.15
F37	65191	Non-Exempt		10/25/2019	2019	\$81.19	\$162.39	\$0.00	\$169.15
F37	65191	Non-Exempt		11/08/2019	2019	\$81.19	\$162.39	\$0.00	\$169.15
F37	65191	Non-Exempt		11/22/2019	2019	\$81.19	\$162.39	\$0.00	\$169.15
F37	65191	Non-Exempt		12/06/2019	2019	\$81.19	\$162.39	\$0.00	\$169.15
F37	65191	Non-Exempt		12/20/2019	2019	\$81.19	\$162.39	\$0.00	\$169.15
F37	65191	Non-Exempt		01/03/2020	2020	\$81.19	\$162.39	\$0.00	\$169.15
F37	65191	Non-Exempt		01/17/2020	2020	\$81.19	\$162.39	\$0.00	\$169.15
F37	65191	Non-Exempt		01/31/2020	2020	\$81.19	\$162.39	\$0.00	\$169.15
F37	65191	Non-Exempt		02/14/2020	2020	\$81.19	\$162.39	\$0.00	\$169.15
F37	65191	Non-Exempt		02/28/2020	2020	\$81.19	\$162.39	\$0.00	\$169.15
F37	65191	Non-Exempt		03/13/2020	2020	\$83.23	\$166.46	\$0.00	\$173.40
F37	65191	Non-Exempt		03/27/2020	2020	\$83.23	\$166.46	\$0.00	\$173.40
F37	65191	Non-Exempt		04/09/2020	2020	\$83.23	\$166.46	\$0.00	\$173.40
F37	65191	Non-Exempt		04/24/2020	2020	\$83.23	\$166.46	\$0.00	\$173.40
F37	65191	Non-Exempt		05/08/2020	2020	\$83.23	\$166.46	\$0.00	\$173.40
F37	65191	Non-Exempt		05/22/2020	2020	\$83.23	\$166.46	\$0.00	\$173.40
F37	65191	Non-Exempt		06/05/2020	2020	\$83.23	\$166.46	\$0.00	\$173.40
F37	65191	Non-Exempt		06/19/2020	2020	\$83.23	\$166.46	\$0.00	\$173.40
F37	65191	Non-Exempt		07/02/2020	2020	\$83.23	\$166.46	\$0.00	\$173.40
F37	65191	Non-Exempt		07/17/2020	2020	\$83.23	\$166.46	\$0.00	\$173.40
F37	65191	Non-Exempt		07/31/2020	2020	\$83.23	\$166.46	\$0.00	\$173.40
F37	65191	Non-Exempt		08/14/2020	2020	\$83.23	\$166.46	\$0.00	\$173.40
F37	65191	Non-Exempt		08/28/2020	2020	\$83.23	\$166.46	\$0.00	\$173.40
F37	65191	Non-Exempt		09/11/2020	2020	\$83.23	\$166.46	\$0.00	\$173.40
F37	65191	Non-Exempt		09/25/2020	2020	\$83.23	\$166.46	\$0.00	\$173.40
F37	65191	Non-Exempt		10/09/2020	2020	\$83.23	\$166.46	\$0.00	\$173.40
F37	65191	Non-Exempt		10/23/2020	2020	\$83.23	\$166.46	\$0.00	\$173.40
F37	65191	Non-Exempt		11/06/2020	2020	\$83.23	\$166.46	\$0.00	\$173.40
F37	65191	Non-Exempt		11/20/2020	2020	\$83.23	\$166.46	\$0.00	\$173.40
F37	65191	Non-Exempt		12/04/2020	2020	\$83.23	\$166.46	\$0.00	\$173.40
F37	65191	Non-Exempt		12/18/2020	2020	\$83.23	\$166.46	\$0.00	\$173.40
F37	65191	Non-Exempt		12/31/2020	2020	\$83.23	\$166.46	\$0.00	\$173.40
F37	65192	Non-Exempt		01/05/2018	2018	\$77.06	\$282.54	\$0.00	\$160.53
F37	65192	Non-Exempt		01/19/2018	2018	\$77.06	\$282.54	\$0.00	\$160.53
F37	65192	Non-Exempt		02/02/2018	2018	\$77.06	\$282.54	\$0.00	\$160.53
F37	65192	Non-Exempt		02/16/2018	2018	\$77.06	\$282.54	\$0.00	\$160.53
F37	65192	Non-Exempt		03/02/2018	2018	\$77.06	\$282.54	\$0.00	\$160.53
F37	65192	Non-Exempt		03/16/2018	2018	\$79.37	\$291.01	\$0.00	\$165.35
F37	65192	Non-Exempt		03/29/2018	2018	\$79.37	\$291.01	\$0.00	\$165.35

F37	65192	Non-Exempt		04/13/2018	2018	\$79.37	\$291.01	\$0.00	\$165.35
F37	65192	Non-Exempt		04/27/2018	2018	\$79.37	\$291.01	\$0.00	\$165.35
F37	65192	Non-Exempt		05/11/2018	2018	\$79.37	\$291.01	\$0.00	\$165.35
F37	65192	Non-Exempt		05/25/2018	2018	\$79.37	\$291.01	\$0.00	\$165.35
F37	65192	Non-Exempt		06/08/2018	2018	\$79.37	\$291.01	\$0.00	\$165.35
F37	65192	Non-Exempt		06/22/2018	2018	\$79.37	\$291.01	\$0.00	\$165.35
F37	65192	Non-Exempt		07/06/2018	2018	\$79.37	\$291.01	\$0.00	\$165.35
F37	65192	Non-Exempt		07/20/2018	2018	\$79.37	\$291.01	\$0.00	\$165.35
F37	65192	Non-Exempt		08/03/2018	2018	\$79.37	\$291.01	\$0.00	\$165.35
F37	65192	Non-Exempt		08/17/2018	2018	\$79.37	\$291.01	\$0.00	\$165.35
F37	65192	Non-Exempt		08/31/2018	2018	\$79.37	\$291.01	\$0.00	\$165.35
F37	65192	Non-Exempt		09/14/2018	2018	\$79.37	\$291.01	\$0.00	\$165.35
F37	65192	Non-Exempt		09/28/2018	2018	\$79.37	\$291.01	\$0.00	\$165.35
F37	65192	Non-Exempt		10/12/2018	2018	\$79.37	\$291.01	\$0.00	\$165.35
F37	65192	Non-Exempt		10/26/2018	2018	\$79.37	\$291.01	\$0.00	\$165.35
F37	65192	Non-Exempt		11/09/2018	2018	\$79.37	\$291.01	\$0.00	\$165.35
F37	65192	Non-Exempt		11/23/2018	2018	\$79.37	\$291.01	\$0.00	\$165.35
F37	65192	Non-Exempt		12/07/2018	2018	\$79.37	\$291.01	\$0.00	\$165.35
F37	65192	Non-Exempt		12/21/2018	2018	\$79.37	\$291.01	\$0.00	\$165.35
F37	65192	Non-Exempt		01/04/2019	2019	\$79.37	\$291.01	\$0.00	\$165.35
F37	65192	Non-Exempt		01/18/2019	2019	\$79.37	\$291.01	\$0.00	\$165.35
F37	65192	Non-Exempt		02/01/2019	2019	\$79.37	\$291.01	\$0.00	\$165.35
F37	65192	Non-Exempt		02/15/2019	2019	\$79.37	\$291.01	\$0.00	\$165.35
F37	65192	Non-Exempt		03/01/2019	2019	\$79.37	\$291.01	\$0.00	\$165.35
F37	65192	Non-Exempt		03/15/2019	2019	\$81.75	\$299.74	\$0.00	\$170.31
F37	65192	Non-Exempt		03/29/2019	2019	\$81.75	\$299.74	\$0.00	\$170.31
F37	65192	Non-Exempt		04/12/2019	2019	\$81.75	\$299.74	\$0.00	\$170.31
F37	65192	Non-Exempt		04/26/2019	2019	\$81.75	\$299.74	\$0.00	\$170.31
F37	65192	Non-Exempt		05/10/2019	2019	\$81.75	\$299.74	\$0.00	\$170.31
F37	65192	Non-Exempt		05/24/2019	2019	\$81.75	\$299.74	\$0.00	\$170.31
F37	65192	Non-Exempt		06/07/2019	2019	\$81.75	\$299.74	\$0.00	\$170.31
F37	65192	Non-Exempt		06/21/2019	2019	\$81.75	\$299.74	\$0.00	\$170.31
F37	65192	Non-Exempt		07/05/2019	2019	\$81.75	\$299.74	\$0.00	\$170.31
F37	65192	Non-Exempt		07/19/2019	2019	\$81.75	\$299.74	\$0.00	\$170.31
F37	65192	Non-Exempt		08/02/2019	2019	\$81.75	\$299.74	\$0.00	\$170.31
F37	65192	Non-Exempt		08/16/2019	2019	\$81.75	\$299.74	\$0.00	\$170.31
F37	65192	Non-Exempt		08/30/2019	2019	\$81.75	\$299.74	\$0.00	\$170.31
F37	65192	Non-Exempt		09/13/2019	2019	\$81.75	\$299.74	\$0.00	\$170.31
F37	65192	Non-Exempt		09/27/2019	2019	\$81.75	\$299.74	\$0.00	\$170.31
F37	65192	Non-Exempt		10/11/2019	2019	\$81.75	\$299.74	\$0.00	\$170.31
F37	65192	Non-Exempt		10/25/2019	2019	\$81.75	\$299.74	\$0.00	\$170.31
F37	65192	Non-Exempt		11/08/2019	2019	\$81.75	\$299.74	\$0.00	\$170.31
F37	65192	Non-Exempt		11/22/2019	2019	\$81.75	\$299.74	\$0.00	\$170.31
F37	65192	Non-Exempt		12/06/2019	2019	\$81.75	\$299.74	\$0.00	\$170.31
F37	65192	Non-Exempt		12/20/2019	2019	\$81.75	\$299.74	\$0.00	\$170.31
F37	65192	Non-Exempt		01/03/2020	2020	\$81.75	\$299.74	\$0.00	\$170.31

F37	65192	Non-Exempt		01/17/2020	2020	\$81.75	\$299.74	\$0.00	\$170.31
F37	65192	Non-Exempt		01/31/2020	2020	\$81.75	\$299.74	\$0.00	\$170.31
F37	65192	Non-Exempt		02/14/2020	2020	\$81.75	\$299.74	\$0.00	\$170.31
F37	65192	Non-Exempt		02/28/2020	2020	\$81.75	\$299.74	\$0.00	\$170.31
F37	65192	Non-Exempt		03/13/2020	2020	\$83.79	\$307.24	\$0.00	\$174.57
F37	65192	Non-Exempt		03/27/2020	2020	\$83.79	\$307.24	\$0.00	\$174.57
F37	65192	Non-Exempt		04/09/2020	2020	\$83.79	\$307.24	\$0.00	\$174.57
F37	65192	Non-Exempt		04/24/2020	2020	\$83.79	\$307.24	\$0.00	\$174.57
F37	65192	Non-Exempt		05/08/2020	2020	\$83.79	\$307.24	\$0.00	\$174.57
F37	65192	Non-Exempt		05/22/2020	2020	\$83.79	\$307.24	\$0.00	\$174.57
F37	65192	Non-Exempt		06/05/2020	2020	\$83.79	\$307.24	\$0.00	\$174.57
F37	65192	Non-Exempt		06/19/2020	2020	\$83.79	\$307.24	\$0.00	\$174.57
F37	65192	Non-Exempt		07/02/2020	2020	\$83.79	\$307.24	\$0.00	\$174.57
F37	65192	Non-Exempt		07/17/2020	2020	\$83.79	\$307.24	\$0.00	\$174.57
F37	65192	Non-Exempt		07/31/2020	2020	\$83.79	\$307.24	\$0.00	\$174.57
F37	65192	Non-Exempt		08/14/2020	2020	\$83.79	\$307.24	\$0.00	\$174.57
F37	65192	Non-Exempt		08/28/2020	2020	\$83.79	\$307.24	\$0.00	\$174.57
F37	65192	Non-Exempt		09/11/2020	2020	\$83.79	\$307.24	\$0.00	\$174.57
F37	65192	Non-Exempt		09/25/2020	2020	\$83.79	\$307.24	\$0.00	\$174.57
F37	65192	Non-Exempt		10/09/2020	2020	\$83.79	\$307.24	\$0.00	\$174.57
F37	65192	Non-Exempt		10/23/2020	2020	\$83.79	\$307.24	\$0.00	\$174.57
F37	65192	Non-Exempt		11/06/2020	2020	\$83.79	\$307.24	\$0.00	\$174.57
F37	65192	Non-Exempt		11/20/2020	2020	\$83.78	\$307.21	\$0.00	\$174.55
F37	65192	Non-Exempt		12/04/2020	2020	\$83.79	\$307.24	\$0.00	\$174.57
F37	65192	Non-Exempt		12/18/2020	2020	\$83.79	\$307.24	\$0.00	\$174.57
F37	65192	Non-Exempt		12/31/2020	2020	\$83.79	\$307.24	\$0.00	\$174.57
F37	65193	Non-Exempt		01/05/2018	2018	\$77.06	\$154.11	\$0.00	\$160.53
F37	65193	Non-Exempt		01/19/2018	2018	\$77.06	\$154.11	\$0.00	\$160.53
F37	65193	Non-Exempt		02/02/2018	2018	\$77.06	\$154.11	\$0.00	\$160.53
F37	65193	Non-Exempt		02/16/2018	2018	\$77.06	\$154.11	\$0.00	\$160.53
F37	65193	Non-Exempt		03/02/2018	2018	\$77.06	\$154.11	\$0.00	\$160.53
F37	65193	Non-Exempt		03/16/2018	2018	\$79.37	\$158.73	\$0.00	\$165.35
F37	65193	Non-Exempt		03/29/2018	2018	\$79.37	\$158.73	\$0.00	\$165.35
F37	65193	Non-Exempt		04/13/2018	2018	\$79.37	\$158.73	\$0.00	\$165.35
F37	65193	Non-Exempt		04/27/2018	2018	\$79.37	\$158.73	\$0.00	\$165.35
F37	65193	Non-Exempt		05/11/2018	2018	\$79.37	\$158.73	\$0.00	\$165.35
F37	65193	Non-Exempt		05/25/2018	2018	\$79.37	\$158.73	\$0.00	\$165.35
F37	65193	Non-Exempt		06/08/2018	2018	\$79.37	\$158.73	\$0.00	\$165.35
F37	65193	Non-Exempt		06/22/2018	2018	\$79.37	\$158.73	\$0.00	\$165.35
F37	65193	Non-Exempt		07/06/2018	2018	\$79.37	\$158.73	\$0.00	\$165.35
F37	65193	Non-Exempt		07/20/2018	2018	\$79.37	\$158.73	\$0.00	\$165.35
F37	65193	Non-Exempt		08/03/2018	2018	\$79.37	\$158.73	\$0.00	\$165.35
F37	65193	Non-Exempt		08/17/2018	2018	\$79.37	\$158.73	\$0.00	\$165.35
F37	65193	Non-Exempt		08/31/2018	2018	\$79.37	\$158.73	\$0.00	\$165.35
F37	65193	Non-Exempt		09/14/2018	2018	\$79.37	\$158.73	\$0.00	\$165.35
F37	65193	Non-Exempt		09/28/2018	2018	\$79.37	\$158.73	\$0.00	\$165.35

F37	65193	Non-Exempt		10/12/2018	2018	\$79.37	\$158.73	\$0.00	\$165.35
F37	65193	Non-Exempt		10/26/2018	2018	\$79.37	\$158.73	\$0.00	\$165.35
F37	65193	Non-Exempt		11/09/2018	2018	\$79.37	\$158.73	\$0.00	\$165.35
F37	65193	Non-Exempt		11/23/2018	2018	\$79.37	\$158.73	\$0.00	\$165.35
F37	65193	Non-Exempt		12/07/2018	2018	\$79.37	\$158.73	\$0.00	\$165.35
F37	65193	Non-Exempt		12/21/2018	2018	\$79.37	\$158.73	\$0.00	\$165.35
F37	65193	Non-Exempt		01/04/2019	2019	\$79.37	\$158.74	\$0.00	\$165.35
F37	65193	Non-Exempt		01/18/2019	2019	\$79.37	\$158.73	\$0.00	\$165.35
F37	65193	Non-Exempt		02/01/2019	2019	\$79.37	\$158.73	\$0.00	\$165.35
F37	65193	Non-Exempt		02/15/2019	2019	\$79.37	\$158.73	\$0.00	\$165.35
F37	65193	Non-Exempt		03/01/2019	2019	\$79.37	\$158.73	\$0.00	\$165.35
F37	65193	Non-Exempt		03/15/2019	2019	\$39.68	\$79.37	\$0.00	\$82.67
F37	65193	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
F37	65193	Non-Exempt		02/14/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
F37	65220	Non-Exempt		01/05/2018	2018	\$77.06	\$179.80	\$0.00	\$160.53
F37	65220	Non-Exempt		01/19/2018	2018	\$77.06	\$179.80	\$0.00	\$160.53
F37	65220	Non-Exempt		02/02/2018	2018	\$77.06	\$179.80	\$0.00	\$160.53
F37	65220	Non-Exempt		02/16/2018	2018	\$77.06	\$179.80	\$0.00	\$160.53
F37	65220	Non-Exempt		03/02/2018	2018	\$77.06	\$179.80	\$0.00	\$160.53
F37	65220	Non-Exempt		03/16/2018	2018	\$79.37	\$185.19	\$0.00	\$165.35
F37	65220	Non-Exempt		03/29/2018	2018	\$79.37	\$185.19	\$0.00	\$165.35
F37	65220	Non-Exempt		04/13/2018	2018	\$79.37	\$185.19	\$0.00	\$165.35
F37	65220	Non-Exempt		04/27/2018	2018	\$79.37	\$185.19	\$0.00	\$165.35
F37	65220	Non-Exempt		05/11/2018	2018	\$79.37	\$185.19	\$0.00	\$165.35
F37	65220	Non-Exempt		05/25/2018	2018	\$79.37	\$185.19	\$0.00	\$165.35
F37	65220	Non-Exempt		06/08/2018	2018	\$79.37	\$185.19	\$0.00	\$165.35
F37	65220	Non-Exempt		06/22/2018	2018	\$79.37	\$185.19	\$0.00	\$165.35
F37	65220	Non-Exempt		07/06/2018	2018	\$79.37	\$185.19	\$0.00	\$165.35
F37	65220	Non-Exempt		07/20/2018	2018	\$79.37	\$185.19	\$0.00	\$165.35
F37	65220	Non-Exempt		08/03/2018	2018	\$79.37	\$185.19	\$0.00	\$165.35
F37	65220	Non-Exempt		08/17/2018	2018	\$79.37	\$185.19	\$0.00	\$165.35
F37	65220	Non-Exempt		08/31/2018	2018	\$79.37	\$185.19	\$0.00	\$165.35
F37	65220	Non-Exempt		09/14/2018	2018	\$79.37	\$185.19	\$0.00	\$165.35
F37	65220	Non-Exempt		09/28/2018	2018	\$79.37	\$185.19	\$0.00	\$165.35
F37	65220	Non-Exempt		10/12/2018	2018	\$79.37	\$185.19	\$0.00	\$165.35
F37	65220	Non-Exempt		10/26/2018	2018	\$79.37	\$185.19	\$0.00	\$165.35
F37	65220	Non-Exempt		11/09/2018	2018	\$79.37	\$185.19	\$0.00	\$165.35
F37	65220	Non-Exempt		11/23/2018	2018	\$79.37	\$185.19	\$0.00	\$165.35
F37	65220	Non-Exempt		12/07/2018	2018	\$79.37	\$185.19	\$0.00	\$165.35
F37	65220	Non-Exempt		12/21/2018	2018	\$79.37	\$185.19	\$0.00	\$165.35
F37	65220	Non-Exempt		01/04/2019	2019	\$79.37	\$185.19	\$0.00	\$165.35
F37	65220	Non-Exempt		01/18/2019	2019	\$79.37	\$185.19	\$0.00	\$165.35
F37	65220	Non-Exempt		02/01/2019	2019	\$79.37	\$185.19	\$0.00	\$165.35
F37	65220	Non-Exempt		02/15/2019	2019	\$79.37	\$185.19	\$0.00	\$165.35
F37	65220	Non-Exempt		03/01/2019	2019	\$79.37	\$185.19	\$0.00	\$165.35
F37	65220	Non-Exempt		03/15/2019	2019	\$81.75	\$190.75	\$0.00	\$170.31

F37	65220	Non-Exempt		03/29/2019	2019	\$81.75	\$190.75	\$0.00	\$170.31
F37	65220	Non-Exempt		04/12/2019	2019	\$81.75	\$190.75	\$0.00	\$170.31
F37	65220	Non-Exempt		04/26/2019	2019	\$81.75	\$190.75	\$0.00	\$170.31
F37	65220	Non-Exempt		05/10/2019	2019	\$81.75	\$190.75	\$0.00	\$170.31
F37	65220	Non-Exempt		05/24/2019	2019	\$81.75	\$190.75	\$0.00	\$170.31
F37	65220	Non-Exempt		06/07/2019	2019	\$81.75	\$190.75	\$0.00	\$170.31
F37	65220	Non-Exempt		06/21/2019	2019	\$81.75	\$190.75	\$0.00	\$170.31
F37	65220	Non-Exempt		07/05/2019	2019	\$81.75	\$190.75	\$0.00	\$170.31
F37	65220	Non-Exempt		07/19/2019	2019	\$81.75	\$190.75	\$0.00	\$170.31
F37	65220	Non-Exempt		08/02/2019	2019	\$81.75	\$190.75	\$0.00	\$170.31
F37	65220	Non-Exempt		08/16/2019	2019	\$81.75	\$190.75	\$0.00	\$170.31
F37	65220	Non-Exempt		08/30/2019	2019	\$81.75	\$190.75	\$0.00	\$170.31
F37	65220	Non-Exempt		09/13/2019	2019	\$81.75	\$190.75	\$0.00	\$170.31
F37	65220	Non-Exempt		09/27/2019	2019	\$81.75	\$190.75	\$0.00	\$170.31
F37	65220	Non-Exempt		10/11/2019	2019	\$81.75	\$190.75	\$0.00	\$170.31
F37	65220	Non-Exempt		10/25/2019	2019	\$81.75	\$190.75	\$0.00	\$170.31
F37	65220	Non-Exempt		11/08/2019	2019	\$81.75	\$190.75	\$0.00	\$170.31
F37	65220	Non-Exempt		11/22/2019	2019	\$81.75	\$190.75	\$0.00	\$170.31
F37	65220	Non-Exempt		12/06/2019	2019	\$81.75	\$190.75	\$0.00	\$170.31
F37	65220	Non-Exempt		12/20/2019	2019	\$81.75	\$190.75	\$0.00	\$170.31
F37	65220	Non-Exempt		01/03/2020	2020	\$81.75	\$190.75	\$0.00	\$170.31
F37	65220	Non-Exempt		01/17/2020	2020	\$81.75	\$190.75	\$0.00	\$170.31
F37	65220	Non-Exempt		01/31/2020	2020	\$81.75	\$190.75	\$0.00	\$170.31
F37	65220	Non-Exempt		02/14/2020	2020	\$81.75	\$190.75	\$0.00	\$170.31
F37	65220	Non-Exempt		02/28/2020	2020	\$81.75	\$190.75	\$0.00	\$170.31
F37	65220	Non-Exempt		03/13/2020	2020	\$83.78	\$195.50	\$0.00	\$174.55
F37	65220	Non-Exempt		03/27/2020	2020	\$83.78	\$195.50	\$0.00	\$174.55
F37	65220	Non-Exempt		04/09/2020	2020	\$83.78	\$195.50	\$0.00	\$174.55
F37	65220	Non-Exempt		04/24/2020	2020	\$83.78	\$195.50	\$0.00	\$174.55
F37	65220	Non-Exempt		05/08/2020	2020	\$83.78	\$195.50	\$0.00	\$174.55
F37	65220	Non-Exempt		05/22/2020	2020	\$83.78	\$195.50	\$0.00	\$174.55
F37	65220	Non-Exempt		06/05/2020	2020	\$83.78	\$195.50	\$0.00	\$174.55
F37	65220	Non-Exempt		06/19/2020	2020	\$83.78	\$195.50	\$0.00	\$174.55
F37	65220	Non-Exempt		07/02/2020	2020	\$83.78	\$195.50	\$0.00	\$174.55
F37	65220	Non-Exempt		07/17/2020	2020	\$83.78	\$195.50	\$0.00	\$174.55
F37	65220	Non-Exempt		07/31/2020	2020	\$83.78	\$195.50	\$0.00	\$174.55
F37	65220	Non-Exempt		08/14/2020	2020	\$83.78	\$195.50	\$0.00	\$174.55
F37	65220	Non-Exempt		08/28/2020	2020	\$83.78	\$195.50	\$0.00	\$174.55
F37	65220	Non-Exempt		09/11/2020	2020	\$83.78	\$195.50	\$0.00	\$174.55
F37	65220	Non-Exempt		09/25/2020	2020	\$83.78	\$195.50	\$0.00	\$174.55
F37	65220	Non-Exempt		10/09/2020	2020	\$83.78	\$195.50	\$0.00	\$174.55
F37	65220	Non-Exempt		10/23/2020	2020	\$83.78	\$195.50	\$0.00	\$174.55
F37	65220	Non-Exempt		11/06/2020	2020	\$83.78	\$195.50	\$0.00	\$174.55
F37	65220	Non-Exempt		11/20/2020	2020	\$83.78	\$195.50	\$0.00	\$174.55
F37	65220	Non-Exempt		12/04/2020	2020	\$83.78	\$195.50	\$0.00	\$174.55
F37	65220	Non-Exempt		12/18/2020	2020	\$83.78	\$195.50	\$0.00	\$174.55

F37	65220	Non-Exempt		12/31/2020	2020	\$83.78	\$195.50	\$0.00	\$174.55
F37	65310	Non-Exempt		01/05/2018	2018	\$64.43	\$85.90	\$0.00	\$107.37
F37	65310	Non-Exempt		01/19/2018	2018	\$64.43	\$85.90	\$0.00	\$107.37
F37	65310	Non-Exempt		02/02/2018	2018	\$64.43	\$85.90	\$0.00	\$107.37
F37	65310	Non-Exempt		02/16/2018	2018	\$64.43	\$85.90	\$0.00	\$107.37
F37	65310	Non-Exempt		03/02/2018	2018	\$64.43	\$85.90	\$0.00	\$107.37
F37	65310	Non-Exempt		03/16/2018	2018	\$66.36	\$88.48	\$0.00	\$110.60
F37	65310	Non-Exempt		03/29/2018	2018	\$66.36	\$88.48	\$0.00	\$110.60
F37	65310	Non-Exempt		04/13/2018	2018	\$66.36	\$88.48	\$0.00	\$110.60
F37	65310	Non-Exempt		04/27/2018	2018	\$66.36	\$88.48	\$0.00	\$110.60
F37	65310	Non-Exempt		05/11/2018	2018	\$66.36	\$88.48	\$0.00	\$110.60
F37	65310	Non-Exempt		05/25/2018	2018	\$66.36	\$88.48	\$0.00	\$110.60
F37	65310	Non-Exempt		06/08/2018	2018	\$66.36	\$88.48	\$0.00	\$110.60
F37	65310	Non-Exempt		06/22/2018	2018	\$66.36	\$88.48	\$0.00	\$110.60
F37	65310	Non-Exempt		07/06/2018	2018	\$66.36	\$88.48	\$0.00	\$110.60
F37	65310	Non-Exempt		07/20/2018	2018	\$66.36	\$88.48	\$0.00	\$110.60
F37	65310	Non-Exempt		08/03/2018	2018	\$66.36	\$88.48	\$0.00	\$110.60
F37	65310	Non-Exempt		08/17/2018	2018	\$66.36	\$88.48	\$0.00	\$110.60
F37	65310	Non-Exempt		08/31/2018	2018	\$66.36	\$88.48	\$0.00	\$110.60
F37	65310	Non-Exempt		09/14/2018	2018	\$66.36	\$88.48	\$0.00	\$110.60
F37	65310	Non-Exempt		09/28/2018	2018	\$66.36	\$88.48	\$0.00	\$110.60
F37	65310	Non-Exempt		10/12/2018	2018	\$66.36	\$88.48	\$0.00	\$110.60
F37	65310	Non-Exempt		10/26/2018	2018	\$66.36	\$88.48	\$0.00	\$110.60
F37	65310	Non-Exempt		11/09/2018	2018	\$66.36	\$88.48	\$0.00	\$110.60
F37	65310	Non-Exempt		11/23/2018	2018	\$72.50	\$96.66	\$0.00	\$120.82
F37	65310	Non-Exempt		12/07/2018	2018	\$72.50	\$96.66	\$0.00	\$120.82
F37	65310	Non-Exempt		12/21/2018	2018	\$72.50	\$96.66	\$0.00	\$120.82
F37	65310	Non-Exempt		01/04/2019	2019	\$72.50	\$96.66	\$0.00	\$120.82
F37	65310	Non-Exempt		01/18/2019	2019	\$72.50	\$96.66	\$0.00	\$120.82
F37	65310	Non-Exempt		02/01/2019	2019	\$72.50	\$96.66	\$0.00	\$120.82
F37	65310	Non-Exempt		02/15/2019	2019	\$72.50	\$96.66	\$0.00	\$120.82
F37	65310	Non-Exempt		03/01/2019	2019	\$72.50	\$96.66	\$0.00	\$120.82
F37	65310	Non-Exempt		03/15/2019	2019	\$72.50	\$144.99	\$0.00	\$151.03
F37	65310	Non-Exempt		03/29/2019	2019	\$72.50	\$144.99	\$0.00	\$151.03
F37	65310	Non-Exempt		04/12/2019	2019	\$72.50	\$144.99	\$0.00	\$151.03
F37	65310	Non-Exempt		04/26/2019	2019	\$72.50	\$144.99	\$0.00	\$151.03
F37	65310	Non-Exempt		05/10/2019	2019	\$72.50	\$144.99	\$0.00	\$151.03
F37	65310	Non-Exempt		05/24/2019	2019	\$72.50	\$144.99	\$0.00	\$151.03
F37	65310	Non-Exempt		06/07/2019	2019	\$72.50	\$144.99	\$0.00	\$151.03
F37	65310	Non-Exempt		06/21/2019	2019	\$72.50	\$144.99	\$0.00	\$151.03
F37	65310	Non-Exempt		07/05/2019	2019	\$72.50	\$144.99	\$0.00	\$151.03
F37	65310	Non-Exempt		07/19/2019	2019	\$72.50	\$144.99	\$0.00	\$151.03
F37	65310	Non-Exempt		08/02/2019	2019	\$72.50	\$144.99	\$0.00	\$151.03
F37	65310	Non-Exempt		08/16/2019	2019	\$72.50	\$144.99	\$0.00	\$151.03
F37	65310	Non-Exempt		08/30/2019	2019	\$72.50	\$144.99	\$0.00	\$151.03
F37	65310	Non-Exempt		09/13/2019	2019	\$72.50	\$144.99	\$0.00	\$151.03

F37	65310	Non-Exempt		09/27/2019	2019	\$72.50	\$144.99	\$0.00	\$151.03
F37	65310	Non-Exempt		10/11/2019	2019	\$72.50	\$144.99	\$0.00	\$151.03
F37	65310	Non-Exempt		10/25/2019	2019	\$72.50	\$144.99	\$0.00	\$151.03
F37	65310	Non-Exempt		11/08/2019	2019	\$72.50	\$144.99	\$0.00	\$151.03
F37	65310	Non-Exempt		11/22/2019	2019	\$72.50	\$144.99	\$0.00	\$151.03
F37	65310	Non-Exempt		12/06/2019	2019	\$72.50	\$144.99	\$0.00	\$151.03
F37	65310	Non-Exempt		12/20/2019	2019	\$72.50	\$144.99	\$0.00	\$151.03
F37	65310	Non-Exempt		01/03/2020	2020	\$72.50	\$144.99	\$0.00	\$151.03
F37	65310	Non-Exempt		01/17/2020	2020	\$72.50	\$144.99	\$0.00	\$151.03
F37	65310	Non-Exempt		01/31/2020	2020	\$72.50	\$144.99	\$0.00	\$151.03
F37	65310	Non-Exempt		02/14/2020	2020	\$72.50	\$144.99	\$0.00	\$151.03
F37	65310	Non-Exempt		02/28/2020	2020	\$72.50	\$144.99	\$0.00	\$151.03
F37	65310	Non-Exempt		03/13/2020	2020	\$74.92	\$149.85	\$0.00	\$156.09
F37	65310	Non-Exempt		03/27/2020	2020	\$74.92	\$149.85	\$0.00	\$156.09
F37	65310	Non-Exempt		04/09/2020	2020	\$74.92	\$149.85	\$0.00	\$156.09
F37	65310	Non-Exempt		04/24/2020	2020	\$74.92	\$149.85	\$0.00	\$156.09
F37	65310	Non-Exempt		05/08/2020	2020	\$74.92	\$149.85	\$0.00	\$156.09
F37	65310	Non-Exempt		05/22/2020	2020	\$74.92	\$149.85	\$0.00	\$156.09
F37	65310	Non-Exempt		06/05/2020	2020	\$74.92	\$149.85	\$0.00	\$156.09
F37	65310	Non-Exempt		06/19/2020	2020	\$74.92	\$149.85	\$0.00	\$156.09
F37	65310	Non-Exempt		07/02/2020	2020	\$74.92	\$149.85	\$0.00	\$156.09
F37	65310	Non-Exempt		07/17/2020	2020	\$74.92	\$149.85	\$0.00	\$156.09
F37	65310	Non-Exempt		07/31/2020	2020	\$74.92	\$149.85	\$0.00	\$156.09
F37	65310	Non-Exempt		08/14/2020	2020	\$74.92	\$149.85	\$0.00	\$156.09
F37	65310	Non-Exempt		08/28/2020	2020	\$74.92	\$149.85	\$0.00	\$156.09
F37	65310	Non-Exempt		09/11/2020	2020	\$74.92	\$149.85	\$0.00	\$156.09
F37	65310	Non-Exempt		09/25/2020	2020	\$74.92	\$149.85	\$0.00	\$156.09
F37	65310	Non-Exempt		10/09/2020	2020	\$74.92	\$149.85	\$0.00	\$156.09
F37	65310	Non-Exempt		10/23/2020	2020	\$74.92	\$149.85	\$0.00	\$156.09
F37	65310	Non-Exempt		11/06/2020	2020	\$74.92	\$149.85	\$0.00	\$156.09
F37	65310	Non-Exempt		11/20/2020	2020	\$74.92	\$149.85	\$0.00	\$156.09
F37	65310	Non-Exempt		12/04/2020	2020	\$74.92	\$149.85	\$0.00	\$156.09
F37	65310	Non-Exempt		12/18/2020	2020	\$74.92	\$149.85	\$0.00	\$156.09
F37	65310	Non-Exempt		12/31/2020	2020	\$74.92	\$149.85	\$0.00	\$156.09
F37	65480	Non-Exempt		01/05/2018	2018	\$55.02	\$73.36	\$0.00	\$91.70
F37	65480	Non-Exempt		01/19/2018	2018	\$55.02	\$73.36	\$0.00	\$91.70
F37	65480	Non-Exempt		02/02/2018	2018	\$55.02	\$73.36	\$0.00	\$91.70
F37	65480	Non-Exempt		02/16/2018	2018	\$55.02	\$73.36	\$0.00	\$91.70
F37	65480	Non-Exempt		03/02/2018	2018	\$55.02	\$73.36	\$0.00	\$91.70
F37	65480	Non-Exempt		03/16/2018	2018	\$56.67	\$75.56	\$0.00	\$94.45
F37	65480	Non-Exempt		03/29/2018	2018	\$56.67	\$75.56	\$0.00	\$94.45
F37	65480	Non-Exempt		04/13/2018	2018	\$56.67	\$75.56	\$0.00	\$94.45
F37	65480	Non-Exempt		04/27/2018	2018	\$56.67	\$75.56	\$0.00	\$94.45
F37	65480	Non-Exempt		05/11/2018	2018	\$56.67	\$75.56	\$0.00	\$94.45
F37	65480	Non-Exempt		05/25/2018	2018	\$56.67	\$75.56	\$0.00	\$94.45
F37	65480	Non-Exempt		06/08/2018	2018	\$56.67	\$75.56	\$0.00	\$94.45

F37	65480	Non-Exempt		06/22/2018	2018	\$56.67	\$75.56	\$0.00	\$94.45
F37	65480	Non-Exempt		07/06/2018	2018	\$56.67	\$75.56	\$0.00	\$94.45
F37	65480	Non-Exempt		07/20/2018	2018	\$56.67	\$75.56	\$0.00	\$94.45
F37	65480	Non-Exempt		08/03/2018	2018	\$56.67	\$75.56	\$0.00	\$94.45
F37	65480	Non-Exempt		08/17/2018	2018	\$56.67	\$75.56	\$0.00	\$94.45
F37	65480	Non-Exempt		08/31/2018	2018	\$56.67	\$75.56	\$0.00	\$94.45
F37	65480	Non-Exempt		09/14/2018	2018	\$56.67	\$75.56	\$0.00	\$94.45
F37	65480	Non-Exempt		09/28/2018	2018	\$56.67	\$75.56	\$0.00	\$94.45
F37	65480	Non-Exempt		10/12/2018	2018	\$56.67	\$75.56	\$0.00	\$94.45
F37	65480	Non-Exempt		10/26/2018	2018	\$56.67	\$75.56	\$0.00	\$94.45
F37	65480	Non-Exempt		11/09/2018	2018	\$56.67	\$75.56	\$0.00	\$94.45
F37	65480	Non-Exempt		11/23/2018	2018	\$64.77	\$86.36	\$0.00	\$107.95
F37	65480	Non-Exempt		12/07/2018	2018	\$64.77	\$86.36	\$0.00	\$107.95
F37	65480	Non-Exempt		12/21/2018	2018	\$64.77	\$86.36	\$0.00	\$107.95
F37	65480	Non-Exempt		01/04/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65480	Non-Exempt		01/18/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65480	Non-Exempt		02/01/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65480	Non-Exempt		02/15/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65480	Non-Exempt		03/01/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65480	Non-Exempt		03/15/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65480	Non-Exempt		03/29/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65480	Non-Exempt		04/12/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65480	Non-Exempt		04/26/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65480	Non-Exempt		05/10/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65480	Non-Exempt		05/24/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65480	Non-Exempt		06/07/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65480	Non-Exempt		06/21/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65480	Non-Exempt		07/05/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65480	Non-Exempt		07/19/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65480	Non-Exempt		08/02/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65480	Non-Exempt		08/16/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65480	Non-Exempt		08/30/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65480	Non-Exempt		09/13/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65480	Non-Exempt		09/27/2019	2019	\$58.29	\$116.59	\$0.00	\$121.45
F37	65480	Non-Exempt		10/11/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65480	Non-Exempt		10/25/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65480	Non-Exempt		11/08/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65480	Non-Exempt		11/22/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65480	Non-Exempt		12/06/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65480	Non-Exempt		12/20/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65480	Non-Exempt		01/03/2020	2020	\$64.77	\$129.54	\$0.00	\$134.94
F37	65480	Non-Exempt		01/17/2020	2020	\$64.77	\$129.54	\$0.00	\$134.94
F37	65480	Non-Exempt		01/31/2020	2020	\$64.77	\$129.54	\$0.00	\$134.94
F37	65480	Non-Exempt		02/14/2020	2020	\$64.77	\$129.54	\$0.00	\$134.94
F37	65480	Non-Exempt		02/28/2020	2020	\$64.77	\$129.54	\$0.00	\$134.94
F37	65480	Non-Exempt		03/13/2020	2020	\$67.04	\$134.09	\$0.00	\$139.68

F37	65480	Non-Exempt		03/27/2020	2020	\$67.04	\$134.09	\$0.00	\$139.68
F37	65480	Non-Exempt		04/09/2020	2020	\$67.04	\$134.09	\$0.00	\$139.68
F37	65480	Non-Exempt		04/24/2020	2020	\$67.04	\$134.09	\$0.00	\$139.68
F37	65480	Non-Exempt		05/08/2020	2020	\$67.04	\$134.09	\$0.00	\$139.68
F37	65480	Non-Exempt		05/22/2020	2020	\$67.04	\$134.09	\$0.00	\$139.68
F37	65480	Non-Exempt		06/05/2020	2020	\$67.04	\$134.09	\$0.00	\$139.68
F37	65480	Non-Exempt		06/19/2020	2020	\$67.04	\$134.09	\$0.00	\$139.68
F37	65480	Non-Exempt		07/02/2020	2020	\$67.04	\$134.09	\$0.00	\$139.68
F37	65480	Non-Exempt		07/17/2020	2020	\$67.04	\$134.09	\$0.00	\$139.68
F37	65480	Non-Exempt		07/31/2020	2020	\$60.35	\$120.70	\$0.00	\$125.73
F37	65480	Non-Exempt		08/14/2020	2020	\$67.04	\$134.09	\$0.00	\$139.68
F37	65480	Non-Exempt		08/28/2020	2020	\$60.35	\$120.70	\$0.00	\$125.73
F37	65480	Non-Exempt		09/11/2020	2020	\$67.04	\$134.09	\$0.00	\$139.68
F37	65480	Non-Exempt		09/25/2020	2020	\$67.04	\$134.09	\$0.00	\$139.68
F37	65480	Non-Exempt		10/09/2020	2020	\$60.35	\$120.70	\$0.00	\$125.73
F37	65480	Non-Exempt		10/23/2020	2020	\$67.04	\$134.09	\$0.00	\$139.68
F37	65480	Non-Exempt		11/06/2020	2020	\$67.04	\$134.09	\$0.00	\$139.68
F37	65480	Non-Exempt		11/20/2020	2020	\$67.04	\$134.09	\$0.00	\$139.68
F37	65480	Non-Exempt		12/04/2020	2020	\$67.04	\$134.09	\$0.00	\$139.68
F37	65480	Non-Exempt		12/18/2020	2020	\$60.35	\$160.93	\$0.00	\$125.73
F37	65480	Non-Exempt		12/31/2020	2020	\$67.04	\$178.79	\$0.00	\$139.68
F37	65481	Non-Exempt		01/05/2018	2018	\$55.02	\$73.36	\$0.00	\$91.70
F37	65481	Non-Exempt		01/19/2018	2018	\$55.02	\$73.36	\$0.00	\$91.70
F37	65481	Non-Exempt		02/02/2018	2018	\$55.02	\$91.70	\$0.00	\$114.62
F37	65481	Non-Exempt		02/16/2018	2018	\$55.02	\$91.70	\$0.00	\$114.62
F37	65481	Non-Exempt		03/02/2018	2018	\$55.02	\$91.70	\$0.00	\$114.62
F37	65481	Non-Exempt		03/16/2018	2018	\$56.67	\$94.45	\$0.00	\$118.06
F37	65481	Non-Exempt		03/29/2018	2018	\$56.67	\$94.45	\$0.00	\$118.06
F37	65481	Non-Exempt		04/13/2018	2018	\$56.67	\$113.34	\$0.00	\$118.06
F37	65481	Non-Exempt		04/27/2018	2018	\$56.67	\$113.34	\$0.00	\$118.06
F37	65481	Non-Exempt		05/11/2018	2018	\$56.67	\$113.34	\$0.00	\$118.06
F37	65481	Non-Exempt		05/25/2018	2018	\$56.67	\$113.34	\$0.00	\$118.06
F37	65481	Non-Exempt		06/08/2018	2018	\$56.67	\$113.34	\$0.00	\$118.06
F37	65481	Non-Exempt		06/22/2018	2018	\$56.67	\$113.34	\$0.00	\$118.06
F37	65481	Non-Exempt		07/06/2018	2018	\$56.67	\$113.34	\$0.00	\$118.06
F37	65481	Non-Exempt		07/20/2018	2018	\$56.67	\$113.34	\$0.00	\$118.06
F37	65481	Non-Exempt		08/03/2018	2018	\$56.67	\$113.34	\$0.00	\$118.06
F37	65481	Non-Exempt		08/17/2018	2018	\$56.67	\$113.34	\$0.00	\$118.06
F37	65481	Non-Exempt		08/31/2018	2018	\$56.67	\$113.34	\$0.00	\$118.06
F37	65481	Non-Exempt		09/14/2018	2018	\$56.67	\$113.34	\$0.00	\$118.06
F37	65481	Non-Exempt		09/28/2018	2018	\$56.67	\$113.34	\$0.00	\$118.06
F37	65481	Non-Exempt		10/12/2018	2018	\$56.67	\$113.34	\$0.00	\$118.06
F37	65481	Non-Exempt		10/26/2018	2018	\$56.67	\$113.34	\$0.00	\$118.06
F37	65481	Non-Exempt		11/09/2018	2018	\$56.67	\$113.34	\$0.00	\$118.06
F37	65481	Non-Exempt		11/23/2018	2018	\$64.77	\$129.54	\$0.00	\$134.94
F37	65481	Non-Exempt		12/07/2018	2018	\$64.77	\$129.54	\$0.00	\$134.94

F37	65481	Non-Exempt		12/21/2018	2018	\$64.77	\$129.54	\$0.00	\$134.94
F37	65481	Non-Exempt		01/04/2019	2019	\$64.78	\$129.55	\$0.00	\$134.95
F37	65481	Non-Exempt		01/18/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65481	Non-Exempt		02/01/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65481	Non-Exempt		02/15/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65481	Non-Exempt		03/01/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65481	Non-Exempt		03/15/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65481	Non-Exempt		03/29/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65481	Non-Exempt		04/12/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65481	Non-Exempt		04/26/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65481	Non-Exempt		05/10/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65481	Non-Exempt		05/24/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65481	Non-Exempt		06/07/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65481	Non-Exempt		06/21/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65481	Non-Exempt		07/05/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65481	Non-Exempt		07/19/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65481	Non-Exempt		08/02/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65481	Non-Exempt		08/16/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65481	Non-Exempt		08/30/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65481	Non-Exempt		09/13/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65481	Non-Exempt		09/27/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65481	Non-Exempt		10/11/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65481	Non-Exempt		10/25/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65481	Non-Exempt		11/08/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65481	Non-Exempt		11/22/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65481	Non-Exempt		12/06/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65481	Non-Exempt		12/20/2019	2019	\$64.77	\$129.54	\$0.00	\$134.94
F37	65481	Non-Exempt		01/03/2020	2020	\$64.77	\$129.54	\$0.00	\$134.94
F37	65481	Non-Exempt		01/17/2020	2020	\$64.77	\$129.54	\$0.00	\$134.94
F37	65481	Non-Exempt		01/31/2020	2020	\$64.77	\$129.54	\$0.00	\$134.94
F37	65481	Non-Exempt		02/14/2020	2020	\$64.77	\$129.54	\$0.00	\$134.94
F37	65481	Non-Exempt		02/28/2020	2020	\$64.77	\$129.54	\$0.00	\$134.94
F37	65481	Non-Exempt		03/13/2020	2020	\$67.06	\$134.11	\$0.00	\$139.70
F37	65481	Non-Exempt		03/27/2020	2020	\$67.06	\$134.11	\$0.00	\$139.70
F37	65481	Non-Exempt		04/09/2020	2020	\$67.06	\$134.11	\$0.00	\$139.70
F37	65481	Non-Exempt		04/24/2020	2020	\$67.06	\$134.11	\$0.00	\$139.70
F37	65481	Non-Exempt		05/08/2020	2020	\$67.06	\$134.11	\$0.00	\$139.70
F37	65481	Non-Exempt		05/22/2020	2020	\$67.06	\$134.11	\$0.00	\$139.70
F37	65481	Non-Exempt		06/05/2020	2020	\$67.06	\$134.11	\$0.00	\$139.70
F37	65481	Non-Exempt		06/19/2020	2020	\$67.06	\$134.11	\$0.00	\$139.70
F37	65481	Non-Exempt		07/02/2020	2020	\$67.06	\$134.11	\$0.00	\$139.70
F37	65481	Non-Exempt		07/17/2020	2020	\$67.06	\$134.11	\$0.00	\$139.70
F37	65481	Non-Exempt		07/31/2020	2020	\$67.06	\$134.11	\$0.00	\$139.70
F37	65481	Non-Exempt		08/14/2020	2020	\$67.06	\$134.11	\$0.00	\$139.70
F37	65481	Non-Exempt		08/28/2020	2020	\$67.06	\$134.11	\$0.00	\$139.70
F37	65481	Non-Exempt		09/11/2020	2020	\$67.06	\$134.11	\$0.00	\$139.70

F37	65481	Non-Exempt		09/25/2020	2020	\$67.06	\$134.11	\$0.00	\$139.70
F37	65481	Non-Exempt		10/09/2020	2020	\$67.06	\$134.11	\$0.00	\$139.70
F37	65481	Non-Exempt		10/23/2020	2020	\$67.06	\$134.11	\$0.00	\$139.70
F37	65481	Non-Exempt		11/06/2020	2020	\$67.06	\$134.11	\$0.00	\$139.70
F37	65481	Non-Exempt		11/20/2020	2020	\$67.06	\$134.11	\$0.00	\$139.70
F37	65481	Non-Exempt		12/04/2020	2020	\$67.06	\$134.11	\$0.00	\$139.70
F37	65481	Non-Exempt		12/18/2020	2020	\$67.06	\$134.11	\$0.00	\$139.70
F37	65481	Non-Exempt		12/31/2020	2020	\$67.06	\$134.11	\$0.00	\$139.70
F37	66078	Non-Exempt		04/26/2019	2019	\$45.36	\$0.00	\$0.00	\$0.00
F37	66078	Non-Exempt		05/10/2019	2019	\$50.40	\$67.20	\$0.00	\$84.00
F37	66078	Non-Exempt		05/24/2019	2019	\$50.40	\$67.20	\$0.00	\$84.00
F37	66078	Non-Exempt		06/07/2019	2019	\$50.40	\$67.20	\$0.00	\$84.00
F37	66078	Non-Exempt		06/21/2019	2019	\$50.40	\$67.20	\$0.00	\$84.00
F37	66078	Non-Exempt		07/05/2019	2019	\$50.40	\$67.20	\$0.00	\$84.00
F37	66078	Non-Exempt		07/19/2019	2019	\$50.40	\$67.20	\$0.00	\$84.00
F37	66078	Non-Exempt		08/02/2019	2019	\$50.40	\$67.20	\$0.00	\$84.00
F37	66078	Non-Exempt		08/16/2019	2019	\$50.40	\$67.20	\$0.00	\$84.00
F37	66078	Non-Exempt		08/30/2019	2019	\$50.40	\$67.20	\$0.00	\$84.00
F37	66078	Non-Exempt		09/13/2019	2019	\$50.40	\$67.20	\$0.00	\$84.00
F37	66078	Non-Exempt		09/27/2019	2019	\$50.40	\$67.20	\$0.00	\$84.00
F37	66078	Non-Exempt		10/11/2019	2019	\$50.40	\$67.20	\$0.00	\$84.00
F37	66078	Non-Exempt		10/25/2019	2019	\$50.40	\$67.20	\$0.00	\$84.00
F37	66078	Non-Exempt		11/08/2019	2019	\$50.40	\$67.20	\$0.00	\$84.00
F37	66078	Non-Exempt		11/22/2019	2019	\$50.40	\$67.20	\$0.00	\$84.00
F37	66078	Non-Exempt		12/06/2019	2019	\$50.40	\$67.20	\$0.00	\$84.00
F37	66078	Non-Exempt		12/20/2019	2019	\$50.40	\$67.20	\$0.00	\$84.00
F37	66078	Non-Exempt		01/03/2020	2020	\$50.40	\$67.20	\$0.00	\$84.00
F37	66078	Non-Exempt		01/17/2020	2020	\$50.40	\$67.20	\$0.00	\$84.00
F37	66078	Non-Exempt		01/31/2020	2020	\$50.40	\$67.20	\$0.00	\$84.00
F37	66078	Non-Exempt		02/14/2020	2020	\$50.40	\$67.20	\$0.00	\$84.00
F37	66078	Non-Exempt		02/28/2020	2020	\$50.40	\$67.20	\$0.00	\$84.00
F37	66078	Non-Exempt		03/13/2020	2020	\$52.22	\$69.63	\$0.00	\$87.04
F37	66078	Non-Exempt		03/27/2020	2020	\$52.22	\$69.63	\$0.00	\$87.04
F37	66078	Non-Exempt		04/09/2020	2020	\$52.22	\$69.63	\$0.00	\$87.04
F37	66078	Non-Exempt		04/24/2020	2020	\$52.22	\$69.63	\$0.00	\$87.04
F37	66078	Non-Exempt		05/08/2020	2020	\$52.22	\$69.63	\$0.00	\$87.04
F37	66078	Non-Exempt		05/22/2020	2020	\$52.22	\$69.63	\$0.00	\$87.04
F37	66078	Non-Exempt		06/05/2020	2020	\$52.22	\$69.63	\$0.00	\$87.04
F37	66078	Non-Exempt		06/19/2020	2020	\$52.22	\$69.63	\$0.00	\$87.04
F37	66078	Non-Exempt		07/02/2020	2020	\$52.22	\$69.63	\$0.00	\$87.04
F37	66078	Non-Exempt		07/17/2020	2020	\$52.22	\$69.63	\$0.00	\$87.04
F37	66078	Non-Exempt		07/31/2020	2020	\$52.22	\$69.63	\$0.00	\$87.04
F37	66078	Non-Exempt		08/14/2020	2020	\$57.70	\$76.93	\$0.00	\$96.16
F37	66078	Non-Exempt		08/28/2020	2020	\$57.70	\$76.93	\$0.00	\$96.16
F37	66078	Non-Exempt		09/11/2020	2020	\$57.70	\$76.93	\$0.00	\$96.16
F37	66078	Non-Exempt		09/25/2020	2020	\$57.70	\$76.93	\$0.00	\$96.16

F37	66078	Non-Exempt		10/09/2020	2020	\$57.70	\$76.93	\$0.00	\$96.16
F37	66078	Non-Exempt		10/23/2020	2020	\$57.70	\$76.93	\$0.00	\$96.16
F37	66078	Non-Exempt		11/06/2020	2020	\$57.70	\$76.93	\$0.00	\$96.16
F37	66078	Non-Exempt		11/20/2020	2020	\$57.70	\$76.93	\$0.00	\$96.16
F37	66078	Non-Exempt		12/04/2020	2020	\$57.70	\$76.93	\$0.00	\$96.16
F37	66078	Non-Exempt		12/18/2020	2020	\$57.70	\$76.93	\$0.00	\$96.16
F37	66078	Non-Exempt		12/31/2020	2020	\$57.70	\$76.93	\$0.00	\$96.16
XWK	65902	Non-Exempt		01/18/2019	2019	\$0.00	\$203.26	\$0.00	\$50.82
XWK	65902	Non-Exempt		02/01/2019	2019	\$0.00	\$225.85	\$0.00	\$56.46
XWK	65902	Non-Exempt		02/15/2019	2019	\$0.00	\$225.85	\$0.00	\$56.46
XWK	65902	Non-Exempt		03/01/2019	2019	\$0.00	\$225.85	\$0.00	\$56.46
XWK	65902	Non-Exempt		03/15/2019	2019	\$0.00	\$232.62	\$0.00	\$58.15
XWK	65902	Non-Exempt		03/29/2019	2019	\$0.00	\$232.62	\$0.00	\$58.15
XWK	65902	Non-Exempt		04/12/2019	2019	\$0.00	\$232.62	\$0.00	\$58.15
XWK	65902	Non-Exempt		04/26/2019	2019	\$0.00	\$232.62	\$0.00	\$58.15
XWK	65902	Non-Exempt		05/10/2019	2019	\$0.00	\$232.62	\$0.00	\$58.15
XWK	65902	Non-Exempt		05/24/2019	2019	\$0.00	\$232.62	\$0.00	\$58.15
XWK	65902	Non-Exempt		06/07/2019	2019	\$0.00	\$232.62	\$0.00	\$58.15
XWK	65902	Non-Exempt		06/21/2019	2019	\$0.00	\$232.62	\$0.00	\$58.15
XWK	65902	Non-Exempt		07/05/2019	2019	\$0.00	\$232.62	\$0.00	\$58.15
XWK	65902	Non-Exempt		07/19/2019	2019	\$0.00	\$232.62	\$0.00	\$58.15
XWK	65902	Non-Exempt		08/02/2019	2019	\$0.00	\$232.62	\$0.00	\$58.15
XWK	65902	Non-Exempt		08/16/2019	2019	\$0.00	\$232.62	\$0.00	\$58.15
XWK	65902	Non-Exempt		08/30/2019	2019	\$0.00	\$232.62	\$0.00	\$58.15
XWK	65902	Non-Exempt		09/13/2019	2019	\$0.00	\$232.62	\$0.00	\$58.15
XWK	65902	Non-Exempt		09/27/2019	2019	\$0.00	\$232.62	\$0.00	\$58.15
XWK	65902	Non-Exempt		10/11/2019	2019	\$0.00	\$232.62	\$0.00	\$58.15
XWK	65902	Non-Exempt		10/25/2019	2019	\$0.00	\$232.62	\$0.00	\$58.15
XWK	65902	Non-Exempt		11/08/2019	2019	\$0.00	\$232.62	\$0.00	\$58.15
XWK	65902	Non-Exempt		11/22/2019	2019	\$0.00	\$232.62	\$0.00	\$58.15
XWK	65902	Non-Exempt		12/06/2019	2019	\$0.00	\$232.62	\$0.00	\$58.15
XWK	65902	Non-Exempt		12/20/2019	2019	\$0.00	\$232.62	\$0.00	\$58.15
XWK	65902	Non-Exempt		01/03/2020	2020	\$0.00	\$232.62	\$0.00	\$58.16
XWK	65902	Non-Exempt		01/17/2020	2020	\$0.00	\$232.62	\$0.00	\$58.16
XWK	65902	Non-Exempt		01/31/2020	2020	\$0.00	\$232.62	\$0.00	\$58.16
XWK	65902	Non-Exempt		02/14/2020	2020	\$0.00	\$232.62	\$0.00	\$58.16
XWK	65902	Non-Exempt		02/28/2020	2020	\$0.00	\$232.62	\$0.00	\$58.16
XWK	65902	Non-Exempt		03/13/2020	2020	\$0.00	\$250.49	\$0.00	\$62.62
XWK	65902	Non-Exempt		03/27/2020	2020	\$0.00	\$250.49	\$0.00	\$62.62
XWK	65902	Non-Exempt		04/09/2020	2020	\$0.00	\$250.49	\$0.00	\$62.62
XWK	65902	Non-Exempt		04/24/2020	2020	\$0.00	\$250.49	\$0.00	\$62.62
XWK	65902	Non-Exempt		05/08/2020	2020	\$0.00	\$250.49	\$0.00	\$62.62
XWK	65902	Non-Exempt		05/22/2020	2020	\$0.00	\$250.49	\$0.00	\$62.62
XWK	65902	Non-Exempt		06/05/2020	2020	\$0.00	\$250.49	\$0.00	\$62.62
XWK	65902	Non-Exempt		06/19/2020	2020	\$0.00	\$250.49	\$0.00	\$62.62
XWK	65902	Non-Exempt		07/02/2020	2020	\$0.00	\$250.49	\$0.00	\$62.62

XWK	65902	Non-Exempt	[REDACTED]	07/17/2020	2020	\$0.00	\$250.49	\$0.00	\$62.62
XWK	65902	Non-Exempt	[REDACTED]	07/31/2020	2020	\$0.00	\$250.49	\$0.00	\$62.62
XWK	65902	Non-Exempt	[REDACTED]	08/14/2020	2020	\$0.00	\$250.49	\$0.00	\$62.62
XWK	65902	Non-Exempt	[REDACTED]	08/28/2020	2020	\$0.00	\$250.49	\$0.00	\$62.62
XWK	65902	Non-Exempt	[REDACTED]	09/11/2020	2020	\$0.00	\$250.49	\$0.00	\$62.62
XWK	65902	Non-Exempt	[REDACTED]	09/25/2020	2020	\$0.00	\$250.49	\$0.00	\$62.62
XWK	65902	Non-Exempt	[REDACTED]	10/09/2020	2020	\$0.00	\$250.49	\$0.00	\$62.62
XWK	65902	Non-Exempt	[REDACTED]	10/23/2020	2020	\$0.00	\$250.49	\$0.00	\$62.62
XWK	65902	Non-Exempt	[REDACTED]	11/06/2020	2020	\$0.00	\$250.49	\$0.00	\$62.62
XWK	65902	Non-Exempt	[REDACTED]	11/20/2020	2020	\$0.00	\$250.49	\$0.00	\$62.62
XWK	65902	Non-Exempt	[REDACTED]	12/04/2020	2020	\$0.00	\$250.49	\$0.00	\$62.62
XWK	65902	Non-Exempt	[REDACTED]	12/18/2020	2020	\$0.00	\$250.49	\$0.00	\$62.62
XWK	65902	Non-Exempt	[REDACTED]	12/31/2020	2020	\$0.00	\$250.49	\$0.00	\$62.62
XWK	65903	Non-Exempt	[REDACTED]	01/18/2019	2019	\$0.00	\$158.26	\$0.00	\$52.75
XWK	65903	Non-Exempt	[REDACTED]	02/01/2019	2019	\$0.00	\$175.85	\$0.00	\$58.62
XWK	65903	Non-Exempt	[REDACTED]	02/15/2019	2019	\$0.00	\$175.85	\$0.00	\$58.62
XWK	65903	Non-Exempt	[REDACTED]	03/01/2019	2019	\$0.00	\$175.85	\$0.00	\$58.62
XWK	65903	Non-Exempt	[REDACTED]	03/15/2019	2019	\$0.00	\$181.85	\$0.00	\$60.62
XWK	65903	Non-Exempt	[REDACTED]	03/29/2019	2019	\$0.00	\$181.85	\$0.00	\$60.62
XWK	65903	Non-Exempt	[REDACTED]	04/12/2019	2019	\$0.00	\$181.85	\$0.00	\$60.62
XWK	65903	Non-Exempt	[REDACTED]	04/26/2019	2019	\$0.00	\$181.85	\$0.00	\$60.62
XWK	65903	Non-Exempt	[REDACTED]	05/10/2019	2019	\$0.00	\$181.85	\$0.00	\$60.62
XWK	65903	Non-Exempt	[REDACTED]	05/24/2019	2019	\$0.00	\$181.85	\$0.00	\$60.62
XWK	65903	Non-Exempt	[REDACTED]	06/07/2019	2019	\$0.00	\$181.85	\$0.00	\$60.62
XWK	65903	Non-Exempt	[REDACTED]	06/21/2019	2019	\$0.00	\$181.85	\$0.00	\$60.62
XWK	65903	Non-Exempt	[REDACTED]	07/05/2019	2019	\$0.00	\$181.85	\$0.00	\$60.62
XWK	65903	Non-Exempt	[REDACTED]	07/19/2019	2019	\$0.00	\$181.85	\$0.00	\$60.62
XWK	65903	Non-Exempt	[REDACTED]	08/02/2019	2019	\$0.00	\$181.85	\$0.00	\$60.62
XWK	65903	Non-Exempt	[REDACTED]	08/16/2019	2019	\$0.00	\$181.85	\$0.00	\$60.62
XWK	65903	Non-Exempt	[REDACTED]	08/30/2019	2019	\$0.00	\$181.85	\$0.00	\$60.62
XWK	65903	Non-Exempt	[REDACTED]	09/13/2019	2019	\$0.00	\$181.85	\$0.00	\$60.62
XWK	65903	Non-Exempt	[REDACTED]	09/27/2019	2019	\$0.00	\$181.85	\$0.00	\$60.62
XWK	65903	Non-Exempt	[REDACTED]	10/11/2019	2019	\$0.00	\$181.85	\$0.00	\$60.62
XWK	65903	Non-Exempt	[REDACTED]	10/25/2019	2019	\$0.00	\$181.85	\$0.00	\$60.62
XWK	65903	Non-Exempt	[REDACTED]	11/08/2019	2019	\$0.00	\$181.85	\$0.00	\$60.62
XWK	65903	Non-Exempt	[REDACTED]	11/22/2019	2019	\$0.00	\$181.85	\$0.00	\$60.62
XWK	65903	Non-Exempt	[REDACTED]	12/06/2019	2019	\$0.00	\$181.85	\$0.00	\$60.62
XWK	65903	Non-Exempt	[REDACTED]	12/20/2019	2019	\$0.00	\$181.85	\$0.00	\$60.62
XWK	65903	Non-Exempt	[REDACTED]	01/03/2020	2020	\$0.00	\$227.31	\$0.00	\$60.61
XWK	65903	Non-Exempt	[REDACTED]	01/17/2020	2020	\$0.00	\$227.31	\$0.00	\$60.61
XWK	65903	Non-Exempt	[REDACTED]	01/31/2020	2020	\$0.00	\$227.31	\$0.00	\$60.61
XWK	65903	Non-Exempt	[REDACTED]	02/14/2020	2020	\$0.00	\$227.31	\$0.00	\$60.61
XWK	65903	Non-Exempt	[REDACTED]	02/28/2020	2020	\$0.00	\$227.31	\$0.00	\$60.61
XWK	65903	Non-Exempt	[REDACTED]	03/13/2020	2020	\$0.00	\$246.96	\$0.00	\$65.85
XWK	65903	Non-Exempt	[REDACTED]	03/27/2020	2020	\$0.00	\$246.96	\$0.00	\$65.85
XWK	65903	Non-Exempt	[REDACTED]	04/09/2020	2020	\$0.00	\$246.96	\$0.00	\$65.85

XWK	65903	Non-Exempt		04/24/2020	2020	\$0.00	\$246.96	\$0.00	\$65.85
XWK	65903	Non-Exempt		05/08/2020	2020	\$0.00	\$246.96	\$0.00	\$65.85
XWK	65903	Non-Exempt		05/22/2020	2020	\$0.00	\$246.96	\$0.00	\$65.85
XWK	65903	Non-Exempt		06/05/2020	2020	\$0.00	\$246.96	\$0.00	\$65.85
XWK	65903	Non-Exempt		06/19/2020	2020	\$0.00	\$246.96	\$0.00	\$65.85
XWK	65903	Non-Exempt		07/02/2020	2020	\$0.00	\$246.96	\$0.00	\$65.85
XWK	65903	Non-Exempt		07/17/2020	2020	\$0.00	\$246.96	\$0.00	\$65.85
XWK	65903	Non-Exempt		07/31/2020	2020	\$0.00	\$246.96	\$0.00	\$65.85
XWK	65903	Non-Exempt		08/14/2020	2020	\$0.00	\$246.96	\$0.00	\$65.85
XWK	65903	Non-Exempt		08/28/2020	2020	\$0.00	\$246.96	\$0.00	\$65.85
XWK	65903	Non-Exempt		09/11/2020	2020	\$0.00	\$246.96	\$0.00	\$65.85
XWK	65903	Non-Exempt		09/25/2020	2020	\$0.00	\$246.96	\$0.00	\$65.85
XWK	65903	Non-Exempt		10/09/2020	2020	\$0.00	\$246.96	\$0.00	\$65.85
XWK	65903	Non-Exempt		10/23/2020	2020	\$0.00	\$246.96	\$0.00	\$65.85
XWK	65903	Non-Exempt		11/06/2020	2020	\$0.00	\$246.96	\$0.00	\$65.85
XWK	65903	Non-Exempt		11/20/2020	2020	\$0.00	\$246.96	\$0.00	\$65.85
XWK	65903	Non-Exempt		12/04/2020	2020	\$0.00	\$246.96	\$0.00	\$65.85
XWK	65903	Non-Exempt		12/18/2020	2020	\$0.00	\$246.96	\$0.00	\$65.85
XWK	65903	Non-Exempt		12/31/2020	2020	\$0.00	\$246.96	\$0.00	\$65.85
XWK	65904	Non-Exempt		01/18/2019	2019	\$0.00	\$138.81	\$0.00	\$55.52
XWK	65904	Non-Exempt		02/01/2019	2019	\$0.00	\$154.23	\$0.00	\$61.69
XWK	65904	Non-Exempt		02/15/2019	2019	\$0.00	\$154.23	\$0.00	\$61.69
XWK	65904	Non-Exempt		03/01/2019	2019	\$0.00	\$154.23	\$0.00	\$61.69
XWK	65904	Non-Exempt		03/15/2019	2019	\$0.00	\$160.00	\$0.00	\$64.00
XWK	65904	Non-Exempt		03/29/2019	2019	\$0.00	\$160.00	\$0.00	\$64.00
XWK	65904	Non-Exempt		04/12/2019	2019	\$0.00	\$160.00	\$0.00	\$64.00
XWK	65904	Non-Exempt		04/26/2019	2019	\$0.00	\$160.00	\$0.00	\$64.00
XWK	65904	Non-Exempt		05/10/2019	2019	\$0.00	\$160.00	\$0.00	\$64.00
XWK	65904	Non-Exempt		05/24/2019	2019	\$0.00	\$160.00	\$0.00	\$64.00
XWK	65904	Non-Exempt		06/07/2019	2019	\$0.00	\$160.00	\$0.00	\$64.00
XWK	65904	Non-Exempt		06/21/2019	2019	\$0.00	\$160.00	\$0.00	\$64.00
XWK	65904	Non-Exempt		07/05/2019	2019	\$0.00	\$160.00	\$0.00	\$64.00
XWK	65904	Non-Exempt		07/19/2019	2019	\$0.00	\$160.00	\$0.00	\$64.00
XWK	65904	Non-Exempt		08/02/2019	2019	\$0.00	\$160.00	\$0.00	\$64.00
XWK	65904	Non-Exempt		08/16/2019	2019	\$0.00	\$160.00	\$0.00	\$64.00
XWK	65904	Non-Exempt		08/30/2019	2019	\$0.00	\$160.00	\$0.00	\$64.00
XWK	65904	Non-Exempt		09/13/2019	2019	\$0.00	\$160.00	\$0.00	\$64.00
XWK	65904	Non-Exempt		09/27/2019	2019	\$0.00	\$160.00	\$0.00	\$64.00
XWK	65904	Non-Exempt		10/11/2019	2019	\$0.00	\$160.00	\$0.00	\$64.00
XWK	65904	Non-Exempt		10/25/2019	2019	\$0.00	\$160.00	\$0.00	\$64.00
XWK	65904	Non-Exempt		11/08/2019	2019	\$0.00	\$160.00	\$0.00	\$64.00
XWK	65904	Non-Exempt		11/22/2019	2019	\$0.00	\$160.00	\$0.00	\$64.00
XWK	65904	Non-Exempt		12/06/2019	2019	\$0.00	\$160.00	\$0.00	\$64.00
XWK	65904	Non-Exempt		12/20/2019	2019	\$0.00	\$160.00	\$0.00	\$64.00
XWK	65904	Non-Exempt		01/03/2020	2020	\$0.00	\$160.00	\$0.00	\$64.00
XWK	65904	Non-Exempt		01/17/2020	2020	\$0.00	\$160.00	\$0.00	\$64.00

XWK	65904	Non-Exempt		01/31/2020	2020	\$0.00	\$160.00	\$0.00	\$64.00
XWK	65904	Non-Exempt		02/14/2020	2020	\$0.00	\$160.00	\$0.00	\$64.00
XWK	65904	Non-Exempt		02/28/2020	2020	\$0.00	\$160.00	\$0.00	\$64.00
XWK	65904	Non-Exempt		03/13/2020	2020	\$0.00	\$172.33	\$0.00	\$68.93
XWK	65904	Non-Exempt		03/27/2020	2020	\$0.00	\$172.33	\$0.00	\$68.93
XWK	65904	Non-Exempt		04/09/2020	2020	\$0.00	\$172.33	\$0.00	\$68.93
XWK	65904	Non-Exempt		04/24/2020	2020	\$0.00	\$172.33	\$0.00	\$68.93
XWK	65904	Non-Exempt		05/08/2020	2020	\$0.00	\$172.33	\$0.00	\$68.93
XWK	65904	Non-Exempt		05/22/2020	2020	\$0.00	\$172.33	\$0.00	\$68.93
XWK	65904	Non-Exempt		06/05/2020	2020	\$0.00	\$172.33	\$0.00	\$68.93
XWK	65904	Non-Exempt		06/19/2020	2020	\$0.00	\$172.33	\$0.00	\$68.93
XWK	65904	Non-Exempt		07/02/2020	2020	\$0.00	\$172.33	\$0.00	\$68.93
XWK	65904	Non-Exempt		07/17/2020	2020	\$0.00	\$172.33	\$0.00	\$68.93
XWK	65904	Non-Exempt		07/31/2020	2020	\$0.00	\$172.33	\$0.00	\$68.93
XWK	65904	Non-Exempt		08/14/2020	2020	\$0.00	\$172.33	\$0.00	\$68.93
XWK	65904	Non-Exempt		08/28/2020	2020	\$0.00	\$172.33	\$0.00	\$68.93
XWK	65904	Non-Exempt		09/11/2020	2020	\$0.00	\$172.33	\$0.00	\$68.93
XWK	65904	Non-Exempt		09/25/2020	2020	\$0.00	\$172.33	\$0.00	\$68.93
XWK	65904	Non-Exempt		10/09/2020	2020	\$0.00	\$172.33	\$0.00	\$68.93
XWK	65904	Non-Exempt		10/23/2020	2020	\$0.00	\$172.33	\$0.00	\$68.93
XWK	65904	Non-Exempt		11/06/2020	2020	\$0.00	\$172.33	\$0.00	\$68.93
XWK	65904	Non-Exempt		11/20/2020	2020	\$0.00	\$172.33	\$0.00	\$68.93
XWK	65904	Non-Exempt		12/04/2020	2020	\$0.00	\$172.33	\$0.00	\$68.93
XWK	65904	Non-Exempt		12/18/2020	2020	\$0.00	\$172.33	\$0.00	\$68.93
XWK	65904	Non-Exempt		12/31/2020	2020	\$0.00	\$172.33	\$0.00	\$68.93
XWK	65905	Non-Exempt		01/18/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65905	Non-Exempt		02/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65905	Non-Exempt		02/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65905	Non-Exempt		03/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65905	Non-Exempt		03/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65905	Non-Exempt		03/29/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65905	Non-Exempt		04/12/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65905	Non-Exempt		04/26/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65905	Non-Exempt		05/10/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65905	Non-Exempt		05/24/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65905	Non-Exempt		06/07/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65905	Non-Exempt		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65905	Non-Exempt		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65905	Non-Exempt		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65905	Non-Exempt		08/02/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65905	Non-Exempt		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65905	Non-Exempt		08/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65905	Non-Exempt		09/13/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65905	Non-Exempt		09/27/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65905	Non-Exempt		10/11/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65905	Non-Exempt		10/25/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00

XWK	65905	Non-Exempt		11/08/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65905	Non-Exempt		11/22/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65905	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65905	Non-Exempt		12/20/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65905	Non-Exempt		01/03/2020	2020	\$0.00	\$27.69	\$0.00	\$27.69
XWK	65905	Non-Exempt		01/17/2020	2020	\$0.00	\$27.69	\$0.00	\$27.69
XWK	65905	Non-Exempt		01/31/2020	2020	\$0.00	\$27.69	\$0.00	\$27.69
XWK	65905	Non-Exempt		02/14/2020	2020	\$0.00	\$27.69	\$0.00	\$27.69
XWK	65905	Non-Exempt		02/28/2020	2020	\$0.00	\$27.69	\$0.00	\$27.69
XWK	65905	Non-Exempt		03/13/2020	2020	\$0.00	\$28.38	\$0.00	\$28.38
XWK	65905	Non-Exempt		03/27/2020	2020	\$0.00	\$28.38	\$0.00	\$28.38
XWK	65905	Non-Exempt		04/09/2020	2020	\$0.00	\$28.38	\$0.00	\$28.38
XWK	65905	Non-Exempt		04/24/2020	2020	\$0.00	\$28.38	\$0.00	\$28.38
XWK	65905	Non-Exempt		05/08/2020	2020	\$0.00	\$28.38	\$0.00	\$28.38
XWK	65905	Non-Exempt		05/22/2020	2020	\$0.00	\$28.38	\$0.00	\$28.38
XWK	65905	Non-Exempt		06/05/2020	2020	\$0.00	\$28.38	\$0.00	\$28.38
XWK	65905	Non-Exempt		06/19/2020	2020	\$0.00	\$28.38	\$0.00	\$28.38
XWK	65905	Non-Exempt		07/02/2020	2020	\$0.00	\$28.38	\$0.00	\$28.38
XWK	65905	Non-Exempt		07/17/2020	2020	\$0.00	\$28.38	\$0.00	\$28.38
XWK	65905	Non-Exempt		07/31/2020	2020	\$0.00	\$28.38	\$0.00	\$28.38
XWK	65905	Non-Exempt		08/14/2020	2020	\$0.00	\$28.38	\$0.00	\$28.38
XWK	65905	Non-Exempt		08/28/2020	2020	\$0.00	\$28.38	\$0.00	\$28.38
XWK	65905	Non-Exempt		09/11/2020	2020	\$0.00	\$28.38	\$0.00	\$28.38
XWK	65905	Non-Exempt		09/25/2020	2020	\$0.00	\$28.38	\$0.00	\$28.38
XWK	65905	Non-Exempt		10/09/2020	2020	\$0.00	\$28.38	\$0.00	\$28.38
XWK	65905	Non-Exempt		10/23/2020	2020	\$0.00	\$28.38	\$0.00	\$28.38
XWK	65905	Non-Exempt		11/06/2020	2020	\$0.00	\$28.38	\$0.00	\$28.38
XWK	65905	Non-Exempt		11/20/2020	2020	\$0.00	\$28.38	\$0.00	\$28.38
XWK	65905	Non-Exempt		12/04/2020	2020	\$0.00	\$28.38	\$0.00	\$28.38
XWK	65905	Non-Exempt		12/18/2020	2020	\$0.00	\$28.38	\$0.00	\$28.38
XWK	65905	Non-Exempt		12/31/2020	2020	\$0.00	\$28.38	\$0.00	\$28.38
XWK	65906	Non-Exempt		01/18/2019	2019	\$0.00	\$113.26	\$0.00	\$56.63
XWK	65906	Non-Exempt		02/01/2019	2019	\$0.00	\$125.84	\$0.00	\$62.92
XWK	65906	Non-Exempt		02/15/2019	2019	\$0.00	\$125.84	\$0.00	\$62.92
XWK	65906	Non-Exempt		03/01/2019	2019	\$0.00	\$125.84	\$0.00	\$62.92
XWK	65906	Non-Exempt		03/15/2019	2019	\$0.00	\$129.54	\$0.00	\$64.77
XWK	65906	Non-Exempt		03/29/2019	2019	\$0.00	\$129.54	\$0.00	\$64.77
XWK	65906	Non-Exempt		03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65906	Non-Exempt		04/12/2019	2019	\$0.00	\$129.54	\$0.00	\$64.77
XWK	65906	Non-Exempt		04/26/2019	2019	\$0.00	\$129.54	\$0.00	\$64.77
XWK	65906	Non-Exempt		05/10/2019	2019	\$0.00	\$129.54	\$0.00	\$64.77
XWK	65906	Non-Exempt		05/24/2019	2019	\$0.00	\$129.54	\$0.00	\$64.77
XWK	65906	Non-Exempt		06/07/2019	2019	\$0.00	\$129.54	\$0.00	\$64.77
XWK	65906	Non-Exempt		06/21/2019	2019	\$0.00	\$129.54	\$0.00	\$64.77
XWK	65906	Non-Exempt		07/05/2019	2019	\$0.00	\$129.54	\$0.00	\$64.77
XWK	65906	Non-Exempt		07/19/2019	2019	\$0.00	\$129.54	\$0.00	\$64.77

XWK	65906	Non-Exempt		08/02/2019	2019	\$0.00	\$129.54	\$0.00	\$64.77
XWK	65906	Non-Exempt		08/16/2019	2019	\$0.00	\$129.54	\$0.00	\$64.77
XWK	65906	Non-Exempt		08/30/2019	2019	\$0.00	\$129.54	\$0.00	\$64.77
XWK	65906	Non-Exempt		09/13/2019	2019	\$0.00	\$129.54	\$0.00	\$64.77
XWK	65906	Non-Exempt		09/27/2019	2019	\$0.00	\$129.54	\$0.00	\$64.77
XWK	65906	Non-Exempt		10/11/2019	2019	\$0.00	\$129.54	\$0.00	\$64.77
XWK	65906	Non-Exempt		10/25/2019	2019	\$0.00	\$129.54	\$0.00	\$64.77
XWK	65906	Non-Exempt		11/08/2019	2019	\$0.00	\$129.54	\$0.00	\$64.77
XWK	65906	Non-Exempt		11/22/2019	2019	\$0.00	\$129.54	\$0.00	\$64.77
XWK	65906	Non-Exempt		12/06/2019	2019	\$0.00	\$129.54	\$0.00	\$64.77
XWK	65906	Non-Exempt		12/20/2019	2019	\$0.00	\$129.54	\$0.00	\$64.77
XWK	65906	Non-Exempt		01/03/2020	2020	\$0.00	\$129.54	\$0.00	\$64.77
XWK	65906	Non-Exempt		01/17/2020	2020	\$0.00	\$129.54	\$0.00	\$64.77
XWK	65906	Non-Exempt		01/31/2020	2020	\$0.00	\$129.54	\$0.00	\$64.77
XWK	65906	Non-Exempt		02/14/2020	2020	\$0.00	\$129.54	\$0.00	\$64.77
XWK	65906	Non-Exempt		02/28/2020	2020	\$0.00	\$129.54	\$0.00	\$64.77
XWK	65906	Non-Exempt		03/13/2020	2020	\$0.00	\$140.60	\$0.00	\$70.31
XWK	65906	Non-Exempt		03/27/2020	2020	\$0.00	\$140.60	\$0.00	\$70.31
XWK	65906	Non-Exempt		04/09/2020	2020	\$0.00	\$140.60	\$0.00	\$70.31
XWK	65906	Non-Exempt		04/24/2020	2020	\$0.00	\$140.60	\$0.00	\$70.31
XWK	65906	Non-Exempt		05/08/2020	2020	\$0.00	\$140.60	\$0.00	\$70.31
XWK	65906	Non-Exempt		05/22/2020	2020	\$0.00	\$140.60	\$0.00	\$70.31
XWK	65906	Non-Exempt		06/05/2020	2020	\$0.00	\$140.60	\$0.00	\$70.31
XWK	65906	Non-Exempt		06/19/2020	2020	\$0.00	\$140.60	\$0.00	\$70.31
XWK	65906	Non-Exempt		07/02/2020	2020	\$0.00	\$140.60	\$0.00	\$70.31
XWK	65906	Non-Exempt		07/17/2020	2020	\$0.00	\$140.60	\$0.00	\$70.31
XWK	65906	Non-Exempt		07/31/2020	2020	\$0.00	\$140.60	\$0.00	\$70.31
XWK	65906	Non-Exempt		08/14/2020	2020	\$0.00	\$140.60	\$0.00	\$70.31
XWK	65906	Non-Exempt		08/28/2020	2020	\$0.00	\$140.60	\$0.00	\$70.31
XWK	65906	Non-Exempt		09/11/2020	2020	\$0.00	\$140.60	\$0.00	\$70.31
XWK	65906	Non-Exempt		09/25/2020	2020	\$0.00	\$140.60	\$0.00	\$70.31
XWK	65906	Non-Exempt		10/09/2020	2020	\$0.00	\$140.60	\$0.00	\$70.31
XWK	65906	Non-Exempt		10/23/2020	2020	\$0.00	\$140.60	\$0.00	\$70.31
XWK	65906	Non-Exempt		11/06/2020	2020	\$0.00	\$140.60	\$0.00	\$70.31
XWK	65906	Non-Exempt		11/20/2020	2020	\$0.00	\$140.60	\$0.00	\$70.31
XWK	65906	Non-Exempt		12/04/2020	2020	\$0.00	\$140.60	\$0.00	\$70.31
XWK	65906	Non-Exempt		12/18/2020	2020	\$0.00	\$140.60	\$0.00	\$70.31
XWK	65906	Non-Exempt		12/31/2020	2020	\$0.00	\$140.60	\$0.00	\$70.31
XWK	65908	Non-Exempt		01/18/2019	2019	\$0.00	\$46.66	\$0.00	\$46.66
XWK	65908	Non-Exempt		02/01/2019	2019	\$0.00	\$51.85	\$0.00	\$51.85
XWK	65908	Non-Exempt		02/15/2019	2019	\$0.00	\$51.85	\$0.00	\$51.85
XWK	65908	Non-Exempt		03/01/2019	2019	\$0.00	\$51.85	\$0.00	\$51.85
XWK	65908	Non-Exempt		03/15/2019	2019	\$0.00	\$54.15	\$0.00	\$54.15
XWK	65908	Non-Exempt		03/29/2019	2019	\$0.00	\$54.15	\$0.00	\$54.15
XWK	65908	Non-Exempt		04/12/2019	2019	\$0.00	\$54.15	\$0.00	\$54.15
XWK	65908	Non-Exempt		04/26/2019	2019	\$0.00	\$54.15	\$0.00	\$54.15

XWK	65908	Non-Exempt		05/10/2019	2019	\$0.00	\$54.15	\$0.00	\$54.15
XWK	65908	Non-Exempt		05/24/2019	2019	\$0.00	\$54.15	\$0.00	\$54.15
XWK	65908	Non-Exempt		06/07/2019	2019	\$0.00	\$54.15	\$0.00	\$54.15
XWK	65908	Non-Exempt		06/21/2019	2019	\$0.00	\$54.15	\$0.00	\$54.15
XWK	65908	Non-Exempt		07/05/2019	2019	\$0.00	\$54.15	\$0.00	\$54.15
XWK	65908	Non-Exempt		07/19/2019	2019	\$0.00	\$54.15	\$0.00	\$54.15
XWK	65908	Non-Exempt		08/02/2019	2019	\$0.00	\$54.15	\$0.00	\$54.15
XWK	65908	Non-Exempt		08/16/2019	2019	\$0.00	\$54.15	\$0.00	\$54.15
XWK	65908	Non-Exempt		08/30/2019	2019	\$0.00	\$57.70	\$0.00	\$57.70
XWK	65908	Non-Exempt		09/13/2019	2019	\$0.00	\$57.70	\$0.00	\$57.70
XWK	65908	Non-Exempt		09/27/2019	2019	\$0.00	\$57.70	\$0.00	\$57.70
XWK	65908	Non-Exempt		10/11/2019	2019	\$0.00	\$57.70	\$0.00	\$57.70
XWK	65908	Non-Exempt		10/25/2019	2019	\$0.00	\$57.70	\$0.00	\$57.70
XWK	65908	Non-Exempt		11/08/2019	2019	\$0.00	\$57.70	\$0.00	\$57.70
XWK	65908	Non-Exempt		11/22/2019	2019	\$0.00	\$57.70	\$0.00	\$57.70
XWK	65908	Non-Exempt		12/06/2019	2019	\$0.00	\$57.70	\$0.00	\$57.70
XWK	65908	Non-Exempt		12/20/2019	2019	\$0.00	\$57.70	\$0.00	\$57.70
XWK	65908	Non-Exempt		01/03/2020	2020	\$0.00	\$57.69	\$0.00	\$57.69
XWK	65908	Non-Exempt		01/17/2020	2020	\$0.00	\$57.69	\$0.00	\$57.69
XWK	65908	Non-Exempt		01/31/2020	2020	\$0.00	\$57.69	\$0.00	\$57.69
XWK	65908	Non-Exempt		02/14/2020	2020	\$0.00	\$57.69	\$0.00	\$57.69
XWK	65908	Non-Exempt		02/28/2020	2020	\$0.00	\$57.69	\$0.00	\$57.69
XWK	65908	Non-Exempt		03/13/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65908	Non-Exempt		03/27/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65908	Non-Exempt		04/09/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65908	Non-Exempt		04/24/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65908	Non-Exempt		05/08/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65908	Non-Exempt		05/22/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65908	Non-Exempt		06/05/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65908	Non-Exempt		06/19/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65908	Non-Exempt		07/02/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65908	Non-Exempt		07/17/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65908	Non-Exempt		07/31/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65908	Non-Exempt		08/14/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65908	Non-Exempt		08/28/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65908	Non-Exempt		09/11/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65908	Non-Exempt		09/25/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65908	Non-Exempt		10/09/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65908	Non-Exempt		10/23/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65908	Non-Exempt		11/06/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65908	Non-Exempt		11/20/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65908	Non-Exempt		12/04/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65908	Non-Exempt		12/18/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65908	Non-Exempt		12/31/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65911	Non-Exempt		01/18/2019	2019	\$0.00	\$11.46	\$0.00	\$11.46
XWK	65911	Non-Exempt		02/01/2019	2019	\$0.00	\$12.73	\$0.00	\$12.73

XWK	65911	Non-Exempt		02/15/2019	2019	\$0.00	\$12.73	\$0.00	\$12.73
XWK	65911	Non-Exempt		03/01/2019	2019	\$0.00	\$12.73	\$0.00	\$12.73
XWK	65911	Non-Exempt		03/15/2019	2019	\$0.00	\$13.12	\$0.00	\$13.12
XWK	65911	Non-Exempt		03/29/2019	2019	\$0.00	\$13.12	\$0.00	\$13.12
XWK	65911	Non-Exempt		04/12/2019	2019	\$0.00	\$13.12	\$0.00	\$13.12
XWK	65911	Non-Exempt		04/26/2019	2019	\$0.00	\$13.12	\$0.00	\$13.12
XWK	65911	Non-Exempt		05/10/2019	2019	\$0.00	\$13.12	\$0.00	\$13.12
XWK	65911	Non-Exempt		05/24/2019	2019	\$0.00	\$13.12	\$0.00	\$13.12
XWK	65911	Non-Exempt		06/07/2019	2019	\$0.00	\$13.12	\$0.00	\$13.12
XWK	65911	Non-Exempt		06/21/2019	2019	\$0.00	\$13.12	\$0.00	\$13.12
XWK	65911	Non-Exempt		07/05/2019	2019	\$0.00	\$13.12	\$0.00	\$13.12
XWK	65911	Non-Exempt		07/19/2019	2019	\$0.00	\$13.12	\$0.00	\$13.12
XWK	65911	Non-Exempt		08/02/2019	2019	\$0.00	\$13.12	\$0.00	\$13.12
XWK	65911	Non-Exempt		08/16/2019	2019	\$0.00	\$13.12	\$0.00	\$13.12
XWK	65911	Non-Exempt		08/30/2019	2019	\$0.00	\$13.12	\$0.00	\$13.12
XWK	65911	Non-Exempt		09/13/2019	2019	\$0.00	\$13.12	\$0.00	\$13.12
XWK	65911	Non-Exempt		09/27/2019	2019	\$0.00	\$13.12	\$0.00	\$13.12
XWK	65911	Non-Exempt		10/11/2019	2019	\$0.00	\$13.12	\$0.00	\$13.12
XWK	65911	Non-Exempt		10/25/2019	2019	\$0.00	\$13.12	\$0.00	\$13.12
XWK	65911	Non-Exempt		11/08/2019	2019	\$0.00	\$13.12	\$0.00	\$13.12
XWK	65911	Non-Exempt		11/22/2019	2019	\$0.00	\$13.12	\$0.00	\$13.12
XWK	65911	Non-Exempt		12/06/2019	2019	\$0.00	\$13.12	\$0.00	\$13.12
XWK	65911	Non-Exempt		12/20/2019	2019	\$0.00	\$13.12	\$0.00	\$13.12
XWK	65911	Non-Exempt		01/03/2020	2020	\$0.00	\$13.12	\$0.00	\$13.12
XWK	65911	Non-Exempt		01/17/2020	2020	\$0.00	\$13.12	\$0.00	\$13.12
XWK	65911	Non-Exempt		01/31/2020	2020	\$0.00	\$13.12	\$0.00	\$13.12
XWK	65911	Non-Exempt		02/14/2020	2020	\$0.00	\$13.12	\$0.00	\$13.12
XWK	65911	Non-Exempt		02/28/2020	2020	\$0.00	\$13.12	\$0.00	\$13.12
XWK	65911	Non-Exempt		03/13/2020	2020	\$0.00	\$13.46	\$0.00	\$13.46
XWK	65911	Non-Exempt		03/27/2020	2020	\$0.00	\$13.46	\$0.00	\$13.46
XWK	65911	Non-Exempt		04/09/2020	2020	\$0.00	\$13.46	\$0.00	\$13.46
XWK	65911	Non-Exempt		04/24/2020	2020	\$0.00	\$13.46	\$0.00	\$13.46
XWK	65911	Non-Exempt		05/08/2020	2020	\$0.00	\$13.46	\$0.00	\$13.46
XWK	65911	Non-Exempt		05/22/2020	2020	\$0.00	\$13.46	\$0.00	\$13.46
XWK	65911	Non-Exempt		06/05/2020	2020	\$0.00	\$13.46	\$0.00	\$13.46
XWK	65911	Non-Exempt		06/19/2020	2020	\$0.00	\$13.46	\$0.00	\$13.46
XWK	65911	Non-Exempt		07/02/2020	2020	\$0.00	\$13.46	\$0.00	\$13.46
XWK	65911	Non-Exempt		07/17/2020	2020	\$0.00	\$13.46	\$0.00	\$13.46
XWK	65911	Non-Exempt		07/31/2020	2020	\$0.00	\$13.46	\$0.00	\$13.46
XWK	65911	Non-Exempt		08/14/2020	2020	\$0.00	\$13.46	\$0.00	\$13.46
XWK	65911	Non-Exempt		08/28/2020	2020	\$0.00	\$13.46	\$0.00	\$13.46
XWK	65911	Non-Exempt		09/11/2020	2020	\$0.00	\$13.46	\$0.00	\$13.46
XWK	65911	Non-Exempt		09/25/2020	2020	\$0.00	\$13.46	\$0.00	\$13.46
XWK	65911	Non-Exempt		10/09/2020	2020	\$0.00	\$13.46	\$0.00	\$13.46
XWK	65911	Non-Exempt		10/23/2020	2020	\$0.00	\$13.46	\$0.00	\$13.46
XWK	65911	Non-Exempt		11/06/2020	2020	\$0.00	\$13.46	\$0.00	\$13.46

XWK	65911	Non-Exempt		11/20/2020	2020	\$0.00	\$13.46	\$0.00	\$13.46
XWK	65911	Non-Exempt		12/04/2020	2020	\$0.00	\$13.46	\$0.00	\$13.46
XWK	65911	Non-Exempt		12/18/2020	2020	\$0.00	\$13.46	\$0.00	\$13.46
XWK	65911	Non-Exempt		12/31/2020	2020	\$0.00	\$13.46	\$0.00	\$13.46
XWK	65915	Non-Exempt		01/18/2019	2019	\$0.00	\$42.78	\$0.00	\$42.78
XWK	65915	Non-Exempt		02/01/2019	2019	\$0.00	\$47.54	\$0.00	\$47.54
XWK	65915	Non-Exempt		02/15/2019	2019	\$0.00	\$47.54	\$0.00	\$47.54
XWK	65915	Non-Exempt		03/01/2019	2019	\$0.00	\$47.54	\$0.00	\$47.54
XWK	65915	Non-Exempt		03/15/2019	2019	\$0.00	\$49.08	\$0.00	\$49.08
XWK	65915	Non-Exempt		03/29/2019	2019	\$0.00	\$49.08	\$0.00	\$49.08
XWK	65915	Non-Exempt		04/12/2019	2019	\$0.00	\$49.08	\$0.00	\$49.08
XWK	65915	Non-Exempt		04/26/2019	2019	\$0.00	\$49.08	\$0.00	\$49.08
XWK	65915	Non-Exempt		05/10/2019	2019	\$0.00	\$49.08	\$0.00	\$49.08
XWK	65915	Non-Exempt		05/24/2019	2019	\$0.00	\$49.08	\$0.00	\$49.08
XWK	65915	Non-Exempt		06/07/2019	2019	\$0.00	\$49.08	\$0.00	\$49.08
XWK	65915	Non-Exempt		06/21/2019	2019	\$0.00	\$49.08	\$0.00	\$49.08
XWK	65915	Non-Exempt		07/05/2019	2019	\$0.00	\$49.08	\$0.00	\$49.08
XWK	65915	Non-Exempt		07/19/2019	2019	\$0.00	\$49.08	\$0.00	\$49.08
XWK	65915	Non-Exempt		08/02/2019	2019	\$0.00	\$49.08	\$0.00	\$49.08
XWK	65915	Non-Exempt		08/16/2019	2019	\$0.00	\$49.08	\$0.00	\$49.08
XWK	65915	Non-Exempt		08/30/2019	2019	\$0.00	\$49.08	\$0.00	\$49.08
XWK	65915	Non-Exempt		09/13/2019	2019	\$0.00	\$49.08	\$0.00	\$49.08
XWK	65915	Non-Exempt		09/27/2019	2019	\$0.00	\$49.08	\$0.00	\$49.08
XWK	65915	Non-Exempt		10/11/2019	2019	\$0.00	\$49.08	\$0.00	\$49.08
XWK	65915	Non-Exempt		10/25/2019	2019	\$0.00	\$49.08	\$0.00	\$49.08
XWK	65915	Non-Exempt		11/08/2019	2019	\$0.00	\$49.08	\$0.00	\$49.08
XWK	65915	Non-Exempt		11/22/2019	2019	\$0.00	\$49.08	\$0.00	\$49.08
XWK	65915	Non-Exempt		12/06/2019	2019	\$0.00	\$49.08	\$0.00	\$49.08
XWK	65915	Non-Exempt		12/20/2019	2019	\$0.00	\$49.08	\$0.00	\$49.08
XWK	65915	Non-Exempt		01/03/2020	2020	\$0.00	\$49.08	\$0.00	\$49.08
XWK	65915	Non-Exempt		01/17/2020	2020	\$0.00	\$49.08	\$0.00	\$49.08
XWK	65915	Non-Exempt		01/31/2020	2020	\$0.00	\$49.08	\$0.00	\$49.08
XWK	65915	Non-Exempt		02/14/2020	2020	\$0.00	\$49.08	\$0.00	\$49.08
XWK	65915	Non-Exempt		02/28/2020	2020	\$0.00	\$49.08	\$0.00	\$49.08
XWK	65915	Non-Exempt		03/13/2020	2020	\$0.00	\$50.91	\$0.00	\$50.91
XWK	65915	Non-Exempt		03/27/2020	2020	\$0.00	\$50.91	\$0.00	\$50.91
XWK	65915	Non-Exempt		04/09/2020	2020	\$0.00	\$50.91	\$0.00	\$50.91
XWK	65915	Non-Exempt		04/24/2020	2020	\$0.00	\$50.91	\$0.00	\$50.91
XWK	65915	Non-Exempt		05/08/2020	2020	\$0.00	\$50.91	\$0.00	\$50.91
XWK	65915	Non-Exempt		05/22/2020	2020	\$0.00	\$50.91	\$0.00	\$50.91
XWK	65915	Non-Exempt		06/05/2020	2020	\$0.00	\$50.91	\$0.00	\$50.91
XWK	65915	Non-Exempt		06/19/2020	2020	\$0.00	\$50.91	\$0.00	\$50.91
XWK	65915	Non-Exempt		07/02/2020	2020	\$0.00	\$50.91	\$0.00	\$50.91
XWK	65915	Non-Exempt		07/17/2020	2020	\$0.00	\$50.91	\$0.00	\$50.91
XWK	65915	Non-Exempt		07/31/2020	2020	\$0.00	\$50.91	\$0.00	\$50.91
XWK	65915	Non-Exempt		08/14/2020	2020	\$0.00	\$50.91	\$0.00	\$50.91

XWK	65915	Non-Exempt		08/28/2020	2020	\$0.00	\$50.91	\$0.00	\$50.91
XWK	65915	Non-Exempt		09/11/2020	2020	\$0.00	\$50.91	\$0.00	\$50.91
XWK	65915	Non-Exempt		09/25/2020	2020	\$0.00	\$50.91	\$0.00	\$50.91
XWK	65915	Non-Exempt		10/09/2020	2020	\$0.00	\$50.91	\$0.00	\$50.91
XWK	65915	Non-Exempt		10/23/2020	2020	\$0.00	\$50.91	\$0.00	\$50.91
XWK	65915	Non-Exempt		11/06/2020	2020	\$0.00	\$50.91	\$0.00	\$50.91
XWK	65915	Non-Exempt		11/20/2020	2020	\$0.00	\$50.91	\$0.00	\$50.91
XWK	65915	Non-Exempt		12/04/2020	2020	\$0.00	\$50.91	\$0.00	\$50.91
XWK	65915	Non-Exempt		12/18/2020	2020	\$0.00	\$50.91	\$0.00	\$50.91
XWK	65915	Non-Exempt		12/31/2020	2020	\$0.00	\$50.91	\$0.00	\$50.91
XWK	65916	Non-Exempt		01/18/2019	2019	\$0.00	\$41.95	\$0.00	\$41.95
XWK	65916	Non-Exempt		02/01/2019	2019	\$0.00	\$46.62	\$0.00	\$46.62
XWK	65916	Non-Exempt		02/15/2019	2019	\$0.00	\$46.62	\$0.00	\$46.62
XWK	65916	Non-Exempt		03/01/2019	2019	\$0.00	\$46.62	\$0.00	\$46.62
XWK	65916	Non-Exempt		03/15/2019	2019	\$0.00	\$48.00	\$0.00	\$48.00
XWK	65916	Non-Exempt		03/29/2019	2019	\$0.00	\$48.00	\$0.00	\$48.00
XWK	65916	Non-Exempt		04/12/2019	2019	\$0.00	\$48.00	\$0.00	\$48.00
XWK	65916	Non-Exempt		04/26/2019	2019	\$0.00	\$48.00	\$0.00	\$48.00
XWK	65916	Non-Exempt		05/10/2019	2019	\$0.00	\$48.00	\$0.00	\$48.00
XWK	65916	Non-Exempt		05/24/2019	2019	\$0.00	\$48.00	\$0.00	\$48.00
XWK	65916	Non-Exempt		06/07/2019	2019	\$0.00	\$48.00	\$0.00	\$48.00
XWK	65916	Non-Exempt		06/21/2019	2019	\$0.00	\$48.00	\$0.00	\$48.00
XWK	65916	Non-Exempt		07/05/2019	2019	\$0.00	\$48.00	\$0.00	\$48.00
XWK	65916	Non-Exempt		07/19/2019	2019	\$0.00	\$48.00	\$0.00	\$48.00
XWK	65916	Non-Exempt		08/02/2019	2019	\$0.00	\$48.00	\$0.00	\$48.00
XWK	65916	Non-Exempt		08/16/2019	2019	\$0.00	\$48.00	\$0.00	\$48.00
XWK	65916	Non-Exempt		08/30/2019	2019	\$0.00	\$48.00	\$0.00	\$48.00
XWK	65916	Non-Exempt		09/13/2019	2019	\$0.00	\$48.00	\$0.00	\$48.00
XWK	65916	Non-Exempt		09/27/2019	2019	\$0.00	\$19.50	\$0.00	\$19.50
XWK	65916	Non-Exempt		10/11/2019	2019	\$0.00	\$24.00	\$0.00	\$24.00
XWK	65916	Non-Exempt		10/25/2019	2019	\$0.00	\$48.00	\$0.00	\$48.00
XWK	65916	Non-Exempt		11/08/2019	2019	\$0.00	\$48.00	\$0.00	\$48.00
XWK	65916	Non-Exempt		11/22/2019	2019	\$0.00	\$48.00	\$0.00	\$48.00
XWK	65916	Non-Exempt		12/06/2019	2019	\$0.00	\$48.00	\$0.00	\$48.00
XWK	65916	Non-Exempt		12/20/2019	2019	\$0.00	\$48.00	\$0.00	\$48.00
XWK	65916	Non-Exempt		01/03/2020	2020	\$0.00	\$48.00	\$0.00	\$48.00
XWK	65916	Non-Exempt		01/17/2020	2020	\$0.00	\$48.00	\$0.00	\$48.00
XWK	65916	Non-Exempt		01/31/2020	2020	\$0.00	\$48.00	\$0.00	\$48.00
XWK	65916	Non-Exempt		02/14/2020	2020	\$0.00	\$48.00	\$0.00	\$48.00
XWK	65916	Non-Exempt		02/28/2020	2020	\$0.00	\$48.00	\$0.00	\$48.00
XWK	65916	Non-Exempt		03/13/2020	2020	\$0.00	\$49.22	\$0.00	\$49.22
XWK	65916	Non-Exempt		03/27/2020	2020	\$0.00	\$49.22	\$0.00	\$49.22
XWK	65916	Non-Exempt		04/09/2020	2020	\$0.00	\$49.22	\$0.00	\$49.22
XWK	65916	Non-Exempt		04/24/2020	2020	\$0.00	\$49.22	\$0.00	\$49.22
XWK	65916	Non-Exempt		05/08/2020	2020	\$0.00	\$49.22	\$0.00	\$49.22
XWK	65916	Non-Exempt		05/22/2020	2020	\$0.00	\$49.22	\$0.00	\$49.22

XWK	65916	Non-Exempt		06/05/2020	2020	\$0.00	\$49.22	\$0.00	\$49.22
XWK	65916	Non-Exempt		06/19/2020	2020	\$0.00	\$49.22	\$0.00	\$49.22
XWK	65916	Non-Exempt		12/18/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65916	Non-Exempt		12/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65917	Non-Exempt		01/18/2019	2019	\$0.00	\$120.18	\$0.00	\$68.68
XWK	65917	Non-Exempt		02/01/2019	2019	\$0.00	\$133.54	\$0.00	\$76.31
XWK	65917	Non-Exempt		02/15/2019	2019	\$0.00	\$133.54	\$0.00	\$76.31
XWK	65917	Non-Exempt		03/01/2019	2019	\$0.00	\$133.54	\$0.00	\$76.31
XWK	65917	Non-Exempt		03/15/2019	2019	\$0.00	\$138.38	\$0.00	\$79.08
XWK	65917	Non-Exempt		03/29/2019	2019	\$0.00	\$138.38	\$0.00	\$79.08
XWK	65917	Non-Exempt		04/12/2019	2019	\$0.00	\$138.38	\$0.00	\$79.08
XWK	65917	Non-Exempt		04/26/2019	2019	\$0.00	\$138.38	\$0.00	\$79.08
XWK	65917	Non-Exempt		05/10/2019	2019	\$0.00	\$138.38	\$0.00	\$79.08
XWK	65917	Non-Exempt		05/24/2019	2019	\$0.00	\$138.38	\$0.00	\$79.08
XWK	65917	Non-Exempt		06/07/2019	2019	\$0.00	\$138.38	\$0.00	\$79.08
XWK	65917	Non-Exempt		06/21/2019	2019	\$0.00	\$138.38	\$0.00	\$79.08
XWK	65917	Non-Exempt		07/05/2019	2019	\$0.00	\$138.38	\$0.00	\$79.08
XWK	65917	Non-Exempt		07/19/2019	2019	\$0.00	\$138.38	\$0.00	\$79.08
XWK	65917	Non-Exempt		08/02/2019	2019	\$0.00	\$138.38	\$0.00	\$79.08
XWK	65917	Non-Exempt		08/16/2019	2019	\$0.00	\$138.38	\$0.00	\$79.08
XWK	65917	Non-Exempt		08/30/2019	2019	\$0.00	\$138.38	\$0.00	\$79.08
XWK	65917	Non-Exempt		09/13/2019	2019	\$0.00	\$138.38	\$0.00	\$79.08
XWK	65917	Non-Exempt		09/27/2019	2019	\$0.00	\$138.38	\$0.00	\$79.08
XWK	65917	Non-Exempt		10/11/2019	2019	\$0.00	\$138.38	\$0.00	\$79.08
XWK	65917	Non-Exempt		10/25/2019	2019	\$0.00	\$138.38	\$0.00	\$79.08
XWK	65917	Non-Exempt		11/08/2019	2019	\$0.00	\$138.38	\$0.00	\$79.08
XWK	65917	Non-Exempt		11/22/2019	2019	\$0.00	\$138.38	\$0.00	\$79.08
XWK	65917	Non-Exempt		12/06/2019	2019	\$0.00	\$138.38	\$0.00	\$79.08
XWK	65917	Non-Exempt		12/20/2019	2019	\$0.00	\$138.38	\$0.00	\$79.08
XWK	65917	Non-Exempt		01/03/2020	2020	\$0.00	\$138.38	\$0.00	\$79.07
XWK	65917	Non-Exempt		01/17/2020	2020	\$0.00	\$138.38	\$0.00	\$79.07
XWK	65917	Non-Exempt		01/31/2020	2020	\$0.00	\$138.38	\$0.00	\$79.07
XWK	65917	Non-Exempt		02/14/2020	2020	\$0.00	\$138.38	\$0.00	\$79.07
XWK	65917	Non-Exempt		02/28/2020	2020	\$0.00	\$138.38	\$0.00	\$79.07
XWK	65917	Non-Exempt		03/13/2020	2020	\$0.00	\$149.13	\$0.00	\$85.22
XWK	65917	Non-Exempt		03/27/2020	2020	\$0.00	\$149.13	\$0.00	\$85.22
XWK	65917	Non-Exempt		04/09/2020	2020	\$0.00	\$149.13	\$0.00	\$85.22
XWK	65917	Non-Exempt		04/24/2020	2020	\$0.00	\$149.13	\$0.00	\$85.22
XWK	65917	Non-Exempt		05/08/2020	2020	\$0.00	\$149.13	\$0.00	\$85.22
XWK	65917	Non-Exempt		05/22/2020	2020	\$0.00	\$149.13	\$0.00	\$85.22
XWK	65917	Non-Exempt		06/05/2020	2020	\$0.00	\$149.13	\$0.00	\$85.22
XWK	65917	Non-Exempt		06/19/2020	2020	\$0.00	\$149.13	\$0.00	\$85.22
XWK	65917	Non-Exempt		07/02/2020	2020	\$0.00	\$149.13	\$0.00	\$85.22
XWK	65917	Non-Exempt		07/17/2020	2020	\$0.00	\$149.13	\$0.00	\$85.22
XWK	65917	Non-Exempt		07/31/2020	2020	\$0.00	\$149.13	\$0.00	\$85.22
XWK	65917	Non-Exempt		08/14/2020	2020	\$0.00	\$149.13	\$0.00	\$85.22

XWK	65917	Non-Exempt		08/28/2020	2020	\$0.00	\$149.13	\$0.00	\$85.22
XWK	65917	Non-Exempt		09/11/2020	2020	\$0.00	\$149.13	\$0.00	\$85.22
XWK	65917	Non-Exempt		09/25/2020	2020	\$0.00	\$149.13	\$0.00	\$85.22
XWK	65917	Non-Exempt		10/09/2020	2020	\$0.00	\$149.13	\$0.00	\$85.22
XWK	65917	Non-Exempt		10/23/2020	2020	\$0.00	\$149.13	\$0.00	\$85.22
XWK	65917	Non-Exempt		11/06/2020	2020	\$0.00	\$149.13	\$0.00	\$85.22
XWK	65917	Non-Exempt		11/20/2020	2020	\$0.00	\$149.13	\$0.00	\$85.22
XWK	65917	Non-Exempt		12/04/2020	2020	\$0.00	\$149.13	\$0.00	\$85.22
XWK	65917	Non-Exempt		12/18/2020	2020	\$0.00	\$149.13	\$0.00	\$85.22
XWK	65917	Non-Exempt		12/31/2020	2020	\$0.00	\$149.13	\$0.00	\$85.22
XWK	65918	Non-Exempt		01/18/2019	2019	\$0.00	\$75.60	\$0.00	\$50.40
XWK	65918	Non-Exempt		02/01/2019	2019	\$0.00	\$84.00	\$0.00	\$56.00
XWK	65918	Non-Exempt		02/15/2019	2019	\$0.00	\$84.00	\$0.00	\$56.00
XWK	65918	Non-Exempt		03/01/2019	2019	\$0.00	\$84.00	\$0.00	\$56.00
XWK	65918	Non-Exempt		03/15/2019	2019	\$0.00	\$87.00	\$0.00	\$58.00
XWK	65918	Non-Exempt		03/29/2019	2019	\$0.00	\$87.00	\$0.00	\$58.00
XWK	65918	Non-Exempt		04/12/2019	2019	\$0.00	\$87.00	\$0.00	\$58.00
XWK	65918	Non-Exempt		04/26/2019	2019	\$0.00	\$87.00	\$0.00	\$58.00
XWK	65918	Non-Exempt		05/10/2019	2019	\$0.00	\$87.00	\$0.00	\$58.00
XWK	65918	Non-Exempt		05/24/2019	2019	\$0.00	\$87.00	\$0.00	\$58.00
XWK	65918	Non-Exempt		06/07/2019	2019	\$0.00	\$87.00	\$0.00	\$58.00
XWK	65918	Non-Exempt		06/21/2019	2019	\$0.00	\$87.00	\$0.00	\$58.00
XWK	65918	Non-Exempt		07/05/2019	2019	\$0.00	\$87.00	\$0.00	\$58.00
XWK	65918	Non-Exempt		07/19/2019	2019	\$0.00	\$87.00	\$0.00	\$58.00
XWK	65918	Non-Exempt		08/02/2019	2019	\$0.00	\$87.00	\$0.00	\$58.00
XWK	65918	Non-Exempt		08/16/2019	2019	\$0.00	\$87.00	\$0.00	\$58.00
XWK	65918	Non-Exempt		08/30/2019	2019	\$0.00	\$87.00	\$0.00	\$58.00
XWK	65918	Non-Exempt		09/13/2019	2019	\$0.00	\$87.00	\$0.00	\$58.00
XWK	65918	Non-Exempt		09/27/2019	2019	\$0.00	\$87.00	\$0.00	\$58.00
XWK	65918	Non-Exempt		10/11/2019	2019	\$0.00	\$87.00	\$0.00	\$58.00
XWK	65918	Non-Exempt		10/25/2019	2019	\$0.00	\$87.00	\$0.00	\$58.00
XWK	65918	Non-Exempt		11/08/2019	2019	\$0.00	\$87.00	\$0.00	\$58.00
XWK	65918	Non-Exempt		11/22/2019	2019	\$0.00	\$87.00	\$0.00	\$58.00
XWK	65918	Non-Exempt		12/06/2019	2019	\$0.00	\$87.00	\$0.00	\$58.00
XWK	65918	Non-Exempt		12/20/2019	2019	\$0.00	\$87.00	\$0.00	\$58.00
XWK	65918	Non-Exempt		01/03/2020	2020	\$0.00	\$116.00	\$0.00	\$58.00
XWK	65918	Non-Exempt		01/17/2020	2020	\$0.00	\$116.00	\$0.00	\$58.00
XWK	65918	Non-Exempt		01/31/2020	2020	\$0.00	\$116.00	\$0.00	\$58.00
XWK	65918	Non-Exempt		02/14/2020	2020	\$0.00	\$116.00	\$0.00	\$58.00
XWK	65918	Non-Exempt		02/28/2020	2020	\$0.00	\$116.00	\$0.00	\$58.00
XWK	65918	Non-Exempt		03/13/2020	2020	\$0.00	\$125.80	\$0.00	\$62.99
XWK	65918	Non-Exempt		03/27/2020	2020	\$0.00	\$125.80	\$0.00	\$62.99
XWK	65918	Non-Exempt		04/09/2020	2020	\$0.00	\$125.80	\$0.00	\$62.99
XWK	65918	Non-Exempt		04/24/2020	2020	\$0.00	\$125.80	\$0.00	\$62.99
XWK	65918	Non-Exempt		05/08/2020	2020	\$0.00	\$125.80	\$0.00	\$62.99
XWK	65918	Non-Exempt		05/22/2020	2020	\$0.00	\$125.80	\$0.00	\$62.99

XWK	65918	Non-Exempt		06/05/2020	2020	\$0.00	\$125.80	\$0.00	\$62.99
XWK	65918	Non-Exempt		06/19/2020	2020	\$0.00	\$125.80	\$0.00	\$62.99
XWK	65918	Non-Exempt		07/02/2020	2020	\$0.00	\$125.80	\$0.00	\$62.99
XWK	65918	Non-Exempt		07/17/2020	2020	\$0.00	\$125.80	\$0.00	\$62.99
XWK	65918	Non-Exempt		07/31/2020	2020	\$0.00	\$125.80	\$0.00	\$62.99
XWK	65918	Non-Exempt		08/14/2020	2020	\$0.00	\$125.80	\$0.00	\$62.99
XWK	65918	Non-Exempt		08/28/2020	2020	\$0.00	\$125.80	\$0.00	\$62.99
XWK	65918	Non-Exempt		09/11/2020	2020	\$0.00	\$125.80	\$0.00	\$62.99
XWK	65918	Non-Exempt		09/25/2020	2020	\$0.00	\$125.80	\$0.00	\$62.99
XWK	65918	Non-Exempt		10/09/2020	2020	\$0.00	\$125.80	\$0.00	\$62.99
XWK	65918	Non-Exempt		10/23/2020	2020	\$0.00	\$125.80	\$0.00	\$62.99
XWK	65918	Non-Exempt		11/06/2020	2020	\$0.00	\$125.80	\$0.00	\$62.99
XWK	65918	Non-Exempt		11/20/2020	2020	\$0.00	\$125.80	\$0.00	\$62.99
XWK	65918	Non-Exempt		12/04/2020	2020	\$0.00	\$125.80	\$0.00	\$62.99
XWK	65918	Non-Exempt		12/18/2020	2020	\$0.00	\$125.80	\$0.00	\$62.99
XWK	65918	Non-Exempt		12/31/2020	2020	\$0.00	\$125.80	\$0.00	\$62.99
XWK	65919	Non-Exempt		01/18/2019	2019	\$0.00	\$82.56	\$0.00	\$66.05
XWK	65919	Non-Exempt		02/01/2019	2019	\$0.00	\$91.73	\$0.00	\$73.38
XWK	65919	Non-Exempt		02/15/2019	2019	\$0.00	\$91.73	\$0.00	\$73.38
XWK	65919	Non-Exempt		03/01/2019	2019	\$0.00	\$91.73	\$0.00	\$73.38
XWK	65919	Non-Exempt		03/15/2019	2019	\$0.00	\$94.23	\$0.00	\$75.38
XWK	65919	Non-Exempt		03/29/2019	2019	\$0.00	\$94.23	\$0.00	\$75.38
XWK	65919	Non-Exempt		04/12/2019	2019	\$0.00	\$94.23	\$0.00	\$75.38
XWK	65919	Non-Exempt		04/26/2019	2019	\$0.00	\$94.23	\$0.00	\$75.38
XWK	65919	Non-Exempt		05/10/2019	2019	\$0.00	\$94.23	\$0.00	\$75.38
XWK	65919	Non-Exempt		05/24/2019	2019	\$0.00	\$94.23	\$0.00	\$75.38
XWK	65919	Non-Exempt		06/07/2019	2019	\$0.00	\$94.23	\$0.00	\$75.38
XWK	65919	Non-Exempt		06/21/2019	2019	\$0.00	\$94.23	\$0.00	\$75.38
XWK	65919	Non-Exempt		07/05/2019	2019	\$0.00	\$94.23	\$0.00	\$75.38
XWK	65919	Non-Exempt		07/19/2019	2019	\$0.00	\$94.23	\$0.00	\$75.38
XWK	65919	Non-Exempt		08/02/2019	2019	\$0.00	\$94.23	\$0.00	\$75.38
XWK	65919	Non-Exempt		08/16/2019	2019	\$0.00	\$94.23	\$0.00	\$75.38
XWK	65919	Non-Exempt		08/30/2019	2019	\$0.00	\$94.23	\$0.00	\$75.38
XWK	65919	Non-Exempt		09/13/2019	2019	\$0.00	\$94.23	\$0.00	\$75.38
XWK	65919	Non-Exempt		09/27/2019	2019	\$0.00	\$94.23	\$0.00	\$75.38
XWK	65919	Non-Exempt		10/11/2019	2019	\$0.00	\$94.23	\$0.00	\$75.38
XWK	65919	Non-Exempt		10/25/2019	2019	\$0.00	\$94.23	\$0.00	\$75.38
XWK	65919	Non-Exempt		11/08/2019	2019	\$0.00	\$94.23	\$0.00	\$75.38
XWK	65919	Non-Exempt		11/22/2019	2019	\$0.00	\$94.23	\$0.00	\$75.38
XWK	65919	Non-Exempt		12/06/2019	2019	\$0.00	\$94.23	\$0.00	\$75.38
XWK	65919	Non-Exempt		12/20/2019	2019	\$0.00	\$94.23	\$0.00	\$75.38
XWK	65919	Non-Exempt		01/03/2020	2020	\$0.00	\$94.23	\$0.00	\$75.39
XWK	65919	Non-Exempt		01/17/2020	2020	\$0.00	\$94.23	\$0.00	\$75.39
XWK	65919	Non-Exempt		01/31/2020	2020	\$0.00	\$94.23	\$0.00	\$75.39
XWK	65919	Non-Exempt		02/14/2020	2020	\$0.00	\$94.23	\$0.00	\$75.39
XWK	65919	Non-Exempt		02/28/2020	2020	\$0.00	\$94.23	\$0.00	\$75.39

XWK	65919	Non-Exempt		03/13/2020	2020	\$0.00	\$100.96	\$0.00	\$80.77
XWK	65919	Non-Exempt		03/27/2020	2020	\$0.00	\$100.96	\$0.00	\$80.77
XWK	65919	Non-Exempt		04/09/2020	2020	\$0.00	\$100.96	\$0.00	\$80.77
XWK	65919	Non-Exempt		04/24/2020	2020	\$0.00	\$100.96	\$0.00	\$80.77
XWK	65919	Non-Exempt		05/08/2020	2020	\$0.00	\$100.96	\$0.00	\$80.77
XWK	65919	Non-Exempt		05/22/2020	2020	\$0.00	\$100.96	\$0.00	\$80.77
XWK	65919	Non-Exempt		06/05/2020	2020	\$0.00	\$100.96	\$0.00	\$80.77
XWK	65919	Non-Exempt		06/19/2020	2020	\$0.00	\$100.96	\$0.00	\$80.77
XWK	65919	Non-Exempt		07/02/2020	2020	\$0.00	\$100.96	\$0.00	\$80.77
XWK	65919	Non-Exempt		07/17/2020	2020	\$0.00	\$100.96	\$0.00	\$80.77
XWK	65919	Non-Exempt		07/31/2020	2020	\$0.00	\$100.96	\$0.00	\$80.77
XWK	65919	Non-Exempt		08/14/2020	2020	\$0.00	\$100.96	\$0.00	\$80.77
XWK	65919	Non-Exempt		08/28/2020	2020	\$0.00	\$100.96	\$0.00	\$80.77
XWK	65919	Non-Exempt		09/11/2020	2020	\$0.00	\$100.96	\$0.00	\$80.77
XWK	65919	Non-Exempt		09/25/2020	2020	\$0.00	\$100.96	\$0.00	\$80.77
XWK	65919	Non-Exempt		10/09/2020	2020	\$0.00	\$100.96	\$0.00	\$80.77
XWK	65919	Non-Exempt		10/23/2020	2020	\$0.00	\$100.96	\$0.00	\$80.77
XWK	65919	Non-Exempt		11/06/2020	2020	\$0.00	\$100.96	\$0.00	\$80.77
XWK	65919	Non-Exempt		11/20/2020	2020	\$0.00	\$100.96	\$0.00	\$80.77
XWK	65919	Non-Exempt		12/04/2020	2020	\$0.00	\$100.96	\$0.00	\$80.77
XWK	65919	Non-Exempt		12/18/2020	2020	\$0.00	\$100.96	\$0.00	\$80.77
XWK	65919	Non-Exempt		12/31/2020	2020	\$0.00	\$100.96	\$0.00	\$80.77
XWK	65920	Non-Exempt		01/18/2019	2019	\$0.00	\$50.40	\$0.00	\$50.40
XWK	65920	Non-Exempt		02/01/2019	2019	\$0.00	\$56.00	\$0.00	\$56.00
XWK	65920	Non-Exempt		02/15/2019	2019	\$0.00	\$56.00	\$0.00	\$56.00
XWK	65920	Non-Exempt		03/01/2019	2019	\$0.00	\$56.00	\$0.00	\$56.00
XWK	65920	Non-Exempt		03/15/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	65920	Non-Exempt		03/29/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	65920	Non-Exempt		03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65920	Non-Exempt		04/12/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	65920	Non-Exempt		04/26/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	65920	Non-Exempt		05/10/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	65920	Non-Exempt		05/24/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	65920	Non-Exempt		06/07/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	65920	Non-Exempt		06/21/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	65920	Non-Exempt		07/05/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	65920	Non-Exempt		07/19/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	65920	Non-Exempt		08/02/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	65920	Non-Exempt		08/16/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	65920	Non-Exempt		08/30/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	65920	Non-Exempt		09/13/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	65920	Non-Exempt		09/27/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	65920	Non-Exempt		10/11/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	65920	Non-Exempt		10/25/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	65920	Non-Exempt		11/08/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	65920	Non-Exempt		11/22/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15

XWK	65920	Non-Exempt		12/06/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	65920	Non-Exempt		12/20/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	65920	Non-Exempt		01/03/2020	2020	\$0.00	\$58.16	\$0.00	\$58.16
XWK	65920	Non-Exempt		01/17/2020	2020	\$0.00	\$58.16	\$0.00	\$58.16
XWK	65920	Non-Exempt		01/31/2020	2020	\$0.00	\$58.16	\$0.00	\$58.16
XWK	65920	Non-Exempt		02/14/2020	2020	\$0.00	\$58.16	\$0.00	\$58.16
XWK	65920	Non-Exempt		02/28/2020	2020	\$0.00	\$58.16	\$0.00	\$58.16
XWK	65920	Non-Exempt		03/13/2020	2020	\$0.00	\$63.23	\$0.00	\$63.23
XWK	65920	Non-Exempt		03/27/2020	2020	\$0.00	\$63.23	\$0.00	\$63.23
XWK	65920	Non-Exempt		04/09/2020	2020	\$0.00	\$63.23	\$0.00	\$63.23
XWK	65920	Non-Exempt		04/24/2020	2020	\$0.00	\$63.23	\$0.00	\$63.23
XWK	65920	Non-Exempt		05/08/2020	2020	\$0.00	\$63.23	\$0.00	\$63.23
XWK	65920	Non-Exempt		05/22/2020	2020	\$0.00	\$63.23	\$0.00	\$63.23
XWK	65920	Non-Exempt		06/05/2020	2020	\$0.00	\$63.23	\$0.00	\$63.23
XWK	65920	Non-Exempt		06/19/2020	2020	\$0.00	\$63.23	\$0.00	\$63.23
XWK	65920	Non-Exempt		07/02/2020	2020	\$0.00	\$63.23	\$0.00	\$63.23
XWK	65920	Non-Exempt		07/17/2020	2020	\$0.00	\$63.23	\$0.00	\$63.23
XWK	65920	Non-Exempt		07/31/2020	2020	\$0.00	\$63.23	\$0.00	\$63.23
XWK	65920	Non-Exempt		08/14/2020	2020	\$0.00	\$63.23	\$0.00	\$63.23
XWK	65920	Non-Exempt		08/28/2020	2020	\$0.00	\$63.23	\$0.00	\$63.23
XWK	65920	Non-Exempt		09/11/2020	2020	\$0.00	\$63.23	\$0.00	\$63.23
XWK	65920	Non-Exempt		09/25/2020	2020	\$0.00	\$63.23	\$0.00	\$63.23
XWK	65920	Non-Exempt		10/09/2020	2020	\$0.00	\$63.23	\$0.00	\$63.23
XWK	65920	Non-Exempt		10/23/2020	2020	\$0.00	\$63.23	\$0.00	\$63.23
XWK	65920	Non-Exempt		11/06/2020	2020	\$0.00	\$63.23	\$0.00	\$63.23
XWK	65920	Non-Exempt		11/20/2020	2020	\$0.00	\$63.23	\$0.00	\$63.23
XWK	65920	Non-Exempt		12/04/2020	2020	\$0.00	\$63.23	\$0.00	\$63.23
XWK	65920	Non-Exempt		12/18/2020	2020	\$0.00	\$63.23	\$0.00	\$63.23
XWK	65920	Non-Exempt		12/31/2020	2020	\$0.00	\$63.23	\$0.00	\$63.23
XWK	65922	Non-Exempt		01/18/2019	2019	\$0.00	\$102.18	\$0.00	\$51.09
XWK	65922	Non-Exempt		02/01/2019	2019	\$0.00	\$113.54	\$0.00	\$56.77
XWK	65922	Non-Exempt		02/15/2019	2019	\$0.00	\$113.54	\$0.00	\$56.77
XWK	65922	Non-Exempt		03/01/2019	2019	\$0.00	\$113.54	\$0.00	\$56.77
XWK	65922	Non-Exempt		03/15/2019	2019	\$0.00	\$116.92	\$0.00	\$58.46
XWK	65922	Non-Exempt		03/29/2019	2019	\$0.00	\$116.92	\$0.00	\$58.46
XWK	65922	Non-Exempt		03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65922	Non-Exempt		04/12/2019	2019	\$0.00	\$116.92	\$0.00	\$58.46
XWK	65922	Non-Exempt		04/26/2019	2019	\$0.00	\$116.92	\$0.00	\$58.46
XWK	65922	Non-Exempt		05/10/2019	2019	\$0.00	\$116.92	\$0.00	\$58.46
XWK	65922	Non-Exempt		05/24/2019	2019	\$0.00	\$116.92	\$0.00	\$58.46
XWK	65922	Non-Exempt		06/07/2019	2019	\$0.00	\$116.92	\$0.00	\$58.46
XWK	65922	Non-Exempt		06/21/2019	2019	\$0.00	\$116.92	\$0.00	\$58.46
XWK	65922	Non-Exempt		07/05/2019	2019	\$0.00	\$116.92	\$0.00	\$58.46
XWK	65922	Non-Exempt		07/19/2019	2019	\$0.00	\$116.92	\$0.00	\$58.46
XWK	65922	Non-Exempt		08/02/2019	2019	\$0.00	\$116.92	\$0.00	\$58.46
XWK	65922	Non-Exempt		08/16/2019	2019	\$0.00	\$116.92	\$0.00	\$58.46

XWK	65922	Non-Exempt		08/30/2019	2019	\$0.00	\$116.92	\$0.00	\$58.46
XWK	65922	Non-Exempt		09/13/2019	2019	\$0.00	\$116.92	\$0.00	\$58.46
XWK	65922	Non-Exempt		09/27/2019	2019	\$0.00	\$116.92	\$0.00	\$58.46
XWK	65922	Non-Exempt		10/11/2019	2019	\$0.00	\$116.92	\$0.00	\$58.46
XWK	65922	Non-Exempt		10/25/2019	2019	\$0.00	\$116.92	\$0.00	\$58.46
XWK	65922	Non-Exempt		11/08/2019	2019	\$0.00	\$116.92	\$0.00	\$58.46
XWK	65922	Non-Exempt		11/22/2019	2019	\$0.00	\$116.92	\$0.00	\$58.46
XWK	65922	Non-Exempt		12/06/2019	2019	\$0.00	\$116.92	\$0.00	\$58.46
XWK	65922	Non-Exempt		12/20/2019	2019	\$0.00	\$116.92	\$0.00	\$58.46
XWK	65922	Non-Exempt		01/03/2020	2020	\$0.00	\$116.92	\$0.00	\$58.45
XWK	65922	Non-Exempt		01/17/2020	2020	\$0.00	\$116.92	\$0.00	\$58.45
XWK	65922	Non-Exempt		01/31/2020	2020	\$0.00	\$116.92	\$0.00	\$58.45
XWK	65922	Non-Exempt		02/14/2020	2020	\$0.00	\$116.92	\$0.00	\$58.45
XWK	65922	Non-Exempt		02/28/2020	2020	\$0.00	\$116.92	\$0.00	\$58.45
XWK	65922	Non-Exempt		03/13/2020	2020	\$0.00	\$125.57	\$0.00	\$62.78
XWK	65922	Non-Exempt		03/27/2020	2020	\$0.00	\$125.57	\$0.00	\$62.78
XWK	65922	Non-Exempt		04/09/2020	2020	\$0.00	\$125.57	\$0.00	\$62.78
XWK	65922	Non-Exempt		04/24/2020	2020	\$0.00	\$125.57	\$0.00	\$62.78
XWK	65922	Non-Exempt		05/08/2020	2020	\$0.00	\$125.57	\$0.00	\$62.78
XWK	65922	Non-Exempt		05/22/2020	2020	\$0.00	\$125.57	\$0.00	\$62.78
XWK	65922	Non-Exempt		06/05/2020	2020	\$0.00	\$125.57	\$0.00	\$62.78
XWK	65922	Non-Exempt		06/19/2020	2020	\$0.00	\$125.57	\$0.00	\$62.78
XWK	65922	Non-Exempt		07/02/2020	2020	\$0.00	\$125.57	\$0.00	\$62.78
XWK	65922	Non-Exempt		07/17/2020	2020	\$0.00	\$125.57	\$0.00	\$62.78
XWK	65922	Non-Exempt		07/31/2020	2020	\$0.00	\$125.57	\$0.00	\$62.78
XWK	65922	Non-Exempt		08/14/2020	2020	\$0.00	\$125.57	\$0.00	\$62.78
XWK	65922	Non-Exempt		08/28/2020	2020	\$0.00	\$125.57	\$0.00	\$62.78
XWK	65922	Non-Exempt		09/11/2020	2020	\$0.00	\$125.57	\$0.00	\$62.78
XWK	65922	Non-Exempt		09/25/2020	2020	\$0.00	\$125.57	\$0.00	\$62.78
XWK	65922	Non-Exempt		10/09/2020	2020	\$0.00	\$125.57	\$0.00	\$62.78
XWK	65922	Non-Exempt		10/23/2020	2020	\$0.00	\$125.57	\$0.00	\$62.78
XWK	65922	Non-Exempt		11/06/2020	2020	\$0.00	\$125.57	\$0.00	\$62.78
XWK	65922	Non-Exempt		11/20/2020	2020	\$0.00	\$125.57	\$0.00	\$62.78
XWK	65922	Non-Exempt		12/04/2020	2020	\$0.00	\$125.57	\$0.00	\$62.78
XWK	65922	Non-Exempt		12/18/2020	2020	\$0.00	\$125.57	\$0.00	\$62.78
XWK	65922	Non-Exempt		12/31/2020	2020	\$0.00	\$125.57	\$0.00	\$62.78
XWK	65923	Non-Exempt		01/18/2019	2019	\$0.00	\$134.31	\$0.00	\$67.15
XWK	65923	Non-Exempt		02/01/2019	2019	\$0.00	\$149.23	\$0.00	\$74.62
XWK	65923	Non-Exempt		02/15/2019	2019	\$0.00	\$149.23	\$0.00	\$74.62
XWK	65923	Non-Exempt		03/01/2019	2019	\$0.00	\$149.23	\$0.00	\$74.62
XWK	65923	Non-Exempt		03/15/2019	2019	\$0.00	\$153.54	\$0.00	\$76.77
XWK	65923	Non-Exempt		03/29/2019	2019	\$0.00	\$153.54	\$0.00	\$76.77
XWK	65923	Non-Exempt		04/12/2019	2019	\$0.00	\$153.54	\$0.00	\$76.77
XWK	65923	Non-Exempt		04/26/2019	2019	\$0.00	\$153.54	\$0.00	\$76.77
XWK	65923	Non-Exempt		05/10/2019	2019	\$0.00	\$153.54	\$0.00	\$76.77
XWK	65923	Non-Exempt		05/24/2019	2019	\$0.00	\$153.54	\$0.00	\$76.77

XWK	65923	Non-Exempt		06/07/2019	2019	\$0.00	\$153.54	\$0.00	\$76.77
XWK	65923	Non-Exempt		06/21/2019	2019	\$0.00	\$153.54	\$0.00	\$76.77
XWK	65923	Non-Exempt		07/05/2019	2019	\$0.00	\$153.54	\$0.00	\$76.77
XWK	65923	Non-Exempt		07/19/2019	2019	\$0.00	\$153.54	\$0.00	\$76.77
XWK	65923	Non-Exempt		08/02/2019	2019	\$0.00	\$153.54	\$0.00	\$76.77
XWK	65923	Non-Exempt		08/16/2019	2019	\$0.00	\$153.54	\$0.00	\$76.77
XWK	65923	Non-Exempt		08/30/2019	2019	\$0.00	\$153.54	\$0.00	\$76.77
XWK	65923	Non-Exempt		09/13/2019	2019	\$0.00	\$153.54	\$0.00	\$76.77
XWK	65923	Non-Exempt		09/27/2019	2019	\$0.00	\$153.54	\$0.00	\$76.77
XWK	65923	Non-Exempt		10/11/2019	2019	\$0.00	\$153.54	\$0.00	\$76.77
XWK	65923	Non-Exempt		10/25/2019	2019	\$0.00	\$153.54	\$0.00	\$76.77
XWK	65923	Non-Exempt		11/08/2019	2019	\$0.00	\$153.54	\$0.00	\$76.77
XWK	65923	Non-Exempt		11/22/2019	2019	\$0.00	\$153.54	\$0.00	\$76.77
XWK	65923	Non-Exempt		12/06/2019	2019	\$0.00	\$153.54	\$0.00	\$76.77
XWK	65923	Non-Exempt		12/20/2019	2019	\$0.00	\$153.54	\$0.00	\$76.77
XWK	65923	Non-Exempt		01/03/2020	2020	\$0.00	\$153.54	\$0.00	\$76.77
XWK	65923	Non-Exempt		01/17/2020	2020	\$0.00	\$153.54	\$0.00	\$76.77
XWK	65923	Non-Exempt		01/31/2020	2020	\$0.00	\$153.54	\$0.00	\$76.77
XWK	65923	Non-Exempt		02/14/2020	2020	\$0.00	\$153.54	\$0.00	\$76.77
XWK	65923	Non-Exempt		02/28/2020	2020	\$0.00	\$153.54	\$0.00	\$76.77
XWK	65923	Non-Exempt		03/13/2020	2020	\$0.00	\$164.93	\$0.00	\$82.46
XWK	65923	Non-Exempt		03/27/2020	2020	\$0.00	\$164.93	\$0.00	\$82.46
XWK	65923	Non-Exempt		04/09/2020	2020	\$0.00	\$164.93	\$0.00	\$82.46
XWK	65923	Non-Exempt		04/24/2020	2020	\$0.00	\$164.93	\$0.00	\$82.46
XWK	65923	Non-Exempt		05/08/2020	2020	\$0.00	\$164.93	\$0.00	\$82.46
XWK	65923	Non-Exempt		05/22/2020	2020	\$0.00	\$164.93	\$0.00	\$82.46
XWK	65923	Non-Exempt		06/05/2020	2020	\$0.00	\$164.93	\$0.00	\$82.46
XWK	65923	Non-Exempt		06/19/2020	2020	\$0.00	\$164.93	\$0.00	\$82.46
XWK	65923	Non-Exempt		07/02/2020	2020	\$0.00	\$164.93	\$0.00	\$82.46
XWK	65923	Non-Exempt		07/17/2020	2020	\$0.00	\$164.93	\$0.00	\$82.46
XWK	65923	Non-Exempt		07/31/2020	2020	\$0.00	\$164.93	\$0.00	\$82.46
XWK	65923	Non-Exempt		08/14/2020	2020	\$0.00	\$164.93	\$0.00	\$82.46
XWK	65923	Non-Exempt		08/28/2020	2020	\$0.00	\$164.93	\$0.00	\$82.46
XWK	65923	Non-Exempt		09/11/2020	2020	\$0.00	\$164.93	\$0.00	\$82.46
XWK	65923	Non-Exempt		09/25/2020	2020	\$0.00	\$164.93	\$0.00	\$82.46
XWK	65923	Non-Exempt		10/09/2020	2020	\$0.00	\$164.93	\$0.00	\$82.46
XWK	65923	Non-Exempt		10/23/2020	2020	\$0.00	\$164.93	\$0.00	\$82.46
XWK	65923	Non-Exempt		11/06/2020	2020	\$0.00	\$164.93	\$0.00	\$82.46
XWK	65923	Non-Exempt		11/20/2020	2020	\$0.00	\$164.93	\$0.00	\$82.46
XWK	65923	Non-Exempt		12/04/2020	2020	\$0.00	\$164.93	\$0.00	\$82.46
XWK	65923	Non-Exempt		12/18/2020	2020	\$0.00	\$164.93	\$0.00	\$82.46
XWK	65923	Non-Exempt		12/31/2020	2020	\$0.00	\$164.93	\$0.00	\$82.46
XWK	65924	Non-Exempt		01/18/2019	2019	\$0.00	\$101.56	\$0.00	\$67.71
XWK	65924	Non-Exempt		02/01/2019	2019	\$0.00	\$112.85	\$0.00	\$75.23
XWK	65924	Non-Exempt		02/15/2019	2019	\$0.00	\$112.85	\$0.00	\$75.23
XWK	65924	Non-Exempt		03/01/2019	2019	\$0.00	\$112.85	\$0.00	\$75.23

XWK	65924	Non-Exempt		03/15/2019	2019	\$0.00	\$116.08	\$0.00	\$77.38
XWK	65924	Non-Exempt		03/29/2019	2019	\$0.00	\$116.08	\$0.00	\$77.38
XWK	65924	Non-Exempt		04/12/2019	2019	\$0.00	\$116.08	\$0.00	\$77.38
XWK	65924	Non-Exempt		04/26/2019	2019	\$0.00	\$116.08	\$0.00	\$77.38
XWK	65924	Non-Exempt		05/10/2019	2019	\$0.00	\$116.08	\$0.00	\$77.38
XWK	65924	Non-Exempt		05/24/2019	2019	\$0.00	\$116.08	\$0.00	\$77.38
XWK	65924	Non-Exempt		06/07/2019	2019	\$0.00	\$116.08	\$0.00	\$77.38
XWK	65924	Non-Exempt		06/21/2019	2019	\$0.00	\$116.08	\$0.00	\$77.38
XWK	65924	Non-Exempt		07/05/2019	2019	\$0.00	\$116.08	\$0.00	\$77.38
XWK	65924	Non-Exempt		07/19/2019	2019	\$0.00	\$116.08	\$0.00	\$77.38
XWK	65924	Non-Exempt		08/02/2019	2019	\$0.00	\$116.08	\$0.00	\$77.38
XWK	65924	Non-Exempt		08/16/2019	2019	\$0.00	\$116.08	\$0.00	\$77.38
XWK	65924	Non-Exempt		08/30/2019	2019	\$0.00	\$116.08	\$0.00	\$77.38
XWK	65924	Non-Exempt		09/13/2019	2019	\$0.00	\$116.08	\$0.00	\$77.38
XWK	65924	Non-Exempt		09/27/2019	2019	\$0.00	\$116.08	\$0.00	\$77.38
XWK	65924	Non-Exempt		10/11/2019	2019	\$0.00	\$116.08	\$0.00	\$77.38
XWK	65924	Non-Exempt		10/25/2019	2019	\$0.00	\$116.08	\$0.00	\$77.38
XWK	65924	Non-Exempt		11/08/2019	2019	\$0.00	\$116.08	\$0.00	\$77.38
XWK	65924	Non-Exempt		11/22/2019	2019	\$0.00	\$116.08	\$0.00	\$77.38
XWK	65924	Non-Exempt		12/06/2019	2019	\$0.00	\$116.08	\$0.00	\$77.38
XWK	65924	Non-Exempt		12/20/2019	2019	\$0.00	\$116.08	\$0.00	\$77.38
XWK	65924	Non-Exempt		01/03/2020	2020	\$0.00	\$116.07	\$0.00	\$77.39
XWK	65924	Non-Exempt		01/17/2020	2020	\$0.00	\$116.07	\$0.00	\$77.39
XWK	65924	Non-Exempt		01/31/2020	2020	\$0.00	\$116.07	\$0.00	\$77.39
XWK	65924	Non-Exempt		02/14/2020	2020	\$0.00	\$116.07	\$0.00	\$77.39
XWK	65924	Non-Exempt		02/28/2020	2020	\$0.00	\$116.07	\$0.00	\$77.39
XWK	65924	Non-Exempt		03/13/2020	2020	\$0.00	\$124.37	\$0.00	\$82.92
XWK	65924	Non-Exempt		03/27/2020	2020	\$0.00	\$124.37	\$0.00	\$82.92
XWK	65924	Non-Exempt		04/09/2020	2020	\$0.00	\$124.37	\$0.00	\$82.92
XWK	65924	Non-Exempt		04/24/2020	2020	\$0.00	\$124.37	\$0.00	\$82.92
XWK	65924	Non-Exempt		05/08/2020	2020	\$0.00	\$124.37	\$0.00	\$82.92
XWK	65924	Non-Exempt		05/22/2020	2020	\$0.00	\$124.37	\$0.00	\$82.92
XWK	65924	Non-Exempt		06/05/2020	2020	\$0.00	\$124.37	\$0.00	\$82.92
XWK	65924	Non-Exempt		06/19/2020	2020	\$0.00	\$124.37	\$0.00	\$82.92
XWK	65924	Non-Exempt		07/02/2020	2020	\$0.00	\$124.37	\$0.00	\$82.92
XWK	65924	Non-Exempt		07/17/2020	2020	\$0.00	\$124.37	\$0.00	\$82.92
XWK	65924	Non-Exempt		07/31/2020	2020	\$0.00	\$124.37	\$0.00	\$82.92
XWK	65924	Non-Exempt		08/14/2020	2020	\$0.00	\$124.37	\$0.00	\$82.92
XWK	65924	Non-Exempt		08/28/2020	2020	\$0.00	\$121.26	\$0.00	\$80.84
XWK	65924	Non-Exempt		09/11/2020	2020	\$0.00	\$124.37	\$0.00	\$82.92
XWK	65924	Non-Exempt		09/25/2020	2020	\$0.00	\$121.26	\$0.00	\$80.84
XWK	65924	Non-Exempt		10/09/2020	2020	\$0.00	\$124.37	\$0.00	\$82.92
XWK	65924	Non-Exempt		10/23/2020	2020	\$0.00	\$124.37	\$0.00	\$82.92
XWK	65924	Non-Exempt		11/06/2020	2020	\$0.00	\$124.37	\$0.00	\$82.92
XWK	65924	Non-Exempt		11/20/2020	2020	\$0.00	\$124.37	\$0.00	\$82.92
XWK	65924	Non-Exempt		12/04/2020	2020	\$0.00	\$124.37	\$0.00	\$82.92

XWK	65924	Non-Exempt		12/18/2020	2020	\$0.00	\$124.37	\$0.00	\$82.92
XWK	65924	Non-Exempt		12/31/2020	2020	\$0.00	\$124.37	\$0.00	\$82.92
XWK	65925	Non-Exempt		01/18/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		02/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		02/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		03/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		03/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		03/29/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		04/12/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		04/26/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		05/10/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		05/24/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		06/07/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		08/02/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		08/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		09/13/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		09/27/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		10/11/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		10/25/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		11/08/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		11/22/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		12/20/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		01/03/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		01/17/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		01/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		02/14/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		02/28/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		03/13/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		03/27/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		04/09/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		04/24/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		05/08/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		05/22/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		06/05/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		06/19/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		07/02/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		07/17/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		07/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		08/14/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		08/28/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00

XWK	65925	Non-Exempt		09/11/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		09/25/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		10/09/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		10/23/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		11/06/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		11/20/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		12/04/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		12/18/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65925	Non-Exempt		12/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65926	Non-Exempt		01/18/2019	2019	\$0.00	\$50.54	\$0.00	\$50.54
XWK	65926	Non-Exempt		02/01/2019	2019	\$0.00	\$56.15	\$0.00	\$56.15
XWK	65926	Non-Exempt		02/15/2019	2019	\$0.00	\$56.15	\$0.00	\$56.15
XWK	65926	Non-Exempt		03/01/2019	2019	\$0.00	\$56.15	\$0.00	\$56.15
XWK	65926	Non-Exempt		03/15/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65926	Non-Exempt		03/29/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65926	Non-Exempt		04/12/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65926	Non-Exempt		04/26/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65926	Non-Exempt		05/10/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65926	Non-Exempt		05/24/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65926	Non-Exempt		06/07/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65926	Non-Exempt		06/21/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65926	Non-Exempt		07/05/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65926	Non-Exempt		07/19/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65926	Non-Exempt		08/02/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65926	Non-Exempt		08/16/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65926	Non-Exempt		08/30/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65926	Non-Exempt		09/13/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65926	Non-Exempt		09/27/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65926	Non-Exempt		10/11/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65926	Non-Exempt		10/25/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65926	Non-Exempt		11/08/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65926	Non-Exempt		11/22/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65926	Non-Exempt		12/06/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65926	Non-Exempt		12/20/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65926	Non-Exempt		01/03/2020	2020	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65926	Non-Exempt		01/17/2020	2020	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65926	Non-Exempt		01/31/2020	2020	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65926	Non-Exempt		02/14/2020	2020	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65926	Non-Exempt		02/28/2020	2020	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65926	Non-Exempt		03/13/2020	2020	\$0.00	\$62.31	\$0.00	\$62.31
XWK	65926	Non-Exempt		03/27/2020	2020	\$0.00	\$62.31	\$0.00	\$62.31
XWK	65926	Non-Exempt		04/09/2020	2020	\$0.00	\$62.31	\$0.00	\$62.31
XWK	65926	Non-Exempt		04/24/2020	2020	\$0.00	\$62.31	\$0.00	\$62.31
XWK	65926	Non-Exempt		05/08/2020	2020	\$0.00	\$62.31	\$0.00	\$62.31
XWK	65926	Non-Exempt		05/22/2020	2020	\$0.00	\$62.31	\$0.00	\$62.31
XWK	65926	Non-Exempt		06/05/2020	2020	\$0.00	\$62.31	\$0.00	\$62.31

XWK	65926	Non-Exempt		06/19/2020	2020	\$0.00	\$62.31	\$0.00	\$62.31
XWK	65926	Non-Exempt		07/02/2020	2020	\$0.00	\$62.31	\$0.00	\$62.31
XWK	65926	Non-Exempt		07/17/2020	2020	\$0.00	\$62.31	\$0.00	\$62.31
XWK	65926	Non-Exempt		07/31/2020	2020	\$0.00	\$62.31	\$0.00	\$62.31
XWK	65926	Non-Exempt		08/14/2020	2020	\$0.00	\$62.31	\$0.00	\$62.31
XWK	65926	Non-Exempt		08/28/2020	2020	\$0.00	\$62.31	\$0.00	\$62.31
XWK	65926	Non-Exempt		09/11/2020	2020	\$0.00	\$62.31	\$0.00	\$62.31
XWK	65926	Non-Exempt		09/25/2020	2020	\$0.00	\$62.31	\$0.00	\$62.31
XWK	65926	Non-Exempt		10/09/2020	2020	\$0.00	\$62.31	\$0.00	\$62.31
XWK	65926	Non-Exempt		10/23/2020	2020	\$0.00	\$62.31	\$0.00	\$62.31
XWK	65926	Non-Exempt		11/06/2020	2020	\$0.00	\$62.31	\$0.00	\$62.31
XWK	65926	Non-Exempt		11/20/2020	2020	\$0.00	\$62.31	\$0.00	\$62.31
XWK	65926	Non-Exempt		12/04/2020	2020	\$0.00	\$62.31	\$0.00	\$62.31
XWK	65926	Non-Exempt		12/18/2020	2020	\$0.00	\$62.31	\$0.00	\$62.31
XWK	65926	Non-Exempt		12/31/2020	2020	\$0.00	\$62.31	\$0.00	\$62.31
XWK	65927	Non-Exempt		01/18/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65927	Non-Exempt		02/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65927	Non-Exempt		02/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65927	Non-Exempt		03/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65927	Non-Exempt		03/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65927	Non-Exempt		03/29/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65927	Non-Exempt		04/12/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65927	Non-Exempt		04/26/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65927	Non-Exempt		05/10/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65927	Non-Exempt		05/24/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65927	Non-Exempt		06/07/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65927	Non-Exempt		06/21/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65927	Non-Exempt		07/05/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65927	Non-Exempt		07/19/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65927	Non-Exempt		08/02/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65927	Non-Exempt		08/16/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65927	Non-Exempt		08/30/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65927	Non-Exempt		09/13/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65927	Non-Exempt		09/27/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65927	Non-Exempt		10/11/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65927	Non-Exempt		10/25/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65927	Non-Exempt		11/08/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65927	Non-Exempt		11/22/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65927	Non-Exempt		12/06/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65927	Non-Exempt		12/20/2019	2019	\$0.00	\$57.85	\$0.00	\$57.85
XWK	65927	Non-Exempt		01/03/2020	2020	\$0.00	\$57.84	\$0.00	\$57.84
XWK	65927	Non-Exempt		01/17/2020	2020	\$0.00	\$57.84	\$0.00	\$57.84
XWK	65927	Non-Exempt		01/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65927	Non-Exempt		02/14/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65927	Non-Exempt		02/28/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65927	Non-Exempt		03/13/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00

XWK	65927	Non-Exempt		03/27/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65927	Non-Exempt		04/09/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65927	Non-Exempt		04/24/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65927	Non-Exempt		05/08/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65927	Non-Exempt		05/22/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65927	Non-Exempt		06/05/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65927	Non-Exempt		06/19/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65927	Non-Exempt		07/02/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65927	Non-Exempt		07/17/2020	2020	\$0.00	\$31.07	\$0.00	\$31.07
XWK	65927	Non-Exempt		07/31/2020	2020	\$0.00	\$31.07	\$0.00	\$31.07
XWK	65927	Non-Exempt		08/14/2020	2020	\$0.00	\$31.07	\$0.00	\$31.07
XWK	65927	Non-Exempt		08/28/2020	2020	\$0.00	\$31.07	\$0.00	\$31.07
XWK	65927	Non-Exempt		09/11/2020	2020	\$0.00	\$31.07	\$0.00	\$31.07
XWK	65927	Non-Exempt		09/25/2020	2020	\$0.00	\$31.07	\$0.00	\$31.07
XWK	65927	Non-Exempt		10/09/2020	2020	\$0.00	\$31.07	\$0.00	\$31.07
XWK	65927	Non-Exempt		10/23/2020	2020	\$0.00	\$31.07	\$0.00	\$31.07
XWK	65927	Non-Exempt		11/06/2020	2020	\$0.00	\$31.07	\$0.00	\$31.07
XWK	65927	Non-Exempt		11/20/2020	2020	\$0.00	\$31.07	\$0.00	\$31.07
XWK	65927	Non-Exempt		12/04/2020	2020	\$0.00	\$31.07	\$0.00	\$31.07
XWK	65927	Non-Exempt		12/18/2020	2020	\$0.00	\$31.07	\$0.00	\$31.07
XWK	65927	Non-Exempt		12/31/2020	2020	\$0.00	\$31.07	\$0.00	\$31.07
XWK	65928	Non-Exempt		01/18/2019	2019	\$0.00	\$151.20	\$0.00	\$50.40
XWK	65928	Non-Exempt		02/01/2019	2019	\$0.00	\$168.00	\$0.00	\$56.00
XWK	65928	Non-Exempt		02/15/2019	2019	\$0.00	\$168.00	\$0.00	\$56.00
XWK	65928	Non-Exempt		03/01/2019	2019	\$0.00	\$168.00	\$0.00	\$56.00
XWK	65928	Non-Exempt		03/15/2019	2019	\$0.00	\$173.08	\$0.00	\$57.69
XWK	65928	Non-Exempt		03/29/2019	2019	\$0.00	\$173.08	\$0.00	\$57.69
XWK	65928	Non-Exempt		04/12/2019	2019	\$0.00	\$173.08	\$0.00	\$57.69
XWK	65928	Non-Exempt		04/26/2019	2019	\$0.00	\$173.08	\$0.00	\$57.69
XWK	65928	Non-Exempt		05/10/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65928	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65930	Non-Exempt		01/18/2019	2019	\$0.00	\$60.37	\$0.00	\$60.37
XWK	65930	Non-Exempt		02/01/2019	2019	\$0.00	\$67.08	\$0.00	\$67.08
XWK	65930	Non-Exempt		02/15/2019	2019	\$0.00	\$67.08	\$0.00	\$67.08
XWK	65930	Non-Exempt		03/01/2019	2019	\$0.00	\$67.08	\$0.00	\$67.08
XWK	65930	Non-Exempt		03/15/2019	2019	\$0.00	\$69.38	\$0.00	\$69.38
XWK	65930	Non-Exempt		03/29/2019	2019	\$0.00	\$69.38	\$0.00	\$69.38
XWK	65930	Non-Exempt		04/12/2019	2019	\$0.00	\$69.38	\$0.00	\$69.38
XWK	65930	Non-Exempt		04/26/2019	2019	\$0.00	\$69.38	\$0.00	\$69.38
XWK	65930	Non-Exempt		05/10/2019	2019	\$0.00	\$69.38	\$0.00	\$69.38
XWK	65930	Non-Exempt		05/24/2019	2019	\$0.00	\$69.38	\$0.00	\$69.38
XWK	65930	Non-Exempt		06/07/2019	2019	\$0.00	\$69.38	\$0.00	\$69.38
XWK	65930	Non-Exempt		06/21/2019	2019	\$0.00	\$69.38	\$0.00	\$69.38
XWK	65930	Non-Exempt		07/05/2019	2019	\$0.00	\$69.38	\$0.00	\$69.38
XWK	65930	Non-Exempt		07/19/2019	2019	\$0.00	\$69.38	\$0.00	\$69.38
XWK	65930	Non-Exempt		08/02/2019	2019	\$0.00	\$69.38	\$0.00	\$69.38

XWK	65930	Non-Exempt		08/16/2019	2019	\$0.00	\$69.38	\$0.00	\$69.38
XWK	65930	Non-Exempt		08/30/2019	2019	\$0.00	\$69.38	\$0.00	\$69.38
XWK	65930	Non-Exempt		09/13/2019	2019	\$0.00	\$69.38	\$0.00	\$69.38
XWK	65930	Non-Exempt		09/27/2019	2019	\$0.00	\$69.38	\$0.00	\$69.38
XWK	65930	Non-Exempt		10/11/2019	2019	\$0.00	\$69.38	\$0.00	\$69.38
XWK	65930	Non-Exempt		10/25/2019	2019	\$0.00	\$69.38	\$0.00	\$69.38
XWK	65930	Non-Exempt		11/08/2019	2019	\$0.00	\$69.38	\$0.00	\$69.38
XWK	65930	Non-Exempt		11/22/2019	2019	\$0.00	\$69.38	\$0.00	\$69.38
XWK	65930	Non-Exempt		12/06/2019	2019	\$0.00	\$69.38	\$0.00	\$69.38
XWK	65930	Non-Exempt		12/20/2019	2019	\$0.00	\$69.38	\$0.00	\$69.38
XWK	65930	Non-Exempt		01/03/2020	2020	\$0.00	\$69.39	\$0.00	\$69.39
XWK	65930	Non-Exempt		01/17/2020	2020	\$0.00	\$69.39	\$0.00	\$69.39
XWK	65930	Non-Exempt		01/31/2020	2020	\$0.00	\$69.39	\$0.00	\$69.39
XWK	65930	Non-Exempt		02/14/2020	2020	\$0.00	\$69.39	\$0.00	\$69.39
XWK	65930	Non-Exempt		02/28/2020	2020	\$0.00	\$69.39	\$0.00	\$69.39
XWK	65930	Non-Exempt		03/13/2020	2020	\$0.00	\$75.05	\$0.00	\$75.05
XWK	65930	Non-Exempt		03/27/2020	2020	\$0.00	\$75.05	\$0.00	\$75.05
XWK	65930	Non-Exempt		04/09/2020	2020	\$0.00	\$75.05	\$0.00	\$75.05
XWK	65930	Non-Exempt		04/24/2020	2020	\$0.00	\$75.05	\$0.00	\$75.05
XWK	65930	Non-Exempt		05/08/2020	2020	\$0.00	\$75.05	\$0.00	\$75.05
XWK	65930	Non-Exempt		05/22/2020	2020	\$0.00	\$75.05	\$0.00	\$75.05
XWK	65930	Non-Exempt		06/05/2020	2020	\$0.00	\$75.05	\$0.00	\$75.05
XWK	65930	Non-Exempt		06/19/2020	2020	\$0.00	\$75.05	\$0.00	\$75.05
XWK	65930	Non-Exempt		07/02/2020	2020	\$0.00	\$75.05	\$0.00	\$75.05
XWK	65930	Non-Exempt		07/17/2020	2020	\$0.00	\$75.05	\$0.00	\$75.05
XWK	65930	Non-Exempt		07/31/2020	2020	\$0.00	\$75.05	\$0.00	\$75.05
XWK	65930	Non-Exempt		08/14/2020	2020	\$0.00	\$75.05	\$0.00	\$75.05
XWK	65930	Non-Exempt		08/28/2020	2020	\$0.00	\$75.05	\$0.00	\$75.05
XWK	65930	Non-Exempt		09/11/2020	2020	\$0.00	\$75.05	\$0.00	\$75.05
XWK	65930	Non-Exempt		09/25/2020	2020	\$0.00	\$75.05	\$0.00	\$75.05
XWK	65930	Non-Exempt		10/09/2020	2020	\$0.00	\$75.05	\$0.00	\$75.05
XWK	65930	Non-Exempt		10/23/2020	2020	\$0.00	\$75.05	\$0.00	\$75.05
XWK	65930	Non-Exempt		11/06/2020	2020	\$0.00	\$75.05	\$0.00	\$75.05
XWK	65930	Non-Exempt		11/20/2020	2020	\$0.00	\$75.05	\$0.00	\$75.05
XWK	65930	Non-Exempt		12/04/2020	2020	\$0.00	\$75.05	\$0.00	\$75.05
XWK	65930	Non-Exempt		12/18/2020	2020	\$0.00	\$75.05	\$0.00	\$75.05
XWK	65930	Non-Exempt		12/31/2020	2020	\$0.00	\$75.05	\$0.00	\$75.05
XWK	65932	Non-Exempt		01/18/2019	2019	\$0.00	\$57.32	\$0.00	\$57.32
XWK	65932	Non-Exempt		02/01/2019	2019	\$0.00	\$63.69	\$0.00	\$63.69
XWK	65932	Non-Exempt		02/15/2019	2019	\$0.00	\$63.69	\$0.00	\$63.69
XWK	65932	Non-Exempt		03/01/2019	2019	\$0.00	\$63.69	\$0.00	\$63.69
XWK	65932	Non-Exempt		03/15/2019	2019	\$0.00	\$65.54	\$0.00	\$65.54
XWK	65932	Non-Exempt		03/29/2019	2019	\$0.00	\$65.54	\$0.00	\$65.54
XWK	65932	Non-Exempt		04/12/2019	2019	\$0.00	\$65.54	\$0.00	\$65.54
XWK	65932	Non-Exempt		04/26/2019	2019	\$0.00	\$65.54	\$0.00	\$65.54
XWK	65932	Non-Exempt		05/10/2019	2019	\$0.00	\$65.54	\$0.00	\$65.54

XWK	65932	Non-Exempt		05/24/2019	2019	\$0.00	\$65.54	\$0.00	\$65.54
XWK	65932	Non-Exempt		06/07/2019	2019	\$0.00	\$65.54	\$0.00	\$65.54
XWK	65932	Non-Exempt		06/21/2019	2019	\$0.00	\$65.54	\$0.00	\$65.54
XWK	65932	Non-Exempt		07/05/2019	2019	\$0.00	\$62.26	\$0.00	\$62.26
XWK	65932	Non-Exempt		07/19/2019	2019	\$0.00	\$65.54	\$0.00	\$65.54
XWK	65932	Non-Exempt		08/02/2019	2019	\$0.00	\$55.71	\$0.00	\$55.71
XWK	65932	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65933	Non-Exempt		01/18/2019	2019	\$0.00	\$114.61	\$0.00	\$65.49
XWK	65933	Non-Exempt		02/01/2019	2019	\$0.00	\$127.35	\$0.00	\$72.77
XWK	65933	Non-Exempt		02/15/2019	2019	\$0.00	\$127.35	\$0.00	\$72.77
XWK	65933	Non-Exempt		03/01/2019	2019	\$0.00	\$127.35	\$0.00	\$72.77
XWK	65933	Non-Exempt		03/15/2019	2019	\$0.00	\$131.12	\$0.00	\$74.92
XWK	65933	Non-Exempt		03/29/2019	2019	\$0.00	\$131.12	\$0.00	\$74.92
XWK	65933	Non-Exempt		04/12/2019	2019	\$0.00	\$131.12	\$0.00	\$74.92
XWK	65933	Non-Exempt		04/26/2019	2019	\$0.00	\$131.12	\$0.00	\$74.92
XWK	65933	Non-Exempt		05/10/2019	2019	\$0.00	\$131.12	\$0.00	\$74.92
XWK	65933	Non-Exempt		05/24/2019	2019	\$0.00	\$131.12	\$0.00	\$74.92
XWK	65933	Non-Exempt		06/07/2019	2019	\$0.00	\$131.12	\$0.00	\$74.92
XWK	65933	Non-Exempt		06/21/2019	2019	\$0.00	\$131.12	\$0.00	\$74.92
XWK	65933	Non-Exempt		07/05/2019	2019	\$0.00	\$131.12	\$0.00	\$74.92
XWK	65933	Non-Exempt		07/19/2019	2019	\$0.00	\$131.12	\$0.00	\$74.92
XWK	65933	Non-Exempt		08/02/2019	2019	\$0.00	\$131.12	\$0.00	\$74.92
XWK	65933	Non-Exempt		08/16/2019	2019	\$0.00	\$131.12	\$0.00	\$74.92
XWK	65933	Non-Exempt		08/30/2019	2019	\$0.00	\$131.12	\$0.00	\$74.92
XWK	65933	Non-Exempt		09/13/2019	2019	\$0.00	\$131.12	\$0.00	\$74.92
XWK	65933	Non-Exempt		09/27/2019	2019	\$0.00	\$131.12	\$0.00	\$74.92
XWK	65933	Non-Exempt		10/11/2019	2019	\$0.00	\$131.12	\$0.00	\$74.92
XWK	65933	Non-Exempt		10/25/2019	2019	\$0.00	\$131.12	\$0.00	\$74.92
XWK	65933	Non-Exempt		11/08/2019	2019	\$0.00	\$131.12	\$0.00	\$74.92
XWK	65933	Non-Exempt		11/22/2019	2019	\$0.00	\$131.12	\$0.00	\$74.92
XWK	65933	Non-Exempt		12/06/2019	2019	\$0.00	\$131.12	\$0.00	\$74.92
XWK	65933	Non-Exempt		12/20/2019	2019	\$0.00	\$131.12	\$0.00	\$74.92
XWK	65933	Non-Exempt		01/03/2020	2020	\$0.00	\$131.11	\$0.00	\$74.92
XWK	65933	Non-Exempt		01/17/2020	2020	\$0.00	\$131.11	\$0.00	\$74.92
XWK	65933	Non-Exempt		01/31/2020	2020	\$0.00	\$131.11	\$0.00	\$74.92
XWK	65933	Non-Exempt		02/14/2020	2020	\$0.00	\$131.11	\$0.00	\$74.92
XWK	65933	Non-Exempt		02/28/2020	2020	\$0.00	\$131.11	\$0.00	\$74.92
XWK	65933	Non-Exempt		03/13/2020	2020	\$0.00	\$140.79	\$0.00	\$80.44
XWK	65933	Non-Exempt		03/27/2020	2020	\$0.00	\$140.79	\$0.00	\$80.44
XWK	65933	Non-Exempt		04/09/2020	2020	\$0.00	\$140.79	\$0.00	\$80.44
XWK	65933	Non-Exempt		04/24/2020	2020	\$0.00	\$140.79	\$0.00	\$80.44
XWK	65933	Non-Exempt		05/08/2020	2020	\$0.00	\$140.79	\$0.00	\$80.44
XWK	65933	Non-Exempt		05/22/2020	2020	\$0.00	\$140.79	\$0.00	\$80.44
XWK	65933	Non-Exempt		06/05/2020	2020	\$0.00	\$140.79	\$0.00	\$80.44
XWK	65933	Non-Exempt		06/19/2020	2020	\$0.00	\$140.79	\$0.00	\$80.44
XWK	65933	Non-Exempt		07/02/2020	2020	\$0.00	\$140.79	\$0.00	\$80.44

XWK	65933	Non-Exempt		07/17/2020	2020	\$0.00	\$140.79	\$0.00	\$80.44
XWK	65933	Non-Exempt		07/31/2020	2020	\$0.00	\$140.79	\$0.00	\$80.44
XWK	65933	Non-Exempt		08/14/2020	2020	\$0.00	\$140.79	\$0.00	\$80.44
XWK	65933	Non-Exempt		08/28/2020	2020	\$0.00	\$140.79	\$0.00	\$80.44
XWK	65933	Non-Exempt		09/11/2020	2020	\$0.00	\$140.79	\$0.00	\$80.44
XWK	65933	Non-Exempt		09/25/2020	2020	\$0.00	\$140.79	\$0.00	\$80.44
XWK	65933	Non-Exempt		10/09/2020	2020	\$0.00	\$140.79	\$0.00	\$80.44
XWK	65933	Non-Exempt		10/23/2020	2020	\$0.00	\$140.79	\$0.00	\$80.44
XWK	65933	Non-Exempt		11/06/2020	2020	\$0.00	\$140.79	\$0.00	\$80.44
XWK	65933	Non-Exempt		11/20/2020	2020	\$0.00	\$140.79	\$0.00	\$80.44
XWK	65933	Non-Exempt		12/04/2020	2020	\$0.00	\$140.79	\$0.00	\$80.44
XWK	65933	Non-Exempt		12/18/2020	2020	\$0.00	\$140.79	\$0.00	\$80.44
XWK	65933	Non-Exempt		12/31/2020	2020	\$0.00	\$140.79	\$0.00	\$80.44
XWK	65937	Non-Exempt		01/18/2019	2019	\$0.00	\$83.91	\$0.00	\$41.95
XWK	65937	Non-Exempt		02/01/2019	2019	\$0.00	\$93.23	\$0.00	\$46.62
XWK	65937	Non-Exempt		02/15/2019	2019	\$0.00	\$93.23	\$0.00	\$46.62
XWK	65937	Non-Exempt		03/01/2019	2019	\$0.00	\$93.23	\$0.00	\$46.62
XWK	65937	Non-Exempt		03/15/2019	2019	\$0.00	\$96.00	\$0.00	\$48.00
XWK	65937	Non-Exempt		03/29/2019	2019	\$0.00	\$96.00	\$0.00	\$48.00
XWK	65937	Non-Exempt		04/12/2019	2019	\$0.00	\$96.00	\$0.00	\$48.00
XWK	65937	Non-Exempt		04/26/2019	2019	\$0.00	\$96.00	\$0.00	\$48.00
XWK	65937	Non-Exempt		05/10/2019	2019	\$0.00	\$96.00	\$0.00	\$48.00
XWK	65937	Non-Exempt		05/24/2019	2019	\$0.00	\$96.00	\$0.00	\$48.00
XWK	65937	Non-Exempt		06/07/2019	2019	\$0.00	\$96.00	\$0.00	\$48.00
XWK	65937	Non-Exempt		06/21/2019	2019	\$0.00	\$96.00	\$0.00	\$48.00
XWK	65937	Non-Exempt		07/05/2019	2019	\$0.00	\$96.00	\$0.00	\$48.00
XWK	65937	Non-Exempt		07/19/2019	2019	\$0.00	\$96.00	\$0.00	\$48.00
XWK	65937	Non-Exempt		08/02/2019	2019	\$0.00	\$96.00	\$0.00	\$48.00
XWK	65937	Non-Exempt		08/16/2019	2019	\$0.00	\$96.00	\$0.00	\$48.00
XWK	65937	Non-Exempt		08/30/2019	2019	\$0.00	\$96.00	\$0.00	\$48.00
XWK	65937	Non-Exempt		09/13/2019	2019	\$0.00	\$96.00	\$0.00	\$48.00
XWK	65937	Non-Exempt		09/27/2019	2019	\$0.00	\$96.00	\$0.00	\$48.00
XWK	65937	Non-Exempt		10/11/2019	2019	\$0.00	\$96.00	\$0.00	\$48.00
XWK	65937	Non-Exempt		10/25/2019	2019	\$0.00	\$96.00	\$0.00	\$48.00
XWK	65937	Non-Exempt		11/08/2019	2019	\$0.00	\$96.00	\$0.00	\$48.00
XWK	65937	Non-Exempt		11/22/2019	2019	\$0.00	\$96.00	\$0.00	\$48.00
XWK	65937	Non-Exempt		12/06/2019	2019	\$0.00	\$96.00	\$0.00	\$48.00
XWK	65937	Non-Exempt		12/20/2019	2019	\$0.00	\$96.00	\$0.00	\$48.00
XWK	65937	Non-Exempt		01/03/2020	2020	\$0.00	\$96.00	\$0.00	\$48.00
XWK	65937	Non-Exempt		01/17/2020	2020	\$0.00	\$96.00	\$0.00	\$48.00
XWK	65937	Non-Exempt		01/31/2020	2020	\$0.00	\$96.00	\$0.00	\$48.00
XWK	65937	Non-Exempt		02/14/2020	2020	\$0.00	\$96.00	\$0.00	\$48.00
XWK	65937	Non-Exempt		02/28/2020	2020	\$0.00	\$96.00	\$0.00	\$48.00
XWK	65937	Non-Exempt		03/13/2020	2020	\$0.00	\$98.18	\$0.00	\$49.09
XWK	65937	Non-Exempt		03/27/2020	2020	\$0.00	\$98.18	\$0.00	\$49.09
XWK	65937	Non-Exempt		04/09/2020	2020	\$0.00	\$98.18	\$0.00	\$49.09

XWK	65937	Non-Exempt	[REDACTED]	04/24/2020	2020	\$0.00	\$98.18	\$0.00	\$49.09
XWK	65937	Non-Exempt	[REDACTED]	05/08/2020	2020	\$0.00	\$98.18	\$0.00	\$49.09
XWK	65937	Non-Exempt	[REDACTED]	05/22/2020	2020	\$0.00	\$98.18	\$0.00	\$49.09
XWK	65937	Non-Exempt	[REDACTED]	06/05/2020	2020	\$0.00	\$98.18	\$0.00	\$49.09
XWK	65937	Non-Exempt	[REDACTED]	06/19/2020	2020	\$0.00	\$98.18	\$0.00	\$49.09
XWK	65937	Non-Exempt	[REDACTED]	07/02/2020	2020	\$0.00	\$98.18	\$0.00	\$49.09
XWK	65937	Non-Exempt	[REDACTED]	07/17/2020	2020	\$0.00	\$98.18	\$0.00	\$49.09
XWK	65937	Non-Exempt	[REDACTED]	07/31/2020	2020	\$0.00	\$98.18	\$0.00	\$49.09
XWK	65937	Non-Exempt	[REDACTED]	08/14/2020	2020	\$0.00	\$98.18	\$0.00	\$49.09
XWK	65937	Non-Exempt	[REDACTED]	08/28/2020	2020	\$0.00	\$98.18	\$0.00	\$49.09
XWK	65937	Non-Exempt	[REDACTED]	09/11/2020	2020	\$0.00	\$98.18	\$0.00	\$49.09
XWK	65937	Non-Exempt	[REDACTED]	09/25/2020	2020	\$0.00	\$98.18	\$0.00	\$49.09
XWK	65937	Non-Exempt	[REDACTED]	10/09/2020	2020	\$0.00	\$98.18	\$0.00	\$49.09
XWK	65937	Non-Exempt	[REDACTED]	10/23/2020	2020	\$0.00	\$98.18	\$0.00	\$49.09
XWK	65937	Non-Exempt	[REDACTED]	11/06/2020	2020	\$0.00	\$98.18	\$0.00	\$49.09
XWK	65937	Non-Exempt	[REDACTED]	11/20/2020	2020	\$0.00	\$98.18	\$0.00	\$49.09
XWK	65937	Non-Exempt	[REDACTED]	12/04/2020	2020	\$0.00	\$98.18	\$0.00	\$49.09
XWK	65937	Non-Exempt	[REDACTED]	12/18/2020	2020	\$0.00	\$98.18	\$0.00	\$49.09
XWK	65937	Non-Exempt	[REDACTED]	12/31/2020	2020	\$0.00	\$98.18	\$0.00	\$49.09
XWK	65938	Non-Exempt	[REDACTED]	01/18/2019	2019	\$0.00	\$215.58	\$0.00	\$71.86
XWK	65938	Non-Exempt	[REDACTED]	02/01/2019	2019	\$0.00	\$239.54	\$0.00	\$79.85
XWK	65938	Non-Exempt	[REDACTED]	02/15/2019	2019	\$0.00	\$239.54	\$0.00	\$79.85
XWK	65938	Non-Exempt	[REDACTED]	03/01/2019	2019	\$0.00	\$239.54	\$0.00	\$79.85
XWK	65938	Non-Exempt	[REDACTED]	03/15/2019	2019	\$0.00	\$246.46	\$0.00	\$82.15
XWK	65938	Non-Exempt	[REDACTED]	03/29/2019	2019	\$0.00	\$246.46	\$0.00	\$82.15
XWK	65938	Non-Exempt	[REDACTED]	04/12/2019	2019	\$0.00	\$246.46	\$0.00	\$82.15
XWK	65938	Non-Exempt	[REDACTED]	04/26/2019	2019	\$0.00	\$246.46	\$0.00	\$82.15
XWK	65938	Non-Exempt	[REDACTED]	05/10/2019	2019	\$0.00	\$246.46	\$0.00	\$82.15
XWK	65938	Non-Exempt	[REDACTED]	05/24/2019	2019	\$0.00	\$246.46	\$0.00	\$82.15
XWK	65938	Non-Exempt	[REDACTED]	06/07/2019	2019	\$0.00	\$246.46	\$0.00	\$82.15
XWK	65938	Non-Exempt	[REDACTED]	06/21/2019	2019	\$0.00	\$246.46	\$0.00	\$82.15
XWK	65938	Non-Exempt	[REDACTED]	07/05/2019	2019	\$0.00	\$246.46	\$0.00	\$82.15
XWK	65938	Non-Exempt	[REDACTED]	07/19/2019	2019	\$0.00	\$246.46	\$0.00	\$82.15
XWK	65938	Non-Exempt	[REDACTED]	08/02/2019	2019	\$0.00	\$246.46	\$0.00	\$82.15
XWK	65938	Non-Exempt	[REDACTED]	08/16/2019	2019	\$0.00	\$246.46	\$0.00	\$82.15
XWK	65938	Non-Exempt	[REDACTED]	08/30/2019	2019	\$0.00	\$246.46	\$0.00	\$82.15
XWK	65938	Non-Exempt	[REDACTED]	09/13/2019	2019	\$0.00	\$246.46	\$0.00	\$82.15
XWK	65938	Non-Exempt	[REDACTED]	09/27/2019	2019	\$0.00	\$246.46	\$0.00	\$82.15
XWK	65938	Non-Exempt	[REDACTED]	10/11/2019	2019	\$0.00	\$246.46	\$0.00	\$82.15
XWK	65938	Non-Exempt	[REDACTED]	10/25/2019	2019	\$0.00	\$246.46	\$0.00	\$82.15
XWK	65938	Non-Exempt	[REDACTED]	11/08/2019	2019	\$0.00	\$246.46	\$0.00	\$82.15
XWK	65938	Non-Exempt	[REDACTED]	11/22/2019	2019	\$0.00	\$246.46	\$0.00	\$82.15
XWK	65938	Non-Exempt	[REDACTED]	12/06/2019	2019	\$0.00	\$246.46	\$0.00	\$82.15
XWK	65938	Non-Exempt	[REDACTED]	12/20/2019	2019	\$0.00	\$246.46	\$0.00	\$82.15
XWK	65938	Non-Exempt	[REDACTED]	01/03/2020	2020	\$0.00	\$246.47	\$0.00	\$82.15
XWK	65938	Non-Exempt	[REDACTED]	01/17/2020	2020	\$0.00	\$246.47	\$0.00	\$82.15

XWK	65938	Non-Exempt		01/31/2020	2020	\$0.00	\$246.47	\$0.00	\$82.15
XWK	65938	Non-Exempt		02/14/2020	2020	\$0.00	\$246.47	\$0.00	\$82.15
XWK	65938	Non-Exempt		02/28/2020	2020	\$0.00	\$246.47	\$0.00	\$82.15
XWK	65938	Non-Exempt		03/13/2020	2020	\$0.00	\$265.34	\$0.00	\$88.45
XWK	65938	Non-Exempt		03/27/2020	2020	\$0.00	\$265.34	\$0.00	\$88.45
XWK	65938	Non-Exempt		04/09/2020	2020	\$0.00	\$265.34	\$0.00	\$88.45
XWK	65938	Non-Exempt		04/24/2020	2020	\$0.00	\$265.34	\$0.00	\$88.45
XWK	65938	Non-Exempt		05/08/2020	2020	\$0.00	\$265.34	\$0.00	\$88.45
XWK	65938	Non-Exempt		05/22/2020	2020	\$0.00	\$265.34	\$0.00	\$88.45
XWK	65938	Non-Exempt		06/05/2020	2020	\$0.00	\$265.34	\$0.00	\$88.45
XWK	65938	Non-Exempt		06/19/2020	2020	\$0.00	\$265.34	\$0.00	\$88.45
XWK	65938	Non-Exempt		07/02/2020	2020	\$0.00	\$265.34	\$0.00	\$88.45
XWK	65938	Non-Exempt		07/17/2020	2020	\$0.00	\$265.34	\$0.00	\$88.45
XWK	65938	Non-Exempt		07/31/2020	2020	\$0.00	\$265.34	\$0.00	\$88.45
XWK	65938	Non-Exempt		08/14/2020	2020	\$0.00	\$265.34	\$0.00	\$88.45
XWK	65938	Non-Exempt		08/28/2020	2020	\$0.00	\$265.34	\$0.00	\$88.45
XWK	65938	Non-Exempt		09/11/2020	2020	\$0.00	\$265.34	\$0.00	\$88.45
XWK	65938	Non-Exempt		09/25/2020	2020	\$0.00	\$265.34	\$0.00	\$88.45
XWK	65938	Non-Exempt		10/09/2020	2020	\$0.00	\$265.34	\$0.00	\$88.45
XWK	65938	Non-Exempt		10/23/2020	2020	\$0.00	\$265.34	\$0.00	\$88.45
XWK	65938	Non-Exempt		11/06/2020	2020	\$0.00	\$265.34	\$0.00	\$88.45
XWK	65938	Non-Exempt		11/20/2020	2020	\$0.00	\$265.34	\$0.00	\$88.45
XWK	65938	Non-Exempt		12/04/2020	2020	\$0.00	\$265.34	\$0.00	\$88.45
XWK	65938	Non-Exempt		12/18/2020	2020	\$0.00	\$265.34	\$0.00	\$88.45
XWK	65938	Non-Exempt		12/31/2020	2020	\$0.00	\$265.34	\$0.00	\$88.45
XWK	65940	Non-Exempt		01/18/2019	2019	\$0.00	\$47.91	\$0.00	\$47.91
XWK	65940	Non-Exempt		02/01/2019	2019	\$0.00	\$53.23	\$0.00	\$53.23
XWK	65940	Non-Exempt		02/15/2019	2019	\$0.00	\$53.23	\$0.00	\$53.23
XWK	65940	Non-Exempt		03/01/2019	2019	\$0.00	\$53.23	\$0.00	\$53.23
XWK	65940	Non-Exempt		03/15/2019	2019	\$0.00	\$54.77	\$0.00	\$54.77
XWK	65940	Non-Exempt		03/29/2019	2019	\$0.00	\$54.77	\$0.00	\$54.77
XWK	65940	Non-Exempt		04/12/2019	2019	\$0.00	\$54.77	\$0.00	\$54.77
XWK	65940	Non-Exempt		04/26/2019	2019	\$0.00	\$54.77	\$0.00	\$54.77
XWK	65940	Non-Exempt		05/10/2019	2019	\$0.00	\$54.77	\$0.00	\$54.77
XWK	65940	Non-Exempt		05/24/2019	2019	\$0.00	\$54.77	\$0.00	\$54.77
XWK	65940	Non-Exempt		06/07/2019	2019	\$0.00	\$54.77	\$0.00	\$54.77
XWK	65940	Non-Exempt		06/21/2019	2019	\$0.00	\$54.77	\$0.00	\$54.77
XWK	65940	Non-Exempt		07/05/2019	2019	\$0.00	\$54.77	\$0.00	\$54.77
XWK	65940	Non-Exempt		07/19/2019	2019	\$0.00	\$54.77	\$0.00	\$54.77
XWK	65940	Non-Exempt		08/02/2019	2019	\$0.00	\$54.77	\$0.00	\$54.77
XWK	65940	Non-Exempt		08/16/2019	2019	\$0.00	\$54.77	\$0.00	\$54.77
XWK	65940	Non-Exempt		08/30/2019	2019	\$0.00	\$54.77	\$0.00	\$54.77
XWK	65940	Non-Exempt		09/13/2019	2019	\$0.00	\$54.77	\$0.00	\$54.77
XWK	65940	Non-Exempt		09/27/2019	2019	\$0.00	\$54.77	\$0.00	\$54.77
XWK	65940	Non-Exempt		10/11/2019	2019	\$0.00	\$54.77	\$0.00	\$54.77
XWK	65940	Non-Exempt		10/25/2019	2019	\$0.00	\$54.77	\$0.00	\$54.77

XWK	65940	Non-Exempt		11/08/2019	2019	\$0.00	\$54.77	\$0.00	\$54.77
XWK	65940	Non-Exempt		11/22/2019	2019	\$0.00	\$54.77	\$0.00	\$54.77
XWK	65940	Non-Exempt		12/06/2019	2019	\$0.00	\$54.77	\$0.00	\$54.77
XWK	65940	Non-Exempt		12/20/2019	2019	\$0.00	\$54.77	\$0.00	\$54.77
XWK	65940	Non-Exempt		01/03/2020	2020	\$0.00	\$54.77	\$0.00	\$54.77
XWK	65940	Non-Exempt		01/17/2020	2020	\$0.00	\$54.77	\$0.00	\$54.77
XWK	65940	Non-Exempt		01/31/2020	2020	\$0.00	\$54.77	\$0.00	\$54.77
XWK	65940	Non-Exempt		02/14/2020	2020	\$0.00	\$54.77	\$0.00	\$54.77
XWK	65940	Non-Exempt		02/28/2020	2020	\$0.00	\$54.77	\$0.00	\$54.77
XWK	65940	Non-Exempt		03/13/2020	2020	\$0.00	\$59.07	\$0.00	\$59.07
XWK	65940	Non-Exempt		03/27/2020	2020	\$0.00	\$59.07	\$0.00	\$59.07
XWK	65940	Non-Exempt		04/09/2020	2020	\$0.00	\$59.07	\$0.00	\$59.07
XWK	65940	Non-Exempt		04/24/2020	2020	\$0.00	\$59.07	\$0.00	\$59.07
XWK	65940	Non-Exempt		05/08/2020	2020	\$0.00	\$59.07	\$0.00	\$59.07
XWK	65940	Non-Exempt		05/22/2020	2020	\$0.00	\$59.07	\$0.00	\$59.07
XWK	65940	Non-Exempt		06/05/2020	2020	\$0.00	\$59.07	\$0.00	\$59.07
XWK	65940	Non-Exempt		06/19/2020	2020	\$0.00	\$59.07	\$0.00	\$59.07
XWK	65940	Non-Exempt		07/02/2020	2020	\$0.00	\$59.07	\$0.00	\$59.07
XWK	65940	Non-Exempt		07/17/2020	2020	\$0.00	\$59.07	\$0.00	\$59.07
XWK	65940	Non-Exempt		07/31/2020	2020	\$0.00	\$59.07	\$0.00	\$59.07
XWK	65940	Non-Exempt		08/14/2020	2020	\$0.00	\$59.07	\$0.00	\$59.07
XWK	65940	Non-Exempt		08/28/2020	2020	\$0.00	\$59.07	\$0.00	\$59.07
XWK	65940	Non-Exempt		09/11/2020	2020	\$0.00	\$59.07	\$0.00	\$59.07
XWK	65940	Non-Exempt		09/25/2020	2020	\$0.00	\$59.07	\$0.00	\$59.07
XWK	65940	Non-Exempt		10/09/2020	2020	\$0.00	\$59.07	\$0.00	\$59.07
XWK	65940	Non-Exempt		10/23/2020	2020	\$0.00	\$59.07	\$0.00	\$59.07
XWK	65940	Non-Exempt		11/06/2020	2020	\$0.00	\$59.07	\$0.00	\$59.07
XWK	65940	Non-Exempt		11/20/2020	2020	\$0.00	\$59.07	\$0.00	\$59.07
XWK	65940	Non-Exempt		12/04/2020	2020	\$0.00	\$59.07	\$0.00	\$59.07
XWK	65940	Non-Exempt		12/18/2020	2020	\$0.00	\$59.07	\$0.00	\$59.07
XWK	65940	Non-Exempt		12/31/2020	2020	\$0.00	\$59.07	\$0.00	\$59.07
XWK	65941	Non-Exempt		01/18/2019	2019	\$0.00	\$106.55	\$0.00	\$71.03
XWK	65941	Non-Exempt		02/01/2019	2019	\$0.00	\$118.39	\$0.00	\$78.92
XWK	65941	Non-Exempt		02/15/2019	2019	\$0.00	\$118.39	\$0.00	\$78.92
XWK	65941	Non-Exempt		03/01/2019	2019	\$0.00	\$118.39	\$0.00	\$78.92
XWK	65941	Non-Exempt		03/15/2019	2019	\$0.00	\$121.85	\$0.00	\$81.23
XWK	65941	Non-Exempt		03/29/2019	2019	\$0.00	\$121.85	\$0.00	\$81.23
XWK	65941	Non-Exempt		04/12/2019	2019	\$0.00	\$121.85	\$0.00	\$81.23
XWK	65941	Non-Exempt		04/26/2019	2019	\$0.00	\$121.85	\$0.00	\$81.23
XWK	65941	Non-Exempt		05/10/2019	2019	\$0.00	\$121.85	\$0.00	\$81.23
XWK	65941	Non-Exempt		05/24/2019	2019	\$0.00	\$121.85	\$0.00	\$81.23
XWK	65941	Non-Exempt		06/07/2019	2019	\$0.00	\$121.85	\$0.00	\$81.23
XWK	65941	Non-Exempt		06/21/2019	2019	\$0.00	\$121.85	\$0.00	\$81.23
XWK	65941	Non-Exempt		07/05/2019	2019	\$0.00	\$121.85	\$0.00	\$81.23
XWK	65941	Non-Exempt		07/19/2019	2019	\$0.00	\$121.85	\$0.00	\$81.23
XWK	65941	Non-Exempt		08/02/2019	2019	\$0.00	\$121.85	\$0.00	\$81.23

XWK	65941	Non-Exempt		08/16/2019	2019	\$0.00	\$121.85	\$0.00	\$81.23
XWK	65941	Non-Exempt		08/30/2019	2019	\$0.00	\$121.85	\$0.00	\$81.23
XWK	65941	Non-Exempt		09/13/2019	2019	\$0.00	\$121.85	\$0.00	\$81.23
XWK	65941	Non-Exempt		09/27/2019	2019	\$0.00	\$121.85	\$0.00	\$81.23
XWK	65941	Non-Exempt		10/11/2019	2019	\$0.00	\$121.85	\$0.00	\$81.23
XWK	65941	Non-Exempt		10/25/2019	2019	\$0.00	\$121.85	\$0.00	\$81.23
XWK	65941	Non-Exempt		11/08/2019	2019	\$0.00	\$121.85	\$0.00	\$81.23
XWK	65941	Non-Exempt		11/22/2019	2019	\$0.00	\$121.85	\$0.00	\$81.23
XWK	65941	Non-Exempt		12/06/2019	2019	\$0.00	\$121.85	\$0.00	\$81.23
XWK	65941	Non-Exempt		12/20/2019	2019	\$0.00	\$121.85	\$0.00	\$81.23
XWK	65941	Non-Exempt		01/03/2020	2020	\$0.00	\$121.83	\$0.00	\$81.22
XWK	65941	Non-Exempt		01/17/2020	2020	\$0.00	\$121.83	\$0.00	\$81.22
XWK	65941	Non-Exempt		01/31/2020	2020	\$0.00	\$121.83	\$0.00	\$81.22
XWK	65941	Non-Exempt		02/14/2020	2020	\$0.00	\$121.83	\$0.00	\$81.22
XWK	65941	Non-Exempt		02/28/2020	2020	\$0.00	\$121.83	\$0.00	\$81.22
XWK	65941	Non-Exempt		03/13/2020	2020	\$0.00	\$131.09	\$0.00	\$87.40
XWK	65941	Non-Exempt		03/27/2020	2020	\$0.00	\$131.09	\$0.00	\$87.40
XWK	65941	Non-Exempt		04/09/2020	2020	\$0.00	\$131.09	\$0.00	\$87.40
XWK	65941	Non-Exempt		04/24/2020	2020	\$0.00	\$131.09	\$0.00	\$87.40
XWK	65941	Non-Exempt		05/08/2020	2020	\$0.00	\$131.09	\$0.00	\$87.40
XWK	65941	Non-Exempt		05/22/2020	2020	\$0.00	\$131.09	\$0.00	\$87.40
XWK	65941	Non-Exempt		06/05/2020	2020	\$0.00	\$131.09	\$0.00	\$87.40
XWK	65941	Non-Exempt		06/19/2020	2020	\$0.00	\$131.09	\$0.00	\$87.40
XWK	65941	Non-Exempt		07/02/2020	2020	\$0.00	\$131.09	\$0.00	\$87.40
XWK	65941	Non-Exempt		07/17/2020	2020	\$0.00	\$131.09	\$0.00	\$87.40
XWK	65941	Non-Exempt		07/31/2020	2020	\$0.00	\$131.09	\$0.00	\$87.40
XWK	65941	Non-Exempt		08/14/2020	2020	\$0.00	\$131.09	\$0.00	\$87.40
XWK	65941	Non-Exempt		08/28/2020	2020	\$0.00	\$131.09	\$0.00	\$87.40
XWK	65941	Non-Exempt		09/11/2020	2020	\$0.00	\$131.09	\$0.00	\$87.40
XWK	65941	Non-Exempt		09/25/2020	2020	\$0.00	\$131.09	\$0.00	\$87.40
XWK	65941	Non-Exempt		10/09/2020	2020	\$0.00	\$131.09	\$0.00	\$87.40
XWK	65941	Non-Exempt		10/23/2020	2020	\$0.00	\$131.09	\$0.00	\$87.40
XWK	65941	Non-Exempt		11/06/2020	2020	\$0.00	\$131.09	\$0.00	\$87.40
XWK	65941	Non-Exempt		11/20/2020	2020	\$0.00	\$131.09	\$0.00	\$87.40
XWK	65941	Non-Exempt		12/04/2020	2020	\$0.00	\$131.09	\$0.00	\$87.40
XWK	65941	Non-Exempt		12/18/2020	2020	\$0.00	\$131.09	\$0.00	\$87.40
XWK	65941	Non-Exempt		12/31/2020	2020	\$0.00	\$131.09	\$0.00	\$87.40
XWK	65942	Non-Exempt		01/18/2019	2019	\$0.00	\$141.92	\$0.00	\$56.77
XWK	65942	Non-Exempt		02/01/2019	2019	\$0.00	\$157.69	\$0.00	\$63.08
XWK	65942	Non-Exempt		02/15/2019	2019	\$0.00	\$157.69	\$0.00	\$63.08
XWK	65942	Non-Exempt		03/01/2019	2019	\$0.00	\$157.69	\$0.00	\$63.08
XWK	65942	Non-Exempt		03/15/2019	2019	\$0.00	\$162.31	\$0.00	\$64.92
XWK	65942	Non-Exempt		03/29/2019	2019	\$0.00	\$162.31	\$0.00	\$64.92
XWK	65942	Non-Exempt		04/12/2019	2019	\$0.00	\$162.31	\$0.00	\$64.92
XWK	65942	Non-Exempt		04/26/2019	2019	\$0.00	\$162.31	\$0.00	\$64.92
XWK	65942	Non-Exempt		05/10/2019	2019	\$0.00	\$162.31	\$0.00	\$64.92

XWK	65942	Non-Exempt		05/24/2019	2019	\$0.00	\$162.31	\$0.00	\$64.92
XWK	65942	Non-Exempt		06/07/2019	2019	\$0.00	\$162.31	\$0.00	\$64.92
XWK	65942	Non-Exempt		06/21/2019	2019	\$0.00	\$162.31	\$0.00	\$64.92
XWK	65942	Non-Exempt		07/05/2019	2019	\$0.00	\$162.31	\$0.00	\$64.92
XWK	65942	Non-Exempt		07/19/2019	2019	\$0.00	\$162.31	\$0.00	\$64.92
XWK	65942	Non-Exempt		08/02/2019	2019	\$0.00	\$162.31	\$0.00	\$64.92
XWK	65942	Non-Exempt		08/16/2019	2019	\$0.00	\$162.31	\$0.00	\$64.92
XWK	65942	Non-Exempt		08/30/2019	2019	\$0.00	\$162.31	\$0.00	\$64.92
XWK	65942	Non-Exempt		09/13/2019	2019	\$0.00	\$162.31	\$0.00	\$64.92
XWK	65942	Non-Exempt		09/27/2019	2019	\$0.00	\$162.31	\$0.00	\$64.92
XWK	65942	Non-Exempt		10/11/2019	2019	\$0.00	\$162.31	\$0.00	\$64.92
XWK	65942	Non-Exempt		10/25/2019	2019	\$0.00	\$162.31	\$0.00	\$64.92
XWK	65942	Non-Exempt		11/08/2019	2019	\$0.00	\$162.31	\$0.00	\$64.92
XWK	65942	Non-Exempt		11/22/2019	2019	\$0.00	\$162.31	\$0.00	\$64.92
XWK	65942	Non-Exempt		12/06/2019	2019	\$0.00	\$162.31	\$0.00	\$64.92
XWK	65942	Non-Exempt		12/20/2019	2019	\$0.00	\$162.31	\$0.00	\$64.92
XWK	65942	Non-Exempt		01/03/2020	2020	\$0.00	\$162.32	\$0.00	\$64.93
XWK	65942	Non-Exempt		01/17/2020	2020	\$0.00	\$162.32	\$0.00	\$64.93
XWK	65942	Non-Exempt		01/31/2020	2020	\$0.00	\$162.32	\$0.00	\$64.93
XWK	65942	Non-Exempt		02/14/2020	2020	\$0.00	\$162.32	\$0.00	\$64.93
XWK	65942	Non-Exempt		02/28/2020	2020	\$0.00	\$162.32	\$0.00	\$64.93
XWK	65942	Non-Exempt		03/13/2020	2020	\$0.00	\$175.76	\$0.00	\$70.31
XWK	65942	Non-Exempt		03/27/2020	2020	\$0.00	\$175.76	\$0.00	\$70.31
XWK	65942	Non-Exempt		04/09/2020	2020	\$0.00	\$175.76	\$0.00	\$70.31
XWK	65942	Non-Exempt		04/24/2020	2020	\$0.00	\$175.76	\$0.00	\$70.31
XWK	65942	Non-Exempt		05/08/2020	2020	\$0.00	\$175.76	\$0.00	\$70.31
XWK	65942	Non-Exempt		05/22/2020	2020	\$0.00	\$175.76	\$0.00	\$70.31
XWK	65942	Non-Exempt		06/05/2020	2020	\$0.00	\$175.76	\$0.00	\$70.31
XWK	65942	Non-Exempt		06/19/2020	2020	\$0.00	\$175.76	\$0.00	\$70.31
XWK	65942	Non-Exempt		07/02/2020	2020	\$0.00	\$175.76	\$0.00	\$70.31
XWK	65942	Non-Exempt		07/17/2020	2020	\$0.00	\$175.76	\$0.00	\$70.31
XWK	65942	Non-Exempt		07/31/2020	2020	\$0.00	\$175.76	\$0.00	\$70.31
XWK	65942	Non-Exempt		08/14/2020	2020	\$0.00	\$175.76	\$0.00	\$70.31
XWK	65942	Non-Exempt		08/28/2020	2020	\$0.00	\$175.76	\$0.00	\$70.31
XWK	65942	Non-Exempt		09/11/2020	2020	\$0.00	\$175.76	\$0.00	\$70.31
XWK	65942	Non-Exempt		09/25/2020	2020	\$0.00	\$175.76	\$0.00	\$70.31
XWK	65942	Non-Exempt		10/09/2020	2020	\$0.00	\$175.76	\$0.00	\$70.31
XWK	65942	Non-Exempt		10/23/2020	2020	\$0.00	\$175.76	\$0.00	\$70.31
XWK	65942	Non-Exempt		11/06/2020	2020	\$0.00	\$175.76	\$0.00	\$70.31
XWK	65942	Non-Exempt		11/20/2020	2020	\$0.00	\$175.76	\$0.00	\$70.31
XWK	65942	Non-Exempt		12/04/2020	2020	\$0.00	\$175.76	\$0.00	\$70.31
XWK	65942	Non-Exempt		12/18/2020	2020	\$0.00	\$175.76	\$0.00	\$70.31
XWK	65942	Non-Exempt		12/31/2020	2020	\$0.00	\$175.76	\$0.00	\$70.31
XWK	65943	Non-Exempt		01/18/2019	2019	\$0.00	\$94.08	\$0.00	\$62.72
XWK	65943	Non-Exempt		02/01/2019	2019	\$0.00	\$104.54	\$0.00	\$69.69
XWK	65943	Non-Exempt		02/15/2019	2019	\$0.00	\$104.54	\$0.00	\$69.69

XWK	65943	Non-Exempt		03/01/2019	2019	\$0.00	\$104.54	\$0.00	\$69.69
XWK	65943	Non-Exempt		03/15/2019	2019	\$0.00	\$107.54	\$0.00	\$71.69
XWK	65943	Non-Exempt		03/29/2019	2019	\$0.00	\$107.54	\$0.00	\$71.69
XWK	65943	Non-Exempt		04/12/2019	2019	\$0.00	\$17.92	\$0.00	\$17.92
XWK	65943	Non-Exempt		04/26/2019	2019	\$0.00	\$17.92	\$0.00	\$17.92
XWK	65943	Non-Exempt		05/10/2019	2019	\$0.00	\$17.92	\$0.00	\$17.92
XWK	65943	Non-Exempt		05/24/2019	2019	\$0.00	\$17.92	\$0.00	\$17.92
XWK	65943	Non-Exempt		06/07/2019	2019	\$0.00	\$17.92	\$0.00	\$17.92
XWK	65943	Non-Exempt		06/21/2019	2019	\$0.00	\$17.92	\$0.00	\$17.92
XWK	65943	Non-Exempt		07/05/2019	2019	\$0.00	\$17.92	\$0.00	\$17.92
XWK	65943	Non-Exempt		07/19/2019	2019	\$0.00	\$17.92	\$0.00	\$17.92
XWK	65943	Non-Exempt		08/02/2019	2019	\$0.00	\$8.96	\$0.00	\$8.96
XWK	65943	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		01/18/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		02/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		02/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		03/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		03/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		03/29/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		04/12/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		04/26/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		05/10/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		05/24/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		06/07/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		08/02/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		08/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		09/13/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		09/27/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		10/11/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		10/25/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		11/08/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		11/22/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		12/20/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		01/03/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		01/17/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		01/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		02/14/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		02/28/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		03/13/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		03/27/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		04/09/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00

XWK	65944	Non-Exempt		04/24/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		05/08/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		05/22/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		06/05/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		06/19/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		07/02/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65944	Non-Exempt		07/17/2020	2020	\$0.00	\$141.80	\$0.00	\$70.99
XWK	65944	Non-Exempt		07/31/2020	2020	\$0.00	\$141.80	\$0.00	\$70.99
XWK	65944	Non-Exempt		08/14/2020	2020	\$0.00	\$141.80	\$0.00	\$70.99
XWK	65944	Non-Exempt		08/28/2020	2020	\$0.00	\$141.80	\$0.00	\$70.99
XWK	65944	Non-Exempt		09/11/2020	2020	\$0.00	\$141.80	\$0.00	\$70.99
XWK	65944	Non-Exempt		09/25/2020	2020	\$0.00	\$141.80	\$0.00	\$70.99
XWK	65944	Non-Exempt		10/09/2020	2020	\$0.00	\$141.80	\$0.00	\$70.99
XWK	65944	Non-Exempt		10/23/2020	2020	\$0.00	\$141.80	\$0.00	\$70.99
XWK	65944	Non-Exempt		11/06/2020	2020	\$0.00	\$141.80	\$0.00	\$70.99
XWK	65944	Non-Exempt		11/20/2020	2020	\$0.00	\$141.80	\$0.00	\$70.99
XWK	65944	Non-Exempt		12/04/2020	2020	\$0.00	\$141.80	\$0.00	\$70.99
XWK	65944	Non-Exempt		12/18/2020	2020	\$0.00	\$141.80	\$0.00	\$70.99
XWK	65944	Non-Exempt		12/31/2020	2020	\$0.00	\$141.80	\$0.00	\$70.99
XWK	65945	Non-Exempt		01/18/2019	2019	\$0.00	\$56.22	\$0.00	\$56.22
XWK	65945	Non-Exempt		02/01/2019	2019	\$0.00	\$62.46	\$0.00	\$62.46
XWK	65945	Non-Exempt		02/15/2019	2019	\$0.00	\$62.46	\$0.00	\$62.46
XWK	65945	Non-Exempt		03/01/2019	2019	\$0.00	\$62.46	\$0.00	\$62.46
XWK	65945	Non-Exempt		03/15/2019	2019	\$0.00	\$64.46	\$0.00	\$64.46
XWK	65945	Non-Exempt		03/29/2019	2019	\$0.00	\$64.46	\$0.00	\$64.46
XWK	65945	Non-Exempt		04/12/2019	2019	\$0.00	\$64.46	\$0.00	\$64.46
XWK	65945	Non-Exempt		04/26/2019	2019	\$0.00	\$64.46	\$0.00	\$64.46
XWK	65945	Non-Exempt		05/10/2019	2019	\$0.00	\$64.46	\$0.00	\$64.46
XWK	65945	Non-Exempt		05/24/2019	2019	\$0.00	\$64.46	\$0.00	\$64.46
XWK	65945	Non-Exempt		06/07/2019	2019	\$0.00	\$64.46	\$0.00	\$64.46
XWK	65945	Non-Exempt		06/21/2019	2019	\$0.00	\$64.46	\$0.00	\$64.46
XWK	65945	Non-Exempt		07/05/2019	2019	\$0.00	\$64.46	\$0.00	\$64.46
XWK	65945	Non-Exempt		07/19/2019	2019	\$0.00	\$64.46	\$0.00	\$64.46
XWK	65945	Non-Exempt		08/02/2019	2019	\$0.00	\$64.46	\$0.00	\$64.46
XWK	65945	Non-Exempt		08/16/2019	2019	\$0.00	\$64.46	\$0.00	\$64.46
XWK	65945	Non-Exempt		08/30/2019	2019	\$0.00	\$64.46	\$0.00	\$64.46
XWK	65945	Non-Exempt		09/13/2019	2019	\$0.00	\$64.46	\$0.00	\$64.46
XWK	65945	Non-Exempt		09/27/2019	2019	\$0.00	\$64.46	\$0.00	\$64.46
XWK	65945	Non-Exempt		10/11/2019	2019	\$0.00	\$64.46	\$0.00	\$64.46
XWK	65945	Non-Exempt		10/25/2019	2019	\$0.00	\$64.46	\$0.00	\$64.46
XWK	65945	Non-Exempt		11/08/2019	2019	\$0.00	\$64.46	\$0.00	\$64.46
XWK	65945	Non-Exempt		11/22/2019	2019	\$0.00	\$64.46	\$0.00	\$64.46
XWK	65945	Non-Exempt		12/06/2019	2019	\$0.00	\$64.46	\$0.00	\$64.46
XWK	65945	Non-Exempt		12/20/2019	2019	\$0.00	\$64.46	\$0.00	\$64.46
XWK	65945	Non-Exempt		01/03/2020	2020	\$0.00	\$64.46	\$0.00	\$64.46
XWK	65945	Non-Exempt		01/17/2020	2020	\$0.00	\$64.46	\$0.00	\$64.46

XWK	65945	Non-Exempt		01/31/2020	2020	\$0.00	\$64.46	\$0.00	\$64.46
XWK	65945	Non-Exempt		02/14/2020	2020	\$0.00	\$64.46	\$0.00	\$64.46
XWK	65945	Non-Exempt		02/28/2020	2020	\$0.00	\$64.46	\$0.00	\$64.46
XWK	65945	Non-Exempt		03/13/2020	2020	\$0.00	\$69.54	\$0.00	\$69.54
XWK	65945	Non-Exempt		03/27/2020	2020	\$0.00	\$69.54	\$0.00	\$69.54
XWK	65945	Non-Exempt		04/09/2020	2020	\$0.00	\$69.54	\$0.00	\$69.54
XWK	65945	Non-Exempt		04/24/2020	2020	\$0.00	\$69.54	\$0.00	\$69.54
XWK	65945	Non-Exempt		05/08/2020	2020	\$0.00	\$69.54	\$0.00	\$69.54
XWK	65945	Non-Exempt		05/22/2020	2020	\$0.00	\$69.54	\$0.00	\$69.54
XWK	65945	Non-Exempt		06/05/2020	2020	\$0.00	\$69.54	\$0.00	\$69.54
XWK	65945	Non-Exempt		06/19/2020	2020	\$0.00	\$69.54	\$0.00	\$69.54
XWK	65945	Non-Exempt		07/02/2020	2020	\$0.00	\$69.54	\$0.00	\$69.54
XWK	65945	Non-Exempt		07/17/2020	2020	\$0.00	\$69.54	\$0.00	\$69.54
XWK	65945	Non-Exempt		07/31/2020	2020	\$0.00	\$69.54	\$0.00	\$69.54
XWK	65945	Non-Exempt		08/14/2020	2020	\$0.00	\$69.54	\$0.00	\$69.54
XWK	65945	Non-Exempt		08/28/2020	2020	\$0.00	\$69.54	\$0.00	\$69.54
XWK	65945	Non-Exempt		09/11/2020	2020	\$0.00	\$69.54	\$0.00	\$69.54
XWK	65945	Non-Exempt		09/25/2020	2020	\$0.00	\$69.54	\$0.00	\$69.54
XWK	65945	Non-Exempt		10/09/2020	2020	\$0.00	\$69.54	\$0.00	\$69.54
XWK	65945	Non-Exempt		10/23/2020	2020	\$0.00	\$69.54	\$0.00	\$69.54
XWK	65945	Non-Exempt		11/06/2020	2020	\$0.00	\$69.54	\$0.00	\$69.54
XWK	65945	Non-Exempt		11/20/2020	2020	\$0.00	\$69.54	\$0.00	\$69.54
XWK	65945	Non-Exempt		12/04/2020	2020	\$0.00	\$69.54	\$0.00	\$69.54
XWK	65945	Non-Exempt		12/18/2020	2020	\$0.00	\$69.54	\$0.00	\$69.54
XWK	65945	Non-Exempt		12/31/2020	2020	\$0.00	\$69.54	\$0.00	\$69.54
XWK	65946	Non-Exempt		01/18/2019	2019	\$0.00	\$189.00	\$0.00	\$63.00
XWK	65946	Non-Exempt		02/01/2019	2019	\$0.00	\$210.00	\$0.00	\$70.00
XWK	65946	Non-Exempt		02/15/2019	2019	\$0.00	\$210.00	\$0.00	\$70.00
XWK	65946	Non-Exempt		03/01/2019	2019	\$0.00	\$210.00	\$0.00	\$70.00
XWK	65946	Non-Exempt		03/15/2019	2019	\$0.00	\$219.23	\$0.00	\$73.08
XWK	65946	Non-Exempt		03/29/2019	2019	\$0.00	\$219.23	\$0.00	\$73.08
XWK	65946	Non-Exempt		03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65946	Non-Exempt		04/12/2019	2019	\$0.00	\$219.23	\$0.00	\$73.08
XWK	65946	Non-Exempt		04/26/2019	2019	\$0.00	\$219.23	\$0.00	\$73.08
XWK	65946	Non-Exempt		05/10/2019	2019	\$0.00	\$219.23	\$0.00	\$73.08
XWK	65946	Non-Exempt		05/24/2019	2019	\$0.00	\$219.23	\$0.00	\$73.08
XWK	65946	Non-Exempt		06/07/2019	2019	\$0.00	\$219.23	\$0.00	\$73.08
XWK	65946	Non-Exempt		06/21/2019	2019	\$0.00	\$219.23	\$0.00	\$73.08
XWK	65946	Non-Exempt		07/05/2019	2019	\$0.00	\$219.23	\$0.00	\$73.08
XWK	65946	Non-Exempt		07/19/2019	2019	\$0.00	\$219.23	\$0.00	\$73.08
XWK	65946	Non-Exempt		08/02/2019	2019	\$0.00	\$219.23	\$0.00	\$73.08
XWK	65946	Non-Exempt		08/16/2019	2019	\$0.00	\$219.23	\$0.00	\$73.08
XWK	65946	Non-Exempt		08/30/2019	2019	\$0.00	\$219.23	\$0.00	\$73.08
XWK	65946	Non-Exempt		09/13/2019	2019	\$0.00	\$219.23	\$0.00	\$73.08
XWK	65946	Non-Exempt		09/27/2019	2019	\$0.00	\$219.23	\$0.00	\$73.08
XWK	65946	Non-Exempt		10/11/2019	2019	\$0.00	\$219.23	\$0.00	\$73.08

XWK	65946	Non-Exempt		10/25/2019	2019	\$0.00	\$219.23	\$0.00	\$73.08
XWK	65946	Non-Exempt		11/08/2019	2019	\$0.00	\$219.23	\$0.00	\$73.08
XWK	65946	Non-Exempt		11/22/2019	2019	\$0.00	\$219.23	\$0.00	\$73.08
XWK	65946	Non-Exempt		12/06/2019	2019	\$0.00	\$219.23	\$0.00	\$73.08
XWK	65946	Non-Exempt		12/20/2019	2019	\$0.00	\$219.23	\$0.00	\$73.08
XWK	65946	Non-Exempt		01/03/2020	2020	\$0.00	\$219.22	\$0.00	\$73.06
XWK	65946	Non-Exempt		01/17/2020	2020	\$0.00	\$219.22	\$0.00	\$73.06
XWK	65946	Non-Exempt		01/31/2020	2020	\$0.00	\$219.22	\$0.00	\$73.06
XWK	65946	Non-Exempt		02/14/2020	2020	\$0.00	\$219.22	\$0.00	\$73.06
XWK	65946	Non-Exempt		02/28/2020	2020	\$0.00	\$219.22	\$0.00	\$73.06
XWK	65946	Non-Exempt		03/13/2020	2020	\$0.00	\$238.18	\$0.00	\$79.40
XWK	65946	Non-Exempt		03/27/2020	2020	\$0.00	\$238.18	\$0.00	\$79.40
XWK	65946	Non-Exempt		04/09/2020	2020	\$0.00	\$238.18	\$0.00	\$79.40
XWK	65946	Non-Exempt		04/24/2020	2020	\$0.00	\$238.18	\$0.00	\$79.40
XWK	65946	Non-Exempt		05/08/2020	2020	\$0.00	\$238.18	\$0.00	\$79.40
XWK	65946	Non-Exempt		05/22/2020	2020	\$0.00	\$238.18	\$0.00	\$79.40
XWK	65946	Non-Exempt		06/05/2020	2020	\$0.00	\$238.18	\$0.00	\$79.40
XWK	65946	Non-Exempt		06/19/2020	2020	\$0.00	\$238.18	\$0.00	\$79.40
XWK	65946	Non-Exempt		07/02/2020	2020	\$0.00	\$238.18	\$0.00	\$79.40
XWK	65946	Non-Exempt		07/17/2020	2020	\$0.00	\$238.18	\$0.00	\$79.40
XWK	65946	Non-Exempt		07/31/2020	2020	\$0.00	\$238.18	\$0.00	\$79.40
XWK	65946	Non-Exempt		08/14/2020	2020	\$0.00	\$238.18	\$0.00	\$79.40
XWK	65946	Non-Exempt		08/28/2020	2020	\$0.00	\$238.18	\$0.00	\$79.40
XWK	65946	Non-Exempt		09/11/2020	2020	\$0.00	\$238.18	\$0.00	\$79.40
XWK	65946	Non-Exempt		09/25/2020	2020	\$0.00	\$238.18	\$0.00	\$79.40
XWK	65946	Non-Exempt		10/09/2020	2020	\$0.00	\$238.18	\$0.00	\$79.40
XWK	65946	Non-Exempt		10/23/2020	2020	\$0.00	\$238.18	\$0.00	\$79.40
XWK	65946	Non-Exempt		11/06/2020	2020	\$0.00	\$238.18	\$0.00	\$79.40
XWK	65946	Non-Exempt		11/20/2020	2020	\$0.00	\$238.18	\$0.00	\$79.40
XWK	65946	Non-Exempt		12/04/2020	2020	\$0.00	\$238.18	\$0.00	\$79.40
XWK	65946	Non-Exempt		12/18/2020	2020	\$0.00	\$238.18	\$0.00	\$79.40
XWK	65946	Non-Exempt		12/31/2020	2020	\$0.00	\$238.18	\$0.00	\$79.40
XWK	65948	Non-Exempt		01/18/2019	2019	\$0.00	\$77.05	\$0.00	\$51.37
XWK	65948	Non-Exempt		02/01/2019	2019	\$0.00	\$85.62	\$0.00	\$57.08
XWK	65948	Non-Exempt		02/15/2019	2019	\$0.00	\$85.62	\$0.00	\$57.08
XWK	65948	Non-Exempt		03/01/2019	2019	\$0.00	\$85.62	\$0.00	\$57.08
XWK	65948	Non-Exempt		03/15/2019	2019	\$0.00	\$88.38	\$0.00	\$58.92
XWK	65948	Non-Exempt		03/29/2019	2019	\$0.00	\$88.38	\$0.00	\$58.92
XWK	65948	Non-Exempt		04/12/2019	2019	\$0.00	\$88.38	\$0.00	\$58.92
XWK	65948	Non-Exempt		04/26/2019	2019	\$0.00	\$88.38	\$0.00	\$58.92
XWK	65948	Non-Exempt		05/10/2019	2019	\$0.00	\$88.38	\$0.00	\$58.92
XWK	65948	Non-Exempt		05/24/2019	2019	\$0.00	\$88.38	\$0.00	\$58.92
XWK	65948	Non-Exempt		06/07/2019	2019	\$0.00	\$88.38	\$0.00	\$58.92
XWK	65948	Non-Exempt		06/21/2019	2019	\$0.00	\$88.38	\$0.00	\$58.92
XWK	65948	Non-Exempt		07/05/2019	2019	\$0.00	\$88.38	\$0.00	\$58.92
XWK	65948	Non-Exempt		07/19/2019	2019	\$0.00	\$88.38	\$0.00	\$58.92

XWK	65948	Non-Exempt		08/02/2019	2019	\$0.00	\$88.38	\$0.00	\$58.92
XWK	65948	Non-Exempt		08/16/2019	2019	\$0.00	\$88.38	\$0.00	\$58.92
XWK	65948	Non-Exempt		08/30/2019	2019	\$0.00	\$88.38	\$0.00	\$58.92
XWK	65948	Non-Exempt		09/13/2019	2019	\$0.00	\$88.38	\$0.00	\$58.92
XWK	65948	Non-Exempt		09/27/2019	2019	\$0.00	\$88.38	\$0.00	\$58.92
XWK	65948	Non-Exempt		10/11/2019	2019	\$0.00	\$88.38	\$0.00	\$58.92
XWK	65948	Non-Exempt		10/25/2019	2019	\$0.00	\$88.38	\$0.00	\$58.92
XWK	65948	Non-Exempt		11/08/2019	2019	\$0.00	\$88.38	\$0.00	\$58.92
XWK	65948	Non-Exempt		11/22/2019	2019	\$0.00	\$88.38	\$0.00	\$58.92
XWK	65948	Non-Exempt		12/06/2019	2019	\$0.00	\$88.38	\$0.00	\$58.92
XWK	65948	Non-Exempt		12/20/2019	2019	\$0.00	\$88.38	\$0.00	\$58.92
XWK	65948	Non-Exempt		01/03/2020	2020	\$0.00	\$88.39	\$0.00	\$58.92
XWK	65948	Non-Exempt		01/17/2020	2020	\$0.00	\$88.39	\$0.00	\$58.92
XWK	65948	Non-Exempt		01/31/2020	2020	\$0.00	\$88.39	\$0.00	\$58.92
XWK	65948	Non-Exempt		02/14/2020	2020	\$0.00	\$88.39	\$0.00	\$58.92
XWK	65948	Non-Exempt		02/28/2020	2020	\$0.00	\$88.39	\$0.00	\$58.92
XWK	65948	Non-Exempt		03/13/2020	2020	\$0.00	\$96.00	\$0.00	\$64.00
XWK	65948	Non-Exempt		03/27/2020	2020	\$0.00	\$96.00	\$0.00	\$64.00
XWK	65948	Non-Exempt		04/09/2020	2020	\$0.00	\$96.00	\$0.00	\$64.00
XWK	65948	Non-Exempt		04/24/2020	2020	\$0.00	\$96.00	\$0.00	\$64.00
XWK	65948	Non-Exempt		05/08/2020	2020	\$0.00	\$96.00	\$0.00	\$64.00
XWK	65948	Non-Exempt		05/22/2020	2020	\$0.00	\$96.00	\$0.00	\$64.00
XWK	65948	Non-Exempt		06/05/2020	2020	\$0.00	\$96.00	\$0.00	\$64.00
XWK	65948	Non-Exempt		06/19/2020	2020	\$0.00	\$96.00	\$0.00	\$64.00
XWK	65948	Non-Exempt		07/02/2020	2020	\$0.00	\$96.00	\$0.00	\$64.00
XWK	65948	Non-Exempt		07/17/2020	2020	\$0.00	\$96.00	\$0.00	\$64.00
XWK	65948	Non-Exempt		07/31/2020	2020	\$0.00	\$96.00	\$0.00	\$64.00
XWK	65948	Non-Exempt		08/14/2020	2020	\$0.00	\$96.00	\$0.00	\$64.00
XWK	65948	Non-Exempt		08/28/2020	2020	\$0.00	\$96.00	\$0.00	\$64.00
XWK	65948	Non-Exempt		09/11/2020	2020	\$0.00	\$96.00	\$0.00	\$64.00
XWK	65948	Non-Exempt		09/25/2020	2020	\$0.00	\$96.00	\$0.00	\$64.00
XWK	65948	Non-Exempt		10/09/2020	2020	\$0.00	\$96.00	\$0.00	\$64.00
XWK	65948	Non-Exempt		10/23/2020	2020	\$0.00	\$96.00	\$0.00	\$64.00
XWK	65948	Non-Exempt		11/06/2020	2020	\$0.00	\$96.00	\$0.00	\$64.00
XWK	65948	Non-Exempt		11/20/2020	2020	\$0.00	\$96.00	\$0.00	\$64.00
XWK	65948	Non-Exempt		12/04/2020	2020	\$0.00	\$96.00	\$0.00	\$64.00
XWK	65948	Non-Exempt		12/18/2020	2020	\$0.00	\$96.00	\$0.00	\$64.00
XWK	65948	Non-Exempt		12/31/2020	2020	\$0.00	\$96.00	\$0.00	\$64.00
XWK	65951	Non-Exempt		01/18/2019	2019	\$0.00	\$154.04	\$0.00	\$61.62
XWK	65951	Non-Exempt		02/01/2019	2019	\$0.00	\$171.15	\$0.00	\$68.46
XWK	65951	Non-Exempt		02/15/2019	2019	\$0.00	\$171.15	\$0.00	\$68.46
XWK	65951	Non-Exempt		03/01/2019	2019	\$0.00	\$171.15	\$0.00	\$68.46
XWK	65951	Non-Exempt		03/15/2019	2019	\$0.00	\$176.92	\$0.00	\$70.77
XWK	65951	Non-Exempt		03/29/2019	2019	\$0.00	\$176.92	\$0.00	\$70.77
XWK	65951	Non-Exempt		04/12/2019	2019	\$0.00	\$176.92	\$0.00	\$70.77
XWK	65951	Non-Exempt		04/26/2019	2019	\$0.00	\$176.92	\$0.00	\$70.77

XWK	65951	Non-Exempt		05/10/2019	2019	\$0.00	\$176.92	\$0.00	\$70.77
XWK	65951	Non-Exempt		05/24/2019	2019	\$0.00	\$176.92	\$0.00	\$70.77
XWK	65951	Non-Exempt		06/07/2019	2019	\$0.00	\$176.92	\$0.00	\$70.77
XWK	65951	Non-Exempt		06/21/2019	2019	\$0.00	\$176.92	\$0.00	\$70.77
XWK	65951	Non-Exempt		07/05/2019	2019	\$0.00	\$176.92	\$0.00	\$70.77
XWK	65951	Non-Exempt		07/19/2019	2019	\$0.00	\$176.92	\$0.00	\$70.77
XWK	65951	Non-Exempt		08/02/2019	2019	\$0.00	\$176.92	\$0.00	\$70.77
XWK	65951	Non-Exempt		08/16/2019	2019	\$0.00	\$176.92	\$0.00	\$70.77
XWK	65951	Non-Exempt		08/30/2019	2019	\$0.00	\$185.04	\$0.00	\$74.02
XWK	65951	Non-Exempt		09/13/2019	2019	\$0.00	\$185.04	\$0.00	\$74.02
XWK	65951	Non-Exempt		09/27/2019	2019	\$0.00	\$185.04	\$0.00	\$74.02
XWK	65951	Non-Exempt		10/11/2019	2019	\$0.00	\$185.04	\$0.00	\$74.02
XWK	65951	Non-Exempt		10/25/2019	2019	\$0.00	\$185.04	\$0.00	\$74.02
XWK	65951	Non-Exempt		11/08/2019	2019	\$0.00	\$185.04	\$0.00	\$74.02
XWK	65951	Non-Exempt		11/22/2019	2019	\$0.00	\$185.04	\$0.00	\$74.02
XWK	65951	Non-Exempt		12/06/2019	2019	\$0.00	\$185.04	\$0.00	\$74.02
XWK	65951	Non-Exempt		12/20/2019	2019	\$0.00	\$185.04	\$0.00	\$74.02
XWK	65951	Non-Exempt		01/03/2020	2020	\$0.00	\$185.04	\$0.00	\$74.02
XWK	65951	Non-Exempt		01/17/2020	2020	\$0.00	\$185.04	\$0.00	\$74.02
XWK	65951	Non-Exempt		01/31/2020	2020	\$0.00	\$185.04	\$0.00	\$74.02
XWK	65951	Non-Exempt		02/14/2020	2020	\$0.00	\$185.04	\$0.00	\$74.02
XWK	65951	Non-Exempt		02/28/2020	2020	\$0.00	\$185.04	\$0.00	\$74.02
XWK	65951	Non-Exempt		03/13/2020	2020	\$0.00	\$188.88	\$0.00	\$75.55
XWK	65951	Non-Exempt		03/27/2020	2020	\$0.00	\$188.88	\$0.00	\$75.55
XWK	65951	Non-Exempt		04/09/2020	2020	\$0.00	\$188.88	\$0.00	\$75.55
XWK	65951	Non-Exempt		04/24/2020	2020	\$0.00	\$188.88	\$0.00	\$75.55
XWK	65951	Non-Exempt		05/08/2020	2020	\$0.00	\$188.88	\$0.00	\$75.55
XWK	65951	Non-Exempt		05/22/2020	2020	\$0.00	\$188.88	\$0.00	\$75.55
XWK	65951	Non-Exempt		06/05/2020	2020	\$0.00	\$188.88	\$0.00	\$75.55
XWK	65951	Non-Exempt		06/19/2020	2020	\$0.00	\$188.88	\$0.00	\$75.55
XWK	65951	Non-Exempt		07/02/2020	2020	\$0.00	\$188.88	\$0.00	\$75.55
XWK	65951	Non-Exempt		07/17/2020	2020	\$0.00	\$188.88	\$0.00	\$75.55
XWK	65951	Non-Exempt		07/31/2020	2020	\$0.00	\$188.88	\$0.00	\$75.55
XWK	65951	Non-Exempt		08/14/2020	2020	\$0.00	\$188.88	\$0.00	\$75.55
XWK	65951	Non-Exempt		08/28/2020	2020	\$0.00	\$188.88	\$0.00	\$75.55
XWK	65951	Non-Exempt		09/11/2020	2020	\$0.00	\$188.88	\$0.00	\$75.55
XWK	65951	Non-Exempt		09/25/2020	2020	\$0.00	\$188.88	\$0.00	\$75.55
XWK	65951	Non-Exempt		10/09/2020	2020	\$0.00	\$188.88	\$0.00	\$75.55
XWK	65951	Non-Exempt		10/23/2020	2020	\$0.00	\$188.88	\$0.00	\$75.55
XWK	65951	Non-Exempt		11/06/2020	2020	\$0.00	\$188.88	\$0.00	\$75.55
XWK	65951	Non-Exempt		11/20/2020	2020	\$0.00	\$188.88	\$0.00	\$75.55
XWK	65951	Non-Exempt		12/04/2020	2020	\$0.00	\$188.88	\$0.00	\$75.55
XWK	65951	Non-Exempt		12/18/2020	2020	\$0.00	\$188.88	\$0.00	\$75.55
XWK	65951	Non-Exempt		12/31/2020	2020	\$0.00	\$188.88	\$0.00	\$75.55
XWK	65952	Non-Exempt		01/18/2019	2019	\$0.00	\$129.05	\$0.00	\$64.52
XWK	65952	Non-Exempt		02/01/2019	2019	\$0.00	\$143.38	\$0.00	\$71.69

XWK	65952	Non-Exempt		02/15/2019	2019	\$0.00	\$143.38	\$0.00	\$71.69
XWK	65952	Non-Exempt		03/01/2019	2019	\$0.00	\$143.38	\$0.00	\$71.69
XWK	65952	Non-Exempt		03/15/2019	2019	\$0.00	\$148.00	\$0.00	\$74.00
XWK	65952	Non-Exempt		03/29/2019	2019	\$0.00	\$148.00	\$0.00	\$74.00
XWK	65952	Non-Exempt		03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65952	Non-Exempt		04/12/2019	2019	\$0.00	\$148.00	\$0.00	\$74.00
XWK	65952	Non-Exempt		04/26/2019	2019	\$0.00	\$148.00	\$0.00	\$74.00
XWK	65952	Non-Exempt		05/10/2019	2019	\$0.00	\$148.00	\$0.00	\$74.00
XWK	65952	Non-Exempt		05/24/2019	2019	\$0.00	\$148.00	\$0.00	\$74.00
XWK	65952	Non-Exempt		06/07/2019	2019	\$0.00	\$148.00	\$0.00	\$74.00
XWK	65952	Non-Exempt		06/21/2019	2019	\$0.00	\$148.00	\$0.00	\$74.00
XWK	65952	Non-Exempt		07/05/2019	2019	\$0.00	\$148.00	\$0.00	\$74.00
XWK	65952	Non-Exempt		07/19/2019	2019	\$0.00	\$148.00	\$0.00	\$74.00
XWK	65952	Non-Exempt		08/02/2019	2019	\$0.00	\$148.00	\$0.00	\$74.00
XWK	65952	Non-Exempt		08/16/2019	2019	\$0.00	\$148.00	\$0.00	\$74.00
XWK	65952	Non-Exempt		08/30/2019	2019	\$0.00	\$148.00	\$0.00	\$74.00
XWK	65952	Non-Exempt		09/13/2019	2019	\$0.00	\$148.00	\$0.00	\$74.00
XWK	65952	Non-Exempt		09/27/2019	2019	\$0.00	\$148.00	\$0.00	\$74.00
XWK	65952	Non-Exempt		10/11/2019	2019	\$0.00	\$148.00	\$0.00	\$74.00
XWK	65952	Non-Exempt		10/25/2019	2019	\$0.00	\$148.00	\$0.00	\$74.00
XWK	65952	Non-Exempt		11/08/2019	2019	\$0.00	\$148.00	\$0.00	\$74.00
XWK	65952	Non-Exempt		11/22/2019	2019	\$0.00	\$148.00	\$0.00	\$74.00
XWK	65952	Non-Exempt		12/06/2019	2019	\$0.00	\$148.00	\$0.00	\$74.00
XWK	65952	Non-Exempt		12/20/2019	2019	\$0.00	\$148.00	\$0.00	\$74.00
XWK	65952	Non-Exempt		01/03/2020	2020	\$0.00	\$148.00	\$0.00	\$74.00
XWK	65952	Non-Exempt		01/17/2020	2020	\$0.00	\$148.00	\$0.00	\$74.00
XWK	65952	Non-Exempt		01/31/2020	2020	\$0.00	\$148.00	\$0.00	\$74.00
XWK	65952	Non-Exempt		02/14/2020	2020	\$0.00	\$148.00	\$0.00	\$74.00
XWK	65952	Non-Exempt		02/28/2020	2020	\$0.00	\$148.00	\$0.00	\$74.00
XWK	65952	Non-Exempt		03/13/2020	2020	\$0.00	\$159.10	\$0.00	\$79.56
XWK	65952	Non-Exempt		03/27/2020	2020	\$0.00	\$159.10	\$0.00	\$79.56
XWK	65952	Non-Exempt		04/09/2020	2020	\$0.00	\$159.10	\$0.00	\$79.56
XWK	65952	Non-Exempt		04/24/2020	2020	\$0.00	\$159.10	\$0.00	\$79.56
XWK	65952	Non-Exempt		05/08/2020	2020	\$0.00	\$159.10	\$0.00	\$79.56
XWK	65952	Non-Exempt		05/22/2020	2020	\$0.00	\$159.10	\$0.00	\$79.56
XWK	65952	Non-Exempt		06/05/2020	2020	\$0.00	\$159.10	\$0.00	\$79.56
XWK	65952	Non-Exempt		06/19/2020	2020	\$0.00	\$159.10	\$0.00	\$79.56
XWK	65952	Non-Exempt		07/02/2020	2020	\$0.00	\$159.10	\$0.00	\$79.56
XWK	65952	Non-Exempt		07/17/2020	2020	\$0.00	\$159.10	\$0.00	\$79.56
XWK	65952	Non-Exempt		07/31/2020	2020	\$0.00	\$159.10	\$0.00	\$79.56
XWK	65952	Non-Exempt		08/14/2020	2020	\$0.00	\$159.10	\$0.00	\$79.56
XWK	65952	Non-Exempt		08/28/2020	2020	\$0.00	\$159.10	\$0.00	\$79.56
XWK	65952	Non-Exempt		09/11/2020	2020	\$0.00	\$159.10	\$0.00	\$79.56
XWK	65952	Non-Exempt		09/25/2020	2020	\$0.00	\$159.10	\$0.00	\$79.56
XWK	65952	Non-Exempt		10/09/2020	2020	\$0.00	\$159.10	\$0.00	\$79.56
XWK	65952	Non-Exempt		10/23/2020	2020	\$0.00	\$159.10	\$0.00	\$79.56

XWK	65952	Non-Exempt		11/06/2020	2020	\$0.00	\$159.10	\$0.00	\$79.56
XWK	65952	Non-Exempt		11/20/2020	2020	\$0.00	\$159.10	\$0.00	\$79.56
XWK	65952	Non-Exempt		12/04/2020	2020	\$0.00	\$159.10	\$0.00	\$79.56
XWK	65952	Non-Exempt		12/18/2020	2020	\$0.00	\$159.10	\$0.00	\$79.56
XWK	65952	Non-Exempt		12/31/2020	2020	\$0.00	\$159.10	\$0.00	\$79.56
XWK	65953	Non-Exempt		01/18/2019	2019	\$0.00	\$57.29	\$0.00	\$45.83
XWK	65953	Non-Exempt		02/01/2019	2019	\$0.00	\$63.65	\$0.00	\$50.92
XWK	65953	Non-Exempt		02/15/2019	2019	\$0.00	\$63.65	\$0.00	\$50.92
XWK	65953	Non-Exempt		03/01/2019	2019	\$0.00	\$63.65	\$0.00	\$50.92
XWK	65953	Non-Exempt		03/15/2019	2019	\$0.00	\$66.54	\$0.00	\$53.23
XWK	65953	Non-Exempt		03/29/2019	2019	\$0.00	\$66.54	\$0.00	\$53.23
XWK	65953	Non-Exempt		04/12/2019	2019	\$0.00	\$66.54	\$0.00	\$53.23
XWK	65953	Non-Exempt		04/26/2019	2019	\$0.00	\$66.54	\$0.00	\$53.23
XWK	65953	Non-Exempt		05/10/2019	2019	\$0.00	\$66.54	\$0.00	\$53.23
XWK	65953	Non-Exempt		05/24/2019	2019	\$0.00	\$66.54	\$0.00	\$53.23
XWK	65953	Non-Exempt		06/07/2019	2019	\$0.00	\$66.54	\$0.00	\$53.23
XWK	65953	Non-Exempt		06/21/2019	2019	\$0.00	\$66.54	\$0.00	\$53.23
XWK	65953	Non-Exempt		07/05/2019	2019	\$0.00	\$66.54	\$0.00	\$53.23
XWK	65953	Non-Exempt		07/19/2019	2019	\$0.00	\$66.54	\$0.00	\$53.23
XWK	65953	Non-Exempt		08/02/2019	2019	\$0.00	\$66.54	\$0.00	\$53.23
XWK	65953	Non-Exempt		08/16/2019	2019	\$0.00	\$66.54	\$0.00	\$53.23
XWK	65953	Non-Exempt		08/30/2019	2019	\$0.00	\$66.54	\$0.00	\$53.23
XWK	65953	Non-Exempt		09/13/2019	2019	\$0.00	\$66.54	\$0.00	\$53.23
XWK	65953	Non-Exempt		09/27/2019	2019	\$0.00	\$66.54	\$0.00	\$53.23
XWK	65953	Non-Exempt		10/11/2019	2019	\$0.00	\$66.54	\$0.00	\$53.23
XWK	65953	Non-Exempt		10/25/2019	2019	\$0.00	\$66.54	\$0.00	\$53.23
XWK	65953	Non-Exempt		11/08/2019	2019	\$0.00	\$66.54	\$0.00	\$53.23
XWK	65953	Non-Exempt		11/22/2019	2019	\$0.00	\$66.54	\$0.00	\$53.23
XWK	65953	Non-Exempt		12/06/2019	2019	\$0.00	\$66.54	\$0.00	\$53.23
XWK	65953	Non-Exempt		12/20/2019	2019	\$0.00	\$66.54	\$0.00	\$53.23
XWK	65953	Non-Exempt		01/03/2020	2020	\$0.00	\$66.54	\$0.00	\$53.23
XWK	65953	Non-Exempt		01/17/2020	2020	\$0.00	\$66.54	\$0.00	\$53.23
XWK	65953	Non-Exempt		01/31/2020	2020	\$0.00	\$66.54	\$0.00	\$53.23
XWK	65953	Non-Exempt		02/14/2020	2020	\$0.00	\$66.54	\$0.00	\$53.23
XWK	65953	Non-Exempt		02/28/2020	2020	\$0.00	\$66.54	\$0.00	\$53.23
XWK	65953	Non-Exempt		03/13/2020	2020	\$0.00	\$71.72	\$0.00	\$57.38
XWK	65953	Non-Exempt		03/27/2020	2020	\$0.00	\$71.72	\$0.00	\$57.38
XWK	65953	Non-Exempt		04/09/2020	2020	\$0.00	\$71.72	\$0.00	\$57.38
XWK	65953	Non-Exempt		04/24/2020	2020	\$0.00	\$71.72	\$0.00	\$57.38
XWK	65953	Non-Exempt		05/08/2020	2020	\$0.00	\$71.72	\$0.00	\$57.38
XWK	65953	Non-Exempt		05/22/2020	2020	\$0.00	\$71.72	\$0.00	\$57.38
XWK	65953	Non-Exempt		06/05/2020	2020	\$0.00	\$71.72	\$0.00	\$57.38
XWK	65953	Non-Exempt		06/19/2020	2020	\$0.00	\$71.72	\$0.00	\$57.38
XWK	65953	Non-Exempt		07/02/2020	2020	\$0.00	\$71.72	\$0.00	\$57.38
XWK	65953	Non-Exempt		07/17/2020	2020	\$0.00	\$71.72	\$0.00	\$57.38
XWK	65953	Non-Exempt		07/31/2020	2020	\$0.00	\$71.72	\$0.00	\$57.38

XWK	65953	Non-Exempt		08/14/2020	2020	\$0.00	\$71.72	\$0.00	\$57.38
XWK	65953	Non-Exempt		08/28/2020	2020	\$0.00	\$71.72	\$0.00	\$57.38
XWK	65953	Non-Exempt		09/11/2020	2020	\$0.00	\$71.72	\$0.00	\$57.38
XWK	65953	Non-Exempt		09/25/2020	2020	\$0.00	\$71.72	\$0.00	\$57.38
XWK	65953	Non-Exempt		10/09/2020	2020	\$0.00	\$71.72	\$0.00	\$57.38
XWK	65953	Non-Exempt		10/23/2020	2020	\$0.00	\$71.72	\$0.00	\$57.38
XWK	65953	Non-Exempt		11/06/2020	2020	\$0.00	\$71.72	\$0.00	\$57.38
XWK	65953	Non-Exempt		11/20/2020	2020	\$0.00	\$71.72	\$0.00	\$57.38
XWK	65953	Non-Exempt		12/04/2020	2020	\$0.00	\$71.72	\$0.00	\$57.38
XWK	65953	Non-Exempt		12/18/2020	2020	\$0.00	\$71.72	\$0.00	\$57.38
XWK	65953	Non-Exempt		12/31/2020	2020	\$0.00	\$71.72	\$0.00	\$57.38
XWK	65954	Non-Exempt		01/18/2019	2019	\$0.00	\$34.75	\$0.00	\$34.75
XWK	65954	Non-Exempt		02/01/2019	2019	\$0.00	\$38.62	\$0.00	\$38.62
XWK	65954	Non-Exempt		02/15/2019	2019	\$0.00	\$38.62	\$0.00	\$38.62
XWK	65954	Non-Exempt		03/01/2019	2019	\$0.00	\$38.62	\$0.00	\$38.62
XWK	65954	Non-Exempt		03/15/2019	2019	\$0.00	\$40.15	\$0.00	\$40.15
XWK	65954	Non-Exempt		03/29/2019	2019	\$0.00	\$40.15	\$0.00	\$40.15
XWK	65954	Non-Exempt		04/12/2019	2019	\$0.00	\$40.15	\$0.00	\$40.15
XWK	65954	Non-Exempt		04/26/2019	2019	\$0.00	\$40.15	\$0.00	\$40.15
XWK	65954	Non-Exempt		05/10/2019	2019	\$0.00	\$40.15	\$0.00	\$40.15
XWK	65954	Non-Exempt		05/24/2019	2019	\$0.00	\$40.15	\$0.00	\$40.15
XWK	65954	Non-Exempt		06/07/2019	2019	\$0.00	\$40.15	\$0.00	\$40.15
XWK	65954	Non-Exempt		06/21/2019	2019	\$0.00	\$40.15	\$0.00	\$40.15
XWK	65954	Non-Exempt		07/05/2019	2019	\$0.00	\$40.15	\$0.00	\$40.15
XWK	65954	Non-Exempt		07/19/2019	2019	\$0.00	\$40.15	\$0.00	\$40.15
XWK	65954	Non-Exempt		08/02/2019	2019	\$0.00	\$40.15	\$0.00	\$40.15
XWK	65954	Non-Exempt		08/16/2019	2019	\$0.00	\$40.15	\$0.00	\$40.15
XWK	65954	Non-Exempt		08/30/2019	2019	\$0.00	\$40.15	\$0.00	\$40.15
XWK	65954	Non-Exempt		09/13/2019	2019	\$0.00	\$40.15	\$0.00	\$40.15
XWK	65954	Non-Exempt		09/27/2019	2019	\$0.00	\$40.15	\$0.00	\$40.15
XWK	65954	Non-Exempt		10/11/2019	2019	\$0.00	\$40.15	\$0.00	\$40.15
XWK	65954	Non-Exempt		10/25/2019	2019	\$0.00	\$40.15	\$0.00	\$40.15
XWK	65954	Non-Exempt		11/08/2019	2019	\$0.00	\$40.15	\$0.00	\$40.15
XWK	65954	Non-Exempt		11/22/2019	2019	\$0.00	\$40.15	\$0.00	\$40.15
XWK	65954	Non-Exempt		12/06/2019	2019	\$0.00	\$40.15	\$0.00	\$40.15
XWK	65954	Non-Exempt		12/20/2019	2019	\$0.00	\$40.15	\$0.00	\$40.15
XWK	65954	Non-Exempt		01/03/2020	2020	\$0.00	\$40.16	\$0.00	\$40.16
XWK	65954	Non-Exempt		01/17/2020	2020	\$0.00	\$40.16	\$0.00	\$40.16
XWK	65954	Non-Exempt		01/31/2020	2020	\$0.00	\$40.16	\$0.00	\$40.16
XWK	65954	Non-Exempt		02/14/2020	2020	\$0.00	\$40.16	\$0.00	\$40.16
XWK	65954	Non-Exempt		02/28/2020	2020	\$0.00	\$40.16	\$0.00	\$40.16
XWK	65954	Non-Exempt		03/13/2020	2020	\$0.00	\$43.46	\$0.00	\$43.46
XWK	65954	Non-Exempt		03/27/2020	2020	\$0.00	\$43.46	\$0.00	\$43.46
XWK	65954	Non-Exempt		04/09/2020	2020	\$0.00	\$43.46	\$0.00	\$43.46
XWK	65954	Non-Exempt		04/24/2020	2020	\$0.00	\$43.46	\$0.00	\$43.46
XWK	65954	Non-Exempt		05/08/2020	2020	\$0.00	\$43.46	\$0.00	\$43.46

XWK	65954	Non-Exempt		05/22/2020	2020	\$0.00	\$43.46	\$0.00	\$43.46
XWK	65954	Non-Exempt		06/05/2020	2020	\$0.00	\$43.46	\$0.00	\$43.46
XWK	65954	Non-Exempt		06/19/2020	2020	\$0.00	\$43.46	\$0.00	\$43.46
XWK	65954	Non-Exempt		07/02/2020	2020	\$0.00	\$43.46	\$0.00	\$43.46
XWK	65954	Non-Exempt		07/17/2020	2020	\$0.00	\$43.46	\$0.00	\$43.46
XWK	65954	Non-Exempt		07/31/2020	2020	\$0.00	\$43.46	\$0.00	\$43.46
XWK	65954	Non-Exempt		08/14/2020	2020	\$0.00	\$43.46	\$0.00	\$43.46
XWK	65954	Non-Exempt		08/28/2020	2020	\$0.00	\$43.46	\$0.00	\$43.46
XWK	65954	Non-Exempt		09/11/2020	2020	\$0.00	\$43.46	\$0.00	\$43.46
XWK	65954	Non-Exempt		09/25/2020	2020	\$0.00	\$43.46	\$0.00	\$43.46
XWK	65954	Non-Exempt		10/09/2020	2020	\$0.00	\$43.46	\$0.00	\$43.46
XWK	65954	Non-Exempt		10/23/2020	2020	\$0.00	\$43.46	\$0.00	\$43.46
XWK	65954	Non-Exempt		11/06/2020	2020	\$0.00	\$43.46	\$0.00	\$43.46
XWK	65954	Non-Exempt		11/20/2020	2020	\$0.00	\$43.46	\$0.00	\$43.46
XWK	65954	Non-Exempt		12/04/2020	2020	\$0.00	\$43.46	\$0.00	\$43.46
XWK	65954	Non-Exempt		12/18/2020	2020	\$0.00	\$43.46	\$0.00	\$43.46
XWK	65954	Non-Exempt		12/31/2020	2020	\$0.00	\$43.46	\$0.00	\$43.46
XWK	65956	Non-Exempt		01/18/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		02/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		02/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		03/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		03/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		03/29/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		04/12/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		04/26/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		05/10/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		05/24/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		06/07/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		08/02/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		08/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		09/13/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		09/27/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		10/11/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		10/25/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		11/08/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		11/22/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		12/20/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		01/03/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		01/17/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		01/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		02/14/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00

XWK	65956	Non-Exempt		02/28/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		03/13/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		03/27/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		04/09/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		04/24/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		05/08/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		05/22/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		06/05/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		06/19/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		07/02/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65956	Non-Exempt		07/17/2020	2020	\$0.00	\$41.09	\$0.00	\$41.09
XWK	65956	Non-Exempt		07/31/2020	2020	\$0.00	\$41.09	\$0.00	\$41.09
XWK	65956	Non-Exempt		08/14/2020	2020	\$0.00	\$41.09	\$0.00	\$41.09
XWK	65956	Non-Exempt		08/28/2020	2020	\$0.00	\$41.09	\$0.00	\$41.09
XWK	65956	Non-Exempt		09/11/2020	2020	\$0.00	\$41.09	\$0.00	\$41.09
XWK	65956	Non-Exempt		09/25/2020	2020	\$0.00	\$41.09	\$0.00	\$41.09
XWK	65956	Non-Exempt		10/09/2020	2020	\$0.00	\$41.09	\$0.00	\$41.09
XWK	65956	Non-Exempt		10/23/2020	2020	\$0.00	\$41.09	\$0.00	\$41.09
XWK	65956	Non-Exempt		11/06/2020	2020	\$0.00	\$41.09	\$0.00	\$41.09
XWK	65956	Non-Exempt		11/20/2020	2020	\$0.00	\$41.09	\$0.00	\$41.09
XWK	65956	Non-Exempt		12/04/2020	2020	\$0.00	\$41.09	\$0.00	\$41.09
XWK	65956	Non-Exempt		12/18/2020	2020	\$0.00	\$41.09	\$0.00	\$41.09
XWK	65956	Non-Exempt		12/31/2020	2020	\$0.00	\$41.09	\$0.00	\$41.09
XWK	65957	Non-Exempt		01/18/2019	2019	\$0.00	\$113.16	\$0.00	\$64.66
XWK	65957	Non-Exempt		02/01/2019	2019	\$0.00	\$125.73	\$0.00	\$71.85
XWK	65957	Non-Exempt		02/15/2019	2019	\$0.00	\$125.73	\$0.00	\$71.85
XWK	65957	Non-Exempt		03/01/2019	2019	\$0.00	\$125.73	\$0.00	\$71.85
XWK	65957	Non-Exempt		03/15/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65957	Non-Exempt		03/29/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65957	Non-Exempt		04/12/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65957	Non-Exempt		04/26/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65957	Non-Exempt		05/10/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65957	Non-Exempt		05/24/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65957	Non-Exempt		06/07/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65957	Non-Exempt		06/21/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65957	Non-Exempt		07/05/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65957	Non-Exempt		07/19/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65957	Non-Exempt		08/02/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65957	Non-Exempt		08/16/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65957	Non-Exempt		08/30/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65957	Non-Exempt		09/13/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65957	Non-Exempt		09/27/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65957	Non-Exempt		10/11/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65957	Non-Exempt		10/25/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65957	Non-Exempt		11/08/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65957	Non-Exempt		11/22/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54

XWK	65957	Non-Exempt		12/06/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65957	Non-Exempt		12/20/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65957	Non-Exempt		01/03/2020	2020	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65957	Non-Exempt		01/17/2020	2020	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65957	Non-Exempt		01/31/2020	2020	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65957	Non-Exempt		02/14/2020	2020	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65957	Non-Exempt		02/28/2020	2020	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65957	Non-Exempt		03/13/2020	2020	\$0.00	\$138.38	\$0.00	\$79.07
XWK	65957	Non-Exempt		03/27/2020	2020	\$0.00	\$138.38	\$0.00	\$79.07
XWK	65957	Non-Exempt		04/09/2020	2020	\$0.00	\$138.38	\$0.00	\$79.07
XWK	65957	Non-Exempt		04/24/2020	2020	\$0.00	\$138.38	\$0.00	\$79.07
XWK	65957	Non-Exempt		05/08/2020	2020	\$0.00	\$138.38	\$0.00	\$79.07
XWK	65957	Non-Exempt		05/22/2020	2020	\$0.00	\$138.38	\$0.00	\$79.07
XWK	65957	Non-Exempt		06/05/2020	2020	\$0.00	\$138.38	\$0.00	\$79.07
XWK	65957	Non-Exempt		06/19/2020	2020	\$0.00	\$138.38	\$0.00	\$79.07
XWK	65957	Non-Exempt		07/02/2020	2020	\$0.00	\$138.38	\$0.00	\$79.07
XWK	65957	Non-Exempt		07/17/2020	2020	\$0.00	\$138.38	\$0.00	\$79.07
XWK	65957	Non-Exempt		07/31/2020	2020	\$0.00	\$138.38	\$0.00	\$79.07
XWK	65957	Non-Exempt		08/14/2020	2020	\$0.00	\$138.38	\$0.00	\$79.07
XWK	65957	Non-Exempt		08/28/2020	2020	\$0.00	\$138.38	\$0.00	\$79.07
XWK	65957	Non-Exempt		09/11/2020	2020	\$0.00	\$138.38	\$0.00	\$79.07
XWK	65957	Non-Exempt		09/25/2020	2020	\$0.00	\$138.38	\$0.00	\$79.07
XWK	65957	Non-Exempt		10/09/2020	2020	\$0.00	\$138.38	\$0.00	\$79.07
XWK	65957	Non-Exempt		10/23/2020	2020	\$0.00	\$138.38	\$0.00	\$79.07
XWK	65957	Non-Exempt		11/06/2020	2020	\$0.00	\$138.38	\$0.00	\$79.07
XWK	65957	Non-Exempt		11/20/2020	2020	\$0.00	\$138.38	\$0.00	\$79.07
XWK	65957	Non-Exempt		12/04/2020	2020	\$0.00	\$138.38	\$0.00	\$79.07
XWK	65957	Non-Exempt		12/18/2020	2020	\$0.00	\$138.38	\$0.00	\$79.07
XWK	65957	Non-Exempt		12/31/2020	2020	\$0.00	\$138.38	\$0.00	\$79.07
XWK	65959	Non-Exempt		01/18/2019	2019	\$0.00	\$42.23	\$0.00	\$42.23
XWK	65959	Non-Exempt		02/01/2019	2019	\$0.00	\$46.92	\$0.00	\$46.92
XWK	65959	Non-Exempt		02/15/2019	2019	\$0.00	\$46.92	\$0.00	\$46.92
XWK	65959	Non-Exempt		03/01/2019	2019	\$0.00	\$46.92	\$0.00	\$46.92
XWK	65959	Non-Exempt		03/15/2019	2019	\$0.00	\$48.31	\$0.00	\$48.31
XWK	65959	Non-Exempt		03/29/2019	2019	\$0.00	\$48.31	\$0.00	\$48.31
XWK	65959	Non-Exempt		04/12/2019	2019	\$0.00	\$48.31	\$0.00	\$48.31
XWK	65959	Non-Exempt		04/26/2019	2019	\$0.00	\$48.31	\$0.00	\$48.31
XWK	65959	Non-Exempt		05/10/2019	2019	\$0.00	\$48.31	\$0.00	\$48.31
XWK	65959	Non-Exempt		05/24/2019	2019	\$0.00	\$48.31	\$0.00	\$48.31
XWK	65959	Non-Exempt		06/07/2019	2019	\$0.00	\$48.31	\$0.00	\$48.31
XWK	65959	Non-Exempt		06/21/2019	2019	\$0.00	\$48.31	\$0.00	\$48.31
XWK	65959	Non-Exempt		07/05/2019	2019	\$0.00	\$48.31	\$0.00	\$48.31
XWK	65959	Non-Exempt		07/19/2019	2019	\$0.00	\$48.31	\$0.00	\$48.31
XWK	65959	Non-Exempt		08/02/2019	2019	\$0.00	\$48.31	\$0.00	\$48.31
XWK	65959	Non-Exempt		08/16/2019	2019	\$0.00	\$48.31	\$0.00	\$48.31
XWK	65959	Non-Exempt		08/30/2019	2019	\$0.00	\$48.31	\$0.00	\$48.31

XWK	65959	Non-Exempt		09/13/2019	2019	\$0.00	\$48.31	\$0.00	\$48.31
XWK	65959	Non-Exempt		09/27/2019	2019	\$0.00	\$48.31	\$0.00	\$48.31
XWK	65959	Non-Exempt		10/11/2019	2019	\$0.00	\$48.31	\$0.00	\$48.31
XWK	65959	Non-Exempt		10/25/2019	2019	\$0.00	\$48.31	\$0.00	\$48.31
XWK	65959	Non-Exempt		11/08/2019	2019	\$0.00	\$48.31	\$0.00	\$48.31
XWK	65959	Non-Exempt		11/22/2019	2019	\$0.00	\$48.31	\$0.00	\$48.31
XWK	65959	Non-Exempt		12/06/2019	2019	\$0.00	\$48.31	\$0.00	\$48.31
XWK	65959	Non-Exempt		12/20/2019	2019	\$0.00	\$48.31	\$0.00	\$48.31
XWK	65959	Non-Exempt		01/03/2020	2020	\$0.00	\$48.31	\$0.00	\$48.31
XWK	65959	Non-Exempt		01/17/2020	2020	\$0.00	\$48.31	\$0.00	\$48.31
XWK	65959	Non-Exempt		01/31/2020	2020	\$0.00	\$48.31	\$0.00	\$48.31
XWK	65959	Non-Exempt		02/14/2020	2020	\$0.00	\$48.31	\$0.00	\$48.31
XWK	65959	Non-Exempt		02/28/2020	2020	\$0.00	\$48.31	\$0.00	\$48.31
XWK	65959	Non-Exempt		03/13/2020	2020	\$0.00	\$49.54	\$0.00	\$49.54
XWK	65959	Non-Exempt		03/27/2020	2020	\$0.00	\$49.54	\$0.00	\$49.54
XWK	65959	Non-Exempt		04/09/2020	2020	\$0.00	\$49.54	\$0.00	\$49.54
XWK	65959	Non-Exempt		04/24/2020	2020	\$0.00	\$49.54	\$0.00	\$49.54
XWK	65959	Non-Exempt		05/08/2020	2020	\$0.00	\$49.54	\$0.00	\$49.54
XWK	65959	Non-Exempt		05/22/2020	2020	\$0.00	\$49.54	\$0.00	\$49.54
XWK	65959	Non-Exempt		06/05/2020	2020	\$0.00	\$49.54	\$0.00	\$49.54
XWK	65959	Non-Exempt		06/19/2020	2020	\$0.00	\$49.54	\$0.00	\$49.54
XWK	65959	Non-Exempt		07/02/2020	2020	\$0.00	\$49.54	\$0.00	\$49.54
XWK	65959	Non-Exempt		07/17/2020	2020	\$0.00	\$49.54	\$0.00	\$49.54
XWK	65959	Non-Exempt		07/31/2020	2020	\$0.00	\$49.54	\$0.00	\$49.54
XWK	65959	Non-Exempt		08/14/2020	2020	\$0.00	\$49.54	\$0.00	\$49.54
XWK	65959	Non-Exempt		08/28/2020	2020	\$0.00	\$49.54	\$0.00	\$49.54
XWK	65959	Non-Exempt		09/11/2020	2020	\$0.00	\$49.54	\$0.00	\$49.54
XWK	65959	Non-Exempt		09/25/2020	2020	\$0.00	\$49.54	\$0.00	\$49.54
XWK	65959	Non-Exempt		10/09/2020	2020	\$0.00	\$49.54	\$0.00	\$49.54
XWK	65959	Non-Exempt		10/23/2020	2020	\$0.00	\$49.54	\$0.00	\$49.54
XWK	65959	Non-Exempt		11/06/2020	2020	\$0.00	\$49.54	\$0.00	\$49.54
XWK	65959	Non-Exempt		11/20/2020	2020	\$0.00	\$49.54	\$0.00	\$49.54
XWK	65959	Non-Exempt		12/04/2020	2020	\$0.00	\$49.54	\$0.00	\$49.54
XWK	65959	Non-Exempt		12/18/2020	2020	\$0.00	\$49.54	\$0.00	\$49.54
XWK	65959	Non-Exempt		12/31/2020	2020	\$0.00	\$49.54	\$0.00	\$49.54
XWK	65960	Non-Exempt		01/18/2019	2019	\$0.00	\$39.46	\$0.00	\$39.46
XWK	65960	Non-Exempt		02/01/2019	2019	\$0.00	\$43.85	\$0.00	\$43.85
XWK	65960	Non-Exempt		02/15/2019	2019	\$0.00	\$43.85	\$0.00	\$43.85
XWK	65960	Non-Exempt		03/01/2019	2019	\$0.00	\$43.85	\$0.00	\$43.85
XWK	65960	Non-Exempt		03/15/2019	2019	\$0.00	\$45.46	\$0.00	\$45.46
XWK	65960	Non-Exempt		03/29/2019	2019	\$0.00	\$45.46	\$0.00	\$45.46
XWK	65960	Non-Exempt		03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65960	Non-Exempt		04/12/2019	2019	\$0.00	\$45.46	\$0.00	\$45.46
XWK	65960	Non-Exempt		04/26/2019	2019	\$0.00	\$45.46	\$0.00	\$45.46
XWK	65960	Non-Exempt		05/10/2019	2019	\$0.00	\$45.46	\$0.00	\$45.46
XWK	65960	Non-Exempt		05/24/2019	2019	\$0.00	\$45.46	\$0.00	\$45.46

XWK	65960	Non-Exempt		06/07/2019	2019	\$0.00	\$45.46	\$0.00	\$45.46
XWK	65960	Non-Exempt		06/21/2019	2019	\$0.00	\$45.46	\$0.00	\$45.46
XWK	65960	Non-Exempt		07/05/2019	2019	\$0.00	\$45.46	\$0.00	\$45.46
XWK	65960	Non-Exempt		07/19/2019	2019	\$0.00	\$45.46	\$0.00	\$45.46
XWK	65960	Non-Exempt		08/02/2019	2019	\$0.00	\$45.46	\$0.00	\$45.46
XWK	65960	Non-Exempt		08/16/2019	2019	\$0.00	\$45.46	\$0.00	\$45.46
XWK	65960	Non-Exempt		08/30/2019	2019	\$0.00	\$45.46	\$0.00	\$45.46
XWK	65960	Non-Exempt		09/13/2019	2019	\$0.00	\$45.46	\$0.00	\$45.46
XWK	65960	Non-Exempt		09/27/2019	2019	\$0.00	\$45.46	\$0.00	\$45.46
XWK	65960	Non-Exempt		10/11/2019	2019	\$0.00	\$45.46	\$0.00	\$45.46
XWK	65960	Non-Exempt		10/25/2019	2019	\$0.00	\$45.46	\$0.00	\$45.46
XWK	65960	Non-Exempt		11/08/2019	2019	\$0.00	\$45.46	\$0.00	\$45.46
XWK	65960	Non-Exempt		11/22/2019	2019	\$0.00	\$45.46	\$0.00	\$45.46
XWK	65960	Non-Exempt		12/06/2019	2019	\$0.00	\$45.46	\$0.00	\$45.46
XWK	65960	Non-Exempt		12/20/2019	2019	\$0.00	\$45.46	\$0.00	\$45.46
XWK	65960	Non-Exempt		01/03/2020	2020	\$0.00	\$45.46	\$0.00	\$45.46
XWK	65960	Non-Exempt		01/17/2020	2020	\$0.00	\$45.46	\$0.00	\$45.46
XWK	65960	Non-Exempt		01/31/2020	2020	\$0.00	\$45.46	\$0.00	\$45.46
XWK	65960	Non-Exempt		02/14/2020	2020	\$0.00	\$45.46	\$0.00	\$45.46
XWK	65960	Non-Exempt		02/28/2020	2020	\$0.00	\$45.46	\$0.00	\$45.46
XWK	65960	Non-Exempt		03/13/2020	2020	\$0.00	\$49.26	\$0.00	\$49.26
XWK	65960	Non-Exempt		03/27/2020	2020	\$0.00	\$49.26	\$0.00	\$49.26
XWK	65960	Non-Exempt		04/09/2020	2020	\$0.00	\$98.54	\$0.00	\$65.68
XWK	65960	Non-Exempt		04/24/2020	2020	\$0.00	\$98.54	\$0.00	\$65.68
XWK	65960	Non-Exempt		05/08/2020	2020	\$0.00	\$98.54	\$0.00	\$65.68
XWK	65960	Non-Exempt		05/22/2020	2020	\$0.00	\$98.54	\$0.00	\$65.68
XWK	65960	Non-Exempt		06/05/2020	2020	\$0.00	\$98.54	\$0.00	\$65.68
XWK	65960	Non-Exempt		06/19/2020	2020	\$0.00	\$98.54	\$0.00	\$65.68
XWK	65960	Non-Exempt		07/02/2020	2020	\$0.00	\$98.54	\$0.00	\$65.68
XWK	65960	Non-Exempt		07/17/2020	2020	\$0.00	\$98.54	\$0.00	\$65.68
XWK	65960	Non-Exempt		07/31/2020	2020	\$0.00	\$98.54	\$0.00	\$65.68
XWK	65960	Non-Exempt		08/14/2020	2020	\$0.00	\$98.54	\$0.00	\$65.68
XWK	65960	Non-Exempt		08/28/2020	2020	\$0.00	\$98.54	\$0.00	\$65.68
XWK	65960	Non-Exempt		09/11/2020	2020	\$0.00	\$98.54	\$0.00	\$65.68
XWK	65960	Non-Exempt		09/25/2020	2020	\$0.00	\$98.54	\$0.00	\$65.68
XWK	65960	Non-Exempt		10/09/2020	2020	\$0.00	\$98.54	\$0.00	\$65.68
XWK	65960	Non-Exempt		10/23/2020	2020	\$0.00	\$98.54	\$0.00	\$65.68
XWK	65960	Non-Exempt		11/06/2020	2020	\$0.00	\$98.54	\$0.00	\$65.68
XWK	65960	Non-Exempt		11/20/2020	2020	\$0.00	\$98.54	\$0.00	\$65.68
XWK	65960	Non-Exempt		12/04/2020	2020	\$0.00	\$98.54	\$0.00	\$65.68
XWK	65960	Non-Exempt		12/18/2020	2020	\$0.00	\$98.54	\$0.00	\$65.68
XWK	65960	Non-Exempt		12/31/2020	2020	\$0.00	\$98.54	\$0.00	\$65.68
XWK	65961	Non-Exempt		01/18/2019	2019	\$0.00	\$25.20	\$0.00	\$25.20
XWK	65961	Non-Exempt		02/01/2019	2019	\$0.00	\$28.00	\$0.00	\$28.00
XWK	65961	Non-Exempt		02/15/2019	2019	\$0.00	\$28.00	\$0.00	\$28.00
XWK	65961	Non-Exempt		03/01/2019	2019	\$0.00	\$28.00	\$0.00	\$28.00

XWK	65961	Non-Exempt		03/15/2019	2019	\$0.00	\$29.15	\$0.00	\$29.15
XWK	65961	Non-Exempt		03/29/2019	2019	\$0.00	\$29.15	\$0.00	\$29.15
XWK	65961	Non-Exempt		04/12/2019	2019	\$0.00	\$29.15	\$0.00	\$29.15
XWK	65961	Non-Exempt		04/26/2019	2019	\$0.00	\$29.15	\$0.00	\$29.15
XWK	65961	Non-Exempt		05/10/2019	2019	\$0.00	\$29.15	\$0.00	\$29.15
XWK	65961	Non-Exempt		05/24/2019	2019	\$0.00	\$29.15	\$0.00	\$29.15
XWK	65961	Non-Exempt		06/07/2019	2019	\$0.00	\$29.15	\$0.00	\$29.15
XWK	65961	Non-Exempt		06/21/2019	2019	\$0.00	\$29.15	\$0.00	\$29.15
XWK	65961	Non-Exempt		07/05/2019	2019	\$0.00	\$29.15	\$0.00	\$29.15
XWK	65961	Non-Exempt		07/19/2019	2019	\$0.00	\$29.15	\$0.00	\$29.15
XWK	65961	Non-Exempt		08/02/2019	2019	\$0.00	\$29.15	\$0.00	\$29.15
XWK	65961	Non-Exempt		08/16/2019	2019	\$0.00	\$29.92	\$0.00	\$29.92
XWK	65961	Non-Exempt		08/30/2019	2019	\$0.00	\$29.92	\$0.00	\$29.92
XWK	65961	Non-Exempt		09/13/2019	2019	\$0.00	\$29.92	\$0.00	\$29.92
XWK	65961	Non-Exempt		09/27/2019	2019	\$0.00	\$29.92	\$0.00	\$29.92
XWK	65961	Non-Exempt		10/11/2019	2019	\$0.00	\$29.92	\$0.00	\$29.92
XWK	65961	Non-Exempt		10/25/2019	2019	\$0.00	\$29.92	\$0.00	\$29.92
XWK	65961	Non-Exempt		11/08/2019	2019	\$0.00	\$29.92	\$0.00	\$29.92
XWK	65961	Non-Exempt		11/22/2019	2019	\$0.00	\$29.92	\$0.00	\$29.92
XWK	65961	Non-Exempt		12/06/2019	2019	\$0.00	\$29.92	\$0.00	\$29.92
XWK	65961	Non-Exempt		12/20/2019	2019	\$0.00	\$29.92	\$0.00	\$29.92
XWK	65961	Non-Exempt		01/03/2020	2020	\$0.00	\$29.92	\$0.00	\$29.92
XWK	65961	Non-Exempt		01/17/2020	2020	\$0.00	\$29.92	\$0.00	\$29.92
XWK	65961	Non-Exempt		01/31/2020	2020	\$0.00	\$29.92	\$0.00	\$29.92
XWK	65961	Non-Exempt		02/14/2020	2020	\$0.00	\$29.92	\$0.00	\$29.92
XWK	65961	Non-Exempt		02/28/2020	2020	\$0.00	\$29.92	\$0.00	\$29.92
XWK	65961	Non-Exempt		03/13/2020	2020	\$0.00	\$32.16	\$0.00	\$32.16
XWK	65961	Non-Exempt		03/27/2020	2020	\$0.00	\$32.16	\$0.00	\$32.16
XWK	65961	Non-Exempt		04/09/2020	2020	\$0.00	\$32.16	\$0.00	\$32.16
XWK	65961	Non-Exempt		04/24/2020	2020	\$0.00	\$32.16	\$0.00	\$32.16
XWK	65961	Non-Exempt		05/08/2020	2020	\$0.00	\$32.16	\$0.00	\$32.16
XWK	65961	Non-Exempt		05/22/2020	2020	\$0.00	\$32.16	\$0.00	\$32.16
XWK	65961	Non-Exempt		06/05/2020	2020	\$0.00	\$32.16	\$0.00	\$32.16
XWK	65961	Non-Exempt		06/19/2020	2020	\$0.00	\$32.16	\$0.00	\$32.16
XWK	65961	Non-Exempt		07/02/2020	2020	\$0.00	\$32.16	\$0.00	\$32.16
XWK	65961	Non-Exempt		07/17/2020	2020	\$0.00	\$32.16	\$0.00	\$32.16
XWK	65961	Non-Exempt		07/31/2020	2020	\$0.00	\$32.16	\$0.00	\$32.16
XWK	65961	Non-Exempt		08/14/2020	2020	\$0.00	\$32.16	\$0.00	\$32.16
XWK	65961	Non-Exempt		08/28/2020	2020	\$0.00	\$32.16	\$0.00	\$32.16
XWK	65961	Non-Exempt		09/11/2020	2020	\$0.00	\$32.16	\$0.00	\$32.16
XWK	65961	Non-Exempt		09/25/2020	2020	\$0.00	\$32.16	\$0.00	\$32.16
XWK	65961	Non-Exempt		10/09/2020	2020	\$0.00	\$32.16	\$0.00	\$32.16
XWK	65961	Non-Exempt		10/23/2020	2020	\$0.00	\$32.16	\$0.00	\$32.16
XWK	65961	Non-Exempt		11/06/2020	2020	\$0.00	\$32.16	\$0.00	\$32.16
XWK	65961	Non-Exempt		11/20/2020	2020	\$0.00	\$32.16	\$0.00	\$32.16
XWK	65961	Non-Exempt		12/04/2020	2020	\$0.00	\$32.16	\$0.00	\$32.16

XWK	65961	Non-Exempt		12/18/2020	2020	\$0.00	\$32.16	\$0.00	\$32.16
XWK	65961	Non-Exempt		12/31/2020	2020	\$0.00	\$32.16	\$0.00	\$32.16
XWK	65962	Non-Exempt		01/18/2019	2019	\$0.00	\$46.38	\$0.00	\$46.38
XWK	65962	Non-Exempt		02/01/2019	2019	\$0.00	\$51.54	\$0.00	\$51.54
XWK	65962	Non-Exempt		02/15/2019	2019	\$0.00	\$51.54	\$0.00	\$51.54
XWK	65962	Non-Exempt		03/01/2019	2019	\$0.00	\$51.54	\$0.00	\$51.54
XWK	65962	Non-Exempt		03/15/2019	2019	\$0.00	\$53.08	\$0.00	\$53.08
XWK	65962	Non-Exempt		03/29/2019	2019	\$0.00	\$53.08	\$0.00	\$53.08
XWK	65962	Non-Exempt		04/12/2019	2019	\$0.00	\$53.08	\$0.00	\$53.08
XWK	65962	Non-Exempt		04/26/2019	2019	\$0.00	\$53.08	\$0.00	\$53.08
XWK	65962	Non-Exempt		05/10/2019	2019	\$0.00	\$53.08	\$0.00	\$53.08
XWK	65962	Non-Exempt		05/24/2019	2019	\$0.00	\$53.08	\$0.00	\$53.08
XWK	65962	Non-Exempt		06/07/2019	2019	\$0.00	\$53.08	\$0.00	\$53.08
XWK	65962	Non-Exempt		06/21/2019	2019	\$0.00	\$53.08	\$0.00	\$53.08
XWK	65962	Non-Exempt		07/05/2019	2019	\$0.00	\$53.08	\$0.00	\$53.08
XWK	65962	Non-Exempt		07/19/2019	2019	\$0.00	\$53.08	\$0.00	\$53.08
XWK	65962	Non-Exempt		08/02/2019	2019	\$0.00	\$53.08	\$0.00	\$53.08
XWK	65962	Non-Exempt		08/16/2019	2019	\$0.00	\$53.08	\$0.00	\$53.08
XWK	65962	Non-Exempt		08/30/2019	2019	\$0.00	\$53.08	\$0.00	\$53.08
XWK	65962	Non-Exempt		09/13/2019	2019	\$0.00	\$53.08	\$0.00	\$53.08
XWK	65962	Non-Exempt		09/27/2019	2019	\$0.00	\$57.70	\$0.00	\$57.70
XWK	65962	Non-Exempt		10/11/2019	2019	\$0.00	\$57.70	\$0.00	\$57.70
XWK	65962	Non-Exempt		10/25/2019	2019	\$0.00	\$57.70	\$0.00	\$57.70
XWK	65962	Non-Exempt		11/08/2019	2019	\$0.00	\$57.70	\$0.00	\$57.70
XWK	65962	Non-Exempt		11/22/2019	2019	\$0.00	\$57.70	\$0.00	\$57.70
XWK	65962	Non-Exempt		12/06/2019	2019	\$0.00	\$57.70	\$0.00	\$57.70
XWK	65962	Non-Exempt		12/20/2019	2019	\$0.00	\$57.70	\$0.00	\$57.70
XWK	65962	Non-Exempt		01/03/2020	2020	\$0.00	\$57.69	\$0.00	\$57.69
XWK	65962	Non-Exempt		01/17/2020	2020	\$0.00	\$57.69	\$0.00	\$57.69
XWK	65962	Non-Exempt		01/31/2020	2020	\$0.00	\$57.69	\$0.00	\$57.69
XWK	65962	Non-Exempt		02/14/2020	2020	\$0.00	\$57.69	\$0.00	\$57.69
XWK	65962	Non-Exempt		02/28/2020	2020	\$0.00	\$57.69	\$0.00	\$57.69
XWK	65962	Non-Exempt		03/13/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65962	Non-Exempt		03/27/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65962	Non-Exempt		04/09/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65962	Non-Exempt		04/24/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65962	Non-Exempt		05/08/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65962	Non-Exempt		05/22/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65962	Non-Exempt		06/05/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65962	Non-Exempt		06/19/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65962	Non-Exempt		07/02/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65962	Non-Exempt		07/17/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65962	Non-Exempt		07/31/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65962	Non-Exempt		08/14/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65962	Non-Exempt		08/28/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65962	Non-Exempt		09/11/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15

XWK	65962	Non-Exempt		09/25/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65962	Non-Exempt		10/09/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65962	Non-Exempt		10/23/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65962	Non-Exempt		11/06/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65962	Non-Exempt		11/20/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65962	Non-Exempt		12/04/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65962	Non-Exempt		12/18/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65962	Non-Exempt		12/31/2020	2020	\$0.00	\$62.15	\$0.00	\$62.15
XWK	65963	Non-Exempt		01/18/2019	2019	\$0.00	\$112.43	\$0.00	\$64.25
XWK	65963	Non-Exempt		02/01/2019	2019	\$0.00	\$124.92	\$0.00	\$71.38
XWK	65963	Non-Exempt		02/15/2019	2019	\$0.00	\$124.92	\$0.00	\$71.38
XWK	65963	Non-Exempt		03/01/2019	2019	\$0.00	\$124.92	\$0.00	\$71.38
XWK	65963	Non-Exempt		03/15/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65963	Non-Exempt		03/29/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65963	Non-Exempt		04/12/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65963	Non-Exempt		04/26/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65963	Non-Exempt		05/10/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65963	Non-Exempt		05/24/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65963	Non-Exempt		06/07/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65963	Non-Exempt		06/21/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65963	Non-Exempt		07/05/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65963	Non-Exempt		07/19/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65963	Non-Exempt		08/02/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65963	Non-Exempt		08/16/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65963	Non-Exempt		08/30/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65963	Non-Exempt		09/13/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65963	Non-Exempt		09/27/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65963	Non-Exempt		10/11/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65963	Non-Exempt		10/25/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65963	Non-Exempt		11/08/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65963	Non-Exempt		11/22/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65963	Non-Exempt		12/06/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65963	Non-Exempt		12/20/2019	2019	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65963	Non-Exempt		01/03/2020	2020	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65963	Non-Exempt		01/17/2020	2020	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65963	Non-Exempt		01/31/2020	2020	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65963	Non-Exempt		02/14/2020	2020	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65963	Non-Exempt		02/28/2020	2020	\$0.00	\$128.69	\$0.00	\$73.54
XWK	65963	Non-Exempt		03/13/2020	2020	\$0.00	\$138.94	\$0.00	\$79.39
XWK	65963	Non-Exempt		03/27/2020	2020	\$0.00	\$138.94	\$0.00	\$79.39
XWK	65963	Non-Exempt		04/09/2020	2020	\$0.00	\$138.94	\$0.00	\$79.39
XWK	65963	Non-Exempt		04/24/2020	2020	\$0.00	\$138.94	\$0.00	\$79.39
XWK	65963	Non-Exempt		05/08/2020	2020	\$0.00	\$138.94	\$0.00	\$79.39
XWK	65963	Non-Exempt		05/22/2020	2020	\$0.00	\$138.94	\$0.00	\$79.39
XWK	65963	Non-Exempt		06/05/2020	2020	\$0.00	\$138.94	\$0.00	\$79.39
XWK	65963	Non-Exempt		06/19/2020	2020	\$0.00	\$138.94	\$0.00	\$79.39

XWK	65963	Non-Exempt		07/02/2020	2020	\$0.00	\$138.94	\$0.00	\$79.39
XWK	65963	Non-Exempt		07/17/2020	2020	\$0.00	\$138.94	\$0.00	\$79.39
XWK	65963	Non-Exempt		07/31/2020	2020	\$0.00	\$138.94	\$0.00	\$79.39
XWK	65963	Non-Exempt		08/14/2020	2020	\$0.00	\$138.94	\$0.00	\$79.39
XWK	65963	Non-Exempt		08/28/2020	2020	\$0.00	\$138.94	\$0.00	\$79.39
XWK	65963	Non-Exempt		09/11/2020	2020	\$0.00	\$138.94	\$0.00	\$79.39
XWK	65963	Non-Exempt		09/25/2020	2020	\$0.00	\$138.94	\$0.00	\$79.39
XWK	65963	Non-Exempt		10/09/2020	2020	\$0.00	\$138.94	\$0.00	\$79.39
XWK	65963	Non-Exempt		10/23/2020	2020	\$0.00	\$138.94	\$0.00	\$79.39
XWK	65963	Non-Exempt		11/06/2020	2020	\$0.00	\$138.94	\$0.00	\$79.39
XWK	65963	Non-Exempt		11/20/2020	2020	\$0.00	\$138.94	\$0.00	\$79.39
XWK	65963	Non-Exempt		12/04/2020	2020	\$0.00	\$138.94	\$0.00	\$79.39
XWK	65963	Non-Exempt		12/18/2020	2020	\$0.00	\$138.94	\$0.00	\$79.39
XWK	65963	Non-Exempt		12/31/2020	2020	\$0.00	\$138.94	\$0.00	\$79.39
XWK	65966	Non-Exempt		01/18/2019	2019	\$0.00	\$77.26	\$0.00	\$51.51
XWK	65966	Non-Exempt		02/01/2019	2019	\$0.00	\$85.85	\$0.00	\$57.23
XWK	65966	Non-Exempt		02/15/2019	2019	\$0.00	\$85.85	\$0.00	\$57.23
XWK	65966	Non-Exempt		03/01/2019	2019	\$0.00	\$85.85	\$0.00	\$57.23
XWK	65966	Non-Exempt		03/15/2019	2019	\$0.00	\$88.62	\$0.00	\$59.08
XWK	65966	Non-Exempt		03/29/2019	2019	\$0.00	\$88.62	\$0.00	\$59.08
XWK	65966	Non-Exempt		04/12/2019	2019	\$0.00	\$88.62	\$0.00	\$59.08
XWK	65966	Non-Exempt		04/26/2019	2019	\$0.00	\$88.62	\$0.00	\$59.08
XWK	65966	Non-Exempt		05/10/2019	2019	\$0.00	\$88.62	\$0.00	\$59.08
XWK	65966	Non-Exempt		05/24/2019	2019	\$0.00	\$88.62	\$0.00	\$59.08
XWK	65966	Non-Exempt		06/07/2019	2019	\$0.00	\$88.62	\$0.00	\$59.08
XWK	65966	Non-Exempt		06/21/2019	2019	\$0.00	\$88.62	\$0.00	\$59.08
XWK	65966	Non-Exempt		07/05/2019	2019	\$0.00	\$88.62	\$0.00	\$59.08
XWK	65966	Non-Exempt		07/19/2019	2019	\$0.00	\$88.62	\$0.00	\$59.08
XWK	65966	Non-Exempt		08/02/2019	2019	\$0.00	\$88.62	\$0.00	\$59.08
XWK	65966	Non-Exempt		08/16/2019	2019	\$0.00	\$88.62	\$0.00	\$59.08
XWK	65966	Non-Exempt		08/30/2019	2019	\$0.00	\$88.62	\$0.00	\$59.08
XWK	65966	Non-Exempt		09/13/2019	2019	\$0.00	\$88.62	\$0.00	\$59.08
XWK	65966	Non-Exempt		09/27/2019	2019	\$0.00	\$88.62	\$0.00	\$59.08
XWK	65966	Non-Exempt		10/11/2019	2019	\$0.00	\$88.62	\$0.00	\$59.08
XWK	65966	Non-Exempt		10/25/2019	2019	\$0.00	\$88.62	\$0.00	\$59.08
XWK	65966	Non-Exempt		11/08/2019	2019	\$0.00	\$26.58	\$0.00	\$17.72
XWK	65966	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65967	Non-Exempt		01/18/2019	2019	\$0.00	\$94.08	\$0.00	\$62.72
XWK	65967	Non-Exempt		02/01/2019	2019	\$0.00	\$104.54	\$0.00	\$69.69
XWK	65967	Non-Exempt		02/15/2019	2019	\$0.00	\$104.54	\$0.00	\$69.69
XWK	65967	Non-Exempt		03/01/2019	2019	\$0.00	\$104.54	\$0.00	\$69.69
XWK	65967	Non-Exempt		03/15/2019	2019	\$0.00	\$108.69	\$0.00	\$72.46
XWK	65967	Non-Exempt		03/29/2019	2019	\$0.00	\$108.69	\$0.00	\$72.46
XWK	65967	Non-Exempt		03/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65967	Non-Exempt		04/12/2019	2019	\$0.00	\$108.69	\$0.00	\$72.46
XWK	65967	Non-Exempt		04/26/2019	2019	\$0.00	\$108.69	\$0.00	\$72.46

XWK	65967	Non-Exempt		05/10/2019	2019	\$0.00	\$54.35	\$0.00	\$36.23
XWK	65967	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65968	Non-Exempt		01/18/2019	2019	\$0.00	\$328.36	\$0.00	\$72.97
XWK	65968	Non-Exempt		02/01/2019	2019	\$0.00	\$364.85	\$0.00	\$81.08
XWK	65968	Non-Exempt		02/15/2019	2019	\$0.00	\$364.85	\$0.00	\$81.08
XWK	65968	Non-Exempt		03/01/2019	2019	\$0.00	\$364.85	\$0.00	\$81.08
XWK	65968	Non-Exempt		03/15/2019	2019	\$0.00	\$378.69	\$0.00	\$84.15
XWK	65968	Non-Exempt		03/29/2019	2019	\$0.00	\$378.69	\$0.00	\$84.15
XWK	65968	Non-Exempt		04/12/2019	2019	\$0.00	\$378.69	\$0.00	\$84.15
XWK	65968	Non-Exempt		04/26/2019	2019	\$0.00	\$378.69	\$0.00	\$84.15
XWK	65968	Non-Exempt		05/10/2019	2019	\$0.00	\$378.69	\$0.00	\$84.15
XWK	65968	Non-Exempt		05/24/2019	2019	\$0.00	\$378.69	\$0.00	\$84.15
XWK	65968	Non-Exempt		06/07/2019	2019	\$0.00	\$378.69	\$0.00	\$84.15
XWK	65968	Non-Exempt		06/21/2019	2019	\$0.00	\$378.69	\$0.00	\$84.15
XWK	65968	Non-Exempt		07/05/2019	2019	\$0.00	\$378.69	\$0.00	\$84.15
XWK	65968	Non-Exempt		07/19/2019	2019	\$0.00	\$378.69	\$0.00	\$84.15
XWK	65968	Non-Exempt		08/02/2019	2019	\$0.00	\$378.69	\$0.00	\$84.15
XWK	65968	Non-Exempt		08/16/2019	2019	\$0.00	\$378.69	\$0.00	\$84.15
XWK	65968	Non-Exempt		08/30/2019	2019	\$0.00	\$378.69	\$0.00	\$84.15
XWK	65968	Non-Exempt		09/13/2019	2019	\$0.00	\$378.69	\$0.00	\$84.15
XWK	65968	Non-Exempt		09/27/2019	2019	\$0.00	\$378.69	\$0.00	\$84.15
XWK	65968	Non-Exempt		10/11/2019	2019	\$0.00	\$378.69	\$0.00	\$84.15
XWK	65968	Non-Exempt		10/25/2019	2019	\$0.00	\$378.69	\$0.00	\$84.15
XWK	65968	Non-Exempt		11/08/2019	2019	\$0.00	\$378.69	\$0.00	\$84.15
XWK	65968	Non-Exempt		11/22/2019	2019	\$0.00	\$378.69	\$0.00	\$84.15
XWK	65968	Non-Exempt		12/06/2019	2019	\$0.00	\$378.69	\$0.00	\$84.15
XWK	65968	Non-Exempt		12/20/2019	2019	\$0.00	\$378.69	\$0.00	\$84.15
XWK	65968	Non-Exempt		01/03/2020	2020	\$0.00	\$378.69	\$0.00	\$84.15
XWK	65968	Non-Exempt		01/17/2020	2020	\$0.00	\$378.69	\$0.00	\$84.15
XWK	65968	Non-Exempt		01/31/2020	2020	\$0.00	\$378.69	\$0.00	\$84.15
XWK	65968	Non-Exempt		02/14/2020	2020	\$0.00	\$378.69	\$0.00	\$84.15
XWK	65968	Non-Exempt		02/28/2020	2020	\$0.00	\$378.69	\$0.00	\$84.15
XWK	65968	Non-Exempt		03/13/2020	2020	\$0.00	\$409.10	\$0.00	\$90.91
XWK	65968	Non-Exempt		03/27/2020	2020	\$0.00	\$409.10	\$0.00	\$90.91
XWK	65968	Non-Exempt		04/09/2020	2020	\$0.00	\$409.10	\$0.00	\$90.91
XWK	65968	Non-Exempt		04/24/2020	2020	\$0.00	\$409.10	\$0.00	\$90.91
XWK	65968	Non-Exempt		05/08/2020	2020	\$0.00	\$409.10	\$0.00	\$90.91
XWK	65968	Non-Exempt		05/22/2020	2020	\$0.00	\$409.10	\$0.00	\$90.91
XWK	65968	Non-Exempt		06/05/2020	2020	\$0.00	\$409.10	\$0.00	\$90.91
XWK	65968	Non-Exempt		06/19/2020	2020	\$0.00	\$409.10	\$0.00	\$90.91
XWK	65968	Non-Exempt		07/02/2020	2020	\$0.00	\$409.10	\$0.00	\$90.91
XWK	65968	Non-Exempt		07/17/2020	2020	\$0.00	\$409.10	\$0.00	\$90.91
XWK	65968	Non-Exempt		07/31/2020	2020	\$0.00	\$409.10	\$0.00	\$90.91
XWK	65968	Non-Exempt		08/14/2020	2020	\$0.00	\$409.10	\$0.00	\$90.91
XWK	65968	Non-Exempt		08/28/2020	2020	\$0.00	\$409.10	\$0.00	\$90.91
XWK	65968	Non-Exempt		09/11/2020	2020	\$0.00	\$409.10	\$0.00	\$90.91

XWK	65968	Non-Exempt		09/25/2020	2020	\$0.00	\$409.10	\$0.00	\$90.91
XWK	65968	Non-Exempt		10/09/2020	2020	\$0.00	\$409.10	\$0.00	\$90.91
XWK	65968	Non-Exempt		10/23/2020	2020	\$0.00	\$409.10	\$0.00	\$90.91
XWK	65968	Non-Exempt		11/06/2020	2020	\$0.00	\$409.10	\$0.00	\$90.91
XWK	65968	Non-Exempt		11/20/2020	2020	\$0.00	\$409.10	\$0.00	\$90.91
XWK	65968	Non-Exempt		12/04/2020	2020	\$0.00	\$409.10	\$0.00	\$90.91
XWK	65968	Non-Exempt		12/18/2020	2020	\$0.00	\$409.10	\$0.00	\$90.91
XWK	65968	Non-Exempt		12/31/2020	2020	\$0.00	\$409.10	\$0.00	\$90.91
XWK	65969	Non-Exempt		01/18/2019	2019	\$0.00	\$90.14	\$0.00	\$60.09
XWK	65969	Non-Exempt		02/01/2019	2019	\$0.00	\$100.15	\$0.00	\$66.77
XWK	65969	Non-Exempt		02/15/2019	2019	\$0.00	\$100.15	\$0.00	\$66.77
XWK	65969	Non-Exempt		03/01/2019	2019	\$0.00	\$100.15	\$0.00	\$66.77
XWK	65969	Non-Exempt		03/15/2019	2019	\$0.00	\$103.15	\$0.00	\$68.77
XWK	65969	Non-Exempt		03/29/2019	2019	\$0.00	\$103.15	\$0.00	\$68.77
XWK	65969	Non-Exempt		03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65969	Non-Exempt		04/12/2019	2019	\$0.00	\$103.15	\$0.00	\$68.77
XWK	65969	Non-Exempt		04/26/2019	2019	\$0.00	\$103.15	\$0.00	\$68.77
XWK	65969	Non-Exempt		05/10/2019	2019	\$0.00	\$103.15	\$0.00	\$68.77
XWK	65969	Non-Exempt		05/24/2019	2019	\$0.00	\$103.15	\$0.00	\$68.77
XWK	65969	Non-Exempt		06/07/2019	2019	\$0.00	\$103.15	\$0.00	\$68.77
XWK	65969	Non-Exempt		06/21/2019	2019	\$0.00	\$103.15	\$0.00	\$68.77
XWK	65969	Non-Exempt		07/05/2019	2019	\$0.00	\$103.15	\$0.00	\$68.77
XWK	65969	Non-Exempt		07/19/2019	2019	\$0.00	\$103.15	\$0.00	\$68.77
XWK	65969	Non-Exempt		08/02/2019	2019	\$0.00	\$103.15	\$0.00	\$68.77
XWK	65969	Non-Exempt		08/16/2019	2019	\$0.00	\$103.15	\$0.00	\$68.77
XWK	65969	Non-Exempt		08/30/2019	2019	\$0.00	\$103.15	\$0.00	\$68.77
XWK	65969	Non-Exempt		09/13/2019	2019	\$0.00	\$103.15	\$0.00	\$68.77
XWK	65969	Non-Exempt		09/27/2019	2019	\$0.00	\$103.15	\$0.00	\$68.77
XWK	65969	Non-Exempt		10/11/2019	2019	\$0.00	\$103.15	\$0.00	\$68.77
XWK	65969	Non-Exempt		10/25/2019	2019	\$0.00	\$103.15	\$0.00	\$68.77
XWK	65969	Non-Exempt		11/08/2019	2019	\$0.00	\$103.15	\$0.00	\$68.77
XWK	65969	Non-Exempt		11/22/2019	2019	\$0.00	\$103.15	\$0.00	\$68.77
XWK	65969	Non-Exempt		12/06/2019	2019	\$0.00	\$103.15	\$0.00	\$68.77
XWK	65969	Non-Exempt		12/20/2019	2019	\$0.00	\$103.15	\$0.00	\$68.77
XWK	65969	Non-Exempt		01/03/2020	2020	\$0.00	\$103.16	\$0.00	\$68.76
XWK	65969	Non-Exempt		01/17/2020	2020	\$0.00	\$103.16	\$0.00	\$68.76
XWK	65969	Non-Exempt		01/31/2020	2020	\$0.00	\$103.16	\$0.00	\$68.76
XWK	65969	Non-Exempt		02/14/2020	2020	\$0.00	\$103.16	\$0.00	\$68.76
XWK	65969	Non-Exempt		02/28/2020	2020	\$0.00	\$103.16	\$0.00	\$68.76
XWK	65969	Non-Exempt		03/13/2020	2020	\$0.00	\$111.21	\$0.00	\$74.15
XWK	65969	Non-Exempt		03/27/2020	2020	\$0.00	\$111.21	\$0.00	\$74.15
XWK	65969	Non-Exempt		04/09/2020	2020	\$0.00	\$111.21	\$0.00	\$74.15
XWK	65969	Non-Exempt		04/24/2020	2020	\$0.00	\$111.21	\$0.00	\$74.15
XWK	65969	Non-Exempt		05/08/2020	2020	\$0.00	\$111.21	\$0.00	\$74.15
XWK	65969	Non-Exempt		05/22/2020	2020	\$0.00	\$111.21	\$0.00	\$74.15
XWK	65969	Non-Exempt		06/05/2020	2020	\$0.00	\$111.21	\$0.00	\$74.15

XWK	65969	Non-Exempt		06/19/2020	2020	\$0.00	\$111.21	\$0.00	\$74.15
XWK	65969	Non-Exempt		07/02/2020	2020	\$0.00	\$111.21	\$0.00	\$74.15
XWK	65969	Non-Exempt		07/17/2020	2020	\$0.00	\$111.21	\$0.00	\$74.15
XWK	65969	Non-Exempt		07/31/2020	2020	\$0.00	\$111.21	\$0.00	\$74.15
XWK	65969	Non-Exempt		08/14/2020	2020	\$0.00	\$111.21	\$0.00	\$74.15
XWK	65969	Non-Exempt		08/28/2020	2020	\$0.00	\$111.21	\$0.00	\$74.15
XWK	65969	Non-Exempt		09/11/2020	2020	\$0.00	\$111.21	\$0.00	\$74.15
XWK	65969	Non-Exempt		09/25/2020	2020	\$0.00	\$111.21	\$0.00	\$74.15
XWK	65969	Non-Exempt		10/09/2020	2020	\$0.00	\$111.21	\$0.00	\$74.15
XWK	65969	Non-Exempt		10/23/2020	2020	\$0.00	\$111.21	\$0.00	\$74.15
XWK	65969	Non-Exempt		11/06/2020	2020	\$0.00	\$111.21	\$0.00	\$74.15
XWK	65969	Non-Exempt		11/20/2020	2020	\$0.00	\$111.21	\$0.00	\$74.15
XWK	65969	Non-Exempt		12/04/2020	2020	\$0.00	\$111.21	\$0.00	\$74.15
XWK	65969	Non-Exempt		12/18/2020	2020	\$0.00	\$111.21	\$0.00	\$74.15
XWK	65969	Non-Exempt		12/31/2020	2020	\$0.00	\$111.21	\$0.00	\$74.15
XWK	65971	Non-Exempt		01/18/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65971	Non-Exempt		02/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65971	Non-Exempt		02/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65971	Non-Exempt		03/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65971	Non-Exempt		03/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65971	Non-Exempt		03/29/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65971	Non-Exempt		04/12/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65971	Non-Exempt		04/26/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65971	Non-Exempt		05/10/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65971	Non-Exempt		05/24/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65971	Non-Exempt		06/07/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65971	Non-Exempt		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65971	Non-Exempt		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65971	Non-Exempt		07/19/2019	2019	\$0.00	\$72.12	\$0.00	\$57.69
XWK	65971	Non-Exempt		08/02/2019	2019	\$0.00	\$72.12	\$0.00	\$57.69
XWK	65971	Non-Exempt		08/16/2019	2019	\$0.00	\$72.12	\$0.00	\$57.69
XWK	65971	Non-Exempt		08/30/2019	2019	\$0.00	\$72.12	\$0.00	\$57.69
XWK	65971	Non-Exempt		09/13/2019	2019	\$0.00	\$72.12	\$0.00	\$57.69
XWK	65971	Non-Exempt		09/27/2019	2019	\$0.00	\$72.12	\$0.00	\$57.69
XWK	65971	Non-Exempt		10/11/2019	2019	\$0.00	\$72.12	\$0.00	\$57.69
XWK	65971	Non-Exempt		10/25/2019	2019	\$0.00	\$72.12	\$0.00	\$57.69
XWK	65971	Non-Exempt		11/08/2019	2019	\$0.00	\$72.12	\$0.00	\$57.69
XWK	65971	Non-Exempt		11/22/2019	2019	\$0.00	\$72.12	\$0.00	\$57.69
XWK	65971	Non-Exempt		12/06/2019	2019	\$0.00	\$72.12	\$0.00	\$57.69
XWK	65971	Non-Exempt		12/20/2019	2019	\$0.00	\$72.12	\$0.00	\$57.69
XWK	65971	Non-Exempt		01/03/2020	2020	\$0.00	\$72.11	\$0.00	\$57.70
XWK	65971	Non-Exempt		01/17/2020	2020	\$0.00	\$72.11	\$0.00	\$57.70
XWK	65971	Non-Exempt		01/31/2020	2020	\$0.00	\$72.11	\$0.00	\$57.70
XWK	65971	Non-Exempt		02/14/2020	2020	\$0.00	\$72.11	\$0.00	\$57.70
XWK	65971	Non-Exempt		02/28/2020	2020	\$0.00	\$72.11	\$0.00	\$57.70
XWK	65971	Non-Exempt		03/13/2020	2020	\$0.00	\$77.52	\$0.00	\$62.01

XWK	65971	Non-Exempt	[REDACTED]	03/27/2020	2020	\$0.00	\$77.52	\$0.00	\$62.01
XWK	65971	Non-Exempt	[REDACTED]	04/09/2020	2020	\$0.00	\$77.52	\$0.00	\$62.01
XWK	65971	Non-Exempt	[REDACTED]	04/24/2020	2020	\$0.00	\$77.52	\$0.00	\$62.01
XWK	65971	Non-Exempt	[REDACTED]	05/08/2020	2020	\$0.00	\$77.52	\$0.00	\$62.01
XWK	65971	Non-Exempt	[REDACTED]	05/22/2020	2020	\$0.00	\$77.52	\$0.00	\$62.01
XWK	65971	Non-Exempt	[REDACTED]	06/05/2020	2020	\$0.00	\$77.52	\$0.00	\$62.01
XWK	65971	Non-Exempt	[REDACTED]	06/19/2020	2020	\$0.00	\$77.52	\$0.00	\$62.01
XWK	65971	Non-Exempt	[REDACTED]	07/02/2020	2020	\$0.00	\$77.52	\$0.00	\$62.01
XWK	65971	Non-Exempt	[REDACTED]	07/17/2020	2020	\$0.00	\$77.52	\$0.00	\$62.01
XWK	65971	Non-Exempt	[REDACTED]	07/31/2020	2020	\$0.00	\$77.52	\$0.00	\$62.01
XWK	65971	Non-Exempt	[REDACTED]	08/14/2020	2020	\$0.00	\$77.52	\$0.00	\$62.01
XWK	65971	Non-Exempt	[REDACTED]	08/28/2020	2020	\$0.00	\$77.52	\$0.00	\$62.01
XWK	65971	Non-Exempt	[REDACTED]	09/11/2020	2020	\$0.00	\$77.52	\$0.00	\$62.01
XWK	65971	Non-Exempt	[REDACTED]	09/25/2020	2020	\$0.00	\$77.52	\$0.00	\$62.01
XWK	65971	Non-Exempt	[REDACTED]	10/09/2020	2020	\$0.00	\$77.52	\$0.00	\$62.01
XWK	65971	Non-Exempt	[REDACTED]	10/23/2020	2020	\$0.00	\$77.52	\$0.00	\$62.01
XWK	65971	Non-Exempt	[REDACTED]	11/06/2020	2020	\$0.00	\$77.52	\$0.00	\$62.01
XWK	65971	Non-Exempt	[REDACTED]	11/20/2020	2020	\$0.00	\$77.52	\$0.00	\$62.01
XWK	65971	Non-Exempt	[REDACTED]	12/04/2020	2020	\$0.00	\$77.52	\$0.00	\$62.01
XWK	65971	Non-Exempt	[REDACTED]	12/18/2020	2020	\$0.00	\$77.52	\$0.00	\$62.01
XWK	65971	Non-Exempt	[REDACTED]	12/31/2020	2020	\$0.00	\$77.52	\$0.00	\$62.01
XWK	65972	Non-Exempt	[REDACTED]	01/18/2019	2019	\$0.00	\$63.69	\$0.00	\$50.95
XWK	65972	Non-Exempt	[REDACTED]	02/01/2019	2019	\$0.00	\$70.77	\$0.00	\$56.62
XWK	65972	Non-Exempt	[REDACTED]	02/15/2019	2019	\$0.00	\$70.77	\$0.00	\$56.62
XWK	65972	Non-Exempt	[REDACTED]	03/01/2019	2019	\$0.00	\$70.77	\$0.00	\$56.62
XWK	65972	Non-Exempt	[REDACTED]	03/15/2019	2019	\$0.00	\$72.88	\$0.00	\$58.31
XWK	65972	Non-Exempt	[REDACTED]	03/29/2019	2019	\$0.00	\$72.88	\$0.00	\$58.31
XWK	65972	Non-Exempt	[REDACTED]	04/12/2019	2019	\$0.00	\$72.88	\$0.00	\$58.31
XWK	65972	Non-Exempt	[REDACTED]	04/26/2019	2019	\$0.00	\$72.88	\$0.00	\$58.31
XWK	65972	Non-Exempt	[REDACTED]	05/10/2019	2019	\$0.00	\$72.88	\$0.00	\$58.31
XWK	65972	Non-Exempt	[REDACTED]	05/24/2019	2019	\$0.00	\$72.88	\$0.00	\$58.31
XWK	65972	Non-Exempt	[REDACTED]	06/07/2019	2019	\$0.00	\$72.88	\$0.00	\$58.31
XWK	65972	Non-Exempt	[REDACTED]	06/21/2019	2019	\$0.00	\$72.88	\$0.00	\$58.31
XWK	65972	Non-Exempt	[REDACTED]	07/05/2019	2019	\$0.00	\$72.88	\$0.00	\$58.31
XWK	65972	Non-Exempt	[REDACTED]	07/19/2019	2019	\$0.00	\$72.88	\$0.00	\$58.31
XWK	65972	Non-Exempt	[REDACTED]	08/02/2019	2019	\$0.00	\$72.88	\$0.00	\$58.31
XWK	65972	Non-Exempt	[REDACTED]	08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65972	Non-Exempt	[REDACTED]	12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65973	Non-Exempt	[REDACTED]	01/18/2019	2019	\$0.00	\$94.50	\$0.00	\$63.00
XWK	65973	Non-Exempt	[REDACTED]	02/01/2019	2019	\$0.00	\$105.00	\$0.00	\$70.00
XWK	65973	Non-Exempt	[REDACTED]	02/15/2019	2019	\$0.00	\$105.00	\$0.00	\$70.00
XWK	65973	Non-Exempt	[REDACTED]	03/01/2019	2019	\$0.00	\$105.00	\$0.00	\$70.00
XWK	65973	Non-Exempt	[REDACTED]	03/15/2019	2019	\$0.00	\$108.23	\$0.00	\$72.15
XWK	65973	Non-Exempt	[REDACTED]	03/29/2019	2019	\$0.00	\$108.23	\$0.00	\$72.15
XWK	65973	Non-Exempt	[REDACTED]	04/12/2019	2019	\$0.00	\$108.23	\$0.00	\$72.15
XWK	65973	Non-Exempt	[REDACTED]	04/26/2019	2019	\$0.00	\$108.23	\$0.00	\$72.15

XWK	65973	Non-Exempt		05/10/2019	2019	\$0.00	\$108.23	\$0.00	\$72.15
XWK	65973	Non-Exempt		05/24/2019	2019	\$0.00	\$108.23	\$0.00	\$72.15
XWK	65973	Non-Exempt		06/07/2019	2019	\$0.00	\$108.23	\$0.00	\$72.15
XWK	65973	Non-Exempt		06/21/2019	2019	\$0.00	\$108.23	\$0.00	\$72.15
XWK	65973	Non-Exempt		07/05/2019	2019	\$0.00	\$108.23	\$0.00	\$72.15
XWK	65973	Non-Exempt		07/19/2019	2019	\$0.00	\$108.23	\$0.00	\$72.15
XWK	65973	Non-Exempt		08/02/2019	2019	\$0.00	\$108.23	\$0.00	\$72.15
XWK	65973	Non-Exempt		08/16/2019	2019	\$0.00	\$108.23	\$0.00	\$72.15
XWK	65973	Non-Exempt		08/30/2019	2019	\$0.00	\$108.23	\$0.00	\$72.15
XWK	65973	Non-Exempt		09/13/2019	2019	\$0.00	\$108.23	\$0.00	\$72.15
XWK	65973	Non-Exempt		09/27/2019	2019	\$0.00	\$108.23	\$0.00	\$72.15
XWK	65973	Non-Exempt		10/11/2019	2019	\$0.00	\$108.23	\$0.00	\$72.15
XWK	65973	Non-Exempt		10/25/2019	2019	\$0.00	\$108.23	\$0.00	\$72.15
XWK	65973	Non-Exempt		11/08/2019	2019	\$0.00	\$108.23	\$0.00	\$72.15
XWK	65973	Non-Exempt		11/22/2019	2019	\$0.00	\$108.23	\$0.00	\$72.15
XWK	65973	Non-Exempt		12/06/2019	2019	\$0.00	\$108.23	\$0.00	\$72.15
XWK	65973	Non-Exempt		12/20/2019	2019	\$0.00	\$108.23	\$0.00	\$72.15
XWK	65973	Non-Exempt		01/03/2020	2020	\$0.00	\$108.20	\$0.00	\$72.20
XWK	65973	Non-Exempt		01/17/2020	2020	\$0.00	\$108.20	\$0.00	\$72.20
XWK	65973	Non-Exempt		01/31/2020	2020	\$0.00	\$108.20	\$0.00	\$72.20
XWK	65973	Non-Exempt		02/14/2020	2020	\$0.00	\$108.20	\$0.00	\$72.20
XWK	65973	Non-Exempt		02/28/2020	2020	\$0.00	\$108.20	\$0.00	\$72.20
XWK	65973	Non-Exempt		03/13/2020	2020	\$0.00	\$116.00	\$0.00	\$77.40
XWK	65973	Non-Exempt		03/27/2020	2020	\$0.00	\$116.00	\$0.00	\$77.40
XWK	65973	Non-Exempt		04/09/2020	2020	\$0.00	\$116.00	\$0.00	\$77.40
XWK	65973	Non-Exempt		04/24/2020	2020	\$0.00	\$116.00	\$0.00	\$77.40
XWK	65973	Non-Exempt		05/08/2020	2020	\$0.00	\$116.00	\$0.00	\$77.40
XWK	65973	Non-Exempt		05/22/2020	2020	\$0.00	\$116.00	\$0.00	\$77.40
XWK	65973	Non-Exempt		06/05/2020	2020	\$0.00	\$116.00	\$0.00	\$77.40
XWK	65973	Non-Exempt		06/19/2020	2020	\$0.00	\$116.00	\$0.00	\$77.40
XWK	65973	Non-Exempt		07/02/2020	2020	\$0.00	\$116.00	\$0.00	\$77.40
XWK	65973	Non-Exempt		07/17/2020	2020	\$0.00	\$116.00	\$0.00	\$77.40
XWK	65973	Non-Exempt		07/31/2020	2020	\$0.00	\$116.00	\$0.00	\$77.40
XWK	65973	Non-Exempt		08/14/2020	2020	\$0.00	\$116.00	\$0.00	\$77.40
XWK	65973	Non-Exempt		08/28/2020	2020	\$0.00	\$116.00	\$0.00	\$77.40
XWK	65973	Non-Exempt		09/11/2020	2020	\$0.00	\$116.00	\$0.00	\$77.40
XWK	65973	Non-Exempt		09/25/2020	2020	\$0.00	\$116.00	\$0.00	\$77.40
XWK	65973	Non-Exempt		10/09/2020	2020	\$0.00	\$116.00	\$0.00	\$77.40
XWK	65973	Non-Exempt		10/23/2020	2020	\$0.00	\$116.00	\$0.00	\$77.40
XWK	65973	Non-Exempt		11/06/2020	2020	\$0.00	\$116.00	\$0.00	\$77.40
XWK	65973	Non-Exempt		11/20/2020	2020	\$0.00	\$116.00	\$0.00	\$77.40
XWK	65973	Non-Exempt		12/04/2020	2020	\$0.00	\$116.00	\$0.00	\$77.40
XWK	65973	Non-Exempt		12/18/2020	2020	\$0.00	\$116.00	\$0.00	\$77.40
XWK	65973	Non-Exempt		12/31/2020	2020	\$0.00	\$116.00	\$0.00	\$77.40
XWK	65974	Non-Exempt		01/18/2019	2019	\$0.00	\$22.92	\$0.00	\$22.92
XWK	65974	Non-Exempt		02/01/2019	2019	\$0.00	\$25.46	\$0.00	\$25.46

XWK	65974	Non-Exempt		02/15/2019	2019	\$0.00	\$25.46	\$0.00	\$25.46
XWK	65974	Non-Exempt		03/01/2019	2019	\$0.00	\$25.46	\$0.00	\$25.46
XWK	65974	Non-Exempt		03/15/2019	2019	\$0.00	\$26.23	\$0.00	\$26.23
XWK	65974	Non-Exempt		03/29/2019	2019	\$0.00	\$26.23	\$0.00	\$26.23
XWK	65974	Non-Exempt		04/12/2019	2019	\$0.00	\$26.23	\$0.00	\$26.23
XWK	65974	Non-Exempt		04/26/2019	2019	\$0.00	\$26.23	\$0.00	\$26.23
XWK	65974	Non-Exempt		05/10/2019	2019	\$0.00	\$26.23	\$0.00	\$26.23
XWK	65974	Non-Exempt		05/24/2019	2019	\$0.00	\$26.23	\$0.00	\$26.23
XWK	65974	Non-Exempt		06/07/2019	2019	\$0.00	\$26.23	\$0.00	\$26.23
XWK	65974	Non-Exempt		06/21/2019	2019	\$0.00	\$26.23	\$0.00	\$26.23
XWK	65974	Non-Exempt		07/05/2019	2019	\$0.00	\$26.23	\$0.00	\$26.23
XWK	65974	Non-Exempt		07/19/2019	2019	\$0.00	\$26.23	\$0.00	\$26.23
XWK	65974	Non-Exempt		08/02/2019	2019	\$0.00	\$26.23	\$0.00	\$26.23
XWK	65974	Non-Exempt		08/16/2019	2019	\$0.00	\$26.23	\$0.00	\$26.23
XWK	65974	Non-Exempt		08/30/2019	2019	\$0.00	\$26.23	\$0.00	\$26.23
XWK	65974	Non-Exempt		09/13/2019	2019	\$0.00	\$26.23	\$0.00	\$26.23
XWK	65974	Non-Exempt		09/27/2019	2019	\$0.00	\$26.23	\$0.00	\$26.23
XWK	65974	Non-Exempt		10/11/2019	2019	\$0.00	\$26.23	\$0.00	\$26.23
XWK	65974	Non-Exempt		10/25/2019	2019	\$0.00	\$26.23	\$0.00	\$26.23
XWK	65974	Non-Exempt		11/08/2019	2019	\$0.00	\$26.23	\$0.00	\$26.23
XWK	65974	Non-Exempt		11/22/2019	2019	\$0.00	\$26.23	\$0.00	\$26.23
XWK	65974	Non-Exempt		12/06/2019	2019	\$0.00	\$26.23	\$0.00	\$26.23
XWK	65974	Non-Exempt		12/20/2019	2019	\$0.00	\$26.23	\$0.00	\$26.23
XWK	65974	Non-Exempt		01/03/2020	2020	\$0.00	\$26.23	\$0.00	\$26.23
XWK	65974	Non-Exempt		01/17/2020	2020	\$0.00	\$26.23	\$0.00	\$26.23
XWK	65974	Non-Exempt		01/31/2020	2020	\$0.00	\$26.23	\$0.00	\$26.23
XWK	65974	Non-Exempt		02/14/2020	2020	\$0.00	\$26.23	\$0.00	\$26.23
XWK	65974	Non-Exempt		02/28/2020	2020	\$0.00	\$26.23	\$0.00	\$26.23
XWK	65974	Non-Exempt		03/13/2020	2020	\$0.00	\$26.93	\$0.00	\$26.93
XWK	65974	Non-Exempt		03/27/2020	2020	\$0.00	\$26.93	\$0.00	\$26.93
XWK	65974	Non-Exempt		04/09/2020	2020	\$0.00	\$26.93	\$0.00	\$26.93
XWK	65974	Non-Exempt		04/24/2020	2020	\$0.00	\$26.93	\$0.00	\$26.93
XWK	65974	Non-Exempt		05/08/2020	2020	\$0.00	\$26.93	\$0.00	\$26.93
XWK	65974	Non-Exempt		05/22/2020	2020	\$0.00	\$26.93	\$0.00	\$26.93
XWK	65974	Non-Exempt		06/05/2020	2020	\$0.00	\$26.93	\$0.00	\$26.93
XWK	65974	Non-Exempt		06/19/2020	2020	\$0.00	\$26.93	\$0.00	\$26.93
XWK	65974	Non-Exempt		07/02/2020	2020	\$0.00	\$26.93	\$0.00	\$26.93
XWK	65974	Non-Exempt		07/17/2020	2020	\$0.00	\$26.93	\$0.00	\$26.93
XWK	65974	Non-Exempt		07/31/2020	2020	\$0.00	\$26.93	\$0.00	\$26.93
XWK	65974	Non-Exempt		08/14/2020	2020	\$0.00	\$26.93	\$0.00	\$26.93
XWK	65974	Non-Exempt		08/28/2020	2020	\$0.00	\$26.93	\$0.00	\$26.93
XWK	65974	Non-Exempt		09/11/2020	2020	\$0.00	\$26.93	\$0.00	\$26.93
XWK	65974	Non-Exempt		09/25/2020	2020	\$0.00	\$26.93	\$0.00	\$26.93
XWK	65974	Non-Exempt		10/09/2020	2020	\$0.00	\$26.93	\$0.00	\$26.93
XWK	65974	Non-Exempt		10/23/2020	2020	\$0.00	\$26.93	\$0.00	\$26.93
XWK	65974	Non-Exempt		11/06/2020	2020	\$0.00	\$26.93	\$0.00	\$26.93

XWK	65974	Non-Exempt		11/20/2020	2020	\$0.00	\$26.93	\$0.00	\$26.93
XWK	65974	Non-Exempt		12/04/2020	2020	\$0.00	\$26.93	\$0.00	\$26.93
XWK	65974	Non-Exempt		12/18/2020	2020	\$0.00	\$26.93	\$0.00	\$26.93
XWK	65974	Non-Exempt		12/31/2020	2020	\$0.00	\$26.93	\$0.00	\$26.93
XWK	65975	Non-Exempt		01/18/2019	2019	\$0.00	\$48.46	\$0.00	\$48.46
XWK	65975	Non-Exempt		02/01/2019	2019	\$0.00	\$53.85	\$0.00	\$53.85
XWK	65975	Non-Exempt		02/15/2019	2019	\$0.00	\$53.85	\$0.00	\$53.85
XWK	65975	Non-Exempt		03/01/2019	2019	\$0.00	\$53.85	\$0.00	\$53.85
XWK	65975	Non-Exempt		03/15/2019	2019	\$0.00	\$55.38	\$0.00	\$55.38
XWK	65975	Non-Exempt		03/29/2019	2019	\$0.00	\$55.38	\$0.00	\$55.38
XWK	65975	Non-Exempt		04/12/2019	2019	\$0.00	\$55.38	\$0.00	\$55.38
XWK	65975	Non-Exempt		04/26/2019	2019	\$0.00	\$55.38	\$0.00	\$55.38
XWK	65975	Non-Exempt		05/10/2019	2019	\$0.00	\$55.38	\$0.00	\$55.38
XWK	65975	Non-Exempt		05/24/2019	2019	\$0.00	\$55.38	\$0.00	\$55.38
XWK	65975	Non-Exempt		06/07/2019	2019	\$0.00	\$55.38	\$0.00	\$55.38
XWK	65975	Non-Exempt		06/21/2019	2019	\$0.00	\$55.38	\$0.00	\$55.38
XWK	65975	Non-Exempt		07/05/2019	2019	\$0.00	\$55.38	\$0.00	\$55.38
XWK	65975	Non-Exempt		07/19/2019	2019	\$0.00	\$55.38	\$0.00	\$55.38
XWK	65975	Non-Exempt		08/02/2019	2019	\$0.00	\$55.38	\$0.00	\$55.38
XWK	65975	Non-Exempt		08/16/2019	2019	\$0.00	\$55.38	\$0.00	\$55.38
XWK	65975	Non-Exempt		08/30/2019	2019	\$0.00	\$55.38	\$0.00	\$55.38
XWK	65975	Non-Exempt		09/13/2019	2019	\$0.00	\$55.38	\$0.00	\$55.38
XWK	65975	Non-Exempt		09/27/2019	2019	\$0.00	\$55.38	\$0.00	\$55.38
XWK	65975	Non-Exempt		10/11/2019	2019	\$0.00	\$55.38	\$0.00	\$55.38
XWK	65975	Non-Exempt		10/25/2019	2019	\$0.00	\$55.38	\$0.00	\$55.38
XWK	65975	Non-Exempt		11/08/2019	2019	\$0.00	\$55.38	\$0.00	\$55.38
XWK	65975	Non-Exempt		11/22/2019	2019	\$0.00	\$55.38	\$0.00	\$55.38
XWK	65975	Non-Exempt		12/06/2019	2019	\$0.00	\$55.38	\$0.00	\$55.38
XWK	65975	Non-Exempt		12/20/2019	2019	\$0.00	\$55.38	\$0.00	\$55.38
XWK	65975	Non-Exempt		01/03/2020	2020	\$0.00	\$55.38	\$0.00	\$55.38
XWK	65975	Non-Exempt		01/17/2020	2020	\$0.00	\$55.38	\$0.00	\$55.38
XWK	65975	Non-Exempt		01/31/2020	2020	\$0.00	\$55.38	\$0.00	\$55.38
XWK	65975	Non-Exempt		02/14/2020	2020	\$0.00	\$55.38	\$0.00	\$55.38
XWK	65975	Non-Exempt		02/28/2020	2020	\$0.00	\$55.38	\$0.00	\$55.38
XWK	65975	Non-Exempt		03/13/2020	2020	\$0.00	\$56.77	\$0.00	\$56.77
XWK	65975	Non-Exempt		03/27/2020	2020	\$0.00	\$56.77	\$0.00	\$56.77
XWK	65975	Non-Exempt		04/09/2020	2020	\$0.00	\$113.54	\$0.00	\$56.77
XWK	65975	Non-Exempt		04/24/2020	2020	\$0.00	\$113.54	\$0.00	\$56.77
XWK	65975	Non-Exempt		05/08/2020	2020	\$0.00	\$113.54	\$0.00	\$56.77
XWK	65975	Non-Exempt		05/22/2020	2020	\$0.00	\$113.54	\$0.00	\$56.77
XWK	65975	Non-Exempt		06/05/2020	2020	\$0.00	\$113.54	\$0.00	\$56.77
XWK	65975	Non-Exempt		06/19/2020	2020	\$0.00	\$113.54	\$0.00	\$56.77
XWK	65975	Non-Exempt		07/02/2020	2020	\$0.00	\$113.54	\$0.00	\$56.77
XWK	65975	Non-Exempt		07/17/2020	2020	\$0.00	\$113.54	\$0.00	\$56.77
XWK	65975	Non-Exempt		07/31/2020	2020	\$0.00	\$113.54	\$0.00	\$56.77
XWK	65975	Non-Exempt		08/14/2020	2020	\$0.00	\$113.54	\$0.00	\$56.77

XWK	65975	Non-Exempt		08/28/2020	2020	\$0.00	\$113.54	\$0.00	\$56.77
XWK	65975	Non-Exempt		09/11/2020	2020	\$0.00	\$113.54	\$0.00	\$56.77
XWK	65975	Non-Exempt		09/25/2020	2020	\$0.00	\$113.54	\$0.00	\$56.77
XWK	65975	Non-Exempt		10/09/2020	2020	\$0.00	\$113.54	\$0.00	\$56.77
XWK	65975	Non-Exempt		10/23/2020	2020	\$0.00	\$113.54	\$0.00	\$56.77
XWK	65975	Non-Exempt		11/06/2020	2020	\$0.00	\$113.54	\$0.00	\$56.77
XWK	65975	Non-Exempt		11/20/2020	2020	\$0.00	\$113.54	\$0.00	\$56.77
XWK	65975	Non-Exempt		12/04/2020	2020	\$0.00	\$113.54	\$0.00	\$56.77
XWK	65975	Non-Exempt		12/18/2020	2020	\$0.00	\$113.54	\$0.00	\$56.77
XWK	65975	Non-Exempt		12/31/2020	2020	\$0.00	\$113.54	\$0.00	\$56.77
XWK	65976	Non-Exempt		01/18/2019	2019	\$0.00	\$213.92	\$0.00	\$71.31
XWK	65976	Non-Exempt		02/01/2019	2019	\$0.00	\$237.69	\$0.00	\$79.23
XWK	65976	Non-Exempt		02/15/2019	2019	\$0.00	\$237.69	\$0.00	\$79.23
XWK	65976	Non-Exempt		03/01/2019	2019	\$0.00	\$237.69	\$0.00	\$79.23
XWK	65976	Non-Exempt		03/15/2019	2019	\$0.00	\$244.62	\$0.00	\$81.54
XWK	65976	Non-Exempt		03/29/2019	2019	\$0.00	\$244.62	\$0.00	\$81.54
XWK	65976	Non-Exempt		04/12/2019	2019	\$0.00	\$244.62	\$0.00	\$81.54
XWK	65976	Non-Exempt		04/26/2019	2019	\$0.00	\$244.62	\$0.00	\$81.54
XWK	65976	Non-Exempt		05/10/2019	2019	\$0.00	\$244.62	\$0.00	\$81.54
XWK	65976	Non-Exempt		05/24/2019	2019	\$0.00	\$244.62	\$0.00	\$81.54
XWK	65976	Non-Exempt		06/07/2019	2019	\$0.00	\$244.62	\$0.00	\$81.54
XWK	65976	Non-Exempt		06/21/2019	2019	\$0.00	\$244.62	\$0.00	\$81.54
XWK	65976	Non-Exempt		07/05/2019	2019	\$0.00	\$244.62	\$0.00	\$81.54
XWK	65976	Non-Exempt		07/19/2019	2019	\$0.00	\$244.62	\$0.00	\$81.54
XWK	65976	Non-Exempt		08/02/2019	2019	\$0.00	\$244.62	\$0.00	\$81.54
XWK	65976	Non-Exempt		08/16/2019	2019	\$0.00	\$244.62	\$0.00	\$81.54
XWK	65976	Non-Exempt		08/30/2019	2019	\$0.00	\$244.62	\$0.00	\$81.54
XWK	65976	Non-Exempt		09/13/2019	2019	\$0.00	\$244.62	\$0.00	\$81.54
XWK	65976	Non-Exempt		09/27/2019	2019	\$0.00	\$244.62	\$0.00	\$81.54
XWK	65976	Non-Exempt		10/11/2019	2019	\$0.00	\$244.62	\$0.00	\$81.54
XWK	65976	Non-Exempt		10/25/2019	2019	\$0.00	\$244.62	\$0.00	\$81.54
XWK	65976	Non-Exempt		11/08/2019	2019	\$0.00	\$244.62	\$0.00	\$81.54
XWK	65976	Non-Exempt		11/22/2019	2019	\$0.00	\$244.62	\$0.00	\$81.54
XWK	65976	Non-Exempt		12/06/2019	2019	\$0.00	\$244.62	\$0.00	\$81.54
XWK	65976	Non-Exempt		12/20/2019	2019	\$0.00	\$244.62	\$0.00	\$81.54
XWK	65976	Non-Exempt		01/03/2020	2020	\$0.00	\$244.62	\$0.00	\$81.54
XWK	65976	Non-Exempt		01/17/2020	2020	\$0.00	\$244.62	\$0.00	\$81.54
XWK	65976	Non-Exempt		01/31/2020	2020	\$0.00	\$244.62	\$0.00	\$81.54
XWK	65976	Non-Exempt		02/14/2020	2020	\$0.00	\$244.62	\$0.00	\$81.54
XWK	65976	Non-Exempt		02/28/2020	2020	\$0.00	\$244.62	\$0.00	\$81.54
XWK	65976	Non-Exempt		03/13/2020	2020	\$0.00	\$263.52	\$0.00	\$87.84
XWK	65976	Non-Exempt		03/27/2020	2020	\$0.00	\$263.52	\$0.00	\$87.84
XWK	65976	Non-Exempt		04/09/2020	2020	\$0.00	\$263.52	\$0.00	\$87.84
XWK	65976	Non-Exempt		04/24/2020	2020	\$0.00	\$263.52	\$0.00	\$87.84
XWK	65976	Non-Exempt		05/08/2020	2020	\$0.00	\$263.52	\$0.00	\$87.84
XWK	65976	Non-Exempt		05/22/2020	2020	\$0.00	\$263.52	\$0.00	\$87.84

XWK	65976	Non-Exempt	[REDACTED]	06/05/2020	2020	\$0.00	\$263.52	\$0.00	\$87.84
XWK	65976	Non-Exempt	[REDACTED]	06/19/2020	2020	\$0.00	\$263.52	\$0.00	\$87.84
XWK	65976	Non-Exempt	[REDACTED]	07/02/2020	2020	\$0.00	\$263.52	\$0.00	\$87.84
XWK	65976	Non-Exempt	[REDACTED]	07/17/2020	2020	\$0.00	\$263.52	\$0.00	\$87.84
XWK	65976	Non-Exempt	[REDACTED]	07/31/2020	2020	\$0.00	\$263.52	\$0.00	\$87.84
XWK	65976	Non-Exempt	[REDACTED]	08/14/2020	2020	\$0.00	\$263.52	\$0.00	\$87.84
XWK	65976	Non-Exempt	[REDACTED]	08/28/2020	2020	\$0.00	\$263.52	\$0.00	\$87.84
XWK	65976	Non-Exempt	[REDACTED]	09/11/2020	2020	\$0.00	\$98.82	\$0.00	\$32.94
XWK	65976	Non-Exempt	[REDACTED]	12/18/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65976	Non-Exempt	[REDACTED]	12/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65978	Non-Exempt	[REDACTED]	01/18/2019	2019	\$0.00	\$140.19	\$0.00	\$56.08
XWK	65978	Non-Exempt	[REDACTED]	02/01/2019	2019	\$0.00	\$155.77	\$0.00	\$62.31
XWK	65978	Non-Exempt	[REDACTED]	02/15/2019	2019	\$0.00	\$155.77	\$0.00	\$62.31
XWK	65978	Non-Exempt	[REDACTED]	03/01/2019	2019	\$0.00	\$155.77	\$0.00	\$62.31
XWK	65978	Non-Exempt	[REDACTED]	03/15/2019	2019	\$0.00	\$160.39	\$0.00	\$64.15
XWK	65978	Non-Exempt	[REDACTED]	03/29/2019	2019	\$0.00	\$160.39	\$0.00	\$64.15
XWK	65978	Non-Exempt	[REDACTED]	04/12/2019	2019	\$0.00	\$160.39	\$0.00	\$64.15
XWK	65978	Non-Exempt	[REDACTED]	04/26/2019	2019	\$0.00	\$160.39	\$0.00	\$64.15
XWK	65978	Non-Exempt	[REDACTED]	05/10/2019	2019	\$0.00	\$160.39	\$0.00	\$64.15
XWK	65978	Non-Exempt	[REDACTED]	05/24/2019	2019	\$0.00	\$160.39	\$0.00	\$64.15
XWK	65978	Non-Exempt	[REDACTED]	06/07/2019	2019	\$0.00	\$160.39	\$0.00	\$64.15
XWK	65978	Non-Exempt	[REDACTED]	06/21/2019	2019	\$0.00	\$160.39	\$0.00	\$64.15
XWK	65978	Non-Exempt	[REDACTED]	07/05/2019	2019	\$0.00	\$160.39	\$0.00	\$64.15
XWK	65978	Non-Exempt	[REDACTED]	07/19/2019	2019	\$0.00	\$160.39	\$0.00	\$64.15
XWK	65978	Non-Exempt	[REDACTED]	08/02/2019	2019	\$0.00	\$160.39	\$0.00	\$64.15
XWK	65978	Non-Exempt	[REDACTED]	08/16/2019	2019	\$0.00	\$160.39	\$0.00	\$64.15
XWK	65978	Non-Exempt	[REDACTED]	08/30/2019	2019	\$0.00	\$160.39	\$0.00	\$64.15
XWK	65978	Non-Exempt	[REDACTED]	09/13/2019	2019	\$0.00	\$160.39	\$0.00	\$64.15
XWK	65978	Non-Exempt	[REDACTED]	09/27/2019	2019	\$0.00	\$160.39	\$0.00	\$64.15
XWK	65978	Non-Exempt	[REDACTED]	10/11/2019	2019	\$0.00	\$160.39	\$0.00	\$64.15
XWK	65978	Non-Exempt	[REDACTED]	10/25/2019	2019	\$0.00	\$160.39	\$0.00	\$64.15
XWK	65978	Non-Exempt	[REDACTED]	11/08/2019	2019	\$0.00	\$160.39	\$0.00	\$64.15
XWK	65978	Non-Exempt	[REDACTED]	11/22/2019	2019	\$0.00	\$160.39	\$0.00	\$64.15
XWK	65978	Non-Exempt	[REDACTED]	12/06/2019	2019	\$0.00	\$160.39	\$0.00	\$64.15
XWK	65978	Non-Exempt	[REDACTED]	12/20/2019	2019	\$0.00	\$160.39	\$0.00	\$64.15
XWK	65978	Non-Exempt	[REDACTED]	01/03/2020	2020	\$0.00	\$160.39	\$0.00	\$64.15
XWK	65978	Non-Exempt	[REDACTED]	01/17/2020	2020	\$0.00	\$160.39	\$0.00	\$64.15
XWK	65978	Non-Exempt	[REDACTED]	01/31/2020	2020	\$0.00	\$160.39	\$0.00	\$64.15
XWK	65978	Non-Exempt	[REDACTED]	02/14/2020	2020	\$0.00	\$160.39	\$0.00	\$64.15
XWK	65978	Non-Exempt	[REDACTED]	02/28/2020	2020	\$0.00	\$160.39	\$0.00	\$64.15
XWK	65978	Non-Exempt	[REDACTED]	03/13/2020	2020	\$0.00	\$172.73	\$0.00	\$69.08
XWK	65978	Non-Exempt	[REDACTED]	03/27/2020	2020	\$0.00	\$172.73	\$0.00	\$69.08
XWK	65978	Non-Exempt	[REDACTED]	04/09/2020	2020	\$0.00	\$172.73	\$0.00	\$69.08
XWK	65978	Non-Exempt	[REDACTED]	04/24/2020	2020	\$0.00	\$172.73	\$0.00	\$69.08
XWK	65978	Non-Exempt	[REDACTED]	05/08/2020	2020	\$0.00	\$172.73	\$0.00	\$69.08
XWK	65978	Non-Exempt	[REDACTED]	05/22/2020	2020	\$0.00	\$172.73	\$0.00	\$69.08

XWK	65978	Non-Exempt		06/05/2020	2020	\$0.00	\$172.73	\$0.00	\$69.08
XWK	65978	Non-Exempt		06/19/2020	2020	\$0.00	\$172.73	\$0.00	\$69.08
XWK	65978	Non-Exempt		07/02/2020	2020	\$0.00	\$172.73	\$0.00	\$69.08
XWK	65978	Non-Exempt		07/17/2020	2020	\$0.00	\$172.73	\$0.00	\$69.08
XWK	65978	Non-Exempt		07/31/2020	2020	\$0.00	\$172.73	\$0.00	\$69.08
XWK	65978	Non-Exempt		08/14/2020	2020	\$0.00	\$172.73	\$0.00	\$69.08
XWK	65978	Non-Exempt		08/28/2020	2020	\$0.00	\$172.73	\$0.00	\$69.08
XWK	65978	Non-Exempt		09/11/2020	2020	\$0.00	\$172.73	\$0.00	\$69.08
XWK	65978	Non-Exempt		09/25/2020	2020	\$0.00	\$172.73	\$0.00	\$69.08
XWK	65978	Non-Exempt		10/09/2020	2020	\$0.00	\$172.73	\$0.00	\$69.08
XWK	65978	Non-Exempt		10/23/2020	2020	\$0.00	\$172.73	\$0.00	\$69.08
XWK	65978	Non-Exempt		11/06/2020	2020	\$0.00	\$172.73	\$0.00	\$69.08
XWK	65978	Non-Exempt		11/20/2020	2020	\$0.00	\$172.73	\$0.00	\$69.08
XWK	65978	Non-Exempt		12/04/2020	2020	\$0.00	\$172.73	\$0.00	\$69.08
XWK	65978	Non-Exempt		12/18/2020	2020	\$0.00	\$172.73	\$0.00	\$69.08
XWK	65978	Non-Exempt		12/31/2020	2020	\$0.00	\$172.73	\$0.00	\$69.08
XWK	65981	Non-Exempt		01/18/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65981	Non-Exempt		02/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65981	Non-Exempt		02/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65981	Non-Exempt		03/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65981	Non-Exempt		03/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65981	Non-Exempt		03/29/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65981	Non-Exempt		04/12/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65981	Non-Exempt		04/26/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65981	Non-Exempt		05/10/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65981	Non-Exempt		05/24/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65981	Non-Exempt		06/07/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65981	Non-Exempt		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65981	Non-Exempt		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65981	Non-Exempt		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65981	Non-Exempt		08/02/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65981	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65983	Non-Exempt		01/18/2019	2019	\$0.00	\$43.03	\$0.00	\$43.03
XWK	65983	Non-Exempt		02/01/2019	2019	\$0.00	\$52.15	\$0.00	\$52.15
XWK	65983	Non-Exempt		02/15/2019	2019	\$0.00	\$40.42	\$0.00	\$40.42
XWK	65983	Non-Exempt		03/29/2019	2019	\$0.00	\$13.11	\$0.00	\$13.11
XWK	65983	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65984	Non-Exempt		01/18/2019	2019	\$0.00	\$88.20	\$0.00	\$50.40
XWK	65984	Non-Exempt		02/01/2019	2019	\$0.00	\$98.00	\$0.00	\$56.00
XWK	65984	Non-Exempt		02/15/2019	2019	\$0.00	\$98.00	\$0.00	\$56.00
XWK	65984	Non-Exempt		03/01/2019	2019	\$0.00	\$98.00	\$0.00	\$56.00
XWK	65984	Non-Exempt		03/15/2019	2019	\$0.00	\$102.04	\$0.00	\$58.31
XWK	65984	Non-Exempt		03/29/2019	2019	\$0.00	\$102.04	\$0.00	\$58.31
XWK	65984	Non-Exempt		03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65984	Non-Exempt		04/12/2019	2019	\$0.00	\$102.04	\$0.00	\$58.31
XWK	65984	Non-Exempt		04/26/2019	2019	\$0.00	\$102.04	\$0.00	\$58.31

XWK	65984	Non-Exempt		05/10/2019	2019	\$0.00	\$102.04	\$0.00	\$58.31
XWK	65984	Non-Exempt		05/24/2019	2019	\$0.00	\$102.04	\$0.00	\$58.31
XWK	65984	Non-Exempt		06/07/2019	2019	\$0.00	\$102.04	\$0.00	\$58.31
XWK	65984	Non-Exempt		06/21/2019	2019	\$0.00	\$102.04	\$0.00	\$58.31
XWK	65984	Non-Exempt		07/05/2019	2019	\$0.00	\$102.04	\$0.00	\$58.31
XWK	65984	Non-Exempt		07/19/2019	2019	\$0.00	\$102.04	\$0.00	\$58.31
XWK	65984	Non-Exempt		08/02/2019	2019	\$0.00	\$102.04	\$0.00	\$58.31
XWK	65984	Non-Exempt		08/16/2019	2019	\$0.00	\$102.04	\$0.00	\$58.31
XWK	65984	Non-Exempt		08/30/2019	2019	\$0.00	\$102.04	\$0.00	\$58.31
XWK	65984	Non-Exempt		09/13/2019	2019	\$0.00	\$102.04	\$0.00	\$58.31
XWK	65984	Non-Exempt		09/27/2019	2019	\$0.00	\$102.04	\$0.00	\$58.31
XWK	65984	Non-Exempt		10/11/2019	2019	\$0.00	\$102.04	\$0.00	\$58.31
XWK	65984	Non-Exempt		10/25/2019	2019	\$0.00	\$102.04	\$0.00	\$58.31
XWK	65984	Non-Exempt		11/08/2019	2019	\$0.00	\$102.04	\$0.00	\$58.31
XWK	65984	Non-Exempt		11/22/2019	2019	\$0.00	\$102.04	\$0.00	\$58.31
XWK	65984	Non-Exempt		12/06/2019	2019	\$0.00	\$102.04	\$0.00	\$58.31
XWK	65984	Non-Exempt		12/20/2019	2019	\$0.00	\$102.04	\$0.00	\$58.31
XWK	65984	Non-Exempt		01/03/2020	2020	\$0.00	\$102.04	\$0.00	\$58.32
XWK	65984	Non-Exempt		01/17/2020	2020	\$0.00	\$102.04	\$0.00	\$58.32
XWK	65984	Non-Exempt		01/31/2020	2020	\$0.00	\$102.04	\$0.00	\$58.32
XWK	65984	Non-Exempt		02/14/2020	2020	\$0.00	\$102.04	\$0.00	\$58.32
XWK	65984	Non-Exempt		02/28/2020	2020	\$0.00	\$102.04	\$0.00	\$58.32
XWK	65984	Non-Exempt		03/13/2020	2020	\$0.00	\$111.20	\$0.00	\$63.56
XWK	65984	Non-Exempt		03/27/2020	2020	\$0.00	\$111.20	\$0.00	\$63.56
XWK	65984	Non-Exempt		04/09/2020	2020	\$0.00	\$111.20	\$0.00	\$63.56
XWK	65984	Non-Exempt		04/24/2020	2020	\$0.00	\$111.20	\$0.00	\$63.56
XWK	65984	Non-Exempt		05/08/2020	2020	\$0.00	\$111.20	\$0.00	\$63.56
XWK	65984	Non-Exempt		05/22/2020	2020	\$0.00	\$111.20	\$0.00	\$63.56
XWK	65984	Non-Exempt		06/05/2020	2020	\$0.00	\$111.20	\$0.00	\$63.56
XWK	65984	Non-Exempt		06/19/2020	2020	\$0.00	\$111.20	\$0.00	\$63.56
XWK	65984	Non-Exempt		07/02/2020	2020	\$0.00	\$111.20	\$0.00	\$63.56
XWK	65984	Non-Exempt		07/17/2020	2020	\$0.00	\$111.20	\$0.00	\$63.56
XWK	65984	Non-Exempt		07/31/2020	2020	\$0.00	\$111.20	\$0.00	\$63.56
XWK	65984	Non-Exempt		08/14/2020	2020	\$0.00	\$111.20	\$0.00	\$63.56
XWK	65984	Non-Exempt		08/28/2020	2020	\$0.00	\$111.20	\$0.00	\$63.56
XWK	65984	Non-Exempt		09/11/2020	2020	\$0.00	\$111.20	\$0.00	\$63.56
XWK	65984	Non-Exempt		09/25/2020	2020	\$0.00	\$111.20	\$0.00	\$63.56
XWK	65984	Non-Exempt		10/09/2020	2020	\$0.00	\$111.20	\$0.00	\$63.56
XWK	65984	Non-Exempt		10/23/2020	2020	\$0.00	\$111.20	\$0.00	\$63.56
XWK	65984	Non-Exempt		11/06/2020	2020	\$0.00	\$111.20	\$0.00	\$63.56
XWK	65984	Non-Exempt		11/20/2020	2020	\$0.00	\$111.20	\$0.00	\$63.56
XWK	65984	Non-Exempt		12/04/2020	2020	\$0.00	\$111.20	\$0.00	\$63.56
XWK	65984	Non-Exempt		12/18/2020	2020	\$0.00	\$111.20	\$0.00	\$63.56
XWK	65984	Non-Exempt		12/31/2020	2020	\$0.00	\$111.20	\$0.00	\$63.56
XWK	65985	Non-Exempt		01/18/2019	2019	\$0.00	\$50.95	\$0.00	\$50.95
XWK	65985	Non-Exempt		02/01/2019	2019	\$0.00	\$56.62	\$0.00	\$56.62

XWK	65985	Non-Exempt		02/15/2019	2019	\$0.00	\$56.62	\$0.00	\$56.62
XWK	65985	Non-Exempt		03/01/2019	2019	\$0.00	\$56.62	\$0.00	\$56.62
XWK	65985	Non-Exempt		03/15/2019	2019	\$0.00	\$58.31	\$0.00	\$58.31
XWK	65985	Non-Exempt		03/29/2019	2019	\$0.00	\$58.31	\$0.00	\$58.31
XWK	65985	Non-Exempt		03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65985	Non-Exempt		04/12/2019	2019	\$0.00	\$58.31	\$0.00	\$58.31
XWK	65985	Non-Exempt		04/26/2019	2019	\$0.00	\$58.31	\$0.00	\$58.31
XWK	65985	Non-Exempt		05/10/2019	2019	\$0.00	\$58.31	\$0.00	\$58.31
XWK	65985	Non-Exempt		05/24/2019	2019	\$0.00	\$58.31	\$0.00	\$58.31
XWK	65985	Non-Exempt		06/07/2019	2019	\$0.00	\$58.31	\$0.00	\$58.31
XWK	65985	Non-Exempt		06/21/2019	2019	\$0.00	\$58.31	\$0.00	\$58.31
XWK	65985	Non-Exempt		07/05/2019	2019	\$0.00	\$58.31	\$0.00	\$58.31
XWK	65985	Non-Exempt		07/19/2019	2019	\$0.00	\$58.31	\$0.00	\$58.31
XWK	65985	Non-Exempt		08/02/2019	2019	\$0.00	\$58.31	\$0.00	\$58.31
XWK	65985	Non-Exempt		08/16/2019	2019	\$0.00	\$58.31	\$0.00	\$58.31
XWK	65985	Non-Exempt		08/30/2019	2019	\$0.00	\$58.31	\$0.00	\$58.31
XWK	65985	Non-Exempt		09/13/2019	2019	\$0.00	\$58.31	\$0.00	\$58.31
XWK	65985	Non-Exempt		09/27/2019	2019	\$0.00	\$58.31	\$0.00	\$58.31
XWK	65985	Non-Exempt		10/11/2019	2019	\$0.00	\$58.31	\$0.00	\$58.31
XWK	65985	Non-Exempt		10/25/2019	2019	\$0.00	\$58.31	\$0.00	\$58.31
XWK	65985	Non-Exempt		11/08/2019	2019	\$0.00	\$58.31	\$0.00	\$58.31
XWK	65985	Non-Exempt		11/22/2019	2019	\$0.00	\$58.31	\$0.00	\$58.31
XWK	65985	Non-Exempt		12/06/2019	2019	\$0.00	\$58.31	\$0.00	\$58.31
XWK	65985	Non-Exempt		12/20/2019	2019	\$0.00	\$58.31	\$0.00	\$58.31
XWK	65985	Non-Exempt		01/03/2020	2020	\$0.00	\$58.31	\$0.00	\$58.31
XWK	65985	Non-Exempt		01/17/2020	2020	\$0.00	\$58.31	\$0.00	\$58.31
XWK	65985	Non-Exempt		01/31/2020	2020	\$0.00	\$58.31	\$0.00	\$58.31
XWK	65985	Non-Exempt		02/14/2020	2020	\$0.00	\$58.31	\$0.00	\$58.31
XWK	65985	Non-Exempt		02/28/2020	2020	\$0.00	\$58.31	\$0.00	\$58.31
XWK	65985	Non-Exempt		03/13/2020	2020	\$0.00	\$62.79	\$0.00	\$62.79
XWK	65985	Non-Exempt		03/27/2020	2020	\$0.00	\$62.79	\$0.00	\$62.79
XWK	65985	Non-Exempt		04/09/2020	2020	\$0.00	\$62.79	\$0.00	\$62.79
XWK	65985	Non-Exempt		04/24/2020	2020	\$0.00	\$62.79	\$0.00	\$62.79
XWK	65985	Non-Exempt		05/08/2020	2020	\$0.00	\$62.79	\$0.00	\$62.79
XWK	65985	Non-Exempt		05/22/2020	2020	\$0.00	\$62.79	\$0.00	\$62.79
XWK	65985	Non-Exempt		06/05/2020	2020	\$0.00	\$62.79	\$0.00	\$62.79
XWK	65985	Non-Exempt		06/19/2020	2020	\$0.00	\$62.79	\$0.00	\$62.79
XWK	65985	Non-Exempt		07/02/2020	2020	\$0.00	\$62.79	\$0.00	\$62.79
XWK	65985	Non-Exempt		07/17/2020	2020	\$0.00	\$62.79	\$0.00	\$62.79
XWK	65985	Non-Exempt		07/31/2020	2020	\$0.00	\$62.79	\$0.00	\$62.79
XWK	65985	Non-Exempt		08/14/2020	2020	\$0.00	\$62.79	\$0.00	\$62.79
XWK	65985	Non-Exempt		08/28/2020	2020	\$0.00	\$62.79	\$0.00	\$62.79
XWK	65985	Non-Exempt		09/11/2020	2020	\$0.00	\$62.79	\$0.00	\$62.79
XWK	65985	Non-Exempt		09/25/2020	2020	\$0.00	\$62.79	\$0.00	\$62.79
XWK	65985	Non-Exempt		10/09/2020	2020	\$0.00	\$62.79	\$0.00	\$62.79
XWK	65985	Non-Exempt		10/23/2020	2020	\$0.00	\$62.79	\$0.00	\$62.79

XWK	65985	Non-Exempt		11/06/2020	2020	\$0.00	\$62.79	\$0.00	\$62.79
XWK	65985	Non-Exempt		11/20/2020	2020	\$0.00	\$62.79	\$0.00	\$62.79
XWK	65985	Non-Exempt		12/04/2020	2020	\$0.00	\$62.79	\$0.00	\$62.79
XWK	65985	Non-Exempt		12/18/2020	2020	\$0.00	\$62.79	\$0.00	\$62.79
XWK	65985	Non-Exempt		12/31/2020	2020	\$0.00	\$62.79	\$0.00	\$62.79
XWK	65986	Non-Exempt		01/18/2019	2019	\$0.00	\$64.56	\$0.00	\$51.65
XWK	65986	Non-Exempt		02/01/2019	2019	\$0.00	\$71.73	\$0.00	\$57.39
XWK	65986	Non-Exempt		02/15/2019	2019	\$0.00	\$71.73	\$0.00	\$57.39
XWK	65986	Non-Exempt		03/01/2019	2019	\$0.00	\$71.73	\$0.00	\$57.39
XWK	65986	Non-Exempt		03/15/2019	2019	\$0.00	\$74.62	\$0.00	\$59.69
XWK	65986	Non-Exempt		03/29/2019	2019	\$0.00	\$74.62	\$0.00	\$59.69
XWK	65986	Non-Exempt		03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65986	Non-Exempt		04/12/2019	2019	\$0.00	\$74.62	\$0.00	\$59.69
XWK	65986	Non-Exempt		04/26/2019	2019	\$0.00	\$74.62	\$0.00	\$59.69
XWK	65986	Non-Exempt		05/10/2019	2019	\$0.00	\$74.62	\$0.00	\$59.69
XWK	65986	Non-Exempt		05/24/2019	2019	\$0.00	\$74.62	\$0.00	\$59.69
XWK	65986	Non-Exempt		06/07/2019	2019	\$0.00	\$74.62	\$0.00	\$59.69
XWK	65986	Non-Exempt		06/21/2019	2019	\$0.00	\$74.62	\$0.00	\$59.69
XWK	65986	Non-Exempt		07/05/2019	2019	\$0.00	\$74.62	\$0.00	\$59.69
XWK	65986	Non-Exempt		07/19/2019	2019	\$0.00	\$74.62	\$0.00	\$59.69
XWK	65986	Non-Exempt		08/02/2019	2019	\$0.00	\$74.62	\$0.00	\$59.69
XWK	65986	Non-Exempt		08/16/2019	2019	\$0.00	\$74.62	\$0.00	\$59.69
XWK	65986	Non-Exempt		08/30/2019	2019	\$0.00	\$74.62	\$0.00	\$59.69
XWK	65986	Non-Exempt		09/13/2019	2019	\$0.00	\$74.62	\$0.00	\$59.69
XWK	65986	Non-Exempt		09/27/2019	2019	\$0.00	\$74.62	\$0.00	\$59.69
XWK	65986	Non-Exempt		10/11/2019	2019	\$0.00	\$74.62	\$0.00	\$59.69
XWK	65986	Non-Exempt		10/25/2019	2019	\$0.00	\$74.62	\$0.00	\$59.69
XWK	65986	Non-Exempt		11/08/2019	2019	\$0.00	\$74.62	\$0.00	\$59.69
XWK	65986	Non-Exempt		11/22/2019	2019	\$0.00	\$74.62	\$0.00	\$59.69
XWK	65986	Non-Exempt		12/06/2019	2019	\$0.00	\$74.62	\$0.00	\$59.69
XWK	65986	Non-Exempt		12/20/2019	2019	\$0.00	\$74.62	\$0.00	\$59.69
XWK	65986	Non-Exempt		01/03/2020	2020	\$0.00	\$74.61	\$0.00	\$59.69
XWK	65986	Non-Exempt		01/17/2020	2020	\$0.00	\$74.61	\$0.00	\$59.69
XWK	65986	Non-Exempt		01/31/2020	2020	\$0.00	\$74.61	\$0.00	\$59.69
XWK	65986	Non-Exempt		02/14/2020	2020	\$0.00	\$74.61	\$0.00	\$59.69
XWK	65986	Non-Exempt		02/28/2020	2020	\$0.00	\$74.61	\$0.00	\$59.69
XWK	65986	Non-Exempt		03/13/2020	2020	\$0.00	\$81.16	\$0.00	\$64.93
XWK	65986	Non-Exempt		03/27/2020	2020	\$0.00	\$81.16	\$0.00	\$64.93
XWK	65986	Non-Exempt		04/09/2020	2020	\$0.00	\$97.39	\$0.00	\$64.93
XWK	65986	Non-Exempt		04/24/2020	2020	\$0.00	\$97.39	\$0.00	\$64.93
XWK	65986	Non-Exempt		05/08/2020	2020	\$0.00	\$97.39	\$0.00	\$64.93
XWK	65986	Non-Exempt		05/22/2020	2020	\$0.00	\$97.39	\$0.00	\$64.93
XWK	65986	Non-Exempt		06/05/2020	2020	\$0.00	\$97.39	\$0.00	\$64.93
XWK	65986	Non-Exempt		06/19/2020	2020	\$0.00	\$97.39	\$0.00	\$64.93
XWK	65986	Non-Exempt		07/02/2020	2020	\$0.00	\$97.39	\$0.00	\$64.93
XWK	65986	Non-Exempt		07/17/2020	2020	\$0.00	\$97.39	\$0.00	\$64.93

XWK	65986	Non-Exempt		07/31/2020	2020	\$0.00	\$97.39	\$0.00	\$64.93
XWK	65986	Non-Exempt		08/14/2020	2020	\$0.00	\$97.39	\$0.00	\$64.93
XWK	65986	Non-Exempt		08/28/2020	2020	\$0.00	\$97.39	\$0.00	\$64.93
XWK	65986	Non-Exempt		09/11/2020	2020	\$0.00	\$97.39	\$0.00	\$64.93
XWK	65986	Non-Exempt		09/25/2020	2020	\$0.00	\$97.39	\$0.00	\$64.93
XWK	65986	Non-Exempt		10/09/2020	2020	\$0.00	\$97.39	\$0.00	\$64.93
XWK	65986	Non-Exempt		10/23/2020	2020	\$0.00	\$97.39	\$0.00	\$64.93
XWK	65986	Non-Exempt		11/06/2020	2020	\$0.00	\$97.39	\$0.00	\$64.93
XWK	65986	Non-Exempt		11/20/2020	2020	\$0.00	\$97.39	\$0.00	\$64.93
XWK	65986	Non-Exempt		12/04/2020	2020	\$0.00	\$97.39	\$0.00	\$64.93
XWK	65986	Non-Exempt		12/18/2020	2020	\$0.00	\$97.39	\$0.00	\$64.93
XWK	65986	Non-Exempt		12/31/2020	2020	\$0.00	\$97.39	\$0.00	\$64.93
XWK	65987	Non-Exempt		01/18/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65987	Non-Exempt		02/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65987	Non-Exempt		02/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65987	Non-Exempt		03/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65987	Non-Exempt		03/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65987	Non-Exempt		03/29/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65987	Non-Exempt		03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65987	Non-Exempt		04/12/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65987	Non-Exempt		04/26/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65987	Non-Exempt		05/10/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65987	Non-Exempt		05/24/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65987	Non-Exempt		06/07/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65987	Non-Exempt		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65987	Non-Exempt		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65987	Non-Exempt		07/19/2019	2019	\$0.00	\$52.46	\$0.00	\$52.46
XWK	65987	Non-Exempt		08/02/2019	2019	\$0.00	\$52.46	\$0.00	\$52.46
XWK	65987	Non-Exempt		08/16/2019	2019	\$0.00	\$52.46	\$0.00	\$52.46
XWK	65987	Non-Exempt		08/30/2019	2019	\$0.00	\$52.46	\$0.00	\$52.46
XWK	65987	Non-Exempt		09/13/2019	2019	\$0.00	\$52.46	\$0.00	\$52.46
XWK	65987	Non-Exempt		09/27/2019	2019	\$0.00	\$52.46	\$0.00	\$52.46
XWK	65987	Non-Exempt		10/11/2019	2019	\$0.00	\$52.46	\$0.00	\$52.46
XWK	65987	Non-Exempt		10/25/2019	2019	\$0.00	\$52.46	\$0.00	\$52.46
XWK	65987	Non-Exempt		11/08/2019	2019	\$0.00	\$52.46	\$0.00	\$52.46
XWK	65987	Non-Exempt		11/22/2019	2019	\$0.00	\$52.46	\$0.00	\$52.46
XWK	65987	Non-Exempt		12/06/2019	2019	\$0.00	\$52.46	\$0.00	\$52.46
XWK	65987	Non-Exempt		12/20/2019	2019	\$0.00	\$52.46	\$0.00	\$52.46
XWK	65987	Non-Exempt		01/03/2020	2020	\$0.00	\$52.46	\$0.00	\$52.46
XWK	65987	Non-Exempt		01/17/2020	2020	\$0.00	\$52.46	\$0.00	\$52.46
XWK	65987	Non-Exempt		01/31/2020	2020	\$0.00	\$52.46	\$0.00	\$52.46
XWK	65987	Non-Exempt		02/14/2020	2020	\$0.00	\$52.46	\$0.00	\$52.46
XWK	65987	Non-Exempt		02/28/2020	2020	\$0.00	\$52.46	\$0.00	\$52.46
XWK	65987	Non-Exempt		03/13/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	65987	Non-Exempt		03/27/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	65987	Non-Exempt		04/09/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60

XWK	65987	Non-Exempt		04/24/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	65987	Non-Exempt		05/08/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	65987	Non-Exempt		05/22/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	65987	Non-Exempt		06/05/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	65987	Non-Exempt		06/19/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	65987	Non-Exempt		07/02/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	65987	Non-Exempt		07/17/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	65987	Non-Exempt		07/31/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	65987	Non-Exempt		08/14/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	65987	Non-Exempt		08/28/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	65987	Non-Exempt		09/11/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	65987	Non-Exempt		09/25/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	65987	Non-Exempt		10/09/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	65987	Non-Exempt		10/23/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	65987	Non-Exempt		11/06/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	65987	Non-Exempt		11/20/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	65987	Non-Exempt		12/04/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	65987	Non-Exempt		12/18/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	65987	Non-Exempt		12/31/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	65989	Non-Exempt		01/18/2019	2019	\$0.00	\$227.28	\$0.00	\$64.94
XWK	65989	Non-Exempt		02/01/2019	2019	\$0.00	\$252.54	\$0.00	\$72.15
XWK	65989	Non-Exempt		02/15/2019	2019	\$0.00	\$252.54	\$0.00	\$72.15
XWK	65989	Non-Exempt		03/01/2019	2019	\$0.00	\$252.54	\$0.00	\$72.15
XWK	65989	Non-Exempt		03/15/2019	2019	\$0.00	\$259.54	\$0.00	\$74.15
XWK	65989	Non-Exempt		03/29/2019	2019	\$0.00	\$259.54	\$0.00	\$74.15
XWK	65989	Non-Exempt		04/12/2019	2019	\$0.00	\$389.31	\$0.00	\$74.15
XWK	65989	Non-Exempt		04/26/2019	2019	\$0.00	\$389.31	\$0.00	\$74.15
XWK	65989	Non-Exempt		05/10/2019	2019	\$0.00	\$389.31	\$0.00	\$74.15
XWK	65989	Non-Exempt		05/24/2019	2019	\$0.00	\$389.31	\$0.00	\$74.15
XWK	65989	Non-Exempt		06/07/2019	2019	\$0.00	\$389.31	\$0.00	\$74.15
XWK	65989	Non-Exempt		06/21/2019	2019	\$0.00	\$389.31	\$0.00	\$74.15
XWK	65989	Non-Exempt		07/05/2019	2019	\$0.00	\$389.31	\$0.00	\$74.15
XWK	65989	Non-Exempt		07/19/2019	2019	\$0.00	\$389.31	\$0.00	\$74.15
XWK	65989	Non-Exempt		08/02/2019	2019	\$0.00	\$389.31	\$0.00	\$74.15
XWK	65989	Non-Exempt		08/16/2019	2019	\$0.00	\$389.31	\$0.00	\$74.15
XWK	65989	Non-Exempt		08/30/2019	2019	\$0.00	\$389.31	\$0.00	\$74.15
XWK	65989	Non-Exempt		09/13/2019	2019	\$0.00	\$389.31	\$0.00	\$74.15
XWK	65989	Non-Exempt		09/27/2019	2019	\$0.00	\$389.31	\$0.00	\$74.15
XWK	65989	Non-Exempt		10/11/2019	2019	\$0.00	\$389.31	\$0.00	\$74.15
XWK	65989	Non-Exempt		10/25/2019	2019	\$0.00	\$389.31	\$0.00	\$74.15
XWK	65989	Non-Exempt		11/08/2019	2019	\$0.00	\$389.31	\$0.00	\$74.15
XWK	65989	Non-Exempt		11/22/2019	2019	\$0.00	\$389.31	\$0.00	\$74.15
XWK	65989	Non-Exempt		12/06/2019	2019	\$0.00	\$389.31	\$0.00	\$74.15
XWK	65989	Non-Exempt		12/20/2019	2019	\$0.00	\$389.31	\$0.00	\$74.15
XWK	65989	Non-Exempt		12/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65989	Non-Exempt		01/03/2020	2020	\$0.00	\$389.30	\$0.00	\$74.16

XWK	65989	Non-Exempt		01/17/2020	2020	\$0.00	\$389.30	\$0.00	\$74.16
XWK	65989	Non-Exempt		01/31/2020	2020	\$0.00	\$389.30	\$0.00	\$74.16
XWK	65989	Non-Exempt		02/14/2020	2020	\$0.00	\$389.30	\$0.00	\$74.16
XWK	65989	Non-Exempt		02/28/2020	2020	\$0.00	\$389.30	\$0.00	\$74.16
XWK	65989	Non-Exempt		03/13/2020	2020	\$0.00	\$416.81	\$0.00	\$79.39
XWK	65989	Non-Exempt		03/27/2020	2020	\$0.00	\$416.81	\$0.00	\$79.39
XWK	65989	Non-Exempt		04/09/2020	2020	\$0.00	\$416.81	\$0.00	\$79.39
XWK	65989	Non-Exempt		04/24/2020	2020	\$0.00	\$416.81	\$0.00	\$79.39
XWK	65989	Non-Exempt		05/08/2020	2020	\$0.00	\$416.81	\$0.00	\$79.39
XWK	65989	Non-Exempt		05/22/2020	2020	\$0.00	\$416.81	\$0.00	\$79.39
XWK	65989	Non-Exempt		06/05/2020	2020	\$0.00	\$416.81	\$0.00	\$79.39
XWK	65989	Non-Exempt		06/19/2020	2020	\$0.00	\$416.81	\$0.00	\$79.39
XWK	65989	Non-Exempt		07/02/2020	2020	\$0.00	\$416.81	\$0.00	\$79.39
XWK	65989	Non-Exempt		07/17/2020	2020	\$0.00	\$416.81	\$0.00	\$79.39
XWK	65989	Non-Exempt		07/31/2020	2020	\$0.00	\$416.81	\$0.00	\$79.39
XWK	65989	Non-Exempt		08/14/2020	2020	\$0.00	\$416.81	\$0.00	\$79.39
XWK	65989	Non-Exempt		08/28/2020	2020	\$0.00	\$416.81	\$0.00	\$79.39
XWK	65989	Non-Exempt		09/11/2020	2020	\$0.00	\$416.81	\$0.00	\$79.39
XWK	65989	Non-Exempt		09/25/2020	2020	\$0.00	\$416.81	\$0.00	\$79.39
XWK	65989	Non-Exempt		10/09/2020	2020	\$0.00	\$416.81	\$0.00	\$79.39
XWK	65989	Non-Exempt		10/23/2020	2020	\$0.00	\$416.81	\$0.00	\$79.39
XWK	65989	Non-Exempt		11/06/2020	2020	\$0.00	\$416.81	\$0.00	\$79.39
XWK	65989	Non-Exempt		11/20/2020	2020	\$0.00	\$416.81	\$0.00	\$79.39
XWK	65989	Non-Exempt		12/04/2020	2020	\$0.00	\$416.81	\$0.00	\$79.39
XWK	65989	Non-Exempt		12/18/2020	2020	\$0.00	\$416.81	\$0.00	\$79.39
XWK	65989	Non-Exempt		12/31/2020	2020	\$0.00	\$416.81	\$0.00	\$79.39
XWK	65991	Non-Exempt		01/18/2019	2019	\$0.00	\$23.19	\$0.00	\$23.19
XWK	65991	Non-Exempt		02/01/2019	2019	\$0.00	\$25.77	\$0.00	\$25.77
XWK	65991	Non-Exempt		02/15/2019	2019	\$0.00	\$25.77	\$0.00	\$25.77
XWK	65991	Non-Exempt		03/01/2019	2019	\$0.00	\$25.77	\$0.00	\$25.77
XWK	65991	Non-Exempt		03/15/2019	2019	\$0.00	\$26.54	\$0.00	\$26.54
XWK	65991	Non-Exempt		03/29/2019	2019	\$0.00	\$26.54	\$0.00	\$26.54
XWK	65991	Non-Exempt		03/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65991	Non-Exempt		04/12/2019	2019	\$0.00	\$26.54	\$0.00	\$26.54
XWK	65991	Non-Exempt		04/26/2019	2019	\$0.00	\$26.54	\$0.00	\$26.54
XWK	65991	Non-Exempt		05/10/2019	2019	\$0.00	\$26.54	\$0.00	\$26.54
XWK	65991	Non-Exempt		05/24/2019	2019	\$0.00	\$26.54	\$0.00	\$26.54
XWK	65991	Non-Exempt		06/07/2019	2019	\$0.00	\$26.54	\$0.00	\$26.54
XWK	65991	Non-Exempt		06/21/2019	2019	\$0.00	\$26.54	\$0.00	\$26.54
XWK	65991	Non-Exempt		07/05/2019	2019	\$0.00	\$26.54	\$0.00	\$26.54
XWK	65991	Non-Exempt		07/19/2019	2019	\$0.00	\$26.54	\$0.00	\$26.54
XWK	65991	Non-Exempt		08/02/2019	2019	\$0.00	\$26.54	\$0.00	\$26.54
XWK	65991	Non-Exempt		08/16/2019	2019	\$0.00	\$26.54	\$0.00	\$26.54
XWK	65991	Non-Exempt		08/30/2019	2019	\$0.00	\$26.54	\$0.00	\$26.54
XWK	65991	Non-Exempt		09/13/2019	2019	\$0.00	\$26.54	\$0.00	\$26.54
XWK	65991	Non-Exempt		09/27/2019	2019	\$0.00	\$26.54	\$0.00	\$26.54

XWK	65991	Non-Exempt		10/11/2019	2019	\$0.00	\$26.54	\$0.00	\$26.54
XWK	65991	Non-Exempt		10/25/2019	2019	\$0.00	\$25.54	\$0.00	\$25.54
XWK	65991	Non-Exempt		11/08/2019	2019	\$0.00	\$26.54	\$0.00	\$26.54
XWK	65991	Non-Exempt		11/22/2019	2019	\$0.00	\$26.54	\$0.00	\$26.54
XWK	65991	Non-Exempt		12/06/2019	2019	\$0.00	\$26.54	\$0.00	\$26.54
XWK	65991	Non-Exempt		12/20/2019	2019	\$0.00	\$26.54	\$0.00	\$26.54
XWK	65991	Non-Exempt		01/03/2020	2020	\$0.00	\$199.03	\$0.00	\$53.08
XWK	65991	Non-Exempt		01/17/2020	2020	\$0.00	\$199.03	\$0.00	\$53.08
XWK	65991	Non-Exempt		01/31/2020	2020	\$0.00	\$199.03	\$0.00	\$53.08
XWK	65991	Non-Exempt		02/14/2020	2020	\$0.00	\$199.03	\$0.00	\$53.08
XWK	65991	Non-Exempt		02/28/2020	2020	\$0.00	\$199.03	\$0.00	\$53.08
XWK	65991	Non-Exempt		03/13/2020	2020	\$0.00	\$214.59	\$0.00	\$57.20
XWK	65991	Non-Exempt		03/27/2020	2020	\$0.00	\$214.59	\$0.00	\$57.20
XWK	65991	Non-Exempt		04/09/2020	2020	\$0.00	\$214.59	\$0.00	\$57.20
XWK	65991	Non-Exempt		04/24/2020	2020	\$0.00	\$214.59	\$0.00	\$57.20
XWK	65991	Non-Exempt		05/08/2020	2020	\$0.00	\$214.59	\$0.00	\$57.20
XWK	65991	Non-Exempt		05/22/2020	2020	\$0.00	\$214.59	\$0.00	\$57.20
XWK	65991	Non-Exempt		06/05/2020	2020	\$0.00	\$214.59	\$0.00	\$57.20
XWK	65991	Non-Exempt		06/19/2020	2020	\$0.00	\$214.59	\$0.00	\$57.20
XWK	65991	Non-Exempt		07/02/2020	2020	\$0.00	\$214.59	\$0.00	\$57.20
XWK	65991	Non-Exempt		07/17/2020	2020	\$0.00	\$214.59	\$0.00	\$57.20
XWK	65991	Non-Exempt		07/31/2020	2020	\$0.00	\$214.59	\$0.00	\$57.20
XWK	65991	Non-Exempt		08/14/2020	2020	\$0.00	\$214.59	\$0.00	\$57.20
XWK	65991	Non-Exempt		08/28/2020	2020	\$0.00	\$214.59	\$0.00	\$57.20
XWK	65991	Non-Exempt		09/11/2020	2020	\$0.00	\$214.59	\$0.00	\$57.20
XWK	65991	Non-Exempt		09/25/2020	2020	\$0.00	\$214.59	\$0.00	\$57.20
XWK	65991	Non-Exempt		10/09/2020	2020	\$0.00	\$214.59	\$0.00	\$57.20
XWK	65991	Non-Exempt		10/23/2020	2020	\$0.00	\$214.59	\$0.00	\$57.20
XWK	65991	Non-Exempt		11/06/2020	2020	\$0.00	\$214.59	\$0.00	\$57.20
XWK	65991	Non-Exempt		11/20/2020	2020	\$0.00	\$214.59	\$0.00	\$57.20
XWK	65991	Non-Exempt		12/04/2020	2020	\$0.00	\$214.59	\$0.00	\$57.20
XWK	65991	Non-Exempt		12/18/2020	2020	\$0.00	\$214.59	\$0.00	\$57.20
XWK	65991	Non-Exempt		12/31/2020	2020	\$0.00	\$214.59	\$0.00	\$57.20
XWK	65993	Non-Exempt		01/18/2019	2019	\$0.00	\$126.00	\$0.00	\$50.40
XWK	65993	Non-Exempt		02/01/2019	2019	\$0.00	\$140.00	\$0.00	\$56.00
XWK	65993	Non-Exempt		02/15/2019	2019	\$0.00	\$140.00	\$0.00	\$56.00
XWK	65993	Non-Exempt		03/01/2019	2019	\$0.00	\$140.00	\$0.00	\$56.00
XWK	65993	Non-Exempt		03/15/2019	2019	\$0.00	\$144.23	\$0.00	\$57.69
XWK	65993	Non-Exempt		03/29/2019	2019	\$0.00	\$144.23	\$0.00	\$57.69
XWK	65993	Non-Exempt		03/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65993	Non-Exempt		04/12/2019	2019	\$0.00	\$144.23	\$0.00	\$57.69
XWK	65993	Non-Exempt		04/26/2019	2019	\$0.00	\$144.23	\$0.00	\$57.69
XWK	65993	Non-Exempt		05/10/2019	2019	\$0.00	\$144.23	\$0.00	\$57.69
XWK	65993	Non-Exempt		05/24/2019	2019	\$0.00	\$144.23	\$0.00	\$57.69
XWK	65993	Non-Exempt		06/07/2019	2019	\$0.00	\$144.23	\$0.00	\$57.69
XWK	65993	Non-Exempt		06/21/2019	2019	\$0.00	\$144.23	\$0.00	\$57.69

XWK	65993	Non-Exempt		07/05/2019	2019	\$0.00	\$144.23	\$0.00	\$57.69
XWK	65993	Non-Exempt		07/19/2019	2019	\$0.00	\$144.23	\$0.00	\$57.69
XWK	65993	Non-Exempt		08/02/2019	2019	\$0.00	\$144.23	\$0.00	\$57.69
XWK	65993	Non-Exempt		08/16/2019	2019	\$0.00	\$144.23	\$0.00	\$57.69
XWK	65993	Non-Exempt		08/30/2019	2019	\$0.00	\$144.23	\$0.00	\$57.69
XWK	65993	Non-Exempt		09/13/2019	2019	\$0.00	\$144.23	\$0.00	\$57.69
XWK	65993	Non-Exempt		09/27/2019	2019	\$0.00	\$144.23	\$0.00	\$57.69
XWK	65993	Non-Exempt		10/11/2019	2019	\$0.00	\$144.23	\$0.00	\$57.69
XWK	65993	Non-Exempt		10/25/2019	2019	\$0.00	\$144.23	\$0.00	\$57.69
XWK	65993	Non-Exempt		11/08/2019	2019	\$0.00	\$144.23	\$0.00	\$57.69
XWK	65993	Non-Exempt		11/22/2019	2019	\$0.00	\$144.23	\$0.00	\$57.69
XWK	65993	Non-Exempt		12/06/2019	2019	\$0.00	\$144.23	\$0.00	\$57.69
XWK	65993	Non-Exempt		12/20/2019	2019	\$0.00	\$144.23	\$0.00	\$57.69
XWK	65993	Non-Exempt		01/03/2020	2020	\$0.00	\$137.00	\$0.00	\$54.80
XWK	65993	Non-Exempt		01/17/2020	2020	\$0.00	\$144.23	\$0.00	\$57.66
XWK	65993	Non-Exempt		01/31/2020	2020	\$0.00	\$144.23	\$0.00	\$57.66
XWK	65993	Non-Exempt		02/14/2020	2020	\$0.00	\$144.23	\$0.00	\$57.66
XWK	65993	Non-Exempt		02/28/2020	2020	\$0.00	\$144.23	\$0.00	\$57.66
XWK	65993	Non-Exempt		03/13/2020	2020	\$0.00	\$157.26	\$0.00	\$62.94
XWK	65993	Non-Exempt		03/27/2020	2020	\$0.00	\$157.26	\$0.00	\$62.94
XWK	65993	Non-Exempt		04/09/2020	2020	\$0.00	\$157.26	\$0.00	\$62.94
XWK	65993	Non-Exempt		04/24/2020	2020	\$0.00	\$166.57	\$0.00	\$66.60
XWK	65993	Non-Exempt		05/08/2020	2020	\$0.00	\$166.57	\$0.00	\$66.60
XWK	65993	Non-Exempt		05/22/2020	2020	\$0.00	\$166.57	\$0.00	\$66.60
XWK	65993	Non-Exempt		06/05/2020	2020	\$0.00	\$166.57	\$0.00	\$66.60
XWK	65993	Non-Exempt		06/19/2020	2020	\$0.00	\$166.57	\$0.00	\$66.60
XWK	65993	Non-Exempt		07/02/2020	2020	\$0.00	\$166.57	\$0.00	\$66.60
XWK	65993	Non-Exempt		07/17/2020	2020	\$0.00	\$166.57	\$0.00	\$66.60
XWK	65993	Non-Exempt		07/31/2020	2020	\$0.00	\$166.57	\$0.00	\$66.60
XWK	65993	Non-Exempt		08/14/2020	2020	\$0.00	\$166.57	\$0.00	\$66.60
XWK	65993	Non-Exempt		08/28/2020	2020	\$0.00	\$166.57	\$0.00	\$66.60
XWK	65993	Non-Exempt		09/11/2020	2020	\$0.00	\$166.57	\$0.00	\$66.60
XWK	65993	Non-Exempt		09/25/2020	2020	\$0.00	\$166.57	\$0.00	\$66.60
XWK	65993	Non-Exempt		10/09/2020	2020	\$0.00	\$166.57	\$0.00	\$66.60
XWK	65993	Non-Exempt		10/23/2020	2020	\$0.00	\$166.57	\$0.00	\$66.60
XWK	65993	Non-Exempt		11/06/2020	2020	\$0.00	\$166.57	\$0.00	\$66.60
XWK	65993	Non-Exempt		11/20/2020	2020	\$0.00	\$166.57	\$0.00	\$66.60
XWK	65993	Non-Exempt		12/04/2020	2020	\$0.00	\$166.57	\$0.00	\$66.60
XWK	65993	Non-Exempt		12/18/2020	2020	\$0.00	\$166.57	\$0.00	\$66.60
XWK	65993	Non-Exempt		12/31/2020	2020	\$0.00	\$166.57	\$0.00	\$66.60
XWK	65995	Non-Exempt		01/18/2019	2019	\$0.00	\$132.65	\$0.00	\$66.32
XWK	65995	Non-Exempt		02/01/2019	2019	\$0.00	\$147.38	\$0.00	\$73.69
XWK	65995	Non-Exempt		02/15/2019	2019	\$0.00	\$147.38	\$0.00	\$73.69
XWK	65995	Non-Exempt		03/01/2019	2019	\$0.00	\$147.38	\$0.00	\$73.69
XWK	65995	Non-Exempt		03/15/2019	2019	\$0.00	\$151.38	\$0.00	\$75.69
XWK	65995	Non-Exempt		03/29/2019	2019	\$0.00	\$151.38	\$0.00	\$75.69

XWK	65995	Non-Exempt		04/12/2019	2019	\$0.00	\$151.38	\$0.00	\$75.69
XWK	65995	Non-Exempt		04/26/2019	2019	\$0.00	\$151.38	\$0.00	\$75.69
XWK	65995	Non-Exempt		05/10/2019	2019	\$0.00	\$151.38	\$0.00	\$75.69
XWK	65995	Non-Exempt		05/24/2019	2019	\$0.00	\$151.38	\$0.00	\$75.69
XWK	65995	Non-Exempt		06/07/2019	2019	\$0.00	\$151.38	\$0.00	\$75.69
XWK	65995	Non-Exempt		06/21/2019	2019	\$0.00	\$151.38	\$0.00	\$75.69
XWK	65995	Non-Exempt		07/05/2019	2019	\$0.00	\$151.38	\$0.00	\$75.69
XWK	65995	Non-Exempt		07/19/2019	2019	\$0.00	\$151.38	\$0.00	\$75.69
XWK	65995	Non-Exempt		08/02/2019	2019	\$0.00	\$151.38	\$0.00	\$75.69
XWK	65995	Non-Exempt		08/16/2019	2019	\$0.00	\$151.38	\$0.00	\$75.69
XWK	65995	Non-Exempt		08/30/2019	2019	\$0.00	\$151.38	\$0.00	\$75.69
XWK	65995	Non-Exempt		09/13/2019	2019	\$0.00	\$151.38	\$0.00	\$75.69
XWK	65995	Non-Exempt		09/27/2019	2019	\$0.00	\$151.38	\$0.00	\$75.69
XWK	65995	Non-Exempt		10/11/2019	2019	\$0.00	\$151.38	\$0.00	\$75.69
XWK	65995	Non-Exempt		10/25/2019	2019	\$0.00	\$151.38	\$0.00	\$75.69
XWK	65995	Non-Exempt		11/08/2019	2019	\$0.00	\$151.38	\$0.00	\$75.69
XWK	65995	Non-Exempt		11/22/2019	2019	\$0.00	\$151.38	\$0.00	\$75.69
XWK	65995	Non-Exempt		12/06/2019	2019	\$0.00	\$151.38	\$0.00	\$75.69
XWK	65995	Non-Exempt		12/20/2019	2019	\$0.00	\$151.38	\$0.00	\$75.69
XWK	65995	Non-Exempt		01/03/2020	2020	\$0.00	\$151.39	\$0.00	\$75.68
XWK	65995	Non-Exempt		01/17/2020	2020	\$0.00	\$151.39	\$0.00	\$75.68
XWK	65995	Non-Exempt		01/31/2020	2020	\$0.00	\$151.39	\$0.00	\$75.68
XWK	65995	Non-Exempt		02/14/2020	2020	\$0.00	\$151.39	\$0.00	\$75.68
XWK	65995	Non-Exempt		02/28/2020	2020	\$0.00	\$151.39	\$0.00	\$75.68
XWK	65995	Non-Exempt		03/13/2020	2020	\$0.00	\$163.39	\$0.00	\$81.69
XWK	65995	Non-Exempt		03/27/2020	2020	\$0.00	\$163.39	\$0.00	\$81.69
XWK	65995	Non-Exempt		04/09/2020	2020	\$0.00	\$163.39	\$0.00	\$81.69
XWK	65995	Non-Exempt		04/24/2020	2020	\$0.00	\$163.39	\$0.00	\$81.69
XWK	65995	Non-Exempt		05/08/2020	2020	\$0.00	\$163.39	\$0.00	\$81.69
XWK	65995	Non-Exempt		05/22/2020	2020	\$0.00	\$163.39	\$0.00	\$81.69
XWK	65995	Non-Exempt		06/05/2020	2020	\$0.00	\$163.39	\$0.00	\$81.69
XWK	65995	Non-Exempt		06/19/2020	2020	\$0.00	\$163.39	\$0.00	\$81.69
XWK	65995	Non-Exempt		07/02/2020	2020	\$0.00	\$163.39	\$0.00	\$81.69
XWK	65995	Non-Exempt		07/17/2020	2020	\$0.00	\$163.39	\$0.00	\$81.69
XWK	65995	Non-Exempt		07/31/2020	2020	\$0.00	\$163.39	\$0.00	\$81.69
XWK	65995	Non-Exempt		08/14/2020	2020	\$0.00	\$163.39	\$0.00	\$81.69
XWK	65995	Non-Exempt		08/28/2020	2020	\$0.00	\$163.39	\$0.00	\$81.69
XWK	65995	Non-Exempt		09/11/2020	2020	\$0.00	\$163.39	\$0.00	\$81.69
XWK	65995	Non-Exempt		09/25/2020	2020	\$0.00	\$163.39	\$0.00	\$81.69
XWK	65995	Non-Exempt		10/09/2020	2020	\$0.00	\$163.39	\$0.00	\$81.69
XWK	65995	Non-Exempt		10/23/2020	2020	\$0.00	\$163.39	\$0.00	\$81.69
XWK	65995	Non-Exempt		11/06/2020	2020	\$0.00	\$163.39	\$0.00	\$81.69
XWK	65995	Non-Exempt		11/20/2020	2020	\$0.00	\$163.39	\$0.00	\$81.69
XWK	65995	Non-Exempt		12/04/2020	2020	\$0.00	\$163.39	\$0.00	\$81.69
XWK	65995	Non-Exempt		12/18/2020	2020	\$0.00	\$163.39	\$0.00	\$81.69
XWK	65995	Non-Exempt		12/31/2020	2020	\$0.00	\$163.39	\$0.00	\$81.69

XWK	65998	Non-Exempt		01/18/2019	2019	\$0.00	\$52.20	\$0.00	\$52.20
XWK	65998	Non-Exempt		02/01/2019	2019	\$0.00	\$58.00	\$0.00	\$58.00
XWK	65998	Non-Exempt		02/15/2019	2019	\$0.00	\$58.00	\$0.00	\$58.00
XWK	65998	Non-Exempt		03/01/2019	2019	\$0.00	\$58.00	\$0.00	\$58.00
XWK	65998	Non-Exempt		03/15/2019	2019	\$0.00	\$59.69	\$0.00	\$59.69
XWK	65998	Non-Exempt		03/29/2019	2019	\$0.00	\$59.69	\$0.00	\$59.69
XWK	65998	Non-Exempt		04/12/2019	2019	\$0.00	\$59.69	\$0.00	\$59.69
XWK	65998	Non-Exempt		04/26/2019	2019	\$0.00	\$59.69	\$0.00	\$59.69
XWK	65998	Non-Exempt		05/10/2019	2019	\$0.00	\$59.69	\$0.00	\$59.69
XWK	65998	Non-Exempt		05/24/2019	2019	\$0.00	\$59.69	\$0.00	\$59.69
XWK	65998	Non-Exempt		06/07/2019	2019	\$0.00	\$59.69	\$0.00	\$59.69
XWK	65998	Non-Exempt		06/21/2019	2019	\$0.00	\$59.69	\$0.00	\$59.69
XWK	65998	Non-Exempt		07/05/2019	2019	\$0.00	\$59.69	\$0.00	\$59.69
XWK	65998	Non-Exempt		07/19/2019	2019	\$0.00	\$59.69	\$0.00	\$59.69
XWK	65998	Non-Exempt		08/02/2019	2019	\$0.00	\$59.69	\$0.00	\$59.69
XWK	65998	Non-Exempt		08/16/2019	2019	\$0.00	\$59.69	\$0.00	\$59.69
XWK	65998	Non-Exempt		08/30/2019	2019	\$0.00	\$59.69	\$0.00	\$59.69
XWK	65998	Non-Exempt		09/13/2019	2019	\$0.00	\$59.69	\$0.00	\$59.69
XWK	65998	Non-Exempt		09/27/2019	2019	\$0.00	\$59.69	\$0.00	\$59.69
XWK	65998	Non-Exempt		10/11/2019	2019	\$0.00	\$59.69	\$0.00	\$59.69
XWK	65998	Non-Exempt		10/25/2019	2019	\$0.00	\$59.69	\$0.00	\$59.69
XWK	65998	Non-Exempt		11/08/2019	2019	\$0.00	\$59.69	\$0.00	\$59.69
XWK	65998	Non-Exempt		11/22/2019	2019	\$0.00	\$59.69	\$0.00	\$59.69
XWK	65998	Non-Exempt		12/06/2019	2019	\$0.00	\$59.69	\$0.00	\$59.69
XWK	65998	Non-Exempt		12/20/2019	2019	\$0.00	\$59.69	\$0.00	\$59.69
XWK	65998	Non-Exempt		01/03/2020	2020	\$0.00	\$59.69	\$0.00	\$59.69
XWK	65998	Non-Exempt		01/17/2020	2020	\$0.00	\$59.69	\$0.00	\$59.69
XWK	65998	Non-Exempt		01/31/2020	2020	\$0.00	\$59.69	\$0.00	\$59.69
XWK	65998	Non-Exempt		02/14/2020	2020	\$0.00	\$59.69	\$0.00	\$59.69
XWK	65998	Non-Exempt		02/28/2020	2020	\$0.00	\$59.69	\$0.00	\$59.69
XWK	65998	Non-Exempt		03/13/2020	2020	\$0.00	\$64.17	\$0.00	\$64.17
XWK	65998	Non-Exempt		03/27/2020	2020	\$0.00	\$64.17	\$0.00	\$64.17
XWK	65998	Non-Exempt		04/09/2020	2020	\$0.00	\$64.17	\$0.00	\$64.17
XWK	65998	Non-Exempt		04/24/2020	2020	\$0.00	\$64.17	\$0.00	\$64.17
XWK	65998	Non-Exempt		05/08/2020	2020	\$0.00	\$64.17	\$0.00	\$64.17
XWK	65998	Non-Exempt		05/22/2020	2020	\$0.00	\$64.17	\$0.00	\$64.17
XWK	65998	Non-Exempt		06/05/2020	2020	\$0.00	\$64.17	\$0.00	\$64.17
XWK	65998	Non-Exempt		06/19/2020	2020	\$0.00	\$64.17	\$0.00	\$64.17
XWK	65998	Non-Exempt		07/02/2020	2020	\$0.00	\$64.17	\$0.00	\$64.17
XWK	65998	Non-Exempt		07/17/2020	2020	\$0.00	\$64.17	\$0.00	\$64.17
XWK	65998	Non-Exempt		07/31/2020	2020	\$0.00	\$64.17	\$0.00	\$64.17
XWK	65998	Non-Exempt		08/14/2020	2020	\$0.00	\$64.17	\$0.00	\$64.17
XWK	65998	Non-Exempt		08/28/2020	2020	\$0.00	\$64.17	\$0.00	\$64.17
XWK	65998	Non-Exempt		09/11/2020	2020	\$0.00	\$64.17	\$0.00	\$64.17
XWK	65998	Non-Exempt		09/25/2020	2020	\$0.00	\$64.17	\$0.00	\$64.17
XWK	65998	Non-Exempt		10/09/2020	2020	\$0.00	\$64.17	\$0.00	\$64.17

XWK	65998	Non-Exempt		10/23/2020	2020	\$0.00	\$64.17	\$0.00	\$64.17
XWK	65998	Non-Exempt		11/06/2020	2020	\$0.00	\$64.17	\$0.00	\$64.17
XWK	65998	Non-Exempt		11/20/2020	2020	\$0.00	\$64.17	\$0.00	\$64.17
XWK	65998	Non-Exempt		12/04/2020	2020	\$0.00	\$64.17	\$0.00	\$64.17
XWK	65998	Non-Exempt		12/18/2020	2020	\$0.00	\$64.17	\$0.00	\$64.17
XWK	65998	Non-Exempt		12/31/2020	2020	\$0.00	\$64.17	\$0.00	\$64.17
XWK	65999	Non-Exempt		01/18/2019	2019	\$0.00	\$51.37	\$0.00	\$51.37
XWK	65999	Non-Exempt		02/01/2019	2019	\$0.00	\$57.08	\$0.00	\$57.08
XWK	65999	Non-Exempt		02/15/2019	2019	\$0.00	\$57.08	\$0.00	\$57.08
XWK	65999	Non-Exempt		03/01/2019	2019	\$0.00	\$57.08	\$0.00	\$57.08
XWK	65999	Non-Exempt		03/15/2019	2019	\$0.00	\$59.08	\$0.00	\$59.08
XWK	65999	Non-Exempt		03/29/2019	2019	\$0.00	\$59.08	\$0.00	\$59.08
XWK	65999	Non-Exempt		04/12/2019	2019	\$0.00	\$59.08	\$0.00	\$59.08
XWK	65999	Non-Exempt		04/26/2019	2019	\$0.00	\$59.08	\$0.00	\$59.08
XWK	65999	Non-Exempt		05/10/2019	2019	\$0.00	\$59.08	\$0.00	\$59.08
XWK	65999	Non-Exempt		05/24/2019	2019	\$0.00	\$59.08	\$0.00	\$59.08
XWK	65999	Non-Exempt		06/07/2019	2019	\$0.00	\$59.08	\$0.00	\$59.08
XWK	65999	Non-Exempt		06/21/2019	2019	\$0.00	\$59.08	\$0.00	\$59.08
XWK	65999	Non-Exempt		07/05/2019	2019	\$0.00	\$59.08	\$0.00	\$59.08
XWK	65999	Non-Exempt		07/19/2019	2019	\$0.00	\$59.08	\$0.00	\$59.08
XWK	65999	Non-Exempt		08/02/2019	2019	\$0.00	\$59.08	\$0.00	\$59.08
XWK	65999	Non-Exempt		08/16/2019	2019	\$0.00	\$59.08	\$0.00	\$59.08
XWK	65999	Non-Exempt		08/30/2019	2019	\$0.00	\$59.08	\$0.00	\$59.08
XWK	65999	Non-Exempt		09/13/2019	2019	\$0.00	\$59.08	\$0.00	\$59.08
XWK	65999	Non-Exempt		09/27/2019	2019	\$0.00	\$59.08	\$0.00	\$59.08
XWK	65999	Non-Exempt		10/11/2019	2019	\$0.00	\$59.08	\$0.00	\$59.08
XWK	65999	Non-Exempt		10/25/2019	2019	\$0.00	\$59.08	\$0.00	\$59.08
XWK	65999	Non-Exempt		11/08/2019	2019	\$0.00	\$59.08	\$0.00	\$59.08
XWK	65999	Non-Exempt		11/22/2019	2019	\$0.00	\$59.08	\$0.00	\$59.08
XWK	65999	Non-Exempt		12/06/2019	2019	\$0.00	\$59.08	\$0.00	\$59.08
XWK	65999	Non-Exempt		12/20/2019	2019	\$0.00	\$59.08	\$0.00	\$59.08
XWK	65999	Non-Exempt		01/03/2020	2020	\$0.00	\$59.06	\$0.00	\$59.06
XWK	65999	Non-Exempt		01/17/2020	2020	\$0.00	\$59.06	\$0.00	\$59.06
XWK	65999	Non-Exempt		01/31/2020	2020	\$0.00	\$59.06	\$0.00	\$59.06
XWK	65999	Non-Exempt		02/14/2020	2020	\$0.00	\$59.06	\$0.00	\$59.06
XWK	65999	Non-Exempt		02/28/2020	2020	\$0.00	\$59.06	\$0.00	\$59.06
XWK	65999	Non-Exempt		03/13/2020	2020	\$0.00	\$64.00	\$0.00	\$64.00
XWK	65999	Non-Exempt		03/27/2020	2020	\$0.00	\$64.00	\$0.00	\$64.00
XWK	65999	Non-Exempt		04/09/2020	2020	\$0.00	\$64.00	\$0.00	\$64.00
XWK	65999	Non-Exempt		04/24/2020	2020	\$0.00	\$64.00	\$0.00	\$64.00
XWK	65999	Non-Exempt		05/08/2020	2020	\$0.00	\$64.00	\$0.00	\$64.00
XWK	65999	Non-Exempt		05/22/2020	2020	\$0.00	\$64.00	\$0.00	\$64.00
XWK	65999	Non-Exempt		06/05/2020	2020	\$0.00	\$64.00	\$0.00	\$64.00
XWK	65999	Non-Exempt		06/19/2020	2020	\$0.00	\$64.00	\$0.00	\$64.00
XWK	65999	Non-Exempt		07/02/2020	2020	\$0.00	\$64.00	\$0.00	\$64.00
XWK	65999	Non-Exempt		07/17/2020	2020	\$0.00	\$64.00	\$0.00	\$64.00

XWK	65999	Non-Exempt		07/31/2020	2020	\$0.00	\$64.00	\$0.00	\$64.00
XWK	65999	Non-Exempt		08/14/2020	2020	\$0.00	\$64.00	\$0.00	\$64.00
XWK	65999	Non-Exempt		08/28/2020	2020	\$0.00	\$64.00	\$0.00	\$64.00
XWK	65999	Non-Exempt		09/11/2020	2020	\$0.00	\$64.00	\$0.00	\$64.00
XWK	65999	Non-Exempt		09/25/2020	2020	\$0.00	\$64.00	\$0.00	\$64.00
XWK	65999	Non-Exempt		10/09/2020	2020	\$0.00	\$64.00	\$0.00	\$64.00
XWK	65999	Non-Exempt		10/23/2020	2020	\$0.00	\$64.00	\$0.00	\$64.00
XWK	65999	Non-Exempt		11/06/2020	2020	\$0.00	\$64.00	\$0.00	\$64.00
XWK	65999	Non-Exempt		11/20/2020	2020	\$0.00	\$64.00	\$0.00	\$64.00
XWK	65999	Non-Exempt		12/04/2020	2020	\$0.00	\$64.00	\$0.00	\$64.00
XWK	65999	Non-Exempt		12/18/2020	2020	\$0.00	\$64.00	\$0.00	\$64.00
XWK	65999	Non-Exempt		12/31/2020	2020	\$0.00	\$64.00	\$0.00	\$64.00
XWK	66000	Non-Exempt		01/18/2019	2019	\$0.00	\$69.37	\$0.00	\$46.25
XWK	66000	Non-Exempt		02/01/2019	2019	\$0.00	\$77.08	\$0.00	\$51.38
XWK	66000	Non-Exempt		02/15/2019	2019	\$0.00	\$77.08	\$0.00	\$51.38
XWK	66000	Non-Exempt		03/01/2019	2019	\$0.00	\$77.08	\$0.00	\$51.38
XWK	66000	Non-Exempt		03/15/2019	2019	\$0.00	\$79.38	\$0.00	\$52.92
XWK	66000	Non-Exempt		03/29/2019	2019	\$0.00	\$79.38	\$0.00	\$52.92
XWK	66000	Non-Exempt		04/12/2019	2019	\$0.00	\$79.38	\$0.00	\$52.92
XWK	66000	Non-Exempt		04/26/2019	2019	\$0.00	\$79.38	\$0.00	\$52.92
XWK	66000	Non-Exempt		05/10/2019	2019	\$0.00	\$79.38	\$0.00	\$52.92
XWK	66000	Non-Exempt		05/24/2019	2019	\$0.00	\$79.38	\$0.00	\$52.92
XWK	66000	Non-Exempt		06/07/2019	2019	\$0.00	\$79.38	\$0.00	\$52.92
XWK	66000	Non-Exempt		06/21/2019	2019	\$0.00	\$79.38	\$0.00	\$52.92
XWK	66000	Non-Exempt		07/05/2019	2019	\$0.00	\$79.38	\$0.00	\$52.92
XWK	66000	Non-Exempt		07/19/2019	2019	\$0.00	\$79.38	\$0.00	\$52.92
XWK	66000	Non-Exempt		08/02/2019	2019	\$0.00	\$83.08	\$0.00	\$55.38
XWK	66000	Non-Exempt		08/16/2019	2019	\$0.00	\$83.08	\$0.00	\$55.38
XWK	66000	Non-Exempt		08/30/2019	2019	\$0.00	\$83.08	\$0.00	\$55.38
XWK	66000	Non-Exempt		09/13/2019	2019	\$0.00	\$83.08	\$0.00	\$55.38
XWK	66000	Non-Exempt		09/27/2019	2019	\$0.00	\$83.08	\$0.00	\$55.38
XWK	66000	Non-Exempt		10/11/2019	2019	\$0.00	\$83.08	\$0.00	\$55.38
XWK	66000	Non-Exempt		10/25/2019	2019	\$0.00	\$83.08	\$0.00	\$55.38
XWK	66000	Non-Exempt		11/08/2019	2019	\$0.00	\$83.08	\$0.00	\$55.38
XWK	66000	Non-Exempt		11/22/2019	2019	\$0.00	\$83.08	\$0.00	\$55.38
XWK	66000	Non-Exempt		12/06/2019	2019	\$0.00	\$83.08	\$0.00	\$55.38
XWK	66000	Non-Exempt		12/20/2019	2019	\$0.00	\$83.08	\$0.00	\$55.38
XWK	66000	Non-Exempt		01/03/2020	2020	\$0.00	\$83.08	\$0.00	\$55.38
XWK	66000	Non-Exempt		01/17/2020	2020	\$0.00	\$83.08	\$0.00	\$55.38
XWK	66000	Non-Exempt		01/31/2020	2020	\$0.00	\$83.08	\$0.00	\$55.38
XWK	66000	Non-Exempt		02/14/2020	2020	\$0.00	\$83.08	\$0.00	\$55.38
XWK	66000	Non-Exempt		02/28/2020	2020	\$0.00	\$83.08	\$0.00	\$55.38
XWK	66000	Non-Exempt		03/13/2020	2020	\$0.00	\$85.15	\$0.00	\$56.77
XWK	66000	Non-Exempt		03/27/2020	2020	\$0.00	\$85.15	\$0.00	\$56.77
XWK	66000	Non-Exempt		04/09/2020	2020	\$0.00	\$85.15	\$0.00	\$56.77
XWK	66000	Non-Exempt		04/24/2020	2020	\$0.00	\$85.15	\$0.00	\$56.77

XWK	66000	Non-Exempt	[REDACTED]	05/08/2020	2020	\$0.00	\$85.15	\$0.00	\$56.77
XWK	66000	Non-Exempt	[REDACTED]	05/22/2020	2020	\$0.00	\$85.15	\$0.00	\$56.77
XWK	66000	Non-Exempt	[REDACTED]	06/05/2020	2020	\$0.00	\$85.15	\$0.00	\$56.77
XWK	66000	Non-Exempt	[REDACTED]	06/19/2020	2020	\$0.00	\$85.15	\$0.00	\$56.77
XWK	66000	Non-Exempt	[REDACTED]	07/02/2020	2020	\$0.00	\$85.15	\$0.00	\$56.77
XWK	66000	Non-Exempt	[REDACTED]	07/17/2020	2020	\$0.00	\$85.15	\$0.00	\$56.77
XWK	66000	Non-Exempt	[REDACTED]	07/31/2020	2020	\$0.00	\$85.15	\$0.00	\$56.77
XWK	66000	Non-Exempt	[REDACTED]	08/14/2020	2020	\$0.00	\$85.15	\$0.00	\$56.77
XWK	66000	Non-Exempt	[REDACTED]	08/28/2020	2020	\$0.00	\$85.15	\$0.00	\$56.77
XWK	66000	Non-Exempt	[REDACTED]	09/11/2020	2020	\$0.00	\$85.15	\$0.00	\$56.77
XWK	66000	Non-Exempt	[REDACTED]	09/25/2020	2020	\$0.00	\$85.15	\$0.00	\$56.77
XWK	66000	Non-Exempt	[REDACTED]	10/09/2020	2020	\$0.00	\$85.15	\$0.00	\$56.77
XWK	66000	Non-Exempt	[REDACTED]	10/23/2020	2020	\$0.00	\$85.15	\$0.00	\$56.77
XWK	66000	Non-Exempt	[REDACTED]	11/06/2020	2020	\$0.00	\$85.15	\$0.00	\$56.77
XWK	66000	Non-Exempt	[REDACTED]	11/20/2020	2020	\$0.00	\$85.15	\$0.00	\$56.77
XWK	66000	Non-Exempt	[REDACTED]	12/04/2020	2020	\$0.00	\$85.15	\$0.00	\$56.77
XWK	66000	Non-Exempt	[REDACTED]	12/18/2020	2020	\$0.00	\$85.15	\$0.00	\$56.77
XWK	66000	Non-Exempt	[REDACTED]	12/31/2020	2020	\$0.00	\$85.15	\$0.00	\$56.77
XWK	66002	Non-Exempt	[REDACTED]	01/18/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66002	Non-Exempt	[REDACTED]	02/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66002	Non-Exempt	[REDACTED]	02/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66002	Non-Exempt	[REDACTED]	03/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66002	Non-Exempt	[REDACTED]	03/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66002	Non-Exempt	[REDACTED]	03/29/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66002	Non-Exempt	[REDACTED]	03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66002	Non-Exempt	[REDACTED]	04/12/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66002	Non-Exempt	[REDACTED]	04/26/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66002	Non-Exempt	[REDACTED]	05/10/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66002	Non-Exempt	[REDACTED]	05/24/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66002	Non-Exempt	[REDACTED]	06/07/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66002	Non-Exempt	[REDACTED]	06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66002	Non-Exempt	[REDACTED]	07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66002	Non-Exempt	[REDACTED]	07/19/2019	2019	\$0.00	\$52.46	\$0.00	\$52.46
XWK	66002	Non-Exempt	[REDACTED]	08/02/2019	2019	\$0.00	\$52.46	\$0.00	\$52.46
XWK	66002	Non-Exempt	[REDACTED]	08/16/2019	2019	\$0.00	\$52.46	\$0.00	\$52.46
XWK	66002	Non-Exempt	[REDACTED]	08/30/2019	2019	\$0.00	\$52.46	\$0.00	\$52.46
XWK	66002	Non-Exempt	[REDACTED]	09/13/2019	2019	\$0.00	\$52.46	\$0.00	\$52.46
XWK	66002	Non-Exempt	[REDACTED]	09/27/2019	2019	\$0.00	\$52.46	\$0.00	\$52.46
XWK	66002	Non-Exempt	[REDACTED]	10/11/2019	2019	\$0.00	\$52.46	\$0.00	\$52.46
XWK	66002	Non-Exempt	[REDACTED]	10/25/2019	2019	\$0.00	\$52.46	\$0.00	\$52.46
XWK	66002	Non-Exempt	[REDACTED]	11/08/2019	2019	\$0.00	\$52.46	\$0.00	\$52.46
XWK	66002	Non-Exempt	[REDACTED]	11/22/2019	2019	\$0.00	\$52.46	\$0.00	\$52.46
XWK	66002	Non-Exempt	[REDACTED]	12/06/2019	2019	\$0.00	\$52.46	\$0.00	\$52.46
XWK	66002	Non-Exempt	[REDACTED]	12/20/2019	2019	\$0.00	\$52.46	\$0.00	\$52.46
XWK	66002	Non-Exempt	[REDACTED]	01/03/2020	2020	\$0.00	\$52.46	\$0.00	\$52.46
XWK	66002	Non-Exempt	[REDACTED]	01/17/2020	2020	\$0.00	\$52.46	\$0.00	\$52.46

XWK	66002	Non-Exempt		01/31/2020	2020	\$0.00	\$52.46	\$0.00	\$52.46
XWK	66002	Non-Exempt		02/14/2020	2020	\$0.00	\$52.46	\$0.00	\$52.46
XWK	66002	Non-Exempt		02/28/2020	2020	\$0.00	\$52.46	\$0.00	\$52.46
XWK	66002	Non-Exempt		03/13/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	66002	Non-Exempt		03/27/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	66002	Non-Exempt		04/09/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	66002	Non-Exempt		04/24/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	66002	Non-Exempt		05/08/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	66002	Non-Exempt		05/22/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	66002	Non-Exempt		06/05/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	66002	Non-Exempt		06/19/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	66002	Non-Exempt		07/02/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	66002	Non-Exempt		07/17/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	66002	Non-Exempt		07/31/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	66002	Non-Exempt		08/14/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	66002	Non-Exempt		08/28/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	66002	Non-Exempt		09/11/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	66002	Non-Exempt		09/25/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	66002	Non-Exempt		10/09/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	66002	Non-Exempt		10/23/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	66002	Non-Exempt		11/06/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	66002	Non-Exempt		11/20/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	66002	Non-Exempt		12/04/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	66002	Non-Exempt		12/18/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	66002	Non-Exempt		12/31/2020	2020	\$0.00	\$56.60	\$0.00	\$56.60
XWK	66003	Non-Exempt		01/18/2019	2019	\$0.00	\$51.09	\$0.00	\$51.09
XWK	66003	Non-Exempt		02/01/2019	2019	\$0.00	\$56.77	\$0.00	\$56.77
XWK	66003	Non-Exempt		02/15/2019	2019	\$0.00	\$56.77	\$0.00	\$56.77
XWK	66003	Non-Exempt		03/01/2019	2019	\$0.00	\$56.77	\$0.00	\$56.77
XWK	66003	Non-Exempt		03/15/2019	2019	\$0.00	\$58.62	\$0.00	\$58.62
XWK	66003	Non-Exempt		03/29/2019	2019	\$0.00	\$58.62	\$0.00	\$58.62
XWK	66003	Non-Exempt		04/12/2019	2019	\$0.00	\$58.62	\$0.00	\$58.62
XWK	66003	Non-Exempt		04/26/2019	2019	\$0.00	\$58.62	\$0.00	\$58.62
XWK	66003	Non-Exempt		05/10/2019	2019	\$0.00	\$58.62	\$0.00	\$58.62
XWK	66003	Non-Exempt		05/24/2019	2019	\$0.00	\$58.62	\$0.00	\$58.62
XWK	66003	Non-Exempt		06/07/2019	2019	\$0.00	\$58.62	\$0.00	\$58.62
XWK	66003	Non-Exempt		06/21/2019	2019	\$0.00	\$58.62	\$0.00	\$58.62
XWK	66003	Non-Exempt		07/05/2019	2019	\$0.00	\$58.62	\$0.00	\$58.62
XWK	66003	Non-Exempt		07/19/2019	2019	\$0.00	\$58.62	\$0.00	\$58.62
XWK	66003	Non-Exempt		08/02/2019	2019	\$0.00	\$58.62	\$0.00	\$58.62
XWK	66003	Non-Exempt		08/16/2019	2019	\$0.00	\$58.62	\$0.00	\$58.62
XWK	66003	Non-Exempt		08/30/2019	2019	\$0.00	\$58.62	\$0.00	\$58.62
XWK	66003	Non-Exempt		09/13/2019	2019	\$0.00	\$58.62	\$0.00	\$58.62
XWK	66003	Non-Exempt		09/27/2019	2019	\$0.00	\$58.62	\$0.00	\$58.62
XWK	66003	Non-Exempt		10/11/2019	2019	\$0.00	\$58.62	\$0.00	\$58.62
XWK	66003	Non-Exempt		10/25/2019	2019	\$0.00	\$58.62	\$0.00	\$58.62

XWK	66003	Non-Exempt		11/08/2019	2019	\$0.00	\$58.62	\$0.00	\$58.62
XWK	66003	Non-Exempt		11/22/2019	2019	\$0.00	\$58.62	\$0.00	\$58.62
XWK	66003	Non-Exempt		12/06/2019	2019	\$0.00	\$58.62	\$0.00	\$58.62
XWK	66003	Non-Exempt		12/20/2019	2019	\$0.00	\$58.62	\$0.00	\$58.62
XWK	66003	Non-Exempt		01/03/2020	2020	\$0.00	\$58.62	\$0.00	\$58.62
XWK	66003	Non-Exempt		01/17/2020	2020	\$0.00	\$58.62	\$0.00	\$58.62
XWK	66003	Non-Exempt		01/31/2020	2020	\$0.00	\$58.62	\$0.00	\$58.62
XWK	66003	Non-Exempt		02/14/2020	2020	\$0.00	\$58.62	\$0.00	\$58.62
XWK	66003	Non-Exempt		02/28/2020	2020	\$0.00	\$58.62	\$0.00	\$58.62
XWK	66003	Non-Exempt		03/13/2020	2020	\$0.00	\$60.16	\$0.00	\$60.16
XWK	66003	Non-Exempt		03/27/2020	2020	\$0.00	\$60.16	\$0.00	\$60.16
XWK	66003	Non-Exempt		04/09/2020	2020	\$0.00	\$60.16	\$0.00	\$60.16
XWK	66003	Non-Exempt		04/24/2020	2020	\$0.00	\$60.16	\$0.00	\$60.16
XWK	66003	Non-Exempt		05/08/2020	2020	\$0.00	\$60.16	\$0.00	\$60.16
XWK	66003	Non-Exempt		05/22/2020	2020	\$0.00	\$60.16	\$0.00	\$60.16
XWK	66003	Non-Exempt		06/05/2020	2020	\$0.00	\$60.16	\$0.00	\$60.16
XWK	66003	Non-Exempt		06/19/2020	2020	\$0.00	\$60.16	\$0.00	\$60.16
XWK	66003	Non-Exempt		07/02/2020	2020	\$0.00	\$60.16	\$0.00	\$60.16
XWK	66003	Non-Exempt		07/17/2020	2020	\$0.00	\$60.16	\$0.00	\$60.16
XWK	66003	Non-Exempt		07/31/2020	2020	\$0.00	\$60.16	\$0.00	\$60.16
XWK	66003	Non-Exempt		08/14/2020	2020	\$0.00	\$60.16	\$0.00	\$60.16
XWK	66003	Non-Exempt		08/28/2020	2020	\$0.00	\$60.16	\$0.00	\$60.16
XWK	66003	Non-Exempt		09/11/2020	2020	\$0.00	\$60.16	\$0.00	\$60.16
XWK	66003	Non-Exempt		09/25/2020	2020	\$0.00	\$60.16	\$0.00	\$60.16
XWK	66003	Non-Exempt		10/09/2020	2020	\$0.00	\$60.16	\$0.00	\$60.16
XWK	66003	Non-Exempt		10/23/2020	2020	\$0.00	\$60.16	\$0.00	\$60.16
XWK	66003	Non-Exempt		11/06/2020	2020	\$0.00	\$60.16	\$0.00	\$60.16
XWK	66003	Non-Exempt		11/20/2020	2020	\$0.00	\$60.16	\$0.00	\$60.16
XWK	66003	Non-Exempt		12/04/2020	2020	\$0.00	\$60.16	\$0.00	\$60.16
XWK	66003	Non-Exempt		12/18/2020	2020	\$0.00	\$60.16	\$0.00	\$60.16
XWK	66003	Non-Exempt		12/31/2020	2020	\$0.00	\$60.16	\$0.00	\$60.16
XWK	66005	Non-Exempt		01/18/2019	2019	\$0.00	\$68.02	\$0.00	\$54.42
XWK	66005	Non-Exempt		02/01/2019	2019	\$0.00	\$75.58	\$0.00	\$60.46
XWK	66005	Non-Exempt		02/15/2019	2019	\$0.00	\$75.58	\$0.00	\$60.46
XWK	66005	Non-Exempt		03/01/2019	2019	\$0.00	\$75.58	\$0.00	\$60.46
XWK	66005	Non-Exempt		03/15/2019	2019	\$0.00	\$77.50	\$0.00	\$62.00
XWK	66005	Non-Exempt		03/29/2019	2019	\$0.00	\$77.50	\$0.00	\$62.00
XWK	66005	Non-Exempt		04/12/2019	2019	\$0.00	\$77.50	\$0.00	\$62.00
XWK	66005	Non-Exempt		04/26/2019	2019	\$0.00	\$77.50	\$0.00	\$62.00
XWK	66005	Non-Exempt		05/10/2019	2019	\$0.00	\$77.50	\$0.00	\$62.00
XWK	66005	Non-Exempt		05/24/2019	2019	\$0.00	\$77.50	\$0.00	\$62.00
XWK	66005	Non-Exempt		06/07/2019	2019	\$0.00	\$77.50	\$0.00	\$62.00
XWK	66005	Non-Exempt		06/21/2019	2019	\$0.00	\$77.50	\$0.00	\$62.00
XWK	66005	Non-Exempt		07/05/2019	2019	\$0.00	\$77.50	\$0.00	\$62.00
XWK	66005	Non-Exempt		07/19/2019	2019	\$0.00	\$77.50	\$0.00	\$62.00
XWK	66005	Non-Exempt		08/02/2019	2019	\$0.00	\$77.50	\$0.00	\$62.00

XWK	66005	Non-Exempt		08/16/2019	2019	\$0.00	\$77.50	\$0.00	\$62.00
XWK	66005	Non-Exempt		08/30/2019	2019	\$0.00	\$77.50	\$0.00	\$62.00
XWK	66005	Non-Exempt		09/13/2019	2019	\$0.00	\$77.50	\$0.00	\$62.00
XWK	66005	Non-Exempt		09/27/2019	2019	\$0.00	\$77.50	\$0.00	\$62.00
XWK	66005	Non-Exempt		10/11/2019	2019	\$0.00	\$77.50	\$0.00	\$62.00
XWK	66005	Non-Exempt		10/25/2019	2019	\$0.00	\$77.50	\$0.00	\$62.00
XWK	66005	Non-Exempt		11/08/2019	2019	\$0.00	\$77.50	\$0.00	\$62.00
XWK	66005	Non-Exempt		11/22/2019	2019	\$0.00	\$77.50	\$0.00	\$62.00
XWK	66005	Non-Exempt		12/06/2019	2019	\$0.00	\$77.50	\$0.00	\$62.00
XWK	66005	Non-Exempt		12/20/2019	2019	\$0.00	\$77.50	\$0.00	\$62.00
XWK	66005	Non-Exempt		01/03/2020	2020	\$0.00	\$77.52	\$0.00	\$62.00
XWK	66005	Non-Exempt		01/17/2020	2020	\$0.00	\$77.52	\$0.00	\$62.00
XWK	66005	Non-Exempt		01/31/2020	2020	\$0.00	\$77.52	\$0.00	\$62.00
XWK	66005	Non-Exempt		02/14/2020	2020	\$0.00	\$77.52	\$0.00	\$62.00
XWK	66005	Non-Exempt		02/28/2020	2020	\$0.00	\$77.52	\$0.00	\$62.00
XWK	66005	Non-Exempt		03/13/2020	2020	\$0.00	\$83.27	\$0.00	\$66.62
XWK	66005	Non-Exempt		03/27/2020	2020	\$0.00	\$83.27	\$0.00	\$66.62
XWK	66005	Non-Exempt		04/09/2020	2020	\$0.00	\$83.27	\$0.00	\$66.62
XWK	66005	Non-Exempt		04/24/2020	2020	\$0.00	\$83.27	\$0.00	\$66.62
XWK	66005	Non-Exempt		05/08/2020	2020	\$0.00	\$83.27	\$0.00	\$66.62
XWK	66005	Non-Exempt		05/22/2020	2020	\$0.00	\$83.27	\$0.00	\$66.62
XWK	66005	Non-Exempt		06/05/2020	2020	\$0.00	\$83.27	\$0.00	\$66.62
XWK	66005	Non-Exempt		06/19/2020	2020	\$0.00	\$83.27	\$0.00	\$66.62
XWK	66005	Non-Exempt		07/02/2020	2020	\$0.00	\$83.27	\$0.00	\$66.62
XWK	66005	Non-Exempt		07/17/2020	2020	\$0.00	\$83.27	\$0.00	\$66.62
XWK	66005	Non-Exempt		07/31/2020	2020	\$0.00	\$83.27	\$0.00	\$66.62
XWK	66005	Non-Exempt		08/14/2020	2020	\$0.00	\$83.27	\$0.00	\$66.62
XWK	66005	Non-Exempt		08/28/2020	2020	\$0.00	\$83.27	\$0.00	\$66.62
XWK	66005	Non-Exempt		09/11/2020	2020	\$0.00	\$83.27	\$0.00	\$66.62
XWK	66005	Non-Exempt		09/25/2020	2020	\$0.00	\$83.27	\$0.00	\$66.62
XWK	66005	Non-Exempt		10/09/2020	2020	\$0.00	\$83.27	\$0.00	\$66.62
XWK	66005	Non-Exempt		10/23/2020	2020	\$0.00	\$83.27	\$0.00	\$66.62
XWK	66005	Non-Exempt		11/06/2020	2020	\$0.00	\$83.27	\$0.00	\$66.62
XWK	66005	Non-Exempt		11/20/2020	2020	\$0.00	\$83.27	\$0.00	\$66.62
XWK	66005	Non-Exempt		12/04/2020	2020	\$0.00	\$83.27	\$0.00	\$66.62
XWK	66005	Non-Exempt		12/18/2020	2020	\$0.00	\$83.27	\$0.00	\$66.62
XWK	66005	Non-Exempt		12/31/2020	2020	\$0.00	\$83.27	\$0.00	\$66.62
XWK	66006	Non-Exempt		01/18/2019	2019	\$0.00	\$76.43	\$0.00	\$50.95
XWK	66006	Non-Exempt		02/01/2019	2019	\$0.00	\$84.92	\$0.00	\$56.62
XWK	66006	Non-Exempt		02/15/2019	2019	\$0.00	\$84.92	\$0.00	\$56.62
XWK	66006	Non-Exempt		03/01/2019	2019	\$0.00	\$84.92	\$0.00	\$56.62
XWK	66006	Non-Exempt		03/15/2019	2019	\$0.00	\$87.00	\$0.00	\$58.00
XWK	66006	Non-Exempt		03/29/2019	2019	\$0.00	\$87.00	\$0.00	\$58.00
XWK	66006	Non-Exempt		04/12/2019	2019	\$0.00	\$87.00	\$0.00	\$58.00
XWK	66006	Non-Exempt		04/26/2019	2019	\$0.00	\$60.90	\$0.00	\$40.60
XWK	66006	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00

XWK	66008	Non-Exempt		01/18/2019	2019	\$0.00	\$50.68	\$0.00	\$50.68
XWK	66008	Non-Exempt		02/01/2019	2019	\$0.00	\$56.31	\$0.00	\$56.31
XWK	66008	Non-Exempt		02/15/2019	2019	\$0.00	\$56.31	\$0.00	\$56.31
XWK	66008	Non-Exempt		03/01/2019	2019	\$0.00	\$56.31	\$0.00	\$56.31
XWK	66008	Non-Exempt		03/15/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	66008	Non-Exempt		03/29/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	66008	Non-Exempt		03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66008	Non-Exempt		04/12/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	66008	Non-Exempt		04/26/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	66008	Non-Exempt		05/10/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	66008	Non-Exempt		05/24/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	66008	Non-Exempt		06/07/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	66008	Non-Exempt		06/21/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	66008	Non-Exempt		07/05/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	66008	Non-Exempt		07/19/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	66008	Non-Exempt		08/02/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	66008	Non-Exempt		08/16/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	66008	Non-Exempt		08/30/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	66008	Non-Exempt		09/13/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	66008	Non-Exempt		09/27/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	66008	Non-Exempt		10/11/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	66008	Non-Exempt		10/25/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	66008	Non-Exempt		11/08/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	66008	Non-Exempt		11/22/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	66008	Non-Exempt		12/06/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	66008	Non-Exempt		12/20/2019	2019	\$0.00	\$58.15	\$0.00	\$58.15
XWK	66008	Non-Exempt		01/03/2020	2020	\$0.00	\$58.17	\$0.00	\$58.17
XWK	66008	Non-Exempt		01/17/2020	2020	\$0.00	\$58.17	\$0.00	\$58.17
XWK	66008	Non-Exempt		01/31/2020	2020	\$0.00	\$58.17	\$0.00	\$58.17
XWK	66008	Non-Exempt		02/14/2020	2020	\$0.00	\$58.17	\$0.00	\$58.17
XWK	66008	Non-Exempt		02/28/2020	2020	\$0.00	\$58.17	\$0.00	\$58.17
XWK	66008	Non-Exempt		03/13/2020	2020	\$0.00	\$62.60	\$0.00	\$62.60
XWK	66008	Non-Exempt		03/27/2020	2020	\$0.00	\$62.60	\$0.00	\$62.60
XWK	66008	Non-Exempt		04/09/2020	2020	\$0.00	\$62.60	\$0.00	\$62.60
XWK	66008	Non-Exempt		04/24/2020	2020	\$0.00	\$62.60	\$0.00	\$62.60
XWK	66008	Non-Exempt		05/08/2020	2020	\$0.00	\$62.60	\$0.00	\$62.60
XWK	66008	Non-Exempt		05/22/2020	2020	\$0.00	\$62.60	\$0.00	\$62.60
XWK	66008	Non-Exempt		06/05/2020	2020	\$0.00	\$62.60	\$0.00	\$62.60
XWK	66008	Non-Exempt		06/19/2020	2020	\$0.00	\$62.60	\$0.00	\$62.60
XWK	66008	Non-Exempt		07/02/2020	2020	\$0.00	\$62.60	\$0.00	\$62.60
XWK	66008	Non-Exempt		07/17/2020	2020	\$0.00	\$62.60	\$0.00	\$62.60
XWK	66008	Non-Exempt		07/31/2020	2020	\$0.00	\$62.60	\$0.00	\$62.60
XWK	66008	Non-Exempt		08/14/2020	2020	\$0.00	\$62.60	\$0.00	\$62.60
XWK	66008	Non-Exempt		08/28/2020	2020	\$0.00	\$62.60	\$0.00	\$62.60
XWK	66008	Non-Exempt		09/11/2020	2020	\$0.00	\$62.60	\$0.00	\$62.60
XWK	66008	Non-Exempt		09/25/2020	2020	\$0.00	\$62.60	\$0.00	\$62.60

XWK	66008	Non-Exempt		10/09/2020	2020	\$0.00	\$62.60	\$0.00	\$62.60
XWK	66008	Non-Exempt		10/23/2020	2020	\$0.00	\$62.60	\$0.00	\$62.60
XWK	66008	Non-Exempt		11/06/2020	2020	\$0.00	\$62.60	\$0.00	\$62.60
XWK	66008	Non-Exempt		11/20/2020	2020	\$0.00	\$62.60	\$0.00	\$62.60
XWK	66008	Non-Exempt		12/04/2020	2020	\$0.00	\$62.60	\$0.00	\$62.60
XWK	66008	Non-Exempt		12/18/2020	2020	\$0.00	\$62.60	\$0.00	\$62.60
XWK	66008	Non-Exempt		12/31/2020	2020	\$0.00	\$62.60	\$0.00	\$62.60
XWK	66009	Non-Exempt		01/18/2019	2019	\$0.00	\$69.16	\$0.00	\$46.11
XWK	66009	Non-Exempt		02/01/2019	2019	\$0.00	\$76.85	\$0.00	\$51.23
XWK	66009	Non-Exempt		02/15/2019	2019	\$0.00	\$76.85	\$0.00	\$51.23
XWK	66009	Non-Exempt		03/01/2019	2019	\$0.00	\$76.85	\$0.00	\$51.23
XWK	66009	Non-Exempt		03/15/2019	2019	\$0.00	\$80.31	\$0.00	\$53.54
XWK	66009	Non-Exempt		03/29/2019	2019	\$0.00	\$80.31	\$0.00	\$53.54
XWK	66009	Non-Exempt		04/12/2019	2019	\$0.00	\$80.31	\$0.00	\$53.54
XWK	66009	Non-Exempt		04/26/2019	2019	\$0.00	\$80.31	\$0.00	\$53.54
XWK	66009	Non-Exempt		05/10/2019	2019	\$0.00	\$80.31	\$0.00	\$53.54
XWK	66009	Non-Exempt		05/24/2019	2019	\$0.00	\$86.54	\$0.00	\$57.70
XWK	66009	Non-Exempt		06/07/2019	2019	\$0.00	\$86.54	\$0.00	\$57.70
XWK	66009	Non-Exempt		06/21/2019	2019	\$0.00	\$86.54	\$0.00	\$57.70
XWK	66009	Non-Exempt		07/05/2019	2019	\$0.00	\$86.54	\$0.00	\$57.70
XWK	66009	Non-Exempt		07/19/2019	2019	\$0.00	\$86.54	\$0.00	\$57.70
XWK	66009	Non-Exempt		08/02/2019	2019	\$0.00	\$86.54	\$0.00	\$57.70
XWK	66009	Non-Exempt		08/16/2019	2019	\$0.00	\$86.54	\$0.00	\$57.70
XWK	66009	Non-Exempt		08/30/2019	2019	\$0.00	\$86.54	\$0.00	\$57.70
XWK	66009	Non-Exempt		09/13/2019	2019	\$0.00	\$86.54	\$0.00	\$57.70
XWK	66009	Non-Exempt		09/27/2019	2019	\$0.00	\$86.54	\$0.00	\$57.70
XWK	66009	Non-Exempt		10/11/2019	2019	\$0.00	\$86.54	\$0.00	\$57.70
XWK	66009	Non-Exempt		10/25/2019	2019	\$0.00	\$86.54	\$0.00	\$57.70
XWK	66009	Non-Exempt		11/08/2019	2019	\$0.00	\$86.54	\$0.00	\$57.70
XWK	66009	Non-Exempt		11/22/2019	2019	\$0.00	\$86.54	\$0.00	\$57.70
XWK	66009	Non-Exempt		12/06/2019	2019	\$0.00	\$86.54	\$0.00	\$57.70
XWK	66009	Non-Exempt		12/20/2019	2019	\$0.00	\$86.54	\$0.00	\$57.70
XWK	66009	Non-Exempt		01/03/2020	2020	\$0.00	\$86.54	\$0.00	\$57.68
XWK	66009	Non-Exempt		01/17/2020	2020	\$0.00	\$86.54	\$0.00	\$57.68
XWK	66009	Non-Exempt		01/31/2020	2020	\$0.00	\$86.54	\$0.00	\$57.68
XWK	66009	Non-Exempt		02/14/2020	2020	\$0.00	\$86.54	\$0.00	\$57.68
XWK	66009	Non-Exempt		02/28/2020	2020	\$0.00	\$86.54	\$0.00	\$57.68
XWK	66009	Non-Exempt		03/13/2020	2020	\$0.00	\$94.38	\$0.00	\$62.92
XWK	66009	Non-Exempt		03/27/2020	2020	\$0.00	\$94.38	\$0.00	\$62.92
XWK	66009	Non-Exempt		04/09/2020	2020	\$0.00	\$94.38	\$0.00	\$62.92
XWK	66009	Non-Exempt		04/24/2020	2020	\$0.00	\$94.38	\$0.00	\$62.92
XWK	66009	Non-Exempt		05/08/2020	2020	\$0.00	\$94.38	\$0.00	\$62.92
XWK	66009	Non-Exempt		05/22/2020	2020	\$0.00	\$94.38	\$0.00	\$62.92
XWK	66009	Non-Exempt		06/05/2020	2020	\$0.00	\$94.38	\$0.00	\$62.92
XWK	66009	Non-Exempt		06/19/2020	2020	\$0.00	\$94.38	\$0.00	\$62.92
XWK	66009	Non-Exempt		07/02/2020	2020	\$0.00	\$94.38	\$0.00	\$62.92

XWK	66009	Non-Exempt		07/17/2020	2020	\$0.00	\$94.38	\$0.00	\$62.92
XWK	66009	Non-Exempt		07/31/2020	2020	\$0.00	\$94.38	\$0.00	\$62.92
XWK	66009	Non-Exempt		08/14/2020	2020	\$0.00	\$37.74	\$0.00	\$25.18
XWK	66009	Non-Exempt		12/18/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66009	Non-Exempt		12/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66011	Non-Exempt		01/18/2019	2019	\$0.00	\$76.43	\$0.00	\$50.95
XWK	66011	Non-Exempt		02/01/2019	2019	\$0.00	\$84.92	\$0.00	\$56.62
XWK	66011	Non-Exempt		02/15/2019	2019	\$0.00	\$84.92	\$0.00	\$56.62
XWK	66011	Non-Exempt		03/01/2019	2019	\$0.00	\$84.92	\$0.00	\$56.62
XWK	66011	Non-Exempt		03/15/2019	2019	\$0.00	\$87.46	\$0.00	\$58.31
XWK	66011	Non-Exempt		03/29/2019	2019	\$0.00	\$87.46	\$0.00	\$58.31
XWK	66011	Non-Exempt		04/12/2019	2019	\$0.00	\$87.46	\$0.00	\$58.31
XWK	66011	Non-Exempt		04/26/2019	2019	\$0.00	\$87.46	\$0.00	\$58.31
XWK	66011	Non-Exempt		05/10/2019	2019	\$0.00	\$87.46	\$0.00	\$58.31
XWK	66011	Non-Exempt		05/24/2019	2019	\$0.00	\$87.46	\$0.00	\$58.31
XWK	66011	Non-Exempt		06/07/2019	2019	\$0.00	\$87.46	\$0.00	\$58.31
XWK	66011	Non-Exempt		06/21/2019	2019	\$0.00	\$87.46	\$0.00	\$58.31
XWK	66011	Non-Exempt		07/05/2019	2019	\$0.00	\$87.46	\$0.00	\$58.31
XWK	66011	Non-Exempt		07/19/2019	2019	\$0.00	\$87.46	\$0.00	\$58.31
XWK	66011	Non-Exempt		08/02/2019	2019	\$0.00	\$87.46	\$0.00	\$58.31
XWK	66011	Non-Exempt		08/16/2019	2019	\$0.00	\$87.46	\$0.00	\$58.31
XWK	66011	Non-Exempt		08/30/2019	2019	\$0.00	\$87.46	\$0.00	\$58.31
XWK	66011	Non-Exempt		09/13/2019	2019	\$0.00	\$87.46	\$0.00	\$58.31
XWK	66011	Non-Exempt		09/27/2019	2019	\$0.00	\$87.46	\$0.00	\$58.31
XWK	66011	Non-Exempt		10/11/2019	2019	\$0.00	\$87.46	\$0.00	\$58.31
XWK	66011	Non-Exempt		10/25/2019	2019	\$0.00	\$87.46	\$0.00	\$58.31
XWK	66011	Non-Exempt		11/08/2019	2019	\$0.00	\$87.46	\$0.00	\$58.31
XWK	66011	Non-Exempt		11/22/2019	2019	\$0.00	\$87.46	\$0.00	\$58.31
XWK	66011	Non-Exempt		12/06/2019	2019	\$0.00	\$87.46	\$0.00	\$58.31
XWK	66011	Non-Exempt		12/20/2019	2019	\$0.00	\$87.46	\$0.00	\$58.31
XWK	66011	Non-Exempt		01/03/2020	2020	\$0.00	\$87.46	\$0.00	\$58.31
XWK	66011	Non-Exempt		01/17/2020	2020	\$0.00	\$87.46	\$0.00	\$58.31
XWK	66011	Non-Exempt		01/31/2020	2020	\$0.00	\$87.46	\$0.00	\$58.31
XWK	66011	Non-Exempt		02/14/2020	2020	\$0.00	\$87.46	\$0.00	\$58.31
XWK	66011	Non-Exempt		02/28/2020	2020	\$0.00	\$87.46	\$0.00	\$58.31
XWK	66011	Non-Exempt		03/13/2020	2020	\$0.00	\$93.94	\$0.00	\$62.62
XWK	66011	Non-Exempt		03/27/2020	2020	\$0.00	\$93.94	\$0.00	\$62.62
XWK	66011	Non-Exempt		04/09/2020	2020	\$0.00	\$93.94	\$0.00	\$62.62
XWK	66011	Non-Exempt		04/24/2020	2020	\$0.00	\$93.94	\$0.00	\$62.62
XWK	66011	Non-Exempt		05/08/2020	2020	\$0.00	\$93.94	\$0.00	\$62.62
XWK	66011	Non-Exempt		05/22/2020	2020	\$0.00	\$93.94	\$0.00	\$62.62
XWK	66011	Non-Exempt		06/05/2020	2020	\$0.00	\$93.94	\$0.00	\$62.62
XWK	66011	Non-Exempt		06/19/2020	2020	\$0.00	\$93.94	\$0.00	\$62.62
XWK	66011	Non-Exempt		07/02/2020	2020	\$0.00	\$93.94	\$0.00	\$62.62
XWK	66011	Non-Exempt		07/17/2020	2020	\$0.00	\$93.94	\$0.00	\$62.62
XWK	66011	Non-Exempt		07/31/2020	2020	\$0.00	\$93.94	\$0.00	\$62.62

XWK	66011	Non-Exempt		08/14/2020	2020	\$0.00	\$93.94	\$0.00	\$62.62
XWK	66011	Non-Exempt		08/28/2020	2020	\$0.00	\$93.94	\$0.00	\$62.62
XWK	66011	Non-Exempt		09/11/2020	2020	\$0.00	\$93.94	\$0.00	\$62.62
XWK	66011	Non-Exempt		09/25/2020	2020	\$0.00	\$93.94	\$0.00	\$62.62
XWK	66011	Non-Exempt		10/09/2020	2020	\$0.00	\$93.94	\$0.00	\$62.62
XWK	66011	Non-Exempt		10/23/2020	2020	\$0.00	\$93.94	\$0.00	\$62.62
XWK	66011	Non-Exempt		11/06/2020	2020	\$0.00	\$93.94	\$0.00	\$62.62
XWK	66011	Non-Exempt		11/20/2020	2020	\$0.00	\$93.94	\$0.00	\$62.62
XWK	66011	Non-Exempt		12/04/2020	2020	\$0.00	\$93.94	\$0.00	\$62.62
XWK	66011	Non-Exempt		12/18/2020	2020	\$0.00	\$93.94	\$0.00	\$62.62
XWK	66011	Non-Exempt		12/31/2020	2020	\$0.00	\$93.94	\$0.00	\$62.62
XWK	66013	Non-Exempt		01/18/2019	2019	\$0.00	\$152.45	\$0.00	\$50.82
XWK	66013	Non-Exempt		02/01/2019	2019	\$0.00	\$169.39	\$0.00	\$56.46
XWK	66013	Non-Exempt		02/15/2019	2019	\$0.00	\$169.39	\$0.00	\$56.46
XWK	66013	Non-Exempt		03/01/2019	2019	\$0.00	\$169.39	\$0.00	\$56.46
XWK	66013	Non-Exempt		03/15/2019	2019	\$0.00	\$174.46	\$0.00	\$58.15
XWK	66013	Non-Exempt		03/29/2019	2019	\$0.00	\$174.46	\$0.00	\$58.15
XWK	66013	Non-Exempt		04/12/2019	2019	\$0.00	\$174.46	\$0.00	\$58.15
XWK	66013	Non-Exempt		04/26/2019	2019	\$0.00	\$174.46	\$0.00	\$58.15
XWK	66013	Non-Exempt		05/10/2019	2019	\$0.00	\$174.46	\$0.00	\$58.15
XWK	66013	Non-Exempt		05/24/2019	2019	\$0.00	\$174.46	\$0.00	\$58.15
XWK	66013	Non-Exempt		06/07/2019	2019	\$0.00	\$174.46	\$0.00	\$58.15
XWK	66013	Non-Exempt		06/21/2019	2019	\$0.00	\$174.46	\$0.00	\$58.15
XWK	66013	Non-Exempt		07/05/2019	2019	\$0.00	\$174.46	\$0.00	\$58.15
XWK	66013	Non-Exempt		07/19/2019	2019	\$0.00	\$174.46	\$0.00	\$58.15
XWK	66013	Non-Exempt		08/02/2019	2019	\$0.00	\$101.41	\$0.00	\$33.80
XWK	66015	Non-Exempt		01/18/2019	2019	\$0.00	\$42.06	\$0.00	\$42.06
XWK	66015	Non-Exempt		02/01/2019	2019	\$0.00	\$46.73	\$0.00	\$46.73
XWK	66015	Non-Exempt		02/15/2019	2019	\$0.00	\$46.73	\$0.00	\$46.73
XWK	66015	Non-Exempt		03/01/2019	2019	\$0.00	\$46.73	\$0.00	\$46.73
XWK	66015	Non-Exempt		03/15/2019	2019	\$0.00	\$48.58	\$0.00	\$48.58
XWK	66015	Non-Exempt		03/29/2019	2019	\$0.00	\$48.58	\$0.00	\$48.58
XWK	66015	Non-Exempt		04/12/2019	2019	\$0.00	\$48.58	\$0.00	\$48.58
XWK	66015	Non-Exempt		04/26/2019	2019	\$0.00	\$48.58	\$0.00	\$48.58
XWK	66015	Non-Exempt		05/10/2019	2019	\$0.00	\$48.58	\$0.00	\$48.58
XWK	66015	Non-Exempt		05/24/2019	2019	\$0.00	\$48.58	\$0.00	\$48.58
XWK	66015	Non-Exempt		06/07/2019	2019	\$0.00	\$48.58	\$0.00	\$48.58
XWK	66015	Non-Exempt		06/21/2019	2019	\$0.00	\$48.58	\$0.00	\$48.58
XWK	66015	Non-Exempt		07/05/2019	2019	\$0.00	\$48.58	\$0.00	\$48.58
XWK	66015	Non-Exempt		07/19/2019	2019	\$0.00	\$48.58	\$0.00	\$48.58
XWK	66015	Non-Exempt		08/02/2019	2019	\$0.00	\$48.58	\$0.00	\$48.58
XWK	66015	Non-Exempt		08/16/2019	2019	\$0.00	\$52.27	\$0.00	\$52.27
XWK	66015	Non-Exempt		08/30/2019	2019	\$0.00	\$52.27	\$0.00	\$52.27
XWK	66015	Non-Exempt		09/13/2019	2019	\$0.00	\$52.27	\$0.00	\$52.27
XWK	66015	Non-Exempt		09/27/2019	2019	\$0.00	\$52.27	\$0.00	\$52.27
XWK	66015	Non-Exempt		10/11/2019	2019	\$0.00	\$52.27	\$0.00	\$52.27

XWK	66015	Non-Exempt		10/25/2019	2019	\$0.00	\$52.27	\$0.00	\$52.27
XWK	66015	Non-Exempt		11/08/2019	2019	\$0.00	\$52.27	\$0.00	\$52.27
XWK	66015	Non-Exempt		11/22/2019	2019	\$0.00	\$52.27	\$0.00	\$52.27
XWK	66015	Non-Exempt		12/06/2019	2019	\$0.00	\$52.27	\$0.00	\$52.27
XWK	66015	Non-Exempt		12/20/2019	2019	\$0.00	\$52.27	\$0.00	\$52.27
XWK	66015	Non-Exempt		01/03/2020	2020	\$0.00	\$52.27	\$0.00	\$52.27
XWK	66015	Non-Exempt		01/17/2020	2020	\$0.00	\$52.27	\$0.00	\$52.27
XWK	66015	Non-Exempt		01/31/2020	2020	\$0.00	\$52.27	\$0.00	\$52.27
XWK	66015	Non-Exempt		02/14/2020	2020	\$0.00	\$52.27	\$0.00	\$52.27
XWK	66015	Non-Exempt		02/28/2020	2020	\$0.00	\$52.27	\$0.00	\$52.27
XWK	66015	Non-Exempt		03/13/2020	2020	\$0.00	\$56.76	\$0.00	\$56.76
XWK	66015	Non-Exempt		03/27/2020	2020	\$0.00	\$56.76	\$0.00	\$56.76
XWK	66015	Non-Exempt		04/09/2020	2020	\$0.00	\$56.76	\$0.00	\$56.76
XWK	66015	Non-Exempt		04/24/2020	2020	\$0.00	\$56.76	\$0.00	\$56.76
XWK	66015	Non-Exempt		05/08/2020	2020	\$0.00	\$56.76	\$0.00	\$56.76
XWK	66015	Non-Exempt		05/22/2020	2020	\$0.00	\$56.76	\$0.00	\$56.76
XWK	66015	Non-Exempt		06/05/2020	2020	\$0.00	\$56.76	\$0.00	\$56.76
XWK	66015	Non-Exempt		06/19/2020	2020	\$0.00	\$56.76	\$0.00	\$56.76
XWK	66015	Non-Exempt		07/02/2020	2020	\$0.00	\$56.76	\$0.00	\$56.76
XWK	66015	Non-Exempt		07/17/2020	2020	\$0.00	\$56.76	\$0.00	\$56.76
XWK	66015	Non-Exempt		07/31/2020	2020	\$0.00	\$56.76	\$0.00	\$56.76
XWK	66015	Non-Exempt		08/14/2020	2020	\$0.00	\$56.76	\$0.00	\$56.76
XWK	66015	Non-Exempt		08/28/2020	2020	\$0.00	\$56.76	\$0.00	\$56.76
XWK	66015	Non-Exempt		09/11/2020	2020	\$0.00	\$56.76	\$0.00	\$56.76
XWK	66015	Non-Exempt		09/25/2020	2020	\$0.00	\$56.76	\$0.00	\$56.76
XWK	66015	Non-Exempt		10/09/2020	2020	\$0.00	\$56.76	\$0.00	\$56.76
XWK	66015	Non-Exempt		10/23/2020	2020	\$0.00	\$56.76	\$0.00	\$56.76
XWK	66015	Non-Exempt		11/06/2020	2020	\$0.00	\$56.76	\$0.00	\$56.76
XWK	66015	Non-Exempt		11/20/2020	2020	\$0.00	\$56.76	\$0.00	\$56.76
XWK	66015	Non-Exempt		12/04/2020	2020	\$0.00	\$56.76	\$0.00	\$56.76
XWK	66015	Non-Exempt		12/18/2020	2020	\$0.00	\$56.76	\$0.00	\$56.76
XWK	66015	Non-Exempt		12/31/2020	2020	\$0.00	\$56.76	\$0.00	\$56.76
XWK	66016	Non-Exempt		01/18/2019	2019	\$0.00	\$143.65	\$0.00	\$57.46
XWK	66016	Non-Exempt		02/01/2019	2019	\$0.00	\$159.62	\$0.00	\$63.85
XWK	66016	Non-Exempt		02/15/2019	2019	\$0.00	\$159.62	\$0.00	\$63.85
XWK	66016	Non-Exempt		03/01/2019	2019	\$0.00	\$159.62	\$0.00	\$63.85
XWK	66016	Non-Exempt		03/15/2019	2019	\$0.00	\$165.38	\$0.00	\$66.15
XWK	66016	Non-Exempt		03/29/2019	2019	\$0.00	\$165.38	\$0.00	\$66.15
XWK	66016	Non-Exempt		04/12/2019	2019	\$0.00	\$165.38	\$0.00	\$66.15
XWK	66016	Non-Exempt		04/26/2019	2019	\$0.00	\$165.38	\$0.00	\$66.15
XWK	66016	Non-Exempt		05/10/2019	2019	\$0.00	\$165.38	\$0.00	\$66.15
XWK	66016	Non-Exempt		05/24/2019	2019	\$0.00	\$165.39	\$0.00	\$66.15
XWK	66016	Non-Exempt		06/07/2019	2019	\$0.00	\$165.39	\$0.00	\$66.15
XWK	66016	Non-Exempt		06/21/2019	2019	\$0.00	\$165.39	\$0.00	\$66.15
XWK	66016	Non-Exempt		07/05/2019	2019	\$0.00	\$165.39	\$0.00	\$66.15
XWK	66016	Non-Exempt		07/19/2019	2019	\$0.00	\$165.39	\$0.00	\$66.15

XWK	66016	Non-Exempt		08/02/2019	2019	\$0.00	\$165.39	\$0.00	\$66.15
XWK	66016	Non-Exempt		08/16/2019	2019	\$0.00	\$165.39	\$0.00	\$66.15
XWK	66016	Non-Exempt		08/30/2019	2019	\$0.00	\$165.39	\$0.00	\$66.15
XWK	66016	Non-Exempt		09/13/2019	2019	\$0.00	\$165.39	\$0.00	\$66.15
XWK	66016	Non-Exempt		09/27/2019	2019	\$0.00	\$165.39	\$0.00	\$66.15
XWK	66016	Non-Exempt		10/11/2019	2019	\$0.00	\$165.39	\$0.00	\$66.15
XWK	66016	Non-Exempt		10/25/2019	2019	\$0.00	\$165.39	\$0.00	\$66.15
XWK	66016	Non-Exempt		11/08/2019	2019	\$0.00	\$165.39	\$0.00	\$66.15
XWK	66016	Non-Exempt		11/22/2019	2019	\$0.00	\$165.39	\$0.00	\$66.15
XWK	66016	Non-Exempt		12/06/2019	2019	\$0.00	\$165.39	\$0.00	\$66.15
XWK	66016	Non-Exempt		12/20/2019	2019	\$0.00	\$165.39	\$0.00	\$66.15
XWK	66016	Non-Exempt		01/03/2020	2020	\$0.00	\$165.39	\$0.00	\$66.16
XWK	66016	Non-Exempt		01/17/2020	2020	\$0.00	\$165.39	\$0.00	\$66.16
XWK	66016	Non-Exempt		01/31/2020	2020	\$0.00	\$165.39	\$0.00	\$66.16
XWK	66016	Non-Exempt		02/14/2020	2020	\$0.00	\$165.39	\$0.00	\$66.16
XWK	66016	Non-Exempt		02/28/2020	2020	\$0.00	\$165.39	\$0.00	\$66.16
XWK	66016	Non-Exempt		03/13/2020	2020	\$0.00	\$178.09	\$0.00	\$71.23
XWK	66016	Non-Exempt		03/27/2020	2020	\$0.00	\$178.09	\$0.00	\$71.23
XWK	66016	Non-Exempt		04/09/2020	2020	\$0.00	\$178.09	\$0.00	\$71.23
XWK	66016	Non-Exempt		04/24/2020	2020	\$0.00	\$178.09	\$0.00	\$71.23
XWK	66016	Non-Exempt		05/08/2020	2020	\$0.00	\$178.09	\$0.00	\$71.23
XWK	66016	Non-Exempt		05/22/2020	2020	\$0.00	\$178.09	\$0.00	\$71.23
XWK	66016	Non-Exempt		06/05/2020	2020	\$0.00	\$178.09	\$0.00	\$71.23
XWK	66016	Non-Exempt		06/19/2020	2020	\$0.00	\$178.09	\$0.00	\$71.23
XWK	66016	Non-Exempt		07/02/2020	2020	\$0.00	\$178.09	\$0.00	\$71.23
XWK	66016	Non-Exempt		07/17/2020	2020	\$0.00	\$178.09	\$0.00	\$71.23
XWK	66016	Non-Exempt		07/31/2020	2020	\$0.00	\$178.09	\$0.00	\$71.23
XWK	66016	Non-Exempt		08/14/2020	2020	\$0.00	\$178.09	\$0.00	\$71.23
XWK	66016	Non-Exempt		08/28/2020	2020	\$0.00	\$178.09	\$0.00	\$71.23
XWK	66016	Non-Exempt		09/11/2020	2020	\$0.00	\$178.09	\$0.00	\$71.23
XWK	66016	Non-Exempt		09/25/2020	2020	\$0.00	\$178.09	\$0.00	\$71.23
XWK	66016	Non-Exempt		10/09/2020	2020	\$0.00	\$178.09	\$0.00	\$71.23
XWK	66016	Non-Exempt		10/23/2020	2020	\$0.00	\$178.09	\$0.00	\$71.23
XWK	66016	Non-Exempt		11/06/2020	2020	\$0.00	\$178.09	\$0.00	\$71.23
XWK	66016	Non-Exempt		11/20/2020	2020	\$0.00	\$178.09	\$0.00	\$71.23
XWK	66016	Non-Exempt		12/04/2020	2020	\$0.00	\$178.09	\$0.00	\$71.23
XWK	66016	Non-Exempt		12/18/2020	2020	\$0.00	\$178.09	\$0.00	\$71.23
XWK	66016	Non-Exempt		12/31/2020	2020	\$0.00	\$178.09	\$0.00	\$71.23
XWK	66017	Non-Exempt		01/18/2019	2019	\$0.00	\$85.15	\$0.00	\$56.77
XWK	66017	Non-Exempt		01/25/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66017	Non-Exempt		02/01/2019	2019	\$0.00	\$94.61	\$0.00	\$63.08
XWK	66017	Non-Exempt		02/15/2019	2019	\$0.00	\$94.61	\$0.00	\$63.08
XWK	66017	Non-Exempt		03/01/2019	2019	\$0.00	\$94.61	\$0.00	\$63.08
XWK	66017	Non-Exempt		03/15/2019	2019	\$0.00	\$97.85	\$0.00	\$65.23
XWK	66017	Non-Exempt		03/29/2019	2019	\$0.00	\$97.85	\$0.00	\$65.23
XWK	66017	Non-Exempt		04/12/2019	2019	\$0.00	\$97.85	\$0.00	\$65.23

XWK	66017	Non-Exempt		04/26/2019	2019	\$0.00	\$97.85	\$0.00	\$65.23
XWK	66017	Non-Exempt		05/10/2019	2019	\$0.00	\$97.85	\$0.00	\$65.23
XWK	66017	Non-Exempt		05/24/2019	2019	\$0.00	\$97.85	\$0.00	\$65.23
XWK	66017	Non-Exempt		06/07/2019	2019	\$0.00	\$97.85	\$0.00	\$65.23
XWK	66017	Non-Exempt		06/21/2019	2019	\$0.00	\$97.85	\$0.00	\$65.23
XWK	66017	Non-Exempt		07/05/2019	2019	\$0.00	\$97.85	\$0.00	\$65.23
XWK	66017	Non-Exempt		07/19/2019	2019	\$0.00	\$97.85	\$0.00	\$65.23
XWK	66017	Non-Exempt		08/02/2019	2019	\$0.00	\$97.85	\$0.00	\$65.23
XWK	66017	Non-Exempt		08/16/2019	2019	\$0.00	\$97.85	\$0.00	\$65.23
XWK	66017	Non-Exempt		08/30/2019	2019	\$0.00	\$64.82	\$0.00	\$43.22
XWK	66017	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66018	Non-Exempt		01/18/2019	2019	\$0.00	\$64.04	\$0.00	\$51.23
XWK	66018	Non-Exempt		02/01/2019	2019	\$0.00	\$71.15	\$0.00	\$56.92
XWK	66018	Non-Exempt		02/15/2019	2019	\$0.00	\$71.15	\$0.00	\$56.92
XWK	66018	Non-Exempt		03/01/2019	2019	\$0.00	\$71.15	\$0.00	\$56.92
XWK	66018	Non-Exempt		03/15/2019	2019	\$0.00	\$74.04	\$0.00	\$59.23
XWK	66018	Non-Exempt		03/29/2019	2019	\$0.00	\$74.04	\$0.00	\$59.23
XWK	66018	Non-Exempt		04/12/2019	2019	\$0.00	\$74.04	\$0.00	\$59.23
XWK	66018	Non-Exempt		04/26/2019	2019	\$0.00	\$74.04	\$0.00	\$59.23
XWK	66018	Non-Exempt		05/10/2019	2019	\$0.00	\$74.04	\$0.00	\$59.23
XWK	66018	Non-Exempt		05/24/2019	2019	\$0.00	\$74.04	\$0.00	\$59.23
XWK	66018	Non-Exempt		06/07/2019	2019	\$0.00	\$74.04	\$0.00	\$59.23
XWK	66018	Non-Exempt		06/21/2019	2019	\$0.00	\$74.04	\$0.00	\$59.23
XWK	66018	Non-Exempt		07/05/2019	2019	\$0.00	\$74.04	\$0.00	\$59.23
XWK	66018	Non-Exempt		07/19/2019	2019	\$0.00	\$74.04	\$0.00	\$59.23
XWK	66018	Non-Exempt		08/02/2019	2019	\$0.00	\$74.04	\$0.00	\$59.23
XWK	66018	Non-Exempt		08/16/2019	2019	\$0.00	\$74.04	\$0.00	\$59.23
XWK	66018	Non-Exempt		08/30/2019	2019	\$0.00	\$74.04	\$0.00	\$59.23
XWK	66018	Non-Exempt		09/13/2019	2019	\$0.00	\$74.04	\$0.00	\$59.23
XWK	66018	Non-Exempt		09/27/2019	2019	\$0.00	\$74.04	\$0.00	\$59.23
XWK	66018	Non-Exempt		10/11/2019	2019	\$0.00	\$74.04	\$0.00	\$59.23
XWK	66018	Non-Exempt		10/25/2019	2019	\$0.00	\$74.04	\$0.00	\$59.23
XWK	66018	Non-Exempt		11/08/2019	2019	\$0.00	\$74.04	\$0.00	\$59.23
XWK	66018	Non-Exempt		11/22/2019	2019	\$0.00	\$74.04	\$0.00	\$59.23
XWK	66018	Non-Exempt		12/06/2019	2019	\$0.00	\$74.04	\$0.00	\$59.23
XWK	66018	Non-Exempt		12/20/2019	2019	\$0.00	\$74.04	\$0.00	\$59.23
XWK	66018	Non-Exempt		01/03/2020	2020	\$0.00	\$74.04	\$0.00	\$59.23
XWK	66018	Non-Exempt		01/17/2020	2020	\$0.00	\$74.04	\$0.00	\$59.23
XWK	66018	Non-Exempt		01/31/2020	2020	\$0.00	\$74.04	\$0.00	\$59.23
XWK	66018	Non-Exempt		02/14/2020	2020	\$0.00	\$74.04	\$0.00	\$59.23
XWK	66018	Non-Exempt		02/28/2020	2020	\$0.00	\$74.04	\$0.00	\$59.23
XWK	66018	Non-Exempt		03/13/2020	2020	\$0.00	\$80.00	\$0.00	\$64.00
XWK	66018	Non-Exempt		03/27/2020	2020	\$0.00	\$80.00	\$0.00	\$64.00
XWK	66018	Non-Exempt		04/09/2020	2020	\$0.00	\$80.00	\$0.00	\$64.00
XWK	66018	Non-Exempt		04/24/2020	2020	\$0.00	\$80.00	\$0.00	\$64.00
XWK	66018	Non-Exempt		05/08/2020	2020	\$0.00	\$80.00	\$0.00	\$64.00

XWK	66018	Non-Exempt		05/22/2020	2020	\$0.00	\$80.00	\$0.00	\$64.00
XWK	66018	Non-Exempt		06/05/2020	2020	\$0.00	\$80.00	\$0.00	\$64.00
XWK	66018	Non-Exempt		06/19/2020	2020	\$0.00	\$80.00	\$0.00	\$64.00
XWK	66018	Non-Exempt		07/02/2020	2020	\$0.00	\$80.00	\$0.00	\$64.00
XWK	66018	Non-Exempt		07/17/2020	2020	\$0.00	\$80.00	\$0.00	\$64.00
XWK	66018	Non-Exempt		07/31/2020	2020	\$0.00	\$80.00	\$0.00	\$64.00
XWK	66018	Non-Exempt		08/14/2020	2020	\$0.00	\$80.00	\$0.00	\$64.00
XWK	66018	Non-Exempt		08/28/2020	2020	\$0.00	\$80.00	\$0.00	\$64.00
XWK	66018	Non-Exempt		09/11/2020	2020	\$0.00	\$80.00	\$0.00	\$64.00
XWK	66018	Non-Exempt		09/25/2020	2020	\$0.00	\$80.00	\$0.00	\$64.00
XWK	66018	Non-Exempt		10/09/2020	2020	\$0.00	\$80.00	\$0.00	\$64.00
XWK	66018	Non-Exempt		10/23/2020	2020	\$0.00	\$80.00	\$0.00	\$64.00
XWK	66018	Non-Exempt		11/06/2020	2020	\$0.00	\$80.00	\$0.00	\$64.00
XWK	66018	Non-Exempt		11/20/2020	2020	\$0.00	\$80.00	\$0.00	\$64.00
XWK	66018	Non-Exempt		12/04/2020	2020	\$0.00	\$80.00	\$0.00	\$64.00
XWK	66018	Non-Exempt		12/18/2020	2020	\$0.00	\$80.00	\$0.00	\$64.00
XWK	66018	Non-Exempt		12/31/2020	2020	\$0.00	\$80.00	\$0.00	\$64.00
XWK	66022	Non-Exempt		01/18/2019	2019	\$0.00	\$55.25	\$0.00	\$55.25
XWK	66022	Non-Exempt		02/01/2019	2019	\$0.00	\$61.38	\$0.00	\$61.38
XWK	66022	Non-Exempt		02/15/2019	2019	\$0.00	\$61.38	\$0.00	\$61.38
XWK	66022	Non-Exempt		03/01/2019	2019	\$0.00	\$61.38	\$0.00	\$61.38
XWK	66022	Non-Exempt		03/15/2019	2019	\$0.00	\$63.23	\$0.00	\$63.23
XWK	66022	Non-Exempt		03/29/2019	2019	\$0.00	\$63.23	\$0.00	\$63.23
XWK	66022	Non-Exempt		04/12/2019	2019	\$0.00	\$63.23	\$0.00	\$63.23
XWK	66022	Non-Exempt		04/26/2019	2019	\$0.00	\$63.23	\$0.00	\$63.23
XWK	66022	Non-Exempt		05/10/2019	2019	\$0.00	\$63.23	\$0.00	\$63.23
XWK	66022	Non-Exempt		05/24/2019	2019	\$0.00	\$63.23	\$0.00	\$63.23
XWK	66022	Non-Exempt		06/07/2019	2019	\$0.00	\$63.23	\$0.00	\$63.23
XWK	66022	Non-Exempt		06/21/2019	2019	\$0.00	\$63.23	\$0.00	\$63.23
XWK	66022	Non-Exempt		07/05/2019	2019	\$0.00	\$63.23	\$0.00	\$63.23
XWK	66022	Non-Exempt		07/19/2019	2019	\$0.00	\$110.65	\$0.00	\$63.23
XWK	66022	Non-Exempt		08/02/2019	2019	\$0.00	\$110.65	\$0.00	\$63.23
XWK	66022	Non-Exempt		08/16/2019	2019	\$0.00	\$110.65	\$0.00	\$63.23
XWK	66022	Non-Exempt		08/30/2019	2019	\$0.00	\$110.65	\$0.00	\$63.23
XWK	66022	Non-Exempt		09/13/2019	2019	\$0.00	\$110.65	\$0.00	\$63.23
XWK	66022	Non-Exempt		09/27/2019	2019	\$0.00	\$110.65	\$0.00	\$63.23
XWK	66022	Non-Exempt		10/11/2019	2019	\$0.00	\$110.65	\$0.00	\$63.23
XWK	66022	Non-Exempt		10/25/2019	2019	\$0.00	\$110.65	\$0.00	\$63.23
XWK	66022	Non-Exempt		11/08/2019	2019	\$0.00	\$110.65	\$0.00	\$63.23
XWK	66022	Non-Exempt		11/22/2019	2019	\$0.00	\$110.65	\$0.00	\$63.23
XWK	66022	Non-Exempt		12/06/2019	2019	\$0.00	\$110.65	\$0.00	\$63.23
XWK	66022	Non-Exempt		12/20/2019	2019	\$0.00	\$110.65	\$0.00	\$63.23
XWK	66022	Non-Exempt		01/03/2020	2020	\$0.00	\$110.65	\$0.00	\$63.23
XWK	66022	Non-Exempt		01/17/2020	2020	\$0.00	\$110.65	\$0.00	\$63.23
XWK	66022	Non-Exempt		01/31/2020	2020	\$0.00	\$110.65	\$0.00	\$63.23
XWK	66022	Non-Exempt		02/14/2020	2020	\$0.00	\$110.65	\$0.00	\$63.23

XWK	66022	Non-Exempt		02/28/2020	2020	\$0.00	\$110.65	\$0.00	\$63.23
XWK	66022	Non-Exempt		03/13/2020	2020	\$0.00	\$114.41	\$0.00	\$65.38
XWK	66022	Non-Exempt		03/27/2020	2020	\$0.00	\$114.41	\$0.00	\$65.38
XWK	66022	Non-Exempt		04/09/2020	2020	\$0.00	\$65.38	\$0.00	\$65.38
XWK	66022	Non-Exempt		04/24/2020	2020	\$0.00	\$65.38	\$0.00	\$65.38
XWK	66022	Non-Exempt		05/08/2020	2020	\$0.00	\$65.38	\$0.00	\$65.38
XWK	66022	Non-Exempt		05/22/2020	2020	\$0.00	\$65.38	\$0.00	\$65.38
XWK	66022	Non-Exempt		06/05/2020	2020	\$0.00	\$65.38	\$0.00	\$65.38
XWK	66022	Non-Exempt		06/19/2020	2020	\$0.00	\$65.38	\$0.00	\$65.38
XWK	66022	Non-Exempt		07/02/2020	2020	\$0.00	\$65.38	\$0.00	\$65.38
XWK	66022	Non-Exempt		07/17/2020	2020	\$0.00	\$65.38	\$0.00	\$65.38
XWK	66022	Non-Exempt		07/31/2020	2020	\$0.00	\$65.38	\$0.00	\$65.38
XWK	66022	Non-Exempt		08/14/2020	2020	\$0.00	\$65.38	\$0.00	\$65.38
XWK	66022	Non-Exempt		08/28/2020	2020	\$0.00	\$65.38	\$0.00	\$65.38
XWK	66022	Non-Exempt		09/11/2020	2020	\$0.00	\$65.38	\$0.00	\$65.38
XWK	66022	Non-Exempt		09/25/2020	2020	\$0.00	\$65.38	\$0.00	\$65.38
XWK	66022	Non-Exempt		10/09/2020	2020	\$0.00	\$65.38	\$0.00	\$65.38
XWK	66022	Non-Exempt		10/23/2020	2020	\$0.00	\$65.38	\$0.00	\$65.38
XWK	66022	Non-Exempt		11/06/2020	2020	\$0.00	\$65.38	\$0.00	\$65.38
XWK	66022	Non-Exempt		11/20/2020	2020	\$0.00	\$65.38	\$0.00	\$65.38
XWK	66022	Non-Exempt		12/04/2020	2020	\$0.00	\$65.38	\$0.00	\$65.38
XWK	66022	Non-Exempt		12/18/2020	2020	\$0.00	\$65.38	\$0.00	\$65.38
XWK	66022	Non-Exempt		12/31/2020	2020	\$0.00	\$65.38	\$0.00	\$65.38
XWK	66024	Non-Exempt		01/18/2019	2019	\$0.00	\$69.58	\$0.00	\$46.38
XWK	66024	Non-Exempt		02/01/2019	2019	\$0.00	\$77.31	\$0.00	\$51.54
XWK	66024	Non-Exempt		02/15/2019	2019	\$0.00	\$23.19	\$0.00	\$15.46
XWK	66024	Non-Exempt		03/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66024	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66028	Non-Exempt		01/18/2019	2019	\$0.00	\$51.09	\$0.00	\$51.09
XWK	66028	Non-Exempt		02/01/2019	2019	\$0.00	\$56.77	\$0.00	\$56.77
XWK	66028	Non-Exempt		02/15/2019	2019	\$0.00	\$56.77	\$0.00	\$56.77
XWK	66028	Non-Exempt		03/01/2019	2019	\$0.00	\$56.77	\$0.00	\$56.77
XWK	66028	Non-Exempt		03/15/2019	2019	\$0.00	\$58.46	\$0.00	\$58.46
XWK	66028	Non-Exempt		03/29/2019	2019	\$0.00	\$58.46	\$0.00	\$58.46
XWK	66028	Non-Exempt		04/12/2019	2019	\$0.00	\$58.46	\$0.00	\$58.46
XWK	66028	Non-Exempt		04/26/2019	2019	\$0.00	\$58.46	\$0.00	\$58.46
XWK	66028	Non-Exempt		05/10/2019	2019	\$0.00	\$58.46	\$0.00	\$58.46
XWK	66028	Non-Exempt		05/24/2019	2019	\$0.00	\$58.46	\$0.00	\$58.46
XWK	66028	Non-Exempt		06/07/2019	2019	\$0.00	\$58.46	\$0.00	\$58.46
XWK	66028	Non-Exempt		06/21/2019	2019	\$0.00	\$58.46	\$0.00	\$58.46
XWK	66028	Non-Exempt		07/05/2019	2019	\$0.00	\$58.46	\$0.00	\$58.46
XWK	66028	Non-Exempt		07/19/2019	2019	\$0.00	\$58.46	\$0.00	\$58.46
XWK	66028	Non-Exempt		08/02/2019	2019	\$0.00	\$58.46	\$0.00	\$58.46
XWK	66028	Non-Exempt		08/16/2019	2019	\$0.00	\$58.46	\$0.00	\$58.46
XWK	66028	Non-Exempt		08/30/2019	2019	\$0.00	\$58.46	\$0.00	\$58.46
XWK	66028	Non-Exempt		09/13/2019	2019	\$0.00	\$58.46	\$0.00	\$58.46

XWK	66028	Non-Exempt		09/27/2019	2019	\$0.00	\$58.46	\$0.00	\$58.46
XWK	66028	Non-Exempt		10/11/2019	2019	\$0.00	\$58.46	\$0.00	\$58.46
XWK	66028	Non-Exempt		10/25/2019	2019	\$0.00	\$58.46	\$0.00	\$58.46
XWK	66028	Non-Exempt		11/08/2019	2019	\$0.00	\$40.92	\$0.00	\$40.92
XWK	66028	Non-Exempt		11/22/2019	2019	\$0.00	\$58.46	\$0.00	\$58.46
XWK	66028	Non-Exempt		12/06/2019	2019	\$0.00	\$58.46	\$0.00	\$58.46
XWK	66028	Non-Exempt		12/20/2019	2019	\$0.00	\$58.46	\$0.00	\$58.46
XWK	66028	Non-Exempt		01/03/2020	2020	\$0.00	\$58.46	\$0.00	\$58.46
XWK	66028	Non-Exempt		01/17/2020	2020	\$0.00	\$58.46	\$0.00	\$58.46
XWK	66028	Non-Exempt		01/31/2020	2020	\$0.00	\$58.46	\$0.00	\$58.46
XWK	66028	Non-Exempt		02/14/2020	2020	\$0.00	\$58.46	\$0.00	\$58.46
XWK	66028	Non-Exempt		02/28/2020	2020	\$0.00	\$58.46	\$0.00	\$58.46
XWK	66028	Non-Exempt		03/13/2020	2020	\$0.00	\$62.92	\$0.00	\$62.92
XWK	66028	Non-Exempt		03/27/2020	2020	\$0.00	\$62.92	\$0.00	\$62.92
XWK	66028	Non-Exempt		04/09/2020	2020	\$0.00	\$62.92	\$0.00	\$62.92
XWK	66028	Non-Exempt		04/24/2020	2020	\$0.00	\$62.92	\$0.00	\$62.92
XWK	66028	Non-Exempt		05/08/2020	2020	\$0.00	\$62.92	\$0.00	\$62.92
XWK	66028	Non-Exempt		05/22/2020	2020	\$0.00	\$62.92	\$0.00	\$62.92
XWK	66028	Non-Exempt		06/05/2020	2020	\$0.00	\$62.92	\$0.00	\$62.92
XWK	66028	Non-Exempt		06/19/2020	2020	\$0.00	\$62.92	\$0.00	\$62.92
XWK	66028	Non-Exempt		07/02/2020	2020	\$0.00	\$62.92	\$0.00	\$62.92
XWK	66028	Non-Exempt		07/17/2020	2020	\$0.00	\$62.92	\$0.00	\$62.92
XWK	66028	Non-Exempt		07/31/2020	2020	\$0.00	\$62.92	\$0.00	\$62.92
XWK	66028	Non-Exempt		08/14/2020	2020	\$0.00	\$62.92	\$0.00	\$62.92
XWK	66028	Non-Exempt		08/28/2020	2020	\$0.00	\$62.92	\$0.00	\$62.92
XWK	66028	Non-Exempt		09/11/2020	2020	\$0.00	\$62.92	\$0.00	\$62.92
XWK	66028	Non-Exempt		09/25/2020	2020	\$0.00	\$62.92	\$0.00	\$62.92
XWK	66028	Non-Exempt		10/09/2020	2020	\$0.00	\$62.92	\$0.00	\$62.92
XWK	66028	Non-Exempt		10/23/2020	2020	\$0.00	\$62.92	\$0.00	\$62.92
XWK	66028	Non-Exempt		11/06/2020	2020	\$0.00	\$62.92	\$0.00	\$62.92
XWK	66028	Non-Exempt		11/20/2020	2020	\$0.00	\$62.92	\$0.00	\$62.92
XWK	66028	Non-Exempt		12/04/2020	2020	\$0.00	\$62.92	\$0.00	\$62.92
XWK	66028	Non-Exempt		12/18/2020	2020	\$0.00	\$62.92	\$0.00	\$62.92
XWK	66028	Non-Exempt		12/31/2020	2020	\$0.00	\$62.92	\$0.00	\$62.92
XWK	66029	Non-Exempt		01/18/2019	2019	\$0.00	\$232.06	\$0.00	\$58.02
XWK	66029	Non-Exempt		02/01/2019	2019	\$0.00	\$257.85	\$0.00	\$64.46
XWK	66029	Non-Exempt		02/15/2019	2019	\$0.00	\$257.85	\$0.00	\$64.46
XWK	66029	Non-Exempt		03/01/2019	2019	\$0.00	\$257.85	\$0.00	\$64.46
XWK	66029	Non-Exempt		03/15/2019	2019	\$0.00	\$264.62	\$0.00	\$66.15
XWK	66029	Non-Exempt		03/29/2019	2019	\$0.00	\$264.62	\$0.00	\$66.15
XWK	66029	Non-Exempt		04/12/2019	2019	\$0.00	\$264.62	\$0.00	\$66.15
XWK	66029	Non-Exempt		04/26/2019	2019	\$0.00	\$264.62	\$0.00	\$66.15
XWK	66029	Non-Exempt		05/10/2019	2019	\$0.00	\$264.62	\$0.00	\$66.15
XWK	66029	Non-Exempt		05/24/2019	2019	\$0.00	\$264.62	\$0.00	\$66.15
XWK	66029	Non-Exempt		06/07/2019	2019	\$0.00	\$264.62	\$0.00	\$66.15
XWK	66029	Non-Exempt		06/21/2019	2019	\$0.00	\$264.62	\$0.00	\$66.15

XWK	66029	Non-Exempt		07/05/2019	2019	\$0.00	\$264.62	\$0.00	\$66.15
XWK	66029	Non-Exempt		07/19/2019	2019	\$0.00	\$264.62	\$0.00	\$66.15
XWK	66029	Non-Exempt		08/02/2019	2019	\$0.00	\$264.62	\$0.00	\$66.15
XWK	66029	Non-Exempt		08/16/2019	2019	\$0.00	\$264.62	\$0.00	\$66.15
XWK	66029	Non-Exempt		08/30/2019	2019	\$0.00	\$264.62	\$0.00	\$66.15
XWK	66029	Non-Exempt		09/13/2019	2019	\$0.00	\$264.62	\$0.00	\$66.15
XWK	66029	Non-Exempt		09/27/2019	2019	\$0.00	\$264.62	\$0.00	\$66.15
XWK	66029	Non-Exempt		10/11/2019	2019	\$0.00	\$264.62	\$0.00	\$66.15
XWK	66029	Non-Exempt		10/25/2019	2019	\$0.00	\$264.62	\$0.00	\$66.15
XWK	66029	Non-Exempt		11/08/2019	2019	\$0.00	\$264.62	\$0.00	\$66.15
XWK	66029	Non-Exempt		11/22/2019	2019	\$0.00	\$264.62	\$0.00	\$66.15
XWK	66029	Non-Exempt		12/06/2019	2019	\$0.00	\$264.62	\$0.00	\$66.15
XWK	66029	Non-Exempt		12/20/2019	2019	\$0.00	\$264.62	\$0.00	\$66.15
XWK	66029	Non-Exempt		01/03/2020	2020	\$0.00	\$264.62	\$0.00	\$66.16
XWK	66029	Non-Exempt		01/17/2020	2020	\$0.00	\$264.62	\$0.00	\$66.16
XWK	66029	Non-Exempt		01/31/2020	2020	\$0.00	\$264.62	\$0.00	\$66.16
XWK	66029	Non-Exempt		02/14/2020	2020	\$0.00	\$264.62	\$0.00	\$66.16
XWK	66029	Non-Exempt		02/28/2020	2020	\$0.00	\$264.62	\$0.00	\$66.16
XWK	66029	Non-Exempt		03/13/2020	2020	\$0.00	\$284.93	\$0.00	\$71.23
XWK	66029	Non-Exempt		03/27/2020	2020	\$0.00	\$284.93	\$0.00	\$71.23
XWK	66029	Non-Exempt		04/09/2020	2020	\$0.00	\$284.93	\$0.00	\$71.23
XWK	66029	Non-Exempt		04/24/2020	2020	\$0.00	\$284.93	\$0.00	\$71.23
XWK	66029	Non-Exempt		05/08/2020	2020	\$0.00	\$284.93	\$0.00	\$71.23
XWK	66029	Non-Exempt		05/22/2020	2020	\$0.00	\$284.93	\$0.00	\$71.23
XWK	66029	Non-Exempt		06/05/2020	2020	\$0.00	\$284.93	\$0.00	\$71.23
XWK	66029	Non-Exempt		06/19/2020	2020	\$0.00	\$284.93	\$0.00	\$71.23
XWK	66029	Non-Exempt		07/02/2020	2020	\$0.00	\$284.93	\$0.00	\$71.23
XWK	66029	Non-Exempt		07/17/2020	2020	\$0.00	\$284.93	\$0.00	\$71.23
XWK	66029	Non-Exempt		07/31/2020	2020	\$0.00	\$284.93	\$0.00	\$71.23
XWK	66029	Non-Exempt		08/14/2020	2020	\$0.00	\$284.93	\$0.00	\$71.23
XWK	66029	Non-Exempt		08/28/2020	2020	\$0.00	\$284.93	\$0.00	\$71.23
XWK	66029	Non-Exempt		09/11/2020	2020	\$0.00	\$284.93	\$0.00	\$71.23
XWK	66029	Non-Exempt		09/25/2020	2020	\$0.00	\$284.93	\$0.00	\$71.23
XWK	66029	Non-Exempt		10/09/2020	2020	\$0.00	\$284.93	\$0.00	\$71.23
XWK	66029	Non-Exempt		10/23/2020	2020	\$0.00	\$284.93	\$0.00	\$71.23
XWK	66029	Non-Exempt		11/06/2020	2020	\$0.00	\$284.93	\$0.00	\$71.23
XWK	66029	Non-Exempt		11/20/2020	2020	\$0.00	\$284.93	\$0.00	\$71.23
XWK	66029	Non-Exempt		12/04/2020	2020	\$0.00	\$284.93	\$0.00	\$71.23
XWK	66029	Non-Exempt		12/18/2020	2020	\$0.00	\$284.93	\$0.00	\$71.23
XWK	66029	Non-Exempt		12/31/2020	2020	\$0.00	\$284.93	\$0.00	\$71.23
XWK	66033	Non-Exempt		01/18/2019	2019	\$0.00	\$152.03	\$0.00	\$50.68
XWK	66033	Non-Exempt		02/01/2019	2019	\$0.00	\$168.92	\$0.00	\$56.31
XWK	66033	Non-Exempt		02/15/2019	2019	\$0.00	\$168.92	\$0.00	\$56.31
XWK	66033	Non-Exempt		03/01/2019	2019	\$0.00	\$168.92	\$0.00	\$56.31
XWK	66033	Non-Exempt		03/15/2019	2019	\$0.00	\$173.54	\$0.00	\$57.85
XWK	66033	Non-Exempt		03/29/2019	2019	\$0.00	\$173.54	\$0.00	\$57.85

XWK	66033	Non-Exempt		04/12/2019	2019	\$0.00	\$173.54	\$0.00	\$57.85
XWK	66033	Non-Exempt		04/26/2019	2019	\$0.00	\$173.54	\$0.00	\$57.85
XWK	66033	Non-Exempt		05/10/2019	2019	\$0.00	\$173.54	\$0.00	\$57.85
XWK	66033	Non-Exempt		05/24/2019	2019	\$0.00	\$173.54	\$0.00	\$57.85
XWK	66033	Non-Exempt		06/07/2019	2019	\$0.00	\$173.54	\$0.00	\$57.85
XWK	66033	Non-Exempt		06/21/2019	2019	\$0.00	\$173.54	\$0.00	\$57.85
XWK	66033	Non-Exempt		07/05/2019	2019	\$0.00	\$173.54	\$0.00	\$57.85
XWK	66033	Non-Exempt		07/19/2019	2019	\$0.00	\$173.54	\$0.00	\$57.85
XWK	66033	Non-Exempt		08/02/2019	2019	\$0.00	\$173.54	\$0.00	\$57.85
XWK	66033	Non-Exempt		08/16/2019	2019	\$0.00	\$173.54	\$0.00	\$57.85
XWK	66033	Non-Exempt		08/30/2019	2019	\$0.00	\$173.54	\$0.00	\$57.85
XWK	66033	Non-Exempt		09/13/2019	2019	\$0.00	\$173.54	\$0.00	\$57.85
XWK	66033	Non-Exempt		09/27/2019	2019	\$0.00	\$173.54	\$0.00	\$57.85
XWK	66033	Non-Exempt		10/11/2019	2019	\$0.00	\$173.54	\$0.00	\$57.85
XWK	66033	Non-Exempt		10/25/2019	2019	\$0.00	\$173.54	\$0.00	\$57.85
XWK	66033	Non-Exempt		11/08/2019	2019	\$0.00	\$173.54	\$0.00	\$57.85
XWK	66033	Non-Exempt		11/22/2019	2019	\$0.00	\$173.54	\$0.00	\$57.85
XWK	66033	Non-Exempt		12/06/2019	2019	\$0.00	\$173.54	\$0.00	\$57.85
XWK	66033	Non-Exempt		12/20/2019	2019	\$0.00	\$173.54	\$0.00	\$57.85
XWK	66033	Non-Exempt		01/03/2020	2020	\$0.00	\$173.52	\$0.00	\$57.83
XWK	66033	Non-Exempt		01/17/2020	2020	\$0.00	\$173.52	\$0.00	\$57.83
XWK	66033	Non-Exempt		01/31/2020	2020	\$0.00	\$173.52	\$0.00	\$57.83
XWK	66033	Non-Exempt		02/14/2020	2020	\$0.00	\$173.52	\$0.00	\$57.83
XWK	66033	Non-Exempt		02/28/2020	2020	\$0.00	\$173.52	\$0.00	\$57.83
XWK	66033	Non-Exempt		03/13/2020	2020	\$0.00	\$186.91	\$0.00	\$62.31
XWK	66033	Non-Exempt		03/27/2020	2020	\$0.00	\$186.91	\$0.00	\$62.31
XWK	66033	Non-Exempt		04/09/2020	2020	\$0.00	\$186.91	\$0.00	\$62.31
XWK	66033	Non-Exempt		04/24/2020	2020	\$0.00	\$186.91	\$0.00	\$62.31
XWK	66033	Non-Exempt		05/08/2020	2020	\$0.00	\$186.91	\$0.00	\$62.31
XWK	66033	Non-Exempt		05/22/2020	2020	\$0.00	\$186.91	\$0.00	\$62.31
XWK	66033	Non-Exempt		06/05/2020	2020	\$0.00	\$186.91	\$0.00	\$62.31
XWK	66033	Non-Exempt		06/19/2020	2020	\$0.00	\$186.91	\$0.00	\$62.31
XWK	66033	Non-Exempt		07/02/2020	2020	\$0.00	\$186.91	\$0.00	\$62.31
XWK	66033	Non-Exempt		07/17/2020	2020	\$0.00	\$186.91	\$0.00	\$62.31
XWK	66033	Non-Exempt		07/31/2020	2020	\$0.00	\$186.91	\$0.00	\$62.31
XWK	66033	Non-Exempt		08/14/2020	2020	\$0.00	\$186.91	\$0.00	\$62.31
XWK	66033	Non-Exempt		08/28/2020	2020	\$0.00	\$186.91	\$0.00	\$62.31
XWK	66033	Non-Exempt		09/11/2020	2020	\$0.00	\$186.91	\$0.00	\$62.31
XWK	66033	Non-Exempt		09/25/2020	2020	\$0.00	\$186.91	\$0.00	\$62.31
XWK	66033	Non-Exempt		10/09/2020	2020	\$0.00	\$186.91	\$0.00	\$62.31
XWK	66033	Non-Exempt		10/23/2020	2020	\$0.00	\$186.91	\$0.00	\$62.31
XWK	66033	Non-Exempt		11/06/2020	2020	\$0.00	\$186.91	\$0.00	\$62.31
XWK	66033	Non-Exempt		11/20/2020	2020	\$0.00	\$186.91	\$0.00	\$62.31
XWK	66033	Non-Exempt		12/04/2020	2020	\$0.00	\$186.91	\$0.00	\$62.31
XWK	66033	Non-Exempt		12/18/2020	2020	\$0.00	\$186.91	\$0.00	\$62.31
XWK	66033	Non-Exempt		12/31/2020	2020	\$0.00	\$186.91	\$0.00	\$62.31

XWK	66034	Non-Exempt		01/18/2019	2019	\$0.00	\$189.52	\$0.00	\$50.54
XWK	66034	Non-Exempt		02/01/2019	2019	\$0.00	\$210.58	\$0.00	\$56.15
XWK	66034	Non-Exempt		02/15/2019	2019	\$0.00	\$210.58	\$0.00	\$56.15
XWK	66034	Non-Exempt		03/01/2019	2019	\$0.00	\$210.58	\$0.00	\$56.15
XWK	66034	Non-Exempt		03/15/2019	2019	\$0.00	\$216.35	\$0.00	\$57.69
XWK	66034	Non-Exempt		03/29/2019	2019	\$0.00	\$216.35	\$0.00	\$57.69
XWK	66034	Non-Exempt		04/12/2019	2019	\$0.00	\$216.35	\$0.00	\$57.69
XWK	66034	Non-Exempt		04/26/2019	2019	\$0.00	\$216.35	\$0.00	\$57.69
XWK	66034	Non-Exempt		05/10/2019	2019	\$0.00	\$216.35	\$0.00	\$57.69
XWK	66034	Non-Exempt		05/24/2019	2019	\$0.00	\$216.35	\$0.00	\$57.69
XWK	66034	Non-Exempt		06/07/2019	2019	\$0.00	\$216.35	\$0.00	\$57.69
XWK	66034	Non-Exempt		06/21/2019	2019	\$0.00	\$216.35	\$0.00	\$57.69
XWK	66034	Non-Exempt		07/05/2019	2019	\$0.00	\$216.35	\$0.00	\$57.69
XWK	66034	Non-Exempt		07/19/2019	2019	\$0.00	\$86.54	\$0.00	\$57.69
XWK	66034	Non-Exempt		08/02/2019	2019	\$0.00	\$86.54	\$0.00	\$57.69
XWK	66034	Non-Exempt		08/16/2019	2019	\$0.00	\$86.54	\$0.00	\$57.69
XWK	66034	Non-Exempt		08/30/2019	2019	\$0.00	\$86.54	\$0.00	\$57.69
XWK	66034	Non-Exempt		09/13/2019	2019	\$0.00	\$86.54	\$0.00	\$57.69
XWK	66034	Non-Exempt		09/27/2019	2019	\$0.00	\$86.54	\$0.00	\$57.69
XWK	66034	Non-Exempt		10/11/2019	2019	\$0.00	\$86.54	\$0.00	\$57.69
XWK	66034	Non-Exempt		10/25/2019	2019	\$0.00	\$86.54	\$0.00	\$57.69
XWK	66034	Non-Exempt		11/08/2019	2019	\$0.00	\$86.54	\$0.00	\$57.69
XWK	66034	Non-Exempt		11/22/2019	2019	\$0.00	\$86.54	\$0.00	\$57.69
XWK	66034	Non-Exempt		12/06/2019	2019	\$0.00	\$86.54	\$0.00	\$57.69
XWK	66034	Non-Exempt		12/20/2019	2019	\$0.00	\$86.54	\$0.00	\$57.69
XWK	66034	Non-Exempt		01/03/2020	2020	\$0.00	\$86.53	\$0.00	\$57.70
XWK	66034	Non-Exempt		01/17/2020	2020	\$0.00	\$86.53	\$0.00	\$57.70
XWK	66034	Non-Exempt		01/31/2020	2020	\$0.00	\$86.53	\$0.00	\$57.70
XWK	66034	Non-Exempt		02/14/2020	2020	\$0.00	\$86.53	\$0.00	\$57.70
XWK	66034	Non-Exempt		02/28/2020	2020	\$0.00	\$86.53	\$0.00	\$57.70
XWK	66034	Non-Exempt		03/13/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66034	Non-Exempt		03/27/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66034	Non-Exempt		04/09/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66034	Non-Exempt		04/24/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66034	Non-Exempt		05/08/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66034	Non-Exempt		05/22/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66034	Non-Exempt		06/05/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66034	Non-Exempt		06/19/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66034	Non-Exempt		07/02/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66034	Non-Exempt		07/17/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66034	Non-Exempt		07/31/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66034	Non-Exempt		08/14/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66034	Non-Exempt		08/28/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66034	Non-Exempt		09/11/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66034	Non-Exempt		09/25/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66034	Non-Exempt		10/09/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01

XWK	66034	Non-Exempt		10/23/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66034	Non-Exempt		11/06/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66034	Non-Exempt		11/20/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66034	Non-Exempt		12/04/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66034	Non-Exempt		12/18/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66034	Non-Exempt		12/31/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66036	Non-Exempt		01/18/2019	2019	\$0.00	\$69.58	\$0.00	\$46.38
XWK	66036	Non-Exempt		02/01/2019	2019	\$0.00	\$77.31	\$0.00	\$51.54
XWK	66036	Non-Exempt		02/15/2019	2019	\$0.00	\$77.31	\$0.00	\$51.54
XWK	66036	Non-Exempt		03/01/2019	2019	\$0.00	\$77.31	\$0.00	\$51.54
XWK	66036	Non-Exempt		03/15/2019	2019	\$0.00	\$79.85	\$0.00	\$53.23
XWK	66036	Non-Exempt		03/29/2019	2019	\$0.00	\$79.85	\$0.00	\$53.23
XWK	66036	Non-Exempt		03/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66036	Non-Exempt		04/12/2019	2019	\$0.00	\$79.85	\$0.00	\$53.23
XWK	66036	Non-Exempt		04/26/2019	2019	\$0.00	\$79.85	\$0.00	\$53.23
XWK	66036	Non-Exempt		05/10/2019	2019	\$0.00	\$79.85	\$0.00	\$53.23
XWK	66036	Non-Exempt		05/24/2019	2019	\$0.00	\$79.85	\$0.00	\$53.23
XWK	66036	Non-Exempt		06/07/2019	2019	\$0.00	\$79.85	\$0.00	\$53.23
XWK	66036	Non-Exempt		06/21/2019	2019	\$0.00	\$17.97	\$0.00	\$11.98
XWK	66036	Non-Exempt		09/13/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66036	Non-Exempt		09/27/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66036	Non-Exempt		10/11/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66036	Non-Exempt		10/25/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66036	Non-Exempt		11/08/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66036	Non-Exempt		11/22/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66036	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66036	Non-Exempt		12/20/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66036	Non-Exempt		01/03/2020	2020	\$0.00	\$57.68	\$0.00	\$57.68
XWK	66036	Non-Exempt		01/17/2020	2020	\$0.00	\$57.68	\$0.00	\$57.68
XWK	66036	Non-Exempt		01/31/2020	2020	\$0.00	\$57.68	\$0.00	\$57.68
XWK	66036	Non-Exempt		02/14/2020	2020	\$0.00	\$57.68	\$0.00	\$57.68
XWK	66036	Non-Exempt		02/28/2020	2020	\$0.00	\$57.68	\$0.00	\$57.68
XWK	66036	Non-Exempt		03/13/2020	2020	\$0.00	\$62.01	\$0.00	\$62.01
XWK	66036	Non-Exempt		03/27/2020	2020	\$0.00	\$62.01	\$0.00	\$62.01
XWK	66036	Non-Exempt		04/09/2020	2020	\$0.00	\$62.01	\$0.00	\$62.01
XWK	66036	Non-Exempt		04/24/2020	2020	\$0.00	\$62.01	\$0.00	\$62.01
XWK	66036	Non-Exempt		05/08/2020	2020	\$0.00	\$62.01	\$0.00	\$62.01
XWK	66036	Non-Exempt		05/22/2020	2020	\$0.00	\$62.01	\$0.00	\$62.01
XWK	66036	Non-Exempt		06/05/2020	2020	\$0.00	\$62.01	\$0.00	\$62.01
XWK	66036	Non-Exempt		06/19/2020	2020	\$0.00	\$62.01	\$0.00	\$62.01
XWK	66036	Non-Exempt		07/02/2020	2020	\$0.00	\$62.01	\$0.00	\$62.01
XWK	66036	Non-Exempt		07/17/2020	2020	\$0.00	\$62.01	\$0.00	\$62.01
XWK	66036	Non-Exempt		07/31/2020	2020	\$0.00	\$62.01	\$0.00	\$62.01
XWK	66036	Non-Exempt		08/14/2020	2020	\$0.00	\$62.01	\$0.00	\$62.01
XWK	66036	Non-Exempt		08/28/2020	2020	\$0.00	\$62.01	\$0.00	\$62.01
XWK	66036	Non-Exempt		09/11/2020	2020	\$0.00	\$62.01	\$0.00	\$62.01

XWK	66036	Non-Exempt		09/25/2020	2020	\$0.00	\$62.01	\$0.00	\$62.01
XWK	66036	Non-Exempt		10/09/2020	2020	\$0.00	\$62.01	\$0.00	\$62.01
XWK	66036	Non-Exempt		10/23/2020	2020	\$0.00	\$62.01	\$0.00	\$62.01
XWK	66036	Non-Exempt		11/06/2020	2020	\$0.00	\$62.01	\$0.00	\$62.01
XWK	66036	Non-Exempt		11/20/2020	2020	\$0.00	\$62.01	\$0.00	\$62.01
XWK	66036	Non-Exempt		12/04/2020	2020	\$0.00	\$62.01	\$0.00	\$62.01
XWK	66036	Non-Exempt		12/18/2020	2020	\$0.00	\$62.01	\$0.00	\$62.01
XWK	66036	Non-Exempt		12/31/2020	2020	\$0.00	\$62.01	\$0.00	\$62.01
XWK	66037	Non-Exempt		01/18/2019	2019	\$0.00	\$83.49	\$0.00	\$55.66
XWK	66037	Non-Exempt		02/01/2019	2019	\$0.00	\$92.77	\$0.00	\$61.85
XWK	66037	Non-Exempt		02/15/2019	2019	\$0.00	\$92.77	\$0.00	\$61.85
XWK	66037	Non-Exempt		03/01/2019	2019	\$0.00	\$92.77	\$0.00	\$61.85
XWK	66037	Non-Exempt		03/15/2019	2019	\$0.00	\$96.92	\$0.00	\$64.62
XWK	66037	Non-Exempt		03/29/2019	2019	\$0.00	\$96.92	\$0.00	\$64.62
XWK	66037	Non-Exempt		03/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66037	Non-Exempt		04/12/2019	2019	\$0.00	\$96.92	\$0.00	\$64.62
XWK	66037	Non-Exempt		04/26/2019	2019	\$0.00	\$96.92	\$0.00	\$64.62
XWK	66037	Non-Exempt		05/10/2019	2019	\$0.00	\$96.92	\$0.00	\$64.62
XWK	66037	Non-Exempt		05/24/2019	2019	\$0.00	\$96.92	\$0.00	\$64.62
XWK	66037	Non-Exempt		06/07/2019	2019	\$0.00	\$96.92	\$0.00	\$64.62
XWK	66037	Non-Exempt		06/21/2019	2019	\$0.00	\$96.92	\$0.00	\$64.62
XWK	66037	Non-Exempt		07/05/2019	2019	\$0.00	\$96.92	\$0.00	\$64.62
XWK	66037	Non-Exempt		07/19/2019	2019	\$0.00	\$96.92	\$0.00	\$64.62
XWK	66037	Non-Exempt		08/02/2019	2019	\$0.00	\$96.92	\$0.00	\$64.62
XWK	66037	Non-Exempt		08/16/2019	2019	\$0.00	\$96.92	\$0.00	\$64.62
XWK	66037	Non-Exempt		08/30/2019	2019	\$0.00	\$96.92	\$0.00	\$64.62
XWK	66037	Non-Exempt		09/13/2019	2019	\$0.00	\$96.92	\$0.00	\$64.62
XWK	66037	Non-Exempt		09/27/2019	2019	\$0.00	\$96.92	\$0.00	\$64.62
XWK	66037	Non-Exempt		10/11/2019	2019	\$0.00	\$96.92	\$0.00	\$64.62
XWK	66037	Non-Exempt		10/25/2019	2019	\$0.00	\$96.92	\$0.00	\$64.62
XWK	66037	Non-Exempt		11/08/2019	2019	\$0.00	\$96.92	\$0.00	\$64.62
XWK	66037	Non-Exempt		11/22/2019	2019	\$0.00	\$96.92	\$0.00	\$64.62
XWK	66037	Non-Exempt		12/06/2019	2019	\$0.00	\$87.23	\$0.00	\$58.15
XWK	66037	Non-Exempt		12/20/2019	2019	\$0.00	\$96.92	\$0.00	\$64.62
XWK	66037	Non-Exempt		01/03/2020	2020	\$0.00	\$77.56	\$0.00	\$51.66
XWK	66037	Non-Exempt		01/17/2020	2020	\$0.00	\$96.94	\$0.00	\$64.60
XWK	66037	Non-Exempt		01/31/2020	2020	\$0.00	\$96.94	\$0.00	\$64.60
XWK	66037	Non-Exempt		02/14/2020	2020	\$0.00	\$96.94	\$0.00	\$64.60
XWK	66037	Non-Exempt		02/28/2020	2020	\$0.00	\$96.94	\$0.00	\$64.60
XWK	66037	Non-Exempt		03/13/2020	2020	\$0.00	\$104.80	\$0.00	\$69.84
XWK	66037	Non-Exempt		03/27/2020	2020	\$0.00	\$104.80	\$0.00	\$69.84
XWK	66037	Non-Exempt		04/09/2020	2020	\$0.00	\$104.80	\$0.00	\$69.84
XWK	66037	Non-Exempt		04/24/2020	2020	\$0.00	\$104.80	\$0.00	\$69.84
XWK	66037	Non-Exempt		05/08/2020	2020	\$0.00	\$104.80	\$0.00	\$69.84
XWK	66037	Non-Exempt		05/22/2020	2020	\$0.00	\$104.80	\$0.00	\$69.84
XWK	66037	Non-Exempt		06/05/2020	2020	\$0.00	\$104.80	\$0.00	\$69.84

XWK	66037	Non-Exempt		06/19/2020	2020	\$0.00	\$104.80	\$0.00	\$69.84
XWK	66037	Non-Exempt		07/02/2020	2020	\$0.00	\$104.80	\$0.00	\$69.84
XWK	66037	Non-Exempt		07/17/2020	2020	\$0.00	\$104.80	\$0.00	\$69.84
XWK	66037	Non-Exempt		07/31/2020	2020	\$0.00	\$104.80	\$0.00	\$69.84
XWK	66037	Non-Exempt		08/14/2020	2020	\$0.00	\$104.80	\$0.00	\$69.84
XWK	66037	Non-Exempt		08/28/2020	2020	\$0.00	\$104.80	\$0.00	\$69.84
XWK	66037	Non-Exempt		09/11/2020	2020	\$0.00	\$104.80	\$0.00	\$69.84
XWK	66037	Non-Exempt		09/25/2020	2020	\$0.00	\$94.32	\$0.00	\$62.84
XWK	66037	Non-Exempt		10/09/2020	2020	\$0.00	\$104.80	\$0.00	\$69.84
XWK	66037	Non-Exempt		10/23/2020	2020	\$0.00	\$104.80	\$0.00	\$69.84
XWK	66037	Non-Exempt		11/06/2020	2020	\$0.00	\$104.80	\$0.00	\$69.84
XWK	66037	Non-Exempt		11/20/2020	2020	\$0.00	\$104.80	\$0.00	\$69.84
XWK	66037	Non-Exempt		12/04/2020	2020	\$0.00	\$104.80	\$0.00	\$69.84
XWK	66037	Non-Exempt		12/18/2020	2020	\$0.00	\$104.80	\$0.00	\$69.84
XWK	66037	Non-Exempt		12/31/2020	2020	\$0.00	\$104.80	\$0.00	\$69.84
XWK	66038	Non-Exempt		01/18/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		02/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		02/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		03/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		03/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		03/29/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		04/12/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		04/26/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		05/10/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		05/24/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		06/07/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		08/02/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		08/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		09/13/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		09/27/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		10/11/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		10/25/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		11/08/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		11/22/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		12/20/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		01/03/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		01/17/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		01/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		02/14/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		02/28/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		03/13/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00

XWK	66038	Non-Exempt		03/27/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		04/09/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		04/24/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		05/08/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		05/22/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		06/05/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		06/19/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		07/02/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66038	Non-Exempt		07/17/2020	2020	\$0.00	\$36.91	\$0.00	\$36.91
XWK	66038	Non-Exempt		07/31/2020	2020	\$0.00	\$36.91	\$0.00	\$36.91
XWK	66038	Non-Exempt		08/14/2020	2020	\$0.00	\$36.91	\$0.00	\$36.91
XWK	66038	Non-Exempt		08/28/2020	2020	\$0.00	\$36.91	\$0.00	\$36.91
XWK	66038	Non-Exempt		09/11/2020	2020	\$0.00	\$36.91	\$0.00	\$36.91
XWK	66038	Non-Exempt		09/25/2020	2020	\$0.00	\$36.91	\$0.00	\$36.91
XWK	66038	Non-Exempt		10/09/2020	2020	\$0.00	\$36.91	\$0.00	\$36.91
XWK	66038	Non-Exempt		10/23/2020	2020	\$0.00	\$36.91	\$0.00	\$36.91
XWK	66038	Non-Exempt		11/06/2020	2020	\$0.00	\$36.91	\$0.00	\$36.91
XWK	66038	Non-Exempt		11/20/2020	2020	\$0.00	\$36.91	\$0.00	\$36.91
XWK	66038	Non-Exempt		12/04/2020	2020	\$0.00	\$36.91	\$0.00	\$36.91
XWK	66038	Non-Exempt		12/18/2020	2020	\$0.00	\$36.91	\$0.00	\$36.91
XWK	66038	Non-Exempt		12/31/2020	2020	\$0.00	\$36.91	\$0.00	\$36.91
XWK	66039	Non-Exempt		01/18/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66039	Non-Exempt		02/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66040	Non-Exempt		01/18/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66040	Non-Exempt		02/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66040	Non-Exempt		02/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66040	Non-Exempt		03/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66040	Non-Exempt		03/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66040	Non-Exempt		03/29/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66040	Non-Exempt		04/12/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66040	Non-Exempt		04/26/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66040	Non-Exempt		05/10/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66040	Non-Exempt		05/24/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66040	Non-Exempt		06/07/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66040	Non-Exempt		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66040	Non-Exempt		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66040	Non-Exempt		07/19/2019	2019	\$0.00	\$126.77	\$0.00	\$63.38
XWK	66040	Non-Exempt		08/02/2019	2019	\$0.00	\$126.77	\$0.00	\$63.38
XWK	66040	Non-Exempt		08/16/2019	2019	\$0.00	\$126.77	\$0.00	\$63.38
XWK	66040	Non-Exempt		08/30/2019	2019	\$0.00	\$126.77	\$0.00	\$63.38
XWK	66040	Non-Exempt		09/13/2019	2019	\$0.00	\$126.77	\$0.00	\$63.38
XWK	66040	Non-Exempt		09/27/2019	2019	\$0.00	\$126.77	\$0.00	\$63.38
XWK	66040	Non-Exempt		10/11/2019	2019	\$0.00	\$126.77	\$0.00	\$63.38
XWK	66040	Non-Exempt		10/25/2019	2019	\$0.00	\$126.77	\$0.00	\$63.38
XWK	66040	Non-Exempt		11/08/2019	2019	\$0.00	\$126.77	\$0.00	\$63.38
XWK	66040	Non-Exempt		11/22/2019	2019	\$0.00	\$126.77	\$0.00	\$63.38

XWK	66040	Non-Exempt		12/06/2019	2019	\$0.00	\$126.77	\$0.00	\$63.38
XWK	66040	Non-Exempt		12/20/2019	2019	\$0.00	\$126.77	\$0.00	\$63.38
XWK	66040	Non-Exempt		01/03/2020	2020	\$0.00	\$126.77	\$0.00	\$63.38
XWK	66040	Non-Exempt		01/17/2020	2020	\$0.00	\$126.77	\$0.00	\$63.38
XWK	66040	Non-Exempt		01/31/2020	2020	\$0.00	\$126.77	\$0.00	\$63.38
XWK	66040	Non-Exempt		02/14/2020	2020	\$0.00	\$126.77	\$0.00	\$63.38
XWK	66040	Non-Exempt		02/28/2020	2020	\$0.00	\$126.77	\$0.00	\$63.38
XWK	66040	Non-Exempt		03/13/2020	2020	\$0.00	\$132.03	\$0.00	\$66.02
XWK	66040	Non-Exempt		03/27/2020	2020	\$0.00	\$132.03	\$0.00	\$66.02
XWK	66040	Non-Exempt		04/09/2020	2020	\$0.00	\$132.03	\$0.00	\$66.02
XWK	66040	Non-Exempt		04/24/2020	2020	\$0.00	\$132.03	\$0.00	\$66.02
XWK	66040	Non-Exempt		05/08/2020	2020	\$0.00	\$132.03	\$0.00	\$66.02
XWK	66040	Non-Exempt		05/22/2020	2020	\$0.00	\$132.03	\$0.00	\$66.02
XWK	66040	Non-Exempt		06/05/2020	2020	\$0.00	\$132.03	\$0.00	\$66.02
XWK	66040	Non-Exempt		06/19/2020	2020	\$0.00	\$132.03	\$0.00	\$66.02
XWK	66040	Non-Exempt		07/02/2020	2020	\$0.00	\$132.03	\$0.00	\$66.02
XWK	66040	Non-Exempt		07/17/2020	2020	\$0.00	\$132.03	\$0.00	\$66.02
XWK	66040	Non-Exempt		07/31/2020	2020	\$0.00	\$132.03	\$0.00	\$66.02
XWK	66040	Non-Exempt		08/14/2020	2020	\$0.00	\$132.03	\$0.00	\$66.02
XWK	66040	Non-Exempt		08/28/2020	2020	\$0.00	\$132.03	\$0.00	\$66.02
XWK	66040	Non-Exempt		09/11/2020	2020	\$0.00	\$132.03	\$0.00	\$66.02
XWK	66040	Non-Exempt		09/25/2020	2020	\$0.00	\$132.03	\$0.00	\$66.02
XWK	66040	Non-Exempt		10/09/2020	2020	\$0.00	\$132.03	\$0.00	\$66.02
XWK	66040	Non-Exempt		10/23/2020	2020	\$0.00	\$132.03	\$0.00	\$66.02
XWK	66040	Non-Exempt		11/06/2020	2020	\$0.00	\$132.03	\$0.00	\$66.02
XWK	66040	Non-Exempt		11/20/2020	2020	\$0.00	\$132.03	\$0.00	\$66.02
XWK	66040	Non-Exempt		12/04/2020	2020	\$0.00	\$132.03	\$0.00	\$66.02
XWK	66040	Non-Exempt		12/18/2020	2020	\$0.00	\$132.03	\$0.00	\$66.02
XWK	66040	Non-Exempt		12/31/2020	2020	\$0.00	\$132.03	\$0.00	\$66.02
XWK	66041	Non-Exempt		01/18/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66041	Non-Exempt		02/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66041	Non-Exempt		02/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66041	Non-Exempt		03/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66041	Non-Exempt		03/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66041	Non-Exempt		03/29/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66041	Non-Exempt		04/12/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66041	Non-Exempt		04/26/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66041	Non-Exempt		05/10/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66041	Non-Exempt		05/24/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66041	Non-Exempt		06/07/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66041	Non-Exempt		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66041	Non-Exempt		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66041	Non-Exempt		07/19/2019	2019	\$0.00	\$86.54	\$0.00	\$57.69
XWK	66041	Non-Exempt		08/02/2019	2019	\$0.00	\$86.54	\$0.00	\$57.69
XWK	66041	Non-Exempt		08/16/2019	2019	\$0.00	\$86.54	\$0.00	\$57.69
XWK	66041	Non-Exempt		08/30/2019	2019	\$0.00	\$86.54	\$0.00	\$57.69

XWK	66041	Non-Exempt		09/13/2019	2019	\$0.00	\$86.54	\$0.00	\$57.69
XWK	66041	Non-Exempt		09/27/2019	2019	\$0.00	\$86.54	\$0.00	\$57.69
XWK	66041	Non-Exempt		10/11/2019	2019	\$0.00	\$86.54	\$0.00	\$57.69
XWK	66041	Non-Exempt		10/25/2019	2019	\$0.00	\$86.54	\$0.00	\$57.69
XWK	66041	Non-Exempt		11/08/2019	2019	\$0.00	\$86.54	\$0.00	\$57.69
XWK	66041	Non-Exempt		11/22/2019	2019	\$0.00	\$86.54	\$0.00	\$57.69
XWK	66041	Non-Exempt		12/06/2019	2019	\$0.00	\$86.54	\$0.00	\$57.69
XWK	66041	Non-Exempt		12/20/2019	2019	\$0.00	\$86.54	\$0.00	\$57.69
XWK	66041	Non-Exempt		01/03/2020	2020	\$0.00	\$86.53	\$0.00	\$57.70
XWK	66041	Non-Exempt		01/17/2020	2020	\$0.00	\$86.53	\$0.00	\$57.70
XWK	66041	Non-Exempt		01/31/2020	2020	\$0.00	\$86.53	\$0.00	\$57.70
XWK	66041	Non-Exempt		02/14/2020	2020	\$0.00	\$86.53	\$0.00	\$57.70
XWK	66041	Non-Exempt		02/28/2020	2020	\$0.00	\$86.53	\$0.00	\$57.70
XWK	66041	Non-Exempt		03/13/2020	2020	\$0.00	\$93.02	\$0.00	\$62.01
XWK	66041	Non-Exempt		03/27/2020	2020	\$0.00	\$93.02	\$0.00	\$62.01
XWK	66041	Non-Exempt		04/09/2020	2020	\$0.00	\$93.02	\$0.00	\$62.01
XWK	66041	Non-Exempt		04/24/2020	2020	\$0.00	\$93.02	\$0.00	\$62.01
XWK	66041	Non-Exempt		05/08/2020	2020	\$0.00	\$93.02	\$0.00	\$62.01
XWK	66041	Non-Exempt		05/22/2020	2020	\$0.00	\$93.02	\$0.00	\$62.01
XWK	66041	Non-Exempt		06/05/2020	2020	\$0.00	\$93.02	\$0.00	\$62.01
XWK	66041	Non-Exempt		06/19/2020	2020	\$0.00	\$93.02	\$0.00	\$62.01
XWK	66041	Non-Exempt		07/02/2020	2020	\$0.00	\$93.02	\$0.00	\$62.01
XWK	66041	Non-Exempt		07/17/2020	2020	\$0.00	\$93.02	\$0.00	\$62.01
XWK	66041	Non-Exempt		07/31/2020	2020	\$0.00	\$93.02	\$0.00	\$62.01
XWK	66041	Non-Exempt		08/14/2020	2020	\$0.00	\$93.02	\$0.00	\$62.01
XWK	66041	Non-Exempt		08/28/2020	2020	\$0.00	\$93.02	\$0.00	\$62.01
XWK	66041	Non-Exempt		09/11/2020	2020	\$0.00	\$93.02	\$0.00	\$62.01
XWK	66041	Non-Exempt		09/25/2020	2020	\$0.00	\$93.02	\$0.00	\$62.01
XWK	66041	Non-Exempt		10/09/2020	2020	\$0.00	\$93.02	\$0.00	\$62.01
XWK	66041	Non-Exempt		10/23/2020	2020	\$0.00	\$93.02	\$0.00	\$62.01
XWK	66041	Non-Exempt		11/06/2020	2020	\$0.00	\$93.02	\$0.00	\$62.01
XWK	66041	Non-Exempt		11/20/2020	2020	\$0.00	\$93.02	\$0.00	\$62.01
XWK	66041	Non-Exempt		12/04/2020	2020	\$0.00	\$93.02	\$0.00	\$62.01
XWK	66041	Non-Exempt		12/18/2020	2020	\$0.00	\$93.02	\$0.00	\$62.01
XWK	66041	Non-Exempt		12/31/2020	2020	\$0.00	\$93.02	\$0.00	\$62.01
XWK	66042	Non-Exempt		01/18/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66042	Non-Exempt		02/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66042	Non-Exempt		02/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66042	Non-Exempt		03/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66042	Non-Exempt		03/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66042	Non-Exempt		03/29/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66042	Non-Exempt		04/12/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66042	Non-Exempt		04/26/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66042	Non-Exempt		05/10/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66042	Non-Exempt		05/24/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66042	Non-Exempt		06/07/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00

XWK	66042	Non-Exempt		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66042	Non-Exempt		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66042	Non-Exempt		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66042	Non-Exempt		08/02/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66042	Non-Exempt		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66042	Non-Exempt		08/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66042	Non-Exempt		09/13/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66042	Non-Exempt		09/27/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66042	Non-Exempt		10/11/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66042	Non-Exempt		10/25/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66042	Non-Exempt		11/08/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66042	Non-Exempt		11/22/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66042	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66042	Non-Exempt		12/20/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66042	Non-Exempt		01/03/2020	2020	\$0.00	\$288.46	\$0.00	\$57.69
XWK	66042	Non-Exempt		01/17/2020	2020	\$0.00	\$288.46	\$0.00	\$57.69
XWK	66042	Non-Exempt		01/31/2020	2020	\$0.00	\$288.46	\$0.00	\$57.69
XWK	66042	Non-Exempt		02/14/2020	2020	\$0.00	\$288.46	\$0.00	\$57.69
XWK	66042	Non-Exempt		02/28/2020	2020	\$0.00	\$288.46	\$0.00	\$57.69
XWK	66042	Non-Exempt		03/13/2020	2020	\$0.00	\$310.08	\$0.00	\$62.02
XWK	66042	Non-Exempt		03/27/2020	2020	\$0.00	\$310.08	\$0.00	\$62.02
XWK	66042	Non-Exempt		04/09/2020	2020	\$0.00	\$310.08	\$0.00	\$62.02
XWK	66042	Non-Exempt		04/24/2020	2020	\$0.00	\$310.08	\$0.00	\$62.02
XWK	66042	Non-Exempt		05/08/2020	2020	\$0.00	\$310.08	\$0.00	\$62.02
XWK	66042	Non-Exempt		05/22/2020	2020	\$0.00	\$310.08	\$0.00	\$62.02
XWK	66042	Non-Exempt		06/05/2020	2020	\$0.00	\$310.08	\$0.00	\$62.02
XWK	66042	Non-Exempt		06/19/2020	2020	\$0.00	\$310.08	\$0.00	\$62.02
XWK	66042	Non-Exempt		07/02/2020	2020	\$0.00	\$310.08	\$0.00	\$62.02
XWK	66042	Non-Exempt		07/17/2020	2020	\$0.00	\$310.08	\$0.00	\$62.02
XWK	66042	Non-Exempt		07/31/2020	2020	\$0.00	\$310.08	\$0.00	\$62.02
XWK	66042	Non-Exempt		08/14/2020	2020	\$0.00	\$310.08	\$0.00	\$62.02
XWK	66042	Non-Exempt		08/28/2020	2020	\$0.00	\$310.08	\$0.00	\$62.02
XWK	66042	Non-Exempt		09/11/2020	2020	\$0.00	\$310.08	\$0.00	\$62.02
XWK	66042	Non-Exempt		09/25/2020	2020	\$0.00	\$310.08	\$0.00	\$62.02
XWK	66042	Non-Exempt		10/09/2020	2020	\$0.00	\$310.08	\$0.00	\$62.02
XWK	66042	Non-Exempt		10/23/2020	2020	\$0.00	\$310.08	\$0.00	\$62.02
XWK	66042	Non-Exempt		11/06/2020	2020	\$0.00	\$310.08	\$0.00	\$62.02
XWK	66042	Non-Exempt		11/20/2020	2020	\$0.00	\$310.08	\$0.00	\$62.02
XWK	66042	Non-Exempt		12/04/2020	2020	\$0.00	\$310.08	\$0.00	\$62.02
XWK	66042	Non-Exempt		12/18/2020	2020	\$0.00	\$310.08	\$0.00	\$62.02
XWK	66042	Non-Exempt		12/31/2020	2020	\$0.00	\$310.08	\$0.00	\$62.02
XWK	66048	Non-Exempt		01/18/2019	2019	\$0.00	\$51.92	\$0.00	\$51.92
XWK	66048	Non-Exempt		02/01/2019	2019	\$0.00	\$57.69	\$0.00	\$57.69
XWK	66048	Non-Exempt		02/15/2019	2019	\$0.00	\$57.69	\$0.00	\$57.69
XWK	66048	Non-Exempt		03/01/2019	2019	\$0.00	\$57.69	\$0.00	\$57.69
XWK	66048	Non-Exempt		03/15/2019	2019	\$0.00	\$59.38	\$0.00	\$59.38

XWK	66048	Non-Exempt		12/18/2020	2020	\$0.00	\$64.00	\$0.00	\$64.00
XWK	66048	Non-Exempt		12/31/2020	2020	\$0.00	\$64.00	\$0.00	\$64.00
XWK	66049	Non-Exempt		01/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66050	Non-Exempt		01/18/2019	2019	\$0.00	\$52.75	\$0.00	\$52.75
XWK	66050	Non-Exempt		02/01/2019	2019	\$0.00	\$58.62	\$0.00	\$58.62
XWK	66050	Non-Exempt		02/15/2019	2019	\$0.00	\$58.62	\$0.00	\$58.62
XWK	66050	Non-Exempt		03/01/2019	2019	\$0.00	\$58.62	\$0.00	\$58.62
XWK	66050	Non-Exempt		03/15/2019	2019	\$0.00	\$63.38	\$0.00	\$63.38
XWK	66050	Non-Exempt		03/29/2019	2019	\$0.00	\$63.38	\$0.00	\$63.38
XWK	66050	Non-Exempt		03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66050	Non-Exempt		04/12/2019	2019	\$0.00	\$63.38	\$0.00	\$63.38
XWK	66050	Non-Exempt		04/26/2019	2019	\$0.00	\$63.38	\$0.00	\$63.38
XWK	66050	Non-Exempt		05/10/2019	2019	\$0.00	\$63.38	\$0.00	\$63.38
XWK	66050	Non-Exempt		05/24/2019	2019	\$0.00	\$63.38	\$0.00	\$63.38
XWK	66050	Non-Exempt		06/07/2019	2019	\$0.00	\$63.38	\$0.00	\$63.38
XWK	66050	Non-Exempt		06/21/2019	2019	\$0.00	\$63.38	\$0.00	\$63.38
XWK	66050	Non-Exempt		07/05/2019	2019	\$0.00	\$63.38	\$0.00	\$63.38
XWK	66050	Non-Exempt		07/19/2019	2019	\$0.00	\$63.38	\$0.00	\$63.38
XWK	66050	Non-Exempt		08/02/2019	2019	\$0.00	\$63.38	\$0.00	\$63.38
XWK	66050	Non-Exempt		08/16/2019	2019	\$0.00	\$63.38	\$0.00	\$63.38
XWK	66050	Non-Exempt		08/30/2019	2019	\$0.00	\$63.38	\$0.00	\$63.38
XWK	66050	Non-Exempt		09/13/2019	2019	\$0.00	\$63.38	\$0.00	\$63.38
XWK	66050	Non-Exempt		09/27/2019	2019	\$0.00	\$63.38	\$0.00	\$63.38
XWK	66050	Non-Exempt		10/11/2019	2019	\$0.00	\$63.38	\$0.00	\$63.38
XWK	66050	Non-Exempt		10/25/2019	2019	\$0.00	\$63.38	\$0.00	\$63.38
XWK	66050	Non-Exempt		11/08/2019	2019	\$0.00	\$63.38	\$0.00	\$63.38
XWK	66050	Non-Exempt		11/22/2019	2019	\$0.00	\$63.38	\$0.00	\$63.38
XWK	66050	Non-Exempt		12/06/2019	2019	\$0.00	\$63.38	\$0.00	\$63.38
XWK	66050	Non-Exempt		12/20/2019	2019	\$0.00	\$63.38	\$0.00	\$63.38
XWK	66050	Non-Exempt		01/03/2020	2020	\$0.00	\$63.39	\$0.00	\$63.39
XWK	66050	Non-Exempt		01/17/2020	2020	\$0.00	\$63.39	\$0.00	\$63.39
XWK	66050	Non-Exempt		01/31/2020	2020	\$0.00	\$63.39	\$0.00	\$63.39
XWK	66050	Non-Exempt		02/14/2020	2020	\$0.00	\$63.39	\$0.00	\$63.39
XWK	66050	Non-Exempt		02/28/2020	2020	\$0.00	\$63.39	\$0.00	\$63.39
XWK	66050	Non-Exempt		03/13/2020	2020	\$0.00	\$68.32	\$0.00	\$68.32
XWK	66050	Non-Exempt		03/27/2020	2020	\$0.00	\$68.32	\$0.00	\$68.32
XWK	66050	Non-Exempt		04/09/2020	2020	\$0.00	\$68.32	\$0.00	\$68.32
XWK	66050	Non-Exempt		04/24/2020	2020	\$0.00	\$68.32	\$0.00	\$68.32
XWK	66050	Non-Exempt		05/08/2020	2020	\$0.00	\$68.32	\$0.00	\$68.32
XWK	66050	Non-Exempt		05/22/2020	2020	\$0.00	\$68.32	\$0.00	\$68.32
XWK	66050	Non-Exempt		06/05/2020	2020	\$0.00	\$68.32	\$0.00	\$68.32
XWK	66050	Non-Exempt		06/19/2020	2020	\$0.00	\$68.32	\$0.00	\$68.32
XWK	66050	Non-Exempt		07/02/2020	2020	\$0.00	\$68.32	\$0.00	\$68.32
XWK	66050	Non-Exempt		07/17/2020	2020	\$0.00	\$68.32	\$0.00	\$68.32
XWK	66050	Non-Exempt		07/31/2020	2020	\$0.00	\$68.32	\$0.00	\$68.32
XWK	66050	Non-Exempt		08/14/2020	2020	\$0.00	\$68.32	\$0.00	\$68.32

XWK	66050	Non-Exempt		08/28/2020	2020	\$0.00	\$68.32	\$0.00	\$68.32
XWK	66050	Non-Exempt		09/11/2020	2020	\$0.00	\$68.32	\$0.00	\$68.32
XWK	66050	Non-Exempt		09/25/2020	2020	\$0.00	\$68.32	\$0.00	\$68.32
XWK	66050	Non-Exempt		10/09/2020	2020	\$0.00	\$68.32	\$0.00	\$68.32
XWK	66050	Non-Exempt		10/23/2020	2020	\$0.00	\$68.32	\$0.00	\$68.32
XWK	66050	Non-Exempt		11/06/2020	2020	\$0.00	\$68.32	\$0.00	\$68.32
XWK	66050	Non-Exempt		11/20/2020	2020	\$0.00	\$68.32	\$0.00	\$68.32
XWK	66050	Non-Exempt		12/04/2020	2020	\$0.00	\$68.32	\$0.00	\$68.32
XWK	66050	Non-Exempt		12/18/2020	2020	\$0.00	\$68.32	\$0.00	\$68.32
XWK	66050	Non-Exempt		12/31/2020	2020	\$0.00	\$68.32	\$0.00	\$68.32
XWK	66053	Non-Exempt		01/18/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66053	Non-Exempt		02/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66053	Non-Exempt		02/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66053	Non-Exempt		03/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66053	Non-Exempt		03/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66053	Non-Exempt		03/29/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66053	Non-Exempt		04/12/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66053	Non-Exempt		04/26/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66053	Non-Exempt		05/10/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66053	Non-Exempt		05/24/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66053	Non-Exempt		06/07/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66053	Non-Exempt		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66053	Non-Exempt		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66053	Non-Exempt		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66053	Non-Exempt		08/02/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66053	Non-Exempt		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66053	Non-Exempt		08/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66053	Non-Exempt		09/13/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66053	Non-Exempt		09/27/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66053	Non-Exempt		10/11/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66053	Non-Exempt		10/25/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66053	Non-Exempt		11/08/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66053	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66053	Non-Exempt		12/18/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66054	Non-Exempt		01/18/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66054	Non-Exempt		02/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66054	Non-Exempt		02/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66054	Non-Exempt		03/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66054	Non-Exempt		03/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66054	Non-Exempt		03/29/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66054	Non-Exempt		04/12/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66054	Non-Exempt		04/26/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66054	Non-Exempt		05/10/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66054	Non-Exempt		05/24/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66054	Non-Exempt		06/07/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66054	Non-Exempt		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00

XWK	66054	Non-Exempt		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66054	Non-Exempt		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66054	Non-Exempt		08/02/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66054	Non-Exempt		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66054	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66059	Non-Exempt		02/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66059	Non-Exempt		03/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66059	Non-Exempt		03/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66059	Non-Exempt		03/29/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66059	Non-Exempt		04/12/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66059	Non-Exempt		04/26/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66059	Non-Exempt		05/10/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66059	Non-Exempt		05/24/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66059	Non-Exempt		06/07/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66059	Non-Exempt		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66059	Non-Exempt		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66059	Non-Exempt		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66059	Non-Exempt		08/02/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66059	Non-Exempt		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66059	Non-Exempt		08/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66059	Non-Exempt		09/13/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66059	Non-Exempt		09/27/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66059	Non-Exempt		10/11/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66059	Non-Exempt		10/25/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66059	Non-Exempt		11/08/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66059	Non-Exempt		11/22/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66059	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66059	Non-Exempt		12/20/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66059	Non-Exempt		01/03/2020	2020	\$0.00	\$52.47	\$0.00	\$52.47
XWK	66059	Non-Exempt		01/17/2020	2020	\$0.00	\$52.47	\$0.00	\$52.47
XWK	66059	Non-Exempt		01/31/2020	2020	\$0.00	\$52.47	\$0.00	\$52.47
XWK	66059	Non-Exempt		02/14/2020	2020	\$0.00	\$52.47	\$0.00	\$52.47
XWK	66059	Non-Exempt		02/28/2020	2020	\$0.00	\$52.47	\$0.00	\$52.47
XWK	66059	Non-Exempt		03/13/2020	2020	\$0.00	\$55.07	\$0.00	\$55.07
XWK	66059	Non-Exempt		03/27/2020	2020	\$0.00	\$13.07	\$0.00	\$13.07
XWK	66061	Non-Exempt		02/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66061	Non-Exempt		03/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66061	Non-Exempt		03/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66061	Non-Exempt		03/29/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66061	Non-Exempt		04/12/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66061	Non-Exempt		04/26/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66061	Non-Exempt		05/10/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66061	Non-Exempt		05/24/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66061	Non-Exempt		06/07/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66061	Non-Exempt		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66061	Non-Exempt		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00

XWK	66061	Non-Exempt		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66061	Non-Exempt		08/02/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66061	Non-Exempt		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66061	Non-Exempt		08/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66061	Non-Exempt		09/13/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66061	Non-Exempt		09/27/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66061	Non-Exempt		10/11/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66061	Non-Exempt		10/25/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66061	Non-Exempt		11/08/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66061	Non-Exempt		11/22/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66061	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66061	Non-Exempt		12/20/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66061	Non-Exempt		01/03/2020	2020	\$0.00	\$41.97	\$0.00	\$41.97
XWK	66061	Non-Exempt		01/17/2020	2020	\$0.00	\$52.47	\$0.00	\$52.47
XWK	66061	Non-Exempt		01/31/2020	2020	\$0.00	\$52.47	\$0.00	\$52.47
XWK	66061	Non-Exempt		02/14/2020	2020	\$0.00	\$52.47	\$0.00	\$52.47
XWK	66061	Non-Exempt		02/28/2020	2020	\$0.00	\$52.47	\$0.00	\$52.47
XWK	66061	Non-Exempt		03/13/2020	2020	\$0.00	\$52.47	\$0.00	\$52.47
XWK	66061	Non-Exempt		03/27/2020	2020	\$0.00	\$52.47	\$0.00	\$52.47
XWK	66061	Non-Exempt		04/09/2020	2020	\$0.00	\$52.47	\$0.00	\$52.47
XWK	66061	Non-Exempt		04/24/2020	2020	\$0.00	\$52.47	\$0.00	\$52.47
XWK	66061	Non-Exempt		05/08/2020	2020	\$0.00	\$52.47	\$0.00	\$52.47
XWK	66061	Non-Exempt		05/22/2020	2020	\$0.00	\$52.47	\$0.00	\$52.47
XWK	66061	Non-Exempt		06/05/2020	2020	\$0.00	\$48.97	\$0.00	\$48.97
XWK	66061	Non-Exempt		06/19/2020	2020	\$0.00	\$52.47	\$0.00	\$52.47
XWK	66061	Non-Exempt		07/02/2020	2020	\$0.00	\$52.47	\$0.00	\$52.47
XWK	66061	Non-Exempt		07/17/2020	2020	\$0.00	\$52.47	\$0.00	\$52.47
XWK	66061	Non-Exempt		07/31/2020	2020	\$0.00	\$55.07	\$0.00	\$55.07
XWK	66061	Non-Exempt		08/14/2020	2020	\$0.00	\$55.07	\$0.00	\$55.07
XWK	66061	Non-Exempt		08/28/2020	2020	\$0.00	\$55.07	\$0.00	\$55.07
XWK	66061	Non-Exempt		09/11/2020	2020	\$0.00	\$55.07	\$0.00	\$55.07
XWK	66061	Non-Exempt		09/25/2020	2020	\$0.00	\$55.07	\$0.00	\$55.07
XWK	66061	Non-Exempt		10/09/2020	2020	\$0.00	\$55.07	\$0.00	\$55.07
XWK	66061	Non-Exempt		10/23/2020	2020	\$0.00	\$55.07	\$0.00	\$55.07
XWK	66061	Non-Exempt		11/06/2020	2020	\$0.00	\$55.07	\$0.00	\$55.07
XWK	66061	Non-Exempt		11/20/2020	2020	\$0.00	\$55.07	\$0.00	\$55.07
XWK	66061	Non-Exempt		12/04/2020	2020	\$0.00	\$55.07	\$0.00	\$55.07
XWK	66061	Non-Exempt		12/18/2020	2020	\$0.00	\$55.07	\$0.00	\$55.07
XWK	66061	Non-Exempt		12/31/2020	2020	\$0.00	\$55.07	\$0.00	\$55.07
XWK	66062	Non-Exempt		03/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66062	Non-Exempt		03/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66062	Non-Exempt		03/29/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66062	Non-Exempt		03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66062	Non-Exempt		04/12/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66062	Non-Exempt		04/26/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66062	Non-Exempt		05/10/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00

XWK	66062	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66064	Non-Exempt		03/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66064	Non-Exempt		03/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66064	Non-Exempt		03/29/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66064	Non-Exempt		04/12/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66064	Non-Exempt		04/26/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66064	Non-Exempt		05/10/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66064	Non-Exempt		05/24/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66064	Non-Exempt		06/07/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66064	Non-Exempt		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66064	Non-Exempt		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66064	Non-Exempt		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66064	Non-Exempt		08/02/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66064	Non-Exempt		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66064	Non-Exempt		08/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66064	Non-Exempt		09/13/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66064	Non-Exempt		09/27/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66064	Non-Exempt		10/11/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66064	Non-Exempt		10/25/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66064	Non-Exempt		11/08/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66064	Non-Exempt		11/22/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66064	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66064	Non-Exempt		12/20/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66064	Non-Exempt		01/03/2020	2020	\$0.00	\$104.94	\$0.00	\$52.46
XWK	66064	Non-Exempt		01/17/2020	2020	\$0.00	\$104.94	\$0.00	\$52.46
XWK	66064	Non-Exempt		01/31/2020	2020	\$0.00	\$104.94	\$0.00	\$52.46
XWK	66064	Non-Exempt		02/14/2020	2020	\$0.00	\$104.94	\$0.00	\$52.46
XWK	66064	Non-Exempt		02/28/2020	2020	\$0.00	\$104.94	\$0.00	\$52.46
XWK	66064	Non-Exempt		03/13/2020	2020	\$0.00	\$112.88	\$0.00	\$56.44
XWK	66064	Non-Exempt		03/27/2020	2020	\$0.00	\$112.88	\$0.00	\$56.44
XWK	66064	Non-Exempt		04/09/2020	2020	\$0.00	\$112.88	\$0.00	\$56.44
XWK	66064	Non-Exempt		04/24/2020	2020	\$0.00	\$112.88	\$0.00	\$56.44
XWK	66064	Non-Exempt		05/08/2020	2020	\$0.00	\$112.88	\$0.00	\$56.44
XWK	66064	Non-Exempt		05/22/2020	2020	\$0.00	\$112.88	\$0.00	\$56.44
XWK	66064	Non-Exempt		06/05/2020	2020	\$0.00	\$112.88	\$0.00	\$56.44
XWK	66064	Non-Exempt		06/19/2020	2020	\$0.00	\$112.88	\$0.00	\$56.44
XWK	66064	Non-Exempt		07/02/2020	2020	\$0.00	\$112.88	\$0.00	\$56.44
XWK	66064	Non-Exempt		07/17/2020	2020	\$0.00	\$112.88	\$0.00	\$56.44
XWK	66064	Non-Exempt		07/31/2020	2020	\$0.00	\$112.88	\$0.00	\$56.44
XWK	66064	Non-Exempt		08/14/2020	2020	\$0.00	\$112.88	\$0.00	\$56.44
XWK	66064	Non-Exempt		08/28/2020	2020	\$0.00	\$112.88	\$0.00	\$56.44
XWK	66064	Non-Exempt		09/11/2020	2020	\$0.00	\$112.88	\$0.00	\$56.44
XWK	66064	Non-Exempt		09/25/2020	2020	\$0.00	\$112.88	\$0.00	\$56.44
XWK	66064	Non-Exempt		10/09/2020	2020	\$0.00	\$112.88	\$0.00	\$56.44
XWK	66064	Non-Exempt		10/23/2020	2020	\$0.00	\$112.88	\$0.00	\$56.44
XWK	66064	Non-Exempt		11/06/2020	2020	\$0.00	\$112.88	\$0.00	\$56.44

XWK	66064	Non-Exempt		11/20/2020	2020	\$0.00	\$112.88	\$0.00	\$56.44
XWK	66064	Non-Exempt		12/04/2020	2020	\$0.00	\$112.88	\$0.00	\$56.44
XWK	66064	Non-Exempt		12/18/2020	2020	\$0.00	\$112.88	\$0.00	\$56.44
XWK	66064	Non-Exempt		12/31/2020	2020	\$0.00	\$112.88	\$0.00	\$56.44
XWK	66065	Non-Exempt		03/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66065	Non-Exempt		03/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66065	Non-Exempt		03/29/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66065	Non-Exempt		04/12/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66065	Non-Exempt		04/26/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66065	Non-Exempt		05/10/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66065	Non-Exempt		05/24/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66065	Non-Exempt		06/07/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66065	Non-Exempt		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66065	Non-Exempt		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66065	Non-Exempt		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66065	Non-Exempt		08/02/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66065	Non-Exempt		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66065	Non-Exempt		08/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66065	Non-Exempt		09/13/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66065	Non-Exempt		09/27/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66065	Non-Exempt		10/11/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66065	Non-Exempt		10/25/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66065	Non-Exempt		11/08/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66065	Non-Exempt		11/22/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66065	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66065	Non-Exempt		12/20/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66065	Non-Exempt		01/03/2020	2020	\$0.00	\$52.46	\$0.00	\$52.46
XWK	66065	Non-Exempt		01/17/2020	2020	\$0.00	\$52.46	\$0.00	\$52.46
XWK	66065	Non-Exempt		01/31/2020	2020	\$0.00	\$52.46	\$0.00	\$52.46
XWK	66065	Non-Exempt		02/14/2020	2020	\$0.00	\$52.46	\$0.00	\$52.46
XWK	66065	Non-Exempt		02/28/2020	2020	\$0.00	\$52.46	\$0.00	\$52.46
XWK	66065	Non-Exempt		03/13/2020	2020	\$0.00	\$56.44	\$0.00	\$56.44
XWK	66065	Non-Exempt		03/27/2020	2020	\$0.00	\$56.44	\$0.00	\$56.44
XWK	66065	Non-Exempt		04/09/2020	2020	\$0.00	\$56.44	\$0.00	\$56.44
XWK	66065	Non-Exempt		04/24/2020	2020	\$0.00	\$56.44	\$0.00	\$56.44
XWK	66065	Non-Exempt		05/08/2020	2020	\$0.00	\$56.44	\$0.00	\$56.44
XWK	66065	Non-Exempt		05/22/2020	2020	\$0.00	\$56.44	\$0.00	\$56.44
XWK	66065	Non-Exempt		06/05/2020	2020	\$0.00	\$56.44	\$0.00	\$56.44
XWK	66065	Non-Exempt		06/19/2020	2020	\$0.00	\$56.44	\$0.00	\$56.44
XWK	66065	Non-Exempt		07/02/2020	2020	\$0.00	\$56.44	\$0.00	\$56.44
XWK	66065	Non-Exempt		07/17/2020	2020	\$0.00	\$56.44	\$0.00	\$56.44
XWK	66065	Non-Exempt		07/31/2020	2020	\$0.00	\$56.44	\$0.00	\$56.44
XWK	66065	Non-Exempt		08/14/2020	2020	\$0.00	\$56.44	\$0.00	\$56.44
XWK	66065	Non-Exempt		08/28/2020	2020	\$0.00	\$56.44	\$0.00	\$56.44
XWK	66065	Non-Exempt		09/11/2020	2020	\$0.00	\$56.44	\$0.00	\$56.44
XWK	66065	Non-Exempt		09/25/2020	2020	\$0.00	\$56.44	\$0.00	\$56.44

XWK	66065	Non-Exempt		10/09/2020	2020	\$0.00	\$56.44	\$0.00	\$56.44
XWK	66065	Non-Exempt		10/23/2020	2020	\$0.00	\$56.44	\$0.00	\$56.44
XWK	66065	Non-Exempt		11/06/2020	2020	\$0.00	\$56.44	\$0.00	\$56.44
XWK	66065	Non-Exempt		11/20/2020	2020	\$0.00	\$56.44	\$0.00	\$56.44
XWK	66065	Non-Exempt		12/04/2020	2020	\$0.00	\$56.44	\$0.00	\$56.44
XWK	66065	Non-Exempt		12/18/2020	2020	\$0.00	\$56.44	\$0.00	\$56.44
XWK	66065	Non-Exempt		12/31/2020	2020	\$0.00	\$56.44	\$0.00	\$56.44
XWK	66066	Non-Exempt		03/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66066	Non-Exempt		03/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66066	Non-Exempt		03/29/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66066	Non-Exempt		04/12/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66066	Non-Exempt		04/26/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66066	Non-Exempt		05/10/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66066	Non-Exempt		05/24/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66066	Non-Exempt		06/07/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66066	Non-Exempt		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66066	Non-Exempt		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66066	Non-Exempt		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66066	Non-Exempt		08/02/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66066	Non-Exempt		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66066	Non-Exempt		08/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66066	Non-Exempt		09/13/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66066	Non-Exempt		09/27/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66066	Non-Exempt		10/11/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66066	Non-Exempt		10/25/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66066	Non-Exempt		11/08/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66066	Non-Exempt		11/22/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66066	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66066	Non-Exempt		12/20/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66066	Non-Exempt		01/03/2020	2020	\$0.00	\$52.47	\$0.00	\$52.47
XWK	66066	Non-Exempt		01/17/2020	2020	\$0.00	\$52.47	\$0.00	\$52.47
XWK	66066	Non-Exempt		01/31/2020	2020	\$0.00	\$52.47	\$0.00	\$52.47
XWK	66066	Non-Exempt		02/14/2020	2020	\$0.00	\$52.47	\$0.00	\$52.47
XWK	66066	Non-Exempt		02/28/2020	2020	\$0.00	\$52.47	\$0.00	\$52.47
XWK	66066	Non-Exempt		03/13/2020	2020	\$0.00	\$52.47	\$0.00	\$52.47
XWK	66066	Non-Exempt		03/27/2020	2020	\$0.00	\$52.47	\$0.00	\$52.47
XWK	66066	Non-Exempt		04/09/2020	2020	\$0.00	\$52.47	\$0.00	\$52.47
XWK	66066	Non-Exempt		04/24/2020	2020	\$0.00	\$52.47	\$0.00	\$52.47
XWK	66066	Non-Exempt		05/08/2020	2020	\$0.00	\$52.47	\$0.00	\$52.47
XWK	66066	Non-Exempt		05/22/2020	2020	\$0.00	\$52.47	\$0.00	\$52.47
XWK	66066	Non-Exempt		06/05/2020	2020	\$0.00	\$52.47	\$0.00	\$52.47
XWK	66066	Non-Exempt		06/19/2020	2020	\$0.00	\$55.07	\$0.00	\$55.07
XWK	66066	Non-Exempt		07/02/2020	2020	\$0.00	\$55.07	\$0.00	\$55.07
XWK	66066	Non-Exempt		07/17/2020	2020	\$0.00	\$55.07	\$0.00	\$55.07
XWK	66066	Non-Exempt		07/31/2020	2020	\$0.00	\$55.07	\$0.00	\$55.07
XWK	66066	Non-Exempt		08/14/2020	2020	\$0.00	\$55.07	\$0.00	\$55.07

XWK	66066	Non-Exempt		08/28/2020	2020	\$0.00	\$55.07	\$0.00	\$55.07
XWK	66066	Non-Exempt		09/11/2020	2020	\$0.00	\$57.68	\$0.00	\$57.68
XWK	66066	Non-Exempt		09/25/2020	2020	\$0.00	\$57.68	\$0.00	\$57.68
XWK	66066	Non-Exempt		10/09/2020	2020	\$0.00	\$57.68	\$0.00	\$57.68
XWK	66066	Non-Exempt		10/23/2020	2020	\$0.00	\$57.68	\$0.00	\$57.68
XWK	66066	Non-Exempt		11/06/2020	2020	\$0.00	\$57.68	\$0.00	\$57.68
XWK	66066	Non-Exempt		11/20/2020	2020	\$0.00	\$57.68	\$0.00	\$57.68
XWK	66066	Non-Exempt		12/04/2020	2020	\$0.00	\$57.68	\$0.00	\$57.68
XWK	66066	Non-Exempt		12/18/2020	2020	\$0.00	\$24.53	\$0.00	\$24.53
XWK	66066	Non-Exempt		12/31/2020	2020	\$0.00	\$40.40	\$0.00	\$40.40
XWK	66087	Non-Exempt		05/10/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66087	Non-Exempt		05/24/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66087	Non-Exempt		06/07/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66087	Non-Exempt		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66087	Non-Exempt		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66087	Non-Exempt		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66087	Non-Exempt		08/02/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66087	Non-Exempt		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66087	Non-Exempt		08/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66087	Non-Exempt		09/13/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66087	Non-Exempt		09/27/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66087	Non-Exempt		10/11/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66087	Non-Exempt		10/25/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66087	Non-Exempt		11/08/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66087	Non-Exempt		11/22/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66087	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66087	Non-Exempt		12/20/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66087	Non-Exempt		01/03/2020	2020	\$0.00	\$91.78	\$0.00	\$52.45
XWK	66087	Non-Exempt		01/17/2020	2020	\$0.00	\$91.78	\$0.00	\$52.45
XWK	66087	Non-Exempt		01/31/2020	2020	\$0.00	\$91.78	\$0.00	\$52.45
XWK	66087	Non-Exempt		02/14/2020	2020	\$0.00	\$91.78	\$0.00	\$52.45
XWK	66087	Non-Exempt		02/28/2020	2020	\$0.00	\$91.78	\$0.00	\$52.45
XWK	66087	Non-Exempt		03/13/2020	2020	\$0.00	\$99.06	\$0.00	\$56.61
XWK	66087	Non-Exempt		03/27/2020	2020	\$0.00	\$99.06	\$0.00	\$56.61
XWK	66087	Non-Exempt		04/09/2020	2020	\$0.00	\$99.06	\$0.00	\$56.61
XWK	66087	Non-Exempt		04/24/2020	2020	\$0.00	\$99.06	\$0.00	\$56.61
XWK	66087	Non-Exempt		05/08/2020	2020	\$0.00	\$99.06	\$0.00	\$56.61
XWK	66087	Non-Exempt		05/22/2020	2020	\$0.00	\$99.06	\$0.00	\$56.61
XWK	66087	Non-Exempt		06/05/2020	2020	\$0.00	\$99.06	\$0.00	\$56.61
XWK	66087	Non-Exempt		06/19/2020	2020	\$0.00	\$99.06	\$0.00	\$56.61
XWK	66087	Non-Exempt		07/02/2020	2020	\$0.00	\$99.06	\$0.00	\$56.61
XWK	66087	Non-Exempt		07/17/2020	2020	\$0.00	\$99.06	\$0.00	\$56.61
XWK	66087	Non-Exempt		07/31/2020	2020	\$0.00	\$99.06	\$0.00	\$56.61
XWK	66087	Non-Exempt		08/14/2020	2020	\$0.00	\$99.06	\$0.00	\$56.61
XWK	66087	Non-Exempt		08/28/2020	2020	\$0.00	\$99.06	\$0.00	\$56.61
XWK	66087	Non-Exempt		09/11/2020	2020	\$0.00	\$99.06	\$0.00	\$56.61

XWK	66087	Non-Exempt		09/25/2020	2020	\$0.00	\$99.06	\$0.00	\$56.61
XWK	66087	Non-Exempt		10/09/2020	2020	\$0.00	\$99.06	\$0.00	\$56.61
XWK	66087	Non-Exempt		10/23/2020	2020	\$0.00	\$99.06	\$0.00	\$56.61
XWK	66087	Non-Exempt		11/06/2020	2020	\$0.00	\$99.06	\$0.00	\$56.61
XWK	66087	Non-Exempt		11/20/2020	2020	\$0.00	\$99.06	\$0.00	\$56.61
XWK	66087	Non-Exempt		12/04/2020	2020	\$0.00	\$99.06	\$0.00	\$56.61
XWK	66087	Non-Exempt		12/18/2020	2020	\$0.00	\$99.06	\$0.00	\$56.61
XWK	66087	Non-Exempt		12/31/2020	2020	\$0.00	\$99.06	\$0.00	\$56.61
XWK	66099	Non-Exempt		05/24/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66099	Non-Exempt		06/07/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66099	Non-Exempt		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66099	Non-Exempt		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66099	Non-Exempt		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66099	Non-Exempt		08/02/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66099	Non-Exempt		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66099	Non-Exempt		08/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66099	Non-Exempt		09/13/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66099	Non-Exempt		09/27/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66099	Non-Exempt		10/11/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66099	Non-Exempt		10/25/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66099	Non-Exempt		11/08/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66099	Non-Exempt		11/22/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66099	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66099	Non-Exempt		12/20/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66099	Non-Exempt		01/03/2020	2020	\$0.00	\$63.39	\$0.00	\$63.39
XWK	66099	Non-Exempt		01/17/2020	2020	\$0.00	\$63.39	\$0.00	\$63.39
XWK	66099	Non-Exempt		01/31/2020	2020	\$0.00	\$31.70	\$0.00	\$31.70
XWK	66099	Non-Exempt		12/18/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66099	Non-Exempt		12/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66111	Non-Exempt		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66111	Non-Exempt		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66111	Non-Exempt		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66111	Non-Exempt		08/02/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66111	Non-Exempt		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66111	Non-Exempt		08/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66111	Non-Exempt		09/13/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66111	Non-Exempt		09/27/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66111	Non-Exempt		10/11/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66111	Non-Exempt		10/25/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66111	Non-Exempt		11/08/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66111	Non-Exempt		11/22/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66111	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66111	Non-Exempt		12/20/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66111	Non-Exempt		01/03/2020	2020	\$0.00	\$86.54	\$0.00	\$57.70
XWK	66111	Non-Exempt		01/17/2020	2020	\$0.00	\$86.54	\$0.00	\$57.70
XWK	66111	Non-Exempt		01/31/2020	2020	\$0.00	\$86.54	\$0.00	\$57.70

XWK	66111	Non-Exempt		02/14/2020	2020	\$0.00	\$86.54	\$0.00	\$57.70
XWK	66111	Non-Exempt		02/28/2020	2020	\$0.00	\$86.54	\$0.00	\$57.70
XWK	66111	Non-Exempt		03/13/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66111	Non-Exempt		03/27/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66111	Non-Exempt		04/09/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66111	Non-Exempt		04/24/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66111	Non-Exempt		05/08/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66111	Non-Exempt		05/22/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66111	Non-Exempt		06/05/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66111	Non-Exempt		06/19/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66111	Non-Exempt		07/02/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66111	Non-Exempt		07/17/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66111	Non-Exempt		07/31/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66111	Non-Exempt		08/14/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66111	Non-Exempt		08/28/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66111	Non-Exempt		09/11/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66111	Non-Exempt		09/25/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66111	Non-Exempt		10/09/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66111	Non-Exempt		10/23/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66111	Non-Exempt		11/06/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66111	Non-Exempt		11/20/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66111	Non-Exempt		12/04/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66111	Non-Exempt		12/18/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66111	Non-Exempt		12/31/2020	2020	\$0.00	\$93.01	\$0.00	\$62.01
XWK	66120	Non-Exempt		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66120	Non-Exempt		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66120	Non-Exempt		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66120	Non-Exempt		08/02/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66120	Non-Exempt		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66120	Non-Exempt		08/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66120	Non-Exempt		09/13/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66120	Non-Exempt		09/27/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66120	Non-Exempt		10/11/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66120	Non-Exempt		10/25/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66120	Non-Exempt		11/08/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66120	Non-Exempt		11/22/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66120	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66120	Non-Exempt		12/20/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66120	Non-Exempt		01/03/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66120	Non-Exempt		01/17/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66120	Non-Exempt		01/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66120	Non-Exempt		12/18/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66120	Non-Exempt		12/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66122	Non-Exempt		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66122	Non-Exempt		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66122	Non-Exempt		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00

XWK	66122	Non-Exempt		08/02/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66122	Non-Exempt		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66122	Non-Exempt		08/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66122	Non-Exempt		09/13/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66122	Non-Exempt		09/27/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66122	Non-Exempt		10/11/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66122	Non-Exempt		10/25/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66122	Non-Exempt		11/08/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66122	Non-Exempt		11/22/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66122	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66122	Non-Exempt		12/20/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66122	Non-Exempt		01/03/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66122	Non-Exempt		01/17/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66122	Non-Exempt		01/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66122	Non-Exempt		12/18/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66122	Non-Exempt		12/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66123	Non-Exempt		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66123	Non-Exempt		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66123	Non-Exempt		08/02/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66123	Non-Exempt		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66123	Non-Exempt		08/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66123	Non-Exempt		09/13/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66123	Non-Exempt		09/27/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66123	Non-Exempt		10/11/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66123	Non-Exempt		10/25/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66123	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66123	Non-Exempt		12/18/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66125	Non-Exempt		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66125	Non-Exempt		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66125	Non-Exempt		08/02/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66125	Non-Exempt		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66125	Non-Exempt		08/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66126	Non-Exempt		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66126	Non-Exempt		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66126	Non-Exempt		08/02/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66126	Non-Exempt		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66126	Non-Exempt		08/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66126	Non-Exempt		09/13/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66126	Non-Exempt		09/27/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66126	Non-Exempt		10/11/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66126	Non-Exempt		10/25/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66126	Non-Exempt		11/08/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66126	Non-Exempt		11/22/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66126	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66126	Non-Exempt		12/20/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66126	Non-Exempt		01/03/2020	2020	\$0.00	\$52.42	\$0.00	\$52.42

XWK	66126	Non-Exempt		01/17/2020	2020	\$0.00	\$52.42	\$0.00	\$52.42
XWK	66126	Non-Exempt		01/31/2020	2020	\$0.00	\$52.42	\$0.00	\$52.42
XWK	66126	Non-Exempt		02/14/2020	2020	\$0.00	\$52.42	\$0.00	\$52.42
XWK	66126	Non-Exempt		02/28/2020	2020	\$0.00	\$52.42	\$0.00	\$52.42
XWK	66126	Non-Exempt		03/13/2020	2020	\$0.00	\$53.86	\$0.00	\$53.86
XWK	66126	Non-Exempt		03/27/2020	2020	\$0.00	\$53.86	\$0.00	\$53.86
XWK	66126	Non-Exempt		04/09/2020	2020	\$0.00	\$53.86	\$0.00	\$53.86
XWK	66126	Non-Exempt		04/24/2020	2020	\$0.00	\$53.86	\$0.00	\$53.86
XWK	66126	Non-Exempt		05/08/2020	2020	\$0.00	\$53.86	\$0.00	\$53.86
XWK	66126	Non-Exempt		05/22/2020	2020	\$0.00	\$53.86	\$0.00	\$53.86
XWK	66126	Non-Exempt		06/05/2020	2020	\$0.00	\$53.86	\$0.00	\$53.86
XWK	66126	Non-Exempt		06/19/2020	2020	\$0.00	\$26.26	\$0.00	\$26.26
XWK	66126	Non-Exempt		09/25/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66126	Non-Exempt		10/09/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66126	Non-Exempt		10/23/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66126	Non-Exempt		11/06/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66126	Non-Exempt		11/20/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66126	Non-Exempt		12/04/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66126	Non-Exempt		12/18/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66126	Non-Exempt		12/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66146	Non-Exempt		08/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66146	Non-Exempt		09/13/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66146	Non-Exempt		09/27/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66146	Non-Exempt		10/11/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66146	Non-Exempt		10/25/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66146	Non-Exempt		11/08/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66146	Non-Exempt		11/22/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66146	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66146	Non-Exempt		12/20/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66146	Non-Exempt		01/03/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66146	Non-Exempt		01/17/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66146	Non-Exempt		01/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66146	Non-Exempt		02/14/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66146	Non-Exempt		02/28/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66146	Non-Exempt		03/13/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66146	Non-Exempt		03/27/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66146	Non-Exempt		04/09/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66146	Non-Exempt		04/24/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66146	Non-Exempt		05/08/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66146	Non-Exempt		05/22/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66146	Non-Exempt		06/05/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66146	Non-Exempt		06/19/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66146	Non-Exempt		07/02/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66146	Non-Exempt		07/17/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66146	Non-Exempt		07/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66146	Non-Exempt		08/14/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00

XWK	66146	Non-Exempt		08/28/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66146	Non-Exempt		09/11/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66146	Non-Exempt		09/25/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66146	Non-Exempt		10/09/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66146	Non-Exempt		10/23/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66146	Non-Exempt		11/06/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66146	Non-Exempt		11/20/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66146	Non-Exempt		12/04/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66146	Non-Exempt		12/18/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66146	Non-Exempt		12/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66149	Non-Exempt		09/13/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66149	Non-Exempt		09/27/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66149	Non-Exempt		10/11/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66149	Non-Exempt		10/25/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66149	Non-Exempt		11/08/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66149	Non-Exempt		11/22/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66149	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66149	Non-Exempt		12/20/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66149	Non-Exempt		01/03/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66149	Non-Exempt		01/17/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66149	Non-Exempt		01/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66149	Non-Exempt		02/14/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66149	Non-Exempt		02/28/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66149	Non-Exempt		03/13/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66149	Non-Exempt		03/27/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66149	Non-Exempt		04/09/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66149	Non-Exempt		04/24/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66149	Non-Exempt		05/08/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66149	Non-Exempt		05/22/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66149	Non-Exempt		06/05/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66149	Non-Exempt		06/19/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66149	Non-Exempt		07/02/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66149	Non-Exempt		07/17/2020	2020	\$0.00	\$62.01	\$0.00	\$62.01
XWK	66149	Non-Exempt		07/31/2020	2020	\$0.00	\$62.01	\$0.00	\$62.01
XWK	66149	Non-Exempt		08/14/2020	2020	\$0.00	\$62.01	\$0.00	\$62.01
XWK	66149	Non-Exempt		08/28/2020	2020	\$0.00	\$62.01	\$0.00	\$62.01
XWK	66149	Non-Exempt		09/11/2020	2020	\$0.00	\$62.01	\$0.00	\$62.01
XWK	66149	Non-Exempt		09/25/2020	2020	\$0.00	\$62.01	\$0.00	\$62.01
XWK	66149	Non-Exempt		10/09/2020	2020	\$0.00	\$62.01	\$0.00	\$62.01
XWK	66149	Non-Exempt		10/23/2020	2020	\$0.00	\$62.01	\$0.00	\$62.01
XWK	66149	Non-Exempt		11/06/2020	2020	\$0.00	\$62.01	\$0.00	\$62.01
XWK	66149	Non-Exempt		11/20/2020	2020	\$0.00	\$62.01	\$0.00	\$62.01
XWK	66149	Non-Exempt		12/04/2020	2020	\$0.00	\$62.01	\$0.00	\$62.01
XWK	66149	Non-Exempt		12/18/2020	2020	\$0.00	\$62.01	\$0.00	\$62.01
XWK	66149	Non-Exempt		12/31/2020	2020	\$0.00	\$62.01	\$0.00	\$62.01
XWK	66158	Non-Exempt		09/13/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00

XWK	66158	Non-Exempt		09/27/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66158	Non-Exempt		10/11/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66158	Non-Exempt		10/25/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66158	Non-Exempt		11/08/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66158	Non-Exempt		11/22/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66158	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66158	Non-Exempt		12/20/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66158	Non-Exempt		01/03/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66158	Non-Exempt		01/17/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66158	Non-Exempt		01/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66158	Non-Exempt		02/14/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66158	Non-Exempt		02/28/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66158	Non-Exempt		03/13/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66158	Non-Exempt		03/27/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66158	Non-Exempt		04/09/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66158	Non-Exempt		04/24/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66158	Non-Exempt		05/08/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66158	Non-Exempt		05/22/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66158	Non-Exempt		06/05/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66158	Non-Exempt		06/19/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66158	Non-Exempt		07/02/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66158	Non-Exempt		07/17/2020	2020	\$0.00	\$64.16	\$0.00	\$64.16
XWK	66158	Non-Exempt		07/31/2020	2020	\$0.00	\$64.16	\$0.00	\$64.16
XWK	66158	Non-Exempt		08/14/2020	2020	\$0.00	\$64.16	\$0.00	\$64.16
XWK	66158	Non-Exempt		08/28/2020	2020	\$0.00	\$64.16	\$0.00	\$64.16
XWK	66158	Non-Exempt		09/11/2020	2020	\$0.00	\$64.16	\$0.00	\$64.16
XWK	66158	Non-Exempt		09/25/2020	2020	\$0.00	\$64.16	\$0.00	\$64.16
XWK	66158	Non-Exempt		10/09/2020	2020	\$0.00	\$64.16	\$0.00	\$64.16
XWK	66158	Non-Exempt		10/23/2020	2020	\$0.00	\$64.16	\$0.00	\$64.16
XWK	66158	Non-Exempt		11/06/2020	2020	\$0.00	\$64.16	\$0.00	\$64.16
XWK	66158	Non-Exempt		11/20/2020	2020	\$0.00	\$64.16	\$0.00	\$64.16
XWK	66158	Non-Exempt		12/04/2020	2020	\$0.00	\$64.16	\$0.00	\$64.16
XWK	66158	Non-Exempt		12/18/2020	2020	\$0.00	\$64.16	\$0.00	\$64.16
XWK	66158	Non-Exempt		12/31/2020	2020	\$0.00	\$64.16	\$0.00	\$64.16
XWK	66160	Non-Exempt		09/13/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66160	Non-Exempt		09/27/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66160	Non-Exempt		10/11/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66160	Non-Exempt		10/25/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66160	Non-Exempt		11/08/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66160	Non-Exempt		11/22/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66160	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66160	Non-Exempt		12/20/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66160	Non-Exempt		01/03/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66160	Non-Exempt		01/17/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66160	Non-Exempt		01/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66160	Non-Exempt		02/14/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00

XWK	66160	Non-Exempt		02/28/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66160	Non-Exempt		03/13/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66160	Non-Exempt		03/27/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66160	Non-Exempt		04/09/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66160	Non-Exempt		04/24/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66160	Non-Exempt		05/08/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66160	Non-Exempt		05/22/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66160	Non-Exempt		06/05/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66160	Non-Exempt		06/19/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66160	Non-Exempt		07/02/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66160	Non-Exempt		07/17/2020	2020	\$0.00	\$61.85	\$0.00	\$61.85
XWK	66160	Non-Exempt		07/31/2020	2020	\$0.00	\$61.85	\$0.00	\$61.85
XWK	66160	Non-Exempt		08/14/2020	2020	\$0.00	\$61.85	\$0.00	\$61.85
XWK	66160	Non-Exempt		08/28/2020	2020	\$0.00	\$61.85	\$0.00	\$61.85
XWK	66160	Non-Exempt		09/11/2020	2020	\$0.00	\$61.85	\$0.00	\$61.85
XWK	66160	Non-Exempt		09/25/2020	2020	\$0.00	\$61.85	\$0.00	\$61.85
XWK	66160	Non-Exempt		10/09/2020	2020	\$0.00	\$61.85	\$0.00	\$61.85
XWK	66160	Non-Exempt		10/23/2020	2020	\$0.00	\$61.85	\$0.00	\$61.85
XWK	66160	Non-Exempt		11/06/2020	2020	\$0.00	\$61.85	\$0.00	\$61.85
XWK	66160	Non-Exempt		11/20/2020	2020	\$0.00	\$61.85	\$0.00	\$61.85
XWK	66160	Non-Exempt		12/04/2020	2020	\$0.00	\$61.85	\$0.00	\$61.85
XWK	66160	Non-Exempt		12/18/2020	2020	\$0.00	\$61.85	\$0.00	\$61.85
XWK	66160	Non-Exempt		12/31/2020	2020	\$0.00	\$61.85	\$0.00	\$61.85
XWK	66162	Non-Exempt		09/27/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66162	Non-Exempt		10/11/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66162	Non-Exempt		10/25/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66162	Non-Exempt		11/08/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66162	Non-Exempt		11/22/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66162	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66162	Non-Exempt		12/20/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66162	Non-Exempt		01/03/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66162	Non-Exempt		01/17/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66162	Non-Exempt		01/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66162	Non-Exempt		02/14/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66162	Non-Exempt		02/28/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66162	Non-Exempt		03/13/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66162	Non-Exempt		03/27/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66162	Non-Exempt		04/09/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66162	Non-Exempt		04/24/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66162	Non-Exempt		05/08/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66162	Non-Exempt		05/22/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66162	Non-Exempt		06/05/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66162	Non-Exempt		06/19/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66162	Non-Exempt		07/02/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66162	Non-Exempt		07/17/2020	2020	\$0.00	\$46.51	\$0.00	\$46.51
XWK	66162	Non-Exempt		07/31/2020	2020	\$0.00	\$46.51	\$0.00	\$46.51

XWK	66162	Non-Exempt		08/14/2020	2020	\$0.00	\$46.51	\$0.00	\$46.51
XWK	66162	Non-Exempt		08/28/2020	2020	\$0.00	\$46.51	\$0.00	\$46.51
XWK	66162	Non-Exempt		09/11/2020	2020	\$0.00	\$46.51	\$0.00	\$46.51
XWK	66162	Non-Exempt		09/25/2020	2020	\$0.00	\$46.51	\$0.00	\$46.51
XWK	66162	Non-Exempt		10/09/2020	2020	\$0.00	\$46.51	\$0.00	\$46.51
XWK	66162	Non-Exempt		10/23/2020	2020	\$0.00	\$46.51	\$0.00	\$46.51
XWK	66162	Non-Exempt		11/06/2020	2020	\$0.00	\$46.51	\$0.00	\$46.51
XWK	66162	Non-Exempt		11/20/2020	2020	\$0.00	\$46.51	\$0.00	\$46.51
XWK	66162	Non-Exempt		12/04/2020	2020	\$0.00	\$46.51	\$0.00	\$46.51
XWK	66162	Non-Exempt		12/18/2020	2020	\$0.00	\$46.51	\$0.00	\$46.51
XWK	66162	Non-Exempt		12/31/2020	2020	\$0.00	\$46.51	\$0.00	\$46.51
XWK	66165	Non-Exempt		10/25/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66165	Non-Exempt		11/08/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66165	Non-Exempt		11/22/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66165	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66165	Non-Exempt		12/20/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66165	Non-Exempt		01/03/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66165	Non-Exempt		01/17/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66165	Non-Exempt		01/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66165	Non-Exempt		02/14/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66165	Non-Exempt		02/28/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66165	Non-Exempt		03/13/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66165	Non-Exempt		03/27/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66165	Non-Exempt		04/09/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66165	Non-Exempt		04/24/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66165	Non-Exempt		05/08/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66165	Non-Exempt		05/22/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66165	Non-Exempt		06/05/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66165	Non-Exempt		06/19/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66165	Non-Exempt		07/02/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66165	Non-Exempt		07/17/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66165	Non-Exempt		07/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66165	Non-Exempt		08/14/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66165	Non-Exempt		08/28/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66165	Non-Exempt		09/11/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66165	Non-Exempt		09/25/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66165	Non-Exempt		10/09/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66165	Non-Exempt		10/23/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66165	Non-Exempt		11/06/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66165	Non-Exempt		11/20/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66165	Non-Exempt		12/04/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66165	Non-Exempt		12/18/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66165	Non-Exempt		12/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66167	Non-Exempt		11/08/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66167	Non-Exempt		11/22/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66167	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00

XWK	66167	Non-Exempt		12/20/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66167	Non-Exempt		01/03/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66167	Non-Exempt		01/17/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66167	Non-Exempt		01/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66167	Non-Exempt		02/14/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66167	Non-Exempt		02/28/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66167	Non-Exempt		03/13/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66167	Non-Exempt		03/27/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66167	Non-Exempt		04/09/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66167	Non-Exempt		04/24/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66167	Non-Exempt		05/08/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66167	Non-Exempt		05/22/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66167	Non-Exempt		06/05/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66167	Non-Exempt		06/19/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66167	Non-Exempt		07/02/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66167	Non-Exempt		07/17/2020	2020	\$0.00	\$28.22	\$0.00	\$28.22
XWK	66167	Non-Exempt		07/31/2020	2020	\$0.00	\$28.22	\$0.00	\$28.22
XWK	66167	Non-Exempt		08/14/2020	2020	\$0.00	\$28.22	\$0.00	\$28.22
XWK	66167	Non-Exempt		08/28/2020	2020	\$0.00	\$28.22	\$0.00	\$28.22
XWK	66167	Non-Exempt		09/11/2020	2020	\$0.00	\$28.22	\$0.00	\$28.22
XWK	66167	Non-Exempt		09/25/2020	2020	\$0.00	\$28.22	\$0.00	\$28.22
XWK	66167	Non-Exempt		10/09/2020	2020	\$0.00	\$28.22	\$0.00	\$28.22
XWK	66167	Non-Exempt		10/23/2020	2020	\$0.00	\$28.22	\$0.00	\$28.22
XWK	66167	Non-Exempt		11/06/2020	2020	\$0.00	\$28.22	\$0.00	\$28.22
XWK	66167	Non-Exempt		11/20/2020	2020	\$0.00	\$28.22	\$0.00	\$28.22
XWK	66167	Non-Exempt		12/04/2020	2020	\$0.00	\$28.22	\$0.00	\$28.22
XWK	66167	Non-Exempt		12/18/2020	2020	\$0.00	\$28.22	\$0.00	\$28.22
XWK	66167	Non-Exempt		12/31/2020	2020	\$0.00	\$28.22	\$0.00	\$28.22
XWK	66168	Non-Exempt		11/22/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66168	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66168	Non-Exempt		12/20/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66168	Non-Exempt		01/03/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66168	Non-Exempt		01/17/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66168	Non-Exempt		01/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66168	Non-Exempt		02/14/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66168	Non-Exempt		02/28/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66168	Non-Exempt		03/13/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66168	Non-Exempt		03/27/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66168	Non-Exempt		04/09/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66168	Non-Exempt		04/24/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66168	Non-Exempt		05/08/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66168	Non-Exempt		05/22/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66168	Non-Exempt		06/05/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66168	Non-Exempt		06/19/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66168	Non-Exempt		07/02/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66168	Non-Exempt		07/17/2020	2020	\$0.00	\$108.52	\$0.00	\$62.01

XWK	66168	Non-Exempt		07/31/2020	2020	\$0.00	\$108.52	\$0.00	\$62.01
XWK	66168	Non-Exempt		08/14/2020	2020	\$0.00	\$108.52	\$0.00	\$62.01
XWK	66168	Non-Exempt		08/28/2020	2020	\$0.00	\$108.52	\$0.00	\$62.01
XWK	66168	Non-Exempt		09/11/2020	2020	\$0.00	\$108.52	\$0.00	\$62.01
XWK	66168	Non-Exempt		09/25/2020	2020	\$0.00	\$108.52	\$0.00	\$62.01
XWK	66168	Non-Exempt		10/09/2020	2020	\$0.00	\$108.52	\$0.00	\$62.01
XWK	66168	Non-Exempt		10/23/2020	2020	\$0.00	\$108.52	\$0.00	\$62.01
XWK	66168	Non-Exempt		11/06/2020	2020	\$0.00	\$108.52	\$0.00	\$62.01
XWK	66168	Non-Exempt		11/20/2020	2020	\$0.00	\$108.52	\$0.00	\$62.01
XWK	66168	Non-Exempt		12/04/2020	2020	\$0.00	\$108.52	\$0.00	\$62.01
XWK	66168	Non-Exempt		12/18/2020	2020	\$0.00	\$108.52	\$0.00	\$62.01
XWK	66168	Non-Exempt		12/31/2020	2020	\$0.00	\$108.52	\$0.00	\$62.01
XWK	66170	Non-Exempt		11/22/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66170	Non-Exempt		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66170	Non-Exempt		12/20/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66170	Non-Exempt		01/03/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66170	Non-Exempt		01/17/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66170	Non-Exempt		01/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66170	Non-Exempt		02/14/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66170	Non-Exempt		02/28/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66170	Non-Exempt		03/13/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66170	Non-Exempt		03/27/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66170	Non-Exempt		04/09/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66170	Non-Exempt		04/24/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66170	Non-Exempt		05/08/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66170	Non-Exempt		05/22/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66170	Non-Exempt		06/05/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66170	Non-Exempt		06/19/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66170	Non-Exempt		07/02/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66170	Non-Exempt		07/17/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66170	Non-Exempt		07/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66170	Non-Exempt		08/14/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66170	Non-Exempt		08/28/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66170	Non-Exempt		09/11/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66170	Non-Exempt		09/25/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66170	Non-Exempt		10/09/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66170	Non-Exempt		10/23/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66170	Non-Exempt		11/06/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66170	Non-Exempt		11/20/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66170	Non-Exempt		12/04/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66170	Non-Exempt		12/18/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66170	Non-Exempt		12/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66184	Non-Exempt		02/14/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66184	Non-Exempt		02/28/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66184	Non-Exempt		03/13/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66184	Non-Exempt		03/27/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00

XWK	66268	Non-Exempt		11/20/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66268	Non-Exempt		12/04/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66268	Non-Exempt		12/18/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66268	Non-Exempt		12/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66278	Non-Exempt		08/28/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66278	Non-Exempt		09/11/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66278	Non-Exempt		09/25/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66278	Non-Exempt		10/09/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66278	Non-Exempt		10/23/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66278	Non-Exempt		11/06/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66278	Non-Exempt		11/20/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66278	Non-Exempt		12/04/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66278	Non-Exempt		12/18/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66278	Non-Exempt		12/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66317	Non-Exempt		10/23/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66317	Non-Exempt		11/06/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66317	Non-Exempt		11/20/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66317	Non-Exempt		12/04/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66317	Non-Exempt		12/18/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66317	Non-Exempt		12/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65902	Non-Exempt		2018	2018				1448.04
XWK	65903	Non-Exempt		2018	2018				1503.96
XWK	65904	Non-Exempt		2018	2018				1554.00
XWK	65908	Non-Exempt		2018	2018				1324.08
XWK	65911	Non-Exempt		2018	2018				321.00
XWK	65915	Non-Exempt		2018	2018				1212.00
XWK	65916	Non-Exempt		2018	2018				1196.04
XWK	65917	Non-Exempt		2018	2018				1956.00
XWK	65918	Non-Exempt		2018	2018				1314.00
XWK	65920	Non-Exempt		2018	2018				1326.00
XWK	65919	Non-Exempt		2018	2018				1884.00
XWK	65922	Non-Exempt		2018	2018				1458.00
XWK	65923	Non-Exempt		2018	2018				1920.00
XWK	65924	Non-Exempt		2018	2018				1916.04
XWK	65926	Non-Exempt		2018	2018				729.96
XWK	65928	Non-Exempt		2018	2018				1321.92
XWK	65930	Non-Exempt		2018	2018				1712.04
XWK		Non-Exempt		2018	2018				1007.36
XWK	65932	Non-Exempt		2018	2018				1640.04
XWK	65933	Non-Exempt		2018	2018				1851.96
XWK	66048	Non-Exempt		2018	2018				1357.00
XWK	65937	Non-Exempt		2018	2018				1196.04
XWK	65938	Non-Exempt		2018	2018				2049.96
XWK	65940	Non-Exempt		2018	2018				1364.04
XWK	65941	Non-Exempt		2018	2018				2019.96
XWK	65942	Non-Exempt		2018	2018				1608.00

XWK	65943 Non-Exempt		2018 2018	1790.04
XWK	65945 Non-Exempt		2018 2018	1604.04
XWK	65946 Non-Exempt		2018 2018	1788.00
XWK	65948 Non-Exempt		2018 2018	1464.00
XWK	65951 Non-Exempt		2018 2018	1754.04
XWK	65952 Non-Exempt		2018 2018	1842.00
XWK	65954 Non-Exempt		2018 2018	990.96
XWK	65957 Non-Exempt		2018 2018	1848.00
XWK	65959 Non-Exempt		2018 2018	1203.96
XWK	65960 Non-Exempt		2018 2018	1126.44
XWK	65962 Non-Exempt		2018 2018	669.96
XWK	65961 Non-Exempt		2018 2018	690.00
XWK	65963 Non-Exempt		2018 2018	1818.00
XWK	Non-Exempt		2018 2018	1271.46
XWK	65966 Non-Exempt		2018 2018	1464.00
XWK	65967 Non-Exempt		2018 2018	1784.04
XWK	65968 Non-Exempt		2018 2018	2079.96
XWK	65969 Non-Exempt		2018 2018	1711.92
XWK	65972 Non-Exempt		2018 2018	1453.92
XWK	65973 Non-Exempt		2018 2018	1797.96
XWK	65974 Non-Exempt		2018 2018	646.92
XWK	65975 Non-Exempt		2018 2018	921.28
XWK	65976 Non-Exempt		2018 2018	2040.00
XWK	65978 Non-Exempt		2018 2018	1599.96
XWK	Non-Exempt		2018 2018	1521.93
XWK	65985 Non-Exempt		2018 2018	1453.92
XWK	65986 Non-Exempt		2018 2018	1468.08
XWK	65984 Non-Exempt		2018 2018	1326.00
XWK	65983 Non-Exempt		2018 2018	1344.00
XWK	65989 Non-Exempt		2018 2018	1856.04
XWK	65991 Non-Exempt		2018 2018	661.08
XWK	65994 Non-Exempt		2018 2018	2488.08
XWK	65995 Non-Exempt		2018 2018	1890.00
XWK	65998 Non-Exempt		2018 2018	1488.00
XWK	65999 Non-Exempt		2018 2018	1465.92
XWK	66000 Non-Exempt		2018 2018	1316.04
XWK	66003 Non-Exempt		2018 2018	1446.00
XWK	66005 Non-Exempt		2018 2018	1554.00
XWK	66006 Non-Exempt		2018 2018	1453.92
XWK	66008 Non-Exempt		2018 2018	732.00
XWK	66009 Non-Exempt		2018 2018	1206.00
XWK	66011 Non-Exempt		2018 2018	1453.92
XWK	66013 Non-Exempt		2018 2018	1386.00
XWK	66015 Non-Exempt		2018 2018	1188.12
XWK	66016 Non-Exempt		2018 2018	1640.04
XWK	66017 Non-Exempt		2018 2018	1620.00

XWK	66146 Non-Exempt		2018 2018		702.00
XWK	66018 Non-Exempt		2018 2018		1460.04
XWK	66022 Non-Exempt		2018 2018		1572.00
XWK	66024 Non-Exempt		2018 2018		1321.92
XWK	66028 Non-Exempt		2018 2018		1455.96
XWK	66029 Non-Exempt		2018 2018		1656.00
XWK	Non-Exempt		2018 2018		1335.00
XWK	66033 Non-Exempt		2018 2018		1446.00
XWK	66036 Non-Exempt		2018 2018		1321.92
XWK	66050 Non-Exempt		2018 2018		1479.96
XWK	66049 Non-Exempt		2018 2018		1335.00
XWK	Non-Exempt		2018 2018		1022.69
XWK	66037 Non-Exempt		2018 2018		804.00
XWK	65902 Non-Exempt		2018	5792.04	
XWK	65903 Non-Exempt		2018	4512.00	
XWK	65904 Non-Exempt		2018	3885.00	
XWK	65908 Non-Exempt		2018	1324.08	
XWK	65911 Non-Exempt		2018	321.00	
XWK	65915 Non-Exempt		2018	1509.00	
XWK	65916 Non-Exempt		2018	1196.04	
XWK	65917 Non-Exempt		2018	3423.00	
XWK	65918 Non-Exempt		2018	2457.00	
XWK	65920 Non-Exempt		2018	1326.00	
XWK	65919 Non-Exempt		2018	2355.12	
XWK	65922 Non-Exempt		2018	2916.00	
XWK	65923 Non-Exempt		2018	3840.00	
XWK	65924 Non-Exempt		2018	2874.00	
XWK	65926 Non-Exempt		2018	729.96	
XWK	65928 Non-Exempt		2018	3966.00	
XWK	65930 Non-Exempt		2018	1712.04	
XWK	Non-Exempt		2018	1007.36	
XWK	65932 Non-Exempt		2018	1640.04	
XWK	65933 Non-Exempt		2018	3241.08	
XWK	66048 Non-Exempt		2018	1357.00	
XWK	65937 Non-Exempt		2018	2096.97	
XWK	65938 Non-Exempt		2018	6150.00	
XWK	65940 Non-Exempt		2018	1364.04	
XWK	65941 Non-Exempt		2018	3030.00	
XWK	65942 Non-Exempt		2018	4020.00	
XWK	65943 Non-Exempt		2018	2685.00	
XWK	65945 Non-Exempt		2018	1604.04	
XWK	65946 Non-Exempt		2018	5364.00	
XWK	65948 Non-Exempt		2018	2196.00	
XWK	65951 Non-Exempt		2018	4385.04	
XWK	65952 Non-Exempt		2018	3684.00	
XWK	65954 Non-Exempt		2018	990.96	

XWK	65957 Non-Exempt		2018	3234.00
XWK	65959 Non-Exempt		2018	1203.96
XWK	65960 Non-Exempt		2018	1126.44
XWK	65962 Non-Exempt		2018	669.96
XWK	65961 Non-Exempt		2018	690.00
XWK	65963 Non-Exempt		2018	1271.46
XWK	Non-Exempt		2018	3181.44
XWK	65966 Non-Exempt		2018	2196.00
XWK	65967 Non-Exempt		2018	2676.00
XWK	65968 Non-Exempt		2018	9360.00
XWK	65969 Non-Exempt		2018	2568.00
XWK	65972 Non-Exempt		2018	1817.52
XWK	65973 Non-Exempt		2018	4251.00
XWK	65974 Non-Exempt		2018	646.92
XWK	65975 Non-Exempt		2018	921.28
XWK	65976 Non-Exempt		2018	6120.00
XWK	65978 Non-Exempt		2018	3999.96
XWK	Non-Exempt		2018	2283.00
XWK	65985 Non-Exempt		2018	1453.92
XWK	65986 Non-Exempt		2018	1835.04
XWK	65984 Non-Exempt		2018	2320.56
XWK	65983 Non-Exempt		2018	1344.00
XWK	65989 Non-Exempt		2018	6495.96
XWK	65991 Non-Exempt		2018	661.08
XWK	65994 Non-Exempt		2018	3109.92
XWK	65995 Non-Exempt		2018	3780.00
XWK	65998 Non-Exempt		2018	1488.00
XWK	65999 Non-Exempt		2018	1465.92
XWK	66000 Non-Exempt		2018	1974.00
XWK	66003 Non-Exempt		2018	1446.00
XWK	66005 Non-Exempt		2018	1942.56
XWK	66006 Non-Exempt		2018	2181.00
XWK	66008 Non-Exempt		2018	732.00
XWK	66009 Non-Exempt		2018	1809.00
XWK	66011 Non-Exempt		2018	2181.00
XWK	66013 Non-Exempt		2018	4158.00
XWK	66015 Non-Exempt		2018	1188.12
XWK	66016 Non-Exempt		2018	4100.04
XWK	66017 Non-Exempt		2018	2430.00
XWK	66146 Non-Exempt		2018	702.00
XWK	66018 Non-Exempt		2018	1824.96
XWK	66022 Non-Exempt		2018	1572.00
XWK	66024 Non-Exempt		2018	1983.00
XWK	66028 Non-Exempt		2018	1455.96
XWK	66029 Non-Exempt		2018	6624.00
XWK	Non-Exempt		2018	2670.00

XWK	66033 Non-Exempt			2018			4338.00	
XWK	66036 Non-Exempt			2018			1983.00	
XWK	66050 Non-Exempt			2018			1479.96	
XWK	66049 Non-Exempt			2018			1668.80	
XWK	Non-Exempt			2018			2045.31	
XWK	66037 Non-Exempt			2018			1206.00	
XWK	65921	Officer	01/18/2019	2019	\$0.00	\$702.69	\$240.00	\$401.54
XWK	65921	Officer	02/01/2019	2019	\$0.00	\$780.77	\$240.00	\$446.15
XWK	65921	Officer	02/15/2019	2019	\$0.00	\$780.77	\$240.00	\$446.15
XWK	65921	Officer	03/01/2019	2019	\$0.00	\$780.77	\$240.00	\$446.15
XWK	65921	Officer	03/15/2019	2019	\$0.00	\$804.19	\$240.00	\$459.54
XWK	65921	Officer	03/29/2019	2019	\$0.00	\$804.19	\$240.00	\$459.54
XWK	65921	Officer	04/12/2019	2019	\$0.00	\$804.19	\$240.00	\$459.54
XWK	65921	Officer	04/26/2019	2019	\$0.00	\$804.19	\$240.00	\$459.54
XWK	65921	Officer	05/10/2019	2019	\$0.00	\$804.19	\$240.00	\$459.54
XWK	65921	Officer	05/24/2019	2019	\$0.00	\$804.19	\$240.00	\$459.54
XWK	65921	Officer	06/07/2019	2019	\$0.00	\$804.19	\$240.00	\$459.54
XWK	65921	Officer	06/21/2019	2019	\$0.00	\$804.19	\$240.00	\$459.54
XWK	65921	Officer	07/05/2019	2019	\$0.00	\$804.19	\$240.00	\$459.54
XWK	65921	Officer	07/19/2019	2019	\$0.00	\$804.19	\$240.00	\$459.54
XWK	65921	Officer	08/02/2019	2019	\$0.00	\$804.19	\$240.00	\$459.54
XWK	65921	Officer	08/16/2019	2019	\$0.00	\$804.19	\$240.00	\$459.54
XWK	65921	Officer	08/30/2019	2019	\$0.00	\$804.19	\$240.00	\$459.54
XWK	65921	Officer	09/13/2019	2019	\$0.00	\$804.19	\$240.00	\$459.54
XWK	65921	Officer	09/27/2019	2019	\$0.00	\$804.19	\$240.00	\$459.54
XWK	65921	Officer	10/11/2019	2019	\$0.00	\$804.19	\$240.00	\$459.54
XWK	65921	Officer	10/25/2019	2019	\$0.00	\$804.19	\$240.00	\$459.54
XWK	65921	Officer	11/08/2019	2019	\$0.00	\$804.19	\$240.00	\$459.54
XWK	65921	Officer	11/22/2019	2019	\$0.00	\$804.19	\$240.00	\$459.54
XWK	65921	Officer	12/06/2019	2019	\$0.00	\$675.39	\$240.00	\$459.54
XWK	65921	Officer	12/20/2019	2019	\$0.00	\$0.00	\$240.00	\$269.23
XWK	65921	Officer	01/03/2020	2020	\$0.00	\$804.19	\$240.74	\$459.54
XWK	65921	Officer	01/17/2020	2020	\$0.00	\$804.19	\$240.74	\$459.54
XWK	65921	Officer	01/31/2020	2020	\$0.00	\$804.19	\$240.74	\$459.54
XWK	65921	Officer	02/14/2020	2020	\$0.00	\$804.19	\$240.74	\$459.54
XWK	65921	Officer	02/28/2020	2020	\$0.00	\$804.19	\$240.74	\$459.54
XWK	65921	Officer	03/13/2020	2020	\$0.00	\$844.59	\$240.74	\$482.62
XWK	65921	Officer	03/27/2020	2020	\$0.00	\$844.59	\$240.74	\$482.62
XWK	65921	Officer	04/09/2020	2020	\$0.00	\$1,206.56	\$800.00	\$482.62
XWK	65921	Officer	04/24/2020	2020	\$0.00	\$1,206.56	\$800.00	\$482.62
XWK	65921	Officer	05/08/2020	2020	\$0.00	\$1,206.56	\$800.00	\$482.62
XWK	65921	Officer	05/22/2020	2020	\$0.00	\$1,206.56	\$800.00	\$482.62
XWK	65921	Officer	06/05/2020	2020	\$0.00	\$1,206.56	\$800.00	\$482.62
XWK	65921	Officer	06/19/2020	2020	\$0.00	\$1,206.56	\$800.00	\$482.62
XWK	65921	Officer	07/02/2020	2020	\$0.00	\$1,206.56	\$800.00	\$482.62
XWK	65921	Officer	07/17/2020	2020	\$0.00	\$1,206.56	\$800.00	\$482.62

XWK	65921	Officer		07/31/2020	2020	\$0.00	\$1,206.56	\$800.00	\$482.62
XWK	65921	Officer		08/14/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65921	Officer		08/28/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65921	Officer		09/11/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65921	Officer		09/25/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65921	Officer		10/09/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65921	Officer		10/23/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65921	Officer		11/06/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65921	Officer		11/20/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65921	Officer		12/04/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65921	Officer		12/18/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65921	Officer		12/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65921	Officer		2018	2018				10596.63
XWK		Officer		2018	2018				9340.00
XWK	65921	Officer				2018		18500	6000
XWK		Officer				2018		16425.00	4500
XWK	66043	Part Time		01/18/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66043	Part Time		02/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66043	Part Time		02/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66043	Part Time		03/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66043	Part Time		03/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66043	Part Time		03/29/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66043	Part Time		04/12/2019	2019	\$0.00	\$3.36	\$0.00	\$3.36
XWK	66043	Part Time		05/24/2019	2019	\$0.00	\$1.12	\$0.00	\$1.12
XWK	66043	Part Time		06/07/2019	2019	\$0.00	\$7.28	\$0.00	\$7.28
XWK	66043	Part Time		06/21/2019	2019	\$0.00	\$7.84	\$0.00	\$7.84
XWK	66043	Part Time		07/05/2019	2019	\$0.00	\$2.80	\$0.00	\$2.80
XWK	66043	Part Time		11/08/2019	2019	\$0.00	\$4.48	\$0.00	\$4.48
XWK	66043	Part Time		11/22/2019	2019	\$0.00	\$7.84	\$0.00	\$7.84
XWK	66043	Part Time		02/14/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66043	Part Time		03/13/2020	2020	\$0.00	\$5.04	\$0.00	\$5.04
XWK	66043	Part Time		03/27/2020	2020	\$0.00	\$3.08	\$0.00	\$3.08
XWK	66043	Part Time		07/02/2020	2020	\$0.00	\$22.40	\$0.00	\$22.40
XWK	66043	Part Time		07/17/2020	2020	\$0.00	\$13.44	\$0.00	\$13.44
XWK	66043	Part Time		11/06/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		01/18/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		02/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		02/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		03/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		03/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		03/29/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		04/12/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		04/26/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		05/10/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		05/24/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		06/07/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00

XWK	66044	Part Time		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		08/02/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		08/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		09/13/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		09/27/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		10/11/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		10/25/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		11/08/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		11/22/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		12/20/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		01/03/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		01/17/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		01/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		02/14/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		02/28/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		03/13/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		03/27/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		04/09/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		10/23/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		11/06/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		11/20/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		12/04/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		12/18/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66044	Part Time		12/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66045	Part Time		01/18/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66045	Part Time		02/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66045	Part Time		02/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66045	Part Time		03/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66045	Part Time		03/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66045	Part Time		03/29/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66045	Part Time		04/12/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66045	Part Time		04/26/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66045	Part Time		05/10/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66045	Part Time		05/24/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66045	Part Time		06/07/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66045	Part Time		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66045	Part Time		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66045	Part Time		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66045	Part Time		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66045	Part Time		08/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66045	Part Time		09/13/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66045	Part Time		09/27/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00

XWK	66045	Part Time		10/25/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66045	Part Time		11/08/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66045	Part Time		11/22/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66045	Part Time		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66045	Part Time		12/20/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66045	Part Time		01/03/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66045	Part Time		01/17/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66045	Part Time		01/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66045	Part Time		02/14/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66045	Part Time		02/28/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66045	Part Time		03/13/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66045	Part Time		03/27/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66045	Part Time		04/24/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66045	Part Time		05/08/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66045	Part Time		05/22/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66045	Part Time		06/05/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66045	Part Time		06/19/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66046	Part Time		01/18/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66046	Part Time		02/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66046	Part Time		02/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66046	Part Time		03/01/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66046	Part Time		03/15/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66046	Part Time		03/29/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66046	Part Time		04/12/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66046	Part Time		04/26/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66046	Part Time		05/10/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66046	Part Time		05/24/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66104	Part Time		05/24/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66104	Part Time		06/07/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66104	Part Time		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66104	Part Time		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66104	Part Time		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66104	Part Time		08/02/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66104	Part Time		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66104	Part Time		08/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66104	Part Time		09/13/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66104	Part Time		09/27/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66104	Part Time		10/11/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66104	Part Time		10/25/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66104	Part Time		11/08/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66104	Part Time		11/22/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66104	Part Time		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66112	Part Time		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66112	Part Time		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66112	Part Time		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66112	Part Time		08/02/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00

XWK	66112	Part Time		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66113	Part Time		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66113	Part Time		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66113	Part Time		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66113	Part Time		08/02/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66113	Part Time		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66113	Part Time		08/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66113	Part Time		09/13/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66113	Part Time		09/27/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66113	Part Time		10/11/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66113	Part Time		10/25/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66113	Part Time		07/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66113	Part Time		08/14/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66113	Part Time		08/28/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66113	Part Time		09/25/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66113	Part Time		10/09/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66113	Part Time		10/23/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66113	Part Time		11/20/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66113	Part Time		12/04/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66113	Part Time		12/18/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66114	Part Time		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66114	Part Time		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66114	Part Time		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66114	Part Time		08/02/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66114	Part Time		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66114	Part Time		08/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66115	Part Time		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66115	Part Time		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66115	Part Time		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66115	Part Time		08/02/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66115	Part Time		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66116	Part Time		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66116	Part Time		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66116	Part Time		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66116	Part Time		08/02/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66116	Part Time		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66116	Part Time		08/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66116	Part Time		09/13/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66116	Part Time		09/27/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66116	Part Time		10/11/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66116	Part Time		10/25/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66116	Part Time		11/08/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66116	Part Time		11/22/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66116	Part Time		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66116	Part Time		12/20/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66116	Part Time		01/03/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00

XWK	66116	Part Time		08/28/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66116	Part Time		09/11/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66116	Part Time		09/25/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66116	Part Time		10/09/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66116	Part Time		10/23/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66116	Part Time		11/06/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66116	Part Time		11/20/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66116	Part Time		12/04/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66117	Part Time		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66117	Part Time		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66117	Part Time		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66117	Part Time		08/02/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66117	Part Time		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66117	Part Time		08/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66118	Part Time		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66118	Part Time		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66118	Part Time		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66118	Part Time		08/02/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66118	Part Time		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66119	Part Time		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66119	Part Time		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66121	Part Time		06/21/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66121	Part Time		07/05/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66121	Part Time		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66121	Part Time		08/02/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66121	Part Time		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66135	Part Time		07/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66135	Part Time		08/02/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66135	Part Time		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66135	Part Time		08/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66135	Part Time		09/13/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66135	Part Time		09/27/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66135	Part Time		10/11/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66144	Part Time		08/16/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66144	Part Time		08/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66144	Part Time		09/13/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66144	Part Time		09/27/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66144	Part Time		10/11/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66144	Part Time		10/25/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66144	Part Time		11/08/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66144	Part Time		11/22/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66144	Part Time		12/06/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66144	Part Time		12/20/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66144	Part Time		01/03/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66144	Part Time		01/17/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66145	Part Time		08/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00

XWK	66279	Part Time		09/11/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66279	Part Time		09/25/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66279	Part Time		10/09/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66279	Part Time		10/23/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66279	Part Time		11/06/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66279	Part Time		11/20/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66279	Part Time		12/04/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66280	Part Time		08/28/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66280	Part Time		09/11/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66280	Part Time		09/25/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66280	Part Time		10/09/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66280	Part Time		10/23/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66280	Part Time		11/06/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66280	Part Time		11/20/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66280	Part Time		12/04/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66285	Part Time		08/28/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66285	Part Time		09/11/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66285	Part Time		09/25/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66285	Part Time		10/09/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66285	Part Time		10/23/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66285	Part Time		11/06/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66285	Part Time		11/20/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66285	Part Time		12/04/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66285	Part Time		12/18/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66285	Part Time		12/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66315	Part Time		10/23/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66315	Part Time		11/06/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66315	Part Time		11/20/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66315	Part Time		12/04/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66315	Part Time		12/18/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66315	Part Time		12/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66043	Part Time		2018	2018				378.72
XWK	66043	Part Time				2018		378.72	
F37	65182	Supervisor		01/05/2018	2018	\$94.20	\$251.19	\$0.00	\$196.24
F37	65182	Supervisor		01/19/2018	2018	\$94.20	\$251.19	\$0.00	\$196.24
F37	65182	Supervisor		02/02/2018	2018	\$94.20	\$251.19	\$0.00	\$196.24
F37	65182	Supervisor		02/16/2018	2018	\$94.20	\$251.19	\$0.00	\$196.24
F37	65182	Supervisor		03/02/2018	2018	\$94.20	\$251.19	\$0.00	\$196.24
F37	65182	Supervisor		03/16/2018	2018	\$97.02	\$258.73	\$0.00	\$202.13
F37	65182	Supervisor		03/29/2018	2018	\$97.02	\$258.73	\$0.00	\$202.13
F37	65182	Supervisor		04/13/2018	2018	\$97.02	\$258.73	\$0.00	\$202.13
F37	65182	Supervisor		04/27/2018	2018	\$97.02	\$258.73	\$0.00	\$202.13
F37	65182	Supervisor		05/11/2018	2018	\$97.02	\$258.73	\$0.00	\$202.13
F37	65182	Supervisor		05/25/2018	2018	\$97.02	\$258.73	\$0.00	\$202.13
F37	65182	Supervisor		06/08/2018	2018	\$97.02	\$258.73	\$0.00	\$202.13
F37	65182	Supervisor		06/22/2018	2018	\$97.02	\$258.73	\$0.00	\$202.13

F37	65182	Supervisor		07/06/2018	2018	\$97.02	\$258.73	\$0.00	\$202.13
F37	65182	Supervisor		07/20/2018	2018	\$97.02	\$258.73	\$0.00	\$202.13
F37	65182	Supervisor		08/03/2018	2018	\$97.02	\$258.73	\$0.00	\$202.13
F37	65182	Supervisor		08/17/2018	2018	\$97.02	\$258.73	\$0.00	\$202.13
F37	65182	Supervisor		08/31/2018	2018	\$97.02	\$258.73	\$0.00	\$202.13
F37	65182	Supervisor		09/14/2018	2018	\$97.02	\$258.73	\$0.00	\$202.13
F37	65182	Supervisor		09/28/2018	2018	\$97.02	\$258.73	\$0.00	\$202.13
F37	65182	Supervisor		10/12/2018	2018	\$97.02	\$258.73	\$0.00	\$202.13
F37	65182	Supervisor		10/26/2018	2018	\$97.02	\$258.73	\$0.00	\$202.13
F37	65182	Supervisor		11/09/2018	2018	\$97.02	\$258.73	\$0.00	\$202.13
F37	65182	Supervisor		11/23/2018	2018	\$97.02	\$258.73	\$0.00	\$202.13
F37	65182	Supervisor		12/07/2018	2018	\$97.02	\$258.73	\$0.00	\$202.13
F37	65182	Supervisor		12/21/2018	2018	\$97.02	\$258.73	\$0.00	\$202.13
F37	65182	Supervisor		01/04/2019	2019	\$97.02	\$258.73	\$0.00	\$202.13
F37	65182	Supervisor		01/18/2019	2019	\$97.02	\$258.73	\$0.00	\$202.13
F37	65182	Supervisor		02/01/2019	2019	\$97.02	\$258.73	\$0.00	\$202.13
F37	65182	Supervisor		02/15/2019	2019	\$97.02	\$258.73	\$0.00	\$202.13
F37	65182	Supervisor		03/01/2019	2019	\$97.02	\$258.73	\$0.00	\$202.13
F37	65182	Supervisor		03/15/2019	2019	\$100.18	\$267.13	\$0.00	\$208.70
F37	65182	Supervisor		03/29/2019	2019	\$100.18	\$267.13	\$0.00	\$208.70
F37	65182	Supervisor		04/12/2019	2019	\$100.18	\$267.13	\$0.00	\$208.70
F37	65182	Supervisor		04/26/2019	2019	\$100.18	\$267.13	\$0.00	\$208.70
F37	65182	Supervisor		05/10/2019	2019	\$100.18	\$267.13	\$0.00	\$208.70
F37	65182	Supervisor		05/24/2019	2019	\$100.18	\$267.13	\$0.00	\$208.70
F37	65182	Supervisor		06/07/2019	2019	\$100.18	\$267.13	\$0.00	\$208.70
F37	65182	Supervisor		06/21/2019	2019	\$100.18	\$267.13	\$0.00	\$208.70
F37	65182	Supervisor		07/05/2019	2019	\$100.18	\$267.13	\$0.00	\$208.70
F37	65182	Supervisor		07/19/2019	2019	\$100.18	\$267.13	\$0.00	\$208.70
F37	65182	Supervisor		08/02/2019	2019	\$100.18	\$267.13	\$0.00	\$208.70
F37	65182	Supervisor		08/16/2019	2019	\$100.18	\$267.13	\$0.00	\$208.70
F37	65182	Supervisor		08/30/2019	2019	\$100.18	\$267.13	\$0.00	\$208.70
F37	65182	Supervisor		09/13/2019	2019	\$100.18	\$267.13	\$0.00	\$208.70
F37	65182	Supervisor		09/27/2019	2019	\$100.18	\$267.13	\$0.00	\$208.70
F37	65182	Supervisor		10/11/2019	2019	\$100.18	\$267.13	\$0.00	\$208.70
F37	65182	Supervisor		10/25/2019	2019	\$100.18	\$267.13	\$0.00	\$208.70
F37	65182	Supervisor		11/08/2019	2019	\$100.18	\$267.13	\$0.00	\$208.70
F37	65182	Supervisor		11/22/2019	2019	\$100.18	\$267.13	\$0.00	\$208.70
F37	65182	Supervisor		12/06/2019	2019	\$100.18	\$267.13	\$0.00	\$208.70
F37	65182	Supervisor		12/20/2019	2019	\$100.18	\$267.13	\$0.00	\$208.70
F37	65182	Supervisor		01/03/2020	2020	\$100.18	\$267.13	\$0.00	\$208.70
F37	65182	Supervisor		01/17/2020	2020	\$100.18	\$267.13	\$0.00	\$208.70
F37	65182	Supervisor		01/31/2020	2020	\$100.18	\$267.13	\$0.00	\$208.70
F37	65182	Supervisor		02/14/2020	2020	\$100.18	\$267.13	\$0.00	\$208.70
F37	65182	Supervisor		02/28/2020	2020	\$100.18	\$267.13	\$0.00	\$208.70
F37	65182	Supervisor		03/13/2020	2020	\$103.18	\$275.15	\$0.00	\$214.96
F37	65182	Supervisor		03/27/2020	2020	\$103.18	\$275.15	\$0.00	\$214.96

F37	65182	Supervisor		04/09/2020	2020	\$103.18	\$275.15	\$0.00	\$214.96
F37	65182	Supervisor		04/24/2020	2020	\$103.18	\$275.15	\$0.00	\$214.96
F37	65182	Supervisor		05/08/2020	2020	\$103.18	\$275.15	\$0.00	\$214.96
F37	65182	Supervisor		05/22/2020	2020	\$103.18	\$275.15	\$0.00	\$214.96
F37	65182	Supervisor		06/05/2020	2020	\$103.18	\$275.15	\$0.00	\$214.96
F37	65182	Supervisor		06/19/2020	2020	\$103.18	\$275.15	\$0.00	\$214.96
F37	65182	Supervisor		07/02/2020	2020	\$103.18	\$275.15	\$0.00	\$214.96
F37	65182	Supervisor		07/17/2020	2020	\$103.18	\$275.15	\$0.00	\$214.96
F37	65182	Supervisor		07/31/2020	2020	\$103.18	\$275.15	\$0.00	\$214.96
F37	65182	Supervisor		08/14/2020	2020	\$103.18	\$275.15	\$0.00	\$214.96
F37	65182	Supervisor		08/28/2020	2020	\$103.18	\$275.15	\$0.00	\$214.96
F37	65182	Supervisor		09/11/2020	2020	\$103.18	\$275.15	\$0.00	\$214.96
F37	65182	Supervisor		09/25/2020	2020	\$103.18	\$275.15	\$0.00	\$214.96
F37	65182	Supervisor		10/09/2020	2020	\$103.18	\$275.15	\$0.00	\$214.96
F37	65182	Supervisor		10/23/2020	2020	\$103.18	\$275.15	\$0.00	\$214.96
F37	65182	Supervisor		11/06/2020	2020	\$103.18	\$275.15	\$0.00	\$214.96
F37	65182	Supervisor		11/20/2020	2020	\$103.18	\$275.15	\$0.00	\$214.96
F37	65182	Supervisor		12/04/2020	2020	\$103.18	\$275.15	\$0.00	\$214.96
F37	65182	Supervisor		12/18/2020	2020	\$103.18	\$275.15	\$0.00	\$214.96
F37	65182	Supervisor		12/31/2020	2020	\$103.18	\$275.15	\$0.00	\$214.96
XWK	65907	Supervisor		01/18/2019	2019	\$0.00	\$81.69	\$0.00	\$81.69
XWK	65907	Supervisor		02/01/2019	2019	\$0.00	\$90.77	\$0.00	\$90.77
XWK	65907	Supervisor		02/15/2019	2019	\$0.00	\$90.77	\$0.00	\$90.77
XWK	65907	Supervisor		03/01/2019	2019	\$0.00	\$90.77	\$0.00	\$90.77
XWK	65907	Supervisor		03/15/2019	2019	\$0.00	\$94.62	\$0.00	\$94.62
XWK	65907	Supervisor		03/29/2019	2019	\$0.00	\$94.62	\$0.00	\$94.62
XWK	65907	Supervisor		03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65907	Supervisor		04/12/2019	2019	\$0.00	\$94.62	\$0.00	\$94.62
XWK	65907	Supervisor		04/26/2019	2019	\$0.00	\$94.62	\$0.00	\$94.62
XWK	65907	Supervisor		05/10/2019	2019	\$0.00	\$94.62	\$0.00	\$94.62
XWK	65907	Supervisor		05/24/2019	2019	\$0.00	\$94.62	\$0.00	\$94.62
XWK	65907	Supervisor		06/07/2019	2019	\$0.00	\$94.62	\$0.00	\$94.62
XWK	65907	Supervisor		06/21/2019	2019	\$0.00	\$94.62	\$0.00	\$94.62
XWK	65907	Supervisor		07/05/2019	2019	\$0.00	\$94.62	\$0.00	\$94.62
XWK	65907	Supervisor		07/19/2019	2019	\$0.00	\$94.62	\$0.00	\$94.62
XWK	65907	Supervisor		08/02/2019	2019	\$0.00	\$94.62	\$0.00	\$94.62
XWK	65907	Supervisor		08/16/2019	2019	\$0.00	\$94.62	\$0.00	\$94.62
XWK	65907	Supervisor		08/30/2019	2019	\$0.00	\$94.62	\$0.00	\$94.62
XWK	65907	Supervisor		09/13/2019	2019	\$0.00	\$94.62	\$0.00	\$94.62
XWK	65907	Supervisor		09/27/2019	2019	\$0.00	\$94.62	\$0.00	\$94.62
XWK	65907	Supervisor		10/11/2019	2019	\$0.00	\$94.62	\$0.00	\$94.62
XWK	65907	Supervisor		10/25/2019	2019	\$0.00	\$94.62	\$0.00	\$94.62
XWK	65907	Supervisor		11/08/2019	2019	\$0.00	\$94.62	\$0.00	\$94.62
XWK	65907	Supervisor		11/22/2019	2019	\$0.00	\$94.62	\$0.00	\$94.62
XWK	65907	Supervisor		12/06/2019	2019	\$0.00	\$94.62	\$0.00	\$94.62
XWK	65907	Supervisor		12/20/2019	2019	\$0.00	\$94.62	\$0.00	\$94.62

XWK	65907	Supervisor		01/03/2020	2020	\$0.00	\$94.61	\$0.00	\$94.61
XWK	65907	Supervisor		01/17/2020	2020	\$0.00	\$94.61	\$0.00	\$94.61
XWK	65907	Supervisor		01/31/2020	2020	\$0.00	\$94.61	\$0.00	\$94.61
XWK	65907	Supervisor		02/14/2020	2020	\$0.00	\$94.61	\$0.00	\$94.61
XWK	65907	Supervisor		02/28/2020	2020	\$0.00	\$94.61	\$0.00	\$94.61
XWK	65907	Supervisor		03/13/2020	2020	\$0.00	\$98.47	\$0.00	\$98.47
XWK	65907	Supervisor		03/27/2020	2020	\$0.00	\$98.47	\$0.00	\$98.47
XWK	65907	Supervisor		04/09/2020	2020	\$0.00	\$98.47	\$0.00	\$98.47
XWK	65907	Supervisor		04/24/2020	2020	\$0.00	\$98.47	\$0.00	\$98.47
XWK	65907	Supervisor		05/08/2020	2020	\$0.00	\$98.47	\$0.00	\$98.47
XWK	65907	Supervisor		05/22/2020	2020	\$0.00	\$98.47	\$0.00	\$98.47
XWK	65907	Supervisor		06/05/2020	2020	\$0.00	\$98.47	\$0.00	\$98.47
XWK	65907	Supervisor		06/19/2020	2020	\$0.00	\$98.47	\$0.00	\$98.47
XWK	65907	Supervisor		07/02/2020	2020	\$0.00	\$98.47	\$0.00	\$98.47
XWK	65907	Supervisor		07/17/2020	2020	\$0.00	\$98.47	\$0.00	\$98.47
XWK	65907	Supervisor		07/31/2020	2020	\$0.00	\$98.47	\$0.00	\$98.47
XWK	65907	Supervisor		08/14/2020	2020	\$0.00	\$98.47	\$0.00	\$98.47
XWK	65907	Supervisor		08/28/2020	2020	\$0.00	\$98.47	\$0.00	\$98.47
XWK	65907	Supervisor		09/11/2020	2020	\$0.00	\$98.47	\$0.00	\$98.47
XWK	65907	Supervisor		09/25/2020	2020	\$0.00	\$98.47	\$0.00	\$98.47
XWK	65907	Supervisor		10/09/2020	2020	\$0.00	\$98.47	\$0.00	\$98.47
XWK	65907	Supervisor		10/23/2020	2020	\$0.00	\$98.47	\$0.00	\$98.47
XWK	65907	Supervisor		11/06/2020	2020	\$0.00	\$98.47	\$0.00	\$98.47
XWK	65907	Supervisor		11/20/2020	2020	\$0.00	\$98.47	\$0.00	\$98.47
XWK	65907	Supervisor		11/27/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65907	Supervisor		12/04/2020	2020	\$0.00	\$98.47	\$0.00	\$98.47
XWK	65907	Supervisor		12/18/2020	2020	\$0.00	\$98.47	\$0.00	\$98.47
XWK	65907	Supervisor		12/31/2020	2020	\$0.00	\$98.47	\$0.00	\$98.47
XWK	65909	Supervisor		01/18/2019	2019	\$0.00	\$116.86	\$0.00	\$116.86
XWK	65909	Supervisor		02/01/2019	2019	\$0.00	\$129.85	\$0.00	\$129.85
XWK	65909	Supervisor		02/15/2019	2019	\$0.00	\$129.85	\$0.00	\$129.85
XWK	65909	Supervisor		03/01/2019	2019	\$0.00	\$129.85	\$0.00	\$129.85
XWK	65909	Supervisor		03/15/2019	2019	\$0.00	\$134.15	\$0.00	\$134.15
XWK	65909	Supervisor		03/29/2019	2019	\$0.00	\$134.15	\$0.00	\$134.15
XWK	65909	Supervisor		03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65909	Supervisor		04/12/2019	2019	\$0.00	\$134.15	\$0.00	\$134.15
XWK	65909	Supervisor		04/26/2019	2019	\$0.00	\$134.15	\$0.00	\$134.15
XWK	65909	Supervisor		05/10/2019	2019	\$0.00	\$134.15	\$0.00	\$134.15
XWK	65909	Supervisor		05/24/2019	2019	\$0.00	\$134.15	\$0.00	\$134.15
XWK	65909	Supervisor		06/07/2019	2019	\$0.00	\$134.15	\$0.00	\$134.15
XWK	65909	Supervisor		06/21/2019	2019	\$0.00	\$134.15	\$0.00	\$134.15
XWK	65909	Supervisor		07/05/2019	2019	\$0.00	\$134.15	\$0.00	\$134.15
XWK	65909	Supervisor		07/19/2019	2019	\$0.00	\$134.15	\$0.00	\$134.15
XWK	65909	Supervisor		08/02/2019	2019	\$0.00	\$134.15	\$0.00	\$134.15
XWK	65909	Supervisor		08/16/2019	2019	\$0.00	\$134.15	\$0.00	\$134.15
XWK	65909	Supervisor		08/30/2019	2019	\$0.00	\$134.15	\$0.00	\$134.15

XWK	65909	Supervisor		09/13/2019	2019	\$0.00	\$134.15	\$0.00	\$134.15
XWK	65909	Supervisor		09/27/2019	2019	\$0.00	\$134.15	\$0.00	\$134.15
XWK	65909	Supervisor		10/11/2019	2019	\$0.00	\$134.15	\$0.00	\$134.15
XWK	65909	Supervisor		10/25/2019	2019	\$0.00	\$134.15	\$0.00	\$134.15
XWK	65909	Supervisor		11/08/2019	2019	\$0.00	\$134.15	\$0.00	\$134.15
XWK	65909	Supervisor		11/22/2019	2019	\$0.00	\$134.15	\$0.00	\$134.15
XWK	65909	Supervisor		12/06/2019	2019	\$0.00	\$134.15	\$0.00	\$134.15
XWK	65909	Supervisor		12/20/2019	2019	\$0.00	\$134.15	\$0.00	\$134.15
XWK	65909	Supervisor		01/03/2020	2020	\$0.00	\$268.31	\$0.00	\$134.15
XWK	65909	Supervisor		01/17/2020	2020	\$0.00	\$268.31	\$0.00	\$134.15
XWK	65909	Supervisor		01/31/2020	2020	\$0.00	\$268.31	\$0.00	\$134.15
XWK	65909	Supervisor		02/14/2020	2020	\$0.00	\$268.31	\$0.00	\$134.15
XWK	65909	Supervisor		02/28/2020	2020	\$0.00	\$268.31	\$0.00	\$134.15
XWK	65909	Supervisor		03/13/2020	2020	\$0.00	\$276.93	\$0.00	\$138.47
XWK	65909	Supervisor		03/27/2020	2020	\$0.00	\$276.93	\$0.00	\$138.47
XWK	65909	Supervisor		04/09/2020	2020	\$0.00	\$276.93	\$0.00	\$138.47
XWK	65909	Supervisor		04/24/2020	2020	\$0.00	\$276.93	\$0.00	\$138.47
XWK	65909	Supervisor		05/08/2020	2020	\$0.00	\$276.93	\$0.00	\$138.47
XWK	65909	Supervisor		05/22/2020	2020	\$0.00	\$276.93	\$0.00	\$138.47
XWK	65909	Supervisor		06/05/2020	2020	\$0.00	\$276.93	\$0.00	\$138.47
XWK	65909	Supervisor		06/19/2020	2020	\$0.00	\$276.93	\$0.00	\$138.47
XWK	65909	Supervisor		07/02/2020	2020	\$0.00	\$276.93	\$0.00	\$138.47
XWK	65909	Supervisor		07/17/2020	2020	\$0.00	\$276.93	\$0.00	\$138.47
XWK	65909	Supervisor		07/31/2020	2020	\$0.00	\$276.93	\$0.00	\$138.47
XWK	65909	Supervisor		08/14/2020	2020	\$0.00	\$276.93	\$0.00	\$138.47
XWK	65909	Supervisor		08/28/2020	2020	\$0.00	\$276.93	\$0.00	\$138.47
XWK	65909	Supervisor		09/11/2020	2020	\$0.00	\$276.93	\$0.00	\$138.47
XWK	65909	Supervisor		09/25/2020	2020	\$0.00	\$276.93	\$0.00	\$138.47
XWK	65909	Supervisor		10/09/2020	2020	\$0.00	\$276.93	\$0.00	\$138.47
XWK	65909	Supervisor		10/23/2020	2020	\$0.00	\$276.93	\$0.00	\$138.47
XWK	65909	Supervisor		11/06/2020	2020	\$0.00	\$276.93	\$0.00	\$138.47
XWK	65909	Supervisor		11/20/2020	2020	\$0.00	\$276.93	\$0.00	\$138.47
XWK	65909	Supervisor		12/04/2020	2020	\$0.00	\$276.93	\$0.00	\$138.47
XWK	65909	Supervisor		12/18/2020	2020	\$0.00	\$276.93	\$0.00	\$138.47
XWK	65909	Supervisor		12/31/2020	2020	\$0.00	\$276.93	\$0.00	\$138.47
XWK	65910	Supervisor		01/18/2019	2019	\$0.00	\$208.73	\$0.00	\$83.49
XWK	65910	Supervisor		02/01/2019	2019	\$0.00	\$231.92	\$0.00	\$92.77
XWK	65910	Supervisor		02/15/2019	2019	\$0.00	\$231.92	\$0.00	\$92.77
XWK	65910	Supervisor		03/01/2019	2019	\$0.00	\$231.92	\$0.00	\$92.77
XWK	65910	Supervisor		03/15/2019	2019	\$0.00	\$241.54	\$0.00	\$96.62
XWK	65910	Supervisor		03/29/2019	2019	\$0.00	\$241.54	\$0.00	\$96.62
XWK	65910	Supervisor		03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65910	Supervisor		04/12/2019	2019	\$0.00	\$241.54	\$0.00	\$96.62
XWK	65910	Supervisor		04/26/2019	2019	\$0.00	\$241.54	\$0.00	\$96.62
XWK	65910	Supervisor		05/10/2019	2019	\$0.00	\$241.54	\$0.00	\$96.62
XWK	65910	Supervisor		05/24/2019	2019	\$0.00	\$241.54	\$0.00	\$96.62

XWK	65910	Supervisor		06/07/2019	2019	\$0.00	\$241.54	\$0.00	\$96.62
XWK	65910	Supervisor		06/21/2019	2019	\$0.00	\$241.54	\$0.00	\$96.62
XWK	65910	Supervisor		07/05/2019	2019	\$0.00	\$241.54	\$0.00	\$96.62
XWK	65910	Supervisor		07/19/2019	2019	\$0.00	\$241.54	\$0.00	\$96.62
XWK	65910	Supervisor		08/02/2019	2019	\$0.00	\$241.54	\$0.00	\$96.62
XWK	65910	Supervisor		08/16/2019	2019	\$0.00	\$241.54	\$0.00	\$96.62
XWK	65910	Supervisor		08/30/2019	2019	\$0.00	\$241.54	\$0.00	\$96.62
XWK	65910	Supervisor		09/13/2019	2019	\$0.00	\$241.54	\$0.00	\$96.62
XWK	65910	Supervisor		09/27/2019	2019	\$0.00	\$241.54	\$0.00	\$96.62
XWK	65910	Supervisor		10/11/2019	2019	\$0.00	\$241.54	\$0.00	\$96.62
XWK	65910	Supervisor		10/25/2019	2019	\$0.00	\$241.54	\$0.00	\$96.62
XWK	65910	Supervisor		11/08/2019	2019	\$0.00	\$241.54	\$0.00	\$96.62
XWK	65910	Supervisor		11/22/2019	2019	\$0.00	\$241.54	\$0.00	\$96.62
XWK	65910	Supervisor		12/06/2019	2019	\$0.00	\$241.54	\$0.00	\$96.62
XWK	65910	Supervisor		12/20/2019	2019	\$0.00	\$241.54	\$0.00	\$96.62
XWK	65910	Supervisor		01/03/2020	2020	\$0.00	\$241.53	\$0.00	\$96.61
XWK	65910	Supervisor		01/17/2020	2020	\$0.00	\$241.53	\$0.00	\$96.61
XWK	65910	Supervisor		01/31/2020	2020	\$0.00	\$241.53	\$0.00	\$96.61
XWK	65910	Supervisor		02/14/2020	2020	\$0.00	\$241.53	\$0.00	\$96.61
XWK	65910	Supervisor		02/28/2020	2020	\$0.00	\$241.53	\$0.00	\$96.61
XWK	65910	Supervisor		03/13/2020	2020	\$0.00	\$251.11	\$0.00	\$100.44
XWK	65910	Supervisor		03/27/2020	2020	\$0.00	\$251.11	\$0.00	\$100.44
XWK	65910	Supervisor		04/09/2020	2020	\$0.00	\$251.11	\$0.00	\$100.44
XWK	65910	Supervisor		04/24/2020	2020	\$0.00	\$251.11	\$0.00	\$100.44
XWK	65910	Supervisor		05/08/2020	2020	\$0.00	\$251.11	\$0.00	\$100.44
XWK	65910	Supervisor		05/22/2020	2020	\$0.00	\$251.11	\$0.00	\$100.44
XWK	65910	Supervisor		06/05/2020	2020	\$0.00	\$251.11	\$0.00	\$100.44
XWK	65910	Supervisor		06/19/2020	2020	\$0.00	\$251.11	\$0.00	\$100.44
XWK	65910	Supervisor		07/02/2020	2020	\$0.00	\$251.11	\$0.00	\$100.44
XWK	65910	Supervisor		07/17/2020	2020	\$0.00	\$251.11	\$0.00	\$100.44
XWK	65910	Supervisor		07/31/2020	2020	\$0.00	\$251.11	\$0.00	\$100.44
XWK	65910	Supervisor		08/14/2020	2020	\$0.00	\$251.11	\$0.00	\$100.44
XWK	65910	Supervisor		08/28/2020	2020	\$0.00	\$251.11	\$0.00	\$100.44
XWK	65910	Supervisor		09/11/2020	2020	\$0.00	\$251.11	\$0.00	\$100.44
XWK	65910	Supervisor		09/25/2020	2020	\$0.00	\$251.11	\$0.00	\$100.44
XWK	65910	Supervisor		10/09/2020	2020	\$0.00	\$251.11	\$0.00	\$100.44
XWK	65910	Supervisor		10/23/2020	2020	\$0.00	\$251.11	\$0.00	\$100.44
XWK	65910	Supervisor		11/06/2020	2020	\$0.00	\$251.11	\$0.00	\$100.44
XWK	65910	Supervisor		11/20/2020	2020	\$0.00	\$251.11	\$0.00	\$100.44
XWK	65910	Supervisor		11/27/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65910	Supervisor		12/04/2020	2020	\$0.00	\$251.11	\$0.00	\$100.44
XWK	65910	Supervisor		12/18/2020	2020	\$0.00	\$251.11	\$0.00	\$100.44
XWK	65910	Supervisor		12/31/2020	2020	\$0.00	\$251.11	\$0.00	\$100.44
XWK	65912	Supervisor		01/18/2019	2019	\$0.00	\$221.40	\$0.00	\$73.80
XWK	65912	Supervisor		02/01/2019	2019	\$0.00	\$246.00	\$0.00	\$82.00
XWK	65912	Supervisor		02/15/2019	2019	\$0.00	\$246.00	\$0.00	\$82.00

XWK	65912	Supervisor	[REDACTED]	03/01/2019	2019	\$0.00	\$246.00	\$0.00	\$82.00
XWK	65912	Supervisor	[REDACTED]	03/15/2019	2019	\$0.00	\$255.24	\$0.00	\$85.08
XWK	65912	Supervisor	[REDACTED]	03/29/2019	2019	\$0.00	\$255.24	\$0.00	\$85.08
XWK	65912	Supervisor	[REDACTED]	03/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65912	Supervisor	[REDACTED]	03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65912	Supervisor	[REDACTED]	04/12/2019	2019	\$0.00	\$255.24	\$0.00	\$85.08
XWK	65912	Supervisor	[REDACTED]	04/26/2019	2019	\$0.00	\$255.24	\$0.00	\$85.08
XWK	65912	Supervisor	[REDACTED]	05/10/2019	2019	\$0.00	\$255.24	\$0.00	\$85.08
XWK	65912	Supervisor	[REDACTED]	05/24/2019	2019	\$0.00	\$255.23	\$0.00	\$85.08
XWK	65912	Supervisor	[REDACTED]	06/07/2019	2019	\$0.00	\$255.23	\$0.00	\$85.08
XWK	65912	Supervisor	[REDACTED]	06/21/2019	2019	\$0.00	\$255.23	\$0.00	\$85.08
XWK	65912	Supervisor	[REDACTED]	07/05/2019	2019	\$0.00	\$255.23	\$0.00	\$85.08
XWK	65912	Supervisor	[REDACTED]	07/19/2019	2019	\$0.00	\$425.38	\$0.00	\$85.08
XWK	65912	Supervisor	[REDACTED]	08/02/2019	2019	\$0.00	\$425.38	\$0.00	\$85.08
XWK	65912	Supervisor	[REDACTED]	08/16/2019	2019	\$0.00	\$425.38	\$0.00	\$85.08
XWK	65912	Supervisor	[REDACTED]	08/30/2019	2019	\$0.00	\$425.38	\$0.00	\$85.08
XWK	65912	Supervisor	[REDACTED]	09/13/2019	2019	\$0.00	\$425.38	\$0.00	\$85.08
XWK	65912	Supervisor	[REDACTED]	09/27/2019	2019	\$0.00	\$425.38	\$0.00	\$85.08
XWK	65912	Supervisor	[REDACTED]	10/11/2019	2019	\$0.00	\$425.38	\$0.00	\$85.08
XWK	65912	Supervisor	[REDACTED]	10/25/2019	2019	\$0.00	\$425.38	\$0.00	\$85.08
XWK	65912	Supervisor	[REDACTED]	11/08/2019	2019	\$0.00	\$425.38	\$0.00	\$85.08
XWK	65912	Supervisor	[REDACTED]	11/22/2019	2019	\$0.00	\$425.38	\$0.00	\$85.08
XWK	65912	Supervisor	[REDACTED]	12/06/2019	2019	\$0.00	\$425.38	\$0.00	\$85.08
XWK	65912	Supervisor	[REDACTED]	12/20/2019	2019	\$0.00	\$425.38	\$0.00	\$85.08
XWK	65912	Supervisor	[REDACTED]	01/03/2020	2020	\$0.00	\$574.21	\$0.00	\$85.01
XWK	65912	Supervisor	[REDACTED]	01/17/2020	2020	\$0.00	\$574.21	\$0.00	\$85.01
XWK	65912	Supervisor	[REDACTED]	01/31/2020	2020	\$0.00	\$574.21	\$0.00	\$85.01
XWK	65912	Supervisor	[REDACTED]	02/14/2020	2020	\$0.00	\$574.21	\$0.00	\$85.01
XWK	65912	Supervisor	[REDACTED]	02/28/2020	2020	\$0.00	\$574.21	\$0.00	\$85.01
XWK	65912	Supervisor	[REDACTED]	03/13/2020	2020	\$0.00	\$595.01	\$0.00	\$88.20
XWK	65912	Supervisor	[REDACTED]	03/27/2020	2020	\$0.00	\$595.01	\$0.00	\$88.20
XWK	65912	Supervisor	[REDACTED]	04/09/2020	2020	\$0.00	\$595.01	\$0.00	\$88.20
XWK	65912	Supervisor	[REDACTED]	04/24/2020	2020	\$0.00	\$595.01	\$0.00	\$88.20
XWK	65912	Supervisor	[REDACTED]	05/08/2020	2020	\$0.00	\$595.01	\$0.00	\$88.20
XWK	65912	Supervisor	[REDACTED]	05/22/2020	2020	\$0.00	\$595.01	\$0.00	\$88.20
XWK	65912	Supervisor	[REDACTED]	06/05/2020	2020	\$0.00	\$595.01	\$0.00	\$88.20
XWK	65912	Supervisor	[REDACTED]	06/19/2020	2020	\$0.00	\$595.01	\$0.00	\$88.20
XWK	65912	Supervisor	[REDACTED]	07/02/2020	2020	\$0.00	\$595.01	\$0.00	\$88.20
XWK	65912	Supervisor	[REDACTED]	07/17/2020	2020	\$0.00	\$595.01	\$0.00	\$88.20
XWK	65912	Supervisor	[REDACTED]	07/31/2020	2020	\$0.00	\$595.01	\$0.00	\$88.20
XWK	65912	Supervisor	[REDACTED]	08/14/2020	2020	\$0.00	\$595.01	\$0.00	\$88.20
XWK	65912	Supervisor	[REDACTED]	08/28/2020	2020	\$0.00	\$595.01	\$0.00	\$88.20
XWK	65912	Supervisor	[REDACTED]	09/11/2020	2020	\$0.00	\$595.01	\$0.00	\$88.20
XWK	65912	Supervisor	[REDACTED]	09/25/2020	2020	\$0.00	\$595.01	\$0.00	\$88.20
XWK	65912	Supervisor	[REDACTED]	10/09/2020	2020	\$0.00	\$595.01	\$0.00	\$88.20
XWK	65912	Supervisor	[REDACTED]	10/23/2020	2020	\$0.00	\$595.01	\$0.00	\$88.20

XWK	65912	Supervisor		11/06/2020	2020	\$0.00	\$595.01	\$0.00	\$88.20
XWK	65912	Supervisor		11/20/2020	2020	\$0.00	\$595.01	\$0.00	\$88.20
XWK	65912	Supervisor		12/04/2020	2020	\$0.00	\$595.01	\$0.00	\$88.20
XWK	65912	Supervisor		12/18/2020	2020	\$0.00	\$595.01	\$0.00	\$88.20
XWK	65912	Supervisor		12/31/2020	2020	\$0.00	\$595.01	\$0.00	\$88.20
XWK	65914	Supervisor		01/18/2019	2019	\$0.00	\$420.58	\$0.00	\$112.15
XWK	65914	Supervisor		02/01/2019	2019	\$0.00	\$467.31	\$0.00	\$124.62
XWK	65914	Supervisor		02/15/2019	2019	\$0.00	\$467.31	\$0.00	\$124.62
XWK	65914	Supervisor		03/01/2019	2019	\$0.00	\$467.31	\$0.00	\$124.62
XWK	65914	Supervisor		03/15/2019	2019	\$0.00	\$482.89	\$0.00	\$128.77
XWK	65914	Supervisor		03/29/2019	2019	\$0.00	\$482.89	\$0.00	\$128.77
XWK	65914	Supervisor		03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65914	Supervisor		04/12/2019	2019	\$0.00	\$482.89	\$0.00	\$128.77
XWK	65914	Supervisor		04/26/2019	2019	\$0.00	\$482.89	\$0.00	\$128.77
XWK	65914	Supervisor		05/10/2019	2019	\$0.00	\$482.89	\$0.00	\$128.77
XWK	65914	Supervisor		05/24/2019	2019	\$0.00	\$482.88	\$0.00	\$128.77
XWK	65914	Supervisor		06/07/2019	2019	\$0.00	\$482.88	\$0.00	\$128.77
XWK	65914	Supervisor		06/21/2019	2019	\$0.00	\$482.88	\$0.00	\$128.77
XWK	65914	Supervisor		07/05/2019	2019	\$0.00	\$482.88	\$0.00	\$128.77
XWK	65914	Supervisor		07/19/2019	2019	\$0.00	\$482.88	\$0.00	\$128.77
XWK	65914	Supervisor		08/02/2019	2019	\$0.00	\$482.88	\$0.00	\$128.77
XWK	65914	Supervisor		08/16/2019	2019	\$0.00	\$482.88	\$0.00	\$128.77
XWK	65914	Supervisor		08/30/2019	2019	\$0.00	\$482.88	\$0.00	\$128.77
XWK	65914	Supervisor		09/13/2019	2019	\$0.00	\$482.88	\$0.00	\$128.77
XWK	65914	Supervisor		09/27/2019	2019	\$0.00	\$482.88	\$0.00	\$128.77
XWK	65914	Supervisor		10/11/2019	2019	\$0.00	\$482.88	\$0.00	\$128.77
XWK	65914	Supervisor		10/25/2019	2019	\$0.00	\$482.88	\$0.00	\$128.77
XWK	65914	Supervisor		11/08/2019	2019	\$0.00	\$482.88	\$0.00	\$128.77
XWK	65914	Supervisor		11/22/2019	2019	\$0.00	\$482.88	\$0.00	\$128.77
XWK	65914	Supervisor		12/06/2019	2019	\$0.00	\$482.88	\$0.00	\$128.77
XWK	65914	Supervisor		12/20/2019	2019	\$0.00	\$482.88	\$0.00	\$128.77
XWK	65914	Supervisor		01/03/2020	2020	\$0.00	\$547.27	\$0.00	\$128.77
XWK	65914	Supervisor		01/17/2020	2020	\$0.00	\$547.27	\$0.00	\$128.77
XWK	65914	Supervisor		01/31/2020	2020	\$0.00	\$547.27	\$0.00	\$128.77
XWK	65914	Supervisor		02/14/2020	2020	\$0.00	\$547.27	\$0.00	\$128.77
XWK	65914	Supervisor		02/28/2020	2020	\$0.00	\$547.27	\$0.00	\$128.77
XWK	65914	Supervisor		03/13/2020	2020	\$0.00	\$565.62	\$0.00	\$133.09
XWK	65914	Supervisor		03/27/2020	2020	\$0.00	\$565.62	\$0.00	\$133.09
XWK	65914	Supervisor		04/09/2020	2020	\$0.00	\$565.62	\$0.00	\$133.09
XWK	65914	Supervisor		04/24/2020	2020	\$0.00	\$565.62	\$0.00	\$133.09
XWK	65914	Supervisor		05/08/2020	2020	\$0.00	\$565.62	\$0.00	\$133.09
XWK	65914	Supervisor		05/22/2020	2020	\$0.00	\$565.62	\$0.00	\$133.09
XWK	65914	Supervisor		06/05/2020	2020	\$0.00	\$565.62	\$0.00	\$133.09
XWK	65914	Supervisor		06/19/2020	2020	\$0.00	\$565.62	\$0.00	\$133.09
XWK	65914	Supervisor		07/02/2020	2020	\$0.00	\$565.62	\$0.00	\$133.09
XWK	65914	Supervisor		07/17/2020	2020	\$0.00	\$565.62	\$0.00	\$133.09

XWK	65914	Supervisor		07/31/2020	2020	\$0.00	\$565.62	\$0.00	\$133.09
XWK	65914	Supervisor		08/14/2020	2020	\$0.00	\$565.62	\$0.00	\$133.09
XWK	65914	Supervisor		08/28/2020	2020	\$0.00	\$565.62	\$0.00	\$133.09
XWK	65914	Supervisor		09/11/2020	2020	\$0.00	\$565.62	\$0.00	\$133.09
XWK	65914	Supervisor		09/25/2020	2020	\$0.00	\$565.62	\$0.00	\$133.09
XWK	65914	Supervisor		10/09/2020	2020	\$0.00	\$565.62	\$0.00	\$133.09
XWK	65914	Supervisor		10/23/2020	2020	\$0.00	\$565.62	\$0.00	\$133.09
XWK	65914	Supervisor		11/06/2020	2020	\$0.00	\$565.62	\$0.00	\$133.09
XWK	65914	Supervisor		11/20/2020	2020	\$0.00	\$565.62	\$0.00	\$133.09
XWK	65914	Supervisor		12/04/2020	2020	\$0.00	\$565.62	\$0.00	\$133.09
XWK	65914	Supervisor		12/18/2020	2020	\$0.00	\$565.62	\$0.00	\$133.09
XWK	65914	Supervisor		12/31/2020	2020	\$0.00	\$565.62	\$0.00	\$133.09
XWK	65936	Supervisor		01/18/2019	2019	\$0.00	\$134.31	\$0.00	\$67.15
XWK	65936	Supervisor		02/01/2019	2019	\$0.00	\$149.23	\$0.00	\$74.62
XWK	65936	Supervisor		02/15/2019	2019	\$0.00	\$149.23	\$0.00	\$74.62
XWK	65936	Supervisor		03/01/2019	2019	\$0.00	\$149.23	\$0.00	\$74.62
XWK	65936	Supervisor		03/15/2019	2019	\$0.00	\$167.69	\$0.00	\$83.85
XWK	65936	Supervisor		03/29/2019	2019	\$0.00	\$167.69	\$0.00	\$83.85
XWK	65936	Supervisor		03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65936	Supervisor		04/12/2019	2019	\$0.00	\$167.69	\$0.00	\$83.85
XWK	65936	Supervisor		04/26/2019	2019	\$0.00	\$167.69	\$0.00	\$83.85
XWK	65936	Supervisor		05/10/2019	2019	\$0.00	\$167.69	\$0.00	\$83.85
XWK	65936	Supervisor		05/24/2019	2019	\$0.00	\$167.69	\$0.00	\$83.85
XWK	65936	Supervisor		06/07/2019	2019	\$0.00	\$167.69	\$0.00	\$83.85
XWK	65936	Supervisor		06/21/2019	2019	\$0.00	\$167.69	\$0.00	\$83.85
XWK	65936	Supervisor		07/05/2019	2019	\$0.00	\$167.69	\$0.00	\$83.85
XWK	65936	Supervisor		07/19/2019	2019	\$0.00	\$167.69	\$0.00	\$83.85
XWK	65936	Supervisor		08/02/2019	2019	\$0.00	\$167.69	\$0.00	\$83.85
XWK	65936	Supervisor		08/16/2019	2019	\$0.00	\$167.69	\$0.00	\$83.85
XWK	65936	Supervisor		08/30/2019	2019	\$0.00	\$167.69	\$0.00	\$83.85
XWK	65936	Supervisor		09/13/2019	2019	\$0.00	\$167.69	\$0.00	\$83.85
XWK	65936	Supervisor		09/27/2019	2019	\$0.00	\$167.69	\$0.00	\$83.85
XWK	65936	Supervisor		10/11/2019	2019	\$0.00	\$167.69	\$0.00	\$83.85
XWK	65936	Supervisor		10/25/2019	2019	\$0.00	\$167.69	\$0.00	\$83.85
XWK	65936	Supervisor		11/08/2019	2019	\$0.00	\$167.69	\$0.00	\$83.85
XWK	65936	Supervisor		11/22/2019	2019	\$0.00	\$167.69	\$0.00	\$83.85
XWK	65936	Supervisor		12/06/2019	2019	\$0.00	\$167.69	\$0.00	\$83.85
XWK	65936	Supervisor		12/20/2019	2019	\$0.00	\$167.69	\$0.00	\$83.85
XWK	65936	Supervisor		01/03/2020	2020	\$0.00	\$167.69	\$0.00	\$83.85
XWK	65936	Supervisor		01/17/2020	2020	\$0.00	\$167.69	\$0.00	\$83.85
XWK	65936	Supervisor		01/31/2020	2020	\$0.00	\$167.69	\$0.00	\$83.85
XWK	65936	Supervisor		02/14/2020	2020	\$0.00	\$167.69	\$0.00	\$83.85
XWK	65936	Supervisor		02/28/2020	2020	\$0.00	\$167.69	\$0.00	\$83.85
XWK	65936	Supervisor		03/13/2020	2020	\$0.00	\$177.54	\$0.00	\$88.77
XWK	65936	Supervisor		03/27/2020	2020	\$0.00	\$177.54	\$0.00	\$88.77
XWK	65936	Supervisor		04/09/2020	2020	\$0.00	\$177.54	\$0.00	\$88.77

XWK	65936	Supervisor		04/24/2020	2020	\$0.00	\$177.54	\$0.00	\$88.77
XWK	65936	Supervisor		05/08/2020	2020	\$0.00	\$177.54	\$0.00	\$88.77
XWK	65936	Supervisor		05/22/2020	2020	\$0.00	\$177.54	\$0.00	\$88.77
XWK	65936	Supervisor		06/05/2020	2020	\$0.00	\$177.54	\$0.00	\$88.77
XWK	65936	Supervisor		06/19/2020	2020	\$0.00	\$177.54	\$0.00	\$88.77
XWK	65936	Supervisor		07/02/2020	2020	\$0.00	\$177.54	\$0.00	\$88.77
XWK	65936	Supervisor		07/17/2020	2020	\$0.00	\$177.54	\$0.00	\$88.77
XWK	65936	Supervisor		07/31/2020	2020	\$0.00	\$177.54	\$0.00	\$88.77
XWK	65936	Supervisor		08/14/2020	2020	\$0.00	\$177.54	\$0.00	\$88.77
XWK	65936	Supervisor		08/28/2020	2020	\$0.00	\$177.54	\$0.00	\$88.77
XWK	65936	Supervisor		09/11/2020	2020	\$0.00	\$177.54	\$0.00	\$88.77
XWK	65936	Supervisor		09/25/2020	2020	\$0.00	\$177.54	\$0.00	\$88.77
XWK	65936	Supervisor		10/09/2020	2020	\$0.00	\$177.54	\$0.00	\$88.77
XWK	65936	Supervisor		10/23/2020	2020	\$0.00	\$177.54	\$0.00	\$88.77
XWK	65936	Supervisor		11/06/2020	2020	\$0.00	\$177.54	\$0.00	\$88.77
XWK	65936	Supervisor		11/20/2020	2020	\$0.00	\$177.54	\$0.00	\$88.77
XWK	65936	Supervisor		12/04/2020	2020	\$0.00	\$177.54	\$0.00	\$88.77
XWK	65936	Supervisor		12/18/2020	2020	\$0.00	\$177.54	\$0.00	\$88.77
XWK	65936	Supervisor		12/31/2020	2020	\$0.00	\$177.54	\$0.00	\$88.77
XWK	65958	Supervisor		01/18/2019	2019	\$0.00	\$167.88	\$0.00	\$67.15
XWK	65958	Supervisor		02/01/2019	2019	\$0.00	\$186.54	\$0.00	\$74.62
XWK	65958	Supervisor		02/15/2019	2019	\$0.00	\$186.54	\$0.00	\$74.62
XWK	65958	Supervisor		03/01/2019	2019	\$0.00	\$186.54	\$0.00	\$74.62
XWK	65958	Supervisor		03/15/2019	2019	\$0.00	\$209.62	\$0.00	\$83.85
XWK	65958	Supervisor		03/29/2019	2019	\$0.00	\$209.62	\$0.00	\$83.85
XWK	65958	Supervisor		03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65958	Supervisor		04/12/2019	2019	\$0.00	\$209.62	\$0.00	\$83.85
XWK	65958	Supervisor		04/26/2019	2019	\$0.00	\$209.62	\$0.00	\$83.85
XWK	65958	Supervisor		05/10/2019	2019	\$0.00	\$209.62	\$0.00	\$83.85
XWK	65958	Supervisor		05/24/2019	2019	\$0.00	\$209.62	\$0.00	\$83.85
XWK	65958	Supervisor		06/07/2019	2019	\$0.00	\$209.62	\$0.00	\$83.85
XWK	65958	Supervisor		06/21/2019	2019	\$0.00	\$209.62	\$0.00	\$83.85
XWK	65958	Supervisor		07/05/2019	2019	\$0.00	\$209.62	\$0.00	\$83.85
XWK	65958	Supervisor		07/19/2019	2019	\$0.00	\$209.62	\$0.00	\$83.85
XWK	65958	Supervisor		08/02/2019	2019	\$0.00	\$209.62	\$0.00	\$83.85
XWK	65958	Supervisor		08/16/2019	2019	\$0.00	\$209.62	\$0.00	\$83.85
XWK	65958	Supervisor		08/30/2019	2019	\$0.00	\$209.62	\$0.00	\$83.85
XWK	65958	Supervisor		09/13/2019	2019	\$0.00	\$209.62	\$0.00	\$83.85
XWK	65958	Supervisor		09/27/2019	2019	\$0.00	\$209.62	\$0.00	\$83.85
XWK	65958	Supervisor		10/11/2019	2019	\$0.00	\$209.62	\$0.00	\$83.85
XWK	65958	Supervisor		10/25/2019	2019	\$0.00	\$209.62	\$0.00	\$83.85
XWK	65958	Supervisor		11/08/2019	2019	\$0.00	\$209.62	\$0.00	\$83.85
XWK	65958	Supervisor		11/22/2019	2019	\$0.00	\$209.62	\$0.00	\$83.85
XWK	65958	Supervisor		12/06/2019	2019	\$0.00	\$209.62	\$0.00	\$83.85
XWK	65958	Supervisor		12/20/2019	2019	\$0.00	\$209.62	\$0.00	\$83.85
XWK	65958	Supervisor		01/03/2020	2020	\$0.00	\$209.61	\$0.00	\$83.82

XWK	65958	Supervisor		01/17/2020	2020	\$0.00	\$209.61	\$0.00	\$83.82
XWK	65958	Supervisor		01/31/2020	2020	\$0.00	\$209.61	\$0.00	\$83.82
XWK	65958	Supervisor		02/14/2020	2020	\$0.00	\$209.61	\$0.00	\$83.82
XWK	65958	Supervisor		02/28/2020	2020	\$0.00	\$209.61	\$0.00	\$83.82
XWK	65958	Supervisor		03/13/2020	2020	\$0.00	\$222.73	\$0.00	\$89.08
XWK	65958	Supervisor		03/27/2020	2020	\$0.00	\$222.73	\$0.00	\$89.08
XWK	65958	Supervisor		04/09/2020	2020	\$0.00	\$222.73	\$0.00	\$89.08
XWK	65958	Supervisor		04/24/2020	2020	\$0.00	\$222.73	\$0.00	\$89.08
XWK	65958	Supervisor		05/08/2020	2020	\$0.00	\$222.73	\$0.00	\$89.08
XWK	65958	Supervisor		05/22/2020	2020	\$0.00	\$222.73	\$0.00	\$89.08
XWK	65958	Supervisor		06/05/2020	2020	\$0.00	\$222.73	\$0.00	\$89.08
XWK	65958	Supervisor		06/19/2020	2020	\$0.00	\$222.73	\$0.00	\$89.08
XWK	65958	Supervisor		07/02/2020	2020	\$0.00	\$222.73	\$0.00	\$89.08
XWK	65958	Supervisor		07/17/2020	2020	\$0.00	\$222.73	\$0.00	\$89.08
XWK	65958	Supervisor		07/31/2020	2020	\$0.00	\$222.73	\$0.00	\$89.08
XWK	65958	Supervisor		08/14/2020	2020	\$0.00	\$222.73	\$0.00	\$89.08
XWK	65958	Supervisor		08/28/2020	2020	\$0.00	\$222.73	\$0.00	\$89.08
XWK	65958	Supervisor		09/11/2020	2020	\$0.00	\$222.73	\$0.00	\$89.08
XWK	65958	Supervisor		09/25/2020	2020	\$0.00	\$222.73	\$0.00	\$89.08
XWK	65958	Supervisor		10/09/2020	2020	\$0.00	\$222.73	\$0.00	\$89.08
XWK	65958	Supervisor		10/23/2020	2020	\$0.00	\$222.73	\$0.00	\$89.08
XWK	65958	Supervisor		11/06/2020	2020	\$0.00	\$222.73	\$0.00	\$89.08
XWK	65958	Supervisor		11/20/2020	2020	\$0.00	\$222.73	\$0.00	\$89.08
XWK	65958	Supervisor		12/04/2020	2020	\$0.00	\$222.73	\$0.00	\$89.08
XWK	65958	Supervisor		12/18/2020	2020	\$0.00	\$222.73	\$0.00	\$89.08
XWK	65958	Supervisor		12/31/2020	2020	\$0.00	\$222.73	\$0.00	\$89.08
XWK	65965	Supervisor		01/18/2019	2019	\$0.00	\$59.19	\$0.00	\$59.19
XWK	65965	Supervisor		02/01/2019	2019	\$0.00	\$65.77	\$0.00	\$65.77
XWK	65965	Supervisor		02/15/2019	2019	\$0.00	\$65.77	\$0.00	\$65.77
XWK	65965	Supervisor		03/01/2019	2019	\$0.00	\$65.77	\$0.00	\$65.77
XWK	65965	Supervisor		03/15/2019	2019	\$0.00	\$68.77	\$0.00	\$68.77
XWK	65965	Supervisor		03/29/2019	2019	\$0.00	\$68.77	\$0.00	\$68.77
XWK	65965	Supervisor		04/12/2019	2019	\$0.00	\$68.77	\$0.00	\$68.77
XWK	65965	Supervisor		04/26/2019	2019	\$0.00	\$68.77	\$0.00	\$68.77
XWK	65965	Supervisor		05/10/2019	2019	\$0.00	\$68.77	\$0.00	\$68.77
XWK	65965	Supervisor		05/24/2019	2019	\$0.00	\$68.77	\$0.00	\$68.77
XWK	65965	Supervisor		06/07/2019	2019	\$0.00	\$68.77	\$0.00	\$68.77
XWK	65965	Supervisor		06/21/2019	2019	\$0.00	\$68.77	\$0.00	\$68.77
XWK	65965	Supervisor		07/05/2019	2019	\$0.00	\$68.77	\$0.00	\$68.77
XWK	65965	Supervisor		07/19/2019	2019	\$0.00	\$68.77	\$0.00	\$68.77
XWK	65965	Supervisor		08/02/2019	2019	\$0.00	\$68.77	\$0.00	\$68.77
XWK	65965	Supervisor		08/16/2019	2019	\$0.00	\$68.77	\$0.00	\$68.77
XWK	65965	Supervisor		08/30/2019	2019	\$0.00	\$75.70	\$0.00	\$75.70
XWK	65965	Supervisor		09/13/2019	2019	\$0.00	\$75.70	\$0.00	\$75.70
XWK	65965	Supervisor		09/27/2019	2019	\$0.00	\$75.70	\$0.00	\$75.70
XWK	65965	Supervisor		10/11/2019	2019	\$0.00	\$75.70	\$0.00	\$75.70

XWK	65965	Supervisor		10/25/2019	2019	\$0.00	\$75.70	\$0.00	\$75.70
XWK	65965	Supervisor		11/08/2019	2019	\$0.00	\$75.70	\$0.00	\$75.70
XWK	65965	Supervisor		11/22/2019	2019	\$0.00	\$75.70	\$0.00	\$75.70
XWK	65965	Supervisor		12/06/2019	2019	\$0.00	\$81.46	\$0.00	\$81.46
XWK	65965	Supervisor		12/20/2019	2019	\$0.00	\$81.46	\$0.00	\$81.46
XWK	65965	Supervisor		01/03/2020	2020	\$0.00	\$81.46	\$0.00	\$81.46
XWK	65965	Supervisor		01/17/2020	2020	\$0.00	\$81.46	\$0.00	\$81.46
XWK	65965	Supervisor		01/31/2020	2020	\$0.00	\$81.46	\$0.00	\$81.46
XWK	65965	Supervisor		02/14/2020	2020	\$0.00	\$81.46	\$0.00	\$81.46
XWK	65965	Supervisor		02/28/2020	2020	\$0.00	\$81.46	\$0.00	\$81.46
XWK	65965	Supervisor		03/13/2020	2020	\$0.00	\$82.27	\$0.00	\$82.27
XWK	65965	Supervisor		03/27/2020	2020	\$0.00	\$82.27	\$0.00	\$82.27
XWK	65965	Supervisor		04/09/2020	2020	\$0.00	\$82.27	\$0.00	\$82.27
XWK	65965	Supervisor		04/24/2020	2020	\$0.00	\$82.27	\$0.00	\$82.27
XWK	65965	Supervisor		05/08/2020	2020	\$0.00	\$82.27	\$0.00	\$82.27
XWK	65965	Supervisor		05/22/2020	2020	\$0.00	\$82.27	\$0.00	\$82.27
XWK	65965	Supervisor		06/05/2020	2020	\$0.00	\$82.27	\$0.00	\$82.27
XWK	65965	Supervisor		06/19/2020	2020	\$0.00	\$82.27	\$0.00	\$82.27
XWK	65965	Supervisor		07/02/2020	2020	\$0.00	\$82.27	\$0.00	\$82.27
XWK	65965	Supervisor		07/17/2020	2020	\$0.00	\$82.27	\$0.00	\$82.27
XWK	65965	Supervisor		07/31/2020	2020	\$0.00	\$82.27	\$0.00	\$82.27
XWK	65965	Supervisor		08/14/2020	2020	\$0.00	\$82.27	\$0.00	\$82.27
XWK	65965	Supervisor		08/28/2020	2020	\$0.00	\$82.27	\$0.00	\$82.27
XWK	65965	Supervisor		09/11/2020	2020	\$0.00	\$82.27	\$0.00	\$82.27
XWK	65965	Supervisor		09/25/2020	2020	\$0.00	\$82.27	\$0.00	\$82.27
XWK	65965	Supervisor		10/09/2020	2020	\$0.00	\$82.27	\$0.00	\$82.27
XWK	65965	Supervisor		10/23/2020	2020	\$0.00	\$82.27	\$0.00	\$82.27
XWK	65965	Supervisor		11/06/2020	2020	\$0.00	\$82.27	\$0.00	\$82.27
XWK	65965	Supervisor		11/20/2020	2020	\$0.00	\$82.27	\$0.00	\$82.27
XWK	65965	Supervisor		12/04/2020	2020	\$0.00	\$82.27	\$0.00	\$82.27
XWK	65965	Supervisor		12/18/2020	2020	\$0.00	\$82.27	\$0.00	\$82.27
XWK	65965	Supervisor		12/31/2020	2020	\$0.00	\$82.27	\$0.00	\$82.27
XWK	65970	Supervisor		01/18/2019	2019	\$0.00	\$702.69	\$0.00	\$100.38
XWK	65970	Supervisor		02/01/2019	2019	\$0.00	\$780.77	\$0.00	\$111.54
XWK	65970	Supervisor		02/15/2019	2019	\$0.00	\$780.77	\$0.00	\$111.54
XWK	65970	Supervisor		03/01/2019	2019	\$0.00	\$780.77	\$0.00	\$111.54
XWK	65970	Supervisor		03/15/2019	2019	\$0.00	\$818.46	\$0.00	\$116.92
XWK	65970	Supervisor		03/29/2019	2019	\$0.00	\$818.46	\$0.00	\$116.92
XWK	65970	Supervisor		04/12/2019	2019	\$0.00	\$818.46	\$0.00	\$116.92
XWK	65970	Supervisor		04/26/2019	2019	\$0.00	\$818.46	\$0.00	\$116.92
XWK	65970	Supervisor		05/10/2019	2019	\$0.00	\$818.46	\$0.00	\$116.92
XWK	65970	Supervisor		05/24/2019	2019	\$0.00	\$818.46	\$0.00	\$116.92
XWK	65970	Supervisor		06/07/2019	2019	\$0.00	\$818.46	\$0.00	\$116.92
XWK	65970	Supervisor		06/21/2019	2019	\$0.00	\$818.46	\$0.00	\$116.92
XWK	65970	Supervisor		07/05/2019	2019	\$0.00	\$818.46	\$0.00	\$116.92
XWK	65970	Supervisor		07/19/2019	2019	\$0.00	\$818.46	\$0.00	\$116.92

XWK	65970	Supervisor		08/02/2019	2019	\$0.00	\$818.46	\$0.00	\$116.92
XWK	65970	Supervisor		08/16/2019	2019	\$0.00	\$818.46	\$0.00	\$116.92
XWK	65970	Supervisor		08/30/2019	2019	\$0.00	\$818.46	\$0.00	\$116.92
XWK	65970	Supervisor		09/13/2019	2019	\$0.00	\$818.46	\$0.00	\$116.92
XWK	65970	Supervisor		09/27/2019	2019	\$0.00	\$818.46	\$0.00	\$116.92
XWK	65970	Supervisor		10/11/2019	2019	\$0.00	\$818.46	\$0.00	\$116.92
XWK	65970	Supervisor		10/25/2019	2019	\$0.00	\$818.46	\$0.00	\$116.92
XWK	65970	Supervisor		11/08/2019	2019	\$0.00	\$818.46	\$0.00	\$116.92
XWK	65970	Supervisor		11/22/2019	2019	\$0.00	\$818.46	\$0.00	\$116.92
XWK	65970	Supervisor		12/06/2019	2019	\$0.00	\$404.26	\$420.00	\$116.92
XWK	65970	Supervisor		12/20/2019	2019	\$0.00	\$0.00	\$820.00	\$116.92
XWK	65970	Supervisor		01/03/2020	2020	\$0.00	\$818.46	\$0.00	\$116.92
XWK	65970	Supervisor		01/17/2020	2020	\$0.00	\$818.46	\$0.00	\$116.92
XWK	65970	Supervisor		01/31/2020	2020	\$0.00	\$818.46	\$0.00	\$116.92
XWK	65970	Supervisor		02/14/2020	2020	\$0.00	\$818.46	\$0.00	\$116.92
XWK	65970	Supervisor		02/28/2020	2020	\$0.00	\$818.46	\$0.00	\$116.92
XWK	65970	Supervisor		03/13/2020	2020	\$0.00	\$856.13	\$0.00	\$122.30
XWK	65970	Supervisor		03/27/2020	2020	\$0.00	\$856.13	\$0.00	\$122.30
XWK	65970	Supervisor		04/09/2020	2020	\$0.00	\$856.13	\$0.00	\$122.30
XWK	65970	Supervisor		04/24/2020	2020	\$0.00	\$856.13	\$0.00	\$122.30
XWK	65970	Supervisor		05/08/2020	2020	\$0.00	\$856.13	\$0.00	\$122.30
XWK	65970	Supervisor		05/22/2020	2020	\$0.00	\$856.13	\$0.00	\$122.30
XWK	65970	Supervisor		06/05/2020	2020	\$0.00	\$856.13	\$0.00	\$122.30
XWK	65970	Supervisor		06/19/2020	2020	\$0.00	\$856.13	\$0.00	\$122.30
XWK	65970	Supervisor		07/02/2020	2020	\$0.00	\$856.13	\$0.00	\$122.30
XWK	65970	Supervisor		07/17/2020	2020	\$0.00	\$856.13	\$0.00	\$122.30
XWK	65970	Supervisor		07/31/2020	2020	\$0.00	\$856.13	\$0.00	\$122.30
XWK	65970	Supervisor		08/14/2020	2020	\$0.00	\$856.13	\$0.00	\$122.30
XWK	65970	Supervisor		08/28/2020	2020	\$0.00	\$856.13	\$0.00	\$122.30
XWK	65970	Supervisor		09/11/2020	2020	\$0.00	\$856.13	\$0.00	\$122.30
XWK	65970	Supervisor		09/25/2020	2020	\$0.00	\$856.13	\$0.00	\$122.30
XWK	65970	Supervisor		10/09/2020	2020	\$0.00	\$856.13	\$0.00	\$122.30
XWK	65970	Supervisor		10/23/2020	2020	\$0.00	\$856.13	\$0.00	\$122.30
XWK	65970	Supervisor		11/06/2020	2020	\$0.00	\$856.13	\$0.00	\$122.30
XWK	65970	Supervisor		12/18/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65970	Supervisor		12/31/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65977	Supervisor		01/18/2019	2019	\$0.00	\$266.88	\$0.00	\$71.17
XWK	65977	Supervisor		02/01/2019	2019	\$0.00	\$296.54	\$0.00	\$79.08
XWK	65977	Supervisor		02/15/2019	2019	\$0.00	\$296.54	\$0.00	\$79.08
XWK	65977	Supervisor		03/01/2019	2019	\$0.00	\$296.54	\$0.00	\$79.08
XWK	65977	Supervisor		03/15/2019	2019	\$0.00	\$331.15	\$0.00	\$88.31
XWK	65977	Supervisor		03/29/2019	2019	\$0.00	\$331.15	\$0.00	\$88.31
XWK	65977	Supervisor		03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65977	Supervisor		04/12/2019	2019	\$0.00	\$331.15	\$0.00	\$88.31
XWK	65977	Supervisor		04/26/2019	2019	\$0.00	\$331.15	\$0.00	\$88.31
XWK	65977	Supervisor		05/10/2019	2019	\$0.00	\$331.15	\$0.00	\$88.31

XWK	65977	Supervisor		05/24/2019	2019	\$0.00	\$331.15	\$0.00	\$88.31
XWK	65977	Supervisor		06/07/2019	2019	\$0.00	\$331.15	\$0.00	\$88.31
XWK	65977	Supervisor		06/21/2019	2019	\$0.00	\$331.15	\$0.00	\$88.31
XWK	65977	Supervisor		07/05/2019	2019	\$0.00	\$331.15	\$0.00	\$88.31
XWK	65977	Supervisor		07/19/2019	2019	\$0.00	\$331.15	\$0.00	\$88.31
XWK	65977	Supervisor		08/02/2019	2019	\$0.00	\$331.15	\$0.00	\$88.31
XWK	65977	Supervisor		08/16/2019	2019	\$0.00	\$331.15	\$0.00	\$88.31
XWK	65977	Supervisor		08/30/2019	2019	\$0.00	\$331.15	\$0.00	\$88.31
XWK	65977	Supervisor		09/13/2019	2019	\$0.00	\$331.15	\$0.00	\$88.31
XWK	65977	Supervisor		09/27/2019	2019	\$0.00	\$331.15	\$0.00	\$88.31
XWK	65977	Supervisor		10/11/2019	2019	\$0.00	\$331.15	\$0.00	\$88.31
XWK	65977	Supervisor		10/25/2019	2019	\$0.00	\$331.15	\$0.00	\$88.31
XWK	65977	Supervisor		11/08/2019	2019	\$0.00	\$331.15	\$0.00	\$88.31
XWK	65977	Supervisor		11/22/2019	2019	\$0.00	\$331.15	\$0.00	\$88.31
XWK	65977	Supervisor		12/06/2019	2019	\$0.00	\$331.15	\$0.00	\$88.31
XWK	65977	Supervisor		12/20/2019	2019	\$0.00	\$331.15	\$0.00	\$88.31
XWK	65977	Supervisor		01/03/2020	2020	\$0.00	\$331.17	\$0.00	\$88.32
XWK	65977	Supervisor		01/17/2020	2020	\$0.00	\$331.17	\$0.00	\$88.32
XWK	65977	Supervisor		01/31/2020	2020	\$0.00	\$331.17	\$0.00	\$88.32
XWK	65977	Supervisor		02/14/2020	2020	\$0.00	\$331.17	\$0.00	\$88.32
XWK	65977	Supervisor		02/28/2020	2020	\$0.00	\$331.17	\$0.00	\$88.32
XWK	65977	Supervisor		03/13/2020	2020	\$0.00	\$349.57	\$0.00	\$93.20
XWK	65977	Supervisor		03/27/2020	2020	\$0.00	\$349.57	\$0.00	\$93.20
XWK	65977	Supervisor		04/09/2020	2020	\$0.00	\$349.57	\$0.00	\$93.20
XWK	65977	Supervisor		04/24/2020	2020	\$0.00	\$349.57	\$0.00	\$93.20
XWK	65977	Supervisor		05/08/2020	2020	\$0.00	\$349.57	\$0.00	\$93.20
XWK	65977	Supervisor		05/22/2020	2020	\$0.00	\$349.57	\$0.00	\$93.20
XWK	65977	Supervisor		06/05/2020	2020	\$0.00	\$349.57	\$0.00	\$93.20
XWK	65977	Supervisor		06/19/2020	2020	\$0.00	\$349.57	\$0.00	\$93.20
XWK	65977	Supervisor		07/02/2020	2020	\$0.00	\$349.57	\$0.00	\$93.20
XWK	65977	Supervisor		07/17/2020	2020	\$0.00	\$349.57	\$0.00	\$93.20
XWK	65977	Supervisor		07/31/2020	2020	\$0.00	\$349.57	\$0.00	\$93.20
XWK	65977	Supervisor		08/14/2020	2020	\$0.00	\$349.57	\$0.00	\$93.20
XWK	65977	Supervisor		08/28/2020	2020	\$0.00	\$349.57	\$0.00	\$93.20
XWK	65977	Supervisor		09/11/2020	2020	\$0.00	\$349.57	\$0.00	\$93.20
XWK	65977	Supervisor		09/25/2020	2020	\$0.00	\$349.57	\$0.00	\$93.20
XWK	65977	Supervisor		10/09/2020	2020	\$0.00	\$349.57	\$0.00	\$93.20
XWK	65977	Supervisor		10/23/2020	2020	\$0.00	\$349.57	\$0.00	\$93.20
XWK	65977	Supervisor		11/06/2020	2020	\$0.00	\$349.57	\$0.00	\$93.20
XWK	65977	Supervisor		11/20/2020	2020	\$0.00	\$349.57	\$0.00	\$93.20
XWK	65977	Supervisor		12/04/2020	2020	\$0.00	\$349.57	\$0.00	\$93.20
XWK	65977	Supervisor		12/18/2020	2020	\$0.00	\$349.57	\$0.00	\$93.20
XWK	65977	Supervisor		12/31/2020	2020	\$0.00	\$349.57	\$0.00	\$93.20
XWK	65980	Supervisor		01/18/2019	2019	\$0.00	\$97.27	\$0.00	\$77.82
XWK	65980	Supervisor		02/01/2019	2019	\$0.00	\$108.08	\$0.00	\$86.46
XWK	65980	Supervisor		02/15/2019	2019	\$0.00	\$108.08	\$0.00	\$86.46

XWK	65980	Supervisor	[REDACTED]	03/01/2019	2019	\$0.00	\$108.08	\$0.00	\$86.46
XWK	65980	Supervisor	[REDACTED]	03/15/2019	2019	\$0.00	\$119.62	\$0.00	\$95.69
XWK	65980	Supervisor	[REDACTED]	03/29/2019	2019	\$0.00	\$119.62	\$0.00	\$95.69
XWK	65980	Supervisor	[REDACTED]	03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	65980	Supervisor	[REDACTED]	04/12/2019	2019	\$0.00	\$119.62	\$0.00	\$95.69
XWK	65980	Supervisor	[REDACTED]	04/26/2019	2019	\$0.00	\$119.62	\$0.00	\$95.69
XWK	65980	Supervisor	[REDACTED]	05/10/2019	2019	\$0.00	\$119.62	\$0.00	\$95.69
XWK	65980	Supervisor	[REDACTED]	05/24/2019	2019	\$0.00	\$119.62	\$0.00	\$95.69
XWK	65980	Supervisor	[REDACTED]	06/07/2019	2019	\$0.00	\$119.62	\$0.00	\$95.69
XWK	65980	Supervisor	[REDACTED]	06/21/2019	2019	\$0.00	\$119.62	\$0.00	\$95.69
XWK	65980	Supervisor	[REDACTED]	07/05/2019	2019	\$0.00	\$119.62	\$0.00	\$95.69
XWK	65980	Supervisor	[REDACTED]	07/19/2019	2019	\$0.00	\$119.62	\$0.00	\$95.69
XWK	65980	Supervisor	[REDACTED]	08/02/2019	2019	\$0.00	\$119.62	\$0.00	\$95.69
XWK	65980	Supervisor	[REDACTED]	08/16/2019	2019	\$0.00	\$119.62	\$0.00	\$95.69
XWK	65980	Supervisor	[REDACTED]	08/30/2019	2019	\$0.00	\$119.62	\$0.00	\$95.69
XWK	65980	Supervisor	[REDACTED]	09/13/2019	2019	\$0.00	\$119.62	\$0.00	\$95.69
XWK	65980	Supervisor	[REDACTED]	09/27/2019	2019	\$0.00	\$119.62	\$0.00	\$95.69
XWK	65980	Supervisor	[REDACTED]	10/11/2019	2019	\$0.00	\$119.62	\$0.00	\$95.69
XWK	65980	Supervisor	[REDACTED]	10/25/2019	2019	\$0.00	\$119.62	\$0.00	\$95.69
XWK	65980	Supervisor	[REDACTED]	11/08/2019	2019	\$0.00	\$119.62	\$0.00	\$95.69
XWK	65980	Supervisor	[REDACTED]	11/22/2019	2019	\$0.00	\$119.62	\$0.00	\$95.69
XWK	65980	Supervisor	[REDACTED]	12/06/2019	2019	\$0.00	\$119.62	\$0.00	\$95.69
XWK	65980	Supervisor	[REDACTED]	12/20/2019	2019	\$0.00	\$119.62	\$0.00	\$95.69
XWK	65980	Supervisor	[REDACTED]	01/03/2020	2020	\$0.00	\$119.61	\$0.00	\$95.69
XWK	65980	Supervisor	[REDACTED]	01/17/2020	2020	\$0.00	\$119.61	\$0.00	\$95.69
XWK	65980	Supervisor	[REDACTED]	01/31/2020	2020	\$0.00	\$119.61	\$0.00	\$95.69
XWK	65980	Supervisor	[REDACTED]	02/14/2020	2020	\$0.00	\$119.61	\$0.00	\$95.69
XWK	65980	Supervisor	[REDACTED]	02/28/2020	2020	\$0.00	\$119.61	\$0.00	\$95.69
XWK	65980	Supervisor	[REDACTED]	03/13/2020	2020	\$0.00	\$126.36	\$0.00	\$101.09
XWK	65980	Supervisor	[REDACTED]	03/27/2020	2020	\$0.00	\$126.36	\$0.00	\$101.09
XWK	65980	Supervisor	[REDACTED]	04/09/2020	2020	\$0.00	\$126.36	\$0.00	\$101.09
XWK	65980	Supervisor	[REDACTED]	04/24/2020	2020	\$0.00	\$126.36	\$0.00	\$101.09
XWK	65980	Supervisor	[REDACTED]	05/08/2020	2020	\$0.00	\$126.36	\$0.00	\$101.09
XWK	65980	Supervisor	[REDACTED]	05/22/2020	2020	\$0.00	\$126.36	\$0.00	\$101.09
XWK	65980	Supervisor	[REDACTED]	06/05/2020	2020	\$0.00	\$126.36	\$0.00	\$101.09
XWK	65980	Supervisor	[REDACTED]	06/19/2020	2020	\$0.00	\$126.36	\$0.00	\$101.09
XWK	65980	Supervisor	[REDACTED]	07/02/2020	2020	\$0.00	\$126.36	\$0.00	\$101.09
XWK	65980	Supervisor	[REDACTED]	07/17/2020	2020	\$0.00	\$126.36	\$0.00	\$101.09
XWK	65980	Supervisor	[REDACTED]	07/31/2020	2020	\$0.00	\$126.36	\$0.00	\$101.09
XWK	65980	Supervisor	[REDACTED]	08/14/2020	2020	\$0.00	\$126.36	\$0.00	\$101.09
XWK	65980	Supervisor	[REDACTED]	08/28/2020	2020	\$0.00	\$126.36	\$0.00	\$101.09
XWK	65980	Supervisor	[REDACTED]	09/11/2020	2020	\$0.00	\$126.36	\$0.00	\$101.09
XWK	65980	Supervisor	[REDACTED]	09/25/2020	2020	\$0.00	\$126.36	\$0.00	\$101.09
XWK	65980	Supervisor	[REDACTED]	10/09/2020	2020	\$0.00	\$126.36	\$0.00	\$101.09
XWK	65980	Supervisor	[REDACTED]	10/23/2020	2020	\$0.00	\$126.36	\$0.00	\$101.09
XWK	65980	Supervisor	[REDACTED]	11/06/2020	2020	\$0.00	\$126.36	\$0.00	\$101.09

XWK	65980	Supervisor		11/20/2020	2020	\$0.00	\$126.36	\$0.00	\$101.09
XWK	65980	Supervisor		12/04/2020	2020	\$0.00	\$126.36	\$0.00	\$101.09
XWK	65980	Supervisor		12/18/2020	2020	\$0.00	\$126.36	\$0.00	\$101.09
XWK	65980	Supervisor		12/31/2020	2020	\$0.00	\$126.36	\$0.00	\$101.09
XWK	65996	Supervisor		01/18/2019	2019	\$0.00	\$112.15	\$0.00	\$112.15
XWK	65996	Supervisor		02/01/2019	2019	\$0.00	\$124.62	\$0.00	\$124.62
XWK	65996	Supervisor		02/15/2019	2019	\$0.00	\$124.62	\$0.00	\$124.62
XWK	65996	Supervisor		03/01/2019	2019	\$0.00	\$124.62	\$0.00	\$124.62
XWK	65996	Supervisor		03/15/2019	2019	\$0.00	\$131.23	\$0.00	\$131.23
XWK	65996	Supervisor		03/29/2019	2019	\$0.00	\$131.23	\$0.00	\$131.23
XWK	65996	Supervisor		04/12/2019	2019	\$0.00	\$131.23	\$0.00	\$131.23
XWK	65996	Supervisor		04/26/2019	2019	\$0.00	\$131.23	\$0.00	\$131.23
XWK	65996	Supervisor		05/10/2019	2019	\$0.00	\$131.23	\$0.00	\$131.23
XWK	65996	Supervisor		05/24/2019	2019	\$0.00	\$131.23	\$0.00	\$131.23
XWK	65996	Supervisor		06/07/2019	2019	\$0.00	\$131.23	\$0.00	\$131.23
XWK	65996	Supervisor		06/21/2019	2019	\$0.00	\$131.23	\$0.00	\$131.23
XWK	65996	Supervisor		07/05/2019	2019	\$0.00	\$131.23	\$0.00	\$131.23
XWK	65996	Supervisor		07/19/2019	2019	\$0.00	\$131.23	\$0.00	\$131.23
XWK	65996	Supervisor		08/02/2019	2019	\$0.00	\$131.23	\$0.00	\$131.23
XWK	65996	Supervisor		08/16/2019	2019	\$0.00	\$131.23	\$0.00	\$131.23
XWK	65996	Supervisor		08/30/2019	2019	\$0.00	\$131.23	\$0.00	\$131.23
XWK	65996	Supervisor		09/13/2019	2019	\$0.00	\$131.23	\$0.00	\$131.23
XWK	65996	Supervisor		09/27/2019	2019	\$0.00	\$131.23	\$0.00	\$131.23
XWK	65996	Supervisor		10/11/2019	2019	\$0.00	\$131.23	\$0.00	\$131.23
XWK	65996	Supervisor		10/25/2019	2019	\$0.00	\$131.23	\$0.00	\$131.23
XWK	65996	Supervisor		11/08/2019	2019	\$0.00	\$131.23	\$0.00	\$131.23
XWK	65996	Supervisor		11/22/2019	2019	\$0.00	\$131.23	\$0.00	\$131.23
XWK	65996	Supervisor		12/06/2019	2019	\$0.00	\$131.23	\$0.00	\$131.23
XWK	65996	Supervisor		12/20/2019	2019	\$0.00	\$131.23	\$0.00	\$131.23
XWK	65996	Supervisor		01/03/2020	2020	\$0.00	\$131.23	\$0.00	\$131.23
XWK	65996	Supervisor		01/17/2020	2020	\$0.00	\$131.23	\$0.00	\$131.23
XWK	65996	Supervisor		01/31/2020	2020	\$0.00	\$131.23	\$0.00	\$131.23
XWK	65996	Supervisor		02/14/2020	2020	\$0.00	\$131.23	\$0.00	\$131.23
XWK	65996	Supervisor		02/28/2020	2020	\$0.00	\$131.23	\$0.00	\$131.23
XWK	65996	Supervisor		03/13/2020	2020	\$0.00	\$136.32	\$0.00	\$136.32
XWK	65996	Supervisor		03/27/2020	2020	\$0.00	\$136.32	\$0.00	\$136.32
XWK	65996	Supervisor		04/09/2020	2020	\$0.00	\$136.32	\$0.00	\$136.32
XWK	65996	Supervisor		04/24/2020	2020	\$0.00	\$136.32	\$0.00	\$136.32
XWK	65996	Supervisor		05/08/2020	2020	\$0.00	\$136.32	\$0.00	\$136.32
XWK	65996	Supervisor		05/22/2020	2020	\$0.00	\$136.32	\$0.00	\$136.32
XWK	65996	Supervisor		06/05/2020	2020	\$0.00	\$136.32	\$0.00	\$136.32
XWK	65996	Supervisor		06/19/2020	2020	\$0.00	\$136.32	\$0.00	\$136.32
XWK	65996	Supervisor		07/02/2020	2020	\$0.00	\$136.32	\$0.00	\$136.32
XWK	65996	Supervisor		07/17/2020	2020	\$0.00	\$136.32	\$0.00	\$136.32
XWK	65996	Supervisor		07/31/2020	2020	\$0.00	\$136.32	\$0.00	\$136.32
XWK	65996	Supervisor		08/14/2020	2020	\$0.00	\$136.32	\$0.00	\$136.32

XWK	65996	Supervisor		08/28/2020	2020	\$0.00	\$136.32	\$0.00	\$136.32
XWK	65996	Supervisor		09/11/2020	2020	\$0.00	\$136.32	\$0.00	\$136.32
XWK	65996	Supervisor		09/25/2020	2020	\$0.00	\$136.32	\$0.00	\$136.32
XWK	65996	Supervisor		10/09/2020	2020	\$0.00	\$136.32	\$0.00	\$136.32
XWK	65996	Supervisor		10/23/2020	2020	\$0.00	\$136.32	\$0.00	\$136.32
XWK	65996	Supervisor		11/06/2020	2020	\$0.00	\$136.32	\$0.00	\$136.32
XWK	65996	Supervisor		11/20/2020	2020	\$0.00	\$136.32	\$0.00	\$136.32
XWK	65996	Supervisor		12/04/2020	2020	\$0.00	\$136.32	\$0.00	\$136.32
XWK	65996	Supervisor		12/18/2020	2020	\$0.00	\$136.32	\$0.00	\$136.32
XWK	65996	Supervisor		12/31/2020	2020	\$0.00	\$136.32	\$0.00	\$136.32
XWK	65997	Supervisor		01/18/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66001	Supervisor		01/18/2019	2019	\$0.00	\$162.55	\$0.00	\$81.28
XWK	66001	Supervisor		02/01/2019	2019	\$0.00	\$180.62	\$0.00	\$90.31
XWK	66001	Supervisor		02/15/2019	2019	\$0.00	\$180.62	\$0.00	\$90.31
XWK	66001	Supervisor		03/01/2019	2019	\$0.00	\$180.62	\$0.00	\$90.31
XWK	66001	Supervisor		03/15/2019	2019	\$0.00	\$186.15	\$0.00	\$93.08
XWK	66001	Supervisor		03/29/2019	2019	\$0.00	\$186.15	\$0.00	\$93.08
XWK	66001	Supervisor		03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66001	Supervisor		04/12/2019	2019	\$0.00	\$186.15	\$0.00	\$93.08
XWK	66001	Supervisor		04/26/2019	2019	\$0.00	\$186.15	\$0.00	\$93.08
XWK	66001	Supervisor		05/10/2019	2019	\$0.00	\$186.15	\$0.00	\$93.08
XWK	66001	Supervisor		05/24/2019	2019	\$0.00	\$186.15	\$0.00	\$93.08
XWK	66001	Supervisor		06/07/2019	2019	\$0.00	\$186.15	\$0.00	\$93.08
XWK	66001	Supervisor		06/21/2019	2019	\$0.00	\$186.15	\$0.00	\$93.08
XWK	66001	Supervisor		07/05/2019	2019	\$0.00	\$186.15	\$0.00	\$93.08
XWK	66001	Supervisor		07/19/2019	2019	\$0.00	\$186.15	\$0.00	\$93.08
XWK	66001	Supervisor		08/02/2019	2019	\$0.00	\$186.15	\$0.00	\$93.08
XWK	66001	Supervisor		08/16/2019	2019	\$0.00	\$186.15	\$0.00	\$93.08
XWK	66001	Supervisor		08/30/2019	2019	\$0.00	\$186.15	\$0.00	\$93.08
XWK	66001	Supervisor		09/13/2019	2019	\$0.00	\$186.15	\$0.00	\$93.08
XWK	66001	Supervisor		09/27/2019	2019	\$0.00	\$186.15	\$0.00	\$93.08
XWK	66001	Supervisor		10/11/2019	2019	\$0.00	\$186.15	\$0.00	\$93.08
XWK	66001	Supervisor		10/25/2019	2019	\$0.00	\$186.15	\$0.00	\$93.08
XWK	66001	Supervisor		11/08/2019	2019	\$0.00	\$186.15	\$0.00	\$93.08
XWK	66001	Supervisor		11/22/2019	2019	\$0.00	\$186.15	\$0.00	\$93.08
XWK	66001	Supervisor		12/06/2019	2019	\$0.00	\$186.15	\$0.00	\$93.08
XWK	66001	Supervisor		12/20/2019	2019	\$0.00	\$186.15	\$0.00	\$93.08
XWK	66001	Supervisor		01/03/2020	2020	\$0.00	\$186.17	\$0.00	\$93.07
XWK	66001	Supervisor		01/17/2020	2020	\$0.00	\$186.17	\$0.00	\$93.07
XWK	66001	Supervisor		01/31/2020	2020	\$0.00	\$186.17	\$0.00	\$93.07
XWK	66001	Supervisor		02/14/2020	2020	\$0.00	\$186.17	\$0.00	\$93.07
XWK	66001	Supervisor		02/28/2020	2020	\$0.00	\$186.17	\$0.00	\$93.07
XWK	66001	Supervisor		03/13/2020	2020	\$0.00	\$192.33	\$0.00	\$96.17
XWK	66001	Supervisor		03/27/2020	2020	\$0.00	\$192.33	\$0.00	\$96.17
XWK	66001	Supervisor		04/09/2020	2020	\$0.00	\$192.33	\$0.00	\$96.17
XWK	66001	Supervisor		04/24/2020	2020	\$0.00	\$192.33	\$0.00	\$96.17

XWK	66001	Supervisor		05/08/2020	2020	\$0.00	\$192.33	\$0.00	\$96.17
XWK	66001	Supervisor		05/22/2020	2020	\$0.00	\$192.33	\$0.00	\$96.17
XWK	66001	Supervisor		06/05/2020	2020	\$0.00	\$192.33	\$0.00	\$96.17
XWK	66001	Supervisor		06/19/2020	2020	\$0.00	\$192.33	\$0.00	\$96.17
XWK	66001	Supervisor		07/02/2020	2020	\$0.00	\$192.33	\$0.00	\$96.17
XWK	66001	Supervisor		07/17/2020	2020	\$0.00	\$192.33	\$0.00	\$96.17
XWK	66001	Supervisor		07/31/2020	2020	\$0.00	\$192.33	\$0.00	\$96.17
XWK	66001	Supervisor		08/14/2020	2020	\$0.00	\$192.33	\$0.00	\$96.17
XWK	66001	Supervisor		08/28/2020	2020	\$0.00	\$192.33	\$0.00	\$96.17
XWK	66001	Supervisor		09/11/2020	2020	\$0.00	\$192.33	\$0.00	\$96.17
XWK	66001	Supervisor		09/25/2020	2020	\$0.00	\$192.33	\$0.00	\$96.17
XWK	66001	Supervisor		10/09/2020	2020	\$0.00	\$192.33	\$0.00	\$96.17
XWK	66001	Supervisor		10/23/2020	2020	\$0.00	\$192.33	\$0.00	\$96.17
XWK	66001	Supervisor		11/06/2020	2020	\$0.00	\$192.33	\$0.00	\$96.17
XWK	66001	Supervisor		11/20/2020	2020	\$0.00	\$192.33	\$0.00	\$96.17
XWK	66001	Supervisor		11/27/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66001	Supervisor		12/04/2020	2020	\$0.00	\$192.33	\$0.00	\$96.17
XWK	66001	Supervisor		12/18/2020	2020	\$0.00	\$192.33	\$0.00	\$96.17
XWK	66001	Supervisor		12/31/2020	2020	\$0.00	\$192.33	\$0.00	\$96.17
XWK	66007	Supervisor		01/18/2019	2019	\$0.00	\$209.35	\$0.00	\$104.68
XWK	66007	Supervisor		02/01/2019	2019	\$0.00	\$232.61	\$0.00	\$116.31
XWK	66007	Supervisor		02/15/2019	2019	\$0.00	\$232.62	\$0.00	\$116.31
XWK	66007	Supervisor		03/01/2019	2019	\$0.00	\$232.61	\$0.00	\$116.31
XWK	66007	Supervisor		03/15/2019	2019	\$0.00	\$241.23	\$0.00	\$120.62
XWK	66007	Supervisor		03/29/2019	2019	\$0.00	\$241.23	\$0.00	\$120.62
XWK	66007	Supervisor		03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66007	Supervisor		04/12/2019	2019	\$0.00	\$241.23	\$0.00	\$120.62
XWK	66007	Supervisor		04/26/2019	2019	\$0.00	\$241.23	\$0.00	\$120.62
XWK	66007	Supervisor		05/10/2019	2019	\$0.00	\$241.23	\$0.00	\$120.62
XWK	66007	Supervisor		05/24/2019	2019	\$0.00	\$241.23	\$0.00	\$120.62
XWK	66007	Supervisor		06/07/2019	2019	\$0.00	\$241.23	\$0.00	\$120.62
XWK	66007	Supervisor		06/21/2019	2019	\$0.00	\$241.23	\$0.00	\$120.62
XWK	66007	Supervisor		07/05/2019	2019	\$0.00	\$241.23	\$0.00	\$120.62
XWK	66007	Supervisor		07/19/2019	2019	\$0.00	\$241.23	\$0.00	\$120.62
XWK	66007	Supervisor		08/02/2019	2019	\$0.00	\$241.23	\$0.00	\$120.62
XWK	66007	Supervisor		08/16/2019	2019	\$0.00	\$241.23	\$0.00	\$120.62
XWK	66007	Supervisor		08/30/2019	2019	\$0.00	\$241.23	\$0.00	\$120.62
XWK	66007	Supervisor		09/13/2019	2019	\$0.00	\$241.23	\$0.00	\$120.62
XWK	66007	Supervisor		09/27/2019	2019	\$0.00	\$241.23	\$0.00	\$120.62
XWK	66007	Supervisor		10/11/2019	2019	\$0.00	\$241.23	\$0.00	\$120.62
XWK	66007	Supervisor		10/25/2019	2019	\$0.00	\$241.23	\$0.00	\$120.62
XWK	66007	Supervisor		11/08/2019	2019	\$0.00	\$241.23	\$0.00	\$120.62
XWK	66007	Supervisor		11/22/2019	2019	\$0.00	\$241.23	\$0.00	\$120.62
XWK	66007	Supervisor		12/06/2019	2019	\$0.00	\$241.23	\$0.00	\$120.62
XWK	66007	Supervisor		12/20/2019	2019	\$0.00	\$241.23	\$0.00	\$120.62
XWK	66007	Supervisor		01/03/2020	2020	\$0.00	\$241.23	\$0.00	\$120.61

XWK	66007	Supervisor		01/17/2020	2020	\$0.00	\$241.23	\$0.00	\$120.61
XWK	66007	Supervisor		01/31/2020	2020	\$0.00	\$241.23	\$0.00	\$120.61
XWK	66007	Supervisor		02/14/2020	2020	\$0.00	\$241.23	\$0.00	\$120.61
XWK	66007	Supervisor		02/28/2020	2020	\$0.00	\$241.23	\$0.00	\$120.61
XWK	66007	Supervisor		03/13/2020	2020	\$0.00	\$249.85	\$0.00	\$124.93
XWK	66007	Supervisor		03/27/2020	2020	\$0.00	\$249.85	\$0.00	\$124.93
XWK	66007	Supervisor		04/09/2020	2020	\$0.00	\$249.85	\$0.00	\$124.93
XWK	66007	Supervisor		04/24/2020	2020	\$0.00	\$249.85	\$0.00	\$124.93
XWK	66007	Supervisor		05/08/2020	2020	\$0.00	\$249.85	\$0.00	\$124.93
XWK	66007	Supervisor		05/22/2020	2020	\$0.00	\$249.85	\$0.00	\$124.93
XWK	66007	Supervisor		06/05/2020	2020	\$0.00	\$249.85	\$0.00	\$124.93
XWK	66007	Supervisor		06/19/2020	2020	\$0.00	\$249.85	\$0.00	\$124.93
XWK	66007	Supervisor		07/02/2020	2020	\$0.00	\$249.85	\$0.00	\$124.93
XWK	66007	Supervisor		07/17/2020	2020	\$0.00	\$249.85	\$0.00	\$124.93
XWK	66007	Supervisor		07/31/2020	2020	\$0.00	\$249.85	\$0.00	\$124.93
XWK	66007	Supervisor		08/14/2020	2020	\$0.00	\$249.85	\$0.00	\$124.93
XWK	66007	Supervisor		08/28/2020	2020	\$0.00	\$249.85	\$0.00	\$124.93
XWK	66007	Supervisor		09/11/2020	2020	\$0.00	\$249.85	\$0.00	\$124.93
XWK	66007	Supervisor		09/25/2020	2020	\$0.00	\$249.85	\$0.00	\$124.93
XWK	66007	Supervisor		10/09/2020	2020	\$0.00	\$249.85	\$0.00	\$124.93
XWK	66007	Supervisor		10/23/2020	2020	\$0.00	\$249.85	\$0.00	\$124.93
XWK	66007	Supervisor		11/06/2020	2020	\$0.00	\$249.85	\$0.00	\$124.93
XWK	66007	Supervisor		11/20/2020	2020	\$0.00	\$249.85	\$0.00	\$124.93
XWK	66007	Supervisor		11/27/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66007	Supervisor		12/04/2020	2020	\$0.00	\$249.85	\$0.00	\$124.93
XWK	66007	Supervisor		12/18/2020	2020	\$0.00	\$249.85	\$0.00	\$124.93
XWK	66007	Supervisor		12/31/2020	2020	\$0.00	\$249.85	\$0.00	\$124.93
XWK	66010	Supervisor		01/18/2019	2019	\$0.00	\$68.40	\$0.00	\$68.40
XWK	66010	Supervisor		02/01/2019	2019	\$0.00	\$76.00	\$0.00	\$76.00
XWK	66010	Supervisor		02/15/2019	2019	\$0.00	\$76.00	\$0.00	\$76.00
XWK	66010	Supervisor		03/01/2019	2019	\$0.00	\$76.00	\$0.00	\$76.00
XWK	66010	Supervisor		03/15/2019	2019	\$0.00	\$85.23	\$0.00	\$85.23
XWK	66010	Supervisor		03/29/2019	2019	\$0.00	\$85.23	\$0.00	\$85.23
XWK	66010	Supervisor		03/30/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66010	Supervisor		03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66010	Supervisor		04/12/2019	2019	\$0.00	\$85.23	\$0.00	\$85.23
XWK	66010	Supervisor		04/26/2019	2019	\$0.00	\$85.23	\$0.00	\$85.23
XWK	66010	Supervisor		05/10/2019	2019	\$0.00	\$85.23	\$0.00	\$85.23
XWK	66010	Supervisor		05/24/2019	2019	\$0.00	\$85.23	\$0.00	\$85.23
XWK	66010	Supervisor		06/07/2019	2019	\$0.00	\$85.23	\$0.00	\$85.23
XWK	66010	Supervisor		06/21/2019	2019	\$0.00	\$85.23	\$0.00	\$85.23
XWK	66010	Supervisor		07/05/2019	2019	\$0.00	\$85.23	\$0.00	\$85.23
XWK	66010	Supervisor		07/19/2019	2019	\$0.00	\$85.23	\$0.00	\$85.23
XWK	66010	Supervisor		08/02/2019	2019	\$0.00	\$85.23	\$0.00	\$85.23
XWK	66010	Supervisor		08/16/2019	2019	\$0.00	\$85.23	\$0.00	\$85.23
XWK	66010	Supervisor		08/30/2019	2019	\$0.00	\$85.23	\$0.00	\$85.23

XWK	66010	Supervisor		09/13/2019	2019	\$0.00	\$85.23	\$0.00	\$85.23
XWK	66010	Supervisor		09/27/2019	2019	\$0.00	\$85.23	\$0.00	\$85.23
XWK	66010	Supervisor		10/11/2019	2019	\$0.00	\$85.23	\$0.00	\$85.23
XWK	66010	Supervisor		10/25/2019	2019	\$0.00	\$85.23	\$0.00	\$85.23
XWK	66010	Supervisor		11/08/2019	2019	\$0.00	\$85.23	\$0.00	\$85.23
XWK	66010	Supervisor		11/22/2019	2019	\$0.00	\$85.23	\$0.00	\$85.23
XWK	66010	Supervisor		12/06/2019	2019	\$0.00	\$85.23	\$0.00	\$85.23
XWK	66010	Supervisor		12/20/2019	2019	\$0.00	\$85.23	\$0.00	\$85.23
XWK	66010	Supervisor		01/03/2020	2020	\$0.00	\$85.22	\$0.00	\$85.22
XWK	66010	Supervisor		01/17/2020	2020	\$0.00	\$85.22	\$0.00	\$85.22
XWK	66010	Supervisor		01/31/2020	2020	\$0.00	\$85.22	\$0.00	\$85.22
XWK	66010	Supervisor		02/14/2020	2020	\$0.00	\$85.22	\$0.00	\$85.22
XWK	66010	Supervisor		02/28/2020	2020	\$0.00	\$85.22	\$0.00	\$85.22
XWK	66010	Supervisor		03/13/2020	2020	\$0.00	\$90.16	\$0.00	\$90.16
XWK	66010	Supervisor		03/27/2020	2020	\$0.00	\$90.16	\$0.00	\$90.16
XWK	66010	Supervisor		04/09/2020	2020	\$0.00	\$90.16	\$0.00	\$90.16
XWK	66010	Supervisor		04/24/2020	2020	\$0.00	\$90.16	\$0.00	\$90.16
XWK	66010	Supervisor		05/08/2020	2020	\$0.00	\$90.16	\$0.00	\$90.16
XWK	66010	Supervisor		05/22/2020	2020	\$0.00	\$90.16	\$0.00	\$90.16
XWK	66010	Supervisor		06/05/2020	2020	\$0.00	\$90.16	\$0.00	\$90.16
XWK	66010	Supervisor		06/19/2020	2020	\$0.00	\$90.16	\$0.00	\$90.16
XWK	66010	Supervisor		07/02/2020	2020	\$0.00	\$90.16	\$0.00	\$90.16
XWK	66010	Supervisor		07/17/2020	2020	\$0.00	\$90.16	\$0.00	\$90.16
XWK	66010	Supervisor		07/31/2020	2020	\$0.00	\$90.16	\$0.00	\$90.16
XWK	66010	Supervisor		08/14/2020	2020	\$0.00	\$90.16	\$0.00	\$90.16
XWK	66010	Supervisor		08/28/2020	2020	\$0.00	\$90.16	\$0.00	\$90.16
XWK	66010	Supervisor		09/11/2020	2020	\$0.00	\$90.16	\$0.00	\$90.16
XWK	66010	Supervisor		09/25/2020	2020	\$0.00	\$90.16	\$0.00	\$90.16
XWK	66010	Supervisor		10/09/2020	2020	\$0.00	\$90.16	\$0.00	\$90.16
XWK	66010	Supervisor		10/23/2020	2020	\$0.00	\$90.16	\$0.00	\$90.16
XWK	66010	Supervisor		11/06/2020	2020	\$0.00	\$90.16	\$0.00	\$90.16
XWK	66010	Supervisor		11/20/2020	2020	\$0.00	\$90.16	\$0.00	\$90.16
XWK	66010	Supervisor		12/04/2020	2020	\$0.00	\$90.16	\$0.00	\$90.16
XWK	66010	Supervisor		12/18/2020	2020	\$0.00	\$90.16	\$0.00	\$90.16
XWK	66010	Supervisor		12/31/2020	2020	\$0.00	\$90.16	\$0.00	\$90.16
XWK	66012	Supervisor		01/18/2019	2019	\$0.00	\$135.17	\$0.00	\$108.14
XWK	66012	Supervisor		02/01/2019	2019	\$0.00	\$150.19	\$0.00	\$120.15
XWK	66012	Supervisor		02/15/2019	2019	\$0.00	\$150.19	\$0.00	\$120.15
XWK	66012	Supervisor		03/01/2019	2019	\$0.00	\$150.19	\$0.00	\$120.15
XWK	66012	Supervisor		03/15/2019	2019	\$0.00	\$155.96	\$0.00	\$124.77
XWK	66012	Supervisor		03/29/2019	2019	\$0.00	\$155.96	\$0.00	\$124.77
XWK	66012	Supervisor		03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66012	Supervisor		04/12/2019	2019	\$0.00	\$155.96	\$0.00	\$124.77
XWK	66012	Supervisor		04/26/2019	2019	\$0.00	\$155.96	\$0.00	\$124.77
XWK	66012	Supervisor		05/10/2019	2019	\$0.00	\$155.96	\$0.00	\$124.77
XWK	66012	Supervisor		05/24/2019	2019	\$0.00	\$155.96	\$0.00	\$124.77

XWK	66012	Supervisor	06/07/2019	2019	\$0.00	\$155.96	\$0.00	\$124.77
XWK	66012	Supervisor	06/21/2019	2019	\$0.00	\$155.96	\$0.00	\$124.77
XWK	66012	Supervisor	07/05/2019	2019	\$0.00	\$155.96	\$0.00	\$124.77
XWK	66012	Supervisor	07/19/2019	2019	\$0.00	\$155.96	\$0.00	\$124.77
XWK	66012	Supervisor	08/02/2019	2019	\$0.00	\$155.96	\$0.00	\$124.77
XWK	66012	Supervisor	08/16/2019	2019	\$0.00	\$155.96	\$0.00	\$124.77
XWK	66012	Supervisor	08/30/2019	2019	\$0.00	\$155.96	\$0.00	\$124.77
XWK	66012	Supervisor	09/13/2019	2019	\$0.00	\$155.96	\$0.00	\$124.77
XWK	66012	Supervisor	09/27/2019	2019	\$0.00	\$155.96	\$0.00	\$124.77
XWK	66012	Supervisor	10/11/2019	2019	\$0.00	\$155.96	\$0.00	\$124.77
XWK	66012	Supervisor	10/25/2019	2019	\$0.00	\$155.96	\$0.00	\$124.77
XWK	66012	Supervisor	11/08/2019	2019	\$0.00	\$155.96	\$0.00	\$124.77
XWK	66012	Supervisor	11/22/2019	2019	\$0.00	\$155.96	\$0.00	\$124.77
XWK	66012	Supervisor	12/06/2019	2019	\$0.00	\$155.96	\$0.00	\$124.77
XWK	66012	Supervisor	12/20/2019	2019	\$0.00	\$155.96	\$0.00	\$124.77
XWK	66012	Supervisor	01/03/2020	2020	\$0.00	\$155.96	\$0.00	\$124.77
XWK	66012	Supervisor	01/17/2020	2020	\$0.00	\$155.96	\$0.00	\$124.77
XWK	66012	Supervisor	01/31/2020	2020	\$0.00	\$155.96	\$0.00	\$124.77
XWK	66012	Supervisor	02/14/2020	2020	\$0.00	\$155.96	\$0.00	\$124.77
XWK	66012	Supervisor	02/28/2020	2020	\$0.00	\$155.96	\$0.00	\$124.77
XWK	66012	Supervisor	03/13/2020	2020	\$0.00	\$161.72	\$0.00	\$129.38
XWK	66012	Supervisor	03/27/2020	2020	\$0.00	\$161.72	\$0.00	\$129.38
XWK	66012	Supervisor	04/09/2020	2020	\$0.00	\$161.72	\$0.00	\$129.38
XWK	66012	Supervisor	04/24/2020	2020	\$0.00	\$161.72	\$0.00	\$129.38
XWK	66012	Supervisor	05/08/2020	2020	\$0.00	\$161.72	\$0.00	\$129.38
XWK	66012	Supervisor	05/22/2020	2020	\$0.00	\$161.72	\$0.00	\$129.38
XWK	66012	Supervisor	06/05/2020	2020	\$0.00	\$161.72	\$0.00	\$129.38
XWK	66012	Supervisor	06/19/2020	2020	\$0.00	\$161.72	\$0.00	\$129.38
XWK	66012	Supervisor	07/02/2020	2020	\$0.00	\$161.72	\$0.00	\$129.38
XWK	66012	Supervisor	07/17/2020	2020	\$0.00	\$161.72	\$0.00	\$129.38
XWK	66012	Supervisor	07/31/2020	2020	\$0.00	\$161.72	\$0.00	\$129.38
XWK	66012	Supervisor	08/14/2020	2020	\$0.00	\$161.72	\$0.00	\$129.38
XWK	66012	Supervisor	08/28/2020	2020	\$0.00	\$161.72	\$0.00	\$129.38
XWK	66012	Supervisor	09/11/2020	2020	\$0.00	\$161.72	\$0.00	\$129.38
XWK	66012	Supervisor	09/25/2020	2020	\$0.00	\$161.72	\$0.00	\$129.38
XWK	66012	Supervisor	10/09/2020	2020	\$0.00	\$161.72	\$0.00	\$129.38
XWK	66012	Supervisor	10/23/2020	2020	\$0.00	\$161.72	\$0.00	\$129.38
XWK	66012	Supervisor	11/06/2020	2020	\$0.00	\$161.72	\$0.00	\$129.38
XWK	66012	Supervisor	11/20/2020	2020	\$0.00	\$161.72	\$0.00	\$129.38
XWK	66012	Supervisor	12/04/2020	2020	\$0.00	\$161.72	\$0.00	\$129.38
XWK	66012	Supervisor	12/18/2020	2020	\$0.00	\$161.72	\$0.00	\$129.38
XWK	66012	Supervisor	12/31/2020	2020	\$0.00	\$161.72	\$0.00	\$129.38
XWK	66025	Supervisor	01/18/2019	2019	\$0.00	\$297.07	\$0.00	\$84.88
XWK	66025	Supervisor	02/01/2019	2019	\$0.00	\$330.08	\$0.00	\$94.31
XWK	66025	Supervisor	02/15/2019	2019	\$0.00	\$330.08	\$0.00	\$94.31
XWK	66025	Supervisor	03/01/2019	2019	\$0.00	\$330.08	\$0.00	\$94.31

XWK	66025	Supervisor	03/15/2019	2019	\$0.00	\$362.38	\$0.00	\$103.54
XWK	66025	Supervisor	03/29/2019	2019	\$0.00	\$362.38	\$0.00	\$103.54
XWK	66025	Supervisor	03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66025	Supervisor	04/12/2019	2019	\$0.00	\$362.38	\$0.00	\$103.54
XWK	66025	Supervisor	04/26/2019	2019	\$0.00	\$362.38	\$0.00	\$103.54
XWK	66025	Supervisor	05/10/2019	2019	\$0.00	\$362.38	\$0.00	\$103.54
XWK	66025	Supervisor	05/24/2019	2019	\$0.00	\$362.38	\$0.00	\$103.54
XWK	66025	Supervisor	06/07/2019	2019	\$0.00	\$362.38	\$0.00	\$103.54
XWK	66025	Supervisor	06/21/2019	2019	\$0.00	\$362.38	\$0.00	\$103.54
XWK	66025	Supervisor	07/05/2019	2019	\$0.00	\$362.38	\$0.00	\$103.54
XWK	66025	Supervisor	07/19/2019	2019	\$0.00	\$362.38	\$0.00	\$103.54
XWK	66025	Supervisor	08/02/2019	2019	\$0.00	\$362.38	\$0.00	\$103.54
XWK	66025	Supervisor	08/16/2019	2019	\$0.00	\$362.38	\$0.00	\$103.54
XWK	66025	Supervisor	08/30/2019	2019	\$0.00	\$362.38	\$0.00	\$103.54
XWK	66025	Supervisor	09/13/2019	2019	\$0.00	\$362.38	\$0.00	\$103.54
XWK	66025	Supervisor	09/27/2019	2019	\$0.00	\$362.38	\$0.00	\$103.54
XWK	66025	Supervisor	10/11/2019	2019	\$0.00	\$362.38	\$0.00	\$103.54
XWK	66025	Supervisor	10/25/2019	2019	\$0.00	\$362.38	\$0.00	\$103.54
XWK	66025	Supervisor	11/08/2019	2019	\$0.00	\$362.38	\$0.00	\$103.54
XWK	66025	Supervisor	11/22/2019	2019	\$0.00	\$362.38	\$0.00	\$103.54
XWK	66025	Supervisor	12/06/2019	2019	\$0.00	\$362.38	\$0.00	\$103.54
XWK	66025	Supervisor	12/20/2019	2019	\$0.00	\$362.38	\$0.00	\$103.54
XWK	66025	Supervisor	01/03/2020	2020	\$0.00	\$362.40	\$0.00	\$103.54
XWK	66025	Supervisor	01/17/2020	2020	\$0.00	\$362.40	\$0.00	\$103.54
XWK	66025	Supervisor	01/31/2020	2020	\$0.00	\$362.40	\$0.00	\$103.54
XWK	66025	Supervisor	02/14/2020	2020	\$0.00	\$362.40	\$0.00	\$103.54
XWK	66025	Supervisor	02/28/2020	2020	\$0.00	\$362.40	\$0.00	\$103.54
XWK	66025	Supervisor	03/13/2020	2020	\$0.00	\$382.80	\$0.00	\$109.38
XWK	66025	Supervisor	03/27/2020	2020	\$0.00	\$382.80	\$0.00	\$109.38
XWK	66025	Supervisor	04/09/2020	2020	\$0.00	\$382.80	\$0.00	\$109.38
XWK	66025	Supervisor	04/24/2020	2020	\$0.00	\$382.80	\$0.00	\$109.38
XWK	66025	Supervisor	05/08/2020	2020	\$0.00	\$382.80	\$0.00	\$109.38
XWK	66025	Supervisor	05/22/2020	2020	\$0.00	\$382.80	\$0.00	\$109.38
XWK	66025	Supervisor	06/05/2020	2020	\$0.00	\$382.80	\$0.00	\$109.38
XWK	66025	Supervisor	06/19/2020	2020	\$0.00	\$382.80	\$0.00	\$109.38
XWK	66025	Supervisor	07/02/2020	2020	\$0.00	\$382.80	\$0.00	\$109.38
XWK	66025	Supervisor	07/17/2020	2020	\$0.00	\$382.80	\$0.00	\$109.38
XWK	66025	Supervisor	07/31/2020	2020	\$0.00	\$382.80	\$0.00	\$109.38
XWK	66025	Supervisor	08/14/2020	2020	\$0.00	\$382.80	\$0.00	\$109.38
XWK	66025	Supervisor	08/28/2020	2020	\$0.00	\$382.80	\$0.00	\$109.38
XWK	66025	Supervisor	09/11/2020	2020	\$0.00	\$382.80	\$0.00	\$109.38
XWK	66025	Supervisor	09/25/2020	2020	\$0.00	\$382.80	\$0.00	\$109.38
XWK	66025	Supervisor	10/09/2020	2020	\$0.00	\$382.80	\$0.00	\$109.38
XWK	66025	Supervisor	10/23/2020	2020	\$0.00	\$382.80	\$0.00	\$109.38
XWK	66025	Supervisor	11/06/2020	2020	\$0.00	\$382.80	\$0.00	\$109.38
XWK	66025	Supervisor	11/20/2020	2020	\$0.00	\$382.80	\$0.00	\$109.38

XWK	66025	Supervisor		12/04/2020	2020	\$0.00	\$382.80	\$0.00	\$109.38
XWK	66025	Supervisor		12/18/2020	2020	\$0.00	\$382.80	\$0.00	\$109.38
XWK	66025	Supervisor		12/31/2020	2020	\$0.00	\$382.80	\$0.00	\$109.38
XWK	66030	Supervisor		01/18/2019	2019	\$0.00	\$81.69	\$0.00	\$81.69
XWK	66030	Supervisor		02/01/2019	2019	\$0.00	\$90.77	\$0.00	\$90.77
XWK	66030	Supervisor		02/15/2019	2019	\$0.00	\$90.77	\$0.00	\$90.77
XWK	66030	Supervisor		03/01/2019	2019	\$0.00	\$90.77	\$0.00	\$90.77
XWK	66030	Supervisor		03/15/2019	2019	\$0.00	\$94.46	\$0.00	\$94.46
XWK	66030	Supervisor		03/29/2019	2019	\$0.00	\$94.46	\$0.00	\$94.46
XWK	66030	Supervisor		03/31/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66030	Supervisor		04/12/2019	2019	\$0.00	\$94.46	\$0.00	\$94.46
XWK	66030	Supervisor		04/26/2019	2019	\$0.00	\$94.46	\$0.00	\$94.46
XWK	66030	Supervisor		05/10/2019	2019	\$0.00	\$94.46	\$0.00	\$94.46
XWK	66030	Supervisor		05/24/2019	2019	\$0.00	\$94.46	\$0.00	\$94.46
XWK	66030	Supervisor		06/07/2019	2019	\$0.00	\$94.46	\$0.00	\$94.46
XWK	66030	Supervisor		06/21/2019	2019	\$0.00	\$94.46	\$0.00	\$94.46
XWK	66030	Supervisor		07/05/2019	2019	\$0.00	\$94.46	\$0.00	\$94.46
XWK	66030	Supervisor		07/19/2019	2019	\$0.00	\$94.46	\$0.00	\$94.46
XWK	66030	Supervisor		08/02/2019	2019	\$0.00	\$94.46	\$0.00	\$94.46
XWK	66030	Supervisor		08/16/2019	2019	\$0.00	\$94.46	\$0.00	\$94.46
XWK	66030	Supervisor		08/30/2019	2019	\$0.00	\$94.46	\$0.00	\$94.46
XWK	66030	Supervisor		09/13/2019	2019	\$0.00	\$94.46	\$0.00	\$94.46
XWK	66030	Supervisor		09/27/2019	2019	\$0.00	\$94.46	\$0.00	\$94.46
XWK	66030	Supervisor		10/11/2019	2019	\$0.00	\$94.46	\$0.00	\$94.46
XWK	66030	Supervisor		10/25/2019	2019	\$0.00	\$94.46	\$0.00	\$94.46
XWK	66030	Supervisor		11/08/2019	2019	\$0.00	\$94.46	\$0.00	\$94.46
XWK	66030	Supervisor		11/22/2019	2019	\$0.00	\$94.46	\$0.00	\$94.46
XWK	66030	Supervisor		12/06/2019	2019	\$0.00	\$94.46	\$0.00	\$94.46
XWK	66030	Supervisor		12/20/2019	2019	\$0.00	\$94.46	\$0.00	\$94.46
XWK	66030	Supervisor		01/03/2020	2020	\$0.00	\$94.46	\$0.00	\$94.46
XWK	66030	Supervisor		01/17/2020	2020	\$0.00	\$94.46	\$0.00	\$94.46
XWK	66030	Supervisor		01/31/2020	2020	\$0.00	\$94.46	\$0.00	\$94.46
XWK	66030	Supervisor		02/14/2020	2020	\$0.00	\$94.46	\$0.00	\$94.46
XWK	66030	Supervisor		02/28/2020	2020	\$0.00	\$94.46	\$0.00	\$94.46
XWK	66030	Supervisor		03/13/2020	2020	\$0.00	\$97.86	\$0.00	\$97.86
XWK	66030	Supervisor		03/27/2020	2020	\$0.00	\$97.86	\$0.00	\$97.86
XWK	66030	Supervisor		04/09/2020	2020	\$0.00	\$97.86	\$0.00	\$97.86
XWK	66030	Supervisor		04/24/2020	2020	\$0.00	\$97.86	\$0.00	\$97.86
XWK	66030	Supervisor		05/08/2020	2020	\$0.00	\$97.86	\$0.00	\$97.86
XWK	66030	Supervisor		05/22/2020	2020	\$0.00	\$97.86	\$0.00	\$97.86
XWK	66030	Supervisor		06/05/2020	2020	\$0.00	\$97.86	\$0.00	\$97.86
XWK	66030	Supervisor		06/19/2020	2020	\$0.00	\$97.86	\$0.00	\$97.86
XWK	66030	Supervisor		07/02/2020	2020	\$0.00	\$97.86	\$0.00	\$97.86
XWK	66030	Supervisor		07/17/2020	2020	\$0.00	\$97.86	\$0.00	\$97.86
XWK	66030	Supervisor		07/31/2020	2020	\$0.00	\$97.86	\$0.00	\$97.86
XWK	66030	Supervisor		08/14/2020	2020	\$0.00	\$97.86	\$0.00	\$97.86

XWK	66030	Supervisor	08/28/2020	2020	\$0.00	\$97.86	\$0.00	\$97.86
XWK	66030	Supervisor	09/11/2020	2020	\$0.00	\$97.86	\$0.00	\$97.86
XWK	66030	Supervisor	09/25/2020	2020	\$0.00	\$97.86	\$0.00	\$97.86
XWK	66030	Supervisor	10/09/2020	2020	\$0.00	\$97.86	\$0.00	\$97.86
XWK	66030	Supervisor	10/23/2020	2020	\$0.00	\$97.86	\$0.00	\$97.86
XWK	66030	Supervisor	11/06/2020	2020	\$0.00	\$97.86	\$0.00	\$97.86
XWK	66030	Supervisor	11/20/2020	2020	\$0.00	\$97.86	\$0.00	\$97.86
XWK	66030	Supervisor	11/27/2020	2020	\$0.00	\$0.00	\$0.00	\$0.00
XWK	66030	Supervisor	12/04/2020	2020	\$0.00	\$97.86	\$0.00	\$97.86
XWK	66030	Supervisor	12/18/2020	2020	\$0.00	\$97.86	\$0.00	\$97.86
XWK	66030	Supervisor	12/31/2020	2020	\$0.00	\$97.86	\$0.00	\$97.86
XWK	65907	Supervisor	2018	2018				2037.96
XWK	65910	Supervisor	2018	2018				2379.96
XWK	65909	Supervisor	2018	2018				3296.04
XWK	65912	Supervisor	2018	2018				1959.96
XWK	65914	Supervisor	2018	2018				3159.96
XWK	65936	Supervisor	2018	2018				1542.00
XWK		Supervisor	2018	2018				491.32
XWK	65958	Supervisor	2018	2018				1741.92
XWK	65965	Supervisor	2018	2018				1645.44
XWK	65970	Supervisor	2018	2018				2719.09
XWK	65977	Supervisor	2018	2018				2020.08
XWK	65980	Supervisor	2018	2018				2218.08
XWK	65996	Supervisor	2018	2018				1620.00
XWK	65997	Supervisor	2018	2018				3255.96
XWK	66001	Supervisor	2018	2018				2070.00
XWK		Supervisor	2018	2018				1497.70
XWK	66007	Supervisor	2018	2018				2985.96
XWK	66010	Supervisor	2018	2018				1939.92
XWK	66012	Supervisor	2018	2018				2938.91
XWK	66025	Supervisor	2018	2018				2422.08
XWK	66030	Supervisor	2018	2018				2085.96
XWK	65907	Supervisor		2018		2037.96		
XWK	65910	Supervisor		2018		5949.96		
XWK	65909	Supervisor		2018		3296.04		
XWK	65912	Supervisor		2018		3920.04		
XWK	65914	Supervisor		2018		9924.96		
XWK	65936	Supervisor		2018		2313.00		
XWK		Supervisor		2018		614.16		
XWK	65958	Supervisor		2018		4354.92		
XWK	65965	Supervisor		2018		1645.44		
XWK	65970	Supervisor		2018		18500.00	1500	
XWK	65977	Supervisor		2018		7575.00		
XWK	65980	Supervisor		2018		2772.48		
XWK	65996	Supervisor		2018		1620.00		
XWK	65997	Supervisor		2018		9768.00		

DELTA NATURAL GAS COMPANY, INC.
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45. Concerning employee fringe benefits:
- a. Provide a detailed list of all fringe benefits available to the utility's employees. Indicate any fringe benefits that are limited to management employees.
 - b. Provide comparative cost information for the 12 months preceding the base period and the base period. Explain any changes in fringe benefits occurring over this 24-month period.

Response:

Not applicable. Delta does not provide any fringe benefits that are processed as benefits.

Sponsoring Witness:

William Packer

DELTA NATURAL GAS COMPANY, INC.

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46. State whether the utility, through an outside consultant or otherwise, performed a study or survey to compare its wages, salaries, benefits, and other compensation to those of other utilities in the region, or to other local or regional enterprises.
- a. If comparisons were performed, provide the results of the study or survey, including all workpapers and discuss the results of such comparisons. State whether any adjustments to wages, salaries, benefits, and other compensation in the rate application are consistent with the results of such comparisons.
 - b. If comparisons were not performed, explain why such comparisons were not performed.

Response:

See the 2021 Rate Case Compensation Overview attached to Delta's Application at Tab 60. Delta and Essential routinely analyze their employee benefit programs against national benchmarks to assess competitiveness. Some of these are:

- Benefits Data Source (BDS): Willis Towers Watson's global benefits benchmarking database
- US DC Plan Sponsor Survey (general industry and utility sector cuts): Willis Towers Watson's annual survey of DC plan sponsor trends and attitudes towards design, governance, investments, and financial well being
- Global Benefits Attitudes Survey (GBAS): Willis Towers Watson's comprehensive global study highlighting employees' attitudes toward their health and retirement benefits
- Mercer Health & Benefits national survey of plan sponsors: a source of benchmarking to assess our health & welfare plans.
- Fiduciary Benchmark, Inc.: for 401(k) plans
- Plan Sponsor Defined Contribution Industry Report ISS Media: for 401(k) plans

Sponsoring Witness:

William Packer

DELTA NATURAL GAS COMPANY, INC.
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47. Regarding the utility's employee compensation policy:
- a. Provide the utility's written compensation policy as approved by the board of directors.
 - b. Provide a narrative description of the compensation policy, including the reasons for establishing the policy and the utility's objectives for the policy.
 - c. Explain whether the compensation policy was developed with the assistance of an outside consultant. If the compensation policy was developed or reviewed by a consultant, provide any study or report provided by the consultant.
 - d. Explain when the utility's compensation policy was last reviewed or given consideration by the board of directors.
 - e. Explain whether the utility's expenses for wages, salaries, benefits, and other compensation included in the base period and any adjustments to the base period, are compliant with the board of director's compensation policy.

Response:

Refer to the 2021 Rate Case Compensation Overview attached to Delta's Application at Tab 60.

Sponsoring Witness:

William Packer

DELTA NATURAL GAS COMPANY, INC.
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48. To the extent not provided in the responses above, provide all wage, compensation, or employee benefits studies, analyses, or surveys conducted since the utility's last rate case or that are currently utilized by the utility.

Response:

All information has been provided in the application filing requirements and the responses to this request for information.

Sponsoring Witness:

William Packer

DELTA NATURAL GAS COMPANY, INC.
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49. Provide the average number of customers on the utility's system (actual and projected), by rate schedule, for the base period and the three most recent calendar years.

Response:

Number of Customers	2018	2019	2020	Base Period
Residential	29,728	29,911	30,545	30,437
Commercial	4,926	4,955	4,184	4,214
Industrial	38	39	889	889
Farm Tap				3,283
Total	34,692	34,905	35,618	38,823

Sponsoring Witness:

Andrea Schroeder

DELTA NATURAL GAS COMPANY, INC.

CASE NO. 2021-00185

FIRST PSC DATA REQUEST

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50. In the format provided in Schedule L, provide schedules of gas operations net income per MCF sold, per company books for the base period and the three calendar years preceding the base period.

Response:

See attached.

Sponsoring Witness:

Andrea Schroeder

Delta Natural Gas Company, Inc.

Case No. 2021-00185

Net Income per MCF Sold
For the Calendar Years 2018 through 2020
And for the Base Period
"000 Omitted"

Line No.	Item (a)	12 Months Ended			Base Period (*)
		2018	2019	2020	12 mos.ended 08/31/21
1	Operating Income				
2	Operating Revenues	\$ 2.75	\$ 2.47	\$ 2.72	\$ 2.58
3	Operating Income Deductions				
4	Operating and Maintenance Expenses				
5	Purchased Gas	\$ -	\$ -	\$ -	\$ -
6	Other Gas Supply Expense	\$ -	\$ 0.76	\$ 0.76	\$ 0.69
7	Underground Storage	\$ -	\$ 0.02	\$ 0.02	\$ 0.02
8	Transmission Expenses	\$ -	\$ 0.15	\$ 0.21	\$ 0.20
9	Distribution Expenses	\$ -	\$ 0.11	\$ 0.13	\$ 0.14
10	Customer Accounts Expenses	\$ -	\$ 0.04	\$ 0.06	\$ 0.08
11	Sales Expenses	\$ -	\$ -	\$ -	\$ 0.00
12	Administrative and General Expenses	\$ -	\$ 0.30	\$ 0.35	\$ 0.42
13	Natural Gas Production/Gathering	\$ -	\$ 0.00	\$ 0.00	\$ 0.01
14	Total (L5 through L13)	\$ 1.66	\$ 1.38	\$ 1.52	\$ 1.56
15	Depreciation Expenses	\$ 0.37	\$ 0.37	\$ 0.47	\$ 0.44
16	Amortization of Utility Plant Acquisition Adjustment	\$ -	\$ 0.02	\$ 0.02	\$ 0.02
17	Taxes Other Than Income Taxes	\$ 0.18	\$ 0.17	\$ 0.22	\$ 0.20
18	Income Taxes - Federal	\$ 0.09	\$ 0.07	\$ 0.04	\$ 0.13
19	Income Taxes - Other	\$ 0.02	\$ 0.01	\$ 0.02	\$ -
20	Provision for Deferred income Taxes	\$ 0.08	\$ (0.02)	\$ (0.03)	\$ (0.04)
21	Investment Tax Credit Adjustment Net	\$ -	\$ -	\$ -	\$ -
22	Total Utility Operating Expenses (L14 through L20)	\$ 2.40	\$ 2.00	\$ 2.26	\$ 2.31
23	Net Utility Operating Income (L2 less L22)	\$ 0.35	\$ 0.47	\$ 0.45	\$ 0.26
24	Other Income and Deductions	\$ -	\$ -	\$ -	\$ -
25	Other Income:				
26	Miscellaneous Non-Operating Income	\$ 0.01	\$ 0.01	\$ 0.01	\$ 0.04
27	Total Other Income	\$ 0.01	\$ 0.01	\$ 0.01	\$ 0.04
28	Other Income Deductions				
29	Miscellaneous Income Deductions	\$ 0.11	\$ 0.00	\$ 0.01	\$ 0.01
30	Taxes applicable to Other Inc and Ded:				
31	Income Taxes and Investment Tax Credits	\$ -	\$ -	\$ -	\$ -
32	Taxes Other Than Income Taxes	\$ 0.01	\$ -	\$ -	\$ -
33	Total Taxes on Other Inc and Deductions	\$ 0.01	\$ -	\$ -	\$ -
34	Net Other Income and Deductions	\$ (0.09)	\$ 0.01	\$ 0.00	\$ 0.03
35	Interest Charges				
36	Allowance Funds Used During Construction	\$ -	\$ -	\$ -	\$ -
37	Interest of Long Term Debt	\$ 0.12	\$ 0.10	\$ 0.12	\$ 0.07
38	Amortization of Debt Expense	\$ 0.01	\$ 0.01	\$ 0.01	\$ 0.01
39	Other Interest Expense	\$ (0.00)	\$ 0.00	\$ 0.00	\$ 0.05
40	Total Interest Charges	\$ 0.12	\$ 0.11	\$ 0.13	\$ 0.13
41	Cumulative Effect of Acct. Chg. Net of Tax	\$ -	\$ -	\$ -	\$ -
42	Net Income	\$ 0.13	\$ 0.37	\$ 0.32	\$ 0.16
43	Mcf Sold	18,026,097	19,274,441	16,148,843	17,821,882

Delta Natural Gas Company, Inc.
Case No. 2021-00185

Net Income per MCF Sold
For the Calendar Years 2018 through 2020
Peoples Gas Kentucky
"000 Omitted"

Line No.	Item (a)	12 Months Ended		
		2018	2019	2020
1	Operating Income			
2	Operating Revenues	\$ 8.01	\$ 8.94	\$ 6.71
3	Operating Income Deductions			
4	Operating and Maintenance Expenses			
5	Purchased Gas	\$ -	\$ -	\$ -
6	Other Gas Supply Expense	\$ 3.25	\$ 4.13	\$ 2.12
7	Underground Storage	\$ -	\$ -	\$ -
8	Transmission Expenses	\$ 1.35	\$ 1.34	\$ 1.10
9	Distribution Expenses	\$ 2.40	\$ 2.48	\$ 1.45
10	Customer Accounts Expenses	\$ 2.18	\$ 2.37	\$ 3.14
11	Sales Expenses	\$ 0.00	\$ 0.00	\$ 0.00
12	Administrative and General Expenses	\$ 2.98	\$ 2.48	\$ 2.60
13	Natural Gas Production/Gathering	\$ 0.00	\$ -	\$ -
14	Total (L5 through L13)	\$ 12.16	\$ 12.79	\$ 10.41
15	Depreciation Expenses	\$ 0.40	\$ 0.45	\$ 0.47
16	Amortization of Utility Plant Acquisition Adjustment	\$ 0.13	\$ 0.10	\$ 0.15
17	Taxes Other Than Income Taxes	\$ 0.44	\$ 0.57	\$ 0.50
18	Income Taxes - Federal	\$ -	\$ (1.10)	\$ (1.25)
19	Income Taxes - Other	\$ -	\$ (0.66)	\$ (0.01)
20	Provision for Deferred income Taxes	\$ (1.45)	\$ (0.18)	\$ 0.00
21	Investment Tax Credit Adjustment Net	\$ -	\$ -	\$ -
22	Total Utility Operating Expenses (L14 through L20)	\$ 11.67	\$ 11.97	\$ 10.27
23	Net Utility Operating Income (L2 less L22)	\$ (3.66)	\$ (3.03)	\$ (3.56)
24	Other Income and Deductions			
25	Other Income:			
26	Miscellaneous Non-Operating Income	\$ 0.09	\$ 0.06	\$ 0.08
27	Total Other Income	\$ 0.09	\$ 0.06	\$ 0.08
28	Other Income Deductions			
29	Miscellaneous Income Deductions	\$ 0.00	\$ 0.00	\$ 0.00
30	Taxes applicable to Other Inc and Ded:			
31	Income Taxes and Investment Tax Credits	\$ -	\$ -	\$ -
32	Taxes Other Than Income Taxes	\$ -	\$ -	\$ -
33	Total Taxes on Other Inc and Deductions	\$ -	\$ -	\$ -
34	Net Other Income and Deductions	\$ 0.08	\$ 0.06	\$ 0.08
35	Interest Charges			
36	Allowance Funds Used During Construction	\$ (0.00)	\$ (0.01)	\$ (0.01)
37	Interest of Long Term Debt	\$ 0.76	\$ 0.98	\$ 0.57
38	Amortization of Debt Expense	\$ 0.03	\$ 0.04	\$ 0.09
39	Other Interest Expense	\$ (0.00)	\$ 0.00	\$ (0.00)
40	Total Interest Charges	\$ 0.79	\$ 1.01	\$ 0.65
41	Cumulative Effect of Acct. Chg. Net of Tax	\$ -	\$ -	\$ -
42	Net Income	\$ (4.37)	\$ (3.99)	\$ (4.13)
43	Mcf Sold	214,167	200,756	199,379

DELTA NATURAL GAS COMPANY, INC.
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51. Provide, in the format provided in Schedule M, comparative operating statistics for gas operations.

Response:

See attached.

Sponsoring Witness:

Andrea Schroeder

LINE NO.	% Inc	Calendar Years Prior to Test Year					
		12/31/2018		12/31/2019		12/31/2020	
		COST (h)	% Increase (i)	COST (h)	% Increase (i)	COST (h)	% Increase (i)
1		3.88	3	3.42	(12)	3.48	2
2		0.00	0	0.00	0	0.00	0
3		12.65	(12)	13.50	7	12.16	(10)
4		(1)		(1)		(1)	
5		58.08	6	57.28	(1)	40.67	(29)
6		0.00	(100)	0.00	N/A	0.00	N/A
7		180.75	9	166.14	(8)	165.95	(0)
8							
		52,150.89	1	42,662.14	(18)	39,139.74	(8)
9							
10		2.76	(13)	3.02	9	3.08	2
11							
12		0.01	0	0.00	(100)	0.00	N/A
13							
14		1.94	30	1.98	2	2.10	6
15							
16		4,544.82	8	4,243.88	(7)	4,291.68	1
17							
18		4.73	(6)	4.42	(7)	4.77	8
19		1.60	(18)	1.40	(13)	1.39	(1)
20		0.69	(24)	0.67	(3)	0.73	9
21							
22		(1) Unable to segregate maintenance cost between Transmission and Distribution Main. Therefore, Line 5 is maintenance cost per Transmission and Distribution Main Mile. Approx 76% of Delta's mains are Distribution.					

DELTA NATURAL GAS COMPANY, INC.
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52. For the historical portion of the base period and the five preceding calendar years, provide a schedule detailing all nonrecurring charges by customer class which includes:
- a. Type of charge;
 - b. Amount billed;
 - c. Amount recovered; and
 - d. Number of times the charge was assessed.

Response:

See attached for information for subparts a, b, and d. The information for subpart c is not available for calendar years 2016-2020 because Delta's previous billing system did not separately track revenues at that level of detail. In January 2021, Delta converted its billing system to SAP, however the information for subpart c. is not readily available at this time.

Sponsoring Witness:

Andrea Schroeder

Delta Natural Gas Company, Inc.
Case No. 2021-00185
Summary of Nonrecurring Charges

Customer Class	Reconnection Charge		Collection Charge		Returned Check Charge		Light Pilot Charge		Total Billed Charges
	a.	d.	a.	d.	a.	d.	a.	d.	
Base Period									
Residential	\$ 7,140	119	\$ 7,320	312	\$ 975	44	\$ 2,440	50	\$ 17,875
Commercial	2,220	37	1,000	50	-	-	35	1	3,255
Industrial	-	-	-	-	-	-	-	-	-
Total	\$ 9,360	156	\$ 8,320	362	\$ 975	44	\$ 2,475	51	\$ 21,130
2020									
Residential	\$ 54,120	902	\$ 43,280	2,164	\$ 525	35	\$ 3,745	107	\$ 101,670
Commercial	16,560	276	6,620	331	(60)	(4)	175	5	23,295
Industrial	120	2	-	-	-	-	-	-	120
Total	\$ 70,800	1,180	\$ 49,900	2,495	\$ 465	31	\$ 3,920	112	\$ 125,085
2019									
Residential	\$ 116,820	1,947	\$ 122,680	6,134	\$ 765	51	\$ 3,360	96	\$ 243,625
Commercial	22,860	381	15,460	773	(105)	(7)	245	7	38,460
Industrial	60	1	-	-	-	-	-	-	60
Total	\$ 139,740	2,329	\$ 138,140	6,907	\$ 660	44	\$ 3,605	103	\$ 282,145
2018									
Residential	\$ 133,860	2,231	\$ 153,760	7,688	\$ 855	57	\$ 2,870	82	\$ 291,345
Commercial	24,420	407	18,540	927	(15)	(1)	210	6	43,155
Industrial	240	4	20	1	-	-	-	-	260
Total	\$ 158,520	2,642	\$ 172,320	8,616	\$ 840	56	\$ 3,080	88	\$ 334,760
2017									
Residential	\$ 118,200	1,970	\$ 137,020	6,851	\$ 690	46	\$ 3,920	112	\$ 259,830
Commercial	22,380	373	17,440	872	(90)	(6)	315	9	40,045
Industrial	180	3	40	2	-	-	-	-	220
Total	\$ 140,760	2,346	\$ 154,500	7,725	\$ 600	40	\$ 4,235	121	\$ 300,095
2016									
Residential	\$ 116,100	1,935	\$ 124,680	6,234	\$ 510	34	\$ 5,040	144	\$ 246,330
Commercial	25,380	423	13,680	684	(15)	(1)	385	11	39,430
Industrial	180	3	40	2	-	-	-	-	220
Total	\$ 141,660	2,361	\$ 138,400	6,920	\$ 495	33	\$ 5,425	155	\$ 285,980

DELTA NATURAL GAS COMPANY, INC.
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53. For the forecasted portion of the base period and forecasted test year, provide a schedule detailing all non-recurring charges by customer class which included:
- a. Type of charge;
 - b. Revenues forecasted;
 - c. Number of changes forecasted (except late payment penalties);
 - d. Basis for late payment penalties; and
 - e. Support of the non-recurring charge.

Response:

See attached.

Sponsoring Witness:

John B. Brown

53 a.-c.	Forecasted Portion of the Base Period (April - August 2011)		Forecasted Test Year (Calendar 2022)	
	Number	Revenue	Number	Revenue
Residential				
Reconnection fee	21	1,260	639	38,340
Collection fee	5	100	463	9,260
Returned check fee	3	45	17	255
Light pilot fee	54	805	319	4,785
Peoples Kentucky		-		8,367
Residential Rental Owner Billed				
Reconnection fee				1,800
Collection fee				320
Returned check fee				-
Light pilot fee				
Commercial				
Reconnection fee	4	240	282	16,920
Collection fee			110	2,200
Returned check fee	1	15	-	-
Light pilot fee	2	35	12	175
		2,500		82,422

53 d. Delta does not assess late payment penalties. The Collection fee is assessed when a trip is made to the premise for collection.

53.e. Based on summer 2020 history 7 months actual plus Forecasted Portion of Base Period

DELTA NATURAL GAS COMPANY, INC.
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54. To the extent not already provided, provide a copy of each cost of service study, billing analysis, and all exhibits and schedules that were prepared in the utility's rate application in Excel spreadsheet format with all formulas, columns, and rows unprotected and fully accessible.

Response:

See attached in Excel spreadsheet format. Certain attachments are entirely confidential and are being filed pursuant to a petition for confidential protection. The tab numbers on the spreadsheets correspond to the tabs filed with Delta's application. The Excel tabs that are not filed individually are included in Delta's rate model spreadsheet.

Sponsoring Witness:

William Steven Seelye

DELTA NATURAL GAS COMPANY, INC.
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55. To the extent not already provided, provide all workpapers, calculations and assumptions the utility used to develop its forecasted test period financial information in Excel spreadsheet format with all formulas, columns, and rows unprotected and fully accessible.

Response:

See the response to Question No. 54, Tab 16 of the Filing Requirements, and the direct testimonies of Delta's witnesses for the assumptions used to develop the forecasted test period financial information.

Sponsoring Witness:

John B. Brown