

**SUBMIT ORIGINAL AND FIVE ADDITIONAL COPIES, UNLESS FILING ELECTRONICALLY**

APPLICATION FOR RATE ADJUSTMENT  
BEFORE THE PUBLIC SERVICE COMMISSION

For Small Utilities Pursuant to 807 KAR 5:076  
(Alternative Rate Filing)

Columbia Adair Utilities District aka Adair County Water District  
(Name of Utility)

109 Grant Lane  
(Business Mailing Address - Number and Street, or P.O. Box)

Columiba KY 42728  
(Business Mailing Address - City, State, and Zip)

270-384-2181  
(Telephone Number)

BASIC INFORMATION

NAME, TITLE, ADDRESS, TELEPHONE NUMBER and E-MAIL ADDRESS of the person to whom correspondence or communications concerning this application should be directed:

Lennon Stone  
(Name)

109 Grant Lane  
(Address - Number and Street or P.O. Box)

Columiba KY 42728  
(Address - City, State, Zip)

270-384-2181  
(Telephone Number)

lenny.stone@caud.net  
(Email Address)

**(For each statement below, the Applicant should check either "YES", "NO", or "NOT APPLICABLE" (N/A))**

- |   | YES                                 | NO                       | N/A                                 |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 1. a. In its immediate past calendar year of operation, Applicant had \$5,000,000 or less in gross annual revenue.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| b. Applicant operates two or more divisions that provide different types of utility service. In its immediate past calendar year of operation, Applicant had \$5,000,000 or less in gross annual revenue from the division for which a rate adjustment is sought. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2. a. Applicant has filed an annual report with the Public Service Commission for the past year.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| b. Applicant has filed an annual report with the Public Service Commission for the two previous years.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3. Applicant's records are kept separate from other commonly-owned enterprises.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

YES NO N/A

4. a. Applicant is a corporation that is organized under the laws of the state of \_\_\_\_\_, is authorized to operate in, and is in good standing in the state of Kentucky.
- b. Applicant is a limited liability company that is organized under the laws of the state of \_\_\_\_\_, is authorized to operate in, and is in good standing in the state of Kentucky.
- c. Applicant is a limited partnership that is organized under the laws of the state of \_\_\_\_\_, is authorized to operate in, and is in good standing in the state of Kentucky.
- d. Applicant is a sole proprietorship or partnership.
- e. Applicant is a water district organized pursuant to KRS Chapter 74.
- f. Applicant is a water association organized pursuant to KRS Chapter 273.
5. a. A paper copy of this application has been mailed to Office of Rate Intervention, Office of Attorney General, 1024 Capital Center Drive, Suite 200, Frankfort, Kentucky 40601-8204.
- b. An electronic copy of this application has been electronically mailed to Office of Rate Intervention, Office of Attorney General at rateintervention@ag.ky.gov.
6. a. Applicant has 20 or fewer customers and has mailed written notice of the proposed rate adjustment to each of its customers no later than the date this application was filed with the Public Service Commission. A copy of this notice is attached to this application. **(Attach a copy of customer notice.)**
- b. Applicant has more than 20 customers and has included written notice of the proposed rate adjustment with customer bills that were mailed by the date on which the application was filed. A copy of this notice is attached to this application. **(Attach a copy of customer notice.)**
- c. Applicant has more than 20 customers and has made arrangements to publish notice once a week for three (3) consecutive weeks in a prominent manner in a newspaper of general circulation in its service area, the first publication having been made by the date on which this Application was filed. A copy of this notice is attached to this application. **(Attach a copy of customer notice.)**
7. Applicant requires a rate adjustment for the reasons set forth in the attachment entitled "Reasons for Application." **(Attach completed "Reasons for Application" Attachment.)**



YES NO N/A

8. Applicant proposes to charge the rates that are set forth in the attachment entitled "Current and Proposed Rates." **(Attach completed "Current and Proposed Rates" Attachment.)**
9. Applicant proposes to use its annual report for the immediate past year as the test period to determine the reasonableness of its proposed rates. This annual report is for the 12 months ending December 31, 2020.
10. Applicant has reason to believe that some of the revenue and expense items set forth in its most recent annual report have or will change and proposes to adjust the test period amount of these items to reflect these changes. A statement of the test period amount, expected changes, and reasons for each expected change is set forth in the attachment "Statement of Adjusted Operations." **(Attach a completed copy of appropriate "Statement of Adjusted Operations" Attachment and any invoices, letters, contracts, receipts or other documents that support the expected change in costs.)**
11. Based upon test period operations, and considering any known and measurable adjustments, Applicant requires additional revenues of \$ 151,606 and total revenues from service rates of \$ 1,038,860. The manner in which these amounts were calculated is set forth in "Revenue Requirement Calculation" Attachment. **(Attach a completed "Revenue Requirement Calculation" Attachment.)**
12. As of the date of the filing of this application, Applicant had 1,746 customers.
13. A billing analysis of Applicant's current and proposed rates is attached to this application. **(Attach a completed "Billing Analysis" Attachment.)**
14. Applicant's depreciation schedule of utility plant in service is attached. **(Attach a schedule that shows per account group: the asset's original cost, accumulated depreciation balance as of the end of the test period, the useful lives assigned to each asset and resulting depreciation expense.)**
15. a. Applicant has outstanding evidences of indebtedness, such as mortgage agreements, promissory notes, or bonds.
- b. Applicant has attached to this application a copy of each outstanding evidence of indebtedness (e.g., mortgage agreement, promissory note, bond resolution).
- c. Applicant has attached an amortization schedule for each outstanding evidence of indebtedness.

- |   | YES                                 | NO                                  | N/A                                 |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| 16. a. Applicant is not required to file state and federal tax returns.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |
| b. Applicant is required to file state and federal tax returns.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     |
| c. Applicant's most recent state and federal tax returns are attached to this Application. (Attach a copy of returns.)  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 17. Approximately \$0 (Insert dollar amount or percentage of total utility plant) of Applicant's total utility plant was recovered through the sale of real estate lots or other contributions. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     |
| 18. Applicant has attached a completed Statement of Disclosure of Related Party Transactions for each person who 807 KAR 5:076, §4(h) requires to complete such form.                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |

By submitting this application, the Applicant consents to the procedures set forth in 807 KAR 5:076 and waives any right to place its proposed rates into effect earlier than six months from the date on which the application is accepted by the Public Service Commission for filing.

I am authorized by the Applicant to sign and file this application on the Applicant's behalf, have read and completed this application, and to the best of my knowledge all the information contained in this application and its attachments is true and correct.

Signed William Harris  
Officer of the Company/Authorized Representative

Title Chairman

Date 8-26-21

COMMONWEALTH OF KENTUCKY

COUNTY OF Adair

Before me appeared William Harris, who after being duly sworn, stated that he/she had read and completed this application, that he/she is authorized to sign and file this application on behalf of the Applicant, and that to the best of his/her knowledge all the information contained in this application and its attachments is true and correct.

Ashley Bennett  
 Notary Public  
 My commission expires: February 21, 2024



## EXHIBITS TO APPLICATION

| <b>Exhibit</b> | <b>Description</b>   |
|----------------|--|
| A              | Attachment SR – Reasons for Application  |
| B              | Attachment CPR – Current and Proposed Rates  |
| C              | Attachment SAO-W – Statement of Adjusted Operations<br>Sewer Operations and Maintenance Expenses |
| C.1            | 2020 Salaries and Wage Increases for 2021 (.exl file)  |
| C.2            | Overtime 2020 and 2021 (.exl file)   |
| C.3            | Retirement 2020 and 2021 (.exl file)   |
| C.4            | Health Insurance 2020 and 2021 (.exl file)   |
| C.5            | Dental Insurance 2020 and 2021 (.exl file)   |
| D              | Attachment RR-DC – Revenue Calculation Form – Debt Coverage                                      |
| D.1            | 5 Year Debt Payments (.exl file)   |
| E              | Attachment BA-DB – Billing Analysis  |
| E.1            | Billing Analysis – January – December 2020 Previous Rates  |
| E.2            | Billing Analysis – 2020 at Present Rates   |
| E.3            | Billing Analysis – Proposed Rates  |
| E.4            | Billing Program Consumption Data - 2020  |
| F              | Depreciation Schedule  |
| F.1            | Depreciation Adjustments (.exl file)   |
| G              | Bond Resolutions/Evidence of Indebtedness  |
| G.1            | Bond Resolution – Rural Development 93-42  |
| G.2            | Bond Resolution – Rural Development 2020/21 Bond Issue   |
| G.3            | Assistance Agreement – Kentucky Infrastructure Authority A20-016                                 |
| G.4            | Assistance Agreement – Kentucky Rural Water Finance Corporation – 2013                           |
| G.5            | Assistance Agreement – Kentucky Rural Water Finance Corporation – 2020                           |

- H Debt Amortization Schedules
- I ARF Form 3 – Disclosure Forms
- J Resolution of the Board of Commissioners for the Columbia/Adair Utilities District AKA Adair County Water District Authorizing an Application to the Kentucky Public Service Commission for Authority to Adjust Rates for Water Service
- K Compliance with Notice Provisions of 807 KAR 5:076

LIST OF ATTACHMENTS  
(Indicate all documents submitted by checking box)

- Customer Notice of Proposed Rate Adjustment
- "Reasons for Application" Attachment
- Current and Proposed Rates" Attachment
- "Statement of Adjusted Operations" Attachment
- "Revenue Requirements Calculation" Attachment
- Attachment Billing Analysis" Attachment
- Depreciation Schedules
- Outstanding Debt Instruments (i.e., Bond Resolutions, Mortgages, Promissory Notes, Amortization Schedules.)
- State Tax Return
- Federal Tax Return
- Statement of Disclosure of Related Party Transactions - ARF Form 3



# EXHIBIT A

**REASONS FOR APPLICATION**

**(In the space below list all reasons why the Applicant requires a rate adjustment. Describe any event or occurrence of significance that may affect the Applicant's present or future financial condition, including but not limited to excessive water line losses, regulatory changes, major repairs, planned construction, and increases in wholesale water costs.)**

Columbia/Adair Utilities District submits this application to comply with the Public Service Commission's Order of September 4, 2020 in Case No. 2020-00148, which directed CAUD to file an application for rate adjustment within one year. This order was reiterated in Case No. 2020-00308, Case No. 2021-00156 and Case No. 2021-00176.

# EXHIBIT B



**CURRENT AND PROPOSED RATES**  
**(List Applicant's Current and Proposed Rates)**

*CURRENT RATES*

Monthly Sewer Rates:

Minimum Bill - \$7.00 No Usage

\$7.20 Per 1,000 Gallons (based on water meter reading)



**CURRENT AND PROPOSED RATES**  
**(List Applicant's Current and Proposed Rates)**

*PROPOSED RATES*

Monthly Sewer Rates:

Minimum Bill - \$8.20 No Usage

\$8.43 Per 1,000 Gallons (based on water meter reading)

# EXHIBIT C



**SCHEDULE OF ADJUSTED OPERATIONS - SEWER UTILITY**

TYE 12/31/20

|   | Test Year           | Adjustment         | Ref. | Pro Forma         |
|---|---------------------|--------------------|------|-------------------|
| <b><u>Operating Revenues</u></b>          |                     |                    |      |                   |
| Sewage Service Revenues                   |                     |                    |      |                   |
| Flat Rate Revenues                        |                     |                    |      | 0.00              |
| Measured Revenues                         | 677,785.00          | 209,468.40         | A    | 887,253.40        |
| Revenue from Public Authorities           |                     |                    |      | 0.00              |
| Revenue from Other Systems                |                     |                    |      | 0.00              |
| Miscellaneous Sewage Revenues             |                     |                    |      | 0.00              |
| <b>Total Sewage Service Revenues</b>      | <b>677,785.00</b>   | <b>209,468.40</b>  |      | <b>887,253.40</b> |
| Other Operating Revenues                  |                     |                    |      |                   |
| Forfeited Discounts                       |                     |                    |      | 0.00              |
| Miscellaneous Operating Revenues          |                     |                    |      | 0.00              |
| <b>Total Other Operating Revenues</b>     | <b>0.00</b>         | <b>0.00</b>        |      | <b>0.00</b>       |
| <b>Total Operating Revenues</b>           | <b>677,785.00</b>   | <b>209,468.40</b>  |      | <b>887,253.40</b> |
| <b><u>Operating Expenses</u></b>          |                     |                    |      |                   |
| Total Operation and Maintenance Expenses* | 718,663.00          | 832.39             | B    | 719,495.39        |
| Depreciation Expense                      | 518,989.00          | -440,056.00        | C    | 78,933.00         |
| Amortization Expense                      |                     |                    |      | 0.00              |
| Taxes Other Than Income                   | 14,821.00           |                    |      | 14,821.00         |
| Income Tax Expense                        |                     |                    |      | 0.00              |
| <b>Total Operating Expenses</b>           | <b>1,252,473.00</b> | <b>-439,223.61</b> |      | <b>813,249.39</b> |
| <b>Utility Operating Income</b>           | <b>-574,688.00</b>  | <b>648,692.01</b>  |      | <b>74,004.01</b>  |

\* Total Operation and Maintenance Expenses should be calculated using the worksheet titled "Sewer Operations and Maintenance Expenses".



## References

A.

Adjustment reflects normalization of revenues from retail sales. The PSC approved an increase in CAUD's retail sewer rates on October 21, 2020, Case No. 2020-00308. The District did not place these rates into effect until 1/1/2021.

B.

Employees were given merit increases in 2021 which vary by position. The projected additional wages are \$423.81 plus \$4,158.83 in overtime and \$600.96 for General Manager's Bonus.

Employer's contribution to employee's retirement plan increased on 7/1/2021. The percentage increased from 24.06% to 26.95%. Additional sewer salary portion is projected to be \$7,057.80.

The PSC previously limited employer's contribution to employee health insurance expense to the current Bureau of Labor Statistics (BLS) Average Employer Contribution Rate for Health Insurance (78% Single Coverage; 66% Family Coverage). Applying BLS average requires an adjustment of (\$10,485.45) based on projected 2021 year wages.

Adjustment has been made to remove a portion of CAUD's contribution to employee dental insurance. During test period, the total cost of CAUD's employee dental insurance expense was \$1,539.27 to which its employees contributed \$0.00 or 0 percent. The PSC has previously limited employee's contribution to employee dental insurance expense to 40 percent of the total cost. Adjustment was made to the 2021 projected cost to reflect the allowed 40 percent or (\$923.56).

Total operation & maintenance expense adjustments:

Wage Increases: \$423.81

Overtime : \$4,158.83

Bonus: \$600.96

Retirement: \$7,057.80

Health Insurance: (\$10,485.45)

Dental Insurance (\$923.56)

Net change: +\$832

C.

Depreciation for sewer lines and lift stations was adjusted to match the recommendations in the O&M Guide for the Support of Rural Water-Wastewater Systems for service lifetimes. Also, the work being added to the sewer system with the Rural Development project approved in Case No. 2020-00308 was added. Beginning depreciation per the 2020 PSC report was \$518,989 less the O&M Guide adjustments and RD project additions of \$45,392 results in a depreciation amount of \$473,597.

Due to the economic characteristics of the Adair County population - median household income is approximately 75% of the state MHI and 21.4% living in poverty, CAUD is requesting a gradual phase in of the depreciation expense into the rates. CAUD proposes a 6 year phase in of the depreciation coverage to allow customers time to adjust to each increase.

All the sewer customers are also water customers of CAUD and will be facing an increase on their water bill in addition to the sewer increase.

Additional revenue requirement of \$473,597 phased in over six years would be \$78,933 or 8.9% annually. An increase of 8.19% is needed for O&M and Debt expenses in addition to the 8.9% for one sixth of depreciation initially.

The Excel spreadsheet showing the adjusted facilities per the O&M Guide and the RD project is filed with the application.



**SEWER OPERATIONS AND MAINTENANCE EXPENSES**

TYE 12/31/20

|  | Test Year  | Adjustment | Ref. | Pro Forma  |
|--|------------|------------|------|------------|
| <u>Operation Expenses</u>                        |            |            |      |            |
| Supervision and Engineering:                     |            |            |      |            |
| Owner/Manager-Management Fee                     |            |            |      | 0.00       |
| Other Expenses                                   |            |            |      | 0.00       |
| Labor and Expenses:                              |            |            |      |            |
| Collection System-Labor, Materials and Expenses  | 102,729.00 | 5,183.00   | A    | 107,912.00 |
| Pumping System-Labor, Materials and Expenses     | 26,409.00  |            |      | 26,409.00  |
| Treatment System:                                |            |            |      |            |
| Sludge Hauling                                   |            |            |      | 0.00       |
| Utility Service- Water Cost                      |            |            |      | 0.00       |
| Other-Labor, Materials and Expenses              | 23,881.00  |            |      | 23,881.00  |
| Rents  | 255.00     |            |      | 255.00     |
| Fuel/Power Purchased for Pumping and Treatment   | 111,649.00 |            |      | 111,649.00 |
| Chemicals  | 58,501.00  |            |      | 58,501.00  |
| Miscellaneous Supplies and Expenses:             |            |            |      |            |
| Collection System                                |            |            |      | 0.00       |
| Pumping System                                   | 30,369.00  |            |      | 30,369.00  |
| Treatment and Disposal                           |            |            |      | 0.00       |
| <u>Maintenance Expenses</u>                      |            |            |      |            |
| Supervision and Engineering:                     |            |            |      |            |
| Routine Maintenance Service Fee                  |            |            |      | 0.00       |
| Internal Supervision and Engineering             |            |            |      | 0.00       |
| Maintenance of Structures and Improvements       |            |            |      | 0.00       |
| Maintenance of Collection Sewer System           |            |            |      | 0.00       |
| Maintenance of Pumping System                    | 2,828.00   |            |      | 2,828.00   |
| Maintenance of Treatment and Disposal Plant      |            |            |      | 0.00       |
| Maintenance of Other Plant and Facilities        | 64,946.00  |            |      | 64,946.00  |
| <u>Customer Accounts Expenses</u>                |            |            |      |            |
| Supervision                                      |            |            |      | 0.00       |
| Meter Reading Expenses and Flat Rate Inspections |            |            |      | 0.00       |



|   | Test Year         | Adjustment    | Ref. | Pro Forma         |
|---|-------------------|---------------|------|-------------------|
| <b><u>Customer Accounts Expenses-Continued</u></b>    |                   |               |      |                   |
| Customer Records and Collection Expenses:             |                   |               |      |                   |
| Agency Collection Fee                                 |                   |               |      | 0.00              |
| Internal Labor, Materials and Expenses                |                   |               |      | 0.00              |
| Uncollectable Accounts                                | 11,653.00         |               |      | 11,653.00         |
| Miscellaneous Customer Accounts Expenses              |                   |               |      | 0.00              |
| <b><u>Administrative and General Expenses</u></b>     |                   |               |      |                   |
| Administrative and General Salaries                   | 39,831.00         |               |      | 39,831.00         |
| Office Supplies and Other Expenses                    | 11,647.00         |               |      | 11,647.00         |
| Outside Services Employed                             | 26,212.00         |               |      | 26,212.00         |
| Insurance Expenses                                    | 23,451.00         |               |      | 23,451.00         |
| Employee Pensions and Benefits                        | 139,876.00        | -4,351.00     | B    | 135,525.00        |
| Regulatory Commission Expense                         | 1,329.00          |               |      | 1,329.00          |
| Transportation Expense                                | 7,710.00          |               |      | 7,710.00          |
| Miscellaneous General Expenses                        | 31,689.00         |               |      | 31,689.00         |
| Rents   |                   |               |      | 0.00              |
| Maintenance of General Plant                          | 3,698.00          |               |      | 3,698.00          |
| <b>Total Sewer Operation and Maintenance Expenses</b> | <b>718,663.00</b> | <b>832.00</b> |      | <b>719,495.00</b> |



References

A.  
Employees were given merit increases in 2021 which vary by position. The projected additional wages are \$423.81 plus \$4,158.83 in overtime and \$600.96 for General Manager's Bonus.

B.  
Employer's contribution to employee's retirement plan increased on 7/1/2021. The percentage increased from 24.06% to 26.95%. Additional sewer salary portion is projected to be \$7,057.80.

The PSC previously limited employer's contribution to employee health insurance expense to the current Bureau of Labor Statistics (BLS) Average Employer Contribution Rate for Health Insurance (78% Single Coverage; 66% Family Coverage). Applying BLS average requires an adjustment of (\$10,485.45) based on projected 2021 year wages.

Adjustment has been made to remove a portion of CAUD's contribution to employee dental insurance. During test period, the total cost of CAUD's employee dental insurance expense was \$1,539.27 to which its employees contributed \$0.00 or 0 percent. The PSC has previously limited employee's contribution to employee dental insurance expense to 40 percent of the total cost. Adjustment was made to the 2021 projected cost to reflect the allowed 40 percent or (\$923.56).

# EXHIBIT C.1







# EXHIBIT C.2

OVERTIME

SEWER

|                                 | <u>2020</u> |       |             | <u>2021</u>        |       |              |
|---------------------------------|-------------|-------|-------------|--------------------|-------|--------------|
|                                 | Rate        | Hours | Total       | Rate               | Hours | Total        |
| Chief SP Operator               | 20.04       | 123.5 | \$ 2,474.94 | 21                 | 200   | \$ 4,200.00  |
| Collection Operator in Training | 10.5        | 143.5 | \$ 1,506.75 | 11.25              | 100   | \$ 1,125.00  |
| WW Operator Class II            | 13.5        | 180.5 | \$ 2,436.75 | 14.25              | 350   | \$ 4,987.50  |
| WW Operator in Training         | 10.5        | 60.5  | \$ 635.25   | 11.25              | 75    | \$ 843.75    |
| Office Manager                  | 25.33       | 0.285 | \$ 7.22     | 25.75              | 1.9   | \$ 48.93     |
| Customer Service Rep            | 15.45       | 0.3   | \$ 4.64     | 16                 | 1.2   | \$ 19.20     |
|                                 |             |       | \$ 7,065.54 |                    |       | \$ 11,224.38 |
|                                 |             |       |             | Increase 2020-2021 |       | \$ 4,158.83  |
| General Manager - Bonus         |             |       | \$ 600.96   |                    |       | \$ 600.96    |

# EXHIBIT C.3



Retirement

District Contribution - 2020

24.06% no change in 2020

District Contribution - 2021

26.95% changed 7/1/2021

| Water Salary | 2020 Retirement    |               | 2021 Retirement |               |
|--------------|--------------------|---------------|-----------------|---------------|
| Jan-June     | \$ 402,258.75      | \$ 96,783.45  | \$ 382,771.88   | \$ 92,094.91  |
| July-Dec     | \$ 402,258.75      | \$ 96,783.45  | \$ 385,021.88   | \$ 103,763.40 |
|              |                    |               |                 |               |
| Sewer Salary |                    |               |                 |               |
| Jan-June     | \$ 85,333.09       | \$ 20,531.14  | \$ 85,545.00    | \$ 20,582.13  |
| July-Dec     | \$ 86,458.09       | \$ 20,801.82  | \$ 85,545.00    | \$ 23,054.38  |
|              |                    | \$ 234,899.87 |                 | \$ 239,494.82 |
|              | Increase 2020-2021 |               |                 | \$ 4,594.95   |

# Monthly Report

Your monthly detail report has been submitted.

## Report Details

Employer: MO01 - COLUMBIA/ADAIR UTILITIES DISTRICT  
Report: CERS - 01/2021  
Date Submitted: 2/10/2021 11:11:26 AM

## Report Totals

|                                 |             |
|---------------------------------|-------------|
| Salary:                         | \$71,450.29 |
| Employee Contributions:         | \$3,572.51  |
| Health Insurance Contributions: | \$331.65    |
| Employer Contributions:         | \$17,190.93 |
| Number of Contributions:        | 24          |

[Click here to submit the Jan 2021 monthly summary for COLUMBIA/ADAIR UTILITIES DISTRICT.](#)

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# Monthly Report

Your monthly detail report has been submitted.

## Report Details

Employer: M001 - COLUMBIA/ADAIR UTILITIES DISTRICT  
Report: CERS - 02/2021  
Date Submitted: 3/8/2021 9:07:55 AM

## Report Totals

|                                 |             |
|---------------------------------|-------------|
| Salary:                         | \$72,057.81 |
| Employee Contributions:         | \$3,602.90  |
| Health Insurance Contributions: | \$331.62    |
| Employer Contributions:         | \$17,337.12 |
| Number of Contributions:        | 24          |

[Click here to submit the Feb 2021 monthly summary for COLUMBIA/ADAIR UTILITIES DISTRICT.](#)

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# Monthly Report

**Your monthly detail report has been submitted.**

## Report Details

Employer: M001 - COLUMBIA/ADAIR UTILITIES DISTRICT  
Report: CERS - 03/2021  
Date Submitted: 4/9/2021 12:27:22 PM

## Report Totals

|                                 |             |
|---------------------------------|-------------|
| Salary:                         | \$71,178.39 |
| Employee Contributions:         | \$3,558.92  |
| Health Insurance Contributions: | \$322.88    |
| Employer Contributions:         | \$17,125.53 |
| Number of Contributions:        | 24          |

[Click here to submit the Mar 2021 monthly summary for COLUMBIA/ADAIR UTILITIES DISTRICT.](#)

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# Monthly Report

**Your monthly detail report has been submitted.**

## Report Details

Employer: M001 - COLUMBIA/ADAIR UTILITIES DISTRICT  
Report: CERS - 04/2021  
Date Submitted: 5/10/2021 10:30:05 AM

## Report Totals

|                                 |             |
|---------------------------------|-------------|
| Salary:                         | \$71,466.28 |
| Employee Contributions:         | \$3,533.32  |
| Health Insurance Contributions: | \$315.41    |
| Employer Contributions:         | \$17,002.29 |
| Number of Contributions:        | 25          |

[Click here to submit the Apr 2021 monthly summary for COLUMBIA/ADAIR UTILITIES DISTRICT.](#)

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# Monthly Report

**Your monthly detail report has been submitted.**

## Report Details

Employer: M001 - COLUMBIA/ADAIR UTILITIES DISTRICT  
Report: CERS - 05/2021  
Date Submitted: 6/8/2021 11:18:04 AM

## Report Totals

|                                 |             |
|---------------------------------|-------------|
| Salary:                         | \$69,801.00 |
| Employee Contributions:         | \$3,370.07  |
| Health Insurance Contributions: | \$286.13    |
| Employer Contributions:         | \$16,216.69 |
| Number of Contributions:        | 24          |

[Click here to submit the May 2021 monthly summary for COLUMBIA/ADAIR UTILITIES DISTRICT.](#)

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# Monthly Report

**Your monthly detail report has been submitted.**

## Report Details

Employer: M001 - COLUMBIA/ADAIR UTILITIES DISTRICT  
Report: CERS - 06/2021  
Date Submitted: 7/8/2021 11:14:12 AM

## Report Totals

|                                 |             |
|---------------------------------|-------------|
| Salary:                         | \$74,744.40 |
| Employee Contributions:         | \$3,547.62  |
| Health Insurance Contributions: | \$305.01    |
| Employer Contributions:         | \$17,071.05 |
| Number of Contributions:        | 25          |

[Click here to submit the Jun 2021 monthly summary for COLUMBIA/ADAIR UTILITIES DISTRICT.](#)

[Return to Enter Report Details](#)

# EXHIBIT C.4

# Columbia Adair Utilities Districts

Rates Effective: 7/1/21 - 6/30/22

W31177



We're **K**entucky,  
We're **L**ocal,  
We're **C**ities.

Columbia Adair Utilities Districts currently has Calendar Year Benefits for Medical

| MEDICAL  | Current                                     |             | Renewal                           |
|--|---|-------------|-----------------------------------|
|  | PPO A06E2                                   |             | PPO A05T1                         |
|  | IN-Network                                  |             | IN-Network                        |
| <b>Deductible</b>  |   |             |                                   |
| Single   | \$1,000                                     |             | \$1,000                           |
| Family   | \$3,000                                     |             | \$3,000                           |
| <b>Coinsurance</b>   | 30%   |             | 20%                               |
| <b>Out-of-Pocket Maximum (includes deductible)</b>                 |   |             |                                   |
| Single   | \$3,600                                     |             | \$5,900                           |
| Family   | \$7,200                                     |             | \$11,800                          |
| <b>Physician Copay</b>   |   |             |                                   |
| PCP  | \$30  |             | \$20                              |
| SCP  | \$50  |             | \$50                              |
| <b>Urgent Care</b>   | \$75  |             | \$75                              |
| <b>Emergency Room</b>  | \$250 / 30% co-ins                          |             | \$250 / 30% co-ins                |
| <b>Deductible Type</b>   | Embedded                                    |             | Embedded                          |
| <b>Prescription Drug Plan</b>                                      | Level 1 / Preferred In-Network Provider     |             |                                   |
| <b>Retail - 30 day supply</b><br>(Tier 1/Tier 2/Tier 3/Tier 4)     | \$10/\$35/\$75/25% w/ \$350 Max             |             | \$10/\$35/\$75/25% w/ \$350 Max   |
| <b>Mail Order - 90 day supply</b><br>(Tier 1/Tier 2/Tier 3/Tier 4) | \$25/\$105/\$225/25% w/ \$350 Max           |             | \$25/\$105/\$225/25% w/ \$350 Max |
|  | Level 2 / Non-Preferred In-Network Provider |             |                                   |
| <b>Retail - 30 day supply</b><br>(Tier 1/Tier 2/Tier 3/Tier 4)     |   |             | \$20/\$45/\$85/25% w/ \$450 Max   |
| <b>Census as of 4/1/21</b>   |   |             |                                   |
| <b>Single</b>  | 22  | \$907.84    | \$871.00                          |
| <b>EE/Sp</b>   | 0   | \$1,892.03  | \$1,814.38                        |
| <b>EE/Ch</b>   | 0   | \$1,623.62  | \$1,557.09                        |
| <b>Family</b>  | 0   | \$2,876.21  | \$2,757.76                        |
| <b>Total</b>   | 22  | \$19,972.48 | \$19,162.00                       |

Percent Change from Current

-4.06%

Please sign below if your group is renewing above plan(s) as is and not making any plan changes

Plan Selected: PPO A05T1

Signature: *Lennon Stone*

Date: 4-15-21

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, please refer to the Summary Benefits of Coverage for your group's chosen plan details.



Health Insurance

SEWER

|                                  | 2020 Cost   | 2021 Cost | PSC<br>Allowable -<br>78% |
|----------------------------------|-------------|-----------|---------------------------|
| General Manager                  | 2,723.52    | 2,613.00  | 2,038.14                  |
| Office Manager                   | 2,069.88    | 1,985.88  | 1,548.99                  |
| CSR                              | 1,307.29    | 1,254.24  | 978.31                    |
| Chief SP Operator                | 10,894.08   | 10,452.00 | 8,152.56                  |
| Collection Operator in Training  | 10,894.08   | 10,452.00 | 8,152.56                  |
| WWOperator Class II              | 10,894.08   | 10,452.00 | 8,152.56                  |
| WWOperator in Training           | 10,894.08   | 10,452.00 | 8,152.56                  |
| TOTAL:                           | 49,677.00   | 47,661.12 | 37,175.67                 |
| Total Health Insurance Cost 2021 | 47,661.12   |           |                           |
| Allowable (recoverable cost)     | 37,175.67   |           |                           |
| Adjustment to make:              | (10,485.45) |           |                           |

# EXHIBIT C.5

**Delta Dental of Kentucky**  
**Renewal Rates for COLUMBIA ADAIR UTILITIES DISTRICT #691610**  
**Effective December 1, 2020**

| <b>Rates</b>                          |                         |                         |
|---------------------------------------|-------------------------|-------------------------|
| <b>Rates per subscriber per month</b> | <b>Current Rate(s)</b>  | <b>Renewal Rate(s)</b>  |
|                                       | 12/01/2019 - 11/30/2020 | 12/01/2020 - 11/30/2021 |
| Subscriber only                       | \$28.13                 | \$28.13                 |
| Subscriber and spouse                 | \$55.97                 | \$55.97                 |
| Subscriber and child(ren)             | \$70.34                 | \$70.34                 |
| Subscriber, spouse and child(ren)     | \$110.74                | \$110.74                |

| <b>Rating Requirements</b>   |
|--|
| Tied to medical: No  |
| Subscribers and eligible dependents must enroll for a minimum of 12 months. If coverage is terminated after 12 months, they may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. Dependents may only enroll if the Subscriber is enrolled (except under COBRA) and must be enrolled in the same plan as the Subscriber. Plan changes are only allowed during open enrollment periods, except that an election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125. |

| <b>Rating Assumptions</b>   |
|---|
| Rates do not include any applicable claims taxes. The rates are valid only for the effective date noted above and are guaranteed for a one year contract.   |
| Self-billing is not allowed and you agree to pay as invoiced each month.  |
| Subscriber materials which are produced by Delta Dental will be updated and provided when plan changes apply and are always available to view or print at <a href="https://www.DeltaDentalKY.com">https://www.DeltaDentalKY.com</a> . |
| Printed dentist directories are not included. You can find participating dentists on our website at <a href="https://www.DeltaDentalKY.com">https://www.DeltaDentalKY.com</a> .   |

|   |
|---|
| <p><b>The plan specifications are subject to Delta Dental's standard exclusions and limitations, including:</b></p> <ul style="list-style-type: none"> <li>➤ Oral exams (including evaluations by a specialist) are payable twice per calendar year. Limited oral evaluations for a specific problem or complaint are also payable twice in the same calendar year.</li> <li>➤ Prophylaxes (cleanings) are payable twice per calendar year. Two additional periodontal maintenance procedures are payable per calendar year for individuals with a documented history of periodontal disease. Full mouth debridement is payable once in a lifetime.</li> <li>➤ People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.</li> <li>➤ Fluoride treatments are payable once per calendar year for people age 18 and under.</li> <li>➤ Space maintainers are payable once per area per lifetime for people age 13 and under.</li> <li>➤ Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.</li> <li>➤ Sealants are payable once per tooth per two-year period for first and second permanent molars for people age 15 and under. The surface must be free from decay and restorations.</li> <li>➤ Payment for crowns, inlays, and onlays are payable once per tooth in any five-year period. Stainless steel crowns are payable once per tooth in any two-year period on primary teeth only.</li> <li>➤ Composite resin (white) restorations are payable on posterior teeth.</li> <li>➤ Root canal treatment is inclusive of periapical X-rays, cultures, follow-up care, treatments, pulpotomy or pulpectomy, and routine post-operative procedures. Separate charges are not Covered Services for these procedures. Retreatment is payable two years after the initial treatment.</li> <li>➤ Denture and/or bridge replacement is payable five-years post initial place. Replacement is not a Covered Service for lost or stolen dentures and/or bridges. Interim dentures are payable only for people under age 17 to replace extracted anterior permanent teeth.</li> <li>➤ Fixed bridges or removable cast partials are payable only for Eligible Dependents over age 16. Services and appliances that replace missing natural teeth (such as bridges, endosteal implants, implant crowns, partial dentures, and complete dentures) may be subject to an Alternate Benefit.</li> <li>➤ Porcelain and resin facings on bridges are payable on posterior teeth.</li> <li>➤ Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.</li> <li>➤ Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.</li> </ul> |
|---|



Dental Insurance

SEWER

|                                  | 2020 Cost       | 2021 Cost       | PSC Allowable - 40% |
|----------------------------------|-----------------|-----------------|---------------------|
| General Manager                  | 84.39           | 84.39           | 33.76               |
| Office Manager                   | 64.14           | 64.14           | 25.65               |
| CSR                              | 40.51           | 40.51           | 16.20               |
| Chief SP Operator                | 337.56          | 337.56          | 135.02              |
| Collection Operator in Training  | 337.56          | 337.56          | 135.02              |
| WW Operator Class II             | 337.56          | 337.56          | 135.02              |
| WW Operator in Training          | 337.56          | 337.56          | 135.02              |
| <b>TOTAL</b>                     | <b>1,539.27</b> | <b>1,539.27</b> | <b>615.71</b>       |
| Total Health Insurance Cost 2021 | 1,539.27        |                 |                     |
| Allowable (recoverable cost)     | 615.71          |                 |                     |
| Adjustment to make:              | (923.56)        |                 |                     |